



**ADDIS ABABA UNIVERSITY
FACULTY OF MEDICINE
SCHOOL OF PUBLIC HEALTH**

**HIV/STI BEHAVIORAL SURVEY AMONG MALE AND FEMALE STUDENTS IN
AXUM UNIVERSITY: A COMPARATIVE STUDY, AXUM, TIGRAY, NORTHERN
ETHIOPIA**

BY:

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LIST OF ABBREVIATION

AIDS	Acquired Immunodeficiency Syndrome
BSS	Behavioral Surveillance Survey
CI	Confidence Interval
CSW	Commercial Sex Workers
EDHS	Ethiopian Demographic and Health Survey
Epi Info	Epidemiological Information
FBE	Faculty of Business and Economics
FGD	Focus Group Discussion
FHAPCO	Federal HIV/AIDS Control Office
HIV	Human Immunodeficiency Virus
Kms	Kilometers
N _o	Number
OR	Odds ratio
PI	Principal Investigator
PLWHA	People Living With HIV/AIDS
Qty	Quantity
SPSS	Statistical Package for Social Sciences
STIs	Sexually Transmitted Infections
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

ABSTRACT

Introduction: Efforts to reduce the spread and impact of HIV/AIDS are very much related to changing high-risk sexual behaviors and environments facilitating high risk sexual behaviors. This can be done successfully if these efforts are supported by relevant studies that aimed at analysis of sexual behaviors among the potentially risk groups.

Objective: To assess and compare High Risk Sexual behaviour among male and female university students

Methods: A comparative cross-sectional study (both quantitative and qualitative methods) were conducted from April 20 to 30, 2010 to assess the risky sexual behavior among male and female university students in Axum town. A total of 640 students, 320 males and 320 females were participated. A structured, pre-tested, and self-administrated questionnaire and FGD were used for quantitative and qualitative data collection respectively.

Results: In multivariate analysis respondents' age , drinking alcohol, chat chewing and cigarette smoking were statistically significant with high risk sexual behavior. The mean age of the study subjects was 20.65 ± 1.53 . 234 (36.6%) of the study subjects had ever had sexual intercourse, and 107(33.4%). Among the sexually active students 160 (68.4%) had only one lifetime partner, 59 (25.2%) had 2-5 partners and 15 (6.4%) had more than 5 lifetime partners. The proportion of males reported having had more than five lifetime partners was higher than females 10(7.9%) and 5(4.7%) respectively. Males were more knowledgeable and had positive attitude than females. Fifty two (8.1 %) of the students claimed that their chance of contracting HIV/AIDS was high while 514 (80.3%) said there was no chance at all. Seventy four (11.6%) did not know their risk status.

Conclusion: Age, drinking alcohol, cigarette smoking and chat chewing showed a statistically significant association with high risk sexual behavior, males were more knowledgeable and have positive attitude than females, in general the students had low risk perception and males had higher risk perception than females.

1. INTRODUCTION

HIV/AIDS is generally regarded as the most serious public health problem in Sub-Saharan Africa, and Ethiopia has the second largest number of HIV-infected persons in Africa after South Africa. Although Ethiopia began stepping up its HIV/AIDS prevention and control program in the late 1990s and introduced the Strategic Framework for the National Response to HIV/AIDS for the period 2001-2005, which targets students and out-of-school youths (1).

According to the Ethiopian Demographic and Health Survey among sexually active young age 15-24, 6% of women and 37 % of men engaged in higher-risk sexual activity in the past 12 months. One-quarter of these women and just under half of these men reported condom use in their last higher-risk encounter(2).

HIV infection is still a threat to the generation. According to the study done in Gondar high school students, the prevalence of HIV was 1.1% and from this study young ages and female are among the seropositives (66.7%) (3).

Efforts to reduce the spread and impact of HIV/AIDS are very much related to changing high-risk sexual behaviors and environments facilitating high risk sexual behaviors. This can be done successfully if these efforts are supported by relevant studies that aimed at analysis of sexual behaviors among the potentially risk groups (4).

According to the 2005 HIV/AIDS Behavioral Surveillance Survey (BSS), Comprehensive knowledge about HIV/AIDS Risk perception among youths has remained low in spite of continued high risk behavior (5).

Behavioral factors as one of the major epidemic drivers have attracted the attention of policy makers and researchers since the beginning of the epidemic. In many of the behavioral studies on HIV, however, the wide gap between knowledge and change of behavior (practice) and a low

level of personal risk perception in spite of engagement in risky sexual behavior have remained a source of controversy (6).

Axum University is one of the newly established Universities and had no documentation concerning on high risk sexual behavior. Thus, this study tried to assess and compare the risky sexual behaviors among male and female university students in Axum town so as to recommend appropriate intervention strategies based on the findings.

2. LITERATURE REVIEW

2.1. Socio-demographic and Sexual Behavior of University students

Individuals' risk of contracting HIV is influenced by their behaviors, knowledge, and self perceptions of risk (7). The three types of sexual risk behavior that have received the most research attention are being sexually active (as opposed to abstaining from or postponing sexual activity); having many partners (either serially or concurrently); and practicing unprotected sex (which includes the irregular or incorrect use of condoms) (8).

A study done on Sexual Behavior and Condom use among High School and University Students indicated that less than half (45%) of males and 16% of females aged 15-24 reported being sexually experienced. Only 13% of males and 5% of females report having a sexual partner in the past year. Of those sexually active, only 30% of males and 42% of females had ever used condoms. However, among the small group who reported being sexually active in the past year, nearly half of males (46%) and 71% of females reported condom use during their last sex act with a regular partner (9).

Another study done in Dareselam revealed that more men than women suggest to use or not to use a condom. This indicates that men have more influence over the use of condoms during sexual intercourse. It is more socially acceptable for men than women to cheat and to have more sexual partners in their lifetime. There is a disparity in the promotion of condoms at the University (10).

A study done in Finland university students indicated that sexual activity was high among finish undergraduate university students, as 80% of them were currently practicing sexual intercourse. According to the study, activity was highest among those students living with a partner .A greater proportion of single men than single women reported using condoms (58% versus 36%). Of male students, 2% and of female students, 5.3% reported currently using both condom and hormonal contraception (11).

Another study done in Hong Kong university students indicated that significantly higher proportion of males (18%) than females (6%) and those who were (70%) than who were not (40%) holding liberal attitudes toward premarital sex were in the greater risk behavior group (12)

In study done to identify Perceptions of risk to HIV Infection among Adolescents in Uganda reports that sexual activity is slightly higher among young men, with 32% having had intercourse. While a similar distribution of males aged 15-19 have had intercourse compared to their female counterparts, a larger proportion of younger males aged 12-14 have ever had sex compared to females of same age group (13). Similarly in a study on family communication about HIV/AIDS and sexual behavior among senior secondary school students in Accra, a quarter of the students had engaged in sexual intercourse, with boys more likely to do so than girls. Similarly, a quarter of the sexually experienced students initiated sexual intercourse when they were 11 years old or younger, and by the age of 16, over 64 percent had already initiated sexual activity (14). It is also studied similarly by David M. that the average age of first sexual intercourse was 16.8 years for females and 16.7 for males (15).

Another study done in Turkey university students on sexual risk behavior indicates that 271 (19%) participants had had sexual intercourse. Males (76%) out-weighted females (23%). No respondent reported engaging in sexual intercourse before age of 13. In addition, 27 (10%) students indicated that they had had four or more sexual partners. Eighty-one (30%) participants reported condom use during the last encounter 52 (64%) males and 29 (36%) females (16).

In Ethiopia, a study done by Andarge G. and et al revealed that the mean age of the first sexual contract for females and males obtained was (16.4 and 17.0 years) respectively (3).

A study done in Nekemte town among high school students revealed that the mean age at first sexual intercourse was about 16.2 years for males and 15.2 years for females (17).

2.2. HIV/AIDS Related Knowledge and Attitude:

A study done among Taiwan college students indicated that less than half of the participants were aware that HIV could be spread through infected semen, and nearly a quarter of all participants believed that HIV could be contracted through mosquito bites, toilet seats, or swimming pools. More than one third (35.6%) agreed that HIV could be transmitted by mosquitoes, 28% agreed that HIV could be contracted through toilet seats, 22.7% agreed that HIV could be spread through swimming pools, and 17.4% agreed that HIV could be contracted when sharing cigarettes. Fewer than 10% agreed that HIV could be spread through coughing and sneezing (8.3%), through the air (6.8%), or through hugging an infected person (2.3%) (18).

According to the results on attitudes toward persons with HIV indicated that only 6.8% of participants agreed that persons with HIV should be kept out of school, 6.1% thought he or she would end a friendship with friends diagnosed with HIV, and 5.3% agreed that a family member should move out if he or she contracted HIV. Nearly 1 in 4 participants said they would be willing to do volunteer work with AIDS patients (28.8%), and nearly a quarter (24.2%) agreed that persons with HIV should stay home or in a hospital (18).

In study done to identify Perceptions of risk to HIV Infection among Adolescents in Uganda indicated that there is a strong association between risky sexual behavior and perception of risk to HIV among Uganda's male adolescents but not among the females. Although most adolescents perceive themselves to be at great risk of getting infected with HIV, this perception is much stronger among females regardless of their current sexual behavior (13).

A study done in Croatia indicated that there was a significant gender difference in mean scores on average, women scored higher than men. Similar proportions of men and women answered individual questions correctly in all but one case: a significantly higher proportion of women than of men knew that it is not possible to acquire HIV from a mosquito bite (19).

2.3. Condom usage of university students

The strongest predictor of condom use at last intercourse for both men and women was whether they had used a condom at first intercourse or not.

A study done in Croatia indicated that for condom use at last intercourse, the strongest predictors for both men and women were positive attitudes toward condom use and whether condoms had been used during their first sexual experience. Only 5% of Croatian women and men in the 16–30 age-groups reported that they always used condoms, 22% of the current sample reported consistent condom use in the last 12 months. Predictors of consistent condom use in the past year were almost identical to those found for condom use at last intercourse. For both genders, condom use at first intercourse and attitudes toward condoms were associated with consistent condom use (19).

Another study done by Georges Guiella¹ and Nyovani Janet Madise With regards to the use of condoms by type of partner showed that low use of condoms at first sex with a cohabiting partner compared to adolescents who had first sex with boyfriends or girlfriends. Contrary to expectations, use of condoms is low among adolescents who have had their first sex with a casual sexual partner. According to the study overall, 19% of females and up to 28% of males agreed that condoms reduce pleasure. About 39% of females and 43% of males stated that the use of condoms during sex is a sign of lack of trust towards the partner and the proportions were significantly higher among older adolescents (20).

A study done in a Shantytown in Lima, Peru indicated that more men reported condom use at last intercourse than women (48.7% vs. 29.8%). Differences in condom use between the genders remained significantly different during the last sexual encounter participants who were single (condom use: men 56%, women 43%). Reported condom use was also higher among men than women during the last sexual intercourse with a casual partner, but this difference was not statistically significant. However, consistent condom use with casual partners was low in both groups (45% among men and 40% among women). Among men, only 84% used condoms

consistently during sexual intercourse with female sex workers. More than 95% of men reported using condoms during their last sexual intercourse with a female sex worker (21).

Another study done by Yohannis Fitaw and Alemayehu Worku in Ethiopia revealed that among the sexually active students, 80 students (37.1%) ever used condom. Among those who reported condom use, only 6.4% have used condom regularly and 5.1% used more than half of the time (22).

2.4. The role of non-sexual risk behavior for HIV infection

Adolescents and other young adults who use drugs and alcohols often take risks that endanger their health and the health of others. One of the most harmful risks is that of engaging in risky sexual activities. Scientific research has demonstrated that the use of alcohol and drugs is related to the occurrence of unsafe sexual behavior that places adolescents at risk for pregnancy or contracting sexually transmitted diseases (STDs), such as HIV/AIDS. A study done in Khanh Hoa province , Vietnam, there was association between alcohol use and sexual behaviors (23).

A study done in South Africa indicated that alcohol consumption is associated with increased risk of experiencing attempted or actual forced sex among school agers in South Africa. According to this study more males used alcohol on the last occasion of sex than females (24).

2.5. Multiple sexual partners

Men had more sexual partners than women in all the assessed time periods: men had a higher number of sex partners in the past year and lifetime number of sexual partners than women. Among those who were sexually experienced, 6% of females and up to 21% of males reported to have had three or more lifetime sexual partners while 5% females and 24% males had 2 or more sexual partners in the 12 months before the survey (24, 25).

2.6. Risk Perception

In the findings of a study done among Dire Dawa university students 60.7% of the study participants identified their risk as very low given their current behavior, potentially putting them at great risk when the findings of the qualitative study (showing widespread unsafe sexual

practices among the students) are taken into consideration (27). Similarly in the findings of a study done among Addis Ababa university students, the majority of students perceived their risk to be either low or zero (28).

Although there are some limited studies on adolescent's sexual behavior, most of them were conducted in the oldest universities of the country. Therefore, this selected study area lacks a study focusing on this issue, the actual adolescent's sexual practice and the limited knowledge of adolescents created the gap.

Hence, it would be worthwhile to conduct on HIV/STI behavioral survey of the newly established Axum University students.

The outcome of the study would help policy makers, health program planners and other organizations interested in adolescents health and prevention of sexually transmitted diseases including HIV/AIDS; to get a clear idea on sexual behavior related to adolescents to sexual behavior and design a program to alleviate the problem in the study area and in areas with similar setting elsewhere in the country.

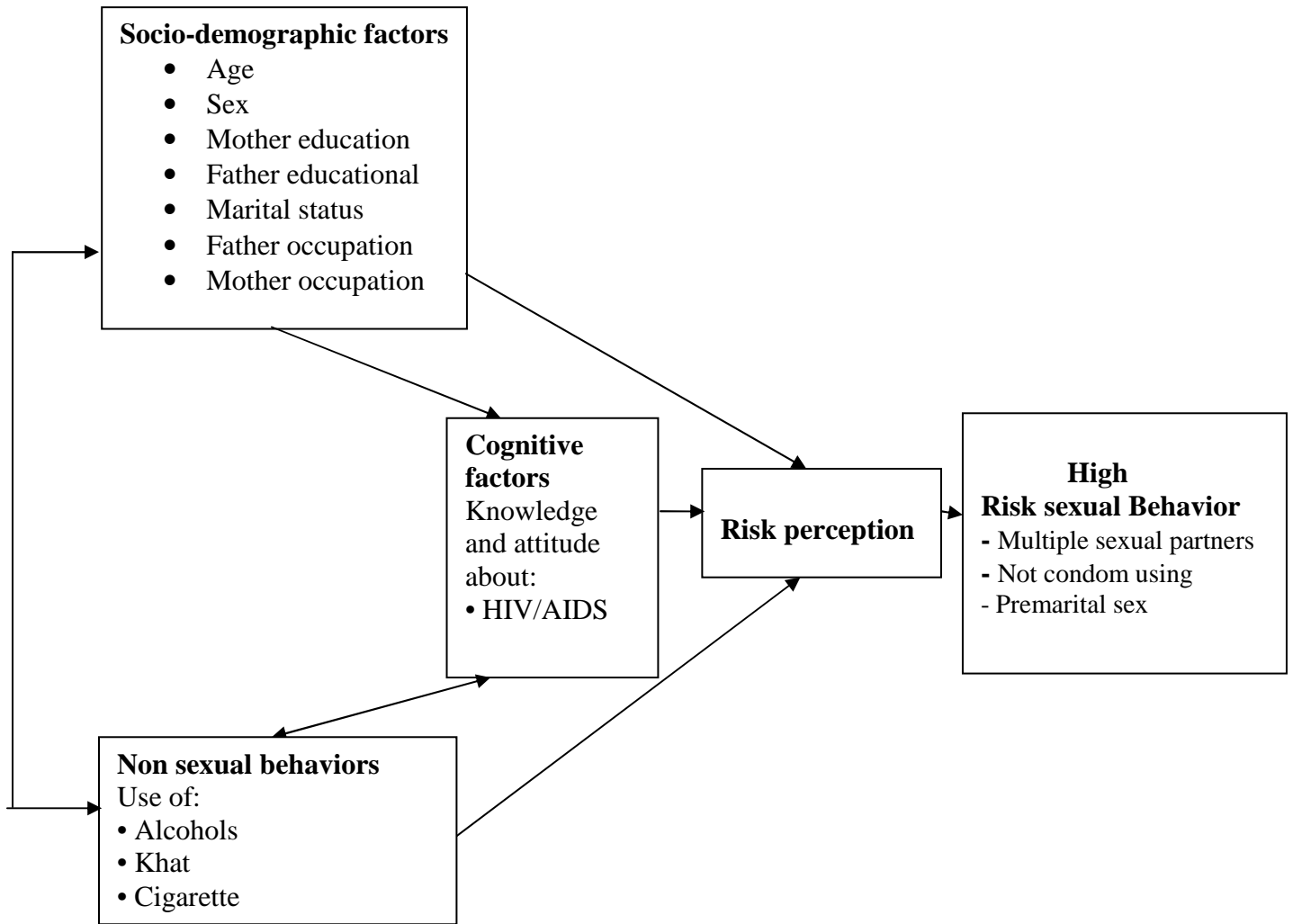


Figure.1. Modified conceptual framework proposed for the study (29).

3. OBJECTIVES

3.1 General Objective

To assess and compare High Risk Sexual behaviour among male and female university students.

3.2 Specific Objective

1. To Compare the socio-demographic factors influencing High risk sexual behaviour among male and female university students
2. To assess and compare high risk sexual behaviour among male and female university students
3. To assess the knowledge and attitude of male and female university students about HIV/AIDS
4. To assess risk perception of male and female university students

4. METHODS

4.1. Study area and period

A comparative cross-sectional study (both quantitative and qualitative methods) was conducted from April 20 to 30, 2010 to assess the high risk sexual behavior among male and female university students in Axum town. Axum is the capital city of Central Zone of the Tigray Regional State. The town is located 241 kms from the capital of Tigray and 1024 kms from Addis Ababa with an estimated population of 47, 320 in 2005. In the town there is 1 university, 2 high schools, and 3 colleges, of which the government owns two and one is private. Administratively, the town is divided in to 4 kebeles.

4.2 Study Design

University based comparative cross-sectional study with both quantitative and qualitative survey among university students was conducted.

4.3. Source population

The source population for the study was all Axum university students in Axum town who were attending the school during the study period (April 20 to 30, 2010).

4.4. Study Population

The study population was students aged 18-29 years and those attending class during the study period.

Inclusion criteria:

Inclusion and exclusion criteria

- A day time regular students
- Age range between 18 and 29.

Exclusion criteria:

- Students attending in the non regular programmers were not included in the study since they are different from the regular ones with respect to their age, maturity and employment.
- Age less than 18 or greater than 29

4.5. Sample Size Determination

The sample size was calculated using the comparative population proportion formula with the following assumptions: Consistent use of condoms with a non-commercial sexual partner during the preceding 12 months was reported by 41.8% of ISY (46.3% of males and 30.4% of females; $p_1 = 30.4\%$, $p_2 = 46.3\%$ (6).

Using two population proportion sampling formula

$$n = \frac{\left[Z \frac{\alpha}{2} \sqrt{\left(1 + \frac{1}{r}\right) p(1-p)} + Z\beta \sqrt{p_1(1-p_1) + \frac{p_2(1-p_2)}{r}} \right]^2}{(p_1 - p_2)^2}$$

Where:

n = the sample size

Z = standardized normal distribution curve value for the 95% CI which is 1.96

$$p = \frac{p_1 + rp_2}{1 + r}$$

β = 20%

r = the ratio of Consistent use of condoms with a non-commercial sexual partner during the preceding 12 months of male and female populations is 1:1 ratio

P_1 = female Consistent condom users

P_2 = male Consistent condom users

$$n = \frac{\left[Z \frac{\alpha}{2} \sqrt{\left(1 + \frac{1}{r}\right) p(1-p)} + Z\beta \sqrt{p_1(1-p_1) + \frac{p_2(1-p_2)}{r}} \right]^2}{(p_1 - p_2)^2} = 316$$

With design effect of 2, 95% confidence level and with a non response rate of 10%, the final sample size was 696, 348 for males and 348 for females.

4.6. Sampling Procedure:

Stratified sampling technique was used to get the required sample size from the total number of university students. The total sample distributed was proportionate to the total number of students found in each department. The number of sampled students was calculated from each faculty and was divided in to departments. Among all departments, samples assigned to each faculty were distributed proportionately. The following formula was used for proportionate allocation of samples:

$$n_j = \frac{n}{N} N_j$$

Where:

n_j = Sample size of the j^{th} stratum

N_j = population size of the j^{th} stratum

n = The total sample size

N = The total population size

Selection of male students:

List of departments and classes in all the five faculties was obtained and students were selected randomly from departments using probability sampling method proportional to their size.

Selection of female students:

List of departments and classes in all the five faculties was obtained and students were selected from faculties using proportional to their size.

4.7. Data Collection

4.7.1. Data Collection tools

A structured, pre-tested, and self-administrated questionnaire and FGD were used for quantitative and qualitative data collection respectively. Two data collection coordinators who are health professionals and have diploma and three supervisors were recruited for questionnaire

administration and supervision. The questionnaire was adopted from different literatures and then modified to local context.

4.7.2. Data Collection procedure:

A structured, pre-tested, and self-administrated questionnaire were distributed and FGD were used for quantitative and qualitative data collection respectively. The self administered questionnaires were distributed to students randomly according to their seat. The supervisors were given the responsibility to handle the whole process of data collection and to check and correct questions to be raised by the respondents for the quantitative data. For the qualitative data, for each FGD, 8 discussants were selected purposively. The overall data collection process was coordinated and supervised by coordinators and the principal investigator.

A total of four Focus Group Discussions (FGDs) were conducted to supplement the quantitative study in the study area. The four FGDs segregated by sex, two for males and two for females were conducted for university students using semi-structured open-ended questions which enabled the discussants to reflect on sexual experience and perceived determining factors for high risk sexual behaviors. The participants were in the age range of 18-29 years. The FGDs were moderated using a prepared discussion guide to backup any information lacking during quantitative survey. A male supervisor moderated the FGD for males and a female supervisor moderated the FGD for females. The moderator recorded the discussants' ideas, which were later on transcribed and translated. The participants for the discussion were selected purposively.

4.7.3. Data quality control

Quality assurance measures were undertaken during questionnaire designing, data collection, and data management process. Validity of the questionnaire was maintained by using questionnaire adopted from different literatures that were used by other researchers. The instrument was pre-tested by administering it to other publicly owned colleges before the actual application. Data from a pre-testing finding were excluded from the actual data. The principal investigator reviewed the questionnaires on daily basis for completeness and consistency.

4.7.4. Data management:

Data were stored in a secured place to maintain confidentiality. Backup of the data was stored in different areas not to lose the data.

4.7.5. Data processing and analysis:

The collected quantitative data were entered and cleaned using Epi Info version 3.1 statistical package. Statistical analysis was performed using SPSS version 11.0. During the process of analysis, frequencies and percentages of different socio-demographic variables, sexual practice, non-sexual behavior, type of STI, awareness of HIV/AIDS and risk perception were summarized. For risky sexual behavior, odds ratio, different socio-demographic factors like age, father's occupation, mother's occupation, drinking alcohol, cigarette smoking, khat chewing and some selected non- sexual behaviors were analyzed using multivariate logistic regression to control factors and confounders. The recorded ideas of qualitative data were transcribed and translated under selected themes based on the question guides and were summarized manually

4.8. Study variables and operational definitions

4.8.1. Dependent variables

- High risk sexual behavior

4.8.2. Independent variables

- Socio-demographic characteristics: age, religion, marital status, educational status and family
- Sex
- Non- sexual risk behavior: use of alcohols and khat.
- Cognitive factors: knowledge and attitude about HIV/AIDS, STIs, condom, and VCT.
- Risk perception
- Transactional sex
- Pre-school sexual behaviors: age at first sexual intercourse, type of sexual partners and condom use.
- New social environment: peer influence, presence of many commercial sex workers, and
- Cellphone ownership, following fashion , entertainment places

4.8.3. Operational definitions:

High risk sexual behavior: When it included premarital sex, multiple sexual partner and not using condoms during sexual intercourse in the past 12 months.

Sexual intercourse: - having penetrative sex with any partner.

Commercial sex workers: - women who perform sex for money or other gift.

Multiple sexual partners: - having more than one sexual partner concurrently. Regular partner: - cohabiting (live-in) sexual partner but had never married.

Casual partner: - any partner other than marital, commercial, or regular partner.

Consistent condom use: - use of condom in every act of penetrative sexual intercourse, except with marital partner during current sexual practice.

Knowledgeable: When they answered all the five knowledge questions.

Knowledge about HIV prevention: - Those students who mentioned all the three primary methods of HIV/STIs prevention (Abstinence, being faithful to one uninfected partners and consistently and properly use of condom.

Favorable attitude: When students answered all the attitude questions correctly.

Transactional sex: Students having sex for sake of money or something of interest.

Comprehensive knowledge about HIV/AIDS– respondents are considered to have comprehensive knowledge about HIV/AIDS if they are both knowledgeable about the three HIV/AIDS prevention methods and have no incorrect beliefs of the two most common HIV transmissions.

4.9. Ethical consideration:

Ethical clearance was obtained from the Institutional Review Board of Faculty of Medicine Addis Ababa University. Letter of cooperation was written to the Axum University. Written consent of the participants was obtained. Students were approached individually and given information regarding the purpose of the study and invited to the study. Confidentiality of the results was maintained. Name of the respondents was not written on the questionnaire. The right not to participate or not to respond to a question was respected. The respondents were told that the study has no risk and it offers an opportunity for students to get more information on high risk sexual behavior. Ethical clearance was obtained from all concerned authorities at each level. Confidentiality was kept at each step of data collection and processing. The participants were assured that they had full right to participate or withdraw from the study.

4.10. Dissemination of results:

Dissemination of findings is crucial in any study as it follows the timely utilization of findings. The final study report feedback will be communicated to the university and to all relevant bodies to incorporate the result of the finding of this study in their future planning.

5. RESULTS

A total of 696 questionnaires were distributed to students and 640 (91.95%) returned, fully completed and used for further analysis.

From those who filled the questionnaire fully 320(50%) were males and 320(50%) were females. The mean age of the study subjects was 20.65 with standard deviation of 1.53 years. Most of the respondents were orthodox Christian 284(44.1%) by religion and Tigre 174(27.2%) by ethnicity. One hundred and seventeen (18.3%) of the students were below 20 years of age and 507(79.2%) were aged 20-24 years and the remaining 16(2.5%) were aged 25-29. Fifty two (8.1%) of respondents were married. One hundred eight (17%) fathers and two hundred twenty three (34.8%) mothers of the respondents' could not read and write. One hundred fifty six (24.4%) seventy two (11.3%) mothers of the respondents' were government employs. (See table 1)

Table-1: Socio-demographic characteristics of Axum University students, Axum, 2010

Variable	Sex		Total
	Male	Female	
Sex	320(50%)	320(50%)	640(100%)
Age			
<20	43 (6.7%)	74(11.6%)	117(18.3%)
20-24	267(41.7)	240(37.5%)	507(79.2%)
25-29	10(1.6%)	6(0.9%)	16(2.5%)
Religion			
Orthodox	284(44.1%)	284(44.4%)	568(88.4%)
Protestant	18(2.8%)	18(2.8%)	36(5.6%)
Catholic	18(2.8%)	12(1.9%)	30(4.7)
Others	2(0.3%)	4(0.6%)	6(0.3%)
Ethnicity			
Amhara	87(13.6%)	89(13.9%)	176(27.5%)
Agew	4(0.6%)	4(0.6%)	8(1.3%)
Tigre	174(27.2%)	192(30.0%)	366(57.2%)
Oromo	34(5.3%)	25(3.9%)	59(9.2%)
Others	21(3.3%)	10(1.6%)	31(4.8%)
Marital Status			
Married	19(5.9%)	33(10.3%)	52(8.1%)
Not married	301(94.1%)	287(89.7%)	588(91.9%)
Father Education			
Can not read and write	56(17.6%)	52(16.4%)	108(17%)
Read and write	262(82.4%)	265(83.6%)	527(83%)
Mother Education			
Can not read and write	113(35.3%)	110(34.4%)	223(34.8%)
Read and write	207(64.7%)	210(65.6%)	417(65.2%)
Father Occupation			
Government Employ	71(22.2%)	85(26.6%)	156(24.4%)
Non-Government Employ	249(77.8%)	235(73.4)	484(75.6%)
Mother Occupation			
Government Employ	30(9.4%)	42(13.1%)	72(11.3%)
Non-Government Employ	290(90.6%)	278(86.9%)	568(88.8%)

5.1. Socio-demographic factors influencing risky sexual behaviour

Among the currently sexually active students that were involved in high risk sexual behavior were 93 (55.7%) males and 74 (44.3%) females. There was no statistical significance between risky sexual behavior and sex.

Risky sexual behavior of 20-24 age categories was the highest among all age categories. In this age category the proportion of males 84(90.3%) was higher than the proportion of females 64(86.5%).

The association of some selected socio demographic variables with high risk sexual behavior, age, drinking alcohol, cigarette smoking and khat chewing was statistically significant.

Students in the age group 25 to 29 years and those who chewed chat were about seven and four times more likely to be engaged in high risk sexual behavior during their stay in university when compared with their counter parts [AOR (95% CI) = 7.2(2.256,23.06) and 3.55(1.07,3.3)] respectively.

Table-2: Association of some selected variables with risky sexual behavior of University student, Axum, 2010

Variable	High Risk Sexual Behavior		OR (95% CI)	
	Males	Females	Crude	Adjusted
Age				
<20	43(13.44%)	74(23.13%)	1	1
20-24	267(83.44)	240(75%)	3.61(1.93,6.75)**	3.7(1.97,6.96)**
25-29	10(3.12%)	6(1.87%)	6.81(2.15,21.59)**	7.2(2.256,23.06)**
Father's Occupation				
Government Employ	71(22.19%)	85(26.56%)	1	1
Non-government	249(77.81)	235(73.44%)	0.65(0.44,0.96) *	0.713(0.462,1.10)
Mother's occupation				
Government Employ	30(9.38)	42(56.56%)	1	1
Non-government	290(90.62%)	278(43.44%)	0.55(0.33,0.91) *	0.61(0.346,1.07)
Drinking alcohol				
Yes	230(71.9%)	150(46.9%)	2.26(1.5,3.3) **	1.72(1.15,2.58) **
No	90(28.1%)	170(53.1%)	1	1
Cigarette smoking				
Yes	42(13.1%)	27(8.4%)	4.81(2.89,8.1)**	2.66(1.4,5.04) **
No	278(86.9%)	293(91.6%)	1	1
Khat chewing				
Yes	58(18.1%)	36(11.3%)	3.55(2.2,3.6) **	3.55(1.07,3.3) **
No	262(81.9%)	284(88.7)	1	1

P<0.001=, p<0.05=***

5.2. High risk sexual behaviour

5.2.1. Premarital sex

Interviewees were asked if they had ever had sexual intercourse with an individual of the opposite sex, and 234(36.6%) were found to have had sexual experience. Disaggregated by sex, 127(39.7%) of males had had sex compared to 107(33.4%) of females.

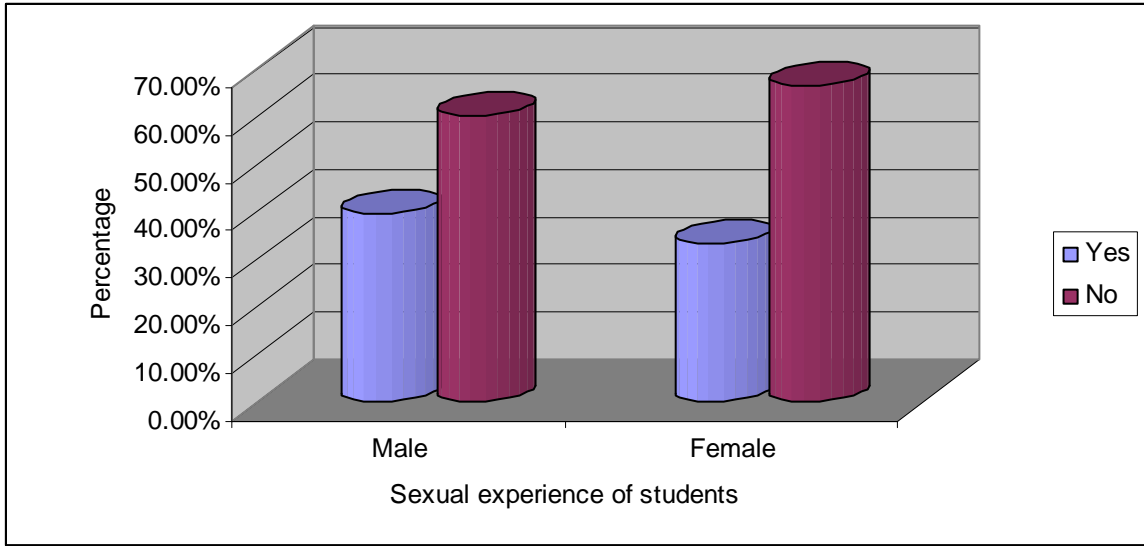


Figure2. Sexual experience of Axum University students, Axum, 2010

The mean and median age of first sexual experience were 18.18 (± 2.06) and 18 years with the minimum age being 7 years.

Of those that had ever had sex, 5.6% had had sex at or before the age of 15. Amongst those who had ever had sex, nearly equal proportion of males and females (5.5% vs. 5.6%) were sexually active at or before the age of 15.

Respondents who reported ever having had sex were asked if they had had sex during the past 12 months. 65% had had sex during the previous 12 months, and the proportion of females was higher than that of males (65.4%) vs. 64.6%.

Table-3: Sexual practice by sex of Axum University students, Axum, 2010

Sexual practice	Sex		Total
	Male	Female	
≤ 15	7(5.5%)	6(5.6%)	13(5.6%)
> 15	120(94.5%)	101(94.4%)	221(94.4%)

The commonest reasons for starting sex were; fell in love (43.6%) and marriage (21.4%). 2.1% and 0.9% of females reported that they had sex due to violence and to get money respectively. There was no report of sex due to drink alcohol among female students.

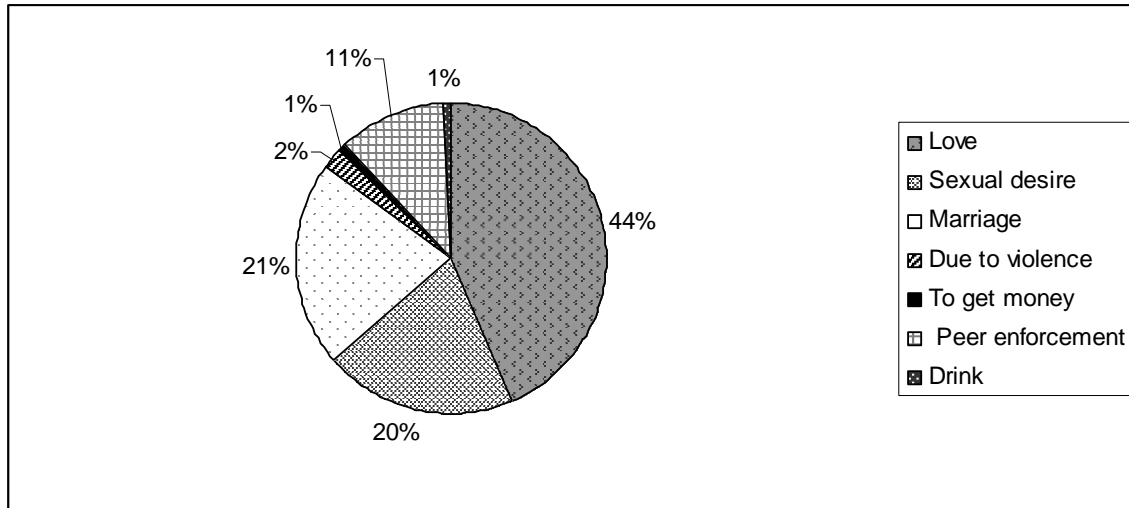


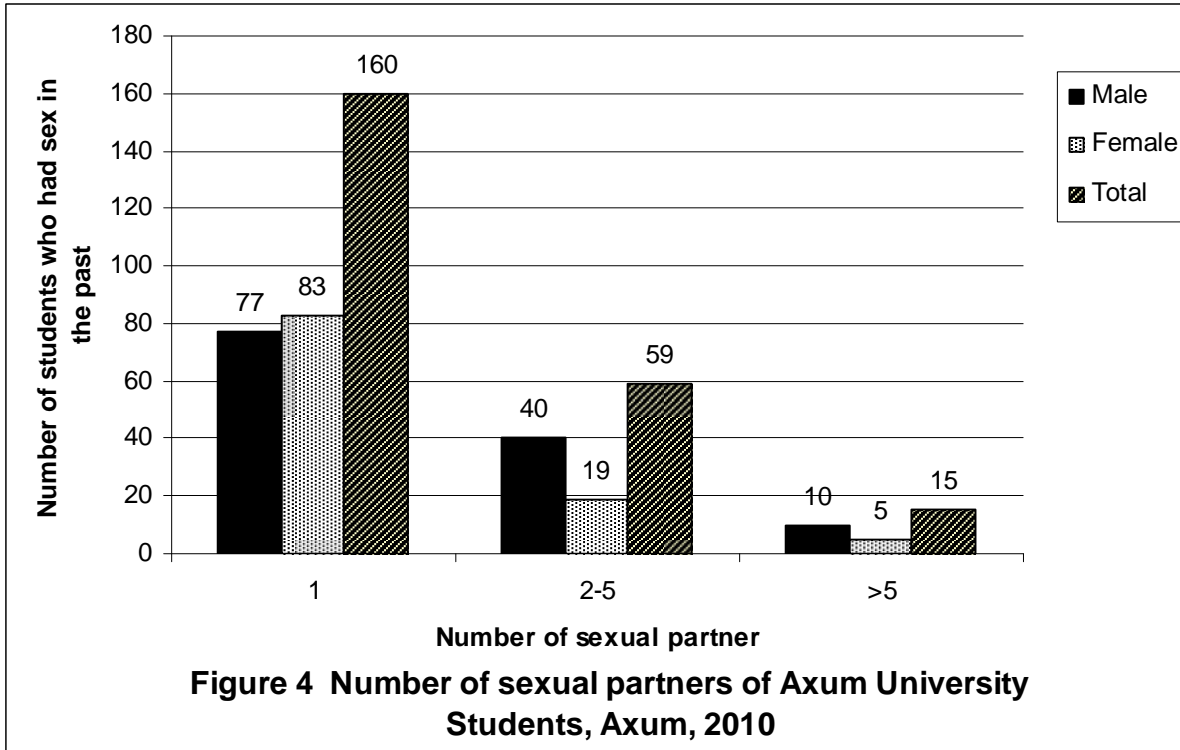
Figure-3. Reasons why sexually active students decided to have first sexual intercourse in Axum University Students, Axum, 2010

5.2.2. Number of Sexual Partners

Respondents who reported ever having had sex were asked the number of their sexual partners. Among the sexually active students 160 (68.4%) had only one lifetime partner, 59 (25.2%) had 2-5 partners and 15 (6.4%) had more than 5 lifetime partners. The proportion of males reported having had more than five lifetime partners was higher than females 10(7.9%) and 5(4.7%) respectively

31.6% of the respondents reported that they had more than one sexual partner. More proportion of males 50(39.4%) reported having had two and above sexual partners than female respondents 24(22.4%). Males were 2.25 times more likely to have had more than one sexual partner than females (95% CI 1.26, 3.99)

Among those who had had sex during the previous 12 months, 17.7% (20.7% of males and 14.3% of females) reported having had sex with more than one partner.



5.2.3. Condom use

A large majority of the students (85.5%; 92.2% of males and 79.4% of females) had heard about male condoms. The proportion who had heard about female condoms was 59.5% (65.6% of males and 53.4% of females).

Amongst the currently sexually active students, 49 (20.9%) had experience of condom use during their stay in the university. The proportion of male condom users was higher than females, 74(23.1 %) and 43(13.4%) respectively. From the respondents male students were found to use condom consistently than females with the proportion of 26% and 15% respectively. The remaining 99 (65.1%) were either non-user 64 (42.1%) or used condom inconsistently 35 (23.0%).

Amongst the respondents that had had sex during the previous 12 months, 20.4% (24.4% of males and 15.7% of females) had used a condom during their last sexual encounter.

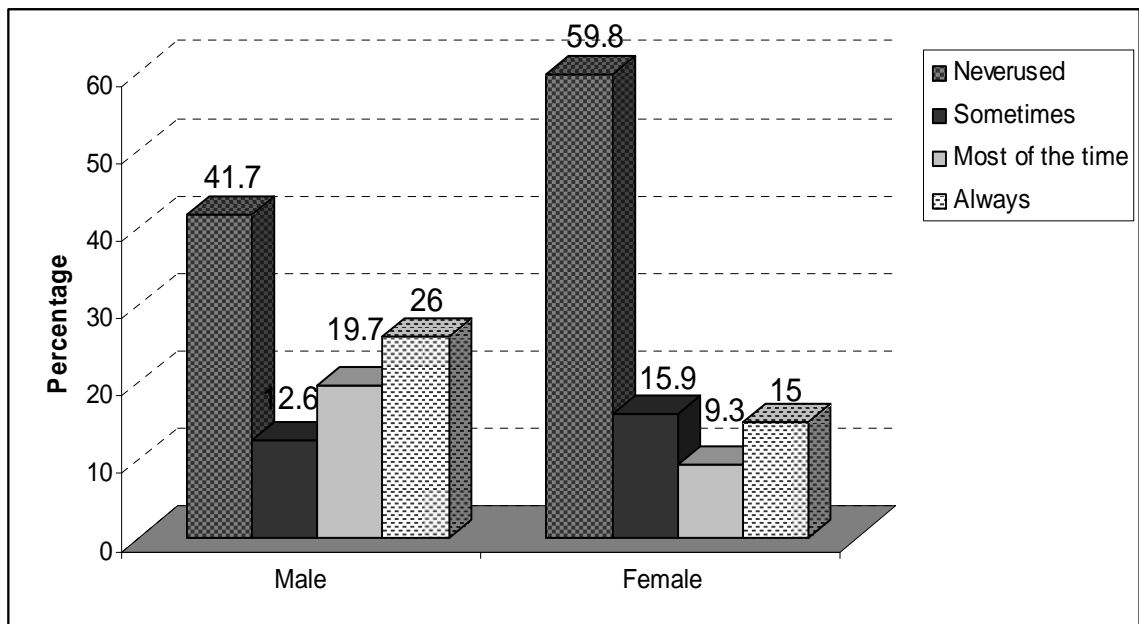


Figure 5: Frequency of condom use among Axum university students, Axum, 2010

Twenty one (9%) of the study participants had a history of STI, Females were more affected by genital discharge than males (10.3% vs. 7.9%). Nine (7.1%) males reported sex with commercial sex workers. There was no report sex with person who has STI among female respondents. Fifty nine(46.5%) of males and 52(48.6%)females reported steady sexual partner. 49(38.6%) males and 22(20.6%) females reported sexual contact after alcohol consumption, but only 47(66.2%) of these students had used condoms during sex after alcohol consumption. Female students used less than male students. Respondents were asked if they had sex in the past 12 months and 152(65%) reported they had sex. Almost there was nearly equal proportion of Male and female respondents. More males used condoms always than females (24.4%, 15.7%) respectively.

Table- 4: Distribution of some selected variables by sex of University students, Axum, 2010

Variable	Male	Female	Total
Genital symptoms			
Yes	10(7.9%)	11(10.3%)	21(9%)
No	117(92%)	96(89.7%)	213(91%)
Sex with			
Causal partner	50(39.4%)	38(35.5)	88(37.6%)
Commercial sex worker	9(7.1%)		9(3.8%)
Person who has multiple partners	24(18.9%)	16(15%)	40(17.1%)
Person who has STIs	2(1.6%)		2(0.9%)
Other	42(33.1%)	53(49.5%)	95(40.6%)
Steady Sexual Partner			
Yes	59(46.5%)	52(48.6%)	111(47.4%)
No	68(53.5%)	55(51.4%)	123(52.6%)
Sex after having alcohol			
Yes	49(38.6%)	22(20.6%)	71(30.3%)
No	78(61.4%)	85(79.4%)	163(69.7%)
Condom use during sex after having alcohol			
Yes	33(67.3%)	14(63.6%)	47(66.2%)
No	16(32.7%)	8(36.4%)	24(33.8%)
Sex in past 12 months			
Yes	82(64.6%)	70(65.4%)	152(65%)
No	45(35.4%)	37(34.6%)	82(35%)
No of sexual partner in the past 12 months			
Only one	65(79.3%)	60(85.7%)	125(82.2%)
2-5	15(18.3%)	10(14.3%)	25(16.4%)
>5	2(2.4%)		2(1.3%)
Condom use in the past 12 months			
Never used	30(36.6.7%)	36(51.4%)	66(43.4%)
Sometimes	16(19.5%)	17(24.3%)	33(21.7%)
Most of the time	16(19.5%)	6(8.6%)	22(14.5%)
Always	20(24.4%)	11(15.7%)	31(20.4%)

Reasons of not using condoms were, trust the partner 77(32.9%), believe that the partner is disease free 46(19.7%), and fell in love 31(13.2%), and partner dislikes condoms 28(12%). Female students trust their sexual partners, fell in love and believe that their sexual partner is disease free than male students, [43(40.2%), 34(26.8%)], [15(14%), 16(12.6%)] and [22(20.6%), 24(18.9%)] respectively.

According to the qualitative study, the main reasons for both male and female discussants not to use condoms, were

- 1) It could be easily torn
- 2) It decreases clients satisfaction
- 3) Trust of sexual partners
- 4) Not willing to use

Table5. Reasons for not using condoms among sexually active students in the past 12 months, Axum, 2010

Reasons	Sex		Total
	Male	Female	
Partner dislikes condoms	13(10.2%)	15(14%)	28(12%)
Never discussed about using condoms	14(11%)	8(7.5%)	22(9.4%)
Difficult to find condoms	11(8.7%)	1(0.9%)	12(5.1%)
Fall in love with partner	16(12.6%)	15(14%)	31(13.2%)
Condoms are expensive	4(3.1%)	-	4(1.7%)
Trust my partner	34(26.8%)	43(40.2%)	77(32.9%)
No reason to use	9(7.1%)	13(12.1%)	22(9.4%)
Sure that partner is disease free	24(18.9%)	22(20.6%)	46(19.7%)

*Total will not add up to 100%, as multiple responses were possible.

The reasons of using condoms frequently by the students were to prevent HIV/AIDS 74(31.6%) and to prevent pregnancy 69(29.5%). For both cases males used higher than females 39(30.7), 30(28) and 45(35.4%), 29(27.1%) respectively.

5.3. Substance use

Respondents were asked for drinking alcohol and 380(59.4%) were found to be alcoholic drinkers. Of these (71.9% and 46.9%) males and females were alcoholic drinkers respectively. Of all respondents, 1.9% was regular alcohol consumers. More females than males were frequent consumers of drinks containing alcohol. Male students had smoked cigarette and chewed khat more than female students (13.1%, 8.4%) and (18.1%, 11.3%) respectively. Females were more fashion followers than males.

Table- 6: Distribution of some non-sexual behaviors by sex of students, Axum, 2010

Variable	Male	Female	Total
Drink alcoholic beverages			
I have never drunk	90(28.1%)	170(53.1%)	260(40.6%)
I have tried once or twice	37(11.6%)	28(8.9%)	65(10.2%)
I drunk from time to time	188(58.8%)	115(36%)	303(47.3%)
I drunk daily	5(1.6%)	7(2.2%)	12(1.9%)
Smoking cigarette			
I have never smoked	278(86.9%)	293(91.6%)	571(89.2%)
I have tried once or twice	15(4.7%)	16(5%)	31(4.8%)
I smoked from time to time	19(5.9%)	10(3.1%)	29(4.5%)
I smoked daily	8(2.5%)	1(0.3%)	9(1.4%)
Chewing Khat			
I have never chewed khat	262(81.9%)	284(88.8%)	546(85.3%)
I have tried once or twice	21(6.6%)	17(5.3%)	38(5.9%)
I chew khat from time to time	33(10.3%)	19(5.9%)	52(8.1%)
I drunk daily	4(1.3%)		4(0.6%)
Do you follow fashion?			
Yes	119(37.2%)	100(31.3%)	219(34.2%)
No	201(62.8%)	220(68.8%)	421(65.8%)

Some selected non-sexual behavior variables were tested their association with sex, and I drunk once or twice and I drunk from time to time showed a statistically significant association.

Table- 7: Association of some non-sexual behavior and sex of students, Axum, 2010

Variable	Sex		OR (95%CI)	
	Male	Female	Crude	Adjusted
Drink alcoholic beverages				
I have never drunk	90(28.1%)	170(53.1%)	1	
I have tried once or twice	37(11.6%)	28(8.9%)	0.40[0.23,0.7] *	0.38[0.22,0.67] *
I drunk from time to time	188(58.8%)	115(36%)	0.32[0.23, 0.46] **	0.34[0.24,0.49] **
I drunk daily	5(1.6%)	7(2.2%)	0.74[0.23,2.4]	1.24[0.32,4.8]
Smoking cigarette				
I have never smoked	278(86.9%)	293(91.6%)	1	
I have tried once or twice	15(4.7%)	16(5%)		
I smoked from time to time	19(5.9%)	10(3.1%)	0.12[0.015,0.96]	–
I smoked daily	8(2.5%)	1(0.3%)		
Chewing Khat				
I have never chewed khat	262(81.9%)	284(88.8%)	1	
I have tried once or twice	21(6.6%)	17(5.3%)	0.53[0.3,0.96]	–
I chew khat from time to time	33(10.3%)	19(5.9%)		
I drunk daily	4(1.3%)			
Do you follow fashion?				
Yes	119(37.2%)	100(31.3%)	–	–
No	201(62.8%)	220(68.8%)	–	–

* = $p < 0.05$ ** = $p < 0.001$

5.4. Sexually transmitted infections

Amongst students, majority (65%) had heard of STIs and the proportion was higher in females (14.4%) than males (5.9%).

Those who ever heard about STIs were also asked to mention any of the sexually transmitted infections that they knew. The commonly known sexually transmitted infections mentioned by most of the respondents were Chancroids to be followed by Gonorrhoea, Syphilis, and Lymphogranuloma Venereum at a proportion of 68.1%, 66.3%, 60.1%, and 41.1% respectively. In all four cases females were lower than males. Moreover, twenty one (9%) of the currently sexually active respondents was diseased by either of the STDs. The proportion of females was higher than male students (10.3% and 7.9%) respectively.

Table 8: Type of STI the students know by sex of Axum university students, Axum, 2010

Type of disease	Sex		Total
	Male	Female	
Gonorrhea	220(71.4%)	169(60.6%)	389(66.3%)
Syphilis	194(63%)	159(57%)	353(60.1%)
Chancroid	222(72.1%)	178(63.8%)	400(68.1%)
Lymphagranuloma Veneorum	131(42.5%)	110(39.4%)	241(41.1%)
HIV/AIDS	249(80.8%)	225(80.6%)	474(8..7%)
Other	6(1.9%)	5(1.8%)	11(1.9%)

5.5. Knowledge and attitude about HIV/AIDS

Among the total 640 respondents, 633 (98.9%) had heard about HIV or the disease AIDS. Of all 99.4% were Males and 98.4% were females. 84.2% knew somebody who was infected with the virus or who had died of AIDS. Greater proportion of females (85%) than males (83.4%) new somebody who was infected with the virus or who had died of AIDS.

Table 9: Distribution of awareness about HIV/AIDS of students by sex, Axum, 2010

	Sex		Total
	Male	Female	
Have you ever heard about HIV/AIDS?			
Yes	318(99.4%)	315(98.4%)	633(98.9%)
No	2(0.6%)	5(1.6%)	7(1.1%)
Did you know anyone who has/had AIDS?			
Yes	267(83.4%)	272(85%)	539(84%)
No	53(16.6%)	48(15%)	101(15.8%)

The three most common source of information mentioned by respondents were schools, radio and television and health institutions, 55%, 52% and 49.4% respectively.

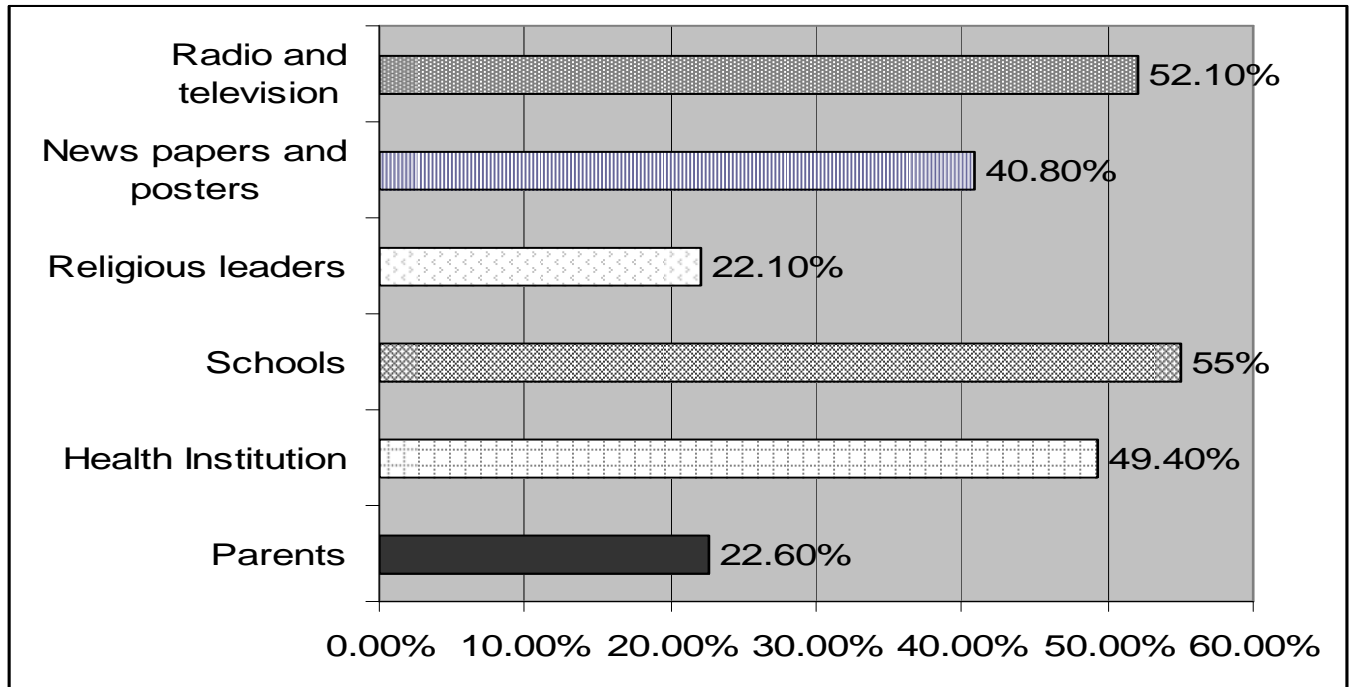


Figure 6: The source of information about HIV/AIDS of students, Axum, 2010

Respondents who ever heard about HIV/AIDS were also asked for the knowledge they had about transmission of the virus. Amongst the respondents, 45.6% (47.5% males and 43.8% females) knew all three programmatically important HIV prevention methods. To assess the knowledge of students 5 questions from the national indicator was done. According to the result 331(51.7%) 56.6% males and 46.9% females answered the 5 questions correctly males were more knowledgeable than females. Knowledge & Knowledge of HIV prevention were not statistically significant with sex [COR (95% CI= 1.16(0.85-1.59)].

When the composite indicators of knowledge of the three preventive methods and absence of incorrect two most common beliefs about HIV/AIDS transmission were merged to form a comprehensive indicator of knowledge, comprehensive knowledge was found to be 3.6%. A higher proportion of females than males had comprehensive knowledge (3.8% vs 3.4%, respectively).

Ten attitude questions were forwarded to assess students about HIV/AIDS. Scoring was used, favorable attitude were scored 1 and not favorable attitudes were scored 0. The median score was

used as cut-off point to compare the attitude of male and female students. Those who scored below the cut- off point were considered to have negative attitude. The median score of attitude for males was 8. 46.2% of males had positive attitude. The median score of attitude for females was 8. 38.1% of females had positive attitude. Male students had more positive attitude than females.

5.6. Perception of risk of HIV/AIDS

Fifty two (8.1 %) of the students claimed that their chance of contracting HIV/AIDS was high while 514 (80.3%) said there was no chance at all. Seventy four (11.6%) did not know their risk status. Twenty two males (6.9%) and 16(5%) females thought they had a high chance of contracting the disease. Of the students who gave a reason for being at high risk, multiple partner, never used condoms, and don't use condoms consistently for males and females were, (45.5%, 31.3%), (22.7%, 43.8%), and (27.3%, 12.5%). Three hundred and fifty seven (65.7%) of the students thought they were a low risk since they were not sexually active of these males (63%) and females(68.5%), and 137 (25.2%) thought the likelihood of risk low because they were faithful to their sexual partner.

Table-10: Distribution of risk perception by sex of students, Axum, 2010

Risk perception	Sex		Total
	Male	Female	
Do you perceive that you are exposed to HIV/AIDS?			
Yes	23(7.2%)	29(9.1%)	52(8.1%)
No	257(80.3%)	257(8.3%)	514(8.3%)
I don't know	40(12.5%)	34(10.6%)	74(11.6%)
How great is your chance of contracting HIV/AIDS?			
High	22(6.9%)	16(5%)	38(5.9%)
Low	253(79%)	230(71.9%)	483(75.5%)
No chance at all	23(7.2%)	37(11.6%)	59(9.2%)
I don' know	22(6.9%)	37(11.6%)	59(9.2%)

Qualitative Result

i) Perception of the problem of HIV/AIDS by the students:

Starting at University is the time when students experience a sudden change in environment and try to practice real freedom.

Some students said it was in the hands of God whether you get infected or not. Others claimed that they understood that there was a risk, but asked how they were meant to remember their campus life if they didn't gain wide experience. Male and female participants agreed that there was a spectrum of understanding of the risk associated with HIV infection from so many perspectives.

All male and female discussants mentioned that HIV/AIDS is the major problem in their campus when they were asked the reason that HIV/AIDS was the major problem in the campus.

One of the second year female participant said...*“Rather than HIV/AIDS, abortion is the main health problem in our campus which means; there is sex with out condom”*

In addition to that, majority of the discussants said. *“Around the university there are many bars and night clubs and many of us spent our time in these places by drinking alcohol and chewing khat”*

ii) Type of sexual relationship of students

Female discussants said...*“ since we came from rural community, we don't know the campus environment and start sexual activities with more than one sexual partner with out using condoms”*.

Male discussants were asked whether there is male having sex with male and all male discussants claimed that there was no male having sex with male in their campus.

“There is no homosexual here in Axum, because this town is blessed by God” First year Student said.

All male discussants agreed that the type of sexual relationship practiced in campus was heterosexual type.

One first year student said... *” There are some male students having sex with CSW...even there are students who have relationship with CSW and give their phone number for this purpose”*

Similarly, one of the second year male discussant said...*” since there is shortage of money to have partner fro female partner in the campus, we prefer to have sexual relationship with CSW to satisfy our desire”*

Some male discussants added that they went to night clubs to have sex with CSW.

Some of the third year male discussants said that CSW considered university students as special ones. He added that some university students cheating CSW by saying... *”I will marry you and take you with me”*

CSW are found specifically in their specific areas because it is their job, said one second year discussant. We went the town every Saturday and Sunday to consume alcoholic drinks and we couldn't differentiate CSW and university students since they were involved there. He added that always there was conflict between CSW and female university students due to the fact that job competition.

One third year male student said... *”When new female students come to this campus, we intended to have two or three girl friends. They liked it or not the condition enforces them to take information from senior students”*

One third year male student said...” *Senior students have sugar daddy and we can’t compete with them. All missionaries and foreigners come to this campus and therefore we couldn’t get the chance”*

Similarly, another first year student reported that there were big hotels named Romhai and Africa that had telephone numbers of some female students. He added that when tourists came, guides would call female students to those hotels.

Another second year female discussant claimed that half of the female students had sexual partner outside from the campus. She added that even there were some males in the town who had married but come to the campus and asked us for sex.

Opposing to this idea, one of first year female discussants denied that they had no sexual partners in the town but their sexual partners were male university students.

Some third year female students said...” *there are sugar daddies both in the town and tourists who come to Axum that need university students for sex. There are some female students who are customer for those tourists”*

iii) Knowledge about condom and its utilizations

All discussants mentioned that almost all the campus students know about condoms because there was anti-HIV/AIDS club (OSSA) in the campus and agreed that the only problem of condom was its utilization.

First year female discussants mentioned that they heard of female condoms but they didn’t know it very well.

Both first and second year male discussants agreed that they didn’t use condoms with their girl friend (meaning the one who they love).

Most of first year and second year male discussants agreed that condom had the potential to prevent HIV/AIDS when they used it properly. But another second year female discussant believed that condom could prevent 100% if they used it properly.

In general, most of the discussants' perceptions why they are not using condom were:

- 1) It could be easily torn
- 2) It decreases client's satisfaction
- 3) Due to trust of sexual partners
- 4) Lack of interest in using a condom

6. DISCUSSION

Behavioral factors as one of the major epidemic drivers have attracted the attention of policy makers and researchers since the beginning of the epidemic. In many of the behavioral studies on HIV, however, the wide gap between knowledge and change of behavior (practice) and a low level of personal risk perception in spite of engagement in risky sexual behavior have remained a source of controversy (7).

Among the currently sexually active students that were involved in risky sexual behaviors, males were 55.7% and females 44.3%. There was no statistical significance between risky sexual behavior and sex this contradicts the research done in Alemaya University.

The association of some selected socio demographic variables with high risk sexual behavior indicated that, age, drinking alcohol, cigarette smoking and khat chewing showed a statistically significant association where as there was no statistical significance between risky sexual behavior and sex.

A Higher proportion of male university students were sexually active than their female counterparts (39.7% VS 33.4%). This fact was augmented by a number of other studies done in different parts of the country. For instance, a study done in Alemaya university, showed strong evidence of the above facts (47% VS 29%) (27). More over, a similar study in DireDawa university also showed similar facts in that nearly almost 30% of the students were sexually experienced, and males were more likely to be sexually experienced than females (28). Another study done in Turkey university students on sexual risk behavior indicates that 19% of participants had had sexual intercourse. Males were 76% and females were 23% (4).

The mean age of first sexual debut was 18.18 which was almost similar with a study done in Alemaya University 17.9 (28). But when compared with the findings of other countries, it is late. This might be due to the cultural taboo of premarital sexual engagement and other economic reasons. The minimum age of sexual onset was found to be 7 years which is very low when compared with other studies. One individual reported this age as the age of first sexual onset,

which may suggest the presence of child abuse which needs further investigation and a different intervention to that directed against teenage sexual engagement.

Higher-risk sex involves sexual intercourse with neither a partner who is neither a spouse nor a cohabiting partner. The second indicator relates to condom use during the last higher-risk sexual encounter. The mean number of sexual partners that a woman or man has had during their lifetime, provides an assessment of lifetime exposure to one of the elements of higher-risk sex, multiple partners (1).

Of those that had ever had sex, 5.6% had had sex at or before the age of 15. Amongst those who had ever had sex, nearly equal proportion of males and females were sexually active at or before the age of 15. This result was not consistent with BSS-II result (44.5% vs. 30%) for males and females respectively.

From respondents who had had sex during the past 12 months. 65% had had sex during the previous 12 months, and the proportion of females was higher than that of males (65.4% vs. 64.6%). The result of this study was similar with BSS-II result (64.7% vs. 60.1%).

The commonest reasons for starting sex were fell in love and marriage. Small number of female students reported that they had sex due to violence and transactional sex.

Results from this study indicated that more than two fifth of the sexually active university students had multiple sexual partners (life time) and one fourth of those who had sex in the past year also reported engaging in sexual act with more than one sexual partners The proportion of males reported having had more than five lifetime partners was higher than females. Thirty nine percent of males and 22.4% females reported having had two and above sexual partners and respondents. Males were 2.25 times more likely to have had more than one sexual partner than females (95% CI 1.26, 3.99)

Among those who had had sex with more than one sexual partner during the previous 12 months, the proportion of males was higher than females (20.7% vs. 14.3% of) and the results was similar to that of BSS-II (31.2% of males and 2.7%).

Generally, male students were more likely to have multiple sexual partners than female students. Similar findings were also documented by other studies in Ethiopia, a study done in Alemaya University, revealed that male and female students had 90.74% and 9.26% multiple sexual partners respectively (27). Similarly a study done in South Africa showed that among those who were sexually experienced, 6% of females and up to 21% of males reported to have had three or more lifetime sexual partners while 5% and 24% respectively for females and males had 2 or more sexual partners in the 12 months before the survey(25).

In the qualitative study many FGD participants agreed that exchanging of sexual partner was common among university students. In addition to that big hotels had actively participated in the increasing of number of sexual partners among university student. In addition, males had more sexual partner than males.

Correct and consistent use of condoms is one of the three programmatically important HIV/AIDS prevention methods and is considered to be an important indicator of HIV/AIDS-related behaviors (6). Among the currently sexually active students, 20.9% had experience of condom use during their stay in the university. The proportion of male condom users was higher than females. The rate of consistent condom use in this study was 20.9%. Of them male students were found to use condom consistently than females. The result of this finding is higher than the study done in Croatia which is only 5% for women and men in the 16-30 age group but very low when compared with other related studies in Ethiopia and else where (20,27). A study done on high school students in Gondar revealed that 68.4% of students used condom always (4). Similarly the second round Ethiopian behavioral surveillance survey report revealed consistent condom use rate of 46.3 and 30.4 percent for males and females respectively. Another study done in Kenya revealed that more men than women what suggest to use or not to use a condom. This indicates that men have more influence over the use of condoms during sexual intercourse (11).

In this study more males than females (24.4% of males and 15.7%) had used condom during their last sexual encounter during the previous 12 months) and the result was similar with BSS-II (57.2% vs. 41.1%).

As supported by findings from focus group discussion conducted, students reported that they didn't use condoms with their girl friend (meaning the one who they love). The most common reasons for none or inconsistent use of condom in this study was negligence, condom couldn't prevent 100%, drinking alcohols, interference with sexual pleasure, and trusting partners.

The reason for this may be low awareness of condoms. Awareness of male and female condoms of this study was (85%, 59.5) and that of second round Ethiopian behavioral surveillance survey report (98.7%, 67.5%) respectively.

In this study, there is high level of awareness about HIV/AIDS and other sexually transmitted infection. Moreover, of those who were aware about HIV/AIDS, 98.8% knew that HIV can be transmitted through sexual intercourse, 61.2% knew the three major preventive methods and 35.0% have comprehensive knowledge about HIV/AIDS.

Males were more aware than females. Amongst the respondents, 47.5% males and 43.8% females knew all three programmatically important HIV prevention methods. 56.9% males and 46.9% females answered the 5 questions correctly. Knowledge & Knowledge of HIV prevention were not statistically significant with sex [COR (95% CI= 1.16(0.85-1.59)]. Comprehensive knowledge was found to be 3.6%. A higher proportion of females than males had comprehensive knowledge (3.8% vs 3.4%) respectively. When this study is compared with other study findings, it is very low.

Those who scored below the cut- off point were considered to have negative attitude. Male students had more positive attitude than female students.

Few of the students claimed that their chance of contracting HIV/AIDS was high while majority (80.3%) said there was no chance at all. From the respondents who did not know their risk status

were 11.6%. Males had higher risk perception than females. Of the students who gave a reason for being at high risk, multiple partner, never used condoms, and don't use condoms consistently for males and females were, (45.5%, 31.3%), (22.7%, 43.8%), and (27.3%, 12.5%). of the students 65.7% thought that they were a low risk since they were not sexually active and 25.2% thought the likelihood of risk is low because they were faithful to their sexual partner. These findings are comparable to the findings from a community based study conducted in Kombolcha by the end of the year 2007 (30). 75.4% reported that they perceived themselves to be at no risk for HIV/AIDS. Reasons mentioned for no risk to HIV/AIDS includes being abstain from sex 61.0%, avoid sharing of sharps 51.4%, trusting partners 22.7%) and condom use 14.1%. 16.1% considered themselves at risk for HIV /AIDS. The two main reasons for a positive HIV/AIDS self risk perceptions were, unsafe sexual practice 74.6% followed by exposure to contaminated sharps 37.3%.

The qualitative study indicated that male and female participants agreed that there was a spectrum of understanding of the risk associated with HIV infection from so many perspectives.

Strengths and limitations of the study

Strength

- The use of both quantitative and qualitative methods of data collection enable to have better information and triangulation of findings.
- The study tried to provide an insight of the situation in the newly established universities.
- Use of contextually adopted standardized questionnaire.

Limitation

- The study design was cross sectional which implies that causal relationship can not always be determined.
- Recall bias

7. CONCLUSION

- Age, drinking alcohol, cigarette smoking and chat chewing showed a statistically significant association with high risk sexual behavior.
- More proportion of males reported having had two and above sexual partners than female respondents.
- Males were more knowledgeable and have positive attitude than females
- In general students had low risk perception and males had higher risk perception than females

8. RECOMMENDATIONS

- The university should provide persistent education on risk of HIV/AIDS and discussion on matters related to HIV/AIDS particularly on how to prevent the disease.
- The university should provide and facilitate VCT service in the university.

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10. ANNEXES

ANNEX-I QUESTIONNAIRE (ENGLISH VERSION)

Information Sheet:

Hello, my name is _____ and I am working as data collector in a survey conducted by school of public health, Addis Ababa University with individuals who are conducting a survey about HIV/STI behavioral survey among male and female students in Axum University. In ensuring the health of adolescents, the understanding of existing problems and related behaviors of this group of the population is important. In line with this a study is proposed to assess and compare risky sexual behaviour among male and female university students and you are chosen to participate in this study. The choice of the classes and departments from each faculty is done randomly using a lottery type of approach. The purpose of this study is to generate information about university students' sexual behaviour. The study will involve various intimate and private life questions. In order to effectively attain the goal we are asking your help. Here is a survey for you to complete. There is no need to put your name on the survey; no individual responses will be reported. Your answers are completely confidential. There are no risks associated with participating in this study. There is no incentive to be given for you. It is your full right to refuse to answer any or all of the questions. If you do not want to participate you can leave the format on the table (upside down). But, you are requested to remain in your seats until others finish filling the format. However, your honest answers to these questions will help us in better understanding of what people think, say and do about certain kinds of behaviours. We request your truthful and keen participation. The questionnaire will take 25-30 minutes.

Would you be willing to participate?

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

No, I do not want to participate in the study.

For further information contact

Principal investigator: Tesfa Yetum

Tel. 0914743989

Addis Ababa University Medical Faculty Institutional Board

(IRB) Tel. 0115538734

Thank you very much for your cooperation!

Consent Form:

I have read and understood the condition stated above. I also read and understand that I can withdraw from the study and. From this information sheet I knew that there is no risk when I participate in the study. Therefore, I am willing to participate in the study.

Thank you very much!

Signature_____

Date_____

Questionnaire:

Instruction: - Student self reporting questionnaire to be filled by Axum University students, please give your honest and truthful answer to each question from the indicated choices.

Part I - Socio-demographic Characteristics

No	Questions	Alternative responses	Skip to
101	Your faculty	1.Agriculture 2.Business and Economics 3.Engineering 4.Natural 5.Social	
102	Your department	-----	
103	Year of the study	1.Year I 2.Year II 3.Year III	
104	Sex	1.Male 2. Female	
105	Your age in year	-----	
106	What is your religion?	1.Orthodox 2.Muslim 3.Protestant 4.Catholic 5.Others (specify)	
107	To which ethnic group do you belong?	1.Amhara 2.Agaw 3Tigre 4.Oromo 5.Other (specify) - -----	
108	What is your current marital status?	1.Married 2.Non-married	
109	Family size	-----	
110	Pocket money	1. Yes 2. No	
111	If father is alive, 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	
112	Father's occupation	1.Unemployed 2.Government employ 3.Private employed 77.Other specify-----	
113	If mother is alive, 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	
114	Mother's occupation	1.Unemployed 2.Government employ 3.Private employed 77.Other specify-----	
115	Do you have mobile phone	1. Yes 2. No	

Part II: - Sexual and non-sexual risk behavior

No	Questions	Alternative responses	Skip to
201	Have you ever had sexual intercourse?	1. Yes 2. No	Q-219
202	If yes at what age did you have your first sexual intercourse?	-----years	
203	Why did you decide to have sexual intercourse the first time? (multiple answers may be possible)	1.Fell in love 2.Had desire 3. I got married 4. Raped 5. To get money and other gifts 6. Peer pressure 7.Was drunk or stoned 77. Others specify.....	

204	How many sexual partners have you had in the past?	1. only one partner 2. two to five partners 3. more than five	
205	How frequently were you using condoms during your sexual intercourse?	1. never used 2. sometimes 3. most of the time 4. always	
206	[for females]Have you ever become pregnant?	1. Yes 2. No →	Q-209
207	If you have been pregnant how old were you when you first became pregnant?	Age-----years 88. Don't know	
208	Have you ever had genital symptoms of STIs (Ulceration around your genitalia and/or discharge) in the past?	1. Yes 2. No	
209	Have you ever had sex with	1. casual partner 2. commercial sex worker 3. person who has multiple partners 4. person who has STIs	
210	Do you currently have a steady sexual partner/someone with whom you have been having sex for at least three months?	1. Yes 2. No	
211	Have you ever discussed your sexual history with any of the following individuals? (mark all applicable)	1. never discussed 2. friends 3. parents 4. sexual partner 5. teachers 6. other person(s)	
212	Have you ever had sex after having alcohol?	1. Yes 2. No →	Q-214
213	If yes, was a condom used?	1. Yes 2. No	
214	Have you had sexual intercourse in the past 12 months?	1. yes 2. No →	Q-216
215	How many different sexual partners have you had in the past 12 months?	1. only one 2. two to five 3. more than five	
216	How frequently were you using condoms during sexual intercourse in the past 12 months?	1. never used → 2. sometimes 3. most of the time 4. always	Q-218
217	The reasons you used condoms were (mark all applicable)	1. I never used a condom 2. to prevent pregnancy 3. didn't discuss about it with my partner 4. to prevent HIV/AIDS 5. don't trust my sexual partner 6. don't know my sexual partner well	

		77. other reasons	
218	The reasons you did not use condoms were (mark all applicable)	1. I used condoms always 2. partner dislikes condoms 3. didn't discuss with sexual partner 4. couldn't find condoms 5. I am in love with my partner 6. condoms are expensive 7. I trust my partner 8. didn't have reason to use 9. sure that my partner is disease free 77. other reasons-----	
219	Have you been taught about HIV infection at school?	1. yes 2. no	
220	Have you ever heard about HIV/AIDS?	1. yes 2. no	
221	Where do you think one can get condoms (mark all possible sources)	1. school 2. hotels/bars 3. health facility 4. theater/cinema 5. shops 6. pharmacy 7. church/mosque 8. other place 88. I don't know	
222	Do you drink alcoholic beverages like Tela, Tej, Beer, Areki and the likes?	1. I Have never drunk 2. I have tried once or twice 3. I drunk from time to time 4. I drunk daily	
223	Do you smoke cirarettes?	1. I Have never smoked 2. I have tried once or twice 3. I smoke from time to time 4. I smoke cigarettes daily	
224	Do you chew Kcat?	1. I Have never chewed 2. I have tried once or twice 3. I chew from time to time 4. I chew daily	
225	Do you follow fashion?	1. Yes 2. No	
226	What are your entertainment places?	1. Take alcoholic drink from the town 2. Seeing films from the town 3. Visiting recreational areas 77. Other, specify-----	

Part III Question related to HIV/AIDS knowledge and attitude

No	Questions	Alternative responses	Skip to						
301	Do you have any source of information about -HIV/AIDS -STIs	<table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>	Yes	No	1	2	1	2	
Yes	No								
1	2								
1	2								
302	Have you ever heard about HIV/AIDS?	1. Yes 2. No	→ Q-307						
303	If yes, from which person or from where do you get more information about HIV/AIDS /STI	1. My parents 2. Sexual partners(husband wife) 3. Other family members 4. Boyfriends/ girl friends 5. friends/peers 6. Health institution 7. Schools 8. Religious leaders 9. News papers, posters or pamphlets 10. The radio 77. Other, specify.....							
304	Is there anything a person can do avoid getting STIs and HIV/AIDS (Multiple answer is possible)	1. Sexual abstinence 2. Avoid casual sex 3. Remain faithful 4. Use condoms in every act of sexual intercourse 5. Avoid sex with commercial sex workers 77. Others, specify.....							
305	If you look carefully, you can know if some has HIV?	1. Yes 2. No 88. Don't know							
306	A person can get HIV/AIDS the first time he or she has sex?	1. Yes 2. No 88. Don't know							
307	Have you ever heard about STIs?	1. Yes 2. No	→ Q- 310						
308	If yes, which disease do you know about? (multiple answer is possible)	1. Gonorrhea 2. Syphilis 3. Chancroid 4. Lymphagranuloma Venerum 5. HIV/AIDS 77. Others, Specify.....							
309	What additional health problems (complications) can they develop if people do not get early treatments for STIs?	1. Exposure to HIV/AIDS 2. Sterility 3. Urethral stricture 4. Abortion							

		5. Others, Specify..... 88. Don't know	
310	Can HIV be transmitted with mosquito bite?	1. Yes 2. No 99. No response	
311	Can a person get HIV by sharing a meal with someone who is infected?	1. Yes 2. No 99. No response	
312	Do you think that a healthy-looking person can be infected with HIV, the virus that causes AIDS?	1. Yes 2. No 99. No response	
313	Can people protect themselves from HIV, the virus that causes AIDS by using a condom correctly every time they have sex?	1. Yes 2. No 99. No response	
314	Can people protect themselves from HIV by having one uninfected faithful sex partner?	1. Yes 2. No 99. No response	
315	Have you ever heard of Male condom?	1. Yes 2. No 99. No response	
316	Have you ever heard of Female Condom?	1. Yes 2. No 99. No response	
317	Using condom is a sign of not trusting your partner.	1. Agree 2. Disagree 66. Not sure	
318	A boy should have sex before he gets married.	1. Agree 2. Disagree 66. Not sure	
319	Discussing condom or contraceptive with young people promotes promiscuity?	1. Agree 2. Disagree 66. Not sure	
320	How can one prevent HIV/AIDS? (Multiple answer is possible)	1. I don't know 2. Abstain from sexual intercourse 3. One to one only sexual intercourse 4. Condom use 5. Avoid unsafe injections 6. Avoid contaminated sharp objects 77. Others, Specify.....	
321	eating raw meat prepared by an HIV infected person transmits the virus	1. Agree 2. Disagree 88. I don't know	
322	eating uncooked egg laid by a chicken that has swallowed a used condom transmits HIV infection	1. Agree 2. Disagree 88. I don't know	

323	a healthy looking person does not have HIV infection”	1. Agree 2. Disagree 88. I don't know	
324	Would you eat together with a person who has HIV/AIDS?	1. Agree 2. Disagree 88. I don't know	
325	Would you shake a person's hand if you know that s/he has HIV/AIDS?	1. Agree 2. Disagree 88. I don't know	
326	Would you continue your friendship if you find out that a friend has HIV/AIDS?	1. Agree 2. Disagree 88. I don't know	
327	Should a student with HIV/AIDS be allowed to continue his/her education with others?	1. Agree 2. Disagree 88. I don't know	
328	Should a person with HIV/AIDS be allowed to work with others?	1. Agree 2. Disagree 88. I don't know	
329	If a shopkeeper (food seller) has HIV/AIDS would you buy food items from him/her?	1. Agree 2. Disagree 88. I don't know	
330	Should people with HIV/AIDS live separately from others?	1. Agree 2. Disagree 88. I don't know	

Part IV. Risk perception

No	Questions	Alternative responses	Skip to
401	Do you perceive that you are exposed to HIV/AIDS?	1. Yes 2. No 88. I don't know 99. No response	→ Q-403
402	If yes how?	1. Un-safe sex 2. Contaminated sharps 3. Through blood transfusion 4. Feeding together 5. mosquito bite 77. Other (specify) 88. I don't know 99. No response	
403	If no why?	1. I am faithful to one partner 2. I avoid sex (abstinence) 3. I use condom 4. Avoid sharing sharps 5. I believe in God 77. Other specify..... 99. No response	

404	How great is your chance of contracting HIV/AIDS?	1. High _____ 2. Low _____ 3. No chance at all 88. I don't know	→ Q 405
405	What makes you at higher risk of contracting HIV/AIDS?	1. I have multiple partner 2. I never used condoms 3. I don't used condom consistently 77. Other, specify	
406	What makes you at lower risk of contracting HIV/AIDS?	1. I have never had sex 2. I am faithful to my partner 3. I use condoms consistently 77. Other, specify	
407	How do you evaluate your chance of being infected with HIV/AIDS with your current behavior?	1. Very likely 2. Likely 3. Neutral 4. Un likely 5. Very unlikely	
408	Do you think that a person can avoid AIDS by changing his/her behavior	1. Yes 2. No 88. Don't know	

Part V. Future plan

No	Questions	Alternative responses	Skip to
501	Have you ever heard about voluntary counseling and testing for HIV?	1. Yes 2. No _____	→ Q503
502	If your answer is "Yes" what is your attitude towards the VCT?	1. Good 2. Bad 99. No response	
503	Did you undergo HIV/test?	1. Yes 2. No _____	→ Q504
504	If your response is "no" Why?	1. Service is not accessible 1. Cost is high 3. Fear of positive results 4. Fear of stigma /discrimination 5. Because I didn't start sex 77. Other specify 99. No response	
505	Are you voluntary to undergo voluntary counseling and testing for HIV?	1. Yes 2. No 66. I am not sure	
506	Assume you are tested for HIV/AIDS, would you be willing to hear the results of your test?	1. Yes 2. No	

This is the last part of the question. Thank you very much for your time to answer the questions

Focus group Discussion Guide

Good morning/afternoon; welcome to our group discussion, I am-----, I came from Addis Ababa University. We are here today to discuss about the sexual behavior of students which is practiced in your university. All comments, both positive and negative are welcome.

We expect all of you to participate in the discussion. We will use a tape recorder to record all the information. We would like to confirm to you that all your comments are confidential and used for research purpose only. Are you willing to participate in the discussion? Thank you for participation and genuine discussion once again.

Topic for Discussion: General issue about HIV/AIDS and Sexual behavior

Date ----- /-----/-----.

Type of participants: -----

Time FGD started: -----

No of participants: ----- Male: -----: Female: -----

Time FGD ended: -----Venue of the FGD: -----

I=Guide for discussion with Female university students

1. Currently, do you think HIV/AIDS is a major health problem in this area? Why? How?
Why not?
2. What kind of sexual relationships are contributing most to HIV/AIDS transmission in this area? Why?
3. Who are your sexual clients?
4. What do you do to protect yourself from HIV/AIDS?
5. Do you know female Condom?
6. Do you use it whenever you have sex with: Regular partners, or irregular?
7. Do you think that it is important to prevent HIV/STI?
8. What is your problem to use condom?

II=Guide for discussion with male university students

1. Currently, do you think HIV/AIDS is a major health problem in this area? Why? How? Why not?
2. What kind of sexual relationships are contributing most to HIV/AIDS transmission in this area? Why?
3. Are sex workers common in this town?
4. Who are your sexual clients?
5. What do you do to protect yourself from HIV/AIDS?
6. Do you know Condom?
7. Do you use it whenever you have sex with: CSWs, Regular partners, or irregular partners?
8. What is your problem to use condom?
9. Do you think that it is important to prevent HIV/STI?
10. What are the factors that initiate your sexual desire most, may be after taking alcohol, Khat, or substances like...what?

This is the end of our discussion. Thank you very much for your participation in the discussion.

ANNEX-II QUESTIONNAIRE (AMHARIC VERSION)

የተሳታፊዎች የመረጃ ቅጽ

ወደ የአክሱም ዩኒቨርሲቲ ተማሪ:

ጤና ይስጥልኝ፣ ስሜ _____ ይባላል። በአዲስ አበባ ዩኒቨርሲቲ የህብረተሰብ ጤና ክፍል በአክሱም ዩኒቨርሲቲ ወንድና ሴት ተማሪዎች መካከል ያለውን የኤች አይ ቪ/ በግብረ-ሥጋ ግንኙነት የሚተላለፉ በሽታዎች ባህሪ የአሰሳ ጥናት መረጃ ሰብሳቢ ነኝ። ወጣቶች ጤናማ ሆነው እንዲገኙ ለማድረግ አሁን በእነርሱ ላይ የሚታዩትን የጤና ችግሮችና ተዛማጅ ባህሪዎች አስቀድሞ መገንዘብ በጣም ጠቃሚ ነው። ይህን አስመልክቶ በዩኒቨርሲቲ ሴትና ወንድ ተማሪዎች መካከል የሚኙትን ወሲባዊ ባህሪ ስላለው ሁኔታ ለመረዳት እና ለማወዳደር ይህ ጥናት ተዘጋጅቷል። የክፍሎችና የዲፓርትመንቶች ምርጫ የተካሄደው በእጣ ነው። የዚህ ጥናት ዋና አላማ በዩኒቨርሲቲ ተማሪዎች መካከል ያለውን የስነ ወሲብ ባህሪዎችን በተመለከተ መረጃ ለማግኘት ነው። ጥናቱ በርካታ በግል ህይወት ዙሪያ ጥቂዎች አሉት። ስለዚህ ጥናቱ በትክክል የታለመለትን ግብ እንዲመታ የአንተን/ የአንቺን/ ክፍተኛ ትብብር ይፈልጋል። በተዘጋጀው መጠይቅ ላይ ስም መጻፍ አያስፈልግም። መልስህ/ሽ በሚስጥር የሚያዝ ነው። በጥናቱ ላይ መሳተፍ ምንም የሚያመጣው ችግር የለም። በጥናቱ ላይ በመሳተፍ የሚከፈልዎ ጉርሻ የለም። ጥናቱ በፈቃደኝነት የሚከናወን ሲሆን ማንኛውን ተማሪ በጥናቱ ያለመሳተፍ መብቱ የተጠበቀ ነው። በጥናቱ ያለመሳተፍ ካልፈለጉ መጠይቁን ከላይ ወደ ታች ገልብጠው በጠረዛጹ ላይ ያስቀምጡ። ነገር ግን ሌሎች መጠይቁን ሞልተው እስኪጨርሱ ድረስ ባሉበት ሥፍራ እንዲቆዩ ይጠየቃሉ። የእርስዎን ቅንና እውነተኛ አስተሳሰብና ድርጊትዎን የሚገልፁ መልሶች ወጣቶች በወሲብ ባህሪዎች ዙሪያ ምን እንደሚያስቡ፣ ምን እንደሚሉና፣ ምን እንደሚደርጉ በማስወቅ ረገድ ክፍተኛ ጠቀሜታ ስላለው ጥቂት ደቂቃዎችን ለእኛ በመስጠት እንዲተባበሩን እንጠይቃለን። ጥያቄዎች ለመጨረስ ከ25-30 ደቂቃ ይወስዳል።

ታዲያስ መጠይቆቹን ለመሙላት ፈቃደኛ ነዎት?

- አዎን / ወደሚቀጥሉት ገጾች ይሸጋገሩ/
- አይደለሁም /አቁም/

ለበለጠ መረጃ፡ ተስፋ የጡም
ስ.ቁ. 0914743989

የአዲስ አበባ ዩኒቨርሲቲ ሜዲካል ፋክልቲ የጥናት ማረጋገጫ ቦርድ
ስ.ቁ. 0115538734

ለትብብርዎ በጣም አመሰግናለሁ!

የተሳታፊዎች የስምምነት መስጫ ቅጽ

ከላይ የተዘረዘረውን አንብቤ ተረድቻለሁ። ከጥናቱ ለመሳተፍ ማቋረጥ እደሚቻልም አንብቤበተረድቻለሁ። በጥናቱ ብሳተፍ ምንም ችግር እንደሌለው ተገንዝቤያለሁ። ስለዚህ በጥናቱ ለመስተፍ ፈቃደኛ ነኝ።

በጣም አመሰግናለሁ!

ፊርማ _____

ቀን _____

መጠይቅ

መመሪያ: በአክሱም ዩኒቨርሲቲ ተማሪዎች በግል የሚሞላ መጠይቅ፤ እባክህን/ሽን ለእያንዳንዱ ጥያቄ ከተሰጡት አማራጮች በመምረጥ መጠይቁን በታማኝነትና እውነኛውን መልስ እንድትሰጡ/ጭ እጠይቃለሁ።

ክፍል 1 : የመልስ ሰጪ አጠቃላይ መረጃ

ተ.ቁ	መጠይቅ	መልስ	ይለፉ			
101	የምትማርበት ፋክልቲ	1. ግብርና 3. ምህንድስና 5. ማህበረሰባዊ ሳይንስ	2. ቢዝነስ እና ኢኮኖሚክስ 4. ተፈጥሮ ሳይንስ			
102	ዲፓርትመንት				
103	ስንተኛ ዓመት ነህ/ሽ	1. 1 ^ኛ ዓመት	2. 2 ^ኛ ዓመት	3. 3 ^ኛ ዓመት		
104	ፆታ	1. ወንድ	2. ሴት			
105	ዕድሜ				
106	ሐይማኖት/ሽ ምንድን ነው?	1. ኦርቶዶክስ 4. ካቶሊክ	2. እስልምና 5. ሌላ(ይገለፅ)	3. ፕሮቴስታንት		
107	የየትኛው ብሔር አባል ነህ/ሽ?	1. አማራ	2. አገው	3. ትግራይ	4. ኦሮሞ	5. ሌላ(ይገለፅ)
108	የጋብቻ ሁኔታ	1. ያገባ/ች	2. ያላገባ/ች			
109	የቤተሰብ ብዛት				
110	የኪስ ገንዘብ አለህ/ሽ?	1. አዎን	2. የለም			
111	አባትህ /ሽ በህይወት ያሉ ከሆነ የትምህርት ደረጃ	1. ማንበብና መጻፍ የማይችል 3. ከ1 ^ኛ -4 ^ኛ ክፍል 5. ከ9 ^ኛ - 12 ^ኛ ክፍል	2. ማንበብና መጻፍ የሚችል 4. ከ5 ^ኛ - 8 ^ኛ ክፍል 6. ከ12 ^ኛ ክፍል በላይ			
112	የአባትህ/ሽ የሥራ ሁኔታ	1. ስራ አጥ 3. የግል ተቀጣሪ	2. የመንግስት ሰራተኛ 4. ሌላ ይጠቀስ.....			
113	እናትህ/ሽ በህይወት ያሉ ከሆነ የትምህርት ደረጃ	1. ማንበብና መጻፍ የማይችል 3. ከ1 ^ኛ -4 ^ኛ ክፍል 5. ከ9 ^ኛ - 12 ^ኛ ክፍል	2. ማንበብና መጻፍ የሚችል 4. ከ5 ^ኛ - 8 ^ኛ ክፍል 6. ከ12 ^ኛ ክፍል በላይ			
114	የእናትህ/ሽ የሥራ ሁኔታ	1. ስራ አጥ 3. የግል ተቀጣሪ	2. የመንግስት ሰራተኛ 4. ሌላ ይጠቀስ.....			
115	ሞባይል አለህ/ሽ?	1. አዎን	2. የለኝም			

ክፍል 2 : የሥነ-ወሲብ እና ሥነ-ወሲብ ያልሆኑ ባህርያትን የተመለከተ መጠይቅ

ተ.ቁ	መጠይቅ	መልስ	ይለፉ	
201	ከዚህ በፊት የግብረ-ሥጋ ግንኙነት አድርገህ/ሽ ታወቃለህ/ሽ?	1. አዎ 2. የለም	→ ጥ-219	
202	ለመጀመሪያ ጊዜ የግብረ-ሥጋ ግንኙነት በስንት ዓመትህ/ሽ አደረግህ/ሽ?በዓመት ይገለፅ		
203	ለመጀመሪያ ጊዜ የግብረ ስጋ ግንኙነት ለማድረግ የወሰንክበት/የወሰንሽበት ምክንያት ምን ነበር?	1. ፍቅር ይዞኝ 3. በጋብቻ 5. ገንዘብና ሌሎች ስጦታዎችን ለማግኘት 7. ጠጥቶ ስለነበር	2. በግል የወሲብ ፍላጎቴ 4. ተገድጀ 6. በጓደኞቼ አማካኝነት 7. ሌሎች (ይጠቀስ).....	

204	ከዚህ በፊት ስንት የተለያዩ የፍቅር ጓደኞች ነበሩህ/ሽ?	1. 1	2. 2-5	3. >5	
205	ከአሁን በፊት የግብረ-ሥጋ ግንኙነት ታደርግ/ጊ በነበርክበት/ሽበት ጊዜ ኮንዶም ትጠቀም/ሚ ነበር?	1. በፍጹም አልተጠቀምኩም 2. አንዳንድ ጊዜ እጠቀም ነበር 3. አብዛኛውን ጊዜ እጠቀም ነበር 4. ሁልጊዜ እጠቀም ነበር			
206	[ለሴቶች ብቻ] እርግዝና አጋጥሞሽ ያወቃል?	1. አዎ 2. የለም			→ጥ-209
207	እርግዝና አጋጥሞሽ የሚያወቅ ከሆነ እድሜሽ ስንት ነበር?	እድሜ.....በዓመት ይገለጽ 88.አይታወቅም			
208	የአባልዘር በሽታ ምልክቶች ማለትም(በብልት አካባቢ ቁስለት ወይም ፈሳሽ) ታይተውብህ/ሽ ያወቃል?	1. አዎ 2. የለም			
209	ከሚከተሉት ውስጥ ከዚህ በፊት ከየትኞቹ ጋር ወሲብ ፈጽመህ/ሽ ነበር?	1.አሰላሳ ሳምንት በታች ከማወቀው የፍቅር ጓደኛዬ ጋር 2. ከሴተኛ አዳሪ ጋር 3. ከአንድ በላይ የፍቅር ጓደኞች ካሉት/ሊት ጋር 4.የአባልዘር በሽታ ካለበት ጋር			
210	በአሁኑ ወቅት ቋሚ ፍቅር ጓደኛ (ቢያንስ ለሶስት ወር ያክል የግብረ ስጋ ግንኙነት አብረህ/ሽ የምትፈፅመው) አለህ/ሽ?	1. አዎን 2. የለም			
211	ከአሁን በፊት ስለግል የወሲብ ታሪክህ/ሽ ከማን ጋር ተወያይተህ/ሽ ታወቃለህ/ሽ?	1. ተወያይቼ አላወቅም 2. ከጓደኞቹ ጋር 3. ከወላጆቹ ጋር 4. ከፍቅር ጓደኛዬ ጋር 5. ከመምህራኖቹ ጋር 6. ከሌሎች ሰዎች ጋር			
212	መጠጥ ጠጥተህ/ሽ የግብረ ስጋ ግንኙነት አድርገህ/ሽ ታወቃለህ/ቂያላሽ?	1.አዎ 2.አላወቅም			→ጥ-214
213	መልስህ/ሽ አዎ ከሆነ ኮንዶም ተጠቅመህ/ሽ ታወቃለህ/ሽ?	1.አዎ 2.የለም			
214	ባለፉት 12 ወራት ውስጥ የግብረ ስጋ ግንኙነት-ፈጽመህ/ሽ ታወቃለህ/ቂያላሽ?	1.አዎ 2.የለም			→ጥ-216
215	ባለፉት 12 ወራት ውስጥ ስንት ፍቅር ጓደኞች ነበሩህ/ሽ?	1. 1	2. 2-5	3. >5	
216	ባለፉት 12 ወራት በነበረህ/ሽ የግብረ ስጋ ግንኙነት ኮንዶም ትጠቀም /ሚ ነበርን?	1. በፍጹም አልተጠቀምኩም 2. አንዳንድ ጊዜ እጠቀም ነበር 3. አብዛኛውን ጊዜ እጠቀም ነበር 4. ሁልጊዜ እጠቀም ነበር			
217	ኮንዶምየተጠቀምክባቸው/ሽባቸው ምክንያቶች(መልስ የሆነውን ሁሉ ምልክት አድርጉ)	1. ተጠቅሜ አላወቅም 2. እርግዝናን ለመከላከል 3. ስለዚህ ጉዳይ ከጓደኛዬ ጋር ተወያይዬተን አናወቅም 4. ከኤች አይ ቪ ኤድስ ለመከላከል 5. የፍቅር ጓደኛዬን ስለማላምን ነው 6.የፍቅር ጓደኛዬን በደንብ ስለማለወቀው/ቃት 77. ሌሎች ምክንያቶች			

218	በግብረ ስጋ ግንኙነት ወቅት ኮንዶም ያልተጠቀምክባቸው/ሽባቸው ምክንያቶች (መልስ የሆነው ሁሉ ላይ ምልክት አድርጉ)	1. ኮንዶም ሁሌ እጠቀማለሁ 2. የፍቅር ጓደኛዬ ኮንዶም ስለማይወድ/ትወድ 3. ከፍቅር ጓደኛዬ ጋር ተወያይተንበት አናወቅም 4. ኮንዶም ማግኘት ስላልቻልን 5. ከጓደኛዬ ጋር ፍቅር ስለያዘኝ 6. ኮንዶም ወድ ስለሆነ 7. የፍቅር ጓደኛዬን ስለማምነው/ናት 8. የምጠቀምበት ምክንያት ስላልነበረኝ 9. የፍቅር ጓደኛዬ ከበሽታ ነፃ መሆኑን እርግጠኛ ስለሆንኩ 10. የፍቅር ጓደኛዬ ኮንዶም ስለማይወድ/ትወድ 77. ሌላ ምክንያት	
219	ስለ ኤች አይ ቪ አድስ ተምህርት ቤት እያለህ/ሽ ተምረህ/ሽ ታወቃለህ/ሽ?	1. አዎ 2. የለም	
220	ከዚህ በፊት ኤች አይ ቪ አድስ ያለበት ሰው ተወቃለህ/ሽ?	1. አዎ 2. የለም	
221	አንድ ሰው ኮንዶም ቢፈልግ ከየት ማግኘት የሚችል ይመስልሃል/ሻል?	1. ትምህርት ቤት 2. ሆቴል/መጠጥ ቤት 3. የጤና ተቋም 4. ቲያትር/ሲኔማ ቤት 5. ሱቅ 6. ከመድሃኒት ቤት 7. ከቤተክርስቲያን/መስጊድ 8. ሌላ ቦታ 88. አላውቅም	
222	እንደ ጠላ/ጠጅ/ቢራ/አረቂ የመሳሰሉ አልኮሎል መጠጦችን ጠጥተህ ታወቃለህ/ሽ?	1. የለም ምንም ጠጥቶ አላወቅም 2. በህይወቴ አንዴ ወይም ሁለቴ ጠጥቻለሁ 3. አልፎአልፎ እጠጣለሁ 4. በየቀኑ እጠጣለሁ	
223	ሲጋራ ታጨሳለህ/ሽ?	1. የለም ምንም አጭሽ አላወቅም 2. በህይወቴ አንዴ ወይም ሁለቴ አጭሻለሁ 3. አልፎአልፎ አጨሳለሁ 4. በየቀኑ አጨሳለሁ	
224	ጫት ትቅማለህ/ሽ?	1. የለም ምንም ቅሜ አላወቅም 2. በህይወቴ አንዴ ወይም ሁለቴ ቅሜአለሁ 3. አልፎአልፎ እቅማለሁ 4. በየቀኑ እቅማለሁ	
225	ፋሽን ተከታይ ነህን/ነሽን?	1. አዎን 2. አይደለሁም	
226	የት ነው የምትዝናናው?	1. አልኮሎል መጠጦችን በመውሰድ 2. ሲኒማ ቤት 3. መዝናኛ ቦታዎችን በመጎብኘት 77. ሌላ ይጠቀስ---	

ክፍል 3 : የኤድስ በሽታ ዕውቀትና አመለካከትን የተመለተ መጠይቅ

ተ.ቁ	መጠይቅ	መልስ		ይለፉ
301	ስለሚከተሉት ነገሮች መረጃ ምንጭ አለህ/ሽ? -ኤድስ -ሌሎችበግብረ-ሥጋ ግንኙነት የሚተላለፍቶ በሽታዎች	አዎን	የለኝም	
		1	2	
		1	2	
302	ኤድስ የተባለ በሽታ እንዳለ ሰምተህ/ሽ ታወቃለህ/ሽ?	1. አዎን 2. የለም		ጥ-307

303	መልስህ/ሽ አዎ ከሆነ ከየት ሰማህ/ሽ?	1. ከወላጆቻችኋል 3. ከሌሎች የቤተሰብ አባላት 5. ከአቻ ጓደኛዬ 7. ከትምህርት ቤት 9. ከጋዜጣ(በራሪ ጽሁፎች)	2. ከባለቤቴ 4. ከፍቅር ጓደኛዬ 6. ከጤና ተቋማት 8. ከሃይማኖት መሪዎች 10. ከፊደላዊ(ቴሌቪዥን) 77. ሌላ (ይገለፅ).....	
304	አንድ ሰው ራሱን ከኤች አይ ቪ ኤድስ እና ሌሎች በግብረ ስጋ ግንኙነት ከሚተላለፉ በሽታዎች ለመከላከል ምን ማድረግ አለበት? (መልስ የሆነ ሁሉ ይከበብ)	1. ከግብረ ስጋ ግንኙነት መቆጠብ/መታቀብ 2. ድንገተኛ ግብረ ስጋ ግንኙነት ማስወገድ 3. አንድ ለአንድ መወሰን 4. ኮንዶም መጠቀም 5. ከሌተኛ አዳሪ ጋር የግብረ ስጋ ግንኙነት አለማድረግ 77. ሌላ (ይገለፅ).....		
305	አንድን ሰው አተኩሮ በመመልከት የኤች አይ ቪ/ኤድስ ቫይረስ እንዳለበት ማወቅ ይቻላል?	1. አዎን 2. የለም 88. አላወቅም		
306	ማንኛውም ሰው በህይወቱ ለመጀመሪያ ጊዜ በሚያደርገው የግብረ ስጋ ግንኙነት በኤች አይ ቪ/ኤድስ ሊያዝ ይችላል?	1. አዎን 2. የለም 88. አላወቅም		
307	በግብረ ስጋ ግንኙነት ሊተላለፉ ስለሚችሉ የአባላዘር በሽታዎች ስምተህ/ሽ ታወቃለህ/ቂያላሽ?	1. አዎን 2. የለም 88. አላወቅም		→ ጥ-310
308	አዎን ካልክ/ሽ ምንምን በግብረ ስጋ ግንኙነት ሊተላለፉ የሚችሉ የአባላዘር በሽታዎች ታወቃለህ/ሽ? (መልስ የሆነ ሁሉ ይከበብ)	1. ጨብጥ 3. ከርክር 5. ኤድስ	2. ቂጥኝ 4. ባንቡሌ 77. ሌላ (ይገለፅ)...	
309	የአባላዘር በሽታን በፍጥነት ወይም ወዲያውኑ አለመታከም ምን ተጨማሪ የጤና ችግር ሊያስከትል ይችላል?	1. ለኤች አይቪ /ኤድስ መጋለጥ 3. የሽንት ቱቦ መጥበብ 77. ሌላ (ይገለፅ).....	2. መሃን መሆን 4. ወርጃ 88. አላወቅም	
310	ኤች አይቪ /ኤድስ በትንኝ ንክሻ ሊተላለፍ ይችላል?	1. አዎን 2. የለም 99. መልስ የለም		
311	አንድ ሰው ኤች አይቪ /ኤድስ ካለበት ሌላ ሰው ጋር አብሮ ቢመገብ በሽታወ ሊተላለፍበት ይችላል?	1. አዎን 2. የለም 99. መልስ የለም		
312	ጤነኛ የሚመስል ሰው ኤች አይቪ ቫይረስ ሊኖርበት ይችላል ብለህ/ሽ ታስባለህ/ሽ?	1. አዎን 2. የለም 99. መልስ የለም		
313	ሰዎች በእያንዳንዱ የግብረ ስጋ ግንኙነት ወቅት ኮንዶምን በትክክል በመጠቀም ራሳቸውን ከኤች አይቪ /ኤድስ ሊከላከሉ ይችላሉ?	1. አዎን 2. የለም 99. መልስ የለም		
314	ሰዎች አንድ ፣ ታማኝና ከኤች አይቪ /ኤድስ ነጻ የሆነ የግብረ ስጋ ግንኙነት	1. አዎን 2. የለም		

	ጓደኛ እንዲኖራቸው በማድረግ ራሳቸውን ከኤች አይቪ /ኤድስ ሊከላከሉ ይችላሉን?	99. መልስ የለም	
315	ስለ ወንድ ኮንዶም ሰምተሃል/ሻል?	1. አዎን 2. የለም	99. መልስ የለም
316	ስለ ሴት ኮንዶም ሰምተሃል/ሻል?	1. አዎን 2. የለም	99. መልስ የለም
317	በግብረ ስጋ ግንኙነት ጊዜ ኮንዶም መጠቀም ተጣማሪን የፍቅር ጓደኛን ያለማመን ምልክት ነው?	1. እስማማለሁ 2. አልስማማም 66. እርግጠኛ አይደለሁም	
318	ወንድ ልጅ ከማግባቱ በፊት የግብረ ስጋ ግንኙነት ማድረግ አለበት?	1. እስማማለሁ 2. አልስማማም 66. እርግጠኛ አይደለሁም	
319	ከወጣቶች ጋር ስለ ኮንዶም ወይም ስለወሊድ መከላከያ ዘዴዎች መወያየት ልቅ የግብረ ስጋ ግንኙነት የስፋፋል?	1. እስማማለሁ 2. አልስማማም 66. እርግጠኛ አይደለሁም	
320	ከኤድስ በሽታ ራስን መከላከል የሚቻለው እንዴት ነው? (መልስ ሆነ ሁሉ ይክበብ)	1. አላውቅም 2. ግብረ ስጋ ግንኙነት አለማድረግ 3. አንድ ለአንድ መወሰን 4. በኮንዶም መጠቀም 5. ንፁህ ባልሆነ/ ባልተቀቀለ መርፌ አለመወጋት 6. የተበከሉ ስለታም ነገሮች አለመጠቀም 77. ሌላ (ይገለፅ).....	
321	ኤች አይቪ ቫይረስ ያለበት ሰው ያዘጋጀውን ጥሬ ሥጋ መመገብ ቫይረሱን ሊያስተላልፍ ይችላል	1. እስማማለሁ 2. አልስማማም 88. አላውቅም	
322	ተጠቅመው የጣሉትን ኮንዶም የዋጠች ዶሮን ያልበሰለ እንቁለል መመገብ ቫይረሱን ሊያስተላልፍ ይችላል	1. እስማማለሁ 2. አልስማማም 88. አላውቅም	
323	ጤነኛ የሚመስል ሰው ኤች አይቪ ቫይረስ ሊኖርበት አይችልም	1. እስማማለሁ 2. አልስማማም 88. አላውቅም	
324	አንድ ሰው የኤድስ ቫይረስ እንዳለበት ብታውቅ/ቂ አብረህ/ሻ ትመገባለህ/ቢያላሽ?	1. እስማማለሁ 2. አልስማማም 88. አላውቅም	
325	አንድ ሰው የኤድስ ቫይረስ እንዳለበት ብታውቅ/ቂ በእጅ ሰላምታ ትሰጠዋለህ/ትሰጭዋላሽ?	1. እስማማለሁ 2. አልስማማም 88. አላውቅም	
326	ጓደኛህ/ሽ ኤች አይ ቪ/ኤድስ እንዳለበት ብታውቅ/ቂ ጓደኛነትህን ትቀጥላለህ/ያለሽ ወይስ ታቋርጠለህ/ ታቋርጫለሽ?	1. እስማማለሁ 2. አልስማማም 88. አላውቅም	
327	ኤች አይ ቪ/ኤድስ ያለበት ተማሪ ከሌሎች ተማሪዎች ጋር ትምህርቱን/ቷን እንዲቀጥል/እንድትቀጥል	1. እስማማለሁ 2. አልስማማም 88. አላውቅም	

	ትፈቅዳለህ/ጃለሽ?		
328	ኤች አይ ቪ/ኤድስ ያለበት ያለበት ሰራተኛ ከጤነኛ ሰራተኞች ጋር እንዲሰራ መፈቀድ አለበት?	1. እስማማለሁ 2. አልስማማም 88. አላውቅም	
329	አንድ ባለሰቅ ወይም ምግብ የሚሸጥ ሰው ኤች አይ ቪ/ኤድስ እንዳለበት ብታወቅ/ቂ የምግብ ሽቀጦችን ትገዛዋለህ?	1. እስማማለሁ 2. አልስማማም 88. አላውቅም	
330	ኤች አይ ቪ/ኤድስ ያለባቸው ሰዎች ከሌሎች ተለይተው መኖር አለባቸው?	1. እስማማለሁ 2. አልስማማም 88. አላውቅም	

ክፍል 4 : ለበሽታው የመያዝ ሁኔታ ግንዛቤ

ተ.ቁ	መጠይቅ	መልስ	ይለፉ
401	ለኤች አይ ቪ/ኤድስ ተጋልጫለሁ ብለህ/ሽ ታስባለህ/ሽ?	1. አዎን 2. የለም 88. አላውቅም 99. መልስ የለም	→ ጥ403
402	አዎ ከሆነ በምን?	1. ጥንቃቄ በጎደለው ግብረ-ሥጋ ግንኙነት 2. በተበከለ ስለት ነገር 3. በተበከለ ደም ልገሳ 4. አብሮ በመመገብ 5. በትንኝ/ነፍሳት ንክሻ 77. ሌላ ይገለጽ 88. አላውቅም 99. መልስ የለም	
403	የለም ከሆነ እንዴት?	1. አንድ ለአንድ ስለተወሰነኩ 2. ከግብረ-ሥጋ ግንኙነት ስለታቀብኩ 3. በተበከለ ደም ልገሳ 4. ኮንዶም ስለምጠቀም 5. ስለት ነገሮችን በጋራ ስለማልጠቀም 6. እግዚአብሔር ስለሚጠብቀኝ 77. ሌላ ይገለጽ 99. መልስ የለም	
404	በኤች አይቪ. ኤድስ የመያዝ ዕድልህ/ሽ ያህል ነው?	1. ከፍተኛ 2. ዝቅተኛ 3. በፍጹም አይዘኝም 88. አላውቅም	→ ጥ405
405	በኤች አይቪ. ኤድስ ለመያዝ ያለህን/ሽን ዕድል ከፍተኛ ሚያደርገው ምንድን ነው?	1. ብዙ የፍቅር ጓደኞች ስላሉኝ 2. ኮንዶም ተጠቅሜ ስለማላውቅ 3. ኮንዶም ሁልጊዜ ስለማልጠቀም 77. ሌሎች ካሉ ይጠቀሱ.....	
406	በኤች አይ ቪ. ኤድስ ለመያዝ ያለህን/ሽን ዕድል ዝቅተኛ የሚያደርገው ምንድን ነው?	1. የግብረ ሥጋ ግንኙነት ፈጽሜ ስለማላውቅ 2. ለፍቅር ጓደኛዎ ታማኝ ስለሆንኩ 3. ኮንዶም ሁልጊዜ ስለምጠቀም 77. ሌሎች ካሉ ይጠቀሱ.....	

407	በአሁኑ ሰዓት ካለህ/ሽ ባህሪ አንፃር በኤች አይቪ ኤድስ የመያዝ ሁንታህ/ሽ ምን ያህል ነው?	1. በጣም ከፍተኛ 3. ሊይዘኝም ላይዘኝም ይችላል 5. በጣም ዝቅተኛ	2. ከፍተኛ 4. ዝቅተኛ	
408	የባህሪ ለውጥ በማምጣት አንድ ሰው ኤች አይ ቪ ኤድስን ለማስወገድ ይችላል ብለህ/ሽ ታምናለህ/ኛለሽ?	1. አዎ 2. የለም 88. አላውቅም		

ክፍል5. የወደፊት ዕቅድ

ተ.ቁ	መጠይቅ	መልስ	ይለፉ
501	የኤች አይ ቪ ኤድስ የደም ምርመራ እና የምክር አገልግሎት ስምተህ/ሽ ታወቃለህ/ሽ?	1. አዎ 2. የለም	► T503
502	ስምተህ/ሽ የምታወቅ/ቁ ከሆነ ስለአገልግሎቱ ምን አየነት አመለካከት አለህ/ሽ?	1. ጥሩ ነው 2. ጥሩ አይደለም 99. መልስ የለም	
503	አንተ/ሽ/ሽ የኤች አይ ቪ ቫይረስ የደም ምርመራ አድርገሃል/ሻል?	1. አዎ 2. የለም 99. መልስ የለም	► Q 504
504	ካልተመርክ/ሽ ለምን?	1. አገልግሎቱ በአካባቢዎ ስለማይሰጥ 2. ዋጋው ወደ ስለሆነ 3. አለብህ ቢባል ወጤቱን በመፍራት 4. አድሎዎና መገለልን በመፍራት 77. ሌላ ይገለጽ 99. መልስ የለም	
505	የኤች አይ ቪ ቫይረስ የደም ምርመራ ለማድረግ ብትጠየቅ/ቁ ፈቃደኛ ትሆናለህ/ኛለሽ?	1.አዎን 2. የለም 66. እርግጠኛ አይደለሁም	
506	የኤች አይ ቪ ቫይረስ የደም ምርመራ አድርገሃል/ሻል እንበል የምርመራውን ወጤት ለመስማት ፈቃደኛ ትሆናለህ/ኛለሽ?	1.አዎ 2. አልሆንም	

ይህ መጠይቅ የመጨረሻ ክፍል ነው። ጊዜህን/ሽን ወስደህ/ሽ ጥያቄዎቹን በመመለስ ስለተባበርከኝ/ሽኝ ክልብ አመሰግናለሁ።

የቡድን ጥናት ወይይት መመሪያ

እንደምን አደሩ/ እንደምን ዋሉ፤ ወደዚህ የቡድን ወይይት እንኳን በደህና መጡ። ሥሜ-----
----- ይባላል። የመጣሁት ከአዲስ አበባ ዩኒቨርሲቲ የኅ/ጤ/ሳይንስ ትምህርት ክፍት ክፍል ነው። ዛሬ እዚህ የተገኘነው የዩኒቨርሲቲዎች ተማሪዎች የሚያካሂዱትን ሥነ-
ወሲባዊ ባህሪ ለመወያየት ነው። ሁሉንም ዓይነት አስተያየት፣ አዎነወታዊ እና አሉታዊ እንቀበላለን። ሁላችሁም በወይይቱ እንደምትሳተፉ እንጠብቃለን። መቅረጸ ድምጽ እንጠቀማለን። ሁሉንም የሰጣችሁንን አስተያየቶች ከጥናቱ ሥራ ወጭ ሚስጥራዊነቱ የተጠበቀ ነው መሆኑን ልናረጋግጥላችሁ እንወዳለን። በወይይቱ ለመሳተፍ ፍቃደኛ ነዎት?

ለተስታፊነትዎና ቀና አስተያየተዎ እናመሰግናለን።

የወይይቱ ርዕስ፤ አጠቃላይ ኤች አይ ቪ/ ኤድስ እና ሥነ-ወሲባዊ ባህርያት

ቀን-----/-----/-----

የተስታፊዎች ዓይነት-----

የጥናት ቡድን ወይይቱ የተጀመረበት ሰዓት፤-----

የተሳታፊዎች ብዛት----- ወንድ----- ሴት-----

የጥናት ቡድን ወይይቱ ያለቀበት ሰዓት፤----- ቦታ-----

1. ከሴት ዩኒቨርሲቲ ተማሪዎች ጋር የሚደረግ ወይይት መመሪያ

1. በአሁኑጊዜ፣ ኤች አይ ቪ/ ኤድስ በዚህ አካባቢ ዋና የጤና ችግር ነው ብላችሁ ታስባላችሁ? ለምን? እነዴት?
2. በዚህ አካባቢ ለኤች አይ ቪ/ ኤድስ መተላለፊያነት አስተዋጽኦ ያላቸው ምን ዓይነት ሥነ-ወሲባዊ ግንኙነቶች ናቸው?
3. የሥነ-ወሲብ ጓደኛዎ ማን ነው?
4. እራስችሁን ከኤች አይ ቪ/ ኤድስ ለመከላከል ምን ታደረጋላችሁ?
5. የሴት ኮንዶም እንዳለ የወቃሉን?
6. ሥነ-ወሲብ ከጓደኛዎ ጋር ወይም ከጓደኛዎ ወጭ በሚጽሙበት ጊዜ ይጠቀሙበታል?
7. ኤች አይ ቪ/ ኤድስን ወይም ሌሎች የአባለዘር በሽታዎች ይከላከላል ብለው ያስባሉ?
8. ኮንዶም ለመጠቀም ችግረዎ ምንድን ነው?

II. ወንድ ዩኒቨርሲቲ ተማሪዎች ጋር የሚደረግ ወይይት መመሪያ

1. በአሁኑጊዜ፣ ኤች አይ ቪ/ ኤድስ በዚህ አካባቢ ዋና የጤና ችግር ነው ብላችሁ ታስባላችሁ? ለምን? እነዴት?
2. በዚህ አካባቢ ለኤች አይ ቪ/ ኤድስ መተላለፊያነት አስተዋጽኦ ያላቸው ምን ዓይነት ሥነ-ወሲባዊ ግንኙነቶች ናቸው?
3. በዚህ አካባቢ ሴተኛ አዳሪዎች ይገኛሉን?
4. የሥነ-ወሲብ ጓደኛዎ ማን ነው?
5. እራስችሁን ከኤች አይ ቪ/ ኤድስ ለመከላከል ምን ታደርጋላችሁ?
6. ኮንዶም የወቃሉን?
7. ሥነ-ወሲብ ከጓደኛዎ ጋር ወይም ከጓደኛዎ ወጭ በሚጽሙበት ጊዜ ይጠቀሙበታል?
8. ኮንዶም ለመጠቀም ችግረዎ ምንድን ነው?ኤች
9. ኤች አይ ቪ/ ኤድስን ወይም ሌሎች የአባለዘር በሽታዎች ይከላከላል ብለው ያስባሉ?
10. የሥነ- ወሲብ ፍላጎትዎ በጣም የሚነሳሳው ምን ከወሰዱ በኋላ ነው? አልኮሆል፣ጫት፣ ሌሎች ካሉ ጥቀሱ?

ANNEX-III Schematic Presentation of Sampling Procedure

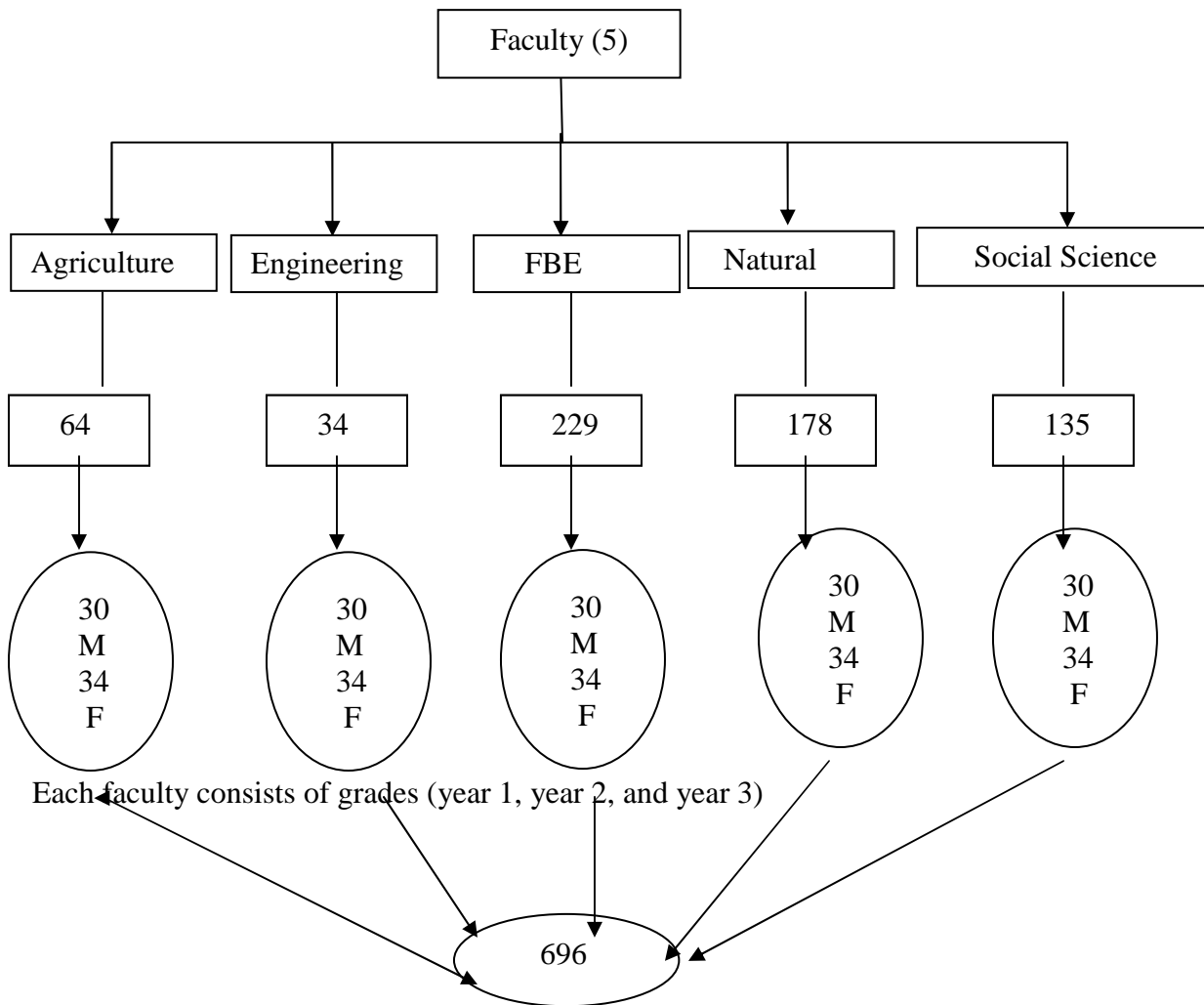


Fig.2. Schematic presentation of sampling male and female students

ANNEX-IV

Annex-M1A: Method of scoring knowledge of male students of Axum University towards HIV/AIDS, Axum, 2010

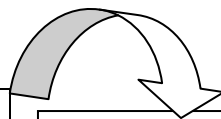
knowledge questions or statements	Response	Total	Score*
Can HIV be transmitted with mosquito bite?	Yes	37(11.6%)	0
	No	269(84.1%)	1
	No response	14(4.4%)	0
Can a person get HIV by sharing a meal with someone who is infected?	Yes	10(3.1%)	0
	No	299(93.4%)	1
	No response	11(3.4%)	0
Do you think that a healthy-looking person can be infected with HIV, the virus that causes AIDS?	Yes	286(89.4%)	1
	No	28(8.8%)	0
	No response	6(1.9%)	0
Can people protect themselves from HIV by having one uninfected faithful sex partner?	Yes	268(83.8%)	1
	No	42(13.1%)	0
	No response	10(3.1%)	0
Can people protect themselves from HIV, the virus that causes AIDS by using a condom correctly every time they have sex?	Yes	264(82.5%)	1
	No	47(14.7%)	0
	No response	9(2.8%)	0

Annex-M1B: Descriptive analysis of knowledge score of male students of Axum University, 2010

N	Valid	320
Mean		4.3
Median		5.0
Std. Deviation		9.2
Minimum		0.0
Maximum		5.0
Percentiles	25	4.0
	50	5.5
	75	5.0

Annex-M1C: Knowledge score of male students of Axum University, 2010

Knowledge scores	Frequency	Valid percent	Cumulative Percent
0.00	1	0.3	0.3
1.0	1	0.3	0.6
2.00	15	4.7	5.3
3.00	38	11.9	17.2
4.00	84	26.3	43.4
5.00	181	56.6	100.0
Total	320	100.0	



Median score= 5.0 was used as Cut-off point for categorizing attitude score

Favorable attitude >5.0
Unfavorable attitude ≤5.0

Annex-F1A: Method of scoring knowledge of female students of Axum University towards HIV/AIDS, Axum, 2010

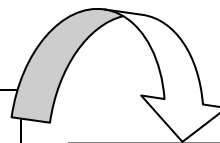
knowledge questions or statements	Response	Total	Score*
Can HIV be transmitted with mosquito bite?	Yes	46(14.4%)	0
	No	252(78.8%)	1
	No response	22(6.9%)	0
Can a person get HIV by sharing a meal with someone who is infected?	Yes	14(4.4%)	0
	No	296(92.5)	1
	No response	10(3.1%)	0
Do you think that a healthy-looking person can be infected with HIV, the virus that causes AIDS?	Yes	262(81.9%)	1
	No	51(5.9%)	0
	No response	7(2.2%)	0
Can people protect themselves from HIV by having one uninfected faithful sex partner?	Yes	253(79.1%)	1
	No	55(17.2%)	0
	No response	12(3.8 %)	0
Can people protect themselves from HIV, the virus that causes AIDS by using a condom correctly every time they have sex?	Yes	255(79.7%)	1
	No	58(18.1%)	0
	No response	7(2.2%)	0

Annex-F1B: Descriptive analysis of knowledge score of female students of Axum University, 2010

N	Valid	320
Mean		4.1
Median		4.0
Std. Deviation		1.1
Minimum		0.0
Maximum		5.0
Percentiles	25	4.0
	50	4.0
	75	5.0

Annex-F1C: knowledge score of students of female students of Axum University, 2010

Knowledge scores	Frequency	Valid percent	Cumulative Percent
0	4	1.3	1.3
1	3	.9	2.2
2.00	23	7.2	9.4
3.00	41	12.8	22.2
4.00	99	30.9	53.1
5.00	150	46.9	100.0
Total	320	100.0	



Median score=4.0 was used as Cut-off point for categorizing attitude score

Favorable attitude >4.0
Unfavorable attitude ≤4.0

Annex-M2A: Method of scoring attitude of male students of Axum University, 2010 towards HIV/AIDS,

Attitude questions or statements	Response	Total	Score*
Using condom is a sign of not trusting your partner.	Agree	65(20.3%)	0
	Disagree	208(65%)	1
	Not sure	47(14.7%)	0
A boy should have sex before he gets married.	Agree	66(20.6%)	0
	Disagree	220(68.8%)	1
	Not sure	34(10.6%)	0
Discussing condom or contraceptive with young people promotes promiscuity?	Agree	36(11.3%)	0
	Disagree	255(79.9%)	1
	Not sure	29(9.1%)	0
Would you eat together with a person who has HIV/AIDS?	Agree	263(82.2%)	1
	Disagree	40(12.5%)	0
	Not sure	17(5.3%)	0
Would you shake a person's hand if you know that s/he has HIV/AIDS?	Agree	296(92.5%)	1
	Disagree	17(5.3%)	0
	Not sure	7(2.2%)	0
Would you continue your friendship if you find out that a friend has HIV/AIDS?	Agree	179(55.9%)	1
	Disagree	108(33.8%)	0
	Not sure	33(10.3 %)	0
Should a student with HIV/AIDS be allowed to continue his/her education with others?	Agree	295(92.2%)	1
	Disagree	14(4.4%)	0
	Not sure	11(3.4%)	0
Should a person with HIV/AIDS be allowed to work with others?	Agree	286(89.4%)	1
	Disagree	27(8.4%)	0
	Not sure	7(2.2%)	0
If a shopkeeper (food seller) has HIV/AIDS would you buy food items from him/her?	Agree	227(70.9%)	1
	Disagree	66(20.6%)	0
	Not sure	27(8.4%)	0
Should people with HIV/AIDS live separately from others?	Agree	34(10.6%)	0
	Disagree	279(86.2%)	1
	Not sure	7(2.2%)	0

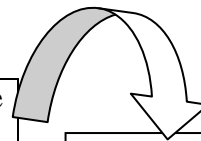
* Positive attitudes were scored 1 and negative attitudes were scored 0

Annex-M2B: Descriptive analysis of attitude score of male students of Axum University, Axum, 2010

N	Valid	320
Mean		7.8
Median		8.0
Std. Deviation		1.8
Minimum		2.0
Maximum		10.0
Percentiles	25	7.0
	50	8.0
	75	9.0

Annex-M2C: Attitude score of male students of Axum University, Axum2010

Attitude scores	Frequency	Valid percent	Cumulative Percent
2.00	1	.3	.3
3.00	9	2.8	3.1
4.00	12	3.8	6.9
5.00	15	4.7	11.6
6.00	28	8.8	20.3
7.00	51	15.9	36.3
8.00	56	17.5	53.8
9.00	97	30.3	84.1
10.00	51	15.9	100.0
Total	320	100.0	



Median score= 8.0 was used as Cut-off point for categorizing attitude score

Favorable attitude >8.0
 Unfavorable attitude ≤ 8.0

Annex-F1A: Method of scoring attitude of female students of Axum University towards HIV/AIDS, Axum, 2010

Attitude questions or statements	Response	Total	Score*
Using condom is a sign of not trusting your partner.	Agree	51(15.9%)	0
	Disagree	189(59.1%)	1
	Not sure	80(25%)	0
A boy should have sex before he gets married.	Agree	23(7.2%)	0
	Disagree	257(80.3%)	1
	Not sure	40(12.5%)	0
Discussing condom or contraceptive with young people promotes promiscuity?	Agree	35(10.9%)	0
	Disagree	233(72.8%)	1
	Not sure	52(16.3%)	0
Would you eat together with a person who has HIV/AIDS?	Agree	249(77.8%)	1
	Disagree	47(14.7%)	0
	Not sure	24(7.5%)	0
Would you shake a person's hand if you know that s/he has HIV/AIDS?	Agree	291(90.9%)	1
	Disagree	19(5.9%)	0
	Not sure	10(3.1%)	0
Would you continue your friendship if you find out that a friend has HIV/AIDS?	Agree	154(48.1%)	1
	Disagree	108(33.8%)	0
	Not sure	58(18.1%)	0
Should a student with HIV/AIDS be allowed to continue his/her education with others?	Agree	285(89.1%)	1
	Disagree	24(7.5%)	0
	Not sure	11(3.4%)	0
Should a person with HIV/AIDS be allowed to work with others?	Agree	269(84.1%)	1
	Disagree	38(11.9%)	0
	Not sure	13(4.1%)	0
If a shopkeeper (food seller) has HIV/AIDS would you buy food items from him/her?	Agree	217(67.8%)	1
	Disagree	73(22.8%)	0
	Not sure	30(9.4%)	0
Should people with HIV/AIDS live separately from others?	Agree	31(9.7%)	0
	Disagree	280(87.5%)	1
	Not sure	9(2.8%)	0

Annex-F1B: Descriptive analysis of attitude score of female students of Axum University, Axum, 2010

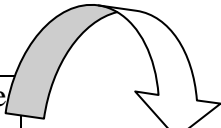
N	Valid	320
Mean		7.6
Median		8.0
Std. Deviation		1.8
Minimum		1.0
Maximum		10.0
Percentiles	25	7.0
	50	8.0
	75	9.0

Annex-F1C: Attitude score of female students of Axum University, Axum2010

Attitude scores	Frequency	Valid percent	Cumulative Percent
1	1	0.3	0.3
2.00	1	0.3	0.6
3.00	10	3.1	3.8
4.00	13	4.1	7.8
5.00	17	5.3	13.1
6.00	37	11.6	24.7
7.00	50	15.6	40.3
8.00	69	21.6	61.9
9.00	90	28.1	90.0
10.00	32	10.0	100.0
Total	320	100.0	

Median score= 8.0 was used as Cut-off point for categorizing attitude score

Favorable attitude >8.0
Unfavorable attitude ≤ 8.0



ANNEX-V: LETTERS FOR DECLARATION

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

Name: Tesfa Yetum

Signature _____

Place: Addis Ababa, Ethiopia

Date of submission: June 2010

This thesis work has been submitted for examination with my approval as University advisor.

Advisor's name: Dr. Getnet Mitikie (MD, MPH, PhD)

Signature _____

Date _____