ADDIS ABABA UNIVERSITY

COLLEGE OF HEALTH SCIENCE

SCHOOL OF PUBLIC HEALTH

RISKY SEXUAL BEHAVIOURS AMONG NIGHT SCHOOL STUDENTS IN ARADA SUB-CITY

A THESIS SUBMITED TO ADDIS ABABA UNIVERSITY, COLLEGE OF HEALTH SCIENCE, SCHOOL OF PUBLIC HEALTH IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTERS IN PUBLIC HEALTH

By

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As members of the examining board of the final MPH open defense, we certify that we have read and evaluated the thesis prepared by Getachew Molla entitled, **risky sexual behaviors among night school students in 2017, in Arada Sub-City, Addis Ababa, Ethiopia** is accepted as fulfilling the thesis required for the degree of Masters of Public Health**.**

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ABSTRACT

Background: Risky sexual behaviors are any behavior that increases the probability of adverse sexual and reproductive health. Adolescent and young aged 15–24 years are at particularly high risky sexual behaviors. Risky sexual behaviors predispose adolescent and young people to a variety of sexually associated problems.

Objectives: The objective of the study is to assess the magnitude of risky sexual behaviors and its associated factors among night school students in Arada sub-city 2017.

Methods: A cross-sectional quantitative study design method complemented with qualitative method carried out among night school students in Arada Sub-City, Addis Ababa, Ethiopia. Five hundred forty individuals were selected from a total of 3,641 by multi- stage sampling method. The data were collected by using pre-tested structured self-administered questionnaire. Data were entered into Epi-Info version 7 and analyzed using SPSS version 24 software.

Result: A total of 540 night school students were enrolled in the study with response rate of 514 (95.2%) among those 317(61.7%) of the study participants were females; 342(66.5%) the study participants had sexual experience and only 78 were married. Among the sexually active students 139(40.4%) reported that they had two or more sexual partners in their lifetime, 127 (37.1%) reported sexual contact with casual person, 26(7.6%) with commercial sex workers and 222 (64.9%) had risky sexual behavior. Multivariable logistic regression analyses showed that males are 1.676 times more likely to have risky sexual behaviors than females [AOR= 1.676 (95% CI: 1.026-2.741)] and being in 15-19 age group 0.593 times less likely to have risky sexual behaviors than 20-24 years [AOR= 0.593 (95% CI: 0.363- 0.739)]. Similarly being single and divorced participants were 3.326(1.737-6.368) and 3.939(2.043-7.595) with 95% CI times higher risky behaviors respectively. Practicing sex after drinking alcohol were [AOR = 4.858 (95% CI: 2.314-10.196)] and sex after watching pornography were [AOR = 3.964 (95% CI: 1.559-10.078)] associated with risk sexual behaviors.

Conclusion: Significant number of night school students had two or more sexual partners and sex with sex workers had risky sexual behavior that might predispose them to different sexual and reproductive health problems. Reducing risky sexual behavior among night school students can be achieved through multi-sectored responses in the school.

DEDICATION

To My beloved father Molla Aynalem who strives for wisdom of all family members

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ACRONYMS AND ABBREVIATIONS

AAU	Addis Ababa University
AIDS	Acquired Immune Deficiency Syndrome
AOR	Adjusted Odds Ratio
CI	Confidence interval
COR	Crud Odds Ratio
DHS	Demographic and Health Survey
FGDs	Focus Group Discussions
FP	Family Planning
HAPCO	HIV and AIDS Prevention and Control Office
HIV	Human Immunodeficiency Virus
IDI	In-Depth Interview
PTSU	Parents Teacher and Students Union
RERC	Research Ethics Review Committee
RSBs	Risky Sexual Behaviors
SPH	School of Public Health
SRH	Sexual and reproductive health
STIs	Sexually Transmitted Infections
SPSS	Statistical Package for Social science
YSRH	Youth Sexual and Reproductive Health
UNFPA	United Nations Population Fund Framework (UNFPA)
UN	United Nations

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1 INTRODUCTION

1.1. Background

The United Nations (UN) secretariat uses the terms youth and young people interchangeable to those persons between 15 and 24 years of age(1). However, different countries in the world define youth as different age group. For example, according to youth policy in Ethiopia there are countries in Africa define youth range from 12 to 37 years old and also Ethiopia considered people range from 15 to 29 years as youth (2).

Fifteen to twenty-four years of age is a critical transitional period of both emotional and physical development. As it is stated on youth policy and standards on youth friendly reproductive health services, if environmental conditions such as sexual reproductive health education and services, economic opportunities are favorable, youths have the potential capacity for creativity, and productivity. On the contrary, if environment is not conducive they will also be exposed to various social evils(2, 3).

Researches show those age groups begin to define and clarify their sexual values and a time of sexual experimentation leads risky sexual behaviors. Youth predispose to a variety of sexuality associated problems. For instance, sexually Transmitted Infections (STI) including Human Immunodeficiency Virus(HIV)/ Acquired Immune Deficiency Syndrome (AIDS), unplanned pregnancy, unsafe abortion, poor school performance, and higher school dropout rate are among the common precedents of risky sexual behaviors (4,5).

Risky sexual behaviors are any behavior that increases the probability of adverse sexual and reproductive health problems (6). The common risky sexual behaviors are having multiple life time sexual partners and/or concurrent sexual partners, having sex with casual /unknown sexual partners, substance addiction during or prior to sexual intercourse, early age sexual debut (premarital sex), engaging in sex with older age partners and having unprotected /risky sexual intercourse (4,5,7).

Different literatures show youths risky sexual behaviors are associated with various factors, including biological (like age & sex), social (gender, education, knowledge and attitude), economic status and environmental factors (watching pornography, khat and alcohol utilization) are among the most common factors(5,6,8).

Therefore this paper will provide valuable information about risky sexual behaviors and its predisposing factors among night school students in Arada Sub-City, Addis Ababa. Based on the findings, the study recommended appropriate behavioral intervention strategies for night school students.

1.2. Statement of the problem

By the age of 25 significant numbers of sexually active persons will acquire an STI/HIV and other sexual related health problems. Globally, adolescent and young population aged 15-24 years' accounts 22 % (50% are female) among adult population. Though, their proportion accounts less than a quarter of adult population they have faced risky sexual behaviors particularly high HIV infection 34% (59% female) of new HIV infections among adults globally(9).

There is also another horrifying fact that stated in global AIDS update 2016 report sub-Saharan Africa, among 34 % (50% are female) adult population37% (68% female) acquired new HIV infections in the year 2015(9).According to United Nations Population Fund Frame work (UNFPA) there are higher difference of sex ratios among South Africa new HIV infection female to male are 8:1 (10).

According to Ethiopian Demographic and Health Survey (EDHS 2011) among young female aged 15-24 years mean number 1.5 who ever had two or more sexual partners while for the same age group of male 1.9 had two or more life time sexual partners(11).

In a school based sexual health survey done at middle and high-school students in Colombia shows that 50% of students had done lifetime risky sexual practices and around thirty-three percent of students is at high risk for HIV infection or unplanned pregnancy(7).

The same school based study done in Brazil shows more than a quarter of the adolescents has had sexual intercourse in life and among which 20% did not use condom in the last intercourse. Of which whoever had sex without the use of condom at their last intercourse (7.9% among boys and 4.8% among girls) (12).

To improve risky sexual practices among adolescents there should be a written curriculum and that are implemented among groups of youth in schools, clinics, or community settings that are a promising type of intervention(10).

Though HIV prevention is incorporated in to the curriculum and co-curricular activities (mini media, anti AIDS clubs, and girls club) of primary and secondary level education students'

general knowledge till low (11). Both sexes of 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission are 34.2 and 23.9 percent respectively (11).

Thus minimal comprehensive knowledge may be a result of poor performance and reporting system. As stated in the current HIV/AIDS 2015-2020 strategic plan, school HIV program is neither comprehensively guided nor performance is adequately tracked(13).

Thus, the aim of this study will show magnitude of risky sexual behaviors among night school students. The study also identified predisposing factors of risky sexual behaviors which will be important for policymakers and programmers in designing monitoring intervention in night school programs.

1.3. Justification of the study

Irrespective of controversial findings of magnitude and factors, there are various studies on risky sexual behaviors in day time School and University/ College students. However, there is hardly single study on night school students about their risky sexual behaviors. This study therefore conducted to assess risky sexual behaviors of night school students in Arada sub-City, Addis Ababa, Ethiopia.

The study will give insight for night school students, their parents, teachers school administration, Health and Education bureaus and their line offices and non-governmental organizations working at RSBs of night school students about the magnitude and factors of risky sexual behaviors among night school students, which is important in designing, intervene and monitoring. In addition, it will serve as a benchmark for interested researcher on the topic. It will also give a chance for the primary investigator to develop a practical and deep-rooted understanding of risky sexual behaviors.

2 LITERATUER REVIEW

The literature review discusses the concept of magnitude of risky sexual behaviors, their associated factors and the conceptual framework.

2.1 Magnitude of risky sexual behaviors

Magnitude of risky sexual behaviors of adolescents and young age are higher. Twenty-five to fifty-four percent of the adolescents and young have had lifetime sexual intercourse with higher proportion of male compared to females(5,12,14,15,16,17).

2.1.1 Multiple/concurrent sexual partner

Among young female aged 15-24 years mean number 1.5 who ever had two or more sexual partners while for the same group of male 1.9 had two or more life time sexual partners(11). But the 2016 key indicators of EDHS report indicated in female sex little improvement has showed that is it decreases from 1.5 of 2011 to 1.3 in 2016. On the other hand for male it increase from 1.9 to 2.2 (18).

In a study done sexual violence and associated factors among female students of Madawalabu University, Ethiopia from a total of 605 participants more than one third were sexually active at the time of the study and among sexually active participants, 81(36.8%) had history of multiple sexual partners(19).

A cross-sectional school based study done among preparatory school students in Gurage Zone, Ethiopia, reviled that of 108 students sexually practiced in their life time, 58(53.7%) have committed multiple sexual practice(20).

In another cross-sectional school based study done in Boditti secondary and preparatory school South Ethiopia 70.3% of respondents who were committed sex had more than one sexual partners (4).

2.1.2 Sex for exchange of money/items

Sex for exchange of money, favors, or gifts also called transactional sex associated with a high risk of contracting STI and HIV. This is because of compromised power relations and the tendency to have multiple partnerships(11).

A meta-analysis study done in 28 third world countries demonstrated that women who were educated to secondary or above, living in urban areas and having better wealth were found

engaged in risky sexual practice than their counterparts irrespective of the geographic location of the studied countries (21).

However, different studies revealed that significant number of youth engaged in risky sexual behaviors for exchange of money/ items. Different studies done in high schools showed that significant proportion of sexually active young people ever had sexual intercourse with non-regular partner for the sake of money 46 (18.9%) and among those 22 (7.4%) had sex with sex workers (15, 16).

In a study done at Mizan-Tepi University focus group discussions (FGDs), most of the study participants indicated, some of the female students that had multiple sexual partner had sex for the welfares of grade, economic support to be non-cafe and dormitory, and to satisfy their sexual pleasure were among the reasons(22).

In a study done at Haramaya University of 355 (28%; 95% CI 25.5-30.5) students who had had sexual experience half of the males had intercourse with a commercial sex worker and about 60% of them have not use condom consistently(23).

2.1.3 Early sexuality

Early sexual intercourse is another problem of risky sexual behaviors. According to the 2011 Ethiopian Demographic and Health Survey (EDHS 2011), with significant variation (39 % female, 13% male) of young women and men aged 15-24 who have had sexual intercourse before the age of 18 years (11).

In a study done in eastern and northern western Ethiopia among in-school youth the percentage of pre-marital sex ranges from 22.7-28.8% in males' and 14.7- 15.5% (24,25). But a cross sectional study done in east Gojjam Zone, Ethiopia, significance difference 80(66.6%) of sexually active youths in school that have engaged in premarital sexual relationship before their 18^{th} birthday(16).

2.1.4 Inconsistent use of condom

Studies showed that among sexually active groups range from 25 to 49.5% of which did not use condom during their last sexual intercourse (14,15,16,17, 20).

A review of studies done on sexual behavior of in-school youth in sub-Saharan Africa prevailed that high prevalence rates of sexual intercourse and significant proportions of adolescents who have two or more lifetime sexual partner are not use condoms and other contraceptives frequently(14).

According to Charie and etal from a total of 574 (79.4%) of the sexually active students who had reported that they had been sexually active in the 12 months preceding the survey, 262 (45.6%) had sex with more than one sexual partner, 319 (55.6%) didn't use condom consistently (5).

A study done at Mizan- Tepi University reviled that among 304 students that ever had sex, 211 (69.4%) of them never used condom in the last 12 months of campus stay and being multiple sexual partner reduce the probability of using condom by half (22).

The reason for having sex without condom was trusting one's partner, 43(30.3%) followed by condom is not comfortable 30(21.1%) are among the leading reasons (26).

2.2 Factors associated with risky sexual behaviors of students

There are different contributing socio factors of risky sexual behaviors. Various studies show that demographic factors (age, sex, religion, ethnicity, occupation, income, living attachment), risk factors Peer pressure, pornography house, night clubs/day parties, substance abuse (alcohol, khat, shisha and tobacco/cigarette), unfriendly youth sexual reproductive health (UYSRH) service(12,26,27,28).

In addition, a study done in Bahir Dare University revealed Khat chewing, drinking alcohol, attending night clubs and watching porno videos independently associated with likely hood of ever had sex and having multiple sexual partners(28).

2.2.1 Socio-demographic

Some findings of researches showed that socio-demographic characteristics influence risky sexual behaviors of adolescents. For example, in a meta-analysis of risky sexual behavior among male youth in twenty developing countries done by Yifru B. and Asres B., shows that age, educational and economic status associate with male youth aged 15–19 were more likely to engage in higher-risk sexual activity than those aged 20–24 years. Among those, male youth living in urban areas who had completed secondary education and belonged to the middle to the highest economic status engage in risky sexual practice (29).

Another study done in Nigeria also shows that students between ages 10-14 years were 1.5 more likely to practice risky sexual behavior than those between the ages of 15-19 years. Male students were found to be more likely to engage in risky sexual behavior than female students(30).

Young people who initiate sex at an early age face a higher risky sexual behavior. A cross sectional school based study done at Gurage Zone, Ethiopia revealed that study participants

whose age is between 15-19 years were three times at risk of having risky sexual behavior than age group above 20 years(20).

The 2011 EDHS shows that the proportion of female and male age 15-24 are around 11% of young women and 1 % of young men had had sexual intercourse before age 15 (11). In FGDs, most of the respondents indicated, some of the female students that had multiple sexual partner had sex for the welfares of grade, economic support to be non-cafe and dormitory, and to satisfy their sexual pleasure were among the reasons (22).

2.2.2 Peer pressure

According to a study done by Cherie A. etal among school adolescents in Addis Ababa peer pressure is the most important factor associated with risky sexual behavior. The study showed that from 3543 respondents 723 were sexually active students who were involved in risky sexual practices and 377 (10.6%) of the study participants were involved in risky sexual behavior in the past 12 months sex(5).

Another study done on risky sexual behaviors for HIV infection among female private College students in Nekemte town, Western Ethiopia shows that, peer pressure is the 2nd32 (20.5%) major preceding factor for initiation of first sexual intercourse following that of economic benefit69(44.2%)among female students who ever practiced sexual intercourse(31).

2.2.3 Pornography Films

One of the risk factors of risky sexual behaviors is watching pornography films. For instance, a cross sectional study at Bahir Dar University shows that among 817 study participants 534 (65.4%)watching porn videos, and significantly associated for ever had sex and having multiple sexual partners(28).

A study done in Nekemte town, Ethiopia, among female private College students shows that, viewing pornographic films found to be strongest predictor for the initiation of pre-marital sex. The study participants who viewed sexual film were 10.7 times more likely to have sexual practice before marriage than those who didn't (31).

2.2.4 Night clubs/day parties

Researches evidences show that attending night clubs/day parties associated with risky sexual behaviors. For instance, a cross sectional study carried out by Mulu, W. etal among students at Bahir Dar University shows that the proportion of study participants who attending night

clubsare130 (15.8%)(28).It was significantly associated for ever had sex and having multiple sexual partners like that of watching pornography films.

2.2.5 Substance abuse (alcohol, khat, shisha and tobacco/cigarette)

Studies show that substance use suppresses the ability of thinking and judgment that leads to risky sexual behaviors. A study done on alcohol use and risky sexual behavior among College students and youth in University of Missouri-Columbia, drinking was strongly related to the decision to have sex and to indiscriminate forms of risky sex (e.g., having multiple or casual sex partners), but was inconsistently related to protective behaviors like condom use(32).

A cross-sectional study done among high school students in Addis Ababa shows that students who use substance like alcohol, khat and cigarette/shisha were more likely to have risky sexual practice than those who didn't(33). Chewing Khat and alcohol consumption was significantly associated with a higher number of risky sexual practices (24, 25).

2.3 Conceptual Framework of the study

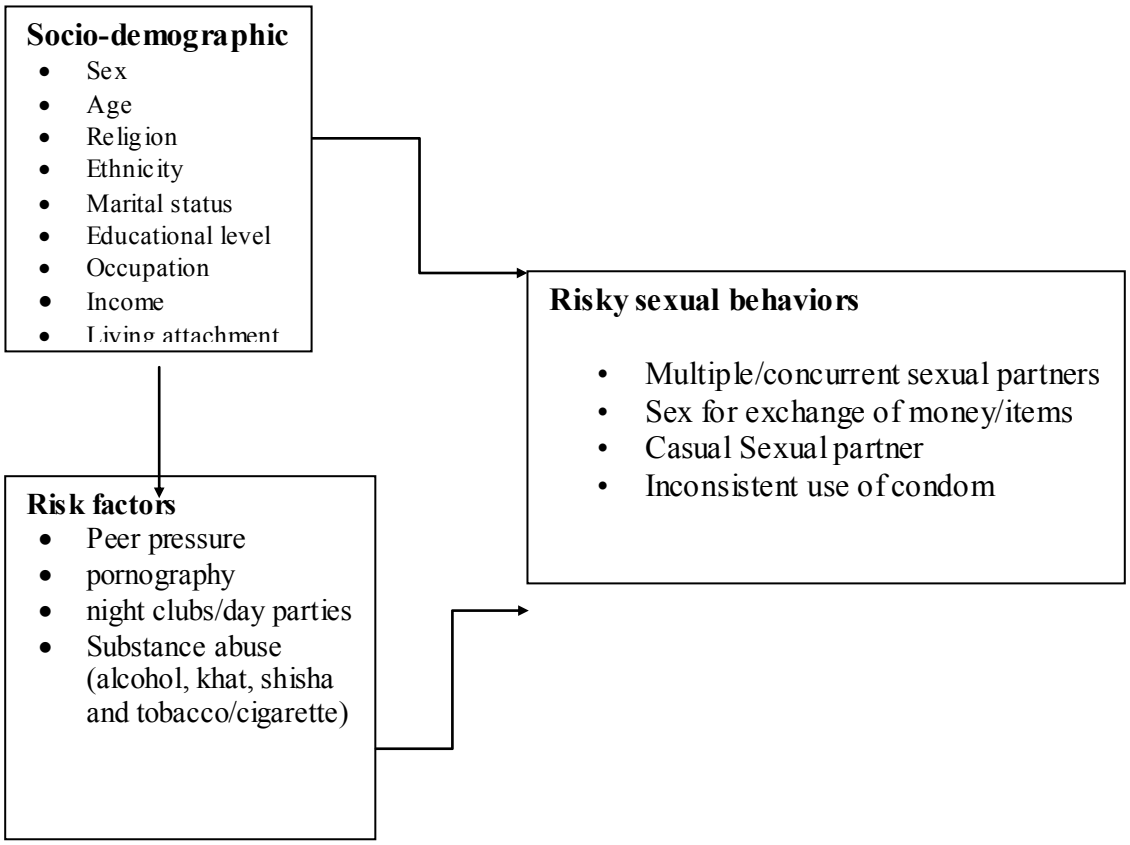

Fig.1. Conceptual frame work of the risky sexual behaviors and associated factors adapted various sources with modifications to suit the inquiry(12, 33).

3 OBJECTIVES

3.1 General objective

The general objective of the study is to assess the magnitude of risky sexual behaviors and associated factors among night school students in Arada Sub-City.

3.2 Specific objectives

- To determine the magnitude of risk sexual behaviors of night school students in Arada Sub-City.
- To identify factors associated with risky sexual behaviors of night school students in Arada Sub-City.

4 METHODS and MATERIALS

4.1 Study area and period

The study conducted from November 2016 to June 2017 in Arada Sub-City which is one of the ten sub-cities of Addis Ababa, the capital City of Ethiopia. The study area was selected purposefully. The sub-City established under proclamation No. 311/2003. Arada covers 1.9 km^2 and located at the central part of the City. The Sub-City divided into 10 districts (34).

According to the Ethiopian Central Statistical Authority population projection 2014- 2017, during the study period the Sub-City has an estimated population of 141,696 females, 123,445 males and total 265,141 (35). According to sub-city education office there are 30 governmental, 20 faith-based and 80 private owned schools. Of which, only 11 governmental and 2 faith-based schools give night shift program. A total of 3,641 students were attending night class during the study period. From these 2,100 were females whereas 1,541 were males.

To mention some schools locations, Yekatit 66 high school found around city center Piassa locally called 'Errie Bekentu' which means shouting without solution; Beteleheme and Newera schools are also surrounded by locally named 'Datsun sefer'and 'wubie Bereha'. Those were the known traditional music & dance house. 'Wubie Bereha'is the place where pioneer modern dance and music houses of the city like Patrice lumba were located.

4.2 Study design

A cross-sectional quantitative study design triangulated with qualitative In-Depth Interview (IDI) was conducted to assess the risk sexual behaviors and associated factors among night school students in Arada Sub-City.

4.3 Source population

Source population all night school students in Arada Sub-City.

4.4 Study population

The study populations were all night school students enrolled for 2016/17 academic year and attending class during the study period and fulfill the inclusion criteria.

4.5 Inclusion and exclusion criteria

4.5.1 Inclusion criteria

- All night students who were attending 2016/17 academic year in Arada Sub-City schools,
- Age fifteen to twenty-four years, and
- Able to communicate in Amharic/English.

4.5.2 Exclusion criteria

- Students who were absent during data collection periods& absent in three visits
- Students who were age 15- 24 but not volunteer to participate in the study
- Students who have visual and/ or hearing impairment.
- Students who were married for the analysis of consistent use of condom

4.6 Sample size

The sample size for the quantitative survey computed using a formula for calculating from total students of age 15 to 24 years. As far as we had search using key words by different search engines previous data did not exist which could serve as base line. Therefore 50% was obtained with the 95% confidence level and 5% level of accuracy:

$$n = \frac{(z\ \alpha/2) * p\ (1-p)}{d^2}$$

Where, n = sample size

N= Total population of night school students in the Sub-City = 3,641

p= Previous data did not exist there for proportion of high risk sexual behaviors= 50%

Z= Percentiles of the standard normal distribution corresponding to 95 % confidence level

$Z_{\alpha/2}$= Coefficient at level of significance=1.96

d = precision (marginal error) = 0.05

DE= design effect= 1.5 due to multi stage sampling techniques to minimize variability (i.e. Arada sub-City purposively selected from 10 Sub-Cities of Addis Ababa City. First, list of clusters was established by using governmental and faith based. Among 14 schools these had night program in the Sub-City and these further clustered by primary, secondary& preparatory). From the total clusters in the schools, 7(50%) clusters were selected after schools were arranged alphabetic order. By preparing separate sampling frame for both schools for the selected 7 clusters, the sample was proportionally distributed. Finally, a systematic sampling method was used to select the study participants.

$$n = \frac{(1.96)^2 * 0.5 * 0.5}{(0.05)^2} = \frac{(3.8416 * 0.25)}{0.0025} = 384$$

Non-response rate = 10%. We used a multi- stage sampling design it suffers from loss of sampling efficiency, known as design effect (DE). There for it should adjust/ correct for the loss of sampling/ considering 1.5design effect of the sample size resulted 576. Then with a 10% non-response rate, the total sample size will be 634 night school students.

Since total population of night school students (N) is 3,641 which is less than 10,000. We should calculate sample size (n) using correction formula

$$n = \frac{n}{1 + \frac{n}{N}} \qquad n = \frac{634}{1 + \frac{634}{3,641}} \qquad n = \frac{634}{1.174} \qquad n = 540$$

4.7 Data collection procedures

4.7.1 Quantitative study

Data were collected using a self administered questionnaire that had several sections dealing with sexual risk behaviors and associated factors. It was adapted from EDHS 2011 & different literatures (11,12). Questionnaires were in English then translated in to Amharic and back translated to English to ensure the consistency of two versions. The main reason to collect data through self- administered questionnaire helps to make participants free to give their responses without perceived fear and criticisms.

Schools were arranged by alphabetic order and then selected using systematic sampling methods. Finally, study participants were selected proportionately to the number of the students in selected schools based on their class attendance rosters using systematic sampling methods until required number satisfied.

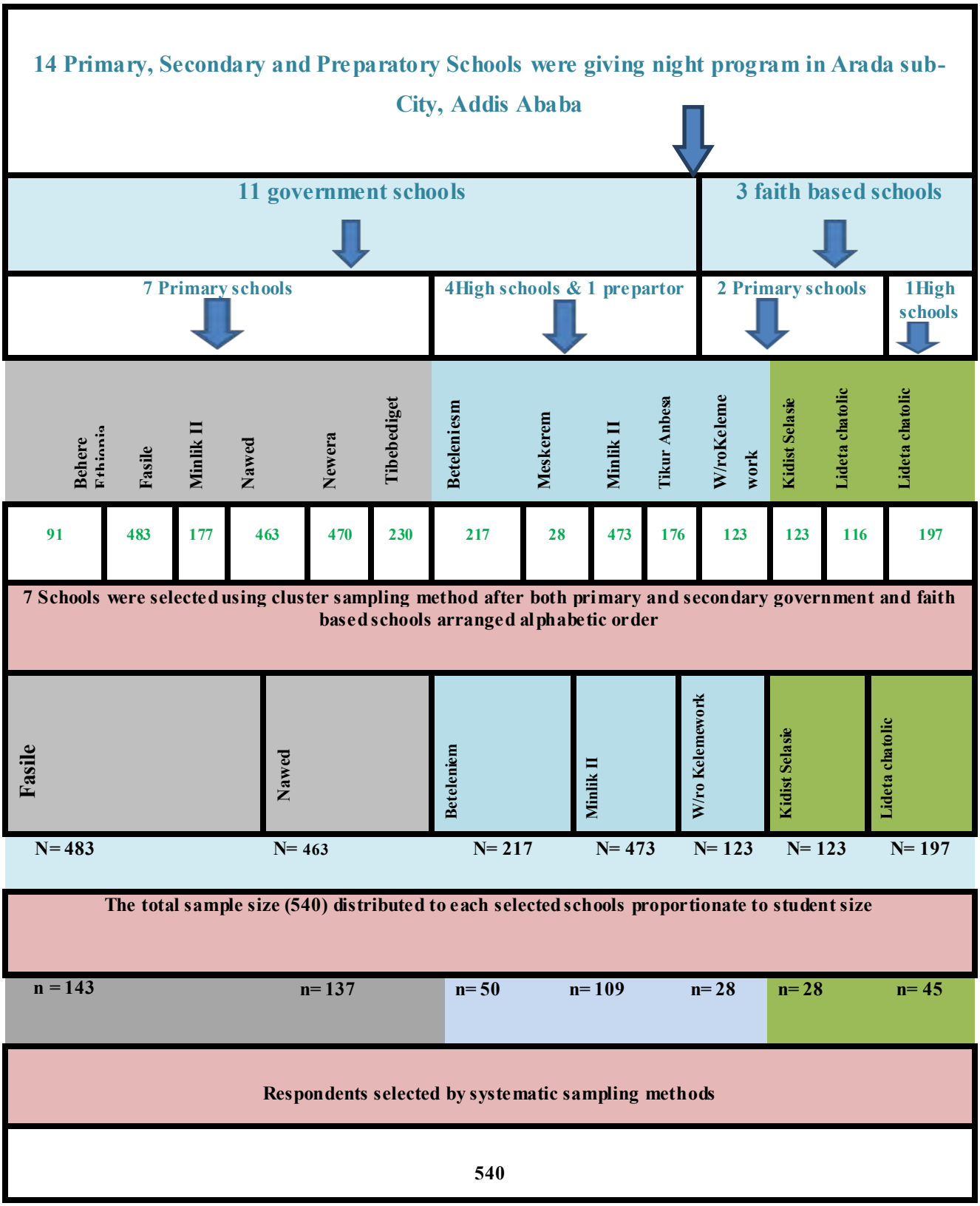

Fig.2. Schematic presentation of sampling procedure schools in Arada sub city Addis Ababa 2017

4.7.2 Qualitative study

In order to supplement the quantitative data, qualitative data collected through IDI. Seven participants were selected purposively among students' parents, school principals, school principals and health & HIV focal persons, Sub-City Education Office, Health Office, HIV/AIDS Prevention and Control Core Process representative until required information saturated.

Semi-structured open ended discussion guides were used to facilitate the discussion and all in-depth discussions were moderated by the principal investigator. Every discussion tape recorded, transcribed, translated from local language to English and finally summarized for writing the thesis.

4.8 Operational definitions

- **Alcohol:** drinking material that contains alcohol (Tella, Teji, Areke, Beer, Wine, etc...)
- **Casual partner**: all other sexual relationships or partnerships other than wife/ husband or one steady boy/girl friend.
- **Consistent condom use**: using condom during each and every sexual intercourse with non-regular partner.
- **Living with family**: living attachment either of parent/s or spouse.
- **Female sex worker**: consensual sale of sex or exchange of money/goods/ for sex.
- **Multiple sexual Partners**: having sexual contact with two or more partners.
- **Risky sexual behavior**: who have experienced at least one of risky sexual behaviors such as having multiple sexual partners or doing sexual intercourse with causal sexual partner or doing sexual intercourse with commercial sex worker, or inconsistent use of condoms.
- **Substance use**: use of at least any one of the following substances: alcohol, khat cigarette, shisha that are assumed to affect level of thinking and increase risk of involving in risky sexual behavior.

4.9 Data Analysis procedures

Quantitative data checked, coded and entered to Epi-Info version 7 exported to Statistical Package for Social Science (SPSS) version 24 for analysis. Data entry made by the principal investigator. Binary logistic regression fitted to identify factors associated with risky sexual behavior. In descriptive statistics tables, graphs mean and frequency used to present the information. The strength of statistical association between dependent and independent variables

measured using P-value<0.05 and adjusted odds ratio at 95% confidence interval. Bivariate analysis employed to examine the relationship between the outcome variable and selected independent variables. Those variables with observed association on bivariate analysis were further treated by multivariate analysis in order to adjust for possible confounders.

4.10 Data quality management

To assure data quality, supervisors were recruited with previous experience of data collection. In addition to their experience one day training was given for supervisors. Moreover pre-test were done on 5% questionnaire on two selected schools those were not included in the actual survey. Based on the pre-test necessary amendment were done. During data entry, commands of the Epi-Info like "Required" and "Escape to" also helps for data quality.

4.11 Study variables

4.11.1 Dependent variables

- **Risky sexual behaviors** (multiple sex, commercial sex, casual sexual partner, inconsistent use of condom).

4.11.2 Independent (explanatory) variables

- **Socio-demographic:** age, sex, religion, marital status, ethnicity, occupation, income and living attachment of participants and income of participants' family.
- **Risk factors:** Peer pressure, pornography house, night clubs/day parties, substance abuse (alcohol, khat, shisha and tobacco/cigarette), unfriendly YSRH service.

4.12 Ethical consideration

Ethical clearance obtained from research ethical committee of School of Public Health Addis Ababa University. In addition, official permissions secured from Arada Sub-City Education Office and selected schools principals.

Based on their willingness respondents randomly selected as study participant in the research. They were informed about the purpose of the study and information collected after obtaining verbal and written informed consent from each participant. Respondents were informed the option of withdrawing from the study whenever they fill any of discomfort and want to refuse for any reason at any time without consequence.

Any information recorded anonymously and confidentiality would be assured throughout the study period and after a while. In order to ensure anonymity, personal information coded with a

number and stored in a pass word locked laptop and secured place. It was explained to the participants to which only those investigators would have access to the information and the content of the investigation used for research only.

Contact address was given to participants if they may have any questions or concerns about this request and for farther explanation. Average time taken also explained for participants.

So if we better understand risky sexual behavior and their associated factors, we can forward evidence based alternatives to address this issue.

4.13 Dissemination of results

The finding of the study will be submitted to AAU, SPH, Addis Ababa City Education Bureau, Addis Ababa City HAPCO and their line offices. In addition, efforts would be done to publish the study in one of the peer review journal. The research findings will be presented in different stake holder conferences.

5 RESULTS

5.1 Quantitative data result

A total of 540 individuals participated in the study with a response rate of 514 (95.2%). From the total study participants 12(2.2%) of them did not respond to the questionnaire and 14(2.6%) questionnaires found to be incomplete and excluded from the analysis.

5.1.1 Socio-demographic characteristics of the study subjects

Regarding to sex majority 317(61.7%) of the study participants were females. The mean age of the respondents were 19.5 (SD±2.6) with a minimum of 15 and maximum 24 of years. Of the total study participant's majority 389(75.7%) were Orthodox, and based on ethnicity 322 (62.6%) were Amhara.

Four hundred twenty one (81.9%) were from government schools. Almost half 254(49.4%) of the respondents were grade 5-8. Majority of the participants 380 (73.9%) were single. Four hundred twenty (81.7%) had their own job. Of those majorities 172 (33.5%) were homemade. Average monthly salary of the 420 study participants' who have job and responded to the income item was 1001.9 Ethiopian birr with a range of 200 and 3600 birr. Four hundred forty six participants respond about their family income among those parents' average monthly income was 1836.4 birr the rest did not Know and unwilling to express their family income. Regarding to the living attachment, 133(25.9%) students were living with their employer (*Table 1*).

Table1. Socio-demographic characteristics of night school students, Arada Sub-City, Addis Ababa, January 2017 (n= 514)

Variable	Frequency	Percent
Sex		
Male	197	38.3
Female	317	61.7
Age		
15-19	286	55.6
20-24	228	44.4
Religion		
Orthodox	388	75.5
Muslim	69	13.4
Protestant	43	8.4
Catholic	14	2.7
Ethnicity		
Amhara	322	62.6
Guragie	52	10.1
Oromo	68	13.2
Tigre	27	5.3
Others(Dorzie, Gamo, Hadya & Wollyta)	45	8.8
School type		
Government	421	81.9
Faith based	93	18.1
Grade level		
5-8	254	49.4
9-10	204	39.7
Preparatory(11-12)	56	10.9
Marital status		
Married	78	15.2
Single	380	73.9
Divorced	44	8.6
Widowed	12	2.3
Currently have you a job		
No	94	18.3
Yes	420	81.7
Work type (n=420)		
Home maid	172	33.5
Government employee	65	12.6
Petty trade	74	14.4
Daily laborer	15	3
Others(construction, parking, & waitress)	94	18.3
Living attachment; live with		
Employer	133	25.9
Family	129	25.1
Relatives	110	21.4
Live alone	103	20.0
Friends	39	7.6

5.1.2 Sexual behaviors of the respondents

Three hundred forty two (66.5%) of the study participants ever had sexual intercourse, out of those about 322 (62.6%) of the participants were sexually active during the last 12 months before the study period. One hundred thirty nine (40.6%) students reported that they had two or more sexual partners in their life time. Sexual initiation range between the age of 12 to 23 and for majority 206 (60.2%) were between the age group of 16-19 years and the mean age at first sex was 17.3(SD±2.3) years. Among the respondents who reported to have sexual intercourse larger 127 (37.1%) clamed with casual person and smallest amount 26(7.6%) with sex workers. The reason reported to initiate sex was 108(31.6%) fell in love. Out of 342 students those had first sexual intercourse, 78(22.8%) were with husband/wife there for consistent condom use compute from 264 study participants. Out of 264 participants only 96(35.7%) and 90(33.6%) were life time & last 12 months used condom consistently (*Table 2*).

Table 2 sexual history characteristics of night school students, Arada Sub-Cit, Addis Ababa, January 2017 (n= 514)

Name of the variable	Frequency	Percent
Sexual experience(n=514)		
No	172	33.5
Yes	342	66.5
Age at first sex(n=342)		
12-15	81	23.7
16-19	206	60.2
20-23	55	16.1
Type of partners(n=342)		
Casual person	134	38.2
boy/girl friend	104	30.4
Husband/wife	78	22.8
Sex worker	26	7.6
Reason to have sex(n=264)		
Fell in love	108	31.6
For trial	68	28.18
Peer pressure	46	13.5
Influence of substance	20	5.8
To get money gifts	13	3.8
Rape	9	2.6
Number of sexual partners (n=342)		
One	203	59.4
Two or more	139	40.6
Consistent condom use(n=264)		
No	168	64.3
Yes	96	35.7
Sex in the past 12 months (n=514)		
No	192	37.4
Yes	322	62.6
Condom use in last 12 months (n=278)		
No	188	66.4
Yes	90	33.6

5.1.3 Risk sexual behaviors

Risky sexual behavior was computed by considering one of the following sexual behavior/s of study participants. These were had two or more sexual partners or consistently used condom, sex with casual partner/s or sex with sex workers.

One hundred thirty nine (40.6%) were having two or more sexual partners in their lifetime and 134(38.2%) had sex with casual partner/s. Out of 264 unmarried study participants only 96(35.7%) were used condom consistently and from the 342 students who had sexual experience, 26(7.6%) were performed sex with sex workers. Some of study participants multiple risk sexual behavior and the sum of these four criteria 222(64.9%) had risky sexual behavior (*Figure* 3).

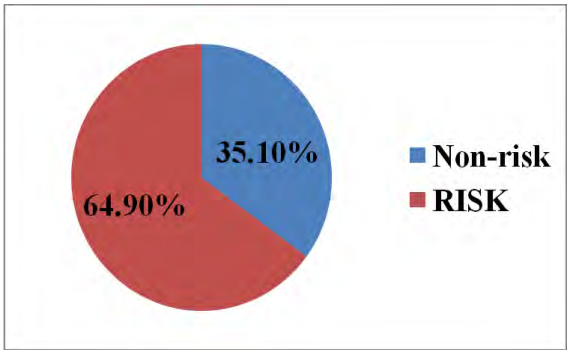

Figure 3 Risky sexual behaviors among night school student who had sexual experience Arada Sub-City Addis Ababa, 2017 (n= 514)

5.1.4 Predisposing factors among the study subjects

Figure 4 shows the predisposing factors among night school students in Arada Sub-City Addis Ababa, January 2017. One hundred ninety nine (38.7%) of the students consumed alcohol and of those 127(63.8%) were practicing sex after drinking alcohol. Fifty six (10.9%) of the respondents smoked cigarette and of those 14 (25%) were practicing sex after smoking. Sixty seven (13.0%) and 38(56.7%) of the students were involved in chewing khat and practicing sex after chewing respectively. Regarding to watching pornographic movies 186(36.2%) the study participants watched and among those 96 (51.6%) reported they practiced sex after watching pornographic movies. Numbers of respondents who visited nightclubs were more or less equal to those watched pornographic movies (*Figure 4*).

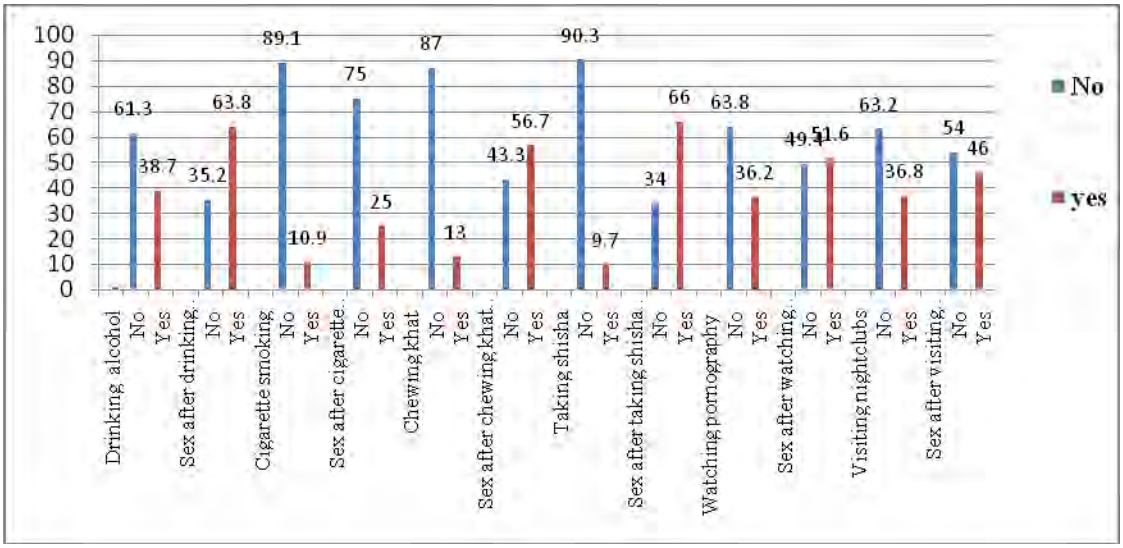

Figure4. Predisposing factors among the study subjects Arada Sub-City night school students, Addis Ababa, January 2017 (n= 514)

5.1.5 Socio-demographic factors associated with risky sexual behaviors

The multivariate analysis indicated that the students who were male 1.676 times more likely to have risky sexual behaviors than females [AOR= 1.676 (95% CI: 1.026, 2.741)]. Regarding age those who were 15-19 age group 0.593 times less likely to have risky sexual behaviors than 20-24 years [AOR= 0.593 (95% CI: 0.363- 0.739)]. In relation to marital status of the multivariate analysis single and divorced study participants were 3.326(1.737-6.368) and 3.939(2.043-7.595) with 95% CI times higher risky sexual behaviors respectively. Students who had no job three times practiced more risk sexual behaviors than students had job [AOR= 2.959 (95% CI: 1.288-6.798)]. Average monthly incomes of the study participants' were 1.377 times significantly associated with risky sexual behaviors (*Table 4*).

Table4 Association of risk sexual behaviors with socio demographic factors among night school student Arada sub city Addis Ababa, 2017 (n= 514)

Variable	Risky sexual behaviors		Crude OR (95% CI)	Adj. OR (95% CI)
	No n(%)	Yes n(%)		
Sex				
Male	90(46)	107(54)	2.2(1.5-3.2)*	1.676(1.026-2.741) *
Female	206(65)	111(35)	1	
Age(year)				
15-19	185(65)	101(35)	0.518(0.363- 0.739)*	0.593(0.386-0.910) *
20-24	111(49)	117(51)	1	
Religion				
Orthodox	235(61)	153(39)	0.868(.295-2.551)	0.660(0.195-2.231)
Muslim	30(44)	39(56)	1.733(.543-5.532)	1.633(0.421-6.337)
Protestant	23(54)	20(46)	1.159(.344-3.913)	1.018(0.261-3.979)
Catholic	8(57)	6(43)	1	
Ethnicity				
Amhara	197(61)	125(39)	0.793(.423-1.488)	1.103(0.494-2.461)
Oromo	38(57)	30(43)	0.987(.462-2.106)	1.646(0.649-4.201)
Guragie	22(42)	30(58)	1.705(.762-3.813)	1.675(0.535-5.244)
Tigre	14(52)	13(48)	1.161(.446-3.022)	1.037(0.381-2.820)
Others (Dorzie, Gamo, Hadya & Wollyta)	25(56)	20(44)	1	
School type				
Government	241(57)	180(43)	1.081(.685-1.706)	0.861(0.513-1.444)
Faith based	55(59)	38(41)	1	
Grade level				
5-8	151(60)	103(40)	0.846(.472-1.516)	1.224(0. .629-2.380)
9-10	114(56)	90(44)	0.979(.540-1.775)	1.393(0. .706-2.748)
Preparatory (11-12)	31(55)	25(45)	1	
Marital status				
Married	55(71)	23(29)	1	
Single	218(57)	162(43)	1.777(1.049-3.011)*	3.326(1.737-6.368)*
Divorced	14(32)	30(68)	5.124(2.303-11.399)*	3.939(2.043-7.595)*
Widowed	9(75)	3(23)	0.797(.198-3.214)	3.677(0.722-18.724)
Current Job status				
No	64(22)	232(78)	0.578(.360-.930)*	2.959(1.288-6.798)*
Yes	30(14)	188(86)	1	
Work type (n=407)				
Homemade	108(63)	64(37)	1	.
Government employee	24(37)	41(63)	2.883(1.596-5.206)*	0.646(0.300-1.390)
Pity trade	44(60)	30(40)	1.151(.659-2.009)	1.317(0.599-2.894)
Daily laborers	6(38)	10(62)	2.813(.650-12.164)	0.651(0.308-1.377)
Others (construction, parking, & waitress)	50(58)	43(42)	1.423(.854-2.370)	2.201(0.347- 13.961)
Living attachment				
Family	93(72)	36(28)	1	
Employer	88(66)	46(34)	1.350(.799-2.282)	0.395(0.176-1.882)
Relatives	57(52)	53(48)	2.402(1.405-4.108)*	1.358(0. 728-2.536)
Live alone	33(32)	69(68)	5.402(3.068-9.511)*	1.517(0.703-3.271)
Friends	25(64)	14(36)	1.447(.677-3.090)	0.508(0.185-1.393)
Respondents income			1.377	
Respond. family income			0.994	

** Significant* *1-reference*

5.1.6 Association of risk sexual behavior with predisposing factors

Drinking alcohol, sex after drinking alcohol, watching pornography and sex after watching pornography were significantly associated with risky sexual behaviors in multivariate analysis. The study subjects who drank alcohol and practiced sex after drank alcohol were [AOR = 4.858 (95% CI: 2.314-10.196)] times to have more risky than none drunk. The students who watched pornography and practiced sex after watched pornography were [AOR = 1.912 (95% CI: 1.118-3.269)] and [AOR = 3.964 (95% CI: 1.559-10.078)] times likely to had higher risky sexual behaviors respectively (*Table 5*).

Table 5. Association of risk sexual behavior with Predisposing factors among night school student Arada sub city Addis Ababa, 2017 (n= 514)

Variables	Risk sexual behaviors		Crude OR (95% CI)	Adj. OR (95% CI)
	No n(%)	Yes n(%)		
Alcohol drink				
No	115(37)	200(63)	1	
Yes	103(52)	96(48)	1.866(1.301-2.676)*	1.244(0.125-1.478)
Sex after alcohol drank				
No	124(32)	263(68)	1	
Yes	94(74)	33(26)	6.042(3.851-9.479)*	4.858(2.314-10.196)*
Cigarette smoking				
No	173(38)	285(62)	1	
Yes	45(80)	11(20)	6.739(3.395-13.380)*	2.421(0.947-6.188)
Sex after cigarette smoking				
No	206(41)	294(59)	1	
Yes	12(86)	2(14)	8.563(1.896-38.666)*	1.484(0.198-11.099)
Chewing khat				
No	171(38)	276(62)	1	
Yes	67(77)	20(23)	3.793(2.173-6.620)*	1.213(0.427-3.447)
Sex after chewing khat				
No	188(40)	288(60)	1	
Yes	30(79)	8(21)	5.745(2.578-12.801)*	1.776(0.465-6.777)
Taking shisha				
No	184(40)	280(60)	1	
Yes	50(76)	16(24)	3.234(1.735-6.027)*	0.614(0.181-2.090)
Sex after taking shisha				
No	191(40)	290(60)	1	
Yes	27(82)	6(18)	6.832(2.769-16.860)*	3.841(0.759-19.427)
Watching pornography				
No	99(30)	229(70)	1	
Yes	119(64)	67(36)	4.108(2.807-6.014)*	1.912(1.118-3.269)*
Sex after watching porno.				
No	137(33)	281(67)	1	
Yes	81(84)	15(16)	11.076(6.155- 19.932)*	3.964(1.559-10.078)*
Visiting nightclubs				
No	124(38)	201(62)	1	
Yes	94(50)	95(50)	1.604(1.116-2.305)*	1.058(0.592-1.892)
Sex after visiting nightclubs				
No	164(34)	263(66)	1	
Yes	54(62)	33(38)	2.624(1.632-4.219)*	0.883(0.405-1.927)

5.2 Qualitative data result

Seven in-depth interviews were made among purposively selected from school principals, school vice-principal and health& HIV/AIDS club representatives, students' parents, sub-city education office multi-sectored response focal person, sub-city health office health development and disease prevention coordinator and sub-city HIV/AIDS prevention and control core process social mobilization officer were participated. The purpose of in-depth interviews was insightfulness of what was done and what was not among concerned sectors to assess the risky sexual behaviors of night school students.

In-depth interviews were mainly focused on assessing common risky sexual behaviors, factors that aggravate risky sexual behavior, and measures to be taken regarding improvement of risk sexual behavior of night school students.

5.2.1 Most common risky sexual behaviors and factors that aggravate risky sex

In-depth interview participant one (p1) is a female participant with age of 37 which was vice principal and health & HIV focal person of selected elementary school robustly stated that night school students had been practicing as '*sex workers'*. According to her there were various risk factors which night school students encountered. Some of them were peer pressure, lack of life skill education, economic problems, and substance abuse. Those students were trying to directly imitate different styles from movies and their friends. She also added that we were only striving to fulfill our children's basic necessities but we had given less emphasis for psychosocial needs. She said *'though I am vice principal of the school and had ample experience to teach and coordinate school health and HIV club; my servant got pregnancy and delivered her baby without my understanding.'*

She sums up her experience beyond fulfilling basic necessity of our children we should strive for the betterment of psycho-social satisfaction. Informant six with age 36 added that, most students especially those came from rural areas '*committed commercial sex for the sake of economic problems.*'

Another male participant (p3) was a faith based school administrator with the age of 55 and a female discussant (p4) with age of 33 also mentioned that many factors predisposed night shift students to risk sexual behaviors. Some of the factors explained by the participants (p3&48) were greater heterogeneity of age and social background, being experienced for sex, some groups tried to made coercive sex and having multiple partners, wished to get married and child born.

Risky sexual behaviors were practiced multiple sexual partners, sex for exchange of money, early sexuality, and inconsistent use of condom a 32 years female key informant person said (p7). She added those risky behaviors mentioned aggravated by alcohol drink, substance addiction, negative peer pressure, watch pornography films and visit night club were the most common risk factors.

Key informant person five with age 38 (p5) argued that evening students perceived themselves as modernized if they seduced. He said *'majority of students were house maids which came from country side may feel stranger for urban life and easily raped by employers and their relatives. In addition he stated that since majority of schools aside from bars, shisha houses, Khat houses they raped by drinkers when they went school.'*

In-depth interview discussants from schools mentioned co-curriculums did not practice in night shift students. According to discussant one there is no single co-curricular activities at night batch but curriculums are the same as day shift irrespective of implementation gap during night class. She said life skill education is incorporated in Civics and Ethical Education, Language and Biology subjects; but night school teachers' only rush to cover subject matter without gave attention to teach life skill education.

Discussant two was a male participant with age of 48 and a preparatory school principal stated that unlike day time students' night school students were erratic and neglected by school community, stake holders and the society which lead them to risky sexual behavior.

According to key informant six (p6) majority of evening shift students were house maid and daily laborers. As their monthly income is very limited; they need family planning and other sexual reproductive health services.

Informant 7 thought that like day shift students behavioral change programs and reproductive health service should be given intensively for the evening shift. In addition to that since most services were inaccessible and unfriendly for night students, it needs to design night school students' friendly services at the school compound.

5.2.2 Measures to be taken regarding improvement of sexual and reproductive health of night school students

Discussant three recommended; we should emphasis to resolve different risk factors like pornography films, culturally deviant theaters, implementation of rules and regulation on those groups tried to make coercive sex.

Discussant four said "*if I stretched my hands and one clench and the other not, children egger and tried to see the clenched one. Therefore the best remedy for risk sexual behavior is open discussion among family members' about issues related to sexual and reproductive health*". Discussant one added that sub-city trade office should be considered location and type of businesses when licensed especially around the school surrounding.

Most discussants suggested school based life skill & peer education measures should be done by sub-city HAPCO and other governmental and nongovernmental organizations working on sexual behaviors, HIV prevention and control responses.

Key informant five stated that first and foremost sexual and reproductive health services should be accessible in the schools. According to him schools were the most important places to avail such services to night school students. He also added that nongovernmental organizations and other stake holders who give the same services may help to alleviate the risky sexuality of night school students.

Interviewee six explained that primarily community awareness is very important to protect risk sexuality of night school students. The community and their family should drive those pupils to get sexual and reproductive health services in the nearby health institutions.

Interviewee seven powerfully argued that for various social-economic factors sexually and reproductive services were not accessible and comfortable to night school students. Therefore in school counselors need to be arranged for night shift students at their favor.

6 DISCUSSION

This study attempted to assess the risky sexual behaviors of night school students in Arada Sub-City, Addis Ababa 2017. In the discussion unlike the result part the quantitative and quantitative data were used mixed accordingly it needed.

In our study among socio-demographic characteristics sex, age, marital status, job status, and income of the study participants significantly associated with risky sexual behavior.

This study shows that male study participants were 1.676 times more likely to have risky sexual behaviors as compared to females. The result less than a study done in Addis Ababa high school students, males were 2.28 times higher risky sexual practice than their sex counterpart (33). This difference might be evening female students more risky than day shift because of distinctions in the socio-demographic characteristics of the study participants.

Concerning age those who were 15-19 age group 0.593 times less likely to have risky sexual behaviors than 20-24 years. However a cross sectional school based study done at Gurage Zone, Ethiopia revealed that study participants whose age between 15-19 years were three times at risk of having risky sexual behavior than age group above 20 years(20). This might be time variation of the study conducted.

Regarding to marital status our multivariate analysis shows single and divorced study participants were 3.326 and 3.939 times highly associated with risky sexual behavior respectively.

The finding of this study revealed that average monthly income of the study participants' were 1.377 times significantly associated with risky sexual behaviors. On the contrary, all IDI participants of this study a qualitative data curb the above arguments relation between income and risky sexual behaviors as IDI study participants strongly argued most students engaged in risky sexual behaviors for the sake of income along with other variables. The same had been reported in study done at Mizan-Tepi University most of the FGDs discussants indicated that, some of the female students had multiple sexual partner for the economic reasons (22).

Another studies also discovered that significant number of youth engaged in risky sexual behaviors for exchange of money/ items. Studies done in high school and university have showed that significant proportion of sexually active young people ever had sexual intercourse with non-regular partner for the sake of money 46 (18.9%) (16).

In our study 139(40.6%) of participants were having two or more sexual partners in their lifetime. Which is a little more than a study done Madawalabu University, Ethiopia among sexually active participants, 81(36.8%) had history of multiple sexual partners(19). But a cross-sectional school based study done among preparatory school students in Gurage Zone, Ethiopia and another cross-sectional school based study done in Boditti secondary and preparatory school South Ethiopia reviled that 53.7% and 70.3% of respondents had committed sex with more than one sexual partners (20, 4). This might be difference in setting.

This study revealed out of 342 students who had sexual experience, 134(38.2%) had sex with casual partner/s and out of 264 unmarried study participants only 96(35.7%) were used condom consistently the rest 168 (64.3%) did not used condom consistently. This finding is lower than a study done in Mizan-Tepi 211 (69.4%) of them never used condom (22) but higher than 319 (55.6%) didn't use condom consistently Addis Ababa high schools (5). The difference might be the variation of study Settings.

This study also discovered from 342 students who had sexual experience, 26(7.6%) were performed sex with sex workers. This is more or less similar to studies done in high school and out of sexually active young people ever had sexual experience 22 (7.4%) had sex with sex workers (15).

Some of study participants had multiple risk behavior. For that reason, out of the total 514 study participants the prevalence of risky sexual behaviors was 222(64.9%). The prevalence of risky sexual behavior in this study is higher than the study done in Boditti secondary and preparatory School South Ethiopia and in Addis Ababa, Ethiopia, 2014 which were reported prevalence 91(61.5%) and 223 (26.7%) respectively (4, 33), the possible explanation for the difference could be a variation of period of the study, difference between day and night study participants and place of the study conducted.

Drinking alcohol, sex after drinking alcohol, watching pornography and sex after watching pornography were significantly associated with risky sexual behaviors in multivariate analysis. In the qualitative data of this study, substance use, negative peer pressures, and risk school surrounding were identified as predisposing factors for risky sexual behavior among night school students in Arada sub-City, Addis Ababa. In our quantitative study practicing sex after alcohol drink were almost five times much higher as compared to non-drunker. This finding is alike the

finding of a study done on alcohol use and risky sexual behavior among College students and youth in University of Missouri-Columbia, drinking was strongly related to the decision to have sex and to indiscriminate forms of risky sex but was inconsistently related to protective behaviors like condom use(,32). Likewise study conducted on preparatory students at Jimma Zone, South West Ethiopia discovered higher likelihood of risky sexual behavior significantly associated with higher levels of alcohol consumption (6).

The finding of this study showed that study participants who watched pornographic films and committed sex were 3.964 times likely to have higher risky sexual behaviors compared to non-watcher. This finding was comparable with different studies showed watching pornography were associated with youths risky sexual behaviors (5,6,8).

7 STRENGTHS AND LIMITATIONS OF THE STUDY

7.1 Strength

1. The study used both quantitative and qualitative research method which enables to get detail information and triangulate findings.
2. To guarantee data quality and ensure confidentiality experienced, enumerators and supervisors were recruited and trained to instruct the data collection using self administered questionnaire.
3. The study had high response rate.
4. The study was done to address erratic/marginalized groups which was not cover before.

7.2 Limitation

1. One school which was included during the proposal development closed its night program after semester break of this academic year.
2. For age at first sex and life time consistently condom use questions might be recall bias.
3. Due to highly sensitive questions related to sexuality social desirability bias.

8 CONCLUSION AND RECOMMENDATIONS

8.1 Conclusion

In conclusion, this study revealed that risk sexual behaviors of the night school students were relatively high among the respondents. Concerning marital status single and divorced night school students were associated with risk sexual behaviors. Regarding to living attachments live alone and live with relatives were more likely exposed participants to risk sexual practice. In addition alcohol drink and watching pornography were found to be risk factors for risk sexual behaviors.

8.2 Recommendations

Based on the findings the following recommendations were forwarded:

1. School based behavioral change communication and other reproductive health services should be accessible in the school
2. Governmental, nongovernmental organizations and other stakeholders should intervene the risk sexuality of night school students.
3. Arada Sub- City Education Office should give emphasize and implement co-curricular activities in the evening program.
4. Addis city health bureau should focus on reproductive health services provision
5. Arada Sub- City trade office and sub-city food, medicine& health regulatory body should take measures against a “Night club houses” and” cigarette smoking” on public area.

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ANNEXEI: Study Participant Informed Consent Explanation Sheet

This questioner is prepared about risky sexual behaviors among night school students in Arada Sub-City Addis Ababa, Ethiopia.

Code_____

Dear student how are you? My name is _____. I am post graduate student in Addis Ababa University, College of Health Science, and School of Public Health as Masters of public health.

The following information is to inform you about a study we wish to conduct with you to ask your permission to participate in the study. The title for this study is **Risky sexual behaviors among night school students in Arada sub-City Addis Ababa, Ethiopia.** We are interested in this area because sexual behaviors of night school students are not given great attention comparable to the emerging problem. So if we better understand risky sexual behaviors and how stake holders' deliver youth friendly sexual and reproductive health services to the night school students, we can forward research based alternatives to address this issue.

You are randomly selected as study participant in the research project and participation is based on your willingness. You drop participation if you feel any of discomfort, but we hope you will agree to answer the questions since your genuine views are important for the study.

In order to ensure anonymity, personal information will be coded with a number and stored in a pass word locked laptop and secured place to which only those investigators will have access. Any presentation or publication resulting from this study will not contain any identifiable information regarding you. Only those researchers assigned to this study will have to access.

This study has been reviewed and received approval from the Research Ethics Review Committee (RERC) of Addis Ababa University, School of Public Health. Should you allow participating, you will have the option of withdrawing from the study for any reason at any time & any stage of giving response without consequence. Simply inform the data collectors that you wish to withdraw from the study and your information will be removed upon your request. As well, you have the right to not answer any question or to participate in any aspect of this project that you consider invasive, offensive or inappropriate.

If you have any questions or concerns about this request, please contact at 0911 17 66 41 or E-mail bisratgetachew18@gmail com.

Annex II. Informed consent form

I have read/heard and understood the sheet telling me what will happen in this study and why it is important. I have been able to ask questions and to have them answered.

I understand that while the information is being collected, I can stop being part of this study whenever I want and that it is perfectly ok for me to do this.

If I stop being part of the study, I understand that all information about me will be discarded. I agree to take part in this research.

Name and signature of interviewer's _____ Date____/____/____

Name and signature of supervisor's _____ Date___/_____/_____

Time taken_____

Annex III Structured Questionnaire form (English)

Code No: _____

School: _____

Part I	Socio demographic characteristics		
S. no	Questions and filters	Alternative answers (coding category)	Skip to
101	Sex	1. Male 2. Female	
102	How old are you?	_____years 99=don't know	
103	What is your religion?	1. Orthodox 2. Muslim 3. Protestant 4. Catholic 88. Others, specify /_____/	
104	To which ethnic group do you belong to?	1. Amhara 2. Oromo 3. Tigray 4. Guragie 88.Others, specify/_____/	
105	Which school do you learn?	1. Government 2. Faith based	
106	What grade are you currently attending?	1. grade 5-8 2. grade 9-10 3. Preparatory (grade 11-12)	
107	What is your current marital status?	1. Currently married 2. Never married 3. Divorced 4. Widowed 88.Others,specify /_____/	
108	Currently have you a Job?	1. Yes	➡110

		2. No	
109	If your answer for Q # 107 is yes what your occupation is, that is, a type of work do you mainly do?	1. Homemade 2. Government office 3. Petty trade 4. Daily laborer 5. Exchange of money for sex 88.Others,specify /_____/	
110	Currently on average how much do you earn per month?	_____birr 99. Don't know/ remember	
111	Currently on average how much do your parents earn per month?	_____birr 99. Don't know/ remember	
12	Currently with whom do you live?	1. I live with my family 2. I live with my relatives 3. I live with my friends 4. I live alone 5. I live with employer/s 88.Others,specify /_____/	
Part II	**Risky sexual behaviors related questions**		
201	Have you ever had sexual intercourse?	1. Yes 2. No	No ➡301
202	If yes, at what age did you first have sexual intercourse?(give estimated age if not sure)	_____ Age in years	
203	With whom did you make your first sexual intercourse?	1. Husband/wife 2. Steady boy/girl friend 3.Casual/unknown person 4. Sex worker 5. Older age	

		88.Others,specify /_____/	
204	Why did you decide to have sexual intercourse the first time?	1. I get married 2. Fell in love 3. For trial 4. Coercion (Rape). 5. To get money and other gifts. 6. Peer pressure 7. Influence of substance 88.Others, specify /_____/	
205	Did you use condom in your first time sexual intercourse?	1.yes 2.No	
206	How old were your partner when you had sex for the first time?	1. Older than me 2. Younger than me 3. Equal with me	
207	If there was age difference how many was it in year/s?(give estimated age or ages if not sure)	_____ year/s	
208	How many sexual partners have you ever had?	1. _____ partner/s	
209	Have you had sexual intercourse last 12 months?	1.Yes 2.No	
210	If yes: with whom did you make sexual intercourse? [multiple answers are possible]	1. Husband/wife 2. Steady boy/girl friend 3. Casual/unknown person 4. Sex worker (for males only) 5. Older age 88.Others,specify /_____/	
211	If yes, did you use condom consistently?	1.Yes 2.No	

	Part III Risk factors for sexual behavior related questions		
301	Have you or your partner drunk alcohol?	1.Yes 2.No	No → 305
302	Did you have sex when you are drinking alcohol?	1.Yes 2.No	
303	Did you or your partner smoke cigarettes?	1.Yes 2.No	No → 309
304	Did you have sex when you are smoking cigarette?	1.Yes 2.No	
305	Have you or your partner ever chewed Khat?	1.Yes 2.No	No → 313
306	Did you have sex when you are chewing chat?	1. Yes 2. No	
307	Did you or your partner take shisha?	1.yes 2.No	No → 317
308	Did you have sex when you are taking shisha?	1. Yes 2. No	
309	Have you or your partner seen pornography?	1.Yes 2.No	No → 321
310	Did you have sex after watching pornography?	1. Yes 2. No	
311	Have you or your partner visited night clubs/day parties?	1.Yes 2.No	No → 325
312	Did you have sex after visiting night clubs/day parties?	1. Yes 2. No	

Thank you very much for your time and participation! Your genuine response in combination with others will help to be valuable of the study!

Annex IV: የግለሠብ በጥናቱ ለመሳተፍ የስምምነት መጠይቅ

የመጠይቁ መለያ ቁጥር_____

በአራዳ ክ/ከተማ በሚኙ የሙያ ተሚዎች የወሲብ ተጋለጭ ባህርያት ላይ የሚዩየዉን ተጽዕኖ ምን እንደሚ መሰል ለማጥናት የተዘጋጀ መጠይቅ፡ ፡

□·□ ተሚ!

ጠፍ ይስጥልኝ? ስሜ _____ይባላል:: በአዲስ አበባ ዩኒቨርሲቲ የደህረ ምረቃ የህብረተሰብ ጠፍ የደህረምረቃ ተሚ ነኝ፡ ፡ መጠይቁ የተዘጋጀው በዩኒቨርሲቲው የደህረ ምረቃ ፕሮግራም መሟያ ለሚሆን ጥናት ነው፡ ፡ ጥናቱም የተዘጋጀው በአራዳ ክ/ከተማ በሚኙ በተመረጡ የሙያ ተሚዎች የወሲብ ተጋለጭ ባህርያት ላይ የሚዩየዉን ተጽዕኖ ምን እንደሚመሰል ለማጥናት ነው፡ ፡ መጠይቁ በመሉ ፈቃደኛነት ላይ ብቻ የተመሰረተ ሲሆን ከመጠይቁ የሚኘው መረጃ ሚስጥሩ ተጠበቆ ለጥናቱ ዓለማ ብቻ ይወሳል፡ ፡

ስለ□ህ አንቺ/አንተ ለ□ሁ ጥናት ለመሳተ□ በአጋጣሚ ተመር□ሻል/ሃል::

የዚህ ጥናት ወጤት በእናንተ ታማኝነት እና ግልጽነት በተሞላው መልሳችሁ ላይ የተመሰረተ **ስለሆነ ለ□□ቄዎቹ የምትሰጫቸው/ጣቸው መልሶች □ራስሽ/ህ □ሆነውን□እ□ነተኛ ምላሽ እንድትሰ□ /□ እንጠይቃለን:: ማንኛውም የምትሰጪው/ጠው መልስ ለጥናቱ ጥቅም ብቻ ይሆናል::** ይህ ጥናት በእናንተ ላይ ቀጥተኛ ጉዳትም ሆነ ቀጥተኛ ቅቀም አያሳድርም፡ ፡ **ይህንን ጥያቄ በሙሉ ወይም በከፊል መመለስ □□ም በ□ለ□ሽ/ህ □□ ማቋረጥ መብትሽ/ህ ነው:: የማይፈለጉ ጥያቄዎችንም መ□ለል ይቻላል:: እንዲህ በማ□ረጋችሁ □ሚ□ርስባችሁ ነገር □ለም::**

በመጠይቁም **ስምሽ/ህ ሆነ አድራሻሽን/ህን በጥያቄው ወረቀት ላይ** መጻፍ አያስፈልጋችሁም፡ ፡ **ሚስ□ራዊ ቃላቶችና ቁጥሮች ነው የምንጠቀመው::** የምትሰጡ መልስ በሙሉ በሚጥር ይጠበቃል፡ ፡ የማናቸውም መልስ በምንም መንገድ ለሌላ ተላልፎ አይሰጥም፡ ፡መጠይቁን ለመሟላት ወይም ላለመሟተፍ ከፈለጋችሁ በፈለጋችህበት ጊዜ ማቆምትችላላችሁ፡ ፡

መጠይቁንለመሟላት **በአማከኝ 40 ደቂቃ አንድ የቡድን ውይይት ደግሞ አንድ ሰዓት ይፈጃል::** ጊዜያችሁን ወስዳችሁ ምላሽ ስለምትሰጡ በቅድሚ ከልብ እናመሰግናለን፡ ፡

በመጠይቁ ዙሪያ ማናቸውም ጥያቄዎች አስመልክቶ በነዚህ አድራሻዎች ያገኙናል

ስልክ 0911 17 66 41 እንዲሁም ኢ-ሜይል፡ bisratgetachew18@gmail com.

Annex v. የጥናትተሳታፊ ስምምነት መጠየቂያ ቅጽ

እኔ..... የሙያ ተሚዎች የወሲብ ተጋለጭ ባህርያት ላይ የሚዩየዉን ተጽዕኖ ምን እንደሚመሰል ለማጥናት የተዘጋጀ መጠይቅ ተሳታፊ የሆነኩ ከላይ የተገለጹትን በመሉ አነ ብቤ/ ሰምቼ ዓላማውንና ጥቅማ ተረድቼ በመሉ ፈቃደኝነት በጥናቱ ለመሳተ□፤ የምነጠውም መረጃ ለጥናቱ ዓለማ ብቻ ሚስጥሩ ተጠበቆ እንደሚነራ **ተረድቻለሁ፡ ፡ በመሆኑም በጥናቱ ለመሳተፍ**

ሙሉ ፈቃደኛ ነኝ ☐ ፈቃደኛ አይደለሁም ☐

ፊርማ..... ቀን.....

የአስተባባሪ ስም.....ፊርማ.....ቀን.....

Annex VI. የአሚኛ ማጠይቅ

የ ማጠይቁመለያቁጥር: _____

የ ትምህረት ቤቱ ስም: _____

ክፍል 1	አጠቃላይ ሚጀ		
ተ.ቁ	ጥያቄ	አሚራጭ	መለያ
101.	ዖታ	1= ወንድ 2= ሴት	1 2
102	እድሜሽ/ህ ስንት ነው?	_____ዓመት	99=አላው

.		99= አላወቀውም	ቀወም
103.	ሐይማኖት ምንድን ነው?	1. አርቶዶክስ 2. እስልምና 3. ፕሮቲስታነት 4. ካቶሊክ 88. ሌለ ካለ ይገለጽ/_____/	88=ሌላ ካለ ይገለጽ
104.	ብሄርሽ ምንድን ነው?	1. አሜሩ 2. ኦሮሞ 3. ትግሬ 4. ጉራጌ 88. ሌላ ካለ ይገለጽ/_____/	
105.	የምትማሪ/ርበት ትምህረት ቤት	1. የመንግሰት 2. የሃይማኖት ተቋም	
106	የስንተኛ ክፍል ተማሪ ነሽ/ህ?	1. 5-8ኛ ክፍል 2. 9-10ኛ ክፍል 3. 11-12ኛ ክፍል	
107.	በአሁኑ ወቅት የጋብቻ ሁኔታሽ/ህ ምንድን ነው?	1. የትዳር አጋር አለኝ 2. የትዳር አጋር የለኝም 3. ከትዳር አጋሬ ተፋትቻለሁ 4. የትዳር አጋሬ በህይዎት የለም/ችም 5. ሌላ ካለ ይገለጽ/_____/	
108	በአሁኑ ጊዜ ስራ አለሽ/ህ ወይ?	1. አዎ 2. የለኝም	
109	የተ.ቁ. 107 ሚልስሽ/ህ አዎ ከሆነ በዋናነት የምትሰሪው/ራው ስራ ምንድነው?	1. የቤት ሰራተኝነት 2. የመንግሰት መ/ቤት ስራ 3. አነስተኛ ንግድ 4. የቀን ሰራተኛ 5. በዎሲበ ንግድ (ሴተኛ አዳሪነት) 88. ሌላ ካለ ይገለጽ/_____/	

110	በምትሰሪው/ራው ስራ አማካኝ የወር ገቢሽ/ህ ስንት ነው?	1. _____ብር 2. መግለጽ አልፈልግም	
111	የቤተሰብ አማካኝ የወር ገቢ ማጠን በቤተሰብ ቁጥር ሲካፈል ስንት ነው?	1. _____ብር 2. አላወቀውም/መግለጽ አልፈልግም	
112	በአሁኑ ጊዜ የሚኖሩት ከማን ጋር ነው?	1. ከቤተሰቦቼ ጋር 2. ከዘመድ ጋር 3. ለብቻዬ 4. ከጓደኛ ጋር 5. ከአሰሪዎቸ ጋር 88. ሌላ ካለ ይገለጽ/_____/	
ክፍል 2	**የወሲብዙ ጋላጭነት ባህርያት የተመለከቱ ሞጁይቆች**		
201	በህይወት ዘመንሽ/ህ ወሲብ ፈጽመሽ/ህ ታውቂያለሽ/ህ ወይ?	1. አዎ 2. አልፈፀምኩም	
202	የተ.ቁ 201 መልስሽ አዎ ከሆነ ለመጀመሪያ ጊዜ ግብረስጋ ግንኙነት የፈፀምሽው/ከው በስንት ዓመትሽ/ህ ነው?	_____ዓመት	
203	ለመጀመሪያ ጊዜ ግብረ ስጋ ግንኙነት የፈፀምሽው/ከው ከማን ጋር ነበር?	1. ከትዳር አጋሬ 2. ከዎንድ/ሴት ጓደኛዬ 3. በአጋጣሚ ከተዋወኩት/ኳት ሰው 4. ከሴተኛ አዳሪ ጋር (ለዎንዶች የቀረበ አማራጭ) 5. በእድሜ ብዙ ከሚበልጠኝ /ከምትበልጠኝ 88. ሌላ ካለ ይገለጽ/_____/	
204	ለመጀመሪያ ጊዜ ግብረ ስጋ ግንኙነት ለሚፀም የገፋፋሽ ዋነኛ ምክንያት ምንድን ነው?	1. ስላገባሁ 2. አፍቅሬ 3. ለማካር 4. ተገድጄ/ተደፍሬ 5. ገንዘብ /ስጦታ ለማገኘት	

		6. በአቻ ግፊት 7. በማጨስ፣ ጫት፣ አደንዛዥ እጽ ተገፋፍቼ 88. ሌለ ካለ ይገለጽ/_____/	
205	ለመጀመሪያ ጊዜ ግብረ ስጋ ግንኙነት ስትፈጽሚ ኮንዶም ተጠቅመሽ/ህ ነበር ዎይ?	1. አዎ 2. አልተጠቀምኩም	
206	ለመጀመሪያ ጊዜ ግብረ ስጋ ግንኙነት የፈፀምሽው/ከው ሰው የእድሜ ሁኔታ?	1. ከእኔ ይበልጣል/ትበልጣለች 2. ከእኔ ያንሳል/ታንሳለች 3. ከእኔ እኩያ ይሆናል/ትሆናለች	
207	የተ.ቁ. 206 መልስሽ/ህ 1 ወይም 2 ከሆነ ልዩነታችሁ በአጫጭኝ ስንት ዓመት ይሆናል?	_____ ዓመት	
208	በህይወት ዘመንሽ/ህስንት የወሲብ ጓደኛ ነበረሽ/ህ?	_____ ጓደኛ	
209	በአለፈው አንድ ዓመት ወሲብ ፈጽመሽ/ህ ታውቂያለሽ/ህ ወይ?	1. አዎ 2. አልፈፀምኩም	
210	የተ.ቁ. 210 አዎ ከሆነ ግብረ ስጋ ግንኙነት የፈፀምሽው/ከው ከማን ጋር ነበር?	1. ከትዳር አጋሬ 2. ከዎንድ/ሴት ጓደኛዬ 3. በአጋጣሚ ከተዋወኩት/ኳት ሰው 4. ከሴተኛ አዳሪ ጋር (ለዎንዶች የቀረበ አማራጭ) 5. በእድሜ ከገፋ ሰው ጋር 88. ሌለ ካለ ይገለጽ/_____/	
211	በአለፈው አንድ ዓመትግብረ ስጋ ግንኙነት ስትፈጽሚ ኮንዶም ተጠቅመሽ/ህ ነበር ዎይ?	1. አዎ 2. አልተጠቀምኩም	
ክፍል3	**የወሲብ አጋለጭ ሁኔታዎች**		
301	አልኮልነት ያላቸውን (ጠላ፣ አረቂ፣ ጠጅ፣ ወይን፣ ቢራና የመሳሰሉ)	1. አዎ 2. አልጠጣሁም	

	አንቺ/ አንተ ወይም የወሲብ ጓደኛሽ/ህ ማጨሾችን ጠጥታችሁ ታውቃላችሁ ወይ?		
302	ከጠጣሽ/ህ በኋላ ወሲብ ፈፅማችኋል ዎይ?	1. አዎ 2. አልፈፀምኩም	
303	አንቺ/ አንተ ወይም የወሲብ ጓደኛሽ/ህ ትምጣሆ/ሲጋራ አጫስሽ/ህ ታውቂያለሽ/ህ ወይ?	1. አዎ 2. አላጨስኩም	
304	ከአጨስሽ/ህ በኋላ ወሲብ ፈፅማችኋል ዎይ?	1. አዎ 2. አልፈፀምኩም	
305	አንቺ/ አንተ ወይም የወሲብ ጓደኛሽ/ህ ጫት ቅማሽ/ህ ታውቂያለሽ/ህ ወይ?	1. አዎ 2. አልቃምኩም	አልቃምኩም ከሆነ ወደ ተ.ቁ. 307
306	ከቃምሽ/ህ በኋላ ወሲብ ፈፅማችኋል ዎይ?	1. አዎ 2. አልፈፀምኩም	
307	አንቺ/ አንተ ወይም የወሲብ ጓደኛሽ/ህ ሺሻ አጫስሽ/ህ ታውቂያለሽ/ህወይ?	1. አዎ 2. አላጨስኩም	
308	ከአጨስሽ/ህ በኋላ ወሲብ ፈፅማችኋል ዎይ?	1. አዎ 2. አልፈፀምኩም	
309	አንቺ/ አንተ ወይም የወሲብ ጓደኛሽ/ህ ወሲብ ቀስቃሽ ፊልሞችን ወይም ምኒሎችን አይተሽ ታውቂያለሽ ወይ?	1. አዎ 2. አላየሁም	
310	ከአጨስሽ/ህ በኋላ ወሲብ ፈፅማችኋል ዎይ?	1. አዎ 2. አልፈፀምኩም	
311	አንቺ/ አንተ ወይም የወሲብ ጓደኛሽ/ህ የቀን ወይም የምሽት ጫፈራ ቤቶች ገብተሽ ታውቂያለሽ ወይ?	1. አዎ 2. አልገባሁም	
312	ከአጨስሽ/ህ በኋላ ወሲብ ፈፅማችኋል	1. አዎ	

	ዎይ?	2. አልፈፀምኩም	

ወድ ጊዜሽ/ህን ሰውተሽ/ህ ለጥያቄው ለሰጠሽኝ/ህኝ ምላሽ ከልብ አመሰግናለሁ!

Annex V: In-depth interview (IDI)

1. In-depth interview one

Type of group: _____ (Education office)

Facilitators Name: _____Getachew Molla

Date: _____ Time:_____

2. In-depth interview two & three

Type of group: _____ (health office, HIV/AIDS prevention & control office)

Facilitators Name: _____Getachew Molla

Date: _____ Time:_____

1. Please introduce yourself (**Sex, Age and School you represent**)
2. What are the most common risky sexual practices that night school students face today? Please list down as much as you can.
3. What are the factors that aggravate risky sexual practices you mentioned above? Please list down as much as possible.
4. What are curriculums and co-curriculum activities have done in your school? Please list down as much as you can.
5. What are SRH services that night school student's demand?
6. Is it **accessible and affordable** for night school students in your school and the surrounding to find **sexual and reproductive health** services?
7. If services are/ are not **accessible and affordable** please justify with evidence?
8. What is your recommendation regarding improvement of **sexual and reproductive health** of night school students?

9. Please add any of your idea whatever you like in relation to night school students risky sexual practices

Thank you very much for your time and participation

Annex VI: የግለሰብ የጥልቅ ወይይት ማሻ ጥያቄዎች

1. የግለሰብ ጥይልቅ ወይይት አንድ

ጤፍ ይስጥልኝ? ስሜ _____ይባላል:: በአዲስ አበባዩ ኒቨርሲቲ የህብረተሰብ ጤፍ ሳይንሰ ኮሌጅ የህብረተሰብ ጤፍ የደህረምረቃ ተማሪ ነኝ፡: ማከይቁ የተዘጋጀው በዩኒቨርሲቲው የደህረምረቃ ፕሮግራም ማሟያ ለሚሆን ጥናት ነው፡: ጥናቱም የተዘጋጀው በሜታ ተማሪዎች የወሲብ ተጋለጭ ባህርያት ላይ የሚያየወን ተጽዕኖ ምን እንደሚሞስል ለማኮናት ነው፡: ማከይቁ በሜኡ ፈቃደኛነት ላይ ብቻ የተመሰረተ ሲሆን ከማከይቁ የሚኘው መረጃ ሚስጥሩ ተጠበቆ ለጥናቱ ዓለማ ብቻ ይወላል፡: ወይይቱ በአማካኝ አንድ ሰዓት ይፈጃል፡ :

ለማከይቁ ፈቃደኛ ነዎት? ፈቃደኛ ነኝ_____. ፈቃደኛ አይደለሁም_____.

የግለሰብ: _____(ትምህርት ጽ/ቤት)

ቀን: ሚዚያ 16 ቀን 2009 ዓ.ም ሰዓት :3፡00- 4፡00

1. ራስዎን ያስተዋወቁን (ጾታ፣ እድሜ ትምህረት ደረጃና የወከሉት ማቤት)
2. በአሁኑ ጊዜ ከወሲብ ጋር የተያያዙ ችግሮች የተጋላጭት ባህሪያት ምንምን ናቸው? የቻሉትን ያህል ይዘርዝሩ?
3. በተራ ቁጥር 2 ለተዘረዘሩ (ለተነሱ) የተጋላጭት ባህሪያት አጋላጭ ምክንያቶች ምንድን ናቸው? የቻሉትን ያህል ይዘርዝሩ?
4. በስርዓተ ትምህረትና ተጓዳኝ ስርዓተ ትምህረት ተካተው ለሜታ ተሜዎች የሚሩ የወሲብ ተጋላጭት ችግሮች ጋር የተያያዙ ተግባራት ምን ምን ናቸው?
5. የሜታ ተሜዎች ማግኘት የሜፈልጓቸው የወሲቡና ስነ –ተዋልዶ ጤፍ አገልግሎቶች ምን ምን ናቸው? የቻሉትን ያህል ይዘርዝሩ?
6. ለሜታ ተሜዎች የሚጡ የወሲብና ስነ –ተዋልዶ ጤፍ አገልግሎቶች **ከርቀት፣ ከዋጋና አገልግሎቱን ከሚጡ ባለሙያዎች አንፃር** ለተገልጋይ ምቹና ተደራሽ ናቸው ብለው ያምናሉ?

7. አገልግሎቶች ለተገልጋይ ምቹና ተደራሽ ናቸው/አይደሉም ሲሉ በምክንያት ያስረዱ?

8. ለሜታ ተሜዎች የሚጡ የዉሲበና ስነ – ተዋልዶ ጠፍ አገልግሎቶች ምቹና ተደራሽ አይደሉም ካሉ በምን ሁኔታ ቢሰጡ ተደራሽና ምቹ ይሆናሉ በለው ያምናሉ?

9. በሜጨሻ ከሜታ ተሜዎች የወሲብ ተጋላጫት ባህሪያት ጋር የተያያዙ ችግሮች፣ ምክንያታቸውና መፍትሄአቸው ተጨማሪ ሃሳብ ካለዎት ይግለፁልን?

ወድ ጊዜሽ/ህን ሰውተሽ/ህ ለጥያቄው ለሰጠሽኝ/ህኝ ምላሽ ከልብ አመሰግናለሁ!

Annex VII. In-depth interview Discussants

S.NO	Code	Sex	Age	Organization	Status
1	P1	F	37	Government Elementary	Vice principal& health& HIV focal person
2	P2	M	48	Government preparatory	principal
3	P3	M	55	Faith based high school	Administrator
4	P4	F	33	Government Elementary	PTSU* head
5	P5	M	37	Sub-City education office	multi-sectored response focal person
6	P6	M	32	Sub-City health office	health development and disease prevention coordinator
7	P7	F	44	Sub-City HIV/AIDS prevention and control core process	social mobilization officer

*Parent, Teacher Students Union

Annex VIII: Curriculum Vitae (CV)

Personal Information

- ✓ Full Name: Getachew Molla Aynalem
- ✓ Sex: Male
- ✓ Age: 40
- ✓ Marital status: Married & having two daughter
- ✓ Place of birth: East Gojjam Zone
- ✓ Address Mobile: 0911-17-66-41

  P. O. Box: 34327

  E-mail bisratgetachew18@gmail.com

Educational Background

Higher education

- ✓ Attending masters of Public Health Addis Ababa University since 2014/15
- ✓ Bachelor of Science in Public Health from Kea Mead University College (2009-2012)
- ✓ Bachelor of Art in English Language And Literature (Minor Political Science and International Relations) from Addis Ababa University (2001-2006)
- ✓ Diploma in Sanitary Science from Gondar College of Medical Science (1997-1999)

Special Trainings

- ✓ Government policies and strategies March 31 to April 11/2009 Addis Ababa City Administration Urban management institution and capacity building bureau;
- ✓ Journalism and public relations 3-18 march 2009 by Addis Ababa City Communication Affairs Bureau;
- ✓ Monitoring and evaluation 40 hours Admass University College;
- ✓ Basic computer training 17 July-11 December 2005 Enfonet computer engineering college;

- ✓ Training of trainers for front line health workers 3-14 May 1999 by Addis Ababa City health bureau and Plan international Ethiopia
- ✓ Woreda health management 9-17 February1999 by Addis Ababa City health bureau

Prior to Higher Education

- ✓ Grade 9 to 12 Belay Zeleke Senior Secondary School (1992-1996).
- ✓ Grade 7& 8 Kuy Elementary &Junior Secondary School (1989-1991).
- ✓ Grade 1to 6Ysenbet Elementary School (1984-1988).

Skills and knowledge Areas

- ✓ Computer Skills (MS Excel, Microsoft Word, Power point);
- ✓ Leadership skills

Work Experience

I have acquired more than eighteen years work experience in different government offices of Addis Ababa City Administration;

- ✓ From April 2013 till now Arada sub city health office HIV/AIDS prevention and control core process coordinator;
- ✓ From July 2007 to March 2013 Arada sub city communication affairs office communication affairs core process coordinator;
- ✓ From July 2007 to March 2009 Arada sub city information and culture office as public relations expert;
- ✓ From May 2003 to July 2007 in Arada sub city Municipality as environmental health coordinator;
- ✓ From December 1998 to April 2003 in Addis Ababa city health bureau Zone 4 Health department as environmental health coordinator.

Hobbies

- ✓ Self-updating by continuous learning and reading scientific& social concerned resources

Language

	Speaking	Writing	Listening	Reading
Amharic	Fluent	Fluent	Fluent	Fluent
English	Intermediate	Fluent	Fluent	Fluent

References

- ✓ Eshu Girma (MPH, PhD) Lecturer Addis Ababa University School of Public Health **Tel.09 10818859**
- ✓ Mr. Tariku Molla Addis Ababa city HIV/AIDS prevention and control office M&E coordinator **Tel.09 11642501**

Annex VIII: Copies of different letters