

Addis Ababa
University
(Since 1950)



**ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCES
SCHOOL OF PUBLIC HEALTH**

Sexual behavior and pattern of condom use among Technical and Vocational Educational Training College students in West Arsi zone, Oromia Region, Ethiopia.

**A THESIS SUBMITTED TO THE SCHOOL OF GRADUATE STUDIES OF
ADDIS ABABA UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE DEGREE
OF MASTER OF PUBLIC HEALTH**

BY

WORKU DUGASSA (BSc)

Advisor: Mulugeta Betre Gebremariam (MD, MPH)

**Jan. 2011
Addis Ababa, Ethiopia**

ADDIS ABABA UNIVERSITY

College of Health Sciences

School of Public Health

Sexual behavior and pattern of condom use among Technical and Vocational Educational Training College students in West Arsi zone, Oromia region, Ethiopia.

By

Worku Dugassa

Chairman, SPH

Dr.Mulugeta Betre Gebremariam

Advisor

External Examiner

ACKNOWLEDGMENTS

I would like to thank Addis Ababa University, Faculty of Health Science College, School of Public Health for facilitating all processes and giving chance to finalize this thesis.

My heart felt and deepest thanks goes to my advisor Dr Mulugeta Betre Gebremariam for his close follow up and help given in each step from proposal development up to final thesis.

My gratitude extends to Oromia Health Bureau, Oromia TVET office, West Arsi zonal and Woreda TVET offices and TVET college staffs for their valuable information and support during the all activities.

Finally I would like to extend my sincere thanks to my wife w/o kebebush Bogale for her moral as well as material support.

Table of Contents

Contents	Page
Acknowledgment.....	I
Table of contents	II
List of tables	III
List of Annexes.....	IV
List of abbreviations.....	V
Abstract	VI
1. Introduction	1
2. Literature Review	3
3.Objectives.....	11
3.1. General objective	11
3.2. Specific objectives	11
4. Methods and Materials	12
4.1. Study area.....	12
4.2. The study design	12
4.3. Study population.....	12
4.4. Sample size determination.....	13
4.5. Sampling procedure	13
4.6. Data collection procedures.....	15
4.7. Operational definitions	16
4.8. Data quality management.....	17
4.9 .Data analysis procedures.....	17
4.10 .Ethical consideration	17
4.11. Dissemination of the findings	18
5. Results.....	19
6. Discussions.....	29
7. Limitations of the study.....	32
8. Conclusions and Recommendations.....	33
References.....	34
Annexes.....	36

List of Tables

Tables	Page
Tabel-1 Socio demographic characteristics of TVET college students in West Arsi zone, Oromia region, 2011-----	19
Table -2 Sexual pattern /History among TVET college students by sex, in West Arsi zone, Oromia region, 2011.-----	22
Table -3 Magnitude of substance used with ever had sex among TVET college students in West Arsi zone, Oromia region, 2011-----	23
Table -4 Relationships between selected socio demographic variables and Sexual behaviour of TVET college students in West Arsi zone, Oromia region, 2011-----	24
Table -5 Pattern of condom use among sexually active TVET college students in West Arsi zone, Oromia region, 2011-----	26

List of Annexes

- Annex 1- Questionnaire (English version)
- Annex 2-Focus Group Discussion Guide
- Annex 3- Questionnaire (Amharic version)
- Annex 4- Questionnaire (Oromiffaa version)
- Annex 5-Declaration

Abbreviations

AAU-Addis Ababa University

AIDS - Acquired Immune Deficiency Syndrome

BSS- Behavioral Surveillance Survey

CSW-Commercial Sex Worker

FGAE- Family Guidance Association of Ethiopia

FGDs- Focus Group Discussions

FHI- Family Health International

FMOH- Federal Ministry of Health

HAPCO- HIV/AIDS Prevention and Control Office

HIV- Human Immunodeficiency Virus

MSP- Multiple Sexual Partners

RH -Reproductive Health

STDs- Sexually Transmitted Diseases

STIs- Sexually Transmitted Infections

TVET-Technical and Vocational Educational Training

UNAIDS- United Nations Programme on HIV AIDS

UNICEF- United Nations Children's Fund

UNFPA -United Nations Population Fund

WHO- World Health Organization

Abstract

Back ground: Knowledge of sexual behaviors among youth age 15-24 years is of particular interest because the period between sexual initiation and marriage is for many young people a time of sexual experimentation that may involve high-risk behaviors. Research is urgently needed to disaggregate data to the district level in order to identify hot spots and communities at higher risk and to update information.

Objective: To assess sexual risk behavior and condom use patterns among TVET college students in West Arsi zone, Oromia Region.

Methods: A cross sectional survey was carried out at three TVET colleges (Shashemene, Arsi Negelle and Dodola) from October 2010 to May 2011. To collect data, a pre-tested self-administered questionnaire was used. To complement the findings, a qualitative study (FGD) was also conducted. The association of independent variables with dependent variable was computed using logistic regression analysis at 0.05 level of significance and odds ratio with 95% CI.

Results: Out of the 685 students, 318(46.40%) were found to have had sexual experience. The mean age of sexual debut among those who were sexually active was 16.02 ± 1.73 for both sexes and the commonest reasons for starting sex were personal desire 215(67.61%) and peer pressure 78 (24.52%).

Among those who had had sex during the previous 12 months, 19.5% (22.83% of males and 14.93% of females) reported having had sex with more than one partner and commercial sex was reported by 29(9.10%). Consistent use of condoms during the preceding 12 months was reported by only 25.40% of respondents. Chewing *Khat* (AOR [95% CI] = 3.21 [1.83, 5.56]) and drinking alcohol (AOR [95% CI] = 2.04 [1.07, 3.78]) were associated with ever had sex.

Conclusion and Recommendations

From this study, it is possible to conclude that premarital sex, multiple sexual partners, sex with commercial partners, and inconsistent use of condom were the identified risky sexual behaviors by TVET college students. Substance use mainly khat and alcohol significantly insisted students to risky sexual behavior. The risky sexual behaviors observed in the TVET college need the close attention of TVET college's anti HIV/AIDS club, TVET college itself and the regional health office.

1. Introduction

Without a cure now in its third decade, acquired immunodeficiency syndrome (AIDS) is a cause of serious public health concern in the world. Estimates had indicated that the number of people living with HIV worldwide continued to grow in 2008, reaching an estimated 33.4 million. The total number of people living with the virus in 2008 was more than 20% higher than the number in 2000, and the prevalence was roughly threefold higher than in 1990. More than half of all new HIV infections occur in 15 to 24 year-olds (1).

Sub-Saharan Africa has been more devastated by the HIV/AIDS epidemic than any other region of the world. The epidemic is taking an enormous toll on the region's youth. Economic, social and cultural factors contribute to Sub-Saharan African youths' vulnerability to HIV/AIDS (2). Several studies in Sub-Saharan Africa have also documented many of the behaviors contributing to a high risk of HIV/AIDS and other STIs among adolescent women and men in Sub-Saharan Africa—sex at a very young age, sex with more than one partner and inconsistent use of condom are closely related to two powerful environmental influences: poverty and cultural beliefs about appropriate gender roles (2, 3).

Similarly throughout much of Africa, different results suggest that, increasing numbers of sexually active adolescents and high-risk sexual behavior (use of multiple sexual partners, commercial sex, and inconsistent use of condom) among adolescents have been seen (4). Studies also had suggested that perceived risk of encountering HIV and AIDS has been remained very low among youth. Lack of youth friendly facilities coupled with the stigma associated with HIV and AIDS discourage most youth from finding out their HIV status. Without adequate information and the requisite skills to protect themselves, youth are among the most vulnerable group susceptible to sexually transmitted infections (STIs) and HIV infection (5).

Ethiopian demographic and health survey 2005 indicated that 1.4 percent of Ethiopians age 15-49 was infected with HIV and the highest prevalence rates attributed to youth between 15-24 years. Youth in Ethiopia are also exposed to various risks such as unprotected sex, early marriage, early pregnancy and STIs/HIV/AIDS. Family members lack appropriate information on the causes of HIV/AIDS and the risk faced by adolescents, especially girls. In addition, parents rarely discuss sexual matters with their children and how to avoid unsafe behavior (5, 6).

According to the study of HIV/AIDS Behavioral Surveillance Survey (BSS) Ethiopia 2005 round two, revealed that 22.7% of in school youth had sex with more than one partner and consistent use of condoms was reported only by 61.5% of them. Of all in school youth in Ethiopia, 30.3% were regular alcohol drinkers and amongst in school youth who were 'ever users' of khat, 63.4% were regular chewers (in case of Oromia regular khat chewers were 70%) (12).

Significance of the study

HIV/AIDS programs should not only be based on national-level statistics, but need to be more focused geographically, directed to regions, districts or communities exhibiting higher prevalence rates(7). The critical issue now is the age at which TVET college students initiate sexual activity, the characteristics and numbers of sexual partners, the consistence use of condoms and sexual behaviors, especially risky sexual behaviors are the critical research focus(4). Moreover, sexual risk behaviors and pattern of condom use were not dealt in West Arsi zone TVET college students.

Therefore, this cross-sectional study was conducted to assess sexual risk behaviors and pattern of condom use among TVET college students in West Arsi zone, Oromia Region. The study provided valuable information for those organizations working on TVET college student's health, and for TVET college policy makers to alleviate the problems that school youth have in the study area as well as in other parts of the country with similar setting.

2. Literature Review

2.1 Health status of youth

Adolescence and/or youth is a time for natural experimentation, abstract thought contemplating the future, empathy and idealism, building self-esteem; a time of self-criticism and the questioning of others and a time of burgeoning of the capacity to reproduce. It is a time when new skills and knowledge are needed for positive relationships with others, and to begin life in the work place: a time to enjoy life before the responsibilities of adulthood begin (8).

The definition of adolescence especially, that of youth has been changing in response to fluctuating political, economic and socio-cultural circumstances. Because of this WHO/UNFPA/UNICEF jointly defined adolescents to be those in the age group 10-19 years, youth in the age group 15-24 years and young adults in the age group 10-24 years(9).

Behavioral, physiological and sociocultural factors make young people more vulnerable than adults to HIV infection. Adolescence is a time when young people naturally explore and take risks in many aspects of their lives, including sexual relationships. Those who have sex may change partners frequently, have more than one partner in the same time period or engage in unprotected sex. All of these behaviors increase young people's risk of contracting HIV. In addition young people who are HIV-positive probably became infected quite recently and are therefore likely to be highly infectious; as a result, they pose a very high risk to their sexual partners (2, 3).

Young people are essential to the future of Sub-Saharan Africa, and investing in their health and well-being should be an urgent priority. Development and implementation of comprehensive national policies that address the provision of sexual and reproductive health information and services and promote gender equality are crucial first steps in the effort to protect young people (2, 4).

Some of the key health problems and unfulfilled rights facing Ethiopian adolescents include poverty, unemployment, the consumption of alcohol, drugs, tobacco, illiteracy, poor health in general, and sexually transmitted infections (STIs) in particular, and low participation in the decision-making process (5, 7).

Given that most HIV infections in Ethiopia are contracted through heterosexual contact, information on sexual behavior is important in designing and monitoring intervention programmes to control the spread of the epidemic. In the context of HIV/AIDS prevention, limiting the number of sexual partners and having protected sex are crucial to combating the epidemic (7).

It is important to work with young people, because they are not only affected by HIV/AIDS, but also represent a key resource in mobilizing an expanded and effective response to the epidemic. Adolescents, typically, are still at the stage of experimentation and can learn more easily than adults to modify their behavior or adopt safe practices from the start. Young people in Ethiopia can help break the silence that surrounds HIV and AIDS. If they get support from adults in their lives and from society at large, young people can change the course of the epidemic in Ethiopia. In light of this fact, the major emphasis on the HIV and AIDS programme is to support activities designed to prevent young people from contracting HIV (7, 10).

2.2. Sexual behaviors of TVET college students

The period between age at first sex and age at marriage is often a time of sexual experimentation. Unfortunately, in the era of HIV/AIDS, it can also be a risky time. To prevent HIV/AIDS transmission, it is important that young people practice safe sex through the much-advocated ABC method (abstinence, being faithful to one uninfected partner, and condom use). Young people engaging in higher risk sex (sex with a nonmarital, noncohabiting partner). Among sexually active youth age 15-24, six percent of women and 37 percent of men engaged in higher-risk sexual activity in the past 12 months. One-quarter of these women and just under half of these men reported condom use in their last higher-risk encounter (11).

The Ethiopian Demographic and Health Survey 2005 report also indicates that the proportions of women and men in the 15-24 age cohort who had sex before age 15 and before age 18 was 16% of young women and two % of young men had sex by age 15 while 35 percent of young women and nine percent of young men had sex by age 18. This likely reflects the effect of rising age at marriage because only very small proportions of never-married young women report that they had sex by age 15 (0.2 percent) or by age 18 (two percent) (11).

According to study of HIV/AIDS Behavioral Surveillance Survey (BSS) Ethiopia 2005 round two, it was found that 9.9% of the in school use (14.6% of males and 5.3% of females) had sexual experience. The mean and median age of sexual debut among youth was 16 years. Of those that had ever had sex, 40.6% had had sex at or before the age of 15. Amongst those who had ever had sex, more males than females (44.5% vs. 30%) were sexually active at or before the age of 15. The commonest reasons for starting sex were personal desire (67.1%) and peer pressure (19.3%). A considerable proportion of females (15.3%) reported that they were forced into first sex (12).

Similarly the study indicates that, in school use respondents who reported ever having had sex were asked if they had had sex during the past 12 months. 61.3% had had sex during the previous 12 months, and the proportion of females was higher than that of males (64.7% vs. 60.1%). Within this group, commercial sex was reported by 4.2% and non-commercial sex by 94.9%. While more in school use males than females (5.4% vs. 1.4%) were engaged in sex with commercial partners, sex with non-commercial partners was more common among females (96% vs. 94.5%). The non response rate was 3.4% and 3.6% for males and females, respectively. Among those who had had sex during the previous 12 months, 22.7% (31.2% of males and 2.7% of females) reported having had sex with more than one partner. Males were 12 times more likely to have had more than one sexual partner than females (95% CI 5.6, 24.7) (12).

Moreover it indicated that, because many respondents in the 15-24 age groups are likely to be never-married, it is expected that higher-risk sex would be more prevalent in these cohorts than among older women and men. For example, 37 percent of men age 15-24 who had sexual intercourse during the 12-month period prior to the survey reported that they had engaged in higher-risk sex(12).

2.3. Factors influencing Risky Sexual Behaviors

Premarital sexual activity is common in many parts of the world and is reported to be on the rise in all regions (3). The sexual and reproductive experiences of young people vary dramatically region by region (4). The study aims at determining the prevalence and correlates of HIV-related risk behaviors among adolescents and youths in Nigeria, 2009, conclude that most (74.6%) respondents were sexually active, of which 66.4% had multiple partners and only 38.1% used condoms always during sexual intercourse (13)

Again according to study of HIV/AIDS Behavioral Surveillance Survey (BSS) Ethiopia 2005 round two, it indicated that, during the month preceding the interview, 10.9% of in school use (12.8% of males and 9% of females) had consumed alcoholic drinks. Of all in school use, 3.3% were regular alcohol consumers. Of those who consumed alcohol in the month prior to the interview, 30.3% were regular drinkers and 69.7% were occasional drinkers (in case of Oromia regular alcohol drinker were almost 30%). More males than females were frequent consumers of drinks containing alcohol (12).

Also ever use of drugs was reported by 7.9% of in school use (13.4% of males and 2.5% of females). Khat was the major drug (7.8%) used by in school use Only a small percentage of in school use (0.5%) ever used drugs other than khat. Amongst in school use who were 'ever users' of khat (n=1269), 63.4% were regular chewers (in case of Oromia regular khat chewer were almost 70%). The percentage of regular chewers was higher in males than females (65.1% vs. 54.5%, $p<0.001$). A composite indicator was developed to reflect the frequency of consumption of both khat and alcohol. Most (94.6%) in school use were infrequent consumers of both khat and alcohol, and only 0.2% were frequent consumers of both (12).

According to the study done on khat and alcohol use and risky sex behaviour among in-school and out-of-school youth in Ethiopia, revealed that, over 20% of out-of-school youth had unprotected sex during the 12-month period prior to interview compared to 1.4% of in-school youth. Daily Khat intake was also associated with unprotected sex: adjusted OR (95% CI) = 2.26 (1.92, 2.67). There was a significant and linear association between alcohol intake and unprotected sex, with those using alcohol daily having a three fold increased odds compared to those not using it: adj. OR (95% CI) = 3.05 (2.38, 3.91)(14).

The study done on the patterns and correlates of sexual initiation, sexual risk behaviors, and condom use by in 2003, among secondary school youth across Ethiopia with a total of 1,102 students were selected on convenience basis from five urban schools (in Baher Dar, Dessie, Awassa, Jimma, and Dire Dawa) revealed that, mean age of sexual initiation was 15.3 (SD = 2.5) years. Two-thirds of the sexual initiations were unprotected and some occur with higher risk groups, including much older (15.5%) or casual/commercial sex partners (9.1%). Multi-partnered sex (52.7%) and sex with casual (30.4%) or commercial (25.3%) partners were the most commonly reported lifetime risk behaviors. Although 56.7% of the youth ever used condoms, only less than half of these used them regularly (15).

Also a cross-sectional study conducted in Gondar; Northwest Ethiopia to assess knowledge, attitude and practice related to HIV/AIDS in 2004 with a total of 565 students included in the study revealed that, sexual contact with commercial sex worker or non-regular partner was reported by 16.7% of the students. Only 58.5% of those who practice sex used condoms (16).

Similarly the study done on premarital sexual practice among school adolescents in Nekemte Town in 2006 with three hundred sixty four (53.8%) male and 312 (46.2%) female high school adolescents participated in the study concluded that about one-fifth (21.5%) of the participants had had premarital sexual intercourse at the time of the survey, of which 102 (70.3%) were males (17).

2.4 Condom Use

A cross-sectional study conducted among first-year university students in Malawi to determine distributions of HIV/AIDS related knowledge, and sexual behaviors conclude that, about half (52.6%) of the students used a condom at last vaginal sexual intercourse. Having multiple sex partners in the last 12 months was reported by 40.4% of students (18).

Furthermore the HIV/AIDS Behavioral Surveillance Survey (BSS) Ethiopia 2005 round two showed that among in school use that had ever had sex, 43.1% (45.2% of males and 37.3% of females) had used a condom. Males were 1.4 times more likely than females to have used a condom during their first sex (95% CI=1.1, 1.7). Amongst the regions, the consistent use of condoms was reported least in the Amhara (24.1%), Gambela (27.2%) and Oromia (29.2%) regions. The most salient finding here was that only 9.3% of in school use had undergone an HIV test (13). Many (34.1%) of those in school use who had ever had sex were engaged in risky sex, i.e. sex without a condom during the previous 12 months, and more females (43.1%) than males (30.9%) had had risky sex ($p<0.001$). The majority (87.5%) of in school use perceived the likelihood that they would become HIV infected as nil or low (12)

Demographic and health survey 2005 reported that, the extent of condom use from the beginning of sexual exposure, respondents aged 15-24 were asked whether they had used condoms the first time they had sex. Only 1 percent of young women and 17 percent of young men used condoms during their first sexual encounter. Higher educational attainment, greater wealth, and urban residence are related to a greater likelihood that condoms were used the first time a young woman and, particularly, a young man had sex (11).

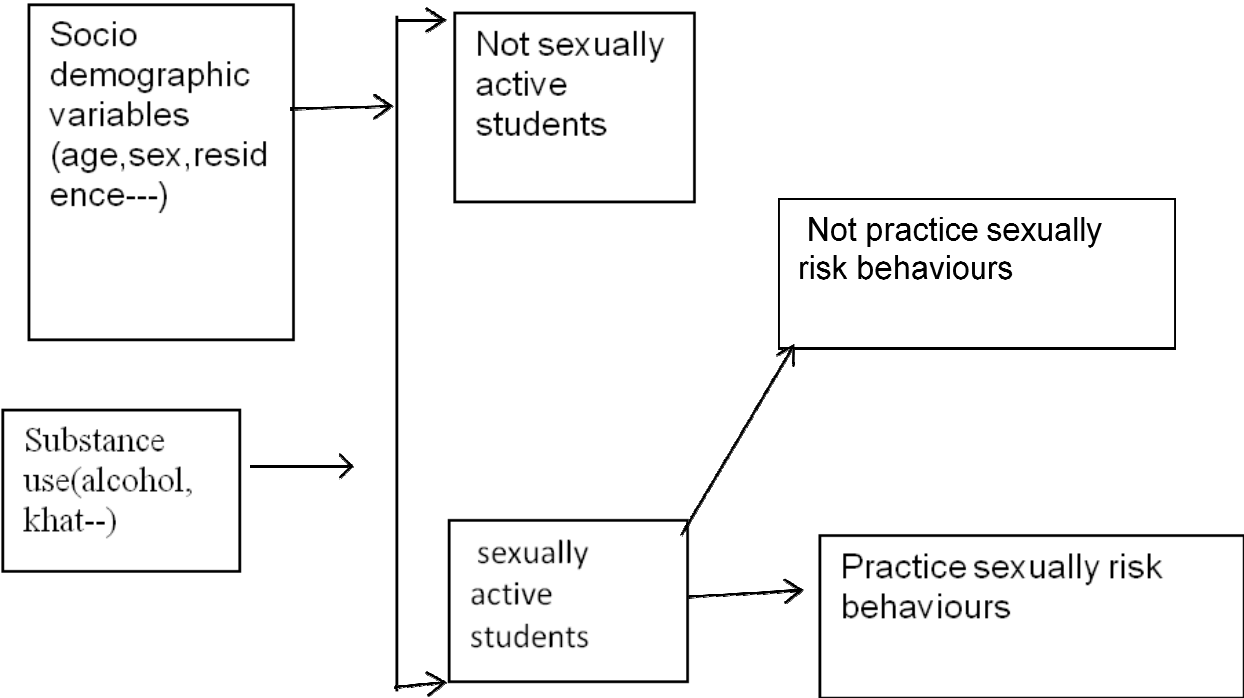
The college environment offers great opportunity for HIV high-risk behaviors, including unsafe sex (19). College students are at risk because they tend to be sexually adventurous, often with multiple partners and do not consistently use condoms (20).

HIV/AIDS programs should not only be based on national-level statistics, but need to be more focused geographically, directed to regions, districts or communities exhibiting higher prevalence rates. Research needed to disaggregate data to the district level in order to identify hot spots and communities at higher risk and to update information on high risk groups is urgently needed(7). Moreover, sexual risk behaviors and pattern of condom use were not dealt within the study area. Therefore, this selected study area attempts to identify the risky sexual behaviors of TVET college students.

In an attempt to achieve its objectives, this research tried to answer the following questions: How much is the magnitude of risky sexual behaviors among TVET college students? What are the main factors that affect TVET college student's sexual behaviors? And how is the pattern of condom use among TVET college students?

Therefore, this cross-sectional study was conducted to assess sexual risk behaviors and pattern of condom use among TVET college students in West Arsi zone, Oromia Region. The study provided valuable information for those organizations working on TVET college student's health, and for TVET college policy makers to alleviate the problems that school youth have in the study area as well as in other parts of the country with similar setting.

Conceptual frame on risk sexual behavior of TVET college students



3. Objectives

3.1 General Objectives

To assess sexual risk behavior and condom use pattern among TVET college students in West Arsi zone, Oromia region.

3.2 Specific Objectives

- To assess the magnitude of premarital sexual practice among TVET college students.
- To measure the magnitude of risky sexual behaviors among TVET college students.
- To identify factors associated with the risk of sexual behavior among TVET college students.
- To estimate the practice of condom use among sexual active TVET college students.

4. Methods and Materials

4.1. The Study Area

The study was carried out in the TVET colleges of West Arsi zone from October 2010 to May 2011, which is one of the zones in Oromia Regional state, Ethiopia. The zone is located 250 Km from Addis Ababa to the south with its office in Shashamene. There are 13 woredas and one city administrative council, 352 kebeles in the Zone. According to West Arsi zone health office report, the projected population of West Arsi zone for the year 2009/10 is 2,238,506. Regarding the available health services in the zone, there are 10 health centers and two hospitals. Also there are five governmental TVET institutions in the zone. Moreover, sexual risk behaviors and pattern of condom use were not dealt in West Arsi zone TVET college students. In 2008, among a total number of 39,762 peoples tested in west Arsi zone, 1,550 were positive for HIV (prevalence of 3.9 %).

4.2 Study design

The study design was a cross sectional quantitative survey supplemented by qualitative methods to assess sexual risk behavior and condom use pattern among TVET college students in West Arsi zone, Oromia Region in 2011.

4.3. Source population

The source population was all TVET college students in West Arsi zone, Oromia region by the year 2011.

4.4. Study population

The study population was all students in three randomly selected TVET colleges (Shashemene, Arsi Negelle, Dodola).

Inclusion criteria: Those males and females within the age range of 15-24 years, single (never been married), who are currently attending TVET colleges during daytime at the time of data collection.

4.5 Sample size determination

To determine the sample size for the study, the following assumptions were considered:

Based on Behavioral Surveillance Survey 2005 prevalence of high-risk behavior among in school adolescents who had un-protected sex amongst the Oromia region, consistent use of condoms was 29.2% and this was taken as (P=0.29). Level of confidence 95%, ($Z_{\alpha/2}$) = 1.96. 5% margin of error (d=0.05). Additional 10 % for non-response rate and design effect of two. The sample size was calculated by using a formula to estimate single population proportion:

$$n = \frac{(Z_{\alpha/2})^2 p (1-p)}{d^2}$$
$$n = \frac{(1.96)^2 \times 0.29 \times 0.71}{(0.05)^2}$$

Accordingly, the final sample size obtained for the study was 695.

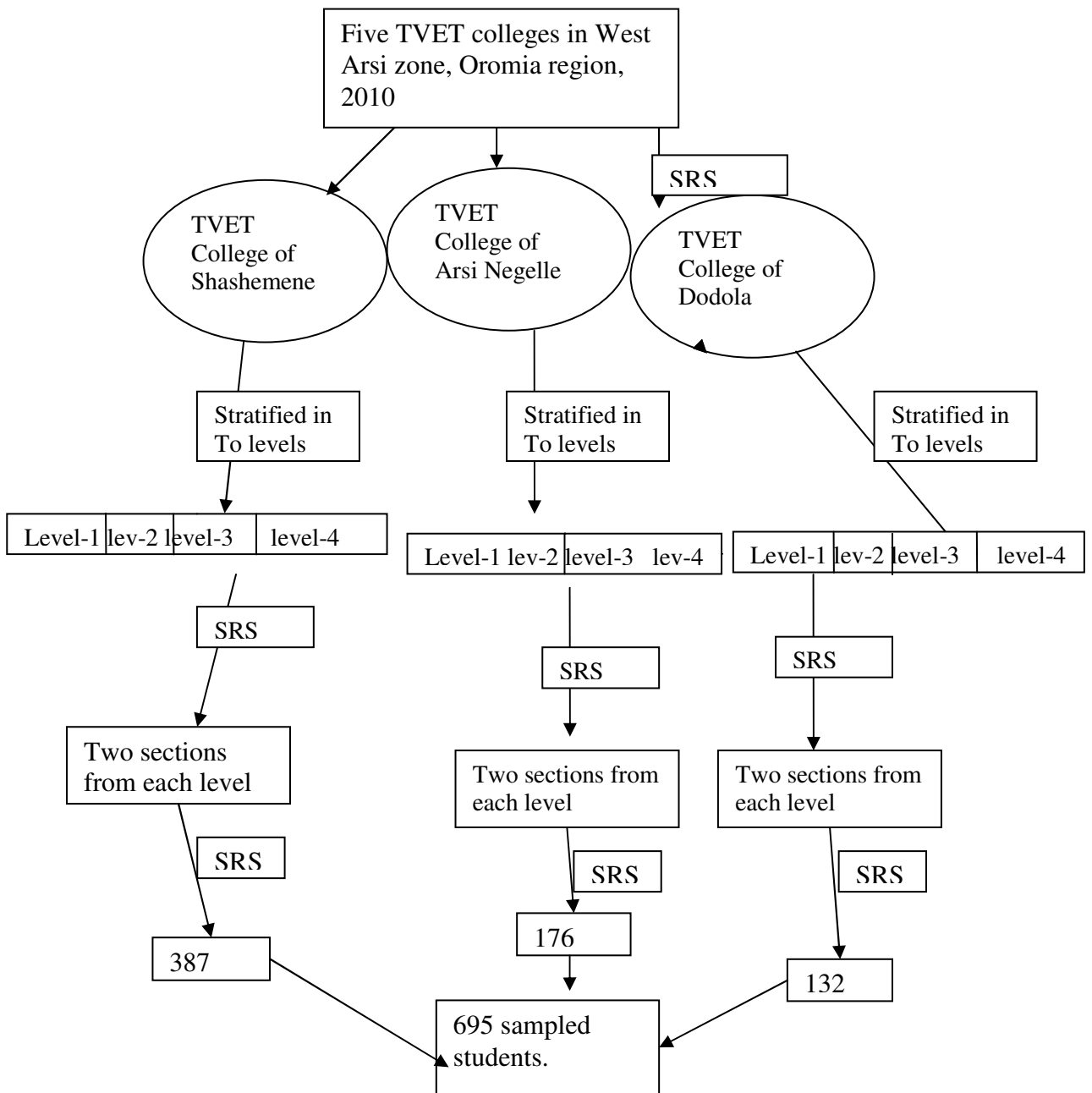
4.6 Sampling Procedures

A multi stage sampling procedure was employed so as to select representative sample of students in the TVET college (stratification in to grades and simple random sampling to select sections and respondents in a respective section).

Three TVET colleges (Shashemene, Arsi Negelle and Dodola) out of five were selected using simple random sampling. The sample size was distributed proportionally to each of the selected TVET college based on the student population they have. Each college was stratified by levels (Level-1, Level-2, Level-3 and Level-4). Proportional distribution of sample was assigned to the respective level. Two sections were randomly selected from each level. A list of all students, with age and marital status was obtained from each TVET college. Using student's list, respondents were selected by simple random sampling. In case of absenteeism, age greater than 24 years and/or married students the next number was included in the study.

For qualitative sampling the Selection of participants was purposive, considering age, sex, religion and educational level and being a member of the target group as described in the quantitative methodology.

Schematic presentation of sampling procedure among TVET college students in West Arsi zone, Oromia region, 2010.



4.7 Data Collection procedures

For the purpose of data collection an anonymous self-administered structured questionnaire was prepared after reviewing relevant literatures and a standard questionnaire designed by behavioral surveillance survey and Ethiopian demographic and health survey. The main contents of the questionnaire were socio-demographic characteristics, risk behavior variables, and pattern of condom use. The questionnaire was prepared in English and then translated to Amharic and Oromiffa then back to English by two different individuals with good command of the three languages, which was helpful in keeping the consistency of the questions.

In order to identify the clarity of questions and their sensitiveness as well, pre-testing of the instrument was done in Shashemene health Sciences College. During the pre-testing discussion was held with the students on the problems they encountered during filling the questionnaire. Correction was incorporated in the final questionnaire.

Six facilitators that completed TEVT college; unmarried, and fluent in both Oromiffa and Amharic language were recruited. Four supervisors' (two health workers and two teachers were selected). Training was given for both the facilitators and the supervisors for three days before the pretest and for a day after the pretest. The training included the objectives of the study, administration of the questionnaire, checking completeness of questionnaire and the way to keep confidentiality.

The facilitators were responsible in arranging the seating of the respondents, giving clarifications on how to fill the questionnaire, distributing questionnaires to the respondents based on the language they prefer to respond and assisting the students on difficulties they were have during filling the questionnaires. Different sexes responded in different rooms, reminding students not to write their names and put questionnaire in a box after they completed. To make them to respond freely, the college community members were not allowed to coming in to the hall during data collection. The supervisor coordinated the overall process like arranging the room for the students, assisting the facilitators and checking the completeness of the questionnaire as well as assisted the principal investigator. In order to prevent discussion among the students,

questionnaire filling by the respondents were completed in both morning and afternoon shifts within the same day in the respective colleges.

To support the quantitative study, focus group discussion was conducted using open-ended questionnaires. Two groups consisting of 8 participants each (male and female) age 15-24 years from each college enrolled in the study were involved on the discussion making a total of 6 FGDs. The principal investigator moderated the discussion for the male groups, while that of the female groups was moderated by female nurse who was trained by the principal investigator. One male and one female assistant were also trained to facilitate the discussions and group dynamics. In order to keep privacy, discussion of different sexes was held in two different rooms and conducted in places where there were no interruptions. The discussions were tape recorded after obtaining consent from the participants.

4.8 Study Variables

The analysis was focused on selected variables: -

Dependent variables-

- Risky sexual behavior
- Condom use

Independent variables

- Socio- demographic variables (sex, age, Pocket money, residency, Parents Marital Status etc)
- Alcohol intake
- kchat chewing (drug use)

4.9. Operational Definition

Sexual risk behavior: – Sexually active students who have sexual contact with causal partner and/ or multiple sexual partners or commercial sex worker with out using or occasional use of condom.

Condom use: - Consistent and appropriate use of condom during sexual intercourse.

Multiple sexual partners: - Among the sexually experienced students who reported having more than one sexual partner.

Non-regular partner: - sexual partnership where partners are not married, either never cohabited or cohabited friends less than twelve months.

4.10. Data Processing and Analysis

After the data was collected and the responses coded, the data was entered into EPI info-version 6 for data checking and analyzed using SPSS version 15. In the analysis process, frequency distribution of variables was worked out in order to describe them. To ascertain the association between dependent and independent variables, odds ratio with 95% confidence interval was calculated. In an attempt to identify the relative effects of explanatory variable on the outcome variable, multiple logistic regression was applied.

For the qualitative methods the tapes, full transcriptions and summary sheets were sources for the write-up. The principal investigator led the final write-up and analysis of the qualitative data. The write-up of results was done based on the following main categories about risky sexual behaviours and pattern of condom used. Finally the summery was computer typed.

4.11. Data Quality management

To assure the quality of data, properly designed data collection instruments and training of both facilitators and supervisors were done. The instrument was pre-tested for consistency of responses and correction was incorporated in the final questionnaire. Checking all the questionnaires for errors, completeness and giving prompt feedback at the spot during the data collection process was the methods employed to ensure the quality of data. Then double data entry was made to keep data quality.

4.12. Ethical Considerations

The ethical approval and clearance was obtained from the Faculty's Institutional Review Board (IRB) of College of Health Sciences, Addis Ababa University. Then at all levels, officials were communicated through formal letters from the school of public health, college of health sciences, Addis Ababa University and permission was secured. The necessary explanation about the purpose of the study, procedure and assurance of confidentiality was attached to the cover page of the questionnaire. Participants were also informed that they have full right to discontinue or refuse to participate in the study. Finally the respondents themselves were dropping their anonymous responses in the collection box.

4.13. Dissemination of Findings

The findings of this study will be distributed to different organizations who have helped the project to be carried out, and those who have concern in youth health in the region, which includes West Arsi TVET colleges, Oromia Health Bureau, Oromia Educational Bureau, and Oromia TVET Agencies and others. The findings will be presented in different seminars, meetings and workshops and may be published in scientific journals.

5. Results

Socio-demographic Characteristics of TVET college students

Out of 695 TVET college students a total of 685 completed the questionnaire making the response rate 98.56%. Out of the total 685 respondents, 355(51.80%) were males, and 330(48.20%) were females. The majority 597(87.20%) were Oromo by ethnicity, 356(52.00%) of were Muslims, followed by 204(29.80) Orthodox Christians, 476(69.50%) were residing in Urban. Many students 232 (33.90%) were living with both of their parents, a considerable number also lived with their friends 168(24.50%) or alone 123(18.00%). The mean age was 20.56 ± 1.623 years (Table-1).

Tabel-1 Socio demographic characteristics of TVET college students in West Arsi zone, Oromia region, 2011.

Variables	Male No (%)	Female No (%)	Total No (%)
Age			
15-19	57(16.05)	113(34.24)	170(24.81)
20-24	298(83.95)	217(65.76)	515(75.19)
Total	355(100.00)	330(100.00)	685(100.00)
Ethnicity			
Oromo	330(93.00)	267(80.90)	597(87.20)
Amhara	17(4.8)	41(12.40)	58(8.50)
Gurage	2(0.70)	14(4.20)	16(2.30)
Tigirae	4(0.80)	4(0.30)	8(1.20)
Others	2(0.70)	4(0.20)	6(0.90)
Total	355(100.00)	330(100.00)	685(100.00)
Religion			
Muslim	194(54.60)	162(49.10)	356(52.00)
Orthodox	89(25.10)	115(34.80)	204(29.80)
Protestant	58(16.30)	33(10.00)	91(13.30)
Catholic	6(1.70)	14(4.20)	20(2.90)
Others	8(2.30)	6(1.80)	14(2.00)
Total	355(100.00)	330(100.00)	685(100.00)
Educational level of students			
Level-1	76(21.40)	84(25.50)	160(23.40)
Level-2	106(29.90)	79(23.90)	185(27.00)
Level-3	115(32.40)	114(34.50)	229(33.40)
Level-4	58(16.30)	53(16.10)	111(16.20)
Total	355(100.00)	330(100.00)	685(100.00)

Residence	129(36.30)	80(24.20)	209(30.50)
Rural	226(63.70)	250(75.80)	476(69.50)
Urban	355(100.00)	330(100.00)	685(100.00)
Total			
Regular Pocket Money			
Yes	107(30.10)	101(30.60)	208(30.36)
No	248(69.90)	229(69.40)	477(69.64)
Total	355(100.00)	330(100.00)	685(100.00)
Living situation			
With parents	188(52.95)	206(62.42)	394(57.51)
With Others*	167(47.05)	124(37.58)	291(42.49)
Total	355(100.00)	330(100.00)	685(100.00)
Parent`s marital status			
Living together	255(71.83)	237(71.81)	492(71.80)
Divorced/widowed	100(28.17)	86(28.19)	193(28.20)
Total	355(100.00)	330(100.00)	685(100.00)
Education of Fathers			
Illiterate	134(37.70)	74(22.40)	208(30.40)
Read and write	91(25.60)	76(23.00)	167(24.40)
Grade 1-4	42(11.80)	48(14.50)	90(13.10)
Grade5-8	43(12.10)	52(15.80)	95(13.90)
Grade 9-12	33(9.30)	28(8.50)	61(8.90)
Above 12 grade	12(3.40)	52(15.80)	64(9.30)
Total	355(100.00)	330(100.00)	685(100.00)
Education of Mothers			
Illiterate	214(60.30)	101(30.60)	315(46.00)
Read and write	49(13.80)	85(25.80)	134(19.60)
Grade 1-4	50(14.10)	59(17.90)	109(15.90)
Grade5-8	22(6.20)	44(13.30)	66(9.60)
Grade 9-12	10(2.80)	20(6.10)	30(4.40)
Above 12 grade	10(2.80)	21(6.40)	31(4.50)
Total	355(100.00)	330(100.00)	685(100.00)

NB*Living alone and living with friends

Sexual behaviors of the study populations

Premarital sex

Out of the 685 student respondents 318(46.40%) were sexually active. Disaggregated by sex, 184(51.80%) of males had had sex compared to 171(48.20%) of females. Of those that had ever had sex, 95(29.87%) had had sex at or before the age of 15. Amongst those who had ever had sex, more males than females (33.70% vs. 24.63%) were sexually active at or before the age of 15. The mean age of sexual debut (first sex) among those who were sexually active was 16.02 ± 1.73 for both sexes. With respect to age of their first sexual mate, about 78(42.40%) of the males said their first sexual partner was close to their own age, and 27(14.70%) said she was younger. The first sexual partners of the females 66(49.20%) were 1-10 years older. A further 24(17.90%) and 12(9.00%) said they were close to their age or more than 10 years older, respectively(Table-2).

Number and Type of Sexual Partners

Respondents who reported ever having had sex were asked if they had had sex during the past 12 months. 217(68.20%) had had sex during the previous 12 months, and the proportion of females was higher than that of males (73.10% vs. 64.70%). Within this group, commercial sex was reported by 29(9.10%). While more TVET college student males than females (14.10% vs. 2.20%) were engaged in sex with commercial partners.

Among those who had had sex during the previous 12 months, 19.50% (22.83% of males and 14.93% of females) reported having had sex with more than one partner. Males were more likely to have had more than one sexual partner than females (AOR, 95% CI, 1.36 (1.10, 1.53).

From the total 685 respondents, 413(60.30%) had undergone an HIV test. The students who had had risky sex (51.61%) were less likely to have been tested for HIV than those who had not (65.20%). Amongst those who had not been tested, the willingness to take VCT was 50.30 % (Table-2).

Tabel-2 Sexual pattern /History among TVET college students by sex, in West Arsi zone, Oromia region, 2011.

variables	Male N (%)	Female N (%)	Total N (%)
Ever practice sex			
Yes	184(51.80)	134(40.60)	318(46.40)
No	171(48.20)	196(59.40)	367(53.60)
Total	355(100)	330(100)	685(100)
Age at first intercourse			
≤ 15	62(33.70)	33(24.63)	95(29.87)
16-24	122(66.30)	101(75.37)	223(70.13)
Mean age ± SD	15±1.5	16.1±1.8	16.02±1.731
Total	184(100)	134(100)	318(100)
Initiation of first sex			
Personal desire	148(80.43)	67((50.00)	215(67.61)
Peer Pressure	32(17.40)	46(34.33)	78(24.52)
Economic problem	-	17(12.68)	17(5.34)
Others	4(2.17)	4(2.99)	8(2.53)
Total	184(100.00)	134(100.00)	318(100.00)
Sexual intercourse in the last 12 months			
Yes	119(64.70)	98(73.10)	217(68.20)
No	65(35.30)	36(26.90)	101(31.80)
Total	184(100.00)	134(100.00)	318(100.00)
No of sexual partners in the last 12 months			
One person only	142(77.17)	114(85.07)	256(80.50)
With two or more people	42(22.83)	20(14.93)	62(19.50)
Total	184(100)	134(100)	318(100)
Reasons for more than one sexual partners			
To get more pleasure	30(71.43)	10(50.00)	40(64.52)
I trust them	12(28.57)	6(30.00)	18(29.03)
Others	-	4(20.00)	4(6.45)
Total	42(100.00)	20(100.00)	62(100.00)
Sexual intercourse in the last 12 months with commercial partners			
Yes	26(14.10)	3(2.20)	29(9.10)
No	158(85.90)	131(97.80)	289(90.90)
Total	184(100.00)	134(100.00)	318(100.00)

Ever had HIV test	204(57.50)	209(63.30)	413(60.30)
Yes	151(42.50)	121(36.70)	272(39.70)
No	355(100.00)	330(100.00)	685(100.00)
Total			
Willingness to take VCT			
Yes	74(49.00)	64(52.90)	138(50.70)
No	32(21.20)	22(18.20)	54(19.90)
I am not sure	45(29.80)	35(28.90)	80(29.40)
Total	151(100.00)	121(100.00)	272(100.00)

Substances Use

Concerning to alcohol consumption 221(32.30%) of students (43.10% of males and 20.60 % of females) had consumed alcoholic drinks. Almost half of (51.45%) the students who had ever had sex without a condom during the previous 12 months, ($p<0.001$) had consumed alcoholic drinks. Amongst students who were ‘ever users’ of khat 212(31.00%), 26% were regular chewers (at least once a week). The percentage of regular chewers was higher in males than females (35.80% vs. 15.50%, $p<0.001$). Surprisingly, 80.64% who had had more than one sexual partner were kchat chewers ($p<0.001$). Ever use of Shisha or Hashish was reported by 22(3.20%) of students (4.00% of males and 2.40% of females). Similarly ever use of smoking was 20(2.90%) (Table-3).

Tabel-3 Magnitude of substance used with ever had sex among TVET college students in West Arsi zone, Oromia region, 2011.

Substance use	Ever had Yes N (%)	Sex No N (%)	Crude	OR(95% CI)
				Adjusted
Alcohol				
Never drink	148(46.50)	316(86.10)	1.00	1.00
Drink	170(53.50)	51(13.90)	2.09(1.99,2.18)	2.04(1.07,3.78)
Chewing khat				
Never chewing	152(47.80)	321(87.50)	1.00	1.00
Chewing	166(52.20)	46(12.50)	2.02(1.93,2.11)	3.21(1.85,5.56)
	296(93.10)	367(100.00)	1.00	1.00
	22(6.90)	-	2.03(1.82,2.21)	1.45(1.41,1.56)

Shisaha/Hashish				
Never used				
used				
Cigarette				
Never smoke	300(94.30)	365(99.50)	1.00	1.00
smoke	18(5.70)	2(.50)	1.90(1.71,2.07)	1.40(1.32,1.46)

Tabel-4 Relationship between selected socio demographic variables and Sexual behavior of TVET college students in West Arsi zone, Oromia region, 2011.

Variables	Ever had Yes N (%)	sex NO N (%)	OR(95%CI)	
			Crude	Adjusted
Age				
15-19	58(34.11)	112(65.89)	1.00	1.00
20-24	260(50.48)	255(69.48)	2.88(2.42,3.35)	1.5(1.30,1.78)
Sex				
Female	134(40.60)	196(59.40)	1.00	1.00
Male	184(51.80)	171(48.20)	1.36(1.24,1.48)	1.4(0.96,2.30)
Residence				
Rural	91(43.50)	118(56.50)	1.00	1.00
Urban	227(47.90)	248(52.10)	1.47(1.36,1.59)	1.15(0.98,1.35)
Regular Pocket Money				
No	194(40.70)	283(59.30)	1.00	1.00
Yes	124(59.60)	84(40.40)	1.21(1.07,1.35)	1.69(1.07,2.68)
Living situation				
With parents	159(40.35)	235(59.65)	1.00	1.00
With Others*	159(54.64)	132(45.36)	1.65(1.58,1.73)	1.50(1.44,1.62)
Parent`s marital status				
Living together	211(42.88)	281(57.12)	1.00	1.00
Divorced/ widowed	107(55.44)	86(44.56)	1.62(1.55,1.69)	1.40(1.33,1.57)

NB*Living alone and living with friends

Pattern of Condom Use

Among sexually active respondents, 52.50% (62.20% of males and 40.80% of females) had ever used a condom in the last 12 months. The consistent use of condoms during the preceding 12 months was reported by only 25.40% of respondents (17.57% of males and 40.00% of females). Males (34.20%) were more likely than females (24.50%) to have used a condom during their first sex ($p < 0.001$). Amongst those who had had sex with commercial partners during the previous 12 months, 86.20% had used a condom at their last sexual encounter. Of this group, 84.60% of males had used a condom, and the all three female students to have had a commercial sexual experience had used a condom on this occasion. The commonest reasons mentioned for the non-use of condoms were fear that condoms would reduce sexual pleasure and partners objected.

The frequency of use of condoms with commercial sexual encounters during the previous 12 months was also investigated. Consistent use of condoms was reported by 84.00% of students. Among the males, 81.80% and all the three females said they were consistently using condoms with commercial partners.

Of particular interest was that almost half (49.06%) of those who had two or more partners had also had sex without a condom in the previous 12 months. Many (47.50%) of those TVET students who had ever had sex were engaged in risky sex, i.e. sex without a condom during the previous 12 months, and more females (59.20%) than males (37.80%) had had risky sex ($p < 0.001$) (Table-5).

Tabel-5 Pattern of condom use among sexually active TVET college students in West Arsi zone, Oromia region, 2011.

Variables	Sex		Total N (%)
	Male N (%)	Female N (%)	
Condom used during the last 12 months			
Yes	74(62.20)	40(40.80)	114(52.50)
No	45(37.80)	58(59.20)	103(47.50)
Total	119(100.00)	98(100.00)	217(100.00)
Consistent use of condom during the last 12 months			
Always	13(17.57)	16(40.00)	29(25.44)
Sometimes	61(82.43)	24(60.00)	85(74.56)
Total	74(100.00)	40(100.00)	114(100.00)
Condom use with commercial Partners during the last 12 months			
Yes	22(84.60)	3(100.00)	25(86.20)
No	4(15.40)	-	4(13.80)
Total	26(100.000)	3(100.00)	29(100.00)
Consistent use of condom with commercial partners during the last 12 months			
Always	18(81.80)	3(100.00)	21(84.000)
Sometimes	4(18.20)	-	4(16.00)
Total	22(100)	3(100.00)	25(100)
Condom used at first sex			
Yes	63(34.20)	15(11.20)	78(24.50)
No	121(65.80)	119(88.80)	240(75.50)
Total	184(100.00)	134(100.00)	318(100.00)

The Qualitative findings

A total of 6 groups consisting of 8 participants each have participated on the discussion. According to focus group discussion (FGD), discussants mentioned that premarital sex, multiple sexual partners and inconsistency use of condom were common among the students.

Both female and male groups agreed on the most common age at first sexual intercourse is 15 years and above for girls and 16 years and above for males. Majority of participants stated that girls start sex earlier than boys. One of the discussants said “*premarital sexual intercourse is becoming a common practice among the students*” Similarly, a female participant said that, “*If TVET college female student said I am a virgin, nobody is going to believe her and she is considered to be unhealthy.*” Also concerning to the factors that push TVET college students to engage in an early sexual intercourse, males agreed that, females attract by wearing fashionable clothes which shows their body structure.

They discussed on the age that they suggest on the beginning of sexual intercourse for any person, majority of the participants agreed that sexual intercourse should be started after marriage and if possible after 18 years. The reason being a person should have some income to run his/her life and economically well stabilized or students should first succeed their education. The participants also stated that due to early sex females are exposed to unwanted pregnancies, abortion, STDs, discontinuing their educations and exposure to commercial sex work. They further explained that the practice was usually unprotected.

One of the factors facilitating the spread of HIV is having multiple sexual partners. To be able to assess this, the participants were asked whether students had many sexual partners and reasons for this attitude. Discussants mentioned that multiple sexual partners were common among the students and different reasons were given for multiple sexual partners. They said that “*absence of recreation place for the students is one of the reasons for students practicing sex is one method of enjoyment for them*”.

The other reason cited by the discussants for multiple sexual partners was khat chewing and alcohol drinking. They said that *“when boys drink and chewing khat, they lose their control over their sexual drive and get forced to make sex.”* They mentioned that the presences of foreign residences in Shashemene, called Jamaicans have great contribution to exposure of students to substances uses which leads them to unsafe sexual practices.

Moreover the reasons why females’ students engaged in sexual relations with multiple partners is that they have emphasized on the economic reason either support in forms of money or gifts from the male partners. It was also mentioned that there are students working as commercial sex workers. Furthermore the reasons why students engage in risk behaviors especially with multiple sexual partnerships are less open discussion with their families and they are doing more experimentation with their peers. Also they said that, there are fewer connections between stakeholders like family, college and health sectors.

The main reasons cited by the focus group discussants for the initiation of risky sexual intercourse were mainly due to their developmental stage, peer pressure, living out of family, expansion of video houses and uncontrolled pornographic films and lack of enough information were the main predisposing factors for unprotected sex and HIV infection. The respondents also said that *“sexual activity of females were affected to get mid and final exams pass mark”*.

According to the participants, some of the reasons for inconsistence use of condom were perceived reduction in sexual pleasure, shame to buy, trusting their partners, feeling that condom may contain the virus and over indulgence in alcohol. Explaining the situation *”Using condom during sexual intercourse reduces my sexual pleasure”* a male participant said.

6. Discussions

The overall prevalence of premarital sexual practice in the study population was 46.40 % (51.80 of males and 40.60 % of females). This finding is relatively low when compared to study done in Gonder College of medical sciences (56.10%) (19). But it is found to be higher when compared to another similar study done among school students in Nekemete Town, where 21.50% were sexually active (17). The study done in Nigeria, 2009, among adolescents and youths also conclude that most (74.6%) respondents were sexually active (13). In general our finding is considerably consistent with the results of similar studies that ranged from 31-59% done in north Ethiopia (15). As supported by FGDs the reasons may be less open discussion with their families. This may be exposed the students to various risks such as early pregnancy and abortions.

In this study, the mean age at first sexual intercourse was 16.01 ± 1.73 . When compared to the National finding BSS II (16years), and from five Urban schools in Ethiopia (in Baher Dar, Dessie, Awassa, Jimma, and Dire Dawa) revealed that the mean age of sexual initiation was 15.3 ± 2.5 (15), which showed almost similar finding. The commonest reasons for starting sex were personal desire 215(67.61%) and peer pressure 78 (24.52%). Of those that had ever had sex, 29.87% had had sex at or before the age of 15 years. This is less than the findings of EDHS, 2005 and BSS II (35% and 40.6%) respectively (11). This may suggest that still students begin sex too early, which could as result expose them to develop risky sexual behavior and its consequences.

Having multiple sexual partners is one of the factors that increase people's exposure to HIV/AIDS. In this study 19.50 % (22.83% for males and 14.93% for females) of the students reported to have sexual intercourse with more than one partner in their life time. This finding was slightly less than the national BSS II which was 22.7 % (31.2% of males and 2.7% females) but greater than among ISY in Oromia region was (15 %). The reasons may be as cited by the focus group discussants were peer pressure, economic problems, expansion of video houses, use of alcohol and khat and lack of enough reproductive health information were the main predisposing factors for multiple sexual partners. Surprisingly, 80.64% who had had more than

one sexual partner were khat chewers ($p < 0.001$). This may indicate that still the risk taking behavior of students is high which needs emphasis in changing their sexual behavior.

Of the students that had sexual experience over the previous 12 months, only 9.10 % (14.10 % of males and 3.20% of females) reported having had commercial sex. Which is slightly greater than the previous others findings, 7.70% in Gonder medical sciences college (19), 5.0% in national BSS II (12) but less than both the study done among high school students in Gonder 16.7% (16) and from five Urban schools in Ethiopia, 25.3% (15). This may suggest that still the students are at risk of getting STIs including HIV/AIDS.

Alcohol and drug use have an isolated and synergetic effect in initiating individuals to unsafe sex because of their effect on behavior. This study also revealed that, 221(32.30%) of students had consumed alcoholic drinks and Ever use of khat was reported by 212(31.00%), of students. This is much higher than BSS II findings (10.90% and 7.8%) respectively and other studies. The reason may be as mentioned in the focus group discussions that, the presences of foreign residences in Shashemene, called Jamaicans have great contribution to exposure of students to substances uses which leads them to unsafe sexual practices.

There was statistically significant association between alcohol intake and ever had sex, with those using alcohol daily having a twofold increased odds compared to those not using it: adj. OR (95% CI) =2.04(1.07, 3.78). Similarly those chewing khat a threefold increased odds compared to those not chewing it: adj. OR (95% CI) =3.21(1.85, 5.56). As they mentioned that the presences of foreign residences in Shashemene, called Jamaicans have great contribution to exposure of students to substances uses which leads them to unsafe sexual practices.

A little more than half of the students (52.50%) that had ever had sex, used condoms during the last 12 months of their sexual episodes and only 25.44% of them claim to have used condoms consistently. Less than the previous studies carried by from five Urban schools in Ethiopia (in Baher Dar, Dessie, Awassa, Jimma, and Dire Dawa) revealed that Consistent use of condoms was 28%(15) and consistent use of condoms in Oromia region among school students was 29.2%. The reasons for less consistence use of condom may be more substances use (alcohol and Khat)

in the area. Almost half of (51.45%) the students who had ever had sex without a condom during the previous 12 months, ($p < 0.001$) had consumed alcoholic drinks. There was a significant and linear association between alcohol intake and unprotected sex. This signifies that the extent of exposure of students to HIV/AIDS and other STDs is s high due to their engagement in unprotected sexual practices.

7. Limitations and the strength of the study

7. 1 Limitations of the study

- Even though, the standard questions were used from BSS II, but the sensitive nature of the questions may have been problematic in getting honest answers from some respondents.
- As it was cross-sectional study, difficult to establish cause effect relationship.

7.2. The relative strength of the study

- The use of pretested questionnaires, Continuous supervision, and keeping ethical considerations at all levels could be mentioned as the strength of the study.
- Furthermore, combining quantitative and qualitative data was used to triangulate the findings.

8. Conclusions and Recommendations

Conclusions

- From this study, it is possible to conclude that almost half of the students had engaged in premarital sex. Personal desire to experiment, peer pressure and economic needs were the most frequently mentioned reasons for TVET students to commence premarital sex.
- The age of first sexual debut was found to be very young.
- Multiple sexual partners, sex with commercial partners, and inconsistency use of condoms were the identified risky sexual practicing behaviors by TVET students that can expose them to HIV/AIDS.
- Substance use mainly khat and alcohol significantly insisted TVET students to risky sexual behavior.

Recommendations

Anti HIV/AIDS Club of the TVET Colleges

- IEC/BCC programs of the clubs should encourage the students to delay sex or before they engage themselves in high risk behaviors.
- Entertainment facilities for students must be expanded, in order that they are discouraged from use of alcohol and drugs.
- Programs that target the students must be strengthened through peer education.

The TVET Colleges

- The TVET colleges must be work with different stalk holders to provide reproductive health services (condom provision, VCT--) should be made available nearby or in the TVET colleges clubs'.
- Reproductive health should be integrated in TVET college curricula to minimize risk sexual behaviors.

The regional Health Bureau

- IEC/BCC programs must take into account the heterogeneous characteristics of the population of region.

Reference:

1. UNAIDS, report on the global AIDS epidemic update: Geneva, Switzerland, November 2009. www.unaids.org
2. Bankole A, *Risk and Protection: Youth and HIV/AIDS in Sub-Saharan Africa*, New York: The Alan Guttmacher Institute, 2004. www.guttmacher.org
3. FHI, USAID, Youth Net Assessment Team: Assessment of Youth Reproductive Health Programs in Ethiopia, 2004.
4. Djamba, Yanyi K, *Sexual Behavior of Adolescents in Contemporary Sub-Saharan Africa the Edwin Mellen Press, 2009*
5. UNICEF, Government of Ethiopia response and major youth focused activities of HIV/AIDS prevention report in Ethiopia, 2009
6. FMOH/FHAPCO, HIV/AIDS in Ethiopia sixth report, September 2006.
7. Berhane Y, HIV/AIDS in Ethiopia: current epidemic and risk factors, Addis Continental Institute of public health prevention summit, Addis Ababa, Ethiopia April 7- 8, 2009.
8. UNFPA, Sexual and Reproductive Health of Adolescents: A review of UNFPA assistance technical report, 2006
9. WHO/UNFPA/UNICEF, the reproductive health of adolescents: A strategy for action- A joint WHO/UNFPA/UNICEF statement, WHO, Geneva, 2007
10. Federal Democratic Republic of Ethiopia, ministry of health, national reproductive health strategy 2006-2015.
11. ORC Macro Calverton, Maryland, USA, Central Statistical Agency, Addis Ababa, Ethiopia, Ethiopian Demographic and Health Survey 2005 report, September 2006.
12. MOH/HAPCO, AAU, CSA, EPHA, HIV/AIDS Behavioral Surveillance Survey (BSS) round two, Ethiopia 2005
13. Abdulraheem I, Young People's Sexual Risk Behaviors in Nigeria, *Journal of Adolescent Research* 2009; Vol. 24, No. 4, 505-527.

- 14- Kebede D, Khat and alcohol use and risky sexual behaviour among in-school and out-of-school youth in Ethiopia, *BMC Public Health* 2005; 5:109.
<http://www.biomedcentral.com/1471-2458/5/109>. Accessed on 10/01/2010.
15. Adamu R, Mulatu MS, Haile SI, Patterns and correlates of sexual initiation, sexual risk behaviors, and condom use among secondary school students in Ethiopia, *Ethiop Med J*. 2003 Apr; 41(2):163-77
16. Andargie G, Kassu A, Moges F, Low prevalence of HIV infection, and knowledge, attitude and practice on HIV/AIDS among high school students in Gondar, Northwest Ethiopia, *Ethiop.J.Health Dev*. 2007; 21(2):179-182
17. Seme A and Wirtu D, Premarital Sexual Practice among School Adolescents in Nekemte Town, East Wollega, *Ethiop.J.Health Dev*. 2008; 22(2):167-173.
18. Pierson RT Ntata, Adamson S Muula, SeteSiziya, Edrinnie E Kayambazinthu, Gender differences in university students' HIV/AIDS-related knowledge and sexual behaviours in Malawi, December 2008, VOL. 5 NO. 4.
19. Adedeji S Adefuye and Titilayo C Abiona, HIV sexual risk behaviors and perception of risk among college students: implications for planning interventions, BioMed Central Ltd, August 2009. <http://www.biomedcentral.com/14712458/9/281>. Accessed on 11/01/2010.
20. Duncan C, Miller DM, Borskey EJ: Barriers to safer sex practices among African American college students. *J Natl Med Assoc* 2002, 94:944-951.
21. Lewis JE, Malow RM, Ireland SJ: HIV/AIDS Risk in heterosexual college students A review of a decade of literature. *J Am Coll Health* 2007, 45(4):147-158.

ANNEX- 1 Structured English Version Questionnaire

Addis Ababa University, Faculty of Medicine, School of Public Health

Consent form that certify the respondents agreement before answering the questions about Sexual risk behaviors and pattern of Condom use among TVET College students in West Arsi zone, Oromia Region, 2010

Dear students:

Introduction: My name is Worku Dugassa, a final year public health student in masters program at Addis Ababa University. I am representing the study team being coordinated by school of public health, faculty of medicine, Addis Ababa University; on Sexual risk behaviors and pattern of Condom use among TVET college students in West Arsi zone. The purpose of this study is to get more information on sexual behaviors of TVET college students that can be used to design appropriate intervention so as to address sexual health problems. Therefore, your honest and genuine participation by responding to the questions prepared is highly appreciated and helpful to attain the objective of the study.

Your name will not be written on this form and the information you give us will be kept confidential and will be used only for the study purpose. If the report of the result is published, only summarized information of the total group will appear. You do not have to answer any question that you don't want to answer or you may refuse to answer all of the questions.

Informed Consent

Title of Research: Sexual risk behaviors and pattern of Condom use among TVET College students in West Arsi zone, Oromia Region, 2010.

Investigator: Worku Dugassa

Before agree to participate in this research study, it is important that you read the following explanation of this study. This statement describes the purpose, procedures, benefits, risks, discomforts and precaution of the program. You have right to decide not to participate or to discontinue your participation at any time in the process of responding to the questions. No guarantees or assurances can be made as to the results of the study.

Explanation of procedures

This study is about learning Sexual risk behaviors and pattern of Condom use among TVET College students in West Arsi zone. Preparation in the study involves compilation of socio demographic characteristics, premarital sexual practice, magnitude of risky sexual behaviors, factors associated with risky sexual behaviors, and practice of condom use among sexual active TVET college students.

Risk and Discomforts

There are no risks or discomforts that are anticipated from your participation in the study.

Benefits

The anticipated benefit of participation is the opportunity to discuss about risky sexual behaviors, factors associated with risky sexual behaviors and practice of condom use among sexual active students.

Confidentiality

The information gathered during this study will remain confidential. Only the researcher and Addis Ababa University will have access to the study data and information. There will not be any identifying names on the questioner. The results of the research will be published in the form of a graduate paper and may be published in a professional journal or presented at professional meetings.

Withdrawal without prejudice

Participation in this study is voluntary; refusal to participate will involve no penalty. Each participant is free to withdraw consent and discontinue participation in this project at any time without prejudice from this institution. Farther more, a decision to participate or not to participate will not influence in any way the teaching learning processing of your college.

Cost and /or payment to subject for participation in research

There will be no cost for participation in the research. Also participants will not be paid to participate in this research project.

Agreement

This agreement states that you have received a copy of this informed consent. Your signature below indicates that you agree to participate in this study.

Signature of Subject----- date-----

Signature of Researcher ----- date-----

Thank you very much!

For any questions contact the principal investigator Worku Dugassa

Tell-0911991647

Part I – Socio-demographic Characteristics

No.	Questions	Responses and coding	Code
101	Name of college	1.Dodola 2.Shashemene 3.Arsi Negele	/___/
102	Your Sex	1.Male 2.Female	/___/
103	Your age in years	_____ Years	
104	Your Ethnicity	1.Oromo 2.Amhara 3.Gurage 4.Tigirae 5.Other(Specify)_____	/___/
105	Your Religion	1. Islam 2.Orthodox 3.Protestant 4.Catholic 5. Other (Specify)_____	/___/
106	Your Educational Level	Level-----	/___/
107	What is your parents' marital status?	1. Mother and Father live together 2. Divorced 3.Widowed (Mother/Father died) 4. Separated 5. Other (Specify)_____	/___/

108	With whom do you live at present?	1. With Father and Mother 2. With Father only 3. With Mother only 4. With Relatives 5. With Friends 6. Alone 7. Other(Specify)_____	/___/
109	Do you have regular pocket money?	1. Yes(how much-----/month) 2. No	/___/
110	How is your residence situation?	1. I live in the town 2. I live in the rural 3. Other(Specify)_____	/___/
111	What is your father's educational status?	1. Un able to read and write 2. Read and write 3. Grade 1-4 4. Grade 5-8 5. Grade 9-12 6. Above 12 grade	/___/
112	What is your mother's educational status?	1. Un able to read and write 2. Read and write 3. Grade 1-4 4. Grade 5-8 5. Grade 9-12 6. Above 12 grade	/___/

Part II- Sexual Behavior

No	Questions	Responses	Code
113	Have you ever had sexual intercourse?	1. Yes 2. No [if no skip to question number 128]	/___/
114	At what age did you first had sexual intercourse?	1. Age in years_____ 2. Don't know	
115	What was your reason for initiation of sex?	1. Personal desire 2. Peer pressure 3. Influence of alcohol 4. Influence of Khat or Drug 5. Coercion 6. Economic problem 7. Other(Specify)_____	/___/
116	Was a condom used during the first time you had sexual intercourse?	1. Yes 2. No 3. I don't remember/Don't know	/___/

117	How much older or younger was the person with whom you had your first sexual experience?	1. Same age 2. More than ten years older than me 3. Five to ten years older than me 4. Less than five years older than me 5. Younger than me 6. Don't remember /Don't know	/___/
118	How many sexual partners have you had in the last 12 months?	1. Only one partner 2. More than two partners	/___/
119	If you had more than one partner, what is your reason for having sexual relation with them?	1. Not to reduce my sexual pleasure which I can not get it from one partner. 2. Not to be sexually weak 3. I trust them because all my partners are healthy 4. It will develop confidence to my causal partner(s) because are not suspected as having HIV 5. Other(specify)-----	
120	Have you had sexual intercourse in the last 12 months?	1. Yes 2. No [if no skip to question 124]	/___/
121	If yes, with which type of individual you had sexual intercourse? (More than one response is possible)	1. Person which I don't know him/her before 2. Person(s) who had multiple sexual partners 3. with commercial partners 4. Other(specify)-----	/___/
122	Have you ever used a condom during your last 12 months sexual episodes?	1. Yes 2. No	/___/
123	If yes, how frequent was your condom utilization during your last 12 months sexual episodes	1. Always 2. Some times 3. Other(specify)-----	/___/
124	Have you ever had sexual intercourse with a commercial partner/commercial sex worker?	1. Yes 2. No [if no skip to question 128]	/___/
125	Have you ever used a condom when making sexual intercourse with commercial partner?	1. Yes 2. No [if no skip to question 127] 3. I don't remember.	/___/

126	How often did you use condom when making sexual intercourse with commercial partner?	1.Always 2.most of the times 3. Some times 4. Other(specify)-----	/___/
127	If condom was not used, what was your reason for not using it?	1. Not available 2. Too expensive 3. Not comfortable initiating 4. Partner objected 5. In a hurry 6. Embarrassed to buy or ask for 7. Used other contraceptive 8. Don't think it was necessary 9. Don't think of it 10. Allergy/Itching 11. I don't like it 12. I trust my partner 13. I was drunk 14. Don't trust condom as they transmit HIV 15. Due to lack of applying condoms 16. Due to frequent breakage of condoms 17. It reduce my sexual pleasure 18. Other(Specify) _____	
128	Ever had HIV test	1.yes 2.no	/___/
129	If no, are you willing to take Voluntary counseling and testing?	1.yes 2.no 3. I am not sure	/___/

Part IIT-substances use

130	Do you drink alcohol? (like Tej,Tella,Areke, Beer and the like)	1. I have never drunk 2. I drink occasionally(during holydays) 3..I drunk regularly (at least once a week) 4.other(specify)-----	/___/
131	Do you chewing Khat?	1. I have never chewed 2. I chew occasionally 3. I chew regularly (at least once a week) 4.other(specify)-----	/___/
132	Do you use <i>Shisha</i> (Hashish)?	1.I have never used 2. I use occasionally 3. I use regularly (at least once a week) 4. other(specify)-----	/___/
133	Do you smoke Cigarette?	1.I have never smoke 2. I smoke occasionally 3. I smoke regularly (at least once aweek) 4. other(specify)-----	

ANNEX 2

Focus group discussion protocol and topic guide

Focus group discussion protocol

Good morning/afternoon and thank you all for coming.

My name is----- . My colleague next to me is called -----.

We came from Addis Ababa University. After we conduct some brief introduction, we will be talking about several different issues. We will be asking you questions about your overall experience with HIV/AIDS in your locality and questions pertaining to the issue of sexual risk behaviors and condom use. We will conclude the session by asking you for your recommendations on how such program might be implemented in your community in the future. The gathering of this information is to gain further insight in those aspects of HIV risk reduction interventions among youth.

Issue of confidentiality

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

Consent for participation and tape-recording

At this point it is important that we obtain your consent for conducting the session.

Understand that this is more for your protection than any thing else.

Read consent form out loud to the group

“Your remaining in the session indicates that you voluntarily agree to participate in this discussion program. You have the right to refuse to answer any questions and to end the discussion if you find it necessary to do so. For the sake of accuracy and efficiency, we will also be tape recording these sessions, unless any one has any objections”.

Role of moderator/note taker

The moderator will be in charge of facilitating the discussion .The moderator will bring the discussion back to the topic at hand when it goes beyond the main issues. The moderator will not give any indication (verbal or physical) that would encourage certain types of comments or discourage other types of comments. In short, the moderator will guide the discussion when necessary, being careful not to lead the discussion. It is our role to facilitate. The note taker will

have the sole responsibility of capturing the sessions as accurately as possible. This will include not only participants' responses, but nonverbal actions, physical environment, atmosphere of the session, as well as other vital characteristics of the session.

Importance of focus group

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

Agreement to disagree

In this group there is no right or wrong answers. Everybody should express the opinions or attitude pertinent to him or her. When you express your opinions you are encouraged to be honest in your views of the risk sexual behaviors and preventive programs (especially condom use).

We want you to focus your comments on the program and not toward each other or members of the staff.

Date_____

Time of FGD started_____

No of participants_____

Time of FGD ended_____

Venue of FGD_____

Focus group discussion topic guide

I. General issues

1. We would like you tell us how people get HIV/AIDS?
2. What are the effects of HIV/AIDS on young people like you? Economic, Educational, and Health?
3. Is HIV/AIDS is a major health problem in this area? Why?
How? Why not?

II About sexuality and risk behaviors

4. What do you suggest on the best age to begin sexual intercourse for any person why?
(for female? for male?)
5. What is your opinion on the sexual relationship practiced before marriage?
And the consequences of sexual intercourse performed during adolescent age?
6. What factors do you know which pushes young school adults to engage in an early sexual relation?
7. Who are your sexual clients?
8. What do you think of the reasons why school adolescents start sexual relation with older people? What are the consequences of having such sexual relation ship?
9. What are the advantages that young people will get by limiting sexual partners? What do you feel about Multiple Sexual Partner? (Cons and Pros)
10. What kind of sexual relation ships are exposed to HIV infection among school students? Why?
11. What are the factors that initiate your sexual desire most? (Peer pressure, Alcohol, Khat, Cigarette, Drugs like ---what?

III condom use

12. What is your opinion on condom effectiveness in preventing HIV/AIDS?
13. Do you use it when ever you have sex with CSW, Multiple Sexual Partner?
14. How do you use?
14. What are the problems for not using it among school students?

This is the end of our discussion. Thank you very much!

ANNEX-3- በአማራኛ ቋንቋ ተስተካክሎ የቀረበ ጥያቄ

አዲስ አበባ ዩኒቨርሲቲ ሜዲካል ፋካልቲ የህብረተሰብ ጤና አጠባበቅ ት/ቤት

ስለ የስነ ወሲብ ባህሪያትንና የኮንዶም አጠቃቀማቸውን በምዕራብ አርሲ ዞን የቴክኒክና ሙያ ማሰልጠኛ ኮሌጅ ተማሪዎችን ከመጠየቅ በፊት የስምምነት ውል የተዘጋጀ ፎርም፣ 2002 ዓ.ም ውድ ተማሪዎች፡-

መግቢያ፡- ስሜ ወርቁ ዱጋሳ በአዲስ አበባ ዩኒቨርሲቲ ሜዲካል ፋካልቲ በህብረተሰብ ጤና በማስትሬት ዲግሪ የመጨረሻ ዓመት ተማሪ ስሆን በቀረበው የተማሪዎች የስነ ወሲብ በህሪያትንና የኮንዶም አጠቃቀም ለማወቅ ዋና የጥናቱ ተመራማሪ ሆኜ እሰራለሁ። የዚህ ጥናት ዓላማ የቴ/ሙ/ማ/ኮሌጅ ተማሪዎችን ስለ ሥነ-ወሲብ ባህሪያት መረጃዎችን ለመሰብሰብና በዚህ አቅጣጫ ለሚከሰቱት የጤና ችግሮች መፍትሄ ለማምጣት ያመች ዘንድ ለሚወሰዱ እርምጃዎች ዕቅድ ለማውጣት ነው። ስለዚህ የእርስዎ በዚህ መጠይቅ ውስጥ ያሉትን ጥያቄዎች በግልፅነትና በቅንነት ለመመለስ የምታደርጉት ትብብር እጅግ የሚደነቅ ሲሆን ለዚህ ጥናት ዓላ መሳካት የራሱ የሆነ ጠቃሚ ድርሻ አለው።

የምትመልሱትን መልሶች ሚስጢራዊነት ለመጠበቅ ሲባል በዚህ መጠይቅ ላይ ስማችሁን መፃፍ አያስፈልጋችሁም እንዲሁም የሚገኙ መረጃዎች ለጥናቱ ብቻ የምንጠቀም መሆኑን እንገልጻለን። የጥናቱ ውጤት የሚታተም ቢሆን እንኳን አጠቃላይ የቡድኑ መረጃ ተጨምቆ ዋና ዋና ውጤቶቹ ብቻ ይታተማሉ። በዚህ መጠይቅ ውስጥ ያለውን የትኛውንም ጥያቄ ለመመለስ የማትፈልጉትን መልስ ወይም ጠቅላላውን ጥያቄ ላለመመለስ መብታቸው የተመበቀ ነው።

በመረዳዳት ላይ የተደረገ ፍቃደኝነት(ስምምነት)

የጥናቱ ርዕስ

የስነ-ወሲብ ባህሪያትንና የኮንዶም አጠቃቀምም በምዕራብ አርሲ ዞን ቴክኒክና ሙያ ማሰልጠኛ ኮሌጅ ተማሪዎች, 2002 ዓ.ም።

የጥናቱ ተመራማሪ ወርቁ ዱጋሳ

በዚህ ጥናት ላይ ከመጀመሪያ በፊት የተፃፈውን መግለጫ ማንበብ አስፈላጊ ነው።ይህ ፅሁፍ ስለ ጥናቱ ዓላማ፣አካሄድ ፣ጥቅም ፣ጉዳትና እና ጥንቃቄ ይገልጻል። በጥናቱ ላለመቀጠል ወይም በፈለጉት ሰዓት ጥያቄዎቹን ለማቋረጥ በቂ መብት ያለዎት መሆኑን እንገልጻለን። በጥናቱ ላይ ለመሳተፍ የሚከፈል ገንዘብ ወይም የምንገባው ዋስትና የለም።

የጥናቱ አካሄድ መግለጫ

ይህ ጥናት ስለ ሥነ-ወሰን ባህሪያትና የኮንዶም አጠቃቀም በምዕራብ አርሲ ዞን ቴክኒክና ሙያ ማሰልጠኛ ኮሌጅ ተማሪዎች የምንማማርበት ሲሆን የሚያካትተውም የህብረተሰቡን ማህበራዊና ኢኮኖሚያዊ ሁኔታ፣ ከጋብቻ በፊት የግብረ-ሥጋ ግንኙነት ልምምድ፣ አደገኛ የሥነ-ወሰን ባህሪያትን፣ ሚያነሳሱ ሁኔታዎችንና የኮንዶም አጠቃቀምን ያጠቃልላል።

ለችግር የሚያጋልጡ ሁኔታዎች

በዚህ ጥናት ላይ በመሳተፍ የሚመጣብዎ ጉዳት ወይም ችግር የለም።

የሚገኝ ጥቅም

በዚህ ጥናት ላይ በመሳተፍ ሊገኝ የሚችል ጥቅም በውይይት ጊዜ ስለ አደገኛ የሥነ ወሰን ባህሪያትና የሚያነሳሱ ሁኔታዎችን እንዲሁም ስለ ኮንዶም አጠቃቀም ዕውቀት ይሆናል።

ሚስጥርነትን በተመለከተ

በዚህ ጥናት ጊዜ የሚሰበሰበው መረጃ በሚስጥርነት ይያዛል። የተሰበሰበውን መረጃ ተመራማሪውና አዲስ አበባ ዩኒቨርሲቲ ብቻ በጥንቃቄ ይይዛሉ። በዚህ ጥያቄ ላይ ስም መጻፍ አያስፈልግም። በመጨረሻም የጥናቱ ውጤት አጠቃላይ የቡድኑ ሀሳብ በመመረቂያ መፅሔት ላይ የሚታተም ሲሆን ምናልባትም ዕድሉ ከተገኘ በሙያዊ መፅሔት ሊታተም ወይም በሙያዊ ስብሰባ ላይ ሊቀርብ ይችላል።

ጥናቱን ስለማቋረጥ

በዚህ ጥናት ላይ መሳተፍ በፍላጎት ሲሆን ጥናቱን ማቋረጥ ምንም የሚያስከትለው ቅጣት የለም። እያንዳንዱ ተሳታፊ ያለምንም ቅድመ ሁኔታ በነፃነት በፈለገበት ሰዓት ስምምነቱን በማንሳት ጥናቱን አቋርጦ መውጣት ይችላል። በተጨማሪም በምንም ሁኔታ በጥናቱ የመቀጠልና ያለመቀጠል ውሳኔ በመማር ማስተማር ሂደት ላይ የሚያመጣው ተፅኖ የለም።

ለተሳታፊዎች የሚከፈል ክፍያን በተመለከተ

በጥናቱ ላይ ለሚሳተፉት ተሳታፊዎች የሚከፈል ክፍያ የለም። እንዲሁም በጥናቱ ፕሮጀክት ውስጥ ሰዎች በጥናቱ እንዲሳተፍ ሲባል ምንም የሚከፈል ገንዘብ የለም።

ስምምነት

ይህ ስምምነት የሚገልፀው ይህንን በመረጃ የተደገፈ ፍቃደኝነትዎን የሚያሳይ ፎቶ ኮፒ መውሰድዎን ይገልጻል። ቀጥሎ የሚገኘውም ፊርማዎ በጥናቱ ላይ ተስማምቶ ለመቀጠል የሚያሳይ ነው።

የተሳታፊው ፊርማ _____ ቀን _____
 የተመራማሪው ፊርማ _____ ቀን _____

አመሰግናለው።

ለማንኛውም ጥያቄ የዋና ተመራማሪውን አቶ ወርቁ ዱጋሣን በስልክ ቁጥር 0911991647 ማግኘት ይቻላል።

ክፍል 1:- ጠቅላላ ሁኔታ

ይህ ጥናት ለት/መ/ማ/ኮ ተማሪዎች ብቻ የተዘጋጀ ነው። አባክዎን እያንዳንዱን ጥያቄ በጥንቃቄ አንብበው ትክክለኛውን መልስ በማክበብ ወይም ባዶ ቦታ ላይ በመሙላት በቅንነት መልሶቹን ይመልሱ። ስም መፃፍ እንደማያስፈልግ እንደገና ላስታውስዎ እፈልጋለሁ።

	ጥያቄ	አማራጭ መልሶች	ኮድ
101	የኮሌጅ ስም?	1/ ዶዶላ 2/ ሻሻመኔ 3/ አርሲ ነጌሌ	/ /
102	ፆታ	1 ወንድ 2 ሴት	/ /
103	ዕድሜዎ/ሽ/	----- ዓመት	/ /
104	ብሔር/ብሔረሰብ/ሽ/	1. አሮሞ 2. አማራ 3. ጉራጌ 4. ትግሬ 5. ሌላ ካለ ይብራራ -----	/ /
105	ሃይማኖት/ሽ	1. እስላም 2. ኦርቶዶክስ 3. ንግሥት 4. ካቶሊክ 5. ሌላ ካለ ይብራራ -----	/ /
106	የትምህርት ደረጃ	ደረጃ -----	/ /
107	የወላጆች/ሽ የጋብቻ ሁኔታ እንዴት ነው ?	1. እናቴና አባቴ አብረው ይኖራሉ 2. እናት/አባቴ ሞተዋል 3. እናትና አባቴ ተለያይተው ይኖራሉ 4. ሌላ ካለ ይብራራ-----	/ /
108	በአሁኑ ወቅት ከማን ጋር ነው	1. ከእናቴና ከአባቴ ጋር 2. ከአባቴ ጋር	/ /

	የምትኖረው/ሪው ?	3. ከእናቱ ጋር 4. ከዘመዶቹ ጋር 5. ከጓደኞቹ ጋር 6. ለብቻዬ 7. ሌላ ካለ ይብራራ -----	
109	ቋሚ የኪስ ገንዘብ ይከፈልህል/ሻል	1. አዎ(በወር ስንት ብር-----) 2. አይከፈልኝም	
110	የመኖሪያህ/ ሽ ሁኔታ(ቦታ) እንዴት ነው?	1. በከተማ እኖራለሁ 3. በገጠር እኖራለሁ 3. ሌላ ካለ ይብራራ -----	/ /
111	የአባትህ/ ሽ የትምህርት ደረጃ እንዴት ነው?	1. ማንበብና መጻፍ የማይችል 2. ማንበብና መጻፍ 3. ከ1-4ኛ ክፍል 4. ከ5-8ኛ ክፍል 5. ከ9-12ኛ ክፍል 6. ከ12ኛ ክፍል በላይ	/ /
112	የእናትህ/ ሽ የትምህርት ደረጃ እንዴት ነው?	1. ማንበብና መጻፍ የማይችል 2. ማንበብና መጻፍ 3. ከ1-4ኛ ክፍል 4. ከ5-8ኛ ክፍል 5. ከ9-12ኛ ክፍል 6. ከ12ኛ ክፍል በላይ	/ /

ክፍል - 2 ስነ ወሲባዊ ባህሪያት

ከዚህ ቀጥሎ ወሲብን በተመለከተ ግላዊ የሆኑ ጥያቄዎችን አቀርባለሁ። እነዚህ ጥያቄዎች በጣም የግልና ሚስጥራዊ በመሆናቸው እባክዎን በቅንነት ይመልሷቸው። አሁንም የማስታወስዎ በዚህ መጠይቅ ላይ ስም መጻፍ አያስፈልግም።

ቁ	ጥያቄዎች	አማራጭ መልሶች	ክድ
113	እስካሁን ድረስ የግብረ-ሥጋ ግንኙነት ፈጽመህ/ሽ ታውቃለህ/ሽ	1. አዎን ፈጽሜ አለሁ 2. የለም አልፈጸምኩም (ለዚህ ጥያቄ መልስዎ የለም ከሆነ ወደጥያቄ ቁጥር 128 ይሂዱ።)	/ /
114	በስንት ዓመትህ/ሽ ነው ለመጀመሪያ ጊዜ የግብረ ሥጋ ግንኙነት የፈጸምከው/ሽው?	1. ዕድሜ በዓመት ----- 2. አላውቅም	/ /
115	የግብረ ሥጋ ግንኙነት እንድትፈጽም/ሚ ያደረገህ/ሽ ምክንያት ምን ነበር?	1. የራሴ ፍላጎት 2. የጓደኛ ግፊት 3. በመጠጥ በመገፋፋት 4. በጫት ወይም በሐሽሽ በመገፋፋት 5. በግዴታ 6. በኢኮኖሚ ችግር 7. ሌላ ካለ ይብራራ -----	/ /
116	በመጀመሪያ የግብረ ስጋ ግንኙነት በፈጸምክ/ሽ ጊዜ ኮንዶም ተጠቅመህ/ሽ ነበር?	1. አዎን 2. የለም 3. አላስታወስኩም/አላውቅም	/ /

117	ለመጀመሪያ ጊዜ በግብረ-ስጋ የተገናኘኸው/ሽው እድሜ ከአንተ/ች እድሜ አንጻር ሲታይ አንዴት ነበር?	<ol style="list-style-type: none"> 1. እኩል ዕድሜ ነበር 2. ከአስር ዓመት በላይ ይበልጠኝ/ትበልጠኝ ነበር 3. ከ 5-10 ዓመት ይበልጠኝ/ትበልጠኝ ነበር 4. ከ 5 ዓመት ያነሰ ይበልጠኝ ነበር 5. ከእኔ በዕድሜ ያንስ/ታንስ ነበር 6. አላስታውሰውም/አላውቀውም 	/ /
118	የግብረ-ስጋ ግንኙነት ከጀመርክበት/ሽበት ጊዜ አንስቶ እስከአሁን በጥቅሉ ከስንት ሰዎች ጋር የግብረ-ስጋ ግንኙነት አድርገሃል/ሻል	<ol style="list-style-type: none"> 1. አንድ ብቻ 2. ከ 2 - 5 3. ከ 5 በላይ 	/ /
119	ከአንድ በላይ የወሲብ ጓደኞች ካሉህ/ሽ ይህን ያህል እንዲኖሩህ/ሽ ያደረገው ምክንያት ምንድነው?	<ol style="list-style-type: none"> 1. ከአንድ ጓደኛ ብቻ የማላገኘውን ወሲባዊ ደስታዬን ላለመቀነስ ስል 2. በግብረ-ስጋ ግንኙነት ወቅት ደካማ ላለመሆን 3. ሁሉም ጤነኛ ስለሆኑ አምናቸዋለሁ 4. ድንገተኛ የወሲብ ጓደኞቼን በኤችአይቪ ስለማልጠረጥረው ለእርሱ/ሷ መተማመንን ስለሚፈጥር 5. ሌላ ካለ (ይብራራ) ----- 	/ /
120	ባለፉት 12 ወራት ውስጥ የግብረ-ስጋ ግንኙነት ፈጽመሃል/ሻል?	<ol style="list-style-type: none"> 1. አዎን ፈጽሜያለሁ 2. የለም አልፈጸምኩም (የለም ከሆነ ወደ ጥያቄ ቁጥር 124 ይሂዱ) 	/ /
121	ባለፉት 12 ወራት ውስጥ ከአንዴት ዓይነት ግለሰብ ጋር ነው የግብረ-ስጋ ግንኙነት የፈጸምከው/ሽው? (ከአንድ በላይ መልስ ይቻላል)	<ol style="list-style-type: none"> 1. ከዚህ በፊት ከማላውቀው/ቃት ሰው ጋር 2. ብዙ የወሲብ ጓደኞች ካሉት/ሷት ሰው ጋር 3. ከሴትኛ አዳሪ ጋር ወይም ወሲብን ከጥቅም ካያያዘ ግለሰብ ጋር 4. ሌላ ካለ (ይብራራ) ----- 	/ /
122	በአለፉት 12 ወራት የግብረ-ስጋ ግንኙነት በምታደርግበት/ጊበት ጊዜ ኮንዶም ተጠቅመህ/ሽ ታውቃለህ/ቂያለሽ	<ol style="list-style-type: none"> 1. አዎን 2. የለም 	/ /
123	መልስዎ አዎን ከሆነ በግብረ-ስጋ ግንኙነትህ/ሽ ወቅት የኮንዶም አጠቃቀምህ/ሽ እንዴት ነበር?	<ol style="list-style-type: none"> 1. አንዳንዴ እጠቀማለሁ 2. ሁልጊዜ እጠቀማለሁ 6. ሌላ ካለ (ይብራራ) ----- 	/ /
124	ከቡና ቤት ሰራተኛ ጋር ወይም ወሲብን ከጥቅም ጋር ካያያዘ/ች ግለሰብ ጋር የግብረ-ስጋ ግንኙነት ፈጽመህ/ሽ	<ol style="list-style-type: none"> 1. አዎን 2. የለም (የለም ከሆነ ወደ ጥያቄ ቁጥር 128 ይሂዱ) 	/ /

	ታውቃለህ/ሽ?		
125	ወሲብን ከጥቅም ጋር ካያያዘ/ች ግለሰብ ወይም ከቡና ቤት ስራተኛ ጋር ወሲብ በፈጸምክበት/ሽበት ጊዜ ኮንዶም ተጠቅማህ/ሽ ነበር?	1. አዎን 2. የለም(የለም ወደ ጥያቄ ቁጥር 127 ይሂዱ) 3. አላስታውስም/አላውቅም	/ /
126	በአለፉት 12 ወራት ወሲብን ከጥቅም ጋር ካያያዘ/ች ግለሰብ ወይም ከቡና ቤት ስራተኛ ጋር የግብረ-ስጋ ግንኙነት በምታደርግበት ጊዜ ምን ያህል አዘውትረህ ኮንዶምተጠቅመህ ነበር?	1. ሁሉጊዜ 2. አብዛኛው ጊዜ 3. አንዳንድ ጊዜ 4. ሌላ ካለ ይብራራ -----	/ /
127	ኮንዶም ያልተጠቀምክ/ሽ ከሆነ ያንተም/ችም ሆነ ጓደኛህ/ሽ ላለመጠቀማችሁ ምክንያት ምን ነበር? (ከአንድ በላይ መልስ ይቻላል)	1. በቀላሉ አለማግኘት 2. በጣም ውድ መሆኑ 3. ግንኙነት ለማድረግ አለመመቸቱ 4. የእኔ/የጓደኛዬ ተቃውሞ 5. በችኮላ ላይ ስለነበርን 6. ለመግዛት ወይም ለመጠየቅ በማፈር 7. ሌላ የወሊድ መቆጣጠሪያ ስለተጠቀምን 8. አስፈላጊ መሆኑን አላሰብንበትም ነበር 9. ስለኮንዶም ራሱ እንዲያውም አላስታወስኩም 10. አለርጂ/ማሳክክ ስለሚያመጣ 11. ፈጽሞ አልወደውም 12. ጓደኛዬን በጣም ስለማምነው/ናት 13. መጠጥ ጠጥቼ ስለነበር 14. ኮንዶም ራሱ ኤችአይ ቪን ስለሚያስተላልፍ አላምነውም 15. አጠቃቀሙን ባለማወቁ 16. ብዙ ጊዜ ኮንዶም ስለሚቀደድ 17. ወሲባዊ ስሜቴን ስለሚቀንስ 18. ሌላ ካለ ይብራራ -----	/ /
128	በፈቃደኝነት ላይ የተመሰረተ የኤች.አይ.ቪ እና የደም ምርመራ አድርገህ/ሽ ታውቃለህ/ቁያለሽ?	1. አዎን 2. የለም	/ /
129	የኤች.አይ.ቪ የደም ምርመራ ለማድረግ ብትጠየቅ/ቁ ፈቃደኛ ትሆናለህ/ሽ?	1. አዎን 2. የለም 3. እርግጠኛ አይደለሁም	/ /

ክፍል-3

130	መጠጥ ትጠጣለህ/ሽ? (እንደ ጠጅ፣ ጠላ፣ አረቄ፣ ቢራና የመሳሰሉትን)	1. ጠጥቼ አላውቅም 2. አንዳንድ ጊዜ እጠጣለሁ (በአመት በዓል ግዜ) 3. በመደበኛነት (ቢያንስ በሳምንት አንድ ጊዜ እጠጣለሁ) 4. ሌላ ካለ ይብራራ -----	/ /
-----	---	--	-----

131	ጫት ትቅማለህ/ሽ?	<ol style="list-style-type: none"> 1. ቅሜ አላውቅም 2. አንዳንድ ጊዜ እቅማለሁ 3. በመደበኛነት (ቢያንስ በሳምንት አንድ ጊዜ እቅማለሁ) 4. ሌላ ካለ ይብራራ ----- 	/ /
132	ሐሽሽ ተጠቅመህ/ሽ ታውቃለህ/ሽ?	<ol style="list-style-type: none"> 1. ተጠቅሜ አላውቅም 2. አንዳንድ ጊዜ እጠቀማለሁ 3. በመደበኛነት (ቢያንስ በሳምንት አንድ ጊዜ እጠቀማለሁ) 4. ሌላ ካለ ይብራራ ----- 	/ /
133	ሲጋራ ታጨሳለህ/ሽ?	<ol style="list-style-type: none"> 1. አላጨሰም 2. አንዳንድ ጊዜ አጨሳለሁ 3. በመደበኛነት (ቢያንስ በሳምንት አንድ ጊዜ) 4. ሌላ ካለ ይብራራ ----- 	/ /

መጠይቁ እዚህ ላይ አብቅቷል
ለትብብርዎ በጣም አመሰግናለሁ::

ANNEX- 4 Gaafiilee Afaan Oromootiin qindayaamaan qophayaan Uunkkaa Eeyyama mirkaneesuuf Oromiiffan qopha`e:

Yuuniivarsitiiti Finfinnee Fakkaalttii Meedikalattii kuta Eegumssa Fayyaa Hawaasaatiin ,Naanno Oromiyaatti barattoota kolleejjii barnoota leenjii teekinikaafi ogumma Godina Arsi lixaaf waa`ee hala amala sal – qunnamttiifi itti gargarma kondomii qo`achuuf gaafii qophaa`ee,2002.

Jalataamtoota Barattoota:-

Maqaan kiiyyaa Worquu Dugaasaa yamu jedhamu, Yuuniivarsitiiti Finfinneti Eegumsa Hawaasuummaati diigrii maastreetiidhan barataa isa woggaa dhumaati.Ani garee qo`anaa Yuuniivarsitiiti Finfinneen hoggannamu kana irratti bakka bu`dhaan na hojeedha. Kaayyoon qo`anno kana barattoota kolleejjii barnoota leenjii teekinikaafi ogumma godina Arsi lixa keessatti argamani irra waa`ee amala salqunnamtii ilaalchiise oddeffanno sasaabuu dha fi karaa kanaan umamuu Kan danda`an rakkolee fayyaa furmaata fiiduuf akka gargaaru tarkaanfiiwwan fudhatamaniif karoora baasuudhafii. Kanaafu, gaafiilee askeessaa jiraniif ifaa fi amanamaan deebiisuudhaan gargaarsii isin gotan baayyee Kan dinqiisifamu yamu ta`uu, kaayyoo qo`anno kana galmaan gahudhaaf qoda ufii ni qaba.

Iccitii deebii debiistaniif eegudhaaf jeecha fuula kamirrayu maqaa keessan barreesuun barbaachisaa mitii. Akasuumas kaayyooma qo`annaatiif qofa ola.yoo bu`aan qo`anaa kana maxanfama ta`ees odeeffannoon hirmattoota hundaa kan cuunfamee qofatu manxanfama. Gaafiilee kaneen keessaa gaafii deebii debisu kan hin barbaadne ykn gaafiilee hundaa deebii kennu yoo hin barbaadne mirgii keessan kan eegame dha.

Eeyyama Odeeffannoo irratti Hundayee(Informed Consent)

Mata duree qorannoo: barattoota kolleejjii barnoota leenjii teekinikaafi ogumma Godina Arsi lixaaf waa`ee hala amala sal – qunnamttiifi itti gargarma kondomii qo`achuuf gaafii qophaa`ee,2002.

Qoraataa: Worquu Dhugaasaa

Qorrannoo kana irratti osoo hinhirmaatiin dura, ibsa qorannaa kanaaf kenname duubisuun ni barbachisa.Barreeffaman kun kaayyoo,adeemsa, bu`aa, saxiilama midhaafi offiieegganoo saganticha jiru ibsa. Dabalataan qorrana kana irratti hirmachu dhisu ykn yeroon barbadee gaffillee addan kutuun mirga keesaan ta`u isaa ibsa. Qorannoo irratti hirmatuu irraa kan ka`e wabiin ykn gatiin keennamuu hinjiru.

Ibsa Adeemsicha Qorrannoo:

Qoranaan kun w`aee barattoota kolleejjii barnoota leenjii teekinikaafi ogumma Godina Arsi lixaaf hala amala sala wal-qunnamtii fi itti gargarma kondomii qo`achuu ibsa. Qorannoon kun ofkeesa kan qabu gaffiifi deebii haala jiruuf jireenya hawaasuma, shaakala wal-qunnamtii sala fudhaaf heeruma dura,wal-qunnamtii sala offieeganno hinqabneefi sababii isa aksumasi haala itti fayyaadama kondomii ilaala.

Saxiilamaaf Midhaa:

Qoranaa irratti hirmachuun saxilaamaaf midhaan inni fiduu hinjiru.

Bu`aa

Qorannaa irratti hirmatuun bu`aan eegamu carra waan nut dhagayamu wa`ee wal-qunnamtii sala offieeganno hinqabneefi sababii isa aksumasi haala itti fayyaadama kondomii irratti mari`achu ta`a.

Iccitii

Odeeffannoon yeroo gaffiif deebii funaanamuu ofi eegganoo gudaan qabama.Odeeffannoo kana illaluuf caarraa kan qabu qoraataafi Univarsittii Finfinnee qofadha.Gaffii irratti maqaan hirmaataa wan hin bareefamneef maqaa hirmataa eenyuu hin beekuu.Firiin qorannaa kana cunfamee waraqa eeba irratti maxanfamee ni ba`a, akkasumas barreeffama ogummaafi walgayii tokkoo tokkoo irratti dhiyachu ni danda`a

Qorrannaa keesaa bayuu

Qorrannaa kana irrattii kan hirmatamu fedhiin qofa.Hirmachuu dhabuun hin adabsisuu.Hirmataan kamiyyu yeeroo barbadetii qoranna kana keesa dhisee bayuuf eeyyama isaa kasudhaan ni danda`a.Dabalataan murtiin hirmachuufi hirmachuu dhabuun adeemsa baruuf barsiisuu irrattii dhibaa kamiyyu hin geesisu.

Qoranna irratti hirmatootaaf kaffaltii/gatii ilaalchisee:

qorannaa kana irrattii hirmatuuf gatiin bahu hinjiru.Akkasumas hirmataan qorannaa irratti akka hirmatuu gochuuf kaffaltiin kanffalamu tokkoosi hinjiru.

Waliigaltee:

waliigalteen kun kan ibsuu kopii eeyyama odeeffannoo irrati hunda`ee fudhachuu keesaan yoo ta`u mallattoon keesaan kan asi gadii kan agarsisu qorannaa irrati hirmachuuf waligaluu keesaan ibsa.

Mallattoo hirmata-----guyyaa-----

Mallattoo qoraataa-----Guyyaa-----

Galatoma !

Gaffiilee barbadaniif qorraata obbo Worquu Dhugaasaa lak.bilbilaan

0911991647 argachu dandeesu.

Kuta 1: Haala jiruuf jireenya hawaasuma.

Qorannoon kun baratoota KBLTO qoffaaf kan qopha`edha.Gaaffiiwan tokkon ofi`eegannoon dubbissuun hubannoo gaariin deebiwan deebisa. Gaaffiilee fiilannoo itti kennameti deebiwwan filatan irratti maraa. Iddo duwwaa siif kennametti debii kee barreesii. Maqaa barreessuun akka hin barbaachifine irra deebi`ee isiin yaadachiisu barbada.			
Lakk	Gaaffilee	Qodama debii	Kodii
101	Maqaa kolleejjii	1.Dodoolaa 2.shashamanee 3.Arsi Nagallee	/___/
102	Saala	1. Dhiira 2. Dubra	/___/
103	Umrii kee	Waggaa _____	/___/
104	Saba/sab- lammii/ kee	1. Oromoo 2.Amaara 3. Guraagee 4.Tigiree 5. Kan biraa yoo jiraate haa ibsamu-----	/___/
105	Amantaa kee	1. Musiliima 2. Kiristiyaana ortoodokisii 3. Piroteestantii 4. Kaatoolikii 5. Kan biraa yoo jiraate haa ibsamu _____	/___/
106	Sadarkaa barumsaa	Level-----	/___/

107	Yeroo ammaati akkaataa ga'eela maatii keeti maal fakkaata?	1. Haadhaa fi Abbaan koo wajjiin jiraatu 2. Haadhaa fi Abbaan kiyya addaan bahanii jiru. 3. Haadha/Abbaan du'aani jiru 4. Haadhaa fi Abbaan kiyya gara gaara Jiraatu 5. Kan biraa yoo jiraate haa ibsamu-----	/___/
108	Yeroo ammaa kana eenuun wajjiin jiiraata?	1. Haadhaa fi Abbaa kiyya wajjiin 2. Abbaa kiyya wajjiin 3. Haadha kiyya wajjiin 4. Firoota kiyya wajjiin 5. Hiryoota kiyya/tiyya/ wajjiin 6. Adda kiyya(qoffaa kiyyaa) jiraadha 7. Kan biraa yoo jiraate haa ibsamu-----	/___/
109	Malaqaa kisii yeroo hunda argata?	1. Eeyyeen (jia'an qarshii-----) 2. Lakki	/___/
110	Teessoon haali Jireenyii kee maal fakkaata?	1. Magaalaa keessa jiraadha 2. Badiiyaa jiraadha 3. Kan biraa yoo jiraate haa ibsamu_____	/___/
111	Barumsii Abbaa keetti sadarkaa kam irra jira?	1. Dubbiisuu fi barreessu kan hin dandeenye 2. Dubbiissu fi barreessu ni dandayan 3. Kutaa 1 - 4faa baratani jiru 4. Kutaa 5 - 8ffaa baratani jiru 5. Kutaa 9 - 12ffaa baratani jiru 6. Kutaa 12ffaa - ol baratani jiru	/___/
112	Barumsii Adhaa keetti sadarkaa kam irra jira?	1. Dubbiisuu fi barreessu tan hin dandeenye 2. Dubbiissu fi barreessu ni dandayan 3. Kutaa 1 - 4faa baratani jiru 4. Kutaa 5 - 8ffaa baratani jiru 5. Kutaa 9 - 12ffaa baratani jiru 6. Kutaa 12ffaa - ol baratani jiru	/___/

Kutaa - 2: Amaloota qunnamtii Saalaatiif nama saxilaan

As iraan kan itti fuufu gaaffillee qunnamtii saalaa ilaalchisee, gaaffii dhunfaa ta'an siif dhiheesa. Gaaffiwaan kun kan dhunfaatii fi haalaan icciti waan ta'aniif ilaalcha gaariin hubadhuu deebii kenni. Ammaas irra deebi'ee kan isiin yaadachiisu formii kana irrati maqaa keessan barreessun hin barbaachiisu

Lakk.	Gaaffiwaan	Qodama debii	Kodii
113	Hanga amaati qunnammtii saalaa gotee ni beeyitaa?	1. Eeyyeen godheen jira 2. Lakki hin gonee(lakki hin gonee yoo ta'e, gama gaaffii lakkoofisa 128 darbii)	/___/

114	Yeroo duraatiif umrii meeqati qunnamti saala raawate?	1. Umrii waggaa _____ 2. Hin beeku	/___/
115	Qunnamtii saalaa kana akka raawatu/gootu/sababiin isaa maalture?	1. Fedhii kiyya 2. Dhibbaa hiriyaa kiyyaa 3. Dhibbaa dhugaatitiin 4. Dhibbaa caati/haashishiitiin 5. Diirqamaan 6. Rakkina dinagdeetiin 7/. Kan biraa yoo jiraate haa ibsamu__	/___/
116	Yeroo duraatiif qunnamti saala yoo raawate kondomiin fayyadamtee turtee?	1. Eeyyeen 2. Lakki 3. Hin yaadadhu/hinbeeku	/___/
117	Qunnamtii saalaa yeroo duraatiif namnii ati waliin raawate umriin hangam sii caala ykn hangam sii gadi ture?	1. Wal - qixa ture 2. Waggaa 10 - ol nacaala ture/ na caaltii turite 3. Waggaa 5 - 10 na caala ture/na caalti turte 4. Waggaa 5 gadi nacaala ture/ na caalti turite 5. Umrii kiyyaa gadi turite/ture 6. Hin yaadadhu/hin beeku	/___/
118	Yeroota darban keessa hirriyyoota walqunnamtii saalaa hammami qabdaa ture?	1. Tokko qofa 2. 2 - 5 3. 5 - ol	/___/
119	Hiirriyyota wal - qunnamtii saalaa tokko - ol yoo qabaate sababiin haammana kan hunda qabaachuu isaa maalli?	1. Hiirriyyaa tokko qofa irra kan hin arganee feedhi gammachuu wal - qunnamti saala hiiri'isu baachuuf 2. Yeroo wal -qunnamti saala dadhabaa akka hin taaneef 3. Hundumtu isaani fayyaa waan ta'aniif nin amanaa 4. Hiirriyyaa tasaa wal - qunnamti saala kiyyaa HIV dhaan waanan hin shakineef isaaf/ isiif itti abdachuu waan ummuf 5. Kan biraa yoo jiraate haa ibsamu----- -----	/___/
120	Ji'oota 12 dabran keessa wal -qunnamtii saalaa raawate jirtaa?	1. Eeyyeen raawadheerra 2. Lakki hin raawanee(lakki hin raawanee yoo ta'e, gama gaaffii lakkoofisa 124 darbii)	/___/

121	Ji'oota 12 darban keesa nama akkam waliin wal - qunnamtii saalaa kan raawate?	<ol style="list-style-type: none"> 1. Kanaan dura nama hin beeknee waliin 2. Hirriyyota wal-qunnamtii saalaa heedduu qabdu/qabu waliin 3. Hojjatu mana bunaa ykn nama qarshii na kaffalu wallin 4. Kan biraa yoo jiraate haa ibsamuu_____ 	/___/
122	Ji'oota 12 darban keesa yeroo wal - qunnamtii saalaa kee koodoomii itti fayyadamtee beekta?	<ol style="list-style-type: none"> 1. Eeyyeen 2. Lakki 	/___/
123	Yoo debiin kee eeyyeen ta'e fayyadamiinsa koodoomii akkam ture?	<ol style="list-style-type: none"> 1. Yeroo tokko tokko nin fayyadama 2. Yeroo hunda nin fayyadama 3. Kan biraa yoo jiraate haa ibsamuu_____ 	/___/
124	Hojjatu mana bunaa ykn Nama wal-qunnamtii saalaa faayidaan(qarshiin) qabsiise wallin wal – qunnamtii saalaa raawate ni beektaa?	<ol style="list-style-type: none"> 1. Eeyyeen 2. Lakki (lakki yoo ta'e, gama gaaffii lakkoofisa 128 darbii) 	/___/
125	Nama wal-qunnamtii saalaa faayidaa wallin wal-qabsiise wajjiin walqunnamtii yeroo raawatee koondoomiin fayyadamtee turte?	<ol style="list-style-type: none"> 1. Eeyyeen 2. Lakki(lakki yoo ta'e, gama gaaffii lakkoofisa 127 darbii) 	/___/
126	Yoo debiin kee eeyyeen ta'e fayyadamiinsa koodoomii akkam ture?	<ol style="list-style-type: none"> 1. Yeroo tokko tokko nin fayyadama 2. yeroo ba'ee nin fayyadama 3. Yeroo hunda nin fayyadama 4. Kan biraa yoo jiraate haa ibsamuu_____ 	/___/
127	Koondoomii kan hin fayyadamnee yoo ta'ee kan kee ta'ee kan hiirriiyaa kee fayyadamuu dhabuun sababin maal ture? (Tokko-ol deebiisun nidanda'ama)	<ol style="list-style-type: none"> 1. Salphaatti argachuu baatu 2. Gatiin haalaan mi'aa ta'uu issa 3. Wal-qunnamtii goocuuf mijjii'uu baatu 4. Moormii kan koo/ kan hiirriiyaa koo 5. Ariifachuorra waan jiiruuf 6. Biituuf ykn gaafachuuf saalfatuu 7. Dawaa da'uu dhoorkuu biraa fayyadammu keenyaan 8. Barbaachisaa ta'u isaa itti hin yaadnee ture 9. Waa'ee koondoomiitu hin uma'uu hin 	

		yaadane 10. Alarjii/Hooqisu waan fiduf 11. Goonkumaa'uu hin jaaladhu 12. Hiirriyaa koo haalaan waanan amanuuf 13. Wannan dhuugaatti dhuugeef 14. Koondoomiin innumtu 'HIV' waan dabarsuuf itti hinamanuu 15. Akkaataa itti fayadaman waan hin beekneef 16. Yeroo hedu koondoomiin waan dhoohuuf 17. Feedhinaa wal- qunnamtii koo waan hirisuuf 18. Kan biraa yoo jiraate haa ibsamuu_____	
128	Wa'ee HIV dhigaa kee ilaalamtee beekta?	1. Eeyyeen 2. Lakki	/___/
129	Ilaalamtee hin beektuu yoo ta'e , amma dhigaa kee ilaalamu barbada?	1. Eeyyeen 2. Lakki 3. itti hinqophonnee	/___/

kuta IIT- hamalloota adda addaa ilaalchisee

130	Dhugaatti ni dhuugdaa? (birraa, bokka, farso, Arak ee--)	1. Dhuugee hin beekuu 2. Yeroo tokko tokko nin dhuugaa (yeroo ayyannii jiru) 3. yeroo hundha (yoo xiqatee torbaanitti yeroo tokkoo nin dhuugaa) 4. Kan biraa yoo jiraate haa ibsamuu -----	/___/
131	Jiimaa (Caatii) ni qamaataa?	1. qamee hin beekuu 2. Yeroo tokko tokko nin qamaa (yeroo ayyannii jiru) 3. yeroo hundha (yoo xiqatee torbaanitti yeroo tokkoo nin qamaa) 4. Kan biraa yoo jiraate haa ibsamuu -----	/___/
132	Haashiisha fayyadamte ni beektaa?	1. fayyadamee hin beekuu 2. Yeroo tokko tokko nin fayyadamaa (yeroo ayyannii jiru) 3. yeroo hundha (yoo xiqatee torbaanitti yeroo tokkoo nin tuxaa) 4. Kan biraa yoo jiraate haa ibsamuu -----	/___/
133	Sigara ni tuxa?	1. tuxee hin beekuu 2. Yeroo tokko tokko nin tuxaa	

		3. yeroo hundha(yoo xiqatee torbaanitti yeroo tokkoo nin tuxaa) 4. Kan biraa yoo jiraate haa ibsamuu -----	
--	--	---	--

Gaaffiin koo asii irratti waan xumurameef galatooma!!

Annex-5 Declaration

I, the under signed, declared that this thesis is my original work, and has not been presented for a degree in any other university and that all sources of material used for this thesis and all people and institutions that gave support for this have been duly acknowledge.

Name: Worku Dugassa

Signature_____

Place: Addis Ababa

Date of submission_____

This Thesis work has been submitted with my approval as University Advisor.

Advisor Name

Signature

Dr.Mulugeta Betre Gebremariam
