

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

**PERCEPTIONS OF UNPROTECTED SEX AND CONTRACEPTIVES USE
AMONG ETHIOPIAN YOUTH FEMALE MIGRANTS**

By: BEFIRDU MULATU JIMA

Advisor: Dr. ASSEFA SEME (MD, MPH)

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	Date	Signature
By BEFIRDU MULATU JIMA*	_____	_____
Dr. WAGARI DHERESSA (PHD)	Dean	_____
Dr. ASSEFA SEME (MD, MPH)	Advisor	_____
MESSELECH ASSEGID (MPH)	Examiner	_____
Dr. MICHAEL TEKIE /UNFPA/	Examiner	_____

***Email Address: waaq_nueeg@yahoo.com**

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List of acronyms

HIV/AIDS:	Human Immune Virus/Acquired Immunodeficiency Syndrome
ICPD:	International Conference on Population and Development
IOM:	International organization for Migration
MDG:	Millennium Development Goals
MOLSA:	Ministry Of Labor and Social Affair
PEA:	Private Employment Agencies
RH:	Reproductive Health
STD:	Sexually Transmitted Diseases
STI:	Sexually Transmitted Infections
UAE:	United Arab Emirates
UNFPA:	United Nation Population Fund

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SUMMARY

Introduction:

Although all stages of migration possess reproductive health (RH) risks such as unwanted pregnancies, unsafe abortions, STIs including HIV/AIDS and the predisposing factors including unprotected sex and non use of contraceptives, no studies focused on these issues among youth female migrants. Many Ethiopian girls are moving to Arab States as house maids in search of better paying jobs. Most of them are noticed to be young, rural with primary or lower level of education and with no or low levels of contraceptives knowledge and use. The processing of their passport and VISA, which might take two to three months, are facilitated or mediated by the middle men - locally known as “delala” – to mean brokers. The delalas who facilitate where to stay for these young girls in Addis Ababa are entitled to have sex with them. Temporary separation from family increases their vulnerability to casual sex and sexual violence which, if unprotected, will expose them to unwanted pregnancy, unsafe abortion and sexually transmitted infections (STIs) including HIV/AIDS. These in turn will deny their long-term ambition of getting better paying jobs overseas.

Objective: To assess youth migrant’s perceptions about risks associated with unprotected sex and the use of contraceptives to reduce its consequences during migration process, 2012/2013.

Method: Mixed-method was used, among Ethiopian youth female migrants to different Arab States, those selected by convenient and purposive. Data were collected from 18/03/2013 to 05/05/2013 at Ministry of Labor and Social Affairs (MOLSA) using semi structured questionnaire from 258 females, and in-depth interview, having topic guides, from twelve respondents. The analysis for quantitative data was done by using SPSS version 17 and thematic analysis was done for the qualitative data.

Result: The youth migrants have low knowledge (33.5%) about the meaning of unprotected sex and low levels of both the knowledge about the use of contraceptives (42.53%) and the practice (34.5%). In addition the use of contraceptives is hampered by shame, inaccessibility and mixed feelings among these youth migrants. Fear of unprotected sex is a common concern whereby middlemen 112 (55.2%) and sex for exchange for money 66(32.5%) are the most reported exposing factors. Attitude towards using contraceptives is favored by their perceived risk of unprotected sex 98(56.3%). Eighteen (24.0%) respondents reported having unprotected sex and ever using contraceptive methods was independently associated with it (P-value<0.001).

Conclusion and recommendation: Getting awareness about unprotected sex are almost nonexistent, the levels of both knowledge (42.53%) and practice (34.5%) of contraceptives use are low that is further hampered by shame, inaccessibility and mixed feelings, putting Ethiopian female youth migrants at risk of the consequences of unprotected sex. Hence, they need more awareness on unprotected sex and its consequences, increasing their knowledge of contraceptives use for both unwanted pregnancy and STIs including HIV/AIDS.

1. BACKGROUND

Labor migration is movement of persons from one State to another, or within their own country of residence, for the purpose of employment (1). In the Arab States 50 to 76 percent of migrants are women from countries like Ethiopia to work as house maids(2). Ethiopia, though no exact data can be found, but estimated in 2008-9, there were 68,090 migrant women and 100% employed as domestic workers(3). Ministry Of Labor and Social Affair reported an increase from 20,000 to 80,000 –in applications to work overseas in 2011, but represents 30 to 40 percent ; 60 to 70 percent of labor migration is facilitated by illegal brokers(4).

With this migration pattern involving very high number of Ethiopian females, there is a need to assess the safety of migration process and perceived risks with regard to their reproductive health (RH). Many studies were focused on sexually transmitted infections (STI) and HIV/AIDS risks of migrants; but unprotected sex that expose for all these problems and right violations are also common during migration processes. The knowledge and use of contraceptives can minimize the outcomes of unprotected sex; unwanted pregnancy and its complications and STI/HIV/AIDS.

There are also studies indicating low condom use among female migrant workers due to inaccessibility and sexual abuse in Arab countries (19, 20).

The focus on STI and HIV in many researches among migrants has undermined the importance of looking at risks of unprotected sex and its consequences among migrant women which is the rationale of conducting this study. My argument is focusing only on basic pre-departure training is inadequate to help this migrants to move through healthy migration. Hence exploring their perception on particularly contraception knowledge and use on their real life context is very important to tackle the outcomes of unprotected sex those could be faced during migration. As it is different from many researches done on migrants focused on STI/HIV in destination countries, this study will provide a relevant picture of the perceptions of unprotected sex and contraceptives use among migrants during migration process. It will also open new research gate into ways of developing practical interventions to prevent the consequences of unprotected sex facing youth migrants. Additionally national and international organizations can use results of this study to formulate policies and develop strategies to provide appropriate interventions at the sources of many migrants which can help in reducing the consequences of unprotected sex during migration process.

2. LITERATURE REVIEW

Social factors and economic disparities within and between countries, together with demographic factors and environmental pressures, are key drivers of national and international migration and of the estimated 214 million of which in 2010, 49% were women (1, 5) . Though 50 - 76 percent of documented international migrants are women and the number is high particularly among migrants from Bangladesh, Ethiopia, India, Sri Lanka, and the Philippines(2).

Migration in Ethiopia is processed through: Public, Private Employment Agencies (PEAs), illegal brokers, and „Trafficking. During 2004-2006 as officially there were 11,802 via public and 56,288 via private, female migrants. In 2008-9, out of 68,090 women; 91% were single, 83% were in the 20-30 age group, 63% had some secondary education, 26% were illiterate, and all employed as domestic workers. One hundred women a day sign contracts at Ministry Of Labour and Social Affairs (MOLSA)(3). MOLSA reported a fourfold increase from 20,000 to 80,000 in applications to work overseas in 2011 which represents only 30-40% of Ethiopians migrating to the Middle East; 60-70% of labor migration is facilitated by illegal brokers(4).

Feminization of migration is now an accepted global phenomenon. Migrant women did not have options for a secure and sustainable livelihood in their country of origin(6).

At all stages of migration, women are at heightened risk for coercion, violence, theft and fraud. Young women are at greatest risk, including for unwanted pregnancy and sexually transmitted infections including HIV/AIDS. Their relative lack of education and information adds to their vulnerability(7).

Females are subject to discrimination both as women and as migrants, unable to claim their rights that are their due and may have very little or no access to RH services, little or no bargaining power to prevent unwanted and unsafe sex during travel and at destination and sexually exploited by their employers. They exposed to unique pressures, constraints, and living condition, many are separated from their families and spouses or regular partner, may feel anonymous, may also feel freed from the social norms that guided their behavior in their family, community and culture, lonely people away from home may be especially susceptible to peer pressure. These factors may provoke to the risks and engage in behaviors they would not have engaged in at home(8).

Challenges in countries of destination are more related to their awareness of RH including contraceptive use and protection of their RH rights and many lack awareness where their level of education can matter how they respond to the RH problems they face. They usually lacked access to RH information, which can be exacerbated by the fact that low-skilled migrants tended to have low levels of education, with a small proportion having had no education at all. Several socio-cultural factors are barriers to sexual and RH information and services including language and unequal gender relation. Young women are especially vulnerable to health risks because of their fear of it being found out that they were sexually active before marriage. Due to the lack of knowledge and lack of access to health information and services, particularly regarding contraception, female migrants are vulnerable to unwanted pregnancy and unsafe abortion(9) .

The local conditions and environment at the place of origin of migrants influences health during all phases of the migration process and continue to affect them at their destination (10).

In Ethiopia, International Organization for Migration (IOM) is currently acting in areas of migration and health; raising awareness towards HIV/AIDS among rural communities and supporting MOLSA in providing migrants with pre-departure counseling(11).

The pre-departure health condition of migrants including RH is worth considering but it is not all inclusive and has no specific area of focus on RH in Ethiopia. The disciplining of domestic workers, sexual prohibitions, Religious observances, Characteristics of Arab men and women, Salary remittances, bank accounts, Contact with PEA, personal hygiene and practical training; lectured for three hours on the content and terms of their employment and their legal rights given to 80-100 people who are leaving Ethiopia through these means every day(3, 12).

Young people lack knowledge about sexuality and RH, experience higher risks of unwanted pregnancies and abortion , are vulnerable to HIV/AIDS and STDs infections, and also seem to be more often victims of sexual violence (13).

The available studies reflected a focus almost entirely on STIs and HIV prevention among migrant women but their needs include, contraception, including emergency contraception, to prevent unwanted pregnancies and unsafe abortion; protection and care for those who have experienced violence, particularly sexual violence; and confidential counseling and non-discriminatory RH information and services for all, irrespective of age, marital status, ethnicity and type of employment. These are at the heart of the International Conference on Population and

Development (ICPD), and central to the work of United Nation Population Fund (UNFPA). If realized, these rights would also contribute to the attainment of Millennium Development Goals (MDGs) particularly MDG 5, and also MDGs 3 and 6 (9).

Modern contraceptives method use will prevent 218 million unintended pregnancies in 2012, including 55 million unplanned births, 138 million abortions (of which 40 million would have been unsafe) and 25 million miscarriages. “Some women may not use contraception and some current users of modern methods may stop use, for a number of reasons, including having concerns about health and side effects, perceiving that they are not at risk of pregnancy, facing opposition from their partners or others, having inadequate knowledge about methods and having problems getting supplies(14).

Family planning prevents unwanted pregnancies and eliminates recourse to abortion, thereby saving women’s lives (every year, an estimated 74,000 women die as the result of unsafe abortions) (9).

Contraceptive use increases with educational attainment; 22 percent of women with no education use a method of family planning, compared to 68 percent of women with a secondary education or higher. Unmarried, sexually-active women are the most likely to use family planning-over half (52%) are using a modern method, with 32% using injectables and 11% using male condoms (15).

Migrants possess limited knowledge of modern contraceptive methods and, therefore, may have a limited choice of these methods during their first years in an urban destination (16).

Lower level of contraceptive knowledge among young women, the greater the likelihood that they expected to have unprotected sex that puts them at risk for an unwanted pregnancy which is very high for women in their 20s. Although most unmarried young adults are trying to avoid pregnancy, many are not taking the necessary precautions to do so or have conflicting attitudes about pregnancy and contraceptive use (17)

Lack of knowledge of emergency contraceptives (EC), culture, stigma about contraception, and low literacy are playing a significant role in attitude towards contraception, fertility, and women’s roles, thus affecting access to and knowledge of EC. In many countries access to EC is limited by

age, and younger girls do not have access and education on EC is generally not targeted at youth, and therefore knowledge is lacking(18).

In sub-Saharan Africa, a culture of silence surrounds most reproductive health issues. Many adults are uncomfortable talking about sexuality with their children and others lack accurate sexual health knowledge. Many feel unable to discuss sexuality across perceived barriers of gender and age differences (6, 19).

Female migrants engage in sexual relationships for different reasons like economic, coercion, sexual abuse, and rape, some feared losing their jobs and/or persecution if they did not acquiesce to sexual encounters. They experience sexual harassment and rape, stigma and discrimination in all stages of migration: pre-migration planning, start of migration, transiting to the host country, working abroad, while leaving/escaping, and upon return. If women flee from private homes to escape abusive situations, they are often faced with circumstances that are equally abusive. Frequently, they are raped and/or forced into sex work by people who offered to help them escape(6).

Labor migrants have low level of and perception on HIV/AIDS and STDs, thus are prone to risky sexual practices and behavior due to lack of information on safe sex practices and are therefore susceptible to STD infections(20).

Among female migrants condom use appears to be uncommon or low, due to willingness and consent of male partners, seen as indication of non faithfulness and discomfort, inability to leave their places of employment to purchase condoms, condoms are sold only in authorized pharmacies in Arab countries which make them inaccessible and also the cost of purchasing would be too high(6, 20).

Female migrants are abused sexually by male employers ranging from harassment to rape and also young men in the household that harass them and/or offered money in exchange for sex, whereby it would be impossible for the victim to negotiate condom use which put them vulnerable and at risk of STI/HIV infections(6, 20).

When compounded by the lack of laws and remedial measures for domestic migrant workers, their vulnerability increases. In most Arab countries, abortion is prohibited and illegal and women migrant workers who undergo the procedure are liable for immediate deportation, which prompts some to resort to clandestine abortions that pose serious health risks (20).

3. OBJECTIVES

3.1. General objective:

To explore female youth migrants' perceptions towards unprotected sex and contraceptives use in reducing its consequences during migration process.

3.2. Specific objectives:

- To explore the perception of female youth migrants towards consequences of unprotected sex during migration process.
- To explore the knowledge of female youth migrants about benefits of contraceptives in reducing the consequences of unprotected sex during migration process.
- To explore the attitude of female youth migrants towards contraceptive use to reduce consequences of unprotected sex during migration process.
- To determine factors associated with contraceptives use among female youth migrants during migration process.

4. METHODOLOGY

Study Design

A cross-sectional study combining both quantitative and qualitative study designs was used for this particular study to get rich data.

Study Area

The study was conducted in Addis Ababa among female migrants traveling to Arab states in 2012/13. Addis Ababa is the capital city of Ethiopia which has ten sub-cities. It is where the African Union is based and hosts the headquarters of the United Nations Economic Commission for Africa and numerous other continental and international organizations. It is where MOLSA which in collaboration with International Organization for Migration (IOM) and some PEAs work in giving pre-departure training during migration process where 80 to 100 people are leaving Ethiopia through these means every day^(4, 10 &11). Here, female youth migrants, come to facilitate their processes to travel abroad for work and to take pre-departure training as well. When they came here they could face conditions exposing them for RH risks including unprotected sex while they are searching for affordable places where to stay during the process. Hence, they are forced to search for cheaper places, American Gibi, where up to forty people sleep in a single class room including boys or they will be forced to stay with middle men or casual friends or even they start to find money from sex. All these can expose them for new environment having new behavior to be adapted which could facilitate for them to engage in unprotected sex.

Study Population

The target population is all Ethiopian youth females who migrate to work in different Arab states and the study population is all Ethiopian youth females who were taking training at MOLSA during the data collection.

Sample size

Quantitative

Sample size was determined using a formula for single population proportion estimation and calculated using Open Epi version 2.3 computer program/Open Source Epidemiologic Statistics for Public Health, 2009.

The following parameters were used to calculate sample size: absolute precision of 5%, 95% confidence interval, and 20% proportion (proportion of unprotected sex among youths in Ethiopia (17). That gave a sample size of 246. Adding 5% for non-response rate resulted in total sample size of 258.

Qualitative

The sample size was determined by saturation of the data, at which similar information is repeated.

Sampling procedure

Quantitative

Participants were recruited by convenient and purposive sampling methods at MOLSA, waiting hall where they stay before entering for the training, until the required sample size was reached. The non probability method was used by intention as the group of population is homogeneous and difficult to reach at, to get the required sample size.

Qualitative

Interviewees were recruited conveniently and purposively at waiting hall in MOLSA where they stay before entering for the training and by the help of middlemen participants were also recruited at Bole and American Gibi, for data triangulation and to prevent bias as there were participants who relate the interview with the training at MOLSA. The convenient method was used to approach the interviewee and purposive method was applied to select those 15 to 24 years old.

Inclusion criteria

The sample included those youth females aged 15 to 24 years who are on the migration process; who did not take pre-departure training at MOLSA, who took the training but did not travel yet and returnees from different Arab States.

Data Collection Procedures

Quantitative

Data were collected from 18/03/2013 to 08/ 04/ 2013 at MOLSA by two trained data collectors using semi-structured questionnaire for interview. The questionnaire was prepared in English and translated to Afaan Oromo and Amharic with back translation by professionals to English to ensure consistency.

Qualitative

The data were collected using in-depth interviews with a semi-structured topic guides by the principal investigator which was prepared in English and translated to Afaan Oromo and Amharic with back translation by professionals to ensure consistency. Data were collected from 12/04/2013-05/05/2013 at MOLSA, Bole Homes and American Gibi, in Addis Ababa. The interviews were tape recorded with a supplement of non participatory observation.

Measurements and operational definitions

Those who reported knowing condom with its dual effect and emergency contraceptives (EC: was focused as it is best option to prevent unwanted pregnancy after unprotected sex) were considered as having good knowledge, those who reported either condom with its dual effect or one of its effect and EC were considered as having average knowledge, those who reported EC only or condom with only one of its effect were considered as having poor knowledge and those who reported none were considered as unaware of these contraceptives in reducing consequences of unprotected sex.

Perception is measured by their perceived risk of engaging in unprotected sex and future intention to use contraceptives to prevent the consequences; those who perceived risk of unprotected sex and reported to use in the future were considered as having favorable attitude towards using contraceptives where as those who perceived risk of unprotected sex and reported not to use in the future were considered as having unfavorable attitude towards using contraceptives.

Middlemen:-People who connect migrants and employment agencies both abroad and in country.

Prospective migrants:-Female migrants who have never gone abroad to seek job but in the process of migration.

First time migrants:-Migrants who were abroad one time in past and on the process to go again.

Second and higher time migrants: - Female migrants who went abroad twice and more and who are on the process again.

Returnees: - Female migrants who were abroad in the past but not on the process currently.

Variables

Dependent variable: Unprotected sex which is sex without using contraception that put at risk of pregnancy at any time during the menstrual cycle and /or sex without using a condom that put at greater risk of getting a sexually transmitted infections.

Independent variables:

- Socio-demographic characteristics
- Knowledge of contraceptives used to prevent or minimize consequences of unprotected sex
- Attitude towards contraceptive use to reduce consequences of unprotected sex
- Migration status
- Pre-departure training

Data quality management

Questionnaire was prepared from standards of IOM and UNDP reports, training was given for the data collectors for two days 18/03/2013-19/03/2013 and pre-test was also done. All question sheets were checked for completeness after each interview and respondent identifications were assigned for all.

Topic guide was pre-tested and during the data collection additional notes were taken by non-participatory observation for non-verbal response and the context of the interview. The tape recorded audio were checked for completeness and field notes were expanded soon after completion of each interview. For the tape recorded data; field notes and collecting from different places were used as triangulation.

Data Analysis

Quantitative

Data were entered using Epi info 3.5.3 and then transferred to Excel, using Stat/Transfer for windows, then to Statistical Package for Social Sciences (SPSS) version 17 by which data were cleaned and analyzed. Descriptive statistics was used to depict frequency distributions and proportions. Chi-square test was used to check the effect of each independent variable on the outcome of interest and P-value less than 0.05 was used to report significance.

Qualitative

With themes as unit of analysis, continuous inductive coding was done. During the coding, decision on codes was documented and codes were defined based on contained information, central meaning. New or surprising ideas were coded accordingly and memos were used for ambiguous, contradictory and missing data. Changes done on coding were documented on note book which included list of codes, definition of codes, how code was used and every revision on codes with dates.

Totally twelve in-depth interviews were recorded including one trainer at MOLSA. The interviews were recorded and transcribed verbatim and then translated to English. The translated recordings were written on word and imported to open code version 3.6.2. Using the open code the data were analyzed thematically; text was coded line by line and categorized by similarities of meanings they carry to produce the final theme.

5. ETHICAL CONSIDERATION

Ethical clearance was obtained from the Research Ethics Committee (REC) of School of Public Health; College of Health Sciences, Addis Ababa University. Oral informed consent was prepared in English and translated in to Afaan Oromoo and Ahmaric. Which was signed by the interviewer and a copy of signed oral informed consent was offered to each participant. The participants were informed with explanations on the purpose, risks and benefits of the study, how data will be used and who will have access to the data, whom they may contact for questions, time to complete the interview and voluntary participation. They were also informed of confidentiality on the information they provided as their privacy will be protected, information will be kept in confidence and by no means will their information be revealed to others. They were asked on the information that they don't want to be disseminated at the end of the interview. Their volunteer was assured before each interview was started. In addition a request of permission to record their voice for qualitative interview was forwarded.

6. DISSEMINATION OF STUDY RESULTS

The result of the study will be submitted to School of Public Health, Addis Ababa University and other organizations including MOLSA and IOM if necessary. The finding will also be presented to School of Public Health, Addis Ababa University.

7. RESULTS

The results of this study are presented using the findings from both the qualitative and quantitative research methods. The qualitative findings are presented using seven categories including: 1-Unprotected sex is perceived variably, 2-Fear of exposure to unprotected sex is a concern, 3-limited chances of getting awareness, 4-Unwanted pregnancy is most feared consequence, 5-Mixed feelings on contraceptive use, 6-Talking about use of contraceptives is shameful and Category 7-interface of contraceptives and working abroad.

Socio-demographic characteristics of the respondents

The response rate was 100% that included the whole sample size 258 which became possible as respondents were explained about the interview in a hall and only those volunteers were included to start the interview in which there was no refusal.

The mean (\pm SD) age of the respondents was 20.7 (\pm 2.6) years. More than two thirds of the respondents 183 (70.9%) were not ever married and more than a half 133 (51.6%) were Muslims, while 104 (40.1%) were rural residents. Half of the respondents 131(50.8%) were from Oromiya region. Oromos constitute 122 (47.3%) of the respondents followed by Amhara 82(31.8%). Majority of the parents of the respondents 177(68.6%) were farmers.

Among the respondents; nearly a half 127(49.2%) were educated up to secondary and higher level, more than three fourth 197 (76.4%) were prospective migrants and 222(86%) did not take the training. (Table 1)

TABLE1: SOCIO-DEMOGRAPHIC CHARACTERISTICS OF ETHIOPIAN YOUTH FEMALE MIGRANTS TO ARAB COUNTRIES MAY2013, ADDIS ABABA.

Variables	Frequency	Percent
Age		
15-19	82	31.8
20-24	176	68.2
Mean(\pm SD)	20.68 (\pm 2.566)	
Marital status		
Ever married	75	29.1
Not ever married	183	70.9
Religion		
Muslim	133	51.6
Orthodox	110	42.6
Protestant	15	5.8
Region		
Oromiya	131	50.8
Amhara	57	22.1
SNNP	26	10.1
Tigrayi	16	6.2
Addis Ababa	28	10.9
Residence		
Rural	104	40.3
Urban	154	59.7
Ethnicity		
Oromo	122	47.3
Amara	82	31.8
Tigre	20	7.8
Gurage	25	9.7
Silte	5	1.9
Others	4	1.6
Parental occupation		
Farmers	177	68.6
Merchants	36	14.0
Employee	22	8.5
Others	23	8.9
Educational level		
No education	14	5.4
Primary	117	45.3
Secondary and higher	127	49.3
Migration status		
Prospective	197	76.4
First time	54	20.9
Others	7	2.7
Pre-departure training		
Trained	36	14.0
Not trained	222	86.0
Total	258	100.0

Awareness, knowledge and attitude towards unprotected sex and its consequences

Most 203(78.7%) have ever heard about unprotected sex; schools are leading source of information 90(44.1%) followed by radio 73(36%).

Among 203 respondents who ever heard about unprotected sex; majority 83 (40.9%) perceived unprotected sex as making sex out of marriage which include before and within marriage showing misconceptions about it. Whereas 68 (33.5%) perceived as making sex without a protective method with anyone including once own husband which shows low level of the knowledge of these youth female migrants regarding the meaning of unprotected sex (Table 2).

In the qualitative interview also the meaning of unprotected sex was variable.

1-Unprotected sex is perceived variably

The interviews with youth female migrants showed that unprotected sex is perceived basically as harmful. This is specially related to its consequences a girl face if exposed. However, there are misconceptions regarding what unprotected sex is and the misconceptions were clearly indicated the knowledge gap about unprotected sex.

“Unprotected sex means... just as I learnt in school; some time there is what is done on girls without their will. One thing out of what God gave them...out of what we created for there is by oral, there is by anus; which is out of nature. That is unprotected sex because they do what should not be done through which it is not allowed. Such one and also, that unnecessarily like through unnecessary, out of necessity, out of its norm, for example, if a man get home after getting drunk, he can do anything he want on his wife without her will by the force of the drink”. (R2)

Out of 203 respondents who ever heard of unprotected sex, 84(41.4%) perceived that they could be exposed for unprotected sex during migration process. The perceived causes of unprotected sex as reported by the participants were middlemen 112 (55.2%), exchanging sex for money 66 (32.5%), male employers 50 (24.6%), casual friends 46 (22.7%), boyfriends 46 (22.7%) and using substances 38(18.7%). (Table 2)

The same findings were revealed in the qualitative interviews as well.

2-Fear of exposure to unprotected sex is a concern

The perceived risk factors by the youth female migrants are related to their working conditions, personal life, where to stay during the process and people working in the process. Fear of rape and being forced to sex are the major concerns; abroad by their employers as of prospective migrants. Whereas for those of experienced migrants; the fear is rooted in to the poverty which forces our females to make sex to get money. The fear is also related to personal life like sexual desire and intimacy. In addition the limited chances of getting awareness about the issue and rampant illegality with reluctant legal follow up were playing their role. For instance, interviewees were reflected their fear as follow:

“I don’t know! I just fear! Those Arab males...the... (Interrupted speech) love Ethiopian females, when it is said like this I fear so much”. (R10)

“I mean... if it is by force, it may happen which could be by the employers or their children”. (R7)

“Sometime there is what they do, to improve life; legally they go abroad as a house maid but when they reach there, however, what they want to become is... like...working as bar lady and there are many who become bar ladies. They do that, just once they start it, probably they may be sexually abused by their employer. Then there could be money he gave them. Their male employer could be undisciplined and there could be a young male in the house; they could make sex against their will. When such things happen repeatedly and become over to them, is a condition whereby they are forced to leave the home and work as street woman”. (A Trainer at MOLSA)

The fear of these youth female migrants to be exposed to unprotected sex is not limited to while they are abroad but they feared it also in Addis Ababa which was reflected by the following interviewees.

“Most of those who exposed for this thing are, for example, those who are from country side (rural). Maybe they could come alone and know no one here. At that time, some people say to them we will find a place where you stay and by that time they may take even all what they have from the; they can rape them, transmit diseases, and all thing to them”. (R1)

“Here, they do not have where to stay when they come from country side. Even, you can find who started such thing here and go abroad, having nowhere to stay... in areas which are well known like American Gibi. There, just in one room up to ten people stay together whereby they could not get food and even may not afford buying soap for washing. Hence they use directly money from making sex. The cause...one thing is agencies do not serve them properly. Second...they are not well aware due to limited information about it; they may think to get only that money, however, I think they forget to think about acquiring disease and unwanted pregnancy”. (A Trainer at MOLSA)

From those who have awareness about unprotected sex, 192(94.6%) knew its consequences. The reported consequences were: STI including HIV/AIDS 182 (94.8 %), unwanted pregnancy 176(91.7%) and Psychological disturbance 80(41.7%). Nearly half 94(49.0%) of the 192 respondents reported that they were aware about a girl victim of unprotected sex and its consequences; 79 (84.0%) respondents reported unwanted pregnancies and 11 (11.7%) respondents reported HIV infection cases, among others. Although the reported numbers can't represent the exact cases, they can show us the presence of unwanted pregnancy among these youth female migrants. (Table 2)

TABLE2: AWARENESS OF UNPROTECTED SEX AND ITS CONSEQUENCES AMONG ETHIOPIAN YOUTH FEMALE MIGRANTS TO ARAB COUNTRIES MAY 2013, ADDIS ABABA.

Variable	Frequency	Percent
Ever heard of unprotected sex		
Yes	203	78.7
No	55	21.3
Sources of information(n=203)*		
Radio	73	36.0
TV	41	20.2
Health Worker	44	21.7
Friends	49	24.1
Family	13	6.4
Training	2	1.0
Youth Association	6	3.0
School	90	44.1
Meaning of unprotected sex (n=203)		
Making sex out of married	83	40.9
Making sex with boyfriends	20	9.9
Making sex with casual friends	14	6.9
Making sex without a protective method with including once own husband	68	33.5
Others	5	2.5
Don't know	13	6.4
Perceived causes of exposure to unprotected sex (n=203)*		
Her husband	24	11.8
Her boy friend	46	22.7
Middlemen	112	55.2
Casual friends	46	22.7
Her employer	50	24.6
Using substances	38	18.7
Exchanging sex for money	66	32.5
Others Specify	7	3.4
Don't know	6	3.0
Uncertain about having safe sex(n=203)		
Yes	84	41.4
No	119	58.6
Knowledge about consequences of unprotected sex		
Yes	192	94.6
No	11	5.4
Reported impact of unprotected sex (n=192)*		
STI including HIV/AIDS	182	94.8
Unwanted pregnancy	176	91.7
Psychological disturbances	80	41.7
Others specify	8	4.2
Aware of a victim		
Yes	94	49.0
No	98	51.0
Reported impact of unprotected sex (n=94)*		
Infected by STI	4	4.3
Infected by HIV	11	11.7
Unwanted pregnancy	79	84.0
Psychological disturbance	7	7.4
Others	3	3.2
Total	258	100.0

(n)*=multiple responses are possible and hence percent can exceed 100.

Also in the qualitative interviews these consequences were reported including unwanted pregnancies.

4- Unwanted pregnancy is most feared consequence to be faced

The findings from the in-depth interview revealed that most are well aware about the consequences, but more concerns were given to unwanted pregnancy. May be they could give more concerns for unwanted pregnancy due to its commonness among these females, but in such cases they may undermine facing STI including HIV/AIDS for which they could be exposed.

“Unprotected sex means that lacks care, which has nothing good for you. I mean sex which is unprotected, for example, you may not use condom. At that time a girl can get pregnant. When this happens she will not reach for what she aimed at, some where she wished to be. She may think to do something; however, she will not do it if that thing happens to her. In addition to this she may not have good thing in her family too. In such cases this is harmful”. (R1)

“I mean...even when we go to work abroad; there are some who go purposely for this. We are seeing many who unintentionally get pregnant and there are many of our friends who are suffering much when they come back for being pregnant and many of their children are victims of the suffering”. (R5)

Knowledge of the use of contraceptives in reducing consequences of unprotected sex

According to this study among 192 respondents, those who knew the consequences of unprotected sex, 18 (9.4%) of respondents knew no methods for preventing and/or minimizing the consequences of unprotected sex whereas the rest 174 (90.6%) respondents do. This showed that most respondents know the methods of prevention and/or mitigation of the consequences of unprotected sex. Condom to prevent STIs including HIV/AIDS is dominantly reported by 156 (89.7%) respondents followed by its prevention of unwanted pregnancy 132 (75.9%). Whereas, 89(51.1%) of the respondents know that emergency contraceptives as method of preventing unwanted pregnancy, Injectables were reported by 41 (23.6%) respondents and pills were reported by 15 (8.6%) respondents as known methods for preventing and/or mitigating the consequences of unprotected sex. (Table 4)

Among 174 respondents 10(5.75%) don't know that; condom can prevent STI/AIDS, condom can prevent unwanted pregnancy and EC can prevent unwanted pregnancy. Seventy four (42.53%) of the respondents knew that condom can prevent STI/AIDS, condom can prevent unwanted pregnancy and EC can prevent unwanted pregnancy. Nineteen (10.92%) of the respondents knew only condom for its prevention of STIs including HIV/AIDS and 6(3.45%) of the respondents knew only EC for its prevention of unwanted pregnancy. The dual effect of condom is known by 56(32.18%) of the respondents, 7(4.02%) of the respondents knew that EC to prevent unwanted pregnancy and Condom to prevent STI/AIDS, whereas condom to prevent unwanted pregnancy and EC to prevent unwanted pregnancy were known by 2(1.15%) of the respondents.

5- Mixed feelings on contraceptive use

The youth migrants had both favorable and unfavorable perceptions towards contraceptive use, especially condom. The favorable perception is rooted in the importance of condom in preventing unwanted pregnancy above all while the unfavorable perception is attached to its discomfort and liability for breakage during sex. For the other contraceptives also the favorability is in relation to pregnancy prevention. The following responses reflect these perceptions:

“Just always with condom, I don't know! As of me, when I just think of it, it seems difficult; I mean like for myself when I think it”. (R2)

“I say it is not good, first, doing itself from the beginning. Incidentally, I mean that thing incidentally just...they could get pregnant, though, they are using it. Therefore, I say they should not use even”. (R6)

“For example, if she is raped...more than the injury to her mind, the child that she could come with...it means at least she can prevent that for that it is good to use contraceptives”. (R7)

Ever use of contraceptives

Only 60 (34.5%) of 174 respondents have ever used contraceptive methods which include; injectables by 23 (38.3%) of the respondents, EC to prevent unwanted pregnancy by 17 (28.3%) of the respondents, condom to prevent unwanted pregnancy by 16 (26.7%) of the respondents and condom to prevent STI/HIV/AIDS by 15 (25%) of the respondents. However, majority of the respondents 114 (65.5%) have not ever used contraceptive methods reporting different reasons; not ever making sex 52 (45.6%), religion 15 (13.2%), don't think using is important 12 (10.5%) and partner refusal 10 (8.8%), among others. (Table 4)

6- Talking about use of contraceptives is shameful

The youth female migrants do feel unease when asked about contraceptive use, even the history of their friends related to using practice. This is, of course, as a result of their socio-cultural background whereby let alone using but talking about contraceptives is difficult as it is related with sexual activities before marriage which is considered as taboo. And hence they could have used but hesitated to disclose the history. Most of the respondents reported injectables as a well known method for prevention of unwanted pregnancy. And they were reluctant to tell any history of ever using, even couldn't call a condom directly at first. Not having a boy friend to reflect about not ever making sex is a common response for not ever using methods also from the in-depth interviews. The following responses were reflected these facts, for instance.

“Unprotected sex means using without... a thing...without like a condom! I have used ever nothing because, I don't want and I don't have a boy friend”. (R3)

“If she...makes sexual intercourse incidentally, taking injection, taking pills from health facility. Or just, the time she do that...using material used for that. Thing like what... condom”. (R6)

“I never used; I don't have a boy friend and I didn't make sex”. (R7)

Future intention of using contraceptives

Of those youth female migrants who know the contraceptive methods used for prevention and /or mitigation of the consequences of unprotected sex, more than half 98 (56.3%) reported that they will use contraceptives in future for fear of engaging in unprotected sex, three of them said they will use contraceptives if they can get, two of them said will use provided that partner is willing and 21 (12.1%) said will use after marriage. On the contrary, 24 (13.8%) said will not use as they will not make sex, eight respondents said will not use for religious reasons and 18 (10.3%) respondents were not sure about their future use of contraceptives.(Table 4)

7- Interface of contraceptives and working abroad

The future intention of using contraceptives by the youth female migrants is mostly connected with life abroad. Those youth female migrants who ever worked abroad have felt need for contraceptives from their experiences and those prospective migrants have a fear of engaging in unprotected sex mainly against their will, rape. As a result they want to take contraceptives with them when they go abroad as they are not certain of getting there and hence they are taking long acting contraceptives, implants, to protect themselves from unwanted pregnancy. They questioned getting contraceptives abroad for different reasons: no time and immobility from not getting permission to go out to buy. It seems that they want the contraceptives just to protect themselves from unwanted pregnancy which is justified by their intention of taking long acting contraceptives as a guarantee when they go abroad and also their uncertainty and reported difficulties of getting condom there. This means that their concern of acquiring STI including HIV/AIDS, abroad, is less which can put them at high risk when supplemented with difficulties of getting condom. However, it makes perception of future contraceptive use favorable. The following are reflections for these justifications, when asked (Prospective and Experienced youth female migrants) about future use both by themselves and their friends.

When asked what she feels about those female migrants those who use contraceptives: *“Their using...is good. You know why; when they go there, just from what I heard literally there...like when it is said males have no good feeling. It could help protect her if something happens; the man tries to rape her, for example”*. When asked about personal use of contraceptives in the future: *“I have not planned. May be not now, I mean may think in the future, at least...just or like when I finished and get ready to go, I am thinking that rather but I do not think now. I am thinking, of course, to take it with me when I go”*. (R1)

When asked about what contraceptives could a girl use to protect herself from facing the consequences of unprotected sex abroad: *“Truly speaking I don’t know; I mean, there, what could be the condition of its availability? Of course, it could be available. They spend on working in the kitchen; at what time they could get out to get the injection? They can’t, indeed”*. (R12)

“What I am truly saying now is, for those girls who are just going, there is for three years and also there is for five years: that one whether they will make or not make it (sex), they have to go with that having a thing (inserted). There, it could face them by their will or against their will, for example”. When asked about condom: *“a condom; when a girl makes sex with males, these days they use condom. But when we go there from here, we can’t get out and buy condom though it is available in towns, we have a fear and for one thing our employers do not let us out and also if you have no paper it is very difficult”*. When asked about the future use of contraceptives: *“Contraceptives help so much and in future it will be used. For example, my younger sister is ready to go and I took her and let her inserted which is used for five years and I also will do the same when I go because it helps me!”* (R5)

Use of contraceptives and associated factors

Of all 258 respondents 75(29.1%) were sexually active during their migration process. Out of those who were sexually active; 18(24.0%) have not used any methods against the consequences of unprotected sex during their last sex making the prevalence of unprotected sex 0.24. ever using contraceptive methods was independently associated with unprotected sex (P-value<0.001).

TABLE3: ASSOCIATION OF UNPROTECTED SEX AND EVER USING CONTRACEPTIVE METHODS.

Variables		Contraceptives were used during last sex		Total	P-value
Have ever used contraceptive methods	Yes	40	2	42	.000*
	No	5	10	15	
	Total	45	12	57	

*=Fisher's Exact Test

TABLE4: KNOWLEDGE, PRACTICE AND FUTURE INTENTION OF USING CONTRACEPTIVE FOR PREVENTION AND/OR MITIGATION OF THE CONSEQUENCES OF UNPROTECTED SEX AMONG ETHIOPIAN YOUTH FEMALE MIGRANTS TO ARAB COUNTRIES, MAY2013, ADDIS ABABA.

Variables	Frequency	Percent
Know any method used for prevention or protection(n=192)		
Yes	174	90.6
No	18	9.4
Known Methods(n=174)*		
Condom to prevent STI/AIDS	156	89.7
Condom to prevent unwanted pregnancy	132	75.9
EC to prevent unwanted pregnancy	89	51.1
Injectables	41	23.6
Inplants	1	0.6
Pills	15	8.6
Others Specify	5	2.9
Ever used the methods		
Yes	60	34.5
No	114	65.5
Used methods(n=60)*		
Condom to prevent STI/HIV/AIDS	15	25.0
Condom to prevent unwanted pregnancy	16	26.7
EC to prevent unwanted pregnancy	17	28.3
Injectables	23	38.3
Pills	2	3.4
Inplants	1	1.7
Others	1	1.7

(n)*=multiple responses are possible and hence percent can exceed 100.

Table4: Continued...

Variables	Frequency	Percent
Reasons for not ever using (n=114)		
Using is against my religion	15	13.2
There are restrictions to get	1	0.9
Don't think using is important	12	10.5
Partner do not allow to use	10	8.8
Don't have friend	2	1.8
No sex yet	52	45.6
Married no need	5	4.4
Others	12	10.5
Don't know	5	4.4
Future using intention(n=174)		
I will cause I may be exposed to unprotected sex	98	56.3
I will but may not get	3	1.7
I will if partner is willing	2	1.1
I will not cause it is against my religion	8	4.6
I will not cause will not make sex	24	13.8
Not sure	18	10.3
Others	21	12.1
Total	192	100.0

TABLE5: THEME, CATEGORIES AND CODES FROM THE QUALITATIVE DATA ANALYSIS AMONG FEMALE MIGRANTS 2013, ADDIS ABABA.

Theme- Use of contraceptives is hampered by shame, inaccessibility and mixed feelings towards use.						
Category1- unprotected sex is perceived variably	Category 2-fear of exposure to unprotected sex is a concern	Category3 – limited chances of getting awareness	Category4– unwanted pregnancy is most feared consequence	Category5- mixed feelings on contraceptive use	Category6- talking about use of contraceptive is shameful	Category7 – interface of contraceptives and working abroad
<ul style="list-style-type: none"> • Carelessly • Casual • Familiarity • Forbidden • Harmful • Lacks responsibility • Multiple sexual partner • Rape • Unnatural • Un willful • Wordlessness 	<ul style="list-style-type: none"> • Abuse • Being female • Companionless • Desire • Forced prostitution • Illegality • Poverty • Risk bearing • Risky environment • shady • Subordination • Violence 	<ul style="list-style-type: none"> • Better to say not included • Diffident • Fortune • Unaccountability • Lack of awareness • Less concerned • Seeking help • Self deception • Tampon • Unfamiliarity 	<ul style="list-style-type: none"> • Carelessness • Complexity • Continuity of suffering • Dishonor • Disempowerment of girls • Double jeopardy • Innocent guilty • Intimacy • Misery • Taboo • Uncertainty • Unsafe sex 	<ul style="list-style-type: none"> • Aversion • Confusion • Deny- refusal- contradicting • Discomfort avoidance • Dislike • Distrust • Indecision • Practice • Secret- shame • Unfavorable 	<ul style="list-style-type: none"> • Amazement • Care about • Conceal • Embarrassed • Keep secret • Refraining • Reluctance- secret • Roundabout • Shameful disclosure • Shame- secret- hidden • Shyness • Uneasiness 	<ul style="list-style-type: none"> • Caution • Earnestness • Empowerment • Exemplary • Experience teaches • Felt need • Gladness • Immobility • Obstacles • Restrictions

8. DISCUSSION

This study revealed that Ethiopian youth female migrants perceive unprotected sex in relation to its consequences in different ways i.e. they do not have similar understanding/meaning about it. Although, they perceive it differently, most of them perceive unwanted pregnancy as a common consequence. However, their perception of contraceptives use to mitigate consequences of unprotected sex is hampered by their inability to discuss on the issue due to feeling of shame that makes the discussion to be concealed. Also the study revealed that their lack of awareness about unprotected sex, rampant illegality and absence of strong legal protection are the main factors putting them at risk, while poverty is the main source of all the risks. Their main fear is forced sex against their will, rape, which could also reflect their subordination and readiness to accept economical offers for sex. From the qualitative interview there were histories of rape by group on Ethiopian female migrants in Kingdom of Saudi Arabia.

A study done among Asian female migrants to different Arab states has also revealed similar factors those female migrant workers face during migration process (6). Another study done in Bangladesh has showed also similar stories (20).

According to this study Ethiopian youth female migrants also perceive themselves being at risk of unprotected sex before they depart to abroad. The main reported factors that put them at risk include; middlemen, being lonely, absence of places to stay and coming from rural. This is congruent with a study done in Sri Lanka among female migrants (6).

In this study condom to prevent STI including HIV/AIDS is well known by the youth female migrants, 156 (89.7%). However, condom for prevention of unwanted pregnancy is less known by these youth female migrants than that of against STI including HIV/AIDS, 132(75.9%) and this could be due to their knowledge gap on the dual effect of condom; thinking its importance only in relation to prevention of HIV and STIs. These findings are congruent with findings of EDHS and DKT International (16, 21).

When compared to condom the knowledge of these youth female migrants about EC for prevention of unwanted pregnancy after unprotected sex is lower, 89 (51.1%). This could be due to the fact that these youth female migrants have a knowledge gap on the use of EC. Many studies done on EC in Ethiopia had showed similar facts (22-25). A study done on Emergency

Contraception among Female Students of Haramaya University showed that, the youth females who have awareness about EC as a means of preventing unwanted pregnancy were 47% and only 25.7% had good knowledge of EC(26).

In general the comprehensive knowledge of the youth female migrants about condom with its dual effect and EC contraceptive in reducing the consequences of unprotected sex is very low.; only 74(42.53%) respondents had good knowledge, whereas 65(37.36%) had average knowledge and 25(14.38%) had poor knowledge and 10(5.75%) had no awareness regarding condom with its dual effect and EC in reducing consequences of unprotected sex which shows knowledge gap among the Ethiopian youth female migrants.

The perception of the Ethiopian youth female migrants towards using contraceptives is mainly attached with perceived risk of engaging in unprotected sex during migration process; even though, talking about contraceptive use are shameful, most of the respondents in the qualitative inquiry showed their intention of using in future mainly to prevent unwanted pregnancy. And in the quantitative; out of 203 respondents who ever heard of unprotected sex, 84(41.4%) perceived that they could be exposed for unprotected sex during migration process. The future intension of using contraceptives is rooted with this perception and resulted in taking aside to long acting contraceptives by the youth female migrants especially abroad which is due to absence and difficulty of getting as a result of no time and permission from employers to get out to by contraceptives. When compounded by their less attention to STIs and HIV, while they are abroad, their craving for long acting contraceptives for fear of unwanted pregnancy, difficulty of getting condom and their subordination on negotiating sexual matter due to shame the youth female migrants are also at risk for STIs and HIV infections. In addition if they can't get the contraceptives they will face risks of unwanted pregnancy and its complications including unsafe abortion. A study done in Bangladesh has witnessed similar vulnerability of female migrants in Arab countries (20).

Eighteen (24.0%) of the 258 respondents have not used any contraceptive methods against the consequences of unprotected sex during their last sex. And significant association between unprotected sex and ever use of contraceptive methods was found on chi-square test; Fisher's Exact test (df1; P-value<0.001). This could be due to the low perception of acquiring STI including HIV AIDS among the youth female migrants resulting in inconsistency and

discontinuity of using contraceptives. It could also be due to fear of side effects and for condom it could be resulted from dislike and discomfort, the inability of females to negotiate using and fear of its breakage during sex as indicated in the qualitative inquiry. In addition in the qualitative inquiry, intimacy was reported as a prerequisite for sex which could also resulted in disuse of contraceptives.

A study done in US has showed that pleasure, discomfort and closeness and intimacy as factors of disusing contraceptives among females (27). Also another study has showed why females disuse contraceptives which include having concerns about health and side effects, perceiving that they are not at risk of pregnancy, facing opposition from their partners or others, having inadequate knowledge about methods and having problems getting supplies(14).

9. CHALLENGES AND LIMITATION

Challenges

In addition to time constraint, as these migrant populations are special groups assessing them was very challenging. The letter of support from Addis Ababa University College of Health Sciences School of Public Health written to Gulf Approved Medical Clinics Association (GAMCA) and Migration were not approved for exactly unclear reasons and the only option I used was MOLSA at which around the end of data collection I was banned again. Even during data collection it was very difficult to get the respondents morning session trees were inter to the hall at 8:00 am and leave after 12:00 pm during which they sign contractual agreement so they were totally not accessed. The accessed were those afternoon session trainees at the waiting room. In addition they were highly suspicious and do not easily joined the interview, which asked great patience and skill of communication to persuade them.

Limitation

As the study was new, assuming that they were homogeneous group non probability sampling was used and most of the respondents who included in the interview were highly willful and if one girl is convinced to participate in the interview in most of the cases her friends had chances of being included, as the convinced girl tried to convince others in her group.

Strength

This study is new in the area and using mixed-method could be taken as strengths of the study.

10. CONCLUSION

As of this study in the presence of almost no chances of getting awareness about unprotected sex and low level of knowledge even regarding its meaning (33.5%), Ethiopian youth female migrants are at risk of unprotected sex and its consequences especially unwanted pregnancy and also STIs including HIV/AIDS.

Also the study revealed that their knowledge of the use of contraceptive is also low (42.53%) and the practice too (34.5%) which further hampered by shame of discussing about contraceptives and barriers of getting them especially abroad.

11.RECOMMENDATIONS

Due to the absence of chances of getting awareness about unprotected sex and low level of knowledge even regarding its meaning (33.5%), Ethiopian youth female migrants are at risk of unprotected sex and its consequences especially unwanted pregnancy and also STIs including HIV/AIDS. In addition their knowledge of the use of contraceptive is also low (42.53%) and the practice too (34.5%) which further hampered by shame of discussing about contraceptives and barriers of getting them especially abroad.

Therefore, to make the migration process safe, free of unprotected sex and its consequences, whereby youth female migrants can work abroad to be economically independent that will result in their empowerment: these youth migrant females need to be aware more on unprotected sex and its consequences, and increasing their knowledge of using contraceptives to prevent or mitigate the consequences of unprotected sex. The responsibility is forwarded to:

1. The Ethiopian government, MOLSA, to include the awareness creation in its training being given to these youth migrants and tightly controlling agencies as well as the middlemen.
2. The Ethiopian government, IOM and UNDP should work in collaboration to find means of providing contraceptives for these youth migrants at the countries of their destination.
3. Schools should be encouraged to strengthen their provision of awareness creation on unprotected sex.
4. Means of identifying and helping those who exposed for the consequences of unprotected sex should be created by the Ethiopian government, nongovernmental organizations and local communities.

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Annexes

AnnexI: Oral informed consent for interviews

Good morning/afternoon. My name is _____ from _____. I am conducting interviews with youth about their reproductive health during migration process. The purpose of this study is to gather information on how migrants think of RH risks and contraceptive use to reduce consequences of the risks which can help in finding ways to promote the RH of youth migrants. You are selected since you are on the process of migration this year. I would like your permission to talk with you today about your ideas and experiences related to your reproductive health especially during migration process. The interview will include questions on contraceptive knowledge, use and unprotected sex. It will take most people about 60-90 minutes to complete the interview. Your participation is voluntary, and there is no penalty for refusing to take part. You may refuse to answer any question in the interview or stop the interview at any time.

Everything you say will be kept private and confidential. Opinions and information provided by you will be kept strictly confidential and will be used for research purposes only. Your name will not be cited anywhere and by no means will your information be revealed to others.

I want also to assure you that your participation will not affect the services that you receive from both public and private agencies of your migration process.

If you have any questions regarding this study you may ask me or contact _____ at _____.

Your name will not be used in any report, but your ideas and suggestions will help us to better meet the needs of youth migrants like you. I hope you will participate in this study as your inputs and experiences are very important. Your responses would help greatly to understand the nature of the problem, and enable design of appropriate solutions for the future.”

May I now start asking my questions?

Every aspect of the research outlined above will be fully explained to the volunteer in his/her native language, (Afaan Oromoo/Amharic).

(Signature of person obtaining consent) (Date)

AnnexII: Waraqaa Odeeffannoo.

Nagayaa fayyaa akkami? Ani _____jedhama, Univarsitii Finfinneetti barataa digirii 2ffaa. Yeroo ammaa dargaggoota durbaa adeemsa baqaa keessa jiran wajjiin gaaffii fi deebii waa'ee fayyaa hormaataa gaggeessaa jira. Qorannoon kun odeeffannoo baqattoonni shamarran adeemsa baqaa keessa jiran: danqaalee fayyaa hormaataa isaanii mudatuu danda'an fi haala fayyadama maloota ittisa ulfaa rakkoolee wal qunnamtii saalaa daangaa hin qabne raawwatuun dufuu danda'an, irratti qaban funaanuuf kan kaayyeffateedha. Bu'aan isaatis karaalee fayyaa hormaataa baqattootaa ittiin guddisanii fi jabeessan barbaaduuf gargaara. Atis wanni filamteef waan yeroo ammaa adeemsa baqaa keessa jirtuufi.

Anis har'a yaadaa fi muuxannoo ati fayyyaa hormaataa keetirratti qabdu, keessattuu odoo adeemsa baqaa irra jirtuu, irratti si wajjiin haasawuuf fedhii fi hayyammummaa kee barbaada. Gaaffii fi deebiin; gaaffiilee beekumsaa fi itti fayyadama maloota ittisa ulfaa, akkasumas wal-qunnamtii daangaa hin qabne kan hammateedha. Xumuruufis yeroo muraasa qofa fudhta. Itti hirmaannaan fedhii qofarratti kan hundaa'eedha. Hirmaachuu diduunis rakkoo sirraan hin gahu. Gaaffii deebisuu hin barbaanne deebisuu dhiisuu fi yeroo barbaaddetti gaaffii fi deebii addaan kutuu ni dandeetta.

Wantoonni ati jette hunduu, yaannii fi odeeffannoon kee marti iccitiin kan kaayamanii fi kaayyoo qorannicha qofaaf oolan tahu. Maqaan kee eessattu hin barreeffamu. Odeeffannoon keetis karaa kamiinuu namoota biraatiif dabarfamee hin kennamu. Dabalataanis hirmaannaan kee tajaajilota adeemsa baqaatiif ati dhaabbilee mootummaa fi dhuunfaatirraa argattu tokkollee hin hir'isu.

Qorannoo kanaan wal qabatee gaaffii yoo qabaatte, ana gaafachuuf mirga qabda ykn

Lakk. Bilbilaa +251910253198, kanaan yeroo kamiyyuu gaafachuu ni dandeetta.

Yaanni, ilaalchii fi muuxannoon kee fayyaa hormaataa baqattoota akka keetiif; rakkoolee jiran hubatanii fuul-dureetti mijeessuuf bu'aa guddaa waan qabuuf akka itti hirmaattu abdi guddaa qaba.

Amma gaaffii koo sii gaafachuu jalqabuu dandahaa? Eeyye _____

Lakki _____ Galata argadhu; carraa garii! _____

(mallattoo nama fedhii hirmaannaa fuudhee) (Guyyaa)

AnnexIII: English Questionnaire

Part One: Socio-demographic and related characteristics.

Date of interview _____ ID _____ Sex _____

Q. Code	Questions	Choices with code/ blank space	Record Space
101	Age	_____.	
102	Marital status	1. Ever married 2. Not married	
103	Religion	1. Muslim 2. Orthodox 3. Protestant 4. Waaqeffattuu 5. Others _____	
104	Region	1. Oromiyaa 2. Amhara 3. SNNPR 4. Tigri 8. Others(specif) _____	
105	Residence	1. Rural 2. Urban	
106	Ethnicity	1. Oromo 2. Amhara 3. Tigre 4. Gurage 5. Silte 8. Others(specify) _____	
107	Parental occupation	1. Farmers 8. Others(specify) _____	
108	Level of education	1. No education 2. Primary 3. Secondary & higher	
109	Migration status	1. Prospective 2. 1 st time 3. 2 nd time 4. 3 rd time and higher 5. Returnee and never go back	
110	Pre-departure training status	1. Trained 2. Not trained	

Part Two: Awareness of unprotected sex and its consequences, knowledge of and attitudes towards contraceptive use to reduce consequences of unprotected sex during migration.

Q. Code	Questions	Coded Choices	Record Space
201	Have you ever heard of unprotected sex?	1=Yes 2=No	
202	If you ever heard, what was/ were source(s) your information?	1. Radio 2. TV 3. Health worker 4. Friends 5. Family 6. Training (MOLSA/ GAMCA) 8. Others(specify) _____	
203	How do you understand unprotected sex?	1. Making sex out of marriage 2. Making sex with boy friends 3. Making sex with casual friends 4. Making sex without a protective method with anyone including once own husband 8. Others(specify)_____ 99. Do not know	
204	How do you think girls like you i.e. on migration process, could be exposed to engage in unprotected sex?	1. By her husband 2. By her boy friend 3. By middlemen 4. By casual friends 5. By her employer 6. By using substances 7. By exchanging sex for money 8. Others(specify)----- 99. Do not know	

205	Do you think you may be engaged in unprotected sex?	1. Yes 2. No	
206	Do you have any idea about the consequences of unprotected sex?	1. Yes 2. No	
207	What consequences do you know?	1. STI including HIV/AIDS 2. Unplanned pregnancy 3. Psychological disturbances 8. Others(specify)_____	
208	Do you know or heard of a girl who exposed to unprotected sex during this process?	1. Yes 2. No	
209	If you know or heard of a girl like you who ever exposed to unprotected sex, what happened to her?	1. Infected by STI 2. Infected by HIV 3. Unplanned pregnancy 4. Psychological disturbances 8. Others(specify)_____	
210	Do you know any method(s) that can be used to prevent/minimize the consequences of unprotected sex?	1. Yes 2. No	
211	Which method(s) do you know?	1. Condom to prevent STI/AIDS 2. Condom to prevent unwanted pregnancy 3. Emergency contraceptives to prevent unwanted pregnancy 8. Others(specify)_____	
212	Have you ever used these methods?	1. Yes 2. No	

213	Which method you ever used?	<ul style="list-style-type: none"> 4. Condom to prevent STI/AIDS 5. Condom to prevent unwanted pregnancy 6. Emergency contraceptives to prevent unwanted pregnancy 8. Others(specify)_____ 	
214	If you have not used ever, why not you ever used the methods?	<ul style="list-style-type: none"> 1. Using is against my religion 2. Do not know where to get 3. There are restrictions to get 4. Don't think using is important 5. Partner don't allow to use 8. Others(specify)_____ 99. Do not know 	
215	Do you think you will the methods in the future?	<ul style="list-style-type: none"> 1. I will. Cause I may be exposed to engage in unprotected sex 2. I will. But I may not get them 3. I will. If my partner is willing 4. I will not. Cause it is against my belief 5. I will not. Cause I will not make sex 6. Not sure 8. Others (specify)_____ 	
216	Have you ever been sexually active while you are on migration process?	<ul style="list-style-type: none"> 1. Yes 2. No 	
217	Have you taken any measure to prevent the consequences of unprotected sex during your last sexual intercourse while you are on migration process?	<ul style="list-style-type: none"> 1. Yes 2. No 	

AnnexIV: Gaaffilee Afaan Oromoo

Kutaa Tokko : Haala walii gala hawaassummaa fi isatti hidhannoo qaban.

Mallattoo Addaa _____. Saala ____ Guyyaa gaaffii fi deebiin itti taasifame _____

Koodii gaaffii	Gaaffilee	Filannoolee fi koodii isaanii	Bakka duwwaa deebii
101	Umrii	_____.	
102	Haala heerumaa	1. Heerumte 2. Hin heerumne	
103	Amantii	1. Musliima 2. Ortoodoksii 3. Protestaantii 4. Waaqeffattuu 5. Kan biraa(ibsi)	
104	Naannoo	1.Oromiyaa 2.Amaaraa 3.NaannooUmmatoota Kibbaa 4.Tigiraayi 8.Kan biraa(ibsi)	
105	Teessoo	1. Baadiyyaa 2. Magaalaa	
106	Saba	1. Oromoo 2. Amaara 3. Tigiree 4. Guraagee 5. Silxee 8. Kan biraa(ibsi)	
107	Hojii maatii/ haadhaa fi abbaa	1. Qonnaan bulaa 8. Kan biraa(ibsi)	
108	Sadarkaa barnootaa	1. Hin baranne 2. Sad. 1ffaa 3. Sad 2ffaa fi sanii ol	
109	Haala baqaa	1. Fuuladuratti deema 2. Takkaa deeme 3. Lama deeme 4. Sadii fi sanii ol deeme 5. Deemee deebi'ee, lamuu hin deemu	
110	Leenjii qophii baqaa	1. leenjite/ fudhatte 2. Hin leenjine/ hin fudhanne	

204	Durbi akka teetii takka/ kan baqaaf haala/adeemsa/ tolfattu/ akkamitti qunnamtii saalaa daangaa hin qabne raawwatuuf saaxilamti sitti fakkaata?	<ol style="list-style-type: none"> 1. Abbaa manaa isiitiin 2. Hiriya dhiiraa isiitiin 3. Dallaal haajaa fixuufitiin 4. Hiriyoota tasa wal barattuutiin 5. Nama isii hojjechiisuun 6. Wantoota araada nama qabsiisan fayyadamuun 7. Maallaqa argachuuf qunnamtii saalaa raawwatuun 8. Kan biraa(ibsi)----- 9. Hin beeku 	
205	Haala/adeemsa/ baqaa kana keessatti, qunnamtii dangaa hin qabneef waan saaxilamtu ykn waan raawwatu sitti fakkaataa?	<ol style="list-style-type: none"> 1. Eeyyee 2. Lakki 	
206	Miidhaalee wal-qunnamtii daangaa hin qabne raawwatuun namatti dhufan irraa waan beeyitu qabdaa?	<ol style="list-style-type: none"> 1. Eeyyee 2. Lakki 	
207	Midhaalee dhufuu danda'an kam fa'a beeyita?	<ol style="list-style-type: none"> 1. Dhibeelee wal-qunnamtii saalaatiin daddarban Eedsii dabalatee 2. Ulfa hin barbaadamne 3. Jeeqma xiinsammuun wal qabatan 8.Kan biraa(ibsi)_____ 	
208	Durba akka teetii tan qunnamtii saalaa daangaa hin qabneef saaxilamte beeyitaa	<ol style="list-style-type: none"> 1. Eeyyee 2. Lakki 	

209	Yoo beeyite maaltu ishee mudate?	<ol style="list-style-type: none"> 1. Dhibeelee wal-qunnamtii saalaan daddarban 2. Eedsii ishee qabe 3. Ulfa hin barbaadamne 4. Jeeqma xiinsammuun wal qabatan 8 .Kan biraa(ibsi) 	
210	Maloota midhaalee wal-qunnamtii saalaa daangaa hin qabneen namatti dhufan ittiin ittisan/hambisan ykn xiqqeessan kan beeyitu jiraa?	<ol style="list-style-type: none"> 1. Eeyyee 2. Lakki 	
211	Mala isa kam beeyita?	<ol style="list-style-type: none"> 1. Kondomii: ittisa dhibeelee qunnamtii saalaatiin daddarban iif eedisii dabalatee 2. Kondomii : ulfa hin barbaadamne ittisuuf 3. Ittisa ulfa tasaa: ulfa hin barbaadamne ittisuuf 8. Kan biraa(ibsi) 	
212	Maloota kanniin fayyadamtee beeyitaa?	<ol style="list-style-type: none"> 1. Eeyyee 2. Lakki 	
213	Mala isa kam fayyadamtee beeyita?	<ol style="list-style-type: none"> 1. Kondomii: ittisa dhibeelee qunnamtii saalaatiin daddarban iif eedisii dabalatee 2. Kondomii : ulfa hin barbaadamne ittisuuf 3. Ittisa ulfa tasaa: ulfa hin barbaadamne ittisuuf 8. Kan biraa(ibsi) 	

214	Yoo maloota kanniiniti fayyadamtee hin beeyine, maaltu itti fayyadamuu si dhoogge?	<ol style="list-style-type: none"> 1. Fayyadamuu amantiin kiyya ni dhoogga 2. Fayyadamuuf bakka maloota kana argadhu hin beeku 3. Maloonni kanniin fayyadamuun seeraan dhooggaadha 4. Fayyadamuun barbaachisaadha jedhee hin yaadu 5. Dhiirri na wajjiin jiru fayyadamuu hin eeyyamu 8. Kan biraa(ibsi)_____ 9. Hin beeku
215	Fuul-duraaf maloota kanniinitti ni gargaarama/ fayyadama jettee yaaddaa?	<ol style="list-style-type: none"> 1. Eeyyee : wal-qunnamtii saalaa daangaa hin qabneef waan saaxilamuu maluuf 2. Eeyyee : garuu argachuu dhabuu mala 3. Eeyye : yoo dhiirri na wajjiin jiru hayyame 4. Lakki: waan akka an itti amanu wajjiin wal faallessuuf 5. Lakki : waan qunnamtii saalaa hin raawwanneef 6. Ammarra tahee kana waan jedhu hin qabu 8.Kan biraa(ibsi)_____
216	Odoo haala/adeemsa/ baqaa mijeeffataa jirtuu wal-qunnamtii saalaa gootee beeyitaa?	<ol style="list-style-type: none"> 1. Eeyyee 2. Lakki
217	Odoo haala/adeemsa/ baqaatirra jirtuu: wayita yeroo dhumaatiif wal-qunnamtii saalaa raawwattu, miidhaalee wal-qunnamtaa saalaa daangaa hin qabneen dhufan ittisuuf tkaanfii fudhattee?	<ol style="list-style-type: none"> 1. Eeyyee 2. Lakki

GALATA GUDDAA QABDA

Annex V: Topic guides

ID

Date & time of interview _____

Place of interview _____

Age _____. Marital status _____. Religion _____.

Region _____. Residence _____. Ethnicity _____. Parental occupation _____

Level of education: 1. No education 2. Primary 3. Secondary & higher

Migration status: prospective _____, 1st time _____, 2nd time _____, 3rd time and higher _____

Pre-departure training status. _____

- Tell me how started the migration process.
 - How did you get the information?
 - With whom you were coming to finish the process?
 - Were there any offerings of making love? From whom? Where? How did you manage it? Any chances of getting closer?
- Tell me what you know about unprotected sex.
 - What is the source of your information?
 - Any idea about the consequences of unprotected sex?
- Tell me how girls like you (i.e. who are on migration process) could be exposed to unprotected sex.
 - What do you think could expose them?
 - How do you think they can happen?
 - What about rape? Why or why not?
 - Do you think it can happen to you? Why or why not?

- Tell me all what a girl like can do to prevent and/ or minimize the consequences of unprotected sex.

- What do you think about contraceptives?
 - Which contraceptive(s) you know is (are) helpful?
 - Any idea regarding where and how to get them?
 - Do you think they are good to use? Why or why not?
 - Have you ever used them? Why or why not?
 - What do you think about girls like who use them? Why?
 - Do you think they will use them in the future? Why or why not?
 - What about you? Why or why not? (probe for what people say around if raised)
- Tell me about girls like you whom you know or heard of who have been exposed to unprotected sex.
 - What happened? When/where/how /by whom it happened?
 - Why it happened? (Probe: any pressure (peer, substance use, rape, sex exchange for money...) what about you?)
 - Tell me what you know about a girl like you who have been forced to made unprotected sex.
 - What happened? When/where/by whom/ why it happened?
 - Any idea about what measures taken?
 - Tell me if you were sexually active during migration process.
 - How was your last sexual intercourse happened?
 - Where? With whom?
 - Was it by your will?
 - Contraceptive used? What? Why not?

AnnexVI: Qajeelfama gaaffii fi deebii gadi fageenyaan baqattoota shamarranii wajjiin godhamuu

Guyyaa gaaffii fi deebiin taasifame _____

Mallattoo adda baaftu _____ Umrii _____. Haala gaa'elaa _____. Amantii _____.

Naannoo _____. Teessoo _____ Saba _____ .Hojii maatii _____

Sadarkaa barnootaa: 1. Hin baranne 2. Sad. 1ffaa 3. Sad. 2ffaa fi sanii ol

Haala baqaa: Fuul-duratti deema _____, Takkaa deeme _____, Lama deeme _____, Sadii fi sanii ol _____

Leenjii qophii baqaa. 1. Fudhatte 2. Hin fudhanne

- Mee haala adeemsa baqaa kanaa akkamitti eegaltee natti himi.
 - Eenyutu si gargaaraa ture akka fixattuuf? Dhiirri si gargaare jira ture?
 - namni gaaffii jaalalaa si dhiyeesse jira turee? yoo jiraate mee akkam ture haalli isaa?
- Mee waa'ee wal-qunnamtii saalaa daangaa hin qabnee waan beeyitu naa himi.
 - Eessaa baratte?
 - Miidhaalee dhufuu danda'an hoo mee maal fa'a beeyita?
- Durbi akka teetii takka (kan haala baqaatirra jirtu) akkamitti akka wal-qunnamtii saalaa daangaa hin qabneef saaxilamtu mee natti himi.
 - Wantoota akkamiitu saaxila isaan baasa sitti fakkaata? Akkamitti isaan mudatu jettee yaadda?
 - Ati hoo? Maaliif tahe ykn hin taane? Atihoo na mudata jettee yaaddaa? Maaliif si mudata ykn hin mudanne?
- Durbi akka teetii takka midhaalee wal-qunnamtii saalaa daangaa hin qabneen itti dhufuu dandahan ofirraa ittisuu ykn xiqqeessuu ittiin dandeettu hundaa naa himi. Waan maloota ittisa ulfaa maal jetta?
 - Mala gargaaru isa kam beeyita ykn maloota fayyadan isaan kam beeyita?
 - Mee wanni eessaa fi akkamitti akka argatan beeyituu hoo?
 - Fayyadamuun hoo gaarii sitti fakkaataa? Maaliif gaariidha jette ykn gaarii miti jette?
 - Ofii keetii itti fayyadamtee beeyitaa? Maalii fayyadamte ykn hin fayyadamin?

- Waaʼee durboota akka keetii isaan fayyadamanii hoo maal jetta? Maaliif ? fuula duratti ni fayyadamu jettee yaaddaa? Maaliif ykn maaliif hin fayyadamne?
- Ati hoo? Maaliif ykn maaliif hin fayyadamne? (yoo yaanni kaʼe, waan hawaasni naannoo yaaduu babaasisi)
- Mee waaʼee durba akka teetii kan beeyitu ykn kan dhageette tan wal-qunnamtii saalaa daangaa hin qabnee saaxilamtee natty himi. Maaltu mudate? Yoom? Eesstti? Akkamitti? Eenyuun isii mudate?
 - Maaliif isii mudate? (Dhiibbaalee uumuu dandaʼan babaasisi; hiriya, alkoolii, jimaa, dawaalee biro, dirqiin gudeeduu, maallaqa argachuuf qunnamtii saalaa raawwatuu...).
 - Ati hoo?
- Mee waaʼee durba akka teetii tan wal-qunnamtii saalaa daangaa hin qabne raawwatuuf dirqamtee waan beeyitu naa himi.
 - Maaltu tahe? Yoom? Eessatti? Eenyuun? Maaliif? Wannii isiin ofirraa ittisuuf goote hoo?
- Odoo haala baqaa kan irra jirtuu yoo wal-qunnamtii saalaa raawwattee beeyite mee natty himi.
 - Wal-qunnamtiin saalaa ati yeroo dhumaatiif raawwate akkam ture? Eessatti? Eenyu wajjiini? Fedhii keetiinii?
 - Ittisa ulfa fayyadamtanii? Maal? Maaliif hin fayyadamin?

GALATA GUDDAA QABDAN