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AN ASSESSMENT OF PREMARITAL SEXUAL PRACTICE AND FACTORS
CONTRIBUTING TO PREMARITAL SEX AMONG HIGH SCHOOL ADOLESCENTS IN
NEKEMTE TOWN, E/WOLLEGA ZONE, OROMIA REGIONAL STATE.

BY

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LIST OF ABBREVIATION

A.A	Addis Ababa
AOR	Adjusted odds ratio
ANC	Ante Natal Clinic
AIDS	Acquired Immune Deficiency Virus.
BSS	Behavioral Surveillance Survey
CSW	Commercial sex workers
DHS	Demographic and Health Survey
F/P	Family planning
HIV	Human Immune deficiency Virus
ISY	In-school youth
OHAPCO	Oromia HIV/AIDS prevention and control office
OSY	Out of school Youth
OR	Odds ratio
STI	Sexually transmitted Infection
STD	Sexually Transmitted Disease
SSA-	Sub-Saharan Africa
USA	United State of America
UNAIDS	United Nations HIV/AIDS Program
UNFPA	United Nations population Activity
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Abstract

Back ground. In the era of HIV/AIDS pandemic, understanding the nature of adolescents' sexual behaviors is critical in developing an effective preventive strategy.

Objectives The purpose of this study were to assess the prevalence of premarital sexual practice, factors contributing to premarital sex and condom utilization among high school adolescents.

Methodology: A cross-sectional study (both quantitative and qualitative) was conducted on 722 adolescents using a pre tested questionnaires from January to April 2006, among 2 high schools. in Nekemte town, east Wollega zone, west oromia regional state.

Result. Of 676, study population 21.4% (70.3% of males and 29, 7% of females).reported having practiced premarital sexual intercourse. The mean age at first sexual intercourse was 16.2 ± 1.5 years and 15.18 ± 1.7 years for males and females, respectively.

From those sexually active adolescents 5.8% of males and 13.3% of females reported to having had sexual intercourse before the age of 14 years (10-14). However, 57.2% (69.5% of males and 56.6% of females) had their first sexual intercourse between the age of 15 and 17 years.

The reasons cited for the initiation of the first sexual intercourse were fall in love (34.9%), had desire (29.5%), rape (2.7%), peer pressure (16.8%), to get money/gifts (7.4%) and were drunk (3.4%).

In the past 12 months, 74.2% of the adolescents reported to ever use condom. But only about half (52.8 %) used condom consistently, while only one-third (33.3%) reported to having used condom the first time they had sexual intercourse. Moreover, in the past 12 months, 91(79.8%) reported one, 14(12.3%) two and 9(7.9%) three and more sexual partners.

Conclusions and recommendations From this study, one can conclude that there is a high prevalence of premarital sexual practices among the adolescents. Moreover, adolescents are practicing risky sexual behaviors such as unprotected sex, multiple sexual partners, and sex at early age. Therefore, an integrated effort needs to be

initiated to address such adolescents' sexual and reproductive health problems through establishing and strengthening school anti AIDS clubs, providing in-service training for teachers on adolescent reproductive health and establishing youth centers.

CHAPTER 1

1.1. Introduction and statement of the problem

The World Health Organization (WHO) defines adolescent people as those between the ages of 10 to 19 years (1). Adolescence is the time of transition from childhood to adulthood during which young people experience changes following puberty; but not immediately assume the roles, privileges and responsibilities of adulthood (2).

Adolescents make up one-fifth of the world's population, and 84% of them live in developing countries. Similarly, in Ethiopia, adolescents aged 10 to 20 years constitute 25% of the population (3).

Sexual activity amongst adolescents has been reported to be on the increase worldwide. Several studies in Sub-Saharan Africa have also documented high and increasing premarital sexual activities among adolescents (3). However, viewing adolescents as a specific group with their own needs is a relatively recent practice, especially in developing countries (4).

Because of cultural taboos adolescents in many developing countries rarely discuss sexual matters explicitly with their parents. Most information for their patchy knowledge often comes from the same sex peers who may themselves lack or be incorrectly informed (5).

Studies also suggest that adolescents have a limited knowledge about sexual and reproductive health and know little about the natural process of puberty. This lack of knowledge about reproductive health including HIV/AIDS may have a great consequence

(5). Further more, this sexual activity is occurring in the midst of an HIV/AIDS pandemic that disproportionately affect adolescents and young adults (4).

On the other hand, young people often face with enormous pressure to engage in sex, especially from peers' exposure to unlicensed erotic video films and the desire for economic gain (12). As the result of these, significant numbers of adolescents are currently sexually active at their earlier ages (7, 12, and 13). This indicate that the necessity of reproductive health interventions at an earlier age (10-12) years of age (11).

Adolescents in Ethiopia are also exposed to various risks such as unprotected sex, early marriage, early pregnancy, sexually transmitted infections (STIs) and HIV/AIDS, unemployment, drug abuse and crime (15).More over, studies show that in Ethiopia, 60% of adolescents' pregnancy is unwanted or unintended pregnancies resulted from unprotected sexual intercourse (8).

In order to tackle these problems, adolescents should learn to develop the life skill they need to survive in their environment. Life skill based education enables them to develop an ability in critical thinking, problem solving, self-management and interpersonal communication skills in order to adopt a healthy behavior (1). Because, when sexuality is discussed openly and when young people learn more about their bodies and their emotions, they are better able to cope with sexual maturations (1). This implies that a sound education and information can help adolescents to delay sexual practice and avoid risky sexual practice.

Schools are the ideal places where adequate and accurate information be provided along with their formal education. More over, peer groups in school play a great role in

information dissemination and help students internalize the facts that lead to behavioral change. Actually, this needs the integrated effort of adolescents, school- teachers, the family and other relevant bodies.

Premarital sexual practice among in- school youth (ISY) is high in Oromia (31.3%) compared to the national finding (19%). While consistent use of condom is low, (45.6%) compared to 94.1% in Somali (10).

Moreover, studies show that the prevalence of HIV among ANC attendants in the study area (Nekemte town) is increasing from time to time: (9.5%, 11.3% and 13%) in the year 2001, 2002 and 2003 respectively) (27). However, as to the knowledge of the investigator, adolescents' sexual behaviors are not well assessed in the area.

Therefore, this cross-sectional study has been conducted using both qualitative and quantitative methods to assess the magnitude of premarital sexual practice, factors related to it and condom utilization for dual protection among high school adolescents in Nekemte town.

1.2. LITERATURE REVIEW

1.2.1. ADOLESCENTS'PREMARITAL SEXUAL BEHAVIOR.

Abstinence from sex before marriage and delay of sexual debut are important strategies that help to reduce the spread of HIV/AIDS among youth (5).

Age at first sexual activity in many areas tends to begin at a younger age than in the past. The mean age of marriage has gradually been increasing while the age of puberty in both sexes appears to be falling. There is now a longer period during which premarital sexual intercourse may occur. Likewise, premarital sexual activity is common in many parts of the world and is reported to be on increasing in all regions (17, 20).

Sexuality is a universal phenomenon in all-young people. Psychologically adolescents become sexually active at earlier age due to peer pressure, avoidance, indifference and resistance to behavioral change through various forms of denial and rationalism (10). However, the sexual and reproductive experience of young people may vary dramatically by region, age and sex, but most young people become sexually active between the age of 10 to 20 years (35), reflecting the difference in cultural and social values, both between and within countries.

There are variations in the age at which young men and women begin sexual relation. Studies on adolescent sexual behavior in different parts of the world show that young people's premarital sexual encounters are generally unplanned, infrequent and sporadic (18).

On the other hand much higher percentage of men reported having premarital sex than women. Recent studies in Brazil showed that 64% of 15 to 17 years old men reported engaging in sex before marriage as opposed to only 13% of females (18). Another study in rural Kenya revealed that among students aged 15 to 19 years, boys perceived sexual activity as part of their initiation into manhood. Many were sexually active and many had multiple sexual partners (17). While for females' premarital sexual activity varies across regions. For example, rates of sexual activity in Asia, 2% to 11%, in Latin America, 12% to 25% and in SSA, 45% to 52 % in various settings (17).

Sexual activity begins in adolescence for majority of the people. Recent studies in boys and girls 15 to 19 years old, in Brazil, Hungary and Kenya, for example, found that more than a quarter reported having sex before they were 15 years (14). Another study in Bangladesh found that 88 percent of unmarried urban boys and 35 percent of unmarried urban girls had engaged in sexual intercourse by the time they were 18 years (14).

In USA, adolescent sexual experience rates were 53% and 72.2% for females and males, respectively (29). In Canada, studies showed that 31% of male and 21% of females of 9th grade students were found to be sexually active while the figure increases to 49% of males and 46% in grade 11(41).

The situation in Ethiopia is also the same. Studies in Addis Ababa on school adolescents showed that 39.8% of males and 5.6% of females reported to having had sexual intercourse (39). While in South Gondar, study done among out of school adolescents showed that 46.2% and 16.2% of males and females reported sexual practice, respectively (50). According to one study done in Ethiopian, 66.2 % of the adolescents expressed that they

had sexual intercourse and of those who had ever had sex, the age at first intercourse ranged from 8 to 31 years with the mean age of 17.4 and females had their first intercourse at significantly younger age. In addition, out of the total respondents, 53.8 percent have regular partner while the remaining 46.2 percent reported no regular partners (15). Studies done in Addis Ababa, (1994 & 2000), among high school adolescents, showed that, the mean age at first sexual experience was 15.5 ± 5.39 for girls, 16.45 ± 4 years for boys and 15.3 ± 1.457 years for both sexes, respectively (40). While the survey conducted in South Gondar among out of school adolescents, reported that the mean age at first intercourse was 14.66 years (50). While the survey conducted in western oromia, Agaro high school adolescents, show that the mean age of sexual debut was 16.74 years for both sexes (56).

A cross –sectional study done to estimate the prevalence of HIV infection and to examine the context of sexuality among youth 15 to 24 years of age in AA, showed that cultural norms of premarital virginity emphasized more for females is still the rule. Nevertheless, it was agreed that premarital sexual practice is widespread among young people contrary to this norm (12). In another study, Korra, indicated that, nearly half of males and one-third of female youths reported that they had ever experienced premarital sexual practice. The age at first intercourse for 48% of males and 37.8% of females was 15 and 17 years, respectively (22). A Study done in Harar, among senior high school students, revealed that 65% of male and 20% of the female students were sexually active (37).

The primary consequence of premarital sex in adolescents is unwanted pregnancy. It may lead to induced abortion, in which the case an inexperienced or ashamed adolescents are likely to expense late in the pregnancy and involve greater risks to life, health and future

fertility. If the procedure is illegal, it will probably be performed under unsafe conditions increasing the risk even further (18).

The study of Korra, et al, indicated that among all respondents 14.8 percent admitted that they experienced unintended pregnancy (22). Another study also showed that 21.3% of the sexually active respondents experienced at least one abortion (23). A retrospective study on abortion, in Jimma hospital from 1989 to 1992, showed that 53.8 % of abortion cases and 53.9 % of death cases were in those less than 25 years of age (3).

Early initiation of sex poses health risks for both young males and females. Most young adults who enter into sexual relationships for the first time do not use any form of contraception leaving them vulnerable to unintended pregnancies and unplanned parenthood and HIV/AIDS/STI (48). While adolescent sexuality is still a taboo in many places and left adolescents with out the information and counseling they need (49).

Generally, studies show that the gender different in sexual behavior are not merely the result of under reporting by females or over reporting by males but rather are the out come of sexual ideology that promotes the males' sexuality and controls females' sexuality (54).

1.2.2. FACTORS INFLUENCING RISKY SEXUAL BEHAVIOR

Adolescence is often a time of experimentation with drugs alcohols and other substance use as well as practicing. For example, in United Republic of Tanzania, young people aged 16 to 24 years who smoke and drink alcohol are four times more likely than own their peers to have multiple sex partners (14). In United States of America, college students who have sex under the influence of drugs or alcohol are 2.5 times less likely to use protection (14).

Most drug abusers and traffickers are unemployed, students and adolescents/ youth between the ages of 15 to 25 years (3).

The study done in Nepal, among 18 to 24 years, showed that nearly one –third of the respondents initiated sex before age 18 and more than one –fourth reported casual sexual relationship in the previous 12 months including Commercial Sex Workers (CSWs), but less than half of them used condom in their last sexual practice. Alcohol consumption was strongly associated with this practice (17). The most common reasons given were they did not feel that they were at risk, they expressed fatalistic attitude or they thought that condoms would reduce pleasure (17).

The situation in Ethiopia is the same. According to the National Behavioral Surveillance Survey (BSS) done in Ethiopia, among ever Khat users 29.1% of out of school and 9% of in school students had consumed drinks containing alcohol in the four weeks preceding the interview (5). Regular consumption of alcohol (at least once a week) was reported by 19.5% of the younger out of school youth (OSY) and 8.9% of in-school youth (ISY) (5).

Adolescents face fears, concerns and lack of understanding about their needs, thus asking for or seeking guidance and service is very difficult. Moreover, they tend to avoid seeking needed care services (4). As a result, most of youth lack basic knowledge of reproductive anatomy, physiology, how pregnancy or STI/HIV occurs, how to prevent them or where to obtain information and services (24).

A cultural unwillingness and embarrassment to discuss on sexual issues became a great barrier to youth and youth reproductive health programs to reduce the number of unintended pregnancy, STI/HIV and other health problems (24). Most adults fear that informing young adolescents about sex and teaching them how to protect themselves will make them sexually active. For example, surveys from Cambodia, Haiti, Malawi and Zimbabwe showed that at least 40% of adults felt that children aged 12 to 14 years should not be taught to use condom (14). For the same reason, Ethiopia faced with an over

whelming challenges to assist it's young people and society in general, to openly discuss issues related to sex, sexuality, family planning, reproductive health, STI and HIV/AIDS (24).

Within in the past decade, Ethiopia has experienced significantly increased levels of internal migration, which has resulted in an influx of young people in to cities to attain secondary schools, technical institutions, other educational facilities and employment (3). Young adults are thus, increasingly forced to construct new lives for themselves often within very unfamiliar surroundings and often with absence of moral and economic support from families and friends, which often force them to adopt 'survival strategies' for unfortunate consequences for their reproductive health (3).

Although adolescents' sexuality often detected by hormonal influence, the role of psychological factors is significant. The desire to maintain relationship with sexual partner and peer pressure are important in terms of influencing adolescent sexuality (23). The study in Botswana found about one-in- five of the out of school adolescent girls reporting that it is difficult to refuse sex when money and gifts are offered (14). Sexual relationship for girls is frequently; motivated by gain in the form of money, gifts, and job position. This mostly happen with much older men (25). Some young girls enter in to sexual relationships with older, wealthy men (sugar daddies) who can assist them with school related expenses or purchase of material goods. Others engage in sex exchanges in order to achieve long-

term objectives of establishing contacts with wealthy or prestigious people that may be beneficial in the long term and assist in searching jobs (53).

On the other hand, studies in Uganda show that most of the students' sexual activities occurred when parents were away or when the students were staying with relatives (52). Other clients often target younger adolescents, because they believe that children do not carry HIV. While adolescents who are sexually exploited also have virtually no negotiating power to ask for safe sex from their exploiters (14).

Generally, besides explanations of what the disease is, and how it is transmitted, younger women and men must be educated to recognize their vulnerability to infection, their responsibility to protect themselves and their rights to insist upon protection in sexual relationship (26). Studies from China, Kenya and Nigeria suggest that, lack of communication and negotiation skills, limited parental and community support, inaccessible and unfriendly health services hinder young people's ability to engage in safe sex and wanted sexual relations (9)

While studies further indicated that, educating young people about reproductive health, STI/HIV and teaching them skills in negotiating, conflict resolution, critical thinking, decision making and communication improves their ability to informed and responsible choice (24).

Generally, fall in the age at menarche, increased age at first marriage, increased enrolment of girls in school, increased participation of women in labor force, widespread of migration to urban towns, weakening of traditional values and transmission of new ideas through films, music, Medias, and economic issues, all believed to be contributory to this observed increase in premarital sexual activity (3).

1.2.3. SEXUALLY TRANSMITTED DISEASE AND HIV/AIDS

A second major potential consequence of unprotected sexual activity in adolescents is the acquisition of sexually transmitted disease (STIs) (31). An important component of AIDS prevention program is the promotion of safe sex including encouraging monogamous relationship, discouraging multiple sexual partners and promoting the use of condoms (31).

Adolescents who start having sex early are more likely to have sex with high risk partners or multiple partners and less likely to use condom, therefore, delaying the age at which young people first start sex can significantly protect them from infection (14).

Moreover, the rapid spread of HIV/AIDS epidemic in the country is posing very serious threat to the over all socioeconomic and human development prospects in the country. The prevalence of HIV among adults, which was negligible in the 1980s, increased to about 3.2% in 1995, and to 4.4% in 2003 (27).

A crude data suggests that 8.6% of ANC attendants were HIV positive in the 15 to 24 years old age group. As sexual debut often occurs in this age group, sometimes, this

prevalence is used as a proxy for recent infection (27). Sexually transmitted diseases (STDs), including HIV has added an even more serious dimension to the problem of young people.

World wide, about one- quarter of those with HIV are in their 20s with most contracting during their teen (3).

In Ethiopia, the major mode of transmission is heterosexual, which accounts for 87 % of infections (28). The major determinant for the rapid spread of the HIV/AIDS epidemic in Ethiopia includes behavioral factors such as unprotected sex, multiple sexual partners, economic factors such as poverty associated with unemployment, increased numbers of CSWs, ignorance (lack of awareness and misconceptions), gender inequality, cultural barriers, silence, stigma, denial, abduction, rape and taboos (16,29).

The highest prevalence of HIV in Ethiopia is in the age group 15 to 24 years (12.1%). More over, available data show that the number of females infected between the ages 15 to 19 years is much higher than the number of males in the same age group (3, 24). This discrepancy may be attributable to the earlier sexual activity among females and the fact that they often have older partners (3, 24). The highest rates of noticeable STDs are usually observed in 20-24 years of age group followed by 15-19 and 25-29 years of age (18).

Adolescents are exposed to unsafe and early sex. Poverty and lack of appropriate information, which are very common in developing countries, make the adolescents vulnerable to STI including HIV/AIDS/. As a group, adolescents tend to be uninformed or

misinformed about sexuality and reproductive health and reluctant to take action to protect them selves (10).

The findings from Harar indicate that there is a substantial level of awareness of HIV/AIDS by the respondents (97.7% and 96.4%) of male and females, respectively (22).

However, the study done by Save the children (USA), showed that many of the students know the name of the common STDs, but about one third of them could not cite even one symptom (11). Moreover, on mentioning the methods of preventing from the virus, students especially girls show very low performance, (62% of males and 38% of females), mentioned the ABC methods of HIV/AIDS prevention (37).

1.2.4. ADOLESCENTS SELF-RISK PERCEPTION BEHAVIORS

Adolescents may not adopt safe sexual behaviors because they perceive their individual risk to be very low. In Nigeria 95 percent of girls, aged 15 to 19 years perceived their

risk of getting to be minimal or non-existent (14). In Haiti that figures for adolescents runs as high as 93 percent. A study in Malawi found that girls perceive that little risks in having sexual relations with a boy whose mother knew their family (14).

Similar studies reported that, one fourth of boys had engaged in risky premarital sex, and their sexual networks include multiple partners and unsafe sex (17). They carried misconceptions about what constituted risky behavior and therefore did not consider them selves at risk. Although many girls were aware that some boys had sexual relations with their peers and that some went to 'red lights', they did not perceive any risk of contracting HIV from their future partner or spouse (17).

Studies across the globe have established that the vast majority of young people have no idea about how HIV /AIDS/ STIs are transmit or how to protect themselves from this disease. In countries with generalized epidemics such as Cameroon, Central African Republic, Equatorial Guinea, Lesotho and Sierra –Leone more than 80% of young women aged 15 to 24 years do not have sufficient knowledge about HIV (14). Another study in Botswana showed that about two –third of young people in their last year of primary school and one – fifth of secondary schools thought they could tell if someone was infected with HIV by looking at them and could screen partners by looks alone (14).

Similarly, in Ethiopia, according to the first National Behavioral Surveillance Survey, significant proportion of the population particularly the youth are at risk of HIV infection despite high level of knowledge about HIV/AIDS.(5). The knowledge of

young people about different aspects of their sexuality is incomplete and not enough to avoid risk taking (17).

Sexual education in a variety of setting have been found to be effective in promoting sexual health by delaying the start of sexual activity, increasing the uptake of contraception and decreasing early childbearing (17). In Ethiopia, more than four out of five educated young women aged 15 to 24 years knew that a healthy looking person could be HIV positive compared to with less than a quarter of women with no education (26).

Therefore, if the course of the pandemic is to change, young people must receive good quality education in a safe environment –one that includes linkages to schools and community services. All these ingredients will help young people gain knowledge, learn skills, change attitudes and ultimately acquire behaviors that will protect them from infection (26).

1.2.5. CONDOM USE

Adolescence is a life phase in which young people are particularly vulnerable to health risks, especially those related to sexuality and reproduction, HIV/AIDS/STI, unwanted pregnancy and unsafe abortion. Studies show that the sexual behavior of adolescents

has lead to increasing rates of STI/HIV/AIDS, pregnancy, abortion and high rate of maternal and child morbidity and mortality among youth in Uganda (38).

HIV prevention efforts have long focused on encouraging correct and consistent condom use as part of combination prevention strategies (22). Studies in Kenya and Tanzania showed that among respondents only 19% had used condom with their most recent partners. Another study showed that although the level of Knowledge about FP among the youth was generally favorable, nearly only one-fourth reported having ever used a method to prevent pregnancy and / or STDs and HIV/AIDS (22).

According to some studies the reason for not using condoms were blamed on personal weakness and being too much driven by emotional desire. Certain groups of young people were described to have depended much on the trust they had on friends (because they were grew up together) and partners' objection to justify their practice of unprotected sex (5, 25). Similarly, another study showed that 54% of sexually active students reported that they had had multiple sexual parents including high-risk behavior. While among those sexually active students none or minimal use any protection, especially condom. Only 17.6% used condom during first sexual encounter and among these, only 27.7% used condom consistently (39).

The Ethiopian National Behavioral Surveillance Survey (BSS), indicated that the proportion of youth who reported using condom during their most recent sexual encounter tended to be higher amongst OSY than ISY (56.6 vs. 52.4%), respectively. In contrast, consistent use was less common among out of school youth (OSY) than in school youth (ISY) (39 vs. 73.6%), respectively (5). According to the study done

among Agaro high school adolescents, 54.4% of the adolescents used condom at least once and of these, 46.9% were using condom always (56).

Most STIs can be prevented using condoms and seeking early treatment. Studies have repeatedly identified protective factors that help adolescents reduce high-risk behaviors such as engaging in unprotected sex and injecting drugs. These protective factors include positive relationship with parents, teachers and other adults in community, Positive school environment, Exposure to positive values and rules and expectations (14). Moreover, Condom use and risk perception varied depending on the type of partner sex and the circumstances of the sexual experience. For example, among boys who had sexual intercourse, about 52 percent never used condoms with their regular partners and 56 percent never used condoms with 'casual' partners (14).

In Burkina Faso, only 45% of boys aged 15-19 years reported using condom with none-marital partner. In Malawi, 29% of boys aged 15-19 years used condom. In Romania, 70% of boys aged 15-19 years reported having premarital sex, but only 39% had used condom the first time they had sex (14).

CHAPTER 2 OBJECTIVE

2.1. General objectives

To assess the prevalence of premarital sexual practices and factors contributing to premarital sexual practice among high school adolescents

2.2 Specific objectives

1. To determine the prevalence of premarital sexual practices among adolescent population
2. To determine factors contributing to premarital sex among adolescents
3. To identify adolescents' utilization of condom for dual protection

CHAPTER 3 METODOLOGY

3.1. Study area

East wollega zone is one of the 14 zones in Oromia Regional state located in the western part of the region at 331 km from Addis Ababa.

It is bounded to the east by West Shawa zone, to South by Jimma zone, to the North by Region 3 (Amahara) and Beneshangul Gumuz, and to west by West Wollega zone.

The study area, Nekemte town, is a capital city of the zone. It has an estimated population of 70,000 (55). The existing health facilities in the zone are 2 hospitals (one district), 11 health centers, 89-health stations, 30 health posts, 90 drug out lets and 35 private owned different level clinics. There are 3 high schools (one preparatory), and 3 government and 5 private colleges in the town.

The native ethnic population in the town is Oromo; and the official language is Afan- Oromo. Administratively, the town is divided in to 6 sub city administrative zones.

3.2 Study populations

The study populations were all students aged 10 to 19 years attending their education during the study period in the selected high schools. The target populations were all randomly selected students from the two high schools in the town

3.3 Study design

A cross - sectional study design, both quantitative and qualitative method, was carried out among high school adolescents in Nekemte town, western Oromia Regional State.

Four focus group discussions (FGD) conducted for adolescents, comprising nine students in each group and two groups for each sex. Again four focus group discussions (FGD) was conducted for schoolteachers comprising 36 members (2 FGD for male and female teachers each).

3.4. Inclusion and exclusion criteria

All regular students, those aged 10 to 19 years, and attending their regular education at the time of data collection were included. Non- regular and not attending the school at the time of data collection were not included in the study.

3.5 Sample size

The following assumptions were made: expected prevalence of premarital sexual practice among adolescents in the region is 31% (5). In addition, a design effect of 2, desired precision of 5%, 95% confidence level and 10% none -response rate were considered.

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

Z= the confidence limits of the survey result.

P= the proportion of study population practicing premarital sex

d= the desired precision of the estimate

n= the total sample size.

With the above assumptions, the sample size was calculated using STATCAL program of EPI INFO program version 6 and the over all sample size was found to be 722 students.

3.6. SAMPLING PROCEDER

The two high schools, in the respective area, were included in the study. The total sample distributed to these schools proportionate to their student population size. The number of sampled students was calculated from each school and divided in to grades, (9th and 10th). Among all sections, 35 sections were randomly selected (18 sections from Biftu Nekemte and 17 sections from Darge high schools) and the samples assigned to each school distributed proportionately into sections and sexes. Then the selected students invited to participate in the survey.

3.7. DATA COLLECTION

3.7.1 Data quality

Five data collectors who have completed 12th grade and who knew Afan-Oromo and local culture were recruited. Four supervisors (a health officer, 2 teachers and one environmental health worker) were selected.

Training was given for both data collectors and supervisors by the principal investigator for a day before and one day after pretest. The training included discussion on the objectives of the study and on the contents of the questionnaire one by one, on the methodology of the study and on the issues of the confidentiality of the responses. The training was given in the form of discussion and role-play. The trainees were given the responsibility to handle the whole situation /process/ of the data collection and to check and correct questions to be raised by the respondents

The principal investigator developed the data collection tools, which were anonymously structured and close –ended questionnaires, after reviewing relevant literatures and similar studies.

The tools were grouped and arranged by the principal investigator according to each particular objective. The principal investigator submitted the first draft of the questionnaires to the advisor and colleagues for comment and the given constructive comments were incorporated into the questionnaires for ensuring the quality of the instrument. After intensive revision of the instruments (tools) was made the final version of the English language, was translated in to Afan- Oromo by individuals who had good command of both languages, English and Afan- Oromo. Again, other people, to ensure the consistency and validity of the instrument, translated the final version back to English.

The pretest of the instrument was carried out in Gute High School 12kms away from Nekemte with similar socio-demographic characteristics with the study population to ensure its validity. The principal investigator, the school directors and unit leaders arranged data collection days prior to the data collection. On the data collection days, teachers gathered the randomly selected students to free rooms and female and male students were made to give their responses in different classes. Thus, data collection processes carried out during each shift.

The over all data collection process was coordinated and supervised by supervisors and the principal investigator. A total of four focus group discussions (FGD) segregated by sex and school was conducted using semi-structured open-ended questions in order to provide more insight in to complex issues of sexual behavior of adolescents in the study area.

Groups consisting of females and males for each school were organized. The Participants were chosen by purposive method. The participants were in the age range of 15-19 years so that the discussants would reflect the sexual experience and perceived determinant factors for premarital sexual experience. The focus group discussion for teachers was organized in the same way. The focus group discussions were moderated using a pre prepared discussion guide that can backup the lacking information gathered during quantitative survey. Male health officer moderated the male focus groups discussion while the female teacher moderated the female focus group discussions.

The principal investigator trained both male and female moderators. Moreover, one assistant moderator assigned for each group to handle tape recording and note- taking activities during each discussion. After each discussion, the principal investigator and moderators transcribed the tape –recordings.

3.8. Study Variables

The analysis has focused on the selected variables

Dependent Variables

- Sexual practice
- Condom use
- Perceived risk factors

In dependent Variables

- Socio-demographic variables (age, sex, marital status)
- Substance abuse (alcohol, Chat, drugs)
- HIV/AIDS Knowledge
- Living arrangement and Pocket money.

3.9. DATA PROCESSING AND ANALYSIS

The principal investigator drafted dummy tables with consideration of the main research questions after designing the questionnaires. The collected data was categorized and coded on a pre drafted coding sheet. The data entered into a computer and analyzed using SPSS version 12.0.

The qualitative data was tape recorded and transcribed under some selected themes based on the question guides and summarized manually.

During the process of analyzing, frequencies of different variables were determined and odd ratio was performed on some selected variables to determine the association of these selected variables. Logistic regression was used to control any confounders. The qualitative data was transcribed and summarized manually.

3.10. ETHICAL CONSIDERATIONS

Ethical clearance was obtained from The Ethical Committee of the Faculty of Medicine of Addis Ababa University. Then the concerned officials from the zone at each level were communicated through formal letter. In order to ensure privacy, male and female respondents were made to give their response in separate rooms. The response to the survey was anonymously structured.

Introduction of the study, method of the questioning and confidentiality letters were attached to the cover page of the questionnaires. The participants were informed that they have a full right to participate or decline from participating in the study.

Health education was given on reproductive health (STI, HIV/AIDS) and premarital sexual practice for those who need it.

3.11 OPERATIONAL DEFINITION

1. **Premarital sex-** Sexual relation between male and females before marriage that may or may not lead to marriage.
2. **Risky sexual behaviors-**Any sexual activity that include non condom use, multiple sexual partner or none faithfulness to sexual partner
3. **Safe sex-** Abstinence before marriage, being faithful to partner, and consistent use of condom during each sex
4. **Condom use-** Consistent and correct use of condom during each sexual practice.
5. **Adolescent-**Young people those who are in the age group of 10 to 19 years.
6. **Knowledgeable-**Those students who could mention all the three primary prevention methods of HIV/STI.
7. **Substance-** Any non-medical drugs used by study subjects such as alcohol, khat, or cannabis and alike
8. **Substance abuse-** The use of any substance without medical prescription

CHAPTER 4 RESULT

4.1 Socio-demographic characteristics of the adolescents

A total of 722 school adolescents were invited to participate in the survey, and the response rate was 100%, but 46 (6.4%) of the responses were excluded from the analysis because of their incomplete responses, while 676 adolescents completed the questionnaires. Among the total of 676 respondents, 364 (53.8%) and 312 (46.2%) were males and females, respectively. The mean age of the respondents was 16±. 83. While 663 (98.1%) of the respondents were unmarried, 6 (0.9%) were currently married, 5 (0.7%) were widowed and 2 (0.3%) were divorced.

The majority of the respondents, 624 (92.3%), were Oromos, followed by 38 (5.6%), Amharas, and 13 (1.9%) others. By religion, 314 (46.4%), 254 (37.6%), 56 (8.3%) and 20 (2.96%) were Protestant, Orthodox, Muslim, Catholic and others, respectively. Regarding their education level, 268 (39.6%) and 408 (60.4%) of the respondents were attending 9th and 10th grade, respectively.

Among all the respondents, 408 (60.4%), 92(13.6%), 96 (12.3%) and 36 (5.3%) were living with their parents, relatives, single parent, and alone, respectively. while the rest live either with spouse, fathers, friends, fiancé and others (Table1). When the respondents classified based on their parents' economic status, as perceived by the respondents, the majority, 459 (67.9%) of the respondents were from medium families while 100 (14.8%), 95 (14.1%) and 22 (3.3%) were from poor, rich and very rich families, respectively. One

hundred seventy nine (26.5%) of the respondents reported that they have permanent pocket money while 497 (73.5%) have no pocket money.

One hundred thirty eight (20.4%) and 250 (37%) were from the illiterate family i.e. father and mother, respectively. While the rest 62 (9.2%), 59 (8.7%), 152 (22.5%), 158 (23.4%) and 162 (24%) were from the families who are able to read and write, grade 1-6, 7-12, and 12+ and above, respectively (see table 1). The majorities of the students' parents (fathers and mothers) were farmers, 232 (58%) and housewives 222 (32.8%), respectively (see table 2).

Table 1. Socio-demographic characteristics of the study population. Nekemte, town, 2006

Variables	Frequency	Percentage
Sex		
Male	364	53.8
Female	312	46.2
Age		
10-14	10	1.5
15-19	656	98.5
Grade level		
9 th	268	39.6
10 th	408	60.4
Marital status		
unmarried	663	98.1
Married	6	0.9
Divorce	2	0.3
Widowed	5	0.7
Religion		
Protestant	314	46.4
Orthodox	254	37.6
Catholic	32	4.7
Muslim	56	8.3
Others	20	3.0
Ethnicity		
Oromo	624	92.4
Amhara	39	5.8
Others	13	1.9
Currently living with		
Both parents	408	60.4
Single parent	96	14.2
Relatives	92	13.6
Alone	36	5.3
Friends	23	3.4
Fiancé	16	2.4
Spouse	2	0.3
Others	3	0.4
Pocket money		
Yes	179	26.5
No	497	73.5

Table2. Description of parents of the study population: Family education, occupation & economic status, Nekemte town, 2006

Variables	Frequency	Percentage
Fathers' education level		
Illiterate	138	20.4
Read and write	62	9.2
Primary (1-8)	152	22.5
Secondary (9-12)	158	24
Above 12	162	22.8
Others	8	1.2
Mothers' education level		
Illiterate	250	37
Read and write	59	8.7
Primary (1-8)	158	23.4
Secondary (9-12)	122	18.5
Above 12	84	12.4
Fathers' occupation		
Daily laborer	39	5.8
Farmer	232	34.2
Civil servant	224	33.1
Employed in private sector	55	8.1
Has private business	102	15.1
Others	24	3.6
Mothers' occupation		
Daily laborer	40	5.9
Farmer	222	32.8
Civil servant	118	17
Employed in private sector	34	5
Has private business	210	31.3
Others	52	7.7
Perceived family economic status		
Very rich	22	3.3
Rich	95	14.1
Medium	459	67.9
Poor	100	14.8

4.2. SEXUAL HISTORY OF THE ADOLESCENTS

Among all adolescents aged 10-19 years, 149 (22%) reported ever having sexual intercourse. One hundred forty-five (21.4%) of the study population reported to have premarital sexual intercourse at the time of the survey, of which 102 (70.3%) were males and 43 (29.7%) were females. The mean age at first sexual intercourse was 16.2 (16.2 \pm 1.5) for male and 15.18 (15.18 \pm 1.7) for females. From all sexually active adolescents, 6 (5.8%) of males and 6 (14.6%) of females had their first sexual intercourse before the age of 14 years, while the large proportion, 98 (94.2%) of males and 35 (85.4%) of females had their first sexual intercourse after the age of 14 years. The majority of the adolescents 83 (57.2%), (69.5% of boys and 65.6% of the girls) had their first sexual intercourse between the ages of 15 and 17 years.

Among those who were sexually active, 67 (46.2%) were 9th grade while 78 (53.7%) were attending 10th grade at the time of the survey.

When the relationship of the adolescents to their first sexual partners is examined, the majority of the partners were friends 76 (52.1%) followed by acquaintance, 48 (32.9%). (Table.3)

Adolescents claimed that the main reasons for the initiation of their first sexual intercourse were fall in love, accounting for 52 (34.9%), had desire, 44 (29.5%), peer pressure, 25 (16.8%), to get money or gifts, 11 (7.4%), got married 4 (2.7%), and were drunk, 5 (3.4%), rape 4 (2.7%) and due to other factors, 4 (2.7%).

One hundred fourteen out of 119 adolescents, who were sexually active, gave response to the question enquiring the number of their sexual partners they had in the past 12 months. Accordingly, 91 (79.8%) had only one sexual partner and 14 (12.3%) had two sexual partners, while 9 (7.9%) had three and more sexual partners.

Among those who were sexually active males, 15 (13.3%) had had sexual intercourse with commercial sex workers .Of these 11(73.3%) had ever used condom. Among those who ever used condom, 6(54.5%) used condom consistently, 4 (36.4%) used sometime while 1(9.1%) never used condom at all.

Table 3. Sexual history among high school adolescents, Nekemte, 2006

Variable		Frequency	Percent
Premarital sex	Yes	145	21.4
	No	531	88.60
Relation of the first sexual partner			
	An acquaintance	48	33.1
	Friends	77	53.1
	Fiancé	16	11.00
	Spouse	3	2.10
	Relatives	1	0.7
Reason to start sex(N=149)			
	Fall in love	52	34.9
	Had desire	44	29.5
	Raped	4	2.7
	Peer pressure	25	16.8
	To get money or gift	11	7.4
	Got married	4	2.7
	Were drunk	5	3.4
	others	4	2.7
Number of sexual partners in the last 12 moths(N=119)			
	One person	91	79.8
	Two person	14	12.3
	Three and above	9	7.9
	None response	5	3.4

Table 4. Variables evaluated for possible association with sexual intercourse among high school adolescents, Nekemte, 2006

Variables	Premarital sex		OR (95% CI)	
	Yes	No	Crude	Adjusted
Sex				
Male	102(28.0)	262(72.)	2.43(1.65, 3.6)**	2.13 (1.423.22)**
Female	43 (13.8)	269(86.2)	1.00	1.00
Currently living with:				
Both families	68(16.7)	340(83.3)	1.00	1.00
Father or mother only	21(21.9)	75(78.1)	1.46(0.85, 2.51)	1.51(0.86, 2.65)
Relative, fiancé & Friends	34(30.9)	76(69.1)	2.68(1.73, 4.15)**	2.59(1.64, 4.09)**
Alone	13(36.1)	23(63.9)	1.64(0.74, 3.65)	1.38 (0.61, 3.14)
Marital status				
Never married	139(21%)	524(79%)	1.00	1.00
Ever married	6(46.2%)	7(53.8%)	3.6(0.72,18.13)	3.97(0.69, 22.83)
Alcohol drink				
Yes	24(38.4%)	38(61.3%)	0.43(0.25, 0.75)*	0.64(0.34,1.22)
No	121(19.7%)	493(80.3%)	1.00	1.00
Pocket money				
Yes	53(29.6)	126(70.4)	1.78(1.2, 2.63)*	1.75 (1.16, 2.65)*
No	95(19.1)	402(80.9)	1.00	1.00
Khat chewing				
Yes	14(42.4%)	19(57.6%)	0.36(0.18, 0.73)*	0.50(0.22,1.16)
No	131(20.4%)	512(79.6%)	1.00	1.00

NB*=Significant

*=Adjusted for sex, living arrangement, marital status, pocket money, alcoholic drink and chat chewing

4.3 RESULT OF MULTI-VARIATE LOGISTIC REGRESSIONS

Multi-variate logistic regression was used to identify the factors contributing to premarital sexual practice and use of condom in the lifetime of the adolescents. Coefficients were expressed as crude and adjusted OR relative to the referent category and a number of risk factors were emerged as a significant predictors of premarital sexual practices and condom utilization among sexually active adolescents (Table 4&8).

Among the socio-demographic variables, sex of the respondents, living arrangements of the respondents, and pocket money as well as from the behavioral variables, drinking alcoholic beverages and chewing chat were evaluated using logistic regression against both premarital sexual practice and condom utilization. Accordingly, male adolescents were more likely to report premarital sexual experience than that of females (AOR=2.13, 95%CI, 1.42, 3.22). Similarly, male adolescents who have pocket money were more likely to report premarital sexual practice both in crude (COR=1.78, 95%CI, 1.2, 2.63) and after controlling other factors (AOR= 1.75, 95%CI, 1.68, 2.65)

On the other hand, adolescents who were living with friends, relatives, and fiancé were, 2.6, 1.72 and 1.9 times more likely to have odds of premarital sexual practices than those currently living with both parents, single parents and living alone, respectively. (AOR=2.6, 95% CI, 1.64, 4.1). Alcohol and chewing khat were found to have no association with

premarital sexual practice (AOR=0.64, 95 % CI, 0.34, 1.22 and 0.50, 95% CI, 0.22, 1.16), respectively.

4.4. ADOLESCENTS' ATTITUDE TOWARDS PREMARITAL SEX

The adolescents were asked about the ideal age for initiation of sexual intercourse for females and males. The majority, 255 (37.7%) of the adolescents agreed that the ideal age for females to start sexual intercourse is between the age of 15 and 19 years. Only 45 (6.7%) stated that the age between 9 and 14 years is the ideal age for females. On the other hand, 248 (36.7%) of the adolescents agreed that the age between 15 and 19 years is the ideal age for males to start sexual intercourse while only 73(10.8%) agreed that the ideal age for males is between the age of 9 and 14 years.

The participants were also asked about the ideal age for females and males for marriage. Accordingly, 314 (46.6%) of the respondents believe that the ideal age for female to marry is between the age of 15 and 19 years. While only 21 (3.1%) said that, the ideal age for females to marry is between the age of 9 and 14 years. Again 197 (29.1%) of the respondents mentioned that the ideal age for males is 15 to 19 years, while only 0.3% agreed that the ideal age for males is between the age of 9 and 14 years ([Table5](#)).

Moreover, adolescents have responded to different questions on attitudes towards adolescent's premarital sexual practice. Accordingly, the majority of the adolescents, 454 (67.3%), agreed that unmarried boys should not engage in premarital sex while only 97 (14.4%) supported premarital sex. Four hundred eighty - eight (72.3%) agreed that girls

should not practice sex before marriage. Moreover, 580 (86%) of the respondents agreed that girls should remain virgin until they marry, while only 43 (6.4%) disagreed. The majority of the adolescents 550 (81.4%) believe that boys also should remain virgin until they marry. While only 56 (8.3%) and 68 (10.1%) remained neutral and disagreed with the idea, respectively (not displayed).

Table 5. Attitudes towards premarital sexual practice among high school Adolescents. Nekemte, 2006

Opinion	Ideal age			
	10-14	15-19	20-24	≥25
Ideal age for female to start sex	45 (6.7%)	255 (37.7%)	112 (16.6%)	13 (1.9%)
Ideal age for male to start sex	73 (10.8%)	248 (36.7 %)	55 (8.1%)	30 (4.4%)
Ideal age for female to marry	21 (3.1%)	314 (46.6%)	156 (23.1%)	27 (4.2%)
Ideal age for male to marry	2 (0.3%)	197 (29.1%)	169 (25 %)	117 (17.3%)

4.5. CONDOM USE

Adolescents asked on the knowledge and practice of condom in their lifetime and in the past 12 months. Among all adolescents 610 (90.2%) had ever seen condom while 66 (9.8%) never saw condoms. Of those sexually active adolescents 109 (75.2%) had ever used condom while 36(24.8%) either never used condoms or used other methods.

Among adolescents who ever had sexual intercourse, 50 (34.5%) had used condom the first time they had sexual intercourse, 81 (56.9%) had not used, while 14 (9.7%) did not remember. (Table 6)

Of the adolescents who were sexually active in the past 12 months, 97 (79.8%) had used any contraception during the last 12 months of whom the majority, 72 (74.2%), had used condom, but only 38 (52.8%) used condoms consistently, 24 (33.3%) used sometimes and 10 (13.9%) used most of the time.

Adolescents who were sexually active have reported the reason why they used condom and the majority mentioned that to prevent HIV/AIDS, 24 (33.3%), to prevent STI, 27 (37.5%), and to prevent unwanted pregnancy, 21(29.2%). The major reasons mentioned for some sexually active adolescents for not using condom were religious affaires, 25 (20.8%), condom was not available, 16(13.3%), ashamed to ask partner, 17 (14%), condom decreases satisfaction, 15 (12.5%), ashamed to buy condom, 16 (13.3%) and was drunk, 8 (6.7%). (Table 6)

The large proportion of the adolescents, 336 (62%) believe that condoms are effective for preventing HIV/AIDS and STIs, while 112 (16.6%) did not belief in the effectiveness of condom. Twenty-four (3.6%) of the adolescents belief that condom can be reused while

580 (85.7%) believe that condom can be used only once and 72 (10.7%) did not know. Of all respondents 488 (97.8%), 492 (98.2%), and 478 (96.8%) claimed that condoms are available, not expensive and not shameful to buy, respectively.

Among all respondents 115 (21.7%) believe that condoms decreases satisfaction while 183 (34.4%) believe that using condom is the sign of not trusting each other.

The most reported sources of information about condom were school anti AIDS clubs, 292 (43.2%), media, 253 (37.4%), health workers, 170 (25.1%), and schoolteachers, 168 (24.8%).

According to the participants, adolescents get condoms from different sources and 207 (38.9%), 283 (53.9%) and 190 (36.2%) cited health institution, shops, and pharmacy as main sources, respectively. (Not displayed)

Table 6. Condom knowledge and practice among high school adolescents
Nekemte.2006

Variables.	Frequency	Percent
Have ever seen or heard of condom (N=676)		
Yes	610	90.2
No	66	9.8
Ever used condom (N=145)		
Yes	109	75.2
No	36	24.8
Used condom the first time you had sexual intercourse (N=145)		
Yes	50	34.5
No	82	56.5
I don't remember	13	10
Condom use in the last 12 months (N=72)		
Always	38	52.8
Most of the time	10	13.9
Some times	24	33.3
Reason for using condom (N=72)		
to prevent pregnancy	21	29.2
To prevent STI	27	37.5
To prevent HIV	24	33.3
Reasons for not using condom		
Condom not available	16	19.8
Ashamed to ask my partner	17	20%
Religion affaires	25	30.8
Ashamed to buy condom	16	19.8
Condom decreases satisfaction	15	18.5
I trust my partner	11	13.6
I was drunk	8	9.9
Condom is expensive	6	.7.4
Lack of knowledge	6	7.4
Condoms are effective in preventing HIV/STI (N=676)		
yes	336	49.7
No	112	16.6
I don't know	228	33.7

A condom can be used more than once(N=676)			
Yes	2		3.6
NO	580		85.8
I don't know	74		10.5

4.6 ADOLESCENTS' KNOWLEDGE ABOUT HIV/AIDS AND STI

Five hundred fifty three (81.8%) of the respondents claimed to have ever heard about sexually transmitted diseases (STDs), of which, HIV/AIDS 617(92.3%), Chancroids 442 (65.4%), syphilis, 279 (41.3%) and gonorrhoea 274 (40.5%) were the most commonly known types of STI.

The most commonly cited sources of information for HIV/AIDS were School anti AIDS clubs, 337 (54.6%), media, such as Radio and TV, 292 (47.3%), followed by health workers 273 (44.2%). The adolescents were asked about their preference of sources of information for HIV/AIDS and STIs. The majority, 285 (46.2%), preferred school anti AIDS clubs, while 206 (33.5%) and 140 (22.7%) of the respondents preferred health workers and medias as sources of information, respectively (Fig 1 & 2).

Fig 1. Source of Information on HIV/AIDS Among study subjects, Nekemte, 2006

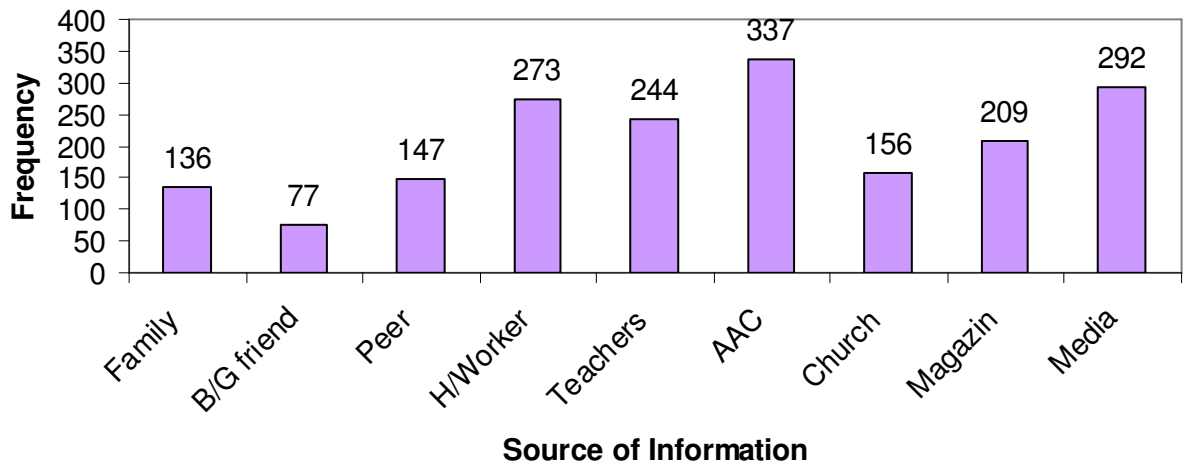
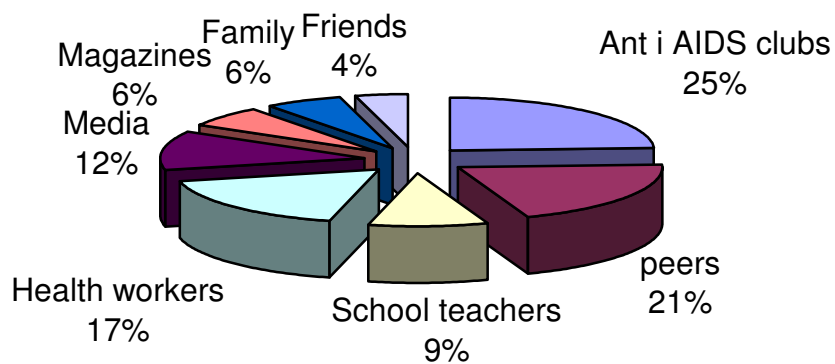


Fig 2. Preference of source of information on HIV/AIDS among study subjects, Nekemte, 2006



The majority of the adolescents mentioned the modes of HIV/AIDS transmission to be through unprotected sexual intercourse 572 (84.6%), sharing contaminated instruments 310 (45.9%) followed by blood transfusion, 237 (35.1%) (Table7). The adolescents were also asked about the prevention methods of HIV/AIDS; and the larger proportion of the respondents 410 (60.7%), 390 (57.7%), 282 (41.7%) and 223 (33%) mentioned that being faithful to one uninfected partner, followed by abstaining from sexual intercourse, using condom and taking blood test for HIV/AIDS (VCT) as preventive methods, respectively (Table 7.)

Table 7. Modes of HIV/AIDS transmissions and preventions as indicated by the study population. Nekemte, 2006

	Modes of transmission	Frequency	Percent
1	Unprotected sex	572	84.6
	Contaminated sharp materials	310	45.9
	Taking unscreened blood	237	35.1
	From mother-to –child	246	36.4
	Insect bite	38	5.6
	Sharing common latrine	6	0.9
	Eating food with PLWHA	47	7.
	Cures from Good	27	0.4
2	Means of prevention		
	Be abstain	390	57.7
	Use condom	282	41.7
	Be faithful to one uninfected partner	410	60.7
	Avoid sex with CSW	216	32
	Avoid contaminated sharp material	201	29.7
	Take VCT	223	33
	I don't know	3	0.4

Four hundred forty- five (65.8%) of the adolescents believe that a person can get (acquire) HIV infection the first time she or he had sexual intercourse. While only 61 (9%) of the respondents believe that if some one carefully looks at a person she/he can identify that a person is living with or without HIV/AIDS

About 56 (8.3%) of the respondents believed that they had done something that might put them at risk of getting HIV/AIDS infection. The reasons were they have had sexual intercourse with out condom, 37 (66.1%), have had injury with contaminated material, 15 (26.8%), have had more than one sexual partner 8 (14.3%), and had sexual intercourse with commercial sex workers, 4(7.1).

Table 8. Associations of different variables with condom use among high school adolescents Nekemte, 2006

Variables	Ever used condom		OR (95%CI)	
	Yes	No	Crude	Adjusted
Sex				
Male	81(22.3%)	235(64.4%)	3.19 (1.33, 7.68)*	3.26 (1.29,8.27)*
Female	28(9%)	211(67.6%)	1.00	1.00
Currently living with				
Both families	61(15%)	347(85%)	1.00	1.00
Mother or father only	16(16.7%)	80(83.3%)	1.86 (0.63, 5.43)	2.38 (0.74, 7.61)
Friends, Relative& Fiancé	17(15.5%)	93(84.5%)	1.49 (0.65, 3.41)	1.47(0.62,3.48)
Alone	9 (25%)	27(75%)	2.1 (0.48, 9.10)	1.57(0.35, 7.1)
Pocket money				
Yes	59(32.8%)	120(67.2%)	1.32 (0.64, 2.72,)	1.32 (0.62, 2.83)
No	70(14.4%)	427(85.9%)	1.00	1.00
Alcohol drink				
Yes	23(37.1%)	39(62.9%)	0.49(0.19,1.26)	0.66(0.21, 2.1)
No	120(17.8%)	494(73.2%)	1.00	1.00
Chewing khat				
Yes	15(45.5%)	18(54.5%)	0.57(0.20,1.62)	0.97(0.27, 3.51)
No	94(14.6%)	549(85.4%)	1.00	1.00

NB.*=Significant

*=Adjusted to sex, living arrangement, pocket money chewing chat & Alcohol drink

In relation to female adolescents, males were found to report the higher odds of using condom both in crude and after adjusting for other factors (COR=3.19, 95% CI, 1.33, 7.68 and AOR=3.26, 95% CI 1.29, 8.27), respectively.

Living arrangements of the adolescents has showed an association with condom utilization. Adolescents those living with single parents were (adolescents currently living with parents as a referent group) 2.38 more likely to use condom than the referent group while 1.62 and 1.52 times more than those living with relatives, friends and fiancé and living alone, respectively, but the difference is not significant ($p < 0.05$).

Alcohol and khat were one of the factors analyzed for condom utilization and adolescents who had reported consuming alcohol or khat reported a less likely to use condom both before adjustment (COR=0.49, 95% CI, 0.19,, 1.26 and 0.57, 95 % CI, 0.20, 1.62, respectively) and after adjustment (AOR=0.66, 95% CI, 0.21,2.1 and 0.97,95% CI, 0.27, 3.5,respectively).

4.7 FINDINGS OF FOCUS GROUP DISCUSSION

4.7.1 ADOLESCENTS

A total of 36 participants were invited in 4 focus group discussions. (Two focus group discussions for each sex respectively). The results of the focus group discussion was summarized as follows

ADOLESCENTS' PREMARITAL SEXUAL PRACTICE

The discussants mentioned that premarital sexual practice is not uncommon. It is widely been practiced in the area. The discussants estimated as high as 95% of the adolescents are practicing sexual intercourse before marriage. They further explained that the practice is usually unprotected and so, many girls are getting pregnant and commit suicides. One of the discussants said *‘I think, now a day, adolescents’ premarital sexual intercourse is becoming uniformly a fashion.’*

FACTORS

Almost all discussants agreed that most of the adolescents start sexual intercourse at the age of 16 years, at this age, their bodies mature and their biological needs increases.

A 19 years old discussant said:

“Once the girl’s breasts start to grow and become visible, it is a time for males to persuade that girl. Then communication begins to mislead the girl by enticing her,

because girls are misled by males' sweet words that unexpectedly lead to engage in sexual practice.

Age of the adolescents was mentioned as one of the factors contributing to sexual initiation. Saying that it is a natural phenomenon for youths that once they reach at the age of puberty; they are forced by their internal need to have sexual intercourse.

The other cited reason for initiation of sexual intercourse was khat chewing and alcohol drinking. They mentioned that when boys drink, they lose their control over their sexual drive and get forced to make sex.

Most of the discussants said, "Adolescents watch bad films (such as pornographic films), dramas and music about sex, and then they get sexual arousal and get forced to do it. Because of these, adolescent are forced to start love without adequate knowledge of protecting themselves.

One of the most contributing factors stressed by almost all discussants was girls' bad clothing style such as tight trousers, short skirts and short "T"- shirts that expose their buttocks, umbilicus and breasts. These clothing styles were even condemned by the girl discussants them selves.

A 15 years old female discussant said:

'As males' sweet words mislead girls, girls' clothing styles mislead boys. So we girls should wear a normal cloth that doesn't expose our body, and doesn't attract the opposite sex.'

The other factor mentioned was economic needs. Adolescents have no job and unemployment is one of the problems that expose them to untimely sex that they use it to pass time. Adolescents migrate from rural area to town searching for job that increases the chance of interaction with the opposite sex.

The discussants mentioned the reasons for early onset of sexual intercourse as males follow virgin girls to deflower for fame, while girls pressurized by their peers and economic needs to engage in sex.

The other important point mentioned was that there is no open discussion on sexual issues among adolescents and their families. Most of the discussants agreed that discussing about sexual issues in the family is difficult, because, the adolescents fear not to be labeled by their families as “*bad boy or bad girl.*”

One discussant said:

“It was good if there is an open discussion in the family, because the families teach their children from their experiences based on reality, as they have seen every thing. But since we fear them we don’t want to hear them, rather we prefer our peers and we openly discuss with our peers.”

The other discussant said that “*Waan akkasii maatii keesatti haasa’uun safuu dha.*” meaning discussing on such sexual issues in the family is shameful (culturally wrong).

A female discussant said:

“I fear to discuss it with my father, but I discuss it with my mother as my relation with her is so intimate that she tells me every thing openly. She tells me her experience without any reservations.”

Almost all discussants agreed on the negative consequences of not discussing on sexual issues that it brings a big problem. Because adolescents do not get an adequate knowledge on sexual issues and they will expose themselves to problems like HIV/AIDS/STIs and unwanted pregnancies that obstructs the life of the adolescents.

RISKY SEXUAL BEHAVIOR

The participants mentioned that some adolescents are practicing risky sexual behaviors such as unprotected sex, unlimited number of sexual partners that exposes them to the deadly disease HIV/AIDS and STI, unwanted pregnancy and early onset of sex. The discussants also explained that the reasons why adolescents engage in such risky sexual intercourse such as trusting each other, (using non condom methods), feeling shame to buy condom, and not using condom thinking that it decreases satisfaction and negligence. One discussant said that girls are easily misled by money or gifts such as cloths, because it is a good reward for sex. Especially civil servant male bachelors use this opportunity to get the girls they want.

A female discussant said:

“If the families are unable to fulfill their daughters’ needs, daughters are forced to engage in unplanned and risky sexual practice to satisfy their needs. Moreover, girls engage in multiple sexual partners, to get money or to get marriage while boys do it for fame.”

CONDOM

Almost all of the discussants had ever heard about condom and mentioned that it is used for preventing sexually transmitted diseases including HIV/AIDS and pregnancy.

The participants mentioned that condoms could be obtained from different sources such as anti AIDS clubs, shops, health institutions and NGO clinics.

Some discussants said that there is no problem in obtaining condoms, even some students carrying it in their pockets. Further they reported that, every body could find condom even from a street sellers. The problem is that adolescents lack the knowledge and technique on how to use it.

Regarding the use of condoms, the participants believe that some adolescents use it but still there are many adolescents who do not use it because of different reasons.. After drinking alcohol adolescents lose their control and become negligent, others do not use it because they think that condoms decreases satisfaction. The discussants mentioned that even though there are different sources of condoms, still it is not easy for adolescents to obtain it. They feel shame to ask and buy condoms from shops or clinics, as they fear not to be seen by other persons. Because of these, adolescents usually buy condoms from street sellers.

A discussant said that “—*Most of the time, they are boys who buy condoms. Females do not buy it because they fear not to be seen by others while they are buying. Even males themselves do not call condom while they are asking the shop keeper for condom, they call it ‘Festal’ and they say to the shop keeper, do you have festal? Then the shopkeeper is familiar with this word and he gives them wrapping it by paper. So if condoms were to*

be distributed by peers, it would be better and easier for adolescents that they could freely buy it without fear.”

But a 19 years old male participant opposed this idea saying “--once I decided to make sexual intercourse, I shouldn’t feel shame to buy condom. Why do I feel shame? It is a matter of life.”

Many of the discussants agreed that adolescents use condoms to save their lives, but the problem is that adolescents do not know its proper application. Some keep it in their posterior pocket; they sit on it and rub against their body, the condom losses its strength and it breaks easily while using it. It is no more protective’

Some adolescents do not know even how to unroll it, so they use it wrongly. Some of the discussants reported that condoms could be expired. It may be broken, so it is not hundred percent effective in preventing HIV/AIDS but it prevents pregnancy. That it would be better to educate adolescents on how to use it correctly”

HIV/AIDS

Most of the male and female discussants mentioned that HIV/AIDS is a communicable disease that transmits from person to person. Almost all of the discussants mentioned that the modes of HIV transmission are unprotected sexual intercourse, from positive mother-to-child, taking unscreened blood, and using contaminated materials. Moreover, they mentioned, “*HIV/AIDS is a disease that causes the death toll and has no cure.*”

An 18 years old discussant said that “---*people say that HIV/AIDS has no cure, but to my understanding, HIV/AIDS has a drug. Because once we understood its mode of transmission, its drug is just avoiding those modes of transmissions.*

It is because we are not open to the health education being given. If we open our mind to listen, and internalize the health education being given and use it in our daily life, the problem of HIV/AIDS would not be beyond our capacity. We could have controlled it.”

Almost all of the discussants agreed that HIV/AIDS doesn't transmit through insect bite, using common latrine, sharing food, greeting and or hugging PLWHA. The majority of the participants agreed that HIV/AIDS is preventable with abstinence from sexual intercourse, by using condom, and being faithful to one uninfected sexual partner. The majority of the discussants agreed that, the best alternative for students is neither using condom nor be faithful, but be abstaining from sexual practice.

The participants mentioned that the most important sources of information on HIV/AIDS are school anti AIDS clubs, schoolteachers, peers, magazines, the families and PLWHA. According to the discussants, adolescents obtain information about HIV/AIDS from different sources such as media, anti AIDS clubs, and schools. However, these sources are largely concentrated only in urban settings. So, there is shortage of information in rural areas that needs attention.

Most of the discussants mentioned that they learn about 11 subjects and each subject has HIV/AIDS-related topics, especially, Civics and Biology largely deal with HIV/AIDS. Therefore, adolescents obtain information about HIV/AIDS from the subjects they learn.

According to the discussants, the common media that adolescents listen to in the area is Radio Ethiopia, ETV, and school anti AIDS clubs.

A 19 years old participant mentioned that:

”Adolescents largely listen to Radio Ethiopia program, especially, the program entitled ‘Yibekal.’ This program is good, it conveys an important lesson on HIV/AIDS, but the problem is that the transmission is in Amharic language, that most of the community doesn’t understand it. If the transmission was in Afan-Oromo, many people will benefit from it.”

Almost all of the discussant mentioned that even though most of the adolescents in urban area are listening to ETV, and Radios, there is no such Medias in the rural areas. In such places, peers, anti AIDS clubs and the families are the most important sources of information. Families are more concerned about their dignity and their social values. They say *“Nama keessatti nun hin salphisiin.”* to say that do not ruin our names and social values fearing that she will get pregnant, as pregnancy of unmarried girl is socially unacceptable.

On the other hands a 17 years old female discussant said that:

“School peers are most suitable to discuss about sexual issues than with the families, because, there is a fear when discussing with parents. Parents fear that discussing on sexual matters with adolescents will lead to promiscuity while you discuss freely with the peer of your age.”

The discussants mentioned their opinion to tackle such adolescents' reproductive health problems. The suggestions forwarded by the discussant summarized as follows.

1. Health education needs to be expanded and strengthened using anti AIDS clubs.
2. Educate the school adolescents about HIV/AIDS by establishing and strengthening anti AIDS clubs.
3. Establish adolescent reproductive health service centers.
4. Use PLWHA, in health education, because they share from their real life experience.

4.7.2. TEACHERS' FOCUS GROUP DISCUSSION

A total of 4 focus group discussions were organized for male and female teachers consisting of 36 members. This focus group discussion was made regarding the problems of adolescent reproductive health; the existence of adolescent's premarital sexual practice and whether there is an open discussion on sexual issues in the family and factors contributing to premarital sexual practice among adolescents, in the study area.

ADOLESCENT PREMARITAL SEXUAL PRACTICE

Questions were raised on whether the adolescents in the area are practicing premarital sexual intercourse and how common it is. Almost all of the discussants agreed that adolescent premarital sexual intercourse is widely practiced and it is common in the area.

The adolescents start sexual intercourse in their early years of age, even at an elementary school. The participants said that many girls are seen engaging in commercial sex; many young girls are seen in bars. And many girls are seen giving birth out of marriage. More over HIV/AIDS is increasing in our town. All these things are the sign and an indication for the existence of adolescents' premarital sex.

FACTORS

The other issue raised was regarding factors that urge adolescents to start sexual intercourse and how early adolescents usually start sex. According to the discussants, there are various factors initiating adolescents for sexual practices. The factors cited were peer pressure, over crowdedness in the class rooms (Sitting with males, very close to each other interweaving their legs), females dressing style, increased enrolment of female students' in schools, increased number of unfiltered pornographic films and video houses in the town. When these are added on the top of fire age, it ignites the engine.

A 30 years old teacher Said: *“If you ask students about what they learnt yesterday, they will reply few or none. But if you ask them about the film they saw yesterday, they will miss no point”*.

Peer pressure was given a special attention and one discussant said:

“Students who do not wear cloths that show ‘modernity’ and who do not want to practice sexual intercourse are regarded as “Unlearnt” fara, gagama or balager” in the eye’s of those “modern” students. This pressure enforces the innocent adolescents to start sex; i.e. to look their peers (“to look modern youth’).”

Unemployment, (joblessness), lack of recreation centers for youths, absence of youth center and reproductive educations are the other stressed contributing factors for premarital sex.

Adolescents migrate from rural areas to urban areas for searching job. This increases concentration of people (young) in a town predisposing to unnecessary communications and unsupervised relations leading to reckless sex.

Habit- forming substance such as chewing chat followed by alcoholism, and use of drugs are the most important contributing factors mentioned by the discussants.

The discussants further pointed that absence of open and free discussion in the family is another contributing factor. They said that discussing in the family about sex is not a common practice. Moreover, it was considered as a shame in their culture. Discussing on such issue is only acceptable among peers. According to the discussants, such limitation is usually resulting in health and social problems for adolescents and marital conflict in the later age.

A 50s years old discussant Said: *'But this is wrong; we must discuss and disclose the reality to our generation. The one who hides his disease will not get a drug.'* To say, to get solution for your problems, you should first disclose your problems.

Moreover, loose social control over their children and bad role modeling of elders were mentioned as a contributing factor. The other main factor that the discussants agreed up on was poverty. Adolescents especially females are forced to engage in sexual intercourse to satisfy their economic needs such as clothing, ornaments and cosmetics that they see on their friends (peers). In order to get such things, the only means they have is engaging in sex with the one who can provide them with those things; usually wealthier and older men..

CONDOM

The discussants mentioned that those sexually active adolescents usually use some preventive measures such as condom and injections ((Depo-Provera) to prevent unwanted pregnancies and STI such as HIV AIDS. But their main purpose of using these methods is to prevent pregnancy.

ADOLESCENT REPRODUCTIVE HEALTH

Initially the discussants were asked what it means by reproductive health. According to the discussants, reproductive health means, it includes all reproductive organ systems of both sexes (male and female) i.e. the whole functions of reproductive organs such as penis, sex hormones, the vagina, and others. The discussants added that it is a condition of sexual gratification, satisfaction of this gratitude, erection and ejaculation at a needed time, it also includes males' ability to impregnate a women and ability of a woman to conceive and give birth (fertility)

According to the discussants, no training on reproductive health was given for teachers in their school. Almost all of the discussants agreed on the importance of giving reproductive health education for adolescents. As mentioned by the discussants, providing the adolescents with health education on reproductive health is crucial and it has a significant role in their life, as most of adolescents are not aware of these problems. As discussant said, almost all adolescents start sexual intercourse at as early as the age of 10-12 years, without having adequate knowledge about sexual matters. Therefore, it is more beneficial if education on reproductive health is given even as an independent subject as it contributes much in decreasing premarital sexual practice; hence the related health problem such as HIV/ AIDS and unwanted pregnancy.

Generally the discussants agreed upon that not discussing on reproductive health, exposes adolescents to unwanted pregnancy, various disease such HIV/AIDS gonorrhea, and syphilis, and abortion which usually lead to loss of life

CHAPTER 5 DISCUSSION, STRENGTH AND LIMITATION OF THE STUDY

5.1 DISCUSSION

Sexuality is the area that has long attracted researchers of different specialties including sociologists, public health specialists and demographers because of the identified relationships between sexual behaviors and certain reproductive health problems. Adolescent is a time when a new skill and knowledge are needed for positive relationship with others and enjoy before the responsibility of adulthood begins in ways, which do not treat their health and well being (45, 47).

This study was done on a representative sample of two high schools' adolescents of both sexes aged 10-19 years to assess the premarital sexual behaviors, condom utilization, and perceived factors that contributed to premarital sexual practices among high school adolescents in Nekemte town, east Wollega zone, Oromia Regional National State.

The over all prevalence of premarital sex among the study population was 145 (21.4%) of whom 102 (70.3%) and 43(29.7%) were males and females, respectively. This finding is relatively higher when compared to similar study findings .In Addis Ababa the figure was 39.8% and 5.6% for males and females, respectively (39). In Gondar, it was 46.2% and 16.2% for males and females, respectively (50). This finding is higher when also compared to other similar studies done in Harar that reveals 65% of males and 20% of females were sexually active (37). In addition, The National findings of in –school

adolescents was 19% which is lower than the current finding (5). However in Sub-Saharan Africa, the figures are higher than the current findings which were 45%-52% for both sexes (41). But it is found to be higher than the findings from Asia, which ranges from 2%-11% for females, and Brazil, 64.5 % of males and only 13% of females and than that of Canada, 31% of males and 21% of females of 9th grade students were sexually active (27,29,41). This shows that premarital sexual practice among adolescents in the study area is higher than other study findings. More over, students' and teachers' focus group discussions mentioned that "premarital sexual practice in the study area is not uncommon; even, it is becoming a fashion."

In this study, the mean age at first sexual intercourse is 16.24 ± 1.5 years and 15.18 ± 1.7 years for males and for females, respectively. Different studies done in Ethiopia revealed that the mean age at first sexual debut to be between the age of 13.6 and 19 years (22, 42, 43, and 44). Studies conducted in Addis Ababa, in 1994 and 2000, reported that the mean age at first sexual intercourse were 15.5 ± 5.39 years for females and 16.4 ± 4 years for males and 15.3 ± 1.45 for both sexes (39,40). Similar study reveals that 71.9% of boys and 71.4% of girls have had their sexual intercourse within the age of 15 to 17 year, while 13% report having sex between the ages of 10-14 years (45). Also, studies in Cameroon show that the mean age at first sex was 15.6 years for males and 15.8 years for females. (46). Therefore, the mean age of the adolescents at first sexual intercourse in the current finding is found to be relatively lower than the findings of most other studies.

In the current study, from all those sexually active adolescents, 8.3 % (5.8% of male and 14.6% of females) reported to having had their first sexual intercourse before the age of 14 years, while 98 (94.7%) of males and 35 (85.4 %) of the females had their first sexual intercourse after the age of 15 years. However, the majority of both sexes (69.5% of male and 65.6% of females) were sexually active between the ages of 15-17 years. Similarly, in Uganda, adolescents' start sexual practices between the ages of 10-14 years (38). This is one of the risky sexual behaviors of adolescents exposing them to different health and related problems in their early age.

Similarly, different studies report the consequences of early onset of sexual practices among adolescents. Adolescents who start having sex earlier are more likely to have sex with high-risk partners or multiple partners and are less likely to use condom (14). Therefore a delay in the first sex is one of the many factors attributed to the decline in HIV infection (8).

Generally, this indicates that adolescents of Nekemte, town start sexual practices in their very early age when they lack the knowledge and skills of negotiating for safe sex, or to make a responsible decision which could predispose them to different types of sex related health problems such as unplanned pregnancy with its consequences, HIV/AIDS and sexually transmitted infection that needs special attention of the concerned bodies.

According to their level of education, among those adolescents who were sexually active, 46.6% and 53.7% were 9th and 10th grade, respectively. Even though the proportion of sexually active adolescents seems larger for 10th grade, than that of 9th grade, the grade level showed no statistically significant difference ($P>0.05$).

Although adolescents' sexuality often detected by hormonal influence, the role of psychological factors is significant. The desire to maintain the relationship with friends and peer pressure, the need to experiment, lack of guidance and poor modeling of elders are important in terms of influencing adolescent sexuality (23, 38). Similarly, in this study, the main reasons claimed by the adolescents for starting the first sexual intercourse were fall in love, 52 (34.9%), had desire, 44 (29.5%) peer pressure, 25 (16.8%), and to get money or gifts, 11 (7.4%). Moreover, the qualitative finding along with this study showed that increased number of unfiltered pornographic films in the town, females dressing styles, and chat chewing which usually followed by alcoholic drinks, mentioned as a major contributing factor to premarital sex.

In the same way studies done in Botswana, found that about one-in-five of adolescent girls reported that it is difficult to refuse sex when money or gifts are offered (23). Sexual

relationship for girls is frequently motivated by gains in the form of money, gifts, job positions or promise to send abroad (14, 25). These lead to unplanned and unfavorable situations for adolescents to make a responsible decision that exposes them to different social and health problems.

In this study, some socio-demographic variables such as sex, living arrangement, marital status and pocket money of the respondents, as well as from the behavioral variables, such as alcoholic beverages and chewing chat were analyzed for possible association with both premarital sex and condom utilization.

Accordingly, male adolescents were more likely to report premarital sexual practice than females (AOR=2.1, $P<0.001$). Similar studies show that much higher percentage of young men report having premarital sex than young women (17). This may be due to cultural norms that encourage and approve sexual experimentation of boys and the value of virginity for girls (53). Even though the possibility of reporting bias can not be ruled out, studies show that the sex difference in sexual behavior are not merely the result of under reporting by females or over reporting by males, but rather are the outcome of sexual ideology that promotes males' sexuality and controls females' sexuality (54).

On the other hand, studies show that economic factors have significant role in adolescents' sexuality. Young girls enter into sexual relationship with older and wealthy men (sugar daddies) who can assist them with school related expenses, or purchase of material goods. Others engage in sexual exchanges in order to achieve long-term objectives of establishing contacts with wealthy and prestigious people that may be beneficial in the long term and assistance with searching job (53). Similarly in this study, 11 (7.6%) of the adolescents are engaged in sex for money or gifts in exchange for sex. This finding is lower than the findings of the study done in Botswana that is about one in five in the out of school adolescents reported money in exchange for sex.

In the current qualitative survey, both adolescents and teachers' discussants supported the idea that adolescents, especially females are forced to engage in sexual intercourse to satisfy their economic and material needs such as clothing, ornaments and cosmetics that they see on their peers. Moreover, they mentioned that male bachelor civil servants use this opportunity to get the girl they want.

This study also indicated that sex was significantly associated with condom use. Males were to report higher odds of using condoms both before adjustment (COR=3.19) and after adjusting for other factors (AOR=3.26). Perhaps this can be partly, attributable to the fact that females have a poor negotiating power for safe sex, unavailability of females' condom and the taboo attached to buying condoms.

Adolescents who had pocket money were more likely to engage in premarital sex (COR=1.78, 95 % CI, 1.2, 2.6 and AOR=1.75, 95% CI, 1.68, 2.65). This may indicate that adolescents who have pocket money can have a better exposure to different medias that initiate sex and adolescents who have money can buy sex. At the same time, they were more likely to use condom (1.32). However, the difference was not statistically significant ($P>0.05$).

Compared to adolescents living with both parents, adolescents living with relatives, friends and fiancé were more likely to be sexually active (AOR=2.6, $p<0.001$), while 1.72 and 1.9 times more likely to have odds of premarital sex than those living with single parents and living alone, respectively.

Similar studies show that adolescents living only with one parent were 1.6 times likely as those in two parents to be sexually active and living with siblings, alone or with other relatives generally increased the likelihood of engaging in sexual risky behaviors (46).

Studies in Uganda report that most of the students' sexual activity occurred when parents were away or when the students were staying with relatives (52). This may be because adolescents living with both parents are monitored more closely.

In this study, alcohol and khat were found to be less likely to contribute to premarital sex both before and after controlling other factors (0.64 and 0.50), respectively. **This might**

be attributable to the fact that the actual figure of the continuous drinkers and khat chewers is insignificant, 6 (09%) and 4 (0.6%), respectively. However, in the qualitative study, the discussants believed that alcohol and khat chewing are one of the contributing factors to premarital sex. Similarly, other studies report that alcohol drinking and khat chewing are strongly associated with rape and early initiation of sex (.39).

Studies done in USA shows those students who have sex under the influence of alcohol are 2.5 times more likely not to use protection (14).

Data on attitudes towards adolescents' sexual behavior showed that the larger proportion of the adolescents (62% of males and 67.2% of females) disapproved premarital sex.

Moreover about 85.8% of the respondents supported the idea that females should remain virgin until marriage and 81.4% supported males' virginity until marriage. This finding showed that, there is a gap between attitudes towards premarital sex and the actual practice in the study population. Because, virginity at marriage is strongly valued but premarital sexual practice is common.

Other studies show that even though no sex before marriage is the general norm, a greater imbalance in approving it when it takes place (12). This is an important issue of interest for health educators and counselors.

Data on the number of adolescents' sexual partners in the last 12 months indicate that 23 (20.2%) had multiple sexual partners, moreover, 15 (10.3%) of the respondents had sexual intercourse with commercial sex workers & only 11 (73.3%) ever used condom. while only 6 (54.5%) used condoms consistently. On the other hand, only 40.4% of the respondents were able to list the three primary prevention methods of HIV/AIDS correctly. Furthermore, only less than half (49.7%) believes in the effectiveness of condom.

All these indicate that there is a prevalent risky of sexual behavior and lack of practice of safe sex among the adolescents and needs special attention.

The knowledge of young people about different aspects of their sexuality is incomplete and not enough to avoid risk taking. Studies done in Nigeria show that 95% of girl aged 15-19 years perceived that their risk of getting HIV is minimal or none existent, in Haiti that figures for male adolescents runs as high as 93%(14). Similarly, the study done in Botswana, showed that about two-third of young people in their last year of primary school and one fifth of secondary schools thought they could tell if some one was infected with HIV/AIDS by looking at them and could screen partner by looks alone (14).

However in this study, only 61(9%) of the adolescents believe that they could tell if someone is infected with HIV just by looking at a person, indicating a better awareness in these study population. This misconception, about HIV/AIDS is especially dangerous in a country like Ethiopia where the prevalence of HIV/AIDS is high (4.4%) (5).

Five hundred fifty three (81.8%) of the respondents claimed to have ever heard about sexually transmitted infections (STIs) including HIV/AIDS, of which HIV/AIDS is the most commonly known type of STI, 617 (92.3%) followed by chancroids 442 (65.4%), syphilis, 279 (41.3%) and gonorrhoea, 274 (40.5%). This may be attributable to the fact that information on HIV/AIDS is being widely disseminated through different Medias and the attention given to the problem in the respective area and the country at large.

However, this finding is slightly lower than the findings from Harar that indicates there is a substantial level of awareness of HIV/AIDS by the respondents (97.7% and 96.4%) of male and female, respectively (22). That might be due to the age difference of the two study subjects

Generally, parents, the community, schools and peers are critical in guiding and supporting adolescents to make safe choices about their sexual health and well-being. However, in this finding, parent- child communication is almost none-existent. This issue was strongly recommended in both adolescents and teachers focus group discussion.

In this study, among those sexually active adolescents only 34.5% used condom the first time they had sexual practice, and in the past 12 months, only 52.8% used condom consistently. This finding is lower than the national finding that 73.6% of in-school adolescents reported to use condom consistently. But it is higher than findings of other studies that only 17.6% reported to use condom at their first sexual encounter and only 27.7% used consistently (39), and in Romania 70% reported to have premarital sex but only 39% used condom the first time they had sex (14).

5.2. STRENGTH AND LIMITATION

5.2.1 STRENGTH

This study has tried to assess the magnitude of premarital sexual practice, factor contributing to premarital sex and condom use among high school adolescents. Appropriate sampling technique was employed and high response rate was achieved.

The data collection tools were anonymously structured, male and females were made to give their responses in separate classes to maintain privacy and confidentiality of the respondents and to minimize bias. A Combined data collection tools (quantitative and qualitative) were used to collect more information. All these are the strengths of this study.

5.2.3. LIMITATIONS

Since this study touches a very sensitive and very personal issues and the behavioral outcomes are based on self-reported information the possibility of reporting errors and biases cannot be ruled out.

CHAPTER 6 CONCLUSIONS & RECOMMENDATION

6.1. CONCLUSION

From this study, it is possible to conclude that a substantial proportion of the adolescents had engaged in premarital sexual practice (70.3% of males and 29.7% of females) which is found to be higher than most of the studies. The adolescents were found to start premarital sexual practice at their earlier age (10-14) with the mean age of 16.24 for males and 15.82 for females.

This early onset of adolescents' sexual activity usually leads to increased risk of contracting STI/HIV/AIDS, unwanted and unplanned pregnancy. The most mentioned reasons for adolescents to start their first sexual commencement were; personal desire, peer pressure, economic needs and alcohol drinks.

From the study, it can be concluded that although the study had shown that the large proportion of the respondents had a better awareness of HIV/AIDS (84.5%), only less

than half (40.4%) could list the three primary prevention methods of HIV/AIDS correctly.

From this study, one can also conclude that adolescents were practicing risky sexual behaviors such as multiple sexual partners, unprotected and early sex and sexual intercourse with commercial sex workers in the study area.

The study also revealed that the most important source of information on HIV/AIDS and condom: were school anti AIDS clubs, Media (Radio and TV), health workers and school teachers

At the same times, these sources are the choices of the adolescents for information. This is an encouraging finding that school anti AIDS clubs; media and schoolteachers are playing an important role in information dissemination schools.

6.2. RECOMMENDATIONS

1. Establish and strengthen school anti AIDS clubs and give a basic and sounding knowledge through continuous training.
2. As schoolteachers have a better proximity to school adolescents they have an extra ordinary opportunity to provide adolescents with necessary information and life-skill education in schools. So, empower them through in-service training on adolescents' sexual and reproductive health.
3. Establish youth centers; so that adolescents able to obtain necessary and adequate information & services they need.

4. Establish adolescents and parent dialogue or forum on ASRH
5. Make condoms available through school Anti AIDS Clubs
6. Generally, protecting young people from HIV/AIDS is too big job for any one sector of the society. To make a real and lasting difference the commitment and resources of all sectors must be mobilized, coordinated and channeled to the community and the family level that creates a supportive environment at home, school and other social institutions.
7. Further investigation is needed about parents' attitude towards adolescents' sexual and reproductive health (ASRH).
8. Further investigation is recommended on the association of alcohol and khat with premarital sex and condom use

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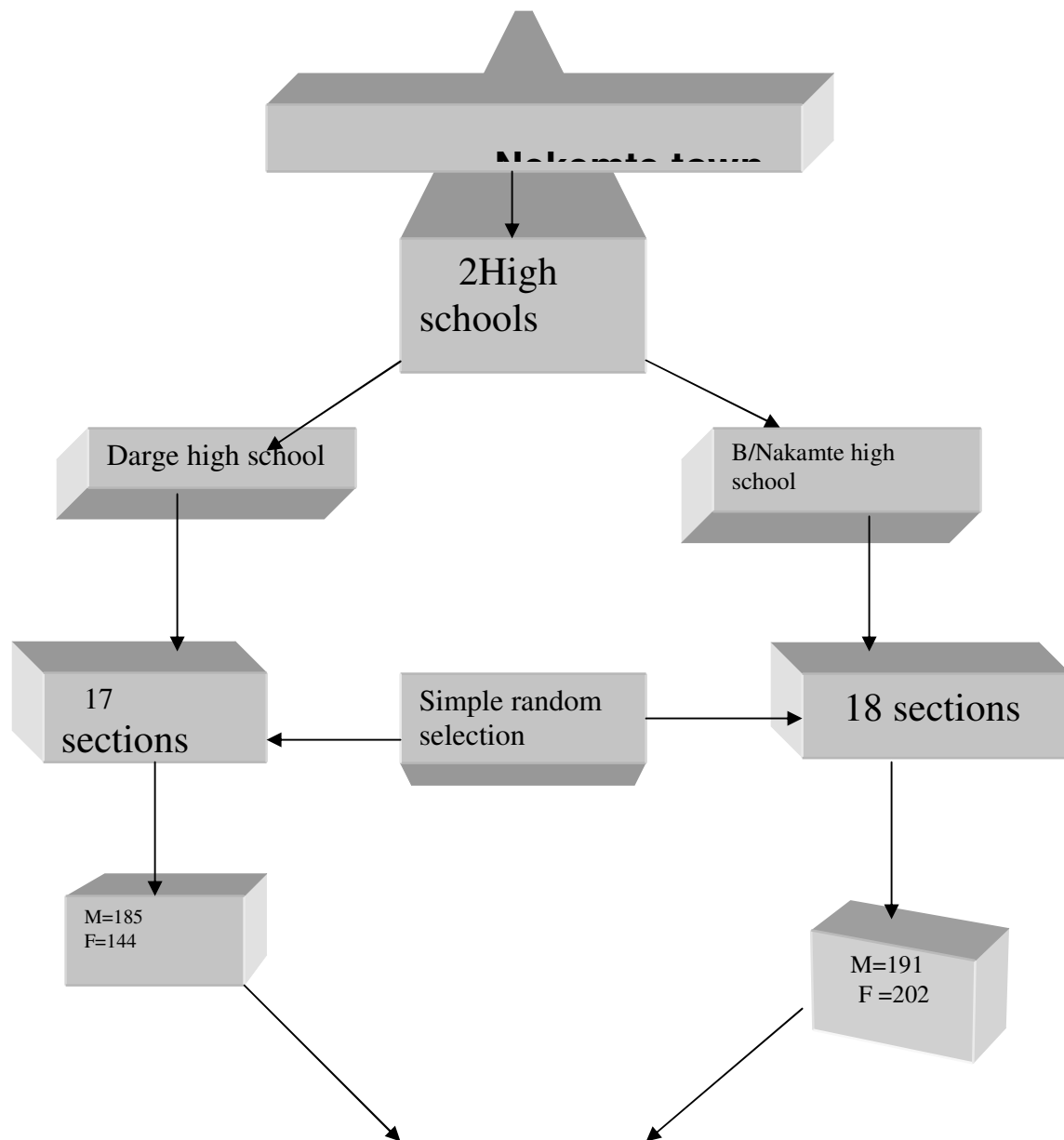
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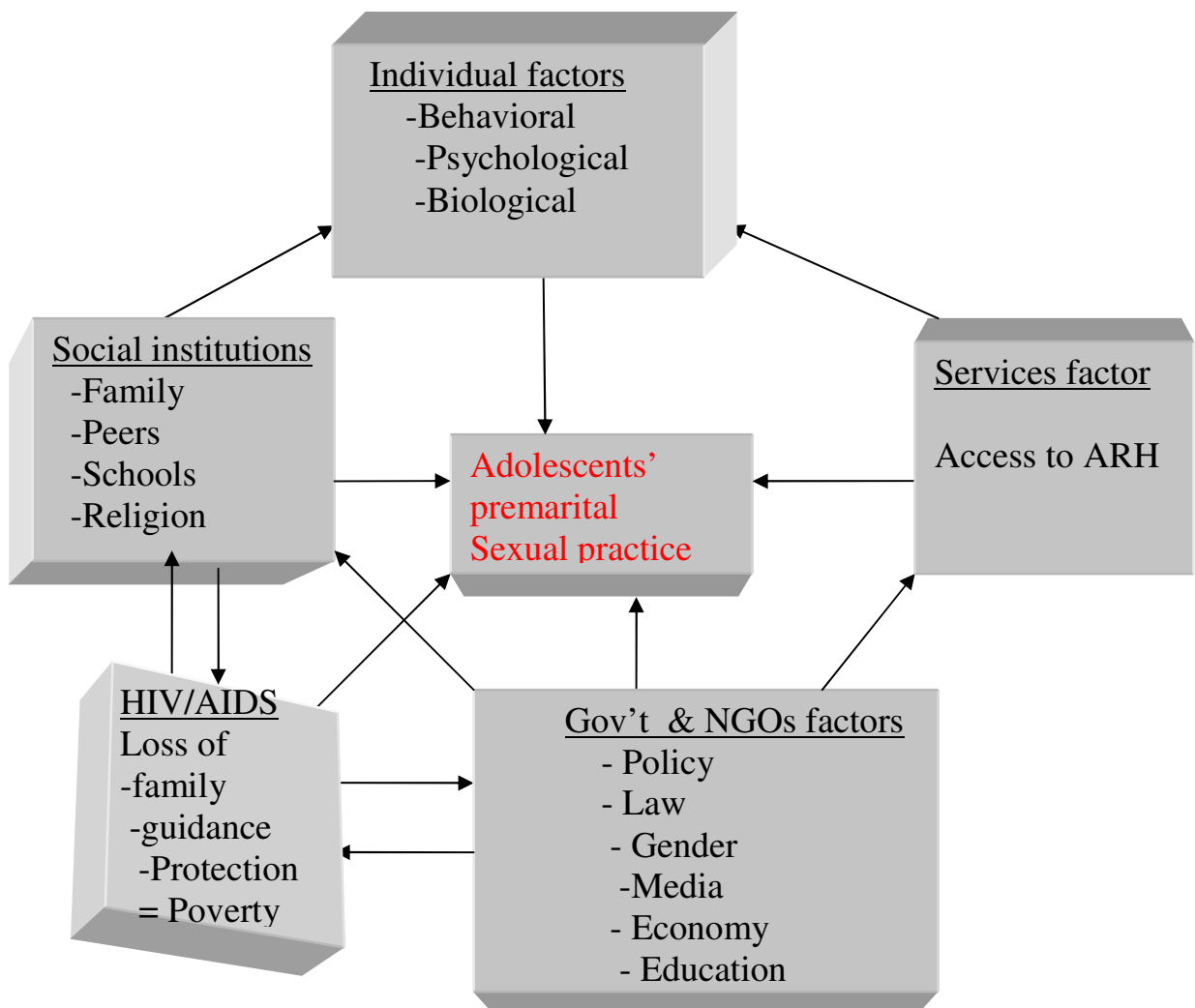
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ANNEX 1. SCHEMATIC PRESENTATION OF SAMPLING PROCEDURE



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Annex 2 Conceptual frameworks for adolescents' sexual practice.



Annex 3 Questionnaires

ADDIS ABABA UNIVERSITY FACULTY OF MEDICINE DEPARTMENT OF COMMUNITY HEALTH STUDENTS' SELF-ADMINISTERED QUESTIONNAIRES TO BE FILLED BY HIGH SCHOOL ADOLESCENTS OF Nekemte city administration.

A. INFORMED VERBAL CONSENT FORM BEFORE CONDUCTING THE COMPLETING QUESTIONNAIRE (GUIDELINE FOR RESPONDENTS).

Dear students!

To ensure the health of adolescents, understanding of the existing health problems and related behaviors of these populations is essential. Owing this, this study is designed to assess the sexuality, determinant factors of these behaviors and utilization of condoms among high school adolescents.

You are chosen to participate in this study .The choice of the grade and an individual was done randomly using a type of lottery and systematic approach.

The purpose of this study is to generate important information about high school adolescents' sexual behaviors, determinant factors and condom utilization and to propose future school health program interventions.

These study questions will involve various personal and sexual issues of individuals. So, it is your full right to refuse or to participate in this study. If you do not want to participate, you can leave the question papers on the table up side down, & you are kindly requested to remain on your seat until others finish filling the questions. Moreover, I assure you that your responses are completely confidential & non-of your responses will be reported to any body. Therefore, there is no need to write your names on these survey papers.

However, in order to attain its goal, we kindly request your kind and good will to participate in the survey. So, please take a few minutes to answer the questions.

Would you like to participate? Yes (___) No (___). Mark "X" in the appropriate space

If yes, go to the next page. If no, remain on your seat.

Thank you very much!

B. IDENTIFICATION. Time at the beginning of the Questionnaire _____ Time of completing the Questionnaire _____

001. Questionnaire identification number /__ / __ /

002. District: Nekemte City Administration

003. Zone: Eastern Wollega

004. School _____ Grade _____

Part one - Socio-demographic characteristics				
No	Questionnaire	Coding and Categories	Skip to	code
101	Sex	1. Male 2. Female		(_____)
102	Your age	_____ Years 99. Don't know		(_____)
103	Marital status	1 Unmarried 2 Married 3 Divorced 4 Widowed 5 Separated		(_____)
104	Your grade level	1. 9 th 2. 10 th		(_____)
105	Your ethnic group	1. Oromo 2 Amhara 3 Others		(_____)
106	Your religion	1. Protestant 2. Orthodox 3 Muslim 5 Catholic 6. Others		(_____)
107	With whom are you living now?	1. Father and mother 2 Mother only 3 Father only 4 Relatives 5 Fiancé 6 Spouse 7 Friends 8 Alone 9. Others (Specify) _____		(_____)

108	Your father's education level	1. Illiterate 2. Read and write 3 grade 1-6 4 grade 7-12 5. 12+2 6 1 st degree 7. Others (specify)___		(_____)
109	Your mother's education level	1. Illiterate 2. Read and write 3 grade 1-6 4 grade 7-12 5. 12+2 6 1 st degree 7. Others (specify)		(_____)
110	Your father's occupation	1 Daily laborer 2. Farmer 3. Civil servant 4 Employed in private sector 5 Has private business 6. others (specify)		(_____)
111	Your Mother's occupation	1 Daily laborer 2. Farmer 3. Civil servant 4 Employed in private sector 5 Has private business 6. Others (specify)_____		(_____)
112	How do you perceive your family status(in relation to your neighbor)	1 Very rich 2 Rich 3. Poor 4 Medium/Well to do		(_____)
113	Do you have permanent pocket money?	1. Yes 2. No		(_____)

Section 2. Sexual History				
No	Questionnaire	Categories & responses	Skip to	
201	Have you ever had sexual partner?	1. Yes 2. No	301	(_____)
202	Have you ever had sexual intercourse?	1. Yes 2. No →	301	(_____)
203	If yes, at what age did you first had intercourse?	1. Age in years _____ 99. Do not know		(_____)
204	How old was your partner at that time?	1. Age in years _____ 99. Don't know --		(-----)
205	What was the relation of you to your first partner?	1 .An acquaintance 2. A friend		(-----)

		3. Fiancé 4. Spouse 5. A relative 6. Others (specify)_____		
206	Why did you decide to have sexual intercourse the first time you had sex?	1 Fall in love 2. Had desire 3. Got married 4. Raped 5. To get money/gifts 6. peer pressure 7. Was drunk 8. Others . (specify)_____		(___)
207	Do you currently have sexual partner?	1 .Yes 2. No →	209	(___)
208	If Yes, Why you decided to engage in sex with your current partner?	1 Fall in love 2. Had desire 3. Got married 4. Raped 5. To get money/gifts 6. Peer pressure 7. Was drunk 8. Others (specify)_____		(___)
209	How many sexual partners have you had so far?	1. One 2. Two 3. Three 4. Four or More		(___)
210	Have you had sexual intercourse in the past 12 months?	1. Yes 2. No →	215	(___)
211	If yes, how many people in the total have you ever had sexual intercourse with during the last 12 months?	1. One person 2. Two persons 3. Three persons 4. Four persons 5. Five and above		(___)
212	Did you use any contraceptive methods the last time you had sex?	1. Yes 2. No →	215	(___)
213	If yes, Which Method did you use?	1. Condom 2. Pills 3. IUD/loop 4. Norplant. 5. Diaphragm 6. Rhythms 7. Others (specify)_____		(___)
214	(For Male) Have you ever had sexual intercourse with commercial sex workers?	1. Yes 2. No →	301	(___)

215	(For Males) Have you ever used condom when making sexual intercourse with commercial sex workers?	1. Yes 2. No →	217	()
216	(For Males) if yes, how often did you use condoms?	1. Always 2. Sometimes 3. Most of the time		()
217	(For males), If you haven't used condom at all or haven't used constantly, what was the reason? (Multiple answers possible)	1. Condoms not available 2. Condoms are expensive 3. Ashamed to ask my partners 4. I didn't like them 5. I wanted to get pregnant 6. I ashamed to buy condom 7. I trust my partner 8. I don't know how to use 9. It bursts 10. It decreases satisfaction 11. My religion prohibit 12. I was drunk 13. Others (specify) -----		()

SECTION 3. ATTITUDES TOWARDS PRE-MARITAL SEX

No	Questions	1. Agree	2. Neutral	3. Disagree	code
301	I believe there is nothing wrong with unmarried boys to have sex .	1	2	3	()
302	I believe there is nothing wrong with Unmarried girls to have sex.	1	2	3	()
303	I think that some times a boy has to force a girl to have sex if he loves her.	1	2	3	()
304	I believe girls should remain virgins until they marry.	1	2	3	()
305	I believe boys should remain virgins until they marry	1	2	3	()

306	It is all Wright for boys and girls to have sex with each other provided that they love each other	1	2	3	(___)
307	It is woman's responsibility to ensure that contraception is used regularly	1	2	3	(___)
308	Would you refuse to have sex with some one who is not ready to use condom?	1. Yes 2. No 99. I don't know			(___)
309	In your opinion, what is the ideal age for female to start sexual intercourse?	___ Years 99. I don't know			(___)
310	In your opinion, what is the ideal age for male's to start sexual intercourse?	___ Years 99. I don't know			(___)
311	In your opinion, what is the ideal age for female to get marry?	___ Years 99. I do not know			(-----)
312	In your opinion, what is the ideal age for male to get marry?	___ Years 99 I don't know			(___)
313	Do you think that a woman should be able to refuse, if she doesn't want, to have sex with her boy friend?	1, Yes 2. No 99. I don't know			(___)

SECTION 4. QUESTIONS ON CONDOMS knowledge and practice

No	Questionnaire	Coding and Categories	Skip to	code
401	Have ever seen or heard about condom?	1. Yes 2. No	→ 408	(___)
402	If yes, have you ever used a condom?	1. Yes 2. No 99 .I don't know		(___)
403	Condoms are an effective method of preventing pregnancy?	1. Yes 2. NO 99 .I don't know		(___)
404	A Condom can be used more than once	1. Yes 2. No 99 .I don't know		(___)
405	Did you use condom the first time you had sexual intercourse?	1. Yes 2. No 99 .I don't know		(___)
406	Did you use condom in the last 12 months	1. Yes		

	you had sexual intercourse?	2. No 99 .I don't know		(___)
407	If yes, how often did you use condom in the last 12 months?	1. Always 2. Sometimes 3. Most of the time 99 .I don't know		(___)
408	If you have not used condom at all or haven't used constantly, what was the reason? (multiple responses are possible)	1. Condom was not available 2. Too expensive 3. Ashamed to ask my partner 4. I didn't like them 5. I wanted to get pregnant 6. I ashamed to buy 7. I trust my partner 8. I didn't know how to use them 9. It bursts 10. It decreases satisfaction 11.My religion prohibited 12.there(specific) -----		(___)
409	Using condom is not trusting each other	1. Yes 2. No 99 .I don't know		(___)
410	Condoms decrease satisfaction	1. Yes 2. No 99. I don't know		(___)
411	From where did you get condoms?	1. Health institution 2. Pharmacy 3. Shop 4. From friends 5. Others (specify)_____		(___)
412	If you have ever used condoms, What was/were your reason/s/for using it?	1. To prevent pregnancy 2. To prevent STI 3. To prevent HIV/AIDS 4. Others (specify)_____		(___)
413	From where did you get information about condoms?	1. Parents 2. Friends/peers 3 .Boy/girl friend 4 School teachers 5. School clubs 6. Health workers 7. Media (Radio, TV) 8. Magazines, books, news 9. Others (specify)_____		(___)

SECTION 5.HIV/AIDS/STD RELATED QUESTIONS				
No	Questionnaire	Coding and Categories	Skip to	code
501	Have you ever heard about STI?	1. Yes 2. No →	506	()
502	If yes, which of STD have you ever heard About ?	1. Syphilis 2. Gonorrhea 3. Granuloma inguinal 4. Cancroids 5. HIV/AIDS 6. Lymphogranuloma venerium 7. Trichominas 8. None 9. Others (specify) --		()
503	Have ever had sign and symptoms of STI?	1. Yes 2. No		()
504	If yes, which of sign and symptoms have you had?	1. Genital ulcer 2. Genital discharge 3. Burning and/pain on urinating 4. Genital swelling 5. Others (specify) ---		()
505	If you ever had symptoms of STD, where did you go for treatment?	1. To traditional healers 2. To public health institution 3. Bought some medicine from pharmacy 4. To local injectors 5. Others (specify) -----		()
506	Have you ever heard about HIV/ADS?	1. Yes 2. NO →	601	()
507	If yes, from where did you get the information?	1. My parents 2. Boy/girl friends/peers 3. Boy/ girlFriends 4. Health workers 5. School teachers 6. School clubs 7. Religious leaders 8. News papers, books 9. Media (Radio, TV) 10. Others (specify)_____		()
508	Which source of information do you like more? Health workers	1. My parents 2. Friends/peers 3. Boy/girl. Friends		

		4. School teacher 5. School clubs 6. Health workers 7. Media (Radio, TV) 8. Magazines 9. Others(specify)_____		()
509	Do you believe that HIV transmits from Person to person?	1. Yes 2. No →	511	()
510	If yes, how it transmits? (Multiple answers possible)	1. By sexual intercourse 2. Sharing needles 3. Mosquito/ insect bite 4. Blood transfusion 5. From mother to unborn child 6. Sharing food with HVI+ Person 7. A curse from God 8. Sharing toilet with HIV+ person 9. Others(specify) ----- 99.I don't know		()
511	Is there any thing a person can do to prevent HIV? (Multiple answers possible)	1. Abstain from sex 2. Using condoms 3. Having sex with only one faithful uninfected partner 4. Avoiding sex with CSWs 5. Using new needle and syringe 6. Taking HIV blood test 7. Others (specify)_____		()
512	I think if carefully you look at a person you can identify if some one has HIV.	1. Yes 2 No 99.Idon't know		()
513	A person can get HIV the first time he she or he has sex	1. Yes 2. No 99.Idon't know		()
514	Do you believe you have done any thing that may have put you at risk of HIV/AIDS?	1. Yes 2. No → 99. I don't know	516	
515	If yes, why?	1. Had sex without condom 2. Had more than one partners 3. Had sex with CSW 4. Injured by contaminated materi 5. Others (specify)_____		()
516	If no, why?	1. Never had sexual intercourse		

		2. Had abstain from sex 3. Had one-to-one sexual relation 4. Had no sexual contact with CSW 5. Always use condom 6. Others (specify)_____		()
--	--	---	--	-----

Section 6. Questions related to some risk behaviors of Adolescents

601	Do you drink alcoholic beverages? like (Tela, Teji, areke or Beer)	1. Never 2. Once or twice a week 3. Drink daily 4. No response-----		()
602	Do you smoke cigarettes	1. Never 2. Once or twice a week 3. Smoke daily 4. No response-----		()
603	Do you chew chat?	1. Never try 2. Once or twice a week 3. Chew daily 4. Others (specify) ----- 5. No respnse		()
604	Have ever used drugs such as hashish?	1. Never 2. Sometimes 3. Usually 4. All the time 5. No response		()

Name of the data collector -----sign -----date -----

Name of the supervisor ----- sign -----date -----

Birqaba B Afaan Oromoo

Universitii Finfinnee Fakaaltii Fayyaa Hawaasaatti gaaffilee barattoota mana barumsaa sadarkaa lammaffaa G/Waallagga bahaa bulchiinsa Magaalaa Naqamteetiin kan guutamu.

Jaallatamtoota barattootaa!

Tajaajila fayyaa qaama hormaataa dargaggootaa fooyyessuuf rakkoolee fayyaa dhimma wal-qunnamtii naf-saalaa fi amaloota dargaggootaa dhimma kana waliin wal-qabatan gad-fageenyaan qoratani hubachuun barbaachisaa dha.

Sababa kanaaf qoratnoon amala qunnamtii naf-saalaa ,amaloota kanaaf dhimmoota murteessoo ta'anii fi itti fayyadama kondomii dargaggootaa qorachuuf qoratnoon kun qophaa'eera.Isinis qoratnoo kanaaf.carraadhaan filatamtanii jirtu.

Gaaffileen qoratnoo kanaa dhimmoolee dhuunfaa kan ilaallatan waan ta'aniif qoratnoo kana keessatti hirmaachuun fedhii irratti kan hundaa'e ta'a. Kanaafis hirmaachuu fi dhiisuu irratti mirgi keessan kabajamaa dha .Kanaaf hirmaachuun fedhii keessan miti yoo ta'e,waraqaa gaaffichaa gad-galagalchuudhaan minjaala fuula dura keessan jiru irra kaa'aatii hanga warri kaan xumuranitti bakkuma jirtan turaa.

Haata'u malee galmaan ga'umsa kaayyoo qoratnoo kanaa fi fooyya'insa tajaajila fayyaa dargaggootaaf jecha hirmaannaa keessan kabajaan isin gaafatna. Deebiin keessan hundi iccitiitti kan qabamu ta'uu isaa ni mirkaneessina.Kanaafis maqaa keessan waraqaa gaaffii kana irraati barreessuun isin hin barbaachisu.

Kanaaf qoratnnoo kana keessatti himaachuun fedhii keessanii?

Eeyyee (___) Miti (___) mallattoo “X”galchuudhaan mirkaneessa.Erga kana dubbitanii booda gaaffilee qophaa'an deebisuuf gara fuula itti aanutti darbaa.

Galatoomaa!

B. Addaan baafata

Yerroo itti jalqabe -----yeroo raawwatame -----

001.Lakk. Gaaffii -----

002.Aanaa Bul.Magaalaa Naqamtee

003.Godina.Wallagga Bahaa

004.Mana barumsaa -----Kutaa -----

Gaaffilee haala dhuunfaa ilaallatan

<i>Lak.</i>	<i>Gaaffeele</i>	<i>Deebii fi kooddii</i>	<i>Gara ce'i</i>	<i>koodii</i>
101	Saala kee	1. Dhiira 2. Dhalaa		(___)
102	Umurii kee (waggaadhaa)	1. Waggaa _____ 2. Hin beeku		(___)
103	Haala gaa'elaa	1. kan hin heerumne /fuune 2. kan heerumte / fuudhe 3. kan hiikte /hiike 4. Garbiroo (lbsi/		(___)
104	Sadarkaa barumsaa kee	1. 9ffaa 2. 10ffaa		(___)
105	Qomoo kee	1. Oromoo 2. Amaara 3. Garbiroo (ibsi)		(___)
106	Amantiin kee gosa kamii?	1. Prootestanii 2. Ortodoksii 3. Musliima 4. kaatoolikii 5. Garbiroo (ibsi) -----		(___)

107	Yeroo amaa eenyu waliin jiraatta?	<ol style="list-style-type: none"> 1. Abba fi harmee koo waliin 2. Harmee koo waliin 3. Abba koo waliin 4. Fira waliin 5. Kaadhimaa koo waliin 6. Abba manaa /hadha manaa koo waliin 7. Hiriyyaa koo waliin 8. Qofaa koo 9. Garbiroo(ibsi) ----- 		
108	Sadarkaan barumsaa abbiyyee kee hangamii ?	<ol style="list-style-type: none"> 1. kan hin baranne 2. Barreessuu fi dubbisuu 3. kutaa 1-6tti 4. kutaa 7-12 5. 12 +2 6. Digrii jalqabaa 7. Garbiroo (ibsi) ----- 		(____)

109	Sadarkaa barumsaa harmee kee	<ol style="list-style-type: none"> 1. kan hin barane 2. Barreessuu fi dubbisuu 3. Kutaa 1-6tti 4. Kutaa 7-12 5. Kutaa 12 +2 6. Digrii jalqabaa 7. Gaerbiroo (ibsi) ----- 		(____)
110	Hojiin abbiyyee kee maali	<ol style="list-style-type: none"> 1. Hojjetaa guyyaa 2. Qotee bulaa 3. Hojetaa Mootummaa 4. Hojii dhuunfaatti qaxaramanii hojjetu 5. Hojii dhuunfaa qabu 6. Garbiroo(ibsi) ----- 		(____)
111	Hojiin Harmee kee maali	<ol style="list-style-type: none"> 1. Hojjetaa guyyaa 2. Qotee bulaa 3. Hojetaa Mootummaa 4. Hojii dhuunfaatti qaxaramanii hojjetu 5. Hojii dhuunfaa qabu 6. Garbiroo(ibsi) ----- 		(____)
112	Sadarkaa jireenya maatii kee sadarkaa kamitti tilmaamta?	<ol style="list-style-type: none"> 1. Baay'ee sooressa 2. Sooressa 3. Giddu galeessa 4. Hiyyeessa 		(____)
113	Kan shayiif ramadame qarshii borsaa ji'an (dhuunfaa)	<ol style="list-style-type: none"> 1. eeyyee 2. Lakkii 		(____)

Kutaa 2. seenaa qunnamtii naf-saala

Lak .	Gaaffeele	Deebii fi kooddii	Gara ce'i	koodii
201	Hiriyyaa jaalalaa qabdaa?	1.Eeyyee → 2.Lakki	301	(____)
202	Qunnamtii naf-saalaa raawwattee beektaa?	1. eeyyee 2. Lakkii	301	(____)
203	Eeyyee,yoo jette,yeroo jalqabaaf qunnamtii naf-salaa yeroo raawwattee umuriin kee meeqa ture?	1. Wagga _____ 2.99. hin beeku		(____)
204	Hiriyyaan kee ati qunnamti naf-saalaa waliin raawwate yommas umuriin isaa/ishee meeqa ture?	1. Wagga _____ 99 . Hin beeku		(____)
205	Walitti dhiyeenyi ati jaalallee kan jalqabaa waliin qabdu maal ture?	1. Hiriyyaa mana barnootaa 2. Hiriyyaa jaalalaa 3. Kaadhimaa 4. Haadha/abbaa manaa 5. 5. Fira 6. Garbiroo(ibsii)_____		(____)
206	Yeroo jalqabaaf qunnamtii naf-saalaa raawwachuuf kan si kakaase maal ture?	1. Jaalalli na qabee 2. Fedhii qabaadhee 3. Heerumee/fuudhee 4. Gudeedamee 5. Qarshii/kennaa fudhachuuf 6. Dhiibbaa hiriyyaa 7. Dhugaatii dhugee 8. Garbiroo (ibsii)		(____)
207	Yeroo ammaa hiriyyaa jaalalaa qabdaa?	1. Eeyyee 2. Lakkii →	209	(____)

208	Eeyyee, yoo jette, hiriyyaa jaalalaa qabaachuuf maalif barbaaddee?	1. Jaalalli na qabee 2. Fedhii qabaadhee 3. Heerumee/fuudhee 4. Gudeedamee 5. Qarshii/kennaa fudhachuuf 6. Dhiibbaa hiriyyaa 7. Dhugaatii dhugee 9. Garbiroo (ibsii) 10. Callisa		(____)
209	Hanga ammaatti hiriyyaa jaalalaa qunnamtii naf-saalaa waliin raawwate meeqa qabda?	1. Tokko 2. Lama 3. Sadii 4. Afurii fi isaa ol		(____)
210	Ji'oota 12 darban keessa qunnamtii naf-saalaa raawwateettaa?	1. Eeyyee 2. Lakkii →	214	(____)
211	Eeyyee yoo jette, ji'oota darban 12 keessatti namoota meeqa wajjiin qunnamtii naf-saalaa raawwatee jirta ?	1. Name - tokko 2. Namoota - lama 3. Namoota - sadii 4. Namoota 4 fi isaa ol		(____)
212	Yeroo qunnamtii naf - salaa raawwate (ji'oota 12 darbankeessa) mala qusannoo maatiitti gargaaramteettaa?	1. Eeyyee 2. Lakki →	214	(____)
213	Eeyyee yoo jette mala isa kam gargaaramte?	1. Kondomii 2. Piilsii 3. Luuppii 4. Noor pilaantii 5. Diyaafraamii 6. Kalandarii 7. Garbiroo (ibsi)		(____)
214*	(Dhiiraaf) dubartoota mana bunaa wajjin qunnamtii naf-saalaa raawwatee beektaa?	1. Eeyyee 2. Lakki →	301	(____)
215	(Dhiiraaf) deebiin kee eeyye yoo ta'e kondomiitti gargaaramteettaa?	1. Eeyyee 2. Lakki	217	(____)
216	Deebiin kee yoo'eeyyee' ta'e haala kam itti gargaarante?	1. Yeroo hundaa 2. Yeroo tokko tokko 3. Yeroo baay'ee		(____)

217	(Warra dhiiraaf) yoo itti hin fayyadamne ta'e maaliif hin fayyadamne?	<ol style="list-style-type: none"> 1. Kondomin waan hin jirreef 2. Kondomiin mi'aawaa waan ta'ef 3. Jaalallee koo gaafachuu waaniin leeya'eef 4. Kondomii waaniin hin jaalaneef 5. Ulfaa'uu waaniin barbaadeef 6. Kondomi bitachuu waani leeya'eef 7. Jaalalleef koo waaniin amaniuuf 8. Itti fayyadama isaa waaniin hin beekneef 9. Waan tarsi'uuf 10. Fedhii ofii waan hir'isuuf 11. Amantiin koo waan na dhorkuuf 12. Dhugaatii dhugee waaniin tureef 13. Gorbiroo (ibsi) 		(____)
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Kutaa 3.gaaffilee ilaalcha qunnamtii naf-saalaa gaa'ela duraa irratti.

T.L	gaaffilee	1.walii -gala	2.Hin beeku	3.walii hin galu	ce'i	koodii
301	Dhiirri niitii hin fuune, qunnamtii nafa-saalaa yoo raawwate dogogora miti	1	2	3		(____)
302	Durbi hin heerumne yoo qunnamtii naf-saalaa raawwate dogogra miti.	1	2	3		(____)
303	Dhiirri tokko yoo ishee jaalate dubartii jaalatu dirqisiisee qunnamtii naf-saalaa raawwachuu ni danda'a	1	2	3		(____)
304	Akka naati fakkaatutti durbi hanga heerumtutti durbummaa ishee eegachuu qabdi	1	2	3		
305	Akka natti fakkaatutti dargaggootni hanga gaa'elaatti qunnamtii na-saalaa irraa of qusachuu qabu.	1	2	3		(____)

306	Akka natti fakkaatutti isaan wal-jaalannaan dargaggootnii fi shamarran gaa'ela dura qunnamtii naf-saalaa gochuun sirrii dha.	1	2	3	(___)
307	Waa'ee qusannoo maatii yaaduun dirqama dubartii qofa	1	2	3	(___)
308	Nama kondomitti fayyadamuuf fedhii (qophii) hin qabne wajjin qunnamtii naf-saalaa gochuu ni diddaa?	1. Eeyyee 2. Lakki 99. Hin beeku			(___)
309	Akka ilaalcha keetti durbi waggaa (umurii) meeqatti qunnamtii naf-saalaa eegaluu qabdi jetta?	1. Waggaa _____tti 99. Hin beeku			(___)
310	Akka ilaalcha keetti dhiirri waggaa (umurii) meeqatti qunnamtii naf-saalaa eegaluu qaba jetta?	1. Waggaa _____tti 99. Hin beeku			(___)
311	Akka ilaalcha keeti durbi waagaa meeqatti heerumuu qabdi jetta?	1. Waggaa _____tti 99. Hin beeku			(-----)
312	Akka ilaalcha keetti dhiirri waggaa meeqatti niitii fuudhuu qaba jetta?	1. Waggaa _____tti 99. Hin beeku			(___)
313.	Durbi tokko yoo hin barbaadne ta'e qunnamtii naf-saalaa diduu ni dandeesi jetta?	1. Eeyyee 2. Lakki 99. Hin beeku			(___)

kUTAA 4.Beekumsaa fi itti fayyadama kondomii

			garace'i	koodii
401	Waa'ee kondomii argitee /dhageessee beektaa?	1. Eeyyee 2. Lakki	→ 408	(___)
402	Eeyye yoo jette,kondomiitti fayyadamte beektaa?	1. Eeyyee 2. Lakki		(___)
403.	Kondomiin ulfa hin barbaadamnee fi dhukkuboota naf-saalaa ittisuuf ga'umsa qaba.	1 Eeyyee 2. Lakki 99.Hin beeku		(___)
404	Kondomii tokkotti deddeebi'anii itti	1. Eeyyee		

	fayaadamuun ni danda'ama	2. Lakki 99 .Hin beeku.		(____)
405	Qunnamtii naf-saalaa yeroo jalqabaaf yeroo raawwate,kondomiitti fayyadamteettaa?	1.Eeyyee 2. Lakki 99.Hin yaadadhu		(____)
406	Ji'oota darban 12 keessatti yeroo qunnamtii naf-saalaa raawwate kondomiitti gargaaramteettaa?	1. Eeyyee 2. Lakki 99.Hin yaadadhu		(____)
407	Eeyyee yoo jette, Haala kamiin itti fayyadamte?	1.Yeroo hunda 2.Takka-takka 3.yeroo baay'ee		(____)
408	Yeroo hunda ykn tasuma kondomiitti yoo hin fayyadamne ta'e maaliif hin fayyadamne? (Deebii bay'ee kennuun ni danda'ama)	1. Kondomin waan hin jirreef 2. Kondomiin mi'aawaa waan ta'ef 3. Jaalallee koo gaafachuu waaniin leeya'eef 4. Kondomii waaniin hin jaalaneef 5.Ulfaa'uu waaniin barbaadeef 6. Kondomi bitachuu waani leeya'eef 7. Jaalalleef koo waaniin amaniuuf 8. Itti fayyadama isaa waaniin hin beekneef 9. Waan tarsi'uuf 10 Fedhii ofii waan hir'isuuf 11. Amantiin koo waan nadhorkuuf 12. Dhugaatii dhugee waaniin tureef 13. Garbiroo (ibsi)		(____)
409	Kondomiitti fayyadamuun wal-amantii dhabuu dha.	1. Eeyyee 2. Lakki 99. Hinbeeku		(____)
410	Kondomiin fedhii ofii ni hir'isa.	1. Eeyyee 2. Lakki 99. Hinbeeku		(____)
411	Kondomii eesaa argatta?	1. Dhaabbilee fayyaa 2. Farmaasii 3. Suuqii 4. Hiriyoota irraa 5. Garbiroo (ibsi)_____		(____)
412	Kondomiitti yoo fayyadamtee beekta ta'e maaliif itti gargaaramte?	1. Ulfa ittisuuf 2. Dhukkuboota naf- saalaa of-irraa ittisuuf 3. HIV/AIDS of-ittaa ittisuuf 4. Garbiroo(ibsi)_____		(____)

413	Odeeffannoo waa'ee kondomii eessa argatte?	1 .Maatii koo irraa 2. Hiriyyaa koo irraa 3. Jaalallee koo irraa 4. Barsiisota irraa 5. Gumii farra AIDS irraa 6' Ogeessa fayyaa irraa 7. Meediyaa (TV,Raadiyoo) irraa 8. Barreeffama adda addaa irraa 9.Garbiroo(ibsi) -----		()
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Ktaa 5. HIV/AIDS Fi dhukkuboota naf-saalaa ilaalchese

Lak.		Deebii fi kooddii	Garace'i	koodi
501	Waa'ee dhukkuba naf-saaladhageessee beektaa?	1. Eeyyee 2. Lakki →	506	()
502	Eeyyee yoo jette, Waa'ee Dhukkuba naf-saalaa isa kam dhageessee beekta?	1. Fanxoo 3. Cabxoo 3. Dhiitoo gudeedaa 4. Muraa/Karkir 5. HIV/AIDS 6. Gabiroo(ibsi) -----		()
503	Mallattoon dhukkuba naf-saalaa si irratti mul'atee beekaa?	1.Eeyyee 2.Lakki		()
504	Eeyyee yoo jette, mallattoo isa kam?	1. Madaa'uu naf-saalaa 2. Dhangala'aa naf-saalaa 3. Gubaatii fincaanii 4. Dhiita'insa naf-saalaa 5. Garbiroo(ibsi) -----		()
505	Mallattoon dhukkuba naf-saalaa yeroo si irratti mul'ate,eessatti yaalamte?	1. Ogeessa aadaa biratti 2. Dhaabbata fayyaatti 3. Farmaasii 4. Warra ganda keessatti marfee waraanan 5. Garbiroo (ibsi) -----		()
506	Waa'ee HIV/AIDS dhageessee beektaa?	1.Eeyyee 2.Lakki →	601	()
507	Eeyyee yoo jette odeeffannoo isaa eessa dhageesse?	1. Maatii koo irraa 2. Jaalallee koo irraa 3. Hiriyyoota koo irraa 4. Ogeessota fayyaa irraa 5. Barsiisota irraa 6, Gumii Farra AIDS irraa 7. Waldaa amantii irraa 8. Gaazaxaa fi kitaaba irraa 9. Meediyaa(TV,Raadiyoo) irraa 10. Garbiroo(ibsi) -----		()

508	Odeeffannoo waa'ee HIV eenyu (eessaa) irraa dhaga'uu filattaa?	<ol style="list-style-type: none"> 1. Maatii koo irraa 2. Hiriyoota koo irraa 3. Jaalallee koo irraa 4. Barsiisota koo irra 5. Gumi Farra HIV/AIDS 6. Ogeessota fayaa irraa 7. Raadiyoonii/TV 8. Barreeffama adda addaa irraa 9. Garbiroo (ibsi) ----- 		
509	HIVn nama irraa namatti ni darba jettee yaaddaa?	<ol style="list-style-type: none"> 1. Eeyyee 2. Lakki → 	511	()
510	"Eeyyee" yoo jette, akkamiin daddarba jetta?	<ol style="list-style-type: none"> 1. Qunnamtii naf-saalaa 2. Marfee faalameen 3. Hilbiisotaan 4. Dhiiga arjoomuudhaan 5. Haadha irraa-gara mucaatti 6. Nama vaayirasii AIDS waliin jiraatu waliin nyaata nyaachuudhaan 7. Abaarsa waaqayyoo tiin 8. Mana fincaanii tokkotti waliin gargaramudhaan 9. Garbiroo(ibsi) ----- 99. Hin beeku 		()
511	HIV of irraa ittisuuf namoonni maal gochuu qabu jetta?	<ol style="list-style-type: none"> 1. Qunnamtii naf-saalaa irraa of qusachuu 2. Kondomitti gargaaramuu 3. Tokkoo fi tokkoo wal-amananii waliin jiraachuu 4. Dubartoota mana bunaa wajjin qunnamtii naf-saalaa raawwachuu dhiisuu 5. Marfee haaraatti gargaaramuu 6. Qorannoo dhiigaa HIV godhachuu 7. Garbiroo (ibsi) 99. Hin beeku 		()
512	Nama tokko ijaan ilaaluu qofaan HIV waliin jiraachuu isaa beekuun ni danda'awa	<ol style="list-style-type: none"> 1. Eeyyee 2. Lakki 99. Hin beeku 		()

513	Namni qunnamtii naf-saalaa al-tokkootiin HIVtiin faalamuu ni danda'a.	1. Eeyyee 2. Lakki 99. Hin beeku		()
514	HIV /AIDS dhaaf kan si saaxilu hojjeheera jettee yaaddaa?	1. Eeyyee 2. Lakki → 99. Hin beeku	514	()
515	"Eeyyee" yoo jette maal fa'i?	1. Kondomii malee qunnamti na-saalaa raadheera 2. Jaalallee tokko ti-al qaba 3. DUbartoota mana bunaa waliin qunnameera 4. Meeshaa faalameen wal'aanameera 5. Garbiroo (ibsii)		()
516	Lakki yoo jette, maaliif ?	1. Qunnamtii naf-saalaa raawwadhee hin beeku 2. Yeroo amma qunamtii naf-saalaa dhiiseera 3. Tokkoo-fi tokkoon jaalallee koo wajjiinin nan jirradha 4. Dubarti mana bunaa qunnamee hin beeku 5. Yeoo hundaa kondomitti fayyadameera. 6. Garbiroo(ibsi)		()

Kutaa 6. Gaaffilee Amaloota dargaggootaa hubaatii qaban ilaala

			gara - ce'i	Koodii
601	Dhugaatii alkooli ni dhugdaa?(farsoo, booka,biiraa ykn araquee)	1. Lakki 2. Torbanitti guyya 1ykn 2 3. Yeroo hunda 4. Callisa		()
602	Sigaaraa ni xuuxxaa?	1. lakki 2.Torbaanitti guyyaa 1ykn2 3. Yeroo hunda 4. Callisa		()
603	" Caatii ni qamaataa?	1. Lakki 2. Torbanitti guyyaa 1ykn2 3. Yeroo hunda 4. Callisa		()

604	Qoricha kan akka hashiishiifaa ni fayyadamtaa?	1. Eeyyee 2. Lakki 3. Callisa		()_
605	Maalfa'I? fakkeenya kenni	-----		

Maqaa funaantuu ragaa -----mallattoo -----guyyaa -----

Maqaa to'ataaa -----Mallattoo -----guyyaa -----