



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

**Assessment of sexual behaviors and factors influencing risk perception on HIV/AIDS among preparatory students in Adama town, East Shoa zone, Oromia region, Ethiopia.**

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**ADDIS ABABA UNIVERSITY**  
**SCHOOL OF GRADUATE STUDIES**

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## List of abbreviations

AAU	Addis Ababa University
AIDS	Acquired Immunodeficiency Syndrome
AOR	Adjusted Odds Ratio
BSS	Behavioral Surveillance Survey
CI	Confidence Interval
CORHA	Consortium of Reproductive Health Association
CSWs	Commercial Sex Workers
EDHS	Ethiopian Demographic and Health Survey
EJHD	Ethiopian Journal of Health development
FGD	Focus Group Discussion
HB	Health Bureau
HIV	Human Immunodeficiency Virus
ISY	In School Youth
Km	Kilometer
PLHIV	People living with Human Immunodeficiency Virus
NGO	Non- Governmental Organization
OR	Odds Ratio
SD	Standard Deviation
STDs	Sexually Transmitted Diseases
SPH	School of Public Health
VCT	Voluntary Counseling and Testing

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## **Abstract**

**Background:** Globally an estimated 11.8 million young people aged 15 to 24 are living with HIV/AIDS. Each day, nearly 6,000 young people between the ages of 15 and 24 become infected with HIV. In Ethiopia there are currently 1.2 million PLHIV, with an adult HIV prevalence of 2.4%. Study show that as high as 48.2% of in school youth who were engaged in risky sexual behaviors considered themselves to be at no or low risk of HIV infection.

**Objective:** To assess sexual behaviors and identify factors influencing risk perception towards HIV/AIDS among preparatory students in Adama town.

**Methods:** This cross-sectional survey was conducted from December 27, 2010 to January 12, 2011. Quantitative study was conducted based on self administered questionnaire among 737 in school youths with 97.23% response rate. To support quantitative findings, a qualitative study also was conducted using four focus group discussions. Quantitative data was analyzed using SPSS16 version and qualitative data by thematic analysis.

**Results:** Out of the total respondents 47.1% were males and 52% were grade 11<sup>th</sup>. About 19.7% of the respondents were sexually experienced. Thirty Six (24.8%) of the sexually experienced respondents reported that they have more than one sexual partners and 7(4.8%) have had sex with commercial sex workers. Among the sexually active respondents 21(22.1%) had never used condom and only 37 (38.9%) use condom consistently. Only 16(2.2%) of Participants perceive they are at risk of HIV infection. In multivariate analysis, being a female by sex (AOR= 0.61(0.39, 0.94), Older youth (20-24) years AOR=3.69(2.09, 6.54), and Khat chewing AOR=3.96(2.34, 6.69) with 95% CI have shown significant association with sexual experience.

**Conclusions and Recommendation:** School youths were beginning sexual intercourse earlier, practicing sex with multiple partners, and with commercial sex workers, and low rate of condom use during their sexual encounter. They have very low personal risk perception towards HIV infection. Therefore programs targeted towards youths should be promoted youths participation and give emphasis on developing their life skills to put knowledge in to practice.

# 1. Back ground

Acquired Immunodeficiency Syndrome (AIDS) has killed more than 2.0 million people since it was first recognized in 1981 (1). In, 2008 an estimated 33.4 million number of people living with HIV, from this 31.3 million are Adults and around 2.7 million People newly infected with HIV (1). Globally an estimated 11.8 million young people aged 15 to 24 are living with HIV/AIDS. Each day, nearly 6,000 young people between the ages of 15 and 24 become infected with HIV (2).

Sub-Saharan Africa has been more devastated by the HIV/AIDS epidemic than any other region of the world (3). Among HIV-infected adults in the region, 59 percent are women. Young women ages 15 to 24 in the region are three times more likely to be infected than are young men (4). In 2008, sub-Saharan Africa accounted for 67% of HIV infections worldwide, 68% of new HIV infections among adults and the region also accounted for 72% of the world's AIDS-related deaths (1).

Ethiopia has one of the largest populations of HIV infected people in the world. There are currently 1.2 million people living with HIV, with an adult HIV prevalence of 2.4% and male female ratio of 1.9% and 2.9% respectively. Nationally the highest HIV prevalence rate is for the age range of 15-24 years and in urban residence (5).

In 2005 Behavioral Surveillance Survey ( BSS) Ethiopia 48.2% of in school youth( ISY), who were engaged in risky sexual behaviors considered themselves to be at no or low risk of HIV infection (6). In Adama town HIV/AIDS estimated prevalence is 9% according to baseline assessment in the Oromia region in 2007 (7). In addition, the 2009/10 annual report, out of 3,173 VCT users in Adama health center, 249(7.8%) were found to be HIV seropositive and majority of them were in the age range of 16 and 25years.

The Behavioral, physiological and socio cultural factors make young people more vulnerable than adults to HIV infection. Youth is a time when young people naturally explore and take risks in many aspects of their lives, including sexual relationships. Those who have sex may change

partners frequently, have more than one partner in the same time period or engage in unprotected sex. All of these behaviors increase young people's risk of contracting HIV (3).

Since youths are future parents and country assets a focus on them has even more far-reaching implications. Young people and their future contributions to society are crucial to the survival and well-being of the entire region. Therefore, curbing the HIV/AIDS epidemic by focusing on the needs of youth is an urgent priority (3). So far no study has been conducted in the study area; this study has provided available information about sexual behaviors and predictors of risk perception among preparatory students in Adama town on HIV/AIDS. The outcome of the study will help to design appropriate strategies to bring positive change on sexual behaviors of the students.

## 2. Literature review

Youth sexual behavior is important not only because of the possible reproductive outcomes, but because risky sexual behavior is associated with sexually transmitted infections such as HIV/AIDS (8). Sexual experience, young women age 15-24 are more likely to have had sexual intercourse than young men in the same age group. One in two young women is sexually experienced compared with one in three young men. Most young adults who enter into a sexual relationship for the first time do not use any form of contraception (unprotected sex). As a result they are exposed to sexually transmitted infections (8).

Higher-risk sexual activity was observed among young women with secondary and above education (21% among those with education to 1.8% with no education), among those in the highest wealth quintile than those in lowest 24% with the highest to 2% with the lowest (5).

Related to sexual activity and the mean or median age of first sexual practice, study done in Tanzania among school and college students 544 (54.0%) reported that they were sexually active and the average age of sexual debut was 15.5 years for boys and 15.8 years for girls (9). Similarly another study among high school students with regards to factors associated with sexual activity in Kenya, 11% of females (n = 190) and 50% of the males (n = 946) reported ever having had Sexual intercourse. The median age at first intercourse was 15 years for females and 13 years for males (10). In Nigeria, among adolescents a total of 409 (19.8%) reported having had sexual intercourse, the median age of sexual debut for males 15 years and for females 16 years (11). Other study in Uganda with regards to sexual activity, 28% of adolescent women have ever had intercourse and among those aged 15–19, nearly half have had sex. Sexual activity is slightly higher among young men, with 32% having had intercourse (12). In Ghana approximately 13 percent of the sample adolescents have had premarital sex (13).

The second Ethiopian BSS in 2005, among in school youths 9.9% were found to have had sexual experience before marriage, 14.6% of males had had sex compared to 5.3% of females. Of those that had ever had sex, 40.6% had had sex at or before the age of 15 (6). Another study in Gonder

high school students, 84 (14.9%) reported to have had sexual intercourse at least once in the past. The mean age of sexual commencement was  $17.0 \pm 1.3$  for boys and  $16.4 \pm 1.6$  years for girls (14). In Debre Berhan, out of the 663 youth respondents, 217(32.7%) reported to have practiced sexual activity in the past, which included 87(28.6%) of the boys and 130(36.2%) of girls. The mean age at first sexual intercourse was  $18.1(+2.1SD)$  years (15). Among Agaro high school students, from the total study population, 90(25%) of them had history of sexual intercourse prior to the study period. Among males, 70(32.6%) and females 20 (13.8%) of them had sexual intercourse in the past 12 months (16).

Factors related to initiation of sexual practice a study done in Nekemte town school students, The main reasons of sexual intercourse were fell in love which accounted for 49(33.8%), desire to practiced sexual intercourse 44(30.3%), peer pressure in 25(17.2%) (17). Another study among preparatory Students in Aleta Wondo, according to the FGD participants, there were sexual practices among the students and the main reasons for early sex were peer pressure, economic problems, being away from family, lack of adequate education on HIV/AIDS and reproductive health in school. Even though it is not much common among students, alcohol and Khat consumptions were also mentioned (18).

Regarding risky sexual behaviors among in school youth, a study conducted In Kenya, approximately 60% of sexually experienced females and only 35% of males stated that they had one sexual partner. 9% of sexually experienced females and 26% of males mentioned having five or more lifetime sexual partners (11). Study done in Burkina Faso, among females who were 15–19 years old, 53% of them had their first sex with a boyfriend, 42% with a cohabiting partner and 5% with a casual acquaintance. As for males, 66% of those aged between 12–14 years and 85% of older adolescents had their first sex with a girlfriend while 34% and 13% of those aged 12–14 and 15–19 years, respectively, had their first sex with a casual acquaintance (19). In Thailand among vocational students, nearly half of participants reported having a steady sexual partner in the past three months (42% of males and 47% of females), and smaller proportions reported having a casual partner (16% and 5%, respectively). Males reported a higher cumulative number of sexual partners than females (4.6 vs. 2.8), and a larger proportion had ever bought sex (7% vs.

1%). Three percent of students had ever sold sex, and 21% of females reported ever being coerced to have sex (20).

Ethiopian context of risky sexual behaviors, according to 2005 BSS report, respondents who reported 61.3% had had sex during the previous 12 months prior to the study. Within this group, commercial sex was reported by 4.2%. While more in school youth males than females (5.4% vs. 1.4%) were engaged in sex with commercial partners. Among those who had had sex during the previous 12 months, 22.7% (31.2% of males and 2.7% of females) reported having had sex with more than one partner (6). Among youth in Debre Berhan, of those who are sexually active 217(32.7%), the first sexual partner includes steady boy/ girl friend 100 (46.1%), husband /wife 70(32.3%) and casual partner 34 (15.7). Sixty two (28.6%) of the respondents reported that they have sexual intercourse with two or more partners. Out of the sexually active, a total of 9 (10.3%) male respondents reported experiencing sex with commercial sex workers in the past 12 months. Six (66.7%) of them reporting were used condom occasional (15). In Agaro high school students, those with previous sexual exposure 40(44.4%) reported that they had multiple sexual partners. And 32(35.6%) had 2-5 partners and the remaining 8 students had more than 5 partners (16). In Asendabo, 81 (21.8%) of the sexually experienced youth had sex with more than one sexual partner in their lifetime (21).

Condom use is a key means of preventing HIV infection. However, use among college students of Africa American, 75% of respondents 30 years and older, 61% of those age 20-29, and 48.5% of those below the age of 20 years reported not using a condom last sex. The pattern was the same for always using a condom with 13.5% of those 30 years and older, 20.2% of 20-29 year olds, and 35.9% of those below the age of 20 years reporting that they used condoms always in the previous 30 days (22). In Agaro, among 90 students who had previous sexual exposure 49(54.4 %) of them used condom at least once, of those, 39(55.7%) were males and 10(50%) were females. Of those who had used condom at least once, 23(46.9%) of them reported that they were using condom always, and 19(38.8%) of them used occasionally (16).

Concerning to risk perception and its influencing factors towards HIV/AIDS infection, a study done on Youth's perception of HIV infection risk, females who had ever been sexually active and who had had multiple sexual partners, respectively, were 1.49 and 3.10 times more likely to perceive vulnerability to HIV infection than those who were not sexually active or had not had multiple sexual partners. For males, however, having had STD or genital sores in the past year those males were 3.12 times more likely to perceive vulnerability to HIV infection than those who did not have that experience (23). In other study of Nigerian youth, respondents reported they were not at risk of HIV because they were abstaining from sex (4%), always used condoms (22%), or had only one sexual partner (45%). There were other reasons which people felt reduced their risk of contracting HIV, which in fact may not. These included avoiding sex with sex workers (13%), protection from God (17%), and trust of sexual partners 47% (24).

A study done in Uganda the most frequently reported plausible reasons for not feeling at risk was having protected sex 9.7% in group 2(students attending school health education only) and 10.9% in group 3(students who attend school health education and VCT) not yet sexually active 12.9% for both groups and faithfulness 2.9% of group2, 3.9%of group3 (25). On understanding of HIV risk perception among adolescents in Zambia, the first category, they believed they were not at risk because they were abstinent 17%, had only one sexual partner 26%, or always used condoms 30%. The second category, nearly half of this group reported being at risk because they had unprotected sex 30% or because they have multiple partners 18% (26).

Study conducted in Bale zone on personal perception to HIV, 150 (58.1%) of sexually active students reported that they perceived no or low chance of being infected by the virus. On the other hand 60 (23.3%) of the students perceived that they have moderate to high chance of being infected by the virus. The reasons listed out by the students to perceive as no or low chance were, trusting a sexual partner 61 (40.7%), healthy and no contact with HIV patient 37 (24.7%), and abstinence from sexual intercourse 29 (19.3%). The main reasons listed by the students why they have categorized themselves as a moderate to high risk were, had sexual contact with out condom 23 (38.3%), had more than one partner 13 (21.7%) and had sexual contact with HIV positive person 11(18.3%) (27).

Another study done among high school students in Nekemte, About 56 (8.3%) of the respondents believed that they had done something that might put them at risk of getting HIV/AIDS infection. The reasons were they have had sexual intercourse without condom, 37 (66.1%), have had injury with contaminated material, 15 (26.8%), have had more than one sexual partner 8 (14.3%), and had sexual intercourse with commercial sex workers (17). In south Gonder study done, only 31(4.4%) of the school adolescents were aware of being engaged in high-risk practices. Among those who perceived themselves at risk, 22(70.9%) reported injuries with contaminated sharps, 5(16.1%) reported multi-sexual partner, 2(6.4%) reported no condom use, and 2(6.4%) reported sex with female commercial sex workers. The most frequently cited reason, by those who did not perceive themselves at risk, was that they did not have any sexual contact, 534(75.3%) followed by being abstained from sex, 217(30.6%) (28). In addition, among Butajira high school students of the study participants, the cited reasons by those with low self risk perception to HIV infection were having had no sexual contact 41.6%, being faithful to their partner 37.3% and using condom consistently 18.7% (29).

Many studies indicated that among youth there is relatively low level of personal risk perception even though they have high level of knowledge about HIV/AIDS. This study has information about sexual behaviors and predictors of risk perception towards HIV/AIDS among preparatory students in Adama town. The outcome of the study will help to design a program to alleviate the problems in the study area and in areas with similar setting elsewhere in the country.

## **3. Objective**

### **3.1. General objective**

- ❖ To assess sexual behaviors and factors influencing risk perception towards HIV/AIDS among preparatory students in Adama town.

### **3.2. Specific objectives**

1. To determine the magnitude of sexually active students.
2. To assess the risky sexual behaviors of students.
3. To assess risk perception of students towards HIV/AIDS.
4. To identify factors influencing risk perception on HIV/AIDS among students.

## **4. Methods and Materials**

### **4.1. Study area and period**

The study was conducted in Adama town which is located in East Shoa zone of the Oromia region, 100 km east of Addis Ababa. It is subdivided into 14 kebeles and has an estimated total population of 217,230 (108,110 male and 109,120 females) (7). In this town one government hospital, one private hospital, two government health centers, one NGO health center, two health posts, 33 private clinics, three NGO clinics, and 34 pharmacies (7). One governmental and two nongovernmental preparatory schools (11<sup>th</sup> and 12<sup>th</sup> grade) and the total number of students in the schools, 2010/11 academic year is 3,586. Study period was done from December 27, 2010 to January 12, 2011.

### **4.2. Study design**

A cross-sectional study was conducted using both quantitative and qualitative methods. In the quantitative survey, data collection was conducted using structured and pre-tested self-administered questionnaire and in qualitative survey, Focus Group Discussion (FGD) was used to supplement the quantitative survey.

### **4.3. Source population**

All preparatory students in Adama town enrolled in 2010/11 academic year.

### **4.4. Study population**

All sampled preparatory students in sections randomly selected.

**Inclusion criteria:** Those who were attending preparatory school day time at the time of data collection.

**Exclusion criteria:** All students who were unable to hear and have mental problems.

### **4.5. Sample size and sampling procedures**

#### **4.5.1. Sample size**

The sample size was determined by sample size formula with an assumption of a proportion of 34.1% of those in school youth (ISY) who had ever had sex were engaged in risky sex, which is

obtained from BSSII (6).  $d=5\%$  marginal error and  $CI= 95\%$  confidence interval of certainty ( $\alpha= 0.05$ ). Based on this assumption the actual sample size for the study computed using single population proportion formula as indicated below.

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

Where,  $n$ = sample size

$$(Z_{\alpha/2})^2 = \text{critical value} = 1.96$$

$$n = (1.96)^2(0.34*0.66) / (0.05)^2$$

By adding 10% non response rate it will be  $n = 344.82+34.48$

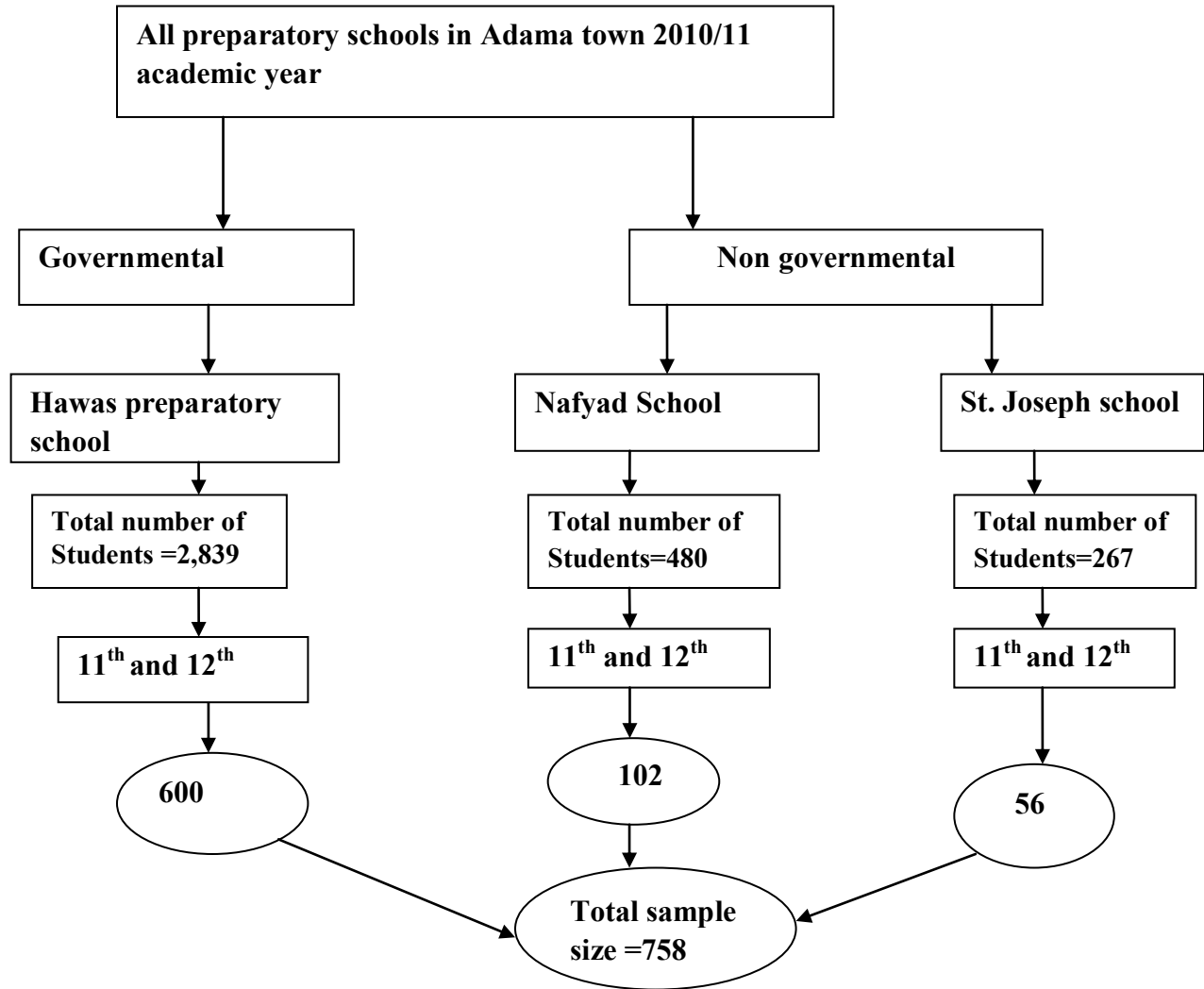
$n = 379$  considering the design effect 2 the sample size will be  $n=758$

#### 4.5.2. Sampling procedure

Multi stage sampling technique was used for selection of study subjects. The total number of students found in each school was taken and proportional sample size was calculated for each school so as to give the total sample size. The same procedure was done and proportional sampling of grade 11<sup>th</sup> and 12<sup>th</sup> in each school, then sections from each grade was selected by simple random sampling based on the average total number of students in each sections. Finally students from selected sections were selected using simple random sampling method.

**Table 1. Calculated sample size by sex using proportional sampling according to the population size of each school among preparatory students Adama town, January, 2011.**

No	School name	Population size			Sample size		
		Male	Female	Total	Male	Female	Total
1	Nafyad	226	254	480	48	54	102
2	St.Joseph	120	147	267	25	31	56
3	Hawas	1,355	1,484	2,839	286	314	600



**Fig.1. Sampling procedure among Adama town preparatory schools.**

## **4.6. Data collection tools and procedures**

### **I. Quantitative Data Collection**

Structured self administered questionnaires were developed to be filled by the students. The questionnaire was pre-tested in same schools prior to the survey. Four data collectors and two supervisors were trained. The investigator and supervisors ensured the data quality during data collection process. Students who were selected to fill the questionnaire were assembled in a separate room and completed the questionnaire. At the end of data collection the investigator checked all information filled was anonymous and there was no personal identification of the participants to ensure confidentiality and reliability of data filled.

## **II. Qualitative Data Collection**

To support the quantitative study, Focus Group Discussion was conducted using a discussion guide. Four groups consisting of 6 participants each (male and female) from study schools were involved on the focus group discussions. The members of each FGD were selected purposively by the supervisors and the Principal Investigator. The principal investigator and supervisors moderated the discussions. In order to keep privacy, discussion of different sexes was hold in two different rooms. Every discussion was recorded using tape-recorder not to miss issues discussed and transcribed the tape record after each session.

### **4.7. Operational definitions**

**Youth:** Those who are in the age group 15-24 years.

**Risk perception:** Students' attitude towards perceiving themselves as susceptible to HIV infection.

**Sexual debut:** Initiation of sexual activity (first sexual intercourse).

**Non-risky sexual behaviors:** Abstaining before marriage, being faithful to marriage, limiting Sexual partner to one /avoiding multiple sexual partners, consistent and correct use of condom during sexual intercourse.

**Risky Sexual behaviors:** Having sex with CSWs, having multiple sexual partners, no condom use during sexual practice (the opposite of Non-risky sexual behavior).

### **4.8. Study variables**

#### **Independent variables**

- Socio demographic characteristics, and parental characteristics or relationship.
- Non-sexual risk behaviors (alcohol consumption, Khat chewing and using hashish).

#### **Dependent variables**

- Sexual behaviors (risky and non-risky sexual behaviors).
- Risk Perception towards HIV infection.

## **4.9. Data quality management**

A structured questionnaire was primarily prepared in English then translated to Amharic then after complete correction it was converted to English in order to look for consistency of the questions. Pre test was done prior to survey and questions which needed clarification was revised and used for the final survey. Training was given for data collectors and supervisors and daily the data was revised for completeness, accuracy and clarity by the supervisors and principal investigator.

## **4.10. Data entry and analysis**

The data collected using quantitative method was manually checked for completeness and entered using EPI Info 3.5.1 statistical software and exported to SPSS 16 for analysis. Data cleaning and editing was carried out. Dummy tables that consider the main research questions were drafted. Odds ratios were calculated to determine associations of selected variables. Logistic regression analyses were done to control the effect of each explanatory variable on the outcome variable. Frequencies, percentages, cross tabulation odds ratio of different variables was determined. For the qualitative part, data collected by FGD through tape recorder was transcribed, translated, and analyzed using thematic analysis.

## **4.11. Ethical Considerations**

Ethical clearance was obtained from Addis Ababa University, College of Health Science, School of public Health, and also consent was obtained from Adama preparatory schools administrations and participant students. All information gained during data collection was kept confidential that is there was no any personal identification which is left on the questionnaire.

## **4.12. Dissemination of Results**

This thesis is designed to assess sexual behaviors and factors influencing risk perception towards HIV/AIDS among preparatory students in Adama town. The result of the study will be disseminated to organizations that have helped the project to be carried out, which includes, School of Public Health, Adama preparatory schools, Consortium of Reproductive Health Association (CORHA), and other concerned body for improvement of students' problem related to sexual behaviors and risk perception on HIV/AIDS.

## **5. RESULTS**

### **5.1. Socio- demographic characteristics of the study participants**

A total of 737 in school youth participated in the study, with 97.23% response rate. Out of the total respondents 47.1% were males. The median age was 18 years, in a range between 15 and 24 years. Three hundred eighty three (52%) of the respondents were grade 11<sup>th</sup>. Of the study subjects 706 (95.8%) were unmarried. The majority of respondents 260 (35.3%) were Amhara by ethnicity followed by Oromo 230(31.2%). Out of the study participants 435(59.0%) were Orthodox Christian, 154(20.9%) and 127(17.2%) were Protestant and Islam respectively. Six hundred eighty three (92.7%) of the study subjects live in the town and 40(5.4%) came from rural area and live in a rented house in towns. Four hundred forty two (60.0%) were living with both parents while 139(18.8%) were with one parent (Table 2).

Concerning to parental characteristics, 529 (71.8%) of the students responded that both their fathers and mothers live together. Perceived family economic status relative to their neighbor showed that, 492 (66.8%) of the study populations were from families with similar (medium) economic status while 131 (17.8%) were from rich families. Among the study subjects, 235 (31.9%) came from family size of 6-10 people and 484 (65.7%) of them came from family size of 1-5. Of the respondents responded that their fathers' educational status were 155(21.0%) grade 9-12 and 346 (46.9%) above grade 12, and similarly their mothers' educational status were 139(18.9%) grade 9-12 and 249(33.8%) above grade 12 (Table 3).

**Table 2. Socio-demographic characteristics of preparatory students in Adama town, East shoa zone, January, 2011.**

<b>Variables</b>	<b>Number (n=737)</b>	<b>percent</b>
<b>Sex</b>		
Male	347	47.1
Female	390	52.9
<b>Age</b>		
15-19	666	90.4
20-24	71	9.6
Median	18 years	
<b>Grade</b>		
Grade 11	383	52
Grade 12	354	48
<b>Marital status</b>		
Married	28	3.8
Unmarried	706	95.8
Separated	2	0.3
Widowed	1	0.1
<b>Ethnicity</b>		
Oromo	230	31.2
Amhara	260	35.3
Gurage	107	14.5
Tigrie	97	13.2
Others	43	5.8
<b>Religion</b>		
Orthodox	435	59.0
Islam	127	17.2
Protestant	154	20.9
Catholic	6	0.8
Others	15	2.0
<b>Live with</b>		
Father & mother	442	60.0
Father	29	3.9
Mother	110	14.9
Relatives	76	10.3
Friends	17	2.3
Alone	35	4.7
Others	28	3.8
<b>Residence situation</b>		
Live in the town	683	92.7
Stay in the town up to week end	9	1.2
Came from rural and live in the town	40	5.4
Others	5	0.7

**Table 3. Parental characteristics of preparatory students in Adama town, East shoa zone, January, 2011.**

<b>Variables</b>	<b>Number (n=737)</b>	<b>percent</b>
<b>Parental living arrangement</b>		
Mother and father live together	529	71.8
Divorced	64	8.7
Widowed	80	10.9
Separated	64	8.7
<b>Perceived family economic status relative to neighbor</b>		
Very poor	25	3.4
Poor	74	10.0
Similar	492	66.8
Rich	131	17.8
Very rich	15	2.0
<b>Father's Education</b>		
Unable to read and write	32	4.3
Read and write	104	14.1
Grade 1-4	17	2.3
Grade 5-8	83	11.3
Grade 9-12	155	21.0
Above grade 12	346	46.9
<b>Mother's Education</b>		
Unable to read and write	85	11.5
Read and write	101	13.7
Grade 1-4	56	7.6
Grade 5-8	107	14.5
Grade 9-12	139	18.9
Above grade12	249	33.8
<b>Family size</b>		
1-5 people	484	65.7
6-10 people	235	31.9
11-20 people	18	2.4

## **5.2. Sexual behaviors of the study participants**

### **Sexual History**

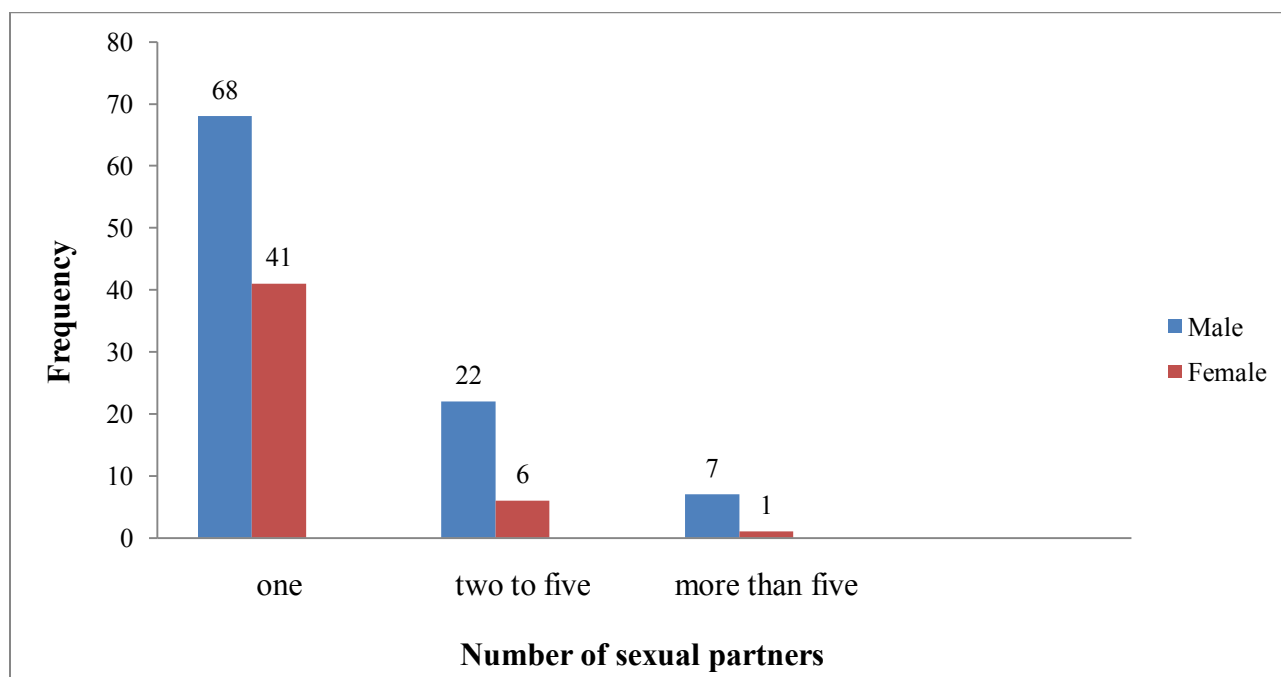
In this study 145 (19.7%) of the respondents reported that they had practiced sexual intercourse. the majority 97 (66.9%) were males. Among those who had practiced sexual intercourse 28 (19.3%) were below the age of 16years and the median age and mean age at first sexual intercourse was 17 and  $16.57 \pm 2.4$  years respectively. The reasons reported for the initiation of the first sexual encounter in those who ever practiced sexual intercourse 100 (69.0%) of them were personal desire and 26 (17.9%) were peer pressure. Nearly half of sexually experienced students 72 (49.7%) have had their last sexual intercourse with an individual whose age was in the same level of them and 26(17%) were with less than 5 years older of them. Of those students who reported have had a sexual intercourse experience, 95 (65.5%) were sexually active in the last twelve months before the data collection period, which is 12.9% of total study participants (Table 4).

### **Risky Sexual behaviors**

Of the sexually experienced students, 36 (24.8%) reported they have had two or more sexual partners in the past, of them 29(80.6%) were males students (Fig. 2). Out of the sexually experienced students, 7(4.8%) reported to have sexual intercourse with commercial sex worker, 5 (71.4%) of them reported that they went to practice sexual relation with commercial sex worker by their own interest. One hundred ninety three (26%) of students have a regular partner, among them 64 (33.2%) were had sexual intercourse with their regular partners in the last 12 months (Table 4). Of those who had sex with the regular partner, didn't used condom 27 (42.2%); the main reasons for not using were trusted a partner (used other contraceptive) 20 (74.15%). Seventy eight (53.8%) of sexually experienced students too didn't used condoms during their first sexual act. From sexually experienced students in the last 12 months, 21 (22.1%) never used condom during any sexual episodes and 37(38.9%) used condom consistently. Among the students who have reported to have sexual intercourse with commercial sex worker, 4 (57.1%) of them didn't used condom during their sexual practice (Table 5).

**Table 4. Sexual behaviors of preparatory students in Adama town, East shoa zone, January, 2011.**

<b>Variables</b>	<b>Male n (%)</b>	<b>Female n (%)</b>	<b>Total n (%)</b>
<b>Ever practice sexual intercourse (n=737)</b>			
Yes	97 (27.9)	48 (12.3)	145 (19.7)
No	250 (72.1)	342 (87.7)	592 (80.3)
<b>Age at first sex(n=145)</b>			
<16	17 (17.5)	11 (22.9)	28 (19.3)
16-24	80 (82.5)	37 (77.1)	117 (80.7)
<b>Reasons for initiation of sex (n=145)</b>			
Personal desire	75 (77.3)	25 (52.1)	100 (69.0)
Peer pressure	13 (13.4)	13 (27.1)	26 (17.9)
Influence of alcohol, Khat or drugs	3 (3.1)	2 (4.2)	5 (3.5)
Coercion	3 (3.1)	3 (6.2)	6 (4.1)
Others	3 (3.1)	5 (10.4)	8 (5.5)
<b>Age of sexual partner during first sex (n=145)</b>			
Same age	58 (59.8)	14 (29.2)	72 (49.7)
More than 10 years older than me	7 (7.2)	4 (8.3)	11 (7.6)
5-10 years older than me	10 (10.3)	11 (22.9)	21 (14.5)
Less than 5 years older than me	7 (7.2)	19 (39.6)	26 (17.5)
Younger than me	15 (15.5)	0 (0.0)	15 (10.3)
<b>Sexual intercourse in the last 12 months (n=145)</b>			
Yes	56 (57.7)	39 (81.2)	95 (65.5)
No	41 (42.3)	9 (18.8)	50 (34.5)
<b>Sexual intercourse with CSWs (n=145)</b>			
Yes	7 (7.2)	0 (0.0)	7 (4.8)
No	90 (92.8)	48 (100.0)	138 (95.2)
<b>Coerced sex (n=145)</b>			
Yes	4 (4.1)	9 (18.8)	13 (8.9)
No	93 (95.9)	39 (81.2)	132 (91.1)
<b>Are you with regular partner (n=737)</b>			
Yes	78 (22.5)	115 (29.5)	193 (26.2)
No	269(77.5)	275 (70.5)	544 (73.8)
<b>Have sex with regular partner in the last 12 months (n=193)</b>			
Yes	31 (39.7)	33 (28.7)	64 (33.2)
No	47 (60.3)	82 (71.3)	129 (66.8)



**Fig.2. Number of life time sexual partners among Adama preparatory students in Adama Town, January, 2011.**

**Table 5. Condom utilization of preparatory students in Adama town, East shoa zone, January, 2011.**

Variables	Male n (%)	Female n (%)	Total n (%)
<b>Condom utilization during first sex (n=145)</b>			
Yes	53 (54.6)	14 (29.2)	67 (46.2)
No	44 (45.4)	34 (70.8)	78 (53.8)
<b>Condom utilization in the last 12months (n=95)</b>			
Never used	15 (21.4)	6 (24.0)	21 (22.1)
Sometimes	13 (18.6)	8 (32.0)	21 (22.1)
Most of the time	11 (15.7)	5 (20.0)	16 (16.8)
Always	31 (44.3)	6 (24.0)	37 (38.9)
<b>Condom use with CSWs (n=7)</b>			
Yes	3 (42.9)	0 (00.0)	3 (42.9)
No	4 (57.1)	0 (00.0)	4 (57.1)
<b>Ever used condom with regular partner (n=64)</b>			
Yes	20 (64.5)	17 (51.5)	37 (57.8)
No	11 (35.5)	16 (48.5)	27 (42.2)

Related to substance use, among the respondents 182(24.7%), 106 (14.4%), 29(3.9%) and 18(2.4%) were using alcohol, Khat, cigarette and hashish ranging from occasionally/2-3 times in a month to daily respectively (Table 6).

**Table 6 .Substance uses by preparatory students in Adama town, East shoa zone, January, 2011.**

<b>Variables</b>	<b>Male 347 (%)</b>	<b>Female 390 (%)</b>	<b>Total 737 (%)</b>
<b>Alcohol consumption</b>			
Never drunk	235 (67.7)	320 (82.1)	555 (75.3)
Ever drunk	112 (32.3)	70 (17.9)	182 (24.7)
<b>Khat chewing</b>			
Never drunk	265 (76.4)	366 (93.8)	631 (85.6)
Ever drunk	82 (23.6)	24 (6.2)	106 (14.4)
<b>Cigarette smoking</b>			
Never smoked	325 (93.7)	383 (98.2)	708 (96.1)
Ever smoked	22 (6.3)	7 (1.8)	29 (3.9)
<b>Hashish</b>			
Never used	333 (96.0)	386 (99.0)	719 (97.6)
Ever used	14 (4.0)	4 (1.0)	18 (2.4)

### **5.3. Knowledge on HIV/AIDS**

With regard to knowledge on mode of HIV transmission majority of the respondents, 726 (98.5) reported that HIV is transmitted through sexual intercourse, blood contact were 635 (86.2 %), using contaminated instruments were 716 (97.2%) and mother to child were 701 (95.1 %). Six hundred sixty three (90.0%), 715 (97.0%), 720 (97.7%), 632 (85.8%), and 658 (89.3 %) of in school youths mentioned abstaining, avoiding casual sex, remaining faithful to one sex partner, using condom and avoiding sex with commercial sex workers as a means of preventing HIV/AIDS respectively (Table 7).

## 5.4. Risk perception

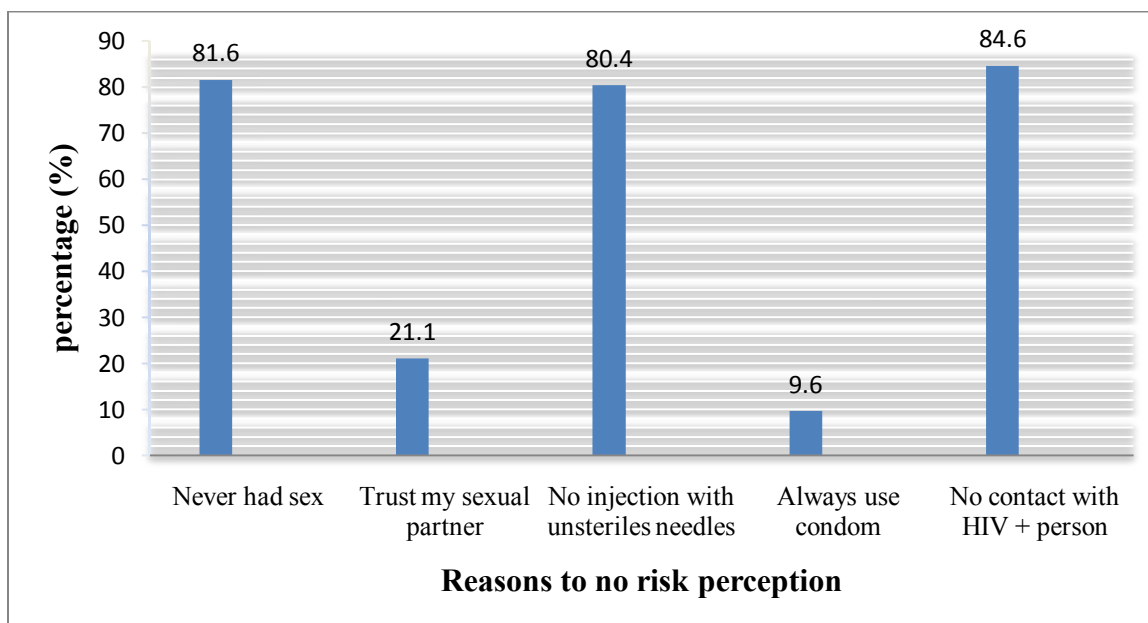
Study Participants' were asked whether they were perceived themselves as susceptible to HIV infection or not and the result indicated that 16 (2.2%) respondents replied that they have chance of acquiring HIV. Among those who perceived themselves at risk 8 (50.0%) reported no condom use, 8 (50.0%) reported having multiple sexual partners, 2 (12.5%) reported had sexual contact with HIV positive person, 3 (18.8%) reported sex with commercial sex workers, 3(18.8%) reported encountered condom breakage, and 4 (25%) reported use of contaminated sharp objects (Table 8). The reasons mentioned by those who did not perceive themselves at risk were 610 (84.6%) have no any sexual contact with HIV positive person, followed by 588 (81.6%) never had sexual intercourse, 580 (80.4%) no use of contaminated sharp objects (Fig.3).

**Table 7. Among preparatory students knowledge on HIV/AIDS, in Adama town, East shoa zone, January, 2011.**

<b>Variables</b>	<b>Number(n=737)</b>	<b>percent</b>
<b>Have you ever heard the disease AIDS</b>		
Yes	735	99.7
No	2	0.3
<b>Knowledge on mode of HIV transmission:</b>		
Sexual intercourse	726	98.5
Blood contact	635	86.2
Mother to child	701	95.1
Using contaminated instruments	716	97.2
<b>Knowledge on HIV prevention:</b>		
Sexual abstinence	663	90.0
Avoid casual sex	715	97.0
Remain faithful to a partner	720	97.7
Using condoms in every act of sexual intercourse	632	85.8
Avoid sex with commercial sex workers	658	89.3

**Table 8. Percentage distributions of respondents by HIV risk perception and reasons for risk Perception, in Adama town, East shoa zone, January, 2011.**

<b>Variables</b>	<b>Number</b>	<b>percent</b>
<b>AIDS is going to be a serious threat: n=737</b>		
Yes	654	88.7
No	83	11.3
<b>Do you think you are at risk of getting HIV: n=737</b>		
Yes	16	2.2
No	721	97.8
<b>Why at risk: n=16</b>		
I had sexual contact with HIV positive person	2	12.5
I had sexual contact without condom	8	50.0
I have more than one sexual partner	8	50.0
I had sex with commercial sex workers	3	18.8
I encountered condom breakage	3	18.8
I had unsterile injection/cut	4	25



**Fig.3. Reasons to no risk perception among Adama preparatory students on HIV infection in Adama Town, January, 2011.**

## 5.5. Comparison of Sexual experience to HIV/AIDS by Socio demographic Characteristics and substance use.

Sex, age and chewing Khat show statistically significant difference ( $p < 0.05$ ) in ever had sex (Table 9). Odds of sexual experience among females students is less by half than male students (AOR= 0.61; 95% CI (0.39, 0.94), Odds of sexual experience among Older youths is four times than younger youths AOR=3.69; 95% CI (2.09, 6.54), and Odds of sexual experience among youths who chew Khat is four times than those who were not AOR=3.96; 95% CI (2.34, 6.69).

**Table 9. Comparison of sexual experience by selected variables among preparatory students in Adama town, East Shoa zone, January, 2011.**

Variables	Ever had sex		Crude OR 95% CI	Adjusted OR 95% CI
	Yes	No		
<b>Sex</b>				
Male	97	250	1.00	1.00
Female	48	342	0.36(.25, 0.53)	0.61(0.39, 0.94)*
<b>Age group</b>				
15-19	108	558	1.00	1.00
20-24	37	34	5.62(3.38, 9.36)	3.69(2.09, 6.54)*
<b>Residence</b>				
Live in town	125	558	1.00	1.00
Live outside town	20	34	2.63(1.46, 4.72)	1.58(0.79, 3.14)
<b>Living with</b>				
Both parents	74	368	1.00	1.00
No both parents	71	224	1.58(1.10, 2.28)	1.23(0.80, 1.88)
<b>Alcohol consumption</b>				
Never Drunk	88	467	1.00	1.00
Drunk	57	125	2.42(1.64, 3.57)	1.17(0.73, 1.87)
<b>Khat chewing:</b>				
Never chewed	90	541	1.00	1.00
Chewed	55	51	6.48(4.17, 10.08)	3.96(2.34, 6.69)*
<b>Cigarette Smoking:</b>				
Never Smoke	126	582	1.00	1.00
Smoked	19	10	8.78(3.99, 19.33)	2.39(0.78, 7.37)
<b>Hashish Use:</b>				
Never Used	135	584	1.00	1.00
Used	10	8	5.41(2.10, 13.96)	1.09(0.29, 4.06)

NB.\*= Significant for AOR.

## 5.6. Focus group discussion result

A total of 24 participants were involved in four focus group discussions. In this study the discussion centered on sexual behaviors of preparatory students, such as factors that push them to engage in risky sexual behaviors, and how risky sexual behaviors relate with HIV infection and youths' risk perception of HIV/AIDS. Finally, what prevention methods should be taken by the students for HIV infection were discussed.

### Sexual behaviors

The discussants in the focus group were asked about the meaning of early sex. And they were discussed and list down points like any sexual activity before marriage, any sexual intercourse before 18 years old, and having sex while students are physically immature. But majority of the respondents' considered any sexual intercourse before 18 years old is as early sex. According to the study participants, the main reasons for early sex are watching pornography films, Female students dressing style (girls dress short clothes and showing their thigh), go to party house, addicted by/using drugs, peer pressure, and the presence of weak relationship between the school and students parents, and economic problems. The participants agreed that early sex predisposes to unwanted pregnancy, HIV/AIDS and STDs. Majority of the participants stated that sexual intercourse should be started after marriage and if possible after 18 years and after having their own income.

Regarding the relationship between in school youth risky sexual behaviors and HIV infection. According to the participants the following sexual behaviors take part to expose students for HIV/AIDS infection. These are watching sex film since it increases the desire to have sex, having sex without condom with CSWs, occurrence of condom breakage may be during sexual intercourse, go to party house there is chance of drinking alcohols at that time students may practice sex without condom. In addition to these peer pressure influence to engage in sex and using drugs, because naturally they are stimulant and they may lead to have unprotected sex. In general they have a great effect to have unprotected sex. And finally expose to high risk of contracting HIV infection. One male student said that, **especially during party ceremony**

**students are eager to practice drinking alcohols and if they drink over, they may go to exercise unprotected sex at this time there is chance of acquiring HIV/AIDS.**

The advantages that young people obtain from limiting the number of sexual partner and consistent use of condom was also discussed and most participants justified that as young people limit their sexual partner number, which means having one partner and if they are trusted each other, they would be advantageous in that they are protected from HIV and STDs. And the advantages pertaining to the consistent use of condom, in addition to the previously mentioned, they have indicated that it protects students from having unwanted pregnancy, and HIV infection. Even if majority of the respondents do not believe hundred percent condoms' prevention. A 19 years old female respondent said that, **I do not have hundred percent confidence using condom, but if I have sex with different people, I will use it. A minimum it help me to decrease being fear of acquiring HIV and STDs or unwanted pregnancy.**

### **Risk perception on HIV/AIDS**

The discussants in the focus groups were asked about what they perceive to be the risk of contracting HIV/AIDS among students and how/why do the youth perceive risk of HIV/AIDS. Most of the participants in the groups perceived that the presence of watching sex films, females dressing tight clothes, sharing sharp objects, chewing Khat, drinking alcohols, use hashish, and go to party house are high risk of contracting HIV/AIDS among the students, because all these conditions push students to be engaged in unprotected sex. And also according to participants, even though in school youth have high knowledge on HIV/AIDS, they are engaged in risky sexual behaviors and they have low risk perception because of being under control of their emotion at the time of sexual intercourse, following only their own feelings, do not giving attention to the consequences following sexual intercourse, their age (being at fire age), Ignorance and having no vision. A grade 12<sup>th</sup> girl said, **I think we are at fire age that is why we face difficulties to control our emotions, but human beings have abilities that can control their feelings (emotions).**

## **Measures should be taken to prevent HIV infection**

The participants also discussed about prevention measures should be taken by in school youth to prevent HIV/AIDS infection. They have enumerated the three rules ABC abstinence, be faithfulness to partner and consistent use of condom. And also they have stated that avoid watching sex films, avoid go to risky areas, reduce number of opposite sex friends, avoid using drugs, and having discussion with family.

## 6. Discussions

This study gives important information regarding the sexual behaviors and influential factors of risk perception on HIV/AIDS among preparatory students. In this study, 145(19.7%) of the participating youths had history of sexual intercourse. On the one hand this figure is consistent with studies done among school adolescents in Nekemte town 145 (21.5%) (17). and Butajira 129 (20.2%) (29). On the other hand figure in this study is considerably low when compared with the results of similar studies in Tanzania the figure was 54% for both sexes (9). Among college students of Africa American which was about 87% (22). This could indicate that the difference of figures may be due to the difference of study sites that is very high figures were from studies done outside the country.

World widely Young people begin sexual activity relatively early. In this study, the mean age at first sexual intercourse was 16.57 years, 16.54 for males and 16.62 for females. In Agaro the average age of the first coitus was 16.74 years. The average age of debut for males was 16.45 and for females it was 16.8 years (16). In Kenya the median age at first intercourse was 15 years for females and 13 years for males (10). The mean age of first sexual intercourse is relatively earlier in males than in females has been demonstrated by the above studies, which is also similar with this study. This early initiation of sexual activity prolongs the period of exposure to risk of HIV infection, STDs and pregnancy during the reproductive span, so that it needs due attention.

Different factors contribute to push in school youths to engage in a premarital sexual intercourse. Because of their age they need to exercise different things they expose to. Most young people are highly sensitive to peer opinion, perception of what peers think have a greater influence on sexual and other risk taking behavior than the opinions of parents or other peoples. In the present study among the reasons reported by the students for the initiation of sexual act for the first time, personal desire 100 (69.0%) and peer pressure 26 (17.9%) were the leading factors. In the FGD attractive actions of female students by fascinating themselves , watching pornography film, go to party house, using drugs, peer pressure, presence of weak relationship between the school and parents, and economic problems were the main reasons reported. So that the influence to in

school youths' action in their sexual relation depends on many factors that lead them to practice risky behavior. Similarly the study done in Nekemte among high school students the main reasons for initiation of sexual intercourse were fell in love which accounted for 49(33.8%), desire to practiced sexual intercourse 44(30.3%), and peer pressure in 25(17.2%) (17).

Having more than one sexual partner's is one of the risky sexual behaviors, which is common among school youths. In this study among sexually experienced students 36 (24.8%) reported to have sexual intercourse with more than one partner in their lifetime. The majority 29(80.6%) of them were males. This indicates that the risk taking behavior of school youth is significant proportion, which needs emphasis in changing their sexual behavior. In Agaro among high school students 40(44.4%) reported that they had multiple sexual partners. Of those, 32(35.6%) had 2-5 partners and the remaining 8 students had more than 5 partners (16). From the Aleta Wondo study, overall 48.9% (48.5 % for boys & 52.9% for girls) students reported to have sexual intercourse with more than one partners in their life time (18). In Kenya Nairobi approximately 35% of respondents reported not only having had sexual intercourse, but multiple sexual partners within the last twelve months before the survey (30). Figures difference among the above studies might be due to the differences of study periods and cultural and socio economical variation among study subjects.

The result of the present study indicates that sexually active students encountered their sexual practice with risk groups in that, among ever had sexual experiences 7(4.8%) had sex with commercial sex workers. Which is relatively lesser proportion than in a study done Gonder city 10 (11.9%) of the respondents (14). And In Thailand larger proportion males 7% had sexual contacts with commercial sex workers (CSWs) (20). Even this study finding may suggest that the risk to HIV among the school youth is also so significant.

Other important issue related to risky sexual behavior is the use of protective materials during each sexual practice, specially the use of condom. In this study, from sexually experienced students in the last 12 months, 21 (22.1%) never used condom during any sexual episodes and 37(38.9%) used condom consistently. In Gonder city out of the 84 sexually active respondents,

46 (54.8%) did not use condoms (14). In Agaro among 90 students who had previous sexual exposure 49(54.4 %) of them used condom at least once, of those 23(46.9%) of them reported that they were using condom always, and 19(38.8%) of them used occasionally (16). In Butajira of those who experienced sexual intercourse for the first time, only one third reported that they had used condom (29). These figures indicate that the utilization of condoms varies from place to place, but it is not satisfactory. It requires intense effort to convince these groups of peoples to adopt the use of condoms. This is also reflected during the FGD, which discussed about advantages of condom utilization during any sexual episodes. Most of the participants do not believe hundred percent condoms' prevention. But they said that if students have practiced sex they have to use condom because it helps them to prevent unwanted pregnancy, HIV/AIDS, and STDs.

Sexual activity and substance use are common among youths today. In our study among the reported substance used by study subjects 182 (24.7%), and 106 (14.4%) were using alcohol and Khat ranging from occasionally/2-3 times in a month to daily respectively. Moreover, 37(38.9%) and 36 (37.9%) of sexually active students have reported that they were using alcohol and Khat respectively. In FGD also depicted that substance use like alcohol, Khat and cigarette were among the factors that pushed school adolescents to sexual debut in an early age. Which is supported by the study done in Asendabo it was found out that 212 (34%) of the respondents admitted to have chewed Khat in their lifetime while 165 (26.5%) reported history of chewing Khat in the past one month. Of the 371 youth who were sexually active, 57.4% reported Khat use and 77.4% reported using alcohol (21). The more substances that in school youths ever tried, the more likely they are exposed to risky practices. On multivariate analysis there were a significant association between ever chewed Khat and sexual practice AOR=3.96; 95% CI (2.34, 6.69).

Regarding risk perception and its influential factors, in this study only 16(2.2%) of youth thought that they were at risk of HIV infection. Some of the reasons why they were at risk 8(50.0%) no condom use, 8(50.0%) having multiple sexual partners, 2(12.5%) had sexual contact with HIV positive person, 3(18.8%) having sex with commercial sex workers, 3(18.8%) encountered condom breakage, and 4(25%) use of contaminated sharp objects. And reasons by those who did

not perceive themselves at risk were 610(84.6%) have no any sexual contact with HIV positive person, 588(81.6%) never had sexual intercourse, and 580(80.4%) no use of contaminated sharp objects. This signifies that youth self risk perception to HIV/AIDS is very low. The low level of risk perception in this study indicates that the need for special attention on the youth for the prevention of HIV/ AIDS.

In study done south Gonder only 31(4.4%) of the school adolescents were aware of being engaged in high-risk practices. Among those who perceived themselves at risk, 22(70.9%) reported injuries with contaminated sharps, 5(16.1%) reported multi-sexual partner, 2(6.4%) reported no condom use, and 2(6.4%) reported sex with female commercial sex workers (28).

In 2005 BSS Ethiopia, majority (87.5%) of ISY perceived the likelihood that they would become HIV infected as nil or low. ISY who felt themselves at no or low risk, 87.2% had no previous sexual exposure and 39.1% no injection using an unsafe needle (6). This could show that risk perception of in school youth were influenced based on their sexual experiences, as they engaged in risky sexual behaviors they perceive themselves at risk for HIV infection and if not they don't.

Beside to this In FGD, the reasons of low risk perception and engaged in risk sexual behaviors. according to participants were being under control of their emotion at the time of sexual intercourse, following only their own feelings, do not giving attention to the consequences following sexual intercourse, their age (being at fire age), Ignorance and having no vision.

In multivariate logistic regression analysis, in this study being a female by sex [AOR= 0.61; 95%CI (0.39, 0.94)] have shown significant association with sexual experience. Which is compatible with a study done in Aleta Wondo being a male by sex [AOR =2.30; 95%CI (1.27, 4.19)] (18). In addition, in this study Older youth age between 20-24 years [AOR=3.69; 95% CI (2.09, 6.54)] have shown significant association with sexual experience. Which is also similar with west Gojam zone study youth age 21-24years [AOR =3.84; 95%CI (1.40, 8.69)] (31).

## **7. Strengths and limitations of the study**

### **Strengths**

- Findings were compared with other related study done locally and internationally.
- There was combination of quantitative and qualitative data.

### **Limitations**

- The behavioral study outcomes are based on self-reported information, which is subject to reporting errors and biases. Since the study raised sensitive issues the possibility of underestimation cannot be ruled out.
- This study is based on cross-sectional data, which indicates that the direction of causal relationships cannot always be determined.
- Comparison of risk perception among independent variables has small values so that it is not reliable for multivariate analysis.

## 8. Conclusions

- A considerable number of the participants have history of sexual experiences. More males are engaged in sexual practice than females.
- Males start sexual debut relatively earlier than females.
- Personal desire, peer pressure, watching pornography films, using drugs, and females dressing styles are the main reasons insist youth to engage in sexual activities.
- Considerable proportion of sexually experienced students has history of sexual practice with more than one partner.
- A significant proportion of sexually experienced students had sex with CSWs.
- From sexually active students only less than half of them used condom consistently during each sexual episodes.
- Very low number of youths perceives risk of HIV infection. Some reasons raised are having sex without condom, having multiple sexual partners, having sex with CSWs and using contaminated sharp objects.
- Majority of the respondents do not believe condom prevent hundred percent.
- In multivariate analysis, being a female by sex, Older youth (20-24) years, and Khat chewing have shown significant association with sexual experience

## 9. Recommendations

- ✚ Organization or (concerned bodies) those working in HIV/AIDS should support in school youth's participation on developing their life skills to put knowledge in to practice. So that to delay sex and avoid risky sexual behaviors.
- ✚ Parents and schools administrators should work together on controlling of substance use among students.
- ✚ Establish and strengthen anti AIDS club in all schools so that they can provide adequate information and services they need for students on reproductive and sexual issues in a friendly manner.
- ✚ The government (concerned) bodies should develop a controlling mechanism on pornographic or erotic video films.
- ✚ In all schools reproductive health services especially condom provision can make available through anti AIDS club.
- ✚ Conducting further study need to understand the attitude of students and reasons on condom prevention capacity.

## 10. References

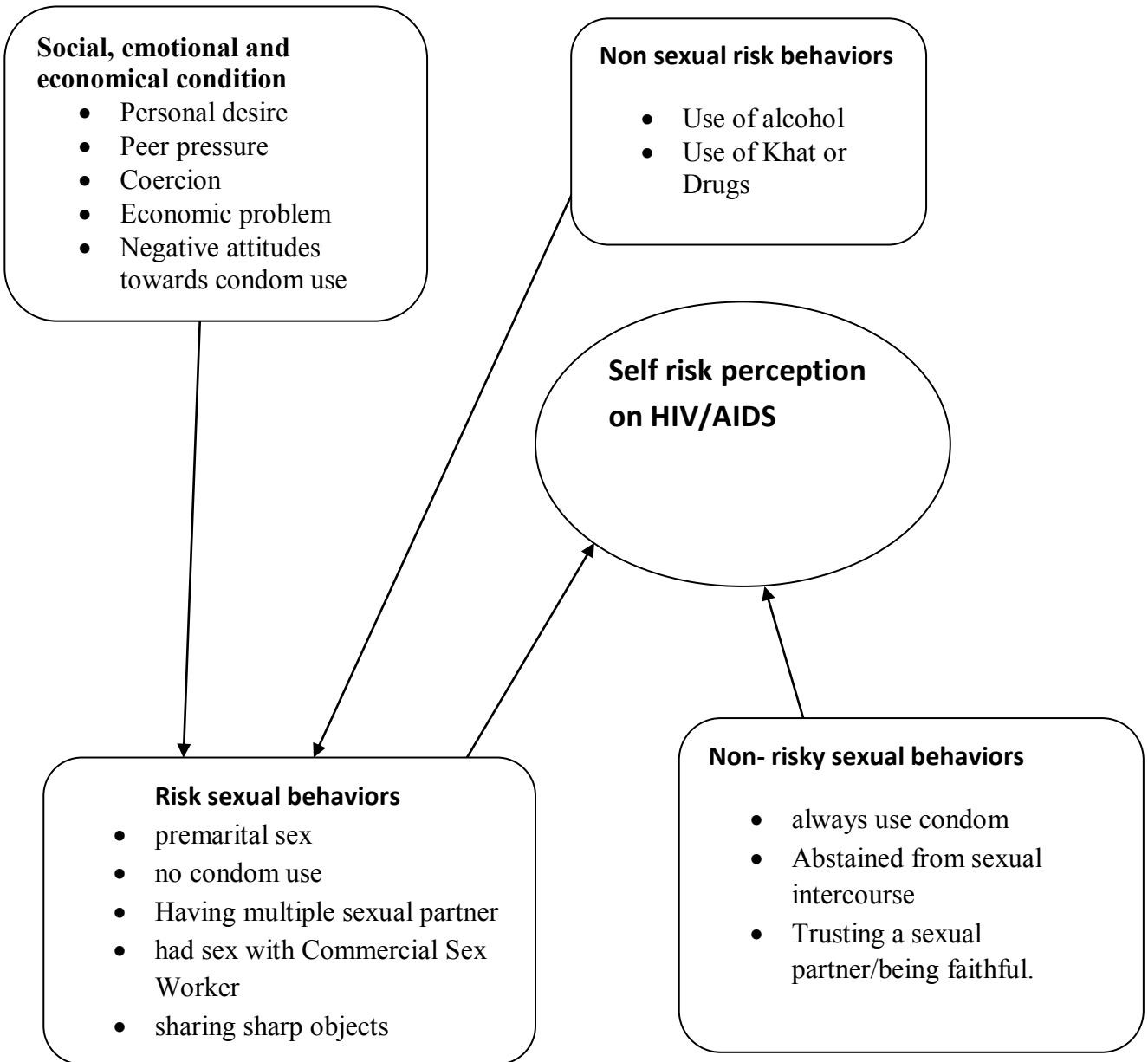
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# 11. Annexes

## Annex- I. Conceptual frame work



## **Annex-II Questionnaires (English)**

### **I. Study Information sheet**

Good morning/ Good afternoon, I am.....working as data collector in this study that assesses sexual behaviors and find out factors influencing risk perception towards HIV/AIDS among in school youth. The purpose of this study is to get more information on sexual behaviors and determinant factors of risk perception on HIV/AIDS from preparatory students that can be used to design appropriate interventions so as to address sexual health problems. There is no risk involved in participating in the study. Your honest and genuine participation by responding to the questions prepared is highly appreciated and helpful to attain the objective of the study.

Your name will not be written on this form and no individual response will be reported to anybody. Hence, your answers are completely confidential. You do not have to answer any question that you don't want to answer and you may refuse to answer all of the questions.

Please, if you cooperate by responding to the questions, it means that you have your own contribution to the success of this study.

Are you willing to answer?

If yes, proceed to the next page

If no, please stop here.

## II. Consent Form

I, the selected participant, heard the information in the study information sheet and understood the purpose, benefit, and what is required from me and what will happen to me if I take part in the study. I understood that all the information regarding me, like name and all answers given by me must not be transferred to a third party. I also understand that I can decide whether or not to take part in the study or even withdraw from the study at any time.

The participant Sign \_\_\_\_\_

Data collector Name: \_\_\_\_\_ Sign: \_\_\_\_\_

Thank you!

## Part I- Socio demographic Characteristics

This survey is intended only to school youths. Please read each question carefully and answer them genuinely. I want to remind you that writing your name is not necessary.		
No	Question	Coding categories
101	Your sex	1.male      2.female
102	Your age in years	-----years old.
103	Your Marital status	1.Married 2.UnMarried 3.Divorced 4.Separated 5.widowed
104	Your Ethnicity	1.Oromo 2.Amhara 3.Gurage 4.Tigrie 88.Other (specify)_____
105	Your Religion	1.Orthodox 2.Islam 3.Protestant 4.Catholic 88.Other (specify)_____
106	Your Educational Level	1.grade 11 2.grade 12
107	Relative to your neighbors how do you rate your family economic status?	1.Very poor 2.Poor 3.Similar 4.Rich 5.Very rich
108	How many people are living with you in your family?	_____
109	What is your parents' marital status	1.Mother and father live together 2.Divorced 3.Widowed (mother / father died) 4.Separated
110	With whom do you live at present?	1. With father and mother 2. With father only 3. With mother only 4. With relatives 5. With friends 6. Alone 88.Other(specify)_____
111	How is your residence situation?	1. I live in the town 2. I stay in the town up to the week end

		3. I came from rural area and live in a rented house in the town 88.Other (specify)
112	What is your father's educational status?	1.Unable to read and write 2.Read and write 3.Grade 1-4 4.Grade 5-8 5.Grade 9-12 6.Above grade 12
113	What is your mother's educational status?	1. Unable to read and write 2. Read and write 3. Grade 1-4 4. Grade 5-8 5. Grade 9-12 6. Above grade 12

## Part II- risk sexual behaviors

I am going to ask you some personal questions about your sexual experience .since the following questions are more personal and secret, please answer them honestly. Remember your name is not written on the questionnaire.		
No	Questions	Coding categories
201	Have you ever had sexual intercourse?	1. Yes 2. No
If your answer is no. skip to question No.217. But if your answer is yes. Answer the following questions.		
202	At what age did you first had sexual intercourse?	1. Age in years _____ 99.Don't know
203	What was your reason for initiation of sex?	1. Personal desire 2. Peer pressure 3. Influence of alcohol 4. Influence of khat or drug 5. Coercion 6. Economic problem 88.Other (specify) _____ 99.Don't remember /don't know
204	Was a condom used during the first time you had sexual intercourse?	1. Yes 2. No 99.I don't remember /don't know
205	How much older or younger was the person with whom you had your first sexual experience?	1. Same age 2. More than 10 years older than me 3. 5-10years older than me 4. Less than 5 years older than me 5. Younger than me 99.Don't remember /don't know
206	How many different sexual partners have you had in the past?	1. Only one partner 2. 2-5 partners 3. More than 5

207	If you had more than one partner, what is your reason for having sexual relation with them?	<ol style="list-style-type: none"> <li>1. Not to reduce my sexual pleasure which I cannot get it from one partner.</li> <li>2. Not to be sexual weak</li> <li>3. I trust them because all my partners are healthy</li> <li>88. Other (specify)_____</li> </ol>
208	Have you had sexual intercourse in the last 12 months?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>
209	With which type of individual you had sexual intercourse? (more than one response is possible)	<ol style="list-style-type: none"> <li>1. Person whom I know for less than 3 weeks</li> <li>2. Person who I don't know him /her before</li> <li>3. Person(s) who had multiple sexual partners</li> <li>4. Person who had sexually transmitted disease</li> <li>5. Person who have sexual intercourse with CSW (commercial sex worker)</li> <li>88. Other (specify)_____</li> </ol>
210	How frequent was your condom utilization during your sexual episodes	<ol style="list-style-type: none"> <li>1. I have never used</li> <li>2. sometimes</li> <li>3. most of the time</li> <li>4. always</li> <li>99. don't remember</li> </ol>
211	In the last 12 months, have you had ever received any money, gift or favor in return to sex?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>99. Don't remember/don't know</li> </ol>
212	Did you have sexual intercourse with commercial sex worker?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>99. Don't remember/don't know</li> </ol>
213	At what age did you had sexual intercourse with commercial sex worker	<ol style="list-style-type: none"> <li>1. Age in year -----</li> </ol>
214	Who told you to go the commercial sex worker	<ol style="list-style-type: none"> <li>1. No one told me/my own interest</li> <li>2. My friends</li> <li>3. My parents</li> <li>88. Other (specify)_____</li> <li>99. Don't remember /don't know</li> </ol>
215	By the time you had sex with the commercial partner/commercial sex worker did you and your partner used a condom?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>99. Don't remember/don't know</li> </ol>
216	If condom was not used, why didn't you and your partner use a condom that time? (more than one response is possible)	<ol style="list-style-type: none"> <li>1. Not available</li> <li>2. Too expensive</li> <li>3. Partner objected</li> <li>4. Used other contraceptive</li> <li>5. Don't think it was necessary</li> <li>6. Don't think of it</li> <li>7. I don't like it</li> </ol>

		88.Other (specify) _____ 99.Don't know
217	Now are you with a regular partner?	1. Yes 2. No
If your answer is no, skip to question 224		
218	If your answer is yes how long you have stayed together	1.Duration of stay _____ 99.Don't remember/don't know
219	If you have one regular partner, what is the reason to remain with him/her?	1. It protects me from getting sexually transmitted disease 2. It will protect me from getting HIV 3. It increases the trust of my partner since I care for him/her 88.Other (specify) _____
220	Did you have a sexual intercourse with your regular partner in the last 12 months?	1. Yes 2. No 99.Don't remember/don't know
221	Did you ever use a condom during your sexual episodes with your regular partner?	1. Yes 2. No
222	If yes, how often you use condom?	1. Some times 2. Most of the time 3. Always 99.I don't remember/I don't know
223	If condom was not used what was your and your partner's reason for not using it?	1. Not available 2. Too expensive 3. Partner objected 4. Used other contraceptive 5. Don't think of it was necessary 6. Don't think of it 7. I don't like it 88.Others _____ 99.Don't know
224	Do you think that condom can prevent HIV transmission?	1.Yes 2.No 99.Don't know
If you have never started sexual intercourse, skip to question number 227		
225	Have you ever been forced to have sex with some one Whom you do not know before?	1.Yes 2. No
If you didn't have sexual intercourse with a person that you don't know before, skip to question No.227		
226	If yes, at what age you encountered forceful sexual act for the first time?	1.Age in year ____ 99. Don't remember/Don't know
227	Do you drink alcohol? (like Tej, Tella, Areke, Beer and the like)	1. I have never drunk 2.I drunk occasionally(2-3 times in a month) 3. I drunk 2-3 times in a week 4. I drink daily
228	Do you chew Khat?	1. I have never chewed

		2. I chew occasionally(2-3 times in a month) 3.I chew 2-3 times in a week 4. I chew daily
229	Do you smoke Cigarette?	1. I never smoked 2. I smoke occasionally (2-3 times in a month) 3.I smoke 2-3 times in a week 4. I smoke daily
230	Do you use Hashish?	1.I have never used 2. I use occasionally(2-3 times in a month) 3. I use 2-3 times in a week 4. I use Daily

### Part III – Sexually transmitted diseases (STDs)

301	Have you ever heard of diseases that can be transmitted through sexual intercourse?	1.Yes 2.No
If you didn't started sexual intercourse, skip to question No.401		
302	Have you had genital discharge during the past 12 months	1.Yes 2.No
303	Have you had a genital ulcer/sore during the past 12 months?	1. Yes 2. No

### Part IV – knowledge on HIV/AIDS

No	Questions	Coding categories	
401	Have you ever heard of HIV or the disease called AIDS?	1. Yes 2. No	
402	Of the following mode of transmission for HIV which one do you think is the possible way	1.Sexual intercourse 2.Blood contact 3.Mother to child 4.Using contaminated instruments 5.Shaking a person's hand 6.Through air 88.Other ____ 99.Don't know	Yes No 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
403	Is there anything a person can do avoid getting HIV/AIDS?	1. Sexual abstinence 2. Avoid casual sex 3. Remain faithful to a partner 4. Use condoms in every act of sexual intercourse 5. Avoid sex with commercial sex workers 88. Others, specify	Yes No 1 2 1 2 1 2 1 2 1 2 1 2

**Part V- personal risk perception**

No	Questions	Coding categories	
501	Is AIDS going to be a serious threat to the health of the community?	1. Yes 2. No 99. Don't know	
502	What is your chance of being infected with HIV?	1. No or Low chance 2. Moderate or High	
503	If your answer is no or low chance, why?	1.I never had sexual contact 2.Abstained from sexual intercourse 3.I trust my sexual partner/faithful 4.No injection with unsterile needles 5.I always use condom 6.I am healthy, no contact with HIV patient 88.Other (specify) _____ 99.Don-t know	Yes No 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
504	If your answer is moderate or High, why?	1.I had sexual contact with HIV positive person 2.I had sexual contact without condom 3.I have more than one sexual partners 4.I had sex with commercial sex worker 5.I encountered condom breakage 6.I had unsterile injection/cut 88.Other(specify) ____ 99.Don't know	Yes No 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2

## **Part VI. Points for Focus Group Discussion**

1. What do you perceive about early sex?
2. What factors do you know which pushes young school adults to engage in an early sexual relation?
3. What are risky sexual behaviors among in school youth and how do you relate them with HIV infection?
4. What contribution does peer pressure, Alcohol, Khat, Cigarette, and Drugs have in influencing adolescents to engage in risky sexual behaviors?
5. What are the advantages that young people will get by limiting sexual partner or consistent use of condom?
6. What do you understand by HIV risk perception?
7. What is the chance of being exposed to HIV infection among school youth? Why?
8. Though knowledge is high about HIV/AIDS, risky behaviors reduction and risk perception among the youth is said to be low. What do you think about main reasons?
9. What are the most important preventive measures being taken by the youth to prevent themselves from HIV/AIDS infection?

# Annex-III. Questionnaires (Amharic)

## ሀ. የጥናቱ መግለጫ ፎርም

ጤና ይስጥልኝ። ስሜ ----- ይባላል። በጥናቱ ውስጥ በመረጃ ሰብሳቢነት ነው የምሰራው። የጥነቱ ርዕስ የወጣቶች የስነ ወሲብ በህሪያትን መዳሰስና ለኤች አይ ቪ ኤድስ ቫይረስ ያላቸውን ተጋላጭነት አመለካከት የሚወስኑትን ሁኔታዎች ማጥናት። የዚህ ጥናት አላማ በመሰናዶ ት/ቤት ያሉ ወጣቶች ስለ ስነ ወሲብ ባህሪያቸውና ለኤች አይ ቪ ኤድስ ተጋላጭነት ያላቸውን አመለካከት ተጽዕኖ የሚያደርጉ ሁኔታዎችን በተመለከተ መረጃዎችን ለመሰብሰብና በዚህ አቅጣጫ ለሚከሰቱት የጤና ችግሮች መፍትሄ ለማምጣት ያመች ዘንድ ለሚወሰዱ እርምጃዎች እቅድ ለማውጣት ነው። ስለዚህ የእርስዎ በዚህ መጠይቅ ውስጥ ያሉትን ጥያቄዎች በግልፅነትና በቅንነት ለመመለስ የምታደርጉት ትብብር እጅግ የሚደነቅ ሲሆን ለዚህ ጥናት ዓላማ መሳካት ጠቃሚ ድርሻ አለው።

የምትመለሱትን መልሶች ሚስጥራዊነት ለመጠበቅ ሲባል በዚህ መጠይቅ ላይ ስማችሁን መጻፍ አያስፈልጋችሁም ፣ እንዲሁም የማንኛውም በጥናት ላይ የተሳተፈ ተማሪ መልስ ለየትኛውም አካል ተላለፎ አይሰጥም።

በዚህ መጠይቅ ውስጥ ያለውን የትኛውንም ለመመለስ የማትፈልጉትን መልስ ወይም ጠቅላላውን ጥያቄ ላለመመለስ መብታችሁ የተጠበቀ ነው። እባክዎ ለጥያቄው መመለስ ቢተባበሩን ለጥናቱ መሳካት የራስዎን ጉልህ ድርሻ ተወጡ ማለት ነው።

መልሶቹን ለመመለስ ፈቃድኛ ነዎት?

አዎን ካሉ ወደሚቀጥለው ገጽ ይቀጥሉ

የለም ካሉ እዚህ ላይ ያቋርጡ

**ለ. የፈቃደኝነት መግለጫ ፎርም**

እኔ የጥናቱ ተካፋይ ከላይ በጥናቱ መግለጫ የተገለጸውን ሰምቻለሁ። የጥናቱን አላማና ጥቅም እንዲሁም ከእኔ ምን እንደሚፈለግ ተረድቻለሁ። በተጨማሪም ማንኛውንም እኔን የተመለከተ መረጃ ወደ ሦስተኛ ወገን እንደማይተላለፍና በየትኛውም ጊዜ ጥናቱን አቋርጬ መውጣት እንደምችል ተገንዝቤአለሁ።

- የጥናቱ ተካፋይ ፊርማ -----
- ፈቃደኝነቱ ያረጋገጠው መረጃ ሰብሳቢ ስም-----ፊርማ -----

አመሰግናለሁ !!

**ክፍል-1 አጠቃላይ ሁኔታ (መረጃ)**

እባክዎን እያንዳንዱን ጥያቄ በጥንቃቄ አንብበው በቅንነት መለስሎቹን ይመልሱ። ስም መጻፍ እንደማያስፈልግ እንደገና ላስታውሱዎ አፈልጋለሁ።		
ቁ	ጥያቄ	የኮድ ክፍፍል
101	ፆታ	1. ወንድ      2. ሴት
102	ዕድሜህ/ሽ/	ዓመት _____
103	የጋብቻ ሁኔታ	1. ያገባ /ች/ 2. ያላገባ/ች/ 3. የተፋታ/ች/ 4. የተለያየ/ች/ 5. የሞተበት/ባት
104	ብሔር/ብሔረሰብህ/ሽ/	1. ኦሮሞ 2. አማራ 3. ጉራጌ 4. ትግሬ 88.ሌላ ካለ ይብራራ _____
105	ሃይማኖት/ሽ	1. ኦርቶዶክስ 2. እስላም 3. ፕሮቴስታንት 4. ካቶሊክ 88.ሌላ ካለ ብራራ _____
106	የትምህርት ደረጃ	1.11ኛ ክፍል 2.12ኛ ክፍል
107	ከቤተሰብህ ጎረቤቶች ጋር በማነጻጸር የቤተሰብህን/ሽን/ የኢኮኖሚ/ኑሮ /ደረጃ እንዴት ትመድበዋለህ /ዋለሽ	1. በጣም ደሃ 2. ደሃ 3. ተመሳሳይ 4. ሀብታም 5. በጣም ሃብታም
108	በቤተሰብህ/ሽ/ ውስጥ ምን ያህል ሰዎች አብረውህ/ሽ/ ይኖራሉ	ሰዎች _____
109	የወላጆችህ/ሽ የጋብቻ ሁኔታ እንዴት ነው	1. እናቴና አባቴ አብረው ይኖራሉ 2. እናቴና አባቴ ተፋተዋል 3. እናት/ አባት ሞተዋል 4. እናትና አባቴ የተለያየ ቦታ ይኖራሉ
110	በአሁኑ ወቅት ከማን ጋር ነው የምትኖረው/ረው	1. ከእናቴና ከአባቴ ጋር 2. ከአባቴ ጋር 3. ከእናቴ ጋር 4. ከዘመዶቼ ጋር 5. ከጓደኞቼ ጋር 6. ለብቻዬ 88.ሌላ ካለ ይብራራ _____
111	የመኖሪያህ/ሽ ሁኔታ እንዴት ነው	1. በከተማ ውስጥ እኖራሉ 2. እስከ ሳምንቱ መጨረሻ ድረስ ብቻ በከተማ ውስጥ እኖራለሁ 3. ከገጠር ስለመጣሁ በከተማ ውስጥ ቤት ተከራይቼ እኖራለሁ 88.ሌላ ካለ ይብራራ _____

112	የአባት-ህ/ሽ የትምህርት ደረጃ እንዴት ነው	<ol style="list-style-type: none"> <li>1. ማንበብና መጻፍ የማይችል</li> <li>2. ማንበብና መጻፍ</li> <li>3. ከ1-4ኛ ክፍል</li> <li>4. ከ5-8ኛ ክፍል</li> <li>5. ከ9-12ኛ ክፍል</li> <li>6. ከ12ኛ ክፍል በላይ</li> </ol>
113	የእናት-ህ/ሽ የትምህርት ደረጃ እንዴት ነው	<ol style="list-style-type: none"> <li>1. ማንበብና መጻፍ የማይችል</li> <li>2. ማንበብና መጻፍ</li> <li>3. ከ1-4ኛ ክፍል</li> <li>4. ከ5-8ኛ ክፍል</li> <li>5. ከ9-12ኛ ክፍል</li> <li>6. ከ12ኛ ክፍል በላይ</li> </ol>

**ክፍል-2 ተጋላጭ ስነ ወሲባዊ ባህሪያት**

ከዚህ ቀጥሎ ወሲብን በተመለከተ ግላዊ የሆኑ ጥያቄዎችን አቀርባለሁ። እነዚህ ጥያቄዎች በጣም የግልና ሚስጥራዊ በመሆናቸው እባክዎን በቅንነት ይመልሷቸው። አሁንም የማስታወስዎ በዚህ መጠይቅ ላይ ስም መጻፍ አያስፈልግም።

ቁ	ጥያቄዎች	የኮድ ክፍፍል
201	እስካሁን ድረስ የግብረሰጋ ግንኙነት ፈጽመህ/ሽ ታውቃለህ/ሽ?	<ol style="list-style-type: none"> <li>1. አዎን ፈጽሜ አለሁ</li> <li>2. የለም አልፈጸምኩም</li> </ol>

ለዚህ ጥያቄ መልስዎ የለም ከሆነ ወደ ጥያቄ ቁጥረ 217 ይሂዱ። ነገር ግን መልስዎ አዎን ከሆነ የሚቀጥሉትን ጥያቄዎች ይመልሱ።

202	በሰንት ዓመት-ህ/ሽ ነው ለመጀመሪያ ጊዜ የግብረ ሥጋ ግንኙነት የፈጸምከው/ሽው?	<ol style="list-style-type: none"> <li>1. ዕድሜ _____</li> <li>99. አላውቅም</li> </ol>
203	የግብረሥጋ ግንኙነት እንድትፈጽም/ሚ ያደረገህ/ሽ ምክንያት ምን ነበር?	<ol style="list-style-type: none"> <li>1. የራሴ ፍላጎት</li> <li>2. የጓደኛ ግፊት</li> <li>3. በመጠጥ በመገፋፋት</li> <li>4. በጫት ወይም በሐሽሽ በመገፋፋት</li> <li>5. በግዴታ</li> <li>6. በአኮሞሚ ችግር</li> <li>88. ሌላ ካለ ይብራራ _____</li> <li>99. አላስታውሰውም/አላውቀውም</li> </ol>
204	በመጀመሪያ የግብረ ስጋ ግንኙነት በፈጸምክ/ሽ ጊዜ ኮንዶም ተጠቀመህ/ሽ ነበር?	<ol style="list-style-type: none"> <li>1. አዎን</li> <li>2. የለም</li> <li>99. አላስታውሰውም/አላውቀውም</li> </ol>
205	ለመጀመሪያ ጊዜ አብረህ/ሽ የግብረሥጋ ግንኙነት የፈጸምከው/ሽ ሰው ምን ያህል ካንተ/ች ይበልጥ/ያንስ ነበር?	<ol style="list-style-type: none"> <li>1. እኩል ዕድሜ ነበር</li> <li>2. ከእስር ዓመት በላይ ይበልጠኝ/ትበልጠኝ ነበር</li> <li>3. ከ5-10 ዓመት ይበልጠኝ/ትበልጠኝ ነበር</li> <li>4. ከ 5 ዓመተ ያነሰ ይበልጠኝ ነበር</li> <li>5. ከእኔ በዕድሜ ያንስ/ታንስ ነበር</li> <li>99. አላስታውሰውም/አላውቀውም</li> </ol>
206	ባለፉት ጊዜያት ምን ያህል የወሲብ ጓደኞች ነበሩ-ህ/ሽ?	<ol style="list-style-type: none"> <li>1. አንድ ብቻ</li> <li>2. ከ 2-5</li> <li>3. ከ5 በላይ</li> </ol>
207	ከአንድ በላይ የወሲብ ጓደኞች ካሉ-ህ/ሽ ይህን ያህል እንዲኖሩ-ህ/ሽ ያደረገው ምክንያት ምንድነው?	<ol style="list-style-type: none"> <li>1. ከአንድ ጓደኛ ብቻ የማላገኘውን ወሲባዊ ደስታዬን ላለመቀነስ ስል</li> <li>2. በግብረሰጋ ግንኙነት ወቅት ደካማ ላለመሆን</li> <li>3. ሁሉም ጤነኛ ስለሆኑ አምናቸዋለሁ</li> </ol>

		88.ሌላ ካለ (ይብራራ) _____
208	ባለፉት 12 ወራት ውስጥ የግብረሥጋ ግንኙነት ፈጽመሃል/ሻል?	1. አዎን ፈጽሜያለሁ 2. የለም አልፈጸምኩም
209	ባለፉት 12 ወራት ውስጥ ከአንዴት ዓይነት ግለሰብ ጋር ነው የግብረሥጋ ግንኙነት የፈጸምከው/ሽው (ከአንድ በላይ መልስ ይቻላል)?	1. ከሦስት ሳምንታት ያነሰ ከማውቀው/ቃት ስው ጋር 2. ከዚህ በፊት ከማውቀው/ቃት ስው ጋር 3. ብዙ የወሲብ ጓደኞች ካሉት/ሏት ስው ጋር 4. የአባልዘር በሽታ ከነበረው ግለሰብ ጋር 5. ከቡና ቤት ሰራተኛ ጋር የግብረሥጋ ግንኙነት ከነበረው ግለሰብ ጋር 88.ሌላ ካለ (ይብራራ) _____
210	በግብረሥጋ ግንኙነት/ሽ ወቅት የኮንዶም አጠቃቀም/ሽ እንዴት ነበር?	1. ተጠቅሜ አላውቅም 2. አንዳንዴ እጠቀማለሁ 3. አብዛኛውን ጊዜ እጠቀማለሁ 4. ሁልጊዜ እጠቀማለሁ 99.አላስታውስም /አላውቅም
211	ባለፉት 12 ወራት ውስጥ ለወሲብ ሲባል ገንዘብ ስጦታ ወይም ውለታ ተቀብለሃል/ሻል ወይም ሰጥተሃል/ሻል?	1. አዎን 2. የለም 99.አላስታውስም /አላውቅም
212	ከቡና ቤት ሰራተኛ ጋር የግብረስጋ ግንኙነት ፈጽመህ/ሽ ታውቃለህ/ሽ?	1. አዎን 2. የለም 99.አላስታውስም /አላውቅም
213	በስንት አመት/ሽ ነው ከቡና ቤት ሰራተኛ ጋር የግብረስጋ ግንኙነት የፈጽመህ/ሽ	ዓመት _____
214	ወደ ቡና ቤት ሰራተኛ ጋር እንደት/ሄድ/ጁ የነገረህ/ሽ ወይም የገፋፋህ/ሽ ማን ነበር?	1. ማንም አልነገረኝም /የራሴ ፍላጎት ነበር 2. ጓደኞቼ 3. ቤተሰቦቼ 88.ሌላ (ይብራራ) _____ 99.አላስታውስም /አላውቅም
215	ወሲብን ከጥቅም ጋር ካያያዘ/ች ግለሰብ ወይም ከቡና ቤት ሰራተኛ ጋር ወሲብ በፈጸምክበት/ሽበተ ጊዜ ኮንዶም ተጠቅማህ/ሽ ነበር?	1. አዎን 2. የለም 99.አላስታውስም/አላውቅም
216	ኮንዶም ያልተጠቀምክ/ሽ ከሆነ ያንተም/ችም ሆነ የጓደኛህ/ሽ ባለመጠቀማችሁ ምክንያት ምን ነበር (ከአንድ በላይ መልስ ይቻላል)?	1. በቀላሉ አለማግኘት 2. በጣም ውድ በመሆኑ 3. የእኔ/የጓደኛዬ ተቃውሞ 4. ሌላ የወሲድ መቆጣጠሪያ ስለተጠቀምን 5. አስፈላጊ መሆኑን አላሰብንበትም ነበር 6. ስለኮንዶም ራሱ እንዲያውም አላስታወስኩም 7. ፈጽሞ አልወደውም 88.ሌላ ካለ ይብራራ _____ 99.አላውቅም
217	በአሁኑ ወቅት ከቋሚ ጓደኛ ጋር ነህን/ሽን?	1. አዎን 2. የለም
መልስህ/ሽ የለም ከሆነ ወደ ጥያቄ ቁጥር 224 እለፍ/ፊ።		
218	መልስህ/ሽ አዎን ከሆነ ከቋሚ ጓደኛህ/ሽ ጋር ምን ያህል ቆይታችኋል?	1. የቆይታ ጊዜ _____ 99.አላስታውስም/አላውቅም
219	አንድ ቋሚ ጓደኛ ካለህ/ሽ ከእርሱ/ሷ ጋር ብቻ እንድት/ወሰን/ያደረገህ/ሽ ምክንያት ምንድነው?	1. ከአባልዘር በሽታ እንዳይዘኝ ስለሚከላከልልኝ 2. ኤች አይ ቪ እንዳይዘኝ ስለሚጠብቀኝ 3. ለእርሱ/ሷ ጥንቃቄ ስለማደርግ መተማመናችንን ስለሚጨምር

		88.ሌላ ካለ ይብራራ_____
220	ባለፉት 12 ወራት ውስጥ ከቋሚ ንደኛህ/ሽ ጋር የግብረ ስጋ ግንኙነት ፈጽመህ/ሽ ታውቃለህ/ሽ?	1. አዎን 2. የለም 99.አላስታውስም/አላውቅም
221	ከቋሚ ንደኛህ/ሽ ጋር በነበረህ/ሽ የግብረ ስጋ ግንኙነት ኮንዶም ተጠቅመህ/ሽ ታውቃለህ/ሽ?	1. አዎ 2. የለም
222	መልሱ አዎ ከሆነ ለምን ያህል ጊዜ	1. አንዳንድ ጊዜ 2. አብዛኛውን ጊዜ 3. ሁልጊዜ 99.አላስታውስም/አላውቅም
223	ኮንዶም ያልተጠቀምክ/ሽ ከሆነ ያንተም/ችም ሆነ የንደኛህ/ሽ ላለመጠቀምህ/ሽ ምክንያት ምን ነበር (ከአንድ በላይ መልስ ይቻላል)?	1. በቀላሉ አለማግኘት 2. በጣም ውድ መሆኑ 3. የእኔ/የንደኛዬ ተቃውሞ 4. ሌላ የወሊድ መቆጣጠሪያ ስለተጠቀምን 5. አስፈላጊ መሆኑን አላሰብንነትም ነበር 6. ስለኮንዶም ራሱ እንዲያውም አላስታውስኩም 7. ፈጽሞ አልወደውም 88.ሌላ ካለ ይብራራ_____ 99.አላውቅም
224	ኮንዶም ኤች አይ ቪን ይከላከላል ብለህ/ሽ ትገምታለህ/ሽ?	1. አዎን 2. የለም 99.አላውቅም
የግብረ ስጋ ግንኙነት ያልጀመርክ/ሽ ከሆነ ወደ ጥያቄ ቁጥር 227 እለፍ/ፊ		
225	ከዚህ በፊት የማታውቃት/ቁው ግለሰብ በጉልበት የወሊድ ጥቃት ፈፅማብሃለች/ሞብሻል?	1.አዎን 2.የለም
ወሲባዊ ጥቃት ያልተፈጸመብህ/ሽ ከሆነ ወደ ጥያቄ ቁጥር 227 እለፍ/ፊ		
226	መልስህ/ሽ አዎን ከሆነ ለመጀመሪ ጊዜ የግዳጅ ወሲባዊ ጥቃት የተፈጸመብህ/ሽ በስንት ዓመትህ/ሽ ነው	1. እድሜ በአመት---- 99.አላስታውስም /አላውቀውም
227	መጠጥ ትጠጣለህ/ሽ (እንደጠጅ ጠላ አረቄ ቢራና የመሳሰሉትን)?	1. ጠጥቼ አላውቅም 2. አንዳንድ ጊዜ እጠጣለሁ (በወር ውስጥ ከ2-3 ጊዜ እጠጣለሁ 3. በሳምንት ከ2-3 ጊዜ እጠጣለሁ 4. በየቀኑ እጠጣለሁ
228	ጫት ተቅማለህ/ሽ?	1. ቅሜ አላውቅም 2. አንዳንድ ጊዜ እቅማለሁ (በወር ውስጥ ከ2-3 ጊዜ ) 3. በሳምንት ከ2-3 ጊዜ እቅማለሁ 4. በየቀኑ እቅማለሁ
229	ሲጋራ ታጨሳለህ/ሽ?	1. አላጨሰም 2. አንዳንድ ጊዜ አጨሳለሁ (በወር ውስጥ ከ2-3 ጊዜ) 3. በሳምንት ከ2-3 ጊዜ አጨሳለሁ 4. በየቀኑ አጨሳለሁ
230	ሐሽሽ ተጠቅመህ/ሽ ታውቀለህ/ሽ?	1. ተጠቅሜ አላውቅም 2. አንዳንድ ጊዜ እጠቀማለሁ (በወር ውስጥ ከ2-3 ጊዜ) 3. በሳምንት ከ2-3 ጊዜ እጠቀማለሁ 4. በየቀኑ እጠቀማለሁ

**ክፍል 3- የአባላዘር በሽታን በተመለከተ**

ቁ	ጥያቄዎች	የኮድ ክፍፍል
301	በግብረ ሥጋ ግንኙነት ስለሚተላለፉ በሽታዎች ስምተህ/ሽ ታውቃለህ/ሽ?	1. አዎን አውቃለሁ 2. የለም አላውቅም
	የግብረሰጋ ግንኙነት ያልጀመርክ/ሽ ከሆነ ወደ ጥያቄ ቁጥረ 401 እለፍ/ፊ	
302	ባለፉት 12 ወራት ውስጥ ከብልተህ/ሽ የሚወጣ ፈሳሽኖርህ/ሽ ያውቃል?	1. አዎን ያውቃል 2. የለም አያውቅም
303	ባለፉት 12 ወራት ውስጥ ብልት/ሽ ላይ ቁስለት ወጥቶብህ/ሽ ነበር?	1. አዎን 2. የለም አላውቅም

**ክፍል-4 የኤች አይ ቪ እውቀትን በተመለከተ**

ቁ	ጥያቄዎች	የኮድ ክፍፍል																		
401	ስለ ኤች አይ ቪ ወይም ኤድስ ስለሚለው በሽታ ስምተህ/ሽ ታውቃለህ/ሽ?	1. አዎን ሰምቻለሁ 2. የለም አልሰማሁም																		
402	ከሚከተሉት ውስጥ የትኛው መንግድ ኤች አይ ቪን የሚያስተላልፍ ይመስልሃል/ሻል	<table border="1"> <thead> <tr> <th>አዎን</th> <th>የለም</th> </tr> </thead> <tbody> <tr> <td>1.የግብረሰጋ ግንኙነት</td> <td>1 2</td> </tr> <tr> <td>2.የደም ንክክኪ</td> <td>1 2</td> </tr> <tr> <td>3.ከእናት ወደልጅ</td> <td>1 2</td> </tr> <tr> <td>4.ሌላ ሰው የተጠቀመበትን ያልጸዳ የህክምና ዕቃ መጠቀም</td> <td>1 2</td> </tr> <tr> <td>5.መጨባበጥ</td> <td>1 2</td> </tr> <tr> <td>6.በአየር ውስጥ</td> <td>1 2</td> </tr> <tr> <td>88.ሌላ ካለ ይብራራ_____</td> <td>1 2</td> </tr> <tr> <td>99.አላውቅም</td> <td>1 2</td> </tr> </tbody> </table>	አዎን	የለም	1.የግብረሰጋ ግንኙነት	1 2	2.የደም ንክክኪ	1 2	3.ከእናት ወደልጅ	1 2	4.ሌላ ሰው የተጠቀመበትን ያልጸዳ የህክምና ዕቃ መጠቀም	1 2	5.መጨባበጥ	1 2	6.በአየር ውስጥ	1 2	88.ሌላ ካለ ይብራራ_____	1 2	99.አላውቅም	1 2
አዎን	የለም																			
1.የግብረሰጋ ግንኙነት	1 2																			
2.የደም ንክክኪ	1 2																			
3.ከእናት ወደልጅ	1 2																			
4.ሌላ ሰው የተጠቀመበትን ያልጸዳ የህክምና ዕቃ መጠቀም	1 2																			
5.መጨባበጥ	1 2																			
6.በአየር ውስጥ	1 2																			
88.ሌላ ካለ ይብራራ_____	1 2																			
99.አላውቅም	1 2																			
403	አንድ ሰው እራሱን ከየኤች አይቪ በሽታ ለመከላከል ምን ማድረግ አለበት?	<table border="1"> <thead> <tr> <th>አዎን</th> <th>የለም</th> </tr> </thead> <tbody> <tr> <td>1.ከግብረሰጋ ግንኙነት መቆጠብ/መታቀብ</td> <td>1 2</td> </tr> <tr> <td>2.ድንገተኛ ግብረሰጋ ግንኙነት ማስወገድ</td> <td>1 2</td> </tr> <tr> <td>3.አንድ ለአንድ መወሰን</td> <td>1 2</td> </tr> <tr> <td>4.ኮንዶም መጠቀም</td> <td>1 2</td> </tr> <tr> <td>5.ከቡና ቤትሰራተኛ ጋር ግብረሰጋ ግንኙነት አለማድረግ</td> <td>1 2</td> </tr> <tr> <td>88. ሌላ ካለ ይብራራ_____</td> <td>1 2</td> </tr> </tbody> </table>	አዎን	የለም	1.ከግብረሰጋ ግንኙነት መቆጠብ/መታቀብ	1 2	2.ድንገተኛ ግብረሰጋ ግንኙነት ማስወገድ	1 2	3.አንድ ለአንድ መወሰን	1 2	4.ኮንዶም መጠቀም	1 2	5.ከቡና ቤትሰራተኛ ጋር ግብረሰጋ ግንኙነት አለማድረግ	1 2	88. ሌላ ካለ ይብራራ_____	1 2				
አዎን	የለም																			
1.ከግብረሰጋ ግንኙነት መቆጠብ/መታቀብ	1 2																			
2.ድንገተኛ ግብረሰጋ ግንኙነት ማስወገድ	1 2																			
3.አንድ ለአንድ መወሰን	1 2																			
4.ኮንዶም መጠቀም	1 2																			
5.ከቡና ቤትሰራተኛ ጋር ግብረሰጋ ግንኙነት አለማድረግ	1 2																			
88. ሌላ ካለ ይብራራ_____	1 2																			

**ክፍል-5 ግላዊ ተጋላጭነት አመለካከት**

ቁ	ጥያቄዎች	የኮድ ክፍፍል						
501	ኤድስ በህብረተሰቡ በአደገኛ ሁኔታ አስፈሪ በሽታ ሰው ብለህ ትገምታለህ/ሽ?	1. አዎን 2. የለም 99አላውቅም						
502	በኤች አይ ቪ የመያዝ እድልህ/ሽ ምን ያህል ነው ብለህ/ሽ ትገምታለህ/ሽ?	1. የመያዝ ዕድል የለኝም ወይም አነስተኛ ነው 2. መካከለኛ ነው ወይም ከፍተኛ ነው						
503	መልስህ/ሽ የመያዝ ዕድል የለኝም ወይም አነስተኛ ነው ከሆነ ለምን?	<table border="1"> <thead> <tr> <th>አዎን</th> <th>የለም</th> </tr> </thead> <tbody> <tr> <td>1.የግብረሰጋ ግንኙነት አድርጌ አላውቅም</td> <td>1 2</td> </tr> <tr> <td>2.ከግብረሰጋ ግንኙነት ስለታቀብኩ</td> <td>1 2</td> </tr> </tbody> </table>	አዎን	የለም	1.የግብረሰጋ ግንኙነት አድርጌ አላውቅም	1 2	2.ከግብረሰጋ ግንኙነት ስለታቀብኩ	1 2
አዎን	የለም							
1.የግብረሰጋ ግንኙነት አድርጌ አላውቅም	1 2							
2.ከግብረሰጋ ግንኙነት ስለታቀብኩ	1 2							

		3.ንደኛዬን ስለማምነው/ናት(ስለተወሰንኩ)	1	2
		4.ባልተቀቀለ መርፌ ተወግቼ ስለማላውቅ	1	2
		5.ሁል ጊዜ ኮንዶም ስለምጠቀም	1	2
		6.ጤነኛ በመሆኔና ከኤች አይ ቪ በሽተኛ ጋር ግንኙነት ስለሌለኝ	1	2
		88.ሌላ ካለ ይብራራ_____	1	2
		99.አላውቅም	1	2
504	መልስህ/ሽ መካከለኛ ነው ወይም ከፍተኛ ነው ከሆነ ለምን?	1.ኤች አይ ቪ በደሙ ውስጥ ካለ ሰው ጋር የግብረሰጋ ግንኙነት ስለፈጸምኩኝ	1	2
		2.ካለ ኮንዶም የግብረሰጋ ግንኙነት ስለፈጸምኩኝ	1	2
		3.ከአንድ ከሚበልጥ ሰው ጋር የግብረሰጋ ግንኙነት በመፈጸሜ	1	2
		4.ከቡና ቤትሰራተኛ ጋር የግብረሰጋ ግንኙነት በመፈጸሜ	1	2
		5.በግብረሰጋ ግንኙነት ወቅት ኮንዶም ስለተቀደደብኝ	1	2
		6.ባልተቀቀለ መርፌ ወይም መቁረጫ በመጠቀሜ	1	2
		88.ሌላ ካለ ይብራራ_____	1	2
		99.አላውቅም	1	2

## ክፍል 6-የቡድን ተኮር መወያያ ነጥቦች

1. አለዕድሜ ግብረሰጋ ግንኙነት ማድረግን እንዴት ትገልጻለህ/ሽ?
2. የት/ቤት ወጣቶችን ወደ ወሲባዊ ግንኙነት የሚገፋፉ ምንምን ሁኔታዎችን ታውቃለህ/ሽ?
3. አጋላጭ ወሲባዊ ባሕሪያት የምንላቸው እነማን ናቸው እንዴትስ ነው ከኤች አይ ቪ ኤድስጋር ያላቸውን ግንኙነት የምታየው/ይው?
4. የጓደኛ ግፊት መጠጥ ጫት መቃም ሲጋራ ማጨስ እና አሽሽ መጠቀም ወጣቶችን ወደ አጋላጭ ወሲባዊ ባሕሪያት ውስጥ እንዲገቡ የማድረግ አስተዋግዶቸው ምን ይመስላል?
5. ወጣቶች የወሲብ ጓደኞቻቸው ቁጥር ውስን በማድረግ እና ሁልጊዜ ወሲብ በሚፈጽሙበት ወቅት ኮንደም በመጠቀማቸው ምን አይነት ጥቅሞች ያገኛሉ?
6. ስለ ኤች አይ ቪ ተጋላጭነት አመለካከት ምን ትረዳለህ/ሽ?
7. የት/ቤት ወጣቶች ለኤች አይ ቪ ቫይረስ ተጋላጭነታቸው ምን ያህል ነው? ለምን?
8. የት/ቤት ወጣቶች ስለኤች አይ ቪ እውቀታቸው ከፍተኛ ቢሆንም ከአጋላጭ ወሲባዊ ባሕሪያት ራሳቸውን መቆጠብ እና የተጋላጭነት አመኔታቸው ዝቅተኛ ነው ይባላል። ምክንያቶቹ ምንድናቸው ትላለህ/ሽ?
9. ወጣቶች ራሳቸውን ከኤች አይ ቪ ለመከላከል መውሰድ ያለባቸው አስፈላጊ እርምጃዎች ምንድናቸው ትላለህ/ሽ?