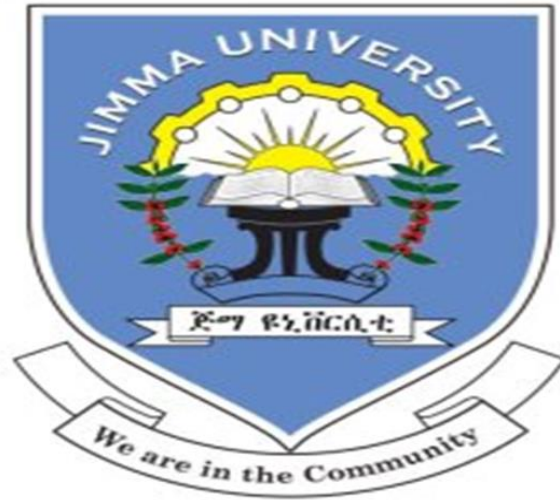


**PREVALENCE, ASSOCIATED FACTORS AND CONSEQUENCES OF
PREMARITAL SEX AMONG PREPARATORY SCHOOL STUDENTS
IN JIMMA TOWN, OROMIA REGION, SOUTH WEST ETHIOPIA.**



BY: - GIRMA ABATE (BSc)

**THESIS SUBMITTED TO THE DEPARTMENT OF EPIDEMIOLOGY SCHOOL OF
GRADUATE STUDIES OF JIMMA UNIVERSITY, COLLEGE OF HEALTH
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**June, 2015.
Jimma, Ethiopia.**

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**June, 2015.
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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AOR	Adjusted Odds Ratio
ARHS	Adolescent Reproductive Health Service
COR	Crude Odds Ratio
EBSS	Ethiopia Behavioral Surveillance Survey
EDHS	Ethiopia Demographic and Health Survey
DHS	Demographic and Health Survey
HAPCO	HIV/AIDs prevention and control Office
HIV	Human Immunodeficiency Virus
HIV/AIDS	Human Immunodeficiency Virus /Acquired Immune Deficiency Syndrome
Km	Kilometers
MOH	Ministry of Health
RH	Reproductive Health
SD	Standard deviation
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Abstract

Background: Premarital sexual practice increases adolescents risk for infection with HIV and other STIs. Adolescents who begin early sexual activity are more likely to have high-risk sex or multiple partners and are less likely to use condom.

Objective: The purpose of this study was to assess the prevalence, associated factors and consequences of premarital sex among preparatory school students in Jimma town.

Methods: Institution based cross-sectional study was conducted on a random sample of 532 preparatory school students in Jimma town from March 13-25, 2015 and data was collected using self-administered questionnaire. Descriptive statistics was used, mean and standard deviation for continuous variables and frequency for categorical variables. Logistic regression with 95% confidence intervals was used to determine independent predictors of premarital sexual practice and p-value less than 0.05 was to declare statistical significance.

Results: Of; 523 study participants, 21.0% (63.6% males and 36.4% females) reported having practiced premarital sexual intercourse. The mean age at first sexual intercourse was 16.3 with SD of (± 1.7) and 17.2 with SD of (± 1.1) years for males and females, respectively. Being age ≥ 18 [AOR(95% CI)=3.8(1.6, 9.2)], living away from parent [AOR(95% CI)=6.6(1.9, 23.7)], khat chewing [AOR(95% CI) =9.8(3.5, 27.6)], peer pressure [AOR(95% CI)=3.1(1.3, 7.5)] and being dissatisfied with parental connection[AOR(95% CI)= 3.3(1.1, 9.9)] were significantly associated with premarital sexual practice.

Conclusions and recommendations: From this, we concluded that there is a high prevalence of premarital sexual practices among students. Age less than eighty year, living away from parent, khat chewing, peer pressure and being less connected with parent were significantly associated with premarital sexual practice. Therefore, Intervention that emphasizes different domains of the high risk factors [substance abuse like khat, peer pressure] and protective factors [increase student-parent connection] in an integrated manner may be the most effective strategies.

1. Background

1.1 Introduction

Healthy sexual development is an important goal of adolescence. It is a developmental process that when attained successfully can lead to healthy intimate and sexual relationships, self-efficacy and autonomy in one's sexual decision-making, and establishment of one's sexual identity. To help young people successfully navigate this developmental transition, there is a need to understand the trends surrounding adolescent sexual behaviors, the health benefits and harms that accompany these behaviors, and the resources and interventions that are available. A useful framework for understanding optimal sexual health was developed by a group of experts convened by the World Health Organization (WHO) in 2002. According to international experts, sexual health is 'not only the absence of disease, dysfunction, or infirmity,' rather it is 'a state of physical, emotional, mental, and social well-being in relation to sexuality, with the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence' [1].

The World Health Organization (WHO) defines adolescent people as those between the ages of 10 to 19 years [2]. Adolescence is the time of transition from childhood to adulthood during which young people experience changes following puberty; but not immediately assume the roles, privileges and responsibilities of adulthood [3].

Today's adolescent and young adults constitute the largest cohort ever to enter the transition to adulthood. Evidence showed that nearly half of the global population was less than 25 years old and almost 90% live in developing countries. About 1.7 billion people of the world's population were between the ages of 10 and 24 [4]. According to the 2007 Ethiopian census, youths aged 15–24 years were more than 15.2 million which contributes to 20.6% of the entire population [5].

Data from the DHS from the Africa region show that, in 7 out of 9 countries surveyed, more than half of unmarried women in their reproductive years (15–49) have had sexual intercourse at least once [6].

Sexual activity amongst adolescents has been reported to be on the increase worldwide. A research on young peoples' premarital sexuality activity in four sub-Saharan African countries

shows a wide spectrum of factors that facilitate premarital sexual activity; studies in sub-Saharan Africa have also documented high and increasing premarital sexual activities among adolescents [7]. However, viewing adolescents as a specific group with their own needs is a relatively recent practice, especially in developing countries [8].

Meeting the needs of school adolescent today is critical for a wide range of policies and programs because the actions of young people will shape the size, health, and prosperity of the world's future population. Therefore, to design effective prevention interventions, it is important to understand the prevalence, associated factors and consequences of premarital sex of school adolescent within the social contexts where these sexual encounters occur.

1.2 Statement of the problem

Adolescent is a period of dynamic change representing the transition from childhood to adulthood and is marked by emotional, physical and sexual maturation. Sexual activity among adolescent has been reported to be on the increasing worldwide. Globally, puberty is occurring earlier for both boys and girls, and the age at which people marry is rising. These leave a widening gap of time during which young adults can potentially engaged in premarital sexual activity. Most young people throughout world will engage in sexual intercourse by age 20, whether married or unmarried [9].

Premarital sexual practice increases young peoples' risk for infection with HIV and other STIs. Adolescents who begin premarital sexual practice activity are more likely to have high-risk sex or multiple partners and are less likely to use condoms [10]. Early childbearing has been associated to higher rates of maternal and child morbidity and mortality, reduced educational opportunities, and lower future family income, larger family sizes, which in turn may lead to greater population growth.

Globally, a total of 33.2 million people live with HIV/AIDs in 2007, in several regions of the world especially sub-Saharan countries. New HIV infections are heavily concentrated among young people 15-24 years old [6].

An estimated 2.5 million unsafe abortions occur among adolescent women each year 98% of which take place in developing countries. The proportion of women aged 15-19 years in Africa who have had an unsafe abortion is higher than in any other region of the world, and nearly 60% of unsafe abortions are among African women under the age of 25[11]. In Ethiopia, one in seven women die from pregnancy-related causes, and unsafe abortion causes over half of the 20,000 maternal deaths that occur annually in the country. Abortion with sepsis, a toxic and often fatal blood condition, is the sixth-leading cause of hospital admissions for Ethiopia women and girls [12, 13].

In Ethiopia adolescents in the age range of 15-24 comprising 30% of the population, represent a huge segment of potentially vulnerable population in Ethiopia and an increasing number of them are involved in unsafe sexual practices and hence face undesired health outcomes such as unplanned pregnancy, too early childbirth, unsafe abortion and sexually transmitted disease.

According to 2011 EDHS, 29% of women had first sexual intercourse before age 15 years old and 62% of women before age 18 years old. The median age at first sexual intercourse for women and men is 16.6 and 21.2 years old, respectively. Men tend to initiate sexual activity later in life than women [14, 15].

Data from ministry of health showed that 22.9% of males and 19.7% of females in the 15-19 years age group, and 53.4% of males and 19.7% of females in the 18-19 years age group had had sexual intercourse before marriage [16].

A study conducted in Jimma University showed that among the respondents 26.9% ever had sexual intercourse. The mean age at first sexual intercourse was 15 years. Most, 75.6%, started sexual intercourse during secondary school. Among whoever had sex, 51.0% had sex in the last 12 months and 28.3% had multiple sexual partners [17].

The ensuing high rates of unintended pregnancy, abortion, HIV/AIDS and other sexually transmitted infections (STIs) among teenagers make it imperative that, among other things, there is a need to understand and assess the factors that are associated with premarital sexual practice. It is crucial for designing and implementing effective interventions targeting school adolescent. The aim of this study therefore is to examine the magnitude, various associated factors and consequences of premarital sex among preparatory school students in Jimma town.

2. Literature review

2.1 Literature review

Global interest in the health of adolescents and youth has manifested itself in the many expressions of commitment to their healthy personal, spiritual, social, mental and physical development. The 1990s saw the affirmation of worldwide commitments to adolescent and youth health that have been shaped within an international legal framework that has its foundation the United Nations Charter 3 and that reflects the WHO definition of health as a state of complete physical, mental and social wellbeing and not only the absence of disease or infirmity [1]. One implication is that the international public health community must adopt an approach to adolescents and youth that goes beyond the health sector to stimulate the active participation of all social factors, including young people themselves as agents of change. The services, commodities, information and skills needed to sustain healthy behavior must be provided in the safest and most supportive of environments, building on the protective factors of family and community [18].

A nationally representative study conducted in China showed that 22.4% young people aged 15–24 years had had sexual intercourse. Among those sexually active adolescents and young adults, one in five had multiple partners during the past year and did not use any contraceptives in the last sexual intercourse [19].

Evidence from national surveys of adolescents in four African countries showed that poverty or economic depravity in particular, has been strongly linked to premarital sexual activity among young people especially among girls. In several studies, it has been speculated that girls who are inadequately provided for in terms of basic needs are often exposed to the temptation of seeking financial rewards from young and older men for sexual favors in return [20].

A research on young peoples' premarital sexual activity in four sub-Saharan African countries shows a wide spectrum of factors that facilitate premarital sexual activity. These include the degree of parental influence in terms of monitoring and control or supervision and disciplining, peer influence, individual religiosity and religious affiliation, household structure or living arrangement, environmental factors, gender norms, media influence, drug use and demographic

factor. In these studies, the effect of household wealth on females as compared to boys was statistically significant [21].

The 2005 EBSS result of in-school youths shows that 40.6% of students have sex before the age of 15 years old. The median age of first sexual debut among those who sexually active was 16 years for both sexes. Personal desire (67.1%) and peer pressure (19.3%) is reasons for sexual initiation. Significant proportion of females (15.3%) reported forced into first sex. Around 4.2% had sex with commercial sex workers [22].

A study done in eastern Ethiopia showed that about 24.8% never married in-school adolescent reported pre-marital sexual debut of these 28.8% were males and 14.7% were females ($p < 0.001$). Pre-marital sexual debut was more common among adolescents who had their parents in urban areas (Adjusted OR and [95% CI] = 1.42 [1.17–1.73]). The females and those who were less influenced by external pressure were more protected against pre-marital sexual debut (Adjusted OR and [95% CI] = 0.44 [0.35–0.56; 0.62 [0.52–0.74, respectively]) than their counterparts [23].

Studies conducted in north east Ethiopia identified inconsistent predictors of sexual debut. Gender was associated with both increased and decreased pre-marital sexual debut. Reading or viewing sexually explicit materials, alcohol drinking and khat chewing were associated with increased pre-marital sexual debut, while living with parents was associated with decreased pre-marital sexual debut [24].

A study done in Aletawondo high school showed that among the total participant ($n=413$) 394 were never married. Of the 394 never married study participants, 72(18.3%) have in premarital sex. Of these, 11(15%) had unwanted pregnancy and 82% had terminated pregnancy (induced abortion). One of the predictors of premarital sex was: age [AOR (95% CI) = 1.43(1.15, 1.77)] [25].

A study conducted in Bahir Dar town showed that in the study area significant number (30.8%) of unmarried high school female students reported having sexual debut. The mean age of sexual debut was 16.46 ± 1.43 years. The minimum age of sexual debut was 13 years and maximum age of sexual debut was 24 years. The major associated factors were frequent watching of pornographic video [AOR = 10.15, 95% CI: (6.63, 15.53)], peer pressure [AOR = 2.98, 95% CI: (1.57, 5.67)] and chewing khat [AOR = 8.99, 95% CI: (3.84, 21.06)] [26].

An institution based cross sectional study conducted in Alamata high school and preparatory school adolescents 2014 showed that 95.7% were in the age group of 15-19 years old .The mean age for male and female was 16.7 and 16.75 respectively, 21.1% of adolescent students participated in this study had had premarital sexual practice, from these 72% were males and 28% were females. Reason given by the respondent to start sexual practice include fall in love, had desire and peer pressure [27].

A study conducted in shendi town, west Gojjam zone among in-school youths showed that there was a positive association between age, living arrangement and watching pornographic movies with ever having premarital sex. Youths living with their friends or relatives were more than two times more likely to experience premarital sex compared to youths living with both biological parents. Similarly in-school youths who reported to live alone were more than two times more likely to exercise premarital sex compared to youths living with both biological parents. The study also showed that youths who reported watching pornographic movies were about two times more likely to experience premarital sex than those who didn't [28].

A study done in Boditti town among Boditti secondary and preparatory school adolescents showed that the prevalence of premarital sex was 22.2% (29.5% for males and 13.9% for females). The mean age at first sex was 16.6 years among the study participants. The reason for high prevalence of premarital sex might be due to low open discussion between parent and child about sexual matters and. The major reason cited to have first sexual intercourses were desire to experiment, peer pressure and preparation for marriage. In our study, students who live alone had two time higher odd of being engaged into risky sexual behavior than those who live with parents [29].

A study conducted on assessment of sexual risk behaviours of in-school youth: effect of living arrangement of students; West Gojjam zone, Amhara regional state showed that seventy three (23.2%) respondents had ever had sexual intercourse with an individual of the opposite sex. Disaggregated by sex, 55 (25.0%) of males had had sex compared to 18 (19.4%) of females. Twenty two students (33.3%) reported having had two or more sexual partners in their lifetime (range 1-7, average1.56). In the logistic regression analyses, controlling for observed covariates, having peer pressure to have sex [OR= 4.43; 95%CI= 2.02 to 9.69] and perceived family

connectedness [OR= 0.96; 95%CI= 0.92 to 0.99] continued to be significantly and independently associated with sexual activity [30].

A study conducted on adolescent - parent communication on sexual and reproductive health issues among high school students in Dire Dawa, Eastern Ethiopia, thirty seven percent of students had ever discussed on at least two sexual and reproductive health topics with their parents. Of which, majority of student preferred to discuss with their peers than parent. Condom use during first intercourse was associated with having communication about sexual and reproductive health. Cultural taboo, shame and lack of communication skill were reasons that hinder communication between parent and adolescent about sexual matters [31].

Among unmarried first year undergraduate students in Alkan University College 60.9% of them reported have had premarital sex. The mean age of respondents was 21.8 ± 2.0 years. Multivariate logistic regression analysis showed that male respondents were more than seven times to ever have sexual intercourse as compared to female respondents. However, age less than 18 years was found to be protective against premarital sexual practice. Compared to respondents who do not use alcohol, those who are alcohol users after joining college were 3.8 times as likely to begin premarital sex. Similarly, ever chewing khat after joining college was found to be positively associated with premarital sex in this study [32].

Study conducted among Nekemte high school students showed 21.5% adolescents reported having had premarital sexual intercourse at the time of the survey, of which 70.3% were males. The mean age at first sexual intercourse was 16.2 (16.2 ± 1.5) for males and 15.2 (15.2 ± 1.7) for females, respectively. The main reasons for initiation of sexual intercourse were: fell in love (33.8%), desire to practice sexual intercourse (30.3%) and peer pressure (17.2%) of the cases. Regarding number of sexual partners, 65.5% had only one sexual partner while 34.5% had two or more sexual partners in the past 12 months prior to the survey [33].

A study done in Ambo high school showed that about 19.4% of the respondents had experienced sexual intercourse. About 16.5% of sexually active male adolescents visited female commercial sex workers of which only 27.6% reported consistent condom use and 44.8% never used condom during sex with female commercial sex workers. Premarital sexual intercourse was associated with discussion of sex related issues with their fathers and age of the school

adolescents. Those who discuss sex related issues with their father less practiced premarital sexual intercourse than those who were not. Condom use during sexual intercourse was associated with access to information about sexuality and adolescents reproduce health [34].

In a study done Ambo high school in West Shoa Zone the majority of the students, 61.1% were practiced sexual intercourse with one or more sexual partner(s). About 16.7% of the respondents were reported khat chewing, 66.7% of the respondents were reported alcohol consumption and 38.9% of the students were attended video. Of; the respondents who had sexual practice, 36.8%, 45.4% of the respondents were less than 15 years and between 15 and 19 years of age at their first sexual exposure, respectively. Among the socio-demographic variables, sex of the respondents (female), the respondent's parent educational status and participants who have no pocket money as well as from the behavioral variables, students who did not talk with parent about sexual issues, students who drinking alcohol, participants who attending video/ movies, students who have no information about sexual issues were significantly associated with premarital sexual practice of the students [35].

From a study conducted in Madawalabu University, from the total respondents 59.9% who had boy or girl friends; about 42.7% have had premarital sexual intercourse. The average age of starting sexual intercourses for male was 18.4 ± 2.14 and 18.2 ± 1.62 for female students. From the total sexually active respondents 66.4% had one sexual partner, 33.6% had two or more sexual partners. Concerning Sources of information about sexuality and Reproductive Health- about 95.4% had the information while 4.6% did not. The main sources mentioned by students were health professionals, family and friends, Mass media, school and Religious leaders. About 54.7% of were did not used condom and 31.8% of sexually active male respondents had history of sexual intercourse with commercial sex workers. Result from multiple logistic regression showed that the odd of having premarital sexual intercourse among students living out of campus, drunken alcohol, stayed two years in the campus and discussing sexuality and reproductive issue were more likely compared to their counterparts [36].

A study conducted on family environment and sexual behaviours in Jimma zone showed that from sexually active students 28.2% students had sexual risk behavior and only 6.0% students reported they used condom always. About 82.1% reported that they were willing the first time they had sex. About 78.4% of students were under high pressure from their peers. Students who

had girl/boyfriend were 5 times more likely to be at risk. Among students higher likelihood of risky sexual behaviour significantly associated with higher levels of alcohol consumption, exposure to pornographic film and having girl/boyfriend. But higher family connectedness associated with lower level of likelihood of risky sexual behaviour. Family environment mostly family support and positive relationships between parents and adolescents are linked to prevent deviant peers and minimize risky sexual behaviours and also association with avoidance or lower use of alcohol, tobacco, and drugs and less likely to initiate sex or be sexually active[37].

To sum up, adolescents are typically prone to have higher chance of to be infected by STDs than other age groups. Sexually active adolescents are increasingly at risk of unwanted pregnancy, abortion or contracting and transmitting sexually transmitted diseases (STDs) including HIV/AIDS. However, reproductive health needs of the adolescents centering on sex and human sexuality have been largely ignored. Consequently, sexual and reproductive health needs of adolescents have emerged as an issue of great concern especially in the sub-Saharan Africa, where family morals and values have seriously been eroded, poverty deeply rooted, and access to affordable health care services are inadequate [38].

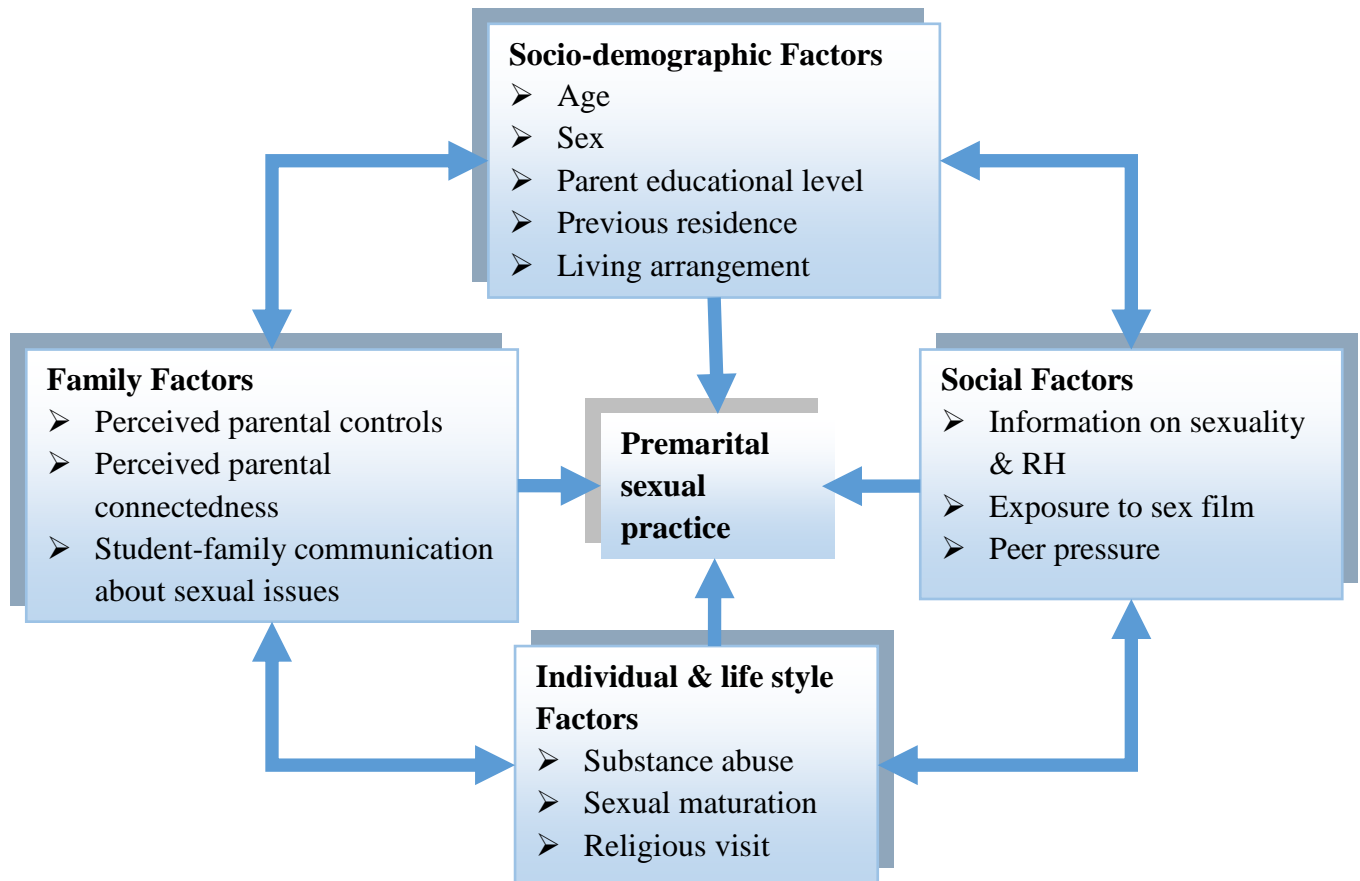


Figure 1: Conceptual framework for the study of premarital sexual practice and associated factors among preparatory school students in Jimma town.

2.2 Significance of study

Premarital sexual practice is associated with increased lifetime prevalence of sexual partners, thereby increasing the risk exposure to sexually transmitted diseases, including HIV/AIDS, and pregnancy. Additionally, given the risk of pregnancy, early sexual initiators are less likely to complete their schooling thereby limiting their social and vocational futures.

In light of the previous findings and the magnitude of the problem, reduction of the number of school adolescents exposed to the consequences of premarital sexual practice is found to be necessary. The purpose of this study is therefore to generate information on risk and protective factors that are likely to influence the sexual behavior of students; therefore the outcome of this study is believed to provide insight to identify who is at risk and realize why school adolescents are engaged in premarital sexual practice. It is intended to come up with recommendations that enable the responsible bodies and policy environment which could bring changes in student's sexual behavior. On the other hand it can provide valuable information for more extensive research in the area.

3. Objective

3.1 General objective

- To assess the prevalence, associated factors and consequences of premarital sex among preparatory school students, Jimma town.

3.2 Specific objectives

- To determine the prevalence of premarital sexual practices among preparatory school students in Jimma town.
- To identify factors associated with premarital sexual practice among preparatory school students in Jimma town.
- To identify the consequence of premarital sexual practice among preparatory school students in Jimma town.

4. Methodology

4.1 Study area and period

The study was carried out in Jimma town preparatory schools. Jimma town the capital city of Jimma Zone located in the South west of Ethiopia; about 354Kms from Addis Ababa. Based on the 2007 Ethiopian national population and housing census, the population of the town is projected to be about 149,166, with male 75,007 and female 74,159 [5]. Youth (age15-24) are estimated to be 33,736 (22.6% of the total population). The town is divided in to 17 kebeles. Under Jimma town health office there are 4 public health centers, 17 health posts and a total of 33 private health institutions (9 higher clinics, 22 medium clinics, and 2 lower clinics). There is also Jimma University specialized teaching hospital and Shenen Gibe district hospital in the town.

In the Jimma town there are three preparatory schools (Jimma preparatory school, Jimma university community secondary and preparatory school and Eldan secondary and preparatory school). There are 2192 students attending their regular education (1543 students in Jimma preparatory school, 302 in Jimma university community secondary and preparatory school and 347 in Eldan secondary and preparatory school).

Data was collected from March 13-25, 2015.

4.2 Study design

Institution based cross-sectional study.

4.3 Population

4.3.1 Source population

All preparatory school students in Jimma town.

4.3.2 Study population

All randomly selected preparatory schools students in Jimma town.

4.3.2.1 Inclusion criteria

All regular Jimma town preparatory school students who were attending and availed at the time of data collection were included.

4.3.2.1 Exclusion criteria

Those students who were critically sick (to the extent of unable to read and write) during the time of data collection.

4.5 Sample size Determination

Sample size was computed using two population proportions formula. Important risk factors such as peer pressure, living arrangement, religious visit, alcohol consumption and prevalence of premarital sexual practice; were considered for calculating the sample size and finally the largest sample size was selected. Substance use (khat chewing) gives maximum sample size.

- ❖ P_1 = proportion of premarital sexual practice among khat chewer = 37.5%; and
- ❖ P_2 = proportion of premarital sexual practice among non khat chewer = 20.4%; [33]
- ❖ Confidence level or $1 - \alpha = 95\%$
- ❖ Power or $1 - \beta = 80\%$
- ❖ Population allocation ratio: $n_2:n_1 = 1:1$

With the above assumptions, the sample size was calculated using STATCAL in EPI INFO program version 7 , sample size and power calculation for cross-sectional studies was used to calculate the sample size needed and considering a 10% non-response rate the sample size became 532 students.

4.6 Sampling procedure

The study participants were selected by using simple random sampling technique. First, sections were selected by simple random sampling from each school. Then, students were selected based on proportional allocation to their size. Finally, in order to select the study participants, a simple random sampling method was used by using name list of the students from the registrar office of schools.

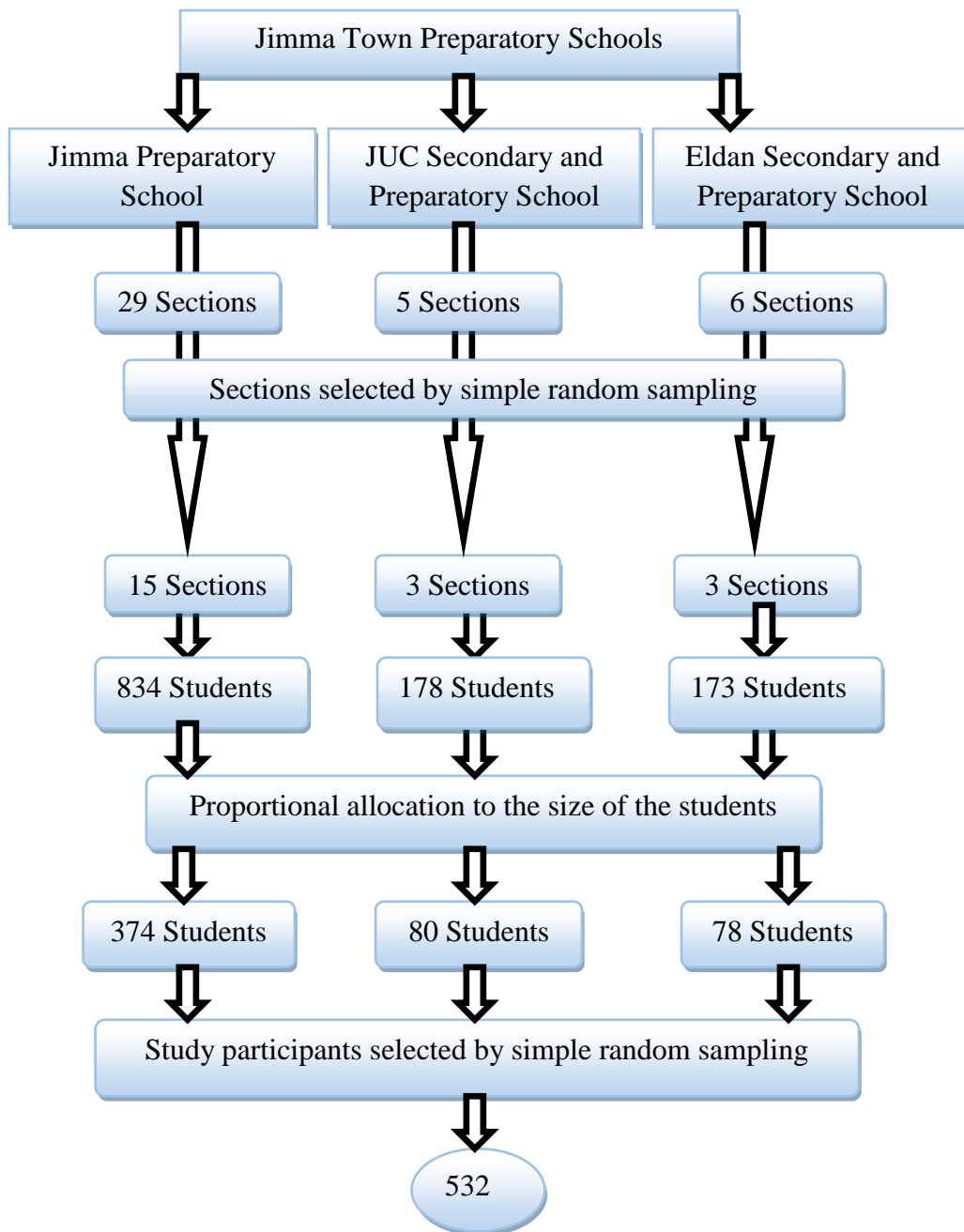


Figure 2: Schematic presentation of sampling procedure

4.7 Study variables

4.7.1 Dependent variable

- Premarital sexual practice

4.7.2 Independent variable

- Socio-demographic factors- Age, sex, parental educational level, previous residence, living arrangement.
- Family factors- Perceived parental connectedness, perceived parental controls and student-family communication about sexual issues.
- Individual and life style factors- Substance abuse, sexual maturation and religious visit.
- Social factors- Information on sexuality and reproductive health, exposure to pornographic films, peer pressure.

4.8 Data collection tool and techniques

Data was collected using structured self-administered questionnaire prepared in English and translated to Amharic and retranslated to English to ensure its consistency. The questionnaire had four parts: socio-demographic characteristic, sexual history, individual and life style issues and communication with family members and friends. The questionnaires were distributed to the selected students in the classroom. When the teachers were willing to allow the students to complete the questionnaire in the classroom, then the filled questionnaires were collected immediately.

4.9 Data quality assurance

In order to assure data quality, high emphasis was given to minimize errors using the following strategies; participation for study participants were on voluntary basis and confidentiality was maintained to encourage accurate and honest self-disclosure, the questionnaire was pretested prior to the actual data collection on 30 students of the non-selected preparatory school students and subsequent correction and modification has been done, The collected data was reviewed and checked for completeness before data entry.

4.10 Data processing and analysis

Data was entered using EpiData version 3.1. SPSS version 20 was used for analysis. Descriptive statistics was used, mean and standard deviation for continuous variables and frequency for categorical variables. Logistic regression with 95% confidence intervals was used to determine independent predictors of premarital sexual practice and p-value less than 0.05 was to declare statistical significance.

4.11 Ethical considerations

Ethical clearance was obtained from ethical review board of Jimma University. Permission was sought from Jimma preparatory school, Jimma university community secondary and preparatory school and Eldan secondary and preparatory school. The study participants right to refuse was respected. Identification of study participants by name was avoided to assure the confidentiality of the information obtained.

4.12 Dissemination of finding

The findings of this study will be presented in a College of Health Sciences Graduate School. The summary findings will be disseminated to Jimma town health bureau, Education bureau, concerned NGOs also to Jimma preparatory schools, Jimma university community secondary and preparatory school and Eldan secondary and preparatory school that have contribution while conducting this research. Finally report will be made to publish in scientific journal.

4.13 Operational definition

- **Consequences of premarital sex:** the experience of students for unintended pregnancy, abortion and STI due to their engagement to premarital sexual practice.
- **Non-regular sexual partner:** is a group of non/commercial sexual partnership where partners are not married, either never cohabited or cohabited for less than twelve months.
- **Substance abuse:** the use of any substance without medical prescription.
- **Alcohol user:** use of alcohol at least once a week among those who had ever drunk alcohol in the previous four weeks.
- **Khat user:** use of khat at least once a week among those who reported ever chewing khat in the previous four weeks.
- **Perceived parental connectedness:** was measured using responses to 8 statements on a two point Likert scale ranging from one (agree) to two (disagree), four questions were given about each parent (as shown below).
 - I do feel that my mother (father) is very much close to me
 - I do feel that my mother (father) care much about me
 - I do feel that my mother (father) love me much
 - I do feel that I satisfied with the relationship I have with my mother (father)

5. Results

5.1 Socio-demographic characteristics of respondents

A sample of 532 students were selected to participate in the survey; and 523(98.3%) participated. Among the respondents, 303 (57.9%) and 220 (42.1%) were males and females, respectively and their age ranged from 16 to 25 years with a mean age of 17.8 and SD of (± 1.03) years. Almost all, 517 (98.9%), were unmarried.

With respect to ethnicity, 219 (41.9%) of the respondents, were Oromo, 134 (25.6%), Amhara. In terms of religion, 217(41.5%) were Orthodox and 157 (30.0%) were Muslim. Regarding education, 244 (46.7%) and 279 (53.3%) were attending 11th and 12th grade, respectively.

Concerning living arrangements, 467 (89.3%) were living with their parent, 27 (5.2%) and 85 (16.3%) were from illiterate parent i.e. father and mother, respectively [Table 1].

Table 1: Distribution of socio-demographic characteristics among preparatory school students in Jimma town, 2015.

Variables	Number of students	Percent
Sex		
Male	303	57.9
Female	220	42.1
Age		
15-19	510	97.5
20-24	11	2.1
≥25	2	0.4
Grade level		
11 th grade	244	46.7
12 th grade	279	53.3
Religion		
Orthodox	217	41.5
Muslim	157	30.0
Protestant	116	22.2
Catholic	11	2.1
Others	22	54.2
Ethnicity		
Oromo	256	48.9
Amhara	134	25.6
Others	133	25.4
Previous residence		
Urban	469	89.7
Rural	54	10.3
With whom are you living now		
With parent	467	89.3
Without parent	56	10.7
Father's education level		
Illiterate	27	5.2
Grade 1-6	76	14.5
Grade 7-12	141	27.0
Above 12+2	279	53.3
Mother's education level		
Illiterate	85	16.3
Grade 1-6	146	27.9
Grade 7-12	179	34.2
Above 12+2	131	21.6

5.2 Risky behaviour of students

Among the respondents; 170(32.5%) of respondents reported alcohol consumption either every day, most of the time, rarely and once and only 90(17.2%) of respondents reported consumption of khat. Of this; 124 (72.9%) of them reported alcohol consumption most of the time and 62(68.9%) of respondents reported consumption of khat most of the time.

From the respondents; 226(43.2%) of them ever watching pornography/sex film, of this; 162(71.7%) of them started to watch pornographic film between the age 15-19 year, hundreds of them (44.2%) watching pornography/sex film most of the time.

Concerning parental control and parental connectedness; 360(68.8%) respondents were don't exposed to parental control and 342(65.4%) respondents were don't satisfied with the relationship they had with their parents.

Regarding peer pressure; 149(28.5%) respondents encouraged to have sexual intercourse by their peer/friends. Three hundred seventy six (71.9%) of respondents did not discuss sex related issues with their family [Table 2].

Table 2: Distribution of risky behaviours among preparatory school students in Jimma town, 2015.

Variables	Number of students	Percent
Alcohol consumption		
Yes	170	32.5
No	353	67.5
Frequency of drinking alcohol in the past one month		
Everyday	5	2.9
Most of the time	124	72.9
Rarely	26	15.3
Once	15	8.9
Khat chewing		
Yes	90	17.2
No	433	82.8
Frequency of chewing khat in the past one month		
Everyday	8	8.9
Most of the time	62	68.9
Rarely	12	13.3
Once	8	8.9
Watching pornography/sex film		
Yes	226	43.2
No	297	56.8
Frequency of watching pornographic films		
Everyday	6	2.7
Most of the time	100	44.2
Rarely	77	34.1
Once	43	19.0
Encouraged by friends/peers to have sexual intercourse		
Yes	149	28.5
No	374	71.5
Discusses with family about sexual issues		
Yes	147	28.1
No	376	71.9
Parental control		
Yes	163	31.2
No	360	68.8
Satisfaction with parental connectedness		
Disagree	342	65.4
Agree	181	34.6

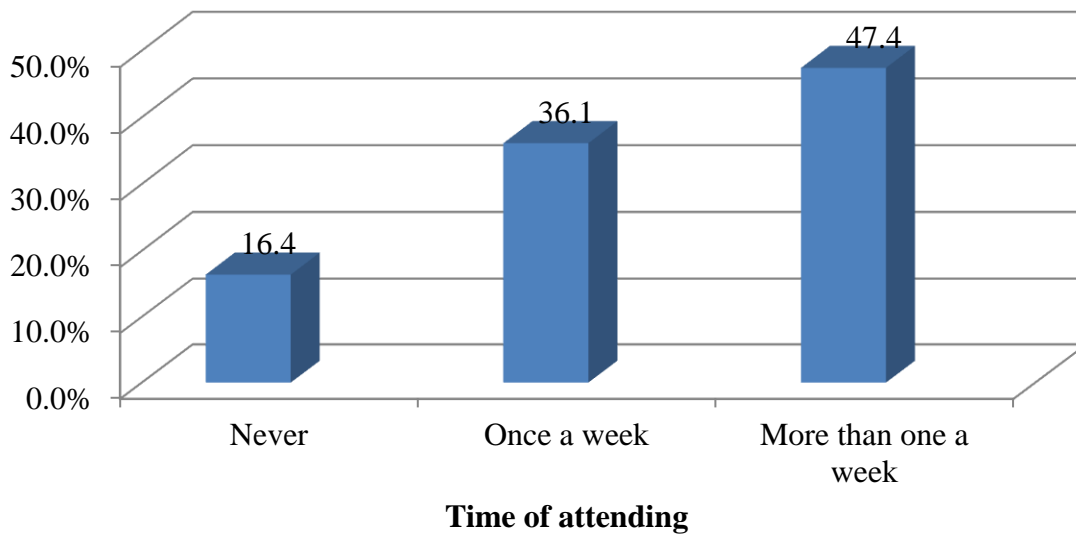


Figure 3: Times of attending religious services among preparatory school students in Jimma town, 2015.

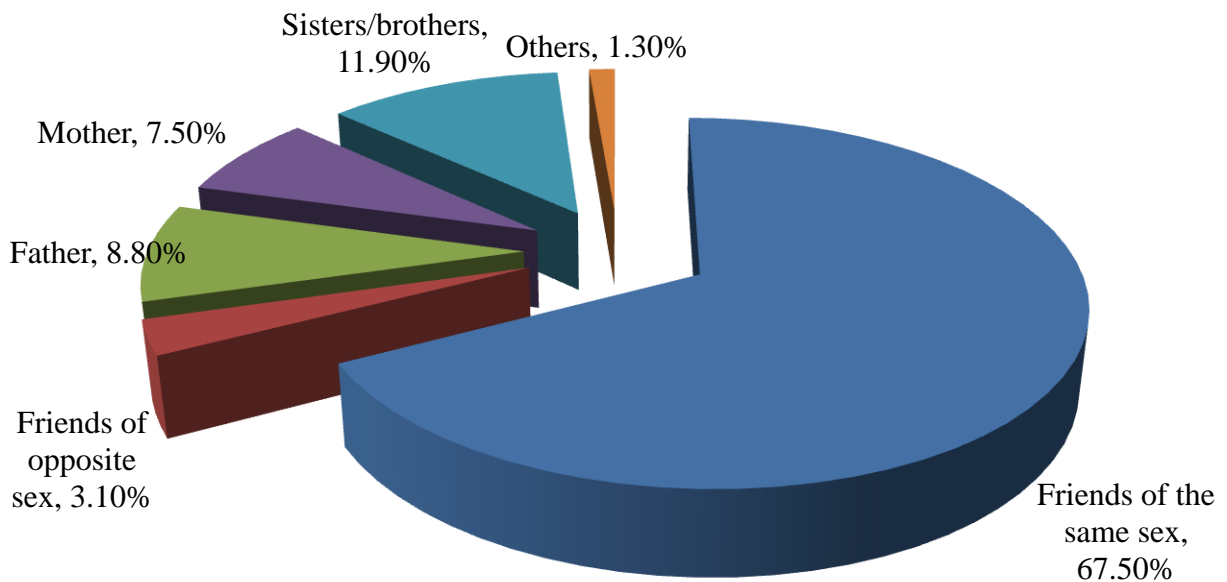


Figure 4: With whom they most likely to discuss about sexual issues among preparatory school students in Jimma town, 2015.

5.3 Premarital sexual history of students

On sexual experiences, 149 (28.5%) reported having sexual intercourse. One hundred ten (21%) of the study population reported to have premarital sexual intercourse at the time of the survey, of which 70(63.4%) were males and 40(36.6%) were females.

Among sexually actives students during the time of the survey, 47 (42.7%) were attending 11th grade and 63 (57.3%) were attending 12th grade.

The mean age at first sexual intercourse was 16.3 with SD (± 1.7) for male and 17.2 with SD of (± 1.1) for females. From 119 sexually actives students, 72(48.3%) of males and 47(31.5%) of females had their first sexual intercourse before the age of 18 years. Majority of the students 86 (27.5% of males and 30.2% of the females) had their first sexual intercourse between the ages of 16 and 17 years.

When the relationship of the students to their first sexual partners is examined, 76 (51%) of the partners were boy/girlfriends [Table 3].

Table 3: Premarital sexual history among preparatory school students in Jimma town, 2015.

Variables	Number of students	Percent
Premarital sex		
Yes	149	28.1
No	374	71.9
Sex		
Female	57	38.3
Male	92	61.7
The first sex was happened without your willingness		
Yes	21	14.1
No	128	85.9
Engaged in premarital sexual practice by grade		
11 th grade	67	44.9
12 th grade	82	55.1
First sexual partner		
Girlfriend/boyfriend	76	51.0
From family members	9	4.7
Sex workers	12	8.1
Strangers	20	13.4
Others	32	21.5
Your friend engaged in sexual intercourse		
Yes	210	40.2
No	289	55.3
I don't know	24	4.5
Did the first sex was planned		
Yes	41	27.5
No	99	66.4
I don't remember	9	6.1

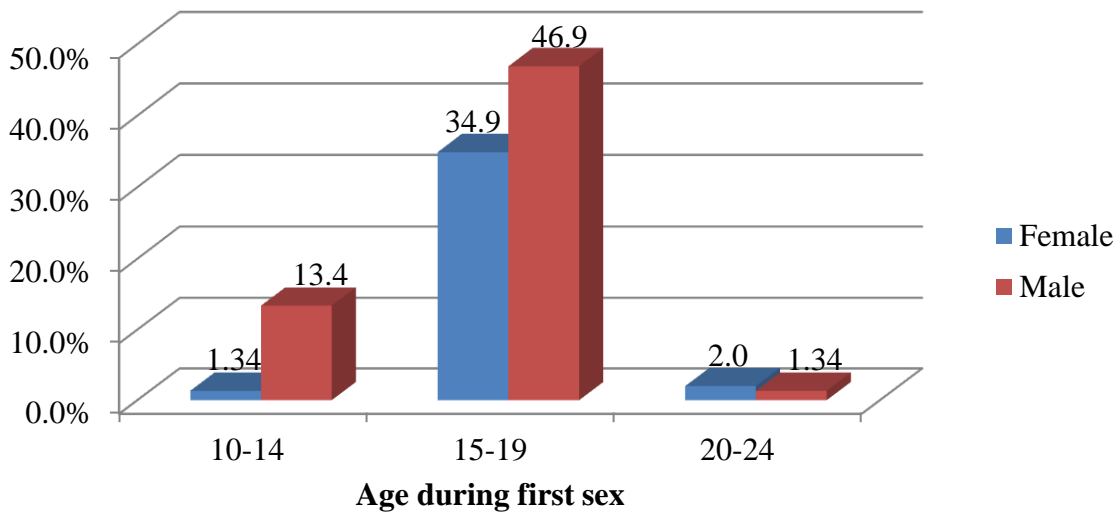


Figure 5: Age during first sex for male and female among preparatory school students in Jimma town, 2015.

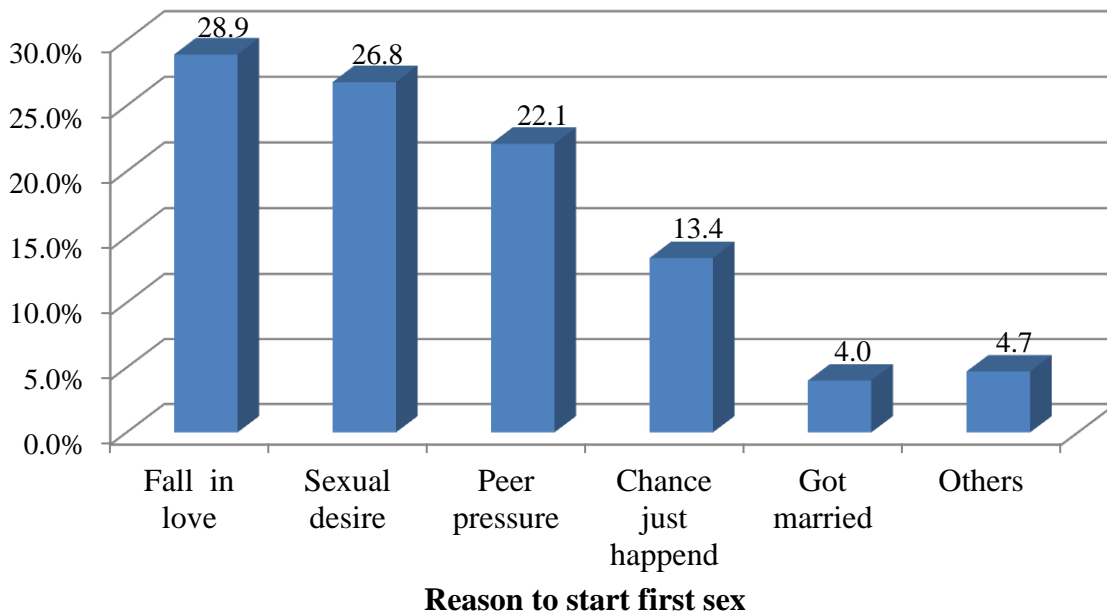


Figure 6: Reason to start first sex among preparatory school students in Jimma town, 2015.

5.4 Factors associated with premarital sexual practice

First; the relationship between premarital sexual practice and potential predictive factors such as socio-demographic factors (sex, living arrangement, previous resident and parent educational level), family factors (perceived parental control, communication with family about sexual issues and perceived parental connectedness), individual and life style factors (substance abuse, sexual maturation and religious visit) and social factors (watching pornographic films and peer pressure) were tested in a binary logistic regression analysis.

All variables that had association with premarital sexual practice in binary logistic regression analysis were identified as candidate ($p < 0.25$) to be included in multiple regression analysis. Being age ≥ 18 [AOR(95% CI)=3.8(1.6, 9.2)], living away from parent [AOR(95% CI)=6.6(1.9, 23.7)], khat chewing [AOR(95% CI)=9.8(3.5, 27.6)], peer pressure [AOR(95% CI)=3.1(1.3, 7.5)] and being dissatisfied with parental connection[AOR(95% CI)=3.3(1.1, 9.9)] were significantly associated with premarital sexual practice in the lifetime of the students [Table 4].

Table 4: Comparison of premarital sexual practice by socio-demographic and other variables among preparatory school students in Jimma town, 2015.

Variables	Premarital sexual practice		COR(95% CI)	AOR(95% CI)
	Yes n (%)	No n (%)		
Sex				
Female	40(18.2)	180(81.8)	1.00	1.00
Male	70(23.1)	233(76.9)	1.4[0.9, 2.1]*	0.5[0.2, 1.3]
Age				
<18	46(11.8)	344(88.2)	1.00	1.00
≥18	64(48.1)	69(51.8)	6.9[4.4, 10.9]*	3.8[1.6, 9.2]**
Previous resident				
Urban	92(19.6)	377(80.4)	0.5[0.3, 0.9]*	23.5[4.5, 122]**
Rural	18(33.3)	36(66.7)	1.00	1.00
Living arrangement				
With parent	72(16.8)	356(83.2)	1.00	1.00
Without parent	38(40.0)	57(60.0)	3.3[2.0, 5.3]*	6.6[1.9, 23.7]**
Father educational level				
Illiterate	14(51.9)	13(48.1)	7.3[3.2, 16.7]*	1.5[0.2, 10.1]
Grade 1-6	37(48.7)	39(51.3)	6.4[3.6, 11.3]*	0.6[0.1, 3.5]
Grade 7-12	23(16.3)	118(83.7)	1.3[0.8, 2.3]	0.3[0.07, 1.2]
Above 12+2	36(12.9)	243(87.1)	1.00	1.00
Mother educational level				
Illiterate	48(57.6)	37(42.3)	6.0[3.2, 11.5]*	1.7[0.4, 7.4]
Grade 1-6	22(15.1)	124(84.9)	0.8[0.4, 1.6]	0.2[0.04, 0.9]**
Grade 7-12	20(11.2)	159(88.8)	0.6[0.3, 1.1]	0.2[0.4, 0.6]**
Above 12+2	20(17.7)	93(82.3)	1.00	1.00
Attend religious service				
More than one/week	10(4.0)	238(96.0)	1.00	1.00
Once a week	49(25.9)	140(74.1)	8.3[4.1, 16.9]*	2.5[0.7, 8.6]
Never	51(59.3)	35(40.7)	34.7[16.1, 74.5]*	31.9[8.4, 121]**
Alcohol consumption				
Yes	95(55.9)	75(44.1)	28.5[15.7, 51.9]*	4.9[1.9, 12.7]**
No	15(4.2)	338(95.8)	1.00	1.00
Khat chewing				
Yes	53(58.9)	37(41.1)	9.5[5.7, 15.6]*	9.8[3.5, 27.6]**
No	57(13.2)	376(86.8)	1.00	1.00
Watching pornographic films				
Yes	95(42.0)	131(58.0)	13.6[7.6, 24.4]*	2.4[0.7, 8.8]
No	15(5.1)	282(94.9)	1.00	1.00
Student-family communication				
Yes	11(7.5)	147(92.5)	1.00	1.00
No	99(26.8)	277(73.2)	4.4[2.3, 8.5]*	3.8[1.3, 11.1]**

Your friend engaged in sexual intercourse				
Yes	96(45.7)	114(54.3)	5.9[1.7, 20.4]*	2.7[0.3, 22.3]
No	11(3.8)	278(96.2)	0.3[0.1, 1.1]	0.6[0.1, 5.2]
I don't know	3(12.5)	21(87.5)	1.00	1.00
Peer pressure				
Yes	66(44.3)	83(55.7)	5.9[3.8, 9.4]*	3.1[1.3, 7.5]**
No	44(11.8)	330(88.2)	1.00	1.00
Parental control				
Yes	82(50.3)	81(49.7)	1.00	1.00
No	28(7.8)	332(92.2)	0.08[0.05, 0.1]*	0.09[0.03, 0.3]**
Parental connectedness				
Disagree	31(9.1)	311(90.9)	0.13[0.1, 0.2]*	3.3[1.1, 9.9]**
Agree	79(43.6)	102(56.4)	1.00	1.00

* p<0.25, ** p<0.05

5.5 Consequence of premarital sexual practice

Among sexually actives students in the past twelve months 34(30.9%) of them did unplanned sex first time. Among 57 female who ever had sexual intercourse 11(19.3%) got pregnant at least once in their life time among these, 9(81.8%) were unplanned pregnancy and from this all of them were terminated through induced abortion, from student who ever experienced abortion 25% of them performed by traditional hillers.

Of those who started sexual intercourse, 93(62.4%) did not use contraception at first sexual intercourse, of whom 24(16.1%) had history of STDs treatment. From sexually actives students in the past twelve months 30(27.3%) had two/more sexual partners, [Table 5].

Table 5: Consequences of premarital sexual practice among preparatory school students in Jimma town, 2015.

Variables	Number of students	Percent
You/r partner use contraception at first sex		
Yes	56	37.6
No	93	62.4
You/r partner pregnant in your sexual life		
Yes	16	10.7
No	133	89.3
The pregnancy planned		
Yes	5	31.3
No	11	68.7
You/r couple ever experienced abortion		
Yes	12	8.1
No	137	91.9
Who perform abortion for you/r couple		
Health professional	7	58.3
Traditional hillers	3	25.0
Others	2	16.7
You/r partner had got treatment for STDs during your sexual life		
Yes	24	16.1
No	125	83.9
Number of sexual partner in the past 12 months		
One	80	72.72
Two	15	13.64
More than two	15	13.63

6. Discussion

Premarital sexual practice increases young peoples' risk for infection with HIV and other STIs. Adolescents who begin premarital sexual practice activity are more likely to have high-risk sex or multiple partners and are less likely to use condoms [10]. This study has assessed the premarital sexual practices and associated factors among preparatory school students in Jimma town, Oromia regional state, South West Ethiopia.

Among all study participants 28.5% reported ever having sexual intercourse. About 21% of the respondents had premarital sexual intercourse at the time of the survey, of which 63.4% were males. These findings were similar with previous studies among in school adolescents [27, 33], but lower when compared to the result of other previous studies among school adolescents in Ethiopia [23, 26]. This might be due to the difference between study population and study area. On the other hand, this finding is relatively high when compared to study done in high school adolescents in Aletawodo town with the prevalence of premarital sexual intercourse of 18.3% and another study among in-school youths of shendi town; west Gojjam zone was 19%. This discrepancy might be due to variation in the prevalence of risky behaviours between the two study populations and the difference between study populations [25, 28].

In this study, the mean age for males at first sexual intercourse was relatively lower than a female which is almost similar to other studies among in school adolescents [28, 33]. This could be due to the high expectation of virginity before marriage for females than males and a lesser cultural expectation for males to remain virgin until marriage than females in our society, due to low parental control for males than females and the difference in the opportunity costs of becoming sexually active (and the subsequent risks of unintended pregnancy) [23]. Among those students who had premarital sex, the majority had their first sexual intercourse under the ages of 18. This finding is slightly higher for female but almost the same for male when compared to a study done in Alkan University College in Addis Ababa [32].

The main reasons for the initiation of first sexual intercourse fall in love, peer pressure, had desire, chance just happened and got married. These facts clearly indicated that the influence of individual and social factors that affect the sexual life of the students. This finding is similar to studies done among high School adolescents in Nekemte town, East Wollega, Oromia regional state and Alamata high school and preparatory school adolescent, Northern Ethiopia [27, 33]

Majority of student (67.5%) preferred to discuss about sexual issues with their peers of the same sex than family. This result is similar to a study done on adolescent-parent communication on sexual and reproductive health issues among in Dire Dawa, It showed that 74.7% of students preferred their peers than parent to discuss about their sexual and reproductive health issues. Students discussed about sexual matters more with peers than family [31]. This could be due to cultural taboo and feel ashamed affect student-family communication on sexual matters [35].

Among female students who ever had sexual intercourse significant number of them were get pregnant at least once in their life time among these, most of the pregnancy were unplanned and all of them were terminated through induced abortion. This result is similar to a study done among Aletawodo high school, sidama zone and in-school youths of shendi town [25, 28]. Certain number of students who were sexually actives had two/more sexual partners

The rate of sex with commercial sex workers in males agrees with a study done in Ambo and Madawalabu University [33, 36]. This might be due to the prevalent of risky sexual behavior and lack of practice of safe sex among the adolescents and needs special attention. But higher to the report from a study conducted among in-school youths in Shendi town, West Gojjam zone, North Western Ethiopia [28]. This discrepancy might be due to variation in the prevalence of risky behaviours between the two study populations, but lower than; the study among high school students conducted in Nekemte towns [34] Oromia region, Ethiopia. The reason could be respondents might hide the truth being shy to disclose their sexual exposure history.

Studies conducted in Aletawodo high school, sidama zone revealed that the prevalence of self-reported STIs was 20.9% [25]. In this study STDs among sexually experienced students were 16.1%, which is lower than the above results. But, the actual number might be higher as people may not so open in disclosing such issues.

Condom use during first sexual intercourse in this study is about 33.6%. This finding is higher-than similar study among school adolescents in Ambo, Oromia region. This could be due to fact that availability of information about condom has got an impact on condom use through time. Lower-than from a study result 64.3 % among adolescents in Bahirdar town of Amhara region. Moreover the behavioural surveillance survey (BSS) result also revealed that 52.4% (64.2% males and 40% females) in school adolescent had used condom during their last

sexual intercourse [22, 26, 34]. This might be explained by the difference in the study subjects, study area and period.

Students age 18 and above were more likely to involve in premarital sexual practice than students who were age below 18 years old. This finding also goes in line with study conducted on prevalence of premarital sexual practice and associated factors among Alamata high school and preparatory school adolescent, northern Ethiopia [27] and premarital sexual practice among unmarried first year undergraduate students in Alkan university college in Addis Ababa, Ethiopia [32]. This shows that as the age of school adolescent's increase, there is higher probability to involve in sexual practice.

Students from urban families were more likely to engage in pre-marital sex than those from rural area. This finding is consistent with study conducted among in-school adolescents in eastern Ethiopia [23]. This might be due to the more liberal life styles in urban areas compared to cultural conservatism in rural areas, and might also be attributed to easiness of reporting premarital sexual debut by urban students.

Students who had peer pressure were three times more likely to initiate pre-marital sexual debut than their counterparts. This finding was in line with other similar studies [26, 31]; possibly it might be; peers play important part in deciding personality and behavior among adolescents [27].

Compared to respondents who do not chew khat, those who are ever chewing khat were more likely to initiate premarital sex earlier. This finding was in line with other study in Bahir Dar town [26]. The possible explanation for this association could be due to loss of track of mind induced by khat chewing which motivated them to have casual and early sexual initiation[32].

In this study, alcohol users were more likely to begin premarital sexual intercourse earlier than those who didn't use alcohol and consistent with studies done in other parts of Ethiopia [35, 38]. The possible reason might be, drinking alcohol decrease self-control and predispose to risky behavior such as sexual intercourse [24].

Never attending religious service was negatively associated with engaging in premarital sexual practices which is in line with study conducted in Bahir Dar town; showed that, Students those

attained religious services two or more times a week were five times less likely to practice premarital sexual debut than those attained the service less than two times a week. This might be due to that most religious organization advocate abstinence before marriage [26].

In this study, students who live away from parent were more likely to engage into premarital sexual practice than those who were live with parents. This is similar with studies done in Boditti town and Jimma zone [29, 37]. Again the result of this study is also consistent with a premarital sexual behavior among male college students in Kathmandu, Nepal; Youths who had good relationship with their parents had less premarital sex experience than youths having poor relationship [38]. This could be due to lack of opportunity for parental monitoring and guidance. Those students whose parents live in rural areas often attend their education in rental house in urban place. This living arrangement provides the opportunity of being free from parental supervision so that the student will have freedom of exercising sexual issues.

7. Limitation of the study

7.1 Strength of the study

- ↳ The study has tried to identify the prevalence of pre-marital sexual practices with 98.3% of response rate.
- ↳ The sample size was computed using both single population proportion and two population proportions formula, by considering all important risk factors to get the largest sample size.

7.2. Limitation of the study

- ↳ Due to the fact that this study deals with very personal and sensitive issues such as sexual practice and other risk factors related to it, obtaining an honest response among students was difficult and therefore underestimates prevalence of pre-marital sexual debut.
- ↳ There could be also an information bias as far as pre-test was conducted in the same schools.
- ↳ The study was school based; therefore precludes generalization to out of school adolescents indicating a need for further study using a more representative sample of adolescents.

8. Conclusion and Recommendation

8.1 Conclusion

Understanding premarital sexual experience and identification of risks associated with sexual activities must be the fundamental element of interventions that are working in the area of STIs, HIV/AIDS, unwanted pregnancy, unsafe abortion.

This study has revealed that significant number of school adolescents started sexual intercourse very early and are involved with high-risk sexual practices, including multiple sexual partner and sex with commercial sex workers. Moreover, one out of six sexually active students had history of sexually transmitted diseases and majority are practicing unprotected sexual intercourse.

While it is true that sex is not talked openly within the family's still significant proportion of the respondents don't discuss sex related issues with their families. From these one can also conclude that the major problems that influence sexual behaviour of the respondents are still linked to lack of open discussion with family member.

A high proportion of in-school adolescents initiated premarital sexual practice. The factors associated with this were socio-demographic factors (age, parental educational level, previous residence, and living arrangement), individual and life style factors (substance abuse, sexual maturation and religious visit), family factors (perceived parental connectedness, perceived parental control, student-family communication) and social factors (peer pressure).

8.2 Recommendation

To Jimma town health bureau, Education bureau and NGOs

- ☞ Consistent provision of information about the consequences of premarital sexual practices and factors related to it in particular should be provided to the school adolescents.
- ☞ Even if sex prior to marriage is not socially acceptable in our society, it was found that significant proportion of students had sex prior to marriage. Therefore, there must be an expansion of sexual health services for unmarried students.
- ☞ The study indicated that students started sex as early age and were involved with high-risk sexual practices, including multiple sexual partner, unprotected sex and sex with commercial sex workers. Therefore; health education in schools concerning STIs including HIV/AIDS and condom use should be started at an early age and given on regular basis.
- ☞ Intervention that emphasizes different domains of high risk factors [substance abuse like alcohol and khat, peer pressure] and protective factors [parent connection, parent control] in an integrated manner may be the most effective strategies.
- ☞ The local community should be taught of the importance of discussing sex and related issues with their children so as to increase their awareness.
- ☞ As youth clubs are increasingly being recognized as an important avenue for disseminating reproductive health information to the young, adolescent reproductive health club should be established in the school-by-school adolescents.

To researcher

- ☞ Further study should be done to know the knowledge and attitude of the students towards premarital sex.

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ANNEX

Annex 1: English Questionnaire

Premarital Sexual Practice and Associated Factors Questionnaire among Preparatory School Students in Jimma Town, South West Ethiopia, 2015.

Informed Consent

Dear Respondent:

This questionnaire is prepared to conduct a study on the “premarital sexual practice and associated factors among preparatory school students in Jimma town.” You are selected and included in the study as part of the sample population to complete the questionnaire designed by the researcher. The information obtained in this study will be used only for research purposes. The data you will provide is very helpful to achieve the intended objectives of the study. Any information obtained will be kept strictly confidential and will not be exposed to any other body. Involvement in this study is optional and in voluntary basis and you can drop any individual question or the whole questionnaire. But your participation and contribution in the study is very important to come up with important findings which may help local health planners to intervene the problem locally.

Do you have any Question regarding this study?

Do you agree to participate in this study?

Yes, continue No, thank you!

The following questions are designed in order to identify the magnitude and associated factors of premarital sexual practice. Please, give your honest and truthful answer to each question from the given alternatives.

Part I. Socio-demographic characteristics

Instruction: Select the appropriate response of your chose from the given response item and circle on it. For the question have no response write your response on the blank space provided for it

No	Question	Response
101	Sex	1. Male 2. Female
102	Your age	Years _____ 9. Don't know
103	Marital status	1. Unmarried 2. Married 3. Divorced 4. Widowed 5. Separated
104	Your grade level	1. 11 th 2. 12 th
105	Your ethnic group	1. Oromo 2. Amhara 3. Others (Specify) _____
106	Your religion	1. Protestant 2. Orthodox 3. Muslim 4. Catholic 5. Others (Specify) _____
107	Previous residence	1. Urban 2. Rural
108	With whom are you living now?	1. With parent 2. Without parent
109	Your father's education level	1. Illiterate 2. Grade 1-6 3. Grade 7-12 4. Above 12+2
110	Your mother's education level	1. Illiterate 2. Grade 1-6 3. Grade 7-12 4. Above 12+2

Part II. Sexual History

Instruction: Select the appropriate response of your chose from the given response item and circle on it. For the question have no response write your response on the blank space provided for it

No	Questions	Response
201	Have you ever had sexual intercourse?	1. Yes 2. No [Skip to 301]
202	At what age did you have your first sexual intercourse?	_____ years
203	Did the first sex was planned?	1. Yes 2. No 3. I don't remember.
204	Who was your first sexual partner?	1. Girlfriend/boyfriend 2. From family members 3. Sex workers 4. Strangers 5. Others(specify)_____
205	What was the reason for having first sexual intercourse?	1. Fall in love 2. Sexual desire 3. Got married 4. Chance just happened 5. Pressure by peer/friends 6. Others(specify)_____
206	The first time you had sex, was it happen without your willingness?	1. Yes 2. No
207	The first time you had sex did you discuss about contraceptive before sex?	1. Yes 2. No
208	Did you or your partner use contraception at first sex?	1. Yes 2. No
209	If yes for Qn 208 which method of contraceptive methods did you used?	1. Condom only 2. Natural method 3. Pills 4. Injectable method 5. Others(specify)_____

210	Have you ever heard about emergency contraception?	1. Yes 2. No
211	If yes Qn 210 from where did you get information?	1. Parents 2. Friends/peers 3. Boy/girl friend 4. School 5. Health workers 6. Media (Radio, TV magazines, news) 7. Others (specify)_____
212	Have you/your couple ever been pregnant in your sexual life time?	1. Yes 2. No
213	If yes for Qn 212 was the pregnancy planed?	1. Yes 2. No
214	Have you/your couple ever experienced abortion?	1. Yes 2. No
215	If yes to Qn 214 how many time experienced?	1. Once 2. Two time 3. More than two
216	Who were performing abortion for you?	1. I my self 2. My colleagues 3. Health professionals 4. Traditional hillers 5. Others(specify)_____
217	Have you/your partner ever got treatment for sexual transmitted diseases during your sexual life time?	1. Yes 2. No
218	Have you been sexually active within the last 12 months	1. Yes 2. No
219	If your response is yes, to Qn 218, how many sexual partners did you have in the last 12 months?	1. One 2. Two 3. More than two
220	Did you and your partner(s) use condom when you had sexual intercourse?	1. Yes 2. No
221	If your response to Qn. 220 is yes how often do you use it?	1. Always during sex 2. Sometime 3. Rarely

Part III. Individual and life style issue

Instruction: Select the appropriate response of your chose from the given response item and circle on it. For the question have no response write your response on the blank space provided for it

No	Question	Response
301	How often do you attend religious congregational services?	1. Once a week 2. More than one a week 3. Never
302	Do you have close friend who consume alcohol?	1. Yes 2. No
303	Have you ever consumed alcohol?	1. Yes 2. No
304	If yes, how often have you drink alcohol in the past one month?	1. Every day 2. Most of the time 3. Rarely 4. Once
305	Do you have close friend who Chewing khat?	1. Yes 2. No
306	Do you have the habit of chewing khat?	1. Yes 2. No
307	If yes for Qn 306 how often have you chew in the past one month?	1. Every day 2. Most of the time 3. Rarely 4. Once
308	Have you ever seen pornography/sex film?	1. Yes 2. No
309	If yes for Qn 308 at what age do you start watching it?	_____ years
310	How often do you watch pornographic movie?	1. Every day 2. Most of the time 3. Rarely 4. Once
311	Have you ever been encouraged by friends/peers to have sexual intercourse?	1. Yes 2. No
312	Your friends have already engaged in sexual intercourse?	1. Yes 2. No 3. I don't know

Part IV. Communication with family members and friends:

Instruction: Select the appropriate response of your chose from the given response item and circle on it

No	Question	Response
401	Did you discuss with your family sexual issues in the past year?	1. Yes 2. No
402	With whom do you most likely to talk with about sexual issues?	1. Friends of same sex 2. Friends of opposite sex 3. Father 4. Mother 5. Sisters/brothers 6. others_____
403	What is your mother’s response for sex related questions?	1. Answer helpfully 2. Not answer helpfully
404	Your parents know where you are when you are not at school and away from home?	1. Yes 2. No
405	Your parents know with whom you are when you are not at school or away from home?	1. Yes 2. No
406	I do feel that my mother is very much close to me	1. Agree 2. Disagree
407	I do feel that my father is very much close to me	1. Agree 2. Disagree
408	I do feel that my mother love me much	1. Agree 2. Disagree
409	I do feel that my father love me much.	1. Agree 2. Disagree
410	I do feel that my father care much about me	1. Agree 2. Disagree
411	I do feel that my mother care much about me	1. Agree 2. Disagree
412	I do feel that I satisfied with the relationship I have with my father	1. Agree 2. Disagree
413	I do feel that I satisfied with the relationship I have with my mother	1. Agree 2. Disagree

Annex 2: Amharic Questionnaire

በኦሮሚያ ክልላዊ መንግስት በጅማ ዞን በጅማ ከተማ መሰናዶ ት/ቤት በሚገኙ ተማሪዎች የቅድመ ጋብቻ ግብረ-ሥጋ ግንኙነት መጠንን እንዲሁም ተያያዥ ምክንያቶችን ለማጥናት የተዘጋጀ መጠይቅ።

የፍቃደኝነት ማረጋገጫ ቅፅ

የተከበርክ(ሽ) የጥናቱ ተሳታፊ እንደምን አደርክ(ሽ) ዋልክ(ሽ)? እኔ በጅማ ከተማ ባሉ የመሰናዶ ት/ቤት ተማሪዎች ላይ በጅማ ዩኒቨርሲቲ የማስተርስ ዲግሪ ተማሪ ለሚያደርገው ጥናት የመረጃ መሰብሰቢያ መጠይቅ ነው ። የጥናቱ ዋና ዓላማ የቅድመ ጋብቻ የግብረ ሥጋ ግንኙነት መጠንና ሥፍት እንዲሁም የነዚህ ክስተቶች ምክንያቶች ምን እንደሆኑ ለማጥናት ነው። ስለዚህ በእውነትና በቅንነት በምታደርገው(ጊው) ተሳትፎ ለጥያቄዎች የምትሰጠን(ጭን) መልስ በጅማ ከተማ ውስጥ ባሉ መሰናዶ ት/ቤት ተማሪዎች ውስጥ የኤች ኤይ ቪ ስርጭት፣ ያልታቀደ እርግዝና እና ሌሎች ተመሳሳይ ችግሮችን መፍትሔ ለመፈለግና ተገቢ ዕቅድ ለመንደፍ እንዲቻል ነው። አሁን የግል ባሪህን(ሽ) የተመለከተ ጥያቄዎችን አቀርብልሃለው(ሽለው)። በመጠየቁ ላይ ሥምህ(ሽ) ወይም የአንተን(ቺን) ማንነት የሚገልፅ ማንኛውም ዓይነት ነገር አይጠቀስም ወይም አይያያዝም። በመጠይቁ ወቅት መመልስ የማትፈልገውን(ጊውን) ማንኛውንም ዓይነት ጥያቄ መተው ወይም በማንኛውም ሰዓት ማቋረጥ ትችላለህ(ያለሽ)። ሆኖም ግን የምትሰጠን(ጭን) መረጃ የተማሪዎችን የግብረ ሥጋ ግንኙነት ባህሪያትን እና ተጓዳኝ ምክንያቶች ለመገንዘብና አስፈላጊውን የመፍትሔ እርምጃ ለመውሰድ ይረዳል። ይህ ጠቀሜታው የጎላ ስለሆነ በቅድሚያ ለምታደርገው(ጊው) ትብብር ምስጋናችን ከልብ የመነጨ ነው።

ጥናቱን በተመለከተ ጥያቄ አለህ?

ጥናቱ ላይ ለመሳተፍ ተስማምተሃል?

አዎ፡ ቀጥል

አልፈልግም፡ አመሰግናለሁ።

ክፍል አንድ: የሥነ-ሀዘባዊና ማህበራዊ መረጃዎች

ተ.ቁ	ጥያቄዎች	አማራጭ መልሶች
1	የታህ/ሽ ምንድ ነው?	1. ሴት 2. ወንድ
2	ዕድሜህ/ሽ ስንት ነው?	----- ዓመት
3	የጋብቻ ሁኔታ?	1. ያላገባ/ች 2. ያገባ/ች 3. የፈታ/ች 4. አግብቶ/ታ የሞተችበት/ባት
4	ብሔርህ/ሽ ምንድ ነው?	1. አሮሞ 2. አማራ 3. ሌላ(ይገለፅ)-----
5	በፊት የምትኖርበት/ሪበት ቦታ?	1. ከተማ 2. ገጠር
6	ሐይማኖት	1. ኦርቶዶክስ ክርስቲያን 2. ፕሮቴስታንት 3. ሙስሊም 4. ካቶሊክ 5. ሌላ(ይገለፅ)-----
7	በየትኛው የትምህርት ደረጃ በመማር ላይ ትገኛለህ/ሽ?	1. 11 2. 12
8	ከማን ጋር እየኖርክ/ሽ ነው?	1. ከቤተሰብ ጋር 2. ከቤተሰብ ውጭ
9	የአባትህ/ሽ የትምህርት ደረጃ?	1. ያልተማረ 2. አንደኛ ደረጃ ትምህርት ያጠናቀቀ 3. ሁለተኛ ደረጃ ትምህርት ያጠናቀቀ 4. ኮሌጅና ከዚያ በላይ
10	የእናትህ/ሽ የትምህርት ደረጃ?	1. ያልተማረች 2. አንደኛ ደረጃ ትምህርት ያጠናቀቀች 3. ሁለተኛ ደረጃ ትምህርት ያጠናቀቀች 4. ኮሌጅና ከዚያ በላይ

ክፍል ሁለት የሥነ-ተዋልዶና ሥነ-ተራክቦ ጤና ጉዳዮች

11	ከዚህ በፊት የግብረ-ሥጋ ግንኙነት ፈጽመህ/ሽ ታወቃለህ/ሽ?	1. አዎ 2. አልፈጸምኩም [ወደ ጥያቄ 34 አለፍ]
12	በስንት ዓመት-ህ/ሽ ፈጸምክ/ሽ?	----- ዓመት
13	የመጀመሪያዎ የግብረ-ሥጋ ግንኙነት የታቀደ ነበር?	1. አዎ 2. አይደለም 3. አላስታወስም
14	ለመጀመሪያ ጊዜ የግብረ-ሥጋ ግንኙነት ከማን ጋር ፈጸምክ/ሽ?	1. ከሴት/ወንድ እጮኛ ጋር 2. ከጓደኛ ጋር 3. ከሴተኛ አዳሪ ጋር 4. ከእንግዳ ጋር 5. ሌላ (ይጠቀስ)-----
15	የመጀመሪያዎን የግብረ-ሥጋ ግንኙነት ለመፈጸም ምክንያት-ህ/ሽ ምን ነበር?	1. በፍቅር መወደቅ 2. ጋብቻ 3. ሥጋዊ ፍላጎት 4. በጉደኛ ግፊት 5. እንዲሁ በድንገት 6. ሌላ-----
16	የመጀመሪያዎ የግብረ-ሥጋ ግንኙነት ከፍቃድ-ህ/ሽ ወጭ ነበር?	1. አዎ 2. አልነበረም
17	በመጀመሪያ የግብረ-ሥጋ ግንኙነት ወቅት ስለ ወሊድ መከላከያ መንገዶች ተወያይታችሁ ነበር?	1. አዎ 2. አልተወያየንም
18	አንተ/ቺ ወይም እጮኛህ/ሽ በመጀመሪያዎ የግብረ-ሥጋ ግንኙነት ወቅት የወሊድ መከላከያ ተጠቅማችሁ ነበር?	1. አዎ 2. አልተጠቀምንም
19	ለጥያቄ ቁጥር 18 መልስህ/ሽ አዎ ከሆነ የትኛውን የወሊድ መከላከያ ዓይነት ነበር የተጠቀማችዉት?	1. ኮንዶም 2. የተፈጥሮ መንገድ 3. የሚዋጥ ክኒን 4. በመርፌ የሚሰጥ 5. ሌላ/ግለፅ/ጭ-----
20	ስለ ድንገተኛ የወሊድ መከላከያ መንገዶች ሰምተህ/ሽ ታወቃለህ/ሽ?	1. አዎ 2. አልሰማሁም

21	ለጥያቄ ቁጥር 20 መልስ/ሽ አዎ ከሆነ ከየት ነው መረጃውን የምታገኘው/ኛው?	1. ከቤተሰብ 2. ከጓደኛ 3. ከወንድ/ሴት ጓደኛ 4. ከት/ቤት 5. ከጤና ባለሙያ 6. ከሚድያ(ሬዲዮ፣ቴሌቪዥን፣ጋዜጣ) 7. ሌሎች/ግለጽ/ጭ-----
22	እርግዝና አጋጥሞሽ/ጓደኛህን ገጥሟት/ ያወቃል?	1. አዎ 2. አልገጠመኝም/ማትም
23	ለጥያቄ ቁጥር 22 መልስ/ሽ አዎ ከሆነ እርግዝናው ታቅዶ ነበር?	1. አዎ 2. አልታቀደም
24	ወርጃ አጋጥሞሽ/ጓደኛህን አጋጥሟት/ ያወቃል?	1. አዎ 2. አልገጠመኝም/ማትም
25	ለጥያቄ ቁጥር 24 መልስ/ሽ አዎ ከሆነ ምን ያህል ጊዜ ገጥሞሻል/ሟታል?	1. አንዴ 2. ሁለት ጊዜ 3. ከሁለት ጊዜ በላይ
26	ወርጃውን ያደረገልሽ/ገላት ሰው ማን ነበር?	1. እኔ እራሴ 2. ጓዳኛዬ 3. የጤና ባለሙያ 4. የባህል መድሐኒት አዋቂ 5. ሌላ/ጥቀሽ/ሽ-----
27	በሕይወት ዘመንህ/ሽ የአባላዘር በሽታ ህክምና ተደርጎልህ/ሽ ወይም ለጓደኛህ/ሽ ተደርጎላት/ለት ያወቃል?	1. አዎ 2. አያወቅም
28	ባለፉት 12 ወራት ውስጥ ወሲባዊ ተራክቦ አድርገሽ/ህ ታወቁያለሽ/ህ?	1. አዎ 2. አላረኩም
29	ለጥያቄ ቁጥር 28 መልስ/ሽ አዎ ከሆነ ምን ያህል የወሲብ ጓደኛ አለህ/ሽ?	ከጓደኛ ብዛት-----
30	ከወሲብ ጓደኛህ/ሽ ጋር የግብረ-ሥጋ ግንኙነት በምትፈጽሙበት ወቅት ኮንዶም ተጠቅማችሁ ነበር?	1. አዎ 2. አልተጠቀምንም
31	ለጥያቄ ቁጥር 30 መልስ/ሽ አዎ ከሆነ ምን ያህል ጊዜ ትጠቀሙ ነበር?	1. ሁል ጊዜ በግብረ-ሥጋ ግንኙነት ወቅት 2. በአብዛኛው 3. አልፎአልፎ

ክፍል ሦስት:- የማህበራዊና ሥነ-ባህሪያት ጉዳዮች

32	የሐይማኖት ተቋማትን ምን ያህል ጊዜ ትከታተላልህ?	1. በሣምንት አንድ ጊዜ 2. ከአንድ ጊዜ በላይ በሣምንት 3. አልሄድም
33	መጠጥ/አልኮል/ የሚጠጣ ዓይኛ አለህ/ሽ?	1. አዎ 2. የለኝም
34	መጠጥ/አልኮል/ ጠጥተህ/ሽ ታወቃለህ/ሽ?	1. አዎ 2. አልጠጣም
35	ለጥያቄ ቁጥር 34 መልስህ/ሽ አዎ ከሆነ ባለፈው አንድ ወር ምን ያህል ጊዜ ጠጣህ/ሽ?	1. በየቀኑ 2. በአብዛኛው 3. ቢያንስ አንዴ 4. አልፎአልፎ
36	ጫት የሚቅም የቅርብ ዓይኛ አለህ/ሽ?	1. አዎ 2. የለኝም
37	ጫት የመቃም ልማድ አለህ/ሽ?	1. አዎ 2. የለኝም
38	ለጥያቄ ቁጥር 37 መልስህ/ሽ አዎ ከሆነ ባለፈው አንድ ወር ምን ያህል ጊዜ ቅመክ/ሽ ታወቃለህ/ሽ?	1. በየቀኑ 2. በአብዛኛው 3. ቢያንስ አንዴ 4. አልፎአልፎ
39	ወሲብ ነክ የሆኑ ፊልሞችን አይተህ/ሽ ተወቃለህ/ሽ?	1. አዎ 2. አላወቅም
40	ለጥያቄ ቁጥር 39 መልስህ/ሽ አዎ ከሆነ በስንት ዓመት ነበር ማየት የጀመርከው/ሽው?	በ-----ዓመት
41	ምን ያህል ጊዜ ወሲብ-ነክ የሆኑ ፊልሞችን ትመለከታለክ/ቺያለሽ?	1. በየቀኑ 2. በአብዛኛው 3. ቢያንስ አንዴ 4. አልፎአልፎ
42	ወሲብ እንድታረግ/ጊ በዓይኛህ/ሽ ተገፋፍተህ/ሽ ታወቃለህ/ሽ?	1. አዎ 2. አላወቅም
43	ዓዳኞችህ/ሽ ከዚህን በፊት ግብረ-ሥጋ ግንኙነት አድርገዋል?	1. አዎ 2. አላደረጉም 3. አላወቅም
ክፍል አራት: የቤተሰብ-ልጆች የመግባባት ችሎታን በተመለከተ		
44	ባለፉት ዓመታት ወሲብ ነክ ጉዳዮችን አንስተህ/ሽ ከቤተሰቦችህ/ሽ ጋር ተነጋግረህ/ሽ ታወቃለህ/ቂያሽ?	1. አዎ 2. አላወቅም

45	በአብዛኛው ጊዜ ወሲብ ነክ ጉዳዮችን ከማን ጋር መነጋገር ይመችሃል/ሻል?	<ol style="list-style-type: none"> 1. ከተማሳሳይ ጾታ ጋር 2. ከተቃራኒ ጾታ ጋር 3. ከአባቴ ጋር 4. ከእናቴ ጋር 5. ከወንድሜ/እህቴ ጋር 6. ከሌሎች/ጥቅስ/-----
46	ወሲባዊ ወይም ግብረ-ሥጋ ግንኙነትን በተመለከተ ለምታነሳው ጥያቄዎችህ/ሽ የእናትህ ምላሽ ምንድን ነው?	<ol style="list-style-type: none"> 1. በመረዳት ትመልስልኛለሽ 2. በመረዳት አትመልስልኝም
47	ከትምህርት ቤት ወጭ እና ከቤት ወጭ በሆንክ ወቅት ቤተሰቦችህ/ሽ የት እንዳለክ/ሽ ያውቃሉ?	<ol style="list-style-type: none"> 1. አዎ 3. አያውቁም
48	ከትምህርት ቤት እና ከቤት ወጭ በሆንክ ወቅት ከማን ጋር እንዳለህ/ሽ ቤተሰቦችህ/ሽ ያውቃሉ?	<ol style="list-style-type: none"> 1. አዎ 4. አያውቁም
49	እናትህ ለአንተ/ቺ ቅርበት እንዳላት ይሰማህል?	<ol style="list-style-type: none"> 1. አዎ 2. በጭራሽ የላትም
50	አባትህ/ሽ ለአንተ/ቺ ቅርበት እንዳለው ይሰማህል?	<ol style="list-style-type: none"> 1. አዎ 2. በጭራሽ የለውም
51	አባትህ/ሽ አንደሚያፈቅርህ/ሽ ይሰማሃል/ሻል	<ol style="list-style-type: none"> 1. አዎ 2. አይሰማኝም
52	እናትህ/ሽ አንደምታፈቅርህ/ሽ ይሰማሃል/ሻል	<ol style="list-style-type: none"> 1. አዎ 2. አይሰማኝም
53	አባትህ/ሽ የሚከባከብህ/ሽ መስሎ ይሰማሃል/ሻል?	<ol style="list-style-type: none"> 1. አዎ 2. አይንከባከበኝም
54	እናትህ/ሽ የምትከባከብህ/ሽ መስሎ ይሰማሃል/ሻል?	<ol style="list-style-type: none"> 1. አዎ 2. አትንከባከበኝም
55	ከአባትህ/ሽ ጋር ባለህ/ሽ ግንኙነት ረክተሃል/ሻል?	<ol style="list-style-type: none"> 1. ረክቻለሁ 2. አልረካሁም
56	ከእናትህ/ሽ ጋር ባለህ/ሽ ግንኙነት ረክተሃል/ሻል?	<ol style="list-style-type: none"> 1. ረክቻለሁ 2. አልረካሁም