

**JIMMA UNIVERSITY**  
**College of Public Health and Medical Sciences**

**Department of Population and Family Health**

***HIV/AIDS risk self-perception and intention to adopt  
preventive methods among in-school youth in  
Nekemte Town East Wollega Zone, Oromia Regional  
State***

**By**

**Mulugeta Dessalegn (BSN)**

**A THESIS SUBMITTED TO SCHOOL OF GRADUATE  
STUDY OF JIMMA UNIVERSITY IN PARTIAL  
FULFILLMENT OF THE REQUIREMENT FOR MASTERS  
OF PUBLIC HEALTH IN REPRODUCTIVE HEALTH**

**October, 2013**

**Jimma, Ethiopia**

**JIMMA UNIVERSITY**  
**College of Public Health and Medical Sciences**

**Department of Population and Family Health**

***HIV/AIDS risk self-perception and intention to adopt  
preventive methods among in-school youth in Nekemte  
Town East Wollega Zone, Oromia Regional State***

**By**

**Mulugeta Dessalegn (BSc. Nurse)**

**ADVISERS:**

**Dr. Mekitie Wondafrash (MD, DF SN)**

**Mr. Mulusew Gerbaba (BSc in PH, MPH/RH)**

## **ABSTRACT**

**Background:** Currently due to changing conditions of urbanization and associated life styles, the health of youth is increasingly at risk. Sexually transmitted infections including HIV/AIDS and other reproductive health problems are the greatest threats to their well being. So, meeting their need 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. In Sub-Saharan African countries which contributes for the high prevalence of HIV/AIDS where at high risk factors for acquisition of HIV (multiple sex partner, failing to have a protected sex); young people in sub-Sahara Africa often perceive themselves as they were being at low risk of HIV infection.

**Objectives:** To assess perception of risk of HIV/AIDS and intention to adopt preventive behaviors among school youth in Nekemte town.

**Methods:** A school based cross sectional study design using both quantitative and qualitative methods of data collection was conducted in Nekemte town in October 2013. A total of 417 youths aged 15-24 years old were selected using simple random sampling technique. A structured questionnaire was used to collect information on socio-demographic data, pattern of substance use, sexual behavior, perceptions of risk for HIV/AIDS, intention to adopt preventive behaviors. Data were analyzed using SPSS version 16.0.

**Result:** We found that 68 (17%) of school youth perceived that they were at risk of contracting with HIV/AIDS. From a key concepts of HIV preventive options more than 70% of the study participants intended to be remain faith full to their partner while 155(38.8%) of students proposed abstinence as adoption of preventive behaviors.

**Conclusion and Recommendation:** This study showed that perception of risk of HIV/AIDS was low among school youth even though they were engaged in risky sexual behavior. From this study, we can conclude that, the low level of risk perception of school youth suggests that the population is vulnerable to HIV/ AIDS. So, the town education bureau, health bureau and non-governmental organization especially those working on HIVAIDS should better to work on school based education related to risky sexual behaviors and associated factors to prevent consequence of risky sexual engagement among school youth.

**Keywords:** HIV/AIDS self risk perception, risk sexual experience, adoption of preventive behaviors

## **Acknowledgment**

First and foremost, I would like to extend my sincere thanks to my advisers Dr. Mekitie Wondafrash and Mr. Mulusew Gerbaba for their constructive comments. My appreciation also goes to Jimma University, Collage of Public Health and Medical science, School of graduate study of Jimma University to give as such an educational opportunity. Similarly, my gratitude goes to study participant, Nekemte town Education Bureau and respective school directors. Last but not list my thanks goes to my wife Sr. Wubalem Abebe for her continuous and meticulous supports while doing this thesis.

## TABLE OF CONTENTS

ABSTRACT.....	I
Aknowlegment.....	II
Table of Contents.....	III
List if figures.....	V
list of tables.....	VI
Acronym .....	VII
CHAPTER ONE.....	1
INTRODUCTION .....	1
1.2 Statement of problem.....	2
CHAPTER TWO .....	4
LITERATURE REVIEW .....	4
2.1 Sexual Experiences of School Youth.....	4
2.2 Risk Perception of Students towards HIV/AIDS among <i>School Youth</i> .....	6
2.3 Factors Influencing Risk Perception on HIV/AIDS among <i>School Youth</i> .....	7
2.4 Intention to Adopt Preventive Behaviors among School Youth.....	8
2.5 Significance of the study.....	9
CHAPTER THREE .....	11
OBJECTIVES .....	11
3.1 General objective .....	11
3.2 Specific objectives .....	11
CHAPTER FOUR.....	12
MATERIALS AND METHODS.....	12
4.1 Study area and period.....	12

4.2 study design .....	12
4.3. Source population .....	12
4.4. Study population .....	12
4.4.1 Inclusion criteria .....	12
4.4.2 Exclusion criteria .....	12
4.5 Sample size and sampling procedure .....	12
4.5.1 Sample size .....	12
4.5.2 Sampling procedure .....	13
4.6 Data Collection Instruments .....	13
4.7 Study Variables .....	14
4.7.1 Dependent Variables .....	14
4.7.2 Independent Variable .....	14
4.8 Data Collection Procedure .....	14
4.9 Data Quality Management .....	14
4.10 Data Processing and Analysis .....	15
4.11 Operational definitions.....	15
4.12 Ethical considerations .....	16
4.13 Dissemination of the study result.....	16
CHAPTER FIVE- RESULTS.....	17
CHAPTER SIX- DISCUSSION .....	30
CHAPTER SEVEN CONCLUSION AND RECOMANDASION .....	33
CONCLUSION .....	33
RECOMMENDATION .....	33
REFERENCES .....	34
ANNEX.....	38

**List of tables**

Table 1 – Socio-demographic Profile of School Youth aged 15-24, in Nekemte town, Oromia Regional State, Ethiopia, Oct, 2013.....17

Table2: Frequency of condom utilization and number of sexual partner during the last 12 months among school youth in Nekemte town, Oromia Regional state, Ethiopia, Oct, 2013.....20

Table 3: Age distribution, sexual history of school youth and perception of risk of HIV of school youth in Nekemte town, Oromia Regional state, Ethiopia .....21

Table 5: Intention to adopt preventive behaviors among school youth; who perceive that they were at risk of getting HIV virus Nekemte town, Oromia Regional state, Ethiopia.....24

Table 6: Bivariate Logistic regression analysis indicating factors associated with perception of risk of HIV/AIDS among school youth Nekemte town, Oromia Regional state, Ethiopia....26

Table 7: Multiple logistic regressions analysis indicating factors associated perception of risk of HIV/AIDS among school youth Nekemte town, Oromia Regional state, Ethiopia.....28

**List of figures**

Fig.1 conceptual frame work Adapted from Theory of Planned Behavior.....10

Fig2: Age distribution of first sexual experience of School Youth aged 15-24, in Nekemte town, Oromia Regional State, Ethiopia.....18

Fig3: Reasons of first sexual initiation among school youth in Nekemte town, Oromia Regional state, Ethiopia.....19



**Acronym**

AIDS- Acquired Immune Deficiency Syndrome

CDC- Communicable Disease Control

CI- Confidence Interval

CSWs- Commercial Sex Workers

FGD- Focus Group Discussion

HIV - Human Immunodeficiency Virus

OR- Odd Ratios

STD- Sexually Transmitted Disease

STIs- Sexually Transmitted Infections

## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.1 Back ground**

The World Health Organization (WHO) defines youth people as those between the ages of 15 to 24 years [1]. Youth is the time of transition from childhood to adulthood during which young people experience changes following puberty. Risk sexual activities among youth have been reported to be increasing worldwide [2]. While the overall incidence of HIV infection has seen some decline in recent years, rates of HIV infection among youth have not seen a proportionate decline [1].

In Sub-Saharan Africa is the region of hardest hit by the HIV/AIDS pandemic than any other in the world. HIV-prevention campaigns targeting young people often encourage safer sex practices, such as condom use, as well as the distribution of condoms at no cost. Such campaigns often have disappointing results, even in areas where condoms are widely available and awareness about STIs is high [2].

Despite of the Ethiopian HIV/AIDS strategy focuses on providing regular and adequate information to the population with the aim of decreasing vulnerability, the HIV epidemic is still high among youth. Thus, 5.6% of the antenatal attendees were HIV positive in the 15 to 24 year old age groups [3]. Though knowledge is not a sufficient condition to bring about a healthy lifestyle, it is an important cognitive factor in acquisition of an informed choice [4].

In a very low level of economic development, widespread poverty and inadequate health services leads adolescent sexuality much more serious in the Ethiopian context than those of the developed countries [5]. 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 group) (6). Therefore, this cross-sectional study was conducted using both qualitative and quantitative methods of data collection to assess sexual behavior, perception of risk of HIV/AIDS and intention to adopt preventive behaviors among school youth in Nekemte town.

## **1.2 Statement of problem**

In Sub-Saharan African countries which contributes for the high prevalence of HIV/AIDS where at high risk factors for acquisition of HIV (multiple sex partner, failing to have a protected sex); young people in sub-Sahara Africa often perceive themselves as they were being at low risk of HIV infection [7]. This may contribute for the youth to underestimate risks because of feeling of invulnerability. Persons in this situation are therefore less motivated to protect themselves and others from being infected by HIV.

According to Millennium Development Goal Indicators of, Ethiopia 2011 indicated that condom use at least for high-risk sexual exposure among youth 15-24 were 54.4 % (female 61.6%, male 47.2%). Similarly percentage of population 15-24 years with comprehensive knowledge about AIDS was 30.5 % (female 23.9%, male 34.2%) [8].

Many behavioral intervention programs which aim to get adolescents to recognize their own vulnerability to infection rely on adolescent's accurate perceptions of risk (11). In order to minimize the vulnerability of young adolescent from acquisition of HIV/AIDS, it is an indicative for policy maker and program designer to better understand the relationship between actual behavioral risk and perceptions of risk among youth and empower young people to protect themselves from unnecessary outcomes. Giving attention about contracting with HIV and self-perceived risk can serve as a motivation for adolescents to change their behaviors that place them at risk to HIV/AIDS (11).

In another study to assess the reproductive health needs of Addis Ababa university students, showed that the most common methods of preventing HIV/AIDS they mentioned were abstinence, being faithful to their sexual partner, not sharing sharp materials and using condoms consistently. Among the 595 (97.7%) respondents who have some sort of information about the methods of HIV/AIDS prevention, 506 (85.0%) of them knew three or more methods of preventing HIV/AIDS (10).

Even though individual's knowledge of HIV transmission and accurate assessment of their own risk are among the key factors in adoption of safer sexual practice [9], these relationships are not well investigated and understood, particularly in our country,

Ethiopia. Therefore, studies on perception of youth towards risk of HIV/AIDS aquestion are very important for designing and implementing effective interventions that can bring about behavioral change and promote preventive behavior against HIV/AIDS (11).

Thus, this study was conducted to investigate the relationships between the socioeconomic, cultural and demographic factors and sexual behavior, perception risk of HIV infection and adoption of preventive methods among school youth in the town.

## CHAPTER TWO

### LITERATURE REVIEW

#### Theory of Planned Behavior

It posits that individual behavior is driven by behavioral intentions where behavioral intentions are a function of an individual's attitude toward the behavior, the subjective norms surrounding the performance of the behavior, and the individual's perception of the ease with which the behavior can be performed

The premise of the Theory of Planned Behavior is that individuals make rational decisions to engage in specific behaviors based on their own beliefs about the behaviors and their expectation of a positive outcome after having engaged in those behaviors. According to Ajzen (2002), an intention to perform a behavior is determined by three components: attitude toward a behavior, subjective norm, and perceived behavioral control (12).

According to Ajzen (1991), *attitude* toward behavior is the person's favorable or unfavorable feeling of performing that behavior and is determined by behavioral beliefs about the outcome of the behavior and evaluation of the outcome. Subjective norm refers to the individual's perceptions of social pressure in performing or not performing a given behavior and is determined by normative beliefs which assess the social pressures on the individual about a particular behavior. Finally, *PBC* is thought to be a function of control beliefs about the perceived ease or difficulty of carrying out the intended behavior and may have both direct and indirect effects on behavior (12).

#### 2.1 Sexual Experiences of School Youth

BSS 2005 study showed that among in school youth, over 90% did not use chat or alcohol, while among the out-of-school youth close to 73% did not use Chat or alcohol. Over 20% of out-of-school youth had unprotected sex during the 12-month period prior to the interview compared to 1.4% in-school youth (13). From this study being out-of-school was strongly associated with self-report of unprotected sex: adjusted adj. OR (95% CI) = 8.48 (6.66, 10.8). Daily chat intake was also associated with unprotected sex: adj. OR (95% CI) = 2.26 (1.92, 2.67). There was a significant and linear association between

alcohol intake and unprotected sex (P-value for trend <0.01) with those using alcohol daily having a threefold increased odds compared to those not using it: adj. OR (95% CI) = 3.05 (2.38, 3.91). Use of substances other than Chat was not associated with unprotected sex (14).

The finding from the research done on the experience of sexual coercion and risky sexual behavior among Ugandan university students in 2011 depicted that fifty-nine percent had debuted sexually; 39.0% had more than two sexual partners; and 17.3% reported inconsistent condom use which contributes for risk sexual behavior. Similarly the study showed that among sexually active student's females had debuted at a higher age than male students and also tended to have fewer lifetime sexual partners and they had a higher rate of consistent condom use). Moreover, individuals who had experienced sexual coercion were 1.6 times to have higher number of sexual partners than who did not experience sexual coercion. (OR 1.6, 95% CI: 1.1-2.5). However, their experience seemed unrelated to inconsistent condom use (OR 1.1, 95% CI: 0.6-1.8). The experience of sexual coercion seemed to have a stronger association with a high number of sexual partners among males than females (15).

According to the study done on pre-marital sexual debut and its associated factors among in-school adolescents in eastern Ethiopia in 2012 about one in four, 686 (24.8%) never married among School adolescents reported premarital sexual debut; significantly more males (28.8%) than females (14.7%) reported premarital sexual debut ( $p < 0.001$ ). The age at pre-marital sexual debut ranged from 13 to 19 years, and the mean was 15.6 (1.7). Males had lower (15.5 years) mean age at pre-marital sexual debut compared to females (16.0 years) ( $p = 0.03$ ) (16).

Similarly 79.0% of them had initiated sex before 18 years of age. The logistic regression found out that the in-school adolescents whose family residential area was from urban area were 1.42 times more likely to engage in pre-marital sex than those from rural area. Females were 56% less likely to report pre- marital sexual debut compared to males (Adjusted OR and [95% CI] = 0.44).The respondents who were living alone during high

school education were more likely to report pre-marital sexual debut, compared to living with parents/relatives (Adjusted OR and [95% CI] =1.32 [1.03–1.70].5–0.56)) (16).

Another study done among high school students in Nekemte, About 56 (8.3%) of the respondents believed that they had done something that might put them at risk of getting HIV/AIDS infection. The reasons were they have had sexual intercourse without condom, 37 (66.1%), have had injury with contaminated material, 15 (26.8%), have had more than one sexual partner 8 (14.3%), and had sexual intercourse with commercial sex workers (18)

## **2.2 Risk Perception of Students towards HIV/AIDS among *School Youth***

The survey conducted on Perceptions of risk to HIV Infection among Adolescents in Uganda indicated that, about 10% and 7% of the 12-19-year-old men and women respectively who have heard of AIDS had engaged in risky sexual behavior in the past 12 months prior to the study. The proportions are higher among older adolescents and show significant gender differences ( $p=0.001$ ) with one in seven males aged 15-19 years compared with one in ten females of the same age group having engaged in high risk sexual behavior (15). At least 40% of adolescents perceived themselves to be at great risk of contracting HIV. The proportion is higher among females than males across both age groups: among 12-14 year olds (46% versus 39%) and among 15-19 year olds (54% versus 48%). The results of multi variable logistic regression models on Sexual Behavior and HIV Risk perception showed that only females who experienced sexual intercourse more likely to report risky sexual behavior (19).

The research conducted on Perceptions about sexual abstinence and knowledge of HIV/AIDS prevention among in school adolescents in a western Nigerian city depicted that 88% of the respondents reported that they had never had sex (primary abstinence), 79% males and 98% females responded that they did not had any sexual contact (17).

### **2.3 Factors Influencing Perception of Risk of HIV/AIDS among *School Youth***

Concerning to perception of risk and its influencing factors towards HIV/AIDS infection, a study done on Youth's perception of HIV infection risk, females who had ever been sexually active and who had had multiple sexual partners, respectively, were 1.49 and 3.10 times more likely to perceive vulnerability to HIV infection than those who were not sexually active or had not had multiple sexual partners. For males, however, having had STD or genital sores in the past year those males were 3.12 times more likely to perceive vulnerability to HIV infection than those who did not have that experience (17). In other study of Nigerian youth, respondents reported they were not at risk of HIV because they were abstaining from sex (4%), always used condoms (22%), or had only one sexual partner (45%). There were other reasons which people felt reduced their risk of contracting HIV, which in fact may not. These included avoiding sex with sex workers (13%), protection from God (17%), and trust of sexual partners 47% (22).

The survey conducted on Perceptions about sexual abstinence and knowledge of HIV/AIDS prevention among in school adolescents in a western Nigerian city which showed Perceived factors reported by the non abstinent respondents as factors influencing adoption of abstinence include uncontrollable sexual urges (46.7%); peer pressure (17.8%) and financial or material benefits (13.3%). Almost half of the sexually active respondents stated that a factor obstructing their adoption of abstinence was the feeling that sexual intercourse was a normal practice, which young people could not do without (17).

The study result from the focus group discussions among school adolescent in western Nigeria on perceptions about sexual abstinence and knowledge of HIV/AIDS prevention revealed that factors such as age, gender, peer pressure, economic status, religiosity, family background, myths and misconception influenced the adoption of sexual abstinence (17). The unpublished study done on risky sexual practices and associated factors for HIV/AIDS infection among private college students in Bahir Dar city, Northwest Ethiopia Out of the total 771 respondents 326(42.3%) were reported to have an intimate friend initiated sexual intercourse. About 25% students used alcohol and 18% were involved in chat chewing. One hundred sixty two (54.5%) males and 202(55.5%) females were exposed to pornographic movies (21).



Similarly higher number of female respondents 118(63.4%) had sex before they were being 18 years. The study revealed that 356 students 43.3% males and 56.9% females had sex in the last 12 Months. One hundred fifteen (65%) males and 140(35%) females, had sex with more than one sexual partner in past 12 months. The study further pointed out that only 45(11.5%) respondents had used condom in their first sex. Moreover with regard to the frequency of condom use, 231(59%) sexually active respondents were reported to use condom consistently (21).

From these study, multivariate analysis result, revealed that risk of having multiple sexual partners among males was more than four times compared to females (AOR = 4.76; CI: 3.02-7.51), and students who were living alone in rented house were about two times risk to have multiple sexual partners (AOR = 2.02; CI: 1.25-3. 27) compared to student who live with their family (21).

Having an intimate friend who started sexual intercourse was the predictor factor for multiple sexual partner, Students who have an intimate friend started sexual intercourse were about six times risk of having multiple sexual partners compared to those who don't have(AOR = 5.99; CI:3.66-9.81) ; and there is also statistically significant association between alcohol intake and having multiple sexual partners, respondents who ever drank alcohol were more than three times risk of having multiple sex partners (AOR = 3.20; CI: 2.02- 5.08) ) compared to those who never drank (22).

#### **2.4 Intention to Adopt Preventive Behaviors among School Youth**

Condom use is a key means of preventing HIV infection. However, use among college students of Africa American, those below the age of 20 years reported not using a condom last sex. The pattern was the same for always using a condom those below the age of 20 years reporting that they used condoms always in the previous 30 days (23).

It also emerged from focus group discussions regarding unsafe sexual intercourse that even though most girls (60%) felt that women and girls have a right to request for safe sex, they noted that female condoms were not as readily available as was compared to the male condoms. This socially generated discriminatory practice made them to sometimes give in to the demands of men. The students said that sometimes they were forced to engage in sex

with their sexual partners, for example, if it is in exchange of gifts, in which case, they had little room for negotiation since they needed and desired these gifts. They reported that, while male condoms could sometimes be obtained, female condoms were not a priority even to non-governmental organization campaigning for safe sexual intercourse. They observed that it would be easier for them to negotiate for safe sex if they could access female condoms because they would guarantee them protection against sexually transmitted infections and HIV/AIDS. On the other hand, approximately 30% of the girls reported that having more than one sexual partner is not acceptable in the society and asking for safe sexual intercourse could make their sexual partners suspect that they were engaging in multiple sex with other men (24).

In Agaro, among 90 students who had previous sexual exposure 49(54.4 %) of them used condom at least once, of those, 39(55.7%) were males and 10(50%) were females. Of those who had used condom at least once, 23(46.9%) of them reported that they were using condom always, and 19(38.8%) of them used occasionally (25).

## **2. 5 Significance of the study**

This study was conducted to describe perception of risk of HIV/AIDS and intention to adopt preventive behaviors among school youth in Nekemte town. It is hoped that the result of the study will help to improve policy makers to understand factors affecting risk perception towards HIV infections and adoptions of preventive behaviors among school youth in the town. Besides the finding will help as a reference for one who is interested to further research on the topic in the area or beyond.

**CONCEPTUAL FRAMEWORK OF THE STUDY:**

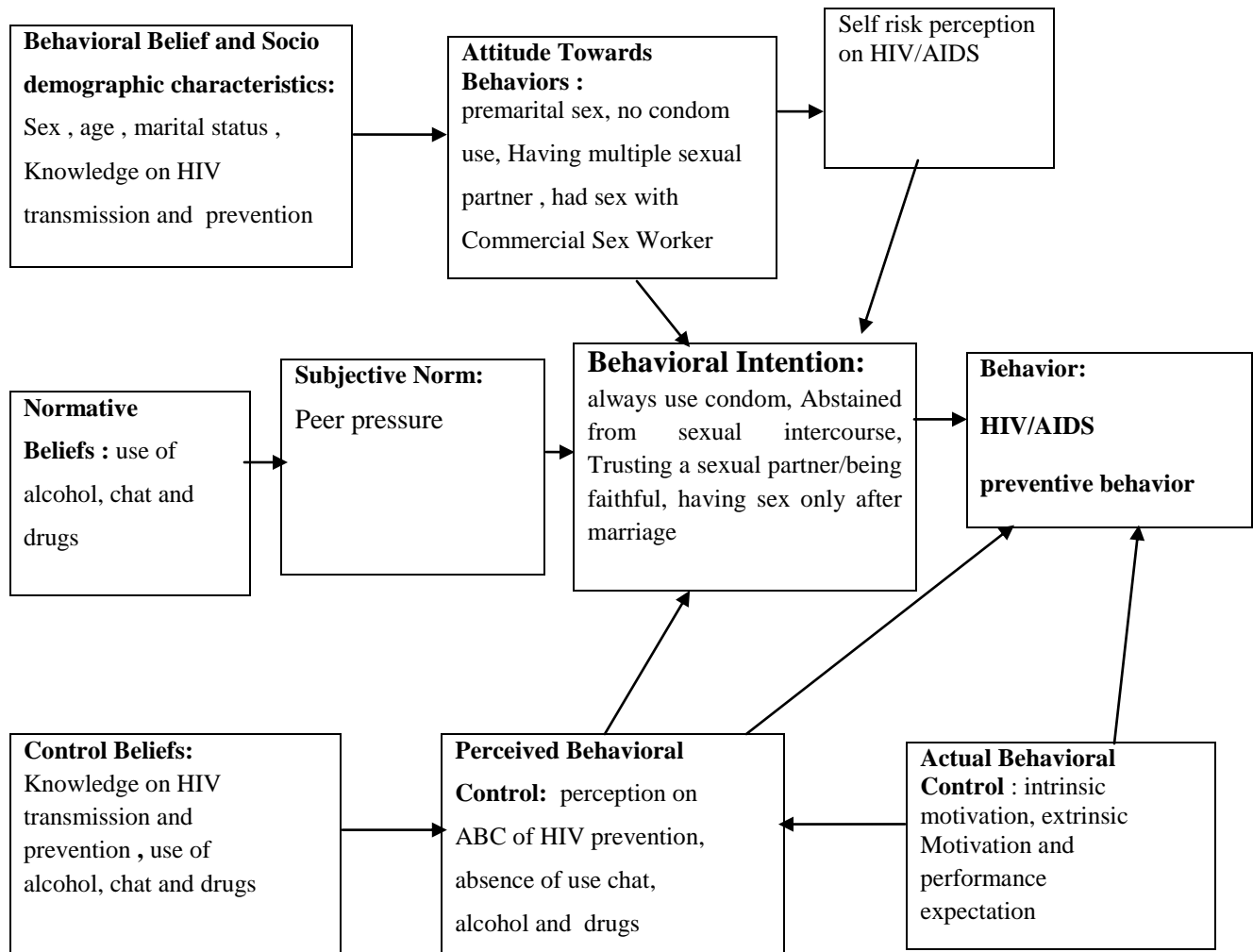


Fig.1 Adapted from Theory of Planned Behavior (Icek Ajzen 2006).

## **CHAPTER THREE**

### **OBJECTIVES**

#### **3.1 General objective**

To assess HIV/AIDS risk self-perception and intention to adopt preventive methods among in-school youth in Nekemte town.

#### **3.2 Specific objectives**

1. To describe risk perception of students towards HIV/AIDS among *school youth in nekemte town*.
2. To identify factors associated with risk perception of HIV/AIDS among *school youth in the town*
3. To determine intention to adopt preventive behaviors among *school youth in nekemte town* using constructs from the Theory planned behavior.

# **CHAPTER FOUR**

## **MATERIALS AND METHODS**

### **4.1 Study Area and Period**

The study was conducted in Nekemte town which is located at a distance of 331 km west of Addis Ababa, in Oromia Regional state. The town is situated on a flat, hilly landscape with altitude ranges from 1960 to 2170 meter above sea level where as its average annual rain fall is 1854.9mm and average temperature ranges from (14 to 26 °c.) At present there are one university, ten colleges (seven by private and three by government, two government secondary schools grade (9-10) and one preparatory school found in the town. Study period was from Oct 10 -20, 2013.

### **4.2 Study Design**

A cross sectional study design using both quantitative (structured self administered questionnaire) and qualitative (focus group discussion) methods of data collection was used.

### **4.3. Source Population**

All regular public high school and preparatory school students in town whose age were 15-24 years were included.

### **4.4. Study Population**

All regular public high school and preparatory school students in the town who were randomly selected were as study population.

**4.4.1 Inclusion Criteria:** - age 15-24 years.

- being a regular (day time learning) student

**4.4.2 Exclusion Criteria:** -Age less than 15 or greater than 24

### **4.5 Sample Size and Sampling Procedure**

#### **4.5.1 Sample Size**

The sample size for the quantitative study was calculated using single population proportion formula. The value of P is 53% i.e. consistence condom use in the last 12 months among school adolescent in nekemte town since 2006 (26). The margin is 5% with 95% level of confidence was taken to calculate the sample size.

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

Where, n= sample size

$(Z\alpha/2)^2 = \text{critical value} = 1.96$

$$n = (1.96)^2(0.53*0.47) / (0.05)^2 = 383$$

By this the sample size was 383. Finite population correction formula was used since the total population was less than 10,000.

$$NF = \frac{ni}{(1+ni)} = \frac{383}{1+383} = 363$$

$$N = 4846$$

By adding 15% to overcome non response rate it was  $n = 363 + 54.45 = 417.45$ . So the sample size was 417 students.

#### 4.5.2 Sampling Procedure

The student's registration number from registration book was considered as my sampling frame. Accordingly, students whose age was 15-24 years were identified with their identification number from the registration books of the two public high schools and one preparatory school of each class in the town. Mean while a letters indicating the name of the school and their class room and a number indicating their grade were written with their identification number. Then it was entered into Microsoft excel and Simple random sampling was performed. Individuals were accessed by their role number immediately after class end. Then they were informed by data collectors as they were selected randomly. Similarly four focus group discussions were conducted (two male groups and two female groups) which contained eight members in each groups. They were purposely selected from anti-HIV/AIDS clubs by excluding those who participated in the self administered questionnaire.



#### 4.6 Data Collection Instruments

Quantitative data was collected using structured self-administered questionnaire adapted from similar study prepared in English by translating into Afan Oromo (27). It was pre-tested in other high school out of study site with similar back ground with study site at Haro Limmu High School and corrections were done accordingly. FGD guide was used and four groups consisting of 8 participants in each which contain two male groups and

two female groups from study schools were conducted. The members of each FGD were selected purposively by the supervisors and the Principal Investigator. Similarly, participants were individual who were not participated in quantitative study. The discussions were moderate by principal investigator and supervisors. In order to keep privacy, discussions of different sexes were done in two different rooms. Every discussion was recorded using tape-recorder mobile phone not to miss issues discussed and transcription was done after each session. The discussion continued until information was saturated.

#### **4.7 Study Variables**

##### **4.7.1 Dependent Variables**

-  Perception towards risk of HIV infection
-  Intention to adopt preventive behavior

##### **4.7.2 Independent Variable**

Socio demographic characteristics (age, sex, religion, ethnicity, marital status), sexual experience of respondents (number of sexual partners, frequency of condom use, sexual contact with high risk partners and having sex after an alcohol use), Risk sexual experience/Behavior, attitude and subjective norm constructs, parent educational status, Peer pressure, student live in rent house or live with his/her parent.

#### **4.8 Data Collection Procedure**

The selected student was accessed by gathering them to gather just after class end by their respective shift. Structured, pre-tested and self-administrated questionnaire was used for quantitative data collection by arranging according to examination styles with explanation on the purpose of the study and the confidentiality behind the findings. The FGDs were conducted in the separated room at a convenient time for the participants.

#### **4.9 Data Quality Management**

Four data collectors who completed preparatory school and who know Afan-Oromo and local culture were recruited. Two supervisors (BSc. Nurses) were selected. Training was given for both data collectors and supervisors by the principal investigator for a day. The training included was discussion on the objectives of the study and on the contents of the

questionnaire one by one, on the methodology of the study and on the issues of the confidentiality of the responses meticulously.

The tools were grouped and arranged by the principal investigator according to each particular objective. The principal investigator submitted the first draft of the questionnaires to the advisor and colleagues for comment and the given constructive comments was incorporated into the questionnaires for ensuring the quality of the instrument. After intensively revised; the final version of the English language was translated in to Afan Oromo by individuals who had good command of both languages. Thus, data collection processes was carried out during each shift. Then the data was checked for completeness soon after data collection and then filling gap done immediately. The overall data collection process was coordinated and supervised by supervisors and the principal investigator.

#### **4.10 Data Processing and Analysis**

Statistical analysis was performed using SPSS version 16. Frequencies and percentages were computed to see the pattern of study variables according to the different socio demographic characteristics and other independent variable. Statistical significance was done using odds ratios at 95% CI with 5% level of significance. Those variables that have  $p\text{-value} \leq 0.25$  in binary logistic regression were selected as candidates for multivariable analysis to determine independent predictors. The qualitative study transcribed and translated into English. After that it was analyzed manually by grouping the ideas into similar thematic areas and triangulated with quantitative study.

#### **4.11 Operational definitions**

- **HIV/AIDS Preventive behaviors:-** a person who perform at least one of the following; sexual abstinence, being faithful to a partner , consistent use of condom, avoiding multiple sexual partners and avoiding sharp material exchange like blade, and needle.
- **Intention to adopt preventive behaviors:** a person who have planned to perform at least one of HIV/AIDS preventive behaviors like abstinence, faithful for a partner, using condom consistently and who have interested to avoid multiple sexual partners and sharp material exchange.



- **Perception of risk of HIV/AIDS:** when people respond yes or no to a risk of HIV/AIDS in a ways consistent to their perception of that risk.
- **Risk sexual behaviors:** a person who perform at least one of the following; having sex with CSWs, having multiple sexual partners, no condom use during sexual practice and engaging in sexual practice after drinking alcohol and chat chewing.
- **Sexual debut:** Initiation of sexual activity (first sexual intercourse).
- **Youth:** Those who are in the age group 15-24 years.

#### **4.12 Ethical considerations**

Ethical approval was taken from Jimma University Collage of Public Health and Medical Science Research Review Committee and then the letter of ethical approval was given to the town education bureau. Similarly individual consent was asked for participation in the survey with maximum confidentiality. Participants were also informed that they had every right to discontinue or to refuse to participate in the study.

#### **4.13 Dissemination of the study result**

The findings of the study would be submitted to Jimma University, college of Public Health and medical science, department of population and family health. It will also be submitted to Nekemte town education and health bureaus. Publication on a peer reviewed journal will also be considered.

## CHAPTER FIVE

### RESULTS

#### 5.1 Socio-demographic Characteristics of Study Population

Four hundred seventeen (417) school youth were invited to complete the survey questionnaire and all were returned but only 399 (95.68%) were fully completed and used for further analysis. Among the total of 399 participants (52.1%) were female while majority 209 (52.4%) were aged less than eighty years with a mean age of 18 years. Nearly all the respondents were 373 (93.5%) were unmarried and the majority of the respondents 162 (40.6%) were protestant followed by orthodox religion followers (29.1%). Majority (94.5%) were from Oromo ethnic group. About two third 254 (63.7%) school youth were living with their parents and relatives.

Table 1 – Socio-demographic Profile of School Youth aged 15-24, in Nekemte town, Oromia Regional State, Ethiopia, Oct, 2013.

<b>Sex of the respondent</b>	<b>Frequency</b>	<b>Percent</b>
Male	191	47.9
Female	208	52.1
Total	399	100.0
<b>Religion</b>		
Orthodox	116	29.1
Protestant	162	40.6
Muslim	22	5.5
Catholic	18	4.5
Wakefata	70	17.5
Others	11	2.8
Total	399	100.0
<b>Ethnic group</b>		
Oromo	377	94.5
Amhara	10	2.5
Tigre	8	2.0
Gurage	4	1.0
Total	399	100.0
<b>Marital status</b>		
Never Married	373	93.5
Married	19	4.8
Divorced	7	1.8
<b>Total</b>	<b>399</b>	<b>100.0</b>

## 5.2 Sexual Experiences of School Youth

One hundred twenty eight (32.1%) of school youth reported sexual initiation, of which 70 (54.7%) were males. The mean age at first sexual intercourse was 15.2 year male and 15.7 female. A total of 32 participants were invited in 4 focus group discussions (two focus group discussions for each sex was done respectively). Accordingly almost all discussants mentioned that early sex was unnecessary especially for female students. That is early sex predisposes students to HIV, unwanted pregnancy, unsafe abortion, fistula as well as there may be decreased acceptance in the society they live. When respondents were asked about types of sexual partner they had at first sexual intercourse, majority i.e. 87 (68.0%) of them had sexual intercourse with Steady friend.

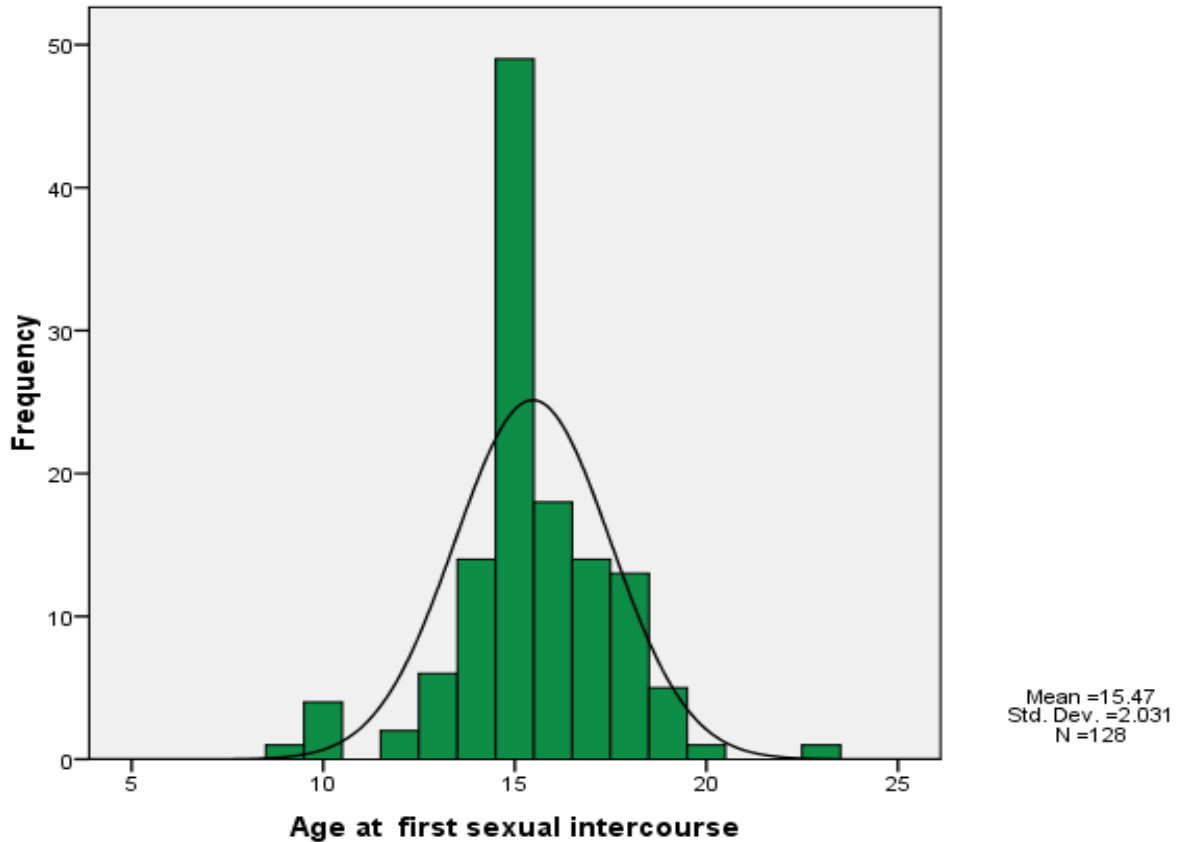


Fig2: Age distribution of first sexual experience of School Youth aged 15-24, in Nekemte town, Oromia Regional State, Ethiopia

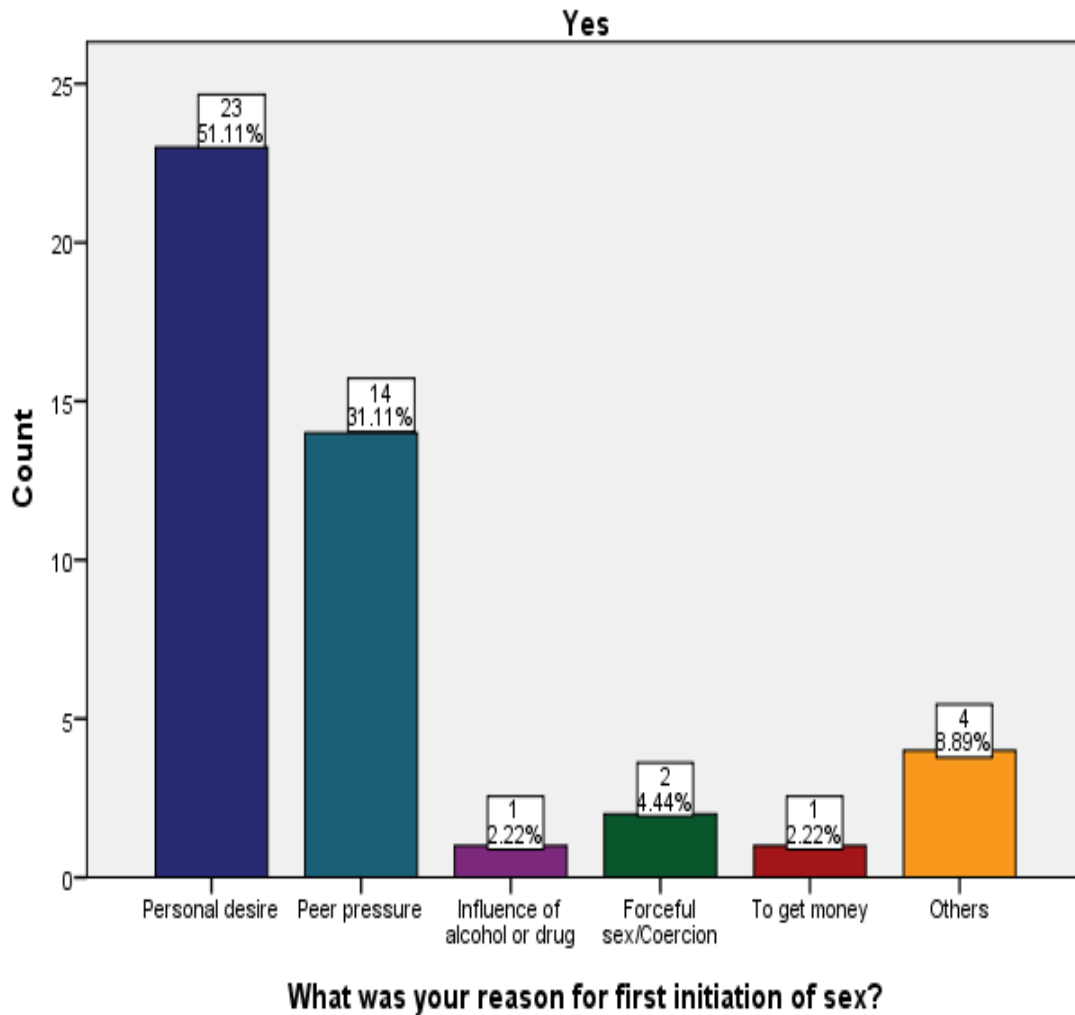


Fig3: Reasons of first sexual initiation among school youth in Nekemte town, Oromia Regional state, Ethiopia.

In other way, the finding of the study showed that 359 (90%) of respondents were never used chat. Whereas 328 (82.2%) never used any of mood altering substances; like chat, shisha, cocaine, IV drugs and others. In the same way out of 32% of the school youth who had experienced sexual intercourse; 43 (33.6%) of them had more than one sexual partner; and 45 (51.7%) reported inconsistent condom use while 42 (48.3%) always used condoms. Similarly discussant of study participant list out that the main factors which push school youth to engage in early sex includes; pear pressure, weak financial support from family,

globalization/modernization/i.e. increased internet access, and their age also has a great influence. A 19 years old male participant said that know day students were use internet for face book and pornographic films which pushes them to engage in early sex.

Table2: Frequency of condom utilization and number of sexual partner during the last 12 months among school youth in Nekemte town, Oromia Regional state, Ethiopia.

condom use in the last 12 months	Number of sexual partners		Total
	With one person	With more than one person	
Always	29 (49.2%)	13 (46.4%)	42 (48.3%)
Most of the time	15 (25.4%)	5 (17.9%)	20 (23.0%)
Some times	15 (25.4%)	10 (35.7%)	25 (28.7%)
Total	59 (100.0%)	28 (100.0%)	87 (100.0%)

Similarly the finding of the survey indicated that among sexually active students; 48.3% has consistent condom use of which males had higher rate of consistence condom use (58.8%) than female students (33.3%). But among 33.6% who had more than one sexual partner; they had almost similar number of sexual partners in which 34.3% and 32.8% of male and female had sexual intercourse with more than one person during the last 12 months before the data collection period respectively. In the same way about one third 103 (27.5%) of not married school youth had reported premarital debut. In another way among a total 128 students who ever had sexual intercourse 80.5% were not married. The finding of focus group discussion showed that school youth were participated in risk sexual experience by having multiple sexual partners, having sex with older people for financial support and watching pornographic films. *“Because of expansion of globalization and modernization especially students in the town is using internets for movies related with sexual intercourse which push them to practice risk sexual behavior.”* said by one of the male discussant. Similarly one female study participant said that *“Especially female student who has low family support left from her education and spent her time with her sexual partner to satisfy her economic needs.”*

## 5.2. Perception of Risk of HIV/AIDS among School Youth

The finding of the survey showed that 68 (17%) of school youth perceived that they were at risk of contracting with HIV/AIDS while 331 (83%) said there was no chance at all. Out of 68 school youth who were prone of acquiring of HIV virus about 54.4% were female. Of all perceived risk of HIV 62.2% of them practiced sexual intercourse. Similarly, from focus group discussion we could understand that there is low perception of risk of HIV/AIDS among school youth because of increased information. An 18years female student said that recently there was wide range of information from different sources like schools and mass media so that there was low risk of HIV infection as general but some students were practicing risk sexual behavior so that it may be high in those students.

Table 3: Age distribution, sexual history of school youth and perception of risk of HIV of school youth in Nekemte town, Oromia Regional state, Ethiopia

Age interval	Perception of risk of HIV		
	Yes	No	Total
<18	34(50.0%)	175 (52.9%)	209 (52.4%)
≥18	34(50.0%)	156 (47.1%)	190 (47.6%)
<b>Total</b>	<b>68(100.0%)</b>	<b>331 (100.0%)</b>	<b>399 (100.0%)</b>
Sexually active	Yes	No	Total
Yes	45 (66.2%)	83(21.6%)	128 (32.1%)
No	23 (33.8%)	248 (78.4%)	271 (67.9%)
<b>Total</b>	<b>68 (100.0%)</b>	<b>269 (100.0%)</b>	<b>399 (100.0%)</b>

The study also suggested that among students who believe that they were at risk of HIV infection; 50% of them did not know their friend whether they were sexually active or not. In another case 51 (75%) students who perceive that they were at risk of getting HIV had watched western videos and movies. When the relationship of school youth perception of risk and types of sexual partner during first sexual intercourse was examined 29 (64.4%) them had engaged with their steady friends at first sexual intercourse. This may indicated that those students think that their risk was from their partner perspective.

According to response of respondents asked about perception of risk of HIV infection who responded that they were at risk; 75% and 51.5% of them believe that having multiple sexual contacts and alcohol consumption could predispose to HIV/AIDS acquisition respectively. The study result showed that among school youth who believe that they were at risk of acquiring of HIV; 20.6% of them agree that using condom was the sign of not trusting partner while 41.2% was not sure about it. Similarly 42(61.8%) of them believe that condom use was a practical protective option against HIV/AIDS.

### **5.3 Intentions to Adopt Preventive Behaviors among School Youth**

Regarding intention to adopt privative behaviors from acquisition HIV/AIDS all students think that there is an option which one can use to be free from this infection through his/her life. From a key concepts of HIV preventive options more than 70% of the study participants intended to be remain faith full to their partner while only 155(38.8%) of students proposed abstinence as adoption of preventive behaviors.

Similarly some students also planned to use other options like; avoid casual sex (67.4%), use condom consistently (58.4%), having sex only after marriage (66.4%) and by avoiding sex with commercial sex workers. The finding show that there is no significant sex difference in intention to adopt preventive behavior from HIV infection which includes; abstinence [78(50.3%) male, 77(49.7%) female], avoid casual sex [127(47.2%) male, 142(52.8%) female], be faithful to partners [143(50.9%) male, 138(49.1%) female], use

condom consistently [127(54.5%) male, 106(45.5%) female], having sex only after marriage [127(47.9%) male, 138(52.1%) female and avoid sex with commercial sex workers [92(53.5%) male, 80(46.7%) female].

Likewise, from focus group discussant we can describe that individual prevent her/him self from HIV by avoiding multiple sexual partners, abstaining from sexual intercourse, avoid sexual intercourse before marriage, if impossible use condom consistently and avoiding sharp material exchange. *“This age is the time of development not the time of falling into such disappointing disease”* said by a 21year old female student.



Table 5: Intention to adopt preventive behaviors among school youth; who perceive that they were at risk of getting HIV virus Nekemte town, Oromia Regional state, Ethiopia.

<b>Intention to adopt preventive behaviors</b>		<b>Yes</b>	<b>No</b>	<b>Total</b>
Abstinence	Yes	26(38.2%)	129(61.8%)	155 (38.8)
	No	42 (61.8%)	202(38.2%)	244 (61.2%)
	<b>Total</b>	<b>68 (100%)</b>	<b>269 (100%)</b>	<b>399 (100%)</b>
Avoid casual sex	Yes	39 (57.4%)	230 (42.6%)	269 (67.4%)
	No	29 (42.6%)	101 (57.4%)	130 (32.6%)
	<b>Total</b>	<b>68 (100%)</b>	<b>269 (100%)</b>	<b>399 (100%)</b>
Remain faithful to partner	Yes	47 (69.1%)	234(58.9%)	281 (70.4%)
	No	21 (30.9%)	97 (68.1%)	118 (29.6%)
	<b>Total</b>	<b>68 (100%)</b>	<b>269 (100%)</b>	<b>399(100%)</b>
Use condom consistently	Yes	37 (54.4%)	246 (55.6%)	283 (58.4%)
	No	31 (45.6%)	135 (55.4%)	166 (41.6%)
	<b>Total</b>	<b>68 (100%)</b>	<b>269 (100%)</b>	<b>399 (100%)</b>
Having sex only after marriage	Yes	39 (57.4%)	226(42.6%)	265 (66.4%)
	No	29 (42.6%)	105(57.4%)	134 (33.6%)
	<b>Total</b>	<b>68 (100%)</b>	<b>269 (100%)</b>	<b>399 (100%)</b>
Avoid sex with commercial sex worker	Yes	28 (41.2%)	149 (58.8%)	177 (43.1%)
	No	40 (58.8%)	187(41.2%)	227 (56,9)
	<b>Total</b>	<b>68 (100%)</b>	<b>68 (100%)</b>	<b>399 (100%)</b>

#### **5.4 Factors Influencing Perception of Risk of HIV/AIDS among *School Youth***

Binary logistic regression was conducted to identify factors influencing perception of risk of HIV/AIDS among school youth. Accordingly, univariate analysis results showed that perception of risk of HIV/AIDS has significant association with; religion, alcohol consumption, cigarette smoking, having friends who are sexually active, watching western movies, having sexual experience, number sexual partners, use of a condom, believe about having multiple sexual contacts lead to acquisition of HIV/AIDS and attitude towards sexual experience of a boy before marriage.

In order to determine the independent predictors of perception of risk of HIV/AIDS; multi variable analysis was applied. Those variables having p-value  $\leq 0.25$  in bi variable analysis were selected for the multiple logistic regressions and fitted to the model. Accordingly, number of friends who were sexually active, watching movies and music, number of sexual partner, Frequency of condom use during last 12 months, belief about avoiding casual sex can prevent HIV/AIDS and having sex after marriage prevent HIV/AIDS were independent predictors of perception of risk of HIV/AIDS.

Table 7: Bivariate Logistic regression analysis indicating factors associated with perception of risk of HIV/AIDS in school youth Nekemte town, Oromia Regional state, Ethiopia.

VARIABLES		HIV/AIDS risk self-perception OR(95%)CI	
		P. Value	Crude OR
<b>Religions</b>	Orthodox*		
	Protestant	0.07	3.2 [0.9, 11.4]
	Muslim	0.01	6.3 [1.7, 22.6]
	Catholic	0.03	8.3 [1.3, 54.4]
	Wakefata	0.1	4.2 [0.7, 23.2]
	Others	0.1	3.1 [0.8, 11.4]
<hr/>			
<b>History of alcohol usage</b>	Never*		
	Every day	0.25	0.5 [0.2,1.5]
	At least once a week	0.003	0.3 [0.1,0.7]
<hr/>			
<b>History of cigarette smoking</b>	Never*		
	At least once a week	0.03	0.1 [0.02,0.774]
<hr/>			
<b>Number of friends sexually active</b>	Do not know *		
	Many	0.01	0.3 [0.1,0.8]
	None	0.1	0.6 [0.3,1.2]
<hr/>			
<b>Do you watch western movies and music</b>	No *		
	Yes	0.2	0.2 [0.03, 1.8]
<hr/>			
<b>Do you participate in any anti AIDS Clubs</b>	No*		
	Yes	0.12	0.65[0.38, 1.12]
<hr/>			
<b>History of sexual intercourse</b>	No*		
	Yes	0.001	5.8 [3.34, 10.2]
<hr/>			
<b>Number of sexual partners</b>	With more than one person*		
	With one person	0.03	0.4[0.21, 0.92]
<hr/>			
<b>Sexual partners during the last 12 month</b>	With more than one person*		
	With one person	0.06	0.5 [0.22, 1.02]

<b>Ever used a condom</b>		No*		
	Yes		0.013	3.1 [1.26, 7.37]
<b>Condom use during</b>		Always*		
<b>last 12 months</b>	Some times		0.1	0.4 [0.1, 1.3]
<b>Avoid casual sex</b>		Yes *		
	No		0.05	0.6 [0.35, 1.01]
<b>Having sex only after marriage</b>		No*		
	Yes		0.08	0.6 [0.367, 1.1]
<b>multiple sexual</b>		No*		
<b>leads to HIV /AIDS</b>	Yes		0.02	0.5[0.24, 0.87]
<b>Using condom is sign</b>		Agree*		
<b>of not trusting Partners</b>	disagree		0.16	1.3[0.91, 1.77]
<b>A boy should have sex</b>		Agree*		
<b>before marriage</b>	Disagree		0.02	1.6 [1.07, 2.41]

\* reference

Table 8: Multiple logistic regressions analysis indicating factors associated perception of risk of HIV/AIDS among school youth Nekemte town, Oromia Regional state, Ethiopia.

VARIABLES	HIV/AIDS risk self perception		OR(95%)CI	
	Crude OR	P. Value	Adjusted OR	P-value
Number friends sexually active				
Don't know *				
Many	0.3 [0.1,0.8]	0.01	1.6[0.4, 6.8]	0.5
None	0.6 [0.3,1.2]	0.1	1.1 [0.2, 7.1]	0.9
Do you watch western video films and music?				
No*				
Yes	0.2 [0.03, 1.8]	0.2	4.6 [1.1, 19.9]	0.04
Number of sexual partner last 12 months				
With one person*				
With more than one person	0.5 [0.22, 1.02]	0.06	0.2[0.04, 0.6]	0.01
Frequency of condom use last 12 months				
Always *				
Sometimes	0.4 [0.1, 1.3]	0.1	0.3[0.07,1.2	0.09
Avoiding casual sex can prevent hiv/AIDS				
Yes*				
No	0.6[0.4,1.0]	0.05	0.2[0.05,0.60]	0.01
Having sex after marriage prevent hiv/AIDS				
No*				
Yes	0.6[0.4,1.1]	0.08	4.7[1.3,16.3]	0.02

\* reference

Multiple logistic regression analysis showed that respondents who watch western movies and music were more likely report perception of risk of HIV/AIDS than those who don't watched western movies and music [AOR=4.6, 95% CI=1.1, 19.9, P=0.04]. Similarly, students who belief that having sex after marriage could minimize risk of HIV/AIDS were more likely perceive risk of HIV infection than those who belief that having sex after marriage could not minimize risk of HIV/AIDS [AOR=4.7, 95% CI=1.3,16.3, P=0.02]. But respondents who had more than one sexual partner were less likely perceive as they were at risk of HIV/AIDS than those who had one sexual partner [AOR=0.2, 95% CI=0.04, 0.6, P=0.01].

## CHAPTER SIX

### DISCUSSIONS

The result of the survey showed that among all respondents 359 (90%) of them never used chat. Whereas 328 (82.2%) never used any of mood altering substances; like chat, shisha, cocaine, IV drugs and others. This finding was similar with the study conducted on chat and alcohol use and risky sexual behaviors among in-school youth, over 90% did not use chat or alcohol (14).

The proportion of male youth (54.7%) who were involved in sexual activities in the study area was higher than female students (45.3%). Similarly; 33.6% of study participants had more than one sexual partner and 51.7% of sexually active students reported inconsistent condom use. This finding was quite different from study done in Ugandan university students in 2011 on experience of sexual coercion and risky sexual behavior depicted that 59% had debuted sexually; 39.0% had more than two sexual partners; and 17.3% reported inconsistent condom use (15). This difference may be because of low accessibility and availability of condom at high schools and preparatory school than at University level.

From this study about 27.5% of never married school youth had reported premarital debut. This finding was similar with study done on pre-marital sexual debut and its associated factors among in-school adolescents in eastern Ethiopia in 2012 about one in four, 686 (24.8%) never married among school adolescents reported premarital sexual debut (16). In addition, the qualitative finding showed that increased opportunity of unfiltered internet access miss lead school youth to watch pornographic films, peer pressure and weak financial support especially for ladies may force them to engage in sexual intercourse to satisfy their economic needs. One female study participant said that *“Especially female student who has low family support left from her education and spent her time with her sexual partner to satisfy her economic needs.”*

Similarly; 17% of school youth who participate in the study perceived that they were at risk of contracting HIV/AIDS. This showed that risk perception was twice of another study done among high school students in Nekemte which indicated that 56 (8.3%) of the

respondents believed that they had done something that might put them at risk of getting HIV/AIDS infection(18).

Multiple logistic regression analysis showed that respondents who watch western movies and music were more likely report perception of risk of HIV/AIDS than those who don't watch western movies and music [AOR=4.6, 95% CI=1.1, 19.9, P=0.04]. This finding was supported by qualitative study where all discussant emphasized that watching western movies was one of the main current problem which predispose school youth to engage in to risk sexual behaviors.

Finding of the survey indicated that the reason of using condom was to avoid HIV/AIDS (67.7%) and to avoid pregnancy (21.5%). This finding was relatively similar with previous study done at the same area except use of condom to prevent HIV infection was double. That is, study done in nekemte town showed that adolescents who were sexually active in the past 12 months, 97 (79.8%) had used any contraception during the last 12 months of whom the majority, 72 (74.2%), had used condom, but only 38 (52.8%) used condoms consistently, 24 (33.3%) used sometimes and 10 (13.9%) used most of the time. Adolescents who were sexually active have reported the reason why they used condom and the majority mentioned that to prevent HIV/AIDS, 24 (33.3%), to prevent STI, 27 (37.5%), and to prevent unwanted pregnancy, 21(29.2%) (26).

This was relatively similar with study done in Agaro, which showed out of 90 students who had previous sexual exposure 49(54.4 %) of them used condom at least once and of those who had used condom at least once, 23(46.9%) of them reported they were using condoms always. This was also supported by FGDs in which individuals prevent her/him self from HIV by avoiding multiple sexual partners, abstained from sexual intercourse, avoid sexual intercourse before marriage, if impossible use condom consistently and avoiding sharp material exchange.



Self-reported assessments of perception of risk HIV/AIDS are prone to a number of biases that could affect the reliability and validity of a measure ranging from comprehension of behavioral terminology to recall biases and self-presentation or confidentiality concerns resulting from stigmatization of the behavior in question. The study focused on a sensitive issue considering the fact that stigma is normatively attached to risk sexual experience like premarital sexual engagement among young people in Ethiopia. Another limitation identified was the study design which employed a cross sectional study in the conduct of the quantitative survey which implies that causal relationship cannot be established. While this might affect the accuracy and generalizability of the findings, efforts were made to mitigate the impact of this effect by assuring respondents of full confidentiality and by making the questionnaire a guided self-administered process. However, the strength of this study which mitigated this factor was the relatively large number of respondents and the good response rate. Similarly, both quantitative and qualitative methods of data collection were used so that quantitative findings were supported by qualitative findings.

## CHAPTER SEVEN

### CONCLUSION AND RECOMMENDATION

#### Conclusion

This study showed that perception of risk of HIV/AIDS was low among school youth even though they were engaged in risky sexual behavior. That means, higher number of school youth who had more than one sexual partner were used condom inconsistently and high percent of students who had experienced sexual intercourse had history of watching western movies and music which was the current provoking condition for risk of HIV infection. Similarly only low number of school youth proposed abstinence as adoption of preventive behaviors even though abstinence was the most important preventive behavior for school students. From this study, we can conclude that, the low level of perception of risk of HIV/AIDS among school youth suggests that the population were vulnerable to HIV/ AIDS.

#### Recommendation

Based on the findings and conclusion drawn the following recommendations were forwarded:

1. The town administrative health bureau and nongovernmental organization especially who were working on HIV should better to work on risky sexual and nonsexual behavior to alleviate low perception of risk of HIV/AIDS among school youth.
2. Influential communication with quality information about risk sexual behavior should be the aim of the health education programmers in order to eliminate misconceptions and change perception of risk HIV/AIDS among the youth.
3. The town education bureau in collaboration with town health bureau should better to establish youth centers; so that school youth are able to obtain necessary and adequate information & services they need
4. This study tried to examine self risk perception of HIV infection among school youth; however most of the independent variables considered here are those directly related with respondents' sexual experiences due to time and resource limits. Further investigation is needed about parents' attitude towards school youth sexual and reproductive health,

parents knowledge about risk sexual behaviors of school youth and assessment of school environment.

## REFERENCES:

1. Marston, C. & King, E., 2006, 'A systematic review of factors that shape young people's sexual behavior', *Lancet* 4, 368(9547), 1581–1586.
2. HIV/AIDS surveillance report: Cases of HIV infection and AIDS in the United States, 2003.
3. Disease Prevention and Control Department, the Federal Ministry of Health. AIDS in Ethiopia. Addis Ababa: Ministry of Health; 2003.
4. Conner M, Norman P, editors. Predicting health behavior. Buckingham: Open University Press; 2003.
5. FHI, USAID, Youth Net Assessment Team: Assessment of Youth Reproductive Health Programs in Ethiopia .Addis Ababa, Ethiopia, 2004.
6. Berhane Y, Yared M, Eleni S, Lawrence G, David W. HIV/AIDS in Ethiopia: An epidemiological synthesis. The World Bank, Washington, DC, April 2008;27---109. Available at: <http://www.worldbank.org/AIDS>.
7. Bankole A. Singh S. Woog V. Wulf D. risk and protection of youth and HIV/AIDS in sub-Saharan Africa. The Alan Guttmacher Institute. New York Washington archived report 2004.
8. Central statistical agency Addis Ababa, Ethiopia. ICF International Calverton, Maryland, USA. Millennium Development Goal Indicators, Ethiopia 2011. March 2012.
9. Kiirya K.S and P. Kyobutungi. 2004. Predictors of selected HIV-Risk Sexual Behaviors in Adolescents and Young Adults of Iganga District in Uganda. Int Conf AIDS. 2004 Jul 11-16; 15: abstract no. MoPeD3972.
10. Yordanos B., Reproductive health needs of Addis Ababa University students, Addis Ababa, Ethiopia, 2008 MPH thesis.
11. Assefa S. Dessalegn W, Premarital Sexual Practice among School Adolescents in Nekemte Town, East Wollega. *Ethiopian Journal Health Devevelopment*, 2008; 22(2):169.
12. Ajzen, I. (2002). Attitudes, Personality, and Behavior. Buckingham: Open University Press
13. Lori-A, Edward A, Alan J. Linda L. Elias M.

14. Derege K, Atalay A, Getnet M, Fikre E, Frehiwot B. chat and alcohol use and risky sex behavior among in-school and out-of-school youth in Ethiopia: 14 October 2005, 3-4.
15. Annette A, Karen O, Per-O. Experience of sexual coercion and risky sexual behavior among Ugandan university students: Agardh et al. BMC Public Health 2011, 4-12.
16. Lemessa O, Yemane B and Alemayehu W. pre-marital sexual debut and its associated factors among in-school adolescents in eastern Ethiopia: journal Biomed Central in 2012, 2-3.
17. Oladimeji O, Mojisola M. Perceptions about sexual abstinence and knowledge of HIV/AIDS prevention among in school adolescents in a western Nigerian city: journal Biomed Central in 2011, 4-5.
18. Seme A, Wirtu D. Premarital Sexual Practice among School Adolescents in Nekemte Town, East Wollega. Ethiopian Journal of Health Development 2008; 22(2):167-173
19. Richard K, Stella N, Fatima H. Perceptions of risk to HIV Infection among Adolescent in Uganda: *African Journal of Reproductive Health Vol. 11 No.3 December, 2007, 172-178.*
20. Mitike M, Yemane B, and Bernt L. Perception of Ethiopian youth regarding their risk of HIV: A community-based study among youth in predominately rural Butajira: Ethiopian Journal of Reproductive Health, December 2009, Volume 3, Number 3, 49.
21. Zelalem A, Melkamu B, Muluken A. Risky sexual practices and associated factors for hiv/aids infection among private college students in bahir dar city, northwest ethiopia: march 2012, 9-12.
22. African Journal of AIDS Research. Understanding self- appraisal of HIV infection risk among youth adults in Nigeria, 2010.
23. Liu A, Kilmarx P, Jenkins R, Monopaibon C, Mock P, Jeeyapunt S, Uthairavit W and van Griensven F. Sexual Initiatain ,substance use and sexual behavior and knowledge among vocational students in Northern Thailand . International Family Planning perspectives 2006, 32(3):126-135.
24. Ayiro L, oburu P, Othuon L. sexual risk-taking behaviors among youth in secondary schools in bondo district, kenya: greener journal of educational, jan, 2013, vol.3, 3-5.

25. Girma B, Assefa D, Toshunie K. Determinants of condom use among Agaro High school students using behavioral models . Ethiopian Journal of Health Development 2004; 18(1):25-30.
26. Dessalegn W, Assessment Of Premarital Sexual Practice And Factors Contributing to Premarital Sex Among High School Adolescents in Nekemte Town, E/Wollega Zone, Oromia Regional State.2006;39.
27. Saba H, perception of risk of HIV/AIDS and intention to adopt preventive behaviors among Dire Dawa university students: Addis Ababa July, 2009.

# ANNEX

## QUESTIONNAIRES

**Topic: Assessment of perception of risk of HIV/AIDS and intention to adopt Preventive behaviors among school youth in Nekemte town.**

The purpose of this study is to assess perception of risk of HIV/AIDS and intention to adopt preventive behaviors among school youth in nekemte town. The information you give me is very important a person who wants to find a solution for the identified problems. Similarly you may also benefited from the finding directly or indirectly in the future. So you are kindly requested to choose the right answer you think based information you have without any fear. The information you give is anonymous and your confidentiality is kept secure throughout the study. It spends your time for 20 minutes. Don't write your name. Are you voluntary to continue? Thank you very much for your support.

1. Yes ———→ go through the questions and encircle accordingly
2. No ———→ Return questionnaire to data collector you can leave the class.

### Part one: Socio demographic variables

No.	Questions	Coding categories	Skip to
101	Sex of the respondent	Male-----1 Female -----2	
102	How old are you?	_____years	
103	What is your religion?	Orthodox -----1 Protestant -----2 Muslim -----3 Catholic -----4 Wakefata-----5 Others specify -----99	
104	What is your ethnic group	Oromo -----1 Amhara-----2 Tigrea-----3 Gurage -----4 Other, specify-----99	
105	What is your marital status	Never Married-----1 Married-----2 Divorced -----3 Widowed-----4	

106	What is your school grade	Grade 9-----1 Grade10-----2 Grade 11-----3 Grade 12-----4	
107	What is yours father's education status?	Cannot read and write-----1 Can read and write-----2 Primary school level-----3 High school level-----4 Collage level-----5 University level-----6	
108	What is yours mother's education status?	Cannot read and write-----1 Can read and write-----2 Primary school level-----3 High school level-----4 Collage level-----5 University level-----6	
109	What is yours father's occupation?	Farmer -----1 Daily laborer-----2 Civil servant -----3 Private employee -----4 Trader -----5 Others specify -----99	
110	What is yours mother's occupation?	Farmer -----1 Daily laborer-----2 Civil servant -----3 Private employee -----4 Trader -----5 Others specify -----99	
Part 2	<b>Non-Sexual (Social) Behaviors</b>	<b>Response and coding</b>	Skip
111	With whom you live most of the time?	With relative -----1 With friends -----2 With husband/wife -----3 With boy/grill friend-----4 Alone -----5 Other specify-----99	
112	Have you ever drunk alcohol like teji, tela, arakei, beer etc	Every day -----1 At least once a week -----2 Less than once a week-----3 Never -----4	
113	Have you ever smoked cigarette?	Every day -----1 At least once a week -----2 Less than once a week-----3 Never -----4	



114	Which of the following have you used/tried?	Chat -----1 Shisha -----2 Cocaine -----3 IV drugs -----4 None of them -----5 → Others (specify) -----99	Skip to Q118
115	After use of one or more of the above Substance, does your sexual behavior change?	Have more sexual desire -----1 I will have less sexual desire-----2 Has no impact on my sexual desire -----3	
116	What is your reason of using that substance?	For entertainment ----- 1 To avoid stress in life -----2 To get excited and stay alert -----3 To pass some time together with friends -----4 Others (specify) -----99	
117	Where do you use these mood altering substances?	At home -----1 At school -----2 At friends house-----3 Other (specify)-----99	
<b>Part 3</b>	<b>Sexual behaviors</b>	<b>Response and coding</b>	
118	Do you discuss sexual issues with your mother/father? ( <b>Only for those living with their parent</b> )	Yes -----1 → No -----2	Skipto Q120
119	If No, what is the reason for not discussing sexual issues with your mother/father/both?	It is culturally wrong to talk about sex with parents-----1 My parents have never given me the chance to talk about sex-----2 My parents will suspect that I am sexually active if I ask them about sex-----3 I feel that they will not tell me all the information I want-----4 I do not feel comfortable -----5	
120	How many of your friends are sexually active?	All -----1 Many-----2 Some -----3 None-----4 Do not know-----5	
121	Do you watch western video films and music?	Yes -----1 No-----2 → No response-----3	Skip to Q 124
122	Where do you watch such films?	At home ----- 1 At a video house nearby-----2 At Cinemas-----3 At a friend's house -----4 Others (specify) -----99	

123	How many times have you seen pornographic films?	Once in my lifetime -----1 Many times -----2 Some times -----3 Never -----4 Other (specify)-----99	
124	Do you participate in any anti AIDS clubs or activities?	Yes -----1 No -----2	
125	Where do you spend your leisure time?	I go to stadium -----1 I go to the cinema-----2 I meet friends and chew chat-----3 I go to the bars and have some drink-----4 I read fictions -----5 I will meet my partner-----6 I watch films in local video houses-----7 I do not know how I spend my time-----8 Other (specify)-----99	
126	Have you ever had sexual intercourse?	Yes -----1 No -----2 →	Skip to Q 139
127	What was your age at your first sexual intercourse?	Age in Years -----( ____ )	
128	What type of sexual partner did you have first?	Steady friend -----1 Commercial sex workers -----2 Casual partner Strange -----3 With husband/wife -----4 Other (specify)-----99	
129	What was your reason for first initiation of sex?	Personal desire -----1 Peer pressure-----2 Influence of alcohol or drug-----3 Forceful sex/Coercion -----4 To get money-----5 Other (specify) -----99	
130	Have you used condom during the first time you had sex?	Yes -----1 No-----2	
131	How old or younger was person with whom you had first sexual intercourse?	He/she was similar age with me-----1 He/she was 5-10 more than me -----2 He/she was more than me -----3 Younger than me -----4 Don't know -----5	
132	How money people in total you have ever had sexual intercourse	With one person -----1 With more than one person-----2	
133	How money people in total you have ever had sexual intercourse during last 12 months	With one person -----1 With more than one person-----2	

134	Have you ever used a condom	Yes -----1 No -----2 →	Skip to Q 139
135	How often did you use condom during the last 12 month?	Always -----1 Most of the time -----2 Some times -----3	
136	Did you use a condom the last time you had sexual intercourse?	Yes -----1 No -----2 →	Skip to Q 139
137	If yes with whom you have you used	Fried -----1 Regular partner -----2 Causal partner-----3 Commercial sex workers -----4 Others (Specify) -----99	
138	Why you had use condom?	Avoid STI/HIV-----1 Avoid pregnancy -----2 Don't trust my sexual partner -----3 Don't know sexual partner well -----4 Other (specify) -----99	
<b>Part 4</b>	<b>Perception of risk of HIV/AIDS and intention to adopt preventive behavior</b>		
<b>139</b>	Either anything a person can do to avoid HIV/AIDS (more than one answer is possible).	Yes No 1. Abstinence -----1 2 2. Avoid casual sex-----1 2 3. Remain faithful to partner-----1 2 4. Use condom consistently -----1 2 5. Having sex only after marriage -----1 2 6. Avoid sex with commercial sex worker 1 2 99. Other (specify )-----1 2	
<b>140</b>	Do you believe having multiple sexual contacts will lead to acquisition of HIV/AIDS?	Yes -----1 No -----2	
<b>141</b>	Do you believe alcohol consumption and drug use can predispose to HIV/AIDS acquisition?	Yes -----1 No -----2 Don't know -----3	
<b>142</b>	Do you believe condom use is a practical protective option against AIDS?	Yes -----1 No-----2	
<b>143</b>	Using condom is sign of not trusting your partner	Agree -----1 Disagree -----2 Not sure -----3	

<b>144</b>	A boy should have sex before marriage	Agree -----1 Disagree -----2 Not sure -----3																												
<b>145</b>	Do you believe you are at risk of getting HIV virus	Yes -----1 No -----2	→ Skip to Q147																											
<b>146</b>	If yes, why at risk? (more than one is possible)	<table style="width: 100%; border: none;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>1. More than one sexual partner -----</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>2. Mistrust -----</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>3. Have had sex without condom -----</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>4. Have had sex with commercial sex worker-----</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>5. Past history -----</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>6. Injury with contaminated material -----</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>99. Others (specify) -----</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	1. More than one sexual partner -----	1	2	2. Mistrust -----	1	2	3. Have had sex without condom -----	1	2	4. Have had sex with commercial sex worker-----	1	2	5. Past history -----	1	2	6. Injury with contaminated material -----	1	2	99. Others (specify) -----	1	2				
	Yes	No																												
1. More than one sexual partner -----	1	2																												
2. Mistrust -----	1	2																												
3. Have had sex without condom -----	1	2																												
4. Have had sex with commercial sex worker-----	1	2																												
5. Past history -----	1	2																												
6. Injury with contaminated material -----	1	2																												
99. Others (specify) -----	1	2																												
<b>147</b>	If no, why not at risk? (more than one is possible)	<table style="width: 100%; border: none;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>1. I have never made sexual inter course -</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>2. I have abstained from sex -----</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>3. Faith full -----</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>4. One partner -----</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>5. Protected sex -----</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>6. I did not share injection -----</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>7. I always use condom -----</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>99. Other (specify) -----</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	1. I have never made sexual inter course -	1	2	2. I have abstained from sex -----	1	2	3. Faith full -----	1	2	4. One partner -----	1	2	5. Protected sex -----	1	2	6. I did not share injection -----	1	2	7. I always use condom -----	1	2	99. Other (specify) -----	1	2	
	Yes	No																												
1. I have never made sexual inter course -	1	2																												
2. I have abstained from sex -----	1	2																												
3. Faith full -----	1	2																												
4. One partner -----	1	2																												
5. Protected sex -----	1	2																												
6. I did not share injection -----	1	2																												
7. I always use condom -----	1	2																												
99. Other (specify) -----	1	2																												

### Points for Focus Group Discussion

1. What do you perceive about early sex?
2. What factors do you know which pushes school youth to engage in an early sexual relation?
3. What are risky sexual behaviors among in school youth and how do you relate them with HIV infection?
4. What contribution do peer pressure, Alcohol, Chat, Cigarette, and Drugs have in influencing adolescents to engage in risky sexual behaviors?
5. What do you think about school youth whether they are at risk of developing HIV infection or not?
6. What are the most important preventive measures being taken by the youth to prevent themselves from HIV/AIDS infection?

## GAAFFIILEE

**Mata duree:** Qo’annoo ilaalcha barattoota kutaa 9-12 mana barumsaa magaalaa Naqamtee carraa dhibee HIV/AIDS tin qabamu danda’anii fi itti fayyadamissa karallee dhibee kana offirraa ittisu danda’an qorachuu ta’a.

Kaayyoon Qo’annoo kana ilaalcha barattoota kutaa 9-12 mana barumsaa magaalaa Naqamtee carraa dhibee HIV/AIDS tin qabamu danda’anii fi itti fayyadamiissa karaallee dhibee kana offirraa ittisan amaleeffatan qorachuu ta’a. Odeefannoo isin nuuf kennitan qaama rakkoo qorqnnoon argamu kanaaf furmaata argamsiisuuf karaa agarsiisuu danda’a. Akkasumas qa’annoo kana irraa kallattinis tahe alkallattin gara fulduraatti faayidaa isiniif argamsiisuu danda’a. kanaafuu odeefannoo sirrii tahee sodaa tokko malee akka guutan gabaja guddaan isin gaafadha. Iciitin odeefannoo isin kennitan gonkumaa kan hin baaneedha. Kana guutuuf daqiiqaa 20 caala hin fudhatu. Maqaa barreessuun hin barbaachisu. Qo’annoo kan keessatti hirmaachuuf fedhii qabdaa? Baay’ee galatooma.

1. Eeyyee —————→ gara gaaffilee armaan gadiitti darbuun deebii sirri tahetti mari
2. lakkii —————→ waraqa gaaffii deebisuun kutaa lakkisuu dandeessa.

### Kutaa tokkoffaa: Gaaffii hawaasummaa wajjiin walqabate

Lak.	Gaaffiilee	Kutaa filannoo fi ramaddii	Gaaffii itti aanutti darbi
101	Saala	Dhiira-----1 Dhalaa-----2	
102	Umuriin kee meeqa?	_____years	
103	Amantii ati ordoftu maalii?	Ortodoksii -----1 Protestaanti -----2 Muusliima-----3 kaatoolikii -----4 Waaqefataa-----5 Kan biroo(adda baasi)-----99	
104	Sabni kee hoo?	Oromoo -----1 Amhaara-----2 Tigiree-----3 Guraagee -----4 Kan biroo(adda baasi)-----99	

105	Gaa'ela raawatteettaa?	Lakkii -----1 Eeyyee -----2 Walhiikneera-----3 Narraa du'e/duute-----4	
106	Kuutaan barnoota kee meeqeffaa dha?	kutaa 9 <sup>ffaa</sup> -----1 kutaa 10 <sup>ffaa</sup> -----2 kutaa 11 <sup>ffaa</sup> -----3 kutaa 12 <sup>ffaa</sup> -----4	
107	Sadarka barumsaa abbaa keetii itti mari?	Dubbisuu fi barreessuu hin dandahu-----1 Dubbisuu fi barreessuu ni danda'a-----2 Barumsa sadarkaa 1 <sup>ffaa</sup> -----3 Barumsa sadarkaa 2 <sup>ffaa</sup> -----4 Sadarkaa kolleejii-----5 Sadarkaa yunversiitii-----6	
108	Sadarka barumsaa arnee keetii hoo?	Dubbisuu fi barreessuu hin dandeessu-----1 Dubbisuu fi barreessuu ni danda'a-----2 Barumsa sadarkaa 1 <sup>ffaa</sup> -----3 Barumsa sadarkaa 2 <sup>ffaa</sup> -----4 Sadarkaa kolleejii -----5 Sadarkaa yunversiitii -----6	
109	Dalagaan abbaa keetii maalii?	Qote bulaa -----1 Dafqaan bulaa -----2 Hojjetaa motumma-----3 Hojjetaa mana dhuufaa-----4 Daldalaa- -----5 Kan biroo (adda baasi) -----99	
110	Dalagaan arnee keetii maalii?	Qote bulaa -----1 Dafqaan bultii -----2 Hojjettuu motumma-----3 Hojjettuu mana dhuufaa-----4 Daldaltuu- -----5 Kan biroo (adda baasi) -----99	
<b>Kutaa 2<sup>ffa</sup></b>	Gaaffii haala jireenyaa fi waantoota arraada qabsiisan	<b>Kutaa filannoo fi ramaddii</b>	<b>Gara gaaffii itti aanutti darbi</b>
111	Yeroo baayyee eenyuu wajjiin jiraataa?	Mana maatii/firaa-----1 Hiriyyaa koo wajjiin -----2 Hadha warra/abbaa warraa wajjin -----3 Jalallee koo wajjiin---- -----4 Qophaa koo-----5 Kan biroo (adda baasi) -----99	
112	Dhugaatii kanneen akka daadhii, farsoo, arkee, biraa dhugdee beektaa?	Guyyaa guyyaan-----1 Yoo xiqaaate torbeettii altokko- -----2 Torbeettii altokkoo gadi-----3 Gonkumaa -----4	

113	Tamboo xuuxxee beektaa?	Guyyaa guyyaan-----1 Yoo xiqaaate torbeettii altokko - -----2 Torbeettii altokkoo gadi -----3 Gonkumaa -----44	
114	Kannen kessaa kam fayyadamte beektaa? (tokko ol filachuu dandeessa)	Jimmaa -----1 shiishaa -----2 kokeeni -----3 qoricha hiddaan kennamu -----4 lakkii fayyadamee hin beeku-----5 Kan biroo (adda baasi) -----99	<b>Gara gaaffii lak. 118tti darbi</b>
115	Waantota armaan olii yommuu fayyaadamtu fedhiin saalaa kee jijjirameeraa?	Fedhiin saalaaf qabu dabaleera -----1 Fedhiin saalaaf qabu hir'iseera-----2 Fedhii saala koo irratti rakkoo tokkollee hin finne--3	
116	Waantota armaan oli sana akka ati fayyadamtu kan taasise maalii?	Bashananaaf -----1 Dhiphuu offirra balleessuuf -----2 Qaamni koo akka si'atu gochuuf- -----3 Hirriyoota koo wajjiin yeroo itti dabarsuuf--- -----4 Kan biroo (adda baasi) -----99	
117	Waantota araada nama qabsiisan kana essatti fayyadamtaa?	Manatti-----1 Mana barumsaatti-----2 Mana hirriyyaa kootti-----3 Kan biroo (adda baasi) -----99	
<b>Kutaa 3<sup>ffaa</sup></b>	<b>Amaloota saalaan walqabatan</b>	<b>Kutaa filannoo fi ramaddii</b>	
118	Maatii kee wajjiin waa'ee saalaa irratti mari'atte beektaa?(yoo maatii kee wajjiin jiratta tahe qofa)	Eeyyee -----1 lakkii-----2	<b>Gara gaaffii lak. 120tti darbi</b>
119	Yoo lakkii jettee sababnisaa maal sitti fakkataa?	Akka aadaatti waa'ee saalaa maatii waliin mari'achuun safuu dha-----1 Maatiin koo akkan waa'ee saalaa isan wajjiin mari'adhuuf carra naaf hin laanne-----2 Maatiin koo yoon waa'ee saalaa wajjiin maari'adhe na shakkuu dandahu-----3 Akka ani yaadutti odeefannoo gahaa naaf hin laatan jedheeni-----4 Gaafachuun natti hin tolu--- -----5	

120	Hiriyoota kee keessa meeqatuu walqunamtii saalaa rawwateraa?	hundumaasanii-----1 baayyeesanii-----2 muraasasanii -----3 tokkolee -----4 lakki ani hin beeku-----5	
121	Fiilmi fi sirboota biyya alaa ni ilaaltaa?	Eeyyee-----1 Lakkii-----2 Deebii hin kennu-----3	Gara gaaffii lak. 123tti darbi
122	Filmii kana essatti ilaaltaa?	Manatti----- 1 Nannoo mana filmiitti-----2 Mana sinimaatti-----3 Mana irriyaa kootitti-----4 Kan biroo (adda baasi) -----99	
123	Almeeqa filmii saalaan walqabatee ilaaltee beektaa?	Hanga ammaatti altokko qofa-----1 Yeroo baayyeef -----2 Altokko tokko-----3 Tasallee -----4 Kan biroo (adda baasi) -----99	
124	Kilabii farraa HIV/AIDS keessatti hirmaattetta?	Eeyyee -- -----1 Lakkii--- -----2	
125	Yeroo boqonnaa kee eessatti dabarsitaa?	Gara istadiyemiin deema-----1 Mana sinimaan deema-----2 Hiriyoota koo wajjiin walargeeni jimaa qaama----3 Mana dhugaatii deemeen dhugaatii xiqqoo fudha--4 Asoosaman dubbisa -----5 Jaalallee koo waliin wal arga-----6 Filmii mana filmii naannoo deemee ilaala-----7 Lakkii bakkan itti yeroo dabarsu hin qabu-----8 Kan biroo (adda baasi) -----99	
126	Walqunamtii saalaa rawattee beektaa?	Eeyyee -- -----1 Lakkii--- -----2	Gara gaaffii lak.139 tti darbi
127	Umuriin kee meeqaa yeroo jalqabaaf walqunnamtii saalaa rawattee?	Age in Years -----( _____ )	
128	Nama akkamii wajjiin walqunnamti saalaa rawattee?	Iriyaa dhabataa -----1 Dubartoota daldalaa walqunnamtii saalaa irratti boba'an wajjiin (dhiira qofaaf)-----2 Kan argamee/te wajjiin -----3 Abbaa warraa/ haadha warraa wajjiin-----4 Kan biroo (adda baasi) -----99	



129	Yeroo jalqabaaf walqunnamtii saalaaf kan si kakaase maalii?	Fedha dhuuffaa kootiin-----1 Dhiibbaa irriyaa dhaan-----2 Dhiibbaa alkoolii/qorichaa-----3 Dirqamaan gudedamuudhaan-----4 Qarshii argachuuf -----5 Kan biroo (adda baasi) -----99	
130	Yeroo jalqabaaf walqunnamtii saalaa raawattee kondoomii fayyadamteettaa?	Eeyyee-----1 Lakkii-----2	
131	Namni ati yeroo jalqabaaf qunnamti saalaa wajjiin goote umuridhaan hangamii?	Umurii dhaan walqixa -----1 Waggaa 5-10 na caala/caalti-----2 Umurii dhaan na caala/caalti-- -----3 Umuriidhaan na gadi-----4 Llakkii ani hin beeku -----5	
132	Waligalatti hanga ammaattii namoota meeqa wajjiin walqunnamtii saalaa rawattee?	Nama tokko wajjiin -----1 Nama tokkoo ol wajjiin -----2	
133	Ji'oota kudha lamaan (12) darban keessaatti namoota meeqa wajjiin walqunnamti saalaa raawattee?	Nama tokko wajjiin -----1 Nama tokkoo ol wajjiin -----2	
134	Kondoomii fayyadamtee beektaa?	Eeyyee -----1 Lakkii -----2	<b>Gara gaf-lak. 139tti darbi</b>
135	Ji'oota kudha lamman darban keessatti Yeroo meeqaaf kondoomii fayyadamtee?	Yeroo hundaa -----1 Yeroo baayyee -----2 Altokko tokko -----3	
136	Walqunnamti dhumarratti rawatte kondoomii fayyadamteettaa?	Eeyyee -----1 lakkii-----2	<b>Gara gaaffii lak. 139tti darbi</b>

137	Yoo deebii kee eyyee tahe eenyu wajjiin fayadamtee?	Hiriyyaa wajjiin-----1 Hiriyyaa dhabataa-----2 Hiriyyaa dhabataa hin tane-----3 Daldaltuu saalaa wajjiin(dhiira qofaatu filata)-----4 Kan biroo (adda baasi)-----99	
138	Kondomii maaliif fayyadamtee?	HIV/AIDS of irraa ittisuuf-----1 Ulfa ittisuuf-----2 Hiriyyaa koo waaniin shakkeef-----3 Naman wajjiin walqunnamti saala rawadhe waanin hin bekneef-----4 Kan biroo (adda baasi)-----99	
<b>Kutaa 4<sup>ffaa</sup></b>	<b>Ilaalcha carraa HIVqabamuu</b>	<b>Kutaa filannoo fi ramaddii</b>	
<b>139</b>	Dhibee HIV/AIDS irraa of eeguuf maaltuu godhamuu qabaa? (tokkoo ol filachuu ni danda'ama)	Eeyyee miti 1. walqunnamtii saalaa dhisuu----- 1 2 2. qunnamtii saalaa nama garagaraa Wajjiin gochuu dhiisuu----- 1 2 3. hiriyyaa tokko wajjiin amanamummaan jiraachuu-----1 2 4.kondoomiidhaan yeroo hunda fayyadamu-----1 2 5. walqunnamtii ga'ila duraa dhiisuu-- 1 2 6. daldaloota saalaa wajjiin rawachuu dhiisu-----1 2 99. kan biro (adda baasi)-----1 2	
<b>140</b>	Walqunnamtii saalaa namoota garaa garaa wajjiin rawachuun dhibee HIV/AIDS namatti fidaa?	Eeyyee -----1 Lakkii -----2	
<b>141</b>	Dhugaati nama macheessu dhuguu fi qorichaa suusi nama qabsiiu fayyadamuun dhibee HIV/AIDS akka nama qabu kara bana jettee yaaddaa?	Eeyyee -----1 Lakkii-----2 Hin beeku-----3	

142	Kondoomi fayyadamuun HIV/AIDS irra nama baraaruu danda'aa?	Eeyyee -----1 Lakkii-----2	
143	Kondoomii fayadamuun mallatto jaalallee ofi shakkuu dha	Hin mormu- -----1 Nan morma--- -----2 Murteessuuf na rakkisa-----3	
144	Dhiirri osoo hin fuudhiin dura walqunnamti saalaa raawachuu qaba	Hin mormu- -- -----1 Nan morma--- -----2	
145	Carraa dhibee HIV/AIDS tiin qabamuu koo guddaadha jette yaaddaa?	Eeyyee -----1 lakkii-----2 hin beeku-----3	Gara gaaffii lak. 148tti darbi
146	Deebii kee 'eeyyee' yoo tahe maaliifii? ( tokkoo ol filachuu ni dandeessa)	Eeyyee lakkii 1. hiriyyaa tokkoo ol waaniin qabuuf-----1 2 2.hiriyyaa koo waniin manuu dhabeef-----1 2 3.walqunnamtii saalaa kondoomi malee waaniin raawadheef -----1 2 4.walqunnamti saalaa daldaaltota saalaa wajjiin waanin rawadheef-----1 2 5. duuraanu ofin shakka-----1 2 6. wantoota qara qabaniin waaniin ofi murree -----1 2 7. dhiiga fudhachuudhaan-----1 2 99. kan biro (adda baasi) -----1 2	
147	Yoo deebii kee lakkii jettee maaliif? ( tokkoo ol filachuu dandeessa)	Eeyyee lakkii 1.walqunnamtii saalaa gongumaa hin raawanne----- -1 2 2. walqunnamtii saalaa hin raawadhu -1 2 3. hiriyyaa koo wajjii walamanteen Jiraana-----1 2 4. hiriyyaa tokko qofa waanin qabuuf -1 2 5. marfee namni itti fayyadametti hin fayyadamu-----1 2 6. yeroo hundaa kondoomin fayyadama -----1 2 99. kan biro (adda baasi) -----1 2	

## Guddaa Galatoomaa!!

**DECLARATION**

I the undersigned declare that this thesis is my original work, has not been presented for a Masters of public health (MPH) in this or any other university and that all sources of materials used for the thesis have been fully acknowledged.

Name: Mulugeta Dessalegn

Signature [Signature]

Name of Institution: Sirna University

Date of submission: 07/03/2014

This thesis has been submitted after Examination with my approval as the University advisors.

Name of the first advisor: Dr. Melatie Wondafresh

Date 11/03/2014 Signature [Signature]

Name of the second advisor: Mulugeta D. Desalegn

Date 19/03/2014 Signature [Signature]