ASSESSMENT OF MALE REGULAR SEXUAL PARTNER INVOLVEMENT IN THE USE OF MODERN CONTRACEPTIVE AND ASSOCIATED FACTORS AMONG UNDERGRADUATE REGULAR FEMALE STUDENTS OF ADDIS ABABA UNIVERSITY

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SCHOOL OF GRADUATE STUDIES

Board of Examiner's (BoE) Approval Sheet

As members of the examining board of the final MPH open defense, we certify that we Have read and evaluated the thesis prepared by Mahlet Mulugeta entitled, "Assessment of male regular sexual partner involvement in the use of modern contraceptive and associated factor among undergraduate regular female students of Addis Ababa University in 2017, Ethiopia."And recommend that it is accepted as fulfilling the thesis required for the degree of **Master of Public Health.**

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Examiners

Date _____ Signature_____

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ACRONYMS

AAIT- Addis Ababa institution of technology

AAU-Addis Ababa University

AIDS - Acquired Immune-Deficiency Syndrome

AYRH -Adolescent and youth reproductive health

BCC- Behavioral change communication

CoBE- College of Business and Economics

CoEBS- College of Education and Behavioral Studies

CoHS - College of Health Science

CoLGS- College of Law and Governance Studies

CoHLJC-College of Humanities, Language studies, Journalism and Communication

CoNCS -College of Natural and Computational Science

CoSS - College of Social Science

EIABCD- Ethiopian Institute of Architecture Building Construction and Development

FMOH-Federal Ministry of Health

HIV - Human Immune Deficiency Virus

ICPD - International Conference on Population and Development

MOH - Ministry of Health

NGO - Non-Governmental Organization

STI- Sexually Transmitted Infection

SRH-Sexual and Reproductive Health

UCAA-University college of Addis Ababa

UNICEF - United Nations International Children's Emergency Fund

WHO-World Health Organization

ABSTRACT

Background:-University students most of which in the youth age category exposed to many risky sexual behaviors in the context of low knowledge of modern contraception can lead to several sexual health consequences. Besides, studies have documented that male involvement raised family planning uptake among females. However, there is limited information among the youth, which are not married, but in regular sexual partnership. The paucity of information is particularly high among University students.

Objective:-To assess the involvement of male regular sexual partner in the use of modern contraception, among regular undergraduate female students of Addis Ababa, University, 2017.

Methods: - A cross sectional study used on 634 undergraduate students from March 2017 to April 2017.Multi- stage stratified sampling used to select the study participants. First using purposive sampling five colleges and ten departments with the highest number of female students were selected respectively. Then simple random sampling technique used to select the study participants. The study measures magnitude of female students in sexual partnership. A composite variable is determined and measures the involvement of males in modern contraception. The overall association of different covariates with male involvement is assessed using multi-variants logistic regression.

Result: - 621 female undergraduate students enrolled after fulfilling the inclusion criteria with response rate 97%. Two hundred seventy eight (44.8%) of them had regular sexual partner in past 12 month at the time of data collection. In addition age (AOR=3.46, 95%CI [1.15, 10.32]), study year (AOR=8.62, 95%CI [3.99, 18.61]), current residence (AOR=11.01, 95%CI [4.25, 28.49]), average pocket money (AOR=3.22, 95%CI [1.65, 6.29]). Attending nightclub (AOR=3.24, 95%CI [2.02, 5.2]), watching pornography (AOR=2.83, 95%CI [1.38, 5.78]), peer pressure (AOR=1.83, 95%CI [1.15, 2.92]) were found to have association with sexual partnership in the past 12 month. One third 86 (31%) of the regular sexual partners were found to be involved in modern contraceptive use. Moreover, partners' educational status (AOR=3.04, 95%CI [1.3, 7.11]), partners' monthly pocket money (AOR=4.86, 95%CI [1.23, 19.1]), having sex after partner used substance (AOR=2.07, 95%CI [1.03, 4.19]) and using contraceptives in the past 12 month (AOR=6.51, 95%CI [1.26, 33.48]), were found to have association with involvement of male regular sexual partner on modern contraceptive use.

Conclusion: Almost half of university students were engaged in sexual partnership in the past 12 month. There was significant association between age, study year, current residence, average pocket money, attending nightclub, watching pornography and peer pressure with sexual partnership in the past 12 month. From female students who were in regular sexual partnership the male partners who were involved in contraceptive use were very low. Partner's educational status, partner's average pocket money and having sex after partner used substances, using modern contraceptive in the past 12, were tends to be associated with the outcome variable regular male sexual partner involvement in contraceptive use. To improve male sexual partner participation in contraceptive use, all stakeholders on sexual and reproductive health should focus on male sexual partners' involvement in modern contraceptive use.

Key words: Female students, sexual partnership, modern contraceptive use, male involvement

1. INTRODUCTION

1.1. Background

According to the World Health Organization (WHO), the population group in the age group of, 15-24 years is classified as youth. As most regular university under graduate students are included in this age group, they are prone to unprotected sexual intercourse leading to HIV/AIDS, and other Sexually transmitted infection and unwanted pregnancy[1]. This is because of the fact that university students live away from their parents without parental control and are devoid of well-organized facilities that provide sexual and reproductive health education and services within their respective campuses to address the vast number of students[2]. Since most students are coming from a morally restrictive rural environment, when they join to a university they face a more liberal urban area. So, they are likely to engage in entertainment parties in which alcohols might be abused that further exposes them to risky sexual activities[3].Nonuse of hormonal contraceptives and condom due to inadequate knowledge exposes the youths to STI and unintended pregnancy[3].

Even if, contraception use often fall on the shoulder of the female sexual partner in the context of developing countries, the more involved the young men in a relationship including discussion on contraception use the greater the likelihood that the couple use contraceptive[4]. Adolescent men are especially at risk in making their sexual partner pregnant and experiencing STIs because they are more likely misinformed about sexuality and sexual health. Young men thought that they know everything when it comes to sex, to not ask questions, and to always be ready and willing to engage in sexual activity[4]**.** Combined with adolescents 'overall sense of invulnerability, lead many young men to engage in sexual activity that puts their own and their partners' reproductive health at risk. Men are important actors who influence both positively and negatively the reproductive health of women and children[5]**.**

Studies have also shown that socio-demographic factors including younger age, lower educational level, male sex, higher degree of religiosity. high price of contraceptives, practice of risky sexual behavior , not being previously pregnant and lack of exposure to healthcare worker

talking about contraception were associated with factors associated with contraceptive non-use among university students[6]. Furthermore, pressure from partner not to use contraception affect the use of contraceptives[7]

The 1994 International Conference on Population and Development (ICPD) in Cairo Egypt explicitly calls for the involvement of men in women reproductive health. The appropriate use of contraceptive has the great value of reducing abortion and preventing unintended pregnancies. In addition, contraceptives play a significant role in reducing the transmission of sexually transmitted diseases[8]**.**

The emerging awareness of the important role young men can play in improving their own and their partners' health has led to an increase in the number of programs focusing on male involvement[9]. The focus of this programs are engaging young men in supporting their partners in reproductive health needs and to increase modern contraceptive use[9].

In Ethiopia Ministry of Health has developed the national adolescent and youth reproductive health (AYRH) strategy, to alleviate the RH problem of youth including the contraceptive needs that also address higher learning institutions, although no adequate effort is made to implement it among university students[10]. In spite of this, most of the existing services are non-youth friendly, undertaken in small scale and not well organized to meet the contraceptive service needs of this section of the population[10].

1.2. Statement of the problem

Among sexually active youths knowledge and use modern contraception play a vital role in preventing the ill consequence that come from contraceptive non-use[11].Unintended pregnancy is common among the youths and adolescents because of contraceptive non-use, misuse and method failure. About 16 million women give birth each year among which 11% are adolescent births. About 95 % of adolescent births occur in developing countries and half of all adolescents' birth occurs in just seven countries including Ethiopia[11]**.**

Most sexually active students do not use any contraception because of which many college students experienced unplanned pregnancy. Furthermore, dropping out of school due to unintended pregnancy may have significant negative impact on the lives of young adults. This will also have a negative effect beyond individuals' needs that will have consequence in the country's social and economic development[2]. A study done among Addis Ababa university students revealed that 9 in 10 (90 %) of the ever pregnant students terminated their pregnancies with induced abortion[12]**.**

A study in Ethiopia indicated that reasons to women's unmet need for contraception include their husbands' opposition, religion, poor knowledge, and lack of communication between spouses[13]**.**Understanding the role of men in their partner contraceptive decision making is important. Although contraception adoption often fall on the hands of a female partner the more involved young men in a relationship including discussion regarding contraception use the greater the likelihood the couple will use contraception[9]**.** Although unintended pregnancy prevention efforts are often focused on females and many studies are done in this regard, young males play an important role in contraceptive and childbearing decision making in relationships [9]**.**

According to studies, young men with history of sexual intercourse and alcohol consumption or cigarette smoking are more likely to involve in making their partner pregnant. Even though there is high level of awareness of contraception due to negative attitude male, university students prohibit their partner and themselves from using method of contraception[14, 15].

The above mentioned factors should be seen explored among Ethiopian female university students in the context of low modern contraception among sexually active unmarried women in the age range of 15-19 is 52 % and in the age group of 20-24 is 57%**.** The fact that this low use of contraception among this youths has get the attention of the World because despite the risk associated with early pregnancy young people still use contraception rarely.

Because of this contraception, non-use Adolescent pregnancy is common in many countries. In order to make a sustained difference in the reproductive lives of both men and women, it is critical that men's involvement be seen as a framework that can be applied to all areas of reproductive health, including safe motherhood, post-abortion care, adolescent health, and gender-based violence[16] .Even if male sexual partner involvement is one of factors associated with modern contraception among young females there is a gap in evaluating the involvement of male regular sexual partner especially in undergraduate university students.

1.3. Significance of the study

This study will have a significant input for the stakeholders and policy makers involved in sexual and reproductive health problems to design appropriate strategy. Evaluation of male involvement in usage of modern contraception and prevention of unintended pregnancy will help to prevent teenage pregnancy and its consequence in a community that is socially and economically important for young adults themselves, their partners and the country at large.

The study will also give an impetus to have a detailed study with a national coverage. Moreover, the health sector will have the required and timely information to revisit its policies and programs and probably give more focus on the reproductive health needs of the youth in higher learning institution of the country.

2. LITERATURE REVIEW

2.1. Males knowledge, attitude and involvement on modern contraception utilization

Globally the prevalence of modern contraception among unmarred female youths is above 60%[8]. A study done among Addis Ababa adolescents indicated that regarding couple's responsibility to use contraceptives, 79.1% of the respondents have reported that it is the responsibility of both partners, 17.6% thought that it is the responsibility of female partners while only 3.3% thought that it is the responsibility of male partners[12].

Men's involvement in decision making about sex, contraception and childrearing strongly influences sexual and contraceptive behavior, significantly strengthens and reduces disagreement in relationships, and reinforces men's responsibility for the children as fathers[4].

Few studies, though, have investigated men's perceptions of their roles and responsibilities regarding decision making about sex, contraception and the raising of children. Furthermore, only recently has such research been identified as being important[4]. High levels of premarital childbearing, growing concern about the spread of HIV/AIDS and other STIs and the concomitant increase in the prophylactic use of condoms has led developers of social policy to include men in efforts to prevent pregnancy and STIs. Programs are need to address young men's reproductive health issues including STIs, contraception, unwanted sex and unintended pregnancies[17, 18].

Among university, students in Botswana compared to female students' male students had low awareness and knowledge. From the female students almost 100% and 93.1% of the female and male students are aware the effectiveness of contraceptive used respectively. Also 90.6% of female students knew the irregularity of contraceptives could result in unplanned pregnancy where as only 76.4 % males were aware of that[19].

Another study in South Africa also revealed a high level of awareness of contraceptives 91.7% among University of Venda male students. Most of the respondents 96.7% indicated that they knew that contraceptive use to prevent pregnancy. Despite a high level of knowledge of contraceptives, the majority of the male students (55.0%) at the University of Venda displayed a

negative attitude towards contraception and family planning for different reasons. About 58.0%, 16.6%, 21.0%, 25.0% and 18.3% of the participants respectively, indicated that contraceptives were unreliable, cause cancer, decrease sexual pleasure and increase promiscuity. As a result, about 48.0% of male students were not using contraceptives[14, 15].

Based on a study done among men aged above 21 in USA 2015 the barriers that hinder men from involving in contraception decision classified as individual, health care and provider related. From 40.1% of the participant who provide a reason for the 8.2% participant inadequate information about modern contraception was the cause[20]. Study conducted in Cameroon Among couples showes , men who are aware of contraception were 3 times more likely to use contraception and men who supported their spouses were 5 times more likely to have indicated a desire to use contraception[21].

Study done among men aged 20-39 showed high proportion of men indicated that men and women have equal responsibility for decision about contraception but not seen on the ground. It is hard to say all males are involved equally with their partner in those decisions although such perceptions were influenced by an individual's own behaviors. Between couples personal attitude and perception shapes sexual and contraceptive decisions[4].

According to studies, communication between partners may influence contraceptive method choice, frequency of use and it also contribute contraceptive success by improving the consistency, and effectiveness among regular sexual partners .male partner attitude was mentioned as an important reason for couples to use contraceptives. Men's awareness and support for contraception were significantly associated with women's expressed need to use contraception[22].

2.2. Magnitude of unintended pregnancy and abortion

The worldwide average rate of births per 1000 young women aged 15-19 years is 65, with average rates of 25 in Europe, 56 in the Middle East and North Africa, 59 in Central Asia, 78 in Latin America, and 143 in Sub-Saharan Africa. About 14 million women aged 15–19 years give birth each year, about 11 % of all births worldwide. About 95 %of these births occur in low- and middle-income countries. As a result of this and other factors including lack of education on sexual and reproductive health, poverty, contraceptive failure, and sexual assault, an estimated 10-14 % of young unmarried women around the world experienced unwanted pregnancies[12]**.**

Due to limited use of contraceptives, limited access to reproductive health information and education and other related reasons adolescents in Ethiopia experienced unintended pregnancy and suffer from abortion trauma. Fifty four percent and 37% of girls under age of 15 and youth 20-24 respectively experienced unintended pregnancy. Based on Ethiopian Ministry of Health data in the country, abortion accounts 60% gynecological and 30% of all obstetric and gynecological admissions[10].

The main factors for unintended pregnancy differ among countries. There have been different factors associated with unintended pregnancy. sexual intercourse without reliable contraception, sexual coercion, poor discussion on sexual matters between partners, poverty, promiscuity, fear of hormonal contraceptives, poor discussion sexual health with parents about sex issues and poor school-based sexual education are some of the factors[23, 24]**.**

Socio-demographic and environmental factors like Age of students, school performance, Peer pressure, living arrangement, pocket money, substance use, watching pornographic video, place of family residence and parental educational status were also some of the factors associated with unintended pregnancy. Unintended pregnancy is a serious problem among adolescence in Ethiopia. A study done among adolescence in Addis Ababa showed that the median age at first pregnancy was 16 years, with 2 in 3 women becoming mothers before the age of twenty. From 957 female respondents 50% had been pregnant in the past and 74 % of these pregnancies resulted in abortion[25, 26]**.**

The most stated reasons for the termination of pregnancy were fear of drop out from school, the next most common reason given were that bad timing of pregnancy, too young to have child, high cost for childcare and the pregnancy is socially unacceptable (fear of social stigma). As a result, 92% of the pregnancies were unintended and three fourth of them terminated it by induced abortions which is carried out by untrained persons[27]

Among university students, 4% of male students did not use modern contraceptive because of their wish to make their female sexual partner pregnant. Also Among males who experience previous unintended pregnancy and child birth they claim that their tendency towards deference of responsibility with their partner for both contraceptive and pregnancy and their denial of the risk of unprotected sexual intercourse seemed to be the primary contributor to their unintended pregnancy. Men's typically relied on their partners to use contraception and mostly they represented themselves as a supporter. Many of men engaged in risky sexual behavior without taking responsibility for preventing or responding to unintended pregnancy. even if they have experience and had knowledge about modern contraceptive some even experienced unintended pregnancy they mostly continued in high risky sexual behavior[14, 28].

Among adolescents in Taiwan 19.2% of male students reported that they had been involved in pregnancy and young men with a history of sexual intercourse after having alcohol ,cigarette smoking are more likely to get involved in making their sexual partner pregnant. From sexually active female aged 15-20 youths one quarter experienced explicit attempt by their male partner. By promoting pregnancy using verbal pressure not to use contraception, forced sex without condom resulted in unintended pregnancy[15, 29].

2.3. Factors associated with sexual partnership and male involvement in modern contraception utilization

2.3.1. Scio demographic, economic and environmental factor

Among female students who were sexually active and did not use contraceptives, there is a high risk of unwanted pregnancy and induced abortion. This might be aggravated when students live out of campus or in rental houses, since they are young adolescents and youth, they lack good decision of self-control in the absence of parents. Furthermore, peer pressure may lead them to engage in unprotected sexual life while living alone or with other friends[30]**.**

Having enough regular pocket money was found to have association with induced abortion[31]**.** This finding is similar with the finding of the study done in Thailand, which supports that having a higher income was positively associated with affording for substance and all its adverse outcomes including unplanned pregnancy and abortion[31]**.** This might be due to less fear for pregnancy outcome, able to pay fees to attend night parties and to purchase substances like alcohol and chat[27]**.**

Attending parties and taking substances can disrupt their decision-making ability and put them into a risky sexual practice that will result in unintended pregnancy. In addition, adolescents and youths develop very close relationships with their peers, conforming to group norm, dress, and customs. This helps them to feel secure and sense of belonging to a large group. Research has shown that adolescents and youths tends to conform their sexual behavior, including timing of sexual debut, use of contraceptives and substance use, to what they perceive their peers are modeling; this peer pressure aggravated when students have enough amount of money[25, 26].

Among sexually active male students, contraceptive non-use was associated with younger age, religious affiliation, and intrinsic religiosity. As age increase, the likelihood of contraceptives uses also increase. Also females use contraception than males and as educational status increase contraception usage also increase[32].

Among male students in the age group 17-19, 20-21, 22-30 the prevalence of contraceptive non-use is 52.6%, 40.1%, and 39.8% respectively. When we see the economic background, 42.9 % of male students that are from poor family doesn't use contraceptives compared to the 37.1 % from the wealthy[6].

According to study done in Uganda male university students under 22years were 70% times more likely not to use contraception (OR1.7, 95% CI 1.1-2.6) and area of growing up was one of the association factor for engaging in contraceptive use. male students from rural background had a significant association with not using contraceptive method (OR 2.2, 95% CI 1.4_3.5) [3].

Among married males age, level of education, occupation, average monthly income were found significantly associated with male involvement in contraceptive use. As male partner age increases, they were more likely to be very involved in women's contraceptive services[22, 33]. Men who had completed secondary education or graduate school were more likely to be involved in reproductive health than men with no formal education (OR 4.3 P=0.0007) and partners whose monthly income is greater than 18000 naira were 1.01 times more likely to be involved in contraceptive use than male partners who get less than 4800 naira[33].

Among men's besides, unfriendly health care provider and inadequate information on FP method 9.3% of men mentioned financial constrains hinders them from involving in FP method choice. This study revealed that partners age, level of education, FP knowledge level, partner's level of education, and birth spacing between partner's last two deliveries were among the factors that influenced male involvement in FP. Identified barriers to male involvement in FP methods were lack of money to pay for FP methods, conception difficulties of their partners, inadequate information on FP, tradition and unskilled health care providers[20]

Among male university students, 36.7% of male students put culture and religion as a reason not to use and participate in contraceptive use with their female partners, which indicate the negative attitude of male sexual partners on modern contraception due to the mentioned reasons might end up in influencing the sexual and reproductive health right of their female partners[14].

2.3.2. Sexual and reproductive health factor

Adolescent sexuality refers to sexual feelings, behavior and development in adolescents and isa stage of human sexuality. Sexuality and sexual desire usually begins to intensify along with the onset of puberty[12]**.**. According to 2011 EDHS, 29% of women had first sexual intercourse before age 15 years old and 62% of women before age 18 years old. The median age at first sexual intercourse for women and men is 16.6 and 21.2 years old, respectively. Men tend to initiate sexual activity later in life than women[16]. Sexual initiation among undergraduate students may be further worsened by the fact that they mostly live in campuses without boundaries or security; peer pressure; economic problems and lack of youth friendly recreational facilities[1].

Alcohol consumption, cigarette smoking, or the use of illicit drugs by youths associate with increased risks of sexual intercourse, multiple sexual partners and lower rates of condom use. Males report more sexual behaviors including sexual fantasy, sexual intercourse, viewing pornography and talking about sex with friends [25, 26, 34].Studies done in Nigeria universities undergraduate students showed that more than half 52.0% to 92% of the students had either boy/girlfriendand 52.0% had ever had sexual intercourse; of these 13% to 80.1%, report had only one sexual partner in their lifetime. The mean age at sexual debut was 17.0($\pm$4.5) years. Almost half (47.1%) of adolescents engage in premarital sex due to peer pressure. Few (13.4%) have had sex in exchange for gifts there was a positive association between sex, educational level, alcohol drinking, chat chewing and watching pornographic movies with ever having sex [12, 24, 35].

Most males thinks reproductive health system is mainly focused on females and it is hard to communicate with their female sexual partners and males who experienced prior sexual experiences had lower intension to participate in contraceptive utilization and they are more likely to be involved in making their partners pregnant. Which is associated with low contraceptive knowledge and attitude indicating the higher the knowledge and attitude of male partners on contraception there is a significant intension to engage in contraceptive use along with their partners. Among married couples, men often had concern that women's use of contraceptive will lead them to be unfaithful to them. This kind of attitude to contraceptives hinders males to involve in reproductive health service with their partners[15, 33].

Among sexually active male students Sexually protective behavior like not having made someone pregnant, not having had multiple sexual partners, not having had alcohol when having sexual intercourse and not engaged in internet sex was associated with contraceptive use [6].

These exposing factors will engage youths into unsafe sex. Without using the safest choice of modern contraception, with less partner discussion the female will safer from unintended pregnancy, unsafe abortion and school dropout in order to prevent this male should take full responsibility and prevent this bad consequence.

Though there are many , studies done on male involvement in contraceptives utilization among married couples, studies on male involvement in modern contraceptives utilization among the youth, which are not married, but in regular sexual partnership are limited. As other studies suggest male partner involvement raised family planning uptake among females. Therefore, this study was done to assess the involvement of male regular sexual partner on contraceptive use and factors that are associated for the male to be involved in the contraceptive use among female undergraduate students who are in regular sexual partnership.

2.4. Conceptual frame work

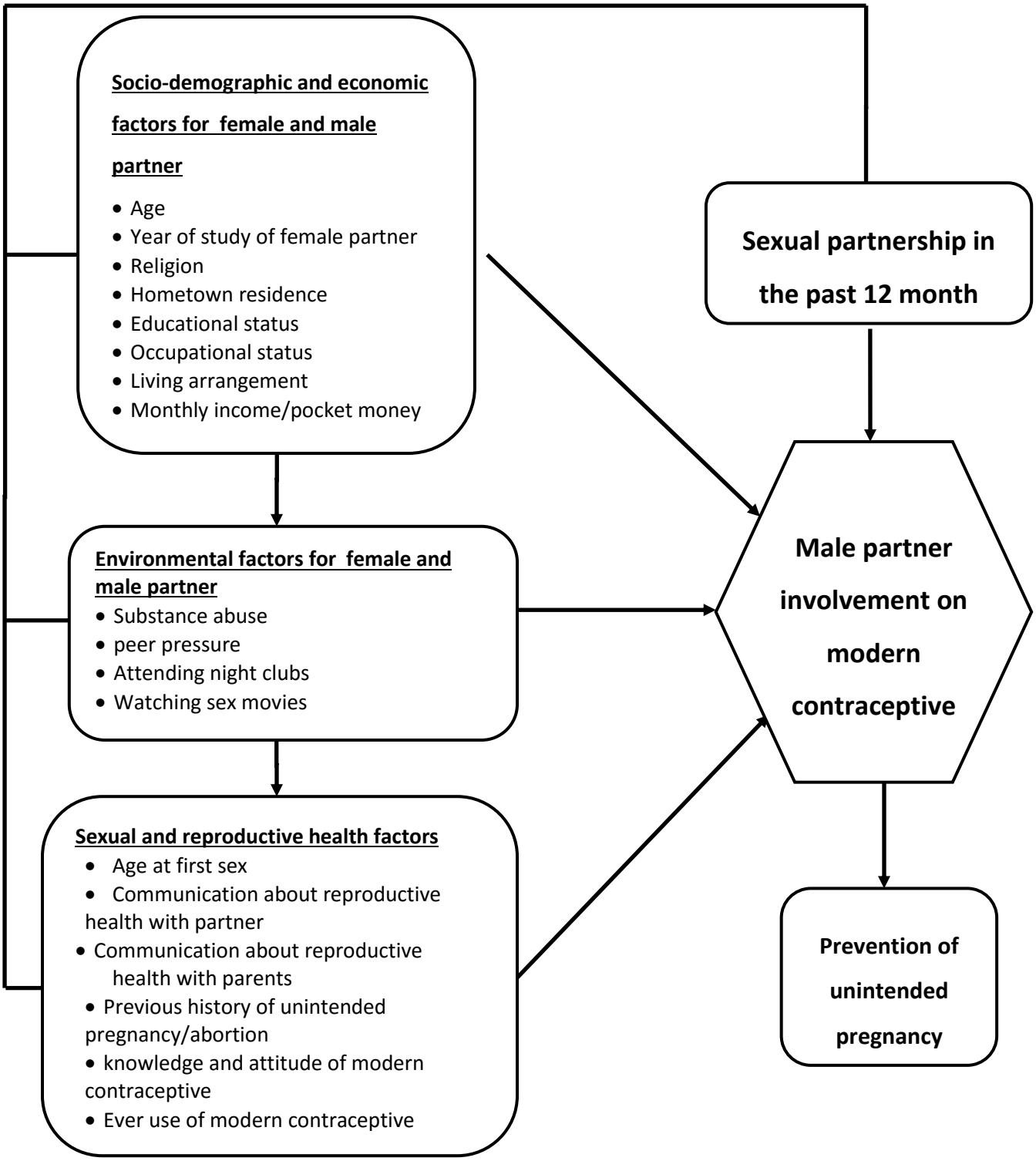


Figure 1: Schematic presentation of conceptual framework for the study of male regular sexual partner involvement in the use of modern contraceptive among the study subject 2017.

3. OBJECTIVE

3.1. General objective

The main objective of this study is to assess the involvement of male regular sexual partner in the use of modern contraception among regular undergraduate female students of Addis Ababa University 2017.

3.2. Specific objective

- To measure the magnitude of regular sexual relationship among female undergraduate students of Addis Ababa University
- To calibrate the involvement of male regular sexual partner in the use of modern contraception among regular undergraduate female students of AAU
- To identify factors associated with males' involvement in the use of modern contraception among female students

4. METHODS

4.1. Study area and study period

The study was conducted in Addis Ababa University (AAU), which is the oldest governmental higher learning institution in Addis Ababa, Ethiopia. Addis Ababa University is the first University in Ethiopia established in 1950 as university college of Addis Ababa (UCAA). Since its establishment AAU has been an all-rounded center in teaching, learning, research and community services. Beginning with enrolment capacity of 33 students in 1950 AAU now has 48,673 students (33,940 undergraduate, 13,000 masters and 1,733 PHD students) in its 14 campuses and 10 colleges.

These 10 colleges contain 12 centers, 12 schools, 55 departments, and 2 teaching hospitals. The numbers of undergraduate students in each school are - College of Social Science (COSS) had 1209 students. College of humanities, language studies, journalism and communication (CHLJC) had 860 students. Ethiopian Institute of Architecture Building Construction and Development (EIABCD) had 2126 students, College of Business and Economics (CoBE) had 2772 students, and college of law and governance studies (CoLGS) had 350 students. College of education and behavioral studies (CoEBS) had 511 students. College of Natural and Computational science (CoNCS) had 2194 students, college of veterinary medicine and agriculture had 103 students, Skunder Boghossian College of performing and visual arts had 625 students, college of health science (CoHS) had 3023 students and Addis Ababa institution of technology (AAIT) had 6062 students. Female students account of 26% of the total undergraduate students. There are seven student clinics and two counseling centers. (Addis Ababa university main campus registrar 2017)

The data collection period was completed in the period of March 2017 to April 2017.

4.2. Study design

Institution based cross sectional study was conducted among female undergraduate students of AAU to assess the involvement of regular male sexual partner in the use of modern contraception.

4.3. Population

4.3.1. Source population

The Source population was all regular female undergraduate students of Addis Ababa University.

4.3.2. Study population

The study population was randomly selected female regular undergraduate students of Addis Ababa University.

4.4. Inclusion and Exclusion criteria

4.4.1. Inclusion criteria

Regular female undergraduate students enrolled in the year 2016/17 academic calendar of Addis Ababa University were included in this study.

4.4.2. Exclusion criteria

- Female undergraduate students who are not present at the time of data collection
- Female undergraduate students who are critically ill and visually impaired was not included.

4.5. Sample size determination

For the three objective sample size was calculated

Objective one

- P is proportion of regular sexual relationship among female undergraduates=65.9%[36]
- Z is standard score for 95% confidence level = 1.96
- d is margin of error =5%

- Furthermore, non-response rate of 10% assumed since the issue is about sexual issue. In addition to this design, effect of 1.5 taken to control clustering effect and since multi stage, sampling technique is used. Based on the above assumptions the calculated total sample size is
  n=576

Objective two

The Sample size calculated using the following single population proportion formula;

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

Where,

n is sample size

P is proportion of regular male sexual partner that has role in use of modern contraception= 50% taken since local data for the value of P was not available to allow maximum sample size

Z is Standard score for 95% confidence level = 1.96

d is margin of error =5%

Furthermore, non-response rate of 10% assumed since the issue is about sexual issue. In addition to this design, effect of 1.5 taken to control clustering effect and since multi stage, sampling technique is used. Based on the above assumptions the calculated total sample size

n= 634

Objective three

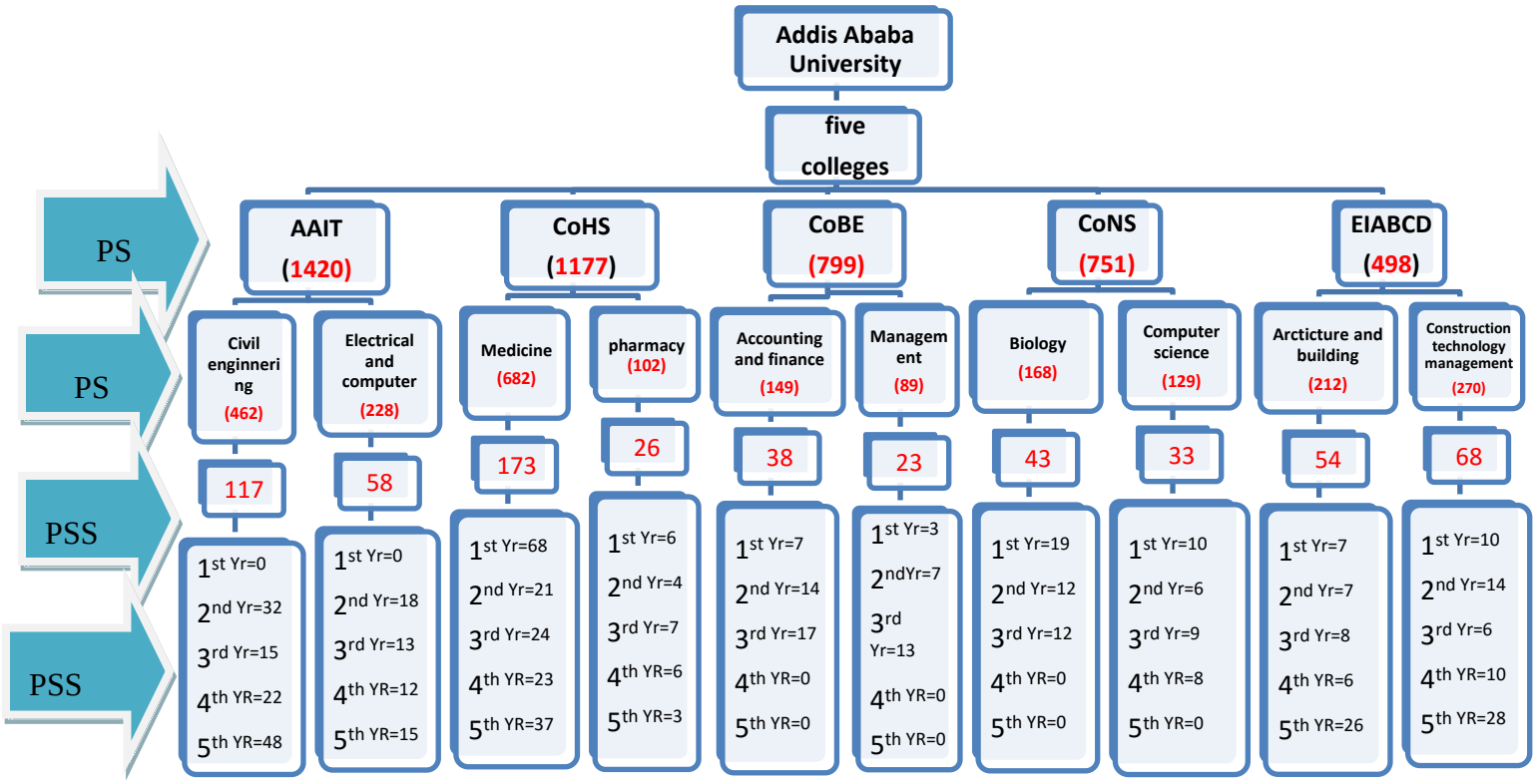
Table 1. Sample size determination for the associated factor of male regular sexual partner involvement in using modern contraceptive, 2017

Associated factors	% of unexposed cases	%of exposed cases	power	CI	Ratio	Risk ratio	Odds ratio	Calculated Sample size	Calculated Sample size with 10% non-response rate
Occupation	20	36	80	95	0.18	1.8	2.25	538	592
Knowledge on modern contraceptive[33]	16	35.2	80	95	0.34	2.2	2.85	247	272

So the maximum sample size was **n=634**

4.6. Sampling procedure

Multi stage stratified sampling technique used to select study participants. First five colleges with the highest number of female students were purposively selected out of the 10 colleges. The purposively selected colleges were Addis Ababa University Institute of Technology, College of Health Sciences, College of Business and Economics, College of Natural Science and Ethiopian Institute of Architecture Building Construction and Development. Then two departments from each college with the highest number of female students were selected to find adequate number of female students that have regular sexual partner in the past 12 months. The calculated sample size allocated based on probability proportional to the size of female students in each selected department and year of study respectively. The stratification by year of study was made due to variable of interest might vary across the year. The study participants from each selected department and year of study was using simple random sampling technique.



Keys: Yr = Year PS =Purposive sampling PSS = Proportional sample to size

Figure 2: A diagram shows the sampling procedures of undergraduate regular female students of Addis Ababa University 2017.

4.7. Data collection tool and procedures

A structured questionnaire was prepared after reviewing relevant literatures. The questionnaire has parts on socio-demographic and economic characteristics, knowledge about modern contraceptives and sexual and reproductive health characteristics for the respondents and regular sexual partner of the respondents. By using four female data, collectors with Diploma in nursing and previous experience on data collection were recruited. An orientation to the data collector was given for a day. The principal investigator trained facilitators/data collectors about the main principles that have to be respected during data collection and how the each question in the questionnaires have to be understood and particulars of the questionnaire were briefed study students on the purpose of the study.

4.8. Study variables/Measurement

4.8.1. Dependent variables

There are two outcome variables in this study. The first one is Sexual partnership in the past 12 months and the second one is male involvement in modern contractive method utilization.

Male involvement in modern contraception usage was measured by including questions on discussion about use of family planning methods, who decided on day of sexual debut, use of family planning in the first sex and in each sexual act, decision on abortion if the girl encountered pregnancy, covering costs for family planning methods and abortion and others.

4.8.2. Independent variable

- **Socio-demographic and economic factors;**Age, Year of study, Marital status, Religion, Hometown residence, Educational status ,Occupational status, Living arrangement, Monthly income/pocket money.
- **Environmental factors;** Distance of health facility, Peer pressure, Substance abuse, attending night-clubs, watching sex movies.
- **Sexual and reproductive health factors;**Age at first sex, Communication about reproductive health with parents, Communication about reproductive health with partner, Previous history of unintended pregnancy/abortion, Ever use of modern contraceptive, Knowledge about modern contraceptives and unintended pregnancy.

4.9. Operational definition

Regular sexual partner: Sexual relation among undergraduate students that may last in marriage or, considered an important relation by the couples for at least 6 months.

Unintended pregnancy: is a pregnancy that is either mistimed or unwanted.

Unprotected sexual intercourse: - intercourse without barrier method.

Unsafe abortion:-is the termination of a pregnancy by people lacking the necessary skills, or in an environment lacking minimal medical standards, or both.

4.10. Data quality management

The Data quality assurance has done before, during and after data collection process.

Before data collection: a structured self-administered questionnaire is prepared by reviewing relevant literatures. The questionnaire was prepared in English, then translated to Amharic, and translated back to English to see its consistency by individual that have a good skill in both languages. Training given to recruited facilitators on the objectives and relevance of the study, data collection, confidentiality of information and informed consent. Pretesting of questionnaires done to check the understandability by taking 5% of the sample among female undergraduate students of one college of AAU, which is not included in the actual data collection**.** On the other hand,

During data collection**,** students were oriented about the importance, the objective, the risk and benefit of the study. There was a close supervision during the data collection process and the checking of questionnaire for completeness and consistency on daily bases. After data collection, the principal investigator checked the completeness and transferred it into computer software and non-over lapping numerical code given for each question and coded data cleaned and entered into EPI- data version three prepared templates. Internal consistency check also putted in place in the data entry template.

4.11. Data processing and analysis

The Data entered into a template in EPI- data software, cleaned, and exported STATA version14 software for analysis. Summary measures presented using frequency distribution tables and graphical presentation. The summary measures include mean, median value and proportions. The main outcome variables are sexual partnership and male involvement. A composite variable was created from the variables described in the measurement section of this thesis. First, the association of each covariate with male involvement was tested with a chi-square test. Bi variable logistic regression was used to examine the association between the main dependent variables and male regular sexual partner involvement on the use of modern contraceptives. Binary logistic regression model run to determine whether each of the factors were related with the outcome variable, male regular sexual partner involvement on the use of modern contraceptives. P-Value less than 0.05 was considered statistically significant. Multi-co linearity between the various independent variables was checked with variance inflation factor. Moreover, multivariable binary logistic regression model fitted to determine the factors that affect male regular sexual partner involvement on the use of modern contraceptives by suppressing the effect of potential confounders. Those variables that found statistically significant at the bivariable logistic regression taken were into the multivariable model. The significance, strength and direction of association were calibrated using odds ratio along with their 95% confidence intervals.

4.12. Ethical consideration

Ethical clearance for this study was obtained from Addis Ababa University, College of health Science, and School of Public Health research ethics committee. All study participants were told about that their participation is on voluntary basis. The objectives of the study and the risks and benefits of participating in the study were communicated prior to asking the willingness of the study participants to participate in the study. Verbal consent was taken from each respondent prior to data collection. After getting informed consent from the respondents, the right of the respondents to refuse answer for few or all of the questions was also respected. The questionnaire was anonymous and name of student was not asked. The confidentiality of the data was kept very well. Except the principal investigator and the research team, no other people have access to the collected data.

4.13. Dissemination of results

The result of this paper will be given to Addis Ababa University School of Public Health, Addis Ababa health office and ministry of health and other organization who are considered responsible in reproductive health services provisions. Publication and presentation, it in seminars and conferences will be considered.

5. RESULTS

The result of this study has different sections. The first section of this study is mainly on sexual partnership in the past 12 month among female undergraduate students and it consists of subsection on socio-demographic characteristics of the study subject, bivariate and multivariate analysis of socio demographic characteristics on sexual partnership in the past 12 month. In addition, bivariate and multivariate analysis, of effect of predisposing and environmental factors on sexual partnership in the past 12 month.

The second section of this study addresses about regular male sexual partner knowledge attitude and utilization of modern contraceptive among regular sexual partners and female university students. The other part also include a sub section on the magnitude Regular male sexual partner involvement in contraceptive utilization among female university students.

The Third section is all about associated factor in involvement of male regular sexual partner in the use of modern contraceptive includes Socio demographic characteristics of respondent's regular sexual partner and the bivariate and multivariate analysis of associated factor in involvement of male regular sexual partner in the use of modern contraceptive.

5.1. Socio-demographic characteristics of the study subjects

A total of 634 female undergraduate students were enrolled after fulfilling the inclusion criteria out of which 10 students refused to participate and 3 didn't fill the questionnaire fully which makes the non- response rate only 3%. Complete data were obtained from 621 undergraduates. The mean age of the students was 21($\pm$2.02). One hundred ninety three (31.08%) and 173(27.86%) were from College of health science and Addis Ababa institute technology respectively. Large proportions of the study participants were from the 5th year and above which is 153(24.64%). The second largest proportion was 2nd year that is 133 (21.42%). One hundred twenty six (20.29%) are from third year. one hundred twenty three (19.8%1) are from 1st year and from 4th year 86 (13.85%).Three hundred thirty-two (57.04%) of the students visits church/mosque more than a week and 39(6.28%) of the students had never been to church/mosque. The current accommodation of 323(52.01%) student was in the university dormitory. Thirty-four (5.48%) are currently married. Hometown residence of 53(8.53%) is from

small town/rural areas. 126 (21.11%) students had received less than five hundred birr as a pocket money per month, 307(51.42%) received from 501-1000 birr per month, 15(2.51%) received from 1001-1300 and 149 (24.96%) of the students had received more than 1301 birr per month.

Table 2. Socio-demographic characteristics of female undergraduate students in Addis Ababa University, May 2017

Variables	Frequency	Percent
Age of respondents		
15-24	589	94.85
25-34	32	5.15
Mean ± SD	21 ± 2.02	
Respondent's study year		
1st year	123	19.81
2nd year	133	21.42
3rd year	126	20.29
4th year	86	13.85
5th year and above	153	24.64
Respondent's visits church or mosque		
Yes	582	93.72
No	39	6.28
Respondent's frequency of visiting church or mosque (n=582)		
Once a week and more	332	57.04
Once in two weeks up to a month	210	36.08
Once in 6 month up to one year	40	6.87
Respondent's residence before joining university		
Addis Ababa or other town	568	91.47
Small town or rural	53	8.53
Respondent's current residence		
University dormitory	323	52.01
Living with parents	244	39.29
Living outside dormitory other than parents	54	8.7
Respondent's average monthly pocket money (n= 597)		
<=500	126	21.11
501-1000	307	51.42
1001-1300	15	2.51
>=1301	149	24.96
Mean ± SD	1025.1 ± 540	

5.2. Factors associated with sexual partnership in the past 12 month among female undergraduate students, 2017

The frequency of sexual partnership in the past 12 month among the study subject is 278 (44.8%) from which 256 (92.09%) was still on relationship at the time of data collection. Among the students 71 (24.15%) of the students had their first sexual intercourse before the age of 19 years and 223 (75.85%) of the students experienced their first sexual intercourse after the age 20. The mean age at first sexual intercourse was 20.5($\pm$1.66).

To see the association of each independent variable on sexual partnership in the past 12 month binary logistic regression was fitted. From the binary logistic regression socio-demographic variables such as age group, study year, church/mosque visit, current residence, monthly pocket money, attending cinema, attending nightclub, watching pornography, and having peer pressure were found to have significant association with sexual partnership in the past 12 month. From the binary logistic, result those variables that were significant again put in to multiple logistic analysis model. Based on the multiple analysis age, study year, current residence, monthly pocket money was significantly associated with sexual partnership in the past 12 month among undergraduate female undergraduate students of Addis Ababa university students.

The result of multiple logistic analysis showed that students who were 25 or older were AOR=3.46:95% CI (1.15, 10.32) times more likely to engage in sexual partnership than those who are below 24 years of age and younger. Students whose batch were third year, were AOR=8.62: 95%CI (3.99, 18.61) times more likely to engage in sexual partnership than those in 1st year. Students who are living outside university dormitories were AOR=11.01 95% (CI (4.25, 28.49) times more likely to be engaged in sexual partnership than those who were living in the university dormitories of students. Students with average pocket money of greater than 1301 were AOR=3.22:95% (CI 1.65, 6.29) times more likely to engage in regular sexual partnership than who get less than 500 birr.

From the binary logistic regression, attending cinema, attending nightclub, watching pornography, and having peer pressure were found to have significant association with sexual partnership in the past 12 month. From the binary logistic, result those variables that were significant again put in to multiple logistic analysis model. Based on the multiple analysis-

attending nightclubs, watching pornography and peer pressure to have sex were significantly associated with sexual partnership in the past 12 month among undergraduate female undergraduate students of Addis Ababa University.

The multiple logistic analysis indicated that students who went to the nightclub were AOR=3.24:95% CI (2.02, 5.20) times to be involved in sexual partnership than who had no history of going to nightclub. Moreover, students who were watching pornography videos were AOR =2.83:95% CI (1.38, 5.78) times more likely to be involved in sexual partnership than who did not watch pornography. Among students who had peer pressure the multi-level analysis indicated that the odds of sexual partnership among students who had peer pressure were AOR=1.83: 95% CI (1.15, 2.92) times higher than students who had not experience peer pressure.

Table 3. Association of Sexual partnership in the past 12 month and different characteristics of female undergraduate students in Addis Ababa University, May 2017

Variables	Sexual partnership in the past 12 month		Crude OR (CI)	Adjusted OR (CI)
	Yes (n=278)	No (n=343)		
Age group of respondent				
15-24	252	337	1	1
25-34	26	6	**5.79(2.35,14.29)*** **	**3.46(1.15,10.32)***
Respondent's study year				
1st year	15	108	1.00	1
2nd year	38	95	**2.88(1.49,5.56)****	**2.28(1.03,5.05) ***
3rd year	73	53	**9.9(5.20,18.91)*****	**8.62(3.99,18.61) *****
4th year	53	33	**11.56(5.78,23.12)*****	**8.18(3.54,18.92) *****
5th year and above	99	54	**13.2(7,24.87) *****	**7(3.2,15.34) *****
Respondents visits church or mosque				
Yes	251	331	1	1
No	27	12	**2.96(1.47,5.97)****	1.58(0.61,4.09)
Respondent's current residence				
Living with parents	99	145	1	1
University dormitory	132	191	1.01(0.72,1.41)	1.28(0.80,2.03)
Living outside dormitory	47	7	**9.83(4.27,22.64)*****	**11.01(4.25,28.49)*****
Respondent's average monthly pocket money(n=)				
<=500	35	91	1	**1**
501-1000	118	189	**1.62(1.03,2.55)***	1.11(0.63,1.95)
1001-1300	10	5	**5.19(1.65,16.29)****	1.64(0.39,6.93)
>=1301	101	48	**5.47(3.25,9.19)*****	**3.22(1.65,6.29)*****
Respondent go to night club				
Yes	165	73	**5.36(3.76,7.62) *****	**3.24(2.02,5.20)*****
No	113	268	1	**1**
Respondents watches pornography				
Yes	59	17	**5.13(2.91,9.04) *****	**2.83(1.38,5.78)****
No	219	324	1	**1**
Respondents having Peer pressure in engaging sexual partnership				
Yes	145	82	**3.44(2.44,4.84) *****	**1.83(1.15,2.92)****
No	133	259	1	**1**

Note; p-value * =<0.05 p **=<0.01 p *=<0.001**

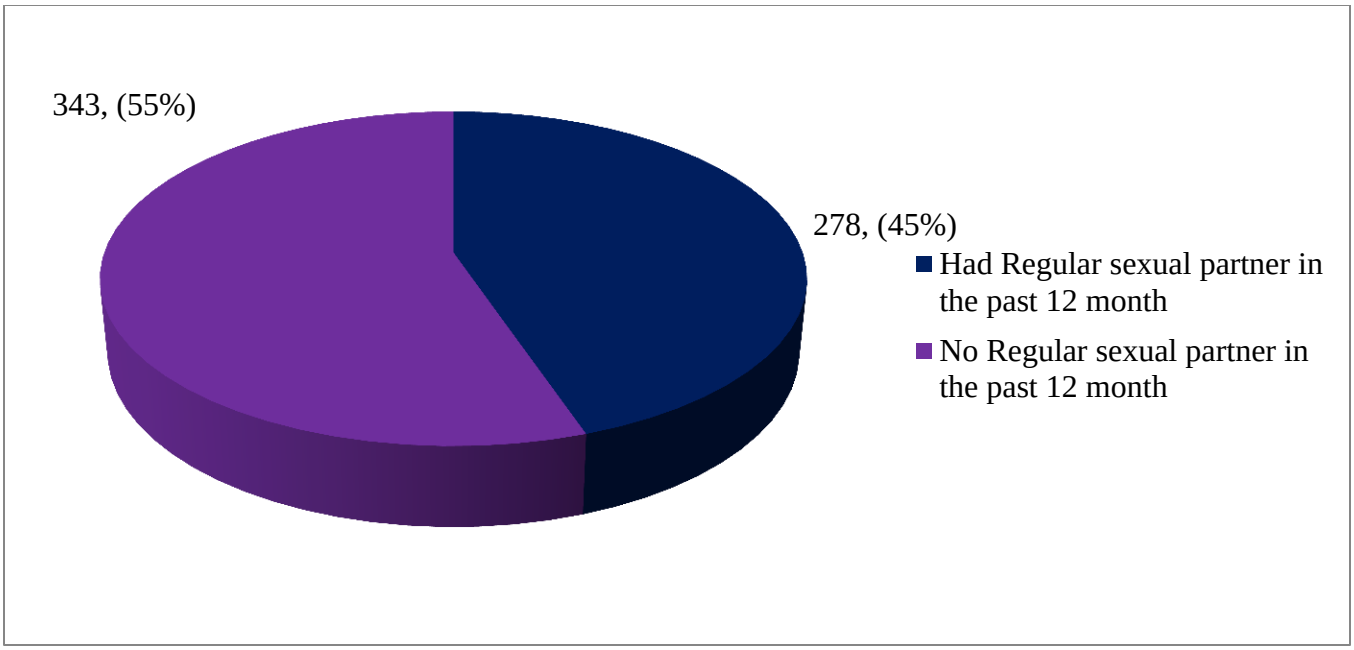


Figure 3: Sexual partnership in the past 12 month among female undergraduate students of AAU, May 2017.

5.3. Knowledge attitude and utilization of modern contraceptive among female University students and male regular sexual partners, 2017

Among the female students 602(97.25%) has the knowledge about modern contraceptive method. Large proportion of female students knows male condom 554(92.3%) and 490(81%) mentioned mass media is the source of information. Among students who experienced sexual intercourse 24(8.14%) experienced unintended pregnancy ever and 18(75%) of them experienced in the past 12 month.

Among the regular sexual partners 225(99.12%) has the knowledge about contraceptive method. Large proportion 218(96.89%) of male partners knows male condom and for 181(80.44%) them mass media was source of information. fourteen(8.1%) of male partners did not support use of contraceptive. 6(4.7%) of regular sexual partner thinks only rude women uses contraceptive methods. Fifteen (11%) them think only married women should use modern contraceptive. 238(90.5%) of respondents used modern contraceptive in the past 12 month with their current regular sexual partner and 9.5 % did not use modern contraceptive or they have used traditional method of contraception.

Table 4. Knowledge attitude and utilization of modern contraceptive among regular sexual partners and female undergraduate students of Addis Ababa University students, May 2017

Variables		Frequency	Percent
Respondents Know contraceptive method (n=619)			
	Yes	602	97.25
	No	17	2.75
type of contraceptive female students know(n=602)			
	Male condom	554	92.03
	Female condom	249	41.36
	Pills	524	87.04
	inject able	521	86.54
	Implant	552	91.69
	IUCD	533	88.54
	Emergency pill	470	78.07
Partner Know contraceptive method (n=227)			
	Yes	225	99.12
	No	2	0.88
Partner Know type of contraceptive			
	Male condom	218	96.89
	Female condom	29	12.89
	Pills	123	54.67
	inject able	106	47.11
	Implant	97	43.11
	IUCD	83	36.89
	Emergency pill	193	85.78
Partner support using contraceptives (n=173)			
	Yes	159	91.91
	No	14	8.09
Reason partner doesn't support contraceptive use (n=14)			
	Fear of side effect	7	50
	Religion	4	28.57
	I don't know	3	21.4
Partner think only married women should use contraceptives(n=137)			
	Yes	15	10.95
	No	122	89.05
Partner think only rude woman use contraceptives(n=128)			
	Yes	6	4.69
	No	122	95.31
Respondent ever used modern contraceptives			
	Yes	263	94.6
	No	15	5.4
Modern Contraceptive use during the first sex with partner(n=263)			
	Yes	221	84.03
	No	42	15.97
Use modern contraceptive in the past 12 month			
	Yes	238	90.49
	No	25	9.51

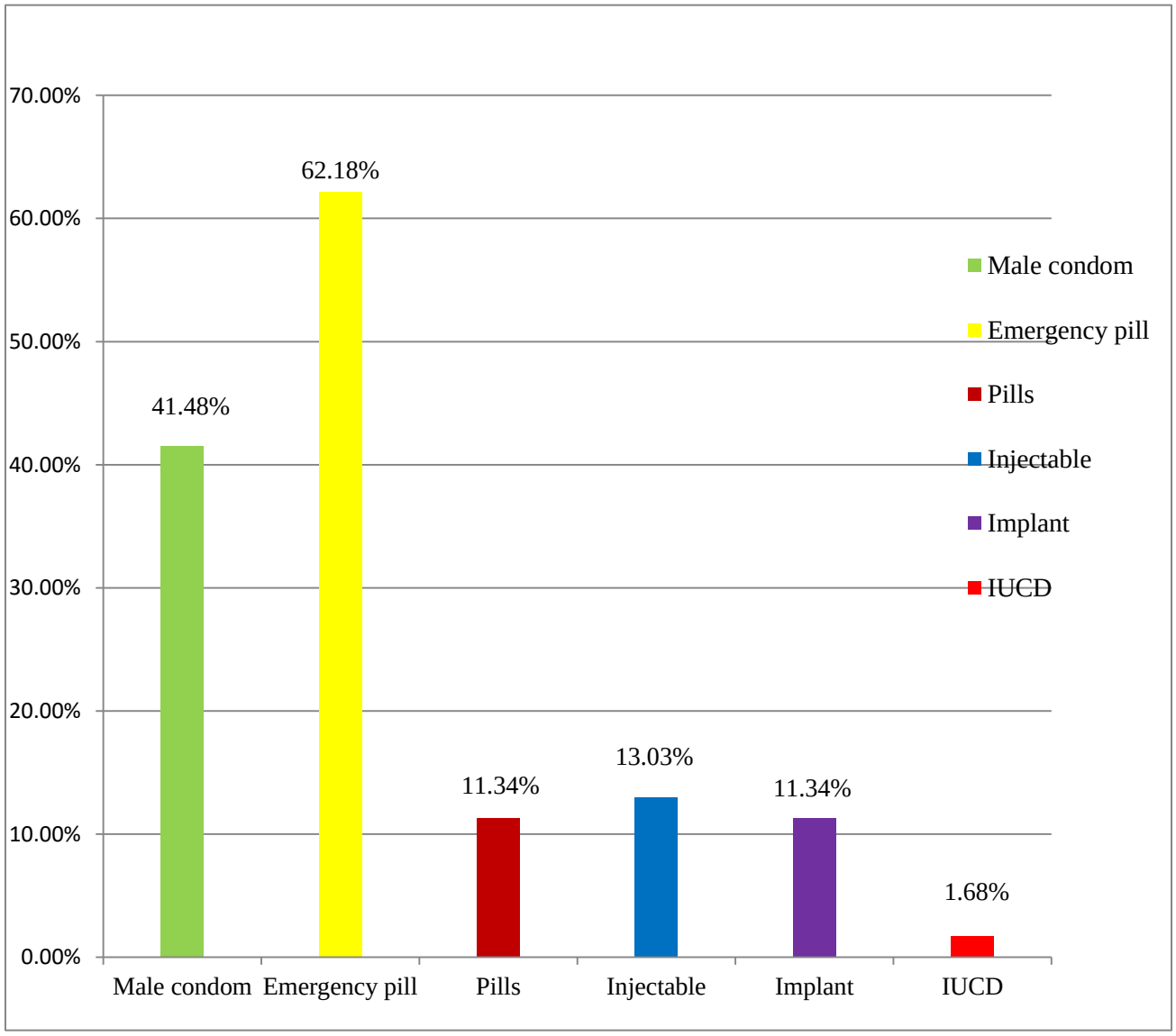


Figure 4: Type of modern contraceptive used in past 12 month among female undergraduate student of AAU, May 2017.

5.4. Regular male sexual partner involvement in contraceptive utilization among female university students, 2017

Among the study subjects, 278 (44.8%) students are in regular sexual partnership. Using eight variables, the composite variable for male involvement in the use of contraception was computed. These are, decision of first sexual intercourse with partner, decision in every sexual intercourse, decision in using contraceptive during first sex, decision in purchasing contraceptives, decision in selecting used contraceptives in the past 12 months, discussion on contraception use in the past 12 months, interest of companionship of the partner when visiting reproductive health services and decision on abortion in the past 12 months.

The magnitude of male regular sexual partner involvement was calculated by using these variables. Respondents who said my partner and me have equal voice in deciding every sexual act and contraceptive utilization were considered that their partners were involved. In addition, even if one of the partners were responsible in buying the contraceptive method if there is discussion it was considered as there is male partner involvement in using contraceptive. This study indicated that, 86(31%) of regular sexual partners of female undergraduate students were involved in modern contraceptive methods.

Table 5. The distribution of male involvement in the use of contraception among female undergraduate students of Addis Ababa University May 2017

Variables	Freq.	Percentage
Situation of first sexual intercourse with partner		
He persuaded	157	56.47
I persuaded	11	3.96
Both willing	110	39.57
Who decides every sexual intercourse		
Me	9	3.24
Him	139	50
Joint decision	130	46.76
Who selected using contraceptives during first sex with partner		
Me	98	44.34
My partner	54	24.43
Both of us	69	31.22
Who purchased used contraceptives during first sex with partner		
Me	88	41.71
My partner	94	44.55
Both of us	29	13.74
Ever discussed with partner about contraceptives		
Yes	162	58.27
No	116	41.73
Who selected used contraceptives in the past 12 month (n=256)		
Me	113	44.14
My partner	30	11.72
Both of us	113	44.14
Who get the contraceptive in the past 12 month(n=238)		
Me	109	45.8
My partner	46	19.33
Both of us	83	34.87
Who decides on the abortion(n=18)		
Me	12	66.67
My partner	1	5.56
Both	5	27.78
Partner go with respondents when vesting RH service (n=89)		
Yes	38	42.7
No	51	57.3

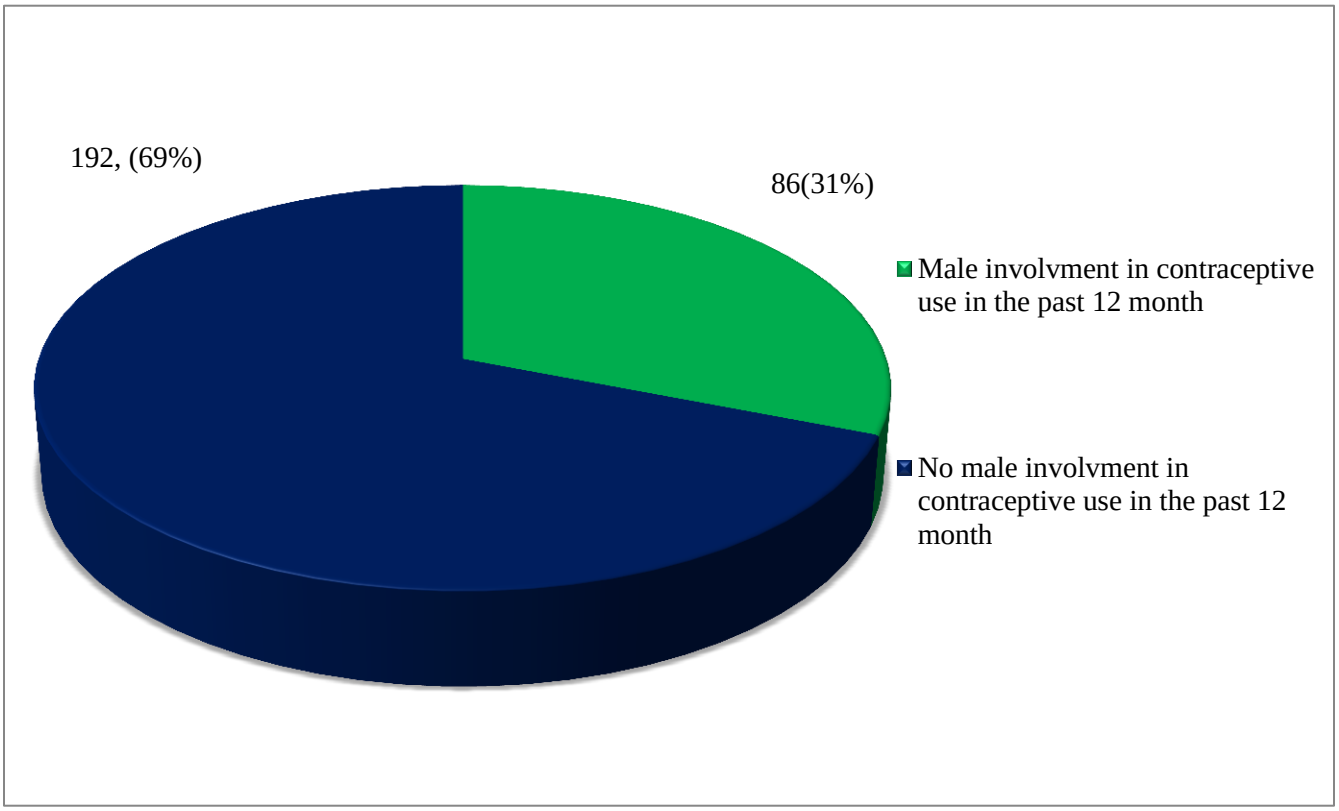


Figure 5: Regular male sexual partner involvement for use of modern contraception among female undergraduate students of AAU, May 2017.

5.5. Socio demographic characteristics of male regular sexual partner

Among the regular sexual partner, the median age was 26 years. Large proportion of the partners, 108 (38.85%), had first degree and above. In addition, 92(33.1%) were students in university, 64 (23.02%) had college diploma and 14 (5.04%) were in secondary school. Thirty one percent of the respondents partners are full time student and 21.58% are government employee and 16.55% are non-governmental employee, 26.26% are self-employed and 2.52% are unemployed.

One hundred seventy-eights (93.68%) of the partners' visits church/mosque and 82 (58.99%) visits church once a week or more, 12 (4.32) of the partners' had never go visit church/mosque. The current accommodation of 53 (19.06%) partners was in the university dormitory. Twenty of the respondents (7.19%) live with their partner and 97(34.89%) of them live alone and 108 (38.85%) were living with others. Fifty-two of the partners (26.8%) get less than two thousand five hundred, for 60 (30.93%) of them their salary is in between 2501-5000, 44 (22.68%) of the partners salary ranged between 5001-8000 and for 38(19.59%) of them salary ranged between 8001 and 20000.

Table 6. Socio demographic characteristics of male regular sexual partner of female undergraduate students of AAU, May 2017

Variables	Freq.(n=278)	Percent
Age group of Respondent's partner(n=254)		
15-24	100	39.37
25-34	154	60.63
Mean ± SD	**25.98±3.05**	
Partners' religion		
Orthodox Christian	198	71.22
Muslim	20	7.19
Christian other than orthodox	60	21.58
Partner visits church or mosque (n=190)		
Yes	178	93.68
No	12	4.32
Partners' educational status (n=278)		
Secondary school and college diploma	76	27.34
First degree and above	110	39.57
Student in university	92	33.09
Partners' occupational status (n=278)		
Unemployed Full time student	99	33.09
Government employee	60	21.58
NGO or private organization employee	46	16.55
Self-employee	73	26.26
Partners' home town residence (n=278)		
Addis Ababa or other town	255	91.73
Small town or rural	23	8.27
Partners' current residence(n=278)		
University dormitory	53	19.06
Living with me	20	7.19
Living alone	97	34.89
Living with others	108	38.85
Partners' average monthly income(n=194)		
<=2500	52	26.80
2501-5000	60	30.93
5001-8000	44	22.68
8001-20000	38	19.59
Mean ± SD	**5400 ± 3859.66**	

5.6. Factors associated with male regular sexual partners involvement in the use of modern contraceptive, 2017

From the male regular sexual partner only one fourth 18 (22.5%) who were below 24 years of age were involved in contraceptive use and three fourth 62(77.5%) whose age is above the 25 years were involved in contraceptive use. From male regular sexual partner only 3(4.11%) who had not attended church or mosque were involved in contraceptive use where as 70(95.89%) partners who attended church or mosque were involved in contraceptive use.

Binary logistic regression method was used to see the association of each independent variable with the outcome variable' male regular sexual partner involvement in the use modern contraceptive methods'. From the binary logistic regression socio-demographic variables such as partners' educational status, partners' occupational status, partners' current residence, and partners 'average monthly pocket money were found to have significant association with male partner involvement in contraceptive use. In addition, sexual and reproductive health factors like sex after using substances, female student experiencing previous unintended pregnancy and using modern contraceptive in the past 12 months were significantly associated to the outcome variable. From the binary logistic, result those variables that were significant again were put in to multiple logistic analysis model. Based on the multiple regression analysis partners' educational status, partners' average monthly pocket money, having sex after using substances, using modern contraceptive in the past 12 months were found significantly associated with male regular sexual partner involvement in modern contraceptive use.

The multi-variable analysis indicated partners whose educational status was first degree and above were AOR=3.04 95% CI (1.3, 7.11) times more likely to involve in the use of modern contraceptive than those partners who attained level of education of below secondary level. Male regular sexual partners whose monthly income is in between 5001-8000 were AOR=4.86 95% CI (1.23, 19.1) times more likely to be involved in contraceptive utilization than whose monthly income was less than 2500 birr. Those regular sexual partners whose monthly income was in between 8001-20,000 were AOR=4.71 95% CI (1.12, 19.83) times more likely to be involved in contraceptive utilization than partners whose income was less than 2500 birr. Partners who did not have sex after using substances were AOR=2.07 95% CI (1.03, 4.19) times

more likely to be involved in contraceptive utilization than who have sex after using substances. Students who used modern contraceptive methods were AOR=6.51 95% CI (1.26, 33.48) times more likely experience male partner involvement than students who used traditional contraceptive methods.

Table 7.Muti-variablel analysis between male regular sexual partner involvement and associated factors using logistic regression, May 2017

Variables	Male sexual partner involvement		Crude OR (CI)	Adjusted OR (CI)
	Yes	No		
Partners' educational status (n=278)				
Secondary school and College diploma	14	62	**1**	1
First degree and above	56	54	**4.59(2.3,9.15)*** **	**3.04(1.3,7.11)** **
Student in university	16	76	0.93(0.42,2.05)	0.93(0.009,90.93)
`Partners' occupational status (n=278)				
unemployed Full time student	17	82	**1**	1
Government employee	31	29	**5.15(2.49,10.67)** **	0.39(0.005,29.53)
NGO or private organization	18	28	**3.1(1.4,6.82)*** **	0.2(0.002,16.25)
Self employed	20	53	1.82(0.87,3.78)	0.18(0.002,14.92)
Partners' current residence (n=278)				
University dormitory	11	42	**1**	1
Living with me	10	10	**3.81(1.27,11.46)** **	1.15(0.14,9.75)
Living with alone	38	59	**2.45(1.12,5.35)** **	1.45(0.22,9.44)
Living with others	27	81	1.27(0.57,2.81)	1.23(0.23,6.61)
Partners' average monthly pocket money(n=194)				
<=2500	12	40	1	1
2501-5000	19	41	1.54(0.66,3.59)	1.87(0.51,6.81)
5001-8000	23	21	**3.65(1.52,8.76)** **	**4.86(1.23,19.1)** *
8001-2000	21	17	**4.11(1.66,10.21)** **	**4.71(1.12,19.83)** *
Had sex after partner used alcohol, chat or drug(n=278)				
Yes	40	121	1	1
No	46	71	**1.95(1.17,3.28)** *	**2..07(1.03,4.19)** *
Experiencing unintended pregnancy ever(n=278)				
Yes	1	22	**1**	**1**
No	85	170	**10.99(1.45,82.99) ***	5.01(0.43,57.28)
Use modern contraceptive in the past 12 months (n=263)				
Yes	84	154	**6.27(1.44,27.25)** **	**6.51(1.26,33.48)** *
No	2	23	**1**	**1**

Note; p-value * =<0.05 p **=<0.01 p **=<0.001

6. DISCUSSION

The aim of the study is mainly to assess regular sexual partnership and regular sexual partner involvement in using modern contraceptive methods among female undergraduate students in Addis Ababa University. This study shows that from the total female undergraduate students almost half 295 (46.5%) had an ever history of sexual activity among which 278(44.7%) had regular sexual partnership in the past 12 month. Among the female students 238(85%) had used modern contraceptive in the past 12 month and majority 148(62.18%) used emergency contraceptive method. Moreover, the study indicated that 86(31%) of the regular sexual partners of female undergraduate students have been involved in the use of contraception. There was association between age, study year, current residence, average pocket money, attending nightclub, watching pornography and peer pressure with sexual partnership in the past 12 month. Furthermore, partners' educational status, partners' average pocket money, having sex after partner used substances, using contraceptive in the past 12 month were associated with regular male sexual partner involvement in contraceptive use.

According to this study, almost half 295 (46.5%) of undergraduate female students of Addis Ababa University had sexual intercourse at least once and 44.7% had regular sexual partner in the past 12 month. Where as a study conducted at Mettu College of teacher's education, reported 65.9% of students were found to ever have sexual intercourse and 47.8% of these students were in relationship and had sexual intercourse almost comparable to this study[36]. According to another study in Addis Ababa University,39% of the students were sexually active of which 34.7% were female students which is lower than this study[26]. Similarly, study conducted among Jimma University students revealed that students who had ever-sexual intercourse were 26.9 % and among these 12.7% are female students which is also lower than this study [17]. The reason why students in this study have high percentage of sexual activities could be because Addis Ababa is a more urbanized city than the others which makes factors that predispose students to sexual activity easily accessible than the other cities. Moreover, the time difference between this study and the other studies could have been one reason for the variation. Since time has brought advancement and access to technology that influences in diverse ways students to engage in sexual activity. In addition, another study conducted among Uganda University

students showed that 57.4% of female undergraduate students were in regular sexual relationship[3]. Which is higher than the current study the difference could be because social and cultural difference between this countries.

Age group of the respondents was one factor that was found to be associated with sexual partnership. Students who lie in the age group of 25 years and above, were 3.46[AOR=3.46: 95% CI 1.15, 10.32] times more likely to involve in sexual partnership than students aged below 24 years. This finding is supported by two studies done in Jimma university in which students aged 20 years and above were 4.77 times (AOR=4.77: 95% CI 2.43,9.35)and students in the age group 25 year and above were 13.29 times (AOR=13.29: 95% CI 7.67,23) times to be engaged in sexual partnership respectively [17, 35]. This could be justified by the fact that as age increases the probability engaging in sexual activity also increases.

The other associated factor with sexual partnership was year of study of the participant. Students in their 3rd year were 8.62 times [AOR=8.62: 95% CI (3.99, 18.61)] more likely to engage in sexual partnership than 1st year students. In comparison to a study done in Jimma University students who were 2nd year were 1.71 times (AOR=1.71: 95% CI 1.07, 2.75)more likely to engage in sexual activity than students who were first year[17]. This also could be explained as in first year mostly focused on their academic performances and after first year students become more confident in their academic survival and engaged in love and sexual practice[17]. Furthermore, as study year increases age also increases and the probability of engaging in sexual activity increases.

When we see the other socio-demographic factor students' current place of residence, students who live outside university dormitory were 11.01 times [AOR=11.01: 95% CI (4.25, 28.49)] more likely to engage in sexual activity than students who live with their parents. In the same line with this study, study among students of Jimma university suggests students who live outside campus were 3.55 times (AOR =3.55:95% CI 2.42, 5.2) more tendency to engage in sexual activity than those students live within the university campus [35]. Thus, living outside university dormitory can motivate students to engage in sexual activity, since there is no restriction of time or restriction of freedom to be with their sexual partner whenever wanted.

Pocket money was also one of the associated factor with current sexual activity where those who had more than 1301 birr were 3.22 times [AOR=3.22: 95% CI (1.65, 6.29)] more likely to engage in sexual partnership than students who earn less than 500 birr per month. Similarly Study conducted in Arbaminch university shows that, students who earn monthly pocket money less than 400 birr are less likely (AOR=0.096: 95% CI 0.01,0.88) to participate in sexual act than students who earn more than 1000 birr per month. which is consistent with this study[37].This indicated the higher the money they get the greater the chance they will be involved in sexual activity this could be due to the fact that factors that predispose to sexual activity are easily accessible to students with high income.

Respondents who attend nightclub were 3.24 times [AOR=3.24: 95% CI(2.02, 5.2)]more likely to have sexual relationship compared to nightclub non-attendants. Similar with this study, studies conducted among Jimma university and Bahir Dar university students indicated that students who attended nightclub were 2.27(AOR=2.27: 95% CI 1.3, 3.98) and 7.4(AOR=7.4: 95% CI 4.2,12.9) times more likely to engage in sexual relations respectively [17, 18].Watching pornographic movies was also significantly associated with sexual partnership among the students. The odds of having sexual partner were 2.83 times [AOR=2.83: 95% CI (1.38, 5.78)] more among students who imply that they had watched pornographic movies. This finding was consistent with other study done among Addis Ababa university students who watched pornographic movies were 2.9 times (AOR=2.9: 95% CI 1.9,4.4) more likely to engage in sexual activity. Another study from Bahir Dar university, supporting the finding of this study reported that students who watched pornographic movies were 3.3 times (AOR=3.3: 95% CI 2.4,4.7) more likely to engage in sexual activity than who never watched pornographic movies[18]. This could be because explained nightclub easily exposes youths to alcohol and other substances, which decrease self-control and predispose them to sexual intercourse. Additionally watching explicit sex movies could be an initiating factor to experience sexual intercourse.

The odds of engaging in sexual partnership among students who experience peer pressure is 1.83 times [AOR=1.83: 95% CI (1.15, 2.92)] greater than who did not experience peer pressure to engage in having sex. In line with this study, study conducted among Ambo university students revealed that students who had classmate friend were 21.8 times(AOR=21.8 95%2.65, 179.83)

more likely to initiate sex in the university than who do not have classmate friend[38]. Similarly, study conducted among high school students in Bahir Dar town showed that peer pressure was associated with sexual engagement and youths who had peer pressure were 2.98 times (AOR=2.98: 95% CI1.15,2.92) more likely to engage in sexual activity than students with no peer pressure[39]. Study conducted in jigjiga university reveled students compared to students who did not had peer influence students who experience peer pressure were 1.7 (AOR=1.7: 95% CI1.06,2.57) times more likely to engage in sexual relationship[40]. This might be due to simplicity of sexual issue discussions with peer friends, which may influence attitude and persuade youths to a more active sexual behavior.

In this study, 99.1% of regular sexual partners had the knowledge about modern contraceptive methods and from them 8.09 % did not support using modern contraceptive. The most commonly mentioned reason for not supporting modern contraceptive methods were fear of side effect and religion. Study done in university of south Africa Venda also showed 98% of male students have high level of awareness about contraceptives and 18.3% think contraceptives are unreliable and 16% of them did not use contraceptive because of religion which is relatively the same with our study[14]. According to this study 238 (85%) of the female undergraduate students had used modern contraceptive in the past 12 month which is supported by study done in Tanzania among female undergraduate students of Dare salaam where 83.1% of students have used contraception[34].

In our study, only 31% of regular sexual partners of these female students are involved in modern contraceptive utilization. Whereas, a study conducted in Nigeria indicated a higher137 (56.4%) male partner involvement in female contraceptive users than this study[41]. This could be because the study was done on married couple, which is different population than our study. A study done in Deberemarkos town on the level of male involvement also evidenced that, almost 99.4 of their spouses were using contraceptive method and 31.6 % and 29 % of these male partners agreed that men should share the responsibility of family planning service and had positive attitude towards the involvement of male in family planning service utilization respectively. This is comparable to this study even though the study population is married men. The reason for the similarity could be that both studies are in the same country with similar

societal beliefs and sexual behavior[42]. Implying that even if the university female students are thought to be affluent and have more influential power and can negotiate with their partners, still partner involvements in contraceptive use is low this could be explained due to socio-cultural barrier that may prohibit females to discuss about sexual and reproductive issues with their partners.

The impact of male partners not involving in contraceptive use was seen in this study where out of 24 female students who experienced unintended pregnancy 22 (92%) indicated lack of partner involvement. Moreover, majority 70.8% of female students who experienced pregnancy have had history of induced abortion. Which is almost similar to a study conducted in Wachemo University indicating the highest proportion of pregnancies in higher education institution being terminated with induced abortion[27]. Implying that the burden of contraceptive non-use mainly affects female youths directly and indirectly, mostly females who experience unintended pregnancy and abortion terminate their education and become economically dependent on the society.

Based on our study impact of male partner involvement in contraceptive use among females who used contraceptive in the past 12 month there was 6.51 times [AOR=6.51: 95% CI (1.26,33.48)] higher male involvement in deciding to use or not to use modern contraceptive method than females who did not use modern contraceptives. Similarly in a study conducted in south east Nigeria indicated that men partner who showed support for their spouses were 5.76 times (AOR=5.76: 95% CI 4.82,6.88) more likely to have their female partners had a desire to use contraceptive[21]. Which imply the higher the male partner support and engaging in contraceptive use the greater chance the females use contraceptive methods and prevent unintended pregnancy and abortion.

According to this study, 58.27% of the students said they discuss about contraceptive methods with their partners while 44.14 % of the partners assist on deciding the types of contraceptive method to use in the past 12 month. In addition, 34.87 % of these partners discussed and agreed on purchasing or getting the contraceptive and 42% of the students' access reproductive health care service with their partners. Study done in veneda university showed almost 60% of male students discussed about contraception and family planning wish is comparable to this study[14].

In addition, study done in Nigeria showed spousal communication was 65.9% and 39.6% of the partners had accessed reproductive health care together with their spouses. this may seem higher than the current study which can be because of difference in study population where in the Nigerian study the study participants were married couple[41].

A survey on factors influencing partners' involvement in women's contraceptive services in USA New York, showed that more than half 56% of the women in the study implied that their partners were at least partially involved in their contraceptive services which is higher than the 31% male involvement in contraceptive use seen in this study[22]. This can be explained by the cultural and background difference between youths in USA and Ethiopia. USA is a developed country where there is better women empowerment and male involvement advocacy compared to Ethiopia, which is a developing country, where there is still a need to work on male side of contraceptive use.

This study also found that educational status of male partner affects involvement where partners with a first degree and above were 3.04 times [AOR=3.04: 95% CI (1.3,7.1)] more likely to be involved in contraceptive use compared to those below tertiary level education. Likewise study conducted in Nigeria on married men suggested that the odds of getting involved in modern contraceptive use is 4.33 times greater among men with formal education than those who did not have a formal education. In addition, study done in Cameroon show those men with secondary level education had 2.5 times (AOR=2.5: 95% CI: 1.10-5.48) higher level of involvement in the choice of family planning method than those who were uneducated or with primary level of education [20, 33]. This could be because educated partners would have better knowledge about contraceptives, reproductive health issues and unwanted pregnancy helping them to involve more in contraceptive use.

Regular sexual partners whose monthly income was greater than 5000 birr were also found to be 4.87 times [AOR=4.87: 95% CI (1.23, 19.1)] more involved in contraceptive use than whose monthly income was less than 2500 birr. A study done in western Ethiopia showed that women who earn 1001 to 1500 birr per month were 2.26 times (AOR=2.26 95% CI 1.24, 4.1) more likely to practice modern contraceptive methods compared to women who earns less[43].

Even if the study population is different this could be justified as, as income increases exposure to different information and financial accessibility of services will be improved.

The multivariate analysis also found that those that do not have sexual intercourse after taking alcohol were found to be 2.07 times [AOR=2.07: 95% CI (1.03, 4.19)] more likely to use contraceptive. In line with this study, study done among 22 countries of university students showed that alcohol use 0.41(AOR=041: 95% CI 0.34,0.49) was significantly associated with contraceptive non-use[6]. This can be explained by the fact alcohol use may lead to greater risk taking behavior including not being concerned whether they had used contraceptive or not so alcohol non-use is a protective behavior, which may increase male involvement and contraceptive use.

7. STRENGTH AND LIMITATION OF THE STUDY

7.1. Strength of the study

- Due to sensitiveness of the raised issue, the data collectors and facilitator were female health professionals.
- Since studies on male sexual partner involvement in contraceptive use among university students had not been done locally, it opens a door for further study and investigation.

7.2. Limitation of the study

- Since the study is Cross sectional, it is difficult to establish cause and effect relationship.
- Since the study assess sensitive issue like sexuality which could result a different from the reality.
- use of non-standard tool
- Since female undergraduate students were the study participant we could not know the male side of view

8. CONCLUSION AND RECOMMENDATION

8.1. Conclusion

Almost half of university students are engaged in sexual partnership factors like age, study year, current residence, pocket money; watching pornographic media, going to nightclub and peer pressure have direct effect on involvement in sexual partnership.

Only one third of the regular male sexual partners were involved in choosing, purchasing and deciding contraceptive method. Most of Female undergraduate students are deciding method of choice by themselves. In addition, socio demographic factors like educational status, occupational status, monthly income and predisposing factor like having sexual intercourse after using substances has direct effect on male regular sexual partner involvement or non-involvement in contraceptive utilization. According to this study male partner, involvement has a significant association with the usage of modern contraceptive of female students.

8.2. Recommendation

Based on the result of the study's finding the following recommendations are forwarded

1. Female Students and their partners should avoid substances abuse because it was found to affect their ability of judgment in using modern contraceptive method.
2. FMOH should give due emphasis on awareness creation to strengthen male sexual partners involvement on contraceptive choice among youths and encourage discussion between male and female sexual partners about modern contraceptive and other reproductive services through mass media and other BCC materials.
3. Non-governmental institutions working on SRH should also give great concern to engage in involving male sexual partner in contraceptive use among youths.
4. Further studies should be done considering more learning institutions other than the current setting and it is better to look the male regular sexual partner involvement from male side of view.

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ANNEX I STUDY INFORMATION SHHET (SIS) AND VERBAL CONSENT

Addis Ababa University

College of Health Sciences

School of Public Health

1.1 Information sheet

Title:-Assessment of male regular sexual partner involvement in the use of modern contraceptive among undergraduate regular female students of Addis Ababa University, 2017.

My name is …….. I am here on behalf of Mahlet Mulugeta student of Addis Ababa University School of public health. She is conducting a research on ``Assessment of the role male regular sexual partner in the use of modern contraception for prevention of unintended pregnancy among undergraduate regular female students of Addis Ababa University, 2017.For the partial fulfillment of master's in public health. She had received permission from Addis Ababa university school of public health.

The aim of this study is to assess the role male regular sexual partner in the use of modern contraception for prevention of unintended pregnancy among undergraduate regular female students of Addis Ababa University. I kindly ask you to participate in this study and give me genuine answers.

Study Procedure: Your estimated time commitment for this study is 30 minutes.

Risks: There is no risk by participating in this study but some of the questions are very personal questions that some people find it difficult to answer. Your responses are completely confidential. You are not required to write name on this questioner. You are not obligated to answer any question that you are not willing to respond. If you feel any discomfort with the question, it is your right to drop it at any time you want. You may even decide not to engage in this study from the very beginning.

Benefits: There will be no direct benefit to you for your participation in this study. However, your participation in this study is greatly helpful in identifying the role male regular sexual partner in the use of modern contraception for prevention of unintended pregnancy. Also for further investigation and intervention in youth and adolescent reproductive health.

1.2 Confidentiality

All information given by you is kipped confidential and no one except the research team members will have access to the information. Your honest and genuine response to each question will play a major role in the attainment of the objective of the study. Therefore, we thank you in advance and greatly appreciate your help. If you have, questions regarding this study or like to inform you the results after its completion, please contact the principal investigator.

1.3 Contact person

Name of principal investigator: Mahlet Mulugeta

Cell phone No: +251913363927

E-mail: mahletmulu03@gmail.com

1.4 Informed Consent

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

Participant signature_____

Date_____

Introduction: - this is the English version of the questioner it has 86 questions with six sections and for each question; there is column for the response.

Thank you for your participation.

Section I. Socio demographic and economic characteristics of male regular sexual partner

No	Questions and filters	Response and coding categories	Skip
101	What is your age in completed full years?	---------- years	
102	What is your Department?	---------- department	
103	What is your field of study?	---------- discipline	
104	What is your current year of study?	1. 1st year 2. 2nd year 3. 3rd year 4. 4th year 5. 5th year and above	
105	What is your religion?	1. Orthodox Christian 2. Muslim 3. Protestant 4. Catholic 99. Other (specify) ----------	
106	Do you attend church /Mosque?	1. Yes 2. No ⟶	**108**
107	**If Yes to Q 106** If you attend church or mosque; how often did you attend church or mosque?	1. Daily 2. More than twice in a week 3. Once a week 4. Once in two weeks 5. Once a month 6. Once in 6 month/ one year 99. Other(specify) ----------	
108	Where is your type of usual residence before you join the university?	1. Addis Ababa 2. Town/city other than Addis Ababa 3. Small town 4. Rural	
109	Where is your Current accommodation?	1. University dormitory 2. Living with parents 3. Living with husband 4. Living with relatives 5. Living with friends	

		6. Living alone 99. Other(specify)_____	
110	How much is your average monthly pocket money?	_____ Birr	
111	What is the educational level of your mother?	1. Illiterate 2. Can only read and write 3. Primary school (Grade1-8) 4. Secondary school (Grade 9-12) 5. College diploma 6. First degree and above 88. I don't know	
112	What is the occupational status of your mother?	1. Government employee 2. NGO/Private organization employee 3. Self employed 4. Unemployed/ House wife 99. Other(specify) ----------	
113	What is the educational level of your father?	1. Illiterate 2. Can only read and write 3. Primary school (Grade1-8) 4. Secondary school (Grade 9-12) 5. College diploma 6. First degree and above 88. I don't know	
114	What is the occupational status of your father?	1. Government employee 2. NGO/Private organization employee 3. Self employed 4. Unemployed 99. Other(specify) ----------	
115	What is your current marital status?	1. Never married/ Single 2. Married/living together 3. Divorced 4. Widow 5. Separated	

Section **II: Socio demographic and economic characteristic of male regular sexual partner.**

No	Questions and filters	Responses and coding categories	Skip
201	Have you ever had sexual intercourse?	1. Yes 2. No	
202	**If Yes to Q 201** How old were you when you had sexual intercourse for the very first time?	---------- years old(Age in complete years)	
203	Do you have male regular sexual partner in the past 12 months? **Remark :the term regular sexual partner refers to a person who had regular sexual relation with you for at least 6month.**	1. Yes 2. No	
204	Do you currently have regular sexual partner?	1. Yes 2. No	
205	**If Yes to Q204** What is the age of your regular sexual partner?	---------- year88. I don't know	
206	What is the religion of your partner?	1. Orthodox Christian 2. Muslim 3. Protestant 4. Catholic \ 99. Other (specify) ----------	
207	Does your partner attend church/mosque?	1. Yes 2. No 88. I don't know →	**209**
208	**If Yes to Q207** If your partner attends church/ mosque, how often does he attend church/mosque?	1. Daily 2. More than twice in a week 3. Once a week 4. Once in two weeks 5. Once a month 6. Once in 6 month/ one year 88. I don't know 99. Other(specify) ----------	
209	What is the educational level of your partner?	1. Illiterate 2. Can only read and write 3. Primary school (Grade 1-8) 4. Secondary school (Grade 9-12) 5. College diploma 6. First degree and above 7. Student in a university 88. I don't know	
210	What does your partner do for living/ what is the occupational status of your partner?	1. Full time student 2. Government employee 3. NGO/ Private organization employee 4. Self employed 5. Unemployed	

		88. I don't know 99. other(specify)----------	
211	Where was the usual residence place of your partner before he met you?	1. Addis Ababa 2. Town/city other than Addis Ababa 3. Small town 4. Rural 88. I don't know	
212	Where is the current accommodation of your partner?	1. University dormitory 2. Living with parents 3. Living with me 4. Living with relatives 5. Living with friends 6. Living alone 99. Other (specify)_____	
213	How much is your partners' average monthly income?	_____ Birr (Please try to estimate.)	
214	What is the educational status of your partners' mother?	1. Illiterate 2. Can only read and write 3. Primary school (Grade 1-8) 4. Secondary school (Grade 9-12) 5. College diploma 6. First degree and above 88. I don't know	
215	What is the occupational status of your partners' mother?	1. Government employee 2. NGO/Private organization employee 3. Self employed 4. Unemployed/ House wife 88. I don't know 99. Other(specify) ----------	
216	What is the educational status of your of your partners' father?	1. Illiterate 2. Can only read and write 3. Primary school (Grade 1-8) 4. Secondary school (Grade 9-12) 5. College diploma 6. First degree and above 88. I don't know	
217	What is the occupational status of your partners' father?	1. Government employee 2. NGO/Private organization employee 3. Self employed 4. Unemployed 88. I don't know 99. Other(specify) ----------	

Section III: Predisposing factor

No	Questions and filters	Coding categories	Skip		Questions and filters	Coding categories	Skip
Respondent Status					**Male regular sexual partner status**		
301	Do you go to theater/cinema?	1. Yes 2. No →	**303a**	301b	Does your partnergo to theater/cinema?	1.Yes 2.No 88. I don't know →	**303b**
302	**If Yes to Q301** If you go to theater/cinema, how often did you go theater/cinema?	1. Daily 2. More than twice in a week 3. Once a week 4. Once in two weeks 5. Once a month 6. Once in 6 month/ one year 99.Other(specify) ----------		302b	**If Yes to Q301** If he goto theater/cinema, how often did he go to theater/cinema?	1. Daily 2. More than twice in a week 3. Once a week 4. Once in two weeks 5. Once a month 6. Once in 6 month/ one year 99.Other(specify) ----------	
303	Do you go to nightclub?	1. Yes 2. No →	**305a**	303b	Does yourpartner go to nightclub?	1. Yes 2. No 88 I don't know →	**305b**
304	**If Yes to Q303** If you go to nightclub, how often do you go to nightclub?	1. Daily 2. More than twice in a week 3. Once a week 4. Once in two weeks 5. Once a month 6. Once in 6 month/ one year 99.Other(specify) ----------		304b	**If Yes to Q303** If he goes to nightclub, how often did he go to nightclub?	1. Daily 2. More than twice in a week 3. Once a week 4. Once in two weeks 5. Once a month 6. Once in 6 month/ one year 99.Other(specify) ----------	
305	Have you seen pornographic movie?	1. Yes 2. No →	**307a**	305b	Does your boyfriend see pornographic movies?	1. Yes 2. No 88. I don't know →	**307b**

306	**If Yes Q305** If you see pornographic movie, how often did you see pornographic movie?	1. Daily 2. More than twice in a week 3. Once a week 4. Once in two weeks 5. Once a month 6. Once in 6 month/ one year 99.Other(specify) ----------		306b	**If Yes Q305** If he see pornographic movie, how often did he see pornographic movie?	1. Daily 2. More than twice in a week 3. Once a week 4. Once in two weeks 5. Once a month 6. Once in 6 month/ one year 99.Other(specify) ----------	
307	Have you ever had sexual intercourse after you had drunk alcohol, chewed khat or used substance in the past 12 months?	1. Yes 2. No ⟶	**309a**	307b	Have you ever had sexual intercourse after your partner had drunk alcohol, chewed khat or used substance in the past 12 months?	1. Yes 2. No	
308	**If Yes to Q307** How often did you have sexual intercourse after you had drunk alcohol, chewed khat or used substance in the past 12 months?	1. Some times 2. Most of the time 3. Always 99. other(specify) ----------		308b	**If Yes to Q307** How often did you have sexual intercourse after you he had drunk alcohol, chewed khat or used substance in the past 12 months?	4. Some times 5. Most of the time 6. Always 99. other(specify) ----------	
309	Have ever encountered pressured from your friends to have sexual intercourse?	1. Yes 2. No					
310	Have ever discussed with your parents about sexual and reproductive health?	1. Yes 2.No					

Section IV. Sexual and reproductive history of the respondent and male regular sexual partner

No	Questions and filters	Responses and coding categories	Skip
401	Is your relationship with your partner serious relationship but no intension of marriage, an important relation that might lead to marriage?	1. Serious relationship but no intension of marriage, 2. An important relation that might lead to marriage	
402	Does your partner support sex before marriage?	1. Yes 2. No →	**404**
403	**If No for Q 402** What is his reason for not supporting premarital sex?	1. Religion 2. Culture 3. Fear of HIV/STI 4. Fear of unwanted pregnancy 88. I don't know 99 Other(specify) ----------	
404	Do you know the Age of first sexual experience of your partner?	1. Yes 2. No →	**406**
405	**If yes to Q 404** What was the age when he had his first sex?	----------years old(please try to estimate)	
406	The first time you have sex with your friend was it forced, persuaded, both willing.	1. He persuaded, 2. I persuaded, 3. Both willing	
407	Who decides Every sexual intercourse?	1. Me 2. Him 3. Joint decision	
408	Did you discuss about your sex life with your parents?	1. Yes 2. No →	**410**
409	**If yes to Q408** How often Did you discuss about your sex life with your parents?	1. Sometimes 2. Most of the time 3. Always	
410	Did you tell your parents about sexual relation you have with your current partner?	1. Yes 2. No →	**412**
411	**If yes to Q410** Did they support your relation?	1. Yes 2. No	
412	Does your partner discus about his sexual life with his parents?	1. Yes 2. No 88. I don't know →	501
413	Did the parents of your partner know about the relation between you two?	1. Yes 2. No	
414	Did they support your relation?	1. Yes 2. No	

Section V. Male regular sexual partner Knowledge Attitude and Practice of modern contraception

No	Questions and filters	Responses and coding categories	Skip
501	Do you know about modern contraceptive method?	1. Yes 2. No →	504
502	**If yes to Q 501** Where did he get the information?	1. From health professionals 2. From friends 3. From parent 4. From a mass media 5. From my boyfriend 99 other specify----------	
503	Which type of contraceptive method did he know? **N.B multiple answers are possible**	1. male condom 2. female condom 3. pill 4. injection 5. Implant 6. intra uterine contraceptive device 7. Emergency pills 8. safe method 9. withdrawal 99 other specify----------	
504	Does your partner know any contraceptive methods that use to prevent pregnancy?	1. Yes 2. No 88. I don't know →	**507**
505	**If yes to Q 504** Where did he get the information?	1. From health professionals 2. From friends 3. From parent 4. From a mass media 5. From you	
506	Which type of contraceptive method did he know? **N.B multiple answers are possible**	1. male condom 2. female condom 3. pill 4. . injection 5. Implant 6. intra uterine contraceptive device 7. Emergency pills 8. safe method 9. withdrawal 99 other specify----------	

507	Doses your boyfriend support using contraceptive methods?	1. Yes ⟶ 2. No 88 I don't know	506
508	**If No to Q 507** What is his reason for not supporting using modern contraceptive methods?	1. Fear of side effect 2. High cost 3. Fear of being seen by other peoples during purchasing 4. Bad attitude towards health worker 5. Religion 99 other specify---------- 88. I don't know	
509	Did your partner think contraceptives used for married women only?	1. Yes 2. No 88. I don't know	
510	Did your partner think that women who use contraceptives might become promiscuous?	1. Yes 2. No 88. I don't know	
511	Do you and your partner discuss about methods of contraception with you in every sexual intercourse?	1. Yes 2. No ⟶	513
512	**If yes to Q 511** Is it before or after every sexual intercourse?	1. Before 2. After 3. Both	
513	Have you Ever used modern contraceptive method?	1. Yes 2. No ⟶	
514	**If yes to Q 513** What contraceptive method did you use Ever?	1. male condom 2. female condom 3. pill 4. . injection 5. Implant 6. intra uterine contraceptive device 7. Emergency pills 8. safe method 9. withdrawal 99 other specify----------	
515	The first time you had sex with your partner do you use anything to prevent pregnancy?	1. Yes 2. No ⟶	520
516	**If yes to Q 515** What contraceptive method did you use the first time you had sexual intercourse?	1. male condom 2. female condom 3. pill 4. injection 5. Implant	

		6. intra uterine contraceptive device 7. Emergency pills 8. safe method 9. withdrawal 99 other specify----------	
517	Which place did you obtain the methods you used in the first time you had sex with your partner?	1. Shop 2. Pharmacy 3. Drug store 4. private hospital/ 5. Clinic 6. government Hospital 7. Health center 8. Hotel 9. From a friend/relative 99. Other specify----------	
518	Who decides on the contraceptive method of choice in every sexual intercourse?	1. me 2. my partner 3. joint decision	
519	Who did to get/purchase these methods?	1. me 2. my partner 3. jointly	
520	Have you and your partner ever used contraceptive method in the past 12 month?	1. Yes 2. No ⟶	526
521	**If yes to Q 520** What method did you use? **N.B multiple answers are possible**	1. male condom 2. female condom 3. pill 4. . injection 5. Implant 6. intra uterine contraceptive device 7. Emergency pills 8. safe method 9. withdrawal 99 other specify----------	
522	Currently who decides on the contraceptive method of choice?	1. me 2. my partner 3. joint decision	

523	Which place did you obtain these methods?	1. Shop 2. .Pharmacy 3. Drug store 4. private hospital/ 5. Clinic 6. government Hospital 7. Hotel 8. From a friend/relative 99. Other specify----------	
524	How much time does it take you to get to the place where you get this methods?	1. Less than one hour 2. More than one hour 3. Don't know	
525	Who is going to get/purchase these methods?	1. me 2. my partner 3. jointly	
526	Have you visit a health facility of any kind to receive services/ information on contraception, abortion or STI?	1. Yes 2. No →	601
527	**If yes to Q 526** Did your partner go with you when you were seeking information/service on contraception, abortion or STI?	1. Yes 2. No	

Section VI. Previous history unintended pregnancy and abortion

No	Questions and filters	Responses and coding categories	Skip
601	Did your boyfriend support that abortion is a solution for unintended pregnancy?	1. yes 2. No 88. I don't know	
602	Have you experienced unintended pregnancy?	1. yes 2. No	**If No Stop here.**
603	Have you experienced unintended pregnancy in the last 12 month?	1. yes 2. No	**If No Stop here.**
604	**If yes to Q 603** What is the outcome of your pregnancy?	1. Delivered 2. Spontaneously abortion 3 Induced abortion 99. Other specify----------	
605	Does your partner accept the pregnancy?	1. yes 2. No	
606	**If your answer for Q 604 is delivered** who's responsibility is to raise the child	1. me 2. my partner 3. joint decision 99. other specify----------	
607	**If your answer for Q 603 is induced abortion** Where is it performed?	1. hospital 2. clinic/health center 3. traditional place 99. other specify----------	
608	Who decide the abortion?	1 me 2. my partner 3. joint decision 99. other specify----------	
609	Who decide the abortion place?	1. me 2. my partner 3. joint decision 99. other specify----------	

ANNEX II AMHARIC VERSION OF STUDY INFORMATION SHEET (SIS) AND VERBAL CONSENT

<u>የጥናቱ መግለጫ</u>

የመጠይቅ ቁጥር----------

ጤና ይስጥልኝ ስሜ----------ይባላል ማህሌት ሙሉጌታ በምትሰራው ጥናት ውስጥ በመረጃ መሰብሰብ ሂደት ላይ አስተባባሪ ሆኜ ነው የምሠራው፡፡ጥናቱን የምትሰራው የወሊድ መከላከያ ለመጠቀምና እርግዝናን ለመከላከል ወንድ የፍቅር ጓደኞች አዲስ አበባ ዩንቨርስቲ ባሉ ሴት ተማሪዎች ያላቸውን ሚና ላይ ሲሆን ጥናቱም በአ/አ ዩንቨርስቲ የህ/ሰብ ጤና ክፍል የድህረ ምረቃ ኘሮግራም ማሟያ የሚሆን ነው፡፡ጥናቱንም ለማካሄድ ከአዲስ አበባ ዩንቨርስቲ ፈቃድ አግኝታለች፡፡

በዚህ መጠይቅ ውስጥ የተለያዩ ንዑስ ክፍሎች ያሉት ጥያቄዎች የተካተቱ ሲሆን የጥናቱ ዓላማ የወንድ የፍቅር ጓደኞች ወሊድ መከላከያ መጠቀም ላይ ያላቸውን ተሳትፎ በማሳደግ በአዲስ አበባ ዩኒቨርሲቲ መደበኛ ተማሪዎች ያለውን ያልታሰበ እርግዝናንና ውርጃን ለመቀነስ እነደሚቻል ማሳየት እና የሚመለከታቸው ክፍሎች እዚህ ላይ አትኩረታቸውን እንዲደርጉ ማሳየት ነው፡፡

ተሳትፎአችሁ በፈቃደኝነት ላይ የተመሠረተ ነው፡፡በመጠይቁ ውስጥ በጣም ሚስጢራዊ የሆኑ እና ግላዊ የሆኑ ጉዳዬች ተካተዋል፡፡ያላችሁን ተሞክሮ ብታካፍሉን የጠቀስናቸውንና ሌሎችንም የወጣቶችን ችግር ለመፍታት እጅግ በጣም ጠቃሚ ነው፡፡ጥያቄውን ለመሙላት ከ30 እስከ 45 ደቂቃ ያህል ሊወስድ ይችላል:: ጥናቱን አስመልክቶ እርስዎ የሚሰጡት ማንኛውም መረጃ በሚስጢር የሚጠበቅ በመሆኑ በማንኛውም መንገድ ለሶስተኛ አካል አሳልፎ አይሰጥም ወይም አይጋለጥም::

ማንነትዎ እንዳይታወቅም ስምዎ በጥያቄው ወረቀት ላይ አይመዘገብም በጥናቱ ላይ በመሳተፍዎ የተለጥቅም አይኖርም ነገር ግን በጥናቱ ላይ በመሳተፍዎ ለሚጠየቁት ጥያቄ በዕውቀት ላይ የተመሠረተና ተገቢ የሆነ መረጃ መስጠትዎ በወጣቶች ዙሪያ ያለውን የስነ ተዋልዶ ችግር ተገቢውን አገልግሎት በመስጠት ከፍተኛ ለውጥ ያስገኛለ፡፡በመጨረሻም ለሚሰጡት ለየትኛውም አይነት ምላሽ አመሰግናለሁ፡፡

መጠየቅ(ማነጋገር) የምትፈልጉት ነገር ካለ-ማህሌት ሙሉጌታ (የጥናቱ ባለቤት)

ስልክ ቁጥር- 0913363927

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ፈቃድ መጠየቂያ ቅጽ

እኔ ተሳታፊ የሆንኩ ከላይ የተገለጹትን በሙሉ ሰምቼአለሁ፤አላማውንና ጥቅሙንም ተረድቻለሁ ሚስጥር እንደሚጠበቅና ለሶስተኛ አካል እንደማይተላለፍ ተገንዝቤአለሁ ስለዚህ በጥናቱ ለመሳተፍ ፈቃደኛ ነኝ ::

አዎ እሳተፋለሁ ☐ **ፊርማ** ……**ቀን**…….

ፈቃደኛ አይደለሁም ☐ **ፊርማ**……**ቀን**…….

አስተስባባሪ ስም---------- **ፊርማ**---------- **ቀን**……

ክፍል 1.አጠቃላይ መረጃ፡ይህ የመጠይቅ ክፍል መሰረታዊ የሆኑ ያንቺ የግል መረጃዎች ላይ የሚተኩር ሲሆን የምትሰጪው መረጃ ሙሉ በሙሉ ሚስጥራዊነቱን የጠበቀ መሆኑን እገልጻለሁ፡

ተ.ቁ	ጥያቄ	አማራጭመልስ	ይታለፍ
101	እድሜሽ ስንት ነው?	---------- እድሜ (በሙሉ ዓመት)	
102	ምን ዲፓርትመንት ነሽ?	---------- ዲፓርመንት	
103	የትምህርት ክፍልሽ ?	----------ዲሲፕሊን	
104	ስንተኛ አመት ተማሪ ነሽ?	1. 1ኛዓመት 2. 2ኛዓመት 3. 3ኛዓመት 4. 4ኛዓመት 5. 5ኛዓመት እና ከዛ በላይ	
105	የየትኛው ሀይማኖት ተከታይ ነሽ ?	1.ኦርቶዶክስ ክርስቲያን 2.ሙስሊም 3.ፕሮቴስታንት 4.ካቶሊክ 99.ሌላ ካለ ይገለጽ……..	
106	ቤተክርስቲያን/መስጊድ ትሄጃለሽ?	1. አዎ 2. አይ ⟶	108
107	ለጥያቄ ቁጥር 106 መልስሽ አዎ ከሆነ በምን ያህል ጊዜ ልዩነት ወደቤተክርስቲያን/መስጊድ ትሄጃለሽ?	1. በየቀኑ 2.በሳምንት ሁለት ጊዜና ከዛ በላይ 3. በሳምንት አንዴ 4. በሁለት ሳምንት አንዴ 5. በወር አንዴ 6. በ6 ወር/ በዓመት አንዴ 99 ሌላ ካለ ይገለጽ----------	

108	ዩንቨርስቲ ከመግባትሽ በፊት የምትኖሪው የት ነበር?	1. አዲስ አበባ 2. ከአዲስ አበባ ውጪ ያለ ከተማ 3. የገጠር ከተማ 4. ገጠር	
109	በአሁን ሰዓት የመኖሪያ አድራሻሽ የት ነው?	1. ዩንቨርስቲ ዶርም 2. ከቤተሰብ ጋር 3. ከባለቤቴ ጋር 4. ከዘመድ ጋር 5. ከጓደኞቼ ጋር 99 ሌላ ካለ ይገለጽ.----------	
110	በወር ምን ያህል የኪስ ገንዘብ ታገኛለሽ?	_____ብር	
111	የእናትሽ የትምህርት ደረጃ ምንድን ነው?	1. ምንምያልተማረች 2. ማንበብ እና መጻፍ የምትችል 3. የመጀመሪያ ደረጃ ትምህርት ያጠናቀች ከ1ኛ ክፍል እስከ 8ኛ ክፍል 4. ሁለተኛ ደረጃ ከ9ኛ ክፍል እስከ 12ኛ ክፍል 5. የኮሌጅ ዲፕሎማ 6. የመጀመሪያ ዲግሪ እና ከዛ በላይ 88 አላውቅም ----------	
112	የእናትሽየስራድርሻምንድንነው?	1. የመንግስት ሰራተኛ 2. የግል/መንግስታዊ ያልሆነ ድርጅት ተቀጣሪ 3. የግል ስራ 4. ስራ የሌላት/የቤት እመቤት 99 ሌላ ካለ ይገለጽ----------	
113	የአባትሽ የትምህርት ደረጃ ምንድን ነው?	1. ምንምያልተማረ 2. ማንበብ እና መጻፍ የሚችል 3. የመጀመሪያ ደረጃ ትምህርት ያጠናቀቀ ከ1ኛ ክፍል እስከ 8ኛክፍል 4. ሁለተኛ ደረጃ ከ9ኛ ክፍል እስከ	

		12ኛ ክፍል 5. የኮሌጅ ዲፕሎማ 6. የመጀመሪያ ዲግሪ እና ከዛ በላይ 88 አላውቅም	
114	የአባትሽ የስራ ድርሻ ምንድን ነው?	1. የመንግስት ሰራተኛ 2. የግል/መንግስታዊ ያልሆነ ድርጅት ተቀጣሪ 3. የግል ስራ 4. ሰራ የሌለው 99 ሌላ ካለ ይገለጽ----------	
115	የጋብቻ ሁኔታሽ ምንድንነው?	1. ያላገባ 2. ያገባሽ 3. የተፋታ 4. ባል የሞተብሽ 5. የተለያየሽ	

ክፍል 2. ስነ ተዋልዶን በተመለከተ፡ስለፍቅረኛሽ ስነ ህዝባዊ ማህበራዊ እና ኢኮኖሚያዊ መረጃ ላይ የሚያተኩር ሲሆን መረጃው ሚስጥራዊ የሆኑ ጥያቄዎች የያዘ ቢሆንምይህ መረጃ ሚስራጥዊነቱን የጠበቀ መሆኑን እገልጻለሁ፡፡

ተ.ቁ	ጥያቄ	አማራጭ መልስ	ይታለፍ
201	የግብረ ስጋ ግንኙነት አርገሽ ታውቂያለሽ?	1.አዎ 2. አይ	
202	**ለጥያቄ ቁጥር 201 መልስሽ አዎ ከሆነ** ለመጀመሪያ ግዜ ግብረ ስጋ ግንኙነት ስታደርጊ እድሜሽ ስንት ነበር?	----------እድሜ(በሙሉዓመት)-	
203	ባለፉት 12 ወራት ውስጥ ቋሚ የግብረ ስጋ ግንኙነት ጓደኛ አለሽ?	1.አዎ 2. አይ	
204	በአሁኑ ሰዓት ቋሚ የግብረ ስጋ ጓደኛ አለሽ?	1.አዎ 2. አይ	
205	**ለጥያቄ ቁጥር 204 መልስሽ አዎ ከሆነ** የፍቅር ጓደኛሽ እድሜ? **ማሳሰቢያ፡ከዚህ በኋላ ላሉት ጥያቄዎች የፍቅር ጓደኛ ማለት ግንኙነታችሁ በቋሚነት በትንሹ ከ6 ወራት የበለጠ የቆየ እና የግብረ ስጋ ግንኙነት የጀመራችሁ ከሆነ ነው፡፡**	እድሜ (በሙሉ ዓመት)----------	
206	የፍቅር ጓደኛሽ ሀይማኖት ምንድነው?	1.ኦርቶዶክስ ክርስቲያን 2.ሙስሊም 3.ፕሮቴስታንት 4.ካቶሊክ 99.ሌላ ካለ ይገለጽ……..	
207	የፍቅር ጓደኛሽ ቤተክርስቲያን ወይም መስጊድ ይሄዳል ?	1.አዎ 2.አይ 88 አላውቅም →	209
208	**ለጥያቄ ቁጥር 207 መልስሽ አዎ ከሆነ** በምን ያህል ጊዜ ልዩነት ወደ ቤተክርስቲያን /መስጊድ ይሄዳል ?	1. በየቀኑ 2. በሳምንት ሁለት ጊዜና ከዛ በላይ 3. በሳምንት አንዴ 4. በሁለት ሳምንት አንዴ 5. በወር አንዴ 6. በ6 ወር/በዓመት አንዴ 88 አላውቅም 99 ሌላ ካለ ይገለጽ----------	
209	የፍቅር ጓደኛሽ የትምህርት ደረጃ ምንድን ነው?	1. ምንምያልተማረ 2. ማንበብ እና መጻፍ የሚችል 3. የመጀመሪያ ደረጃ ትምህርት ያጠናቀቀ ከ1ኛ ክፍል እስከ 8ኛ ክፍል 4. ሁለተኛ ደረጃ ከ9ኛ ክፍል	

		እስከ 12ኛ ክፍል 5. የኮሌጅ ዲፕሎማ 6. የመጀመሪያ ዲግሪ እና ከዛ በላይ 7. የዩንቨርስቲ ተማሪ 88 አላውቅም	
210	የፍቅር ጓደኛሽ የስራ ሁኔታ ምንድን ነው?	1. የሙሉ ሰዓት ተማሪ 2. የመንግስት ሰራተኛ 3. የግል/መንግስታዊ ያልሆነ ድርጅት ተቀጣሪ 4. የግል ስራ 88 አላውቅም 99 ሌላ ካለ ይገለጽ	
211	ፍቅረኛሽ ካንቺ ጋር ከመሆኑ በፊት የመኖሪያ አድራሻው የት ነበር?	1. አዲስ አበባ 2. ከአዲስ አበባ ውጪ ያለ ከተማ 3. የገጠር ከተማ 4. ገጠር 88 አላውቅም	
212	ፍቅረኛሽ በአሁን ሰዓት የሚኖርበት ቦታ?	1. ዩንቨርስቲ ዶርም 2. ከቤተሰብ ጋር 3. ከኔ ጋር 4. ከዘመድ ጋር 5. ከጓደኞቹ ጋር 6. ብቻውን 99 ሌላ ካለ ይገለጽ.----------	
213	አማካኝ የፍቅር ጓደኛሽ የወር ገቢ?	_____ብር (በትክክል ባታውቂ እንኳን ለመገመት ሞክሪ)	
214	የፍቅረኛሽ እናት የትምህርት ደረጃ ምንድነው?	1. ምንም ያልተማረች 2. ማንበብ እና መጻፍ የምትችል 3. የመጀመሪያ ደረጃ ትምህርት ያጠናቀቀች ከ1ኛ ክፍል እስከ 8ኛ ክፍል 4. ሁለተኛ ደረጃ ከ9ኛ ክፍል እስከ 12ኛ ክፍል 5. የኮሌጅ ዲፕሎማ 6. የመጀመሪያ ዲግሪ እና ከዛ በላይ 88 አላውቅም ----------	
215	የፍቅረኛሽ እናት የስራ ድርሻ ምንድን ነው?	1. የመንግስት ሰራተኛ 2. የግል/መንግስታዊ ያልሆነ ድርጅት ተቀጣሪ	

		3. **የግል ስራ** 4. **ስራ የሌላት /የቤት እመቤት** 99 **ሌላ ካለ ይገለጽ** 88 **አላውቅም**	
216	**የፍቅረኛሽ አባት የትምህርት ደረጃ ምንድን ነው**?	1. **ምንምያልተማረ** 2. **ማንበብ እና መጻፍ የሚችል** 3. **የመጀመሪያ ደረጃ ትምህርት ያጠናቀቀ ከ**1**ኛ ክፍል እስከ** 8**ኛ ክፍል** 4. **ሁለተኛ ደረጃ ከ**9**ኛ ክፍል እስከ** 12**ኛ ክፍል** 5. **የኮሌጅ ዲፕሎማ** 6. **የመጀመሪያ ዲግሪ እናከዛ በላይ** 88 **አላውቅም** ----------	
217	**የፍቅረኛሽ አባት የስራ ድርሻ ምንድን ነው**?	1. **የመንግስት ሰራተኛ** 2. **የግል/መንግስታዊ ያልሆነ ድርጀት ተቀጣሪ** 3. **የግል ስራ** 4. **ስራ የሌለው** 99 **ሌላ ካለ ይገለጽ**---------- 88 **አላውቅም**	

ክፍል 3. አጋላጭ ሁኔታዎች፡በዚህ የመጠይቅ ክፍል ያንቺን እና የፍቅር ጓደኛሽን የእለት ተእለት ተግባራት ላይ የሚያተኩር ሲሆን ይህ መረጃ ሚስጥራዊነቱን የጠበቀ መሆኑን ላስታውስሽ እወዳለሁ፡፡

ተ.ቁ	ጥያቄ	አማራጭ መልስ	ይታለፍ	ተ.ቁ	ጥያቄ	አማራጭ መልስ	ይታለፍ
ያንቺ የእለት ተእለት ተግባር					የፍቅረኛሽ የእለት ተእለት ተግባር		
301a	ቲያትር ቤት/ ሲኒማ ቤት ትሄጃለሽ?	1. አዎ 2. አይ →	303a	301b	ፍቅረኛሽ ሲኒማ ቤት/ቲያትር ቤት ይሄዳል?	1.አዎ 2.አይ → 88 አላውቅም	303b
302a	ለጥያቄ ቁጥር 301a መልስሽ አዎ ከሆነ በምን ያህል ጊዜ ልዩነት ቲያትር ቤት ውይም ሲኒማ ቤት ትሄጃለሽ?	1. .በየቀኑ 2.በሳምንት ሁለት ጊዜና ከዛ በላይ 3. በሳምንት አንዴ 4.በሁለት ሳምንት አንዴ 5. በወር አንዴ 6.በ6ወር /በዓመት አንዴ 99 ሌላ ካለ ይገለጽ-----		302b	ለጥያቄ ቁጥር 301b መልስሽ አዎ ከሆነ በምን ያህል ጊዜ ልዩነት ሲኒማ ቤት/ቲያትር ቤት ይሄዳል?	1. በየቀኑ 2.በሳምንት ሁለት ጊዜና ከዛ በላይ 3. በሳምንት አንዴ 4. በሁለት ሳምንት አንዴ 5. በወር አንዴ 6. በ6 ወር/በዓመት አንዴ 99 ሌላ ካለ ይገለጽ-------	
303a	የምሽት ክለቦች ትሄጃለሽ?	1.አዎ 2.አይ →	305a	303b	ፍቅረኛሽ የምሽት ጭፈራ ቤት ይሄዳል?	1. አዎ 2.አይ 88 አላውቅም →	305b
304a	ለጥያቄ ቁጥር 303a መልስሽ አዎ ከሆነ በምንያህል ጊዜ ልዩነት የምሽት ክለቦች ትሄጃለሽ?	1. በየቀኑ 2.በሳምንት ሁለት ጊዜና ከዛ በላይ 3. በሳምንት አንዴ 4.በሁለት ሳምንት አንዴ 5. በወር አንዴ 6.በ6ወር/በዓመት አንዴ 99 ሌላ ካለ ይገለጽ------		304b	ለጥያቄ ቁጥር 303b መልስሽ አዎ ከሆነ በምን ያህል ጊዜ ልዩነት የምሽት ጭፈራ ቤት ይሄዳል?	1. በየቀኑ 2.በሳምንት ሁለት ጊዜና ከዛ በላይ 3. በሳምንት አንዴ 4. በሁለት ሳምንት አንዴ 5. በወር አንዴ 6. በ6 ወር/በዓመት አንዴ 99 ሌላ ካለ ይገለጽ-	

305a	ወሲብ ቀስቃሽ ፊልሞች ታያለሽ?	1. አዎ 2. አይ →	307a	305b	ፍቅረኛሽ ወሲብ ቀሽቃሽ ፊልሞችን ያያል?	1. አዎ 2.አይ 88 አላውቅም →	307b
306a	ለጥያቄ ቁጥር 305 መልስሽ አዎ ከሆነ በምን ያህል ጊዜ ልዩነት ወሲብ ቀስቃሽ ፊልሞች ታያለሽ?	1. .በየቀኑ 2.በሳምንት ሁለት ጊዜና ከዛ በላይ 3. በሳምንትአንዴ 4.በሁለት ሳምንት አንዴ 5. በወር አንዴ 6.በ6 ወር/በዓመት አንዴ 99 ሌላ ካለ ይገለጽ----		306b	ለጥያቄቁጥር 305 መልስሽ አዎ ከሆነ በምን ያህል ጊዜ ልዩነት ወሲብ ቀሽቃሽ ፊልሞችን ያያል?	1. በየቀኑ 2.በሳምንት ሁለት ጊዜና ከዛ በላይ 3. በሳምንት አንዴ 4. በሁለት ሳምንት አንዴ 5. በወር አንዴ 6. በ6 ወር/በዓመት አንዴ 99 ሌላ ካለ ይገለጽ-------	
307a	በባለፉት 12 ወራት ውስጥ አልኮል /ጫት/ አደንዛዥ እጽ ተጠቅመሽ የግብረ ስጋ ግንኙነት ፈጽማችሁ ታውቃላችሁ?	1. አዎ 2. አይ →	309a	307b	በባለፉት 12 ወራት ውስጥ የፍቅር ጓደኛሽ አልኮል /ጫት/ አደንዛዥእጽ ተጠቅሞ የግብረ ስጋ ግንኙነት ፈጽማችሁ ታውቃላችሁ?	1. አዎ 2. አይ →	
308a	ለጥያቄ ቁጥር 307 መልስሽ አዎ ከሆነ አልኮል/ጫት/ አደንዛዥ እጽ ተጠቅመሽ የግብረ ስጋ ግንኙነት የሚፈጠርበትን አጋጣሚ ወይም ድግግሞሽ ?	1.አንዳንዴ 2. አብዛኛውን ጊዜ 3. ሁል ጊዜ 99 ሌላ ካለ ይገለጽ----------		308b	ለጥያቄ ቁጥር 307 መልስሽ አዎ ከሆነ አልኮል/ጫት/ አደንዛዥ እጽተጠቅሞ የግብረ ስጋ ግንኙነት የሚፈጠርበትን አጋጣሚ ወይም ድግግሞሽ ?	1.አንዳነዴ 2. አብዛኛውንጊዜ 3. ሁልጊዜ 99 ሌላካለይገለጽ----------	
309a	የግብረ ስጋ ግንኙነት እንድትፈጽሚ ከጓደኞችሽ ግፊት ገጥሞሽ ያውቃል?	1. አዎ 2. አይ					
310a	ስለ ስነ ተዋልዶ ከቤተሰቦችስ ጋር ተወያይተሽ ታውቂያለሽ?	1. አዎ 2. አይ					

ክፍል 4. ስነ ተዋልዶን በተመለከተ ፡ ይሄ ክፍል በአንቺ እና በፍቅረኛሽ መካከል ስላለው የስነ ተዋልዶ ታሪክ ሲሆን መረጃው ሚስጥራዊ የሆኑ ጥያቄዎች የያዘ ቢሆኑም ይህ መረጃ ሚስጥራዊነት የጠበቀ መሆኑን እገልጻለሁ፡፡

ተ.ቁ	ጥያቄ	አማራጭመልስ	ይታለፍ
401	ከፍቅር ጓደኛሽ ጋር ያለሽ ግንኙነት ደረጃ ምን አይነት ነው ብለሽ ታስቢያለሽ?	1.አሁን ያለን ግንኙነት ጠንካራ ነው ነገር ግን እስከ ትዳር ድረስ ይሄዳል ብዬአ ላሰብም, 2.ወደ ትዳር ሊያመራ የሚችል ጠንካራ ግንኙነት	
402	የፍቅር ጓደሽ ከትዳር በፊት የሚፈጸም የግብረ ስጋ ግንኙነት ይደግፋል ?	1. አዎ ⟶ 2. አይ	404
403	ለጥያቄ ቁጥር 402 መልስሽ አይ ከሆነ ከትዳር በፊት የሚደረግ የግብረ ስጋ ግንኙነት የማይደግፍበት ምክንያት?	1.በሀይማኖት ስለ ማይፈቀድ 2. የባህል ተጽእኖ 3.ኤች አይ ቪ እና ሌሎች የአባላዘር በሽታዎችንፍራቻ 4. ያልተፈለገ እርግዝናን ፍራቻ 88 አላውቅም 99 ሌላ ካለ ይገለጽ----------	
404	የፍቅር ጓደኛሽ የግብረ ስጋ ግንኙነት የጀመረበትን እድሜ ታውቂያለሽ?	1. አዎ ⟶ 2. አይ	406
405	ለጥያቄ ቁጥር 404 መልስሽ አዎከ ሆነ የፍቅር ጓደኛሽ የግብረ ስጋ ግንኙነት የጀመረበትን እድሜ ?	----------እድሜ በሙሉ ዓመት	
406	ለመጀመሪያ ግዜ የግብረ ስጋ ግንኙነት የፈጸማችሁበት ሁኔታ የተፈጠረው?	1. እሱ አስገድዶሽ 2. አንቺ ጠይቀሽው 3. በሁለታችሁ ፈቃድ	
407	በየጊዜው የግብረ ስጋ ግንኙነት እንድትፈጽሙ የሚያነሳሳው /የሚወስነው ማነው?	1. እኔ 2. እሱ 3. በጋራ ተስማምተን	
408	ስለወሲብ ህይወት ከቤተሰቦችሽ ጋር ተወየይተሽ ታቂያለሽ?	1. አዎ 2. አይ ⟶	410
409	ለጥያቄ ቁጥር 408 መልስሽ አዎ ከሆነ በምን ያህል ጊዜ ልዩነት ከቤተሰቦችሽ ጋር ትወያያላችሁ?	1. አንዳንዴ 2. አብዛኛውንጊዜ 3. ሁልጊዜ	
410	ከፍቅረኛሽ ጋር ስላለሽ የግብረ ስጋ ግንኙነት ከቤተሰብሽ ጋር ተነጋግረሽ ታውቂያለሽ?	1. አዎ 2. አይ ⟶	412
411	ለጥያቄ ቁጥር 410 መልስሽ አዎከ ሆነ ግንኙነታችሁን ቤተሰቦችሽ ይደግፋሉ?	1. አዎ 2. አይ	
412	ፍቅረኛሽ ከቤተሰቦቹ ጋር ስለወሲብ ህይወቱ ይወያያል?	1. አዎ 2. አይ 88 አላውቅም	
413	የፍቅረኛሽ ቤተሰቦች ስለሁለታችሁ ግንኙነት ያውቃሉ?	1. አዎ 2. አይ ⟶	501
414	ለጥያቄ ቁጥር መልስሽ አዎ ከሆነ ግንኙነታችሁን ይደግፋሉ?	1. አዎ 2. አይ 88 አላውቅም	

ክፍል 5. የወንዶችን በወሊድ መከላከያ ላይ ያላቸውን እውቀትና አመለካከት እና አጠቃቀም በተመለከተ፡ይህ ክፍል ፍቅረኛሽ ስለዘመናዊ የወሊድ መከላከይ ዘዴዎች ስላለው እውቀት፤ አመለካከት እና አጠቃቀም ላይ ያለውን መረጃ የሚገልጽ ነው፡፡

ተ.ቁ	ጥያቄ	አማራጭ መልስ	ይታለፍ
501	እርግዝናን ለመከላከል ስለሚረዱ የመከላከያ ዘዴዎችን ታውቂያለሽ?	1.አዎ 2.አይ	
502	ለጥያቄ ቁጥር 501 መልስሽ አዎ ከሆነ መረጃውን ያገኘሽው ከየት ነው?	1.ከጤና ባለሙያ 2.ከጓደኞቼ 3.ከቤተሰቦቼ 4.ከመገናኛ ብዙሀን 5 ከፍቅረኛ 99. ሌላ ካለ ይግለጹ----------	
503	ለጥያቄ ቁጥር 501 መልስሽ አዎ ከሆነ የትኛው አይነት ወሊድ መከላከያ ዘዴዎችን ታውቂያለሽ?	1.የወንድ ኮንዶም 2.የሴት ኮንዶም 3.ፒልስ 4.የመርፌ 5..በክንድ የሚቀበር 6.በማህጸን የሚቀበር 7.በ72 ሰዓት የሚወሰድ ፒልስ 8.የማታረግዝበትን ጊዜ ብቻ ወሲብ ማድረግ 9.ከወሲብ በኋላ የወንዱ የዘር ፈሳሽ ወደ ውጭ እንዲፈስ በማድረግ 99. ሌላ ካለ ይግለጹ----------	
504	ፍቅረኛሽ እርግዝናን ለመከላከል ስለሚረዱ የመከላከያ ዘዴዎችን ያውቃል?	1.አዎ 2.አይ 88 አላውቅም	510
505	ለጥያቄ ቁጥር 504 መልስሽ አዎ ከሆነ መረጃውን ያገኘው ከየት ነው?	1.ከጤና ባለሙያ 2.ከጓደኞቹ 3.ከቤተሰቦቹ 4.ከመገናኛ ብዙሀን 5 ከኔ	

506	ለጥያቄ ቁጥር 504 መልስሽ አዎ ከሆነ የትኛው አይነት ወሊድ መከላከያ ዘዴዎችን ያውቃል? ከአንድ በላይ አማራጭ ሊኖር ይችላል	1. የወንድ ኮንዶም 2. . የሴት ኮንዶም 3. ፒልስ 4. የመርፌ 5. .በክንድ የሚቀበር 6. በማህጸን የሚቀበር 7. በ72 ሰዓት የሚወሰድ ፒልስ 8. የማታረግዝበትን ጊዜ ብቻ ወሲብ ማድረግ 9. ከወሲብ በኋላ የወንዱ የዘር ፈሳሽ ወደ ውጭ እንዲፈስ በማድረግ 99. ሌላ ካለ ይግለጹ----------	
507	የወሊድ መከላያ ዘዴዎችን መጠቀምን የፍቅር ጓደናሽ ይደግፋል?	1.አዎ 2.አይ 88 አላውቅም →	506
508	ለጥያቄ ቁጥር 507 መልስሽ አይ ከሆነ የፍቅር ጓደኛሽ የወሊድ መከላከያ ዘዴዎችን መጠቀምን የማይደግፍበት ምክንያት?	1. የጎንዮሽ ጉዳት ይኖረዋልበማለት 2. ዋጋው ውድ ነው በሚል 3. መከላከያ ዘዴዎቹን በሚገዛበት ጊዜ ሌሎች ሰዎች ያዩኛል በማለት 4. የወሊድ መከላኬውን የሚገኝበት ቦታ ላይ ላሉ ጤና ባለሙዎች ጥሩ ያልሆነ አመለካከት ስላለው ነው 5. ሀይማኖት ይከለክላል በማለት 88 አላውቅም 99 ሌላ ካለ ይገለጽ----------	
509	የፍቅር ጓደኛሽ የወሊድ መከላከያ ዘዴዎችን መጠቀምያለባት ያገባች ሴት ብቻ መሆን አለበት ብሎያስባል?	1.አዎ 2.አይ 88 አላውቅም	
510	የፍቅር ጓደኛሽ የወሊድ መከላከያ ዘዴዎችን መጠቀም ከስነምግባር ውጪ የሆነች ሴት መገለጫ ነው ብሎ ያስባል?	1. .አዎ 2.. አይ 88 አላውቅም	
511	ከፍቅረኛሽ ጋር ስለወሊድ መከላከያ ዘዴዎች ተወያይታችሁ ታውቃላችሁ?	1.አዎ 2.አይ →	513

512	ለጥያቄ ቁጥር 511 መልስሽ አዎ ከሆነ የምትወያዩት ግንኙነት ከማድረጋችሁ በፊት ነው ወይስ በኋላ?	1.በፊት 2. በኋላ 3.በፊትም በኋላም	
513	ከዚህ በፊት የወሊድ መከላከያ ዘዴ ተጠቅመሽ ታውቂያለሽ?	1.አዎ 2.አይ ⟶	515
514	ለጥያቄ ቁጥር 513 መልስሽ አዎ ከሆነ ምን አይነት የመከላከያ ዘዴ ተጠቅመሽ ታውቂያለሽ?	1. የወንድ ኮንዶም 2. የሴት ኮንዶም 3. ፒልስ 4. የመርፌ 5. .በክንድ የሚቀበር 6. በማህጸን የሚቀበር 7. በ72 ሰዓት የሚወሰድ ፒልስ 8. የማታረግዝበትን ጊዜ ብቻ ወሲብ ማድረግ 9. ከወሲብ በኋላ የወንዱ የዘር ፈሳሽ ወደ ውጭ እንዲፈስ በማድረግ 99 ሌላ ካለ ይግለጹ----------	
515	ከፍቅረኛሽ ጋር ለመጀመሪያ ጊዜ የወሲብ ግንኙነት ስትፈጽሙ እርግዝናን ለመከላከል የተጠቀማችሁበት ዘዴ አለ?	1.አዎ 2.አይ ⟶	520
516	ለጥያቄ ቁጥር 515 መልስሽ አዎ ከሆነ ምን አይነት የመከላከያ ዘዴ ተጠቀማችሁ?	1. የወንድ ኮንዶም 2. የሴት ኮንዶም 3. ፒልስ 4. የመርፌ 5. .በክንድ የሚቀበር 6. በማህጸን የሚቀበር 7. በ72 ሰዓት የሚወሰድ ፒልስ 8. የማታረግዝበትን ጊዜ ብቻ ወሲብ ማድረግ 9. ከወሲብ በኋላ የወንዱ የዘር ፈሳሽ ወደ ውጭ እንዲፈስ በማድረግ 99 ሌላ ካለ ይግለጹ----------	

517	መከላከያውን ከየት አገኛችሁት?	1.ሱቅ 2.ፋርማሲ 3.ከመድሀኒት ስቶር 4.ከግል ሆስፒታል /ክሊኒክ 5.ከመንግስት ሆስፒታል/ጤናጣቢያ 7.ሆቴል 8.ከጓደኛ/ ዘመድ 99.ሌላ ካለ ይግለጹ----------	
518	መከላከያውን ለመጠቀም ምርጫው የማን ነበር?	1.የኔ 2. የፍቀረኛዬ 3. .በጋራ ተስማምተን	
519	መከላከያውን የገዛው ወይም ያመጣው ማነው?	1.እኔ 2. ፍቅረኛዬ 3. በጋራ	
520	ባለፉት 12 ወራት መከላከያ ተጠቅማችሁ ታውቃላችሁ?	1.አዎ 2.አይ ⟶	521
521	ምን አይነት የመከላከያ ዘዴ ተጠቀማችሁ?	1. የወንድ ኮንዶም 2. የሴት ኮንዶም 3. ፒልስ 4. የመርፌ 5. .በክንድ የሚቀበር 6. በማህጸን የሚቀበር 7. በ72 ሰዓት የሚወሰድ ፒልስ 8. የማታረግገርበትን ጊዜ ብቻ ወሲብ ማድረግ 9. ከወሲብ በኋላ የወንዱ የዘር ፈሳሽ ወደ ውጭ እንዲፈስ በማድረግ 99 ሌላ ካለ ይግለጹ----------	
522	በአሁን ሰዓት በማን ምርጫ ነው የወሊድ መከላከያ የምትጠቀሙት?	1.የኔ 2. የፍቀረኛዬ 3. .በጋራ ተስማምተን	
523	መከላከያውን ከየት አገኛችሁት?	1.ሱቅ 2.ፋርማሲ 3.ከመድሀኒት ስቶር 4.ከግል ሆስፒታል/ክሊኒክ 5.ከመንግስት ሆስፒታል/ጤና ጣቢያ	

		7.ሆቴል 8.ከንደኛ / ዘመድ 99.ሌላ ካለ ይግለጹ----------	
524	መከላከያውን ለማግኘት የምትሄዱበት ቦታ ለመድረስምን ያህል ጊዜ የፈጃል?	1.ከአንድ ሰዓት በታች 2.ከአንድ ሰዓት በላይ 88 አላውቅም	
525	መከላከያውን የገዛው ወይም ያመጣው ማነው?	1.እኔ 2. ፍቅረኛዬ 3. በጋራ	
526	ባለፉት 12 ወራት ውስጥ የወሊድ መከላከያን፣ውርጃን የአባላዘር ህመምን በተመለከተ መረጃ ወይም አገልግሎት ለማግኘት የጤና ተቋም ጎብኝተሽ ታውቂያለሽ?	1.አዎ 2. አይ ⟶	601
527	ለጥያቄ ቁጥር 521 መልስሽ አዎ ከሆነ ፍቅረኛሽ አብሮሽ ሄዷል?	1.አዎ 2. አይ	

ክፍል 6. ያልታሰበ እርግዝናንና ውርጃን በተመለከተ

ተ.ቁ	ጥያቄ	አማራጭመልስ	ይታለፍ
601	የፍቀር ጓደኛሽ ማስወረድን ያልታሰበ እርግዝና በሚፈጠርበት ጊዜ አንድ መፍትሄ ነው ብሎያስባል?	1. አዎ 2. አይ 88 አላውቅም	
602	ያልታሰበ እርግዝና ገጥሞሽ ያውቃል?	1. አዎ 2. አይ	መልስሽ አይ ከሆነ እዚህ ጋር አቁሚ.
603	ባለፉት 12 ወረት ውስጥ ያልታሰበ እርግዝና ገጥሞሽ ያውቃል?	1. አዎ 2. አይ	
604	ለጥያቄ ቁጥር 603 መልስሽ አዎከ ሆነ የእርግዝናው ውጤት ምን ሆነ?	1. ተወለደ 2.በራሱ ወረደ 3. አስወረድሽው 99ሌላ ካለ ይገለጽ-	
605	እርግዝናሽን ፍቅረኛሽ ተቀብሏል?	1. አዎ 2. አይ	
606	ለጥያቄ ቁጥር 604 መልስሽ ተወለደ ከሆነ ልጁን የማሳደግ ሀላፊነት ማን ወሰደ?	1. እኔ 2. ፍቅር ጓደኛዬ 3.የጋራ ስምምነት 99.ሌላ ካለ ይገለጽ--	
607	ለጥያቄ ቁጥር 604 መልሱ አስወርደሽ ከሆነ ውርጃው የት ተከናወነ?	1.ሆስፒታል 2.ክሊኒክ/ ጤና ጣቢያ 3.ባህላዊ ቦታ 99 ሌላ ካለ ይገለጽ--	
608	እንድታስወርጂ የወሰነው ማነው?	1. እኔ 2. ፍቅር ጓደኛዬ 3.የጋራ ስምምነት 99 ሌላ ካለ ይገለጽ-	
609	የምታስወርጂበትን ቦታ የወሰነው ማነው?	1. እኔ 2. ፍቅር ጓደኛዬ 3.የጋራ ስምምነት 99 ሌላ ካለ ይገለጽ---	

DECLARATION

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

Name: Mahlet Mulugeta Lewtie

Signature: _____

Date of submission: _____

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

Name: Dr. Wubegzier Mekonnen

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Date: _____