

Addis Ababa University
School of Graduate studies

**ASSESSMENT OF THE MAGNITUDE AND AWARENESS
OF DELAY OF SEXUAL ACTIVITY AMONG
UNMARRIED YOUTHS (AGED 20 TO 24 YEARS) TO
PREVENT HIV/AIDS AND OTHER STDS IN METU
TOWN, ETHIOPIA**

BY

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**A THESIS SUBMITTED TO THE SCHOOL OF GRADUATE STUDIES
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**Assessment of the magnitude and awareness of delay of sexual activity among
unmarried youths (aged 20 to 24 years) to prevent HIV/AIDs and other STDs in Metu
town, Ethiopia**

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Declaration

I, the undersigned, declare that this thesis is my original work, has never 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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Acronyms

AIDS	. Acquired Immuno Deficiency Syndrome
AAUFM	. Addis Ababa University Faculty of Medicine
DCH	. Department of Community Health
EPHA	. Ethiopian Public Health Association
HIV	. Human Immuno Deficiency Virus
MOH	. Ministry of Health
NOGs	. Non-Governmental Organizations
OHB	. Oromia Health Bureau
RH	. Reproductive Health
STDs	. Sexually transmitted diseases
UNAIDS	. United Nations Agency for International Development
WHO	. World Health Organization

DEDICATION

This thesis is dedicated to my beloved wife sr. Zahara Gamechu, to my beloved children and to my parents as well whose prominent support I will never forget in my life with which I was provided prior and through out my course of study.

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playing a marvelous role for the success of my course. The attention and thoughtfulness I got from my family and friends of mine will not be forgotten. Finally, I extend my appreciation to those directly or indirectly contributed to my research.

Abstract

The various reasons that could be mentioned for the adolescents' unable to delay sexual activity were a socio-economic and socio-cultural environments that enhance the inception of sex at an early age. The main objective of the research was to assess the magnitude and awareness of delay of sex that contribute to or retard the spread of HIV/AIDS and other STDs in youths where the degree of the problem had not been known. The study design used was cross sectional encompassing both quantitative and qualitative study methods of data collection. Using the probability sampling technique, 460(218 females and 242 males) town resident youths unmarried (aged 20 –24 years) were selected from the four kebeles by systematic random sampling for the interview. A structured questionnaire and four focus group discussion sessions were used to collect the data. Moreover, thirteen in-depth interviews were utilized. Seventy (fifteen percent) and 63(13.7%) of them were males and females of 20 years of age respectively. The mean age of the survey respondents was found to be 21.61 ± 1.35 whereas the median age was 23 year. One hundred ten (45.5%) of males and 77(35.3%) of females had commenced sexual intercourse. The mean and the median ages at the first sexual debut were 17.12 ± 2.05 and 17 years respectively. Three of the female respondents commenced sexual intercourse at 10 years of age. Majority of them attended school where 45% of them had accomplished secondary education. Interest of an individual youth, peer pressure, substance abuse, loss of one or both parents and had not been raised up by biological parents were some of the contributing factors for the initiation of early sex whereas passing several years at school, fear of HIV/AIDS and other STDs were few of the factors to enhance delay of sex. Finally, this result is to be utilized for the development of appropriate strategies and programs for interventions that will enable the

youths to be protected from high-risk sexual behavior and hence postpone early sexual intercourse until later age/until marriage.

1. Introduction

Sexual intercourse is a rampant social activity and is usually intended for procreation or pleasure. During adolescence, youths are experiencing hormone changes that prompt sexual feelings. Physically, the body is developing the capacity to generate life. The sex organs are maturing and typically by the end of puberty, both males and females have the capacity to procreate. At this stage the youth may be urged to engage in early sexual activity. Not having the necessary information to delaying of sexual commencement will obviously endanger the youth to suffer various unbearable and undesirable consequences of which contracting HIV/AIDS and other sexually transmitted infections (STIs) can be mentioned.

Few reasons for adolescents being unable or unwilling to delay sexual activity reflect socio-economic and socio-cultural environments that motivate them to having sex at an early age. Making good decisions and responsible choices about sexual activity during the teenage years can have immediate and lasting implications for overall health outcomes. How teenagers make decisions about relationships, abstaining or participating in sex, and protecting themselves and others from sexually transmitted diseases is influenced by numerous factors. Parents, peers, access to education and services, and a host of other factors influence decisions and subsequent outcomes. Hosts of factors operating in developing and developed nations have contributed to changes in sexual and reproductive health risks of adolescents. These encompass lowering age of menarche, an increase in age at marriage, changes in values brought about by increasing urbanization, exposure to foreign cultures through tourism, migration, and mass media and decline in the extended family (1, 2, 3).

The Add Health survey reaffirms the findings of a large body of existing research that teenagers from low-income or single parent families are more likely to have had sexual intercourse than their peers. The research emerging from the Add Health survey strongly indicates that whether or not a teenager has ever had sexual intercourse is largely explained by that individual's own sexual history and his or her own perceptions about the costs and benefits of having sex. This stands in stark contrast to other major risk behaviours-such as cigarette smoking, drug and alcohol use which the data indicate are shaped by more generic or external factors, such as frequent problems with school or work, frequency of accompanying friends and the number of friends who smoke or drink.

The most powerful protective factors for most subgroups were the perceived personal and social costs of having sex or getting pregnant or causing a pregnancy. A key finding of the Add Health survey is that teenagers who feel highly connected to their parents-teenagers who report that their parents are warm, caring and supportive-are far more likely to delay sexual activity than their peers. This protective effect not only applies to sexual activity but also is universal for all risk behaviours (4).

At present, the reproductive and sexual health of young people in Ethiopia is generally affected by the major social changes that affect this segment of the population. Internal migration and lack of parental support place young people at considerable risks of unwanted pregnancy, unsafe abortion, and STDs including HIV/AIDS. In many nations concern about sexual and reproductive health is increasing in part because of real or perceived increases in their sexual activity and rates of pregnancy outside marriage, and in part because of high rates of the human

immunodeficiency virus (HIV) infection and acquired immunodeficiency syndrome (AIDS) among adolescents. The human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) has become one of the most devastating epidemics in human history. Globally, more than half of new HIV cases occur among young women and men aged 15 to 24 years. AIDS poses one of the most serious threats to the health and well being of the young people in Sub Saharan Africa. In Africa, an estimated 1.7 million young people aged 10 to 24 are infected annually (1, 3).

Helping youth avoid unwanted pregnancies and sexually transmissible infections is a challenge that faces communities around the world. Children having children is a problem with dire consequences for both the young people themselves and for society as a whole. Young people with children have sharply reduced education and employment opportunities and a poorer quality of life. Meeting their needs places a severe burden on both families and public resources. Moreover, sexually active teens are at great risk of contracting AIDS and other sexually transmitted infections (STIs). Having sex with multiple partners places adolescents than adults at greater risk for contracting STDs. In fact, 8 million cases of STDs are reported each year for individuals under the age of 25, and the highest rates of gonorrhea, syphilis, and chlamydia are found among teens aged 15 to 19. Despite the risk, few teens use condoms consistently (5).

A substantial amount of research has been conducted in developed countries on the negative outcomes that may accompany early sexual activity. Unprotected sexual intercourse places young people at an increased risk of infection with HIV and other sexually transmitted diseases. Several studies have reported high rates of premarital sexual activity among Nigerian

adolescents. In addition, a recent survey of 17 to 19 year old female adolescents in south eastern Nigeria found that 11% had trichomoniasis and 11% had a chlamydial infection, while 26% had clinical evidence of candidiasis and 82% had vaginal discharge (6,7).

The highest prevalence of HIV in Ethiopia is also observed in the age groups 15 to 24; indicating recent infection still widely going on. The same report indicated that as in other Sub-Saharan Africa, the route of transmission in Ethiopia is heterosexual. Moreover, other sexually transmitted diseases and having multiple sexual partners are the two most important factors promoting the transmission of HIV (1). Given the risks of unprotected sexual intercourse during the adolescent years, it is important to obtain a comprehensive understanding of those factors associated with protective behaviors like sexual abstinence, as well as to address the needs of young people who may be at risk of engaging in unprotected sexual intercourse (6).

Understanding the context of decision making about sexual activity and the social influences provides significant insight for effective health interventions. It gives instructive guidance for social workers' individual work with youths and families, as well as programmatic and policy implications (3). This study/ research is therefore, intended or aims at assessing the magnitude and awareness of delay of sexual activity. It thus assesses both protective and high-risk behaviors and attitudes of youths/ adolescents. Factors for abstinence those associated with youths/adolescent premarital sexual intercourse will be examined. Realizing these factors will be useful in developing interventions to maintain protective behaviours.

2. Literature review

In making the transition from childhood to adulthood, adolescents need to acquire the knowledge and develop the attitudes and skills to help them participate as members of a household, neighbourhood, and larger community. They must gain experience in making decisions based on reason, in assessing risks and consequences of decisions and actions, and in interacting and communicating with peers, sexual partners, and adults (8).

Teenagers are most likely to seek sexual information from their friends (61 percent). Although they are least likely to information from their parents (32 percent), a significant number of teenagers (43 percent) express a strong desire to have more information on how to talk to their parents about sex and relationships. The more those teenagers are satisfied with the mother-child relationship, the less likely they are to be sexually experienced.

Poor communication with parents about sex and parental substance abuse are linked with risky sexual behavior. Girls experiencing sexual abuse in the family are linked to increased risk of HIV/AIDS, other STDs and teenage pregnancy. Impoverished communities that lack sufficient employment and educational opportunities are associated with higher sexual risk taking. Greater involvement in schools is related to decreased sexual risk taking and later initiation of sex, HIV/AIDS and other STDs. To strengthen this, early initiation of sexual intercourse places adolescents, particularly females, at elevated risk of being involved in unintended pregnancy, of acquiring HIV or another STDs, and of other negative social and psychological outcomes (2,3,9).

Substance use and abuse are also factors in sexual decision making. One-quarter of sexual active high school youths reported using alcohol during their most recent sexual encounter. All youth

need information on abstinence and delayed sexual initiation as well as RH/HIV issues. In America, about half a million teenagers have recently signed a “True Love Waits” campaign, devised by the Southern Baptist congregation. ‘Believing that true love waits, I make a commitment to God, to myself, my family, my friends, my future mate and my future children to be sexually abstinent from this day, until I enter a Biblical marriage relationships’. Sex respect and teen aid courses promote abstinence as the only way to prevent teenager pregnancies. It gives the impression that sex before marriage will inevitably result in diseases, self-disgust, and even death (2,10).

Initiating sexual activity is a natural transition made by all humans. Nevertheless, it is not the occurrence of this transition but its timing and the circumstances under which it occurs that has significant implications. Young people’s sexuality and its sequel have become a major public health concern all over the world. Health surveys and social studies conducted in different parts of the world, in recent years have indicated that, in many countries, most teenagers (60% to 70%) are sexually active. Surveys asked unmarried young women aged 15 to 24 in Sub-Saharan Africa, Latin America, the Caribbean, Eastern Europe and Central Asia whether they have ever had sex. Answers provided information about the proportion that have ever been exposed to the risks of pregnancy and sexually transmitted infections. Surveys also asked whether young women have been sexually active within four weeks before the survey (as an indication of whether they are currently sexually active (11,12,13).

Studies indicated that unmarried women in some parts of Asia and Latin America begin sexual activity later than their counterparts in Sub-Saharan Africa. In Singapore, for example, much less

than half of young women reported having sex before the age of 25 years. Similarly, adolescents aged 15 to 19 years who had practiced sexual intercourse in Latin America vary from 18.4% in Peru to 30.1% in Paraguay. Among Adolescent women (aged 15 to 19 years) reported levels of premarital sexual experience are slightly higher in Sub-Saharan Africa (29%) than in Latin America and the Caribbean (24%). Here, the contribution of Ethiopian adolescents was 3%. As might be expected, unmarried women aged 20 to 24 are more likely than women aged 15 to 19 to be sexually experienced (13,14,15).

In Sub-Saharan Africa, a number of adolescents are engaged in sexual activities. For instance, a survey conducted in Guinea to study sexual behavior and attitude of unmarried adolescents showed that, overall, 50% of female and 76% of male participants of 15 to 24 years were sexually experienced (16).

Sexual debuts as early as 9 years were reported in Zimbabwe and at the age of 10 years in Tanzania. Adolescents who tend to have sexual debuts early are at a greater risk of HIV/AIDS and STD infection as they often have sex with older people who usually have multiple partners. Social economic inequalities, dependency imposed on women and sexual insubordination to men are major reasons for the HIV/AIDS and STD infection among girls. Study done in Tanzania revealed that 55% of girls had their first sexual intercourse from the age of 14 years, 61% had multiple partners of which 62% of the girls had up to 9 sexual contacts in the previous month. This indicates that the youths are at a great risk of contracting HIV/AIDS and other STDs. Some traditional practices contribute to the spread of HIV/AIDS. Youths are given inadequate information that does not empower them fully to avoid contracting HIV/AIDS. Another major

contributing factor is the parents are not taking their responsibility in guiding the youths to avoid the risk of contracting the disease (17).

Among Urban women aged 20 to 24 years, three-fourth in Botswana, Liberia, Togo, and Uganda, and two-third in Ghana and Kenya reported to have engaged in premarital sexual activity before the age of 20 years. In Kenya, one study of nearly 10,000 schoolgirls documented that they lost their virginity at a mean age of 14 and 15. Another study in Kenya revealed that mean age at first coitus for males was 15.1 while it was 16.0 years for females. Together with the lowest age at first coitus, it has also been shown that by age 19 up to 75% of people will be sexually active (18, 19).

In Sub-Saharan Africa and in Latin America and the Caribbean, nearly half of surveyed women aged 20 to 24 reported having had premarital intercourse. Among women aged 20 to 24 in 46 developing nations surveyed since 1990, the median age at first intercourse is about 18 years where Ethiopia was one of those countries surveyed. The median age at first intercourse is the age at which half of the women on this age group become sexually active. The average for first sexual intercourse or experience for 29 Sub-Saharan African Countries surveyed was approximately 17 years. In Latin America and the Caribbean the median age at first intercourse is between 18 and 19 among women. In Eastern Europe and Central Asia the median age at first intercourse is about 20 (13).

Studies conducted in different parts of the country showed that the mean age for the first sexual contact for Ethiopian adolescents is between 13.6 and 19 years. The 2000 Ethiopian Demographic and Health Survey also found out that the median age for first sexual intercourse

was 16.3 years (20). Other studies that were carried out in Bahir Dar, Awassa, and Addis Ababa in the years 1994, 1995 and 1999, reported that the mean age at first coital experience were 16.9 ± 2.0 years, 17.7 ± 2.0 years, and 17.7 ± 2.3 years respectively (21). This is then considered delayed sexual initiation. Another study conducted in 1990 on sexual behaviors among senior high school students in Addis Ababa, revealed that the age of the respondents at first sex ranged between 12 and 18 years. Most (70.5%), however had first sex between the ages of 14 and 16 (22).

Worldwide, each year an estimated 15 million births take place among women aged 15 to 19. Adolescent childbearing can pose particular health risks to mothers and their newborn children. Women under 20 years of age are more likely to experience maternal complications than women aged 20 and above. Unintended pregnancies, among unmarried women, may lead to unsafe abortion. Complications of unsafe abortion account for 40% to 54% of all maternal deaths in Ethiopia, Myanmar, Senegal, and Trinidad and Tobago, for example (13).

Many diverse factors influence adolescents' level of sexual risk-taking behaviors. Poverty, race, ethnicity, religiosity, age at puberty, peer relations, school performance, involvement in other risk-taking behaviors and family composition and relationships have all been identified as determinants of adolescent sexual behavior among youths in United States (6).

Moreover, teens that live in a single parent home are more likely to be sexually active and start sexual activity early. The influence of an older sibling who is sexually active or who has had a baby can make the teens to early commence sexual activity. Sexual abuse, alcohol and drug use,

the perception that peers are sexually active, early pubertal development, and deviant peer groups can influence the teens to start sexual activity (5).

Youths find themselves indulging in sexual activities very early, which put them at a risk of contracting HIV/AIDS, other STDs, unwanted pregnancy, abortion and even death. This is mainly due to unemployment and peer pressure accompanied by little or no parental guidance. Some girls drop out of school and some are abandoned by their families that can lead them to unemployment and poverty and further exposes them to promiscuity and eventually HIV/AIDS and STD infections (17).

3. Rationale /significance of the problem

Sexual health is an essential part of good overall health and well-being. Sexuality is a part of human life and human development. Good sexual health implies not only the absence of

disease, but the ability to understand and weigh the risks, responsibilities, outcome, and impacts of sexual actions, to be knowledgeable of and comfortable with one's body, and to be free from exploitation and coercion.

Indeed, adolescents have got high risk sexual behavior whereby they have high rates of STDs which can have serious long-term consequences, such as, pelvic inflammatory diseases, ectopic pregnancies, infertility, and heart disease. Adolescence is therefore a time of risk taking. To avert this risk, effective primary prevention strategies are needed to prevent STDs including HIV/AIDS among this population. STDs affect or most prevalent among teenagers and young adults, with nearly two-thirds of all STDs occurring in people younger than age 25. Hence, the incidence of STDs continue to rise the reason being that sexually active people today are more likely to have multiple sex partners during their lives (2).

The ultimate goal should be directed towards to delaying the onset of sexual activity among those who had not had sexual intercourse, and among those who had had sexual intercourse, to promote consistent condom use, promote periodic abstinence, and reduce the number of sexual partners. Thus, there will be a need to examine or to assess delay of sexual activity.

4. Objective

4.1. General objective

- To assess the magnitude and awareness of delay of sexual activity/practice among youths.

4.2. Specific objectives

- To determine the magnitude of delay of sexual activity.
- To assess the level of awareness/perception of study population about delay of sexual activity.
- To describe socio-demographic variables pertinent to delay of sexual activity and sexual initiation patterns.

5. Methods and subjects

5.1. Study design

A cross-sectional descriptive study was conducted from 24th December 2004 to 17th January 2005 among samples of unmarried youths aged 20 to 24 years. The study had both quantitative and qualitative parts.

Quantitative part

The design of quantitative study was descriptive cross-sectional, which was used to assess the magnitude and awareness of delay of sexual activity/practice. It was also designed to assess the level of awareness/perception of study population about delay of sexual activity.

Qualitative part

This study was carried out to assess the extent of delay of sexual activity among youths so as to supplement the quantitative study. The designs of the study were focus group discussion (FGD) and an in-depth interview among selected groups in the study area. Regarding the focus group discussion, there were four groups of participants each comprising 8 members. The group encompassed unmarried and married males and females forming four groups. On the other hand, the in-depth interview was carried out to get the people's idea on their knowledge and thought about delay of sex and early initiation into sex as well. Thirteen in-depth interviews were conducted whereby religious leaders, fathers and mothers were the chosen key informants. All the focus group discussions and the in-depth interviews were carefully conducted where the necessary precaution was made. Hence, for this task a quite

place was purposely chosen in order to avoid disturbances such as noise and the like from the external environment to lead the discussion as smooth as possible.

5.2. Study area

The study was conducted in Metu town. The town is the Illuababor Zonal town. Illuababor Zone is one of the Western Zones of Oromiya Regional State, which is indeed known coffee producing Zone and having suitable climatic condition and better rainy season. Metu is located 600 kms Western of Addis Ababa with an estimated population of 35000 of which 49% were males and the rest were females. From the total population, the youths are estimated to be 7000. The town had four old kebeles, which have been re-arranged to be three kebeles currently on the basis of the new constitution. The ethnic composition of the town pertaining to the study subjects in the order of decreasing population number is Oromo, Amhara, Shakitcho, Gurage, Tigre and others. Religious categories include Orthodox, Protestant, Muslim, and Catholics. There are health institutions in that town such as one Governmental hospital established by Non-Governmental Organization (NGO), and one health center and two private polyclinics. Furthermore, there are two primary, two junior secondary schools, and one high school. Moreover, there are one teacher training institute, one nursing and one technical school in Metu town.

5.3. Source population

The source population consisted of all unmarried youths aged 20 to 24 years residing in the study area.

5.4. Study population

The study population was random sample of unmarried youth residents of the town aged 20 to 24 years. The inclusion criteria for the enrolment of eligible respondents was being youths aged 20 to 24 years who usually reside in Metu and those who at least commenced residing 6 months prior to the date of the survey. The exclusion criteria took into account the exclusion of all married youths, those unable to hear and talk and finally those who resided in the that particular town for less than 6 months.

5.5. Sample size determination

The sample size was estimated based on an assumption that 50% of the study population had started early sexual intercourse with 5% marginal error and 95% confidence level of certainty. The actual sample size was computed using single population proportion formula.

$$n = \frac{(Z_{\alpha/2})^2 P (1-P)}{d^2} = \frac{(1.96)^2 \cdot 0.5(1-0.5)}{(0.05)^2}$$

Where, n=sample size

P =Prevalence rate of early sexual initiation=50%

$Z_{\alpha/2}$ =Critical value at 95% confidence level of certainty (1.96)

d= The marginal error between the sample and the population, i.e. precision= 0.05(5%)

The calculated sample size= 384.16

Non-response rate= 20%= 76.8

Total sample size=460

Data were collected from all the 460-sample size, which would increase the precision.

5.6. Study variables

Dependent variables. These included delay of sexual intercourse until later age/until marriage and age at sexual initiation.

Independent variables. They comprised demographic variables such as age, sex, ethnicity and religion.

Socio-economic and cultural variables. They encompassed income, occupation, educational level, older sibling, absence or presence of both parents and having experienced sexual, physical or emotional abuse during childhood. Knowledge of importance of delay of sexual activity, of HIV/AIDS and other STDs and attitudes toward delay of sex were another independent variables.

5.7. Operational definitions of knowledge, attitude and practice

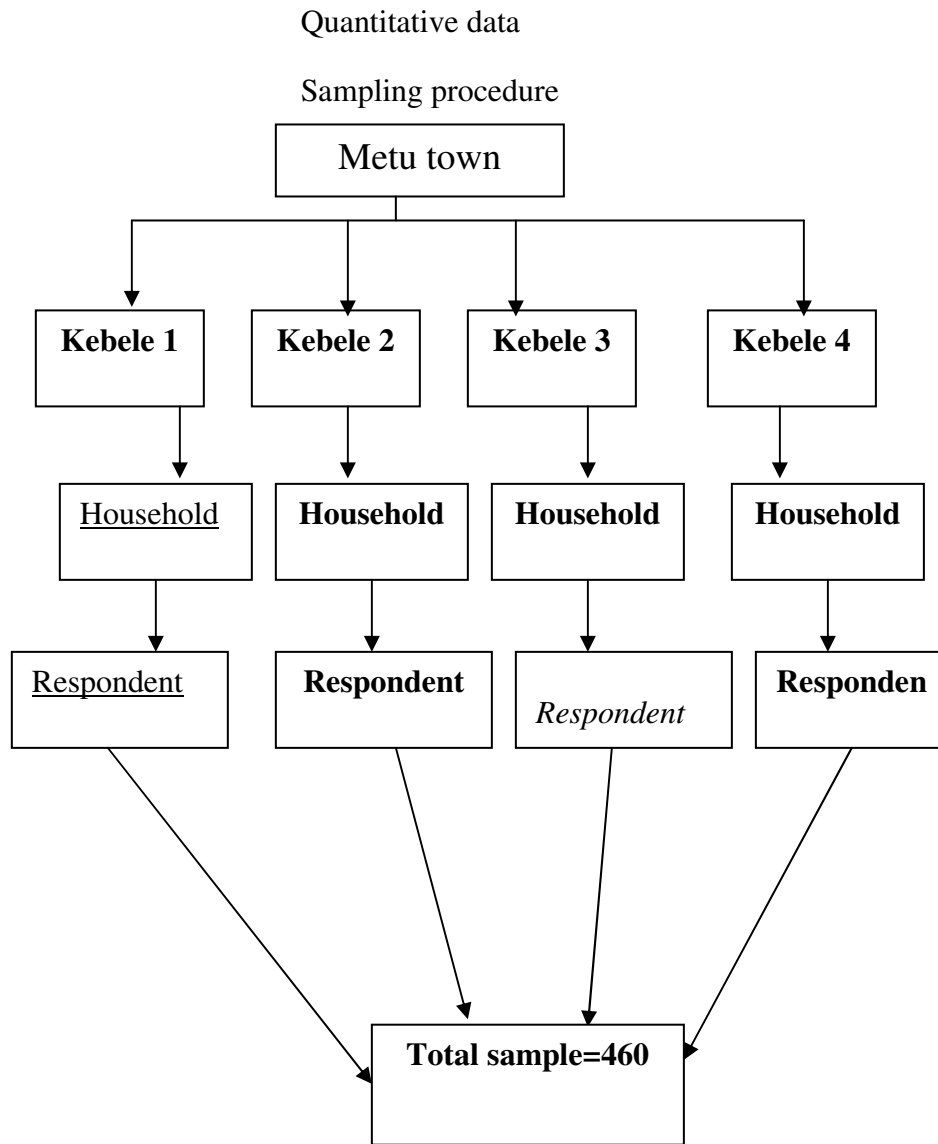
- ♠ Adequate knowledge of importance of delay of sex will require two out of three correct responses to delay of sex knowledge questions.
- ♠ Adequate knowledge of an impact of early sexual initiation requires two out of three correct responses to early sexual initiation knowledge questions.
- ♠ Adequate AIDS and other STDs knowledge is defined as four correct answers out of six AIDS and STDs knowledge questions.
- ♠ Adequate condom knowledge is defined as correctly answering two out of three condom knowledge questions.

♠A positive attitude toward premarital sex is defined as agreement with the statement “It is okay to have sex before getting married and Disagreement with a statement sexual intercourse is never okay before marriage.”

♠Adequate communication with parents or guardians about sex is defined as communication about four out of five of the following issues: pregnancy, early sex, abstinence or HIV/AIDS and other STDs.

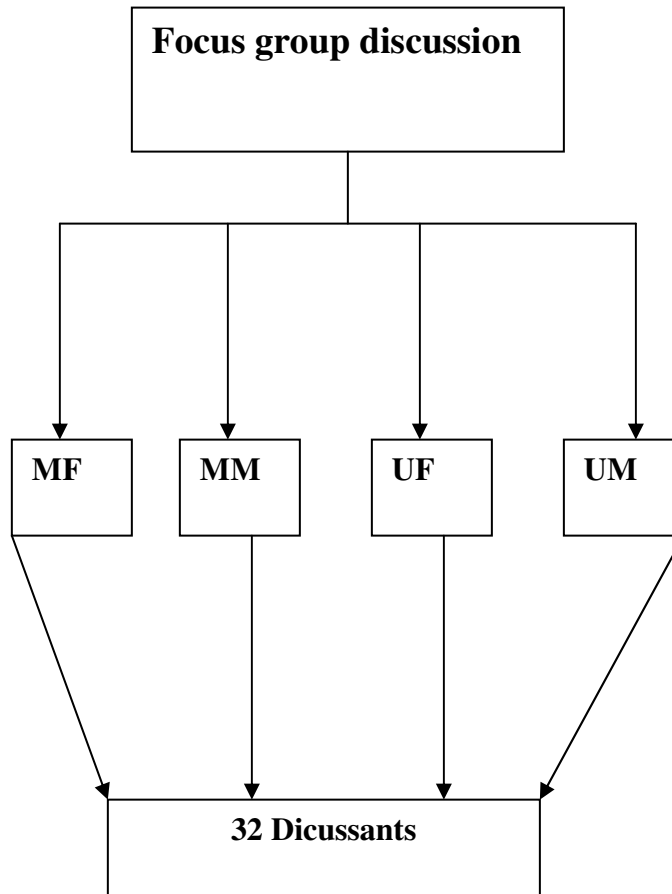
5.8. Sampling technique (procedure)

In this study, systematic random sampling was applied to select individual youth respondents from all the previous four old and currently re-organized three kebeles of metu town as to the new constitution .The total households were obtained from each kebele administration office together with the identification number of the houses. Even though the to proportion of youths aged 20 to 24 years was not available and since sampling frame was not possible to prepare, on the basis of population proportion of each kebele, the required sample size for kebele one, kebele two and kebele three was 105,197 and 158 respectively which made the total sample size of 460.Accordingly, the number of households to be visited in order to obtain the required sample size were calculated. Lot determined the first house number. Hence, the sampling interval was found to be every 14th house. In the case where there was no eligible identified in the selected household, the interviewer would go to the next household until he/ she got an eligible respondent.



Households were selected by systematic random sampling and from the selected households individual respondents would be also selected by systematic random sampling.

Fig. 1.Schematic presentation of the sampling procedure



Key:

MF--- Married female
MM---Married male

UF---Unmarried female
UM---Unmarried male

Fig. 2. Schematic presentation of the focus group discussion (FGD)

5.9. Data collection

5.9.1. Quantitative Data

Quantitative data were collected using structured questionnaires. The questionnaire was prepared in English, translated into Oromiffaa and again translated back into English before data collection by different individuals to check and keep its conceptual equivalence. The Oromiffaa version was pre tested on 20 respondents having the same characteristics with the study subjects who were not included in the general survey and obviously certain corrections were made regarding the questions. The independent variables were socio-demographic variables such as sex, age, ethnicity and religion and socio-economic variables such as income, occupation, educational level and knowledge of HIV/AIDS and other STDs and of importance of delay of sexual activity and attitudes toward delay of sexual activity. On the other hand, the dependent variables were delay of sex until later age/until marriage and age at sexual initiation. Local twelfth grade completed female and male data collectors and two local supervisors were recruited and trained by the principal investigator for three days on details of interviews and supervision techniques in respect to structured questionnaires provided.

5.9.2. Qualitative Data

All discussions and interviews were conducted and transcribed in Oromiffaa. The questions were prepared in English and translated into Oromiffaa and translated back into English prior to data collection to see their correctness and consistency. Qualitative methods were designed to triangulate responses on some issues of early and delay of sexual activities.

Focus group discussion (FGD)

A total of four focus groups were selected from all kebeles using the convenience method. There were two groups of women and men (married and unmarried) together forming four groups. Grouping was then based both on marital status (married and unmarried) and by age, 20 to 35 years for females, and 20 to 45 years for males. The prime purpose of these focus group discussions was to complement the data that were generated by quantitative survey, elaborate issues that may not be clearly reflected in the survey findings and to also identify the information, knowledge and opinion of the participants about early initiation into sexual intercourse and delay of sex as well. The focus group was made to comprise eight members. The discussion was moderated by the principal investigator and tape recorded whereas hand in hand the notes were taken both by the researcher and an individual who had had previous experience of note taking during focus group discussion. Furthermore, the principal investigator together with the moderators summarized the findings on description of the settings, observations and participants.

In-depth interview

Thirteen in-depth interviews were carried out with three religious leaders and with four other married males (fathers) and with six married females (mothers). The individuals were selected from each kebele on the basis of their being identified to be key informants of the area regarding the prevailing early sex and delay of sexual activity as well. The ideas, opinions, suggestions and recommendations they expressed were tape-recorded and at the same time notes were taken. On the basis of appearance of redundant opinions most frequently, the interview could be finalized after 13 interviews.

5.10. Operational Definition

Sexual abstinence- Abstaining from sexual intercourse, typically until marriage.

Delay of sexual intercourse-Putting off sexual intercourse until later age/until marriage.

Perception-Reception and interpretation of sensory input related to delay of sex or early initiation into sexual intercourse.

Knowledge -HIV/AIDS, other STDs and delay of sexual activity related information stored in memory.

Attitude -The predisposition to respond in a favorable or unfavorable manner towards delay of sexual activity.

Sexual debut- Initiation of sexual activity/first sexual intercourse.

Protective behavior- Certain practices that protect an individual from HIV/AIDS, other STDs and unwanted pregnancies such as abstinence, using condom, postponement of early sexual initiation.

High-risk behavior-Having sex with those having HIV/AIDS including other STDs, multiple sexual partners, without condom, alcohol abuse, injection drug abuse, forced sex, initiation of sexual activity at an early age.

Behavior-Variety of voluntary movements undertaken by the body in response to motives and decision, related to delay of sex, early sexual initiation, HIV/AIDS and other STDs preventive methods/can be positive or negative.

Awareness-Having knowledge or realization of delay of sex, early sexual initiation, HIV/AIDS encompassing other STDs.

Most-Many, greatest in number.

Almost-Nearly all.

Majority -The greatest number or part.

A few --A small numbers, it is positive.

Few-- Less, little, it is negative.

Edir-Social organization for mutual assistance in time of death, wedding and related ceremonies.

5.11. Data quality assurance (management) and control mechanism

Data quality

To assure the quality of the data, care was taken and hence properly designed data collection instrument was developed. Then data collectors (interviewers), five females and 5 males who had accomplished grade 12 were used to collect the data. Two graduates health officers with previous experience in conducting data collection and supervision were recruited and used as supervisors. Both data collectors and supervisors were trained for three consecutive days on the aim of the survey, procedures and on problems that may arise during the survey. Questionnaires were gone through one by one and art of interviewing was discussed over. Administering questionnaire among interviewers and supervisors in the form of role-play was practiced and feedbacks were given for the interviewers. Data were daily checked for completeness, clarity and consistency by the supervisors and the principal investigator, which were instituted after pre testing on 20 others who were not included in the survey and eventually submitted to the researcher on daily basis. The principal investigator again re-checked at least 1/10th of the questionnaires.

5.12. Data processing (entry) and analysis

Data cleaning and editing were carried out. Epi-Info version 6 and SPSS version 11.0

Computer statistical packages were utilized to analyze the data. Rates, odds ratios and frequencies were used to present the results in tables and charts. To control for confounders and to see the effects of independent variables on dependent variables, binary logistic regression and multivariate analyses were performed. Moreover, odds ratios (crude and adjusted), χ^2 and 95% confidence level were utilized to show the strength of the association and statistical significance.

5.13. Ethical consideration (communication of results)

Written ethical clearance was obtained from the ethical clearance committee of the Medical Faculty of the Addis Ababa University, the Illuababor Zone Administration, Metu Woreda and kebele administrations. The purpose of the study and the right of the respondent not to answer the questions for which he/she may not want to respond, were carefully and entirely explained to the respondents prior to asking for consent to conduct the interview. Informed consent eventually was obtained. Interviews took place privately at conducive environment and at the place and time chosen by the respondents. The study did not inflict any harm on the study subjects, the community, and the data collectors or on the supervisors involved. Strict confidentiality was assured via anonymous recording and coding of questionnaires and placed them in safe place after they have been collected and were utilized for the purpose of the study only. Finally, 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, and other governmental and non-governmental organizations.

6. Result

6.1. Quantitative part

A random sample of 460 unmarried youths aged 20 to 24 years was selected for the study in which all of them responded willingly to the survey questionnaires, 242(52.6%) boys and 218(47.4%) girls. Seventy (15%) and 63(13.7%) were males and females of 20 years of age. Forty-four (9.6%) and 52(11.3%) were males and females of 21 years. Those males and females of age 22 years were found to be 52 (11.3%) and 44 (9.6%) respectively. On one hand, those aged 23 years were 46(9.9%) males and 42(9.1%) females. On the other hand, those aged 24 years were 29 (6.3%) males and 18(3.9%) females. The mean age of the survey respondents was found to be 21.61 ± 1.35 years. The median age was found to be 23 year. Out of the 460 survey respondents, 187(40.7%) reported that they had had sexual intercourse, 110(23.9%) boys and 77(16.7%) girls. From the 187, 80(42.8%) of the respondents noted that they have been sexually active within the last 4 weeks, 41(51.25%) boys and 39(48.75%) girls. Figure 3 shows age at first sexual debut. The mean and the median ages at first sexual debut were 17.1 ± 2.1 and 17 years respectively.

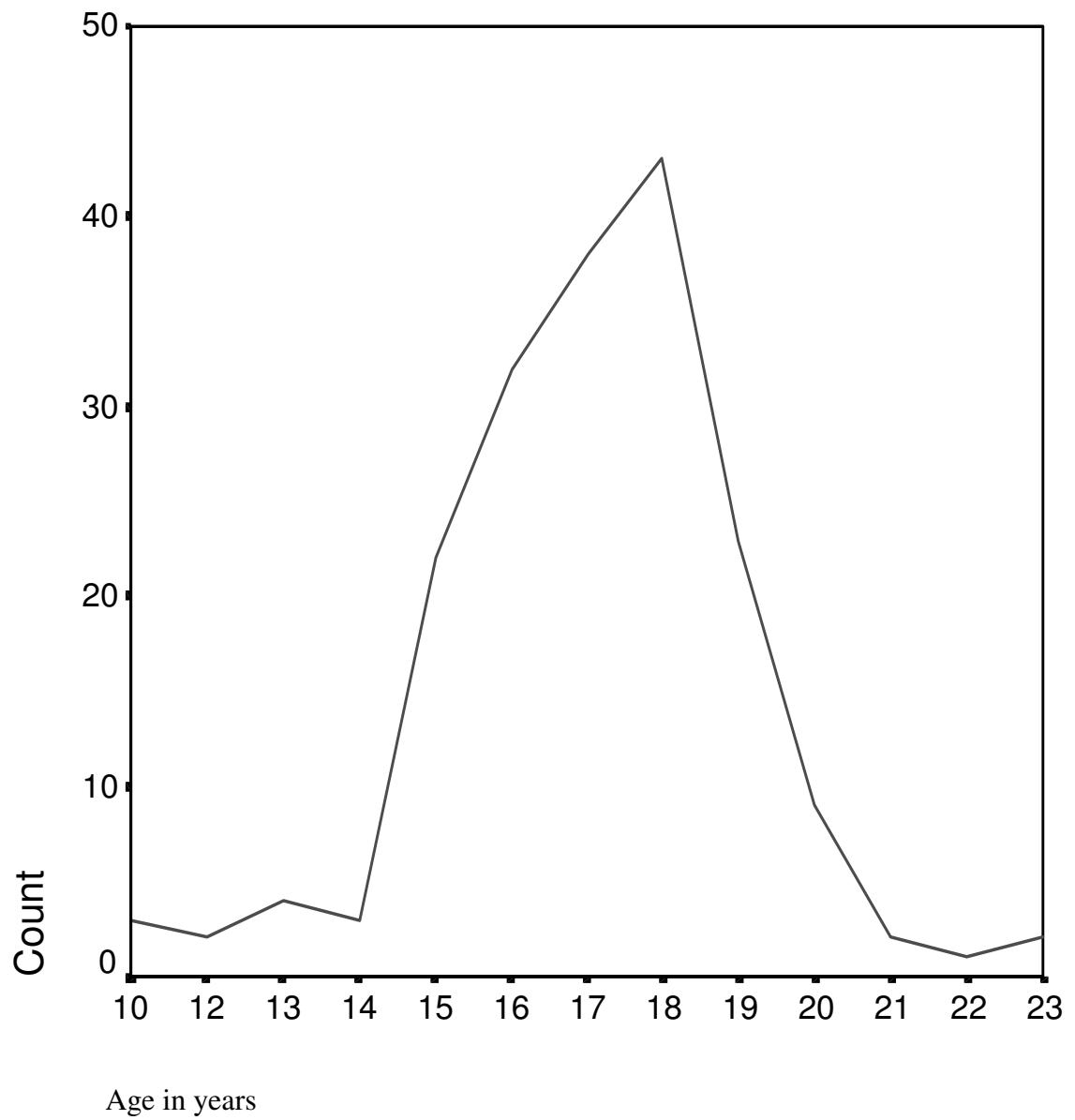


Fig. 3. Age at first sexual debut among survey respondents, Metu, Ethiopia, Jan. 2005.

The majority of the survey respondents were educated. Respondents who did not attend school and were illiterates constituted 19(4.1%)Three hundred fifty four (77%) can write and read, 88(19.1%) read and understand a letter with difficulty, 18(3.9%) cannot read at all. Figure 4 reveals the distribution of the educational background of the sample, 35(7.6%) of the respondents did not attend formal education, 69(15%) have primary education, 46(10%) junior secondary, 207(45%) have secondary education, and 103(22.4%) post-secondary education.

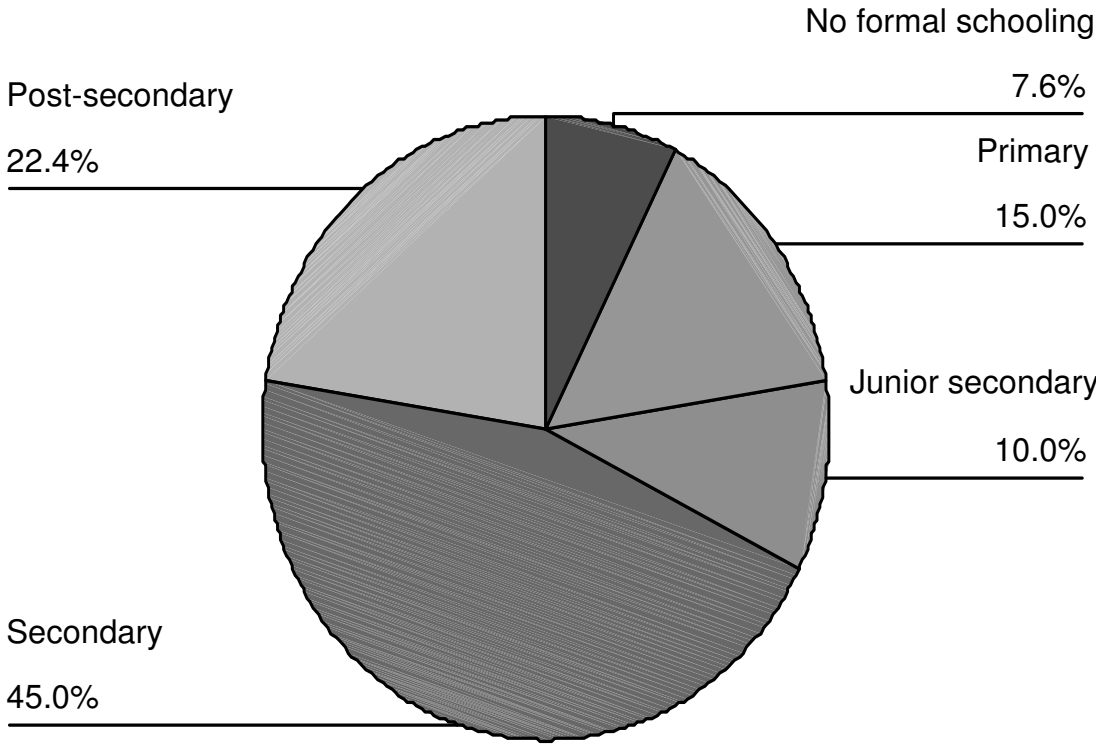


Fig.4. Distribution of educational background among survey respondents, Metu, Ethiopia, Jan. 2005.

Pertaining to religion, 229(49.8%) were Orthodox, 110(23.9%) Protestants and 108 (23.5%) Muslims. Out of the survey respondents, 335(72.8%) and 55(12%) were Oromo and Amhara by ethnicity respectively. Regarding occupation of the respondents, 332(72.2%) and 31(6.7%) were found to be students and daily laborers respectively. Hundred fifty-five (33.7%) and 92(20%) of the survey respondents reported their monthly income to be less than 100 Birr and between 100 and 300 Birr respectively. As to the response of the respondents, in relation to their parents' educational status, 138(30%) said that the parents have junior secondary whereas 129 (28%) reported that they are illiterate (Table 1). Out of the respondents, 12(6.4%), 158(84.5%), 14(7.5%) and 3(1.6%) initiated their first sex between the ages of 10 and 14 years, 15 to 19 years, 20 to 24 years and did not know the age at which they started their first sexual intercourse respectively.

As the experience of abuse is concerned, of the respondents, 25(5.4%), 33(7.2%), and 37(8%) experienced sexual, physical and emotional abuse respectively. Of the 187 of the 460 who had commenced sexual activity, 16(8.6%), 96(51.3%), 15(8%), 18(9.6%) and 135(72.2%) claimed to have been forced to start sexual activity by the their older siblings, peer groups, financial problem, forced sex, and with their interest respectively (Fig.3, Table 2). Hence, being forced to commence sex by distinct factors such as older siblings and peer groups was significantly associated with early sex ($\chi^2 = 9.08$, p.value < 0.05). The 135(72.2%) respondents were 2.86 times at risk of being involved in sexual activity attributed to their interest than to other factors, OR =2.86(1.40,5.86). The number of sexual contacts in the last 4 weeks prior to the data collection is shown in fig.5.

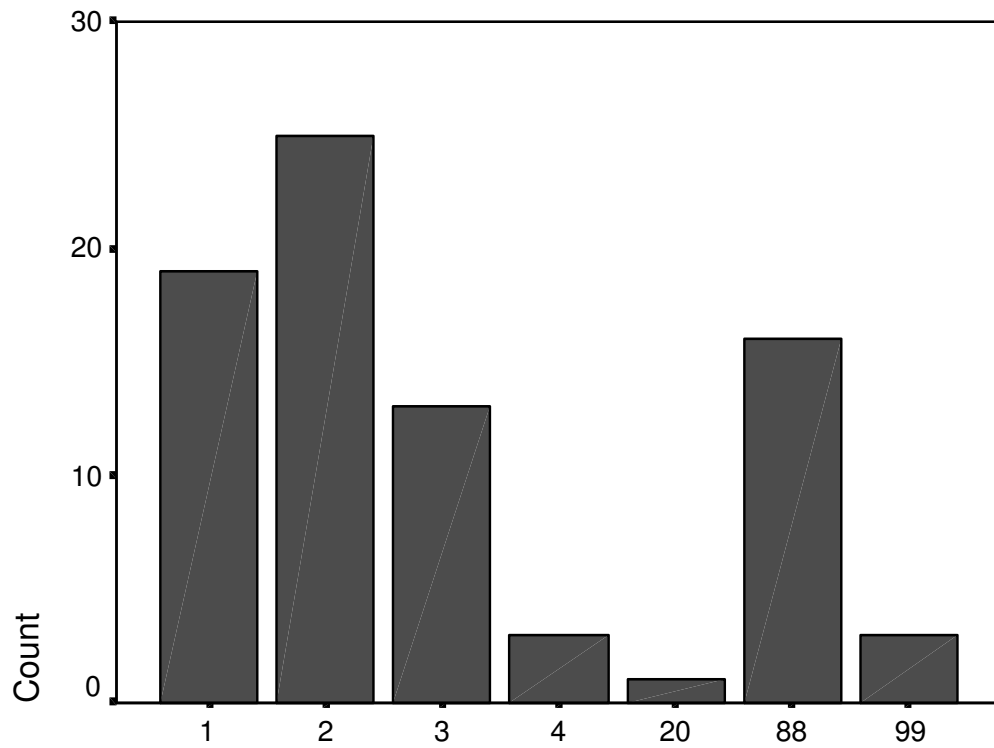
Table1: Socio-demographic characteristics of survey respondents, Metu, Ethiopia, Jan.

2005(n=460)

Background characteristics	Number	Percent
Sex		
Male	242	52.6
Female	218	47.4
Age		
20 years	133	28.9
21 years	96	20.9
22 years	96	20.9
23 years	88	19.1
24 years	47	10.2
Mean±Sd	21.6±1.3	
Ethnicity		
Oromo	335	72.8
Amhara	55	12.0
Shakicho	31	6.7
Gurage	21	4.6
Tigre	11	2.4
Others	7	1.6
Religion		
Orthodox	229	49.8
Protestant	110	23.9
Muslim	108	23.5
Catholics	9	2.0
No religion	4	0.9
Education		
No formal education	35	7.6
Primary	69	15.0
Junior secondary	46	10.0
Secondary	207	45.0
Post secondary	103	22.4
Occupation		
Student	332	72.2
Daily laborer	31	6.7
Civil servant	27	5.9
Private employee	24	5.2
Home made	24	5.2
Trader	21	4.6
Farmer	1	0.2
Parental education		
Junior secondary	138	30.0
Illiterate	129	28.0
Primary	98	21.3
College and above	95	20.7

Table 1 continued

Respondent's income		
<100 Birr per month	155	33.7
100-300	92	20.0
300-500	28	6.1
500+	12	2.6
Do not know	117	25.4
No response	56	12.2
Family income		
<100 Birr per month	112	24.3
100-199	77	16.7
200-299	46	10.0
300-399	34	7.4
400-499	52	11.3
≥500	136	30.2



Number of sexual contact

Key: 88= Do not know, 99=No response

Fig. 5. Number of sexual contact in the last 4 weeks among survey respondents,

Metu, Ethiopia, Jan. 2005

Table 2: Reproductive health issues of youth (aged 20 to 24 years) respondents, Metu, Ethiopia, Jan. 2005 (n=460)

Background characteristics	Yes n (%)	No n (%)
Sexual activity		
Male	110(23.9)	132(28.7)
Female	77(16.7)	141(30.7)
Experience of abuse		
Sexual abuse	25(5.4)	435(94.6)
Physical abuse	33(7.2)	427(92.8)
Emotional abuse	37(8.0)	423(92.0)
Forced to premarital sex by:		
Your sibling	16(8.6)	171(91.4)
Peer groups	96(51.3)	91(48.7)
Financial problem	15(8.0)	172(92.0)
Forced sex	18(9.6)	169(90.4)
Your interest	135(72.2)	52(27.8)
Age at first sexual intercourse		
10-14 years	12(6.4)	
15-19 years	158(84.5)	
20-24 years	14(7.5)	
Do not know	3(1.6)	
Number of sexual contact in the last 4 weeks		
No sexual contact	107(57.2)	
Single sexual contact	19(10.2)	
Multiple sexual contact	42(22.5)	
Do not know	16(8.6)	
No response	3(1.6)	
Used condom during sex		
Yes	110(58.8)	
No	58(31.0)	
Do not know	8(4.3)	
No response	11(5.9)	

Table 3: Sexual activity in relation to selected characteristics
among youths, Metu, Ethiopia, Jan. 2005(n=460)

Sexual activity (n=187)

Background characteristics	Yes (%)	Percent
<u>Sex</u>		
Male	110	23.9
Female	77	16.7
<u>Mother alive</u>		
Yes	166	36.1
No	21	4.6
<u>Father alive</u>		
Yes	130	28.3
No	57	12.4
<u>Raised up by both biological parents</u>		
Yes	153	33.3
No	34	7.4
<u>Were not raised by biological parents</u>		
Male	18	26.9
Female	16	23.9

Table 4. Delay of sexual activity in relation to selected characteristics among youths, Metu, Ethiopia, Jan. 2005(n=460)

Delay of sex (n=273)

Background characteristics	Yes	Percent
Sex		
Male	132	28.7
Female	141	30.7
Mother alive		
Yes	242	52.6
No	31	6.7
Father alive		
Yes	210	45.7
No	63	13.7
Raised up by both biological parents		
Yes	240	52.2
No	33	7.2
Were not raised by biological parents		
Yes	13	19.4
No	20	29.9

Sixty-four (34%) of male and 46(24.6%) of females used condom regularly when they had sexual intercourse. Out of the respondents 455(98.8%) agreed that people get HIV/AIDS via sexual intercourse whereas 443(96.3%) said that it is through blood transfusion that people contract HIV/AIDS. Four hundred fifty seven (99.3%) of the survey respondents knew ways of protecting themselves from HIV/AIDS. Four hundred eight (89.3%), 412(90.2%) and 446(97.6%) of them showed that they are protected from the HIV via abstaining from sex, staying faithful to one's partner and avoidance of sharing used needles respectively. Three hundred ninety two (85%) of the respondents said that condom protects an individual from STDs. On the other hand, 412(90.5%) and 441(96.9%) of them reported that unwanted pregnancy of youths could be prevented through delaying sexual intercourse and via postponing premarital sex (Table 6).

Obviously condom use, postponement of premarital sex, and being protected from forced sex are considered to be protective behaviors. Thus in relation to condom, HIV/AIDS, other STDs and pregnancy knowledge questions, the survey respondents' knowledge was adequate. As far as information on early and delay of sexual activities was concerned, information from parents on both issues was found to be the least of all. To the contrary, the youths were provided with much information, 412(97.9%) and 372(97.1%) on the Radio regarding early and delay of sexes (Table 5).

Four hundred thirty seven (95%) of the respondents said that postponement of sexual intercourse protects youths from HIV/AIDS and 442(96.1%) reported to protect the youths from other STDs as well.

Four hundred forty four (96.5%) of them stated it protects them from unwanted pregnancy. Four hundred forty (95.7%) of the survey respondents agreed that delaying sex gives an opportunity and enough time to accomplish education started. Out of the respondents, 91(19.8%) stated that delaying sexual intercourse affects youths. Three hundred fifty five (77%) of them noted that delaying sex would not affect the youths whereas 14(3%) reported that they did not know whether postponement of sex affects or helps this target group. Three hundred fifty six (77.4%) of the respondents approved the delay of sex while 47(10.2%) of them approved somewhat (Table 7).

Two hundred seventy four (59.6%), 376(81.7%), and 174(37.8%) of the subjects depicted that passing several years at school; religion and family income assisted them to delay sex respectively. Out of the survey respondents 293(63.7%) reported that they were helped to postpone sex by parental connectedness and parental education. Three hundred thirty (72%) of them reported to be assisted by parental supervision for the delay of sexual intercourse whereas 392(85.2%) of them were found to postpone sex for fear of HIV/AIDS. The other 286(62.2%) reported that they postponed sex for better academic performance and 266(57.8%) for fear of pregnancy. These were factors for abstinence and delay of sexual activity. In relation to the consequences of early sex 423(92%) and 410(89%) of them reported it's imminent burden on the family and the society respectively. Four hundred forty two (96%) reported the consequences of early sexual intercourse to be contracting HIV/AIDS and other STDs. Four hundred thirty four (94%) of them noted it's effect being factor to lead to an increment of school drop outs. Four hundred forty seven (97%) and 432(93.9%) of the respondents suggested awareness creation among youths and parents to overcome the negative effect of early sex. Again, 437(95%) of the

respondents noted the necessity of education and empowerment of women, which in turn will be beneficial for the youth.

Two hundred seventy three (59.3%) approved the existence of early sexual activity. Three hundred fifty-six (77.4%) of them who also shared the existence of early sex approved the postponement of sex. As far as their response about knowledge of HIV/AIDS, STDs, condom, delay and early sex and pregnancy was concerned, they were found to have adequate knowledge. Out of the respondents 213(46.3%), 282(61.3%), 295(64%), 299(65%) and 228(49.6%) talked about delay of sex, about an impact (consequence) of early sexual intercourse, discussed about unintended pregnancy, about HIV/AIDS and about abstinence with their family members respectively. Hence, the survey respondents made adequate communication with family members on the issues such as early sex, delay of sex, about HIV/AIDS and about unintended pregnancy. Their perceptions pertaining to their family members' approval of their delaying of sex, 140(30.4%) disapproving, 263(57%) approving and 57(12.4%) did not know.

Table 5: Source of information about negative early sex and delay of sexual activity
for survey respondents, Metu, Ethiopia, Jan.2005

Source of information	Early sex		Delay of sex	
	Yes (%)	No (%)	Yes (%)	No(%)
Parents	280(64.4)	155(35.6)	269(70.2)	114(29.8)
Radio	426(97.9)	9(2.1)	372(97.1)	11(2.9)
Television	415(95.4)	20(4.6)	364 (95.0)	19(5.0)
Posters	302(69.4)	133(30.6)	261(68.1)	122(31.9)
Health professionals	386(88.7)	49(11.3)	346(90.3)	37(9.7)
Teachers	372(85.5)	63(14.3)	330(86.2)	53(13.8)
Religious leaders	344(79.1)	91(20.9)	318(83.0)	65(17.0)

Table 6: Condom, HIV/AIDS, other STDs and unwanted pregnancy knowledge (awareness) among survey respondents, Metu, Ethiopia, Jan.2005

	Yes No (%)	No No (%)
Background characteristics		
Ever heard ways people get HIV/AIDS	453(98.5)	7(1.5)
Ways people get HIV/AIDS		
Sexual intercourse	455(98.8)	5(1.1)
Blood transfusion	443(96.3)	17(3.7)
Sharing items like needles	442(96.1)	18(3.9)
Mother to child	407(88.5)	53(11.5)
Ways of protecting yourself from HIV/AIDS		
Abstaining from sex	408(89.3)	49(10.7)
Staying faithful to your partner	412(90.2)	45(9.8)
Encouraging partner to remain faithful	401(87.7)	56(12.3)
Use of condom	346(75.5)	111(24.3)
Avoiding use of sharp instruments	446(97.6)	11(2.4)
Youths' unintended pregnancy can be prevented by:		
Delaying sexual intercourse	412(90.5)	43(9.5)
Avoiding premarital sex	441(96.9)	14(3.1)
Protecting oneself from forced sex	395(86.8)	60(13.2)
Do not know	5(1.1)	455(98.9)
Heard about condom	441(95.9)	19(4.1)
Condom protects an individual from HIV/AIDS and other STDs	392(85.2)	61(13.3)

Table 7: Early initiation into sexual intercourse and delay of sex knowledge (awareness) and attitude among survey respondents, Metu, Ethiopia, Jan. 2005

Use of postponement of sex for youths	Yes (%)	No (%)
Protection from HIV/AIDS	437(95.0)	23(5.0)
Protection from other STDs	442(96.1)	18(3.9)
Protection from unwanted pregnancy	444(96.5)	16(3.5)
Protection from premature death	409(88.9)	51(11.1)
To planning for future life	425(92.4)	35(7.6)
To accomplish education started	440(95.7)	20(4.3)
For employment	371(80.7)	89(19.3)
Attitude towards delay of sex		
Approve very much	356(77.4)	
Approve somewhat	47(10.2)	
Approve very little	37(8.0)	
Do not know	20(4.3)	
Attitude towards early sex		
Approve very much	273(59.3)	
Approve somewhat	43(9.3)	
Approve very little	52(11.3)	
Do not approve	92(20.0)	
Some consequences of early sex in youth		
Burden for the family	423(92.0)	37(8.0)
Burden for the society	410(89.1)	50(10.9)
Unintended pregnancy	440(95.7)	20(4.3)
Contracting HIV/AIDS and other STDs	442(96.1)	18(3.9)
Death of the mother & the child	405(88.0)	55(12.0)
Early parenting	403(87.6)	57(12.4)
School drop outs	434(94.3)	26(5.7)
Population growth	402(87.4)	58(12.6)
Malnutrition	365(79.3)	95(20.7)
Prostitution	370(80.4)	90(19.6)
Dependency	411(89.3)	49(10.7)

Four hundred seven (88.5%) of the study subjects agreed that parental continuous supervision helps youths to postpone sexual activity but 53(11.5%) otherwise. Three hundred forty five (75%) of the respondents responded that youths could take measure to tackle the prevailing early sexual activity whereas 373(81%) of the subjects accepted the community to take similar action as that of youths for similar goal. Ninety five (20.7%) and 314(68.3%) of the study subjects said that you would accept if asked by opposite sex to start early sex and would reject respectively.

Four hundred eight (88.7%) of the respondents were found to have mothers but 52(11.3%) of them lost their mothers attributed to death. Similarly, 340(73.9%) reported that the fathers were alive, but to the contrary 120(26.1%) said that their fathers had passed away. Three hundred twenty five(71%) and 60(13%) of the subjects were found to live with their parents and with peers/friends respectively. Ninety four (20.4%) of the respondents had had older sisters who became pregnant before the age of 20 and hence had babies. Hundred forty two(30.9%) of the survey respondents reported that they peers were sexually active.

Two hundred seventy nine (61%) and 90(19.6%) of the subjects, regarding their perception about delay of sex, strongly agreed and strongly disagreed respectively. Ninety seven (21%) of the 460 survey respondents were found to associate with peers who use substances. Seventy (15%) of the subjects had the habit of chat. Thirty-eight (8.3%) and 33(7.2%) of the individual respondents had also the habit of alcohol and cigarette. Substance uses were supposed to be the most attributes to the early sexual initiation by 443(94.1%) study subjects. These are considered to be high-risk sexual behaviors. Also the second most supposed to be attributes to early sex were peer groups by 278(60.4%)of the subjects.

The third most attributes to this activity were found to be older siblings. Sixty-seven (15%) of the 460 study subjects reported not to have been raised by their both biological parents. Eighteen (26.5%) of the 68 who were not brought up by their parents reported to have been raised up by their sisters, 34(50%) by their uncles/aunts and 16 (23.5%) of the 68 were brought up by their brothers. Three hundred seventy seven (82%) of the study subjects said that the magnitude of sexual practice among youths was increasing alarmingly whereas 338(73.5%) of them still reported that sexual initiation pattern was increasing in which 42(9.1%) of the subjects revealed the sexual initiation pattern's development in concealed way.

Chi-square test showed that gender was significantly associated with sexual activity ($\chi^2 = 4.47$, $p < 0.05$). Males were 1.5 times at risk of early sex than the females (OR=1.53, 95% CI=1.03,2.27). Also age was significantly associated with early sexual intercourse ($\chi^2 = 15.49$, $p < 0.05$). To the reverse, education was not significantly associated with sexual activity. Also having or not having parents ($\chi^2 = 0.01$) and older sisters who had become pregnant and gave birth ($\chi^2 = 2.78$) before age 20 was not significantly associated with early sex while it was significantly associated with perception that peers are sexually active ($\chi^2 = 13.34$, $p < 0.05$) and associating with peers using substances ($\chi^2 = 13.98$, $p < 0.05$). Chi-square test revealed that income was not significantly associated with delay of sex ($\chi^2 = 1.46$, $p > 0.05$) while passing several years at school was significantly associated ($\chi^2 = 23.17$, $p < 0.05$). Fear of HIV/AIDS ($\chi^2 = 1.23$, $p > 0.05$) and other STDs was not significantly associated with postponement of sex whereas religion ($\chi^2 = 10.76$, $p < 0.01$), better academic performance ($\chi^2 = 14.97$, $p < 0.05$) and parental supervision ($\chi^2 = 5.04$, $p < 0.05$) were significantly associated.

Outcomes of early initiation into sexual intercourse and postponement of sex

As to the outcomes of early initiation into sexual intercourse were concerned, 442(96.1%) of the respondents stated HIV/AIDS and other STDs to be the most significant problems to be taken into account. Four hundred thirty four (94.3%) of them reported the dropouts of school youths if they were enrolled in school and unfortunately they will be encountered with early sex, specially the girls. On the other hand, they could also say distinct points in relation to the outcomes of delay of sexual activity of which 444(96.5%) of them reported that delaying sex would protect the youths from unwanted pregnancies. Four hundred forty two (96%), 440(95.7%) and 437(95%) of them reported the indispensability of postponement of sex to protect them from other STDs, assisting them to complete their education without any obscure and eventually protecting them from HIV/AIDS as well respectively.

Sexual activity/practice

In binary logistic regression analysis sex was shown to be significantly associated with early sex. Being male was a significant risk for early sex. Males were 1.53 times at higher risk of commencing early sex when compared with females, OR =1.53(1.05-2.22). The age group of surveyed respondents, 22-24 years old was 1.55 times at higher risk of sexual practice than the age group 20-21 years, OR=1.55(1.05-2.28). Experience of abuse was found to be significantly associated with early sexual intercourse indicating sexual abuse; physical abuse and emotional abuse were risk factors, OR=4.04(1.65-9.89) for sexual abuse, 3.69(1.71-7.98) for physical abuse and 2.29(1.16-4.55) for emotional abuse.

Perception that peers are sexually active was found to be significantly associated with initiation into sexual intercourse. Those which perceive that peers are sexually active are 2.15 times at higher risk of being engaged in early sex than those who do not perceive that peers are sexually active, OR=2.15(1.44--3.21). On the other hand, associating with peers using substances was significantly related with early sex, OR= 2.42(1.53-3.82). Furthermore, chat chewing was correlated with early sexual activity. Chewing chat was a significant risk for early sexual practice. It was 3.14 times higher than for those who do not have the habit of chat, OR=3.14(1.85-5.34). Moreover, alcohol consumption and cigarette smoking were risk factors for early sex, OR=6.33(2.83-14.15) and 6.14(2.60-14.46) respectively.

Delay of sexual activity

Passing several years at school was correlated with delay of sex. The odds of postpone of sex is 2.02 times higher among higher grade attended than those attended lower grade, OR=2.02(1.29-3.17). Also religion was significantly associated with postponement of sexual intercourse. Hence, the religiosity was 1.83 times protective for those who attend than who do not, OR=1.83(1.08-3.10). Additionally, better academic performance was significantly related with delay of sexual intercourse. Being better academic performer was a significant protective behavior for delay of sex, OR=1.79(1.13-2.82)(Tables 8 and 9).

Table 8: Comparison of relation of selected characteristics among respondents with sexual activity (early sex), Metu, Ethiopia, Jan.2005 (N=187)

Background characteristics	Yes N (%)	No N (%)	Crude OR (95% CI)	Adjusted OR (95% CI)
Sex				
Male	110(23.9)	132 (28.7)	1.53(1.03-2.26)*	1.53(1.05-2.22)*
Female	77 (16.7)	141 (30.7)	1.00	1.00
Age				
20-21years	79(17.2)	150(32.6)	1.00	1.00
22-24 years	108(23.5)	123(26.7)	1.67(1.13-2.47)*	1.55(1.05-2.28)*
Education				
Illiterate	17(3.7)	18(3.9)	1.00	1.00
Primary	32(6.9)	37(8.0)	0.92(0.37-2.24)	0.78(0.37-1.62)
Junior secondary &above	138(30.0)	218(47.4)	0.67(0.32-1.42)	0.73) 0.43-1.25)
Experience of abuse				
Sexual abuse				
Yes	18(3.9)	7(1.5)	4.05(1.56-10.93)*	4.04(1.65-9.89)*
No	169(36.7)	266(57.8)	1.00	1.00
Physical abuse				
Yes	23(5.0)	10(2.2)	3.69(1.63-8.54)*	3.69(1.71-7.98)*
No	164(35.7)	263(57.2)	1.00	1.00
Emotional abuse				
Yes	22(4.8)	15(3.3)	2.29(1.10-4.80)*	2.29(1.16-4.55)*
No	165(35.9)	258(56.1)	1.00	1.00
Perception that peers are sexually active				
Yes	76(16.5)	66(14.3)	2.15(1.41-3.28)*	2.15(1.44-3.21)*
No	111(24.1)	207(45.0)	1.00	1.00
Associate with peers using substances				
Yes	56(12.2)	41(8.9)	2.42(1.50-3.92)*	2.42(1.53-3.82)*
No	131(28.5)	<u>232(50.4)</u>	1.00	1.00
Habits of Chat				
Yes	45(9.8)	25(5.4)	3.14(1.79-5.53)*	3.14(1.85-5.34)*
No	142(30.9)	248(53.9)	1.00	1.00
Habits of Alcohol				
Yes	30(6.5)	8(1.7)	6.33(2.69-15.39)*	6.33(2.83-14.15)*
No	157(34.1)	265(57.6)	1.00	1.00
Habits of Cigarette				
Yes	26(5.7)	7(1.5)	6.14(2.47-15.92)*	6.14(2.60-14.46)*
No	161(35.0)	266(57.8)	1.00	1.00
Parent alive				
Mother alive				
Yes	166(36.1)	242(52.6)	1.01(0.54-1.90)	1.01(0.56-1.82)
No	21(4.6)	31(6.7)	1.00	1.00

Table 8 continued

Father alive					
Yes	130(28.3)	210(45.7)	0.68(0.44-1.06)	0.68(0.45-1.04)	
No	57(12.4)	63(13.7)	1.00	1.00	
Have older sister who had a child					
Yes	37(8.0)	57(12.4)	1.00	1.00	
No	150(32.6)	216(46.9)	1.07(0.66-1.75)	1.46(0.87-2.45)	

* Indicates significant association

Table 9. Comparison of relation of selected characteristics with delay of sexual activity among respondent youths, Metu, Ethiopia, Jan. 2005(N=273)

Background characteristics	Yes N (%)	No N ((%)	Crude OR (95% CI)	Adjusted OR (95% CI)
Assisted to delay sex:				
Income				
Yes	18(3.9)	19(4.1)	0.62(0.30-1.29)	0.44(0.21-0.89)*
No	255(55.4)	168(36.5)	1.00	1.00
Passing several years at school				
Yes	188(40.9)	86(18.7)	2.60(1.74-3.89)*	2.02(1.29-3.17)*
No	85(18.5)	101(21.9)	1.00	1.00
Religion				
Yes	237(51.5)	139(30.2)	2.27(1.37-3.78)*	1.83(1.08-3.10)*
No	36(7.8)	48(10.4)	1.00	1.00
Parental education				
Yes	184(40.0)	109(23.7)	1.48(0.99-2.22)	1.12(0.70-1.79)
No	89(19.3)	78(16.9)	1.00	1.00
Fear of HIV/AIDS				
Yes	228(49.6)	164(35.7)	1.00	1.00
No	45(9.8)	23(5.0)	1.41(0.79-2.51)	1.41(0.82-2.42)
Fear of other STDs				
Yes	223(48.5)	157(34.1)	1.00	1.00
No	50(10.9)	30(6.5)	1.17(0.69-1.99)	1.17(0.71-1.93)
Fear of pregnancy				
Yes	164(35.7)	102(22.2)	1.25(0.85-1.86)	1.32(0.87-1.99)
No	109(23.7)	85(18.5)	1.00	1.00
Better academic performance				
Yes	190(41.3)	96(20.9)	2.17(1.45-3.25)*	1.79(1.13-2.82)*
No	83(18.0)	91(19.8)	1.00	1.00
Parental supervision				
Yes	207(45.0)	123(26.7)	1.63(1.06-2.51)*	1.31(0.82-2.09)
No	66(14.3)	64(13.9)	1.00	1.00

* Indicates significant association

Age found to be significantly correlated with sexual activity. The age group 20-21 years was less likely to report as having started sexual intercourse, OR=0.60(0.41-0.87). Occupation was also significantly associated with early sex. Students were less likely to report as having commenced sexual activity, OR=0.47(0.31-0.71). Sex was associated with postponement of sexual activity. Males were less likely to report as having postponed sexual intercourse, OR=0.64(0.43-0.96). No significant association of delay of sex was proved with other socio-demographic parameters (Tables 10 and 11).

Table 10: Relations of socio-demographic variables and sexual activity/practice in the past four weeks, Metu, Ethiopia, Jan. 2005(N=460)

		Sexual practice (n=187)		Crude OR (95% CI)	Adjusted OR (95%CI)
Background characteristics		Yes	No		
Sex					
	Male	110	132	1.53(1.03-2.26)*	1.53(1.05-2.22)*
	Female	77	141	1.00	1.00
Age					
	20-21 years	79		0.60(0.40-0.89)*	0.60(0.41-0.87)*
	22-24 years	108	150	1.00	1.00
			123		
Religion					
	Christian	185	271	0.68(0.07-6.83)	0.68(0.95-4.89)
	Others	2	2	1.00	1.00
Ethnicity					
	Oromo	122	213	0.53(0.34-0.82)*	0.53(0.35-0.80)*
	Others	65	60	1.00	1.00
Education					
	Literate	170	255	1.42(0.67-2.98)	1.42(0.71-2.83)
	Illiterate	17	18	1.00	1.00
Occupation					
	Student	118	214	0.47(0.31-0.73)*	0.47(0.31-0.71)*
	Employment& other jobs	69	59	1.00	1.00
Income					
<100	Birr per month	60		0.69(0.42-1.14)	0.69(0.43-1.11)
>100	Birr per month	63	95	1.00	1.00
			69		

*Indicates significant association

Table 11: Distribution of delay of sex among respondents by selected socio demographic parameters, Metu, Ethiopia, Jan.2005 (N=273)

Background characteristics	Yes N (%)	No N (%)	Crude OR (95% CI)	Adjusted OR (95% CI)
Respondent's income				
<100 Birr per month	109(23.7)	64(13.9)	1.56(0.96-2.53)	1.12(0.66-1.93)
≥ 100 Birr per month	95(20.7)	60(13.0)	1.45(0.88-2.38)	1.26(0.73-2.18)
Others	69(15.0)	63(13.7)	1.00	1.00
Sex				
Male	132(28.7)	110(23.9)	0.66(0.44-0.97)*	0.64(0.43-0.96)*
Female	141(30.7)	77(16.7)	1.00	1.00
Age				
20 to 21 years	150(30.6)	79(17.2)	1.00	1.00
22 to 24 years	123(26.7)	108(23.5)	0.60(0.40-0.89)*	0.68(0.46-1.02)
Ethnicity				
Oromo	213(46.3)	122(26.5)	1.56(0.90-2.70)	1.55(0.73-3.31)
Amhara	23(5.0)	32(6.9)	0.64(0.30-1.39)	2.11(1.15-3.89)*
Others	37(8.0)	33(7.2)	1.00	1.00
Religion				
Orthodox	138(30.0)	91(19.8)	2.43(0.69-8.85)	0.44(0.13-1.57)
Protestant	63(13.7)	47(10.2)	2.14(0.59-8.15)	1.03(0.62-1.69)
Muslim	67(14.6)	41(8.9)	2.61(0.71-9.98)	0.94(0.53-1.68)
Others	5(1.1)	8(1.7)	1.00	1.00
Education				
Illiterate	18(3.9)	17(3.7)	1.00	1.00
Primary	37(8.0)	32(6.9)	1.09(0.45-2.67)	0.89(0.35-2.22)
Junior sech. & above	218(47.4)	138(30.0)	1.49(0.70-3.13)	1.09(0.48-2.48)
Occupation				
Student	214(46.5)	118(25.7)	2.55(1.49-4.36)	0.59(0.22-1.58)
Private	13(2.8)	11(2.4)	<u>1.66(0.60-4.61)</u>	1.39(0.56-3.42)
employee	14(3.0)	13(2.8)	1.51(0.58-4.00)	0.90(0.28-2.92)
Civil servant	32(6.9)	45(9.8)	1.00	1.00
Others				
Parental education				
Illiterate	78(16.9)	51(11.1)	1.00	1.00
Primary	64(13.9)	34(7.4)	1.23(0.69-2.20)	21(0.66-2.19)
Junior secondary & above	131(28.5)	102(22.2)	0.84(0.53-1.33)	0.69(0.43-1.13)

* Indicates significant association

6.2. Qualitative part

6.2.1. Focus group discussion (FGD)

One participant from the married males in the focus groups said that, “youths at an early age whether educated or not especially males search for girls on the way to and from the school for sexual intercourse.” On the other hand, he noted that those girls out of school will be forced by males to accept the question of sexual intercourse whenever they go out for shopping and other purposes and also in the absence of their families in the residential areas even though not all girls are reluctant to admit the enquiry of sex.

Another participant from the same group depicted that, he had many sisters and brothers at home who have been enrolled in school but do not pass much of their time at school would sooner in the bush surrounding the town. He went on explaining that my parents consider that sisters and brothers of mine regularly attend their education.

Another married male supposed that both sexes do not have full body strength at an early age to initiate early disgusting sexual intercourse. Most of the participants in all the focus groups mentioned that the prominent causes of early initiation into sexual intercourse from various causes are absence of recreational facilities, children’s going away/ abandoned/ from their home environment, poverty, religiosity, ethnicity, peer relations, chat chewing, alcohol consumption and cigarette smoking. Moreover, they indicated that lack of control over and absence of continuous supervision of the parents and the teachers as well will expose the youths to early sex. All of the focus groups commonly suggested the imminence of health problems of the youths such as

contracting HIV/AIDS and other STDs, which will be followed by economic, psychological and social problems. Furthermore, they expressed that, as a result of youths' sufferings, the parents and the nation will inevitably face similar problems.

A participant girl from the unmarried group elaborated that "I will be responsible to persuade an individual boy raising an enquiry of sex before marriage. She also emphasized that, I will strive to help him realize that we both will be indeed beneficiaries of the postponement of sex until later age /until marriage." Another participant from the same group indicated that, the parents, significant others and the teachers are supposed to inform the children from their very childhood on successive negative outcomes of early sexual intercourse. Another girl also mentioned that the girls are required to be reluctant to accept or admit the question of untimely initiation into sexual intercourse by boys until accomplishment of education for in school girls and for out of school girls until later age/until marriage.

One male respondent from the married males outlined the points/factors to delaying sex such as timely admission to school, continuous advices of parents on untoward effects of early sex, assigning an individual to monitor/control the youths at school, delivery of an inviting or stimulating education at school and youths' being aware of the advice given and accepting it from their heart and hence making use of it on daily basis during the period of youth. He preferred girls and boys to be advised and oriented by their mothers and fathers respectively.

Most of the participants said, “avoidance of substance use such as chat chewing, alcohol consumption and cigarette smoking are fundamentals to postponing sexual activity.”

One participant from unmarried males addressed that frequent follow up of religion is exactly useful to defer sexual activity. Unmarried female expressed that the necessity of an agreement between opposite sexes and discussing over the importance of delay of sex will be in fact reliable to help them for the postponement of sexual practice. Most of the participants indicated the benefits of delaying sexual activity as its enabling in school youths to safely complete their education and for out of school ones to be able to be well prepared economically and psychologically to improve and build the capacity for their future lives. Additionally, they mentioned it’s protecting them from HIV/AIDS and other STDs whereby they will be capable in every aspect, substantial for the help of themselves, families and the country at large.

One participant from unmarried males stated that performing sexual intercourse only at the time of marriage would absolutely benefit both sexes and undoubtedly be faithful to each other in the future. Furthermore, he mentioned that, they would not be burden for their families and the nation at large. Majority accepted and said similar points, re-emphasizing that “they will help the country and their families with the assistance of the knowledge they have acquired via education and lifetime.” Most of the participants noted that, female youths obviously would be encountered with a great deal of problems than male youths in which they utmost are prone to contract the drastically increasing HIV/AIDS, other STDs and unwanted pregnancies. They went on emphasizing that youths’ problems directly or indirectly will affect the families and the nation in general.

One unmarried male stated that youths are usually not at the time of having awareness of early sex and thus do not ponder over what consequences ensue as a result. Another respondent from the same group told, “girls who commence early sex almost quit their living environments because of the conflicts that may arise between the families and them and hence enter into commercial sex work. On the other hand, one unmarried girl indicated that it is those who begin sexual intercourse below the age of 20 years who with no question face the risk of HIV/AIDS, other STDs and unwanted pregnancies.

Most of them noted that “parental education has got tremendous uses in which some of them are their recognition of their children to educating, advising, leading, communicating with and increasing the relationship existing between their youths and them to overall enabling them to be protected from HIV/AIDS and other STDs to lead healthful life.” Thus, they said, these activities of their parents will be indispensable to delay sexual intercourse, which in turn assist them to avoid the emergence of HIV/AIDS in youths.

6.2.2. In-depth interview

Most of the participants explicated that there exists early sexual activity attributable to distinct predisposing factors. Absence of open discussions between the youths and their parents/families of theirs were mentioned. Moreover, they encompassed the contribution of video and film shows, which are responsible to expose the youths to be engaged in untimely early sex. One religious leader indicated that previously when Bible was usually being given at school level and in the

areas where people used to gather the news of existence of early sexual intercourse was not usual.

Few of them emphasized that families/parents are usually heard and observed discussing about early sex among themselves and also accuse this untimely event. Most of the participants stated that, currently other people and the youths themselves talk about the sufferings of youths from HIV/AIDS and about unusual quitting the school because of their being filled with despair whereby the females are primarily affected by all problems that follow the early sex.

One married female said that the female youths will be obliged to be expelled from their living environments for the fear of loss of social interaction and psychological problems that may appear following the early sex. One married male indicated that the youths die prematurely attributed mostly to HIV/AIDS that is obviously the result of early sex.

Most of them told that "it is if and only if the youths delay sex that they will be fortunate enough to overcome all the prevailing problems of theirs, families' and of the country at large such as HIV/AIDS and poverty to abreast the nation's development with those of other nations and regions all over the world." One religious leader stated that previously youths usually used to delay sexual intercourse especially girls until marriage. However, he said, at present I suppose that since valuing virginity has over time and years become less and less important, females and males nowadays start sexual intercourse at or below 15 and 18 years of age.

Another married male said that delay of sex is very crucial for the fact that the youths will only start it when their age exactly fits/permits and thus problem will not arise attributed to such timely event. Most of the participants agreed upon the adverse effects of not delaying sex on youths' health such as the burden of youths on their families and country and eventually leading to the disruption of family system. They confirmed that those youths who delay sex would have an ample time to be prepared mentally, physically, psychologically, economically, socially and educationally for their blessed marriage at its usual time to be capable to lead normal lives and to manage all things as they emerge through out their existence in this world.

Most of them explicitly indicated that the disadvantages of commencement of early sex encompass working towards economic advancement of youths, the families and the society at large will be definitely hampered and unthinkable because of the non-existence of the normal productive forces (citizens), that is the youths. One religious leader and one married female noted that“ those youths who are found to start early sexual debut would not depend only on one sexual partner in the future but otherwise. They also said that even if they marry they also search for other more partners and hence lose faith in each other in which the husband will entirely stop faith in his wife in particular.”

A few of them told that the youths would lose automatically the prospect of future development. Another married female noted that disability appearing or emerging as a result of early sexual intercourse would eventually make them incapable to perform their daily activities to earn their livelihood. Majority of the participants said that delay of sex has diverse uses. Some of them

indicated that the youths develop faiths in each other later, during and after marriage and will lead better lives in the future as well.

One married male depicted that the youths will obviously be assisted to gain reputation from the people if they delay sexual intercourse and also get acceptance from the God. One married female revealed that the youths would not be isolated from the society for their not initiating sex early and for their following and abiding the culture and customs of the families and of the nation at large. Moreover, she said those youths out of school will continue working on their means of earning their living to improve their economic status in order to be prepared to lead the future sustainable and convincing lives.

Most of the participants assured that the initiation into early sex prevails in the area of study as it is true nationwide. Almost all of the participants depicted that there are distinct causes for the youths to be involved in the commencement of sexual intercourse early. Those causes they mentioned were, doing drama, theatric arts, half nakedness, and being in short dresses arouse sexual desire.

One married male participant clearly emphasized that frequency of just hanging out with friends who regularly smoke, drink or chew chat will expose the youths to begin sex at unexpected time. Also he said lack of job plays a great role to lead the youths to start an early sex. He furthermore, noted “the prevalence of early sex is definitely an intimidating for the survival of healthy humans in the near future”. Two married female informants expressed that passing much of their times with an obedient or with youths not amenable to be controlled and absence of parental

connectedness contribute to their involving in early sexual intercourse. In other words, those who associate with peers who use substances or who are delinquent will inevitably commence early sexual intercourse.

Some recommendations posed by the participants are presented as follows:

♠Most of the informants recommended that the youths to be provided with advices from their parents.

♠Provision of recreational facilities such as, sports grounds and swimming pools.

♠Education opportunity for all youths with the emphasis of the essentiality of full day class in order not to give them an opportunity to think of sex but rather making them busy towards an achievement of education via working for better academic performance which actualizes change.

♠They also recommended the necessity of banning video shows and prohibition of short wears/dresses, which are worn intentionally to attract the male youths, is to be the most urgent measure to be taken

♠Additional comment suggested was that religious institutions and the community at large are required to give prior information for the youths on the adverse effect of early sex on overall development of the nation.

♠Apart from this, the necessity of parental connectedness, supervision, control, and consistent communication about reproductive health issues, HIV/AIDS, other STDs, and unwanted pregnancies between youths and their families in which the parents are required to inform their children from their very childhood on potential problems of early sexual intercourse.

7. Discussions

The prevalence of sexual activity/practice among surveyed respondents was 187/460(40.7%). The share of male respondents was 110 (23.9%) and of females was 77(16.7%). Regarding the magnitude of delay of sexual intercourse, 273(59.3%) of the study subjects reported not to have commenced until the time of data collection. The mean age at first sexual debut was 17.12 ± 2.05 . This is similar and closer to the studies that were carried out in Awassa and Addis Ababa (17.7 ± 2.0 years in 1995 and 17.7 ± 2.3 years in 1999) respectively in relation to sexual initiation (21). The median age was 17 year.

The number of respondents who started sex at and below the age of 17 was 104(55.6%) of the 187 who had already commenced sex. However, it is alarming because starting sexual intercourse between ages of 10 and 17 can predispose them to HIV/AIDS. Those who commenced sexual intercourse at and after the age of 18, 83(44.4%) were considered together with those who have not yet started at the time of data collection, 273(59.3%) as having delayed sexual intercourse. This was inline with the typology of Miller. In the age distribution of respondents, youths aged 20 years constituted 133(28.9%) of all the respondents surveyed.

The majority of the surveyed respondents were educated where 207(45%) constituted those subjects of secondary education. Predominant ethnicity among the respondents was Oromo, followed by Amhara. The religious composition of the respondents surveyed revealed that the majorities were Orthodox Christians, Protestant and Muslim. Regarding occupation, vast majority of the respondents, 332(72.2%) were students. Pertaining to abuse, 37(8%) of the respondents had had experience of emotional abuse. Commencement of sexual intercourse by

vast majority, 135(72.2%) of the 187 was attributed to the respondents' own interest which was followed by pressure from peer groups, 96(51.3%). These factors inhibit any active desire among boys and girls to avoid the risks of sex to themselves such as HIV/AIDS and other STDs. From the 187 subjects who had had sexual intercourse, 44(22.5%) had multiple sexual contacts in the last 4 weeks before the survey.

Two hundred seventy three (59%) of the 460 survey respondents and 107(57%) of the 187 who had ever sexual intercourse did not start sex and did not have in the last four weeks of the survey respectively, but 80(43%) of the 187 had it 4 weeks prior to the study. Widespread knowledge about condom was evident but acceptability and use of them were far less prevalent than knowledge of them in the study area. From those who had intercourse 58(31%) did not use condom, 8(4.3%) did not know their using whereas 11(5.9%) of them did not respond to the condom use questions. This contradicts with the condom knowledge the respondents had. Four hundred fifty five (98.8%) of the study subjects reported that the HIV/AIDS is transmitted via sexual contact. Although the respondents did not delay sex or use condom, 457 (99.3%) of them knew ways of protecting themselves from HIV/AIDS. Four hundred fifty six (97.6%) of the surveyed respondents depicted that youth could be protected from HIV/AIDS through avoidance of sharing used needles whereas 408(89.3%) indicated via abstaining from sexual intercourse.

As to the defined knowledge of survey respondents was concerned about HIV/AIDS, other STDs, unwanted pregnancy and condom, they have got adequate knowledge for their answering the defined questions according to the definition prepared prior to the survey. Teens' decisions whether to have sex and whether to protect themselves from HIV/AIDS and other STDs are

influenced by many factors. A study of students' ages 13 to 18 found that not initiating sex was associated with having a two-parent family (23). Being raised by a single parent particularly by a single mother-is associated with early onset of sexual activity. A British study found that males from single-parent families were 50% more likely than those from two-parent families to have initiated sexual activity before the age of 17, and the average at first sex was two years higher for young men who were raised in a two-parent household than for those whose parents were divorced (24).

In our study initiating sex was associated with not having both parents and not having been up brought by both biological parents. In other words, those whose one or both parents passed away and those who were raised up by other individuals either in the presence or absence of their parents were found to start sex early. From the 52 respondents who lost their mothers to death, 21(40.4%) had sex. From the 120 who lost their fathers, 57(47.5%) of them had commenced sex. On the other hand, the proportion of those who were not raised up by their biological parents and who had sex was 34(50.7%). Here, we could infer that those who were raised up by their fathers were lower in number to commence sexual intercourse than those who were brought up by their mothers alone. This study has supported that those who do not have either father or mother and those who were not up brought by their biological parents are at risk of initiating early sexual intercourse.

As far as information about untoward effects of early sex and importance of delay of sex was concerned, 426(97.9%) and 372(97.1%) of the respondents reported to have had prior information on the radio on both variables respectively which was considered to be the first most

source of information. Only 280(64.4) of the study subjects reported the sources of information for effect of early sex to be their parents, which was the least of all sources of information. This was quite related to the study done in relation to sources of information on sexuality issues among young people where peers clearly outranked parents as the main source of information on sexual matters, with 67% reporting friends and 24% reporting parents as sources (25). According to the operational definition of knowledge about early and delay of sexual activities, the respondents were found to have had adequate knowledge.

Four hundred thirty seven (95%) of the study subjects said that postponement of sex protects youths from HIV/AIDS. Even though they managed to answer the delay of sex questions, they had not been able to delay sex having had the necessary knowledge. Postponement of sexual activity was approved very much by 356(77.4%) of the surveyed respondents whereas 273(59.3%) approved very much early sexual intercourse. This indicates that there were surveyed respondents who approved very much both the early and the delay of sexual activities. Of the consequences of early sexual intercourse, contracting HIV/AIDS and other STDs were reported by 442(96.1%)of the surveyed subjects. This strengthens studies carried out in the past in relation to early sexual intercourse. In one study, smoking was the best predictor of youths' engaging in sexual intercourse.

Another study of high school youth found links between the number of sexual partners and other risk behaviors such as using alcohol and others where alcohol was the only risk behavior across ethnicity and gender that was significantly and consistently associated with an increase in the number of sexual partners. Seventeen percent of teens ages 13 to 18 reported that they have done

something sexual while under the influence of alcohol (23). The proportion of respondents who used to depend on chat was 45 (9.8%), on alcohol, 30(6.5%) and on cigarette, 26(5.7%). These proportions of respondents were found to commence sex, which was in fact attributed to these substances use. The proportion of study subjects who perceive that peers were sexually active was 76(16.5%). This proportion of subjects did start sexual intercourse, which supports that those youths who think that their peer groups were sexually active will obviously be engaged in sex. Almost half of the youths believe/perceive that most or all of their peers or friends are having premarital sex. Such believe/perception could lead young people to engage in risky behavior (25). The proportion of surveyed subjects that was sexually active within the last 4 weeks prior to the survey was 41/80(51.3%) boys and 39/80(48.8%) girls.

In one study 13% of the study subjects were found to be sexually abused (26). The risk of sexual, physical, and emotional abuses is obviously tremendous of which catching HIV/AIDS and other STDs can be mentioned. Furthermore, early sex and future multiple sexual partners will be some of the consequences. Passing several years at school was found to have statistically significant association with postponement of sex, adjusted OR=2.02(1.29-3.17). This actualizes the diversion of the minds of youths away from thinking about sexual intercourse but rather facilitates the better academic performance. Religiosity and income also showed statistically significant association with delay of sex. Studies have suggested that smart teens or the most intelligent youths postpone sex because they are committed to long-term goals like college and career (27).

Sex and age were found to have statistically significant association with initiating early sex. Significant association was found between initiation of early sex and ethnicity. Occupation was significantly associated with initiation into early sex whereas income was not associated with early sex. Levels of importance and level of church attendance seem to make similar and significant impact on teens' sexual behavior. The value of participation in religion has a positive and significant impact on the initiation of sexual activity. Sex was statistically significant with delay of sex. Statistically significant association was found between ethnicity and delay of sexual activity. As far as occupation was concerned, 332(72.2%) were students that were more than half of the subjects. Living in neighborhoods that lack quality school systems and supervised recreation areas for youth may lead to reduced academic aspirations and the inability of parents to provide adequate supervision which in turn give way for youths to initiate early sex (24).

There was indicated in focus group discussion as, "at an early age, whether educated or not, youths especially males search for girls on the way to and from the school for sexual intercourse." Lack of recreational facilities, abandonment of children, poverty, chat chewing, cigarette smoking and alcohol consumption were the most important factors mentioned to be the causes for early sex. Frequent attendance of church was mentioned to be beneficial to defer sexual activity. The participants replied that youths delaying sex will not be at all burden for their families and the nation as well. The contribution of video and film shows which do not put into account the age group for whom the shows do not apply were stated clearly to lead the youths to initiate early sexual intercourse. It was stated that overall effects of the early sexual activity will eventually lead to the disruption of the whole family system and the lagging behind of the country economically.

8.Strengths and limitations of the study

8.1. Strengths

1. Intensive training of data collectors and supervisors
2. Utilization /inclusion of both genders in data collection
3. Supplementation of the quantitative data with qualitative data.
4. Utilization of logistic regression to control for the possible confounding effect

8.2. Limitations

- 1. Limitation related to cross sectional studies.**
- 2. Social desirability bias in disclosing their commencement of sexual intercourse.**
- 3. Recall bias related to the age at first sexual debut, whether or not used condom during previous sexual intercourse for those who have disclosed their starting sex.**
- 4. Inability to recall the number of sexual partners they have had in the last 4 weeks prior to the data collection.**
5. Absence of sampling frame
6. Recruiting of local data collectors and local supervisors attributed to financial constraint

9. Conclusions

This study showed that in spite of the high knowledge the youths have had on delay of sex, consequences of early sex, HIV/AIDS and other STDs, 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. It can be said that youths did not consider themselves as being at high risk of getting HIV/AIDS and other STD infections because of those who had sex only 110(58.8%)reported to have used condom. Two hundred sventy three (59%) of the survey respondents did not commence sexual intercourse. Eighty-three (44.4%) of the study subjects commenced sexual intercourse at and after age 18. Hence, 273(59%) and 83(44.4%) of the study subjects should be considered as delayers of sex in line with the typology of the researcher called Miller from the Centers for Disease Control and Prevention. In Miller's study, 37% of the young people ages 14 to 17, fell into the delayers' category, because they had no intention of initiating sexual intercourse.

By increasing knowledge, awareness and resources available to the youths and their parents, hopefully more positive delay of sexual activity will result with a decreased prevalence of HIV/AIDS and other STD infections. Finally, since there was no similar study done in the area of postponement of sexual activity, comparison was not possible. Hence, this study will help as a base line data for future researchers.

10. Recommendations

♠Encourage-delaying sex until marriage for those who had not had sexual intercourse.

♠Facilitate the consistent provision and utilization of condom, to reduce the number of sexual partners and abstinence for those who had multiple sexual partners

♠Since early initiation into sexual intercourse is one of the leading causes of prominent health problems such as contracting HIV/AIDS, deaths of youths, burden over the family and the nation as a result of population growth, policy makers, health authorities, parents, health professionals, youths and the community at large are recommended to pay due attention to its prevention via designing/development of appropriate strategies for interventions.

♠Creation of job opportunity for all out of school youths and facilitating where to pass their free time be it labor work or another, in order to divert their mind not to pay attention to initiating early sexual intercourse.

♠Strengthen and implement the proclamation designed for the age at marriage that was agreed upon if at all possible work towards increasing it by 2 to 4 years.

♠ Avoidance of forced sex which is usually performed upon youth girls untimely and without their willing and hence giving strong punishment for the ones who may be convicted of carrying out such a crime and encouraging each citizen of the nation to cooperate to strive towards the implementation of this task.

♠Including sex and health education in the curricula to be regularly taught to in school children and to out of school ones at an appropriate place and suitable environment. Topics such as HIV/AIDS, cigarette, chat and alcohol should be integrated and ongoing for all students in kindergarten via high schools and at convenient and appropriate environment.

♠Improving the educational status of parents.

♠ Strengthening the capacity of schoolteachers via teaching them about the necessity of sexual postponement and thus enabling them to transfer their knowledge of importance of delay of sex and the untoward effects of early sex to their pupils.

♠ Encourage and strengthen the improvement of the relationship and communication between youths and their families in order to bridge over the existing obstacles on daily basis and timely to help the children have current information from their parents on delay and early sexes, HIV/AIDS and other STDs, to then assist them all to have discussions between them on those problems and advantages of delay of and early sexes.

♠ Involving the community, society, religious leaders, parents, teachers, health professionals, government and the youths to draw ideas how to reverse (avert) the drastically increasing prevalence of early initiation into sexual intercourse that is usually followed by HIV/AIDS and other STDs.

♠ Information, education and communication (IEC) on the advantages of delay of sex and adverse effects of early sex at religious institutions, youths' and women's associations and at edir via mass media and health professionals.

♠ Doing continuous researches on delay of sex and early sex and timely disseminating their findings to concerned bodies to be utilized effectively and appropriately for the support of postponement of sex and for the aversion of early sexual intercourse.

♠ Teaching the community on the inevitable consequences that follow chat chewing, alcohol consumption and cigarette smoking such as HIV/AIDS and other sexually transmitted infections.

♠ Development of protective behaviors such as:

- Creativity of work opportunity to earning a living.

- Reduction of the frequency of meeting with peer groups believed

to be negative models for the rest.

- Strictly pursuing those peers, who are supposed to be positive models.
- Avoidance of associating with those friends/youths known to depend on substance abuse and
- Developing consistent behavior all the time and hence having constant stand not to be persuaded by peer pressure.

♠To realize the postponement of sexual activity until later age/until marriage, there should be communal commitment of youths, parents, teachers, health professionals, religious leaders, government, community and the society at large.

♠Increasing/strengthening the ability of youths to resist peer groups' pressure and social influences to drink, smoke and to chew chat, if not which in turn predisposes youths to early sex and eventually contract HIV/AIDS

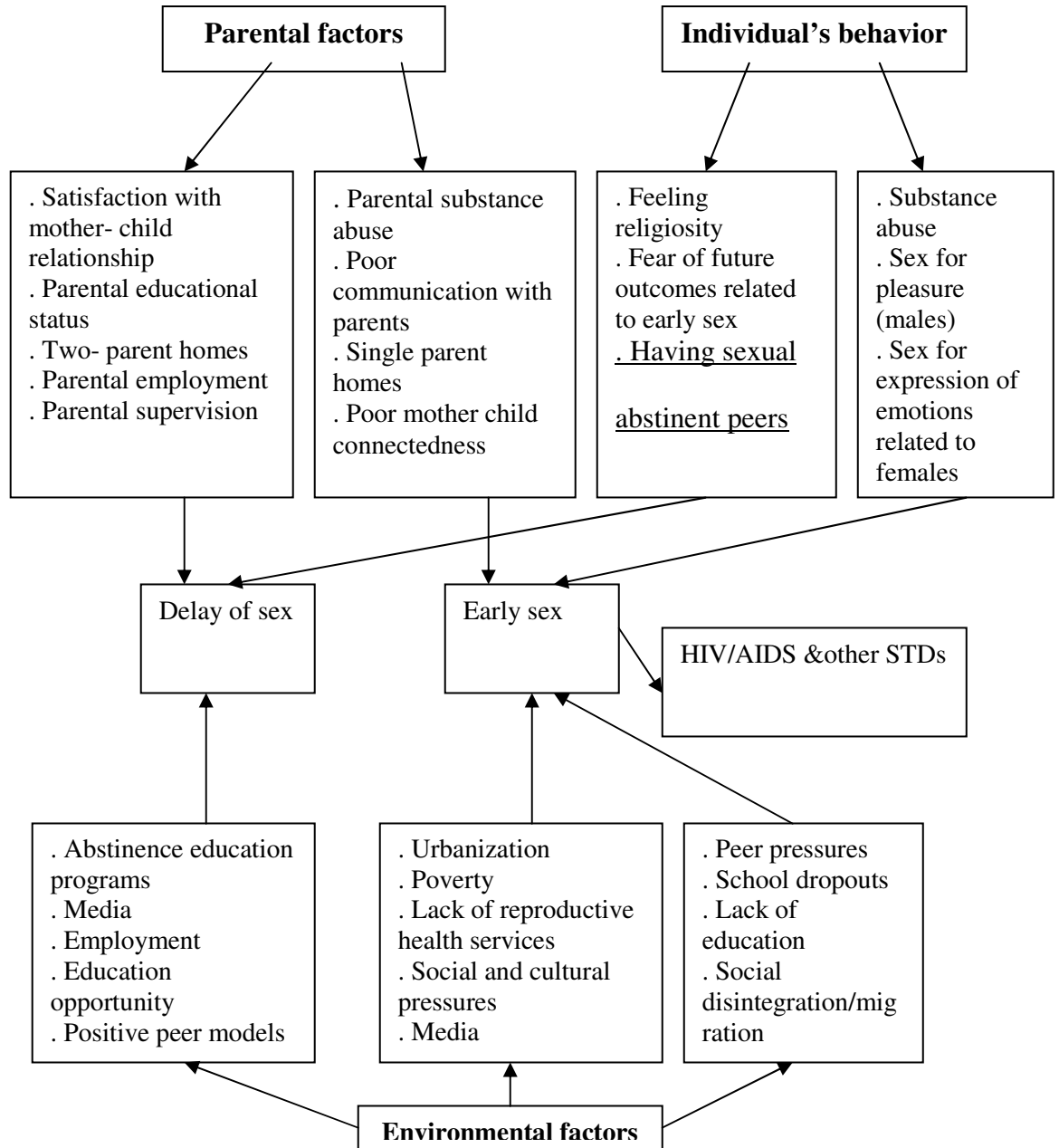


Fig. 6. Conceptual framework

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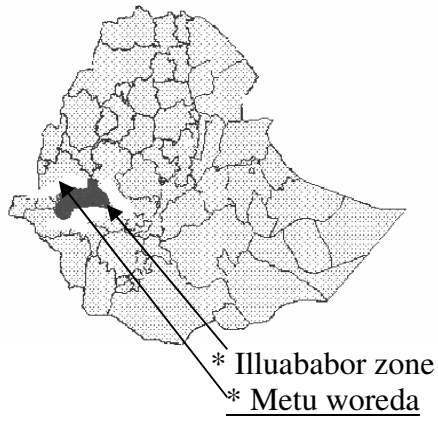
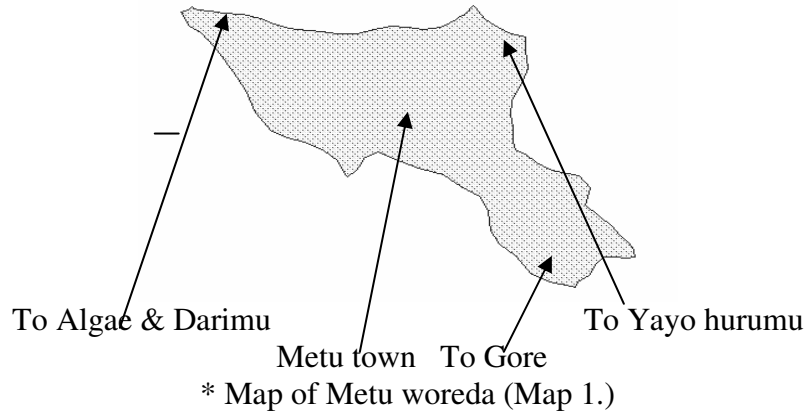
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* Map of Ethiopia (Map 2.)

Annex 1. English version questionnaire
Addis Ababa University
Faculty of Medicine
Department of Community Health

Questionnaire for the assessment of the magnitude and awareness of delay of sexual activity among youths (aged 20 to 24 years) to preventing HIV/AIDS and other STDs in Metu Town

Ser. No _____

Time at the beginning of interview _____

001 Questionnaire identification number /___/___/

002 District : Metu

003 Zone : Illuababor

004 site _____ 1. Kebele ____ 2. Kebele ____ 3. Kebele ____ 4. Kebele ____

005 House No /___ /___ /

Structured interview questionnaire for the quantitative study method:

1. Guideline for interviewers:

Introduction:

Verbal consent form before conducting interview

Greeting:

Hello, I am _____. I am working in the research team of the Addis Ababa University of Medical Faculty of Department of Community Health.

Additionally, introduce yourself as coming from Illuababor Zonal Health Department after greeting the person you meet first. Then, explain the purpose of the study for the respondent by saying that:

“The reason why I came here is to ask you some questions related to health. The purpose of this interview is to have your opinion you have on delay of sex, HIV/AIDS, and other STDs which in turn helps you and to designing interventions to tackle the prevailing early sexual activity and to in turn avert the fast spreading HIV epidemic including other STDs among youths of tomorrows’ responsible individuals.”

After the explanation, identify the presence of any household members 20-24 years (unmarried). You are then required to select the respondents by systematic random sampling. If there is no individual in the specified age group, thank and go to the next household, which has been selected.

2. Informed consent

Read the following paragraph for the selected person.

“To conduct our study, I would like to ask you some questions which may take about 30 minutes. As your participation is very important to the out come of the study, we kindly request you to give us your sincere and truthful answer. All the information that you and other respondents are going to provide us with will remain confidential and do not need to mention your name.

Are you willing to participate in the interview?

Yes, -----(continue the interview if the respondent says,” yes”).

No, -----(Thank and stop if the respondent says,” no”).

Signature -----Date-----

(Signature of the interviewer certifies that consent has been obtained verbally).

Interview visit

	Visit 1	Visit 2	Visit 3
Date			
Result			

Result codes: Completed= 1, Respondent not available=2, Refused=3, Partially completed=4, others=5

006 Interviewer code /_/_/_/ Name_____

007 date of interview /_____/_____/_____/

Checked by supervisor: Name_____Sig_____Date_____

Instruction:

The following are interview questions in order to identify the magnitude and awareness of delay of sexual activity to preventing HIV/AIDS and other STDs. Please, give your honest and truthful answer to each question from the given alternatives.

Part 1. Socio-demographic characteristics

		Skip	Code
1	Sex of the respondent	1.Male 2.Female	
2	How old are you?	1. ----Years 88.Do not know	
3	Have you ever attended school?	1.Yes 2.No 99.No response	
4	How do you read and understand a letter or a newspaper, easily, with difficulty, or not at all?	1.Easily 2.With difficulty 3.Not at all	
5	What is the highest level of school you attended?	1.Did not attend formal school 2.Primary 3.Junior secondary 4.Secondary 5.Post-secondary	
6	What is your religion?	1.orthodox 2.Protestant 3.Muslim 4.Catholic 5.No religion 6.Other (specify)----- -----	
7	Which ethnic group do you belong to?	1.Oromo 2.Amhara 3.Gurage 4.Tigre 5.Wolayita 6.Yem 7.Mixed ethnicity 8.Shakitho 9.Others (specify)___	
8	What is your current occupational status?	1.Student 2.Private employee 3.Civil servant 4.Daily laborer 5.Trader 6.Farmer 7.Home made 8.Other (specify)_____	

- 9 What is your monthly income? 1.<100 Birr per month
2.100-300
3.300-500
4.500+
88.Do not know
99.No response
- 10 What is your parents' income per month? 1. <100
2.100-199
3.200-299
4.300-399
5.400-499
6. ≥ 500
- 11 What is your parents' educational status? 1.Illiterate
2.Primary
3.Junior secondary
4.Collegeand above

Part 2. Reproductive health issues

- 12 Have you ever had sexual intercourse? (For the purpose of this survey, sexual intercourse is defined as vaginal intercourse.) 1.Yes To
2.No qn
99.No response 18
- 13 If your response to Qn 12 is yes, at what age did you have your first sexual intercourse? 1. ___years
88. Do not know
99. No response
- 14 If your response to Qn 12 is yes, who forced/what forced you to start early/premarital sex? Yes No
1.Your older sibling 1 2
2.Peer groups 1 2
3.Financial Problem 1 2
4.Was forced sex 1 2
5.Your interest 1 2
- 15 Have you been sexually active within the last 4 weeks? 1.Yes To
2.No qn17
99.No response
- 16 If your response is yes, to Qn 15, how many sexual partners did you have in the last 4 weeks? 1. ____partner(s)
88.Do not know
99.No response
- 17 Did you and your partner(s) regularly use condom when you had sexual intercourse? 1.Yes
2.No
88.Do not know
99.No response

- | | | | |
|----|------------------------------------------------------------------------|-------------------|--------|
| 18 | Did you experience sexual, physical, or emotional abuse or not at all? | | Yes No |
| | | 1.Sexual abuse | 1 2 |
| | | 2.Physical abuse | 1 2 |
| | | 3.Emotional abuse | 1 2 |
| | | 4.Not at all | 1 2 |

Part 3. Knowledge questions about HIV/AIDS and other STDs, condoms, importance of

delay of sex, impact of early sex and risk of pregnancy

- | | | | |
|----|-----------------------------------------------------------------|----------------------------------------|--------|
| 19 | Have you ever heard about HIV/AIDS? | | |
| | | 1.Yes | |
| | | 2.No | |
| | | 88.Do not know | |
| | | | |
| 20 | Have you ever heard of ways that people get HIV/AIDS? | | |
| | | 1.Yes | |
| | | 2.No | |
| | | 88.Do not know | |
| | | | |
| 21 | As far as you know what are the ways people get HIV/AIDS? | | Yes No |
| | | 1.Sexual intercourse | 1 2 |
| | | 2.Blood transfusion | 1 2 |
| | | 3.Sharing items like needles | 1 2 |
| | | 4.Mother to child | 1 2 |
| | | 5.Others (specify) | |
| | | | |
| 22 | Do you know of any ways you can protect yourself from HIV/AIDS? | | |
| | | 1.Yes | |
| | | 2.No | |
| | | 88.Do not know | |
| | | | |
| 23 | If (yes), what are these ways of protecting yourself? | | Yes No |
| | Circle 1 for all mentioned.
Circle 2 for all not mentioned. | 1.Abasing from sex | 1 2 |
| | | 2.Stay faithful to your partner | 1 2 |
| | | 3.Encourage partner to remain faithful | 1 2 |
| | | 4.Use condom | 1 2 |
| | | 5.Avoid sharing needles, razors etc. | 1 2 |
| | | 6.Others (specify) | |

- 24 The AIDS virus is found in: Yes No
 Circle 1 for all mentioned. 1.Mother's
 Circle 2 for not mentioned. breast milk 1 2
2.Semen 1 2
3.Blood 1 2
4.Vaginal
secretions 1 2
5.Others (specify)
- 25 Do you think that a healthy looking 1.Yes
 person can be infected with HIV, 2.No
 the virus that causes AIDS? 88.Do not know
99.No response
- 26 Have you heard about condom? 1.Yes
2.No
88.Do not know
- 27 Condom can protect an individual 1.Yes
 from contracting HIV/AIDS and 2.No
 other STDs. 88.Do not know
- 28 All of the following are correct 1.Prevents unwanted
 about condom except: pregnancy
2.Prevents STDs including
HIV/AIDS
3.Prevents tuberculosis
4.All
- 29 If a condom is not available, it 1.Strongly disagree
 would be worth the effort to 2.Disagree
 discontinue sexual activity to obtain 3.Agree
 a condom. 4.Strongly agree
- 30 Unwanted youth pregnancy can Yes No
 be prevented by: 1.Delayng sexual
Intercourse 1 2
2.Posponing
premarital sex 1 2
3.By protecting
oneself from
forced sex 1 2
88. Do not know 1 2
- 31 Did you have prior 1.Yes If
 information on importance 2.No no
 of delay of sexual activity? to
qn
33
- 32 If yes to question 31, Yes No
 which/who was/were your 1.Parents/peers 1 2
 source(s) of information? 2.Radio 1 2
3.Television 1 2

	4.Newspaper	1	2	
	5.Health professionals	1	2	
	6.Posters	1	2	
	7.Religious leaders	1	2	
	8.Teachers	1	2	
	9.Anti-AIDS clubs	1	2	
	10.Others (specify}			
33	Delay/postponement of sex helps youths to:	Yes	No	
	1.Be protected from HIV/AIDS	1	2	
	2.Be protected from Other STDs	1	2	
	3.Be protected from unwanted pregnancy	1	2	
	4.Be protected from premature death	1	2	
	5.Plan for future life	1	2	
	6.Accomplish education started	1	2	
	7.Be employed	1	2	
	88.Do not know	1	2	
34	Delay/postponement of sexual intercourse affects the youths rather than helping.	1.Yes	2.No	88. Do not know
35	Which of the following helped you to postpone sex?	Yes	No	
	1.Employment/income of the respondent	1	2	
	2.Passing several years at school	1	2	
	3.Religion	1	2	
	4.Family income/employment	1	2	
	5.Parental education and connectedness	1	2	
	6.Fear of HIV/AIDS	1	2	
	7.Fear of other STDs	1	2	
	8.Fear of pregnancy	1	2	
	9.Bette academic performance	1	2	
	10.Parental supervision	1	2	
36	Have you ever heard of negative effect of early sexual initiation into sexual intercourse?	1.Yes	2.No	If no to qn 38

37	If yes, to question 36, from which/who did you get information?		Yes	No
		1.Parents	1	2
		2.Radio	1	2
		3.Television	1	2
		4.Posters/leaflets	1	2
		5.Health professionals	1	2
		6.Teachers	1	2
		7.Rrlgious leaders	1	2
		8.Peers/friends	1	2
		9.Others (specify) _____		
38	Some of the consequences of early sex in youths include:		Yes	No
		1.Burden for the family	1	2
		2.Burden for the society	1	2
		3.Unintended pregnancy	1	2
		4.Contracting HIV/AIDS and other STDs	1	2
		5. Death of the mother &the child	1	2
		6. Early parenting	1	2
		7.School drop-outs	1	2
		8.Population growth	1	2
		9.Malnutrition	1	2
		10.Prosstitution	1	2
		11.Dependency	1	2
		88.Do not know	1	2
39	Early initiation of sexual intercourse does not have negative effect on youths in any way.	1.Yes		
		2.No		
		88.Do not know		
40	What do you suggest/recommend/ to overcome the negative effect of early sex on youths?		Yes	No
		1.Awareness creation among youths	1	2
		2.RH curricula development	1	2
		3.Awareness creation among parents	1	2
		4.Education and empowerment of women	1	2
		5.Increase community's involvement	1	2
		6.Increase involvement of religious organizations	1	2
		7.Others(specify)-----		
		88.Do not know	1	2

Part 4. Communication questions with family members and friends:

- 41 Did you talk with your family members about avoiding or delaying sex in the past year? 1. Yes
2. No
88. Do not know
- 42 What is your perception of your family members' and friends' approval of your avoiding or delaying sex? 1.Disapprove
2.Approve
88.Do not know
- 43 Did you talk with family member about an impact of early sex? 1.Yes
2.No
- 44 Do you and your parents discuss about unwanted early youths' pregnancy and its adverse effect? 1.Yes
2.No
- 45 Do you discuss about HIV/AIDS and other STDs with them? 1.Yes
2.No
- 46 Do you talk about abstinence with your family? 1.Yes
2.No

Part 5. Attitudinal and awareness questions:

- 47 What is your attitude toward delay/postponement of sex? 1. Approve very much
2. Approve somewhat
3. Approve very little
4. Do not approve
- 48 What is your attitude toward early initiation into sexual intercourse? 1. Approve very much
2. Approve somewhat
3. Approve very little
4.Do not approve
- 49 Which one(s) of the following do you prefer to be protected from HIV/AIDS and other STDs? Yes No
1.Condom use 1 2
2.Delaying of sexual intercourse until marriage 1 2
3.Being faithful to sexual partner 1 2
88.Do not know 1 2
- 50 Do you think that delay of sex improves individual's future life? 1Yes
2.No

- 51 Do you think that early sexual intercourse affects youths? 1.Yes
2.No
- 52 Do you believe that parental continuous supervision helps youths to postpone early sex? 1.Yes
2.No
- 53 Do you imagine that early sex predisposes youths to contracting HIV/AIDS and other STDs? 1.Yes
2.No
- 54 Do you think that early sex paves way for population growth? 1.Yes
2.No
- 55 Do you believe that youths can take measures to tackle/minimize the prevailing early sex? 1.Yes
2.No
- 56 Do you think that community can play a role to over come the sufferings of youths attributed to early sex? 1.Yes
2.No
- 57 Would you be willing to condemn the coerced sex at an early age? 1.Yes
2.No
- 58 Would you be willing to support the delay of sex until marriage? 1.Yes
2.No
- 59 If you are asked by a girl or a boy to commence early sex, what will be your reaction? 1.Accepting
2.Rejecting
88.Do not know
99.No response

Part 6. Psychosocial, perception and practice questions :

- 60 Are your parents alive? Yes No
1.Mother alive 1 2
2.Father alive 1 2
- 61 With whom are you living?
1. With parents/relatives
2. Alone
3. With employer
4. With peers/co-workers/friends
5. Other (specify)_____

- 62 Do you have older sister who has become pregnant before age 20(who has had a baby)?
1. Yes
 2. No
- 63 Do you have older peers?
1. Yes
 2. No
- 64 Do you perceive that peers are sexually active?
1. Yes
 2. No
- 65 What do you perceive about delay of sexual activity? It is extremely indispensable.
1. Strongly agree
 2. Agree
 3. Strongly disagree
 4. Disagree
- 66 Do you associate with peers who use substances?
1. Yes
 2. No
- 67 Do you have the habit of chat, alcohol, cigarette, or not at all?
- | | Yes | No | If no to qn 69 |
|--------------|-----|----|----------------|
| 1.Chat | 1 | 2 | |
| 2.Alcohol | 1 | 2 | |
| 3.Cigarette | 1 | 2 | |
| 4.Not at all | 1 | 2 | |

- 68 If yes, for question 73, how often do you use it (them)?
- 1. Every day
 - 2. At least twice a week
 - 88. Do not know
 - 99. No response
- 69 As far as you know, the magnitude of sexual practice among youths is:
- 1. Increasing
 - 2. Static
 - 3. Decreasing
 - 4. Unknown
 - 88. Do not know
- 70 How about the sexual initiation patterns as to your understanding and observation?
- 1. Increasing
 - 2. Hidden/concealed
 - 3. Public (known to everyone)
 - 4. Decreasing
 - 88. Do not know
 - 99. No response
- 71 Who are/is supposed to be the attribute(s) to the sexual initiation patterns?
- | | | Yes | No |
|------------------|--|-----|----|
| 1. Older sibling | | 1 | 2 |
| 2. Peer groups | | 1 | 2 |
| 3. Substance use | | 1 | 2 |
| 88. Do not know | | 1 | 2 |
| 99. No response | | 1 | 2 |
- 72 Were you raised/brought up by both biological parents?
- 1. Yes
 - 2. No
- 73 If your response to Qn 72 is no, who brought you, up?
- 1. Your sister
 - 2. Uncle/aunt
 - 3. Brother
 - 4. other(specify)-
 -

Annex 2. Focus group discussion guideline

Good morning/afternoon, we thank you all for your coming on time

My name is _____. My colleague near to me is called _____. We came from Illuababor Zonal Health Department.

Read the following as it is:

“After a brief introduction we will be talking about different issues related to delay of sex and early initiation into sexual intercourse as well. We will be asking you questions about your experience pertaining to delay of sexual activity in your area and issues peculiar to factors for early initiation into sexual intercourse and those delaying/postponing the commencement of sexual intercourse. We will eventually conclude the session by asking for your recommendations on ways to bring about changes in youths to postpone early initiation into sexual intercourse until later age/typically until marriage following the development of certain appropriate interventions basically attributed to your comments and suggestions.

Would you be willing to participate in the discussion?

If yes, proceed.

If no, thank and stop the discussion.

Signature_____

(Signature of the moderator certifies that consent has been obtained verbally).

Date_____Time_____

Topic guideline for focus group discussion:

1♠What do you perceive about early sex, its factors (causes, prevention, and its consequences)?

2♠What are the factors for delaying sex until later age/until marriage?

3♠What are the advantages of delay of sex both for youths, family and society?

4♠Who will be involved in the adverse effect of early sex? (Probe)

5♠How do you relate early sex with HIV/AIDS and other STDs and also with unwanted pregnancies?

6♠How do you see role of communication, connectedness between parents and youths, parental education and strict supervision in relation to early sex and delay of sex?

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

Annex 3. In-depth interview guideline

Good morning/afternoon, we thank you all for your coming on time.

My name is_____. My colleague near to me is called_____. We came from Illuababor Zonal Health Department.

Read the following as it is:

“After a brief introduction we will be asking you different points pertaining to delay of sexual activity and early sexual initiation too.” We will be asking you questions related to your experience of delay of sex in your area and issues regarding factors for early sexual initiation and those delaying or postponing the inception of sexual intercourse. We will finally conclude the interview by asking you for your recommendations on means to bring about changes in youths to postpone early sex until later age, typically until marriage following the development of certain appropriate interventions basically attributed to your comments and suggestions.

Would you be willing to participate in the in-depth interview?

If yes, proceed.

If no, thank and stop the interview.

Signature_____ (Signature of the moderator certifies that consent has been obtained verbally).

Date_____ Time_____

Questions for in-depth interview

Topic	Main questions	Follow-up questions	Probe
Knowledge	1. Can you tell me what you know about early sex?	What have you heard from others? In your opinion, are these things true?	Anything else about early sex? Its impact?
	2. Would you tell me what you know about delay of sex?	What have you heard from friends?	Other points related to delay of sex?
Opinion	3. What do you think are the disadvantages of early initiation into sexual intercourse?	How could early sex harm youths?	What are some ways early sexes could harm youths/adolescents?
	4. What do you think are the advantages of delay/postponement of sex?	How can delay of sex help youths/adolescents?	Can you mention some ways delay of sex could help youths/adolescents, parents and community at large?
	5. How do you see the prevalence of initiation into early sexual intercourse?	What are suggestions, comments and recommendations being given/discussed among people?	Can you give me more information on how youths/adolescents engage in early sex?

This is end of our in-depth interview. Thank you for your participating in the interview.

Anqetsii Iffaa: Gaaffii afaan ingliffaa irraa gara afaan oromootti jijjiirame:

Universiitii Finfinnee

Kutaa hikiminnaa

Kutaa fayyaa hawaasa

Gaaffii akkaataan tursii qunamtii saala darggagoota hifuudhiniifi hinheerumini umutriin isaanii waggaa 20 hanga 24tti ta'e fakkaatuufi beekumssa isaan tursii qunamtii saala ilaalchisee qaban magaalaa Mattuu keessa kan jiraatan dowl eedsiiitiifi dhukuboota gara biraa qunamtii saalaatiin dadarbaniif kan qophaa'e.

Lakkoofssa _____

Yeroo gaaffiin itti eegalame _____

001 Lakkoofssa gaaffiin ittiin addaan ba'u / ___/ ___/

002 Aanaa: **Mattuu**

003 Zoonii: **Illuuabbaaboora**

004 Iddoo _____ 1.Ganda _____ 2.Ganda _____ 3.Ganda _____ 4.Ganda _____

005. Lakkoofssa mana / ___/ ___/

Gaafilee filannoo addadda qaban maamiloota ittiin gaafachuudhaaf qophaa'e:

1. Irratti hundeeffama gaafatootaaf qophaa'e

Itti lixa

Foormii walii galtee/fudhachuu itti hirmaata qorannoo utuu gaaffii hineegalin

Dubbisuu/nagaa gaafachuu

Attam, ani _____ .Ani garee qorannoo Universiitii Finfinnee kutaa fayyaa hawaasaa keessan hojjedha. Itti dabalees akka qajeelcha eegumssa fayyaa Godina Illuuabbaaboora irraa dhufte itti himi. Kana booda dhimma qorannoo kana ilaalchisee itti hirmaataatti akka armaan gadiitti ibsiifi:

Waanti ani asi dhufeefi gaafilee fayyaa ilaalatan sigaafachuudhaafi. Hojiin gaaffii kana yaada ati tursii qunamtii saalaa, eedsidaafii dhukubootii qunamtii saalaatiin dadarbbaan gara biraa irratti qabdu ta'ee yaanni kee kunis karoora ittiin rakkoolee kana darggagoota bor itti gaafatamummaa fudhatan irraa hambisuuf kan gargaaru baasuuf gargaara.Eerga ibsiteef booda mana keessa jireenya darggagoota hinfuudhiniif hineerumin umuriin isaanii waggaa 20 hanga 24 ta'e addaan baafadhu. Itti hirmaatota qorannoo kana akkaataa kara qabeessaatiin foadhu.Yoo darggagoon umuriin isaa/isee kan itti hirmaachuu qabu ykn qabdu manicha keessa hinjirre galatoomfadhu mana filatame itti fufutti darbi.

2. Waliigaltee ifaa

Bareefama armaan gadii itti hirmaataa filatameefi dubbis

Qorannoo keenya geggeesuuf gaafilee daqiiqaa 30 sitti fudhatun sigaafadha. Akka itti hirmaanaan kee bu'uura qorannoo kanaatiif barbaachisaa ta'eef deebi'ii sirrii akka nuuf laatuufi sigaafadna. Yaanni atiifi itti hirmaatootiini gara biraan nuuf kennan amanamaadha.Maqa kee ibsuun hibarbaachisu.

Gaaffii kanatti hirmaachuu nibarbaada?

Eeyee_____ (yoo itti hirmataan eeyyee jedhe gaaffii itti fufi).
Lakkii_____ (yoo itti hirmataan lakki jedhe galatoomfadhuu gaaffii dhaabi).

Malattoo_____ Guyyaa _____
(malltoon gaafataadha waliigaltee irra ga'uu agrsiisa).

To'annoo gaaffii

	To'annoo 1ffaa	To'annoo 2ffaa	To'annoo 3ffaa
Guyyaa			
Bu'aa			

Koodii bu'aa: Kan raawwate=1, Itti hirmaataan hinargamne=2, Hindide/hindidde=3
Xiqqoo rawwateera=4, Garabiraa=5

006 Koodii gaafataa /____/____/ Maqaa _____

007 Guyyaa gaaffii/_____/_____/_____/

To'ataan ilaalameera: Maqaa _____ mallattoo _____ Guyyaa _____

Kan duukaa buamuu qabu

Kan harmaan gaditti jiranu gaaffilee ittiin akkaataan qunamtii saalaa itti/irra jiruufi beekumssa kana ilaalchisee eedsiifi dhukuboota qunamtii saalaatiin darbban gara biraa jiruufi kan qophaa'e. Kanaafuu deebi'ii amanamadhaafii sirrii kan ta'e deebi'oota jiran keessa foattanii akka nuufi deebifitan nigaafanna.

Kutaa 1ffaa. Waa'ee jireenyafi dhimoolee isin ilaalatanu:

1	Saala qoratamaa/itti hirmaata?	1.Dhiira 2.Dubartii	Irra darbbi	Koodii
2	Waggaan/umuriin kee meeqa?	1.Waggaa_____ 2.Hinbeeku		
3	Mana barnootaa galtee beekta?	1.Eeyyee 2.Lakkii		
4	Akkaataan ittiin dubbiftee hubatu, salphaatti, rakkoodhaan, tasa iyyuu?	1.Salphaatti 2.Rakkoodhaan 3.Tasa iyyuu		
5	Barnooti kee inni guddaan baratte kami/ammam?	1.Barnoota beekamaa hinbaranne 2.Sadarkaa 1ffaa 3.Sadarkaa giddugaleessaa 4.Sadarkaa 2ffaa 5.Sadarkaa 2ffaa booda		
6	Amantiin kee maali?	1.Hotodoksii 2.Proteestaantii 3.Muusileemii 4.Katolikii 5.Hinqabu 6.Gara biraa(abseil)_____		
7	Qomoon /sanyiin/ kee maali?	1.Oromoo 2.Amaara 3.Guraagee 4.tigree 5.Walaayittaa 6.Yemii 7.Shakichoo 8.Walmakaa 9.Gara biraa(ibbsi)___		
8	Hojiin kee ammaa maanni?	1. Barataa 2. Qacaramaa dhuunffaa 3. Hojjetaa mootummaa 4. Hojjetaa guyyaa 5. Daldalaa 6. Qotee bulaa 7. Hojjetuu manaa 8. Gara biraa(ibbsi)_____		
9	Ji'aan galiin keeammam/meeqa?	1.Ji'aan qarshii 100 gadi 2.100-300 3.300-500 4.500 oil 88.Hinbeeku 99.Deebii hilaanne		

- 10 Ji'aan galiin warra keessanii ammam? 1.Qarshii 100 gadi
2.100-199
3.200-299
4.300-399
5.400-499
6. ≥ 500
- 11 Sadarkaan barnoota warra keessanii attami? 1.Hinbaranne
2.Sadarkaa lffaa.
3.Sadarkaa giddugaleessaa
4.Koleejiif isaa oli

Kutaa 2ffaa. Waa'ee fayyaa hormaataa:

- 12 Qunamtii saalaa gotee beekta?(qorannoo kanaafi qunamtii saalaa kan jedhamu karaa gadameessa dubartiitiin kan ta'uudha). 1.Eeeyee
2.Lakkii
99.Deebii hinlaanne
- 13 Yoo deeiin kee gaaffii 12dhaafi eeyyee ta'e,umuriin kee yeroo qunamtii saalaa isa lffaa goote meeqa? 1.Waggaa____
88.Hinbeeku
99.Deebii hinlaanne
- 14 Yoo deebiin kee gaaffii 12dhaafi eeyyee ta'e, qunamtii saalaa yeroo malee/fuudha duraa ykn heeruma dura akka rawwatuufi eenyutu ykn maaltu sidirqisiise? Eeyyee Lakkii
1.Obboleetii kee isee angafaa 1 2
2.Ir'yoolii kee 1 2
3.Rakkoo qarshii 1 2
4.Qunamtii humnaa 1 2
5.Fedhii keetiin 1 2
- 15 Torbban arfan darbban keessa qunamtii saalaa gootee beekta? 1.Eeeyee
2.Lakkii
99. Deebii hinlaanne
- 16 Yoo deebiin kee gaaffii 15dhaafi eeyyee ta'e qunamtii saalaa torbban arfan darbban keessa nama meeqa wajjin raawwate? 1.Dhiira/dubartii____
88.Hinbeeku
99.Deebii hinlaanne
- 17 Atiifi jaalaleen kee yeroo qunamtii saalaa raaawwatan sirriitti kondomiidhaan fayyadamtaniitu/nifayyada mtu? 1.Eeyyee
2.Lakkii
88.Hinbeeku
99.Deebii hinlaanne
- Yoo lakkii ta'e gaaffii 18tti darbi
- Yoo lakkii ta'e gaaffii 17tti darbi

18	Rakkoo gar malee/miidhaa/dhiibbaa qunamtii saalaa, nandhaa ykn namummaa si irraa ga'eeraa,ykn takkaa hingeenye?	1.Miidhaa saalaa 2.Miidhaa nandhaa 3.Miidhaa namummaa 4.Takkaa na irra hingeenye	Eeyyee Lakkii 1 2 1 2 1 2 1 2
----	-----------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------	-------------------------------------------

Kutaa 3ffaa. Gaaffilee waa'ee beekumssa eedsii, dhukuboota gara biraa qunamtii saalaatiin dadarbbaan, kondomii, faayidaa tursuu qunamtii saala, rakkoo qunamtii saalaa ijoolummaa fiduufi rakkoo hulfummaa:

19	Waa'ee eedsii dhageessee beektaa?	1.Eeyyee 2.Lakkii 88.Hinbeeku	
20	Karaa namootiin ittiin eedsii argatani dhageessee beektaa?	1.Eeeyyee 2.Lakkii 88.Hinbeeku	
21	Akka ati beektutti karaa namootiin eedsii itti argatan malfai?	1.Qunamtii saalaa 2.Dhiiga kenuufi/ fudhachuun 3.Meeshaalee marffee fakkaatan waljijjiiruudhaan 4.Gara haadhaatii mucaatti 5.Gara biraa(ibis)_____	Eeyyee Lakkii 1 2 1 2 1 2 1 2 1 2
22	Karaa ittiin eedsii irraa of eegatu beekta?	1.Eeeyyee 2.Lakkii 88.Hinbeeku	
23	Yoo deebiin kee gaaffii 22dhaafi eeyyee ta'e karaan ati ittiin eedsii irraa of eegduu malfa'i?	1.Qunamtii saalaa dhaabu 2.Jaalallee ofiitiifi amanamuu 3.Jaalallee ofii akka amanamaa (tuu)ta'u/taatu gochuu 4.Kondomiiitti ma'ii ba'uu 5.Marffee, milaachii, garaa biraa waliin maa'ii itti ba'uu dhiisuu 6.Gara biraa(ibis)_____	Eeyyee Lakkii 1 2 1 2 1 2 1 2 1 2 1 2
24	Vaayiresiin eedsii kan inni keessatti argamu:	1.Haannan harma haadhaa keessa 2.Dhangala'a biliitii dhiiraa keessa 3.Dhiiga keessa 4.Dhangala'a biliitii dubartii keessa	Eeyyee Lakkii 1 2 1 2 1 2 1 2

		5.Gara biraa(ibis)_____	1	2	
25	Namnni fayyaa fakkaatu vaayiresii dhukuba eedsii fidu qabaachuu nidanda'a jete yaada?	1.Eeyyee 2.Lakkii 88.Hinbeeku 99.Deebii hinlaanne			
26	Waa'ee kondomii dhageessee beeta?	1.Eeyyee 2.Lakkii 88.Hinbeeku			
27	Kondomiin eedsiiniifi dhukubootii gara biraan qunamtii saalaatiin darbban akka nama irraa namatti hindarbineefi gargaara.	1.Eeyyee 2.Lakkii 88.Hinbeeku			
28	Kondomii ilaalchisee qabxxii tokkoon ala kan armaan gaditti xuqaman sirriidha.		Eeyyee	Lakkii	
		1.Ulfa hinbrbaachifne dhowwa	1	2	
		2.Qunamtii saalaatiin dhukuboota dadarbban gara biraafi eedsii dhowwa	1	2	
		3.Dhukuba sombaa dhowwa	1	2	
		4.Hunduu sirriidha	1	2	
29	Yoo kondomiin hinjirre qunamtii saalaa dhaabuudhaan kondomii barbaaduun nibarbaachisa.	1.Cimmseen morma 2.Nimorma 3.Nanfudhaadha 4.Cimmseen fudhadha			
30	Ulffi darggagootaa kan hinbarbaachifne kan innii ittiin dhowwamu:		Eeyyee	Lakkii	
		1.Qunamtii saalaa tursuudhaan	1	2	
		2.Qunamtii saalaa fuudha/heeruma duraa dhowwuudhaan	1	2	
		3.Qunamtii saalaa humnna irratti hundaa'e oof irraa dhowwuudhaan	1	2	
		88.Hinbeeku	1	2	
31	Odeefannoo barbaachisummaa turtii qunamtii saalaa qabdaa?	1.Eeyyee 2.Lakkii			Yoo lak.g af.33 tti
32	Yoo deebiin kee gaaffii 31dhaafi eeyyee ta'e kamtu ykn eenyutu odeefannoo siif kenne?		Eeyyee	Lakkii	
		1.Warra kee,fira kee ykn ir'yoolii kee	1	2	
		2.Raadioo	1	2	
		3.Teleeviiziiioonii	1	2	
		4.Gaazexaa	1	2	
		5.Hojjetoota fayyaa	1	2	
		6.Poosterii	1	2	

		7.Dura bu'oota amantii	1	2	
		8.Barsiisota	1	2	
		9.Klabii eedsii	1	2	
		10.Gara biraa(ibis)___	1	2	
33	Qunamtii saalaa tursuun darggagoota karaan inni itti fayyadu:		Eeyyee	Lakkii	
		1.Eedsii irraa eega	1	2	
		2.Dukuboota qunamtii saalaatiin dadarban gara biraa irraa dhowwa	1	2	
		3.Ulfa hinbarbaachifne irraa dhowwa	1	2	
		4.Du'a yeroo malee irraa eegamuufi	1	2	
		5.Karoorra jireenya fuula duraatiif baafachuufi	1	2	
		6.Barnoota jalqabame xumuruufi	1	2	
		7.Qacaramuufi/carraa hojii humuufi	1	2	
		88.Hinbeeku	1	2	
34	Tursiin qunamtii saalaa darggagoota gargaaruu isaa irra nimiidha.	1.Eeyyee			
		2.Lakkii			
		88.Hinbeeku			
35	Kan armaan gaditti ibsaman keessaa akka ati qunamtii saalaa tursituuf sigagaare kami/warra kami?		Eeyyee	Lakkii	
		1.Qacarama/galii hirmaataa qorannoo	1	2	
		2.Waggaa baayyee mana barnootaatti dabarsuu	1	2	
		3.Amantii	1	2	
		4.Galii warraa/qacarama warraa	1	2	
		5.Warraa wajjin waliin jiraachuu fi barnoota warraa	1	2	
		6.Sodhaa eedsii	1	2	
		7.Sodhaa dhukuboota gara biraa qunamtii saalaatiin dadarban	1	2	
		8.Sodhaa ulfaa	1	2	
		9.Mana barnootaatti qabxxii gaarii galmeesisuu	1	2	
		10.TO'annoo warraa	1	2	
36	Rakkoo qunamtiin saalaa yeroo malee dhufuv fidu dhageessee beeta?	1.Eeyyee			Yoo lak. gaf. 38tti
		2.Lakkii			
37	Yoo deebiin kee gaaffii 36dhaafi eeyyee ta'e		Eeyyee	Lakkii	
		1.Warra kee			

	eessa ykn eenyu irraa	irraa	1	2
	odeefannoo argate?	2.Raadioo	1	2
		3.Teleevizioonii	1	2
		4.Poosterii	1	2
		5.Hojjetoota		
		fayyaa	1	2
		6.Barsiisota	1	2
		7.Geggesitoota		
		amantii	1	2
		8.Ir'yoolii/firootii		
		kee	1	2
		9.Gara biraa(ibis)___	1	2
38	Rakkooleen inni yaraan		Eeyyee	Lakkii
	qunamtii saalaa	1.Ba'aa warra		
	ijoolummaa ilaalchisee	irraa	1	2
	dhufan:	2.Ba'aa biyya		
		irraa	1	2
		3.Ulfa		
		hinbarbaachifne	1	2
		4.Eedsiidhaaf		
		dhukuboota gara		
		biraa qunamtii		
		saalaatiin dadarbaniin		
		qabamuu	1	2
		5.Du'a haadhaafi		
		mucaa	1	2
		6.Ijoolummaan		
		warra		
		maatii ta'uu	1	2
		7.Mana barnootaa		
		gadi dhiisuudhaan		
		ba'uu	1	2
		8.Baayina namootaa	1	2
		9.Hir'ina nyaataa	1	2
		10.Bobaumssa		
		qunamtii saalaa		
		irratti	1	2
		11.Of danda'uu dadhabuu/jiraachuuf		
		tokko irratti ba'aa		
		ta'uu	1	2
		88.Hinbeeku	1	2
39	Qunamtiin saalaa yeroo	1.Eeyyee		
	malee ijoolummaadhaan	2. Lakkii		
	jalqabu darggagoota	88.Hinbeeku		
	irratti karaa kamiin			
	iyuu rakkoo hinfidu.			
40	Rakkoo qunamtiin		Eeyyee	Lakkii
	saalaa yeroo maleedhaa	1.Darggagoota		

darggagoota irratti fidu hanbisuufi jecha yaadin ati laatu maal?	gidduutti beekumssa huumuudha.	1	2
	2.Barnoota fayyaa hormaataa guddisuu ykn huumuu	1	2
	3.Damaqina/beekumssa warrootii gidduutti huumuu	1	2
	4.Barnootaafi humnna dubartootaa jabeessuu	1	2
	5.Itti makumssa hawasaa dabaluu	1	2
	6.Itti makamummaa durabu'oota amantii dabalu	1	2
	7.Gara biraa(ibis)___	1	2
	88.Hinbeeku	1	2

Kutaa 4ffaa. Gaaffilee walitti dhufeenyaafi walii wajjin mari'achuu darggagootaafi warra isaanii akkasumas firootii isaanii gidduu jiru ilaalatan:

- 41 Waggaa darbe waa'ee tursii qunamtii saalaa ykn dhowwii qunamtii saalaa yeroo malee warra keessanii wajjin haasofteeta? 1.Eeyyee 2.Lakkii 88.Hinbeeku
- 42 Ilaalchi/hubannoon ati tursii qunamtii saalaa keetii ilaalchisee warri kee mirkaneessan irratti qabdu maal? 1.Hinmirkaneessu 2.Nimirkaneessa 88.Hinbeeku
- 43 Dhiibbaa/rakkoo qunamtiin saalaa yeroo malee fidu warra keetii wajjin haasofteeta? 1.Eeyyee 2.Lakkii
- 44 Atiif warri kee waa'ee darggagoota irratti yeroo malee ulffi hinbarbaachifne dhufuufii rakkoo inni darggagootatti fidu nimari'atuu? 1.Eeyyee 2.Lakkii
- 45 Waa'ee eedsiiitiifi dhukuboota gara biraa qunamtii saalaatiin dadarban warra kee wajjiniin nimari'ataa? 1.Eeyyee 2.Lakkii
- 46 Waa'ee qunamtii saalaa dhaabuu ykn tursuu warra keetii wajjin nihaasoftaa? 1.Eeyyee 2.Lakkii

Kutaa 5ffaa. Gaaffii ilaalchaafidamaqina ilaalatu:

- 47 Ilaalchi ati tursii qunamtii saalaa ilaalatu irratti qabdu maal? 1.Baayisee nimirkaneessa
2.Waa nimirkaneessa
3.Baayee xiqoosaa nimirkaneessa
4.Hinmirkaneessu
- 48 Ilaalchi ati qunamtii saalaa yeroo malee jalqabu ilaalchisee qabdu maal? 1.Baayisee nimirkaneessa
2.Waa nimirkaneessa
3.Baayee xiqoo saa nimirkaneessa
4.Hinmirkaneessu
- 49 Armaan gaditti kan/ Eeyyee Lakkii warra barreefaman keessaa eedsiifi dhukuboota qunamtii saalaatiin dadarban irraa of eeguufi came ykn warra kam foota? 1.Kondomiitti maa'ii ba'uu 1 2
2.Hanga fuudhaatti qunamtii saalaa tursuu 1 2
3.Qunamtii saalaa kan wajjin godhaniifi amanamuu 1 2
88.Hinbeeku 1 2
- 50 Tursiin qunamtii saalaa jireenya nama tokkoo gara fuula duraa nifoooyessa jatee yaada? 1.Eeyyee
2.Lakkii
- 51 Yeroo malee/ijoolummaadhaan qunamtii saalaa eegaluun darggagoota nimiidha jatee yaadaa? 1.Eeyyee
2.Lakkii
- 52 Itti fufiisin horddoffi warraa yeroo malee/ijoolummaadhaan qunamtiin saalaa akka hin eegaleefi darggagoota nigargaara jatee yaadaa/amantaa? 1.Eeyyee
2.Lakkii
- 53 Ijoolummaadhaan qunamtii saalaa jalqabuun darggagoota eedsiidhaafi dhukuboota gara biraa qunamtii saalaatiin dadarbaniif nisaaxila jatee yaadaa? 1.Eeyyee
2.Lakkii
- 54 Qunamtiin saalaa dafamee ijoolummaadhaan eegalamu baayina namootaatiifi karaa bana jatee yaadaa? 1.Eeyyee
2.Lakkii
- 55 Darggagootin qunamtii saalaa 1.Eeyyee

- ijoolummaadhaan eegalamu 2.Lakkii
 balleesuufi ykn salphisuufi
 tarkaanffii nifudhatu jete
 yaadaa/amantaa?
- 56 Hawwaasinni rakkoo 1.Eeyyee
 darggagootaa qunamtii saalaa 2.Lakkii
 ijoolummaatiin dhufu
 hambisuufi ga'ee cimaa
 taphataa?
- 57 Qunamtii saalaa humnaan yeroo 1.Eeyyee
 malee/ijoolummaadhaan 2.Lakkii
 eegalamu abaaruufti fedhii
 qabdaa?
- 58 Qunamtii saalaa hanga 1.Eeyyee
 heerumaafi fuudhaatti akka 2.Lakkii
 turuufi jecha garggaaruufi
 fedhii niqabaataa?
- 59 Qunamtii saalaa yeroo 1.Nanfudhadha
 malee/ijoolummaadhaan akka 2.Hinfudhadhu
 jalqabduufi yoo dhiiraan ykn 88.Hinbeeku
 durbaan gaafatamte deebii 99.Deebii hinlaanne
 kanaafi ilaalchi ati qabaatu ykn
 maaltu sitti dhaga'ama?

Kutaa 6ffaa. Gaaffilee keessa namuummaafi gamtaa nama wajjin, ilaalchaafi hojii ilaalatanu:

- 60 Warri keessan jiruu? Eeyyee Lakkii
 1.Haati jiru 1 2
 2.Abbaan jiru 1 2
- 61 Eenyuu wajjin jiraata?
 1.Warra kee wajjin
 2.Kophaa kee
 3.Qacaraa kee wajjin
 4.Ir'yoolii kee /warra hojii
 wajjiniin hojjetu /firootii kee
 wajjin
 5.Gara biraa(ibis)_____
- 62 Obboleetii anggafa kan 1.Eeyyee
 utuu umuriin ishee 2.Lakkii
 waggaa 20 hinga'in
 ulfoofte(kan mucaa
 godhate) qabdaa?
- 63 Ir'yoolii anggafa kee 1.Eeyyee
 ta'an qabdaa? 2.Lakkii
- 64 Ir'yooliin kee qunamtii 1.Eeyyee
 saalaatiin baayyee 2.Lakkii
 cimoodha jete
 nifudhataa ykn niyaadaa?

- 65 Waa'ee tursii qunamtii 1.Cimseen fudhadha.
saalaa maal yaada? 2.Nanfudhadha
Baayyee 3.Cimseen morma
barbaachisaadha. 4.Nimorma
- 66 Ir'yoolii kee warra waan 1.Eeyyee
suusii nama qabsiisan 2.Lakkii
fayyadamanii wajjin
walitti siqxxaa?
- 67 Suusii Eeyyee Lakkii Yoo lak.
caatii,alkooliifi,sigaaraa 1.Caatii 1 2 gaf. 69tti
qabdaa ykn tasa iyyuu? 2.Alkoolii 1 2
3.Sigaaraa 1 2
4.Tasa iyyuu 1 2
- 68 Yoo deebiin kee gaaffii 1.Guyyaa hundaa
67dhaaf eeyyee ta'e 2.Torbbanitti yoo xinaate sia
ammam ykn yeroo meeqa lama
fayyadamta? 88.Hinbeeku
99.Deebii hinlaanne
- 69 Akkuma beektu hojjiin 1.Guddachaa jira
qunamtii saalaa 2.Guddachaasi xinaachaas
darggagoota gidduutti ta'u: hinjiru
3.Xinaachaa jira
4.Hinbeekamu
88.Hinbeeku
- 70 Akka beekumsaafi ilaalcha 1.Guddachaa jira
keetitti akkaataan adeemssa 2.Dhoka'taadha
qunamtii saalaa yeroo 3.Hundatti beekama
malee/ijoolummaadhaan 4.Xinaata adeema
eegalamu maal fakkaata? 88.Hinbeeku
99.Deebii hinlaanne
- 71 Guddina qunamtii saalaa Eeyyee
yeroo Lakkii
maleefi/ijoolummaatiin 1.Obboleetii
ka'umsaafi guddina isaatiifi ykn obboleessa
eenyutu ykn warra kamtu angafa 1 2
beekama? 2.Ir'yoolii 1 2
3.Warra suusii
nama qabsiisan 1 2
88.Hinbeeku 1 2
99.Deebii
hinlaanne 1 2
- 72 Abbaa keefi haadha keetiin 1.Eeyyee
guddatee? 2.Lakkii
- 73 Yoo deebiin kee gaaffii 1.Obboleetii kee
72dhaaf lakkii ta'e eenyutu 2.Adaadaa/eesuma kee
siguddise? 3.Obboleessa kee
4.Gara biraa(ibis)_____

Anqatsii 2ffaa. : Hundeeffama maree kurfee wajjin:

Attam bultan/ooltan?

Yeroon dhufuu keessaniifi isin galateefana.

Maqaan koo _____. Ir'yaan koo kan na bukee _____jedhama.Kan nu dhufne Qajeelcha eegumssa Fayyaa Godina Illuabbaabooraa irraati.Kanneen armaan gaditti barreefaman akka jiranitti dubbisiif.

Itti lixa xinnoo booda waa'ee tursaafi yeroo malee eegalummaa qunamtii saalaa ilaalchisee qabxxii adda addaa haasofina. Naannoo keetti muuxxannoo ati tursii qunamtii saalaatiifi akkasumas qunamtii saalaa yeroo malee eegalamu irratti qabduufi eegaluu ykn tursii qunamtii saalaa kanaafi karaa kan banan maal akka ta'an ilaalchisuudhaan gaaffii sigaafana.Dhuma irratti kan nu gaaffii keenya ittiin xumuru yaada ati tursii qunamtii saalaa hanga boodaatti caalaatti hanga heerumaatti/fuudhaatti kan qabxilee ittiin tursan baasuufi gagaaru fudhachuudhaan ta'a.Waliin marii kana irratti hirmaachuu nifudhataa?

Yoo eeyyee jedhe/jette gaafi kee jalqabi.

Yoo lakkii jedhe/jette galateefachuudhaan mar'icha dhaabi.

Mallattoo_____

(Mallattoon gaafataa kun qormaata kanatti hirmaachuu darggagoo kana hubachiisa).

Guyyaa_____Sa'aatii_____

Mata duree hundaa'uma maree kurfeetiif

1.Waa'ee qunamtii saalaa yeroo malee ykn ijoolummaa maal yaada/beekta, kan karaa banuufi, kan huumuu, akkaataa ittiin dhowwan, rakkoo inni fidu?

2.Warroleen tursii qunamtii saalaa hanga umurii boodaatti ykn hanga heerumaatti/fuudhaatti gargaaran warra kami?

3.Gargaarsi turtiin qunamtii saalaa hanga umurii boodaatti ykn hanga fuudhaafi heerumaatti darggagootaafi,maatiifi, akkasumas biyyaafi kennu maal?

4.Dhiibbaa qunamtiin saalaa ijoolummaadhaa fiduun kan miidhamu eenyu?

5.Walitti dhufeenya qunamtii saalaa ijoolummaadhaa eedsii, dhukuba qunamtii saalaatiin dadarban gara biraafi ulfa hin barbaachifne wajjin qabu attamitti ilaalta?

6.Waliin mari'achuun, ciminaan walitti dhi'eenya warraafi darggagoota, barnoota maatii, akkasumas to'annoon maatii qunamtii saalaa ijoolummaafi kan tursamu ilaalchisee bu'aan isaan buusan attamitti ilaalta?

Anqetsii 3ffaa. Hundaa'uma gaaffii gadifageenyaatiif:

Attam bultan/ooltan? Yeroodhaan dhufuu keessaniif baayyee isin galateefanna.
Maqaan koo_____. Obboleessi/tii/koo kan ana bukkee_____. Kan nu dhufne Qajeelcha Eegumssa Fayyaa Godina Illuabbaabooraa irraati. Armaan gaditti kan barreefaman dubbisiif.

Itti lixa xiqqaasaa booda gaaffilee tokko tokko kan qunamtii saalaa hanga umurii boodaatti/hanga heerumaatti ykn fuudhaatti ilaalanu isin gaafana. Naannoo keetti muuxxannoo ati tursii qunamtii saalaatiif akkasumas qunamtii saalaa ijoolummaadhaan eegalamu irratti qabduufi eegaluu ykn tursii qunamtii saalaa kanaafi karaa kan banana maal akka ta'an ilaalchisuudhaan gaaffii sigaafana. Dhuma irratti kan nu gaaffii keenya ittiin xumuru yaada ati jijjiirama darggagootaa karaa tursii qunamtii saalaa caalaatti hanga fuudhaafi heerumaatti gargaaru nuuf laatuun ta'a. Kunis kan inni jijjiiricha fidu yaada keetiif kan warra kaanii irratti hundaa'udhaan karoora jijjiirama darggagootaa baasuudhaan.

Gaaffii kana irratti nihirmaataa?

Yoo eeyyee jedhe/jette gaaffii jalqabi.

Yoo lakkii jedhe/jette galatoomfadhuu gaaffii dhaabi.

Mallattoo_____

(Mallattoon gaafataa itti hirmaannaa darggagoo/shamarree kana agarsiisa).

Guyyaa_____sa'aatii_____

Gaaffilee qorannoo gadi fageenyaatiif:

Mata duree	Gaaffii isa cimaa	Gaaffii itti fufu	Akka deebii ga'aa kennan godhi(probe)
Beekumssa	1.Waa'ee qunamtii saalaa ijoolummaadhaan ta'u kan/waan beektu natti himuu nidandeessa?	Namoota gara biraa irraa maal dhageesse?Akka yaada keetti warri kun sirriidha?	Gara biraa waa'ee qunamtii saalaa ijoolummaadhaa . Rakkoo inni fidu?
	2.Tursii qunamtii saalaa ilaalchisee waan beektu natti himuu nidandeessa?	Firootii kee irraa maal dhageesse?	Qabxiilee gara biraa tursii qunamtii saalaa ilaalatee
Yaada	3.Rakkoolee qunamtii saalaa ijoolummaadhaa fidu ilaalatee maal jatee yaada?	Qunamtiin saalaa ijoolummaadhaa darggagoota attamitiin miidha?	Karaa gara biraa qunamtiin saalaa ijoolummaadhaa darggagoota itti miidhu?
	4.Garggaarsi/faayidaan tursii qunamtii saalaa maal jatee yaada?	Tursiin qunamtii saalaa attamtiin darggagoota gargaara?	Karaa gara biraa yaraa isaa tursiin qunamtii saalaa darggagootaa,maatii isaaniif hawwaasa garggaaru ibsuu nidandeessa?
	5.Jireenya qunamtii saalaa ijoolummaa attamitiin ilaalta?	Yaadin namootaan kenamuuf namoota giddutti mari'atamu maal?	Odeefannoo ykn yaada itti dabalaa kan akkaataa darggagooliin qunamtii saalaa ijoolummaatti bo'baan naalaataa?

Gaaffiin keenya kan gadifageenyaa asi irratti xumurama. Gaaffii keenyatti hirmaachuu keessaniif baayyee isin galateefana.