

**RISKY SEXUAL BEHAVIORS AND ASSOCIATED FACTORS AMONG HIGH AND
PREPARATORY SCHOOL YOUTH, EAST WOLLEGA, ETHIOPIA**

By

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**A RESEARCH THESIS SUBMITTED TO THE DEPARTMENT OF HEALTH
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JIMMA UNIVERSITY
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ABSTRACT

BACKGROUND: Most of the sexual initiation and sexual practice of the youth start at secondary school level. At this stage students assumed to be exposed to many risky sexual behaviors. However, little research had been explored about risky sexual behaviors and predisposing factors in area of high and preparatory school level in the Oromia region particularly in East Wollega zone. The objective of this study was to assess risky sexual behavior and associated factors for risky sexual behaviors among high school and preparatory school youth.

METHODS: School based cross sectional study design was employed to assess risky sexual behavior and associated factors among high school and preparatory school students from Oct 1 to 30, 2013. Data was collected using self-administered questionnaire. Focus group discussion was conducted to support the quantitative data. Probability proportionate to sample size (PPS) used to determine the sample proportion for each grade (grades 9-12). The data was coded and entered into a computer using SPSS version 16.0. Final model was fitted by using adjusted odds ratio with P value less than 0.05 and considered as statistical significance and independent predictor of risky sexual behavior.

Result: Of the total , 324 students participated in the study yielding response rate of 97.7% and 25.3% of students had sexual intercourse in the past 12 months of which 17.07% of students had more than one sexual partners, 11.9% of male students visited commercial sex workers and consistent condom use was very low(14%).Family connectedness [AOR, 95%CI .73(.67-.89)], attitudes toward sex [AOR, 95%CI 1.22(1.04-1.43)], khat chewing [AOR,95%CI 9.25(2.51-34.07)] and had enforced by classmates for sex [AOR,95%CI 7.63(2.36-24.66)] were statically significant and independent predictors of risk sexual behaviors.

Conclusion: In general, risky sexual behavior of school youth was increased by khat chewing, sexual coercive from classmates or teacher, positive attitudes toward sexual intercourse and reduced by high family connectedness and attending religious services regulary. In addition to parental connectedness and parental supervision, intervention that targeted on school youth like positive peer influence to encourage safer sexual behaviors among school youth is very important in reduction of risky sexual behaviors.

KEY WORDS: risky, sexual behaviors, school adolescent, associated factors

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ACRONYMS AND ABBREVIATIONS

AIDS	Acquired ImmunoDeficiency Syndrome
BCC	Behavioral change and communication
EDHS	Ethiopian Demographic Health Survey
EPHA	Ethiopian Public Health association
HIV	Human immune deficiency Virus
STD	Sexually Transmitted Disease
WHO	World Health Organization
FGD	Focused Group Discussion
RSB	Risky Sexual Behaviors
UN	United Nations
STI	Sexually Transmitted Infection
SRH	Sexual Reproductive Health
ID	Identity
CSW	Commercial Sex Worker
JU	Jimma University
SD	Standard Deviation
AOR	Adjusted Odd Ratio
COR	Crude Odd Ratio
CI	Confidence Interval
EDHS	Ethiopian Demographic Health Survey
RH	Reproductive Health
UNFPA	United Nation Population Fund
UNDP	United Nation Development Programme
UNAIDS	Joint United Nations Programme on HIV/AIDS

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CHAPTER ONE: INTRODUCTION

1.1 Background

Youth is the transition from childhood to adulthood, during which establish patterns of behavior, and make lifestyle choices that affect both their current and future health. Today approximately one-fifth of the world's population is adolescents and young adults, with more than four fifths in developing countries. Even though the definition of adolescents varies across the countries, according to the UN/WHO, "adolescents" includes the age group between 10-19 years, "youth" includes the age group between 15-24 years and "young people's" encompasses both adolescents and youth i.e. the age group between 10-24 years [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 (STD), abortion and unplanned pregnancy. It also includes, having more than one sexual partner, sex with commercial sex workers without condom, inconsistent condom use with non regular partner and sex with casual partner. Risk factors defined as any characteristics of individual, school, family, and peers that make peoples expose to negative consequences [2].

In some countries, improved nutritional status and other factors leads to the earlier physical development, menarche, and spermarche and values about sex prior to marriage and the duration of time between begin having sex and marriage has increased. This means that higher percentages of young people have sex, have more sexual partners before marriage, and are more likely to have unintended premarital pregnancies and sexually transmitted infections (STIs), including HIV. These unintended pregnancies, STIs and in particular HIV and AIDS have huge personal and societal costs that should be prevented, if at all possible but this problem remains accounts 12% of the global burden of ill health [3]

Worldwide, about six thousand people aged between 15-24 contract HIV per day and over the quarter of the all individual living with HIV were age between 15 and 24 years; however most of this age group enrolled in schools i.e. schools are the one institution that is regularly attended by many young people. Of those youth who attend secondary school, most do so before they begin having sexual intercourse but many are initiated sex at secondary school [4].

The sexual activities among male youth have significantly occurred in those living in low-cost housing, having divorced parents, substance (tobacco, alcohol, or drug) use, involvement in gang activities, permissive attitudes regarding adolescent's sexual intercourse and lack of confidence in resisting peer pressure to engage in sex and lack of knowledge and attitudes regarding sexuality and sexual practices challenging adolescents especially those at secondary schools [5, 6].

In Africa, reproductive health problems are associated with risky sexual behavior among youth and they are highly affected by sexually transmitted diseases like HIV/AIDS, gonorrhea, syphilis and vaginal discharge. Lack of knowledge about family planning, sexual and reproductive health problems, and transmission and prevention of these problems were other issues that predispose youths for these problems [7]

Evidence from National Surveys of youth in four African countries revealed that poor females were vulnerable to infection because of the earlier sexual debut and prevalence of condom use was very low among female adolescents. Having wealthy family was negatively associated with risky sexual behavior of the youth and having many sexual partners was also the main route to transmit sexually related diseases [8].

In Ethiopia, people aged group between 10-24 years represented one of the country's largest groups, comprising about 35 % of the total population [9]. EDHS 2011 indicated HIV and STDS prevalence among the age group 15-24 associated with risky sexual behaviors like having multiple sexual partners, early initiation of sexual intercourse and low condom use [10].

Prevalence and socioeconomic contexts of sexuality among youth in Addis Ababa showed that young people have limited information about sexual and reproductive health and know little about the natural process of puberty. This lack of knowledge about reproductive health had serious consequences. Moreover, sexual activities are occurring in the midst of an HIV/AIDS pandemic that is proportionately affecting adolescents and young adults [11].

On the other hand, young people often face enormous pressure especially from peers to engage in sex, sexual video films, and the desire for economic gain. Because of this, a significant number of youth are involved in sexual activities at an early age. These exposed youth to various reproductive health problems like obstructed labor due to early initiation of sexual practice, STIs/HIV/AIDS and unintended pregnancy which most of the time ends with abortion [12].

Risky sexual behaviors may be further worsened by the fact that school youth are too many in number, lack facilities to provide sexual and reproductive health in the school compound and the students live away from their parents and free from parental control. In addition, some are subject to the extensive spread of substance use and peer-pressure that intensify the risky behaviors. In general, youth highly affected by sexually related diseases including HIV which can be prevented through behavioral targeted school based interventions.

1.2. Statement of the problem

The incidence of teenage pregnancy, sexually transmitted infection (STIs) and HIV infections among our youth have become alarming. The fact that youth are in the age of high sexual drive causes many to engage in unsafe sex, premarital sex, and prostitution. In Ethiopia, youth birth rate 104 births per 1,000 women aged 15-19 was likely associated with the lower use of condoms [13].

Youth are especially at risk firstly, because they are willing or eager to participate in risky and very sexually active, being at an age where sexual hits and conquest are perceived as important for self-esteem. Secondly, they have multiple sexual partners, and are more likely to practice risky sexual behaviors. Thirdly, students are usually economically insecure. Therefore, financial incentives from (older) men exert a strong influence towards their acceptance of risky sexual behavior, especially as regards non-use of condoms as other studies have also indicated [14,15].

The study on Risky sexual behaviors and predisposing factors among Ethiopian university students aged 15-24 years showed that out of 529 (40.2%) of the students who ever had sex had mentioned experience of having at least one of the sign and symptoms of genito urinary tract infections such as whitish discharge from the penis or vagina as experienced by 184 (13.5%), burning sensation during urination by 128(9.2%), foul smelling and yellowish vaginal discharge by 60 (5.1%), genital ulcers/sores by 46(3.3%), swellings in groin area 44(3.2%) and itching in the genital area by 67(4.9%). The trend was somehow similar across the universities. In most of the student the symptoms and signs were experienced after starting sex [16].

The study on Child sexual abuse and its outcomes among high school students in southwest Ethiopia documented that genital lesion was observed in 7(3.2%), genital discharge 6(2.7%), pregnancy 16(7.2%), abortion 12(75.0%) still birth 1(6.2%), suicide ideation 5(2.3%), sexual

dysfunction 3(1.4%) worthlessness 6(2.7%), self-blame 7(3.2%), suicide attempt 4(1.8%) and hopelessness 5(2.3%) [17].

As the finding of several research revealed that, most of the risky sexual behavior among youth were non-consensual which violets youth's right, affect their health, and their development. This type of sex may have short and long term adverse effect on their health, behavioral, emotional, psychological, and social consequences. For example health consequences, like unwanted pregnancy with consequent abortion and sexually transmitted diseases including HIV/AIDs. This is because youths are more mature physically than mentally or emotionally, they are often ill prepared to make the serious decisions they face. Therefore, they are frequently predisposed to behaviors that put their health at risk or harm their social competence, often called risk-taking behaviors [18, 19].

Even though different works have been carried out so far, to combat the effect of risky sexual practice on the youths which mainly targeted on curative based intervention but the problem still remains a great challenge for developing countries including Ethiopia. Therefore, this study is tried to give the present prevalence of risky sexual behavior and further investigate contributing factors that influence youth sexual behaviors among high school and preparatory students in East Wollega zone. Even though risky sexual behavior and associated factors studied in other area of the country might be holds true for this study area, the main associated factors of risky sexual behavior of study area were not well known. So, this study filling the gap by identifying risky sexual behaviors and predisposing factors for potential interventions.

CHAPTER TWO: LITERATURE REVIEW

In this chapter different literatures were consulted which similar to the topic of the study (searching) and then it was evaluated for the purpose of familiar with methods, analysis and different section of researches. Then after summarizing and synthesizing depending on the similarity of concepts and then organizing based on thematic areas.

2.1.1 Prevalence of sexual and risky sexual behavior among youth

The study documented on sexual intercourse among youth in Malaysia showed that 5.4 % of the total samples were reported to have had sexual intercourse. The proportion among male students who had sex was higher (8.3 %) compared with female students (2.9 %). The mean age at first sexual intercourse was 15 years. One percent (1%) of students reported that they had been pregnant or had made someone else pregnant [20].

Matched case control study conducted on Early Sexual debut and sexual violence on youth pregnancy in Jamaica showed that 54% of the pregnant adolescent had their first sexual intercourse by age 14 and those who were pregnant had greater odds of having had two or more lifetime sexual partners, than those who had never been pregnant and 49% of all participants had ever experienced sexual coercion or violence [21]. Another study in the same country also indicated that risky sexual behavior among the youth was associated with inconsistent condom use and having multiple sexual partners. The prevalence of having multiple sexual partners was 12% among females and 52% among male respondents. Inconsistent condom use was highly prevalent among adolescents which were 49% among the males and 46% among the female respondents [22].

The study on Knowledge of HIV/AIDS and Sexual Behavior among the adolescents in South West Nigeria revealed that most respondents were sexually active, and was engaged in high risk sex such as casual, same sex, multiple sexes and sex in exchange for money [23].

Another study conducted on HIV/AIDS Knowledge and Sexual Behavior among Junior Secondary School Students in South Africa showed that 46% of the 16 year-old males and 20% of the 15.5 year-old females had already been sexually active of which 46.3% of male and 19.8% of females had sexual intercourse. Twenty seven percent (27%) of the students reported that they had sex for the exchange of gifts [24].

The survey documented on the occurrence of Concurrent Sexual Partnerships among Students in Institutions of Higher Education in Zimbabwe found that high levels of sexual activity (more for male than for female students) and high prevalence of concurrent sexual behavior. The study also founded that female students participated in concurrent sexual partnerships to benefit from the resources of their male partners while males were largely motivated around the sex motive [25].

The analysis on the sexual activities in an urban society of Southwest-Nigeria, showed that a very high rate of sexual activities; 14.24% had had sex before age 14, and 84% had sex before their 20th birthday at which age only 1.28% of the sample had married [26].

The study done on the prevalence and Correlates of Pre-Marital Fertility among unmarried female adolescents in Chamwino District in Central Tanzania revealed that sexual practices, risky behaviors and hence pre-marital fertility/ childbearing among non-married female adolescents existed at a substantial rate, with 75% of study participants reported to ever had sex, and nearly a quarter (24%) of those who ever had sex indicated to had multiple sexual partner [27].

The study conducted on the analysis of coital activity, number of sexual partners, and non-use of condoms among high School students in Namibia indicated that 48.1% of the students ever had sex, and 20.0% of students and their partners did not use condoms during their sexual intercourse. The study also identified that having a sexual partner increased students' sexual activity [28].

Melisew's study in Ethiopia also indicated that 20% of the sampled students had sexual intercourse at the mean age of 15yrs prior to the study period. The study also showed that adolescents who experience sexual intercourse at risk of reproductive health problems like unwanted pregnancy, abortion, and STDs more likely than their counterparts [29].

Cross-sectional study conducted on the patterns of sexual risk behavior among undergraduate university students in Haramaya University at Harar campus showed that about 355(28%) students reported to have had sexual intercourse at mean age of 17.54 years. The survey also showed that students practice sex exposed highly to STDs /HIV/AIDs than those students no experienced sex [30].

The study conducted on the risky sexual behavior and predisposing factors among students of Jimma university showed that 26.9% ever had sexual intercourse at mean age of first sexual intercourse was 17.7 ± 2.7 years. Among whoever had sex, 51.0% had sex in the last 12 months

and 28.3% had multiple sexual partners. In the last 12 months, only 69.1% consistent condom use with non-regular partner [31].

The cases and control study on the assessment of Sexual Behavior, Attitude and Risk Perception about HIV/AIDS among anti-club members and non club member youth in Mettu and Bedelle town, Ilu Abba Bora, founded out that more than two third of the club members (66.6%) and about one third of the non-club members (33.2%) claimed to have practiced sexual activity prior to the study period and among cases almost two third of who practiced sexual intercourse, 67.3% experienced the first sexual act in the age range of 15-19 years, while other age groups, 23.3% and 9.3% experienced the first sexual act in the age of less than 15 years and in the age range of 20-24years respectively. More than half, 72.5% of club member and 54.7% of on-club members perceived that they are at risk of acquiring the HIV/AIDS. The prevalence of multiple sexual partnerships over past year among both groups was 30.3% in the selected town [32].

According to the result of the study among School youth on premarital Sexual practice in Nekemte Town, East Wollega showed that about one-fifth (21.5%) of the participants had had premarital sexual intercourse at the time of the survey, of which 7.6% of the study participants practiced sex for money/exchange of gifts [33].

2.1.2 Associated factors for risky sexual behavior

Youth is a time of choices, it involves gaining autonomy, assuming responsibility, and making choice about health, family, career, peer, and school. The ability to confront these decisions effectively is important to the well being of adolescents. However, since youth are less mature mentally or emotionally, they are often ill prepared to make the serious decisions they face. Therefore, they are frequently influenced to participate in behaviors that harm their health. These are early initiation of sexual intercourse and having multiple sexual partners, use of alcohol and drugs, violence and dropping out of school [34].

The survey conducted on sexual attitudes, pattern of communication and sexual behavior among unmarried school youth in china showed that 60% of the youths held positive attitudes toward men's and women's premarital sex and agreed that young people of their age could have premarital sex if they wanted to or if they were in love [35].

The study conducted on prevalence of sexual activity and factors influencing it among students in Nigeria, indicated that gender and family background play a vital role in engagement of sexual activities by youths [36].

The study conducted on sexual debut in eastern Ethiopia indicated that 686(24.8%) of never married in-school youths reported premarital sexual debut at mean age of 15 yrs; significantly more males (28.8%) than females(14.7%). Sexual debut increased with family residential area was from urban area, perceived themselves to have low self educational rank, living alone during high school education and income [37].

The qualitative study conducted on the sexual and reproductive health problems and service needs in south east Ethiopia among university adolescents indicated risky sexual behaviors among the students were increased with low awareness and/or low knowledge. Lacks of assertiveness, practicing unsafe sex, having multiple sexual partners and ever increasing trend of substance were apparent risks of sexual and reproductive health problems like unwanted pregnancy, abortion, and sexually transmitted diseases were explained highly existed among the university students as it explained by study participants. [38].

Generally different studies conducted in developing countries indicated that risky sexual behavior among youths are on the rise and therefore most of the time, reproductive health problem like unwanted pregnancy, unsafe abortion, and STIs including HIV/AIDS still prevalent among adolescents.

2.2 Conceptual frame work of the Study

The conceptual framework of the study tried to show associated factors affecting risky sexual behavior like socio-demographic factors, family environment factors, and peer influence. For example, adolescents who are monitored by his/her parents or perceived parental monitoring before initiated to sex, less likely participated in risky sexual behavior with decreased levels of substance use behaviors (cigarette smoking, alcohol use, chat chewing) but peer influence or perceived peer involvement significantly increased level of substance use and risky sexual activities by youths which in turn negatively affect youths decision making on healthy sexual behaviors.

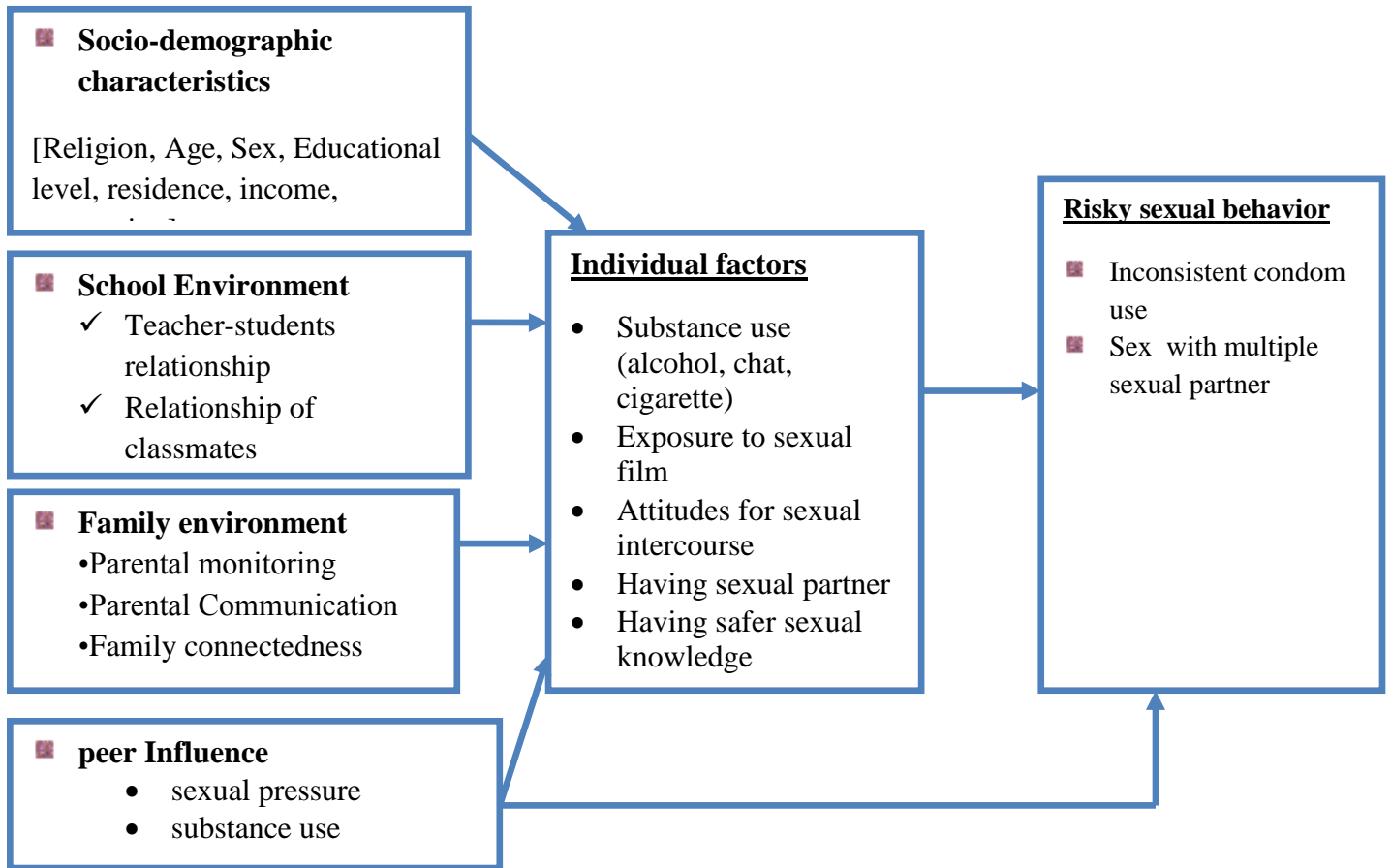


Figure1. Conceptual Frame Work on risk sexual behavior and associated factors among high School and preparatory students, in East Wollega Zone, January 2014.

Source: Social D evelopment Model

2.3 Significance of the study

Youths often face with enormous pressure to engage in sex, especially from peers, exposure to sexual video films through internet and the desire for economic gain. As the result of these, significant numbers of youths are currently sexually active at their earlier ages. Despite of this, especially youth at secondary school level have limited information about reproductive health mainly about the risky sexual behavior as indicated by different literature, productive age group 15-24 yrs highly affected by HIV/AIDs and other STDs. So, study finding will be important to fill the existing information gap among school youths and used for different stake holders like Health managers at different levels for planning and implementation. As well the study may serve as a reference for further studies that may be conducted in similar issues.

CHAPTER THREE: OBJECTIVES

3.1 General objectives

- To assess the prevalence of risky sexual practices and factors contributing to risky sexual behavior among high and preparatory school youths in East Wollega Zone, 2013.

3.2 Specific objectives

- To assess prevalence of risky sexual behaviors among high schools and preparatory schools youths
- To identify factors contributes to risky sexual behavior among high and preparatory school youths.

CHAPTER FOUR: METHODS

4.1 Study area

The study was conducted in Oromia regional state, East Wollega Zone, which is located 325 km to Addis Ababa in the Western direction. There are 12 preparatory and 30 high schools in the zone and providing education services for 38,754 students of which 20,276 were males and 18,478 were females [*East Wollega zone, Education office report, 2013*].The study was conducted from Oct 1 to 30, 2013.

4.2 Study design

School based cross sectional study was used to assess risky sexual behaviors and associated factors among East Wollega zone high school and preparatory school youths

4.3 Source population

All high school and preparatory school students of East Wollega zone aged 15-24 years attending their education day time during study period

4.4 Study populations

Selected high school and preparatory school students from the specified grades

4.5 Inclusion criteria and Exclusion

4.5.1 Inclusion criteria

Regular day time students aged 15-24 years, who were attending high and preparatory school during time of data collection and who were volunteered to participate in the study

4.5.2 Exclusion criteria

Student who were refused to fill the questionnaire and absent during the data collection

4.6 Sample size and sampling techniques

4.6.1 Sample size determination

Using single population proportion formula with assumption, the proportion of risky sexual behavior among school students of Addis Ababa was 10.6% [41]; desired precision of 5%, 95% confidence level, 2 design effect, and 15% non response rate were considered.

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

z= the confidence limits of the survey result.

P = the proportion of study population practicing risky sex

d = the desired precision of the estimate

n = the total sample size.

With the above assumptions, the total sample size calculated was 335 students

4.6.2 Sampling techniques

Quantitative:-Multistage sampling technique was employed. Twelve high schools and preparatory schools in east Wollega zone were identified and listed. Four woreda were selected randomly and according to the WHO recommendation of facilities based sampling selection (30%-40%), four high and preparatory schools were selected using simple random sampling (lottery method). Initially students were stratified by grade, and then Lottery method technique was also employed to select section from each grade and computer generated random number was used to select study units from the sections (The student registration lists were used as a sampling frame). The number of students included in the study from each selected schools were proportional to the total number of students in each selected schools.

Qualitative (FGD):- Non-probability sampling method, intensify purposive sampling was used to select Anti-HIV/AIDS and Women's clubs. Those students member of these clubs would expect to have good information on the subject matter than others.

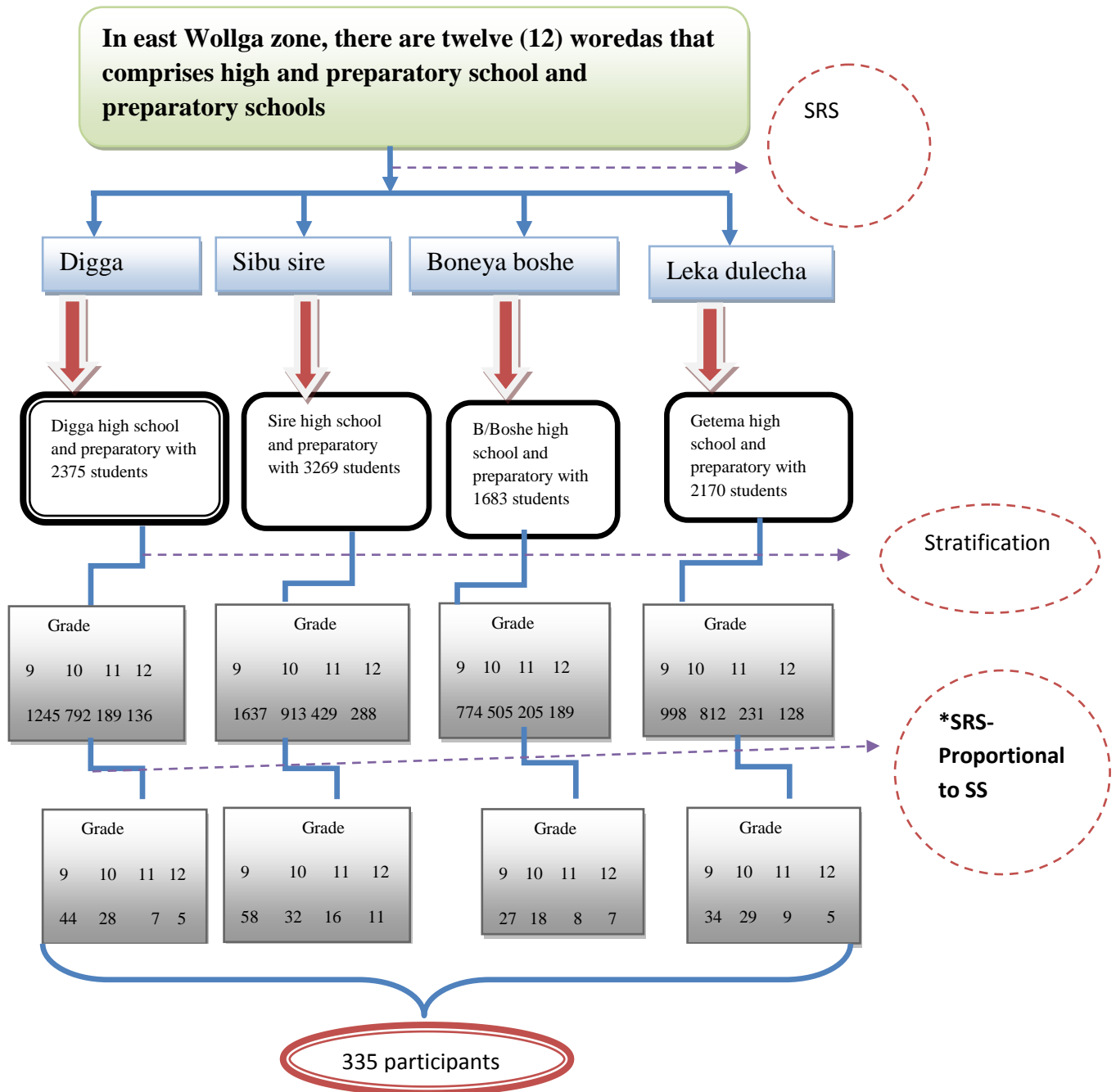


Figure2. Schematic presentation of the sampling procedure used in the study risky sexual behavior and associated factors among high and preparatory school youth in East Wollega Zone, Jan, 2014.

4.7 Study variables

4.7.1 Dependent variable

Risky Sexual behaviors [having more one sexual partner, Inconsistent condom use/ not use condom during sex, Sex with commercial Sex worker and sex with causal partner]

4.7.2 Independent variables

Socio-demographic characteristics

[Religion, Age, Sex, family educational, residence, Ethnicity, parent occupation, grade level]

Family factors [Family connectedness, Parental monitoring, and Parent adolescent communication]

School environment factors [Teacher-students relationship, classmate's relations]

Peer factors [Partner influence for sexual intercourse, partner influence for substance use (alcohol, chat, and cigarette)]

Individual factors [Substance use (alcohol, chat, and cigarette), Exposure to sexual film, attitudes toward sexual contact, having sexual partner, knowledge about risky sexual behavior]

4.8 Operational definitions

Consistent condom use: using condom during each and every sexual intercourse. Respondents asked about how they often use condom during sex [always, most of the time, some time, rarely and don't use]. Those students who used condom always during sex with non regular partner were taken as consistent condom user.

Non-regular partner: Sexual partner out-of marital union

Risky sexual behavior: At least practices one of the following [having more than one sexual partner, inconsistent condom use while sex, sex with commercial sex workers, have sex with risky causal /unknown sexual partner]

Substance use: Those who use of at least any one of the following substances: alcohol, khat, and cigarette

Parental monitoring: when parents supervise their childrens, advice thie childrens soas to prevent them from bad behaviors including risky sexual behaviors. There were 5items yes/no,and multiple choices to assess students perception about their parent monitoring [high parental

monitoring means those students perceived their parents know about them in detail including their sexual activities, low parental monitoring means those students perceived their parents did not know them in detail]

Parental communication: communication between youth and parent about the sexual issues of the adolescents before the youth initiated for sexual activities [5items, yes/no and multiple answer questions]

Family connectedness: Parent's attachment to their children [high total score indicated high family connectedness, low total score indicated low family connectedness]

Peer influence: Pressure from peers to practice sexual intercourse or use substance (khat, alcohol, or cigarette) which intensify risky sexual practices. [no pressure, some pressure, a lot of pressure]. Those who had some and a lot of pressure from peer's categorized as those who had peer influence.

School environment: The environment in which relationship between student- teachers and among students/classmates that promotes risky sexual behaviors.

Enforced sex/coercive sex/non-consensual sex: sexual intercourse which was not depending on the agreement of the two partners or one partner enforces the other.

Attitudes toward sexual contact: the readiness of the students for sexual initiations. There were three 5point likert type questions treated as contineous and score runs from 3 to 15 [as score approaches to 15, indicated favorable attitude and as the scoreapproaches to 3 indicated unfavorable attitudes].

Verbal harassment: she/he threaten verbally because of refusing sexual activities (insulting or offensive words)

4.9. Instrument and Measurement

Tools were adapted from similar risky sexual behavior studies done in the previous [16, 30, 35, 38, 41, 43, 45, and 46]. Data collection instrument contains five dimensions:

Individual factors:

Individual factors [substance use (3items yes/no and 6items multiple choice questions), knowledge (4items multiple choice answers questions), attitude toward sex (3items with 5 point

likert scale question)]. Attitude likert type questions treated as continuous variable after summed total score

Peer influence:

Peer factors [peer influence (4items yes/no question) and perceived peer involvement on substance use and sexual behavior (5items multiple choice question)]

School environment:

Relationship between male teachers and female students, between classmates (9items multiple choice questions and 2items yes/no questions) to assess sexual coercive especially on female students in the school compound

Family Environment:

Family environment factors [family connectedness (6items with 5 point likert scale), family monitoring (2items yes/no and 2items multiples answer question) and adolescent parent communication on sexual issues (1item yes/no and 4items multiple answer question)]. The likert scale data summed and the total score treated as continuous variable for further analysis.

Risky sexual practice:

19 items were used in general to assess sexual experience and risky sexual behavior is composite variable which was created from at least one of inconsistent condom use and having more than sexual partners. The content validity of the questionnaire was assured by the experts (advisors) and the internal reliability of likert scale items were checked through cronbach alpha and it was greater than 0.70

4.10 Data collection procedures

Quantitative: A pretested, structured, and translated questioners adapted from various sexual risky behavior studies [16, 22, 31, 37] was used to collect the data. The questionnaire was originally developed in English and then translated into Afaan Oromo. The Afaan Oromo questionnaire was used to collect the data using self administered interview method. Four diploma holder health professional data collectors and one degree holder health professional supervisor were recruited to facilitate data collections.

Qualitative: Four FGDs disaggregated by sex was conducted using discussion guide in order to provide more insight into complex pattern of sexual behavior among school youths. Furthermore,

two males groups, first group consisting of 10 males and the second male group was consist of 8 members and the first female group consists of 7 members and the second female groups consists of 9 members were organized for FGDs. Male data collectors were moderate the discussion for the male groups; while the female facilitators 'and moderate the female FGD groups.

4.11 Data processing and analysis

Quantitative: - Data was checked for completeness and consistency. It was coded and entered in to computer and analyzed using SPSS program version 16.0. Summery result was presented using Frequency table, graphs, & cross tabulation. Bivariate binary logistic regression carried out to identify candidate variables for multiple logistic regressions at p-value 0.25. Then variables at p- value less than 0.25 were entered to multivariate binary logistic regression. Final model was fitted by using adjusted odds ratio with p-value less than 0.05 was considered as statistical significance and independent predictor of risky sexual behavior.

Qualitative: The qualitative data was analyzed in to thematic areas and then it was triangulated with quantitative findings.

4.12 Data quality assurance

Quantitative: To keep the quality of the data, the questionnaire had been prepared first in English and translated to Afaan Oromo to collect data. Intensive two day training was given for both data collectors and supervisors by the principal investigator before data collections. The prepared questionnaire was pre-tested on 5% of sample size in Gute high school which was not included in the study to see the language clarity, and sequence of question. Data collectors, supervisor, and investigator were avail themselves with the respondents to explain any unclear questions that faced the respondents in a way that did not affect the response during data collectiion. During data collection data was checked for completeness, accuracy, and consistency by supervisors & principal investigator after the data collection on daily base. Descriptive analysis carried out to see outliers, missing values and inconsistency.

Qualitative: Qualitative focus group discussion was conducted by trained professionals. Guideline was prepared and numbers of note taker were two per group. This was because the FGD discussants were not volunteered for audiotaped.

4.13 Ethical Considerations

The study protocol was approved by Ethical Clearance Committee of Jimma University College of Public Health and Medical Sciences. Permission letter was obtained from East Wollega zone education office. An official letter of co-operation would be written to woreda education office and from woreda education office cooperation letter was written to respective schools. Information on the studies had given to the participants, including purpose and procedures, and benefits so encourage provision of accurate and honest responses. Potential participants informed that participation was voluntary and that confidential and private information was kept.

For ethical purpose, informed consent was obtained from the school and from each participant. In order to protect confidentiality, names or school IDs were not included on the written self administered questionnaires. Identification of an informant was only possible through numerical codes.

4.14 Plans for Dissemination of Findings

Research is not completed until its result shared with responsible body. So, the finding of this study will be planned to be disseminated to JU collage public health and medical sciences, East Wollega Health and Education office, Woreda Health and Education Office and to high school administration. The finding will be also disseminated to different organizations that will have contribution to promote health and prevent diseases related to adolescent reproductive health in the region and zone and as well as the result of the study will be presented on different seminars and workshop

CHAPTER FIVE: RESULT

5. 1 Socio-demographic characteristics of the study subjects

From the total of 335 students who were identified for the study from four high and preparatory schools of East Wollega zone, 324 participated in the study and completely filled the questionnaire while 9 respondents refused to participate in the study, yielding the response rate of 97.7%. The majority of the respondents were from grade nine 142(43.8%) followed by grade ten 116(35.8%).

Disaggregated by sex, more than half, 178 (54.9%) of study subjects were males and all of the students were single in marital status. About half of the respondents, 156(48.1%) were followers of protestant followed by orthodox, 132(40.7%). Majority, 299(92.3%) of the respondents were Oromo by the ethnic group followed by the Amhara, 24 (7.4%). Regarding to living arrangements, the majority, 72.8% of study participants were living with their parents followed by living with friends (9.6%) during the survey.

The mean age of the respondents was 17.29(\pm 1.46 SD) years with a median age of 17 years. More than half (57.4%) of the respondents were from rural residential. A majority, 278(85.8%) of the respondent's parent's marital status was in a relationship or both mother and father living together and most of the respondents, 171(52.8%) & 104(32%) were from the illiterate mother and father respectively and 81(25%) of respondents from both illiterate mother and father (Table1).

Table1: Socio demographic characteristics of respondents among selected high and preparatory schools, East Wollega, Ethiopia, 2014

Variables	Frequency	percentages
sex		
Male	178	54.9
Female	146	45.1
Age		
15-18	258	79.6
19-21	62	19.1
22-24	4	1.2
Residence		
Urban	138	42.6
Rural	186	57.4
Ethnic group		
Oromo	299	92.3

Religion	Amhara and gurage	25	7.7
	Orthodox	132	40.7
	Protestant	156	48.1
	Muslims	22	6.8
	Wakefata	14	4.3
Marital status of respondent parents/family	In relationship	278	85.8
	Separated/divorced	22	6.8
	Widowed	24	7.4
	<hr/>		
Father's educational status	Illiterate	104	32.1
	Read and write	108	33.3
	Primary school	29	9.0
	Secondary school and above	66	20.4
	Father died	17	5.2
	Mother's educational status	Illiterate	171
Read and write		79	24.4
Primary school		36	11.1
Secondary school and above		29	9.0
Mother died		9	2.8
Grade level		9th	142
	10th	116	35.8
	11th	37	11.4
	12th	29	9.0
	<hr/>		

5.2 Family Environment

5.2.1 Youth parent communication on Reproductive Health and sexual issues

About one third, 32.4%, of the students reported as they communicated with their family about reproductive health and sexual issues of which the majority, 49(46.7%) of the students prefer mother to discuss on the sexual issues. The major reasons for not discussing sexual issues with family were culturally unacceptable and shame as reported by 55(25%) and 77(35%) of the students respectively. Premarital sex, family planning issues, sexually transmitted issues, sexual partner and physical and biological change of puberty were the main topics of reproductive health topics that adolescents communicated with their parents.

5.2.2 Family connectedness

Mother and father connectedness scores were treated as a continuous variable with possible value ranging from 3 to 15 for each of them. The mean score of mother connectedness was 14.05 ± 3.628 SD and father connectedness mean score was 10.33 ± 4.287 SD.

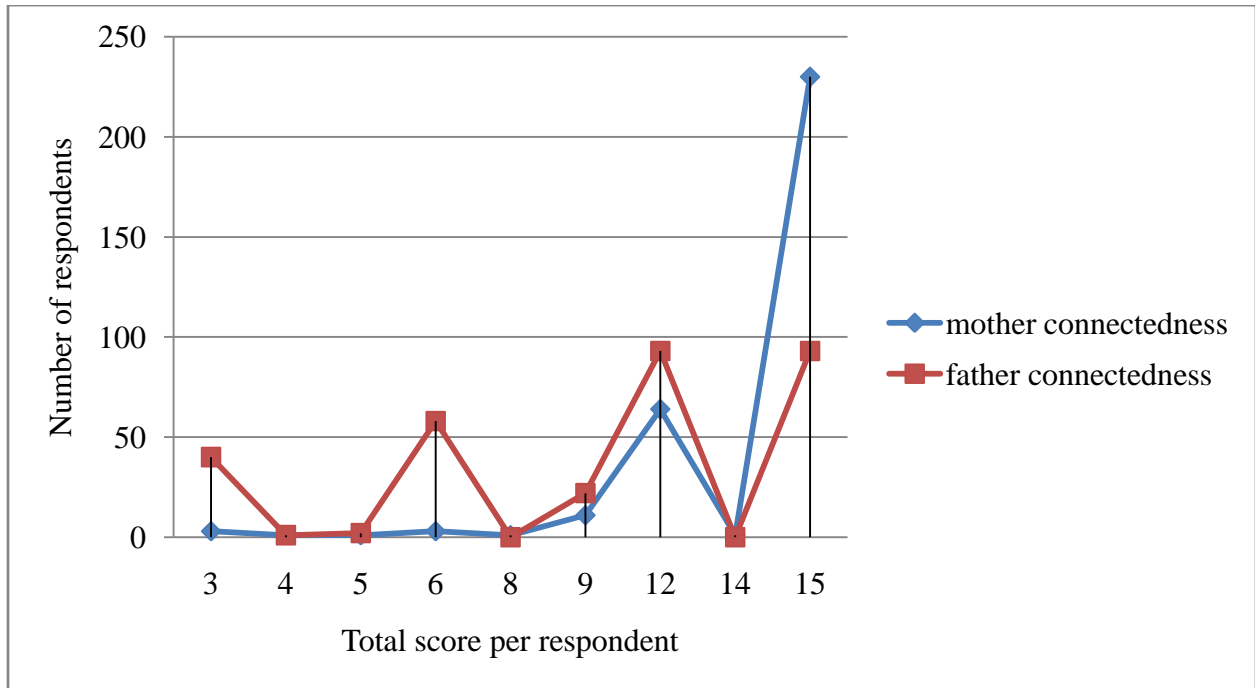


Figure 3: Family connectedness scores of selected high school and preparatory school students, East Wollega, Oromia, Ethiopia, 2014

5.2.3 Family Monitoring

The majority of the respondents 228(70.4%) reported that as their parents knew their close friends, of which 106(46.5%) of the study subject perceived as all of their parents knew their close friends, 90(39.5) of the study subjects reported as some of their parents knew their close friends and only 32(14%) respondents reported as few of their parents knew their close friends.

Of the total respondents, more than half, 189(58.3%) respondents perceived as their parent didn't know their activities in detail including their sexual experience, where they were when they were not at home.

5.3 Peer factor

Half, 165(50.9%), of students of which 84(51%) of males and 81(49%) of females reported as they had pressure from their peer group to involve in the sexual activities prior to the study and it was supported by focused group discussion, discussants *explaining that peer can influence each other on the sexual behavior especially peers of the similar age group could influence each other towards their own behavior. A 23 years old student described as:*

“ If I tell you with a simple example, say she/he may has a friend who has sexual experience, then her/his friend most of the time talk to her/him about his/her behavior. As the time goes, she/he has a high probability to share the behavior of her/his friend.” Male participant

The behavior of the peer group of drinking alcohol, smoking cigarette and chewing chat and their pressure on the study subject was assessed. From descriptive analysis result, 49.3%, 32.7% and 18.9% of the respondents reported that as their peer group drink alcohol, chewing khat, and smoking cigarette respectively. Of this, 33.3%, 18.2% and 8.6% of the students reported as they had pressure from their peer group to drink alcohol, chewing khat, and smoking cigarette respectively. This finding was strengthened by focused group discussion, *participants across the groups described having friends who smoking cigarette, drinking alcohol and chewing khat, have a chance to involve in such activities because of peer influence to have their own behaviors.*

Table2: Reported peer pressure and peer behavior of randomly selected high and preparatory school youths (n=324) of East Wollega, Oromia, Western Ethiopia, 2014

Characteristics	Risky sexual behavior		Total freq (%)
	yes	no	
Peer pressure to drink alcohol			
Yes	25(23.2)	83(76.8)	108(33.3)
No	51(23.6)	165(76.4)	216(66.7)
Peer pressure to chew khat			
Yes	15(25.4)	44(74.6)	59(18.2)
No	61(23.0)	204(77.0)	265(81.8)
Peer pressure to smoke cigarette			
Yes	9(32.1)	19(67.8)	28(8.6)
No	67(22.6)	229(77.4)	296(91.4)
Peer pressure to had sexual intercourse			
No pressure	27(17.0)	132(83.0)	159(49.1)
Some pressure	34(32.4)	71(67.6)	105(32.4)
A lot of pressure	15(25.0)	45(75.0)	60(18.5)
Having friends who drink alcohol			
None of them	23(19.0)	98(81.0)	121(37.3)

	Few of them	21(21.6)	76(78.4)	97(29.9)
	Most of them	16(25.4)	47(74.6)	63(19.4)
	I don't know	16(37.2)	27(62.8)	43(13.4)
Having friends who chew khat				
	None of them	32(22.1)	113(77.9)	145(44.8)
	Few of them	16(23.2)	53(76.8)	69(21.3)
	Most of them	11(29.7)	26(70.3)	37(11.4)
	I don't know	17(23.3)	56(76.7)	73(22.5)
How many friends who smoke cigarette?				
	None of them	42(21.0)	158(79.0)	200(61.7)
	Few of them	15(35.7)	27(64.3)	42(13.0)
	Most of them	4(21.1)	15(78.9)	19(5.9)
	I don't know	15(23.8)	48(76.2)	63(19.4)
Having female friends who had sexual intercourse				
	None of them	20(16.7)	100(83.3)	120(37.0)
	Few of them	18(21.4)	66(78.6)	84(25.9)
	Most of them	29(35.8)	52(64.2)	81(25.0)
	I don't have female friend and I don't know	10(23.7)	29(76.3)	39(12.03)
Having male friends who had sexual intercourse				
	None of them	14(12.5)	98(87.5)	112(34.6)
	Few of them	27(28.1)	69(71.9)	96(29.6)
	Most of them	23(31.9)	49(68.1)	72(22.2)
	I don't have male friends and I don't know	12(27.9)	32(74.4)	44(13.58)

5.4 School Environment

Sexual pressure on the female respondent from their male's teachers and forced sex on respondents from their classmates was assessed. Among all female respondents, 32(9.9%) reported as they had high pressure for sexual intercourse from their male teachers of which 5(15.6%), 10(31.3%) and 16(53.1%) female respondents raped, practiced voluntary sex and verbal harassment respectively. To pass the exam because of low academic performance, gift/money and false promising for marriage were the main reason for this sexual act. From those who had sexual intercourse, the majority (86.6%) female respondents reported that practicing unprotected sexual intercourse with their male teachers.

From total 324 respondents, 67(20.7%) students reported as they enforced for sex by classmates of which the majority 32(47.8%), 14(20.8%) and 21(31.3%) of respondents were reported as they were at risk of verbal harassment, raped and had voluntary sexual practice with their classmates respectively.

5.5 Individual factors

5.5.1 Substance use

Substance uses by school adolescents were assessed by using indicators like alcohol consumption, chewing khat, and smoking cigarette. Descriptive analysis indicated that 64(19.8%), 41(12.7%) and 20(6.2%) of students reported as they drink alcohol, chewing khat and smoking cigarette correspondingly. Peer influence, to be sociable with others and to get relief from tension were the main reason to start khat chewing, drinking alcohol and smoking cigarette respectively. Those students who had a strong family attachment were protective from substance use and as per unit increase of the total score of family connection, decrease the odds of substance use by .923 and statistically significant difference [OR, 95%CI .92(.86-.99)].

Table3: Percentage distribution of selected risk behavior of randomly selected high and preparatory school youths in East Wollega, Oromia, Ethiopia, 2014

Variables	Risky sexual behavior				Total	
	Yes	%	No	%	Freq	%
Did you use khat in the last 12 months?						
yes	20	48.8	21	51.2	41	(12.60)
no	56	19.8	227	80.2	283	(87.30)
How often do chew khat?						
Occasionally	14	43.8	18	56.2	32	(78.04)
Always	2	50.0	2	50.0	4	(9.75)
I used to but not know	1	20.0	4	80.0	5	(12.19)
Did you use any kind of alcohol in the past 12 months?						
yes	27	42.2	37	57.8	64	(19.75)
no	49	18.8	211	81.2	260	(80.25)
How often did you drink alcohol?						
Always	1	100.0	0	0.0	1	(1.56)
Sometimes	20	51.3	19	48.7	39	(60.94)
Rarely	6	25.0	18	75.0	24	(37.5)
Did you smoke cigarette?						
yes	7	35.0	13	65.0	20	(6.20)
no	69	22.7	235	77.3	304	(93.80)
How often did you smoke cigarette?						
Always	1	33.3	2	66.7	3	(15)
Sometimes	4	40.0	6	60.0	10	(50)
Rarely	7	35.0	13	65.0	20	(35)

5.5.2 Knowledge of sexually realated problems

The majority, 275(84.9%) of the respondents heard about the sexual health problem of which 60(21.8%) of study subjects classified it as sexually transmitted diseases, unwanted pregnancy, abortion and fistula. Regarding to the ways of preventing these problems, 151(46.6%), 58(17.9%) and 55(17%) of study subjects reported that abstinence, use condoms and be faithful are ways to reduce the risky sexual behaviors. In general, almost all respondents have good awareness of sexually related reproductive health problems resulted from risky sexual behaviors.

Of the total respondents,139(42.9%) students watched or read films or magazines that mainly focus on sex and 61(18.8%) of the respondents had a sexual partner.

5.5.3 Attitudes related to risky sexual behavior

Almost all (99.4%) of the respondents responded to the attitudes related risky sexual behavior questions. The mean score of attitudes related to risky sexual behavior of respondents was 8.69 ± 3.558 SD with a median score of 9.00. The t-test indicated that, there was a mean difference between students who were monitored by parents and those free from parental monitoring have positive attitudes toward sex and statistically significant ($t= -2.539$, (DF) =320, $p=0.012$).

5.6 Sexual history

About quarter, 82(25.3%) of students reported that they ever had sexual intercourse of which 42(12.96%) and 40(12.04%) of males and females respectively prior to the study.This finding supported by the qualitative study which *discussants from all groups stated that even though premarital sex has negative consequences, many high school adolescents had premarital sex and one participant from the group stated that:*

“... today having a boy/ girl friend at this age is looks as a fashion/seen as a sigh of modernizing among school adolescents. But I think this prevents us to achieve our plan because as dating becomes continues premarital sex comes through the process.” Male age 16

Table 4: Description of study population (n=324) by their past sexual history, East Wollega, Oromia, 2014

Variables		Frequency	percent
Ever had sex	yes	82	35.3
	no	242	74.7
Relation to the first sexual partner(n=82)	teacher	14	17.1
	friend	49	59.8
	relatives	3	3.7
	stranger	13	15.9
	CSWs	3	3.7
Reason to start sex(n=82)	Personal desire	31	37.8
	Peer pressure	25	30.5
	Promising for marriage	12	14.6
	Money/gift	6	7.3
	for exam purpose	7	8.5
Number of sexual partner(67)	one	53	66.2
	more than one	14	17.6

The minimum and maximum age of sexual debut for males was 14 and 20 years and that of females was 12 and 20 years. The mean age at first sexual intercourse was 16.1 ± 1.51 years (16.31 ± 1.585 for males and 15.9 ± 1.429 for females). There was no statistical mean difference between male and female respondents to ever started sexual intercourse ($t=1.230$, $DF=79.766$, $p=0.222$). Among those adolescents who had sexual intercourse, the majority (85.4%) of the students had their first sexual intercourse in at age between 16 to 19 years.

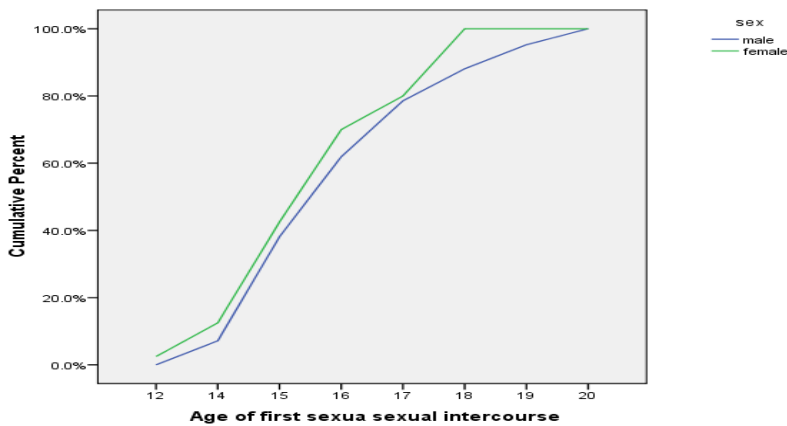


Figure 4: Cumulative percentage of students who were sexually active at various ages by sex, East Wollega Zone, Ethiopia, 2014

Of respondents who had sexual intercourse, more than half (59.75%) of the students reported that they had sex with their friends. Personal desire and peer pressure were the most common reasons to start the first sexual intercourse reported by 31 (37.80%) and 25 (30.48%) of sexually active students respectively.

Promising for marriage, money/gift from a partner and for passing exam were the other reasons to start first sexual intercourse reported by 12(14.63%),6(7.31%) and 7(8.54%) of students respectively. This finding is supported by FGD, *participants stated that risky sexual behavior of some female high school adolescents related financial. Some students were financially insecure and they need money/other gifts from their sexual partner. As the result, during sexual intercourse the fail to negotiate their partner to use condom and they practiced unsafe sex*

Twenty four (29.26%) of students reported that they had experienced forced sexual intercourse or enforce someone to involved in the sexual activities. This finding was similar to result from the focused group discussion in which *some participants described that sexual activities among school adolescent mainly focus on to get pleasure form sex or to satisfy their body needs and one female participant from the group said that:*

“... I think, most of the time, they are males that enforce girls to have sexual intercourse to satisfy only their body needs without understanding the consequences comes behind.” Female age 17

Five point six percent of the study subjects were complaining sign and symptoms of STDs like ulceration or discharges from their genital organ after starting sexual intercourse. Of those female respondents who had sexual intercourse in the past, 15(37.5%) and 3(7.5%) reported that they had pregnant one time and more than one times respectively. This also supported by the qualitative finding that *the majority of the discussants of FGD groups expressed that the major reproductive health problem of school adolescents were unwanted pregnancy with subsequent consequences as the result many student defaults from the school and migrate to town for commercial sex workers and search other activities.*

5.7 Multiple sexual partners

From those who had sex in the past 12 months the majority, 53 (79.10%), of them reported that they had one sexual partner of which 28(52.8%) and 25(47.2%) of the students were male and female respectively. Of those who had sex in the previous 12 months, 14 (17.07%) of the

students reported that as they had more than one sexual partner. The minimum and maximum numbers of sexual partners of both sexes was 1 and 4 respectively. The average numbers of partners for sexes (per respondent) in the past 12 months was 1.25 ± 0.531 (median=1). The mean numbers of partners 1.23 ± 0.490 (median=1) and 1.28 ± 0.581 (median=1) for males and females respectively. From these we can observe that female respondents had a high number of sexual partners more likely than their male counterparts but there was no statistically significant difference between the male and female respondents ($t=-0.402, (DF)=65, p=0.689$).

5.8 Commercial sex partners

Commercial sex partners were assessed by asking the male respondents whether or not they had sexual intercourse with a commercial sex worker. Of those male respondents who had sexual intercourse in the past 12 months, 5(11.9%) male respondents reported that they had sexual intercourse with commercial sex workers of which no male respondents used condom all the time when had sex with commercial sex partners. From these we can observe that male students who had sex with commercial sex partners were at risk of contracting sexually transmitted diseases and expose to different social and psychological problems.

5.9 Condom use

Condom use assessed and recorded in a way that a respondent or their partners use condoms always with all except marital partner. From those who had sexual intercourse, only 12(14.6%) used condom consistently in the past 12 months But only 25(30.5%) had used condoms in the first time they had sexual intercourse of which 18(72%) and 7(28%) of respondents male and female respectively. This figure was also supported by qualitative study that *most of FGD discussants across the group however agreed to use of condom during sexual intercourse, most of sexual intercourse practiced among the school adolescents were unprotected and some participants described as most adolescents think that condom prevent satisfaction during sex and according to their ideas, school adolescents choose sex without a condom than use it.*

Of those who ever had sexual intercourse, 12(24%) of students of which 8(66.7%) males and 4(33.3%) females reported that they were used condom all the time during sexual intercourse in past and twenty two of which 63.6% of male and 36.4% of females reported that they were used condom most of the time, 16 (32%) of students of which (37.5% of males and 62.5% of females) used condom sometimes during sexual contact in the past 12 months and 42(62.68%) of students reported that they did not used condom in their most recent sexual encounters. 21(30%),

14(20%) and 13(18.57%) of students reported their main reason for non-use of condom were in love with a partner, couldn't find condom and trusted partner respectively (Table 5). This finding was supported by the focus group discussion which some discussants of the group describing that *school environment was not conducive to reduce risky sexual behaviors. Even if, the person assigned in the school compound for counseling for those adolescents at risk of these problems, the confidentiality of the issue was not guaranteed:*

“I think unavailability of condom is another issue that aggravates risky sexual intercourse. There is no safe place for condom distribution. Even if some students have interest to use condom, they afraid go to private clinics/ pharmacy, health center or other places to buy or ask condom. This is another challenge for condom utilization. So for this issue, I recommend that it is better if a condom is placed in a safe place that keeps privacy of adolescents.” Male age 20

Over all, 76(23.5%) of the study participants were involved in the risky sexual behaviors in the previous 12 months prior to the study.

Table5: Unprotected sexual behaviors among high and preparatory schools, East Wollega, Oromia, Ethiopia, 2014.

Variables		Risky sexual behavior				Total	
		yes		no		freq	%
		freq	%	freq	%	freq	%
Condom used at first sex (n=82)	Yes	19	76.0	6	24.0	25	30.5
	No	57	100.0	0	0.0	57	69.5
Condom used in the most recent sex/ last sex (n=67)	yes	20	83.3	4	16.7	24	35.8
	no	43	100.0	0	0.0	43	64.2
Reasons for non use of condom in the past (n=70)	intoxicated with drugs	8	100.0	0	0.0	8	11.4
	dislike condom	6	100.0	0	0.0	6	8.57
	couldn't find condom	14	100.0	0	0.0	14	20
	in love with partner	21	100.0	0	0.0	21	30
	trusted partner	13	100.0	0	0.0	13	18.6
	Partner dislike condom	4	100.0	0	0.0	4	5.71
	no reason to use it	3	100.0	0	0.0	3	4.28
	other	1	100.0	0	0.0	1	1.4
Frequency of condom used in the past (n=82)	always	6	50.0	6	50.0	12	14.6
	Most of time	22	100.0	0	0.0	22	26.8
	Sometime	16	100.0	0	0.0	16	19.5
	Don't use condom	32	100.0	0	0.0	32	39.0

Condom used during sex with CSWs (n=5)	Most of time	1	100.0	0	0.0	1	20
	sometimes	3	100.0	0	0.0	3	60
	Don't use condom	1	100.0	0	0.0	1	20
Did you always use condom during sex with casual partner (n=49)	yes	4	66.7	2	33.3	6	18.4
	no	14	100.0	0	0.0	14	81.6

5.10 Bivariate analysis of risky sexual behaviors among school adolescents

In bivariate binary logistic regression analysis, it was found that from socio demographic variables like age, grade level category and family income were identified as the candidates for risky sexual behavior at $p < 0.25$. From the family environment factors [family connectedness, perceived parental monitoring], individual factors [having knowledge about risky sexual behavior, attending religious services, living with parents], from the peer factors [perceived friend sexual involvement, peer influence for sex], school environmental factors [pressure from male teachers for sex on female students and classmates], substance use [chewing khat, drinking alcohol] and having favorable attitudes toward sexual intercourse were identified as candidates for multivariable analysis at $p < 0.25$ (Table 6).

Table6: Bivariate analysis of risky sexual behavior among high and preparatory school youths in East Wollega, Oromia, Ethiopia, 2014

Variables		Risky sexual behavior		P-Value	COR,95%CI
		yes N (%)	no N (%)		
Age				.248*	1.12[.92-1.36]
Family income				.051*	1.73[1.0-2.99]
Grade level category	High school	65(25.2)	193(74.8)	.148*	.59[.29-1.20]
	preparatory	11(16.7)	55(83.3)		
Family connectedness				<.001*	.80[.74-.87]
Parental monitoring	high	20[14.8]	115[85.2]	.002*	2.42[1.37-4.27]
	low	56[29.6]	133[70.4]		
Having male friends who had sexual intercourse?	None of them	14[12.5]	98[87.5]	.006*	3.29[1.56-6.94]
	Few of them	27[28.1]	69[71.9]		
	Most of them	23[31.9]	49[68.1]		

	no male friends	12[27.3]	32[72.7]	.029*	2.63[1.10-6.25]
Having female friends who had sexual intercourse	None of them	20[16.7]	100[83.3]		1.00
	Few of them	18[21.4]	66[78.6]	.391	1.36[.67-2.77]
	Most of them	29[35.8]	52[64.2]	.002*	2.79[1.44-5.40]
	no female friends	9[23.7]	29[76.3]	.333	1.55[.64-3.77]
Pressure for sexual intercourse	No pressure	27[17.0]	132[83.0]		1.00
	Some pressure	34[32.4]	71[67.6]	.004*	2.34[1.31-4.19]
	a lot of pressure	15[25.0]	45[75.0]	.181	1.63[.80-3.34]
Did your male teacher enforce you for sex? (female respondents)	yes	18[56.2]	14[438]	<.001*	5.19[2.44-11.04]
	no	58[19.9]	234[80.1]		1.00
Did your classmates enforce for sex?	yes	37[55.2]	30[44.8]	<.001*	6.89[3.82-12.44]
	no	39[15.2]	218[84.8]		1.00
Used khat in the past three months?	yes	20[48.8]	21[51.2]	<.001*	3.86[1.96-7.61]
	no	56[19.8]	227[80.2]		1.00
Used to drink any alcohol in the past 3 months?	yes	27[42.2]	37[57.8]	<.001*	3.14[1.75-5.64]
	no	49[18.8]	211[81.2]		1.00
Used cigarette in the past 3 months?	yes	7[35.0]	13[65.0]	.214	1.83[.70-4.77]
	no	69[22.7]	235[77.3]		1.00
Did you know way to prevents risky sexual behavior?	abstinence	20[13.2]	131[86.8]	.067	.48[.22-1.05]
	Condom used	27[46.6]	31[53.4]	.014*	2.74[1.22-6.17]
	Be faithful	15[27.3]	40[72.7]	.702	1.18[.50-2.80]
	I don't know	13[24.1]	41[75.9]		1.00
Attend religious services	Everyday	17[11.3]	134[88.7]		1.00
	one/wks	32[26.0]	91[74.0]	.002*	2.77[1.45-5.29]
	one/months	11[42.3]	15[57.7]	<.001*	5.78[2.29-14.61]
	one/yr	11[73.3]	4[26.7]	<.001*	21.7[6.21-75.71]
	never attend	5[55.6]	4[44.4]	.001*	9.85[2.41-40.28]
With whom do you live?	With family	35[14.8]	201[85.2]		1.00
	With relatives	15[57.7]	11[42.3]	<.001*	7.83[3.32-18.44]
	With friends	7[22.6]	24[77.4]	.269	1.68[.67-4.18]
	alone	19[70.4]	8[29.6]	<.001*	13.64[5.54-33.6]

Attitudes toward sexual behavior		<.001*	1.28[1.17-1.39]
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* Candidates for binary multivariate logistic regression at p- value < 0.25

5.11 Independent predictors of risky sexual behaviors among school youths

Before and after adjustment in multivariate binary logistic regression, family connectedness, enforced for sex by classmates or teacher, chewing khat, attending religious services and attitudes toward risky sexual behavior were significant association and independent predictors of risky sexual behavior.

Family connectedness was a protective factor and per unit increases in the total score of family connectedness, the odds of becoming involved in risky sexual behavior reduced by .73 and the observed difference was statistically significant [AOR, 95%CI .73(.63-.83)]. This finding is supported by focus group discussion *most participants agreed that the importance of family monitoring and connectedness on reduction of risky sexual behavior of adolescents. Participants in the group described that family who strictly monitor/ follow their children, openly and freely communicate with their children how to resist peer influence on bad behaviors and families who show signs of love to their children were help and protect their child from negative peer influences.*

Students who had forced for sex with their classmates were 7.57times more likely involved in risky sexual behavior than their counterparts [AOR, 95%CI 7.57(2.69-21.28)]. Those students who used khat in the previous three months were 4.35 times more likely experienced risky sexual behavior as compared to non users in the past three months [AOR, 95%CI 4.35(1.23-15.42)]. This finding agrees with the qualitative result which some discussants described *when someone use substances like alcohol, khat, and cigarette, the chemical of these substances disturb the mental thinking process of human being. At that time she/he may out of control and involved in the risky sexual behavior including sex without condom.*

Attitudes toward sexual intercourse were positively associated with risky sexual behaviors and per unit increases in the total scores of attitudes toward sexual contact, the odds of becoming at risk of sexual behavior increased by 1.22 and it was statistically significant [AOR, 95%CI 1.22(1.04-1.43)]. Students who attended religious services per week were 3.37 times more likely participating in risky sexual behavior than those attended religious services regularly [AOR, 95%CI 3.4(1.20-9.49)](Table7)

As it is shown in the table below demographic factors (model I) explained by 2.9% of variance, peer factors were added to the model in the second step (model II) the explanatory of the model increased 8.7%. In the sthird step when school environment were added (modeIII), the model predicted 18.9% of the variance. In thefourth step, when family environment factors added to the model (model IV), the explanatory of the model increased to 27.5%. Finally, when individual factors added to the model (model V), the model explains 43.6% variance of risky sexual behaviors.

Table7: Independent predictors of risky sexual behavior among high and preparatory schools youths, East Wollega, Oromia, Ethiopia, 2014.

Variables		Risky sexual behavior		COR (95% CI)	P- value	AOR (95% CI)	P-value
		no	yes				
Model I Demographic characteristics							
Family income				1.73[1.0-2.99]	.051	2.20[1.03-4.69]	.042
Grade level category	High school	65[25.2]	193[74.8]	.59[.29-1.20]	.148	1.75[1.00-3.05]	.048
	Preparatory	11[16.7]	55[83.3]	1.00		1.00	
Model II Peer factors							
Having friends who had sexual intercourse?	None of them	20[16.7]	100[83.3]	1.00		1.00	
	Few of them	18[21.4]	66[78.6]	1.36[.67-2.77]	.391	1.03[.49-2.16]	.948
	Most of them	29[35.8]	52[64.2]	2.79[1.44-5.40]	.002	2.21[1.04-4.69]	.040
	no female friends	9[23.7]	29[76.3]	1.55[.64-3.77]	.333	1.28[.51-3.22]	.604
Model III School Environment							
Did your male teacher	yes	18[56.20]	14[4380]	5.19[2.44-11.04]	<.001	3.68[1.49-9.07]	.005

enforce you for sex? (female respondents)	no	58[19.90]	234[80.10]	1.00		1.00	
Did your classmates enforce you for sex?	yes	37[55.20]	30[44.80]	6.89[3.82-12.44]	<.001	5.13[2.68-9.90]	< .001
	no	39[15.20]	218[84.80]	1.00		1.00	
Model IV Family environments							
Family connectedness				.80[.74-.87]	<.001	.78[.71-.87]	<.001
The Final (Model V) when individual factors was added							
Did your male teacher enforce you for sex? (female respondents)	yes	18[56.2]	14[438]	5.19[2.44-11.04]	<.001	5.31[1.48-19.05]	.01
	no	58[19.9]	234[80.1]	1.00		1.00	
Enforced for sex by classmates?	yes	37[55.2]	30[44.8]	6.89[3.82-12.44]	<.001	8.23[3.01-22.49]	<.001*
	no	39[15.2]	218[84.8]	1.00		1.00	
Family connectedness				.804[.741-.872]	<.001	.73[.63-.83]	<.001*
Used khat in the past three months?	yes	20[48.80]	21[51.20]	3.86[1.96-7.61]	<.001	4.35[1.23-15.42]	.023*
	no	56[19.8]	227[80.20]	1.00		1.00	
Attend religious services	Everyday	17[11.3]	134[88.7]	1.00		1.00	
	one/wks	32[26.0]	91[74.0]	2.77[1.45-5.29]	.002	3.37[1.20-9.49]	.021*
	one/months	11[42.3]	15[57.7]	5.78[2.29-14.61]	<.001	1.32[.22-8.04]	.764
	one/yr	11[73.3]	4[26.7]	21.7[6.21-75.71]	<.001	6.32[.82-48.95]	.078
	never attend	5[55.6]	4[44.4]	9.85[2.41-40.28]	.001	9.71[.81-117.50]	.073
Attitudes toward sexual behavior				1.28[1.17-1.39]	<.001	1.25[1.08-1.45]	.003*

* Statically significant association and independent predictor of risky sexual behavior

CHAPTER SIX: DISCUSSION

This survey attempted to assess prevalence of risky sexual behavior and associated factors among East Wollega high and preparatory school adolescents. Moreover, this study tried to see the association of risky sexual behavior with demographic factors, family environment factors, school environment factors, peer factors, and individual factors.

The finding of this study revealed that about one in four high school and preparatory school youths had sexual intercourse. This implies that many students were sexually active prior to the study. However, finding of this study is consistent with similar studies conducted among high school students in Nekemte town, Ethiopia [38] and slightly lower than study in Nairobi, Kenya and much lower than the study conducted in Hosanna, southern Ethiopia and the Lema, Peru [7, 39, 40]. This discrepancy of finding might be attributed due to difference sample size of study subjects, geographical difference, time variation and there might be under reporting and over reporting of responses i.e. might be respondents conceal the fact by shy to disclose their sexual contact to interviewers.

In Ethiopia, as many literatures showed that, school youths engaged in the sexual activities of which the majority was unsafe sexual intercourse [36, 31]. This study also found that, 23.5% of the students were involved in risky sexual behaviors prior to the survey. This finding of the study is higher than the previous study done in Addis Ababa among school youths and much higher than the study done among in-school adolescents at national level of Ethiopia [41, 42]. The higher result might be due to knowledge gap related to sexual issues including condom use and reproductive health problems between the subject of the study area and previous studies. The other reason might be wide spread of notion that a having sexual partner seen as a sign of modernizing.

Furthermore this study also revealed that, 17 % of students had more than one sexual partner. This finding almost comparable with previous studies [29, 43], however, these findings were lower than the previous studies [35, 36, 41, and 44]. In general, those who had more than one sexual partner were at risk of contracting disease like sexually transmitted diseases, HIV/AIDS and these groups are the main focus area of the research and needs immediate attention from responsible body. The possible explanation of the difference might be the study area more rural than the previous studies.

In Ethiopia, condom is one of the strategies for preventing sexually transmitted diseases including HIV prevention program. However, prevalence of condom use especially among youths still very low despite of the efforts made so far to improve the utilization [4, 8, 9, 14, 30, and 37].

This study showed that, only 14% of sexually active students used condom consistently with non regular partner prior to the study. From these figures we concluded that, majority sexually active students practicing unprotected sex. This finding is much lower than the previous studies conducted in Jimma University (69.1%), in Addis Ababa city(43.4%) and in four districts in Tanzania [35, 41, 44] and it is also a little lower than the study conducted in Hosanna, southern Ethiopia (80%) [40]. This lower finding might be the knowledge gaps to utilize condom among the youths in this study area and the other reason might be misunderstanding of condom among school youths i.e. condom itself transmit diseases and it prevents satisfaction during sex.

From this, we could observe that most sexual active school youths experience unsafe sexual activities which expose them to STDs like HIV/AIDS. The reasons that prevent to use condoms were not persuasive and important to prevent themselves from the negative impact of risky sexual activities and consequent reproductive health problems.

In this study, 11.9% of male students had sex with commercial sex workers in the 12 past months. This finding is comparable with the previous study done among students of the Wolita Sodo University (13.9%) and study in North West Ethiopia (7.8%) but a little lower than the previous studies conducted among secondary schools in Ethiopia (25.3%) [43, 45, 46] and this study also shows that none of the students who had sex with commercial sex workers use condom consistently which expose them for sexually transmitted problems. Since students are the generation who take responsibility and will have a great role in the growth and development of the country, the responsible body will accountable to alleviate this problem early as soon as possible.

Among 324 subjects, alcohol and khat were the most used substances among the students. Even though alcohol was more frequently reported substance, it wasn't associated with risky sexual behavior but khat chewing was significantly associated and those who chew khat were 4.35 times more likely practice risky sexual behavior than those non users. This finding is consistent with previous studies in Ethiopia among in school youths who used khat daily were 2.26 times more likely practicing unprotected sex than non users. This finding is also supported by

Expectancy theory which mainly focuses on the importance of internalized cultural and social expectation about the effect of substances on the sexual behavior. In this theory, the individuals' expectation that substance use lowers sexual inhibitions and /or enhances sexual pleasure moderates its relationships to sexual behavior, making sexual behavior under the influence of more likely and more risky as such expectation increases but in contrast with study done in Hossana, southern Ethiopia, among health college students khat was not significantly associated with risky sexual behavior [40, 42, 51]. The possible explanations for this discrepancy might be confounding factors controlled or might be sample size of study subjects.

In this study, a having positive attitude toward sex was increased odds of risky sexual behavior and one unit increase in the total score of attitude toward sex increased the odds of risky sexual behavior by 1.22. This finding is comparable with the previous studies. Among Kenyan in school youths who had a positive attitude toward sex were less conservative to use condom and in china among school youths who had positive attitudes toward premarital sex, had sex more likely than those who had an unfavorable attitude toward premarital sex [21, 47].

In this study also, family connection was a protective factor in risky sexual behavior. As one unit increased of the total score of family connection, decreased the odds of risky sexual behavior by 0.77 and this finding is consistent the study done in Jimma Zone, family connection was protective factors and one unit increase of family connection, decreased the odds of risky sexual behavior by 0.94, as it reported by WHO report family connection or love is one of important bearing dimensions of youth health and another study in Houston, Texas indicated students higher scored on a scale of perceived family connectedness, decreased the odds of having had unprotected sex by 0.97[48,49,50].

Attending religious services were a protective factor of youth risky sexual behavior. This study is consistent with study done in Jamaica among school youth indicated that attendance of religious services was the most protective factor of risky sexual behavior [37].

Programs that targeted on behavior change of school youth towards healthy sexual behavior and incorporated in the school curriculum to promote safer sexual behavior of school youths. So, establish and promote peer education program in school to make positive influence of peers around the school compound is crucial and very important in changing the risky sexual behavior of school youths to sustain the life of future generation.

Generally, encouraging safe sexual behavior was one of the strategies to prevent sexually related problems like HIV/AIDS and make good relation among students and student-teacher that can encourages sexual risky behavior reduction.

Strength of the study

The strength of this study was qualitative study conducted to support the quantitative data and pretest before the actual data collection on similar characteristics of different setting of high school was conducted.

Limitations of the study

Sexuality was a sensitive issue and the respondents may over report or under reported their experience. As a result, tendency to give false information may be a limitation to this study. Recall bias may be introduced because the study asked the past experience of the respondents and social desirability was limitation to this study.

CHAPTER SEVEN: CONCLUSION AND RECOMMENDATION

7.1 Conclusion

Knowing prevalence of risky sexual behavior and identify factors associate with risky sexual behavior is a basic component in the intervention of sexually related health problem among school adolescents.

This study indicates that 23.5% of school adolescents engaged at least one of risky sexual behaviors [having more one sexual partner, sex with commercial without condom, sex with strangers without condom and inconsistent condom use with non regular partner] and early sexual initiation was identified.

This study identified substance use [chewing khat]; attitudes toward sexual contact and influences for sexual activities from classmates were risky factor for risky sexual behavior where as family connectedness and attending religious services were protective factor and independent predictors for risky sexual behavior of school adolescents.

7.2 Recommendation

7.2.1 For family

- ❖ Adolescents who felt strong sense of family connectedness had lesser chance of becoming involved in risky sexual behavior. So, family should be show sign of love to their children and family connectedness to their children should be strengthening and will be promoted.

7.2.2 For schools

- ❖ Accurate information about risky of unprotected sex to be provided to learners through role playing, brain storming small group discussion and enable learners to recognize peer influences (peer pressure on the adolescents needs to be resisted)
- ❖ School clubs including, women's clubs in the school will be strengthened and it should be a center for dissemination of reproductive health information for school adolescents and it is better if reproductive health club will be established and worked on this issues in the school.
- ❖ Health education mainly focuses on STDs/HIV/AIDs and condom use should be given in a schedule and regular basis in collaboration with health facilities for positive peer influence to reduce risky sexual behavior.

7.2.3 Youth organization

- ❖ To lead out in reducing risky sexual behavior ; promoting sports and recreational activities; discouraging substance use like alcohol consumption, smoking cigarette and chewing khat etc .

7.2.5 For religious services

- ❖ Those students attend religious services were lesser involved in risky sexual behaviorthan others. So religious services should be promoted

7.2.6 For researchers

- ❖ The linkage between culture, religion, and risky sexual behaviors were not studied very well in this research. So, better if this areas studied very well for the contribution of risky sexual behavior reduction among the youth

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ANNEX 2. DATA COLLECTION INSTRUMENT

Student self reporting questionnaire

To be field by East Wollega high school students, Nov.2013.

Dear student,

This study is proposed to assess risky sexual practices and factors related to it among high school adolescents and you are chosen to participate in this study. The purpose of this study is to generate information about risky sexual practices and factors related to it, which may help the concerned bodies to take actions based on the findings.

The study will involve various intimate and private life questions. In order to effectively attain the objective we are asking your help. Here is a questionnaire for you to complete and there is no need to put your name on the questionnaire; no individual responses will be reported. Your answers are completely confidential. It is your full right to refuse to answer any or all of the questions. If you don't want to participate you can leave the format on the table (upside down). But you are requested to remain on your seats until others finish filling the format. However, your honest answers to these questions will help us in better understanding of what people think, say and do about certain behaviors, so; we request your truthful and keen participation. Please take a few minutes to answer to the questions.

Would you willing to participate?

_____ Yes, I want to participate in the study (Please go to the next page).

_____ No, I don't participate in the study (Thank you very much!)

PART 1) DEMOGRAPHIC CHARACTERSTICS			
101	Your sex? 1. male 2. female	102	Your age incomplete years? ____
103	Your grade? _____	104	Respondent residence? 1. Urban 2. Rural
105	Your ethnic group? 1. Oromo 2. Amhara 3. Gurage 88. Other specify _____	106	Your religion? 1. Orthodox 2. Protestant 3. Muslims 88. Other specify _____
107	What is the average monthly income of your family? _____birr	108	What is your parental status now if they live? 1. Currently in relationship 2. Separated / Divorced 3. widowed 88. Other specify _____
109	What is your father's educational status now? 1. Illiterate 2. Read and write 3. Primary school 4. Secondary school & above 5. No father , skip Q11	110	What is your father's occupational status now? 1. Employed 2. Merchant 3. Farmer 88. Other specify _____
111	What is your mother's educational status now? 1. Illiterate 2. Read and write 3. Primary school 4. Secondary school& above 5. no father , skip part II	112	What is your mother's occupational status now? 1. House wife 2. Employed 3. Merchant 4. Farmer 88. Other specify _____

PART 2) FAMILY ENVIRONMENT RELATED QUESTION			
I) PARENTAL COMMUNICATION ON SEXUALITY			
201	Have you ever discussed about sexual issues with your families? 1. Yes 2. No	202	If answer Q201 yes, which family do you prefer to discuss on sexual and RH issues? 1. Father 2. Mother 3. Brother/ sister/ other member of family 4. no one
203	If your answer for question number 202 is no one, then which group of people you prefer to discuss sexual matters? (Circle all of your answers) 1. Brother/sister 2. Peers	204	If your answer for question number 201 is yes, on which of the topics you discussed? (Circle all of your answer)? 1. Premarital sexual intercourse 2. Contraceptive 3. Unwanted pregnancy

	3. Boy/girl friends 4. Teachers 5. Health professionals 88. Others (Specify)		4. STD/HIV/AIDS 5. Sexual partner 6. Physical or psychological changes on puberty 88. Other (Specify) _____
205	If you don't discuss on sexual matters with parents, what do you think the reasons are? (Circle all of your answers) 1. Culturally unacceptable 2. Shame 3. Lack of knowledge 4. Parents are not good listener 5. Lack of communication skill 6. Difficult and embarrassing 77. Don't Know 88. Other (Specify)		

II) 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	I am happy with my relationship with my mother	1	2	3	4	5
304	I feel close to my father	1	2	3	4	5
305	My father cares about me	1	2	3	4	5
306	I am happy with my relationship with my father	1	2	3	4	5

III) Family Monitoring			
401	Did parents know your close friends? 1. Yes 2. No	402	If Answer Q401 yes, how many of your family know your friend activities and interest? 1. Most of them 2. Some of them 3. Few of them 4. None of them
403	Does your parent know you in detail?(about your sexual experience , where you are when you are not at home and others) 1. Yes 2. No	404	If answer Q 403 no, what is the reason? 1. Unaccepted by the culture 2. Unaccepted by religion 3. Because of fear of expose to pregnancy 88. Other specify _____

PART 3) PEER INFLUENCE RELATED QUESTION			
501	How many of your male friends have had sex? 1. None of them 2. Few of them (<4) 3. Most of them (≥4) 4. I don't have male friend	502	How many of your female friends have had sex? 1. None of them 2. Few of them (<4) 3. Most of them (≥4) 4. I don't have female friend
503	Is there pressure from your friends on you to have sexual intercourse? 1. No pressure 2. Some pressure 3. a lot of pressure	504	How many of your friend drinks alcohol? 1. None of them 2. Few of them (<4) 3. Most of them (≥4) 4. I don't know
505	Is there pressure from your friends on you to have use alcohol? 1. yes 2. No	506	How many of your friend chewing khat? 1. None of them (skip to Q 510) 2. Few of them(<4) 3. Most of them (≥4) 4. I don't know
507	Is there pressure from your friends on you to have chewing khat? 1. yes 2. No	508	How many of your friend smoking cigarette? 1. None of them 2. Few of them(<4) 3. Most of them(≥4) 4. I don't know
509	Is there pressure from your friends on you to have smoking cigarette? 1. Yes 2. No		

PART 4) SCHOOL ENVIRONMENT RELATED QUESTION			
I) Teacher related question (for female student only)			
601	Is there any sexual pressure on you from your teacher? 1. Yes 2. No	602	If Q 601 yes, during what time you have been at risk of this act? 1. in class room 2. in teacher office 3. Out of school compound 4. Inviting me to his house 88. Other specify_____
603	What do you think the cause for this sexual act? 1. Low academic performance (study purpose) 2. Money (gift) 88. Other specify_____	604	If Q 601 yes, what was the final outcome of the sexual act? 1. Rape 2. Voluntary sexual act 3. in complete sexual act 88. Other specify_____
605	If incomplete sexual act, what was the reason? 1. I refuse it 2. I convinced him 88. Other specify_____	606	If complete sexual intercourse with your teacher happened, what was the measure taken to prevent sexual related risks? 1. Condom used 2. Withdrawal

			3. Post pill 4. No measure taken 88. Other specify_____
II) Classmate related question			
607	Did you enforced to have sex by your classmate student? 1. Yes 2. No	608	If Q 607 yes, how did your classmats approaches you? 1. Sweet words that leads to sex 2. Facial symbols that create in mind about sex 3. Other specify_____
609	If Q 607 yes, where did this happens? 1. in school compound 2. in the classroom 3. out school 4. other	610	What the reason do think for this sexual act? 1. For study purpose 2. Favor (gift) 88. other specify_____
611	If sexual act, what was the outcome? 1. Rape 2. Voluntary sexual act 88. Other specify_____		

PART 5) INDIVIDUAL FACTORS RELATED QUESTION			
I) substance use related question			
701	Have you used khat in the last 3 months? 1. Yes 2. No (if no skip to Q 704)	702	How often do you chew khat? 1. Never 2. Occasionally 3. Always 4. I used to (but not now)
703	If your answer is yes for Q701, what was your reason(s) to use khat? (Multiple answers are possible) 1. To increase work or a academic performance 2. To get relief from tension 3. To stay awake 4. To get acceptance from others 5. To be sociable 6. To get personal pleasure 7.To increase pleasure during sexual practice 8. Due to peer influence 88.Other specify_____	704	Have you used any kind of alcoholic drinks in the last 3 months? (like „areke“, „tela“, „tej“, beer, draft, wine or other alcohol drinks) Yes No
705	If answer 705 yes, how often do you drink alcoholic drinks? 1. Always 2. Sometimes 3. Rarely	706	If your answer is yes for Q704, what was your reason(s) to use alcohol? (Multiple answers are possible) 1. To increase work or a academic performance 2. To get relief from tension 3. To stay awake 4. To get acceptance from others 5. To be sociable

			6. To get personal pleasure 7. To increase pleasure during sexual practice 8. Due to peer influence 88. Other specify_____
707	Have you used any kind of tobacco product in the last 3 months? (like such as cigarette, wrapped tobacco leaf, chewable tobacco products) 1. Yes 2. No	708	If answer 707 yes, how often do you smoke cigarette? 1. Always 2. Sometimes 3. Rarely

709	If your answer is yes for Q707, what was your reason(s) to smoke cigarette? (Multiple answers are possible) 1.To increase work or a academic performance 2. To get relief from tension 3. To stay awake 4. To get acceptance from others 5. To be sociable 6. To get personal pleasure 7. To increase pleasure during sexual practice 8. Due to peer influence 88. Other specify_____		
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Knowledge of Reproductive Health and Reproductive Health Problem/Risk

710	Have you ever heard about reproductive health problems 1. Yes 2. No	711	What is reproductive health problems/risk Mean?(more than one answer is possible) 1. Sexually transmitted diseases (STDs) 2. HIV/AIDS 3. Unwanted pregnancy 4. Abortion 5. Obstetric Fistula 6. If other specify_____
712	Do you know ways or methods that help to prevent reproductive health problems/risks? 1. Abstain from sex 2. Use condoms 3. Limit sex to one partner/stay faithful to one partner 88. If other specify_____	713	Can people reduce their chances of getting the unwanted pregnancy, sexually transmitted diseases, and AIDS virus by abstaining from sexual intercourse? 1. Yes 2. No
714	Have you ever watched or read any sexual films or magazines that mainly focus on sex? 1. Yes 2. No	715	Do you have sexual partner? 1. Yes 2. No

716	How often attend religious services? 1. Every day 2. At least one in a week 3. At least one in a month 4. At least one in a year 5. Never	717	With whom do you often live? 1. with my family 2. with relatives 3. with friends 4. Alone 88. Other specify _____
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ATTITUDE RELATED QUESTIONS						
		s/agree	agree	Not sure	disagree	S/disagree
718	I think that sometimes a boy has to force a girl to have sex if he loves her.	1	2	3	4	5
719	It is all Wright for boys and girls to have sex with each other provided that they love each other	1	2	3	4	5
720	It is female's responsibility to ensure that contraception is used regularly	1	2	3	4	5

PART 6) RISKY SEXUAL BEHAVIORS	
801	Have you ever had sexual intercourse? 1. Yes 2. No (thank you this is the end)
802	I answer Q 801 yes, how old were you when you first had sexual intercourse? _____ age in complete years
803	If Q 801 yes, the first time you had sexual intercourse, are you used a condom? 1. Yes 2. No 3. I don't remember
804	If answer Q801 yes, what was the relation of you to your first partner? 1. Teacher 2. A friend 3. A relative 4. Commercial sex worker 5. Stranger 88. Others (specify) _____
805	What was the reason for your first sex? 1. Personal desire (curiosity) 2. Peer pressure 3. Promising word from partner (for marriage) 4. for financial purpose (to get money) 5. for passing examination (for grade) 88. Other specify _____
806	Thinking back over your lifetime until know, with how many people have you ever had sexual intercourse? _____
807	How many different sexual partners have you had sexual intercourse with in the last 12 months? 1. One 2. Two 3. Three and more
808	The last time you had sexual intercourse did you or your partner use a condom? 1. Yes 2. No

809	How often you used condom? 1. Always Most of the time Some times None	810	What were the reasons for you not to use condom during sexual intercourse? 1. I was intoxicated with drugs 2. Dislike condoms 3. Couldn't find condom 4. Was in love with my partner 5. I have trusted my partner 6. My partner didn't like condom to be used 7. Didn't has reason to use 88.Others (specify)
811	The last time you had sexual intercourse, what one method did you or your partner used to prevent Pregnancy? (Select only one response.) 1. 1. No method was used to prevent pregnancy 2. Birth control pills 3. Condoms 4. Depo-Provera (inject able birth control) 5. Withdrawal 6. Some other method (specify)_____	812	How many times have you been pregnant? (FOR FEMALE RESPONDENTS ONLY) 1.none 2. One time 3. Two or more times
813	Have you ever experienced forced sexual intercourse or forced someone to engage in sexual intercourse with you? 1. Yes 2. No	814	Have you ever had genital symptoms of STIs (ulceration or discharge from your genitalia) 1. Yes 2. No
815	Have you ever had sex with the Person you have known for a period of less than 3 weeks (casual partner)? 1. Yes 2. No	816	Do you always use condom for sex with casual partner (person you have known for less than 3 weeks)? 1. Yes 2. No
817	Have you ever had sex with commercial sex worker in past 12 months? 1. yes 2. no	818	How often do you use condom when you had sex with commercial sex worker? 1. Always 2. most of the time 3. Sometimes 4. rarely 5. I didn't use condom

Thank you for your active participation!

Focus Group Discussion guidelines

1. According to your view, what is the school adolescent's reproductive health problem today?
2. How do you see the premarital sexual practice among school adolescents?
3. How is the practice of condom use among school adolescent?
 - What is the attitude of students to use condom?
 - Is there an appropriate place of condom availability for those who want to use it?
4. How do you see the influence of peers on r sexual practice?
5. What do you say, about the contribution of parents in preventing these problems?
6. What are the major social and economic factors influence risky sexual behavior of adolescents?

GAAFANNOO BARATAAN GUUTAMUU

Unka walii galtee

Barattoota mana barumsaa sadarkaa 2^{ffaa} Godina wallagga bahaattiin Kan guutamu, sadaasa, 2013

Yaa Barataa:

Qorannoon kun Kan yaadameef, walqunnamtii saala ga'eela duraa fi waantoota walqunnamtii saalaan wal qabatan dargaggoota mana barumsaa keessaa jiraan giddutti maal akka fakkaatu sakkata'uuf qopha'ee dha. Kanaafis ati gaafannoo kana guutuuf filatamteeta. Bu'aan gaafannoo kanaas, dhimma walqunnamtii saala ga'eela duraa fi waantootaa isaa waliin wal qabatan irratti odeeffanoo gahaa ta'e maddisiisuu fi rakkoolee wal xaxaa karaa kanaa barattoota irraa gahaa jiru irratti tarkaanfii sirrii ta'e bu'aa qorannoo kanaa irratti hunda'uun qaama ilaalatu wajjiin sirreessuuf. Gaafannoon Kun gad-fageenyaan waa'ee jireenyaa dhuunfaa gaafachuu ni danda'a. Kanaafuu milkaa'inaa qorannoo kanaaf hirmaannaan ati gootu baay'ee murteessaa dha. Icciiitii eeguufis, Maqaa gaafanno kana irratti bareessuun hin barbaachisu, bu'aan qorannoo kanaas Nama dhuunfaan hin ibsamu. Deebbiin ati keennituus icciitii guddaan eegama. Gaafannoo kana guutuufis guutuu dhiisuufis mirga guutuu qabda. Yoo guutuu hin feene, fuuluma duraa teechuma irratti gad galagalchii ka'i guru hangaa warri kaan guutanittii achuma ta'ii eegi. Haa ta'u malee, gaafannoo kanaa guutuun kee rakkoolee wal xaxaa dhimma kanaan walqabate yeroo hamma dargaggoota hubaa jiru hambisuuf ragaan atii kennitu murteessaa fi ol aanaa dha. Kanaaf gargaarsii ati qorannoo kanaaf gootu baay'ee guddaa dha waan ta'eef kabajaa hirmanna kee si gaafanna. Otuu gaafannoo kana hin eegaliin daqiiqa yartuu mee itti yaadi.

_____ Itti walii gala, gaafannicha itti fufi (kutaalee jahaa qabaachuu isaa ilaali)

_____ Hirmaachuu hin barbaadu (Baay'ee galatoomi)

KUTAA IFFAA : ODEEFFANNOO WALII GALAA ILAALCHISEE			
101	Saala? 1. Dhiira 2. Dhalaa	102	Umurii kee (waggaa guutuun?) _____
103	Kutaa kee? _____	104	Naannoo jireenyaa? 1. Magaala 2. baadiyyaa
105	Qomoo kee? 1. Oromoo 2. Amaara 3. Guraagee 88. Kan biroo _____	106	Amaantaa kee? 1. Ortodoksii 2. Pirotistaantii 3. Musiliama 88. Kan biroo _____
107	Tilmaamaan galiin ji'a warra kee argatan meeqaa? _____ Qarshii	108	Yoo lubbuun jiraatan, ga'eelli warra kee maal fakkaataa? 1. waliin jiru 2. Wali hikaniiru/ gargar bahan 3. Haati ykn abbaan du'eera 88. kan biroo _____
109	Sadarkaa barnoota abbaa kee maal fakkaataa? 1. Hin baranne 2. Bareessuu fi dubbisuu ni danda'aa 3. Sadarkaa 1ffaa xumureera 4. Sadarkaa 2ffaa fi isaa ol 5. Abbaa hin qabu, gara gaaffi 11tti darbi	110	Haala hojii abbaa kee yeroo hamma maal fakkaataa? 1. Hojjetaa Mootummaa 2. Daldalaa 3. Qotee Bulaa 88. Kan biroo _____
111	Haala barnoota harmee kee maal fakkaataa? 1. hin baranne 2. Dubbisuu fi barreessuu dandeessi 3. Sardakaa 1ffaa xumureera 4. Sadarkaa 2ffaa fi isaa ol 5. Harmee hin qabu , sGara gaaffi Kutaa II darbi	112	Haalli hojii haadha/ harmee kee maal fakkaataa? 1. Hojjettu manaa 2. Hojjettu mootummaa 3. Daldaltuu 88. kan biroo _____

KUTAA 2FFAA: GAAFANNOO HAALA MAATII KEESSANIIN WAL QABATE
I) Dhimma wal qunnamtii saalaa irratti maatii waaliin taasisuu ilaalchisee

201	Dhimma walqunnamtii saala irratti maatii kee waliin mare goote beekaa? 1. Eyyee 2. lakki	202	Yoo deebii gaaffii 201 eyyee ta'e, Dimmaa kana mariisuu maatii kee keessaa eenyuun irra caalaa filattaa? 1. Abbaa 2. Haadha 3. Obboleessa/ Obboleetti/ miseensa maatii biroo 4. Maatii keesaa kam iyyuu hin mariisuu
203	Yoo deebiiin gaaffii 202 lakki ta'e, kan armaan gadi keessaa nama kam waliin mare gochuuf filattaa? (deebii tokko ol ni danda'ama) 1. Obboleessa/obboleetii 2. Hiriyyaa 3. Jaalallee dhiiraa/dhalaa 4. Barsiisa kiyya 5. ogeessaa fayyaa 88. kan biroo _____	204	Yoo deebiiin gaaffii 201 eyyee ta'e, Mataa duree kam irratti mare gootee? (deebiiin tokkoo ol ni danda'ama)? 1. Salqunnamti ga'eela duraa irratti 2. karoora maatii iraatti 3. Ulfa hin barbaachifne irratti 4. Dhukk. Naf-saala dhufan irratti 5. Waa'ee jaalallee qabachuu irratti 6. Jijjiramaa qaama uumaan dhufu 88. kan biroo _____
205	Dimma saal-qunnamtii irratti maatii kee waliin mare yoo hin goonee ta'e sababiin isaa maal jettaa? (Deebii tokko ol ni danda'ama) 1. Akka aadaatti fudhatamaa hin qabu 2. Qaanii dha 3. Beekumsa isaa hin qabnu 4. Maatii dhimma kana dhaga'uu hin barbaadan 5. Dandeetti dubachuutu hin jiru 6. Dhimma kanaaf haala mijaawatu hin jiru 77. waanan beeku hin qabu 88. kan biroo _____		

II) Walitti dhufeenyaa maatii						
Gaaffiin muraasni armaan gadi walitti dhufeenya kee fi warra kee kan ibsu dha						
Kan irraa caalaa si ibsutti mari						
		Garmale itti wal gala	Itti walii gala	Keessa hin qabu	Itti walii hin galu	Garmale itti walii hin galu
301	Ani haadha kiyyatti baay'ee siiqa	1	2	3	4	5
	Haati kiyyaas waa'ee koo baay'ee yaaddi	1	2	3	4	5
302	Ani walqunnamtii haadha kiyyaa waliin qabutti baay'ee gammadeera	1	2	3	4	5
303	Ani Abbaa kiyyatti baay'ee siiqa	1	2	3	4	5
304	Abbaan kiyyaas waa'ee koo baay'ee yaada	1	2	3	4	5
305	Ani walqunnamtii abbaa kiyyaa waliin qabutti baay'ee gammadeera	1	2	3	4	5

III) Hordoffii maatii ilaalchisee			
401	Maatiin kee hiriyaa kee ati sirritti itti dhiyaattuu ni beekuu? 1. Eyyee 2. Lakki	402	Yoo deebbiin gaaffii 401 eyyee ta'e, Maatii kee keessaa nama meeqatu fedhii fi hojii hiriyaa kee sirritti beeka? 1. Baay'ee isaanii 2. Gar-tokkoo isaanii 3. Xiqqoo isaanii 4. Namni tokko iyyuu hin beeku
403	Maatiin kee waa'ee kee gad fageessanii beekuuyii?(dhimmaa saal-qunnamtii irratti muuxannoo ati qabdu keessummattu yeroo manaa baate deemu ykn maatii irra yeroo gargar baatutti) 1. Eyyee 2. Lakki	404	Yoo deebbiin gaaffii kee 403 lakki ta'e, Sababiin isaa maalii? 1. Aadaa biratti fudhatamaa hin qabu 2. Amantaa biratti fudhatama hin qabu 3. Rakkoo biro saaxila jedhanii sodaatu 88. kan biroo_____

KUTAA 3FFAA: GAAFANNOO DHIIBBAA HIRIYYAA ILAALCHISEE

501	Hiriyyoota kee dhiira meeqatu yeroo ammaa saal-qunnamtii raawwachaa jiraa? 1. kan raawwatu hin jiru 2. baay'ee xiqqoo isaanii 3. Baay'ee isaanii 4. hiriyyaa dhiiraa hin qabu	502	Hiriyyoota kee dhalaa meeqatu yeroo ammaa saal-qunnamtii raawwachaa jiraa? 1. kan raawwatu hin jiru 2. baay'ee xiqqoo isaanii 3. Baay'ee isaanii 4. hiriyyaa dhalaa hin qabu
503	Hiriyyoota kee irraa akka sal-qunnamtii raawwatuuf dhiibbaan jiraa? 1. Dhiibbaan hin jiru 2. Hamma tokko dhiibaan jira 3. Dhiiba baa'yeetu narra gahaa jira	504	Hiriyyoota kee meeqatu dhugaati alkoolii dhagaa? 1. namni tokko iyyu hin dhugu 2. Baay'ee xiqqoo isaanii 3. Hedduu isaanii 4. Hin beekuu
505	Akka dhugaati alkoolii dhugduuf hiriyyoota kee irraa dhiibbaan sirra ga'u jiraa? 1. Eyyee 2. Lakki	506	Hiriyyoota kee meeqatu caatii qama'aa? 1. Namni tokko iyyuu hin qama'u (gara gaaffii 510 darbi) 2. Baay'ee xiqqoo isaanii 3. Baay'ee isaanii 4. hin beekuu
507	Akkaa caatii qamatuuf hiriyyoota kee irraa dhiibbaan sirraa ga'u jiraa? 1. Eyyee 2. lakki	508	Hiriyyoota kee meeqatu sigaara xuuxaa? 1. Nama tokkoyyuu hin xuuxuu 2. Baay'ee xiqqoo isaanii 3. baay'ee isaanii 4. Hi beekuu
509	Akkaa sigaaraa/ tumboo xuuxuuf dhiibban karaa hiriyyoota kee sirra ga'u jirraayi? 1. eyyee 2. lakki		

KUTAA 4FFAA: GAAFANNOO HAALA FI NAANNOO MANA BARUMSAA
ILAALCHISEE

I) Gaaffii barsiisa waliin walqabatu ilaalchisee(Dhalaa qofa

601	Barsiisaa kee irraa sal-qunnamtif kan haala mijeessan fi dhiibbaa addaa garaa sirraan ga'u jiraa? 1. eyyee 2. lakki	602	Yoo deebbiin gaaffii 601 eyyee ta'e, yeroo akkamii essatti dhimma kanaaf saaxilamtee? 1. Daree keessatti 2. biiroo barsiisatti 3. Mana barumsaa alatti 4. Mana isaatti na afeeruun 88. kan biroo _____
603	Sababiin dhimma kanaa maal jettee yaaddaa? 1. Sababii qabxiin koo gad bu'aa ta'eef bira deemnaan 2. Qarshii yookiin kennaa tokko tokko waana irraa argadhuuf 88. kan biroo _____	604	Yoo deebbiin gaaffii 601 eyyee ta'e, Bu'aan dhiibbaa sal qunnamtiif kara barsiisa sirra ga'e maal turee? 1. DirqiiinGudeeduu 2. Fedhii irratti kan hunda'e qunnamti saala raawwadheera 3. karaatti hafee jira 88. kan biroo _____
605	Sababiin karaatti hafeef maalii? 1. Waanan dideef 2. Amansiise jennaan 88. Kan biroo _____	606	Barsiisa kee waliin yoo saal qunnamtii raawwatetta ta'e, dhibee karaa saal-qunnamtii dhufuu ittisuuf maal fayyadamtee? 1. Kondomii 2. Toftaa aadaa 3. Posti piilii 4. waan tokkoo iyyuu hin fayyadamne 88. kan biroo _____
II) Gaaffii hiriyyaa daree waliin kan walqabatu			
607	Saal-qunnamtii saalaaf kan nama kakaasuu hiriyyaa daree irra dhiibbaa sirra ga'u jirayii? 1. Eyyee 2. Lakki	608	Deebbiin gaaffii 607 eyyee yoo ta'e, Haalaa akkamiinii? 1. Dubbii mi'aa fayyadamuun 2. Ijaan nama xaqasuun yaada booji'uun 3. Kan biroo _____
609	Deebbiin gaaffii 607 eyyee yoo ta'e, eessaatti? 1. Mana barumsaa keessatii daree alatti 2. Daree keessatti 3. Mana barumsaa alatti 88. Kan biroo _____	610	Sababiin dhimma kanaa maal jettee yaaddaa? 1. Sababii waliin qo'annuuf 2. sababii Kenna tokko tokkof 88. Kan biroo _____

611	Bu'aan raawwii kanaa maalii? 1. Dirqiin gudeeddii 2. fedhiin saal qunnamtii rawwanneerra 88. Kan biroo_____		
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KUTAA 5FAA: GAAFANNOO DHIMMA DHUUNFAA ILAALCHISEE			
I) Gaaffii wantoota fayyadamuu wallin waal qbatan			
701	Ji'oota darban sadii keessatii caatii fayyadamteettaa? 1. Eyyee 2. Lakkii (gara gaaffii 704tti darbi)	702	Haalaykn yeroo akkam qamaata? 1. hin qama'u 2. Darbee darbee 3. yeroo hundaa 4. Hamma dhiiseera
703	Deebbiin gaaffii 701 eyyee yoo ta'e, sababiin itti caatii qamaatuuf maalii? (deebbiin tokko ol ni danda'ama) 1. Barnoota koo fooyyessuuf 2. Yaaddoo koo irraa bilisa ta'uuf 3. Waan nama daddamaqsuuf 4. Hiriyyaa biratti fudhatama argachuuf 5. Hawaasummaaf 6. Keessi koo waan itti boqotuuf 7. Saal-qunnamtiif gammachuu nama kenna 8. Sababii dhiiba hiriyyaaf 88. Kan biroo_____	704	Ji'oota darban sadii keessatii, dhugaatii alkoolii fudhateettaa? (fkn „Araqee“, „Farsoo“, „Daadhii“, Biiraa, dDiraafii, araqee faranjii ykn Dhugaati kan biroo) 1. Eyyee 2. Lakki
705	Deebbiingaaffii 705 eyyee yoo ta'e, haala akkamii fayyadamtaa dhugaatii alkoolii? 1. yeroo hundaa 2. Darbee darbee 3. Baay'ee darbe darbee	706	Deebbiin gaaffii 704 eyyee yoo ta'ee, Sababiin dhugaatii kana akka fayyadamtu si godhe maalii? (Deebbiin tokko ol ni danda'ama) 1. Barnoota koo fooyyessuuf 2. Yaaddoo koo irraa bilisa ta'uuf 3. Waan nama daddamaqsuuf 4. Hiriyyaa biratti fudhatama argachuuf 5. Hawaasummaaf 6. Keessi koo waan itti boqotuuf 7. Saal-qunnamtiif gammachuu nama kenna 8. Sababii dhiiba hiriyyaaf 88. Kan biroo_____

707	Ji'oota darban sadii keessatti tumboo fi tumboo irraa kan oomishaman fayyadamteetta? (fkn Tumboo xuuxuu, Baala tumboo, Bala isaa nyaachu) 1. Eyyee 2. lakki	708	Deebbiin gaaffii 707eeyee yoo ta'e, hagam fayyadamtaa? 1. yeroo hundaa 2. darbee darbee 3. Baay'ee darbee darbee
709	Deebbiin gaaffii 707 eyye yoo ta'e, Sababiin isaa maalii? (Deebii tokko ol ni danda'ama) 1. Barnoota koo fooyyessuuf 2. Yaaddoo koo irraa bilisa ta'uuf 3. Waan nama daddamaqsuuf 4. Hiriyyaa biratti fudhatama argachuuf 5. Hawaasummaaf 6. Keessi koo waan itti boqotuuf 7. Saal-qunnamtiif gammachuu nama kenna 8. Sababii dhiiba hiriyyaaf 88. Kan biroo _____		

Gaaffii beekumsaa sirna walhormaataa fi rakkoo karaa sirna walhormaata dhufu waliin wal qabate ilaalchise

710	Waa'ee rakkoo fayaa walhormaata dhageessee ni beektaa? 1. Eyyee 2. Lakki	711	Rakkoo fayyaa walhormaataa jechuun?(Deebii tokko ol ni danda'ama) 1. Dhibee saf-saala 2. HIV/AIDS 3. Ulfa hin barbaachifna 4. Ulfa baasuu 5. Festullaa 6. Kan biroo _____ 77. Waan beeku hin qabu
712	Tooftaan karaa rakkoo fayyaa walhormaata ittiin ittifamu maalii? 1. salqunnamtii ga'eela duraa irra ofeegu 2. kondomii fayyadamuu 3. waliif amanamuu 88. Kan biroo _____ 77. hin beeku	713	Namni saalqunnamtii ga'eela duraa irra bilisa ta'uun dhibee HIV/AIDS, ulfa hin barbaachfne fi dhibee naf-saala xiqqeessuu ni danda'aa? 1. Eyyee 2. Lakki
714	Fiilmii ykn gaazexaa saal qunnamtii irratti xiyyeeffate ilaaltee ykn dubbistee beektaa? 1. Eyyee 2. lakki	715	Hiriyyaa saal qunnamtii waliin raawwatu qabdayii? 1. eyyee 2. lakki

716	Waldaa/mana amantaa haala akkamiin deemaa jirtaa? 1. Yeroo hundaa 2. yoo xiqqaate torbaniiti al tokko 3. Yoo xiqqaate ji'atti al tokko 4. Yoo xiqqaate waggatti al tokko	717	Yeroo baay'ee eenyuu waaliin jiraattaa? 1. Maatii kiyyaa waliin 2. Fira kiyya waliin 3. jaalallee koo waliin 4. Qofaa kiyya 88. Kan biroo _____
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5. Waldaa hin deemuu		
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Gaaffiilee ilaalchan wal qbatu						
		Baay'ee itti walii gala	Itti walii gala	Naaf hin galle	Itti walii hin gale	Baay'ee itti walii hin galu
718	Ani akkan yaaddutti yeroo tokko tokko dhiirri yoo durba jaallate saal qunnamtii raawwaachuuf dhiibba gochuu qaba	1	2	3	4	5
719	Wal jaallannaan dhiras ta'e dubartiin saal qunnamtii raawwachuuf mirga guutuu qabu	1	2	3	4	5
720	Yeroo saal qunnamtii karoora matiitti akka fayyadaman gochuun fi mirkanessuun itti gaafatamummaa dubartoota qofa.	1	2	3	4	5

KUTAA 6) QUNNAMTII SAALA SAAXILA BAHOO ILAALCHISEE			
801	Qunnamtii saala raawwattee beektaa? 1. Eyyee 2. Lakki(Deeggarsa hanga yonaaf galatoomi)	802	Deebbii gaaffii 801 eyyee yoo ta'e, Umuriin kee hagam yeroo dura sal qunnamtii raawwate? _____ wagga guutuun ibsi
803	Deebbiin gaaffii 801 eyyee yoo ta'e, yeroo jalqaba qunnamtii saala raawwate kondomii fayyadamteettaa? 1. Eyyee 2. lakki 3. hin yaadadhu	804	Deebbiin gaaffii 801 eyyee yoo ta'e, nama waliin qunnamtii saala raawwate waliinwalitti dhufeenyaa maalii qabdaa? 1. Barsiisa kiyya dha 2. Hiriyyaa kiyya dha 3. Fira kiyya dha 4. Hojjettu mana bunaati 5. Nama hin beekne dha 88. Kan biroo _____
805	Saal qunnamtiif Sababiin maalii? 1. Hawwii isaa waan qabuuf 2. Dhiibbaa hiruyyaati 3. Hiriyyaan koo waada waan naa galeef (fuudhaaf/ heerumaaf) 4. sababa qarshii/qabeenyaaf 5. qormaata waan na gargaaruuf 88. kan biroo _____	806	Gara dubaati deebbi'uun hanga yoonatti bara dabarsite yaadiiti, hangaayoonatti nama meeqa waliin salqunnamtii raawwateettaa? _____
807	Ji'oota 12 darban keessatti namoota meeqa waliin saal qunnamtii gaggeessitee? 1. tokko qofa 2. lama qofa 3. sadii fi isaa ol	808	Dhiyeenyati yeroo saal qunnamtii raawwatetti ati ykn namni ati walsalqunnamti raawwate kondomii fayyadamtaniittu? 1. Eyyee 2. lakki
809	Kondomii haala hagamiin fayyadamaa	810	Yoo kondomii yeroo saal qunnamtii hi

	jirtaa? 1. Yeroo hunda 2. Yeroo baay'ee 3. Darbee darbee 4. Hin fayadamu		fayyadamtu ta'e sababiin isa maalii? 1. Faalamaadha waan ta'eef 2. kondomii waanan jibbuuf 3. kondomii argachuu hin danda'u 4. Jaalallee koo baay'ee waan jaalladhuuf 5. Waan wal amanuuf 6. Jaalalleen koo waan jibbituuf/jibbuuf 7. sababii hin qabu 88.kan biroo _____
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811	Yeroo darbe dhiyeenya yenna qunnamtii saala raawwatte, ulfa ittisuuf tooftaa maalii fayyadamtee? (Kan fayyadamte qofa filadhu.) 1. Toofta tokko iyyuu hin fayyadamne 2. piilsii ulfa ittisuuf 3. kondomii 4. diippoo lilmee isaa dirachuu 5. Tooftaa aadaa 6. kan biroo _____	812	Al meeqa ulfootee? (Durboota qofaatu deebisaa) 1. Hin ulfoofne 2. Al tokko 3. Al lama fi isaa ol
813	Saal qunnamtii raawwachuuf namni sii dirqisiise jiraa ykn nama dirqisiistee beektaa? 1. Eyyee 2. lakki	814	Dhukkuba naaf saala (madaa or ,dhangala'oo qaama hormaata keesaa bahu) ni qabdayii 1. Eyyee 2. lakki
815	Nama erga wal bartanii turban sadii hin caalli ykn ormaa waliin saal qunnamtii? 1. Eyyee 2. Lakki	816	Yoo deebbiin gaaffii 815 eyyee ta'e , yeroo saal qunnamtii raawwaatte, kondomii fayyadamteetaa? 1. Eyyee 2. Lakki
817	Ji'oota 12n darbaan keessatti hojjettuu mana bunaa walii saal qunnamtii raawwatteetta (dhiira qofaaf)? 1. Eyyee 2. lakki	818	Haala akamiin kondomii fayyadamtaa, yeroo hojjettuu mana bunaa waliin saalqunnamtii raawwattu? 1. yeroo hundaa 2. yeroo baa'ee 3. darbee darbe 4. baay'ee darbee darbe 5. kondomii hin fayyadamu

Hirmaannaa keessaniif baay'ee galatooma

Mareen garee kanaa Kan barbaadameef yeroo hamma akkuma beekamu sababa qunnamtii saalaa of eegannoo hin qabneen Kan wal qabate lubbuun dargaggoota keenyaa baay'een isaa darbaa waan jiruuf, maddi rakkoo kanaa beekuu fi furmaata barbaachisaa ta'e qaama ilaalatuun akka raawwatamuuf. Akkasumaas qaamni hundinu qa'ee isaa beekke qoodaa taphachuu qabu akka taphatuufii dha. Kanaafuu yaadni keessaan rakkoo kanaa furuuf iddoo ol aanaa qaba. Yaadni mana keessa ka'uus xiyyeeffannoofi iciitii guddaan eegama. Qaama dhimmi illaaluuf malee gabaasnis Nama dhuunfaaf hin dhiyyaatu

Kanaafuu yaada kanatti: - walii galla _____ Itti walii hin gallu.

Gaaffilee marii

1. Akka yaada keetti, rakkoon fayya wal hormaataa barattoota mana barumsayeroo haamma kana jiru maalii?
2. Saal qunnamtii ga'eela duraa yeroo hamma dargaggoota mana barumsa jiran akkamitti ilaaltaa?
3. Jaalallee sadarkaa mana barumsatti qabachuu ilaalchisee yaada maal qabduu?
4. Jalaallee tokko ol qabachuu irratti garagarummaan dhiira fi dhala giddu jiru maal fakkaataa?
5. Itti fayyaadama kondomii ilaalchisee, ilaalchi fi yaadni akkasumas gochi bartootniyeroo raawwachha jiran maal fakkataa?
6. Sababiin gurguddoo saal qunnamtii saaxila baasan maal maal jetanii yaadduu?
 - Dhiibbaa hiriyyaa
 - Dhiibbaa hawaasummaa fi diinagdee malii dhaa?
 - Ga'een maatii kana ittisuuf maal dha jetanii yaadduu?