Factors That Influences School Adolescents Exposure To HIV/STD In Bale, Oromia Region

By

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Abbrevations

AIDS- Acquired Immune Deficiency Syndrome.

CSA- Central Statistics Authority.

CSW-Commercial Sex Worker

DACA- Drug Administration and Control Authority.

Div/Wido/Sepa- Divorced/Widowed/Separated

FDRE-Federal Democratic Republic of Ethiopia.

FGAE- Family Guidance Association of Ethiopia.

FGDs- Focus Group Discussions.

FHI- Family Health International.

HAPCO- HIV/AIDS Prevention and Control Office.

HIV- Human Immunodeficiency Virus.

HLPCTV- Healthy looking Can not Transmit The Virus.

MSPs- Multiple Sexual Partners.

NGOs- Non Governmental Organizations

PMTCT- Prevention of Mother To Child Transmission

STDs- Sexually Transmitted Diseases

UNAIDS- United Nations Program on HIH/AIDS

UNDP- United Nations Development Program.

UNFPA- United Nations Population Fund.

UNHCR-United Nations Higher Commission for Refugees.

VCT- Voluntary Counseling and Testing.

WHO- World Health Organization

Abstract

Adolescence is a period of transition from childhood to adulthood. World Health Organization (WHO) defines adolescent as person between 10 and 19 years of age.
Adolescents' sexual behavior threatens the physical, psychological and social health and well being of this group and takes their life. There fore, sexual behavior is an essential indicator to assess the trend of HIV/AIDS among this vulnerable group and to take an action in its prevention and control. This study had an objective of assessing sexual behavior of school adolescents and factors influencing them to practice risky sexual behavior that exposes them to HIV/AIDS in four selected high schools in Bale zone, Oromia regional state from October 2003 to May 2004.
A cross sectional descriptive survey was carried out and a multi stage sampling procedure was employed to select a fair representative sample from the schools. Eight hundred thirty nine subjects were selected for the study. To collect data, a pre-tested self-administered questionnaire was used. To complement the findings of the quantitative one Focus Group Discussions were also conducted in eight groups.
Of the study subjects, 488 (58.2%) were males and 351(41.8%) were females. Among them 258 (30.8%) of school adolescents 186 (72.1%) males and 72 (29.9%) females were sexually active. Female students had sexual intercourse earlier than males (15.21$\pm$ 1.4 versus 16.11$\pm$ 1.94). The main factors reported for the initiation of sexual intercourse were personal desire 102 (39.1%), and peer pressure 60 (23.3%). Of the sexually active students 150 (58.1%) had never used condom during any sexual episode.
Among sexually active students 147 (57%) and 101 (39.2%) reported genital discharge and genital ulcer in the past one year respectively. As regard to their sexual partner, 123 (47.7%) had sexual encounter with multiple partners. The mean number of partners was 1.5.Sexually active Students also reported that they had sexual commencement with causal partner, a partner with multiple sexual partners and commercial sex worker (43.7%, 38.9% and 20.5% respectively).. Among sexually active students 25.6% (40.3% females and 19.9% males) received gift or money in return to sex in the past one year. Pertaining to substance use among sexually active students 13.6% had used alcohol and 12.4% of them had used "khat". Of those students who had experienced sex 15.9% had encountered sexual violence (40.3% females and 6.5% males respectively). Eight hundred twenty two (98%) of students are aware of HIV/AIDS and 44.8% of them know more than two mode of HIV transmission and 48% are knowledgeable for more than one preventive methods. In addition to the students' moderate knowledge to mode of HIV transmission and its preventive methods, 30.9% and 31.8% had risk behavior exposing them to HIV respectively. Among sexually active students 58.1% perceived that they have no or low chance of infection with HIV

It was concluded that school adolescents have risk taking behavior like beginning sexual intercourse earlier, practicing sex with multiple partners, causal partner and commercial sex worker, and low rate of condom use during their sexual encounter and different factors influences students to practice such behavior such as their personal desire, pressure from their peers, alcohol consumption and khat chewing which exposes them to HIV/AIDS infection due to their limited knowledge about the disease.

Students get information about HIV/AIDS from their school mini media and some voluntary HIV positive persons in an occasional and limited way.
Based on this it was recommend that education on sexual health should be given intensively by health institutions, NGOs and other bodies in a regular way as well as should be incorporated in the school curriculum.

Key Words: Sexual, Behaviour, Adolescents, School

1. Introduction

Since the initial case of Acquired Immuno Deficiency Syndrome was recognized in 1981, in US, the disease has spread wide and became a serious health, economic and social problem of the world than any other health problem a human being currently faced.

Around the world, 16,000 new cases of Human Immune Virus infection are estimated to occur daily, 10% of them among children, 50% among young people aged 15-24, and 40% among women (1).

In the year 2003 the global Acquired Immuno Deficiency Syndrome pandemic killed more than 3 million people and an estimated 5 million acquired the Human Immune deficiency virus (HIV) bringing the number of people living with the virus around the world to 40 million (2).

Beside the variety of problems that Sub-Saharan Africa carries, the burden that HIV/AIDS brings on the socio economic development of this region is higher than any part of the world.

According to AIDS epidemic up date by United Nations program on HIV/AIDS and World Health Organization, in the year 2003, Sub- Saharan Africa remains by far the region worst affected by the HIV/AIDS pandemic. An estimated 26.6 million people in this region were living with HIV, including the 3.2 million people who became infected in 2002 (3). The report also showed that AIDS killed approximately 2.3 million people in 2003 in this region.

HIV in the general population, new infection become increasingly concentrated among young people because they run the risk of coming contact with a risky person almost as they become sexually active. A study in Malawi, for example, found that the annual infection rate in teenage girls was six times higher than in women over 35 years (4).

The prevalence of HIV/AIDS among young people varies widely among regions and countries. Sub-Saharan Africa faces the worst prospects. The health threats that this disease puts on young people especially in Sub-Saharan Africa are so significant.

Although just 10% of the world's youth live in Sub-Saharan Africa, the region contained almost three-quarters of all youth living with HIV in 2001 with a total of 8.6 million (5).

About half of all people infected with HIV are under age 25, according to WHO estimates, and in less developed countries, up to 60 percent of all new infections are among 15 to 24 years old (6).

Joint United Nations Program on HIV/AIDS also estimates that every day around 6000 people aged 15-24 years contract HIV, and young people now account for nearly half of all new adult infection each year (7).

According to Ministry of Health, in Ethiopia the highest prevalence of HIV is seen in the age group 15-24 years (8).

Since adolescents' physical maturity is not well completed, their reproductive organs could not easily afford coital act and the consequences following it, thereby making them biologically vulnerable to sexually transmitted diseases including HIV/AIDS.

Adolescents often are not able to comprehend fully the extent of their exposure to risk. Societies often compound young peoples' risk by making it difficult for them to learn about HIV/AIDS and reproductive health. More over, many youth are socially inexperienced and Peer pressures easily influence them often in ways that can increase their risk of exposure to the disease (6).

The risks of HIV /AIDS may be particularly hard for young people to grasp because HIV has long incubation period, and a person's risky behavior does not have immediately apparent consequences. More over many young people are unaware of what constitutes risky sexual behavior (5). Young people are much more vulnerable to HIV/AIDS than older people are. Because their social, emotional and psychological development is incomplet and they tend to experiment risky behavior, often with little awareness of the danger. In fact risky behavior often is a part of a large pattern of adolescent behavior, including alcohol and drug use, delinquency and challenging authority (6).

The commencement of sexual intercourse in an early age exposes this socially inexperienced group to practice risky sexual behaviors such as multiple sexual partnership and unprotected sexual act.In one study in Burkina Faso, only 45 percent of youngsters aged 15 to 19 reported using a condom with non-marital partner, compared to 64 percent of young men aged 20 to 24. In Malawi 29 percent of youngsters aged 15 to 19 used condom compared to 47 percent of men aged 20 to 24.In Romania 70 percent of youngsters aged 15 to 19 reported having premarital sex but only 26 percent had used a condom their first experience (9). According to the Behavioral Surveillance Survey 2002, in Ethiopia, having multiple sexual partners and non-condom use among in school youth was significant which increases their exposure to HIV/AIDS infection (10).

Physical, psychological and social attributes of adolescence make young people particularly vulnerable to HIV and sexually transmitted infections (6).

Rates of premarital pregnancy and STDs among adolescents ages 15-19 provide indications of the extent of unprotected sexual activity among young people and their vulnerability to HIV/AIDS (7). Of the estimated 333 million new STDs that occur in the world every year, at

least 111 million occur in young people under 25 (11). In Demographic and Health Survey 2000, Ethiopia, young men age 15-19 were more likely to have reported STD or associated symptoms (12).

Young people may also face the increased risks of HIV by virtue of their social position, unequal life chances, rigid and stereotypical gender roles and poor access to education and health services (13). Young people have limited access to reproductive health services that focus on the special needs of adolescents. Inadequate knowledge about adolescents' sexual behavior by the society, cultural influences and the limited capacity of implementing reproductive health services hinder the provision of reproductive health education and services to the young. (14).

The future of the HIV epidemic lies in the hands of young people. The behaviors they adapt now and those they maintain through out their sexual lives will determine the course of epidemic for decades to come. Young people will continue to learn from one another, but their behavior will depend largely on the information, skills and services that the current generations of adults choose to equip their children with (4). HIV spreads faster and faster in a lack of information-condition in which many young people live (5). Therefore, increasing access to education in particular, should lead more people to change their behaviors to protect themselves from HIV (15).

The global HIV report of 2002 also emphasized on the prevention programmers for young people in school since they are essential components of any national HIV prevention efforts. More over, it clarifies that preventive health education should be comprehensive, providing an age appropriate balance of life skills development, reproduction and sexual health information, and discussion of attitudes and values.

The government of Ethiopia also indicated on its policy of HIV/AIDS that adequate emphasis shall be given to youth as a priority focus for health promotion, related to HIV/AIDS. Further more, Ministry of Health has taken the mandate to provide technical assistance to Ministry of Education to ensure that appropriate curriculum and teaching materials shall be developed and implemented for HIV/AIDS/STDs in school health education at all levels (16).

Hence, this study aims at assessing factors, which exposes school adolescents risky sexual behavior, the knowledge and perception towards the disease in high schools found in Bale zone, Oromia Regional state. In the process evaluation of sexual behavior, knowledge and perception about HIV/AIDS was assessed. The study is hoped to provide valuable information for those organizations working on adolescents' health, on health, education and for school policy makers to alleviate the problems that school adolescents have in the study area and in other part of the country with similar setting.

2. REVIEW OF LITERATURE

2.1. Global situation of HIV/AIDS

Since its outbreak, AIDS has caused the deaths of more than 20 million people. It has orphaned more than 13 million children and this number is expected to be tripled by 2010. Today more than 95 percent of the estimated 40 million people affected with HIV are living in the developing world (17).

More recent epidemics continue to grow in China, Indonesia, Papua New Guinea, Vietnam, several central Asian republics, The Baltic States and North Africa. (2)

In sub-Saharan Africa, HIV prevalence has remained relatively steady generally at high levels for the past several years across much of the region. This is due to the fact that high level s of new HIV infections are persisting and are now matched by high levels of AIDS mortality (2). Currently more than 70% of over 40 million people living with the virus are in Sub-Saharan Africa. AIDS has now become the leading cause of death in Sub-Saharan Africa (18). In other Sub-Saharan Africa countries, the epidemic has gained a firm foothold and little sign of weakening with the exception of some positive indications such as decrease in prevalence among pregnant women from mostly urban areas in a few countries in eastern Africa. The trend offers no comfort. (2). AIDS continued to erode prospects for development in countries where men and women, in their most productive years, are dying and social and family structures are coming highly affected (17).

The majority of new infections in this region are among young people aged 15 to 24. In 12 countries of Sub-Saharan Africa, at least 10 percent of those aged 15 to 49 are estimated to be infected with HIV. In Botswana, South Africa and Zimbabwe, it is estimated that more than 60

percent of youngster aged 15 today will become infected with HIV during their lifetime (9). In countries around Southern Africa, high prevalence is maintaining alarmingly high levels in the general population (2).

Unlike women in other regions in the world, African women are more likely acquire the infection. They have a chance of 1-2 times to be infected with HIV than men. Among young people aged 15-24, this ratio is higher (2). In nearly twenty African countries 5% or more of women ages 15 to 24 are infected with HIV. Such statistics underscore the urgent need to address HIV/AIDS among youth (5).

Although basic knowledge of HIV/AIDS has increased among young people in recent years, it is still disturbingly low in many countries, especially among young women (2).

Service provision in averting HIV/AIDS is limited in many countries especially in the developing world where by other social services and infrastructures are in scarce.

In poor countries prevention and awareness programme are often not available because of limited health care services (17). In too many places, voluntary counseling and testing services are still absent, and a mere 1% of pregnant women in heavily affected countries have access to services aiming at preventing mother to child HIV transmission. (2)The United Nations has committed to over come this devastating problem of human being in the world.

The declaration of commitment on HIV/AIDS adopted by the United Nations assembly special session on HIV/AIDS in 2001 commits member states and the global community to taking strong and immediate action to address the HIV/AIDS crisis. The declaration calls for achieving several specific goals, including reducing HIV prevalence among young men and women, expanding care and support and protecting human rights (19).

At the world AIDS conference (2002), Barcelona, WHO announces a commitment to the goal of having 3 million people on anti retroviral therapy in low-and middle- income countries by the year 2005 (20}.

The global response has expanded significantly in the past two-to three years. Spending on HIVAIDS programme in low-and middle-income countries increased in 2003, notably in Sub-Saharan Africa. Dozens of national AIDS coordinating bodies are now in operation, and a growing number of countries (many of them in Africa) have begun extending anti retro viral and other AIDS related medications to their citizens. But at the moment, these developments do not much the region's epidemic (2).

Although there are effort in reducing the rate of the disease globally, the action taken to change adolescent behavior specially in the most deprived countries is not that much promising. There fore, to assess adolescents sexual behavior that can expose them to the problem of the era is so important in a certain proportion believed that this study could contributed its part

2.2. The Ethiopian situation

The first evidence of HIV infection in Ethiopia was recognized in the early 1980's. The first two AIDS cases were reported in 1986. Since then the disease is spreading at an alarming rate (21).

An estimated 3 million Ethiopian adults and more than 250,000 children under the age of 5 years are living with the virus. More than 750,000 children are estimated to have been orphaned due to AIDS. With an over all adult prevalence rate of 7.3%, Ethiopia has the 16th highest HIV/AIDS prevalence and the third largest number of people living with HIV/AIDS next to South Africa and India (22).

AIDS is now recognized as one of the cause of adult morbidity and mortality in Ethiopia. According to the United Nations Population Division, AIDS has already increased the number of

deaths in Ethiopia by 6 percent. It projects that by 2015, 5.2 million Ethiopians will have died because of AIDS, by 2050; this figure will reach 14.9 million (23).

In response to this pressing need the Ethiopian government has established a national HIV/AIDS control programme as a task force in 1985 and as a department since 1987 under the Ministry of Health (24).

The national HIV/AIDS programme at Ministry of Health estimates that 88% of all infections in Ethiopia results from heterosexual transmission including, sex with multiple partners and commercial sex (25).

Several intervention activities have been undertaken by governmental, NGOs, and other partners, but were not guided by a national policy (24).

With the HIV/AIDS situation worsening, the government approved in August 1997 a comprehensive HIV/AIDS policy to provide an enabling environment for a multi-sect oral approach for the prevention and control of the epidemic The national HIV/AIDS prevention and control council was then established in April 2000 and is headed by the president of The Federal Democratic Republic of Ethiopia (26).

The federal government vested responsibility for the planning and implementation of preventive and control programme on HIV/AIDS in the Department of Disease Prevention and control of the Ministry of Health. Similar units operate at the regional and sub regional levels. The federal structure is replicated at the regional and sub regional levels (8).

Ethiopia's response to the epidemic has focused on preventing new infections through advocacy, information education and communication, behavioral change communication, condom distribution and provision of care and support to people infected and affected by HIV/AIDS. There are other interventions such as voluntary counseling and testing (VCT) and prevention of

mother to child transmission (PMTCT) (22). More over, a policy on the supply and use of antiretroviral drugs is developed and has been approved by the government (18)

2.3. School adolescents' risky sexual behaviors

Adolescence begins with the onset of physiologically normal puberty, and ends when an adult identify and behavior are accepted. This period of development corresponds roughly to the period between the ages of 10 and 19 years, which is consistent with the World Health Organization definition of adolescence (27). In developing countries such as Ethiopia, it is mostly from 13 to 25 years of age (28). Those whose ages are from age 15 to 24 are described as youth (29). Family Guidance Association of Ethiopia (FGAE) also considers all people aged 10 to 24 as youth (28).

Since this age group is a period by which many physio-psychological changes occur in human life, it pushes a person to experience different behaviors without understanding the ill effect that the behavior would bring about. Hence, in relation with sexual behavior, students in high school could be exposed to health problems that are acquired mainly through sexual relationship in which majority of adolescents are actively participating.

2.3.1. Factors influencing Risky Sexual Behavior

Premarital sexual activity is common in many parts of the world and is reported to be on the rise in all regions (6). The sexual and reproductive experiences of young people vary dramatically region by region, age and sex, but most people become sexually active between the ages of 10 to 20 (30). In Bangladesh, 88 percent of unmarried boys and 35 percent un married girls living in urban areas have had sex before the age of 18 (15). In Ethiopia too, studies have confirmed that school adolescents had commencement of sexual inter course before the age of 18 (31-38).

In many countries young women and men are under strong peer group pressure to engage in premarital sex. Peer pressure easily influences them often in way that can increase their risk (5).

Above all, the school environment where by students are sharing different experiences is a convenient place to be influenced by friends' idea and many of them are misguided by those who think they know but don't and as a result of this, increases their vulnerability to the current devastating health problem.

Adolescents who started having sex early are likely to have sex with high-risk partners or multiple partners, and are less likely to use condoms (9). In Ethiopia too, the two risk factors for the spread of STDs among youth are the practice of having multiple sexual partners and the limited use of condoms. A study conducted in high schools in Addis Ababa indicated that 54 percent of sexually active youth have experienced sex with more than one partner (14). In Malawi, 29 percent of boys aged 15 to 19 used condom, compared to 47 percent of boys aged 20 to 24 (9). In a study conducted among college students in Gonder, Ethiopia, 49% were engaged in sexual intercourse and, only a third used condom (34). Similarly in other parts of the country, adolescents were found practicing un- safe sexual activity (35, 38).

Therefore, adolescents' experience of having multiple sexual partner and non use of or occasional use of condom due to misconceptions attached to condoms they are exposed to HIV/AIDS and other reproductive health problems that needs due attention.

Economic, social and political conditions in many developing countries create circumstances that make young people vulnerable to HIV infection (15). Poverty underlies much sexual behavior (7). Epidemiological studies across the developing world show that young people are not equally affected by HIV/AIDS. Rather, those who are most socially and economically disadvantaged are at highest risk (39).

In a society where poverty is deep rooted as practically existing in Ethiopia, school adolescents also share the burden since they are found in poor living condition which leads them to experience sex at an early age and may be particularly vulnerable to sexual exploitation which as a consequence exposes them to reproductive health problem. Economic deprivation leads many young women in sub-Saharan Africa and in to sexual relationships with older men-some times known as "sugar daddies'- who provide money and other necessities, such as clothing and school supplies and fees in exchange for sex (6).Sexual relationship involving exchange of money or gift may place adolescents at greater risk of unintended pregnancies and STDs (40).

Un equal power relations between women and men, for example may render young women especially vulnerable to coerced or unwanted sex (39). Young women who initiate sex at very young ages may also have experienced some sort of pressure-either physical or verbal- to have sex against their will (40). Studies also show that young people who have been victims of sexual abuse are more likely to engage in high risk sexual behavior than who have not been abused (6).

A traditional society like ours, where by unequal social position of women exists and masculinity of men is over emphasized, high school girls are highly exposed to coercion which leads them to

early sexual activity there by Increasing their vulnerability to STDs as a result of engagement in sexual acts by the time they don't appreciate the pros of the coitus

For many adolescents experimenting with tobacco, alcohols and drugs are an indication for reaching certain developmental stage. A tendency to take such risks also applies to all sorts of risks including risky sexual behavior. In Tanzania, for example, youth ages 10 to 24 that smoked and drank alcohol were four times likely than others to have multiple sexual partners (5). A Study by Lemma Eyob on sexual behavior of high school students in Jimma showed that 14.6% of the students reported having sex under the influence of alcohol (41).

So, in a country where places to spend free time like libraries, playing grounds and recreational facilities for young people are very few as obviously seen in Ethiopia, high school students will also be exposed to alcohol, Khat or tobacco that could influence them to practice unsafe sexual activity.

2.3.2. Knowledge on HIV/AIDS and Risk perception

School adolescents with inadequate knowledge about adolescents' sexual behavior, due to limited reproductive health education, are lacking information, which places them at the risk of emotional damage as well as the obvious danger of pregnancy and HIV/AIDS.

Lacking the necessary knowledge and skills, younger adolescents are less likely to protect them selves from HIV. In countries such as Cameroon, Central Africa Republic, Lesotho and Serraleone, more than 80 percent of young women aged 15 to 24 do not have sufficient knowledge about HIV (9). Although AIDS awareness is relatively high among youth in Ethiopia, nearly a third of young women and a sixth of young men do not know a specific way to avoid contracting the infection (14).

Young people are much more vulnerable to HIV/AIDS because they tend to experiment with risky behavior often with little awareness of the danger and perceive as if they are not at risk of acquiring the infection.

There fore, empowerment of high school students with information on sexuality helps them to make decisions to avoid situations in which they would be at risk.

In general school adolescents, who came together from different socio- economic back ground, interact and influence each other as well as relate sexually. Since they lack the basic knowledge of reproductive health and how to prevent diseases acquired through sexual relationship, are at high risk of acquiring STDs including HIV/AIDS.

Although there are some limited studies on adolescents' sexual behavior, most of them were conducted in the major towns of the county mainly in Addis Ababa. There fore, this selected study area lacks a study focusing on this issue. Above all, the actual adolescents' sexual practice and the limited knowledge of adolescents created the gap, which this study attempts to, fill. Hence, it would be worthwhile to conduct a study so as to assess and clearly understand on factors that influence their sexual behavior.

In an attempt to achieve its objectives, this research tried to answer the following questions: How much is the magnitude of producing risky sexual behavior among school adolescents? What are the main factors that affect school adolescents' sexual behavior? And How is the knowledge and perception of risks among school adolescents?

The result of this study would help school policy makers, health program planners and other organizations interested in adolescents health and prevention of sexually transmitted Diseases including HIV/AIDS; to get a clear idea on problems related to adolescents sexual behavior and

design a program to alleviate the problem in the study area and in areas with similar setting else where in the country.

3. Objectives

3.1. General Objective:

To assess school adolescents' sexual behavior and factors influencing them to practice risky sexual behavior that exposes them to HIV/AIDS.

3.2 Specific Objectives:

- ⇒ To determine the magnitude of risky sexual behaviors among school adolescents.
- ⇒ To assess factors that expose school adolescents to risky sexual behavior.
- ⇒ To assess school adolescents knowledge on HIV transmission and prevention.
- ⇒ To assess school adolescents perception towards risks to HIV/AIDS

4. Methods and Materials

4.1 Study design

A cross sectional survey was carried out from September 2003 to May 2004.

4.2. The Study Area

This study took place in Bale zone of Oromia Regional State located in the southeastern part of Ethiopia. It is the second largest zone in the region with an area of 67,329.6 km^2 that extends from $5^0$22'- 8^0 08'N latitudes and 38 ^{0} 41'- $40^0$44'E longitudes. There are 18 districts, 34 urban and 583 rural kebeles (42). Robe is the zonal capital located 430 kms south of Addis Ababa .The Bale mountains national park is one of the most prominent parks that covers for about 2400 square kilometers. There are 14 endemic birds and endemic wild life like Nyala and Semen (red) Fox in the zone (43).

According to 1994 National census, Bale has a projected population of 1,586,703 for 2003 with 1.2 to 1 female to male ratio and with an estimated number of 531,540 adolescents (10 to 24 years). Of the total population, 89% live in the rural area while 11% reside in the urban areas. The major ethnic groups in the zone are Oromos (88.9%). and the religion composition is 76.7% Islam and 20.33% Christian. The crude population density of Bale is 19.5 persons/km2 (43).

Based on the information from the regional Educational Bureau, there are 16 high schools in the zone, which consists 17,522 adolescent students (65.7% males and 35.3% Females) with age distribution of 13 to 20 years. The secondary school enrollment ratio is 28% for males and 16% for females in the secondary level and 5% males and 2% females in preparatory level in the year 2002/2003 (44).

According to the information from the Regional Health Bureau, there are, 2 governmental hospitals, 12 health centers (11 governmental and 1 organizational), 103 clinics (82

governmental. 3 organizational and 18 private), and 22 health posts owned by the government. There are 3 pharmacies (2 governmental and 1 NGO), 12 private drug stores and 52 rural drug venders, which are privately, owned (45).

4.3. Source population

The source population for this study was all in school youth in Bale zone attending their high school (secondary [9-10] and preparatory [11-12]) level education by the year 2003-2004.

4.4. Study population and sample size determination

The study population was all school youths aged 13-24 years in 4 selected High schools in the zone that enrolled secondary (9-10) and preparatory (11-12) level. In this study age group 13-24 is taken as a target population by considering the average minimum and maximum age for students who have started their education at early age and lately respectively.

Exclusion criteria:

Those schools which have grade 9 only (2 schools), those schools with grade 9 and 10 level only (9 schools) and a school which have only grade 9- 11, and blind students as well as age below 13 and above 24 were excluded.

Sample size:

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

Based on Behavioral Surveillance Survey 2000 Prevalence of high-risk behavior among in school adolescents who had un- protected sex in Oromia region was 54.4%[10] and this was taken as (P= 0.54). Level of confidence, 95%, $(Z\acute{\alpha}/2)^2 = 1.96$ A 5% margin of error (d=0.05). Additional 10 % for non-response rate and possible absenteeism; and Design Effect of two. The Sample size was calculated by using the formula:

$$n = \frac{(Z\acute{\alpha}/2)^2 . P(1-p)}{d^2}$$

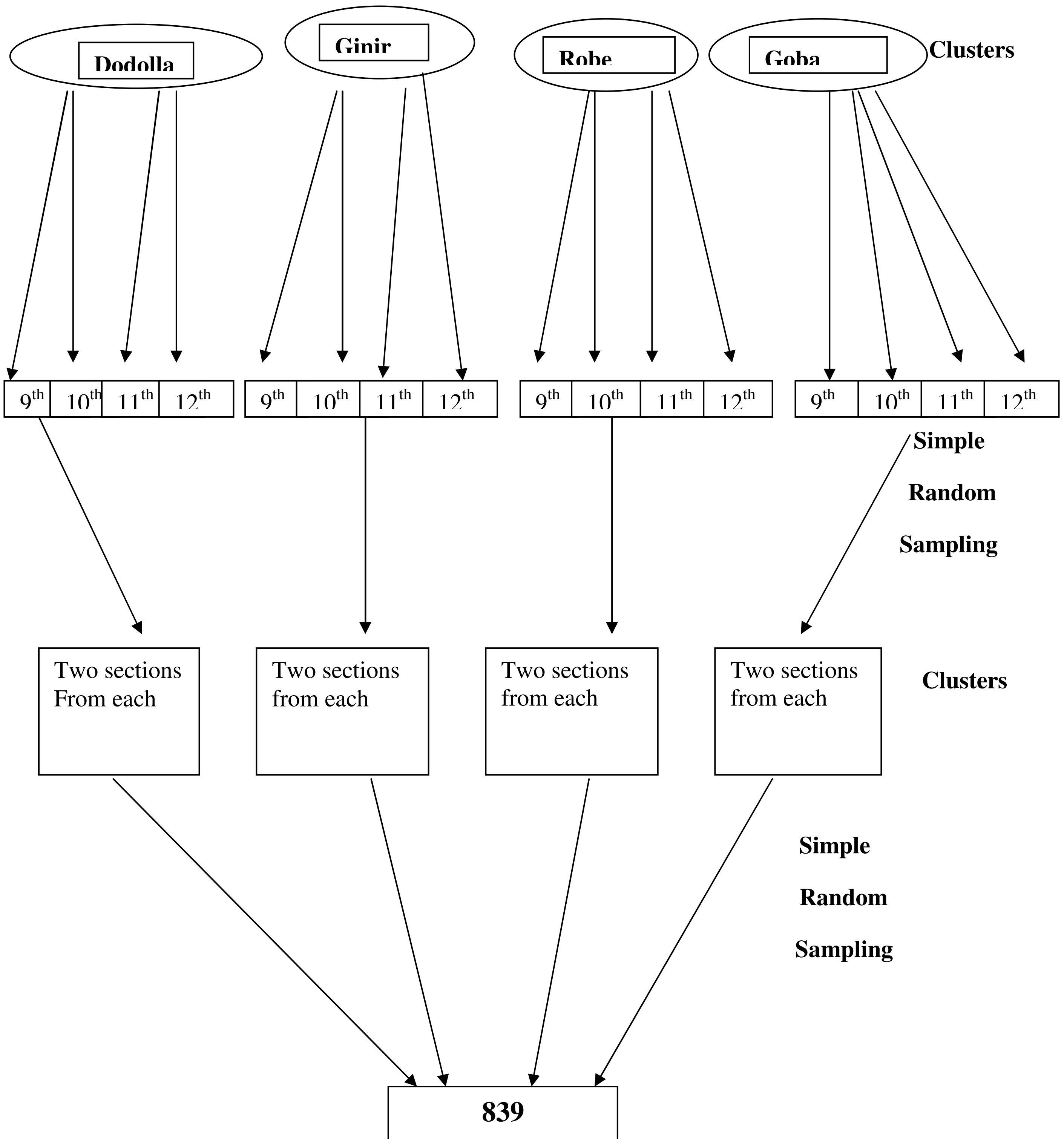
Accordingly, the final sample size obtained for the study was 839

Sampling procedure:

A multi stage sampling procedure was employed so as to select a fair representative sample of adolescent students in the schools (Stratification in to grades and Simple random sampling to select sections and respondents in a respective section) - Fig 1.

Four High schools were identified by name (Dodolla, Ginir, Robe and Goba). The sample size was distributed proportionally to each selected school based on the student population they have. Each school was stratified by grades (Grade 9, 10, 11 and12). Proportional distribution of sample was assigned to the respective grade. Two sections were randomly selected from each grade. Using students list respondents were selected by simple random sampling. In case of absenteeism the next number was included in the study.

Figure-1 Schematic presentation of sampling procedure among 4 high schools



4.5 Data Collection

For the purpose of data collection an anonymous self-administered structured questionnaire was prepared after reviewing relevant literature and a standard questionnaire designed by Family Health International (FHI). The main contents of the questionnaire were Socio-Demographic characteristics, risk behavior variables, questions on sexually transmitted diseases, knowledge on HIV/AIDS and personal risk perception. The questionnaire was prepared in English and then translated to Amharic and Oromiffa then back to English then again to Oromiffa and Amharic by two different individuals with good command of the three languages, which was helpful in keeping the consistency of the questions.

In order to identify the clarity of questions and their sensitiveness as well, pre-testing of the instrument was done, in a school other than the selected schools, in Agarfa high School that contain Grade 9-11 level. During the pre-testing discussion was held with the students on the problems they encountered during filling the questionnaire. Minor correction was commented from the students' side and was incorporated in the final questionnaire.

Two facilitators who have completed grade twelve and a Nurse Supervisor were recruited to assist the data collection process. Facilitators and the Supervisor were trained on the objectives of the study, the questionnaire, checking completeness of questionnaire and the way to keep confidentiality. The facilitators were responsible in arranging the seating of the respondents, giving clarifications on how to fill the questionnaire, distributing questionnaires to the respondents based on the language they prefer to respond and assisting the students on difficulties they had during filling the questionnaires. Confidentiality was maintained by making different sexes to respond in different rooms, reminding students not to write their names and put questionnaire in a box after they completed. To make them to respond freely, the school

community members were not allowed to come to the hall. The Supervisor coordinated the overall process like arranging the room for the students, assisting the facilitators and checking the complete ness of the questionnaire as well as assisted the principal investigator. In order to prevent discussion among the students, questionnaire filling by the respondents was completed in both morning and afternoon shifts with in the same day in the respective schools, on the fourth period of the morning and first period of the second shift.

To support the quantitative study, Focus Group Discussion was conducted using a discussion guide. Two groups consisting of 8 participants each (male and female) from each school enrolled in the study were involved on the discussion making a total of eight FGDs .The discussion was tape-recorded and the facilitators took notes. The principal investigator moderated the discussions and on average the discussion lasted for forty-five minutes. In order to keep privacy, discussion of different sexes was hold in two different rooms. The principal investigator did the transcription.

4.6. Variables for the study

Independent Variables:

-Socio demographic variables: Age, Sex, Educational Level, Family income, Ethnicity Religion, Family size, Parents Marital Status and Habits (Alcohol, Drugs, Khat and Cigarette)

-Knowledge of H IV/AIDS

-Risk perception towards HIV/AIDS and STIs.

Dependant Variables:

- Risk sexual behavior

  Sexual activity, Number of sexual partners, use of condom, sexual intercourse with risk partner

4.7. Operational definitions

Risky Sexual Behavior - Sexually active school adolescents who have sexual contact with causal partner, or multiple sexual partners, or Commercial Sex Worker or experience unprotected sex (not using or occasional use of condom)

Un protected sex – A sexual act with a causal partner or multiple sexual partners or commercial Sex Worker without or with occasional use of condom.

Condom use – consistent or non-interrupted condom utilization during all episodes of penetrative sexual act with all forms of sexual partners.

Commercial Partner - A person who has his/her own means of income and engaged in a sexual practice by providing money, gift or favor to his/her sexual partner.

Too earily sexual practice – A sexual commencement practiced during earily adolescence or when physical maturity is not well obtained.

Sexual Coercion – is the act of forcing (or attempting to force) an adolescent student through physical body harm, violent threats, verbal insistence, deception, cultural expectation or economic circumstance to engage in a sexual behavior against her/his will.

Rape - is the act of forcing an adolescent student through violent threats and deception to engage in sexual behaviors with penetration of the vagina or anus

4.8. Data Quality and clearance

In ensuring the quality of data, all the data for each school were checked for completeness, accuracy, clarity and consistency by the principal investigator and the supervisor, immediately after data was collected. Any ambiguity was clarified to the next respondents before they begun. Fifteen percent of the data was randomly selected and reentered and print out was visually compared with the original data to check for its consistency.

4.9. Data entry and Analysis

After the data were collected and the responses were coded, the data were entered into a computer and was analyzed using EPI INFO and SPSS. In the analysis process, frequency distribution of variables was worked out in order to describe them. To ascertain the association between dependent and in dependent variables, odds ratio with 95% confidence interval was calculated. In an attempt to identify the relative effects of explanatory variable on the out come variable, Loges tic regression was applied.

4.10. Ethical Considerations

The ethical approval and clearance was obtained from Department of community Health, Medical Faculty and AAU Ethical Committee. At all levels, officials were contacted and permission was secured. The necessary explanation about the purpose of the study and about its procedure, assurance of confidentiality, the right not to participate on the study with out any consequences was done and a written consent was obtained from the respondents. No one had refused to give consent.

4.11. Dissemination of Findings

The findings of this study will be distributed to different organizations who have helped the project to be carried out, and those who have concern in adolescents' health in the region, which includes Addis Ababa University, Ministry of Health, Oromia AIDS Secretariat, Action Aid Ethiopia, Oromia Health Bureau and Oromia Educational Bureau. The findings will be presented in different seminars, meetings and workshops and may be published in scientific journals.

5. Results

5.1. Socio- Demographic characteristics

All 839 (100%) selected subjects responded to the prepared questionnaire. Among the study subjects, 488 (58.2%) were males and 351(41.8%) were females making the female to male ratio of 1 to 1.4. Of the selected subjects 484 (57.7%) were in the age group 13-17 years with mean age of 17.16 ± 1.7 years (17.49 ± 1.7 for males and 16.71 ± 1.5 for females). Of the study subjects 793 (94.5%) were unmarried. The ethnic and religion composition of the students indicates that 645 (76.9%) were Oromos and 528 (62.8%) were Christians (of which 59.7% were Orthodox Christians) respectively. Four hundred eighty one (57.3%) of the study subjects came from rural area and live in a rented house in towns .The respondents living situation shows that 444 (52.9%) of them live with both parents and 176 (21%) live with one parent. (Table 1).

Six hundred twenty nine (75%) of the students responded that their parents live together. Perceived family economic status relative to their neighbor showed that, 342 (40.8%) of the study populations were from families with better than medium economic status while 201 (23.9%) were from poor families. Among the study subjects, 413 (49.2%) came from family size of 6-10 people and 342 (40.8%) of the respondents came from family size of 1-5. Four hundred fifty (53.6%) of the respondents responded that their father' educational status was primary level, and 397 (47.3%) of them mentioned that their mothers' educational status of the same level respectively (Table 2)

Table-1 Socio-Demographic characteristics of school adolescents, Bale zone,Oct 2003

Variables	Male n (%)	Female n (%)	Total n (%) n=839
Age:			
13-17	235 (42.8)	249 (70.9)	484 (57.7)
18-24	253 (51.8)	102 (29.1)	355 (42.3)
Mean $\pm$ SD	17.49 $\pm$ 1.7	16.71 $\pm$ 1.5	
Grade:			
9th	243 (49.8)	190 (54.1)	433 (51.6)
10th	138 (28.3)	109 (31.1)	247 (29.4)
11th	57 (11.7)	22 (6.3)	79 (9.4)
12th	50 (6.8)	30 (8.5)	80 (9.5)
Marital status:			
Married	22 (4.5)	10 (2.8)	32 (3.8)
Unmarried	462 (94.5)	331 (94.3)	793 (94.5)
Divor/Wido/Sepa	4 (8.0)	10 (2.8)	14 (1.7)
Ethnicity:			
Oromo	409 (83.8)	236 (67.2)	645 (76.9)
Amhara	75 (15.4)	108 (30.8)	183 (21.8)
Others	4 (0.8)	7 (2.0)	11 (1.3)
Religion:			
Muslim	220 (45.1)	91 (25.9)	311 (37.1)
Christian	268 (54.9)	260 (74.1)	528 (62.8)
Live with:			
With father & mother	247 (50.6)	197 (56.1)	444 (52.9)
With one parent	95 (19.5)	81 (23.1)	176 (21.0)
With relatives	54 (11.1)	32 (9.1)	86 (10.3)
With friends	63 (12.9)	30 (8.5)	93 (11.1)
Alone	29 (15.9)	11 (3.1)	40 (4.8)
Residence situation			
Live in the town	168 (34.4)	190 (54.1)	358 (42.7)
Came from rural area and live in the town	320 (65.6)	161 (45.9)	481 (57.3)

Table-2 Parental characteristics of school adolescents, Bale Zone, Oct 2003

Variables	Number	%
Parental marital status:		
Live together	629	75.0
Div/Wido/Sepa	210	25.0
Perceived family economic status relative to neighbor:		
Poor	201	23.9
Medium	188	22.4
Better of	342	40.8
Rich	108	12.9
Father's Education:		
Illiterate	195	23.2
Primary education	450	53.6
Secondary and above	194	23.1
Mother's Education:		
Illiterate	311	37.1
Primary education	397	47.3
Secondary and above	131	15.6
Family size:		
1-5 people	342	40.8
6-10 people	413	49.2
≥11 people	84	10.0
Totals	839	100%

5.2. Sexual behavior of the study subjects

5.2.1 Sexual History

In this study 258 (30.8%) of the respondents reported that they had practiced sexual intercourse. Among those who had practiced sexual intercourse 142 (55%) were below the age of 17years and the mean age at first sexual intercourse was 15.87 $\pm$ 1.84 years (Table-3). The reasons reported for the initiation of the first sexual encounter in those who ever practiced sexual intercourse were in 101 (39.1%) of them personal desire, in 60 (23.3%) peer pressure, in 35 (13.6%) of them influence of alcohol and khat chewing in 32 (12.4%) of the respondents were the major one (Figure-2). Of those students who have reported to have a sexual intercourse, 190 (73.6%) were sexually active in the last twelve months before the data collection period and the majority 134 (70.5%) were males (Table3).

5.2.2. Risky Sexual behavior

Of the sexually active students, 123 (47.7%) reported to have more than one partner in the past (Table-3). Among those who reported sexual relation with more than one partner, 75 (61%) of them mentioned that the main reason to have sex with them was trusting their partners because they look healthy.

Eighty three (43.7%) of those who had commenced sexual intercourse in the past one year practiced sexual act during this time with causal partner and 74 (38.9%) of them practiced with a partner who have multiple sexual partners (Figure-3). Among those who have practiced sexual intercourse, 66 (25.6%) of the respondents given or received money, gift or favor in return to sex with the commercial partner in the last twelve months. Of the sexually active students 53 (20.5%) reported to have sexual intercourse with commercial sex worker The mean age to go to

the commercial sex worker was16.5 ± 1.69 years (Table3) and 34 (64.2%) of them reported that their peers insisted them to practice sexual relation with commercial sex worker.

One hundred seventy seven (68.6%) of sexually active students have a regular partner. Sixty three (35.5%) reported that their stay with their regular partner was less than one year. The mean duration with the partner was 1.11± 1.3 year.

One hundred thirty three (75.1%) reported to have sexual intercourse with their regular partner in the last twelve months. Only 33 (18.8%) reported that the reason to have a regular partner was to be protected from getting HIV infection

Among the students who have ever practiced sexual intercourse, 41 (15.9%) of them had encountered rape with some one they don't know him/her before (Table-3)

In their sexual intercourse episodes, majority 150 (58.1%) have never used condom during any sexual intercourse episode, while only 50 (19.4%) of them used consistently. One hundred seventy six (68.2%) of sexually active students too didn't used condoms during their first sexual act. Among the students who have reported to have sexual intercourse with commercial partner or commercial sex worker, 87 (88.8%) of them didn't used condom during their sexual act (Table-3). Fourty one (47.3%) of them indicated that the major reason for not using was disliking condoms. Among those who had sex with the regular partner, majority didn't used condom 127 (71.8%); the main reasons* for not using were trusted a partner 70 (55.5%), disliking condoms 42 (33.1%), and not trusting condom as they transmit HIV 32 (25.2%).

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* Total exceeds 100% because multiple responses are possible.

Two hundred forty four (29.1%) of the study subjects have developed a risky sexual behavior (Table-3).

Pertaining to STDs, a considerable proportion of the respondents had genital discharge 147 (57%) and genital sore 102 (39.5%) in the last twelve months.

Among the study subjects 169 (20.1%), 144 (17.2%) and 30 (3.6%) were using alcohol, khat and cannabis ranging from occasionally/2-3 times in a month to daily respectively (Table-4).

5.3. Knowledge on HIV/AIDS

Majority of the students 822 (98%) were aware of HIV or the disease AIDS and 746 (88.9%) of them had heard diseases that can be transmitted through sexual intercourse. The main mode of transmission of HIV known* by the students were sexual intercourse 729 (86.9%) and contaminated injection needles 554 (66%) while mosquito bite 232 (27.7%) and eating uncooked chicken that had swallowed used condom 318 (37.9%) were the major misconceptions reported by the students (Figure-4). Two hundred fifty eight (30.8%) and 256 (30.5%) of students mentioned that they don't know whether HIV is transmitted by mosquito bite or eating uncooked chicken that had swallowed used condom respectively. In the same way 269 (32.1%) mentioned that they do not know that a person who have the virus but looks healthy can transmit the virus. One hundred six (25.1%) of the study subjects also reported that HIV can not infect a healthy looking person.

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*Total exceeds 100% because multiple responses are possible.

Five hundred thirty four (64%) of the study subjects reported that sexual abstinence protects from HIV while a considerable proportion of students 223 (26.6%) have responded that people cannot protect them selves by abstaining from sex. Additionally 209 (24.9%) of the students indicated that people do not protect themselves from the infection by having one uninfected faithful sexual partner. Three hundred fourty six (41.2%) of the respondents do not believe that condom can prevent HIV transmission and additional 213 (25.4 %) of them mentioned that they don't know whether condom prevents HIV or not. Moreover, 258 (30.8%) and 254 (30.3%) of the students responded that condom couldn't prevent pregnancy and STDs respectively. On the other hand 281 (33.5%) students believe that condom can climb up in to the womb or stomach during coital act

5.4. Risk Perception

In this study 759 (90.5%) of the study subjects perceived that AIDS is going to be a serious threat to the community. Though not high in proportion, 56 (6.7%) of them responded that AIDS is not a threat and 24 (2.9%) reported that they don't know whether it is a threat or not. On personal perception to HIV, 150 (58.1%) of sexually active students reported that they don't have chance or low chance of being infected by the virus. On the other hand 60 (23.3%) of the students perceived that they have moderate to high chance of being infected by the virus. Forty eight (18.6%) of the respondents do not know their chance of being infected by HIV virus (Table-5). The reasons listed out by the students to perceive as no or low chance were, trusting a sexual partner 61 (40.7%), healthy and no contact with HIV patient 37 (24.7%), and abstinence from sexual intercourse 29 (19.3%) The main reasons listed by the students why they have categorized themselves as a moderate to high risk were, had sexual contact with out condom 23

(38.3%), had more than one partner 13 (21.7%) and had sexual contact with HIV positive person 11 (18.3%).

Most of the respondents 601 (71.6%) think that a person can avoid AIDS by changing his/her behavior. Among the sexually active students 219 (84.9%) were intended to make change in their behavior that could expose them to HIV/AIDS while 39 (15.1%) reported that they don't have any intention to change their sexual behavior in the future. (Table-5) Among the changes mentioned* by the students in their future plan to prevent them selves from HIV/AIDS infection were, avoiding sexual contact with a stranger 105 (47.9%), avoiding to use unclean needles/instruments 94 (42.9%), sexual abstinence 89 (40.6%), great care in choosing a partner 80 (36.5%), to remain with one partner 74 (33.8%), avoiding sex with commercial sex worker 72 (32.9%) and reduce the number of sexual partners 70 (32%) while only 44 (20.1%) of the sexually active students reported that using a condom during every sexual episode.

---

*Total exceeds 100% because multiple responses are possible

Table-3 Sexual behavior of school adolescents, Bale Zone, Oct 2003

Variables	Number	%
Ever practice sex: n=839		
Yes	258	30.8
No	581	69.2
Age at first sex: n=258		
9-16	142	55.0
17-23	78	30.2
Don't know	38	14.7
Mean $\pm$ SD	15.87 $\pm$ 1.84	
Number of sexual partner: n=258		
One	135	52.3
2-5	108	41.9
$\geq$ 5	15	5.8
Condom utilization during first sexual act: n=258		
Yes	69	26.7
No	176	68.2
Don't remember	13	5.0
Frequency of condom utilization during any sexual episode: n=258		
Never used	150	58.1
Some times	31	12.0
Most of the time	20	7.8
Always	50	19.4
Don't remember	7	2.7
Sexual intercourse in the last 12 months: n=258		
Yes	190	73.6
No	68	26.4
Sexual intercourse with CSW : n=258		
Yes	53	20..5
No	188	72..9
Don't know	17	6.6
Coerced sex: n=258		
Yes	41	15..9
No	217	84.1
Condom use with commercial partner/csw: n=98		
Yes	11	11.2
No	87	88.8
Risky sexual behavior: n=839		
Yes	244	29.1
No	595	70.9
Totals		100%

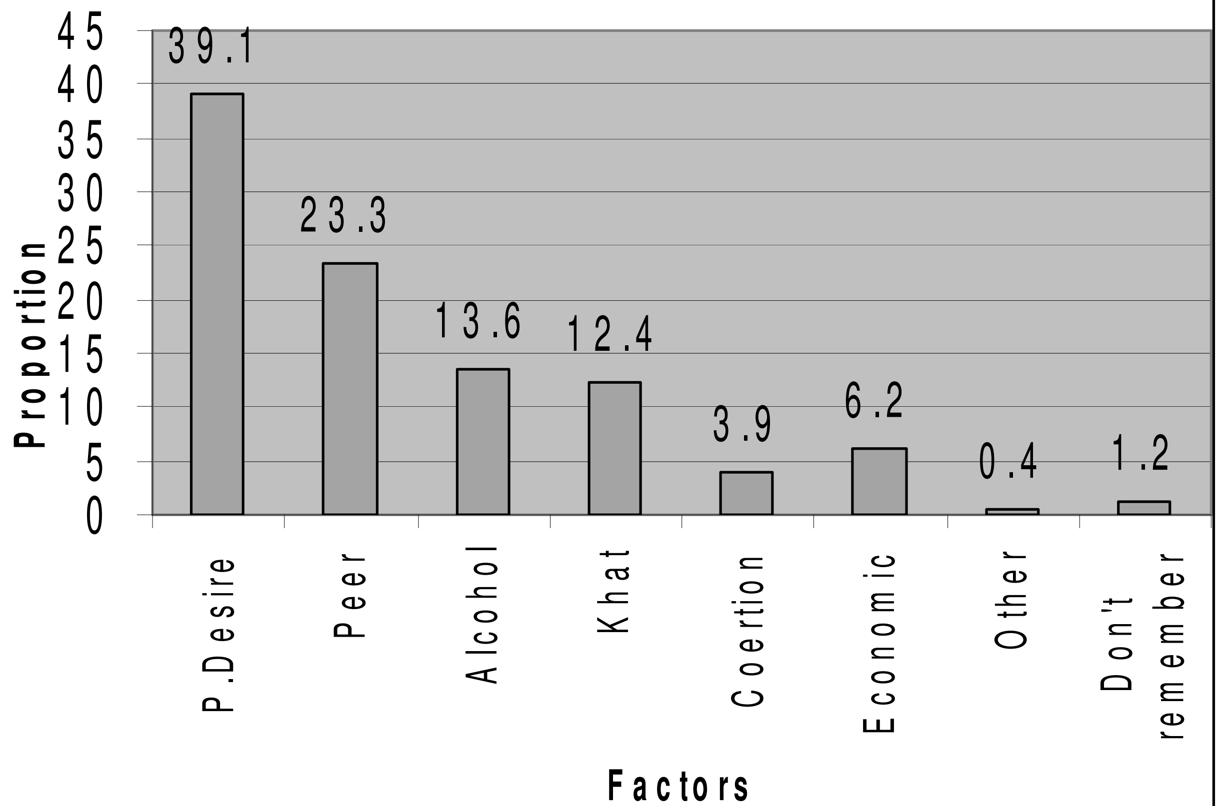
Figure-2 Factors initiated sexual commencement for the first time among school adolescents, Bale,October 2003
45
40
35
30
25
20
15
10
5
0
Proportion
39.1
23.3
13.6
12.4
3.9
6.2
0.4
1.2
P.Desire
Peer
Alcohol
Khat
Coertion
Economic
Other
Don't remember
Factors

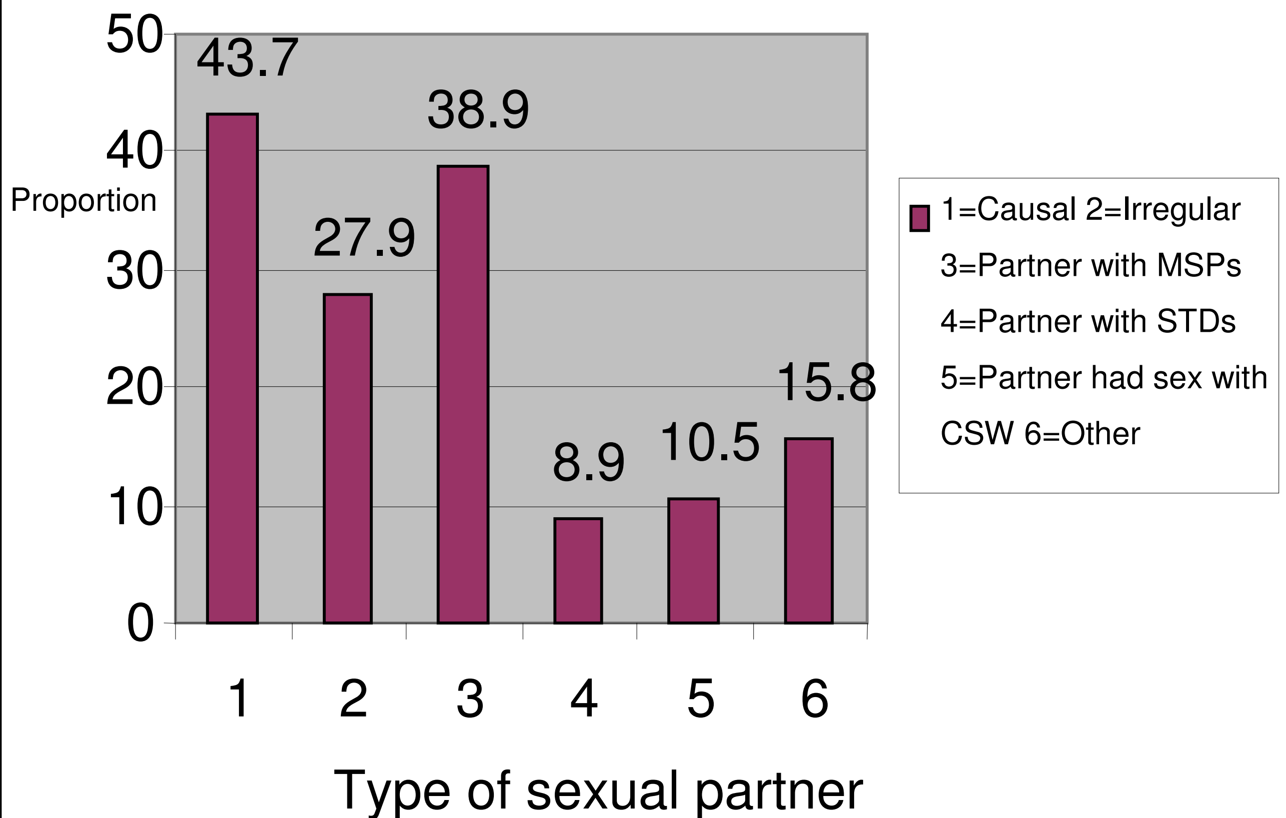
Figure-3 Type of sexual partner school adolescents encountered in the past one year, Bale, October 2003.
50
40
30
20
10
0
Proportion
43.7
27.9
38.9
8.9
10.5
15.8
1
2
3
4
5
6
Type of sexual partner
1=Causal 2=Irregular
3=Partner with MSPs
4=Partner with STDs
5=Partner had sex with
CSW 6=Other

Table-4 Magnitude of Substance use among school adolescents, Bale Zone, Oct 2003

Variables	Number	%
Alcohol consumption:		
Never Drunk	670	79.9
Drunk	169	20.1
Khat chewing:		
Never chewed	695	82,8
Chewed	144	17.2
Cigarette Smoking:		
Never Smoke	791	94.3
Smoked	48	5.7
Cannabis Use:		
Never Used	809	96.4
Used	30	3.6
Totals	839	100%

Figure- 4 Misconceptions of High School Adolescents on the mode of HIV transmission, Bale,October 2003.

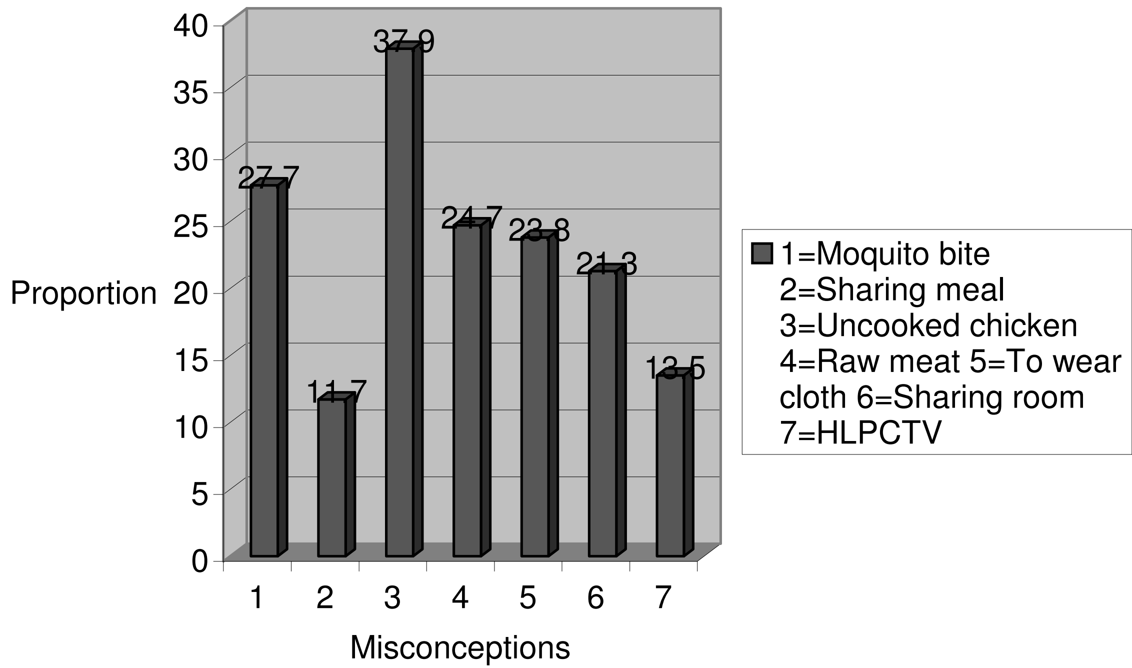

Table-5 School adolescents risk perception, Bale Zone,Oct 2003

Variables	Number	%
AIDS is going to be a serious threat: n=839		
Yes	759	90.5
No	56	6.7
Don't know	24	2.9
Your chance of being infected by HIV: n=258		
No chance	89	34.5
Low chance	61	23.6
Moderate	17	6.6
High chance	43	16.7
Don't know	48	18.6
One can avoid AIDS by changing his/her behavior: n=839		
Yes	601	71.6
No	153	18.2
Don't know	85	10.1
Intended to make behavioral change: n=258		
Yes	219	84.9
No	39	15.1

5.5. Comparison of risk to HIV by Socio-Demographic Characteristics, Knowledge on HIV, Risk perception, Attitude towards condom and substance use.

To examine the effect of some of the explanatory variables by controlling the effect of confounders on risk behavior exposing to HIV/AIDS, regression analysis was carried out. Age, sex, Family size, Attitude towards condom and substance use shown to have statistical significant association with Risk to HIV/AIDS.

Age group 18-24 years (OR=1.70, 95% CI: 1.23,2.35), Male by sex (OR= 1.81, 95% CI: 1.28,2.55), Family size of 11 and more people (OR=2.72 95% CI: 1.61,4.58), positive attitude towards condom (OR= 4.18, 95% CI 1.86, 9.43) and Alcohol consumption (OR= 2.84 95% CI: 1.88,4.31), Chewing khat (OR=7.15 95% CI: 4.52,11.33) were independently and positively associated with Risk to HIV (Tables-6, 7 and 8). Other variables did not showed any statistical significance

Table-6 Comparison of school adolescents Socio-Demographic characteristics with risk to HIV, Bale ZonOct, 2003).

Variables	Risky Behavior		Crude OR	Adjusted OR
	Yes n (%)	No n(%)	95% CI	95% CI
Age:				
13-17	109 (22.5)	375 (77.5)	1.00	1.00
18-24	135 (38)	220 62)	**2.11 (1.56, 2.86)**	**1.70 (1.23, 2.35)**
Sex:				
Female	70 (19.9)	281 (80.1)	1.00	1.00
Male	174 (35.7)	314 (64.3)	**2.22 (1.61, 3. 07)**	**1. 81(1. 28, 2. 55)**
Religion:				
Christian	139 (26.3)	389(73.7)	1.00	1.00
Muslins	105(33.8)	206(66.2)	1.43 (1.05, 1.93)	1.14 (0.82.158)
Residence:				
Live in the town	90 (25.1)	268 (74.9)	1.00	1.00
Came from rural area	154 (32.0)	327 (68.0)	1.40 (1.03, 1.91)	0.88 (0.61,1.27)
Parental Marital status:				
Live together	179 (28.5)	450 (71.5)	1.00	1.00
Do not live together	65 (31.0)	145 (69.0)	0.89 (0.63, 1.25)	1.09 (0.76, 1.58)
Father's Education:				
Un able to read and write	75 (38.5)	120 (61.5)	2.26 (1.45, 3.54)	1.65 (0.99, 2.77)
Primary Education	127 (28.2)	323 (71.8)	1.40 (0.95,2.07)	1.24 (0.80, 1.93)
Secondary and above	42 (21.6)	152 (78.4)	1.00	1.00
Family Size:				
1-5	82 (24.0)	260 (76.0)	1.00	1.00
6-10	119 (28.8)	294 (71.2)	1.28 (0.93, 1.78)	1.16 (0.82,1.63)
$\geq$ 11	43 (51.2)	41 (48.8)	**3.23 (2.03, 5.45)**	**2.72 (1.61, 4.58)**

Table –7 Relation ship of school adolescents' knowledge on HIV, risk perception and attitude towards condom to risk to HIV, Bale Zone, Oct 2003

n=839

Variables	Risky Sexual Behavior		Crude OR	Adjusted OR
	Yes n (%)	No n (%)	95% CI	95% CI
Knowledge on mode of HIV transmission:				
No	128 (27.6)	335 (72.4)	1.00	1.00
Yes	116 (30.9)	260 (69.1)	1.17 (0.87, 1.58)	1.33 (0.93,1.89)
Knowledge on HIV prevention:				
No	116 (26.6)	320 (73.4)	1.00	1.00
Yes	128 (31.8)	275 (68.2)	1.28 (0.95, 1.73)	1.18 (0.83,1.67)
Self risk perception:				
No to low chance	144 (28.3)	365(71.7)	1.00	1.00
Moderate to High chance	57 (36.1)	101 (63.9)	1.43 (0.98, 2.09)	1.41 (0.95,2.08)
Don't know	43 (25)	129 (75)	0.85 (0.57, 1.26)	0.86 (0.96, 2.08)
Attitude towards condom:				
Negative	11 (12.1)	80 (87.9)	1.00	1.00
Positive	233 (31.1)	515 (68.9)	**3.29 (1.72, 6.28**)	**4.18 (1.86,9.43**)

Table-8 Comparison of substance use by school adolescents with risk to HIV, Bale, Oct 2003.

Variables	Risk to HIV		Crude OR	Adjusted OR
	Yes n (%)	No n (%)	95% CI	95% CI
Alcohol consumption:				
Never Drunk	147 (21.9)	523 (78.1)	1.00	1.00
Drunk	97 (57.4)	72 (42.6)	**4.79 (3.36,6.84)**	**2.84 (1.88,4.31)**
Khat chewing:				
Never chewed	142 (20.4)	553 (79.6)	1.00	1.00
Chewed	102 (70.8)	42 (29.2)	**9.46 (6.32,14.16)**	**7.15 (4.52,11.33)**
Cigarette Smoking:				
Never Smoke	212 (26.8)	579 (73.2)	1.00	1.00
Smoked	32 (66.7)	16 (33.3)	5.46 (2.94,10.16)	0.72 (0.30,1.74)
Cannabis Use:				
Never Used	224 (27.7)	585 (72.3)	1.00	1.00
Used	20 (66.7)	10 (33.3)	5.22 (2.41,11.33)	1.21 (0.43,3.40)

5.6. Result of focus group discussion

The discussion conducted was to assess and understand knowledge about HIV, sexual behaviors and factors exposing school adolescents to risky sexual behavior and risk perception to HIV.

For this purpose 11 specific questions were prepared and a total of eight groups consisting of 8 participants each have participated on the discussion.

During the discussion to assess students' knowledge on how to acquire HIV infection group members mentioned that sexual intercourse and using unclean instruments used by other person (needles and razor) are the ways through which the virus is transmitted. Most of the groups also agreed on mother to child, contact with body fluids of patients and blood transfusion as the main route of acquiring the virus. As to the effects of HIV on younger people, most of the groups have indicated that if the disease at large affects young people, the number of this productive group will decrease, young people become dependent and unproductive, there by the economy of the country will also be affected. In the education sector too, most of the groups have agreed that the death of students and young teachers will interrupt the educational process and the country will not have a future educated people. As to the health effect mentioned by most of them, the healthy nature of an individual will be interrupted since this disease has physical suffering, psychological and moral effect as well as it poses a negative effect on the health of the people at large.

They discussed on the age that they suggest on the beginning of sexual intercourse for any person and most suggested that the best time to start is after the age 20 .The reason being a person should have some income to run his/her life and economically well stabilized or students should first succeed their education. .

As to their opinion on the sexual relationship practice before marriage, most of them have the same understanding in that sexual practice before marriage is not essential and is dangerous since it exposes to HIV/AIDS, sexually transmitted diseases, unwanted pregnancy, family and social inacceptance for the girl due to pregnancy.

Most of them if not all mentioned on the consequences of sexual intercourse before marriage as pregnancy, attempt of illegal abortion, which leads to death, and exposure to commercial sex work to the girls.

They have also indicated that effect on the family economy due to additional member of the family and sexual practice with multiple partners due to increase in sexual activity of young people In a very few response supported sex before marriage to increase the intimacy between the partners.

Pertaining to the factors that push school adolescents to engage in an early sexual intercourse, all agreed (both male and female group) that attractiveness of girls due to their physical changes and some actions like wearing fashionable clothes which shows their body structure. One member of the boys group has emphasized this by saying *'even they (girls) torn the school uniform so that their body is exposed and attract boys'*. Most of them also agreed that substance use like alcohol, khat and cigarette, and watching sex films and imitating the actions in the films are also the factors. One discussant of the female group also brought what she had heard about films' *they usually say even those developed countries are practicing sex freely so what is new for us why not we practice it so freely.'* Some of them mentioned chatting and intimacy among adolescents and lack of parental control also pushes them to engage in an early sexual relations.

All groups have common understanding on the reasons why school adolescents start sexual relations with older person in that they have emphasized on the economic reason either support in forms of money or gifts from the older partner and in most cases such relation is practiced among girls but among boys the attractiveness of the older woman pushes them to engage in. On the consequences of such type of relation all groups agreed exposure of the young person to HIV/AIDS and STDs because of the experience of older person with multiple sexual partners before and some mentioned damage on the reproductive organ of young girl could occur.

The groups were also invited to discuss on their opinion on condom effectiveness in preventing HIV/AIDS and the opinions reflected by most of the groups were since condoms effectiveness is not 100%, so it is difficult to rely up on condom in it's preventive use and considerable number of the groups, mainly girls agreed that they have doubt in its preventive use on HIV because of failure during utilization like condom breakage. There fore mostof them don't recommend specially for the students to use this method where as they recommend sexual abstinence is the only safe way for students and should be practiced among them. One discussant indicated that '*condom can promote promiscuity among the students'* and another one's opinion for not using condom was emphasized by saying '*because condom is not made in our country we should not use this method.'*

As to the part of the community that should use condom, all groups have similar opinion in that commercial sex workers and truck drivers should use it since they are highly engaged in sexual activities. Most of the groups also recommended that solders, those people with multiple sexual partners, a person with HIV and passengers should use while some of them have mentioned that every person who wants to practice sex and young people those who

cannot abstain should use whereas some groups have emphasized that students should not use condom during sexual act.

In the same way the young peoples' awareness about condom as one strategy for prevention of HIV was discussed and most of the groups agreed that most young people specially in the urban areas are aware and know that condom as one strategy for preventing HIV transmission but majority of them do not actually use it due to their suspicion on it's effectiveness and the dissatisfaction that it creates during coital act while some of the groups have mentioned that young people do not know that condom can prevent HIV and they discussed even young people think that condom by itself transmit the virus. The major obstacles discussed for not using condom were decreased satisfaction, embarrassment to buy, unavailability, urgency for sexual act and trusting each other. Some groups also discussed lack of money to buy condoms and substance use like alcohol and khat are the obstacles for not using condoms.

The advantages that young people obtain from limiting the number of sexual partner and consistent use of condom was also discussed and most groups justified that as young people limit their sexual partner number, they would be advantageous in that they are protected from HIV and other STDs and the advantages Pertaining to the consistent use of condom, in addition to the previously mentioned, they have indicated that it protects young people from having un wanted pregnancy. As to the chance of exposure to HIV among school adolescents, all groups perceived to be high and the reasons justified for were age influence, interaction among the students, coming from rural areas and residing in the town to attend preparatory level education out of parental control and lack of health education in the schools except that provided through mini media of the school in an occasional way. Some groups perceived that

the chance of exposure to be less because of the health education provided by anti AIDS club and the number of sexually active students is low

6. Discussion

Among the diseases a human being ever faced, HIV/AIDS is the most devastating one since it affects the most productive group of the population, there by crating not only a health problem but also economic and social burden. The route of spread of the disease mainly through sexual relation made the situation to be difficult in prevention and control, as a result of this became a global problem within a short period of its emergence.

UNAIDS has estimated that every minutes of every day five young women and men become newly infected with HIV. World wide nearly half of all new HIV infections today are in young people aged 19-25 years, and in worst affected countries the proportion is even greater exceeding 60% in some places (15).

In sub-Saharan Africa where the epidemic of HIV/AIDS remains rampant, people engage them selves in sexual activities during adolescence, a period which lacks judgment that comes from experience and which can not appreciate the adverse consequences of their actions; hence early sexual initiation is a common phenomenon. This study revealed that school adolescents commence sexual practice at early age. The reported mean age of first sexual practice for the students was 15.87 $\pm$ 1.84 (16.11 $\pm$ 1.94 for males and 15.21 $\pm$ 1.4 for females). Female students were found to start sexual intercourse earlier than male students. Though females begin sexual debut earlier than their counterparts, males were found to be more exposed to risky sexual behavior. This may suggest that adolescents begin sex too early, which could as a result expose them to develop risky sexual behavior and its consequences.

The study done among high school students in Bahirdar and Desse town in the northern part of Ethiopia by Adamu Rahel showed similar finding in that the mean age of sexual commencement

was 15.5 ± 2.3 (46). Similarly other studies conducted among adolescents in different parts of this country have indicated that the mean age of first sexual debut ranging from 13.8 to 17.6 (32, 33, 36, 37, and 38). Studies from African and other developing countries revealed that early sexual initiation among adolescents is increasing (16). The study from Brazil, Hungary and Kenya also showed that more than 25% of boys ages 15-19 reported having had sex before the age of 15 (9).

In an extended family condition, students may be exposed to risky sexual behavior due to lack of parental control and socioeconomic problems that the family members could encounter.Though it was not possible to get studies that supports our finding, in this study students from family size of eleven and above were found to be exposed to risky sexual behavior that could expose them to HIV/AIDS.

Different factors may insist school adolescents to engage in a premarital sexual practice due to an inherent risk in being an adolescent and the need to experiment different things by this group.

Most young people are keenly sensitive to peer opinion especially among older adolescents, perception of what peers think often have a greater influence on sexual and other risk taking behavior than the opinions of parents and other adults. In the present study among the reasons reported by the students for the initiation of sexual act for the first time, personal desire (39.1%) and peer pressure 60 (23.3%) were the leading factors In the FGD attractive actions of girls by fascinating them selves and watching erotic films were the main reasons reported. This signifies that the influence to adolescents' action in their sexual relation depends on many factors that lead them to practice risky behavior.

Similarly a study conducted by Eshetu F. in Addis Ababa, Ethiopia found that of the girls have had sexual experience, peer pressure (35.2%) was the most important factor that precipitates the

first sexual encounter (47). Previous studies in other countries have also shown that when adolescents believe that their peers think the unprotected sex not risky, then they are more likely to have unprotected sex themselves. In a study conducted in Kenya for example, adolescent men whose friends were sexually active were seven times more likely to be sexually active themselves. In Uganda too young men report that peers pressure them to “prove that you are a man” (5).

Having multiple sexual partners is one of the factors that increases peoples’ exposure to HIV/AIDS and this type of relation is common among school adolescents since they came from different corners with different experiences and get a chance to interact and interrelate. In this study a significant proportion of students (47.7%) reported to have sexual intercourse with more than one partner in their lifetime with the mean number of sexual partners 1.53 $\pm$ 0.61 (1.52 $\pm$ 0.62 for males and 1.58 $\pm$ 0.58 for females). This may indicate that the risk taking behavior among school adolescents is high which needs emphasis in changing their sexual behavior. In the same way, Ishmael Shabir, et al s’ study in 1997 among school adolescents in northern west Ethiopia showed that, among those who had had sex, the total number of sexual partners was approximately two (35). Lemma Eyob’s study among high school adolescents in Jimma (2000) has also indicated that one third of sexually active high school students had multiple sexual partners (41). In another study conducted among high school students in the Northern part of Ethiopia have also confirmed this fact in that 60% of high school students had sex with two or more partners (46).

A study conducted in Mozambique among high school girls also showed that, among those who were sexually active 16% had more than one partner (48). Studies in US have showed that

among sexually experienced high school youth, 14.2 percent reported four or more lifetime partners. In another nationally representative survey, 11 percent of sexually experienced youth ages 17 to 18 reported seven or more sexual partners (49).

Un protected sexual intercourse is one of the major risk factor that exposes school adolescents to HIV and STDs so that the diseases spreads rampantly among these group of population. In our study, majority of school adolescents (58.1%) have never used condom during any sexual episode and only 19.4% of them used condom consistently. This signifies that the extent of exposure of school adolescents to HIV and other STDs is high due to their engagement to unprotected sexual practice. In line with our finding previous studies in Ethiopia have also shown similar result in that a study carried out by Teka Tilahun (1997 in Gonder) and Ismael Shabir (1997 in Kola Diba-North West Ethiopia), indicated a significant proportion of adolescents engaged in unprotected sexual intercourse (35 and 36). Adamu Rahel (2000) reported 48% of high school students have never used condom in their sexual act and only 41%used it in their sexual act (46) .In the study of Birhane Firehiwot among high school adolescents in Addis Ababa (2000) reported that condom use during the last sexual intercourse was 18.6% (50). Similar findings were obtained in Mozambique (48). A survey carried out among un married young people in sub-Saharan Africa countries revealed that the percentage of un married sexually active women ages 15 to 19 who reported using condoms in their most sexual encounter ranged from 2% to 18%. In Colombia, Peru and Kazakhstan only from one fifth to about one third used condoms (51).

Youths are less likely to protect themselves when they have negative feelings about condoms, such as perceptions that putting on a condom are a barrier to intimacy or romance will decrease physical pleasure (52). This study revealed that the barriers for not using condoms among school

adolescents, disliking condoms, trusting sexual partner and suspicion of condoms as they carry HIV virus. In the FGD students also cited the same obstacles and additionally embarrassment to buy, unavailability and urgency for sexual act were also reported. Though most of the students have positive attitude towards condoms they were found significantly exposed to risky sexual behavior that exposes to HIV. This justifies that out look alone may not be enough unless it is incorporated with practice and un protected sexual practice due to different attitudes and misconceptions attached towards condoms makes the exposure of school adolescents to be higher to the current devastating health problem which indicates the need to fill the gap

Research has documented a number of barriers to condom use among young people, including a lack of control over the decision to condoms during sex, the association of condoms with prostitution, infidelity or STDs and lower knowledge levels (43). Even when they do have information, some adolescents engage in unprotected sex because they lack the skill to negotiate abstinence or condom use. They may be fear or embarrassed to talk with their partner about sex (9). In a study conducted in Mozambique, among schoolgirls, have indicated that 64% of all young women asserted that trust in their partner would make them not use condoms (48).

Due to the reasons mentioned, school adolescents could not always use condoms in their sexual encounter. This could increase the magnitude of STDs among this vulnerable group. 0ur study have revealed that high magnitude of STDs among sexually active students in that 57% students reported to have genital discharge and 39.2% of them had genital sore in the last 12 months This could be explained in that the extent of unprotected sex and sexual health service to school adolescents to be scarce as a result of which students may involve them selves in a risky sexual practice that exposes them to STDs including HIV. More over, adolescents' exposure to HIV is so high with the presence of genital ulcer/infection that facilitates the entrance of the virus.

Previous school based studies conducted in Ethiopia by (Mekonen G. 1995, Ismael S. 1997 and Adamu R. 2000) have also shown the same findings.

Sexual intercourse encountered with risk groups like causal partner, commercial sex worker and commercial partner increases the risk of contracting HIV and STDs. For school adolescents, who are unaware of what constitutes risky sexual behavior, are much more exposed to such practices. The result of the present study indicates that sexually active students encountered their sexual practice with risk groups in that 43.7% had sex with causal partner, 38.9% with a partner who have multiple sexual partners, 25% with commercial partner and 20.5% with commercial sex workers. This finding may suggest that the risk to HIV among the school adolescents is so significant there by a particular concern to this group should be made in order to decrease the disastrous condition.

Previous studies in Ethiopia have also confirmed this in that Eshetu Fiseha, (1993) among 10 high school adolescents in Addis Ababa, revealed 10% of students had coital contact with CSWs (47). In another study conducted by Teka T. (1993), among college students in Gonder a fifth have had a sexual contact with high-risk individuals, mainly commercial sex workers and causal encounter (53). In a survey done by Ismael S. (1997) in a rural town of north Gonder among school adolescents who were sexually active 9.3% of male students had had sex with CSWs (35). The study of Adamu R (2000) Coincides with this in that 10.3% of boys initiated sex with CSWs and a significant proportion of students (23.5%) had causal sex (46).

Sexual intercourse against the will is one of the factors that increase school adolescents' risky sexual behavior, encounter with unwanted pregnancy and its complications, HIV/AIDS and other STDs, which as a consequence jeopardizes their health. Our study revealed that 15.9% of the students had encountered coerced sex. .In the FGD the perception of boys for the intiation of

sexual intercourse was reflected to the girls' attractive action and such kind of perception could insist boys to be engaged in a forceful action or sexual coercion. This suggests that the reasons for sexual encounter among adolescents to be multidimensional as a result increasing their vulnerability to HIV and other reproductive health problems. Similarly previous studies conducted in Ethiopia by Mulugeta Ermias, et al (1998) among high school students in Addis Ababa and West Shoa; found that the prevalence of complete rape and attempted rape among female students was 5% and 10% respectively (54). A.Rahel (2000) among high school students in Bahir Dar and Desse towns also revealed that 19% of students were raped. (46). Studies in other countries too support the fact that adolescent are exposed to sexual coercion in an early age. According to information from justice system and rape crisis center in Chile, Peru, Malaysia, Mexico, Panama, Papua New Guinea and the US, between one-third to two-thirds of known sexual assault victims were age 15 or younger (55).

A transactional sex, which involves change of gift or money in return for sexual favor among school adolescents and old aged partner, serves as one means for the dissemination of HIV/AIDS among this vulnerable group. In the present study 8.9% had the first sexual encounter with a partner 10 years older than them and 15% of them with 5-10 years older partner. More over, 25.6% of the students had received different supplies in return to sex. Towards the reasons of sexual contact with old people, in the FGD, economic supply in terms of money and gift were the main one.

This indicates the sexual relation with the older partner due to economic support is becoming common which fuels further expansion of the disease to the younger population since the older people had had sexual experience with different partners. In the Behavioral Surveillance Survey 2002 of Ethiopia, in school youth reported that their first sexual partner had been 5-10 years old

more over, 15% of all female youth reported that their first sexual partner had been more than 10 years older (10). A.Rahel (2000) also revealed that about 20% of sexual encounter among students was with older partner (46).

A study carried out in Mozambique, among school girls of two different schools (63% and 6% respectively) reported that, material provision in terms of money, perfume, school fee, textiles and clothes were the support given from their partners (48).

Sexual relationship with a regular partner could be one of the meanses that protect people from acquiring HIV infection if the relation is maintained appropriately. Though our finding is not supported by previous studies, in this study 35.5% of them had a shorter duration with their sexual partner whom they claimed to be regular.This signifies that students could be exposed to sexual relation with another partner as a result the chance of being infected by HIV/STDs will increase.

Sexual activity and substance use are common among adolescents today. The more substances that school adolescents and young adults ever tried, the more likely they are exposed to risky practices as a consequence contract HIV and other STDs.

In our study among the reported substance used by study subjects 20.1% of them have used alcohol, 17.3% khat, 5.7% cigarette and 3.6% cannabis. More over, 13.6% and 12.4% of sexually active students have reported that alcohol and khat use were among the reasons posed them to initiate sexual inter course at first time respectively .FGD also depicted that substance use like alcohol, khat and cigarette were among the factors that pushed school adolescents to sexual debut in an early age. Those who have consumed Alcohol and chewed khat were also found that to be associated more to develop risky behavior to HIV. This increased rate of

substance use in rural towns may indicate that the in availability of places for adolescents to spend time out of school there by involve themselves to risky sexual behavior.

Similarly in a pervious studies conducted in Ethiopia by Kassaye M., et al, among high school students in Addis Ababa and Butajira (1999) found that alcohol and khat were the most common used substances in all schools. In other hand in governmental schools cigarette and cannabis were consumed (5% and 1% in AA) and (6% and 3% in Butajira) respectively (56). Adamu R. (2000) also has indicated that 11% of high school students had sex with while drunk (46). Birhane F. (2000), Lemma Eyob (2000) and Kebede Yigzaw (2001) also revealed that substance use among school adolescents was significant. In Kenya the single most important predictor of sexual activity among adolescent women was using alcohol, drug or tobacco (5). A study conducted among teens and young adults in USA have also showed that up to 18 percent of young people aged 13 to 19 reported that they were drinking at the time of first intercourse. One-quarter of sexually active 9-12 th grade students reported using alcohol or drug. (57).

Awareness or knowledge on HIV and other STDs in the broader context should be translated into safe behavior so as to control the dissemination of the diseases among the school adolescents. This study found that 98% of students were aware of the disease AIDS and 88.9% of them were aware of STDs and 44.8% had a knowledge for more than two mode of transmission and 48% had preventive knowledge.

The study by Teka Tilahun (1997) reported that the level of AIDS related preventive knowledge increased over time although sexual behavior among the students was not consistent. (34). In another study conducted by Kassaye S. among high school students in Addis Ababa (1997), a high level of knowledge (more than 90%) of HIV/AIDS was found among the students (58). Ismael S., (1997) also confirmed that 91% of all of the students had heard about AIDS. (35).

Behavioral Surveillance Survey report (2002) indicated that general awareness about HIV and STDs was wide spread amongst the in school youth in Ethiopia (10).

In the greater proportion, the mode of transmissions known by the students were, sexual intercourse (86.9%), contaminated injection needles (66%), and other instruments (60.1%), blood transfusion (56.6%) and mother to child (55.2%) and as well as sexual abstinence (64%) was the main preventive method known by them. In the FGD also sexual intercourse, using un clean instruments, blood transfusion and contact with the body fluid were the main mode of HIV transmission known.

Even though most students know more than one mode of transmissions and preventive methods, still they have a misconception, which leads to the limitation of their knowledge. In our study 27.7% had reported that mosquito bite, 37.9% eating un cooked chicken that had swallowed used condom, 24.7% raw meat prepared by HIV infected person, and 21.3% sharing room with HIV patient could transmit the virus. More over, 26.6% believed that sexual abstinence, 24.9% having one faithful partner and 41.2% condom use do not prevent HIV transmission. These findings may indicate that still there is a gap between knowledge and behavior among the school adolescents, which increases their vulnerability to HIV/AIDS. Although less than the present study, similar factors were misconceived by in school adolescents in the Behavioral Surveillance Survey 2002 in Ethiopia (10). Survey from 40 countries also indicated that more than 50% of young people aged 15 to 24 harbor serious misconceptions about how HIV/AIDS is transmitted (9).

A feeling of perceived risk of HIV infection is one of the important prerequisites for translating HIV knowledge in to behavioral change. The present study found that 58.1% of students who have practiced sexual intercourse perceived that they don't have chance or low chance of being

infected by the virus and only 23.3% of them perceived that they have moderate to high chance of being infected by the virus. This signifies that an adolescent self-risk perception to HIV/AIDS was not sensed, as they are vulnerable and doesn't go with actual practice they have. In Behavioral Surveillance Survey (2002) done in Ethiopia, most youth respondents (93.5%) felt that they were not at risk or were at lower risk for HIV infection and of the in school youth who had risky sex in the year before the survey, only 21% felt moderate or high risk for HIV/AIDS (10). Ismael S.(1991) had also revealed that only 65% of student felt that they could become HIV infected (35).

In a studies conducted in African countries, among adolescents who have had sex, substantial proportion of both women and men believe themselves to be at little or no risk of getting AIDS. Among young men, the perception of low or no risk ranges from 58 percent in Tanzania to 87 percent in Zambia. Among young women, the range is from 26 percent in Mozambique to 83 percent in Zimbabwe (40) Similar findings were also obtained from survey done in Nigeria, Haiti and Mali (9). In a study conducted among school girls in Mozambique, over all only 20% of the young women perceived them selves to be at risk of ever getting HIV (48).

7. Strength and Limitations of the study

In this study the extent of risky sexual behavior and factors that leads to its practice among school adolescents was assessed. A random sample was employed from four high schools, which was believed to represent high school students in Bale zone and reduce the possible bias. In an attempt to keep the validity and reliability, a pre-testing was done and appropriate analysis was employed and findings in this study were compared with other studies in Ethiopia and other countries in the world. More over, qualitative method was used so as to triangulate these findings.

How ever, the validity and reliability of results in this study could be reduced since the students themselves filled the questionnaires. In order to minimize this condition, thorough explanation was given and they were told as much possible to response the real things and to be honest in the process. As the study focuses on school adolescents its representative ness to all adolescent population is minimal.

8. Conclusions

Beside the limitations of the study, it can be concluded that:

- School adolescents are practicing high-risk behavior that can expose them to HIV/AIDS. The risk behaviors are early sexual debut, sex with risky groups like multiple sexual partners, causal partner and commercial sex workers, and un protected sex (non use of condoms)
- Females start sexual debut relatively earlier than males while males are relatively more at risk of HIV infection than females.
- School adolescents are exposed to sexual coercion and mainly females are engaged in sexual practice with older person that favors the dissemination of HIV/AIDS and STDs in this vulnerable group.
- Magnitude of STDs is high among students (mainly males) that indicate the extent of unprotected sex there by favoring exposure to HIV/AIDS.
- Substance use mainly alcohol and khat significantly insisted school adolescents sexual behavior.
- Knowledge on HIV/AIDS is better though a misconception in the mode of transmission and prevention exists.
- Self risk perception to HIV infection among the students is low
- Attitude towards condom is better but there is a misconception towards condom and low utilization with any type of sexual encounter.

9. Recommendations

The findings of this study indicate that school adolescents are practicing risky sexual behavior that needs due attention There fore; based on the findings the following recommendations were forewarned:

- ❖ Reproductive health including HIV/AIDS prevention and control should be actually incorporated in the school curriculum beginning from the primary level so that to balance the gap between knowledge, attitude and practice of students on sexual matters.
- ❖ Health institutions, voluntary HIV positive persons, Opinion leaders, religious leaders and school anti AIDS club members in a regular basis should provide IEC
- ❖ The government and NGOs should strengthen the capacity of school anti AIDS clubs in terms of material and training.
- ❖ Peer educators should be established and strengthened in all schools so that they can provide education in a friendly manner.
- ❖ Reproductive health services (condom provision, treatment on sexually Transmitted Disease and VCT) should be made available near by or in the schools
- ❖ A place to spend free time like library, sport field and recreational facilities should be made available by concerned body and the government bodies should develop a controlling mechanism on erotic video films.

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ANNEX- 1

Addis Ababa University, Department of Community Health
Questionnaire prepared to study factors influencing the sexual behavior of in school adolescents in Bale zone, Oromiya region

Consent

My name is Nassir Ebrahim, a final year Public Health student in Masters Program at Addis Ababa University. I brought these questions to you in order to find out conditions which influence sexual behavior of young people. The purpose of this study is to get more information on sexual behavior of high school adolescents that can be used to design appropriate intervention so as to address sexual health problems. Therefore, your honest and genuine participation by responding to the questions prepared is highly appreciated and helpful to attain the objective of the study.
Your name will not be written on this form and no individual response will be reported to any body. Hence, your answers are completely confidential. You do not have to answer any question that you don't want to answer and you may refuse to answer all of the questions.
Please, if you cooperate by responding to the questions it means that you have your own contribution to the success of this study.

Would you willing to answer?

If yes, proceed to the next page

If no, please stop here.

Thank You!

Part I – Sociodemographic Characteristics

This survey is intended only to school youths. Please read each question carefully and answer them genuinely. I want to remind you that writing your name is not necessary.		
No.	Questions	Coding Categories
101.	Your Sex	1.Male 2.Female
102.	Your age in years______	
103.	Your Marital Status	1.Married 2.Un Married 3.Divorced 4.Separated 5.Widowed
104.	Your Ethnicity	1.Oromo 2.Amhara 3.Gurage 4.Somali 5.Other(Specify)__________
105.	Your Religion	1. Islam 2.Orthodox 3.Protestant 4.Catholic 5. Other (Specify)___________
106.	Your Educational Level	1.Grade 9 2.Grade10 3.Grsde 11 4.Grade12
107.	Relative to your neighbors how do you rate your family economic status?	1.Very poor 2.Poor 3.Simillar 4.Better of 5.Rich 6.Very rich
108.	How Many people are living with you in your family?	_________
109.	What is your parents' marital status?	1. Mother and Father live together 2. Divorced 3.Widowed (Mother/Father died) 4.. Separated

110.	With whom do you live at present?	1.With Father and Mother 2 With Father only 3.With Mother only 4. With Relatives 5. With Friends 6. Alone 7. Other(Specify)________
111.	How is your residence situation?	1.I live in the town 2. I stay in the town up to the week end 3. I came from rural area and live in a rented house in the town 4. Other(Specify)________
112.	What is your father's educational status?	1.Un able to read and write 2. Read and write 3. Grade 1-4 4. Grade 5-8 5.Grade 9-12 6. Above grade 12
113.	What is your mother's educational status?	1.Un able to read and write 2. Read and write 3. Grade 1-4 4. Grade 5-8 5. Grade 9-12 6. Above grade 12

Part II-Risk Sexual Behavior

I am going to ask you some personal questions about your sexual experience. Since the following questions are more personal and secret, please answer them honestly. Remember your name is not written on the questionnaire.		
No.	Questions	Coding Categories
201.	Have you ever had sexual intercourse?	1.Yes 2.N o
If your answer is No, skip to question No. 224. But if your answer is yes, answer the following questions.		
202.	At what age did you first had sexual intercourse?	1.Age in years______ 2.Don't know
203.	What was your reason for initiation of sex?	1.Personal desire 2. Peer pressure 3. Influence of alcohol 4.Influence of Khat or Drug 5.Coercion 6.Economic problem 7. Other(Specify)________ 8.Don't remember /Don't know
204.	Was a condom used during the first time you had sexual intercourse?	1.Yes 2. No 3. I don't remember/Don't know
205.	How much older or younger was the person with whom you had your first sexual experience?	1 Same age 2.More than 10 years older than me 3.5-10 years older than me 4.Less than 5 years older than me 5.Younger than me 6. Don't remember /Don't know
206.	How many different sexual partners have you had in the past?	1. Only one partner 3. More than 5 partners 2. 2-5 Partners
207.	If you had more than one partner, what is your reason for having sexual relation with them?	1. Not to reduce my sexual pleasure which I can not get it from one partner. 2. Not to be sexually weak 3.I trust them because all my partners are healthy 4. It will develop confidence to my causal partner(s) because are not suspected as having HIV 5.Other
208.	Have you had sexual intercourse in the last 12 months?	1.Yes 2.No
209.	With which type of individual you had sexual intercourse? (More than one response is possible)	1.Person whom I know for less than 3 weeks 2. Person which Idon't know him beforee 3.. Person(s) who had multiple sexual partners 3. Person who had Sexually Transmitted Disease 4 person who have sexual intercourse with CSW(Commercial Sex Worker) 6. Other

210.	How frequent was your condom utilization during your sexual episodes	1.Ihave never used 2. Some times 3. Most of the ttime 4.Always 5. Don'tremember
If you didn't have sexual intercourse with a commercial partner the last 12 months, skip to question 214.		
211.	In the last 12 months, have you had ever received any money, gift or favour in in return to sex?	1. Yes 2. No 3. Don't remember/Don't know
212.	Did you have sexual intercourse with commercial sex worker?	1. Yes 2. No 3. Don't remember/Don't know
If you didn't have sexual intercourse with a commercial partner/commercial sex worker, skip to question 217.		
213.	At what age did you had sexual intercourse with commercial sex worker	1. Age in year_____
214.	Who told you to go the commercial sex worker	1.No one told me/My own interest 2. My friends 3. My parents 4. Don't remember/Don't know
215..	By the time you had sex with the commercial partner/ commercial sex worker did you and your partner used a condom?	1. Yes 2. No 3. Don't remember/Don't know
216.	If condom was not used, why didn't you and your partner use a condom that time? (More than one response is possible)	1. Not available 2. Too expensive 3. Not comfortable initiating 4. Partner objected 5. In a hurry 6. Embarrassed to buy or ask for 7. Used other contraceptive 8. Don't think it was necessary 9.Don't think of it 10. Allergy/Itching 11. I don't like it 12. I trust my partner 13. I was drunk 14. Don't trust condom as they transmit HIV 15. Due to lack of applying condoms 16. Due to frequent breakage of condoms 17. It reduce my sexual pleasure 18. Other(Specify) __________ 19. Don't know

217.	Now are you with a regular partner	1. Yes 2.No
If your answer is no, skip to question 224		
218.	If your answer is yes, how long you have stayed together	1.Duration of stay_____ 2. Don't remember/Don't know
219.	If you have one regular partner, what is the reason to remain with him/her?	1. It protects me from getting Sexually TransmittedDisease 2. It will protect me from getting HIV 3. It increases the trust of my partner since I care fohim/her 4. Other (specify)
220.	Did you have a sexual intercourse with your regular partner in the last 12 months?	1. Yes 2. No 3. Don't remember/Don't know
221.	Did you ever use a condom during your sexual episodes with your regular partner?	1. Yes 2. No
222..	If yes, how often you use condom?	1.Some times 2. Most of the time 3.Always 4. I don't remember/I don't know
223..	If condom was not used, what was your and your partner's reason for not using it?	1. Not available 2. Too expensive 3.Not comfortable initiating 4.Partner objected 5.In a hurry 5. Embarrassed to buy or ask for 7. Used other contraceptive 8. Don't think it was necessary 9.Don't think of it 10.Allergy /Itching 11.I don't like it 12. I trust my partner 13. I was drunk 14.Don't trust condoms as they transmit HIV 15.Due to lack of applying condoms 16.Due to frequent breakage of condoms 17.It reduces my sexual pleasure 18. Other__________ 19.Don't know
224..	Do you think that condom can prevent HIV transmission?	1. Yes 3. Don't know 2. No

The following statements are answered by making (ˇ) in the boxes provided under your choice. People say many things about condom. Read carefully and answer with each of the statement.

225.. Condoms are good at preventing pregnancy if used properly

1. Agree ☐ 2.Disagree ☐ 3. Certainly ☐ 4. Do not know ☐

226.. Condoms make sex less enjoyable

1. Agree ☐ 2. Disagree ☐ 3. Certainly ☐ 4.Do not know ☐

227. Condoms are mostly appropriate for use with causal sex partner

1. Agree ☐ 2. Disagree ☐ 3. Certainly ☐ 4. Do not know ☐

228. Condoms are easy to use

1. Agree ☐ 2. Disagree ☐ 3. Certainly ☐ 4. Do not know ☐

229.. Condoms use is against my religion

1. Agree ☐ 2. Disagree ☐ 3. Certainly ☐ 4. Do not know ☐

230. Condoms are offensive to Husband/Wife/Regular Partner

1. Agree ☐ 2. Disagree ☐ 3. Certainly ☐ 4. Do not know ☐

231 Condoms can climb up in to the womb or stomach

1. Agree ☐ 2. Disagree ☐ 3. Certainly ☐ 4. Do not know ☐

232 The price of condom is too high to use regularly

1. Agree ☐ 2. Disagree ☐ 3. Certainly ☐ 4. Do not know ☐

233.. Condoms can prevent Sexually Transmitted Diseases if used properly

1. Agree ☐ 2. Disagree ☐ 3. Certainly ☐ 4. Do not know ☐

234. Condoms are most appropriate for use with spouse or regular partner

1. Agree ☐ 2. Disagree ☐ 3. Certainly ☐ 4 Do not know ☐

If you have never started sexual intercourse, skip to question number 237.

235.	Have you ever been forced to have sex with some one whom you do not know before?	1.Yes 2. No

If you didn't have sexual intercourse with a person that you don't know before, skip to question No.237.

236.	If yes, at what age you encountered forceful sexual act for the first time?	1.Age in year ____ 2. Don't remember/Don't know
237.	Do you drink alcohol? (like Tej,Tella,Areke, Beer and the like)	1. I have never drunk 2..I drunk occasionally(2-3 times in a month) 3. I drunk 2-3 times in a week 4. I drink daily
238.	Do you chew Khat?	1. I have never chewed 2. I chew occasionally(2-3 times in a month) 3.I chew 2-3 times in a week 4. I chew daily
239.	Do you smoke Cigarette?	1. I never smoked 2. I smoke occasionally (2-3 times in a month) 3.I smoke 2-3 times in a week 4. I smoke daily

240.	Do you use Hashish?	1.I have never used 2 I use occasionally(1-2 times in a month) 3. I use 2-3 times in a week 4. I use Daily

Part III - STDs

301.	Have you ever heard of diseases that can be transmitted through sexual intercourse?	1. Yes 2. No
If you didn't started sexual intercourse, skip to question No. 401.		
303.	Have you had genital discharge during the past 12 months?	1.Yes 2.No
304.	Have you had a genital ulcer/sore during the past 12 months?	1.Yes 2.No

Part IV - Knowledge on HIV/AIDS

NO	Questions	Coding Categories
401.	Have you ever heard of HIV or the disease called AIDS?	1.Yes 2.No
402.	Of the following mode of transmission for HIV which one do you think is the possible way (More than one response is possible)	1. Sexual intercourse 2.Blood transfusion 3. Mother to child 4.Using contaminated injection needles 5. Using contaminated instruments 6. Shaking a person's hand 7. Through air 8. Other______ 9. Don't know
403..	Can a person get the HIV virus from mosquito bites?	1. Yes 3. Don't know 2. No
404..	Can a person get HIV by sharing a meal with some one who is infected with HIV?	1. Yes 3. Don't know 2. No
405.	Can a person get HIV from eating uncooked chicken that had swallowed used condom?	1. Yes 3. Don't know 2. No
406.	Can a person get HIV by getting injections with a needle that is not clean?	1. Yes 3. Don't know 2. No
407.	Can a person get HIV from a raw meat prepared by a person infected by HIV?	1. Yes 3. Don't know 2. No
408.	Can a person get HIV infection if he/she wears a cloth of HIV infected person?	1. Yes 3. Don'tknow 2. No
409	Can a person get HIV by sharing a room with HIV positive person?	1. Yes 3. Don't know 2. No

410.	Can people protect themselves by drinking 'Katikala' and eating hot pepper?	1.Yes 3.Don't know 2. No
411	Can people protect them selves from HIV by having one un infected faithful sexual partner?	1.Yes 3.Don't know 2. No
412.	Can people protect them selves from HIV by abstaining from sexual intercourse?	1. Yes 3. Don't know 2. No
413..	Do you think that a healthy looking person can be infected by HIV?	1. Yes 3. Don't know 2. No
414.	Do you think that a person who has the virus but looks healthy can transmit the virus?	1.Yes 3.Don't know 2. No

Part V- Personal risk perception

No.	Questions	Coding Categories
501.	Is AIDS going to be a serious threat to the health of the community?	1. Yes 3. Don't know 2. No
502.	What is your chance of being infected with HIV?	1. No chance 4. High 2. Low chance 5.Don't know 3.Moderate
503.	If your answer is No chance, why?	1. I never had sexual contact 2. Abstained from sexual intercourse 3. I trust my sexual partner 4. No injection with un sterile needles 5. I always use condom 6. I am healthy, no contact with HIV patient 7. Other (Specify)________ 8. Don't know
504.	If your answer is Moderate or High, why?	1. I had sexual contact with HIV positive person 2. I had sexual contact without condom 3.I have more than one sexual partners 4. I had sex with Commercial Sex Worker 5.I encountered condom breakage 6. I had un sterile injection/cut 7. Other_______ 8. Don't know
505.	Do you think that a person can avoid AIDS by changing his/her behavior?	1. Yes 3. Don't know 2.No
506	Do you intended to make any change in the future?	1.Yes 2.No

507.	What change do you plan to prevent your self from HIV/AIDS infection? (More than one response is possible)	1.Avoid sex with stranger 2.Reduce number of partners 3. Avoid sex with commercial sex worker 4. Sexual abstinence 5. Greater care in choosing partner 6. Avoid unclean needles/instruments 7. Avoid receiving blood 8. Gating alone 9. Avoid public toilet 10. Not sharing clothes 11. Not touching strangers 12. Avoiding travel 13. Avoiding Barber. 14. To remain with one partner 15. To use condom during every sexual episode 16. Other(Specify) ____________

ANNEX – 2

አዲስ አበባ ዩኒቨርሲቲ የሕብረተሰብ ጤና አጠባበቅ ክፍል
በባሌ ዞን ኦሮሚያ ክልል የከፍተኛ ሁለተኛ ደረጃ ት/ቤት
ወጣቶችን የሥነ ወሲብ ባሕሪያትን የሚያነሳሱ ሁነታዎችን
ለማጥናት የተዘጋጀ መጠይቅ።

ስምምነት:-

ስሜ ናስር ኢብራሂም ሲባል በአዲስ አበባ ዩኒቨርሲቲ በሕብረተሰብ ጤና በማስትሬት ዲግሪ የመጨረሻ ዓመት ተማሪ ነኝ። እነዚህን ጥየቄዎች ለእናንተ የማቀርብበት ምክንያት የወጣቶችን የሥነ ወሲብ ባሕሪያትን የሚወስኑትን ሁኔታዎች ለማወቅ ነው። የዚህ ጥናት ዓላማ በከፍተኛ ሁለተኛ ደረጃ ት/ቤት ያሉ ወጣቶች ስለሥነ ወሲብ ባህሪያቸው መረጃዎችን ለመሰብሰብና በዚሁ አቅጣጫ ለሚከሰቱት የጤና ችግሮች መፍትሄ ለማምጣት ያመች ዘንድ ለሚወሰዱ እርምጃዎች እቅድ ለማውጣት ነው። ስለዚህ የእርስዎ በዚህ መጠይቅ ውስጥ ያሉትን ጥያቄዎች በግልፅነትና በቅንነት ለመመለስ የምታደርጉት ትብብር እጅግ የሚደነቅ ሲሆን ለዚህ ጥናት ዓላማ መሳካት የራሱ የሆነ ጠቃሚ ድርሻ አለው።

የምትመልሱትን መልሶች ሚስጥራዊነት ለመጠበቅ ሲባል በዚህ መጠይቅ ላይ ስማችሁን መጻፍ አያስፈልጋችሁም፣እንዲሁም የማንኛውም በጥናት ላይ የተሳተፈ ተማሪ መልስ ለየትኛውም አካል ተላልፎ አይሰጥም።

በዚህ መጠይቅ ውስጥ ያለውን የትኛውንም ለመመለስ የማትፈልጉትን መልስ ወይም ጠቅላላውን ጥያቄ ላለመመለስ መብታችሁ የተጠበቀ ነው። እባክዎ ለጥያቄው መመለሰ ቢተባበሩን ለጥናቱ መሳካት የራስዎን ጉልህ ድርሻ ተወጡ ማለት ነው።

መልሶቹን ለመመለስ ፈቃድኛ ነዎት?
አዎን ካሉ ወደሚቀጥለው ገጽ ይቀጥሉ
የለም ካሉ እዚሁ ላይ ያቋርጡ
አመሰግናለሁ!

ክፍል 1፡- ጠቅላላ ሁኔታ

አባክዎን እያንዳንዱን ጥያቄ በጥንቃቄ አንብበው በቅንነት መልሶቹን ይመልሱ፡፡ ስም መፃፍ እንደማያስፈልግ እንደገና ላስታውስዎ እፈልጋለሁ፡፡		
ቁ	**ጥያቄ**	**የኮድ ክፍፍል**
101	ፆታ	1 ወንድ 2 ሴት
102	ዕድሜህ/ሽ/	------------ ዓመት
103	የጋብቻህ/ሽ/ ሁኔታ	1. ያገባ /ች/ 2. ያላገባ /ች/ 3. የተፋታ/ች/ 4. የተለያየ/ች/ 5. የሞተበት/ባት/
104	ብሔር/ብሔረሰብህ/ሽ/	1. ኦሮሞ 2. አማራ 3. ጉራጌ 4. ሶማሌ 5. ሌላ ካለ ይብራራ -------------
105	ሃይማኖትህ/ሽ	1. እስላም 2. ኦርቶዶክስ 3. ፕሮቴስታንት 4. ካቶሊክ 5. ሌላ ካለ ይብራራ -------------
106	የትምህርት ደረጃ	1. 9ኛ ክፍል 2. 10ኛ ክፍል 3. 11ኛ ክፍል 4. 12ኛ ክፍል
107	ከቤተሰብህ ጎረቤቶች ጋር በማነጻጸር የቤተሰብህን/ሽን/ የኢኮኖሚ /ኑሮ/ ደረጃ እንዴት ትመድበዋለህ/ዋለሽ?	1. በጣም ደሃ 2. ደሃ 3. ተመሳሳይ 4. ሀብታም 5. በጣም ሃብታም
108	በቤተሰብህብህ/ሽ/ ውስጥ ምን ያህል ሰዎች አብረውህ/ሽ ይኖራሉ ?	------------ ሰዎች
109	የወላጆችህ/ ሽ የጋብቻ ሁኔታ እንዴት ነው ?	1. እናቴና አባቴ አብረው ይኖራሉ 2. እናቴና አባቴ ተለያይተዋል 3. እናት/አባት ሞተዋል 4. እናትና አባቴ ተለያይተው ይኖራሉ
110	በአሁኑ ወቅት ከማን ጋር ነው የምትኖረው/ሪው ?	1. ከእናቴና ከአባቴ ጋር 2. ከአባቴ ጋር 3. ከእናቴ ጋር 4. ከዘመዶቼ ጋር 5. ከጓደኞቼ ጋር 6. ለብቻዬ 7. ሌላ ካለ ይብራራ -----------

111	የመኖሪያህ/ ሽ ሁኔታ እንዴት ነዉ	1. በከተማ ወስጥ እኖራለሁ 2. እስከ ሳምንቱ መጨረሻ ድረስ ብቻ በከተማ ውስጥ እኖራለሁ 3. ከገጠር ስለመጣሁ በከተማ ውስጥ ቤት ተከራይቼ እኖራለሁ 4. ት/ቤት እስዘኪዘጋ ድረስ ከተማ ውስጥ እኖራለሁ 5. ሌላ ካለ ይብራራ ---------
112	የአባትህ/ ሽ የትምህርት ደረጃ እንዴት ነው?	1. ማንበብና መጻፍ የማይችል 2. ማንበብና መፃፍ 3. ከ1-4ኛ ክፍል 4. ከ5-8ኛ ክፍል 5. ከ9-12ኛ ክፍል 6. ከ12ኛ ክፍል በላይ
113	የእናትህ/ ሽ የትምህርት ደረጃ እንዴት ነው?	4. ማንበብና መጻፍ የማይችል 5. ማንበብና መፃፍ 6. ከ1-4ኛ ክፍል 7. ከ5-8ኛ ክፍል 8. ከ9-12ኛ ክፍል 9. ከ12ኛ ክፍል በላይ

ክፍል - 2 ተጋላጭ ስነ ወሲባዊ ባህሪያት

ከዚህ ቀጥሎ ወሲብን በተመለከተ ግላዊ የሆኑ ጥያቄዎችን አቀርባለሁ፡፡ እነዚህ ጥያቄዎች በጣም የግልና ሚስጥራዊ በመሆናቸው እባክዎን በቅንነት ይመልሷቸው፡፡ አሁንም የማስታውስዎ በዚህ መጠይቅ ላይ ስም መጻፍ አያስፈልግም፡፡		
ቁ	**ጥያቄዎች**	**የኮድ ክፍፍል**
201	እስካሁን ድረስ የግብረሥጋ ግንኙነት ፈጽመህ /ሽ ታውቃለህ/ሽ	1. አዎን ፈጽሜአለሁ 2. የለም አልፈጸምኩም
ለዚህ ጥያቄ መልስዎ የለም ከሆነ ወደጥያቄ ቁጥር 224 ይሂዱ፡፡ ነገር ግን መልስዎ አዎን ከሆነ የሚቀጥሉትን ጥያቄዎች ይመልሱ፡፡		
202	በስንት ዓመትህ/ሽ ነው ለመጀመሪያ ጊዜ የግብረ ሥጋ ግንኙነት የፈጸምከው/ሽው?	1. ዕድሜ -------- 2. አላውቅም
203	የግብረሥጋ ግንኙነት እንድትፈጽም/ሚ ያደረገህ/ሽ ምክንያት ምን ነበር?	1. የራሴ ፍላጐት 2. የጓደኛ ግፊት 3. በመጠጥ በመገፋፋት 4. በጫት ወይም በሐሽሽ በመገፋፋት 5. በግዴታ 6. በኢኮኖሚ ችግር 7. ሌላ ካለ ይብራራ ----- 8. አላስታውሰውም/አላውቀውም
204	በመጀመሪያ የግብረ ስጋ ግንኙነት በፈጸምክ/ሽ ጊዜ ኮንዶም ተጠቅመህ/ሽ ነበር?	1. አዎን 3. አላስታውስም/አላውቅም 2. የለም
205	ለመጀመሪያ ጊዜ አብረህ/ሽ የግብረሥጋ ግንኙነት የፈጸምከው/ሽ ሰው ምን ያህል ካንተ/ች ይበልጥ/ያንስ ነበር?	1. እኩል ዕድሜ ነበር 2. ከአስር ዓመት በላይ ይበልጠኝ/ትበልጠኝነበር 3. ከ 5-10 ዓመት ይበልጠኝ/ትበልጠኝ ነበር 4. ከ 5 ዓመት ያነሰ ይበልጠኝ ነበር 5. ከእኔ በዕድሜ ያንስ/ታንስ ነበር 6. አላስታውሰውም/አላውቀውም

206	ባለፉት ጊዜያት ምን ያህል የወሲብ ጓደኞች ነበሩህ/ሽ?	1. አንድ ብቻ 3. ከ 5 በላይ 2. ከ 2 - 5
207	ከአንድ በላይ የወሲብ ጓደኞች ካሉህ/ሽ ይህን ያህል እንዲኖሩህ/ሽ ያደረገው ምክንያት ምንድነው?	1. ከአንድ ጓደኛ ብቻ የማላገኘውን ወሲባዊ ደስታዬን ላለመቀነስ ስል 2. በግብረስጋ ግንኙነት ወቅት ደካማ ላለመሆን 3. ሁሉም ጤነኛ ስለሆኑ አምናቸዋለሁ 4. ድንገተኛ የወሲብ ጓደኛዬን በኤችአይ ቪ ስለማልጠረጥረው ለእርሱ/ሷ መተማመንን ስለሚፈጥር 5. ሌላ ካለ (ይብራራ) --------
208	ባለፉት 12 ወራት ውስጥ የግብረሥጋ ግንኙነት ፈጽመሃል/ሻል?	1. አዎን ፈጽሜያለሁ 2. የለም አልፈጸምኩም
209	ባለፉት 12 ወራት ውስጥ ከእንዴት ዓይነት ግለሰብ ጋር ነው የግብረሥጋ ግንኙነት የፈጸምከው/ሽው? (ከአንድ በላይ መልስ ይቻላል)	1. ከሦስት ሳምንታት ያነሰ ከማውቀው/ቃት ሰው ጋር 2. ከዚህ በፊት ከማላውቀው/ቃት ሰው ጋር 3. ብዙ የወሲብ ጓደኞች ካሉት/ሏት ሰው ጋር 4. የአባለዘር በሽታ ከነበረው/ራት ሰው ጋር 5. የቡና ቤት ሰራተኛ ጓደኛ ከነበረው ግለሰብ ጋር 6. ሌላ ካለ (ይብራራ) ---------

210	በግብረሥጋ ግንኙነትህ/ሽ ወቅት የኮንዶም አጠቃቀምህ/ሽ እንዴት ነበር?	1. ተጠቅሜ አላውቅም 2. አንዳንዴ እጠቀማለሁ 3. አብዛኛውን ጊዜ እጠቀማለሁ 4. ሁልጊዜ እጠቀማለሁ 5. አላስታውስም/አላውቅም
211	ባለፉት 12 ወራት ውስጥ ለወሲብ ሲባል ገንዘብ ስጦታ ወይም ውለታ ተቀብለሃል/ሻል ወይም ሰጥተሃል/ሻል?	1. አዎን 2. የለም 3. አላውቅም
ወሲብን ከጥቅም ጋር ካያያዘ/ች ግለሰብ ጋር የግብረስጋ ግንኙት ካልፈጸምክ/ሽ ወደ ጥያቄ ቁጥር 217 እለፍ/ፊ		
212	ከቡና ቤት ሰራተኛ ጋር የግብረስጋ ግንኙነት ፈጽመህ/ሽ ታውቃለህ/ሽ?	1. አዎን 2. የለም
ከቡና ቤት ሰራተኛ ጋር የግብረስጋ ግንኙት ካልፈጸምክ/ሽ ወደ ጥያቄ ቁጥር 217 እለፍ/ፊ		
213	በስንት አመትህ/ሽ ነበር ከቡና ቤት ሰራተኛ ጋር የግብረ ስጋ ግንኙነት የፈጸምከው/ሽው?	------- ዓመት
214	ወደ ቡና ቤት ሰራተኛ ጋ እንድትሄድ/ጂ የነገረህ/ሽ ወይም የገፋፋህ/ሽ ማን ነበር?	1. ማንም አልገነገረኝም/የራሴ ፍላጎት ነበር 2. ጓደኞቼ 3. ቤተሰቦቼ 4. ሌላ (ይብራራ) ---------
215	ወሲብን ከጥቅም ጋር ካያያዘ/ች ግለሰብ ወይም ከቡና ቤት ሰራተኛ ጋር ወሲብ በፈጸምክበት/ሽበት ጊዜ ኮንዶም ተጠቅማህ/ሽ ነበር?	1. አዎን 2. የለም 3. አላስታውስም/አላውቅም

216	ኮንዶም ያልተጠቀምክ/ሽ ከሆነ ያንተም/ችም ሆነ የጓደኛህ/ሽ ላለመጠቀማችሁ ምክንያት ምን ነበር? (ከአንድ በላይ መልስ ይቻላል)	1. በቀላሉ አለማግኘት 2. በጣም ውድ መሆኑ 3. ግንኙነት ለማድረግ አለመመቸቱ 4. የእኔ/የጓደኛዬ ተቃውሞ 5. በችኮላ ላይ ስለነበርን 6. ለመግዛት ወይም ለመጠየቅ በማፈር 7. ሌላ የወሊድ መቆጣጠሪያ ስለተጠቀምን 8. አስፈላጊ መሆኑን አላሰብንበትም ነበር 9. ስለኮንዶም ራሱ እንዲያውም አላስታወስኩም 10. አለርጂ/ማሳከክ ስለሚያመጣ 11. ፈጽሞ አልወደውም 12. ጓደኛዬን በጣም ስለማምነው/ናት 13. መጠጥ ጠጥቼ ስለነበር 14. ከንዶም ራሱ ኤችአይ ቪን ስለሚያስተላልፍ አላምነውም 15. አጠቃቀሙን ባለማወቁ 16. ብዙ ጊዜ ኮንዶሙ ስለሚቀደድ 17. ወሲባዊ ስሜቴን ስለሚቀንስ 18. ሌላ ካለ ይብራራ --------- 19. አላውቅም
217	በአሁኑወቅት ከቋሚ ጓደኛ ጋር ነህን/ሽን?	1. አዎን 2. የለም
መልስህ/ሽ የለም ከሆነ ወደ ጥያቄ ቁጥር 224 እለፍ/ፊ::		
218	መልስህ/ሽ አዎን ከሆነ ከቋሚ ጓደኛህ/ሽ ጋር ምን ያህል ቆይታችኋል?	1. የቆይታ ጊዜ -------- 2. አላስታውስም/አላውቅም

219	አንድ ቋሚ ጓደኛ ካለህ/ሽ ከእርሱ/ስዋ ጋር ብቻ እንድትወሰን/ያደረገህ/ሽ ምክንያት ምንድነው?	1. ከአባለዘር በሽታ እንዳያገኝ ስለሚከላከልልኝ 2. ኤችአይ ቪ እንዳይዘኝ ስለሚጠብቀኝ 3. ለእርሱ/ሷ ጥንቃቄ ስለማደርግ መተማመናችንን ስለሚጨምር 4. ሌላ ካለ ይብራራ --------
220	ባለፉት 12 ወራት ውስጥ ከቋሚ ጓደኛ ህ/ሽ ጋር የግብረስጋ ግንኙነት ፈጽመሃል/ሻል?	1. አዎን 2. የለም 3. አላስታውስም/አላውቅም
221	ከቋሚ ጓደኛህ/ሽ ጋር በነበረህ/ሽ የግብረስጋ ግንኙነት ኮንዶም ተጠቅመህ/ሽ ታውቃለህ/ሽ	1. አዎን 2. የለም
222	ከቋሚ ጓደኛህ/ሽ ጋር በነበረህ/ሽ የግብረስጋ ግንኙነት ኮንዶም ተጠቅመህ/ህ ከሆነ የአጠቃቀምህ/ሽ ሁኔታ እንዴት ነው?	1. አንዳንድ ጊዜ 2. አብዛውኛውን ጊዜ 3. ሁልጊዜ 4. አላስታውስም/አላውቅም

223	ኮንዶም ያልተጠቀምክ/ሽ ከሆነ ያንተም/ችም ሆነ የጓደኛህ/ሽ ላለመጠቀምህ/ሽ ምክንያት ምን ነበር? (ከአንድ በላይ መልስ ይቻላል)	1. በቀላሉ አለማግኘት 2. በጣም ውድ መሆኑ 3. ግንኙነት ለማድረግ አለመመቸቱ 4. የእኔ/የጓደኛዬ ተቃውሞ 5. በችኮላ ላይ ስለነበርን 6. ለመግዛት ወይም ለመጠየቅ በማፈር 7. ሌላ የወሊድ መቆጣጠሪያ ስለተጠቀምን 8. አስፈላጊ መሆኑን አላሰብንበትም ነበር 9. ስለንንዶም ራሱ እንዲያውም አላስታወስኩም 10. አለርጂ/ማሳከክ ስለሚያመጣ 11. ፈጽሞ አልወደውም 12. ጓዳኛዬን በጣም ስለማምነው/ናት 13. መጠጥ ጠጥቼ ስለነበር 14. ኮንዶም ራሱ ኤችአይ ቪን ስለሚያስተላልፍ አላምነውም 15. አጠቃቀሙን ባለማወቄ 16. ብዙ ጊዜ ኮንዶሙ ስለሚቀደድ 17. ወሲባዊ ስሜቴን ስለሚቀንስ 18. ሌላ ካለ ይብራራ -------- 19. አላውቅም
224	ኮንዶም ኤች አይ ቪን ይከላከላል ብለህ/ሽ ትገምታለህ/ሽ?	1. አዎን 3. አላውቅም 2 የለም

የሚከተሉት ጥያቄዎች የሚመለሱበት በምርጫህ/ሽ ትይዩ በተዘጋጀው ሳጥን ውስጥ የ(✓) ምልክት በማድረግ ነው:: ስለ ኮንዶም ሰዎች ብዙ ነገር ይላሉ አንተም/ችም በጥንቃቄ አንብብና/ቢና ለእያንዳንዱ ዐረፍተ ነገር መልስህን/ሽን ስጥ/ጪ: :

225. በትክክል ከተጠቀሙበት ኮንዶም እርግዝናን ለመከላከል ጥሩ ነው
1. እስማማለሁ ☐ 2. አልስማማም ☐ 3. እጠራጠራለሁ ☐ 4. አላውቅም ☐
226. ኮንዶም ወሲባዊ እርካታን አነስተኛ ያደርጋል
1. እስማማለሁ ☐ 2. አልስማማም ☐ 3. እጠራጠራለሁ ☐ 4. አላውቅም ☐
227. ኮንዶም በድንገት ለሚደረግ የግብረ ስጋ ግኑኝነት ነው ከፍተኛ ጠቀሜታ ያለው
1. እስማማለሁ ☐ 2. አልስማማም ☐ 3. እጠራጠራለሁ ☐ 4. አላውቅም ☐
228. ኮንዶም ለመጠቀም ቀላል ነው
1. እስማማለሁ ☐ 2. አልስማማም ☐ 3. እጠራጠራለሁ ☐ 4. አላውቅም ☐
229. ኮንዶም ለመጠቀም ከሀይማኖት ጋር ይቃረናል
1. እስማማለሁ ☐ 2. አልስማማም ☐ 3. እጠራጠራለሁ ☐ 4. አላውቅም ☐
230. ኮንዶም ለባል/ለሚስት/ለቋሚ ጓደኛ መጥፎ ሽታ ይፈጥራል
1. እስማማለሁ ☐ 2. አልስማማም ☐ 3. እጠራጠራለሁ ☐ 4. አላውቅም ☐
231. ኮንዶም ወደ ማህጸንና ሆድ ውስጥ ሊገባ ይችላል
1. እስማማለሁ ☐ 2. አልስማማም ☐ 3. እጠራጠራለሁ ☐ 4. አላውቅም ☐
232. ኮንዶም በቋሚነት ለመጠቀም ዋጋው በጣም ከፍተኛ ነው
1. እስማማለሁ ☐ 2. አልስማማም ☐ 3. እጠራጠራለሁ ☐ 4. አላውቅም ☐
233. በትክክለኛው ከተጠቀሙበት ኮንዶም ኮንዶም የአባላዘር በሽታን ይከላከላል
1. እስማማለሁ ☐ 2. አልስማማም ☐ 3. እጠራጠራለሁ ☐ 4. አላውቅም ☐
234. ከባለቤት ወይም ከቋሚ ጓደኛ ጋር ኮንዶም መጠቀም በጣም ትክክል ነው
1. እስማማለሁ ☐ 2. አልስማማም ☐ 3. እጠራጠራለሁ ☐ 4. አላውቅም ☐

የግብረ ስጋ ግኑኝነት ያልጀመርክ/ሽ ከሆነ ወደ ጥያቄ ቁጥር 237 እለፍ/ፊ		
235	ከዚህ በፊት የማታውቃት/ቂው ግለሰብ በጉልበት የወሲብ ጥቃት ፈፅማብሃለች/ሞብሻል	1 አዎን 2 የለም
ወሲባዊ ጥቃት ያልተፈፀመብህ/ብሽ ከሆነ ወደ ጥያቄ ቁጥር 237 እለፍ/ፊ		
236	መልስህ/ሽ አዎን ከሆነ ለመጀመሪያ ጊዜ የግዳጅ ወሲባዊ ጥቃት የተፈጸመብህ/ሽ በስንት ዓመትህ/ሽ ነው?	1. እድሜ በአመት----- 2. አላስታውስም/አላውቀውም
237.	መጠጥ ትጠጣለህ/ሽ? (እንደጠጅ፡ ጠላ አረቄ፡ ቢራና የመሳሰሉትን)	1. ጠጥቼ አላውቅም 2. አንዳንድ ጊዜ እጠጣለሁ (በወር ውስጥ ከ 2-3 ጊዜ) 3. በሳምንት ከ2-3 ጊዜ እጠጣለሁ 4. በየቀኑ እጠጣለሁ
238.	ጫት ትቅማለህ/ሽ?	1. ቅሜ አላውቅም 2. አንዳንድ ጊዜ እቅማለሁ (በወር ውስጥ ከ2-3 ጊዜ) 3. በሳምንት ከ2-3 ጊዜ እቅማለሁ 4. በየቀኑ እቅማለሁ
239.	ሲጋራ ታጨሳለህ/ሽ?	1. አጭሼ አላውቅም 2. አንዳንድ ጊዜ አጨሳለሁ (በወር ውስጥ ከ2-3 ጊዜ) 3. በሳምንት ከ2-3 ጊዜ አጨሳለሁ 4. በየቀኑ አጨሳለሁ
240.	ሐሽሽ ተጠቅመህ/ሽ ታውቃለህ/ሽ?	1. ተጠቅሜ አላውቅም 2. አንዳንድ ጊዜ እጠቀማለሁ (በወር ውስጥ ከ2-3 ጊዜ) 3. በሳምንት ከ2-3 ጊዜ አጨሳለሁ 4. በየቀኑ እጠቀማለሁ

ክፍል 3- የአባላዘር በሽታን በተመለከተ

ቁ.	ጥያቄዎች	የኮድ ክፍፍል
301.	በግበረ ሥጋ ግንኙነት ስለሚተላለፉ በሽታዎች ሰምተህ/ሽ ታውቃለህ/ሽ?	1 አዎን አውቃለሁ 2 የለም አላውቅም
	የግብረ ስጋ ግኑኝነት ያልጀመርክ/ሽ ከሆነ ወደ ጥያቄ ቁጥር 401 እለፍ/ፊ	
302.	ባለፉት 12 ወራት ውስጥ ከብልትህ/ሽ የሚወጣ ፈሳሽ ኖሮህ/ሽ ያውቃል?	1 አዎን ያውቃል 2 የለም አያውቅም
303.	ባለፉት 12 ወራት ውስጥ ብልት/ሽ ላይ ቁስለት ወጥቶብህ/ሽ ነበር?	1. አዎን 2. የለም

ክፍል 4 የኤች አይ ቪ እውቀትን በተመለተ

ቁ.	ጥያቄዎች	የኮድ ክፍፍል
401	ስለ ኤች አይ .ቪ ወይም ኤድስ ስለሚለው በሽታ ሰምተህ/ሽ ታውታለህ/ሽ?	1. አዎን ሰምቻለሁ 2. የለም አልሰማሁም
402	ከሚከተሉት የኤች.አይ.ቪ መተላለፊያ መንገዶች የትኛው መንገድ የሚያስተላልፍ ይመስልሃል? (ከአንድ በላይ መልስ መመለስ ይቻላል)	1 የግብረሥጋ ግንኙነት 2 ከሌላ ሰው ደም መቀበል 3 ከእናት ወደልጅ 4 ሌላ ሰው የተጠቀመበትን መርፌ መጠቀም 5 ሌላ ሰው የተጠቀመበትን ያልጸዳ የህክምና ዕቃ መጠቀም 6 መጨባበጥ 7 በአየር ውስጥ 8 ሌላ ካለ ይብራራ -------- 9 አላውቅም
403.	አንድ ሰው ኤች.አይ.ቪ ቫይረስ ከወባ ትንኝ ንክሻ ሊተላቀፍበት ይችላልን?	1 አዎን 3. አላውቅም 2. የለም
404.	አንድ ጤነኛ ሰው በኤች አይ ቪ ከተያዘ ሰው ጋር በጋራ በመብላት ቫይረሱ ሊተላቀፍበት ይችላልን?	1 አዎን 3. አላውቅም 2. የለም
405.	አንድ ጤነኛ ሰው ኤች አይ ቪ ያለበት ሰው ተጠቅሞ የጣለውን ኮንዶም የዋጠች ዶሮ ያልበሰለ ስጋ ቢበላ በሽታው ይይዘዋልን?	1 አዎን 3. አላውቅም 2. የለም
406.	አንድ ጤነኛ ሰው ሌላ ሰው የተወጋበትን ንፁህ ባልሆነ መርፌ ቢወጋ በሽታው ሊይዘው ይችላልን?	1 አዎን 3. አላውቅም 2. የለም
407.	አንድ ጤነኛ ሰው በኤች አይ ቪ ቫይረስ በተጠቃ ግለሰብ የተዘጋጀን ጥሬ ሥጋ ቢበላ ቫይረሱ ይተላቀፈበታልን?	1 አዎን 3. አላውቅም 2. የለም
408.	ኤች አይ ቪ ያለበትን ግለሰብ ልብስ አንድ ሰው ቢለብስ ቫይረሱ ሊይዘው ይችላልን?	1 አዎን 3. አላውቅም 2. የለም
409.	ኤች አይ ቪ ካለበት ሰው ጋር በመኖር አንድ ጤነኛ ሰው ቫይረሱ ሊይዘው ይችላልን?	1 አዎን 3. አላውቅም 2. የለም
410.	እንደ ካቲካላ ያለ መጠጥን በመጠጣትና በርበሬ በመብላት ሰዎች ከኤች አይ ቪ ቫይረስ ራሳቸውን ሊከላከሉ ይችላሉን?	1 አዎን 3. አላውቅም 2. የለም
411.	አንድ ታማኝ በቫይረሱ ያልተያዘ ጓደኛ ጋር በመሆን ሰዎች ራሳቸውን ከቫይረሱ ሊከላከሉ ይችላሉን?	1 አዎን 3. አላውቅም 2. የለም
412.	ከግብረ ሥጋ ግንኙነት በመታቀብ ሰዎች ራሳቸውን ከኤች አይ ቪ ቫይረሱ ሊከላከሉ ይችላሉን?	1 አዎን 3. አላውቅም 2. የለም
413.	ጤነኛ የሚመስል ሰው የኤች አይ ቪ ቫይረስ ሊኖረው ይችላል ብለህ/ሽ ትገምታለህ/ህ?	1 አዎን 3. አላውቅም 2. የለም
414	ጤነኛ የሆነ ነገር ግን የኤች አይ ቪ ቫይረስ በደሙ ውስጥ ያለበት ሰው ቫይረሱ ወደ ሌላ ሰው ያስተላልፋል ብለህ ትገምታለህ/ሽ	1. አዎን 3. አላውቅም 2. የለም

ክፍል 5 - ግላዊ አመለካከት

ቁ .	ጥያቄዎቸ	የኮድ ክፍፍል
501.	ኤድስ በህብረተሰቡ በአደገኛ ሁኔታ አስፈሪ በሽታ ሰው ብለህ ትገምታለህ?	1. አዎን 3. አላውቅም 2. የለም

502.	በኤች አይ ቪ የመያዝ እድልህ/ሽ ምን ያህል ነው ብለህ/ሽ ትገምታለህ/ሽ?	1 የመያዝ ዕድል የለኝም 4 ከፍተኛ ነው 2 አነስተኛ ነው 5 አላውቅም 3 መካከለኛ ነው
503.	መልስህ/ሽ የመያዝ ዕድል የለኝም ወይም አነስተኛ ነው ከሆነ ለምን?	1 የግብረሥጋ ግንኙነት አድርጌ አላውቅም 2 ከግብረሥጋ ግንኙነት ስለታቀብኩ 3 ጓደኛዬን ስለማምነው/ናት 4 ባልተቀቀለ መርፌ ተወግቼ ስለማላውቅ 5 ሁል ጊዜ ኮንዶም ስለምጠቀም 6 ጤነኛ በመሆኔና ከኤች አይ ቪ በሽተኛ ጋር ግንኙነት ስለሌለኝ 7 ሌላ ካለ ይብራራ ------------ 8 አላውቅም
504.	መልስህ/ሽ መካከለኛ ነው ወይም ከፍተኛ ነው ከሆነ ለምን?	1 ኤች አይ ቪ በደሙ ውስጥ ካለ ሰው ጋር የግብረሠጋ ግንኙነት ስለፈጸምኩኝ 2 ካለ ኮንዶም የግብረሥጋ ግንኙነት ስለፈጸምኩኝ 3 ከአንድ ከሚበልጥ ሰው ጋር የግብረሥጋ ግንኙነት በመፈጸሜ 4 ከቡና ቤት ሠራተኛ ጋር የግብረሥጋ ግንኙነት በመፈጸሜ 5 በግብረሥጋ ግንኙነት ወቅት ኮንዶሙ ስለተቀደደብኝ 6 ባልተቀቀለ መርፌ ወይም መቁረጫ በመጠቀሜ 7 ሌላ ካለ ይብራራ ----------- 8 አላውቅም
505.	አንድ ግለሰብ ባህሪውን በመቀየር ኤድስን ሊከላከል ይችላል ብለህ/ሽ ትገምታለህ/ሽ?	1 አዎን 3 አላውቅም 2 የለም
506.	አንተ/ችስ ወደፊት የባህሪ ለውጥ ለማምጣት አቅደሀልን/ሻልን?	1 አዎን 2 የለም
507.	ኤች አይ ቪ/ ኤድስን ለመከላከል ምን አይነት የባህሪ ለውጥ ነው ያቀድከው/ሽው? (ከአንድ በላይ መልስ ይቻላል)	1 ከእንግዳ ሰው ጋር ወሲባዊ ግንኙነት ባለመፈፀም 2 የወሲብ ጓደኞችን በመቀነስ 3 ከቡና ቤት ሰራተኛ ጋር ወሲብ ባለመፈፀም 4 በመታቀብ 5 ጓደኛ በመምረጥ ላይ ከፍተኛ ጥንቃቄ በማድረግ 6 ንጹህ ያልሆነ መርፌ/የህክምና መሳሪያ ባለመጠቀም 7 ደም ባለመቀበል ወይም ባለመስጠት 8 በብቸኝነት በመኖር 9 የህዝብ ሽንት ቤት ባለመጠቀም 10 ልብስ ባለመቀያየር 11 እንግዳ ሰው ባለመንካት 12 ከቦታ ቦታ መጓጓዝን በመተው 13 ፀጉር አስተካካይ ጋ ባለመጠቀም 14 በአንድ ጓደኛ ብቻ በመወሰን 15 በእያንዳንዱ ግብረ ስጋ ግኑኝነት ወቅት ኮንዶም በመጠቀም 16 ሌላ ካለ ይብራራ -------------

ANNEX- 3

Yuuniivarsiitii Finfinneti kuta Eegumssa Fayyaa Hawaasaa Naanno Oromiyaa, Zonii Baaleeti dargagoota mana barnoota sadarkaa lamaffaa ol'aanaati Kan argamani irra waa'ee hala amala sal - qunnamtiif kan kakaasan qo'achuuf gaafii qophaa'ee

Waliigaltee

Maqaan kiiyyaa Naasir Ibraahiim yamu jedhamu, Yuuniivarsiitii Finfinneti Eegumsa Hawaasuummaati diigrii maastreetiidhan barataa isa hoggaa dhumaati. Kaayyoon qo'anno kana dargagoota mana barmoota sadarkaa lamaffaa ol'aanaati argamani irra waa'ee amala sal-qunnamtii ilaalchiise oddeffanno sasaabuu dha fi karaa kanaan umamuu Kan danda'an rakkolee fayyaa furmaata fiiduuf akka gargaaru tarkaanfiiwwan fudhatamaniif karoora baasuudhafii. Kanaafu, gaafiilee askeessaa jiraniif ifaa fi amanamaan deebiisuudhaan gargaarsii isin gotan baayyee Kan dinqiisifamu yamu ta'uu, kaayyoo qo'anno kana galmaan gahudhaaf qoda ufii ni qaba.

Iccitii deebii debiistaniif eegudhaaf jeecha fuula kamirrayu maqaa keessan barreesuun barbaachisaa mitii. Akasuumas deebii barataa qo'anno kana irra hirmaate dhaabata kamiifiyyu dabarfame hin kennamu.

Gaafiilee kaneen keessaa gaafii deebii debisu kan hin barbaadne ykn gaafiilee hundaa deebii kennu yoo hin barbaadne mirgii keessan kan eegame dha. Gafiilee deebiisuudhaan walta'iinsa kessani yoo agarsiistan fixaan ba'iinsa qo'anno kanaatiif qoda keessan baataniirrtu jechuu dhaa.

Gaafiilee deebiisuuf fedhii ni qabdu?

Eeyyee yoo jetan, gara fuula itti anuti dabraa

Lakkii/Mitii/ yoo jetan, asuuma irrati dhaabaa.

Galatomaa !

Kuta 1: Haala wal - galaati jiru

Gaaffiiwan tokkon ofi'eegannoon dubbissuun hubannoo gaariin deebiwan deebisa. Gaaffiilee fiilannoo itti kennameti deebiwwan filatan irratti maraa. Iddo duwwaa siif kennametti debii kee barreesii. Maqaa barreessuun akka hin barbaachifine irra deebi'ee isiin yaadachiisu barbada.		
Lakk	Gaaffilee	Qodama Kodii
101.	Saala	1. Dhiira 2. Dubra
102.	Umrii kee	Waggaa _________
103.	Akkataa gaa'eela	1. Kan fuudhe/tan heerumite/ 2. Kan hin fuudhiin/tan hin heerumiin/ 3. Kan hiike/Tan hiikamite/ 4. Kan addaan fagaate/tan addaan fagaatte/ 5.Tan irraa duute/ Kan irraa du'e
104.	Saba/sab- lammii/ kee	1. Oromoo 2.Amaara 3. Guraagee 4.Somaalee 5. Kan biraa yoo jiraate haa ibsamu ______________
105.	Amantaa kee	1. Musiliima 2. Kiristiyaana ortoodokisii 3. Piroteestantii 4. Kaatoolikii 5. Kan biraa yoo jiraate haa ibsamu______________
106.	Sadarkaa barumsaa	1.Kutaa 9^{ffaa} 2. Kutaa 10 ^{ffaa} 3. Kutaa 11^{ffaa} 4. Kutaa 12^{ffaa}
107.	Qabeenya/Jiruu/ warra keetii ollaa keessan wajjiin yoo wal - biraati madaaltee sadarkaa isaan eesaati ramadaa?	1.Dangaa malee hiyeessa 2. Hiyeessa 3. Wal - fakkaatu 4. Irra foya'aa 5. Dureyyii/Dureesa/ 6. Dangaamalee Dureesa
108.	Maatii keessan keessaati namoota meeqaatu si wajjiin jiraatu?	Namoota ________
109.	Yeroo ammaati akkaataa ga'eela maatii keeti maal fakkaata?	1. Haadhaa fi Abbaan koo wajjiin jiraatu 2. Haadhaa fi Abbaan kiyya addaan bahanii jiru. 3. Haadha/Abbaan du'aani jiru 4. Haadhaa fi Abbaan kiyya gara gaara jiraatu

110.	Yeroo ammaa kana eenuun wajjiin jiiraata?	1. Haadhaa fi Abbaa kiyya wajjiin 2. Abbaa kiyya wajjiin 3. Haadha kiyya wajjiin 4. Firoota kiyya wajjiin 5. Hiryoota kiyya/tiyya/ wajjiin 6. Adda kiyya jiraadha 7. Kan biraa yoo jiraate haa ibsamu
111.	Haali Jireenyii kee maal fakkaata?	1. Magaalaa keessa jiraadha 2. Hanga dhuma torbaanti qofa magaalaa keessa jiraadha 3. Badiiyaa irra waan dhufeef magaalaa keessati mana kireefadhee jiraadha 4. Hanga mani barumsaa cufamuuti magaalaa keessa jiraadha 5. Kan biraa yoo jiraate haa ibsamu ____________
112.	Barumsii Abbaa keetti sadarkaa kam irra jira?	1. Dubbiisuu fi barreessu kan hin dandeenye 2. Dubbiissu fi barreessu ni dandayan 3. Kutaa 1 - 4^{faa} baratanii jiru 4. Kutaa 5 - 8^{ffaa} baratanii jiru 5. Kutaa 9 - 12^{ffaa} baratanii jiru 6. Kutaa 12^{ffaa} - ol baratanii jiru
113.	Barumsii Haadha keetti sadarkaa kam irra jira?	1. Dubbiisuu fi barreessu tan hin dandeenye 2. Dubbiissu fi barreessu ni dandayan 3. Kutaa 1 - 4^{faa} baratanii jiru 4. Kutaa 5 - 8^{ffaa} baratanii jiru 5. Kutaa 9 - 12^{ffaa} baratanii jiru 6. Kutaa 12^{ffaa} - ol baratanii jiru

Kutaa - 2: Amaloota qunnamtii Saalaatiif nama saxilaan

<table>
<tr><td colspan="3">As iraan kan itti fuufu gaaffillee qunnamttii saalaa ilaalchisee, gaaffii dhunfaa ta'an siif dhiheesa. Gaaffiwaan kun kan dhunfaatii fi haalaan icciti waan ta'aniif ilaalcha gaariin hubadhuu deebii kenni. Ammaas irra deebi'ee kan isiin yaadachiisu formii kana irrati maqaa keessan barreessun hin barbaachiisu.</td></tr>
<tr><td>Lakk.</td><td>Gaaffiwaan</td><td>Qodama Kodii</td></tr>
<tr><td>201</td><td>Hanga amaati qunnammtii saalaa gotee ni beeyitaa?</td><td>1. Eeyyeen godheen jira
2. Lakki hin gonee</td></tr>
<tr><td colspan="3">Gaaffii kanaaf deebiin kee lakki hin gonee yoo ta'e, gama gaaffii lakkoofisa <u>224</u> darbii. Yoo deebiin kee Eeyeen godheen jira yoo ta'e gaaffiillee armaan gadii deebisuu itti fuufi.</td></tr>
<tr><td>202.</td><td>Yeroo duraatiif umrii meeqati qunnamti saala raawate?</td><td>1. Umrii ________
2. Hin beeku</td></tr>
<tr><td>203.</td><td>Qunnamtii saalaa kana akka raawatu/gootu/ sababiin isaa maal ture?</td><td>1. Fedhii kiyya
2. Dhibbaa hiryaa kiyyaa
3. Dhibbaa dhugaatitiin
4. Dhibbaa caati/haashishiitiin
5. Diirqamaan
6. Rakkina dinagdeetiin
7. Hin yaadadhu/hin beeku
8. Kan biraa yoo jiraate haa ibsamu________________</td></tr>
<tr><td>204.</td><td>Yeroo duraatiif qunnamti saala yoo raawate kondomiin fayyadamtee turtee?</td><td>1. Eeyyeen 3. Hin yaadadhu/hinbeeku
2. Lakki</td></tr>
<tr><td>205.</td><td>Qunnamtii saalaa yeroo duraatiif namnii ati waliin raawate umriin hangam sii caala ykn hangam sii gadi ture?</td><td>1. Wal - qixa ture
2. Waggaa 10 - ol nacaala ture/ na caaltii turite
3. Waggaa 5 - 10 na caala ture/na caalti turte
4. Waggaa 5 gadi nacaala ture/ na caalti turite
5. Umrii kiyyaa gadi turite/ture
6. Hin yaadadhu/hin beeku</td></tr>
<tr><td>206.</td><td>Yeroota darban keessa hirriyyoota wal-qunnamtii saalaa hammami qabdaa ture?</td><td>1. Tokko qofa 3. 5 - ol
2. 2 - 5</td></tr>
<tr><td>207.</td><td>Hiirriyyota wal - qunnamtii saalaa tokko - ol yoo qabaate sababiin haammana kan hunda qabaachuu isaa maalli?</td><td>1. Hiirriiyyaa tokko qofa irra kan hin arganee feedhi gammachuu wal - qunnamti saala hiiri'isu baachuuf
2. Yeroo wal -qunnamti saala dadhabaa akka hin taaneef
3. Hundumtu isaani fayyaa waan ta'aniif nin amanaa
4. Hiirriiyyaa tasaa wal - qunnamti saala kiyyaa HIV dhaan waanan hin shakineef isaaf/ isiif itti abdachuu waan ummuf
5. Kan biraa yoo jiraate haa ibsamu
________________</td></tr>
</table>

208.	Ji'oota 12 dabran keessa wal - qunnamtii saalaa raawate jirtaa?	1. Eeyyeen raawadheerra 2. Lakki hin raawanee
209.	Ji'oota 12 darban keesa nama akkam waliin wal - qunnamtii saalaa kan raawate?	1.Nama torbaan 3 hin geenyee beekuu waliin 2. Kanaan dura nama hin beeknee waliin 3. Hirriyyota wal-qunnamtii saalaa heedduu qabdu/qabu waliin 4. Dhukkuba wal-qunnamti saalattin dadarban nama qabdu/qabu waliin 5. Hojjatu mana bunaa hiirriiyyuumaa nama qabu wallin 6. Kan biraa yoo jiraate haa ibsamuu________________
210.	Yeroo wal - qunnamtii saalaa kee fayyadamiinsa koodoomii akkam ture?	1. Fayyadamee hin beekuu 2. Yeroo tokko tokko nin fayyadama 3. Yeroo heedduu nin fayyadama 4. Yeroo hunda nin fayyadama 5. Hin yaadadhuu/hin beeku
211.	Ji'oota 12 darban keessa wal - qunnamti saalaattif jechaa maalaqa ykn keenaa fuudhatee jirtaa?	1. Eeyyeen 2. Lakki 3. Hin beeku
212.	Hojjatuu/taa mana bunaa wallin wal - qunnamtii saalaa raawate ni beektaa?	1. Eeyyeen 2. Lakki
Namni wal - qunnamtii saalaa faayidaa waliin wal-qabsiisee wajjiin ykn hoojatuu mana bunaa wajjiin wal-qunnamtii saalaa yoo hin raawane gara gaafii lakk. 217 ti dabrii.		
213.	Umrii meqaatti wal-qunnamtii saalaa hojjatuu/taa mana bunaa wajjiin kan raawate turte?	Waggaa_______
214.	Karaa hoojatuu/taa mana bunaa bira akka deemtu kan siti himee ykn sikakaasee heenyu turee?	1.Namuutu nati hin himnee/feedhii kan kootti 2. Hiirriyyoota koo 3. Warra koo 4. Kan biraa haa ibsamuu_____________________
215.	Nama wal-qunnamtii saalaa faayidaa wallin wal-qabsiise wajjiin wal-qunnamtii yeroo raawatee koondoomiin fayyadamtee turte?	1.Eeyyeen 2. Lakki 3. Hin yaadadhu/hin beeku

216.	Koondoomii kan hin fayyadamnee yoo ta'ee kan kee ta'ee kan hiirriiyaa kee fayyadamuu baachuuf sababin maal ture? (Tokko-ol deeebiisun nidanda'ama)	1. Salphaatti arkachuu baatu 2.Gatiin haalaan mi'aa ta'uu issa 3.Wal-qunnamtii goocuuf miijii'uu baatu 4. Moormii kan koo/ kan hiirriyaa koo 5. Ariifachuurra waan jiiruuf 6. Biituuf ykn gaafachuuf saalfatuu 7. Dawaa da'uu dhoorkuu biraa fayyadammu keenyaan 8. Barbaachisaa ta'u isaa itti hin yaadnee ture 9. Waa'ee koondoomiitu hin uma'uu hin yaadanee 10. Alarjii/Hooqisu waan fiduf 11. Goonkumaa'uu hin jaaladhu 12. Hiirriiyaa koo haalaan waanan amanuuf 13.Wannan dhuugaatti dhuugeef 14. Koondoomiin innumtu 'HIV' waan dabarsuuf itti hinamanuu 15. Akkaataa itti fayadaman waan hin beekneef 16. Yeroo hedu koondoomiin waan dhoohuuf 17. Feedhinaa wal- qunnamtii koo waan hirisuuf 18. Waan biraa haa ibsamuu_________ 19. Hin beekuu
217.	Yeroo ammaa kana hiirriyaa jaalalaa (Qunnamttii saalaa) dhaabataa /dhugaa/ waliin jirtaa?	1. Eeyyeen 2. Lakki
	Deebin kee gaaffii lakk.217 f Lakki yoo ta'ee, gara gaafii lakk.<u>224</u> ti dabri	
218.	Deebin kee gaaffii lakk 217 f Eeyyeen yoo ta'ee hiirriyaa dhugaa wajjiin hammami turtee?	1. Hamma turtee: Ji'a______ ykn Waggaa______ 2. Hin yaadadhuu/hinbeekuu
219.	Hiirriyaa dhuugaa tokko yoo qabaatee isa/isi waliin qofa akka muurtooytuu kan sigoodhee sababin maali?	1. Dhuukkuba wal-qunnamtii saalaattin dadarban of- irraa ittisuf 2.'HIV' of-irra ittisuf 3. Isaaf/Isif ittissa waan goodhuf wal-amnti keenya waan ciimsuf 4. Kan biraa haa ibsamuu___________________
220.	Ji'oota 12 dabran keessa hiirriyaa dhugaa kee waliin wal-qunnamtii saalaa raawatee jirtaa?	1. Eeyyeen 2. Lakki 3. Hin yaadadhuu/Hin beeku
221.	Hiirriyaa dhuugaa kee waliin wal-qunnamtii saalaa gooteen koondoomii fayyadamtee beektaa?	1. Eeyyeen 2. Lakki
222.	Koondoomii hoo fayyadamtee ta'ee haala kamiin fayyadamtaa?	1. Yeroo tokko tokko 2. Yeroo heedduu 3. Yeroo hunda 4. Hin yaadadhuu/hin beeku
223.	Koondoomii kan hin fayyadamne yoo ta'ee kan keettis ta'ee kan hiirriyaa kee	1. Salphaatti arkachuu baatu 2.Gatiin haalaan mi'aa ta'uu isaa

	fayyadamu dhisuu kee sababiin isaa maal ture? (Tokko-ol deeebiisun nidanda'ama)	3. Wal-qunnamtii goocuuf miijii'uu baatu 4. Moormii kan koo/ kan hiirriyaa koo 5. Ariifachuurra waan jiiruuf 6. Biituuf ykn gaafachuuf saalfatuu 7. Dawaa da'uu dhoorkuu biraa fayyadammu keenyaan 8. Barbaachisaa ta'u isaa itti hin yaadnee ture 9. Waa'ee koondoomiitu hin uma'uu hin yaadanee 10. Alarjii/Hooqisu waan fiduf 11. Goonkumaa'uu hin jaaladhu 12. Hiirriiyaa koo haalaan waanan amanuuf 13. Wannan dhuugaatti dhuugeef 14. Koondoomiin innumtu 'HIV' waan dabarsuuf itti hin amanuu 15. Akkaataa itti fayadaman waan hin beekneef 16. Yeroo hedu koondoomiin waan dhoohuuf 17. Feedhinaa wal- qunnamtii koo waan hirisuuf 18. Kan biraa yoo jiraatee haa ibsamuu_____________ 19. Hin beeku
224.	Koondoomiin 'HIV' ni ittisaa jate ni tiilmaamtaa?	1.Eeyyeen 2. Lakki 3. Hin beeku

Gaafiilee armaan gaditiif kan deebiifamu filannoo kee duurra sanduqa qoophaa' keessatti mallattoo (ˇ) kana goodhuu dha. Waa'ee koondoomii namooni waan heed jedhu attis sirritti dubisitti gaafilee tokko tokko isaanittif deebii isaa keenni.

225. Siirritti yoo itti fayyadaman koondoomiin ulfaa dhoorkuudhaaf gaariidha.
1.Walii gala ☐ 2. Walii hin galu ☐ 3. Nin shakka ☐ 4. Hin beeku ☐

226.Koondoomiin dharraa wal-qunnamtii ni xiiqeessaa

1.Walii gala ☐ 2. Walii hin galu ☐ 3. Nin shakka ☐ 4. Hin beeku ☐

227. Koondoomiin tasuumatti wal-qunnamtii saalaa godhudhaan faayidaa guudaa qaba
1. Walii gala ☐ 2. Walii hin galu ☐ 3. . Nin shakka ☐ 4. Hin beeku ☐

228. Koondoomiin fayyadamuf salphaadha
1.Walii gala ☐ 2. Walii hin galu ☐ 3. . Nin shakka ☐ 4. Hin beeku ☐

229. Koondoomiin fayyadamuun amanti koo wajjiin faalaa dha.
1.Walii gala ☐ 2. Walii hin galu ☐ 3. . Nin shakka ☐ 4. Hin beeku ☐

230.. Koondoomiin dhiirsaaf/niittif/hiirriyyaa dhugaaf foolee badaa ummaa.
1. Walii gala ☐ 2. Walii hin galu ☐ 3. . Nin shakka ☐ 4. Hin beeku ☐

231. Koondoomiin gadaameessa fi garaa keessa liixuu ni danda'a.
1.Walii gala ☐ 2 Walii hin galu ☐ 3. . Nin shakka ☐ 4. Hin beeku ☐

232. Koondoomiin yeroo hundaaf fayyadamuf gattin haalaan guudaa dha.
1. Walii gala ☐ 2. Walii hin galu ☐ 3. . Nin shakka ☐ 4. Hin beeku ☐

233.. Koondoomii siirritti yoo itti fayyadaman dhuukuba dadarboo ni ittisaa
1.Walii gala ☐ 2. Walii hin galu ☐ 3. Nin shakka ☐ 4. Hin beeku ☐

234.. Niiti ykn hiirriyaa dhuugaa wajjiin koondoomii fayyadamu haalaan siirrii dha.
1.Walii gala ☐ 2. Walii hin galu ☐ 3. Nin shakka ☐ 4. Hin beeku ☐

Wal-qunnamtii saalaa kan hin egalee yoo taatee gara gaaffi Lakk 237 ti dabri

235.	Kanaan duura nama hin beekneee huumnaan wal-qunnamtii saalaa siti raawateerraa?	1. Eeyyeen 2. Lakki

Wal- qunnamtii huumnaan siiti hin raawanee yoo ta'e gara gaaffi Lakk. 237 ti dabri

236.	Deebiin kee Eeyyeen yoo ta'e ogaa duuraattif huumnaan guudeeduun siiti raawatame waggaa meqaatti?	1. Umrii waggaan___________ 2. Hin yaadadhu/hin beeku

237.	Dhugaatti ni dhuugdaa?	1. Dhuugee hin beekuu 2. Yeroo tokko tokko nin dhuugaa (Baati keessa yeroo 2 - 3) 3. Torbaanitti yeroo 2 - 3 nin dhuugaa 4. Guuyyarraa nin dhuugaa
238.	Jiimaa (Caatii) ni qamaataa?	1. Qama'ee hin beekuu 2. Yeroo tokko tokko ni qama'aa (Baatii keessa yeroo 2 - 3) 3. Torbaanitti yeroo 2 - 3 ni qama'aa 4. Guuyyarraa nin qama'aa
239.	Siigaaraa ni arsitaa?	1. Arsee hin beekuu 2. Yeroo tokko tokko nin arsaa (Baatii keessa yeroo 2 - 3) 3. Torbaanitti yeroo 2 - 3 nin arsaa 4. Guuyyarraa nin arsaa
240.	Haashiisha fayyadamte ni beektaa?	1. Fayyadame hin beekuu 2. Yeroo tokko tokko nin fayyadamaa (Baatii keessa yeroo 2-3) 3. Torbaanitti yeroo 2 - 3 nin fayyadamaa 4. Guuyyarraa nin fayyadamaa

Kutaa - 3: Dhuukkuba wal-qunnamtii saalaatin darbu ilaalchisee

Lakk	Gaafiilee	Qodama koodii
301.	Yeroo wal-qunnamtii saalaa dhuukuboota dadarban dhageesee beektaa?	1. Eeeyyeen nan beekaa 2. Goonkuumaa'u hin beeku
Wal-qunnamtii saalaa hin egalee yoo ta'ee gara gaafii lakk. 401 ti dabri		
302.	Ji'oota 12 darban keessaa qaama wal-qunnamtii saalaa keessaa dhangala'oon bahu qabaate beektaa?	1.Eeyyeen nan beekaa 2.Goonkuumaa'u hin beekuu
303.	Ji'oota 12 darban keessaa madaan qaama wal-qunnamti saalaa irra bahee ture?	1.Eeyyeen 2. Lakki

Kutaa - 4: Beekuumsa Kan 'HIV/AIDS' ilaalchiisee

Lakk	Gaafiilee	Qodama kodii
401.	Waa'ee 'HIV' ykn dhuukuba Eedsii jedhamuu dhageetee beektaa	1. Eeyyeen dhaga'ee 2. Goonkuumaa'uu hin dhagenyee
402.	Kanneen keessaa karaan 'HIV' dadarban kamitu kan dabarsu siiti fakkaata? (Deebii tokko - ol deebiisu ni danda'ama)	1.Wal-qunnamtii saalaa 2. Nama biraattif dhiga keennuu ykn arjoomuu 3. Haadha irraa gara daa'imaa 4. Liilmoo (qara) namni biraa ittin fayyadameen fayyadamu 5. Meeshaa mana yaala qulqullina hin qabneen kan namni biraa itti fayyadameen fayyadamu 6. Haarka wal-fuudhuu 7. Qiilleensa keessaan 8. Kan biraa yoo jiraate haa ibsamu________ 9. Hin beeku
403.	Namni tokko 'HIV'n ciiniinaa binbee (bokee busaa) irraa itti darbuu ni danda'aa?	1. Eeyyeen 3. Hin beeku 2. Lakki

404.	Namni fayyaa tokko nama 'HIV' dhaan qabamee waliin hoo nyaatee vaayirasiin itti darbu ni danda'aa?	1. Eeyyeen 3. Hin beeku 2. Lakki
405.	Namni fayyaa tokko nama 'HIV' itti jiru koondoomii itti fayyadamee darbee yoo lukkun liqiimsite foon dedhii ishee hoo nyaate dhukkubichii niqabaani?	1. Eeyyeen 3. Hin beeku 2. Lakki
406.	Namni fayyaa tokko namni biraa lilmoo (qara) qulqullina hin qabneen itti dirameen hoo diramee dhuukkubichaan qabamuu nidanda'aa?	1. Eeyyeen 3. Hin beeku 2. Lakki
407.	Namni fayyaa tokko nama 'HIV' dhaan qabameen foon dhedhi qoophaa'ee hoo nyaatee vaayirasin itti darbaa?	1. Eeyyeen 3. Hin beeku 2. Lakki
408.	Huccuu nama 'HIV'n qabamee namni biraa tokko hoo kaawatee vaayirasin itti darbaa?	1. Eeyyeen 3. Hin beeku 2. Lakki
409.	Nama 'HIV'n itti jiru wajjiin jiraachuun nama fayyaa tokko vaayirasin qabu nidanda'aa?	1. Eeyyeen 3. Hin beeku 2. Lakki
410.	Waan akka dhuugaati kaatiikaalaa dhuugu fi barbaree nyaachuudhaan namoonni vaayirasi 'HIV' irraa of ittisu nidanda'uu?	1. Eeyyeen 3. Hin beeku 2. Lakki
411.	Waahiila amanamaa vaayirasidhaan hin qabamnee wallin ta'uun namoonni vaayirasi irraa of ittisu nidanda'uu?	1. Eeyyeen 3. Hin beeku 2. Lakki
412.	Wal-qunnamti saalaa goodhu dhiisuun namoonni 'HIV' vaayirasi irraa of ittisu nidanda'uu?	1. Eeyyeen 3. Hin beeku 2. Lakki
413.	Namni fayyaa fakkaatu 'HIV' vaayirasi qabaachuu nidanda'aa jatee niyaadaa?	1. Eeyyeen 3. Hin beeku 2. Lakki
414.	Namni fayyaa qabu tokko, hata'u malee kan vaayirasiin 'HIV' dhiiga keessa jiru, gama nama biraa ni dabarrisa jattee ni tilmammitaa?	1. Eeyyeen 3. Hin beeku 2. Lakki

Kutaa - 5: Yaada Dhuunfaa

Lakk	Gaafiilee	Qodama Koodii
501.	Eedsiin ummata keessa haala guudaatin dhuukkuba soodaachisaadha jatee ni yaadaa?	1. Eeyyeen 3. Hin beeku 2. Lakki
502.	'HIV' dhaan craraan qabamun kee haammami jatee yaadaa?	1. Carraa qabamu hin qabu 4. Guuddaa dha 2. Xiqqaa dha 5. Hin beeku 3. Jiddugaleessa
503.	Deebiin kee gaaffii lakk.502 f carraan qabamu hin jiru ykn xiqqaa dha yoo ta'ee maaliif?	1. Wal-qunnamtii saalaa goodhee hin beeku 2. Wal-qunnamtii saalaa irraa waan dhoorkameef/of-qussadheef/ 3. Waanan hiirriyyaa koo itti amanuuf 4. Qara/Lilmoo hin afeelaminneen duramee waan hin beekneef 5. Yeroo huunda koondoomii waanan fayyadamuuf 6. Fayyaa ta'uu kiyyaa fi dhukkubsatoota 'HIV' waliin wal-qunnam waan hin qabneef 7. Kan biraa yoo jiraatee haa ibsamu______ 8. Hin beeku

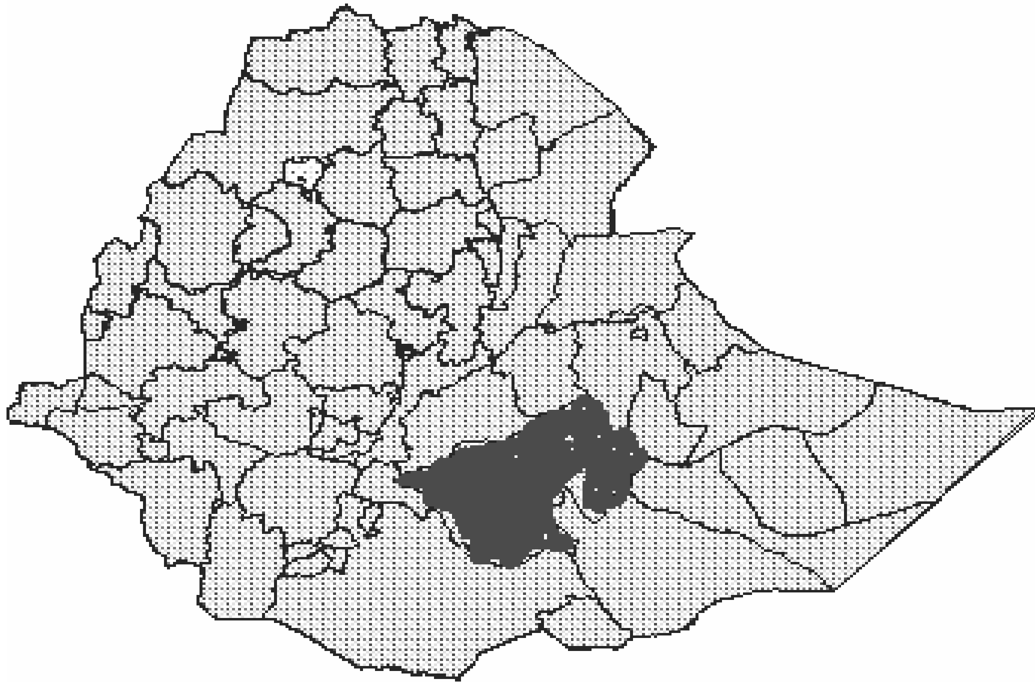
504.	Deebiin kee gaaffii lakk. 502 f jiddugaleessa ykn gudaa yoo ta'e maaliif?	1. Nama 'HIV' dhiiga keessaa qabu waliin wal-qunnamtii saalaa wa godheef 2. Koondoomii malee wal- qunnamtii saalaa waanan godheef 3. Nama tokko ol wallin wal- qunnamtii saalaa waanan raawadhee 4. Hoojetuu/taa mana bunaa waliin wal- qunnamtii saalaa waanan raawadheef 5. Yeroo wal-qunnamtii saalaa koondoomiin waan naraa dhooheef 6. Qara/Lilmoo/ hin afeelamneen waanan fayyadameef 7. Kan biraa yoo jiraatee haa ibsamuu_____ 8. Hin beekuu
505.	Namni tokko jijjirama yaadaa/amala/ fiduudhaan Eedsii irraa of ittisu ni danda'a jatee ni yaadaa?	1. Eeyyeen 3. Hin beeku 2. Lakki
506.	Ati fulduraaf jijjirama yaadaa/amala/ fiduudhaaf karoorfatee beektaa?	1. Eeyyeen 2. Lakki
507.	'HIV'/Eedsii ittisudhaaf jijjirama yaada/amala/ akkamii karoorfatee? (Deebii tokko - ol deebiisu ni danda'ama)	1.Nama keesumaa wajjiin wal- qunnamti saalaa raawachuu baachu 2. Waahiloota wal-qunnamtii saalaa hiriisun 3. Hoojetuu/taa mana bunaa waliin wal-qunnamtii saalaa gochuu ba 4.Dhoorkamuudhaan/of-qussachuudhaan/ 5. Hiiriyyaa fiilachuu irratti guddaa ilaalcha godhudhaan 6. Meeshaa mana yaalaa kan qulqullina hin qabnee fayyadamuu baachuun 7. Dhiiga fudhachu ykn keennuu baachuun 8. Koobaadhaan jiraachuun 9. Mana fincaani ummataan fayyadamu baachuun 10. Huccuu wal jijjiru baachuun 11. Nama keesumaa tuqu baachuun 12. Idorraa idootti deemu dhisuu 13. Mana rifeensaatti fayyadamu baachuun 14. Waahiila tokkotti muurtaa'uun 15 Yeroo wal-qunnamtii saalaa huunda koondoomiin fayyadamu 16. Kan biraa yoo jiraatee haa ibsamuu_________

ANNEX 4

Points for Focus Group Discussion

1. How do people acquire HIV infection?
2. What are the effects of HIV/AIDS on young people like you? Economic, Educational, and Health.
3. What is your opinion on condom effectiveness in preventing HIV/AIDS? Who should use this method? What are the obstacles for not using it among school adolescents?
4. What do you suggest on the best age to begin sexual intercourse for any person why?
5. What is your opinion on the sexual relationship practiced before marriage? And the consequences of sexual intercourse performed during adolescent age?
6. What factors do you know which pushes young school adults to engage in an early sexual relation?
7. What contribution does peer pressure, Alcohol, Khat, Cigarette, and Drugs have in influencing adolescents to initiate sexual intercourse in an early age?
8. What do you think of the reasons why school adolescents start sexual relation with older people? What are the consequences of having such sexual relation ship?
9. How far young people are aware of condom as a preventive strategy for HIV transmission? What problems does this group encounter for not using condom effectively?
10. What are the advantages that young people will get by limiting sexual partner or consistent use if condom? What do you feel about Multiple Sexual Partner? (Cons and Pros)
11. What is the chance of being exposed to HIV infection among school adolescents? Why?

ANNEX 5 – Map of Ethiopia



Map of the study area (Bale Zone)