

SEXUAL ORIENTATION, PRACTICES AND HIV
RISK BEHAVIOR OF YOUNG PEOPLE IN
ADDIS ABABA HIGH SCHOOLS

By
Moges G/Mariam

A Thesis Submitted to the School of Graduate Studies in
Partial Fulfillment of the Requirements for the Degree of
Master of Arts in Counseling Psychology

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ABBREVIATIONS/ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CDC	Center for Disease Prevention and Control
CSA	Central Statistics Authority
DHS	Demographic Health Survey
EPHA	Ethiopia Public Health Association
FGAE	Family Guidance Association of Ethiopia
FGD	Focus Group Discussion
E.C	Ethiopian Calendar
HIV	Human Immune-Virus
MSM	Men having Sex with Men
NCHS	National Council for Health Science
RH	Reproductive Health
RHRU	Reproductive Health and Research Unit
SRH	Sexual and Reproductive Health
STIs	Sexually Transmitted Infections
UAI	Unprotected Anal Intercourse
UNAIDS	United Nations Program on HIV/AIDS.
UNICEF	United Nations Children Fund.
VCT	Voluntarily Counseling and Testing
WHO	World Health Organization
WSW	Women having Sex with Women.

ABSTRACT

The major purpose of this research was to investigate the pattern of sexual behavior and practices of high school youths in Addis Ababa administrative region. The main issues considered were sexual orientation, type of sex practices, sexual partner, condom use, sexual debut, substance use or abuse, knowledge, attitude and perception of HIV risk and sexual abuse or harassment.

Since the topic is sensitive and touches individuals' private issues, descriptive survey study method complemented by qualitative study was employed so as to get reliable information. In addition to the questionnaire, focus group discussion has also been used. Besides, in-depth interview was also used for gay and lesbian students who have been accessed through snow ball technique. The information obtained from the questionnaire was analyzed using statistical tools of percentage and mean using computer assisted Ms- SPSS program, version 12. This statistical tool has been chosen because the research main focus was only to describe the sexual behavior of youths.

Some of the major findings include 34.6% of the high school students were sexually active though the type of sex practice was varying. The study found out that 11.6 % and 19.1 % of the respondents practice anal and oral sex respectively. Masturbation was also another type of sex practice commonly reported by the high school students.

High school youths had two and more life time partner for vaginal sex and it is about seven for anal sex. Condom use was negligible among high school students with 19.7 % for vaginal, 3.5% for anal and non-for oral sex. 41.1 % and 12.6 % sexually active respondents reported that they were sexual abused and harassed at home and in school respectively.

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

Sexual behaviour varies significantly from one culture to the other, from a certain developmental stages to the other, from differences in life style and orientation. Hence, some people practice heterosexuality while others engage in homosexuality and other group involve in bisexuality, George (2003). Depending on the perception and acceptance of these sex types by the general public, there is a possibility of delineating into heterosexual or non-heterosexual behaviours, Hyde & Delamater, (2000). Due to this sensitivity, sexual behaviour remains the primary target of AIDS prevention efforts worldwide, UNAIDS (1999).

Adolescent sexuality has become a major focus of research as well as a key target in policy formulation and implementation, Blum (1991). On the political and institutional front, the Cairo Program of Action contributed in raising awareness within the international community of the vulnerabilities, health risks, and special needs of adolescents, WHO (1993). Despite this fact, adolescent sexuality is still a taboo in many places and this left adolescents without the information and counselling they need, Pathfinder (2002).

Although adolescence is a relatively healthy period, it is often depicted as a time of marked distress and disturbance, and the nature of sexual behaviour of young people viewed as potentially compromising their health. This is mainly due to the advent of the epidemic disease like HIV that is associated with sexual practices, George (2003).

The need for data to describe and forecast the human immunodeficiency virus (HIV) requires accurate assessment of such sexual behaviours and risk-related constructs. According to UNICEF, UNAIDS & WHO (2002) adolescent sexual behaviour is important not only because of the possible reproductive outcomes, but also because of risky sexual behaviour, which is associated with sexually transmitted infections, such as HIV/AIDS.

Given the high prevalence of HIV among young people, understanding them and assessing their sexual pattern and practices is important to better tailor programs and interventions, Witwatersrand University (2004).

Most research undertakings are assessing HIV risk behaviour in respect with heterosexual orientation and practices, Paul, et al. (2004). HIV is also highly prevalent among bisexuals and homosexuals due to the nature of sexual preference of young people. According to Colarusso (cited in Geldard & Geldard, 1999) by late adolescence, mainly young people are psychologically ready for an active sexual life and may at this stage begin to explore their sexual preference and to make decisions with regard homosexuality.

Most research literatures hence reveal that in developed countries the prevalence of HIV/AIDS is common among homosexuals and bisexuals but the case is not well identified in developing countries. Every study of sexuality in Africa addresses the AIDS epidemic mainly in relation with heterosexuality, whether it intends to or not. At the same time, the epidemic has been the major impetus for increasing research on African sexuality, because so little was done prior to the spread of AIDS, Niels (2001).

Research on same-sex sexuality, in Africa with a very few exceptions, is a recent addition to sex research, and one in which few venture. Only a handful of studies exist that can actually serve as a basis for fruitful analysis and comparison, Evans (1970).

Africa is a vast continent and sexual practices in one region do not necessarily compare to those in other regions in a meaningful way. The problem is, however, there is so little information on sexuality in Africa in general and on same-sex sexuality in particular, Murray and Roscoe (1998). Male same-sex sexuality is more prevalent on the African continent than literatures on African sexuality suggests. This and other forms of alternative sexualities need to be acknowledged openly (Blackwood and Wieringa cited in Niels, 2001).

There is considerable evidence that many Ethiopian youth are engaged in sexual behaviours that expose them to HIV infection. So many studies reveal that premarital sexual behaviours are a cause for concern because they expose young people to HIV infection and they are significant predictors of sexual behaviour. Moreover, researchers also assess aspects of condom use, multiple sexual relations and drug use as factors that make them vulnerable. Nonetheless, studies examining their actual patterns of sexual behaviour rarely exist.

1.2 Problem statement of the study

HIV/AIDS continues to pose a serious health hazard for young people. Large numbers of men continue to become HIV infected each year, despite access to knowledge concerning how HIV is transmitted. Although people change their sexual practices early in the epidemic, there is growing concern that there is a resurgence of risky sexual activities occurring in this group, of particular concern is the resurgence of non-heterosexual practices.

So many studies on young people sexual behaviour, particularly, here in Ethiopia were focusing on the apparent and commonly observed aspects of sexual behaviour such as premarital sex, multiple sexual partner, and not using condom during sexual intercourse. Without any doubt, all these could be contributing factors for HIV infection. However, in respect with the exerted effort in the prevention of the virus, the epidemic is still increasing.

Hence, the research in this study without leaving aside other contributing factors, multiple sexual partners, unprotected vaginal sex, pays attention to the most sensitive part of young people sexual behaviour. This is with the assumption that, whatsoever the young people's sexual identity is, i.e. heterosexual, bisexual, or homosexual, the patterns of sexual practices they live with determine the risk for HIV infection. This is to mean that variables such as vaginal, anal and oral sex practices by young people determine the extent of HIV infection. This could also vary among the diverse group of young people having different socio-demographic features.

In this regard the purpose of this research is to answer the following research questions:

1. Are there any sexual practices other than heterosexual relationship among high school youths?
2. How do young people in high school perceive their sexual practice towards HIV vulnerability and try to reduce or avoid risk taking behaviour?
3. Do sexual practices differ between governmental and non-governmental high school students?

1.3 Objectives of the study

1.3.1 General objective

To assess sexual orientation, practices and HIV risk behaviour of high school youth in Addis Ababa High schools.

1.3.2 Specific Objectives

1. To explore the heterosexual, homosexual and bisexual behaviours and sexual practices of high school youths.
2. To analyze the perception of the link of young people's sexual practices (Vaginal, anal and oral) towards HIV infection.
3. To compare the sexual practices of government with non-government high school students.

1.4 Significance of the study.

In response to the changing attention in relation to AIDS program, specific to vulnerable young people and with special emphasis to the defined role of behavioural change, understanding the sexuality of young people is imperative. The period of adolescence is a time of heightened sexuality, mainly caused by bodily changes as a result of hormonal changes, and sociological factors that could be the media, peer influence and learning different sexual practices by self-trail.

Since the advent of HIV/AIDS in human social chemistry, the admonition has become more critical than ever. But the warning is often tender in misguiding the sexual orientation and practice that in turn affects the psychosexual structure against risk. Not only do young people have premarital sex but also engage in various sexual behaviours.

Hence, the research finding is important to:

1. Advance the current views on sexuality and gain greater knowledge of existing sexual practices among high school students.
2. Propose a framework of sexual behaviour that illustrates distinct characteristics that young people make to reduce or avoid risk.
3. Demonstrate how young people are making spontaneous sexual activity and planned sexual activity which is imperative on the promotion either to focus on a risk reduction strategy or risk avoidance activities.
4. Help HIV/AIDS Program designers, behavioural change specialists and public policy makers to be curious and sensitive in their endeavour of sexual and reproductive health program.

1.5 Delimitation of the study

The study will cover among all aspects of sexuality only on sexual orientation, practices and risk behaviour of young people attending in eight high schools of Addis Ababa.

1.6 Limitation of the study

Since the study is to investigate the very sensitive issue of personal attitudes and practices on sexuality, participants may not respond openly and honestly to the questions. Since the aim of the study was to assess the real practice of sex, it was so challenging to make the questions culture sensitive. At the beginning of the study it was planned to interview ten gay and ten lesbian students but it was possible to get six and four students respectively.

Besides, the following were challenges encountered while the study conducted:

- Unable to get standardized tools to collect both the quantitative and qualitative data.
- It was hardly possible to get local studies directly reflecting high school students' heterosexuality, homosexuality and bisexuality.
- Some schools particularly those of religious based were not willing to participate in the study.
- Even if there was a good response rate which was about 97 %, there were too many incomplete and carelessly filled questionnaires.
- The SPSS could also give out put for 714 total respondents.
- Accessing gay and lesbian students was a challenge which also takes time to secure trust and make them comfortable for interview.

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1.7. Operational definition of terms

Bisexuals: Sexual orientation or identity having sexual practice with opposite sex and same sex as reported by the participants.

Heterosexual: Sexual orientation or identity having sexual practice with opposite sex as reported by young people.

Homosexual: Sexual orientation or identity having sexual practice with same sex as reported by young people.

In school youth: Young people enrolled both in government and non-government schools from grade nine to twelve as reported by study participants.

Patterns of Sexual Behaviour: Any sexual practices of vaginal sex, anal sex, oral sex and masturbation as perceived and reported by young people.

Risk Perception: Susceptibility of HIV infection based on ones own sexual experience as reported by young people.

Sexual Orientation: Attraction or sexual relationship young people have towards same or opposite sex and the actual practice that could be vaginal, anal and oral sex they engaged in which is reported by the participants.

Substance Use: Any alcohol use, chewing chat and smoking cigarette during or after sexual contact as reported by the youths.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Socio -demographic characteristics

Assessing sociological and demographic aspect of young people with respect to their risk of HIV infection has paramount importance. This is so as to verify whether these variables are directly or inversely related to HIV vulnerability. HIV is not evenly distributed across socioeconomic strata, and many studies have examined demographic factors in relation to unprotected sex, Kalichman et al. (1998). Variables such as education and age have been shown to co-vary inconsistently with sex risk. Lower levels of education have been associated with greater likelihood of unprotected anal intercourse in some samples of male having sex with male MSM, Janssen et al. (2000).

There is also some support for the contention that younger men are more likely to engage in unprotected sex, McAuliffe et al. (1999); however, other studies have failed to find this relationship, Ekstrand et al. (1999).

Assessment of gender differences in the practices of sexual act among the sexually active participants in the study, all of the sexually active females are reported to engage in vaginal intercourse, 59.3% are reported to engage in oral sex acts, and 11.1% are reported to engage in anal intercourse. Among the males, all are reported to engage in vaginal intercourse, 65.8% in oral sex acts, and 11.1% reported anal intercourse, Derba (1998).

Among demographics, age, gender and education were significantly associated with unprotected sex. Younger men and those with less education more often engaged in high risk anal sex than older men and the more educated, Lisbeth (2005). A study conducted in Ethiopia contradicted this report that literate people had more likely to be engaged in risk sexual practices than illiterate people, Jemal Hassen (2004).

2.2 Patterns of sexual behaviour, type of partner, and condom use.

2.2.1 Patterns of sexual behaviour

Pattern of sexual behaviour denotes the type of sex practices that range from male to female genital contact; mouth to genital contact and sex with anal. It also includes sex practices that lead to orgasm by touching the genital parts privately or with group, Janus, and Janus (1993).

Many data has been collected on such sexual behaviour of human being that clarified their sexual practices. Some of the studies were reporting common practice of sex by different segment of the society. 90% of the men interviewed had masturbated, that 85% had engaged in premarital intercourse, and that 60% had engaged in oral sex, Alfred (1930). Alfred's statistics on homosexuality were even more of unexpected: he found that 37% of men had had at least one homosexual interaction resulting in orgasm that 10% of men had been exclusively homosexual for the last three years, and that 4% of men had been exclusively homosexual for their entire lives.

These sexual behaviours also differed by self-identification based on self report techniques. The gay men were least likely to report any sex with women; the proportions of straight and bisexual MSM reporting vaginal, anal, or oral sex with women were similar. Gay men were most likely to report anal sex with men, but gay and bisexual MSM were equally likely to report oral sex with men, Fisher et al., (1999). Nonetheless, nearly all MSM reported ever having oral sex with men. Straight MSM were least likely to report either anal or oral sex with men. Only 7% of straight men and 1% of gay men reported both anal sex with men and anal or vaginal sex with women, whereas 25% of bisexual men reported recent penetrative sex with both men and women (Gary et al., 1998).

Masturbation: A course of sexual interest that leads to sexual practices mainly occurs around puberty and continues through out the period of adolescence and beyond. As adolescents mature physically and develop sexually, they become more and more experienced with masturbation, Alfred (1930). Hormonal levels have also a significance influence on different sexual activity besides to self-discovery and learning from the environs. Boys typically masturbate two or three times per week, where as girls do so about once per month, Janet & John (2000).

In another study, roughly 60% of men and 40% of women have report to have masturbated. Of men, from age 18 to 39, 28% of them do so more than once a week, 37% less than once a week, and 35% not at all. It seems that 5% of men and 11% of women have reported that they have never masturbated Janus, and Janus (1993). On the other hand, 53% of men and 25% of women began masturbating by the time they were between 11 and 13 years old, John et al. (1994).

But it doesn't mean that they are inclined to other sexual practices. A study undertaken by American National Council for Health Science/NCHS/, on high school students noted that many grade-school boys and girls were interested in the opposite sex and might have even been engaged in different versions of sexual activity (vaginal sex, oral sex, anal sex); it is in adolescence that sexuality becomes a real issue, NCHS (1995).

Oral sex could be performed both by men and women. Two third women acknowledge that they rather enjoy oral sex, 10% of men and 18% of women even report preferring oral sex to achieve orgasm over intercourse, Janus & Janus (1993). In another study ninety-one percent of the sample reported having oral sex, although men and women did not differ in terms of mean number of oral sex acts, there was a gender difference in the mean number of unprotected oral sex acts, Sherey et al (2001).

Anal sex , though it is not accepted by the larger community due to painfulness, 10% of men and 9% of women say they have had anal sex in the past year. On the other hand, it is estimated that 50% of male homosexuals engage in anal sex as an approximation to vaginal sex, John & Laumann, (1994).

Anal sex or anal intercourse is a commonly practiced form of human sexual behavior. While the term anal sex can be used to describe any sexual act involving the anus and/or rectum, it is more specifically used to describe the insertion of the erect penis into the rectum through the anus. It is practiced by a wide variety of people including both heterosexual and homosexual partners. (http://en.wikipedia.org/wiki/Anal_sex, last update 6 April 2006.)

Such experience seems naive among adolescents due to cultural factors and religious influences but in reality it is practiced and gets momentum among the diverse population categories for various reasons, Janet & John, (2000). They further explained that about 11 percent of adolescent males and 6 percent of adolescent females reported to have had homosexual experiences, and 25 percent say they have been approached for a homosexual experience.

Although it is also practiced by heterosexuals and bisexuals, anal sex is often associated with homosexual men. However, like persons of other sexual orientations, some gay and bisexual men enjoy sexual activities of this kind while others do not. Due to the wide range of people that practice anal sex, the reasons that people have for practicing anal sex vary greatly. http://en.wikipedia.org/wiki/Anal_sex, last update 6 April 2006

The number and frequency of anal sex has significant contribution to HIV risk. The mean number of anal sex acts did not differ by sex of the participant for men and women, Sherey et al. (2001). In contrast, over 85% of the sample reported to have sex with a man at least once in the last 12 months and nearly half reported unprotected anal intercourse with a man, Paul et al. (2004).

Another aspect of anal sex is the role to be played by sexual partner as receptive or in-sertive. More than a third of men in study sample had high risk anal sex in either the receptive or in-sertive role with a casual male partner, Lesbeth et al. (2005).

Young men were more likely than older men to have engaged in unprotected anal intercourse. 37.8% of young men versus 30.1% of older men reported engaging in unprotected anal intercourse. Breaking down unprotected receptive and in-sertive acts separately, a greater percentage of gay men 25 years or younger (28.1%) than older men (19.2%) engaged in unprotected receptive anal intercourse at some time, and young men more frequently engaged in unprotected receptive anal intercourse with their partners compared to older gay men. Young and older gay men reported similar levels of unprotected in-sertive anal intercourse, Themothy et al. (1997)

The prevalence of unprotected insertive anal sex (24%) was nearly identical to the prevalence of unprotected receptive anal sex (28%). Disclosure rates did not vary appreciably in men who engaged in insertive versus receptive

anal sex, Cherilyn et al. (2000). Sixty –five percent of the men reported receptive UAI where as 45 % reported insertive UAI and 24% reported receptive oral intercourse with ejaculate in the mouth. Men who reported feeling attracted to both men and women or mostly to women were more likely to engage in high risk anal sex, (Lisbeth et al. (2005).

Lesbian and Bisexual

Lesbianism and bisexuality have been also recorded among different societies with full blown of infectious disease in connection with such sexual practices. Ruth (2004) confirms this that there is a prevalence of Lesbian and bisexual 1.5%, with up to 8%, of women reporting homosexual identity or behaviour. He further explained that sexually transmitted infectious diseases are common among WSW, lesbian and bisexual women. In his study it was also demonstrated that at least 80% of women who have been identified as lesbian reported to have had sex with a man at some time in their life.

Oral to genital sex is common among 80 % of WSW whereas oral to anal contact (rimming) is less common, Gaudio (1998). This study further asserted that 65.8 % WSW reported receiving oral sex and 62.1 % giving oral sex.

Bisexual and straight-identified MSM reported penetrative sex with both men and women; bisexual men were particularly likely to report recent anal sex with men and recent anal or vaginal sex with women, Gary et al. (1998).

Research on non-heterosexuality in Africa is, with a very few exceptions, a recent addition to sex research, and one in which few venture. Only a handful of studies exist that can actually serve as a basis for fruitful analysis and comparison, Evans (1970).

Africa is a vast continent and sexual practices in one region do not necessarily compare to those in another in a meaningful way. The problem is, however, that we have so little information on sexuality in Africa in general and on same-sex sexuality in particular (Murray and Roscoe, 1998). Male same-sex sexuality is more prevalent on the African continent than the literature on African sexuality suggests. This and other forms of alternative sexualities need to be acknowledged openly Blackwood & Wieringa, (cited in Niels, 2001).

There is considerable evidence that many Ethiopian youth are engaged in variety of sexual behaviours that expose them to the risk of HIV infection. So many studies reveal that premarital sexual behaviours are a cause for concern because they expose young people to HIV infection and they are significant predictors of sexual behaviour. Nonetheless, there are limited studies examining their actual patterns of behaviour with respect to non-vaginal sex. Alemayehu Ayenew,(2004) reported that most of the interviewed commercial sex workers had also witnessed that the male clients usually demanded anal, oral sex and masturbation other than vaginal sex. The most frequently demanded type of non- vaginal sex by the male clients was anal and oral sex.

2.2.2 Sexual partner

The dynamic characteristic of relationship between partners has consistently been associated with sexual risk behaviour. Among MSM, there have been many reports of higher rates of unprotected anal intercourse between more committed partners than between less committed partners. Moreover, this association has also been found in studies doing within-subject comparisons Carballo et al. (2004). Thus, a man is more likely to have unprotected sex with his primary partner than with his casual partners. There are several reasons that might explain the influence of relationship status on sex risk behaviours. Men may feel emotionally safer with their primary partners, regardless of actual risk of transmission.

Hence, the number and type of sexual partner also determines the extent to which one is whether vulnerable to HIV or not. According to the study

conducted by Lisbeth et al. (2005) more than three-fifths in the sample were likely to have more than one sexual partner with an average of six sexual partners reported in the past three months. Edgar et al. (2001) also confirmed that the median numbers of sexual partners were two for lifetime and one for the last 12 months. According to another study from the Centre for Disease Control and Prevention CDC, (1998), 50.4% of high school students reported to have four or more sex partners.

When analyzed according to gender, data revealed that there is a significant sex difference in number of partners. Sherley et al. (2001) for example stated that men have more sexual partner than women. In Cameroon men on average reported to have ten lifetime sexual partners, compared with five in Kenya, four in Zambia & Benin. The Ethiopian 2000 DHS data show that just over one percent of unmarried men ages 15 to 24 years have had more than one sexual partner in the 12 months preceding the survey.

Young people sexual partners are also taken in to account in terms of age mate selection. According to a single study, older men had a greater number of sexual partners as compared to younger men, Themoty, et al. (1997). Parsons et al. (2003) also reported that older men have more partners with whom they took the receptive role than did younger men. Because transmission of HIV is less likely when the infected partner is in the receptive role, some HIV-positive men choose to take this position as a means to limit risk to their partners, which is fully a misconception. It is possible that older men employ these strategy more than younger men and that this behavioural approach to risk reduction is responsible for the observed relationship, Paul, et al (2003).

In some cultures like traditional Latino, there is a stigma about being in the receptive position, which is seen as a female role signifying a loss of masculinity, Parker (1996). Although in more contemporary culture, this attitude is less pervasive, greater numbers of casual sexual partners were

more likely to have engaged in unprotected receptive and insertive anal intercourse with their casual partner, Carballo et al. (2004).

This dynamic nature of having multiple sexual partners is also reflected among bisexuals and lesbians. Women who were identified as lesbian or bisexual reported significantly more sexual partners than heterosexual women, Ruth (2004).

2.2.3 Condom use

Clearly, the use of condoms is a complex and multifaceted behaviour. It needs to be repeated over time to be effective and involves multiple preparatory actions, including the purchasing, discussing, and correct handling of condoms, Fisher et al. (1999). These preparations, in turn, are complex and require well-defined cognitive strategies. For example, individuals need to deliberate when and how to discuss condom use with their new partner. In particular, planning for negotiating the use of condoms appeared to be of importance. Thus, thinking of preparations for condom use before having sex appears to enhance safer sexual behaviour.

Thus, for many individuals, sexual behaviour appears to serve a range of psychological functions, which may in turn determine whether protection is practiced. Consistent condom use in vaginal sex occurred among 43%, whereas the corresponding percentage for anal intercourse was only 27%. Consistent condom use during oral sex was less frequent than in genital sex. There was only one account of consistent condom use during anal sex practices. Homosexual oral sexual practices, active and passive fellatio were reported by 4% and 6% of sexually experienced male respondents, respectively. Consistent condom use during vaginal and anal sex was reported more frequently by males than by females, Edgar et al. (2001).

In related study more than three-quarter men reported either unprotected anal intercourse/UAI/ or problem with condoms during anal intercourse (slippage or breakage) during the relevant time frame, Kippax, et al. (1993).

There was a trend for young men to use condoms in a lower percentage of their anal intercourse acts than the anal intercourse occasions of older men. Broken down separately by type of act, a significantly lower percentage of young men's (43.7%) than older men's (50.8%) insertive anal intercourse acts were condom-protected. The percentage of receptive anal intercourse acts protected by condoms was comparable for young (46.3%) and older (49.3%) men, Themote, et al. (1997).

Among the five women who had anal sex, four reported that their HIV-negative or unknown status partner(s) did not always use a condom. In contrast, among the four men who had anal sex, all but one used a condom with their HIV-negative or unknown status partner, Shirley, et al. (2001).

Oral sex was almost always unprotected. Seventy-two percent of women and 82% of men who had oral sex reported that they never used a condom or dental dam for this sexual activity, Shirley et al. (2001). He further examined gender differences in oral sex in relation to giving and receiving oral sex. Men and women did not differ in terms of the mean number of times they gave oral sex to their partner(s) without using a condom or dental dam. However, men reported receiving oral sex without a condom or dental dam significantly more often than their female counterparts.

The most commonly stated reason was that they had an intimate relationship, which they perceived as stable and safe. The second and third most common reasons were related to a perceived decrease in pleasure and comfort. Access to condoms was not reported as a problem. Nevertheless, several students reported barriers that might be considered related to access, such as not having condoms with them at the time of the sexual event, feeling embarrassed at the pharmacy or other public place, and feeling ashamed about asking someone else, Sherman and Kirton ,(1999).

The bisexuals and lesbians levels of protective behaviour used during sexual activity with a man may be lower than levels among heterosexual women. More importantly, only 11 % have used a barrier during sex with women because they didn't believe that there was any risk and they were too embarrassed to buy condoms or dams, Ruth (2004).

Many of these adolescents do not use condoms consistently. In 2000, a large Adolescent Reproductive Health survey in Addis Ababa, Ethiopia focusing on in school youths show that among 15 to 35 year old participants 22% regarded acquiring an STI as an acceptable risk due to not using condom, Save the Children USA (2000). In Gambella for example among those who had casual sex in the last one year, 39.6% did not use condom, Jemal Hassen (2004). The two most commonly given reasons by commercial sex workers for not using condoms at the last sexual intercourse were male clients' objection and secondly considering male clients to be free of risk, Alemayehu Ayanew (2004).

2.3 Sexual debut

Adolescents in respect with sexuality scenario have also face risk indicative encounters. The age at which young people first engaged in sexual activity matters the rate and vulnerability of HIV infection. Arthu & Naomi (1994) mentioned sexual initiation as a natural transition made nearly by all humans. Nevertheless, it is not only the occurrence of this transition that matters but also its timing and the circumstances under which it occurs has significant implications.

According to WHO (1993) report more than 80% of adolescents had their first sexual act before the age of 20 in most of the developed countries. The average age of first intercourse in the US for example is 16.6 for boys and 17.2 for girls NCHS, (1995). In another study among the sexual active students 84 % reported coitharche before the age of 17 and the median age of sexual initiation was 15 years, Edgar, et al. (2001).

In the study conducted in Brazil among a nationwide sample of dwellings, it was reported that among adolescents aged 16–19 years, 61% had had sexual experience and 40% of these occurred before they were 14 years old. The median age of sexual initiation was 15 years and male interviewees had earlier sexual onset than did females, Edgar et al. (2001).

From these surveys it is apparent that many youth have their first sexual experience prior to marriage and well before the age of 15 years. A greater proportion of boys experienced earlier ages of first coitus than girls, and urban youth earlier than their rural counterparts. In sub-Saharan Africa the age at first sexual intercourse ranges from 16 – 17.6 years, Blum (1991). Another study corroborate this that ages of first sex for male and female youth in Uganda were similar to those in many other sub-Saharan African countries Odaybea, et al. (2003). Baker, (1992) also noted that in Africa, premarital relations were a fact of life from early ages.

During the last decades, young people in Ethiopia, as in other developing and developed countries, have become sexually active at an earlier age, 15.7 years for girls and 15.8 for boys is the mean age when sex is started, Save the Children USA (2000). Different studies in different parts of the country revealed that the mean age at first sexual debut to be between the ages of 13.6 to 19 years, Mekonnen Gebru and Mekdes Alemu (1997) and Nigussie Taff (1999). Studies conducted among school adolescents in Addis Ababa reported first coital experience of youths in the same range but it is minimal for girls as compared to the boys, Eshetu Frew (1997) and Berhane Fikade (2003). More importantly the 2000 Ethiopia DHS data show that the median age at sexual debut was 16.3 years.

2.4 Substance use

In the research literature, substance use is often treated as an individual level variable. In these cases, a positive correlation can be interpreted as showing that people who drink or use drugs also tend to take sexual risks. In contrast, other studies examine substance use occurring in conjunction with the sexual encounter and provide a more compelling test of a causal relationship. 40.1% of sexually active high school students reported using alcohol or drugs during their last sexual intercourse, CDC (1998.)

Investigations of the temporal relationship between alcohol use and sexual risk behaviour are best accomplished through analyzing specific events that include the nature of the sexual behaviour (oral, anal), the type of partner (main, anonymous, etc.), whether protection was used with condom not, and the quantity and duration of alcohol consumption prior to the sexual encounter.

For most people, adolescence is a time of experimentation and sexual initiation; first substance use can also occur in this period. Remarkably enough among those primarily alcohol dependent, over 50% of participants reported being under the influence of alcohol every time they had anal sex, Thomas et al. (2006).

Although the evidence is not consistent, many studies have reported an association between alcohol or drug use and unprotected sex. At least 7 out of 10 men reported drinking alcohol ("sometimes" or "always") before or during sex. More than a third (36%) said they had used drugs ("sometimes" or "always") before or during sex, Lesbeth et al. (2005). When alcohol was consumed before having anal sex, condoms were not used often the time, Thomase et al. (2006). The risk associated with receptive anal intercourse is more likely to be influenced by alcohol than the risk for insertive anal sex, Thomase et al. (2006).

Lesbian and bisexual women are found to have increased behavioural factors including substance use and sexual risk taking, Charles (2002). Substance use, therefore, is indicative of risk behaviour among all young people irrespective of their sexual orientation and practices. Hence, assessing the existing condition to local perspective has paramount importance to better understand the sexual behaviour of young people.

In Tanzania Youth ages 16 to 24 years who smoked and drank alcohol were four times more likely than other age group to have multiple sex partners, Population Report (2001). This report further affirmed that in Kenya the single most important predictor of sexual activity among adolescent women was using alcohol, drugs or tobacco. In Ethiopia a study conducted in Addis Ababa to assess the association of substance use and HIV sero-positive found that ever use of "hard" drugs, ever drinking alcohol and chewing chat were positively & significantly associated with HIV sero-positive, Semi (2000).

2.5 Knowledge Attitude and Perception of Risk

There is urgent need to understand how people interpret risk. It is difficult to trace the linkage between perception of risk with respect to sexual behaviour and reported sexual behaviour. Concern has been mounting about increasing numbers of adolescents who engage in risk behaviours. An understanding of risk perception during adolescence, which is largely based on the assumptions by adult beliefs, may not be appropriate. This variation in perception and understanding of risk is prevailing among young people due to the developmental change in behaviour, emotional status of the youth and socio-cultural factors. One local study in this respect acclaims that adolescence is a time to begin to experiment. In the course of such experimentation, adolescents often encounter high-risk situation. For some portion of the youth, adolescence is characterized by recklessness; risk seeking, sexual and drug experimentation and lower perception of

vulnerability to the adverse consequences of the above risk behaviours, Nigussie Taff (1999).

Young people also thought that they are absenting from sex while practicing oral and anal sex as well as masturbating. 37% believed that oral sex is in fact sexual abstinence! In addition, 24% felt the same way about anal sex, and fully 61% felt that way about mutual masturbation. Horan et al 1998, reported in Los Angeles high schools, it was found that about 30% of virgins engaged in mutual masturbation, 10% of virgins engaged in oral sex, and 1% engaged in anal sex, Janus and Janus (1993).

In a USA national survey of teens conducted for The Kaiser Family Foundation, 26% of sexually active 15 to 17 year olds surveyed responded that one "cannot become infected with HIV by having unprotected oral sex", and an additional 15% didn't know whether or not one could become infected in that manner. (<http://www.avert.org/orlsx.htm> last updated July 26, 2005)

Perceived risk of HIV infection did not differ by age. Eighty-eight percent of young and 85% of older men perceived themselves to be at no or only slight risk of HIV infection, Themothey et al. (1997).

The study conducted by Kyung et al (2001) in Beijing showed that although data suggest high levels of sexual risk taking among MSM, when key informants were asked about their own risk for HIV, none of the men interviewed felt that they were at high risk, even though many of them reported that they engage in unprotected anal sex.

In Nigeria too, 95 % of girls aged 15 to 19 perceived their risk of getting AIDS to be minimal or non existent UNICEF, UNAIDS & WHO, (2002). According to this report in Haiti, the figure for all adolescents runs as high as 93%. The issue is all the same when we come to Ethiopian situation. As per the first National Behavioural Surveillance Survey (1997), 84 % of urban out

of school adolescents who had unprotected sex with non-marital partner do not feel that they are at risk.

2.6 Sexual abuse/ harassment

Experiences of all forms of abuse are found to be higher among non heterosexual women, with over 60 % of women compared with 37 % of both ages of heterosexual women, Charles (2002). Another study by Parker, (1996) noted that coerced sex while a child was quite common in the sample study, 46% said they had been sexually coerced when younger than 18 years old.

More than three-fourths of the females and over half of the boys reported ever having sex, and when asked about previous sexual activity at home, 6 (8%) of the males and 16 (51%) of the females reported that they had been approached for sex by someone in the home they lived in. Among those who had had sex in the home, 6 males (8%) and 11 females (35%) reported that they had been forced to have sex by someone in the home, while 32 males (46%) and 16 females (51%) reported that they willingly had sex with some person in the house where they lived with their last caretaker (Anthony et al., 2006).

Edgar et al. (2001) asked history of sexual violence both of males and females. Accordingly six females (3% of women) reported episodes of history of sexual violence although only three of them reported also being sexually experienced.

The other three females reporting sexual violence apparently suffered these episodes without perceiving them as a sexual act. They occurred when they were 10 to 16 years old, and the perpetrators were in two cases cousins, in another two brothers-in-law and in one case a "friend."

CHAPTER THREE

METHOD

3.1 Research Method

The study employed quantitative design complemented by qualitative method. This method is chosen because the nature of sexuality research by itself needs an in-depth analysis, reducing biases and making it as much as possible culture sensitive. Hence, using the two methods enhances the data capturing quality and makes the data analysis effective and efficient.

3.2 Study Area

The study has been conducted in Addis Ababa, which is the capital city of Ethiopia. It is also the centre of political, social and cultural activities of the country. It has a total population of 2,805,000 with a male to female sex ratio of 0.93 and a growth rate of 2.9% per year. There were 42 high school (9 governments and 33 non-governments) comprising grades 9 to 12. These high schools were distributed across all the ten sub cities except Lideta sub-city. According to the 1999 E.C academic year there were 58,805 students enrolled in all schools, among these 41,331 were enrolled in government schools and the rest 17,474 were in non-government schools.

3.3 Sampling Techniques

Sample size determination

To ensure good representation stratifying the schools is an appropriate strategy. From the many factors that influence sexual behaviour, practices and attitude of students is school location with respect to population size, economic, socio-demographic situation of the area and the nature of the school i.e. either government or non-government. Based on this assumption, as per the data from Addis Ababa Education Office, all the high schools were arranged first into government and non government, and then they were further arranged in terms of their population size per sub city. Accordingly,

one school from each sub city picked purposefully except that of Lidetta sub-city, which had no secondary school and Kolfie -keranio which had only one religion based high school at the same time not willing to participate in the study.

Hence, the sample size determined using the following assumptions:

- 1) 95% confidence interval.
- 2) A 5 % margin of error (e=0.05)
- 3) According to the 1999 E.C Addis Abba education office there was 58,805 high school students.

Based on these assumptions the actual sample size (n) for the study was computed using the formula:

$$n = \frac{N}{1+Nx (e)^2}$$

Where:

n= sample size

N = Total population = 58,805

e= Margin of error = 0.05

Hence;

$$n = \frac{(58.805)}{1+58,805(0.05)^2} = 399.99 \times 2 = \underline{\underline{800}}$$

Table 1: Government and Non-government Schools Included in the Study

School	Ownership	Sub-city	Number of students
Addis Ketema	Government	Addis-ketema	3,018
Bole	Government	Bole	4,940
D/Wendirad	Government	Yeka	4,201
Kefitegna 23	Government	Nifasilk-Lafto	3,129
Medihanaalem	Government	Gullelie	7,682
Akaki Adventist	Non-government	Akaki-kaliti	855
Assai	Non-government	Kirkos	684
Lideta catholic	Non-government	Arada	1,741
Total			26,250

Sampling Procedures

There were 42 government and non government based schools accredited by Addis Ababa Education Office. Selection of the study subjects was using probability proportion to size (PPS) in the selected schools as portrayed in table 1 above. Accordingly 500 subjects were drawn from government schools and 300 students from non-government schools. Students were sampled from the total students of the selected schools by using systematic random sampling from each selected schools representing all grade levels nine to twelve and equal distribution of both genders.

3.4 Data collection instruments

Structured questionnaire for quantitative research having 68 items were used. The questionnaire had five sections that include questions requesting background information of respondents with eight items; pattern of sexual practices, nature of partner and condom use that constitutes twenty eight

items; the section illustrating substance use has also ten questions. Knowledge, belief and perception towards HIV have also been considered as another major variable having fifteen items. The questionnaire has also a part to measure sexual abuse and harassment with seven items. All the items were close ended with a scale range from two to five point scale according to the nature of the questions. For the qualitative part of the study, focus group discussion and in-depth interview were tools mainly employed to get reliable data. For the focus group discussion twenty three open ended guide questions were used while for the in-depth interview sixty six both open ended and close ended questions were used.

3.5 Methods of Data collection

Quantitative

Data has been collected by using self administered structured questionnaire. To assure the quality of data, the following activities have also been accomplished:

- Supervisors were selected based on their skill and who were engaged in past similar studies.
- Training was given to data collectors about the objective of the study ethics in research and ways of data collection.
- Questionnaires were prepared in English and then translated to Amharic in order to maintain consistency.
- Comments were made by three experts for both versions to check the validity. The experts were sociologist, psychometrics and communication specialist.
- The questionnaire was pre-tested at Minlik II and Miskahezon Medihanealem high schools on forty students and therefore the two schools were excluded from the main study.
- Data were checked for completeness, consistency and soundness by the researcher.

Qualitative

In order to complement the data obtained by the questionnaire, six focus group discussions, consisting of 10 students in each were group conducted using a semi- structured open ended questionnaires in order to provide more insight in to the complex patterns of sexual behaviour, factors associated with condom use in respect with all sexual practices. Furthermore, risky behaviour in connection with multiple partner, sexual abuse and substance use has been pinpointed. The discussion was moderated by the principal investigator with the assistance of two trained note taker and tape recorder.

For the in-depth interview a semi-structured interview questions were designed on ten homosexual students. Six gays and four lesbians who accessed through snowball technique were interviewed.

3.6 Methods of Data Analysis

The quantitative data entered and the out put of the study result was drawn by using SPSS 12 version. Frequencies proportion and summary statistics with percentage has been used to describe the study population in relation to relevant variables. Mean of the variables has also been used to compare the government and non-government school youths and some important variables.

3.7. Measures /Study Variables

Dependent variables

Sexual behaviour: Categorized in to most risk (insertive and receptive anal sex, vaginal sex with out condom), High risk (insertive and receptive oral sex, mutual masturbation, multiple sexual partners) and Low risk (all sexual practices with condom).

Independent variables

Socio-demographic characteristics; age, sex, educational level, way of living, type of partner, Alcohol and drug use, reported coercion.

CHAPTER FOUR RESULTS

4.1 Quantitative Result

A total of 800 structured questionnaires have been administered in eight high schools and 758 actual respondents were used for this analysis. There was very good response rate which was 783 (97.9 %); however, 25 incomplete responses were discarded since they look carelessly filled. Even if the number of respondents varies from one variable to the other, the SPSS could give the out put for 714 total respondents and 246 for the sexually active categories. Among the total number of 714 actual respondents, 351(49.2%) were females and 363(50.8%) were males. Among the sexually active respondents 84(35.4%) were females and 154(64.6%) are males. The respondents were presented according to such different socio-demographic variables as age, sex educational level, living condition and religion of the respondents. Among the independent variables age, sex and educational level were given much emphasis for analysis. Hence, each of the groups was cross-tabulated with sex and age of the respondents.

4.1.1 Socio-Demographic characteristics of respondents

The socio-demographic features of all respondents in this section have been analysed. Age and sex were computed across grade levels. The age of respondents were categorised in to three groups of 10-14, 15-19 and 20- 24 based on the current World Health Organization/WHO/ classification of the period of adolescents.

Table 2: Age, Sex and Educational Level of All Respondents (n=714)

Educational level				Age of Respondent			
				10-14	15-19	20-24	Total
Grade 9	Sex	Female	Count	13	69	0	82
			% of Total	8.4%	44.2%	.0%	52.6%
	Male	Count	10	62	1	71	
		% of Total	6.4%	39.7%	.6%	47.4%	
Total		Count	22	131	1	153	
		% of Total	14.1%	84.0%	.6%	100.0%	
Grade 10	Sex	Female	Count	2	79	3	84
			% of Total	1.1%	42.2%	1.6%	44.9%
	Male	Count	1	100	1	102	
		% of Total	.5%	53.5%	.5%	54.5%	
Total		Count	3	179	4	186	
		% of Total	1.6%	95.7%	2.1%	99.4	
Grade 11	Sex	Female	Count	3	86	1	90
			% of Total	1.6%	46.7	.5%	48.8%
	Male	Count	2	85	7	94	
		% of Total	1.1%	46.2	3.8%	51.1%	
Total		Count	5	171	8	184	
		% of Total	2.7%	92.9%	4.3%	99.9	
Grade 12	Sex	Female	Count	1	92	2	95
			% of Total	.5%	48.4%	1.1%	50.0%
	Male	Count	3	87	5	95	
		% of Total	1.6%	45.8%	2.6%	50.0%	
Total		Count	4	179	7	190	
		% of Total	2.1%	94.2%	3.7	100.0%	
Grand Total			34	660	20	714	
			4.8	92.4	2.8	100.0%	

As Table 2 above indicates, the majority of the respondents 660(92.4%) fall in the age range of 15-19. The highest proportion in this age category was for grade 12, which comprised 179(27.1%) and the least was for grade nine which included 131(19.8%). Age range 20 to 24 represents the least respondents among the three age categories, which had only 20 (2.8%) respondents. The proportion of female 82 (52.6%) respondents ousted the males 71(47.4%) only at grade nine. This grade level also had the least number of respondents, which were 153 (21.4%) while grade 12 had the highest number of respondents which was 190 (26.6%). Equal female-male ratio was observed at grade 12 which was 95 females and 95 males. The proportion of total respondents from grade nine, ten, eleven and twelve were 153(21.4%), 186(26.1%), 184(25.8%) and 190 (26.6%) respectively.

Table 3: Religion and Living Condition of All Respondents (n= 527).

Religion		Currently Living With/on				Total
		Parents	Relatives	Streets	Other	
Orthodox	Count	331	26	3	7	367
	% of Total	62.8%	4.9%	.6%	1.3%	69.6%
Catholic	Count	12	0	0	0	12
	% of Total	2.3%	.0%	.0%	.0%	2.3%
Protestant	Count	64	5	0	2	71
	% of Total	12.1%	.9%	.0%	.4%	13.5%
Muslim	Count	49	2	0	1	52
	% of Total	9.3%	.4%	.0%	.2%	9.9%
No religion	Count	5	0	0	0	5
	% of Total	.9%	.0%	.0%	.0%	.9%
Other	Count	6	0	0	2	8
	% of Total	1.1%	.0%	.0%	.4%	1.5%
I don't know	Count	1	0	0	0	1
	% of Total	.2%	.0%	.0%	.0%	.2%
No response	Count	9	0	0	2	11
	% of Total	1.7%	.0%	.0%	.4%	2.1%
Grand Total	Count	477	33	3	14	527
	% of Total	90.5%	6.3%	.6%	2.7%	100.0%

As Table 3 above portrayed, a total of 527 responses were computed to know the religion and living condition of students. Most of the participants 477 (90.5%) live with their parents and only 3 (0.6%) live on street. Religiously 367 (69.6%) respondents were Orthodox Christian and only 1 (0.2%) and 5(0.9%) of the respondents responded "don't know" their religion and "no religion" respectively.

Table 4: Age, Sex and Educational Level of Sexually Active Respondents (n= 238)

Education				Age of Respondents			Total
				10-14	15-19	20-24	
Grade 9	Sex	Female	Count	2	16	0	18
			% of Total	4.2%	33.3%	.0%	37.5%
	Male	Count	3	26	1	30	
		% of Total	6.3%	54.2%	2.1%	62.5%	
Total	Count	5	42	1	48		
	% of Total	10.4%	87.5%	2.1%	100.0%		
Grade 10	Sex	Female	Count	1	21	2	24
			% of Total	1.8%	37.5%	3.6%	42.9%
	Male	Count	0	32	0	32	
		% of Total	.0%	57.1%	.0%	57.1%	
Total	Count	1	53	2	56		
	% of Total	1.8%	94.6%	3.6%	100.0%		
Grade 11	Sex	Female	Count	1	19	0	20
			% of Total	1.3%	25.3%	.0%	26.7%
	Male	Count	1	48	6	55	
		% of Total	1.3%	64.0%	8.0%	73.3%	
Total	Count	2	67	6	75		
	% of Total	2.7%	89.3%	8.0%	100.0%		
Grade 12	Sex	Female	Count	0	21	1	22
			% of Total	.0%	35.6%	1.7%	37.3%
	Male	Count	1	33	3	37	
		% of Total	1.7%	55.9%	5.1%	62.7%	
Total	Count	1	54	4	59		
	% of Total	1.7%	91.5%	6.8%	100.0%		
Total	Sex	Female	Count	4	77	3	84
			% of Total	1.7%	32.4%	1.3%	35.4%
	Male	Count	5	139	10	154	
		% of Total	2.1%	58.4%	4.1%	64.6%	
Total	Count	9	216	13	238		
	% of Total	3.8%	90.8%	5.4%	100.0%		

From Table 4 above, the majority of the sexually active respondents 216 (90.8%) fall in the age range of 15-19 and the highest proportion for this age group was for grade 11 which comprised 67 (31.0%) and the least for grade nine, which was 42(19.4%). Age range 10 to 14 represents the least respondents among the three age categories, which had only 9 (3.8%) respondents. The proportion of male respondents ousted the females at all grade levels, which brought the total male-female ratio to 154(64.6%) and 84(35.4%) respectively. From grade level perspective, most of the respondents 75 (31.5%) were from grade eleven and the least number was from grade nine, which was only 48(20.2%).

Table 5:- Religion and Living condition of Sexually Active Respondents (n=242).

Religion		Living With/On				Total
		Parents	Relatives	Streets	Other	
Orthodox	Count	147	15	4	10	176
	% of Total	60.7%	6.2%	1.7%	4.1%	72.7%
Catholic	Count	4	0	1	1	6
	% of Total	1.7%	.0%	.4%	.4%	2.5%
Protestant	Count	16	2	0	3	21
	% of Total	6.6%	.8%	.0%	1.2%	8.7%
Muslim	Count	19	4	0	0	23
	% of Total	7.9%	1.7%	.0%	.0%	9.5%
No religion	Count	5	0	2	0	7
	% of Total	2.1%	.0%	.8%	.0%	2.9%
Other	Count	3	0	0	1	4
	% of Total	1.2%	.0%	.0%	.4%	1.7%
No response	Count	5	0	0	0	5
	% of Total	2.1%	.0%	.0%	.0%	2.1%
Total	Count	199	24	2	17	242
	% of Total	82.2%	9.9%	0.9%	7.0%	100.0%

As referred from Table 5 above, most of the participants 199 (82.2%) live with their parents and only 2(0.9%) live on street. Religiously 176 (72.7%) respondents were Orthodox Christian, 23(9.5%) of them were Muslim and 21 (8.7%) were protestant.

4.1.2 Pattern of sexual behaviour, sexual partner and condom use

These three variables were the main focus of the study to predict HIV vulnerability with in and among high school students. In this study practice and type of sex young people engaged in, the nature and type of sex partner and the extent of consistent use of condom explored.

Table 6: Sexual Intercourse by Age and Sex (n= 239)

Sexual intercourse			Age			Total
			10-14	15-19	20-24	
Sex	Female	Count	4	77	3	84
		% of Total	1.7%	32.2%	1.3%	35.1%
	Male	Count	5	140	10	155
		% of Total	2.1%	58.6%	4.2%	64.9%
Total		Count	9	217	13	239
		% of Total	3.8%	90.8%	5.4%	100.0%

The sexual intercourse by age and sex table above illustrates that 217 (90.8%) of sexually active respondents were within the age of 15-19, of which males were 140 (58.6%) and females 77(32.2%). Out of the 239 sexually active respondents 155 (64.9 %) were males and 84 (35.1 %) were females. When it was computed with mean there was no significant difference of sexual intercourse by gender and age.

Table 7: Respondents Who Have Heard of Sex other than Vaginal by Sex and Age (n=155)

Heard of sex practice other than vaginal			Age			Total	
			10-14	15-19	20-24		
Yes	Sex	Female	Count	1	39	3	43
			% of Total	.6%	25.2%	1.9%	27.7%
		Male	Count	4	99	9	112
			% of Total	2.6%	63.9%	5.8%	72.3%
Total			Count	5	138	12	155
			% of Total	3.2%	89.0%	7.7%	100.0%

As Table 7 above exemplifies, among the 758 total respondents 420 (55.4%) of them heard of sex other than vaginal sex practices. Among these 161 (38.3 %) were females and 259 (61.7%) were males. 155 (36.9%) of the sexually active respondents also heard of the sexual practice other than vaginal sex, which was comparable to 265 (63.1%) of the non-sexually active students. 43(27.7%) of females and 12(72.3) of males reported that they heard of sex practices other than vaginal.

Table 8: Type of Sexual Practices by Sex and Age (n=277)

Sexual Practice				Age			Total
				10-14	15-19	20-24	
Vaginal	Sex	Female	Count	3	46	1	50
			% of Total	1.7%	26.6%	.6%	28.9%
	Male	Count	3	111	9	123	
		% of Total	1.7%	64.2%	5.2%	71.1%	
Total	Count	6	157	10	173		
		% of Total	3.5%	90.8%	5.8%	100.0%	
Anal	Sex	Female	Count	0	14	0	14
			% of Total	.0%	43.8%	.0%	43.8%
	Male	Count	1	16	1	18	
		% of Total	3.1%	50.0%	3.1%	56.3%	
Total	Count	1	30	1	32		
		% of Total	3.1%	93.8%	3.1%	100.0%	
Oral	Sex	Female	Count	0	22	1	23
			% of Total	.0%	41.5%	1.9%	43.4%
	Male	Count	1	29	0	30	
		% of Total	1.9%	54.7%	.0%	56.6%	
Total	Count	1	51	1	53		
		% of Total	1.9%	96.2%	1.9%	100.0%	
Other	Sex	Female	Count	0	10	1	11
			% of Total	.0%	52.6%	5.3%	57.9%
	Male	Count	1	7	0	8	
		% of Total	5.3%	36.8%	.0%	42.1%	
Total	Count	1	17	1	19		
	Grand Total	Count	9	255	13	277	
		%Total	3.2%	92.1	4.7%	100.0%	

From Table 8 above, vaginal sex is still among the commonly practiced sex type by young people which accounts 173 (62.5%) of the respondents followed by oral sex, which consists of 53 (19.1%) of the respondents. Anal sex was also reported by 32 (11.6%) of the respondents. Anal sex was practiced by 14(5.6%) of girls and 18(7.3%) of the boys, oral sex was also reported to be practiced by 23(9.3%) and 30 (12.2%) of girls and boys respectively.

Type of sex practices by age and gender were compared with mean reference. Accordingly, anal and oral sex practices among males were a little higher than females. Vaginal sex practice reported by females was higher than males. As depicted from the mean comparison in terms of the age of respondents vaginal sex practice was common with the mean of 1.33 at early age (10-14) while anal and oral sex were frequent at the older age (20-24) with the mean of 1.92 for both type of practices.

Table 9: Number of Sex Partners by Type of Sex Practice (n=244)

Number of sexual partner		Vaginal		Anal		Oral		Other		Total	
		f	%	f	%	f	%	f	%	f	%
Valid	One Partner	85	49.1	10	31.3	17	32.1	3	15.8	115	47.13
	Two to Four partner	46	26.6	7	21.9	21	39.6	7	36.8	81	33.2
	More than four Partner	22	12.7	5	15.6	11	20.6	2	10.5	18	7.4
	I Don't Remember	20	11.6	5	15.6	2	3.6	3	15.8	30	12.3
	Total	173	100	32	100.0	53	100.0	15	78.9	244	100.0
	No partner	73		200		141		215		377	
Total		246	100.0	232	100.0	194	100.0	230	100.0	712	100.0

As depicted from Table 9 above, 99(40.6%) of the sexually active respondents reported that they had two and above sexual partner in their life time as compared to 115 (47.13 %) of sexually active respondents who had only one life time partner. Most of them had two and above sexual partner for vaginal sex 88 (50.9%) followed by oral sex 34(64.2%). 17(53.1%) of the respondents reported that they had two and more partner for anal sex practice.

The number of sex partner for type of sex practices was compared by using mean. The mean number of sex partner was higher 4.23 for anal sex as compared to oral and vaginal sex which was 3.82 and 2.67 respectively. High school boys had higher number of anal sex partner 4.30 than girls 4.09 in their life time. Number of vaginal sex partner was higher for girls 3.07 than boys 2.46 but for oral sex males had had more partners 3.97 as compared to females 3.60.

Mean number of sex partner for the three types of sex practices compared in terms of the age of respondents. Accordingly, higher number of oral sex partner was reported at the early age (10-14) with the mean of 4.30 and youths at the age of 20-24 reported higher number of anal sex partners which was 4.69

Table 10: Anal and Oral Sex Practiced with Gender Type

			Anal sex Practiced with (n= 32)			Oral sex Practiced with (n= 53)		
			Male	Female	Both Gender	Male	Female	Both Gender
Sex	Female	Count	10			13	1	2
		% of Total	31.1%			24.5	1.9	3.8
	Male	Count	3	14	5	5	25	7
		% of Total	9.4%	43.8	15.6	9.4	47.2	13.2
Total		Count	13	14	5	18	26	9
		% of Total	40.6%	43.8	15.6	34.0	49.1	17.0

As clearly observed from the report both anal sex and oral sex was practiced by same and opposite genders. Anal sex is mainly practiced among the opposite sex which accounts 14(43.8%) of the respondents. Male to male anal sex practice was only 3 (9.4%) of the respondents and anal sex practiced with both gender was reported as 5(15.6%). Oral sex was also another aspect of sexual practice reported by 53 respondents, 25 (47.2%) of male respondents reported that they practice with their female sexual partner. Male to male and female to female oral sex practice was reported by 5(9.4%) and 1(1.9%) of male and female respondents respectively. It has also reported that oral sex was practice by both gender 2 (3.8%) females and 7(13.2%) males reported that they practiced oral sex with both genders.

Anal and oral sex practices compared with respect to type of gender and age. There was no significance difference in anal and oral sex practice with genders, 1.92 and 1.91 respectively. However, anal sex practice with both genders was higher for males 1.92 as compared to anal sex practice with male and female, 1.84 and 1.29 respectively. The mean number of anal and oral sex practice was low 1.00 for younger students as compared to older groups which was 2.00.

Table 11: Frequency of Vaginal, Anal and Oral Sex

Response		Vaginal (n=135)		Oral(n=87)		Anal(n=36)	
		f	%	f	%	f	%
	Once	83	48.0	43	47.8	20	35.1
	Most Months	39	22.5	30	33.3	14	24.6
	Most Weeks	13	7.5	14	15.6	1	1.6
	Most Days	0	0	0	0	1	1.6
	Total	135	78.0	87	96.7	36	63.2
Missing	System	38	22.0	3	3.3	21	36.8
Total		173	100.0	90	100.0	57	100.0

Most of the respondents for the respective sexual practices reported that they practice sex once which is 83(48.0%), 43((47.8%) and 20(35.1%) for vaginal, oral and anal sex respectively. 53(30.0%), 44(48.9%) and 16(27.8%) of the respondents reported that their frequency of sex for vaginal, anal and oral intercourse respectively was most months and most days. Frequency of vaginal and oral sex was high for girls which was 1.83 and 1.98 respectively while frequency of oral sex was a little higher for males 1.994 than girls, 1.82. Frequency of vaginal sex decreases as age increases and frequency of oral sex increases as age increases but frequency of anal sex practices irregularly distributed across the age categories.

Table 12: Condom Use for Vaginal, Anal, Oral sex in the Past 12 Months (n=230)

Response		Vaginal		Anal		Oral		Total	
		f	%	f	%	f	%	f	%
Valid	Once	12	6.9	2	3.5			14	6.1
	Most Months	15	8.7					15	6.5
	Most Weeks	5	2.7					5	2.2
	Most Days	2	1.2					2	0.9
	Total	34	19.7	2	3.5			36	15.7
Missing	System	139	80.3	30	96.5			169	84.3
Total		173	100.0	32	100.0			205	100.0

Condom use is only for vaginal sex, 34 (19.7) respondents reported condom use for vaginal sex of which 12 (6.9%) only once in the past twelve months and 15(8.7%) of them most months. 2(3.5%) of the respondents use condom only once in the past twelve months for anal sex practice.

Table 13: Type of Partner, and Reason for Not Using Condom

Type of Partner(n=184)		f	%	Reason for not using(n=155)	f	%
Valid	Regular Partner	157	63.9	I trust my partner	34	13.8
	With a stranger	15	6.1	I don't like it	62	25.2
	With commercial sex worker	7	2.8	Partner objected	27	11.0
	Other	5	2.0	Not available	14	5.7
	Total	184	74.8	Not comfortable	18	7.3
Missing	System	62	25.2		155	63.0
Total		246	100.0		91	37.0
					246	100.0

Among the sexually active respondents, 157 (63.9%) of them reported that they practice sex with their own regular sex partners. The reason for not using condom is attitudinal, which was reported as "I don't like condom" reported by 62(25.2%) of the respondents followed by "trusting sexual partner" reported by 34(13.8%) of the respondents.

Table 14: Practice of Masturbation (n=141)

Practice of Masturbation				Age			Total
				10-14	15-19	20-24	
Yes	Sex	Female	Count	0	34	1	35
			% of Total	.0%	24.1%	.7%	24.8%
		Male	Count	2	98	6	106
			% of Total	1.4%	69.5%	4.3%	75.2%
		Total	Count	2	132	7	141
% of Total	1.4%	93.6%	5.0%	100.0%			
Masturbated Individually	Sex	Female	Count	0	17	0	17
			% of Total	.0%	16.5%	.0%	16.5%
		Male	Count	1	79	6	86
			% of Total	1.0%	76.7%	5.8%	83.5%
		Total	Count	1	96	6	103
% of Total	1.0%	100.0%	5.8%	100.0%			
Masturbated with others	Sex	Female	Count		6		6
			% of Total		28.6%		28.6%
		Male	Count		15		15
			% of Total		71.4%		71.4%
		Total	Count		21		21
% of Total		100.0%		100.0%			
Frequency of Masturbation							
Once in a week	Sex	Female	Count	1	26	0	27
			% of Total	1.2%	31.0%	.0%	32.1%
		Male	Count	0	53	4	57
			% of Total	.0%	63.1%	4.8%	67.9%
Total	Count	1	79	4	84		
% of Total	1.2%	94.0%	4.8%	100.0%			
Two times in a week	Sex	Female	Count	0	12	1	13
			% of Total	.0%	19.0%	1.6%	20.6%
		Male	Count	2	47	1	50
			% of Total	3.2%	74.6%	1.6%	79.4%
Total	Count	2	59	2	63		
% of Total	3.2%	93.7%	3.2%	100.0%			
Age at First Masturbation							
10-14	Sex	Female	Count	0	11	1	12
			% of Total	.0%	18.0%	1.6%	19.7%
		Male	Count	2	46	1	49
			% of Total	3.3%	75.4%	1.6%	80.3%
Total	Count	2	57	2	61		
% of Total	3.3%	93.4%	3.3%	100.0%			
15-19	Sex	Female	Count	1	27	0	28
			% of Total	1.2%	31.4%	.0%	32.6%
		Male	Count	0	54	4	58
			% of Total	.0%	62.8%	4.7%	67.4%
Total	Count	1	81	4	86		
% of Total	1.2%	94.2%	4.7%	100.0%			

Table 14 above clarifies that, among the total respondent, both sexually active and those not yet started sex 244(32.8%) reported that they practiced masturbation at least once in their life time, among these females account 67 (8.8%) and males were 177 (23.4%). 125(51.2%) of the respondents reported that they started masturbating before they reached at the age of 15. Among the sexually active respondents 141 (59.0%) masturbated as compared to 103(42.2%) of the non-sexually active respondents. 186 (76.2%) of respondents masturbated individually which was comparable to 103 (42.2%) of the sexually active respondent. There were also respondents who practice masturbation with group 30 (12.3%) respondents of whom 13 (5.3%) were females and 17(7.0%) were males from both the sexually active and the non-sexually active parts but the sexually active respondents account 21 (8.6%).

As far as the frequency of masturbation, 128(52.4%) of the respondents reported they masturbated two times in a week followed by 123 (50.4%) who reported once in a week. 84 (34.4%) of the sexually active respondents reported that they masturbated once in a week as compared to those reported two times in a week 63(25.8%). The average age for first masturbation was 13.9 years.

4.1.3 Sexual Debut

At younger age boys and girls are not matured biologically and emotionally. Their capacity to negotiate for safer sex practices is also weak. At the younger age they take hasty decisions that is why their sexual relationship is unplanned and incidental. All these determine the vulnerability of young people for HIV infection.

Table 15: Sexual Debut by Age and Sex (n= 224)

Age at first sex				Age			Total
				10-14	15-19	20-24	
10-14	Sex	Female	Count	1	20	0	21
			% of Total	1.6%	31.3%	.0%	32.8%
		Male	Count	2	38	3	43
	% of Total		3.1%	59.4%	4.7%	67.2%	
	Total	Count	3	58	3	64	
		% of Total	4.7%	90.6%	4.7%	100.0%	
15-19	Sex	Female	Count	3	50	1	54
			% of Total	1.9%	31.8%	.6%	34.4%
		Male	Count	3	96	4	103
	% of Total		1.9%	61.1%	2.5%	65.6%	
	Total	Count	6	146	5	157	
		% of Total	3.8%	93.0%	3.2%	100.0%	
20-24	Sex	Female	Count			1	1
			% of Total			33.3%	33.3%
		Male	Count			2	2
	% of Total				66.7%	66.7%	
	Total	Count			3	3	
		% of Total			100.0%	100.0%	

From table 15 above, 64 (28.6%) of sexually active respondents started sex before the age of 15 and 157 (70.1 %) of the respondents started sex with in the age range of 15 -19. Overall 221 (98.7 %) of the respondents' sexual debut age is occurring before the age of 19. The average age for sexual debut was 15.3 years.

4.1.4 Substance Abuse

Substance misuse like alcohol drinking, chat chewing and cigarette smoking thought to be factors that lead adolescents to unprotected sex and there was significant relationship between substance use and unprotected sex.

In this study only the three substances; alcohol, chat and cigarette were taken as important variable that would determine the sexual behaviour of high school students. These have been analysed based on sex and age of the study participants to get clear picture and relate the influence across these variables.

Even if the researcher collected information about the use of these drugs, in their life time and the last twelve months, only the past one year experience was analysed. This was made because; the recent practice clearly shows the real and accurate behaviour of youths.

Table 16:- Alcohol, Chat and Cigarette Use

			Age			Total
			10-14	15-19	20-24	
Do you drink alcohol	Female	Count	0	16	0	16
		% of Total	.0%	21.9%	.0%	21.9%
	Male	Count	1	53	3	57
		% of Total	1.4%	72.6%	4.1%	78.1%
	Total	Count	1	69	3	73
		% of Total	1.4%	94.5%	4.1%	100.0%
Drunk in the past 12 months	Female	Count	0	13	0	13
		% of Total	.0%	25.0%	.0%	25.0%
	Male	Count	2	32	5	39
		% of Total	3.8%	61.5%	9.6%	75.0%
	Total	Count	2	45	5	52
		% of Total	3.8%	86.5%	9.6%	100.0%
Ever chewed chat	Female	Count	0	30	2	32
		% of Total	.0%	28.8%	1.9%	30.8%
	Male	Count	4	64	4	72
		% of Total	3.8%	61.5%	3.8%	69.2%
	Total	Count	4	94	6	104
		% of Total	3.8%	90.4%	5.8%	100.0%
Ever chewed chat in the past 12 months	Female	Count	0	23	1	24
		% of Total	.0%	29.9%	1.3%	31.2%
	Male	Count	4	46	3	53
		% of Total	5.2%	59.7%	3.9%	68.8%
	Total	Count	4	69	4	77
		% of Total	5.2%	89.6%	5.2%	100.0%
Do you smoke cigarette	Female	Count	0	15	1	16
		% of Total	.0%	25.0%	1.7%	26.7%
	Male	Count	1	40	3	44
		% of Total	1.7%	66.7%	5.0%	73.3%
	Total	Count	1	55	4	60
		% of Total	1.7%	91.7%	6.7%	100.0%
Do you smoke in the last 12 months	Female	Count	0	10	1	11
		% of Total	.0%	27.0%	2.7%	29.7%
	Male	Count	1	24	1	26
		% of Total	2.7%	64.9%	2.7%	70.3%
	Total	Count	1	34	2	37
		% of Total	2.7%	91.9%	5.4%	100.0%

As shown in Table 16, among the total respondents, 191 (25.2%) reported that they took alcohol in their life time and 96 (12.7%) drunk in the past twelve months. Among those who had drunk in their life time 62(8.2%) were females and 129(17.0%) were males. But for the case of the sexually active respondents 73 (26.7%) were used alcohol in their life time. 126 (51.2%) of sexually active respondents reported that they took alcohol every week.

As far as chewing chat is concerned, 602 (79.4%) total respondents reported they chewed chat in their life time as compared to 104(42.6%) of the sexually active respondents. 271(35.6%) of the total respondents and 77(31.3%) of the sexually active respondents reported that they chewed chat in the past twelve months. Most sexually active 147(59.8%) and total respondents 527(69.5%) reported that they chew chat every week. Concerning smoking cigarette, 139 (18.3%) of the

total respondents reported that they smoke cigarette in the past twelve months as compared to 37(15.0%).

4.1.5 HIV knowledge, Attitude and Perception of Risk

Awareness, belief and risk and perception for HIV are important variables for behaviour change process either to reduce risk or completely avoid the risk taking. In this study, high school students' knowledge on HIV mode of transmission in respect with type of sex practices, HIV protection mechanisms and their perception towards HIV in-terms of practiced sex was assessed.

Table 17:- HIV/AIDS Knowledge and Attitude (n=224)

Item		Response			Total
		Yes	No	I don't know	
HIV transmission through oral sex Total	Count	194	14	21	229
	% of Total	84.7%	6.1%	9.2%	100.0%
HIV transmission through vaginal sex	Count	192	31		223
	% of Total	86.1%	13.9%		100.0%
HIV transmission through anal sex	Count	19	203		222
	% of Total	8.6%	91.4%		100.0
Protecting HIV by having uninfected faithful partner Total	Count	114	25	85	224
	% of Total	50.9%	11.2%	37.9%	100.0%
Protection by abstaining from vaginal intercourse	Count	89	34	99	222
	% of Total	40.1%	15.3%	44.6%	100.0%
Protection by abstaining from oral sex	Count	134	73	20	227
	% of Total	59.0%	32.2%	8.8%	100.0%
Protection by using condom for vaginal sex	Count	96	76	53	225
	% of Total	42.7%	33.8%	23.6%	100.0%
Protection by using condom for anal sex	Count	69	87	66	222
	% of Total	31.1%	39.2%	29.7%	100.0%
Protection by using condom for oral sex	Count	174	35	13	222
	% of Total	78.4%	15.8%	5.9%	100.0%
Transmission by having multiple sexual partner	Count	122	29	73	224
	% of Total	54.5%	12.9%	32.6%	100.0%

As described in Table 17, knowledge and attitude on and towards HIV/ AIDS is another determinant variable to reduce risk behaviour in respect with type of sex young people practice. From the total respondents 638(94.8%), 618(87.2%), 30 (4.5%), agreed that HIV could be transmitted through vaginal, oral, and anal sex respectively. That means most of the respondents don't believe that HIV is transmitted through anal sex. When it is compared with the sexually active respondents 192(85.7%), 194(86.6), and 19(8.5%) agreed that HIV could be transmitted through vaginal, oral and anal sex respectively.

In respect with HIV protection mechanisms, among the total respondents who reported that it is possible to protect HIV by abstinence from vaginal sex accounted 268(38.7%), anal sex 168 (24.1%), oral 393 (55.6%). Condom use was also reported to be 257(37.1%) for vaginal sex, 194(28.0%) for anal and 499(72.1%) for oral sex as one mechanism for HIV protection. Sexually active respondents had also agreed that HIV protection is possible by abstaining from vaginal sex 89(40.1), from oral sex 134(59.0%) and from anal sex 48(21.3%). Condom use had also been reported as a means to protect oneself from HIV. Those who supported this view could be enumerated as for vaginal sex 96 (42.7%), for anal 69(31.1%) and for oral 174 (78.4%).

Table 18: HIV Risk Perception (n= 227)

Item			Very High	High	Low	Very low	No chance of infection	Total
The likelihood to get the HIV virus in the next five years	Female	Count	12	5	14	22	27	80
		% of Total	5.5%	2.3%	6.4%	10.0%	12.3%	36.4%
	Male	Count	12	16	35	42	35	140
		% of Total	5.5%	7.3%	15.9%	19.1%	15.9%	63.6%
	Total	Count	24	21	49	64	62	220
		% of Total	10.9%	9.5%	22.3%	29.1%	28.2%	100.0 %
The likely hood of getting HIV/AIDS in the course of your life	Female	Count	70	5		5		80
		% of Total	31.3%	2.2%		2.2%		35.7%
	Male	Count	125	9		10		144
		% of Total	55.8%	4.0%		4.5%		64.3%
	Total	Count	195	14	15			224
		% of Total	87.1%	6.3%	6.7%			100.0%
The Chance of being infected with HIV/AIDS with current behavior	Female	Count	64	7	9	1		81
		% of Total	28.2%	3.1%	4.0%	.4%		35.7%
	Male	Count	122	13	10	1		146
		% of Total	53.7%	5.7%	4.4%	.4%		64.3%
	Total	Count	186	20	19	2		227
		% of Total	81.9%	8.8%	8.4%	.9%		100.0 %

Table 18 above reveals that, risk perception is the core element to predict HIV risk behaviour. 64(29.1%) reported the chance of being infected with the virus was low and 62 (28.2%) reported there is no chance of infection. However, almost all sexually active respondents agree the chance of getting

the virus with their current behaviour and course of their life was very high 186 (81.9%) and 195(87.1%).

Table 18 above reveals that, risk perception is the core element to predict HIV risk behaviour. 64(29.1%) reported the chance of being infected with the virus was low and 62 (28.2%) reported there is no chance of infection. However, almost all sexually active respondents agree the chance of getting the virus with their current behaviour and course of their life was very high 186 (81.9%) and 195(87.1%).

4.1.6 Sexual Abuse / Harassment

Sexual abuse and harassment was common phenomenon among young people particular in female students. In this study, the type of sexual harassments, perpetrators and the place where it did occur has been analysed in the forth mentioned table.

Table 19: Sexual abuse (n=246)

Harassment at home		f	%	Harassment at school		f	%
Valid	Yes	101	41.1	Yes	31	12.6	
	No	128	52.0	No	124	50.4	
	Don't know			Don't know	50	20.3	
	Total	230	93.5	Total	205	83.3	
Missing	System	16	6.5	Missing	41	16.7	
Total		246	100.0	Total	246	100.0	
Sexually harassed at home by whom				Sexually harassed at school by whom			
Valid	Step father/mother	8	3.3	Teacher	11	4.5	
	Father/Mother	12	4.9	Students	9	3.7	
	Sister/brother	28	11.4	Friend	5	2.0	
	Friends	29	11.8	Other	6	2.4	
	Other	22	8.9	Total	31	12.6	
	Total	99	40.2	Missing	215	87.4	
Missing	System	147	49.8	Missing	215	87.4	
Total		246	100.0	Total	246	100.0	
If you have ever been sexually harassed at home was it:				If you have ever been sexually harassed at school was it:			
Valid	Vaginal	23	9.3	Vaginal	10	4.1	
	Anal	45	18.3	Anal	11	4.5	
	Oral	18	7.3	Oral	10	4.1	
	I don't remember	1	.4	I don't remember			
	Other	2	.8	Other			
	Total	89	36.2	Total	31	12.6	
Missing	System	157	63.8	Missing	215	87.4	
Total		246	100.0	Total	246	100.0	

Table 19 above demonstrates that, 101 (41.1 %) of sexually active respondents were sexually harassed, verbally or physically attacked at home mainly 29 (11.8%) by their sisters or brothers, 28 (11.4%) by their father or mother, and 22(8.9%) by others mainly by their cousins. They reported that the harassment that was perpetuated by their parents was verbal that does not relate with sexual intercourse, however they state that such verbal harassment makes them to think about sex and start it at early age. 31 (12.6%) of the respondents were also reported that they were harassed and abused at schools first by teachers 11(4.5%) followed by students 9(3.7%). The sexual abuse/harassment has been found anal for both cases 45(18.3%) at home and 11(4.5%) at school.

4.1.7 Comparison of Government and Non-Government schools

One of the objectives of this research was to compare the government and non-government high school students. The variables such as type of sexual practices, multiple sexual partnerships, condom use, masturbation, knowledge and attitude of HIV/AIDS, substance use and sexual harassment were dealt for comparison.

Table 20: Type of Sexual Practice by School

	Sex		Heard of sex other than vaginal	Type of sex practice		
				Vaginal	Anal	Oral
Government	Female	Mean	1.58	1.39	1.83	1.83
		N	52	54	54	54
		Std. Deviation	.499	.492	.376	.376
	Male	Mean	1.31	1.22	1.90	1.87
		N	99	101	100	101
		Std. Deviation	.466	.415	.302	.337
	Total	Mean	1.40	1.28	1.88	1.86
		N	151	155	154	155
		Std. Deviation	.492	.449	.330	.350
Non-government	Female	Mean	1.30	1.45	1.81	1.55
		N	30	31	31	31
		Std. Deviation	.466	.506	.402	.506
	Male	Mean	1.16	1.19	1.86	1.68
		N	55	57	57	57
		Std. Deviation	.373	.398	.350	.469
	Total	Mean	1.21	1.28	1.84	1.64
		N	85	88	88	88
		Std. Deviation	.411	.454	.368	.484

Table 20 above illustrates the government and non-government school students' type of sexual practice and those who had heard of sexual practice other than vaginal intercourse.

As depicted from the mean comparison above, government school students heard of sex other than the vaginal as compared to the non-government school students with the mean of 1.41 and 1.21 respectively. The practice of vaginal sex was almost equal (1.28) both at government and non-government schools. Anal and oral sex, however, was more prevalent in government schools than non-government schools.

Table 21: Number of Sexual Partner by Type of Sex

	Sex		Number of Partner		
			Vaginal Sex	Anal Sex	Oral Sex
Government	Female	Mean	2.98	4.19	3.93
		N	54	54	54
		Std. Deviation	1.699	1.415	1.564
	Male	Mean	2.39	4.28	4.10
		N	100	100	100
		Std. Deviation	1.563	1.429	1.487
	Total	Mean	2.60	4.25	4.04
		N	154	154	154
		Std. Deviation	1.631	1.420	1.512
Non-government	Female	Mean	3.25	3.88	2.96
		N	28	25	27
		Std. Deviation	1.756	1.691	1.605
	Male	Mean	2.58	4.35	3.64
		N	57	55	55
		Std. Deviation	1.581	1.430	1.736
	Total	Mean	2.80	4.20	3.41
		N	85	80	82
		Std. Deviation	1.660	1.521	1.714

From table 21 above, non-government school youths had more vaginal sex partner than the government school counter parts but the government school youth had more partners for anal and oral sex as compared to their non-government school counter parts.

Table 22: Masturbation Practice, Age and Frequency

	Sex		Practice of Masturbation	Individually Masturbation	Group Masturbation	Age at first masturbation	Frequency of Masturbation
Government	Female	Mean	1.58	1.39	1.87	1.75	1.25
		N	53	23	23	24	24
		Std. Deviation	.497	.499	.344	.442	.442
	Male	Mean	1.41	1.22	1.83	1.68	1.32
		N	101	63	63	60	60
		Std. Deviation	.494	.419	.383	.469	.469
	Total	Mean	1.47	1.27	1.84	1.70	1.30
		N	154	86	86	84	84
		Std. Deviation	.501	.445	.371	.460	.460
Non-government	Female	Mean	1.57	1.63	1.63	1.62	1.44
		N	30	8	8	16	16
		Std. Deviation	.504	.518	.518	.500	.512
	Male	Mean	1.16	1.14	1.89	1.35	1.67
		N	57	44	44	48	48
		Std. Deviation	.368	.347	.321	.483	.476
	Total	Mean	1.30	1.21	1.85	1.42	1.61
		N	87	52	52	64	64
		Std. Deviation	.460	.412	.364	.498	.492

The practice of masturbation was compared in terms of the prevalence, the age at which it was practiced, how it was practiced (individual or mutual) and the frequency. Hence, masturbation was common among the government school participants; however, masturbation individually and with group has not been as such significant variation. Government school participants reported that they started masturbating earlier than the non government school youths. On the other hand the non government school youths' frequency of masturbation was many times larger as compared to the government school participants.

Table 23: - Condom Use by Type of Sex.

	Sex		Condom use for life time			Condom use for in the last 12 months		
			vaginal sex	anal sex	oral sex	vaginal sex	anal sex	oral sex
Government	Female	Mean	2.00	1.28	1.67	1.50	1.60	1.64
		N	39	39	42	44	47	47
		Std. Deviation	.000	.456	.477	.952	1.155	1.187
	Male	Mean	2.00	1.18	1.53	1.32	1.25	1.77
		N	71	71	79	73	73	80
		Std. Deviation	.000	.390	.502	.780	.662	1.067
	Total	Mean	2.00	1.22	1.58	1.38	1.38	1.72
		N	110	110	121	117	120	127
		Std. Deviation	.000	.415	.496	.849	.900	1.110
Non-government	Female	Mean	2.00	1.38	1.65	1.35	1.65	1.38
		N	32	32	20	23	26	26
		Std. Deviation	.000	.492	.489	.832	.977	.898
	Male	Mean	1.96	1.32	1.46	1.27	1.56	1.85
		N	57	57	48	44	48	52
		Std. Deviation	.186	.469	.504	.788	.987	1.161
	Total	Mean	1.98	1.34	1.51	1.30	1.59	1.69
		N	89	89	68	67	74	78
		Std. Deviation	.149	.475	.503	.798	.978	1.097

Government and non-government school respondents' life time condom use experience was assessed and compared in terms of the type of sexual practice they had (Table 23). The past 12 months behaviour believed to be best indicator for behaviour change. Based on this, condom use for vaginal sex was higher for government than non-government school participants. Government school respondents were a little higher in using condom for oral sex as compared to their non-government school counter parts. There was significant difference in condom use for anal sex practice in the past twelve months among government school participants as compared to non-government school students.

Table 24: Alcohol and Drug Use

	Sex		Ever drink alcohol	Drunk in the past 12 months	Ever chewed chat	Chewed chat in the past 12 months	Ever smoke cigarette	Smoke in the last 12 months
Government	Female	Mean	1.61	1.62	1.60	1.23	1.80	1.53
		N	28	16	43	26	44	15
		Std. Deviation	.497	.500	.495	.430	.408	.516
	Male	Mean	1.49	1.37	1.51	1.27	1.74	1.59
		N	67	30	73	52	74	27
		Std. Deviation	.504	.490	.503	.448	.440	.501
	Total	Mean	1.53	1.46	1.54	1.26	1.76	1.57
		N	95	46	116	78	118	42
		Std. Deviation	.502	.504	.500	.439	.427	.501
Non-government	Female	Mean	1.62	1.27	1.52	1.69	1.72	1.74
		N	13	11	31	16	25	31
		Std. Deviation	.506	.467	.508	.479	.458	.445
	Male	Mean	1.47	1.17	1.30	1.63	1.49	1.53
		N	47	24	56	41	51	55
		Std. Deviation	.504	.381	.464	.488	.505	.504
	Total	Mean	1.50	1.20	1.38	1.65	1.57	1.60
		N	60	35	87	57	76	86
		Std. Deviation	.504	.406	.488	.481	.499	.492

Government and non-government schools were also compared in their use of alcohol, chat and cigarette in terms of life time experience in the last twelve months. Alcohol use was highly prevalent among government school students as compared to the non government one both in their life time and past 12 months. In the past twelve months, students of the non - government school chewed chat more than the government school respondents. However, government respondents chewed for the life time more than the non-government students. Smoking cigarette was slightly higher in the case of non-government school sexually active respondents than the government school participants in the past 12 months.

Table 25: Knowledge and Attitude on HIV Transmission through Sex Types

	Sex		HIV Transmission through		
			vaginal sex	anal sex	oral sex
Government	Female	Mean	1.88	1.90	1.39
		N	50	49	49
		Std. Deviation	.328	.306	.759
	Male	Mean	1.84	1.91	1.18
		N	87	86	91
		Std. Deviation	.370	.292	.529
	Total	Mean	1.85	1.90	1.25
		N	137	135	140
		Std. Deviation	.354	.296	.625
Non-government	Female	Mean	1.90	2.00	1.13
		N	30	31	32
		Std. Deviation	.305	.000	.421
	Male	Mean	1.86	1.89	1.30
		N	56	56	57
		Std. Deviation	.353	.312	.654
	Total	Mean	1.87	1.93	1.24
		N	86	87	89
		Std. Deviation	.336	.255	.584

Awareness of HIV transmission by type of sex practice is important in order to reduce or completely avoid risk. Both government and non-government school respondents' knowledge and attitude was assessed and compared. Hence as deduced from the mean score, there was no significant difference in terms of their awareness in HIV transmission through vaginal, anal and oral sex practices.

Table 26: Risk Perception

	Sex		The likely hood of getting HIV/AIDS in the course of life	The Chance of being infected with current behavior	The likelihood to get virus in the next five years
			Government	Female	Mean
		N	48	49	48
		Std. Deviation	.532	.689	1.542
	Male	Mean	1.19	1.23	3.47
		N	88	91	87
		Std. Deviation	.564	.579	1.302
	Total	Mean	1.19	1.26	3.50
		N	136	140	135
		Std. Deviation	.551	.619	1.387
Non-government	Female	Mean	1.19	1.37	3.63
		N	32	32	32
		Std. Deviation	.535	.793	1.185
	Male	Mean	1.21	1.27	3.58
		N	56	55	53
		Std. Deviation	.530	.651	1.100
	Total	Mean	1.20	1.31	3.60
		N	88	87	85
		Std. Deviation	.529	.704	1.125

Perception of risk is also another variable that determines risk reduction and avoidance behaviour of individuals. Perception of risk for non-government school participants was a little bit higher than the government school participants as measured from the response of contracting the virus in the current behaviour. The mean for the likelihood of getting the virus in the course of their life was similar for both government and non-government schools but the perception in acquiring the virus in the next five years was significantly higher for non government school than the government school respondents.

Table 27 Sexual Harassment at Home and School

Sex		Government		Non-government	
		Harassment at home	Harassed at school	Harassment at home	Harassed at school
Female	Mean	1.72	2.17	1.72	2.00
	N	50	46	32	26
	Std. Deviation	.454	.643	.457	.400
Male	Mean	1.52	2.19	1.44	2.04
	N	91	83	55	48
	Std. Deviation	.565	.671	.501	.410
Total	Mean	1.59	2.19	1.54	2.03
	N	141	129	87	74
	Std. Deviation	.535	.659	.501	.405

Sexual harassment both at home and school was prevalently reported by government school students as compared to the non-government school participants. The mean of sexual harassment at school reported by government students was significantly differing from the non-government participants which was 2.19 and 2.03 respectively. There was no difference in sexual harassment against female students at home.

4.2 Qualitative Result

Six focus group discussions were conducted at government and non-government schools. Two non-government and four government high schools were selected for the focus group discussion. Focus group participants were drawn from grades nine, ten, eleven and twelve. Altogether a total of sixty participants (30 females and 30 males) were selected. There were ten participants in each FGD sessions by making same gender together. Twenty three FGD guide questions were prepared first in English and translated in to Amharic then presented to participants. In each FGD ten students participated and it took from sixty to ninety minutes to answer the questions. The FGD was organized and lead by the researcher and two trained note takers were also involved. Audio recorder was used to catch anything missed by the not takers.

Besides, in-depth interview, among homosexual students was used so as to know the actual sexual behaviour. Six gay students and four lesbians interviewed to assess five basic sex variables namely sexual practice, sexual orientation, alcohol and drug use, HIV/AIDS knowledge and attitude and sexual abuse or harassment. Both open ended and close ended questions were used to measure these aspects of sexuality and related issues.

4.2.1 Pattern of sexual behaviour, sexual partner and condom use

Sexual behaviour and practices

All the discussants agreed that almost all high school students practice sex. They stated that "around 70 % of high school students had partner (boy or girl friend) but actually 40 % of them practiced sex". The discussants had also listed factors that triggered youngsters for sexual intercourse: peer pressure was indicated by almost half of the discussants. Some of the discussants explained it as:

having sex is considered as a sign of modernization, being mature and stylish. A girl from grade eleven astonishingly explained a thing about the behaviour of sexual practice relating with I can do syndrome of youths.

Hopelessness was also another reason to start sex intermingled with sex arousing feelings and alcohol-drug use which was reported by one-fourth of the attendants. Inability to control the sexual drive; sex for money particularly by females to full fill basic necessities; and rape were also factors mentioned by them.

The focus group participants were asked about the prevalence of non-vaginal sex among high school students. They mentioned different sexual practices other than vaginal such as anal, oral, group and phone sex. About two third of the discussants agreed that oral sex was common among students while one -fourth of them reported that anal sex practice in high school youths. They also agreed;

Anal sex and oral sex are practiced mainly by the opposite sex. Though our culture bans such sexual acts, anal and oral sexes are practiced among same sex. It has said that, this is the result of 'illegal' films and those that come from Europe and the Middle East countries indoctrinating such types of sex practices.

One of the participants from government school, at grade eleven reported a case that she was well familiar with;

it is common to study together specially during exam time. One of my class mates went to his friend's home to study with one of his class mates at night. They slept together; soon he was in deep sleep; he felt something inserted in his anus. I remember how embarrassing and shocking it was for him. Then after the sexually abused was unable to study and take the exam.

The reason mentioned by them for engaging in such kind of practice was to keep virginity, avoid unwanted pregnancy, and prevent HIV transmission and to get extra satisfaction/pleasure. Specifically, the respondents mentioned that oral sex is used as a warm up practice before vaginal sex. Most of the FGD participants believe that masturbation was practiced by boys mainly individually. Discussants in one focus group discussion argued masturbation was very common among females due to the taboo of openly requesting males for sex. There was also a report on group masturbation usually done by two close friends but one doesn't touch the other's private part. The reason why young people practice masturbation was stated as a failure to ask opposite sex, considering it as a test of performance or strength for vaginal sex that will be practiced later and serve as a means to control sexual urge.

While the focus group discussion was conducted, the participants used different terms to explain, anal, oral, group sex and masturbation. Some of them were "wiredlign" to mean get down to my private part for sucking or licking. "Armonica", "zifenlign" to mean sing for me for oral sex, "yedama ", "shinkurt" to denote group sex; "sega", "amist band", for masturbation.

Sexual partner

It was also reported that high school youths had multiple sexual partners at a time which ranges from two to four, in some schools it was reported that it reaches up to seven but all agreed at average three partners were common among high school students both for boys and girls. All of the discussants agreed about the existence of multiple sexual partnerships among high school students. There was a saying explained by the discussants:

one partner for school, one for road and one for village' this is to mean that every student had one partner from school, one anywhere along the road from school to home and the final one is from her/his residence for evening affair.

In some schools the discussants thought males have more sexual partners than females. The report for multiple sexual partnerships is higher for non-government schools than the government.

The type of sex high school youths practice was reported as casual. Both the government school and the non-government participants agreed that the relationship was not planned.

Condom Use

Regarding condom use some of the discussants agreed high school students use condom to protect unwanted pregnancy and sexually transmitted diseases including HIV. The justification forwarded by them was "awareness about condom use and accessibility is high in those days particularly here in Addis Ababa." To the reverse almost similar proportion of the respondents antagonizing this idea said, "high school youths don't use condom due to so many misconception and the nature of sexual practice among them, which was unplanned and casual." Participants explained that young students usually embarrassed to buy and carry condoms for fear of stigmatization and thought that they would be judged.

Condom use also varies according to the type of sex practices. Almost all the discussants agreed that high school youths don't use condom for anal and oral sex practices but sometimes they used when practicing group sex.

4.2.2 Sexual debut

For the question raised, when are young people usually attracted towards the opposite sex? The discussants gave explanation very differently. Some say it is at preschool, some during elementary and the other when they move to grade seven and eight. For the question raised when would young people start sex, majority of them agreed from age fifteen to eighteen. But when they were asked to indicate the average age for sexual debut for boys and girls, the discussants agreed boys start at the age of 14 and girls start

early at the age of 13. One of the discussant explained it as follows and the group participants applauded his idea.

"No virginity after grade eight national exams".

For the question rose as to who initiates or asks for sex, all agreed that boys took the initiative. But this doesn't mean girls don't want to have sex. It is understood that due to cultural barrier girls keep silent by provoking boy through various techniques. One of the discussants reported that:

She knew couples who started relationship in grade nine. After a month, the relationship broken because of the fact that her partner mistook for his sister and massaged her as his toy, no sex at all. So she said, why waste my time with such kind of man.

Regarding the responsibility to terminate the relationship about half of the discussants agreed that males are accountable due to so many reasons. They said males want to see another sexual life; they become tired of with the relationship, they want to terminate the relationship if there is unwanted pregnant. About the time of stay in relationship particularly after intercourse the response for both government and non-government schools ranges from one week to maximum of one month. A girl from grade ten reported real phenomena in relation with this,

if the sex made was for the first time the relationship would last for a week just to repeat the sex by female appeal due to the fear that pregnancy will occur if it is not repeated.

4.2.3 Gay, Lesbian and Bisexual

One of the basic research questions that need answer in this study was the sexual orientation school youths had. About half of the government and about a quarter of the non-government school discussant think that gay students exist in schools. Most of the government school and some of the non-government school participants agreed that lesbians are also present in schools. Three female discussant from government school and two from

non-government reported they knew lesbian students in their school. Two female discussants explained that:

There are female students from grade twelve who recruit female students to be a member of lesbian group with set criterion, such as of outstanding, beautiful and who has undertaken HIV test

The other female discussant also from grade ten government schools reported her real encounter in her resident area:

It was around 7:30 in the evening. I saw something along the dark street in my way. Two young females were kissing each other one touching the other's private part by finger.

Six gay and four lesbian students had been interviewed profoundly to get an insight about the nature of gays and lesbians in high schools. Except two gays the other four were straight gays who didn't have any sex with opposite gender. There were no bisexual male students reported who practiced sex with both genders. Two of the females reported they had sexual experience with females only and the other two had had sexual intercourse both with male and female counterparts. From the in-depth interview among MSM 16.7 was the average age when they started sex with same gender.

One gay interviewee reported "I fall in love with a handsome boy at the age of 14 and we started dating at this age". The average age for sexual debut of lesbians were reported at 17.1 that is the mean age when they start dating with same sex.

When asked about nature of the sexual intercourse, all the gays reported it was not planned rather casual and unexpectedly but one of the gay respondents said it was planned. All gay students reported they had a minimum of seven life time male sexual partner. Two of the gay respondents said they had had twenty life time partners and one gay student said he

couldn't remember the number of male partner he had had. For lesbians too the average number of life partner was seven. One of the lesbian students reported that,

Till now I had about ten partners currently I do have only three, my intimate and lovely partner is a university student. I had partners who were married, well paid people. Most of my partners were older than my age and I usually enjoy sex with them.

As the gay students reported they will not stay long with certain partner and the maximum time of staying together was only one month. One of the gay interviewees stated that:

When I start this relationship it was difficult to stay with a permanent partner. I don't want to see him next time since it is embarrassing. I prefer to avoid and look for another one.

Except one, all gay students practice oral sex in addition to anal sex. Among the six gays only one plays both insertive and receptive role both for anal and oral sex; the other four were inserters while the other one was receiver. Among the lesbians all practice oral sex enjoying both roles of receiving and giving. Genet is a lesbian, she had a lot of partners could be about fifteen, she reported that;

we practice different sex types such as kissing, masturbating and massaging among all I enjoy very-very much receiving oral sex.

When asked about their feeling after intercourse, two of the gay interviewee said I feel good if it was with the beloved one and the other four said feel guilty. Four of the gays reported that they started such practice voluntarily by natural feeling. The others said they started it by the influence of chat, alcohol and drugs. Two of the respondents wish to stop such relationship and the other two didn't think of stopping such a practice and relationship.

All the six gay in-depth interview participants said they had masturbation practices in their life time. Only two of them said practiced it individually while the other made it mutually with their partner. The age at which gay students start to masturbate was 11.5. All the lesbians had also masturbated in their life time and the average age of starting masturbation was 10.2. One lesbian reported that "I don't remember the exact age of practicing masturbating but it was when I was a child that could be at the age of nine or ten." Almost all lesbians reported they use their finger and toys individually and with their partner to masturbate.

Regarding the frequency of masturbation one gay student reported once every fifteen days, one or two times per week, the other said three times per week, one said every day and the other two said sometimes. Most of the lesbians reported they masturbate two times per week individually and once in the week with their partner.

As far as condom use was concerned, four of the gay participants reported that they used condom. But they said it was not as such consistent and also disclosed that they encountered slippage and breakage of condom. None of the lesbians reported use of neither condom nor other barrier to protect themselves from sexually transmitted infections. Except one all the other three gay students reported that they used to drink alcohol, smoke cigarette and chew chat in their life time. However, they said they have refrained from doing all these in the past twelve months.

The knowledge, attitude of gay students about the mode of transmission and prevention mechanism was almost high. All of the six interviewees rated the HIV transmission through anal sex as "very high", however, HIV transmission for oral sex reported from very low to high. All lesbian students said HIV couldn't transmit through oral sex.

Except one, almost all experienced sexual abuse in their life time with their own relatives, cousin and friends.

Student Fikru is now a preparatory student. He remembers how he was first abused by his cousin at the age of 8 or 9. There was mourning ceremony in his home; two of his cousin came from abroad for that ceremony. Three of us slept together, in the middle of the night one of my cousins massaged me and inserted his penis in to my rectum.

Since then he developed fondness to same sex and he reported how he started the relationship for the first time in his own will after this experience.

In the place where I reside with my parents, there were two youths similar to my age, fourteen, we see each other but no communication even if I develop affection particularly to one of them. Once up on a time we met at one of the shopping centre, he invited me at his home we chewed chat together; he started to fondle my body and private part; then we did sex together.

Student Zenaw is now 18 years old; he reported how he was raped by strange person who was 15 years old from him. He said,

one of my friend invited me at his home; he introduced me an adult man around the age of 30; he forced me to suck his penis and I did it very embarrassingly.

For the case of risk perception question they were asked with regard to current sexual behaviour, all gays and lesbians reported it was low. Hence, it needs salutary behaviour change intervention that intends to create sustained change in prevention mechanisms.

4.2.4 Knowledge, attitude and risk perception towards HIV/AIDS

Both the non-government and the government school discussants reported that sexual infectious diseases were common among high school students. All agreed up on the transmission of HIV/AIDS and STIs through vaginal sex. But they differed in the transmission of such diseases with anal and oral sex practices. As compared to the non-government school discussants most the government school participants don't believe HIV could transmit through anal sex. A few of the government and non-government school discussants know that HIV could be transmitted through anal sex and some of them were not sure whether it could transmit or not. Most of the non-government and the government school discussants reported that HIV could be transmitted through oral sex. However, almost all agreed that there is no chance of STI transmission either with anal or oral sex.

4.2.5 Sexual Abuse and Harassment

Sexual abuse or harassment is one factor likely to put youths for HIV risk taking by provoking them directly to practice it or diverting their sexual urge for sexual act. Among the sexual abuses, the discussants explained, rape was not common amidst high school students. Of course, they disclosed that there was rape with consent which is popularly known as date rape. But they said sexual abuse and harassment was common in the bus on the streets and sometimes at home. All the FGD discussants agreed that students were the number one sexual abusers followed by teachers in the school. One of the participants gave her witness about one occurrence in her school:

She knew a certain academically outstanding female student, when she was at grade ten. Some group of students forced her to take her for tea and coffee somewhere in a slum area. I thought they gave her some drug along with the stimulants. Soon after, they raped her and then dropped schooling, fled from home and started working as a bar lady.

Almost all government schools FGD participants critically complained about teachers' intentional abuse of female students by giving them flawed marks. There was neither any encounter nor report by the non-government school participants. There wasn't any report by the discussants with regard to rape, sexual abuse or harassment on male students.

The investigation based on both the quantitative and qualitative data shows that different sexual orientation and practices were widely common occurrence of young people in the selected high schools. Besides to virginal sex, they also practice in oral, anal and masturbation practices. Non vaginal sex practices differ across age and gender type as well as type of schools (government and non-government).

Most sexually active students use commonly available substances like alcohol, chat and cigarette. Both the quantitative and qualitative data also revealed that awareness of HIV transmission through anal and oral sex was low. Regarding sexual abuse almost all the in-depth interview participants of gay and lesbian students encountered sexual abuse in their life.

CHAPTER FIVE

DISCUSSION

The overall purpose of this research work was to assess patterns of sexual behaviour of high school youths and their HIV risk behaviour. The pattern was heterosexuality, homosexuality and bisexuality of high school youths and vaginal, anal, and oral sex practices. This study (one of the few of its kind in touching the real practice of sex) provides a wealth of information on the sexual behaviour of young high school students. Thus, it could guide future HIV prevention programs. While the survey looks only at the sexual activities of students', knowledge and attitude of high school students towards HIV was also assessed. Their perception in linking the type of sexual practice with HIV infection has also been considered. Moreover, factors that trigger them to engage in such sexual activities explored and the nature of sexual behaviour among government and non-government schools compared.

A considerable number of studies reveal various sexual practices among different segment of the society. In this study it was found out that 34.6 % of the high school students were sexually active though the type of practice was varying. The figure was slightly higher than the report made by the 2005 demographic and health survey/DHS/ of Ethiopia which was 33 %. It was very much less than the other countries like Brazil which was 61% as reported by Edgar et al. (2001).

What ever the figure might be, it is well understood that high school youth of both genders practice sex. It draws the attention of every responsible body who work in adolescent programs to create awareness among such sexually active and most productive citizens in order to practice safe sex and protect themselves from any sexually transmitted diseases.

The study found out that among the sexually active students 98.7% of them started sex before they reached the age of 20, which was much higher than the report compiled by, WHO (1993) which was 80 % for the same age. It was also higher than with the reported made by Edgar. The median age for the first sex found to be 15.3 year which was less than as reported by Save the children Ethiopia study, which was conducted among high school youths. It was also lower than most sub-Sahara African countries, which range from 16-17.6 as reported by, Blum (1991). However, it lies within the range of the study conducted by others, Mekonnen Gebru and Mekdes Alemu (1997), and Nigussie Taff (1999) in the rest part of Ethiopia. Still it was lower than the median age as indicated in the DHS report of Ethiopia.

It is a well known fact that the time that young people begin sex practice is one important factor for sex related risk behaviour. Biological factors intermingled with the inability to negotiate for safe sex practices increase the risk of young people to be infected with HIV. That is why delaying the time to begin sex is advocated.

As far as non-vaginal sex practice was considered, it was found out that 11.6% of the respondents practiced anal sex, which was very much lower than the study of Alferd, (1930) which was 37%. According to Laumann (1994) study, 10% of men and 9% of women have had anal sex practice in the past year which was comparable to 7.3% of boys and 5.6% of girls in the case of this study. It was also less than that of the report made by Janet and John (2000). They also reported the prevalence of anal sex which was 50 % among homosexuals but in this study 100 % of the in-depth interview participants engaged in anal sex practice.

Among the type of sex practices anal sex has noteworthy role to HIV risk. Though anal sex practice is common among the homosexual groups, it is also reported by heterosexuals. The number and frequency of anal sex acts also determines the vulnerability to HIV infection. Participants of this study has reported that the mean number of sexual partner for anal sex was seven which clearly indicates that they are at most risk level for HIV. Moreover, some of them who used condom in anal sex also come across slippage and breakage of condom during intercourse. The role played by most respondents was in receptive position and most instantly unplanned with casual sex partners that exacerbate the HIV acquisition.

One of the results in such sex practice survey study was the prevalence of oral sex which was reported by 19.1% of the sexually active students. This was higher than the report made by Janus and Janus (1993) but lower than the study made by Sherely et al. (2001). Oral sex was also reported by both male and female students. There is misconception on HIV transmission through oral sex but studies show that unprotected oral sex is one of the roots for HIV transmission.

Masturbation was also another type of sex practice commonly reported by the high school students. But they don't consider it as sex practice. The figure was 32.8% among the total high school respondents while it was 59.0% for the sexually active students. 24.8 % of females and 75.25% of males masturbated in their life time which was comparable to 60 % of men and 40 % of women in Janus and Janus (1993) study. As far as the frequency of masturbation, 52.45% of the respondents masturbated two times in a week which was higher than for girls than boys. This was nearest to that of Janet and John (2000) report which was two to three times per week for boys.

The number and type of sex partner also determine the vulnerability to HIV. From the study about half of the sexually active students had two and more life time partner almost for all sex practices. This was almost similar to that of the CDC (1998) and Lisbeth et al. (2005) report but higher than the report made by Edgar et al. (2001). As depicted both from focus group discussion and in-depth interview both gay and lesbian students had multiple sexual partners which were similar in some of the studies conducted in Africa like the case of Cameroon, Kenya, Zambia and Benin. This was also similar to the report made by DHS (2000).

Condom use was assessed among the targets; the result was 19.7% for vaginal, 3.5% for anal and none for oral sex. It was much lower than studies made by Themotey et al. (1997; Shirley et. al. (2001) and Edgar et al. (2001). Among the homosexual gay students who used condom for anal sex encountered condom slippage or breakage which was supported by the study of Kippax et al. (1993). Oral sex was also fully unprotected both by men and women which was similar to the report made by (Shirley. et. al. 2001). The most commonly cited reason for not using condom was that they trusted their partner which has no risk of infection. Thus, this study was similar to that of that of Sherman and Kirton (1999) report.

The study result for the sexually active students showed that 26.7% used alcohol for their life time. Out of these students 51.2% of them reported they took alcohol every week. Similar studies in sub-Sahara countries like Tanzania and a study conducted in Addis Ababa also showed that those who drunk had multiple sex partners.

As far the knowledge, attitude and belief towards HIV/AIDS are concerned 57.7 % of sexually active survey respondents don't believe that HIV could be transmitted through anal and oral sex. Awareness on HIV transmission through oral sex was high (84.7%) among respondents. This was not consistent with the response of FGD participants and the study conducted for The Kaiser Family Foundation as reported on, avert .org. (2005).

Risk perception in the course of life was rated "low" by 22.3% and "very low" by 29.1% of the respondents. This was minimal as compared to the study conducted in Ethiopia by the National behavioural Surveillance Survey (1997) and the study conducted in Nigeria by UNICEF,UNAIDS & WHO (2002).

There was a report of sexual abuse and harassment both at home and school. Sexual perpetrators both for the case of survey respondents and FGD participant were cousins, who were also reported by similar other study, Edgar et al. (2001) and Baker (1996).

As depicted both from the result section and the discussion part there is homosexual practices other than heterosexuality among high school youths. Even if the overall objective of the study is to explore patterns of sexual behaviour of high school youths, it is important to look in to the causes that make them to engage in such sexual orientation and practices. There are two most vocal understandings of homosexuality, that is the conservative and the liberal view points. These are naturally at the extremes of the conflict and there is a massive gap in beliefs exists between the two view points. Central point of discussion that relates with this study is belief about causes.

Most of us fail to understand why anyone would want to engage in homosexual activity. The very idea is either puzzling or hideous. The peculiar nature of one view point says homosexual desire must be innate: that a certain number of people are born that way. The second position believes that homosexuals have unnatural or perverse desires as a consequence of poor familial relations in childhood or some other trauma. The third view is biological and holds that such desires are genetic or hormonal in origin, and that there is no choice involved and no childhood trauma necessary.

Which of these views is most consistent with the facts? Which tells us the most about homosexual behaviour and its origins? The answer seems to be that homosexual behaviour is learned. The following lines of evidence support such a conclusion.

- 1) No researcher has found probable biological or genetic differences between heterosexuals and homosexuals.
- 2) People tend to believe that their sexual desires and behaviors are learned.
- 3) Older homosexuals often approach the young.
- 4) Early homosexual experiences influence adult patterns of behaviour.
- 5) Sexual conduct is influenced by cultural factors - especially religious convictions.
- 6) Many change their sexual preferences.

The major responses collected from the in-depth interview participants of gays and lesbians support the above evidences and social learning theory in psychology:

- Almost all gays and lesbians reported that they encountered sexual abuse or harassment by same gender in their life time.
- They also approached for sexual molesting by adults.
- Some of them wanted to change their sexual orientation from being homosexual to heterosexual.

In conclusion, in this research it is hardly possible to generalize those biological, psychological or environmental factors as causes for homosexuality. The question of what causes homosexuality needs further study. The search for causes is better understood as a multi-faceted combination of causes. But as deduct from the research participants explanation being gay and lesbian is the result of learning from the environment.

CHAPTER SIX

SUMMARY, CONCLUSION AND RECOMMENDATION

6.1 Summary and Conclusions

Sex and sexuality studies, especially in "culturally rigid society" make it challenging and become a barrier to get the expected result from the finding. Moreover, sometimes it might cause risk while sensitive issues raised, which need a thorough strategy to reduce risk. In this specific case the risk to those who had no information about non-vaginal sex might know it while they fill the survey questionnaire. This was managed by giving orientation before they participate in the study and using the skip method to jump those sensitive questions. There were so many challenges in undertaking the study. Some of the major things were getting a standardized tool for both the quantitative and qualitative study. But finally the researcher could manage it by developing survey and FGD guide questions on his own based on the literature review and using multiple tools. The other challenge was lack of cooperation from some of the non-government and religious based schools. But this could also possibly be managed by taking into consideration similar schools which had almost similar student size in the sub city.

With this entire problem the study was intended to answer the following basic questions:

1. Are there any sexual practices other than heterosexual relationship among school youths?
2. How do young people in either of their sexual identity reduce or avoid risk, or how do they perceive their risk taking?
3. Do sexual practices differ between governmental and non-governmental high school students?

To answer the above research questions, a questionnaire was administered to 800 students sampled from five government high schools and three non-government high schools. But 714 of the total respondents and 246 of the sexually active respondents' data were analyzed with "SPSS 12 version for Windows". The result was:

About one third of the high school students practice sex and there was also sex practice other than vaginal that is anal, oral and masturbation. There was also a variation of sexual orientation ranging from heterosexual to homosexual and a few of them bisexual.

There was also low awareness on HIV transmission through anal and oral sex practices which lead high school youths to get involved in such practice either to avoid or reduce risk as deducted from those of FGD participants. The report from the survey shows that young people who practice sex through anal and oral account 19.1% and 11.6% but anal sex practice reported by gay students was 100%. Except one all gays reported oral sex practice but none of the lesbians mentioned anal sex practice rather all of the lesbians practice oral sex. Another study result was inconsistent condom use, having multiple sex partner, unplanned and casual relationship as well as use of alcohol and chat. The average number of multiple sex partners was numerous for anal sex as compared to vaginal and oral sex.

There was a mean difference on sexual behaviour of government and non-government high school students in some of the basic variables that determine sexual behaviour and risk of HIV. Anal and oral sex practice, for example, was more prevalent in government than non-government schools. Non-government school youths had more vaginal sex partner than the government schools but the reverse was true for anal and oral sex practices.

Both the government and the non-government school youths reported masturbation practice in their life time. It is mainly practiced individually but some of them did it in group and at they don't know the chance of HIV transmission while it is practiced in group. It is commonly reported by gays and lesbians than heterosexual groups. Non-government school youths' masturbation practice was more frequent than the government even if the latter group started practicing masturbation at the early age than the former.

Overall, the fact that a large percentage of high school youths in the study were identified as heterosexuals, there were homosexuals and some bisexuals or heterosexuals consistent with other studies. A high proportion of the boys studied were having sex other than vaginal. Since the entire sample taken for the survey was not identified as gay or bisexual, these segments of the sample might elude HIV prevention messages targeting young people. Oral intercourse was completely unprotected as compared to vaginal and anal sex whereas casual partners were commonly seen for anal sex practices.

Sexual abuse was more common at home and school for the heterosexual group but highly prevailing for homosexuals on which almost all encountered sexual abuse at the younger age.

6.2 Recommendations

The following recommendations are forwarded based on the findings:

1. It is imperative to understand the real sexual behaviour of young people, interpreting their attitudes and perceptions for different sex practices. By doing so it is possible to device workable and feasible safer sex intervention programs for such group of youths.

2. School guidance and counsellors, principals, health care providers both in the formal and non formal sector should be trained in sexual orientations to sensitize them to a variation of human sexual behaviours.
3. The awareness creation campaigns and messages on HIV mode of transmission specifically by sexual intercourse should be well tailored in terms of sex types and openly discussed. Besides, HIV prevention mechanisms during anal and oral sex practice should be stated clearly.
4. NGOs and other support groups should play an important role in HIV prevention among gays and lesbians.
5. Sexuality research in Ethiopia requires more research by focusing on such very sensitive issues of the different segment of the society in order to curb the problem of HIV pandemic.
6. Further research should be done on gays, lesbians and bisexuals in Ethiopia and strategies to incorporate them into the main HIV prevention program should be developed. The research should look at other segment of the population based on way of living and life style.

REFERENCES

- Anthony, B., Pritorica, A. B. , Sharon, L. F. , & Harold, D. (2006). HIV Knowledge and Sexual Risk Behaviours of Street Children in Takoradi, Ghana. *Journal of AIDS and Behaviour*, 10 (2), 33.
- Alemayehu Ayanew, (2004). *Magnitude of and factors associated with male condom use and failure rate among commercial sex workers of Bahir Dar town*. Bahir-Dar. (Unpublished).
- Annew , W. & Lisa, J. (1999). Difference in HIV spread in four sub-Saharan cities, *UNAIDS fact sheet*, 99.
- Arthu , E. & Naomi, J. (1994). *American Medical Association. Guidance for Adolescent Preventive Services: Recommendation and Rational*. Chicago: Department of Adolescent Health.
- Barker, G. (1992). *Adolescent Fertility in Sub-Saharan Africa: Strategy for a New Generation*. New York: International Center on Adolescent Fertility.
- Blum, R. (1991). *Global Trend in Adolescent Health*. Brazil: JAMA publishers.
- Berhane Fekade, (2003). *Health problems and service preferences of school adolescents in Addis Ababa with emphasis to RH*. Addis Ababa.(Unpublisged).
- Central Statistical Authority, (2000). *Demographic and Health Survey*. Addis Ababa: CSA.
- Central Statistical Authority, (2005). *Demographic and Health Survey*. Addis Ababa: CSA.
- Carballo, D. , Jacqueline, M. O . , Arny, E . , Keith, C. , Mary, L . M. , Martin, T. , & Robbert, S. (2004). Looking for a tall, dark, macho man. Sexual-role behavior variations in Latino gay and bisexual men. *Journal of Health and Sexuality*, 6, 159-171.

- Centre for Disease Control and Prevention /CDC/, (2004). *Knowledge, Attitude & Practice of Sexual behaviour, a multivariate study for behavioural Change*. Atlanta: CDC.
- Charles, P. (2002), *Lesbian, Gay and Bisexual identities and youth: Psychological perspectives*, 7, 57.
- Centre for Disease Control and Prevention /CDC/, (1998). *National Alternative High School Youth Risk Behaviour Survey*. Atlanta: CDC.
- Centres for Disease Control and Prevention/CDC/, (2000a). U.S. HIV/AIDS cases reported through June, 2000. *HIV/AIDS Surveillance Report*, 12 ,16-19.
- Derba, A. (1998). Adolescent gender differences in HIV-related sexual risk acts, social-cognitive factors and behavioral skills. *Journal of Adolescence*, 21, 197-208.
- Edgar, M. H., Maria, E., Esther, S. H., & Norman, H. (2001). Prevalence and Correlates of HIV-Related Risk Behaviours among Adolescents at Public Schools in Brasilia. *Journal of AIDs and Behaviour*,1(30), 203-211.
- Eshetu Frew. (1997).The attitude of students, parents and teachers towards the promotion and provision of condoms for adolescents. Addis Ababa: *Journal of Health Development*,11(1), 35-37.
- Evans, P. (1970). Sexual inversion among the Azande. *American Anthropologist* , 72,128-133.
- Frijida, N. (1988). The laws of emotion. *American Psychologist*, 43, 349-358.

- Fisher, J. D. , Rye, J. B. , William, A., David, D., & Celentano, S. (1999). Dynamics of sexual risk behaviour in HIV-infected men who have sex with men. *Journal of AIDS and Behaviour*, 2, 101—113.
- Gary G. (1998). The AIDS Community Demonstration Projects Differences in Risk Behaviour and Sources of AIDS Information among Gay, Bisexual, and Straight-Identified Men Who Have Sex with Men. *AIDS and Behaviour*, 2, 1.
- Gaudio, R. (1998). *Male lesbians and other queer notions in Hausa: Studies of African homosexuality*. New York: St. Martin's Press.
- George, B. (2003). *Human Sexuality*. New York: Wisconsin Company.
- Hays, R. (1997). Actual versus perceived HIV status, sexual behaviours and predictors of unprotected sex among young gay and bisexual men who identify as HIV-negative, HIV-positive, and untested. *AIDS and Behaviour*, 11, 149-150.
- Horan, J. Connell, M.O., David, W., Sander, P. & Ehrhardt, A. (1998). The meaning of abstinence for college students, *Journal of HIV/AIDS Prevention & Education for Adolescents & Children*, 2(2), 51-66.
- Hyde, S. & Delamater, J. (2000), *Understanding Human Sexuality*, Seventh edition, New York: Wisconsin Company.
- Janus, S. and Janus, C. (1993). *The Janus Report on Sexual Behaviour*. New York: Vanhoffmann Press.
- Janssen, A., Kenji, M., & Tanko, K. (2000). Educational status and risk of HIV in young gay men. *Journal of Health Psychology*, 5, 487-499.

- Jemal Hassen, (2004). *Assessment of Risky Sexual Behavior for HIV infection with special focus on night marketers & mobile people*, Gummer Wereda, Guragi Zone.
- John, W. & Lauman, S. (1994) *The Social Organization of Sexuality: Sexual Practices in the United States*. Chicago: University of Chicago Press.
- Kalichman, C., Sean, J., Leickness, C. Simbayi, S., & Charsey, C. (1998). AIDS treatment advances and behavioural prevention setbacks: Preliminary assessment of reduced perceived threat of HIV-AIDS. *Health Psychology*, 17,546-550.
- Kalichman, C., Sakhumzi, Y., Mfecane, H., & Demeteria, C. (1997). Continued high-risk sex among HIV sero-positive gay and bisexual men seeking prevention services. *Health Psychology*, 16,369-373.
- Geldrard, K. & Geldrard, D. (1999). *Counselling Adolescents, the proactive Approach*. Sage Publications, London.
- Kippax, G., Merle, E., Linda, J & Ellie, E. (1993). Sustaining safe sex: A longitudinal sample of homosexual men. *AIDS and Behaviour*, 7, 257-263.
- Kyung, H. C., Eric, D., Guo, Y., Shuquan, Q., & Jeffrey, M. (2001). *High HIV Risk but Inadequate Prevention Services for Men in China Who Have Sex with Men: An Ethnographic Study*. Beijing: Kuyang Press.
- Lisbeth, S. , Jarama, J., David, K., Paul, J. P., Michael, H., & Judith, B. (2005). Behavioural and Cultural Predictors of Sexual Risk for HIV Infection among Latino Men Who Have Sex with Men. *AIDS and Behaviour*, 9,101-105.

- Marks, R. and Duval, S. (1998a). Negative affect and unsafe sex in HIV-positive men. *AIDS and Behaviour*, 2, 89-99.
- Mcauliffe, L., Jeffery, A., Kelly, F., Kathleen, J. Richard, A. & Roger, A. (1999). Sexual HIV risk behaviour levels among young and older gay men outside of AIDS epi centres: Findings of a 16-city sample. *AIDS and Behaviour*, 3, 111-119.
- Mekonnen, Gebru . & Mekdes Alemu. (1997). Adolescent Sexuality and contraception. FGAE. *Ethiopian Journal of Health Development*, 529-36.
- Murray, O. and Roscoe, W. (1998). *Boy-wives and female husbands: Studies of African homosexuality*. New York: St. Martin's Press.
- Niels, T. (2001). Same-Sex Sexuality in Africa: A Case Study from Senegal. *AIDS and Behaviour*, 5, 22-24.
- Nigussie Taff, (1999). Sexual activity of out of school youth, and their knowledge and attitude about STD & HIV /AIDS in South Ethiopia. *Ethiopia Journal of Health Development*, 12(10), 17-23.
- Odaybea, I., Morrow, H., Michael, D., Sweat, P., Richard , H., & Morrow, R.(2003). *The Matalisi: Pathway to Early Sexual Initiation among the Youth of Mpig*. Campal.
- Paul, J. P., Carol, A. R., Maria, C., Fernanda, T.B., & John, J.E.(2003) Predictors of Unprotected Anal Intercourse among HIV-Positive Latino Gay and Bisexual Men. *AIDS and Behaviour*, 2, 157-167.
- Parker, R. (1996). Behaviour in Latin American men: Implications for HIV/AIDS interventions. *International Journal of STD and AIDS*, 7, 62-65.
- Parsons, J., David, V., and the Sero-positive Urban Men's Study Team. (2003). Correlates of sexual risk behaviours among HIV-positive men who have sex with men. *AIDS Education and Prevention*, 15, 383-400.

- Pathfinder International African region office, (2002). *Adolescent Reproductive health in Africa. Path in to the next generation.*
- Reproductive Health Research Unit [RHRU], (2004). *HIV and Sexual Behavior among Youth Africans: A national survey of 15-24 Years old.* The University of Witwatersrand, South Africa.
- Remez, L., (2000). Oral Sex Among Adolescents: Is It Sex or Is It Abstinence? *Family Planning Perspectives*, 32, 6.
- Ruth, M., (2004) *Risks and prevention of sexually transmissible infections among women who have sex with women*, University of Melbourne, Australia.
- Save the children USA, (2004). **Adolescent reproductive Health survey in Addis Ababa**, Ethiopia. (Unpublished)
- Semi, A. (2000). *Association of drug use and client sero status among visitors of VCT sites*, Addis Ababa, Ethiopia. (Unpublished).
- Sherman, D. and Kirton, A. (1999). The experience of relapse to unsafe sexual behaviour among HIV-positive, heterosexual, minority men. *Applied Nursing Research*, 12, 91-100.
- Shirley, J. S., Thomas, L., Patterson, T., & Igor, G.(2001) *Gender Differences in the Sexual Risk Practices of HIV+ Heterosexual Men and Women.* *AIDS and Behaviour*, 2(5), 674-689.
- Thomas, W.I., John, M. Jeffrey, T. P., Milton, W. & Erich, L. (2006). Alcohol and Sexual HIV Risk Behaviour among Problem Drinking Men Who Have Sex with Men: An Event Level Analysis of Timeline Follow-back Data. *AIDS and Behaviour*, 10, 3.

- Pathfinder International African region office, (2002). *Adolescent Reproductive health in Africa*. Path in to the next generation.
- Reproductive Health Research Unit [RHRU], (2004). *HIV and Sexual Behavior among Youth Africans: A national survey of 15-24 Years old*. The University of Witwatersrand, South Africa.
- Remez, L., (2000). Oral Sex Among Adolescents: Is It Sex or Is It Abstinence? *Family Planning Perspectives*, 32, 6.
- Ruth, M., (2004) *Risks and prevention of sexually transmissible infections among women who have sex with women*, University of Melbourne, Australia.
- Save the children USA, (2004). **Adolescent reproductive Health survey in Addis Ababa**, Ethiopia. (Unpublished)
- Semi, A. (2000). *Association of drug use and client sero status among visitors of VCT sites*, Addis Ababa, Ethiopia. (Unpublished).
- Sherman, D. and Kirton, A. (1999). The experience of relapse to unsafe sexual behaviour among HIV-positive, heterosexual, minority men. *Applied Nursing Research*, 12, 91-100.
- Shirley, J. S., Thomas, L., Patterson, T., & Igor, G.(2001) *Gender Differences in the Sexual Risk Practices of HIV+ Heterosexual Men and Women*. *AIDS and Behaviour*, 2(5), 674-689.
- Thomas, W.I., John, M. Jeffrey, T. P., Milton, W. & Erich, L. (2006). Alcohol and Sexual HIV Risk Behaviour among Problem Drinking Men Who Have Sex with Men: An Event Level Analysis of Timeline Follow-back Data. *AIDS and Behaviour*, 10, 3.

- Timothy, L., Jeffrey, A. K., Kathleen, J.S., Debra, A. M., Richard, A. W. Laura J. S., & Roger, A.R. (1997). Sexual HIV Risk Behaviour Levels among Young and Older Gay Men Outside of AIDS Epicentres: Findings of a 16-City Sample. *AIDS and Behaviour*, 11, 145.
- UNAIDS,(1999). Special Report on targeting immediate response for HIV prevention , *UNAIDS Fact Sheet*.5,109.
- UNICEF, UNAIDS & WHO, (2002). *Young people and HIV/AIDS. Opportunity in Crisis*. Geneva.
- WHO, (1993). *Sexual and Reproductive Health Needs of Adolescents*. Geneva.
- Zelalem Fikadu, (2001). Casual sex –debut among female adolescents in Addis Ababa, Ethiopia. *Journal of Health Development*, 15 (2)111.

Reference from Web-site.

- <http://www.avert.org/orlsx.htm>, Last updated July 26, 2005.
- http://en.wikipedia.org/wiki/Anal_sex, Last update April 6, 2006.
- <http://www.cdc.gov/nccdphp/dash/yrbs/healthrisk-fs.htm>, last up date August,2006.

Section1: Back ground information/Socio-demographic characteristics

No	Questions/Items	Answers/Response	code
Q101	Sex of respondents?	1.Female 2.Male	
Q102	How old are you at Your last birth day?	1.[_____] Age in completed year 1 2.Don't know 3.No response	
Q103	What is your religion?	1.Orthodox 2.Catholic 3.Protestant 4.Muslim 5.No religion 6.Others(specify) 7.Don't know 8.No response	
Q104	What is your educational status	1.Grade 9 2.Grade10 3.Grade 11 4.Grade12	
Q105	Currently living with/on	Parents Relatives Streets Others (Specify)	
Q106	Parents marital status	1.Married 2.Never married 3.Divorced 4.Widowed 5.Others specify	
Q107	Parents Economic Condition	1.Very high 2.High 3.Midium 4.Low 5.Very low 6.No Response	
Q108	Parents Education Status	1.Read & Write 2.Grade 1-4 3.Grade 5-8 4.Grade 9-10 5.Grade 11-12 6.Certificate or diploma 7.First Degree & above 8.No answer	

Section 2: Pattern of Sexual practice, Nature of partner and condom use.

Q201	Have you ever had sexual intercourse	3. Yes 4. No	Skip to →	208
Q202	How old were you when you had the first sexual intercourse	() Years		
Q203	Have you heard sex types other than vaginal sex	1. Yes 2. No		
Q204	Think about your sexual partner you ever have had the intercourse have been: (possible to give more then one answer)	1. vaginal 2. Anal 3. Oral 4. Other specify		
Q205	How many different sexual partner did you ever have for vaginal sex	1. One partner 2. Two to Four Partner 3. More than four partner 4. I don't remember 5. No partner		
Q206	How many different sexual partner did you ever have for anal sex	1. One partner 2. Two to Four Partner 3. More than four partner 4. I don't remember 5. No partner		
Q207	How many different sexual partner did you ever have for oral sex	1. One partner 2. Two to Four Partner 3. More than four partner 4. I don't remember 5. No partner		
Q208	Have you ever had masturbated	1. Yes 2. No	Skip to →	2012
Q209	If you masturbated was it (possible to give more then one answer)	1. Individual 2. Group 3. Other Specify _____		
Q2010	How old were you when you had the first masturbating	() Age		
Q2011	How frequent is the masturbation	1. Once in a week 2. Two times in a week 3. Three times in a week 4. About three times a week 5. Others Specify		
Q2012	Have you had sex in the past 12 months	Yes No	Skip to →	301
Q2013	If You ever have Anal Sex your position was (possible to give more then one answer)	1. Incertive 2. Receptive 4. No Response		
Q2014	The sex made with anal was with (possible to give more then one answer)	1. Male partner 2. Female partner 3. With Both genders 4. No response		
Q2015	If You ever have Oral Sex your position was (possible to give more then one answer)	1. Incertive 2. Receptive 3. With Both genders 3. No Response		
Q2016	The sex made with Oral sex was with (possible to give more then one answer)	1. Male partner 2. Female partner 3. With Both genders 4. No response		

Q2017	Have you ever used condom or any barrier for vaginal sex	1.yes 2.no	
Q2018	Have you ever used condom or any barrier for anal sex	1.yes 2.no	
Q2019	Have you ever used condom or any barrier for oral sex	1.yes 2.no	
Q2020	How often in the past year, you had had vaginal sex.	5.Never 6.Once 7.Most months 4.Most weeks 5.Most days	
Q2021	How often in the past year You had had anal sex.	1.Never 2.Once 3.Most months 4.Most weeks 5.Most days	
Q2022	How often in the past year You had had oral sex.	1..Never 2.Once 3.Most months 4.Most weeks 5.Most days	
Q2023	How often in the past year you had used condom during vaginal sex	1.Never 2.Once 3.Most months 4.Most weeks 5.Most days	
Q2024	How often in the past year you had used condom during anal sex	Never Once Most months Most weeks Most days	
Q2025	How often in the past year you had used condom during oral sex	2.Never 3.Once 4.Most months 4.Most weeks 5.Most days	
Q2026	With whom did you have your last sexual intercourse	Regular male partner Regular female partner With a stranger With commercial sex worker Other	
Q2027	Did you use condom during last sexual intercourse	1.Yes 2.No	
Q2028	Why didn't you and your partner use condom at that time (possible to give more then one answer)	I trust my partner I don't like it Partner objected Not available Not comfortable It reduce sexual pleasure In a hurry Too expensive Embarrassed to ask for or to buy I was Drunk I Don't trust condom 12.Don't know how to apply condom 13. Any other	

Section 3 Substance use

Q301	Do you drink alcohol	Yes 2. No Skip to →	304
Q302	Have you been drunk in the last 12 months	1. Yes 2. No	
Q303	How often do you drink alcohol	1. Every day 2. Every week 3. Every month 4. Sometimes 5. On holy days	
Q304	Have you ever chewed chat	1. Yes 2. No Skip to →	307
Q305	Did you chew chat in the last 12 months	1. Yes 2. No	
Q306	How often do you chew chat	1. Every day 2. every week 3. every month 4. sometimes 5. On holy days	
Q307	Have you ever smoked cigarettes	1. Yes 2. No	
Q308	Did you smoke cigarette in the last 12 months	1. Yes 2. No	
Q309	How often do you smoke cigarette	1. Every day 2. every week 3. every month 4. sometimes 5. On holy days	
Q3010	How much do you smoke in a day	1. Less than half a packet 2. Half a packet 4. A packet 5. More than a packet 6. Other specify	

Section 4 Knowledge, attitude and risk perception towards HIV/AIDS

S.No	Questions	Response/Answer	Coding
Q401	Can a person get the HIV from unprotected vaginal sex?	1. Yes 2. No 3. Don't know	
Q402	Can a person get the HIV from unprotected anal sex?	1. Yes 2. No 3. Don't know	
Q403	Can a person get the HIV from oral sex?	1. Yes 2. No 3. Don't Know	
Q404	Can people protect themselves from HIV by having one Uninfected Faithful sex partners?(excluding other transmission route	1. Yes 2. No 3. Don't know	
Q405	Can people protect themselves from HIV by Abstaining from vaginal sexual intercourse	1. Yes 2. No 3. Don't know	
Q406	Can people protect themselves from HIV by Abstaining from anal sexual intercourse	1. Yes 2. No 3. Don't know	
Q407	Can people protect themselves from HIV by Abstaining from oral sexual intercourse	1. Yes 2. No 3. Don't know	
Q408	Can people protect themselves from HIV by using a condom correctly every time they had vaginal sex?	1. Yes 2. No 3. Don't know	
Q409	Can people protect themselves from HIV by using a condom correctly every time they had anal sex?	1.Yes 2.No 3.Don't know	
Q4010	Can people protect themselves from HIV by using a condom correctly every time they had oral sex?	1. Yes 2. No 3. Don't know	
Q4011	Do you believe having multiple sexual contact leads to HIV acquisitions	1. Yes 2. No 3. Don't know	
Q4012	Do you believe alcohol consumption and drug uses can predispose to HIV acquisition	1. Yes 2. No 3. Don't know	
Q4013	What is the likely hood that you are at risk of getting HIV/AIDS in the course of your life	1. Very high 2. High 3. Low 4. Very Low 5. No chance of infection	
Q4014	What is your chance of being infected with HIV/AIDS with your current behaviour	1. Very high 2. High 3. Low 4. Very Low 5. No chance of infection	
Q4015	How likely do you think it is , that you will get the HIV virus in the next five years	1. Very high 2. High 3. Low 4. Very Low 5. No chance of infection	

Section 5 Sexual abuse and reason for having sex

S.No	Questions	Response/Answer	Coding
Q501	Have you ever sexual harassed at home	1. Yes 2. No 3. I Don't know	
Q502	If you have ever been sexually harassed at home by whom: (possible to give more then one answer)	1. Step father/ mother 2. Father/mother 3. Sister/Brother 4. Friends 5. Other _____	
Q503	If you have ever been sexually harassed was it: (possible to give more then one answer)	1. Vaginal 2. Anal 3. Oral 4. Don't know	
Q504	Have you ever sexual harassed at school	1.Yes 2.No 3.Don't know	
Q505	If you have ever been sexually harassed at school by whom: (possible to give more then one answer)	1. Teacher 2. Students 3. Friends 4. Other _____	
Q506	If you have ever been sexually harassed was it: (possible to give more then one answer)	1. vaginal 2. Anal 3. Oral 4. Don't know	
Q507	If you did sexual intercourse what was the reason: (possible to give more then one answer)	1. Media influence 2. Pear pressure 3. Coercion/Rape 4. Natural feeling 5. Alcohol use 6. Chat chewing 7. Other _____	

Appendices B

አዲስ አበባ ዩኒቨርሲቲ የድህረ ምረቃ ፕሮግራም ሳይኮሎጂ ዲፓርትመንት

የፈቃደኝነት ማረጋገጫ ቅፅ/Consent Form/

ይህ ጥናት በአዲስ አበባ ከፍተኛ ሁለተኛ ደረጃ ት/ቤት ተማሪዎች ላይ ያተኮረ ስለ ወሲባዊ ዝንባሌ እና ተግባር የዳሰሳ ጥናት ለማድረግ የታቀደ ነው። የዚህ መጠይቅ ዋና አላማውም ስለ ግብረሰጋ ግንኙነት ገጽታ ተግባርና ልምምድ እንዲሁም የወሲብ ግንዛቤን እና ተግባርን (በተቃራኒ እና በተመሳሳይ ያታ መካከል የሚደረጉ የወሲብ አይነቶችን) የሚዎስኑ ሁኔታዎችን ለመለየት ይረዳል። በተጨማሪም በእነዚህ የወሲብ አይነቶች ውስጥ ለሚገኙ ወጣቶች ይህ የወሲብ ባህሪ ከሌሎች አይ ቪ እና ሌሎች የአባላዘር በሽታዎች ጋር ያለውን ዝምድና ብሎም የተዋልዶ ጤና አገልግሎት አጠቃቀም ሁኔታን በበቂ ሁኔታ ለመረዳት ያለመ ነው።

የጥናቱን ዓላማ ከግብ ለማድረስ የእርስዎ ሙሉ ትብብርና የተሟላ መረጃ ትልቅ አስተዋጽኦ ያደርጋል። ከእርስዎ የተገኘው መረጃ ለጥናቱ ብቻ የሚያገለግል እና በሚስጥር የሚያዘመሆኑን እስገነዝባለሁ። በጥናቱ ላይ ለመሳተፍ ጥናቱን ለማቋረጥ ወይም ላለመሳተፍ ሙሉ መብት አለዎት። መጠይቁን ለመሙላት ያለዎትን አነስተኛ ጊዜ እንዲሰጡኝ በትህትና እጠይቃለሁ።

ማላሰቢያ:

1. መጠይቁ አምስት ክፍሎች አሉት
2. እያንዳንዱ ጥያቄ የራሱ የሆነ መለያቁጥር እና አማራጭ መልስ ይኖረዋል።
3. ጥያቄዎቹን ካነበቡ በኋላ ከተሰጡት አማራጮች ቁጥሮቹን በመክበብ መልስ መስጠት ይችላሉ። ለአንዳንዶቹ ጥያቄዎች ተጨማሪ መልስ መስጠት ካስፈለገ ከእያንዳንዱ ጥያቄ ፊት ለፊት በተዘጋጀው መልስ መስጫ ላይ መመለስ ይቻላል።
4. ለአንዳንዶቹ ጥያቄዎች ፊት ለፊታቸው ወደ “ተ.ቁ...ይለፉ” የሚል ካጋጠመ የተወሰኑ ጥያቄዎች ማለፍ እንዳለብህ/ሽ ያመለክታል።
5. ለአንዳንዶቹ ጥያቄዎች ከአንድ በላይ መልስ መስጠት ይቻላል።
6. ግልጽ ያልሆነ ነገር ካጋጠመዎት ነጻ በመሆን መጠየቅ ይችላሉ።
7. በመጠይቁ ላይ ስም መጻፍ አያስፈልግዎትም።

መጠይቁን ለመሙላት:- ፈቃደኛ ነኝ ፈቃደኛ አይደለሁም

የመለያ ቁጥር _____

የመረጃ ማጠናቀሪያ መጠይቅ /Questionnaire/

የት/ቤቱ ስም:- _____

መጠይቁ የተሞላበት ቀን:- _____

ክፍል I: መሰረታዊ መረጃዎች/ማሳበራዊና ግላዊ ሁኔታ

ተ.ቁ	መጠይቅ	መልስ	ማስታወሻ
101	የታ?	1. ሴት 2. ወንድ	
102	ዕድሜ?	1. [] ዓመት	
103	ኃይማኖት?	1. ኦርቶዶክስ 2. ካቶሊክ 3. ፕሮቴስታንት 4. ሙስሊም 5. ኃይማኖት የለኝም 6. ሌላ ካለ ይገለፅ 7. አላውቀዉም 8. መልስ የለም	
104	የትምህርት ደረጃ	1. 9ኛ ክፍል 2. 10ኛ ክፍል 3. 11ኛ ክፍል 4. 12ኛ ክፍል	
105	አሁን የሚኖሩበት ሁኔታ	1. ከወላጅ ጋር 2. ከዘመድ ጋር 3. ጎዳና ተዳዳሪ 4. ሌላ ካለ ይገለፅ	
106	የወላጅ የጋብቻ ሁኔታ	1. ተጋብተዉ የሚኖሩ 2. ያልተጋቡ 3. የተፋቱ 4. በሞት ምክንያት የተለያዩ 5. ሌላ ካለ ይገልጽ	
107	የወላጅ የኢኮኖሚ ሁኔታ	1. በጣም ከፍተኛ 2. ከፍተኛ 3. መካከለኛ 4. ጎርቅተኛ 5. በጣም ዝቅተኛ 6. መልስ የለም	
108	የወላጅ የትምህርት ደረጃ	1. ማንበብና መጻፍ 2. ከ1ኛ-4ኛ ክፍል 3. ከ5ኛ-8ኛ ክፍል 4. ከ9ኛ-10ኛ ክፍል 5. ከ11ኛ-12ኛ ክፍል 6. ሰርተፍኬት ወይም ዲፕሎማ 7. የመጀመሪያ ድግሪና ከዚያ በላይ 8. መልስ የለም	

ክፍል2: የግብረሰጋ ግንኙነት ገፅታ: የወሲብ ተጓዳኝ ጉኔታ እና የኮንዶም አጠቃቀም

201	የግብረሰጋ ግንኙነት ፈፅመህ/ሽ ታዉቃለህ/ታዉቂያለሽ	1. አዎ 2. አላዉቅም (ወ.ተ.ቁ 208)	ማስታወሻ
202	በመጀመሪያዉ ወሲብ ወይም የግብረሰጋ ግንኙነት እድሜህ/ሽ ስንት ነበር?	() ዓመት	
203	ከሴት ብልት ዉጪ ስለሚደረግ ወሲብ/የግብረሰጋ ግንኙነት/ ሰምተህ/ሽ ታዉቃለህ/ቂያለሽ::	1. አዎ 2. አላዉቅም	
204	ከዚህ በፊት የነበሩህ/ሽን የወሲብ ጓደኛ በማስታወስ፤ ወሲባዊ ግንኙነቱ:- (ከአንድ በላይ መልስ መስጠት ይቻላል)	1. በሴት ብልት የተደረገ ነበር 2. በፊንጢጣ/በቂጥ/ የተደረገ ነበር 3. በአፍ የተደረገ ነበር 4. ሌላ ካለ ይገለፅ	
205	በሴት ብልት ለተደረገ ወሲብ ወይም የግብረሰጋ ግንኙነት የነበሩህ/ሽ የወሲብ ጓደኞች:	1. አንድ ተጓዳኝ ብቻ 2. ከሁለት እስከ አራት ተጓዳኝ 3. ከአራት በላይ ተጓዳኝ 4. ማስታዎስ አልቻልኩም 5. ተጓዳኝ አልነበረኝም	
206	በፊንጢጣ/በቂጥ/ ለተደረገ ወሲብ የነበሩህ/ሽ የወሲብ ጓደኞች:	1. አንድ ተጓዳኝ ብቻ 2. ከሁለት እስከ አራት ተጓዳኝ 3. ከአራት በላይ ተጓዳኝ 4. ማስታዎስ አልቻልኩም 5. ተጓዳኝ አልነበረኝም	

207	በአፍ ለሚደረግ ወሲብ/የግንዛቤ ማጠናቀቅ የወሲብ ጓዳኞች:	<ol style="list-style-type: none"> 1. አንድ ተጓዳኝ ብቻ 2. ከሁለት እስከ አራት ተጓዳኝ 3. ከአራት በላይ ተጓዳኝ 4. ማስታዎስ አልቻልንም 5. ተጓዳኝ አልነበረንም
208	ሴጋ ወይም ግለ ወሲብ/ራስን በራስ የማርካት/አጋጣሚ ነበረህ/ሽ	<ol style="list-style-type: none"> 1. አዎ 2. በፍጹም (ወ.ተ.ቁ 2012)
209	ሴጋ ወይም ግለ ወሲብ /ራስን በራስ የማርካት/አድርገህ/ሽ የምታወቅ/ቂ ከሆነ:- (ከአንድ በላይ መልስ መስጠት ይቻላል)	<ol style="list-style-type: none"> 1. በግል/ለብቻ 2. በቡድን/በጋራ 3. ሌላ ካለ ይገለጹ
2010	ለመጀመሪያ ጊዜ ግለ ወሲብ/ሴጋ/ ማድረግ የጀመርክዉ/ሽዉ በስንት አመትህ/ሽ ነበር	() ዓመት
2011	ግለ ወሲቡን የምታደርገዉ/ጊዉ	<ol style="list-style-type: none"> 1. በሳምንት አንድ ጊዜ 2. በሳምንት ሁለት ጊዜ 3. በሳምንት ሶስት ጊዜ 4. በሳምንት ከሶስት ጊዜ በላይ 5. ሌላ ካለ ይገለጽ
2012	ላለፉት 12 ወራት ወሲብ አድርገህ/ሽ ታወቃለህ/ቂያለሽ?	<ol style="list-style-type: none"> 1. አዎ 2. አላወቅም (ወ.ተ.ቁ 301)
2013	በፊንጢጣ የሚደረግ ወሲብ ፈፅመህ/ሽ የምታወቅ/ቂ ከሆነ እንዴት ነበር? (ከአንድ በላይ መልስ መስጠት ይቻላል)	<ol style="list-style-type: none"> 1. ማስገባት 2. መቀበል 3. መልስ የለም
2014	በፊንጢጣ የተደረገዉ ወሲብ የተፈጸመዉ (ከአንድ በላይ መልስ መስጠት ይቻላል)	<ol style="list-style-type: none"> 1. ከወንድ ጋር ነበር 2. ከሴት ጋር ነበር 3. ከሁለቱም ጋር 4. መልስ የለም
2015	በአፍ የሚደረግ ወሲብ አድርገህ/ሽ የምታወቅ/ቂ ከሆነ እንዴት ነበር? (ከአንድ በላይ መልስ መስጠት ይቻላል)	<ol style="list-style-type: none"> 1. ማስገባት 2. መቀበል 3. መልስ የለም
2016	በአፍ የተደረገዉ ወሲብ የተፈጸመዉ (ከአንድ በላይ መልስ መስጠት ይቻላል)	<ol style="list-style-type: none"> 1. ከወንድ ጋር ነበር 2. ከሴት ጋር ነበር 3. ከሁለቱም ጋር 4. መልስ የለም
2017	ከዚህ በፊት በሴት ብልት ለተደረገ ወሲብ ኮንዶም ወይም ሌላ አጋጅ መከላከያ ተጠቅመህ/ሽ ታወቃለህ/ሽ	<ol style="list-style-type: none"> 1. አዎ 2. አላወቅም
2018	ከዚህ በፊት በፊንጢጣ ለተደረገ ወሲብ ኮንዶም ወይም ሌላ አጋጅ መከላከያ ተጠቅመህ/ሽ ታወቃለህ/ሽ	<ol style="list-style-type: none"> 1. አዎ 2. አላወቅም
2019	ከዚህ በፊት በአፍ ለተደረገ ወሲብ ኮንዶም ወይም ሌላ አጋጅ መከላከያ ተጠቅመህ/ሽ ታወቃለህ/ሽ	<ol style="list-style-type: none"> 1. አዎ 2. አላወቅም
2020	በዚህ አንድ አመት ውስጥ በሴት ልጅ ብልት የተደረገ ወሲብ ምን ያክል ጊዜ ነበር?	<ol style="list-style-type: none"> 1. በፍፁም አልነበረም 2. አንድ ጊዜ 3. በወራት ውስጥ በአብዛኛዉ 4. በሳምንት ውስጥ በአብዛኛዉ 5. በቀናት ውስጥ በአብዛኛዉ
2021	በዚህ አንድ አመት ውስጥ በፊንጢጣ የተደረገ ወሲብ ምን ያክል ጊዜ ነበር?	<ol style="list-style-type: none"> 1. በፍፁም አልነበረም 2. አንድ ጊዜ 3. በወራት ውስጥ በአብዛኛዉ 4. በሳምንት ውስጥ በአብዛኛዉ 5. በቀናት ውስጥ በአብዛኛዉ
2022	በዚህ አንድ አመት ውስጥ በአፍ የተደረገ ወሲብ ምን ያክል ጊዜ ነበር?	<ol style="list-style-type: none"> 1. በፍፁም አልነበረም 2. አንድ ጊዜ 3. በወራት ውስጥ በአብዛኛዉ 4. በሳምንት ውስጥ በአብዛኛዉ 5. በቀናት ውስጥ በአብዛኛዉ
2023	በዚህ አንድ አመት ውስጥ በሴት ልጅ ብልት በተደረገ ወሲብ ኮንዶም የመጠቀም ሁኔታ ምን ያክል ጊዜ ነበር?	<ol style="list-style-type: none"> 1. በፍፁም አልነበረም 2. አንድ ጊዜ ብቻ 3. በወራት ውስጥ በአብዛኛዉ 4. በሳምንት ውስጥ በአብዛኛዉ 5. በቀናት ውስጥ በአብዛኛዉ
2024	በዚህ አንድ አመት ውስጥ በፊንጢጣ በተደረገ ወሲብ ኮንዶም የመጠቀም ሁኔታ ምን ያክል ጊዜ ነበር?	<ol style="list-style-type: none"> 1. በፍፁም አልነበረም 2. አንድ ጊዜ 3. በወራት ውስጥ በአብዛኛዉ 4. በሳምንት ውስጥ በአብዛኛዉ 5. በቀናት ውስጥ በአብዛኛዉ

2025	በዚህ አንድ አመት ውስጥ በአፍ በተደረገ ወሲብ ኮንዶም ወይም ሌላ መከላከያ የመጠቀም ሁኔታ ምን ያክል ጊዜ ነበር?	<ol style="list-style-type: none"> 1. በፍፁም አልነበረም 2. አንድ ጊዜ 3. በወራት ውስጥ በአብዛኛው 4. በሳምንት ውስጥ በአብዛኛው 5. በቀናት ውስጥ በአብዛኛው 	
2026	የመጨረሻው ወሲባዊ ግንኙነት/ሽ ከማንጋር ነበር?	<ol style="list-style-type: none"> 1. ቋሚ የወንድ ንደኛ 2. ቋሚ የሴት ንደኛ 3. ከማላውቀው/ቃት ሰው ጋር 4. ከሴተኛ አዳሪ ጋር 5. ሌላ ካለ ይገለጹ 	
2027	በመጨረሻ ለተደረገ ወሲብ ኮንዶም ተጠቅመህ/ሽ ነበር?	<ol style="list-style-type: none"> 1. አዎ 2. አልተጠቀምኩም 	
2028	ካልተጠቀምክ/ህ ምክንያቱ ምን ነበር? (ከአንድ በላይ መልስ መስጠት ይቻላል)	<ol style="list-style-type: none"> 1. ንደኛዬን ስለማምነው/ናት 2. ኮንዶም ስለማሉድ 3. ንደኛዬ በመቃወሙ/በመቃወሚ 4. ኮንዶም በአቅራቢያዬ ባለማግኘቴ 5. ኮንዶም ስለማይመቸኝ 6. ስሜት ስለሚቀንስ 7. በችኮላ ላይ ስለነበርኩ 8. ወድ ስለሆነ 9. ለመጠየቅ ወይም ለመግዛት ስለፈራሁ 10. ጠጥቼ ስለነበር 11. በኮንዶም ስለማልተማመን 12. አጠቃቀሙን ስለማላውቅ 13. ሌላ ካለ ይገለጽ 	

ክፍል 3: የደባል ሱስ አጠቃቀም ሁኔታ

301	አልኮል መጠጦችን ትጠቀማለህ/ሚያለሽ?	<ol style="list-style-type: none"> 1. አዎ 2. አልጠቀምም (ወደ ተ.ቁ 304) 	ማስታወሻ
302	ላለፉት 12 ወራት መጠጥ ጠጥተህ/ሽ ታወቃለህ/ቂያለሽ?	<ol style="list-style-type: none"> 1. አዎ 2. አልጠቀምም 	
303	በምን ያክል ጊዜ ትጠጣለህ/ጨያለሽ?	<ol style="list-style-type: none"> 1. በየቀኑ 2. በየሳምንቱ 3. በየወሩ 4. አልፎ አልፎ 5. በበአል ቀናት 	
304	ጫት ቅመህ ታወቃለህ/ ቂያለሽ	<ol style="list-style-type: none"> 1. አዎ 2. አላወቅም (ወደ ተ.ቁ 307) 	
305	ላለፉት 12 ወራት ጫት ቅመህ/ሽ ታወቃለህ/ ቂያለሽ?	<ol style="list-style-type: none"> 1. አዎ 2. አላወቅም 	
306	በምን ያክል ጊዜ ጫት ትቅማለህ/ ሽ?	<ol style="list-style-type: none"> 1. በየቀኑ 2. በየሳምንቱ 3. በየወሩ 4. አልፎ አልፎ 5. በበአል ቀናት 	
307	ሲጋራ አጭሰህ/ ሽ ታወቃለህ/ ቂያለሽ?	<ol style="list-style-type: none"> 1. አዎ 2. አላወቅም 	
308	ላለፉት 12 ወራት ሲጋራ አጭሰህ/ሽ ታወቃለህ/ ቂያለሽ?	<ol style="list-style-type: none"> 1. አዎ 2. አላወቅም 	
309	በምን ያክል ጊዜ ታጨሳለህ/ሻለሽ?	<ol style="list-style-type: none"> 1. በየቀኑ 2. በየሳምንቱ 3. በየወሩ 4. አልፎ አልፎ 5. በበአል ቀናት 	
3010	በቀን ምን ያክል ሲጋራ ታጨሳለህ/ሻለሽ?	<ol style="list-style-type: none"> 1. ከግማሽ ፓኬት በታች 2. ግማሽ ፓኬት 3. አንድ ፓኬት 4. ከአንድ ፓኬት በላይ 5. ሌላ ካለ ይገለጽ 	

ክፍል 4: ስለ ኤች. አይ. ቪ/ኤድስ ያለ የእውቀት ዝንባሌ እና ግንዛቤ ሁኔታ

ተ.ቁ	ጥያቄዎች	መልስ	ማስታወሻ
401	አንድ ሰው በሌት ልጅ ብልት ጥንቃቄ የጎደለው ወሲብ ቢፈፅም ለኤች. አይ.ቪ. ሊጋለጥ ይችላል?	1. አዎ 2. በፍፁም 3. አላውቅም	
402	አንድ ሰው በፊንጢጣ በሚደረግ ጥንቃቄ የጎደለው ወሲብ ቢፈፅም ለኤች. አይ.ቪ. ሊጋለጥ ይችላል?	1. አዎ 2. በፍፁም 3. አላውቅም	
403	አንድ ሰው በአፍ በሚደረግ ጥንቃቄ የጎደለው ወሲብ ቢፈፅም ለኤች. አይ.ቪ. ሊጋለጥ ይችላል?	1. አዎ 2. በፍፁም 3. አላውቅም	
404	አንድ ሰው ለቫይረሱ ያልተጋለጠን ታማኝ የወሲብ ንደኛ በመያዝ (ሌሎች የመተላለፊያ መንገዶችን ሳይጨምር) ራሱን ከኤች አይ.ቪ. መከላከል ይቻላል?	1. አዎ 2. በፍፁም 3. አላውቅም	
405	አንድ ሰው በሌት ልጅ ብልት ከሚደረግ ወሲብ በመታቀብ ራሱን ከኤች አይ.ቪ. መከላከል ይቻላል?	1. አዎ 2. በፍፁም 3. አላውቅም	
406	አንድ ሰው በፊንጢጣ ከሚደረግ ወሲብ በመታቀብ ራሱን ከኤች አይ.ቪ. መከላከል ይቻላል?	1. አዎ 2. በፍፁም 3. አላውቅም	
407	አንድ ሰው በአፍ ከሚደረግ ወሲብ በመታቀብ ራሱን ከኤች አይ.ቪ. መከላከል ይቻላል?	1. አዎ 2. በፍፁም 3. አላውቅም	
408	አንድ ሰው በሌት ልጅ ብልት ለሚደረግ ወሲብ ከንደምን ቢጠቀም ራሱን ከኤች አይ.ቪ. መከላከል ይቻላል?	1. አዎ 2. በፍፁም 3. አላውቅም	
409	አንድ ሰው በፊንጢጣ ለሚደረግ ወሲብ ከንደምን ቢጠቀም ራሱን ከኤች አይ.ቪ. መከላከል ይቻላል?	1. አዎ 2. በፍፁም 3. አላውቅም	
4010	አንድ ሰው በአፍ ለሚደረግ ወሲብ ከንደምን ቢጠቀም ራሱን ከኤች አይ.ቪ. መከላከል ይቻላል?	1. አዎ 2. በፍፁም 3. አላውቅም	
4011	ከብዙ የወሲብ ተጓዳኝ ጋር ወሲብ መፈፀም ለኤች.አይ. ቪ. ያጋልጣል ብለህ ታምናለህ/ ኛለሽ?	1. አዎ 2. በፍፁም 3. አላውቅም	
4012	አልኮልና ሌሎች ዕዳችን መጠቀም ለኤች.አይ. ቪ. ያጋልጣል ብለህ ታምናለህ/ ኛለሽ?	1. አዎ 2. በፍፁም 3. አላውቅም	
4013	በሀይወት ዘመን/ሽ ለኤች አይ ቪ የመጋለጥ እድል/ ሽ የቱን ያህል ነው?	1. በጣም ከፍተኛ 2. ከፍተኛ 3. ዝቅተኛ 4. በጣም ዝቅተኛ 5. የመጋለጥ እድል የለኝም	
4014	አሁን ባለህ/ሽ የጠባይ ሁኔታ ለኤች አይ ቪ የመጋለጥ እድል/ ሽ የቱን ያህል ነው?	1. በጣም ከፍተኛ 2. ከፍተኛ 3. ዝቅተኛ 4. በጣም ዝቅተኛ 5. የመጋለጥ እድል የለኝም	
4015	በሚቀጥሉት ዓመት ዓመታት ውስጥ ለቫይረሱ የመጋለጥ እድል አለኝ ብለህ ትገምታለህ/ ሽ?	1. በጣም ከፍተኛ 2. ከፍተኛ 3. ዝቅተኛ 4. በጣም ዝቅተኛ 6. የመጋለጥ እድል የለኝም	

ክፍል 5: ወሲባዊ/አካላዊ ጥቃት የኤች.አይ.ቪ ምርመራ እና ወሲብን የመጀመር ምክንያት

ተ.ቁ	ጥያቄዎች	መልስ	ማስታወሻ
501	በቤት ውስጥ የወሲብ ጥቃት ደርሶብኝ/ ህ ያወቃል?	1. አዎ 2. በፍፁም 3. አላውቅም	
502	በቤት ውስጥ የወሲብ ጥቃት ደርሶብኝ/ ህ ያሚያወቅ ከሆነ ጥቃቱ የተፈፀመው በማን ነበር? (ከአንድ በላይ መልስ መስጠት ይቻላል)	1. በእንጀራ አባት/አናት 2. በአባት/በእናት 3. በእህት/በወንድም 4. በጓደኛ 5. ሌላ ካለ ይገለጽ _____	
503	የወሲብ ጥቃቱ የተፈፀመብህ/ሽ (ከአንድ በላይ መልስ መስጠት ይቻላል)	1. በሴት ልጅ ብልት 2. በፊንጥታ 3. በአፍ 4. አላውቀውም/አላስታወሰውም 5. ሌላ ካለ ይገለጹ	
504	ምት/ቤት ውስጥ የወሲብ ጥቃት ደርሶብኝ/ ህ ያወቃል?	3. አዎ 4. በፍፁም 3. አላውቅም	
505	በት/ቤት ውስጥ የወሲብ ጥቃት ደርሶብኝ/ ህ ያሚያወቅ ከሆነ ጥቃቱ የተፈፀመው በማን ነበር? (ከአንድ በላይ መልስ መስጠት ይቻላል)	1. በመምህር 2. በተማሪዎች 3. በጓደኛ 4. ሌላ ካለ ይገለጹ _____	
506	የወሲብ ጥቃቱ የተፈፀመው: (ከአንድ በላይ መልስ መስጠት ይቻላል)	1. በሴት ልጅ ብልት 2. በፊንጢጣ 3. በአፍ 4. አላውቀውም/አላስታወሰውም 5. ሌላ ካለ ይገለጹ	
507	ወሲብ አድርገህ የምታወቅ/ቱ ከሆነ ምክንያቱ ቢገልጽ (ከአንድ በላይ መልስ መስጠት ይቻላል)	1. በሚዲያ ተፅእኖ 2. በአቻ ግፊት 3. በአስገደዶ መድፈር 4. ተፈጥሮአዊ በሆነ ስሜት 5. አልኮል በመጠቀም 6. ጫት በመቃም 7. በወሲብ ጓደኛ ግፊት 8. ሌላ ካለ ይገለጹ	

Addis Ababa University
Post Graduate Program
Department of Psychology

Appendices C

Focus Group Discussion /FGD/ Questions Guide for thesis work entitled
"sexual Orientation among young people in Addis Ababa".

1. What is sex for young people?
2. Do in school youths practice sex?
3. When young people feel about their first sexual feeling?
4. At what age young people first start dating.
5. Who start sexual activity early (male or female) why?
6. Who initiate sexual activity (Male or female? and who terminate sexual relationship?)
7. What makes young people to start sexual intercourse?
8. How would you describe young people sexual relationship? Casual, serious, exploratory etc. How long did it last?
9. Is multiple sexual relationship common among young people, how many?
10. Is there any sexual act or practice other than the "normal"-vaginal?, anal sex?... practice, if so what?
11. What are the reasons for engaging in those activities?
12. Is there a chance of HIV infection by such sexual practices?
13. What do young people feel about engaging in those activities? Do these activities mean different things to you? How do you feel about them?
14. Is it common to have sex with the same gender? if yes who, why and where?
15. What do you think, feel and do about it?
16. Do young people use condom, for what type of sexual practice?
17. Why young people fail to use condom?
18. Are sexually transmitted infections common among in school young people?
19. Does Sexual transmitted infection including HIV/AIDs vary according to the type of the sexual practices?
20. Is it possible to prevent STIs by using condom regardless of the type of sexual practices?
21. What are the possible methods young people protect themselves from contracting STIs.
22. Is masturbation common among young people? if so why?
23. Do school youths abused sexually? Where? And by whom?

Appendices E

አዲስ አበባ ዩኒቨርሲቲ የድህረ ምረቃ ፕሮግራም ሳይኮሎጂ ዲፓርትመንት

በአዲስ አበባ ሁለተኛ ደረጃ ት/ቤት ወጣቶች ላይ ለሚጠናዉ የወሲብ ግንዛቤ እና ተግባር ጥናት የቃለ መጠይቅ መመሪያ።

ይህ ጥናት በአዲስ አበባ ከፍተኛ ሁለተኛ ደረጃ ት/ቤት ተማሪዎች ላይ የተኮረ ስለ ወሲባዊ ዝንባሌ እና ተግባር የዳሰሳ ጥናት ለማድረግ የታቀደ ነዉ። የዚህ ቃለ መጠይቅ ዋና አላማዉም ስለ ግብረሰጋ ግንኙነት ገጽታ ተግባርና ልምምድ እንዲሁም የወሲብ ግንዛቤን እና ተግባርን (በተቃራኒ እና በተመሳሳይ የታመካከል የሚደረጉ የወሲብ አይነቶችን) የሚዎስኑ ሁኔታዎችን ለመለየት ይረዳል። በተጨማሪም በእነዚህ የወሲብ አይነቶች ውስጥ ለሚገኙ ወጣቶች ይህ የወሲብ ባህሪ ከኤች አይ ቪ እና ሌሎች የአባላዘር በሽታዎች ጋር ያለውን ዝምድና ብሎም የተዋልዶ ጤና አገልግሎት አጠቃቀም ሁኔታን በበቂ ሁኔታ ለመረዳት ያለመ ነዉ።

የጥናቱን ዓላማ ከግብ ለማድረስ የእርስዎ ሙሉ ትብብርና የተሟላ መረጃ ትልቅ አስተዋኦ ያደርጋል። ከእርስዎ የተገኘዉ መረጃ ለጥናቱ ብቻ የሚያገለግል እና በሚስጥር የሚያዝ መሆኑን እስገነዝባለሁ። በጥናቱ ላይ ለመሳተፍ ጥናቱን ለማቋረጥ ወይም ላለመሳተፍ ሙሉ መብት አለዎት። ለቃለ መጠይቁ ያለዎትን አነስተኛ ጊዜ ስለሰጡኝ አመሰግናለሁ።

1. ያታ?
2. ዕድሜ?
3. ኃይማኖት?
4. የትምህርት ደረጃ
5. የወላጅ የጋብቻ ሁኔታ
6. የወላጅ የኢኮኖሚ ሁኔታ
7. የወላጅ የትምህርት ደረጃ
8. ወሲብ/የግብረሰጋ ግንኙነት/ ምንድነው?
9. የወሲብ ስሜት ለመጀመሪያ ጊዜ የተሰማህ/ሽ መቼ ነው?
 - ለተቃራኒ ያታ
 - ለተመሳሳይ ያታ
10. የግብረሰጋ ግንኙነት የጀመርከው በስንት አመትህ/ሽ ነው?
11. ወሲብዎ ግንኙነቱ ከተመሳሳይ ያታ ጋር ብቻ ነበር ወይሳ ከተቃራኒም?
12. ወሲባዎ ግንኙነት እንዴት ይገለጻል? ድንገተኛ? የታቀደ?
13. ከአንድ የወሲብ ተጓዳኝ ጋር ለምን ያክል ጊዜስ ትቆያለህ?
 - ከተመሳሳይ ያታ ጋር
 - ከተቃራኒ ያታ ጋር
14. እስካሁን ድረስ ስንት የወሲብ ጓደኛ ነበረህ/ሽ? የወንድ? የሴት?
15. ወሲብዎ ግንኙነቱን የምታደርገው/ጊዜ በሴት ልጅ ብልት? በፊንጢጣ? በአፍ?
16. በፊንጢጣ ወይም በአፍ ለሚደረግው መሲብ የአንተ ድርሻ አስገቢ? ተቀባይ?
17. የግብረሰጋ ግንኙነቶቹን ከፈጸምክ/ህ በኋላ ምንስ ይሰማኃል?
18. የዚህን አይነት ወሲባዎ ግንኙነት በምን ምክንያት ጀመርክ/ሽ? ከማን ጋር?
19. ከተመሳሳይ ያታ ጋር የምታደርገውን የግብረሰጋ ግንኙነት ለማቆም አስበህ ታዉቃለህ/ሽ
20. ሴጋ ወይም ግለ ወሲብ/ራስን በራስ የማርካት/ አጋጣሚ ነበረህ/ሽ?
21. ለመጀመሪያ ጊዜ ግለ ወሲብ/ሴጋ/ ማድረግ የጀመርከው/ሽዉ በስንት አመትህ/ሽ ነበር?
22. ሴጋ ወይም ግለ ወሲብ /ራስን በራስ ማርካት/ የምታደርገው/ጊዜ ከማን ጋር ነው?
23. ግለ ወሲብን የምታደርገው/ጊዜ በምን ያክል ጊዜ ነው?
24. ኮንዶም ተጠቅመህ/ሽ ታዉቃለህ/ቂያለሽ? ከተጠቀምክ ለየትኛዉ የወሲብ አይነት? ካልተጠቀምክ ለምን?
25. አልኮል መጠጦችን ትጠቀማለህ/ሚያለሽ?
26. በምን ያክል ጊዜ ትጠጣለህ/ጨያለሽ?
27. ጫት ቅመህ ታዉቃለህ/ ቂያለሽ
28. በምን ያክል ጊዜ ጫት ትቅማለህ/ ሽ?
29. ሲጋራ አጭሰህ/ ሽ ታዉቃለህ/ ታዉቂያለሽ?
30. በምን ያክል ጊዜ ታጨሳለህ/ሻለሽ?
31. በቀን ምን ያክል ሲጋራ ታጨሳለህ/ሻለሽ?

32. የወሲብ ጥቃት ወይም ትንኮሳ ደርሶብሽ/ህ ያወ.ቃል?

33. የወሲብ ጥቃት ወይም ትንኮሳ ደርሶብሽ/ህ ያሚያወቅ ከሆነ ጥቃቱ የተፈጸመው በማን ነበር?

34. የወሲብ ጥቃቱ ወይም ትንኮሳው የተፈጸመብህ/ሽ እንዴት ነበር? በየትኛው የሰውነት ክፍል?

35. የወሲብ ጥቃቱ ወይም ትንኮሳው የተፈጸመው የት ነበር?

36. አካላዊ ጥቃት ደርሶብህ/ሽ ያወ.ቃል?

37. አካላዊ ጥቃት ደርሶብሽ/ህ ደርሶብሽ/ህ ያሚያወቅ ከሆነ ጥቃቱ የተፈጸመው በማን ነበር?

38. አካላዊ ጥቃት ደርሶብሽ/ህ ያሚያወቅ ከሆነ ጥቃቱ የተፈጸመው የት ነበር?

የወሲብ ግንዛቤንና ዝናባሌን መለኪያ						
መጠይቅ	ከተቃራኒ የታ ጋር ብቻ	ከተቃራኒ የታ ጋር በአብዛኛው	ከሁለቱም የታ ጋር እኩል	ከተመሳሳይ የታ ጋር በአብዛኛው	ከተመሳሳይ የታ ጋር ብቻ	
በወሲብ የምትማረከው ?						
ወሲብ የፈጸምከው ?						
ወሲብ ደስ የሚለህ?						
ምቾት ወይም መቅረብ ደስ የሚለህ?						
መግባባት የምቶደው?						
	ከተቃራኒ የታ ወሲብ አድራጊ ጋር ብቻ	በአብዛኛው ከተቃራኒ የታ ጋር ወሲብን ከሚያደርግ	በእኩል ከሁለቱም የታ ጋር ወሲብን ከሚያደርግ	በአብዛኛው ከተመሳሳይ የታ ጋር ወሲብ ከሚያደርግ	ከተመሳሳይ የታ ጋር ወሲብ ከሚያደርግ ብቻ	
ግዜህን ማሳለፍ የምትመርጠው?						
እራስክን የምትመድበው?						

ስለ ኤች. አይ .ቪ/ኤድስ ያለ የእውቀት ዝንባሌ እና ግንዛቤ ሁኔታ					
ጥያቄዎች	በጣም ከፍተኛ	ከፍተኛ	ዝቅተኛ	እጅግ ዝቅተኛ	አይተላለፍም
በሴት ልጅ ብልት ጥንቃቄ የጎደለው ወሲብ ቢፈጸም ለኤች. አይ.ቪ የመጋለጥ ሁኔታ					
በፊንጢጣ ጥንቃቄ የጎደለው ወሲብ ቢፈጸም ለኤች. አይ.ቪ የመጋለጥ ሁኔታ					
አፍ ጥንቃቄ የጎደለው ወሲብ ቢፈጸም ለኤች. አይ.ቪ የመጋለጥ ሁኔታ					
በሴት ልጅ ብልት ከሚደረግ ወሲብ በመታቀብ ራሱን ከኤች አይ.ቪ የመከላከል ሁኔታ					
በፊንጢጣ ከሚደረግ ወሲብ በመታቀብ ራሱን ከኤች አይ.ቪ የመከላከል ሁኔታ					
በአፍ ከሚደረግ ወሲብ በመታቀብ ራሱን ከኤች አይ.ቪ የመከላከል ሁኔታ					
በሴት ልጅ ብልት ለሚደረግ ወሲብ ኮንዶምን በመጠቀም ራስን ከኤች አይ.ቪ የመከላከል ሁኔታ					
በፊንጢጣ ለሚደረግ ወሲብ ኮንዶምን በመጠቀም ራስን ከኤች አይ.ቪ የመከላከል ሁኔታ					
በአፍ ለሚደረግ ወሲብ ኮንዶምን በመጠቀም ራስን ከኤች አይ.ቪ የመከላከል ሁኔታ					
ከተመሳሳይ የታ ጋር ወሲብ መፈጸም ለኤች.አይ. ቪ የማጋለጥ ሁኔታ					
አሁን ባለህ/ሽ ሁኔታ ለኤች አይ ቪ የመጋለጥ እድልህ/ ሽ የቱን ያህል ነው?					

In-depth Interview Questions Guide for lesbians and gays for the thesis work entitled "sexual Orientation among young people in Addis Ababa".

1. Sex
2. Age
3. Religion
4. Level of Education
5. Parents' Marital status
6. Parents' Education status
7. Parents' economic status
8. What is sex for you?
9. When did you first feel about sexual relationship? With same sex? With opposite sex?
10. At what age first start dating.
11. Was the sexual relationship with same or opposite sex?
12. How would you describe your sexual relationship? Casual or planned?
13. For how long does the sexual relationship wait? With same sex? With opposite sex?
14. How many sexual partners did you have? For same sex? For opposite sex?
15. The sexual relationship was with vagina? anal? oral?
16. Your role in practicing anal or oral sex was? Inserter? Receptor?
17. What do you feel after you practice anal or oral sex?
18. How did you start such non-vaginal sex? With whom?
19. Did you think to terminate such kind of sexual relationship?
20. Do you practice masturbation?
21. At what age did you start masturbating?
22. With whom do you do masturbating?
23. How frequently use practice masturbation?
24. Do you use condom? For which type of sex usually you use condom? If you don't use why?
25. Do you drink alcohol?
26. How often do you drink alcohol?
27. Have you ever chewed chat?
28. How often do you chew chat?
29. Have you ever smoked cigarettes?
30. How often do you smoke cigarette?

31. How much do you smoke in a day?
32. Have you ever been sexual harassed?
33. If you have ever been sexually harassed by whom?
34. If you have ever been sexually harassed was it vaginal? Anal? Oral?
35. Where did the sexual harassment happen?
36. Have ever been physically harassed?
37. If you have ever been physically harassed by whom?
38. If you have ever been physically harassed where? School? Home/ or...

Sexual Orientation and attitude grid					
Questions	Opposite sex only	Opposite sex mostly	With both sex equally	With same sex mostly	Same sex only
Attracted for sex with					
Sex practiced with					
Enjoying sex with					
Comfortable with					
You want to interact					
	Heterosexual Only	Heterosexual Mostly	Both heterosexual and homosexual equally	Homosexual mostly	Homosexual Only
Preferring to take your time					
You belong yourself					

Knowledge, attitude and risk perception towards HIV/AIDS					
Questions	Very high	High	Low	Very Low	Can't transmit
The chance of get HIV through unprotected vaginal sex?					
The chance of get HIV through unprotected anal sex?					
The chance of get HIV through oral sex?					
HIV protection by abstaining from vaginal sex					
HIV protection by abstaining from anal sex					
HIV protection by abstaining from oral sex					
HIV protection by using condom correctly for vaginal sex					
HIV protection by using condom correctly for anal sex					
HIV protection by using condom correctly for oral sex					
The chance of HIV transmission through unprotected sex with same gender.					
What is chance of being infected with HIV/AIDS with your current behaviour					

1999 E.C Government Secondary Schools Number of students

Appendices: G

NO	SCHOOL	SUB - CITY	GRADE	STUDENTS			TOTAL
				M	F	T	
1	ADDIS KETEMA	ADDIS K.	9	721	667	1418	3018
			10	600	445	1045	
			12	134	109	263	
				224	68	292	
2	MEMILK II	ARADA	9	259	323	582	4307
			10	704	792	1496	
			11	432	568	1000	
				320	300	620	
			12	162	129	291	
				220	98	318	
3	DERARTU T.	AKAKI	9	668	701	1369	2951
			10	548	563	1111	
			11	84	111	195	
				81	48	129	
			12	48	24	72	
				56	19	75	
4	ABİYOT KIRS	KIRKOS	9	866	1067	1933	5809
			10	987	1238	2225	
			11	232	382	614	
				271	242	513	
			12	100	120	220	
				187	117	304	
5	M/ALEM	GULLELE	9	1200	1225	2425	7682
			10	1638	1803	3441	
			11	251	338	589	
				292	196	488	
			12	162	173	335	
				254	150	404	
6	YEKATIT 12	GULLELE	9	860	925	1785	5294
			10	764	880	1644	
			11	268	530	798	
				266	237	503	
			12	132	129	261	
				146	157	303	
7	BOLE	BOLE	9	567	665	1232	4940
			10	913	1093	2006	
			11	214	411	625	
				327	235	562	
			12	126	136	262	
				172	81	253	
8	D/WONDRAD	YEKA	9	859	961	1820	4201
			10	726	819	1545	
			11	111	201	312	
				136	116	252	
			12	70	71	141	
				89	42	131	
9	HIGHER 23	Kolfie ?	9	265	295	560	3129
			10	438	511	949	
			11	288	445	733	
				317	251	568	
			12	83	82	165	
				44	110	154	
Total				19902	21399		41331

1999 E.C Non-governmnet secondary school number of students

Appendices H

NO	SCHOOL	SUB CITY	GRADE	STUDENTS			TOTAL
				M	F	T	
1	BETEL M/EYESUS	ADDIS K.	9		127	127	422
			10		99	99	
			11		48	48	
					72	72	
			12		40	40	
					36	36	
2	ETHIO-PARENTS	GULLELE	9	10	25	35	162
			10	7	16	23	
			11	8	16	24	
				20	13	33	
			12	7	15	22	
				12	13	25	
3	ENAT	GULLELE	9	86	71	157	411
			10	62	67	129	
			11	17	16	33	
				32	21	53	
			12	12	8	20	
				11	8	19	
4	MESKAYE H/M	GULLELE	9	91	107	198	858
			10	107	100	207	
			11	41	55	96	
				52	44	96	
			12	50	85	135	
				68	58	126	
5	LAZARIST	GULLELE	9	69	41	110	359
			10	52	32	84	
			11	22	22	44	
				37	17	54	
			12	15	15	30	
				28	9	37	
6	St MARRY	GULLELE	9	27	177	204	716
			10	16	129	145	
			11	6	95	101	
				13	95	108	
			12		79	79	
					79	79	
7	ELSHADY H/S	GULLELE	9	84	79	163	291
			10	53	31	84	
			11th	8	7	15	
				6	8	14	
			12th	3	5	8	
				4	3	7	
8	HORIZON Y/AC.	BOLE	9	28	13	41	124
			10	21	13	36	
			11	8	7	15	
				6	9	15	
			12	3	1	4	
				11	2	13	
9	YENEGEW SEW	BOLE	9	51	52	103	124
			10	53	55	108	
			11	29	48	77	
				29	35	64	
			12	36	50	86	
				44	44	88	

20	ABADIR SEC.SC.	KOLFE K.	9	56	94	150	
			10	56	51	107	
			11	24	39	63	
				32	24	56	
			12	9	7	16	
							392
21	KOKEB	KOLFE K.	9	57	76	133	
			10	58	60	118	
			11	23	40	63	
				52	51	103	
			12	19	30	49	
				21	20	41	
							507
22	AWOLIA No 1	KOLFE K.	9	115	137	252	
			10	106	104	210	
			11	79	80	159	
				30	37	67	
			12	21	26	47	
				20	22	42	
							777
23	ALEFA KERANIO	KOLFE K.	9	194	156	350	
			10	107	83	190	
			11	30	24	54	
				51	33	84	
			12	4	2	6	
				5	2	7	
							691
24	NAZERETH	ARADA	9		141	141	
			10		94	94	
			11		48	48	
					99	99	
			12		49	49	
					51	51	
	St.SELASIE	ARADA	9	121	157	278	
			10	158	170	328	
			11	42	71	113	
				67	55	122	
			12	30	22	52	
				18	24	42	
							1417
25	LEDETA CATHO.G.	ARADA	9		134	134	
			10		137	137	
			11		67	67	
					87	87	
			12		74	74	
					65	65	
							564
26	LEDETA CATHO.B..	ARADA	9	237	109	346	
			10	107	92	262	
			11	62	17	79	
				145	55	200	
			12	34	20	54	
				154	82	236	
							1177
27	TALIAN CUL. INS	ARADA	9	21	15	36	
			10	24	18	42	
			11	21	11	32	
			12	21	16	37	
						147	
28	LYCEE G/MARIAN	ARADA	9	50	58	108	
			10	47	55	102	
			11	37	51	88	
			12	35	40	75	
							373
29	SANFORD	ARADA	9	24	30	54	
			10	23	26	49	
			11	13	14	27	

			12	13	14	27	
				8	8	16	
				6	8	14	
							187
30	AKAKI ADV.	AKAKI	9	170	152	322	
			10	110	96	206	
			11	53	53	106	
				42	45	87	
			12	29	28	57	
				45	32	77	
							855
31	AKAKI LESPERANS	AKAKI	9	55	50	105	
			10	65	76	141	
			11	17	13	30	
				20	25	45	
			12	12	9	21	
				15	10	25	
							367
32	GEBESEN Y/AC.	N/S/LAFTO	9	25	21	46	
			10	26	18	44	
			11	1	5	6	
				8	12	20	
			12	3	2	5	
				9	2	11	
							132
33	MEKANISSA ABADIR	N/S/LAFTO	9	28	32	60	
			10	18	30	48	
			11	6	21	27	
				9	8	17	
			12	7	9	16	
				5	15	20	
							188
				8223	9036		16989

Appendix I: Mean Number of Vaginal, Anal and Oral Sex Practices

1. Heard of Sex Other than Vaginal with Sex of Respondents

Sex of Respondents	Mean	N	Std. Deviation
Female	1.48	82	.502
Male	1.26	154	.440
Total	1.33	236	.473

2. Heard of Sex Other than vaginal with Age of Respondents

Age of Respondents	Mean	N	Std. Deviation
10-14	1.33	9	.500
15-19	1.35	211	.477
20-24	1.08	13	.277
Total	1.33	233	.471

3. Type of Sex Practices (Vaginal, Anal and Oral) with Sex of Respondents

Sex of Respondents		Vaginal	Anal	Oral
Female	Mean	1.41	1.82	1.73
	N	85	85	85
	Std. Deviation	.495	.383	.447
Male	Mean	1.21	1.89	1.80
	N	158	157	158
	Std. Deviation	.408	.320	.398
Total	Mean	1.28	1.86	1.78
	N	243	242	243
	Std. Deviation	.450	.344	.417

4. Type of Sex Practice (Vaginal, Anal, Oral with Age of Respondents)

Age of Respondents		Vaginal	Anal	Oral
10-14	Mean	1.33	1.89	1.78
	N	9	9	9
	Std. Deviation	.500	.333	.441
15-19	Mean	1.28	1.86	1.77
	N	218	217	218
	Std. Deviation	.448	.346	.424
20-24	Mean	1.23	1.92	1.92
	N	13	13	13
	Std. Deviation	.439	.277	.277
Total	Mean	1.28	1.87	1.77
	N	240	239	240
	Std. Deviation	.447	.341	.418

5. Practice of Sexual Intercourse with Sex of Respondents

Sex of Respondents	Mean	N	Std. Deviation
Female	1.00	86	.000
Male	1.00	158	.000
Total	1.00	244	.000

6. Practice of Sexual Intercourse with Age of Respondents

Age of Respondents	Mean	N	Std. Deviation
10-14	1.00	10	.000
15-19	1.00	218	.000
20-24	1.00	13	.000
Total	1.00	241	.000

7. Mean Comparison of Number of Sexual Partners with Type Sex of and Sex of Respondents.

Sex of Respondents		Number of Vaginal Sex Partner	Number of Anal Sex Partner	Number of Oral Sex Partner
Female	Mean	3.07	4.09	3.60
	N	82	79	81
	Std. Deviation	1.713	1.504	1.633
Male	Mean	2.46	4.30	3.94
	N	157	155	155
	Std. Deviation	1.567	1.425	1.590
Total	Mean	2.67	4.23	3.82
	N	239	234	236
	Std. Deviation	1.641	1.452	1.609

8. Mean Comparison of Number of Sexual Partners with Type Sex of and Age of Respondents.

Age of Respondents		Number of Vaginal Sex Partner	Number of Anal Sex Partner	Number of Oral Sex Partner
10-14	Mean	2.89	4.11	4.30
	N	9	9	10
	Std. Deviation	1.691	1.764	1.252
15-19	Mean	2.73	4.19	3.77
	N	214	209	210
	Std. Deviation	1.641	1.481	1.630
20-24	Mean	1.69	4.69	3.85
	N	13	13	13
	Std. Deviation	1.316	1.109	1.819
Total	Mean	2.68	4.22	3.79
	N	236	231	233
	Std. Deviation	1.639	1.473	1.624

8. Types of Sex Practices with Same, Opposite and Both Genders.

Sex of Respondents		Anal sex Practiced with Male	Anal sex Practiced with Female	Anal sex Practiced with Male and Female	Oral sex practiced female	Oral sex practiced with Male	Oral sex practiced with both male and female
Female	Mean	1.67	1.40	1.84	1.33	1.81	1.79
	N	43	43	75	67	68	71
	Std. Deviation	.474	.495	.369	.473	.396	.411
Male	Mean	1.94	1.22	1.96	1.24	1.96	1.98
	N	68	68	141	127	127	128
	Std. Deviation	.237	.418	.186	.426	.195	.152
Total	Mean	1.84	1.29	1.92	1.27	1.91	1.91
	N	111	111	216	194	195	199
	Std. Deviation	.370	.455	.270	.444	.290	.288

9. Types of Sex Practices with Same Gender, Opposite Gender and Both Genders.

Age of Respondents		Anal sex Practiced with Male	Anal sex Practiced with Female	Anal sex Practiced with Male and Female	Oral sex practiced female	Oral sex practiced with Male	Oral sex practiced with both male and female
10-14	Mean	2.00	1.00	2.00	1.00	2.00	2.00
	N	3	3	8	6	6	8
	Std. Deviation	.000	.000	.000	.000	.000	.000
15-19	Mean	1.85	1.28	1.91	1.28	1.90	1.90
	N	104	104	193	172	173	175
	Std. Deviation	.363	.451	.284	.450	.299	.297
20-24	Mean	1.67	1.67	2.00	1.27	1.91	2.00
	N	3	3	12	11	11	11
	Std. Deviation	.577	.577	.000	.467	.302	.000
Total	Mean	1.85	1.28	1.92	1.27	1.91	1.91
	N	110	110	213	189	190	194
	Std. Deviation	.363	.452	.272	.445	.294	.283

10. Frequency of Vaginal, Anal and Oral Sex Practices with Sex of Respondents.

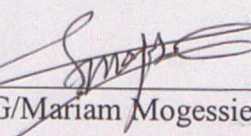
Sex of Respondents		Frequency of Vaginal Sex	Frequency of Anal Sex	Frequency of Oral sex
Female	Mean	1.83	1.98	1.82
	N	42	49	71
	Std. Deviation	.377	.661	1.175
Male	Mean	1.76	1.91	1.94
	N	63	80	139
	Std. Deviation	.429	.396	1.068
Total	Mean	1.79	1.94	1.90
	N	105	129	210
	Std. Deviation	.409	.512	1.104

11. Frequency of Vaginal, Anal and Oral sex practices with age of respondents.

Age of Respondents		Frequency of Vaginal Sex	Frequency of Anal Sex	Frequency of Oral sex
10-14	Mean	2.00	2.00	1.00
	N	5	6	7
	Std. Deviation	.000	.000	.000
15-19	Mean	1.76	1.93	1.89
	N	88	112	188
	Std. Deviation	.429	.549	1.096
20-24	Mean	1.86	2.00	2.58
	N	7	7	12
	Std. Deviation	.378	.000	1.084
Total	Mean	1.78	1.94	1.90
	N	100	125	207
	Std. Deviation	.416	.520	1.099

Declaration

I, the undersigned, declare that this thesis is my original work, has not been presented for degrees in any other person category university and all sources of materials used for the thesis have been duly acknowledged.



Moges G/Mariam Mogessie

This paper has been submitted for examination with my approval as university research advisor.

Dr. Menigistu Legesse