

ADDIS ABABA UNIVERSITY, FACULTY OF MEDICINE,
DEPARTMENT OF COMMUNITY HEALTH

**ASSESSMENT OF LEVEL OF KNOWLEDGE OF REPRODUCTIVE
HEALTH AND SEXUAL BEHAVIOR AMONG ADOLESCENTS IN
NEKEMTE TOWN**

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Acronyms

AAU: Addis Ababa University

AIDS: Acquired Immunodeficiency Syndrome

ARH: Adolescent Reproductive Health

CDC: Centers for Disease Control and Prevention

CI: Confidence interval

DCH: Department of Community Health

ETB: Ethiopian Birr

FOM: Faculty of Medicine

HIV: Human Immunodeficiency Virus

IEC: Information, Education, and Communication

KAP: Knowledge, Attitude, Practice

LGI: Lymphogranuloma inguinale

LGV: Lymphogranuloma venerum

MOH: Ministry of Health

OR: Odds ratio

RH: Reproductive Health

SBC: Sub cities

SSA: Sub-Saharan Africa

STIs: Sexually Transmitted Infections

STDS: Sexually Transmitted Diseases

WHO: World Health Organization

Abstract:

The adolescence period is a very interesting one. Isangedi hi (1994) sees the period as a time of growth spurt, caused by increased hormonal activities and of self-awareness and development. Although studies have been conducted to assess sexual behaviors of adolescents still the reproductive health problems and sexual behaviors of younger people and their contributing factors are not well assessed and documented for every parts of the country.

A cross-sectional community based survey was conducted to assess the level of knowledge of reproductive health especially HIV /AIDS and risky sexual behavior among urban adolescents. Data were collected using a structured pre tested questionnaire. Knowledge score was calculated for HIV /AIDS by computing 29 dichotomous variables related to the knowledge of HIV /AIDS. Odds ratio with 95% CI was employed to test the significant association between measurement variables and multiple logistic regression was also utilized to control for the possible confounders.

A total of 748 adolescents aged 12 –19 years were identified to participate in this study .Out of these, 16 refused to participate while 11 involved partially in the study. Data were collected only from 721 study subjects, 316 (43.8%) males and 405 (56.2%) females, yielding the response rate of 96.4 %. The mean age of the respondents is 16 years (\pm 2 SD). Nearly 66.0% of them knew about RH. 701(97.0%) out of 721 adolescents mentioned diseases that a person could acquire through sexual intercourse. These include HIV/AIDS 674(96.1%), gonorrhoea 621(88.6%), and syphilis 583

(83.2%), chancroid 523 (74.6 %) and LGV 295 (42.1%), respectively. A substantial proportion (44.2%) of the adolescents can be considered knowledgeable about HIV/AIDS. 18.0% of them were sexually active and the mean age at sexual commencement was 14.48 (\pm 2.89 SD) years for males and 14.86 (\pm 2.19 SD) for females. 35.0% of the respondents have reported that they have had two or more life time sexual partners.

Being male, knowing means of avoiding pregnancy and where to get RH services, accessibility of RH services and being sexually active were found to influence adolescents' knowledge of HIV /AIDS positively while younger age and ever visit of health institution for RH services affected their knowledge negatively.

Multipartnership or risky sexual behavior was 2.4 times more common among males compared to females (OR=2.408 (1.028, 5.64)). However, accessibility of RH services, ever discussion of sexual matters with parents, alcohol and khat consumption were found to influence risky sexual behavior negatively.

The condom use rate among adolescents was 36.9 %. Orthodox Christians were found to use condom less likely compared to Catholic and Muslim religious people. Similarly, the study subjects who have ever had one life time sexual partner, discussed about sexual matters with their parents and smoked cigarettes were also found to use condom less likely compared to their counterparts. It was concluded that few knew correctly the components of RH and this could lead to the development of risky sexual and reproductive behavior and Parent- young people communication on sexual matters was very poor. Thus, Strengthening of I .E .C on RH matters for

adolescents in an effort to enhance their level of awareness on adolescent RH including HIV/ AIDS by involving parents, religious and other community leaders and relevant organizational sectors as well, facilitating adolescents' peer education on their sexuality both at the school and family level, and designing means of increasing parents-young people communication on sexuality from early adolescence to overcome the untimely RH problems were recommended .

1. Introduction.

The adolescence period is a very interesting one. Isangedi hi (1994) sees the period as a time of growth spurt, caused by increased hormonal activities and of self-awareness and development. It is also a time of self-criticism and the questioning of others as well as burgeoning sexual feeling and impulses, combined with the beginning of the capacity to reproduce (1, 2).

The total number of world population is estimated to be 6.15 billion out of which 1.2 billion are adolescents, which implies more than one out of six persons in the planet are adolescents. However, 85% of them are living in developing countries and in sub-Saharan Africa 1 in 4 Africans is an adolescent. The estimated total population of the 42 African countries that lie south of Sahara is 610 million of which approximately 20 % (120 million) are adolescents aged 10-19 years. With an overall population growth rate of 2.7 % in the sub-Saharan Africa, it is projected that this adolescent population will double in the next 25 years. Some studies have also shown that in Ethiopia they are also estimated to be one third of the total population. Their number is expected to grow from 20.3 million in 2000 to 25 million in 2010 (2, 3, 4, 5).

Worldwide the lives of millions of adolescents are at risk because they do not have the information, skills, health services and support they need to go through sexual development during adolescence and postpone sexual intercourse until they are

physically and socially mature and able to make well informed responsible decisions (6).

There is a great diversity of challenges faced by young people in regard to their reproductive health, and the issues of critical importance to them vary greatly depending on their cultural and geographical backgrounds. These issues include sexual development and sexuality including puberty, forced early marriage, lack of opportunities, unwanted pregnancy, early child bearing, the spread of HIV/AIDS and other sexually transmissible infections (STIs), and female genital mutilation (7).

In many countries, the highest increase in STIs incidence is among adolescents. Half of the 333 million new STIs each year are among people under 25 years of age in which Africa is not an exceptional where 65% of all new HIV/AIDS infections are in young people (3).

Ethiopia is one of the developing African countries where HIV/AIDS is fueling and striking its population of all age including adolescents. The prevalence of the disease among adult population is thought to be 6.6 % while an estimated 2.2 million people are infected with the virus. As is the case elsewhere in Africa, transmission is almost exclusively through heterosexual contact (8).

Therefore, the reproductive health problems of young people in Ethiopia are multifaceted and interrelated that is child bearing begins at an early age in which 45 %of the total births in the country occur among adolescent girls and young women. Sexual violence and commercial sex work have also become common phenomenon among young girls .As a result, adolescents have become

primary victims of HIV /AIDS crisis that has spread through out the country evidenced by a large proportion of new HIV infection which is occurring in young people under 25 years old in the country. In general young people are at risk of reproductive health problems, which are aggravated by the overall poor socio economic environment and harmful traditional practices (5).

The adult HIV seroprevalence rate of the study area is 13.0 % and can put adolescents of the study area at high risk for the acquisition of sexually transmitted infections especially HIV/AIDS and its social and economic impacts (9).

Although studies have been conducted to assess sexual behaviors of adolescents still the reproductive health problems and sexual behaviors of younger people and their contributing factors are not well assessed and documented for every parts of the country which also includes this study area.

Thus, this study is conducted in an attempt to assess the level of knowledge of reproductive health especially HIV /AIDS and sexual behavior among adolescents in the study area so that especial attention could be paid, by policy makers and program managers, to informed choices of reproductive health needs of adolescents and preventive aspects of STIs with especial emphasis given to HIV/AIDS to address those problems associated with the disease based on the study results.

2. Literature Review

2.1. Sexually Transmitted Infections and factors related to risky sexual behavior among adolescents.

The World Health Organization reports that the highest rate of STIs occur among 20 -24 years old, followed by adolescents ages 15 -19. Young girls are at even higher risk, largely due to earlier onsets of sexual activity .In the developed world, two -thirds of reported STIs occur among men and women under the age of 25.In developing countries the proportion is even higher. For instance, about one-half of all HIV infections occur among men and women of 24 years and younger (10, 11).

Worldwide, about 500,000 young people (15-24 years) are infected with STDs and this increases their risk to HIV infection. Sexually transmitted diseases (STDs) are enormously costly to society in terms of both of human pain and suffering and of health care expenditures. Among their consequences, STDs are potent cofactors in the sexual transmission of HIV.The AIDS is emerging as the most serious public health and development challenge to ever affect Sub-Saharan Africa the area, which currently bears the heaviest toll of HIV infection, accounting for 63 % of the global total. According to UNAIDS (2000), in Africa countries young people between 15 & 24 account for 66 % of all new infections acquired mainly through heterosexual transmission aggravated by risk behaviors (12, 13).

The probability of acquiring STDs is thus the product of several risk factors, including age at first coitus, number of concurrent or sequential sexual partners, use of barrier methods of

contraception, partner choice, prevalence of that disease in a community, access to health services for treatable STDs and biological factors, such as cervical ectopy. An adolescent whose only lifetime sexual partner has ever had other partners is also at risk for STDs, particularly if the partner comes from a community with a high prevalence of infection. Having multiple sexual partners represents important behavioral risk factors for STDs among adolescents and young adults, especially if they fail to use condoms correctly and consistently (13).

Psychological factors that put many adolescents at increased risk for STIs include a general sense of invulnerability, the desire to try new experiences, and the willingness to take risks, including changing sexual partners often or having a partner who has multiple partners. In addition many adolescents lack knowledge of STIs that contributes to risk-taking behaviors, find it difficult to use condoms consistently and correctly, or lack communication and negotiation skills, making condom use difficult. Social and programmatic factors can also increase risks associated with STIs. Programmatic factors include limited access to family planning or STI services; inconvenient clinic hours or locations; cost prohibiting purchases of condoms from pharmacies, other shops, or clinics; lack of confidentiality, trained clinic staff or staff members with negative attitudes about adolescent sexual activity and contraceptive use, and legal restrictions. Social factors include adolescents' relative lack of power in relationships with adults and others, who may be their partners. Some adolescents experience nonconsensual sexual relationships with older, more

powerful partners with whom they may feel unable to negotiate safer sex practices (11).

Adolescents want access to educational programs and services. However, more than two-thirds of them in Mongolia said that they do not get enough information on STI/ HIV and pregnancy prevention and that they lack a health facility where they can get RH services and counseling based on their specific. Most adolescent get information from inaccurate sources and have insufficient knowledge. According to one recent survey conducted in Mongolia 87 % of adolescents had insufficient knowledge about reproductive health and sexuality and 98 % of the respondents had poor decision making and communication skills related to RH and sexuality. It is obvious that low levels of knowledge and skills have a negative impact on adolescent RH. Almost half of all teenagers indicated that if they had sexual intercourse, they would use the calendar method, which is ineffective, to prevent pregnancy. One quarter said that they do not know any methods of contraception (14).

Reproductive and sexual health services can play an important role in both health promotion and prevention. However, in many countries such services are inaccessible, inappropriate or unaffordable to young people. A study conducted in South Africa showed that many such health services are either physically inaccessible or have opening times that prevent easy access for youth. Staff attitudes ranging from judgmental, to treating adolescents requests for services with hostility, to denying them services –also impact on adolescents' utilization of services (4).

2.2. Sexuality and awareness of RH among adolescents.

With the advent of HIV/AIDS and a recognition that sexual activity for many people begins in adolescence, there has been a growing interest in adolescent sexual and reproductive health and recognition that these concerns are not being adequately addressed in the existing system though the age at which adolescents start having intercourse varies between regions and within a country, between urban and rural settings (15,16).

A survey carried out in Indonesia revealed several misconceptions about sexual behavior. More than half of the respondents believe that women could not be pregnant from just one act of sexual intercourse. Most of young adults had heard about HIV/AIDS, but only a few had heard about any other STD. Very few of them, however, had a good understanding of how HIV/AIDS is transmitted. Almost half of respondents believed that HIV/AIDS is curable. Nearly all of the respondents disapproved sexual activity before or outside marriage. However, probing of related questions on these issues suggested that their attitudes might not be totally restrictive. Foreexample, 12% of respondents approved premarital sex if the couples were planned to marry (4).

Sexually Transmitted Diseases increase the likelihood of negative pregnancy outcomes for both the adolescent mother and her infant. STDs such as syphilis, hepatitis B, and HIV can be transmitted to new borns. Bacterial vaginosis and trichomoniasis are related to preterm delivery and low birth weight. These problems are made worse by the fact that fewer adolescents than older women seek prenatal care or other reproductive health services for the treatment of these infections due to typical reactions of guilt

and shame that often prevent them from seeking treatment in a timely fashion (11).

Another study in Mongolia identified that sexual behavior among adolescents, including risky behavior, is common. In 1995, a study found that 26 % of adolescents aged 17 -18 years had had sex. Another, in 1999, found that 35 % of them in the same age group had had sex. The reasons given for having sex were, for women, to show their love (44 %), and for men out of curiosity and for pleasure (56 %). 64 % of teenagers aged 11 -18 years who have had intercourse did not use either a condom or another method of pregnancy prevention the first time that they had sex and the majority of girls and boys think that premarital sex is acceptable. Most adolescents get information on RH and sexuality from sources that are not always accurate: 66 % of them get most of their information from their friends. Television and newspapers were also commonly named sources of information; 90 % of adolescent boys and 71 % of adolescent girls do not talk with their parents and other family members about pregnancy prevention. The majority of boys (80 %) and girls (76 %) stated that talking with their parents about sexuality is very uncomfortable. Parents and teachers say that they are not able to talk with them due to their own poor knowledge of sexuality (14).

According to one study conducted in Egypt among Egyptian adolescents about their knowledge and beliefs concerning reproductive health, sex education, and contraceptives, 48 % of less educated respondents had heard of STDs .Of these, 90% had heard of AIDS, but only 2% of syphilis, 60% of those said

“following religious teaching “was the best way to protect oneself, while 17 % said premarital examinations and 17 % said periodic checkups (17).

A study conducted in Guinea to explore young people’s sexual behavior and related attitudes showed that the mean age at first intercourse was 16.3 years for females and 15.6 for males. Sexually active young men reported a greater mean life time number of sexual partners (4.0) than sexually experienced young women (2.1), and respondents in their 20s had had more partners than adolescents. Female pupils had had fewer partners than their out-of-school counterparts; however, among young men the reverse was true for adolescents and no significant difference was found among those age 20-24. While 42 % of females and 44 % of males said they had had no coitus in the previous month, 45 % and 51 %, respectively, had had sex 1-3 times, and the remainder had had sex more often. Young people reported that both their partners and their peers pressured them to have sex. Many women said they had succumbed to a male’s desire; some even reported having been forced into having sex. Female participants said they fear losing their partner if they refuse and assume that any other boyfriend would express the same desire. Most sexually active female respondents replied that their partners are pupil (2 %), the one with monetary income and the like .On the contrary, sexually active young men reported that their partner was a pupil (15 %) and a small trader .who made little money, which accounted for 23 %, respectively. Both younger men and women tend to have a partner of their social group, who support their main goal that is to

successfully finish their school. On the other hand, on average, young women reported that their partners were 5.5 years older than them while young men reported that their partners were an average of 3.9 years younger than them. Among adolescent respondents, only about a quarter knew that the first coitus can result in pregnancy. Asked to choose from a list of methods those that can be used to prevent pregnancy, 70 % sexually active youths indicated the condom, 54 % abstinence, 51 % the pill and 29 % coitus interruptus while about 1 in 10 cited ineffective methods or said I don't know. Similarly, 29 % reported having used the condom, 20 % the calendar method and 14 % the pill (16).

Another qualitative study conducted in Benin city, Nigeria on perception of sexual behavior and knowledge about STDs among adolescents reflected a general perception that females began having intercourse at a younger age than did males; the most commonly stated age of sexual debut for females was 11- 13 years, compared with 14- 15 for males. The main reason participants gave for romantic relationships (which might or might not involve sex) was attraction; material or monetary gain was the most common reason cited for sexual relationships, although peer pressure was also frequently mentioned. The focus group discussions also revealed more knowledge about HIV/AIDS than about other STDs, and the students did not mention the link between AIDS and other STDs. Concerning the sources of STD information participants described newspapers, magazines, and posters as the most common sources of STD information for young people, followed closely by radio, television and film. However, some participants reported

that young people also learned about STDs from family members and from school –related events. Males said that friends or peers were the most common sources of information (18).

A survey conducted in three kebeles of Harar town, Ethiopia, among 900 males and females aged 12 -29 years by Antenane Korra and Mesfin Haile to examine the sexual behavior of youth and to determine their KAP of family planning and their level of awareness regarding HIV/ AIDS revealed that nearly half of males and one –fifth of females reported that they had had sexual intercourse, a total of 15 % of female respondents had had unwanted pregnancies and slightly more than half knew the time of ovulation and when pregnancy could occur . Although the level of knowledge about family planning between both sexes was reasonable, only approximately one –fifth reported ever having used a method. Of these, 70 % of males had used condoms and 65.8% of females had used the pill with a substantial level of awareness of HIV /AIDS observed in both sexes (19).

A base line survey on ARH among adolescents in government high schools of Addis Ababa revealed that students were given choices to define what is meant by RH and they stated RH is family planning (70.0%), access to health information and services (53.0%), the right to choose when and with whom to have sex (42.0%), STDs /HIV/AIDS issues (42.0%) and safe mother hood (32.0%). The major sources for RH information were media such as radio and television (68.0%), publications such as books magazines & news papers (49.0%), health professionals (48.0%), school clubs (30.0%) and school teachers (29.0%). In this study adolescents

preferred to obtain RH information from health professionals (34.0%), school teachers (14.0%) media (14.0%), and school clubs (12.0%) as their first choices. Concerning students' knowledge of STDs and its symptoms they responded that STDs include syphilis (80.0%), gonorrhoea (78.0%), Lymphogranuloma inguinale (18.0%), Lymphogranuloma venereum (34.0%), chancroid (28.0%), trichomoniasis (7.0%), and HIV/AIDS (90.0%) and they have identified discharge (36.0%), dysuria (50.0%), pain around the pelvis (41.0%), sores around the vagina or penis (50.0%) and itching near vagina or penis (40.0%) as the main symptoms of STDs while 30.0% of them did not know any of those symptoms. Similarly they have also identified the major ways of HIV/AIDS transmission as sexual intercourse (94.0%), needles or razors (88.0%), blood transfusion (81.0%), mother to child (66.0%), curse from God (16.0%), mosquito bite (7.0%), kissing (5.0%), drinking from the same glasses (2.0%), and sharing toilet (2.0%). 62.0% of males and 38.0% of the females mentioned abstinence, being faithful to one's partner, and use of condom (ABC) method as means of HIV/AIDS prevention. Girls had first heard about menstruation from school teachers (52.0%), mothers (50.0%), peers (32.0%), media (26.0%), and publications (19.0%). The boys had heard about ejaculation from peers (15.0%) school teachers (49.0%), publications (34.0%), and media (31.0%). 23.0% of the study subjects acknowledged that they had had sexual intercourse. The mean age at initial sexual intercourse is 15.7 years (girls) and 15.8 years (boys). 23.0% of the girls who had had sexual intercourse complained that they had been pregnant at least once. Among the girls who had got pregnant,

60.0% had had an abortion. Concerning the contraception, they have used condoms (75.0%), pills (13.0%), and rhythm method (12.0%), respectively. The majorities have found contraceptive method from health institutions (46.0%), shops (42.0%), self-sexual partner (15.0%), & peers (11.0%). However, 35.0 % of boys and 50.0% of girls did not use any contraception the last time they had experienced sexual intercourse for main reasons such as lack of interest (25.0%), lack of knowledge on method (21.0%), being afraid to buy (9.0%) and financial problems (7.0%) (20).

According to one study conducted in Bale Zone of Oromiya Regional National state on factors that influence school adolescence exposure to HIV/STDS majority of the students (98.0%) were aware of HIV /AIDS and (88.9%) of them had heard of diseases that can be transmitted through sexual intercourse. They have mentioned sexual intercourse (86%) and contaminated infection needles (66.0%) as major modes of HIV transmission while mosquito bite (27.7%) and eating uncooked chicken that had swallowed used condom (37.9%) were the major misconceptions reported. Twenty five percent of the respondents also reported that a healthy looking person could not be suspected of having HIV and 64.0% of them claimed that abstinence combats from being infected by HIV. About thirty one percent of the adolescents acknowledged that they had practiced sexual intercourse .The mean age at first sexual intercourse was 15.87 (± 1.8 SD) years .The reasons cited for the initiation of the first sexual encounter were personal desire (39.1%), peer pressure (23.3%), influence of alcohol (13.6%), chat chewing (12.4%). 47.7% of them had more than one partner in the

past .Of the sexually active students nearly 21.0% have reported to have sexual intercourse with commercial sex workers .The majority (58.0%) have never used condom during any episode of sexual intercourse while only 19.0% used condom. Among the respondents who have claimed to have sexual intercourse with commercial sex workers, 88.8% of them did not use condoms. 47.3% of them indicated that the major reason for not using condoms was because of disliking condoms (21).

A study conducted in south Gondar among both urban and rural adolescents indicated that a woman is most likely to become pregnant half way between two periods. Nearly 25.0 % of urban adolescents assured the possibility of becoming pregnant in the middle of menstrual cycle. Over all more urban adolescents (79.6%) appeared to know at least one modern contraceptive than rural ones. Oral contraceptive pills were the most frequently known contraceptive methods by 71.3% of urban and 51.0% of rural adolescents. Urban adolescents mentioned injectables (59.0 %) and condom (41.1%) as the second and third familiar methods, respectively. The majority (94.1%) of the study subjects were aware of HIV /AIDS. Forty-five percents of the respondents recognized diseases other than HIV/AIDS that can be transmitted via sexual intercourse such as gonorrhoea (92.1%), syphilis (90.7%), Lymphogranuloma venereum (33.5%) and chancroid (26.9%). Out of a significant number of study participants who mentioned at least one means of preventing STDs and AIDS, 67.8% mentioned abstaining, remaining faithful to sexual partner (40.1), using condom (30.7)& avoiding sex with female CSWs (11.7%). Fourty six

percent of the study participants agreed that a girl could get pregnant the first time she had sex and slightly more than half (53.0%) of them mentioned that a healthy looking person could have HIV. Different source of information for HIV/AIDS were mentioned such as radio (44.4%), family members /Parents (44.7%), newsletters /pamphlets (19.1%), peers (18.9%), health workers (16.8%) and religious leaders (14.0%). Forty two percent of the total adolescents were sexually active out of which 43.8 % urban adolescents had experienced sexual intercourse. The mean age at first sexual intercourse was 16.1(\pm 1.5 SD) years for males and 14.987 (\pm 1.9 SD) for females. The major reason mentioned for the sexual initiation was marriage (35.3%) while sexual desire (10.3%), to obtain gifts (6.9%), and romantic love (36.2%) were others mentioned. Alcohol was also cited as a predominant driving force by 7.0% of male respondents. 18.2% of urban adolescents reported that they had sexual intercourse with two or more partners .The mean number being 1.629 (\pm 1 SD).A total of 19(25.7%) sexually active male adolescents reported experiencing commercial sex in the past 12 months out of which 36.0 %of them reported occasional condom use while none of them reported consistent condom use during commercial sex. On the Other hand, 41.2% of female adolescents have got pregnant at least once prior to the study while 17.1% had history of induced abortion (22). Abase line survey report on KAP of sexuality and reproductive health among Jimma youths showed that 31.7 % (46.3% males and 20.2% females) had had sexual intercourse. The mean age at the commencement of sexual intercourse was approximately 17.6 and 17.2

% of young women had had unintended pregnancy. A substantial proportion (33.9%) of young adolescents did not know the fertile period of a woman's menstrual cycle and were misinformed. The most commonly known contraceptive methods among the users appeared to be the pill (92.9%) and condoms (93.3%) although 69.7% of the sexually active youth had never used a contraceptive method (23).

Another study conducted among out of -school young people in Addis Ababa showed that 99.6% have heard about HIV/AIDS. The most common sources of information were radio (83.2%), television (44.1%) and friends /relative (93.7%). Nearly forty eight percent (47.7%) of them have answered correctly the causative agent of AIDS while the rest 52.3 % did not know. About 56.5% of the respondents know at least three or more sign and symptoms of AIDS patients and 64.9% claimed that a person could have HIV infection without manifestations. They have mentioned also at least three or more routers of HIV transmission such as using unsterile needles (96.2%), sexual promiscuity (94.8%), blood transfusion (76.6%) and mother to child transmission (73.3%). Some misconceptions and speculation about HIV transmission were also identified as mosquito's bite (14.9%), poor health and nutrition (4.7%), sharing toilets (4.6%) and shaking hands or kissing (3.9%). About 84.5% of the respondents know up to three preventive methods of HIV/ AIDS like utilization of condom (83.4%), faithfulness to sex partner (70.9%). 51.4% claimed to have had sexual intercourse. The mean age at start of sexual intercourse was 17.7 (± 2 SD) years .The motivation for sexual initiation was a personal desire (81.6%), peer influence (9.9%), and sexual abuse (8.5%). The proportion of

multi sexual partnership was 25.1% and the mean number of sexual partners was 1.8(\pm 2 SD). Multipartnership was more common among males than female (OR= 3.17(1.91, 5.26). The proportion of male youths who have practiced commercial sex was 16.3%. About 6.0% of the study subjects have reported to have STDs out of which 65.4% and 34.6% gave history of urethral or vaginal discharge and genital lesion, respectively. The proportion of pregnancy among female youths was 56.7% out of which 42.4% was terminated by abortion. About 20.0% of those abortions were induced in the health institution while the majority (52.0%) in the village by local aborti onist (24).

A cross –sectional Comparative survey conducted to assess and compare reproductive health needs among out of school adolescents in rural and urban setting of East Gojjam revealed that only 8.0% of them responded correctly that a woman is most likely to get pregnant halfway between two periods. About 78.3% had reported at least one means of avoiding pregnancy. Oral pills (93.0%), injectables (59.0%) and condoms (48.0%) were the most recognized contraceptive methods. Forty six percent of them acknowledged that a girl could get pregnancy by initial sexual intercourse. On the other hand, 83.6% knew diseases that a person could acquire via sexual intercourse. The majority (96.0%) mentioned AIDS, gonorrhoea (45.3%) and syphilis was mentioned to nearly equal proportion with gonorrhoea. Lymphogranuloma Venerum and chancroid were accounting for 19.9% and 17.0%, respectively. Among means of preventing STDS and AIDS abstinence (79.0%), use of condom (43.0%), remaining faithful to one's partner (29.0%) and avoiding

sex with CSWS (11.0%) were mentioned by the study samples. Unsafe sex (89.05), sharing syringes and needles (53.0%), transfusion of infected blood (22.0%), and vertically from mother to her child were the major means of HIV transmission mentioned by the participants. Only 53.0% of them said that a health looking person could have HIV. The proportion of adolescents who agreed that a person could get HIV the first time he or she had sex was only 40.0%. Media (37.05), peers (35.0%), parents (31.05), neighbor (28.0%), and health workers (21.05) were reported as the major source of information on STDS/AIDS. 45.0% of respondents were sexually active and the mean age at sexual onset was 13.6 (\pm 2.7 SD) years. The proportion of more than one time sexual partner was 46.9% with the mean number of lifetime sexual partner being 3.1 (\pm 1 SD). The older age has almost five times at risk to be engaged in sex. The reasons for engagement in sexual debut the first time were being married (68.0%), sexual desire (11.0%), fell in love (10.0%), want to get married (9.0%) and to get gifts (4.0%). sexual abuse for female contributed only 6.0%. The use rate of modern contraceptive was very low that only 21.0% of the sexually active participants had used those methods. Pills (56.0%), Condoms (31.0%), and injectables (12.0%) were cited as the most frequently used methods of contraceptives. The reasons for non users included desire to have children (32.0%), being so kid (19.0%), lack knowledge (15.0%) and not married and have infrequent sex (6.0%). Only 35.0% urban sexually active adolescents had ever used condom while only 11.0% of them had used it during their most recent sexual debut. The most important reason for not using a condom was

negligence (63.0%) although want of children and unavailability of condom were there. About 43.4% of female participants had been pregnant out of which 36.3% of them had at least one unwanted pregnancy. The abortion rate was 14.8% (25).

A study conducted to assess awareness and attitude on adolescent sexuality, teen pregnancy and its complication, HIV /AIDS and STIs and parent –youth communication on RH matters in the home environment in a rural town, Zway, indicated that young people's knowledge on aspects of their sexuality is incomplete and not sufficient to minimize high risk sexual behavior. More than half of the adolescents believed that it is unacceptable to discuss growth changes and sexual matters with parents. Respondents preferred discussing human sexuality issues with their peers as parents had little knowledge regarding adolescent's sexual behavior. Parental education and lower family size positively influenced parents' attitude and practice on parent –youth communication on RH matters (26).

3. Objectives.

- General objective:
 - To assess the level of knowledge of reproductive health and sexual behavior among adolescents in Nekemte town, East Wollega Zone of Oromiya National regional state.
- Specific objectives:
 - To assess the level of knowledge of HIV/AIDS and common sexually transmitted infections among adolescents.
 - To determine the prevalence of risky sexual behaviors among adolescents.
 - To assess factors associated with the knowledge of HIV/AIDS and risky sexual behaviors among adolescents.

4. Methodology:

4.1. Study area and period:

The study was conducted among adolescents in Nekemte town, East Wollega Zone of Oromiya Regional National state, Western Ethiopia. It is a town situated on an area of 31.92 hectares and located 331 kilometers away from Addis Ababa to the west and 2045 meters above sea level, respectively and is considered to be "woinedega" by its climate. It is the main city of the zone and has 6 subcities. The total population of the town is 47,258 according to the 1994 censal period and is estimated to be 61,685 when projected for 2004 by considering 2.7% as rate of natural increase (RNI) for the country (27). The total number of younger population in the town is estimated to be 12,337, when 25% of the total population is considered as young people, at the end of 2004. There are two secondary schools in the town and one governmental hospital and health center and two middle level private clinics rendering health services in the town. The town has got 24 hours electricity and telecommunication services.

Study period: The study was carried out from 4th to 20th January 2005.

4.2. Study design:

A cross-sectional community based study was conducted to assess the level of knowledge of reproductive health and risky sexual behavior among adolescents.

4.3. Population:

4.3.1: Source population: All young people residing in all six subcities of Nekemte town.

4.3.2. Study population: All young people aged 12- 19 years in selected subcities.

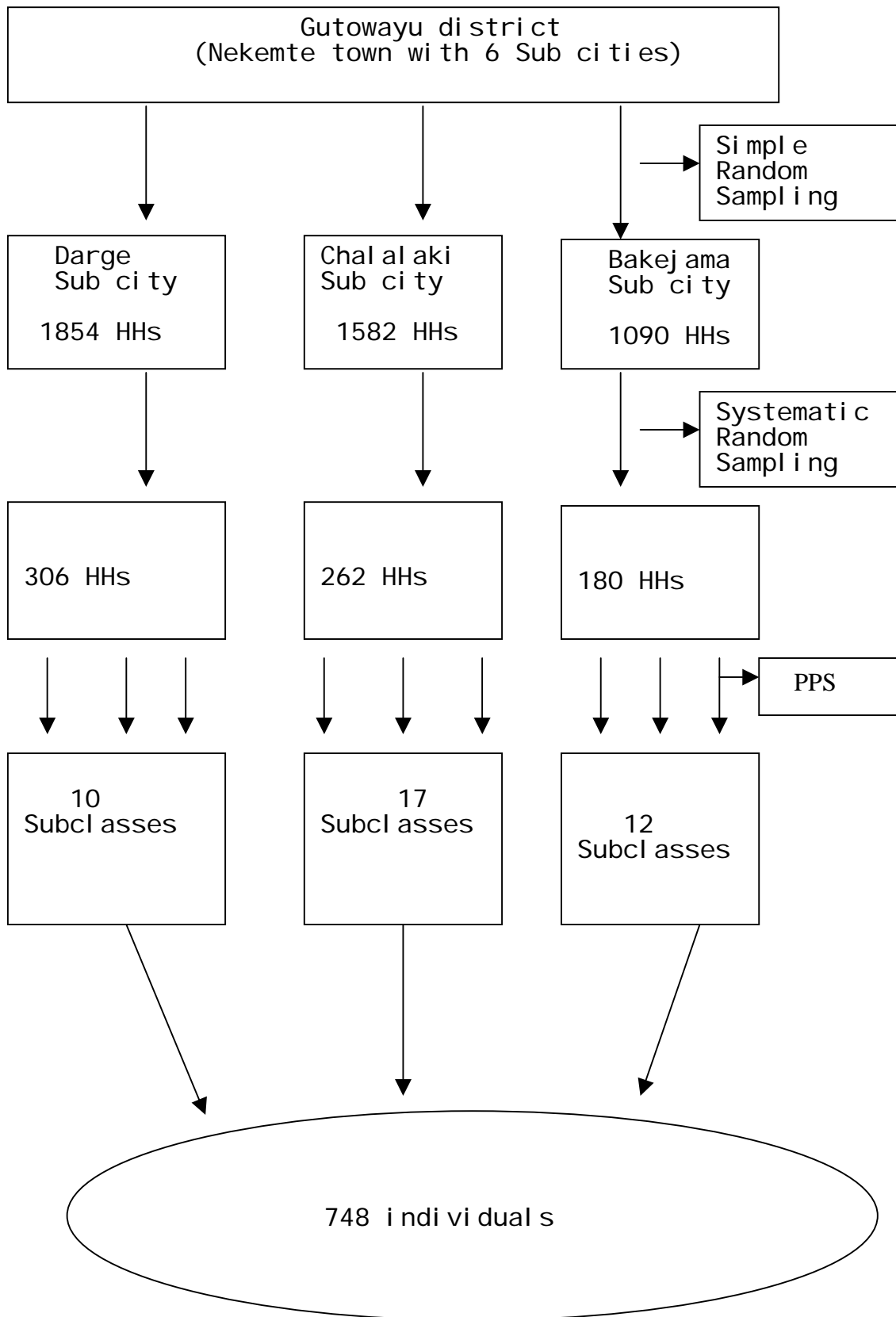
Inclusion criteria: Young people who have at least lived one year in the town prior to the Survey.

Exclusion criteria: Young people who were below the age of 12 years and above 19 years old and those who are critically ill and non-volunteer during the survey were excluded from the survey.

4.4. Sampling technique:

Multistage sampling procedure was employed and 3 sub cities were randomly selected. Probability proportional to sample size allocation of households to each sub city has been carried out based on the total number of households they had. Systematic random sampling was used to identify the required households with the sampling interval of 6 from the total households of the selected sub cities as a study unit and one eligible is expected from each household. Sub cities were already sub divided into sub classes which is locally known as " Goxii " and each sub class has its own number of households so that households were proportionally allocated for each subclass based on its total number of households to satisfy the sample size required by each sub city. The total number of sample size required by the study was then obtained from the selected households of each sub class that belongs to the respective sub city that is 748 individuals.

Figure 1: Schematic diagram of sampling procedure.



4. 5. Sample size:

The sample size has been calculated using EPI –Table of EPI –Info Version 6.04 statistical software and a single population proportion formula designated as:

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

giving a total sample size of 748.

Where; n = Sample size.

$Z_{\alpha/2}$ = 95 % confidence (1.96).

P = Proportion of adolescents who can have ≥ 2 sexual partners (33.0 %) (26).

d = Desired precision (5 %).

A design effect of 2 and 10 % non-response rate was also considered in the calculation.

4. 6. Measurement variables:

4. 6. 1. Independent variables:

Socio demographic characteristics of the respondents such as age, religion, ethnicity, educational, occupational and marital status, income and parental characteristics such as educational and occupational status.

4. 6. 2. Dependent variables:

Sexual behavior (number of life time sexual partners, and pattern of condom use during sexual intercourse) and HIV/AIDS knowledge.

4.7. Questionnaire:

After review of relevant literatures and previous studies questions that can satisfy the objectives of the study were adopted especially from a standard questionnaire of Family Health International Utilized for HIV /AIDS/ STDs behavioral surveillance survey. It has three parts namely socio demographic characteristics of the study subjects and their parents, knowledge of reproductive health including STIs/HIV /AIDS and questions related to sexual behavior. Questions were originally be developed in English and translated to local language that is afaan Oromo and then back to English by another person who is fluent speaker of both languages to ensure validity. The first draft of the questionnaire was prepared and submitted to advisors for valuable comments before developing its final version.

4.8. Pretest:

It was carried out on similar setting on young people having similar socio-demographic characteristics by considering 5 % of the total sample size and appropriate modifications were made after discussing with the supervisors and data collectors such as skipping patterns and some other corrections to have the final version before starting the actual data collection process.

4.9. Data collection:

Both the interviewers and supervisors were given an interview guideline prepared in local language and structured standard questionnaire was administered within twelve days time as of January 4th - 15th 2005 to the respondents by ten 12th grade complete students (five males and females) by going from house to house of

selected households in Nekemte town. During data collection provided that more than one eligible was found in the same household one was chosen by lottery method where as in case of absenteeism thrice visits were attempted after which an eligible in the adjacent house hold has been interviewed.

4.10. Operational definitions:

Adolescents: Young people who are between the ages of 12 -19 years.

Commercial sex workers: refer to females who exercise sexual intercourse in an exchange for money.

Community based study: A kind of study in which data will be collected from respondents by going from house to house.

Condom use: The act of utilizing condom during any kind of sexual intercourse.

Illiterate: Respondents are considered as illiterate if they cannot read and write at all.

Knowledgeable: Respondents are considered as knowledgeable if they have scored more than the average score for 29 dichotomous questions related to HIV /AIDS knowledge and other RH related issues when considered.

Lifetime sexual partner: refers to the number of sexual partners a respondent could have till the survey.

Literate: Respondents are considered as literate if they can read and write and learned their education up to 12th grade and above.

Reproductive Health: A state of complete physical, mental and social well being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes (7).

Sexually active: Study subjects who claimed to have engaged in sexual act at least once prior to the study.

Risky sexual behavior: respondents who have had sexual intercourse with more than two sexual partners prior to the survey.

4.11. Data-quality assurance:

The quality of the data was assured through careful design, translation and retranslation and pretesting of the questionnaire, proper training of the interviewers and supervisors, close supervision of the data collectors and proper handling of the data. It was monitored frequently both in the field and during data entry that is all completed questionnaire was examined for its completeness and consistency during interview and at the end of each day. Data entry was also done carefully by the principal investigator and experienced data clerk after cleaning of the data.

4.11.1. Recruitment and training: Five males and females were selected since the study involves sensitive issues and it was assumed that this would help in minimizing wrong responses and non-response rate if the sex of interviewer and that of the interviewee is the same. The recruitment of data collectors was done together with the supervisors so that experienced individuals who have ever carried out the task of interviewing individuals for similar activities were given priority. Thus training was given for both supervisors and data collectors for three days before the pretest of the questionnaire. The training includes briefing the general objective of the study, discussing the questions one by one, and explaining the techniques of interviewing and how to approach the

respondents particularly concerning the sensitive issues during data collection and how to keep the confidentiality later.

4.11.2. Supervision: Each supervisor has given his own data collectors and reoriented them during each day before data collection and supervises them in the field by going with them as well as at the end of the day by cross checking the questionnaire for its completeness for all data collectors. The principal investigator also checked the activities of the supervisors and data collectors randomly on daily basis.

4.12. Data management and analysis:

4.12.1. Data management:

After data collection, each questionnaire was coded separately and data were cleaned and entered in to the computer software EPI -info version 6 statistical packages for editing by a principal investigator and an experienced data clerk. Coding of different variables was also carried out before analysis especially by using computer software SPSS program version 10.1.

4.12.2: Data analysis:

Frequencies, measures of central tendencies and variation were obtained for each variable and displayed mainly on the tables. 29 HIV /AIDS knowledge related questions were scored in such a way that one point is given for the correct answer and zero for the incorrect one based on the respondent's response .The mean score was then calculated using computer SPSS software program version 10.1 for those questions to know the knowledge status of the study subjects about HIV /AIDS and other related RH issues when

considered. Contingency tables were also used to see the association between the explanatory and outcome variables. Odds ratio with 95% confidence interval and logistic regression were employed to describe the strength of association between the selected study variables by controlling for the effect of possible confounders.

4.13. Ethical consideration:

Ethical clearance for the proposed research was obtained from research committee of Addis Ababa University, Faculty of Medicine, and Department of community Health. Letters of support was also received from Oromiya Health Bureau and other relevant organizations in the study area. Informed verbal consent was obtained from the respondents and from their parents when necessary before data collection. Similarly the respondents were informed the purpose of the study that it will contribute necessary information for policy makers and other concerned bodies to look after the reproductive health needs of adolescents in the country and adolescents of the study area at large. They were also informed that all information obtained from them would be kept confidential and is meant only for the purpose of the study. Privacy was also assured during the interview as some study questions are related to sensitive issues and an interviewee has been informed that he or she has the right either to involve or not in the study.

5. *Result.*

Part one: Socio – demographic Characteristics.

A total of 748 adolescents aged 12 –19 years were identified in Nekemte town to participate in this study .Out of this, 16 refused to participate while 11 involved partially in the study. Data were collected from 721 study subjects, 316 (43.8%) males and 405 (56.2%) females, yielding the response rate of 96.4 %. 38.6% of them are in the age range of 12-15 years while 443 (61.4%) are in 16-19 years of age. The mean age of the respondents is 16 years (\pm 2 SD).

296(41.0%) are orthodox Christians while 348 (48.3%) are Protestants and 660 (91.5%) are Oromos by ethnic composition. The majority that is 696 (96.5%) are single and 704 (97.7%) are considered as literate, respectively. Six hundred twenty five (87.8%) of them are students and 33 (4.6%) are daily laborers. 57(7.9%) do have their own income while the majority (92.1%) do not. More than half (54.6 %) are currently living with their both parents. 340 (47.2%) of their fathers and 336 (47.0%) mothers are civil servants and housewives by their occupation, respectively. Similarly the educational background of their parents revealed that majority (81.2%) of their fathers and 479 (66.5%) of their mothers could be considered as literate (Table 1).

Table 1: Distribution of sociodemographic Characteristics of respondents and their parents, Nekemte town, Jan. 2005.

| Characteristics | Frequency (n =721) | | |
|---------------------------------|-------------------------------|-----|------|
| | Number | % | |
| Sex | Male | 316 | 43.8 |
| | Female | 405 | 56.2 |
| Age | 12-15 | 278 | 38.6 |
| | 16-19 | 443 | 61.4 |
| Religion | Orthodox christian | 296 | 41.0 |
| | Protestant | 348 | 48.3 |
| | Others | 77 | 10.7 |
| Ethnicity | Oromo | 660 | 91.5 |
| | Others | 61 | 8.5 |
| Marital status | Single | 696 | 96.5 |
| | Married | 22 | 3.1 |
| | Divorced | 1 | 0.1 |
| | Separated | 1 | 0.1 |
| | Widowed | 1 | 0.1 |
| | Illiterate | 17 | 2.4 |
| Educational Status | Literate | 704 | 97.6 |
| | Student | 625 | 86.7 |
| Occupational Status | Daily laborer | 33 | 4.6 |
| | Maid servant | 25 | 3.5 |
| | Own private business | 13 | 1.8 |
| | Employed in private sector | 10 | 1.4 |
| | Civil servant | 6 | 0.8 |
| | Others | 9 | 1.2 |
| | Monthly income | Yes | 57 |
| Lived with | No | 664 | 92.1 |
| | Both parents | 394 | 54.6 |
| | Single parents | 84 | 11.6 |
| | Relatives | 178 | 24.7 |
| | Peers | 20 | 2.8 |
| | Boy/Girl friend | 20 | 2.8 |
| | Alone | 18 | 2.5 |
| | Others | 7 | 1.0 |
| Father's occupational status | Civil servant | 340 | 47.2 |
| | Farmer | 154 | 21.4 |
| | Daily laborer | 91 | 12.6 |
| | Own private business | 79 | 10.9 |
| | Employed in private sector | 34 | 4.7 |
| | Others | 23 | 3.2 |

Table 1: Continued ----

| | | | |
|------------------------------|----------------------------|-----|------|
| Father's educational status | Illiterate | 13 | 18.7 |
| | Literate | 586 | 81.3 |
| Mother's occupational status | House wife | 336 | 47.0 |
| | Maid servant | 94 | 13.0 |
| | Civil servant | 89 | 12.3 |
| | Farmer | 74 | 10.0 |
| | Own private business | 63 | 8.7 |
| | Daily laborer | 39 | 5.4 |
| | Employed in private sector | 14 | 1.9 |
| | Others | 12 | 1.7 |
| Mother's educational status | Illiterate | 242 | 33.6 |
| | Literate | 479 | 66.4 |

Part Two: Knowledge of basic concepts of RH and RH Services.

Respondents were asked whether they know what reproductive health means and 472 (65.5%) acknowledged that they know about it. Out of 472 they gave multiple answers that it is family planning 212 (45.1%), access to health information and services 207 (56.8%), right to choose when and with whom to have sexual intercourse 243 (51.7%), STIS/HIV/AIDS 282 (60.0%), maternal and child health 204 (43.4%). 355 (75.2%) of them have received information on RH mostly from school teachers 235 (66.2%) followed by health professionals 141 (39.9%) while nearly 32.0% mentioned mass media as their source of information. They were also asked where they feel comfortable to get information on reproductive health and 282 (60.1%) preferred health professionals, school teachers 204 (44%), mass media 149 (31.6%), books (29.3%), and parents (24.0%) (Table 2).

Nearly 258 (40.0%) out of 646 responded the likely time for a woman to get pregnant when she has sexual relations that is in the middle of her menstrual cycle. Adolescents were also asked the possibility of being pregnant with one act of sexual intercourse and 398 (53.2%) of them agreed upon while 201 (26.9%) did not and 122 (16.3%) were not sure of it. In the same line 630 (87.4%) of them out of 721 did know how to avoid pregnancy. Different ways mentioned include oral contraceptives 613 (97.5%), injection form 569 (90.5%), condoms 553 (87.9%), abstinence 509 (80.9%), safe period 458 (72.8%), norplant 409 (65.0%), sterilization 391 (62.2%), withdrawal method 386 (61.4%), IUDS 371 (59.0%) and washing genitalia

after sexual intercourse 105(16.7%). 219(54.1%) female adolescents out of 405 have known about menstruation before experiencing it with their source of information being their school teachers (36,0%) followed by peers (32.0%). On the contrary 225 of male adolescents (71.2%) out of 306 did not know about ejaculation of semen before experiencing it. Only 91(28.8%) know about it with their source of information being their peers (57.0%) and school teachers (35.0%).

Table 2: Currently used and preferred source of information on reproductive health among adolescents, Nekemte town, Jan. 2005.

| Source of information | Currently Used source | | Preferred source | |
|-----------------------|-----------------------|------|------------------|------|
| | Number | % * | Number | % * |
| School teachers | 235 | 66.2 | 282 | 43.8 |
| Health professionals | 141 | 39.9 | 204 | 60.1 |
| Mass media | 113 | 31.8 | 149 | 31.6 |
| Books | 88 | 24.2 | 138 | 29.3 |
| Peers | 64 | 18.0 | 124 | 26.3 |
| Religious leaders | 43 | 12.1 | 111 | 18.3 |
| Parents | 37 | 10.4 | 86 | 23.6 |

* Percentage will not add up to 100.0 as multiple responses are possible.

The study subjects were also asked for their attitude towards the ideal age to commence sexual intercourse and to get married. Accordingly the estimated ideal mean age of sexual commencement for male and female is 15.137 (\pm 2.8 SD) and 13.695(\pm 2.8 SD)

years, respectively. On the other hand the estimated ideal mean age to get married is 22.295(\pm 3.96 SD) years(males) and 19.345(\pm 3.5 SD) years (females), respectively.

480 (66.6%) of adolescents out of 721 have known where to get RH services in which health institutions accounted for 439(91.5%) of cases. However, only 46(6.4%) of the total have ever visited those health institutions to seek RH services in the last 12 months prior to the study. Among who visited the health facilities the main reasons for their visits were counseling 29(64.0%), antenatal care and oral contraceptives each accounts for 31.0%, respectively. Reproductive health services are accessible to 479(66.0%) of the study subjects (Table3). 701(97.0%) out of 721 adolescents knew diseases that a person could acquire through sexual intercourse. These include HIV/AIDS 674(96.1%), gonorrhoea 621(88.6%), and syphilis 583 (83.2%), chancroid 523 (74.6 %) and LGV 295 (42.1%), respectively. The main symptoms of these STDS identified by the respondents also include genital ulcer (85.0%), dysuria (81.0%), genital itching sensation (75.0%), genital discharge (69.0%), and swelling in the groin area (35.0%). Only 32(4.5%) of them have contracted at least one of those symptoms in the last 12 months prior to the study. 708 (98.2%) out of 721 have heard about HIV/AIDS and 562 (79.4 %) out of 708 have mentioned correctly that HIV is known to be the causative agent of AIDS. In the same line only 274 (38.8 %) of them out of 707 mentioned the ways of HIV transmission and said that HIV/AIDS could be transmitted by unsafe sexual practices 702(99.3%), blood transfusion 684(96.7%), common use of sharp materials 673(95.2%),

mother to child transmission 660(93.4%) and breast milk 482(68.2%). They were also mentioned some misconceptions about ways of HIV /AIDS transmission such as an insect bite 217(30.70%), shaking of hands 55 (8.0%), toilet sharing 40(5.7%) and drinking from the same glass 73(10.3%). 390(55.7 %) out of 700 respondents identified the major signs and symptoms of AIDS. These include weight loss 650(93.0%), diarrhoea 640(91.0%), and cough 587(84.0%). The majority (77.0%) out of 721 agreed upon that a person could have a chance of acquiring HIV the first time he or she had sexual relation while 611(86.0%) stated that a healthy looking individual can be a carrier for HIV. 679 (95.9%) out of 708 respondents believe the possibility of STIS/HIV/AIDS prevention. Thus, about 490 (72.2 %) out of 679 identified the possible ways to prevent STIS/HIV/AIDS, which include abstaining from sex 664(97.8%), faithfulness 642 (94.5), avoiding common share of sharp instruments 640(94.2%), practicing safe injection 598 (88.1 %) and use of condom 585 (86.2%)(Table 4).

Summary score was calculated for knowledge of HIV /AIDS based on 29 HIV /AIDS knowledge related questions and other RH related issues among adolescents .The mean knowledge score for HIV /AIDS knowledge was found to be 4.1376 (\pm 1.26 SD) and those who have scored above the mean were considered to be knowledgeable (44.2 %) while those below the mean were not, accounting for (55.8%).

Logistic regression analysis was carried out and gender, knowing means of avoiding pregnancy and where to RH services, ever visit of health institution, accessibility of RH services and being sexually active were found to have significant association with

adolescents' HIV/ AIDS knowledge. Males were found to be 1.6 times more knowledgeable about HIV/AIDS than females (OR =1.609, 95% CI (1.171,2.210). Those who know about means of avoiding pregnancy were found to be 2.1 times more knowledgeable about HIV /AIDS than their counterparts (OR =2.100, 95 % CI (1.178, 3.743). Similarly, those who know where to get RH services were found to be 2.1 times more knowledgeable than their counterparts (OR =2.150, 95 % CI =(1.486, 3.109). On the other hand, those who are accessible to RH services were found to be 1.4 times more knowledgeable than their counterparts (OR =1.423, 95 % CI=(1.006, 2.014) and sexually active adolescents were also found to be 1.6 times more knowledgeable than their counterparts (OR = 1.635, 95 % CI =(1.065,2.510). Youngsters and those who have ever visited health institutions were found to be less knowledgeable than their counterparts (Table 6).

Table 3: Distribution of knowledge of some basic concepts of RH and RH services among adolescents, Nekemte town, Jan. 2005.

| Variables | Numbers | % |
|--|---------|------|
| Know what RH means (n=721) | | |
| Yes | 472 | 65.5 |
| No | 249 | 34.5 |
| Know components of RH (n=470) | | |
| Knowledgeable | 228 | 48.5 |
| Not knowledgeable | 242 | 51.5 |
| Ever received information on RH (n=472) | | |
| Yes | 355 | 75.2 |
| No | 117 | 24.8 |
| Know fertile period of a woman (n=646) | | |
| Correct | 258 | 39.9 |
| Incorrect | 388 | 60.1 |
| Possibility of pregnancy with one act of sexual intercourse (n= 721) | | |
| Agree | 398 | 53.2 |
| Disagree | 201 | 26.9 |
| Not sure | 122 | 16.3 |
| Know ways to avoid pregnancy (n= 721) | | |
| Yes | 630 | 87.4 |
| No | 91 | 12.6 |
| Know about menstruation (n=405) | | |
| Yes | 219 | 54.1 |
| No | 186 | 45.9 |
| Know about ejaculation (n=306) | | |
| Yes | 91 | 28.8 |
| No | 225 | 71.2 |
| Know where to get RH services (n=721) | | |
| Yes | 480 | 66.6 |
| No | 241 | 33.4 |

Table 3 Continued:

| | | |
|---|-----|------|
| Ever visited health institution for RH services (n=721) | | |
| Yes | 46 | 6.4 |
| No | 675 | 93.6 |
| Accessibility of RH services (n=721) | | |
| Yes | 479 | 66.4 |
| No | 242 | 33.6 |

Table 4: Distribution of knowledge of STDs /HIV /AIDS among adolescents, Nekemte town, Jan .2005.

| Variables | Number | % |
|---|--------|------|
| Know sexually transmitted diseases (n=721) | | |
| Yes | 701 | 97.2 |
| No | 20 | 2.8 |
| Know major types of STDs (701) | | |
| Knowledgeable | 251 | 35.8 |
| Not knowledgeable | 450 | 64.2 |
| Know main symptoms of STDs (n=696) | | |
| Knowledgeable | 346 | 49.7 |
| Not knowledgeable | 350 | 50.3 |
| Ever experienced symptoms of STDs in the last 12 months (n=694) | | |
| Yes | 32 | 4.5 |
| No | 662 | 95.5 |
| Ever heard of HIV /AIDS (n=721) | | |
| Yes | 708 | 98.2 |
| No | 13 | 1.8 |
| Know causative agent of AIDS (n=708) | | |
| Correct | 562 | 79.4 |
| Incorrect | 146 | 20.6 |

Table 4: Continued:

| | | |
|---|-----|------|
| Know ways of HIV transmission (n=707) | | |
| Knowledgeable | 274 | 38.8 |
| Not knowledgeable | 433 | 61.2 |
| Know major signs and symptoms of AIDS (n=700) | | |
| Knowledgeable | 390 | 55.7 |
| Not knowledgeable | 310 | 44.3 |
| Possible to acquire HIV during initial sexual contact (n=708) | | |
| Knowledgeable | 543 | 76.7 |
| Not knowledgeable | 165 | 23.3 |
| Healthy looking fellow could have HIV (n=708) | | |
| Knowledgeable | 611 | 86.3 |
| Not knowledgeable | 97 | 13.7 |
| Possible to combat HIV /AIDS (n =708) | | |
| Yes | 679 | 95.9 |
| No | 29 | 4.1 |
| Know possible methods of HIV /AIDS prevention (n=679) | | |
| Knowledgeable | 490 | 72.2 |
| Not knowledgeable | 189 | 27.8 |

Part Three: Sexual behaviors and related practices among adolescents.

130 (18.0%) of adolescents, 72 (55.4 %) males and 58 (44.6 %), have experienced sexual intercourse. The mean age at sexual commencement was 14.48 (\pm 2.89 SD) years and 14.86 (2.19 SD) years for (females). They have initially decided to start sexual

intercourse for different reasons. 78(60.0%) of them out of 130 have decided it mainly due to fell in love while having had sexual desire accounted only for 22 (16.9 %) of cases.

The mean age of the person with whom they have had sexual intercourse for the first time was 16 years (\pm 4.86 SD). On the other hand only 55(42.0%) of the study subjects have acknowledged having sexual intercourse in the last 12 months prior to the study and nearly the same proportion of them 26 (27.0%) have had their last sexual experience with an individual whose age is the same as or less than 5 years older with each other. 46 (35.0%) of the respondents have reported that they have had two or more sexual partners. The average number of sexual partner per person is 1.8 (\pm 2 SD).

82(63.0%) of the sexually active adolescents have not ever used condom for different reasons in which trusting one's partner and lack of condom were the major reasons for not using it. Among the condom users i.e. 48(36.9%), 35(72.0%) have used it during the initial sexual intercourse while only 34 (62.0%) used it always in the last 12 months prior to the study and 41(75.0%) used it during recent sexual relationship.

Among male respondents who have engaged in sexual relationships 9 (12.5%) out of 72 have experienced it with commercial sex workers out of which 5 have used condom while making sexual intercourse with them. Only 2 of them used condom always during having sexual intercourse with CSWs while the rest 3 did not use it thinking that it bursts and it decreases satisfaction.

Among sexually active female respondents 24(41.4%) have ever used modern contraceptives. Condoms (42.0%), pills (29.0%) and injectable forms were the most commonly used methods. The major reasons mentioned for non-use of contraceptives were having infrequent sex and not yet started sexual intercourse.

A total of 23 females out of 58 have ever been pregnant with 17 of the pregnancy was intended and 6 was not. The mean age at first pregnancy was 16 years (± 1 SD). In the same line 4 out of 23 have undergone abortion in which only half of them have discussed the issue with their partners. The main reason for the termination of pregnancy was mainly that it was unplanned and the termination was done both at public and private health care providing institutions, which were preferred due to their effectiveness in terms of treatment as well as the issue of confidentiality.

217(30.0%) of adolescents have ever discussed about sexual matters with their parents while 504(70.0%) did not. The major reasons mentioned for not having the discussion were primarily fear of parents 395(78.8%), cultural prohibition 321(64.1%), parents do not want 180 (35.9%), and parents lack knowledge 108(21.6%).

Majority of the respondents 508(70.5%) out of 721 have never consumed alcoholic beverages, 706 (97.9%) have never smoked cigarettes, and 677(93.9%) have never chewed chat. Similarly none of the respondents has ever used intravenous drug injection, other than for medical treatment, at all in the last 12 months prior to the study.

Logistic regression analysis was carried out and ever use of condom among adolescents showed a significant association with

religion, number of sexual partners, discussing about sexual matters with parents and smoking status. Orthodox Christians were found to use condom less likely than Muslims and Catholic religious people (OR=.269, 95 % CI=(.075, .963). Having a single sexual partner also showed a significant association with condom use. Those who own single partner are less likely to use condom than their counterparts (OR =.362, 95 % CI=(.162, .809). Condom is also used less likely among adolescents who have ever discussed about sexual matters with their parents than their counterparts (OR=.376, 95% CI = (.152, .926). Cigarette smokers were less likely to use condom than non smokers (OR =.129, 95 %CI (.021, .770) (Table 7).

Gender, accessibility of RH services, ever discussion of sexual matters with parents, alcohol consumption and khat chewing showed an association with risky sexual behavior among the study subjects. The odds of risky sexual behavior is 2.4 times higher among male adolescents than females (OR =2.408, 95 % CI=(1.028, 5.641). Those who are accessible to RH services are less likely to develop risky sexual behavior than their counterparts (OR=.410, 95 % CI=(.176, .957). Similarly, those who have ever discussed about sexual matters with their parents are less likely to develop risky sexual behavior than those who did not do (OR=.709, 95% CI=(.283, .780). Multipartnership was found to be less common among alcohol consumers and khat chewers than their counterparts (Table 8).

Table 5: Distribution of sexual history among adolescents, Nekemte, Jan. 2005.

| Variables | Number | % |
|--|--------|------|
| Ever had sexual intercourse (n=721) | | |
| Yes | 130 | 18.0 |
| No | 591 | 82.0 |
| Age at first sex: (n = 130) | | |
| <12years | 15 | 11.5 |
| 12-15years | 62 | 48.0 |
| 16-19Years | 51 | 39.2 |
| Don' tknow | 2 | 1.5 |
| Sexual intercourse in the last 12 months (n=130) | | |
| Yes | 55 | 42.3 |
| No | 73 | 56.2 |
| No response | 2 | 1.5 |
| Sexual intercourse with CSWs (n=72) | | |
| Yes | 9 | 10.0 |
| No | 63 | 90.0 |
| Number of cumulative sexual partners (n= 130) | | |
| 1 | 84 | 64.6 |
| ≥2 | 46 | 35.4 |
| Ever use of condom (n= 130) | | |
| Yes | 48 | 36.9 |
| No | 82 | 63.1 |
| Condom utilization during initial sex (n=48) | | |
| Yes | 35 | 72.9 |
| No | 12 | 25.0 |
| Don' t know | 1 | 2.1 |
| Condom utilization in recent sex (n =55) | | |
| Yes | 41 | 74.5 |
| No | 14 | 25.5 |

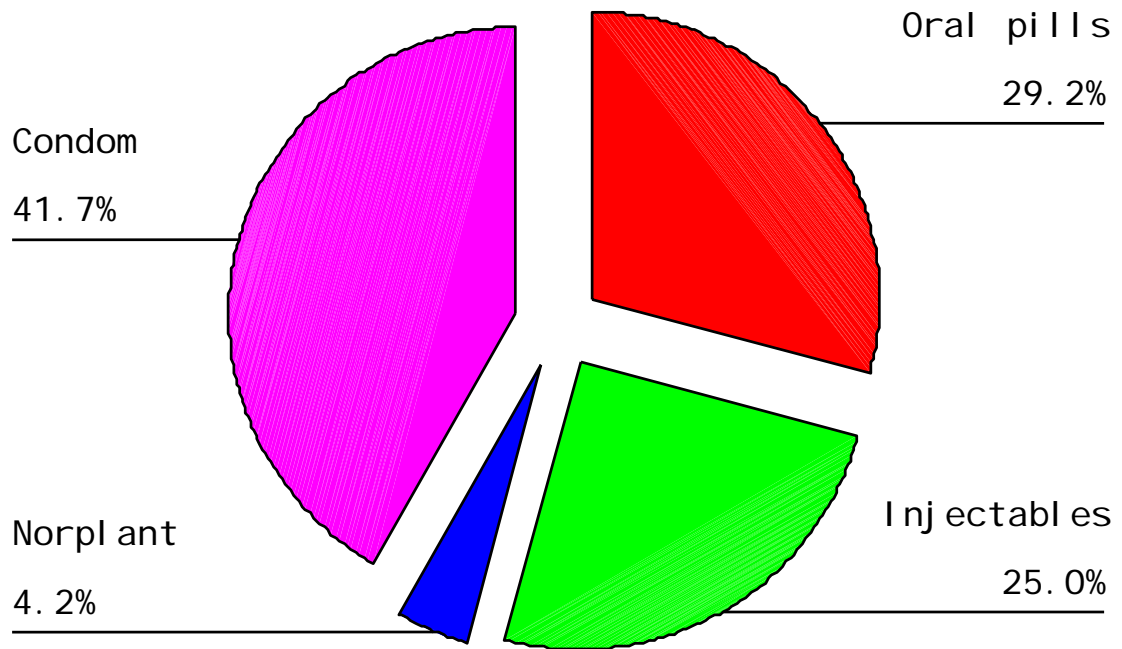


Fig. 2: Contraceptive methods used among female adolescents, Nekemte town, 2005.

Table 6: Results of multiple logistic regression analysis of HIV/AIDS knowledge by selected socio demographic characteristics & some concepts of RH and RH services among adolescents, Nekemte town, Jan. 2005.

| Characteristics | HIV/AIDS knowledge | | Crude OR (95 % CI) | Adjusted OR (95 % CI)* |
|---|--------------------|-----|-----------------------|---------------------------|
| | Yes | No | | |
| Gender: | | | | |
| Male | 153 | 144 | 1.70(1.23, 2.33) | 1.609(1.171, 2.210) |
| Female | 146 | 233 | 1.00 | ** 1.00 |
| Age : | | | | |
| 12-15 | 85 | 175 | 0.46 (0.33, 0.64) | .450(.323, .626)** |
| 16-19 | 214 | 202 | 1.00 | 1.00 |
| Religion: | | | | |
| Orthodox | | | | |
| Christian | 117 | 159 | 0.85(0.48, 1.49) | .896(.518, 1.549) |
| Protestant | 150 | 181 | 0.96(0.55, 1.66) | .987(.574, 1.69) |
| Others | 32 | 37 | 1.00 | 1.00 |
| Ethnicity: | | | | |
| Oromo | 277 | 346 | 1.13(0.62, 2.07) | .988(.542, 1.801) |
| Others | 22 | 31 | 1.00 | 1.00 |
| Income: | | | | |
| Yes | 20 | 32 | 0.77(0.42, 1.43) | .648(.356, 1.180) |
| No | 279 | 345 | 1.00 | 1.00 |
| Father' seducati o n: | | | | |
| Li terate | 25 | 299 | 1.47 (0.97, 2.25) | 1.419(.889, 2.265) |
| Illi terate | 45 | 78 | 1.00 | 1.00 |
| Mother' seducati on: | | | | |
| Li terate | 206 | 251 | 1.11(0.79, 1.56) | 1.036(.709, 1.513) |
| Illi terate | 93 | 126 | 1.00 | 1.00 |
| Know means of avoi ding Pregnancy: | | | | |
| Yes | 281 | 321 | 2.72(1.52, 4.93) | 2.100(1.178, 3.74) |
| No | 18 | 56 | 1.00 | ** 1.00 |
| Know where to get RH servi ces: | | | | |
| Yes | 237 | 229 | 2.47(1.72, 3.5) | 2.150(1.486, 3.100) |
| No | 62 | 148 | 1.00 | ** 1.00 |
| Evervi si ted heal th i nsti tuti on for RH servi ces: | | | | |
| Yes | 16 | 28 | 0.70(0.36, 1.3) | .421(.212, .835) |
| No | 283 | 349 | 1.00 | **1.00 |

Table 6: Continued:

| | | | | | |
|-------------------------------------|-----|-----|------------------|---------------------|--|
| Accessibility of RH services: | | | | | |
| Yes | 218 | 236 | 1.61(1.14, 2.2) | 1.423(1.006, 2.014) | |
| No | 81 | 141 | 1.00 | | |
| Had experienced sexual intercourse: | | | | | |
| Yes | 65 | 58 | 1.53(1.01, 2.30) | 1.635(1.065, 2.510) | |
| No | 234 | 319 | 1.00 | ** | |
| Ever discussed sexual matters: | | | | | |
| Yes | 98 | 112 | 1.15(0.82, 1.6) | 1.023(.725, 1.445) | |
| No | 201 | 265 | 1.00 | | |
| Ever drunk alcoholic beverages: | | | | | |
| Yes | 97 | 101 | 1.31(0.93, 1.86) | 1.197(.847, 1.692) | |
| No | 202 | 276 | 1.00 | | |
| Ever smoked cigarette: | | | | | |
| Yes | 9 | 6 | 1.92(0.62, 6.14) | 1.109(.347, 3.543) | |
| No | 290 | 371 | 1.00 | | |
| Ever chewed Khat: | | | | | |
| Yes | 26 | 16 | 2.15(1.08, 4.29) | 1.924(.939, 3.941) | |
| No | 273 | 361 | 1.00 | | |

Table 7: Results of multiple logistic regression analysis of ever use of condom among adolescents by selected socio demographic characteristics and some concepts of RH & Services, Nekemte town, Jan. 2005.

| Variables | Condom Use Yes | No | Crude OR (95 % CI) | Adjusted OR (95 % CI)* |
|---|-------------------|----|-----------------------|---------------------------|
| Gender | | | | |
| Male | 30 | 42 | 1.59 (0.72, 3.51) | .635(.274, 1.469) |
| Female | 18 | 40 | 1.00 | 1.00 |
| Age | | | | |
| 12-15 | 4 | 14 | 0.44 (0.11, 1.57) | 3.232(.923, 11.313) |
| 16-19 | 44 | 68 | 1.00 | 1.00 |
| Religion | | | | |
| Orthodox Christian | 31 | 35 | 3.10(0.83, 12.58) | .269(.075, .963)** |
| Protestant | 13 | 33 | 1.38 (0.33, 6.08) | .613(.159, 2.361) |
| Others | 4 | 14 | 1.00 | 1.00 |
| Ethnicity: | | | | |
| Oromo | 44 | 77 | 0.71(0.16, 3.38) | 1.857(.391, 8.830) |
| Others | 4 | 5 | 1.00 | 1.00 |
| Marital status | | | | |
| Single | 44 | 65 | 2.88(0.83, 10.90) | .415(.112, 1.537) |
| Married | 4 | 17 | 1.00 | 1.00 |
| Income | | | | |
| Yes | 8 | 9 | 1.62(0.52, 5.05) | .604(.205, 1.783) |
| No | 40 | 73 | 1.00 | 1.00 |
| Father's education | | | | |
| Literate | 40 | 68 | 1.03(0.36, 2.97) | 1.095(.346, 3.465) |
| Illiterate | 8 | 14 | 1.00 | 1.00 |
| Mother's education | | | | |
| Literate | 30 | 53 | 0.91 (0.41, 2.04) | .948 (.396, 2.272) |
| Illiterate | 18 | 29 | 1.00 | 1.00 |
| Know about RH | | | | |
| Yes | 37 | 58 | 1.39 (0.57, 3.45) | .694(.265, 1.815) |
| No | 11 | 24 | 1.00 | 1.00 |
| Pregnancy withoneact ofsexual intercourse: | | | | |
| Agree | 34 | 48 | 1.72 (0.75, 3.96) | .597 (.253, 1.408) |
| Disagree/ Not sure | 14 | 34 | 1.00 | 1.00 |

Table 7: Continued:

| | | | | |
|--|----|----|-------------------|---------------------|
| Know means of avoiding pregnancy: | | | | |
| Yes | 46 | 75 | 2.15(0.38, 1.133) | .441(.072, 2.711) |
| No | 2 | 7 | 1.00 | 1.00 |
| Know where to get RH services: | | | | |
| Yes | 35 | 59 | 1.05(0.44, 2.52) | 1.269(.504, 3.330) |
| No | 13 | 23 | 1.00 | 1.00 |
| Ever visited health institution for RH services: | | | | |
| Yes | 9 | 18 | 0.82(0.31, 2.17) | 1.021(.381, 2.738) |
| No | 39 | 64 | 1.00 | 1.00 |
| Accessibility of RH services: | | | | |
| Yes | 31 | 63 | 0.55(0.23, 1.29) | 2.166(.876, 5.352) |
| No | 17 | 19 | 1.00 | 1.00 |
| Know STDs: | | | | |
| Yes | 47 | 79 | 1.78(0.16, 45.87) | 1.112(.085, 14.573) |
| No | 1 | 3 | 1.00 | 1.00 |
| Number of sexual partners: | | | | |
| 1 | 24 | 22 | 2.73(1.21, 6.18) | .362(.162, .809)** |
| ≥2 | 24 | 60 | 1.00 | 1.00 |
| Ever discussed sexual matters: | | | | |
| Yes | 16 | 15 | 2.23(0.91, 5.50) | .376(.152, .926)** |
| No | 32 | 67 | 1.00 | 1.00 |
| Ever drunk alcoholic beverages: | | | | |
| Yes | 27 | 37 | 0.64(0.29, 1.39) | .845(.382, 1.868) |
| No | 21 | 45 | 1.00 | 1.00 |
| Ever smoked cigarettes: | | | | |
| Yes | 8 | 2 | 0.13(0.02, 0.68) | .129(.021, .770)** |
| No | 40 | 80 | 1.00 | 1.00 |
| Ever chewed Khat: | | | | |
| Yes | 11 | 11 | 0.52(0.19, 1.44) | 1.098(.336, 3.580) |
| No | 37 | 71 | 1.00 | 1.00 |

* Adjusted for socio demographic and some reproductive behaviors.

** P-value < 0.05

Table 8: Results of multiple logistic regression analysis of risky sexual behaviour by selected sociodemographic characteristics & some concepts of RH and its services among adolescents, Nekemte, Jan. 2005.

| Variables | Risky sexual behaviour | | Crude OR (95 % CI) | Adjusted OR* (95 % CI) |
|---|------------------------|----|-----------------------|---------------------------------|
| | Yes | No | | |
| Gender | | | | |
| Male | 31 | 41 | 2.17 (0.96, 4.93) | 2.408(1.028, 5.64) ** |
| Female | 15 | 43 | 1.00 | 1.00 |
| Age | | | | |
| 12-15 | 4 | 14 | 0.48(0.12, 1.69) | .397(.115, 1.366) |
| 16-19 | 42 | 70 | 1.00 | 1.00 |
| Religion | | | | |
| Orthodox | | | | |
| Christian | 22 | 44 | 0.79 (0.24, 2.63) | 1.002(.320, 3.132) |
| Protestant | 17 | 29 | 0.92(0.26, 3.27) | .961(.294, 3.149) |
| Others | 7 | 11 | 1.00 | 1.00 |
| Ethnicity: | 43 | 78 | 1.10 (0.23, 5.90) | 1.099(.237, 5.09) |
| Oromo | 3 | 6 | 1.00 | 1.00 |
| Others | | | | |
| Marital status | | | 1.11 (0.38, 3.36) | 1.372(.427, 4.41) |
| Single | 39 | 70 | 1.00 | 1.00 |
| Married | 7 | 14 | | |
| Income | | | 1.33 (0.42, 4.18) | 1.312(.446, 3.86) |
| Yes | 7 | 10 | 1.00 | 1.00 |
| No | 39 | 74 | | |
| Father' seducat ion | 40 | 68 | 1.57 (0.52, 4.92) | 1.628(.502, 5.28) |
| Li terate | 6 | 16 | 1.00 | 1.00 |
| Illi terate | | | | |
| Mother' seducat ion | 31 | 52 | 1.27(0.56, 2.91) | 1.154(.484, 2.75) |
| Li terate | 15 | 32 | 1.00 | 1.00 |
| Illi terate | | | | |
| KnowaboutRH | 34 | 61 | 1.07 (0.44, 2.61) | 1.269(.516, 3.121) |
| Yes | 12 | 23 | 1.00 | 1.00 |
| No | | | | |
| Pregnancywi th oneactofsexual intercourse | | | | |
| Agree | 31 | 51 | (0.59, 3.06) | 1.604(.696, 3.69) |
| Di sagree/Not sure | 15 | 33 | 1.00 | 1.00 |
| Know means of avoi di ng Pregnancy | | | | |
| Yes | 42 | 79 | 0.66 (0.14, 3.15) | .623(.270, 1.437) |
| No | 4 | 5 | 1.00 | 1.00 |

Table 8: Continued

| | | | | |
|--|----|----|------------------|--------------------|
| Know where to get RH services: | | | | |
| Yes | 34 | 60 | 1.13(0.47, 2.7) | 1.270(.516, 3.12) |
| No | 12 | 24 | 1.00 | 1.00 |
| Ever visited Health institution for RH services: | | | | |
| Yes | 7 | 20 | 0.57(0.20, 1.61) | .665(.243, 1.822) |
| No | 39 | 64 | 1.00 | 1.00 |
| Accessibility of RH services: | | | | |
| Yes | 28 | 66 | 0.42(0.18, 1.0) | .410(.176, .957)** |
| No | 18 | 18 | 1.00 | 1.00 |
| Know STDs: | | | | |
| Yes | 45 | 81 | 1.53(0.14, 39.) | 1.510(.114, 20.09) |
| No | 1 | 3 | 1.00 | 1.00 |
| Ever discussed sexual matters: | | | | |
| Yes | 9 | 22 | 0.69(0.26, 1.7) | .709(.283, .780) |
| No | 37 | 62 | 1.00 | 1.00 |
| Ever drunk alcohol beverages: | | | | |
| Yes | 32 | 32 | 3.71(1.62, 8.63) | .403(.173, .939)** |
| No | 14 | 52 | 1.00 | 1.00 |
| Ever smoked cigarettes: | | | | |
| Yes | 6 | 4 | 3.00(0.70, 13.5) | 2.268(.388, 13.2) |
| No | 40 | 80 | 1.00 | 1.00 |
| Ever chewed Khat: | | | | |
| Yes | 17 | 5 | 9.26(2.86, 31.9) | .117(.030, .455)** |
| No | 29 | 79 | 1.00 | 1.00 |

* Adjusted for socio demographic characteristics and some reproductive behaviors.
 ** P -value <0.05

6. Discussion

In Ethiopia the available reports showed that provision of information on adolescent reproductive health to adolescents is not satisfactory both in terms of size of population and reaching different areas of the country.

This study has tried to address part of this gap by assessing the level of knowledge of reproductive health and sexual behavior among adolescents who live in Nekemte town, East Wollega zone of Oromiya Regional State by utilizing a cross sectional community based study design.

The study has, therefore, identified some socio-demographic and reproductive health factors that put adolescents at risky sexual behaviors and degree of awareness of reproductive health including *HIV/AIDS*. Since the study comprises of some personal as well as sensitive issues, these might have led to the under report of respondents who have experienced sexual intercourse.

The study showed that 65.5% of the respondents claimed to know about RH. However, most of the respondents who claimed to know related RH with STIS/HIV/AIDS 282 (60.0%), access to health information and services 267 (56.8%), and right to choose when and with whom to have sexual intercourse 243 (51.7%). Less than half of them stated family planning and maternal and child health as parts of RH.

These findings are found to be better and higher in terms of knowledge about RH, except family planning, when compared to a baseline survey report on adolescent RH in government high schools of

Addis Ababa. In the base line survey the family planning was to be 70.0 % (20).

This study found out that only 75.2% of the study subjects have ever received information on RH and school teachers were the major source (66.2.%) of information on RH while health professionals were cited as sources of information by only 141 (39.9%) respondents, mass media by 113(31.8%) and very few claimed parents as sources. Similarly majority of the respondents (60.1%) claimed to prefer and be comfortable to get information on reproductive health from health professionals. The findings of this study are different from the findings in Addis Ababa high schools where mass media (radio and television) are found to be the leading sources of information followed by publication. This could be attributed to the extensive availability of mass media and publications in Addis Ababa compared to this study area. In this study, respondents who have never received information on RH preferred to have information on it from health professionals (60.1%) followed by school teachers (44.0%), and mass media (31.6 %). This finding coincides with the preference of adolescents in Addis Ababa high schools in their chronological order of first choices (20).

Concerning the fertile period of a woman only 39.9% of the study subjects responded correctly and majority 60.1% believed it to be in the middle of her menstrual cycle. The previous studies conducted in Gondar and Addis Ababa revealed that the knowledge of adolescents with regard to this issue is lower than the result for this survey. Unlike this study, a study conducted among youths in

Jimma town showed a better understanding of the issue where 66.1 % of the respondents know the correct timing (22, 23, 24).

In this study majority of the respondents 87.4% found to be knowledgeable about ways of preventing pregnancy and more than 97.0% of them mentioned pills, injectables (90.5%), condoms (87.9%), abstinence (80.9 %), using safe period (72.8 %) norplant (65.0 %) and sterilization (62.2%). This is an important finding and found to be much higher when compared to studies such as among the urban adolescents of south Gondar, Jimma and Addis Ababa. Despite their knowledge very few of female adolescents have ever used modern contraceptives such as pills (29.2%) and injectables (25.0%). (19, 22, 23, 24, 25).

54.0% of the total female adolescents in this study have known about menstruation before experiencing it and claimed their major source of information being school teachers (36.0%) and their peers (32.0%). Similarly a significant proportion of adolescent girls in Addis Ababa high schools had first heard about menstruation before experiencing it from school teachers (52.0%) followed by their mothers (50.0%) and peers (32.0%).

In the same line only 29.0% of the total male respondents knew about ejaculation before experiencing it and their main sources of information were their peers (57.0%) and school teachers (35.0%). This implies that school environment and peer education need to be given attention to enhance the knowledge of adolescents on their sexuality. Somewhat comparable to this study, male school adolescents in Addis Ababa high schools have also heard of it mainly from school teachers (49.0%), publications (34.0%), and

mass media (31.0%) This implies that school and peer education need to be given attention to enhance the knowledge of adolescents on their sexuality (20).

Concerning the ideal age for sexual commencement majority (52.1%) have indicated the age group 13-17 years with the mean age of 15.137 (\pm 2.79 SD) for males and 66.7% of them 11-15 years with the mean age of 13.695 (\pm 2.85 SD) for females. This finding is different from one previous survey conducted among Addis Ababa high school adolescents where majority (53.0%) have estimated that age range of 16-18 years for females and 16-22 years (71.0%) for males. This difference could be attributed to the low awareness of RH among study subjects compared to adolescents in Addis Ababa.

The estimated mean age at first marriage for this study is 22.295 (\pm 3.96 SD) and 19.354 (\pm 3.55 SD) years for males and females, respectively. Majority (92.9%) have indicated the age range of 15-29 years for males and 15-24 years (84.4%) for females. This finding is comparable with that of adolescents in Addis Ababa who have indicated the ideal age to get married from the age range of 19-22 (30.0%), and above 22 years (49.0%) for females while it is after 22 years (70.0%) for males (20).

An important finding in this study is that 97.2% the study participants knew about diseases a person can acquire through sexual intercourse. Nearly 36.0% have identified correctly the major types of STDs such as HIV/AIDS (96.1%), gonorrhoea (88.6%), syphilis (83.2), chancroid (74.6 %) and LGV (42.1 %). Different studies have shown similar figures except for chancroid and LGV, which were identified as one of the major STDs unlike the result

reported in East Gojjam where Lymphogranuloma venerum and chancroid were not well identified by adolescents. As far as the symptoms of these diseases are concerned genital ulcer, dysuria, genital itching sensation and discharge were found to be the main ones stated. Other studies carried out in Addis Ababa, Bale, Gondar and East Gojjam have also shown nearly the same proportion of understanding of these signs and symptoms of STDs (20, 21, 22-25).

Majority of the respondents (98.2%) have heard of HIV/AIDS. 29 dichotomous variables related to the knowledge of HIV/AIDS were computed to determine the level of knowledge of HIV/AIDS among the participants. By considering the average knowledge score of 4.1376 (± 1.26 SD) those respondents who have scored above the mean were considered knowledgeable (44.2%).

The majority (79.4%) were knowledgeable about the causative agent of AIDS, its mode of transmission and signs and symptoms of AIDS and there were less misconceptions pertaining to HIV transmission. They acknowledged that a person can acquire the disease the first time he/she had sexual intercourse and a healthy looking individual can harbor the virus.

The respondents' knowledge about the prevention of HIV/AIDS is found to be encouraging. Majority of the study subjects (95.9%) know the possible ways of STIs/HIV/AIDS prevention, which include abstinence (97.8%), faithfulness (94.5%), avoiding common share of sharp instruments (94.2%), and use of condom (86.2%). In this study being male, knowing means of avoiding pregnancy and where to get RH services, accessibility of RH services and being sexually active were found to influence adolescents' knowledge of HIV

/AIDS positively while younger age and ever visit of health institution for RH services affected their knowledge negatively. Different studies have also shown that there is an encouraging awareness of HIV/AIDS among adolescents in the country where some misconceptions are held as if true concerning the mode of transmission of the disease (19, 20, 21, 22, 23, 24).

This study also revealed that only about 18.0% of the respondents have ever been sexually active. This finding is lower compared to the results of different studies conducted in different parts of the country but similar to that of East Gojjam. This could be attributed either to shyness of the respondents to respond to questions related to sensitive issues or cultural and /or religious influence (19, 20, 21, 22, 23, 24, 25).

The mean age at sexual commencement was 14.48 (\pm 2.89 SD) years for males and 14.86 (\pm 2.19 SD) years for females and found to be an earlier age in contrast to the results of other studies conducted among adolescents of different regions of the country, which ranges from 15.7- 17.7 years but comparable with some studies conducted in some African countries like Guinea and Benin City, Nigeria, where the age bracket was 11-15 years. Different reasons were given for the initiation of the first sexual encounter out of which 60.0% was due to feel in love and this is much higher than the results of previous studies (16, 18, 20, 21, 22, 23, 24, 25,).

Important finding which need due consideration in this study is the presence of risky sexual behaviors including premarital sex & unprotected sex with female commercial sex workers.

Among the respondents 35.0% of the adolescents have ever had two or more sexual partners. The result obtained for this study was much higher than that of south Gondar (18.2%) and slightly of Addis Ababa (25.1 %) but lower than that of Bale (47.7 %) and east Gojjam (46.1 %) (21, 22, 24, 25). Similarly the average number of sexual partners for this study was $1.8(\pm 2 \text{ SD})$. This figure is similar to youths of Addis Ababa ($1.8 (\pm 2.3 \text{ SD})$) but slightly higher than that of south Gondar ($1.629 (\pm 1.138)$) and lower than that of East Gojjam $3.1 (\pm 1.4 \text{ SD})$. The odds of multipartnership or risky sexual behavior in this study was 2.4 times more common among males compared to females ($OR=2.408(1.028, 5.64)$) which is comparable with the study conducted among out of school young people in Addis Ababa. On the contrary, accessibility of RH services, ever discussion of sexual matters with parents, alcohol and khat consumption were found to influence having multiple sex partners negatively (21, 22, 24, 25).

The ever condom use rate among adolescents in this study was 36.9 %. Orthodox Christians were found to use condom less likely compared to Catholic and Muslim religious people. Similarly, the study subjects who have ever had one life time sexual partner, discussed about sexual matters with their parents and smoked cigarettes were also found to use condom less likely compared to their counter parts. Among sexually active male adolescents very few of them have reported exercising commercial sex with CSWs. This finding is interestingly lower than the result of previous studies and could be explained by the income status of the respondents as majority (92.1%) of them are jobless though income did not show a

significant finding with risky sexual behavior and the difference between the number of sexually active male respondents who have been participated in those studies.

(22, 23, 25).

In this study the proportion of sexually active female adolescents who have used modern contraceptives was 41.4 % in which condom accounts for 41.7 %, pills (29.2 %), and injectables (25 %) .The main reasons for non-users were having infrequent sex and did not start sexual intercourse. This finding is much higher when compared to one previous study conducted among adolescents of East Gojjam (21.0 %) in which pill was used by 56.0 % the study subjects followed by condom (31.0%) and injectables (12.0 %). Similarly condoms and injectables were more reported in this study (21, 25).

Though the rate of pregnancy and abortion among adolescents of this study area seems very low it should not be underestimated as this could be attributed to under reporting of those events probably due to some societal factors in the study area.

Majority of the study samples (69.9 %) did not discuss about sexual matters with their parents mainly due to their parents' lack of knowledge and interest about followed by cultural prohibition. This finding was comparable with the figure obtained for young people in rural town of Ethiopia, Zway, which indicated that more than half of the students believed that it is unacceptable to discuss growth changes and sexual matters with parents and their preference being their peers as parents had little knowledge regarding adolescents' sexual behavior (24).

Majorities of the respondents have never drunk alcoholic beverages, smoked cigarettes and chewed khat and none of the study subjects have ever abused intravenous drug injections other than for the purpose of medical treatment. This may be explained by the religion influence as majority of the study subjects (48.3%) are Protestants or due to other socio cultural factors.

7. Strengths and Limitations of the study.

7.1. Strengths of the study.

This study has tried to assess the level of knowledge of reproductive health together with risky sexual behavior among urban adolescents and identified the level of their knowledge on RH especially HIV /AIDs and determined the magnitude of risky sexual behaviors and their possible causes where there have not been similar previous studies carried out as to the knowledge of the investigator. Similarly as it was community-based study, the representative samples were included in the study by moving from house to house with negligible non-response rate. The questionnaire was adopted from standard previous studies like Family Health International Behavioral Surveillance Survey (BSS) questionnaire for HIV /AIDS and other relevant studies and pre tested on similar settings and necessary modifications were made to minimize the difficulty during data collection.

7.2. Limitations.

Since the study has dealt, at some point, with very personal and sensitive issues like sexual behavior, obtaining the real responses among especially unmarried young people is difficult. Therefore, social desirability bias might decrease the quality of

data though it has been tried to minimize it. Qualitative way of data collection was also not used and this might have not enable the study to exhaust all possible responses.

8. Conclusions.

Based on this study's findings the following are concluded.

- ❖ Few knew correctly the components of RH and this could lead to the development of risky sexual and reproductive behavior;
- ❖ Majorities have ever heard of HIV/AIDS although their comprehensive knowledge about the pandemic is still minimal;
- ❖ School teachers, health professionals and mass media are found to be the major sources of information for adolescent RH.
- ❖ Premarital sex is common with an early commencement of sexual intercourse;
- ❖ Multi-sexual partnership was also prevalent with a significant proportion of adolescents practicing unprotected sex;
- ❖ Parent- young people communication on sexual matters was very poor;
- ❖ Some socio-demographic and RH factors are still influencing the awareness of RH particularly HIV/AIDS and sexual behavior of adolescents in the study area.

9. Recommendations:

1. Strengthening of I .E .C on RH matters for adolescents in an effort to enhance their level of awareness on adolescent RH including HIV/ AIDS by involving parents, religious and other community leaders and relevant organizational sectors as well.

2. Facilitating adolescents' peer education on their sexuality both at the school and family level.
3. Designing means of increasing parents-young people communication on sexuality from early adolescence to overcome untimely RH problems.

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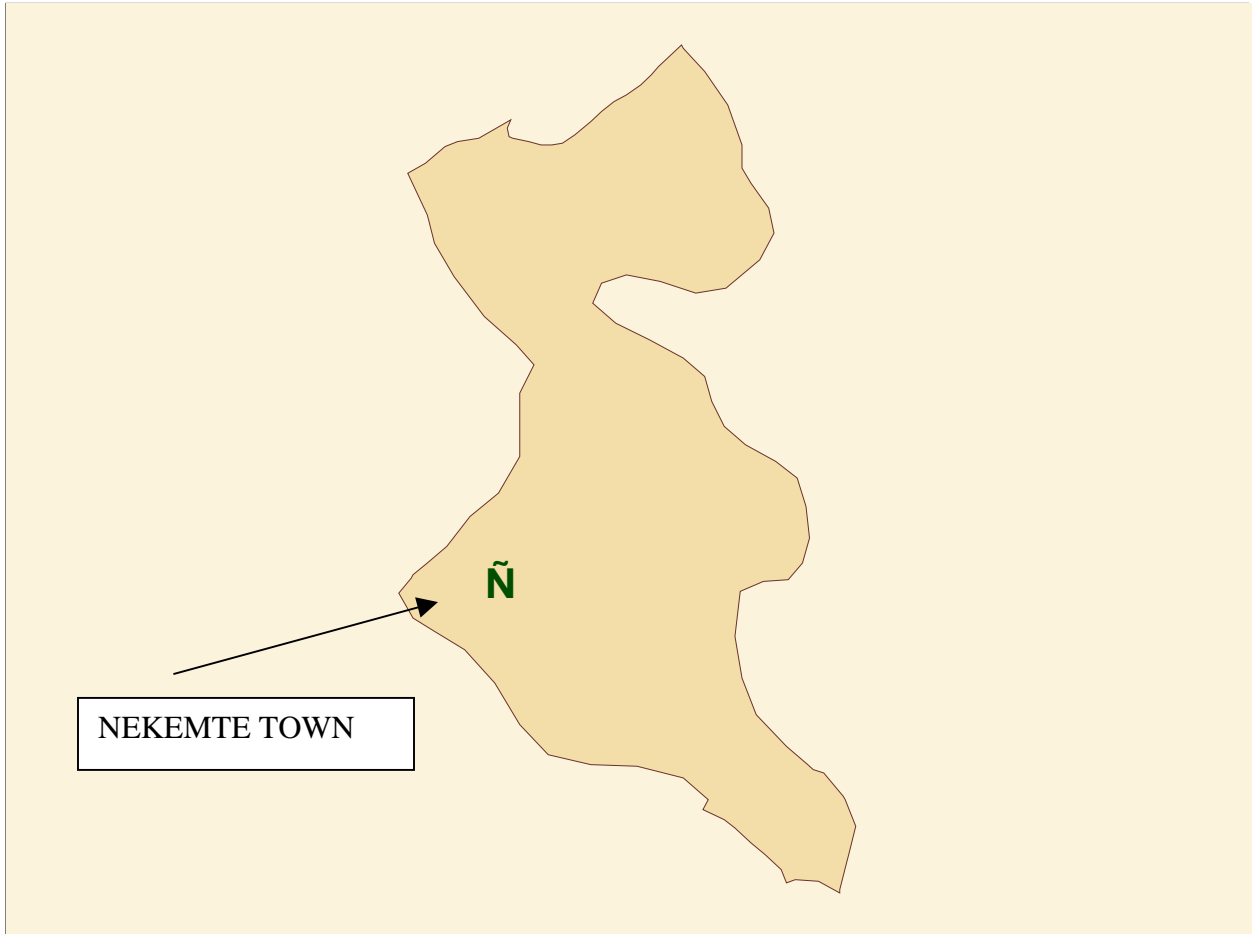
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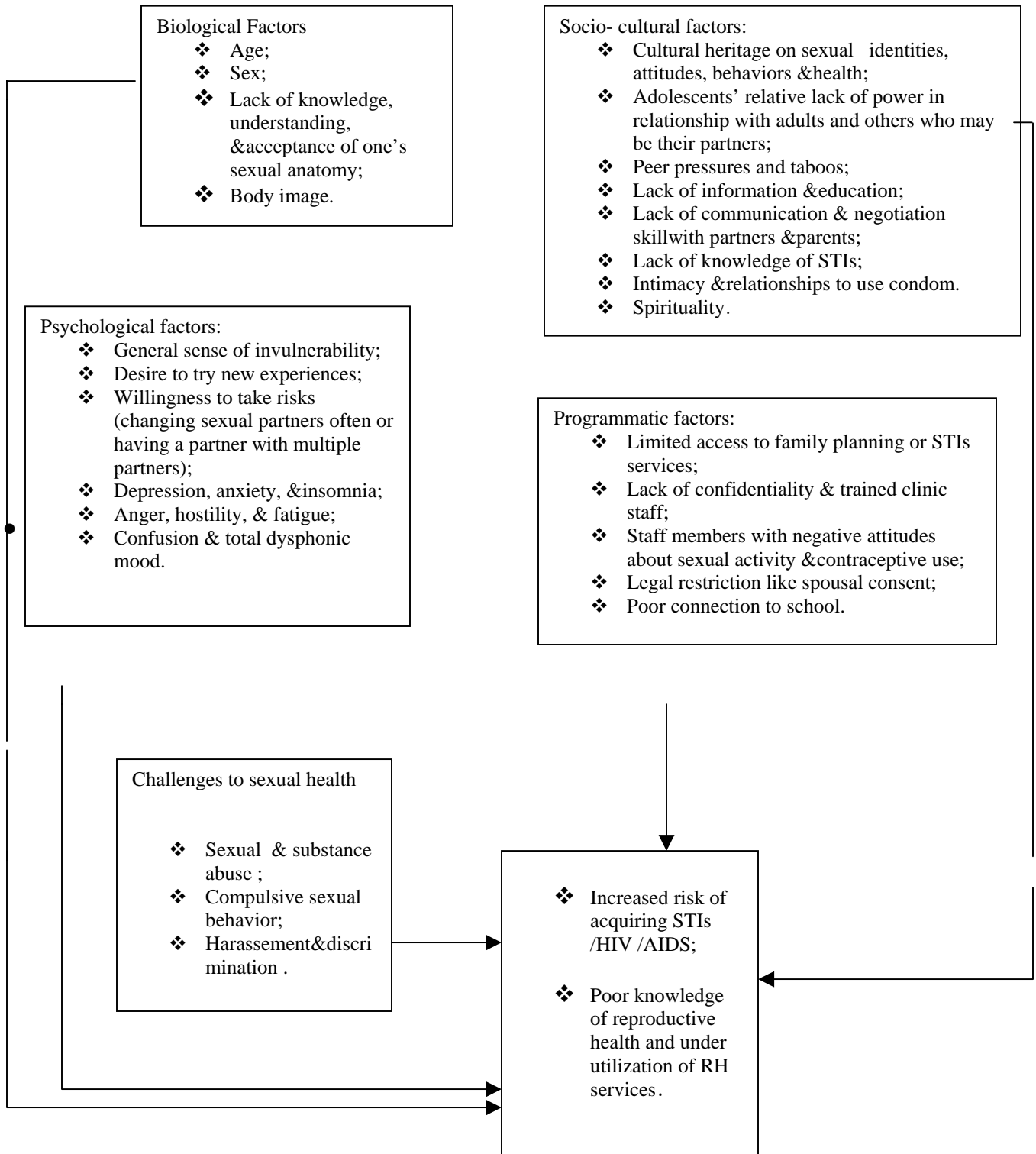
Appendicies:

Annex 1: Map of Gutowayu district in East Wollega Zone of Oromiya

Regional State.



Annex 2: Conceptual Frame work on level of knowledge of reproductive health and risky Sexual behavior for STIs /HIV /AIDS (Adapted from literatures) (28).



Annex 3: Questionnaire.

Department of community Health, Faculty of Medicine, Addis Ababa University Questionnaire for assessing the level of knowledge of reproductive health and sexual behavior for STIs /HIV/ AIDS among adolescents in Nekemte town, Eastern Wollega zone of Oromia National Regional State.

Identification.

Ser .No _____ Date ____/____/____

Time at the beginning of interview _____ Time at the end of interview _____

001. Questionnaire identification number /__/ __/

002. District: Gutowayu

003. Zone: Eastern Wollega

004. Site _____ Sub city _____

005. House Number _____

006. Interviewer code /____/____ Name _____

Informed verbal consent form before conducting the interview

Guideline for interviewers

Hello! My Name is _____. I am a member of the research team from Department of Community Health, Faculty of Medicine, and Addis Ababa University. I would like to inform you that you and I would have a short discussion concerning this 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 tell me whether you agree or disagree to participate in this study.

Read the following paragraph for the selected respondent.

The purpose of conducting a study is to assess the level of knowledge of reproductive health and sexual behavior among adolescents living in this town. . We are kindly requesting you for a little of

your time, about 40 minutes, to be involved in this study. In the end, it is hoped that the information you give us could help to design appropriate reproductive health services for adolescents. We would like to assure you that your name will not be used and your responses, to any of the questions, will not be given to any one else and no reports of the study will ever identify you. If a report of results is published, only information about the total group will appear. The interview is voluntary. Your participation, non-participation or refusal to respond to the questions will have no effect now or in the future on services that you or any member of your family may receive from any service providers. Only volunteers will participate in this study.

Are you willing to participate in this study?

Yes

No

Interview visit

| | Visit 1 | Visit 2 | Visit 3 |
|--------|---------|---------|---------|
| Date | | | |
| Result | | | |

Result codes:

1. Completed
2. Partially completed
3. Refused
4. Respondent not available
5. Others

Supervisor's name _____ Signature _____ Date _____

| Part one: Sociodemographic characteristics. | | | |
|---|--------------------------------------|--|------|
| S.No | Questions. | <i>Alternative choices for response.</i> | Code |
| Q101 | Sex of respondent | 1. Male 2. Female | |
| Q102 | How old are you? (Enter number) | ___ Years. | |
| Q103 | What is your religion? | 1. Orthodox 2. Muslim 3. Protestant 4. Catholic 77. Others, (specify) ----- | |
| Q104 | To which ethnic group do you belong? | 1. Oromo 2. Amhara 3. Gurage 4. Tigre 77. Others, (specify) ----- | |
| Q105 | What is your marital status? | 1. Never married 2. Currently married 3. Divorced 4. Separated 5. Widowed | |
| Q106 | What is your level of education? | 1. Read & write 2. Grade 1 -6 3. Grade 7 -8 4. Grade 9-12 5. Grade 12 + | |
| Q107 | What is your occupation? | 1. Daily laborer 2. Civil servant 3. Maid servant 4. Student 5. Employed in private sector 6. Have private business 77.Others, (specify) ----- | |
| Q108 | Do you have your own income? | 1. Yes 2. No → Skip to Q110 | |

| | | | |
|-------|---|--|------|
| Q109 | If yes, What is your monthly income? (Enter number) | _____ Birr | Code |
| Q110 | With whom do you live now? | <ol style="list-style-type: none"> 1. Father & mother 2. Father only 3. Mother only 4. Relatives 5. Friends or peers. 6. Boy/ Girl friend 7. Alone 77 . Others, (specify) ----- | |
| Q111. | What is your father's occupation? | <ol style="list-style-type: none"> 1. Daily laborer 2. Civil servant 3. Farmer 4. Employed in private sector 5. Has private business 77. Others, (specify) ----- | |
| Q112 | What is your mother's occupation? | <ol style="list-style-type: none"> 1. Housewife 2. Daily laborer 3. Maid servant 4. Farmer 5. Civil servant 6. Employed in private sector. 7. Has private business. 77. Others, (specify)----- | |
| Q113 | What is your father's educational status? | <ol style="list-style-type: none"> 1. Illiterate 2. Read and write 3. Grade 1 -6 4. Grade 7 -8 5. Grade9 -12 6. Grade12 + | |
| Q114 | What is your mother's educational status? | <ol style="list-style-type: none"> 1. Illiterate 2. Read and write 3. Grade 1-6 4. Grade 7 -8 5. Grade 9 -12 6. Grade 12 + | |

| Part two: Knowledge on some important concepts of reproductive health. | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|------|-----|----|--------------------------------------|---|---|---|---|---|--|---|---|--|---|---|--|---|---|----------------------------|--|--|--|
| Q201 | Do you know what RH means? | 1 .Yes 2 .No → Skip to Q 206 | Code | | | | | | | | | | | | | | | | | | | | | |
| Q202 | If yes, What do you think is RH about? | <table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>1. Family planning</td> <td>1</td> <td>2</td> </tr> <tr> <td>2. Access to health information and services.</td> <td>1</td> <td>2</td> </tr> <tr> <td>3. The right to choose when and with whom to have sex.</td> <td>1</td> <td>2</td> </tr> <tr> <td>4. STIs /HIV/AIDS.</td> <td>1</td> <td>2</td> </tr> <tr> <td>5. Maternal &Child health</td> <td>1</td> <td>2</td> </tr> <tr> <td>77. Others, (specify)-----</td> <td></td> <td></td> </tr> </tbody> </table> | | Yes | No | 1. Family planning | 1 | 2 | 2. Access to health information and services. | 1 | 2 | 3. The right to choose when and with whom to have sex. | 1 | 2 | 4. STIs /HIV/AIDS. | 1 | 2 | 5. Maternal &Child health | 1 | 2 | 77. Others, (specify)----- | | | |
| | Yes | No | | | | | | | | | | | | | | | | | | | | | | |
| 1. Family planning | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| 2. Access to health information and services. | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| 3. The right to choose when and with whom to have sex. | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| 4. STIs /HIV/AIDS. | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| 5. Maternal &Child health | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| 77. Others, (specify)----- | | | | | | | | | | | | | | | | | | | | | | | | |
| Q203 | Have you ever received information on RH? | 1. Yes 2 No → skip to Q 205 | | | | | | | | | | | | | | | | | | | | | | |
| Q204 | If yes, from where did you get the information on RH? | 1. Parents 2. Health professionals 3. Religious leaders 4. Peers 5. Mass media (radio, TV...) 6. School teachers 7. Books 77. Others, (specify) ----- | | | | | | | | | | | | | | | | | | | | | | |
| Q205 | Where do you feel comfortable to get information on RH? | 1. Parents 2. Health professionals 3. Religions leaders 4. Peers 5. School teachers 6. Mass Media (radio, TV) 7. Books 77. Others, (specify) ----- | | | | | | | | | | | | | | | | | | | | | | |
| Q206 | When do you think is more likely for a woman to get pregnant if she has sexual relations? | <table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>1 .A week before her menstrual cycle</td> <td>1</td> <td>2</td> </tr> <tr> <td>2. During her menstrual cycle.</td> <td>1</td> <td>2</td> </tr> <tr> <td>3. Right after menstrual cycle ended.</td> <td>1</td> <td>2</td> </tr> <tr> <td>4 .In the middle of her menstrual cycle.</td> <td>1</td> <td>2</td> </tr> <tr> <td>5 .The same throughout the menstrual cycle</td> <td>1</td> <td>2</td> </tr> </tbody> </table> | | Yes | No | 1 .A week before her menstrual cycle | 1 | 2 | 2. During her menstrual cycle. | 1 | 2 | 3. Right after menstrual cycle ended. | 1 | 2 | 4 .In the middle of her menstrual cycle. | 1 | 2 | 5 .The same throughout the menstrual cycle | 1 | 2 | | | | |
| | Yes | No | | | | | | | | | | | | | | | | | | | | | | |
| 1 .A week before her menstrual cycle | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| 2. During her menstrual cycle. | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| 3. Right after menstrual cycle ended. | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| 4 .In the middle of her menstrual cycle. | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| 5 .The same throughout the menstrual cycle | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |

| | | 77. Others, (specify)----- 88. I do not know | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|-----|----|-----------------------|---|---|-----------------|---|---|------------------|---|---|-------------|---|---|----------|---|---|------------------|---|---|---------------|---|---|---------------|---|---|----------------|---|---|---|---|---|----------------------------|--|--|--|
| Q207 | A girl or woman can get pregnant with one act of sexual intercourse. | 1. Agree 2. Disagree 3 .Not sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q208 | Do you know any ways to avoid pregnancy? | 1. Yes 2. No → skip to Q 210 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q209 | If yes, what are the ways to a void getting pregnant? | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>1. Oral contraceptive</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>2. Injectables.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>3. Using condoms</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>4. Norplant</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>5. IUDS.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>6. Sterilization</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>7. Abstinence</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>8. Withdrawal</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>9. Safe period</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>10. Washing the genitalia after intercourse.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>77. Others, (specify)-----</td> <td></td> <td></td> </tr> </tbody> </table> | | Yes | No | 1. Oral contraceptive | 1 | 2 | 2. Injectables. | 1 | 2 | 3. Using condoms | 1 | 2 | 4. Norplant | 1 | 2 | 5. IUDS. | 1 | 2 | 6. Sterilization | 1 | 2 | 7. Abstinence | 1 | 2 | 8. Withdrawal | 1 | 2 | 9. Safe period | 1 | 2 | 10. Washing the genitalia after intercourse. | 1 | 2 | 77. Others, (specify)----- | | | |
| | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Oral contraceptive | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Injectables. | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Using condoms | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Norplant | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. IUDS. | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Sterilization | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Abstinence | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Withdrawal | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Safe period | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Washing the genitalia after intercourse. | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 77. Others, (specify)----- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ask Questions 210 and 211 for females Only. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q210 | Did you know anything about menstruation before you first had it? | 1. Yes 2. No → skip to Q 214 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q211 | If Yes, From where did you first hear /know about it? | 1. Parents 2. Siblings 3. Peers. 4. School teachers 5. Health professionals 6. Elders 7. Mass Media 8. Books, magazine, newspaper. 77. Others, (specify) ----- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ask Questions 212 and 213 for males only. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q212 | Did you know anything about ejaculation before you first had it? | 1. Yes 2. No → skip to Q 214 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Q213 | If yes, From where did you first hear/ know about it? | <ol style="list-style-type: none"> 1. Parents 2. Siblings 3. Peers. 4. School teachers 5. Health professionals 6. Elders 7. Mass media 8. Book, magazines, Newspapers 77. Others, (specify) ----- | | | | | | | | | | | | | |
|-----------------------|--|---|--|-----|----|------------|---|---|-----------------|---|---|-----------------------|---|---|--|
| Q214 | What is the ideal age for a male to start sexual intercourse in your opinion? | _____ Years | | | | | | | | | | | | | |
| Q215 | What is the ideal age for a female to start sexual intercourse in your opinion? | _____ Years. | | | | | | | | | | | | | |
| Q216 | What is the ideal age for a male to get married in your opinion? | _____ Years. | | | | | | | | | | | | | |
| Q217 | What is the ideal age for a female to get married in your opinion? | _____ Years. | | | | | | | | | | | | | |
| Q218 | Do you know where to get RH services? | <ol style="list-style-type: none"> 1. Yes 2. No → skip to Q 220 | | | | | | | | | | | | | |
| Q219 | If yes, which ones do you know? | <ol style="list-style-type: none"> 1. Health institutions 2. Schools 3. Pharmacy 4. FGAE 5. Traditional healer 77. Others, (specify) ----- | | | | | | | | | | | | | |
| Q220 | Have you ever visited a health institution for reproductive health services in the last 12 months? | <ol style="list-style-type: none"> 1. Yes No → Skip to Q 222 | | | | | | | | | | | | | |
| Q221 | If yes, what was the reason for your visit? | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">Yes</th> <th style="width: 20%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>1. Had STI</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>2. For abortion</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>3. For antenatal care</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table> | | Yes | No | 1. Had STI | 1 | 2 | 2. For abortion | 1 | 2 | 3. For antenatal care | 1 | 2 | |
| | Yes | No | | | | | | | | | | | | | |
| 1. Had STI | 1 | 2 | | | | | | | | | | | | | |
| 2. For abortion | 1 | 2 | | | | | | | | | | | | | |
| 3. For antenatal care | 1 | 2 | | | | | | | | | | | | | |

| | | | | | |
|------|---|---|------------|-----------|--|
| | | 4. For delivery | 1 | 2 | |
| | | 5. To get contraceptive pill | 1 | 2 | |
| | | 6. To get condom | 1 | 2 | |
| | | 7. For counseling | 1 | 2 | |
| | | 77. Others, (specify)----- | | | |
| Q222 | Are RH services accessible to you? | 1 .Yes --- > Q224 | | | |
| | | 2 .No ----> Q223 | | | |
| Q223 | What do you think are the main obstacles that prevent you from getting RH-services? | | Yes | No | |
| | | 1. Inaccessibility of services | 1 | 2 | |
| | | 2. Services are expensive | 1 | 2 | |
| | | 3. Providers are crude and impolite | 1 | 2 | |
| | | 4. Providers fail to keep privacy and confidentiality | 1 | 2 | |
| | | 5. Much waiting time to get service | 1 | 2 | |
| | | 6. Inconvenient clinic hours | 1 | 2 | |
| | | 77. Others, (specify) ----- | | | |
| | | 88. Don't know about it | | | |
| Q224 | Do you know any diseases a person can get through sexual intercourse? | 1. Yes | | | |
| | | 2. No → skip to Q 229 | | | |
| Q225 | If yes, which diseases do you know about? | | Yes | No | |
| | | 1. Chancroid | 1 | 2 | |
| | | 2. Gonorrhea | 1 | 2 | |
| | | 3. HIV/AIDS | 1 | 2 | |
| | | 4. LGV | 1 | 2 | |
| | | 5. Syphilis | 1 | 2 | |
| | | 77. Others (specify) ----- | | | |
| Q226 | Which of the following are the main symptoms of STDs? | | Yes | No | |
| | | 1. Genital discharge | 1 | 2 | |
| | | 2. Burning pain. on urination | 1 | 2 | |
| | | 3. Genital ulcers /sores. | 1 | 2 | |
| | | 4. Genital itching sensation. | 1 | 2 | |
| | | 5. Lower abdominal pain | 1 | 2 | |
| | | 6. Swelling in groin area | 1 | 2 | |

| | | 77. Others (specify) _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------------------|---|--|--|-----|----|------------------------------|---|---|----------------------|---|---|--------------------|---|---|----------------------------------|---|---|-----------------------------|---|---|------------------|---|---|-------------------|---|---|---------------------------------|---|---|-----------------|---|---|----------------------------|--|--|----------------|--|--|--|
| Q227 | Have you ever experienced at least one of the above symptoms in the last 12 months? | 1. Yes. 2. No → Skip to Q229 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q228 | If yes, where did you go for treatment the last time you have experienced at least one of the above symptoms? | 1. Health institutions 2. Pharmacy 3. Traditional healer. 4. Took a drug from family/friends/ partner 5. No action taken 77. Others (specify)----- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q229 | Have you ever heard of HIV/AIDS? | 1. Yes 2. No → skip to Q 301 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q230 | If yes, what is the causative agent of AIDS? | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>1. Bacteria</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>2. Virus</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>3. Fungus</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>4. Parasite</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>77. Others, (specify) -----</td> <td></td> <td></td> </tr> </tbody> </table> | | Yes | No | 1. Bacteria | 1 | 2 | 2. Virus | 1 | 2 | 3. Fungus | 1 | 2 | 4. Parasite | 1 | 2 | 77. Others, (specify) ----- | | | | | | | | | | | | | | | | | | | | | |
| | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Bacteria | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Virus | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Fungus | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Parasite | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 77. Others, (specify) ----- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q231 | Through which of the following ways could HIV/AIDS be transmitted? | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>1. Unsafe sexual intercourse</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>2. Blood transfusion</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>3. Mother to child</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>4. Common use of sharp materials</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>5. Insect bite</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>6. Shaking hands</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>7. Toilet sharing</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>8. Drinking from the same glass</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>9. Breast milk.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>77. Others (specify) -----</td> <td></td> <td></td> </tr> <tr> <td>88. Don't know</td> <td></td> <td></td> </tr> </tbody> </table> | | Yes | No | 1. Unsafe sexual intercourse | 1 | 2 | 2. Blood transfusion | 1 | 2 | 3. Mother to child | 1 | 2 | 4. Common use of sharp materials | 1 | 2 | 5. Insect bite | 1 | 2 | 6. Shaking hands | 1 | 2 | 7. Toilet sharing | 1 | 2 | 8. Drinking from the same glass | 1 | 2 | 9. Breast milk. | 1 | 2 | 77. Others (specify) ----- | | | 88. Don't know | | | |
| | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Unsafe sexual intercourse | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Blood transfusion | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Mother to child | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Common use of sharp materials | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Insect bite | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Shaking hands | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Toilet sharing | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Drinking from the same glass | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Breast milk. | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 77. Others (specify) ----- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 88. Don't know | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q232 | Which of the following are /is the major sign & symptoms of AIDS? | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>1. Fever</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>2. Weight loss</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>3. Diarrhoea</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>4. Cough</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>5. Becoming thin</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table> | | Yes | No | 1. Fever | 1 | 2 | 2. Weight loss | 1 | 2 | 3. Diarrhoea | 1 | 2 | 4. Cough | 1 | 2 | 5. Becoming thin | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Fever | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Weight loss | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Diarrhoea | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Cough | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Becoming thin | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | 77. Others, (specify)----- 88. Do not know | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|-----|----|------------------------|---|---|---------------------------------------|---|---|-------------------|---|---|-------------------------------|---|---|---|---|---|----------------------------|---|---|--------------|---|---|----------------------------|--|--|--|
| Q233 | A person can acquire HIV the first time he/she had sexual intercourse. | 1. Agree 2. Disagree 3. Not sure. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q234 | A healthy looking individual can be a carrier for HIV | 1. Agree 2. Disagree 3. Not sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q235 | Is it possible to prevent STIs /HIV/AIDS? | 1. Yes 2. No → Skip to Q 301 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q236 | If yes, what are the ways to prevent STI/HIV/AIDS? | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>1. Abstaining from sex</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>2. Becoming faithful to one's partner</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>3. Using a condom</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>4. Practicing safe injections</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>5. Avoiding common share of sharp instruments</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>77. Others, (specify)-----</td> <td></td> <td></td> </tr> </tbody> </table> | | Yes | No | 1. Abstaining from sex | 1 | 2 | 2. Becoming faithful to one's partner | 1 | 2 | 3. Using a condom | 1 | 2 | 4. Practicing safe injections | 1 | 2 | 5. Avoiding common share of sharp instruments | 1 | 2 | 77. Others, (specify)----- | | | | | | | | | |
| | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Abstaining from sex | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Becoming faithful to one's partner | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Using a condom | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Practicing safe injections | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Avoiding common share of sharp instruments | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 77. Others, (specify)----- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Part Three: Sexual and other reproductive health behaviors among adolescents. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q301 | Have you ever had sexual Intercourse? | 1. Yes 2. No ----- > Skip to Q 329 3. No response | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q302 | At what age did you first have sexual intercourse? | 1. ___ Age in years 88. I do not remember | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q303 | Why did you decide to have sexual inter course the first time? | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>1. Fell in love</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>2. Had desire</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>3. I got married</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>4. Raped / abused</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>5. To get money and other gifts</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>6. Peer pressure</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>7. Was drunk</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>77. Others, (specify)-----</td> <td></td> <td></td> </tr> </tbody> </table> | | Yes | No | 1. Fell in love | 1 | 2 | 2. Had desire | 1 | 2 | 3. I got married | 1 | 2 | 4. Raped / abused | 1 | 2 | 5. To get money and other gifts | 1 | 2 | 6. Peer pressure | 1 | 2 | 7. Was drunk | 1 | 2 | 77. Others, (specify)----- | | | |
| | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Fell in love | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Had desire | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. I got married | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Raped / abused | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. To get money and other gifts | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Peer pressure | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Was drunk | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 77. Others, (specify)----- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q304 | What was the age of the person with whom you first had sexual intercourse? | 1. ___ Age in years 88. Don, t know | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | |
|------|---|--|--|
| Q305 | Have you ever had sexual intercourse in the last 12 months? | <ol style="list-style-type: none"> 1. Yes 2. No 3.No response | |
| Q306 | How much older or younger is the person with whom you had your last sexual experience? | <ol style="list-style-type: none"> 1. Same age 2. > 10 years older 3. 5-10 years older 4. <5 years older 5. >5 years Younger 6. < 5 years younger 88. Do not know 99. No response. | |
| Q307 | With how many partners have you ever had sexual intercourse? | <p>----- Number of partners</p> <p>88. I do not know</p> | |
| Q308 | Have you ever used condom? | <ol style="list-style-type: none"> 1. Yes 2. No → skip to a 312 | |
| Q309 | Did you use condom the 1 st time you had sexual intercourse? | <ol style="list-style-type: none"> 1. Yes 2. No | |
| Q310 | How often did you use condom in the last 12 months? | <ol style="list-style-type: none"> 1. Always 2. Most of the time 3. Some time 4. None | |
| Q311 | Did you use condom the last time you had sexual intercourse? | <ol style="list-style-type: none"> 1. Yes 2. No. | |
| Q312 | If you have not used condom at all, or have not used it consistently. What was the reason? Read: (More than one answer is possible) | <ol style="list-style-type: none"> 1. Not available 2. Too expensive 3. Ashamed to ask my partner 4. Partner objected 5. Used other contraceptive. 6. Don't like them 7. Wanted to get pregnant. 8. Ashamed to buy 9. I trust my partner 10. I was drunk. 11. Didn't think of it 12. Didn't know how to use it | |

| | | | |
|--|--|--|--|
| | | 13. It decreases satisfaction or sexual pleasure. 14. It bursts 15. My religion prohibits 77. Others, (specify)----- | |
| Ask Questions 313-316 for males only | | | |
| Q313 | Have you ever had sexual intercourse with commercial sex workers? | 1. Yes. 2. No → skip to Q 329 | |
| Q314 | Have you ever used condom when making sexual intercourse with CSWs? | 1. Yes 2. No → skip to Q 316 | |
| Q315 | If Yes, how often did you use condom? | 1. Always 2. Some times 3. Most of the time 4. None | |
| Q316 | If you have not used condom at all or have not used it consistently when having sexual intercourse with CSWs, Why? | 1. Not available 2. Too expensive 3. Ashamed to ask my partner. 4. Partner objected 5. Used other contraceptive 6. Don't like them 7. Wanted to get pregnant 8. Ashamed to buy. 9. I trust my partner 10. I was drunk 11. Did not think of it 12. I did not know how to use it 13. It decreases satisfaction 14. It bursts 15. My religion prohibits 77. Others, (specify)----- | |
| Ask the following questions (317--- 328) for females only. | | | |
| Q317 | Have you ever used modern contraceptives? | 1. Yes 2. No → Skip to Q 319 | |
| Q318 | If yes, which contraceptive methods have you used? | 1. Pills 2. Injectables 3. Norplant | |

| | | | |
|------|--|--|--|
| | | <p>4 .IUD/loop</p> <p>5. Condom</p> <p>77. Others, (specify)-----</p> | |
| Q319 | If no, what are the reasons for not using contraceptives? (More than one answer is possible) | <p>1. I did not start sexual intercourse</p> <p>2. I have infrequent sex</p> <p>3. Husband/ Partner opposed</p> <p>4. Parents opposed.</p> <p>5. Religious prohibition</p> <p>6. Lack of knowledge about contraceptives</p> <p>7. Fear of side effects</p> <p>8. Health service providers have negative attitude</p> <p>9. Service not available.</p> <p>10. Want to have children.</p> <p>77. Others (specify)-----</p> | |
| Q320 | Have you ever been pregnant? | <p>1- Yes</p> <p>2- No → skip to Q 329</p> | |
| Q321 | How old were you when you first become pregnant?(Enter age) | <p>1__ Age in years</p> <p>88. Don't know remember.</p> | |
| Q322 | Was/were your pregnancies planned? | <p>1. Yes</p> <p>2. No</p> | |
| Q323 | Have you ever aborted or terminated your pregnancy? | <p>1. Yes</p> <p>2. No → skip to Q 329</p> | |
| Q324 | If yes, how many times did you have abortion? | <p>_____ Time</p> | |
| Q325 | If there was abortion, whom did you first discuss the issue with? | <p>1. My partner /husband</p> <p>2. My boyfriend</p> <p>3. My friends & peers</p> <p>4. My parents</p> <p>5. Health workers</p> <p>6. Traditional healers.</p> <p>7. Local abortionist</p> <p>77. Others, (specify) -----</p> | |
| Q326 | Why did you abort or terminate the pregnancy? | <p>1. Fear of my family.</p> <p>2. To continue my education.</p> <p>3. It was unplanned (unwanted)</p> | |

| | | 4. Economical problem. 77. Others, (specify)----- | | | | | | | | | | | | | | | | | | | |
|-----------------------------------|--|--|--|-----|----|-------------------|---|---|--------------------|---|---|--------------------------|---|---|-----------------------------------|---|---|-----------------------------|--|--|--|
| Q327 | Where did you abort /terminate your pregnancy? | 1. At public health institution. 2. At private clinic 3. At abortionist's house 77. Others, (specify)----- | | | | | | | | | | | | | | | | | | | |
| Q328 | Could you tell me why you preferred to seek abortion care in places mentioned in question number 327? | 1. Effectiveness of treatment 2. Free treatment 3. Low cost of treatment. 4. Proximity 5. Confidentiality 77. Others, (specify)----- | | | | | | | | | | | | | | | | | | | |
| Q329 | Have you ever discussed about sex with your parents? | 1. Yes 2. No → skip to Q 330. | | | | | | | | | | | | | | | | | | | |
| Q330 | If not, what was the reason? | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>1. Afraid of them</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>2. They don't want</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>3. Culturally prohibited</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>4. My parents lack the knowledge.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td colspan="3">77. Others, (specify) -----</td> </tr> </tbody> </table> | | Yes | No | 1. Afraid of them | 1 | 2 | 2. They don't want | 1 | 2 | 3. Culturally prohibited | 1 | 2 | 4. My parents lack the knowledge. | 1 | 2 | 77. Others, (specify) ----- | | | |
| | Yes | No | | | | | | | | | | | | | | | | | | | |
| 1. Afraid of them | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| 2. They don't want | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| 3. Culturally prohibited | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| 4. My parents lack the knowledge. | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| 77. Others, (specify) ----- | | | | | | | | | | | | | | | | | | | | | |
| Q331 | Have you ever drunk alcoholic beverages like tella, tej, beer, areki, etc. | 1. I have never drunk 2. I have tried alcohol once or twice 3. I drink alcohol occasionally. 4. I drink alcohol daily | | | | | | | | | | | | | | | | | | | |
| Q332 | Have you ever smoked cigarettes? | 1. I have never smoked 2. I have tried cigarettes once or twice 3. I smoke cigarette occasionally. 4. I smoke cigarette daily. | | | | | | | | | | | | | | | | | | | |
| Q333 | Have you ever chewed khat? | 1. I have never chewed. 2. I have tried khat once or twice. 3. I chew chat occasionally. 4. I Chew Khat daily. | | | | | | | | | | | | | | | | | | | |
| Q334 | Have you ever-injected drugs yourself using syringes in the last 12 months? (Drugs injected other than for medical or treatment) | 1. Yes 2. No 88. I do not know 99. No response | | | | | | | | | | | | | | | | | | | |

| | | |
|--|-------------------------------|--|
| | purposes do not count) | |
|--|-------------------------------|--|

A nnex 4: Gaaffiilee

Dipaartimeentii Fayyaa Hawaasaatti, fakkaalittii wal'aansaa, Univeersitii Finfinneetii gaaffiilee dandeettii hoormaata fayyaa fi amala saalaa dhukkuboota walquunamtii saalaatiin namatti darban kan akka HIV/Eedsii tiif nama saaxilan ilalchisee dargaggoota Magaalaa Naqamteetti argaman gaafaachuu dhaaf qopha'ee.

Eenyummaa

Sa'aatii gaaffiin itti eegalmees _____ sa'aatii gaaffiin itti xumurame _____

001. Lakkoofsa gaaffiilee: _____/_____/_____

002. Aanaa: Guutoo wayyuu (Bulchiinsa Naannoo magaalaa Naqamtee)

003. Zonii: Baha Wallaggaa

004. Kutaa Bulchinsaa: _____

005. Lakkoofsa mana _____

Waliigaltee gaaffiilee dura afaaniin mirkana'uu qaban.

Qajeelcha gaafatootaaf ba'e

Warra manaaa _____! Maqaan kiyyaa _____ Ani miseensa tuuta hayyoota univeersitii Finfinneetti argaman kanqorannoo Fayyaa namaa irratti hundaa'ee geggeessan keessaa isa tokko. Osoo mare qorannoo kana ilaalatutti hin seenin dura haala fi faayidaa qorannoo kanaa yemmuun isiniif dubbisu qalbii dhaan akka nadhaggeeffatan kabajaan isin gaafa dha.

Nama deebiif filatame kanaaf kan harmaan gadii dubbisi

Innis faayidaan qorannoo kanaa dandeetti fayyaa qaama hormaata fi amala saalaa kan dhukkuboota walquunamtii saalaa tiin nama irraa namatti darban fi kan akka HIV/Eedsii tiif nama saxiilan ilaalchisee dargaggoota umuriin isaanii waggaa 12-19 tti jiran qorachuuf kan qopha'ee dha. Kana waan ta'eef yeroo murta'ee waliin wajjin fudhannee (yoo baa'yatee daqiiqaa 40) qorannoo kana irratti akka hirmaatan kabajaan isin gaafanna. Yaadin isin nuuf latan haala ykn tajaajila fayyaa qaama hormaata guutuu biyyaatti argamu foyyeesuuf bu'uura ta'a jennee amana. Haa ta'u iyyuu malee maqaa fi deebiin isin gaaffiilee keenyaaf lattan hundumtuu icittii dhaan egamu waan ta'eef yaadda'uun isin irraa hin jiru. Raawwiin qorannoo kana yoo ni maxanfama illee ta'e maqaa nama tokkon osoo hin tane yaada hirmaatoota huda waliti qabu dhaan ta'a. Qorannoo kana irratti hirmaachuun fedhii irraatti kan hunda'ee yeroo ta'u hirmaachuus ta'e hirmaachuu dhisuun tajaajila isiniis ta'e maatiin keessan gara fula duraatti dhabbiilee adda addaa irraa argatan irratti dhiibbaa hin qabu.

Kana waan ta'eef qorannoo kana irratti hirmaachuu ni feetuu?

() Eeyyee () Miti

Yoo gaafatamaan "Eeyyee" jedhe gaaffii kee itti fufi
Yoo gaafatamaan "Miti" jedhe galaateefadhu dhiisi.

Do'annoo gaaffii

| | Do'annoo 1ffaa | Do'annoo 2ffaa | Do'annoo 3ffaa |
|---------|----------------|----------------|----------------|
| Guyyaa | | | |
| Raawwii | | | |

006. Koodii raawwii gaaffilee

1. Xumureera
2. Hamma tokko xumureera
3. Hin didan
4. Gaafatamaa/tuun hin argamnee
5. Kan biraa (ibsi) _____

007. Koodii gaafataa / _____ / _____ / _____ Maqaa _____

008. Guyyaa itti gaaffiin ta'e _____ / _____ / _____

Maqaa to'ataa _____ Mallattoo _____ Guyyaa ____ / ____ / ____

| Kutaa tokkooffaa: Haala Maalummaa ibsu | | | |
|--|-------------------------------------|---|---|
| Lakk. | Gaaffiilee | Filmaata deebii ta'u malan | K |
| G101 | Saala gaafatamaa/tuu | 1. Dhiira 2. Dhalaa | |
| G102 | Umuriin kee meeqa? (Lakkoofsaan) | Waggaa _____ | |
| G103 | Amantiin kee maalii? | 1. Ortoodooksii 2. Islaama 3. Pirotistaantii 4. Kaatoolikii 77. Kan biraa (ibsi) _____ | |
| G104 | Qomoon kee maalii? | 1. Oromoo 2. Amaara 3. Guraagee 4. Tigree 77. Kan biraa (ibsi) _____ | |
| G105 | Haalli fuudhaa fi heerumaa keewoo? | 1. Hinfuune/ hin heerumne 2. Fuudheera/heerumeera 3. Hiikeera 4. Yeroof addaa adda baaneerra 5. Najalaa du'eera/duteetti | |
| G106 | Sadarkaan barumsa kee hammami? | 1. Barreessuu fi dubbisuu hin danda'u 2. Barreessuu fi dubbisuu qofa 3. Kutaa 1-6 4. Kutaa 7-8 5. Kutaa 9-12 6. Kutaa 12 ffaa ol 12+ | |
| G107 | Dalagaan ykn hojiin | 1. Hojii humna kan Guyyaa | |

| | | |
|------|---|---|
| | kee maalii? | 2. Hojii mootummaa 3. Hojjetaa / Hojjetuu/ manaa 4. Barataa ykn barattuu 5. Sekterii dhunfaa keessatti qacaramaa/ttuu 6. Daldala dhunfaa 77. Kan biraa (ibsi) _____ |
| G108 | Galii dhuunfaa ni qabdaa? | 1. Eeyee 2. Miti → Gaaffii 110 tti darbi |
| G109 | Yoo deebiin kee " eeyyee" ta'e galiin kee ji'a meeqaa? (Lakkoofsaan) | Qarshii _____ |
| G110 | Yeroo ammaatti eenyuun wajjin jiraatta? | 1. Abbaa fi haadha kiyya wajjin 2. Abbaa Kiyya qofa 3. Haadha kiyya qofa 4. Firootaa kiyya wajjin 5. Hiriyoota kiyya wajjin 6. Kadhimaa kiyya wajjin 7. Qoffaa 77. Kan biraa (ibsi) _____ |
| G111 | Dalagaan abbaa kee maalii? | 1. Hojii humna kan guyyaa 2. Hojjeetaa motummaa 3. Qotee bulaa 4. Hojjeetaa sekterii dhunfaa 5. Daldala dhunfaa 77.. Kan biraa (ibsi) _____ |
| G112 | Dalagaan harmee kee maalii? | 1. Haadha warraa 2. Hojii humna kan guyyaa 3. Hojjeettuu mana keessaa 4. Qotee bulaa 5. Hojjeettuu mootummaa 6. Hojjeettuu sekterii dhunfaa 7. Daldala dhunfaa. 77. Kan biraa (ibsi) _____ |
| G113 | Haalli barumsaa abba kee maal fakkaata? | 1. Dubbisuu fi barreessuu hin danda'u 2. Dubbisuu fi barreessuu qofa 3. Kutaa 1 - 6 4. Kutaa 7 - 8 5. Kutaa 9 - 12 6. Kutaa 12 ol |
| G114 | Haalli barumsaa harmee kee maal fakkaata? | 1. Dubbisuu fi barreessuu hin dandeessu 2. Dubbisuu fi barreessuu qofa 3. Kutaa 1 - 6 4. Kutaa 7 - 8 5. Kutaa 9 - 12 6. Kutaa 12 ol |

Kutaa lamaffaa: Beekumsa waa'ee Fayyaa qaama hormaataa

| | | | | |
|------|---|---|--------------------|-------------------------|
| G201 | Fayyaa qaama hormaataa jechuun maal akka ta'e beektaa? | 1. Eeyyee 2. Hin beeku → G 206 tti darbi | | |
| G202 | Yoo deebiin kee "Eeyyee" ta'e fayyaa qaama hormaataa jechuun maalii? | 1. Karoora maatii jechuu dha 1 2 2. Odeeffannoo fi tajaajila fayyaa argachuu jechuu dha 1 2 3. Mirga filanno yoom fi eenyuun wajjin walquunamtii nafa saalaa jechuu dha 1 2 4. Dhukkuboota walquunamitii saalaan namatti darban kan akka HIV/Eedsii dabalatee jechuu dha. 1 2 5. Fayyaa haadhaa fi ijoollee jeechuu dha 1 2 77. Kan biraa (ibsi) _____ | Eeyyee Miti | 2 raawwachuun danda'amu |
| G203 | Odeeffannoo waa'ee fayyaa qaama hormaataa irratti argattee beektaa? | 1. Eeyyee 2. Miti --→ G205 tti darbi | | |
| G204 | Yoo deebiin kee "Eeyyee" ta'e ibsa eessaa argattee? | 1. Warra kiyya irraa 1 2 2. Hojjeetoota fayyaa irraa 1 2 3. Abbootii amantti irraa 1 2 4. Hiriyoota irraa 1 2 5. Televiiziyinii ykn raadyoo irraa 1 2 6. Barsiisoota mana barnootaa fi irraa 1 2 7. Kitaabootaa irraa 1 2 77. Kan biraa (ibsi) _____ | Eeyyee Miti | |
| G205 | Odeeffannoo waa'ee fayyaa qaama hormata bakka kam irraa yoo dhageesse (argatte) sitti tola? | 1. Abbaa fi haadha irraa 1 2 2. Hojjetoota Fayyaa irraa 1 2 3. Abbootii amantti irraa 1 2 4. Hiriyoota kiyya irraa 1 2 5. Manneen barnoota irraa 1 2 6. Televiiziyinii ykn raadyoo irraa 1 2 7. Kitaaboota irraa 1 2 77. Kan biraa (ibsi) _____ | Eeyyee Miti | |
| G206 | Dhalaan tokko walquunamitii nafa saalaa yoo raawwattee yoom kan ulfooftu sitti fakkaata? | 1. Daraaraa ji'a arguuf torban tokkoo dura 1 2 2. Osoo daraaraa ji'a irra jirtu 1 2 3. Akka daraaraan dhabbateen 1 2 4. Giddu galeessa ji'aatti 1 2 5. Yeroo hundummaatti ulfaa'uu ni dandeesi 1 2 77. Kan biraa (ibsi) _____ | Eeyyee Miti | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|--|---|---|--|---|---|----------------------------|---|---|--|---|---|--|---|---|--------------------------------|---|---|---|---|---|--|---|---|--|---|---|--|---|---|----------------------------|--|--|---------------|-------------|
| | | 88. Hinbeeku | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G207 | Shamarran ykn dubartiin tokko walquunamitii saalaa si'a tokkon ulfa'uu nidande'eesi | 1. Eeyyee/Waliin gala 2. Lakki/walii hingalu 3. Addaan baasuu hin danda'u | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G208 | Haala ittin ulfaa'uu dhowwuun danda'amu kamiinuu beektaa? | 1. Eeyyee 2. Miti → G 210 tti darbi | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G 209 | Yoo deebiin kee "Eeyyee " ta'e, haali ittin ulfa dhorkuun danda'amu isaan kami? (DEEBII TOKOO OL DEEBISUUN NI DANDA'AMA) | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1. Dawwaa karooraa maatii kan liqmsamu</td> <td style="width: 5%; text-align: center;">1</td> <td style="width: 15%; text-align: center;">2</td> </tr> <tr> <td>2. Dawwaa karooraa maatii Kan lilmoon keennamu</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>3. Kondaamiitti fayyadamuu</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>4. Dawwaa ciqilee keessa awwaalamutti fayyadamuu</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>5. Dawwa gadameessa keessa kaa'amutti fayyadamuu</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>6. Ofmaseensuu/Ujjummoo hidhuu</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>7. Walquunamtii saalaa irraa of dhorkuu</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>8. Yeroo walaquunamtii saalaa raawwatan ija sanyi dhiraa qaama dhalaa alatti dhangalasuu</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>9. Yeeroo ulfa'uun itti hin danda'amnetti gargaramuu</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>10. Walquunamtii saalaa booda qaama salaa diqachuu</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>77. Kan biraa (ibsi) _____</td> <td></td> <td></td> </tr> </table> | 1. Dawwaa karooraa maatii kan liqmsamu | 1 | 2 | 2. Dawwaa karooraa maatii Kan lilmoon keennamu | 1 | 2 | 3. Kondaamiitti fayyadamuu | 1 | 2 | 4. Dawwaa ciqilee keessa awwaalamutti fayyadamuu | 1 | 2 | 5. Dawwa gadameessa keessa kaa'amutti fayyadamuu | 1 | 2 | 6. Ofmaseensuu/Ujjummoo hidhuu | 1 | 2 | 7. Walquunamtii saalaa irraa of dhorkuu | 1 | 2 | 8. Yeroo walaquunamtii saalaa raawwatan ija sanyi dhiraa qaama dhalaa alatti dhangalasuu | 1 | 2 | 9. Yeeroo ulfa'uun itti hin danda'amnetti gargaramuu | 1 | 2 | 10. Walquunamtii saalaa booda qaama salaa diqachuu | 1 | 2 | 77. Kan biraa (ibsi) _____ | | | Eeyyee | Miti |
| 1. Dawwaa karooraa maatii kan liqmsamu | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Dawwaa karooraa maatii Kan lilmoon keennamu | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Kondaamiitti fayyadamuu | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Dawwaa ciqilee keessa awwaalamutti fayyadamuu | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Dawwa gadameessa keessa kaa'amutti fayyadamuu | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Ofmaseensuu/Ujjummoo hidhuu | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Walquunamtii saalaa irraa of dhorkuu | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Yeroo walaquunamtii saalaa raawwatan ija sanyi dhiraa qaama dhalaa alatti dhangalasuu | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Yeeroo ulfa'uun itti hin danda'amnetti gargaramuu | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Walquunamtii saalaa booda qaama salaa diqachuu | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 77. Kan biraa (ibsi) _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gaaffiilee 210 fi 211 dhalaa qofa gaafadhu. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G210 | Osoo daaraara ji'a kee hin argin dura wa'ee isaa waan beektu qabdaa? | 1. Eeyyee 2. Miti → 214 tti darbi | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G211 | Yoo deebiin kee "Eeyyee" ta'e, jalqaba eenyu irraa dhageessee ykn barte? | 1. Abbaa fi haadha kiyya irraa 2. Obbolaan kiyya irraa 3. Hiriyoota kiyya irraa 4. Barsiisota kiyya irraa. 5. Hojjeetoota fayyaa irraa 6. Manguddoota irraa 7. Televiiziyinii ykn raadyoo irraa 8. Kitaabota irraa 77. Kan biraa (ibsi) _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gaaffiilee 212 fi 213 dhiira qofa gaafadhu. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G212 | Osoo ofii keetii dhangalaasuu hin eegaliin dura wa'ee | 1. Eeyyee 2. Miti → G 214 tti darbi | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|------|---|--|--|--|
| | sanyii dhiiraa dhangalaasu ni beekta turtee? | | | |
| G213 | Yoo deebiin kee "Eeyyee" ta'e, akkamitti baruu dandeessee? | 1. Abbaa fi haadha kiyya irraa 2. Obbolaan kiyya irraa 3. Hiriyoota kiyya irraa 4. Barsiisota kiyya irraa 5. Oggessa Fayyaa irraa 6. Manguddoota irraa 7. Televisiyonati radyoo irraa 8. Kitaaboota irraa 77. Kan biraa (ibis) _____ | | |
| G214 | Dhiirri tokko walquunamitii saalaa waggaa meeqatti kan eegalu sitti fakkaata | Waggaa _____ tti. | | |
| G215 | Shamarran tokko walquunamitii saalaa waggaa meeqatti kan eegaltu sitti fakkaata? | Waggaa _____ tti. | | |
| G216 | Dhiirrii tokko umurii meeqatti fudhuu qaba jetta? | Waggaa _____ tti. | | |
| G217 | Shamarran tokko umurii meeqatti heerumuu qabdi jetta? | Waggaa _____ tti. | | |
| G218 | Wal'dhansa fayyaa qaama hormaata eessaa akka argattu ni beektaa? | 1. Eeyyee 2. Miti → G220 tti darbi | | |
| G219 | Yoo deebiin kee "Eeyyee" ta'e, kamiinfaa beektaa? | 1. Dhaabbilee Fayyaa 2. Manneen barnootaa 3. Mana qorichaa 4. Waajjira Qajeelcha maatii Itiyooophiyaa 5. Ogeessa aadaa 77. Kan biraa (ibsi) _____ | | |
| G220 | Tajaajila fayyaa qaama hormaataa argachuuf jecha dhaabbata fayyaa dhaqxee ni beektaa? | 1. Eeyyee 2. Miti → G222 tti darbi | | |
| G221 | Yoo deebiin kee "Eeyyee" ta'e dhimma maaliif dhaqaxee? (DEEBII TOKKOO OL NI DANDA'AMA) | 1. Dhibee walquunamtii nafa saalaan darbuuf Jecha. 1 2 2. Ulfi narraa baanaan 1 2 3. Wal'dhaansa dubartii ulfaa argachuuf 1 2 | | E Eeyyee Miti |

| | | | |
|------|--|---|---------------------|
| | | 4. Da'uumsaaf 1 2 5. Dawwa karoora maatiif 1 2 6. Kondaamii argachuuf 1 2 7. Gorsa fudhachuuf 1 2 77. Kan biraa (ibsi) _____ | |
| G222 | Tajaajila fayyaa qaama hormaataa naannoo keetti ni argattaa? | 1. Eeyyee →G 224 tti darbii 2. Miti →G223 tti darbi | |
| G223 | Tajaajila fayyaa qaama hormaataa akka hin arganeef rakkina uumu kan jettu maalfa'ii? (DEEBII TOKKOO OL NI DANDA'AMA) | 1. Fageenya bakka tajaajilii itti argamu 1 2 2. Kafaltiin tajaajilaa ulfaachu 1 2 3. Tajaajiltootnii hamoo fi gadhee ta'uu isaanii 1 2 4. Icitii fi dhoksaa eeguu dadhabuu tajaajiltootaa 1 2 5. Tajaajila argachuuf yeroon dheerachuu 1 2 6. Rakkina yeroo dhaabbatni fayyaa itti banamu 1 2 77. Kan biraa (ibsi) _____ 88. Waanan beeku hin qabu | Eeyyee Miti |
| G224 | Dhukkuba walquunamtii nafa saalaan nama irraa namatti darbuu ni beektaa? | 1. Eeyyee 2. Miti → G229 darbi | |
| G225 | Yoo deebiin kee "Eeyyee" ta'e, dhukkuboota kamiiniffaa beekta? (TAREEFFAMA HIN DUBBISIIN) | 1. Chankirooidii 1 2 2. Cophoxoo 1 2 3. HIV/Eedsii 1 2 4. LGV (Bambullee) 1 2 5. Urdee/Fanxoo 1 2 77. Kan birraa (ibsi) _____ | E Eeyyee Miti |
| G226 | Mallattoo dhukkuboota walquunamtii saalaan nama irraa namatti darban kan ta'an warra kam? (TARREEFFAMA DUBBISI) | 1. Dhangala'aa qabaachuu 1 2 2. Fincaan nama gubuu 1 2 3. Qaamni hormaataa mada'uu 1 2 4. Qamni hormaataa nama hoksisuu 1 2 5. Garaa dhukkubbii handhuraa gadii. 1 2 6. Gudeedi nama dhitta'uu 1 2 77. Kan biraa (ibsi) _____ | E Eeyyee Miti |

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|------|--|--|--|--|
| G227 | Mallattoo armaan olitti caqafaman kana ji'oota kudha lamaan darban keessatti ofii kee irratti argitee beektaa? | 1. Eeyyee 2. Miti → G 229 tti darbi | | |
| G228 | Yoo deebiin kee "Eeyyee" ta'e, dhuma irratti yeroo mallattoon kun sitti mula'ate eessatti wal'aanamtee? | 1. Mana yaalaatti 2. Mana qorichaatti (pharmacy) 3. Ogeessa aadaa 4. Maatii ykn kaadhimaa kootu dawwaa naaf kenne. 5. Homtuu naaf hin godhamne 77. Kan biraa (ibsi) _____ | | |
| G229 | Waa'ee dhukkuba HIV/Eedsii dhagessee beektaa? | 1. Eeyyee 2. Mitii → G301 tti darbi | | |
| G230 | Yoo deebiin kee "Eeyyee" ta'e dhukkuba ADIS maaltu namatti fida? (TARREEFFAMA DUBBISI) | 1. Bakteeriyaa 1 2 2. Vayrasii 1 2 3. Fangasii 1 2 4. Raammoo 1 2 77. Kan biraa (ibsi) _____ | | E Eeyyee Miti |
| G231 | HIV/Eedsii siin karaa kamiin nama irraa namatti darba? (TARREEFFAMA DUBBISI) | Eyyee Miti 1. Walquunamitii saalaa gad dhisii ta'een 1 2 2. Dhiiga nama tokkoo nama biraa tiif keennu dhaan 1 2 3. Haadha irraa mucaatti 1 2 4. Meeshaa qara qabutti waliin wajjin fayyadamu dhaan 1 2 5. Ciniinnaa lubbuu balali'aniin (Insects) 1 2 6. Harka walqabuu dhaan 1 2 7. Mana fincaanitti waliin gargaaramuun 1 2 8. Meeshaa tokkotti waliin dhugudhaan 1 2 9. Aanaan harmaatiin 1 2 77. Kan biraa (ibsi) _____ 88. Waanan beeku hin qabu | | |
| G232 | Mallattoo beekamoo dhukkuba HIV/Eedsii kan ta'an warra kam? | 1. O'ina qaama 1 2 2. Hirina ulfina qaama 1 2 3. Albaatii 1 2 4. Qufaa 1 2 | | E Eyyee Miti |

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| | | 5. Huuqqachuu 1 2 77. Kan biraa (ibsi) _____ 88. Waanan beeku hinqabu. | |
| G233 | Nami tokko yeroo jalqabaaf walquunamitii saalaa raawwatutti HIViin qabamuu ni danda'a. | 1. Eeyyee/waliin gala 2. Lakki/walii hin galu 3. Addaan baafachuu hin danda'u | |
| G234 | Namni fayya buleesa fakkaatu HIV qabaachuu ni danda'a. | 1. Eeyyee/waliin gala 2. Lakki/walii hin galu 3. Addaan baafachuu hin danda'u | |
| G235 | Namni tokko dhukkuba walquunamtii saalaan darban kan akka HIV/Eedsii irraa of eeguuf yaalii gochuu ni danda'aa? | 1. Eeyyee 2. Miti → G 301 tti darbi | |
| G236 | Yoo deebiin kee "Eeyyee" ta'e dhukkuboota quunnamtii naafa saalaa fi HIV/Eedsii of irraa dhorkuun kan danda'amu maaliini ? | 1. Walquunamitii nafa saalaa dhisuu dhaan 1 2 2. Kadhimaa oftiif amanamuu dhaan 1 2 3. Kondamitti fayyadamuu dhaan 1 2 4. Bakka garii hin taaneetti dawwaaf jecha lilmoo dirachuu dhisuu dhaan 1 2 5. Meeshaa qara qabutti waliin gargaaramuu dhisuu dhaan 1 2 77. Kan biraa (ibsi) _____ | E Eeyyee Miti |
| Kutta sadaffaa: Amala saalaa dargaggoota gidduutti | | | |
| G301 | Walquunamitii saalaa raawwatee beektaa? | 1. Eeyyee 2. Miti → G 329 tti darbi 99. Callisuu | |
| G302 | Yoo deebiin kee "Eeyyee" ta'e yeroo jalqabaatiif walqunamtti saalaa kan raawwate umurii kee meeqatti? | 1. Waggaa _____ 88. Hin Yaadadhuu/hin beeku | |
| G303 | Yeeroo jalqabaatiif walquunamitii saalaa raawwachuuf maaliif murteefatte? | 1. Jaalalatu naqabe 1 2 2. Nan gomjaa'ee 1 2 3. Fudheetan 1 2 4. Dirqisiisamuu dhaan 1 2 5. Qarshii ykn badhaasa | E Eeyyee Miti |

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| | | argachuuf 6. Dhibbaa hiriyoota kiyyaan 7. Macha'uu dhaan 77. Kan biraa (ibsi) _____ | 1 1 1 | 2 2 2 |
| G304 | Yeroo jalqabaatiif namni ati wajjin walquunamitii saalaa raawwate umuriin isaa meeqa? | 1. Waggaa _____ 88. Hin beeku /hin yaadadhu 99. Callisuu | | |
| G305 | Ji'oota 12n darban keessa quunnamtii nafa saalaa raawwattee beektaa? | 1. Eeyyee 2. Miti 99. Callisuu | | |
| G306 | Namni ati yeroo dhiyootti wajjin walquunamitii saalaa raawwate hammam si hangafa ykn si booda? (TARTIIBA ISAA DUBBISI) | 1. Walqxee dhaa. 2. Waggaa 10 ol na hangafa 3. Waggaa 5-10 na hangafa 4. Waggaa 5 gad na hangafa 5. Waggaa 5 ol na booda 6. Waggaa 5 gad na booda 88. Hinbeeku 99. Callisuu | | |
| G307 | Hanga ammaatti nama meeqaan wajjin walquunamitii nafa saalaa raawwateeta? (Lakkoofsaan ibsi) | 1. Nama _____ 88. Hinbeeku 99. Callisuu | | |
| G308 | Kondamitti fayyadmtee ni beektaa? | 1. Eeyyee 2. Miti →G 312 tti darbi 99. Callisuu | | |
| G309 | Yeroo jalqabaaf walqunamitii nafa saalaa raawwate kondamitti fayyadamtee turtee? | 1. Eeyyee 2. Miti 88. Hin yaadadhuu/Hin beeku | | |
| G310 | Ji'oota Kudhalamaan darban keessatti kondamitti hammam fayyadmtee beektaa? | 1. Yeroo hundumaa 2. Yeroo baay'ee 3. Darbee Darbee 4. Hinfayyadamne | | |
| G311 | Yeeroo dhiyoottii ogguu walqunamitii saalaa raawwate kondoomtti fayyadamtee turtee ? | 1. Eeyyee 2. Miti | | |
| G312 | Yoo takkumaa kondamitti fayyadamtee hin beektu ta'e ykn immoo walitti aansitee itti hin fayyadamne ta'e, maaliif? (HAA DUBBIFAMUUF DEEBII TOKKO OL | 1. Kondamitu hin jiru 2. Gatii isaatu mi'aa dha 3. kadhimaa kiyya gaafachuun leeya'ee 4. kadhimaa kiyyatu nadiddee 5. Mala biraa kan da'umsa dhorkuttii waanan fayyadamuuf 6. Waanan hin jalaneef 7. ulfaa'uu waanan barbaadeef | | |

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| | DEEBIISUUN NI DANDA'AMA) | 8. Bituu leeya'uu dhaan 9. kadhimaa kiyya waanan amanuuf 10. Machaa'uu irraan kan ka'e 11. Hiranfachu dhaan kan ka'e 12. Akkaataa itti fayyadamu isaa waanan hin beekneef 13. Gammachuu walqunamtii saalaa irraa argamu waan hirisuuf 14. Waan baqaquuf 15. Amantii kiyyatu nadhorka. 77. Kan biraa (ibsi) _____ |
| Gaafiilee 313-316 tti jiran dhiira qofa gaafadhu. | | |
| G313 | Dubartii mana bunaatii hojjetu wajjin walquunnamitii saalaa raawwatee beektaa? | 1. Eeyyee 2. Miti → G 329 tti darbi |
| G314 | Yeroo dubartii mana bunaatii hojjetu wajjin walquunnamitii saalaa raawwate kondamitti fayyadamtee beektaa? | 1. Eeyyee 2. Miti → G 316 tti darbi |
| G315 | Yoo deebiin kee "Eeyyee" ta'e, Yeroo meeqaaf itti fayyadamtee beekta? | 1. Yeroo hundumaa 2. Darbee darbee 3. Yeroo baayyee 4. Hinfayyadamne |
| G316 | Dubartii mana bunaa waliin quunnamtii nafa saalaa yoo raawwattu takkuma ykn walitti aansitee kondomiitti fayyadamtee hin beektuu ta'e, maaliifi? (TARREEFFAMA DUBBISI DEEBII TOKKOO OL NI DANDA'U U) | 1. Kondamitu hin jiru 2. Gatii isaatu mi'aadha 3. kadhimaa kiyya gaafachuun leeya'ee 4. kadhimaa kiyyatu nadidee 5. Mala biraa kan da'umsa dhorkutti waanan fayyadamuuf 6. Waanan hin jalaneef 7. Ulfaa'uu waanan barbaadeef 8. Bituu leeya'uu dhaan 9. kadhimaa kiyya waanan amanuuf 10. Machaa'u irraan kan ka'e 11. hiranfachuudhaan kan ka'e 12. Akkaataa itti fayyadamu isaa waanan hin beekneef. 13. Gammachuu walqunamtii saalaa irraa argamu waan hirisuuf. 14. Waan baqaquuf 15. Amantii kiyyatu nadhorka. 77. Kan biraa (ibsi) _____ |
| Gaafiilee 317 - 327 tti jiran dhalaa qofa gaafadhu | | |
| G317 | Mala karoora maatii foyya'ee hojjiirra ooletti gargaaramtee beektaa? | 1. Eeyyee 2. Miti → G 319 tti darbi |

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| G318 | Yoo deebiin kee "Eeyyee" ta'e, mala karoora matii kamitti gargaramtee beekta? | 1. Kan liqiimsamu 2. Kan waraanatamu 3. Kan gogaa jala awwalamu 4. Kan gadameesa keessa ka'amu 5. Kondamii 77. Kan biraa (ibsi) _____ |
| G319 | Yoo mala karoora matii foyya'ee hojii irra ooletti gargaaramtee hinbeektu ta'e, maaliif? (HAADUBBIFAMUUF - DEEBII TOKKOO OL NI DANDA'AMA) | 1. Walquunnamitii saalaa waanan hin jalqabiniif 2. Walquunnamitii saalaa waanan ammaa amma hinraawwanneef 3. Abbaa mana kiyya ykn haadha manaa kiyyatu na didee 4. Maatii kiyyatu nadidee. 5. Amantii kiyyatu nadhorka. 6. Beekumsa isaa waanan hin qabneef. 7. Sodaa midhaa inni fiduuf jecha. 8. Ilaalcha faallaa hojjetoni Fayyaa qabaniif jecha 9. Tajaajilli isaa waan hin jireef 10. Ijjoolee godhachuu barbaachaaf jecha. 77. Kan biraa (ibsi) _____ |
| G320 | Garaatti si hafee beektaa? | 1. Eeyyee 2. Miti → G 329 tti darbi |
| G321 | Yeroo jalqabaatiif yeroo garaatti si hafee umuriin kee meeqa? (LAKKOOFSAAN) | 1. Waggaa _____ 88. Hinbeeku / hinyaadadhuu |
| G322 | Garaatti Kan si hafee karoorfatteetuu? | 1. Eeyyee 2. Miti |
| G323 | Garaatti eerga si hafee booda sirraa ba'ee beektaa? | 1. Eeyyee 2. Miti → G 329 tti darbi |
| G324 | Yoo deebiin kee "Eeyyee" ta'e, yeroo meeqaaf sirraa ba'ee beekta? | Yeeroo _____ |
| G325 | Haa ta'u iyyuu malee, sirraa ba'eera yoo ta'e waa'ee kana yeroo jalqabaatiif eenyuu wajjin mari'atte? | 1. Abbaa manaa kiyyaa wajjin 2. Kadhimaa kiyya wajjin 3. Hiriyoota kiyya wajjin 4. Warraa waajjin 5. Ogeesa fayya wajjin 6. Ogeesa aadaa wajjin 7. Irraa basaa gandaa wajjin 77. Kan biraa (ibsi) _____ |
| G326 | Kan garaatti si haafee maaliif of irraa baafte? | 1. Sodaa maatii kiyya 2. Barnoota kiyya itti fufuuf 3. Akeekaan waan hin taneef 4. Rakkina qabeenyaatiif 77. Kan biraa (ibsi) _____ |

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| G327 | Kan garaatti si hafee kana eesatti of irraa baafte? | 1. Dhaabbata Fayyaa uummataatti 2. Kiliinika 3. Mana irraa basaa gandaatti 77. Kan biraa (ibsi) _____ | |
| G328 | Bakka itti of irraa baaftee armaan olitti caqaftee kana maaliif akka filatte natti himuu ni dandeessaa? | 1. Yaalaa ga'aa ta'e waan ta'eef. 2. Wal'aansa baasii hin qabne waan ta'eef 3. Yaala baasiin isaa xiqqaa ta'ee waan ta'eef 4. Natti dhiyoo waan ta'eef 5. Icittii waan eeganiif 77. Kan biraa (ibsi) _____ | |
| G329 | Maatii kee wajjin waa'ee walquunnamitii saalaa irratti mari'atee ni beektaa? | 1. Eeyyee 2. Miti → G330 tti darbi | |
| G330 | Yoo " Miti " ta'e, maliif? | 1. Isaan sodaachuu irran kan ka'e 1 2 2. Waan isaan hin barbaadneef 1 2 3. Aadaa dhaan waan dhorkaa ta'eef 1 2 4. Maatiin kiyya waan 1 2 beekumsa isaa hin qabneef 77. kan biraa (ibsi) _____ | E Eeyyee Miti |
| G331 | Dhugaatii nama macheessuu danda'an kan akka farsoo, dhaadhii, araqee kan fakkaatan dhugdee ni beektaa? | 1. Dhugee hin beeku 2. Yeroo tokko ykn lama yaaleera 3. Darbee darbee nandhugaa 4. Guyyaa guyyaatti nandhuga | |
| G332 | Sigaaraa ni xuuxxaa? | 1. Xuuxee hin beeku 2. Yeroo tokko ykn lama xuuxee beeka 3. Darbee darbee nanxuxaa 4. Guyyaa guyyaatti nanxuxaa | |
| G333 | Jimaa (Caatii) qamatee ni beektaa? | 1. Qama'ee hin beeku 2. Yeroo tokko ykn lama qama'een beeka 3. Darbee darbee 4. Guyyaa guyyaatti naanqama'aa. | |
| G334 | Ji'oota kudhalama darban keessatti ofii keetii lilmoo dhaan dawwaa of waraantee ni beektaa? (DHUKKUBSATE ISA MANA YAALAA DHAQXEE WARAANAMTEE HIN ILAALATU) | 1. Eeyyee 2. Miti 88. Hin beeku 99. Callisuu | |

*GALATOMAA!! YEROO KEESSAN ARSAA GOOTANII GAAFIILTEE KEENYAAN
DEEBII WAAN NU LAATANIJ.*

Yaada funantoota ragaa kanaa:
