ASSESSMENT OF HIV RISK PERCEPTION AND CONDOM USE AMONG YOUTH IN DEBRE BIRHAN TOWN, AMHARA REGION

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Assessment of HIV risk perception and condom use among youth in Debre Birhan District, Central Ethiopia

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Declaration

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

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Dedication

This paper is dedicated to my lovely parents Ato Zewdie Abebe and W/ro Trunesh Aknaw who contributed a lot in offering me all kinds of assistances to the success in my life.

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AIDS	Acquired immunodeficiency syndrome
AOR	Adjusted odds ratio
BSS	Behavioral Surveillance Survey
CI	Confidence interval
DHS	Demographic and Health Survey
FGD	Focus Group Discussion
HIV	Human immunodeficiency virus
MOH	Ministry of Health
OR	Odds ratio
PLWHA	People living with HIV/AIDS
SSA	Sub-Saharan Africa
SD	Standard deviation
SPSS	Statistical Package for Social Science
STI	Sexually transmitted infection
STD	Sexually transmitted disease
UNAIDS	United Nations Program on AIDS
VCT	Voluntary counseling and testing for HIV
WHO	World Health Organization

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Abstract

Young people between the ages of 15 and 24 years are both the most threatened globally, accounting for half of all new cases of HIV and the greatest hope for turning the tide against AIDS. Significant proportion of the population particularly the youth are at high risk of HIV infection despite high level of knowledge about HIV/AIDS. Although various surveys have been made to study the sexual behavior of youth in Ethiopia, few studies assess youth risk perception to HIV/AIDS. This cross-sectional survey was conducted from December 2004 to January 2005 to assess HIV risk perception and condom use among youth in Debre Birhan Town of Amhara Region.

A total of 663 youths were interviewed and four focus group discussions were conducted. In this study 32.7% of the respondents were sexually active. The mean age at first sexual intercourse was 18.1± sd 2.1 years. Sixty-two (28.6%) of the sexually active respondents reported that they have more than one sexual partner. Among the sexually active respondents 38.7% had ever used condom and only 44.9% use condom consistently. Condom use was associated with marital status (AOR=0.08, 95% CI=0.01, 0.36), education (AOR=6.92, 95% CI=1.49, 32.00) and reported number of sexual partners (AOR=4.16, 95% CI=1.34, 12.87). With the above risk sexual behavior, participants' attitude towards perceiving themselves at risk of HIV infection was only 4.5%. Knowledge of HIV transmission, (AOR =3.25, 95% CI=1.61, 6.55), number of reported sexual partners, (AOR=2.09, 95% CI=1.01, 4.33), condom use (AOR=0.30, 95% CI=0.14, 0.67), and khat (AOR=2.73, 95% CI=1.03, 7.22) were significantly associated with self-risk perception to HIV.

From this study, it was concluded that despite the high knowledge the youths have on HIV/AIDS, they still engage in high- risk sexual behavior and perception of risk acquisition is very low. Thus, peer-based interventions to delay sex and negotiate condom use, youth-friendly sexual and reproductive health services including VCT and developing life skills to enable a change of attitude of the youth to avoid HIV/AIDS are recommended.

Key words: Youth, Risk perception, Condom use, Debre Birhan District

1. Introduction

AIDS is unique in human history in its rapid spread, its extent, and the depth of its impact. In 2003, an estimated 4.8 million people (range: 4.2-6.3 million) of newly infected with HIV. This is more than in any one year before. Today, some 37.8 million people (range 34.6 -42.3 million) are living with HIV, which killed 2.9 million (range 2.6-3.3 million) in 2003 and over 20 million since the first cases of AIDS were identified in 1981(1). The epidemic remains extremely dynamic growing and changing its character as the virus exploits new opportunities for transmission with virtually no country in the world remaining unaffected.

Today's youth generation is the largest in history: nearly half of the global population being less than 25 years old (1). They have not known a world without AIDS. Young people are at the center of the HIV/ AIDS epidemic. An estimated 10 million young people aged 15-24 years are living with HIV/AIDS and more than 6000 contract the virus every day (1).The epidemic is affecting young people disproportionately. Yet, it is today's young people who will be responsible for sustaining response to the epidemic. Young people between the age of 15 and 24 years are both the most threatened globally, accounting for half of all new cases of HIV and the greatest hope for turning the tide against AIDS(1,2).

In sub – Saharan Africa; the main mode of transmission is heterosexual intercourse. This region contains almost two- thirds of all young people living with HIV, approximately 6.2 million people, 75% of whom are female (1, 3,4,5). With over 80% of those currently living with HIV/AIDS aged between 15-24 youth living in sub-Saharan Africa, it is not on exaggeration to say that youth in sub Saharan Africa must become a focus for prevention efforts if the problem is to be controlled (6).

Ethiopia is among the highly HIV/AIDS infected and affected countries in the world in general and the region in particular. As is the case elsewhere in Africa, transmission is almost exclusively thorough heterosexual contact. A large proportion of new HIV infection is occurring in young people less than 25 years old (7). The adjusted HIV prevalence for Ethiopia in 2003 is 4.4% (urban 12.6% and rural 2.6%)(8). The highest HIV prevalence still occurs in the age group 15-24 years. The HIV prevalence of women in ANC clinics in urban areas of Ethiopia was estimated to be 14.9% (9). In some towns of the country as for instance in Bahir Dar, this figure was about 21%. In 2001, 12000 women were tested for HIV and the prevalence of the infection was found to be 12.1 % in the 15-24 age group (10). High rate of infection among the youngest population indicates relatively recent infections; meaning new infections are not decreasing.

Youth, even when aware of HIV risk, often do not consider this risk and stay with steady partners. Risk perception is difficult to change (11). In Ethiopia, according to the first National Behavioral Surveillance Survey, significant proportion of the population, particularly the youth were indicated to be at risk of HIV infection despite high level of knowledge about HIV/AIDS (12). Most youth respondents (93.5%) felt that they were not at risk or were at low risk for HIV infection. Of the in-school youth who had risky sex in the last year (6% of total), only 21% felt to be at moderate or high risk for HIV/AIDS (12).

Condom use is a critical element in a comprehensive, effective and sustainable approach to HIV prevention and treatment (13). The male latex condom is the single most efficient available technology to reduce the sexual transmission of HIV and other sexually transmitted infections. Condoms are a key component of combination prevention strategies individuals can choose at different times in their lives to reduce their risks of sexual exposure to HIV.

These include delay of sexual initiation, abstinence, being safer by being faithful to one's partner when both partners are uninfected and consistently faithful, reducing the number of sexual partners, and correct and consistent use of condoms. Effective condom promotion targets include not only the general population, but also people at higher risk of HIV exposure especially women, young people, sex workers and their clients, injection drug users and men who have sex with men(13).

Condoms have played a key role in successful national prevention programs. Yet, despite clear public health benefits, condom use is still low in many countries. Condom use is central to the prevention of STIs, including HIV among the sexually active population. In a Nigerian study, among unmarried female trade apprentices' sex risk behaviors were identified and those included low level of condom use during the first and last sexual intercourse, lack of prompt treatment of STD and lack of assertiveness skill (14). In addition, they had limited knowledge about the benefits of condom use for prevention of HIV. Condom reduces the risk of HIV transmission for sexually active young people, couples in which one person is HIV –positive , sex workers, and their clients and persons engaging in sexual activity with partners who may have been at risk of HIV exposure (1).

The Ethiopian 2000 Demographic and Health Survey (15) showed that knowledge and access to condom are lower among women age 15-19, ever married women, and uneducated women. Less than 20% of sexually active women aged 15-24 years have used condom during their last sexual intercourse with any person. The national HIV incidence rate in Ethiopia is leveling off and the rate at which it is progressing is declining over the last few years and the epidemic appears to be stabilizing, particularly in urban areas, indicating some behavioral change in the population(8). The indirect evidences of behavioral modification are the

increase in distribution of condoms from less than one million in 1996 to about 66 million in 2003, and substantive increase in voluntary and premarital HIV testing (8).

In the 2003 annual report, out of a total of 648 VCT users in Debre Birhan District, 84 (12.9%) were found to be HIV seropositive (16). The majority of them were youth 15-24 years old. Significant proportion of the population particularly the youth are at high risk of HIV infection despite high level of knowledge about HIV/AIDS. Although various surveys have been made to study the sexual behavior of youth in Ethiopia, very few studies have assessed youth risk perception on HIV/AIDS and condom use. So far no study has been conducted on risk perception and condom use among the target groups in the area and we have little information regarding HIV risk perception and condom use among the youth.

Thus, there is a need to gather information and acquire knowledge on HIV/AIDS and STD that the youths have and the kinds of sexual practices which put them at risk and their feeling about safe sex practice. In general, it is essential to focus on young people in order to stop the spread of the HIV infection. This study tries to assess the status of youth perception of HIV risk and examines how this translates to condom use. The outcome of this study will be of help to design appropriate strategies on risk reduction method and promotion of condom use among youth in the designated study area and similar set ups.

2. Literature review

2.1 Sexuality

Attitudes towards particular aspects of sexuality are always changing. Masturbation and premarital sex have become more accepted in recent years. There is greater openness about sexual orientations, alternative behavior, and gender identities, although there is a significant degree of debate about their acceptability (17). Children move from a generalized awareness of their sexual natures to more specific experiences of sexual feelings. Adolescents explore their sexuality through relationships with others and there is evidence that they have become sexually active at increasingly younger ages(17).

Sexuality is a universal phenomenon in all-young people. Psychologically, adolescents become sexually active at earlier age due to peer pressure, avoidance and resistance to behavior changes through various forms of denial and rationalism (18). Initiating sexual activity is a natural transition made nearly by all humans. Nevertheless, it is not the occurrence of this transition, but its timing and the circumstances under which it occurs that has significant implication (19). Globally, unprotected sexual intercourse between men and women is the predominant mode of transmission of the HIV virus (20). Young peoples in both developing and developed countries in particular begin sexual activity relatively early. The lowest median age at first sexual contact in Nigeria is 15 years for men (18).

The study conducted on high-risk sexual behavior among youth in Tanzania revealed that (0.3%) girls and (3.2 %) boys had their first sexual debut by the age of 9 years and 10% by the age of 13 years. The largest group, 55% of girls and 45% boys, had their first sexual intercourse experience between the ages of 14 to 17 years(21). Another study revealed that 30% of respondents were sexually experienced, the average age at first intercourse in this group being 12.7 years (22).

The sexuality situation in Ethiopia is also the same as other African countries. A study conducted on the determinants of high risk sexual behavior for HIV/AIDS among out-of-school youth in Addis Ababa showed that 52.2% of the boys and 47.8% of the girls have had

sexual experience, their mean age of sexual commencement being 17.7(±sd 2.3) years (23). Another study conducted by the Family Guidance Association of Ethiopia on adolescent sexuality revealed that 71.9% of boys and 71.4% of girls have had their first sexual contact in the age range of 15-17 years (18). A similar study done in Bahir Dar also showed that 53% of male and 24% of female out- of-school youth were sexually active, the mean age at first sexual contact being 16.9±2.3 years of age (24). Another study conducted on sexual activity of out-of-school youth, and their knowledge and attitude about STDs and HIV/AIDS in southern Ethiopia revealed that 49% of the respondents have had their first sexual contact within the mean age 17±2 years (25). The 2000 Ethiopian DHS also found out that the median age for first sexual intercourse was 16.3 years (15).

The study conducted on the attitudes of students, parents and teachers towards the promotion and provision of condoms for adolescents in Addis Ababa revealed that the earliest reported age of onset of sexual intercourse for girls was 14 years with mean age of onset being 15.3(± sd 5.39) (26). The earliest age of commencement of sexual activity for boys was 12 years with mean age of onset being 16.45 years(± sd 4.02)years. A similar study on adolescent reproductive health revealed that the age at first sexual intercourse was 13 years (77% of males and 76% of females) (27). Another study done in Harar revealed that nearly half of the participating males and one-fifth of females reported that they have experienced sexual intercourse with the mean age of 16.9 years at first intercourse. Males become sexually active earlier than the females (28). A similar study conducted on casual sex-debuts among female adolescents showed that the average age at sex debut was 16.7 years (± sd 1.7) years, the respondents initiated sex as early as 11 years (29). Some of the reasons for sexual debut were identified, with maintaining relation with male partners (51%), for the sake of passionate love (45.8%), and to overcome loneliness (40%) (29).

A study among secondary school students in Ethiopia showed that one third (33.3%) of the youth reported to have had sexual intercourse. Mean age of sexual initiation was 15.3(± sd 0.5) years (30). Another study among high school students in Kolla Diba Town revealed that the mean age of sexual commencement was 16.4 (± sd 2.3) years and the mean number of sexual partners in the past six months was around two. Ten (9.3%) had sex with commercial sex workers in the past six months (31). Similarly, a study on school anti-AIDS club members and non members showed that about one third of the club members and a quarter of non-club members admitted to have practiced sexual activity with the mean age at sexual debut of 16.8(± 1.9) and 16.8(± 2.1)years, respectively (32).

2.2 Risk perception of HIV/AIDS and STIs

Literature on health related behavior emphasizes the perception of being at risk of infection as being one of the necessary conditions for behavioral change (33). Moreover, the degree of the perceived risk seems to affect individual actual control in adopting preventive measures. Individual risk perception is dependent on the perception held by other members of her/his personal network. Individual risk perception as well as individual knowledge, is likely to be subjected to social environment influences, as long as social interaction allows information exchange, facilitates common evaluation and definition of the meaning and of its validity. Risk perception depends on the individual perceived control of her/his capability to take preventive measures against the infection. Risk perception is dependent on the capability to assess the relationship between behavior and the mode of transmission of the virus (33).

Poverty, underdevelopment, the lack of choices and the inability to determine one's own destiny fuel the epidemic (34). Vulnerability to HIV is a measure of an individual's or community's inability to control their risk of perception. In both low and high endemic

settings, reducing the vulnerability of young people to HIV infection is the principal defense against the epidemics of the future (34). A requirement for translating knowledge in to behavior change is a feeling of personal vulnerability to HIV infection. HIV has been characterized as a disease of' others' from the earliest reports of infection.

A review of school based HIV/AIDS risk reduction programmes for youth in Africa suggests that knowledge and attitudes are easiest to change, but behaviors are much more challenging (35). Perception of personal risk or susceptibility appear to be the most difficult to change. Both of the evaluations that measured these found no change. However, self-efficacy in abstaining from sex and/ or using condoms was examined in two evaluations, both showing positive results (35). A study conducted in Uganda on the risk perception and condom use revealed that HIV risk perception was found to be associated with condom use, religion, educational attainment, marital status, residence, number of sexual partners and having contracted an STD (36).

A baseline survey in the Khutsong community indicated that among the young people, there is little perception of their own risk despite high levels of infection (37). Almost 70% of young men said that there was no chance of their becoming infected or that they didn't t know whether or not they were personally vulnerable, indicating that they didn't connect their own behaviours with HIV risk messages (37).

Another study conducted on high-risk sexual behavior among youth in Tanzania revealed that 11.7% of the participants felt that they were at a high risk of getting HIV/AIDS and STDS, 25% felt that they had a very low risk, while 53.1% felt that they were not at risk at all (21). A similar study conducted on knowledge, risk perception of AIDS and reported sexual

behavior among students in secondary schools and colleges in Tanzania showed that students engaging in risky sexual behavior were aware of the risk, even though they failed to change their behavior (38). Only 25% of students felt that they themselves were personally at risk of acquiring HIV and 41% thought that friends were at greatest risk than themselves. Sixty-six percent were prepared to take an HIV test. Students seemed to have a good understanding of AIDS as a social problem, but not as an issue in their personal lives (38).

Another study showed that accurate assessment of potential partners risk for HIV or other STDS may assist individuals in making decisions to avoid sexual contact, or to adopt protective behaviors within the partnership (for example condom use). However, methods to assess the validity and reliability of self reported behavior or perceived risk behavior of sex partners have not been standardized (39). A similar study on young Zambian males revealed that their risk perception of sexually transmitted infections (STIs) and HIV/AIDS was low due to misconceptions, folk beliefs and denial (40).

A study conducted on perception of the risks of sexual activities among out of- school adolescents in south Gondar showed that participants' attitude towards HIV risk perception were 11(5.3%) of the rural and 13((11.2%) of the urban (19, 41). Adolescents are engaged early to practice sex, exposed to high-risk sexual behaviour and the perception of risk acquision is weak. Another study conducted in Jima revealed that 6.7% of female students and 11.2%of male students were found to have been involved in sexual activity with worst lifetime sexual behaviour index (42). A similar study in Kolla Diba Town revealed that only 65(18.6 %/) felt that they could acquire HIV infections (31).

Focus group discussions conducted in Uganda revealed that one of the factors facilitating the spread of AIDS in African societies is having multiple sexual partners (43). Different reasons

were given for many sexual partners in the era of AIDS. Peer pressure, a lot of sexual urge, and attraction to beauty, prestige and experimentation were the reasons for many sexual partners reported by adolescents including street children. The responses on risk perception of HIV revealed that participants in all groups perceived people with multiple sexual partners as being highly at risk of contracting HIV/AIDS (43).

2.3 Condom use

Although the majority have heard of AIDS, many do not know how HIV is spread and do not believe that they are at risk. Those young people who do know something about HIV often do not protect themselves because they lack the skills, the support or the means to adopt safe behaviour (44). Young girls and women are regularly and repeatedly denied information about and access to condoms. Often they do not have the power to negotiate the use of condoms. Recent analysis of the AIDS epidemic in Uganda has confirmed that increased condom use, in conjunction with delay in age of first sexual intercourse and reduction in sexual partners, were important factors in the decline of HIV prevalence in the 1990s. Thailand's efforts to de-stigmatize condom and its targeted condom promotion for sex workers and their clients dramatically reduced HIV infection. A similar policy in Cambodia has helped stabilize national prevalence, while substantially decreasing prevalence among sex workers. In addition, Brazil's early and vigorous condom promotion among the general population and vulnerable groups has successfully contributed to sustained control of the epidemic (13). A perception of low risk and a sense of complacency can lead to unprotected sex through reduced or non-consistent condom use. Fidelity and/or safer sex practice emanating from the societal cultural norm based on the one-to-one sexual relationship in marriage bond and proper distributions of condom through all possible outlets at affordable prices on continuous basis are the strategies of the HIV/AIDS policy (45). A study conducted

in Uganda on the risk perception and condom use revealed that "Ever use of condom" was at 46% among males and 27% among females (36).

A review of school based HIV/AIDS risk reduction programmes for youth in Africa showed that 10 of the 11 studies that assessed knowledge reported significant improvements. All seven that assessed attitudes reported some degree of change toward an increase in attitudes favourable to risk reduction. In one of the three studies that targeted sexual behaviours, sexual debut was delayed, and the numbers of sexual partners decreased. In one of the two studies that targeted condom use, condom use behaviours were improved (35). A focus group study on condom use among adolescents and young people in a South Africa township revealed that community and social factor hinder condom use amongst youth (37). Data analysis highlighted six factors hindering condom use are lack of perceived risk, peer norms, condom availability, adult attitudes to condoms and sex, gendered power relations and the economic context of adolescent sexuality.

Another study conducted on high-risk sexual behaviour among youth in Tanzania revealed that 49% of the youths reported to have used condom (21). A similar study conducted in Tanzania showed that 54% of students were sexually active, 39% had a regular sexual partner and 13% had multiple partners in the previous year (38). However, 30% of sexually active respondents did not always use condoms and 35% of those with multiple partners in the previous year did not always use condoms (38). According to the National Survey conducted in Tanzania (Tanzania Demographic and Health Survey), 4.1 % of women and 15.2 % of men used condoms during their last sexual encounter (14). Men aged 20-24 years and women aged 15-19 years reported the highest rate of condom use. In both men and women, condom use increased with increasing level of education. Residents of large urban centres were more

likely to have used condoms among both women and men. Condom use was significantly increased among women and men who were never married and in those who had ever been tested for HIV (14).

The Behavioural Surveillance Survey conducted two years back in Ethiopia tried to compare knowledge about preventive measures and practices exposing to HIV/ AIDS among in-school and out- of- school youths (12). It showed that although condoms were readily accessible, only 50% of sexually active in- school and out- of -school youth had ever used them with non-commercial partners. Consistent condom use in the past 12 months with non- commercial partners was 39% for out- of- school youth and 73.6% for the in- school youth (12). Another study conducted among Agaro high school students showed that 25% of students had history of sexual intercourse (27,46). Among those who had previous sexual exposure, 54.4 % used condom at least once. Of those, only 46(9%) were using condom always. A similar study done in Gondar College of Medical Sciences (GCMS), students showed that 56.1% were sexually active (47). Among the sexually active students, 37.1% reported ever use of condom. Consistent condom use was reported only by 6.4 %. Sexual contact with commercial sex workers was also reported by 7.8% of them (47). Another study in Gondar indicated that 49% were engaged in sexual intercourse and only a third used condom despite their improved knowledge and belief on condom (48).

Another study conducted in South Gondar showed that, 42% of the respondents were sexually active, 76(23.3%) of the sexually active claimed to have more than one sexual partner (19). About 25% of sexually active male adolescents visited female commercial sex workers of which only 36% reported ever use of condom and none of them reported consistent condom use during commercial sex (19, 41). A similar study conducted in Addis Ababa revealed that

only 43.2% of the sexually active students knew about condoms on their first coital encounter (26). Eighty two percent of those did not use condoms on their first sexual encounter. Only 27.7% of the sexually active students claimed that they had continuously used condoms (26). Another study done on college students revealed that only 217(17.9%) of the sexually active respondents reported that they always used condoms, whereas the highest proportion 802(66%) reported that they did not use condom at all (49).

A study conducted on patterns and correlates of sexual initiation, sexual risk behaviors, and condom use among secondary school students in Ethiopia showed that two–thirds of the sexual initiations were unprotected and some occur with higher risk groups, including much older (15.5%) or casual/commercial sex partners (9.1%), multi-partner sex (52.7%) and sex with casual (30.4%) or commercial (25.3%) partners were the most commonly reported lifetime risk behavior. Although 56.7% of the youth ever used condoms only less than half of these used them regularly (30). Another study conducted on the assessment of sexual risk behavior for HIV infection between out-of-school anti-AIDS club members and non members, among youth in Jima and Agaro, showed that of the sexually active respondents, 30.3% of club members and 16.4% of the non club members reported to have had two or more non-commercial sex partners in the last one year, while only 46% and 39.3%, respectively used condom consistently (32).

2.4 The role of non-sexual risk behaviours for HIV infection

Having ever used alcohol and drugs was a risk factor for ever having had sex, having more sexual partners over life time, and having more than one partner during the last three months (18,50). In Ethiopia, alcohol and drugs like Khat are commonly consumed in both urban and rural areas. The effect of regular alcohol and Khat use on sexual behavior amongst the youth

who reported having had risky sex in the previous 12 months were 44% used alcohol and Khat regularly (12).

A study conducted on casual sex-debuts among female adolescents in Addis Ababa showed that 'alcohol' and 'khat' use have strong links with the incidence of 'rape' as a factor contributing to early sex initiation (29). As in many societies, there was a feeling of cultural clash between the society and youth that have been exposed to and influenced by modernization. Khat chewing and alcohol consumption, often in combination provide fertile environment for the execution of pre contemplated ideas on sex. These practices were reported to be common among groups of young people who call themselves 'modernized' (51). Students who used alcohol or drugs were more likely than those who did not have intercourse in the previous month reported usually or always using condoms during that period (22). A study conducted on school anti-AIDS club members and non members youth in Jima and Agaro showed that alcohol and khat consumption were shown to have a potentiating effect for risky sexual practice (32).

2.5 Peer influence in sexual behaviour

Having sexually experienced friends was associated with a higher probability of ever having had sex and having more lifetime sexual partners (50). Youth who engaged in high-risk activities (attending parties, going to discos, drinking alcohol) with their first close friend were more likely to ever have had sex, were to have a higher number of sexual partners over their life time and were less likely to have used condom at last sex (50).

A study conducted on the attitudes of students, parents and teachers towards the promotion and provision of condoms for adolescents in Addis Ababa revealed that Peer pressure was the

frequently reported factor that led to the first sexual encounter accounting for 35.2% of the sexually active respondents followed by being forced (21.6%), alcohol (11.5%) and drugs(10.3%)(26). Another study done in Addis Ababa showed that young people were faced with enormous pressure to engage in sex, especially from peers, exposure to unlicensed erotic video films and the desire for economic gain(51). Love relationships lacked adequate romantic period from partners to learn more about each other and negotiate condom use (51). Cultural shaping of young people's sexuality gave privileges for males to be sexually active, be in control of sexual relationships and be less responsible for precaution to prevent HIV/AIDS. The youth in general sensed their excessive vulnerability to HIV/AIDS, but lacked individual motivation and skills to practice safe sex behavior (51).

3. Objectives

3.1 General objective

To assess risk perception related to sexual behaviour on HIV/AIDS and condom utilization among youth in Debre Birhan District, central Ethiopia.

3.2 Specific objectives

1. To assess the perception of the risk of sexual activities among youth.
2. To assess condom use status among youth.
3. To determine the magnitude of HIV/AIDS related sexual risk.
4. To assess determinant factors for risk perception on HIV and condom use.

4. Methods

4.1 Study Design

The study design was cross sectional quantitative survey supplemented by qualitative methods to describe the perception of risks of sexual activity and condom use among youth.

4.2 Study Area

The study area is Debre Bbirhan Town located in the North Shoa Zone of Amhara Regional State located, 695 km from the regional capital and 135 km from the capital of Ethiopia, Addis Ababa (annex 1). Administratively, Debre Birhan District has 9 urban kebeles (smallest administrative units) with a projected total population of 61,025, of which 51% are females (16). According to the National Housing and Population Census of 1994, the proportion of youth (15-24 years) in the town constituted about 24.4% of the total residents.

Concerning major infrastructures and social facilities, about 91% of the total population has access to piped water supply, good land transportation services and digital microwave telephone system. In the study area, there are one zonal hospital, a health center and five private clinics and two private pharmacies. The economic potential of Debre Birhan Town includes 2 medium scale industries namely the Debre Brihan Blanket Factory and a Tannery. In the town there are also small-scale industries like grinding mills bakeries and so on.

In the study area there are two anti-AIDS clubs, five anti-AIDS Associations and five youth associations. Currently, the Woreda AIDS Coordination Office, Life in Abundance-Ethiopia and the Agency for the Assistance of Refugee, Displaced and Returnees are among the organizations engaged in social services on the fight against HIV/AIDS. The government organizational structure to fight the spread of HIV/AIDS in the woreda includes the Woreda

AIDS Council and the kebele AIDS committees. Formal care and support services are not available, except from the Woreda HIV/AIDS Coordination Office, which allocates 100 birr per month for those who are poor and living with the virus. VCT services are available in the health center and hospital but it is not youth-friendly services.

4.3 Source population

The source population for the study was all youth age 15-24 years residing in Debre Birhan Town.

4.4 Study population

The study population consisted of all youth age 15-24 years in 5 randomly selected kebeles of Debre Brihan Town.

Inclusion criteria

Those aged 15-24 years who have resided in the selected kebeles for at least one year.

Exclusion criteria

All youth who are unable to hear or are mentally disabled.

Individuals who are staying in the study area for less than one year.

4.5 Sample size

The sample size was determined using the following assumptions (level of confidence was taken to be 95% zα/2 1.96): a 5% margin of error (d= 0.05) and a proportion of 25% high-risk sexual behaviour among youth obtained from previous studies among Addis Ababa out-of-school youth (23); Additional 15% allowance for absenteeism and refusal to participate in the study was considered. Based on this assumption, the actual sample size for the study was

computed using one sample population proportion formula as indicated below.

$n = \frac{(Z\alpha/2)^2 \, p(1-P)}{d^2}$ Where ,n is sample size

$Z\alpha/2$= critical value=1.96

P= prevalence rate of high risk behaviour= 0.25

d= Precision (marginal error) = 0.05 Then, the sample size

$n = (1.96)^2 (0.25 \times 0.75) / (0.05)^2 = 288$

Design effect =2

The total sample size was 576+15%=663

4.6 Sampling procedures

Multi-stage sampling technique was used. From all the nine kebeles, five were selected by random sampling technique. Individual kebele households were selected using a systematic sampling technique and the numbers of households sampled from the selected kebeles were determined using proportionate-to-population size. One individual aged 15-24 years in the selected household was further selected and interviewed (annex 2). For households with more than one individual aged 15-24 years in one household, only one person was selected using lottery method. When the selected HH was closed during data collection, but it is known that there are persons aged 15-24 years the interviewers revisited the HH three times at different time intervals and when interviewers failed to get that HH, the household was excluded from the survey. When the person in the specified age group from the selected household was not available during the data collection the next nearest household (HH) was included in the survey.

4.7 Data collection procedures

4.7.1 Quantitative

Data was collected using a structured questionnaire for the quantitative method. Ten data collectors, who completed grade 12 and can speak Amharic Language and are familiar with local customs were recruited. Two supervisors were selected from the Debre Brihan District Health Office. The enumerators and the supervisors were given training for three days on procedures, techniques and ways of collecting the data. The questionnaires were initially prepared in English and then translated in to Amharic. The Amharic version was again translated back to English to check for any inconsistencies or distortions in the meaning of words and concepts (annex 3, 4).

The questionnaires were pre tested prior to the actual data collection in kebele three of the Debre Birhan District on 20 respondents that were not included in the main survey. The result of the pre test was discussed, and some correction and changes were made on the questionnaires. During the actual data collection, the supervisors checked study sites at least twice a day. The Principal Investigator (PI) and the supervisors rechecked all filled questionnaires daily to see whether the interviewers have done correctly or not. Anything that was unclear or ambiguous and incomplete was corrected on the next day. The questionnaire was used to collect information on variables such as score of demographic characteristics, sexual behavior, STI and condom use.

4.7.2 Qualitative

In order to supplement the data obtained by the use of the questionnaire, a total of four focus group discussions (FGD), which consisted of eight individuals in each group, were conducted using semi-structured, open-ended questionnaires in order to provide more insight in to the

complex pattern of sexual behaviour and motivations of youth to use condom in the study area. The members of each FGD were selected on convenient bases by the supervisors and the Principal Investigator. Two of the focus group participants were females. The (Principal Investigator) moderated female discussants, while a male sanitarian that was trained by the Principal Investigator moderated that of male discussants with the assistance of trained note taker and tape recorder. Semi-structured questionnaires, which are open ended, were used to guide the discussions (annex 5). Every discussion was tape recorded not to miss issues discussed, and finally transcribed.

4.7.3 Data quality assurance

To assure the quality of data, properly designed data collection instruments and training of both data collectors and supervisors were done. The collected data were reviewed and checked for completeness and relevance by the supervisors and Principal Investigator each day.

4.8 Study variables

Independent variables

- Socio demographic characteristics, age, sex, marital status, education, parental relationship.
- Sexual behaviours such as history of sexual activity number of life time partners and use of condom
- Willingness to VCT
- STI
- Peer pressure
- Non-sexual risk behaviours such as alcohol and drug use

Dependent variables

- Perception of risk towards HIV
- Condom use

4.9 Operational definition

Youth -- those who are in the age group 15-24 years

Perception--reception and interpretation of sensory input related to HIV preventive method.

Risk --A situation in which an action will result in an outcome that is not known with certainty, but the set of possible outcomes and their associated probabilities are known or can be estimated.

Behaviour -- various voluntary movements undertaken by the body in response to motives and decision related to HIV preventive methods /can be positive or negative/.

Risk perception of youth --- youth's attitude towards perceiving themselves as susceptible to HIV infection.

Sexual debut--- Initiation of sexual activity (first sexual intercourse).

Alcohol drinkers--- Study participants who were taking alcoholic drink sometimes or daily.

4.10 Data Analysis

Data were entered into EPI info version 6 and analyzed using SPSS version 11 computer software packages. Data cleaning and editing were carried out. Dummy tables that consider the main research questions were drafted. Analysis of frequencies of different variables and chi squared test for some selected variables were done. Odds ratios were calculated to determine the strength of association of selected variables. Logistic regression analyses were done to control the effect of each explanatory variable on the outcome variables.

4.11 Ethical consideration

Ethical clearance was secured from the Ethical Committee of the Department of Community Health and Faculty of Medicine, AAU. Official permission was obtained from different authorities of the Amhara Regional State. The respondents were informed about the objective and purpose of the study and verbal consent was obtained from each respondent. Confidentiality was assured and information was recorded anonymously.

5. Results

5.1 Socio- demographic characteristics of the study participants

A total of 663 youth participated in the study, with 100% response rate. Out of the total respondents 45.9% were males (Table 1). The mean age of the study population was 19.2 $\pm$ 2.7 SD years. Five hundred seventy nine (87.3%) of the participants were never married. The majority of respondents 603 (91%) were Amhara by ethnicity and 583(87.9%) were orthodox Christian followed by Muslim, 39(5.9%). The majority of respondents 561(84.6 %) were in or had completed high school. Three hundred eighty nine (58.7%) were students and 181 (27.3%) had job, and the average monthly income was 214.01 birr, (45.9%) earning less than 100 birr per month. Three hundred ninety five (59.6%) were living with parents while 89(13.4%) were alone. Alcohol consumption in the area is high with 206(31.1%) of respondents reporting alcohol consumption either sometimes or daily. Twenty-one (3.2%) and 37(5.6%) of the respondents reported similar consumption of cigarette and khat respectively (Table 1).

Two hundred fifty (37.7%) and 182 (27.5 %) of the participants' mothers and fathers were illiterate respectively. The majority of participants' mothers 475 (71.6%) were housewives and 220 (33.2%) of their fathers were civil servants.

Table 1. Socio-demographic variables of the youths' in Debrebirhan Town of N.Shoa Zone, Amhara Region, April 2005.

Variables	Number (663)	Percent
Sex		
Male	304	45.9
Females	359	54.1
Age		
15-19	378	57.0
20-24	285	43.0
Mean $\pm$ Sd	19.2 $\pm$2.7 years	
Marital status		
Never married	579	87.3
Married	80	12.1
Divorced	4	0.6
Ethnicity		
Amhara	603	91.0
Oromo	22	3.3
Tigre	17	2.6
Others	2	3.2
Religion		
Orthodox Christian	583	87.9
Muslims	39	5.9
Protestant	34	5.1
Other	7	1.1
Educational status		
Can't read and write	21	3.2
Can read and write	9	1.4
Grade 1-6	72	10.9
Grade 7-12	529	79.8
Diploma and above	32	4.7
Occupation		
Daily laborer	97	14.6
Civil servant	19	2.9
Private employee	39	5.9
House wife	34	5.1
Student	389	58.7
Other	85	12.8
Monthly income N (181)		
<100 birr	83	45.9
100-199 birr	38	21.0
200-299 birr	15	8.3
>300 birr	45	24.9
Living mostly with		
Family	395	59.6
Husband/wife	74	11.2
Alone	89	13.4
Others	105	15.8
Alcohol drinking		
Yes	206	31.1
No	457	68.9
Cigarette smoking		
Yes	21	3.2
No	642	96.8
Khat chewing		
Yes	37	5.6
No	626	94.4

5.2 Sexual characteristics of the study population

Out of the 663 respondents, 217(32.7%) reported to have practiced sexual activity in the past, which included 87(28.6%) of the boys and 130(36.2%) of girls (Table 2). The majority of the sexually active respondents 142(65.4%) were never married. The mean age at first sexual intercourse was 18.1(±2.1 SD) years and the mean age of sexual commencement for males and females were 18.5(±1.8 SD) and 17.7(±2.2 SD) respectively. The minimum age at first sexual intercourse for males and females were 14 and 12 years, respectively. The maximum age of first sexual intercourse for both males and females were 23 years. Fifty percent and 75% of the sexually experienced male participants had their first sexual activity at the age 18 and 20 years respectively. The 50 and 75 percentiles of the sexually experienced female participants for the age of first sexual intercourse were 18 and 19 years, respectively (Fig 1). Eight (4.3%) of the sexually experienced participants had their first sexual activity at the age less than 15 years and 135 (72.2%) were sexually active by age of 19 years (Table 2).

The main reason for first sexual encounter includes 'fell in love' 87 (40.1%), 'got married' 69(31.8%), 'sexual desire' 37 (17.1%), rape 13(6%) and peer pressure 2(0.9%) (Fig 2, Table 2). Of those who are sexually active, the first sexual partner includes steady boy/ girl friend 100 (46.1%), husband /wife 70(32.3%) and casual partner 34 (15.7). Sixty-two (28.6%) of the respondents reported that they have sexual intercourse with two or more partners. The mean number of sexual partners was 1.6(± 1.2 SD). Out of the sexually active, a total of 9 (10.3%) male respondents reported experiencing sex with commercial sex workers in the past 12 months. Six (66.7%) of them reporting occasional condom use and only 4 (66.7%) respondents reported consistent condom use during commercial sex. Seven (3.2%) youths reported history of sign/or symptoms of STIs (Table 2).

Generally, sex, educational status, alcohol drinking, and income doesn't show significant difference ($p>0.05$), whereas age and khat chewing show statistically significant difference ($p<0.05$) in ever had sex (Table 3). There is a positive association between age and khat chewing in ever had sex. Older youth experience sex more frequently than younger youth (AOR=5.63(2.64, 11.96) and youth who chew khat experience sex more than those who were not (AOR=3.39(1.04, 11.06).

Figure 1. Age at first sexual intercourse among youth in Debre Birhan Town of N.Shoa Zone, Amhara Region, April 2005.

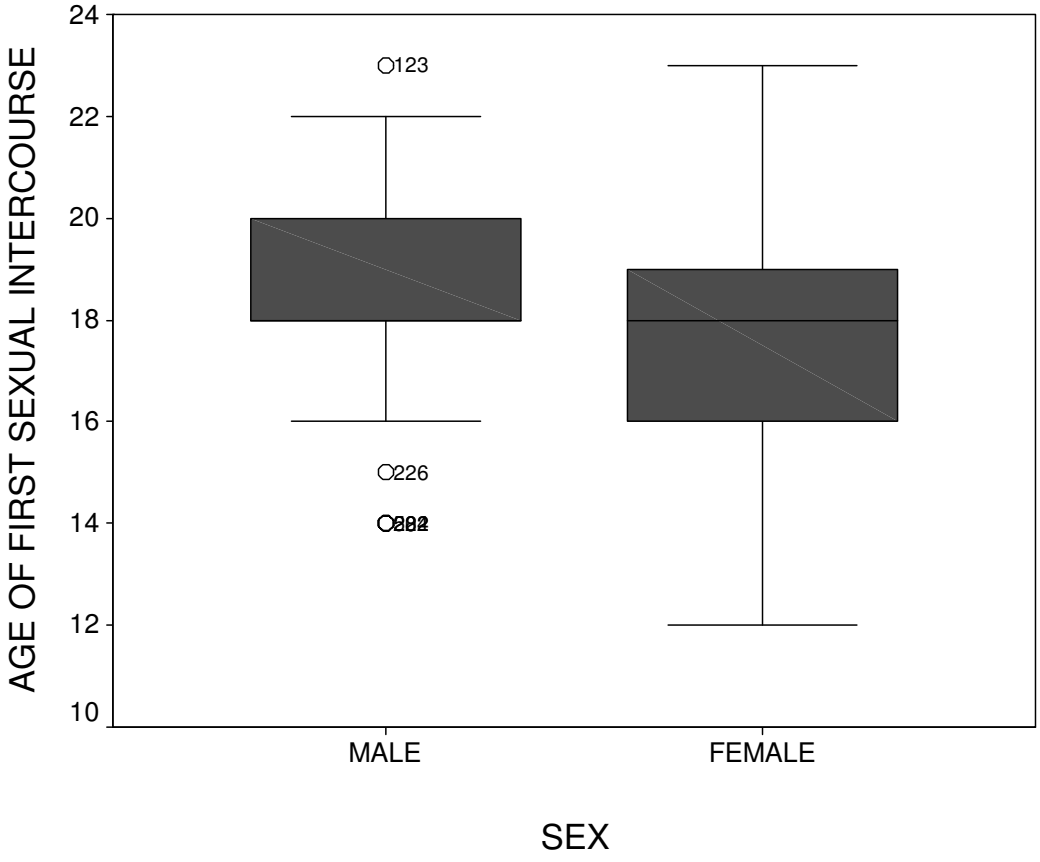


Table 2. Percentage distribution of sexual characteristics by sex, Debre Birhan Town of N.Shoa Zone, Amhara Region, April 2005

Variables	Male n (%)	Female n (%)	Total n (%)
Ever practice sex			
Yes	87(28.6)	130(36.2)	217(32.7)
No	217(71.4)	229(63.8)	446(67.3)
N	304	359	663
Age at first intercourse*			
<15 years	3(3.7)	5(4.8)	8(4.3)
15-19	56(68.3)	79(75.2)	135(72.2)
20-24	23(28.0)	21(20.0)	44(23.5)
Mean age and SD	18.5 $\pm$ 1.8 years	17.7$\pm$ 2.2 years	18.1$\pm$ 2.1 years
Range	14 –23	12 –23	12-23
N	82	105	187
Reason to have sex			
Fell in love	42(48.3)	45(34.6)	87(40.1)
Married	6(6.9)	63(48.5)	69(31.8)
Had desire	34(39.1)	3(2.3)	37(17.1)
Raped	--	13(10.0)	13(6.0)
Peer pressure	--	2(1.5)	2(0.92)
Others	5(5.74)	4(3.07)	9(4.1)
N	87	130	217
Relation of the first sexual partner			
Friend	43(149.4)	57(43.8)	100(46.1)
Husband/wife	5(5.7)	65(50.0)	70(32.3)
Casual partner	31(35.6)	3(2.3)	34(15.7)
Others	8(9.19)	5(3.84)	13(6.0)
N	87	130	217
Life time number of sexual partner			
One person	50(57.5)	105(80.8)	155(71.4)
With two or more people	37(42.5)	25(19.2)	62(28.6)
Mean number of sexual partner			1.6$\pm$ 1.2
N	87	130	217
Sexual partners during the last 12 months			
One	65(83.7)	124(95.4)	189(90.9)
Two or more people	13(16.3)	6(4.6)	19(9.1)
N	78	130	208
Had sex with CSWs during the last 12 month			
Yes	9(10.3)	--	9(10.3)
No	78(89.7)	--	78(89.7)
N	87	--	87
Condom used with CSWs			
Yes	6(66.7)	--	6(66.7)
No	3(33.3)	--	3(33.3)
N	9	--	9
How often condom used with CSWs			
Always	4(66.7)	--	4(66.7)
Most of the time	1(16.7)	--	1(16.7)
Some times	1(16.7)	--	1(16.7)
N	6	--	6
Ever had STIs			
Yes	2(2.3)	5(3.8)	7(3.2)
No	85(97.7)	125(96.2)	210(96.8)
N	87	130	217

**30 respondents don't remember the age of first sexual intercourse*

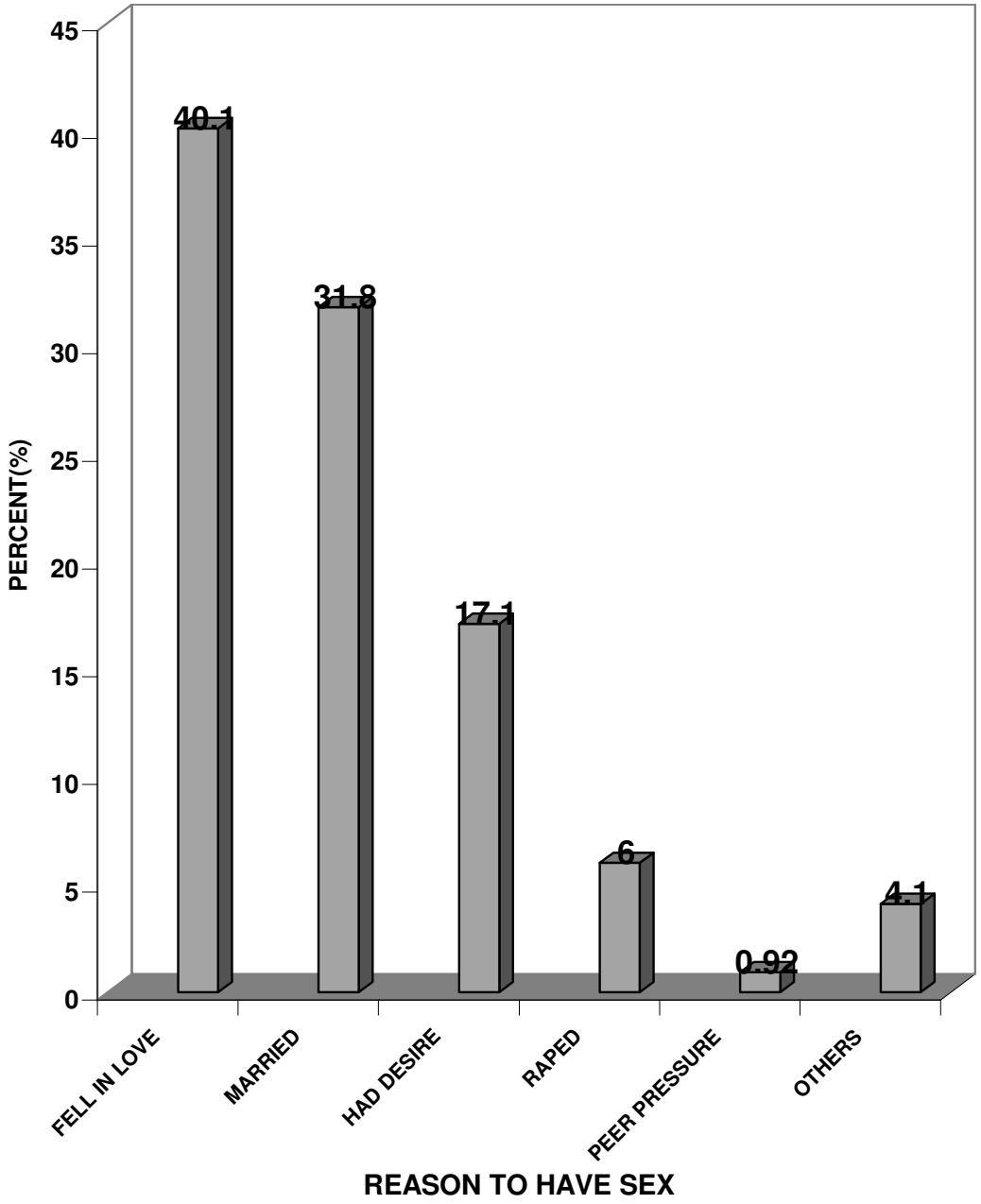
Table 3. Relationship between selected socio-demographic variables and sexual behavior of youths Debre Birhan Town of N.Shoa Amhara Region, April 2005

Variables	Ever had sex		OR (95%) CI	
	Yes	No	Crude	Adjusted*
Sex				
Male	87	217	1.00	1.00
Female	130	229	1.42(1.01,1.99)	1.81(0.84,3.88)
Age				
15-19	47	331	1.00	1.00
20-24	170	115	0.41(6.95,15.63)	**5.63(2.64,11.96)****
Educational level				
Illiterate	12	9	1.00	1.00
Primary	32	49	0.49(0.17,1.43)	0.83(0.19,3.64)
Secondary and above	173	388	0.33(0.13,0.87)	1.18(0.49,2.82)
Alcohol drinking				
No	107	350	1.00	1.00
Yes	110	96	3.75(2.60,5.40)	1.87(0.89,3.96)
Khat chewing				
No	188	438	1.00	1.00
Yes	29	8	8.45(3.61,20.46)	**3.39(1.04,11.06)****
Income				
<100 birr	36	47	1.00	1.00
100-199	25	13	2.51(1.05,6.04)	2.26(0.86,5.93)
200-299	8	7	1.49(0.44,5.13)	1.01(0.35,2.91)
>300	33	12	3.59(1.52,8.57)	2.11(0.54,8.26)

NB**=*significant*

Adjusted: for sex, age, education, alcohol drinking, khat chewing and income.*

Figure 2. Reason to have sex among youth in Debre Birhan Town of N. Shoa Zone, Amhara Region, April 2005



5.3. Condom use

Among the sexually active respondents, 84(38.7%) had ever used condom (Table 4). Only 35(44.9%) of the sexually active respondents claimed that they had consistent condom use in the last 12 months. Forty-six (54.8%) reported to have used condom during their first sexual encounter and 64(76.2%) used condom the last time they had sexual intercourse. Out of those who used condom 59(70.2%)used condom with friends, 15(17.9%) with casual partner and 4(4.8%) with commercial sex workers. Respondents were able to cite diverse sources of condom including shops, 174(80.2%), health institution, 54(24.9%), pharmacy 37(17.1%), hotel 26(12.0%) and so on. The reason for non use of condom were trusting partner 60(40.8%), negligence 20 (13.6%), use of other contraceptive 18(12.2%), dislike 18(12.2%), ashamed to ask partner 8(5.4%) and fear to buy from shops/pharmacy 5(3.4%) were the predominantly mentioned reasons for non-use of condom. Among those who used condom, the reason for condom use are avoid HIV/AIDS 49(58.3%), to prevent pregnancy 29(34.5%), not trust partner 5(6%) and unknown sexual partner 1(1.2%) (Table 4).

Condom use was associated with marital status, education and reported number of sexual partner (Table 5). Those who were currently married use condom less frequently than those who were not married (AOR=0.08(0.01, 0.36). Youth with secondary and above educational level use condom more frequently than those who were not educated (AOR=4.16(1.34, 12.87) and those who were reported two or more sexual partners use condom more frequently than those who had a single sex partner (AOR=6.92(1.49, 32.00).

Table 4. Condom use among youths by sex in Debre Birhan Town, April 2005

Variable	Male n (%)	Female n (%)	Total n (%)
Ever used condom			
Yes	49(56.3)	35(26.9)	84(38.7)
No	38(43.7)	95(73.1)	133(61.3)
N	87	130	217
Condom use in the last 12 months (78)			
Always	22(51.2)	13(37.1)	35(44.9)
Most of the time	11(25.6)	9(25.7)	20(25.6)
Some time	10(23.2)	13(37.1)	23(29.5)
N	43	35	78
Condom use during first intercourse			
No	32(65.3)	14(40.0)	46(54.8)
Yes	17(34.7)	21(60.0)	38(45.2)
N	49	35	84
Condom use during last intercourse			
Yes	40(81.6)	24(68.6)	64(76.2)
No	9(18.4)	11(31.4)	20(23.8)
N	49	35	84
With whom have you used condom at last sexual intercourse			
Friend	32(65.3)	27(77.1)	59(70.2)
Casual partner	13(26.5)	2(5.7)	15(17.9)
Regular partner	--	5(14.3)	5(6.0)
CSWs	4(8.2)	--	4(4.8)
Other	--	1(2.9)	1(1.2)
N	49	35	84
Why do not sexually active youth use condoms			
Trust partner	16(38.1)	44(41.9)	60(40.8)
Didn't think of it (Negligence)	11(26.2)	9(8.6)	20(13.6)
Used other contraceptive	2(4.8)	16(15.2)	18(12.2)
Don't like	4(9.5)	14(13.3)	18(12.2)
Ashamed to ask partner	1(2.4)	7(6.7)	8(5.4)
Not available	2(4.8)	5(4.8)	7(4.8)
Ashamed to buy	3(7.1)	2(1.9)	5(3.4)
Drunk or stoned	4(9.5)	1(1.0)	5(3.4)
Partner objected	1(2.4)	3(2.9)	4(2.7)
Not know how to use	1(2.4)	3(2.9)	4(2.7)
Decrease satisfaction	2(4.8)	1(1.0)	3(2.0)
To have child	1(2.4)	1(1.0)	2(1.4)
Religion prohibits	1(2.4)	--	1(0.7)
Other	3(7.1)	6(5.7)	9(6.1)
N	42	105	147
Reason for condom use			
Avoid HIV/AIDS	31(63.3)	18(51.3)	49(58.3)
Avoid pregnancy	14(28.6)	15(42.9)	29(34.5)
Not trust partner	4(8.2)	1(2.9)	5(6.0)
Unknown sexual partner	--	1(2.9)	1(1.2)
N	49	35	84

Table 5. Comparison of condom use by selected variables among youths of Debre Birhan Town of N.Shoa Zone,Amhara Region, April 2005

Variables	Condom use		OR (95%CI)	
	Yes	No	Crude	Adjusted*
Sex				
Male	49	38	1.00	1.00
Female	35	95	0.29(0.15,0.53)	0.26(0.06,1.10)
Age				
15-19	19	28	1.00	1.00
20-24	65	105	0.91(0.45,1.86)	0.72(0.18,2.88)
Marital status				
Never married	79	63	1.00	1.00
Married	5	70	0.06(0.02,0.16)	**0.08(0.01,0.36)****
Number of sexual partners				
One person	46	106	1.00	1.00
Two or more person	35	27	2.80(1.47,5.38)	**4.16(1.34,12.87)****
Educational level				
Illiterate	1	11	1.00	1.00
Primary	5	27	2.04(0.19,51.59)	7.18(0.33,154.14)
Secondary and above	78	95	9.03(1.17,191.19)	**6.92(1.49,32.00)****
Religion				
Christian orthodox	76	117	1.30(0.49,3.50)	0.66(0.10,4.34)
Other	8	16	1.00	1.00
Income				
<100 birr	15	21	1.00	1.00
≥100 birr	26	40	0.91(0.37,2.26)	0.30(0.07,1.25)
Alcohol				
No	29	78	1.00	1.00
Yes	55	55	2.69(1.47,4.94)	3.31(0.94,11.57)
Risk perception				
Yes	5	13	0.58(0.17,1.85)	0.71(0.10,4.77)
No	79	120	1.00	1.00
Knowledge of HIV/AIDS prevention				
Not knowledgeable	22	50	1.00	1.00
Knowledgeable	62	83	1.70(0.89,3.24)	0.92(0.27,3.14)

NB**=*significant*

*Adjusted**: for sex, age, marital status, number of sexual partners, education, religion, income, alcohol drinking, risk perception and knowledge on HIV/AIDS prevention.*

5.4 Knowledge, attitude and risk perception of study population on matters related to HIV/AIDS

5.4.1 Knowledge and attitude related to HIV/AIDS

Six hundred fifty six (98.9%) respondents knew about HIV/AIDS while the rest 7(1.1%) claimed never heard of HIV/AIDS. The most frequently mentioned sources of information for HIV/AIDS were radio/Tv 560 (84.5%) followed by News paper, 257(38.9%), anti-AIDS club 222(33.5%) and health workers 132 (19.9%) (Fig.3). For the preventive measures, 569(85.8%) respondents reported that HIV/AIDS could be prevented (Table 6). Abstinence 462 (69.7%), remaining faithful to one sex partner 398(60.0%), using condom 86(13.0%), avoiding casual sex 33(5.0%), and avoiding sex with commercial sex workers 10 (1.5%) were mentioned as a means of preventing HIV/AIDS and STIs. Only 423(63.8%) of the participants agreed that a person could get HIV the first time he/she had sex. Sixty-two (9.4%) respondents mentioned that one can identify by looking someone has HIV. Three hundred sixty nine (55.7%) of the participants believed that condom use is a practical protective option against HIV/AIDS. One hundred sixty seven (25.2%) agreed that using condom is a sign of not trusting to partner and 57 (8.6%) said that discussing about condom with young people could promote promiscuity (Table7).

Figure 3. Sources of information about HIV/AIDS among youth in Debre Birhan Town of N.Shoa, Amhara Region, April 2005

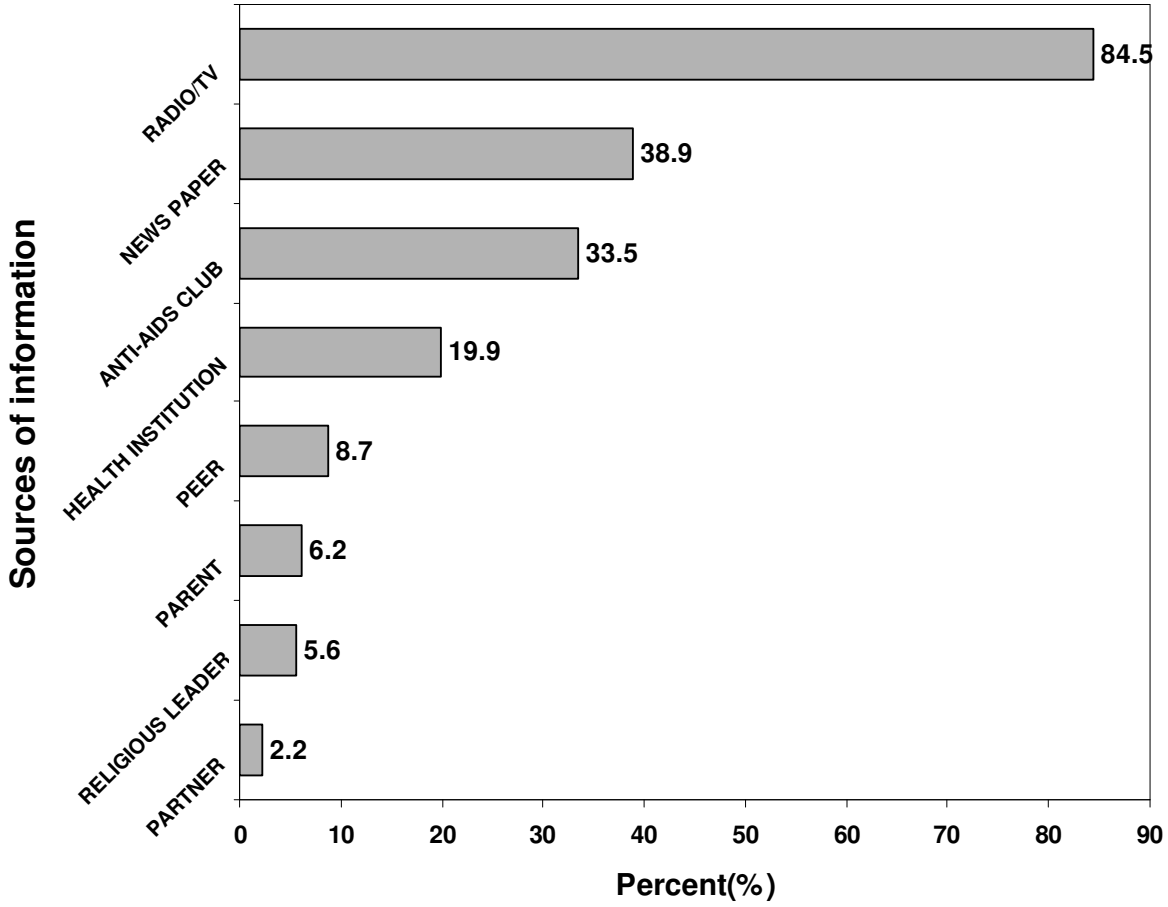


Table 6. HIV/AIDS related preventive practice perceived by the respondent Debre Brihan, March 2005.

Variable	Number	Percent
HIV/AIDS can be prevented		
Yes	569	85.8
No	94	14.2
Preventive methods		
Abstinence	462	69.7
Being faithful to one partner	398	60.0
Condom use	239	36.0
Sex after marriage	86	13.0
Avoid casual sex	33	5.0
Avoid sex with CSWs	10	1.5
Others	42	6.2

NB. Percents will not add up to 100, as multiple responses are possible

Table 7. Attitudes and beliefs towards risks of sexual activities and HIV/AIDS among youths of Debre Brihan District, April 2005.

Variables	Number (663)	Percent
A person can get HIV the first time he/she has sex		
Yes	423	63.8
No	106	16.0
Don't know	134	20.2
By looking carefully, you can know if some one has HIV		
Yes	62	9.4
No	569	85.8
Don't know	32	4.8
Do you believe condom use is a practical protective option against HIV		
Yes	369	55.7
No	294	44.3
Using condom is a sign of not trusting your partner		
Agree	167	25.2
Not sure	103	15.5
Disagree	393	59.3
Discussing condom or contraceptive with young people promotes promiscuity		
Agree	57	8.6
Not sure	27	4.1
Disagree	579	87.3
Is AIDS curable		
Yes	43	6.5
No	602	90.8
Don't know	18	2.7
Do you believe having multiple sexual contact leads to HIV acquisition		
Yes	636	95.9
No	27	4.1
Do you believe alcohol consumption and drug use can predispose to HIV acquisition		
Yes	577	87.0
No	62	9.4
Don't know	24	3.6

5.4.2. Risk perception

Participants' attitude towards perceiving themselves as susceptible to HIV infection was asked and the result indicated that 277(41.8%) respondents replied that they have no chance of acquiring HIV. One hundred ninety two (29.0%) believed to have low, 29(4.4%) medium and 13(2.0%) high chance of acquiring the virus (Fig.4, Table 8). Overall, about 30(4.5%) respondents were aware of being engaged in high-risk sexual practice. The proportion that perceives themselves at risk of contracting HIV is highest among females 17(56.7%). Among those who perceived themselves at risk 12(40%) reported no condom use, 12(40%) reported multiple sexual partner, 2(6.7%) reported sex with female commercial sex workers, and 13(43.3%) reported use of contaminated sharp objects. The most frequently cited reason by those who did not perceive themselves at risk were 314(64.3%) have no any sexual contact, followed by 133(27.3%) no use of contaminated sharp objects, and 79(16.2%) being faithful to one sex partner (Table 8).

Knowledge on HIV transmission, number of reported sexual partner, condom use and khat are significantly associated with self-risk perception to HIV (Table 9). Those who have knowledge on HIV transmission feel they are at high risk than those who were not knowledgeable (AOR=3.25(1.61, 6.55). Youth who reported two or more sexual partners perceived themselves as high risk of getting HIV than those with single sexual partner (AOR=2.09(1.01, 4.33). Risk perception of HIV significantly increases with number of sexual partners. Those who use condom perceive they are at lower risk of HIV than those who didn't use condom (AOR=0.30(0.14, 0.67) and youth who are chewed khat feels they are at higher risk than those who were not (AOR=2.73(1.03, 7.22).

Table 8. Percent distributions of respondents by HIV risk perception and reason for risk perception Debre Brihan Town of N.Shoa Zone, Amhara Region, April 2005.

Reason	Male n (%)	Female n (%)	Total n (%)
Chance of acquiring HIV			
None	130(46.9)	147(53.1)	277(41.8)
Low	90(46.9)	102(53.1)	192(29.0)
Medium	19(65.5)	10(34.5)	29(4.4)
High	7(53.8)	6(46.2)	13(2.0)
Don't know	58(38.2)	94(61.8)	152(22.9)
Do you think you are at risk of HIV (HIV Risk perception)			
Yes	13(43.3)	17(56.7)	30(4.5)
No	291(46.0)	342(54.0)	633(95.5)
Why at risk*			
Injury with contaminated Sharps	3(23.1)	10(58.8)	13(43.3)
Multiple sexual partner	7(53.8)	5(29.4)	12(40.0)
Had sex without condom	5(38.5)	7(41.2)	12(40.0)
Past history	2(15.4)	1(5.9)	3(10.0)
Mistrust	1(7.7)	1(5.9)	2(6.7)
Had sex with CSWs	2(15.4)	----	2(6.7)
Other	1(7.7)	1(5.9)	2(6.7)
N	13	17	30
Why not at risk *			
Never have sexual intercourse	186(76.9)	128(52.0)	314(64.3)
Didn't share injection	73(30.2)	60(24.4)	133(27.3)
Faithful	21(8.7)	58(23.6)	79(16.2)
Abstain from sex	10(4.1)	30(12.2)	40(8.2)
Protected sex	17(7.0)	10(4.1)	27(5.5)
Always use condom	9(3.7)	9(3.7)	18(3.7)
One partner	7(2.9)	8(3.3)	15(3.1)
Other	27(11.2)	22(8.9)	49(10.0)
N	242	246	488

NB*. Percents will not add up to 100, as multiple responses are possible

Figure 4. Self risk perception of youth towards HIV/AIDS Debre Birhan Town of N.Shoa Zone, Amhara Region, April 2005.

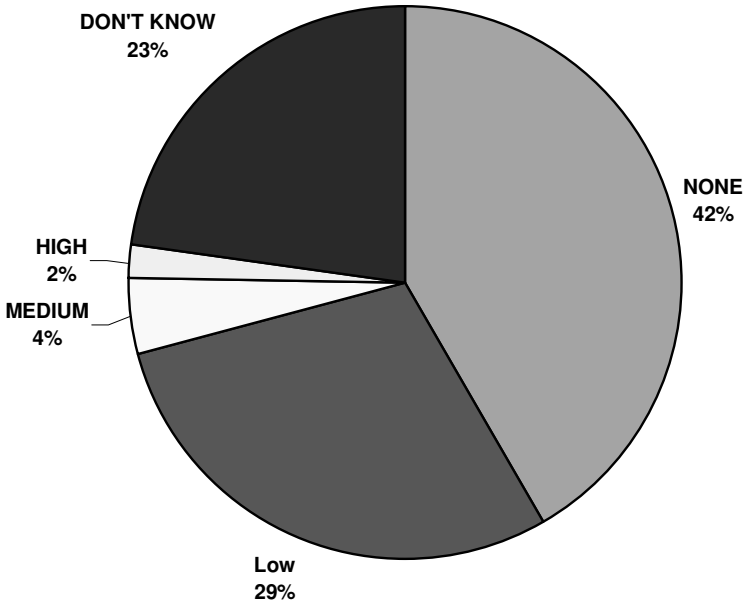


Table 9. Comparison of selected variables and own risk perception among youth in Debre Brihan Town of N.Shoa Zone, Amhara Region, April 2005.

Variables	Risk perception		OR (95% CI)	
	Yes	No	Crude	Adjusted *
Sex				
Male	116	188	1.00	1.00
Female	118	241	0.79(0.57, 1.11)	1.00(0.49,2.03)
Age				
15-19	115	263	1.00	1.00
20-24	119	166	1.64(1.17,2.29)	0.82(0.38,1.79)
Educational status				
Illiterate	6	15	1.00	1.00
Primary	24	57	1.05(0.33,3.48)	2.96(0.63,13.83)
Secondary and above	204	357	1.43(0.51,4.19)	1.74(0.69,4.38)
Marital status				
Never married	198	381	1.00	1.00
Married	36	48	1.44(0.88,2.36)	0.90(0.44,1.86)
Knowledge of HIV prevention				
Not knowledgeable	59	146	1.00	1.00
Knowledgeable	175	283	1.53(1.06,2.22)	**3.25(1.61,6.55)****
Number of sexual partners				
One	54	101	1.00	1.00
Two or more	31	31	1.87(0.99,3.55)	**2.09(1.01,4.33)****
Condom use				
Yes	28	56	0.67(0.36,1.22)	**0.30(0.14,0.67)****
No	57	76	1.00	1.00
Wanted to get tested HIV (VCT)				
Yes	205	383	0.85(0.50,1.43)	0.67(0.30,1.49)
No	29	46	1.00	1.00
Drink alcohol				
No	160	297	1.00	1.00
Yes	74	132	1.04(0.73,1.49)	0.88(0.45,1.72)
Khat				
No	215	411	1.00	1.00
Yes	19	18	2.02(0.99,4.12)	**2.73(1.03,7.22)****

NB**=*significant*

Adjusted: for sex, age, education, marital status, ever had sex, number of sexual partner, knowledge of HIV prevention, condom use, VCT, alcohol and Khat.*

5.5. Focus group discussion summary result

A total of 32 participants were involved in four focus group discussions. In this study the discussion centered on youths' general knowledge on HIV/AIDS, sexuality such as causes and consequences of early sex and multiple sexual partner, youths' risk perception of HIV/AIDS, use of condom and willingness to undergo VCT. Finally, prevention methods for HIV practiced by the youth were assessed.

5.5.1. Knowledge of HIV/AIDS

The group discussion started with the general question on the meaning of HIV/AIDS. According to the participants, AIDS is a hidden epidemic, a disease of behaviour and cause of premature death. Furthermore, the participants showed high level of knowledge about transmission and spread of HIV. They all knew that HIV is transmitted through unprotected sexual intercourse, using unsterilized equipments, multiple sexual partners, mothers who have HIV in their blood to their child and blood contact with person who live with the virus. Majority of the respondents stated that abstinence, being faithful to one partner, use of condom, voluntary counselling and testing before marriage is the only prevention methods for HIV. In addition to that, a girl discussant said, "*Virginity should be encouraged as this is also one method of HIV prevention*."

5.5.2. Current sexual behaviour

The discussants in the focus group were asked about causes and consequences of early sex. Both female and male groups generally agreed on the most common age at first sexual intercourse is 12 years and above for girls and 14 years and above for males. Majority of participants stated that girls start sex earlier than boys. According to the participants, the main reason for early sex are early marriage, peer pressure, illegal video house (watching pornography film), rape and abduction, alcohol, khat and economic problems. The

participants also stated that due to early sex females are exposed to unwanted pregnancy, abortion and other complications like fistula. Generally, the participants agreed that early sex predisposes to HIV/AIDS and finally death. Majority of the participants stated that sexual intercourse should be started after marriage and if possible after 18 years and after getting their own income.

One of the factors facilitating the spread of HIV is having multiple sexual partners. To be able to assess this, the participants were asked whether people had many sexual partners and reasons for this attitude. Different reasons were given for many sexual partners in the era of AIDS. Peer pressures, experimentation by the youth and intensive sexual urge were the reasons for many sexual partners. A male discussant also said "*absence of recreation place for the youth is the main reason for youth sexuality as sex is one method of recreation for the youth*". Another issue discussed by the participants as a cause of youth sexuality is unemployment and excess free time. Majority of participants agreed on the fact that multiple sexual partners predispose to HIV/AIDS except a young female discussant, who strongly argued that multiple sexual partners does not predispose to HIV, if safe sex is practiced.

5.5.3. Risk perception of HIV/AIDS

The discussants in the focus groups were asked about what they perceive to be the risk of contracting HIV/AIDS among people who had multiple sexual partners and how do the youth perceive risk of HIV/AIDS. Almost all participants in the groups perceived that people with multiple sexual partners are at high risk of contracting HIV/AIDS. According to the participants, all the youth seemed to fear HIV/AIDS, but still chose to participate in unprotected sex. A 17 year old male said "*Some of the youth perceive there is no infection of HIV after 10 pm."*

Most of the participants stated that the reasons why youth do not perceive themselves at risk of HIV are due to over indulgence in alcohol and khat. Alcohol and khat make the youth not to think of risk perception, not to be open in the sexual matter, feel hopelessness and the nature of the disease not causing sudden death. According to participants, even though youth have high knowledge on HIV/AIDS they don't bring behavior change because of peer pressure, poverty, absence of recreation area, khat and drug abuse, no vision, unemployment and generally they don't give attention due to their ages.

5.5.4. Condom use

Majority of the group didn't consider the use of condom as acceptable means of prevention because of perceived reduction in sexual pleasure. According to the participants, some of the reasons for non-use of condom are perceived reduction in sexual pleasure, shame to buy, create tension, feeling that condom may contain the virus and over indulgence in alcohol. Explaining the situation a young boy said, *" Using condom during sexual intercourse is as if having banana with its cover."* Another male participant also said "*Using condom is walking in the rain with umbrella, because the rain may wet some part of the body.*" Another issue raised in the discussion was the difference of price for different types of condom that influence the youth understanding on the protective capacity of condom. Girl discussants also said "*In our culture males are dominant because of this most of the time the decision for condom use is made by males, this makes females not to use condom.*" Regarding where condoms were obtained from, all groups reported the sources of condom distribution were from shop, health institution, hotels and pharmacy. Majority of participants agreed that condom should be distributed in recreation area, meeting places, schools, public offices, and kebele associations and bus stations in addition to previous distribution.

5.5.5. Willingness to undergo VCT

The study obtained information on various aspects of HIV testing including perception of the youth about HIV testing and knowledge of VCT. Majority of the discussants have knowledge on the importance of VCT. Almost all groups indicate that, even though youth have knowledge on VCT, they are afraid to be tested. According to the participants, voluntary counselling and testing is necessary to plan for the future, to know status, for marriage, for DV and to prevent transmission of HIV.

6. Discussion

This study gives important information regarding the sexual behaviour of youth, their risk perception and possible protective measures including condom use that could be implemented in an effort to help control the spread of AIDS. In this study, 32.2% of the participating youth admitted having sexual experience accounting for 28.6% of the boys and 36.2% of the girls. These figures are different when compared to the results of similar studies. In Tanzania the figure was 54% for both sexes (36). In other parts of Ethiopia 33.3% for both sexes (29), in Addis Ababa 52% for boys and 47.8% for girls (22), in Bahir Dar 53% for males and 24% for females (23), in southern Ethiopia 49% for both sexes (24), in Harar 50% for males and 20% for females (27), in Gondar the figure ranged from 42% to 56.1% for both sexes (18,43,47) in Agaro 25% for both sexes (42). In our study the figure is low when compared to other studies, which may be due to the fact that majority of the respondents are students and the risk taking behaviour regarding sexual activity may increase among the out-of-school youths.

Young people in both developing and developed countries begin sexual activity relatively early. In this study, the mean age at first sexual intercourse was 18.1$\pm$ 1.8 SD years for males and 17.7$\pm$ 2.2 SD years for females. From the sexually experienced participants, 4.3% had their sexual activity at an age less than 15 years. This finding also came out during the focus group discussion. The figure is higher than the findings in previous studies. In Nigeria it was 15 years for men (17), in Tanzania 3.2% had sexual intercourse at 9 years and 10% by the age of 13 years (16). In other studies in Ethiopia the figures were 14-19 years (15, 17, 22-31). The fact that boys are more sexually active than girls has been demonstrated by most of the above studies. But in our study, females were found to be more sexually active than males. However, the mean age of first sexual intercourse is relatively higher than the other studies. This may be encouraging. Twenty-eight percent of the sexually active youths reported that

they had multiple sexual partners. All the above findings clearly and alarmingly indicate the prevalence of high-risk behaviour. This has also been the finding of various other studies (18,30,31,36,38,44,48). Despite adequate knowledge about HIV/AIDS, a high proportion of people especially youth continue to experiment with high-risk behaviour. This might be due to low risk perception of the youth that predisposes to high-risk sexual activity. Our finding strengthens the need to pay attention to the youth.

Another characteristic feature that makes youth sexual activity high risk is their either non-or very minimal use of any protective measures, specifically the use of condom. Only 38.7% of the sexually active youth ever used condom, and only 44.9% of these claimed to have used condom consistently on their subsequent sexual encounters. These figures are relatively lower when compared with the results of similar studies. In Uganda they had 46% for males and 27% for females (36), in Tanzania the figures were between 49% and 54%(20,38). In other studies in Ethiopia they found 50%(12). In Gondar the figures were between 33% and 45.9%(18,30,43,47,48), in Agaro 54.4%(42), in Jima 46%(31) for ever used condom. In Addis Ababa they found 27.7% for consistent condom use (25). The reported low utilization rate of condom in this study is an indication of the fact that high-risk behaviours are still widely practiced in the area. This calls for a well-organized information, education and communication through peer educators to bring about behavioural change. Although, there was low utilization of condom, an interesting finding of this study is condom use is significantly increased among those who were never married, educated and in those who had two or more sexual partners.

Data on knowledge, attitude and risk perception showed that the most frequently mentioned sources of information for HIV/AIDS were 84.5% radio/TV, 33.5% anti-AIDS clubs and

19.9% health worker. It is alarming to see that the youths have multiple sexual partners in spite of knowledge on the risk of HIV infection. Among preventive measures 69.7% abstinence, 60% remaining faithful to one sex partner, 36% using condom, 13% sex after marriage and 1.5% avoiding sex with commercial sex workers were mentioned. Only 4.5% of youth thought that they were at risk of HIV infection. Some of the reasons why they are at risk included, 40% had multiple sexual partners, 40% had sex without condom, 43.3% had injury with contaminated sharps, 6.7% had sex with CSWs and 6.7% mistrust. The figures in risk perception were relatively lower when compared with other studies. In South Africa 30% of respondents perceive they are at risk of HIV (34). In Tanzania the figure is between 11.7% and 25% (20,38). In Gondar, Ethiopia 5.3% of the rural and 11.2% of the urban perceive they are at risk of HIV (44). The low level of risk perception in this study indicates the need for special attention on the youth for the prevention of HIV/AIDS. HIV risk perception was found to be associated with condom use, knowledge on HIV transmission, number of sexual partners and khat chewing. These figures are also consistent with other similar studies (36).

Finally, our findings suggest that programs designed to curb the HIV/AIDS epidemic should consider the youths risk perception and consistent use of condom as they engage in sexual intercourse. The key issue should be to improve the risk perception in all youths and ensure appropriate and consistent use of condom. The study also suggested that agencies providing HIV/AIDS education programs for youths should put emphasis on developing life skills and counselling to bring change of attitudes and to initiate income generating activities at a small scale to empower youths to avoid HIV. Youths must be equipped with the skills of avoiding multiple sexual partners and use condom in different situations. Further, as many of the youths do not properly utilize the existing health institutions, the government and other NGOs should attempt to make youth-friendly clinics available.

7. Strength and limitation of the study

7.1 Strength

The reliability of the data was maintained by prior training of the interviewers and the supervisors, regular supervision by Principal Investigator and using pretested questionnaire. Probability sampling technique was employed and same sex interviewers were used to minimize bias. Appropriate tests were employed and findings were compared with other related observations locally and internationally. Furthermore, combining quantitative and qualitative data was used to triangulate the findings.

7.2 Limitation

The main limitation of this study is that, it was difficult to discuss sexuality matter in face-to-face interview. Hence, some sort of social desirability bias may not be eliminated even though the survey was done anonymously by arranging same sex interviewer. Finally, this study was based on cross-sectional data, which implies that the direction of causal relationships cannot always be determined.

8. Conclusion

This study shows that in spite of high knowledge the youths have on HIV/AIDS, they still engage in high-risk sexual behaviour and have low risk perception on the disease.

- The age at first sexual debut is very young. They have sexual intercourse with two or more partners and some have casual sex.
- Only 4.5% of youth perceive themselves as being at risk of getting HIV/AIDS and STIs. The reasons given for not perceiving the risk may not allow them to protect themselves from infections.
- There is a low utilization of condom among youth and less than half use condom consistently. The reported low utilization of condom in this study is an indication of the fact that high-risk behaviors are still widely practiced in the area.
- Though the practice of condom use is low in the area, a substantial proportion of youth support the promotion and distribution of condom. The result of the focus group discussion indicated that condom should be distributed in recreation area, meeting places, schools, public offices, kebele associations and bus stations in addition to previous distribution.
- The result of the focus group discussion also indicated that, all the youth seemed to fear HIV/AIDS, but still a significant proportion chose to participate in unprotected sex because of peer pressure, poverty, absence of recreation area, khat and drug abuse, no vision, unemployment, and generally they don't give attention due to their young age.

9. Recommendations

1. Sexually active youth do not use condoms as expected. This obviously led us to look for more accessible and effective ways of providing them, like in schools, public offices and cinema. If condom is made accessible to them, this may relieve them from the fear of buying condoms from other exposing places.

2. This study suggested that agencies providing AIDS education programme for youths should put emphasis on developing life skills and counselling to enable a change of attitudes and to avoid HIV/AIDS.

3. Information, education and communication programs should be established and emphasis should be put on reproductive health in order to encourage the youths to delay sex and negotiate condom use.

4. Encourage the existing health institution to provide youth-friendly sexual and reproductive health services including voluntary counselling and testing for HIV.

5. Young people rely heavily upon interpersonal contacts for HIV/STI information, peer based interventions should be increased to ensure that youth have access to accurate information.

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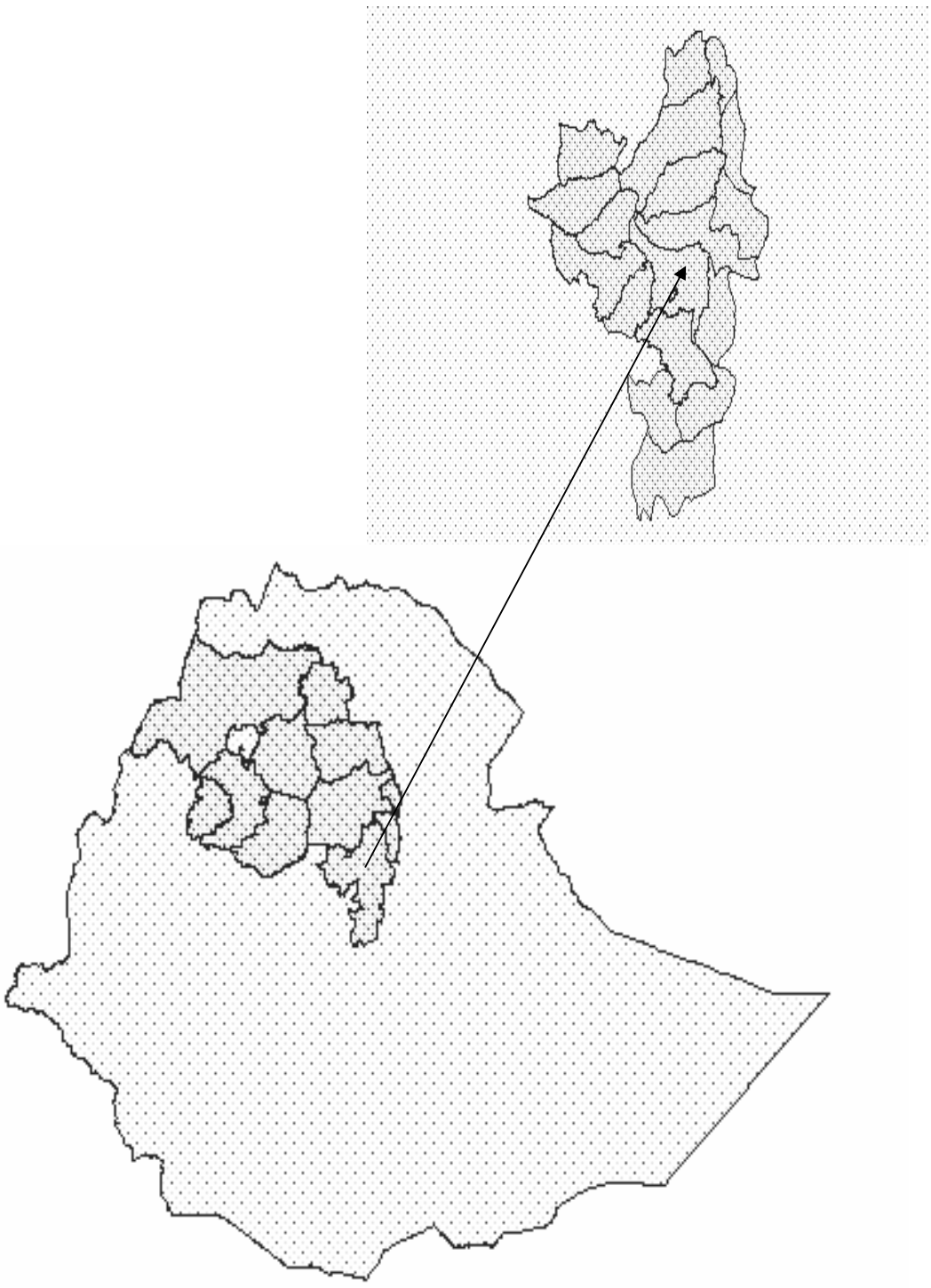
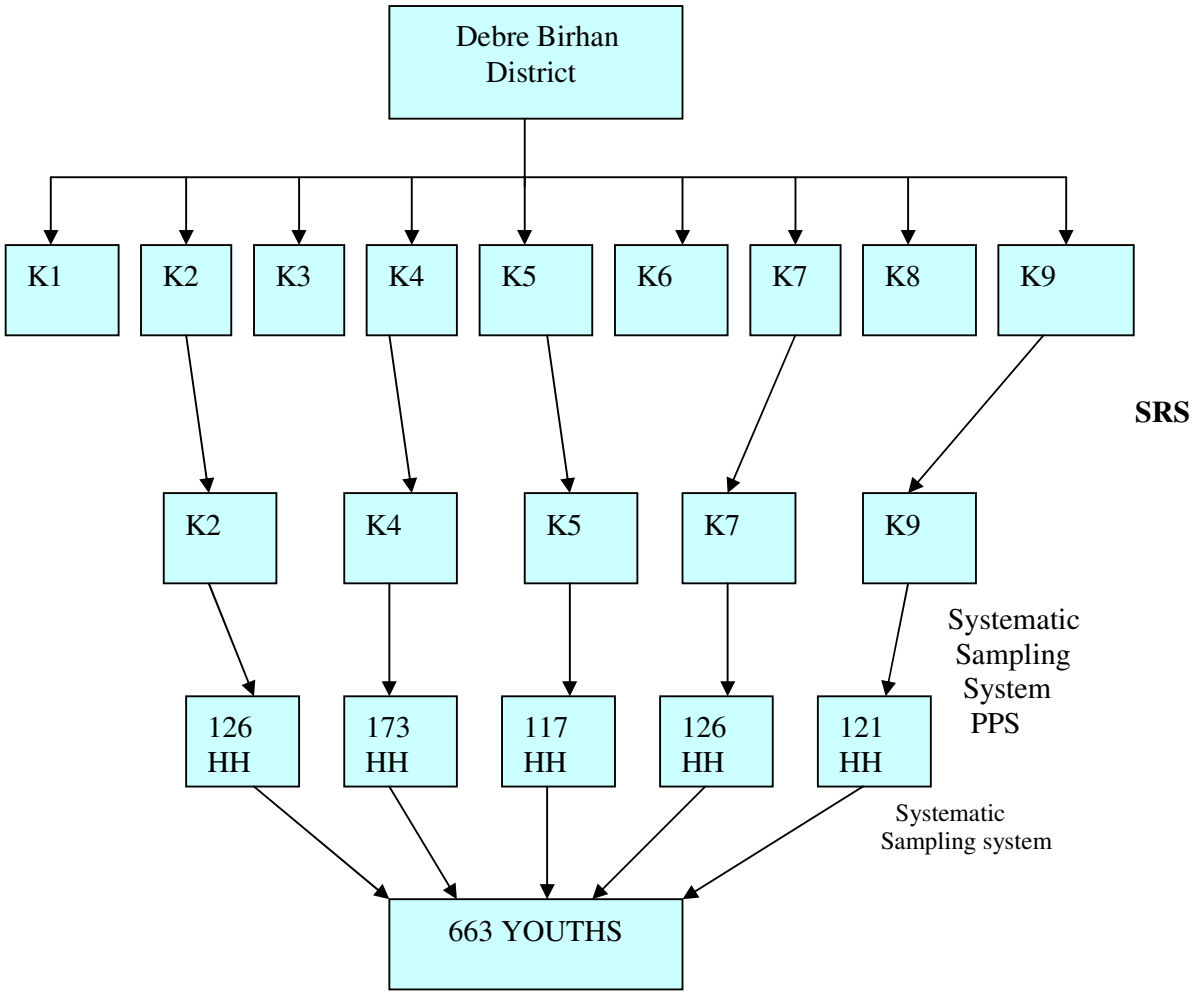
Annex 1. Map of North Shoa of Amhara Region



Annex 2. Schematic presentation of the sampling procedure



KEY:

SRS---simple random sampling
K------Kebele
HH--- Households
PPS--- proportionate-to-population size

Annex 3: structured English questionnaire

Questionnaire on assessment of risk perception of sexual activities and condom use among youth in Debrebrihan Town

001 Questionnaire identification number /____/_____/
002 District---Debrebrihan
003 Zone---- North Shoa
004 Site----- 1.K2 2. K4 3. K5 4. K7 5. K9
005 House No /____/____/

Thank you for allowing us to share your precious time for a brief discussion about a study to be conducted in Debrebrihan. This study is being conducted among youth aged 15-24 years old. You are selected to participate in the study. Before we go to our discussion, I will request you to listen carefully to what I am going to read to you about the purpose and general condition of the study and I will like you to tell me whether you agree or disagree to participate in this study.

The purpose of this study is to assess the perception of the risks of sexual activities and condom use among youth (15-24years of age) living in this and the neighboring kebeles. The information you give us could help to design appropriate risk reduction methods for HIV among youth. The study will be conducted through interviews. We are asking you for a little of your time, about fifty minutes, to help us in this study. The interview involves intimate and private life questions. So private setting is needed in which you and the interviewer will carryout the interview. We would like to assure you that this privacy should strictly be maintained throughout. A code number will identify every participant and no name will be used. No reports of the study will ever identify you. If a report of the results is published, only information about the total group will appear.
You have a full right to participate throughout, or to discontinue at any time, or never participate in the study.
Are you willing to participate in the study?
Yes ☐ No ☐

Signature of interviewer_____
(Signature of interviewer certifying that informed consent has been given verbally by respondent)

Interview visit

	Visit 1	Visit 2	Visit 3
Date			
Result			

006 Result codes: Completed=1, Respondent not available=2, Refused=3, partially completed=4, Others=5
007 Interviewer code /____/___/ Name_____
008 Date of interview /___/_____/_____/
Checked by supervisor: Name_____Sig_____Date_____

Part one socio demographic variables				
No.	**Questions**	**Responses and coding**	**Skip to**	**Code**
101	Sex of respondent	Male----------1 Female----------2		/ /
102	How old are you?	----------years		/ /
103	What is your religion?	orthodox----------1 Muslim----------2 protestant----------3 catholic----------4 others, specify----------88		/ /
104	What is your ethnic group?	Amhara----------1 Oromo----------2 Tigre----------3 Other, specify----------88		/ /
105	What is your marital status?	Never married----------1 Married----------2 Divorced----------3 Widowed----------4		/ /
106	Do you have job?	Yes----------1 No----------2		/ /
107	If yes, what do you work?	Daily laborer----------1 Civil servant----------2 Private employee----------3 House wife----------4 Trader----------5 Commercial sex worker----------6 Others, specify----------88		/ /
108	What is your average monthly income?	----------Birr		/ /
109	What is your educational status?	Can't read and write----------1 Can read and write----------2 Grade 1-6----------3 Grade 7-12----------4 Diploma and above----------5 88.others/specify/ ----------88		/ /
110	What is your father's educational status?	Can't read and write----------1 Can read and write----------2 Grade 1-6----------3 Grade 7-12----------4 Diploma and above----------5 88.others/specify/ ----------88		/ /
111	What is your mother's educational status?	Can't read and write----------1 Can read and write----------2 Grade 1-6----------3 Grade 7-12----------4 Diploma and above----------5 88.others/specify/ ----------88		/ /
112	What is your father's occupation?	Daily laborer----------1 Civil servant----------2 Private employ----------3 Trader----------4 Other, specify----------88		/ /
113	What is your mother's occupation?	Daily laborer----------1 Civil servant----------2 Private employ----------3 Housewife----------4 Other, specify----------88		/ /
114	With whom do you live most of the time?	with relatives----------1 with friends/peers----------2 with husband / wife----------3		/ /

		with boyfriend/girlfriend----------4 Alone----------5 other, specify----------88		
115	Have you ever drunk alcohol like Tella, Areki, Tej, Beer etc	I have never drunk----------1 I have tried alcohol once or twice----------2 I drink alcohol from time to time----------3 I drink alcohol daily----------4		/ /
116	Have you ever smoked cigarettes?	I have never smoked----------1 I have tried cigarettes once or twice----------2 I smoke cigarettes from time to time----------3 I smoke cigarettes daily----------4		/ /
117	Have you ever chewed Khat?	I have never chewed----------1 I have tried Khat once or twice----------2 I chew Khat from time to time----------3 I chew Khat daily----------4		/ /
Part two sexual behavior				
No.	**Questions**	**Responses and coding**	**Skip to**	**Code**
201	Have you ever had sexual intercourse?	Yes----------1 No----------2 →	Q301	/ /
202	If yes, at what age did you first have sexual intercourse?	----------age in years Don't know/remember----------99		/ /
203	With whom did you make your first sexual intercourse?	with a steady boy/girl friend----------1 with a casual boy/girl friend----------2 with husband/wife----------3 with a family member----------4 with my employer----------5 others, specify----------88		/ /
204	Why did you decide to have sexual intercourse the first time?	Fell in love----------1 Had desire----------2 I got married----------3 Raped----------4 To get money and other gifts----------5 Peer pressure----------6 Was drunk or stoned----------7 Others, specify----------88		/ /
205	How old or younger was the person with whom you had your first sexual intercourse?	He was similar age with me----------1 More than 10 years older----------2 five years to ten years older----------3 Younger----------4 Do not know----------99		/ /
206	How many people in total have you ever had sexual intercourse?	With one person----------1 With two people----------2 With three people----------3 With four people----------4 With five to nine people----------5 With ten or more people----------6		/ /
207	How many people in total have you ever had sexual intercourse with during the last 12 months?	With one person----------1 With two people----------2 With three people----------3 With four people----------4 With five to nine people----------5 With ten or more people----------6		/ /
208	Have you ever used a condom?	1.Yes----------1 2.No ----------2 →	Q214	/ /
209	How often did you use condom in the last 12 months?	Always----------1 Most of the time----------2 Sometimes----------3		/ /
210	Did you use a condom the first time you had sexual intercourse?	Yes----------1 No----------2		/ /

211	Did you use a condom the last time you had sexual intercourse?	Yes----------1 No----------2		/ /
212	If you used condom, with whom have you used?	Friend----------1 Regular partner----------2 Casual partner----------3 Commercial sex workers----------4 Other, specify----------88		/ /
213	Why have you used condom?	Avoid STIs/HIV----------1 Avoid pregnancy----------2 Don't trust my sexual partner----------3 Don't know sexual partner well----------4 Other, specify----------88		/ /
214	If you have not used condom at all, or have not used it consistently what was the reason? (multiple response possible)	Yes No 1.Not available----------1 2 2.Too expensive----------1 2 3. Ashamed to ask my partner----------1 2 4. Partner objected----------1 2 5. Used other contraceptive----------1 2 6. Don't like them----------1 2 7. Wanted to get pregnant----------1 2 8. Ashamed to buy----------1 2 9. I trust my partner----------1 2 10. I was drunk or stoned----------1 2 11. Didn't think of it----------1 2 12. I didn't know how to use it----------1 2 13. It decreases satisfaction/pleasure----------1 2 15. My religion prohibits----------1 2 88. others, specify----------1 2		/ /
215	**(Question 215-217 for male respondents only)** Have you ever had sexual intercourse with commercial sex workers during the last 12 months?	Yes----------1 No ----------2 →	Q218	/ /
216	Have you ever used a condom when making sexual intercourse with commercial sex workers during the last 12 months?	Yes----------1 No ----------2 →	Q218	/ /
217	If yes, how often did you use condom when making sexual intercourse with commercial sex workers?	Always----------1 Most of the time----------2 Sometimes----------3		/ /
218	Have you ever had sex after having alcohol?	Yes----------1 No ----------2 →	Q220	/ /
219	If yes, was condom used?	Yes----------1 No----------2		/ /
220	Where do you think one can get condom if she/he wants to use? (multiple response possible)	Yes No 1. School----------1 2 2 Health facility----------1 2 3 pharmacy----------1 2 4 Hotel/Bars----------1 2 5 Shops----------1 2 6 Church/Mosque----------1 2 99. I don't know----------1 2 88. other, specify----------1 2		/ / / / / / / / / / / / / / / /

221	How much is the cost of three condoms?	Less than 50 cents----------1 50 cents to one Birr----------2 More than one Birr----------3 Don't know----------4		/ /
222	Have you ever had symptoms of STIs, such as genital ulcer, abnormal genital discharge, pain during urination or genital swelling?	Yes----------1 No ----------2 →	Q 225	/ /
223	If yes, with whom you did first discuss the issue?	Partner (husband/wife)----------1 My friends/peers----------2 My boy/girl friend----------3 My parents----------4 Health workers----------5 Traditional healers----------6 Others, specify----------88		/ /
224	If yes, where did you go for treatment?	Went to traditional healers----------1 Went to public health institution----------2 I bought some drug from pharmacy----------3 Went to local injectors----------4 Went to private clinic----------5 Others, specify----------6		/ /
225	**(Question 225-232 for female respondents)** Have you ever become pregnant?	Yes----------1 No----------2 →	Q301	/ /
226	How old were you when you first became pregnant?	Age----------years Don't know/remember----------99		/ /
227	If yes, how many times have you been pregnant?	----------times		/ /
228	If you have been pregnant, how many of your pregnancies were planned?	----------(enter number)		/ /
229	Sometimes a girl becomes pregnant and decides to abort or stop the pregnancy. Have you ever aborted or stopped a pregnancy?	Yes----------1 No ----------2 →	Q301	/ /
230	If yes, how many times did you have abortion?	----------times		/ /
231	If there was abortion, with who did you first discuss the issue?	My partner/husband----------1 My boy friend----------2 My friends/peers----------3 My parents ----------4 Health workers----------5 Traditional healers----------6 Local abortionist----------7 Others, specify----------88		/ /
232	Why did you abort or terminate the pregnancy? (multiple response possible)	For fear of my family----------1 To continue my education ----------2 It was unplanned(unwanted)----------3 It was outside marriage----------4 Economical problems----------5 Others, specify----------88		/ /

233	Where did you abort?	At public health institution----------1 At private clinic----------2 At abortionist house----------3 Others, specify----------88		/ /
Part three: Attitudes and beliefs towards risks of sexual activities and issues related to HIV/AIDS				
No.	**Questions**	**Responses and coding**	**Skip to**	**Code**
301	Have you ever heard about HIV/AIDS?	Yes----------1 No----------2		/ /
302	If yes, from which person or from where do you get more information about HIV/AIDS?	yes No 1.My parents----------1 2 2.sexual partner(husband/wife)----------1 2 3.Boyfriend/girlfriend----------1 2 4.Friends/peers----------1 2 5.Health institutions----------1 2 6.Religious leaders----------1 2 7.Newspapers, Posters, or Pamphlets-----1 2 8.Radio/Television----------1 2 88.others, specify----------1 2		/ / / / / / / / / / / / / / / / / /
303	Is there anything a person can do to avoid getting STIs and HIV/AIDS?	Yes----------1 No----------2 Don't know----------99		/ /
304	If yes ,what can a person do to avoid getting STIs and HIV/AIDS?(more than one response possible)	Yes No 1. Abstinence----------1 2 2. Avoid casual sex----------1 2 3.Remain faithful to a partner----------1 2 4. Use condoms in every act of sexual intercourse----------1 2 5.Having sex only after marriage----------1 2 6. Avoid sex with CSWs----------1 2 88. Others, specify----------1 2		/ / / / / / / / / / / / / /
305	If you look carefully ,you can know if someone has HIV	yes----------1 No----------2 Don't know----------99		/ /
306	Is AIDS curable?	Yes----------1 No----------2 Don't know----------99		/ /
307	A person can get HIV the first time he or she has sex?	Yes----------1 No----------2 Don't know----------99		/ /
308	Have you ever heard about STIs?	Yes----------1 No----------2		/ /
309	Do you believe having multiple sexual contact leads to HIV acquisition?	Yes----------1 No----------2		/ /
310	Do you believe alcohol consumption and drug use can predispose to HIV acquisition?	Yes----------1 No----------2 Don't know----------99		/ /
311	Do you believe condom use is a practical protective option against AIDS?	Yes----------1 No----------2		/ /
312	Using condom is a sign of not trusting your partner	Agree----------1 Not sure----------2 Disagree----------3		/ /
313	A boy should have sex before he gets married	Agree----------1 Not sure----------2 Disagree----------3		/ /

314	Discussing condom or contraceptive with young people promotes promiscuity	Agree----------1 Not sure----------2 Disagree----------3		/___/
315	Do you believe you are at risk of getting HIV virus? (Do you think you can get HIV/AIDS?)	Yes----------1 No----------2 Don't know----------99		/___/
316	If yes, why at risk? (more than one response is possible)	Yes No 1.More than one sexual partners----------1 2 2.Mistrust ----------1 2 3.Have had sex without condom----------1 2 4.Have had sexual intercourse with CSWs----------1 2 5.Past history----------1 2 6.Injuries with contaminated sharps----------1 2 7.Blood transfusion----------1 2 88.Others,specify----------1 2		/___/ /___/ /___/ /___/ /___/ /___/ /___/
317	If no, why not at risk? (multiple response possible)	Yes No 1.Have never made sexual intercourse---------1 2 2.I have abstained from sex----------1 2 3.Faithful----------1 2 4.One partner----------1 2 5.Protected sex----------1 2 6.I did not share injection----------1 2 7.I always use condom----------1 2 88.Others, specify----------1 2		/___/ /___/ /___/ /___/ /___/ /___/ /___/ /___/
318	What is your chance of acquiring HIV/AIDS?	None ----------1 Small ----------2 Medium ----------3 High ----------4 I don't know----------99		/___/
319	Have you ever heard about voluntary counseling and testing for HIV?	Yes----------1 No----------2		/___/
320	Did you ever under go HIV test?	Yes----------1 No----------2		/___/
321	Are you volunteer to undergo voluntary counseling and testing for HIV?	Yes----------1 No----------2 I am not sure----------3		/___/
322	If yes, what is the main reason (advantage) for getting tested?	To know for sure----------1 To adjust future life----------2 Would want to know before pregnancy----------3 Would want to know before getting married-------4		/___/
323	Did intervention exposures motivate you to change your attitude and behavior to reduce risk of HIV infection?	Yes----------1 No ----------2 No response----------96		/___/

Thank you very much

በአድስ አበባ ዩኒቨርስቲ የህክምና ፋከሊቲ የህብረተሰብ ጤና ክፍል በደብርሃን ከተማ የሚገኙ ወጣቶች በወሲብ ተግባራት ላይ ያላቸውን የአስጊነት አመለካከት እና የኮንዶም አጠቃቀምን ለማጥናት የተዘጋጀ መጠይቅ

001. የመጠይቁ መለያ ቁጥር----------
002. ወረዳ ደብረብርሃን
003. ዞን ሰ/ሸዋ
004. የጥናቱ ቦታ 1. ደ/ብርሃን ቀበሌ 2 4. ደ/ብርሃን ቀበሌ 7
2. ደ/ብርሃን ቀበሌ 4 5. ደ/ብርሃን ቀበሌ 9
3. ደ/ብርሃን ቀበሌ 5
005. የቤት ቁጥር /----/-----/

ለጠያቂው ማስታወሻ

«ለጥናቱ የተመረጠ ቤት እንደደረሱ በመጀመሪያ ከሚያነጋግርዎ ሰው ጋር ሰላምታ ከተለዋወጡ በኃላ የመጡበትን ዓላማ ያስተዋውቁ፡፡
እኔ እርስዎ ዘንድ የመጣሁት አንዳንድ የጤና እና ማህበራዊ የሆኑ ጥያቄዎችን ለመጠየቅ ነዉ፡፡የጥናቱ ዓላማ በኤች አይቪ/ኤድስ የሚያጋልጡ ባህሪያትን ግንዛቤ ምን እንደሚመስል ለማወቅና ይህንን በሽታ ለመከላከልና ለመቆጣጠር የኮንዶም አጠቃቀምን ለመገምገም ብሎም የመፍትሄ ሀሳቦችን ለሚመለከታቸው ክፍሎች ለማቀረብ ነዉ፡፡»
በመቀጠልም በቤተሰቡ ዉስጥ ከ15-24 ዓመት ዕድሜ ክልል ዉስጥ ከሚገኙ ወጣቶች በዕጣ አንድ ይምረጡ፡፡ በተመረጠው ቤተሰብ ውስጥ መስፈርቶችን የሚያሟላ ወጣት ከልተገኘ ለተደረገልህ/ሽ ትብብር በማመስገን ቀጥሎ ወደሚገኘው ቤት ይሂዱ፡፡

ስለሚስጥር አጠባበቅና የተሳትፎ ስምምነት

/ለተመረጠው ተጠያቂ የሚከተለውን ይበሉ/
«ለጥናታችን ይረዳን ዘንድ አንዳንድ ጥያቄዎችን ልጠይቅዎ እፈልጋለሁ፡፡ይህም ምናልባት ከግማሽ ሰአት እስከ አንድ ሰአት ሊወስድ ይችላል፡፡የእርስዎ በዚህ ጥናት መሳተፍ ለዉጤቱ በጣም ጠቀሜታ ስላለው ለሚቀርብልዎ ጥያቄ የሚያውቁትን በግልፅ እና በትክክል መልስ እንደሚሰጡኝ እተማመናለሁ፡፡ እርስዎም ሆኑ ሌሎች ተጠያቂዎች የሚሰጡትን መልሶች በጠቅላላ ለጥናቱ ተግባር ከማዋል በስተቀር ለማንም ሰው አንደማይገለጽ፡ ስምዎንም እንደማይጠቅሱ ላረጋግጥልዎት እወዳለሁ፡፡

በዚህ መጠይቅ ለመሳተፍ ፈቃደኛ ኖትን?

☐ አዎ ☐ አይደለሁም

ፈቃደኛነትን የሚያረጋግጠው መረጃ ሰበሳቢ ፊርማ----------

መረጃ ለማሰባሰብ የተደረገ ጉብኝት ሁኔታ

	ጉብኝት 1	ጉብኝት 2	ጉብኝት 3
ቀን			
ውጤት			

006. የውጤት ኮድ፡ተከሂድዋል=1 መረጃ ሰጭ አልተገኘም=2 አልተስማማም=3
በከፊል ተማልተዋል=4 ሌላ=5
007. የመረጃ ሰብሳቢ መለያ ቁጥር/----/------/ ሙሉ ስም----------
008. መጠይቅ የተደረገበት ቀን----------
የተቆጣጣሪው ስም----------ፊርማ----------ቀን----------

ክፍል አንድ፡ መሰረታዊ የግል መረጃዎች

ተ.ቁ	ጥያቄዎች	አማራጭ መልሶች	ይለፍ	ኮድ
101	ጸታ	ወንድ----------1 ሴት----------2		/-----/
102	ዕድሜ	በዓመት		/-----/
103	ኃይማኖትህ/ሽ ምንድነው?	ክርስቲያን ኦርቶዶክስ----------1 እስልምና----------2 ክርስቲያን ፕሮቴስታንት----------3 ከቶሊክ----------4 ሌላ----------88		/-----/
104	የየትኛው ብሄረሰብ አባል ነህ/ሽ?	አማራ----------1 ኦሮሞ----------2 ትግሬ----------3 ሌላ---------- 88		/-----/
105	የጋብቻ ሁኔታ	ያላገባ/ች----------1 ያገባ/ች----------2 ተፋትቻለሁ ----------3 ባል/ሚስት የሞተበት ----------4		/-----/
106	ለራስዎ ገንዘብ ለማግኘት የሚሰሩት ስራ አለ?	አዎን----------1 የለም----------2		/-----/
107	በአሁኑ ሰአት የሚሰሩት ስራ ምንድንነው?	የቀን ስራ----------1 የመንግስሰት ሰራተኛ----------2 በግል ድርጅት----------3 የቤት እመቤት----------4 ንግድ----------5 ሴትኛአዳሪ----------6 ሌላ/ይገለጽ/----------88		/-----/
108	የወር ገቢዎ ስንት ነዉ?	ብር		/----/
109	የትምህርት ደረጃህ/ሽ	ማንበብና መጻፍ አልችልም----------1 ማንበብና መጻፍ ብቻ----------2 ከ1-6ኛ ክፍል----------3 ከ7-12ኛ ክፍል----------4 ድፕሎምና ከዚያ በላይ----------5 ሌላ/ይጠቀስ/----------88		/-----/
110	የአባትህ/ሽ የትምህርት ሁኔታ?	ማንበብና መጻፍ አይችልም----------1 ማንበብና መጻፍ ብቻ----------2 ከ1-6ኛ ክፍል----------3 ከ7-12ኛ ክፍል----------4 ድፕሎምና ከዚያ በላይ----------5 ሌላ/ይጠቀስ/----------88		/-----/
111	የእናትህ/ሽ የትምህርት ሁኔታ?	ማንበብና መጻፍ አይችልም----------1 ማንበብና መጻፍ ብቻ----------2 ከ1-6ኛ ክፍል----------3 ከ7-12ኛ ክፍል----------4 ድፕሎምና ከዚያ በላይ----------5 ሌላ/ይጠቀስ/----------88		/-----/
112	የአባትህ/ሽ ሥራ ምንድነው?	የቀን ስራ----------1 የመንግስት ሰራተኛ----------2 በግል ድርጅት ተቀጣሪ----------3 ንግድ----------4 ሌላ/ይገለጽ/----------88		/-----/
113	የእናትህ/ሽ ሥራ ምንድነው?	የቀን ስራ----------1 የመንግስት ሰራተኛ----------2 በግል ድርጅት----------3 የቤት እመቤት----------4 ሌላ/ይገለጽ/----------88		/----/

114	በአብዛኛው የሚኖሩት ከማን ጋር ነው?	ከዘመድ ጋር----------1 ከጓደኛ ጋር----------2 ከባለቤቱ ጋር----------3 ከፍቅረኛየ ጋር----------4 ብቻየን----------5 ቤተሰቦቼ----------6 ሌላ/ይጠቀስ/----------88		/-----/
115	እንደ ጠላ/አርቄ/ጠጅ/ቢራ የመሳሰሉ አልኮል መጠጦችን ጠጥተህ/ሽ ታዉቃለህ/ቂያለሽ?	የለም ምንም ጠጥቸ አላውቅም----------1 በህይወቱ አንደዬ ወይም ሁለቱ ጠጥቻለሁ ----------2 አልፎ አልፎ እጠጣለሁ ----------3 በየቀኑ እጠጣለሁ ----------4		/----/
116	ሲጋራ ታጨሳለህ/ታጨሽለሽ?	የለም ምንም አጭሼ አላውቅም----------1 በህይወተ አንደዬ ወይም ሁለቱ አጭሻለሁ--2 አልፎ አልፎ አጨሳለሁ ----------3 በየቀኑ አጨሳለሁ ----------4		/-----/
117	ጫት ቅመህ/ሽ ታውቃለህ/ቂያለሽ?	የለም ምንም ቅሜ አላውቅም----------1 በህይወተ አንደዬ ወይም ሁለቱ ቅሜአለሁ--2 አልፎ አልፎ እቅማለሁ ----------3 በየቀኑ እቅማለሁ ----------4		/-----/
ክፍል ሁለት፡ የግብረስጋ ግንኙነትን እና የኮንደም አጠቃቀምን የሚመለከቱ ጥያቄዎች				
ተ.ቁ	**ጥያቄዎች**	**አማራጭ መልሶች**	**ይለፍ**	**ኮድ**
201	የግብረስጋ ግንኙነት አድርገህ/ሽ ታውቃለህ/ሽ?	አዎን----------1 የለም----------2	► ተ.ቁ 301	/-----/
202	በመጀመሪያ የግብረስጋ-ግንኙነት የፈጸምከው/ሽው በስንት አመትህ/ሽ ነው?	----------አመት አላውቅም----------99		/-----/
203	ለመጀመሪያ ጊዜ የግብረ-ስጋ ግንኙነት የፈጸምከው/ሽው ከማን ጋር ነበር?	የፍቅር ጓደኛ----------1 የድንገተኛ ትውውቅ ጓደኛ----------2 ባል/ሚስት----------3 የስጋ ዘመድ----------4 ቀጣሪየ----------5 ሌላ/ይጠቀስ/----------88		/-----/
204	ለመጀመሪያ ጊዜ የግብረ-ስጋ ግንኙነት ለማድረግ የወሰንክበት/ሽበት ምክነያት ምን ነበር?	ፍቅር ይዞኝ----------1 በግል የወሲብ ፍላጎቴ----------2 በጋብቻ----------3 ተገድጄ----------4 ገንዘብና ሌሎች ስጦታዎች ለማግኘት----------5 በጓደኛ ግፊት----------6 ሰክሬና እራሴን ስቼ----------7 ሌላ/ይጠቀስ/----------88		/-----/
205	ለመጀመሪያ ጊዜ የግብረ-ስጋ ግንኙነት የፈጸምከው/ሽው ግለሰብ ዕድሜ ከአንተ/ች እድሜ አንጻር ሲታይ እንዴት ነበር?	እኩያየ ነው ----------1 ከ10 አመት በላይ ይበልጠኛል----------2 ከ5 ዓመት እስከ 10 ዓመት ይበልጠኛል----------3 ከእኔ ያንሳል----------4 አላውቅም----------99		/-----/
206	የግብረ-ስጋ ግንኙነት ከጀመርክበት/ሽበት ጊዜ አንስቶ እስከሁን በጥቅሉ ከስንት ሰዎች ጋር የግብረ-ስጋ ግንኙነት አድርገሃል/ሻል?	ከአንድ ሰው ጋር----------1 ከሁለት ሰዎች ጋር----------2 ከሦስት ሰዎች ጋር----------3 ከአራት ሰዎች ጋር----------4 ከአምስት እስከዘጠኝ ከሚሆኑ ሰዎች ጋር----5 አስር ወይም ከዚያ በላይ ይሆናሉ ----------6		/-----/
207	በአለፉት 12 ወራት በጥቅሉ ከስንት ሰዎች ጋር የግብረ-ስጋ ግንኙነት አድርገሃል/ሻል?	ከአንድ ሰው ጋር----------1 ከሁለት ሰዎች ጋር----------2 ከሶስት ሰዎች ጋር----------3 ከአራት ሰዎች ጋር----------4 ከአምስት እስከዘጠኝ ከሚሆኑ ሰዎችጋር-----5		/-----/

		አስር ወይም ከዚያ በላይ ይሆናሉ ----------6		
208	የግብረ-ስጋ ግንኙነት በምታደርግበት/ጊበት ጊዜ ኮንደም ተጠቅመህ/ሽ ታውቃለህ/ቂያለሽ?	አዎን----------1 የለም----------2	→ወደተቁ 214	/-----/
209	በአለፉት 12 ወራት ግብረ-ስጋ ግንኝ ነት ባደረክበት/ሽበት ጊዜ ምን ያህል አዘውትረህ/ህ ኮንደም ትጠቀም/ሚ ነበር?	ሁል ጊዜ----------1 አብዛኛውን ጊዜ----------2 አንዳንድ ጊዜ----------3		/-----/
210	ለመጀመሪያ ጊዜ የግብረ-ስጋ ግንኙነት ባደረክበት/ሽበት ጊዜ ኮንደም ተጠቅመህ/ሽ ነብር?	አዎን----------1 የለም----------2		/-----/
211	ለመጨረሻ ጊዜ የግብረ-ስጋ ግንኙነት ባደረክበት/ሽበት ጊዜ ኮንደም ተጠቅመህ/ሽ ነብር?	አዎን----------1 የለም----------2		/-----/
212	የግብረ-ስጋ ግንኙነት በምታደርግበት/ጊበት ጊዜ ኮንደም ተጠቅመህ/ሽ ከሆነ ከማን ጋር ተጠቀምክ/ሽ?	ከፍቅር ጓደኛ ----------1 ከትዳር ጓደኛ ----------2 ድንገተኛ ትውውቅ ጓደኛ ----------3 ሴትኛ አዳሪ ----------4 ሌላ/ይጠቀስ/ ----------88		/-----/
213	የግብረ-ስጋ ግንኙነት በምታደርግበት/ጊበት ወቅት ኮንደም የተጠቀምክበት/ሽበት ምክነያት ምንድነው?	ኤድስንና ሌሎች የአባላዘር በሽታዎች ለመከላከል----------1 እርግዝናን ለመከላከል----------2 በጓደኛየ እምነት ስለሌኝ----------3 ጓደኛየን በደንብ ስለማላውቀው ----------4 ሌላ /ይጠቀስ/----------88		/-----/
214	ኮንደም በጭራሽ ተጠቅመህ/ሽ የማታውቅ/ቂ ከሆነ ወይንም አልፎ አልፎ ከሆነ የተጠቀምክው/ሽው ምክነያቱ ምንድን ነበር? (ለተጠቀሰው «1» ላልተጠቀሰው «2» ቁጥርን ይክበቡ)	አዎ የለም 1 ስለማይገኝ----------1 2 2 ውድ ስለሆነ----------1 2 3 እንጠቀም ማለት ስላስፈራኝ--------1 2 4 ጓደኛየ ስለተቃወመ/ች----------1 2 5 ሌላ የወሊድ መከላከያ ዘዴ ስለተጠቀምኩ ----------1 2 6 ስለማልወድ ----------1 2 7 ማርገዝ ስለፈለኩ ----------1 2 8 ለመግዛት ሰላስፈራኝ ----------1 2 9 ከጓደኛየ ጋር ስለምተማመን--------1 2 10 ጠጥቼ/ሌላ አነቃቂ እጽ/ወስጀ ስለነበር----------1 2 11 አላሰብኩበትም ነበር----------1 2 12 አጠቃቀሙን ስለማላውቅ----------1 2 13 እርከታ ስለሚቀንስ----------1 2 14 ሀይማኖቴ ስለሚከለክል----------1 2 88 ሌላ /ይጠቀስ/----------1 2		/-----/ /-----/ /-----/ /-----/ /-----/ /-----/ /-----/ /-----/ /-----/ /-----/ /-----/ /-----/ /-----/
215	**(ከጥያቄ 215-217 ለወንዶችብቻ)** በአለፉት 12 ወራት ከሴትኛ አዳሪ ጋር የግብረ-ስጋ ግንኙነት አድርገህ ታውቃለህ?	አዎ----------1 የለም----------2	→ወደ ተ.ቁ 218	/----/
216	በአለፉት 12 ወራት ከሴትኛ አዳሪ ጋር የግብረ-ስጋ ግንኙነት በምታደርግበት ጊዜ ኮነደምትጠቀም ነበር?	አዎ----------1 የለም----------2	→ወደ ተ.ቁ 218	/-----/
217	ከሴትኛ አዳሪ ጋር የግብረ-ስጋ ግንኝ ነት በምታደርግበት ጊዜ ምን ያህል አዘውትረህ ኮንደም ትጠቀም ነበር?	ሁል ጊዜ----------1 አብዛኛውን ጊዜ----------2 አንዳንድ ጊዜ----------3		/-----/
218	አልኮል ከወሰድህ/ሽ በኋላ የግብረ-ስጋ ግንኙነት አድርገህ/ሽ ታውቃለህ/ሽ?	አዎ----------1 የለም----------2	→ወደ ተ.ቁ 220	/-----/

219	አልኮል ከወሰድህ/ሽ በኋላ የግብረ-ስጋ ግንኙነት አድርገህ/ሽ ከነበር ኮንደም ተጠቅመህ/ሽ ነበር?	አዎ----------1 የለም----------2		/-----/
220	ኮንደም መጠቀም ብትፈልግ/ጊ የሚገኝበት ቦታ የት ይመስልሃል/ሻል? (ለተጠቀሰው «1» ላልተጠቀሰው «2» ቁጥር ይክበቡ)	አዎ የለም 1 ት/ቤት----------1 2 2 ጤና ድርጅት ----------1 2 3 ፋርማሲ ----------1 2 4 ሆቴል/ቡናቤት ----------1 2 5 ሱቅ ----------1 2 6 ቤተክርስቲያን/መስጊድ----------1 2 99 አላውቅም----------1 2 88 ሌላ/ይገለጽ/----------1 2		/-----/ /-----/ /-----/ /-----/ /-----/ /-----/ /-----/ /-----/
221	የሶስት ኮንደሞች ዋጋ ስንት ነው?	ከሃምሳ ሳንቲም በታች----------1 ከሃምሳ ሳንቲም እስከ አንድ ብር----------2 ከአንድ ብር በላይ----------3 አላውቅም----------99		/-----/
222	ባለፉት 12 ወራት በብልት ላይ ወይም አከባቢ ቁስለት፣ከብልት ከወትሮው የተለየ ፈሳሽ፣ ሽንት በሚሸኑበት ወቅት ህመም እና በብልት አከባቢ እብጠት የመሳሰሉ ምልክቶች ታይተውህ/ሽ ያውቃሉ?	አዎ----------1 የለም----------2	→ ወደ ተ.ቁ 225	/-----/
223	ምልክቶቹ ታይተውህ/ሽ ከነበር ጉዳዩን በቅድሚያ ለማን አዋየህ/ሽ?	ለባለቤቴ----------1 ለአቻ ጓደኛዬ ----------2 ለፍቅረኛዬ----------3 ለቤተሰቦቼ----------4 ለጤና ባለሙያ----------5 ለባህል መድሃኒት አዋቂ----------6 ሌላ/ይገለጽ/----------88		/-----/
224	ለላይኛው ጥያቄ መልስህ/ሽ አዎ ከሆነ ምልክቶቹ እንደታዩህ/ሽ ለህክምና ወዴት ሄድክ/ሽ?	ከባህል መድሃኒት አዋቂ----------1 ከመንግስት ጤና ድርጅት----------2 ከግል ፋርማሲ----------3 ከመንደር መርፌ ወጊ----------4 ከግል ጤና ድርጅት----------5 ሌላ/ይገለጽ/----------88		/-----/
225	(ከጥያቄ 225-233 ለሴቶች ብቻ) ከአሁን በፊት አርግዘሽ ታውቂያለሽ?	አዎ----------1 የለም----------2	→ ወደ ተ.ቁ 301	/-----/
226	ለመጀመሪያ ጊዜ ያረገዝሽው በስንት አመትሽ ነው?	አመት አላውቅም/አላስታውስም/----------2		/-----/
227	ለላይኛው ጥያቄ መልስሽ አዎ ከሆነ በአጠቃላይ ስንት ጊዜ አርግዘሽ ታውቂያለሽ?	----------ጊዜ		/-----/
228	አርግዘሽ ከነበር ስንት እርግዝና በእቅድ ነበር?	----------		/-----/
229	ወጣት ሴቶች ሲያረግዙ አንዳንድ ጊዜ ለማስወረድ ይወስናሉ አንች አስወርደሽ ታውቂያለሽ?	አዎ----------1 የለም----------2	→ ወደ ተ.ቁ 301	/-----/
230	ለላይኛው ጥያቄ መልስሽ አዎ ከሆነ ስንት ጊዜ አስወረድሽ?	----------ጊዜ		/-----/
231	አስወርደሽ ከነበር ጉዳዩን በቅድሚያ ለማን አዋያሽ?	ለባለቤቴ----------1 ለአቻ ጓደኛዬ ----------2 ለፍቅረኛዬ----------3 ለቤተሰቦቼ----------4 ለጤና ባለሙያ----------5 ለባህል መድሃኒት አዋቂ----------6		/-----/

		የመንደር ውስጥ አስወራጅ----------7 ሌላ/ይገለጽ/----------88		
232	ለምን አስወረድሽ? (እርግዝናውን ለምን አቋረጥሽ?)	ቤተሰቦቼን በመፍራት----------1 ትምህርቴን ለመቀጠል----------2 ያልተፈለገ ስለነበር----------3 ከጋብቻ ውጭ ስለሆነ----------4 ኢኮኖሚያዊ ስለማይፈቅድ----------5 ሌላ/ይገለጽ/----------88		/-----/
233	ያስወረድሽው የት ነበር?	የመንግስት ጤና ድርጅት----------1 ከግል ጤና ድርጅት----------2 በልምድ የሚያስወርዱ----------3 ሌላ/ይገለጽ/----------88		/-----/
ክፍል ሦስት፡ ስለ ኤች አይ ቪ/ኤድስ እውቀትና ግንዛቤ እና እንደዚሁም ለበሽታው የመጋለጥ ግላዊ አሳቤ የሚያመለክቱ ጥያቄዎች				
ተ.ቁ	**ጥያቄዎች**	**አማራጭ መልሶች**	**ይለፉ**	**ኮድ**
301	ኤች አይ ቪ/ኤድስ ተብሎ የሚጠራው በሽታ መኖሩን ሰምተው ያውቃሉ?	አዎ----------1 አላውቅም----------2		/-----/
302	ስለ ኤች አይ ቪ/ኤድስ እና በግብረ-ስጋ ግንኙነት ስለሚተላለፉ በሽታዎች በአብዛኛው መረጃ የሚታገኘዉ/ኚው ከማን/ከየት ነው ?	አዎ የለም 1 ከወላጆቼ----------1 2 2 ከባለቤቴ- ----------1 2 3 ከፍቅር ጓደኛዬ ----------1 2 4 ከአቻ ጓደኛዬ ----------1 2 5 ከጤና ተቋማት----------1 2 6 ከሀይማኖት መሪዎች----------1 2 7 ከጋዜጣ ወይም ከሌሎች በራሪ ጽሁፎች----------1 2 8 ሬድዮ/ቴሌቭዥን----------1 2 88 ሌላ /ይገለጽ/----------1 2		/-----/ /-----/ /-----/ /-----/ /-----/ /-----/ /-----/ /-----/
303	ኤድስ እና በግብረ-ስጋ ግንኙነት የሚተላለፉ የአባላዘር በሽታዎች እንዳይያዙ የሚያደርጉት የመከላከያ ዘዴ አለ ?	አዎ----------1 የለም----------2 አላውቅም----------99		/-----/
304	አንድ ሰው እራሱን ከኤች አይ ቪ/ኤድስ እና ሌሎች በግብረ-ስጋ ግንኙነት ከሚተላለፉ በሽታዎች ለመከላከል ምን ማደረግ አለበት? (መልስ የሆነ ሁሉ ይከበብ)	አዎ የለም 1 ከግብረ-ስጋ ግንኙነት መቆጠብ (መታቀብ)----------1 2 2 ድንገተኛ የግብረ-ስጋ ግንኙነት ማስወገድ----------1 2 3 አንድ ለአንድ መወሰን----------1 2 4 ኮንደም መጠቀም----------1 2 5 ከጋብቻ በፊት ግብረ-ስጋ ግንኙነት አለማድግ----------1 2 6 ከሴትኛ አዳሪ ጋር ግብረ-ስጋ ግንኙነትአለማድግ----------1 2 88 ሌላ(ይገለጽ)--- ----------1 2		/-----/ /-----/ /-----/ /-----/ /-----/ /-----/ /-----/
305	አንድን ሰው አትኩሮ በማየት የኤች አይ ቪ ቫይረስ እንዳለበት ማወቅ ይቻላልን?	አዎ----------1 የለም----------2 አላውቅም----------99		/-----/
306	ኤድስ በሽታ የሚድን በሽታ ነውን ?	አዎ----------1 የለም----------2 አላውቅም----------99		/-----/
307	ማንኛውም ሰው በህይወቱ ለመጀመሪያ ጊዜበሚየደርገው የግብረ-ስጋ ግንኙነት በኤች አይቪ ሊያዝ ይችላል ?	አዎ----------1 የለም----------2 አላውቅም----------99		/-----/

308	በግብረ-ስጋ ግንኙነት ስለሚተላለፉ የአባላዘር በሽታዎች ሰምተህ/ሽ ታውቃለህ/ሽ ?	አዎ----------1 የለም----------2		/-----/
309	ከብዙ ሰዎች ጋር የግብረ-ስጋ ግንኙነት ማድረግ ለኤድስ በሽታ ያጋልጣል ብለው ያምናሉ ?	አዎ----------1 የለም----------2		/-----/
310	አልኮል መጠጦችን መጠጣትና አደንዛዥ ዕጾችን መጠቀም ለኤድስ በሽታ መያዝ ያጋልጣሉ ብለው ያምናሉ ?	አዎ----------1 የለም----------2 አላውቅም----------99		/-----/
311	በኮንደም መጠቀም ለኤድስ በሽታ መከላከያ ዘዴ ነው ብለው ያምናሉ ?	አዎ----------1 የለም----------2		/----/
312	ግብረ-ስጋ ግንኙነት በምታድርግበት/ጊበት ጊዜ ኮንደም መጠቀም ተጣማሪን /ጓደኛን/ ያለማመን ምልክት ነው ?	እስማማለሁ ----------1 እርግጠኛ አይደለሁም----------2 አልስማማም----------3		/-----/
313	ወንድ ልጅ ከማግባቱ በፊት የግብረ-ስጋ ግንኙነት ማድረግ አለበት ?	እስማማለሁ ----------1 እርግጠኛ አይደለሁም----------2 አልስማማም----------3		/-----/
314	ከወጣቶች ጋር ስለ ኮንደም ወይንም ስለ ወሊድ መከላከያ ዘዴዎች መምያየት ልቅ የግብረ-ስጋ ግንኙነት ያስፋፋል ?	እስማማለሁ ----------1 እርግጠኛ አይደለሁም----------2 አልስማማም----------3		/-----/
315	እስከአሁን ባለው ጊዜ ለኤች አይ ቪ ተጋልጫለሁ ብለህ/ሽ ታስባለህ/ቢያለሽ?	አዎ----------1 የለም----------2 አላውቅም----------99		/-----/
316	መልስህ/ሽ አዎ ከሆነ ለምን? (መልስ የሆነ ሁሉ ይከበብ)	አዎ የለም 1 ከአንድ ሰው በላይ የግብረ-ስጋ ግንኙነት ስለፈጸምኩ ---1 2 2 መተማመን ባለመኖሩ----------1 2 3 ያለኮንደም የግብረ-ስጋ ግንኙነት ስላደረኩ ----------1 2 4 ከሴትኛ አዳሪ ጋር የግብረ-ስጋ ግንኙነት ስለፈጸምኩ -1 2 5 ያለፈውን ታሪኬን ስለማውቀው ----------1 2 6 የተበከሉ ስለታም እቃዎች ስለተጠቀምኩ ----------1 2 7 የደም ልገሳ ስለተደረገልኝ----------1 2 88 ሌላ /ይገለጽ/----------1 2		/-----/ /-----/ /-----/ /-----/ /-----/ /-----/ /------/
317	መልስህ/ሽ ራስን ለኤች አይ ቪ የሚያጋልጥ ስህተት አልሰራሁም ከሆነ ለምን ? (መልስ የሆነ ሁሉ ይከበብ)	አዎ የለም 1 የግብረ-ስጋ ግንኙነት ፈጽሜ አላውቅም----------1 2 2 ከግብረ-ስጋ ግንኙነት ስለታቀብኩ --1 2 3 አንድ ለአንድ በታማኝነት ስለጸናሁ--1 2 4 አንድ ፍቅረኛ ብቻ ስላለኝ----------1 2 5 ጥንቃቄ የተሞላበት ግብረ-ስጋ ግንኙነት ስለማደርግ----------1 2 6 ሌላ ሰው በተወጋበት መርፌ ተወግቼ አላውቅም----------1 2 7 በኮንደም ስለምጠቀም----------1 2 88 ሌላ /ይገለጽ/----------1 2		/-----/ /-----/ /-----/ /-----/ /-----/ /-----/ /-----/ /-----/
318	አንተ/ቺ በኤድስ ቫይረስ የመያዝህ/ሽ ዕድል/ሁኔታ/ ምን ያህል ነው?	ልያዝ አልችልም----------1 በጣም አነስተኛ----------2		/-----/

		መከከለኛ----------3 በጣም ከፍተኛ----------4 አላውቅም----------99		
319	በፈቃደኝነት ስለሚደረግ የኤች አይ ቪ የምክር አገልግሎት እና የደም ምርመራ ስምተህ/ሽ ታውቃለህ/ቂያለሽ ?	አዎ----------1 የለም----------2		/-----/
320	በፈቃደኝነት ላይ የተመሰረተ የኤች አይ ቪ የደም ምርመራ አድርገህ/ሽ ታውቃለህ/ቂያለሽ ?	አዎ----------1 የለም----------2		/-----/
321	የኤች አይ ቪ የደም ምርመራ ለማድረግ ብትጠየቅ/ቂ ፈቃደኛ ትሆናለህ/ኛለሽ ?	አዎ----------1 የለም----------2 እርግጠኛ አይደለሁም----------3		/-----/
322	መልስዎ አዎ ከሆነ መመርመር የፈለግህበት/ሽበት ምክነያት ምንድነው ?	እርግጠኛ ለመሆን----------1 የወደፊት ኑሮየን ለማስተከከል----------2 ከእርግዝና በፊት እርግጠኛ ለመሆን----------3 ከጋብቻ በፊት ነጻ መሆኔን ለማረጋገጥ-----4 ሌላ/ይገለጽ/----------5		/-----/
323	ኤች አይ ቪ/ኤድስን ለመከላከልና ለመቆጣጠር የሚደረጉት ጥረቶች የራሰዎን ባህሪ እንድለውጡ ረድቶታል ?	አዎ----------1 አላደረገም----------2 መልስ የለም----------96		/-----/

ለትብብርዎ በጣም አመሰግናለሁ !!

Annex 5: English FGD Guide

Focus group discussion protocol and topic guide
Focus group discussion protocol
Good morning/afternoon and thank you all for coming.
My name is----------. My colleague next to me is called ----------. We came from Community Health Department of Medical Faculty, Addis Ababa.
Read the following as it is:
"After we conduct some brief introduction, we will be talking about several different issues. We will be asking you questions about your overall experience with HIV/AIDS in your locality and questions pertaining to the issue of sexuality, HIV risk perception and condom use. We will conclude the session by asking you for your recommendations on how such program might be implemented in your community in the future".
Potential use of data
The gathering of this information is to gain further insight in those aspects of HIV risk reduction interventions among youth.

Major rules
Issue of confidentiality
Please be assured that any information collected here will be strictly kept confidential. The staff of the research group and other participants will not directly share the information in a way that would reveal an individual's personal identity.

Consent for participation and tape-recording
At this point it is important that we obtain your consent for conducting the session. Understand that this is more for your protection than any thing else.
Read consent form out loud to the group
"Your remaining in the session indicates that you voluntarily agree to participate in this discussion program. You have the right to refuse to answer any questions and to end the discussion if you find it necessary to do so. For the sake of accuracy and efficiency, we will also be tape recording these sessions, unless any one has any objections".

Role of moderator/note taker
The moderator will be in charge of facilitating the discussion .The moderator will bring the discussion back to the topic at hand should it go beyond the main issues. The moderator will not give any indication (verbal or physical) that would encourage certain types of comments or discourage other types of comments. In short, the moderator will guide the discussion when necessary, being careful not to lead the discussion. It is our role to facilitate, but your role to tell us what you think. The note taker will have the sole responsibility of capturing the sessions as accurately as possible. This will include not only participants' responses, but nonverbal actions, physical environment, atmosphere of the session, as well as other vital characteristics of the session.

Importance of focus group
In this group everybody should feel free to talk. Each and every opinion is important and wanted. It is very important that all the people in the group get a chance to express their opinions.

Agreement to disagree

In this group there are no right or wrong answers. Everybody should express the opinions or attitude pertinent to him or her. When you express your opinions you are encouraged to be honest in your views of the HIV/AIDS risk and preventive programs (especially condom use). We want you to focus your comments on the program and not toward each other or members of the staff.

Focus group discussion topic guide

1. We would like to hear a little about your experience or knowledge about AIDS
   1.1. Tell us what is AIDS?
   1.2. We would like you tell us how people get HIV/AIDS?
2. Now we would like to ask you about sexuality, HIV risk perception and condom use
   2.1. What do you perceive about early sex, its determinants (causes, prevention and its consequences?)

   Probe
   - What is the usual age of commencement of sexual practice? (For female? For male?)
   - In your opinion, till when should sex practice be delayed? (Till marriage? Until physical and psychological maturity?) for female, male

   2.2 How do you relate early sex and multiple sexual partners with HIV/AIDS and other STIs and also with unwanted pregnancies?

   Probe
   - Would you give me an example?
   - Has any one else had similar experience?

   2.3. What do you understand by HIV risk perception?

   Probe
   - Would you give me an example?
   - Has any one else had similar experience?

   2.4. What are the most important preventive measures being taken by the youth?

   Probe
   - Reduce partners? Avoid commercial sex? Delay sex? Use condom constantly?
   - Which ones are more feasible and acceptable method of prevention for the Youth?

   2.5. How do you perceive condom use and factors for its non-utilization?

   Probe
   - Do you have the intention to ask your partner to use condom?
   - Would you explain further?
   - Is there any thing else?

   2.6. Are the current condom out-lets favorable for the maximal utilization by the youth? Why not? What are the other means which improve utilization?

   2.7. Though knowledge seems high, risk behavior reduction among the youth is said to be low. What do you think are the main reasons?

   Probe
   - No vision? Poverty? Unemployment? Substance addict? Others?

   2.8. Do young people around here know that there is a medical test for HIV/AIDS? And where? If yes, do they go for check up? Why?

   Probe
   - To be sure? For marriage? For employment?
   - Do you see any advantage or disadvantage of VCT?

- Advantages: protect others? Get support? Future plan?

2.9. Do you suggest anything, comment on and recommend mechanisms from your own opinion to avert the existing early sexual initiation and multiple sexual activities so that the emergence of new HIV infection and other STIs in youths will be reduced?

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

Annex 6. Conceptual frame on HIV risk perception and condom utilization