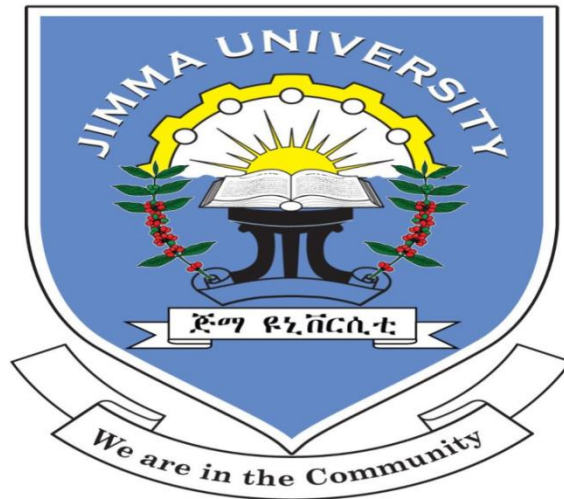


**RISKY SEXUAL BEHAVIOR AND ITS ASSOCIATION WITH
DEPRESSION, ALCOHOL CONSUMPTION AND KCHAT USE AMONG
JIMMA UNIVERSITY MAIN CAMPUS REGULAR UNDERGRADUATE
STUDENTS**



BY- YONAS TESHAYE (BSC)

**A RESEARCH THESIS SUBMITTED TO DEPARTMENT OF PSYCHIATRY,
COLLEGE OF HEALTH SCIENCES, JIMMA UNIVERSITY, IN PARTIAL
FULFILLMENT FOR THE REQUIREMENTS OF DEGREE OF MASTER OF
SCIENCE IN INTEGRATED CLINICAL & COMMUNITY MENTAL HEALTH**

MAY, 2016

JIMMA, ETHIOPIA

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ABSTRACT

Background- *The onset of mental health problems and risky sexual behavior (RSB) reach a peak in late adolescence and young adulthood. Thus addressing the health issue of this segment of society, is a public health priority.*

Objective- *The aim of this study was to assess risky sexual behavior and its association with depression, alcohol consumption and khat use among Jimma University main campus regular undergraduate students, Jimma, 2016*

Methods- *Institution based cross sectional study design was conducted .Data was collected by using pretested, structured, self-administered questionnaire adapted from different literatures. A total of 700 sampled students were included in the study. Participants were drawn by using Multi stage stratified sampling method. Data was coded, entered, and cleaned using epidata manager and client and finally exported to SPSS version 20 for analysis. Descriptive statistics, bivariate and multivariate logistic regression model were used to analyses possible confounders and Variables at p-value less than 0.05 were declared as independent predictors of risky sexual behavior.*

Results- *The prevalence of RSB among Jimma University main campus regular undergraduate students was 30.2%. The odds of RSB was higher among those who had severe depression, (AOR (95%CI), 2.6(1.3-5.1)), than non depressed counterpart. The odds of RSB was higher among those who had probable alcohol use disorder (AOR (95%CI), 2.9(1.4-6.1)), than their counterpart. The odds of RSB was higher among who chewed khat 2-4 times a month (AOR (95%CI), 2.8(1.1-7.7)), compared to the non chewers.*

Conclusion and recommendation

The prevalence of RSB among Jimma University main campus regular undergraduate students was high. Having depression, probable alcohol use disorder, khat use, watching pornographic movie, not participating in religious education and having peer pressure to engage in to risky sexual behavior were independently associated with RSB, to mitigate this problems, holistic and integrated efforts including Jimma University, governmental and NGO, and the surrounding community are needed to be involved.

Key words: *Risky Sexual Behavior, khat, Alcohol, depression, Jimma University, Students*

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LIST OF ACRONYMS

AIDS-Acquired Immune Deficiency Syndrome

AUDIT- Alcohol Used Disorder Identification Test

BDI- Beck Depression Inventory

CES-D 10-Center of Epidemiological Studies-depression 10

CSW- Commercial Sex Worker

EDHS- Ethiopian Demographic Health Survey

HIV- Human Immunodeficiency Virus

NGO- Non-Governmental Organization

RH- Reproductive Health

SNNPR- Southern Nation and Nationality People Region

SPSS- Statistical package for social science

RSB- Risky Sexual Behavior

SRH- Sexual and Reproductive Health

STD-Sexually Transmitted Disease

STI- Sexually Transmitted Infection

SW - South West

UNAIDS- United Nations Program on HIV and AIDS

USA- United States of America

VCT- Voluntary Counselling and Testing

WHO- World Health Organization

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CHAPTER ONE- INTRODUCTION

1.1 Background of the study

Risky sexual behaviors are behaviors that include engaging in sexual activity from an early age, inconsistent use of condoms during sexual intercourse, unprotected sexual intercourse, having sex with commercial sex workers and the tendency to have multiple sexual partners.(1)

Adolescents are at high risk to engage in risky sexual behavior. Across the life span, adolescence is the time of greatest risk taking. While sexual behavior in adolescence can be risky, it can be assumed that it is also a part of normal psychosexual human development. Risky sexual behavior includes behavior that increase the probability of negative consequence associated with sexual practice that exposes to at least sexually transmitted disease like Human Immuno Deficiency Virus (HIV), to not consented (forceful sex {rape}), unplanned pregnancy and abortion.(2)

Students of higher education institutions are the backbone of development on which the future fate of any nation relays. Given this, very important social segment on training at higher educational institutions students are unfortunately at risk for Risky Sexual Behavior (RSB). This particular time is currently overlapping with the second wave of HIV Epidemic is highly expected. This needs to be taken into consideration keeping in mind this developmental milestone during which Neuro-developmental as well as Neuro-endocrine and physical developmental changes take place in the transition to adulthood among this social group.(3)

The college years are, for many individuals, a time of curiosity and experimentation. It is often one's first taste of freedom and independence, with increased opportunity to make personal choices. As a result, university students are more prone for sexual risky behaviors. (4)

The use of alcohol or other drugs has been proposed as a contributing factor to sexual risk-taking. Because alcohol and drugs are believed to interfere with judgment and decision- making, it has been suggested that their use in conjunction with sexual activity might increase the probability of the risk to occur. In light of World Health Organization (WHO's) recommendation, the problem associated with khat chewing for the moment should be considered in a manner

similar to amphetamine abuse. Khat chewing habit may thus be postulated as one of those predisposing factors for risky sexual behavior (5, 6)

While sexual risk behavior and STI are risk factors for depression, evidences indicate that depression also increases susceptibility to risk behaviors and infection. Depression may impair cognitive function and memory, decrease impulse control, and contribute to psycho-social impairment including emotional reactivity in peer relationships, reducing motivation and increasing fatalism. These depression-related effects may inhibit clear perception, the consequences risk sexual behaviors and the ability to prevent risky behavior. Depression also is associated with substance use, a consistent correlate of STI and related behaviors. (7)

1.2 Statement of the problem

Students at higher education institutions are assets of the society and are change agents. It is also clear that this group is on the way of transforming to adulthood; filled with ambition, and are building their future academic and social career. Neglecting their sexual and reproductive health can lead to high socio-economic consequences both immediately and in the years ahead. (8)

Physiological changes during adolescence may explain young peoples' motivation to explore a range of different activities and experiment in high-risk behaviors such as substance abuse and involving risky sexual activity. During this time, young adults may change partners frequently, have multiple partners within the same period, or may practice unsafe sex. These risky behaviors and sexual activities place this population at a greater risk of being affected by sexually transmitted infections (STIs) and (HIV), unwanted pregnancy, abortion, infertility and death. (1)

Young people aged 10-24 years, make up one quarter of the world's population. Furthermore, according to the 2012 global Acquired Immuno Deficiency (AIDS) report, the same age group made up 42% of all new HIV infections in 2010. As to the setting, according to the 2012 United Nations Program on HIV and AIDS (UNAIDS) Global report, Sub-Saharan Africa remains the most severely affected, where nearly one in every 20 adults are living with HIV, which accounts for 69% of the people living with HIV worldwide.(9, 10)

Risky sexual behaviors are important concerns in terms of health, social and demographic perspective particularly in adolescent and early adulthood years in developing countries (11)

Students' sexual activity has resulted into increased cases of unplanned pregnancies, poor academic performance, and eventually school dropouts. (12)

Research has found depressive symptomatology among youth to be associated with earlier sexual debut, higher numbers of lifetime sexual partners, concurrent, multiple and casual sexual partnerships, substance use at last sex, pregnancy, non-use of contraception, perceived barriers to condom use and having more risky partners. (13)

Adolescents with substance use problems report significantly earlier onset of sexual activity, greater number of sex partners, and less consistent condom use than adolescents without

substance use problems. Co-occurring sexual activity and substance use among adolescents are associated with greater risk for exposure to STIs. Elucidating these problems is particularly important because this is a youth population in which mental health problems and health risk behaviors accelerate during emerging adulthood. (14)

Although the effect of alcohol and other psychoactive substances in interfering with condom use has also been studied to some extent in developed societies, this vital area of research has not been explored in Ethiopia. As both Khat and alcohol are widely consumed in these groups, description of the relationship between these substances and risky sexual behavior would usefully essentially guide national policy and decision making on HIV/AIDS prevention. (15)

The onset of mental health problems and risky sexual behavior both reach a peak in young adulthood. Poor mental health has strong associations with risky sexual behaviors. (16)

The study done among university undergraduate students about risky sexual behavior and associated factors is very important, because of the fact that university students are many in number, live away from their parents and free from parental control. In addition, some are subjected to wide spread substance use and peer-pressure that aggravate the problem. (17)

It is reasonably possible to assume that university students are educated, inspirational, flourished with information, able to practice upon the information they receive and as a result, they are among a low risk population. Nevertheless, practical observation and existing research findings show that for many campus students the opposite appears to be the case. (18)

Students at higher education institutions are considered to be fully aware of the consequence of risky sexual behaviour, As a result, they are neglected of reproductive health interventions. However, arrival at university, many students become independent and have freedom of choice this will expose them to engage in various risky sexual behaviors. (11)

In general unless appropriate age and institution targeted intervention exist, certain behaviors can place university students at greater risk of HIV infection. As they are in the youth age category, they are exposed to many risky behaviors which predispose them to, STI including HIV/AIDS, unwanted pregnancy and abortion. (19)

To sum up, risky sexual behavior has a tremendous effects that predispose university students to various sexually transmitted infections including HIV/AIDS, unwanted pregnancies, abortions,

and other negative health consequences, on top of that depression, khat chewing and alcohol consumption. This effects may lead university students to risky sexual behavior which eventually affects young peoples to achieve academic excellence and to join the expected work force to be professionals and help themselves, family, community as well as the country at large. There is limited research work available on association between risky sexual behavior and mental health in Ethiopia. Therefore the findings of this study will help to fill this gap and shows the magnitude and severity of the condition and further help policy makers to postulate institution targeted intervention. Finally, the aim of this study is to assess the association between risky sexual behavior and depression, alcohol consumption, and khat chewing among regular undergraduate Jimma university student.

CHAPTER TWO- Literature review

This study attempt to see the association between risky sexual behavior and depression, alcohol consumption and khat chewing among Jimma University main campus regular undergraduate students

2.1 Prevalence of risky sexual behaviors and socio-demographic association

A study done among Chinese university students showed that, condom was reported never/rarely used by 35% of sexually active students in both genders in the previous year. (20)

A study done among undergraduate university students in Ethiopia found that, the mean age at the first sexual intercourse was 17.54 years. About 50.9% students had sexual intercourse in the 12 months before the study period. Among these, 33.5% had sex with two or more sexual partners. Out of the students sexually active during past 12 months about three in four 75.4% had sex with a non-regular partner. More than half (52.7%) students ever had sexual intercourse with a commercial sex workers (CSW). Among those that ever used a condom, 20.4% used it consistently. (21)

Study done in Mekelle University Students showed that, among those who ever had sex 70.7% were reported as they have ever used condom. 49.5% and 30.8% of them reported as they used condom always and occasionally respectively. About, 47.4% of them reported having multiple partners. (22)

Study done among Humera secondary school, western zone of Tigray, NW Ethiopia found that, the overall prevalence of risky sexual behavior was 13.7%. Not living with family, being male, experiencing peer pressure and not participating in any religious education were factors that increase the odds of practicing risky sexual behavior and not exposed to pornographic movie was a factor that prevent the odds of practicing risky sexual behavior among the students. (23)

Study done in Bahir dar Private College Students found that, about 40.6% of sexually active respondents had risky sexual behaviors. Multiple sexual partners and unprotected sex were reported by 45.3% and 38.4% of respondents respectively. Peer pressure, being unmarried and attending night clubs were found to have association with risky sexual behavior. (24)

A study result in Bahir dar university students revealed that 36.4% of respondents had ever had sex. The mean age at first sexual practice was 18.6 years. Unprotected sex, having multiple sex partners, and sex with commercial sex was practiced by 62%, 42.7%, and 7.4% respectively. Watching porn videos, attending night clubs, were significantly associated with risky sexual behavior (11)

A study done among Arba Minch University Students, SNNPR, Ethiopia found the prevalence of risky sexual behavior to be 31.4%. The study also showed that students who study non health field, who didn't discussed about sexual issue with their family, came from rural areas were 2.8, 2 and 1.57 times respectively more likely to practice risky sexual behavior than their counterparts. (25)

A study done among Haramaya university undergraduate students revealed, 33.5% of students had sexual experience. Among sexually active respondents, 11.5% had multiple sexual partners in the last three months and 16.3% of males have sex with commercial sex workers. Among sexually active students only 55.7% of them were consistent condom users. Those students who get a pocket money of >100 birr used condom more than those who get < 100 birr. (26)

A study result on students of Jimma University, South West (SW) Ethiopia, found 26.9% of respondents ever had sexual intercourse. The mean age at first sexual intercourse was 17.7 ± 2.7 years. Among who ever had sex, 28.3% had multiple sexual partners. Among 94 students responded to the frequency of condom use, 69.1% have used condom always. Males were more likely to use condom consistently as compared to female respondents, 73.5% and 46.4% respectively. Second year students were about two times to ever have sexual intercourse as compared to freshman students. (19)

Study done among students in Jimma zone preparatory schools, south west Ethiopia found that, students whose mothers were illiterate were 14 times more likely to be at risk than students whose mothers' educational status was secondary school and above. Female students whose mothers could only read and write were 5 times more likely to be at risk than female students whose mother's educational status was secondary school and above. (27)

2.2 Factors contributing to risky sexual behavior

2.2.1 Depression

Study done in Pennsylvania, America, on female Adolescents found depressive symptoms were independently associated with an increased number of lifetime sexual partners. Furthermore, the finding of an association between depressive symptoms and multiple lifetime sexual partners may support the hypothesis that depression influences the progression from sexual abstinence to sexual activity and from sexual activity to risky sexual behavior. (28)

A longitudinal study conducted among United States (US) Middle and High School Students found, students with high depressive symptom levels at baseline were significantly more likely than those with low symptom levels to report of the examined sexual risk behaviors over the course of the 1-year follow-up period. For boys, high depressive symptom levels were specifically predictive of condom nonuse. However; no significant associations were found between high depressive symptom levels and individual sexual risk behavior. (29)

A Study done in Botswana indicates, depression is associated with inconsistent condom use. (30)

Study done among University of Nairobi students showed that, having moderate depressive symptoms was significantly associated with having multiple sexual partners and inconsistent condom use. This study also report youths in Uganda who had high scores on depression were more likely to report having high numbers of sexual partners. (13) In South Africa, there is evidence that depression is linked to risky sexual behavior. (31)

2.2.2 Alcohol consumption

Study done in Eight Countries by the UN indicates, available literature suggests that the global burden of disease with regard to both alcohol and unsafe sex is considerable. The respective contributions of alcohol and unsafe sex to the global burden of disease are amplified through the linkages that have been shown to exist between alcohol and risky sexual behavior. (32)

A study done in University of Missouri-Columbia, United States (US), among College Students and Youth found that heavy drinkers were nearly three times more likely to have had multiple sex partners than were non-heavy drinkers. However; heavy drinking was not associated with rates of condom use. (33)

A study conducted among Ugandan university students revealed that, having multiple sexual partners indicated a statistically significant association with alcohol use for both males and females. Students who often consumed alcohol were found to have an almost 1.5-fold higher risk for inconsistent condom use. (34)

The study done in Ireland University also showed Hazardous drinkers had multiple sexual partner than those who are not hazardous drinkers. (35)

Study done in USA, showed adolescents treated for substance problems evidenced an early onset of sexual activity, multiple sexual partners, and inconsistent use of condoms relative to sociodemographically comparable nontreated peers. (36)

A study done in USA showed more frequent episodes of alcohol intoxication were associated in a dose-dependent manner with an increased risk of having more sexual partners. Males who experienced more frequent alcohol intoxication were at slightly increased risk for failing to use condoms, among female respondents, there was no association between frequency of alcohol intoxication and failure to use condoms. (37)

A study done in USA showed that those who had alcohol use disorders were more likely than other drinkers to be sexually active, to have greater numbers of sexual partners, to have unprotected sex and to initiate sexual activity at slightly younger ages. (38)

2.2.3 Khat use

A study on Bahir Dar University students revealed that khat chewing was significantly associated with having multiple sexual partners. (11)

Study among Arba Minch University Students, SNNPR, Ethiopia revealed students who chew khat were 2.8 times more likely to practice risky sexual behavior than those never chew. (25)

Study done among Dilla University students, Ethiopia, showed that, daily Khat intake was associated with unprotected sex. (39)

A study done among Haramaya university undergraduate students revealed, use of Khat was significantly and independently associated with risky sexual activities. (26)

A study done in AAU showed that Khat chewing was reported to have led the students to risky sexual behaviors, including sex with commercial sex workers and sex without condoms. (17)

2.4 Conceptual framework

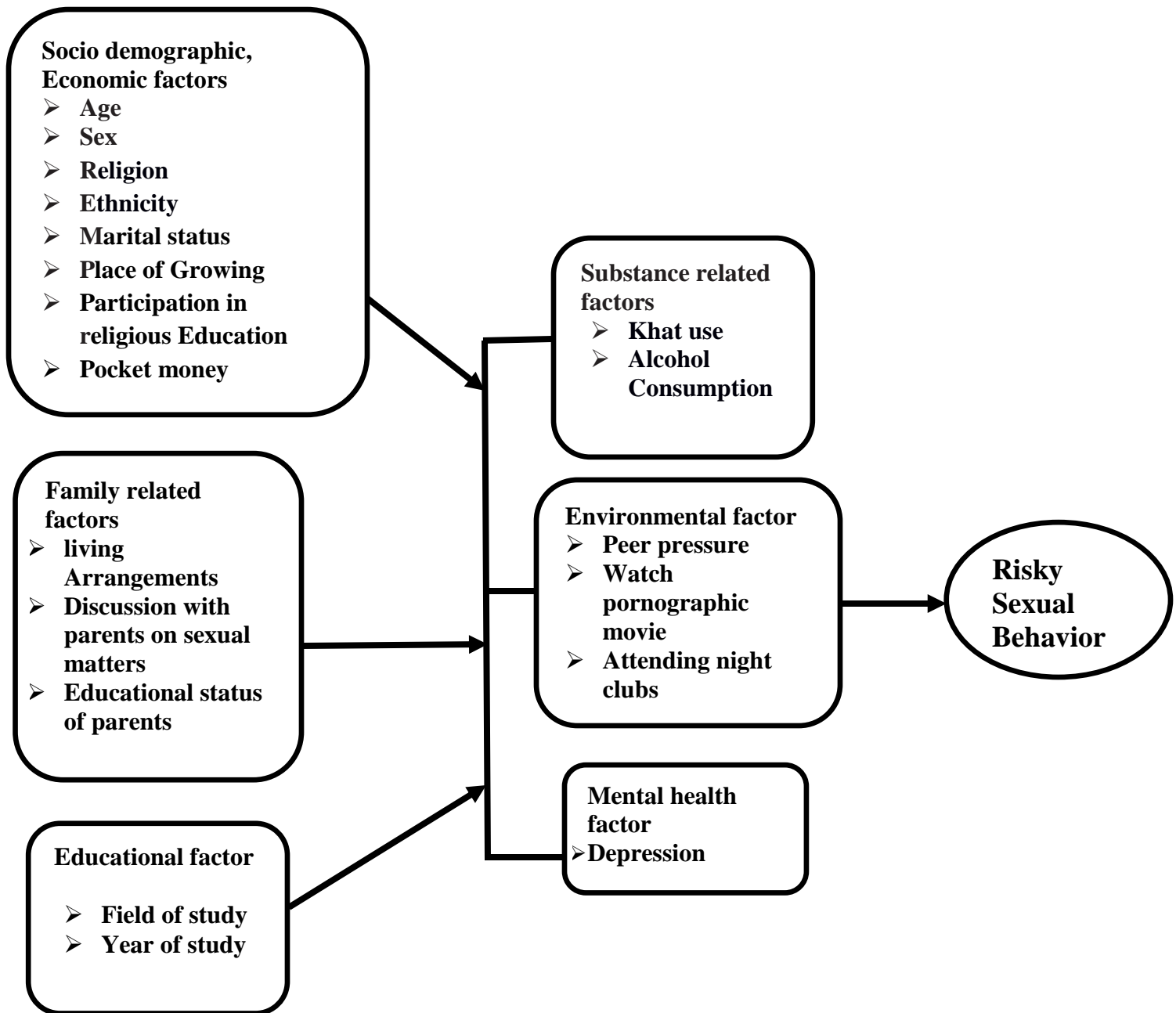


FIGURE1. CONCEPTUAL FRAME WORKS ON FACTORS AFFECTNG RISKY SEXUAL BEHAVIOR
ADAPTED AFTER EXTENSIVE LITERATURE REVIEW (11, 19, 20, 22, 23, 25, and 32)

Significance of the study

Students at higher education institutions are considered to be fully aware of the consequence of risky sexual behaviour, As a result, they are neglected of reproductive health interventions. However, arrival at university, many students become independent and have freedom of choice this will expose them to engage in various risky sexual behaviors.

University students are exposed to risky sexual behaviors such as unprotected sexual intercourse leading to HIV, other STIs and unwanted pregnancies. Female youths are prone to unwanted pregnancies that lead unsafe abortions, severe illness, infertility and death. (11) As far as the investigator's level of knowledge, little has been explored about the risky sexual behavior and its association with depression alcohol consumption and khat use in the study setting and in the context of higher education institutions in Ethiopia in general. This indicates that the topic still need strong attention. Therefore, the findings of this study will serve as the baseline for the study area, which intends to fill some of the gaps of previously done literatures on similar topic, and will help to identify the gaps in order to determine evidence based intervention.

Furthermore; the finding of this study will also help Policy makers, planners and those who are working in higher institution to indicate appropriate methods to provide information and create awareness regarding the risky sexual behavior and mental health problems.

CHAPTER THREE- OBJECTIVES

3.1 General Objectives

To assess risky sexual behavior and its association with depression, alcohol consumption, khat chewing among Jimma University main campus regular undergraduate students, Jimma, southwest Ethiopia 2016.

3.2 Specific objectives

- ❖ To assess the prevalence of risky sexual behavior among Jimma University main campus regular undergraduate students, 2016.
- ❖ To assess the association between socio demographic variables and risky sexual behavior among Jimma University main campus Regular undergraduate students, 2016.
- ❖ To assess the association between depression and risky sexual behavior among Jimma University main campus Regular undergraduate students, 2016.
- ❖ To identify the association between Alcohol consumption and risky sexual behavior among Jimma University main campus Regular undergraduate students, 2016.
- ❖ To identify the association between Khat use and risky sexual behavior among Jimma University main campus Regular undergraduate students, 2016.

CHAPTER FOUR- METHODS AND MATERIALS

4.1 Study area and period

The study was conducted in Jimma University, main campus Jimma University is located in Jimma town, which is located 352 km southwest of Addis Ababa. Jimma University is one of the public higher education institution in Ethiopia established in 1999 by the amalgamation of Jimma College of Agriculture (JCOA) founded in 1952 and Jimma institute of health science (founded in 1983). The University currently has four functioning campuses those are 1. Main campus. 2. College of Agriculture and veterinary medicine (JUCAVM) 3. Kitofurdisa campus (Institute of technology/IOT) 4. Business and Economics College (BECO) Main campus was my study area. This campus has currently four colleges. Those are 1. College of health science (includes: medicine, pharmacy, medical Laboratory, anesthesia, dentistry, nursing, midwifery, health officer, and environmental health) 2. College of natural and computational science (includes: mathematics, sport, chemistry, physics, biology, statistics and information science) 3. College of social science and humanities law (includes: geography, history, Amharic, English, Afan Oromo, sociology, music, Oromo folklore, social work, and psychology) and college of Law and Governance (Law and governance) has currently a total of 6,155 regular undergraduate students. The study was conducted from April 5 to 20, 2016

4.2 Study Design

Institution based cross sectional study was carried out.

4.3 Population

4.3.1 Source of population

All regular undergraguade Jimma university main campus students

4.3.2 Study population

The study population were sampled eligible regular undergraduate main campus students enrolled from 1st year to 5th year.

4.4 Eligibility Criteria

4.4.1 Inclusion criteria

All regular undergraduate students of Jimma University main campus who enrolled in 2015/2016

4.4.2 Exclusion criteria

Students who had accidental illness during data collection period which makes them incapable to participate in the study.

4.5 Sample size determination and Sampling Procedure

4.5.1 Sample Size determination

The sample size was determined by single population proportion formula by assuming risky sexual behavior rate as 31.4%, according to the study in Arbaminch university (19) with 5% margin of error and 95% confidence interval of certainty ($\alpha = 0.05$).

The actual sample size for the study was computed using the following formula;

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

Where:

n = Sample size

z = critical value 1.96

$\alpha/2$ = confidence level

P = prevalence of risky sexual behavior at Arbaminch university in the study populations = 0.314. (25)

d = margin of error = 0.05 (5%)

Therefore the value of n is calculate as follow

$$n = \frac{(1.96)^2 \times 0.314 (1-0.314)}{(0.05)^2} = 330.99 \text{ approximately } \underline{331}$$

Since the total population is less than ten thousands correction formula was used to get the desired sample size

$$n_f = n / (1 + n/N)$$

$$n_f = 331 / (1 + 331/6155) = 314.1 \text{ approximately } \underline{315}$$

Since the sampling is multistage, design effect of 2 were taken, and the sample size is calculated 315×2 then it becomes 630.

Finally with addition of 10% non-response rate the required sample size becomes 700

4.5.2 Sampling technique and procedures

Multistage stratified sampling technique was used to select the study participants. All four college were included then stratification done on department and year of study level. Main campus has currently four colleges and a total of 30 departments. College of health science constituting ten department which accounts 33.3%, College of natural and Computational science constituting seven department which accounts 23.3%, College of social science and Humanity constituting eleven department which accounts 36.6% and two department form College of law and Governance constituting 6.7%. Departments were selected from each college proportionally. Therefore 33.3% of ten departments mean four departments from College of health science, 23.3% of seven departments mean two departments from College of natural and Computational science and 36.6% of eleven departments mean four departments from College of social science and Humanity and 6.7% of two departments mean one departments from college of law and Governance was selected by simple random sampling lottery method then Finally students were selected from each selected departments and year of study proportionally by simple random sampling lottery method taking list of undergraduate student which belongs to selected departments of all years from each departments. Finally the selected students filled the questionnaire

**Jimma University Main Campus
6155**

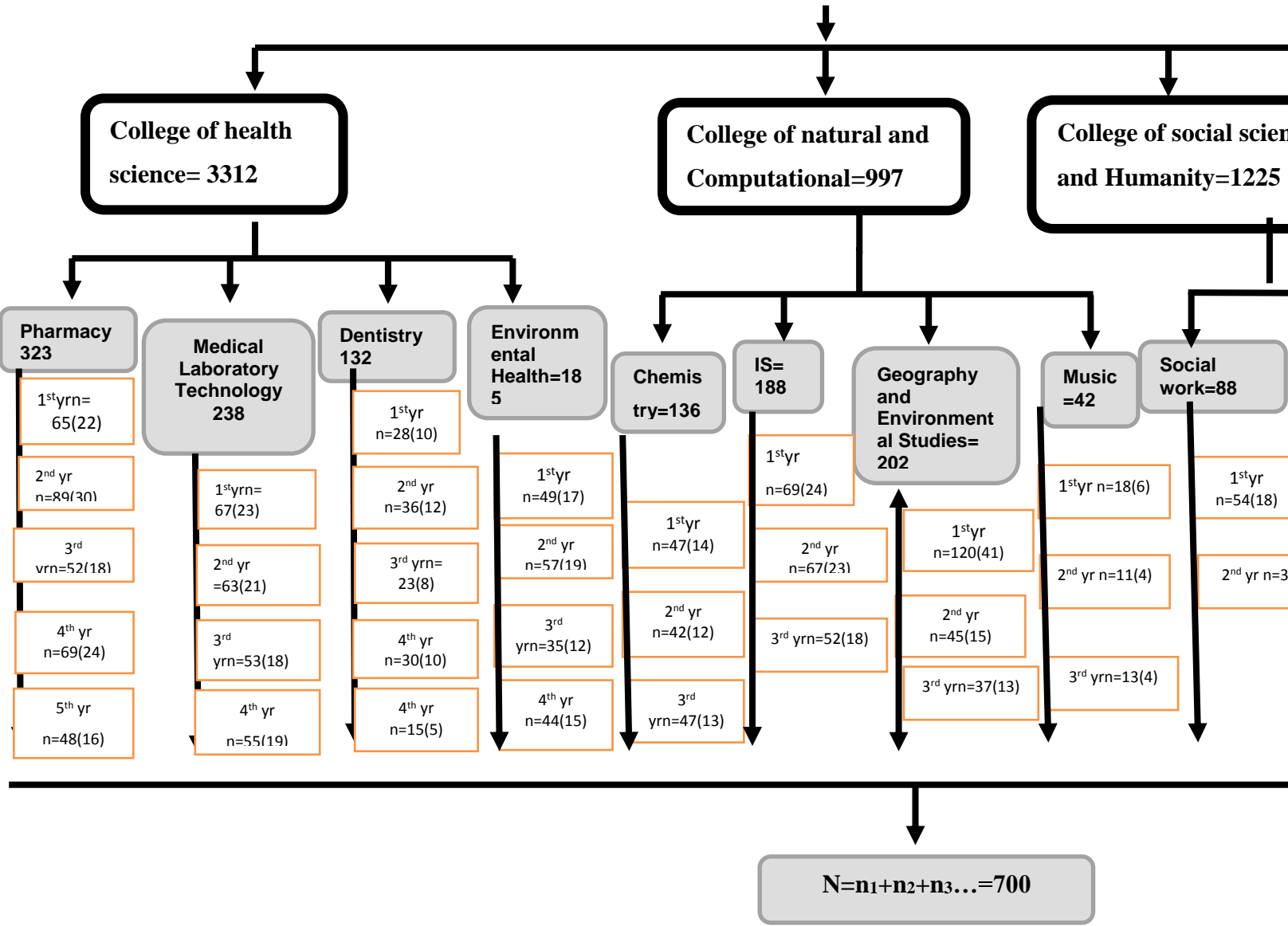


Figure 2: The schematic presentation of the sampling procedure employed to select participants among Jimma University, main campus, regular undergraduate students, 2016.

4.6 Variables

4.6.1 Dependent variables

- Risky sexual behavior

4.6.2 Independent variable

❖ Socio demographic economic variables

- Age
- Sex
- Religion
- Ethnicity
- Marital status
- Pocket money
- Place of Growing
- Participation in Religious Education

❖ Educational related factors

- Department/ field of study
- Year of study

❖ Mental Health Factor

- Depression

❖ Substance Related Factors

- Khat use
- Alcohol Consumption

❖ Family Related Factors

- Living Arrangements
- Educational level of parents

❖ Environmental Factors

- Watch pornographic movie

- Attending night clubs
- Peer pressure to engage into risky sexual behaviors
- Discussion with parents on sexual matters

4.7 Data collection procedures and instruments

Data were collected by pre-tested, structured, self-administered questionnaire. The questionnaire had five different sub-sections: a socio-demographic questions, questions to assess depression, questions to assess Khat chewing, Alcohol consumption, and risky sexual behaviors. For Risky Sexual Behavior the questions were developed after extensive review of literatures and similar study tools used in similar study adapting to the purpose of the study. For depression, Beck depression Inventory II was used, the internal consistency was described as 0.9. (40). and the sensitivity range from 0.86 to 0.92 and specificity range from 0.82 to 0.86. (41) And for Alcohol consumption, AUDIT was used which is valid and reliable with Cronbach's alpha score of 0.98. (42) and 0.81 sensitivity, 0.94 specificity. (43) In this study the reliability of Beck depression inventory was 0.89 and AUDIT 0.84. For Khat use or chewing questions were developed by review of available literatures on similar study. The questionnaire was prepared in English, then translated into the Amharic and Afan Oromo, and back translated to English by language experts, so as to ensure its consistency. Finally, the Amharic versions, as well as Afan Oromo version of the questionnaires were used to collect data.

4.8. Data collection supervisors selection and training

Data collection was supervised by six first year MSC students in integrated clinical and community mental health .Data supervisors were trained for one day by the principal investigator on the objective, purpose of the study, study instruments, consent form, how to maintain confidentiality and data collection procedure.

4.9. Data quality management

Regular supervision was made by the supervisor and the principal investigator to ensure that all necessary data are properly collected. Each day of data collection, the filled questioners were checked manually first for completeness and consistency then the collected data were processed timely and enter from a paper onto computer twice. Pre-test was conducted before the main study

on 35 students (5% of the sample size) at Jimma University college of Agriculture and veterinary medicine to identify impending problems on data collection tools. Data collected in the pre-test were not included in the analysis as part of the main study.

4.10. Data processing, analysis, interpretation and presentation

After data collection, data were checked manually for completeness & consistency then the collected data were entered and cleaned and coded by using Epi-data manager and client then analyzed using SPSS version 20 statistical software. Descriptive statistics were done to summarize the dependent and independent variables. Logistic regression model were used to analyze the possible predictors of risky sexual behavior. Bivariate logistic regression was done and variable at p-value <0.25 in binary logistic regression entered in to multivariate logistic regression then p- value <0.05 or 95% confidence interval in multiple logistic regressions were considered as statistically significant. The results were presented as frequency tables, graphs, pie chart and discussed with previous findings. Finally possible recommendation made based on the findings of the study.

4.11. Operational definitions of concepts

- **Sex-** voluntary sexual intercourse.
- **Sexually active:** Students who claimed to have engaged in sexual act at least once within 12 months period preceding the study.
- **Risky Sexual behavior:** Not using condom or inconsistent use of condoms, or having multiple sexual partner or early initiation of sex or sex with commercial sex workers. Participants who engaged into at least one of the above behaviors were considered as having risky sexual behavior and those who were not engaged into non-of the above behaviors were considered as not having risky sexual behavior (1,19)
- **Not using condom-** Never used condom on sexual intercourse until the survey
- **Inconsistent use of condom-**Fail to use condom at least ones during sexual intercourse until the survey
- **Having multiple sexual partner-** participants who had two or more sexual partners until the survey

- **Early initiation of sex** –participants who Start sex before age 18 years
- **Sex with commercial sex workers-** Sexual act with those who do sex for exchange of money until the survey
- **Substance-** in this study includes Khat and Alcohol
- **Alcohol consumption measured by AUDIT-** AUDIT score of 1–7 indicates social drinking, Score of 8–15 indicate “hazardous drinking”, Score of 16-19 indicate “harmful drinking” Score of 20 or above indicate probable alcohol dependence. Participants with AUDIT score of eight or more will be used to define probable ‘alcohol use disorder’
- **Khat use Measured by-** Life time Prevalence of Khat use is the proportion of student who had ever used or chewed Khat and Current Prevalence of Khat use is the proportion of students who use or chew currently and have chewed within month of data collection
- **Depression Measured by BECK depression Inventory II-** BECK Score of 0- 4 indicates normal, 5-13 indicates borderline depression ,Score of 14–20 indicates moderate depression , and Score of 21–63 indicates severe depression

4.12 Ethical consideration

After approval of the proposal, ethical clearance & formal letter were obtained from research ethics committee of Jimma University. Written consent was obtained from participants after explaining the purpose of the study. Participants were assured that their names not be stated, data were kept confidential & anonymous and used only for research purpose. Phone number and name was written on the questionnaire to help students with problem related to Alcohol consumption, depression and having suicidal thought.

4.13 Dissemination plan

The findings of the study will be disseminated to the Jimma University College of health science, Jimma University College of health science department of psychiatry, Jimma University student dean, diferrent governmental and non governmental organizations as well as effort will be made to present in various seminars and workshops and for publication in national or international journals.

CHAPTER FIVE- RESULT

Out of the total 700 students participated in the study complete questionnaires from 660 respondents were obtained and considered for analysis making a response rate of 94.2%.

Among 40 questionnaires which were considered as non response rate, 12 questionnare were excluded for gross incompleteness and 28 questionnaire were not returned from the participants

Eventhough we were planned to exclude those students who had accidental illness and unable to participate on study among the sampled students there was no students with accidental illness during data collection period.

5.1 Socio demographic, economic, and academic and parent's characteristics

Among the total 660 respondents, majority were male 63.9% (n=422) respondents. The age of respondents range from 18 to 35 with mean age of 21.29 (SD \pm 1.92). Most of the respondents were orthodox by religion 40.8% (n=269) followed by Muslim 30.5% (n=201). Out of the total respondents the majority were Oromo 53.3% (n=352) by ethnicity followed by Amhara 23.5% (n=155). Among the respondents most 86.1% (n=568) were unmarried. Out of 660 respondents the majority 59.1% (n=390) were living in urban areas. Regarding current living condition 83.3% (n=553) were living away from parents. Among those who is living away from parent's 89.3 % (n=494) lives inside dormitory. Of a total 660 respondents 81.7% (n=539) participate in religious education. Concerning average pocket money student get monthly the majority get from 300-499 birr monthly

Regarding respondents parents the majority 42.6% (n=281) of mothers and father 35% (n=231), had primary education level.

Majority of the participants were from college of health science 41.4% (n=273) followed by college of law and governance 23.5% (n=155). Regarding year of study the majority were first year 31.5% (n=208) followed by 25.8% (n=170) second year. (See table 1)

Table 1: Socio demographic, economic, and academic and parent’s characteristics of Jimma University main campus regular undergraduate students, April, 2016

	Characteristics	Frequency (n=660)	Percentage
Sex	Male	422	63.9
	Female	238	36.1
Age	18-20	273	41.4
	21-23	305	46.2
	>=24	82	12.4
Marital status	Married	73	11.1
	Unmarried	587	88.9
Ethnicity	Oromo	352	53.3
	Amhara	235	23.5
	Gurage	52	7.9
	Tigre	39	5.9
	Yem	28	4.2
	Others	34	5.2
Religion	Orthodox	269	40.8
	Islam	202	30.5
	Protestant	156	23.6
	wakefeta	21	3.2
	Catholic	8	1.2
	Others	5	0.8
Living Residence before joining university	Rural	270	40.9
	Urban	390	59.1
Living arrangement	Living with parent	107	16.2
	Living away from parent	553	83.8
Live condition currently	In dormitory	494	89.3
	Outside dormitory in rented house	59	10.7

Participation in religious education	Yes	539	81.7
	No	121	18.3
Average Monthly pocket money(birr)	None	46	7.0
	<100	85	12.8
	100-299	153	23.2
	300-499	241	36.5
	≥ 500	135	20.5
College	Health science	273	41.4
	Law and governance	155	23.5
	Social science and humanities	150	22.7
	Natural and computational science	82	12.4
Year of study	Year I	208	31.5
	Year II	170	25.8
	Year III	128	20.9
	Year IV	90	13.6
	Year VI	54	8.2
Mother's educational status	Illiterate	165	25.0
	Primary school	281	42.6
	Secondary school	129	19.5
	University/ collage	85	12.9
Father's educational status	Illiterate	108	16.4
	Primary school	231	35.0
	Secondary school	202	30.6
	University/ collage	119	18.0

Other ethnicity= Wolayta, Sidama, Kafa, Hadiya, and Silte.

Other religion = Giova witness, Adventist, aethist.

5.2 Factors influencing acquirement of risky sexual behavior

Of the total respondents the majority 58.5% (n=386) were never watched pornographic movie. Regarding attending night clubs the majority 78.3% (n=517) were never attended night clubs. Concerning having peer pressure to engage in risky sexual behaviors the majority 74.5% (n=492) had no peer pressure. Among the total 660 respondents 80.8% (n=533) were reported not having a family tradition (or culture) of discussing openly sexual issues with parents while at home.

Table 2 Factors influencing acquirement of risky sexual behavior among Jimma University main campus regular undergraduate students, April, 2016

Characteristics	Frequency (n=660)	Percentage
Watching pornographic movie		
Yes	274	41.5
No	386	58.5
Attending night clubs		
Yes	143	21.7
No	517	78.3
Peer pressure to engage in risky sexual behaviors		
Yes	168	25.5
No	492	74.5
Discussion with parents on sexual matters		
Yes	127	19.2
No	533	80.8

5.4 Alcohol consumption

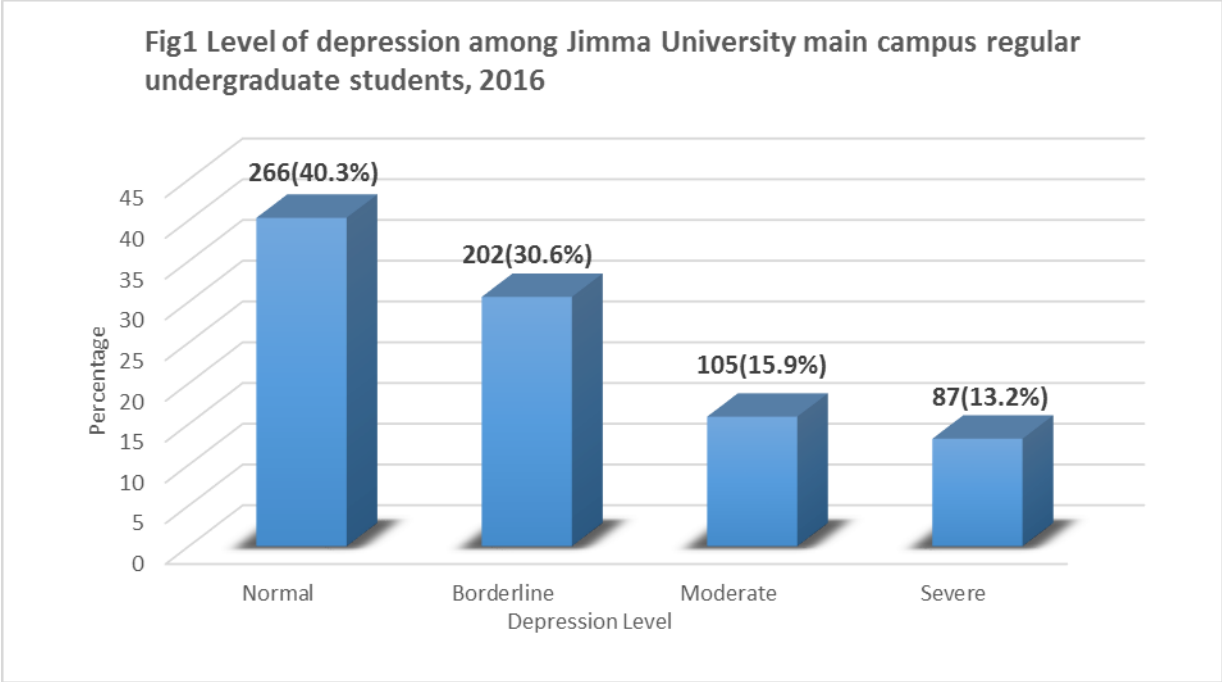
This study result revealed that among the total 660 respondents 73.2% (n=488) were never drank alcohol, followed by 17.7% (n=117) with AUDIT score of 1-7 were social drinker, AUDIT score also revealed the majority of the participants 90.9% (n=600) had no alcohol use disorder but the remaining 9.1% (n=60) had probable alcohol use disorder with AUDIT score of <8 and >=8 respectively. (See table)

Table 3 Study participant’s alcohol consumption status of Jimma University main campus regular undergraduate students, April, 2016

Alcohol consumption status			
AUDIT score	category		
0	Never drink	488	73.2
1-7	Social drinker	117	17.7
8-15	Hazardous drinker	48	7.3
16-19	Harmful drinker	6	0.9
>=20	Probable alcohol dependence	6	0.9
Overall AUDIT score			
<8	No alcohol use disorder	600	90.9
>=8	Had probable alcohol use disorder	60	9.1

5.5 Depression

Overall 29.1% (n=192) of the respondents had depression while the remaining 70.9% (n=468) were not depressed. Beck depression inventory result also revealed that among the total of 660 respondents the majority 40.3% (n=266) (were normal depression level with BDI score of 0-4, followed by 30.6% (n=202) BDI score of 5-13.



5.6 Khat use

Out of 660 respondents, the majority 72.9% (n=481) never chewed or used khat in their life and the remaining 27.1% (n=179) chewed or used at least once in their life. Among those who ever chewed or used most 18.8% (n=124) chewed or used monthly and less, followed by 4.7% (n=31) of them chewed or used 2-4 times a week.

Among those ever chewed or used khat their last time khat use were 11.7% (n=77) monthly or less, followed by 8.6% (n=57) of them were chewed or used within 2-4 weeks.

In general 27.1% (n=179) had life time prevalence of khat use and 15.4% (n=102) were current khat user or chewers

Table 4 Frequency of khat use, last time khat use and overall status of Khat use among Jimma University main campus regular undergraduate students, April, 2016

		Frequency(n=660)	Percentage
Frequency of khat use	Never chewed	481	72.9
	Monthly or less	124	18.8
	2-4 times a month	31	4.7
	2-3 times a week	19	2.9
	4 or more times a week	5	0.8
Last khat use	Monthly or less	77	11.7
	Within 2-4 weeks	57	8.6
	Within two weeks	45	6.8
Over all	Life time prevalence	179	27.1
	Current prevalence	102	15.4

5.7 Prevalence of Risky Sexual behavior

The prevalence of risky sexual behavior among Jimma University main campus regular undergraduate students was 30.2% (n=199).

5.8 Sexual practice and risky sexual behavior

Among the total 660 respondent 35.5% (n=234) ever had sexual experience. Of those who had sex 59.3% (n=140) had sexual experience over the past 12 months. Concerning the number of sexual partner 61.1% (143) had multiple sexual partners. The age of respondents who ever had sex range from 14-25 and the mean age of sexual intercourse for the first time was $17.76 \pm SD 1.924$ and the median age at first sex was 18, of the total participants 44.9% (n=105) started sex at the age of 17 or less. Regarding condom use during sexual intercourse 29.9% (n=70) did not used condom during sexual intercourse while the remaining 70.1 (n=164) of used. Among those who used condom during sexual intercourse the majority 59.8% (n=98) were used condom always followed by 24.4% (n=40) used occasionally. Among those who ever had sex 5.5% (n=36) of them had sex with commercial sex workers.

fig. 2 prevalence of risky sexual behavior among Jimma University main campus students, April 2016

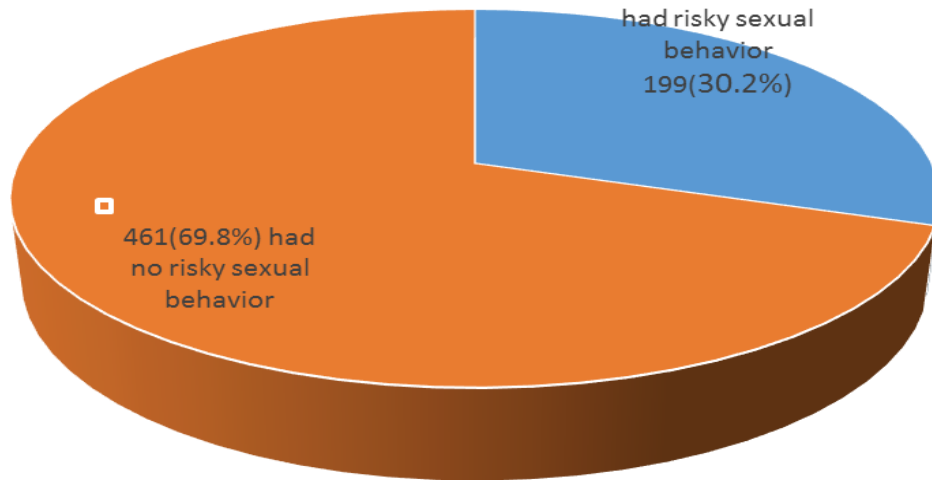


Table 5. Participant's sexual practices and risky sexual behavior of Jimma University main campus regular undergraduate students, April, 2016

Variables	Characterstics	Frequency	Percentage (100%)
Sexual experience	No	426	64.5
	Yes	234	35.5
Sex in the last 12 months (sexually active)	Yes	140	59.8
	No	94	40.2
	Total	234	100
Number of sexual partners	No	426	64.5
	1	91	38.9
	>1	143	61.1
	Total	234	100
Age at first sexual intercourse	>=18	129	55.1
	<18	105	44.9

	total	234	100
Condom use	Yes	164	70.1
	No	70	29.9
	Total	234	100
Frequency of condom use	Always	98	59.8
	Occasionally	40	24.4
	rarely	26	15.8
	total	164	100
Sex with commercial sex workers	yes	36	5.5
	No	624	94.5
	total	660	100

5.9.1 Factors associated with risky sexual behavior at bivariable logistic regression Analysis

Among socio demographic variables, age, sex, marital status, place of growing, living arrangements, current living condition, attending religious education and get pocket money only Age, sex, marital status, current living condition, attending religious education has association with risky sexual behavior explained by p-value less than 0.25 and were candidates for multivariate logistic regression.

Of mother and father education status, only mother education status was associated with risky sexual behavior and candidate for multiple multivariate regression

Among environmental factors such as attending night clubs, watching pornographic movies, peer pressure to engage in to risky sexual behaviors and discussion with parents on sexual matters, except discussion with parents on sexual matter all are candidates for multivariate logistic regression with p- value less than 0.25

Of depression status, those who had depression and those who had no depression, those who had depression were candidates for multiple logistic regression with p- value less than 0.25

Among substance related factors of those who had probable alcohol use disorder, no alcohol use disorder, life time prevalence of khat chewing or use and current prevalence of khat use and non-chewers or users. Having alcohol use disorder and life time prevalence of khat use were candidates for multivariate logistic regression with p- value less than 0.25.

Table 5: Bivariate analysis of factors associated with risky sexual behavior among Jimma university main campus regular undergraduate students, April 2016

	Characteristics	Risky sexual behavior		COR (CI-95%)	P value
		Yes	No		
Sex	Male	149(74.9%)	273(59.2%)	2.0(1.4-2.9)	< 0.001*
	Female	50(5.1%)	188(40.8%)	1	
Age	18-20	71(26.0%)	202(74.0%)	1	0.268
	21-23	92(30.2%)	213(69.8%)	1.2(0.8-1.7)	
	>=24	36(43.9%)	46(56.1%)	2.2(1.3-3.7)	
Marital status	Married	46(63.0%)	27(37.0%)	1.4(0.8-2.3)	0.179*
	Unmarried	415(70.7%)	199(29.3%)	1	
Living residence before joining university	Rural	88(32.6%)	182(67.4%)	1.2(0.8-1.7)	0.256
	Urban	111(28.5%)	279(71.5%)	1	
Living arrangement	Living with parent	37(34.6%)	70(65.4%)	1.2(0.8-1.9)	0.276
	Living away from parent	162(29.3)	391(70.7%)	1	
Current living condition	In dormitory	22(37.3%)	37(62.7%)	1.5(0.8-2.6)	0.156*
	Outside dormitory in rented house	140(28.3%)	354(71.7%)	1	
Participation in religious education	Yes	137(25.4%)	402(74.6%)	1	< 0.001*
	No	62(51.2%)	59(4.8%)	3.0(2.0-4.6)	
Monthly Pocket money(birr)	None	14(30.4%)	32(69.6%)	0.8(0.4-1.7)	0.651
	<100	29(34.1%)	56(65.9%)	1(0.5-1.7)	
	100-299	52(34.0%)	101(66.0%)	1(0.6-1.6)	
	300-499	58(24.1%)	183(75.9%)	0.6(0.3-1.1)	

	≥500	46(34.1%)	89(65.9%)	1	
Collage	Health science	78(28.6%)	195(41.4%)	1	
	Law and governance	46(30.7%)	104(69.3%)	1.2(0.8-1.9)	0.282
	Social science and humanities	23(28.0%)	59(72.0%)	1.1(0.7-1.7)	0.651
	Natural and computational science	52(33.5%)	103(66.5%)	0.9(0.5-1.6)	0.927
Year of study	Year I	54(26.0%)	154(74.0%)	1	
	Year II	48(28.3%)	122(71.8%)	1.1(0.7-1.7)	0.620
	Year III	46(33.3%)	92(66.7%)	1.4(0.8-2.2)	0.139
	Year IV	27(30.0%)	63(70.0%)	1.2(0.7-2.1)	0.472
	Year VI	24(44.4%)	30(55.6%)	2.2(1.2-4.2)	0.009*

Table 6: Bivariate analysis of factors associated with risky sexual behavior among Jimma university main campus regular undergraduate students, April 2016

Characteristics		Risky sexual behavior			
		Yes	No	COR (CI-95%)	p-value
Mother education level	Illiterate	56(33.9%)	109(66.1%)	1	
	Primary school	85(30.2%)	196(69.8%)	0.8(0.5-1.2)	0.419
	Secondary school	34(26.4%)	95(73.6%)	0.6(0.4-1.1)	0.162*
	University/ collage	24(28.2%)	61(71.8%)	0.7(0.4- 0.3)	0.360
Father education level	Illiterate	34(31.5%)	74(68.5%)	1.1(0.6-2.1)	0.536
	Primary school	68(29.4%)	163(70.6%)	1.0(0.6-1.7)	0.739
	Secondary school	64(31.7%)	138(68.3%)	1.2(0.7-1.9)	0.457
	University/ collage	33(27.7%)	86(72.3%)	1	
Watch pornographic movie	Yes	135(49.3%)	139(50.7%)	4.8(3.4-6.9)	< 0.001*
	No	64(16.6%)	322(83.4%)	1	

Attending night clubs	Yes	82(57.3%)	61(42.7%)		
	No	117(22.6%)	400(77.4%)	4.5(3.1-6.7)	< 0.001*
Peer pressure to engage into risky sexual behavior	Yes	80(47.6%)	88(52.4%)	2.8(1.9-4.1)	< 0.001*
	No	119(24.2%)	373(75.8)	1	
Discussion with parents on sexual matters	Yes	40(31.5%)	87(68.5%)	1.0(0.7-1.6)	0.713
	No	159(29.8%)	374(70.2%)	1	
Level of depression (BDI score)	Normal(0-4)	55(20.7%)	211(79.3%)	1	
	Borderline (5-13)	53(26.2%)	149(73.8%)	1.3(0.8-2.1)	0.158*
	Moderate (14-21)	50(47.6%)	55(52.4%)	3.4(2.1-5.6)	< 0.001*
	Severe (21-63)	41(47.1%)	46(52.9%)	3.4(2.0-5.7)	< 0.001*
Alcohol	Had probable alcohol use disorder	44(73.3%)	16(26.7%)	7.8(4.3-14.3)	< 0.001*
	Had no alcohol use disorder	155(25.8%)	445(74.2%)	1	
Frequency of khat use	Never chewed	119(24.7%)	362(75.3%)	1	
	Monthly or less	45(36.3%)	79(63.7%)	1.7(1.1-2.6)	0.100
	2-4 times a month	19(61.3%)	12(38.7%)	4.8(2.2-10.2)	< 0.001*
	2-3 times a week	13(68.4%)	6(31.6%)	6.5(2.4-17.7)	< 0.001*
	4 or more times a week	3(60.0%)	2(40.0%)	4.5(0.7-27.6)	0.999

* Variables which were associated with risky sexual behavior in the bivariate analysis

BDI- Beck Depression Inventory

AUDIT- Alcohol Use Disorder Identification Test

1-Reference

5.9.2 Independently associated factors of risky sexual behaviors at multivariable logistic regression

Multicollinearity statistics analysis first done among those variables which had association on bivariate analysis before the final model and all the candidates for final models had variance inflation factor less than 1.6, multicollinearity were controlled .

Using multivariate logistic regression model controlling for the effect of confounding variables with p- value less than 0.05 with 95% confidence interval, having depression, probable alcohol use disorder, watching pornographic movie, not participating religious education, and having peer pressure to engage in risky sexual behaviors were independent predictors of risky sexual behavior.

The odds of risky sexual behavior was nearly twice higher among those who did not participate in religious education than their counterpart. ((AOR (95%CI), 1.9(1.1-3.2)). The odds of risky sexual behavior was approximately four times higher among those who watch pornographic movie than who did not watch. ((AOR (95%CI), 4.1(2.6-6.5)). The odds of risky sexual behavior was approximately two times higher among those who had peer pressure to engage in risky sexual behavior than who did not have. ((AOR (95%CI), 1.6(1.1-2.7)). The odds of risky sexual behavior was nearly twice higher among those who had moderate depression than the normal counterpart. ((AOR (95%CI), 1.9(1.1-3.1)). The odds of risky sexual behavior was approximately three times higher among those who had severe depression than the normal counterpart. ((AOR (95%CI), 2.6(1.3- 5.1)). The odds of risky sexual behavior was nearly three times higher among those who had probable alcohol disorder than their counterpart. ((AOR (95%CI), 2.9(1.4-6.1)). The odds of risky sexual behavior was nearly three times higher among those who had cheing khat 2-4 times a month than never chewed counterpart. ((AOR (95%CI), 2.8(1.1-7.7)).The odds of risky sexual behavior was slightly higher than four times higher among those who chewed 2-3 times aweek than the never chewed counterpart. ((AOR (95%CI), 4.3(1.1-17.6)).

Table 7: Multivariate analysis of factors associated with risky sexual behaviors among Jimma University main campus regular undergraduate students, April, 2016

variables	Characteristics	Risky sexual behaviors		COR (CI-95%)	AOR (CI=95%)	P- value
		Yes	No			
Participation in religious education	Yes	137(25.4%)	402(74.6%)	1		
	No	62(51.2%)	59(4.8%)	3.0(2.0-4.6)*	1.9(1.1-3.2)	0.010**
Watch pornographic movie	Yes	135(49.3%)	139(50.7%)	4.8(3.4-6.9)*	4.1(2.6-6.5)	< 0.001**
	No	64(16.6%)	322(83.4%)	1		
Peer pressure to engage into risky sexual behavior	Yes	80(47.6%)	88(52.4%)	2.8(1.9-4.1)*	1.6(1.1-2.7)	0.024**
	No	119(24.2%)	373(75.8)	1		
Level of depression (BDI)	Normal(0-4)	55(20.7%)	211(79.3%)	1		
	Borderline (5-13)	53(26.2%)	149(73.8%)	1.3(0.8-2.1)*	0.9(0.3-1.5)	0.705
	Moderate (14-21)	50(47.6%)	55(52.4%)	3.4(2.1-5.6)*	1.9(1.1-3.1)	0.049**
	Severe (21-63)	41(47.1%)	46(52.9%)	3.4(2.0-5.7)*	2.6(1.3- 5.1)	0.003**
Alcohol	Had probable alcohol use disorder	44(73.3%)	16(26.7%)	7.8(4.3-14.3)*	2.9(1.4-6.1)	0.004**
	Had no alcohol use disorder	155(25.8%)	445(74.2%)	1		
Frequency of	Never chewed	119(24.7%)	362(75.3%)	1		

khat use	Monthly or less	45(36.3%)	79(63.7%)	1.7(1.1-2.6)	1.1(0.6-2.0)	0.536
	2-4 times a month	19(61.3%)	12(38.7%)	4.8(2.2-11.2)*	2.8(1.1-7.7)	0.042**
	2-3 times a week	13(68.4%)	6(31.6%)	6.5(2.4-17.7)*	4.3(1.1-17.6)	0.040**
	4 or more times a week	3(60.0%)	2(40.0%)	4.5(0.7-27.6)	2.1(0.1-25.9)	0.519

* Variables which were associated with risky sexual behavior in the bivariate analysis

** Variables which were independently associated with risky sexual behavior in the multivariate analysis

1- Reference

CHAPTER SIX- Discussion

This study revealed that the prevalence of risky sexual behavior was 30.2 % which is nearly similar with study done at Arbaminch University 31.4% (25). But much lower when it compared with the study conducted in Haramaya University students, where 65.8% of the participants had at least one of the risky sexual behavior. This may be because of this may be because the Haramaya study calculate prevalence of risky sexual behavior from those students who were sexually active but ours was from all sampled students (26). But much higher than study done on Humera secondary school which is 13.7% (23). This may be explained by the difference in study subjects, and much of university students were living away from parents increased independence and get more average pocket money than those secondary school students.

Our findings showed that among those who ever had sex 44.9 % of them started sex before the age of 18, this is inline with study done in Arbaminch University 43.5 % (25). But higher than study done in Bahirdar University 24.3 % (11). Our finding is lower than study done in Cammeron University 55% (44). This may be because of the difference in sexual culture between the two countries. Our finding was much lower compared to another study done in Jimma University 75.6% and Haramaya University 72.8% and the participants started sex before joining university, in both studies the minimum age of attending university was 18 (19, 26). The possible explanation for the disparity may be it has been more than six years since both study were done and there may be growing media coverage on the negative impact of early initiation of sex is being given now than before.

This study revealed that among those who ever had sex 61.1% of them had more than one sexual partner which is much higher than study findings of another Jimma university study 28.3% (19). Bahirdar University 42.7% (11). And jigjiga university 30.1% (45) Mekelle University 47.4 % (15). tertiary institution in Nigeria river state 48.2% (46). This disparity may be due to the social media influence, there is attitude among youth having more than one sexual partner is a sign of modernization and peer influence to have more sexual partners. But our finding were much higher than study done in Haramaya University of which 11.5% (26). Had multiple sexual partner in the last three month this may be explained by the Haramaya findings indicates only in the last three month whereas this study indicates life time prevalence.

This study findings showed that among those who had sex 29.9% of them did not use condom whereas the remaining 70.1% used condom during sexual intercourse, among those who used condom during sexual intercourse 59.8% of them used always/ regularly, 24.4% used occasionally and the remaining 15.8% used rarely (total of 40.2% inconsistent condom users) this is in line with study done in Bahirdar university which was inconsistent condom use and never use of condom were 36%, 25% respectively (11). Our findings also supported by study done in Mekele University in which among those who used condom 50.5% were inconsistent condom users (22). And study done in Madagascar University which showed 57.6% of the respondents used condom inconsistently (47). But our findings was higher than study done in Colombia of which 33.7% of the respondent were inconsistent condom users (48). This disparity may be explained by the the difference in culture of using condom between the two countries

This study also revealed that 5.5% of the respondent had sex with commercial sex workers which is lower than study done in Bahirdar University 7.4% (11). Arbaminch University 8.8% (25). Haramaya University 31.9% (26). Jigjiga University, 16.3 % (45). And Gondor 8.8% (49).

Our study showed that those participants who watched pornographic movies were four times at higher risk to practice risky sexual behaviors than those who did not watch. This is consistent with in Bahirdar University and, another study done Jimma University showed those who watched pornographic movies were 2 times higher to practice risky sexual behavior than who did not watch. (11,19) This is also supported by study done in Mizan-Tepi University that showed those who watched sex movies were three times at increased risk to engage into risky sexual behaviors compared to those who did not watch (50).

In this study participants who had peer pressure to engage into risky sexual behaviors were two times higher to engage into risky sexual behavior than who did not have. This findings supported by another study done in Jimma University that showed peer pressure in campus is a reason to start sexual activities (19). This is also supported by study done in Humera secondary school in which those who had peer pressure were 3 times at increased risk than those who did not have (26), the reason for higher figure on humera study may be peer pressure is more common at younger age than adolescent period and as get older there will be increase confidence and independence than during childhood periods.

Our study result showed student who were not participate in religious education were two times at higher risk to involve into risky sexual behavior than thier counterpart this is supported by study done on Humera secondary school in which participating in religious education were protective to risky sexual behavior. (26)

This study revealed that those respondents who had moderate and severe depression were at higher risk to practice risky sexual behavior than those who had no depression. This is consistent with a study done in Nairobi university students which showed that those students who had moderate and severe depression were at higher risk to engage into risky sexual behavior (31). Another study done in Uganda university students also showed high scores of depression and risky sexual behavior were significantly associated (16). Our study findings also supported by study done in USA, that showed those students who had moderate and severe depression were at higher risk to involve in to risky sexual behavior than students who had no depression (29). Another study done in USA also revealed that depressive symptoms were independently associated with risky sexual behavior (28).

Our study result showed that those who had probable alcohol use disorders were at higher risk to engage in to risky sexual behavior than those who had no alcohol use disorder this is in line with study done in Uganda that showed those who had alcohol use disorder were at higher risk to practice risky sexual behavior than their counterpart (51). Our finding also supported by study done in Ireland university students that showed Hazardous drinkers were at higher risky to practice risky sexual behavior than those who were not hazardous drinkers (35). This study result also consistent with study done in USA that showed those with alcohol use disorders were more likely to engage into risky sexual behavior than who had no alcohol use disorder (38). our finding also supported by another study done in USA which revealed adolescents who were treated for substance use problems were at higher risk to engage in to risky sexual behavior than non treated peers (36). The possible reason alcohol use increase risk of practicing risky sexual behavior in all studies may be due to the fact that alcohol interfer with judgment and decision making capacity which led the user to involve in to various risky sexual behavior.

This study revealed that those students who used khat 2-4 times a month and 2-3 times a week were at higher risk to engage in to risky sexual behavior than those who never chewed. This is

consistent with study done in Bahirdar University (11). Arbaminch University (25). And Haramaya university (26). Showed khat chewers were at increased risk to practice risky sexual behavior than those who did not chew khat, in all listed studies khat use increase risky of sexual practice this may be due to the fact that khat interfere with cognitive capacity and interfere with judgment and for some user's khat use increase sexual desire.

Even though different research finding showed strong association between risky sexual behavior and attending night club (11). Year of study (26). And sex (25). in this study multiple logistic regression model showed no significant association, But Participants who attend night clubs and being male were 4.5 and 2 times higher risk of practicing risky sexual behaviors respectively, similarly participants age ≥ 24 , 2.2 times higher risk than age 18-20 to practice sexual behaviors and fourth year students were 2.2 times at increased risk to practice sexual behaviors.

CHAPTER SEVEN

Conclusion and recommendation

This study revealed that the prevalence of risky sexual behavior in Jimma university main campus regular undergraduate students was high. Having depression, having probable alcohol use disorder, khat use, watching pornographic movie, not participating in religious education and having peer pressure to engage in to risky sexual behavior were significantly associated with risky sexual behavior.

Recommendation

- ❖ The findings of this study showed significant numbers jimma university students involved in risky sexual behavior So, it is better jimma university ensure the safety by strengthening already started reproductive health services and radio programme on reproductive health together with life skill training, awareness creation activities as well as pre-hand orientation for the fresh university students, and working together with all stallholders and the surrounding community is recommended.
- ❖ It is better also Jimma University strengthen youth friendly health service and facilitates accessibility of condom, and provide information related to substance use.
- ❖ This study found significant association between risky sexual behavior and depression, alcohol consumption and khat use this means significant numbers of students have mental health problems so it is better Jimma University provide a more comprehensive mental health service for the students.
- ❖ We also forward our recommendation to those governmental (such as gender office) and NGO (such as Family Guidance association, JHEPAGO) which are working on university students need to focus and intervene reproductive as well as mental health problem of students.
- ❖ The surrounding community also need to be involved by understanding the effects of khat houses, night clubs on students

- ❖ We also recommend further study needs to be conducted to explore the effect of depression, alcohol use disorder and khat use on risky sexual behavior.
- ❖ We finally forward further study needs to be conducted to explore association between other mental disorders and risky sexual behavior

Limitation of the study

- ❖ This study is cross-sectional in nature and not explain the the cause- effect relationship between the outcome variable and explanatory variables.
- ❖ The study topic by itself assesses personal and sensitive issues related to sexuality which might have caused underreporting of some behaviors and social desirability and recall bias may be introduced. We have tried to solve this by explaining the purpose of the study, confidentiality and informing them not to write their names on questionnaires and they are told no one knows who respond what.

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Annex

ENGLISH VERSION QUESTIONNAIRE

Code No _____

JIMMA UNIVERSITY

COLLEGE OF HEALTH SCIENCES

DEPARTMENT OF PSYCHIATRY

Consent and information sheet

Mental illnesses are among the most prevalent health problem among young age population if not early detected and promptly treated. Therefore, the result of this study is very important for us as graduating class as well as for you for future success in life and if there is some who is suffering currently among you for getting necessary medical attention as soon as possible. I am doing this study for the partial fulfillment of the requirements for a master's of science in integrated clinical and community mental health. The objective of this study is to assess risky sexual behavior and its association with depression, alcohol consumption and khat Use among regular undergraduate students, Jimma University, 2016. Your cooperation and honest participation in filling questionnaires will provide us valid result and help us to make recommendation of different type of relevant intervention; hence I request you to participate honestly. Your participation in filling the prepared questionnaires and every aspect of the study is completely voluntary. You may skip any question that you prefer not to answer, but I would appreciate your cooperation. You may also ask us to clarify questions if you do not understand them. If you do not want to participate on this study for different reason that makes you not to participate you do so either at the beginning you can stop participating during the participation period. However I advise you to participate as your involvement in the study is precious and indirectly you are helping young people like you to get the necessary health services in the country. Your name will not be written in this form (your participation is anonymous) and your

responses to our questions are identified only by code number .All information that you give me will be kept confidential and the release of information will be general not by each individual.

Do you agree to participate in this study? 1. Yes 2. No

Participant phone Number.....

Name of supervisor

.....Signature.....Date.....

Name of principal investigator.....Signature.....Date.....

NB:-In this study I will expect that some of student may have mental health problem which require mental health professional help and it is unethical to use subjects only for study purpose without suggesting some help for this students. The only way to reach this subject to help after they fill questionnaire and give it back to investigator is by looking to the score of PART 5(BDI). Therefore I request you to put the sum of each chosen items at the end of PART5 (BDI) table on the space in front of total score and if your total score is above 20 and if your answer to question number BD9 is 1, 2 or 3 and if you consume Alcohol regularly large amount you need professional help therefore please call and get necessary help on this number 0910107507 (Mr. Yonas Tesfaye)

PART.1. Question to assess Sociodemographic and parental information

Instruction 1: This Question is about your Back ground information. Please circle the option that represents your experience and write appropriate answer on the space provided.

N_o	Back ground information	Response
BG1	Age	_____
BG2	Sex	1. Male 2. Female
BG3	Marital status	1. Married 2. Single 3. Divorced 4. Separated 5. Widowed
BG4	Ethnicity	1. Oromo 2. Amhara 3. Tigre 4. Gurage 5. Yem 6. Other specify_____
BG5	Religion	1. Muslim 2. Orthodox 3. Protestant 4. Catholic 5. Wakekefata 6. Other specify_____
BG6	Where did you grow up?	1. Rural 2. Urban
BG7	Living Arrangements during university stay	1. Living with parents 2. Living away from parents
BG8	If your answer to BG7 is living away from parents where do you live currently?	1. Living outside dormitory in rented house 2. Living in Dormitory
BG9	Do you participate in Religious Education?	1. Yes 2. No
BG10	How much total pocket money avaragely you	_____Birr

	get monthly?	
BG11	Mothers' Education level	1. Uneducated -0 years 2. Primary1-8 Grade 3.Secondary or 9–12 grade 4. University
BG12	Fathers' Education level	1. Uneducated -0 grade 2. Primary1-8 Grade 3.Secondary or 9–12 grade 4. University

PART.2. Question to assess your Academic information

Instruction 3: This Question is about your Academic information. Please circle the option that represents you and write appropriate answer on the space provided.

No	Academic information	Response
AI1	College	_____
AI2	Department	_____
AI3	Year of study	1. 1st-year 2. 2nd-year 3. 3rd-year 4. 4th-year 5. 5th-year

PART.3.Question to assess Risky Sexual Behavior

Instruction 3: This Question is about Risky Sexual Behavior. Please circle the option that represents your experience and write appropriate answer on the space provided.

No	Risky Sexual Behavior	Response
RSB1	Have you ever had sexual partner?	1. Yes 2. No
RSB2	Have you ever had sexual intercourse in the last 12 months?	1. Yes 2. No
RSB3	How old were you when you had sexual intercourse for the first time?	_____ Years old
RSB4	How many sexual partners did you have during your life time?	_____
RSB5	Do you use condom when you had sexual intercourse?	1.Yes 2.No
RSB6	If your answer to question number RSB5 is yes, how often do you use condom with your sexual partner?	1. Always 2. Occasionally 3. Rarely
RSB7	Have you ever had sex with commercial sex worker?	1.Yes 2.No

PART IV- Question to assess sexual related factors

Instruction: This Question is sexual related factors. Please circle the option that represents your experience.

No	Sexual related factor	Response
RSB8	Have you ever watch pornographic movie?	1. Yes 2. No
RSB9	Have you ever attended Night Clubs?	1. Yes

		2. No
RSB10	Do You Perceive peer pressure to engage in risky sexual behavior such as to have many sexual partner, sex with out condom, and to have sex with CSW?	1. Yes 2. No
RSB11	Have you Discuss on sexual matters with your parents?	1. Yes 2. No

PART.5.Question to assess presence of depressive disorder

Instruction 5: This Question is about presence of depressive disorder. Please circle the option that represents your experience and write appropriate answer on the space provided.

No	Beck Depression Inventory	Response
BD1	Sadness	0 I do not feel sad. 1 I feel sad much of the time. 2 I am sad all of the time. 3 I am so sad or unhappy that I can't stand it.
BD2	Pessimism	0 I am not discouraged about my future. 1 I feel more discouraged about my future than I used to be. 2 I do not expect things to work out for me. 3 I feel my fortune is hopeless and will get only worse.
BD3	Past Failure	0 I do not feel like a failure. 1 I have failed more than I should have.

		<p>2 As I look back I see a lot of failures.</p> <p>3 I feel I am a total failure as a person.</p>
BD4	Loss of Pleasure	<p>0 I get as much pleasure as I ever did from the things I enjoy.</p> <p>1 I don't enjoy things as much as I used to.</p> <p>2 I get very little pleasure from the things I used to enjoy.</p> <p>3 I can't get any pleasure from the things I used to enjoy.</p>
BD5	Guilty Feelings	<p>0 I don't feel particularly guilty.</p> <p>1 I feel guilty over many things I have done or should have done.</p> <p>2 I feel quite guilty most of the time.</p> <p>3 I feel guilty most of the time.</p>
BD6	Punishment Feelings	<p>0 I don't feel I am being punished.</p> <p>1 I feel I may be punished.</p> <p>2 I expect to be punished.</p> <p>3 I feel I am being punished.</p>
BD7	Self-Dislike	<p>0 I feel the same about myself as ever.</p> <p>1 I have lost confidence in myself.</p> <p>2 I am disappointed in myself.</p> <p>3 I dislike myself.</p>
BD8	Self-Criticisms	<p>0 I don't criticize or blame myself more than usual.</p>

		<p>1 I am more critical of myself than I used to be.</p> <p>2 I criticize myself for all of my faults.</p> <p>3 I blame myself for everything bad that happens.</p>
BD9	Suicidal Thoughts or Wishes	<p>0 I don't have any thoughts of killing myself.</p> <p>1 I have thoughts of killing myself, but I would not carry them out.</p> <p>2 I would like to kill myself.</p> <p>3 I would kill myself if I had the chance.</p>
BD10	Crying	<p>0 I don't cry any more than I used to.</p> <p>1 I cry more than I used to.</p> <p>2 I cry over every little thing.</p> <p>3 I feel like crying, but I can't.</p>
BD11	Agitation	<p>0 I am no more restless or would up than usual.</p> <p>1 I feel more restless or would up than usual.</p> <p>2 I am so restless or agitated that it's hard to stay still.</p> <p>3 I am so restless that I have to keep moving or doing something.</p>
BD12	Loss of Interest	<p>0 I have not lost interest in other people or activities.</p> <p>1 I am less interested in other people or things than before.</p> <p>2 I have lost most of my interest in other people or things.</p>

		3 It's hard to get interested in anything.
BD13	Indecisiveness	0 I make decisions about as well as ever. 1 I find it more difficult to make decisions than usual. 2 I have much greater difficulty in making decisions than usual. 3 I have trouble making any decision.
BD14	Worthlessness	0 I do not feel I am worthless. 1 I don't consider myself as worthwhile and useful as I used to. 2 I feel more worthless as compared to other people. 3 I feel utterly worthless.
BD15	Loss of Energy	0 I have as much energy as ever. 1 I have less energy than I used to have. 2 I don't have enough energy to do very much. 3 I don't have enough energy to do anything.
BD16	Changes in Sleeping Patterns	0 I have not experienced any change in my sleeping pattern. 1 I sleep somewhat more/less than usual. 2 I sleep a lot more/less than usual. 3 I sleep most of the day. I wake up 1-2 hours early and can't get back to sleep.
BD17	Irritability	0 I am no more irritable than usual. 1 I am more irritable than usual.

		<p>2 I am much more irritable than usual.</p> <p>3 I am irritable all the time.</p>
BD18	Changes in Appetite	<p>0 I have not experienced any change in my appetite.</p> <p>1 My appetite is somewhat greater/lesser than usual.</p> <p>2 My appetite is much greater/lesser than usual.</p> <p>3 I crave food all the time or I have no appetite at all.</p>
BD19	Concentration Difficulty	<p>0 I can concentrate as well as ever.</p> <p>1 I can't concentrate as well as usual.</p> <p>2 It's hard to keep my mind on anything for very long.</p> <p>3 I find I can't concentrate on anything.</p>
BD20	Tiredness or Fatigue	<p>0 I am no more tired or fatigued than usual.</p> <p>1 I get more tired or fatigued more easily than usual.</p> <p>2 I am too tired or fatigued to do a lot of the things I used to do.</p> <p>3 I am too tired or fatigued to do most of the things I used to do.</p>
BD21	Loss of Interest in Sex	<p>0 I have not noticed any recent change in my interest in sex.</p> <p>1 I am less interested in sex than I used to be.</p> <p>2 I am much less interested in sex now.</p> <p>3 I have lost interest in sex completely.</p>

PART six- Question to assess Alcohol consumption

Instruction 6: This Question is to asses Alcohol consumption. Please circle the option that represents your experience and write appropriate answer on the space provided. (AUDIT)

No	Alcohol consumption	Response
AL1	How often do you have a drink containing alcohol like Beer, Araki, Tej, and Tella....? (If never is the answer, even you do not drink at all tella on holidays?)	0.Never--skip to question number SU7 1.Monthly or less 2.2-4 times a month 3.2-3 times a week 4.4 or more times a week
AL2	What type of alcoholic beverages do you prefer?	1. Beer 2. Wine 3. Draft 4. Araki 5. Tej 6. Tella 7.Others(specify)_____
AL3	Amount of alcohol used in number	1. Beer(Bottle)_____ 2. Wine:- a. Glass_____ b. Bottle_____ 3. Draft(Glass)_____ 4. Araki:-a. Melekia_____ b. Bush_____ 5. Tej:-a. Birile_____ b.Bottle_____ 6. Tella(Tassa,birciko)____ 7. Others_____
AL4	How much is your maximum intake alcohol at a time?	1. Beer(Bottle)_____ 2. Wine(Glass, Bottle)_____ 3. Draft(Glass)_____ 4. Araki(Melekia,

		Bush)____ 5. Tej(Birile, Bottle)____ 6. Tella(Tassa,birciko)____ 7. Others(specify)____ _____
AL5	How often do you drink this much amount of alcohol?	1. Monthly or less 2. 2-4 times a month 3. 2-3 times a week 4. 4 or more times a week
AL6	During the past year, have you found that you were not able to stop Drinking once you had started?	1. Yes 2. Never
AL7	If yes to AL6, how often?	1. Less than monthly 2. Monthly 3. Weekly 4. Daily or almost daily
AL8	During the past year, have you failed to do what was normally expected of you because of drinking?	1. Yes 2. Never
AL9	If yes to AL8, how often	1. Less than monthly 2. Monthly 3. Weekly 4. Daily or almost daily
AL10	During the past year, have you needed a drink in the morning to get Yourself going after a heavy drinking session?	1. Yes 2. No
AL11	If yes to AL10, how often?	1. Less than monthly 2. Monthly 3. Weekly 4. Daily or almost daily

AL12	During the past year, have you had a feeling of guilt or remorse after drinking?	1. Yes 2. Never
AL13	If yes to AL12, how often?	1. Less than monthly 2. Monthly 3. Weekly 4. Daily or almost daily
AL14	During the past year, have you been un able to remember what happened the night before because you had been drinking?	1. Yes 2. Never
AL15	If yes to AL14, how often?	1. Less than monthly 2. Monthly 3. Weekly 4. Daily or almost daily
AL16	Have you or someone else been injured as a result of your drinking?	1. Yes 2. No
AL17	If yes to AL16, when?	2. But not in the last year 4. During the last year
AL18	Has a relative or friend, doctor or other health worker been concerned about your Drinking or suggested you cut down?	1. Yes, 2. No
AL19	If yes to AL18, when?	2. But not in the last year 4. During the last year

PART seven- Question to assess Khat/ Chewing use

Instruction 7: This Question is to asses Khat/ Chewing use. Please circle the option that represents your experience and write appropriate answer on the space provided.

KU1	How often do you used or Chewed Khat?	1.Never-Skip question number KU2 2. Monthly or less 3.2-4 times a month 4.2-3 times a week 5.4 or more times a week
KU2	When did you chew Khat for the last time?	1. Monthly or less 2.2-4 times a month 3.2-3 times a week 4.4 or more times a week

የአማርኛ ትርጉም መጠይቅ

ጅም ዩኒቨርሲቲ

ጤና ሳይንስ ኮሌጅ

የአእምሮ ህክምና ትምህርት ክፍል

የፍቃደኝነት እና የመረጃ ቅጽ/ገጽ

የአዕምሮ ህመም ያለባቸው ወጣቶች በጊዜ ህመሙ እንዳለባቸው ካልታወቁ እና በአግባቡ ህክምና ካላገኙ በከፍተኛ ደረጃ ጤናቸው ያቃወሳል። ስለዚህ የዚህ ጥናት ውጤት በመማር ላይ የሚገኙ ተማሪዎች እና ተመራቂ ተማሪዎች ወደፊት ስኬታማ ህይወት እንዲኖራቸው ጠቀሜታው እጅግ የጎላ ነው። ከዚህም በተጨማሪም በመካከላቸው ጥናቱ በሚያተኩርባቸው የአዕምሮ ህመሞች የሚጠቁ ተማሪዎች ካሉ በፍጥነት አስፈላጊውን የጤና እርዳታ እንዲያገኙ እና ትምህርታቸውን እንዲቀጥሉ ይረዳል።

ይህን ጥናት የማካሄደው በአዕምሮ ህክምና ትምህርት ክፍል ውስጥ የምገኝ ተመራቂ ተማሪ ስሆን ለድህረ ምረቃ ዲግሪ ማሟያነት ያገለግላለሁ። የዚህ ጥናት ዋና አላማ ለአደጋ አጋላጭ የሆኑ ወሲባዊ ባህሪያት ከድብርት (depression) ፣ ከአልኮል መጠጥ አጠቃቀም እና ከጫት መቃም ወይም መጠቀም ጋር ያላቸውን ተያያዥነት በጅም ዩኒቨርሲቲ ዋና ግቢ በቅድመ ምረቃ መርህ ግብር የሚማሩ ተማሪዎች ላይ በ 2016 ዓ.ም ማጥናት ነው።

መጠይቁን ለመሙላት የሚያደርጉት ተሳትፎ ሙሉ በ ሙሉ በፍቃደኝነቱ ላይ የተመሰረተ ነው። መመለስ የማይፈልጉትን ጥያቄዎችን መዘለል/አለመመለስ ይችላሉ ወይም በተለያዩ ምክንያቶች የተነሳ የጥናቱ መጀመሪያ ላይ እንዲሁም መጠይቁን መሙላት ከጀመሩ በኋላ መሳተፍ ካልፈለጉ መጠይቁን መሙላት ማቋረጥ እና በጥናቱ ላይ አለመሳተፍ ይችላሉ። መጠይቁን በታማኝነት በመሙላት የሚያደርጉት ትብብር ትክክለኛ ውጤት እንዳገኝ ይረዳኛል ምክንያቱም የሚሰጡኝ መረጃ ከአገር ጥቅም አንፃር ሲታይ በዋጋ የማይታመን መሆኑን ልገልጽሎት እንወዳለሁ። ይህም ለወደፊት አስፈላጊ የሆነ ቅድመ ጥንቃቄ እንዲደረግ ለሚመለከታቸው አካላት ለመጠቀም ይረዳኛል። ስለዚህ መጠይቁን ለራስዎ ታማኝ ሆነው እንዲሞሉት እጠይቃለሁ። መጠይቁ ላይ ለመረዳት የሚከብዱ ጥያቄዎች ካሉ ግልጽ እንዲሆንልዎት መጠየቅ ይችላሉ። በተጨማሪም እርሶ የሚሰጡን መረጃ በሀገሪቱ ውስጥ ያሉ ወጣቶች አስፈላጊውን የጤና እርዳታ እንዲያገኙ ይረዳቸዋል።

ስሞዎት በመጠይቁ ላይ ፈጽሞ አይጻፉም/ አይጽፉም። በጥናቱ ላይ ማን እንደተሳተፈ አይታወቅም። እርሶ ለጥያቄዎች ያደረጉት ምላሽ የሚታወቀው በተሰጠው መለያ ኮድ መሰረት ብቻ ይሆናል። የሚሰጡኝ መረጃ ሚስጥራዊነቱ የተጠበቀ ይሆናል፤ የጥናቱም ውጤት በአጠቃላይ እንጂ በግለሰብ ደረጃ አይወጣም።

በጥናቱ ለመሳተፍ ፈቃደኛ ነዎት? ሀ. አዎ ለ. አይደለሁም

ለተሳተፎዎ አመሰግናለሁ።
መጠይቁን ያስሞላው ሰው ስም ----- ፊርማ-----ቀን-----ወር-----ዓ.ም-----
የተቆጣጣሪ ስም-----ፊርማ-----ቀን-----ወር-----ዓ.ም-----

ማሳሰቢያ:- በዚህ ጥናት ውስጥ ከሚሳተፉ ተማሪዎች መካከል አንዳንዶቹ ምናልባትም በዚህ የመረጃ መሰብሰቢያ ቅጽ ውስጥ የተጠቀሱ ችግሮች ሊገኝባቸው ይችላሉ ይሆናል ብዬ እስባለሁ። እነዚህም ተማሪዎች በግል አነጋግረውኝ እርዳታ

የሚያገኙበት መንገድ በእኔ በኩል የተዘጋጀ ስለሆነ እንዲያነጋግሩኝ አሳስባለሁ። ይህም ልክ እንደ መጠይቁ ምስጢራዊ ይሆናል። እነዚህን ተማሪዎች የህክምና እርዳታ እንዲያገኙ ሳይጠቁሙ ለጥናት ብቻ ተጠቅሞ መሄድ ከአንድ ተመራማሪ የማይጠበቅ እና ስነ ምግባር የጎደለው ተግባር መሆኑ ይታወቃል። ስለዚህ እነዚህን የህክምና እርዳታ የሚያስፈልጋቸው ተማሪዎችን ብቸኛ ማግኛ መንገድ በ ክፍል አምስት ቤክ የድብርት (depression) መለያ (BDI) ላይ ባለው ውጤት ነው። ስለዚህ በክፍል አምስት ላይ ያሉትን ጥያቄዎች ድምር ባለው ክፍት ቦታ ላይ እንዲሞሉ እጠይቃለሁ። የደመሩት ውጤት ከ ሆስፒታል ከሆነ እና በጥያቄ ተራ ቁጥር BD9 የመረጡት መልስ 1፣2፣3 ከሆነ እና ከፍተኛ መጠን ያለው የአልኮል መጠጥ በየቀኑ የሚጠቀሙ ከሆነ የህክምና እርዳታ ስለሚያስፈልግዎ በ ስልክ ቁጥር 0910107507 አቶ ዮናስ ተስፋዬ ብለው በመደወል እርዳታ ማግኘት ይችላሉ።

ክፍል-1: የስነ መሀበራዊ ፣ ስነ ህዝብ ፣ ምጣኔ ሀብት እና ቤተሰብ መለያ መጠይቅ

መመርያ 1: ይህ የስነ መሀበራዊ እና ስነ ህዝብ መለያ መጠይቅ ነው። እባክዎ እርሶዎን የሚወክለውን ምርጫ ያክበቡ እንዲሁም ተገቢውን መልስ በባዶ ቦታው ላይ ይሙሉ።

ቁጥር	የስነ መሀበራዊ እና ስነ ህዝብ መለያ መረጃ	መልስ
BG1	እድሜ	_____
BG2	ፆታ	1. ወንድ 2. ሴት
BG3	የትምህርት ሁኔታ	1. ያገባ (ች) 2. ያላገባ (ች) 3. የፈታ (ች) 4. የተለያየ (ች) 5. የሞተበት (ባት)
BG4	ብሄር	1. አሮሞ 2. አማራ 3. ትግሬ 4. ጉራጌ 5. የም 6. ሌላ ካለ ይግለጹ _____
BG5	ሀይማኖት	2. ሙስሊም 2. ኦርቶዶክስ 3. ፕሮቴስታንት 4. ካቶሊክ 5. ሌላ ካለ ይግለጹ _____
BG6	የኒቨርሲቲ ከመግባቶ በፊት የሚኖሩት የት ነበር?	1. ገጠር 2. ከተማ
BG7	በኒቨርሲቲ ቆይታዎት የት ነው የሚኖሩት?	1. ከቤተሰብ ጋር

		2. ከቤተሰብ ርቆ የሚኖር
BG8	የ ጥያቄ ቁጥር BG7 መልሶ ከቤተሰብ ርቆ የሚኖር ከሆነ በአሁኑ ወቅት የት ነው የሚኖሩት?	1. ከዶሮም ውጭ ተከራይቶ የሚኖር 2. ዶረም ውስጥ የሚኖር
BG9	በሀይማኖት ትምህርት ይላተፋሉ?	1. አዎ 2. የለም
BG10	በወር በአጠቃላይ ስንት የኪስ ብር ይላክሎታል?	_____ ብር
BG11	የእናትዎ የትምህርት ደረጃ	1. ያልተማረች ወይም 0 ክፍል 2. የመጀመሪያ ደረጃ ወይም 1-8 ክፍል 3. የሁለተኛ ደረጃ ወይም ከ9-12 ክፍል 4. ዩኒቨርሲቲ
BG12	የአባትዎ የትምህርት ደረጃ	1. ያልተማረ ወይም 0 ክፍል 2. የመጀመሪያ ደረጃ ወይም 1-8 ክፍል 3. የሁለተኛ ደረጃ ወይም ከ9-12 ክፍል 4. ዩኒቨርሲቲ

ክፍል-2: የትምህርት ነክ መረጃ መጠይቅ

መመርያ 2: ይህ የትምህርት ነክ መረጃ መጠይቅ ነው። እባክዎ እርሶዎን የሚወክለውን ምርጫ ያክበቡ እንዲሁም ተገቢውን መልስ በባዶ ቦታው ላይ ይሙሉ።

ቁጥር	የትምህርት ነክ መረጃ መጠይቅ	መልስ
AI1	ኮሌጅ	_____
AI2	የትምህርት ዘርፍ (ዲፓርትመንት)	_____
AI3	የትምህርት ደረጃ	1. አንደኛ ዓመት 2. ሁለተኛ ዓመት

		3. ሰብተኛ ዓመት 4. ዐራተኛ ዓመት 5. አምስተኛ ዓመት
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ክፍል-3: ለአደጋ የሚያጋልጡ ወሲባዊ ባህሪያት መጠይቅ

መመሪያ 3: ይህ ለአደጋ የሚያጋልጡ ወሲባዊ ባህሪያት መጠይቅ ነው። እባክዎ እርሶዎን የሚወክለውን ምርጫ ያክበቡ እንዲሁም ተገቢውን መልስ በባዶ ቦታው ላይ ይሙሉ።

ቁጥር	ለአደጋ የሚያጋልጡ ወሲባዊ ባህሪያት	መልስ
RSB1	በህይወትዎ የወሲብ አጋር ኖሮዎት ያውቃል?	1. አዎ 2. አላውቅም
RSB2	በአለፉት አስራ ሁለት ወራት ውስጥ ወሲብ ፈፀመው ያውቅሉ?	1. አዎ 2. አላውቅም
RSB3	ለመጀመሪያ ጊዜ ወሲብ ሲፈፀሙ እድሜዎት ስንት ነበር?	_____
RSB4	በህይወትዎ ስንት የወሲብ አጋር ወይም ጉዋደኛ ኖሮዎት ያውቃል ?	_____
RSB5	ወሲብ ሲፈፀሙ ኮንዶም ይጠቀማሉ?	1. እጠቀማለሁ 2. አልጠቀምም
RSB6	ከወሲብ አጋርዎ ወይም ጉዋደኛዎት ጋር ወሲብ ሲፈፀሙ ኮንዶም የሚጠቀሙት ?	1. በተከታታይ ወይም ሁሌ አጠቀማለሁ 2. አልፎ አልፎ አጠቀማለሁ 3. ለጥቂት ጊዜ ተጠቅሚያለሁ
RSB7	ከሴተኛ አዳሪ(በወሲብ ንግድ ላይ ከተሰማሩ ሰዎች) ጋር ወሲብ ፈፀመው ያውቃሉ ?	1. አዎ 2. አላውቅም

ክፍል 4- ከወሲብ ጋር ተያያዥነት ያላቸው ባህሪያት መጠይቅ

መመርያ 4: ይህ ከወሲብ ጋር ተያያዥነት ያላቸው ባህሪያት መጠይቅ ነው። እባክዎ እርሶዎን የሚወክለውን ምርጫ ያክበቡ እንዲሁም ተገቢውን መልስ በባዶ ቦታው ላይ ይሙሉ።

ተ.ቁ	ከወሲብ ጋር ተያያዥነት ያላቸው ባህሪያት	መልስ
RSB 8	የወሲብ ድርጊት የሚያሳይ ፊልም ተመልክተው / አይተው ያውቃሉ?	1. አዎ 2. አላውቅም
RSB9	የሌሊት ጭፈራ ቤት/ክለብ ተከታትለው / ሄደው ያውቃሉ?	1. አዎ 2. አላውቅም
RSB10	ለአደጋ የሚያጋልጡ ወሲባዊ ባህሪያትን እንዲፈጽሙ የአቻ ጓደኛ ግፊት/ጫና ነበረብዎ ወይም አለብዎ?	1. አዎ 2. የለብኝም
RSB11	ከወላጅ ቤተሰብዎ ጋር ስለ ወሲባዊ ጉዳዮች ተወያይተው ያውቃሉ?	1. አዎ 2. አላውቅም

ክፍል-5: ቤክ የድብርት ህመም መለያ መጠይቅ

መመርያ 5: ይህ መጠይቅ 21 ጥያቄ የያዘ ሲሆን እያንዳንዱ ምላሽ በጥንቃቄ በማንበብ በያንዳንዱ በሰነጠረዥ ውስጥ ካሉት ዝርዝር እርሶዎን ሊገልጽ የሚችለውን ማለትም ባለፉት ሁለት ሳምንታት የሚሰማዎትን (ዛሬን ጨምሮ) ፊት ለፊት ያለውን ቁጥር በማክበብ የግለጹ። ሆኖም በሰነጠረዥ ውስጥ ከአንድ በላይ የሚሰማዎትን ከፍተኛ የሆነ ምርጫ ያለውን ቁጥር ያክብቡ ከአንድ በላይ መልስ ያለመምረጥዎትን ያረጋግጡ።

ቁጥር	ቤክ የድብርት ህመም መለያ	መልስ
BD1	የሀዘን (የመከፋት) ስሜት በማያውቁት ምክንያት	0 የሀዘን (የመከፋት) ስሜት አይሰማኝም 1 አብዛኛውን ጊዜ የሀዘን (የመከፋት) ስሜት ይሰማኛል. 2 ሁሌም የሀዘን (የመከፋት) ስሜት ይሰማኛል 3 መቋቋም በማልቸለው መጠን ከፍተኛ የሀዘን (የመከፋት) ወይም ደስተኛ ያለመሆን ስሜት ይሰማኛል
BD2	ጨለምተኝነት/መጥፎ ነገር ብቻ አለ ወይም ይመጣል (ይደርሳል) ብሎ ማሰብ	0 ለወደፊት ህይወት ያቀድኳቸው አቅዶች ይደናቀፋሉ (ስኬታማ አይሆኑም) ብዬ አላስብም 1 ከበፊቱ በበለጠ በአሁኑ ወቅት የወደፊት ህይወቴ ስኬታማ እንደማይሆን ይሰማኛል 2 ነገሮች ለእኔ ይሳኩልኛል ብዬ አልጠብቅም

		3 በወደፊት ህይወቴ እድለቢስ የሆንኩ እና ከዚህም የሚብስ እንደሚሆን ይሰማኛል
BD3	ያለፈው ጊዜ ህይወት አለመሳካት (ውድቀት)	<p>0 የከዚህ በፊት ህይወቴ በውድቀት የተሞላ ነው የሚል ስሜት የለኝም</p> <p>1 ከምገምተው በላይ ውድቀት ደርሶብኛል</p> <p>2 የቀድሞ ህይወቴን ወደኋላ ዞርብዬ ስመለከት ብዙ ውድቀቶች ይታዩኛል</p> <p>3 ህይወቴ በሙሉ በውድቀት የተሞላ እንደሆነ ይሰማኛል</p>
BD4	የደስተኝነት ስሜት መጥፋት	<p>0 ከዚህ በፊት ደስታ የሚሰጡኝ ነገሮች አሁንም ደስታን ይሰጡኛል</p> <p>1 ከዚህ በፊት ደስታ የሚሰጡኝ ነገሮች እንደቀድሞ ደስታ እየሰጡኝ አይደሉም</p> <p>2 ከዚህ በፊት በምደስትባቸው ነገሮች አሁን እጅግ በጣም ጥቂት ደስታ ነው የማገኘው</p> <p>3 ከዚህ በፊት ደስታን የሚሰጡኝ ነገሮች አሁን ምንም ደስታ አይሰጡኝም</p>
BD5	የመፀፀት ስሜት	<p>0 ምንም አይነት የመፀፀት ስሜት አይሰማኝም</p> <p>1 ከዚህ በፊት ማድረግ ሳይኖርብኝ ባደረግኳቸው ወይም ማድረግ የሚገባኝን ብዙ ነገሮች ባለማድረግ የመፀፀት ስሜት ይሰማኛል</p> <p>2 በአብዛኛው ጊዜ በመጠኑ የመፀፀት ስሜት ይሰማኛል</p> <p>3 ሁልጊዜ ጊዜ የመፀፀት ስሜት ይሰማኛል</p>
BD6	የመቀጣት ስሜት (በሆነ ህይደል)	<p>0 እየተቀጣሁ መሆኔ አይሰማኝም</p> <p>1 እየተቀጣሁ ሊሆን ይችላል ብዬ አስባለሁ</p> <p>2 ቅጣት እንደሚጠብቀኝ አስባለሁ/እጠብቃለሁ</p> <p>3 እየተቀጣሁ አንደሆነ ይሰማኛል</p>
BD7	እራሱን መጥላት	<p>0 ስለራሴ እንደ ድሮ ይሰማኛል</p> <p>1 በራሴ መተማመንን አጥቻለው</p> <p>2 በራሴ ቅር ተሰኝቻለሁ</p> <p>3 ራሴን ጠልቻለው</p>
BD8	ራሱን መውቀስ ወይም መንቀፍ	<p>0 ከበፊቱ በተለየ ራሴን አልመውቀስም ወይም አልነቅፍም</p>

		<p>1 ከበሬቱ በበለጠ ራሴን ወቅሳለሁ ወይም ነቅፋለሁ</p> <p>2 ለሁሉም ሰህተቶቼ አራሴን ወቅሳለሁ ወይም ነቅፋለሁ</p> <p>3 በተከሰቱት መጥፎ ነገሮች በጠቅላላ ራሴን ወቅሳለሁ ወይም ነቅፋለሁ</p>
BD9	እራሴን የማጥፋት ሀሳብ ወይም ምኞት	<p>0 ራሴን የማጥፋት ምንም ሀሳብ የለኝም</p> <p>1 እራሴን ለማጥፋት አስባለሁ ግን አላደርግም ወይም አልፈፀምም</p> <p>2 እራሴን ባጠፋ ይሻለኛል</p> <p>3 እድል ባገኝ አራሴን ከማጥፋት ወደኋላ አልልም</p>
BD10	ማልቀስ	<p>0 ከዚህ በፊት ከማለቀሰው በላይ አላለቅስም</p> <p>1 ከዚህ በፊት ከማለቀሰው በላይ አለቅሳለሁ</p> <p>2 በጥቃቅን አሉታዊ ክስተቶች/ነገሮች አለቅሳለሁ</p> <p>3 አልቅሼ እንዲወጣልኝ ፈልጋለሁ ግን ፈፀሞ አይቻለኝም</p>
BD11	መቁነጥነጥ/መቅበጥበጥ /አረፍት ማጣት	<p>0 ከዚህ በፊት ከነበረው በተለየ አልቁነጥነጥም / አልቅበጠበጥም</p> <p>1 ከዚህ በፊት ከነበረው በበለጠ የመቁነጥነጥ / የመቅበጠበጥ ስሜት ይሰማኛል</p> <p>2 አንድ ቦታ ለመቀመጥ በሚያዳግት ሁኔታ አቁነጥነጥለሁ / አቅበጠበጥለሁ</p> <p>3 በጣም ከመቁነጥነጥ / መቅበጥበጥ የተነሳ መንቀሳቀስ ወይም የሆና ነገር መድረግ አለብኝ</p>
BD12	የፍላጎት ማጣት	<p>0 በሌሎች ሰዎች ወይም ድርጊቶች ላይ ፍላጎት አላጣሁም</p> <p>1 በሌሎች ሰዎች ወይም ነገሮች ላይ ከዚህ በፊት ከነበረኝ የተወሰነ ፍላጎት አጥቻለሁ</p> <p>2 በሌሎች ሰዎች ወይም ነገሮች ላይ ከነበረኝ ፍላጎት አብዛኛውን (ፍላጎቴን) አጥቻለሁ</p> <p>3 በማንኛውም ነገር ላይ ፍላጎት ማግኘት አዳጋች ሆኖብኛል</p>
BD13	የመወሰን ወይም ውሳኔ የመስጠት ችግር	<p>0 ከዚህ በፊት ከነበረው በተመሳሳይ ሁኔታ ውሳኔ ሰጣለሁ</p> <p>1 ከዚህ በፊት ከነበረኝ በበለጠ ውሳኔ ለመስጠት እቸገራለሁ</p> <p>2 ከዚህ በፊት ከነበረው በበለጠ መልኩ ውሳኔ ለመስጠት በከፍተኛ ሁኔታ ተቸግሪያለሁ</p>

		3 በማንኛውም ነገር ላይ ውሳኔ ለመስጠት ከበፊቱ ሁኔታ አቅቶኛል
BD14	ዋጋቢስነት ወይም የማልረባ ሰው ነኝ ብሎ ማሰብ	0 ዋጋቢስ ወይም የማልረባ ሰው ነኝ የሚል ስሜት አይሰማኝም 1 ከዚህ በፊት እንደነበረው ተፈላጊ ወይም ጠቃሚ ሰው ነኝ ብዬ አላስብም 2 ከሌሎች ሰዎች ጋር እራሴን ሳነፃፅር የበለጠ የማልረባ ሰው እንደሆንኩ ወይም የዋጋቢስነት ስሜት ይሰማኛል 3 ፍፁም (ሙሉ በሙሉ) የዋጋቢስነት ስሜት ይሰማኛል
BD15	የአቅም (ጉልበት) ማጣት	0 ከዚህ በፊት የነበረኝን ያህል / የክል አቅም አሁንም አለኝ 1 ከዚህ በፊት ከነበረኝ ያነሰ አቅም አለኝ 2 ስራዎችን በተፈለገው መጠን ለማከናወን በቂ አቅም የለኝም 3 ማንኛውንም ነገር ለመስራት አቅም የለኝም
BD16	የእንቅልፍ ስርአት መዛባት	0 የእንቅልፍ ስርአት መዛባት አላጋጠመኝም 1 ከዚህ በፊት ከነበረኝ በዛም አነሰም እተኛለሁ 2 ከዚህ በፊት ከነበረኝ በበለጠ ብዙ / ጥቂት እተኛለሁ 3 አብዛኛውን የሌሊትም ሆነ የቀን ጊዜ በእንቅልፍ አሳልፋለሁ ወይም ከቀድሞው 1-2 ሰአት ቀድሜ ከእንቅልፌ እነቃና እንቅልፍ መልሶ አይወስደኝም
BD17	መበሳጨት/መነጫነጭ	0 ከዚህ በፊት ከነበረው በበለጠ ሁኔታ ብስጩ / ነጭናጫ አይደለሁም 1 ከዚህ በፊት ከነበረው በላይ ብስጩ / ነጭናጫ ነኝ 2 ከዚህ በፊት ከነበረው በላይ አጅግ ብስጩ / ነጭናጫ ነኝ 3 ሁሌም ብስጩ / ነጭናጫ ነኝ
BD18	የምግብ ፍላጎት መዛባት	0 የምግብ ፍላጎቴ ተለዋውጦ አያውቅም 1 የምግብ ፍላጎቴ ከተለመደው ከፍ ወይም ዝቅ ብሏል 2 የምግብ ፍላጎቴ ከመጠን በላይ ከፍ ወይም ዝቅ ብሏል 3 ከወትሮ እጅግ በበለጠ ምግብ ያስፈልገኛል ወይም ሙሉ በሙሉ የምግብ ፍላጎቴ ጠፍቷል
BD19	ሀሳብ የመሰብሰብ	0 እንደማንኛውም ጊዜ ሀሳቤን መሰብሰብ እችላለሁ

	ወይም የቱክረት ችግር	<p>1 እንደቀድሞ ጊዜ ትኩረት ማድረግ አልቻልም</p> <p>2 አዕምሮዎን / ልቦናዎን / ቀልቤን በአንድ ጉዳይ ላይ ለረጅም ጊዜ ማቆየት አልቻልም</p> <p>3 በምንም ነገር ላይ ትኩረቱን አሰባስቦ ማቆየት አልቻልም</p>
BD20	ድካም/መዘል	<p>0 ከተለመደው በተለየ አይደክመኝም</p> <p>1 ከተለመደው በተለየ በቀላሉ ይደክመኛል</p> <p>2 ቀድሞ የማከናወናቸውን ብዙ ድርጊቶች ሳከናውን ከተለመደው በላይ በጣም ይደክመኛል</p> <p>3 ቀድሞ የማከናወናቸውን አብዛኞቹን ድርጊቶች ሳከናውን ከተለመደው በላይ እጅግ በጣም ይደክመኛል</p>
BD21	የወሲብ ፍላጎት መጥፋት	<p>0. በቅርቡ ምንም ዓይነት የወሲብ ፍላጎት መቀነስ አይታይብኝም</p> <p>1. በፊት ከነበረው ሁኔታ የወሲብ ፍላጎቴ ቀንሷል</p> <p>2. አሁን ያለኝ የወሲብ ፍላጎት በጣም ዝቅተኛ ነው</p> <p>3. የወሲብ ፍላጎቴን በአሁን ጊዜ በአጠቃላይ አጥቻለሁ</p>
	Total score	

ክፍል-6: የአልኮል መጠጥ አጠቃቀም መረጃ መጠይቅ

መመርያ 6: ይህ የአልኮል መጠጥ አጠቃቀም መረጃ መጠይቅ ነው። እባክዎ እርሶዎን የሚወክለውን ምርጫ ያክበቡ

እንዲሁም ተገቢውን መልስ በባዶ ቦታው ላይ ይሙሉ።

ቁጥር	አልኮል መጠጥ አጠቃቀም	መልስ
AL1	እንደ ቢራ ፣ ወይን፣ ጠላ ፣ ጠጅ ፣ አረቄ የመሳሰሉትን አልኮልነት ያላቸው መጠጦች በየስንት ጊዜው ይጠጣሉ? (ቢያንስ በአመት በአል ጊዜ እንኳን ጠላ አይጠጡም?)	0. በፍጹም አልጠጣም (መልስዎት ከሆነ ወደ ክፍል 6 ይለፉ) 1. በየወሩ ወይም ከዚያ በታች 2. በወር ከ 2-4 ጊዜ 3. በሳምንት ከ 2-3 ጊዜ 4. በሳምንት 4 ጊዜ እና ከዚያ በላይ
AL2	ምን ዓይነት መጠጥ ይመርጣሉ?	1. ቢራ 2. ወይን 3. ድራፍት 4. አረቄ 5. ጠጅ 6. ጠላ. 7. ሌላ ካለ ይግለጹ _____
AL3	በሚጠጡበት ጊዜ በቀን በአማካይ ምን ያህል ይጠጣሉ?	1. ቢራ.....ጠርሙስ 2. ወይን (ትንሹ/ትልቁ ጠርሙስ) ----- 3. ድራፍት (ሲንግል/ጃምቦ) ----- 4. አረቄ (መለኪያ/ቡሽ)----- 5. ጠጅ (ብርሌ/ጠርሙስ)----- 6. ጠላ (ጣሳ/ብርጭቆ)----- 7. ሌላ-----
AL4	በአንድ ጊዜ ብቻ ብዙ በጠጡበት አጋጣሚ ምን ያህል ጠጥተው ያውቃሉ /ይጠጣሉ ?	1. ቢራ (ጠርሙስ)----- 2. ወይን (ትንሹ/ትልቁ ጠርሙስ)----- 3. ድራፍት (ሲንግል/ጃምቦ)----- 4. አረቄ (መለኪያ/ቡሽ)----- 5. ጠጅ (ብርሌ/ጠርሙስ)----- 6. ጠላ (ጣሳ/ብርጭቆ)----- 7. ሌላ-----
AL5		1. ከአንድ ወር በታች 2. በየወሩ

	ካለ በየሰንት ጊዜው ያጋጥምዎታል?	3. በየሳምንቱ 4. በየቀኑ/ ብዙ ጊዜ
AL6	ባለፈው አመት ውስጥ መጠጣት ለማቆም ወስነው ሳይሳካልዎት የቀረዎት ጊዜ አለ?	1. አዎ 2. በፍጹም
AL7	ካለ በየሰንት ጊዜው ያጋጥምዎታል?	5. ከአንድ ወር በታች 6. በየወሩ 7. በየሳምንቱ 8. በየቀኑ/ ብዙ ጊዜ
AL8	ባለፈው አመት ውስጥ በመጠጣትዎ ምክንያት መስራት የሚገባዎትን ስራ ሳይሰሩ የቀሩበት ጊዜ አለ?	1. አዎ 2. በፍጹም
AL9	ካለ በየሰንት ጊዜው ያጋጥምዎታል?	1. ከአንድ ወር በታች 2. በየወሩ 3. በየሳምንቱ 4. በየቀኑ/ብዙ ጊዜ
AL10	ባለፈው አመት ውስጥ ማታ ብዙ ጠጥተው በማግስቱ የአለት ተአለት ስራዎትን በንቃት ለማካሄድ በጠዋት መጠጣት አስፈልጎዎት ያዉቃል?	1. አዎ 2. በፍጹም
AL11	ካለ በየሰንት ጊዜው ያጋጥምዎታል?	1. ከአንድ ወር በታች 2. በየወሩ 3. በየሳምንቱ 4. በየቀኑ/ብዙ ጊዜ
AL12	ባለፈው አመት ውስጥ በመጠጣትዎ ምክንያት የመፀፀትና ራስዎን የመዉቀስ ስሜት ተሰምቶዎት ያዉቃል?	1. አዎ 2. በፍጹም
AL13	ካለ በየሰንት ጊዜው ያጋጥምዎታል?	1. ከአንድ ወር በታች 2. በየወሩ 3. በየሳምንቱ 4. በየቀኑ/ብዙ ጊዜ

AL14	ባለፈው አንድ አመት ጊዜ በመጠጣትዎ ምክንያት በእሳቱ የተፈጠሩትን ነገሮች ማስታወስ ተስኖዎት ያዉቃል?	1. አዎ 2. በፍጹም
AL15	ካለ በየሰንት ጊዜው እንደዚህ አይነት ነገር ያጋጥምዎታል?	1. ከአንድ ወር በታች 2. በየወሩ 3. በየሳምንቱ 4. በየቀኑ/ብዙ ጊዜ
AL16	እርስዎ በመጠጣትዎ ምክንያት በርስዎ ወይም በሌላ ሰው ላይ ጉዳት ደርሶ ያዉቃል?	A. አያዉቅም B. አዎ
AL17	መልሶዎት አዎ ከሆነ መቼ?	2. ከአንድ አመት በፊት 4. በአንድ አመት ዉስጥ
AL18	ጓደኛ፣ ዘመድ ወይም ሀኪም ስለ እርስዎ መጠጣት አሳሰቡት ወይም መጠጣት እንዲያቆሙ መክሮዎት ያዉቃል?	1. አያዉቅም 2. አዎ
AL19	መልሶዎት አዎ ከሆነ መቼ?	2. ከአንድ አመት በፊት 4. በአንድ አመት ዉስጥ

ከፍል-7: የጫት አጠቃቀም መረጃ መጠይቅ

መመርያ 7: ይህ የጫት አጠቃቀም መረጃ መጠይቅ ነው። እባክዎ እርሶዎን የሚወክለውን ምርጫ ያክበቡ ።

KU1	ሰንት ጊዜ ጫት ይጠቀማሉ ወይም ይቅማሉ?	1. በፍጹም ቅጫ አላውቅም መልሶዎት ከሆነ ጥያቄ ቁጥር KU2 ይዝለሉ 2. በየወሩ ወይም ከዚያ በታች 3. በወር ውስጥ ከ2-4 ጊዜ 4. በሳምንት ውስጥ 2-3 ጊዜ 5. በሳምንት ውስጥ 4 ጊዜ እና ከዚያ በላይ
KU2	ለመጨረሻ ጊዜ ጫት የተጠቀሙት ወይም የቃሙት መቼ ነው?	1. በየወሩ ወይም ከዚያ በታች 2. በወር ውስጥ ከ2-4 ጊዜ 3. በሳምንት ውስጥ 2-3 ጊዜ 4. በሳምንት ውስጥ 4 ጊዜ እና ከዚያ በላይ

YUUNIVARSITII JIMMAA

COLLEGE SAAYINSII FAYYAA

MUMMEE YAALA SAMMU FAYYAA

Afan Oromo Qo'anno

Guca waligaltee

Dhibeen sammu yeroo ammaa dargagootaa fi shammarran irratti yeroodhaan barame yoo hin yaalamin sadarkaa olaanaadhaan dhukkuboota argaman keessa issa tokko ta'a. Kanaafu bu'aan qu'anno kanaa barattoota ebbifamani fi isinifis kaayyo keessan galmaan ga'udhaaf ni fayyada akkasumas barattooni dhibee kanaaf saaxilaman yoo jiraatan gargaarsa ogeessa fayyaa akka argatan ni goodhama. Qu'anno kana ka adeemsifnus barumsa sadarkaa maastarsi integrated clinical and community mental health galmaan ga'uf. Kaayyon qu'anno kanaa heeddumina amala qunnamti saalaa badaa/hamaa of egganno hin qabne fi wantoota isaaniif nama saaxilan kan akka dhugaati nama macheessan ,caatiti fi kkf barattoota yunivarsiti Jimmaa kaampaasi guddaa kan bara 2016 ti. Eyyamummaan fi haqummaan gaaffi kana guutuuf hirmaachun keessan bu'aa dhugaa ta'e naaf kenna akkasumas rakkoo kana furuf na qarqaara, kanaaf haqummaan akka hirmaataan kabajaan isin gaafanna. Hirmaannan gaafila kana guutuu fi qabiyyeen qu'anno kanaa guutumaa gututti feedhi keessan irratti kan murtaa'e dha. Gaafila debisu hin barbaanne yoo jiraate irra darbu dandessu garu gargaarsa keessan ni barbaanna. Gaafilen isinif hin galle yoo jiraate ibsa gaafachu dandessu. Sababa adda addaatiin qu'anno kanarratti yoo hirmaachu hin barbaanne yeroo kamittu addaan kutuu ni dandeessu haa ta'u malee hirmaannan keessan kan qarshitti hin shallagamne fi karaa biroottiin namoota dhibee kanarraa rakko adda addaa dabarsaa jiran gargaraa jiraachu keessan akka hubattan barbaanna. Qu'anno kanarratti goonkumaa maqaan keessan hin barraa'u akkasumas ragaan isin kennitan lakkofsa isinif kennameen addaan baafama. Ragaawwan isin kennitan Goonkumaa nama birootti hin himamu/kennamu. Bu'aan qu'anno kanaa kan ibsamu waligalaan malee gonkuma dhunfaadhaan hin dhihaatuu/ibsamu.

Qoranno kana irratti hirmaachuf eyyamamo dha?

1. Eyyeen

2.Lakki

Maqaa to'ataa.....Mallattoo.....Guyyaa.....

Maqaa Dursaa Qoraticha.....Mallattoo.....Guyyaa.....

Ajaja:-Gaaffile armaan gadiitiif deebii kessan qube irratti marsuudhan debisaa/si

Hubachiisa;Bu'a qu'anno kanarraa namoota dhibe sammu gaddisisaa qaban kan qarqaarsa ogeessa fayyaa dhibee sammu barbaadan ni arganna jenne yaanna dabalataan namoota kana qo'anno duwwaf fayyadamani oto qarqaarsa tokkolle hin godhiin dhiisuun seeraan fi akkuma namummaattu wanta fudhatama hin qabne. Karaan nuti namoota kana ittin argannu eedda barataan waraqaticha guutee debisee booda idama malatto dhibee sammo gaddisisaa kan kutaa 4 jalatti jiruu laaludhaani. Kanaafu maaloo ida'ama tokkon tokko filanno keesani iddo duwwaa dhuma sanduuqaa jalatti total score fuulduratti guutaa .Yoo ida'amni bu'aa sanduuqa kutaa 4 waligalaan 20 ol ta'eefi deebiin gaaffi filanno BD9 filattan 1,2, ykn,3 yoo ta'e maaloo to'ataa keessan dubbisaa ykn Laakk. Bilbilaa 0910107507 obbo Yonaas Tesfaye jeedhaati bilbilaa.

Kutaa 1. Gaaffile dhimma hawaasumma fi enyummaa addaan baasan

Ajaja 1. Gaffile armaan gadi deebii filattan irra marsudhaan akkasumas gaffile tokko tokkof bakka duwwaa irratti gutudhan deebisaa

Laak k	Enyummaa fi hawaasumma	Deebii
BG1	Umri	
BG2	Saala	1. Dhiira 2. Dubara/Dhalaa
BG3	Haala maati/Sadarkaa fuudhaa fi heerumaa	1. Kan Fuudhe/Heerumtee 2. Kan Hin Fuune 3. Kan Walgadhise/te 4. Kan iddo adda addaa jiraatan 5. Kan abbaan ykn haati manaa jalaa du'e/te
BG4	Sabummaa	1. Oromoo 2. Amaara 3. Tigre Tigee 4. Gurage Guraage 5. Yem yam 6. kan biro yoo ta'e ibsii.....
BG5	Amantii	1. Muslima 2. Ortodoksii 3. Prootestaanti 4. Kaatooliki 5. Waaqeffataa 6. Kan biro yoo ta'e ibsii_____
BG6	Iddoo jireenyaa yeroo ijoolumma	1. Baadiyyaa 2. magaalaa
BG7	Turti yunivarsiti keessatti iddoon jireenyaa keessan eessa ture?	1. Maati wajjin jiraachaa ture 2. Maaati irraa fagaadhe jira

BG8	BG7 2 yoo filatte amma eessa jiracha jirta?	1.Yuniversitin ala mana kirafadhe jiraadha 2. Dormi keessan jiraadha
BG9	Barumsa amanti kennamu keessatti ni hirmaattaa?	1.Eyyen 2. Lakki
BG10	Kanaan dura filmi qunnamti saalaa mul'isuu laalte beektaa?	1.Eyyen 2. Lakki
BG11	Mana kilabi sirbaa halkani deemtee beektaa?	1.Eyyen 2. Lakki
BG12	Dhiibbaan hiriyyota narratti qaqqaba jettee yaaddaa?	1.Eyyen 2. Lakki
BG13	Waa'ee saal-qunnamti maatiikee wajjin mari'atte beektaa?	1.Eyyen 2. Lakki
BG14	Qarshiin ati baatiin argatu giddulgaleessan meeqa?	
BG15	Sadarkaa barumsaa kan haadhaa	1. Kan hin baranne-waggaa 0 2. Sadarkaa 1 ^{ffaa} ykn Kuutaa 1-8 3. Sadarkaa lammaffaa ykn kutaa 9-12 4. Yunivarsitii
BG16	Sadarkaa barumsaa kan Abbaa	1. Kan hin baranne-waggaa 0 2. Sadarkaa 1 ^{ffaa} ykn Kuutaa 1-6 3. Sadarkaa lammaffaa ykn kutaa 7-12 4. Yunivarsitii

Kutaa. 2. Gaaffilee Odeffanno Barumsaa

Ajaja 2. Gaffile armaan gadi deebii filattan irra marsudhaan akkasumas gaffile tokko tokkof bakka duwwaa irratti gutudhan deebisaa

Laak k	Gaaffilee Odeffanno Barumsaa	Deebii
AI1	Koollejji	
AI2	Dipaartimanti/Gosa barumsa Qoo'atamu	_____
AI 3	Waggaa turti barumsaa	1. 1 ^{ffaa} 2. 2 ^{ffaa} 3. 3 ^{ffaa} 4. 4 ^{ffaa} 5. 5 ^{ffaa}

Kutaa .3. Amala saalqunnamti hamaa

Ajaja 3. Gaffile armaan gadi deebii filattan irra marsudhaan akkasumas gaffile tokko tokkof bakka duwwaa irratti gutudhan deebisaa.Filanna caala filachuun hin danda'amu

No	Amala saalqunnamti hamaa	Deebii
RSB1	Jiruu keessan kessatti hiriyya qunnamti saala ni qabdu?	1.Eyyeen 2. Lakki
RSB 2	Jiruu keessan kessatti qunnamti saala gootani beektu?	1.Eyyeen 2. Lakki
RSB 3	Yeroo calqabaatiif hoggaa qunnamti gootan umriin keessan meeqa ture?	
RSB 4	Deebii gaaffi RSB1 eyyeen yoo ta'e Hiriyyaa qunnamti saalaa meeqa qabdu?	
RSB 5	Yeroo qunnamti saalaa gootan kondomi ni fayyadamtuu?	1.Eyyeen 2. Lakki
RSB6	Yeroo hiriyyaa wajjin qunnamtii saalaa gootan yeroo hammam kondoomi fayyadamtani beektuu?	1. Yeroo hunda 2. Darbee darbee 3. Yeroo muraasaaf
RSB7	Dubartoota mana bunaa (commercial sex worker) wajjin qunnamti saalaa gootani beektu?	1.Eyyeen 2. Lakki

Kutaa. 4. Gaaffile mudanno gaddisaa Beek Depreshin Invarianti

Ajaja 4. Gaffile armaan gadi deebii filattan irra marsudhaan akkasumas gaffile tokko tokkof bakka duwwaa irratti gutudhan deebisaa. Filanna caala filachuun hin danda'amu

No	Beck Depression Inventory	Response Deebii
BD1	Gaddu	0 Gaddi natti hin dhgahamu 1 Yeroo heddu keessi koo gaddi natti dhagaham 2 Yeroo hunda gaddi natti dhagahama 3 Gammachu dhabu fi gaddi hamma danda'urra natti hammaatera
BD2	Dukkanaa'u/wanti hamaan /badaan ni dhufa jedhani yaaduu	0 Kaayyon jiru koo fulduraa galma hin ga'u jedhe abdi hin muradhu/Kutadhu 1 kanduraanirra yeroo ammaa kaayyoon ko galma naaf hin ga'u jeedhe yaada 2 Jiruun koo galma naaf ga'a jedhee hin yaaduu 3 Jiruun kook an fuldura kan abdi hin qabne fi kan kana caala hamaatu ta'unsaa natti dhagahama
BD3	Kufaati jiru duuraani/darbee	0 Jiruun koo inni duraani kufaatiidhaan kagutame jedhe hin yaadu 1 Hamma yaadurra kufaatin narra ga'e jedhee yaada 2 Jiru koo isa duraani yeroo of duuba debi'e ilaalu kufaati heddu natti mu'ata 3 Jiruun koo guutumaan gututti kufaatiidhaan kanguutame ta'unsaa natti dhagahama
BD4	Miiirri Gammachu dhabuu namatti dhagahamu	0 Wantoonni Kanaan dura gammachu naaf kennan ammas gammachu naaf kennu 1 Wantoonni Kanaan dura gammachu naaf kennan akka duraanitti gammachu naaf kennaa hin jiran 2 Wantoonni Kanaan dura gammachu naaf kennan amma

		<p>gammachu baay'e xinno naaf kennu</p> <p>3 Wantoonni Kanaan dura gammachu naaf kennan amma goonkumaa gammachu naaf hin kennan</p>
BD5	Miirri Gaabbi namatii dhagahamu	<p>0 Miiri gaabbi tokkole natti hin dhagahamu</p> <p>1 Wantoota heeddu kanaan dura oto hojjachun narra hin jiraatin hojjadhe fi kan oto hojjachu qabu hin hojjatin hafeef gaabbin natti dhagahama</p> <p>2 Yeroo heddu giddu galeessan gaabbin natti dhagahama</p> <p>3 Yeroo hundaa mirri gaabbi natti dhagahama</p>
BD6	Miira Adabamu	<p>0 Mirrii adabbirra jiraachu natti hin dhagahamu</p> <p>1 Adababiin narra ga'a jeedhee abdi godha</p> <p>2 Adabbin akka na eeggataa jiru nan eega</p> <p>3 Akkan adabbirra jiru natti dhagahama</p>
BD7	Of jibbu	<p>0 Ilaalchi ofif qabu kan duraanitin tokkuma</p> <p>1 Ofitti amanamumma koo dhabe jira</p> <p>2 Ofii kootitti mufadhera</p> <p>3 Of jibbeera</p>
BD8	Of cipa'u	<p>0 Haala duraanirraan addatti of hin cipa'u</p> <p>1 Haala duraanirraan caalatti of cipa'a</p> <p>2 Doggorra koo hundaafu ofin cipa'a</p> <p>3 Wantoota hamaa/ badaa raawwatamanif hundaafuu ofin ceepa'a</p>
BD9	Feedhi yookin yaaddo of ajjeesuu	<p>0 Yaada of ajjeesu hin qabuu</p> <p>1 Of ajjesuuf nan yaada garuu hin raawwadhu</p> <p>2 Otoon of ajjeese naaf wayya</p> <p>3 Otoon carraa argadhe of ajjeesuudhaaf gara dubaatti hin jedhu</p>

BD10	Boo'u	<p>0 Hamma Kanaan dura bo'urra caalatti hin boo'u</p> <p>1 Hamma Kanaan dura bo'urra caalatti boo'a</p> <p>2 Wantoota xixinno na mudatan hundaafu nan boo'a</p> <p>3 Akkan boo'ee naaf ba'u barbaada garuu boo'uu hin danda'u</p>
BD11	Keessikee Boqonnaa dhabu	<p>0 Hamma Kanaan dura adda ta'en keessi koo boqonnaa hin dhabu</p> <p>1 Hamma Kanaan duraa caalaatti keessi koo boqonnaa ni dhaba</p> <p>2 Hamma bakka tokko taa'uun natti ulfaatutti keessi koo boqonnaa ni dhaba</p> <p>3 Keessi koo boqonna dhabuurra kanka'e socho'un yookin hoji hojjachun narra jiraata</p>
BD12	Feedhi Dhabu	<p>0 Feedhii namootaafi Hoojidhaaf qabu hin dhabne</p> <p>1 Feedhii namootaafi Hoojidhaaf Kanaan dura qaburra fedhi xinno tokko dhabeere</p> <p>2 Feedhii namootaafi Hoojidhaaf Kanaan dura qaburra feedhi heeddu dhabeere</p> <p>3 Wantoota hundarrayyu feedhi dhabeera ykn feedhi qabaachun dhabuukotin baay'e natti ulfaateera</p>
BD13	Rakko murte kennu dhabu	<p>0 Akkuma Kanaan duraa salphatti murte kennu nan danda'a</p> <p>1 Akka Kanaan duraatti murte kennun na rakkisa</p> <p>2 Akka Kanaan duraatti murte kennun na rakkisu caalaatti amma murtee kennuf nan rakkadha</p> <p>3 Wantoota hundarratti murte kennun yeroo ammaa kanduraani caalaa na dhiba</p>
BD14	Ani nama faaydaa hin qabne jedhani yaaduu	<p>0 Ani nama faaydaa hin qabne mirri jedhu natti hin dhagahamu</p> <p>1 Akka Kanaan duraatti ani nama barbachisaa ykn faydaa qabu mirri jedhu natti hin dhagahamu</p>

		<p>2 Yeroo nama biro wajji of dorgomsisu ani caalatti nama faydaa hin qabne mirri jedhu natti dhagahama</p> <p>3 Aniguutuuman gututti nama faaydaa hin qabne mirri jedhu natti dhagahama</p>
BD15	Humna Ykn Giidoo dhabu	<p>0 Humna ykn giidoo Kanaan dura qabu ammas nan qaba</p> <p>1 Humna/Giidoo Kanaan dura qaburra xinno kan hir'ate nan qaba</p> <p>2 Hoojiwwan koo haala barbaachisaa ta'en raawwachudhaaf humna/giidoo ga'aa hin qabu</p> <p>3 Hooji kamiyyu raawwachudhaaf humna/ giidoo hin qabu</p>
BD16	Sirni hiribaa jijjiramu	<p>0 Jijiramni hiribaa nah in qunnamne</p> <p>1 Haala Kanaan duraa irra xinnatus/ Guddatus nan rafa</p> <p>2 Haala Kanaan duraarra caalaatti /Hirriba bicuu/xinno nan rafa</p> <p>3 Sa'aati heddu Guyyaafi fi halkani hirribaana dabarsa</p> <p>Yookin haala duraanirra sa'aati 1-2 durse erga ka'ee booda hirribatti debi'uun na rakkisa</p>
BD17	Aaruu	<p>0 Akka duraanirra haala adda ta'en hin aaru</p> <p>1 Haala kanaan duraarra amma xinno nan aara</p> <p>2 Haala kanaan duraarra heddu /caalaatti nan aara</p> <p>3 Yeroo hundaa akkuma areetti/yeroo heddu nan dallana/aara</p>
BD18	Sirni feedhi nyaataa jijjiramu	<p>0 Jijiramni feedhi nyaataa hin jiruu</p> <p>1 Kan duraanirra feedhin nyaataa koo dabalee yokin hir'ate jira</p> <p>2 Kan duraanirra feedhin nyaataa koo caalaatti /baay'e dabalee yokin hir'ate jira</p> <p>3 Kan duraanirra daran nyaata ammaa amma na hawwisisa ykn guutumaan gututti feedhin nyaataa kooti badeera</p>

BD19	Rakko xinxallu/ yaada sassaabu	<p>0 Akkuma Kanaan duraa yaada koo nan sassaaba</p> <p>1 Akka Kanaan duraatti yaada koo sassaabu hin danda’u</p> <p>2 Sammun koo wanta tokkorratti akka duraanitti naaf hin turu/hin sassaabamu</p> <p>3 Wantoota hundarrattu yaada /sammu koo sassaabu hin danda’u</p>
BD20	Dadhabbin namatti dhagahamu	<p>0 Haala Kanaan durarraa adda ta’een dadhabbin natti hin dhagahamu</p> <p>1 Haala Kanaan durarraa adda ta’een salphatti dadhabbin natti dhagahamu</p> <p>2 Dalagaawwan Kanaan duraa raawwadhu yoo raawwadhu hedduu/baay’e na dadhabsiisaa</p> <p>3 Dalagaawwan heeddu Kanaan duraa raawwadhu yoo raawwadhu hedduu/baay’e na dadhabsiisaa</p>
BD21	Feedhi qunnamti saalaa dhabuu	<p>0 Dhiheenya kana jijjiramni feedhi qunnamti saala dhabu natti hin mul’anne</p> <p>1 kan duraanirra feedhin qunnamti saalaa koo hir’ateera</p> <p>2 Yeroo kamiyyu caalaa amma fedhin qunnamti saalaa ko hir’ateera</p> <p>3 Gutumaan gututti fedhiin qunnamti saalaaf qabuu badeera</p>
	Total Score	

Kutaa 5. Gaaffile Dhugaati nama machessan fayyadamu

Ajaja 5. Gaffile armaan gadi deebii filattan irra marsudhaan akkasumas gaffile tokko tokkof bakka duwwaa irratti gutudhan deebisaa

No	Dhugaati nama machessan fayyadamu	Deebii
AL1	<p>Dhugaati alkoolii of keessaa qaban kan akka biiraa, wayinii, farsoo, daadhii, araqee, kan kana fakkaatan yeroo meeqa dhugduu?</p> <p>(Yoo dhugaatii hin dhugdan ta'ellee guyyaa ayyaanaa Farsoo hin dhugdani?)</p>	<p>0. Tasumaa iyyuu hin dhugu (gara gaaffi SU 22 tti darbi)</p> <ol style="list-style-type: none"> 1. Ji'atti al tokko ykn isaa gadi 2. Ji'attiyeroo 2-4tti 3. Torbanitti yeroo 2-3tti 4. Torbanitti yeroo 4 ykn isaa oli
AL2	<p>Dhugaatii gosa isa kamiin dhuguu filatta?</p>	<ol style="list-style-type: none"> 1. Biiraa 2. Wayinii 3. Diraaftii 4. Araqee 5. Daadhii 6. Farsoo 7. Kanneenbiraa
AL3	<p>Guyyaa tokkotti jiddu galeessaan hangam dhugdaa?</p>	<ol style="list-style-type: none"> 1. Biiraa(shuggeedhaan)----- 2. Wayinii:Birciqqoo dhaan_____ <li style="text-align: center;">-shuggeedhaan----- 3. Diraaftii(Birciqqoodhaan)----- 4. Araqee:-Malakkee_____ <li style="text-align: center;">-Buushii_____ 5. Daadhii:-Birillee_____ <li style="text-align: center;">-Birciqqodhaan_____ 6. Farsoo(xaasaa,birciqqoo)----- 7. Kanneenbiraayoota'eibssi-----

AL4	Dhugaati hamma kana yeroo hammamiif dhugdee?	<ol style="list-style-type: none"> 1. Ji'atti al tokko ykn isaa gadi 2. Ji'attiyeroo 2-4tti 3. Torbanitti yeroo 2-3tti 4. Torbanitti yeroo 4 ykn isaa oli
AL5	Yeroo dhugaati heeddu/olaanaa jedhamu dhugdanitti hagam dhugdu?	<ol style="list-style-type: none"> 1. Biiraa(shuggeedhaan)----- 2. Wayinii:-Birciqqodhaan_____ <ul style="list-style-type: none"> -shuggeedhaan----- 3. Diraaftii(Birciqqoodhaan)----- 4. Araqee:-Malakkee_____ <ul style="list-style-type: none"> -Buushii_____ 5. Daadhii:-Birillee_____ <ul style="list-style-type: none"> -Birciqqoodhaan_____ 6. Farsoo(xaasaa,birciqqoo)----- --- 7. Kanbiraa -----
AL6	Bara darbee keessa dhugaati dhaabuudhaaf murteessitani osoo hin milkaain yeroon haftan jiraa?	<ol style="list-style-type: none"> 1. Eyyen 2. Lakki
AL7	Yoo jiraatee yeroo meeqa meeqaan isin qunnama	<ol style="list-style-type: none"> 1. Yeroo Ji'a tokko kan hin gutne keessaatti 2. Ji'a ji'aan 3. Torbaniin 4. Guyyaadhaan ykn garacaalu yeroo hundaa
AL8	Bara/Yeroo darbee keessatti sabaabii dhugaatiif hojii hojjechuun siiirraa eegamuu otuu hin hojjatin haftee beektaa?	<ol style="list-style-type: none"> 1. Eyyee 2. Lakki
AL9	Yoo jiraate yeroo hammamiif?	<ol style="list-style-type: none"> 1. Ji'a tokko kan hin gutne keessatti 2. Ji'aan 3. Torbaniin

		4. Guyyaadhaanykngaracaaluyeroohundaa
AL10	Hojii idilee kee hojjachuun duraa dhugaatii alkoolii dhuguuf yeroo ati itti dirqamtee ni jiraa?	1. Eyyee 2. Lakki
AL11	Deebiin kee eyyee yoo ta'e yeroo meeqa simudatee beeka?	1. Ji'a tokko kan hin gutnee keessatti 2. Ji'aan 3. Torbaniin 4. Guyyaadhaanykngaracaaluyeroohundaa
AL12	Bara/Yeroo darbee keessatti miirrii arii/gaabuu ergaa dhugaatii dhugdee booda sitti dhaga'amee beekaa?	1. Eyyee 2. Lakki
AL13	Yoo deebiin kee eeyeen ta'e yeroo meeqa gaabbitee beekta?	1. Ji'a tokko kan hin gutne keessatti 2. Ji'aan 3. Torbaniin 4. Guyyaadhaanykngaracaaluyeroohundaa
AL14	Bara/yeroo darbe keessatti waanta yeroo sanata'e sababii dhugaa turteef yaadachuu dadhabdeettaa?	1. Eyyee 2. Lakkii
AL15	Yoo deebiinkee eeyeen ta'e si'a meeqa siqunnamee beeka?	1. Ji'a tokko kan hin gutnee keessatti 2. Ji'aan 3. Torbaniin 4. Guyyaadhaanykngaracaaluyeroo
AL16	Sababii isin dhugaatii dhugdaniif isiinirra ykn nama bira irra balaan ga'ee jiraa?	1. Eyyee 2. Hinjiru
AL17	Yoodeebiinkee lakk.17 eeyeen ta'e yoom muudatee beeka?	2. Waggaa tokko dura 4. Waggaa kana keessa

AL18	Firrii ykn hiriyyaankee, hakiimiin ykn hojjeetaan fayyaa kanbiraan wa'ee dhuga atiikeetii akka ati dhaabduuf namni sitti himee jiraa?	1. Eyyee 2. Lakki
AL19	Yoo deebiinke eeeyee ta'e yoom sitti himamee beeka?	2.Waggaa tokkoon dura 4.Waggaa kana keessa

Kutaa 6. Gaaffile waa'ee caatii fayyadamu

Ajaja 6. Gaffile armaan gadi deebii filattan irra marsudhaan akkasumas gaffile tokko tokkof bakka duwwaa irratti gutudhan deebisaa

KU1	Yeroo meeqaaf caatii qaamtani ykn fayyadamtani beektuu?	0.Tasumaa iyyuu hin Qaamne(deebii keessan yoo ta'e darbaa} 1. Ji'atti al tokko ykn isaa gadi 2. Ji'attiyeroo 2-4tti 3. Torbanitti yeroo2-3tti 4. Torbanitti yeroo 4 ykn isaa oli
KU2	Yeroo dhumaatiif caatii kan qaamtan ykn fayyadamtan yoomi?	1. Ji'a tokkofi sanaaol 2. Torbaan 2-4 3. Torbaan lamaan darban keessatti

Galatooma

Declaration

SCHOOL OF GRADUATE STUDIES JIMMA UNIVERSITY

As Thesis research advisors, we hereby certify that we have read and evaluated this Thesis prepared under our guide, by Yonas Tesfaye entitled: "Risky Sexual Behavior and Its Association with Depression, Alcohol Consumption and Khat Use among Jimma University Regular Undergraduate Students." We recommend that it be submitted as fulfilling the Thesis requirement.

Dr. Alemayehu Negash (MD, PHD, Associate Prof) _____

First Advisor Signature Date

Mr Tsegaye Tewelde (BSc, MSc Epidemiology.) _____

Second advisor Signature Date

S/r Worknesh Tessema (BSc, MSc ICCMH) _____

Third advisor Signature Date

As members of the *Board of examiners* of the MSc *Thesis Open Defence Examination*, we certify that we have read, evaluated the thesis prepared by Yonas Tesfaye Zeleke and examined the candidate. We recommended that the Thesis be accepted as fulfilling the thesis requirement for the degree of Master in Integrated Clinical and Community Mental Health.

Chairperson Signature Date

Internal Examiner Signature Date

External Examiner Signature Date

Declaration

I, undersigned, declare that this thesis I is my original work, has not been presented for a degree in this or other university and that all sources of materials used for this have been acknowledged.

Name Yonas Tesfaye Zeleke (BSc)

Signature _____

Date of submission _____

This thesis has been submitted with my approval as university advisor:

Name of advisor

signature

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3rd. S/r Worknesh Tessema (BSc, MSc ICCMH)
