

**ASSESSMENT OF RISKY SEXUAL BEHAVIOR AMONG FINAL YEAR
REGULAR UNDERGRADUATE STUDENTS OF COLLEGE OF PUBLIC
HEALTH AND MEDICAL SCIENCE JIMMA UNIVERSITY, OROMIA
REGION, SOUTH WEST ETHIOPIA, 2013**

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JIMMA, ETHIOPIA

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ABSTRACT

BACKGROUND: *Students of Higher institutions are assumed to be exposed to many risky sexual behaviors. To what extent students exposed to such behavior is not known in the current study area.*

OBJECTIVE: *To assess risky sexual behaviors among final year regular undergraduate students of college of public health and medical science, Jimma University south west Ethiopia.*

METHODS: *Cross- sectional study was conducted on 272 final year undergraduate students of college of public health and medical science Jimma University. Data was collected through self- administered questionnaire and analyzed manually using scientific calculators. For significant statistical association between dependent and independent variables chi-square test was employed and data was presented using tables and graphs as needed. The level of significance was declared at $P < 0.05$.*

RESULT: *A total of 272 questionnaires were distributed and returned which makes the response rate 100%. Out of the total 272 respondents 220 (80.89%) were males, majority 122 (45%) were in the age range of 25-29yrs, 232(85.29%) of them were aware of risky sexual behavior, majority 68(44.27%) had their first sexual intercourse at the age range of 15-19 years followed by 46(26.56%) at 20-24. Age, Sex, Previous place of residence and Income are significantly associated with risky sexual behavior at $P < 0.05$*

CONCLUSIONAND RECOMMENDATION: *This study revealed that there is risky sexual behavior among Jimma University health science students. Thus, phased in based continuous health information's to create awareness on condom utilization and anticipation of future risks should be provided by Anti-HIV/AIDS club of Jimma university students, Peer-club of Jimma university students and Jimma university student clinic*

Key words: *risky behavior, Jimma University, University students, predisposing factors, nursing.*

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ACRONYMS

AIDS	Acquired Immune- Deficiency syndrome
CPHMS	College of public Health and Medical Science
CSW	Commercial Sex Workers
HIV	Human Immunodeficiency Virus
JU	Jimma University
MOH	Ministry of Health
SRP	Student Research Project
STI	Sexually Transmitted Infection
STD	Sexually Transmitted Disease
UNAIDS	United Nation Program on AIDS
UNICEF	United National Children’s Fund
USAIDS	United State Program on AIDS
WHO	World Health Organization

CHAPTER ONE: INTRODUCTION

1.1 BACKGROUND

World health organization (WHO) defines adolescent and youth as people between the ages 10-19 and 15-24 respectively. Adolescent is a stage in which human beings faced once in their life time. This serves as threshold for many developments biological physical, psychological etc and these developments are accompanied by positive or negative behaviors depending on the individual characters and the environment that up brought (1).

Youths are especially at risk firstly because they are adventurous and very sexually active, being at an age where sexual hits and conquests are perceived as important for self-esteem. Secondly they have multiple sexual partners, and are more likely to practice innovative sexual and risky techniques. Thirdly students are financially insecure. Therefore finical incentives form older men exert strong influence towards their acceptance of risky sexual behaviors especially as regards to non condom as other study have also indicated (1).

Risky sexual behaviors including early sexual debut, unprotected sexual intercourse, multiple sexual partner and changing sexual partners, occur in broader context. The intensity of involvement in sexual risk behavior ranges from no sexual relationship to unprotect in sexual intercourse with multiple partner and prostitution. Although risky sexual behavior does not always indicate a high risk behavior or life style, sexual risk behaviors often cluster with other risk behaviors, including substance use, violence involvement and poor school performance. Adolescent who engage in sexual intercourse at young ages are at high risk for outcomes that can compromise their healthy. sexually active teenagers who exhibits few positive or pre-socially behaviors such as involvement in organized action at School or in the community are at high risk for outcomes such as early sexual activity and pregnancy during their teenage years(2).

2.1 STATEMENT OF THE PROBLEM

The trends in sexual activity of adolescent at younger ages are increasing alarmingly in the world. In many countries the majority of young age people are sexually active before age of 20 and premarital sex is common among 15-19 years old (3).

In 2008 young people aged 15-24 years accounted for 42% of new HIV infection in people aged 15 and older and nearly 805 of this live in sub-Saharan Africa(8).

As part the young age bracket, undergraduate University students are in an important group exposed to range risky behaviors. The increased privacy afforded by living outside of their parents. Home provides greater opportunity for sexual expression risk behaviors among undergraduate may be further worsened by the fact that they mostly live in campuses without boundaries or security peer-pressure, economic problems and lack of youth friendly recreational facilities(10).However; to what extent the risky sexual behavior exist among university student, particularly students of colleges of public health and medical sciences is not known, thus this study is aimed to assess the risky sexual behavior among undergraduate students of public health and medical sciences(9)

In the 2006 year almost two third of infection with HIV were in Sub-Saharan countries; Ethiopia is one of the countries where HIV/AIDS is fueling and striking its population of all ages including adolescents. WHO estimate that, the people with newly acquired infections of HIV between the age of 15 and 24 years mainly through unsafe sexual practice (15).

According to 2011 estimate of HNAIDS, WHO and UNICEF around 30.6 million and 3 .4 million adult and children are living with HIV/AIDS respectively at the end of 2010. The overwhelming majority of people living with HIV/AIDS live in low and middle income courtiers, sub Saharan Africa accounts two third of all infected people. South and south East Asia has the second highest number of people living with HIV/AIDS (16).

Despite public health effort to educate individuals about risk behaviors and provide solution to reduce or avoid sexually transmitted diseases (STDs) young people continue to contract HIV and /or STDs at an alarming rate. Rate of HIV continue to rise among young adult ages 15 to 24 that accounted for approximately 14% of all HIV new cases in the USA during 2005(18).

In 2006 about 30 million peoples are expected living with HIV/AIDS (The college environment offers a great opportunity for HIV and STD high risk behaviors including unsafe sex and multiple sexual partners. While over all incidence of HIV infection has been same decline in recent years, rates of HIV infection among young adults have not seen in proportionate decline (19).

Sexual transmitted infections (STIs) are among the world's most common disease and pose serious public health concern in both industrialized and developing countries (20). Unless appropriate age and intuitional targeted interventions exist, certain behaviors can place the university students at greater risk of HIV infection and STDS.As they are in the youth age category they are exposed to many risky behaviors including sexual coercion, STI including HIV/AIDS, unwanted frequency and abortion like other youths. Groups of people who engage in this risky sexual age considered vulnerable to HIV infection and need to be watched cautiously in order to control its epidemic (22).

CHAPTER TWO: LITERATURE REVIEW

In 2002 an international survey was conducted with the aim of studying risky sexual behaviors of teenagers' majority of the students were still virgin (they had no experience of sexual contact) among sexual active study subjects majority (82%0 used contraceptives (10).

The CDC tracks the percentage of students who used drugs or alcohols before sex, while those risky behaviors increased between 1991 and 2000, the trend has been declining since 2007 22.5% high school students reported risky behaviors down from 22.6%(11,12).

A study done on knowledge and attitude of college students of Kerala towards HIV/AIDS,STDS and sexualities in India 45% knew as AIDS is not curable at present 34.5% were aware of symptoms of STDS and AIDS. Even boys were afraid of donating blood at blood Bank and receiving injection from governmental hospital .Because they associative with lack of aseptic precautions with increased risk of acquiring infections including HIV however, 55% of then believer as AIDS is curable disease. It was believed by the study subjects that Boys engaged in premarital sex than girls (14).

According to study conducted in risk of HIV and sexual risk behaviors in USA, Turkey and south Africa, Those sexually active 27.6% of the USA female students compared with 2.1% south African and none of the Turkish students had their first sexual intercourse before age of 15 31.1% of USA, 9.7% of Turkish and 10.6% of south Africa male students had their sexual debut before the age of 15(3).

The study conducted on pattern of risky sexual behavior and associated factors among undergraduate students of porter court university river state Nigeria reveled More than half them 52% had either by friend or girl friend and 52% have had sex with someone 33.6% of them had their sex for the first time at age range of 5-19years 3.2% 5-9years,5.1% 10-14 years 25.3% 15-19 years and 14.1% 20-24 years and 52.3% above 24 years 23.5% had sex with someone in the month preceding the study and 13.4% had one sexual partner girl Boyfriend topped the list of person respondents had sex with and only 31.8% of them used a form of protection(13).

A study done in Zambia shows 48% of the first sex done for the desire to experiment 18% due to peer pressure, 3.6 need of money ,5.4% preparation for marriage and 2.2% forced the largest group of school girls 65% had their first sexual intercoms between the age of 15 and 17(10).

As across-sectional study done on pattern of sexual risk behavior among undergraduate university students in Ethiopia revealed 28% students had sexual intercourse at once More proportion of male students ever had sexual intercourse compared to females 4.8% 22.8% of those students had their sexual debit after they joined university. About 6% of students with sexual partners half of the males with sexual experience had intercourse with commercial sex workers about 60% of students had used condom rarely (9).

As study done in Jimma University in 2009,26.9% ever had sexual intercourse 75.6% started sexual intercourse during their secondary school from those 51%had sex with the last 12 month and 28.3% had multiple sexual partners, consistent condom use with non regular partner was 69.1%. Lack of parental control, substance use, peer pressure campus and outside environment were identified as predisposing factors; males were about three times more likely to ever had sexual intercourse as compared to females. Majority 68% had first sexual intercourse with boy friend or girl friend 48.1% had their first sexual intercourse with individuals of same age females were more likely to have first sex with individuals who were about five year or older than them(7).

Another study done on risky sexual behavior and predisposing factors among students of Jimma University in 2012 the following result were obtained 26.9% had ever sexual intercourse the mean age at first intercourse was 17 ± 2.7 years. Most, 75.6% started sexual intercourse during secondary school. Among those who ever had sexual intercourse, 51% had sex in their last 12months of the study period and 28.3% had multiple sexual partners. consistent condom use with non regular partners in the last 12months of the study time was 69.1% Lack of prenatal control, pear pressure, campus and outside environment were identified as predisposing factors(7).

2.2 SIGNIFICANT OF THE STUDY

Students of higher institutions are assets of the society and change agents in filling the gap in the past and on whom the future generation is based. It is also clear that this group is on the way of transforming to adulthood filled with ambition and building their future academic and social career.

Neglecting their sexual and reproductive health can used to high social and economic cost both immediately and in the year ahead. This study is therefore aimed to assess risky sexual behaviors among final year regular undergraduate student of college of public health and medical science Jimma University so that findings of this study will have its vital contribution for those who need to know the socio demographic factors that influence the individual's sexuality and practice of sexual behaviors. This in turn will play an important role in identifying the mandatory and crucial ways of intervention sets recommendation for the responsible bodies It also serves as reference(or give clues) for other researchers to study problems that leads to pessimistic ways of life in depth in the study area besides filling of the literature gaps.

CHAPTER THREE: OBJECTIVES

3.1 General objective

- To assess risky-sexual behaviors among final year regular undergraduate students of college of public Health and medical science Jimma University south west Ethiopia.

3.2 Specific Objectives

1. To determine the magnitude of risk sexual behaviors among final year regular undergraduate students of college of public health and medical science Jimma University.
2. To identify factors contributing to risky sexual behaviors among final year regular undergraduate students of college of public health and medical science Jimma University.

CHAPTER FOUR

METHODS, MATERIALS AND SUBJECTS

4.1 Study area and period

The study was conducted from February 20-march 04, 2013 in Jimma University College of public health and medical science, main campus. Jimma University is found in Oromia region, Jimma Zone Jimma Town, which is located 352kms south west of Addis Ababa. Jimma University is a public higher educational institution established in Dec, 1999 by the amalgamation of Jimma college of Agriculture (founded in 1995) and instituted of health science (in 1983). Jimma University is Ethiopia's first innovative community oriented educational institution of higher learning. JU has seven colleges among which college of public Health and medical science is major with eight departments: Medicine, dentistry, Nursing, health officer, pharmacy, laboratory anesthesia, Environmental Health and midwifery .There are 725 final year regular undergraduate students that are candidate to be graduated by the end of the year 2005E.C/2013 G.C).

4.2 Study design

Institution based cross-sectional study design was used to assess the risky sexual behaviors of final year regular undergraduate students of college of public Health and Medical science at Jimma University.

4.3. Population

4.3.1 Source population

All students of public health and medical science who are attending regular program

4.3.2 Study population

All students of final year regular undergraduate of public Health and medical science who are attending regular program

4.3.3 Study Unit

Each sampled individual from final year regular undergraduate of public Health and medical science who are attending regular program was the study unit

4.3.4 Inclusion criteria

All final year regular under graduate students of PHMS

4.3.5 Exclusion criteria

Those students who are critically ill, absent during data collection period

4.4 Sample size and sampling technique

4.4.1 Sample size

Since there was study done on the same study population before (52%) estimation parameter is used to calculate sample size.(13).

$$n = \frac{(Z/2)^2 P(1-P)}{d^2}$$

where; n = initial sample size

p = estimation of the proportion of risky sexual behavior among undergraduate university students (52%) (13)

d= the marginal error tolerated

= The level of confidence which is 95%, 1.96

$$\begin{aligned} \text{THEN } n &= \frac{(1.96)^2 0.52(1-0.48)}{(0.05)^2} \\ &= \underline{384.16} = 384 \end{aligned}$$

Since the total number of study population i.e. N=692

$$Nf = \frac{n}{1+n}$$

N Where ⁿf = final sample size
n= initial sample size

N= total population

$$Nf = \frac{384}{1+384} = \underline{247}$$

692

Contingency=10% of sample size +sample size = 24.7+247=272

4.5 Sampling technique

Students were stratified by their department and final study subjects were selected from each department by statistical sample size proportion allocation as follow:

Department	final year student	Formula	proportional size
Medicine	137	$137 \times Q$	54
HO	133	$133 \times Q$	52
Nursing	92	$92 \times Q$	36
Med. Lab	99	$99 \times Q$	39
Pharmacy	75	$75 \times Q$	29
Env'tal health	78	$78 \times Q$	31
Dentistry	48	$48 \times Q$	19
Anesthesia	30	$30 \times Q$	12

$$Q = \frac{272}{692}$$

4.6 Study variable

4.6.1 Dependent variable

Risky sexual behavior

4.6.2 Independent variable

- Age
- Sex
- Previous place of residence
- Income
- Use of substance
- History of night club enjoyment
- Knowledge of condom use

4.7 Operational definition

Positive attitude on risky sexual behavior: an individual is said to have positive attitude if he/she can answer greater than 65% of forward attitude questions.

Risky sexual behavior: refers to behavior engaging in to unprotected sex without use of condom, sex with multiple partners', sex with commercial sex workers, sex after use of substance.

First sexual intercourse:- Heterosexual, skin to skin contact and penetration for the first time.

4.8 Data collection technique and tools

4.8.1 Data collection tools

Structured closed ended and open ended questionnaire were developed and adapted after review of relevant literatures (7,13,) and arranged according to particular objective it can address and has four parts:

Parts: socio demographic characteristic of the respondents, Risky sexual behavior Awareness of the respondents, Attitudes of study participants towards risky sexual behavior, Sexual practice of the study respondents

4.8.2 Data collection technique

Data was collected through structured self-administrated questionnaire and by data collection facilitators

4.9. Data analysis

Data was collected, cleared, edited and analyzed by tallying, organizing and calculating manually. The result was presented using tables and diagrams as needed.

4.10 Data quality assurance

To prevent diffusion of information questionnaire was distributed and collected on the same day by data collection facilitators. The questionnaire was pretested on 3rd year Nursing 14 students which is 5% of the sample size one week before actual data collection period and possible amendment was made on wordings, structuring of the questionnaire of JU south west Ethiopia and modification was made after ward. Questionnaire was pre-arranged and consistent supervision was carried out by the principal investigator.

4.11 Ethical consideration

Ethical issue was considered in this study official Letter was obtained from Nursing department to get the list of students from each department and from SRP of JU and was forwarded to the administrator of college of PHMS and permission was obtained from the principal before data collection after the selection of study subjects, the objective of the study was clearly explained for the participants.

4.12 Limitation of the study

Due to the sensitive nature of the study it was believed that the respondents may under report sexual activity and thus the data might subject to reporting errors of unknown directions and magnitude.

4.13 Dissemination of the study finding

The final report of the study finding will be disseminated to college of PHMS administration, Jimma University student research project (SRP) and to department of Nursing.

CHAPTER FIVE: RESULTS

5.1 Socio-demographic characteristics

A total of 272 questionnaires were distributed and all were returned filled correctly which gives the response rate of 100%. From 272 study respondents 220 (80.89%) were males and, majority 122 (45%) in age range of 25-29 years followed by age from 20-24yrs-93(34%) and 54(19.86%) were from medicine. Concerning ethnicity, majority were Oromo 115 (42.78%) followed by, Ahmara- 59 (21.69%). Regarding the religion majority of them were Orthodox 89(32.72%) followed by a Muslim 53(19.49%). Concerning pre university, majority of them were from rural 158(58.69) and Urban 114 (41.91%). With regard to monthly income, majority 205 (75.37%). earns greater than 200 (ETB) (**Table 1**).

Table 1: Socio-demographic characteristic of the students of college of public health and medical Science Jimma University, March ,2013

S.N o	Characteristics	Frequency (n=272)	Percentage	
1	Sex	Male	220	100
		Female	52	
2	Age	20-24	93	34
		25-29	122	45
		≥30	57	21
3	Department	Medicine	54	19.86
		Nursing	36	13.24
		HO	52	19.12
		Dentistry	19	6.99
		Anesthesia	12	4.13
		Pharmacy	29	10.66
		Laboratory	39	14.34
		Env. Health	31	11.40
4	Ethnicity	Oromo	115	42.28
		Amharia	59	21.69
		Tigrae	37	13.60
		Gurage	33	12.14
		Somale	17	6.2
		*Others	11	4.04
5	Religion	Orthodox	89	32.72
		Muslim	53	19.49
		Protestant	68	25
		Catholic	27	9.93
		Waqefata	25	9.12
		**Others	10	3.67
6	Previous place of residence	Urban	114	211.91
		Rural	158	58.09
7	Monthly income of the respondents	≤200(ETB)	67	24.63
		>200(ETB)	205	15.37

***kambata, silte**

**** Adventist,**

5.2 Risk Sexual Behavior

Out of 272 study subjects, majority 145(53.31%) had boy or girl friend at secondary school 105 (72.44%) males and 40(27.585%) female) and 127 (46.69%) of which 115 (90.55%) male and 12(9.45%) female had No boy or girl friend at secondary school. From those who had boy or girl friend at secondary school, majority 90(62.07%) had sexual intercourse at secondary school where as 58(29.42%) did not. **(table 2)**

Out of the sexually active study respondents, majority 68(44.27%) had their first sexual intercourse at the age range of 15-19 years followed by 46(26.56%) at 20-24 and 18(14.06%) did not remember at which age they had started their first sexual intercourse. **(table 2)**

The majority started their first sexual intercourse for desire to sexual trial which accounts 96(50%) followed by peer- pressure 58(30.29%), preparation for marriage 14(7.29%), forced 13(6.77%) and 11(5.73%) for need of money. **(table 2)**

Out of 272 study respondents, majority 214 (78.68%) had intimate friends and 58(21.32%) had not. **(table 2).**

Current sexual intercourse: - Among those who ever had sexual intercourse, majority 164(60.29%) (82.93% males and 17.07% females) had sex in the last 12 months. Out of those who had started sex for different reasons, majority 198(92.52%) had only one intimate friend (86.87% male and 13.13% females) followed by only two friends 10(4.67%) (60% among males and 40% among females) and three and more friend 6(2.8%) (66.67% males and 33.33% females). **(table 2)**

Condom Use; among those who ever had sexual intercourse 158 (73.83%) (86.71% males and 13.29% females) have ever used condom and 56(26.17%) (80.36% males and 19.645 females) have never used. Out of 158 condom users, 118(74.77%) have used condom always, followed by 24 (15.18%) some times and 16(10.04%) have used rarely. **(table 2)**

Substance use: - Among sample included in the study majority 128(59.81%) had not used substance before sexual intercourse and 86(40.19%) have used. Out of 86 substance users, 52(60.47%) had used alcohol, followed by chat which account 26(30.23%) and Hashish 8(9.30%) **(Table 2).**

Night club enjoyment: - Among 272 study respondents 106 (38.97%) have enjoyed night club and 166(61.03%) have never enjoyed. Out 106 who enjoyed Night club half 54 (50.94) (77.78%) among males and (22.22% among females) have enjoyed every weekend followed by 35 (33.02%) (74.29%) among males and 9 25.71% among females) once a week and 5(4.72%) (80% among males and 20% among females) have enjoyed night club once a year. **(Table 2).**

Table 2: Distribution of study participants of sexual practice at Jimma University, Oromia, Region, South west of Ethiopia, 2013.

Sno	Characteristics	Total(n=272)	Percentage	
1	Have had boy or girl friend at secondary school	Yes	145	53.31
		No	127	46.69
		Total	272	100
2	Had sexual intercourse at sec. school	Yes	90	62.07
		No	55	37.93
		Total	145	100
3	Age at first sexual intercourse	<15	2	1.04
		15-19	85	44.27
		20-24	51	26.56
		>25	23	14.07
		Don't remember	23	14.06
Total	192	100		
4	The main reason to start sexual intercourse at first time	Desire to sexual Experiment	96	50
		Peer- pressure	58	30.21
		Preparation for Marriage	14	7.29
		Need of money	11	5.73

		Forced to do	13	6.77
		Total	192	100
5	Presence of current intimate friends	Yes	214	78.68
		No	58	21.32
		Total	272	100
6	Have sexual intercourse in the last 12 months	Yes	164	60.29
		No	108	39.71
		Total	272	100
7	Number of current intimate friends	Only one	298	92.52
		Only two	10	4.67
		Three & above	6	2.81
		Total	214	100
8	Route of sexual intercourse	Vaginal	141	76.17
		Anal	19	8.87
		Oral	32	14.96
		Total	192	100
9	Use of condom during sexual intercourse	Yes	158	73.83
		No	56	26.17
		Total	214	100
10	Frequency of condom use	Always	118	74.77
		Sometimes	24	15.18
		Rarely	16	50.04
		Total	158	100
11	Have used substance before sex	Yes	86	40.19
		No	128	59.81
		Total	214	100
12	Substance used before	Alcohol	52	60.47

	sexual intercourse	Chat	26	30.23
		Hashish	8	9.30
		Shisha	0	0
		Cocaine	0	0
		Total	96	100
13	Night club enjoyment	Yes	106	38.97
		No	166	61.03
		Total	272	100
14	Frequency of Night club enjoyment	Every weekend	54	38.30
		Once a week	35	24.82
		Twice a week	12	8.51
		At least once a week	40	28.37
		Total	141	100

5.3. Awareness of risky sexual behavior

Out of 272 study participants about 232(85.29%) of them are aware about risky sexual behavior, 238 (87.50%) were aware of its impacts on social and human health, majority 205(75.37%) had got information from class room lesson while 120 (44.12%) students have got from their parents. **(table 3).**

5.4. Types of risky sexual behavior

The students in this study considered risky sexual behavior in different ways. Of the 272 study respondents 208(76.4%) considered sex with multiple partner, and 64(23.59%) did not. 172 (63.24%) considered sex without condom use and 100 (36.76) were not. 152(55.88%) considered sex after substance use as risky sexual behavior whereas 120 (44.12%) did not.154(60.29%) considered risky sexual behavior as having sex with commercial sex workers whereas 108(39.71%) did not. 152(55.88%) of them said sex through anal and oral is considered as risky behavior. **(table 3)**

Concerning the outcome of risky sexual behavior, majority 238 (87.51%) indicated STI including HIV/AIDS as a great impact; Even though, separation from family or relatives were reported as social impacts. (Table 3.)

Table 3. Distribution of study participants on Risk sexual behavior awareness Jimma University, Oromia Region south west Ethiopia 2013

S.No	Characteristics		Frequency (n=272)	Percentage
1	Having idea about risky	Yes	232	85.29
	Sexual behavior	No	40	14.71
2	Impact of risky	Yes	238	87.50
	Sexual behavior on	No	34	12.50
Health and social of University students				
3	Heard about risky	Yes	154	93.38
	Sexual behavior	No	18	6.62
4	Having sex with	Yes	208	76.41
	Multiple partner	No	64	23.59
5	Having sex with	Yes	172	63.24
	Use of condom	No	100	36.76
6	Having sex after	Yes	152	55.88
	Use of substance like	No	120	44.12
alcohol, hashish ,shish a				
7	Having sex with	Yes	154	60.29
	CSW	No	108	39.71
8	Having sex through	Yes	152	55.88
	Anal and oral sex	No	120	44.12
9	Unwanted pregnancy	Yes	212	77.94

	Is the outcome of Risky behavior	No	60	
10	STI is the outcome Of risky sexual Behavior	Yes	238	87.50
		No	34	12.50
11	School dropout is The effect of risky Sexual behavior	Yes	226	46.32
		No	146	53.68
12	Separation from Family or relatives Is the effect of risky Sexual behavior	Yes	144	52.94
		No	128	47.06
13	Head risky sexual Behavior from peer-club	Yes	164	60.29
		No	108	39.71
14	Read from magazine About risky sexual Behavior	Yes	150	55.15
		No	122	44.85
15	Got information about Risky sexual behavior From lesson in class	Yes	205	75.37
		No	67	24.63
16	Heard about risky Sexual behavior from parents	Yes	120	44.12
		No	152	55.88

5.4. Attitude toward risky sexual behavior.

Study respondent were also assessed about their attitudes towards risky sexual behavior. They were provided six questions on attitudes about risky sexual behavior. Out 272 study respondents 182(66.85%) have agreed on straight forward questions regarding risky sexual behavior. From this figure it was concluded that the study respondents had positive attitude towards risky sexual behavior and about 76(27.94%) were disagreed and 13(5.21%) were neutral about risk sexual behavior (**Table**).

Table 4: Distribution of attitudes of study respondent towards risky sexual Jimma University, Oromia Region south west Ethiopia 2013 . (table 4).

Characteristics		Total (n=272)	Percent	
1	It is shameful for girls to remain virgin till marriage	Agree	166	61.03
		Disagree	89	32.72
		Neutral	17	6.25
2	Condoms are not good for as they encourage for sex	Agree	165	60.66
		Disagree	87	31.96
		Neutral	20	7.45
3	It is not possible to talk about sexual Matter with parents	Agree	169	62.13
		Disagree	76	27.94
		Neutral	27	10.93
4	Either boys or girls do not use condoms as they may trust their opposite friends	Agree	189	69.49
		Disagree	77	28.31
		Neutral	6	2.20
5	Sexual intercourse is good if only through vaginal sex	Agree	155	56.99
		Disagree	102	37.50
		Neutral	15	5.51
6	It is not possible to say risky sexual behavior as it may leads to STI including HIV /AIDS	Agree	247	90.81
		Disagree	25	9.91
Ground total (Average total)		182	66.85	

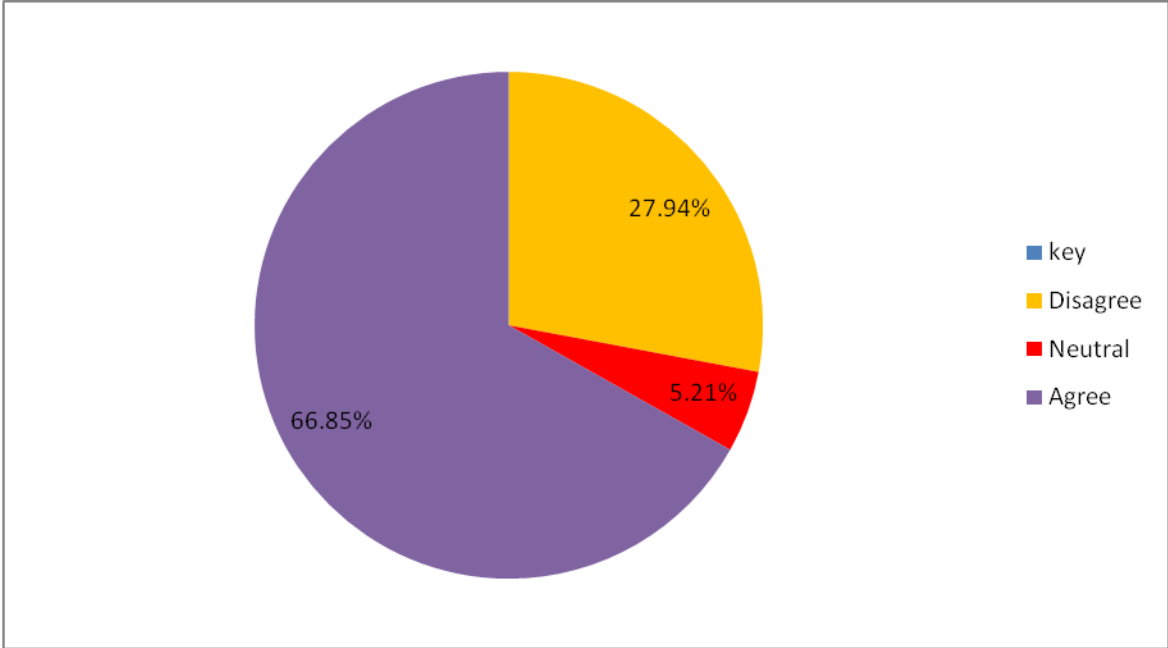


Figure 1: Pie chart showing distribution of final, regular undergraduate students of public health and Medical science towards their attitude about risky sexual behavior in Jimma university, south west Ethiopian, 2013.

5.5. Factors associated with risky sexual behavior

Table 5: factors associated with risky sexual behavior.

S.No	factors		Risky behavior	Non Risky Behavior	total	X ² /P value
1	Age	20-24	48(49.9)	45(43.1)	93	X ² =17.2
		25-29	54(65.5)	68(56.5)	122	P=0.000
		>30	44(30.6)	13(26.4)	57	
2	Sex	Male	124(118)	96(102)	220	X ² =3.34
		Female	22(27.9)	30(24.1)	52	P=0.068
3	Previous place of residence	urban	49(61.2)	65(52.8)	114	X ² =9.03
		Rural	97(84.6)	61(73.2)	158	P=0.003
4	Income	≤200(ETB)	27(36.0)	40(31.0)	67	X ² =6.40
		>200(ETB)	119(11.0)	86(95.0)	205	P=0.011

As the above table shows, there is strong significant statistical association age with risky sexual behavior (P=0.000), previous place of residence with risky sexual behavior (P=0.003) and income of the study respondents with risky sexual behavior (P=0.011). But there is no statistical association between sex and risky sexual behavior

CHAPTER SIX: DISCUSSION

Out of 272 study respondents more than half had boy or girls friend which accounts 53.3% (72.42% among males and 40, 27.58% among females) at secondary school (70.58%) had sexual intercourse at secondary school (84.38% among males and 15.62% among females). This finding is almost similar with the study conducted at Jimma University, 75.6% had sexual intercourse at secondary school (7). Still there is 5% higher in previous study. This 5% gap might be because of health education and awareness that have been given at different level.

Regarding age at first sexual intercourse (44.27%) had their first sexual intercourse at age range of 15-19 years(80%) among males and ,(20%) among females). This finding is also almost similar with the study done in Zambia (65%) (10,). But greater than that of in Jimma university(26.9%). This difference might be previous study was done on the whole university students so that fresh students might not answered to those sensitive questions-

Concerning the reason of starting sexual intercourse (50%) started their first due to desire to experiment, (30.29) due to peer- influence, (7.29%) for preparation for marriage, (6.77%) were forced and (5.73%) due to need of money (7). This finding is also similar with the study done in Jimma University in 2012, 46% for sexual desire to experiment, 12.1% due to peer- pressure, and In the same way the study conducted in Zambia revealed almost the same findings. Even though a little bit lowered. This might be because of the cultural difference between the study respondents at the two study site (area) (10).

Out of those who ever had used condom (74.77%) had used always during sexual contact (89.83% among males and 10.17% among females, (15.18%) had used occasionally and (10.04%) rarely.

The same study was conducted in Bahir Dar college of private at Bahir Dar city revealed that 59.0% used condom always whereas 27.0% used occasionally, which is less than the finding in this study (25). This discrepancy might be due to the fact that the study respondents in this study were student's public health and medical science so that they were more aware about condom use than those in Bahir Dar city who were not. Similarly, the study conducted in Jimma

University showed 144(57.6%) (60.0% among males and 42.9 among females) have ever used condom. Out of this 69.1% have used always (7, 9). This finding is also lower than this study. This might be because of the field of study and year of study of the study respondents.

This study also assessed pattern of substance use and night club enjoyment. . Out of (40.19%) (83.77%) among males and 16.23% among females) have used substances. Among (60.47%) (86.77% among males and 19.23% among females) have used alcohol, (30.23%) (92.3% among males and 7.69% among females) have consumed or chewed chat and (9..30%) (75.0% among males and 25.0% among females) have used Hashish. Out (38.9%) (73.58% among males and 27.42% among females) who have enjoyed “Night clubs”, (50.94) (80.77% among males and 19.23% among females) have enjoyed every weekend, (37.74%) at least once a week and (11.32%) have enjoyed twice a week and more. The same study conducted in Jimma University and Bahir Dar city also showed that incidence of substance use is lower. In Bahir Dar city college o f private 25% used alcohol and 18.0% have used chat which is lower than current study finding (7.25). This difference might be due to life or living situation of the study respondents an access to money. Students of private colleges are living with

Risky sexual behavior is strongly associated with age, previous place residence and income the study respondents.

CHAPTER SEVEN

CONCLUSION AND RECOMMENDATION

7.1. CONCLUSION

- This study revealed that there is risky sexual behavior among Jimma University students that is evidenced:
- Majority of the study respondents have started friendship at secondary school and have started initiation of early sexual intercourse. . Even though, the risky sexual behavior is so high in both sexes, it is higher in males than in females
- This study finding shown that majority of risky sexual behavior started early at secondary schools
- Out the study respondents who were using substance, majority have used alcohol which exposes them to high risky sexual behavior.
- Age, Sex, Previous place of residence and Income are significantly associated with risky sexual behavior.

7.2. RECOMMENDATION

The University and local health bodies should work together to solve the problem of identified risky sexual behavior with particular focus on behavioral change communication and awareness creation. Since higher learning institutions are good place and time to have peer education program that address self esteem, healthy sexual attitudes, as well as to be socially active, accepting and caring: the following specific responsible bodies are recommended on giving health information, awareness creation and condom utilization;

- Anti-HIV/AIDS club of Jimma university students
- Peer-club of Jimma university students
- Jimma university student clinic

Phased in based continuous health information's to create awareness on condom utilization and anticipation of future risks should be provided by Anti-HIV/AIDS club,, Peer-club of Jimma student clinic both at high school and university level

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ANNEX –II Questionnaires

JIMMA UNIVERSITY

COLLEGE OF PUBLIC HEALTH AND MEDICAL SCIENCES

DEPARTMENT OF NURSING AND MIDWIFERY

QUESTIONNAIRES

This questionnaire is designed to assess risky sexual behavior among final year regular undergraduate students of college of public health and medical science Jimma University Jimma Zone, Oromia Region, South West Ethiopia, 2013.

Dear, respondents I would like to kindly request your active cooperation & participation while responding to this questionnaire as your confidentiality kept strictly and honestly, because you are not requested to write your name. You are honestly required to fill every questionnaire as needed. For questions with alternatives just put “✓” or “X” mark in the box in front of the alternatives and for the blank space questions your neat hand writing is needed. Above all your honest full response to this questionnaire will be mandatory for the successfulness of this study.

Part I socio demographic characteristic of the respondents

1. Socio – demographic data of the respondents

1.1. Sex a. Male b. Female

1.2. Age _____ yrs

1.3. Departments (what is your department)

a. Medicine b. Nursing c. HO d. Dentistry e. Med. Lab

f. Anesthesia g. pharmacy h. Env'tal health

1.4. What is your ethnicity?

a. Oromo b. Amhara c. Tigrae d. Gurage

e. Other (specify) _____

1.5. What is your religion?

a. Orthodox b. Muslim c. Protestant d. Catholic

e. other (specify) _____

1.6. What is your previous place of residence? A. Urban b. Rural

1.7. Monthly income of _____ Birr per month

II. Risky sexual behavior Awareness of the respondents

2.1. Do you have any idea about risky sexual behavior?

a. Yes. B. No

2.2. Do you think that risky sexual behavior could have health and social impact an
University students?

a. Yes. B. No

2.3. Have you ever heard what risky sexual behavior means?

a. Yes. B. No

2.4. Risky sexual behavior is having sex with multiple partners?

a. Yes b. No

2.5. Risky sexual behavior is having sex without use of condom

a. Yes b. No

2.6. Risky sexual behavior is having sex after use of substance like alcohol, hashish and shish

a

Etc. a. Yes b. No

2.7. Risky sexual behavior is having sex with commercial sex workers

a. Yes b. No

2.8. Risky sexual behavior is having sex through anal and oral sex

a. Yes b. No

2.9. Risky sexual behavior may leads to unwanted pregnancy

a. Yes b. No

2.10. Risky sexual behavior can lead to STI including HIV/AIDS

a. Yes b. No

2.11. Risky sexual behavior can lead to school dropout.

a. Yes b. No

2.12. Risky sexual behavior may lead to separation from family or relatives.

a. Yes b. No

2.13. From where have you gotten/heard about risky sexual behavior?

2.13.1. I have heard from peer-club a. yes b. No

2.13.2. I have read from magazines a. Yes b. No

2.13.3. I have learned from my lesson in class room a. yes b. No

2.13.4. I have heard from my parents a. Yes b. No

III. Attitudes of study participants towards risky sexual behavior

- 3.1. It is not shameful for girls to remain virgin till marriage
a. Agree b. Disagree c. Neither agree nor disagree
- 3.2. Condoms are important for youths as they prevent from unwanted outcomes of sex
a. Agree b. Disagree c. Neither agree nor disagree
- 3.3. It is possible to talk about sexual matter with parents
A. Agree b. Disagree c. Neither agrees nor disagrees
- 3.4. Either boys or girls should use condoms as they may benefit from it
a. Agree b. Disagree c. Neither agree Nor disagree
- 3.5. Sexual intercourse is acceptable if only through vaginal contact.
a. Agree b. Disagree c. Neither agree Nor disagree
- 3.6. It is obvious that risky sexual behavior can lead to STI including HIV/AIDS
a. Agree b. Disagree c. Neither agrees nor disagrees

IV. Sexual practice of the study respondents

- 4.1. Have you had boy or girl friends at secondary school?
a. Yes b. No
- 4.2. Have you ever had sexual contact before joining the University at your secondary school.
a. Yes b. No
- 4.3. What was your age when you had your first sexual intercourse?
a. _____ yrs old b. I do not remember
- 4.4. What was your main reason to start your first sexual intercourse?
a. Due desire to sexual experiment
b. Due to peer- pressure

c. for preparation for marriage

d. for need of money

e. Forced to do

4.5. Currently do you have intimate friends?

a. Yes b. No

4.6. Do you have sexual contact in the last 12 months?

a. Yes b. No

4.7. How many intimate friends do you have at this moment?

a. One consistent b. two or more

4.8. Which of the following sexual practice have you done?

a. Vaginal sex b. anal sex c. Oral sex

4.9. Do you use condoms during sexual intercourse?

a. Yes b. No

4.10. How often do you use condoms?

a. always b. same times c. rarely

4.11. Have you used any substance that may initiate you for sex before sexual intercourse?

a. Yes b. No

4.12. Which of those substance have you used to do you use currently?

a. alcohol b. chat c. hashish d. shish a e. cocaine

4.13. Have you enjoyed Night cubs?

a. Yes b. No

4.14. How often do you enjoy Night club?

a. every weekend b. at least once a month

c. twice a week d. once a month

Thank you for your Consideration!