



ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCES
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AGE AT FIRST SEXUAL DEBUT AND CONDOM USE
AMONG IN SCHOOL YOUTH IN DEBRE MARKOS
TOWN, AMHARA REGION, ETHIOPIA

BY

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Abstract

Background: Early initiation of sexual activity has been escalating among young people and it leads to risky sexual behaviors. This might lead to health and health related burden among youth. In order to prevent this problem as well as to implement youth reproductive health (RH) programs effectively conducting different researches is necessary.

Objective: To assess the age of first sexual debut and condom use among in school youth in Debre Markos town

Method: A cross sectional study was employed in Debre Markos town from December, 2013 to December, 2014. The study populations were secondary school students in the town. Seven hundred students were selected from three secondary schools. Self administered structured questionnaire and in depth interview was a method used to collect data. Data entered into EPI-info software and analyzed using the SPSS statistical package. Descriptive statistics, Chi square test, bivariate and multivariate logistic regressions were used.

Result: About a fifth (22.3%) of study participants started sexual intercourse at the time of the study. The median age at first sexual intercourse was 16. Socio-demographic factors such as being grade nine (AOR =5.5: 95%CI (1.2, 25.6), living with renting alone AOR=1.7:95%CI (1.2, 17.6) and getting less than 100 birr/month pocket money AOR=5.1:95%CI(1.1,26.0) were significantly associated with early sexual activity. Similarly, students who did not hear about the negative effect of early sexual activity AOR=3.5:95%CI (1.1, 11.2) and who did not agree with the idea of their parental connection and supervision might postpone sex AOR=3.5:95% CI (1.1, 10.7) significantly associated with early sexual debut. Majority 109 (69.9%) did not use any family planning method including condom at the time of their first sexual intercourse. Those who planned their first sexual intercourse (36.5%) and who had willingness to get condom themselves (36.8%) used condom more than their counterparts. Those who got more than 200 Birr per month pocket money (AOR=5.7: 95%CI (1.1, 29.9) were used condom more at last sexual intercourse. Among student's community norms, lack of comprehensive knowledge and misconception about condom is a reason not using condom during sex

Conclusion: Age of sexual debut among high school students was low in the town. Students' knowledge about early sexual activity influence to start sex at earlier age. Parental connection and supervision has a role to start sex at early age. Use of condom or other family planning method at first sexual intercourse among student was low. Students who are not willing to get condom themselves used condom lower than others.

Recommendation: In order to decrease early sexual activity, equip students with comprehensive sexual health knowledge is a crucial work. This could be done by the collaboration of family, governmental and non governmental organizations. Condom use at sex might be increased by improving their willingness to get condom themselves. Awareness creation in the community and avoiding misconception could be a strategy.

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List of acronyms

AIDS	Acquired Immune Deficiency Syndrome
CSW.....	Commercial Sex Worker]
DHS.....	Demographic and Health Survey
EDHS.....	Ethiopia Demographic and Health Survey
HIV.....	Human Immune Deficiency Virus
MARPs.....	Most at Risk Population
MDG.....	Millennium Development Goals
NGO.....	Non-Governmental Organization
PASDEP.....	Partnership for Accelerated Sustainable Development for Eradicating poverty
RH.....	Reproductive Health
SRH.....	Sexual and Reproductive health
STD	Sexually Transmitted Disease
STI.....	Sexually Transmitted Infection
UNAIDS.....	United Nations Agency for International Development
UNHCR.....	United Nations High Commissioner for Refugee
WHO.....	World Health Organization
UNICEF.....	United Nations Children’s Fund

1. Introduction

1.1 Background

In a 1998 joint statement, the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), and the United Nations Fund for Population Activities (UNFPA) agreed on young men and women 10 to 19 years as adolescent, 15 to 24 years as youth and 10 to 24 years as young people [1]. More than a quarter of the World's population is between the ages of 10 and 24 years, which means one out of three World populations is young people, 86% of them are living in less developed countries[2, 3]. Young people are tomorrow's parents [2]. Countries' reproductive and sexual health (RSH) decisions like removing the constraints which hinder the reproductive health of their citizens will contribute to the health and well being of their communities and their countries for decades to come [1, 2, 4].

Even if they have many similarities, the concept of youth differs in different cultures in the World[5]. Youth cannot be defined as a homogeneous group. They vary by age, sex, education, marital status, and residence. So their health also varied accordingly [6].

Adolescence is a period of physical, social and emotional transitions and developments, most of these changes have positive consequences for their future life. However, lack of opportunities, knowledge and skills can complicate such transitions and may lead to lifelong impacts. Sexual activity generally begins in late adolescence, like other transitions, variations among regions and sex and such activity may leads to serious conditions for their health like HIV/AIDS and STI [2, 7].

In Ethiopia about 63% of the total population is below the age of 25 years[2]. On the other hand young people (aged 10-24) represented one of the largest groups, comprising about 35 percent of the population in the country[8]. Young people aged 10–24 are the largest group entering adulthood in Ethiopian history [2]. However, these young cohort people have limited awareness and knowledge regarding youth reproductive health rights and needs. That is why young people are not likely to take informed decision for their Sexual Reproductive Health (SRH) issues [6].

Youth would create the momentum to sustain high population growth rate in the country. Ethiopia has a 2.6% annual population growth rate which could create pressure to health service infrastructures, unemployment, migration and other social, economical and political problems. These also lead young people to increases the risks of exploitation and sexual violence such as domestic workers, street vendors and prostitutions[6, 9].

1.2. Statement of the problem

Based on UNAIDS 2010 report, young people aged 15–24 years accounted for 42% of new HIV infections and among those aged 15 and older young women HIV infection rates was twice as high as in young men [10]. The vast majority of HIV infections occur through sexual contact and the risk of HIV transmission was greater when a person has sexually transmitted infections [3].

In the world especially young women have the greater burden of infection; especially in many countries women face the greatest risk of infection before age 25. Usually large proportion of HIV cases are transmitted sexually, linking HIV prevention and sexual and reproductive health programmers is crucial [3].

Among young people living with HIV in the world nearly 80% (4 million) live in sub-Saharan Africa[10]. In these countries the prevalence of HIV among young people (15–24 years) were 1.3% for men and 3.1% for women according to countries 2011 DHS report[11]. According to Ethiopian Demographic and Health Survey (EDHS) 2011 report, 39% of young women and 13% of young men had sex at early age. Young people who initiate sex at early age face a higher risk of becoming pregnant or contracting STI than young people who delay initiation of sexual activity[12].

Documents showed that in Ethiopia, about 25 % of girls aged 15-19 years believed that HIV/AIDS is not preventable, and knowledge of condom use were also limited. About 60% of women and 30% of men were not aware of the use of condoms and only half of adolescents have some knowledge of STI sign and symptoms. Moreover, high unmet needs of family planning were some of the exacerbating factors of adolescent and youth reproductive health problems [4].

Young people are asset for our country and investing in the health and well being of this productive group is vital. So datas in the above shows a need of appropriate intervention on youth SRH. To do this priority has to given for identifying risky groups and factors which might leads to RH problems. Finally youth will be youth will be an input for Ethiopian poverty reduction goals as stated in the Plan for Accelerated Sustainable Development for Eradicating Poverty (PASDEP) and the Millennium Development Goals (MDGs) by 2015[6].

1.3 Rational of the study

The Ethiopian government is committed to enhance the reproductive Health (RH) status of women, men and young people, though it is still a major problem[2]. Especially among young people's aged 10-24 years, who constituted up to 33% of the total population, a major victim groups for reproductive health problems [2, 6, 13].

Cecause of early initiation of sexual activity young peoples more likely expose to more risky behaviors that could lead to high risks of unwanted pregnancy, sexually transmitted infection including HIV, abortion and having multiple partner[14].

In Ethiopia, girls start first sexual experience on average at the age of 16 years compared to boys who start around the age of 21 years [4]. Adolescents are likely to engage in unsafe sexual practices like not using condom and having multiple partners and it might lead to short and long term health problems[4].

The 2011 Ethiopia demographic and health survey reported that median age at first marriage among women aged 25-49 was 16.5 years and among men aged 25-59 years was 23.1 and women generally begin sexual intercourse at the time of their first marriage while men initiate sexual intercourse before marriage [12]. Young people often might be exposed to unprotected and non-voluntary sexual activities and most likely to contract HIV and other STIs [2].

Factors which might contribute for early sexual activity during adolescent period were stated in different documents and researches. These include peer pressure, alcohol use, chewing chat, sexual violence and socio-economic status of a young boy or a girl [4, 12, 15-19].

Due to the above mentioned documents and researchs finding perspective this research aimed identify the age at which first sexual debut and factors which contributed for early sexual debut in the study area. Identifying the magnitude of condom use and its determinant factors among high school students in the study area was the other aim of this research.

The research also believed to provide information for government and non-governmental organizations on youth based reproductive health programs which have been implemented now or to be implemented in the future.

2. Literature review

2.1 Overview of youth Reproductive Health problems

Annually 2.6 million deaths occur among young people from generally preventable causes. Their current health behaviors and conditions such as promoting healthy lifestyles, participation in physical activity and sport, eating a healthy diet, and physical education, can compromise or facilitate both their existing and future health as well as the health of future generations[9].

Reproductive Health is not only a health issue; but also a development and human right agenda[20]. Determinants of sexual and reproductive health and well-being include health services accessibility but also population behavior, socio-economical conditions and living condition and standards[20].

In many countries of the world, sexual activity is initiated in early adolescence, before the age of 15 years [10]. This might be due to the steadily falling ages of menarche and puberty; it might also be as a result of improved nutrition and better general health. Premarital relationship has been escalating and young people start sexual debut at early age[21].

The UNAIDS 2011 report showed HIV prevalence decline and new HIV infections are falling among young people worldwide and especially in sub-Saharan Africa which could be attributed to the behavioral changes such as waiting longer to become sexually active, having fewer multiple partners and an increased use of condoms among young people who have multiple partners[10]. Intensive awareness campaigns due to the interventions of government sectors and their partners in the last couple of decades might have brought the change in behavior among the youth, who is relatively better educated, in most countries in the World wherein the HIV/AIDS epidemic has been prevalent.

Early age at first sex is a gate way exposure to reproductive health problems. Initiation of sex at an early age will lead to higher risk of unintended pregnancy or contracting STI than delayed initiation of sexual activity[12].

The vast majority of HIV infections occur through hetro-sexual contact and young people are more likely affected by this problem because they usually practice unsafe sex, not using condom and start sex at early age[3]. Many studies documented about early sexual activity, condom use and their reproductive health consequences [5, 7, 15-17, 22, 23].

2.2 Early sexual activity

Adolescence is a time of transition from childhood to adulthood where new behaviors are more easily learned than when in adulthood[4, 6]. Sexual behavior among youth aged 15-24 is a time for initiation sexual activity and it is often a time of sexual experimentation and may involve risky behaviors [9]. So, adolescent and youth are vulnerable for taking risky sexual behavior.

The period between age at first sex and age at marriage is often a time of sexual experimentation[12]. The time between sexual debut and marriage has negative implications for the health of young people if they start sex early before marriage they should use family planning methods, reproductive health information and services [4]. Usually young people practice unsafe sex, this is common causes of disease and death of people in low-income countries, unsafe sex was found to be a risk factor for health loss and risk factor for death[7].

In most sub-Saharan African countries the age of first sex which happens before marriage is less than 18 years. For example 19% of Ruandise, 37% of Senegalese, 41% of Ghanaian, 49% of Ethiopian, 62% of Democratic republic Congolaise,64% of Ugandan, 79% of Mozambique and 80%of Liberian women aged between 20-24 had sex before 18 years[5].

The burden of unsafe sex is highest in sub-Saharan Africa, followed by South Asia. Consequences of unprotected sex include transmission of HIV, other sexually transmitted infections and unsafe abortions. For example, heterosexual transmission of HIV/AIDS in sub Sahara countries is 60% [5]

A research on substance use and risky sexual behaviors among sexually experienced Ghanaian youth showed that 41.3% of all adolescents start sexual intercourse before the age of 15 years, the mean age for first sexual intercourse was 14.8 and from sexually active adolescences 31% have multiple sexual partners. Their early sexual activity and the number of sexual partner also associated with substance abuse (cigarette smoking, using local substance tawa, marijuana use, drinking alcohol)[17].

According to Ethiopian Demographic and Health Survey (EDHS) 2011 report, 39% of young women and 13% of young men had sex before the age of 18 years and 11% of women and 1% of men had sex before age of 15 years. Residence type and educational status has a relationship with first sexual initiation, rural youth start sex earlier than urban and lower educated ones started early than more educated counterparts[12].

A school based study in Eastern Ethiopia showed that adolescents from urban families were more likely to engage in pre-marital sex than those from rural areas; and students living alone are more likely to have sexual role than living with parents or relatives[19].

Socio-demographic characteristics, particularly gender, place of residence and age, were found to be significantly associated with early sexual initiation. Being female, in young age group, living in rural residential area, substance use (khat, alcohol), watching pornography films were also significantly related to early sexual debut[16].

Never-married women have the highest mean number of sexual partners, 3.5, compared with 1.4 among those currently in union and 2.1 among those previously married. Since most of secondary students in the study area and elsewhere are not married, it is worth to have such a study.[12].

2.3 Condom use

Consistent and correct use of condoms is one of the interventions to reduce the risk of unintended pregnancy and sexually transmitted infection including HIV [4, 24]. Percentage of condom use in the age range of 15-24 years in Sub-Saharan African countries was low. For instance, it was less than 30% among Ghanaian, Ugandan, Tanzanian, Congolese and less than 50% among Cameroonian and Zimbabwean youth aged 15-24 years within one year during their last sexual intercourse[11].

A research done in Mozambique on factors associated with HIV testing and condom use showed that condom use between married people was much lower compared with that happening between a girl friend or a casual partner. And individual's educational status, economic conditions (level of economic status) and knowing HIV status was associated with a higher likelihood of condom use[25].

Lower educational status was associated with lower condom use during sexual intercourse. Moreover, condom use is higher in urbanities compared with rural residents, men were more likely to use condom than women. At the same time men were more likely to have multiple partner than women[26].

Studies also showed that condom use during sexual intercourse was significantly associated with individual's religion, age, alcohol use, acquaintance with radio. Moreover, studies indicated that if one or both partners were under the influence of alcohol it might lead to failure to use a condom[12].

In another study, younger male adolescents reported more condom use than females, Catholic religion followers practiced during sex more than non Catholics. Those who had heard about

the uses of condom from a certain information source practiced it during sex more than their counterparts, while local alcohol beverage consumers used it lesser than non-users[22].

A research on acceptability of condom promotion and distribution among 10–19 year-old adolescents in Mpwapwa and Mbeya rural Districts, Tanzania showed adolescents aged 10-19 years have different reason why they did not accept condom promotion and using. These includes being ineffective in preventing transmission of STIs including HIV,not knowing how to use such products properly, religiously-related reason, they perceive condoms might cause AIDS and other diseases, condoms are large and do not fit their sexual organs[23].

In Ethiopia, men and women aged 15-24 years who had sex in the one year preceding the survey showed that , 37 percent of women and 68 percent of men reported using a condom during their last sexual intercourse[12].

The proportion of the most at risk populations (MARPs) for HIV and other sexually transmitted infections using condoms consistently during their last sexual intercourse remains low in Ethiopia. Even if they differ from one community to other, the most at risk populations including Commercial Sex Workers (CSWs), uniformed forces, discordant couples, migrant workers, truck drivers, high school and university students, out of school youth and daily laborers[24].

Studies done in North Eastern Ethiopian youth showed two third of the youth ever used condom during their last sexual intercourse and out of them only 36% used it regularly, twenty nine percent of male respondents had sex with commercial sex workers within one year and 37% didn't use condom consistently[16].

A study done in Gondar town among high school students indicated 39% of students did not use condom during their sexual intercourse. The youth did not use condom due to the influence of alcohol use, of religious and socio-cultural norms, [15]

The youth have been usually exposed to unprotected and risky sexual intercourse among risky groups. A research done in North East Ethiopia indicated 14.2% of youths had sex with a non-regular (casual) sexual partner out of which only two-third used condoms and out of them 36% used regularly. And in this research within one year 29% of male youth had sexual intercourse with CSWs 37% of them had not used condom[16].

Nowadays, school youth becoming risk population for HIV/AIDS[24]. Early sexual activity initiation is one of the multiple reasons for this problem. Most studies done on the age of sexual initiation at community based not school based. So, age first sexual doubt among school youth was not known and factors contributing for early sexual doubt are not known. On the other hand, youths initiated sex early and stay long period of time practicing it until

marriage during this time might be exposed to different RH problems due to their risky sexual activity. Especially school youths might have multiple reasons why they practice these risky sexual activities. Exploring these reasons was the one of the aims of this research. School youths are different from non- school youths. School youths are expected to equipped with knowledge on cause and consequence of RH problems in related to the age of sexual initiation, factors contributing for early sexual debut and using condom during sexual activity. The research expected to answer these questions among school youth.

The conceptual framework for this research was adapted from previous thesis research title on “Assessment of the magnitude and awareness of delay sexual activity among unmarried youth (age20-24) to prevent HIV/AIDS and other STDS in METU town, Ethiopia” and from different literatures which were included as a references for this research work.

3. Objectives

3.1 General objective

The main aim of this study is to assess age at first sexual debut and condom use among in school youth in Debre Markos town.

3.2 Specific objectives

- To measure the age at first sexual debut among in school youths in Debre markos town
- To identify factors associated with early sexual debut in Debre markos town
- To determine the magnitude of condom use among in school youth in Debremarkos town
- To identify factors associated with condom use among high school students in Debre Markos Town

4. Methods and Materials

4.1. Study area

The study was conducted in Debre Markos town of East Gojjam zone. Debre Markos, the capital of East Gojjam administrative zone, is located in the North West of Ethiopia. The town is 300 and 265 kms away from Addis Ababa and Bahir Dar, the capital city of Amhara Nation Regional State respectively. Debre Markos is estimated to have 73,751 population in 2010 according to CSA's population projection. Male constitute 35,307 people while female comprise 38,444 people and the town covers an area of approximately 65.82 square kilometers[18]. The population composition of the town at present is as follows, 97% Amhara, 0.7% Oromo, 0.6% Gurage, 0.2% Tigrians and 0.4% others. With regards to the religious composition of the population in the town 97.3% are Orthodox Christians, 1.9% were Muslims, 0.8% were Protestants and 0.3% are Catholics[27]. The town is sub-divided in to seven kebeles. There is one referral Hospitals in the town; which provides training for health professionals and engaged in routine health service provision. There are also 3 government health centers, 16 medium private clinics and 3 private higher clinics in the town. There are 9 government primary schools, 2 secondary school, 1 preparatory school, one technical and vocational school, one teachers training college and one university[27].

4.2. Study design

A cross- sectional study was employed to assess early sexual activity and condom use among in school youth. The study has both quantitative and qualitative parts.

4.3. Source population

The source populations for the study was all secondary school students attending their education in the town

4.4. Study population

The study populations were government regular senior secondary school students (grade 9-12) in the town.

Inclusive criteria=Regular students

= Government school

= Age between 15 years and 24 years

Exclusion criteria= Night students

= Less than 15 year's age

= Greater than 24 year's age

4.5. Sample size determination

Total number of senior secondary school students (grade 9-12) attending their regular classes in the town while this study was conducted were 5540 (2805 male and 2721 females) [27]. There are three secondary schools (Menkorer secondary school, King Tekle Hayimanot secondary school and Debremarkos preparatory school) in the town. The sample size was estimated using a formula for single population proportions. The assumptions for calculating the sample size includes 95% ($\alpha=0.05$) of degree of confidence, 5 percent margin of error, prevalence of sexual activity 29.1% and the prevalence of condom use 34.1 among high school students taken from other researches [28, 29]. After adjusting sample, we multiply by 2 as design effect and 10% non response rate were added. As a result, sample size for early sexual activity was 660 and for condom use was 700 students. We preferred maximum sample size 700 students.

$$n = \left(\frac{(z_{\alpha/2})^2 p(1-p)}{d^2} \right) + 10\% \text{ non response}$$

$$z = 1.96 \quad d = 0.05 (5\%)$$

p_1 = proportion of sexual activity (0.29), p_2 = proportion for condom use (0.30), DE = 2

$$n_1 = \frac{0.29(1-0.29) (1.96)^2}{(0.05)^2}$$

$$n_1 (\text{adjusted}) = 300$$

Total sample size for n_1 = 660

$$n_2 = \frac{0.34(1-0.34) (1.96)^2}{(0.05)^2}$$

$$n_2 (\text{adjusted}) = 320$$

Total sample size for n_2 = 700

4.6. Sampling procedure

Multistage cluster sampling procedure was used students from three secondary schools in Debre Markos Town. The number of schools and students in each school were obtained from each school and the town education office. The required sample of students was proportionally allocated according to the size of each school. Accordingly, 182(26%) students from Menkorer, 276(39.4%) students from Nigus Tekle Hymanot and 242(34.6%) students from Debre Markos preparatory school (see fig. 1). In average one section expected to have at most had 50 students. Within the school each section was selected by lottery method. Our sampling unit was section of each grade. Because of evenly distribution of male to female proportion in the town high school students (1:1.01) section were also expected to contain proportionate by sex.

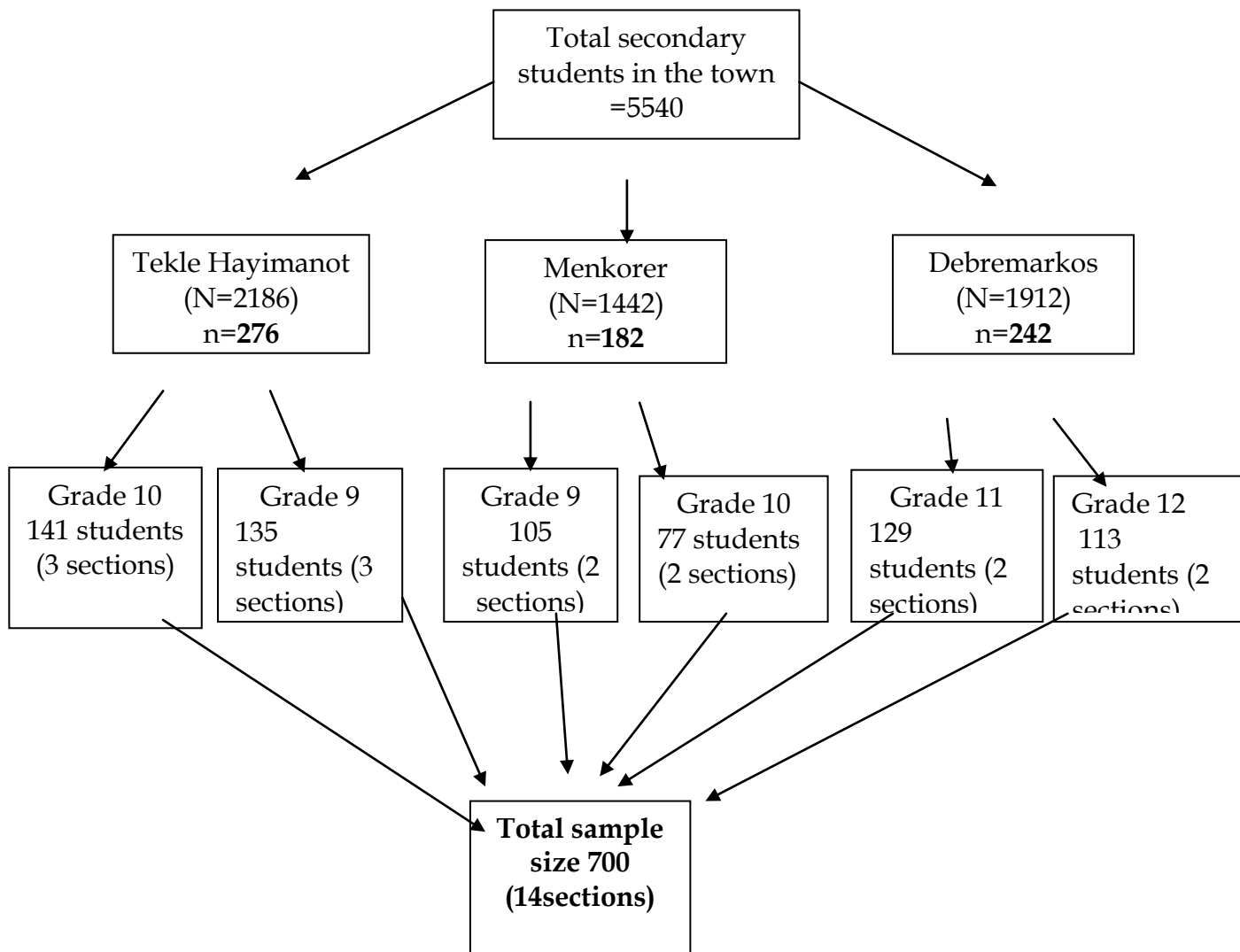


Figure 1 Schematic presentation of the sampling procedure

4.7. Data collection

4.7.1. Quantitative data collection

Data collection had done from may6-11 2013. Self administered questionnaire was prepared. The questionnaire was first developed in English. Questions were thematically organized and arranged according to particular objectives to make them coherent for interviewees. Accordingly, redundancy, vagueness and logical flow of the questions were corrected. After that the final version of the English questionnaire was translated to Amharic version and then back to English to ensure understandability and message consistency. pre test was done in a similar place and setting, in a town Amanuel in the same zone. Four data collectors who had experiences in data collection and two supervisors were recruited for data collection. Data collection had done with 5 days duration.

4.7.2. Qualitative data collection

An open ended interview guide was prepared for the in depth interview. Two male and two female students from anti-AIDS clubs with in the study schools, one student guidance and counseling expert, and another person from Debre Markos health center youth friendly service department were interviewed. A trained note taker and one female interviewer helped in the qualitative in depth interview. The principal investigator of this study moderated the interview.

4.8. Measurement of variables

Dependent variables

➤ Early Sexual debut

Participants were asked whether they started sex or not and for those who started sexual activity, they were asked the age of their first sexual debut. Then, the reported age was categorized as early or normal sexual debut.

We categorized 16 years and less than this as early above 16 years as normal

➤ Condom use.

Participants were asked whether they used condom at their first and last sexual encounter. The association condom use and socio-demographic variables had been analyzed.

Independent variables

Socio demographic variables such as sex, age, educational status, ethnicity, religion, family educational level, substance use, pocket money, residential area type and marital status, living arrangement (with parents or rental)), peer (age, influence), parental factor (residence,

communication, supervision, income, employment), health education and health services were among the independent variables included in this study.

4.9. Data quality assurance

Properly designed data collection instrument based on EDHS, BSS and other related researches was used. There were two supervisors, who have MPH and BA degree and have previous experience on data collection. Four data collectors were recruited. Diploma and degree holders and working as a teacher and supportive staffs within the high school setting in Addis Ababa town. Training was given for data collectors and supervisors for one day by the principal investigator. During the training session the purpose of the study, each item of the questionnaire and method of selection of sections was discussed. Questions raised by interviewee's students were answered by the principal investigator, supervisor and data collectors according to their complexities and sensitiveness. For each school one supervisor was assigned to orient students on how to complete questionnaires and check the completeness and consistency of the data. Besides, study instruments were pre tested in Amanuel town which is located few kilometers away from the study site of Debre Markos. Data completeness and consistency were checked immediately after receiving the completed questionnaires from students. Consistency of the answers to questions in the quantitative questionnaire was checked by data collectors. In the qualitative part of the study, the audio information was tape recorded and the note taker took notes during the interview to document main points raised during the discussion. Editing and coding of the questionnaires was also done before entering the data into the software.

4.10 Operational definitions

Age at sexual initiation: is age at first sexual intercourse (vaginal penile penetration) other activities like kissing, dating & men who have sex with men were not included.

Early sexual initiation was taken as an experience of first intercourse before the 16 years of age. Age 16 takes as a cutoff age since the median age of first marriage was 16 in the EDHS 2011.

In school Youth: In this study, students aged 15-24 attending grade 9-12 at the time of the study were considered as in school youth.

First sexual intercourse: sexual intercourse (vaginal penile penetration) done at first time

Last sexual intercourse: sexual intercourse (vaginal penile penetration) done at most recent time

Condom use: using male or female condom at first and last sex sexual intercourse

Consistent condom use: condom use at each sexual intercourse activity

4.11. Data cleaning and Analysis

First data were entered in the EPI - Info software then analyzed by using the SPSS statistical package. Manually each questionnaire was edited for completeness and consistency. Data was cleaned to correct anomalies and coded to ease quantitative analysis. Frequencies of outliers and consistencies and missed values were checked and they were corrected when found anomalous. Summary measures such as frequency and prevalence was also used to describe the study population in relation to relevant dependent and independent variables. The association of the independent variables and the outcome variables of interest were assessed using the Chi square test. Then, Binary Logistic Regression was used for multivariate analysis. In regression analysis Odds ratio along with their 95% confidence interval was used to measure the strength and significance of the association between the various independent variables and outcome variables.

In the qualitative part of the study the audio record was transcribed word by word in Amharic. It was then translated into English language. The word document was then exported to Open Code 3.6 software. Data was coded and categorized using this software and it was then analyzed thematically.

5. Ethical consideration

Ethical clearance was obtained from the school of public health, Addis Ababa University research ethics committee. The data collection supervisors explained the purposes of this research to both quantitative and qualitative study participants. Informed consent was obtained from the students (the respondents) who participated in the study those who were not voluntary were given the right not to participate in the research. Confidentiality was also maintained by interviewing respondents individually in a private situation for in-depth interviews and filling the questionnaire privately, omitting their name and other personal identifiers. Data were kept confidentially by the investigator. Finally, Health education was given about youth reproductive problems, their causes and consequences to health in global and national level, prevention and treatment mechanisms for the students.

6. Disseminating findings of the study

The report will be submitted to the School of Public Health, Addis Ababa University as a partial fulfillment of Masters Degree in Public Health. Moreover, a copy of the thesis report shall be given for the three study Schools, Debre Markos town health and Education office. Moreover, publication of main findings of the study in scientific journals shall be considered.

7. Results

7.1. Socio-demographic characteristics of study participants

Seven hundred students were participated in the study. All responded to the self administered research questions. Half of the study participants 351 (50.1) were male students (sex ratio 1: 0.99). 652 (93.1) of them were aged between 15-19 years. A little more than a third 240 (34.3) were recruited from grade 9 students, 647 (92.4) were Orthodox Christian followers, 680 (97.1) belonged to the Amhara ethnic group, 367 (52.4%) grew up in urban areas until the age of 14 and 503 (71.9%) was living with both their parents at the time of study. With regard to the educational status of their parents, nearly a quarter 187 (26.7%) the father of the study students and one third 237 (33.7%) of their mothers were not able to read and write at the time of the study.

The mean and median age of students participated in the study was 17.1 years (SD \pm 1.6) and 17 respectively. About one third (31.6) students' family got an average income of less than 1000 Birr per month (the mean monthly income being 2505.7, SD \pm 2199.0) and majority 605 (86.4%) of these students got less than 100 Birr (mean 76.1 SD \pm 96.2) as pocket money monthly.

Table 1: Distribution of Study Students by their various socio demographic characteristics in Debre- Markos town, 2013

Variable	Category	Frequency	Percentage
Gender	Male	351	50.1
	Female	349	49.9
Age	15-19 years	652	93.1
	20-24 years	48	6.9
Grade	Grade 9	240	34.3
	Grade 10	219	31.3
	Grade 11	127	18.1
	Grade 12	114	16.3
Religion	Orthodox	647	92.4
	Protestant	34	4.9
	Muslim	19	2.7
Ethnicity	Amhara	680	97.1
	Others	17	2.4
Grow up at age 14	Urban	367	52.4
	Rural	333	47.6
Living arrangement	With Mother and father	471	67.3
	With only father	34	4.9
	With Only Mother	80	11.4
	With relatives	48	6.9
	With friends	31	4.4
	Rent alone	36	5.1
Father's education status	Not able to read and write	187	26.7
	Read and write only	154	22.0
	Primary education	110	15.7
	Secondary education	108	15.4
	Higher education	141	20.1
Mother's education status	Not able to read and write	236	33.7
	Read and write only	132	18.9
	Primary education	120	17.1

	Secondary education	90	12.9
	Higher education	122	17.4
Family's monthly income	<1000 Birr	221	31.6
	1000-3000 Birr	273	41.7
	3000-5000 birr	105	16/1
	>=5000 Birr	55	8.4
Monthly pocket money	<100 Birr	605	86.4
	100-200 Birr	60	8.6
	>=200 Birr	35	5.0

7.2. Sexual debut and sexual behaviors

One hundred fifty six (22.3%) of study participants started sexual intercourse at the time of the study while 123(78.8%) of them started it even when they were aged 16 years or less. The mean age at first sexual intercourse among students who started sex was 15.7(SD \pm 1.3) and the median age was 16. Out of the total student who started sex, majority 117(75%) of them started it with their boy/girl friends. About 92(59%) of study participants started sex by their own interest while 11 (7.1%) of students started when they got married (see Table 2).

At the time of their first sexual intercourse 109 (69.9%) did not use any family planning method including condoms, 38 (24.4%) drunk alcohol and 20(12.8) chewed Khat. A little more than a third of 54 (34.6%) study participants had sexual intercourse within the previous month before this study was conducted. About 47 (30.1%) of students had 2 or more sexual partners at the time of the study. A majority, 123(78.8%) did not face any health problem during their first sexual intercourse, but 11 (7.1%) experienced unwanted pregnancy. About 38.1% of students have ever wathed pornographic vidios. 419(59.9%) did not discuss about early sexual activity and its impact with their family while about three quarters of the students 508 (72.6%) did not hear about the negative effect of early sexual activity.

Table 2: Distribution of high school students with their sexual characteristics in Debre Markos town, 2013

Variable	Category	Frequency	Percentage
Ever had sex	Yes	156	22.3
Age of first sex	=<16 years	123	78.8
	>16 years	33	21.2
First sexual intercourse mate	With my boy/girl friend	117	75
	With my husband/wife	25	16
	With casual partner	14	9
Reasons for the first Sexual act	My interest	92	59
	My friend pressure	32	20.5
	Cheated	5	3.2
	Rape	16	10.3
	Marriage	11	7.1
Used condom/ any FP used during the first sexual act?	Yes	47	30.1
Chewed khat during first sexual act?	Yes	20	12.8
Drunk alcohol during the first sexual act?	Yes	38	24.4
Last sex date	Within this month	54	34.6
	In the last 12 month	40	25.6
	Before 1 or more years	62	39.7
Number of sexual partner	Only one	109	69.9
	Two or more	47	30.1
Problem faced during first sex	Unwanted pregnancy	11	7.1
	Abortion	10	6.4
	STD	7	4.5
	No problem occur	123	78.8
	Not remember	5	3.2
Ever seen pornographic video	Yes	267	38.1
Talk with family about early sexual activity	Yes	281	40.1
Never hared negative effect of early sexual activity	Yes	508	72.6

7.3. Risky non sexual behaviors and knowledge on sexual debut

As shown in figure 1 below, among the total students participated in the study, 29(4.1) students chew Khat, 150(21.4) students drank alcohol, 23(3.2) smoked cigarette and 13 (1.9) smoked *Shisha*. The students were also asked about whether their close friend's abused substance or not. Thus, 32(4.6) of them chewed khat, 121(17.3) drunk alcohol, 24 (3.4) smoked cigarette and 21(3.0) smoked *Shisha*.

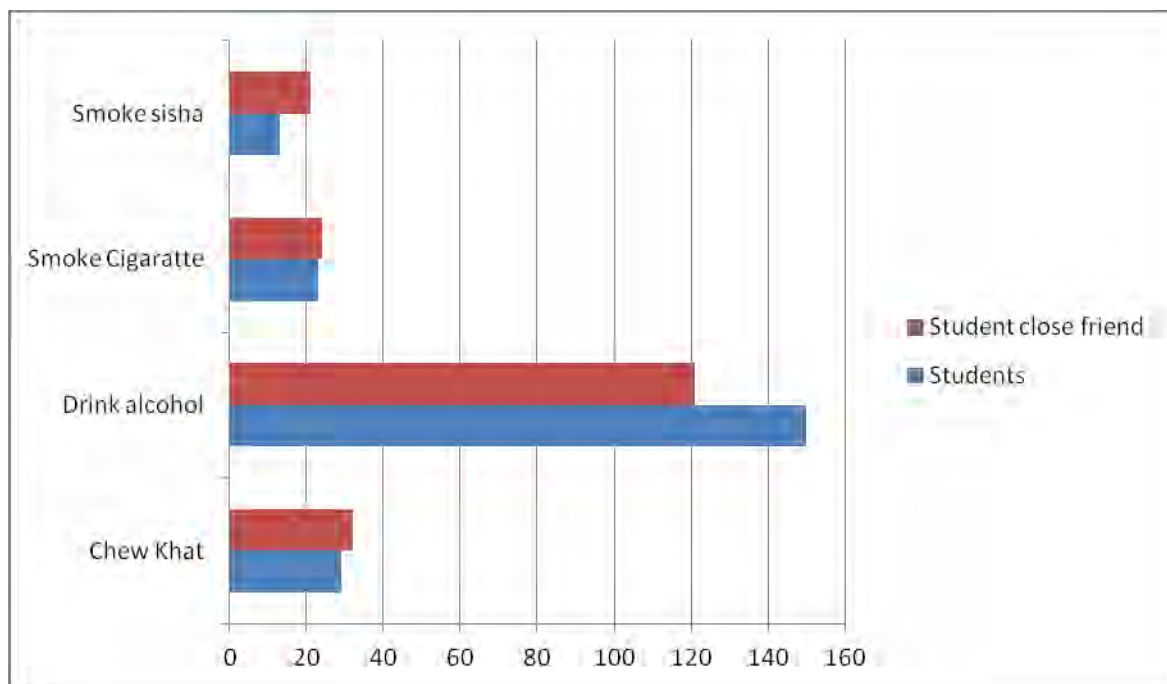


Figure 2: Distribution of Substance abuse among high school student and their close friend in Debre Markos town, 2013

High school students in Debre Markos town were also asked on the consequence of early sexual activity problems. Accordingly, 411(58.7) of them answered early sexual activity exposed for family burden, 346(49.4) reported it would cause a burden to the society, 447(63.9) replied that it could lead to unintended pregnancy and abortion, 435(62.1) of thought that it would be a risk for contracting HIV/AIDS or STDs and 347(49.7) believed that it lead to school dropout. Moreover, 475 (60.7) of the respondents alleged prostitution as a possible consequence of early sexual debut.

On the other hand, high school students in Debre-Markos town were also asked on the benefits of delaying or postponing early sexual intercourse to adulthood period. Accordingly, 343(49.0) of the students responded it helps to achieve future life plan, 266(38.0) of them replied they would not be exposed to unwanted pregnancy, 217(31) believed they would be

protected from HIV/AIDS, 185(26.4) reiterated that they would accomplish the education they started. Meanwhile (14.9) of the high school students were not able to tell about the benefits of delaying sexual activity (See Table 3).

High school students in Debre-Markos town who did not start sex also had different reasons for not starting sexual activity early. According to them fear of pregnancy , better academic performance , fear of STI , fear of HIV and parental supervision were some of the reasons expressed by 73(10.5), 80(11.4), 81(11.6), 101(14.4), and 123(17.6) respectively.

Table 3: Frequency distribution of response to early sexual activity among high school students in Debre Markoe town, 2013

Variable	Category	Yes	%
The consequences of early sex debut in youths?	Burden for the family	411	58.7
	Burden for the society	346	49.4
	Unintended pregnancy and abortion	447	63.9
	Contracting HIV/AIDS and other STDs	435	62.1
	Death of the mother & the child	356	50.9
	Early parenting	321	45.9
	School dropouts	347	49.8
	Population growth	324	46.3
	Prostitution	275	39.3
	Dependency	279	39.9
The benefit of delaying/postponing of sexual debut	Be protected from HIV/AIDS and STDs	217	31.0
	Be protected from unwanted pregnancy	266	38.0
	Be protected from premature death	218	31.1
	Plan for future life	343	49.0
	Accomplish education started	185	26.4
	Be employed	121	17.7
	No benefit	104	14.9
Reason for postponing sexual debut	Employment/income of the partner	227	32.4
	Passing several years at school	170	24.3
	Religion	151	21.6
	Family income/ employment	182	26.0
	Parental education and connectedness	144	20.6
	Fear of HIV/AIDS	101	14.4
	Fear of other STDs	81	11.6
	Fear of pregnancy	73	10.5
	Better academic performance	80	11.4
	Parental supervision	123	17.6

7.4. Socio-Demographic Factors Associated with Early Sexual Activity

The multivariate analysis using logistic regression model shown in the Table 6 below indicated that socio demographic factors such as educational status of students, living arrangement of students and pocket money were significantly associated with early sexual activity. The odds of early sexual debut among grade nine, ten and eleven students were AOR=5.5: 95%CI (1.2, 25.6), AOR=1.1:95%CI (0.3, 3.4), AOR=1.5:95 CI (0.4, 5.3) times respectively compared to grade twelve students. On the other hand, compared to those who lived with both parents students who were not living with both parents has lower odds to engage early sexual activity. But students who lived renting alone were AOR= 1.7: 95%CI (0.2, 17.6) time more likely to start sex earlier age

The chance of students whose monthly pocket money was less than 100 Birr was to initiate sex earlier was AOR= 5.1:95% CI (1.1, 26.0) times higher compared to those who got more than 100 Birr per month.

Table 4: Socio-demographic factors associated with early sexual debut of high school students of Debre Markos Town, 2013

Variable	Category	Age at Sexual Debut		Odds Ratio with 95% CI	
		≤16 years	>16 years	Crude OR (95% CI)	Adjusted OR (95% CI)
Sex	Male	76	20	1.0	1.0
	Female	47	13	0.9(0.4,2.0)	0.9(0.4,2.3)
Grade	Grade 9	43	5	3.7(1.02,13.8)	5.5(1.2,25.6)
	Grade 10	38	15	0.9(0.3,2.4)	1.1(0.3,3.4)
	Grade 11	19	6	1.1(0.3,3.7)	1.5(0.4,5.3)
	Grade 12	23	8	1.0	1.0
Grow up to age 14	Urban	57	14	1.0	1.0
	Rural	66	19	0.9(0.4,1.9)	1.5(0.5,4.3)
Lives with whom?	With Mother and father	86	16	1	1.0
	With only father	5	2	1.1(0.1,10.0)	0.5(0.04,6.4)
	With Only Mother	12	4	0.7(0.2,2.3)	0.6(0.1,2.3)
	With relatives	9	2	0.99(0.2,4.9)	0.5(0.1,3.7)
	With friends	5	6	0.2(0.1,0.7)	0.2(0.1,0.9)
	Rent alone	6	3	1.3(0.9,11.7)	1.7(1.2,17.6)
Pocket money	<100 birr	101	22	3.7(0.9,14.8)	5.1(1.1,26.0)
	100-200	17	7	1.9(0.4,9.5)	2.3(0.5,19.5)
	≥200 Birr	5	4	1.0	1.0

7.5. Reproductive health related factors associated with early sexual activity among high school students in Debre Markos town

The multivariate Binary Logistic regression analysis in Table 7 showed that students who did not hear about the negative effect of early sexual activity were AOR=3.5:95%CI (1.1, 11.2) times more likely to start sex early than those who heard about it. Similarly, students who did not agree with the idea of 'parental educational status and their connectedness would be the reason to post pone sex', start sexual intercourse early have AOR=3.5:95%CI(1.1,10.7) times higher chance than students who agreed about this idea.

The odds of starting sex early among students who did not chew khat were AOR=1.7:95%CI (0.4, 7.2) times more likely than those who chew Khat. Even though, students who did not drink alcohol have higher odds of AOR 2.8:95%CI (1.1, 7.7) starting sex earlier than who drink alcohol

Those who thought fear of HIV would be a reason to postpone sex have lower AOR=0.9:95%CI (0.2, 3.6) the odds of getting to sex earlier than students who oppose this idea. Starting sex early among students who did not watch pornographic videos throughout their life had lower AOR=0.7:95%CI (0.3,1.9) odds than who watched at least once.

Table 5: Non sexual risk factors associated with early sexual debut among high school students in Debre Markos town, 2013

Factors	Category	Age at Sexual Debut		Odds Ratio with 95% CI	
		≤16 years	>16 years	Crude OR (95% CI)	AOR (95% CI)
Heard the negative effect of early sex?	Yes	82	28	1.0	1.0
	No	41	5	2.8(1.1,7.8)	3.5(1.1,11.2)
Parental supervision and connectedness will be the reason for postponed sex	Yes	18	11	1.0	1.0
	No	105	22	2.9(1.2,7.0)	3.5(1.1,10.7)
Do you chew Khat?	Yes	10	4	1.0	1.0
	No	113	29	1.5(0.5,5.3)	1.7(0.4,7.2)
Do you drink alcohol?	Yes	42	20	1.0	1.0
	No	81	13	2.9(1.3,6.5)	2.8(1.1,7.7)
Fear of HIV/AIDS will be the reason for postponed sex	Yes	17	6	1.0	0.9(0.2,3.6)
	No	106	27	1.4(0.5,3.9)	1.0
Have ever seen the pornographic video?	Yes	75	22	1.0	1.0
	No	48	11	1.3(0.6,2.9)	0.7(0.3,1.9)

7.6. Condom use

As shown in Table 4, more than three fourth 544 (77.9) and about half 371(53%) of the participants heard about male and female condom and its benefit respectively. Among students who started sexual intercourse 56 (35.9%) of them never used a condom. During sexual intercourse only 30 (30%) of students used condom by both partners' interests but the majority used condom by the interest of one of sexual intimates. About half 362(52%) of the study participants did not want to get or buy condom themselves from available sources.

Table 6: Frequency distribution of information about condom and condom use among high school students in Debre Markos town, 2013

Variable	Category	Frequency	Percentage
Heard about male Condom and its benefit?	Yes	544	77.7
	No	155	22.3
Heard about female Condom and its benefit?	Yes	371	53
	No	329	47
How do you use condom?	Consistently	33	21.2
	Occasionally	67	42.9
	Never used	56	35.9
Who suggest to use condom	Myself	31	31
	My partner	39	39
	Both	30	30
Willingness to get condom	No	362	52
	Yes	338	48

7.7. Knowledge of condom source and its benefit

The students were also asked to choose where they can find condom from prearranged lists in which condoms might be available. According to them, 388(55.4%), 384(54.9%) and 127(18.1%) of them reported that condom could be obtained at the health center and hospital and Hotels/Bars respectively.

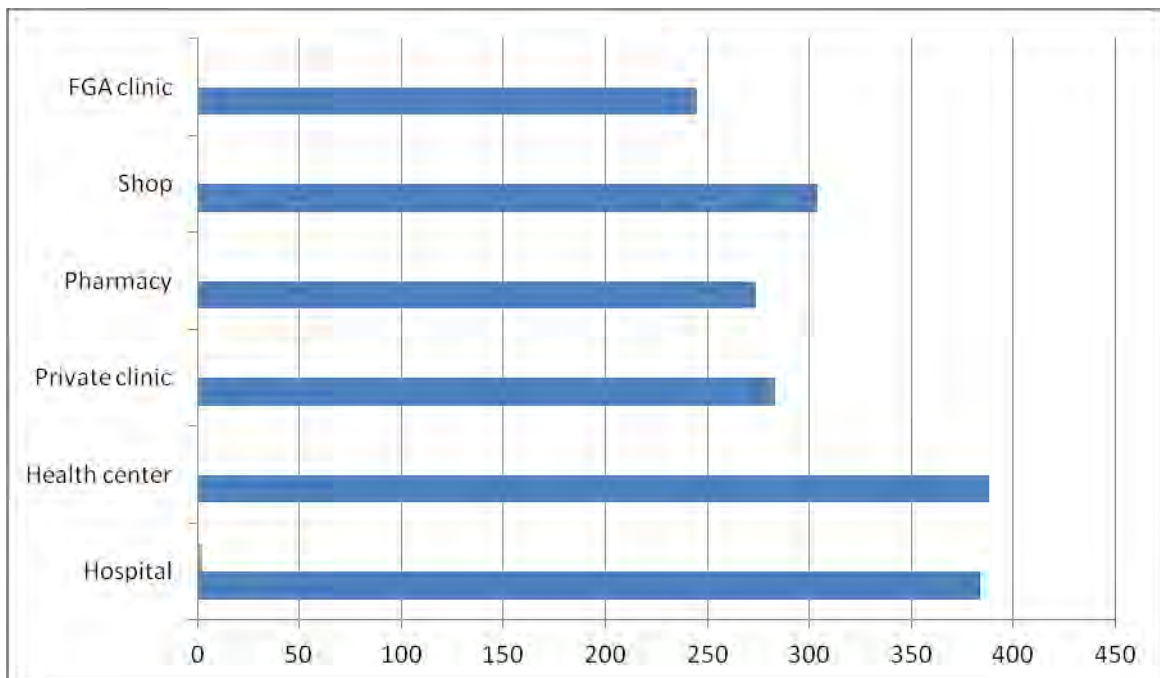


Figure 3: The response of high school students where they can find condom in Debre Markos town, 2013

7.8. The association between condom use at first sex and factors which might decrease condom use

The chi-square test analysis of condom use at first sexual intercourse and significantly associated with drunk at their first sex and student's willingness to get condom themselves. Those who drunk at first sexual intercourse used condom during their first sex more 17(44.7) than who did not drunk ($p < 0.02$). Among students who were willing to get condom themselves used condom during their first sexual intercourse more 32(36.8) than those who were not willing to get condom themselves ($p < 0.04$). Even though, students who chewed Khat during their first sexual intercourse used condom lower 5(25) than those who did not chew Kchat ($p < 0.59$). Students who planned their first sex used condom more 23(36.5) than who did not planned ($p < 0.15$).

. Similarly, students who have only one sexual partner used condom during their first sex lower than those who have 2 or more sexual partners respectively ($p < 0.5$).

Table 7 : Relationship between condoms used at first sexual intercourse and factors which might decrease among high school students in Debre Markos town, 2013

Variable	Category	N	Used condom/	Not used condom/	P value
First sex planned	Yes	63	23(36.5)	40(63.5)	0.15
	No	93	24(25.8)	69(74.2)	
Drunk at first sex	Yes	38	17(44.7)	21(55.3)	0.02
	No	118	30(25.4)	88(74.6)	
Chew khat at first sex	Yes	20	5(25)	15(75)	0.59
	No	136	42(30.9)	94(69.1)	
Willingness to get condom yourself	Yes	87	32(36.8)	55(63.2)	0.04
	No	69	15(21.7)	54(78.3)	
Number of sexual partners	1 partner	108	31(28.7)	77(71.3)	0.5
	=>2	47	16(34)	31(66)	

7.9. Socio-demographic factors associated with condom use at last sex in Debre Markos town

In this section we tried to see the association between various socio demographic characteristics with condom use during their last sexual intercourse. The odds of using a condom at last sexual intercourse for female students was AOR=1.9 95 %CI: (0.8, 4.5) times higher than male students. As the grade of students increased the odds of condom usage also increased, for example grade 11 students AOR=2. 5:95CI (0.7, 8.5) times more likely to use condoms than students in grades. And students whose fathers attained tertiary education used condom at last sex AOR=11.5: 95%CI (1.2, 113.5) times higher than others. Even though, mother's educational status side, students whose mother educational status categorized as read and write only level used condom AOR=2.4: 95%CI(0.5, 11.3) times more than other educational status(result in not presented). Students their family monthly income greater than 5000 birr per month used condom about 2 times (AOR=1.8: 95%CI(0.5,7.9) than those who got less than this(result not present). Similarly, the odd of students who got more than 200 birr per month pocket money use condom at last sexual intercourse about 6 times (AOR=5.7: 95%CI (1.1, 29.9) higher than students who got less than 200 birr pocket money per month. Students who grow up at age 14 in rural area used condom AOR=3.1: 95%CI (1.1, 8.6) times higher than those who grew up in urban area. Students age between 20-24 years use condom AOR=1.4:95%CI (0.5, 4.2) higher than between 15-19 years.

Table 8: Socio-demographic factors associated with condom use at last sex in Debre Markos Town, 2013

Variable	Category	Use of condom at last sex		Odds ratio	
		Yes	No	Crude OR (95% CI)	Adjusted OR (95% CI)
Sex	Male	41(61.8)	54(60.6)	1	1
	Female	26(38.2)	35(39.4)	1(0.5,2.3)	1.9(0.8,4.5)
Grade	Grade 9	24(35)	11(12.1)	1	1
	Grade 10	21(30.9)	40(45.5)	1.4(0.5,3.8)	4.2(1.3, 13.9)
	Grade 11	10(15.4)	16(18.2)	2.5(0.7,8.5)	3.4(0.9,13.4)
	Grade 12	12(18.7)	38(24.2)	1.1(0.3,3.5)	3.3(1.01,13.8)
Father education status	Illiterate	20(30.9)	27(30.3)	1	0.1
	Read and write only	14(20.3)	27(30.3)	1.5(0.6,4.2)	0.3(0.1,1.4)
	Primary education	13(17.9)	14(15.6)	0.9(0.3,2.9)	2.4(0.5,11.0)
	Secondary education	11(16.3)	10(12.1)	0.8(0.2,2.7)	2.7(0.5,14)
	Higher education	9(14.6)	10(12.1)	0.84(0.2,30)	11.5(1.2,113.5)
Grow up to age 14	Urban	31(46.3)	38(42.4)	1	1
	Rural	36(53.7)	51(57.6)	1.2(0.5,2.5)	3.1(1.1,8.6)
Pocket money	<100 birr	55(82.1)	59(66.7)	1	1
	100-200 birr	9(13.8)	19(21.2)	1.9(0.7,5.1)	1.5(0.5,4.4)
	>=200 birr	3(4.1)	11(12.1)	3.7(0.9,14.8)	5.7(1.1,29.9)
Grow up to age 14	Urban	31(46.3)	38(42.4)	1	1
	Rural	36(53.7)	51(57.6)	1.2(0.5,2.5)	3.1(1.1,8.6)
Age	15-19 years	59(89.4)	65(72.7)	1	1
	20-24 years	8(10.6)	24(27.3)	3.2(1.2, 8.3)	1.4(0.5,4.2)

7.10. Misconceptions on early sex and condom use

Students were also asked questions with whom they have to use condoms during sex and 475 (67.9) answered condom must be used during sex with casual partners. About half of students were not willing to get condom themselves. Students also gave responses to their attitude toward condom. Less than half of students 305 (43.9) reported condom use has no any problem and 265 (37.9) answered condom could burst during sex. About 68.1% of students believed that delaying sexual activity might improve future life. Similarly, most of 567(81) students not agreed with the idea of starting sexual intercourse at early age has no effect on future's life.

Table 9: perception of condom and early sexual debut sexual intercourse use among high school students in Debre Markos town, 2013

Variable		Yes	Percentage
With whom you want to use a condom?	.Boy/girl friend	275	39.3
	Casual partner	475	67.9
	Prostitute	430	61.4
	Other	17	2.4
Students Perception on a condom:	Do you get condom Yourself?	336	48
	Does not cause any problem	305	43.9
	Condom would be slipped off easily	184	26.3
	Liable to burst during Sexual intercourse.	265	37.9
	Decrease sexual pleasure	139	19.9
Delaying sexual intercourse improves future life.	Yes	477	68.1
Early sexual debut has no effect on future life	Agreed	104	14.9
	Not agreed	567	81.0
	No response	29	4.1

7. 2. In depth interview result

7.2.1. Age of first sexual activity and associated factors

The in-depth interview includes high school students and youth friendly service giver nurses and it tried to explore their knowledge, experiences and their opinion on the age of first sexual activity, factors which could expose for early sexual activity, condom use and misconceptions which hinder using condom during sexual intercourse.

As an introduction respondent started to mention some of traditional practices which are harmful for the health of the community in the surrounding. These were traditional cutting of uvula, early marriage, female genital mutilation, sexual intercourse among youth before marriage and unsafe abortion.

All responded that sexual intercourse should be started after marriage or beyond age of 18 years. All respondents both male and female including the youth friendly service giver nurse said,

“Even if the majority of students did not enter into sexual intercourse activity some of our friends has been practicing it.”

Many factors were stated by respondents to start sexual intercourse early. Factors which were mentioned by the students include loneliness (no sister or brother), loose connectedness with family, natural feeling of sexual desire, dressing style of females, drug abuse (Shisha, chat, alcohol and Ganja) and pornographic videos. A 16 year old male respondent said,

“Students may practice sexual intercourse at an early age without the knowledge of their parents. If they had had strong connectedness and supervision by their parents, they would not start it at that time.”

Respondents also tried to mention problems which might occur while youth entered to sexual intercourse at an early age. Psychological problems, unwanted pregnancy and teenage pregnancy, home suicide, fistula, school dropout, sexual transmitted infection, including HIV/AIDS, inferiority complex, difficult to succeed future objective, economical dependency were problems mentioned by respondents which could happen when someone start sex at an early age. A 15 years female respondent said that,

“If one female student starts sexual intercourse at an early age, she will not be able to meet her objectives.”

Except a few who started sexual intercourse when they got married, youths usually start sex by their interest before marriage. But few girls were cheated by Bajaj drivers by giving a lift, money or gifts. Recently, violent sexual intercourse has been decreasing among youths because of tight security and knowledge on violent sexual acts within the community becoming harmful traditional act.

7.2.2. Condom use and associated factors

As participants described, the first option for youths under age 18 is abstaining from sex unless using condom during sexual intercourse is necessary. As they mentioned, different methods like mass media, learning courses and NGO facilities gave information for youths about male condom. As a result, youths has enough knowledge on male condom and most of them used condom during sexual intercourse, but few do not use because of different reasons. “Most of youths, especially males do not use condom because they believed that it might decrease their sexual satisfaction.”

But all students did not see female condom they also mentioned that they did not even see it. With their education courses female condom is not described well as the case of male condom.

7.2.3. Misconceptions on early sex and condom use.

Mostly, youths do not use condom during sexual intercourse due to different reasons. These are, usually youths are shy to buy/collect condom, fear of community critics, low knowledge about the techniques of condom use and its benefits and shortage of money.

The majority of youths do not want to get condom themselves from condom sources. All respondents expressed as if someone needs condom everybody know for what purpose he wants it. As a result, in order to avoid information leakage he/she prefer sexual intercourse without condom. For example a grade ten seventeen year old male respondent said, “Once upon a time in my village someone calls me and asked me to bring a condom from a nearby shop because the shopkeeper knows him.”

Usually youths buy or collect condom themselves while no one is around at the condom source. If someone is around they buy other material or they return back. Respondents mentioned different reasons for the lack of willingness to buy/collect condom themselves. There were community misconceptions. As one respondent said, “Peoples may think that he uses condom weather he/she or his/her partner was infected by HIV “

On the other hand, people might think he/she needs condom because of he/she has sexual relationship other than his/her wife/husband and starting sexual intercourse is confirmed if someone saw when he buy/collect condom.

On the other side, youth's knowledge on condom use is limited. Usually male youths hesitate to use condom during sexual intercourse. They are not sure on the preventive effect of condom. They also believed that even it could decrease sexual satisfaction during sexual intercourse. A 17 year old male respondent said,

“My friends told me why they did not use condoms; they believed that condom has no any preventive benefit.”

8. Discussion

This study included high school students who were currently attending regular education. The study tried to assess early sexual debut and condom use among in school youths.

Early and premarital sexual practice is becoming common and it is one of the risky sexual behaviors of adolescents and young people[16]. We found that 21.3% of students were ever had sexual intercourse at the time of the study. This result is lower than the Study done in Eastern Ethiopia 14 selected high schools 24.8% of high school students had had sexual intercourse[30]. Different reasons might be given for this finding. First, community norm of premarital sexual activity was very tight in the study area. Previously within that community engaging in premarital sex is a taboo practice. Even though, the norm has been decreasing among young peoples in the community. Other reason might be marriage at early age. Before a year's, most girls forced to marriage at early age. And they engaged to sex at early age. But now this problem due to legal and community attitude early marriage has decreased.

The mean age at first sexual intercourse in this study was 15.7. This study finding is lower than other studies done on School Adolescents in Gondar and Nekemte towns mean age of first sex was 16.2 and 17.2 years respectively. [15, 31]. Even though, among students who start sexual intercourse about 78.8% start sexual activity at age 16 or less than 16 years. It indicates engaging in early sexual activity at an early age yet not decreased in the community. The median age of students at first sexual intercourse in the study was 16. Almost same result with this study was found , the mean age of first sex 15.8 years and median 16, in a research done among secondary school students in three states in North Eastern Nigeria[32]. The mean age of first sexual intercourse among youth has been decreasing This might be due a decrease of community norms on premarital sexual intercourse. Nowadays starting romantic activity at early age among adolescents could not be new behavior within the community. Other reason also might be decrease of age of puberty among adolescents[21].

The study identified 75% of youths start sex with their boy/girl friends. Even if it is relatively lower than this study, researchers in Nekemt town also identified, majority students 53.1% start sex with their boy/girl friend. But different documents described Most Youth starts sex when they have got married [12, 15, 16]. The Ethiopian family law sets the minimum age of marriage is 18 years[3]. And marriage below than this age is an illegal. Even the community norms of early marriage have been changed. Families prefer to send their child to school. As

a result, majority of adolescents stay in school before marriage. So they can engage sexual activity. That is why now different documents and reaserches stat premarital sexual activities has been increasing among youths[12, 15]. This might lead to different health problems such as unintended pregnancy, STD and HIV unless preventive measures have not taken.

About 38.1% students exposed to pornographic video. This is much higher when we compared to 15% of youth exposed to pornographic video in a research finding in Gamo Gofa Zone[31, 34]. For this higher percentage of exposure to porno videos accessiblity of electronic technologies might have their own role. Nowadays this condition is becoming worse and worse. Because youths can access illegal pornographic videos within their village any time they want. At the same time they can watch by their mobile apparatus.

Adolescents at lower age are concrete thinkers mostly relying on literal, straight forward interpretation then after they start to analyze situations logically in terms of cause and effect, think about their futures, evaluate alternatives, set personal goals and make mature decisions[4]. At the same time this study also shows grade of students is significantly associated with their sexual activity. As we have seen being a grade nine students 5.5 times more likely to engaged sexual activity than grade ten, eleven and twelve students. The same study also revealed in Nekemt Town, a grade nine student practice sexual intercourse more likely than other higher grade students[31]

Stimulants like alcohol and Khat leads to early sexual activity[4]. Even though, this study found that students who were never drink alcohol have higher odds of starting sexual intercourse earlier than those who drink. This indicates students who drink alcohol engaged to sexual intercourse lately. Similarly, a study conducted by Nekemt Town high school students identified students who drink alcohol have less chance to start sexual intercourse than who did not drink[31].

About 40.1% of students discussed about early sexual debut with their parents. Almost proportional percent 42.5% and 42.2% of youths discussed about sexual and reproductive health topics in a study done in Nekemte town, E/Wollega zone and Bullen Woreda, Benishangul Gumuz Region, North West Ethiopia respectively [35, 36] The majority of young people perceived that discussing SRH matters with parents is difficult especially it is more difficult for unmarried and rural youths.[35] . Youth who discussed about reproductive

health topics less likely to start sex early[36]. This study also found students who did not discussed about the consequences of early sexual activity with their family start sexual intercourse at erlier age than students who discussed about it.

Discussing about SRH with their parents might increase youth's knowledge on preventive activities from HIV, STD and unintended pregnancy. On the other way, a research done in *Gamo Gofa, South West Ethiopia found that*youths who do not have comprehensive knowledge on HIV were 8.3 times more likely to initiate sex earlier than those who do have comprehensive knowledge. [34].

As other factors, paternal connectedness and their educational status might affect sexual debut of youths. This study also found students who believed with the idea on parental connectedness and supervision would not be the reason to post pond sex, have a risk of starting sex early 3.5 times earlier than those who believed it would be. A research done in north east Ethiopia, being less connected with parents were more likel to start sex earlier than those who has strongly connected with their families [16].

Additionally, students who were living with their parents less likely have had sexual intercourse than those living with others [16]. As we seen, students who were living renting alone have about 2 times chance of starting sexual intercourse earlier than those who were living with their parents, relatives and friends. Over all, parental connectedness and supervision might help youths in different way. This could be by improving SRH knowledge, by avoiding using drugs and giving support to give attention for their education.

The period between age at first sexual intercourse and age at marriage is often a time of sexual experimentation and this might be risky unless youths take preventive activities such as using condom and limiting number of sexual partners[12]. According to this study result, among students who have been practicing sexual intercourse till the time of study only 33% of them used condom consistently. Relatively, same result was found in a research done in among youths in North East Ethiopia 37% youths used condom consistantly [16].

As in our study found, students who were willing to get condom themselves from any condom sources, used condom at their first sexual intercourse more than (36.8) those not willing to get. Similarly, studies reveal that proportion using a condom at the first sexual intercourse was higher among those who knew that they can get a condom themselves than

who didn't use it.[37] Usually sexually active students are shy to buy condom because of religious and socio-cultural norms, especially unmarried youths[15]. Building confidence in youth in obtaining condoms and negotiating for consistent condom use is a crucial RH strategy for sexually active youth [2].

Students who drunk at first sex used condom higher (44.7%) than who did not drunk at the time. This indicates youths who drink alcohol might have a higher repetition of practicing sexual intercourse with their counterparts. When the contact frequency increases, using condom frequency also increase.

About 30.1% students have multiple sexual partners. Compared to a study, 43% of in school students in Gondar town and 34.5% of School Adolescents in Nekemte Town, East Wollega has more than 1 partner, it is relatively low [15, 31] Even though there is lower prevalence of having multiple prevalence, as researches reported adolescents who have multiple sexual partners were less likely to use a condom at last sexual intercourse compared to those without multiple partners[37].

About 33.3% of students used condom during their last sex. It is relatively higher compared to a study among secondary school students 24% of sexually experienced students used condom during their last sexual intercourse [4].

Older age and lower socioeconomic status are directly associated with condom use[37]. We also found that students age 20-24 years old used condom at last sexual intercourse about 3 times than age 15-19. A research done in Tanzania adolescents at higher age used condom use at the last sexual intercourse nearly 4 times higher than lower age groups [37]. Older age adolescents can access condom from condom sources. Additionally, older adolescents have better knowledge on how to use condoms and its benefits. Including preliminary information about condom in the lower grade curriculum helps to improve adolescents' knowledge about condom. On the other way older use condom more at last sex might be young often have multiple, short-term sexual relationships and do not consistently use condoms[4].

As we found in this study, when their education status increased the odds of using condoms also increased. [15] The odds of using condom increased from grade nine to twelve students. As their grade status increase their knowledge on SRH also increases. Different reasons has been stated for is reason. Such as, this might be as the education status increase knowledge on SRH also increased. They also have opportunity getting reproductive health issue courses

within the school and out of school by different governmental and nongovernmental organizations.

Studies identified adolescents from middle or high family wealth index were more likely to have comprehensive HIV/AIDS knowledge compared to those of a low family wealth index [30]. Indirectly, this study also showed that average monthly student's pocket money was significantly associated with condom use at last sex. Relative to students who got less than 100 birr pocket money, those who got more than 200 Birr per month used condom at their last sex about six times more than those who got less. Generally, this could be wealthier families can afford mass media items like televisions, radios, etc. and students can access information on RH issues like unintended pregnancy, unsafe abortion, STD and HIV[30]. And if students have pocket money they can buy while free condom is not available or shy to get openly.

9. Strength and limitation of the study

9.1 Strength of the study

- All high schools in the town were included in the study
- Self administer questioner tried to minimize bias because sexual related issues are sensitive
- Quantitative study supported by Qualitative study
- This study assessed students' sexual activity and at the same time condom use at their sexual intercourse. And this helped to see students risky sexual activity concordantly.

9.2 Limitation of the study

- Did not included in detail about female condom as male condom
- No comparison to rural area high schools.
- Condom use during their whole sexual life is not assessed. We tried to see only first and last sexual intercourse.
- Self administered data collection method might affected by the respondents' recall bias.

10. Conclusion

Students who engaged in sexual intercourse start it at an early age. Student's Knowledge, attitude and perception on early sexual activity has great role to start sexual intercourse an earlier age or late. Students at lower grade have higher chance of engaging in early sexual debut.

Students who are living alone start sexual intercourse earlier than those who are living with their parents or their relatives.

Most of Students also did not use condom or other family planning method at their first sexual intercourse. Majority of students does not have willing to get condom themselves. Willingness to get condom has a great consequence on using it during sexual intercourse.

Chewing Khat exposure to Pornographic videos might expose to early sexual debut among students. Misconception owned by the community were the reason for not using condome during sdexual intercourse.

11. Recommendations

Among students lack of knowledge on SRH was a major gap to engage risky and early sexual activity. In order to decrease this gap, equip students with comprehensive SRH knowledge and give emphasis for preventing and controlling activities. This might be incorporating RH courses with primary schools or by RH service providers.

Strengthening parent to student connectedness and their supervision helps to avoid exposure to getting early sexual activity. This is the other option to prevent early sexual activity at family level. This can be in different ways. Such as, providing SRH information and supervising in school and out of school activities.

Issues related to condom use were a major gap which we have seen from this study. It is better to conduct programs which make Students confident to get condom from any condom sources themselves. And also discussing about sex and sexuality issues with parents openly might improve the problem. This can be by increasing students confidence, decreasing norms and misconceptions about condom. Additionally it may improve their knowledge when and how they start sexual intercourse as well as how they can prevent themselves from risky sexual activity.

The governmental and nongovernmental organizations should work to improve students' knowledge and their skill about condom. They can also increase condom use by increasing the accessibility of condom sources. On the other side, as male condom give emphasis about the knowledge, skill and supply of female condom.

Further study shall be undertaken to find the real association between early sexual activity and alcohol drink.

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13. Annexes

I. Conceptual framework

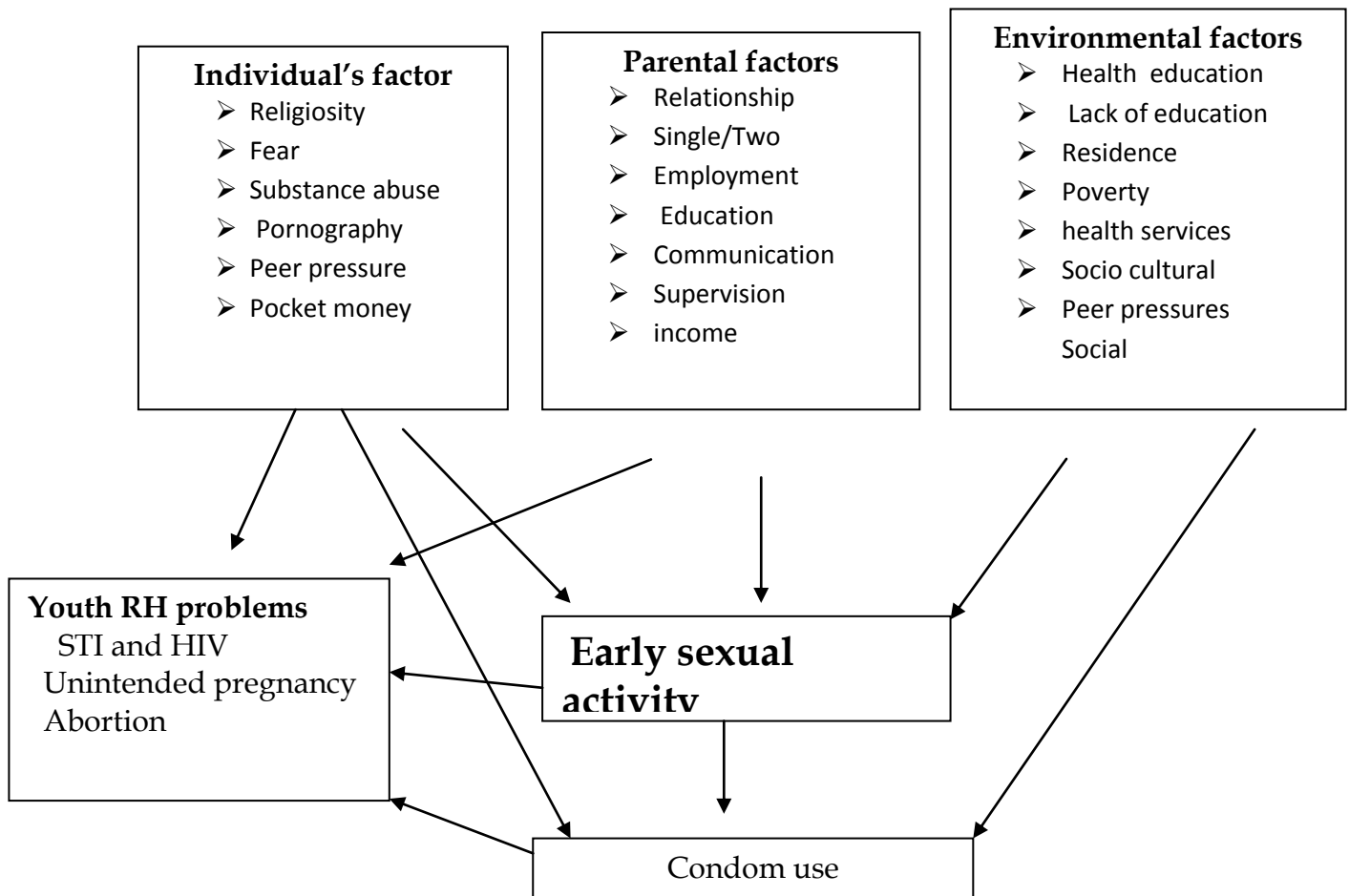


Figure 4: Conceptual framework (adapted)

II. Questioner

English version of the quantitative questionnaire

Information sheet

My name is Behailu Dagne. I am the principal investigator of the study assessing early sexual initiation and condom use among secondary school youth in Debre Markos town. The study is going to be done as partial fulfillment for the Masters of Public Health degree in School of Public Health, Addis Ababa University.

The youth is a period of physical, social and emotional transitions and developments, most of these changes have positive consequence for their future life. However, lack of opportunities, knowledge and skills can complicate such transitions and have lifelong impacts. Sexual activity generally begins in late adolescence like other transitions. Such practice might expose the youth to different reproductive health problems such as HIV/AIDS, STI, unintended pregnancy and abortion.

The purpose of this study is to know the age at first sexual intercourse and identify factors which are contributing for early sexual initiation. Besides, the study is aiming at assessing knowledge, attitude and practice of condom use among youth. The findings of this study will be inputs for the health service, education, social and economic intervention by the governmental and partners which are working to improve the health of youths. Improving the future life of youths will enhance the lives of the youth, their family, society and the country at large.

You are randomly selected to be a study participant for this study. Your genuine answers will help to design appropriate strategies for youth reproductive health. Participation is fully voluntary and you can decline at any stage, if you feel so. If you have any question to be clarified you can ask the facilitator now or the principal investigator whose contact details are listed below:

Behailu Dagne

Tele: 0913281325

Email:hailudgn@gmail.com

Consent Form

The purposes of the study are made clear. Besides, I learned that I can decline completing the questionnaire at any stage. Participation in this study is therefore not mandatory. However, I also knew the uses of such studies to design national, regional and school related reproductive health programs and strategies. I therefore:

A. Agreed to participate in this study (Remark: Continue completing the questionnaire)

B. Decline to participate in this study (Remark: Return the questionnaire for the facilitator)

Questionnaire English

S.N	Questioner no.....		Skip to
	Socio- demographic data		
	Questions	Coding	
101	Name of your school?	1..Nigus Teklehmanot 2...Menkorer 3...Dm preparatory	
1	Sex	1..Male 2...Female	
103	How old are you at your last birthday?	
104	Which Grade you are attending?	1...9 3.11. 2...10 4..... 12	
105	What is your religion?	1...Orthodox 2.....Protestant 3.....Muslim 4.....Catholic 8...Other (specify).....	
106	Which ethnic group do you belong to?	1.....Amhara 2..... Oromo 3.....Tigre 4.....Gurage 8....Others (specify).....	
107	Where do you grow up?	1.....urban 2.....rural	

108	Where do you attend your primary school?	1.....urban 2.....rural	
109	With whom do you live with?	1.....With father and Mother 2.....With mother only 3.....With father only 4.....With relatives 5.....with my friends 6.....me rent alone 8...Other specify.....	
110	Educational status of your father	1..... No education 2.....Read and write 3.....Primary(1-8) 4.....Secondary(9-12) 5.....Higher(above grade 12)	
111	Educational status of your mother	1...No education 2...Read and write 3....Primary(1-8) 4.....Secondary(9-12) 5.....Higher(above grade 12)	
112	How much money your parents get monthly	
113	How much pocket money do you get on average monthly?birr	

Age of first sex and factor associated with early sex			
	Questions	Response and coding	Skip to
201	Have you ever had Sexual intercourse?	1.....Yes 2.....No	if no 209
202	How old were you when you had sexual intercourse for the very first time?	Age in years 9.....Don't remember	
203	What was your relationship to this person with whom you had sexual intercourse?	1...Boy/Girl friend 3.....husband/wife 2.....commercial sex worker 3.....casual 8.....other(specify)	
205	Was your first sex planned?	1.....yes 2.....No	
206	How were you exposed to first sexual intercourse?	1.....By my interest 2.....By peer pressure 3.....I was cheated 4.....I was raped 5.....On my marriage 9.....Don't remember	
207	Did your first sexual intercourse was protected (did you used condom)	1.....yes 2.....No	
208	Which of the following consequence you faced from your first sexual exposure?	1.....STDs 2.....Pregnancy 4...abortion 3...Nothing was happened	
209	Which habit do you have?	A.....chewing Chat Bdrinking alcohol Csmoking cigarette Dnot at all?	
210	Does your closed peer?	A.....chew Chat Bdrink alcohol Csmoke cigarette	

		Dnot at all?	
211	Have you ever seen pornography video?	1.....yes 2.....no	If no 213
212	At what age you start watching pornographic video?	Age in years..... 9.....don' t remember	
213	During 1 st sex, were you or your partner drunk at that time?	1....yes 2....no 9....don't remember	
214	During 1 first sex, did you or this person chew chat during that day	1....yes 2....no 9....don't remember	
215	When was the last time you had sexual intercourse?	1.....just today 2.....days ago 3.....weeks ago 4.....months ago 5.....years ago	
216	In total, with how many different people have you had sexual intercourse in the last 12 months?	Numbers.....	
217	Which is/are the consequences of early sex in youths? (More than one answer is possible)	A.....Burden for the family B.....Burden for the society C.....Unintended pregnancy and abortion D.....Contracting HIV/AIDS and other STDs E.Death of the mother &the child F.Early parenting F.....School drop-outs G.....Population growth	

		H.....Prostitution J.....Dependency	
218	Which is/are a benefit of delaying/postponing of sex? (More than one answer is possible)	<p>A....Be protected from HIV/AIDS</p> <p>B....Be protected from Other STDs</p> <p>C....Be protected from unwanted pregnancy</p> <p>D....Be protected from premature death</p> <p>E....Plan for future life</p> <p>F....Accomplish education started</p> <p>G....Be employed</p>	
219	In your thinking which of the following would be a reason to postponed sex? (More than one answer is possible)	<p>A.....Employment/income of the partner</p> <p>B.....Passing several years at school</p> <p>C.....Religion</p> <p>D.....Family income/employment</p> <p>E.....Parental education and connectedness</p> <p>F.....Fear of HIV/AIDS</p> <p>G.....Fear of other STDs</p> <p>H.....Fear of pregnancy</p> <p>I.....Bette academic performance</p> <p>J.....Parental</p>	

		supervision	
220	Did you talk with family member about an impact of early sex?	1.....yes 2.....no	
condom use			
301	Have you heard about male condom?	1.....yes 2.....no	
302	Have you heard about female condom?	1.....yes 2.....no	
303	Condom can protect an individual from ---- ----?(More than one answer is possible)	Asexual transmitted disease B.....HIV/AIDS C.....unintended pregnancy 8....other specify	
304	If you had sex before, how did you use a condom?	1...every time during sex 2....occasionally 3....not use at all	306
305	Who suggest using condom at the time of your sexual intercourse?	1.....Myself 2.....My partner 3...Joint decision 4.....Don't remember	
306	What is/are reason not using condom during sexual intercourse (More than one answer is possible)	A.....not available at the time B.....Too expensive C.....Not comfortable D.....Partner objected E.....Religious reason F..... Don't trust condom to prevent HIV G.....fear of side effects H.....me/my partner was drunk/chew cha/watching pornography 8.....other specify....	
307	During sexual intercourse With whom you want to use condom?	A.....Boy/girl friend B....casual partner	

		C.....CSW 8....specify.....	
308	If you want to obtain condom where do you get? (More than one answer is possible)	A.....Govt. hospital B.....Govt. health center C.....Private clinic D.....Pharmacy E.....Shop F.....FGAE Clinics G.....Hotel/bar 8....other (specify).....	
309	During your last time sexual Intercourse did you used condom?	1....yes 2....no	
Opinion and perception on early sexual activity and condom use			
400	Have you ever heard of negative effect of early sexual initiation into sexual intercourse?	1.....yes 2.....no	If no 402
401	If yes, Where do you heard? (More than one answer is possible)	A.....Parents B.....Radio C.....Television D.....Posters/leaflets E.....Health professionals F.....Teachers G.....Religious leaders H.....Peers/friends 8.....Others (specify)...	
402	Early initiation of sexual intercourse does not have negative effect on youth life in any way.	1.....strongly disagree 2.....disagree 3.....agree 4.....strongly agree 0no response	
403	What do you Suggest/recommend/ to overcome the negative effect of early sex	AAwareness creation among youths B.....include RH curriculum	

	on youths?	<p>C.....Awareness creation among parents</p> <p>D.....Education and empowerment of women</p> <p>E....Increase community involvement</p> <p>F....Increase involvementof religious organizations</p> <p>8....Others(specify)----</p>	
405	Do you think that delay of sex improves individual's future life?	1....yes 2.....no	
406	Do you believe that parental continuous supervision helps youths to postpone early sex?	<p>1....yes</p> <p>2.....no</p>	
407	Do you think that community can play a role to overcome the sufferings of youth attributed to early sex?	<p>1....yes</p> <p>2.....no</p>	
408	If you are asked by a girl or a boy to commence early sex, what will be your reaction?	<p>1.....Accept</p> <p>2.....Rejecting</p> <p>0.....No response</p>	
409	As far as you know, the magnitude of sexual practice among school youths is:	<p>1Increasing 2..... Static</p> <p>3. Decreasing 4.Unknown</p>	
410	In your opinion, who are/is suppose to be the attribute(s) to the sexual initiation among school youth? (More than one answer is possible)	<p>A.....Older sibling BPeer groups</p> <p>CSubstance use 8.....other specify.....</p>	
411	If you wanted a female/male condom, could you get yourself?	<p>1.....yes</p> <p>2.....no</p>	
412	Which is/are true statement about condom use during sexual intercourse?	<p>A.....has not any problem</p> <p>B.....Condom would be trouble to use and condoms slips off easily</p> <p>C.....Liable to burst during Sexual inter course.</p> <p>D....they can stay in the vagina after sex</p> <p>E.....they diminish sexual pleasure.</p>	

English version of the In depth interview guide

Information sheet for in depth interview

My name is Behailu Dagne. I am the principal investigator of the study assessing early sexual initiation and condom use among secondary school youth in Debre Markos town. The study is going to be done as partial fulfillment for the Masters of Public Health degree in School of Public Health, Addis Ababa University.

The youth is a period of physical, social and emotional transitions and developments, most of these changes have positive consequence for their future life. However, lack of opportunities, knowledge and skills can complicate such transitions and have lifelong impacts. Sexual activity generally begins in late adolescence like other transitions. Such practice might expose the youth to different reproductive health problems such as HIV/AIDS, STI, unintended pregnancy and abortion.

The purpose of this study is to know the age at first sexual intercourse and identify factors which are contributing for early sexual initiation. Besides, the study is aiming to assess knowledge, attitude and practice of condom use among youth. The findings of this study will be inputs for the health service, education, social and economic intervention by the governmental and partners which are working to improve the health of youths. Improving the future life of youths will enhance the lives of the youth, their family, society and the country at large.

You are purposively selected for this study interview. Your genuine answers will help to design appropriate strategies for youth reproductive health. Participation is fully voluntary and you can decline at any stage, if you feel so. If you have any question to be clarified you can ask now or contact me:

Tel. 0913281325 or e-mail hailudgn@gmail.com

VI. Consent form

]

The purposes of the study are made clear. Besides, I learned that I can stop the interview at any stage. Participation in this study is therefore not mandatory. However, I also knew the uses of such studies to design national, regional and school related reproductive health programs and strategies.

Therefore: 1. Proceed the interview 2. Stop the interview here

In depth interview questions

Background Characteristics

1. Sex _____
2. Age _____
3. Educational status _____
4. Occupation _____
5. Religion

Main Sexual Behavior questions

6. What are traditional practices that may harm our health in this area?
7. Can you tell me what you know about early sexual initiation in your surrounding? What have you heard from others? Anything else you heard about early sex?
8. Does it have health impact? Can you please give me a specific instance of early sexual initiation affecting the health of an individual?
9. How do you think will early sexual initiation affect the health of students in this school?
10. Can you please tell me about the main reasons which contribute for early initiation among school youths?
11. What cultural norms and perception lead to early sexual initiation in this community?
12. Do you think that knowledge about condom (male and female) is common within the student population? Please describe it more?
13. What do you think is the attitude of students towards consistent and correct use of condom?
14. Do you think that students in secondary schools use condoms correctly and consistently every time they have sex? Please tell me more?

Thank you for your response!

የአሜሪካ ማጠቃለያ ቅፅ

በአዲስ አበባ ዩንቨርሲቲ ህብረተሰብ ጠፍ ትምህርት ክፍል
በህለተኛ ደረጃ ተምራቾች ላይ የሚደረግ የሥነ ተዋልዶ ጠፍ ጥናት

የጥናቱ ተሳታፊዎች የሚገኝ ማጠቃለያ

ስሜንበሀይሉ ዳኛ ይባላል። በትምህርት ላይ ያሉ ተምራቾች እድሜቸው ለወሲብ ብቁ ከመሆኑ በፊት የሚደርጉትን የወሲብ ድርጊት እና በኮንዶም ዙሪያ ለሚደረገው የዳሰሳ ጥናት ዋና አጥኝ ነኝ። ጥናቱ በአዲስ አበባ ዩንቨርሲቲ የህብረተሰብ ጠፍ ጥናት ክፍል የሚከተርስ ዲግሪ ማጠቃለያ ጥናት ነው።

ወጣትነት አካላዊ ፣ ማህበራዊ እና ስነ ልቦናዊ ለውጦች የሚከሰቱበት የእድገት ደረጃ ነው። እነዚህ የእድገት ለውጦች በአብዛኛው ጊዜ ለወጣቱ ወይም ለወጣቷ ለወደፊት ህይወት በጎ ተፅእኖ ይኖራቸዋል። ይህን እንጂ ወጣቶች የአገልግሎት እጥረት፣ የእውቀት ፣ አመለካከት እና ክህሎት ችግሮች የወደፊት ህይወታቸው ላይ ትልቅ ተጽእኖ ይኖራቸዋል። አብዛኛውን ጊዜ የወሲብ ድርጊት የሚከሰተው ለአቅመ አዳም ወይም ለአቅመ ሄዋን ከሚደረግባቸው በፊት ነው። ይህ ድርጊትም ከቦታ ቦታ እና እንደ ስታዎች ይለያያል። በዚህ ምክንያት ወጣቶች በወጣትነታቸው ጊዜ ለተለያዩ የጠፍ ችግሮች ለጋለጡ ይችላሉ ለምሳሌ ያህል ለአባል ዘር በሽታ፣ ላልተፈለገ እርግዝና እና ወርጃ እንዲሁም ለኤች አይ ቪ በሽታ ሊጋለጡ ይችላሉ።

የዚህ ጥናት አላማ ወጣቶች ለመጀመሪያ ጊዜ ወሲብ የሚጀምሩበትን ጊዜ ማዎቅ እና ለዚህ ድርጊት የሚገፉ ምክንያቶችን ማለየት ነው። በተጨማሪም ወጣቶች ስለኮንዶም ያላቸውን እውቀት ፣ አመለካከት እና አጠቃቀም በጥናቱ ይዳሰሳል። የዚህ ጥናት ወጣት በአሁኑ ሰዓት የወጣቶችን ጠፍ እና ህይወት ለማሻሻል በወጣቶች ዙሪያ ለሚከሰቱ መንግስታዊ እና መንግስታዊ ያልሆኑ ድርጅቶች እና ተቋማት ለጠፍ ፣ ለትምህርት ፣ ለማህበራዊ እና ለአካላዊ ጉዳዮች ስራዎቻቸው እንደ ግብዓት ለያገገ ለግል እና የወጣቶችንም የወደፊት ህይወት በሚከተላቸው ለቤተሰቦቻቸው ፣ ለማህበረሰቡ እና ለሀገር ጠቃሚ እንዲሆኑ ይረዳል።

ለዚህ ጥናት የተመረጠ ስም በአጋጣሚ እንጂ ሆነ ተብሎ አይደለም። ያንተ/ች ትክክለኛ መልስ ለወጣቶች የሥነ ተዋልዶ ጠፍ ስራዎች እና አቅጣጫዎችን ለመቅረፅ በጣም ጠቃሚ ነው። በጥናቱ ለመሳተፍ በሚሉ ፈቃደኝነት ላይ የተመሰረተ ነው። ማንኛውም ግልፅ ያልሆነ ጥያቄ ካለ የጥናቱን አስተባባሪ ወይም ዋና አጥኝ ወይም ወይም በማንኛውም ሰዓት በማቅጠል ወይም ማገኘት ይቻላል።

በሀይሉ ዳኛ

ስልክ. 0913281325 ኢሜል hailudgn@gmail.com

የጥናቱ ስምምነት

የዚህ ጥናት አላማ ተገልጿል። በማንኛውም ሰዓት መጠየቁን መላኩን መቋረጥ እንደምችል አወቁለሁ። በዚህ ጥናት መሳተፍ ግዴታ አለመሆኑንም ተነግሮኛል። ይህን እንጂ እንደዚህ ያሉ ጥናቶች የሀገራዊ እና ክልላዊ የሥነ-ተዋልዶ ጠፍ ስራዎች እና አቅጣጫዎችን ለመቅረፅ ጠቃሚ እንደሆኑ ተገንዝቤአለሁ።

ስለዚህ፡-

ሀ. በጥናቱ ለመሳተፍ ተስማምቻለሁ (ከተስማም/ሽ ወደማቅጥለዉገፅ ግለጥ/ጭ)

ለ. በጥናቱ ለመሳተፍ አልስማምም (ካልተስማም/ሽ መጠየቁን ለአስተባባሪ መልስ/ሽ)

አመሰግናለሁ።

አሚርኛ መጠይቅ

**በአዲስ አበባ ዩንቨርሲቲ ህብረተሰብ ጠፍ ትምህርት ክፍል
በህለተኛ ደረጃ ተማሪዎች ላይ የሚደረግ የስነ ተዋልዶ ጠፍ ጥናት**

የ መጠይቁ ተራ ቁጥር.....			
የግል እና የቤተሰብ ሁኔታ መረጃ			
ተ.ቁ	ጥያቄ	መልስ	ይለፉ
101	የምትማር/ሪቦት ትምህርት ት/ቤት	1.....መንቀረር 2. ...ንጉስ ተክለሃይማኖት 3...ድብዛ መስጠት/ቤት	
102	ፆታ	1.....ወንድ 2.....ሴት	
103	እድሜ/ሽ ማሉ አመት ስንት ነው?	-----	
104	አሁን የስንተኛ ክፍል ተማሪ ነህ/ሽ	1.....9 2.....10 3.....11 4.....12	
105	ሀይማኖትህ/ሽ ምንድን ነው?	1.....ኦርቶዶክስ 2.....ፕሮቴስታንት 3.....መስለም 4.....ካቶሊክ 8.....ሌላ ከሆነ ይጥቀሱ.....	
106	ብሄረሰብ ምንድን ነው?	1.....አማራ 3.....ትግሬ 2..... አሮሞ 4.....ጉራጌ 8.....ሌላ ከሆነ ጥቀስ/ሽ	
107	ያደግህበት/ያደግሽበት የት ነው?	1.....ከተማ 2.....ገበያ	
108	እስከ 8ኛ ክፍል የተማርህ/ሽ የት ነው?	1.....ከተማ 2.....ገበያ	
109	ከማን ጋር ነው የምትኖር/ሽ?	1.....ከእናት እና አባቱ ጋር 2.....ከአባቱ ጋር ብቻ 3.....ከእናቱ ጋር ብቻ 4.....ከዘመዶቹ ጋር 5.....ከጓደኞቹ ጋር 8.....ሌላ ከሆነ ይጥቀሱ	

110	የአባትህ/ሽ የትምህርት ደረጃ የትኛውን ወ?	88.....ማንበብ እና መግ ፍ አይችልም 89..... ማንበብ እና መግ ፍ ክፍል	
111	የእናትህ/ሽ የትምህርት ደረጃ የትኛውን ወ?	88.....ማንበብ እና መግ ፍ አይችልም 89..... ማንበብ እና መግ ፍ ክፍል	
112	የቤተሰቦችህ/ሽ ወራዊ/አመታዊ ገቢ በግምት ስንት ነ ወ?(ገቢዎ በአይነት ከተገለፀ በወቅቱ የገቢዎ ዋጋ ተሰልቶ በገንዘብ ይቀመጥ)	ወራዊ ገቢ(ብር)..... አመታዊ ገቢ(ብር).....	
113	በአሜሪካ በወር ምን ያህል የክስ ገንዘብ ይሰጥሃል/ይሰጥሻል?(ገቢዎ በአይነት ከተገለፀ በወቅቱ የገቢዎ ዋጋ ተሰልቶ በገንዘብ ይቀመጥ)ብር	
	ለመጀመሪያ ጊዜ የተደረገ የስነ ወሰን እና ተዛማጅ ጥያቄዎች(የሚከተሉት ጥያቄዎች ግለሰቡ በሚከተሉት የሚከበሩ ታዋቂ ደረጃዎች ላይ ታዎች መሆኑን ብናወቅም ለስነ ተዋልዶ ጠፍ ፖሊሲና ፕሮግራሞች ግብአትን ታዋቂ ከፍተኛ ለ መሆኑ ትክክለኛውን መልስ እንደትሰጥ/ጭብትህትና እንጠይቃለን)		
201	የግብረ ስጋ ግኑኝነት አድርገህ/ሽ ታወቃለህ/ሽ	1.....አዎ 2.....የለም	209
202	ለመጀመሪያ ጊዜ ስትፈፀም/ሚ እድሜ/ሽ ስንት ነ በር	
203	ከማን ጋር ነ በር የፈፀምህ/ሽ.....?	1.....ከፍቅር ዳደኛዬ ጋር 2.....ከባለቤቴ ጋር 3.....እንዳጋጥሚከተዋወቁት ሰወጋር 8.....ሌላ ከሆነ ግለፅ/ጭ	
205	የመጀመሪያ የግብረ ስጋ ግኑኝነትህ/ሽን አቅደህ/ሽበት	1.....አዎ 2.....የለም	

	ነበር?		
206	ለሰጠኛህ ጊዜ የግብረ ስጋ ግንኙነት ለመፈጸም ዋነኛው ምክንያት የሆነው?	1.....በራሴ ፍላጎት 2....በዳደኛዬ ግፊት 3.....በገንዘብ ተታልዬ 4.....ተገደጀ 5.....በጋብቻዬ ቀን ምክንያት 8...ሌላ ከሆነ ግለጽ/ጭ.....	
207	በሰጠኛህ የወሲብ ግንኙነት ህ/ሽ ወቅት ከንደም ወይም ሌላ የሚደርግ መቆጣጠሪያ ዘዴ ተጠቅመህ/ሽ ነበር?	1.....አወ 2.....የለም	
208	በሰጠኛህ የወሲብ ግንኙነት ህ/ሽ ወቅት ከሚከተሉት የትኞቹ አጋጥሞ ል/ሻል?(ከአንድ በላይ መልስ ማክበብ ይቻላል)	1...የአባላዘር በሽታ 2.....ያልተፈለገ እርግዝና 3.....ወርጃ 4....ምንም አልገጠሰኝም 9.....አላስታወስም	
209	ከአደንዛዥ እና ስሜት አነቃቂ ነገሮች የትኞቹን ትጠቅማለህ/ትጠቅማለሽ? /ለጥያቄዎች ምላሽ ህን/ምላሽ ሽን አክብብ/ቢ/	1.....ጭት መቃም አዎ..... የለም.. 2.....አልኮል መጠጣት አዎ..... የለም.. 3.....ሲጋራ ማጠገን አዎ..... የለም.. 4.....ሽሻ መሳብ አዎ..... የለም..	
210	የቅርብ ዳደኛ ህ/ሽ አደንዛ እና ስሜት አነቃቂ ነገሮችን ትጠቅማለህ/ትጠቅማለሽ? /ለጥያቄዎች ምላሽ ህን/ምላሽ ሽን አክብብ/ቢ/	1.....ጭት መቃም አዎ..... የለም.. 2.....አልኮል መጠጣት አዎ..... የለም.. 3.....ሲጋራ ማጠገን አዎ..... የለም.. 4.....ሽሻ መሳብ አዎ..... የለም..	
211	የወሲብ ቀስቃሽ ፊልም አይተህ/ሽ ታወቃለህ/ታወቁያለሽ?	1.....አዎ 2.....የለም	2 1 3
212	የወሲብ ቀስቃሽ ፊልም ካየህ/ሽ በስንት አመት ህ/ሽ ነዉላት የጀመርህ/ሽ?	እድሜ በመጡ አመት.....	
213	ለሰጠኛህ ጊዜ ወሲብ ስትፈጽም ሚዛን አንቸ ወይም ዳደኛሽ አልኮል ጠጥታችሁ ነበር	1...አዎ 2.....የለም	
214	ለሰጠኛህ ጊዜ ወሲብ ስትፈጽም ሚዛን	1.....አዎ 2...የለም	

	አንቶ ወይም ዳደኛሽ ጭቅ ቅመኞችሁን በር		
215	ለመጪሻ ጊዜ ወሲብ ያደረግሽ/ህበት ...ጊዜ መቼ ነዉ...	1.....ዛሬ 2.....ከቀናት በፊት 3.....ከሳምንታት በፊት 4.....ከወራት በፊት 5.....ከአመታት በፊት	
216	በአጠቃላይ እስካሁን ድረስ ከስንት ሰዉ ጋር ወሲብ ፈፅመህ/ሽ ታወቃለህ/ታወቁያለሽ?	ብዘት.....	
217	በእድሜብቁ ሳይሆኑ ወሲብ መፈፀም ምን ምን ችግሮችን ሊያስከትል ይችላል?(ከአንድ በላይ መልስ ማክበብ ይቻላል)	ሀ.....የቤተሰብ ጋር ግጭት ለ.....የማህበረሰብ ጭጭ መፍጠር ሐ.....አላስፈላጊ እርግዝናና ወርጃ መ.....ለአባላዘር በሽታ እና ለኤች አይ ቨ መጋለጥ ሠ'.....ለነፍሰጠፎ እናት እና ለጨቅላ ህፃን ሞት ሠ.....ለፈጣን የህዝብ እድገት ሰ.....ለሴተኛ አዳኝ ት ሸ.....ለጥገኝነት/ተረጅኝነት	
218	አንድ ሰዉ እድሜዎ ሰደርስ ወሲብ በመፈፀም ጊዜ ምን ጥቅም ሊያገኝ ይችላል?(ከአንድ በላይ መልስ ማክበብ ይቻላል)	ሀ.....ለአኤች አይ እና ባለዘር በሽታ አይጋለጥም ለ.....ለአላስፈላጊ እርግዝናና ወርጃ አለመጋለጥም ሐ.....የመጣቶች ሞትን መቀነስ መ.....ለወደፊት የህይወት እቅድ ለማከካት ይረዳል ሠ.....ትምህርትን ለመጫወት ይረዳል ረ.....ስራ በጊዜዉ ለማግኘት ሰ.....ምንም ጥቅም የለወም	
219	እንደ አንተ/ቺ ስተሳሰብ ወሲብ ቶሎ ለመጀመር እንደ ምክንያት ለሆኑ የመቸለት የትኞቹዉ ናቸው?(ከአንድ በላይ መልስ ማክበብ ይቻላል)	ሀ.....የፍቅረኛ/የጥንዶች የስራ እና የገቢ ሁኔታ ለ.....በትምህርት ብዙ ጊዜ መቆየት ሐ.....የእምነት አስተምሮት	

		<p>መ.....የቤተሰብ ስራ ወይም ገቢ ሁኔታ</p> <p>ሠ.....የወላጅ የትምህርት ደረጃ</p> <p>ረ.....ኤች አይ ቨን በመፍራት</p> <p>ሰ.....ያባለዘር በሽታን በመፍራት</p> <p>ሸ.....እርግዝናን በመፍራት</p> <p>ቀ.....ለትምህርት የሚገጥ ፍላጎት</p> <p>በ.....የቤተሰብ ቁጥጥር 8....ሌላ ካለ ይዘርዘሩ</p>	
220	እድሜ-ብቁ ሳይሆኑ ስለሚደረግ የወሲብ ደርጊት እና ጉዳቱ ከቤተሰቦችህ/ሽ ጋር ተነጋግረህ/ሽ ታወቃለህ/ሽ?	<p>1...አዎ</p> <p>2.....የለም</p>	
ስለ ኮንዶም አጠቃቀም በተመለከተ			
301	ስለ ወንዶች ኮንዶም ሰምተህ/ሽ ታወቁያለህ/ሽ	1.....አወ 2.....የለም	
302	ስለ ሴቶች ኮንዶም ሰምተህ/ሽ ታወቁያለህ/ሽ	1.....አወ 2.....የለም	
303	የኮንዶም ጥቅም የትኛው ነው? (ከአንድ በላይ ማልስ ማክበብ ይቻላል)	<p>1.....ከአባላዘር በሽታ ማከላከል 2...ከኤች አይ ማከላከል</p> <p>3.....ከአላስፈላጊ እርግዝና ማከላከል</p> <p>4.....ምንም ጥቅም የለውም</p>	
304	ከዚህ በፊት ወሲብ በምትፈፅ ምክት/በምትፈፅ ማብት ጊዜ ኮንዶም በምን ሁኔታ ትጠቀማለህ/ሽ?	<p>1.....ሀልጊዜ እጠቀማለሁ</p> <p>2.....አልፎ አልፎ እጠቀማለሁ 3.....ተጠቅሜ አላወቅም</p>	
305	ኮንዶም ከተጠቀምህ/ሽ ማን ነበር እንደትጠቀሙ ሀሳብ የሚቀረበው?	<p>1.....እኔ ራሴ 2.....ጓደኛዬ</p> <p>3.....ሁለታችንም</p>	
306	ኮንዶም ካልተጠቀምህ/ሽ ላለ ማጠቃለያ ምክንያትህ/ሽ ምን	ሀ.....ኮንዶም ስላልተገኘ	

	ነበር?(ከአንድ በላይ ሙሉ ማክበብ ይቻላል)	ለ.....ኮንዶምኒየን ፕላን ት ጊዜ ምቹት ስለሚሰጥ ሐ.....ጓደኛዬ ስለተቃወመ/ስለተቃወሙ መ.....በመሃይ ምክንያት ሠ.....ኮንዶም ኤችአይ ቪ ይከላከላል ብዬ ስለሚሰጥ ረ.....ኮንዶም ችግር ይፈጥርብኛል ብዬ ስለሰጥ ሰ..... በሰአቱ አልኮል ጠጥታችሁ/ጭቅ ቅማችሁ/ወሲብ ቀስቃሽ ፊልም ስትሙክቱ ስለነበረ ሸ. የኮንዶም ዋጋ ወድ ስለሆነ 8... ሌላ ከሆነ ግለፅ/ፂ	
307	እንደ አንተ/ቺ ሃሳብ ከየትኛው ሰው ጋር ነው ወሲብ ሲፈፀም ኮንዶም መጠቀም የሚጀምሩት ወን?	1.....ከፍቅረኛ ጋር 2.....በደንገት ከተዋወቁት/ከተዋወቁት ሰው ጋር 3.....ከባድ ሰራተኛ ጋር 8... ሌላ ካለ ግለፅ/ጭ.....	
308	ኮንዶም በምትፈልግ/ጊበት ጊዜ ከየት ማግኘት ትችላለህ/ሽ?(ከአንድ በላይ ሙሉ ማክበብ ይቻላል)	ሀ.....ከመንግስት ሆስፒታል ለ.....ከመንግስት ጠፍ ጣቢያ ሐ.....ከግል ክለኒክ መ.....ከሙኒሲፒቲ ቤት ሠ.....ከሰቅ ረ... ከቤተሰብ መምሪያ ክለኒክ ሰ.....ከሆቴል/ባድ ቤት 8..... ሌላ ካለ ግለፅ/ጭ	
309	ለሙጁሽ ጊዜ ባደረግኸው/ሽው የወሲብ ግኑኝነት ጊዜ ኮንዶም ተጠቅመህል/ሻል?	1.....አዎ 2.....የለም	
	እድሜብቱ ከመሆኑ በፊት በሚደረግ ወሲብ እና በኮንዶም ዙሪያ ያለ አስተሳሰብ		
401	እድሜ ብቱ ከመሆኑ በፊት በሚደረግ ወሲብ ስለሚጠቀሙ	1.....አዎ	4 0

	ችግሮች ዙሪያ ሰምተሽ/ህ ታወቀለህ/ታወቁያለሽ?	2.....የለም	
402	ሚገኝዎት ከሰሙ/ሽ ከየት ነው የሰሙ/ሽ? ከሚከተሉት ምረጥ/ጭ (ከአንድ በላይ ሙሉ ማክበብ ይቻላል)	ሀ.....ከቤተሰቦች ለ.....ከሬዲዮ ሐ.....ከቴሌቪዥን መ.....ከተሰቀለ ፖስተር ሠ.....ከጠፍ ባለሙያ ረ.....ከመሥሪያ ሰ.....ከሀይማኖት አባቶች ሸ.....ከጓደኞች 8..... ሌላ ከሆነ ግለፅ/ፂ.....	
403	እድሜ ብቁ ከመሆኑ በፊት በሚደረግ ወሲብ በወጣቶች የወደፊት ህይወት ላይ ምንም ተፅዕኖ የለውም	1.....በጣም እስማማለሁ 2.....እስማማለሁ 3.....አልሰማም 4.....በፍፁም አልሰማም 0.....ምላሽ የለኝም	
404	እድሜ ብቁ ከመሆኑ በፊት የሚፀምን የወሲብ ችግር ለመቅረፍ ምን ሚደረግ አለበት? (ከአንድ በላይ ሙሉ ማክበብ ይቻላል)	ሀ.....ለወጣቶች የግንዛቤ ማሻሻያ ትምህርት በመስጠት ለ.....የስነ ተዋልዶ ጠፍ ትምህርት ማስተማር ለ.....ለወላጆች የግንዛቤ ማሻሻያ ትምህርት በመስጠት ሐ.....ሴቶችን ማስተማር እና ማረጋገጥ መ.....ማህበረሰብን ማስተናገድ ሠ.....የሀይማኖት አባቶችን ማስተናገድ 8..... ሌላ ካለ ግለፅ/ጭ.....	
405	እድሜ ብቁ ሳይሆን ወሲብ አለመገኘት አንድን ሰው የወደፊት ህይወት ሊያሻሽል ይችላል?	1.....አዎ 2.....የለም	
406	የቤተሰብ ክትትል እድሜ ብቁ ሳይሆን ወሲብ እንዳይጀምሩ ያደርጋል?	1.....አዎ 2.....የለም	
407	የማህበረሰቡ አስተሳሰብ እድሜ ብቁ ሳይሆን ወሲብ በመገኘት የሚጠጉ ችግር	1.....አዎ	

	ሊቀርፍ ይችላል?	2.....የለም	
408	አንድ ወጣት እድሜው ብቁ ሳይሆን ወሲብ ልጅምር በልህህ/ሽ ምላሽህ/ሽ?	1.....እቀበለዋለሁ 2.....አልቀበለወም 3 ገለልተኛ ነኝ 4.....አላወቀወም	
409	በአንተ/ች አመለካከት በትምህርት ላይ ያሉ ወጣቶች የወሲብ ድርጊት በአሁኑ ሰዓት ምን ይመስላል?	1.....እየጨመረ ነው 2.....እየቀነሰ ነው 3.....እንደ በፊት ጊዜ ነው 4.....አይታወቅም	
410	በአንተ/ች አመለካከት ለወጣቶች የወሲብ ድርጊት ምን የጣፋቸው ነው?	1.....ታላቅ እህት/ወንድም 2.....ጓደኛ 3.....አልኮል/ጫካ መጠቀም 8..... ሌላ ካለ ግለፅ/ጭ	
411	በአንተ/ቺ አመለካከት የወንድ/የሴት ኮንዶም ብትፈልግ/ጊ ራስህ/ሽ ትገዛለህ ወይም ትቀበላለህ?	1.....አዎ 2.....የለም	
412	ስለ ኮንዶም ትክክል የሆነ ማን/የሆኑትን ምረጥ/ጭ? (ከአንድ በላይ መልስ ማክበብ ይቻላል)	ሀ.....ኮንዶም መጠቀም ምንም ችግር የለውም ለ.....በግንኙነት ወቅት ኮንዶም ከብልት ላይ ቆይቶ ስለማይሸፍን ኮንዶም መጠቀም ያስቸግራል መ.....ኮንዶም በግንኙነት ጊዜ በቀላሉ ሊበጠስ/ፈነዳ ይችላል ሠ.....ኮንዶም ከግንኙነት በኋላ መሀፀን ወስጥ ሊቀር ይችላል ረ.....ኮንዶም የወሲብ ፍላጎትን ይቀንሳል	

የአሚርኛ ጥልቅ መጠይቅ ቅፅ

በአዲስ አበባ ዩንቨርሲቲ ህብረተሰብ ጠፍ ትምህርት ክፍል
በሀላተኛ ደረጃ ተማሪዎች ላይ የሚደረግ የስነ ተዋልዶ ጠፍ ጥናት
የቃለ መጠይቅ ጥያቄ የሚገኝ መከላከያ

ስሜንበሀይሉ ዳኝ ይባላል። በትምህርት ላይ ያሉ ተማሪዎች እድሜያቸው ለወሲብ ብቁ ከመሆኑ በፊት የሚደርጉትን የወሲብ ድርጊት እና በኮንዶም ዙሪያ ለሚደረገው የዳሰሳ ጥናት ዋና አጥኝ ነኝ። ጥናቱ በአዲስ አበባ ዩንቨርሲቲ የህብረተሰብ ጠፍ ክፍል የደህረ ምረቃ ትምህርት መገጃ ጥናት ነው።

ወጣትነት አካላዊ ፣ ማህበራዊ እና ስነ ልቦናዊ ለውጦች የሚከሰቱበት የእድገት ደረጃ ነው። እነዚህ የእድገት ለውጦች በአብዛኛው ጊዜ ለወጣቱ ወይም ለወጣቷ ለወደፊት ህይወት በጎ ተፅእኖ ይኖራቸዋል። ይሁን እንጂ ወጣቶች የአገልግሎት እጥረት፣ የእውቀት ፣ አመለካከት እና ክህሎት ችግሮች የወደፊት ህይወታቸው ላይ ትልቅ ተጽእኖ ይኖራቸዋል። አብዛኛውን ጊዜ የወሲብ ድርጊት የሚከሰተው ለአቅመ አዳም ወይም ለአቅመ ሂዋን ከመድረሳቸው በፊት ነው። ይህ ድርጊትም ከቦታ ቦታ እና እንደ ያታዎች ይለያያል። በዚህ ምክንያት ወጣቶች በወጣትነታቸው ጊዜ ለተለያዩ የጠፍ ችግሮች ለጋለጠው ሌሎች ለምሳሌ ያህል ለአባላ ዘር እና ኤች አይ ቪ በሽታ።

የዚህ ጥናት አላማ ወጣቶች ለመጀመሪያ ጊዜ ወሲብ የሚጽግበትን ጊዜ ማወቅ እና ለዚህ ድርጊት የሚገጥሙ ምክንያቶችን መለየት ነው። በተጨማሪም ወጣቶች ስለኮንዶም ያላቸውን እውቀት ፣ አመለካከት እና አጠቃቀም በጥናቱ ይዳሰሳል። የዚህ ጥናት ወጣት በአሁኑ ሰዓት የወጣቶችን ጠፍ እና ህይወት ለማሻሻል በወጣቶች ዙሪያ ለሚከሰቱ መንግስታዊ እና መንግስታዊ ያልሆኑ ድርጅቶች እና ተቋማት ለጠፍ ፣ ለትምህርት ፣ ለማህበራዊ እና ለአካላዊ ጠቅላላ ስራዎቻቸው እንደ ግብዓት ሊያገገሉ ለግል እና የወጣቶችንም የወደፊት ህይወት በማስተካከል ለቤተሰቦቻቸው ፣ ለማህበረሰቡ እና ለሀገር ጠቃሚ እንዲሆኑ ይረዳል።

ለዚህ ጥናት የተመረጠህ/ሽ ያሉን ተገኝ ሃሳብ ለዚህ ጥናት አስፋላጊ ሆኖ ስላገኘኝ ወይን ወይን። ያንተ/ች ትክክለኛ መልስ ለወጣቶች የስነ ተዋልዶ ጠፍ ስራዎች እና አቅጣጫዎችን ለመቅረፅ በጣም ጠቃሚ ናቸው። በጥናቱ ለመሳተፍ በመጡ ፈቃደኝነት ላይ የተመሰረተ ነው። ማንኛውም ግልፅ ያልሆነ ጥያቄ ካለ አሁን መጠይቅ ይቻላል። በሌላ ጊዜም ካስፈለገ በማቀጠል አድራሻ መጠይቅ ይቻላል።

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የተሳታፊ የስምምነት ቅፅ

የዚህ ጥናት አላማ ተገልጿል። በተጨማሪም በመጠይቁ ካልተሰማሁ በማንኛውም ሰዓት መቋረጥ እንደምትችል ተነግሮኛል። ለጥናቱ መሳካት ተብሎ እንደተመረጠህ እና ተሳትፎዎም በግዴታ እንዳልሆነ ፣ ጥናቱም ለአገራቸው፣ ክልላዊ እና ይትምህርት ቤት ስነ ተዋልዶ ጠፍ ስራዎች እና አቅጣጫዎች እንደሚጠቅም ተነግሮኛል።

ስለዚህ፡-

ሀ. መጠይቁን እንቀጥል ለ. መጠይቁን እዚህ እናቁም

