ADDIS ABABA UNIVERSITY

FACULTY OF MEDICINE

SCHOOL OF PUBLIC HEALTH

Assessment of Sexual behaviour, Attitude and Risk Perception about HIV/AIDS among out-of-school Anti-AIDS club member and non member youths, Mettu and Bedelle towns, Ilu-Abba-Bora Zone Western Ethiopia. A case control study.

By: Elias Legesse Negeri (Bsc.)

A research thesis submitted to the School of Gradates Studies of Addis Ababa University in partial fulfilment of the requirements for the master's degree in Public Health, Department of community Health.

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Advisor: Alemayehu Worku (BSc,MSc,PhD)

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Dedication

This paper is dedicated to my lovely mother, Tsegaye Amente Woyessa the one who so faithfully encouraged me in my educational achievement and for her great contribution in my journey to success by sacrificing a lot and in offering me all kinds of assistances in all my life.

Acknowledgements

First and for most, my special thanks goes to the Almighty God who helped me in all my ways in the process of my activities.

I would like to forward my deepest appreciation and thanks to my advisor Dr. Alemayehu Worku for his constructive advice, support, valuable comments and suggestions during the development of this research thesis.

I would like to express my sincere gratitude to Ethiopian Public Health Association for their financial support.

My gratitude is also extended to Addis Ababa University, Department of Community Health library, and HIV/AIDS Resource Center for their unreserved support in searching reference materials of this thesis. I would like to acknowledge the staffs of Ilu-Abba-Bora Zone Health Bureau; Mettu and Bedelle woreda Health Bureaus, Bedelle town Capacity Building Bureau for their full cooperation and facilitation of the actual data collection and I would also like to acknowledge the supervisors and all the participants of the study for their full participation in the study.

Finally, though words can never express how much I am grateful, I am indeed very thankful to my father, Legesse Negeri Findiga and my mother, Tsegaye Amente Woyessa for their unmentionable love and courage throughout my career and my sisters; Hanna Legesse, Elsa Legesse and Hirut Legesse deserves special appreciation for all uninterrupted morale support during the whole two years of staying at school.

The last but not least, my heartfelt thanks go to Abebech Teshome and Amsalu Mute for their moral as well as material support and my special thanks go to my best friends Ephraim Mebrate, Derje Chala, Gebi Agero, Minyahil Abebe, Berhanu Takele, Zerihun Garbe and Tolosa Mamuye for their committed assistance and unreserved encouragement in carrying out this research.

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List of Abbreviations

***AIDS**:* Acquired Immune-Deficiency Syndrome

***BCC**:* Behavioral Change Communication

***CSWs**:* Commercial Sex Workers

***EDHS**:* Ethiopian Demographic and Health Survey

***FGAE**:* Family Guidance Association of Ethiopian

FGD: Focus Group Discussion

***HAPCO**:* HIV/AIDS Prevention and Control Office

***HIV**:* Human Immune-Deficiency Virus

***IEC**:* Information, Education and Communication

MoH: Ministry of Health

***OSSA**:* Organization for Social Service for AIDS

***PLWHA**:* Peoples Living with HIV/AIDS

SMASH: Social Marketing for Adolescent Sexual Health

STIs: Sexually Transmitted Infections

UNFPA: United Nations Fund for Population Activities

USAID: United States International Aid for development

VCT: Voluntary Counseling and Testing

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Abstract

Background: Young people today are at high risk behavior that could expose them to HIV/AIDS and other STIs and threatened by HIV/AIDS epidemic since they are sexually active at younger ages and low and/or inconsistent use condoms to ensure protection.

Objective: To assess sexual behavior, attitudes and risk perception about HIV/AIDS among out-of-school anti-AIDS club member and non member youths in Mettu and Bedelle towns.

Methods: The study applied a case control study design in which the behavior difference between club member and non-club member groups examined. The cases are club members those registered in the out-of-school anti-AIDS club and actively participated for at least one year. Controls are non-club member who have never been registered and never became active member of any anti-AIDS club anywhere in the towns. A pre-tested self-administered questionnaire was used to collect data. Focus Group Discussions was also conducted in the two groups to complement the quantitative findings.

Results: From a total of 786 youths, 386 club member and 400 non-club member participated in the study. In this survey two third of the club members, (66.6%) & one third of the non-club members, 33.2% reported to have practiced sexual intercourse in the past. Females were likely more to start sexual practice at age than males in both groups. Among cases 31.3% reported that they had two and more than two sexual partners over the past and 29.2% controls reported that they had more than two sexual partners. Forty five point nine percent of club members and 33.3%of non-club members had used condoms during the first time they had sexual intercourse. The majority (99.1%) of the study populations were aware of HIV/AIDS. Seventy two pointy five percent of club member and (54.7%) non-club members perceived that they are at risk or may be at risk of acquiring the HIV/AIDS. The majority (74.6%) of the club members, and 52% of the non-club member youths expressed their willingness to undergo VCT for HIV. The prevalence of multiple sexual partnerships over past year among both groups was 30.3% in the selected towns. FGD also supplements that both groups admitted that youths in the towns engaged in risky sexual behaviors such as unprotected sexual intercourse which is the main cause of the spread of HIV/AIDS in the both towns.

Conclusion: The finding of the survey concluded both club member and non-club member out-of-school youths in this study area were exercising high risky sexual activities like early sex, multiple sexual partners, and inconsistent use of condom. But, the percentage among club members was lower than non-club members. Being a club member is protective for HIV/AIDS related risky sexual behaviors, perception. So, it was recommended that IEC on sexual health should be given intensively by concerned bodies to make adolescents protect themselves from these behaviors.

1. Background

Globally, the HIV/ AIDS epidemic remains a major public health, social, economic and development challenge. It constitutes one of the most formidable challenges to development and social progress. It poses significant threats in the world with impacts that will be felt for many decades in the future. In the most affected countries the pandemic is eroding decades of development gains, undermining economies, threatening security and destabilizing societies [1, 2].

Young adulthood is a stage in which human beings brought about many developments; (biological, physical, psychological, social) and these developments are accompanied by positive or negative behaviours depending on the environment in which the person grow. Sexual risk behaviours, including early sexual debut, unprotected sexual intercourse, and multiple sexual partners, occur in a broader context [3, 4].

Young people today are at high risk of unintended pregnancies and STIs, including HIV/AIDS, and those between 15 and 24 are both the most threatened and the greatest hopes for turning the spread of the HIV/AIDS epidemic since they are sexually active at younger ages than previous generations or delay in marriage until they are older, and do not use condoms regularly enough to ensure protection [5].

The purpose of this study is to assess the level of knowledge of reproductive health risks, sexual behaviour and risk perception among young peoples of Mettu and Bedelle towns. Therefore, this study will have an immense useful to the policy makers and program managers and those who are involved in reproductive health risk and sexual behaviour or any related issues in both towns.

The finding of this study is expected to contribute in filling the gap in understanding risky sexual practices related with the knowledge, attitudes and the risk perception of HIV and AIDS among youths in the study area. It is hoped that the out-come of this study will also shade some light as to the effectiveness of organizing anti-AIDS clubs as one of the strategies of HIV/AIDS prevention and control programs and will be used by local or regional planners for further expansion and strengthening the method.

2. *Literature Review*

Young Adults Sexual Behaviour

The life style of young people usually involves greater risk taking behaviour than those younger children and adults. Adolescence is an important and developmentally complex period of life when many forms of experimentation occur. Adolescents experiment and challenge and their physical, mental and social development allow them to take risks. Sexual experimentation, substance use and abuse and the tendency to indulge in dangerous sport and other activities reflect the incredible energy of adolescents [6].

Having multiple sexual partners remained one of the most important risk factors for the spread of HIV/AIDS. Because of biological factor and social norm, youth are primarily vulnerable to such risky behaviour. According to MOH (2000) of Ethiopia, 87% of new HIV infection in the preceding year is due to the practice of multiple partner sexual contact [7].

According to one study conducted in Bale zone 47.7% of them had more than one sexual partner in the past. Of the sexually active student nearly 21% have reported to have sexual intercourse with CSWs. Among respondents who have claimed to have sexual intercourse with CSWs, 88.8 percent of them did not use condom [8].

Another study conducted on sexual behaviour and risk perception of HIV infection among young adults in Dessie town shows that about half of the study participants are sexually experienced. Of these, 55.6% had sex with one partner only, about a quarter used condoms consistently and about 19% had multiple sexual partners and did not use condom. Among those 345 respondents who ever had sex, about 156(45.2%) had at least 2 sexual partners. Of these, 61 respondents (17.7%) have reported four and above sex partners, 31respondents (9%) had exactly 3 partners, 64 respondents(18.6%) had two sex partners, about 189 respondents (54.8%) had only one sex partner [9].

In the study conducted in Awassa 36.4% of sexually active youth admitted to have had more than one sexual partner in the preceding six months. A recent study carried out in Jimma town (2000, unpublished) reported a 19.3% of high school students to have had multiple sexual partners over the past one year. In the study conducted in Jimma and Agaro, males tend to have multiple partners compared of females [10].

A study conducted in Mettu town showed that in spite of the high knowledge the youths have had on delay of sex, consequences of early sex, HIV/AIDS and other STIs, almost half of the surveyed respondents were found to perform sexual activity. Hundred eighty-seven (40.7%) had had sexual intercourse. The age at the first sexual debut was very young (10 years). Eighty (43%) of those who had had sex were sexually active 4 weeks prior to the survey of which 42(22.5%) had multiple sexual partners [11].

The study conducted on school adolescents of South- Gondar of the interviewed adolescents more than two-thirds disapproved sex before marriage. About 14.8% of the sexually active students admitted to having had sex with female commercial sex workers, and 23.4% of the sexually active students reported also that they had had multiple sexual partners. All the above findings clearly and alarmingly indicate to prevalent high risk behaviour. The proportion of more than one sexual partner in East Gojjam was 46.9% [12].

There are numerous pressures arise for girls and boys to engage in sexual activity, not the least being their emerging sexual desires. Biological, social and economic pressures may encourage young people to have sex, while tradition, a sense of morality, and religious and family pressure are likely to discourage them from engaging in sex [13].

A study among secondary school students in Ethiopia showed that one third (33.3%) of the youth reported to have had sexual intercourse. Mean age of sexual initiation was 15.3$\pm$SD 0.5 years. Another study among high school students in Kola Diba Town revealed that the mean age of sexual commencement was 16.4 $\pm$ SD 2.3 years and the mean number of sexual partners in the past six months was around two. (9.3%) had sex with commercial sex workers in the past six months [14].

Knowledge, Attitude towards HIV/AIDS and Condom use

In Ethiopia according to the first National Behavioural Surveillance Survey (BSS) significant proportion of the population, particularly the youth are at high risk of HIV infection despite high level of knowledge about HIV/AIDS. According to this survey, 84% of urban out of school adolescents who had unprotected sex with non-marital partners do not feel that they are at risk [15].

Stigma and discrimination discourage young people from taking preventive measures against HIV/AIDS, like using condoms, seeking treatment for infections, voluntary counselling and testing, and informing their sexual partner. The Ethiopia 2000 DHS data show that only 18%of young women age 15 to 24 and 12% of young men in the same age group believe that a person infected with HIV/AIDS should be allowed to keep this fact private. At the same time, about one in two young women and men report they are willing to care for a relative with HIV/AIDS (16).

Voluntary and confidential HIV counselling and testing (VCT) is an important tool for preventing HIV. Voluntary Counselling and Testing allows adolescents to evaluate their behavior and its consequences. A negative test result offers a key opportunity to reinforce the importance of safety and risk reduction behaviours. (17).

A recent study conducted in South-Gondar among out-of-school adolescents shows that the majority (68.7%) of the urban, and 39% of the rural adolescents expressed their willingness to undergo VCT (18).

The most common mode of transmission of HIV in Ethiopia is through unprotected sex with an infected person. To prevent HIV transmission, it is important that young people practice safer sex through the much advocated ABC method. [19]

According to EDHS 2005 respondents who engaged in higher- risk sexual intercourse, only one in four women (24 %) and half the men (52 %) reported condom use the last time they had sexual intercourse. And 90 percent of women and 97% of men have heard of AIDS. Knowledge of condoms and the role that they can play in preventing transmission of AIDS virus is much less common. Four in 10 women or 40 % and more than six in ten men or 64 % are aware of that using a condom during sexual encounters can reduce HIV/AIDS transmission [20].

Risk perception

Individual risk perception is dependent on the perception held by other members of her/his personal network. Individual risk perception as well as individual knowledge is likely to be subject to social environment influences, as long as social interaction allows information exchange, facilitates common evaluation and definition of meaning and of its validity. Risk perception depends on the individual perceived control of her/his capacity to take preventive measures against the infection. Risk perception is dependent on the capacity to assess the relationship between behaviour and mode of transmission of virus [21].

Research conducted in Debre Birhan town showed that despite the high knowledge the youth have on HIV/AIDS, they still engaged in high-risk sexual behaviour and perception of risk acquisition is very low. Another study showed that accurate assessment of potential partners risk for HIV or other STIs may assist individuals in making decision to avoid sexual contact or to adopt protective behaviours with in the partnership (for example condom use) [22].

A study conducted on perception of the risks of sexual activities among out of- school adolescents in south Gondar showed that participants' attitude towards HIV risk perception were 11(5.3%) of the rural and 13((11.2%) of the urban [25]. Adolescents are engaged early to practice sex, exposed to high-risk sexual behaviour and the perception of risk acquisition is weak. Another study conducted in Jimma revealed that 6.7% of female students and 11.2%of male students were found to have been involved in sexual activity with worst lifetime sexual behaviour index [40]. A similar study in Kola Diba town revealed that only 65(18.6 %/) felt that they could acquire HIV infections [24].

3. Objectives

3.1. General Objective

- To assess sexual behavior, attitude and risk perception about HIV/AIDS among out of school anti-AIDS club member and non-member youths in Mettu and Bedelle towns.

3.2. Specific Objectives

- To describe the sexual behavior of young people in the study area.
- To assess knowledge, perception, attitude and sexual behaviors in the context of HIV infection and AIDS among out-of-school anti-AIDS club member and non-member youths.
- To examine a risk practice, knowledge and attitude difference among anti-HIV/AIDS club member and non club member youths in Mettu and Bedelle towns.
- To compare proportions of major risk behavior indicators and practices for HIV infection between the two groups.

4. Methods and Materials

4.1. Study Area

The study was conducted in Mettu and Bedelle towns. Both towns are located in Ilu-Abba-Bora zone. Ilu-Abba-Bora zone is one of the Western zones of Oromia Region which is indeed known for its coffee production and having suitable climatic condition and better rainy season. Mettu and Bedelle towns are located 600kms and 480kms away from the capital city of the country, Addis Ababa respectively. An estimated population of both towns is about 50,000 and of which 49% were males and the rest were females. From the total population, the youths are estimated to be 20,000. The ethnic composition of the town pertaining to the study subjects in the order of decreasing population number is Oromo, Amhara, Gurage, Tigre and others. There is one referral hospital, one health center and five private polyclinics. Furthermore, there are two primary, two junior secondary schools, one secondary school, preparatory school, one teachers' training institute, and one nursing and one TVET school in Mettu town.

4.2. Study design

The study applied a case control study design in which the behaviour difference between club members and non-club members groups examined based on self-reported actions. The cases were club members those registered in the out-of-school anti-AIDS club and actively involved for at least one year. Controls were non-club members who had never been registered and became active member of any anti-AIDS club anywhere in the two towns.

Focus group discussion was used to triangulate responses on some of the major sexual behaviour, attitudes and risk perception of the study subjects. From the major variables thought to affect the conformity of the discussion; sex and age were taken as categorizing criteria. Accordingly, four focus groups were formed for each of the study sites, i.e. male aged 15-19 and 20-24years, and female of similar age groups. Each of the group was consisted of 6 to 8 members.

4.3. Study population

The source population for the study were all youths in the two towns, while the study population were selected by systematic random sampling among out-of-school anti-AIDS club member and non-club member youths residing in Mettu and Bedelle towns.

4.4. Sample size

The sample size for the quantitative survey was determined using a formula for comparison of two population proportions. 80% power and 5% type I error to approximate an acceptable population parameter was taken. Number of sexual partners, which is assumed to be the most important risk factor in Ethiopia, was taken as a high risk behaviour indicator (10).

Since there is no study which was conducted recently in Mettu and Bedelle towns revealing this proportion, the finding of a recent study carried out in Jimma and Agaro towns in the south west of Ethiopia was taken to represent the proportion of both groups. A study conducted in Jimma and Agaro towns was found out that, of the sexually active respondents, 31% of club members and 17% of the non-club members reported to have had two or more life time sexual partners [10].

A study conducted on assessment of the magnitude and awareness of delay of sexual activity among unmarried youths (aged 20-24 years) to prevent HIV/AIDS and other STIs in Mettu town, revealed that 43%of the respondents noted that they have been sexually active within the last 4 weeks [11].One control was taken for each case and 20% allowance for missing or non-response rate. Total sample size was 800. Four hundred for cases where as 400 for controls using the following formula:

Formula for sample size calculation:-

$$n = 2\left(\frac{\left[Z\ \propto\frac{\square}{2}\sqrt{\left(1+\frac{1}{r}\right)*P(1-P)} + Z\beta\sqrt{p1(1-p1)+\frac{p2(1-p2)}{r}}\right]^{2}}{(p1-p2)^{2}}\right)$$

In which: P1= the proportion of exposure among cases (0.31)

P2 = the proportion of exposure among controls (0.17)

Z1-α/2= value of standard normal distribution corresponding to a significance level of alpha (1.96 for a two-sided test at the 0.05 level)

Z1-β/2= value of standard normal distribution corresponding to the desired level of power (0.84 for a power of 80%)

4.5. Sampling techniques

For the club members, first list of youths who were active members for at least one year was prepared from the registration book of each kebele and used as a sampling frame. The members were listed in an ascending order. Following this a random numbers list of 400 youths were selected from both towns. The names of youths corresponding to the selected random numbers were included in the study. From all kebeles of the two towns, representative sample of control groups were selected. The study subjects from 6 kebeles were recruited using probability sampling which is proportionate to the number of households, which corresponds to the study unit. Using systematic random sampling, every k^{th} of the pre-numbered households were selected and approached accordingly until the representative sample size was obtained excluding those who ever been anti-AIDS club members. Interviewers of the quantitative survey were identifying eligible discussants from the respective kebeles for the controls, and youth leaders for the club members or cases.

4.6. Data collection procedure

A quantitative data was collected using a questionnaire adapted from the BSS-Ethiopia 2001.The questionnaire was prepared originally in English and then was translated to Afan Oromo language. Pre-test of the questionnaire for clarity and consistency of the questions was conducted on some selected club member and non-club member youths of Gore and Algie towns (similar woredas from Ilu-Abba-Bora zone) one week prior to the actual data collection. Then, necessary amendment was made based on the feed back.

Five data collectors were recruited. Two days training was given to them focusing on the objective of the study and value of collecting the actual data. The structured questionnaire was discussed in detail going through every question and clarification given on each doubt. Two supervisors were recruited. For the club members, data collection was done at the respective youth centers in all kebeles in both towns, while house-to-house data collection was taken place for non-club members. Supervisors were around every day to control as well as support data collectors.

4.7. Operational definition of basic terms

Young adults: those persons who are found in the age group between 15 and 24.

Youths: those persons who are found in the age group between 10 and 24.

Adolescents: those persons who are found in the age group between 10 and 19.

Sexual behaviour**:** refers to the totality development of physical and psychological behaviours that produce sexual excitation through feelings, value, belief, action and relation (longer 1991); sexual behaviour in this study refers to having multiple sexual partners, practicing extra marital sex and/or unprotected sex, inconsistent and incorrect use of condom during sexual intercourse.

Risk perception*:* one's own judgment or having a particular way of understanding or thinking about the chance of being infected by HIV based on his own sexual behaviour and related factors.

Risky sexual behaviour: respondents who have had unsafe sexual intercourse with more than one sexual partner or with commercial sex workers prior to the survey.

Condom use: the act of utilizing condom during sexual intercourse.

Multiple sexual partners: More than one sexual partner at the same time in their life time.

Cases**:** those youths registered in the out of school anti-AIDS club and actively involved for at least one year.

Controls: youths who have never been registered and became active member of any anti-AIDS club.

Commercial sexual partner: Partner for whom sex is exchanged with money.

Regular partner: cohabiting (live-in) sexual partner but had never married.

Non regular partner*:* Sexual partner who is not spouse or live-in, and was not paid.

4.8. Data processing and analysis

Data processing includes coding, data entry, data cleaning and consistency checking. Data obtained from the questionnaire was entered, cleaned and prepared for tabulation plan using statistical data analysis (using SPSS software version 17 and Epi info version 3.5 for windows) techniques. Once the entry was accomplished, cleaning of data and editing employed for checking whether the designed value in each case was defined with logical justification. Inconsistency was rectified and corrected for the purpose of analysis. Frequencies for all variables were counted and cross tabulated by using percentage/proportions.

Uni-variate analysis was done for the selected variables. Then bi-variate analysis with crude odds ratio was used to test possible association of the independent variables with the dependent one. Further more, multivariate logistic analysis was used to see the net effects of each of the independent variables in explaining variation in the outcome variables. Proportions and percentages were calculated to show the distribution of the respondents by socio-economic, demographic, risky sexual behaviour related characteristics and HIV/AIDS related characteristics. At the multivariate analysis, logistic regression model was used.

4.9. Data quality management

Pre-testing the questionnaires; proper explanation on how to fill the data on the first page of the questionnaire, careful preparation and clarity of the questionnaire will maintain the data quality.

4.10. Study variables

Independent variables

- Socio demographic variables (sex, age, education and religions)
- Knowledge and attitudes of youths on HIV/AIDS
- Economic factors(income level of the family or youth, living condition)
- Institutional factors (availability of youth programs, health education services)
- Non-sexual risk behaviors (alcohol consumption, khat chewing and drug use)
- Family (parents) and peer factors(perception that peers are sexually active, educational level of families, lack of family support, family communication on sexual issues, communication with sexual partner on sexuality)

Dependent variables

- Sexual behaviors of youth (age at first intercourse, sexual practices, type and number of sexual partner, use of contraception including condom, prior history of STIs)
- Risk perception towards HIV/AIDS/STIs.

4.11. Ethical considerations

This study was done in conformity with the ethical guidelines approved by the Institutional Review Board (IRB) of Addis Ababa University, Medical Faculty, Department of Community Health and Zonal Health Bureau and other concerned bodies were approached for collaboration and permission. Informed verbal consent was obtained from participants. Participants assured that privacy and confidentiality was maintained. At individual level after explaining the purpose of the study verbal and written consent was obtained from all participants prior to their participation in this study. Furthermore, investigators informed that their participation in the study is voluntary and that they are not obliged to answer to any questions with which they are uncomfortable. They were also free to withdraw their participation from the study at any time they want.

4.12. Dissemination of results

The findings of the study are supposed to be disseminated to the policy makers, bodies who can make use of the result, DCH, MOH, OHB, EPHA, HAPCO, Mettu and Bedelle towns Health Bureau and other governmental and non-governmental organizations.

5. Results

5.1. Socio-demographic characteristics of the study participants

A total of 786 youths participated in the study, with 100% response rate for non-club members and 96.5%, response rate for the club members making 386 participants to which self administered questionnaire was administered.

Among the club member 164 (*42.5%)* of the respondents were between the age range of 15 to 19 years, 222 (57.5%) of them were between 20 to 24 years old and among the non-club member 186(46.5%) and 214(53.5%) of the respondents were between the age range of 15 to 19 years and between 20 to 24 years old respectively. The mean ages were 19.1 ± 2.1(SD) and 18.2 ± 2.2(SD) years for club members and for the non-club members respectively.

Most of the club members, 300(77.7%) were attending their education at different government and private institutions, 56(14.5%) do not have job and 30(7.7%) had job with average monthly income of 357 Ethiopian birr, of which 43.4% earning less than 200 birr per month, where as from the non-club members 282(70.5%) were attending their education at different government and private institutions, 64(16%) do not have job and 54(13.5%) had job with the average monthly income of 420 birr. Most of the respondents among club member, 286(74.1%) were living with their parents, while 100(25.9%) were living alone and from non-club member, 246(61.5%) and 154(38.5%) were living with their parents and alone respectively.

Most of the respondents, in both club members and non-club members (85.3% Vs 71.4%, respectively), reported that they were educated up to elementary school, secondary school and preparatory program, while the remaining respondents were currently attending their education at different private colleges or universities that is 14.7% of the club members and 28.6%of the non-club members.

Regarding the religion, greater than half of club members, 204(52.8%) were Christian orthodox and followed by protestant, 142(36.8%), while the majority of non-club members, 218(54.5%) & 154(38.5%) were Orthodox and protestant respectively. Most of respondents, 284(73.8%) and 303(75.8%) of club members and non-club members were Oromo by ethnicity respectively.

From the total number of cases (club members) participated in the study, 369 (95.6%) were not married and the rest 17 (4.4%) reported to be married at least once in the past, while from the non-club members, 322(80.5%) were not married yet and the rest, 35(8.8%) reported to be married.

Seventy nine, (20.4%) and 162(41.9%) of the club members; 102(25.5%) and 186(46.5%) of non-club members of the participants' fathers and mothers were illiterate respectively. The majority of participants' mothers, 210(54.4%) of the club members were housewives, while 237(59.3%) of them were house wives among non-club members. 108(27.9%) and 90(22.5%) from the club members and non-members reported that their fathers were civil servants respectively.

Table 1: Percentage distribution of socio-demographic characteristics of respondents, Mettu and Bedelle towns, 2010.

Characteristics		**Cases (n=386)**	**Controls (n= 400)**	**Totals (n=786)**
Sex	Male	264(68.4%)	282(70.5%)	546(69.4%)
	Female	122(31.6%)	154(29.5%)	276(30.6%)
Age	15-19	164(42.5%)	186(46.5%)	350(44.5%)
	20-24	222(57.5%)	214(53.5%)	436(55.5%)
	Mean age(+SD)	19.1 $\pm$ 2.1	18.2$\pm$.2.2)	
Educational status	Elementary(1-8)	22(5.7%)	26(6.5%)	48(6.1%)
	Secondary(9-10)	78(20.2%)	50(12.5%)	128(16.3%)
	Preparatory(11-12)	114(29.5%)	126(32.6%)	240(30.5%)
	College & above	172(44.6%)	198(51.4%)	370(47.1%)
Religion	Orthodox	204(52.8%)	218(54.5%)	422(53.6%)
	Protestant	142(36.8%),	154(38.5%)	296(37.6%)
	Muslim	29(7.5%)	22(5.5%)	51(6.5%)
	Catholic	7(1.8%)	4(1.0%)	11(1.4%)
	Others	4(1.1%)	2(0.5%)	6(0.8%)

Religiosity	Never attend	26(6.7%)	22(5.5%)	48(6.1%)
	>Once per week	188(48.7%)	210(52.5%)	398(50.6%)
	Once per week	142(36.8%)	136(34.0%)	278(35.4%)
	Occasionally	30(7.8%)	32(8.0%)	62(7.9%)
Ethnicity	Oromo	284(73.8%)	303(75.8%)	587(74.6%)
	Amhara	73(18.9%)	64(16.0%)	137(17.5%)
	Gurage	18(4.7%)	16(4.0%)	34(4.4%)
	Others	10(2.6%)	17(4.2%)	27(3.5%)
Marital status	Married	17(4.4%)	35(8.8%)	52(6.7%)
	Never married	365 (94.5%)	58(89.4%)	723(91.9%)
	Divorced	4(1.1%)	7(1.8%)	11(1.4%)
Perceived family economic status	Poor	55(14.2%)	43(10.8%)	98(12.5%)
	Medium	252(65.2%)	281(70.2%)	533(67.8%)
	Rich	79(20.6%)	76(19.0%)	155(19.7%)
Living arrangement	Alone	88(22.8%)	69(17.2%)	157(19.9%)
	Both parents	226(58.5%)	202(50.5%)	428(54.5%)
	Single parent	35(9.1%)	31(7.8%)	66(8.4%)
	Husband or wife	17(4.4%)	78(19.5%)	95(12.1%)
	Brother or sister	14(3.6%)	12(3.0%)	26(3.3%)
	Others	6(1.6%)	8(2.0%)	14(1.8%)
Monthly income	No income	242(62.7%)	274(68.5%)	516(65.6%)
	<100birr	66(17.1%)	52(13.0%)	118(15.1%)
	100-500birr	48(12.4%)	40(10.0%)	88(11.2%)
	>500 birr	30(7.8%)	34(8.5%)	64(8.1%)

Source: From the survey result

5.2. Sexual experience of survey respondents

This survey was found out that more than two third of the club members, 257(66.6%) & about one third of the non-club members, 133(33.2%) claimed to have practiced sexual activity in the past; this result shows statistically significant proportion of out-of-school youths were sexually experienced in both groups (P<0.05). ***(Refer table 2)***

Age at first sexual intercourse varies by sex and age group among cases and controls. Among cases almost two third of who practised sexual intercourse, 173(67.3%) experienced the first sexual act in the age range of 15-19years, while other age groups, 23.3% and 9.3% experienced the first sexual act in the age of less than 15 years and in the age range of 20-24years respectively. In the controls, more than half of those who practised sexual intercourse, 76(57.1%) experienced the first sexual acts in the age range 15-19years, and 30.8% and 14.2% experienced the first sexual act in the age range less than 15 years and in the age range of 20-24 respectively. ***(Refer table 2)***

Having had sexual intercourse for both sexes rises with age from 32(18.2%) in the age group less than 15 years to 128(72.7%) in the age group 15-19 years among club members, whereas among non-club member youths having had sexual intercourse for both sexes also rises with age from 26(29.9%) in the age group less than 15 years to 51(58.6%) in the age group of 15-19 years.

The study result indicated that, the minimum and maximum age of sexual initiation for males was 12 and 22 years and for females was 10 and 18 years respectively. Amongst cases the mean age of sexual initiation for males and females was 16.9(±1.8 SD) and 16.6(±2.2 SD) years respectively. The mean age of sexual debut among controls for males and females was 17.3(±1.9) and 15.1(±2.6) respectively. This shows that females had more likely started sexual activity earlier than males in both groups which was statistically significant (P<0.05).

Among the cases, out of 257(66.6%) who had sexual intercourse, 102(58.1%) males and 11(13.4%) females reported that their first sexual partner had been the same age. Other cases reported that their first sexual partners had been less than 5 years older, 5 to 10 years older, and younger, were 15.6% of which 20(11.3%) males and 20(24.7%) were females, (21.4%) of which 12(6.8%) males and 43(531%) were females, 19.1% of which 42(23.8%) males & 7(8.7%) were females respectively.

Among controls, out of 133(33.2%) who had sexual intercourse, 34(25.6%) of males and 20(15%) of females reported that their first sexual partner had been the same age. Other controls reported that their first sexual partners had been less than 5 years older, 5 to 10 years older, and younger, 20.3% were of which 12(14.6%) males and 15(29.4%)were females, (20.3%) of which 8(9.7%) males and 19(37.3%) were females, 18.7% of which 20(24.4%)males & 5(9.8%) were females respectively. From this, we observe that 63(77.7%) and 34(66.6%) females had their first sexual intercourse with partners older than them when compared to 32(18.2%) and 20(23.8%) of males for cases and controls respectively. ***(Refer table 2)***

Having had personal desire, peer pressure, fall in love and to maintain relationship with partner were the most common reasons to start the first sexual intercourse among cases and reported by 72(40.9%), 58(32.9%) 56(31.8%)and 37(21.1%) respondents respectively. While, having had personal desire, peer pressure, fall in love and to maintain relationship with partner were the most common reasons to start the first sexual intercourse among controls and reported by 53(39.8%), 30(22.5%), 30(22.5%) and 20(15.2%) respondents respectively. ***(Refer table 2)***

Out of 257(66.5%) club member respondents who had sex, 195(75.8%) of them had sexual intercourse during the previous 12 months. Among these, 68.6% and 31.4% were males and females respectively. While, out of 133(33.3%) non-club member respondents who had sex, 77(57.8%) of them had sexual intercourse during the previous 12 months. Among these, 55.8% and 44.2% were males and females respectively. More number of male, 68.8% than female, 31.2% youths among the club members were engaged in sexual activity in the last 12 months. The same difference was also observed among male and female of non-club member youths. ***(Refer table 2)***

Out of 195(75.8%) sexually active club members who had sex in the past 12 months, 45(23.1%) had sex over the last 30 days, of which 68.9% and 31.1% were males and females respectively. From 77(57.8%) sexually active non-club members who had sex in the past 12 months, 41(53.2%) had sex over the last 30 days, of which 63.4% and 36.6% were males and females respectively.

The majority 265(68.7%) of the club members reported that they had one sexual partner and of which, 182(68.7%) and 83(31.3%) were males and females respectively. The remaining

121(31.3%) respondents reported that they had two and more than two sexual partners and of which, 82(67.7%) and 39(32.3%) males and females respectively. Besides this, 283(70.8%) of non-club members reported that they had one sexual partner and of which 194(68.6%) and 89(31.4%) were males and females respectively. The remaining 117(29.2%) respondents reported that they had greater than two sexual partners and of which 88(75.2%) and 29(24.8%) males and females respectively. ***(Refer table 2)***

This study revealed that the relationship between age and number of lifetime sexual partners, so the trend of having two and more than two sexual partners shows an increment as youth's age level increase. That is among 15-19 age group (44.5%) have more than one life time sexual partner whereas, among 20-24 age groups are (55.4%) in both groups. From this, we can observe that males had more likely high number of sexual partners than their female counter parts.

Among club members sexually initiated males reported to have an average of 2.5 life time partners, whereas females reported 1.9 life time partners. From non-club members sexually active males said that an average of 2.1 life time partners, while females reported that 1.5 life time partner. With respect to the number of sexual partners they had in the last 12 months, higher proportion (25.9%) of the sexually active club members had more than one partners as compared to that of non-club members (12.8%).

Out of 257(66.6%) respondents of club member who ever had sex, 105(40.8%) youths did their first sex with their boy/girl friends, 86(33.5%) youths did it with their spouse, while 56(21.8%) and 7(2.7%) of the youths did their first sex with casual partners and CSW respectively. Three female respondents reported their first sexual intercourse was forcefully done. More than 33.4% of the respondents of club members have never started sex. The major reasons for not involving in sexual activities were as follows: religiosity (33.3%), fear of HIV and other STIs (24.0%), giving priority to other duties and being too young (23.3%), wish to wait until marriage (11.6%) and fear of parents was reported only by (7.8%). ***(Refer table 2)***

Out of 133(33.3%) the respondents of non-club members who ever had sex, 58 youths (43.6%) did their first sex with their boy/girl friends, 17 youths (12.8%) did it with their spouse, while 44(33.1%) and 10(7.5%) of the sexually active respondents did their first sex with casual partners and CSW respectively. Four female respondents reported their first sexual intercourse was forcefully done. More than 66.7% of the respondents of non-club

members have never started sex. The major reasons for not involving in sexual activities were religiosity (36.7%), fear of HIV and other STIs (26.2%), giving priority to other duties and being too young (25.2%), wish to wait until marriage (6.7%) and fear of parents was reported only by (5.2%).

As depicted on table 2 and 3, with respect to the type of partner in the last 12 months, commercial partners were reported by 5(3.8%) and 10(21.8%) club member and non-club member male respondents respectively. Non- commercial partners were reported by 180(92.3%) club members. From these, 129(66.1%) & 61(31.2%) were males and females respectively. On the other hand, non- commercial partners were reported by 77(57.8%) non-club members. From these, 46(59.7%) and 31(40.3%) were male and female respondents respectively. ***(Refer table 2)***

About 35(9.8%) and 22(5.5%) of the sexually active club member and non-club member adolescents reported history of signs and /or symptoms of STIs. The proportion of reported STIs was higher in males (19.5%) than in females (13.1%) among club members.

Out of the total of 276 female respondents who were participated and asked for ever having experienced pregnancy 74(26.8%) of them were pregnant at least once prior to this study. Among those who experienced pregnancy before, 56(75.6%) planned their pregnancy and 18(24.4%) was unplanned pregnancy. ***(Refer table3)***

From club member those who experienced pregnancy, the age at which they became pregnant were in the early age between 14-17 (64.3%) and late age between18-24 (35.7%). On the other hand amongst non-club members 77.8% became pregnant at early age between14-17 and 33.3% became pregnant at the latest age of 18-24. In both groups, most of the female respondents became pregnant in the early age. ***(Refer table 3)***

In this study, 14(43.7%) of club member and 9(21.4%) of non-club member adolescents reported history of induced abortion at least once. The most frequently reported reasons for induced abortion among club member youths were fear of family, to continue their education; it was unplanned and economical problem; 21.4%; 50%; 14.3 and 14.3% respectively. While, the main repeatedly reported reasons for induced abortion among non-club member

youths were fear of family; to continue their education; it was unplanned and economical problem; 33.3%; 11.2%; 22.2% and 33.3% respectively. ***(Refer table 3)***

Amongst the club members most of the abortion taken place at abortionist house, and at private clinics; 71.4% and 28.6% respectively. Whereas, from the non-club members, most of the abortion taken place at abortionist house, and at private clinics; 66.7% and 33.3% respectively. ***(Refer table 3)***

Table 2: Percentage distributions of sexual experience of survey respondents among club members and non-club members, Mettu and Bedelle towns, 2010.

Characteristics		Cases (n=386)	Controls (n= 400)	Totals (n=786)
Ever practice sex	Yes	257(66.5%)	133(33.3%)	390(49.6%)
	No	129(33.5%)	267(66.7%)	396(50.4%)
Age at first intercourse	<15	60(23.3%)	41(30.8%)	101(12.8%)
	15-19	173(67.3%)	76(57.1%)	249(31.7%)
	20-24	24(9.4%)	16(12.1%)	40(5.1%)
	Mean age	16.9(±1.8)	16.6(±2.2)	
Condom use during first intercourse	Yes	118(45.9%)	46(56.7%)	164(20.9%)
	No	139(54.1%)	87(65.5%)	226(28.7%)
Intercourse in the last 30 days	Yes	45(23.1%)	41(53.2%)	86(10.9%)
	No	150(76.9%)	36(46.8%)	186(23.7%)
Intercourse in the last 12 months	Yes	195(51.7%)	77(48.3%)	272(34.6%)
	No	62(61.3%)	56(38.7%)	118(15%)
Life time sexual partner	One	265(68.6%)	283(70.7%)	548(69.7%)
	>two	121(31.4%)	117(29.3%)	238(30.3%)
No of non-commercial partner in the last 12 months	One	222(68.9%)	183(78.2%)	405(51.5%)
	>two	100(31.1%)	51(21.8%)	151(19.2%)
Condom use with commercial partner	Always	105(53.8%)	43(55.8%)	148(18.8%)
	Sometimes	65(33.3%)	24(31.1%)	89(11.3%)
	Never	25(12.9%)	10(13.1%)	35(4.5%)
Type of partner in the last 12 months	Commercial	5(3.8%)	10(12.6%)	15(1.9%)
	Non-commercial	190(97.5%)	69(87.4%)	259(32.9%)

Source: from the survey result

Table 3: Percentage distributions for the consequences of sexual experience of survey respondents among club members and non-club members, Mettu and Bedelle towns, 2010.

Characteristics		Cases (n=386)	Controls (n= 400)	Totals (n=786)
Prior history if STIs	Yes	38(9.8%)	22(5.5%)	60(7.6%)
	No	348(90.2%)	378(94.5%)	726(92.4%)
Reason to start sex	Personal desire	72(40.9%)	53(39.8%)	125(15.9%)
	Peer pressure	58(32.9%)	30(22.5%)	88(11.2%)
	Fall in love	56(31.8%)	30(22.5%)	86(10.9%)
	To maintain r/ship	37(21.1%)	20(15.2%)	57(7.2%)
Age d /ce with whom they had sex	Same age	113(43.9%)	54(40.6%)	167(21.2%)
	<5yrs older	40(12.6%)	27(20.3%)	67(8.5%)
	5-10yrs older	55(21.4%)	27(20.3%)	82(10.4%)
	Younger	49(19.1%)	25(18.7%)	74(9.4%)
Have ever been pregnant	Yes	32(39.5%)	42(91.3%)	74(26.1%)
	No	49(60.5%)	4(8.7%)	53(18.7%)
Previous pregnancy	Planned	21(65.6%)	35(83.3%)	56(19.8%)
	Unplanned	11(34.4%)	7(16.7%)	18(6.3%)
Ever abort	Yes	14(43.7%)	9(21.4%)	23(8.1%)
	No	18(56.3%)	33(78.6%)	51(18%)
Place of abortion	Abortionists house	10(71.4%)	6(66.7%)	16(5.6%)
	Private clinic	4(28.6%)	3(33.3%)	7(2.5%)
Reason for abortion	Fear of family	3(21.3%)	3(33.3%)	6(2.1%)
	It was unplanned	7(50%)	1(11.2%)	7(2.5%)
	To continue education	2(14.3%)	2(22.2%)	4(1.4%)
	Economic problem	2(14.3%)	3(33.3%)	5(1.8%)

Source: From the survey result.

5.3. Unprotected sexual practice

Amongst 257(66.5%) club members who ever had sex, 118(45.9%) had used condoms during the first time they had sexual intercourse and of which, 72(56.7%) and 46(40.9%) were males and females respectively. Out of 133(33.3%) non-club members who ever had sex, 46(34.5%) had used condoms during the first time they had sexual intercourse and of which, 27(41.3%) and 19(31.0%) were males and females respectively.

From 195(75.8%) club members who have had sex during the previous 12 months, 105(58.3%) respondents, of which 84(43.0%) males and 21(10.7%) females reported that they were using condoms every time. Sixty five (33.4%) respondents, of which 48(24.6%) males and 17(8.7%) females reported that they were using condoms some times and 25(12.8%) respondents, of which 16(8.2%) males and 9(4.6%) females reported that they had never used condoms during sex in the past 12 months.

From 77(57.8%) non-club members who have had sex during the previous 12 months, 43(55.8%) respondents of which, 31(40.2%)males and 12(15.6%) females reported that they were using condoms every time. Twenty four (31.1%) respondents of which, 13(16.9%) males and 11(14.2%) females reported that they were using condoms some times and 10(12.9%) respondents of which, 6(7.8%) males and 4(5.2%) females reported that they had never used condoms during sex in the past 12 months. The proportion of club member youths who had unprotected sexual intercourse at least once were higher than those non-club member counter parts (46.1% Vs 44.1%) and this was statistically significant ($P<0.05$)

Among 195(75.8%) club member youths who were sexually active in the previous 12 months, 138(70.7%) youths of which, 94(68.1%) males and 44(31.9%) females reported condom use during their most recent sexual encounter. From (55.1%) of respondents of which, 63.1% males and 36.9% said that condom use was suggested by joint decision. Thirty point four percent (61.9% males & 38.1% females) and 14.5 %(60% males and 40% females) reported that it was suggested by themselves and their partner respectively. However, 57(29.3%) club members of which, 37(64.9%) males and 20(35.1%) females reported that they had not used condoms in their most sexual encounter. The commonest reasons for non-use of condoms reported were partner trust (54%) and do not enjoy sex when using condoms (it decreases sexual pleasure) (26%).

Among 57(29.3%) youths who had not used condoms in their most recent sexual encounter, 2(3.5%) male youths had sex with commercial sex partner without using condoms. From

77(57.8%) non-club member youths who were sexually active during the previous 12 months, 56(72.7%) youths of which, 39(69.6%) males and 17(30.4%) females reported to use condoms during their most recent sexual encounter. From (58.5%) of respondents of which, 66.7% males and 33.3% said that condom use was suggested by joint decision, 26.8% (63.6% males & 36.4% females) and 12.9%(60% males and 40% females) reported that it was suggested by themselves and their partner respectively.

However, 21(27.3%) non-club members of which, 12(57.1%) males and 9(42.9%) females reported that they had not used condoms in their most sexual encounter. The commonest reasons for non-use of condoms reported were partner trust (59%) and both partner trust and don't enjoy sex when using condoms (23%). Among 21(27.3%) youths who had not used condoms in their most recent sexual encounter 3(14.2%) male youths had sex with commercial sex partners without using condoms.

The majority of the club member respondents, (95%), knew the place where a person can get condom, 85.3%, 78.4%, 63.8% and 52.6% mentioned pharmacy, shops, hospitals and clinics as the place where condom is found respectively. Three fourth of the non-club member respondents, (75%), knew the place where a person can get condom, 68.5%, 45.3%, 43.8% and 32.6% mentioned pharmacy, shops, hospitals and clinics as the place where condom is found.

When we compare the two groups as to the types of partners with whom they practiced sex revealed that, more proportion (7.5%) of non-club members had visited commercial sex workers than club members (2.7%). While, none of seven club-members admitted to have sexual contact with commercial partners without condom, but three of the ten (30%) non-club members having sexual contact with commercial sex workers without using condoms.

5.4. Knowledge, attitude and stigma about HIV/AIDS and other STIs

The majority (99.1%) of both groups of the study populations were aware of HIV/AIDS. The proportion of those who have ever heard about the HIV/AIDS epidemic is higher in club members 386(100%) than in non-club members 393(98.2%) youths.

About 95.2% of non-club members and 99.5% club members correctly identified unprotected sexual intercourse as mode of transmission for HIV, but only 51% of non-club members and 74.3% of club members correctly identified MTCT as mode of transmission for HIV. More than 80.3% of club members and 75.7%non-club members correctly identified contaminated blades and sharp materials as mode of transmission for HIV. Mosquito bite was misconceived and mentioned as a risk factor of HIV infection by 8% of non-club member and 4.7% of club member respondents.

Blood transfusions, 306(79.2%); breast feeding of infected mothers, 128(33.1%); deep kissing, 24(6.2%); unsafe injection, 295(76.4%) were the most commonly mentioned modes of transmission by the club members. While, blood transfusions, 298(74.5%); unsafe injection, 264(66.0%); breast feeding of infected mothers, 142(35.5%); followed by deep kissing, 41(10.2%); were the once most frequently replied responses by the non-club members.

Eighty eight point six percent of club members and 81.7% of non-club members accurately acknowledged abstinence as a way to prevent HIV transmission. About 91.4% club member and 80.5% non-club member respondents correctly identified faithfulness as a way to prevent HIV transmission. Finally, 84.4% of the club members and 72.2% non-club members correctly recognized condom as a practical protective option against HIV/AIDS. Avoiding sex with commercial sex workers were mentioned by 15% of the club members and 9.7% of non-club members as a means of preventing HIV/AIDS and STIs.

Three hundred twenty six (84.4%) of club member and 289(72.2%) of non-club member youths mentioned all the three possible methods of HIV/AIDS and other STIs prevention (abstinence, be faithful to one sexual partner and condom use). Mass media (Radio, TV) (97.1%), parents or relatives (55.4%), newsletters or pamphlets (91.7%), peers educators (79.1%), heath workers at health institutions (66.5%) and religious leaders (32.9%) were mentioned as the most popular sources of information for HIV/AIDS by club members.

The most frequently reported source of information about HIV/AIDS by non-club members were mass media (radio, TV), (96.5%); newsletters or pamphlets, (80%); peers educators (77%); parents or relatives, (65.2%); heath workers at health institutions, (44.5%) and religious leaders, (35.7%).

As far as STIs are concerned, 96.6% and 92% of club member and non-club member respondents were familiar with at least one type of STIs other than HIV/AIDS respectively. Gonorrhoea (79.7%); syphilis (75.3%) and chancroid (57.5%) were the commonly stated STIs among club member youths. In the case of non-club members gonorrhoea (74%); syphilis (75.5%) and chancroid (61%) were the usually known STIs. 77.8% and 88.3% of the respondents did not know the LGV from club members and non-members respectively.

Table 4: Percentage distributions of knowledge of modes of transmission, sources of information, preventive measures of HIV/AIDS and other variables by the types of study groups, Mettu and Bedelle towns, 2010.

Characteristics		**Cases (n=386)**	**Controls (n= 400)**	**Totals n=786**
Heard about HIV/AIDS	Yes	386(100%)	393(98.2%)	779(99.1%)
	No	0	7(1.8%)	7(0.9%)
Mode of transmission	Unprotected sex	384(99.5%)	381(95.2%)	765(97.3%)
	Sharp materials	310(80.3%)	298(74.5%)	608(77.3%)
	Unsafe injection	295(76.4%)	264(66%)	559(71.1%)
	Blood transfusion	306(79.2%)	298(74.5%)	604(76.8%)
	MTCT	287(74.3%)	204(54%)	491(62.5%)
	Breast feeding	128(33.1%)	142(35.5)	270(34.3%)
	Fervent kissing	24(6.2%)	41(10.2%)	65(8.3%)
	Mosquito bite	18(4.7%)	32(8%)	50(6.4%)
Source of information	Mass media	375(97.1%)	386(96.5%)	761(96.8%)
	Newsletter/pamphlets	354(91.7%)	320(80%)	674(85.7%)
	Parents/relatives	214(55.4%)	261(65.2%)	475(60.4%)
	Health professional	257(66.5%)	178(44.5%)	435(55.3%)

	Peer educators	305(79.1%)	308(77%)	613(78%)
	Religious leaders	127(32.9%)	143(35.7%)	270(34.3%)
	Boy/girl friend	117(30.3%)	115(28.7%)	232(29.5%)
Prevention measures	Abstinence	342(88.6%)	327(81.7%)	669(85.1%)
	Limiting to one partner	353(91.4%)	322(80.5%)	675(85.9%)
	Consistent condom use	326(84.4%)	289(72.2%)	615(78.2%)
	Avoid commercial sex	58(15.0%)	39(9.7%)	97(12.3%)
	Others	74(19.1%)	88(22%)	162(20.6%)
Knowledge about STIs	Yes	373(96.6%)	368(92%)	741(94.2%)
	No	13(3.4%)	34(8.5%)	47(5.8%)
Knowledge about contraceptives	Yes	370(95.8%)	356(89%)	726(92.3%)
	No	16(4.1%)	44(11%)	60(7.6%)
Can AIDS be cured	Yes	376(97.4%)	379(94.7%)	755(96%)
	No	10(2.6%)	21(5.3%)	31(4%)
Contraceptive use at first intercourse	Ever used	203(52.5%)	104(26%)	307(39%)
	Never used	183(47.5%)	296(74%)	479(61%)

Source: from survey result

5.5. Contraceptive use

In this study, (95.8%) of club members and (89%) of non-club members suggested that they knew about contraceptive methods respectively. Among club members multiple responses indicate that, the majority of the respondents knew pills (93.2%), followed by condom (84.4%), and IUD/Loop (49.7%). Norplant and calendar method are known by (46.6%) and (42.3%) respondents respectively. Whereas, among non-club members, (90%) knew pills, (87.5%) knew condom and (46.5%) knew calendar method; Norplant and IUD/Loop are known by (44%) and (36.5%) respondents respectively. Health institutions (95.6%), pharmacy (92.4%), shops (26.7%) and peers or friends (11.1%), were mentioned as a place to obtain contraceptive methods by club member youths, while for non-club members pharmacy (93.2%), health institutions (89.8%), shops (20%) and peers or friends (7.2%) were mentioned as a place to obtain contraceptive methods.

More than half (52.5%) of club members and (26%) non-members reported that they used the contraceptive methods during their last sexual intercourse respectively. Among the club members the types of contraceptives used were condom (72.5%), pills (42.5%) and calendar (5.7%) methods. While, the types of contraceptives used by non-club members were condom, pills and calendar, 20%, 16.2% and 7.5% respectively. The major reasons for using contraceptive methods for club members and non-members as they reported were to prevent unintended pregnancy 118(58.1%) and 46(44.2%), while others said that to prevent HIV/AIDS and other STIs 79(38.9%) and 50(48.1%) respectively.

The data shows that more females (54.5%) than males (51.5%) used the contraceptive methods during their last sexual intercourse among club members. The same thing was happened in the non-club members except the percentage difference i.e. (30.5%) and (24.1%) of females and males respectively. The club member respondents were asked a question on how frequent they have used contraceptive methods and it was found out that about (65.1%) of sexually active respondents use it always. The others were some times and never users of contraceptives and comprises of (34.9%). Non-club member respondents were also asked a question on how frequent they have used contraceptive methods and it was found out that about (51.9%) of sexually active respondents were always users.

5.6. Attitudes towards risks of sexual activities and HIV/AIDS among Youths

As shown below in the table 4, among club member 59(15.3%), 40(10.4%), 78(20.2%) and 51(13.3%) of the respondents said that they do not buy goods or other food item from HIV positive shopkeeper they know, do not want to work with HIV infected person, HIV patients should be legally separated from the public, and infected students should not allowed to continue their education with others respectively.

Moreover, from non-club members 214(28.5%), 102(25.6%), 228(57%) and 96(24%) of the respondents said that they do not buy goods or other food items from HIV positive shopkeeper they know, do not want to work with HIV infected person, HIV patients should be legally separated from the public, and infected students should not allowed to continue their education with others respectively.

About 243(62.9%) and 187(46.7%) of the participants perceive that a person could get HIV the first time he/she had sex amongst club members and non-members. Two hundred six (53.3%) of the club members and 238(59.5%) of the non-club members agreed that using condom is a sign of not trusting own partner. The odds ratio result points out that non-club

members do not have good attitude towards PLWHA than club member youths (AOR=1.38 (1.39, 2.54)).

In addition, club members are more or less agree with the opinion that a boy/girl should have sex before he/she gets married as non-club members (AOR=1.29, (0.95, 1.90). With regard to AIDS patients' treatment and care, almost all of both groups had affirmative feelings even if the proportion of club members still out weighs the non-club members.

Table 5: Comparison of attitudes between club members and non-club members towards PLWHA, Mettu and Bedelle towns, 2010.

Characteristics		Cases (n=386)	Controls (n= 400)	OR (95% CI)	
				Crude	Adjusted
A person can get HIV the first time he/she had sex	Yes	243(62.9%)	187(46.7%)	1.93(2.48, 4.78)	1.85(1.94, 3.67)
	No	143(37.1%)	213(53.3%)	1.00	1.00
Using condom is a sign of not trusting your partner	Agree	206(53.3%)	238(59.5%)	0.78(1.39, 2.42)	1.51(1.73, 4.24)
	Disagree	180(46.7%)	162(40.5%)	1.00	1.00
Do you believe having multiple sexual contact leads to HIV acquisition?	Yes	199(51.5%)	174(43.5%)	1.38(1.39, 2.54)	2.11(1.65, 3.91)
	No	187(48.5%)	226(56.5%)	1.00	1.00
PLWHA should be legally separated from others to protect the public	Agree	78(20.2%)	172(43%)	0.33(1.09, 2.11)	0.97(1.56, 4.29)
	disagree	308(79.8%)	228(57%)	1.00	1.00
People with AIDS deserve treatment & care	Agree	378(97.9%)	374(93.5%)	3.28(0.73, 2.20)	2.33(1.31, 5.64)
	disagree	8(2.1%)	26(6.5%)	1.00	1.00
A boy/girl should have sex before he/she gets married.	Agree	110(28.5%)	94(23.5%)	1.29 (0.95, 1.90)	1.87(2.22, 5.48)
	disagree	276(71.5%)	306(76.5%)	1.00	1.00
Would you eat together with a person who has HIV/AIDS?	Yes	345(89.3%)	334(83.5%)	1.66(2.65, 5.93)	0.84(2.35, 5.61)
	No	41(10.7%)	66(16.5%)	1.00	1.00
Would you shake a person's hand if you know that s/he has HIV/AIDS?	Yes	376(97.4%)	382(95.5%)	1.77(0.61, 3.26)	2.29(1.62, 4.35)
	No	10(2.6%)	18(4.5%)	1.00	1.00
Would you continue your f/hip if you find out that a friend has HIV/AIDS?	Yes	379(98.1%)	376(94%)	3.44(1.41, 3.47)	2.11(2.42, 3.98)
	No	7(1.9%)	24(6%)	1.00	1.00
Would you give home care if	Yes	367(95.1%)	326(81.5%)	4.38(0.87, 1.63)	2.91(0.89, 4.44)

a family member has HIV/AIDS?	No	19(4.9%)	74(18.5%)	1.00	1.00
Should a student with HIV/AIDS be allowed to Continue his/her education with others?	Yes	335(86.7%)	304(76%)	2.07(0.50, 3.46)	1.87(1.57, 4.34)
	No	51(13.3%)	96(24%)	1.00	1.00
Should a person with HIV/AIDS be allowed to work with others?	Yes	346(89.6%)	298(74.5%)	2.96(0.68, 3.04)	2.64(2.21, 4.25)
	No	40(10.4%)	102(25.6%)	1.00	1.00
If a shop keeper has HIV/AIDS would you buy food items from him/her?	Yes	327(84.7%)	286(71.5%)	4.14(0.68, 1.95)	3.24(0.98, 3.35)
	No	59(15.3%)	214(28.5%)	1.00	1.00

Source: From the survey result.

5.7. Risk Perception

Participants' attitude towards perceiving themselves as susceptible to HIV infection was asked and the result indicated that, 112(29%) respondents replied that they had no chance of acquiring HIV, 187(48.4%) claimed to have low, 58(15.1%) medium and 29(7.5%) high chance of acquiring the virus.

Almost three fourth, 280(72.5%) of club members perceived that they are at risk or may be at risk of acquiring the disease than the non-club members 219(54.7%).The differences are statistically significant (AOR=3.32, (1.28, 7.29). The most frequently mentioned reason by youths who did not perceive themselves as at risk of acquiring HIV were, 106(27.5%) that they did not have any sexual contact; 14(13.2%) were that they regularly use condom and 22(20.8%) because of praying regularly. The proportions that perceive themselves at risk of contracting HIV are highest among females, 345(69.1%) than males, 154(30.9%).

A number of factors including the number of lifetime sexual partners, knowledge on HIV transmission, willingness to get tested (VCT), condom use during first sexual intercourse and alcohol intake have shown significant association with self-risk perception.

Youths who were reported to have two or more sexual partners perceived themselves as at high risk of getting HIV than those with single sexual partner (AOR=2.79(1.24, 4.43). Risk perception of HIV significantly increases with the number of sexual partners. Those who have knowledge on HIV transmission feel that they are at high risk than those who were not

knowledgeable (AOR=2.93, (1.45, 4.35). Those who use condom perceive that they are at lower risk of HIV than those who didn't use condom (AOR=2.3(0.14, 0.67) and youths who drunk alcohol feel that they are at higher risk than those who were not (AOR=0.99(0.54, 1.86).

Table 6: Comparison of selected variables and own risk perception among youths in Mettu and Bedelle towns of Ilu-Abba-Bora zone, Oromia Region, 2010.

Characteristics		**Risk perception**		**OR (95% CI)**	
		Yes	**No**	**Crude**	**Adjusted**
Study group	Club member	280	106	2.60(1.13, 6.12)	**3.32(1.28, 7.29) ****
	Non-club member	219	181	1.00	1.00
Sex	Male	155	199	0.79(0.57, 2.43)	1.11(0.49, 2.03)
	Female	345	88	1.00	1.00
Age group	15-19	220	129	1.64(1.17, 2.34)	0.82(0.38, 1.79)
	20-24	279	158	1.00	1.00
Educational status	Elementary	30	19	1.00	1.00
	Secondary	83	43	1.24(0.16, 9.33)	0.67(0.10, 4.52)
	College and above	386	225	3.86(2.86, 6.45)	5.72(1.93, 5.17)
Marital status	Never married	436	242	1.00	1.00
	Married	63	45	1.44(0.88, 2.36)	0.90(0.44, 1.86)
Knowledge of HIV prevention	Knowledgeable	439	242	1.3(1.06, 2.22)	**2.93(1.45, 4.35) ****
	Not knowledgeable	60	45	1.00	1.00
No of life time sexual partner	>two	153	87	0.93(0.89, 3.54)	**2.79(1.24, 4.43) ****
	One	346	200	1.00	1.00
Condom use during first sexual intercourse	Yes	204	110	1.12(0.36, 1.22)	**2.30(0.14, 0.67) ****
	No	295	177	1.00	1.00
Willingness to get VCT	Yes	322	173	0.85(0.50, 1.43)	0.67(0.30, 1.49)
	No	177	114	1.00	1.00
Drink alcohol	Yes	277	163	0.95(0.57, 1.98)	**0.99(0.54, 1.86) ****
	No	222	124	1.00	1.00
Khat chewing	Yes	302	175	1.80(0.70, 5.94)	1.39(0.30, 4.28)
	No	197	112	1.00	1.00

Source: From the survey result. ***N.B. ** =>significant***

5.8. Willingness to Voluntary Counselling and Testing (VCT)

The majority (74.6%) of the club member and (52%) of the non-club member youths expressed their willingness to undergo VCT for HIV if the service is made readily accessible in their locality.

Almost all, 356 (92.2%) of the club members heard about voluntary counselling and testing for HIV. One hundred thirty-two (34.1%) reported that history of previous VCT. More than three-fourth, 322(80.6%) of the non-club members heard about VCT for HIV. Seventy-two (18.0%) reported that they ever undergo VCT.

Study groups, sex of respondents and number of lifetime sexual partners were significantly associated with willingness to VCT. Males were almost more willing to undergo VCT [AOR=2.84(1.58, 5.52)] than females, and those who reported single sexual partner were almost more willing to undergo VCT [AOR=1.89(1.22, 3.32)] than those who reported to have two or more sexual partner.

Further, this survey illustrates that the club members are more likely to show an attention for voluntary HIV counselling and testing, and also more voluntary to disclose or reveal the test result to others (AOR=1.87(1.53, 3.25) than the non-club member respondents.

Table 7: Comparison of club member and non-club member out-of-school youths willingness to VCT, Mettu and Bedelle towns, 2010.

Characteristics		Willingness to VCT		OR (95% CI)	
		Yes	No	Crude	Adjusted
Study group	Club member	**287**	**99**	**1.67(2.48, 4.78)**	**2.96 (0.98, 3.38) ****
	Non-club member	**208**	**192**	**1.00**	**1.00**
Sex	Male	**332**	**199**	**1.49(1.28, 2.56)**	**2.84(1.58, 5.52) ****
	Female	**163**	**92**	**1.00**	**1.00**
Age group	15-19	**219**	**131**	**1.00**	**1.00**
	20-24	**276**	**160**	**1.88(1.39, 2.54)**	**1.24(0.74, 2.13)**
Educational status	Elementary	**30**	**18**	**1.00**	**1.00**
	Secondary	**236**	**146**	**1.34(0.95, 1.90)**	**1.44(0.68, 3.04)**
	College and above	**229**	**127**	**3.96(2.65, 5.93)**	**1.19(0.67, 2.49)**
Marital status	Never married	**435**	**244**	**1.52(1.09, 2.11)**	**1.18(0.68, 1.95)**
	Married	**60**	**47**	**1.00**	**1.00**
Knowledge of HIV prevention	Knowledgeable	**342**	**327**	**2.20(1.41, 3.47)**	**1.75(0.51, 2.23)**
	Not knowledgeable	**44**	**73**	**1.00**	**1.00**
No of life time sexual partner	One	**344**	**204**	**0.97(0.53, 2.41)**	**1.89(1.22, 3.32) ****
	>two	**151**	**87**	**1.00**	**1.00**
Share or disclose the result	Yes	**305**	**194**	**0.80(1.21, 2.27)**	**1.87((1.53, 3.25)****
	No	**190**	**97**	**1.00**	**1.00**
Drink alcohol	Yes	**275**	**164**	**1.19(0.87, 1.63)**	**1.18(0.69, 2.95**
	No	**220**	**127**	**1.00**	**1.00**

Source: From the survey result. ***N.B. ** =>significant***

5.9. Regression analysis of the relationship between selected socio-demographic variables and sexual behavior, the number of sexual partners possessed and pattern of condom use

5.9.1. Having ever had sex among the respondents with different variables

This section deals with the computations of logistic regression analysis to see the net effect of some of the socio-economic and demographic characteristics of youths such as; sex, age, ethnicity, religiosity, respondent educational level, living arrangement, peer pressure, family background and parent-youth discussions on sexual matters, while controlling the effect of confounders, over having ever had sex, the pattern of condom use and having one or more sexual partners.

The logistic regression analysis result of respondents' socio-economic, demographic variables indicates that age categories, living arrangement, parent youth discussions on sexual matters, alcohol drinking and watching pornographic films have significant association with youth sexual experience (having ever had sex).

Age of the respondents showed statistically significant association with their sexual behavior. Accordingly, the odds of having had sexual intercourse among youths in the age group 15-19 were 1.96 times higher than in the age group 20-24 years, (AOR=1.96(1.21, 3.04)).

Living arrangement of youths' appears to have statistically significant relationship with their sexual behavior [AOR=2.75(1.26, 4.74)]. This survey result revealed that, youths those currently living alone were 2.75 times more likely sexually experienced than youths who were currently living with both parents.

Parent-youths communication on sexual matter was another important variable to influence youths' sexual experience. In this study, youths who reported to have had the chance of discussion with their parents had low engagement to sexual practice than their counter parts, (AOR=1.53(1.29, 3.96).

Alcohol drinking and watching pornographic films are also found to be significant with their involvement in sexual practice. The data revealed that youths who ever drunk alcohol were 1.41 times more likely to have had sex(AOR=1.41(0.24, 0.61)) and youths those watching pornographic films were 1.87times more likely ever had sex than their counterparts.(AOR=1.87(1.53, 3.25))

Table 8: Relationship between selected socio-demographic variables and sexual behaviour of out-of-school youths, Mettu and Bedelle towns, 2010.

Characteristics		*Ever had sex*		*OR (95% CI)*	
		Yes	*No*	*Crude*	*Adjusted*
Study group	**Club member**	**257**	**129**	**3.99 (0.81, 2.47)**	**1.96(0.293, 1.21)**
	Non-club member	**133**	**267**	**1.00**	**1.00**
Sex	**Male**	**263**	**283**	**0.82(1.01, 1.99)**	**1.45(0.84, 3.88)**
	Female	**127**	**113**	**1.00**	**1.00**
Age group	**15-19**	**251**	**244**	**1.12(0.88, 2.51)**	**1.96(1.21, 3.04) ****
	20-24	**139**	**152**	**1.00**	**1.00**
Educational status	**Elementary**	**35**	**27**	**1.00**	**1.00**
	Secondary	**138**	**138**	**0.77 (0.17, 1.43)**	**0.95(0.23, 0.96)**
	College and above	**217**	**231**	**0.72(0.19, 3.64)**	**1.72(0.52, 2.54)**
Family economic status	**Rich**	**61**	**55**	**1.00**	**1.00**
	Medium	**255**	**258**	**0.89 (0.43, 1.37)**	**1.48(0.43, 2.52)**
	Poor	**74**	**83**	**0.81 (0.48, 2.63)**	**1.77 (0.32, 3.23)**
Parent youths discussion about sexual matters	**Yes**	**260**	**246**	**1.21(1.08, 3.31)**	**1.53(1.29, 3.96) ****
	No	**130**	**150**	**1.00**	**1.00**
Religiosity	**Regularly attending**	**334**	**343**	**0.92(2.60, 3.52)**	**1.66(0.93, 3.31)**
	Never attend	**56**	**53**	**1.00**	**1.00**
Alcohol consumption	**Yes**	**214**	**222**	**1.95(0.44, 2.42)**	**1.41(0.24, 0.61) ****
	No	**176**	**174**	**1.00**	**1.00**
Pornographic films	**Yes**	**235**	**243**	**1.06(0.54, 2.56)**	**1.87(1.53, 3.25) ****
	No	**155**	**153**	**1.00**	**1.00**

Source: From the survey result. ***N.B. ** =>significant***

5.9.2. Number of life time sexual partners of the respondents with different variables

Based on the study result, age groups, average monthly income of respondents and chat chewing shows a significant association with the number of life time sexual partners.

The odds of having multiple sexual partners among adolescents who have had an income more than 500 birr is 1.63 times more likely to have multiple sexual partners than the opposite groups (AOR=1.63(0.92, 3.41)).

This study revealed that, as the age of the youth's increase the probability of the youths to have more than one life time sexual partners' increases. Among sexually active respondents 30.3% and 30.2% of 15-19 and 20-24 age groups respectively, have had multiple sexual partners before the study.

The odds of having multiple sexual partners among youths who were chewing khat is 1.52 times more likely to have multiple sexual partners than their counter parts. (AOR=1.52(0.23, 0.93)).

Table 9: Relationship between selected socio-demographic variables and number of sexual partners, of out-of-school youths, Mettu and Bedelle towns, 2010.

Characteristics		*Number of life time sexual partners*		*OR (95% CI)*	
		One	*≥two*	*Crude*	*Adjusted*
Study group	**Club member**	**265**	**121**	**0.91(1.54, 3.88)**	**1.91(1.98, 3.92)**
	Non-club member	**283**	**117**	**1.00**	**1.00**
Sex	**Male**	**384**	**170**	**0.93(0.45, 2.31)**	**1.46(0.39, 2.21)**
	Female	**164**	**68**	**1.00**	**1.00**
Age group	**15-19**	**243**	**106**	**0.99(0.77, 2.94)**	**1.72(1.42, 2.79) ****
	20-24	**305**	**132**	**1.00**	**1.00**
Educational level	**Elementary (1-8)**	**33**	**31**	**1.00**	**1.00**
	Secondary (9-12)	**258**	**107**	**2.26(1.56, 4.76)**	**3.53(1.32, 3.98)**
	College and above	**257**	**100**	**2.41(1.21, 2.16)**	**3.97(1.44, 3.41)**
Respondents income	**No income**	**449**	**192**	**1.00**	**1.00**
	100-500 birr	**53**	**27**	**1.96(0.49, 2.42)**	**1.83(1.46, 3.44)**
	>500 birr	**46**	**19**	**1.81(0.64, 3.59)**	**1.63(0.92, 3.41) ****
Religion	**Orthodox**	**292**	**124**	**1.14(0.37, 2.56)**	**1.28(0.48, 1.81)**
	Protestant	**205**	**88**	**1.13(0.86, 3.43)**	**1.67(0.76, 2.24)**
	Muslims	**35**	**17**	**1.00**	**1.00**
Marital status	**Never married**	**472**	**206**	**0.96(1.32, 2.53)**	**1.71(1.63, 3.42)**
	Married	**76**	**32**	**1.00**	**1.00**
Alcohol consumption	**Yes**	**307**	**131**	**1.04(1.23, 2.78)**	**1.98(1.65, 3.22)**
	No	**241**	**107**	**1.00**	**1.00**
Chewing khat	**Yes**	**332**	**143**	**1.02(0.22, 1.84)**	**1.52(0.23, 0.93) ****
	No	**216**	**95**	**1.00**	**1.00**

Source: From the survey result. ***N.B. ** =>significant***

5.9.3. Consistence use of condom in the last 12 months with selected background characteristics

This study result revealed that variables like sex, age categories; the number of lifetime sexual partners and educational levels shows a significant association with the pattern of condom use in the last 12 months.

Those with secondary educational level, (AOR= 2.33(1.82, 6.24)) and those who reported to have single sexual partner, (AOR=2.34(1.27, 5.68) use condom less frequently than those who had elementary education and those who had two or more sex partners, respectively.

Respondent's sex was one of important predictors, which has influence on consistence use of condom in the last 12 months. The odds ratios for female respondents were found to be 2.65. That is the likelihood of not using condoms consistently among female students in the last 12 months is 2.65 times more likely that of male students.

The estimates of the age suggest variation in the odds of consistent use of condom in the last 12 months during sexual intercourse for the age group of 15-19 and 20-24. The odds ratios of condom use in the last 12 months who have age 15-19 were found to be 1.78. This means that respondents in the age group 15-19, 1.78 times less likely used condom consistently in the last 12 months during sexual intercourse than the reference category (20-24).

Table 10: Logistic regression analyses of selected background characteristics over Condom use at the first sex among youths, Mettu and Bedelle towns, 2010.

Characteristics		*Condom use*		*OR (95% CI)*	
		Yes	*No*	*Crude*	*Adjusted*
Study group	**Club member**	**118**	**139**	**1.61(2.43, 11.76)**	**1.12(0.375, 3.302)**
	Non-club member	**46**	**87**	**1.00**	**1.00**
Sex	**Male**	**99**	**164**	**1.00**	**1.00**
	Female	**65**	**62**	**1.74(0.16, 0.76)**	**2.65(0.25, 1.58) ****
Age group	**15-19**	**94**	**135**	**0.86(0.26, 1.89)**	**1.78(0.64, 3.41) ****
	20-24	**70**	**87**	**1.00**	**1.00**
Educational level	**Elementary (1-8)**	**10**	**14**	**1.00**	**1.00**
	Secondary (9-12)	**79**	**109**	**1.01(1.92, 4.23)**	**2.33(1.82, 6.24) ****
	College and above	**75**	**103**	**1.01(0.69, 3.54)**	**1.55(2.34, 9.59)**
Religion	**Orthodox**	**87**	**120**	**0.94(0.51, 3.49)**	**0.66(0.10, 4.34)**
	Protestant	**60**	**84**	**0.92(0.23, 7.33)**	**1.23(0.58, 5.79)**
	Muslims	**17**	**22**	**1.00**	**1.00**
Number of sexual partners	**One**	**113**	**156**	**1.00**	**1.00**
	≥two	**51**	**70**	**1.15(1.54, 4.37)**	**2.34(1.27, 5.68)**
Alcohol consumption	**Yes**	**89**	**100**	**1.49(0.34, 4.66)**	**2.31(0.94, 3.21)**
	No	**75**	**126**	**1.00**	**1.00**
Chewing khat	**Yes**	**98**	**90**	**2.24(2.24, 4.81)**	**2.87(0.79, 6.81)**
	No	**66**	**136**	**1.00**	**1.00**

Source: From the survey result. ***N.B. ** =>significant***

5.10. Results from Focus Group Discussions

The discussion focused on youth's sexual behaviour, attitude and perception on the risks of sexual activities. Further, the FGD tried to gather information on what stimulates youths to engage in risky sexual behaviour, issues related to HIV testing and its disclosures, sources of information about HIV/AIDS, condom use and attitudes towards it.

Sexual Behaviours

Both groups admitted that unprotected sexual intercourse is the main cause of the spread of HIV/AIDS in the area. They also agreed that sexual activity is common among their peers. The vast majority of both groups agreed that adolescents in their community begin sexual intercourse at an early age. The most commonly stated age for sexual debut for females is 11 to14 years, while it is 15 to 16 years for males.

According to the participants, the main reason for early sex are early marriage, peer pressure, illegal video houses (watching pornographic films), rape and abduction, alcohol drinking, khat chewing and economic problems. They said that high risk behaviours for contracting HIV and STIs are multiple sexual partnerships, inconsistent or non-use of condom, early sex and harmful traditional practices are prevailing in the area.

Almost all adolescents in the area have more than one sexual partner; some youths have up to five or more. Both groups stated that sex with multiple partners and sex outside of marriage are also common practices in the area. Peer pressures, experimentation by the youth and intensive sexual urge were the reasons for many sexual partners. A male discussant also said "absence of recreation places for the youths is the main reason for youth's sexuality because; sex is one method of recreation for the youths".

Being without a job in both study sites is another major factor which is stated mostly by all participants for its contribution to the high rate of sexual activity. When young people are unemployed they often spend their time in drinking Tella and Tej (locally made alcohol), and chewing khat, both risk taking behaviours are associated with increased sexual behaviour, said some of the participants. Both groups of adolescents know that HIV could be prevented, but it was evident from the discussion that there are so many barriers that prevent adolescents from adopting safer sex.

Some of the main barriers discussed include, changes that come with urbanization such as delayed age of marriage, peer pressure, and the perception that adolescents could no longer control the force of nature. Abstinence as a method of avoiding the risks of both HIV/AIDS and unwanted pregnancy is forwarded as a reliable method in preventing the disease in the area.

Risk perception

Most of the participants stated that the reasons why youth do not perceive themselves as at risk of HIV were due to over indulgence in alcohol and khat. Alcohol and khat make the youths not to think of risk perception, not to be open in the sexual matter, feel hopelessness and the nature of the disease not causing sudden death.

The participants generally agreed that HIV/AIDS and illegal abortion performed by local abortionists are the common problems of adolescents in the area. According to female participants, unwanted pregnancy is the causes for the high rate of school dropouts, for migration, and for child abuse in the area. Participants also discussed the causes of unwanted pregnancy, which include forced sex, lack of access to contraceptives, negative attitude to modern contraceptives, and lack of knowledge of the contraceptive methods.

It was admitted by male and the female respondents that the risk of acquiring HIV/AIDS in the area is higher for female adolescents than for male. According to the female participants, the high rate of illegal abortion is the major contributing factor for the spread of HIV among their peers.

The main reason why females go to local abortionists is attributed to lack of safe abortion services, financial problem to go where they believe they can get safe abortion services and stigma associated with premarital sex. In both study sites it was agreed that the community never admitted premarital sex while premarital sex is a common practice in the area among adolescents.

Condom use

The participants in general have heard of condom and know where it is found, but lack of appropriate knowledge, associated wrong perceptions and rumours are barriers pointed out in both groups. Both groups did not consider the use of condom as acceptable means of prevention by males because of perceived reduction in sexual pleasure, forget to put on the condom at the time of extreme arousal, alcohol consumption and don't think condoms will prevent them from HIV because it slips or break during sexual intercourse.

Neither the club member nor the non-club member adolescents feel comfortable to buy condom from shops or to collect it from health institutions. Stigma associated with premarital sex is another reason that limits condom use in the area. Both group adolescents believe that though their parents are aware of the risk of HIV most of them neither have accurate knowledge nor the culture to discuss sexuality openly.

The participants said while parents are primarily responsible for openly teaching children about real life, sexuality and marriage, they would ignore this for the wrong fear of involving their children in a situation of sexual promiscuity.

Younger male and female groups also rose that most youths feel shy to buy condoms from shops. One young adolescent tells how some youths ask for condom from shops. Rather than mentioning the name directly, youths say "*yetefetro festal sitegn*" that is to mean "give me that natural festal" If the shopkeeper does not understand a word "*yetefetro festal sitegn*", the client goes back without buying the condom just due to fear of calling the name.

Young woman discussant also said "In our culture males are dominant because of this most of the time the decision for condom use is made by males**,** this makes females not to use condom." Regarding the place where condoms were obtained they mentioned that, shops, health institutions, hotels and pharmacy. Majority of participants agreed that condom should be distributed in recreation area, meeting places, schools, public offices, and kebele associations.

Attitudes

All participants in the club members know where HIV test center is found, while the non-club members reported that there are youths who do not know the site. However, as far as test and disclosure is concerned both members and non-club members are not ready to get tested or disclose to others if found HIV positive. The entire group justified the reason to be fear of death, suffering and stigma. But, the club members are ready to undergo VCT and disclose the result to the others if found to be positive or negative. Voluntary HIV counseling and testing (VCT) is an important tool for preventing HIV. VCT allows adolescents to evaluate their behavior and its consequences. A negative test result offers a key opportunity to reinforce the importance of safety and risk reduction behaviors. Those who participated in focus group discussion said that, VCT services are available in the health center and hospital but it is not youth-friendly services.

6. Discussions

This survey found out that, more than two third of the club members, 66.6% (58.1% males, 31.5% females) & about one third of the non-club members, 33.2% (65.4% males and 34.6% females) claimed to have practiced sexual intercourse in the past.

The results of the studies conducted among out-of-school adolescents in Ethiopia of similar studies showed that, in Addis Ababa 52% for males and 47.8% for girls (41); in Bahir Dar 53% for males and 24% for females (40), in southern Ethiopia 49% for both sexes (24), in Gondar the figure ranged from 42% to 56.1% for both sexes (18). In this survey the figure is relatively higher when compared to these studies, and shows there is high engagement in sexual intercourse which may be due to being out-of-school stimulates sexual activity, and the risk taking behavior concerning premarital sex may increase among the out-of-school youths.

This study identified that, amongst cases the mean age of first sexual intercourse for males and females was 16.9(±1.8 SD) and 16.6(±2.2 SD) years respectively. The mean age of first sexual intercourse among controls for males and females was 17.3(±1.9) and 15.1(±2.6) respectively. This study had also revealed females began sex earlier than males. From the total of the study subjects the minimum and maximum age of sexual initiation for males was 12 and 22 years and for females 10 and 18 years respectively.

Similar study conducted in Jimma and Agaro towns identified the mean age of first sexual practice was 16.8 (+1.9 SD) and 16.8(+2.1 SD) years respectively for the two study groups. The minimum age reported was 10 years for both sites (10). In this study the mean age of first sexual intercourse is almost similar with a study conducted in Jimma and Agaro towns and in eastern part of Ethiopia.

Age at first sexual intercourse varies by sex and age group among cases and controls. In the cases almost two third of who practised sexual intercourse, (67.3%) experienced the first sexual intercourse in the age range of 15-19years, while (23.3%) and (9.3%) experienced the first sexual act in the age range less than 15years and 20-24years respectively.

In the controls, more than half of those who practised sexual intercourse, (57.1%) experienced the first sexual acts in the age range of 15-19years, whereas (30.8%) and

(14.2%) experienced the first sexual act in the age range less than 15 years and 20-24 respectively.

Similar study conducted in Bishoftu town reported that, youths in the age group 20-24 years old were 1.987 times more likely to have had sexual intercourse compared with youths in the age group of 15-19 years old.

The result of this study also indicates that sexual experience increase with age and the age of the respondent has a profound effect on sexual behavior of the youths. This association between age and sexual initiation coincides with the usual trend that the higher the age, the higher the risk of being sexually experienced. The reasons reported in FGD is that, as age increases parental control decreases, and then they are exposed to sex films, substances like alcohol and chat, which leads them to experience risky sexual behaviors. In the present study most of the youths experienced the first sexual activity between ages of 15-19.

This study explain that there were different reasons for starting of sexual intercourse like having had personal desire, peer pressure, fall in love and to maintain relationship with partner were the most common reasons to start the first sexual intercourse among cases and reported by 40.9%, 32.9%, 31.8% and 21.1% respondents respectively. While, having had personal desire, peer pressure, fall in love and to maintain relationship with partner were the most common reasons to start the first sexual intercourse among controls and reported by 39.8%, 22.5%, 22.5% and15.2% respondents respectively.

This trend is consistent with the study conducted in Nekemte and Addis Ababa high school students; and found out that adolescents engaged in the practice of sexual intercourse for the first time due to love affairs, having had personal desire, peer pressure, to maintain relationship with partner and by force (30, 32). A study conducted in Jamaica also revealed that motives and reasons for engaging in sexual intercourse were curiosity and love, gift obtained from friends and being forced into it (31).

In the present study, regarding the number of lifetime sexual partners, respondents who are sexually active (31.3%, 29.2% among cases and controls respectively) have ever had two or more sexual partners and this agrees with the other studies conducted elsewhere in the country.

In terms of age, the trend of having two and more sexual partners show an increment as youth's age level increase i.e. among 15-19 age group (44.5%) and among 20-24 age groups (55.4%) have more than one life time sexual partner (AOR=1.72(1.42, 2.79)).

In the present study, sexually initiated males and females reported an average of 2.5 and 1.9 life time partners from the club members respectively. From non-club members sexually active males and females reported to have an average of 2.1and 1.5 life time partners.

FGD result substantiates that, it is usual among the youths to have sexual intercourse with more than one sexual partner. In this study, males had more likely high number of sexual partners than their female counter parts, but there was no statistically significant difference between the two groups. The mean number of lifetime sexual partners among cases and controls were relatively higher than the aforementioned study conducted in Jimma and Agaro towns.

In this survey, out of (66.5%) club members who ever had sex, (45.9%) had used condoms during the first time they had sexual intercourse. Out of (33.3%) non-club members who ever had sex, (34.5%) had used condoms during the first time they had sexual intercourse.

The reported low utilization rate of condom in this study area may indicate that high-risk behaviors are widely practiced in the area. This calls for a well-organized information, education and communication through peer educators to bring about behavioral change. Although, there was low utilization of condom in these study areas condom use is significantly increased in two fold among cases than controls.

In Ethiopia, EDHS 2006 indicated that condom use among adolescents is low, only (1%) of young women and (17%) of young men used condom during their first sexual intercourse. Condoms remain the integral part of HIV prevention programs. However; the prevalence of condom use is low despite all efforts made to improve the use of it (38).

This study revealed that, out of (75.8%) club members who have had sex during the previous 12 months, (58.3%) reported that they were using condoms every time. Thirty three point four percent (33.4%) reported that they were using condoms some times and (12.8%) reported that they had never used condoms during sex in the past 12 months.

From (57.8%) non-club members who have had sex during the previous 12 months, (55.8%) reported that they were using condoms every time, 31.1% reported that they were using condoms some times and (12.9%) reported that they had never used condoms during sex in the past 12 months.

In a study conducted in Jimma and Agaro towns, south west Ethiopia, among sexually active respondents during the last one year, (46%) of the club-members and (39.3%) of the non-club members reported to use condom every time and more males reported to use condom compared to the female youths (10).

In other study conducted in Uganda, older youths (20-24 years) reported to use condom more than the younger once (15-19 years) (32). In a study conducted in Bahir Dar town, (37.3%) and (36.8%) of out-of-school youths reported that they used condom every time when they have sexual intercourse with commercial sex partners and with non-regular sexual partners respectively (39). The result obtained from this study was much higher than that of Jimma, Agaro and Bahir Dar towns and more males reported to use condom compared to the female youths.

FGD result also showed that, females are less likely to use condom. This may be due to cultural and other reasons such as the decision power and asking her sexual partner to use condom. In the same way, this study also confirms that older youths (20-24 years) reported to use condom more than the younger once (15-19 years).

The proportion of club member youths who had unprotected sexual intercourse at least once were higher than those non-club member counter parts (46.1% Vs 44.1%) and this was statistically significant ($P<0.05$). From this, we can observe that many youths had been engaged in a risky sexual behaviour that could make them vulnerable to STIs including HIV/AIDS, unwanted pregnancy, abortion, termination from school.

A study conducted in Injibara town, Awi zone, revealed that (22.6%) of young people used condom during their first sexual encounter and (77.4%) of young people did not use condom during their first sexual encounter. In addition, the proportion of condom users at the first sex were considerably higher among males than females (67% Vs 33%) (18).

Young people in the study areas protect themselves from HIV/AIDS, other STIs and unwanted pregnancy. But, the required level of using condom was not reached yet. The proportion of condom users at the first sex was considerably higher among males than females (41.3% Vs 31%). Higher educational attainment, greater wealth, and urban residence are related to a greater likelihood that condoms were used at the first time (18).

A recent survey in Afar region reported that consistent condom use during experiencing sex with commercial sex workers among out-of-school youths were (58%) and (36%) reported experiencing commercial sex using condom occasionally and none of them reported consistent condom use (40).

In this study, when we compare the two groups as to the types of partners with whom they practiced sex revealed that, though statistically not significant, more proportion (7.5%) of non-club members had visited commercial sex workers than club members (2.7%).

The alarming finding of this study is that, a significant percentage (28.5%) club-members admitted to have sexual contact with commercial partners without using protective measure (condom), (30%) non-club members having similar contact and didn't use condom consistently.

From FGD, no condom dispensary is found in the study areas. Many kiosks carry condoms, but youths are reluctant to purchase them in their own neighborhoods' for fear of being labeled promiscuous.

This finding indicates that majority of out-of-school youths were at increased risk of HIV/AIDS, because they were neither using condom consistently nor abstain from sex and this figure was much less than a study conducted in Afar region which indicates that there is a better usage of condom in the present study areas.

Result from this study indicated that, almost the majority (99.1%) of the study populations were aware of HIV/AIDS. The proportions of those who have ever heard about the HIV/AIDS were higher in club member (100%) than in non-club member (98.2%) youths. This finding does go with the research conducted in Jimma and Agaro towns, in which (99.8%) of the two groups were aware of HIV/AIDS (10).

In the present study larger proportions of club members (99.5%) and about (95.2%) of non-club members were correctly identified the commonest routes of transmission of HIV and its prevention methods when compared to the non-club members. Fifty one percent (51%) of non-club members and (74.3%) of club member youths correctly identified MTCT as mode of transmission for HIV/AIDS. Eighty point three percent (80.3%) of club members and

(75.7%) non-club members correctly identified contaminated blades and sharp materials as mode of transmission for HIV.

Mosquito bite was misconceived and mentioned as a risk factor of HIV infection by (8%) non-club member and (4.7%) of club member respondents. Blood transfusions, (79.2%); breast feeding of infected mothers, (33.1%); deep kissing, (6.2%); unsafe injection, (76.4%) were the most commonly mentioned modes of transmission by the club members; While, blood transfusions, (74.5%); unsafe injection, (66.0%); breast feeding of infected mothers, (35.5%); followed by fervent kissing, (10.2%); were the once most frequently replied by the non-club members.

Even though, almost all (84.4%) of club member and (72.2%) of non-club member youths of both study sites mentioned all of the three possible methods of HIV/AIDS and other STIs prevention methods (abstinence, be faithful to one sexual partner, and condom use), still mistaken beliefs (such as mosquito bite and passionate kissing) was common among non – club members and the scope of their knowledge is limited than the club members.

From FGD result, a prevailing misconception among young people is that sex is safe as long as they stick with their peer group. Safer sex generally meant using condoms. Most believed condoms could prevent pregnancy, but were unsure about protection against HIV/AIDS.

Mass media (Radio, TV) (97.1%), parents or relatives (55.4%), newsletters or pamphlets (91.7%), peers educators (79.1%), heath workers at health institutions (66.5%) and religious leaders (32.9%) were mentioned as the most popular sources of information for HIV/AIDS by club members. The most frequently reported sources of information about HIV/AIDS by non-club members were mass media (Radio, TV), (96.5%); newsletters or pamphlets, (80%); peers educators (77%); parents or relatives, (65.2%); heath workers at health institutions, (44.5%) and religious leaders, (35.7%).

Considerable proportion of respondents of the present study also mentioned the family/parents as important source of information on HIV/AIDS. The mass media has been also found the most important source of HIV/AIDS information in this study. This presents major opportunities for delivering messages that can be tailored to meet the needs of adolescents of different ages and situations.

From this survey, greater proportions of club member (96.6%) and (92%) of non-club member respondents were able to mention at least one type of STIs other than HIV/AIDS respectively. Gonorrhoea (79.7%); syphilis (75.3%) and chancroid (57.5%) were the commonly stated STIs among club member youths. Among non-club members gonorrhoea (74%); syphilis (75.5%) and chancroid (61%) were the usually known STIs. 77.8% and 88.3% of the respondents did not know the lymphogranuloma venerium from club members and non-members respectively.

Studies conducted in some parts of the country among out-of-school youths revealed that the prevalence of self reported STIs were (6.5 %), (4%) and (6%) in Bahirdar, Awassa, and Addis Ababa respectively (29, 30, 33). In our study self repotted signs and symptoms of STIs among sexually active youths were (4.9%) among both groups. Half of those who reported history of STIs first consulted peers and a considerable proportion (44%) got treatment either from local injectors or from private pharmacy, but still they could have been better treated in fair cost in government health institutions.

The FGD discussants said that, youths prefer to go to private clinics, but getting the money to do so from their parents is a problem, especially as they feel they cannot openly discuss their infections. Effectiveness of the treatment and obtaining confidential service were the two main concerns for preferring the visited service areas.

In this study, (95.8%) of club member reported that they knew about contraceptive methods, while (89%) of non-club members suggested that they knew about contraceptive methods. Among club members multiple responses indicate that, majority of the respondents knew Pills (93.2%), followed by Condom (84.4%), and IUD/Loop (49.7%), while Norplant (46.6%) and Calendar method (46.6%) are known by few respondents. Whereas, in non-club members the majority of the respondents knew Pills (90%), followed by Condom (87.5%), and Calendar method (46.5%), while Norplant (44%) and IUD/Loop (36.5%) and were known by few respondents.

In this survey more than half (52.5%) and (26%) of club members and non-members reported that they used the contraceptive methods during their last sexual intercourse respectively. The result from this study is with EDHS 2005 report in which (52%) of unmarried sexually active respondents of the 15-24 age group used contraceptive (38). However, there is better usage of contraceptive methods among club members than non-club members in the study

area, this indicates that most of non-club members involved in high risk sexual practice that endanger their life and their partner life.

Due to low use of contraceptive and condom, adolescents might encounter problems like unwanted pregnancy and abortion, STIs, HIV/AIDS and others. FGD result shows the possible barriers for low utilization of contraceptives may be absence of adolescent friendly services, lack of knowledge, and negative attitude to modern contraception.

This study reports that (52.5%) and (26%) among cases and controls respectively. This is much greater and also there was great discrepancy between their knowledge and practice (95.8% and 89% vs. 52.5% and 26%). G. Silassie also reported similar pattern of discrepancy between knowledge and practice of modern contraceptive use

This study revealed that, among club members (15.3%), (10.4%), (20.2%) and (13.3%) of the respondents said that they do not buy goods or other food item from HIV positive shopkeeper they know, do not want to work with HIV infected person, HIV patients should be legally separated from the public, and infected students should not allowed to continue their education with others respectively. Moreover, from non-club members (28.5%), (25.6%), (57%) and (24%) of the respondents said that they do not buy goods or other food items from HIV positive shopkeeper they know, do not want to work with HIV infected person, HIV patients should be legally separated from the public, and infected students should not allowed to continue their education with others respectively.

With respect to attitude, this study was comparable to the study conducted in Jimma town among club and non-club member out-of-school youths, about one-fifth and less than that of club members supported the idea that they do not buy goods or other food item from HIV positive shopkeeper they know respectively. Similarly almost all (98.5%) of the club members were in agreement with the idea that people with AIDS deserve treatment and care, while only two-third of the non-club members agreed so (10).

This study revealed that, about (62.9%) and (46.7%) of the participants agreed that a person could get HIV the first time he/she had sex amongst club members and non-members. Fifty three point three percent (53.3%) of the club members and (59.5%) of the non-club members agreed that using condom is a sign of not trusting to partner.

The odds ratio points out those non-club members do have bad attitudes and thoughts towards HIV/AIDS victims than club member youths. From this survey, club members are more or less agree with the opinion that a boy/girl should have sex before he/she gets married as non-club members. With regard to AIDS patients' treatment and care, almost all of both groups had affirmative feelings with no statistically significant difference, even if the proportion of club members still outweighs the non-club members.

From FGD result, there are many misconceptions which wide spread among out-of-school adolescents about HIV/AIDS. The stigma related with HIV/AIDS causes discrimination and this has posed serious obstacles to tackle the epidemic. Stigma and discrimination are a result of ignorance about the disease was traditional and religious attachment about sex, sexuality and STIs.

Almost three fourth (72.5%) of club members perceived that they are at risk or may be at risk of acquiring the disease than the non-club members (54.7%). This figure was greater than a study conducted in Jimma and Agaro towns that two-thirds of the club members admitted that they are at risk or might be at risk of acquiring HIV and two-third of the non-club members reported that they are at risk (10). In this study club member youths perceived that they are at risk of acquiring HIV/AIDS than the non-club members.

In this survey the figures in risk perception were relatively higher when compared with other studies. Our finding was even more encouraging compared to findings of south Gondar in which (5.8%) of the respondents perceived to have a high chance of acquiring HIV (45). In South Africa (30%) of respondents perceive that they are at risk of HIV. This can have a positive influence on reducing high-risk behaviors, thus, reduces a major risk factor of HIV acquisition (47).

In the present study it was tried to assess the most frequently mentioned reason, by those who did not perceive themselves as at risk, (27.5%) was that they did not have any sexual contact; (13.2%) was that they regularly use condom; followed by because of praying regularly, (20.8%). The proportions that perceive themselves as at risk of contracting HIV are highest among females (69.1%) than males (30.9%).

In this survey a number of factors including total number of reported sexual partners, knowledge on HIV transmission, willingness to get tested (VCT), condom use during first sexual intercourse and alcohol intake have shown significant association with self-risk perception. Similar finding was obtained from Debre Birhan town on HIV risk perception was found to be associated with condom use, knowledge on HIV transmission, number of sexual partners and khat chewing (17).

Generally, this study revealed that knowledge, perception and attitude of the club members are better off. This is probably the result of repetitive and multiple information sources they had compared to the non-club members. Because of increased knowledge and heightened practices lead youths to recognize that new behaviors can meet a personal need, to decide to take action and eventually to adopt new practices (32).

In this survey, 61.5% of the students heard about voluntary counseling and testing for HIV. Five point nine percent (5.9%) reported history of previous VCT, and (82.2%) agreed to undergo voluntary counseling and testing for HIV.

In FGD also, most of the youths know that taking VCT has multi-advantages, but a very small proportion of the people used this service. Among those who took the service the majority took pre-marriage VCT, but pre-sexual VCT is very minimal.

Study groups, sex of respondents and number of lifetime sexual partners were significantly associated with willingness to VCT. Those who reported single sexual partner were almost more willing to undergo VCT [AOR=1.89(1.22, 3.32)] than those who reported to have two or more sexual partner. Males were almost more willing to undergo VCT [AOR=2.84(1.58, 5.52)] than females, and similarly in the present study, the club members are more likely to show an attention for voluntary HIV testing and counselling, whereas club members were more voluntary to disclose or reveal the test result to others (AOR=1.87(1.53, 3.25) than the non-club member respondents.

Similarly in the present study, knowledge of HIV status is found to be a strong predictor variable to influence the level of risk perception of HIV infection among the respondents. Those respondents who had never been tested for HIV are 2.56 times more likely to perceive higher risk of HIV infection than respondents who took VCT. The result of this study was

analogous with the study conducted in Dessie town in which the respondents who had never been tested for HIV were 2.779 times more likely perceive higher risks for HIV.

7. Strengths and Limitations of the study

Strengths of the study

1. This study has tried to see the sexual behavior, attitudes and risk perception among anti AIDS club member and non-club member youths. Hence it is an appropriate study design to appreciate the behavior difference between the two study groups.
2. This study was complimented by qualitative data i.e focus group discussions.
3. All kebeles found in the town were included in the study to obtain representative information.
4. Multiple logistic regressions were applied to control for confounding variables.

Limitations of the study

1. Sexuality is a sensitive issue and the respondents may feel that their privacy is violated. So, the tendency to give false information could be a limitation to this study.
2. Recall bias is going to happen. This may affect the result if there is a differential misclassification in the information provided by the two study groups.
3. The comparison group was taken from the same town of the intervention area and information may be shared between clients this may lead to contamination.
4. The exclusion of in-school young people would be considered as a major limitation.

8. Conclusions

From this study finding a considerable number of club member and non-club member out-of-school youths are at high risk behavior that could expose them to HIV/AIDS and other STIs. This is due to that they are practicing multiple sexual partnerships, start sexual intercourse at younger age, low and inconsistent condom use and practicing sexual intercourse with commercial sex workers and with non-regular sexual partners.

The prevalence of multiple sexual partnerships among both groups was 30.3% in the selected towns. The majority of club member had good knowledge about the ways of transmission and, prevention methods of HIV/AIDS, had positive attitude towards HIV/AIDS patients, and their own perception of risk is reasonably better than the comparison groups.

The majority of the respondents in this study perceived themselves as being at little or no risk of HIV infection. Their reported sexual behavior indicate that a significant proportion of the respondents involve in risky sexual activities that could expose them to HIV infection. They had unfavorable attitude towards HIV/AIDS patients manifested, and the perception of risk acquisition is weak. A considerable number of out-of-school youths reported that they have involved in non-sexual risk behaviour such as chewing khat, drinking alcohol and watching pornographic films which are found to play significant role in predisposing the youths to risky sexual practices.

Even though, the knowledge of contraceptive methods was higher among both groups; contraceptive usage is more or less good among club members but lower among non-club members. Low use of contraceptive may leads to increased risk of contracting unplanned pregnancy and ends up with unsafe abortion which endangers the health of youths.

Though, parent-youth discussion about sexual matters have found to be significantly associated with out-of-school youths sexual experience, they didn't discuss openly the information on issues of sexuality to their children, but there is open discussion with their peers about sexuality, condom use and other related issues. Peer pressure was also found to be another driving force that predispose youth for risky sexual practices.

Even in the face of existing perception and knowledge of self-risk, risk taking behaviors (first sex at early age, multiple sexual partnership, sex with high risk partners such as CSW, non use of condom for every act of sexual intercourse, low HIV test service uptake, etc) is still high.

9. Recommendations

Based on the findings of this study the following recommendations are forwarded:-

1. In order to promote effective protection of youths from risky sexual practices and from other risk taking behaviours like alcohol intake and khat chewing, anti-AIDS clubs in both towns need to be well structured and supported by governmental and NGOs and must be strengthened by imparting accurate and recent information through continuous training to put knowledge into practice the and minimize misconceptions.
2. Upgrading the involvement of parents and encourage open discussion between parents and their children in the efforts made to prevent HIV/AIDS and reproductive health problems in the community.
3. Reproductive health services need to be made youth friendly including voluntary counselling and testing for HIV by establishing accessible and reasonably priced service centers and service providers need to distribute condoms and other contraceptives in the best possible means which will enhance access and utilization by youths and to adopt protective actions.
4. It is imperative to make pre-marital HIV testing compulsory so as to decrease further spread of HIV.
5. Efforts need to be made by responsible governmental and non-governmental organizations in establishing youth programs, sport activities, libraries, recreational centers and information centers where the youths pass their leisure time.
6. Facilitating ways of creating job opportunity for out-of-school youths to divert their attention from risky sexual behaviours and promote their participation, equip them with skills, build self confidence and enabling them to build a plan for their future lives.
7. Media need to pass attractive, appropriate, open and complete information on sexuality issues and about HIV/AIDS. Messages passed by medias also need to be segmented by age. Health education services need to be provided in the best way to address the interest and problems of out-of-school youth.
8. Finally, to enlighten factors related to risky behaviour of adolescents the researcher recommended that further research should be conducted on youth reproductive health problems.

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ANNEX 1: STRUCTURED ENGLISH QUESTIONNAIRE

Addis Ababa University

Faculty Medicine

School of Public Health

Assessment of Sexual Behaviour, attitude and risk Perception about HIV/AIDS among out-of-school anti-AIDS club-member and non-club member youths, Ilu-Abba-Bora Zone, Western Ethiopia.

A. Consent form

I, the undersigned have been informed that the purpose of this particular research project is to study Sexual behaviour, Attitude and Risk Perception about HIV/AIDS among out-of-school anti-AIDS club members and non members youth. I have been informed that I am going to respond to this question by answering what I know concerning the issue. I have been informed that the information I give will be used only for the purpose of this study; my identity, the information I give will be treated confidentially. I have also been informed that I can refuse to participate in the study or not to respond to questions I am not interested. Furthermore I have been informed that I can stop responding to the questions at any time in the process.

Based on the above information I agree to participate in the research voluntarily with the hope of contributing (on behalf of one) to the effort of knowing Sexual behavior, Attitude and Risk Perception about HIV/AIDS among Out of School Anti-AIDS club members and non members youth.

Signature: _____Date: _____

Address of investigator

Name: - Elias Legesse Negeri

Addis Ababa University MPH student

E.mail:- tsegishelias@yahoo.com

B.Information Form

Dear respondent,

I am interested in learning more about your feelings and practices related to your sexual behavior, attitude and risk perception about HIV/AIDS. This questionnaire is designed for a research work approved by Addis Ababa University, Department Community Health to be conducted in partial fulfilment of a Masters Degree in Public Health.

In the questionnaire you will be asked some very personal questions that some people find it difficult to answer. Your name will not be written on this questionnaire, and will never be used in connection with any of the information you tell me. You are selected for this survey merely by chance, not done intentionally.

You don't have to answer any questions that you don't want to answer, and you may end to participate in the study at any time you want to. However, your honest answers to these questions will help us better understand what impacts and behaviors are related to HIV/AIDS in Mettu and Bedelle towns. We would greatly appreciate your help in responding to this survey.

The results of the study would hopefully serve as an important input to intervention programs that aim at improving youth health in general in Mettu and Bedelle towns in particular.
The questionnaire will take about 20-30 minutes to answer. I thank you in advance for taking your time to respond to my questions!

Identification:

Name of the town **Mettu** **Bedelle**

Name of interviewer_____ signature _____

Name of supervisor _____signature _____

Date of interview _____

Identification number of the respondent _____

PART I. SOCIO-ECONOMIC AND DEMOGRAPHIC CHARACTERSTICS OF THE RESPONDENTS

No.	**Questions & filters**	**Coding categories**
Q101.	Are you anti-AIDS club member?	1. Yes 2. No
Q102.	How long have you been a member of anti-AIDS club?	_____years
Q103.	How old are you at your last birthday?	_____years old
Q104.	What is your sex?	1. Male 2. Female
Q105.	To which ethnic group do you belong?	1. Oromo 2. Amhara 3. Tigre 4. Gurage 89. Others (specify)_____
Q106	What is your religion?	1. Orthodox 2. Protestant 3. Catholic 4. Muslim 89. Others (specify)_____
Q107.	Are you currently having your own income? **[If No, skip to Q110]**	1. Yes 2. No
Q108.	What is the type of business you are involved in currently?	1. Daily laborer 2. Private petty business 3. Temporary employment in private firms 4. Student 89.Others(specify)_____
Q109.	How much birr do you earn per month/including parental gifts?	_____ Birr
Q110.	With whom are you living now?	1. Alone 2. Both parents 3. Brother/sister 4. Father only 5. Mother only 6. Relatives 89.Others (specify)_____
Q111.	Have you ever attended services in churches/mosques or other religious institutions? **[If No, skip to Q113]**	1. Yes 2. No

Q112.	How often you go to church/mosque or other religious institutions?	1. More than once per week 2. Once per week 3. Once per month 89.Others (specify)_____
Q113.	Marital status	1. Never married(single) 2. Divorced 3. Widowed
Q114.	What is the highest level of education you completed?	1. Read & write 2. Grade 1-6 3. Grade 7-10 4. Grade 11-12 5. College/university diploma and above
Q115.	How long have you lived here?	No. of years_____

PART II: PARENT'S BACKGROUND CHARACTERISTICS

Q201.	What is your father's occupation?	1. Daily laborer 2. Civil servant 3. Farmer 4. Employed in private sector 5. Has private business 89. Others (specify)_____
Q202.	What is your mother's occupation?	1. Housewife 2. Daily laborer 3. Civil Servant 5. Employed in private sector. 6. Has private business 89.Others (specify)_____
Q203.	In your opinion which of the following shows your families' economic status?	1. High 2. Medium 3. Low
Q204.	What is the highest level of education your father obtained?	1. Illiterate 2. Read and write 3. Grade 1-8 4. Grade 9-12 5.University/College Diploma and above

Q205.	What is the highest level of education your mother obtained?	1. Illiterate 2. Read and write 3. Grade 1-8 4. Grade 9-12 5. University/College Diploma and above
Q206.	What is your parent's marital status?	1. Currently married 2. Divorced 3. Widowed

PART III: SEXUAL BEHAVIOR AND PRACTICE

Q301.	Have you ever practiced sexual intercourse? **[If yes, skip to Q303]**	1. Yes 2. No
Q302.	If you never had sexual intercourse in your life time, what is the main reason for you not to have had sexual intercourse?	1. Fear of STDs and HIV/AIDS 2. Fear of parents 3. Wish to wait until marriage 4. Fear of pregnancy 5. For religious reason 6. Others (specify) _____
Q303.	How old were you when you had first sexual interc**o**urse?	_____ years old
Q304.	What was your relation with your partner the first time you had sexual intercourse?	1. Boy/girl friend 2. Casual partner 3. Commercial Sex worker 4. Forced / by rape
Q305.	What did initiate you to have sexual intercourse for the first time?	1. I got married 2. Fall in love 3. Personal initiation 4. Had desire 5. Peer pressure 6. I was drunk 7. To get money and gift 8. Forced/rape 89.Others(specify) _____ 98. I don't know/I don't remember 99. No response

Q306.	How older or younger was the person with whom you had your first sexual experience?	1. More than 10 years older 2. 5-10 years older 3. Younger than me 4. He was an age like me 98. Don't know
Q307.	Did you used condom the first you had sexual intercourse?	1. Yes 2. No
Q308.	What was your main reason for not using condom?	1. Too expensive to me 2. Ashamed to ask my partner. 3. Partner objected to use it 4. Used other contraceptive 5. Wanted to get pregnant 6. Ashamed to buy 7. I trust my partner 8. I was drunk 9. Didn't known how to use 10. It decreases satisfaction/ Sexual pleasure. 11. My religion prohibits 89. Others (specify)_____
Q309.	During the past 12 months have you had sexual intercourse?	1. Yes 2. No
Q310.	Think about your recent non-commercial sexual partner. How many times did you have sexual intercourse with this person over the last 30 days?	No. of times_____
Q311.	The last time you had sex with this non-commercial sexual partner, did you & your partner use a condom?	1. Yes 2. No 98. Don't know 99. No response
Q312.	Who suggested condom use that time?	1. Myself 2. My partner 3. Joint decision 98. Don't know 99. No response
Q313.	Why didn't you and your partner use condom at that time?	1. Too expensive 2. Partner objected 3. Don't enjoy 4. Embarrassed to buy or ask for it 5. Used other contraceptive 6. Didn't think of it 7. Don't know

		89.Other (specify)_____ 99. No response
Q314.	How many partners have you had sexual intercourse during the last 12 months?	Number of sexual partner_____
Q315.	How many partners have you had sexual intercourse during your life time?	Number of life time sexual partner_____

FOR MALE RESPONDENTS ONLY

Q316.	Have you ever had sexual intercourse with commercial sex workers? **If No, skip to Q321**	1. Yes 2. No
Q317.	How often did you use condom when making sexual intercourse with Commercial Sex worker?	1. Always 2. Some times 3. Not at all
Q318.	Think about your recent commercial sexual partner. How many times did you have sexual intercourse with this person over the last 30 days?	Number of times _____
Q319.	When you had sex with this commercial sexual partner, did you use a condom?	1. Yes 2. No 98. Don't know 99. No response
Q320.	Who suggested condom use that time?	1. Myself 2. My partner 3. Joint decision 98. Don't know
Q321.	Why didn't you & your partner use a condom that time?	1. Too expensive 2. Partner objected 3. Do not enjoy 4. Embarrassed to buy or ask for it 5. Used other contraceptive 6. Didn't think of it 89.Others (specify)_____
Q322.	Have you ever had symptoms of STI such as genital ulcer, abnormal genital discharge, and pain during urination or genital swelling? [**If no skip to Q326]**	1. Yes 2. No
Q323.	If yes, whom did you first discuss the issue with?	1. My partner (husband/wife) 2. My friends/peers

		3. My parents 4. Health workers 5. Traditional healers 89.Others, specify_____
Q324.	If yes where did you go for treatment? (Some time more than one answer is possible)	1. Went to Traditional healer 2. Went to public health institution 3. I bought some drug from pharmacy 4. Went to private clinics 89.Others(specify)_____
Q325.	Could you tell me why you prefer to seek health care in this place? (More than one answer is possible)	1. Effectiveness of treatment 2. Free treatment 3. Low cost of treatment 4. Proximity 5. For the sake of confidentiality 89.Others(specify)_____
Q327.	Is there pressure from your friends for you to have sexual intercourse?	1. No pressure at all 2. A little pressure 3. A lot of pressure
Q328.	Have you ever drunk alcohols like **Tella, Tej**, **Beer, local alcohols?** **[If no skip to Q330]**	1. Yes 2. No
Q329.	How frequently do you take alcohol?	1. Daily 2. Once a weak 3. More than once a weak
Q330.	Do you smoke Cigarette?	1. Yes 2. No
Q331.	Do you chew '*chat*'?	1. Yes 2. No
Q332.	Have you ever watched pornographic films or read magazines that focused on sex?**[If No skip Q333]**	1. Yes 2. No

FOR FEMALE RESPONDENTS ONLY

Q333.	Have you ever pregnant? **[If no skip to part IV]**	1. Yes 2. No
Q334.	How old were you when you first become pregnant?	_____age in years.
Q335.	Was/were your pregnancy planned?	1. Yes 2. No

Q336.	Have you ever aborted or terminated your pregnancy? **[If no skip to part IV]**	1. Yes 2. No
Q337.	If yes, how many times did you have abortion?	_____Times
Q338.	Why did you abort or terminate the abortion?	1. Fear of my family. 2. To continue my education. 3. It was unplanned. 4. Economical problem. 89.If other reason specify _____
Q339.	Where did you abort or terminate your pregnancy?	1. At public health institution 2. At private clinic 3. At abortionist's house 89. If other specify_____

PART IV: Knowledge, attitudes and stigma about HIV/AIDS and STIs

Q401.	Have you ever heard of HIV or the disease called AIDS?	1. Yes 2. No
Q402.	How do you get information about HIV/AIDS?	1. Mass media: radio/TV 2. Newspapers/magazines 3. Parents/relatives 4. Launch events 5. Dramas 6. Peer educators 7. Health institutions and hospitals 89.Others (specify)_____
Q403.	What is the ways of transmission for HIV/AIDS? **(Multiple responses are possible)**	1. Contaminated sharp objects 2. Mother to child during pregnancy/delivery 3. Breast feeding by infected mother 4. Sex with prostitute 5. Blood transfusions 6. Kissing infected person 7. Mosquito bites 8. Sharing blades/tooth brushes, food or drink with infected person, public toilet transport 89.Others(specify)_____
Q404.	What are the symptoms of AIDS?	1. Chronic weight loss by 10kg 2. Fever greater than one month 3. Diarrhea greater than one month

		4. Skin lesions 89.Others(specify)_____
Q405.	Can AIDS be cured?	1. Yes 2. No
Q406.	Do you know sexually transmitted diseases other than AIDS? **[f no skip to Q408]**	1. Yes 2. No
Q407.	Which STDs do you know? (Multiple responses are possible)	1. Gonorrhea 2. Syphilis 3. Chanchroid 89.Others (specify)_____
Q408.	Is there any means a person can do avoid getting STIs and HIV/AIDS? **(Multiple responses are possible)**	1. Sexual abstinence 2. Remain faithful to a partner 3. Use condoms in every act of sexual intercourse 89. Others (specify)_____
Q409.	Do you think that getting infected with STIs could increase the chance of acquiring HIV/AIDS?	1. Yes 2. No
Q410.	From where do you get the education materials?	1. Health institutions 2. Youth centers 3. Private pharmacies & clinics 4. NGOs 5. Friends Work places 89.Others (specify)_____
Q411	Did these intervention exposures motivate you to change your attitude & behavior to reduce risk of HIV infections?	1. Yes 2. No
Q412.	What actions did you take as a result of intervention exposures?	1. Limited to one sexual partner 2. Using condom consistently 3. Abstaining from sex 4. Stop taking alcohols/drugs 5. Decided to visit VCT centers 6. Started to discuss about HIV/AIDS with families/friends 7. Decided to support AIDS Patients 89.Others (specify)_____
Q413.	Have you ever discussed with your parents about sexual matters? **[If no skip to Q415]**	1. Yes 2. No

Q414.	On what topic do you usually discuss? (Multiple responses are possible)	1. Body change (physical; development) 2. Menstrual cycle 3. Method of contraceptive 4. HIV/AIDS 5. STDs 89. Others(specify) _____
Q415.	What is the main reason for not discussing sexual issues with your parents?	1. Afraid to talk with them about these issues 2. Prefer to talk with some one else 3. Not interested in discussing these issues. 4. This topic upsets them 5. Other (specify) _____
Q416.	Do you know any method to avoid or delay pregnancy? **If no skip to Q419**	1. Yes 2. No
Q417.	What type of methods do you know? (Multiple responses are possible)	1. Condom 2. Pills 3. Calendar 4. Emergency contraceptive method 5. Loop/IUD 6. Norplant 7. Diaphragm 8. Rhythms 89.Other(specify)_____
Q418.	Do you know the place where you can obtain contraceptive method? **[If no skip to Q421]**	1. Yes 2. No
Q419.	W here do you obtain a method of contraceptive method?	1. Health institution 2. Pharmacy 3. Shop 4. From friends 89.Other (specify)_____
Q420.	Did you used any contraceptive method during your last sexual intercourse **[If no skip to Q425]**	1. Yes 2. No
Q421.	Which contraceptive method did you used?	1. Condom 2. Pills 3. Calendar 4. Emergency contraceptive method 5. Loop/IUD 6. Norplant 89.Other(specify)_____

Q422.	How often do you use contraceptive methods?	1. Sometimes 2. Always 3. Many times
Q423.	If you have ever used, what is your reason for using it?	1. To prevent pregnancy 2. To prevent STI 3. To prevent HIV/AIDS 89.Other (specify) _____
Q424.	Using condom is a sign of not trusting your partner?	1. Agree 2. Disagree 3. Not sure
Q425.	A boy/girl should not have sex before he gets married?	1. Agree 2. Disagree 3. Not sure
Q426.	If a male/female member of your family became ill with HIV, the virus that causes AIDS, would you be willing to care for him/her in your household?	1. Yes 2. No 98. I do not know 99. No response
Q427.	If you knew a shopkeeper or food seller had HIV, would you buy food from them?	1. Yes 2. No 98. I do not know 99. No response
Q428.	If a member of your family became ill with HIV, the virus that causes AIDS, would you want it to remain secret?	1. Yes 2. No 98. I do not know 99. No response
Q429.	Do you think should people with HIV/AIDS live separately from others?	1. Yes 2. No 98. I do not know 99. No response
Q430.	Do you think the names of PLWHA should be made public so that others can avoid them?	1. Strongly agree 2. Agree 3. In different 4. Disagree 5. Strongly disagree
Q431.	Suppose you had working place where one of the men working with you had HIV, would you be willing to work with him/her in the same work place	1. Yes 2. No 88. I do not know 99. No response
Q432.	Would you shake a person's hand if you know that she/he has HIV/AIDS?	1. Yes 2. No 88. I do not know 99. No response

Q433.	Would you continue your friendship if you find out that a friend has HIV/AIDS?	1. Yes 2. No 88. I do not know 99. No response
Q434.	Would you give home care if a family member has HIV/AIDS?	1. Yes 2. No 88. I do not know 99. No response
Q435.	Should a student with HIV/AIDS be allowed to continue his/her education with others?	1. Yes 2. No 88. I do not know 99. No response

PART V. RISK PERCEPTION OF HIV/AIDS

Q501	Do you think you can get AIDS?	1. Yes 2. No 3. May be 88. Don't know
Q502	If your answer is no why not?	1. I am married 2. I am not a drug user 3. I am a good moral person 4. I pray regularly 5. I don't have sex with Prostitutes 6. I regularly use condoms 89.Others(specify)_____
Q503.	Have you ever heard about voluntary counseling and testing for HIV?	1. Yes 2. No
Q504.	Did you ever under go HIV test? **[If no skip to Q509]**	1. Yes 2. No
Q505.	Are you voluntary to under go voluntary counselling and testing for HIV?	1. Yes 2. No 3. I am not sure
Q506.	What would you do if you think that you have HIV/AIDS?	1. Get tested 2. Blame partner 3. Worry 4. Change life style 5. Think about suicide 6. Isolate myself from family & community 7. Fearful of other's reaction

Q507.	Do you know that there is a test available for HIV/AIDS?	1. Yes 2. No 88. Don't know
Q508.	If yes, do you know where to get tested?	1. Yes 2. No 88. Don't know
Q509.	Would you want to get tested for HIV/AIDS?	1. Yes 2. No 88. Don't know
Q510.	If yes, what is the main reason (advantage) for getting tested?	1. To know for sure 2. To adjust future life 3. Would want to know before Pregnancy 4. Would want to know before getting married
Q511.	If no, what is the main reason not to get tested?	1. Partner would be shattered 2. Fear of neglect, isolation, abuse 3. Can live a better life with out knowing my status 4. There is no point in knowing the status 89.Others (specify)_____
Q512.	If you got tested, would you share the test results with anyone?	1. Yes 2. No
Q513.	If yes, with whom you share the test results?	1. With partner 2. With parents 3. With sibling 4. With neighbors 5. With employer 6. With friends 7. With religious leaders 89.Others (specify)_____
Q514.	If no, why wouldn't you share results with others?	1. Partner would be shattered 2. Fear of neglect, isolation abuse 3. I would not get any care or support 4. Would be kicked off house/work 5. People would think that I am bad/immoral 6. People would think that I am promiscuous 89.Others(specify)_____

Thank you for your cooperation!!

ANNEX 2: ENGLISH FGD GUIDE

Addis Ababa University

Faculty Medicine

School of Public Health

Assessment of Sexual behavior, Attitudes and Risk Perception about HIV/AIDS among out-of-school anti-AIDS club-member and non-club member youths, Ilu-Abba-Bora Zone, Western Ethiopia.

A. Consent form

I, the undersigned have been informed that the purpose of this particular research project is to study Sexual behavior, Attitude and Risk Perception about HIV/AIDS among Out of School Anti-AIDS club members and non members youth. I have been informed that I am going to respond to this question by answering what I know concerning the issue. I have been informed that the information I give will be used only for the purpose of this study; my identity, the information I give will be treated confidentially. I have also been informed that I can refuse to participate in the study or not to respond to questions I am not interested. Furthermore I have been informed that I can stop responding to the questions at any time in the process.

Based on the above information I agree to participate in the research voluntarily with the hope of contributing (on behalf of one) to the effort of knowing Sexual behavior, Attitude and Risk Perception about HIV/AIDS among Out of School Anti-AIDS club members and non members youth.

Signature: _____Date: _____

B. Information Form

Good morning! Well come to our group discussion. I am_____ .We are here today to discuss about the current major health problem of youth, HIV/AIDS. There is no right or wrong answers. All comments, both positive & negative, are well come. We would like to have many points of view. We want this to be a group discussion, so you need not wait for me to call on you. In order not to miss any points of the discussion, we will be using a tape recorder. Please, speak one at a time so that the tape recorder can pick up everything. We would like to confirm to you that all your comments are confidential & used for research purposes only. Your names will not be recorded to protect your confidentiality. Are you willing to participate in the discussion?

Thank you for your willingness.

QUESTIONS FOR FOCUS GROUP DISCUSSION (FGDs):

1. How do people get HIV/AIDS? Include
   - For sexual transmission,
   - MTCT, blood contact
   - For beliefs and misconceptions (casual contact, mosquito, eating raw meet)
2. How easy to get HIV/AIDS? Why?
   - Gender difference?
3. How long after infection with HIV would a person become ill? Include:
4. What are the common symptoms that people associate with HIV infection?
5. What are the important factors related with HIV and other STIs?Include:
   - Poverty? Habits? Others?
   - Gender inequalities?
6. What is the youth's around here feeling about people known or suspected to have HIV/AIDS?

Include:

   - Avoid, neglect, and blame?
7. Do young people know if they are HIV positive or not? If they do how?Include:
   - Illness symptoms?
   - Through VCT?
8. Do young people around here know that there is a medical test for HIV/AIDS? And where? If yes, do they go for check up? Why? Include:
   - To be sure?
   - For marriage?
   - For employment?
9. Do they disclose before or after test for friends? Families? Partners? If not, why youth keep secret or refrain from testing? Include:
   - Stigma and isolation?
   - Loss of job?
10. Do you see any advantage or disadvantage of VCT? Include:
    - Protect others?
    - Future plan?

Sexuality & sexual practices

11. Is multiple sexual partner usual or not among youths?
12. Do you discuss about sexual issues with your parents? If yes, about what? If no, what is the reason? Include:
    - About sexual relations?
    - Pregnancy?
    - STIs?
    - Care to be taken?

13. What is the usual age of commencement of sexual practice? Include:

- For women?
- For men?
- What does the youth supposed to do to delay sexual practice?

14. In your opinion, till when should sex practice delayed? Include
    - Till marriage?
    - Until physical and psychological maturity?

Source of information & behavior change

15. What is the common source of information for youth about HIV/AIDS? Include:
    - Mass media?
    - Publications?
    - Religious leaders?
    - Peer educators?
    - Others?
16. Which one do you think are more influential to change behavior? Include
    - How do you see the role of anti-AIDS clubs?
    - What are the motives behind?
    - Why some youths are not interested to be a member?
17. What are the most important preventive measures being taken by the youth? Include:
    - ABC methods?
    - Delay sex?
18. Which once are more feasible & acceptable for the youth?
19. How do youths feel about condom & its utilization? What are the barriers?
20. Though knowledge seems high, risk behavior reduction among the youth is said to be low. What do you think are the main reasons? Include:
    - Poverty?
    - Unemployment?
    - Substance addict?

Thank you so much!

ANNEX 3: STRUCTURED AFAN OROMO QUESTIONNAIRE

YUNIIVERSIITII ADDIS ABABAATTI, FAAKAALTII MEDIKAALAA, MANA BARUMSAA FAYYAA HAWASAATTI GAAFFILEE AMALA WAL-QUUNNAMTII SAALAA FI ILAALCHA DARGAGGOOTA GUMII FARRA EEDSII KEESSA JIRANII FI HIN JIRRE IRRATTI TA'UUF GAAFFIWWAN QOPHAA'AN

A. Unka odeeffannoo

Nagaa bultanii/ooltanii! Maqaan kiyya_____ jedhama. Nuti qoo'annoo amala wal-quunnamtii saalaa fi ilaalcha dargaggoota gumii farra Eedsii keesaa jiranii fi hin jirre yuniiversiittii Finfinnee tiin geggeeffamaa jiru keessatti miseensa yoommuu tanu, amma magaalaa kana keessatti amala wal-quunnamtii saalaa fi ilaalcha dargaggoota gumii farra Eedsii keesaa jiranii fi hin jirre irratti qo'annoo gaggeessa jirra. Isin immoo qoo'annoo kana keessatti akka hirmaattaniif filatamtaniittu; gaaffii tokko tokko nuti isin gaafannuuf deebii nuuf kennitu jennee abdii guddaa qabna.Wanta nuti isin hubachiisuu barbaannu deebiin isin nuuf deebistan/kennitan icciitiin kan eegamu ta'a. Maqaa keessanii fi bakka jireenya keessanii nutti himuun isin irraa hin barbaachisu.Kana malees mirga guutuu qoo'annaa kana keessatti hirmaachuu fi hirmaachuu dhiisuu, gaaffii isin hin ilaallanne irra darbuu, akkasumas gaaffii fi deebii itti fufuu yoo hin barbaanne ta'e gidduutti dhaabuuf mirga guutuu qabdu. Gaaffiin tokko tokko waa'ee jireenya dhuunfaa keessanii waan ilaallatuuf deebisuuf ulfaataa ta'u ni danda'a Haata'u malee galmaan ga'umsa kaayyoo qorannoo kanaa fi fooyya'insa amala wal-quunnamtii saalaa fi ilaalcha dargaggoota magaalaa kana keessa jiraniif muuxannoon keessan baay'ee barbaachisaa fi kan bu'aa olaanaa qabudha. Gaaffii fi deebiin kun tilmaamaan daqiiqaa 30-40 fudhata.Gaaffii gaafattan qabduu?

B. Unka walii galtee

Ani mallattoon kiyya armaan gaditti kanan kaaye namoonni qoo'annoo kana geggeessaa jiran faayidaa qoo'annoo kana ifa naa godhaniiru akkasumas gaaffiin beekuu fi na ilaallatu akkan deebisuuf ifa naa godhaniiru. Mata dureen qoo'annoo kanaas amala wal-quunnamtii saalaa fi ilaalcha dargaggoota gumii farra Eedsii keesaa jiranii fi hin jirre ta'u isaa natti himameera. Kana malees odeeffannoo ani keennu qoo'annaa kana qofaaf akka itti fayyadaman, icciitiin akka ta'u natti himameera. Gaaffii fi deebii keessatti hirmaachuu fi hrmaachuu dhiisuu akkan danda'u, gaaffii deebisuu hin barbaadne akkan irra darbuu danda'us natti himameera. Yeroon barbaadettis gaaffii gidduutti dhiisuuf mirga akkan qabu naaf ibsameera.

Odeeffannoo armaan olii irratti hunda'uudhaan, qoo'annoo kana keessatti feedhii kiyyaan qoo'annoo mata dureen isaa amala wal-quunnamtii saalaa fi ilaalcha dargaggoota gumii farra Eedsii keesaa jiranii fi hin jirre irratti hirmaachuuf walii gaaluu koo mallattoo kootiin nan mirkaneessa.

Mallattoo_____Guyyaa_____

Maqaa gaafataa_____ Mallattoo _____

Maqaa too'ataa _____Mallattoo_____

Guyyaa gaaffii fi deebiin itti godhame _____

Lakkoofsa eenyummaa gaafatamaa _____

KUTAA 1[FFAA]: GAAFFILEE DHIMMA DINAGDEE FI HAWAASUMMAATIIN WAL QABATAN

Lakk.	Gaaffilee	Koodii
101	Ati miseensa gartuu farra-Eedsiitii?	1. Eeyyee 2. Lakkii
102	Waggaa meeqaaf miseensa taatee turte?	Waggaa_____
103	Umuriin kee meeqa?	Waggaa _____
104	Saala?	3. Dhiira 4. Dhalaa
105	Qomoon (sanyiin) kee maali?	5. Oromoo 6. Amaaraa 7. Tigiree 8. Guraagee 89. Kan biroo(caqasi)_____
106	Amantaa hordoftu?	1. Ortodooksii 2. Pirotestaantii 3. Kaatolikii 4. Musiliima 89. Kan biroo(caqasi)_____
107	Galii mataa keetii kan ittiin jiraattu qabdaa? **[Yoo deebiin kee 'Lakki' ta'e gara gaaffii 110tti ce'i]**	1. Eeyyee 2. Lakkii
108	Ji'atti galiin kee meeqa?	Qarshii _____
109	Yeroo ammaa kana hojii maalii irratti bobbaatee jirta?	5. Hojjetaa guyyaa 6. Hojii daldala dhuunfaa 7. Qacaramaa dhuunfaa 8. Barataa 89. Kan biroo(caqasi)_____
110	Yeroo ammaa eenyuu wajjiin jiraachaa jirta?	1. Qofaa 2. Maatii waliin(abbaa fi haadha) 3. Obboleessa /obboleettii 4. Abbaa qofa 5. Haadha qofa 6. Firoota waliin 89. Kan biroo(caqasi)_____
111	Sagantaa mana sagadaa/maskiidaa ni hordoftaa? **[Yoo deebiin kee 'Lakkii' ta'e gara gaaffii 113tti ce'i]**	1. Eeyyee 2. Lakkii

112	Yeroo hammamiitiin gara mana sagadaa yookiin maskiidaa deemta?	4. Torbanitti yeroo tokkoo ol 5. Torbanitti yeroo tokko 6. Ji'atti yeroo tokko 89. Kan biroo(caqasi)_____
113	Haala fuudhaa/heerumaa	4. Kan hin fuune/hin heerumne 5. Kan hike/hiikte 6. Kan abbaan manaa(haati manaa) jalaa du'e
114	Sadarkaa barumsaa olaanaa?	6. Barreessuu fi dubbisuu danda'uu 7. Kutaa 1-8 8. Kutaa 9-10 9. Kutaa 11-12 10. Koolleejjii/yuniiversiitii fi isaa ol
115	Waggoota meeqaaf as jiraatte?	Waggaa _____

KUTAA 2^{FFAA}: WAA'EE HAALA MAATII GAAFATAMAA

201	Hojiin abbaa keetii maali?	1. Hojjetaa guyyaa 2. Hojjetaa mootummaa 3. Qonnaan bulaa 4. Qacaramaa dhuunfaa 5. Daldaalaa 89. Kan biroo(caqasi)_____
202	Hojiin haadha keetii maali?	1. Haadha warraa 2. Hojjettuu guyyaa 3. Hojjettuu mootummaa 4. Qacaramtuu dhuunfaa 5. Daldaaltuu 89. Kan biroo(caqasi)_____
203	Akka yaada keetiitti haala (sadarkaa) qabeenya maatii keetii kan agarsiisu isa kami?	1. Olaanaa 2. Giddu galeessa 3. Gadi-aanaa
204	Sadarkaa barumsaa olaanaa kan abbaa keetii?	1. Kan mana barumsa hin seenne 2. Barreesuu fi dubbisuu kan danda'u 3. Kutaa 1-8 4. Kutaa 9-12 **5.** Koolleejjii/yuniiversiitii fi isaa ol

205	Sadarkaa barumsaa olaanaa kan haadha keetii?	1. Kan mana barumsa hin seenne 2. Barreesuu fi dubbisuu kan dandeessu 3. Kutaa 1-8 4. Kutaa 9-12 5. Koolleejjii/yuniiversiitii fi isaa ol
206	Haala fuudhaa fi heeruma abbaa fi haadha keetii (kan yeroo ammaa)?	1. Wajjiin kan jiraatan 2. Kan gargar ba'an 3. Kan du'aan gargar ba'an

KUTAA 3[FFAA]: AMALA WAL-QUUNNAMTII SAALAA FI SHAAKALA GAAFATAMTOOTAA

301	Kanaan dura wal-quunnamtii saalaa raawwattee beektaa? **[Yoo deebiin kee'Eeyyee' ta'e gara gaaffii 303tti ce'i]**	1. Eeyyee 2. Lakkii
302	Yoo wal-quunnamtii saalaa hin raawwatin sababni kee maal ture?	1. Sodaa Echi-Ayi-Vii/Eedsii fi dhukkuboota wal-quunnamtii saalaatiin daddarbanii 2. Sodaa maatii 3. Hanga gaa'elaatti turuudhaaf 4. Sodaa ulfaa 5. Sababa amantaatiif 89. Kan biroo(caqasi)_____
303	Yeroo jalqabaaf yommuu wal-quunnamtii saalaa raawwattu umuriin kee meeqa ture?	Waggaa _____
304	Yeroo jalqabaaf namni ati wal-quunnamtii saalaa wajjin raawwatte walitti dhufeenyi keessan maal ture? Walitti dhufeenya akkamii qabdu turtan?	5. Jaalallee koo ture 6. Hiryaa koo ture 7. Hojjettuu mana buna turte(dhiiraaf) 8. Dirqisiifamee gudeedameetanu(dhalaaf)
305	Yeroo jalqabaaf wal-quunnamtii saalaa raawwachuuf maaltu si kakaase?	1. Waanan heerumeef 2. Jaalalaan waanan qabameef 3. Fedhii dhuunfaa waanan qabuuf 4. Dhiibbaa hiryoota kootii tiin 5. Dhugaatiidhaan waanan machaa'eef 6. Maallaqa/kennaa argachuuf 7. Dirqisiifamee gudeedameetanu(dhalaaf) 89. Kan biroo(caqasi)_____ 98. Hin beeku/hin yaadadhu 99. Deebii hin kennu
306	Inni/isheen ati yeroo jalqabaaf wal-quunnamtii	1. Waggaa 10 fi isaa ol na caala

	saalaa wajjin raawwatte hammam si hangafa /si hangafti?	2. Waggaa 5-10 na caala 3. Quxisuu kooti 4. Hiryaa kooti 98. Hin beeku/hin yaadadhu
307	Yeroo jalqabaaf wal-quunnamtii saalaa yommuu raawwattee kondomii fayyadamteettaa? **[Yoo deebiin kee 'Eeyyee' ta'e gara gaaffii 309tti ce'i]**	1. Eeyyee 2. Lakkii
308	Maaliif osoo kondomii hin fayyadamin wal-quunnamtii saalaa raawwatte?	12. Gatiin isaa mi'aa/qaalii waan ta'eef 13. Hiryaa koo gaafachuu waanan qaana'eef 14. Hiryaa kootu dide 15. Mala kontiraaseptiivii kan biraan fayyadame 16. Ulfa ta'uu waanan barbaadeef 17. Bituu waanan qaana'eef 18. Hiryaa koo waanan amanuuf 19. Sababan machaa'eef 20. Akka itti fayyadama isaa hin beeku 21. Fedhii saalaa hir'isa 22. Amantaa kootu dhorka 89. Kan biroo(caqasi)_____
309.	Ji'oota 12'n darbanitti wal-quunnamtii saalaa raawwateettaa?	1. Eeyyee 2. Lakkii
310.	Guyyoota 30'n darban keessa hiryaa wal-quunnamtii saalaa kee wajjin si'a meeqa wal-quunnamtii saalaa raawwattan?	Si'a _____
311	Hiryaa wal-quunnamtii saalaa kee wajjin wal-quunnamtii saalaa yommuu raawwattee kondomii fayyadamteettaa? **[Yoo deebiin kee 'Lakkii' ta'e gara gaaffii 313tti ce'i]**	1. Eeyyee 2. Lakkii
312	Kondomii akka fayyadamtaniif eenyutu yaada dhiyeesse?	4. Anuma 5. Hiryaa koo 6. Walii galteedhaan 98. Hin beeku/hin yaadadhu
313	Ji'oota 12'n darbanitti hiryaa wal-quunnamtii saalaa meeqa qabda turte?	Hiryaa/hiryoota _____
314	Hanga ammatti nama/namoota meeqaa wajjiin wal-quunnamtii saalaa raawwatteettaa?	Hiryaa/hiryoota _____

GAAFATAMTOOTA DHIIRAA QOFA GAAFFII ILALLATU (YOO DHAALAA TAATE GAAFFII 315-333tti IRRA DARBI)

315	Hojjettuu mana bunaa wajjin wal-quunnamtii saalaa raawwatteettaa? **[Yoo deebiin kee 'Lakkii' ta'e gara gaaffii 320tti ce'i]**	1. Eeyyee 2. Lakkii
316	Hojjettuu mana bunaa wajjin wal-quunnamtii saalaa yommuu raawwatte kondomii fayyadamtee beektaa?	1. Eeyyee yeroo hundumaa nan fayyadama 2. Darbee darbee nan fayyadama 3. Tasa iyyuu hin fayyadamu
317	Guyyota 30'n darbanitti hojjettuu mana bunaa wajjin si'a meeqa wal-quunnamtii saalaa raawwattee?	Si'a _____
318	Kondomii akka fayyadamtaniif eenyutu yaada dhiyeesse?	1. Anuma 2. Hojjettuu mana bunaa sana 3. Walii galteedhaan 98. Hin beeku/hin yaadadhu 99. Deebii hin kennu
319	Maaliif osoo kondomii hin fayyadamin wal-quunnamtii saalaa raawwatte?	1. Mi'aa/qaalii waan ta'eef 2. Hiryaa koo gaafachuu waanan qaana'eef 3. Hiryaa kootu dide 4. Mala kontiraaseptiivii kan biraan fayyadame 5. Ulfa ta'uu waanan barbaadeef 6. Bituu waanan qaana'eef 7. Hiryaa koo waanan amanuuf 8. Sababan machaa'eef 9. Akka itti fayyadamaisa hin beeku 10. Fedhii saalaa hir'isa waan ta'eef 11. Amantaa kootu dhorka 89. Kan biroo(caqasi)_____
Q320	Mallattoon dhukkuboota wal-quunnamtii saalaatiin daddarbanii kan akka dhiita'uu qaama saalaa, qaama saalaa keessaa dhangala'oon foolii gaarii hin qabne ba'uu, yeroo fincaan fincooftu dhukkubbiin namatti dhagaa'amuu fi kkf si irratii mul'atee beekaa? [**Yoo deebiin kee 'Lakkii' ta'e gara gaaffii 324tti ce'i.**]	1. Eeyyee 2. Lakkii
321	Yoo si irratti mul'ate eenyuu wajjin mariyatte?	6. Jaalallee kee waliin 7. Hiryoota kee waliin 8. Maatii kee waliin 9. Ogeessota fayyaa waliin

		10. Beekaa qoricha aadaa waliin 89. Kan biroo(caqasi)_____
322	Yaalamuudhaaf eessa deemte?	5. Beekaa qoricha aadaa bira 6. Buufata fayyaa 7. Dunkaana qorichaa 8. Kiliinika dhuunfaa 89. Kan biroo(caqasi)_____
323	Bakka yaalamuuf deemte sana maaliif filatte?	6. Yaalumsa gaarii waan kennaniif 7. Yaalumsa tolaa waan ta'eef 8. Gatii xiqqaadhaan waan yaalaniif 9. Dhihoo waan ta'eef 10. Dhoksuu waanan barbaaduuf 89. Kan biroo(caqasi)_____
324	Akka ati wal-quunnamtii saalaa raawwattuuf dhiibbaan hiryaooya keetii si irraturee?	1. Lakkii 2. Eyyee 3. Dhiibbaa xiqqoo
325	Dhugaatii nama macheessuu dhugdee beektaa? **[Yoo deebiin kee 'Lakkii' ta'e gara gaaffii 327tti ce'i]**	1. Eeyyee 2. Lakkii
326	Yeroo hammamiitiin dhugda?(frequency)	1. Guyyaa guyyaadhaan 2. Torbanitti al tokko 3. Torbanitti si'a tokko ol
327	Tamboo ni xuuxxaa?	1. Eeyyee 2. Lakkii
328	Barcaaa yookiin caatii ni qamaataa?	1. Eeyyee 2. Lakkii
329	Fiilmii fedhii saalaatiif nama kakaasu ni ilaaltaa?	1. Eeyyee 2. Lakkii

GAAFATAMTOOTA DHALAA QOFA GAAFFII ILAALLATU (YOO DHIIRA TAATE GAAFFII 330-336tti IRRA DARBI)

330	Ulfooftee beektaa? **[Yoo deebiin kee 'Lakkii' ta'e gara kutaa 4ffaa tti ce'i.]**	1. Eeyyee 2. Lakkii
331	Yeroo jalqaba ulfoofte umuriinkee meeqa ture?	Waggaa _____

332	Ulfi sun itti kan yaadamedhaa?	1. Eeyyee 2. Lakkii
333	Ulfa of irra baaftee ni beektaa? **[Yoo deebiin kee 'Lakkii' ta'e gara kutaa 4ffaa tti ce'i]**	1. Eeyyee 2. Lakkii
334	Si'a meeqa of irraa baafte?	Si'a _____
335	Maaliif of irraa baasifte?	1. Sodaa maatii. 2. Barumsa koo itti fufuuf 3. Ulfa itti hin yaadamin waan ta'eef 4. Rakkoo maallaqaa waanan qabuuf 89. Sababoota biroo caqasi_____
336	Eessattii of irraa baasifte?	1. Buufata fayyaa mootummmatti 2. Kiliinika dhuunfaatti 3. Qorichaa aadaa warra beekan biratti 89. Kan biroo(caqasi)_____

KUTAA 4FFAA: BEEKUMS , ILAALCHA FI ADDA QOODINSA WAA'EE ECHI-AYI-VII ILAACHISEE GAFATAMTOOTNI QABAN (Knowledge, attitude and Stigma about HIV/AIDS and STI)

401	Waa'ee dhibee Echi-Ayi-Vii/Eedsii jedhamuu dhageessee beektaa?	1. Eeyyee 2. Lakkii
402	Odeeffannoo waa'ee dhibee Echi-Ayi-Vii/Eedsii eessaa argatta?	1. Miidiyaa garaagaraa: raadiyoo/TV 2. Gaazexooota 3. Maatii/firoota irraa 4. Sagantaa waa'ee Eedsii ilaalchisee qophaa'u irraa 5. Diraamaa fi taphoota garaagaraa irraa 6. Warra waa'ee Eedsii barsiisan irraa 7. Buufata fayyaa fi hospitaaloota irraa 89. Kan biroo(caqasi)_____
403	Dhibeen Echi-Ayi-Vii/Eedsii akkamitttiin daddarba? **[Deebii tokko fi tokkoo ol ni danda'ama]**	1. Wantoota qara qaban kan faalaman 2. Haadha irraa gara mucaattii yeroo ulfaa fi da'umsaa 3. Harma hoosisuun 4. Hojjettuu mana bunaa waliin ciisuudhaan 5. Dhiigaa faalame fudhchuun /kennuun 6. Waldhungachuudhaan 7. Bookee busaa tiin 8. Wantoota qara qaban waliin fayyadamuun

		9. Nyaata waliin nyaachuun walii wajjin jiraachuun,walii wajjiin barachuun 89. Kan biroo(caqasi)_____
404	Mallattoon dhibee Echi-Ayi-Vii/Eedsii maal fa'i?	5. Ulfaatina qaamaa 10kg hir'isuu 6. Qaama gubaa ji'a tokkoo ol nama irra turu 7. Garaa kaasaa ji'a tokkoo oliif nama irra turu 8. Qunca'uu qaamaa 89. Kan biroo(caqasi)_____
405	Namni Echi-Ayi-Vii/Eedsii fayyuuu ni danda'aa?	1. Eeyyee 2. Lakkii
406	Dhukkuboota wal-quunnamtii saalaatiin daddarban Echi-Ayi-Vii/Eedsii malee ni beektaa? **[Yoo deebiin kee 'Lakkii' ta'e gara gaaffii 408 tti ce'i]**	1. Eeyyee 2. Lakkii
407	Dhukkuboota wal-quunnamtii saalaatiin daddarban maal faa beekta? **[Deebii tokko fi tokkoo ol ni dandaa'ama]**	4. Abbaa seeruu 5. Cophxoo 6. Fanxoo 89. Kan biroo(caqasi)_____
408	Malli ittiin dhukkuboota wal-quunnamtii saalaatiin daddarbanii fi Echi-Ayi-Vii/Eedsii of irraa ittisan ni beektaa? **[Deebii tokko fi tokkoo ol ni dandaa'ama]**	1. Wal-quunnamtii saalaa raawwachuu dhiisuu 2. Tokkoo fi tokoon murtaaa'uu 3. Kondomii fayyadamuu 89. Kan biroo(caqasi)_____
409	Meeshaallee deggersaa garaagaraa (kan dubbifamu) Echi-Ayi-Vii/Eedsii ilaachisee eessaa argatta?	6. Buufata fayyaa 7. Dhaaba dargaggootaa tajaajilan 8. Dunkaana qorichaa fi kiliinikaa 9. Dhaabbilee mit-mootummaa 10. Hiryoota irraa yookaan bakka hojiitii 89. Kan biroo(caqasi)_____
410	Erga meeshaallee garaagaraa waa'ee Echi-Ayi-Vii/Eedsii fi miidiyaalee adda addaa hordofuu jalqabdee jijjirama amalaa agarsiifteettaa?	1. Eeyyee 2. Lakkii

411	Murtoo maalii faa of irratti fudahatte?	1. Jaalalle tokkoon murta'uu 2. Wal-quunnamtii saalaa daangaa hion qabne raawwachuu irraa of eeggachuu 3. Kondomii fayyadamuu 4. Dhugaatii irraa of qusachuu /dhiisuu 5. Dhiiga ofii qorachiisuuf murteesuu 6. Waa'ee Echi-Ayi-Vii/Eedsii barsiisuu fi hubachiisuu 7. Dhukkubsattoota Eedsii gargaaruuf murteesuu 89. Kan biroo(caqasi)_____
412	Waa'ee wal-quunnamtii saalaa ilaalchisee maatii kee waliin haasoftee (mari'attee) ni beektaa? **[Yoo deebiin kee 'Lakkii' ta'e gara gaaffii 414tti ce'i]**	1. Eeyyee 2. Lakkii
413	Waa'ee maaliifaa irratti mari'atte? **[Deebii tokko fi tokkoo ol ni danda'ama]**	1. Jijjiirama qaama saalaa lammaffaa 2. Baatii ji'aa 3. Maloota kontiraaseptiivii 4. Echi-Ayi-Vii/Eedsii fi dhukkuboota wal-quunnamtii saalaatiin daddarbanii 89. Kan biroo(caqasi)_____
414	Waa'ee wal-quunnamtii saalaa ilaalchisee maaliif maatii kee waliin hin haasofne (mari'annee)?	1. Nan sodaadha 2. Namoota biraa waliin waanan haasa'uuf nah in barbaachisu 3. Isaanitti hin tolu(ana waliin haasa'uuf fedhii hin qaban yookaan hin barbaadani) 89. Kan biroo(caqasi)_____
415	Maloota ittiin ulfa of irra ittisan beektaa? **[Yoo deebiin kee 'Lakkii' ta'e gara gaaffii 417tti ce'i]**	1. Eeyyee 2. Lakkii
416	Maloota akkamiifaa beekta? **[Deebii tokko fi tokkoo ol ni danda'ama]**	1. Kondomii fayyadamuu 2. Piilsii 3. Mala kaalaandarii 4. Kontiraaseptiivii ariifachiisaa 5. Luuppii/IUD 6. Noorplantii 89. Kan biroo(caqasi)_____
417	Maloota kontiraaseptiivii kana eessaa akka argatan beektaa? **[Yoo deebiin kee 'Lakkii' ta'e gara gaaffii 419tti ce'i]**	1. Eeyyee 2. Lakkii
418	Maloota kontiraaseptiivii kana eessaa argatta?	5. Dhaabbilee fayyaa 6. Dunkaana qorichaa 7. Suuqii

		8. Hiryoota kioo irraa 89. Kan biroo(caqasi)_____
419	Maloota kontiraaseptiivii fayyadamtee beektaa? **[Yoo deebiin kee 'Lakkii' ta'e gara gaaffii 423tti ce'i]**	1. Eeyyee 2. Lakkii
420	Maloota kontiraaseptiivii keesaa isa kamiin fayyadamtee beektaa?	1. Kondomii 2. Piilsii 3. Mala kaalaandarii 4. Kontiraaseptiivii ariifachiisaa 5. Luuppii/IUD 6. Noorplantii 89. Kan biroo(caqasi)_____
421	Yeroo hammamiitiin maloota kontiraaseptiivii kana fayyadamta?	1. Al tokko tokko 2. Yeroo hundumaa
422	Maaliif maloota kontiraaseptiivii kana fayyadamta?	1. Ulfa ittisuuf 2. Echi-Ayi-Vii/Eedsii fi dhukkuboota wal-quunnamtii saalaatiin daddarban ittisuuf 89. Kan biroo(caqasi)_____
423	Kondomii fayyadamuu mallattoo jaalallee ofii amanuu dadhabuu agarsiisa	1. Eeyyee 2. Lakkii 3. Yaada hin kennu
424	Dhiirri/durbarri tokko osoo hin fuudhin/ hin heerumin wal-quunnamtii saalaa raawwachuu hin qabu/hin qabdu.	1. Eeyyee 2. Lakkii 3. Yaada hin kennu
425	Yoo miseensa maatii kee keessaa namni tokko Echi-Ayi-Vii/Eedsiidhaan qabamee isa kunuunsuuf fedhii qabdaa?	1. Eeyyee 2. Lakkii 3. Yaada hin kennu
426	Namniu suuqii keessaa daldaalu tokkodhibee Echi-Ayi-Vii/Eedsiidhaan qabamuu isaa yoo beekte suuqii isatti ni fayyadamtaa?	1. Eeyyee 2. Lakkii 3. Yaada hin kennu
427	Yoo miseensa maatii kee keessaa namni tokko Echi-Ayi-Vii/Eedsiidhaan qabamee waa'ee isaa ni dhoksitaa?	1. Eeyyee 2. Lakkii 3. Yaada hin kennu
428	Namoonni Echi-Ayi-Vii/Eedsiidhaan qabaman hawaasicha keessaa adda baafamuu qabu jettee ni yaaddaa?	1. Eeyyee 2. Lakkii 3. Yaada hin kennu
429	Namoonni Echi-Ayi-Vii/Eedsiidhaan qabaman hawaasicha keessaatti maqaan isaanii adda baafamee beekamuu qabu jettee ni yaaddaa?	1. Eeyyee 2. Lakkii 3. Yaada hin kennu

430	Namoota Echi-Ayi-Vii/Eedsiidhaan qabaman wajjiin hojjechuun ni dandaa'ama jettee ni yaaddaa?	1. Eeyyee 2. Lakkii 3. Yaada hin kennu
431	Namoota Echi-Ayi-Vii/Eedsiidhaan qabamuu isaanii beektuu nagaadhaaf harka ni fuutaa?	1. Eeyyee 2. Lakkii 3. Yaada hin kennu
432	Namoota Echi-Ayi-Vii/Eedsiidhaan qabamuu isaanii beektuu walitti dhufeenya isaanii wajjin qabdu ni laafista?	1. Eeyyee 2. Lakkii 3. Yaada hin kennu
433	Barattootni Echi-Ayi-Vii/Eedsiidhaan qabaman barumsa isaanii akkuma warra kaanii itti fufuu ni danda'uu?	1. Eeyyee 2. Lakkii 3. Yaada hin kennu

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501	Akka Echi-Ayi-Vii/Eedsiidhaan qabamuu dandeessu yaaddee beektaa?	1. Eeyyee 2. Lakkii 3. Yaada hin kennu
502	Yoo deebiin kee lakkii ta'ee maaliifi?	1. Waanan fuudheef/heerumeef 2. Ani nama amala garii qabudha 3. Yeroo hundumaa Waaqa waanan kadhadhuuf 4. Hojjetoota mana bunaa waliin wal-quunnamtii saalaa hin rawwannee 5. Yeroo hundumaa kondomii waanan fayyadamuuf 89. Kan biroo(caqasi)_____
503.	Waa'ee tajaajila gorsaa fi qorannoo Echi-Ayi-Vii/Eedsii dhageessee beektaa?	1. Eeyyee 2. Lakkii
504	Tajaajila gorsaa fi qorannoo Echi-Ayi-Vii/Eedsii fedhii irratti hundaa'e raawwattee beektaa? **[Yoo deebiin kee 'Lakkii' ta'e gara gaaffii 509tti ce'i]**	1. Eeyyee 2. Lakkii
505	Tajaajilli gorsaa fi qorannoo Echi-Ayi-Vii/Eedsii fedhii irratti hundaa'e eessatti akka kennamu beektaa?	1. Eeyyee 2. Lakkii
506	Tajaajila gorsaa fi qorannoo Echi-Ayi-Vii/Eedsii fedhii irratti hundaa'e fudhachuuf fedhii qabdaa? **[Yoo deebiin kee 'Lakkii' ta'e gara gaaffii 509tti ce'i]**	1. Eeyyee 2. Lakkii
507	Tajaajila gorsaa fi qorannoo Echi-Ayi-Vii/Eedsii fedhii irratti hundaa'e raawwachuun bu'aa maalii qaba?	5. Of beekuuf 6. Jireenya gara fuula duraa mijeeffachuuf 7. Ulfaa'uun durattii of beekuuf

		8. Fuudha fi heeruma dura of beekuuf 89. Kan biroo(caqasi)_____
508	Maaliif qoratamuun hin barbaachisu jette?	5. Jaalalleen koo waan dhiphattuuf 6. Adda ba'insa waanan sodaadhuuf 7. Jireenya gaarii jiraachuu kanan danda'u yoon waa'ee koo hin beekne qofa dha 8. Ofbeekuun barbaachisaa miti 89. Kan biroo(caqasi)_____
509	Yoo dhiiga kee qorachiifte firii isaa namatti ni himtaa?	1. Eeyyee 2. Lakkii
510	Yoo himte eenyufaatti himta?	8. Jaalallee keetti 9. Maatii keetti 10. Olla keetti 11. Hiryoota keetti 12. Abbootii amantaatti 89. Kan biroo(caqasi)_____

HIRMAANNAA KEETIIF GALANNI KOO ONNEE KIYYA IRRAA KAN BURQE DHA!!

ANNEX 4: AFAN OROMO FGD GUIDE

Gaaffilee maree kurfeetiif dhiyaatan

1. Namoonni akkamitti Echi-Ayi-Vii/Eedsiidhaan qabamuu danda'u?
2. Namni tokko erga vaayirasii Echi-Ayi-Vii tiin qabamee booda hammam turuu danda'a?
3. Mallattoollee dhukkubaa keessaa kan namoonni mallattoo dhukkuba Echi-Ayi-Vii/Eedsii tii wajjin wal-qabsiisan mallattoo akkamii fa'i?
4. Sababoonni Echi-Ayi-Vii/Eedsiidhaa wajjin wal qabatan maal fa'i?
5. Dargaggoonni magaalaa kana nama dhibee Echi-Ayi-Vii/Eedsiidhaan qabameef ilaalcha akkamii qabu?
6. Dargaggoonni magaalaa kanaa dhibee Echi-Ayi-Vii/Eedsii irraa bilisa ta'uu fi dhiisuu isaanii beekuu moo hin beekan? Yoo kan beekan ta'e akkamitti beekani?
7. Dargaggoonni magaalaa kanaa qorannoo fi gorsi fedhii irratti hundaa'e waa'ee Echi-Ayi-Vii/Eedsii ilaalchisee akka jiru ni beekuu? Yoo beekan immo dhiiga isaanii ni qorachiisuu? Yoo kan of qorachiisan ta'e immoo sababa maliitiif of qorachiisan?
8. Firii qorannoo isaanii hiryoota, maatii, ollaa fi kkf tti ni himuu? Yoo himuu baatan immoo maaliif iccitii isaa eegan?
9. Faayidaan dhiiga ofii qorachiisuu maali?
10. Hiryaa wal-quunnamtii saalaa baay'ee qabaachuun dargaggoota magaalaa kanaa biratti akkamitti ilaalama?
11. Maatii kee wajjin waa'ee wal-quunnamtii saalaa ilaalchisee ni mari'attuu? Yoo kan mari'attan ta'e immoo waa'ee maaliifaa irratti mari'attu? Yoo hin mari'anne immoo maaliif hin mari'anne?
12. Akka yaada keessaniittii umuriin itti wal-quunnamtii saalaa itti jalqaban meeqa jettu?
13. Akka ilaalcha keessaniittii wal-quunnamtiin saalaa hanga yoomiitti turuu qaba jettu?
14. Waa'ee Echi-Ayi-Vii/Eedsii ilaalchisee dargaggoonni odeeffannoo eesaa argatu?
15. Gumiin farra Echi-Ayi-Vii/Eedsii jiraachuun isaa dargaggoota magaala kanaaf bu'aa maalii qaba? Jijjiramni amalaa dargaggoota irrattii mul'ateeraa? Dargaggoonni miseensa gumii kanaa ta'uudhaaf fedhii qabuu?
16. Maloota ittisa Echi-Ayi-Vii/Eedsii maalfaa beektu?
17. Dargaggootaaf mala ittisaa isa kamtu baay'ee amansiisaadhaa fi salphaadha?
18. Dargaggoonni kondomii fayyadamuu irratti ilaalcha akkamii qabu?
19. Wantootni (sababoonni) dargaggoonni akka kondomii hin fayyadamneef dhorkan maal fa'adha?
20. Namoonni baay'een waa'ee Echi-Ayi-Vii/Eedsii sirriitti ni beeku garuu of eeggannoo ga'aa (barbaachisu) hin godhani, kun maaliif ta'e jettanii yaaddu?

Baay'een isin galateeffadha!

DECLARATION

I, the undersigned, declare that this thesis is my original work, has not been presented for a degree in this or another university and that all sources of materials used for this thesis have been fully acknowledged.

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Place: Addis Ababa

Date of Submission: _____

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

Dr. Alemayehu Worku (BSc, MSc, PhD)

Advisor's name Signature_____