

ASSESSMENT OF SEXUAL ACTIVITY AND CONTRACEPTIVE USE AMONG YOUNG
AGES OF JIMMA TEACHERS TRAINING COLLEGE STUDENTS, JIMMA TOWN, OROMIA
REGION, SOUTH WEST ETHIOPIA

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Abstract

Background - young age in Ethiopia are estimated to be 19.3% of total population. Despite their number young age, they lack access to the reproductive health service information like sexuality and family planning methods. Most young age get their peers whose views are often inaccurate and based on remorse.

Objective - The main objective of this study was to asses' sexual activity and contraceptives use among young ages of Jimma teachers training college students.

Methods: - Cross sectional study design was conducted among third year Jimma teachers training college students, from February 25 to 30, 2013. Two hundred fifty students were selected randomly based on strata sampling technique. Data were collected using self-administered questionnaire prepared in English,

Results: A total of 257 students participated in the study, majority 127(49.45%) of the students were from 20 -22 years age. sixty five (65.37%) were females and 89 (34.63%) were males, 230(89.49%) were Oromo, 106(41.24%) of them were Muslim, most of the students were unmarried 237(89.49%) , 189 (77.04%) of them were from farmer families and 168(65.4%) were from illiterate family. Half 118(45.9%) were currently sexually active, among them 44(37.3%) reported age at sexual debut was 16-19 years of age, and 35(29.7%) those starts early at 15 and 95(80.5%) were using any types of contraceptive and 38(40%) had used condom, and twenty five (21.18%) reported that, they used condom at first sexual intercourse.

Conclusion: - Majority of the students practice risky sexual activities such as unprotected sex, multiple sexual partners, sex with

risky groups(CSW),having sex with non regular or causal partner .

Most of the students have utilize contraceptives only sometimes and not utilize condom mostly.

Majority of the study subjects' first sexual intercourse was unplanned.

Recommendation:)_ Reproductive health service like condom and other contraceptive provision should be made available nearby or in the college. So, the school administrative body should have work on reproductive health service.

The governments should give education by including in curriculum especially on sexuality ,sexually associated problems and contraceptive should be practiced and started at lower level(in high

school)in order to increase their knowledge and make away from sexuality associated problems before they start.

Key words: - young age, sexual activity, contraceptive use

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Acronym

FP= Family Planning

HIV/AIDS =Human Immune Virus/Acquired Immune Deficiency Syndrome

JTTC =Jimma Teacher Training College

MOH= Ministry Of Health

STD= Sexually Transmitted Disease

UN_ United Nation

US A= United State of America

WHO=World Health Organization

CHAPTRE ONE

INTRODUCTION

Background

A is a period in human development characterized by significant physiological, psychological and social changes. WHO notes young ages are crucial for strategies to achieve a target goals of health for all, because they are parent of the future. (1).

Majority of the world Young age peoples are living in the developing countries, moreover nine out of ten young ages living in developing world faces especially profound challenges from obtaining education to simple staying alive. For which they are on transverse the challenging crossroad between adolescence and adulthood. (2).

Furthermore, they are lack access to basic RH information like sexuality and family planning service. Most young ages get their information about sexuality and family planning from their peers whose views are often inaccurate and based on remorse. The results of these are wide spread ignorance, poor sexual behavior that exposed to unwanted pregnancy and STIs. (3).

There is general misperception that young ages and unmarried individuals rarely engaged in sexual activity, that sexual relations occurs overwhelmingly within the context of married and less concern was given to it. Also recent literatures on young ages sexuality and reproductive health shows that, there is an increase trends in sexual activities among young ages, due to socio economical changes, such as urbanization, civilization and, life style, which puts their health at stake.(4).

Large proportion of sexual active young ages fails to use contraceptives. As a result, the pregnancy rate among teenagers remains high. Demographic and sociologic study shows that ages, races, income and family structure, are factors for sexual activities and the occurrence of unwanted pregnancy. Female young ages who have low self-esteem and who feels powerless, alienated and not in control of their lives are at risk of unwanted pregnancy. Addition to these biological factors also been shown to influence pregnancy risk girl with earlier physiologic maturation initiates sexual activity earlier than their age in related to peers. (5).

There are several factors which encourage the pre-marital sexuality in cities; such as higher mobility and migration of younger people to towns and cities in search of jobs, massive urbanization resulting proliferation of slums, growing population, unemployment, influence of modern mass-media and information technology, better life-style, changing modes and erosion of traditional customs and social norms . The increase in pre-marital sexuality is also influenced by several other supportive developments. Improved nutrition and better health care brings puberty to begin at an early age. In general, girls enter puberty between the age 8 and 13 and reach menarche (first menstruation) early, while boys enter puberty between the age 9 and 14 (1)

1.2 Statement of the problem

Initiation of sexual activity at an earlier age can lead to an increase in the number of sexual partners, lower probability of using modern contraceptive methods and an increase in the chance of getting HIV/AIDS and other sexually transmitted diseases (6).

As related to sexuality, worldwide half of the conceptions occurring per day are unplanned and about one fourth are unwanted. Everyday around 150,000 induced abortions occur and one third end up in unsafe abortions, which accounts for 15% of pregnancy-related deaths occurring each year globally and one third being in Africa. In Ethiopia too, where 40-51% of the pregnancies are unplanned and abortion is a major cause of maternal mortality. Abortion in young age women accounts for more than 10% of all abortions performed in most countries of the world (7).

Unwanted pregnancy is one of the most sexuality-related problems which is not only a risk in sexual activity, but also it may lead to induced abortion which increases inexperienced or ashamed young ages, is likely to take place later in pregnancy endangering the chance that the belief cost will be higher. While young sexual activity (behavior) varies from culture to culture, it is generally believed that young ages are experiencing first coitus at earlier ages than in the past and are not taking the necessary precautions to prevent unwanted pregnancy or STDS (8).

A morbidity and mortality among young ages in young ages become a focus of research and policy initiatives in developing countries, low contraceptive use; rising pregnancy rates and reliance on clandestine abortion become readily apparent (29).

A high teenage pregnancy rate implies a major problem with the sexual and reproductive health of the country's youth, and this includes the spread of sexually transmitted diseases. A study of rural South African high school students found that the effective use of contraception was hampered by incorrect and inadequate family planning information. (30)

Almost thirty percent of teenage pregnancies were found to occur amongst 'contraceptive users'. (31) It is therefore not enough just to get teenagers to use contraception. There is a need for adequate information and correct contraceptive usage amongst these teenagers. A study conducted in Irish high school teenagers however, has revealed that a high level of sexual knowledge amongst teenagers does not translate directly into low-risk behavior. (32, 33)

The very low level of economic development, widespread poverty, very poor and inadequate health services make the consequences of adolescent sexuality much more serious in the Ethiopian context than those of the developed countries. This is reflected by the highest HIV prevalence in the group 15-24 years 12.1%, (6% - 9 % among young men aged 15–24, and 10%-13 % among young women in the same age. (34)

In Ethiopia advertising and selling of contraceptives on place other than recognizing drug retailer is not permitted by law and sexual education in school is not practically existed. This will have an impact on the actual practice of contraceptive sexual knowledge among students. (11)

Generally alimentation problem assessing the sexual activity and contraceptive use of this available group is essential in order to show the magnitude the problem.

CHAPTER TWO

LITERATURE REVIEW

It is generally believed that young ages are experienced sexual activities at an early age than in the past and are not taking the necessary pre-caution to prevent unwanted pregnancy developed. (13).

According to the study done in 2003 in many developed nation like United States Canada Great Britain Netherland and France, the average typical age sexual initiation is around 17.5 years. In United States, it is 17.2 years, in Canada 17.3 years, in Great Britain 17.5 years. In n neither land 17.7 and in France 18.0 years. (17)

The study conducted 2007 USA attributed 75% of education in us – youngsters pregnancy rate as result of contraception and 25% of young stress increased abstinence , although USA young stress are increasing adopting protective sexual behavior they face barrier to consistency in these behavior (14) .

In 2003 ,53 % of USA school students reported never having had sexual intercourse up from 46% in 1991 ,across the decade , the percentage of USA youth that said they never had sex increased in higher school grades 33% of higher school senior, in 1991 said they never had sex compared to 53% in 2003 . Abstinence rate also increased between 1991 and 2003 by grade and by race or ethnicity. (15)

In USA study among sexually active young 70% of women and 69% of men ages 19-24 reported condom use. Among sexually active USA higher school youth in 2003 63% reported using condom during most recent sex a significant increased over 1991s 40% some of them. use other contraceptive method over all 17% of sexually active higher school youth in united state reporters of birth control pills before most recent sex rate very significantly among sexually active student by race 22% of white 11% of Latin's and 8% of African Americans . (16)

Likewise studies done in Africa showed an increased friend of sexual activity and also use of contraceptive for instance;

Study conduct in southern Nigeria secondary school on sexual activity and contraceptive knowledge and use showed of 2460 students only 36% would identify the most likely time for contraception to

occur female students considerable more than male to understand the timing of conception 46% vs 25% among students who supplied information about their sexual activities 40% had intercourse. the proportion who were sexually experienced climb from 26% of 19 years old and 54%-55% of 20-23 years old while 36% of the young women had sexual intercourse roughly their age or 24.25% had involved with older business man, only 17% of sexually active students had ever group and in depth discussions students contraception strong desire better education about contraception and the consequence of sexual intercourse.(17)

The study conducted in Cameroon on 670 young ages school student to evaluate their knowledge and practice of sexuality indicated as 53% were sexually active 41% used any contraceptive method during their recent intercourse 54% used condom 31% period abstinence 4% pills 3% withdrawal 3% based body temperature and 24% reported as pregnancy ends by delivery or abortion . The major source of information on contraception and SID was the mass media 54%, 21% school friend 16% are get from their elders and rumors. (18)

Also the study conducted in Kenya on the correlate of premarital sexual activities among school young ages about 300 enrolled in 46 coeducational college students depends on the types of school 48-77% of the male having had coitus compared with 17% to 67% of the females ,nearly half of sexually active males report multiple sexual partners(19)

According to the study conducted in USA on young ages to assess their knowledge about effectiveness of contraceptive 32% of the participants did not believed as condom is effective in preventing HIV/AIDS and 22% did not believed on effectiveness of birth control pills to prevent pregnancy. In the same study majority of them have negative attitude about the use of protective barriers and the mentioned reasons are suspicious of partners (66%) ,worried partner (49%) (15%) feel insult. (10)

In Africa sexual activity among young age is high; in Libya 82% of young ages women whose age is 19-22 years have an intercourse. In Botswana, Ghana, Mali ,Togo, and Uganda in 50% or more have had an intercourse.(10)

Study conducted in Uganda age fertility survey of age 15-24years in both rural and urban of Uganda. The data was collected from 4510 eligible respondents were analyzed. The survey revealed that sexual activity begins at an earlier age. At the time of survey 84% of the male and 815 of female

were she pregnant sexually active and the mean age at first coitus was 15.1 years for male and 15.5 for females. The survey also found that nearly half of the female respondents had ever been pregnant, of the pregnant 14% reported on abortion. Awareness on contraceptive is greater than 80% for both male and female but only 25% used contraceptive. Contraceptive prevalence was significantly lower in rural area; due to lack of access to contraceptive methods and knowledge lead to non usage and low prevalence of it. (20) Similar study done in Ethiopia, in Addis Ababa 60% of different college students are sexually active. The mean age at first coitus was 15.3 years for females and 16.4 for male. In Harar 50% female students and 25% male experienced sexual intercourse with mean age of 16.9 years at first coitus and 15% of them experienced unwanted pregnancy and only one fourth of them used family planning methods. The study done in Jimma University showed that a significant number of students 228(39.9%), 195(41.7%) males and 33(31.7%) females have had sexual experience. (21)

Ethiopia has a very young population; 40% of its inhabitants are younger than 15 years. Ethiopia faces a very rapid population growth; with an estimated 2.6 million additional people a year. This places serious challenges for poverty reduction and development (23). . One of the most important factors influencing Reproductive Health (RH) status of Ethiopians is poverty. Today it is estimated that 47% of the population live below the poverty line. Young people are among the groups most affected as they have very limited access to employment (23).

According to a report by the Ministry of Labor and Social Affairs, 87% of all registered job seekers are between the ages of 15-29 years. Young people in rural areas are increasingly migrating to urban centers. Migration increases the risks of exploitation and sexual violence (23, 24).

According to Ethiopian Demographic and Health Survey (EDHS) 2005; among women age 25-49, 32% had sexual intercourse before age 15, 65 % before age 18, and by age 25 most Ethiopian women have had sexual intercourse. In Ethiopia, trends in age at sexual initiation have increased little between 2000 and 2005 EDHS (24). The median age of marriage for women between 25-49 in Ethiopia is 16.1 years, indicating that for most girls, marriage drives sexual debut (25, 26).

Young girls in Ethiopia are more vulnerable to HIV than boys because of early age at sexual debut, early marriage, sexual abuse and violence, such as rape and abduction. Sexual mixing patterns are more important than the age at sexual debut in putting girls at higher risk of HIV than boys. As well,

adolescent girls are at risk because they are unlikely to have had any training or experience in sexual negotiation skills, and are especially vulnerable in situations with older men where age, wealth, physical strength and other power dynamics put at the disadvantage (27).

2.2. Significance of the Study

Globally rate of STD among young's are soaring. One third of the three hundred and a million new STI each occur in people under 25 yrs of age. Each year more than one in every 20 young adults contacts a curable STI. More than half of all new HIV INFC occur in people between ages of 15-24 years. (22)

In addition to this young adults in sub Saharan Africa have low family planning utilization rate and they accounts for a higher proportion of the regions new HIV/ infection. Additionally, young adults of sexual behavior that can result in adverse healthy, social and economic consequences. So, this is why reproductive health issues become matters.(35)

In order to designs appropriate preventive measures, clear deeper understanding and continually assessing the young adult sexual activity and contraceptive use is one the pre requisite information. So this study may provide information required in designing relevant, effective and comprehensive young adults preventive programs or may help in providing the quality and effectiveness of the current intervention programs for health care planners, policy designers. Furthermore, this study may provide identification of related factors on this problem will help those who are working on sexual activity and contraceptive use among young adults.

Finally, the finding of this study may also help as secondary data for the future study conducted regarding this issues in the local area or other parts of the country.

CHAPTER THREE

OBJECTIVES OF THE STUDY

3.1 General objective

To assess sexual activity and contraceptives use among young ages of Jimma teachers training college students. Jimma town, south west Ethiopia 2013

3.2 Specific objectives

1. To assess sexual activity among study subjects.
2. To determine prevalence of contraceptives use among study subjects
3. To determine association of sexual activity and contraceptives use among study subjects.

CHAPTER FOUR

METHODS AND MATERIALS

4.1 Study area

The study was conducted at Jimma teacher training college (JTTC), in Jimma town, which is located 352kms towards south west of capital Addis Ababa and 2.5Kms to the East of Jimma city center.

JTTC is one of several regional teachers training colleges in Ethiopia established specifically to produce qualified teachers for primary schools (Grade 1-8.).In accordance with the 1994E.C.national education and training police JTTC was upgrade from teachers training institute (TTI) as it had been for 28 years (1961-1988E.C) and to a college and launched its first two years training programs(diploma programs) in July 1988E.C.during the summer semester. It comprises ten departments; Afan Oromo, Amharic physics, geography, chemistry, biology English, history, mathematics and non-forma education, all of which offer diploma level training .The regular day program is three years. The regular students enrolled in 2005 E.C academic years are 2264, from this male 1049,female accounts 1215,first year male 374,female 428,second year male 309,female. 777 are graduating class of this year. The college has 366 males and 411 females of graduating class.

4.2 Study period.

The study was conducted from February 25-30 2013.

4.3 Study design

A cross sectional study design was employed.

4.4 Population

4.4.1 Source population

All third year JTTC students of academic year 2013,

4.4.2 Study population

Sample of students were drawn from source population.

4.5 Inclusion and exclusion criteria

4.5.1 Inclusion criteria

Third year students, who are attending or present the class during the data collection period.

4.5.2 Exclusion criteria

Third year students who are not willing to give information during the time of data collection period.

4.6 Sample size determination and Sampling technique

4.6.1 Sample size determination

The sample size was estimated by the single proportion formula

$$n_i = \frac{(z_{\alpha/2})^2 P(1-P)}{d^2}$$

Where n_i - The initial sample size required

p - National prevalence of female reproductive age, start sexual intercourse before age 15= 32% (24)

d - The margin of sampling error tolerated

$$n = \frac{(1.96)^2 0.32(1-0.32)}{(0.05)^2} = 334$$

z - The standard normal variable at $(1-\alpha)$ percentage confidence level and α is Mostly 5% that is with 95% confidence level

n_f -final sample size

$$n=334$$

Since our source population is less than 10,000, which were 777 we used the correction formula as follows.

$$n_f = \frac{n}{1 + \frac{n}{N}}$$

Where,

❖ n_f = final sample size

❖ n =total study population which is 384

❖ N =source of population which is 3504.

$$n_f = \frac{334}{1 + \frac{334}{777}} = 234$$

With 10% of non response rate the final sample size was 257.

4.6.2 Sampling technique

Stratified sampling technique was applied and each stratum's sample size calculated by proportional allocation. Study populations were selected by employing random sampling

$$N = n \times \text{total number of stream}$$

Study population

Natural=327, social=265, language=185

$N_1 = 257 \times 42\% = 108 \rightarrow$ Natural stream

$N_2 = 257 \times 34\% = 87 \rightarrow$ Social stream

$N_3 = 257 \times 24\% = \rightarrow$ Language stream

4.7 Variables

Independent variables

- Age
- Sex
- Religion
- Ethnicity
- Stream
- Relationship status
- Family income
- Family occupations
- Parental educational status
- Residence of student

Dependent variables

- contraceptive use
- sexual activity
- Information about STI including HIV/AIDS, contraceptive
- Knowledge STI including HIV/AIDS
- Knowledge about contraceptive
- Attitude about contraceptive

4.7 Operational definitions and definition of terms

Coitus: - sexual connection between male and female

Contraceptive use: - reports to have ever used at least one contraceptive method.

Not used Contraceptive: - reports to have ever not used at least one contraceptive method

Early sexual activity: - having initiate sexual intercourse at 16 years of ages or younger.

Late coitus: - having initial sexual intercourse at 17-20 years of ages.

Pre marital sex: - any sexual intercourse which occurs before legalized partner by marriage.

Sexually active: - respondents those who are once start having sex in their life with opposite sex.

Teens:-the age between 13-19 years.

Unwanted pregnancy: - which occurs without interests of females.

Young ages:-the age between 19-24 years according to WHO.

4.8 Data collection process and technique

4.8.1 Data collection instruments

Data were collected by self-administered structured questionnaire.

4.9 Data collection method

The English version questionnaire was prepared by reviewing and collecting from different literatures. The prepared questionnaires were distributed by selected three year four nursing students to collect data, after they get proper orientation prior to data collection period, on how to encode and refill data on questionnaires by the principal investigator.

4.10 Quality control

Before actual data collection, the questionnaire was pre tested on 5% of third year students of Rift Valley University College to find any questions that affect the consistency of data. Additionally questionnaire as well as the whole methods were presented on some expertise to find any errors, if found to be corrected. The principal investigator will give onsite close supervision during data collection period to solve any ambiguity and to minimize bias.

4.11 Data processing and analysis

Data were checked for consistency and completeness of information at each day of data collection, and data was analyzed using scientific calculator and manually prepared tally sheets. The results were, presented using tables and charts,

4.12 Ethical considerations

A formal letter was obtained from Jimma University, SRP office and was brought to administrative bodies of study area, to get permission for all study activities carried out in JTTC, verbal Informed consent was asked and the subjects were informed that all information they give was confidential and there will be no need to write their names.

4.13 Limitations of the study

Sexual behaviors and attitude outcomes are based on self-reported information, which is subjected to reporting errors, missed values and biases. Since the study touches sensitive and intimate issues, the possibility of underestimation cannot be ruled out. Some sort of desirability bias may not be eliminated even the survey was anonymous.

CHAPTER FIVE

RESULTS

5.1 Socio demographic characteristics of the respondents

A total of 257 questionnaires were distributed and 257 students filled and returned questionnaires giving response rate of 100%. Majority 127 (49.45%) of the students were from 20 -22 age groups and 109(42.4%) were from 22 to 24 years age. Sixty five (65.37%) of the respondents were females and rest 89(34.63%) were males. According to the findings most of the students were Oromo 230(89.49), followed by Amhara 21(8.17%). Majority 106(41.24) of them were Muslim and 237(89.49%) of the respondents were unmarried. Concerning their parent occupation most of them were farmers 189(77.04%). When we see educational level of the family, 168 (65.4%) were from illiterate families. (See Table 1)

Table 1: Distribution of study participants by their socio-demographic characteristics, among Jimma teacher training college students, Jimma town, January 2013

Variables		Frequency(n=257)	Percentage
Age	19	21	8.17
	20-22	127	49.45
	22-24	109	42.4
Sex	Male	89	34.63
	Female	168	65.37
Religion	Muslim	106	41.24
	Orthodox	98	38.13
	Protestant	43	16.73
	Other	10	3.89
Ethnicity	Oromo	230	89.49
	Amhara	21	8.17
	Others	6	2.33
Marital status	Unmarried	237	92.2
	Married	20	7.78
Parent occupation	Farmer	189	77.04
	Merchant	42	16.34
	Employed	13	5.06
	Other	4	1.56

Educational level of the family	Illiterate	168	65.4
	Literate	89	34.6

5.2 Sexual activity of the respondents

As the study shows, 118(45.9%) respondents reported currently they are sexually active. Among sexually active, majority 44(37.3%), age at sexual debut was 16-19 years of age, followed by 35(29.7%) those starts early at 15 and below years, majority 72 (61.02%) were reported that first sexual intercourse was unplanned, and partners most of the students had first sexual intercourse with their boy/girlfriend which accounts 75(63.56%). Seventy five (65.5%) had two life time sexual partners, and only 14(11.86%) had one life time sexual partner. Majority 80(67.79%) were being with their regular partner and the reason to remain with regular partner was to protect from HIV/AIDS which accounts 63(78.75%). One hundred four (83.14%) of the respondents have had sexual intercourse other than their regular partner and 75(72.11%) had one sexual partner other than regular partner and 23(19.49%) ever receive money, gift or that favor to sex. (See Table 2)

Table 2: Distribution of sexual activity among young ages of JTTC, Jimma zone, Feb.2013

Variables		Frequency(n=257)	Percentage
Ever started sex	Yes	118	45.9
	No	139	54.1
	Total	257	100
Age at first sexual intercourse	≤15	35	29.7
	16-19	44	37.3
	20-24	28	23.73
	≥25	11	9.32
	Total	118	100
First sex is planned	Yes	46	38.08
	No	72	61.02
	Total	118	100
Partner at first sexual intercourse	Boy/girl friend	75	63.56
	Husband/Wife	16	13.56
	CSW	17	14.4
	Others	10	8.47
No. of partner	1	14	11.86

	2	75	65.5
	≥3	29	24.57
Now with regular partner	Yes	80	67.79
	No	38	32.21
Reason to remain with regular partner*	To protected from STDs	51	63.17
	To protected from HIV	63	78.75
	Increased the trust of partner	46	57.5
	Total	104	100
Have sex other than regular partner	Yes	104	83.14
	No	14	11.86
	Total	118	100
No. of partner other than regular partner	1	75	72.11
	2	19	18.26
	≥3	10	9.61
	Total	104	100
Ever receive money, gift or favor to sex	Yes	23	19.49
	No.	95	80.5

* more than one answer is possible

5.3 Contraceptive using practice

Among sexually active students 95(80.5%) were using any types of contraceptive methods and 38(40%) respondents reported they have used condom, however majority 57(60%) were used contraceptive sometimes and twenty five (21.18%) of the respondents responded that, they used condom at first sexual intercourse. The respondents asked the reason not to use condom, accordingly the majority of them responded that as it not available 57(61.29%), while 61(63.21%) of respondents were used condom to prevent from HIV. (Table 3)

Table 3: distribution of contraceptive use among young ages of JTTC students, Jimma zone, Feb.2013

Variables		Total	No. (%)
Ever used contraceptive	Yes	95	80.5
	No	23	19.49
Type of contraceptive used	Pills	15	15.79
	Inject able	35	36.84
	Condoms	38	40
	Others	7	7.36
Frequency of using contraceptive	Some times	57	60
	Always	29	30.52
	Rarely	9	9.47
Use condom during at first sexual intercourse	Yes	25	21.18
	No	93	78.81
Reason not for using condom at first sexual intercourse*	Not available	57	61.29
	Not trust condom	15	16.13
	Due to partner pressure	27	29.03
	In hurry	9	9.67
	Increased the trust of partner	38	40.86
	Others	11	11.83
purpose of using condom*	To protected from STDs	49	51.58
	To protected from HIV	61	63.21
	To protected from unwanted pregnancy	38	40
		7	7.37
	Others		

*more than one answer is possible.

5.4 Association between Socio demographic characteristics and sexual activity

Age and religion significant association with sexual activity. While sex and educational level of the family has strong association with sexual activity.

Table 4: Distribution of Association between socio-demographic characteristics, and sexual activity, among Jimma teacher training college students, Jimma town, January 2013(n=118)

Variables		Ever started sex		Total		X ²	D _f	p- value
		Yes	No	No	%			
Age	19	9	12	21	8.17	0.09	2	0.0187
	20-22	59	68	127	49.45			
	22-24	50	59	109	42.4			
Sex	Male	41	48	89	34.63	0.01	1	0.00
	Female	77	91	168	65.37			
Religion	Muslim	49	57	106	41.24	0.15	3	0.0242
	Orthodox	45	57	98	38.13			
	Protestant	20	23	43	16.73			
	Other	4	6	10	3.89			
Educational level of the family	Illiterate	78	90	168	65.4	0.01	1	0.000
	Literate	41	48	89	34.6			

Age, marital status, parent occupation and educational level of the family has strong association with contraceptive use. While sex, religion and ethnicity has no association with ever used contraceptive.

Table 5: Distribution of Association between socio-demographic characteristics, and contraceptive using, among Jimma teacher training college students, Jimma town, January 2013(n=118)

Variables		Ever used contraceptive		Total		X ²	D _f	p- value
		Yes	No	No	%			
Age	19	7	14	21	8.17	18.00		0.00
	20-22	63	64	127	49.45			
	22-24	25	84	109	42.4			
Sex	Male	34	55	89	34.63	0.894	1	0.765
	Female	61	107	168	65.37			
Religion	Muslim	31	75	106	41.24	6.17	3	0.104

	Orthodox	44	54	98	38.13			
	Protestant	15	28	43	16.73			
	Other	5	5	10	3.89			
Ethnicity	Oromo	87	143	230	89.49	0.742	2	0.69
	Amhara	66	15	21	8.17			
	Others	2	4	6	2.33			
Marital status	Unmarried	78	159	237	92.2	21.5	1	0.00
	Married	17	3	20	7.78			
Parent occupation	Farmer	63	135	198	77.04	11.7	3	0.00
	Merchant	25	17	42	16.34			
	Employed	5	8	13	5.06			
	Other	2	2	4	1.56			
Educational level of the family	Illiterate	32	136	168	65.4	43.1	1	0.00
	Literate	53	36	89	34.6			

Age at first sexual intercourse and ever used contraceptive has significant association.

Table 6: Association between age at first sexual intercourse and ever used contraceptive among students of JTTC.

Age at first sexual intercourse	Use condom at first sexual intercourse		Total	X ²	Df	P_value
	Yes	No				
≤15	3	32	35	11.5	3	0.009
16-19	7	37	44			
20-24	10	18	28			
≥25	5	6	11			

CHAPTER SIX

DISCUSSION

In sub-Saharan Africa where the epidemic of HIV/AIDS remains rampant, people engage themselves in sexual activities during young age; hence early sexual initiation is a common phenomenon. This study revealed that, 45.9% respondents currently sexually active, and among sexually active 37.3%, started sexual activity at 16-19 years of age, and 29.7% them starts early at 15 and below years. Comparable finding was reported from study conducted at Awassa, which showed that, 44.8% of students having had sexual intercourse at least once and 53.6% their sexual debut was fifteen and below 15 years of age. (36) Similarly the study conducted in Cameroon indicated that 53% were sexually active and 65.7% of them had their first sexual intercourse at 11 - 14 years of age. (18) Also similar finding was reported from other study conducted in Tanzania showed that 140(42%) of respondents reported to have had sexual intercourse before 15 years (37) and also study conducted in Uganda revealed that sexual activity begins at an earlier age. (20) The lower finding in number of respondents initiate sexual intercourse may be due to ;geographical location and cultural background of the study population.

Sexual intercourse encountered with risk groups like causal partner, commercial sex worker and commercial partner increases the risk of contracting HIV and STDs. For college students, who are unaware of what constitutes risky sexual behavior, are much more exposed to such practices. The result of this study indicates that sexually active students encountered their sexual practice with risk groups in that 61.02% were reported that first sexual inters course was unplanned, 14.4% of the students had first sexual intercourse with CSWs and 63.56% of the students had first sexual intercourse with their boy/girlfriend. Similar finding was reported in study conducted at Awassa, 60.7% of sexually active students reported that their first sexual partners were a boy/girl friend, 32.1% an unknown person and 16.1% CSW.(36)

Having multiple sexual partners is one of the factors that increases peoples' exposure to HIV/AIDS and this type of relation is common among college students, since they came from different corners with different experiences and get a chance to interact and interrelate. In this study a

significant proportion of students (88.14%) reported to have sexual intercourse with more than one partner in their lifetime and, this study was higher when compared to study conducted in Awassa 48% reported that have had two or more sexual partner in their life time. (36) Similarly lower finding was study from Gonder preparatory 43% of sexually active students had more than one sexual partner. (38) this may be due to college students came from different corners with different experiences and most of them separated from the family, that expose them to many risks.

Transactional sex, which involves change of gift or money in return for sexual favor among students and old aged partner, serves as one means for the dissemination of HIV/AIDS among this vulnerable group. This indicates the sexual relation with the older partner due to economic support is becoming common which fuels further expansion of the disease to the younger population since the older people had had sexual experience with different partners. In this study 19.49% reported that ever receive money, gift or favor to sex.

Among sexually active students 80.5% were using any types of contraceptive methods; comparable result was reported in study conducted in Mexico, among sexually active students, 83% had used a contraceptive method at some time. (39) This was higher when compared to study conducted in Cameron indicated 41% used any contraceptive method. (18) Also lower finding was reported from study conducted in Uganda revealed that only 25% used contraceptive. This difference can be due to soio-cultural difference and custom of the study population in different country on the world.

Unprotected sexual intercourse is one of the major risk factor that exposes youth to HIV and STDs so that the diseases spread rampantly among this group of population. In this study, majority of 60% respondents reported they have never used condom, and 21.18% of the respondents respond that, they used condom at first sexual intercourse. This was higher when compared to study from Gonder which 39% reported never used condom,(38) also the result was comparable with study done in Tanzania showed that only 28.6% reported condom use. This signifies that the extent of exposure of students to HIV and other STDs is high due to their engagement to unprotected sexual practice.

Youths are less likely to protect themselves when they have negative feelings about condoms, such as perceptions that putting on a condom are a barrier to intimacy or romance will decrease physical pleasure (40). This study revealed that the barriers for not using condoms among students majority of them responded that as it not available 61.29%, however study done in Tanzania showed that major reason for not using condom was trusting partners (44%) and not having condom at a time (32%). (37)

CHAPTER SEVEN

CONCLUSION AND RECOMMENDATION

7.1 CONCLUSION

Across sectional survey in JTTC explored sexual activity and contraceptive use among students following a summary of college students practicing risk sexual behavior that can explore them to HIV/AIDS and STDs.

- Majority of the students practice risky sexual activities such as unprotected sex, multiple sexual partners, sex with risky groups (CSW), having sex with non regular or casual partner
- Most of the students have utilized contraceptives only sometimes and not utilize condom mostly.
- Majority of the study subjects' first sexual intercourse was unplanned.
- Socio demographic characteristics such as age, sex, religion and educational level of the family were found to be associated with sexual activity and contraceptive sue.

7.2 RECOMMENDAION

Based on the finding of the study the following recommendation forwarded.

- The study call for continued and strengthened awareness creation on sexual activity and contraceptive use to bring behavioral changes among students in JTTC.
- Reproductive health service like condom and other contraceptive provision should be made available nearby or in the college. So, the school administrative body should have work on reproductive health service.
- The governments should give education by including in curriculum especially on sexuality ,sexually associated problems and contraceptive should be practiced and started at lower level(in high school)in order to increase their knowledge and make away from sexuality associated problems before they start.
- Further studies should be conducted to investigate knowledge and attitudes of the students on sexual matters, contraceptives and STI.

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ANNEX II QUESTIONNAIRES

JIMMA UNIVERSITY

COLLEGE OF PUBLIC HEALTH AND MEDICAL SCIENCES

DEPARTMENT OF NURSING

Questionnaires designed to assess sexual activity and contraceptive use among Jimma Teachers training College Students, Jimma, south west Ethiopia

Informed consent

Hello: Good morning /after noon?

I would like to start by extending a sincere welcome. My name is Anuwar Yusuf. I am here today to collect data on the study conducted to assess sexual activity and contraceptive use among young ages of Jimma Teachers training College Students, at this study setting. Therefore, your honest and genuine response is crucial for the success of this study. You are going to be interviewed on sexual activity and contraceptive use among young ages of Jimma Teachers training College Students, you are kindly requested to participate, and you have a full right not to participate, ask any unclear question before you agree to participate and to withdraw in the mean time. The privacy of your information is also garneted and it is only used for study purpose.

❖ Do you agree to partake?

Yes

No

➤ If Yes ,start the interview

➤ If No,10Q stop here

Name and sign of the consenting interviewer -----

❖ Result of the interview:

- Completed
- Partially completed

Supervisor name & Sign -----

Time interview started & completed -----

PART I Socio demographic characteristics

1. Age _____

2. Sex _____

3. Stream

1, Social

2, Natural

3, Language

4. Religion

One, Orthodox

2, Muslim

3, Protestant

4, 'Waaqeffanna'

5, Other

(specify) _____

—

5. Ethnicity

1 Oromo

2 Amhara

3 Guraghe

4 Others(specify) _____

6. marital status

1, Married

2, Single

3, Divorced

5 In a relationship

4 widowed

7. Parent occupation

1 Farmer

5 , Others

2 Merchant

(specify)_____

3 Daily labor/worker

4 Employed

8. Educational level of the family

1, illiterate

2, literate

9. Residence change due to education

1, Yes

2, No

PART II Questions related to Sexual activity and contraceptive use

1. Have you ever had sexual intercourse?

2. If yes to question no. 1 what was your age at the time your first intercourse? _____

3. Is that your first intercourse, was planned?

1, Yes

2. No

4. With whom you have had your first intercourse?

1, Boy /girl friend

5, Others

2, Husband /wife

(specify)_____

3, Relatives

—

4, Commercial sex workers

5. With how many people you have had sex in your life.

a. 1

b. 2

c. ≥ 3

6. Now are you with a regular partner

1, Yes

2. No

7. If your answer is yes, how long you have stayed together

1, Duration of stay_____

2, Don't remember/Don't know

STATEMENT OF DECLARATION OF PRINCIPAL INVESTIGATOR

I undersigned agree to accept responsibility for the scientific ethical and technical conduct of the research project and provision of the required progress reports as per terms and conditions of the SRP in effect at time. Grant is forwarded as the result of this application.

Name of the student: -----

Signature -----Date of submission-----

APPROVALS OF THE ADVISORs

Name of the first advisor: -----

Signature -----Date -----

Name of the second advisor: -----

Signature -----Date -----