



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

**THE INFLUENCE OF LIVING ARRANGEMENT ON ADOLESCENTS' RISKY  
SEXUAL BEHAVIOR IN SEBETA TOWN, OROMIA REGIONAL STATE, ETHIOPIA:  
SCHOOL BASED COMPARATIVE CROSS-SECTIONAL STUDY.**

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## LIST OF ABBREVIATION

<b>A.A.</b> .....	Addis Ababa.
<b>AOR</b> .....	Adjusted odds ratio.
<b>AIDS</b> .....	Acquired Immune Deficiency Virus.
<b>BSS</b> .....	Behavioral Surveillance Survey.
<b>EDHS</b> .....	Ethiopian Demographic and Health Survey.
<b>HIV</b> .....	Human Immune deficiency Virus.
<b>OR</b> .....	Odds ratio.
<b>STI</b> .....	Sexually transmitted Infection.
<b>SSA</b> .....	Sub-Saharan Africa.
<b>WHO</b> .....	World Health Organization.

## ABSTRACT

**Background:** - Adolescence is an important period in human development where a person reaches sexual maturity, manifest in sexual engagement; thus encountering the possibility of contracting sexually transmitted diseases such as HIV/STIs. Living arrangement of adolescents can expose them to risky sexual behavior increasing the chances of acquiring HIV/STIs. However, the effect of living arrangement of adolescents on risky sexual behavior has not been adequately studied.

**Objective-** To assess the influence of living arrangement on adolescents' risky sexual behavior among high school/preparatory students in Sebeta Town Oromia Regional State, Ethiopia

**Methods** – School based comparative cross-sectional study was conducted in Sebeta secondary schools from Dec 2015 to June 2016. A sample of 361 was taken for each group (those living with their family and those not living with their family). Students from governmental schools from grade 9 – 12 were included in the study. Data was collected using pretested interviewer administered questionnaire. Descriptive and summary statistics was done. Bivariate and multivariate analysis was done using logistic regression on STATA version 12.1 software to measure the association of living arrangement on risky sexual behavior and identify other factors associated with risky sexual behavior.

**Results:-** Seven hundred twenty two participants responded to our invitation giving response rate of 99.31%. The overall prevalence of risky sexual behavior was 27.6% (95% CI: 24.33%, 30.89%) and it is predominant among adolescents lives away from their parents. Living away from family was significantly associated with risky sexual practice on bivariate logistic analysis OR= 2.02, 95% CI :( 1.45, 2.81) but the association disappeared on multivariate analysis AOR= 0.81 95%, CI: (0.49, 1.35). Drinking alcohols(beer) frequently(AOR=1.8, 95% CI:(1.22, 2.85), chewing khat(AOR=1.7, 95% CI:(1.10, 2.77), smoking cigarettes (AOR=2, 95% CI:(1.07, 3.92) less parental monitoring (AOR= 6.1, 95% CI: (2.79, 13.52)), watching pornography movies/films(AOR=5.7, 95% CI:( 2.82, 11.10) and poor/less attachment to religious institutions (AOR=2.6, 95% CI :( 1.72, 3.91) were the factors that increase the odds of practicing risky sexual behaviour.

**Conclusion and recommendation:** The findings of this study showed that a substantial proportion of Governmental secondary school-going adolescents in Sebeta are engaged to risky sexual activities and that sexual activity among these adolescents aged 15-19 is influenced by multiple factors, including substance use, religiosity, perceived parental monitoring and watching pornography films. based on the finding of this study we suggest recommendation for programs works to improve adolescent reproductive health to work on upgrading sexuality education that goes beyond HIV/AIDS knowledge, to address risky sexual behavior in schools, to improve parental role.

## 1. Introduction

### 1.1. Background

Around one from six persons in the world is an adolescent: that is 1.2 billion people aged 10 to 19(1). Of this an estimated 260 million women and 280 million men aged 15–19 reside in developing countries and majority of adolescents aged 15 to 19 lives in Sub-Saharan Africa including Ethiopia(2). According to the African Population Health Research Center adolescence is an important period in human development where a person reaches sexual maturity, while in many respects adolescents characterize the prospect of today's generation, they are exposed to risky behaviors including risky sexual behaviors(3,4). There is no uniform definition of Sexual risk-taking behavior. However, as "Walcott et.al" risky sexual behavior defined as having multiple sexual partners, early age sexual intercourse initiation, unprotected sexual intercourse, having previous history of STIs, untreated STIs, and commercial sex work and inconsistent condom use have all consistently been shown to increase the threats of contracting HIV and other STI(5). because adolescent is a time in which adolescents seek and experiment something new which they don't know before, adolescent more than any subgroup of the population have engaged with the risky sexual practice(1). About 92% of unintended pregnancy experienced by adolescents occurs in sub-Saharan Africa(2). this showed the practice risky sexual behavior(unsafe sex) among adolescents in sub-Saharan Africa is high this further supported by the regional report in Sub-Saharan Africa countries on AIDS epidemic, the regional summary reported the continuity of the burden of HIV/AIDS and other sexually transmitted diseases in the region(6). exposure of adolescents to risky sexual behaviors in sub-Saharan Africa are linked with their romantic relationship, unsafe sexual practices, such as multiple sexual partners, unprotected sex, residence, living arrangement and substance use are major and responsive issue in sexually active adolescent age groups (7, 8). Therefore, access to age appropriate sexual and reproductive information and services is important (1). Adolescents living arrangement in sub-Saharan Africa is one of the factors contributing to risky sexual behavior of adolescent, in Ethiopia living arrangement of adolescent increase the risk of engagement of adolescents in risky sexual activity(9, 10, 11). Living arrangement can be defined based on whether the adolescents live with their Parents, relatives, friends or alone (8,9,10,11) in other way living arrangement means whether or not the person lives with

another person or persons and, if so, whether or not he or she is related to that person or persons or that he/she lives alone.

Risk behaviors starting in adolescence do have a considerable effect on health at later ages(12). Helping adolescents protect their health is an important public health priority. Beyond benefiting young people themselves, increased investment in adolescent sexual and reproductive health contributes to broader development goals(2). That is why efforts are being made globally to address adolescent sexual and reproductive health problems. A majority of the effective programs on adolescent sexual and reproductive health significantly changed at least one important adolescent behavior pertaining in reducing adolescent exposure to risky sexual . Despite the successes, some of the programs tried and failed to improve many important behaviors. According to a review by WHO on global effort for preventing STIs including HIV among adolescent peoples showed that interventions that target life-skills, health and sexuality education in schools, peer education, mass media/community mobilization, youth development programs and clinical health services were relatively effective on arrange of outcomes(13,14). However, the coverage of the interventions in sub-Saharan Africa has been low. When it comes to Ethiopia Life skills and sex education, Behavioral change communication material production and dissemination, Peer education, School community conversation, Youth friendly health services, HIV testing and counseling and STI diagnosis and Treatment School level are implemented at regional and district levels(15). The common challenges in the implementation of the interventions were Inadequate coordination among partners and lack of a standard package that can direct the plan and completion of HIV/AIDS avoidance services in reducing risky sexual activities of adolescents has been acknowledged as a gap in need of urgent attention(15). One of the hard to reach population/high risk population among adolescents are young people living away from their families. So this study was helpful on assess risky sexual behavior of in school Adolescents relating to students living arrangement.

## **1.2. Statement of the problem**

At the end of 2013, Globally about two million adolescents aged 10-19 live with HIV (1). Of this, the majority (85%) of adolescents with HIV infections reside in sub-Saharan Africa (16). Despite a global decline in HIV prevalence, HIV prevalence among adolescents is on the increase; this is a result of adolescents' exposure to risky sexual practice (1,16,17). Studies have reported that risky sexual behaviors are common among young people in Sub-Saharan Africa and there are several factors associated with it (6,18). For Ethiopia, with a demographic profile dominated by a young population, the HIV/AIDS epidemic mainly relates to risky sexual behavior (19). Different findings in different areas in Ethiopia in school adolescents and youth reports show the magnitude of risky sexual behavior in the range of 13.7% (Tigray) to 42.1% (Jimma) (10, 11, 20, 21).

In Ethiopia, previous studies did not compare the level of risky sexual behavior between the two distinct groups of adolescents (adolescents living away and with their family). Most of the studies internally compared risky sexual behavior and living arrangement and came up with the idea that the living arrangement of adolescents is among the factors that increase the risk of unsafe sexual activity and the risk of contracting HIV/AIDS (9, 10, 11, 22, 23, 24, 25). Moreover, according to 2011 EDHS, compared to other age groups, adolescents aged 16-17 were more likely to be HIV positive than others (30). This implies the incidence and prevalence of HIV among adolescents are generally high as compared to other age groups (30). Although several studies were previously conducted on risky sexual behavior and perceived risk of HIV/STIs in Ethiopia, the prevalence of risky sexual behavior among adolescents with different living arrangements has not been adequately studied. Evidences have shown that living arrangement of adolescents has been both a risk and a protective factor for adolescents' sexual behavior. Hence, it is useful to understand how living arrangement influences the sexual behavior of adolescents in the study area. This study aims to determine risky sexual behavior among adolescents who live with their parents and those who live away from their parents and measure the influence of living arrangement on adolescent risky sexual behavior.

### **1.3. Rationale of the Study**

Understanding risky sexual behavior among adolescent with regards to adolescent living arrangement in Ethiopia is useful. Because most Ethiopia rural adolescent attend high school and preparatory school educational programs in the urbanized towns, which makes adolescents to live away from thire home such factors predispose adolescents to engage to risky behaviurs

The knowledge generated through this study will help for Policy makers, health program planners and, the stake holders ( like parents, schools administrators, religious leaders and those working on adolescents) to design intervention strategies. Thus, this study was believed to have significant role in further efforts to control and prevent HIV/STI in these settings. It may also serve as a baseline for other researchers to study such problems in depth in the study area besides filling the literature gap.

## **2. Literature Review**

Issues on risky sexual behaviors have added to the multi-dimensional HIV wide-ranging in Ethiopia. So as to Deliver crucial HIV prevention messages that tackle many of the basic issues, matters on risky sexual behavior have to be understood well. These may be complex for those looking to understand how living arrangement relates to unsafe (risky) sexual behaviors. It is crucial to realize the circumstances of risky sexual behavior relative to living arrangement.

### **2.1. Risk perception and Risky Sexual behavior**

As “lauran” Risk perception is influenced by the individual’s perceived control of one’s ability to take preventive actions against the infection. (27).

Risk perception on contracting HIV was found to be related to living arrangement. For instance, in a qualitative study on risky sexual behavior among adolescents in Uganda propose that the living arrangement of the never married people particularly the youngest is a determinant factor for their exposure to risky sexual practices, additionally those adolescents living with their parents were perceived to be at a low risk of contracting AIDS because of regular parental control and guidance (28).

In Ethiopia, studies done in south Gondar and Adama postulates factors includes place of residence, marital status, educational status ,number of sexual partners, peer pressure, lack of knowledge of HIV and STIs, prior experience with STIs and substance abuse affect adolescent risk perception(29,30).

The CDC produced Youth Risk Behavior Survey (YRBS) in 2013, review a range of health-risk behaviors with high school students. The survey came up with the idea that many high school adolescents were engaged to risky sexual behaviors, for instance 46.8% of adolescents participated reported that they had sexual intercourse at least once, while more than 15% of adolescents affirmed as they had four or more life time sexual friends (31).

Survey in Ethiopia in 2005 (the second HIV/AIDS Behavioral Surveillance Survey) in school youth aged 15-19, showed that almost 22.7% of school youth were reported as they had more than one sexual partners. Males were more likely to have multiple partners and experience early sexual initiation than females. Consequently, they were at an increased risk of acquiring HIV/AIDS and spreading STIs from one partner to the other, additionally 48.2% of In school

adolescents who had more than one sexual partner, meaning 48.2%, adolescents who were engaged in risky sexual activities considered themselves to be at no or low risk of HIV infection this indicated that adolescents even they are exposed to risky sexual practice they had low risk perception (32).

In Benishangul-Gumuz, 26.7% of students who ever had sex perceived that they had high risk to HIV/AIDS and STIs, there were low utilization of condom among sexually active school older adolescents and this is an indication of the fact that high-risk sexual behaviors are still widely practiced among high school adolescents. This signals that risk taking behavior among school adolescents is high and their perception toward contracting HIV/AIDS/STI was low. And among sexually active youth in pawe Woreda 82.2% of youth engaged to risky sexual behaviors(25).

Among high-school Students of Western Zone of Tigray and Boditi which is in southern Ethiopia the prevalence of risky sexual behavior was 13.7% (95% CI AOR: 10.6%, 16.8%) and 17.9 (10,33). Moreover the study In Jimma showed that 25.9% of male and 21.6% of female students had two or more sexual partners in six months prior to the study and about 32% male and 43.5% female students were sexually at risk(11).

## **2.2. Individual factors for risk sexual behavior (age, sex,residency, religiosity, living arrangement**

Literatures identified individual background variables such as sex, age, living arrangement, residence and religiosity may affect sexual behavior of adolescents. For instance, age can affect sexual behavior on the level of both perceived risk of HIV infection & engaging in risky sexual activity (11,25). Place of an individual's residence can also affect the level of right to use to reproductive health services, which impact sexual behavior and risk perception (29,30).

Studies have found that rural residents have worse health outcomes than their counterparts in urban areas. There are several reasons related to rural health disparities including demographic, socioeconomic characteristics and health risk (29, 34).

It has been understood for years that adolescence symbols a developmental period of increased independence, attachment with peers, and often risk-taking behaviors. More specifically, adolescence is a time when individuals begin experimenting with alcohol, drugs,and sexual activity(3).

Regarding on the factor living arrangement of Adolescent, study conduct in adolescents in Malaysia showed that female adolescents live by themselves are easily engaged to risky sexual behavior (35) and a similar study done in the Northern Lao-PDR showed that the living arrangement of adolescent had an association with both sexual risk behavior and risk estimation of adolescent (36) additionally, In Africa a study which is conducted in Camerone showed that sexual risk behavior of adolescents were significantly affected by adolescents living arrangement status(37)

In Ethiopia, A study done in Dessie indicated that a substantial proportion of adolescents in preparatory school were sexually active. Parent-teen connectedness, parental monitoring and living arrangement were significant predictors of depressive symptoms adolescents which may led them to engage to risky behaviors' (9). According to a study done in Bahirdar town students having a living arrangement condition of living by themselves(rented house) was AOR= **2.02 95%, CI; (1.25–3. 28)** more likely exposed to having multiple sexual partner compared to those live with their family(24). This idea supported by a study done in Jimma, which showed that female student living away from their parents were three times(3x) more likely to be at risk than student living with their respective parents(AOR 3.0 95%CI (1.48-6.34)(11). Additionally a thesis by Dessalegn showed that 57.2% (69.5% of males and 56.6% of females) had their first sexual intercourse between the age of 15 and 17 years, Sex and living arrangement were significantly associated with sexual initiation of adolescents (38). Another recent Study in Tigray value Variables like not living with family [AOR=3.22, 95%CI: 1.29-8.02], being male [AOR=17.17, 95%CI: 4.55-64.75] and not participating in any spiritual schooling [AOR=6.17, 95%CI: 2.24-17.16] were significantly associated with the increased odds of practicing risky sexual behavior (10).

### **2.3. The influence of family and peer on sexual risk behavior of Adolescents**

Presented literatures at different place point out that parental monitoring of adolescent behavior , parent adolescent relationship and parent adolescent communication is positively associated with reduced adolescent sexual risk taking behavior.this further support the ideas that there is a relationship between parental control with adolescents`sexual intercourse initiation and exposure to risky sexual behavior (4,23,39,40). Furthermore poor parental monitoring may increase the effect of deviant peers in young people`s lives and the odds of adolescents to engage to risky sexual activities(41). Parental monitoring can reduce the possibility of appealing in number of risky sexual practices.

According to a study in Albama, Adolescents perceiving less parental monitoring were more likely to test positive for a sexually transmitted disease (odds ratio [OR]: 1.7) further more the findings demonstrate a consistent pattern of health risk behaviors and adverse biological outcomes associated with less perceived parental monitoring(4).

For instance studies in Dare-selamme & Lusaka showed a higher level of parental monitoring was associated with increased likelihood of condom use at last sexual intercourse among male students (AOR: 1.56, 95% CI: 1.05-2.32; p = 0.03) and moreover school attendance had an impact on risky sexual behavior of adolescents (42,43).

According to a study by Hibist Astatke, family involvement is linked to avoidance or lower use of alcohol, tobacco, and drugs and less likely to initiate sex(44) this indicates that active family involvement and parental inspection have a role in building adolescents descision making skill against risky sexual practices when there is high parental monitoring due to the actuality that parental monitoring enhances self-esteem of the young people (45).

Standing from the review by Newman and his friends on the relation between parental monitoring and risky sexual behavior of adolescents, which bases published studies between 1996-2007, addresse parental monitoring enables adolescents to be protected from engaging to risky sexual behavior and other factors which predispose adolescents` to engage to risky sexual practices (46).

A number of studies have found that perceptions of peers' sexual attitudes and behaviors predict sexual risky behavior for young people. Peer pressure can cause teenagers to engage in sexual intercourse even when they are not prepared for it. This is perhaps because adolescents prefer their friends to discuss an issue focus on sexuality and love relationships, according to a study entitled Parent-adolescent discussion about sex and condom: impact on peer influences of sexual risk behavior, Peer norms were more strongly related to behavior among adolescents who had not discussed sex or condoms with a parent(47). This further supported by the study done in Tigery, Ethiopia which shows that experiencing peer pressure [AOR=2.27, 95%CI:2.79-15.89] increased odds of practicing risky sexual behavior(10).

#### **2.4. Risk sexual behavior and access to social media**

Social media's role as a significant source of sexual socialization for adolescents and the message exchanges through these communication routes may mark the associations between social networks and Adolescents' sexual behavior. Obsessive information seeking behavior, especially about adult roles, is the characteristic for adolescence. If they are disadvantaged of information about sexuality eagerly available to teens, adolescents may turn to the media for information about sexual norms and they may be forced to watch pornography films which initiate adolescents to engage in sexual experimentation(48,10).

#### **2.5. Substance Use**

Using substances, such as alcohol, khat, and tobacco has got one of the emerging community health and socio economic problems globally. Alcohol and illicit drug accounts for 5.4% of the total global burden of disease (GBD). Tobacco also contributes 3.7% of the GBD. Ailments due to psychoactive substance use including alcohol, drug, and tobacco dependence are the chief underlying conditions eventually responsible for the largest proportion of GBD attributable to substance use (49).

As in many under-developed countries, substance abuse is an emerging health issue in Ethiopia. Alcohol and khat are the most common substances of abuse and abuse of khat and alcohol are associated with risky sexual behavior (32,50).The Ethiopian Demographic and Health Survey (EDHS) of 2011 showed that the prevalence of alcohol use among males and females is 53% and 45% respectively; and 11% of women and 28% of men reported that they have ever chewed khat (26).

Researches from various areas of Ethiopia suggest that substance use among adolescents is considerably increasing and adolescents living arrangement is a predisposing factor which expose adolescents to be familiar with alcohol use, for instance a study done in eastern Ethiopia among high school adolescents showed that living with people who use alcohol (OR 2.77; 95% CI 1.89-4.07) increased the odds of drinking among students(51).

As “Derege Kebede et.al” the use of Khat and alcohol and other substances is significantly and independently associated with risky sexual behavior among Ethiopian youths. Over 1.4% of in-school Ethiopian youth had unprotected sex during the 12-month period prior to the interview. The odds of unprotected sex were slightly higher among males compared to females. Daily Khat intake was also associated with unprotected sex. there was a significant and linear association between alcohol intake and unprotected sex with those using alcohol daily having a three fold increased odds compared to those not using it.AOR (95% CI) = 3.05 (2.38, 3.91)(52).

Another research which was done in Addis Abeba in school adolescents revealed that the prevalence of risk sexual behavior among responding students was 26.7%. Risk sexual practice was associated with using alcohol/khat with (AOR=3.38, 95% CI: (1.55,7.34), with cigarette smoking (AOR=3.44 95% CI 1.58, 7.50) and those student their friends had not known by their family (AOR=1.82,95% CI 1.28,2.59), being male sex (AOR=2.28 95% CI 1.05,3.28) (53).

## 2.6. Conceptual frame work

Several interlinked factors influence risky sexual behavior among adolescents. As presented in the framework there are multiple associated factors that influence risky sexual behavior that generally fall in four domains.

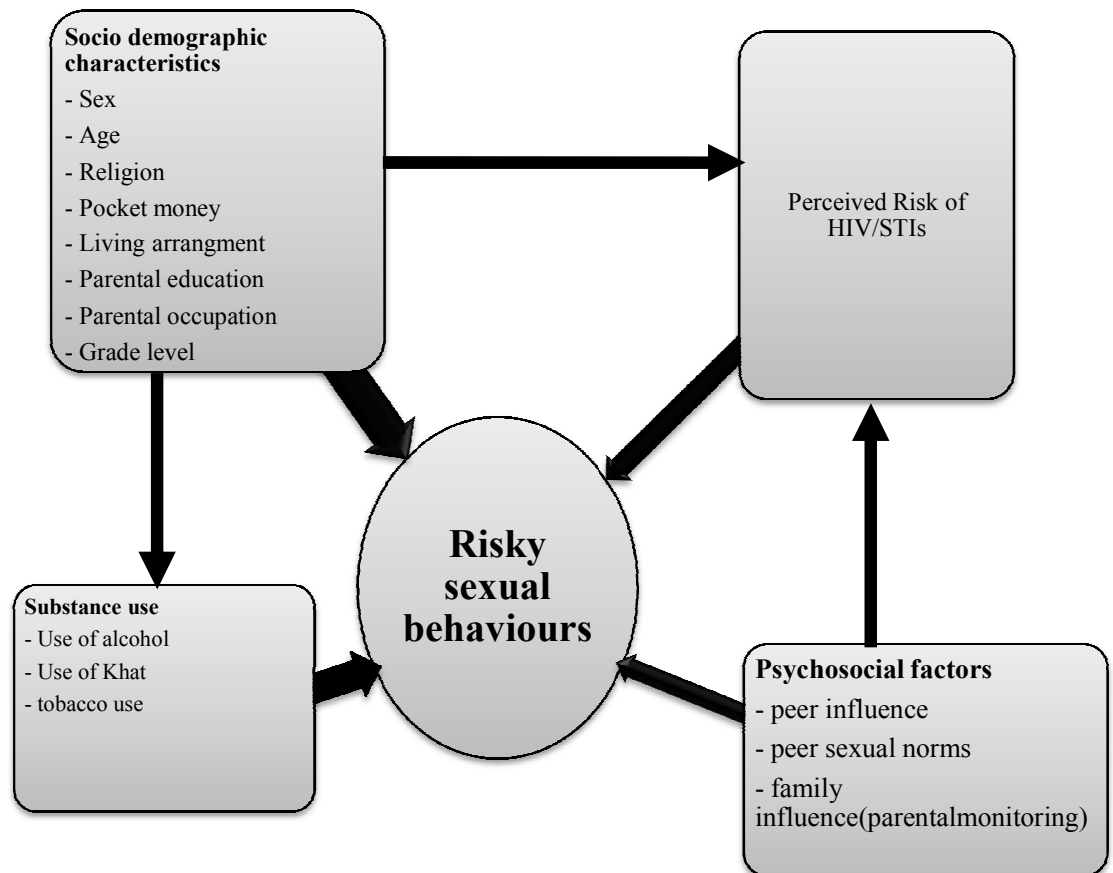


Figure 1 conceptual framework of the study showing associated factors of risk sexual behavior adopted from Kotchick(2001).

### **3. Objectives**

#### **3.1.General Objective**

- To assess the influence of living arrangement on adolescents' risky sexual behavior among in school adolescent aged 15-19 years in SebetaTown, Oromia regional state.

#### **3.2.Specific Objective**

- To compare sexual risk behaviors between in school adolescent aged 15-19 living with their family and those living away from their family in Sebeta town, Oromia regional state.
- To describe the level of risk perception related to HIV/AIDS and STIs among high school adolescent aged 15-19 years in Sebeta town, Oromia regional state.

## 4. Methodology

### 4.1. Study Area and Period

The study was conducted from Dec 2015 to June 2016 G.C in four preparatory and highschool that are located in Sebeta and data was collected in each Governmental high schools from Feb. 10, 2016 to Mar 15, 2016 G.C. Sebeta is a town in Oromia regional state. The town is located 23 km away from Addis Ababa in 8°55'N 38°37'E latitude and longitude and sits on an elevation of 2,356 meters (7,730 feet) above sea level.

According to the census report in 2010 G.C the total population of sebeta 49,331 of this 24,356 male and 24,975 were female and the majority of the population practice Ethiopian Orthodox Christianity, with 71.1% of the population reporting to observe the belief, while 16.87% of the populations identify themselves as Muslim, and 11.18% as Protestant. but the current estimated data that we found from administration of Sebeta town office shows the current estimated total population of Sebeta in 2016 G.C is around 180,000. According to the report from oromia health bureau there are about five governmental health centers and eleven private health centers in Sebeta(54). According to the report from oromia health biro there are about five govermental health centers and nine privet health centeres in sebeta.

The area is selected for study:

1. For its peculiar urban characteristic influenced by civilization of Addis Ababa and globalization. It is a town of more than 660 industries
2. Sebeta accommodates people with different cultural backgrounds, norms, and values with a considerable diversity of socio-economic statut.
3. Sebeta is one of towns where students from rural areas rent a house to live and to attend school.



Figure 2 satellite map around Sebeta

## **4.2. Study Design**

A school based comparative cross sectional design was applied using quantitative technique in the school adolescents aged 15 – 19 years.

## **4.3. Population**

Adolescent students in all governmental high schools and preparatory schools in Sebeta town were the source population.

## **4.4. Study population**

Adolescent students in all governmental high schools and preparatory schools in Sebeta town that were attending class in the regular program, aged 15-19, enrolled in the school in the respective grades (9, 10, 11 & 12) were the study population.

## **4.5. Inclusion criteria**

Regular students (grade 9-12) with permanent and temporary residency in the town and who were present on the day of survey were included in the study.

## **4.6. Exclusion criteria**

- Students who were enrolled in the school but not in the age group of 15 – 19 were excluded from the study.
- Students who were enrolled in the school but were incapable of communicating with data collectors was excluded.

## 4.7. Sample size determination

### 4.7.1. Sample size determination for specific objective one (considering the general prevalence and determinants of risky sexual behavior)

- By considering the overall prevalence of risky sexual behavior.

Sample size was calculated by using the double population proportion formula for a cross sectional study as follows;

$$n_1 = \frac{(Z_{\alpha/2} + Z_{1-\beta})^2 p(1-p)(r+1)}{r(p_1 - p_2)^2} \text{ where } p. \text{ and } n_2 = rn_1$$

Where

$p$  = student proportion of in school adolescent unexposed to risky sexual behavior regards to living arrangement

$\beta$  = Power (80%)

$\alpha$  = Critical value at 95% confidence interval of certainty (1.96)

$n_1$  = number of exposed

$n_2$  = number of unexposed

$Z_{\alpha/2}$  = Standard normal deviate for two-tailed test based on alpha level (relates to the confidence interval level)

$Z_{\beta}$  = Standard normal deviate for one-tailed test based on beta level (relates to the power level)

$r$  = ratio of unexposed to exposed =1

$p_1$  = prevalence of risky sexual behavior among adolescents living alone (23.7%).

$p_2$  = prevalence of risky sexual behavior among adolescents living with their families [13.7%] (10).

OR = 1.95

Here there are two groups those living with their family (parent) and those living away from their family (parents). To calculate the sample size we used the prevalence of risky sexual behavior (13.7%) for those live with their family (10) and we assumed there was 10% higher in prevalence of risky sexual behavior for those living away from their family, which was 23.7%. By using Epi info version 7 software sample size was calculated (**258**) for each group.

#### **4.7.2. Sample size calculation for risky sexual behavior based on main determinant factors**

- **Based on the Proportion of unprotected sex=9.1** for those living with their family (53). And we assumed there was 10% higher in perception prevalence for those living away from their family, which was 19.1%. By using Epi info version 7 software sample size was calculated (209) for each group
  
- **Based on the proportion of inconsistence use of condom (sometimes) =10.9 %** for those living with their family (53). And we assumed there was 10% higher in perception prevalence for those living away from their family, which was 20.9%. By using Epi info version 7 software sample size was calculated (229) for each group
  
- **Based on the proportion of adolescent having three or more multiple sexual partners in the last 12 month = 24.7%** for those living with their family (53). And we assumed there was 10% higher in perception prevalence for those living away from their family, which was 34.7%. By using Epi info version 7 software sample size was calculated (328)(Kelsey) for each group

#### **4.7.3. Sample size calculation for specific objective two**

To calculate the sample size we use the prevalence of perception of STIs which is 4.25% (30) for those living with their families and we assumed again there was 10% higher in perception prevalence for those living away from their family, which was 14.25%. By using Epi info version 7 software sample size was calculated (150) for each group There fore by taking the maximum sample size which is **328** for each group and Then by adding **10%** non-response rate the final sample size becomes **361** for each group which means a total of sample size of the two groups was **722**

#### **4.8. Technique to select those living with their family and those living away from their family (proportional allocation and simple random sampling)**

There are four governmental high schools /preparatory schools found in the town. To select the study participant, the schools was first stratified by school level: preparatory (Grade 11&12) and high school (Grade10&9). All schools was included and the sample size required for each school was allocated proportional to the number of students in each school and grade level. Finally, samples from each section was selected randomly by using SRS method using computer generated random number.

#### **4.9. Sampling technique for those living away from their family (proportional allocation and simple random sampling)**

There are four governmental high schools /preparatory schools found in the town. To select the study participant, the schools was first stratified by school level: preparatory (Grade 11&12) and high school (Grade10&9). All schools was included and the sample size required for each school was allocated proportional to the number of students in each school and grade level. Finally, samples from each section was selected randomly by using SRS method.

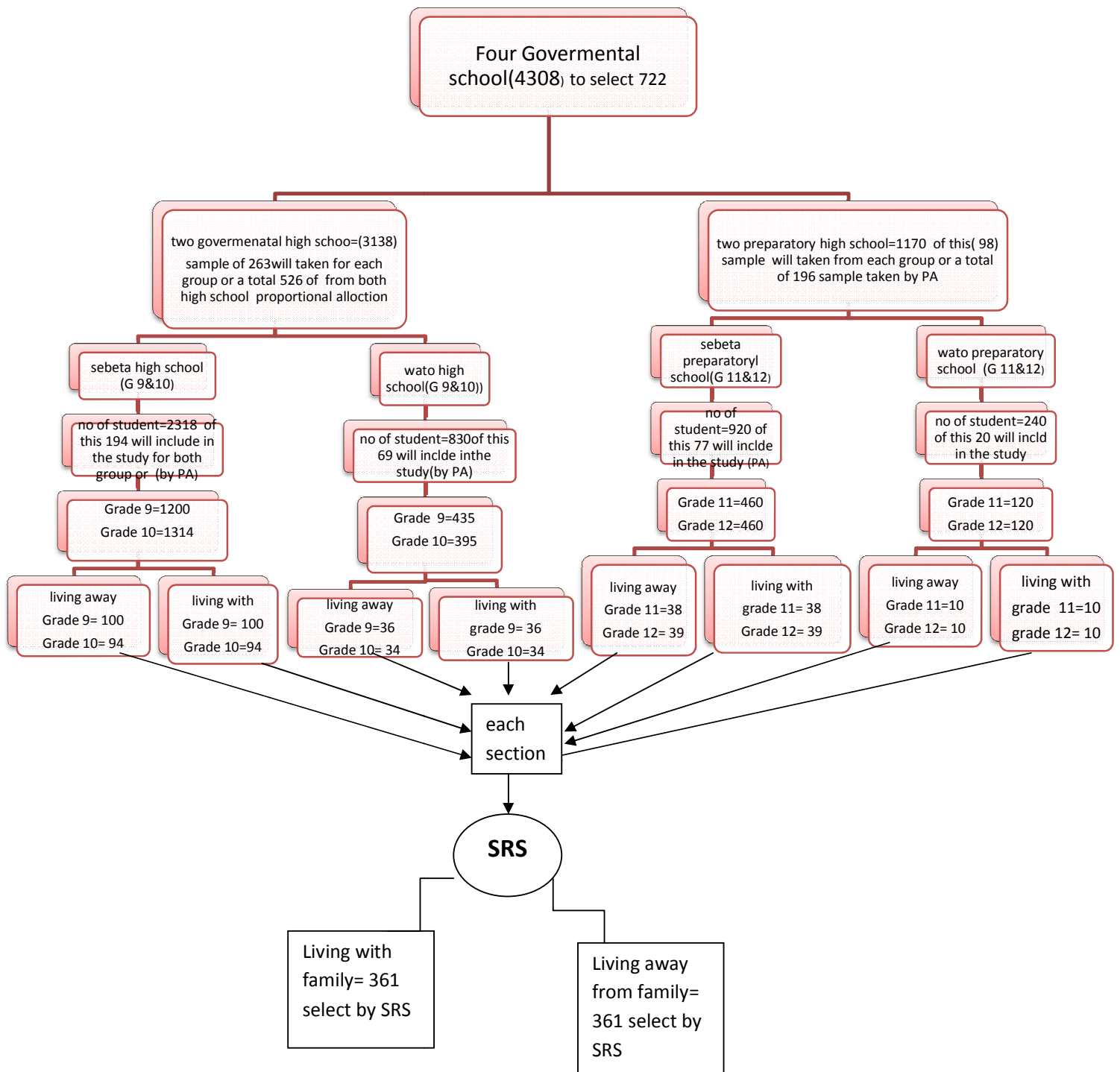
**Notice:-**Before the start of Data collection To select the study samples the sampling frame was prepared by registering all the student in the four governmental school because of the reason that there is no data in the schools regarding on the living arrangement of students three days of registering a student live away from their home was done from 15/02/2008 up to 17/02/2008 by the investigator. After that a total of 570 ( sebeta highschool=251, Sebeta preparatory=154, wato highschool=100 and wato preparatory= 65 students confirm that they are living away from their families by renting to house to attend the school program in sebeta town more over during data collection we found additional 277 adolescents which confirmed as they lives away from thire parents of this 111 was from Sebeta highschool, 97 was from Sebeta preparatory , 42 were from wato highschool and 27 were from wato preparatory school. Then from 847 students which was registerd in the earlier time and from those we found during data collection **361** students was selected from the four governmental high schools and preparatory schools by using sampling technique proportional allocation and simple random sampling. Here we have to **notice** during data collection period, eventhough we grouped those adolescents lives with thire relatives and lives in organization and churches as they are living away from thire parents , in time of analysis we categorized this arrangement in the group of adolescents

lives with thire parents this is because of our assumption on adolescents lives with thire relatives have relatively Good parental supervision than those lives alone and with thire friends there for final sample taken from this group for the analysis is **305**.

No		numbers of student lives away from their parents	Proportion of student lives away from their parents	By using SRS (361)
1	Sebeta high school	251+111= 362	362/847=0.42, 42.7%	SRS
2	Sebeta preparatory school	154+97= 251	251/847=0.29, 29.8%	SRS
3	Wato highschool	100+42= 142	142/847=0.16, 16.7%	SRS
4	Wato preparatory school	65+27 = 92	92/847=0.10, 10.8%	SRS
total	Govemrntal schools in sebeta (four)	570+277= 847		

Name of high schools& preparatory school found in sebeta Town

- Sebeta high school (grade 9 &10)
- Wato high school(grade 9&10)
- Sebeta preparatory school (grade 11&12)
- and Wato preparatory school (grade 11&12)



**Figure 3.** schematic presentation of sampling procedure

## **4.10. Variables**

### **4.10.1. Outcome Variables/ dependent Variable**

- Risky sexual behavior

### **4.10.2. Explanatory variables/ independent Variables**

- Socio-demographic variables
  - Age, sex, religion, level of schooling, high school placement, parent educational status, living arrangement
- Risk perception related to STIs and HIV/AIDS
- Knowledge and attitude towards HIV/AIDS and STIs
- Psychosocial factors
  - Peer sexual norm
  - Peer influence
  - Parental monitoring
- Social media
  - Use Internet (Facebook, Viber)
  - Watch pornography

## **4.11. Measurement of Variables**

Respondents were asked about socio-demographic factors, psychosocial factors (peer sexual norms), and knowledge about STIs, including HIV, and markers of risky sexual behaviors (early age at first sexual intercourse, number of sex partners, unprotected sexual intercourse, and alcohol use), perceived parental monitoring and access to social media. Over all a total of 58 questions were asked.

Knowledge on STIs and HIV was assessed using 5 and 7 questions, respectively. After developing knowledge scores for STI and HIV respondents with score equal to the mean or above the mean score were categorized as having “Good knowledge” on STIs and HIV where as those with score below the mean knowledge score were categorized as having “Poor knowledge” on HIV and STIs.

Respondents were asked three questions on perceived peer sexual norms and peer influence were in the form of yes (1), NO (0).

To determine the level of risk perception, participants were asked a total of six questions which were helpful to know how afraid they were of getting STIs and HIV and the chance of contracting STIs and HIV. During analysis the responses “no chance” and “small chance” of contracting the disease were merged as having “low risk perception”. Those reporting their risk as “somewhat” chance, having “high” chance or “very high chance” were coded as having “high risk” perception.

Sexual behaviors was obtained from the sexually experienced adolescents who reported ever having had sex. Questions on age at first sex, numbers sexual partners to past 12 years prior to this survey, sexual experiences prior to the interview, condom use was asked

Exposure to social media was assessed by asking two questions related to use of internet (Facebook) and their exposure to pornography films.

Perceived parental monitoring was measured by using two of the questions 1) “Do your parents know where you are when not at school and away from home?” and 2) “Do your parents know who you are with when not at school and away from home?”

#### **4.11. Data Collection Instruments**

Data was collected by a face-to-face interview with the data collector which was useful in reducing missing data and inaccurate information. Questionnaire that was adapted from different reviewed literatures and Reproductive Health (SRH) Questionnaire of World Health Organization was used (8,11,16,25,27,28,48).

Questionnaire was translated to Amharic and Afan Oromo languages and pretested before data collection and Based on the finding from pre test about seven questions on sexual behavior and knowledge of HIV/AIDS were not understandable to respondents were excluded then the final questioner include 58 questions which help to measure the risky sexual behavior and related factors among in school adolescents having different living arrangement.

#### **4.12. Data collection methods**

Data was collected by face-to-face interview by the data collectors. The investigator was responsible for the overall management of the data collection, for the development of the final questionnaire, for making the initial contact with and securing participation of students where were selected, for identifying survey administrators and to give orientation on how to present the questionnaires and assign them into data collection.

Four data collectors (three diploma nurses and one diploma pharmacy professional) were recruited and trained for one day. The purposes of the training were to ensure that all the survey administrators have the same understanding on the study instrument and follow the same survey administration procedures. The training also covered topics like purpose of study, confidentiality and Ethical considerations .

#### **4.12. Data quality Assurance**

The data collectors were given training on the objective, methodology and data collection approach of the research. The questionnaire was translated to the languages Amharic and Afan oromo.

To see the completeness, consistency, and applicability of the instruments pre test was conducted by taking 5% of the samples in the near by governmental school called Ayer Tena secondary school, which was not included in the survey. Based on the finding from pre test about seven questions on sexual behavior and knowledge of HIV/AIDS were not understandable to respondents were excluded.

Survey procedures were designed to protect the student's privacy by allowing for anonymous and voluntary participation. The face to face interview was administered in a private classroom and in the Councelling and Guidance Office in the schools.

#### **4.13. Data processing and analysis**

Data was checked, cleaned and entered into Epi info version 7, then exported to STATA version 12.1 software for analysis. Incomplete and inconsistent data was excluded from the analysis. Descriptive statistics was used to describe the study participants. The results of the descriptive statistics were expressed as percentage and frequency. Associations between independent variables and dependent variables were tested first using bivariate analysis to identify factors which have significantly association with the outcome variable. Next, multivariable analysis was applied to assess the association of living arrangement with risky sexual behavior and identify other correlates of risky sexual behavior. Variables with  $p < 0.2$  in the bivariate analysis were included in the multivariate logistic regression model. The magnitude of the association between the different independent variables and the dependent was measured using odds ratios with 95% confidence interval (CI).

#### **4.14. Operational Definitions**

**Risk perception related to HIV/AIDS and STIs** – study participant were classified as having high risk perception if they had medium or high risk perception on contracting HIV/STIs and respondents responds as they had no and low risk perception on contracting HIV/STIs were grouped as they had low risk perception.

**Risky Sexual behavior** – Respondents were classified as having risky sexual behavior if they had unprotected sex, or multiple sexual partners, or sex for money or incentives

**Multiple sexual partner**- Having more than one sexual partner in the past 12 month before the survey.

**Unprotected sex**– any sexual activity with out condom use.

**Perceived parental monitoring**:- – Respondents were classified as having high parental monitoring if the respondent perceived that his/her parents knows where he/she were and who you were with he/she when they are not in school and home and the viseverse

#### **4.15. Ethical consideration**

An ethical clearance and official letter was obtained from the Institutional Review Board (IRB) of College of Health Sciences of Addis Ababa University. Permission was asked from Sebeta town education office. After getting permission from schools assent was obtained from school director for those participants less than 18 years old and verbal consent was obtained from the study participants. The students' privacy during the interview was maintained by conducting in a private place. Female data collectors interviewed female students and male data collectors interviewed male students. Participants were informed on the benefits and risks of participation in the study. Finally the data obtained from them was kept confidential by not writing participant's name in the questionnaire.

## 5. Results

### 5.1. Socio- Demography

Out of the total 722 students participated in the survey, Five respondents were excluded from the sample because their responses on outcome variable and in other variables were incomplete the final sample included 717 adolescents who had Complete reports. Questionnaires from all respondents were considered for analysis with the response rate of 99.31%. Of the total 717 respondents, all of them are adolescents and their age ranges from 15 to 19 with the mean age of the respondents were 17.64( $\pm 0.99$ ) from the total participants, 305(42.54 %) lives away from their family/ relatives of this 58.69% are male and 41.31% are females and from 412(57.46) participant lives with their families /relatives ,52.18% are male and 47.82% are female ,More than half, 520 (72.52%) students are in high school (Grade 9 and 10), from the 717 respondents most of the respondents 445(62.06%) were orthodox 127 (17.1%) were Muslim 34 (4.74%) were catholic and 100(13.95) were protestant.

**Table 1.** Socio-demographic characteristics of respondents among grade 9-12 Governmental secondary school adolescents in, Sebeta town, Ethiopia, May2016 (n=717)

Variables	Living away from family(305)		Living with family(412)	
	frequency	%	frequency	%
<b>Sex</b>				
Male	179	58.69	215	52.18
Female	126	41.31	197	47.82
<b>Age (15-19)</b>	305	100	412	100
<b>Grade level</b>				
Grade 9	113	37.05	145	35.19
Grade 10	115	37.70	150	36.41
Grade 11	42	13.77	54	13.83
Grade 12	35	11.48	63	15.29

N=717 Variables	Living away from family(305)		Living with family(412)	
	frequency	%	frequency	%
<b>Religion</b>				
Orthodox Christian	192	62.95	253	61.41
Muslim	56	18.36	71	17.23
Catholic	10	3.28	24	5.38
Protestant	40	13.11	60	14.56
Others	7	2.3	4	0.97
<b>Did you get pocket money</b>				
No	15	4.92	273	66.26
Yes	290	95.08	139	33.74

## 5.2. Family characteristics and living arrangement

Table two presents the percentage distribution of respondents by family structure. In the sample, from those lives with their family 232(70%), 311(82.93%) of the adolescents lives with their father and mother respectively.

The results also showed that families with parents who are married, divorced/widowed, separated, or were ever married. Among students lives away from their family 225 (73.77%) reported that their family are married and living together and among students lives with their family/relatives 281(68.2%) reported that their parents are married and living together respectively as far as parental educational attainment goes, (53.73% father and 81.65% mother) of the parents of adolescents lives away from their family have basic (read/write)/primary education, while (46.22 % father and 71.20% mother) parents of adolescents lives with their family have basic(read/write)/ primary education(Table 2)

**Table 2.** Family characteristics and living arrangement status of respondents among grade 9-12 Governmental secondary school adolescents in, Sebeta town, Ethiopia, May2016 (n=717)

N= 717 variables	Living away from family(305)		Living with family(412)	
	frequency	%	frequency	%
<b>Parents marital status</b>				
single	20	6.56	38	9.22
Married(live together)	225	73.77	281	68.20
Separated(not living together)	4	1.31	6	1.46
Divorced/widowed	56	18.36	87	21.12
<b>Father alive</b>				
NO(131)	50	16.39	81	19.66
YES(586)	255	83.61	331	80.34
<b>Father live with you</b>				
NO	255	100	99	29.91
YES	0	0	232	70.09
<b>Educational status father</b>				
Primary(1-8)/ Basic education, none	137	53.73	153	46.22
Secondary(9-12)	83	32.55	98	29.61
Technical (10+)	20	7.84	35	10.57
University	14	5.49	33	9.97
Postgraduate (masters program	1	0.39	12	3.63
<b>father currently working?</b>				
NO	27	10.59	38	11.48
YES	228	89.41	293	88.52
<b>Mother alive</b>				
NO(75)	38	12.46	37	8.98
YES(642)	267	87.54	375	91.02
<b>Mother live with you</b>				
NO	267	100	63	16.80
YES	0	0	312	83.20
<b>Educational status mother</b>	From 267mothers		From 375mothers	
Primary(1-8) ,Basic education, none	218	81.65	267	71.20
Secondary(9-12)	35	13.11	77	20.53
Technical (10+)	13	4.87	9	2.40
University	1	0.37	20	5.33
Postgraduate (masters program	0	0	2	0.53
<b>Mother currently working?</b>	From 267mothers		From 375mothers	
NO	147	55.06	182	48.53
YES	120	44.94	193	51.47

### 5.3. Knowledge on STIS and HIV/AIDS

Relatively both Groups have high level knowledge of STIs and HIV/AIDS as we see in the table three below more than 74% of adolescent have good knowledge of STIs.

**Table 3.** Knowledge on the Transmission and Prevention Methods of HIV/AIDS and STIs among respondents of all Governmental secondary school adolescents in Sebeta town, Ethiopia, May2016 (n=717).

Variable	Living away from family(305)		Living with family(412)	
	frequency	%	frequency	%
<b>Knowledge on STIs?</b>				
Poor	78	25.57	106	25.73
Good	227	74.43	306	74.27
<b>Knowledge on HIV/AIDS</b>				
Poor	117	38.36	169	41.02
Good	188	61.64	243	58.98

### 5.4. Substance use and sexual behavior

Regarding on living arrangement of adolescent this study revealed that 90 (32.46%), 49(16.07%) of the living away and (21.84%), 31(7.52%) of adolescent lives with their family/relatives chewed khat and smoke cigarette at least once in their lifetime respectively. Concerning alcohol drinking habits, 168 (55.08%) of adolescent lives away from their family/relatives and 142 (34.47%) of adolescents lives with their family/relatives reported that they drank alcohol frequently (see table 4)

### 5.5. Peer sexual behavior and peer influence

From the total respondents 187(61.31%) of adolescents lives away from their family and 207(50.24) adolescent lives with their family/relatives reported as they have had pressure from their Peers to engage in sexual activities.

Regarding on peer sexual behavior out of 180 male respondents lives away from their family reported that 78(43.33%) of their friends were had sex with commercial sex workers additionally 183(60%), 200(48.54%) of adolescent lives away and with parents respectively reported as they best friend have sexual experience. (See table 5)

**Table 4.** Substance use and alcohol use behavior and living arrangement of study participant regards of all Governmental secondary and preparatory school adolescents in, Sebeta town, Ethiopia, May2016 (n=717)

variable	Living away from family		Living with family	
	frequency	%	frequency	%
<b>consume alcohol(beer) frequently</b>				
NO	137	44.92	270	65.53
<b>YES</b>	168	55.08	142	34.47
<b>Have you ever chew khat</b>				
NO	<b>206</b>	<b>67.54</b>	322	78.16
YES	<b>99</b>	<b>32.46</b>	90	21.84
<b>Have you ever smoke cigarette</b>				
No	<b>256</b>	<b>83.93</b>	381	92.48
YES	<b>49</b>	<b>16.07</b>	31	7.52

**Table 5.**Peer sexual behavior and peer influence of study participant regards to living arrangement of all Governmental secondary and preparatory school adolescents in, Sebeta town, Ethiopia, May2016 (n=717).

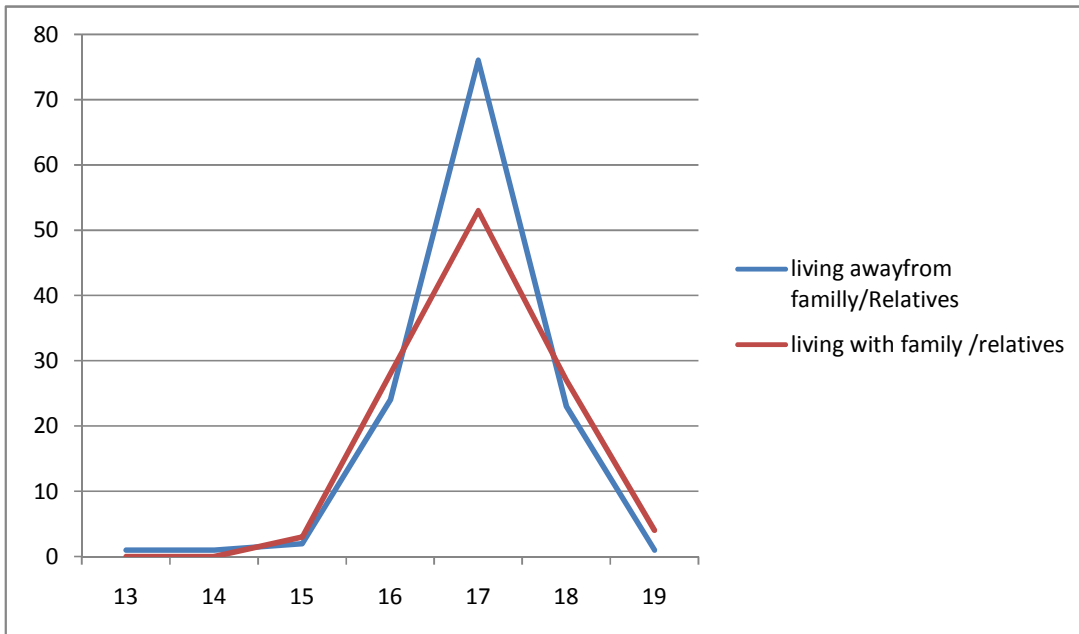
variable	Living away from family(305)		Living with family(412)	
	frequency	%	frequency	%
<b>Is there pressure from your friends for you to have sexual intercourse?</b>				
NO	118	38.69	205	49.76
<b>YES</b>	187	61.31	207	50.24
<b>Now think of your best friend. Has he/she ever played sex?</b>				
NO	<b>122</b>	<b>40</b>	212	51.46
YES	<b>183</b>	<b>60</b>	200	48.54
<b>DO you think do your friends selling sex</b>				
No	<b>277</b>	<b>90.82</b>	370	89.81
YES	<b>28</b>	<b>9.18</b>	42	10.19
<b>Any sexual intercourse with prostitutes among your male close friends? From394 male respondent</b>	<b>From 180 male respondents</b>		<b>From 214 male respondents</b>	
	<b>freq</b>	<b>%</b>	<b>Freq</b>	<b>%</b>
NO	<b>102</b>	<b>56.67</b>	152	71.03
YES	<b>78</b>	<b>43.33</b>	62	28.97

## 5.6. Risky Sexual Behavior and living arrangement

As it is presented in the table below When we compare Adolescents with respect to living arrangement and their sexual behavior, out of 305 adolescent's lives away from their family/relatives 92(56.79%), 63(38.89) reported that they had unprotected sex and multiple sexual partner for the past 12 month before the survey respectively and out of 412 adolescents lives with their family 83(65.35), 43(33.86) reported that they had unprotected sex and multiple sexual partner for the past 12 month before the survey respectively.(Table 6).

**Table 6.** Risky sexual behavior of the study participant regards to living arrangement of all Governmental secondary and preparatory school adolescents in, Sebeta town, Ethiopia, May2016 (n=717)

Variable	Living away from family (305) (42.54%)		Living with family (412) (57.46%)	
	frequency	%	Frequency	%
<b>Have you ever had any sexual Intercourse?</b>				
NO(428)	143	46.89	285	69.17
YES(289)	162	53.11	127	30.83
<b>Have you ever had vaginal sexual intercourse for the past 12 years?</b>	<b>From 162 respondents</b>		<b>From 127 respondents</b>	
NO	55	33.95	26	20.47
YES	107	66.05	101	79.53
<b>Have you ever had unprotected sex</b>				
NO	70	43.21	44	34.65
YES	92	56.79	83	65.35
<b>Do you have multiple sexual partner( for the past 12 years)</b>				
NO	99	61.11	84	66.14
YES	63	38.89	43	33.86
<b>Have you trade sex for money?</b>				
NO	155	95.68	121	95.28
YES	7	4.32	6	4.72
<b>Risky sexual behavior</b>				
No	196	64.26	323	78.40
Yes= 198(27.62%),overall(717)	109	35.74	89	21.60



**Figure 4.** age at first sex and living arrangement variation of all Governmental secondary and preparatory school adolescents in, Sebeta town, Ethiopia, May 2016 (n=717)

**5.7. perceived parental monitoring, exposure to social media & attachments to religious institution**

As shown below in table three out of 305 adolescents live away from their family 257(84.26) of adolescents reported as their parents didn't know where they are when they are not at school they have low parental monitoring while 239(58.01) of adolescent live with their family reported they family knows where they are when they are not at school and home. Regarding on religiosity 163(53.44%), 283(68.69%) of adolescents living away & living with family attend religious institution frequently respectively. Concerning on exposure to social media/internet 192(62.95%) of adolescent living away from their family/relatives and 293(71.12%) adolescent living with their family have used internet and social medias like face book and most of 228(74.75) adolescent living away from their family watch pornography films/videos(See table 6 & 7)

**Table 7.** perceived parental monitoring & attachments to religious institution of the study participant regards to living arrangement of all Governmental secondary and preparatory school adolescents in, Sebeta town, Ethiopia, May2016 (n=717)

	Living away from family(305)		Living with family(412)	
	frequency	%	frequency	%
<b>Your parents know where you are when not at school and away from home</b>				
NO(low parental monitoring)	<b>257</b>	<b>84.26</b>	173	41.99
YES(high parental monitoring)	<b>48</b>	<b>15.74</b>	239	58.01
<b>Your parents know who you were with when not at school and away from home</b>				
NO(low parental monitoring)	<b>291</b>	<b>95.41</b>	245	59.47
YES(high parental monitoring)	<b>14</b>	<b>4.59</b>	167	40.53
<b>Attachment to religious institution</b>				
Attends frequently (more than twice a month)	163	<b>53.44</b>	283	68.69
Seldom attends (less than twice in month)	142	<b>46.56</b>	129	31.31

**Table 8** social media exposure of all governmental high school adolescents in, Sebeta town, Ethiopia, May2016 (n=717)

	Living away from family(305)		Living with family(412)	
	frequency	%	frequency	%
<b>Do u currently social media/internet</b>				
NO	<b>113</b>	<b>37.05</b>	119	28.88
YES	<b>192</b>	<b>62.95</b>	293	71.12
<b>Have you ever seen pornography movie?</b>				
NO	<b>77</b>	<b>25.25</b>	150	36.41
YES	<b>228</b>	<b>74.75</b>	262	63.59

**5.8. Perception of risk to sexually Transmitted infections and HIV/AIDS and the practice of risky sexual behavior**

From the total participant 67.36%, 95% CI: (63.92, 70.80) of adolescent perceived as they had No/low risk of contracting STIs and 32.63% (95% CI: 29.19, 36.07) consider themselves as they have high/medium risk of contracting STIs and about 67.22%,95% CI ;( 63.78, 70.66) of adolescent perceived as they had No/low risk of contracting HIV/AIDS and 32.77%, (95%CI:29.33,36.21) consider themselves as they have high/medium risk of contracting HIV/AIDS

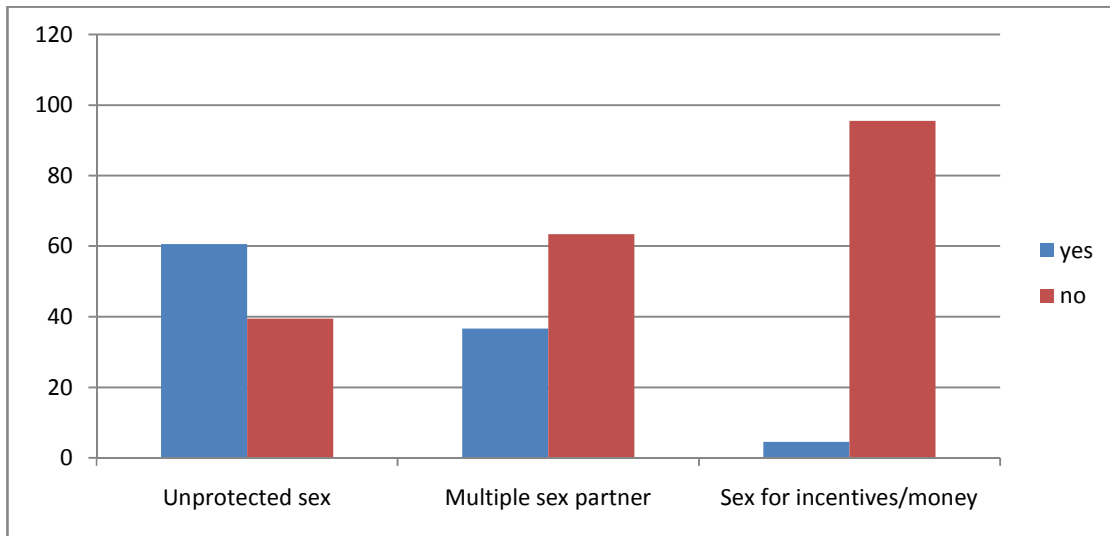
**Table 9 Perception of risk getting STIs and HIV regards to living arrangement of all governmental high school adolescents in, Sebeta town, Ethiopia, May2016 (n=717).**

	Living away from family(305)		Living with family(412)	
	Frequency	%	Frequency	%
<b>Perception of risk to have STIs</b>				
No/low	184	60.33	299	72.57
Medium/high	121	39.67	113	27.43
<b>Perception of risk to have HIV/AIDS</b>				
No/low	179	58.69	303	73.54
Medium/high	126	41.31	109	26.46

<b>Afraid of getting STIs</b>				
not afraid at all	207	67.87	347	84.22
Afraid a little	52	17.05	30	7.28
afraid somewhat	67	12.13	27	6.55
Afraid a lot	9	2.95	8	1.94
<b>Afraid of getting HIV/AIDS</b>				
not afraid at all	204	66.89	341	82.77
Afraid a little	59	19.34	37	8.98
Afraid somewhat	30	9.84	22	5.34
Afraid a lot	12	3.98	12	2.91

N=717	Risky sexual behavior			
	NO		YES	
	Frequency	%	Frequency	%
<b>Perception of risk to have STIs</b>				
No/low	427	82.27	56	28.28
Medium/high	92	17.73	142	71.72
<b>Perception of risk to have HIV</b>				
No/low	<b>433</b>	<b>83.43</b>	49	24.75
Medium/high	<b>86</b>	<b>16.57</b>	149	75.25

Of the total 717 respondent 198(27.62%) of adolescents had risky sexual behavior. Remarking on living arrangement of adolescent this study revealed that 109(55.05%) of adolescents lives away from their family and 89(44.95%) lives with their family are engaged with risky sexual behaviors additionally 127(64.14%) male and 71(35.865) female adolescents were practicing risky sexual intercourse. The results also showed that of the total respondents 133(67.17%) consume alcohol (beer) frequently, 187(94.44%) watch pornography films were engaged to risky sexual hazardous. Over all from the total respondents the proportion of adolescent had sex was 40.3%, 95% CI :( 36.70, 40.70), had unprotected sex 60.5%, 95% CI:( 54.88, 62.22), having sex for money 4.49%, 95% CI :(and the proportion of adolescent Having more than one sexual partner for the past 12 month was 36.67, 95% CI : (31.08, 42.26)



**Figure 5.** Risky sexual behavior of sexually experienced adolescents of all Governmental secondary and preparatory schools in, Sebeta town, Ethiopia, May 2016 (n=717)

## 5.9. Results of Bivariate Analyses

As it is presented in the table below among adolescents with the age group(15-19), significant factors influencing risky sexual behavior comprised living arrangement of the adolescent(living away) OR=2.02 ,CI(1.45, 2.81)\*, being(sex) male OR=1.69, CI (1.21, 2.37)\* , adolescents in grade level of (11&12) OR=1.63, CI (1.14, 2.32)\*, Having pocket money OR = 2.42 ,CI(1.68, 3.48)\* substance use, drinking alcohols(beer) frequently OR=3.95, CI(2.79, 5.59)\*, chewing khat OR=4.9, CI(3.43, 7.06)\*, and smoking Cigarettes OR=7.11, CI(4.29, 11.76)\* and peer pressure to have sexual intercourse OR=1.90, CI(1.35, 2.67)\* in addition to this low/less parental monitoring OR=11, CI(5.32, 22.99)\* , exposure for social media (internet access) OR=1.91, CI(1.31, 2.79)\* watching pornography films OR=12.12, CI(6.43, 22.81)\* and poor/less attachment to religious institutions OR=5.29 CI(3.72, 7.52)\* was significantly associated with the highest likelihood of hazardous sexual behavior.

## 5.10. Results of Multivariate Logistic Regression

The multiple logistic regression analysis used the full model which deemed all independent variables together. As shown in Table below, the odds for having Risky sexual behavior among adolescent students were controlled by variables namely living arrangement, sex, Grade level, pocket money, substance use, drinking alcohols(beer) frequently, chewing khat , smoking cigarettes, peer pressure, parental monitoring, exposure to social media, watching pornography and religious attachment.

The odds ratios (OR) for having risky sexual behavior among adolescents were statically significant for substance use, drinking alcohols(beer) frequently(**OR=1.8, 95% CI:(1.22, 2.85)**), chewing khat(**OR=1.7, 95% CI:(1.10, 2.77)**), smoking cigarettes **OR=2,95%CI:(1.07, 3.92)** less parental monitoring (**OR= 6.1, 95% CI: (2.79, 13.52)**), watching pornography movies/films **OR=5.7, 95% CI:( 2.82, 11.10)** and poor/less attachment to religious institutions **OR=2.6, 95% CI :( 1.72, 3.91)**. Although living arrangement, sex, Grade level, pocket money, peer pressure, exposure to social media/internet and living with mother were significant at bivariate analysis, no statistically significant correlation was observed between demographic factors considered in the study and Risky sexual behavior among adolescent's lives with different living arrangements using multivariate logistic regression.

**Table10:**Bi-variable and multivariable analysis of factors associated with risky sexual behavior among adolescents of Governmental schools in Sebeta town oromia region, Ethiopia, May 2016(N=717)

N=717		Risky sexual behavior		COR (95%CI)	AOR (95%CI)
Variable		NO (%)	YES (%)		
<b>Living arrangement</b>					
Living away from family/parent		196(37.76)	109(55.05)	<b>2.02(1.45, 2.81)*</b>	0.8 (0.49, 1.35)
Living with family		323(62.24)	89(44.95)	<b>1</b>	
<b>Sex</b>					
Male		267(51.45)	127(64.14)	<b>1.69(1.21, 2.37)*</b>	0.93 (0.60,1.43)
Female		252(48.55)	71(35.86)	<b>1</b>	
<b>Grade level</b>					
High school(G9&10)		390(75.14)	130(65.66)	<b>1</b>	
Preparatory(G11&12)		129(24.86)	68(34.34)	<b>1.63(1.14, 2.32)*</b>	1.2 (0.74,1.8)
<b>Did you get pocket money</b>					
No		273(45.66)	51(25.76)	<b>1</b>	
Yes		282(54.34)	147(74.24)	<b>2.42(1.68, 3.48)*</b>	1.4 (0.8, 2.4)
<b>consume alcohol(beer) frequently</b>	No	342(65.90)	65(32.83)	<b>1</b>	
	yes	177(34.10)	133(67.17)	<b>3.95(2.79, 5.59)*</b>	<b>1.8(1.22, 2.85)**</b>
<b>Ever chew chat</b>	No	430(82.85)	98(49.49)	<b>1</b>	
	yes	89(17.15)	100(50.51)	<b>4.9(3.43, 7.06)*</b>	<b>1.7(1.10, 2.77)**</b>
<b>Ever smoke cigarette</b>	No	493(94.99)	144(72.73)	<b>1</b>	
	yes	26(5.01)	54(27.27)	<b>7.11(4.29, 11.76)*</b>	<b>2.3(1.07, 3.92)**</b>
<b>Had Peer pressure</b>	No	256(49.33)	67(33.84)	<b>1</b>	
	yes	263(50.67)	131(66.16)	<b>1.90(1.35, 2.67)*</b>	0.94 (0.6, 1.5)
<b>Parental monitoring</b>	Less(no)	354(68.21)	190(95.96)	<b>11(5.32, 22.99)*</b>	<b>6.1 (2.80,13.63)**</b>
	Good(yes)	165(31.79)	8(4.04)	<b>1</b>	
<b>Use internet/socalmedia</b>	NO	187(36.03)	45(22.73)	<b>1</b>	
	YES	332(63.97)	153(77.27)	<b>1.91(1.31, 2.79)*</b>	1.3 (0.8, 2.1)
<b>pornography</b>	NO	216(41.62)	11(5.56)	<b>1</b>	
	YES	303(58.38)	187(94.44)	<b>12.12(6.43,22.81)*</b>	<b>5.6(2.82, 11.10)**</b>
<b>Attachment religious institution</b>		379(73.03)	67(33.84)	<b>1</b>	
Attends frequently					
Seldom attend(less than twice in month)		140(26.97)	131(66.16)	<b>5.29(3.72,7.52)*</b>	<b>2.6 (1.72, 3.91)**</b>

## 6. Discussion

This study examined the status of risky sexual behavior among in-school adolescents and attempted to describe the risk perception of adolescents on contracting STIs, including HIV. In addition, the study tried to see the influences of parents or families, peers, substance use and exposure to social media on the risky sexual behavior among the adolescents.

The overall prevalence of risky sexual behavior among adolescents in governmental high schools in sebeta was found to be 27.6% (95% CI: 24.33%, 30.89%). Risky sexual behavior was high among adolescents who live away from their family (35.74%) as compared to those living with their family (21.6%). Estimate of the prevalence of risky sexual practice in high schools from different parts of Ethiopia ranges between of 13.7% to 42.1% (10, 11, 20, and 21). Estimate of risky sexual behavior from our study is more or less similar to the estimate by a study done in Addis Ababa among high school adolescent which was 26.7% (53) but it is low compared to an estimate by a study done in Jimma (42.1%) and high compared to a study done in Humera Tigray region (13.7%). The difference in the estimates could be due to difference in measurement of sexual risk behavior, data collection method, sample size or study settings or populations.

In our study risky sexual behavior was measured on the basis of either having multiple sexual partners or unprotected sex for sake of money/incentives. Similar measurement of risky sexual behavior was applied in the Humera study (10) with the exception being that in our study we assessed multiple sexual partners in the 12 months prior to the study while for them they considered having had more than one sexual partner any time in the past. On the other hand, the study from Jimma considered any young people who are sexually active as having risky sexual behavior. The other difference worth noting is the difference in data collection method. In our study we used interviewer administered questionnaire while in the study from Jimma and Tigray they used self-administered questionnaires. Additionally the sample size and study setting difference are the major reasons that we have to become aware of.

Unlike previous studies done in Ethiopia which showed that living arrangement of adolescents is a major factor which influences the risky sexual behavior of adolescents (18, 19, 38,) our study found no statistically significant association between living arrangement and risky sexual

behavior. This is consistent with studies from Western Gojam(8) and Addis abeba(53)that found no association between living arrangement of adolescent and risky sexual behavior. Previous studies did not compare level of risky sexual behavior between the two distinct groups of adolescents (adolescents living away and with their family). Most of the studies internally compared the risky sexual behavior and living arrangement.

Even though living arrangement of adolescents was not associated with risky sexual behavior parental monitoring was strongly associated with risky sexual practice (**AOR= 6.1, 95% CI: 2.79, 13.52**). Other studies documented that good parental monitoring is associated with lower odds of risky sexual practice because with parental monitoring there is lower use of alcohol, tobacco, and drugs and less exposure to risky sexual activities (4,44). Other studies from Ethiopia (23) and Tanzania (43) supports this argument. Adolescents generally have lower risk taking behavior including engaging in risky sexual practices when there is high parental monitoring due to the fact that parental supervision enhances sense of importance of the young people (45, 46).

This study revealed that students who used substance like alcohol, khat and cigarette were more likely to have risky sexual practice than those who didn't use. Alcohol consumption is significant predictors of risky sexual behavior (**AOR=1.8, 95% CI : ( 1.23, 2.85)**)and it is more common among adolescents who live away from their family. This is in agreement with a study done in eastern Ethiopia among high school adolescents which showed that living with people who use alcohol (OR 2.77; 95% CI 1.89-4.07) increased the odds of drinking among students(51). Alcohol consumption is high among adolescents who live alone/ with friends 168(55%)compared to those who live with thire family/relatives, Many studies also indicated that drinking alcohols increase chance of engage on risky sexual practice to have multiple sex partners,to engage in unprotected sexual intercourse, and to select higher risk partners (11, 21, 52, 53).

Regarding on chewing khat this study found that adolescents who chew khat were almost two times more likely to engage to risky sexual behaviour compared to those who do not use khat(**AOR=1.7, 95% CI: 1.11, 2.89**).

Chewing Khat is more common among adolescents who live away from their family 99(32.46%) compared to those living with their family90(21.84%). Previous studies associated chewing Khat with engagement in a higher number of risky sexual practices(11,53).

Similarly,smoking was associated with increased engagement in risky sexual practice. Adolescents who smoke cigarettes were twice more likely to engage in risky sexual practice as compared to those who never smoke cigarettes and smoking was high among adolescents who live alone/friends compared to those who live with their family. This is supported by a study done in Addis that documented association between smoking and risky sexual practice (53).

Infrequent visit of religious institutions was found to associate with higher odds of engaging in risky sexual practices(**AOR=2.5, 95% CI: 1.68, 3.80**). This is inline with the study in Jimma that found strong association between not visiting religious institutions and higher odds of risky sexual practice(AOR= 6.4 CI:3.1-13.4) (21).

Exposure to pornography films is one of the predisposing factor which influence adolescents' risky sexual behavior (10). In this study 68.34% adolescent watched pornography films with 228(74.75%) and 262(63.59%) adolescents living away from their family and living with their family, respectively, having watched pornography films. Adolescents who watched pornography films higher odds of engaging in risky sexual activities compared to those who didn't(OR=5.7, 95% CI: 2.92, 11.39).

Looking on perceived risk to STIs & HIV/AIDS, Over all from the total participant 67.36%, 95% CI: (63.92, 70.80) of adolescent perceived as they had No/low risk of contracting STIs and 32.63% (95% CI: 29.19, 36.07) consider themselves as they have high/medium risk of contracting STIs, this result inline to the finding in Lao PDR. In Lao PDR 69.3 percent of adolescents considered them selves to be at low/no risk for getting STIs and 25.1 per cent regarded themselves to be at High/medium risk.and when we look finding of this survey on risk perception of in school adolescents in sebeta on contracting HIV/AIDS over all about 67.22%,95% CI ;( 63.78, 70.66) of adolescent perceived as they had No/low risk of contracting HIV/AIDS and 32.77%, (95%CI:29.33, 36.21) consider themselves as they have high/medium risk of contracting HIV/AIDS,this result is different comparing to a study done in Lao PDR

and Ethiopia (36,30).The difference in the estimates could be due to difference in measurement of risk perception,sample size or study settings or populations.

In our study the risk perception of adolescents on contracting STIs and HIV/AIDS measure on the base of individuals' beliefs in the chances of contracting STIs, including HIV which means we use adolescents perceived susceptibility/perceived judgment of the risk of contracting HIV and other STIs / to describe the over all risk perception. Similar measurement of risk perception was applied in the Lao PDR study(36) on the other hand, the study from Adama applied health Belief model in order to explore and describe the perceptions risk of contracting HIV and other STIs.The other difference we have to acknowledged is the difference in study settings and population this is because risk perception and individual behavior vary from place to place and from person to person(33).

Looking on Adolescent Risky sexual behavior regards to degree of risk perception of getting HIV/STIs. 149 (75.25%) and 142 (71.72%) of adolescent perceived as they had high degree of perception in contracting HIV/AIDS and STIS, respectively were engaged to risky sexual behavior. This indicated that adolescent even they are aware of HIV/STIs risk, often do not consider this risk and keep on with steady contacts (32).Similar to the case in the second HIV/AIDS Behavioral Surveillance Survey (BSS) done in Ethiopia, there were adolescents engaged to risk sexual activities with low risk perception of aquering HIV/STIs , in this study 24.75% and 28.28% of adolescents engaged to risky sexual activities perceived as they had no risk of contracting HIV/AIDS and STIs respectively.

## **7. Strength and Limitations**

This study has some limitations that need be reported, despite efforts made to control or minimize them. Although the questionnaire was framed based on exiting recommendations, leading questioning techniques was applied, interviews were conducted in private places to ensure the privacy, data collectors were thoroughly trained, gender match was made between the data collectors and respondents, and also we considered interviewers age range preferred by youth, there might be over- or under-reporting due to the sensitive nature of the questions on sexual issues and social desirability bias because of the face-to-face interview method. And this study was limited to governmental high schools/preparatory schools aged 15-19 years old adolescents so the results may not be generalized to other adolescents with diverse life styles including school adolescents found in private high schools and preparatory schools of sebeta town. Furthermore, causality could not be established due to the cross-sectional nature of the study design .Additional thing that we would like to report as a limitations is we consider those adolescents lives with their relatives, churchs and non govermental organizations as they are living with their parents,we state this as a limitation because it was possible to excluded this group of adolescents from the sample during data collection period.

## 8. Conclusions and Recommendations

The findings of this study show that a considerable proportion of adolescents in governmental secondary schools are engaged in risky sexual activities and that sexual activity among these adolescents aged 15-19 is influenced by multiple factors, including substance use, religiosity, perceived parental monitoring, and watching pornography.

Based on the findings of this study we recommend.

**1) Call for wide-ranging sexuality education that goes Beyond HIV/AIDS knowledge –**

Adolescents will benefit more from comprehensive sexual and reproductive health education programs that address multiple risk factors than from prevention efforts that aim to increase awareness alone. The present study found no significant difference in HIV/AIDS knowledge levels between those adolescents having different living arrangements, who reported prior sexual activity and those who did not. The programs should also address the challenge of non-use of condoms and risk perception among sexually active adolescents.

**2) Parents can play a greater role in protecting adolescents from risky sexual behaviors –**

In this study we found that parental monitoring influenced adolescents' sexual behavior. Therefore, programs that sensitize parents to play a greater role in advising as well as shaping these values and behaviors of their adolescent children are likely to increase responsible sexual decisions and behaviors among people in age 15-19.

**3) Preparing campaigns that address risky behaviors in schools –**

Sexual health, safe sex, condom use campaigns for adolescents is very important to ..... In addition, campaigns that address substance use such as alcohol consumption, khat use, and cigarette smoking should be implemented in the schools.

**4) Living arrangement of adolescents can be both protective as well as exposing:**

Additional research needs to focus on developing theoretical models that help to explain the influence of living arrangement on adolescent health and develop and evaluate interventions to promote the health of adolescents.

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**ASSURANCE OF PRINCIPAL INVESTIGATOR**

The undersigned agrees to accept responsibility for the scientific ethical and technical  
Conduct of the research project and for provision of required progress reports as  
Per terms and conditions of the Research Publications Office in effect at the time of  
Grant is forwarded as the result of this application.

Name of the student: \_\_\_\_\_

Date. \_\_\_\_\_ Signature \_\_\_\_\_

**Approval of the primary Advisor**

Name of the primary advisor: \_\_\_\_\_

Date. \_\_\_\_\_ Signature \_\_\_\_\_

## **ANNEX**

### **Annex1 :English Version of Participant’s Consent and Information Sheet**

**Addis Ababa University, College of Health Sciences, School of Public Health.**

#### **Questionnaire to assess the influence of living arrangement on adolescent risky sexual behavior sebeta town Ethiopia.**

Hello. My name is \_\_\_\_\_ and I am here on behalf of Biruk Desta, a post graduate student from AAU, school of public health. I am here to collect information on the on Risky sexual behavior and Perceived risk of HIV/AIDS and STI relating to living arrangement of the students. I am requesting you to participate in this study which would require your response to an interview. The study findings would also be used to design and implement control strategies in the study area in the future. Your name will not be written in this form and will never be used in connection with any information you tell us. All information given by you was kept strictly confidential. Your participation is purely voluntary and you are not obligate to answer any question you do not wish to answer. If you feel discomfort with the interview, you can withdraw any time after you get involved in the study. This interview will take about 30 minutes.

**Annex 2. Consent form**

Could I have your Permission to continue?

1. If yes, continue the interview.
2. If no, skip to the next participant by writing reasons for his/her refusal.

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For any questions you have, you can contact the Principal Investigator by: **09 11 33 2817**

Interviewer: Code \_\_\_\_\_ Name \_\_\_\_\_ signature \_\_\_\_\_

Date of interview \_\_\_\_\_ Time started \_\_\_\_\_ Time completed \_\_\_\_\_

Result of interview: 1. Completed 2. Respondent not available 3. Refused 4. Partially completed

Checked by: Supervisor: Name \_\_\_\_\_ Signature \_\_\_\_\_

Annex 3 : Amharic version of Participant's Consent and Information Sheet

**አዲስአበባዩኒቨርሲቲሬናሳይንስኮሌጅየህብረተሰብጤና**

**አጠባበቅትምህርትክፍል**

**አዲስአበባዩኒቨርሲቲሬናሳይንስኮሌጅየህብረተሰብጤና**

**አጠባበቅትምህርትክፍል**

የጥናቱመግለጫናየፈቃደኝነትመግለጫቅፅ

ጤናይስጥልኝ!

ስሜ-----

ይባላል። እዚህየመጣሁትበአዲስአበባዩኒቨርሲቲህብረተሰብጤናየት/ትመስክየድህረምረቃተ ማሪየሆነውንበሩክደስታንወክዬበአጋላጭወሲባዊባህሪያትበHIV/AIDSእያዛለሁበሎማሰብእናየ አኗኗርሁናቴእናተያያዥመንስኤዎቻቸውበሁለተኛደረጃተማሪዎችለማጥናትነውበቃለመጠይ ቁእንዲሳተፉእጠይቆታለሁለማጠናወጥናትየተወሰኑጥያቂዎችንእጠይቅሃለሁ/እጠይቅሻለሁከ አንተ/ችየማገኘወንመረጃበምስጢርእጠብቃለሁከአንተ/ችየምንሰበስበወመረጃከአንተ/ችስም ጋርአይያያዝምበዚህጥናትወሰጥለመሳተፍበቅድሚያየተሳታፊወንፈቃደኝነትእንጠይቃለን። መልስመስጠትየማትፈልግበት/የማትፈልገበትጥያቄካለአትገደድም/አትገደጅም

**የፈቃደኝነት መግለጫ ቅጽ**

በዚህ ጥናት ለመሳተፍ ፈቃደኝነት/ሸ? 1. አዎ 2. አይደለም መልሱ “አይደለም” ከሆነ አመስግነው መጠይቁን ያቋርጡ ለጥናቱ ፈቃደኛ ያልሆኑ በትንሹ ክንያት በመጠየቅና በማስታወሻ ያላይ በመያዝ ለጥናቱ ተቆጣጣሪ ሪፖርት ያድርጉ። ለማንኛውም አይነት ጥያቄ ዋና አጥኚውን ማነጋገር ይችላሉ።

**ጥባይል: 09 11332817**

የተጀመረበት ሰዓት ----- ያለቀበት ሰዓት -----

መረጃ ሰብሳቢው ስም ----- ፊርማ ----- ቀን: -----

የተቆጣጣሪ ስም ----- ፊርማ ----- ቀን: -----

#### **Annex 4 : Afan Oromo version of Participant’s Consent and Information Sheet**

#### **Koleejii Saayinsii Fayyaa Univarsiitii Finfinneetti Kutaa Barnoota Egumsa Fayyaa Haawwaasummaa**

#### **Ibsa qorannaa fi Guca ibsa heeyyamtummaa**

Fayyaa isiiniif haa keennuu!

Maqaan koo----- jedhamaa. Asiitti kanan dhufee Univarsiitii Finfinneetti giita barnootaa Egumsa Fayyaa Haawwaasummaa barataa Ebiffamaa dursaa kan ta’ee Biruuk Dastaa bakka bufadhee Amaloota saaxiltota qunnamtii saalaa, HIV/AIDS dhan nan qabamaa jeechun yaadu fi haala jireenyaa fi sababoota walqabatan Sadarkaa lamaffaa barattotaa qorachuudhafi dha. Gaafiif deebiicha irratti akka hirmaatan isiin gaafadhaa. Qorannoo taasiisuf gaafiiwwan muraasa siin gaafadhaa.

Odeeffanoo sirraa argadhuu icciitiidhannan eгаа. Odeeffanoon isiin irraa guramuu maqaa kee waliin wal hin qabatuu, Qorannoo kana keessatti hirmaachuf duraan dursee heyyamtummaa hirmaataa ni gaafannaa. Gaafii deebii itti keennuu hin barbaadnee yoo jiraate hin dirqisifamtuu.

**ibsa heeyamtummaa**

Qorannoo kanarratti hirmaachudhaaf heeyyamamaa dha? 1- Eyyeen, 2- miitii

Deebiin “hin jiruu” yoo ta’ee galateefatanii gaafiicha addaan kutaa, sababa qorannichaaf heeyyamamaa ta’uu baatan gaafachudhan fi yaadannoo irratti qabachudhan to’ataa qorannichaaf gabaasa godhaa.

Gaaffiiwwan biifa kamiyyuufu qorataa mummee dubbiisu ni dandeessu.

**Mobaayilii: 09 11332817**

Sa’aatii itti jalqabamee ----- Sa’aatii itti dhumee -----

Maqaa Odeeffannoo Guuraa ----- Mallatto -----

Guyyaa: -----

Maqaa To’ataa ----- Mallatto ----- Guyyaa: -----

## Annex 5 :English Version Questionnaire

### Part I : Socio-Demographic Questions

Name of the school \_\_\_\_\_

Student's code / Identification number \_\_\_\_\_

Date of data collection \_\_\_\_/ \_\_\_\_/ \_\_\_\_

Questions	Coding categories		Skip to
1.1. Sex of respondent	Male	1	
	Female	2	
1.2. Date of birth	__/__/__		
1.3. How old were you at your last Birthday?	__ age in years		
1.4. To which Grade level are you	Grade 9	1	
	Grade 10	2	
	Grade 11	3	
	Grade 12	4	
1.5. Religion	Orthodox	1	
	Muslim	2	
	Catholic	3	
	Protestant	4	
	Other _____	99(5)	
1.6. With whom are you living currently?	Alone	1	
	Friends	2	
	Relatives	3	
	Live with family	4	
	Other.....	99(5)	
1.7. Did you get pocket money in the last three month	Yes	1	
	No	0	
1.8. How much?			

## II. Family Characteristic

	Questions	Coding categories		Skip to
2.1	What is the marital status of your parent?	Single Married/living together Separated Widowed/divorced	1 2 3 4	
2.2	Is your father alive?	Yes No	1 0	→ 2.8
2.3	Does he live with the same house with you?	Yes No	1 0	
2.4	What is the age of your father?	__ in years		
2.5	What is the highest level of education that your father completed?	Primary (Grade 1-8) Secondary (Grade 9-12) Technical (10+) University Postgraduate (masters program)	1 2 3 4 5	
2.6	Is your father currently working?	Yes No	1 0	→ 2.8
2.7	What is your father's occupation?	Government Officer Private Officer Commercial/Business Farmer/agriculture Others.....	1 2 3 4 99(5)	
2.8	Is your mother alive?	Yes No	1 0	→ 2.14
2.9	Does she live with the same house With you?	Yes No	1 0	
2.10	What is the age of your mother?	__ in years		

2.11	What is the highest level of education that your mother completed?	Primary Secondary Technical University Postgraduate	1 2 3 4 5	
2.12	Is your mother currently working?	Yes No	1 0	→2.14
2.13	What is your mother's occupation?	Government Officer Private Officer Commercial/Business Farmer/agriculture Others.....	1 2 3 4 99(5)	
2.14	What is your family size?	_____		

### III. Knowledge on STIS

	Questions	Category answers	Coding	
3.1	Have you Heard about STIs?	Yes No	1 0	
3.2	Can STIs transmit?	Yes No	1 0	
3.3	Is it necessary to treat husband/wife /partner of STI patients"?	Yes No	1 0	
3.4	In your opinion, can STIs be cured?	Yes No	1 0	
3.5	Can STIs be preventable?	Yes No	1 0	

#### IV) Knowledge ON HIV /AIDS

	Questions	Coding categories		
		Yes	No	
4.1	Have you Heard about HIV/AIDS			
4.2	A person can get HIV by sharing a glass of water with someone who has HIV			
4.3	Washing genital parts after sex keeps a person from getting HIV			
4.4	All pregnant women infect HIV will have babies born with AIDS			
4.5	People are likely to get HIV by deep kissing, putting their tongue in their partner's mouth, if their partner has HIV			
4.6	There is female condom that can decrease a women's chance of getting HIV			
4.7	Taking a test for HIV one week after having sex will tell a person if she or he has HIV			

#### V. substance use and risky sexual behavior

5.1	Do you consume alcohol(beer) frequently	Yes	1	
		NO	0	
5.2	Have you ever chew chat	Yes	1	
		NO	0	
5.3	Have you ever smoke cigarette	YES	1	
		NO	0	

### VIII. Peer sexual behavior and PEER INFLUENCE

No	Peer sexual influence & Behavior	Category answers	Code	Skip
6.1	Is there pressure from your friends for you to have sexual intercourse	Yes No	1 0	
6.2	Now think of your best friend. Has he/she ever played sex?	YES NO	1 0	
6.3	What do you think do your friends selling sex?	Yes No	1 0	
6.4	Do you know of any sexual intercourse with prostitutes among your male close friends?	Yes No	1 0	

## VI. Sexual Behavior and condom use

No	Sexual intercourse	Category answers	Code	Skip
7.1	Have you ever had any sexual Intercourse? [By sexual intercourse, I mean vaginal sex (penis and vagina), oral]	Yes No	1 0	Q 8.1
7.2	Have you ever had vaginal sexual intercourse for the past 12 years?	Yes No	1 0	
7.3	Have you ever had unprotected sex	Yes NO	1 0	
7.4	Do you have multiple sexual partner( for the past 12 years)	Yes No	1 0	
7.5	Have you trade sex for money	Yes No	1 0	
7.6	How old were you at the first time of sexual intercourse?	__ age in years		

**VII. PERCEIVED PARENTAL MONITORING**

<b>8.1</b>	Your parents know <b>where you are</b> when not at school and away from home	Yes	1	
		No	0	
<b>8.2</b>	Your parents know <b>who you were with</b> when not at school and away from home	Yes	1	
		No	0	

**IX .Exposure to SOCIAL MEDIA AND SEXUAL BEHAVIOR**

9.1	Do u currently use social media( internet, face book)	Yes	1	
		NO	0	
9.2	Have you ever seen pornography movie	Yes	1	
		NO	0	

**Notice; the interviewer have to read all the options for the questions stated below**

<b>X. Perception of risk to Sexually Transmitted infections</b>				
	Questions	Categories	Code	Skip
10.1	-Do you think that you have the Risk to get Sexually Transmitted infections?	no Risk small risk somewhat risk High" risk Very high risk	1 2 3 4 5	
10.2	-How much are you afraid of getting Sexually Transmitted infections?	Not afraid at all Afraid littel Afraid somewhat Highly afraid Very high , Afraid alot	1 2 3 4 5	
10.3	--In your opinion, do you have a chance to get Sexually Transmitted infections? In the future?	no chance small chance somewhat chance High" chance Very high chance	1 2 3 4 5	

<b>XI. Perception of risk to HIV/AIDS</b>				
	Questions	Categories	Code	Skip
11.1	-Do you think that you have the chance to get HIV/AIDS?	no chance small chance somewhat chance High" chance Very high chance	1 2 3 4 5	
11.2	-How much are you afraid of getting HIV/AIDS?	no chance small chance somewhat chance High" chance Very high chance	1 2 3 4 5	
11.3	--In your opinion, do you have a chance to get HIV/AIDS in the future?	no chance small chance somewhat chance High" chance Very high chance	1 2 3 4 5	

**XII. Religiosity and sexual behavior**

12.1 Attachment to religious institutions?	Attends frequently (more than twice a month)	1
	Seldom attends (less than or equal to twice a month) not religious	2

**Thank you for your participation.**

Annex 6 :Amharic Version Questionnaire

የትምህርት ቤቱ ስም \_\_\_\_\_

የተማሪ መለያ ቁጥር \_\_\_\_\_

መረጃ የተሰበሰበበት ቀን \_\_\_\_\_

ቁጥር	ጥያቄ	የመልስ መርጫ		እለፍ
1.1	ፆታ	ወንድ ሴት	1 2	
1.2	ትውልድ ቀን	--/--/--		
1.3	እድሜ/ህ/ሽንት/ነው ባለፈው ዓመት ቀን	ዕድሜ በዓመት		
1.4	(የትምህርት ክፍል)	9ኛ ክፍል 10ኛ ክፍል 11ኛ ክፍል 12ኛ ክፍል	1 2 3 4	
1.5	ሀይማኖት/ሽ	ኦርቶዶክስ ሙስሊም ካቶሊክ ፔንጤ ሌላ	1 2 3 4 99	
1.6	ከማኅጋራ ነው የምትኖረው/ሪው/	ብቻዬን ከንደኞቼ ጋር ከዘመድ ጋር ከቤተሰብ ጋር ሌላ	1 2 3 4 99	
1.7	ላለፉት 3 ወራት የኪስገንዘብ ታገኛለህ/ሽ/	አው አገኛለሁ አይ አገኝም	1 0	→ 2.1
1.8	የኪስገንዘብ መጠን			

**ለ. (የቤተሰብሁኔታ)**

ቁጥር	ጥያቄ	የመልስመርጫ		እለፍ
2.1	የቤተሰብየጋብቻሁኔታ (የናትናአባት)	ነጠላ የተጋባ የተለያየ የተፋቱ	1 2 3 4 5	
2.2	አባትህ/ሽ/ በህይወትአለ	አሉ የሉም	1 0 →	2.8
2.3	አባትህ/ሽ/ አብረውነውየሚኖረው	አው አይደለም	1 0	
2.4	የአባትህ/ሽ/ እድሜስንትነው			
2.5	አባትህ/ሽ/ ያላቸውየትምህርትደረጃ	የመጀመሪያ ደረጃ 2ኛደረጃ የሙያ የከፍተኛትምህርትተቋም ሁለተኛድግሪ	1 2 3 4 5	
2.6	አባትህ/ሽ/ በአሁኑሰዓትስራላይነው	አዎ አይአይደለም	1 0	→2.8

2.7	የአባት-ህ/ሽ/ ስራ-ምንድነው	የመንግስት-ሰራተኛ የግል-ሰራተኛ ነጋዴ ገበሬ ሌላ	1 2 3 4 5	
2.8	እናት-ህ/ሽ/ በህይወት-አለ-	አዎ አይደለም	1 0	→ 2.14
2.9	እናት-ህ/ሽ/ ከአንተ-ጋር-በአንድ-ቤት-ነው-የሚኖሩት	አዎ አይደለም	1 0	
2.10	የእናት-ህ/ሽ/ እድሜ-ስንት-ነው			
2.11	እናት-ህ/ሽ/ ያላቸው-ከፍተኛ-የትምህርት-ደረጃ	የመጀመሪያ-ደረጃ ሁለተኛ-ደረጃ የሙያ ከፍተኛ-ት/ት-ተቋም የሁለተኛ-ድግሪ	1 2 3 4 5	
2.12	እናት-ህ/ሽ/ በስራ-ላይ-ኖቸው	አዎ አይደለም	1 0	→ 2.14
2.13	የእናት-ህ/ሽ/ ስራ-ምንድነው	የመንግስት-ሰራተኛ የግል-ሰራተኛ ነጋዴ ገበሬ ሌላ	1 2 3 4 99	
2.14	የቤተሰብ-ቁጥር			

.መ.	ጥያቄ			እለፍ
	<b>የአባላዘርቦሽታዕውቀት</b>			
3.1	ስለአባላዘርቦሽታሰምተህ/ሽ/ ታውቂያለሽ/ህ	አዎ አይላውቅም	1 0 →	4.1
3.2	የአባላዘርቦሽታይተላለፋል	አዎ አይይይተላፍም	1 0	
3.3	ባልናሚስትየአባላዘርቦሽታመታከምአለባቸው	አዎ አይላባቸውም	1 0	
3.4	የአባላዘርቦሽታያድናልብለህ/ሽታስቢያለሽ	አዎ አይላስብም	1 0	
3.5	የአባላዘርቦሽታመከላከልይቻላል	አዎ አይይይቻልም	1 0	

**ሠ. ስለኤች.አይ.ቪ.ኤድስዕውቀት**

ቁጥ	ጥያቄ	አዎ(1)	አይ(0)	እለፍ
4.1	ስለኤች.አይ.ቪ.ኤድስሰምተህ/ሽ/ ታውቃለህ.			5.1 →
4.2	በኤች.አይ.ቪ.ኤድስየተጠቃሰውውሃመጠጣትለዘዘ ህያጋልጣል			
4.3	ሴቶችየግብረሰጋግንኙነትበኋላየሽንትመሽኛቸውን መታጠብ HIV/AIDS ይከላከላል			
4.4	ሁሉም HIV ያለባትእናት HIV ያለበትልጅይወልዳሉወይ			
4.5	ሰዎችበ HIV ከተጠቃሰውጋርለረጅምጊዜከንፈርለከንፈርበሳሳ ሙ HIV ሊጋለጡይችላሉ			
4.6	የሴቶችኮንዶም HIV AIDS መጋለጥንየሴቶችንሊቀንስይችላልወይ			

4.7	ወሲብከፈፀመከሳምንትብኋላየሚደረግዋዘዘ ምርመራውጤትክክለኛነውወይ			
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**ፈ. እፅ መጠቀም እና አጋላጭ ወሲባዊ ባህሪያት**

ቁጥር	ጥያቄ			
5.1	አልኮል(ቢራ) ዘወትርተጠቅመህ/ሽ/ ታውቃለህወይ?	አዎ አይላውቅም	1 0	
5.2	ጫትቅመህታታለህ/ሽወይ?	አዎ አይላውቅም	1 0	
5.3	ሲጋራአጭሰህታውቃለህወይ?	አዎ አይላውቅም	1 0	

**ሰ. የጓደኛወሲባዊባህሪይእናየጓደኛግፊት**

ቁጥር	ጥያቄ	የመልስምርጫ	
6.1	ወሲብእንድትፈፅምየጓደኛግፊትአለብህ/ሽ/ ወይ/?	አዎ አይደለብኝም	1 0
6.2	ያንተየቅርብጓደኛህ/ሽ/ ወሲብይፈፅማል?	አዎ አይይፈፅምም	1 0
6.3	ለገንዘብብሎወሲብየሚፈፅምጓደኛአለህ/ሽወይ/?	አዎ አይደለብኝም	1 0
6.4	ከወንድየቅረብጓደኞችህመካከልከሴተኛአዳሪዎችጋርወሲብ የሚፈፅምታውቃለህም ወይ?	አዎ አይ	1 0

**ሸ. አጋላጭ ወሲባዊ ባህሪያት እና የኮንዶምኒየም አጠቃቀም**

ቁጥር	የወሲብ ባህሪያት	የመልስ ምርጫ	መለያ ቁጥር
7.1	ወሲብ ለፈፅመህ/ሽ/ል/ከሴት ጋር/ከወንድ ጋር/ የግብረሰጋ ግንኙነት ወይም በአፍ የሚደረግ ወሲብ?	አዎ አይ	1 0 → 8.1
7.2	የግብረሰጋ ግንኙነት አድርገሃል/ሻል ባለፉት 12 ወራት?	አዎ አይ	1 0
7.3	ምንም ዓይነት ጥንቃቄ ሳት ወስድ/ጂ/(ኮንዶምኒየም ጠቀም) ወሲብ አርገህ/ሽ/ታቃለህ/ሽ?	አዎ አይ አላውቅም	1 0
7.4	ብዙ የወሲብ ንደኛ አለህ/ሽ?	አዎ አይ አየሰኝም	1 0
7.5	ለገንዘብ ወሲብ ታደርጋለህ/ሽ?	አዎ አይ ላደርግም	1 0
7.6	መጀመሪያ ጊዜ ወሲብ፣ ያደረግሽው/ሽው/በስንት ዓመት ህ/ሽነው		

**ቀ. የቤተሰብ ቁጥጥር**

ቁጥር	ጥያቄ	የመልስ ምርጫ	መለያ ቁጥር
8.1	ት/ትቤት ባልፊዴክብት/ሽብት/ ቤት ባልኖር ክብት/ሽብት ወቅት የት እንደነበር ክቤተሰቦች ህ/ሽያውቃሉ?	አዎ አይ	1 0
8.2	ት/ትቤት ባልፊዴክብት/ሽብት ህይወት ባልኖር ክብት/ሽብት ወቅት ከማን ጋር እንደነበር ክቤተሰቦች ህያውቃሉ?	አዎ አይ	1 0

**ተ. ሚዲያና እና ወሲባዊ ባህሪ**

9.1	ሚዲያ እና ንጥር ኔት-ፌስቡክ ተጠቃሚ/ች?	አዎ አይደለም	1 0	
9.2	የወሲባዊ ስልጠና አይተሃል/አይተሻል?	አዎ አይደለም	1 0	

**ቶ. ለአባላዎቻችን ጋለጣለሁ ብሎ ማሰብ**

ለአባላዎቻችን ጋለጣለሁ ብሎ ማሰብ			
10.1	ለአባላዎቻችን ጋለጣለሁ ብሎ/ች/ ታስባለህ	<ul style="list-style-type: none"> <li>• ማንም የለም</li> <li>• ትንሽ</li> <li>• ምን አልባት</li> <li>• ከፍተኛ የመያዝ</li> <li>• በጣም ከፍተኛ የመያዝ</li> </ul>	1 2 3 4 5
10.2	ምን ያህል ጋለጣለሁ ብሎ/ች/ ታስባለህ	<ul style="list-style-type: none"> <li>• ማንም የለም</li> <li>• ትንሽ</li> <li>• ምን አልባት</li> <li>• ከፍተኛ የመያዝ</li> <li>• በጣም ከፍተኛ የመያዝ</li> </ul>	1 2 3 4 5
10.3	ወደ ፊት ለአባላዎቻችን ጋለጣለሁ ብሎ/ች/ ታስባለህ	<ul style="list-style-type: none"> <li>• ማንም የለም</li> <li>• ትንሽ</li> <li>• ምን አልባት</li> <li>• ከፍተኛ የመያዝ</li> <li>• በጣም ከፍተኛ የመያዝ</li> </ul>	1 2 3 4 5

**ኘ. ለኤችአይቪ በሽታ እና ጋራ ጣሰሁ-በሎማሰብ**

11.1	በHIV መያዝ እድል አለኝም ብለህ ታስባለህ/ሽ	<ul style="list-style-type: none"> <li>• አላስብም</li> <li>• በትንሹ</li> <li>• ምን አልባት</li> <li>• ከፍተኛ መያዝ እድል</li> <li>• ከፍተኛ የመያዝ እድል</li> </ul>	1 2 3 4 5	
11.2	በHIV እያዛለሁ ብለህ ምን ያህል ትፈራለህ/ሽ	<ul style="list-style-type: none"> <li>• ማንም የለም</li> <li>• ትንሽ</li> <li>• ምን አልባት</li> <li>• ከፍተኛ የመያዝ</li> <li>• በጣም ከፍተኛ የመያዝ</li> </ul>	1 2 3 4 5	
11.3	ወደፊት HIV ሊይዘኝ ይችላል ብለህ ታስባለህ/ሽ	<ul style="list-style-type: none"> <li>• ማንም የለም</li> <li>• ትንሽ</li> <li>• ምን አልባት</li> <li>• ከፍተኛ የመያዝ</li> <li>• በጣም ከፍተኛ የመያዝ</li> </ul>	1 2 3 4 5	

**ከሀይማኖት ቦታ ጋር ያለ ግንኙነት እና ወሲባዊ ባህሪ ይያይዙ**

12.1	ከሀይማኖት ቦታ ጋር ያለ ግንኙነት ምን ያህል ግዜ ወደ ሃይማኖት ትህጋጃለሽ/ህ	አብዛኛውን ግዜ በወር ሁለት ጊዜ እና ከዚያ በላይ	1	
		በዙሉም አልሄድም በወር ሁለት ግዜ ያነሰ	2	

**አመሰግናለሁ!!!!!!**

**Annex 7 :Afan Oromo Version Questionnaire**

**Gaaffiteewwan Afaan Oromoo**

**Boqonnaa Gaaftirwwan Hawaasummaa**

Maqaa Mana Barumsa \_\_\_\_\_

Kodi Baratoota \_\_\_\_\_

**Guyyaa Daataan Wallfi qabame** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Gaaffii	Coding		Darbuu
<b>1.1</b> Deebii Salaan Deebifame	Dhura durbee	<b>1</b>	
		<b>2</b>	
<b>1.2</b> Guyyaa Dhaltaa			
<b>1.3</b> Baran wagga maqatatata	Umurin waggaadhan _____		
<b>1.4</b> Kutaa Maqata barata	Kesta 9	<b>1</b>	
	Kesta 10	<b>2</b>	
	Kesta11	<b>3</b>	
	Kesta 12	<b>4</b>	
<b>1.5</b> Amanta	Ortodox	<b>1</b>	
	Musllm	<b>2</b>	
	Katoliki	<b>3</b>	
	Pirotestanti	<b>4</b>	
	Kan biro	<b>99(5)</b>	
<b>1.6</b> Esa jirata	Kophara	<b>1</b>	
	Hin yako wajjin	<b>2</b>	
	Fira wajjiin	<b>3</b>	
	Wara wajin	<b>4</b>	
	Kan bira	<b>99</b>	
<b>1.7</b> Argata ?	Eyen	<b>1</b>	
	Miti	<b>0</b>	
<b>1.8</b> Qarshi korojo			

## II Family

	Gaaffii	Coding		Darbuu
2.1	Haavigaa'ila Maatii kee maali	Hin fuune/hin heerumee Gaa'ila keessa jiru Gargar bahan Wal-hiikan	1 2 3 4	
2.2	Abban kee lubun jira	Eeyyee miti	1 0	
2.3	Abbaa kee siwalln man to tokkoti jiratu	Eeyyee miti	1 0	
2.4	Umuriin Abba keeti meeqa			
2.5	Abban kee barumsa kuta meeqa xumure	Sad 1ffaa Sad 2ffaa TVET Universitii Digirii 2ffaa	1 2 3 4 5	
2.6	Abaan kee yero Amatii hojii qaba ?	Eeyyee miti	1 0	
2.7	Abaan kee hojii maall hojaa ?	Waajira Mootummaa Waajira Dhuungaa Daldaalaa Qotee bulaa Kan biraa	1 2 3 4 99	
2.8	Hatu kee lubun jirti ?	Eeyyee miti	1 0	
2.9	Hatu Kee siwaliin man tokkoti jiratu	Eeyyee miti	1 0	
2.10	Umuriin adha keeti meeqa	Waggaadhaan		
2.11	Hatu kee barumas kuta meeqa xumurtee	Sad 1ffaa Sad 2ffaa TVET Yunivarsiti	1 2 3 4	
		----		
2.12	Hatutee yeroo amati hojii	Eeyyee miti	1 0	2.14
2.13	Hatautee hojii maall dalagdu	Waajira Mootummaa Waajira Dhuungaa Daldaalaa Qotee bulaa Kan biraa	1 2 3 4 99	
2.14	Baayiin nama warreesani meeqa ?			

### III . Beekumsa Waa’ee Dhibeeffan daddaboo laalaa

	Gaaffii	Gosaawwan Gaaffilee	Coding	
3.1	Ergaawwan waalee dhibeeffan daddarboo saalaa	Agafee Dhageessee beektaa	1 0	
3.2	Dhurexubini Qunamti sala nama irra namati darbaa	Agafee Dhageessee beektaa	1 0 9	
3.3	Dhiirsa/nutii wara STI walanuun barbachisaa dha	Agafee Dhageessee beektaa	1 0 9	
3.4	Akka yaad keeti dhurkubuu walqabnamti sala irra ni tayu ?	Agafee Dhageessee beektaa	1 0 9	
3.5	Dhurkubin Qualqunamti sala ittisun nu dan da;ama	Agafee Dhageessee beektaa	1 0 9	

### IV) Beekumsa HIV AIDS irratti Qabdan

	Gaaffilee	Akkaataa Deebii		
		Dhugaa	Sobaa	Dk
4.1	Ergaawwan waa’ee HIV/AIDS darbaan Dhageessee yookaan argitee beertaa?			
4.2	Bishaan waliin dhuguun HIV darbuu ni dand’a			
4.3	Saal-qunnamtii booda qaamolee daalaa eshiqachan HIV qabamuu ni hiresa			
4.4	Dubartiin waqaa HIV qabdu mulaan dhalttus Eedsii taane			
4.5	Namoonni HIV qabamuu kan danda’an karaa dhungoo arraba isaanii affan on hiriyaa keessaa kaa’uu yoo niriyaan isaa HIV qabda/bu			
4.6	Kondomiin dubartii carraa HIV qabamuu isaanii ni hin’isa			
4.7	Saal-gunnamtii godhanii turban tokkoo booda qorannoo HIV eedsii yoo taasisan dhibichaan qabamuu fi dhiisuu ni agarsisa.			

**V) Wantoota itti fayyadamii saal-qunnamtii saaxilu**

5.1	Aalkoohi dhugee beektaa ?	Eeyyee miti	1 0	
5.2	Caatii Qamaatee beektaa ?	Eeyyee miti	1 0	
5.3	Sigaaraa Xuuxxee beektaa ?	Eeyyee miti	1 0	

**VI) Amaloota saal-qunnamtii fi haalaitta famadama kondomii**

	Saal-qunnamtii	Gosaawwandeebii	unkaa	Ce'i
<b>6.1</b>	Saal-qunnamtii yoo jennu Saal-qunnamtii buqushaa fi Qunxurroo, Afaanii fi Munnee jeechuudha ji'a ja'a	Eeyyee miti	1 0	<b>Q 7.1</b>
<b>6.2</b>	Darbe keesse saal-qunnamtii buqushaa qootee beektaa ?	Eeyyee miti	1 0	
<b>6.3</b>	Saal-qunnamtii munnee qootee beektaa?	Eeyyee miti	1 0	
<b>6.4</b>	Namoota baay'ee qaanaa saal-funnamtii qootee beektaa?	Eeyyee miti	1 0	
<b>6.5</b>	Qarshii argachuuf saal-qunnamtii qootee beektaa?	Eeyyee miti	1 0	
<b>6.6</b>	Yeroo jalqabaaf saal-qunnamtii yoo goote waggaan kee meeqa?	Eeyyee miti	1 0	

**VII ) Haala To'annoo Maatii**

<b>7.1</b>	Yeroo manaabeetee fi mana barumsaa ala taatu maatiin eessa akka jiritu beekuu?	Eeyyee miti	1 0	
<b>7.2</b>	Mana barumsaa fi manaa ala taatu eenyu faaa akka taatu maatiin kee beekuu?	Eeyyee miti	1 0	

### VIII. Amalawwaan Saal-fumamtii hiriya fi Duiibbaa Hliya

		<b>Gosaawwandeebii</b>	<b>unkaa</b>	<b>Ce'i</b>
8.1	Dhiibaan hiriya kee irraa saal-qunnamtii akka gootuuf sittidhufu jiraa?	Eeyyee miti	1 0	
8.2	Hinyaa kee sirritti jaallattu yaadiitii isheen/inni nama biro fana saal-qunnamtii qootee/dhee beektii tookaa?	Eeyyee miti		
8.3	Hiriyaan kee qaeshii argachuuf saal-funnamtii gooti/godha	Eeyyee Miti	1 0	
8.4	Hiriya dhiraana saal funnam tii munne gootee beektaa?	Eeyyee miti	1 0	
8.5	Hinyaa kee sirritti jaallattu yaadiitii isheen/inni nama biro saal-funnamtii gooti/godha?	Eeyyee miti	1 0	

### IX Saaxilamuu Miidiyas Hawaasaa fi amaloota saal-qunnamtii

<b>9.1</b>	Interneeti fayaadamtee beekta keesatu fesibookl fi vibari	Eeyyee Miti	<b>1</b> <b>0</b>	
<b>9.2</b>	Vidlyoo walqunamtisaa agarsisu laaltee beekta	Eeyyee Miti	<b>1</b> <b>0</b>	

### Haalchawwan dhibee saal- funnamtii darban saaxiluu

<b>10.1</b>	Carraa Dhibeewwan saal-funnamtiin darbaniif ?saaxilamuu qabdaa?	Hin qabu Xiqfoo Haalaan haalaquddaa Haalaan baay'ee gudda	1 2 3 4 5	
<b>10.2</b>	Dhibbee walqunamti sala naqaba jeeye hangan tokko sodata	Hin qabu Xiqfoo Haalaan haalaquddaa Haalaan baay'ee gudda	1 2 3 4 5	
<b>10.3</b>	Akka yaada keeti garful durati STI naqab jeet	Hin qabu Xiqfoo Haalaan haalaquddaa Haalaan baay'ee gudda	1 2 3 4 5	
<b>XI</b>				
<b>11.1</b>	Hiv /Aidsiin naqaba jeete yaadee qeebda?	Hin qabu Xiqfoo Haalaan haalaquddaa Haalaan baay'ee gudda	1 2 3 4 5	
<b>11.2</b>	Hiv /Aidsiin naqaba hangam taka soodata	Hin qabu Xiqfoo Haalaan haalaquddaa Haalaan baay'ee gudda	1 2 3 4 5	
<b>12.3</b>	Walqamamti waroto amti wajin qabdu	Jilatti yeroo lamaa ol mana amantaatti hirmaachu		<b>1</b>
		Ji'atti lamaafi isaa gadi mana amantaa dhaa]qxaa ? Ykn dhaquu dhilstaa ?		<b>2</b>

### Gallatoomaa



Europass  
Curriculum  
Vitae

Personal  
information

First name(s) Biruk Desta

Address(es) Addis Ababa University  
Addis Ababa  
Ethiopia

Telephone(s) Mobile: **+251-911 33 28 17**

E-mail biruk2000g@gmail.com

*Nationality* Ethiopian

*Date of birth* 21 Jan 1989

*Gender* Male

Work experience

*Dates* From Sep 2012 – July 2014

Occupation or position held Assistant Lecturer

Main activities and responsibilities Teaching under graduate students  
Advising students.

Preparing teaching materials like handouts and modules.

Community Diagnosis, Supervising, TTP

Name and address of employer Wachemo University

Type of business or sector Educational

Education and training

*Dates* 02 July, 2012

Title of qualification awarded B.Sc. Degree  
 CGPA 3.69  
 Principal  
 subjects/occupational skills covered Midwifery (basic science, preclinical & clinical, public health/ community health/ courses, Community Health Attachment, Research project, and Team Training Program)

Name and type of organisation providing education and training Addis Abeba University  
 From Sep, 2014 till now at Addis Ababa University attending MPH [Reproductive health]

Personal skills & competences

language(s)

Self-assessment		Understanding		Speaking		Writing
		Listening	Reading	Spoken interaction	Spoken production	
<b>Language</b>	<b>English</b>	<b>Excellent</b>	<b>Excellent</b>	Excellent	Excellent	Excellent
	<b>Amharic</b>	<b>Excellent</b>	<b>Excellent</b>	Excellent	Excellent	Excellent

**Computer skills and competences** Basic computer skills

**Certificate** BEmoc, PPIUCD, infection prevention, new born care , effective teaching skill( jhpigo and AMRF)

**Research experience** Assessment of Knowledge, Attitude & Practice of mothers towards prevention of mother to child transmission of HIV/AIDS in addis abeba paulos hospital, a final year project work submitted in partial fulfilment of the requirements for the award of B.Sc. Degree in midwifery.

**Research interest**

Even though I am ready to work on any Public Health related issues, I am highly Interested in Research areas related to any Public Health problem especially the current issue adolescent, maternal and child health and public health nutritional problems, etc...

**Additional information**

My objective is to be a part of dynamic society, to advance myself in knowledge, to develop my country as whole to involve from commencement to completion of any project related to public Health and to be a thoughtful professional in my field. Conclusively, my life's aim is to radically raise the wall of knowledge so that my successors may have more accurate view of the environment around them. I commit my life to helping others and to advancing society's level of understanding.

**Reference:**

1) Dr Fregenet Zekiyos  
Dean, College of Health Sciences  
Wachemo university University

2) Mr Nebiu (MPH)  
Head Department of Public Health  
Wachemo University

