

RISKY SEXUAL BEHAVIOR, PREDISPOSING FACTORS AND PSYCHOSOCIAL INTERVENTIONS AMONG JIMMA UNIVERSITY BUSINESS AND ECONOMICS COLLEGE, AND JIMMA COLLEGE OF TEACHERS' EDUCATION STUDENTS

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A thesis submitted to the department of psychology in partial fulfillment for the Master's of Art (MA) Degree in Counseling Psychology

Dedication

This research is dedicated to my unborn baby. I am very eager to see him/her.

DECLARATION

I hereby declare that this thesis entitled “risky sexual behavior, predisposing factors and psychosocial interventions among Jimma University and Jimma College of teacher’s education students" has been conducted by me under the supervision of Berhanu Nigussie and Aregash Hassen. Sources used in this thesis have been duly recognized.

The thesis is original and has not been submitted for the award of the degree or diploma in any university in the country and abroad.

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Abbreviations

WHO-	World health organization
UNAIDS	Joint United Nations Program on AIDS
HIV-	Human immune virus
STI-	Sexually transmitted infections
HAPCO –	HIV AIDS protection and controlling office
EPHA-	Ethiopian public health association
EDHS-	Ethiopian demographic health survey
CTE-	College of teacher’s education
BECO-	Business and Economics College
CSW-	Commercial sex workers
STD-	Sexual Transmitted Disease
FGD-	Focus group discussions
APA-	American psychologist association

Abstracts

This study was aimed to identify the prevalence and predisposing factors of risky sexual behavior among JimmaUniversity and JimmaCollege of teacher's education students, and psychosocial interventions available for the students in the colleges. For this study, 351 students were considered. The data were collected using self-administered questionnaire, interview and focus group discussion (FGD) guide. Quantitative data were entered into SPSS version. 20and analyzed. Whereas, qualitative data were analyzed using narration, thematic; content analysis and direct quotations. The result of this study revealed that; 44.6% of students had sexual intercourse and only 2.5% of them used condom. Twenty nine point seven percent of respondents reported they had multiple sexual partners. Age, residence and year level were seen as the major predisposing factors. Only 21.3% of these students used contraceptive in their first sex. There was a significant difference between in and off campus students in exposure to risky sexual behavior. Sexually transmitted infections, unwanted pregnancy, abortion and withdrawal from school were identified as major negative consequences. There was a significant difference between male and female students in exposure to risky sexual behavior and experiencing negative consequences. The institutions have been providing psychosocial interventions such as counseling service, training, recreational activities and the like for the students, but these were not enough. There is risky sexual behavior among the studied students. The college's needs to provide integrated interventions for the students.

Chapter one

Introduction

1.1. Background

Sexual behavior is a complex private activity, being subject to social, cultural, moral and legal issues (Fenton, Johnson, McManus&Erens, 2001). Although not a single definition for risky sexual behavior is agreed by all health entities, usually risky sexual behaviors are considered as sexual behaviors that increase the chance of a negative outcome. The negative consequences may include family conflicts, damage to relationships, legal disputes and even financial problems. Overall definition of risky sexual behavior is in close relation with dynamic transmission of sexually transmitted infections (STI) (Chanakira, O’Cathain, Goyder&Freeman, 2014). Academic research into sexual behaviors was commenced in 18th century and has used different strategies including medical, psychiatric and anthropologic methods over years. However, public attention to this field was largely drawn after increasing awareness about HIV risk in 90s (Fenton, Johnson, McManus &Erens, 2001).

Risk sexual behavior is a behavior related to sexuality which increases the susceptibility of an individual to problems related to sexuality and reproductive health like sexually transmitted disease (STIs), human immune deficiency virus (HIV), unwanted and unplanned pregnancy, abortion, and psychological distress(Tura, Alemseged&Dejene, 2012). Risk sexual behavior includes having more than one sexual partner, early sexual initiation, inconsistent use of condom, and having sex with commercial sex workers. (Tura, Alemseged&Dejene, 2012; Abebe, Tsion, &Netsanet, 2013 and Cooper, 2002).

In 2014, the global HIV incidence rate among adults aged 15–49 years was 0.5 per 1000 uninfected population, with 2 million people becoming infected. HIV incidence was highest in the WHO African Region at 2.6 per 1000 uninfected population in 2014, (WHO 2016).

HIV prevalence remains high in sub-Saharan Africa and reducing incidence in adolescence is critical (UNAIDS, 2014). In 2016, there were 19.4 million people living with HIV in eastern and southern Africa (UNAIDS, 2016), The majority of HIV transmission in sub-Saharan Africa occurs via sex and risk of infection varies by sexual behavior, including early sexual debut (Stockl, Kalra, Jacobi & Watts, 2013. Wand & Ramjee, 2012), having multiple partners, and inconsistent condom use (Pettifor, Rees, Kleinschmidt, Steffenson, MacPhail, Hlongwa, Madiki, Hladik, et al., 2005). (Tadesse and Yakob, 2015,) youth are most likely to engage on risky sexual behaviors when compared to adults. The earlier the initiation of sex, the more risky the behavior is likely to be and the greater the chance of acquiring sexually transmitted infections. In the developing world, the risks of HIV/STIs to youth are higher due to poverty, lack of education, gender inequality and resource scarcities to promote safer sex practices.

Risky sexual behavior may result from being easily influenced by peers, poor bonding with and Limited support from parents, inappropriate parenting roles and role models, and living in unfavorable environments. Those who perform poorly at school are from disadvantaged Communities and seek attention from peers and men are more likely to engage on Risky sexual activities. Due to lack of awareness about the risks associated with unprotected sex, youth often acquire sexually transmitted infections, while the young girls may have unwanted pregnancies. This behavior may also be due to a lack of adequate information and basic skills to deal with their emotions and high peer pressure to experiment with sex (Tadesse and Yakob, 2015,).

According to WHO (2016) report, there are approximately: 1.2 million people living with HIV/AIDS in Ethiopia. The adult prevalence rate is estimated at 2.4% and the incidence rate is 0.29%. In addition, HIV/AIDS estimates and projections in Ethiopia, 2011-2016 indicated that the magnitude in the year 2016 was 0.7 and 1.4 per 1000 population for male and female respectively. In a university cases there was no such evidences; however, females are more vulnerable than males because of sexual violence.

The systematic review and meta-analysis revealed that the prevalence of risky sexual practice was high in Ethiopia. Being male, substance use, peer pressure and viewing pornographic materials were found to be associated with risky sexual practices. (Abeje, Mulu, kidanemariam, Asmamawu, 2017).

According to the Ministry of Health: HIV/AIDS Prevention and Control Office (HAPCO 2014), report, High risk sexual behaviors have been reported among university and high school students. However, no representative seroprevalence data for university students are available and seroprevalence data for high school students show minimum HIV prevalence.

According to the third national report of Population Census Commission of the Federal Democratic Republic of Ethiopia; (2007), one-fifth of its population consists of the age category between 15 to 24 years. Higher education institutions in Ethiopia host young people aged between 18 -24 years. This age group is often sexually active and among the most vulnerable and at risk of HIV infection.

According to the 2016 EDHS, 13 percent of women age 15-19 in Ethiopia have begun childbearing. Less than 1 percent of women reported that they had two or more partners in the 12months. Among women who had two or more partners in the past 12 months, 19 percent reported using condom during their last sexual intercourse (data not shown). The mean number

lifetime partners among all women who have ever had sexual intercourse is 1.6. Three percent of men age 15-49 reported that they had two or more partners in the past 12 months, and 19 percent of them reported using a condom during their last sexual intercourse. The mean number of lifetime partners among all men who have ever had sexual intercourse is 2.9. The third baseline assessment of mobile HIV counseling and testing program in Oromiya Regional State showed most-at-risk populations of Jimma Town were estimated about 55,879 of which 70.5% were in-school youth and college students. (Jimma Zone & Jimma Town Education Offices 2011).

About 80 million of unintended pregnancies are estimated to occur worldwide annually. In developing countries more than one-third of all pregnancies are considered unintended and about 19% will end up in abortion, which are most often unsafe accounting for 13% of all maternal death globally (Guttmacher institute 2007, Marston 2004). In sub Saharan Africa there is highest burden of ill health and deaths from unsafe abortion, but there is more burden among the youths as it is shown that one in four unsafe abortions is among adolescents aged 15-19 years (WHO 2011). Risky sexual behaviour has consequences on students academically, socially, biologically, and emotionally. Academically they may drop out, or even if they continued they may not be successful, socially there may be isolation, ignorance by family. When we see the consequences biologically, if there is early sexual experience and if pregnancy occur there may have chance to be attacked by fistula. And, emotionally pain and suffering from broken relationships, a sense of betrayal and abandonment, confusion about romantic feelings, altered self-esteem, depression, and impaired ability to form healthy long-term relationships may be happen. (Sheetal, M, (2008)

On the other hand, even if the above mentioned problems exist there are not enough psychosocial interventions given to those vulnerable students.

Therefore, the objective of this study was to determine the prevalence of risky sexual behaviors, predisposing factors and psychosocial interventions given by institutions to those vulnerable students among Jimma College of Teacher's Education (CTE) and Jimma University Business and Economics College (BECO) campus students.

1.2. Statement of the problem

People in college have been identified as the most at risk for engaging in sexually risky behaviors. Abbey, Parkhill, Buck & Saenz, (2007) and Eisenberg, (2001) reported that approximately 80-90% of college students report being sexually active and only one third report using condoms on a regular basis. The authors reported that college students are likely to have multiple sexual partners, averaging six or more partners. Moore and Davidson (2006) reported that even with a flooding of educational materials regarding safe sex practices, some college women have not changed their sexual practices.

In Ethiopia, number of research findings revealed that the issue of sexual activities in college and university students even in high school and preparatory students surprisingly in an alarming state. A cross sectional Study conducted in Jiga High School in Amhara region and Haramaya Secondary and Preparatory School stated that, A large number of in-school youths involved in risky sexual behaviors like early sexual initiation, having multiple sexual partners, inconsistency use of condom, and having sex with high risk partner (CSWs) and the authors concluded that risky sexual behavior is high (Mullu et al., 2016; Shore and Shunu 2015,). Another research conducted in Jimma, Haramaya, Mekele and Bahir Dar Universities revealed that the risky sexual behavior is high in the university students. According to this finding peer pressure, lack of parental control; Substance use and attending night clubs are the predisposing factors

(Mulu, Yimer&Abera 2014; Fantahun, Wahdey&Gebrekirstos 2013; Tura et al2012; Wordofa&Shiferaw 2015).

All the above studies explored the risky sexual behavior and predisposing factors of students in different universities. However, none of them included psychosocial interventions for the problem, which was incorporated in this study.

Based on the statement of the problem, this study tried to answer the following research questions:-

1. Are risky sexual behaviors prevalent among the students?
2. What are major predisposing factors for risky sexual behaviors?
3. Is there a difference between students of the two colleges in exposure to risky sexual behavior?
4. What are major negative consequences of risky sexual behavior on students; general health and academic performance?
5. Is there gender difference in exposure to risky sexual behavior and in experiencing the consequences?
6. What types of psychosocial interventions are provided by the institutions for those vulnerable students?

1.3. Objectives

1.3.1. General objective

The general objective of the study was to assess the prevalence, responsible factors for risky sexual behaviors and psychosocial interventions.

1.3.2. Specific objectives

1To identify the prevalence of risky sexual behaviors.

2. To identify factors contributing to risky sexual behavior.
3. To distinguish if there is difference between in and off campus students.
4. To identify major consequences of risky sexual behavior.
5. To make out if there is gender difference in exposure to risky sexual behavior
6. To describe interventions conducted so far by the university to curb the problems.

1.4. Significance of the study

Conducting research on this topic may add knowledge about factors contributing to risky sexual behavior. It also gives additional information to the collage as well as to the university to use additional intervention strategies to protect the students from such problems. Furthermore, the outcomes will be used as a reference for those who are interested to conduct a research on the same or related topics.

1.5. Operational definition of terms

Risk behavior: is defined as irresponsible behavior as those behaviors that associations with having over consumption of alcohol, cigarette smoking, or the use of illicit drugs, etc.

Risky sexual behaviors: in this study, risky sexual behavior is defined as a behavior that is associated with increased likelihood of acquiring sexually transmitted infections including HIV/AIDS and unwanted pregnancy; specifically, inconsistent condom use, early sexual initiation and sex with multiple partners.

Predisposing factors: any condition related to socio-demographic or attitudes towards having sexual intercourse that can increase the risk of involving in sexual behavior

Psychosocial intervention: Psychosocial intervention is an approach aimed at improving student's well-being. E.g. counselling, training, recreational activities, economical support.....etc

Delimitation of the study

The area of this study is delimited to Jimma university BECO campus students and Jimma CTE students due to time and financial constraints. This research also delimited to investigating risky sexual behavior, predisposing factors and psychosocial interventions.

Chapter two

2. Review of related literature

Sexual risk is not a simple phenomenon with few determinants that easily lends itself to evaluation. It is shown that interpersonal, social and economic factors can influence the prevalence of risky sexual behaviors in different situations. Also involving of more than one person in nature of sexual act further complicates the assessment and intervention programs regarding risky sexual behaviors (Justman, Befus, Hughes, Wang, Golin, Adimora, Kuo, Haley, Del Rio, El-Sadr, Rompalo, Mannheimer, Soto-Torres, Hodder, 2015).

However it cannot be ignored that many conditions involving only one person can aggravate getting through risky sexual behavior such as hyper sexuality disorder. Considering all the risks imposed by sexual behaviors, some behaviors are often categorized as risky in sexual health researches. These include but are not limited to more than one sexual partner, sex under the influence of alcohol and drugs, unprotected sexual intercourse, early debut in sexual activities (Imaledo, Peter-Kio, Asuquo, 2012).

2.1. Risky Sexual behaviors

As cited in (Abebe M, Tsion A, Netsanet F, 2013) Risky sexual behavior is any behavior that increases the probability of negative consequences associated with sexual contact, including HIV/AIDS or other sexually transmitted diseases (STD), abortion and unplanned pregnancy. It also includes behaviors like, having multiple partners, having risky casual or unknown sexual partners, early sexual initiation and failure to take protective actions, such as use of condoms and birth control.

Young age is a critical developmental period when many youth begin to define and clarify their sexual values and start to experiment with sexual behavior. Most of these youth are students and they are also at a high risk for unsafe sexual behaviors and problems like HIV/AIDS or STI,

unwanted pregnancy, abortion, psycho-social, and economic problems. Sexual behaviors and reproductive health of youth in developing countries have attracted a considerable attention over the previous years. But, a large proportion of the population in these countries is affected by HIV/AIDS and other reproductive health problems.

Study conducted in Nigeria revealed that risky sexual behavior is high in undergraduate students (Imaledo, 2012)

Study done in MizanTepi University revealed that participants who ever had sex, (63.36%) of students had sex in the campus in the last 12 months.(42.1%) of students had multiple sexual partners and Substance use was a significant predictor of risky sexual behavior of students. The author also stated off campus students more likely to have risky sexual behavior. Also mentioned economic and good grade desires were mentioned as a factor for sexual practice in the campus among female students (Berta, 2015).

Study conducted in MaddaWalabu University indicates that More than half (54.6%) of respondents ever had sexual activity (40.6% male and 62.5% female).(DebebeWordofa and Solomon Shiferaw, 2015). This study also stated that Thirty five percent (116) with 95%CI (28.8 to 41.8) of those that reported to have had sex had more than one sexual partner.

Studies in Bahirdar town raveled that Out of the study participants, 79 (26%) respondents were practiced sexual intercourse (HiwotAmare, MulukenAzage, MahiderNegash, AbinetGetachew, AdinewDesale, NardosAbebe , 2017)

As cited in (Tesfaye, 2015)the high rate of premarital sex and having multiple sexual partners among college students are usually associated with non-condom use (Tilahun, Assefa, &Belachew, 2010). Although Furthermore, Gulliksen and Audensen (2013) indicated that enrolment in higher education institutions in Ethiopia has increased by 120% since 2008.

However, studies on sexual behaviour among college students in general in Ethiopia are scanty (HAPCO, 2012; Lewis, Blayney, Lostutter, & Kilmer, 2012).

According to the Ethiopian demographic and Health Survey (EDHS), an HIV/AIDS prevention programme focuses their messages and efforts on three important aspects of behavior: using condoms, limiting the number of sexual partners (or staying faithful with one uninfected, mutually faithful partner), and delaying premarital sex among the young and the never-married. To ascertain whether programmes have effectively communicated at least two of these messages, respondents were prompted with specific questions about whether it is possible to reduce the chance of getting the virus that causes AIDS by having just one faithful sexual partner and by using a condom at every sexual encounter. Findings in Ethiopia among under graduate students indicate that there is an alarming level of sexually risky behavior among the study population. Significant proportion of students was sexually active, the majority having started sexual intercourse before they joined university. Students reported to have had sex with multiple sexual partners including prostitutes. There is limited use of condoms and those that use them do not do so consistently. Variation in young men's sexual activity across background characteristics are small, except for variation associated with marital status. Like women, ever-married young men are much more likely than never-married men to have had sexual intercourse before age 18. Premarital sex and high-risk sexual behaviors not only increases the possibility of negative consequences (e.g., HIV/AIDS, or other sexually transmitted infections STIs), but also result in higher rates of unplanned pregnancy.

2.2. Predisposing factors of risky sexual behaviors

In the era of HIV/AIDS and reproductive health, it is crucial to understand the of sexual activities among the youth in order to inform policies and programs that help protect

them. Previous studies elsewhere in Higher Learning Institutions mention the determinants of sexual risk behaviors are; socio demographic factors (age, male sex, religion, educational level, peer pressure, campus and outside environment), sexual coercion and substance use (alcohol, cigarette use) were identified as predisposing factors for sexual risk behaviors. Studies in Jimma and Haramaya Universities revealed that male sex, age category (≥ 20), study of year, religion, substance use, attending night club were independent predictors of sexual risk behaviors. Male respondents were about three times more likely to ever had sexual intercourse as compared to females (OR=3.31; 95%CI: 2.26, 4.86)(Tura, Alemseged&Dejene, 2012) (Wordofa&Shiferaw 2015). Students aged 20 years old and above were more than four times to ever have sex as compared to those less than 20 years. Second year students were about two times to ever have sexual intercourse as compared to first year students. Current substance users were about three times more likely to ever have sexual intercourse as compared to non-users. Respondents who used to attend night club in the last three months were about two times more likely to ever have sexual intercourse as compared to non-attendants. And also a study in school of females in Bahir Dar Town, Ethiopia; explored females for pre-marital sexual activity major associated factors were frequent watching of pornographic video, peer pressure and chewing Khat. Studies in and Kenya, showed students about (39%) and (50% of males and 11% of females) reported that they have had sexual activities, respectively (17, 29).

In Taiwan, students who believe in Hindu religion were two and half times (OR= 2.5) likely to have premarital sexual initiation compared with those who follow other religions. in Nigerian and Nepal University showed a higher proportion of respondents who reported use of cigarette and alcohol use were significantly related to engage in premarital sexual activity. Male college students with heavier drinking were 2 times more likely to have premarital sex than

abstainers (OR= 2.1). A study done in Hong Kong revealed; the majority of unmarried youth (63.8%) held liberal attitudes toward premarital sex and about half held liberal attitude toward form of sexual activity; Males tended to hold more liberal attitudes toward high-risk sex than female youth.

Studies in Haramaya University of Ethiopia and Kenya University revealed that students reporting multiple sexual partnerships were associated with male sex, attending night clubs, and religiosity; male students were 4 times more likely to have multiple sexual partner compared to female students and students attending night clubs were 2 times more likely to have multiple sexual partner to none attendants and a significant proportion of reporting multiple sexual partnerships was associated with religiosity.

Study conducted in Bahir Dar University also stated that Risky sexual behaviors such as early age sex, having multiple sexual partners, unprotected sex, and sex with commercial sex workers are significantly practiced among students in Bahir Dar University. Substance use, attending night clubs and watching porno video were predictor factors for the existence of different sexual behaviours.(Wondemagegn, Mulat&Bayeh 2014).

The high rate of premarital sex and having multiple sexualpartners among college students are usually associated with non-condom use (Tilahun, Assefa, &Belachew, 2010).

Studies indicate that young adults, including college students are at high risk of contracting HIV due to their risky sexual practices (Cherie &Berhane, 2012)

Study done in DebreMarkos University indicate that Among participants of the study (27.9) students reported that they have an experience of watching pornographic movie and (25.7%) students say they have had an experience of night clubs attendance. These studies also

stated that Khat chewing has a strong association with risky sexual behavior. (Kassa Mamo, Endashaw Admassu. And Martha Berta 2016)

Study conducted in Jimma University Kito Furdisa campus students indicates that concerning the reason of starting sexual intercourse 46.7% due to peer pressure, 28.42% due to desire to have sexual experiment, 10.66% were forced to do, 9.64% were preparation for marriage and 4.56% due to need of money (Samuel Abdu A, Habtamu Tesfaye M, Bekana Fekecha H) 2015). The study also stated that Age, previous place of residence and academic year had significant statistical association with risky sexual behavior.

Study conducted in Madda Walabu University Regarding reasons for initiation of first sex, the respondents claimed major reasons were; personal desire (60.0%) followed by peer pressure (29.0%), influence of substance & economic benefits (10.0%) and others 4(1%). (Wordofa & Shiferaw, 2015).

Study conducted in Bahir Dar City private college students revealed that year two and three students were more than seven and nine times more likely to have multiple sexual partners, respectively, compared to year one; this justifies that as year of study increases the risk of having multiple sexual partners increases; this might be because of alcohol use, peer pressure, and increased level of extroversion. Accordingly the findings of this study indicated that the percentages of alcohol use out of the total users among year one, two, and three students, respectively, were 14.9%, 36.1%, and 49%. The study further explored that respondents who were using alcohol were more than three times likely to have multiple sexual partners compared to nonusers. According to this study alcohol intake statistically affects condom use; students who drank alcohol were 2.19 times at risk of having unprotected sexual intercourse compared to those who never drank (Alamrew, Bedimo & Azage 2013).

2.3. Age of sexual debut

When asked at what age respondents had their first sexual intercourse, the majority 45.2% (n = 66) of the sexually experienced respondents reported that they started engaging in sex at the age of 20-24 years. Only 5.5% (n = 8) of the sexually experienced respondents reported that they started sex before the age of 15 years. Sexual initiation before the age of 15 years was higher for Females (6.67%), than their male (3.4%) counterparts.

2.4. Sexual activity

The results showed that 54.8% (n = 80) of the sexually experienced respondents had their last sexual intercourse within the past 3 months of the study, while 23.3% (n = 34) had sexual intercourse within the last 4-6 months. Similarly, 12.3% (n = 18) admitted to having sex within the last 7-12 months and 9.6% (n = 14) stated doing so in the last year or more with their last sexual partners. The first sexual encounter with the respondents' current sexual partner for most (54.8%, n = 80) of the sexually experienced respondents was within the past 1 year.

2.4.1. Multiple sexual partnerships

Results indicated that 30.14% (n = 44) of the sexually experienced respondents had sex with a person other than their current sexual partner in the past 12 months. About 13.7% (n = 20) of the sexually experienced respondents had sex with two different partners, while 4.1% (n = 6) reported having had sex with three different partners, and 2.1% (n = 3) reported doing so with more than three partners in the past 12 months.

2.4.2. Condom use

There are several issues which emerged from the results regarding condom use. Aspects highlighted in results regarding condom use are the following:

When asked if respondents had ever used condom with their last sex partner? About, 59.4% (n = 87) of the sexually experienced respondents of which 82.75% (n = 72) were males

17.25% (n = 15) females, indicated that they used a condom with their last sexual partner. shows that from the total number of sexually experienced respondents, 34.43% (n = 42) males 37.50% (n = 9) females indicated never using condoms with their last sexual partners. Similarly, 39.54% (n = 48) of males and 20.83% (n = 5) females of the sexually experienced females they always used condoms. About 13.11% (n = 16) of males and 20.83% (n = 5) females stated that they occasionally used condoms. In addition, 44.26% (n = 54) of the sexually active male, 29.17% (n = 7) female respondents reported that they used condom with their last sexual partner the past 12 months.

The majority 42.00% (n = 21) of males and (50.00% (n = 4) of females amongst those respondents who did not use condom during their last sexual intercourse cited “never thinking About it” as a reason for not using condoms. Other reasons for not using the condoms mentioned by respondents were: afraid of telling sexual partner to use condom (16.00% (n = 8) of males and 12.50% (n = 1) of females), followed by being in a hurry to have sex (14.00% (n = 7) of males and (12.50% (n = 1) females were cited as additional reasons for not using condoms.

2.4.2.1. Reasons for not Using Condoms

The majority 42.00% (n = 21) of males and (50.00% (n = 4) of females amongst those respondents who did not use condom during their last sexual intercourse cited “never thinking about it” as a reason for not using condoms. Other reasons for not using the condoms mentioned by respondents were: afraid of telling sexual partner to use condom (16.00% (n = 8) of males and 12.50% (n = 1) of females), followed by being in a hurry to have sex (14.00% (n = 7) of males and (12.50% (n = 1) females were cited as additional reasons for not using condoms.

2.4.3. Commercial sex

About 31.97% (n = 39) of the sexually experienced male respondents paid for sex in the past 12 months while their female counterparts did not. The majority (38.52% [n = 47] of male and 4.17% (n = 1) of female sexually experienced respondents had paid for sex at some point in their life.

2.4.4. Transactional sex

In response to whether respondents had had sex with older persons in exchange for any kinds of benefit, only 12.5% of female and 13.11% of male sexually experienced respondents indicated “yes”. The majority (25% [n = 6]) of female and 4.92% (n = 6) of male sexually experienced respondents stated that they did not had sexual intercourse in return for any benefits.

2.5. Substance use

About 25.20% (n = 37) of the sexually experienced respondents reported that they or their sexual partners used alcohol. Among those who used alcohol, 8.20% (n = 12) stated that they had sex while they were drunk. About 10.90% (n = 16) mentioned they chewed khat during their last sexual encounter. While 8.80% (n = 13) reported that both partners were drunk, 10.90% (n = 16) reported both partners chewed khat.

2.6. Psycho social interventions

Psychosocial interventions are non-pharmacological therapeutic interventions which address the psychological, social, academically and biological problems of students. These interventions draw techniques from cognitive behavioral therapies (CBT) and educational theories and are used for instance with people having, substance misuse issues, HIV/AIDS, interpersonal adjustment difficulties and lack of assertiveness skills and peer resistance skills other such issues.

2.6.1. Providers

Providers who deliver psychosocial interventions for students include psychologists, psychiatrists, social workers, counselors/therapists, peers (mentors), big sisters or big brothers and teachers and staffs.

2.6.2. Examples of Psychosocial Interventions

There is no widely accepted categorization of psychosocial interventions. The term is generally applied to a broad range of types of interventions, which include psychotherapies (e.g., psychodynamic therapy, cognitive-behavioral therapy, interpersonal psychotherapy, problem solving therapy), community-based treatment (e.g., assertive community treatment, first episode psychosis interventions); vocational rehabilitation, peer support services, and integrated care interventions. But to help students protect themselves from risky sexual behavior mentorship, trainings, awareness creation programs, rehabilitation centers, counseling, recreational activities, peer education as well as youth friendly services are considered as psychosocial interventions.

Chapter three

3. Research Methods

In this chapter the research design, study area, sample size and sampling techniques, tools of data collection, procedure of data collection, data analysis and ethical considerations will be presented.

3.1. Design

The study was a mixed research design that explored the trends of risky sexual behavior, predisposing factors and psychosocial interventions among undergraduate students of Jimma University and Jimma CTE students. Quantitative research design was employed as a major approach whereas qualitative was employed as a supportive.

3.2. Study area

This study was conducted in Jimma University BECO campus and Jimma College of Teachers Education. Both the University and the college are located in the south western part of Ethiopia, in Oromia region, Jimma zone Jimma town. Which have a distance of 350km from Addis Ababa. And the BECO campus was one of Jimma university branch, which was established in 1997, when the department of Accounting and Management were opened. At present, more than 5000 undergraduate students are enrolled in its regular, evening, and distance education programs of Accounting and Finance, Banking and Finance, Economics, Hospitality and Tourism Management, and Business Management.

The College College of Teachers Education was established in 1961 as TTI and 1988 as CTE. Which have total population of 1739 776 (M= 968 F= 808) regular students.

3.3. Target Population

The target populations of this study were all Jimma University Business and Economics College (BECO campus) regular undergraduate students and Jimma College of Teachers Education (CTE) regular students. Which have total population of 1739 students (M=1139 F=600) and 1776 (M= 968 F= 808).respectively. So the total population of this study was 3515.

3.4. Sample & Sampling techniques

A stratified random sampling technique was used. The main criterion for inclusion in the study was that respondents should regular undergraduate student of the University and the regular CTE students. 179 students from CTE and 176 from BECO campus by using single population proportion formula a proportion of sexual practice in Bahir Dar university (p=0.36) will be considered At a confidence level of 95% and sampling error 5%. 10% non-response rate will be added. Total sample size is 355 students.

Sampling determination (Gerard E. Dallal, 2012) or Dhand, N. K.,&Khatkar, M. S. (2014)Statulator: An online statistical calculator.

$$n = \frac{(z\alpha/2)^2 \cdot Xp(1-p)}{d^2} \qquad n = \frac{(1.96)^2 \cdot X 0.36(1-0.36)}{(0.05)^2}$$

$$n = \frac{3.84 \cdot 0.36 \cdot (0.64)}{0.0025}$$

$$n = 354$$

Since population size is less than 10,000 correction formula is used

$$n = \frac{n}{1 + n/N} \qquad n = \frac{354}{1 + 354/3515}$$

$$n = 354/1.1007 \qquad n = 322$$

n= 322 then 10% non-response rate will be added

Total sample size is **355**

Students were stratified by their year (batch) and final study subjects were selected from each Year by statistical sample size proportion allocation as follows: Estimation of population parameters will be used.

$$n_i = \frac{N_i \times n}{N}$$

Where, N: Total population

N_i: Population size in each stratum

n_i: Sample to be drawn from each stratum

n: Total sample size to be drawn from total population

For BECO campus

$$\text{First year: } \frac{N_i \times n}{N} = \frac{632 \times 355}{3515} = 64$$

$$\text{Second year: } \frac{N_i \times n}{N} = \frac{650 \times 355}{3515} = 66$$

$$\text{Third year: } \frac{N_i \times n}{N} = \frac{457 \times 355}{3515} = 46$$

For CTE

$$\text{First year: } \frac{N_i \times n}{N} = \frac{686 \times 355}{3515} = 69$$

$$\text{Second year: } \frac{N_i \times n}{N} = \frac{501 \times 355}{3515} = 51$$

Third year: $\frac{NI \times Xn}{3515} = \frac{589 \times 355}{3515} = 59$ N =

3.5. Instruments of data collection

Structured questionnaire, interview and FGD guide were the data collection instruments. The questioner was adapted from literature and modified based on these research objectives. Questionnaires were used to obtain information that is to be measured quantitatively. And focus group discussion guide (FGD) and interview were employed to collect qualitative data.

3.6. Procedure of data collection

In the data gathering procedure, first, items of tools of data collections questionnaire, in depth interview and interview guide questions for FGD was developed in English language and were translated to Afan Oromo and Amharic language by experts. For the purpose of development of instruments different previous studies were assessed to prepare standard instruments. Afterward, these items were checked whether or not it is worth to measure point it intended to deal. This was done by me and by my advisors. And then pilot test was done. After the result of pilot test is known, final administration of instruments of data collection was done. To this end, Self-administered questionnaire were provided to the respondents by trained data collectors. Data collectors were assign class, familiarized with the purpose of the study and informed verbal consent was made from all participants and the information from participants was kept confidential.

The questioners were filled by sample students and FGDs was conduct among students who will think to be informative. They were being selected purposively to have supportive data for qualitative one. And depth interview were made with gender office, student clinic, student dean, HAPCO, student union and counseling and guidance office in both colleges.

3.7. Methods of Data Analysis

In this research both quantitative and qualitative data analyses were used. For analysis of quantitatively gathered data, descriptive and inferential statistics were employed. The questionnaire were checked and cleaned. Then the data were inserted in Statistical Package for Social Sciences (SPSS) software package, version 20. Then were analyzed by using percentage (specifically to know the predisposing factors and to examine the prevalence of risky sexual behavior), Chi-square (to examine if there is gender d/c and if there is difference in off and in campus students.) Narration, thematic analysis and direct quotation were used to analyze psychosocial interventions and major negative consequences.

3.8. Ethical Considerations

For the purpose of ensuring professional and ethical conduct in this research all activities throughout the study were governed by American Psychological Association (APA) principles and ethical standards. The purpose of the research, expected duration and procedures was explained for participants. Participants' have the rights to decline to participate and to withdraw from the research once it has started, as well as the anticipated consequences of doing so.

The respondent were neither forced nor threatened if they were not willing to join the study. The anticipated benefits and risk of the study was thoroughly explained. The FGD guide was carefully evaluated. The name of the respondents was withheld and only pseudonym will be used to secure their privacy and confidentiality.

Before contacting with relevant bodies and taking any action, Letter of permission from research and post graduate office of College of Education and Behavioral science was secured. Permission also was obtained from Jimma University of BEO College and college of teacher's education administration. After permission was obtained from responsible body, the nature, the researcher agreed with the students who participated on the research before administering the

instruments for data gathering. This agreement was made through clarification of the process of the study, assuring confidentiality of their shared information, privacy and anonymity of information provided and giving the choice not to partake in the study if they so desired and as many that agreed are recruited for the study.

Chapter four

4. Results

4.6. Socio demographic characteristics of respondents

From a total of 355 selected students from all academic year levels and from 9 selected departments filled out the questionnaires, 351 questioners were filled properly and were used for the purpose of analysis.

When we see year level of respondents the participants from first year were 128 (36.5 %), 116 (33.0 %) from second year and 107 (30.5%) students were from third year. From the total participants 189 (53.9 %) were male and 162 (46.1 %) were female students.

The age of the participants was ranging from 17-26 years. From this 180 (51.3 %) of the respondents were less than 20 years and 171 (48.7 %) students were above 20 years. From total participants of 351 respondents 166 (47.3 %) students were live in dormitory, 31 (8.8 %) live outside with their parents, 128 (36.5 %) live rented house in the group and 26 (7.4 %) students live in rented house alone.

Regarding the cumulative GPA of the respondents 132 (37.6 %) have less than 3.0 and 219 (62.4 %) of them have above 3.0. when we see their academic achievements 122 (34.7%) of them are low achiever, 174 (49.6%) were average and 55 (15.7%) were high achievers.

Table 1: Sociodemographic characteristics of respondents

Variables	Frequency	Percentage
1. Gender		
Male	189	53.9
Female	162	46.1
2. Age		
Less than 20 years old	180	51.3
Above 20 years old	171	48.7
3. Year level		
First year	128	36.5
Second year	116	33.0
Third year	107	30.5
4. Residence		
Dormitory	166	47.3
Outside dormitory	185	52.7
5. Field of study		
Accounting	43	12.5
Economics	39	11.2
Banking and finance	35	9.9
Management	44	12.6
Hotel and tourism	11	2.9
History	44	12.5
Geography	45	12.8
Civics	42	11.9
Afaanoromo	48	13.7
6. CGPA		
Less than 3.0	132	37.6
Above 3.0	219	62.4
7. Estimated monthly income		
Less than 300	78	22.3

Above 300 and less than 500	174	49.6
Above 500	99	28.1
8. Place of origin		
Urban	138	39.5
Rural	213	60.5

4.7. Respondents sexual experience

From a total of 351 respondents 238 (67.8%) of the respondents responded that they were initiated for sexual activities from them 77 (21.9%) students from first year, 81 (23.1%) second year and 80 (22.8%) students were from third year. From those 141(40.2%) were male students and 97(27.6%) were female students.

Again from the total respondents 157 (44.6%) students committed sexual intercourse. From them 92 (26.1%) of them were male and 65 (18.5%) of them were female students. 35 (9.8) %were first year, 61 (17.3%) were second year and 61 (17.3%) were from third year. From the respondents who committed sex 133 (37.8 %) them had sex less than age 20 and 24 (6.8%) were above 20 years. For the questionerries that asks about the reason for initiation of sexual intercourse, 50 (14.2%) of the students reported that they were involved due to personal desire, 48 (13.7%) the influence of peer pressure, 4 (1.2%) by the influence of alcohol, 8 (2.2%) by the influence of chat and other drugs, 13 (3.8%) due to economic problem, 24(6.9%) by watching pornography, 1 (0.2%) by attending night clubs, 7 (1.9%) to fill the desire of their sexual partner and 2 (0.5%) by other reasons.

From all the proportions students those reported as they committed sexual intercourse, 77 of them were used contraceptives. In using contraceptives 38 (10.8%) of them used condom, 8

(2.3%) used pills, 6 (1.7%) used dipo, 25 (7.1%) used post pills and 80 (22.7%) of the reported that they did not use any contraceptive in their first sexual experience.

For the question with whom they had their first sexual intercourse 100 (28.4%), (65 male and 35 female) reported that they had their first sex with their boy/girl friends, 30 (8.6%) (12 male and 18 female) with stranger, 17 (4.8%) (9 male 8 female) with commercial sex workers and 10 (2.8%) (6 male and 4 female) reported they had with others.

For the question when they had their last sexual intercourse 91 (25.9%) (46 male and 45 female) students reported that they had sex for the last time less than a month ago, 23 (6.6%) (16 male and 7 female) reported three months ago, 10 (2.8%) (6 male and 4 female) reported five months ago, 15 (4.2%) (11 male and 4 female) respondents reported one year ago and 18 (5.1%) (16 male and 2 female) students were had last sexual intercourse before two years ago.

Table2. Respondent’s last sexual experience

AY,G,R	LM	TMA	FMA	OYA	TYA
First year	20	3	2	3	8
Second year	26	11	4	7	8
Third year	45	9	2	3	1
Total	91	23	8	13	22
Male	46	16	4	9	12
Female	45	7	4	4	5
Total	91	23	8	13	17
Dormitory	43	10	4	6	5
Outside dormitory	48	13	6	9	13
Total	91	23	10	15	18

Note; AY=academic year, G= gender, R= residence, LM= less than a month, TMA= three months ago, FMA= five months ago, OYA= one year ago, TYA= two years ago.

For the question which asks about with how many people did they committed sex in their life 54 (15.3%) (29 male and 25 female) were reported that they had only with one person and 103 (29.3%) (62 male and 41 female) reported they had sex with two and above people.

For the question which asks about use of condom during sexual activities 100 (28.4%) (65 male and 35 female) reported that they were used condom and 57 (16.2%) (30 male and 27 female) reported they were not used. And 33 (9.4%) (17 male and 16 female) reported they used rarely, 35 (9.9%) (21 male and 14 female) reported they used some times, 23(6.6%) (17 male and 7 female) reported they used most of the time and 9 (2.5%) (8 male and 1 female) reported that they used always.

Table3.Respondent's condom use

AY,G AND R	Yes	No	Total
First year	18	15	33
Second year	39	26	65
Third year	43	16	59
TOTAL	100	57	157
Male	65	30	95
Female	35	27	65
TOTAL	100	57	157
Dormitory	51	18	69
Outside dormitory	49	39	91
TOTAL	100	57	157

Note; AY= academic year, G= gender, R=residence

Table4.Respondent's times of condom use

AY,G,R	Rarely	Some times	Most of the time	always	Total
First year	8	7	2	1	19
Second year	11	10	11	8	40
Third year	15	16	9	2	41
TOTAL	34	33	25	11	100
Male	17	21	17	8	67
Female	16	14	7	1	36
TOTAL	33	35	23	9	100
Dormitory	20	11	9	10	50
Outside dormitory	14	25	8	3	50
TOTAL	34	36	17	13	100

For the question have you ever engaged in risky sexual behavior 68 (19.3%) (35 male and 33 female) reported yes. And 89 (25.1 %) (57 male and 32 female) reported no. when we see the negative consequences they faced, 27 (7.6%) (22 male and 5 female) reported they faced

transmitted infections, 2 (0.6%) (1 male and 1 female) reported they faced HIV AIDS, 33 (9.4%) (11 male and 22 female) reported they faced unwanted pregnancy and 6 (1.7%) (1 male and 5 female) reported they face other negative consequences.

4.8. Psychosocial interventions

179 (50.9%) (Male 98 and female 81) Participants reported that they know psychosocial interventions given to students and 172 (49.1%) (93 male and 79 female) reported they don't know any psychosocial intervention given to students. Also 159 (45.3%) (87 male and 72 female) respondents reported they know psychosocial interventions in their campus and 192 (54.7%) (104 male and 88 female) reported they did not know. Regarding types of interventions they know 75 (21.4%) (46 male and 29 female) were reported they know counseling and guidance office, 35 (9.9%) (20 male and 15 female) know recreational activities, 27(7.7%) (10 male and 17 female) reported they know training, 21 (5.9%) (10 male and 11 female) reported they know peer education and 1 (0.3%) (1 male and 0 female) reported other. In the usefulness of psychosocial intervention 111 (31.6%) (61 male and 50 female) reported they were useful and 48(13.7%) (25 male and 23 female) reported the interventions given were not useful.

Table5. Respondents answer on the presence of psychosocial intervention

AY,G AND R	Yes	No	Total
First year	51	75	126
Second year	60	55	115
Third year	48	62	110
TOTAL	159	192	351
Male	87	104	191
Female	72	88	160
TOTAL	159	192	351
Dormitory	82	83	165
Outside dormitory	77	109	186
TOTAL	159	192	351

Note; AY= academic year, G= gender, R=residence

4.9. The prevalence of risky sexual behavior

This part indicates the results of percentage to investigate the prevalence of risky sexual behavior among students. When we see the results, 238 (67.6%) of respondents were ever initiated for sexual activities and 157 (44.6%) of them had sexual intercourse. From those who had sexual intercourse 137 (38.9%) of them had sex before the age of twenty and 76 (21.8%) of them had with the person whose age is older than them. From total respondents 80 (22.7%) of them did not use any contraceptives in their first sex. 91 (25.9%) (46 male and 45 female) students reported that they had sex for the last time less than a month ago, the time when this data were collected. 103 (29.3%) of respondents had sex with two and above in their life time. In use of condom during sexual activities 100 (28.4%) (65 male and 35 female) reported that they were used condom and 57 (16.2%) (30 male and 27 female) reported they were not used. And 33 (9.4%) (17 male and 16 female) reported they used rarely, 35 (9.9%) (21 male and 14 female) reported they used some times, 23(6.6%) (17 male and 7 female) reported they used most of the time and 9 (2.5%) (8 male and 1 female) reported that they used always. When we see negative consequences 27 (7.6%) (22 male and 5 female) reported they faced sexually transmitted infections, 33 (9.4%) (11 male and 22 female) reported they faced unwanted pregnancy. So this result indicates that risky sexual behavior is prevalent among students.

4.10. Major predisposing factors

Age, residence and year level were seen as the major predisposing factors based on the result of percentage. From 157 (44.6%) respondents who had sexual intercourse 65 students were live in dormitory and 92 of them were live outside dormitory. In use condom students whose age is less than 20 were only 11.1% and above 20 were 7.4%. From total respondents who had sexual intercourse 35 of them were first year, 61 of them were second year and 61 of them were from year. In having multiple sexual partners from first year 21, from second year 34 and from third

year 48 students have multiple sexual partners. This implies that as year level increases the risk increase

4.11. Difference between in campus and off campus students in exposure to risky sexual behavior

The result of chi-square analysis showed that there is significant difference between in and off campus students in exposure to risky sexual behavior. Students who live outside dormitory were had sexual intercourse than dormitory (65 dormitory 92 outside dormitory).The chi-square test result show that is there is significance difference with significant value of $X^2(1, N= 351) 3.956, p=.047$.

Regarding condom use as the **chi-square test** result shows us, the number of non dormitory students who did not use condom was above the number of dormitory students who did not used condom with significance $p= .028$. This implies that students who live outside dormitory are more likely have a chance to had STIs because of no use of condom. The same when we see the results of the time of their condom use the number of dormitory students who use condom always is above the number of students who live outside dormitory and use condom always (10 students from dormitory use condom always and only 3 from outside dormitory).with significance difference in times of condom use with $X^2(3, N=100) 14.348, p= .002$

The chi- square result shown below indicates that there is significant differences between dormitory and non dormitory students in their use of contraceptives according to the result dormitory students use contraceptives more than the non dormitory. And from total respondents who had sex and the number of non dormitory students who did not use contraceptive is (47dormitory and 30 outside dormitory use contraceptives) (only 23 dormitory students not used contraceptives but 57 outside dormitory did not used contraceptives). The result shows there is significance difference with significance value of $X^2(1, N=157) 7.667, p=.006$

There is insignificant difference between in and off campus students in having multiple sexual partners (48 students from in campus and 55 out campus respondents report they had two and above sexual partner) $X^2(1, N= 157) 1.637, p=.201$

When we generalize based on the above results there is significant difference between off and in campus students in exposure to risky sexual behavior.

4.12. Major negative consequences of risky sexual behavior on students, general health and academic performance

As report gained from questionnaires as well as from in-depth interview and FGD students will face psychological, biological, and social and academically problems. In their general health students face sexually transmitted infections, unwanted pregnancy, abortion, and distress, and headache, loss of hope, low self confidence and low self esteem. Academically dependency, withdrawal, low achievement drop out was happen to students.

4.13. Gender difference in exposure to risky sexual behavior and in experiencing the consequences

The chi - square test result shows that there is significant difference between male and female in exposure to risky sexual behaviors and in facing negative consequences. There is significant difference between male and female respondents with significance value of value $X^2 (1, N=157) 4.354, p=.037$ in use of contraceptives. Or male respondents reported they were used contraceptives in their first sexual experience than female. (53 male and 24 female) used contraceptive.

The chi-square test result shows that there is significant difference between male and female students in facing negative consequences or males are more exposed to sexually transmitted infections and females for unwanted pregnancy. With significance value of value $X^2 (3, N=70) 18.614, p=.000$

The results also show that there is insignificant difference between male and female students in using condom or male students were used condom than females (65 male and 35 female). With significant value $X^2(1, N=157) 1.669, p= .196$

4.14. Psychosocial interventions and types of psychosocial interventions provided by the institutions for those vulnerable students

From data gathered quantitatively 159 (45.3%) (87 male and 72 female) respondents reported they know psychosocial interventions in their campus and 192 (54.7%) (102 male and 88 female) reported they did not know as well as from the in depth interview and FGD there were psychosocial interventions done so far to help vulnerable students. The major one were counseling services, trainings, peer educations, recreational activities like DSTV, tennis, cafeteria coffee ceremony programs, awareness creation programs. But the intervention given were not continuous due to different reasons they were stop in some years and again they were working in other years due to this it's difficult to say there is effective psychosocial intervention. Majority of the students reported there is just its name, they didn't work as needed. But some other students said the interventions given were useful but not enough they need to work more.

4.15. Data gathered through in depth interview and FGD

Data that were gathered from gender office, student dean, student clinic, student union and from counseling guidance office as well the FGD was thematically organized to support the quantitative data.

The qualitative result shows that risky sexual behavior among Jimma University BECO College and college of teacher's education is high. According to all participants *response students are in high risk of STIs and unwanted pregnancy. The students clinic head said, 'if there is a word above worst we can say that our students are that much in risky.'* The gender office director also share this idea by saying, " I just fear that when one girl come to my

I think as she come to me for the sake of discussing with me about her unwanted pregnancy. The student clinic head emphasize on this idea by saying *“ I have an experience when one come to my office for the third time to made an abortion. So I truly want to say risky sexual behavior is high in our campus”*. *“Its may be difficult to report with evidence but in my experience and observation when I am working in student dean office risky sexual behavior existing in our campus.”* The student service dean said. Representative from HAPCO stress this idea by saying, *“according to unpublished baseline assessment conducted by our office (4 years) ago there are sexual nature of BECO students with prostitute, and multiple sexual partners with janitors, teachers etc.....”* the students union president also share this ideas saying the risk is existing but students are not reporting their status they even go clinics the campus to get treatment due to this it difficult to know the exact information but the risk existing”. The majority of clients who visit our office come with such kinds of problem said one of the counseling and guidance of staff.

Based on the in-depth interview and focus group discussion I categorized the major predisposing factors into five; age, living outside campus, economic problem, lack of parental control and peer pressure.

As the student clinic head said, *“ students who came to this college are under age. They come from high school or after they take matrix exam so they are teenagers and they lack skill due to their age and they also lack maturity so this is the major predisposing factor.*

“ we do not get enough money from our parents due to this we leave in a group in one rented house by sharing the money we get from the college. When we rent house we may rent with boys but in the middle everything changes his way”. One of the female students said.

When were with our parents we do not spend much time outside the house especially in the night but when we come here we get that freedom this is also leads us to risky sexual behavior. One of female students said. One of the male students from FGD group gives his idea by saying living outside the campus increases the risk especially for females. *“ our students contact with a lot of individuals outside the campus with Bajaj drivers, house renters, university students, merchants and since they use library in the evening they have a chance of getting into risks said the student dean officer.*

According to all participants of in-depth interview and FGD students are facing unwanted pregnancy and sexually transmitted infection. *“Some of the girls are even giving birth and staff are supporting them by contributing money from their salary,” the gender office director said.*

Regarding psychosocial interventions almost all participants of in-depth interview and participants of FGD agreed that psychosocial intervention is available except participants from first year. *“There is but enough,” student clinic head said. “There is but not effective”, one of the students said.*

In the effectiveness of the intervention it is difficult to just say it is not effective because in some years it was in a good way but in some other years it was declined. For example in this year due to the condition in our country no intervention was done, so due to that the risk was increased’’, said the gender office director. It is good if they work effectively but they are not working continuously and effectively one of the female students said.

Generally, majority of the respondents said it is difficult to say enough but if strengthen it and work more it will be effective.

Regarding the attitude of students on the advantages and risks of living outside the campus in rented house alone and in group FGD respondents reported that, there is no any advantage it have risk in economy, chance of getting into addiction, unsafe sex, conflict, loss of information and harassment.

“ living in rented house have advantage for those who want to spend their time with girls by chewing chat if we say this is advantage”, one of the student said

In usage of condom majority of the FGD respondents said students did not use condom effectively and consistently or continuously. *“ females believe that if we had sex without condom they thought as we males loves them truly and think as we want to spend our life time with them”*. One of male students said.

We thought ourselves as a commercial sex worker when we had sex with condom or when one boy asked me to put condom on his I feel that as he did not want to continue his life with me and as he is ignoring to take risks”, one of female students emphasized on the above idea. *“Students did not use condom because since they had accidentally”*, the other female replied. One of male students also stress on this idea by saying *“ most of the time females come to males by foolishness when we ask them to drink coffee together but the intension behind coffee is having sex so without any preparation we had it without condom”*.

Generally, female respondents have a reason to not use condom because they feel as they are easy going or commercial sex worker and the other reason why they did not use condom is since they had without any preparation.

Male students before the starting point they have the motivation to had sex when they just call female to invite coffee so the reason is not lack of preparation but to get believe from their sexual partner.

Regarding the gender difference in exposure to risky sexual behavior and in experiencing consequences FGD respondents reported “ *female were more vulnerable. Because they lack self confidence to say no for unwanted sex and since they fear to live alone in rented house they want male to be with them so they can do whatever that male want to do.* ” One of the male students said.Regarding the number of sexual partner students have in their life time almost all of the respondents responded that they had sex with at least 5 individual and 2-3 females may be one male’s sexual partner at the same time.

Regarding the trends of risky sexual behavior, “ *in some years there were high risky sexual behavior but in some other years it were declining for example for the past two years in college of teachers education female students were giving births and giving their child to missionaries and some of them were just living on the road. But know such kind of trend is decrease but even if she get pregnant and if she want to give birth staffs are helping by sharing money and we make her to finish her class.* ” Student union president of college of teachers Education said.

The Jimma University Student clinic head also stress on this idea by saying students risky sexual behavior increases in some years and decreases in the other years he this is may be due to the interventions done and also he said when there is a gap between classes the risk was increased. Finally, respondents of the in-depth interviewer and FGD were giving their idea for the

question which asks about what to be done in the future to minimize the problem. Student clinic head of Jimma university gives his idea by saying, “ *interventions were given but the target students were not involving when there is trainings the participants were from club leaders and members of students union. They already have information but the sake of getting money from the training they were taking the chance o those vulnerable students. So in the future, before giving the intervention identifying the vulnerable students should be the first*

task. Plus to this students are even getting in to this risk even when they know the consequence so working on students attitude is good by making them visionary.’’

‘‘Students who inter in risky sexual behavior have an awareness about consequences they inter in the problem knowingly so in my opinion working on students mental is good making them to have value for themselves especially for female students there must be especial program which help them to be self confident, assertive and effective communicator to say no to premarital sex’’. Counseling and guidance staff said.

‘‘Living outside the campus is the major predisposing factor so if students live in campus the problem will be minimized. So in the future plus to the other intervention work building dormitory will be the solution.’’ the student dean officer of college of teacher’s education said. FGD of college of teacher’s education respondents fully agreed with this idea.

‘‘As I think integration work is needed’’ said the student dean director of Jimma University he also said working independently doesn’t bring change so all the stake holders should discus and plan together and the university also should give attention.

Gender of director also share this idea by saying, *‘‘ we should work together we should work on both sex training independently does not bring change so we have to make both sex bring attitudinal change plus to this human recourse in some office should be increased for example counselors should at least 20 which mean 1 counselor for 1000 students.’’*

Respondents FGD respond that some offices are there just by having their name they didn’t working as they should so all concerned offices should work effectively and they should identify the vulnerable and families should change the rearing style of their children the should work hard on female children’s to make confident, assertive and to make them self-reliant. Regarding the advantage of living outside campus in rented house in group or

alone majority of students said It minimizes cost paid to rent a house and living in group advantage for economic problem since we do not get enough money from the institution as well as from our family. So as they said the advantage of living together is to share money. some students respond being together helps for different thing not only for sharing money it helps to share ideas, to study together, to avoid loneliness and to support each other in times bad days for example if we sick there must be someone who help as by taking our parents place.

Majority of respondent's report that living in rented house hasn't any risk or disadvantage. But some of them reported there may be conflicts due to miscommunication.

Students who live alone in rented house said we want its freedom. One of the student said *'I just do whatever I want in my rented house so being alone gives me freedom''*.

They said living alone has may be disadvantages but we need it to be alone.

Chapter five

5. Discussion

In this study Jimma university business and economics college students and Jimma College of teacher's education students (189 Male and 162 Female) were the participants of this research representing the whole regular students. The results of this data were analyzed based on the six basic questions. The first question was focus on the prevalence of risky sexual behavior in that selected area. The second question was asks about the major predisposing factors. The third one asks about if there is difference between in and off campus students in exposure to risky sexual behavior. The forth question was concerns about the negative consequences that students are facing due to risky sexual behavior. The fifth one asks about if there is gender difference in exposure to risky sexual behavior and in experiencing consequences and the sixth question was targeted on psychosocial interventions given to ~~those at risk students~~ ~~the at risk students~~ ~~total participants~~ ~~of 351 respondents~~ ~~(67.6%)~~ ~~of the respondents~~ responded that they were initiated for sexual activities like kissing and warm up. 44.6% students had sexual intercourse. From them 26.1% of them were male and 18.5% of them were female students. This finding is higher than the study conducted in JimmaUniversity in 2002 which is (33.2%) (37.0% males and 63.0% females)(Belachew ,Jira and Mamo 2002) and study conducted in Haramaya university which is 26.9% of students ever had sexual intercourse (Tariku D, Lemessa O 2012). But my finding is lower than the study conducted in MaddaWelabu University which is 54.6% students had sexual intercourse (wordofaetal 2015). And JigJiga university which is 67.67% of respondents were ever had sexual intercourse (Helen & Tesfaye, 2016).

The current research finding also revealed that in Jimma university business and economics college students and in college of teachers education majority of the students committed sex

between ages 17-20 131 (37.2%). This result is greater than the study conducted at Jimma University kitofurdisacampus which was 33.0% of students had their first sexual intercourse at age range of 15-19. From 44.6% students who had sexual intercourse only 28.4% of them were used condom from them only (2.5%) of them were used condom always. This finding has great difference from study conducted in Walaita Sodo University which is 54.0% used condom always. (Yohannes B, Gelibo T, Tarekegn M 2013) and from 44.6% students who had sexual intercourse (5.1%) of the respondents had their first sex with commercial sex workers and (29.3%) of them had sex with two and above person. This result is less than study conducted in Maddawelabu university students revealed that (35%) had sex more than one sexual partner (wordofaetal 2015).

From those who had sexual intercourse (28.4%), of them had their first sex with their boy/girl friend, (8.5%) reported they had with stranger or the person they didn't know him/her well before they had sex with him/ her, 5.1% with commercial sex workers and 2.8% with others. This result shows us students have sexual contact with the person who is risk to their life.

From result gain from percentage, age, year level, residence and peer pressure were identified as major predisposing factors. Plus to this the information gained from qualitative data age, residence, peer pressure and economic problem were identified as predisposing factors. So age, year level, residence, peer pressure, economic problem are identified as a major predisposing

This research finding revealed that students who live outside dormitory were more exposed to risky sexual behavior than those who live in dormitory (in condom use there is significant difference with $p=.028$, times of condom use $p=.002$ and in contraceptive use with $p=.006$). And this result is supported by study conducted in MizanTepi University (Berta, 2015) which

revealed off campus students were more vulnerable than in campus students. In having multiple sexual partner there is insignificant difference between them with $p=.201$ (48 in campus students and 55 off campus students reported that they have two and above sexual partner).

In this current research from the data gained through all instruments and the document gained from student's clinic sexually transmitted infections, unwanted pregnancy, abortion and withdrawal are seen as major negative consequences.

The findings of this research revealed that there is significant difference between male and female students (respondents) in exposure to risky sexual behavior (contraceptive use there is significant difference with $p=.037$) male students use than female students. There is also insignificant difference between them in use of condom ($p= .196$) (65 male and 35 female were used condom). The result from quantitative and qualitative data shows females were more exposed to risky sexual behavior and experience more consequences than male. This study found that male students were more likely to have multiple sexual partner compared to the female students. This finding is consistent with finding from Haramaya University (Tariku D, (2012) and Maddawelabuwordofa D, (2015), which revealed that being male students is significantly associated with having multiple sexual partners. even if the number of male respondents who had sex and who have multiple sexual partner was above the number of female, in use of contraceptives and condom use male students are use more. So since female did not use protective method as that of males the risk is high on them than the male students.

From data gathered quantitatively as well as from the in depth interview and FGD there were psychosocial interventions done so far to help vulnerable students in both institutions. 45.3% respondents reported they know psychosocial interventions in their campus and 54.7% reported they did not know. Regarding types of interventions they know 21.4 were reported they

know counseling and guidance office, 9.9% know recreational activities, 7.7% reported they know training, 5.9% reported they know peer education and 1 0.3% reported other. In the usefulness of psychosocial intervention 31.6% reported they were useful and 13.7% reported the interventions given were not useful. But respondents reported that the intervention given were not continuous due to different reasons they were stop in some years and again they were working in other years due to this it's difficult to say there is effective psychosocial intervention. Some of the students reported there is just its name, they didn't work as needed. But majority of the students said the interventions given were useful but not enough they need to work more.

Chapter six

Conclusion and recommendations

6.1. Conclusion

The researcher concludes that there is risky sexual behavior among a student of Jimma University BECO College and Jimma College of teachers' education. Age, year level, residence, peer pressure, and economic problem were identified as a major predisposing factor. Off campus students were more vulnerable than in campus students. Sexually transmitted infections, unwanted pregnancy and withdrawal or drop out from school were the negative consequences that students were facing in their general health and in their academy. In exposure and experiencing negative consequences female students were more vulnerable than male. The institutions were giving psychosocial interventions for those students but the interventions given were not enough.

6.2. Recommendations

Based on the study findings, the following recommendations were forwarded for Oromia region education office; stake holders, researchers, college and university administrative bodies.

1. For college of teacher's education students the Oromia region education office has to think about building dormitory to students.
2. The College and the university should give especial attention in giving multidimensional intervention which brings change on student's attitude.
3. Stake holders (NGO's, students union, student clinic, gender office, student dean office and counseling office should work integrative by identifying the vulnerable groups and by giving them priority to minimize the problem.
4. The existing interventions also should continue in modified and new mechanism.(the trainings given have to continue,
5. In the university the number of counselors doesn't meet with the total number of students (there are only 4 counselors for 20,000) students so the university have to employ counselors to address all students.

References

- Abebe, M., Tsion, A., Netsanet, F., (2013). African Health Sciences 2013; 13(2): 498 - 506
<http://dx.doi.org/10.4314/ahs.v13i2.42>
- Abbey, A., Parkhill, M., Buck, P., & Saenz, C. (2007). Condom use with a casual partner: What Distinguishes college students 'use when intoxicated? Psychology of Addictive Behavior, 21 (1), 76-83.
- Ali and dawyer, (2011). Estimating peer effects in sexual behavior among adolescents J Adolescent, 34 (2011), pp. 183-190.
- Alamrew, Z., Bedimo, M & Azage, M., (2013). Risky Sexual Practices and Associated Factors for HIV/AIDS Infection among Private College Students in Bahir Dar City, ID 763051
- Askun, D., & Ataca, B. (2007). Sexually related attitudes and behaviors of Turkish University Students. Archive of Sexual Behaviors, 36, 741-752.
- Berta, S., (2015). Risky Sexual Behavior and Predisposing Factors to HIV/STI Among Students in Mizan-Tepi University (A Case of Tepi Campus). Science Journal of Public Health. Vol. 3, No. 5, 2015, pp. 605-611. doi: 10.11648/j.sjph.20150305.12
- Berndt, T.J., (1979). Developmental changes in conformity to peers and parents. Dev. Psychol. 15, 608e616.
- Belachew T, Jira C, Mamo Y. Knowledge, Attitude and Practice about HIV/AIDS and VCT among Students of Jimma university. Ethiop J Health sci 2002; 14: 43-53
- Chanakira E, O'Cathain A, Goyder EC, Freeman JV. (2014). Factors perceived to influence risky Sexual behaviours among university students in the United Kingdom: a qualitative telephone interview study. BMC public health. 14:1055. [PMC free article] [PubMed]
- Cherie, A., & Berhane, Y. (2012). Oral and anal sex practices among high school youth in Addis

Ababa, Ethiopia. BMC Public Health, 12(5), 1e9.

Coley, R., Medeiros, B., & Schindler, H. (2008). Using sibling differences to estimate effects of Parenting on adolescent sexual risk behaviors. *Journal of Adolescent Health*, 43, 133-140.

Cooper ML, (2002). Alcohol use and risky sexual behavior among college students and youth: Evaluating the evidence. *Journal of Studies on Alcohol*, supplement. 2002;(:101–17.

PubMed

Dingeta TOL, Assefa N (2012) Pattern of risky sexual behavior. *Pan Afr Med J* 12: 33.

Dew, B., Elifson, K., & Sterk, C. (2007). Differences in HIV sexual risk behaviors between heterosexual and nonheterosexual male users of methamphetamine. *Journal of Drug Issues*, 7 (2), 281-298.

EPHA. Emerging Public Health Problem in Ethiopia, Annual conference of The Ethiopian publicHealth association. Addis Ababa: EPHA, 2006.

Fenton KA, Johnson AM, McManus S, Erens B. (2001). Measuring sexual behaviour: methodological challenges in survey research. *Sexually transmitted infections*. ;77(2):84–92. [PMC free article] [PubMed]

Getachew Mullu Kassa, et al (2016) Risky Sexual Behaviors and Associated Factors among Jiga High School and Preparatory School Students, Amhara Region, Ethiopia

Gullette, D. & Lyons, M. (2006). Sensation seeking, self-esteem, and unprotected sex in college Students. *Journal of the Association of Nurses in AIDS Care*, 17 (5), 23- 31.

Gregson, S., Nyamukapa, C.A., Garnett, G.P., Mason, P.R., Zhuwau, T., Carael, M., et al., 2002. Sexual mixing patterns and sex-differentials in teenage exposure to HIV Infection in rural Zimbabwe. *Lancet* 359, 1896e1903.

Hallfors, D., Waller, M., Bauer, D., Ford, C., & Halpern, C. (2005). Which comes first

In adolescence—sex and drugs or depression? *American Journal of Preventive Medicine*, 29, 163-170.

Higgins, J. A., & Cooper, A. D. (2012). Dual use of condoms and contraceptives in USA. *Sexual Health*, 9, 73e80.

Sheetal, M, (2008)*Journal of American Physicians and Surgeons* Volume 13 Number 3

Shore, H., and Shunu, A., (2015) .Risky sexual behavior and associated factors among youth in Haramaya Secondary and Preparatory School DOI: 10.5897/JPHE2016.0905.

HIV/AIDS Prevention and Control Office. (2012). Country progress report on HIV/AIDS Response. Addis Ababa: HAPCO.

Huebner, A., & Howell, L., (2003). Examining the relationship between adolescent sexual risk-taking and perceptions of monitoring, communication, and parenting styles. *Journal of Adolescent Health*, 33, 71-78.

Imaledo, J., 2012). the *Pan African Medical Journal*.2012; 12:97.
doi:10.11604/pamj.2012.12.97.1384.

Justman J, Befus M, Hughes J, Wang J, Golin CE, Adimora AA, et al.(2015). Sexual Behavior of US Women at Risk of HIV Acquisition:A Longitudinal Analysis of Findings from HPTN 064.*AIDS and behavior*. 19(7):1327–37. [PMC free article] [PubMed]

Kassa, M., Endashaw A., And Berta, M., (2016). Prevalence and Associated Factors of Risky Sexual Behavior among Debremarkos University Regular Undergraduate Students, Vol.33, 2016.

Kelly, R.J., Gray, R.H., Sewankambo, N.K., Serwadda, D., Wabwire-Mangen, F.,Lutalo, T., et al., 2003.Age differences in sexual partners and risk of HIV-1infection in rural Uganda. *J. Acquir. Immune Defic.Syindr*. 32, 446e451

- Lewis, M. A., Blayney, J. A., Lostutter, T. W., & Kilmer, J. R. (2012). Predictors of hooking up Sexual behavior and emotional reactions among U.S. College students. *Archives of Sexual Behavior*, 41, 1219e1229.
- Lohman, B. & Billings, A. (2008). Protective and risk factors associated with adolescent boys' early sexual debut and risky sexual behaviors. *Journal of Youth and Adolescent*, 37, 723-735.
- MacHale, E. & Newell, J. (1997). Sexual behavior and sex education in Irish schoolgoing Teenagers. *International Journal of STD & AIDS*, 8, 196-200.
- Meade, C., Graff, F., Griffin, M., & Weiss, R. (2008). HIV risk behavior among patients with co-Occurring bipolar and substance use disorders: Associations with mania and drug abuse. *Drug and Alcohol Dependence*, 92, 296-300.
- M. Abebe, A. Tsion, and F. Netsanet, "Living with parents and risky sexual behaviors among Preparatory school students in Jimma zone, South west Ethiopia," *African Health Sciences*, vol. 13, no. 2, pp. 498–506, 2013.
- M. L. Cooper, (2002) "Alcohol use and risky sexual behavior among college students and youth: Evaluating the evidence," *Journal of Studies on Alcohol*, vol. 63, supplement 14, pp. 10 117,.
- Pettifor et al.,(2005). A.E. Pettifor, H.V. Rees, I. Kleinschmidt, A.E. Steffenson, C. MacPhail, L. Hlongwa-Madikizela, et al. (2005) Young people's sexual health in South Africa: HIV prevalence and sexual behaviors from a nationally representative household survey *AIDS*, 19 (2005), pp. 1525-1534.
- Quadango, D., Sly, D., Harrison, D., Eberstein, I., & Soler, H. (1998) Ethnic differences in Sexual Decisions and sexual behavior. *Archives of Sexual Behavior*, 27, (1) 57-75.

- Samuel Abdu A, Habtamu Tesfaye M, Bekana Fekecha H (2015) Assessment of Risky Sexual Behavior and Associated Factors Among Jimma University of Kitto Furdisa Campus Students.
- Schafer, J., Blanchard, L., & Fals-Stewart, W. (1994). Drug use and risky sexual behavior. *Psychology of Addictive Behaviors*, 8 (1) 3-7.
- Seme, A. & Wirtu, D. (2008). Premarital sexual practice among school adolescents in Nekemte Town, East Wollega. *Ethiopia Journal of Health Development*, 22(2), 167e173.
- Steinberg, L., Monahan, K.C., 2007. Age differences in resistance to peer influence. *Dev. Psychol.* 43, 1531e1543
- Stockl, H., Kalra, N., Jacobi, J., Watts, C., (2013). Is early sexual debut a risk factor for HIV infection among women in sub-Saharan Africa? A systematic review. *Am. J. Reprod. Immunol* 69 (Suppl. 1), 27e40.
- Suzuki, F., Chiho, Y., Mishra, V., Govindasamy, P., Hong, R., & Gu, Y. (2008). Changes in HIV-related knowledge and behavior in Ethiopia, 2000e2005: Further analysis of the 2000 and 2005 Ethiopia demographic and health surveys. Calverton, Maryland, USA: Macro International Inc.
- Tadesse G, Yakob B (2015) Risky Sexual Behaviors among Female Youth in Tiss Abay, a Semi-Urban Area of the Amhara Region, Ethiopia. *PLoS ONE* 10(3): e0119050. doi:10.1371/journal.pone.0119050
- Tariku D, Lemessa O (2012) Patterns of sexual risk behavior among undergraduate university students in Ethiopia: a cross-sectional study, Haramaya University, Harar, Ethiopia.
- Tesfaye T, (2015), <http://doi.org/10.1016/j.hsag.2015.11.002>
- Tilahun, D., Assefa, T., & Belachew, T. (2010). Knowledge, attitude and practice of emergency Contraceptives among Adama university female students. *Ethiopian Journal of Health Sciences*, 20(3), 195e202.

- Tura, G Alemseged, F., and Dejene, S.(2012). Risky Sexual Behavior and Predisposing Factors among Students of Jimma University, Ethiopia. *Ethiop J Health Sci.* 2012, Vol. 22, No. 3, pp170-178.
- Vesely, S., Wyatt, V., Oman, R., Aspy, C., Kegler, M., Rodine, S., Marshall, L., &McLeroy, K. (2004). The potential protective effects of youth assets from adolescent sexual risk behaviors. *Journal of Adolescent Health*, 34, 356-365.
- Von Sadvoszky, V., Vahey, D., McKinney., K., & Keller, M. (2006). Emotions involved in College students' sexual encounters. *Western Journal of Nursing Research*, 28 (7), 864-879.
- Wand, H., Ramjee, G., 2012. The relationship between age of coital debut and HIV seroprevalence among women in Durban, South Africa: a cohort study. *BMJ Open* 2, e000285.
- Wondemagegn M., Mulat, Y., & Bayeh. A., (2014) Sexual behaviors and associated Factors among students at Bahir Dar University: a cross sectional study Dec 6 doi: 10.1186/1742-4755-11-84.
- Wordofa, D., & Shiferaw, S., (2015). Sexual Risk Behaviors and its Associated Factors among Undergraduate Students in MaddaWalabu University, Southeast Ethiopia: A Facility-based Cross Sectional Study. *Epidemiology (sunnyvale)* 5:207. doi: 10.4172/2161-1165.1000207.
- Yohannes B, Gelibo T, Tarekegn M (2013) Prevalence and associated factors of sexually transmitted infections among students of Wolaita Sodo University, Southern Ethiopia. *Intern J Sci Tech Res* 2: 86-94.

AppendixA: Research instruments

I. Questionnaire for students

Some of these questionnaire is retrieved from others previous research and modified currently for the purpose of these research.

Jimma University, Department of Psychology

Questionnaires prepared to study Risky sexual behavior, predisposing factors and psychosocial interventions among Jimma University and Jimma College of teachers education students.

General description

Dear respondent, here are lists of questionnaires, which are designed for a research work to be conducted in partial fulfillment of a master's degree in counseling psychology. The questionnaires are prepared to identify the prevalence of risky sexual behavior, predisposing factors and psychosocial interventions of undergraduate students. All of the questionnaires will be filled and completed by you. Your honest and genuine response to each of the questionnaire will play a major role in the attainment of the objective of the study. In addition, your volunteer participation in the study will provide us the necessary information that will help us to better understand risky sexual behavior of young people. Your name will not be written on any of the questionnaire forms. No individual response will be reported to anybody and your responses are completely confidential. The success of this study will depend on your truthful response. Therefore, we thank you in advance and greatly appreciate your cooperation.

Thank You!!

Part one - Socio demographic characteristics

1. Age in year's _____
2. Sex 1. Male 2. Female
3. Year (level) of education 1. Year one 2. Year two 3. Year three 4. Year four 5. Others _____
4. Residence 1. Dormitory 2. Outside with parents 3. Outside rented in group 4. Outside rented alone 5. Others (specify) _____
5. If you are living outside rented in group/alone what are the advantages? _____

6. If you are living outside rented in group/alone what are the risks? _____

7. Field of your study _____
8. Your cumulative GPA _____
9. Your Academic achievement 1. Low 2. Average 3. High
10. Family size _____
11. Number of siblings _____
12. Your estimated monthly income _____
13. Your father's level of education; _____
14. Your mother's level of education; _____
15. Occupation of mother _____
16. Occupation of your father _____
17. Parents estimated income per month _____
18. Your parent's marital status 1. Live together 2. Divorced/separated 3. Others, specify _____
19. Your place of origin 1. Urban 2. Urban-slam 3. Sub-urban 4. Rural

Part two: - the following questions will assess your sexual experience please indicate the option which describes you honestly.

1. Have you ever initiated for sexual activities like kissing warm up? 1. Yes 2. No

2. Have you ever had sexual intercourse?

1. Yes 2. No

3. If your response to question number 2 is "yes", at what age did you have sexual intercourse for the first time? 1. Age in year's _____.

4. If your response to question number 2 is "yes", how old was your first sexual partner (at the time when you had sex with him or her)?

1. _____ age in year 2. Older than me 3. Younger than me

5. If your response to question number 2 is "yes", what was your reason for initiation of sex?

1. Personal desire 2. Peer pressure 3. Influence of alcohol 4. Influence of khat and other drugs 5. Economic problem 6. Watching pornographic materials 7. Attending night clubs 8. For desire of my sexual partner 9. Other (specify) _____

6. The first time you had sex, did you or your partner use any contraceptive?

1. Yes 2. No

7. If your response to question number 6 is "yes", what method did you use at the first sexual intercourse?

1. Condom 2. Pills 3. Dipo 4. Post pills (emergency contraceptive) 5. Other (Specify) _____

8. With whom did you have your first sexual intercourse?

1. Boy/girl friend 2. Relatives 3. Stranger/unknown person 4. Commercial Sex worker 5. Other (specify) _____

9. Would you say that your first sex was?

1. Wanted 2. Unwanted 3. Forced 4. Other, (Specify) _____

10. If your response to question number 9 is "unwanted or forced", who is that person?

1. Boy/girl friend 2. Stranger/unknown person 4. Teacher 5. Other (specify) _____

11. When did you have sexual intercourse for the last time? 1. Less than a month 2. Three month 3. Five months ago 4. One year ago 5. Two years ago

12. Think of your last sexual experience, with whom did you have sexual intercourse?

1. boy/girl friend 2. Stranger 3. Commercial sex worker 4. Others, (specify)

13. The last time you had sex with your sexual partner, did you or your partner use any

Contraceptive? 1. Yes 2. No

14. If your response to question number 13 is 'yes', what method did you use at the last sexual intercourse?

1. Condom 2. Pills 3. Dipo 4. Post pills (emergency contraceptive)
5. Other (Specify) _____

15. Thinking back over your lifetime until now, with how many partner have you committed sex? _____

16. With which type of individual you often had sexual intercourse? (Circle all possible answers)

1. A Person who is my boy/girl friend 2. With stranger

3. A Person (s) who had multiple sexual partner 4. A Person who have sexual intercourse with commercial sex workers 5. Other (Specify)

17. Have you ever used condom during sexual activities? 1. Yes 2. No

18. If your response to question number 17 is 'yes', for how often have you used condom with your sexual partner?

1. Rarely 2. Sometimes 3. Most of the time 4. Always

19. Have you ever engaged in unsafe sexual practices? 1. Yes 2. No

20. If your response to question number 19 is yes, what type of negative consequences you faced due to unsafe sexual practices?

1. Sexually transmitted disease (STD) 2. HIV 3. Unwanted pregnancy 4. Other, (specify)

Part three: - questions detect psychosocial interventions

21. Do you know any psychosocial interventions given to students?

1. Yes

2. No

22. Is there any psychosocial interventions given to students in your campus?

1. Yes

2. No

23. If your response to QN 22 is "yes", what types of interventions are there?

1. Counseling service 2. Recreational activities (café, DSTV, playing areas..Etc)

3. Training 4. Peer education 5. Others, _____

24. If yes for QN 22 is "yes", do you think that the interventions given to you and others were useful?

1. Yes 2. No

25. If your response to QN 24 is "yes", how? _____

26. If your response to QN 24 is "No", what types of interventions do you think are needed to support students who are exposed to risky sexual behavior? _____

Afaan Oromo version of the questionnaires

Yunivarsiitii Jimmaatti Muummee Barnootaa xin-sammuu

Gaaffileen armaan gadii amaloota sal-qunnamtii midhaa qaban, sababootaafi furmaata barattoota Yunivarsiitii Jimmaa fi Koolleejii Barsiisotaa Jimmaa qorachuu dhaaf kan qopahaa'ani dha.

Ibsa walii galaa

Kabajamtoota hirmaattota qorannoo kanaa: armaan gaditti gaafannoowwan tarreeffamanii jiran kan qophaa'an muummee xin-sammuu Yunibarsiitii Jimmatti, waraqaa eebbaa guutuu dhaafi. Gaafannoowwaan armaan gaditti tareeffaman amanamumma fi sirritti guutuun milkaa'inaa fi qulqillina qorannoo kanaa irratti fayidaa inni qabu guddaa waan ta'eef, itti yaaddanii akka nuuf guuttan kabajaan isin gaaffanna. Dabalataanis fedhi isin gaafannoo kana guutuu dhaaf qabdanis barbaachisaa dha. Maqaan keessan waraqaa gaafannoo kana irratti hin guutamu. Deebiin keessaanis raawwatee qaama biraaf dabarsee hin laatamu. Kunis, iccitii deebii keessanii eeguu dhaaf kan godhamu dha. Kanaafuu kana ta'usaa beektanii amanamummaadhaan deebii sirri akka naaf laattan gaafachaa walta'iinsa (gargaarsa) naaf gootaniif asumaan galatoomaa isiinin jedha.

Galatoomaa!

Kutaa 1: Gaaffiwwan maalummaa dhuunfaa

1. Umurii: _____
2. Saala: 1. Dhiira 2. Dhalaa
3. Bara (Woggaa) barnootaa: 1. woggaa 1ffaa 2. Woggaa 2ffaa 3. Woggaa 3ffaa
4. Woggaa 4ffaa kan biraa yoo jiraate ibsi _____
4. Bakka amma teessee barachaa jirtuu: 1. Doormii 2. Doormiin ala maatii waliin
3. Mana kiraa hiriyootakoo waliin 4. Mana kiraa kophaa koo 5. Kan biraayoo
jiraate ibsi _____
5. Yoo mana kiraa kophaa/qofaa kee yookaan hiriyoota kee waliin jiraatta ta'e, faayidaan isaa maali?

6. Yoo mana kiraa kophaa/qofaa kee yookaan hiriyoota kee waliin jiraatta ta'e, miidhaan/rakkinni isaa maali?

7. Muummee barnootaa (Department) _____
8. Qabxii walii galaa kee (CGPA) _____
9. Qabxii waliigalaa 1. Gad aanaa 2. Giddu galeessa 3. Ol aanaa
10. Baay'na maatii _____
11. Baay'na obbolootaa/obboleeyyan _____
12. Galii kan kee ji'aa tilmaamaan _____
13. Sadarkaa barnootaa abbaa keetii _____
14. Sadarkaa barnootaa haadha keetii _____
15. Hojii haadha keetii _____
16. Hojii abbaa keetii _____
17. Galii ji'aa maatii keetii tilmaamaan _____
18. Haala gaa'ila maatii keetii. 1. Walii wajjin jiruu 2. Wal hiikaniiru 3. Kan biraayoo
jiraate ibsi
19. Iddoo dhalootaa 1. Magaalaa 2. Magaala ta'e iddoo namonni hiyyeyyin itti baay'atan
3. Wal makataa 4. Baadiyyaa

Kutaa 2: Gaafannowwan armaan gadii muxanno wal- qunnamtii saalaa isiin qabdan irrarrtti xiyyeeffatuu kan sirritti isiin ibsu deebisaa.

1. Walqunnamtii saalaaf kakaatee beektaa fakkenyaaf kan akka waldhungachuu, waltutuquu? 1. Eeyye 2. lakki
2. Wal-qunnamtii saalaa raawwate beektaa? 1. Eeyyee 2. Lakkii
3. Deebiin kee gaaffi 2^{ffaa} dhaaf “eeyyeen” yoo ta’e, umurii woggaa meeqatti raawwate? _____
4. Namni ati yeroos wal-qunnamtii saalaa wajjin goote umuriin isaa/ishee meeqa ture?
1. Umurii wagga _____ 2. Angafa kooni ta’a 3. Quxusuu koo ni ta’a
5. Yeroo jalqabaaf maaltu wal-qunnamtii saalaaf si kakaase? 1. Fedhii dhuunfaa. 2. Dhiibbaa hiriyyaa. 3. Dhiibbaa dhugaatii. 4. Dhiibba caatii fi wantoota sammu namaa adoochan biroo 5. Rakkoo maallaqaa 6. Filmoota fi suraalee wal qunnamtii saalaaf kakaasan ilaaludhaan 7. Mana bashannanaa galgalaa deemuun koo 8. Feedhii hiriyya koo gutuudhaaf 9. Kan biraa yoo jiraate ibsi _____
6. Yeroo jalqabaaf yammuu wal-qunnamtii saalaa gootan ati yookaan hiryaan kee qoricha da’umsa ittisuu fayyadamtaniittuu? 1. Eeyyee 2. Lakkii
7. Deebiin kee gaaffi 6^{ffaa} dhaaf “eeyyeen” yoo ta’e maal faayyadamtan? 1. Koondomii 2. Piilsii(kinnii) 3. qoricha lilmoodhaan kennamu 4. Kiniinii ulfa ittisuu Yeroo hatattamaa (post pills) 5. Kan biraayoo jiraate ibsi _____
8. Yeroo jalqabaaf eenyu waliin wal qunnamtii saalaa raawwate?
1. Hiriyyaa jaalalaa 2. Nama hin beekne wajjin 3. Namoota qarshiif hojjatan waliin (commercial sex workers) 4. Kan biraa yoo jiraate ibsi _____
9. Wal-qunnamtiin ati yeroo jalqabaaf goote maal jette ibsu dandeessaa? 1. Fedhiin 2. Fedhiin ala 3. Humnaan 4. Kan biraa yoo jiraate ibsi _____
10. Deebiin kee gaaffi 9^{ffaa} dhaaf humnaan” yookiin “fedhiin ala” yoo ta’e eenyuutu si dirqisisee?
1. Hiriyya jaalalaa 2. Nama hin beekne waliin 3. Barsiisaa 4. Kan biraa yoo jiraate ibsi _____

11. Yeroo dhumaaf wal-qunnamtii saalaa kan raawwatte yoomii? 1. Ji'a kana keessa
2. Ji'a sadii dura 3. Ji'a shan dura 4. Woggaa tokka dura 5. Woggaa
lama dura
12. Yeroo dhumaaf eenyu waliin wal- qunnamtii saalaa raawwatte? 1. Hiryaan jaalalaa
2. Nama hin beekne waliin 3. Namoota qarshiif hojjetan waliin 4. Kan biraa
yoo jiraate ibsi_____
13. Yeroo dhumaaf yammuu wal-qunnamtii saalaa gootan qoricha da'umsa ittisu
fayyadamtaniittuu? 1. Eeyyee 2. Lakkii
14. Deebiin kee gaaffi 13^{ffaa} dhaaf “eeyyee” yoo ta'e maal faayyadamtan? 1. Koondomii
2. Piilsii 3. qoricha lilmoodhaan kennamu 4. Ulfa ittistuu Yeroo hattattamaa (post
pills) 5. . Kan biraa yoo jiraate ibsi_____
15. Hamma ammaattin nama meeqa wajjiin wal-qunnamtii saalaa raawwatte? _____
16. Yeroo baay'eedhaaf namoota akkamii waliin wal-qunnamtii saalaa gootee/raawwattee
beektaa? (Deebii kan ta'u hundatti marsi.)
1. Hiryaan jaalalaa 2. nama hin beekne waliin 3. Nama hiriyya wal qunnamtii
saalaa baay'ee qabuu/qabduu wajjin 4. Nama qarshiidhaan wal-qunnamtii
saalaa godhee beekuu wajjin (commercial sex worker) 5. kan biraa yoo jiraate
ibsi_____
17. Yeroo wl-qunnamtii saalaa gootu Kondomii fayyadamtee beektaa?
1. Eeyyee 2. Lakkii
18. Deebiin kee gaaffi 17^{ffaa} dhaaf “eeyyee” yoo ta'e si'a meeqa? 1. si'a xiqqo(gonkumaa)
2. Al tokko tokko 3. Yeroo baay'ee 3. Yeroo hunda
19. Wal-qunnamtii saalaa of eeggannoo hin qabne gootee beektaa? 1. Eeyyee 2.
Lakkii
20. Deebiin kee gaaffi 19^{ffaa} dhaaf “eeyyee” yoo ta'e, miidhaa akkamii sirraan ga'ee beeka?
1. Dhukkuboota wal qunnamtii saalaan daddarban (STD) 2. HIV/AIDS 3.
Ulfa hin barbaachisne 4. kan biraa yoo jiraate ibsi_____
- Kutaa3: gaaffiwwan furmaata xin sammuu fi hawaasumma ilaallatan**
21. Furmaata tajaajila xin-sammuu fi hawaasummaan barattotaaf kennaman beektaa?
1. Eeyyee 2. Lakkii
22. Kolleejji keesan keesaatti furmaata tajaajila xin-sammuu fi hawaasummaan barattotaaf
keennamuu jiraa? 1. Eeyyee 2. Lakki

23. Deebiin kee gaaffi 22^{ffaa} dhaaf “eeyyee” yoo ta’e, furmaanni kennamaa jiruu gosa kami?

1. Tajaajila gorsaa(counseling) 2. Wantoota nama bashannansisan (cafeteria, DSTV, meshaalee taphaa adda adda kan akka puulii, tenisii) 3. Leenjii 4. Barnoota walsimaa(peer education) 5. kanbiraa yoo jiraate ibsi _____

24. Deebiin kee gaaffi 22^{ffaa} dhaaf “eeyyee” yoo ta’e, faayidaalen tajaajilli kin si’i fi barattota biroof keennan jiraa?

1. Eeyye 2. Lakki

25. Deebiin kee gaaffi 24^{ffaa} dhaaf “eeyyee” yoo ta’e akkamitti? _____

26. Deebiin kee gaaffi 24^{ffaa} dhaaf “lakki” yoo ta’e, barattota kanneen gargaaruudhaaf tajaajiloota akkam akkam hojjatamu qaba jeette yaaddaa?

Amharic version of the questionnaires

ጅማ ዩኒቨርሲቲ ሳይኮሎጂ ትምህርት ክፍል

የሚከተሉት መጠይቆች አጋላጭ የታወቀ ባህሪያት፣ መንስኤዎቹ እና ችግሩን ለመቅረፍ የተደረጉ ስነልቦናዊና ማህበራዊ ስራዎች በሚል ርእሰ በጅማ ዩኒቨርሲቲና በጅማ መምህራን ማሰልጠኛ ተማሪዎች ላይ ለማጥናት የተዘጋጁ ናቸው።

አጠቃላይ መመሪያ

ወድተማሪዎች፡ ይህ በካውንስሊንግ ሳይኮሎጂ ለማስተር ስዲ ግሪፍ መመሪያ ወረቀት በጂማ ዩኒቨርሲቲ ቢዝነስና ኢኮኖሚክስ ኮሌጅ እና በጅማ መምህራን ኮሌጅ ባሉ ተማሪዎች ዙሪያ አጋላጭ ባህሪያት፣ መንስኤዎቹና ችግሩን ለመቅረፍ የተደረጉ ስነልቦናዊና ማህበራዊ ስራዎች በሚል ርእሰ ማጥናት የተዘጋጀ መጠይቅ ነው። ለእያንዳንዱ ጥያቄ የምትሰጡት እውነተኛ ምላሽ ለጥናቱ አላማ መሳካት ስልቅ ሚና ያለው፣ እንዲሁም የእናንተ በጎ ተሳትፎ የወጣቶችን የታወቀ ባህሪ የበለጠ ለመረዳት አስፈላጊ ወንመረጃ ይሰጠናል። ስለሆነም ምትመልሱት መልስ ለሚሰጥ ሰራዊት የተጠበቀ ለጥናቱ ብቻ የሚወልድ እንዲሁም የግለሰብ መልስ ለማንም የማይነገር መሆኑን እውቃችሁ በግልፅ ኝንትና በታማኝነት ጥያቄዎቹን በሚገባ በማንበብ ትክክለኛ ምላሽ እንድትሰጡኝ እየጠየቅኩ ለምታደርጉት ብርባጠ ጠቅም አመሰግናለሁ።

አመሰግናለሁ!!

ክፍልአንድ፡- የግልታሪክመረጃን የሚጠይቅ መጠይቅ

1. እድሜ _____
2. ሦታ 1. ወንድ 2. ሴት
3. የስልጠናአመት 1. አንደኛአመት 2. ሁለተኛአመት 3. ሶስተኛአመት 4. ሌላካለግለፅ/ጭ _____
4. አሁንየምትኖርበት/ሪቦትቦታ 1. ዶርም 2. ኪራይቤትከጓደኞችጋር 3. ኪራይቤትለብቻ 4. ከቤተሰብጋር 5. ሌላካለግለፅ/ጭ _____
5. ወ.ጭቢጋራምሆነበግልተከራይተህ/ሽየምትኖር/ሪከሆነጥቅሙምንድነዉግለፅ/ጭ _____

6. ወ.ጭቢጋራምሆነበግልተከራይተህ/ሽየምትኖር/ሪከሆነጉዳዮቹምንድናቸዉግለፅ/ጭ

7. የትምህርትዘርፍ _____
8. አማካኝዉጤት-----
9. እስካሁን በትምህርትህ/ሽ ያስመዘገብሽዉ ዉጤት 1. ዝቅተኛ 2. መካከለኛ 3. ከፍተኛ
10. የቤተሰብብዛት _____
11. የእህትናወንድምብዛት _____
12. ወርሃዊገቢህ/ሽበግምት _____
13. የአባትየትምህርትደረጃ _____
14. የእናትየትምህርትደረጃ _____
15. የእናትስራ _____
16. የአባትስራ _____
17. የቤተሰብወርሃዊገቢበግምት _____
18. የቤተሰብየትዳርሁኔታ 1. በጋራ/አብረዉናቸዉ 2. ተለያይተዋል 3. ሌላካለግለፅ/ጭ _____
19. የመጣህበት/ሽበትቦታ1. ከተማ 2. ገጠር 3. ከተማአካባቢ

ክፍልሁለት፡- የሚከተሉት ጥያቄዎች ወሲባዊ ልምድን የተመለከቱ ናቸዉ የሚገልፁህ/ሽን መልስ ስጥ/ጩ

1. የግበረሰጋግንጥነትፈጽመህ/ሽታዉቃለህ/ሽ? 1. አዎ 2. አይደለም

2. ለ 1ኛው ጥያቄ መልስህ/ሽ፣ ከዎንከሆነ ለመጀመሪያ ጊዜ የግብረሰታዎች ነጥብ ስትፈፁ/ምእድሜህ/ሽስንት ነበር? _____
3. ለመጀመሪያ ጊዜ የግብረሰታዎች ነጥብ ስትፈፁ/ህትያደረግከው/ሽወሰወደደህ/ምእድሜህንት ነው? 1. _____ አመት 2. ከኔታላቅነው 3. ከኔታላቅነው
4. ለመጀመሪያ ጊዜ የግብረሰታዎች ነጥብ ስትፈፁ/ሽስንት ምክንያት ምን ነበር?
 1. ፈልገኝ ነው 2. የአቻ ግፊት ነው 3. በአልኮል ተገፋፍቼ ነው 4. በጫት እና በሌሎች ደንዛዥ እያቸ ተገፋፍቼ 5. ጥቅም/ ገንዘብ ፈልገኝ ነው 6. በወሲባዊ ፊልሞች ስለሆኑ ተገፋፍቼ ነው 7. የምሽት ጭፈራ ቤቶች በማዘውተራ ነው 8. የአጋራ ንፍቅ ላይ ለማሟላት 9. ሌላ ካለ ግለፅ/ጭ _____
5. ለመጀመሪያ ጊዜ የግብረሰታዎች ነጥብ ስትፈፁ/ሽስንት ስታደርግ/ጊዜን ተ/አንቺ ወይም አጋርህ/ሽየው ሊደመቁ ጣጠሪያ ተጠቅማችኋል? 1. አዎ 2. አይደለም
6. ለ 5ኛው ጥያቄ መልስህ/ሽ፣ ከዎንከሆነ ምን እይነት የወሊድ መከላከያ/መቆጣጠሪያ ተጠቅማችሁ? 1. ኮንዶም 2. እንክብል/ኪኒን/ 3. መርፌ 4. ድንገተኛ የእርግዝና መከላከያ/ኪኒን/ 5. ሌላ ካለ ግለፅ/ጭ-----
7. ለመጀመሪያ ጊዜ የግብረሰታዎች ነጥብ ስትፈፁ/ሽወሰወደደህ/ሽወሰወደደህ/ምእድሜህንት ነው? 1. የፍቅር ጓደኛ 2. ከማላው ቀውሰው ጋር 3. ሴተኛ አዳሪ ጋር 4. ሌላ ካለ ግለፅ/ጭ _____
8. ለመጀመሪያ ጊዜ የግብረሰታዎች ነጥብ ስትፈፁ/ሽወሰወደደህ/ሽወሰወደደህ/ምእድሜህንት 1. ፈልገኝ ነው 2. ሳልፈልግ ነው 3. ተገድጄ 4. ሌላ ካለ ግለፅ/ጭ _____
9. ለ 8ኛው ጥያቄ መልስህ/ሽ፣ 'የልተፈለግ' ወይም 'በግዳጅ' ከሆነ ሰገደደሽ/ችህ ማንን በረ/ች?
 1. የፍቅር ጓደኛ 2. ዘመድ 3. እንግዳ የሆነ ሰው 4. አስተማሪ 5. ሌላ ካለ ግለፅ/ጭ-----
10. ለመጨረሻ ጊዜ የግብረሰታዎች ነጥብ ስትፈፁ/ሽወሰወደደህ/ሽወሰወደደህ/ምእድሜህንት ነው? 1. ከ 1 ወር ወዲህ 2. ከ 3 ወር በፊት 3. ከ 5 ወር በፊት 4. ከ 1 አመት በፊት 5. ከ 2 አመት በፊት
11. ለመጨረሻ ጊዜ የግብረሰታዎች ነጥብ ስትፈፁ/ሽወሰወደደህ/ሽወሰወደደህ/ምእድሜህንት ነው? 1. የፍቅር ጓደኛ ጭጋር 2. ከማላው ቀውሰው ጋር 3. ሴተኛ አዳሪ ጋር 4. ሌላ ካለ ግለፅ/ጭ _____
12. ለመጨረሻ ጊዜ የግብረሰታዎች ነጥብ ስትፈፁ/ሽስንት ስታደርግ/ጊዜን ተ/አንቺ ወይም አጋርህ/ሽየው ሊደመቁ ጣጠሪያ ተጠቅማችኋል? 1. አዎ 2. አይደለም
13. ለ 11ኛው ጥያቄ መልስህ/ሽ፣ ከዎንከሆነ ምን እይነት ወሊድ መከላከያ/መቆጣጠሪያ ተጠቅማችሁ? 1. ኮንዶም 2. እንክብል/ኪኒን/ 3. መርፌ 4. ድንገተኛ የእርግዝና መከላከያ/ኪኒን/ 5. ሌላ ካለ ግለፅ/ጭ-----
14. በህይወትህ/ሽ እስካሁን ከስንት ሰው ጋር የግብረሰታዎች ነጥብ ስትፈፁ/ሽ ሻል? _____

- 15. እስካሁን በዙን ጊዜ ከምንአይነት ሰው ጋር ነው የግብረሰጋ ግንኙነት የፈፀምሽው/ከው? 1. የፍቅር ጓደኛዬ ጋር 2. ከማላው ቀው ሰው ጋር 3. ሴተኛ አዳሪ ጋር 4. ብዙ የጾታ ዊግንኙነት ጓደኛ ካለው/ላት ሰው ጋር 5. ሌላ ካለ ግለፅ/ጭ-----
- 16. ኮንዶምተ ጠቅመህ/ሽታው ቃለህ/ሽ? 1. አዎ 2. አይደለም
- 17. ለ15 ኛው ጥያቄ መልስህ/ሽ “ አዎ ” ከሆነ አጠቃቀምህ/ሽ እንዴት ነበረ? 1. በጣም ጥቂት ጊዜ/በጭሽ 2. አልፎ አልፎ 3. ብዙ ጊዜ 4. ሁል ጊዜ
- 18. ልቅ የሆነ የግብረሰጋ ግንኙነት ፈፀመህ/ሽ ታውቃለህ/ቂያለሽ? 1. አዎ 2. አይደለም
- 19. ለ17ው ጥያቄ መልስህ “ አዎ ” ከሆነ ልቅ በሆነ የግብረሰጋ ግንኙነት የደረሰብህ/ሽ ጉዳት ምድነው? 1. የአባላዘር በሽታ 2. ኤችአይቪ 3. ያልተፈለገ እርግዝና 4. ሌላ ካለ ግለጽ/ጭ-----

ክፍል ሶስት: ስነልቦናዊና ማህበራዊ አገልግሎቶችን የተመለከተ መጠይቅ

- 20. ለተማሪዎች የሚደረጉ ስነልቦናዊና ማህበራዊ አገልግሎቶች ታውቃለህ/ቂያለሽ? 1. አዎ 2. አይደለም 3
- 21. በናንተ ሌጅ ለተማሪዎች የሚደረጉ ስነልቦናዊና ማህበራዊ አገልግሎቶች አሉ? 1. አዎ 2. አይደለም
- 22. ለ 21ኛው ጥያቄ መልስህ/ሽ “ አዎ ” ከሆነ ምን ምን አይነት? 1. የምክክር አገልግሎት (counseling) 2. መዝናኛ (ካፍቴሪያ፣ DSTV፣ መጫወቻ (pool) etc) 3. ስልጠና 4. የአቻት ምህርት 5. ሌላ ካለ ግለፅ/ጭ-----
- 23. ለ 21ኛው ጥያቄ መልስህ/ሽ “ አዎ ” ከሆነ የሚሰጠው ድጋፍ ጠቃሚ ነው ብለህ/ሽ ታስባለህ/ቢያለሽ 1. አዎ 2. አይደለም
- 24. ለ23ኛው ጥያቄ መልስህ/ሽ “ አዎ ” ከሆነ ጥቅሞቹን ግለፅ/ጭ-----
- 25. ለጥያቄ ቁጥር 23 የሰጡት መልስ “ አላስብም ” ከሆነ ለአደጋ ተጋላጭ የሆነ የግብረ ሰጋ ግንኙነት ለሚፈፀሙ ተማሪዎች ምን ዴነት የስነ-ልቦናና ማህበራዊ አገልግሎት ቢሰጣቸው ጥሩ ነው ብለው ያምናሉ-----

II. Focus group discussion and interview guide

Questions for focus group discussion with informative students

1. Do you think risky sexual practices are prevalent in your campus?
2. What do you think are the major predisposing factors to risky sexual behavior?
3. When you compare boys and girls in exposure to risky sexual behavior who do you think are more vulnerable? Why?
4. What are the negative consequences that students are facing due to risky sexual behavior?
5. Is there any psychosocial interventions offered to support students in this regard?
6. What advantages do you think students living outside the campus get?
7. What risks do you think of living students living outside the campus expose to?
8. Do you think students use condom during sexual intercourse? 1. Yes 2. No
9. If no why do you think they fail to use condom?
10. Starting their lifetime until now, with how many partner do you think that students have committed sex? _____

Interview guide for staff members(student service dean, gender office, HAPCO, students clinic and counseling and guidance office

1. What do you think about risky sexual behavior in the BECO campus/CTE?
2. What do you think are the major predisposing factors?
3. What are the negative consequences that students are facing due to risky sexual Behavior?
4. What types of psychosocial interventions are provided to the students?
5. Do you believe that the interventions are enough and effective in minimizing the problem?
6. What do you think are the trend of the risky sexual practices with students in the past 5 years?
7. What do you suggest to minimize the problem?

APPENDIX B

Table. Show document report on sexually transmitted disease and safe abortion from student clinic of Jimma University.

Types of STIs	Code of STIs	Male	Female	Unknown sex	total
Sexually transmitted infection , other(year 2014)	126	0	0	1	1
Sexually transmitted infections genital ulcer(year 2015)	124	2	0	1	3
Sexually transmitted diseases genital discharge	125	6	6	10	22
Sexually transmitted infection , other	126	4	5	6	15
Sexually transmitted infections genital ulcer(year 2016)	124	5	2	0	7
Sexually transmitted diseases genital discharge	125	14	14	2	30
Sexually transmitted infection , other	126	9	10	2	21
Sexually transmitted infections genital ulcer(year 2017)	124	3	1	0	4
Sexually transmitted diseases genital discharge	125	10	9	0	19
Sexually transmitted infection , other	126	3	4	0	7
Sexually transmitted infections genital ulcer(year 2018)	124	2	0	0	2
Sexually transmitted diseases genital discharge	125	3	3	0	6
Sexually transmitted infection , other	126	0	1	0	1

SAFE ABORTION

Year	JIT	MAIN CAMPUS AND BECO	AGRICULTURE AND VETERINARY MEDICINE	TOTAL
2008 last -2009	0	68	4	72
2010 only three months	0	12	2	14

Appendix C

Chi-square result which shows respondents sexual experience

City or Town	Value	df	Asymp.sig (2-sided)	Exact sig.(2-sided)	Exact sig.(1-sided)
Pearson Ch-square	3.956 ^a	1	0.047		
Continuity correction	3.540	1	0.060		
Likelihood ratio	3.967	1	0.046		
Fisher's Exact Test				0.053	0.030
Linear – by Linear Association	3.945	1	0.047		
N of Valid	351				

Chi-square result which shows respondents times of condom use

City or Town	Value	df	Asymp.sig (2-sided)
Pearson Ch-square	14.348 ^a	3	0.002
Likelihood ratio	14.783	3	0.002
Linear – by Linear Association	0.067	1	0.796
N of Valid	100		

Chi-square result which shows respondents use of contraceptive

City or Town	Value	df	Asymp.sig (2-sided)	Exact sig.(2-sided)	Exact sig.(1-sidede)
Pearson Ch-square	7.667 ^a	1	.006		
Continuity correction	6.807	1	.009		
Likelihood ratio	7.715	1	.005		
Fisher's Exact Test				.007	.004
Linear – by Linear Association	7.619	1	.006		
N of Valid	160				

Chi- square result which shows Respondents number of sexual partner

City or Town	Value	df	Asymp.sig (2-sided)	Exact sig.(2-sided)	Exact sig.(1-sidede)
Pearson Ch-square	1.637 ^a	1	.201		
Continuity correction	1.240	1	.265		
Likelihood ratio	1.651	1	.199		
Fisher's Exact Test				.246	.133
Linear – by Linear Association	1.627	1	.202		
N of Valid	161				

Chi-square result which shows respondents contraceptive use

City or Town	Value	df	Asymp.sig (2-sided)	Exact sig.(2-sided)	Exact sig.(1-sidede)
Pearson Ch-square	4.354 ^a	1	.037		
Continuity correction	3.707	1	.054		
Likelihood ratio	4.389	1	.036		
Fisher's Exact Test				.053	.027
Linear – by Linear Association	4.327	1	.038		
N of Valid	157				