

**ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCES
SCHOOL OF PUBLIC HEALTH**



**SEXUAL EXPERIENCE AND THEIR CORRELATES AMONG JIGJIGA
UNIVERSITY STUDENTS**

BY

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List of Acronyms

AAU	Addis Ababa University
AIDS	Acquired Immune Deficiency Syndrome
AOR	Adjusted Odds Ratio
CI	Confidence Interval
CSA	Central Statistical Agency
COR	Crude Odds Ratio
CSW	Commercial Sex Worker
EDHS	Ethiopian Demographic and Health Survey
EJHD	Ethiopian Journal of Health Development
FHI	Family Health International
HIV	Human Immunodeficiency Virus
STI	Sexually Transmitted Infections
SEM	Sexually Explicit Materials

Abstract

Back ground

The removal of discussion on sexual matters from the control of the community resulted in individual decisions about when, where, with whom and for what purpose to have sexual intercourse. This kind of decision make Students in higher learning institutions vulnerable to many sexual and reproductive health problems such as unwanted pregnancy, complications of unsafe abortion ,sexually transmitted infections , prevailing HIV/AIDS pandemic etc. These problems may be common among Jigjiga University students since there is lack of proper counseling and other reproductive health services. Previous studies done on predictors of sexual experience were limited to a narrow range of socio-demographic variables and individual behavior, which have small or modest effect on behaviors.

Objective

The aim of this study was to assess sexual experience and their correlates among unmarried youth in Jigjiga University.

Method

A cross sectional quantitative study design was used to study sexual experience and their correlates among 730 unmarried Jigjiga university students. The data analysis methods used were, Univariate for frequencies, bivariate analysis to see association between independent and dependent variables and multiple logistic regression(using SPSS version 16) to see the independent effect of selected variables on sexual activity of students.

Results

Three hundred seven (46.6%) of all students reported that they have had sexual experience. Watching pornographic films, having boy/girl friend, peer pressure, having a few and many friends who ever had sexual intercourse, and having positive/permissive attitude to teenage sex are variables which were significantly associated with sexual experience of students.

Conclusion

The study revealed that watching pornographic films was the strongest predictor of sexual activity of students. Therefore the government and other stake holders should give due emphasis in educating youth on harmful sides of watching SEM's and creating strong control mechanisms on ways of its transmission.

1. Introduction

1.1 Background

World health organization defines adolescent and youth as people between the age 10-19 and 15-24, respectively.

At the beginning of the new millennium, about 1.7 billion people more than a quarter of the world's population were between the ages of 10 and 24, of which 86 percent living in less developing countries(1, 2).These teenagers are tomorrow's parents. Sexual and reproductive health decisions they make today will affect the health and well being of their countries and themselves(3).

Despite their numbers, adolescent and youth have not traditionally been considered a health priority since they have lower morbidity and mortality than older age groups(4).

The literature on African family formation suggests that age at marriage is rising in many African societies, especially among the better-educated and urban segments of the population. At the same time, it is believed that age at menarche is declining, and that premarital adolescent sexual activity is increasing(5).

The EDHS 2005 showed, among women age 25-49, 32% had sexual intercourse before age 15, 65 % before age 18, and by age 25 most Ethiopian women have had sexual intercourse. It also showed that among sexually active youth age 15-24 years old, 6% of women and 37% of men engaged in higher-risk sexual activity(6).

There is a hypothesis which states modern education exposes adolescents to different value systems, and the school environment enables them to interact more with partners of the opposite sex. The removal of sexuality from the control of the community resulted in individual decisions about when, where, with whom and for what purpose to have sexual intercourse. This change can be attributed, at least in part, to the fact that educated young people now obtain knowledge from books which can be used to challenge the wisdom of the older generation. This hypothesis of a breakdown of traditional controls over sexuality is supported by a recent Kenyan survey in which more than 60 per cent of the respondents reported that they believed that the rules and norms restricting premarital and extramarital sex no longer applied today. An alternative theory is that unmarried teenagers use sexual relations and pregnancy to achieve certain goals. For example,

sexual relations may produce economic benefits, or may be a step toward marriage. From this perspective, premarital pregnancies are a result of conscious, rational decisions (7-9).

Clearly, if this change in behavior is not compensated by an increase in premarital use of contraception and health education, it is expected that there will be an increase in the proportion of out-of-wedlock adolescent births, increase in HIV/AIDS prevalence, sexually transmitted infections as well as an increase in the prevalence of induced abortion. These problems finally result in both increase in maternal and child mortality (6, 8). Thus, they should be given higher priority in the prevention and control of HIV/AIDS in Ethiopia (10-12).

Review of literatures suggests that many of the studies and theoretical frame works that have focused on predictors of sexual experience were limited to a narrow range of socio-demographic variables (13) and individual (14) which have small or modest effect on behaviors.

The problem of risky sexual behaviors may be common among jigjiga university students since there is no any institution that provides reproductive health services such as condom provision and proper counseling services on reproductive health matters. Therefore this study will serve in understanding of factors that predispose Jigjiga university students to engage in risky sexual behaviors. Moreover, it can aid in the design and implementation of effective prevention programs and also encourage other researchers and policy makers to carry out a more extensive research in this particular area.

2. Literature review

2.1: Sexual and reproductive health knowledge

The basic knowledge of physiology of reproduction is especially useful for the successful practice of coitus related methods such as periodic abstinence. The successful use of such methods in part depends on understanding of when during a menstrual cycle a woman is most likely to conceive. EDHS of 2005 showed only 11 percent of women and 8 percent of men interviewed knew that a woman is most likely to conceive halfway in her menstrual period (6).

In study done among Addis Ababa university students less than half of students participated in the study knew the fertile period in women's menstrual cycle.. This study also showed 85% of students participated in the study knew three or more ways of preventing HIV/AIDS (15). Another study conducted among youth in Harar town showed a little over half of youth participated in the study knew when pregnancy would occur in women's menstrual cycle(16).

2.2. Sexual experience

A study done in Kenya in 1989 to investigate factors associated with premarital sexual behavior showed from 3, 000 adolescents enrolled in 46 coeducational primary secondary and vocational schools, about 48-77% of the males have ever had coital experience, compared with 17-67% of the females. Nearly half of sexually experienced males report multiple sex partners (17).

In EDHS of 2005 the median age of women age 25-49 was 16.1 years which was identical to median age at marriage. Seventeen percent of never married males and 4.1% of females in the age group 15-24 had sexual intercourse within the last twelve months. Half of never married young men reporting recent sexual activity used condom, compared to one third of young women. Among sexually active youth 15-24, 6% of women and 37% of males engaged in higher risk sexual behavior in the last twelve months. Less than 1% of women age 15-24 who had sexual intercourse with non marital, non-cohabiting, partner in the last twelve months preceding the survey had sexual intercourse with men 10 or more years older (6).

A Study conducted in Nekemte town showed from 646 participated under study 114(21.5%) adolescents reported having had premarital sexual intercourse at the time of survey of which 102(70.3%) were males. The mean age at first intercourse was 16.2 years (16.2±1.5) for males

and 15.2(15.2±1.7) for females. Among those adolescents who had premarital sexual intercourse the majority (57.2%) had their first sexual intercourse between 15 and 17 years(18).

One study done in selected schools of Addis Ababa (810) students found that (17.8%) of students were sexually active. The mean age at sexual debut was 16±2.02 for both male and female. Males were more sexually active than female with $p < 0.001$. More than half of sexually active (56.8%) had more than one partner. Around 33.8 % of youth have never used condom.(19)

The study conducted among Addis Ababa university students in 2008 shows of all respondents who participated under study 186(30.5%) were sexually active. From these 128(68.4%) had sex within the last one year. The median age at sexual debut was 18 years for both sexes. The main reasons for initiation were related to desire 106(56.9%), peer- pressure 25 (13.4%), and promise from their partner 17 (9.1%). This study also showed that 48(37.5%) of sexually active in the past twelve months had more than one partner. About 60(47%) had casual sex and 21(16.4%) had visited CSW in the past one year. The majority 107(83.6%) of sexually active claimed that they have used condom consistently. Nineteen (90.5%) of those who visited CSW have used condom consistently (15).

Another study done in north eastern Ethiopia on factors for sexual initiation, fifty one percent of the surveyed youth have ever had sex. The Mean & median age of sexual initiation in this study were 16.8 years (SD= 2.25) and 17 years, for males and females respectively (Range 8-24 years). High risk sexual initiation was noted among the study participants, 2.4% & 8.7% initiated their first sex with CSW and causal partner, respectively18(20).

More over a study done in Harar town in 1997 among 900 youth females and males shows nearly half of the participating males and one fifth females reported they have experienced sexual intercourse. Males were sexually active earlier with mean age at first intercourse of 16.9 years. About 15% of respondents experienced unwanted pregnancies (16).

2.3: Correlates of sexual experience

2.3.1: Substance use

Substance use increases the probability that an adolescent will initiate sexual activity, and relatedly, sexually experienced adolescents are more likely to initiate substance use. In Tanzania, for example, youth ages 16 to 24 those smoked tobacco and drank alcohol were four times more likely than others to have multiple sexual partners. In Kenya, the single most important predictor of sexual activity for adolescent girls was using tobacco, alcohol, or drugs. Similarly, among US college students, those who had sex under the influence of alcohol were four times more likely not to have any protection (21).

Drinking was strongly related to the decision to have sex and to indiscriminate forms of risky sex (e.g., having multiple or casual sex partners), but was inconsistently related to protective behaviors (e.g., condom use). Analysis of event characteristics showed that drinking was more strongly associated with decreased protective behaviors among younger individuals, on first intercourse experiences and for events that occurred on average longer ago(22-24).

As study done on alcohol consumption, strength of religious beliefs, and risky sexual behavior at east Carolina University showed women with strong religious beliefs consumed less alcohol and were less likely to engage in risky sexual behavior than were female participants with weaker religious convictions. Men had higher rates of alcohol consumption and unprotected sexual activity than women did(25).

In other study done in Kenya, females who report substance use are more than four times as likely to be sexually experienced as those who do not engage in this risk-taking behavior, and their male counterparts are almost twice as likely. Furthermore, both males and females who frequent discos are more than twice as likely to be sexually experienced as those who do not. While the relationship between attending discos (night club) and engaging in sexual activity appears to be similar among both males and females, the relationship between substance use and sexual activity seems more pronounced among females. This is consistent with the suggestions of previous researchers that substance use is a more deviant behavior for females and that its link to sexual activity may therefore be stronger(17).

A study done in northern Ethiopia showed among those who were sexually active 10.9% reported that they were cheated, after using drugs/alcohol, as cause of their sexual initiation(20).

2.3.2: Attitude towards premarital sexual intercourse

The study conducted among Kenyan youth showed, males and females who disapprove of premarital sex are only half as likely (44% and 55%, respectively) to be sexually experienced as those who would approve of premarital sex. Similarly, males and females holding positive attitudes toward teenage contraception whether they should use it and whether they should have access to it are more likely (14% and 62%, respectively) to be sexually experienced than those opposed to such behavior. Thus, the data suggest that attitudes are positively related to behavior(17).

In study done among 713 Jimma university students on sexual value systems 226(31.6%) were sexually active with an average age of 18.8 years (SD 2.4). Regarding sexual value systems, four hundred (56%) (232 males and 168 females) were absolutists, 178 (25%) (127 males and 51 females) were relativists and 136 (19%) (101 males and 34 females) were hedonists. Male respondents were about two times more likely to be hedonists (OR= 2.15, 95%CI= 1.39- 3.33), and two times more likely to be relativists (OR= 1.80, 95%CI = 1.23-2.64) than absolutists compared to females. In other words, female respondents were more than two times likely to be absolutists than hedonists when compared to men respondents (AOR= 2.15, 95%CI= 1.39-3.33). Even if the study was limited to certain socio demographic variables such as religion, being relativist or hedonists predisposes students to risk sexual behaviors such as multiple sexual partners, unintended pregnancy, unprotected sex and other reproductive health problems (26).

2.3.3: Academic achievement

Academic achievement appears to be negatively related to the likelihood of coital involvement among males. Those who repeated a class are 42% more likely to be sexually experienced than those who did not repeat a class (17, 27).

2.3.4: Peer influence

Young people who associate with sexually experienced colleagues are themselves much more likely to be sexually experienced demonstrates the strong relationship between individual and peer behavior. Boarding schools may offer greater opportunity for peer influence, since students are confined with each other for longer period. Young people who engage in behaviors such as drinking, smoking and attending discos are also more likely to be sexually active. This supports the proposal sexual activity is part of syndrome of behaviors (1). Another study conducted in Addis Ababa University showed 13.4% of youth who had sex reported pressure from friends to have sex (15).

2.3.5: Exposure to sexually explicit media

Naturally adolescence is period that is characterized by intense information seeking especially about adult roles(28). However given lack of readily available information about sexuality, they use media as sexual super peer which encourages them to be sexually active(29,30). For example in countries like Ethiopia: [where sex is not liberated, sexuality issue is a taboo, and no formal sexuality education is provided at elementary schools] watching pornographic media helps the younger generation to find answers for their questions and curiosities. It also helps them “to break the silence” about sexuality at least in their own minds and in the course of their peer groups, which may lead them to engage in risky sexual behaviors (31).

A study done among youth in Addis Ababa showed that young pornography viewers are influenced in many ways, both positively and negatively: such as rushing to early and unsafe sexual practices, arousal, distorting value and image of women, imitating Western sexual acts and practices. The study also illustrated that for few pornography viewing youth, the material has an educative role in informing how to gratify sexual partners using different sexual acts, besides enabling them „to break the silence“ about sex even if the study lacks representativeness due to its qualitative nature and small sample size(31).

Another study done on selected schools of Addis Ababa, out of 810 students participated under study (17.8%) were sexually active from these over two third (69.52%) respond affirmatively watch sexually explicit medias at least ones, 17.6% often, 49.7% some times and 32% rarely(19). Looking in to these reviewed literatures we can say that sexual experience of students depends not only on single factor rather than it depends on multiplicity of factors (annex 2).

3. Objectives

General objective

To assess sexual experience and their correlates among Jigjiga University students.

Specific objectives

1. To assess sexual and reproductive health knowledge of Jigjiga university students.
2. To determine prevalence of sexual experience among Jigjiga university students.
3. To identify correlates of sexual behaviors among sexually active Jigjiga university students.

4. Methodology

4.1. Study area and period

This study was conducted from January to February 2011 in Jigjiga University which is found 628 kilometers to the east of Addis Ababa in the capital of Somali regional state. Jigjiga University is one of the ten newly established universities in the country. Currently the university has nine faculties, thirty seven departments and about 4885 regular students.

4.2. Source population

The source populations for the study were all regular students attending academic learning at Jigjiga University in the year 2010/2011.

4.3: Sample population

The sample populations were 730 unmarried regular students of Jigjiga University in academic year 2010/2011.

4.4: Study design

A Cross sectional quantitative study design was used to study sexual experience and their correlates of sexual experience among Jigjiga university students.

4.5: Sample size determination

To determine the minimum number of students to be included in the study, the single population proportion formula was used, based on the assumption that:

- a) The level of confidence of 95%, which gives the percentile of the normal distribution, ($Z_{\alpha/2}=1.96$)
- b) The margin of error assumed to be 5%.
- c) The proportion of population possessing the major outcome (i.e. prevalence of sexual experience) was taken as 68.4% from previous survey done among AAU in 2008.
- d) Estimated non-response rate = 10%.
- e) Design effect of 2

Accordingly, the following formula given by Hollander and Wolfe (1999) was used to determine the sample size:

$$n = \frac{(z_{\alpha/2})^2 \times p \times q \times D_{\text{eff}}}{d^2}, n = \frac{(1.96)^2 \times 0.684 \times 0.316 \times 2}{(0.05)^2} \quad n = 664 + 66 = 730$$

Where: n = the required minimum sample size.

Level of confidence 95%, which gives the percentile of the normal distribution, $Z_{\alpha/2} = 1.96$.

d = Margin of error, assumed to be 5%. D_{eff} = design effect

4.6: Sampling technique/procedure

Students were stratified on two faculties namely health and non health faculties assuming that there is knowledge difference on sexual and reproductive health matters between the two groups. Two departments from health and six departments from non health faculties were taken by simple random sampling method. Then numbers of students from both faculties were taken proportional to their population size. Finally the study subjects were selected from selected departments using systematic random sampling method. (Annex 1)

4.7: Data collection

Data was collected by using self-administered questionnaire. Supervisors were given training on data collection and pretest was conducted on 37 (5%) students, who were not included on the actual study, then ambiguous questions were corrected and unnecessary questions were excluded based on the pre test.

4.8: Operational definitions

Absolutist: A sexual value system based on strict codes, usually based on religion, which dictates what, is right or wrong.

Adolescent: people between the age 10 and 19 years of age.

Age at sexual initiation: Is age at first intercourse (vaginal penile penetration) other than non-intercourse sexual contacts (Kissing, dating) will not be included.

Close friends: Students, who share the same dormitories, pass much of their time together and discusses issues like sexuality together.

Early sexual initiation: Is taken as an experience of first intercourse before 18 years of age.

Erotic material/ sexually explicit media: Sexual explicit media are textual, visual or aural materials that depict sexual behaviors, acts or that expose the reproductive organs of human body through movies, internet etc.

Hedonist: A sexual value system in which a person does a sexual act if she/he feels good for her/him self and perceives that no one is hurt in the process

Relativist: A sexual value system in which a person's sexual practice depends on the person with him/her, how they feel about each other, and the nature of the relationship.

Risk behavior: - Type of activities which predisposes youth for HIV/AIDS,STIs, unwanted pregnancy etc that includes alcohol drinking, sex without condom, sex with CSW, multiple sexual partner etc.

Risk group: - These are people with high risk of acquiring and spreading HIV and other STDs among the general populations.

Sexuality: physiologic and psychological process within an individual which promote behavior related to procreation and/or erotic exposure.

Youth: people between the age 15 and 24 years.

4.9: Data analysis technique

The raw data was entered into the computer using the data entry program EPINFO version 3.5.1 and analysis was done using SPSS for windows version 16 by the principal investigator. Variables found to be associated with the major outcome (ever had sex) in the bivariate analysis were entered in to multivariate analysis using backward conditional method to come up with the strongest predictors of sexual activity.

4.10: Inclusion criteria

- ✓ Regular student
- ✓ Never married
- ✓ Age less than twenty five years

4.11: Exclusion criteria

- ✓ Being extension/summer student
- ✓ Ever married
- ✓ Age greater or equal to twenty five

4.12: Variables

Independent variables

Independent variables for this study were: Socio demographic variables, Alcohol use, and Peer influence, Attitude toward sex, exposure to pornographic Medias, and number of close friends“, number of close friends who had sex, and Sexual and reproductive health knowledge.

Dependent variables

- ❖ Sexual experience /Sexual intercourse
 - ✓ Risk sexual behaviors

4.13: Data quality management

Firstly prior to data collection the questionnaire pre-test was conducted on 37(5%) of sample population from non selected departments. Based on the response ambiguous questions were rephrased and unnecessary questions were excluded. During data collection spot checking was under taken by principal investigator and supervisors for clarification. Finally after collection raw data was cleaned using Epi info windows version 6.04.

4.14: Ethical considerations

After getting ethical clearance and approval of the proposal from Institutional Review Board of College of Health Sciences of Addis Ababa University, formal letter of support to Jigjiga University was obtained from the school of public health, AAU. Data was collected with the consent of study participant after they were informed about the objective of the study, how long it takes and the fact that they have the right to decide not to participate or discontinue filling the questionnaire if they wanted to. The questionnaires anonymity and confidentiality of the information they provide was maintained by omitting their name and personal identification from the questionnaire. Students were explained as the study have no any kind of risk on them except the little time they spent and some of psychological risks imposed by some sensitive questions.

5: Results

5.1: Socio demographic characteristics

Six hundred eighty eight students of the total 730 sample size completed the questionnaire making the response rate of 94.24%. Among 688 participants two third 460(66.9%) of them were males while the majority (89.7%) were in the age group 20-24 with mean age of 21.3 (SD 1.44) and 20.54 (SD 1.2) for males and females respectively (Table 1).

Table 1: socio demographic characteristics of study population, in year 2011

Characteristics	Male (460)	Female (228)	Total (688)
Age in years			
<20	35(5.1%)	36(5.2%)	71(10.3%)
20-24	425(61.8%)	192(27.9%)	617(89.7%)
Previous residence			
Urban	234(34%)	136(19.8%)	370(53.8%)
Rural	226(32.8%)	92(13.4%)	318(46.2%)
Class year			
II	273(39.7%)	158(23%)	431(62.6%)
III	138(20.1%)	58(8.4%)	196(28.5%)
IV	49(7.1%)	12(1.7%)	61(8.9%)
Ethnicity			
Amhara	231(33.6%)	111(16.1%)	342(49.7%)
Oromo	130(18.9%)	56(8.1%)	186(27%)
Somali	46(6.7%)	21(3.1%)	67(9.8%)
Tigre	26(3.8%)	25(3.6%)	51(7.4%)
Others	27(3.9%)	15(2.2%)	42(6.1%)
Religion			
Orthodox	284(41.3%)	147(21.4%)	431(62.6%)
Muslim	118(17.2%)	44(6.4%)	162(23.5%)
Protestant	41(6%)	30(4.4%)	71(10.3%)
Others	17(2.5%)	7(1%)	24(3.5%)

5.2: Sexual and reproductive health knowledge

Regarding knowledge when will the chance of pregnancy be higher in the menstrual cycle, only 197(28.6%) of participants correctly pointed out the fertile period when pregnancy would occur if there is unprotected sexual intercourse. The remaining wrongly believe that the chance of pregnancy be higher during women's menstrual period 79(11.5%), 151(22%) right after menstrual period has ended, 134(19.5%) said just before menstruation begins or don't know 127(18.5%) the fertile period. One hundred eighty eight (27.3%) of respondents believe that a female can get pregnant before she sees her first period, 127(18.5%) said they don't know and more than half (54.2%) reported as they don't agree with this concept.

Table 2: Jigjiga university Student's response on ways of preventing HIV/AIDS 2011

Ways of prevention (n=688)	Frequency	Percent
Abstain from sex	271	39.39
Be one to one with un infected partner	383	55.66
use condom during sex	256	37.21
Avoid sexual intercourse with prostitutes	117	17
Boil syringes/needles before use	118	17.15
Avoid sharing cutting and piercing materials	130	18.9

Note: columns do not add up to 100 % because of multiple responses.

5.3: Sexual practice and experiences of Jigjiga university students

Three hundred seven (44.6%) of students participated in the study have had sexual intercourse at the time of survey. From these nearly three fourth 227 (73.94%) were males. Almost half of males (49.3%) and a little over one third (35.09%) of females who have participated in the study had sexual intercourse. Within their faculty 24(43.6%) of health students and 283(45%) of non health faculties had sexual intercourse. In class year 188(43.6%) of second year, 89(45.4%) of third year and nearly half 30(49.2%) of fourth year students had sexual intercourse. The median and mean age at sexual debut was 18 and 17.59(SD 2.04) respectively. When disaggregated by sex the mean was 17.91(SD 1.85), 16.67 (SD 2.26) for males and females respectively. From sexually active students the majority 283 (92.2%) have had their first sex before joining the university. The majority of respondents had their first sexual intercourse between 15-19 years.

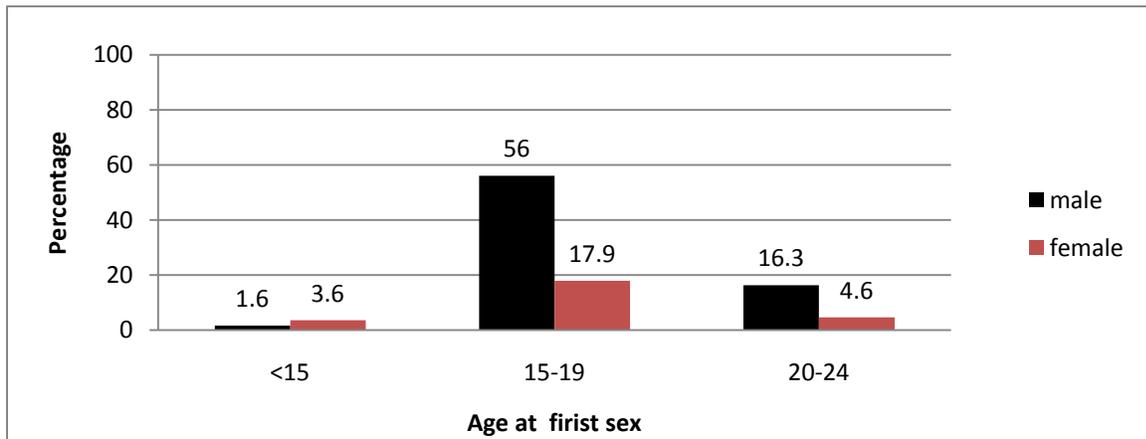


Figure 1: Age at first sexual intercourse disaggregated by sex among Jigjiga university students 2011

Almost three fourth (73.9%) of sexually active students said they have had their first sex with their boy or girl friend, 8.5% with family member, 1.3% with their teacher, 16.2% with stranger or casual partner.

Students were also asked on predictors for their first intercourse, 79.8% respond they did it willingly, 5.5% were forced, 2% were convinced with money or gifts, 6.5% were given drugs such as alcohol, 2.3% were felt threatened and the rest 3.9% don't know the causes for their first sex. Sex wise 89.9% of males who ever had sex started sexual intercourse willingly, 3.5% forced, 0.9% convinced with money and gifts, 1.8% given drugs such as alcohol, 0.4% felt threatened and 3.5% do not know the causes for first sex. Concerning females 51.2% of females who ever had sex started sexual intercourse willingly, 11.2% forced, 5% convinced with money and gifts, 20% given drugs such as alcohol, 7.5% felt threatened and 5% do not know the causes for first sex. Males have more multiple partners in their life time when compared with females (Figure 2).

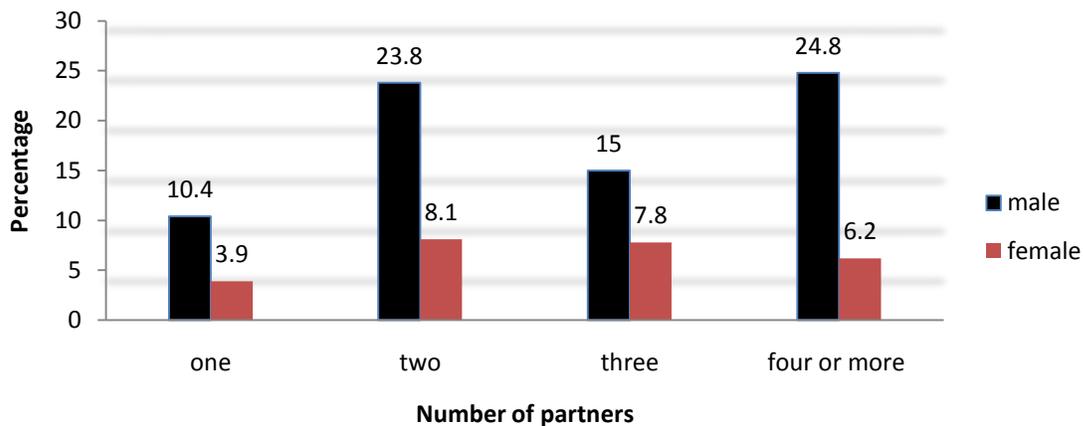


Figure 2: Life time sexual partners disaggregated by sex among Jigjiga university students 2011

Two hundred twenty six (73.6%) of those who ever had sexual intercourse were sexually active in last twelve months. From these about one third (33.6%) had multiple sexual partners (Figure 3).

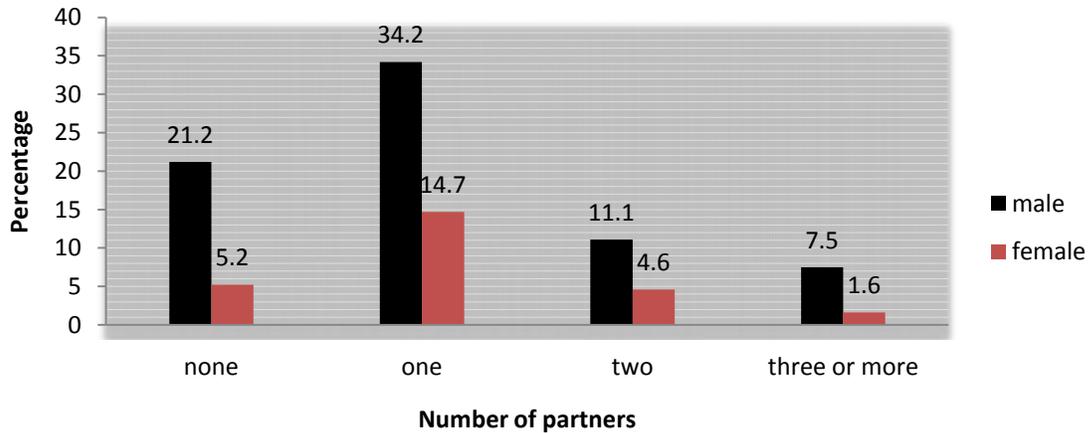


Figure 3: Number of sexual partner in the last twelve months among Jigjiga university students by sex 2011

Eighty seven (28.3%) of those who ever had sexual intercourse had multiple sexual partner after joining the university.

From 227 sexually active males 79(34.8%) claimed sexual contact with CSW"s, 8(10.1%) reported never used condom, 20(25.3%) used some times, 15(19%) used most of the times, and 36(45.6%) used it consistently during sexual encounter with CSW"s. Forty six (15.1%) of sexually active females claimed they had been raped at least once in their life time. Forty six (15%) reported they have received some thing for exchange of sex. About half of respondents who received something said they have received money and nearly another half of them said they received gifts for sexual exchange.

5.4: Correlates of sexual experience

5.4.1: Perception of some social norms and values

Perception of some selected social norms and values such as knowledge of contraception by young people encourages sexual behavior, value given to sex during their teen age life, importance of virginity for both male and female before marriage were asked (Table 3).

The sexual practice with above variables showed, 53(56%) of those who believe knowledge of contraceptive encourages sexual behavior, 40(78.4%) of those who support premarital sex, 83 (56.4%) of those who disapprove virginity for male until marriage, 41(54%) of those who disapprove virginity for females until marriage, had sexual intercourse at the time of the survey.

Table 3: Perception of selected social norms and values by sex among Jigjiga University students 2011

Variables (n=688)	Total
Knowledge of contraceptives encourages to have sex	
Strongly agree	95(13.8%)
Agree	213(31%)
Disagree	225(32.7%)
Strongly disagree	155(22.5%)
It is very important for me when I had sex in my teenager	
Strongly agree	51(7.4%)
Agree	104(15.1%)
Disagree	294(42.7%)
Strongly disagree	239(34.7%)
Value for woman's virginity until she gets married	
Very important	437(63.5%)
Important	175(25.4%)
Not important	76(11%)
Value for a man's virginity until he gets married	
Very important	358(52%)
Important	183(26.4%)
Not important	147(21.4%)

5.4.2: Number of close friends, peer pressure and peer behavior

Students were asked number of close friends they had after joining the university, 126(18.3%) reported they had only one close friend, about one fourth (24.6%) reported two close friends, 110(16%) reported three close friends, 283(41.2%) having four or more close friends. 396 (57.6%) said that they have boy or girl friend.

They were also student asked about their close friends" sexual behavior, two hundred (29.1%) of students reported that a few of their friends have had sexual intercourse, 60(8.7%) reported that most of their close friends have had sexual intercourse, 29(4.2%) reported about half of their close friends had sexual intercourse, 299(43.5%) reported that their close friend didn't start sexual intercourse and the remaining 100(14.5%) don't know sexual behavior of their close friends. More than one fifth (21.5%) of respondents said that their male close friend had sexual intercourse with CSW"s. A little over one third of respondents (34.9%) reported that there is pressure from friends to have sexual intercourse. About one third (34.2%) of respondents said that their best friend had sexual intercourse.

Fifty six (33%) of those had two close friends, 207(52.7%) of those who had three or more close friends, 208(53%) of those who had boy/girl friend, 124(62%) of those a few of their friends had sex, 20(69%) of those half of their friends had sex, 50(83%) of those most of their friends had sex ,163(69%) of those who had best friend having sexual intercourse and 161(67.08%)of those who reported peer pressure to have sex had sexual intercourse at the time of survey.

Regarding leisure time activity, 369(52.2%) of all respondents said they read books during their leisure time, 225(32.7%) watch love films, 36(5.2%) said they attend night club, and 213(31%) said they attend religious ceremonies during their leisure time.

Sexual practice of students with leisure time activity showed, 143(39.8%) of those who read books during their leisure time, 123(54.6%) of those who watch love films, 30(83%) of those who visit night club and 70(32.86%) of those who attend religious ceremonies, had sexual intercourse.

5.4.3: Substance use

Over two thirds of respondents (67.6%) said that they never drank alcohol containing drinks, two hundred three (29.5%) said they drank some times, ten (1.5%) drank two to four times and another ten (1.5%) reported that they drank five or more times per month. They were also asked about khat chewing experience, more than three fourths (78.5%) reported that they never chewed khat, one hundred fourteen (16.6%) reported some times, nine (1.3%) reported two to four times per month, while 25(3.6%) said they chewed five or more times per month.

Concerning their sexual practice, 140 (63%) of those who ever drank alcohol and 102(70%) of those who chewed khat had sexual intercourse. Bivariate analysis showed students who drink alcohol were three times (COR 3.01(2.16,4.2)) more likely to engage in sexual activity than those who didn't drink, while students who chew khat were 3.6 times (COR 3.62(1.82,2.95)) more likely than non chewers. But there is no association in multivariate analysis for both alcohol drinking and khat chewing.

5.4.4: Exposure to Sexually explicit Medias/ Movies

Three hundred twelve (45.3%) of respondents participated in the study reported they have watched pornographic films. Out of these one fifth of them (21.5%) watched it more than three times per week, nearly one fourth (24.4%) sometimes and 54.1% watched it once per week. 218 (71%) of respondents who had sexual intercourse had watched pornographic films at the time of survey, of which one fourth (24.8%) watched it more than three times per week, over one fourth (26.1%) watched sometimes and nearly half watched it at least ones per week. Students who have watched pornographic films were 5.9 times (AOR 5.9(3.9, 8.8)) more likely to engage in sexual intercourse than those who didn't.

Bivariate and multivariate analysis

Nineteen variables which were consistently associated with sexual activity of students in bivariate analysis were, being male COR 1.80(1.3,2.1), alcohol use COR 3(2.16,4.2), khat chewing COR 3.62(2.5,5.3), less religiosity COR 3.3(1.6,6.6), watching pornographic films COR 2.32(1.82,3), peer pressure to have sex COR 2.04(1.6,2.66), giving less value for virginity for both males COR 2.1(1.44,3.12) and females COR 1.9(1.2,3.12) before marriage, having three or more close friends COR 2.1(1.36,3.14), having best friend who had sex COR 3.9(2.5,6), having a few friends who had sex COR 4.62(3.14,7) ,having many friends who had sex COR 14.17(6.9,29.29), having boy or girl friend COR (2.2(1.6,2.94), having positive attitude to the concept knowledge of contraceptives encourages sexual behavior COR 1.68(1.09,2.6) ,having positive attitude to teenage sex COR 5.04(2.54,10), those who watch love films in their leisure time COR 1.82(1.33,2.52), those who visit night clubs in their leisure time COR 6.77(2.78,16.46) and those who attend religious ceremonies COR 0.49(0.53,0.69) (protective) in their leisure time.

Multivariate analysis

Variables which were associated with sexual practice of students in the bivariate analysis were entered in to multivariate analysis using back ward conditional method to control for confounder and to come up with the major predictors for sexual practice of students. After doing this the variables which were consistently associated with sexual activity of students were, having boy/girl friend AOR 1.8(1.2, 2.7), having three or more close friends AOR 2.3(1.4,3.7), having few friends who had sex AOR 2.8(1.7,4.5), having many friend who had sex AOR 4.93(2.06,12), peer pressure to have sex AOR 1.7(1.06,2.57), watching love related films AOR 0.6(0.4,0.9) (protective) and exposure to pornographic films AOR 5.9(3.9,8.8) (Table 4).

Table 4: Correlates of sexual experience among Jigjiga university students, 2011.

	Ever had sex		COR (95% CI)	AOR (95%)
	Yes	No		
Have Boy/girl friend				
Yes	208(30.2%)	188(27.3%)	2.16(1.57, 2.94)	1.82(1.22-2.74)
No	99(14.4%)	193(28.1%)	1.000	
Number of close friends				
One	44(6.4%)	82(11.9%)	1.000	
Two	56(8.1%)	113(16.4%)	0.92(0.56 , 1.50)	1.11(0.64,1.92)
Three or more	207(30.1%)	186(27%)	2.07(1.36 , 3.15)	2.300(1.41,3.74)
Close friends sexual practice				
None of them	78(11.3%)	221(32.1%)	1.000	
A few of them	124(18%)	76(11%)	4.62(3.14, 6.8)	2.82(1.776,4.49)
Half of them	20(2.9%)	9(1.3%)	6.3(2.76, 14.4)	1.84(0.670,5.05)
Most of them	50(7.3%)	10(1.5%)	14.17(6.9, 29.3)	4.93(2.06,11.79)
Don't know	35(5.1%)	65(9.4%)	1.53(0.94,2.48)	1.79(0.99,3.2)
Best friend had sex				
Yes	163(23.7%)	72(10.5%)	3.85(2.495,5.96)	1.47(0.84,2.57)
No	90(13.1%)	217(31.5%)	0.70(0.46,1.07)	0.77(0.46,1.29)
Don't know	54(7.8%)	92(13.4%)	1.000	
Pressure from friend to have sex				
Yes	161(23.4%)	79(11.5%)	2.04 (1.6,2.66)	1.65(1.06,2.56)
No	146(21.2%)	302(43.9%)	1.000	
Leisure time activity *				
Reading books				
Yes	143(20.8%)	216(31.4%)	0.66(0.49,0.90)	0.67(0.43,1.02)
No	164(23.8%)	165(24%)	1.000	
Watch love Films				
Yes	123(17.9%)	102(14.8%)	1.82(1.33,2.52)	0.60(0.371,0.98)
No	184(26.7%)	279(40.6%)	1.000	
It is very important for me having sex during my teenage				
Agree	40(5.8%)	11(1.6%)	5.04(2.54,10)	1.87(1.16,3.03)
Disagree	267(38.8%)	370(53.8%)	1.000	
Exposure to pornographic films				
Yes	218(31.8%)	94(13.7%)	2.32(1.82,2.95)	5.9(3.9,8.85)
No	89(12.9%)	287(41.7%)	1.000	
Virginity for female until she gets married				
Very important	166(24.1%)	271(39.4%)	1.00	
Important	100(14.5%)	75(10.9%)	2.18(1.52,3.10)	1.52(0.97,2.39)
Not important	41(6%)	35(5.1%)	1.91(1.17,3.12)	1.62(0.86,3.04)

* Multiple answers are possible

6. Discussion

This study assessed sexual and reproductive health knowledge, sexual experience and some of its predictors among Jigjiga university students.

From all respondents participated in the study only 197(28.6%),(25% of males and 36% of females) knew the fertile period when a woman should get pregnant in her menstrual cycle if exposed to unprotected sexual intercourse. The EDHS of 2005 showed only 11 percent of women and 8 percent of men interviewed knew that a woman is most likely to conceive halfway in her menstrual period (6). Large sample survey and age difference in case of EDHS may be the cause for this difference.

The finding is lower than study done among Addis Ababa university students where less than half of students participated in the study (36.6% of females and 64.3% of males) and study done in Harar town where a little over half of youth participated in the study knew the fertile period in women's menstrual cycle(16). The knowledge difference may be due to access to reproductive information in case of big cities like Addis Ababa and Harar. Looking in to this result many students in Jigjiga University lack knowledge concerning where ovulation takes place in the menstrual cycle, which may lead them to unintended pregnancy and other reproductive health problems if they could have unprotected sexual intercourse.

Three hundred seven (44.6%) of all students participated in the study had sexual intercourse. Sex wise 227(73.94%) males and 80(26.05%) had sexual intercourse. From those who had sexual intercourse about 73.9% had sex in the past one year. This finding is slightly higher than study conducted among Addis Ababa university students which was 30.5% for ever had sex and 68.4% in the past one year (28). It is also higher than another study done on selected schools in Addis Ababa and study conducted in Nekemte (18, 19).

The median and mean age at sexual debut were 18 and 17.59(SD 1.85) respectively, with females initiate sex earlier with mean age at sexual intercourse of 16.67 (SD 2.26) years. The EDHS 2005 showed median age of women at first sex (which is identical to median age at marriage) was 16.1 years which is slightly lower than the finding of this study. The mean is lower than study conducted among AAU students which was 18 but higher than study other study conducted among selected school of Addis Ababa and study conducted in Nekemte (28, 17). It is inconsistently related to study conducted among youth in Harar town which states

males start sex earlier than females with mean age of 16.9 years, but consistent in that half of participating males were sexually active (20). This study differ from others in that it was conducted among unmarried youth, their early initiation of sexual intercourse and delay in marriage increases the timing of sexual practices, which have mere influence on their reproductive health.

The majority 283 (92.2%) of students had their first sex before joining the university while only 24(3.5%) students had their first sex after joining the university. This suggests intervention should start before students join the university either being in primary or secondary schools. However those students who start sexual activity after coming to the university should not be put aside.

More than three fourth (79.8%) of students respond they have started intercourse willingly. This finding is inconsistent with study conducted among AAU students which says 106(56.9%) of sexually active start sexual intercourse willingly (28). This tells as starting sexual activity at this time is more related to personal interest than other factors, which predispose youth to different sexual and reproductive health problems (6-8).

Regarding number of sexual partners, about one third (33.63%) of sexually active respondents had multiple sexual partners in the last twelve months. In line with this study conducted among AAU showed 37.5% of those sexually active in the last twelve months had multiple sexual partners (15).

From 79(34.8%) who claimed sexual contact with CSW"s in the last twelve months, only 36(45.6%) used condom consistently. The study among AAU students showed 19(90.5%) of those visited CSW"s have used condom consistently (15). Another study in Addis showed about 33.8% of youth used condom consistently in their recent sexual activity (18). Comparing with the above studies Jigjiga university students have more risk sexual behaviors which needs special emphasis.

Two hundred eighteen (71%) of respondents who had sexual intercourse at the time of survey had watched pornographic films. Out of these nearly one fourth of them (24.8%) said they watched it more than three times per week, over one fourth said (26.1%) sometimes and nearly half said (49.1%) watched at least ones. Multivariate analysis shows students who watched

pornographic films were 5.9 times more likely to engage in sexual activity than those who didn't. This finding is lower than study done on selected schools of Addis Ababa from (17.8%) sexually active over two third (69.52%) respond affirmatively watch sexually explicit medias at least ones, 17.6% often, 49.7% some times and 32% rarely(19). The difference may due to access to sexually explicit medias(pornographic films) is higher in Addis Ababa compared to Jigjiga.

In countries like Ethiopia, where sex is not liberated, sexuality issue is taboo, and where there is no formal sexuality education is provided at elementary schools, watching pornographic media helps the younger generation to find answers for their questions and curiosities. It also helps them "to break the silence" about sexuality at least in their own minds and amid their peer groups, which often may lead them to engage in risky sexual behavior (31).

Students who had peer pressure to have sexual intercourse become sexually active by their own later in their life. The data showed 161(52.4%) of those who had sex reported pressure from friends to have sex. In multivariate analysis students who had peer influence were 1.7 times more likely to have sexual intercourse than students who do not(AOR of 1.65(1.06,2.57)). This finding is higher than Study conducted among Addis Ababa University students which says, 13.4% of students who had sexual intercourse had pressure from friends (15). Health education and counseling services given to Addis Ababa University students by the government and different NGO's may be the cause for the difference.

Regarding substance use, one hundred forty (63%) of those who ever drunk and 102(70%) of those who ever chewed khat had sexual intercourse. Bivariate analysis showed students who drink alcohol were three times (COR3.01(2.16,4.2)) more likely to engage in sexual activity than those who didn't drink, while students who chew khat were 3.6 times(COR 3.62(1.82,2.95)) more likely than non chewers. But there is no association in multivariate analysis for both alcohol drinking and khat chewing. Study done in Tanzania showed substance use increases the possibility to initiate sexual intercourse or sexually experienced youths are more likely to initiate substance use. In contrary to this study done in Kenya showed substance use is associated with decreased protective behaviors rather than initiation of sexual intercourse. Looking in to this the line of causality between substance use and sexual experience needs further study.

Other variables which were consistently associated with sexual activity were: having three or more close friends AOR 2.3(1.4, 3.7), having a few friends who had sex AOR 2.8(1.8, 4.5), having many friends who had sexual intercourse AOR 4.9(2.06, 11.8) and having boy/girl friend AOR 1.8(1.23, 2.74). These findings can be explained jointly by study done in Kenya which showed that students who had sexually active peers become sexually active by their own because of peer pressure (17).

Watching love related films during leisure time found to be protective for having sexual intercourse with AOR 0.6(0.37, 0.98). This may depend on the type of love films students are watching, for example love films which show strong family formation, scarification for love, loyalty in a relationship etc. However further study is needed to deeply understand the type of love films students are watching and its relationship with their sexual behavior.

Moreover students who had permissive attitude to teenage/premarital sexual intercourse were nearly two times AOR 1.88(1.16, 3.03) more likely to engage in sexual intercourse than those who had negative attitude to premarital sex. This study is consistent with study done in Kenya which showed Males and females who disapprove of premarital sex are only half as likely (44% and 55%, respectively) to be sexually experienced as those who would approve of premarital sex(15). On other study done among 713 Jimma university students on sexual value systems 400 (56%) (232 males and 168 females) were absolutists, 178 (25%) (127 males and 51 females) were relativists and 136 (19%) (101 males and 34 females) were hedonists. Even if this study was limited to certain socio demographic variables such as religion, it has shown that being relativist or hedonists predisposes students to risk sexual behaviors such as multiple sexual partners, unintended pregnancy, unprotected sex and other reproductive health problems (26)

7. Strength and limitations of the study

Limitations

It is difficult to establish temporal causal/relationship due to cross sectional nature of the study. Due to sensitivity of the problem under reporting of their actual experience can't be ruled out .

Strength

- Since Spot checking was done during data collection period it is possible to minimize non response rate and missed data.
- It has covered many correlates of sexual behavior than previous studies.
- The questionnaire was pre tested which helped for inclusion of additional questions and re-organization of the questionnaire.
- Backward conditional multiple logistic regression was used to reach on stronger predictors of sexual activity of study subjects.

8. Conclusion

The study depicts 307(44.6%) of all respondents had sexual intercourse, from which nearly three fourth (74%) continued to be sexually active in the last twelve months. Sex wise nearly half of males and one third of females participated in the study had sexual intercourse. From those sexually active in the last twelve months about one third had multiple sexual partners. Seventy nine (34.8%) admitted sexual contact with commercial sex workers out of these only 36(45.6%) used condom consistently.

Exposure to pornographic films, having permissive attitude to premarital sex and other variables which were related to peer pressure were strongly associated with sexual experience of students.

9. Recommendation

Based on the finding the following recommendations are forwarded:

1. The university should strengthen university clinic so as to give proper counseling and other reproductive health services since many students have risk sexual behaviors according to this study.
2. Counseling services should focus on peer to peer education because peer pressure is one of the most predictors of sexual experience as the study depicts.
3. The university and other stake holders should give health education for students on harmful sides of SEM's and strong control mechanism should be created on system through which pornography is transmitting. Especially video houses that are showing pornographic films underground.
4. Intervention should consider males in particular because the problems of high risk sexual activity were reported mostly among male participants.
5. Further study is needed on type of love film students are watching and its relation with their sexual behavior.

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Annex1: Sampling procedure

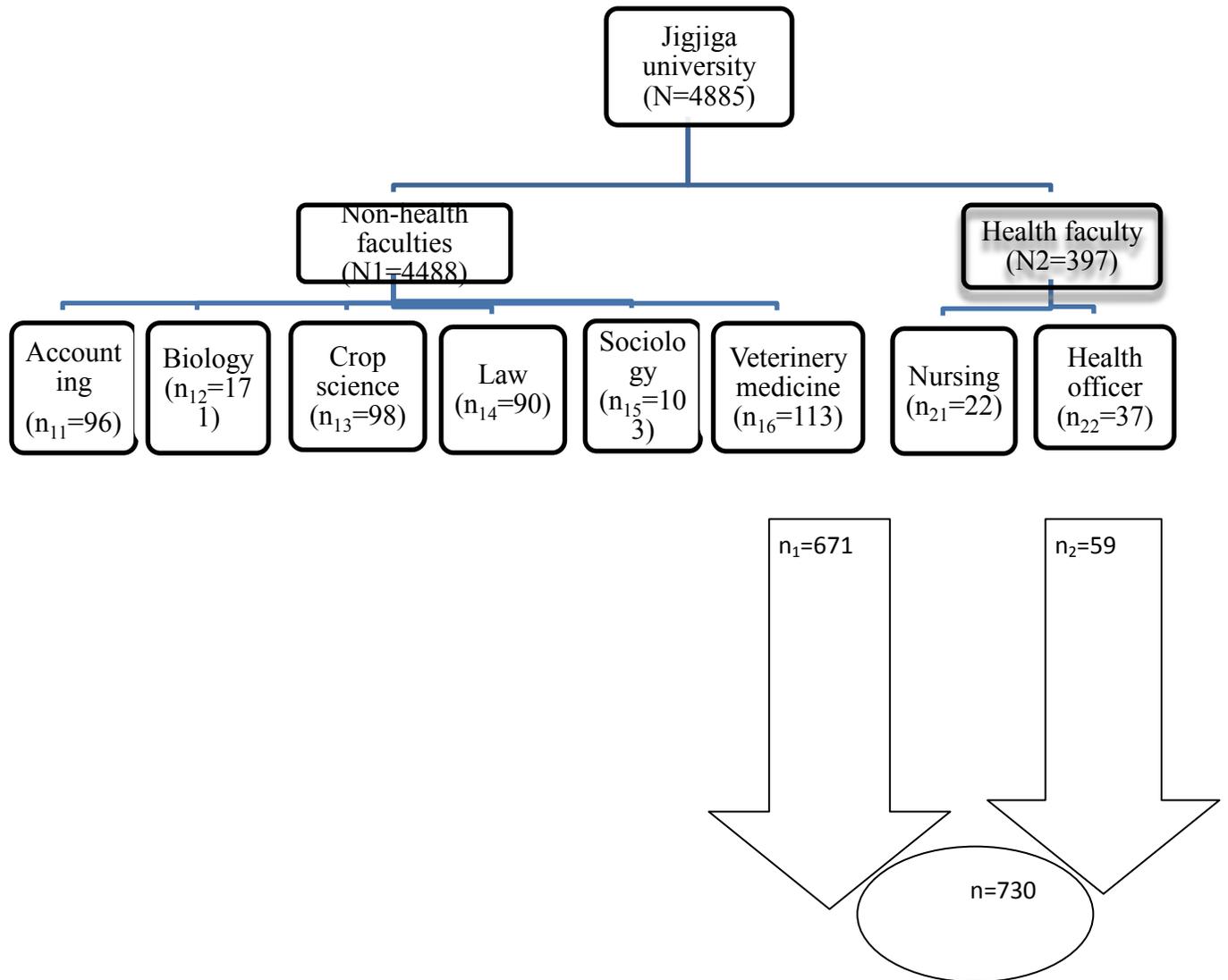
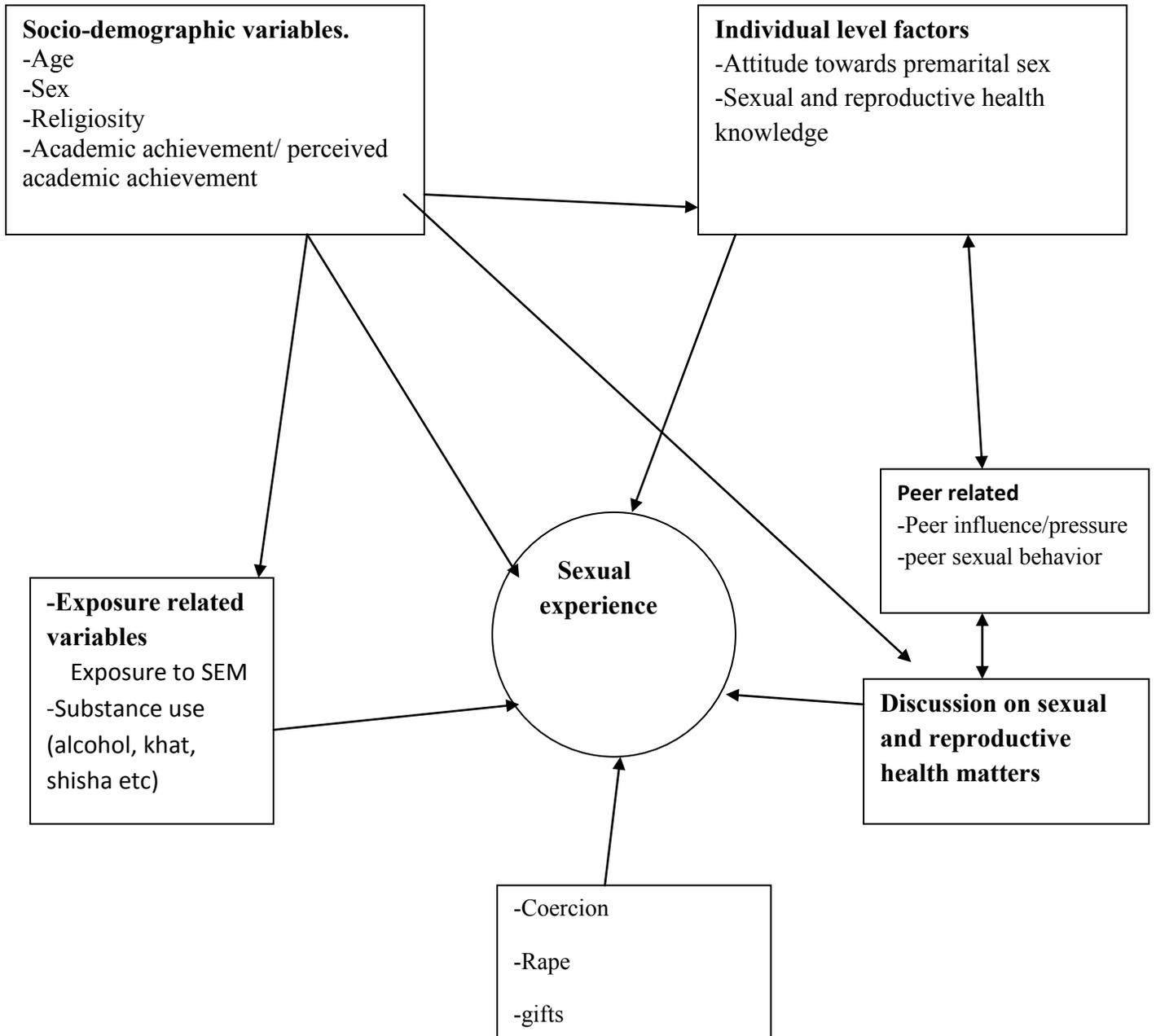


Figure 4: Sampling technique of Jigjiga university students 2010/11

Annex 2.conceptual frame work

Analytical framework for the study of correlates of sexual experience among Jigjiga university students, 2010-2011.



Adopted from Yanyi K., Djamba (1997)

Annexe-3: English version Questionnaire

Questionnaire on youth sexual experience and their correlates in Jigjiga University; Ethiopia.

Information sheet

Dear student,

This questionnaire is designed for a research work approved by Addis Ababa University (School of Public Health) to be conducted in partial fulfillment of a master's degree in public health.

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

However, I really need your honest response to better understand sexual behaviors of students and its predictors. The results of the study would hopefully serve as an important input to intervention programs that aim at improving youth health in general and university students in particular. It will take you 20-30 minutes to complete the whole questionnaire.

Please don't hesitate to ask any question in case there are unclarities.

I thank you in advance for taking your time to respond to my questions!

Would you be willing to participate in the study? Agree ----Disagree-----

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

Consent form

I have been briefly informed about the study and clearly understood the objective of the study.

Since it can't have any harm to my life, I here approve my consent with my signature to take part in the study.

Signature _____ Date _____

Investigators name and address

Name: Alelign Tasew Jema

Address: Addis Ababa university school of public health

Tell: 0910211934

Email: alelign.tasew@yahoo.com

Questionnaire to be answered by Jigjiga university students.

Part 1. Background Characteristics

Questions	Response
1. Age (in years) (write the number in the space provided)	_____
2. Sex:	1. Male 2. female
3. Where was your previous residence?	1. Urban 2. Rular
4. Your department and faculty.	1. Faculty _____ 2. Department _____
5. Class year (please circle one)	1. I 2. II 3. III 4. IV
6. What is your religion?	1. Orthodox
	2. Muslim
	3. Protestant
	4. Others (specify)----
7. How often do you attend church or mosque?	1. Attends frequently (more than twice a month)
	2. Sometimes (twice or less than twice)
	3. Rarely
8. What is your ethnicity?	1. Amhara
	2. Oromo
	3. Somali
	4. Tigre
	5. Others specify _____
9. what was your last semester GPA	_____ (write your point in space provided)
10. Have you ever drunk alcohol containing drinks?	1. Never
	2. Some times
	3. Two to four times per month
	4. five or more than five times per month
11. Have you ever chewed khat?	1. Never
	2. Some times
	3. Two to four times per month
	4. five or more than five times per month

Part 2. Sexual and Reproductive health knowledge (Circle all that are possible).

12. During which times of the monthly cycle does a woman have the greatest chance of becoming pregnant?	1. During her period		
	2. In the middle of her cycle		
	3. Right after her period has ended		
	4. Just before her period begins		
	5. <i>Don't know/don't remember</i>		
	6. Other specify ____		
13. How can people protect themselves from getting AIDS?	1. Avoid sexual intercourse (don't play sex)		
	2. Have faithful one-to-one relationship with uninfected partner		
	3. Use condoms during sex		
	4. Sterilize syringes/needles		
	5. Avoid sexual contact with sex workers (prostitutes)		
	6. Avoid sharing cutting & piercing materials		
	7. Other response ____		
	Agree	Disagree	I don't know
14.1. A female can get pregnant before she sees her first period.			
14.2. A person can get sexually transmitted infections without knowing it.			

Part3. COMMUNICATION ON SEXUALITY AND HIV/AIDS (Please choose one below).					
15. Have you ever discussed about sexuality and/or HIV/AIDS with other people?	1.Yes 2.No(skip to question number 17)				
16. Whom do you discuss with?	1.Mother 2.Father 3.Brother/Sister 4.Other family member 5.Friend of the same sex 6.Friend of the opposite sex 7.with my boy/ girl friend 8.with health personnel 9.with my teacher 10.other specify _____				
17. Whom do you rely on/believe to get information and guidance about sexuality and HIV/AIDS?	1. one I get from teacher/university AIDS club				
	2.peers				
	3.From mass media(radio, news paper, TV)				
	4.From parents				
	5.health practitioner				
	6.Books/films				
	7. other specify				
Part4. Attitude and values on premarital sex (please put X in your choice)					
	1.Strongy agree	2.Agree	3.disagree	4.strongly disagree	5.Don't know
18.The knowledge of contraceptives by young people encourages them to have sex with many People.					
19. It is against my values engaging in sexual activity when I am teenager.					

20. It makes me very important when I have sex in my teenager.					
21. How do you perceive your getting of HIV/AIDS? 21.1. People like me do not get HIV/AIDS					
21.2. I am too young to get HIV					
21.3. I am very young my body can fight.					
22. How important is it for a woman to be a virgin until she gets married? Would you it is:	1. Very important 2. Important 3 .Not important				
23. How important is it for a man to be a virgin until he gets married? Would you say it is:	1. Very important 2. Important 3.not important				
PART 5. Peer Influence and peer behavior (Please check one)					
24. How many close friends do you have?	_____				
25. Do you have boy/girl friend?	1. Yes 2. No				
26. About how many of your friends had sexual intercourse?	1.None of them				
	2.A few of them				
	3.About half of them				
	4.Most of them				
	5.Dont know				
27. Is there pressure from your friends for you to have sexual intercourse?	1. YES				
	2. No				
28. Do you know of any sexual intercourse with prostitutes among your male close friends?	1 Yes 2.No 3.Don't know				
29. Now think of your best friend did he/she had sexual intercourse?	1. Yes 2. No 3. I don't know				

30. Where do you spend your spare/leisure time?	1. Reading books
	2. Watch films with my friends
	3. Night club
	4. Attend Religious ceremonies
	6. Others specify ____
31. Have you ever watched sex or erotic films?	1. Yes
	2. NO(skip to question number 33)
32. If your answer is yes how often do you watch per week?	1. once per week 2. twice per week 3. three times and more per week.
Part 6: sexual behavior and practices Sometimes young people play sex. They play sex for different reasons - for love, for urges, or because they are convinced, forced or tricked. (Please choose one below).	
33. Have you ever had sexual intercourse?	1. Yes
	2. No(stop here)
34. How old were you when you first had sexual intercourse?	1. Age_____ (write the number in the space provided)
	2. Doesn't know age
35. Was your first sexual intercourse here in university?	1. Yes 2.No
36. How old was the person with whom you had sex with?	1. Age_____
	2. Doesn't know age
37. Who was the person you had sexual intercourse?	1. Boy/girlfriend
	2. Family member
	3. Teacher
	4. A stranger
	5. Other specify_____

38. When you played sex the first time, had you/your partner consumed any alcohol or used khat", or any other drug before hand?	1 Yes 2 No 3 Don't Know
39. Thinking back over your lifetime until now, with how many people have you ever played sex?	1.Number of partner (write the number in the space provided) 2.Do not remember
40. How many different partners have you had sexual intercourse With in the last 12 months?	0 .Zero 1. One 2. Two 3. Three 4. more than three
41. Have you had sexual intercourse in the last three months?	1. Yes 2. No
42. How many sexual partners did you have after coming to this university? (please write in space provided)	1. _____
43. During your recent sexual intercourse did you or your partner used any contraceptive method?	1 Yes 2. No (go to question 45)
44. If the answer is yes, what kind of contraceptive was used?	1. condom 2.pills 3.with drawal method 4.Depo-Provera 5.other specify _____
45. How often did condom used during your sexual intercourse?	1.Some times 2.Most of the time 3.Always 4.Never
46. The first time you had sexual intercourse, did you agree willingly, did it just happen, or were you tricked, threatened or forced?	1. Played sex willingly (wanted) 2. Forced 3.Convined with money or gifts 4. Given drugs and alcohol 5.Felt threatened

	6. Other (please specify) _____
47. Have you ever had sexual intercourse with a female commercial sex worker? (For males only)	1 .Yes 2 .No
48. If your answer is yes to question 47 how often did you used condom?	1.Never 2.Some times 3.Most of the time 4.Always 5. I don't remember
49. How many times did you raped in your life time?(for females only)	1.Never 2.One 3.Two 4.Three and above 5.Don't remember
50. Have you ever received anything in exchange for sex? [For females only]	1. Yes 2 .No
	3 .Don't remember
51. If your answer is yes to question number 50 what did you receive? [For females only]	1.Money 2. Gifts (specify) _____
	Other (specify) _____

(Adopted and modified from EDHS 2005)

Thanks in advance for giving me your precious time!

Annex 4: Amharic version questionnaire

በጅግጅጋ ዩኒቨርሲቲ የተማሪዎች የግብረ-ሰጋ ግንኙነት ባህሪ መንስኤዎችን ለማጥናት የተዘጋጀ መጠይቅ የመረጃ መስጫ ፎርም

ወድ ተጠያቂ

ይህ መጠይቅ የተዘጋጀው በአዲስ አበባ ዩኒቨርሲቲ የህብረተሰብ ጤና ት/ቤት ለድህረ ምረቃ ፕሮግራም ማሟያ ለሚሆን ጥናት ነው።

የጥናቱ ዓላማ የወጣት ተማሪዎች ላልተፈለገ የግብረሰጋ ግንኙነት ያላቸው ተጋላጭነትና መንስኤዎችን ለማወቅ ነው። የምትሰጡት መልሶች በማንኛውም ጊዜ ለማንም ሰው ግልፅ አይሆንም። የምትሰጡት መረጃ በሙሉ በሚስጥር ይጠበቃል። ስማችሁን መጠይቁ ላይ አትጻፉ። ይህን መጠይቅ ላለመሙላት ወይም ላለመሳተፍ ከፈለጋችሁ በኋላ ጊዜ ማቆም ትችላላችሁ። ነገር ግን የዚህ ጥናት ውጤት በደምብ ለማወቅ እናንተ የምትሰጡት መረጃ በጣም ጠቃሚ ስለሆነ እንድትሞሉት በትህትና እጠይቃለሁ።

የጥናቱ ውጤት የወጣቱን ጤና ባጠቃላይ የዚህን ዩኒቨርሲቲ ወጣቶች የተዋልዶ ጤና በተለይ ለማሻሻል ይረዳል። መጠይቁን ለመሙላት ከ20-30 ደቂቃ ሊወስድ ይችላል። ጊዜያችሁን ወስዳቸው መልስ ስለሰጣችሁን በቅድሚያ አመሰግናለሁ። በጥናቱ ለመሳተፍ ፈቃደኛነዎት 1. አዎ ----- 2. አይደለሁም ----- በጥናቱ ለመሳተፍ ፈቃደኛ ካልሆንክ/ሽ መጠይቁን ለሱፐርቫይዘሩ መልስ/ሽ።

የስምምነት ቅጽ

ስለጥናቱና የጥናቱ አላማ በደምብ ገብቶኛል። በህይወቴ ላይ ምንም ጉዳት ስለሌለው፣ ጥናቱ ላይ ለመሳተፍ በፈርማዬ አረጋግጣለሁ

ፊርማ ----- ቀን -----

የአጥኚው ስምና አድራሻ

አለልኝ ጣሰው ጀማ

አድራሻ አዲስ አበባ ዩኒቨርሲቲ የህብረተሰብ ጤና ትምህርት

ስልክ 0910211934

Email: alelign.tasew@yahoo.com

ክፍል 1 አጠቃላይ መረጃ

1. እደሜ (አመት)----- ቁጥሩን በተሰጠው ቦታ ጻፍ/ፊ
2. ያ ታህ / ያ ታሽ ምን ድ ነ ወ? 1. ወንድ 2. ሴት
3. መጀመሪያ ነ ዋሪ ነ ተህ/ሽ $\frac{3}{4}$ ነ በር? 1. ከተማ 2. ገጠር
4. ፋኩልቲ ----- (ዲፓርትመንት) -----
5. የስንተኛ አመት ተማሪ ነ ህ/ሽ? 1. አንደኛ 2. ሁለተኛ 3. ሶስተኛ
4. አራተኛ

6. ሀይማኖትህ/ሽ ምን ድነ ው? 1. ኦርቶዶክስ 2. መስሊም 3. ፕሮቴስታንት
4. ሌላ ይጠቀስ

7. ከሀይማኖታዊ ተቋማት ጋር ያለህ/ሽ ቅርብት ምን ይመስላል?
1. ብዙ ጊዜ እሳተፋለሁ (በወር 2 ጊዜ በላይ)
2. አልፎ አልፎ እሳተፋለሁ (በወር አንድ ጊዜ ወይም ከዚያ በታች)
3. ሀይማኖታዊ አደለሁም

8. ብሄረሰብህ/ሽ ምን ድነ ው?
1. አማራ
2. ኦሮሞ
3. ሶማሌ
4. ሌላ ካለ ይጠቀስ

9. ባለፈው ሴሜስተር ያገኘህ/ሽውን ጥብ (GPA)ስንት ነ ው?.....

10. አልኮል ያለው መጠጥ ጠጥተህ/ሽ ታወቁ ያለሽ?
1. የለም
2. አልፎ አልፎ
3. በአማካይ በወር ከ2-4 ጊዜ
4. በአማካይ በወር 5 ጊዜ ወይም ከዚህ በላይ

11. ጫት ቅመህ/ሽ ታወቃለህ/ሽ?
1. የለም
2. አልፎ አልፎ
3. በአማካይ በወር ከ2-4 ጊዜ
4. በአማካይ በወር 5 ጊዜ ወይም ከዚያም በላይ

ክፍል 2 ስነ ተዋልዶ ጠና /ግንዛቤ

መልስ ሊሆኑ የሚችሉ አማራጮች በመሉ አክብብ/ቢ

12. አንድ ሴት የ ማርገዝ እድሏ በጣም ከፍተኛ የ ሚሆነው በ የ ትኛው የ ወር አባባ ዑደት ጊዜ ነው?

	አዎ	የለም
-በ ወር አባባ ጊዜ	1	2
-በ ወር አባባ ዑደት አማካኝ (መሀከል) ጊዜ	1	2
ልክ የ ወር አባባ ከ መጀመሩ በፊት ባለው ጊዜ	1	2
13. ሴላ ይጠቀስ	1	2
አላ ወቅም/አላ ስተውስም	1	2

ራሳቸውን ከኤች አይቪ ኤድስ እንዴት መከላከል ይችላሉ? (መልስ የ ሚሆኑ ሁሉ ይከበቡ)

1. የ ግብረ ስጋ ግንኙነት ባለ ማድረግ
2. አንድ ለ አንድ በ መውሰን
3. በ ወሲብ ጊዜ ኮንዶም በ መጠቀም
4. መርፌዎችን በ መቀቀል/አዲስ መርፌ በ መጠቀም
5. ከ ሴተኛ አዳሪዎች ጋር ግብረ ስጋ ግንኙነት ባለ ማድረግ
6. ስለ ቶችን (ምላጭጥፍር መቁረጫ ወዘተ ...) ባለ መጋራት
7. ሴላ ይጠቀስ).....

	እስ ማማለሁ	አልስ ማማም	አላ ወቅም
14.1 አምድ ልጃገረድ የ መጀመሪያ የ ወር አባባ ከ ማየቷ በፊት ልታረግዝ ትችላለች			
14.2 አንድ ሰው ሳያ ወቅም ለ ግብረ ስጋ ግንኙነት በሽታ ተጠቂ ሊሆን ይችላል			

ክፍል ሶስት ስለ ወሲብና ኤች አይቪ ኤድስ ወይይት

15. ከዚህ በፊት ስለ ወሲብ ወይም ኤች አይቪ ኤድስ ወይይት አድርገህ/ሽ ታቃለህ/ሽ?

1. አዎ
2. የለም (ወደ ጥያቄ ቁጥር 17 እለፍ/ፊ)

16. ለጥያቄ ቁጥር 15 መልስህ/ሽ አዎ ከሆነ ከማን ጋር ተወያየ/ሽ? መልስ ለሄኑህ/ሽ የሚችሉ ሁሉ ይከበቡ

1. ከእናቴ ጋር
2. ከአባቴ ጋር
3. ከወንድም ወይም እህቴ ጋር
4. ሌላ የቤተሰብ አባል ጋር
5. ከተመሳሳይ የታዳደሮች ጋር
6. ከተቃራኒ የታዳደሮች ጋር
7. ከወንድ/ሴት የፍቅር ዳደሮች ጋር
8. ከጤና ባለሙያ ጋር
9. ከመምህር ጋር
10. ሌላ ካለ ይጠቀስ

17. በአጠቃላይ ላንተ/ቺ በጣም ጠቀሚያ ሆነ ውየ ኤች አይቪ ኤድስ መረጃ ምን ጭ የትኛውን ው?

1. ከመምህር የት/ቤት ኤች አይቪ ክበቦች የማገኘት
2. ከዳደሮቻቸው የማገኘት
3. መገናኛ ብዙሀን (ሬድዮ/ቴሌቪዥን ጋዜጦች የማገኘት)
4. ከቤተሰብ
5. ከየጤና ባለሙያ
6. ከመፅኸፍ/ፊልም
7. ሌላ ካለ ይጠቀስ -----

ክፍል 4 የሰነድ ወሲብ ዕቅዶችና ምርጫዎች

ለሚከተሉት ጥያቄዎች መልስ የሚሆነውን አንድ ሳጥን ብቻ (የ X) ምልክት አድርግ/ሂ

		በጣም	እስ ማሳሰሁ	አልሰማም	በጣም
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		እስማማለሁ			አልስማማም
18	የወጣቶች የወሊድ መቆጣጠሪያ ዜዴዎች እውቀት የግብረ ሥጋ ግንኙነት እንዲፈጽሙ ያነሳሳቸዋል				
19	በአፍላ ወጣትነቴ ጊዜ ወሲብ መፈጸም ለራሴ ከምስጢር ግምት ጋር ይቃረናል				
20	በአፍላ ወጣትነት ጊዜ ወሲብ ብፈጽም ጠቃሚ (ትልቅ) ሰው የሆንኩ ያህል ይሰማኛል ::				
21	ለኤችአይቪ/ኤድስ ያለህን/ሽን ተጋላጭነት እንዴት ታየዋለህ/ሽ 2.1 እንደእኔ ያለ ሰውኤችአይቪ አይዘኝም				
	2.2 በጣም ልጅ ስለሆንኩ ኤችአይቪ አይዘኝም				
	2.3 በጣም ልጅ ስለሆንኩ ሰውነቴ ይከላከላል				

22. አንዲት ሴት እስከምታገባ ድረስ በድንግልና መቆየቱ ምን ያህል ጠቃሚነት ውብለህ/ሽ ታስባለህ/ሽ?

1. በጣም ጠቃሚነት ው
2. ጠቃሚነት ው
3. ምንም ጥቅም የለውም

23. ለአንድ ወንድ እስከ ማይ ገባ ድረስ በድንገልና መቆየቱ ምን ያህል ጠቃሚነት ውብለህ/ሽ/ታስባለህ/ሽ?

1. በጣም ጠቃሚነት ው
2. ጠቃሚነት ው
3. ምንም ጥቅም የለውም

ክፍል 5 የዳደኛ ባህሪና ተፅዕኖን በተመለከተ

24. ከዚህ በፊት ስንት የቅርብ ዳደኞች አሉህ/ሽ? -----

25. የቅርብ ዳደኛ አለህ/ሽ? 1. አዎ 2. የለኝም

26. ከዳደኞችህ/ሽ መሀከል ምን ያህሎቹ የግብረ ስጋ ግንኙነት አድርገዋል?

1. ማንም
2. ጥቂቶቹ
3. በከፊል
4. አብዛኛዎቹ

27. ከወንድ የቅርብ ዳደኞችህ/ሽ መሀከል ከሴተኛ አዳሪዎች ጋር ግንኙነት ኖሮት የሚያወቅ ዳደኛ ታውቃለህ/ሽ?

1. አዎ
2. የለም
3. አላውቅም

28. አንተ/አንቺ የግብረ ስጋ ግንኙነት እንድትፈጽም/ሚበዳደኞችህ/ሽ ግፊት አለብህ/ሽ?

1. አዎ
2. የለም

29. አሁን በጣም ስለሚቀርብህ/ሽ ዳደኛ አስብ/ቢ: : ከአሁን በፊት የግብረ ስጋ ግንኙነት ፈጽሞ/ማያውቃል/ለች?

1. አዎ
2. የለም
3. አላውቅም

30. የእረፍት ጊዜህን/ሽን የትነው የምታሳልፈው/ፊው?

1. መጽሐፍ በማንበብ
2. ከጓደኞቼ ጋር ፊልም በማየት
3. መሸታቤት በመሄድ
4. የሀማኖት ፕሮግራሞችን በመከታተል
5. ሌላ ካለ ይጠቀስ -----

31. ሴክስ ፊልም አይተህ/ሽ ታውቃለህ/ሽ?

1. አዎ
2. አላውቅም (ወደ ቁጥር 33 እለፍ/ፊ)

32. መልስህ/ሽ አዎ ከሆነ በሳምንት ስንት ጊዜ ታያለህ/ሽ?

1. አንድ ጊዜ
2. ሁለት ጊዜ
3. ሶስትና ከዚያ በላይ

ክፍል 6 ለግብረ ስጋ ግንኙነት ባህሪን በተመለከተ

አንዳንድ ጊዜ ወጣቶች የግብረ ስጋ ግንኙነት ይፈጽማሉ፡፡ ይህም የሚሆነው በተለያዩ

ምክንያቶች ሊሆን ይችላል ፤ ለፍቅር ፤ ለስሜት ወይም አምነ ወብት ፤ ተገደው ወይም ተታለው ሊሆን ይችላል፡፡

33. ከዚህ በፊት የግብረ ስጋ ግንኙነት አድርገህ/ሽ ታውቃለህ/ሽ?

1. አዎ
2. አላውቅም (መልስህ/ሽ አላውቅም ከሆነ እዚህ ላይ አቁም/ሚ)

34. መልስህ/ሽ አዎ ከሆነ ለመጀመሪያ ጊዜ የግብረ ስጋ ግንኙነት ስታደርግ/ጊ እድሜህ/ሽ ስንት ነበር?

1. -----(ቁጥሩን ባዶ በታፃፍ/ፊ)

35. የመጀመሪያ የግብረ ስጋ ግንኙነትህን/ሽን ዩኒቨርሲቲ ከገባህ/ሽ ነው የፈጸምከው/ሽው?

1. አዎ
2. አይደለም

36. ከአንተ/ች ጋር የግብረ ስጋ ግንኙነት የፈጸመው/ችው ሰው እድሜው/ዋ ስንት ይሆናል?

1. ----- አመት ይሆናል/ትሆናለች

2. እድሜውን/ዋን አላውቅም

37. ከአንተ/ች ጋር የግብረ ስጋ ግንኙነት የፈጸመው/ችው ሰው-ምን ህ/ሽ ነው?

1. የወንድ/የፍቅር ጓደኛ

2. የቤተሰብ አባል

3. መምህር

4. እንግዳ

5. ሌላ ካለ ይጠቀስ -----

38. ለመጀመሪያ ጊዜ የግብረ ስጋ ግንኙነት ስታደርግ ስታደርጋ አንተ/አንቺ ወይም ተጓዳኝ ህ/ሽ አልኮል፣ ጫት ወይም ሌላ አይነት መድሀኒት ተጠቅማችሁ ነበር?

1. አዎ

2. የለም

3. አላስታወቅም

39. በአጠቃላይ እስከ አሁን ድረስ ከስንት ያህል ሰዎች ጋር የግብረ ስጋ ግንኙነት ፈጽመህል/ሻል?

1. ----- ያህል ሰዎች ጋር

2. አላስታወቅም

40. ባለፈው 12 ወራት ውስጥ ምን ያህል የተለያዩ የወሲብ ተጓዳኞች ነበሩህ/ሽ?

1. ምንም

2. አንድ

3. ሁለት

4. ሶስት

5. ከሶስት በላይ

41. ባለፈው ሦስት ወራት ውስጥ የግብረ ስጋ ግንኙነት አድርገህ/ሽ ታወቃለህ/ሽ?

1. አዎ

2. አላደረገሁም

42. ዩኒቨርሲቲ ከገባህ/ሽ ወዲያም ያህል የተለያዩ የወሲብ ተጓዳኞች ነበሩህ/ሽ?

1. ምንም

2. አንድ

3. ሁለት
4. ሶስት
5. ከሶስት በላይ

43. የመጨረሻውን (በቅርብ የፈጸምከውን/ሽውን) የግብረ ስጋ ግንኙነት ስትፈጽም/ሚአንተ ወይም አንቺ ወይም ተጓዳኝህ/ሽ የወለዱ መቆጠሪያ ተጠቅመህ/ሽ ታውቃለህ/ሽ?

1. አዎ
2. የለም

44. መልስህ/ሽ አዎ ከሆነ ምን አይነት ዘዴ ነው የተጠቀምከው/ሽው?

1. ኮንዶም
2. ፒልስ
3. የወንዱን ዘር ወደ ወጭ በማፍሰስ
4. በመርፌ የሚሰጥ (ዲፖ)
5. ሌላ ካለ ይጠቀስ -----

45. ከወሲብ ተጓዳኝህ/ሽ ምን ያህል ጊዜ ኮንዶም ተጠቅመህ/ሽ ታውቃለህ/ሽ?

1. አልፎ አልፎ
2. አብዛኛውን ጊዜ
3. ሁልጊዜ
4. ተጠቅሜአላወቅም

46. የመጀመሪያ ግብረ ስጋ ግንኙነት እንድትፈጽም/ሚያስገደደህ/ሽ ነገር ምን ድነው?

1. በፈቃዴ ነው የፈጸምኩት
2. ተገድጄ ነው
3. በብር /ስጦታ ተታልዬ ነው
4. አልኮል ፣ ጫት ወስጄ ነበር
5. አስፈራር ተወኝ ነው
6. ሌላ ካለ ይጠቀስ -----

47. (ለወንዶች ብቻ) ከዚህ በፊት ከሴተኛ አዳሪ ጋር የግብረ ስጋ ግንኙነት አድርገህ ታውቃለህ?

1. አዎ
2. የለም

48. መልስህ አዎ ከሆነ ምን ያህል ጊዜ ኮንዶም ተጠቅመህ?

1. ምንም ጊዜ

- 2. አልፎ አልፎ
- 3. አብዛኛውን ጊዜ
- 4. ሁልጊዜ
- 5. አላስታወስም

49. (ለሴቶች ብቻ) በህይወትሽ እስከ አሁን ድረስ አስገደደው የደፈሩሽ ተጓዳኞች አሉ?

- 1. ምንም
- 2. አንድ
- 3. ሁለት
- 4. ሶስት ወይም ከዚያ በላይ
- 5. አላስታወስም

50. (ለሴቶች ብቻ) ከዚህ በፊት የግብረ ሰጋ ግንኙነት ለማድረግ ተብሎ የተቀበልሽው ነገር አለ?

- 1. አዎ
- 2. የለም
- 3. አላስታወስም

51. (ለሴቶች ብቻ) ለጥያቄ ቁጥር 49 መልስሽ አዎ ከሆነ ምን ተቀበልሽ?

- 1. ገንዘብ
- 2. ስጦታዎች ይጠቀስ -----
- 3. ሌላ ነገር ካለ ይጠቀስ -----

ስለተባበሩን አመሰግናለሁ፡

Declaration

I, the undersigned, declare that this is my original work, has never been presented in this or any other university and that all the source materials used for the thesis have been duly acknowledged.

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

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