



Risky Sexual Behaviors and Associated Factors among Students Living With And Away From Parents in Jimma Zone Preparatory Schools, South West Ethiopia

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A RESEARCH THESIS TO BE SUBMITTED TO DEPARTMENT OF HEALTH EDUCATION AND BEHAVIORAL SCIENCES, COLLEGE OF PUBLIC HEALTH AND MEDICAL SCIENCES, JIMMA UNIVERSITY IN PARTIAL FULFILLMENT FOR THE REQUIREMENT OF THE DEGREE OF MASTER OF PUBLIC HEALTH IN HEALTH EDUCATION AND PROMOTION.

MAY, 2012

JIMMA, ETHIOPIA

JIMMA UNIVERSITY
COLLEGE OF PUBLIC HEALTH AND MEDICAL SCIENCES
DEPARTMENT OF HEALTH EDUCATION AND BEHAVIORAL
SCIENCES

RISKY SEXUAL BEHAVIORS AND ASSOCIATED FACTORS
AMONG STUDENTS LIVING WITH AND AWAY FROM
PARENTS IN JIMMA ZONE PREPARATORY SCHOOLS,
SOUTH WEST ETHIOPIA

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MAY, 2012

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ABSTRACT

Back ground: Risky sexual behavior is any behavior that increases the probability of negative consequences associated with sexual contact. In-school youths may engage to risky sexual practice intentionally or not. Family environment, peer influence, community factors and school attachment seem an important factor affecting sexual risk behaviors and decisions of in-school youths.

Objective: To compare sexual risk behaviors and associated factors among students living with and away from parents in Jimma zone preparatory schools.

Methods: A comparative cross sectional study design and utilize both qualitative and quantitative approaches in 5 randomly selected preparatory schools of Jimma zone. A total of 560 students were randomly selected based on proportional to the size of the number of students in each preparatory school using simple random sampling technique. For collection of quantitative data structured, pretested and self administered questionnaires was used. Both descriptive and multiple logistic regression was performed to compare sexual risk behavior among both group of students. In-depth interview was employed through judgmental sampling technique to supplement the quantitative result using interview guideline and thematic approach was applied for qualitative data analysis.

Result: Among students living with parents, higher likelihood of risky sexual behavior significantly associated with higher levels of alcohol consumption and low frequency of religious visit. On other hand students living with parents high school attachment and family support associated with lower level of likelihood of risky sexual behavior. Among students living away from parents' higher likelihood of risky sexual behavior significantly associated with higher levels of alcohol consumption, exposure to pornographic film and having girl/boy friend. But high family connectedness associated with lower level of likelihood of risky sexual behavior for both groups of students.

Conclusion and Recommendation: Alcohol consumption, watching pornographic movies and having girl/boy friend were the major predictors of risky sexual behaviors while religious visit, family support, family connection and school attachments were the predictrs variables as preventive factos for risky sexual behaviors. Therefore, BCC which have been made in the country should consider family environment and other factors which predict risk sexual behaviors.

Key words: Risky sexual behavior, living with parents, living away from parents, family environment and school attachment.

ACKNOWLEDGMENTS

First and foremost I want to thank our Almighty GOD and then I would like to express my heart full gratitude to my advisors Ms. Tsion Assefa and Mr. Netsanet Fentahun for their unreserved, invaluable and constructive comments and continuous support throughout the whole work. Officials working in Oromia Regional state, Jimma town and Jimma Zone Educational Bureau deserve acknowledgement for their cooperation. My special thanks also go to my beloved parents for their tireless support and encouragement throughout the years of my life. Finally I want to extend my appreciation to my beloved Yemesrach Nigussie for her continuous support and encouragement throughout the whole work.

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ACRONYMS

1. **AIDS:** Acquired Immuno-Deficiency Syndrome
2. **BCC:**Behavior Change Communication
3. **CSA:** Central Statistics Agency
4. **CSW:** Commercial Sex Workers
5. **DHS:** Demographic and Health Survey
6. **FSFS :** Family Support Function Scale
7. **FGD:** Focus Group Discussion
8. **HIV:** Human Immuno-Virus
9. **ISY:** In-School Youths
10. **JZEO:** Jimma Zone Educational Office
11. **MOE:** Ministry Of Education
12. **MOH:** Ministry Of health
13. **OR:** Odds Ratio
14. **RSB:** Risky Sexual Behaviors
15. **SD:** Standard Deviation
16. **SLP:** Students Living with Parents
17. **STD:** Sexually Transmitted Diseases
18. **SPSS:** Statistical Package for Social Sciences
19. **SNLP:** Students Not Living with Parents
20. **SRS:** Simple Random sample
21. **WHO:**World Health Organization

CHAPTER ONE- INTRODUCTION

1.1 Background Information

Youth live in multiple social centers that shape their attitudes and behaviors. This can be due to forces that are more proximal to individual young people including changes at the national and community levels and in the family, schools, peers and the community. All of these environments are interconnected in shaping how young people act and interact; and each can be a source of risk or protection to young people [1].

Young people are at high risk for risky sexual behaviors and reproductive health problems. Young people have limited access to reproductive health services that focus on the special needs of adolescents. Because of the complex nature of the problems, youth reproductive health strategies demand a multi-sector and integrated approach on risky sexual factors and risky sexual behavior [2]. Risk factors are characteristics of individuals, families, schools and communities that make people more vulnerable to adverse consequences [3].

Risky sexual behavior is any behavior that increases the probability of negative consequences associated with sexual contact, including HIV/AIDS or other sexually transmitted diseases (STDs), abortion and unplanned pregnancy. It also includes behaviors like, having multiple partners, having risky casual or unknown sexual partners, early sexual initiation and failure to discuss risk topics prior to intercourse and failure to take protective actions, such as use of condoms and birth control. Alcohol and other substances also have effects on the decision to have intercourse and also examined and viewed as the ultimate root cause of sexual risk taking [3, 4].

According to the World Health Organization (WHO), “adolescents” cover the age of 10 to 19 years; and “youths” are defined as belonging to the age group of 15 to 24 years, while the terminology “young people” covers the age of 10 to 24 years [5, 6].

In Ethiopia, it is estimated that 2.1 percent of the large population is HIV positive, with the epidemic concentrated among women and in urban areas. The HIV prevalence in urban areas of Ethiopia is estimated 7.7 percent, with 9.3 percent prevalence among women and 6.2 percent prevalence among men. Moreover, the younger the age group, the greater the gender imbalance in rates of HIV infection, with far greater rates among young women compared to young men in which most of these young groups are in schools [7,8].

The youth years are a time of rapid growth, exploration, and risk taking. Taking risks provides young people the opportunity to test their skills and abilities and discover who they are. But, some risks—such as smoking, using drugs, drinking and driving, and having unprotected sex—can have harmful and long-lasting effects on youths’s health and well-being [9-12].

As a result adolescents and young adults are more likely than older adults to engage on risky sexual practice to have multiple sex partners, to engage in unprotected sexual intercourse, and to select higher risk partners [7, 11].

Lack of accurate knowledge about reproduction and sexuality, lack of parental support, the use of Khat and alcohol and other substances is significantly and independently associated with risky sexual behavior among Ethiopian youths [13]. In Ethiopia over 1.4% of in-school youths had unprotected sex. Daily Khat intake and followed by alcohol consumption was also associated with unprotected sex and which puts adolescents at the highest risk [8, 13, and 14].

Study in Ethiopia indicated that majority of youths are in-schools and living arrangement of high school students are living with friends followed by relatives and both biological parents (14) . For urban students, the most common living arrangements were living with both parents or with one biological parent only while a significant share of rural students lived with their friends or relatives [7, 9, 14-16].

Though there are a number of factors affecting the sexual health of in-school youths, Family connectedness and living arrangements seem an important factor affecting the sexual decisions of youths. So considering living arrangements as one of the challenges to risky sexual

behavior, this study mainly focuses to identify risky sexual behaviors and other affecting factors of in-school youths based on their living arrangements.

1.2 Statement of the problems

Worldwide the size of the population between 15 to 24 ages is currently 1.2 billion and is expected to continue growing for at least 20 more years [16].

Globally about 100 million new STI cases occur each year, about half in persons aged 15 to 24 and about 88% of all new cases in adolescents and young adults and HIV is the sixth leading cause of death among this age group [17].

Studies showed that due to sexual risk practice, each day, about 6,000 youth are infected with HIV. Young women have high rates of unintended pregnancy—as many as 40 percent of adolescent pregnancies in Latin America and the Caribbean are unintended, as are between 11 percent and 77 percent of pregnancies among youths in sub-Saharan Africa [16,18].

The current data from USA showed that 46% of in-school youths, had ever had sexual intercourse 34% had had sexual intercourse during the previous 3 months, and, of these, 39% did not use a condom the last time they had sex 77% did not use any birth control pills to prevent pregnancy the last time they had sex and 14% had had sex with four or more people during their life [19-22].

These in-school youths are highly affected by many sexual and nonsexual consequences, including HIV/AIDS or STI, unwanted pregnancy, abortion, poor school performance, high school dropout rate, psycho-social problems, conduct disorder, divorce, and economic problems. [23-25].

In south Africa although there are different causes of drop out from school, Schoolgirl pregnancy continued to be a more common cause of interrupted education than reasons not related to pregnancy; the more they didn't use contraceptive and the more likely they became pregnant , then the more likely they drop out of schools. School Dropout rate due to pregnancy

were 73% and only 32% of them were returned to school. Women who had repeated a grade due to low academic performance are 64 percent more likely to have dropped out of school and seven times more likely to become pregnant, relative to those who had not [29]

In 2006 in Ethiopia almost 50% of youths in high school reported having sex, there were about 750,000 pregnancies among youths of age between 15-19, and 67% of pregnancies were unplanned [7].

Study in North- West Ethiopia on sexual risk behavior indicated that One hundred one (32.2%) respondents indicated that they were under high pressure from friends to engage in pre-marital sex [16].

The Longitudinal Family Survey of Youth in Jimma indicated that alcohol consumption and drug use for adolescents are associated with increases in early sexual activities, sex with commercial sex workers and unprotected sex [30, 31].

According to Oromiya region third baseline assessment for mobile HIV counseling and testing program showed that most-at-risk populations of Jimma town in 2009 were estimated about 55,879 of which 70.5 % of them were in-school & college student [17].

Despite their numbers and vulnerability to various sexual risk behaviors, study suggested that adolescents specially in-school youths have not traditionally been considered a health priority since they have lower morbidity, mortality and good knowledge than older and younger age groups [5].

On the other hand most of youths are in-schools and due to less distribution of high schools, it has become necessary for some students to live separately from their parents for the duration of their training which may lead to changes in their living [14, 16].

In developing countries little research to date has explored the effects of normative changes in residential status (i.e., living with parents or not living with parents) on SRB in emerging adulthood. Parental monitoring during middle and early high school, however, is a robust predictor of adolescent SRB.

Numerous studies were conducted to assess the level of knowledge, attitudes, substance abuse, alcohol and other sexual risk factors of young adults but whether adolescents who live separately from parents who might lack consistent adult supervision, support and exposed to a relatively new environment are having an elevated sexual-risk behavior and special challenges during their early years and remain unanswered and there is limited evidence in the area.

However, whether the difference in living arrangement, which leads to the difference of consistent adult supervision, family connectedness and family support, predisposes in-school youth to high sexual risk behaviors are not clear. The assumption is that family environment is an important part of social networks which can influence youth reproductive and sexual behavior. Therefore this study aims to understand the inschool students' sexual behaviors in relation to their family environment.

CHAPTER TWO: LITERATURE REVIEW

Adolescence is a critical developmental period when many young people begin to define and clarify their sexual values and, often, start to experiment with sexual behaviors that place them at heightened risk of sexually transmitted infections (STIs), including HIV, and un-wanted pregnancies. With the high level of HIV infection and poor sexual and reproductive health outcomes among youths it is crucial to understand the determinants of sexual activity among the youth in order to inform policies and programs that protect them [33,34].

There are various sexual influencing factors of youths including individual, school, peer, family, and community influences that increase the likelihood that youths will experience a social or health problem and it is important to understand these factors and their correlates of risky sexual behavior [29].

2.1 Community factors

Community factors affect the likelihood that youth will manifest antisocial behaviors. While many behaviors, such as community norms and substance use are universal problems among adolescents, affecting rural, urban, and suburban adolescents at a relatively constant rate, there are certain risk factors for these behaviors [35, 36].

Studies in Burkinafaso and Kenya showed that availability and accessibility of alcohol and other drugs, community laws and norms favorable toward drug use and media portrayals of risk behavior and community disorganization, put children living in such areas at risk for developing antisocial behaviors [35-37].

Some studies have shown that antisocial behaviors, such as violence, can be learned from community. For example, children exposed to high levels of violence at age 8 were found to be more likely to behave aggressively at that age and subsequently, up to age 30.

2.2 Family environment

2.2.1 Family relationship/connectedness

Worldwide family factor, including the quality of adolescent-parent relationships and family support is associated with a range of sexual behaviors. Adolescents who report a positive

relationship with their mothers are less likely to be sexually active and have fewer partners than those who report a negative relationship. Similarly high parental monitoring and support is associated with less sexual activity and less number of sexual partners and greater likelihood of using condoms [41, 42].

Several studies have found that positive relationships or connectedness between parents and adolescents are linked to avoidance or lower use of alcohol, tobacco, and drugs and less likely to initiate sex or be sexually active. On the contrary, poor-quality parent-youths relationships were associated with increased sexual activity for females [43-45].

In USA only 28 percent of adults think that parents have a greater influence on youths than youths' friends or peer group. One-half of adults think that peers and parents have equal influence, while only one in four think that parents have a greater influence than peers [45, 46].

One third of youths say parents influence their decisions around sex. Youths are more likely to get their information about birth control, menstruation, pregnancy and STIs from family members than friends and 18% of girls think that the best way to learn about sex and health related issues is through family [47-48].

Study in Salvadoran found that youth with parents who know their whereabouts during the weekday and weekend were less likely to report substance use, aggression, and sexual risk behavior. These findings contribute to a growing body of evidence in support of parental monitoring and suggest that parental monitoring is also an important factor for understanding risk behavior engagement among youth in El Salvador. [49].

The Cambridge study found that family size as a contributing factor for various misbehaviors and showed that the more children in a family, the greater the risk of delinquency as compared with boys who had fewer siblings. Boys who had more siblings were twice as likely to offend regardless of the parents' socioeconomic status. [20].

In addition, childrens' parents who frequently watched violence on television and showed aggression were found to be more likely than other children to exhibit aggression and to prefer violent programs [39, 40].

2.2.2 Parent-adolescent communications

In USA in both single and dual-parent households, mothers (74.2%) were much more likely to discuss about HIV/AIDS than fathers (48.9%). Parents generally have talked to same-sex children about sexual issues. However, 87% of young women shared that they wanted more information from their fathers [50]. In contrast, in India youth communication with parents on sensitive issues such as romantic relationships, reproduction and contraception, adolescent body change among young men were rarely discussed only reported by 2–6% of youths. Nevertheless, among young women, mothers were reported as the most likely confidante on such matters with 88% having discussed menstrual problems and 26% having discussed experience of teasing [51].

In Ghana Female high school adolescents (46%) are more often talked to about sexual matters by family members than are males (28%), and family involvement is more common among older than younger adolescents. The most common household member involved is the mother (33% of females and 16% of males) and then the father (13% and 12% of females and males, respectively). Aunts, uncles, grandmothers or grandfathers were mentioned by less than 10% adolescents [52, 53]. Less than one third of adolescents reported having discussions with their parents about HIV/ AIDS, sex, and marriage [53, 54].

The study in Philippines on Family Influences on the Lifestyle of the Filipino Youth indicated a low level of sex discussion at home. Only about 14.8 percent of adolescents admitted they ever-discussed sex at home. Females, single adolescents and those in the older age (20-24) are more likely to admit some amount of discussion at home compared with their counterparts and no significant urban-rural differential is noted [8, 54].

In Ethiopia approximately 30 per cent of the children claimed to be consulted at home on issues concerning them, particularly in urban homes (35% compared to 28% of rural homes) [8]

2.3 School environment

Helping adolescents make healthy choices requires the involvement of families, communities, and many other sectors of society—and schools are an essential part of that effort. The school environment is a key setting in which students' behaviors and ideas are shaped. Study shows that well-designed, well-implemented school-based HIV/STD prevention programs can significantly reduce sexual risk behaviors among students [26, 55].

As education researcher Daniel Duke (1989) points out, "the goal of good behavior is necessary, but not sufficient to ensure academic growth." Effective school discipline strategies seek to encourage responsible behavior and to provide all students with a satisfying school experience as well as to discourage misconduct.

But the study found that the failure to bond to school, poor academic performance, poor rule enforcement within schools, when schools are poorly organized and operated, children are less likely to value their education and do well on academic tasks and more likely to experience peer influences that promote delinquency and opportunities for antisocial behavior [26-29].

In addition to those already noted, several other specific school characteristics may be linked to antisocial behaviors of students, including poor student-teacher relations, norms and values supporting antisocial behaviors, and poorly defined rules and expectations for appropriate conduct. It is likely that children who perform poorly on academic tasks will fail to develop strong bonds to school and will have lower expectations of success. As a result, academic achievement and school bonding are, in many ways, interdependent. For example, one study found that boys who engage in delinquency are less committed to school and are also more likely to have "shorter plans" for their schooling. These boys described themselves as bad students.

Generally the extent to which students feel accepted, valued, respected and included in the school has recently surfaced as one of the most important predictors of adolescent health [27-29].

2.4 Peer pressure

In USA exposure to pornographic films and peer pressure are 65.1% and 61.2% respectively stand out as factors exerting a large measure of influence on the attitude of high school adolescents towards sexual practice. Exposure to pornographic films, confirms the observation that young people, as it were, have been exposed to “adult issues at an impressionable age. The peer pressure is a pointer to the fact that it should not be overlooked in any attempt to bring about adjustments in the adolescents’ sexual behavior [56].

Association with deviant peers is related to increased co-offending, and report showing that 80 percent of Chicago juvenile delinquents were arrested with co-offenders, empirical evidence has supported the theory that deviant peer associations contribute to juvenile risk behaviors including sexual risk behaviors [27-29]

Results from the study on peer rejection and aggression as predictors of adolescent Health Risk Behaviors: revealed that peer rejection not only heightened the association between students peer aggression in school and their later externalizing behaviors but also increased their risk for substance use (i.e.heavy episodic drinking, marijuana use), sexual risk behavior (i.e., intercourse with multiple sexual partners), and profiles of elevated problem behaviors across domains [27].

2.5 Individual factors

2.5.1 Knowledge on sexual risk behavior and Reproductive Health

Knowledge of AIDS has increased remarkably over the years and is almost universal in most sub-Saharan African countries but the association between such knowledge and sexual behaviour is rather ambiguous [57].

The World Health Organization/Global Programme on AIDS (WHO/GPA) data did not find significant associations between levels of AIDS awareness and the number of partners and self-perceived risk. Findings provide a possible explanation for the weak link between knowledge, perceived risk and behavior. In their studies, respondents had a fatalistic attitude towards AIDS. The expression ‘after all you have to die of something’ was cited to justify high-risk behavior[58].

In Ethiopia, according to the first National Behavioral Surveillance Survey, significant proportion of the population, particularly the youth were indicated to be at risk of HIV infection despite high level of knowledge about HIV/AIDS [36]. Most youth respondents (93.5%) felt that they were not at risk or were at low risk for HIV infection. Of the in-school youth who had risky sex in 2009 (6% of total), only 21% felt to be at moderate or high risk for HIV/AIDS [59-61].

Quite a larger proportion of young women (64.4%) knew where to obtain a condom, almost twice as high as the 2005 DHS (34%). Levels of awareness were notably higher in the urban areas (83%) compared to the rural areas (62%). Sexual intercourse (87%) was identified as the key source of transmission, followed by 'using non-sterile syringes/needles' (61%); 'through infected blood' (54%) and 'from mother to child' (14%). The key preventive measures cited by the children were not sharing syringes or needles (59%); using condoms (56%); delaying first sexual encounter (54%); and being faithful (48%) [61,62].

2.5.2 Sexual Experience

According to data from the 2007 Youth Risk Behavior Survey in Ethiopia, 65% of students in twelfth grade have had sex at least once. Furthermore, according to somewhat earlier data, just over 17% of all youths girls who had had sex in the last 12 months reported they did not use any form of contraception. As a result, 72 per 1,000 girls age 15 to 19 get pregnant each year, and an estimated 30% of all girls will get pregnant at some point during their youths years [63].

Schoolgirl pregnancy continued to be a more common cause of interrupted education than reasons not related to pregnancy; by age 20, 35 percent of women had become pregnant while enrolled in school [68, 69].

Study findings in Kenya show that girls tend to have sex with partners who are, on average four years older. Only a few of sexually experienced adolescents are using condoms. Forty percent of sexually experienced girls and 65% of sexually experienced boys report having more than one sexual partner, with a 26% of boys having more than five partners [57].

In a study conducted in Kenya over one fourth of the young men aged 15 to 29 reported to have had 10 or more partners. Urban women reported fewer lifetime partners than rural women. Over half of men reported multiple partnerships in the year before the study. Less than 10% of women reported multiple partnerships in any site. Over one fourth of non married men had more than one ongoing relationship. Few men reported sex with commercial sex workers in the past year, and only 16% had a one-time sex contact. Condom use was higher in urban than in rural areas in which 24% of urban men mostly or always used a condom with non spousal partners in the past year versus 13% of rural men. [35-38].

In Burkina Faso about half, 51.3% of the youths have ever had sex. Rural youths initiate sexual intercourse at lower age than their urban counterparts with mean (16 +2.11) for rural and (17+2.32) for urban youths. The median age at sexual debut was 16 years for rural and 17 years for urban [16, 35].

Among Addis Ababa youth, 55% who have had sex used a condom the first time they had sex and 76% used a condom the last time they had sex. Their main reason for using a condom was for the prevention of STIs and HIV infection (55%), and reason for not using condom was 'trust on partner' (25%). A majority of the youth group members said they are capable of using condom correctly (60%), are confident they can negotiate condom use every time they have sex with partners (70%), and are likely to use condom next time they have sex with their partners (70%). Use of any other types of family planning, however, is very low [63-64].

2.5.3 Age and gender

In Kenya, study indicated that the adolescents (mostly older ones) felt that the best age for sexual debut for girls was 17-19 years and for boys 19-21 years. Respondents were more likely to endorse sex before marriage for boys than for girls and the expulsion of girls who become pregnant from school. More boys than girls supported abortion if the girl's life were in danger. In the study in Guinea, the preferred age for sexual debut was 15 to 18 years [57, 65].

Overall, by age 16, only 6 percent of boys in Ghana in the analytic sample report having had premarital sex, compared with more than 33 percent in Malawi, 19 percent in Burkina Faso, and 24 percent in Uganda. While percentages reporting premarital sex by age 16 show a

narrower range across countries for girls, the gender gap in the percent having premarital sex varies widely [35,38].

Study in north east Ethiopia showed that only 50% of urban students used condom engages in sexual intercourse earlier than their urban friends regularly when they made sexual intercourse with commercial sex workers (CSW) [36].

Jimma Longitudinal Family Survey of Youth indicated that girls and boys are about equally likely to consume alcohol. Khat chewing is mainly a habit of boys, 6% of whom engage in this behavior. More than twice as many adolescents in small towns and rural areas drink tella, arekie and chew khat. These risk behaviors are also common in urban areas. Alcohol consumption is equally common among younger and older adolescents [21].

2.5.4 Religious affiliation

Different studies showed that 64.57% of the respondents who considered themselves very religious feel that premarital sex is always wrong as compared to those who considered themselves to be moderately religious (22.56%), those who are slightly religious (7.62%) and those who are not religious at all (9.17%). There is a 42.01% difference between those who are very religious and those who are moderately religious, a 14.94% difference between the moderately religious and the slightly religious, and a 1.55% difference between the slightly religious and the not religious at all. This further supports the idea that there is a relationship between religiosity and a person's view of premarital sex [39, 40].

In a study of youth ages 11 to 25, respondents who were not sexually active considered the importance of religion in their lives and reported more connections to friends whom they considered to be religious or spiritual. Study of youth ages 12 to 17 found that 26 percent of youthss who said a few or never attended religious services still identified “morals, values and/or religious beliefs” as the factor that most affected their decisions about whether to have sex.

A study of first-year college students found that sexually active youth with high levels of religious identification were less likely to use a condom than those with less religious involvement [66].

2.5.5 Alcohol and substance use

A minority of young people in high schools were regular drinkers; 8 percent of boys and 2 percent of girls report drinking alcohol two or more times in a week. On average, among those consuming alcohol, they drank 5 or 6 days in the previous month. Compared with alcohol, chat consumption was more regular among users. Twelve percent of boys and 3 percent of girls had tried chat, with 86 percent of male ever-users and 71 percent of female ever-users having chewed in the last month. Overall, 3 percent of male youth consider themselves addicted to chat. Among male users, 16 percent chew 6 to 7 days a week [35-38, 49, 57, 65].

In USA, the magnitude of alcohol use is high among youth, where about 10.9% of in-school-youth (ISY) had consumed alcohol during the month preceding the interview, and of all ISY, 3.3% were regular alcohol consumers. Males were 1.4 times more likely than females to have reported condom use during their first sex [24].

Generally various factors affect sexual decisions of young people, so to achieve its objective, this study attempts to focus mainly on family environment based on their living arrangement.

SIGNIFICANT OF THE STUDY

Globally there have been periods of great change in adolescent sexual activity. Sexual activity among youth can bring with its serious consequences, because of its inherent risks and its links with other unhealthy risk behaviors [5, 21].

Most of these young people are in-school and they are also at high risk for risky sexual behaviors and reproductive health problems including HIV/AIDS or STI, unwanted pregnancy, abortion, poor school performance, high school dropout rate, psycho-social problems, conduct disorder, divorce, and economic problems [26, 27].

According to Oromiya region third baseline assessment for mobile HIV counseling and testing program showed that most-at-risk populations of Jimma town in 2009, 70.5 % of them were in-school & college student [17].

To mitigate this problem Ethiopia has made a number of interventions using various strategies including school health programmes. Learning more of the factors that lead to sexual risk taking behaviors in this segment of the population is of considerable strategic significance to national efforts and supports the fulfillment of the national objective.

So, Clear understanding of some of the adolescents' sexual activities, predisposing factors and preventive measures in our country will be the key pre-requisite information required in designing relevant, effective and comprehensive adolescent health programs in various schools. The increased self-governance and consequent lessening of parental monitoring associated with living away from home also may be associated with increased sexual risk behavior.

This study is supposed to generate information on sexual risk behaviors and other affecting factors among students living with their parents and live away from parents.

Therefore, determining the family factors that may assist in preventing sexual-risk behavior and its serious consequences among young adults is essential.

Furthermore the finding of this study may benefit researchers who pertinent in this area of study in providing further information and for health program planners and policy makers to review, strength and design, better come up with current program in high school.

CONCEPTUAL FRAME WORK

A conceptual frame work has been presented below which is found to be suitable to summarize and show the direction of the study. This conceptual frame work is adopted with some modification from the context of social development model [SDM]. Many scholars frequently use the social development model [SDM] in order to carry out studies on adolescent drug and alcohol use, violence, sexual risk behaviors and other delinquent behavior, and can indeed be applied generally to all youths [69,70].

The SDM addresses these points by how anti-social community influences will affect youths coming from different types of family backgrounds and hypothesizes that children adopt the behavioral patterns of the social unit —such as *family, peers, school or community*—to which they are most firmly bonded. If the social unit has pro-social behavioral, then the child adopts a pro-social orientation; if the social unit is antisocial, then the child often manifests problem behavior, and SDM has been tested and supported in a variety of adolescent outcomes [69, 70].

In this study, we adopted a conceptual frame work based on four main contexts of the Social Development Model (SDM): parents, peers, schools, and community domains [69] in identifying risky sexual behavior among students living with and away from parents.

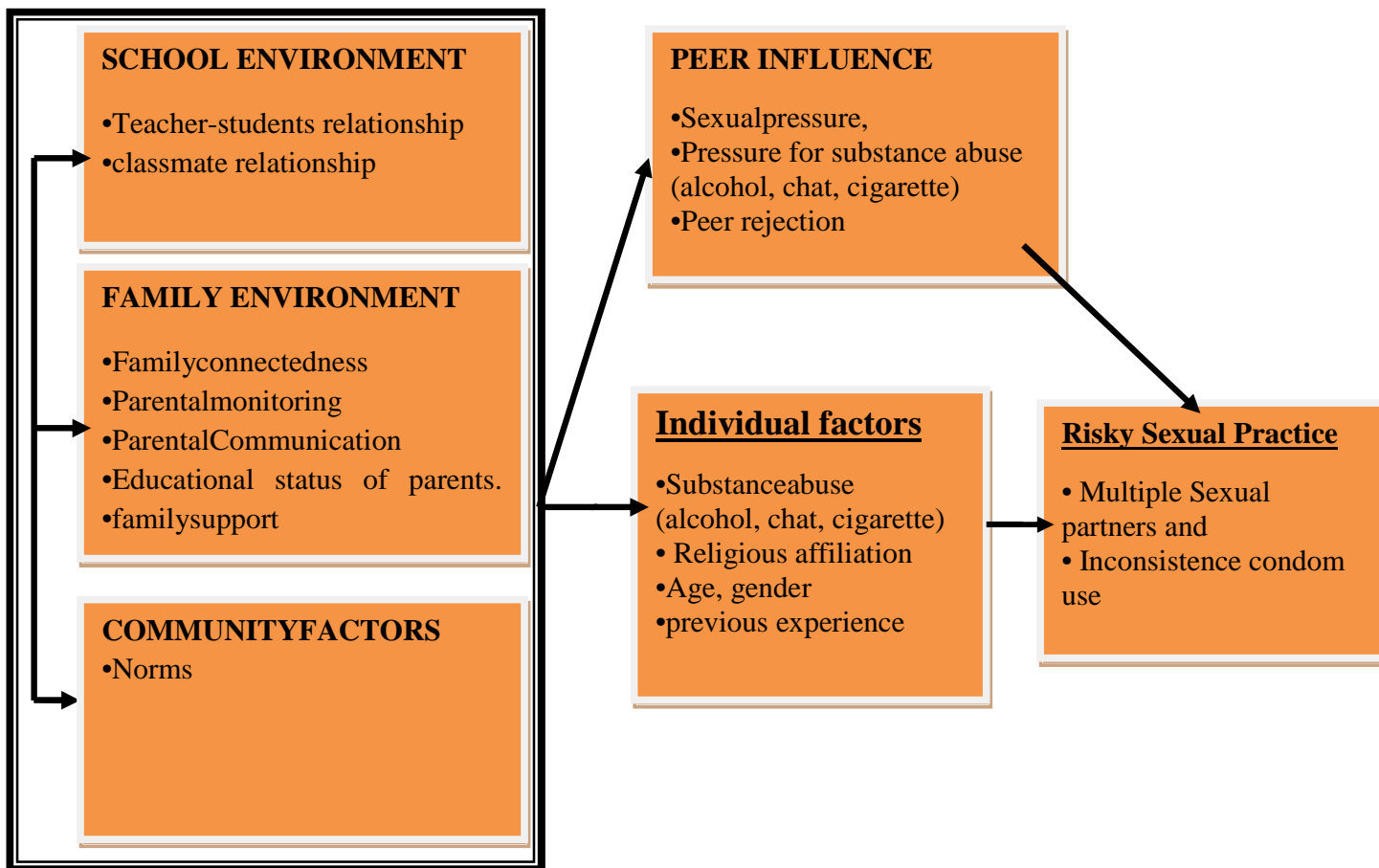


FIGURE 1. Conceptual frame work on risky sexual behaviors and factors affecting risky sexual behaviors among students living with and away from parents in Jimma zone February, 2012.

CHAPTER THREE: OBJECTIVES OF THE STUDY

3.1 General objectives

To compare sexual risk behaviors and associated factors among students living with their parents and live away from parents in Jimma zone preparatory schools.

3.2 Specific Objectives:

1. To identify factors affecting sexual risk behaviors among students living with their parents and live away from parents.
2. To compare sexual risk factors among students who are living with their parents and living away from parents.
3. To compare the level of sexual risk behaviors among students who are living with their parents and living away from parents.

CHAPTER FOUR: METHODS AND MATERIALS

4.1 Study Area and period

The study was conducted in Jimma zone. Jimma town is the capital town of Jimma zone and it is located 356 Km away from Addis Ababa in South West Ethiopia, Oromia National Regional State. Jimma zone has about 2.8 million populations according to CSA 2007 and it is divided in to 18 districts [woredas] and Jimma town is also sub divided in to 13 administrative kebeles with 159,009 populations [71].

In 2011/12 G.C there are 985 governmental and private schools in Jimma zone, and there are 9 preparatory schools. These schools are providing educational services for 3065 students [male-1879 and females-1186]. From these nine preparatory schools seven of them are found in Jimma zone and two of them are located in Jimma town [71].

The study was conducted from February 14-30 /2012 in Jimma zone preparatory schools.

4.2. Study design

This study employed a comparative cross sectional study design and used both qualitative and quantitative approaches.

4.3 Population

4.3.1 Source population for quantitative part

All youths in five randomly selected preparatory schools of Jimma zone.

4.3.2 Study population for quantitative part

Those students age between 15 to 24 who were living with their parents and those were not living with their parents from five randomly selected preparatory schools of Jimma zone.

4.3.2.1 Inclusion and Exclusion criteria

Inclusion criteria

Preparatory school students aged between 15 to 24 years were included in the study.

Exclusion criteria

Students who were ill and unable to fill the questionnaire during data collection.

4.3.3 Study population for qualitative part

Selected in-depth interview participants based on their gender and living arrangements including student representative, schools HIV/AIDS club focal persons, were participated in in-depth interview.

4.4 sample size determination and sampling technique

4.4.1 Sample size for quantitative part:

The sample size is determined using the formula of sample size determination for two population proportions considering the “proportion of youths who are sexually active and risky” as a key variable because risky sexual is the smallest estimated difference between the groups and assuming a confidence level of 95%, power of 80% and 10% allowance for non-response. The results of the study on “Assessment of sexual risk behaviors of in-school youth in West Gojam zone, Amhara regional state, Ethiopia 2009” [16] indicated proportion of in-school adolescents living away from families who are sexually active was 28% and proportion of in-school adolescents living with their parents who are sexually active was 14% [16].

$$n1 = \frac{(a + b)^2 [p_1 (100 - p_1) + p_2 (100 - p_2)]}{(p_1 - p_2)^2}$$

Where: n1 = sample size for students living at home with their families

n2 = sample size for the students living away from home and families and

n = the total sample size = n1 + n2

a = Z-score corresponding to the likelihood of finding the true significant result

Based on 95% level of confidence interval and 80% power [0.841

b = Value of a standard normal distribution score 1.96 using 0.05 level of significance.

p1 = Proportion of sexually active and risky in-school youths living with their parents [14%]

p2 = Proportion of sexually active and risky in-school youths not living with their parents [28%]

The final sample size with design effect of 2 would become **576** in-school youths (**288** in-school youths living with their parents [LP] and **288** in-school youths not living with their parent [NLP]). Since the response rate was 97.3% the final sample size became 560 in-school youths (**273** in-school youths living with their parents [LP] and **287** in-school youths not living with their parent [NLP]).

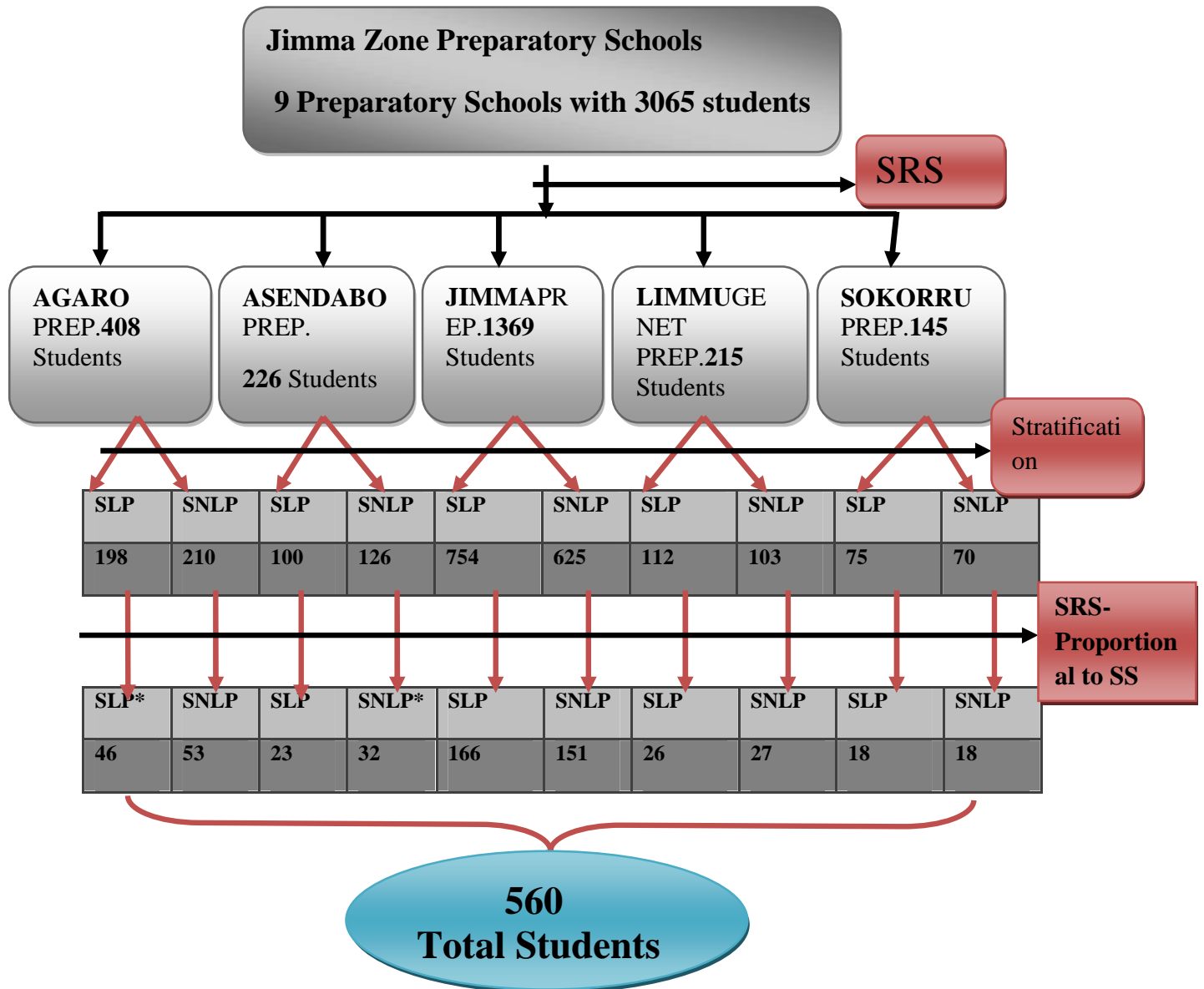
4.4.2 Sample size for Qualitative part

Ten interviewees were interviewed [five with students living with their parents and five with students not living with their parents].

4.4.3 Sampling technique for quantitative part

For the quantitative study stratified random sampling technique had been employed. All [Nine] preparatory schools in Jimma zone and town was identified and listed. Then five preparatory schools were selected from nine preparatory schools using simple random sampling. Then students from five schools were selected based on their living arrangements [living with their parents and away] which were identified prior to main data collection time .Then simple random sampling technique was employed to select the participants from each selected schools using lottery methods. The number of students included in the study from each selected schools were proportional to the total number of students in each selected schools .

Sampling procedures



***key:** - SLP-Students Living with Parents

SNLP- Students Not Living with Parents SRS-Simple Random Sampling

Figure2. Schematic presentation of the sampling procedure used in the study in Jimma, February, 2012.

4.4.4 Sampling technique for Qualitative part

For the qualitative part of the study the participants for the in-depth interview was selected from five preparatory schools using judgmental sampling technique on the basis of a prior specification of desired demographic characteristics (living arrangements, student representatives, HIV/AIDS club members, sex).

4.5 Data collection and Measurements

4.5.1 Data collection Instruments for quantitative part

A pretested, structured and translated questioners adapted from various sexual risk behavior studies [10, 14, 16, 69, 70, 72] was used to collect the quantitative data. The questionnaire was originally developed in English and then translated into Afan Oromo and Amharic and these local languages questionnaires were used to collect the data using self administered interview method. It had been then back translated to English to facilitate reliable responses and to keep the original meaning of the instrument

4.5.2 Data measurements

4.5.1.1 Socio-demographic characteristics: The instrument contains socio-demographic characteristics (age, sex, religion, residence and level of parental education) which were assessed with a mix of various formats like 'yes or no', nominal and ordinal measurements.

4.5.1.2 Individual factors: Previous experience on sexual activity, alcohol consumption and substance use were measured using different items adapted from a previous study [69]. The informations were collected regarding the use of on previous history of substance abuse, alcohol drinking, religious affiliation, watching porn and others during the past 6 months using response options of 'yes or no', nominal and ordinal measurements.

4.5.1.3 Family environment: Items constituting a risky sexual behavior scale was adapted from a previous study [10, 14, 16, 69, 70, 72] including *Family connectedness* measured using 10 items [Cronbach alpha=0.95] on 5-point Likert scale that range from strongly agree to strongly disagree. *Family support* was measured using 10 items [Cronbach alpha=0.74] on 4 point Likert scale format with the response categories 1=never, 2=rarely, 3= most of the time

and 4=always *Parental monitoring* was assessed by 2 items on 'yes or no' formats. Parent-youths communication measured using 'yes or no' questions. Those responding 'yes' to each of the items were classified as exposed to more parental monitoring. *Parent-youths communication* measured using 'yes or no' questions.

For all likert scale measurements after reversing for negatively worded items, scores were summed for each respective item and higher score indicated a higher level of influences.

4.5.1.4 School attachment: School attachment was measured using 8 items [Cronbach alpha=0.71] adapted from a previous study [72]. The 8 items were measured on a 4-point Likert scale that included "Not at all," "Not much," "Some," and "A lot" as response choices. The item- "I feel like an outsider in school" and "school is boring" were reverse coded. The total scores of these 8 items were summed and higher score indicates stronger school attachment.

4.5.1.5 Peer pressure: was assessed using a scale adapted from a previous study [14, 16, and 70] with 5 items [Cronbach alpha=0.75]. -whether having pressure from peers or not- was assessed on 3-point Likert scale that included; "1 =none, 2 = low, 3=high." A higher score indicated a higher level of peer pressure.

4.5.1.6 Community factors: were measured using 6 items [Cronbach alpha=0.74] adapted from a previous study [14, 16, and 70]. The 6 items were measured on a 5-point Likert scale that included the response categories 1=strongly agree, 2=agree, 3= neutral, 4=disagree and 5=strongly disagree. The total score of these 6 items were summed. Then a higher score indicated a higher level of community influence.

4.5.1.7 Risky sexual behavior: Three items constituting a risky sexual behavior were adapted from a previous study [70]. It asked whether the participants had engaged in sexual intercourse during the past 6 months, the number of sex partners during the past 6 months, and if the participants used a condom in their every instance of sexual inter-course. Regarding number of sex partners, the responses were coded 0 if the participants never had sex, 1 if the number reported was 1 and 2 if the number reported was 2 or more. Regarding condom use,

the responses was coded 0 if the answer was “yes,” and 1 if the answer will “no.” Then the participants who use condom inconsistently in one of the above was considered as risky.

4.5.2 Data collection instrument for qualitative study

In-depth interview using interview guide was conducted by two trained interviewers.

4.6 Variables

4.6.1 Outcome variables

- Risky sexual behavior.[risky/not at risky]

4.6.2 Independent variables

Family environment

- family connectedness
- parental monitoring
- parental communication
- Educational status of parents.
- family support

School environment

- teacher-students relationship
- school-students relationship

Peer influence

- sexual pressure
- pressure for substance use (alcohol, chat, cigarette)
- peer rejection

Community factors

- Norms of the community

Individual factors

- Substance use (alcohol, chat, cigarette)
- Religious affiliation
- Age,
- gender
- previous experience

4.7 Reliability and validity of instrument

Reliability and internal consistency were determined using Cronbach's alpha of 0.70 or greater was accepted. The wording and sequence of questions designed in such a way that the logical flow of ideas, from general to specific, from impersonal to personal, and from easy to difficult questions, was maintained.

The instrument was pretested on in-school students other than selected schools for this study and English version questionnaires were translated to local languages [Amharic and Afan Oromo] and translated back to English. Data were collected by trained data collectors using self administered questionnaires. Seven data collectors, who were completed grade 10/12 and 5 supervisors all were graduating class of MPH students , were participated in the data collection after they had given an intensive two days training on the data collection tools and collection procedures by the principal investigator.

4.8 Data collectors

Seven trained data collectors were recruited and 5 diploma holders and 2 of them were grade 10 completed. Five MPH students were supervised the data collection. The in-depth interview was conducted by two trained MPH students.

4.9 Operational definition

1. ***Risky sexual behavior:*** is any behavior that increases the probability of negative consequences associated with sexual contact, including HIV/AIDS or other sexually transmitted diseases (STDs), abortion and unplanned pregnancy. It asked whether the participants had engaged in early sexual inter-course during the past 6 months, the number of sex partners during the past 6 months, and if the participants used a condom in their last instance of sexual inter-course. Then students with inconsistent condom use, early sexual initiation and students with two/more sexual partners within the last six months indicated higher levels of risky sexual behavior.
2. ***Living arrangements of students:*** refers to whether the students are living with their parents or not.

3. **Family connectedness:** Parental connectedness can be defined as the degree of closeness/warmth experienced in the relationship that children have with their parents. Family connectedness was measured using responses to 10 statements on a five point Likert scale ranging from 1(strongly disagree) to 5(strongly agree). Scores for all 10 items were summed and a higher score indicates a more family connectedness.
4. **Parental monitoring:** Parental monitoring was assessed by 2 statements on ‘yes or no’ questions that asked adolescents whether their parents knew where they were and who they were with when not at school and away from home. Those responding ‘yes’ to each of the items were classified as exposed to more parental monitoring;
5. **Family support:** is providing comprehensive care for students with assistance to the entire family, while helping parents and other caregivers support as productive and responsible employees.
6. **School attachment:** a relationship that is “mutually respectful and supportive as well as emotional and academic support that exists between students and teachers.
7. **Religious affiliation;** an association or connection with a particular spiritual belief such as frequency of religious service attendance.
8. **Peer pressure:** Refers to the influence exerted by a peer group in encouraging a person to change his or her attitudes, values, or behavior in order to conform to group norms.

4.10 Data quality management and assurance

To assure quality of the data the following measures had been undertaken: A brief orientation session about the whole purpose of the research project was given for all students. The questionnaire was used and translated to Afan Oromo and Amharic and back translated to English by a translator who is blind to the original questionnaire. Pre-testing of the questionnaire was undertaken in 5 percent of the sample size in similar areas before the actual data collection take place and corrections on the instruments made accordingly. A total of two days’ intensive training was given for all supervisors and data collectors. Overall activity was controlled by the supervisors and principal investigator carefully during data collection.

For qualitative study, the in-depth interview was conducted by two trained interviewers and

Tape recorder was used and the recorded information was transcribed first by local language and translated to English to keep consistency of the original response.

4.11 Data processing and analysis

The quantitative data were checked for completeness and consistency. Data entry and analyses were performed using SPSS (version 16 for Windows) and editing and clearing of the data were also performed. First, descriptive analysis was carried out to explore the socio-demographic characteristics of the respondents.

Then multiple logistic regression analyses were performed separately for students living with parents and not living with parents to detect the independent associations between all expected factors and risky sexual behavior. Odds ratios were used to compare the effect of risky sexual behavior on students living with parents and living away from parents.

The qualitative data were analyzed in to thematic areas of risky sexual behaviors of youths by performing coding and recoding of the transcribed ideas of the interview and triangulated with quantitative findings.

4.12 Ethical Considerations

The study protocol was approved by Ethical Clearance Committee of Jimma University College of Public Health and Medical Sciences. Permission letter had been obtained from the Jimma zone educational office. An official letter of co-operation was written to respective schools. Information on the studies was given to the participants, including purpose and procedures, potential risk and benefits so encourage provision of accurate and honest responses. Potential participants were told that participation is voluntary and that confidential and private information was protected. For ethical purpose, one day prior to data collection for under 18 age students they told to ask their parents for permission to participate on the study and only those who have got permission from parents were participated and written informed consent was obtained from each participant. In order to protect confidentiality, names or school IDs were not included on the written questionnaires. Identification of an informant is only possible through numerical codes.

CHAPTER FIVE - RESULTS

5.1. Socio-demographic characteristics

A total of 560 students participated in this study producing a response rate of 97.2%. Based on their living arrangements 287 (51.3%) students living away from parents and 273(48.7%) were students living with parents with a corresponding response rate of 99.6% and 95% respectively. Regarding sex 303 (54.1%) were females in which 172(63%) of them were living with their parents. Among grade levels 158(57.9%) were grade 12th and living with their parents while 220(76.7%) living away from parents.

The mean age of respondents was 18.6 (SD± 1.6) years with a minimum of 15 years and maximum 24 years. Regarding the residence and religion of respondents 296(52.9%) of them were rural students and, 257(45.9%) of them identified themselves as Orthodox Christian.

Regarding educational status, 32(11.77) mothers and 23 (8.4%) of fathers of students living with parents were illiterate and 111(38.7%) of mothers and 92(32.1%) of fathers of students living away from parents were illiterate [table-1].

TABLE 1. Frequency distribution of students by socio-demographic characteristics and living arrangements, Jimma zone February, 2012.

Variables	living arrangements		Total No[%]
	Living with parents N=273 No[%]	Not living with parents N=287 No[%]	
	Sex Female Male	172[63.0] 101[37.0]	
Grade level 11 th grade 12 th grade	115[42.1] 158[57.9]	67[23.3] 220[76.7]	182[32.5] 378[67.5]
Age 15-19 20-24	217 (79.5) 56(20.5)	216 (75.3) 71 (24.7)	433 (77.3) 127 (22.7)

Residence			
Rural	28[10.3]	268[93.4]	296[52.9]
Urban	245[89.7]	19[6.6]	264[47.1]
Religion			
Orthodox	156[57.1]	101[35.2]	257[45.9]
Muslim	66[24.2]	136[47.4]	202[36.1]
Protestant	41[15.0]	50[17.4]	91[16.2]
Catholic	10[3.7]	0[0]	10[1.8]
Educational status of mother			
Illiterate	32[11.7]	111[38.7]	143[25.5]
Elementary	111[40.7]	108[37.6]	219[39.1]
Secondary	44 [16.1]	34[11.8]	78[13.9]
Above	86[31.5]	34[11.8]	120[21.4]
Educational status of father			
Illiterate			
Elementary	23[8.4]	92[32.1]	115[20.5]
Secondary	71[26.0]	99[34.5]	170[30.4]
Above	63[23.1]	55[19.2]	118[21.1]
	116[42.5]	41[14.3]	157[28.0]

5.2. Individual factors and Risky sexual behaviors of the students

Respondents were asked if they had ever had sexual intercourse with an individual of the opposite sex, and 202(36.07%) said they had. Disaggregated by living arrangements, 117 (42.9%) of students living with parents had had sex compared to 85 (29.6%) of students living away from parents. The proportion of sexually active adolescents was among the age group 18-20 (66.6%) for both groups of students.

Amongst sex, the percentage of male students that had ever had sex were 85(33%) and 117(38.6%) for female students.

Regarding religious visit 229(83.9%) of students living with parents and 269(93.7%) of students living away from parents had visited religious institutions.

From those who have had girl/ boy friends, 132(48.4%) and 157(54.7%) of students living with and away from parents had opposite sex friends respectively.

One hundred one [37%] of students living with parents and 68[23.7%] of students living away from parents were consumed alcohol.

Ninty seven (35.5%) and 96(33.4%) of students living with and away from parents were watched pornographic movies in the last 6 months respectively.

Regarging chat chewing 97(35.5%) and 115(40.1%) of students living with and away from parents were chewing chat in the last 6 months respectively, and from those who sniffed glue 147(53.8%) of students living with parents and 68(23.7%) of students living away from parents were sniffed glue in the last 6 months.

Thirty six (30.8%) students living with parents and 11(12.9%) students living away from parents reported they had two or more sexual partners in their lifetime, and male's 22 (25.9%) females 25(21.4%). Over all 47(23.3%) and 16(7.9%) of students have had two or more sexual partners in their life time and in the last six months respectively.

Regarding HIV prevention methods 51(76%) of students living with parents were faithful while 49(58.3%) of students living away from parents preferred abstinence as main HIV prevention methods. Fifty percent of both male and female students used condom to prevent HIV/AIDS. More students living away from parents 54.8% used condom than students living with their parents 46.6%.

Of those who reported having had sexual intercourse, 82 (40.1%) students had been sexually active in the past six months. Regarding contraceptives used, 100 (50.0%) students reported condom use but consistent condom use was reported only by 18 (9.0%) of students. Thiryouths(11.2%) and 5(6%) of students living with parents and away from parents used condom always respectively.

Among the sexually active males, 8 (1.4%) reported having had sexual intercourse with commercial sex workers of which only one had used condom consistently.

From sexually active students, 140 (74.9%) reported that they were willing the first time they had sex. Forced sexual intercourse was reported by 6(3.2%) individuals [three males and three females]. Four youths (7.5%) claimed to have been given drugs and alcohol at first time they had sex.

One hundred twenty three (60%) of sexually experienced students reported that their first sexual partner was a boy/girl friend, 36 (17.8%) a family member and 26 (12.9%) a teacher.

Table 2 Frequency distribution of students by individual factors and living arrangements, Jimma zone February, 2012 [N=560].

Variables	Living arrangements		Total No[%]
	Living with parents No[%]	Not living with parents No[%]	
	Have had sex		
Yes	117[42.9]	85[29.6]	202[36.1]
No	156[57.1]	202[70.4]	358[63.9]
Had boy/girl friend			
Yes	132[48.4]	157[54.7]	289[51.6]
No	141[51.6]	130[45.3]	271[48.4]
Age of first sex			
<18	69(53.9)	59(46.1)	128(36.6)
18-24	204{47.2}	228(52.8)	355(63.4)
Religious visit			
Yes	112 [41.0]	93[32.4]	205[88.9]
No	161[59.0]	194[67.6]	62[11.1]
Frequency of Religious visit			
Daily	61(22.3)	62(21.6)	123(22.0)
Most of the time	100(36.6)	132(46.0)	232(41.4)
Once per week	48(17.6)	36(12.5)	84(15.0)
Once per month	33(12.1)	46(16.0)	79(14.1)
Never visit	31(11.4)	11(3.8)	42(7.5)
Alcohol Consumption			
Yes	101[37.0]	68[23.7]	169[30.2]
No	172[63.0]	219[76.3]	391[69.8]

Watch pornographic film			
Yes	97[35.5]	96[33.4]	193[34.5]
No	176[64.5]	191[66.6]	367[65.5]
Chewing chat			
Yes	97(35.5)	115(40.1)	212(37.9)
No	176(64.5)	172(59.9)	348(62.1)
Sniffed glue			
Yes	147(53.8)	68(23.7)	215(38.4)
No	126(46.2)	219(76.3)	345(61.6)
Substances used at first sex			
Yes	9[7.7]	9[10.6]	18[8.9]
No	108[92.3]	76[89.4]	184[91.1]
Contraceptive used at first sex			
Yes			
No	19[16.2]	29[34.1]	48[23.8]
	98[83.8]	56[65.9]	154[76.2]
Contraceptive used at last sex			
Yes			
No	59[50.4]	38[44.7]	97[48.0]
	58[49.6]	47[55.3]	105[52.0]
Number of sexual partners with in last 6 months			
None	48[41]	46[54.1]	94[46.5]
One	33[28.2]	28[32.9]	61[30.2]
Two or more	36[30.8]	11[12.9]	47[23.3]
Frequency of condom use			
Some times	50[43.1]	48[57.1]	98[49.0]
Most of the time	53[45.7]	31[36.9]	84[42.0]
Always	13[11.2]	5[6.0]	18[9.0]
Having sex with Commercial workers			
Yes	5[1.8]	3[1.0]	8[1.4]
No	268[98.2]	284[99.0]	552[98.6]
Decision to have first sex			
Fall in love	17[15.6]	10[12.8]	27[14.4]
Willingly	76[69.7]	64[82.1]	140[74.9]
Forced	2[1.8]	4[5.1]	6[3.2]
Given drugs/alcohol	14[12.8]	0[.0]	14[7.5]

Regarding frequency of religious visit almost equal number of students 61(22%) visited religious site daily, and 31(11.4%) and 11(3.8%) of students living with and away from parents never visited religious institution respectively [fig.2].

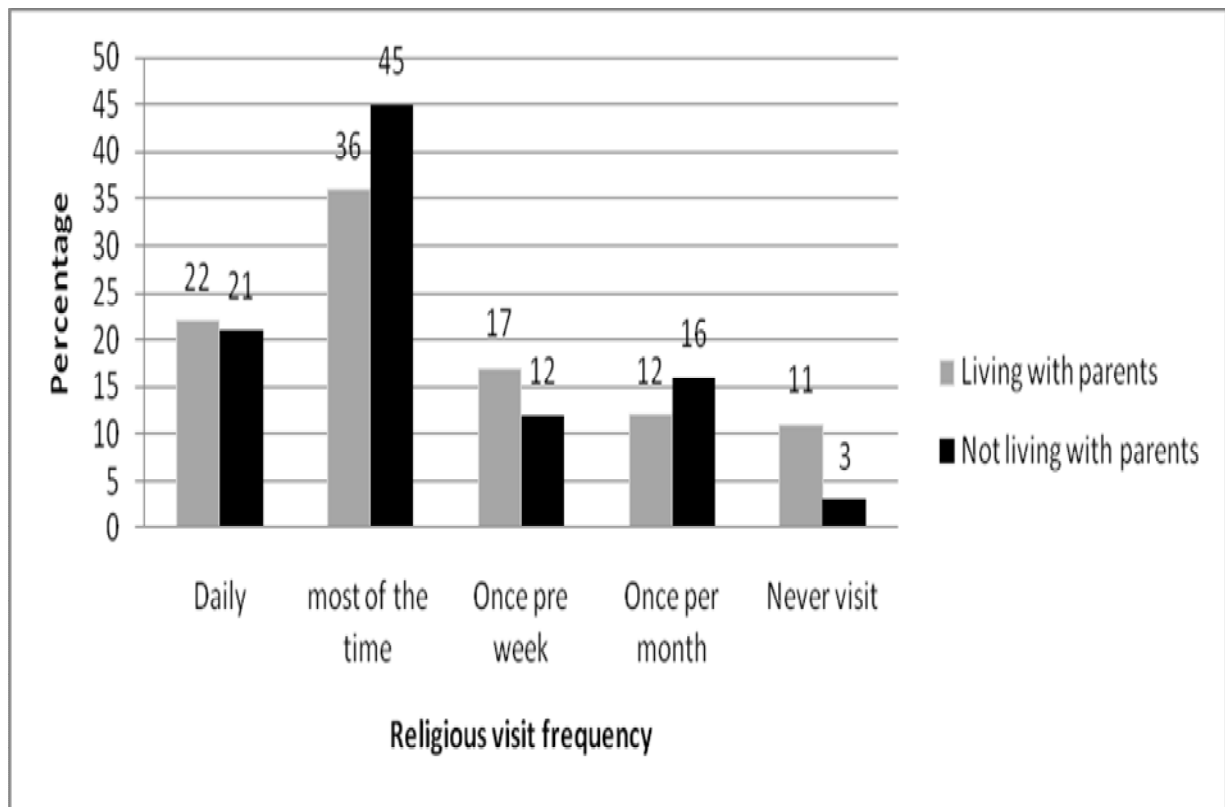


FIGURE 2. Frequency of religious visit among preparatory school students living with and away from parents in Jimma zone February, 2012.

5.3. Family Environment

5.3.1. Family connectedness

Family connectedness scores were analyzed as a continuous variable with possible values ranging from 10 to 50 for both living arrangements. The mean score of family connectedness for students living with parents was 35.42(\pm 12.3) and the mean score for students living away from parents was 40.29(\pm 10.67). The total score for each item for both study groups was summarized in figure below.

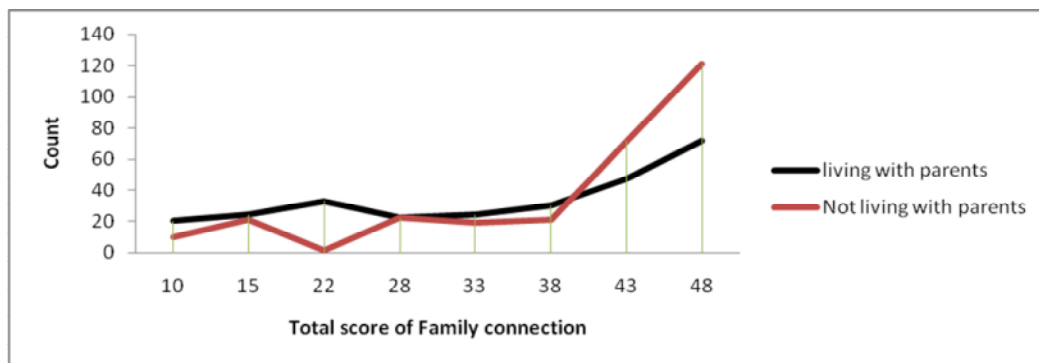


FIGURE 3. Total score of perceived family connectedness of both students living with and away from parents in Jimma zone February, 2012.

5.3.2 Family support

Family support scores were analyzed as a continuous variable with possible values ranging from 11 to 55 for both living arrangements. The mean score of family support for students living with parents was 28.95(\pm 5.2) and the mean score for students living away from parents was 28.95(\pm 5.78). The total score for each item for both study groups was summarized in figure below.

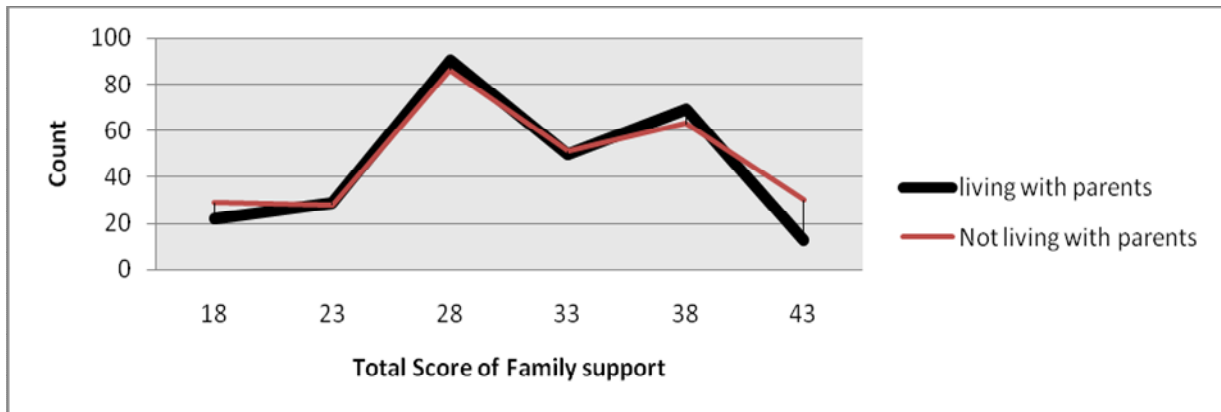


FIGURE 4. Total score of perceived family support of both students living with and away from parents in Jimma zone February, 2012.

5.3.3. Family monitoring

Regarding exposure to family monitoring 147[48%] and 152[51%] of students living with and away from parents were exposed to family monitoring [fig.below].

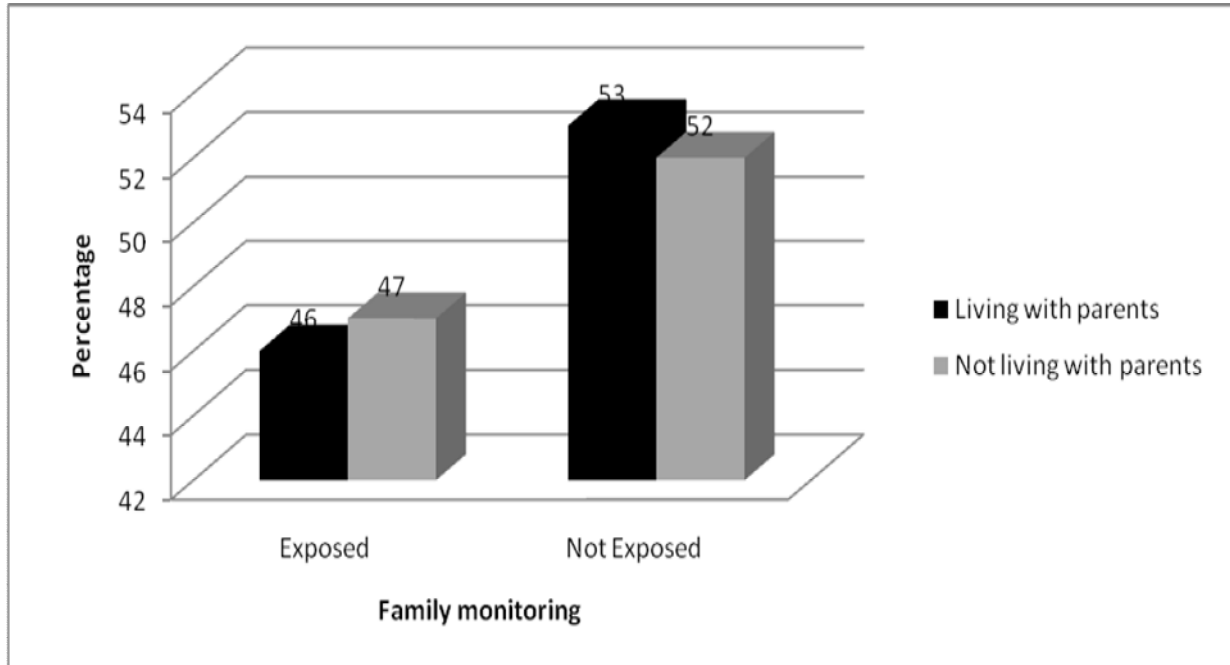


FIGURE 5. Percentage exposure to family monitoring among students living with and away from parents in jimma zone February, 2012.

5.3.4. Communication and discussion regarding sexuality and HIV/AIDS with parents

Overall, 510 (92%) students reported that they had ever discussed sexuality or HIV/AIDS, of these 41.8% with their parents and (17.3%) with their peers. Compared to living arrangements, 94.9 % of students living with parents and 88.7% of students living away from parents discussed about sexuality or HIV/AIDS. Of these females (53.1%) and males (46.9%) were discussed about sexuality or HIV/AIDS. This result supported by the in-depth interview *"In my parents it is free to talk about sex and anything related to sexual matter. Whatever it is I can talk to my family and so to my friends as to me nothing is shame more than doing unprotected sex"*. (19 years girl that was living with parents from Agaro high school).

Family and teachers/school AIDS clubs were the dominant sources of information regarding sexuality and HIV/AIDS, mentioned by 222 (40 %) and 166 (30%) of students respectively.

Table 3 . Communication and discussion regarding sexuality and HIV/AIDS (multiple responses possible) of preparatory school students, Jimma zone February, 2012.

Variables	Living arrangements		Total
	Living with parents	Not living with parents	
	No[%]	No[%]	
Discuss about HIV and RH			
Yes	259[94.9]	251[88.7]	510[91.7]
No	14[5.1]	32[11.3]	46[8.3]
Whom did you discuss with			
Friend of the opposite sex	61[23.6]	36[14.1]	97[18.8]
Other family members	9[3.5]	85[33.2]	94[18.3]
Friend of the same sex	50[19.3]	29[11.3]	79[15.3]

Mother	64[24.7]	14[5.5]	78[15.1]
Health practitioner	10[3.9]	28[10.9]	38[7.4]
Father	11[4.2]	26[10.2]	37[7.2]
Brother /sister	17[6.6]	8[3.1]	25[4.9]
Teachers	3[1.2]	3[1.2]	6[1.2]
Never discussed	5[1.9]	8[3.1]	13[2.5]

5.4. School attachment

School attachment scores were analyzed as a continuous variable with possible values ranging from 7 to 21 for students living with parents and 10 to 21 for students living away from parents. The mean score for school attachment of students living with parents was 15.9(\pm 3.3) and for students living away from parents was 17.3(\pm 2.37). The total score for each item for both study groups was summarized in figure below.

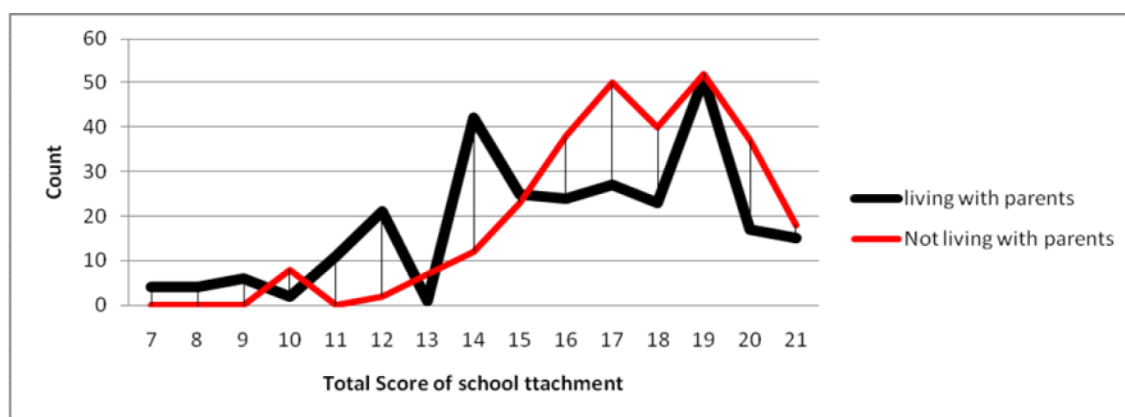


FIGURE 6. Total score of perceived family support of both students living with and away from parents in Jimma zone February, 2012.

5.5. Peer Influence

When we see the peer influence 162[59.3%] of students living with their parents and 225[78.4%] of students living away from parents were under high pressure from their peers [fig. 7] and supported by the in-depth interview “*I am worrying about my friends, because after we came to this high school [Agaro] two of my best friends have boyfriends and they*

enforce me to join them and if I want to enjoy life like them.....”. (18 years girl that was not living with parents from Agaro high school.

5.6. Community factors

Community factors scores were analyzed as a continuous variable with possible values ranging from 7 to 30 for students living with parents and 6 to 30 for students living away from parents. The mean score for community factors of students living with parents was 20.49(±5.19) and for students living away from parents was 22.5(±5.52).

5.7. Bivariate analysis for comparison of risky sexual behaviors among students living with and away from parents.

The bivariate analysis showed that students living with their parents were 1.85 times more likely to be at sexual risk than students living away from parents. The observed difference was statistically significant [OR (95%CI), 1.851[1.302-2.632, P.V= 0.001].

Table 4 . Comparison of risk sexual behavior among students living with and away from parents in Jimma zone February , 2012.

Variable	RISKYSEXUAL BEHAVIOR		COR(95%CI)	AOR[95%CI]
	AT RISK N=196	NOT AT RISK N=364		
	No (%)	No (%)		
Sex				
Female	113[57.7]	190[52.2]	.802[.56-1.13]	
Male	83[42.3]	174[47.8]	1.0	
Residence				
Rural	86[43.9]	210[57.7]	1.74[1.22-2.47]*	1.3[.65-2.67]
Urban	110[56.1]	154[42.3]	1.0	1.00
Living arrangements				
Not live with parents	81[41.3]	206 [56.6]	1.00	1.00
Live with parents	115[58.7]	158[43.4]	1.851[1.30-2.63]*	1.5[.54-2.5]
Alcohol Consumption				
Yes	98[50.0]	71[19.5]	4.12[2.818-6.04]*	3.7[2.4-5.8]*
No	98[50.0]	293[80.5]	1.0	1.0

Had boy/girl friend				3.2[2.0-4.9]*
Yes	136[69.4]	153[42.0]	3.12[2.16-4.51]*	
No	60[30.6]	211[58.0]	1.0	
Watch pornographic films				
Yes	95[48.5]	98[26.9]	2.55[1.77-3.67]*	1.3[.5-3.3]
No	101[51.5]	266[73.1]	1.0	1.0
Chewing chat				
Yes	100[51.0]	112[30.8]	2.34[1.63-3.35]*	.93[.37-2.37]
No	96[49.0]	252[69.2]	1.0	1.0
Sniffed glue				
Yes	111[56.6]	104[28.6]	1.30[.21-1.44]	
No	85[43.4]	260[71.4]	1.0	
Peer pressure				
High	53[27.0]	120[33.0]	.754[.51-1.10]	
Low	143[73.0]	244[67.0]	1.0	
Family monitoring				
Low	92[46.9]	169[46.4]	1.02[.72-1.44]	
High	104[53.1]	195[53.6]	1.0	
Family connectedness **			.938[.92-.95]*	.94[.92-.96]*
Family support **			.911[.88-.94]*	1.0[.96-1.1]
School attachment**			.901[.84-.95]*	.99[.92-1.1]
Community factors**			1.02[.98-1.05]	

*p-value <0.05 . **continuous variables

5.8. Independent predictors of Risk Sexual behaviors

In order to predict the likelihood of risky sexual behaviors in both study subjects multiple logistic regression was used by controlling the effect of confounding variables if any exists, and enter method was used. All the variables that were found significant in the bivariate analysis were included in the process of fitting a model.

Controlling the effect of all other relevant factors, the likelihood of Risky Sexual Behavior in students living with parents was by 1.5 times higher as compared to

students living away from parents but the observed difference was not statistically significant [OR 95%CI,1.5(.967-2.308)].

5.8.1 Independent Predictors of probability of risky sexual behavior in students living with parents.

The overall model to predict probability of risky sexual behavior in students living with parents was statistically significant [-2Loglikelihood=263.757, $X^2=107.900$, $df=10$ with a p. value<0.0001 and the overall prediction of the model was 80%.

The result showed that comparing risky sexual behavior in students living with parents by controlling the effect of all other relevant factors, the likelihood of being at risk among students who consumed alcohol were 7 times higher as compared to those who didn't consume alcohol [OR 95%CI 7.0(5.4-22.5)].

Regarding religious visit those who didn't visit religious institution and living with parents were 6 times more likely to be at risk than students who visited religious institution. The observed difference was statistically significant [OR, 95%CI, 6.39(3.1-13.38)]. This finding was also supported from the in-depth interview "*My mother always forced me to visit church and told me 'if you are spiritual person you are safe from many maladaptive behaviors like chewing chat, drinking alcohols, smoking—*" (19years boy that was living with parents from Jimma high school).

On the other hand among family and school environment by controlling the effect of all other relevant factors the result indicated that per a unit increase in total score of family connection, family support and school attachments the odds of becoming at risk was reduced by 0.943[OR, 95%CI, .943(.91-.97)] , 0.921[OR, 95%CI .921(.91-.96)] and 0.901 [OR, 95%CI .901(.81-.999)] respectively for students living with parents.

In the model the largest variance 24% [$R^2= 0.242$, $P<0.001$] in students living with parents was explained by alcohol consumption. This finding indicated that

alcohol consumption was the highest predictor variable of risky sexual behaviors as compared to other predictor variables in students living with parents.

Generally religious visit, alcohol consumption, family connection, family support and school attachments were the predictor's variables of risky sexual behaviors among students living with parents.

Table 5. Bivariate and multivariate Analysis of Risky Sexual behaviors among students living with parents, Jimma zone February, 2012.

Variable	RISKYSEXUAL BEHAVIOR		COR(95% CI)	AOR(95% CI)
	AT RISK N=115	NOT AT RISK N=158		
	No (%)	No (%)		
Sex				
Male	31[27]	70[44.3]	.80(.56-1.14)	
Female	84[73]	88[55.7]	1.00	
Age				
15-19	91[79.1]	126[79.1]	1.07(.70-1.6)	
20-24	24[20.9]	32[20.3]	1.00	
Grade level				
11 th	41(35.7)	74(46.8)	.70(.48-1.0)	
12 th	74(64.3)	84(53.2)	1.00	
Religion				
Orthodox	68(59.1)	88(55.7)	.80(.22-2.9)	
Muslim	18(15.7)	48(30.4)	.74(.20-2.7)	
Protestant	25(21.7)	16(10.1)	.93(.24-3.5)	
Catholic	4(3.5)	6(3.8)	1.00	
Residence				
Urban	104[90.4]	141[89.2]	1.74(1.3-2.5)*	1.5(.59-4.0)
Rural	11[9.6]	17[10.8]	1.00	1.00
Educational status of mother				
Illiterate	67[58.3]	45[28.5]	1.00	
Read & write	20[17.4]	54[34.2]	1.3(.85-2.1)	
Elementary	12[10.4]	18[11.4]	1.4(.81-2.6)	
Secondary & above	16[13.9]	41[25.9]	1.3(.77-2.2)	
Educational status of father				
Illiterate	37[32.2]	42[26.6]	.40(.23-1.7)	
Read & write	30[26.1]	48[30.4]	.69(.44-1.1)	

Elementary Secondary & above	18[15.7] 30[26.1]	28[17.7] 40[25.3]	1.4(.88-2.3) 1.00	
Had boy/girl friend Yes No	67[58.3] 48[41.7]	65[41.1] 93[58.9]	3.2(2.16-4.5)* 1.00	1.73(.90-3.35) 1.00
Religious visit No Yes	84[73] 31[27]	77[48.7] 81[51.3]	1.9(1.28-2.7)* 1.00	6.4(3.1-13.4)* 1.00
Consume alcohol Yes No	71[61.7] 44[38.3]	30[19] 128[81]	4.1(2.8-6.0)* 1.00	7.0(5.4-22.5)* 1.00
Watch pornographic film Yes No	49(42.6) 66(57.4)	48(30.4) 110(69.6)	1.7(1.0-2.8)* 1.00	1.48(.59-4.0) 1.00
Chewing chat Yes No	49(42.6) 66(57.4)	48(30.4) 110(69.6)	1.7(1.0-2.8)* 1.00	1.48(.59-4.0) 1.00
Sniffed glue Yes No	84(73.0) 31(27.0)	63(39.9) 95(60.1)	4.1(2.43-6.8)* 1.00	1.9(.8-4.53) 1.00
Family monitoring Yes No	65[56.5] 50[43.5]	82[51.9] 76[48.1]	.83(.5-1.3) 1.00	1.0(.557-2.1) 1.00
Discussion about sexuality and RH Yes No	110[95.7] 5[4.3]	149[94.3] 9[5.7]	2.0(0.01-5.3) 1.00	
Peer pressure Low High	75[65.2] 40[34.8]	87[55.1] 71[44.9]	1.00 1.7(1.05-3.2)*	1.00 .97(.5-1.82)
Family connectedness**			.93(.92-.95)*	.943(.91-.97)*
Family support **			.911(.88-.94)*	.921(.91-.96)*
School attachment**			.90(.85-.95)*	.901(.81-.999)*
Community factors **			1.02(.989-1.1)	

* P-value <0.05

**=Continious variables

5.8.2 Independent Predictors of probability of risky sexual behavior in students living away from parents.

The overall model to predict probability of risky sexual behavior in students living away from parents was statistically significant [-2Loglikelihood= 231.808, $X^2= 109.749$, $df=11$ with a p.value <0.0001 and the overall prediction of the model was 80.5%.

Comparing risky sexual behavior in students living away parents by controlling the effect of all other relevant factors, the likelihood of being at risk among students who consumed alcohol were 3 times higher as compared to those who didn't consume alcohol [OR 95%CI 3.0(1.26-7.157)].

Comparing risky sexual behavior in students living away parents by controlling the effect of all other relevant factors, the likelihood of being at risk among students who had girl/boy friend were 5 times more likely to be at risk than those students who didn't have girl/ boyfriends and the observed difference was statistically significant [OR, 95%CI, 5.50(2.433-12.4)].

The result showed that, comparing those at risk students living away from parents the likelihood of being at risk who were watch pornographic film was 4 times higher as compared to those who didn't watch [OR ,95% CI, 4.10(2.38-7.06)].

For family connection among students living away from parents per a unit increase in total score of family connectedness the odds of becoming at risk reduced by 0.944 and the observed difference was statistically significant [OR, 95%CI .944(.907-.989)]

In the model the largest variance 22% [$R^2= 0.220$, $P<0.0001$] in students living away from parents was explained by family connection and followed by having girl/boyfriend 21.4% [$R^2= 0.214$, $P<0.001$].

This finding indicated that family connectedness and having girl/boyfriend were the highest independent predictor variables of risky sexual behaviors as compared to other predictor variables in students living away from parents.

So, having boy/girlfriend, alcohol consumption, watch pornographic film and family connectedness were the independent predictors of risky sexual behaviors among students living away from parents.

When we compare students based on their living arrangement, for both group of students higher likelihood of risky sexual behavior was significantly associated with higher level of alcohol consumption. Similarly among both living arrangements lower likelihood of risky sexual behavior was significantly associated with higher score of family connectedness.

Among students living with their parent's lower likelihood of risky sexual behaviors were significantly associated with risk factors including religious visit, school attachment and family support than students living away from parents.

On other hand for students living away from parents having boy/girlfriend and watching pornographic film were significantly associated with risky sexual behavior than students living with their parents.

Table 6. Bivariate and multivariate Analysis of Risky Sexual behaviors among students living away from parents, Jimma zone February, 2012.

Variable	RISKYSEXUAL BEHAVIOR		COR(95%CI)	AOR(95%CI)
	AT RISK	NOT AT RISK		
	N=81 No (%)	N=206 No (%)		
Sex				
Male	52[33.3]	104[66.7]	1.8(1.04-2.98)* 1.00	1.14(.46-2.85) 1.00
Female	29[22.1]	102[77.9]		
Age				
15-19	62[28.7]	154[71.3]	1.1(.603-2.02) 1.00	
20-24	19[26.8]	52[73.2]		
Grade level				
11 th	13(16.0)	54(26.2)	.538(.275-1.1) 1.00	
12 th	68(84.0)	152(73.8)		
Religion				
Orthodox	22(27.2)	79(38.3)	1.00	1.00
Muslim	49(60.5)	87(42.2)	2.02(1.12-3.6)*	2.1(.78-5.8)
Protestant	10(12.3)	40(19.4)	.898(.41-2.07)	.86(.29-2.55)
Residence				
Urban	6[7.4]	13[6.3]	1.188(.43-3.2) 1.00	
Rural	75[92.6]	193[93.7]		
Educational status of mother				
Illiterate	40[49.4]	42[20.4]	2.91(.946-8.9)	
Read & write	39[48.1]	96[46.6]	4.15(0.69-15.6)	
Elementary	0	30[14.6]	.46(.08-2.749)	
Secondary & above	2[2.5]	38[18.4]	1.00	
Educational status of father				
Illiterate	41[50.6]	22[10.7]	1.00	
Read & write	20[24.7]	60[29.1]	1.49(.74-2.98)	
Elementary	4[4.9]	59[28.6]	7.86(0.5-21.5)	
Secondary & above	16[19.8]	65[31.6]	.11(.014-.859)	
Had boy/girl friend				
Yes	69[85.2]	88[42.7]	7.7(3.94-15.1)* 1.00	5.5(2.4-12.4)* 1.00
No	12[14.8]	118[57.3]		
Religious visit				
No	58[71.6]	136[66.0]	1.298(.74-2.28) 1.00	
Yes	23[28.4]	70[34.0]		

Alcohol Consume				
Yes	27[33.3]	41[19.9]	2.0(1.13-3.57)*	3.0(1.2-7.15)*
No	54[66.7]	165[80.1]	1.00	1.00
Watch pornographic film				
Yes	46[56.8]	50[24.3]	4.1(2.38-7.0)*	2.2(1.1-4.76)*
No	35[43.2]	156[75.7]	1.00	1.00
Chewing chat				
Yes	51(63.0)	64(31.1)	2.7(2.2-6.46)*	2.58(.586-
No	30(37.0)	142(68.9)	1.00	6.8) 1.00
Sniffed glue				
Yes	27(33.3)	41(19.9)	2.1(1.13-3.57)*	2.1(.78-5.8)
No	54(66.7)	165(80.1)	1.00	1.00
Family monitoring				
Yes	39[48.1]	113[54.9]	1.31(.78-2.19)	
No	42[51.9]	93[45.1]	1.00	
Discussion about sexuality and RH				
Yes	76[93.8]	175[86.6]	2.34(.87-6.3)	
No	5[6.2]	27[13.4]	1.00	
Peer pressure				
Low	68[84]	157[76.2]	1.00	
High	13[16]	49[23.8]	.61(.31-1.20)	
Family connectedness **			.92(.895-.94)*	.94(.90-.98)*
Family support **			.86(.82-.91)*	.97(.89-1.06)
School attachment**			.95(.85-1.06)	
Community factors **			1.04(.98-1.08)	

* P-value <0.05

**= continuous variables

CHAPTER SIX - DISCUSSION

6. Discussion

This study provides insight into the operation of risk and protective factors in different domains to predict risky sexual behavior among preparatory school students in Jimma zone. It is able to examine several predictors of risky sexual behavior among students living with and away from parents simultaneously controlled for the effects of other covariates in logistic regression models. By using this method, we were able to cover different characteristics of the associations across living arrangements.

More than one-third (36%) of preparatory school students in Jimma zone have had sexual intercourse of which 42% and 29% of students living with and away from parents have had sexual intercourse respectively. This sexual initiation prevalence is almost consistent with a study by Dessalegn, in 2006 [78] which was 33% and less than data from 2006 in Behavioral Surveillance Survey of Ethiopia almost 50% of youth in high school reported having sex [7] and 2007 Youth Risk Behavior Survey in Ethiopia, revealed 65% of students in twelfth grade have had sex [63]. This discrepancy may be due to that there is a difference in sample size and time of the different studies in which this study was on a specific zone.

Among students living with and away from parents, significant predictors of risky sexual behavior were included alcohol consumption and family connectedness.

Many studies also indicated that alcohol users are almost two times more likely to have non-regular sex partner than non-users [26-28] and other also signified that adolescents and young adults are more likely than older adults to engage on risky sexual practice to have multiple sex partners, to engage in unprotected sexual intercourse, and to select higher risk partners due to drinking alcohols [7, 11].

The most frequently cited explanation for the link between alcohol and risky sexual behavior is sensation-seeking behavior, which is defined as a disposition

characterized by the tendency to pursue novel, exciting, and optimal levels of stimulation [69].

When we see family connectedness, as protective factor it remained significantly associated with risky sexual behavior among both groups of students. Several studies have found that positive relationships or connectedness between parents and adolescents are linked to avoidance or lower use of alcohol, tobacco, and drugs and less likely to initiate sex or be sexually active. On the contrary, poor-quality parent-youths relationships were associated with increased sexual activity [43-45].

Regarding religious affiliation the result revealed that students who didn't visit religious institution and living with parents were more likely to be at risk than students who visited religious institution.

Similarly study in Australia showed that 65% of the respondents who considered themselves very religious feel that premarital sex are always wrong and regularly visiting religious institution is protective of risky sex [40]. This further supports the idea that there is a relationship between religiosity and a person's view of premarital sex [39]. Study of youth ages 12 to 17 in USA found that 26% of them who said attended religious services identified "morals, values and/or religious beliefs" as the factor that most affected their decisions about whether to have sex [66]. In-depth interview also supported that *"It is against my religion as the same times it is honor for my family, good for me and for my future partner to be virgin until marriage. So as to me I keep away from sex and I know the consequences of early sex....."* (Sixyouths age girl that was not living with parents from Sokorru high school).

Family support was significantly associated with risky sexual behavior among students living with their parents as protective factors. This finding is also consistent with many other findings. Meta-analysis of "youth-focused" prevention strategies aimed at delaying sexual intercourse and reducing risky sexual behavior found no evidence of beneficial effects

In contrast, numerous family interventions focused on improving parent-child communication, supportive parenting, and parental monitoring have shown effects on these outcomes [43-45].

Among students living with parents per a unit increases in total score of school attachment the odds of becoming at risk reduced by 0.901. This finding is similar with various studies. As education researcher Daniel Duke (1989) points out, "the goal of good behavior is necessary, but not sufficient to ensure academic growth." Effective school discipline strategies seek to encourage responsible behavior and to provide all students with a satisfying school experience as well as to discourage misconduct [26-29].

This can be explained by the fact that well-designed, well-implemented school-based HIV/STD prevention programs can significantly reduce sexual risk behaviors among students

Regarding students living away from parents and watching pornographic film was significantly associated with risky sexual behaviors. It showed that the likelihood of being at risk who was watching pornographic film were 2 times higher as compared to those who didn't watch. Study in sub-Saharan Africa similarly signified that students who are exposed to pornographic movies are 5 times more likely to have sex with a non-regular partner compared with those who do not watch any movie [27, 28].

More over students who have had opposite sex friends significantly associated with risky sexual behavior among students living away from parents. This finding disclosed students who had girl/boy friend were more likely to be at risk than those students who didn't have girl/ boyfriends and statistically significant. This finding is inconsistency with other dozens of studies. This discrepancy may be due to that there is a difference among study participants of the different studies.

We have also tried to see the relationship between perceived parental monitoring of the students, but unlike many other studies [14, 16, 69] we did not get significant association. This inconsistency may be due to the fact that the type of monitoring differs across different settings needed to be addressed in detail. If the monitoring is coercive

types it may not bring about positive behavioral changes, even sometimes results in negative outcomes [74-75].

Many researches have demonstrated that parental involvement affects adolescent behavior, primarily through monitoring behavior on the part of parents. Parents, who spend more time supervising their children, have children who engage in fewer risky behaviors.

More over we have also tried to see the relationship between peer pressure and risky sexual behaviors and we did not get significant association in multivariate analysis but different studies identified that peer pressure is stand out as factors exerting a large measure of influence on the attitude of high school adolescents towards sexual practice [27, 56]. Delinquent peers provide adolescents the opportunity to expose themselves to health risks by contributing to poor decision-making [73] and delinquent peers are also more likely to promote maladaptive practices and adolescents who affiliate with such peers may be influenced or pressured into behaving similarly [70]

Significant number (93%) of students reported that they had ever discussed sexuality or HIV/AIDS. We have tried to investigate parent-youths communication as another dimension in family relationship and found not to be significantly associated with sexual activity. This is also consistent with previous studies [20-24, 75] and unlike to other studies which showed significant association with sexual activity [23, 24]. Here, the relationship may vary by the content and degree of discussion as well as other factors.

STRENGTHS AND LIMITATIONS OF THE STUDY

Strengths

- The questionnaire was adopted from validated instruments and pretested in the local context.
- There was a high response rate.
- It is comparative study and used both qualitative and quantitative methods

Limitations of the study

The fact the data are self-reported might also limit the results, despite the attention paid to ethical concerns during the survey.

- One limitation is the cross-sectional nature of the data, which makes it impossible to draw inferences about the direction of relations among study variables.
- Moreover, the data are retrospective and thus are subjected to recall bias.

CHAPTER SEVEN -CONCLUSION AND RECOMMENDATION

7.1. Conclusion

Despite these limitations, these findings contribute to the literature in several ways. The findings indicated that a substantial proportion of adolescents in preparatory school in general are sexually active. This demonstrates that many adolescents are confronted at some point during their youth years with choices about whether or not to have sex.

Understanding the sexual experience of adolescents about the risks associated with sexual activities must be the fundamental element of interventions that are working in the area of risky sexual behaviors.

Additionally, a remarkable number of sexually active adolescents had a history of alcohol consumption and watching pornographic film and majority of them were practicing unprotected sex.

For both group of students alcohol consumption was heavily related with Sexual risk behaviors in which alcohol users are more likely to have non-regular sex partner than non-users and other to engage on risky sexual practice to have multiple sex partners, to engage in unprotected sexual intercourse, and to select higher risk partners.

Family support and positive relationships between parents and adolescents are linked to prevent deviant peers, a primary pathway leading to onset and escalation of high risk behavior in adolescence and minimize risky sexual behaviors and also association with avoidance or lower use of alcohol, tobacco, and drugs and less likely to initiate sex or be sexually active.

It also identified that spiritual places and religious services as the factor that most affected student's decisions about whether to have sex.

Schools are an essential part of students health and the extent to which students feel accepted, valued, respected and included in the school has surfaced as one of the most important predictors to tackle risky sexual behaviors.

Watching pornographic film and have had opposite sex friends significantly associated with risky sexual behavior among students living away from parents. These showed that exposure to such behaviors in early, as it were, have been exposed to adult issues at a vulnerable age. On other hand, students may use pornographic film as a recreational purpose so they need alternative recreational areas and other ways to reduce exposure to risky sexual behaviors.

7.2. Recommendation

This finding suggests that MOH, MOE and Jimma zone Educational Office [JZEO] should consider:-

- Living arrangement related differences when designing and implementing prevention programmes in schools.
- Interventions that emphasize different domains of the risk factors [alcohol consumption, watching porn, having girl/boy friends] and protective factors [family connection, family support, religious visit and school attachments] in an integrated manner may be the most effective strategies.

JZHO and JZEO should give:-

- Particular attention on the consequence of alcohol consumption, watching pornographic films and early sexual initiation targeting students of both groups.
- Improving parent-youths connectedness and family support should be the primary focus for interventions targeting students living with and away from parents because family-focused interventions demonstrate effects on multiple problem behaviors, and produce lasting benefits.

- Youth-serving parties like religious institutions, schools and HIV/AIDS clubs should develop strategies that promote healthy behaviors in their settings.

Organizations who work on HIV/AIDS prevention and control should participate

- On building the skills of teachers, schools and HIV/AIDS Clubs on prevention of students from exposure to Risky Sexual behaviors and they should create other means of BCC to bring behavior changes in the students.

JZHO, JZEO and any interested organization should:-

- Work hand in hand on the problem and take possible measures to enable the existing health institution, to provide adolescent friendly sexual and reproductive health information mainly on the risk and protective factors.

Future research is needed to determine how family interventions can be integrated and sustained within family and school settings to reduce adolescents' risk sexual behaviors.

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ANNEXE-I: QUESTIONNAIRE

Questionnaire on youths sexual risk behavior; Jimma zone Preparatory Schoos, Jimma, Ethiopia.

Consent Form

Dear Students,

We are interested in learning more about your relationship with your parents, perceptions, feelings and practices related to your sexual and reproductive health.

This questionnaire is designed for a research work approved by Jimma University (College of Public Health and Medical Sciences) to be conducted in partial fulfillment of a master's degree of public health in Health Education and Promotion.

We hope you will help us by completing this survey. None of your answers will be available to anyone at anytime. All the information you give us will be kept private. Do not put your name anywhere on this questionnaire. If you decide not to participate or complete the form, you may end filling the questionnaire anytime you want to.

However, we really need your honest response to better understand the impact of parental attachment and rural-urban variation on sexual risk behaviors of youth in preparatory schools in Jimma as well as in Ethiopia. The results of the study would hopefully serve as an important input to intervention programs that aim at improving adolescent health in general and students in preparatory school in particular.

It will take you 30-40 minutes to complete the whole questionnaire.

We thank you in advance for taking your time to respond to our questions!

Would you be willing to participate in the study?

01. Agree

02. Disagree.....

If you decide not to participate in the study, please return the questionnaire to the supervisor/investigator.

PART 1.BACKGROUND INFORMATIONS

101	Age in year (write your age) ----- and Grade level -----	102	Religion: 1. Orthodox 2. Muslim, 3. protestant, 4. catholic, 5. other
103	Sex 1.Male 2.Female	104	Are you living with your parents? 1. Yes 2. No, I came from surrounding areas
105	Residence 1. Urban 2. Rural	106	What is the number of your family you are living with now? -----
107	Have you ever visit religious institution? 1. Yes 2. No	108	If yes to Q.no 107, How often? 1. Daily 2. Most of the time 3. Once per weeks 4. Once per month 5. Not religious
109	Do you have boy/girl friend 1. Yes 2. No	110	What is the Educational status of your mother? 1. Illiterate (can't read or write) 2. Elementary 3. High school completed 4. Above high school
111	What is the Educational status of your father? 1. Illiterate (can't read or write) 2. Elementary 3. High school completed 4. Above high school	112	Is there any kind of illicit drugs/ alcohol in available in your locality? 1. Yes 2. No
113	Have you ever sniffed glue? 1. Yes 2. No	114	Have you ever consumed 'Khat'? 3. Yes 4. No

115	Have you ever consumed 'alcohol'?	116	Have you ever watched any pornographic film?
	1. Yes 2. No		1. Yes 2. No

PART 2. SEXUAL BEHAVIOR AND EXPERIENCE

201	Have you ever had sexual intercourse?	202	How old were you when you first had sexual intercourse? ---- -----
	1. Yes 2. No		
203	How old was the person with whom you first played sex? ----- -----	204	With whom you first played sex?
			1. Husband 2. Boy/girlfriend 3. Family member 4. Teacher
205	When you played sex the first time, had you/your partner consumed any alcohol or used 'khat', or any other drug beforehand?	206	The first time you had sex before marriage; did you or your partner use any contraceptives?
	1. Yes 2. No		1. Yes 2. No
207	What method did you use at the first sexual intercourse?	208	Thinking back over your lifetime until now, with how many people have you ever played sex? -----
	1. Condom 2. Pills 3. Rhythm 4. Withdrawal 5. Foam (tablets, aerosol) 6. Other (specify		
209	How many different partners have you had sexual intercourse with in the last 12 months?	210	The last time you had sex with your partner; did you or your partner use any contraceptives?
	1. None 2. One 3. Two or More		1. Yes 2. No
211	What method did you use at the last sexual intercourse?	212	Are you currently using any method to prevent AIDS or STDs?
	1. Condom 2. Pills 3. Rhythm 4. Withdrawal		1. Yes 2. No

	5. Foam (tablets, aerosol) 6. Other (specify		
213	Which method or methods are you currently using to prevent AIDS or STDs? 1. Condoms 2. Abstinence 3. Faithful one-to-one relationship 4. Don't know 5. Other (specify	214	How often do you use a condom with your partner 1. Some times 2. Most of the times 3. Always
215	[For males only] Have you ever had sexual intercourse with a female commercial sex worker 1. Yes 2. No	216	If the answer is yes, how often did you use condom? 1. Sometimes 2. Most of the time 3. Always
217	Why did you decide to have sexual intercourse the first time? (More than one answer is possible) 1. Fall in love 2. Played sex willingly 3. Forced 4. Convinced with money or gifts 5. Given drugs and alcohol 6. Wanted to get married		

PART 3. FAMILY CONNECTEDNESS

Below are some questions about your closeness to parents/families. Please check only one box that best describes your feeling.

		Strongly agree	Agree	Not sure	Disagree	Strongly disagree
301	I feel close to my mother	1	2	3	4	5
302	My mother cares about me	1	2	3	4	5
303	My mother is warm and loving towards me	1	2	3	4	5

304	I am happy with my relationship with my mother	1	2	3	4	5
305	My mother and I are close to each other	1	2	3	4	5
306	I feel close to my father	1	2	3	4	5
307	My father cares about me	1	2	3	4	5
308	My father is warm and loving towards me	1	2	3	4	5
309	I am happy with my relationship with my father	1	2	3	4	5
310	My father and I are close to each other	1	2	3	4	5

PART 4. FAMILY SUPPORT

Below are some questions about your parents/families support Please check only one box that best describes your family members support to each other.

		Never	Some times	Often	Always
401	My family members help me to wait until marriage before having sexual intercourse.	1	2	3	4
402	My family members help me to attend class,	1	2	3	4
403	Family members really help each other when in trouble.	1	2	3	4
404	Family members actively discuss their problems and opinions with the others	1	2	3	4
405	Family members try to control themselves when a conflict appears.	1	2	3	4
406	Family members often pursue learning new knowledge.	1	2	3	4
407	When a family member meets trouble, family members would actively help him/her.	1	2	3	4

408	When a family member feels unhappy, another family member always knows why.	1	2	3	4
409	We feel bored at home	1	2	3	4
410	Family members hide their opinions when conflict occurs.	1	2	3	4

PART 5. COMMUNICATION ON SEXUALITY AND HIV/AIDS

Circle all that are possible.

501	<p>Have you ever discussed about HIV or sexuality with other people?</p> <p>1. Yes</p> <p>2. No</p>	502	<p>Whom do you discuss with?</p> <p>1. Mother</p> <p>2. Father</p> <p>3. Brother/Sister</p> <p>4. Other family member</p> <p>5. Friend of the same sex</p> <p>6. Friend of the opposite sex</p> <p>7. boy/girl friend</p> <p>8. Teacher</p> <p>9. Health practitioner</p> <p>10. Other (specify)</p>
503	<p>In general, what has been your most important source of information about HIV/AIDS?</p> <p>1. Teacher/school AIDS clubs</p> <p>2. Friends</p> <p>3. Mass media (radio, TV, newspapers)</p> <p>4. Family</p> <p>5. Health practitioner</p> <p>6. Books/films</p> <p>7. other (specify)</p>		

PART 6. FAMILY MONITORING

Circle all that are possible.

		Yes	No
601	Do your parents know where you are when not at school and away from home?	01	02
602	Do your parents know who you were with when not at school and away from home?	01	02

PART 7. SCHOOL ATTACHMENT

Your relationship with school and school friends

		Not at all	some	A lot
701	I like school	1	2	3
702	My teachers like me	1	2	3
703	I like my teachers	1	2	3
704	School is fun	1	2	3
705	I am accepted at school	1	2	3
706	I feel like I fit in school	1	2	3
707	I feel like an outsider at school	1	2	3
708	School is boring	1	2	3

PART 8. PEER INFLUENCE AND PEER BEHAVIOR

Please check one

		No pressure	Some pressure	A lot of pressure
801	Is there pressure from your friends for you to have sexual intercourse?	1	2	3
802	Is there pressure from your friends for you to have use alcohol?	1	2	3
803	Is there pressure from your friends for you to have chewing khat?	1	2	3
804	Is there pressure from your friends for you to have sniffed glue?	1	2	3

PART 9. COMMUNITY NORMS

		Strongly Agree	Agree	NEUTRAL	Disagree	Strongly disagree
901	Communication about contraceptives to young people encourage them to have sex with many people.	5	4	3	2	1
902	It is against my values for me to have sex while I am a youthsager	5	4	3	2	1
903	It is against my religion for me to have sex before marriage	5	4	3	2	1
904	It is important for a woman to be a virgin until she gets married	5	4	3	2	1
905	It is important for a man to be a virgin until he gets married	5	4	3	2	1
906	It is against my value for me to have pregnancy while I am in school	5	4	3	2	1

ANNEX-II; IN-DEPTH INTERVIEW GUIDES

Interview guide for the study on “Risky Sexual Behaviors and other affecting factors among students living with their parents and those live away from parents in Jimma Zone Preparatory Schools” for selected students.

Informed consent

Good morning/ good after noon! Dear -----

I am collecting data for the study on Risky Sexual Behaviors and other affecting factors among students living with their parents and those live away from parents in Jimma Zone Preparatory Schools” from some students in collaboration with Jimma University. So I enquire you to provide me information and I really need your honest response to better understand the impact of sexual risk behaviors on students. None of your information will be available to anyone at anytime. All the information you give me will be kept private since privacy will be the main quality of the study. The study has no any risk to you, to people around you and to the school but only it will take some of your time. There for; I politely request your cooperation. If you are willing, I can take a tape record of the interview so that I will not miss some points. The recorded sounds will be deleted immediately after it has been transferred in to the written document. Otherwise I can take the short notes of what you will tell me. You have the right not to respond at all or withdraw from responding anytime you want.

Would you be willing to participate in the study? If so, indicate your agreement with your signature.

Name -----signature ----- date-----

Thank you for your cooperation!

1. Age _____ years,
2. Sex; male 01 female 02
3. Living arrangement 01-with parents 02-Away from parents
4. How do you see the behavior of students in this school? Good vs bad
Probe; presence or absence of different sexual risk behaviors like chat chewing, drinking, sexual experiences ,sniffing glue, using shisha and activities after these behaviors.
5. Which groups of students are engaging in such bad behavior?
Probe; Urban or rural, male or female, grade level and age group, non religious
6. What are some factors that encourage the students to do these risky behaviors?
Probe; peers, availability of these risky behaviors, teachers/other school community, family, their own intention towards such action.
7. What are the consequences of these risky sexual behaviors?
Probe; low academic performance, drop out of school, pregnancy, abortion, STI/HIV, psycho-social problems.
8. Did you communicate about sexuality freely?
Probe; with your friends, family or others.
9. How do students keep themselves from risky behaviors and its consequences?
Probe; Relationship with friends, schools, family, religion, community or individual perception.
10. Is there any rule and regulation in schools to prevent the students from doing such risky behaviors? If so, what rules?
11. Whom do you blame for risky sexual behaviors among students?
Probe; peers, family, school, community, individual him/her self
12. Who is/are more important for you to prevent risky sexual behaviors of students in this high school?
Probe; peers, family, school, community, religion, teachers or else.
13. Do you have anything to add?

ANNEX-III; QUESTIONNAIRE AMHARIC VERSION

በጅማ ዞን መሰናዶ ት/ቤቶች (preparatory schools) በትምህርት ላይ የሚገኙ ተማሪዎች ያላቸውን አንዳንድ የስነ ተዋሕዶ ጤናን የተመለከቱ ባህሪዎችን፣ ስማጥናት የተዘጋጀ መጠ ይቅ።

ስለፈቃደኝነትና ሚስጥርን ስለመጠበቅ

ውድ ተጠያቂ

ይህ መጠይቅ የተዘጋጀው በጅማ ዩንቨርሲቲ የህብረተሰብ ጤናና የህክምና ሳይንሶች ኮሌጅ የድህረ ምረቃ ፕሮግራም ማሟያ ስሚያን ጥናት ነው።

አኛ ማወቅ የፈለግነው ወጣት ተማሪዎች ስላሏቸው ስነተዋሕዶን የተመለከቱ ባህሪዎችና አንዳንድ ችግሮች ነው። ይህን መጠይቅ በመሙላት ትረዱናላችሁ ብለን ተስፋ እናደርጋለን። የምትሰጧቸው መልሶች በማንኛውም ጊዜ ስማንኛውም ሰው ግልጽ አይሆኑም። የምትሰጡት መረጃ በሙሉ በምስጢር ይጠበቃል። ስማችሁን በመጠይቁ ላይ አትጻፉ። ይህን መጠይቅ ላስመሙላት ወይም ላስመሳተፍ ከፈለጋችሁ በፈለጋችሁት ጊዜ ማቆም ትችላላችሁ። ነገር ግን የእናንተ እውነተኛ መልስ ከቤተሰብ ጋር ያለ ቅርርብና ከገጠር ወደ ከተማ መጥቶ መማር በመሰናዶ ት/ቤት በሚሚሩ ወጣቶች ላይ በሚታዩ አንዳንድ ባህሪዎችና ላይ ያላቸውን ተፅዕኖ ለመረዳት በጣም ይጠቅመናል።

የጥናቱ ውጤት የወጣቶችን ጤና በአጠቃላይ በተለይም ደግሞ በመሰናዶ ት/ቤቶች የሚሚሩ ተማሪዎች ጤናን ለማሻሻል የሚወጡ የመፍትሄ እርምጃዎችን ለመቅረፊ ይረዳል። መጠይቁን ለመሙላት ከ30 እስከ 40 ደቂቃ ሲወስድ ይችላል።

ጊዜያችሁን ወስዳችሁ ምላሽ ስለሰጣችሁን በቅድሚያ እናመሰግናለን።

በጥናቱ ለመሳተፍ ፈቃደኛ ነህ/ሽ? አዎ አይደለሁም

በጥናቱ ለመሳተፍ ፈቃደኛ ካልሆንክ/ሽ መጠይቁን ስሉፕርቫይዘሩ መልስ/ሺ።

ክፍል 1. አጠቃላይ መጠየቅ

<p>101</p>	<p>ዕድሜ በአመት ቁጥሩን ይጻፉ----- የትምህርት ደረጃ----- መኖሪያ ቦታ 1. ከተማ 2. ገጠር</p>	<p>102</p>	<p>ሐይማኖት 1. ኦርቶዶክስ 2. ሙስሊም 3. ፕሮቴስታንት 4. ካቶሊክ 5. ሌላ</p>
<p>103</p>	<p>ጾታ 1. ወንድ 2. ሴት</p>	<p>104</p>	<p>ቤተሰቦችሽ/ችህ ጋር ነው-የምትኖረው/ሪው? 1. አዎ 2. አደለም</p>
<p>107</p>	<p>ኃይማኖታዊ ተቋማትን ትጎበኛለህ/ሽ 1. አዎ 2. የለም</p>	<p>108</p>	<p>ለ ጥያቄ 107 መልሱ አዎ ከሆነ ምን ያህል ትሳተፋለህ/ሽ 1. በየቀኑ 2. ብዙ ጊዜ 3. በሳምንት አንዴ 4. በወር አንዴ 5. አልሳተፍም</p>
<p>109</p>	<p>የሴት/የወንድ ጎደኛ አለህ/አለሽ 1. አዎ 2. የለኝም</p>	<p>110</p>	<p>የእናትህ/ሽ የትምህርት ደረጃ 1. ምንም አልተማሩም 2. አንደኛ ደረጃ 3. ሁለተኛ ደረጃ 4. ከሁለተኛ ደረጃ በላይ</p>
<p>111</p>	<p>የአባትህ/ሽ የትምህርት ደረጃ 1. ምንም አልተማሩም 2. አንደኛ ደረጃ 3. ሁለተኛ ደረጃ 4. ከሁለተኛ ደረጃ በላይ</p>	<p>112</p>	<p>መጠጥ በእናንተ አካባቢ በበዛት ይዘወተራል? 1. አዎ 2. አይዘወተርም</p>
<p>113</p>	<p>ከሚከተሉት ውስጥ በእናንተ አካባቢ በበዛት የሚዘወተረው የትኛው ነው? ከአንድ በላይ መልስ ይቻላል 1. ጫት 2. ሲጋራ 3. ማጨስ 3. ሺሻ መሳብ 4. መጠጥ 5. ሁሉም አይዘወተርም 6. ሁሉም ይዘወተራሉ</p>	<p>114</p>	<p>ጫት ቅመህ/ሽ ታውቃለህ/ ታውቁያለሽ? 5. አዎ 6. አላውቅም</p>

<p>115 አልኮል ያለው መጠጥ ጠጥተህ/ሽ ታውቃለህ/ታውቂያለሽ?-ጠላን ጨምሮ? 2. አዎ 2. አላውቅም</p>	<p>116 የወሲብ ፊልም አይተህ/ሽ ታውቃለህ/ሽ? 1. አዎ 2. አላውቅም</p>
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ክፍል 2. የግብረ ስጋ ግንኙነት ባህሪና ልምድ

<p>201 የግብረስጋግንኙነት አድርገህ/ሽ ታውቃለህ/ሽ? 3. አዎ 4. አላውቅም</p>	<p>202 የመጀመሪያውን የግብረስጋ ግንኙነት ያደረግክ/ሽው በስንት አመትህ ሽ ነው? --- ----- አላስታውስም-----</p>
<p>203 ለመጀመሪያ ጊዜ የግብረስጋ ግንኙነት ያደረግክው/ያደረግሽው ዕድሜው/ዋ ምን ያህል ከሚሆነው/ናት ሰው ጋር ነበር?</p>	<p>204 ለመጀመሪያ ጊዜ የግብረስጋ ግንኙነት ያደረግክው/ያደረግሽው 1. ባል 2. የወንድ/ሴት የፍቅር ጊደኛ 3. የቤተሰብ አባል 4. መምህር 5. እንግዳ 6. ሌላ ሰው -ይጠቀስ?</p>
<p>205 ለመጀመሪያ ጊዜ የግብረስጋ ግንኙነት ስታደርግ/ጊ አንተ/ቺ ወይም ተጊዳኝ/ኛ የአልኮል መጠጥ፣ ጫት ወይም ሌላ አይነት መድኃኒት ተጠቅማችሁ ነበር?? 1. አዎ 2. አልተጠቀምንም</p>	<p>206 ለመጀመሪያ ጊዜ የግብረስጋ ግንኙነት ስታደርግ/ጊ አንተ/ቺ ወይም ተጊዳኝ/ሽ ማንኛውንም ዓይነት የወሊድ መቆጣጠሪያ ተጠቅማችሁ ነበር?? 1. አዎ 2. አልተጠቀምንም</p>
<p>209 ባለፉት 3 ወራት ውስጥ ምን ያህል የተለያዩ የወሲብ ተጊዳኞች ነበሩህ/ሽ? 1. ምንም አልነበረኝም 2. አንድ 3. ከአንድ በላይ</p>	<p>210 የመጨረሻውን የግብረስጋግንኙነት ስታደርግ/ጊ አንተ/ቺ ወይም ተጊዳኝ/ሽ ማንኛውንም ዓይነት የወሊድ መቆጣጠሪያ ተጠቅማችሁ ነበር? 1. አዎ 2. አልተጠቀምንም</p>
<p>211 በመጨረሻው የግብረጠስጋ ግንኙነት ጊዜ ምን ዓይነት ዘዴ ነው የተጠቀምክ/ሽው? 1. ኮንደምና ፒልስ 2. ቀን የመቁጠር ዘዴ</p>	<p>212 በአሁኑ ጊዜ ኤች አይ ቪ/ኤድስን ወይም በግብረስጋ ግንኙነት የሚተላለፉ በሽታዎችን ለመከላከል የምትጠቀም/ሚበት ዘዴ አለ? 1. አዎ</p>

	<p>3. የወንድን ዘር ወደ ውጭ በማፍሰስ</p> <p>4. ፎም -ክኒን የሚረጭ?</p> <p>5. ሌላ -ይጠቀስ?</p>		2. የለም
213	<p>የትኞቹን የመከላከያ ዘዴዎች ነው የምትጠቀሙ/ሚው?</p> <p>1. ኮንደም</p> <p>2. መታቀብ</p> <p>3. አንድ ለአንድ ታማኝ መሆን</p> <p>4. አላውቅም ሌላ -ይጠቀስ</p>	214	<p>ከወሲብ ተጊዳኝነት/ሽ ጋር ምን ያህል ጊዜ ኮንደም ትጠቀማሉ/ሚያለሽ?</p> <p>1. አልፎ አልፎ</p> <p>2. አብዛኛውን</p> <p>3. ሁልጊዜ</p>
215	<p>ለወንዶች ብቻ ከዚህ በፊት ከሴተኛ አዳሪ ጋር የግብረሰጋ ግንኙነት አድርገው ታውቃለህ?</p> <p>1. አዎ</p> <p>2. የለም</p>	216	<p>ለጥያቄ 915 መልሱ አዎ ከሆነ ምን ያህል ጊዜ ኮንደም ተጠቅመዋል?</p> <p>1. አልፎ አልፎ</p> <p>2. አብዛኛውን</p> <p>3. ሁልጊዜ</p>
217	<p>የመጀመሪያውን የግብረሰጋ ግንኙነት ያደረግከ/ሽው፣ ለምን ነበር (ከአንድ በላይ መልስ ይቻላል)</p> <p>1. በፍቅር ወድቄ</p> <p>2. በፍላጎት</p> <p>3. ለማግባት ፈልጌ</p> <p>4. ተገድጄ</p> <p>5. በገንዘብ ወይም በስጦታ በመስማማት</p> <p>6. የአልኮል መጠጥና መድኃኒት ወስጄ</p>		

ክፍል 3 ከቤተሰብ ጋር ያለ ቅርበት

ከዚህ በታች ከቤተሰብ ጋር ያለህን/ሽን ቅርበት የሚመለከቱ ጥያቄዎች አሉ። ስሜቴን በጣም ይገልፀዋል የምትለውን/ይውን አንዱን ሳጥን ብቻ ምልክት አድርግ/ጊ።

		በጣም አልሰማማም	አልሰማማም	አልወግንም	እስማማለሁ	በጣም እስማማለሁ
301	ከእናቴ ጋር ቅርርብ አለኝ ብዬ አስባሁ	1	2	3	4	5
302	እናቴ ትንኮሳከበኛለች	1	2	3	4	5
303	እናቴ ትወደኛለች	1	2	3	4	5
304	ከእናቴ ጋር ባለኝ ግንኙነት ደስተኛ ነኝ	1	2	3	4	5
305	እናቴ እና እኔ እንቀራረባለን	1	2	3	4	5
306	ከአባቴ ጋር ቅርርብ አለኝ ብዬ አስባለሁ	1	2	3	4	5
307	አባቴ ይንከባከበኛል	1	2	3	4	5
308	አባቴ ይወደኛል	1	2	3	4	5
309	ከአባቴ ጋር ባለኝ ግንኙነት ደስተኛ ነኝ	1	2	3	4	5
310	አባቴ እና እኔ እንቀራረባለን	1	2	3	4	5

ክፍል 4. የቤተሰብ እርዳታ

የእኔን ቤተሰብ የእርዳታ ሁኔታ በጣም ይገልፀዋል የምትለውን/ይውን አንዱን ሳጥን ብቻ ምልክት አድርግ/ሊ።

		በፍጹም	አልፎ አልፎ	ብዙ ጊዜ	ሁሉ ጊዜ
401	ቅድመ ጋብቻ ወሲብ እንዳላደርግ ቤተሰቦቼ ይረዱኛል.	1	2	3	4
402	ትምህርቴን እንድማር ቤተሰቦቼ ያበረታቱኛል	1	2	3	4

403	ችግር ውስጥ ቢሆኑ እንኩዋን ሁሉም የቤተሰብ አባላት እርስ በእርስ ይረዳዳሉ.	1	2	3	4
404	ሁሉም የቤተሰብ አባላት ችግራቸውንና ሀሳባቸውን በነጻነት ወያያሉ	1	2	3	4
405	በቤተሰብ መካከል ፀብ ቢፈጠር ቤተሰቦቹ በቀላሉ ይቆጣጠሩታል	1	2	3	4
406	ሁሉም የቤተሰብ አባላት አዲስ ነገር ለመማር ዝግጁ ናቸው	1	2	3	4
407	አንድ የቤተሰብ አባል ችግር ቢገጥመው ሁሉም የቤተሰብ አባላት ይረዱታል	1	2	3	4
408	አንድ የቤተሰብ አባል ደስተኛ ባይሆን ሁሉም የቤተሰብ አባላት ለምን እንዳልተደሰተ ሐች ያውቃሉ	1	2	3	4
409	ከቤተሰቦቹ ጋር ስሆን ያስጠላኛል	1	2	3	4
410	በችግር ጊዜ ሁሉም የቤተሰብ አባላት ችግራቸውን ይደባበቃሉ	1	2	3	4

ክፍል 5. ስለ ስነ ወሲብና ኤች አይ ቪ/ኤድስ ውይይት

501	<p>ከዚህ በፊት ስለ ወሲብ ወይም ኤች አይ ቪ/ኤድስ ውይይት አድርገህ/ሽ ታውቃለህ/ታውቂያለሽ?::</p> <p>1. አዎ</p> <p>2. አለውቅም</p>	502	<p>ከማን ጋር ተወያየህ/ሽ?</p> <ol style="list-style-type: none"> 1. ከእናቴ ጋር 2. ከአባቴ ጋር 3. ከውንድም/እህቴ ጋር 4. ሌላ የቤተሰብ አባል ጋር 5. ከተመሳሳይ ፆታ ጋር 6. ከተቃራኒ ፆታ ጋር 7. ከመምህራ ጋር 8. ከጤና ባለሙያ ጋር 9. ሌላ -ይጠቀስ?
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503	<p>በአጠቃላይ ላንተ/ቺ በጣም ጠቃሚ የሆነው የኤች አይ ቪ/ኤድስ መረጃ ምንጭ የትኛው ነው?</p> <ol style="list-style-type: none"> 1. ከመምህራ 2. የት/ቤት ኤች አይ ቪ ክለሶች 3. ከጊደኞቹ 4. መገናኛ-በዙሃን-ሬድዮ/ቴሌቪዥን፣ ጋዜጦች? 5. ቤተሰብ 6. የጤና ባለሙያ 7. መጽሀፍት/ፊልሞች 8. አላውቅም 9. ሌላ -ይጠቀስ?
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ክፍል 6. የቤተሰብ ቁጥጥር

		አዎ	አያውቁም
601	ከትምህርት ቤትና ከቤት ርቀህ/ሽ ስትገኝ/ኝ የት እንደሆንክ/ሽ ወላጆችህ/ሽ ያውቃሉ?	1	2
602	ከትምህርት ቤትና ከቤት ርቀህ/ሽ ስትገኝ/ኝ ከማን ጋር እንደነበርክ/ሽ ቤተሰቦችህ/ሽ ያውቃሉ?	1	2

ክፍል 7. ከትምህርት ቤት ጋር ያለን ሁኔታ

ከዚህ በታች ከትምህርት ቤት ጋር ያለህን/ሽን ቅርበት የሚመለከቱ ጥያቄዎች አሉ። ስሜቴን በጣም ይገልጹልኝ የምትለ/ይውን ምልክት አድርግ/ጊ።

		በፍፁም አልወድም	በጥቂቱ	በጣም
701	ትምህርት ቤቱን እወዳለሁ	1	2	3

702	አስተማሪዎቹ ይወዱኛል	1	2	3
703	አስተማሪዎቹን እወዳቸዋለሁ	1	2	3
704	ትምህርት ለእኔ ደስታ ነው	1	2	3
705	ትምህርት ቤት ተቀባይነት አለኝ	1	2	3
706	ትምህርት ቤት ስሆን እንግዳነት ይሰማኛል	1	2	3
707	የትምህርት ቤት ገደኞቹን እወዳቸዋለው	1	2	3

ክፍል 8. የጊደኛ ተፅዕኖ እና የጊደኛ ባህሪ

ለሚከተሉት ጥያቄዎች መልስ የሚሆነውን አንዱን ምርጫ አክብብ/ቢ::

		ምንም ግፊት የለብኝም	ትንሽ ግፊት አለብኝ	ከፍተኛ ግፊት አለብኝ
801	አንተ/ቺ የግብረሰጋ ግንኙነት እንድታደርግ/ጊ ከጊደኞቻችሁ/ሽ ግፊት አለብህ/ሽ	1	2	3
802	አንተ/ቺ መጠጥ እንድትጠጣ/ጭ ከጊደኞቻችሁ/ሽ ግፊት አለብህ/ሽ	1	2	3
803	አንተ/ች ጫት እንድትቆም/ሚ ከጊደኞቻችሁ/ሽ ግፊት አለብህ/ሽ	1	2	3
804	አንተ/ቺ ሺሻ እንድትቆም/ሚ ከጊደኞቻችሁ/ሽ ግፊት አለብህ/ሽ	1	2	3

ክፍል 9. የህብረተሰብ ተፅዕኖ

		በጣም አልሰማሃም	አልሰማሃም	አልወግኝም	እስማማለሁ	በጣም እስማማለሁ
901	ስለሰነ ተዋልዶ ከልጆቻች ጋር ማውራት የግብረሰጋ ግንኙነትን ያበረታታል	5	4	3	2	1
902	ያለ እድሜ የግብረ ስጋግንኙነት ማድረግ ዋጋ የምስጠው አይደለም	5	4	3	2	1

903	ከጋብቻ በፊት የግብረሰጋ ግንኙነትማድረግ ከሃይማኖቱ ጋር ይቃረናል	5	4	3	2	1
904	ሴት ልጅ እስኪታገባ ድረስ ድንግል መሆን አለባት	5	4	3	2	1
905	ወንድ ልጅ እስኪያገባ ድረስ ድንግል መሆን አለበት	5	4	3	2	1
906	እየተማርኩ ሳለሁ ማርገዝ ዋጋ የምሰጠው አይደለም	5	4	3	2	1

በጣም አመሰግናለው

ANNEX-IV QUESTIONARES AFAN OROMO VERSION

Uunkaa waliigaltee

Nutii Yunivarsiitii Jimmaa waliin ta'uun waa'ee amala barattootaa fi rakkoolee adda addaa irratti qorannoo gaggeessaa jirra. Kanaa raga haqa ta'e akka nuuf kennitan barbaanna. Ragaan isin irraa argannus qorannoo qofaaf kan itti fayyadamnu dha.kanaan ala ragaan isin nuuf keennitan ka iccitiin qabamuu fi kan eenyurrattillee rakkoo hingeessinee dha. Kanaafuu qorannoon kun mana baruumsaa keessanirrattis ta'ee isinirratti akkasumas nama biraa irratti miidhaa hin fidu/hinqabu. Garuu gaaffii kana guutuuf yeroo keessan muraasa fudhachuu danda'a.

Yeroo barbaaddanitti qorannoo sana irratti hirmaachuu dhiisuu ni dandeessan. Garuu, raga qabatama isin nuuf kennitan milkaa'ina qorannoo kanaatiif bu'aa guddaa qaba.

Hirmaachuu barbaadduu **1. Eeyyee -----2. Hinbarbaadu-----**

Yoo hirmaachuu hinbarbaane waraqaa kana nama isin kenneef deebisaa!!!

KUTAA 1. GAAFFII WALII GALAA

101	Umriin kee meeqa?----- Kutaa meeqa-----	102	Amantiin kee maali? 1. Ortodoksii 2. Musliima 3. Pirootestaantii 4. Kaatolikii 5. Kan biraa haaibsamu
103	Saala 1. Dhiira 2. Dubara	104	Maatii kee waliin jiraattaa? 1. Eeyyee 2. Miti
105	Eessa jiraatta? 1. Magaalaa 2. Baadiyaa	106	Baay'inni maatii keessanii amma waliin jiraattan meeqa? -----
107	Gara mana amantaa ykn waaqeffanna deemtaa? 1. Eeyyee 2. Hindeemu	108	Gaaffii 107 deebiin kee eeyyee yoo ta'e hirmaannaan kee maal fakkata? 1. Guyyaa hundaa 2. Yeroo baay'ee 3. Torbanitti al tokko 4. Ji'aan al tokko 5. Hindeemu
109	Jaalallee dhiiraa/dubaraa qabdaa? 1. Eeyyee 2. Hinqabu	110	Sadarkaan baruumsaa haati kee qabdu meeqa? 1. Hinbaranne 2. Sad.1ffaa 3. Sadarkaa 2ffaa 4. Sadarkaa 2ffaa ol
111	Sadarkaan baruumsaa abbaan kee qabu meeqa? 1. Hinbaranne 2. Sad.1ffaa 3. Sadarkaa 2ffaa 4. Sadarkaa 2ffaa ol	112	Wantoota funyaanin suufatan suufattee beektaa? 1. Eeyyee 2. Hinbeeku
113	Jimaa/ caatii qamaatee beektaa? 1. Eeyyee 2. Hin beeku	114	Dhugaatii nama macheessu dhugdee beektaa? 1. Eeyyee 2. Hin beeku
115	Fiilmii walqunnamtii saalaa agarsiisu ilaaltee beektaa? 1. Eeyyee 2. Hin beeku		

KUTAA 2. WALQUNNAMTII SAALAA ILAALCHISEE

201	Kanaan dura walqunnamtii saalaa gootee beektaa? 1. Eeyyee 2. Hinbeeku	202	Yeroo duraatiif walqunnamtii saalaa yoo gootu umriin kee meeqa ture? -----
203	Yeroo duraatiif walqunnamtii saalaa kan goote nama umrii meeqa waliini? -----	204	Yeroo duraatiif walqunnamtii saalaa kan goote eenyu waliini? 1. Abbaa /haadha manaa 2. Jaalallee koo waliin 3. Miseensa maatii keessaa 4. Barsiisaa 5. Kan biraa
205	Yeroo duraatiif walqunnamtii saalaa yoo gootu dhugaatii alkoolii qabu ykn jimaa fi k.k.f fudhattee turtee? 1. Eeyyee 2. Homaa Hinfudhanne	206	Yeroo duraatiif walqunnamtii saalaa yoo gootu ati ykn namni waliin goote Qusannoo maatii /qoricha itiisa da'uumsaa fayyadamtanii? 1. Eeyyee 2. Hinfayyadamne
207	Qusannoo maatii /qoricha itiisa da'uumsaa kam fayyadamtani? 1. Kondomii 2. Mala guyyaa lakkaa'uun 3. Bulaa gara alaatti gannaquun 4. Qoricha itiisa da'uumsaa 5. Mala biraa ibsi	208	Hanga ammaatti namoota meeqa waliin walqunnamtii saalaa gootee beekta? ----- -----
209	Ji'oota 6 darban keessatii hiriyoota walqunnamtii saalaa meeqa qabdaa ture? 1. Homaa hinqabu 2. Tokko 3. Lamaa ol	210	Yeroo dhumaatiif walqunnamtii saalaa yoo gootu ati ykn namni waliin goote Qusannoo maatii /qoricha itiisa da'uumsaa fayyadamtanii jirtuu? 1. Eeyyee 2. Hinbeeku
211	Qusannoo maatii /qoricha itiisa da'uumsaa kam fayyadamtani? 1. Kondomii 2. Mala guyyaa lakkaa'uun 3. Bulaa gara alaatti gannaquun 4. Qoricha itiisa da'uumsaa 5. Mala biraa ibsi	212	Yeroo ammaa eedsii fi dhukkuboota walqunnamtii saalaatiin dhufan ofirraa ittisuuf mala ittiin fayyadamtu jiraa? 1. Eeyyee 2. Hinjiru

213	Qusannoo maatii /qoricha itiisa da'uumsaa kam fayyadamta? 1. Kondoomii 2. Walqunnamtiisaalaa godhuu dhiisuu 3. Tokkoof tokkoon daanga'uu 4. Hinbeeku 5. Kan biraa ibsi	214	Yeroo walqunnamtii saalaa gootu koondoomii yoom fayyadamta? 1. Darbee darbee 2. Yeroo baay'ee 3. Yeroo hundaa
215	Dhiiraaf qofa) kanaan dura hojjattuu mana hoteelaa waliin walqunnamtii saalaa gootee beektaa? 1. Eeyyee 2. Hinbeeku	216	Deebiinkee gaafii 915 eeyyee yoo ta'e yeroo hangamiif koondoomii fayyadamte? 1. Darbee darbee 2. Yeroo baay'ee 3. Yeroo hundaa
217	Yeroo duraatiif walqunnamtii saalaa maaliif goote? 1. Jaalalaan kufee 2. Fedhiidhaan 3. Fuudhuuuf/heerumuuf barbaadee 4. Dirqamee 5. Qarshiidhaan/ kennaadhaan walii galee 6. Dhugaatii alkoolii/qoricha fudhachuun 7. Sodaa waan qabuuf 8. Kan biraa ibsi		

KUTAA 3. WALITTI DHIHEENYA MAATII WALIIN JIRU.

		Baay'ee sirri	sirrimiti	Hinbeeku	Sirriidha	Baayyee Sirriidh
301	Haadha koo waliin walitti dhiheenya ni qabna jedheen yaada.	1	2	3	4	5
302	Haati koo nakunuunsiti	1	2	3	4	5
303	Haati koo najaalatti	1	2	3	4	5
304	Walqunnamtii haadha koo waliin qabuun ni gammada	1	2	3	4	5
305	Aniif haati koo walitti dhiheenna ni qabna	1	2	3	4	5

306	Abbaa koo waliin walitti dhiheenya ni qabna jedheen yaada	1	2	3	4	5
307	Abbaan koo na kunuunsa	1	2	3	4	5
308	Abbaan koo najaalata	1	2	3	4	5
309	Walqunnamtii abbaa koo waliin qabuun ni gammada	1	2	3	4	5
310	Aniif abbaan koo walitti nidhiheenna	1	2	3	4	5

KUTAA 4. WAA'EE WALGARGAARSA MAATII

		Gonku maa	dar bee dar bee	Yeroo baay'ee	yeroo hundaa
401	Fuudhaan/heerumaan dura walqunnamtii saalaa akka hingoone maatiin/warri koo naqarqaaru	1	2	3	4
402	Baruumsa koo akkan baradhu maatiin/warri koo naqarqaaru	1	2	3	4
403	Yeroo rakkoon nuqunnamu maatiin keenya hundinuu walqarqaaru	1	2	3	4
404	Yaada qabnu hundaa bilisaan maatii keenyaaf himuu ni dandeenya	1	2	3	4
405	Yeroo rakkoon nuqunnamu maatii keenya waliin taane furmaata barbaanna.	1	2	3	4
406	Maatiin/warri keenya hundinuu waan haaraa baruuf qophii dha..	1	2	3	4
407	Maatii keenya keessaa osoo nama tokko rakkoon muudate namni hudinuu qarqaarsa ni godhaaf.	1	2	3	4
408	Namni tokko osoo gammaduu baate maatiin hudinuu ni beeku..	1	2	3	4
409	Mana keessa taa'uun najibbisiisa	1	2	3	4
410	Maatiin keenya waan baay'ee waldhoksu.	1	2	3	4

KUTAA 5. GORSA WAA'EE WALQUNNAMTII SAALAA FI EEDSII

501	Kanaandura waa'ee walqunnatii saalaa ykn eedsii namoota waliin haasoftee beektaa?? 1. Eeyyee 2. Hin beeku	502	Eenyu waliin haasoftee beekta? 1. Haadhakoo waliin 2. Abbaakoo waliin 3. Obboleessa/obboleettiikoo waliin 4. Fira biraa waliin 5. Hiriyaadubaraa waliin 6. Hiriyaadhiiraa waliin 7. Jaalallee koo waliin 8. Ogeessa fayyaa waliin 9. Barsiisaa koo waliin 10. Kan biraa ibsi
503	Burqaan oduu waa'ee eedsii irraa argattu eenyu? 1. Barsiisaakoo irraa 2. Kilaboota eedsii mana baruumsaarraa 3. Hiriyootakoo irraa 4. Raadiyoo,televizhiinii,barruulee adda addarraa 5. maatiikoo 6. Ogeessa fayyaa irraa 7. Kitaabota /fiilmii irraa		

KUTAA 6. WAA'EE TOO'ANNA MAATI

		Eeyyee	Hinbeekan
601	Manaafi mana baruumsaatirraa fagaattee yoodeemtu warri kee eessa akka jirtu nibeekuu?		
602	Manaafi mana baruumsaatirraa fagaattee yoodeemtu warri kee eennu waliin akka jirtu nibeekuu?		

KUTAA 7. HAALA MANA BARUUMSAA WALIIN JIRU

		Gonkumaa	Xiqqoo	Baay'ee
701	Mana baruumsaa koo nanjaaladha	1	2	3
702	Barsiisoonni koo najaalatu	1	2	3
703	Barsiisoota koo nanjaaladha	1	2	3

704	Baruumsi anaaf gammachuu dha	1	2	3
705	Mana baruumsaatii fudhatama nanqaba	1	2	3
706	Yoon mana baruumsaadeemu alagummaatunatti dhagahama	1	2	3
707	Hiriyoota koo kan mana baruumsaa nanjaalladha	1	2	3
708	Barachuun najibbiisa	1	2	3

KUTAA 8. DHIIBBAA HIRIYOOTAA FI AMALA ISAANII

		Dhiibba a hin qabu	Dhiibbaa xiqqoo nanqaba	Dhiibbaa guddaatu natty jira
980	Walqunnatii saalaa akka gootu hiriyoota keetirraa dhiibbaa qabdaa	1	2	3
802	Dhugaatii nama macheessu akka dhugdu hiriyoota keetirraa dhiibbaan sitti jiraa?	1	2	3
803	Jimaa/caatii akka qamaatu hiriyoota keetirraa dhiibbaan sitti jiraa?	1	2	3
804	Shishaa akka fayyadamtu hiriyoota keetirraa dhiibbaa qabdaa	1	2	3

KUTAA 9. WAA'EE HAWAASA WALIIN JIRAATU ILAALCHISEE

		Baay'ee waliingal	waliingal	Hin beeku	waliigala	Baay'ee waliigala
901	Waa'ee walqunnamtii saalaa ijoollee waliin hasayuun walqunnamtii saalaa ni jajjabeessa.	5	4	3	2	1
902	Umriin walqunnamtii saalaatiif osoo hinga'iin walqunnamtii saalaa gochuun rakkoo ni fida	5	4	3	2	1
903	Fuudhaan/heerumaandura walqunnamtii saalaa godhuun amantaa kiyyaan ala.	5	4	3	2	1
904	Shamarreen tokko hanga heerumtutti durbummaan osoo jiraatte filatamaa dha.	5	4	3	2	1
905	Namni tokko hanga fuudhutti walqunnamtii saalaa osoo godhuu baate fayyadamaa dha.	5	4	3	2	1
906	Osoon barachaa jiruu ulfaa'uun salphina	5	4	3	2	1

