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"Individual and Family factors on adolescents' engagement in risky sexual behavior among high school students in, Addis Ketema sub city, Addis Ababa, Ethiopia".

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List of Abbreviations

AOR – Adjusted Odds Ratio

CI - Confidence Interval

EDHS – Ethiopian Demographic and Health Survey

ETB – Ethiopian Birr

OR – Odds Ratio

RSB – Risky Sexual Behaviour

SD – Standard Deviation

STD – Sexually Transmitted Disease

STIs – Sexually Transmitted Infections

VCT- Voluntary Counseling and Testing

WHO – World Health Organization

Abstract

Background

Adolescents undergo a period of development when biological, physical, cognitive, and social traits mature from childhood to adulthood. Many important life events and health-damaging behaviors start during the youth years. As a result, adolescence is a time of both risk and opportunity.

Objective

The objective of this study is to assess, the role, individual and familial factors have on adolescent's engagement in risky sexual variable among high school adolescents in Addis Ketema sub-city, Addis Ababa, Ethiopia.

Methodology

A cross-sectional study was conducted; comprising quantitative method of data collection, on 412 high- school adolescents with ages from 15-18 years. Sampling proportional to size technique was used to select the study units from a total of 10,194 regular students enrolled in 4 private and 4 governmental secondary and preparatory schools. A pretested, structured self administered questionnaire was used to collect the data in Feb. 2013.

Result

The response rate for this study was ***99%.*** *From the total of 412, 83 (20.1%) of the respondents already had history of sexual intercourse with mean age of sexual debut 16.48 ± SD 0.91year. Among sexually experianced, 52(62.7%) reported havong sexual intercourse with 2 to more than 4 persons in their lifetime, earning pocket money, relegious service attendance, substance use, peer influence and parental monitoring, were some of the factors significantly associated with adolescents risky sexual behaviour.*

Dicussion and conclusion

The result of this study shows, adolescent risky sexual behaviour cannot only be decided by the individual's lifestyle rather it's influenced by multiple social and familial characteristic. Addressing determinants of adolescent risky sexual behaviour is the key step which provide for interventions aiming to solve adolescent risky sexual behaviour problems, the findings of this study, thus, can serve as an asset for programmers aiming to address adolescent's sexual health.

1. Introduction

Adolescents undergo a period of development when biological, physical, cognitive, and social traits mature from childhood to adulthood. During this stage, the challenges that adolescents face and the decisions they make can have a tremendous impact on the quality and length of their lives. Many important life events and health-damaging behaviors start during the youth years. As a result, youth is a time of both risk and opportunity(1). Risk can be measured subjectively, as the perception of the person involved (self-perceived risk). An individual's recognition of self-perceived risk can motivate him or her to take action to change or not to change behavior(2).

The health of young people is seriously linked to the health-related behaviors they choose to adopt. Adolescents' risky sexual behaviors contributed in today's major killers. These behaviors, often established during youth, that may result in HIV infection(3).

Risky sexual behaviour can take several forms, ranging from a large number of sexual partners or engaging in risky sexual activities to sexual intercourse under the influence of

substances such as alcohol or cocaine(4). Age at first sex (premarital sexual intercourse) also is an important indicator of both exposure to the risk of pregnancy and exposure to STIs(5).

Many adolescents around the world are sexually active and because many sexual contacts among them are unprotected, they are potentially at risk(6). When compared to older adults, teenagers and young adults are particularly at risk for contracting sexually transmitted diseases (STD) or having an unwanted pregnancy(7). Adolescents' lack of knowledge of STDs symptoms and mode of transmission must be seen as part of a wider problem, which comprises widespread lack of knowledge of all issues related to sexual activity and reproduction(8).

Adolescence is characterized as historically based, socially specific period of transition from childhood to adulthood, as well as a distinct physiological, sexual and psychological life-stage (1, 6). While young people around the world may experience the same physical changes and sensations during these years, the manner in which they are interpreted and give rise to social and legal proscriptions varies tremendously.

Adolescents and young people constitute over one-third of the total population of Ethiopia. And the majority of them are highly vulnerable to sexual and reproductive health problem(9). According to the second round HIV/AIDS Behavioral Surveillance Survey in 2005, Ethiopia, it was found out that around 9.9 percent of the in-school youth (14.6 % of males and 5.3 % of females) had sexual experience. Substance use, use of alcohol and other illicit substances are leading adolescents to involve in behaviors, such as risky sexual activity and these behaviours are becoming an emerging concern among in-school adolescents(10). A study Among high-school students in Addis Ababa, revealed, alcohol drinking, cigarette smoking, Khat chewing, shisha and cannabis smoking were found to be 45.7% and 26.5%, 11.5% and 5.6%, 16% and 7.8%, 8.6% and 5%, 4.5% and 2.8%, for males and females respectively(11).

Sexual activity patterns among adolescents seem to vary greatly according to religion, social class, schooling, ethnic group, family situation and individual circumstances. Thus, adolescents must not be seen to form a discrete subpopulation with uniform risk factors. These realities have an important influence on the development of policies and programmes which meet the needs of a diversity of young people(6).

2. Rationale of the study

In the developed country literature, it has been well documented that individual, family, peer, school and community factors all influence adolescents sexual activity. Yet, little is known about whether similar factors are important in influencing risky sexual behaviour among adolescents in developing countries(12).

Addressing adolescents' lifestyle and the impact of familial influences specifically parent-teen connectedness, parental monitoring and communication has been linked by studies as one point of intervention to reduce adolescents' risk behaviors. This study, thus, aims to explain the association between the roles of parents such as: parent-adolescent connectedness, parental monitoring, parental role modeling and individual factors like; risk assessment/perception and substance use, on adolescent's engagement in risky sexual practices among high school adolescents in Addis Ketema sub-city where, the likes of predisposing factors; poverty and enormous substance use practices perceived to exist.

3. Literature review

3.1 Overview of adolescents' risky sexual behaviour

The high-risk behaviors of adolescence are the result of multiple causes, often beginning in early childhood, that change with age and are interrelated in complex ways. These causes operate at ecological (e.g., socioeconomic status, cultural context, social-relational (e.g., family members, peers, teachers), and their individual characteristics(13). Recent years have seen a widespread public concern with the practice of safe sex. Sexual risk-taking behavior, or unsafe sex, is a prevalent problem among teenagers(7).

A finding from, a study done on sexual risk among adolescent in catalona, spain reported, Risky sexual relations were observed in 73.6% of sexually active students, 82.3% of males and 63% of females ($P < .001$)(14). Within sub-Saharan Africa, the percentage of young women reporting higher-risk sex ranges from 6percent in Ethiopia and 7 percent in Chad to 60 percent in Congo(1). Age at first sex is an important indicator of both exposure to the risk of pregnancy and exposure to STIs. EDHS 2011 report indicates, Eleven percent of

young women and 1 percent of young men had had sexual intercourse before age 15; 39 percent of young women and 13 percent of young men had had sex before age 18(5).

3.2 Individual characteristics

3.2.1 Adolescents risk assessment and self efficacy

Both girls and boys are occupied with common issues around sex. They want to know more about practical issues such as copulation, pregnancy, birth control and sexually transmitted diseases Also; they wish to know how to place sex within their own frame of values so that they can be able to establish satisfactory and constructive relationships with individuals of the same sex and the opposite sex. How girls and boys assess; their likelihood of acquiring or transmitting a STI/HIV, or having or causing a pregnancy, insisting that their partner to use a method of STI or pregnancy prevention, would affect their own lives or the lives of their partner and influences adolescents to consider the consequences of their actions to themselves and others(15). Risk can be measured either subjectively, as the perception of the person involved (self-perceived risk), or objectively, using behavioral indicators. An individual's recognition of self-perceived risk can motivate him or her to take action to change or not to change behavior(16).

Adolescents' earlier onset of sexual behavior was associated with relatively greater liberal and permissive attitudes towards sexual behavior whether it is okay to have sex during adolescence, and delaying onset was associated with having relatively stronger abstinence attitudes, (whether it is better to abstain until later or marriage), perceiving greater costs and fewer benefits of sex, and greater perceptions of being able to refuse and refrain from intercourse(17). Furthermore, Knowledge of one's HIV serostatus can motivate a person to protect himself/herself or to practice safer sexual behaviour to avoid transmitting the virus to others. However another study argues, for example, concern about potential HIV infection or having an HIV test did not affect the numbers of sexual partners that respondents had(5). In most countries in sub-Saharan Africa and South/Southeast Asia, less than 10 percent of young females and males have ever been tested for HIV(1). In Ethiopia, one in every four young women, age 15-24, (25 percent) and about three in every ten young men, age 15-24, (28 percent) who had had sexual intercourse, in 12 months prior to EDHS survey, had been tested and received the results of the test(5).

3.2.2 Substance use and risky sexual behaviour

Much of what has been written about the interrelatedness of health risk behaviors among adolescents has been concerned with substance use(18). Sexual intercourse when one or both partners are under the influence of alcohol is risky because the couple may not be fully aware of their actions, which may lead to failure to use a condom(5). A survey from USA shows more than a third (36%) of sexually active young people 15 to 24 say that drinking or drug use has influenced their decisions about sex including more than a quarter (29%) of teens 15 to 17 and 37 % of young adults 18 to 24(19). A study conducted in Ethiopia indicated, those students who were engaged in substance use are 2.714 times higher to involve in premarital sexual practices than those who did not use(20). However another study in Dessie argued that no association was found between risky sexual behaviour and alcohol drinking and khat chewing(21).

3.2.3 Adolescent's contraceptive knowledge and practice of using Condom

Inadequate availability and access to sexual and reproductive health information and services friendly to different groups of the youth is a major challenge affecting adolescent health(9). Adolescents, who have knowledge about contraception as well as a positive attitude about using contraception, are significantly more likely to use it. Although the proportion of sexually active youth who use condoms has been increasing over the past 10 years, there is great variation among adolescents(12). Condom use rates, as high as 77% are reported in France and 68% in England(22). However, in developing countries, the percentage that used a condom the last time they had higher-risk sex ranges from 5 percent in Madagascar to 62 percent in Guyana for young women(1)(1)(1)(1) (1). In Ethiopia, EDHS 2011 report indicates Knowledge of at least one method of contraception is nearly universal among both women and men. Whereas, among 4 percent of never-married young women and 8 percent of never-married young men had sex in 12 months prior to the survey, only 37 percent of women and 68 percent of men reported using a condom during their last sexual intercourse(5). Many factors have been proposed to explain why adolescents do not use condoms in spite of efforts by HIV prevention programs to reduce or eliminate the cost of condoms in many African countries. Negotiation to use condoms was mentioned as one of the reasons since; suggesting the use of condoms is often seen as a sign of mistrust in a sexual relationship. Other reasons for non-use of condoms among adolescents include dislike of condoms, and embarrassment to purchase or ask for condoms from adult providers, which stems from disapproving attitudes from health providers. The identification of the factors that influence adolescents' condom use is particularly important in developing effective HIV preventive interventions(23).

3.3 Familial factors and adolescent's risky sexual behaviour

3.3.1 Family connectedness

The family environment can be a strong source of support for developing adolescents, providing close relationships, strong parenting skills, good communication, and modeling positive behaviors(24). Sexually active teens who talk with their parents about sexually-related issues would be less likely to demonstrate sexual risk taking behavior compared to teens who do not communicate with their parents about such issues(25). Cross-culturally (e.g., in Africa; Asia; the Balkans; the Caribbean; the Middle East; Europe; North, Central, and South America), adolescents who perceive themselves to be accepted by their primary caregivers are less likely to engage in a wide range of health-risk behaviour(13). Few longitudinal studies have found parental practices, such as talking about sex, or family attitudes and rules that discourage different types of risk-taking, like smoking, can reduce these risky behaviors. However, an equal number of studies find no effects or even contradictory effects. One possible explanation is that findings may vary depending on when communication is initiated (before or after parents discover their children are sexually active or using drugs)(13).

3.3.2 Parental monitoring/control

Parental monitoring includes knowing children's whereabouts after school, as well as knowing children's friends and activities. Parental monitoring has been associated with fewer internalizing behaviors, such as withdrawal and depression, and externalizing behavior problems, such as lower likelihood of drinking, smoking, and engaging in other risky behaviors(24). The USA National Survey of Drug Use and Health shows that 90% of young people reported that their parents would disapprove of them trying marijuana. 5.4% of them proceeded to try that drug, but where parents would show less or no disapproval, far more young people reported trying it (nearly 30%). However, some studies indicate that sexual activity is more likely when parental control is excessive(2). It was found that teens who perceived their parents to be ''very strict'' with ''many rules'' were more likely to have had sexual intercourse than teens who perceived their parents to be more moderate(26).

3.3.3 Parental role modeling

Young people grow to adulthood within a complex web of family, peer, community, societal, and cultural influences that affect present and future health and wellbeing(27). As individuals with enormous influence in all aspects of development, parents establish these norms within the household by their own behaviour and attitudes as well as interpreting the norms of the larger society(28). Children reproduce the behaviours of their parents through observational and social learning processes(29). Parents' health-related behaviors can affect adolescent well-being in several ways including providing positive (or negative) role models and by contributing to healthy or unhealthy physical and social environments(24). Parental proximity and mere survival may be important to the well-being and sexual decision-making of young people in this setting. In addition to physical and financial resources, parents may provide positive role modeling, effective communication about sexuality and safe sexual behaviors(30). A high correlation has been repeatedly documented between substance-abusing parents and adolescent substance use in the USA. It has been demonstrated that adolescents are increasingly more likely to use alcohol as the number of people in their lives, including their parents, who do increases(18).

3.4 Intermediate factors and adolescent's risky sexual behaviour

3.4.1 Socio-demographic/background factors

Living arrangement is recognized as one of the strongest factors for adolescent's sexual behaviour. In Thailand, it was found that being raised with only one parent more than doubled the likelihood of pre-marital sex among females, and being raised with neither parent more than doubled the prevalence of premarital sex among males, and more than quadrupled it for females(12). Also, A study conducted in Ethiopia revealed, living alone and living with single parent are more sexually experienced than those lived with both biological parents(20). Moreover, religiosity appears to be a potent, although not universal, protective factor for youths. The extent to which religion influences attitudes and

behaviors of adolescents may depend upon the specific doctrine of the churches. In USA it was found that, adolescents who attended religious services frequently were 46% less likely to ever have had sex compared to adolescents who attended services less frequently or not at all (OR = 0.55; 95% CI = 0.49–0.63)(31). However a study done in Dessie, Ethiopia claimed, among students reporting sexual activity didn't differ significantly with respect to religious attachment(21).

3.4.2 Family socio-economic status

Low socioeconomic status and low education influences sexual experiences in diverse ways. In a few countries in sub-Saharan Africa and in Latin America and the Caribbean, higher household wealth status is associated with lower rates of primary abstinence(1). In South Africa, among young women residing in a household with low wealth is associated with higher rates of ever having received goods, money, or favors in exchange for sex; it also raises females' chances of experiencing coerced sex and females' and males' odds of having multiple sexual partners(30).

3.4.3 Peer influence

The emergence of strong peer relationships is one of the key developmental changes of early adolescence, and peers can have a positive or a negative influence on young people's health. Adolescents who perceive their friends or peers to be sexually active are significantly more likely to engage in sex themselves, as well as have multiple sexual partners. For example, in Ghana, male youth who perceived that their friends were sexually active were more than two times more likely to have initiated sexual intercourse in comparison with youth who perceived that their friends were not sexually experienced(12). Furthermore, peer influences has been linked to adolescent risk-taking behavior, including adolescents' participation in antisocial activities, their use of alcohol and other illicit substances, and their involvement in associated behaviors, such as risky sexual activity(13) . A study done in Ethiopia, found that adolescents who claimed to have

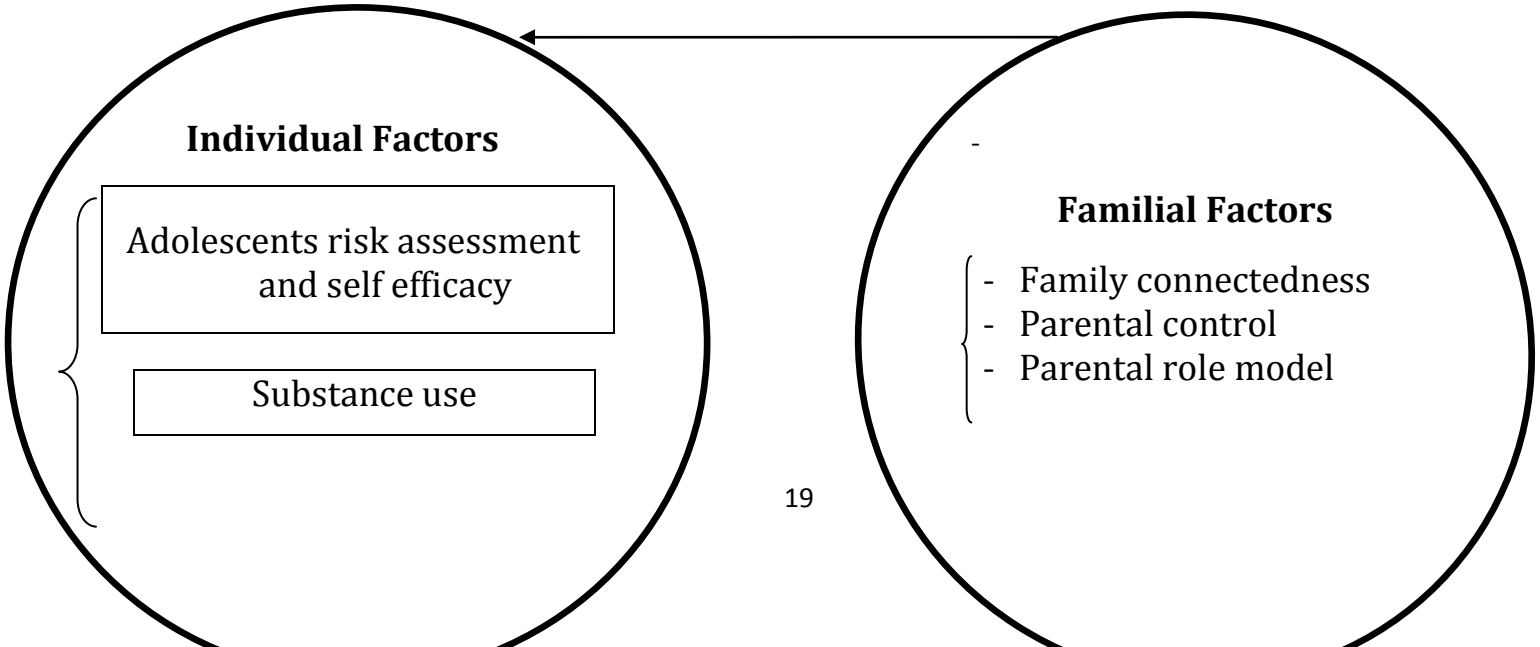
peer pressure and have friends who were sexually experienced were more likely to report sexual activity. Accordingly 44.9% males and 16.1% females reported having peer pressure to have sexual intercourse [OR=4.24; 95%CI=2.67, 6.73](21). In contrary, some studies claim adolescents differ considerably in their susceptibility to peer influence(13). There was some evidence of positive social adaptation among adolescents who had first sex between the ages of 16 and 18. These young people had more connections to school and had more positive relationships with their peers than those who had first sexual intercourse either or later (at age 18 or later)(17).

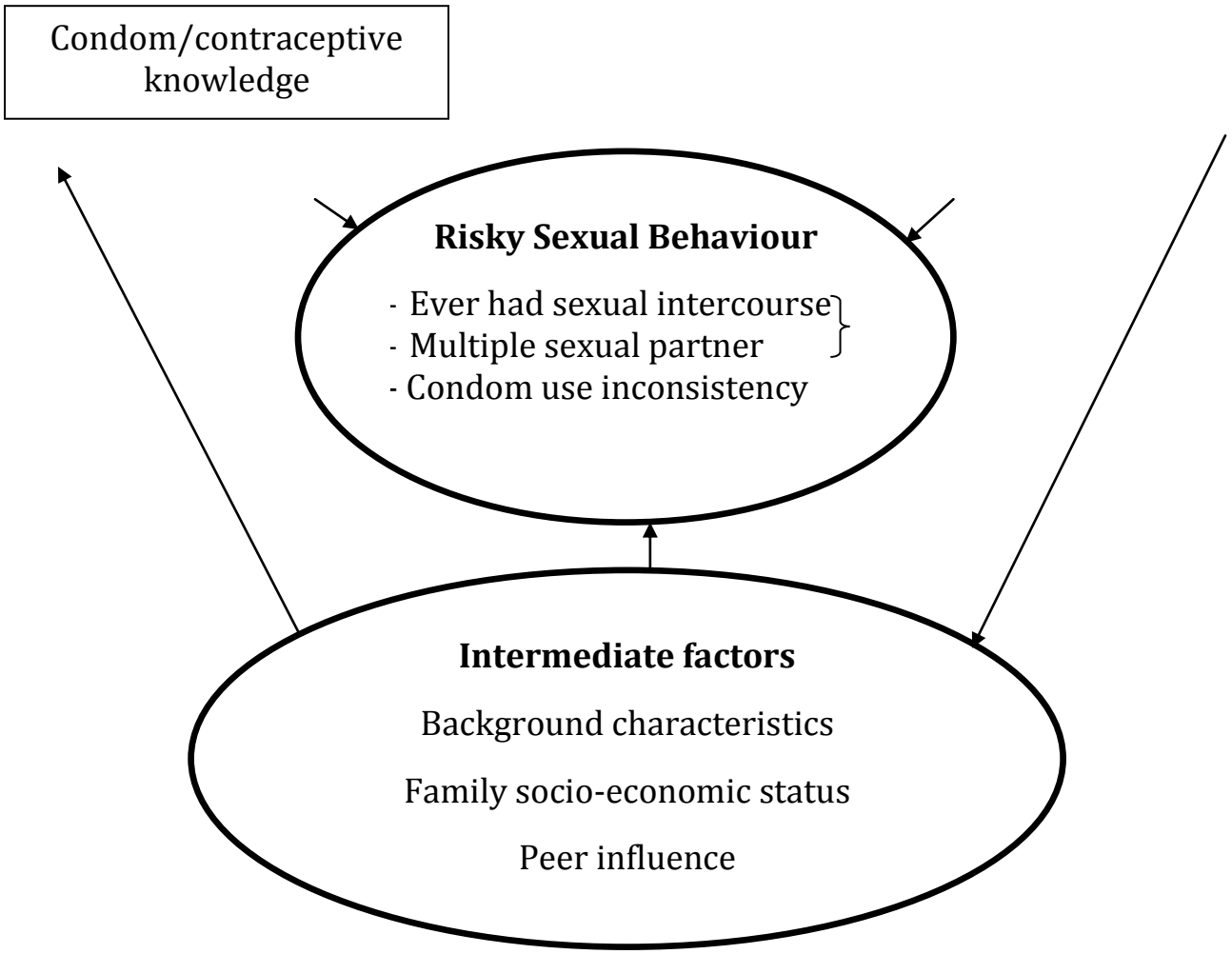
4. Conceptual framework of the study

For the purposes of organizing this research, evidences that signify influences on adolescents' risky sexual outcomes is principally assembled in to individual and familial conceptual sphere. Different views from literatures about; prevalence of adolescents' risky sexual behaviour, influences of individual factors (adolescents'; substance use, knowledge of contraceptives along with adolescents risk assessment and self efficacy) and parent adolescent relations (parental; connectedness, monitoring/control and role modeling) on adolescent risky sexual behaviour is presented. Fig.1 shows, the schematic diagram of the conceptual framework.

Fig. 1 CONCEPTUAL FRAMEWORK

Schematic presentation showing the association of individual, familial and intermediate factors with the outcome variable, adolescent's risky sexual behaviour.





Source: Adapted and modified from; Risk and protective factors affecting adolescent reproductive health in developing countries / R. W. Blum, Kristin Nelson Mmari, 2005.

5. OBJECTIVE

To assess the magnitude of adolescents risky sexual behaviour and; explain associations between individual & familial factors and adolescents' engagement in risky sexual behavior among high school adolescents in Addis Ketema Sub-City, Addis Ababa, Ethiopia.

5.1 Specific objectives

- To determine the magnitude of risky sexual behaviour among high school adolescents.
- To describe the association between individual factors and adolescents' engagement in risky sexual behaviour.
- To explain associations between familial factors and adolescents' engagement in risky sexual behaviour
- To identify background characteristics influencing adolescents' risky sexual behaviour.

6. Research methods, materials and procedures

6.1 Study area

This study was conducted in Addis Ketema Sub-city. The sub-city is one of the 10 sub-cities found in Addis Ababa, the capital city of Ethiopia. Overall, 10,194 regular students are registered and enrolled in 4 governmental and 4 private, a total of 8 secondary schools from grade 9 to 12 for the academic year of 2012/2013 G.C in the sub city.

6.2 Study design

A quantitative, school-based cross-sectional study was conducted from October 2012- July 2013.

6.3 Source/ target population

The sample population was drawn from four randomly selected secondary and/or preparatory schools found, Addis Ketema Sub-city, in the academic year of 2012/2013.

6.4 Study population

The study subjects were randomly sampled adolescents with age ranging from 15-18 years, who are currently attending their high school education of 9^{th}, 10^{th}, preparatory I and preparatory II grade in the selected secondary and preparatory schools. Found in Addis Ketema sub-city; Addis Ababa, Ethiopia, in the academic year 2012/13.

6.5 Sample size determination

The required sample size was calculated using a formula for a single population proportion. Accordingly, to obtain reasonable sample size, prevalence of; ever had sexual intercourse, multiple sexual partner and inconsistent condom use were taken from previously conducted similar studies in Ethiopia with a prevalence of 40%, 47%, and 44.4% respectively. And the average of this prevalence was taken to calculate the prevalence for this study (20, 32, 33). Consequently, the prevalence (P) of was found to be 43.8%. The margin of error (d) taken as 5% at 95% confidence level ($Z\alpha/2 = 1.96$) the sample size will be calculated as(34).

$$n = \frac{(Z\alpha/2)^2 x\ p(1-p)}{d^2} \quad => \quad n = 378.25 \sim 378$$

Since the study is about sexual issue, as most studied does, the non response rate is assumed to be 10%. Therefore it will be 37.8 ~ 38

By adding the non-response rate, the total sample size will be **=> 378+38 = <u>416</u>**

Where;

n= sample size Zα/2= confidence level p= prevalence d= margin of error

6.6 Sampling methods

In this study, probability sampling, sampling with proportional to size (PPS) technique was used. First, from the total of eight (4 private and 4 governmental) preparatory and High schools in Addis Ketema sub-city, four (two from private and 2 from governmental) schools were selected by Simple Random Sampling. Accordingly, from the total secondary and preparatory schools, Addis Ketema Preparatory School and Yekatit 23 Secondary School were chosen from governmental schools. At the same time, from private schools, St. Raguel secondary and preparatory school and Betel Mekane Eyesus secondary and preparatory school was selected. Next, from the selected schools, the total number of students was determined by their strata of grade level (grade 9^{th}, 10^{th}, 11^{th} and 12^{th}) and by their gender. The sampling was made proportionally with each selected school's number of students (n / N = nj /Nj) nj = Nj * n/ N, to earn the total sample ($n=n_1+n_2+...n_k$). (See table on annex)

Where;

n_j = is sample size of the j^{th} stratum N_j = is population size of the j^{th} stratum

n = n1 + n2 + ...+ n_k is the total sample size N = N1 + N2 + ...+ N_k is the total population size

6.7 Eligibility Criteria

- ***Inclusion criteria-*** regular students 15- 18 years of age and grades (9^{th} , 10^{th}, preparatory I and preparatory II) who registered to attend their education in the selected high schools found in Addis Ketema Sub-City for the academy calendar year 2012-13 G.C.
- ***Exclusion criteria*** – married students and students who refused to participate in the study and those who are not included in the inclusion criteria.

6.8 Data collection procedure

A pre-coded, self administered questionnaire, adapted and modified from EDHS and other similar international studies(5, 35), were provided to those students who were selected randomly. Since sexual activity is a sensitive issue for most adolescents specially residing in a culture, where discussion on sexual activity is sensitive issue like in Ethiopia, administering face-to-face interview will be difficult to maintain the validity of the data. In addition, there is evidence suggesting that self administered questionnaire data are as accurate as interview data in assessing sexual-behavior prevalence rates among such groups of subjects(36). The questionnaire was first written in English and then translated to the local language Amharic for its understandability and was translated back to English for data entry and analysis. (See English and Amharic version of the questionnaire on annex).

6.9 Description of variables

6.9.1 Dependent variable

Risky Sexual behavior

In this study, three criteria were used in selecting the risky sexual behaviors for the analysis(31). The dependent variables: (1) ever been sexually active, (2) number of sexual partners in a lifetime and (3) Condom use consistency.

- ***Ever had sex*** – never married adolescents who experienced having sexual intercourse in a lifetime was coded as 1 and who doesn't as 0.
- ***Multiple sexual partners -*** Those who had two or more lifetime sexual partners were coded as 1 and only one lifetime sexual partner as 0.
- **Condom use inconsistency -** subjects who used condom in their last sexual intercourse was coded as 1 and who did not was coded as 0.

6.9.2 Independent variables

Individual variables

Adolescents risk assessment and self efficacy, substance use and condom/contraceptive knowledge**.**

Family variables: parent-adolescent communication (open discussion on sexually related and substance use issues), parental monitoring, parental role-modeling.

Intermediate variables- Socio-demographic variables, peer influence, family socio-economic status.

6.10 Operational and/or standard definitions

Adolescents – for the purpose of conducting this research, those with ages' 15-18 were considered as adolescents.

Adolescent's Risky sexual behaviour - in this study context, it's described as adolescents who; initiated sexual intercourse before marriage, have multiple (two or more) sexual partners and who do not use condom consistently.

Unprotected sex- having sex without any method to prevent pregnancy or sexually transmitted disease.

Substances - are matters that contribute to immediate as well as long term damage. These includes; alcohol drinking, tobacco and drug use, khat (chat) chewing.

Risk behaviours - are those that can have adverse effects on the overall developments and well-being of youth, or that might prevent them from future successes and development.

Sexually active- refers to those adolescents who have experienced heterosexual sexual intercourse.

Multiple sexual partners- A respondent have multiple sexual partners if she or he has sex with two or more partners.

6.11 Data entry and analysis procedures

Data entry was made using Epi info 3.5. Subsequently, using SPSS for windows version 16.0 the collected data was recorded and data cleaning was made. Univariate analysis was made to summarize frequency distribution and to check for the normality of the distribution of variables. Next, chi square was used to check for association between the dependent and outcome variables. Those who showed significance was further assessed using Bivariate, binary regression analysis. And after proving for the association, multivariate logistic regression analyses was conducted, to control for confounders and to see the net effects of individual and familial together with intermediate variables on risky-sexual behaviour by statistically controlling other factors. And finally the result was presented using frequency tables, figures and texts.

6.12 Data quality assurance

To assure the understandability and quality of the data collecting tool pre-test was conducted in Medhanialem secondary and preparatory school found in another sub-city (Gullele), and the identified gaps was corrected and modified as necessary, before administering questionnaire for the actual data collection. Three B.sc holding health professionals was recruited and training was given for them on the content and the context of the questionnaire, how to effectively carry out on giving orientation for the students,

answering students' questions if necessary, and collecting the filled questionnaires and keep it in an envelope.

During the time of data collection, the sampled students were distributed to 3 sections, at the same time, in each school during a vacant class period to fill the questionnaires, to prevent information contamination. In order to obtain honestly answers from the students, a closed cartoon box was prepared and the students was told to drop the filled questionnaire in to the box which was helpful to attain genuine data. In addition, close supervision was made during questionnaire administering by the principal investigator. And the filled questionnaire was checked for consistency and missing before data entry.

6.13 Ethical consideration

Ethical clearance was obtained from Addis Ababa University, College of Health Sciences School of Public Health. At the time questionnaire administration, the objective of the research, who the beneficiaries would be, the confidentiality of their answers and their freedom to withdraw from the study at any point were briefed for the students. And, individual informed verbal consent, to participate in the study, was obtained from the study participants before the data collection.

6.14 Dissemination of results

The finding of this research Results was presented to Addis Ababa University Faculty of Health Science, Department of Public Health and for those School administrations participated in this research. In addition, this research work can be available for programmers working to improve adolescent health and it will also serve as a reference for other scholars, who are interested to investigate further on this matter.

7. Results

In this study, 416 students were included in the study to complete/respond, a pretested and accordingly revised self-administered research questionnaire and satisfactorily 412 of the students have responded for the questionnaire which makes the response rate **99%.** The rest 4 were excluded because of incompleteness on the data.

From the total of the respondents 193(46.8%) & 219(53.2%) were males and females respectively. The grade levels of the respondents was 98(23.8%), 98(23.8%), 113(27.4%) and 103(25%) for 9th, 10th, preparatory I and preparatory II respectively. Table 1 shows, socio-demographic characteristics of respondents.

The four schools included in the study constitutes, Addis Ketema 147(35.7%), Yekatit 23 170(41.3%), St.Raguel 62(15%) and Betel Mekaneyesus 33(8%) students. The frequency/percentage distribution of ethnicity among the students is composed of Guragae 160(38.85%) followed by Amhara 91(22.1%), Oromo 82(19.9%), Tigre 44(10.7%), and other ethnics 35(8.5).

Regarding to the religion of the study participants, the majority, 282 (68.4%) of the students are Orthodox Christians where as 87(21.1%) are Muslims, 41(10%) Protestants and the other 2(0.5%) are followers of other religion. And when asked on the occasions they attend their religious institutions, the students responded, 99(24 %) always attend, 170(41.3 %) sometimes, 127(30.8 %) rarely and 16(3.9 %) of them reported they never had attended religious institutions. Majority of the students, 235(57%), reported that they earn a pocket money. Among pocket money earners, the reported source of pocket money was from; parents 197(83.8%), work (self) 27(11.5%), and other money sources 11(4.7%).

Regarding to their parents monthly income, the students were asked to report on the possible ranges of money amounts in Ethiopian Birr (ETB) that they think their parents earn. And the response was, 50(12.1%) reported below 500 ETB, 86(20.9%) between 500-1000 ETB, 55(13.3%) approximately 1001-1500 ETB, 53(12.9%) nearly 1501-2000 ETB, 156(37.9%) more than 2000 ETB**,** and the rest 12(2.9%) reported they don't exactly know how much their parents earn. The results are shown in table 1 below.

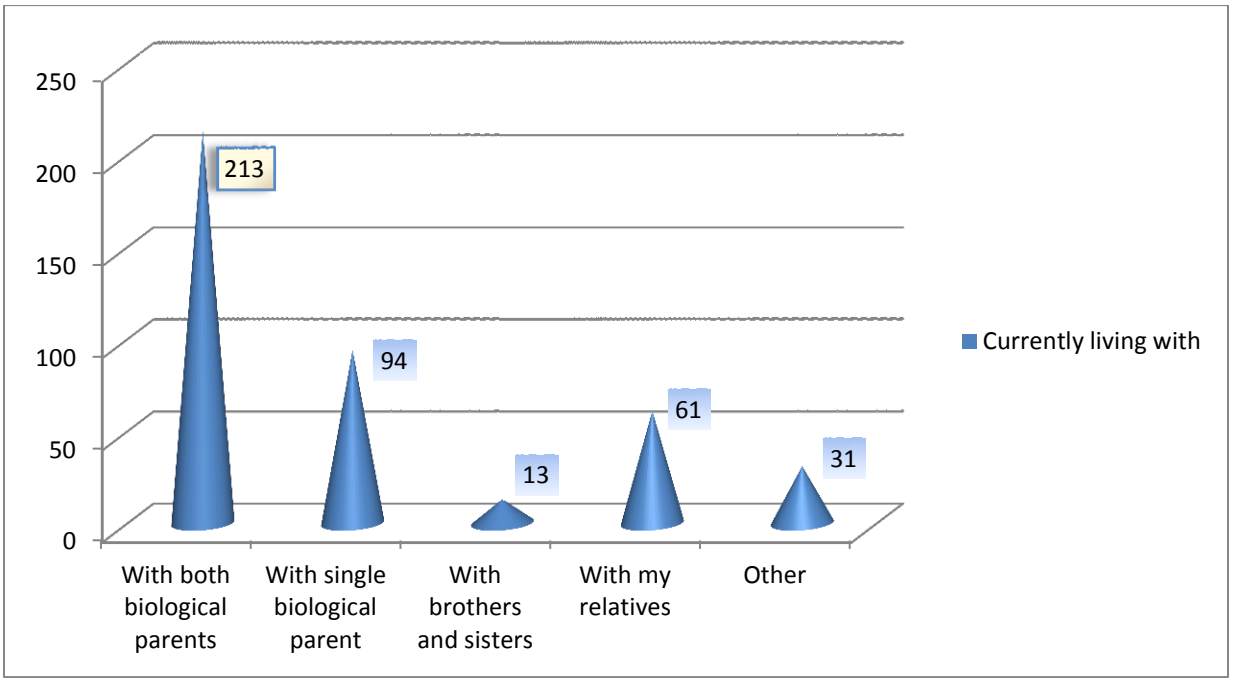
Table 1 **-** *Socio-demographic and background characteristics of survey respondents, Addis Ketema sub- city; Addis Ababa, Ethiopia, March 2013 (n= 412)*

Variables	Frequency (Percentage)
Sex	
Male	193 (46.8%)
Female	219 (53.25%)
Total	412 (100%)
Ethnicity	
Amhara	91 (22.1%)
Oromo	82 (19.9%)
Guragae	160 (38.8%)
Tigre	44 (10.7%)
Others	35 (8.5%)
Total	412 (100%)
Religion	
Orthodox	282 (68.4%)
Muslim	87 (21.1%)
Protestant	41 (10%)
Others	2 (0.5%)
Total	412 (100%)
Attend Religious Services	
Always	99 (24%)
Sometimes	170 (41.3%)
Rarely	127 (30.8%)
Never	16 (3.9%)
Total	412 (100%)
……. Table 1 cont'd	
Earn pocket money	
No	177 (43%)
Yes	235 (57%)
Total	412 (100.%)
Family's Monthly Income	
< 500	50 (12.1%)
501-1000	86 (20.9%)

1001-1500	55 (13.3%)
1501-2000	53 (12.9%)
>2000	156 (37.9)
I Don't Know	12 (2.9%)
Total	**412 (100.0)**

The living arrangement (with whom living currently) of the study participants is shown in fig.2 below. The proportion of respondents who lives with both biological parents are 213 (51.7), with relatives 61(14.8), with single biological parent 94(22.8%), with brother and sisters13 (3.2%), and who lives with others were 31 (7.5%).

Fig.2 – Currently living with status of survey respondents, Addis Ketema sub- city; Addis Ababa, Ethiopia, March 2013



7.1 Familial factors

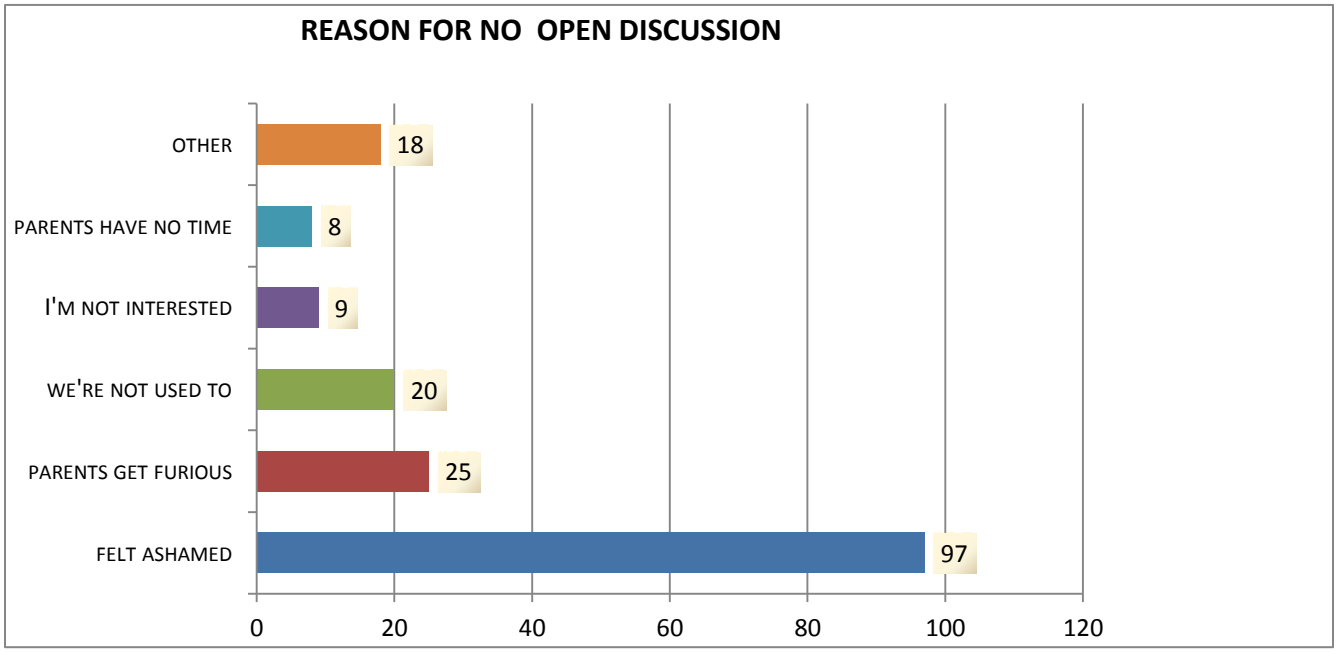
In order to understand the degree of connectedness between the students and their parents, the students were asked whether they engage with open discussion on sexual related issues, boy/girl friend issues, and about substance use issues. Accordingly, 235(58%) claimed they have open discussion with their parents and the rest 177(42%) did

not. From those who don't have open discussion with their parents, the students stated reasons responsible for absence of open discussion (n=177) as; 97(54.8%) 'Felt ashamed to discuss with their parents on this issues', 25(14.12%) 'Parents get furious on me when I raise this issue', 20 (11.30%) 'We are not used to discuss on such issues', 9(5.08%) 'I'm not interested to discuss on this issues', 8(4.52%) 'Parents have no time for this' and the rest 18(10.17%) has mentioned 'Other reasons for absence of open discussion'. Fig.3 shows the proportion of reasons for not having open discussion between adolescents and their parents.

Table 2 – *Parent-adolescent connectedness and parental monitoring characteristics of survey respondents, Addis Ketema sub- city; Addis Ababa, Ethiopia, March 2013 (n= 412)*

Open discussion with parents	Sex of respondents (n=412)		Total
	Male (n, %)	Female (n, %)	
No	100(51.8)	77(35.2)	177
Yes	93(48.2)	142(64.8)	235
Total	193	219	412
Parents know children whereabouts			
No	43(22.3)	40(18.3)	83
Yes	150(77.7)	179(81.7)	329
Total	193	219	412

Fig. 3 – *Reasons for absence of open discussion between adolescents and their parents, of survey respondents, Addis Ketema sub- city; Addis Ababa, Ethiopia, March 2013 (n= 177)*



To assess the level of excessive parental control, another question the study subjects asked was to describe the consequences they face when in case they might violate the rules set for them by parents, and 283(68.7%) responded, they get advised not to do it again, 69(16.7%) claimed they get insulted or humiliated, 37(9%) reported they get physically punished, whereas another 20(4.9%) stated nothing will happen to them and the rest 3(0.7%) mentioned different kind of punishments. To assess parental role modeling, the study subjects was asked about, if a member(s) of family have history of substance use. Accordingly 293(71.1%) responded there is no one with substance use history in their family, whereas 94(22.8%) and 25 (6.1%) revealed a member(s) of the family uses substance 'sometimes' 'and mostly' and the rest. When asked to rate their connectedness with their parents, the students responded 'very close' 184 (47.7%), 'medium' 169(41%), minimum 35(8.5%) and very minimum 24 (5.8%).

7.2 Adolescents substance use, risk assessment and condom contraceptive knowledge

On the scope of this study, personal experiences and perceptions on different kinds of risk factors was the interest of this study. In order to obtain such information, questions were raised for the study subjects regarding to substance use, perception on sex and choice of protecting self from STDs/HIV and their knowledge on contraceptives. The proportion of substance use by schools shows that; Addis Ketema 39(22.9%), St. raguel 17(27.4%), 12(36.4%) and 35(23.8%). Table 3 shows adolescents' substance use and risk assessment. And fig. 4 shows adolescent's perception towards sexual intercourse.

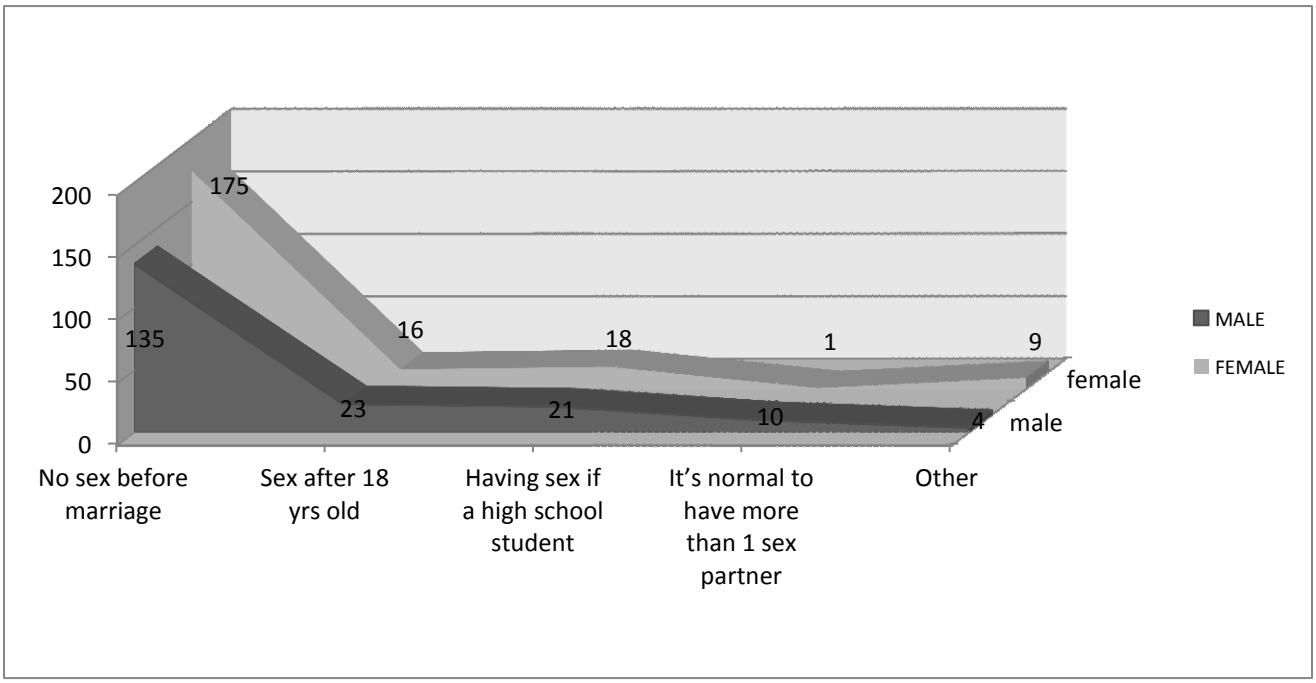
Regarding to condom contraceptive knowledge, six methods were asked to assess the student's knowledge of modern contraceptive methods. Accordingly, among subjects ever heard of contraceptive methods (n=401), the most popular method mentioned by the students were condom (93.8%) followed by Pills (83.8%), Implant (83.5%), **IUD** (79.8%)

and Emergency contraceptive (56.1%). The least known method by the students was Sterilization (27.7%).

Table 3 – Substance use, risk assessment, self efficacy and condom contraceptive knowledge of survey respondents, Addis Ketema sub- city; Addis Ababa, Ethiopia, March 2013 (n= 412)

Use substances	Sex of participants (n=412)		Total
	Male (n, %)	Female (n, %)	
No	137(71)	164(74.9)	301
Yes	56(29)	55(25.1)	111
Total	193	219	412
Choice of protection from HIV/STDs			
Abstinence	107(55.4)	136(62.1)	243
Being faithful	44(22.8)	58(26.5)	102
Using condom	34(17.6)	18(8.2)	52
I don't know how	8(4.1)	7(3.2)	15
Total	193	219	412

Fig.4 kinds of perceptions towards sexual intercourse by gender of survey respondents, Addis Ketema sub- city; Addis Ababa, Ethiopia, March 2013 (n= 412)



7.3 Sexual characteristics of respondents

From the total of 412 respondents of the survey, 83 (20.1%) of the respondents already had history of sexual intercourse. Of those, male and female constitutes 45(54.2%) and 38(45.8%) respectively. The mean age of those who ever had sex is 17.04 ± 0.93 years (SD). The mean number of lifetime sexual partners reported by the students is 1.98 ≈ 2 persons with SD±0.94 and the majority of the students who experienced sexual intercourse, 52(62.7%) responded they had sex with 2 to more than 4 persons in their lifetime and and the rest 31(37.3%) claimed they only have had sex with 1 prson in their life time.

Among those who never had sexual intercourse, the reasons, mentioned for not havingin sex are; intent to remain abstainaned before marriage 192 (58.4%), relegious reasons 89(%27.1), fear of contracting STDs11 (3.3%), fear of parents 7 (2.1%), fear of pregnancy 8

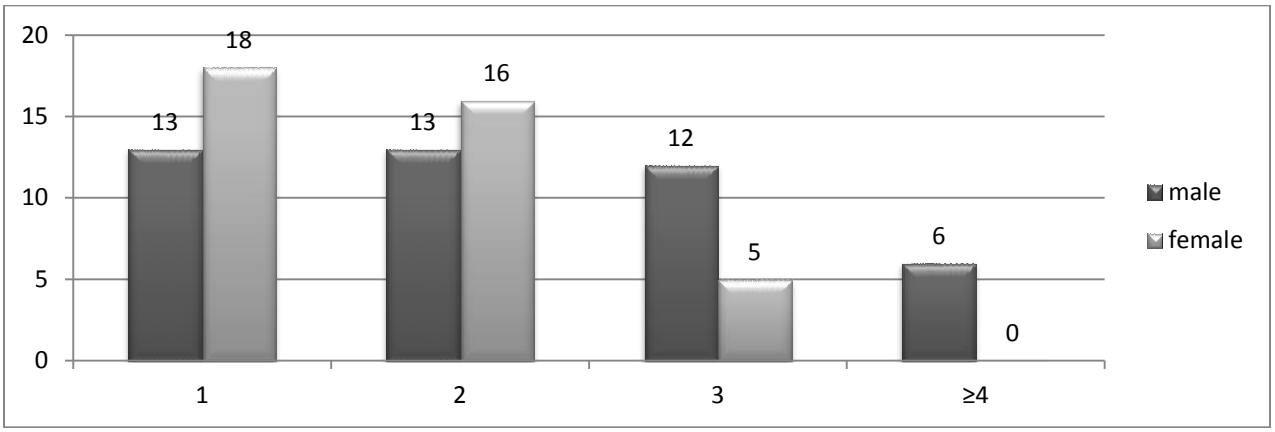
(2.4%), other reasons 22 (6.7%). Below, Sexual characteristics of the study subjects are shown in table 4.

Table 4 Characteristics of Sexually active survey respondents by sex and grade levels, Addis Ketema sub- city; Addis Ababa, Ethiopia, March 2013 (n= 412)

Ever had sex	Sex (n=412)		Total	Grade levels (n=412)				Total
	Male	Female		9th	10th	Prep I	Prep II	
Yes	45(54.2%)	38(45.8%)	83	11(11.2%)	26(26.5%)	19(16.8%)	27(26.2%)	83
no	148(45.0%)	181(55.0%)	329	87(88.8%)	72(73.5%)	94(83.2%)	76(73.8%)	329
Total	193	219	412	98	98	113	103	412

The proportion of adolescents who had sexual intercourse is higher for the older aged students, 18years of age (39.8%) and lower for students with age 15 years (l4.8%). From the total of four schools included in this study, Addis Ketema preparatory school shares the highest proportion students who have history of sexual intercourse (37%), followed by Yekatit 23 secondary school (31%), St Raguel secondary and preparatory school (19.4%) and Betel Mekaneyesus secondary and preparatory school (9.1%). The number of lifetime sexual partners of the study participants is shown in figure 5 below.

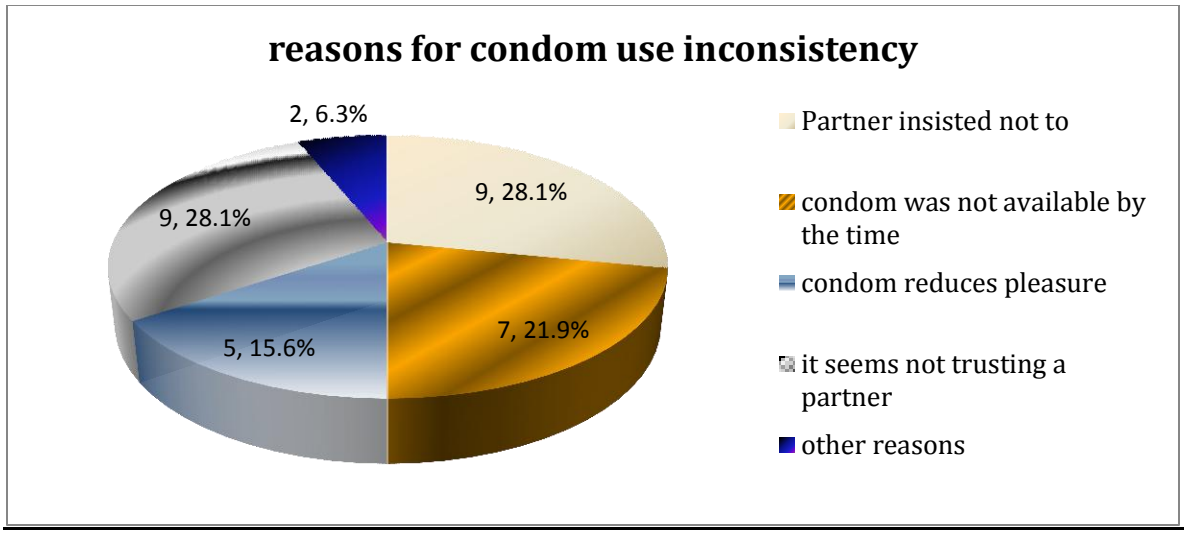
Fig.5 - Total number of lifetime sexual partners of survey respondents by sex, Addis Ketema sub-city; Addis Ababa, Ethiopia, March 2013 (n= 83)



7.4 Adolescents condom use behaviour

Among those who ever had sexual intercourse, the proportion of students who claimed to have used condom during their last sexual intercourse was 51 (61.4%) and the rest 32(38.6%) reported, there missed to use condom at their last sexual intercourse. The reasons mentioned for not using condom consistently during sexual intercourse are shown in fig.6 below

Fig.6 – Mentioned reasons for condom use inconsistencies among sexually active respondents, Addis Ketema sub- city; Addis Ababa, Ethiopia, March 2013 (n= 32)



7.5 HIV/AIDS related knowledge

HIV/AIDS related questions were asked to assess the student's knowledge and misconception towards the subject. Consequently, they were asked to identify modes of HIV transmission, accordingly the percentage of students who correctly identified the modes were; 96.2% having sexual intercourse without using condom , 83.2% from HIV infected mother to child transmission during birth, 81.1% from HIV infected mother to child during breast feeding , sharing of sharp objects 93.8% and blood transfusion and 67.3%. Moreover, 94.3% of the students believe a healthy looking person can have HIV.

Regarding to VCT service, 76% of the students claimed, they have heard about VCT. And, when asked about, when is the appropriate time for someone to conduct VCT; the students responded; anytime (97.8%), when getting ill (24.8%), before marriage (42.5%), during traveling abroad (29.2%), when someone is in doubt on his/her status (33.7%).

8 Bi-Variate And Multivariate Results

According to the objective of this study, the outcome/ dependent variables (multiple sexual partners and inconsistent condom use) along with sexual experience (ever had sex) are tested for association and significance with different demographic, socio-economic, intermediate and independent

First chi square was used to assess the association between background characteristics, individual characteristics, familial factors and intermediate variables with the outcome variables; adolescents sexual activity, having multiple sexual partner and inconsistent condom use. Those variables having a P-value < 0.05 were assumed statistically significant for the presence of association with the dependent (outcome) variables. Next the significance observed using the chi-square test was further investigated using binary logistic regression for categorical variables.

And finally, multivariate analysis was performed using binary logistic regression for each outcome variables, to observe the net effect of the associations of the variables.

8.1 'Ever Had Sex'

8.1.1- Bivariate analysis results of Ever Had Sex'

As the bi variate analysis result shows, being male or female was not statistically significant with adolescent's sexual activity. However, the age of the participants was found to associate significantly with having sexual intercourse with a *p-value 0.001, x^2 - 17.182.* The other variable entered in to the model was religion; nevertheless, the result hasn't showed any association with adolescent's engagement in sexual activity. However, the level of attending religious services was found statistically significant with adolescent's sexual activity with a *P-value of 0.001, X^2-17.04*. Regarding to ethnicity, the result has showed there is no statistically significant association between ethnicity and adolescent's sexual activity.

Getting pocket money was the other factor which showed statistically significant association with experiencing sexual intercourse having a *P-value 0.00 , X^2 22.95* among

high-school adolescents. Whereas the students' educational level (grade) and the type of schools they're learning was not significantly associated with the sexual activity of adolescents.

Substance use was one of the factors which showed significant association with having sexual intercourse *(P-value 0.000, **X^2** -53.35)*. The choice of the study subjects to protect themselves from HIV/AIDS or other STDs was also significantly associated with history of sexual intercourse *(P-value 0.000, **X^2**-73.73).* However, contraceptive knowledge was not found to have significant association with sexual activity of adolescents.

Familial factor was another predictor assessed for its significance with the outcome variables. Surprisingly, almost all of the factors tested for association were significantly associated with having sexual intercourse. Such as; having an open discussion between parents about sexual related issues and about substance use was significantly associated with having sexual intercourse *with P-value 0.01, X^2-6*.586.

Parental monitoring or parents' knowledge of their child's whereabouts was again significantly associated with adolescents history of sexual intercourse with a *P-value 0.000, X^2-55.285.* In the context of parental role modeling, family history of substance use was another factor associated with having sexual intercourse among adolescents by *P-value 0.005, X^2 -10.68.* Moreover, in order to asses parent-adolescent connectedness, the students were asked to rate the level of connectedness (closely connected or not) they have with their family, and their level of connectedness was significantly associated with adolescents experience of sexual intercourse with *P-value 0.000, X^2-30.31*.

Living **a**rrangement (with whom the study subjects currently living) was one of the factors tested for of association; however, it hasn't showed significance with the outcome variable with P-value > 0.05. The other factor tested was peer influence; accordingly discussion on

sexual issues with peers hasn't showed any significant association with the outcome variable. But significance was observed on whether intimate friend has started sexual intercourse with history of conducting sexual intercourse with *P-value of 0.000, X^2-27.63* Moreover, being encouraged to test/use substance by peers was significantly associated with having sexual intercourse with a *P-value-0.001, X^2 11.84*. Similarly, those encouraged by their peers to have sexual intercourse were significantly associated with having sexual intercourse with *P-value 0.000, X^2-52.11*.

8.1.2 Multivariate results of 'Ever Had Sex'

The demographic and socioeconomic factors, individual characteristics, familial factors and intermediate factors which were assessed and showed significant association in the bivariate analysis, were further assessed in the multivariate analysis. As shown in the table 5, the age of the students, earning a pocket money, presence of open discussion between parent-adolescent on sexually related and substance use issues and the level of adolescent's connectedness with their parents were the variables which showed significant associations with adolescent's sexual activity in the bivariate analysis. However, these factors have lost their significance when controlled for other factors in the multivariate analysis. On the contrary, the following factors were found to associate significantly with adolescent's sexual behaviour.

Religious service attendance

The intensity of religious service its attendance was identified as one of the predictor variables which was significantly associated with adolescent's sexual experience. Among the study subjects, those who 'never' attend religious services were significantly at risk for having sexual intercourse when compared with adolescent's who always attend religious institution. [OR (95% C.I) =7.42 (1.01, 54.2)].

Substance use

Substance use was another strong predictor for having sexual intercourse among adolescents. The result of multivariate analysis shows, the proportion of adolescents with substance use history were about 4 times most likely to engage on sexual intercourse [OR (95% C.I) =4.21(1.73, 10.17)] than that of non substance users.

Choice of self protection

The choice of the students as a means of protecting themselves from HIV/AIDS and other STDs was significantly associated with whether they engage themselves in sexual intercourse. As indicated in the table 5, adolescent's who choose; 'Being faithful' [OR (95% C.I) =30.46 (10.13, 91.5)] and Using condom [OR (95% C.I) =29.14(6.1, 78.9)] as a means of self protection, from the mentioned health problems, were the most likely ones to commence sexual intercourse with relative to those who choose 'Abstinence' as a means of self protection.

Parental monitoring

As shown in table 5 below, Parents knowledge of where their child spends his/her time after school was found to be a protective factor for commencing sexual intercourse [OR (95% C.I) =0.24(0.09, 0.58)]. Adolescents who are monitored by their parents on how they spend their time after school were less likely to engage in sexual activities.

Parental role modeling

Family history of substance use was significantly associated with having sexual intercourse. The students were asked to rate the level of substance use by their family member. And it was rated as 'never', 'sometimes' and 'most of the times'. As shown in table 5, The multi-variate result affirmed, subjects from families using substances 'sometimes', were twice at risk than subjects from families who never uses substances [OR (95% C.I) =2.65(1.02, 6.7)] for engagement in sexual activity.

Peer influence

Peer influence was another factor found to predict having sexual intercourse. The multi-variate analysis has indicated, Presence of peers who encourage having sexual intercourse were found to predict adolescents sexual activity. As shown in table 5, adolescents who get encouragement from their peers to have sexual intercourse were more likely to do it [OR (95% C.I) =16.35(6.14, 43.5)]. However, discussing sexual matters with peers and whether intimate peer started sexual intercourse were not found to significantly influence adolescent's sexual activity.

Table 5 Bivariate and multivariate results of predictors of 'ever had sex' by the survey respondents, Addis Ketema sub- city; Addis Ababa, Ethiopia, March 2013 (n= 412)

	Ever had sex		Crude ORs(95%CI)	Adjusted ORs(95%CI)
	No (n, %)	Yes (n, %)		
Age				
15	68(20.7)	4(4.8)	1	1
16	74(22.5)	22(26.5)	5.054(1.65, 15.41)*	3.41(0.75, 15.64)
17	102(31.0)	24(28.9)	4.000(1.32, 12.04)*	1.21(0.26, 5.62)
18	85(25.8)	33(39.8)	6.6 (2.23, 19.54)*	1.84(0.42, 8)
Attend religious services				
Always	89(27.1)	10(12.0)	1	**1**
Sometimes	138(41.9)	32(38.6)	2.06(.96, 4.406)	2.091(0.65, 6.66)
Rarely	94(28.6)	33(39.8)	3.12(1.45, 6.712)*	1.284(0.40, 4.11)
Never	8(2.4)	8(9.6)	8.90(2.74, 28.906)*	7.419(1.01, 54.2)*
……table 5 cont'd				
pocket money				

No	160(48.6)	17(20.5)	1	
Yes	169(51.4)	66(79.5)	3.67(2.06, 6.53)*	1.260(0.49, 3.22)
Substance use				
No	274(83.3)	27(32.5)	1	1
Yes	55(16.7)	56(67.5)	10.33(6.00, 17.78)*	4.201(1.73, 10.17)*
Choice of self protection from HIV/STDs				
Abstinence	235(71.4)	8(9.6)	1	1
Being faithful	63(19.1)	39(47.0)	18.18(8.09, 40.87)*	30.462(10.13, 91.5)*
Using condom	19(5.8)	33(39.8)	51.02(20.6, 125.8)*	21.949(6.10, 78.9)*
I don't know	12(3.6)	3(3.6)	7.34 (1.72, 31.24)*	4.623(0.56, 37.8)
Open discussion with parents				
No	131(39.8)	46(55.4)	1	1
Yes	198(60.2)	37(44.6)	0.47 (0.28, 0.76)*	1.120(0.46, 2.68)
Parents know where after school				
No	42(12.8)	41(49.4)	1	1
Yes	287(87.2)	42(50.6)	0.15 (0.08, 0.76)*	0.24(0.09, 0.58)*
Family history of substance use				
Never	246(74.8)	47(56.6)	1	1
Sometimes	66(20.1)	28(33.7)	2.22(1.29, 3.81)*	2.625(1.02, 6.70)*
Most of the times	17(5.2)	8(9.6)	2.46(1.01, 6.03)*	1.102(0.28, 4.23)
Rate your connectedness with family				
Very close	162(49.2)	22(26.5)	1	1
Medium	133(40.4)	36(43.4)	0.330(.123,.884)*	0.857(0.34, 2.15)
Minimum	17(5.2)	18(21.7)	0.657(.253,1.707)	1.210(0.31, 4.69)
Very minimum	17(5.2)	7(8.4)	2.571(.854,7.740)	1.018(0.18, 5.68)
Peers encourage you to use substances				
No	298(90.6)	61(73.5)	1	1
Yes	31(9.4)	22(26.5)	3.46(1.88, 6.39)*	0.485(0.16, 1.44)
Peers encourage you to have sex				
No	294(84.9)	29(34.9)	1	**1**
Yes	35(10.6)	54(65.1)	15.6(8.83,27.69)*	16.357(6.14, 43.5)*

8.2- 'Multiple Sexual Partners'

8.2.1 Bivariate results of Multiple Sexual Partners'

To test for association between individual's background characteristics, and having multiple sexual partners, variables such as; 'sex', 'age' , 'religion', 'religiosity', of subjects and whether they earn a pocket money were checked using chi-square test. And the result obtained indicated, all the variables in the test, except for 'pocket money', hasn't showed any significant association with the outcome variable (having multiple sexual partner). But earning pocket money was significantly associated with having multiple sexual partners among the study subjects with a P-value- 0.045, x^2 -4.063.

Among the intermediate factors, in the bivariate analysis, 'the living arrangement of adolescents', 'discussion with peers on sexual matter', 'intimate peer started sex' and 'peer encourage you to have sex' were tested for significant association with having multiple sexual partners using chi-square. However, only 'peer's encouragement to have sex' was found to associate significantly with adolescent's practice of having multiple sexual partners with *a P-value 0.026, x^2 -4.93.*

No significant associations were observed between parental factors (open discussion with parent on sexually related issues and substance use, parental role modeling and parental monitoring) and adolescent's experience of having multiple sexual partners either in the bi-variate or in the multivariate analysis.

From the individual characteristics, as the bivariate analysis shows, the kind of relation that the study subjects (who ever had sexual intercourse) had with their first sexual partner was found significantly associated with adolescent's experience of having multiple sexual partners *(P-value 0.003, $\boldsymbol{X^2}$-14.098).* Using substance also has showed significant association with having multiple sexual partners *(P-value 0.002, x^2-9.65).*

8.2.2 Multi-variate results of having 'multiple sexual partners'

Pocket money

Earning pocket money has showed significant association with adolescent's practice of having multiple sexual partners in the multivariate analysis, as shown in table 6 below, adolescent students who earn pocket money in this study were found four times at risk to practice sexual intercourse with two or more persons [OR (95% C.I) =(4.58 (1.14, 18.36)].

Type of relation with first sexual partner

Moreover, the type of relation with first sexual partner was also significantly associated with having multiple sexual partners. in this study, as the result in the table 6 shows; those, who commenced their first sexual intercourse with a casual friend were found to engage in having multiple sexual partners [OR (95% C.I) = 5.27(1.48, 18.7)] as well, who reported their first sexual partner as a person they don't know were more likely to engage in having sexual intercourse with multiple persons [OR (95% C.I) =11.82 (1.62, 86.07) than their counter parts, who reported their first sexual partner was their boy/girl friend.

Substance use

As observed in predictors for having sexual intercourse, substance use was again found to be a predictor for having multiple sexual partners. As indicated in table 6, it was found that substances using school adolescents were five times more likely to engage in having two or more sexual partners than that of non substance using adolescent. [OR (95% C.I) =5.14 (1.5, 17.6)].

Peer influence

Peer influence, being encouraged to have sexual intercourse by peers, was one of the variables which showed significance when tested for association in the bivariate analysis, however this significance were proved to have no factual association when adjusted for another factors in the multivariate analysis [OR (95% C.I) =1.93 (0.58, 6.4)].

Table 6 bivariate and multivariate results of predictors of 'multiple sexual partners' by the survey respondents, Addis Ketema sub- city; Addis Ababa, Ethiopia, March 2013 (n= 83)

	Multiple sexual partner		Crude ORs(95%CI)	Adjusted ORs(95%CI)
	No (n, %)	Yes (n, %)		
Pocket money				
No	10(32.3)	7(13.5)	1	1
Yes	21(67.7)	45(86.5)	3.06 (1.02, 9.16)*	4.584 (1.14, 18.36)*
Peers encourage you to have sex				
No	16(51.6)	13(25.0)	**1**	**1**
Yes	15(48.4)	39(75.0)	3.20(1.24, 8.22)*	1.93 (0.58, 6.4)
Substance use				
No	17(54.8)	10(19.2)	1	1
Yes	14(45.2)	42(80.8)	5.10(1.89,13.69)*	5.14(1.50, 17.6)*
Relation with first sexual partner				
Boy/girl friend	17(54.8)	10(19.2)	1	1
Casual partner	10(32.3)	30(57.7)	5.10(1.76, 14.7)*	5.275 (1.48, 18.7)*
A person I don't know	3(9.7)	12(23.1)	6.8(1.53, 30.07)*	11.82 (1.62, 86.07)*
Other	1(3.2)	0(0.0)	0.0(.00, ----)	0.00(0.00, ------)

8.3 'Inconsistent Condom Use'

To asses for significance, selected variables were tested for their association, in the bivariate analysis, with inconsistent condom use. Among the variables, open discussion with family on sexually related and substance use issues was significantly associated with inconsistent condom use *(P-value 0.09, - x^2-6.77)*. Ability to negotiate with sexual partner towards condom use (condom use self efficacy) was also found to associate significantly with inconsistent condom *use (P-value 0.00, x^2-25.49).*

To determine the net effect of the variables, having significant association, with inconsistent condom use, multivariate analysis was further conducted. However, none of the predictor variables were observed to show significance with the outcome variable (inconsistent condom use)

Table 7 bivariate and multivariate results of predictors of 'multiple sexual partners' by the survey respondents, Addis Ketema sub- city; Addis Ababa, Ethiopia, March 2013 (n= 83)

	Condom use inconsistency		Crude ORs(95%CI)	Adjusted ORs(95%CI)
	No (n, %)	Yes (n, %)		
Open discussion with parent				
No	34(66.7)	12(37.5)	1	1
Yes	17(33.3)	20(62.5)	3.33(1.32,8.38)*	2.739(0.89, 8.42)
Condom use self efficacy				
Definitely could	32(62.7)	6(18.8)	0.30 (0.07, 1.23)	0.230(0.05, 1.02)
Probably can't	10(19.6)	10(31.2)	1.60(0.38, 6.62)	1.373(0.31, 5.94)
Can't	1(2.0)	11(34.4)	17.60(1.71, 181.3)*	10.388(0.93, 115.9)
Not sure	8(15.7)	5(15.6)	1	1

9. Discussion

The interest of this study was to measure the prevalence of sexual activity and identify to what extent individual characteristics and familial factors together with socio-demographic factors influences student's engagement in sexual activity, above all in risky sexual activities. From the total of 412 respondents of the survey, 83 (20.1%) of the respondents already had history of sexual intercourse. Of those, male and female constitutes 45(54.2%) and 38(45.8%). No significant differences were observed based on **gender** on either having had sex or the number of lifetime sexual partner and inconsistent use of condom.

According to the criteria used for classifying risky sexual behaviors, all of sexually active students had initiated sexual intercourse without being married. And 52(62.7%) had sex with at least with two persons in their lifetime. Moreover 32(38.6%) of the students reported not using condom consistently.

The mean age at first sex is 16.48 ± 0.91years (SD) and the median age was 17yrs. This finding was found different from similar studies done in Agaro and Dessie towns, Ethiopia (17.12±2.05), and 17(±1.55) years respectively(21, 37).

A growing body of research indicates that religiosity is a protective factor that appears to contribute to decreased sexual risk behaviors. Most researches supported that adolescents who were more religious tended to delay sexual activity(31). The finding of this study also strengthens this thought. Engaging in sexual activities was associated significantly in favor for the groups who rarely and never attend religious services compared to who always attend religious services. This finding is supported by related studies done in Metu, Ethiopia, and in USA (31, 33).

Parental monitoring and supervision reduce adolescent sexual activity by restricting opportunities for sexual activity(38). Also, as the interest of the objective of this study, an association was found on parental monitoring and sexual activity. Parent's knowledge of where their children spend their time after school (parental monitoring) was noticed as a determinant factor for adolescent's engagement in sexual activities. This result was supported by another studies, for example, A study done in U.S.A discovered, adolescent's perceptions parenting styles (i.e., after school whereabouts, who the adolescent is out with) were not directly associated with sexual risk-taking, there was an inverse relationship between the adolescent's perceptions of parental monitoring and the odds of being sexually at risk. (25).

Studies explain, in mid to late adolescence, parents have much less influence to directly structure peer group affiliation. Parents that are not involved at all (neglectful), may cause youth to be overly focused on peers as a way to address their unmet needs for acceptance and belonging(13). Along with this idea, as shown in the result in this study, being encouraged by peers to experience sexual intercourse was a significant predictor for both, being sexually active and also for having multiple sexual partners.

A possible explanation for this could be, individuals may take more risks, evaluate risky behavior more positively, and make more risky decisions when they are with their peers than when they are by themselves. Studies done in Harrar and Dessie, Ethiopia also noted that, adolescents who claimed to have peer pressure were more likely to report sexual activity. furthermore, similar finding was observed in Cameroon(20, 39).

Several studies allege using substances as responsible for increasing the probability that an adolescent will initiate sexual activity and furthermore for leading to risky sexual intercourse unprotected sexual intercourse and multiple partners as well as putting young people at risk for sexually transmitted diseases (STDs), unintended pregnancy. Sexual intercourse when one or both partners are under the influence of substance is risky because the couple may not be fully aware of their actions(4).

Another finding which addresses the objective of this study is that, using substance was found to be significantly associated with both having sexual intercourse and having multiple sexual partners. This result has conformity with a study conducted in Ethiopia; High school adolescents who were engaged in substance use were 2.714 times more likely than those who did not use substances to be sexually experienced(20). Another study in the USA indicated, 12 percent of sexually active teens 15 to 17 report having had unprotected sex because they were drinking or using drugs(19).

It is assumed that adolescents take risks because they lack knowledge about the consequences of risky behavior(40). From the findings of this study, it can be understood that, adolescent's permissive attitudes towards sexual intercourse is significantly associated with the likelihood to experience sexual activity. Students who chose to be faithful with one sexual partner and who choose to have sexual intercourse using condom were found to engage in experiencing sexual intercourse when compared with adolescents, who choose to remain abstained from having sexual intercourse. This finding is consistent with other studies. A report on key reproductive and sexual health indicators for youth in 38 countries in the developing world indicates, the attitude to sex is clearly an important factor for adolescent sexuality. Out of the eight studies that analyzed the relationship between sexual experience and attitudes to sex, all of them found that having more permissive attitudes to sex greatly increased the risk for adolescents to have had sex(1). Similarly, in Malaysia, it was found that adolescents with more permissive sexual attitudes were five times more likely to be sexually experienced(1).

10. Strength and limitations of the study

Strengths

- Strong data quality control measures were taken in this study, such as; since sexual relation issues are considered as a taboo in the society, to make the respondents comfortable, a closed cartoon box was arranged to place the filled questionnaire.

- Unlike most of similar studies conducted in the country, this study has addressed the problem of adolescent sexual behavior as beyond sexual initiation to individual and familial factors associated with sexual risk-taking.

Limitations

- The nature of the information in this study was sensitive and self reported. Therefore, the responses of the study subjects could not probably be completely accurate, either because some health risk behaviours are difficult to recall or because respondents may not want to report them.
- Because of the minimal prevalence of some outcome variables, the confidence interval of few variable associations was noticed to get widened.
- Recall bias could happen on the number of lifetime sexual partners and on usage of condom during last sexual intercourse.

11. Conclusion

- In this study, the mean age of sexual debut was found to be lower than identified by other similar studies conducted. And the mean number of lifetime sexual partners was 2 sexual partners per life time.
- Religious service attendance was found to protect adolescents from engaging in risky sexual behaviours.
- Parent's knowledge about where about of their children spend their time after school (parental monitoring) was a protective factor for adolescent's sexual activity. Along with this finding, students from substance using family, were found to get involved in risky sexual behaviour.
- Substance use was another factor which was assumed to promote adolescents to engage in sexual activity, furthermore to have sexual intercourse with more than one sexual partner in their lifetime.
- Permissive attitude of adolescents towards sexual activity, in this context, choice of protecting themselves from sexually related problems such as HIV/AIDS and other STDs, was identified as a factor which leads adolescents to experiment sexual intercourse.
- Peer influence was noticed as a factor for adolescent's practice of sexual intercourse and for having multiple sexual partners.
- In this study, no perceived predictor variable was found to signify inconsistent use of condom.

12. Recommendation

Adolescence is a foundation for future health of the individual, the risky behaviours developed during adolescence has effect on their future health and their countries' economic and social prospects.

The existing study has addressed factors influencing adolescent's sexual behaviour. Meanwhile the following recommendations are suggested to alleviate the risks.

1. In this study, the adolescents' perception towards sexual intercourse; particularly, adolescent's permissive attitude towards sexual intercourse was recognized as one of the exposing factors for experiencing sexual intercourse. To increase the awareness of the students' on risky sexual, effective health education/ promotion service on adolescent sexual and reproductive health should be incorporated using adolescents' friendly and interactive means. Such as; Mini- Medias, brochures, SRH information booths, entertaining programs. And also encouraging students to participate in different health enhancing activities such as anti-aids clubs is crucial for adolescents to make a healthy choice.
2. Building the self esteem of students on how to resist peer pressure is the other area of concern that could protect adolescents' from engaging in sexual activities.

3. Involving families in addressing adolescents' sexual behaviours should be considered as a crosscutting means since the role of families was observed as a significant factor for adolescents' sexual activity; both, negatively(being a negative role model for their child) and positively (closely monitoring where their child spend his/her time after school)

4. Substance using is the other huge concern emerged as adolescents' engagement in different antisocial activities including risky sexual behaviour. Schools, parents, government bodies and other stakeholders on adolescent health should act on the means to protect the students from multi adverse nature of using substances. such as by limiting the access of students for substances and setting strict rules in schools and houses towards substance abuse.

5. Advocating the role of attending religious services, on protecting adolescents from being involved in health impairing activities, is also influential means as to enhance adolescents health.

6. Finally, the recommendation goes for scholars who have expertise on adolescent sexual and reproductive health issue, to investigate for further determinants that influence adolescents' sexual health.

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Appendix

Research Questionnaires

8.2 Information sheet and Individual consent form

My name is _____, I'm studying masters of public health at Addis Ababa University and I'm conducting a research, designed to measure prevalence of risky sexual behaviour and identify the association between Individual and Family factors, and adolescents' engagement in risky sexual behavior among high school students. The purpose of this study is to produce information necessary for the planning of appropriate possible intervention to improve the sexual health of adolescents and to observe over all sexual behavior of adolescent students. As your participation is very important for this research, you are chosen to participate in this study. The choice of the participants was done randomly using a lottery type of approach. Therefore, I would like to ask you some questions, related to adolescents sexual behaviour, which may take about 30 minutes and you are kindly requested to fill all the questions below. And I would like you to understand, your name will not be written in this format and all the answers and your identity are kept anonymous. You are not obliged to answer any question that you do not want to answer and you may end answering this questionnaire at any time you want. If it's your will to participate; your truthful answer is of supreme importance to the outcome of the research.

Are you willing to participate in the interview?

Yes, ----------

No, ----------

Thank you in advance!

If you have any concern regarding this study, please do not hesitate to contact by the following address!

Tewodros Fantahun

Tel- 0911 48 43 29

Questionnaire

ADDIS ABABA UNIVERISITY COLLEGE OF HEALTH SCIENCES

SCHOOL OF PUBLIC HEALTH

1. **Questionnaire ID _____**

2. **Name of the school _____**

General instructions – for the questions listed below, please answer the questions from the possible choices and write the selected answer code in the box, provided next to the alternative answers.

Section One - Socio-demographic character of respondents

Sr.No.	Questions	Alternative answers	Code
101	How old are you? (In completed years)	1)15 2) 16 3) 17 4)18	
102	Sex	1) male 2) female	_____
103	Which grade are you?	1) 9th 2) 10th 3) prep I 4) prep II	_____
104	What is your ethnic group?	1. Oromo 2. Amhara 3. Gurage 4. Tigre 5. Other, specify _____	
105	What is your religion?	1) Christian 2) Muslim 3) protestant 4) catholic 5) other, specify _____	
106	How often do you attend religious services?	1) Everyday 2) Once or twice a week 3) Rarely 4) Never 9) No response	
107	Can you get a pocket money?	1) yes 2) no **if the answer for this question is yes; continue the next questions if no, please go to question No. 201**	
108	How much pocket money do you get per month?	1) Below birr 100 2) 100-200 birr 3) 201-300 birr 4) 301-400 birr 5) Above 401 birr	
109	What is your source of pocket money?	1) Parents 2) Ngo's 3) Friends 4) government 5) other specify_____	

Section two - Family structure and socioeconomic status

201	What is your father's educational status?	1) Illiterate 2) Read and write only 3) Grade 1-4 4) Grade 5-8 5) Grade 9-12 6) University/college 7) father not available	
202	What is your father's employment status?	1. Unemployed 2. Government employed 3. Merchant 4. Self-employed 5. Other_____ 6. father not available	
203	What is your mother's educational status?	1) Illiterate 2) Read and write only 3) Grade 1-4 4) Grade 5-8 5) Grade 9-12 6) University/college 7) mother not available	
204	What is your mother's employment status	1. Unemployed 2. Government employed 3. Merchant 4. Self-employed 5. Other_____ 6. mother not available	
205	With whom are you living now?	1) Both biological parents 2) with mother alone 3) with father alone 4) with biological mother & step father 5) with biological father & step mother 6) with my relatives 7) Alone /rental house 8)Other, Specify_____	
206	How much do you think your family's monthly income? (In birr)	1) below500 birr 2) 501-1000 birr 3) 1001- 1500 birr 4) 1501-2000 birr 5) more than 2000 birr	

Section three - Parental factors

Parental communication

The following 6(six) questions are related to your communication with your parents.

How do you rate your **communication** with your parents (or other adults you live with) about each of the following?			
301	Is there an open discussion between you and your parents?	1) Yes 2) No **Your answer to this question is yes, please answer the next questions. If No, then go to question number 305**	
302	Substances like chewing chat, smoking cigarettes/ drugs and alcohol?	1) never 2) rarely 3) sometimes 4) often 5)very often	
303	About sexually related issues	1) never 2) rarely 3) sometimes 4) often 5)very often	
304	Boy/girl friend issue?	1) never 2) rarely 3) sometimes 4) often 5)very often	
305	If you chose no from one of the questions **301** what was the reason for not discussing with your parents? (More than one possible answer)	1) I am afraid to talk with them about these issue 2) I am not interested in discussing these issues 3) This topic irritate them 4) Other, specify----------	

Parental Monitoring and role modeling.

306	Do your parent(s) usually know where you are after school?	1) yes 2) no	
307	What will be the consequence if you violate your parent's rules towards you?	1) I'll be advised not to do it again 2) I'll get insulted/humiliated 3) I'll get physically punished 4) nothing will happen to me 5)other, specify _____	

308	Do any of your parents (or other adults you live with) use Substances like chewing chat, smoking cigarettes/ drugs and alcohol?	1) Never 2) rarely 3) sometimes 4) often 5) very often 6) no adult at home?	
309	In general, how do you rate your relationship between you and your parents?	1) very close 2) medium 3) minimum 4) poor	

Section four – individual factors

The following 7 (seven) questions are about your relationship with your friends/peers.

401	Do you discuss about sexual issues with your peers friends?	1)Yes 2)no **If the answer for this question is yes; continue the next questions. if no, please go to question No. 403**	
402	How do you rate, the usefulness of different opinions, your friends' give on how you should behave?	1) very useful 2) partially useful 3) rarely useful 4) not useful at all	
403	Have your intimate friend already started sexual intercourse?	1) Yes 2) No 3) I do not know	
404	Do your friends encourage you to use substances such as (chat, cigarrate, shisha or alchol drinks?)	1) Yes 2) No	
405	Do your friends encourage you to have sex?	1) Yes 2) No	

The following questions are related to your experience in relation to substance use

406	Have you ever tested or used one of the following? khat, alcohol, tobacco?	1)Yes 2) No **if the answer for this question is yes; continue the next questions if no, please go to question No. 410**				
407	If your answer for the above question (Q 406) is yes, which of the following have you tested? **Mark «✓« on the options chosen**		sometimes	Most of the time	Never	
		1. khat				
		2. alcohol				
		3. cigarrate				
		4. shisha				
		5. ganja/hashish				
		6. other, specify _____				
408	Have you ever used substances mentioned above before having sexual intercourse**?**	1) Yes 2) No 3) I never had sexual intercourse at all				
409	What do you want to do after taking the substance you like?	1) Sexual intercourse 2) Quarrelling 3) having sexual intercourse 4) nothing unusual 5)Other, specify_____				

Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone.

	Sexual Behavior		
410	What is your perception towards sexual intercourse?	1) No sex before marriage 2) Having sex after reaching 18yrs of age 3) Having sex if a high school student even if not reaching 18yrs of age 4) Having more than one sexual partners 5) Other, specify	
411	Have you ever had sexual intercourse?	1) Yes 2) No **If the answer for this question is yes**; **continue the next questions. if no, please go to question No. 424**	
412	How old were you when you had sexual intercourse for the very first time?	1) Below 15 yrs 2) 16 yrs 3) 17 yrs 4) 18 yrs	
413	On what circumstance your first sexual intercourse was conducted?	1) Willingly 2) Forced 3) Persuaded 4) Other, specify_____	
414	With whom, were you had your first sexual intercourse?	1) With my boy/girl friend 2) With casual partner 3) With someone I don't know 4) Other specify	
415	During your life in total, with how many different people have you had sexual intercourse?	1) 1 person 2) 2 persons 3) 3 persons 3) four and above persons	
416	Have you ever had sexual intercourse in the last three months?	1) Yes 2) No 3) I do not remember	
417	does a person, with whom you had sex with, gave you gifts or money?	1) Yes 2) No	

418	Have you ever had sexual intercourse with a person greater than your age?	1) Yes 2) no **If the answer for this question is yes; go to next question. if no, please go to question No.420**	
419	How do you estimate the age difference between you and this person?	1) < 5 years 2) 5-10 years 3) more than 10 years 4) I can't predict	
420	Do you use any of the following Contraceptive method during sexual intercourse? More than one answer possible.	1) Condoms 2) Pills 3)Others _____ 4) I do not use contraceptive methods	
421	Have you used condom during your last sexual intercourse?	1) yes 2) no **If the answer for this question is no ; go to next question. if yes, please go to question No.423**	
422	If your answer for the above question (Q 421) is no, what was the reason?	1. It was not available at the time 2. My partner objected to use it 3. Condom reduces sexual pleasure 4. Using condom is difficult to practice 5. I believe Using a condom is a sign of not trusting your partner 6. It was embarrassing to buy or ask for condoms 7. Other, specify_____	
423	Can you be able to refuse sex if your partner does not want to use condom?	1) Definitely could 2) Probably could not 3) Definitely could not 4) I'm not sure	

424	If you never had sexual experience, what was your main reason for that?	1) Fear of HIV/AIDS and other STDs 2) Fear of pregnancy 3) Fear of parents 4) Religious reason 5) Wants to wait until marriage 6) Other, specify----------	

The following questions are about your knowledge towards sexually transmitted diseases and contraception.

425	How do you think AIDS virus can be transmitted by? **Check 'Y' if you choose "Yes" or 'N' if you choose "No". (more than one answer is possible)**	**Transmission ways**	Yes	No	
		1. Having sex without wearing condom			
		2. A mother to child during pregnancy			
		3. A mother to child during delivery			
		4. A mother to child during breastfeeding			
		5. Sharing sharp objects with others			
		6. A blood transfusion			

426	Which of the following contraceptive methods do you know?	**Contraceptive types**	Yes	No	
		1) Sterilization			
		2) Pills			
		3) IUD			
		4) Implant			
		5) Condom			
		6) Emergency contraceptive			
427	Which one(s) of the following do you prefer to be protected from HIV/AIDS and other STDs?	1. Delaying of sex until marriage 2. Being faithful to sexual partner 3. Condom use 4. Do not know			
428	Do you think that a healthy looking person can be infected with HIV, the virus that causes AIDS?	1. Yes 2. No			
429	Have you ever heard of VCT?	1. Yes 2. No **If your answer to this question 'No', then you have finished the questions.**			
430	When does a person should test for HIV?	1. During any time 2. During illness 3.Before Marriage 4. During travel to a broad 5. when In doubt 6.Others (specify)_____ 7. Do not know			
431	Do you have the desire to have VCT whether you have it before or not?	1. Yes 2. No			

Ok, this is the end of the questionnaire. I would really like to thank you again for your participation in the interview.

Date of data collection _____
Name of data collector _____ _____
Name and signature of Supervisor_____ _____

8.4 በአዲስ አበባ ዩኒቨርሲቲ የጤና ሳይንስ ኮሌጅ
የሕብረተሰብ ጤና ትምህርት ክፍል

የስምምነት መጠየቂያ ቅፅ

ስሜ _____ ይባላል፡፡ በአዲስ አበባ ዩኒቨርሲቲ የህብረተሰብ ጤና የማስተርስ ተማሪ ስሆን በአሁኑ ጊዜ፤ «የወጣቶች የግል ባህሪ እና የወላጆቻቸው ተፅኖ፤ ለወጣት ተማሪዎች አስጊ ስነ-ኖታዊ ድርጊት ያላቸው አስተዋፅዖ» በሚል ርዕስ ሳይንሳዊ ጥናት በማካሄድ ላይ የምገኝ ሲሆን የዚህ ጥናት ዓላማም የወጣቶችን ያታዊ ጤናን ለማበልፀግ ለሚያስፈልጉ ክንውኖች መረጃ ለማቅረብና የወጣት ተማሪዎች ስነ-ኖታዊ ባህሪዎችን ለመገንዘብ በማሰብ ነው፡፡ ለጥናቱ መካሄድ የናንተ ተሳትፎ ወሳኝ ሆኖ ተቸኝቷል፡፡ በመሆኑም በዚህ ጥናት ላመሳተፍ በዕጣ ከተመረጡ ተማሪዎች መካከል አንዱ ሆነህ/ሽ ተመርጠሃል/ሻል፡፡ በዚሁ መሰረት በወጣት ተማሪዎች ስነ-ኖታዊ □ሪ□ የሚያጠነጥኑ ጥያቄዎችን ለመጠየቅ ፍቃዳችሁን እጠይቃለሁ፡፡ መጠይቁን ለመሙላት በግምት 30 ደቂቃ ሊወስድ ይችላል፡፡ በዚህ መጠይቅ ላይ የተጠያቂው/ዋ ስም አይሰፍርም እንዲሁም የምትሰጡት መረጃ ሚስጥራዊነቱ የተጠበቀ እንደሚሆን ለማረጋገጥ እወዳለሁ፡፡ ከጥያቄዎቹ መካከል መመለስ የማ ትፈልገው/ጊው ካለ ለመመለስ አትገደድም/አትገደጂም በተጨማሪም በፈለግበት/በፈለግሺበት በማንኛ□ም ጊዜ መጠይቁን የማቋረጥ መብትህ/ሽ የተጠበቀ ነው፡፡ በዚህ አጋጣሚ ለጥያቄዎቹ የምትሰጠው/ጪው እውነተኛ ምላሽ በወጣቶች ላይ የሚታዩ ስነ-ኖታዊ ችግሮችን ለመገንዘብና መፍትሄ ለመስጠት ትልቅ ታቀማ□እንዳለው ለቱልን እ□ቱለሁ፡፡

በመታ□ቁ ላ□ ለመሳተአ □ታ□ኛ ነህ/ሽ? (በ አንዱ ላይ ምልክት አድርግ/ጊ)

አዎ ----------

አይደለሁም ----------

አመሰግናለሁ!

በዚህ ጥናት ዙሪያ ማንኛውም ጥያቄ ካላችሁ በሚከተለው አድራሻ ማግኘት ይቻላል፡፡

ቴዎድሮስ ፋንታሁን

ስል□-0911 48 43 29

መታ□ቅ

1. **□መቷ□ቅ ቁዓር ----------**
2. **የትምህርት ቤቱ ስም ----------**

መፅቢ□፤ **ከዚህ በመቀጠል ለቀረቡት ጥያቄዎች የመረጥከውን/ሽውን መልሶች ከጎን ካሉት አማራጮች አንዱን በማክበብ የመረጥከውን/ሽውን መልስ ቁጥር «ኮድ» በሚለው ሳጥን ውስጥ አስፍር/ሪ፡፡**

ክፍል አንድ- ግላዊና ማህበራዊ ህይዎት ተኮር ጥያቄዎች

ተ.ቁ	ጥያቄዎች	አማራጭ መልሶች	መለ□ኮት
101	ኣትሜህ/ሽ ስንት ነው?	1) 15 2) 16 3) 17 4)18	
102	ፆታ	1) ወንድ 2) ሴት	
103	ስንተኛ ክፍል ነህ/ሽ?	1) 9ኛ 2) 10ኛ 3) ፕሪፓራቶሪ I 4) ፕሪፓራቶሪ II	
104	ብሄርህ/ሽ ምንድን ነው?	1. አማራ 2. ኦሮሞ 3. ትግሬ 4. ጉራጌ 5. ሌላ ካለ □ፅለን ----------	
105	ሃይማኖትህ/ሽ ምንድን ነው?	1) ኦርቶዶክስ 2) ሙስሊም 3) ፕሮቴስታንት 4) ካቶሊክ 5) ሌላ ካለ □ፅለን ----------	
106	ወደ ዕምነት ቦታዎች በየምን ያህል ጊዜ ትሄዳለህ/ትሄጃለሽ?	1) በየቀኑ 2) በሳምንት አንድ/ሁለት ጊዜ 3) አልፎ አልፎ 4) ሄጀ አላውቅም	
107	የኪስ ገንዘብታቸኛለህ/ሽ	1) አዎ 2) አላገኝም ለ□ህ ዓ□ቱ መልስህ/ሽ "***አላገኝም***" ከሆነ በቀጥታ □□ ዓ□ቱ ቁዓር. ***201*** ተሸፉቺ/ሪ.	
108	□ምታኘ□ኑ/ኚው? የኪስ ገንዘብ በወር ምን ያህል ይሆናል	1) ከ 100 ብር በታች 2) 100 እስከ 200 ብር 3) 201 እስከ 300 ብር 4) 301 እስከ 500 ብር 5) ከ 500 ብር በላይ	
109	የኪስ ገንዘቡን ከየት ነው □ምታኘ□ኑ/ኚ□ኑ?	1) ከቤተሰብ 2) ከእርቴታ ተቋም 3) ከጓደኞቼ 4) ከመንግስታዊ ድርጅት 5) ሌላ ካለ □ብለን ----------	

ክፍል ሁለት፤ የሚከተሉት 6 ጥያቄዎች የቤተሰብ አወቃቀር ፤ማህበረሰባዊ ፦□ኣና ኢኮኖሚያዊ ሁኔታን የተመለከቱ ይሆናሉ፡፡

201	የአባትህ/ሽ የትምህርት ደረጃ	1) □ልተማረ	

		2) ማንበብና መፃፍ ብቻ የሚችል 3) ከ 1ኛ □እስከ 4ኛ □አ ል □ተማረ 4) ከ 5 □እስከ 8ኛ □አ ል □ተማረ 5) ከ 9 □እስከ 12ኛ □አ ል □ተማረ 6) ኮሌጅ ወይም ዩኒቨርሲቲ ያጠናቀቀ **7) አባቴ አብሮኝ አይኖርም /በህይወት የለም/**	
202	የአባትህ/ሽ የስራ ሁኔታ	1) የመንግስት ሰራተኛ 2) የግል ስራ 3) ነጋዴ 4) ስራ □ሌለ□ 5) ሌላ ካለ □ቸልን ---------- **6) አባቴ አብሮኝ አይኖርም /በህይወት የለም/**	
203	□እናትህ/ሽ የትምህርት ደረጃ	1) ያልተማረች 2) ማንበብና መፃፍ ብቻ የምትችል 3) ከ 1ኛ □እስከ 4ኛ ክፍል የተማረች 4) ከ 5 □እስከ 8ኛ ክፍል የተማረች 5) ከ 9 □እስከ 12ኛ ክፍል የተማረች 6) ኮሌጅ ወይም ዩኒቨርሲቲ ያጠናቀቀች **7) አናቴ አብራኝ አትኖርም /በህይወት የለችም/**	
204	□እናትህ/ሽ የስራ ሁኔታ	1) የመንግስት ሰራተኛ 2) የግል ስራ 3) ነጋዴ 4) ስራ የሌላት 5) ሌላ ካለ ይገለፅ ---------- **6) አናቴ አብራኝ አትኖርም /በህይወት የለችም/**	
205	በአሁኑ ጊዜ ከማን ጋር ነው የምትኖረው/የምትኖሪው?	1) ከ ወላጅ □እናትና አባቴ ጋር 2) ከ□እናቴ ጋር ብቻ 3) ከአባቴ ጋር ብቻ 4) ከወላጅ□እናቴ ና□እንጀራ አባቴ ጋር 5) ከ ወላጅ አባቴ ና□እንጀራ □እናቴ ጋር 6) ከዘመድ ጋር 7) ብቻዬን 8) ሌላ ካለ □ቸልን _____	
206	የቤተሰብህ/ሽ ወርሃዊ ገቢ በግምት ምን ያህል ይሆናል?	1) ከ 500 ብር በታች 2) ከ 501□እስከ 1000 ብር 3) ከ 1001□እስከ 1500 ብር 4) 1501□እስከ 2000 ብር 5) ከ 2001 ብር በላይ	

ክፍል ሶስት - ቤተሰባዊ ሁኔታዎች

<u>ቤተሰባዊ ውይይት</u>፤ የሚከተሉት 5 ጥያቄዎች ከወላጅ/ቤተሰብ ጋር ያለህን/ሽን ውይይት የተመለከቱ ይሆናሉ

ቀዓ ሎ በተ□ረ□ጉት ጉዳዮች ላይ ከወላጅ/ቤተሰብህ/ሽ ጋር ያለህ/ሽን ውይይት □እንዴት ትገልፀዋለህ/ሽ?			
301	በአንተ/አንቺ እና በቤተሰብህ/ሽ መካከል ግልፅ ውይይት አለ?	1. አዎ 2. □አይም	

		ለ□ህ ዓ□ቱ መልስህ/ሽ "***<u>□ሰም</u>***" ከሆነ ወደ ጥያቄ ቁጥር. ***<u>305</u>*** ተሸፉ/ሪ.	
302	ከቤተሰብህ/ሽ ጋር፤ ስለ ሱስ አስያዥ ዕፆች (ጫት፤ ሲጋራ፤ አልኮል መጠጦች) በተመለከተ ያለህ/ሽ ውይይት?	**1)** በፍፁም ተወያይቼ አላውቅም **2)** አነስተኛ ነው **3)** አልፎ አልፎ □እ□□□ለሁ **4)** ብ□ ቂ□ □እ□□□ለሁ **5)** ሁልቂ□ □እ□□□ለሁ	
303	ከቤተሰብህ/ሽ ጋር፤ ወሲብ ነክ ስለሆኑ ጉዳዮች በተመለከተ ያለህ/ሽ ውይይት?	**1)** በፍፁም ተወያይቼ አላውቅም **2)** አነስተኛ ነው **3)** አልፎ አልፎ □እ□□□ለሁ **4)** ብ□ ቂ□ □እ□□□ለሁ **5)** ሁልቂ□ □እ□□□ለሁ	
304	ከቤተሰብህ/ሽ ጋር፤ □አቅር ጃ□ኛ መያዝን በተመለከተ ያለህ/ሽ ውይይት?	**1)** በፍፁም ተወያይቼ አላውቅም **2)** አነስተኛ ነው **3)** አልፎ አልፎ □እ□□□ለሁ **4)** ብ□ ቂ□ □እ□□□ለሁ **5)** ሁልቂ□ □እ□□□ለሁ	
305	በተራ ቁዓር ***<u>301</u>*** ላለ□· ዓ□ቱ □ስታ□ሽ□/ሽ□ መልስ «***<u>□ሰም</u>***» የሚል ከሆነ ላለመወያየትህ/ሽ ምክንያቱ ምንድን ነው?	**1)** በነዚህ ጉዳዮች ላይ ከቤተሰቤ ጋር መወያየት □እፈራለሁ/አፍራለሁ **2)** ስለነዚህ ጉዳዮች ሳወራቸው ይቆጡኛል **3)** የምኖረው ብቻዬን ነው **4)** ሌላ ካለ □ብለን ----------	

የሚከተሉት 4 ጥያቄዎች የሚያተኩሩት በ «ቤተሰባዊ ቁጥጥር እና አርአያነት/ፈለግ» ዙሪያ ይሆናል።

306	ከትምህርት ቤት ውጪ የት እንደምትውል/ይ ቤተሰቦችህ/ሽ ያውቃሉ?	**1)** አዎ **2)** አያውቁም	
307	ቤተሰቦችህ/ሽ ላንተ/ቺ ያስቀመጡትን ህግ /ስርዓት/ ባታከብር/ሪ የቤተሰብህ/ሽ ምላሽ ምን ይሆናል?	**1)** ሌላ ቂ□ እንዳልደግመው ይመክሩኛል **2)** ቤተሰቦቼ ይቆጡኛል /□ስትቡኛል/ **3)** ቤተሰቦቼ ይመቱኛል **4)** ምንም አልደረግም/ምንም አልሆንም/ **5)** ሌላ ካለ □ብለን ----------	
308	ከቤተሰቦችህ/ሽ መካከል፡ ጫት፤ሲጋራ ወይም መጠጥ የሚጠቀም ሰው አለ?	**1)** በአ ፍም ምለም **2)** አልፎ አልፎ የሚጠቀም ሰው አለ **3)** ብዙ ጊዜ የሚጠቀም ሰው አለ **4)** በቤት ውስጥ የምኖረው ብቻዬን ነው	
309	በአጠቃላይ ከቤተሰብህ/ሽ ጋር ያለህ/ሽን ግንኙነት □እንዴት ትገልፀዋለህ?	**1)** በጣም የጠበቀ ግንኙነት **2)** መካከለኛ የሆነ ግንኙነት **3)** አነስተኛ የሆነ ግንኙነት **4)** በጣም አነስተኛ የሆነ ግንኙነት **5)** በቤት ውስጥ የምኖረው ብቻዬን ነው	

ክፍል አራት - <u>ግላዊ ሁኔታዎች</u> ፤የሚከተሉት 5 ጥያቄዎች ከጓደኞችህ/ሽ ጋር ስላለህ/ሽ ግንኙነት የተመለከቱ ይሆናሉ

401	ከጓደኞችህ/ሽ ጋር ስለ ያቃዊ ግንኙነት □□ም ስለ □ሲባዊ ቱዳዮች ትወያያለህ/ ሽ?	**1)** አዎ **2)** አልወያይም ለ□ህ ዓ□ቱ መልስህ/ሽ "***<u>አልወያይም</u>***" ከሆነ በቀዓ ታ □□ ዓ□ቱ ቁዓር. ***<u>403</u>*** ተሸፉ/ሪ.	

402	ጓደኞችህ/ሽ በውይይታችሁ ወቅት የሚሰጡህን/ሽን ምክር ጠቃሚነት እንዴት ትለኪዋለሽ/ትለካዋለህ?	**1)** በጣም ጠቃሚ ነው **2)** በከፊል ጠቃሚ ነው **3)** ጥቅሙ አነስተኛ ነው **4)** ጠቃሚ አይደለም	
403	ከቅርብ ጓደኞችህ/ሽ መካከል ወሲብ የጀመረ/ች አለ/ች?	**1)** አዎ **2)** □ለም **3)** አላውቅም	
404	ከጓደኞችህ/ሽ መካከል ጫት፣ሲጋራ ወይም አልኮል መጠጥ እንድትወስድ/ጂ የሚገፋፋህ/ሽ አለ?	**1)** አዎ **2)** □ለም	
405	ከጓደኞችህ/ሽ መካከል ወሲብ እንድትፈፅም/ሚ የሚመክርህ/ሽ አለ?	**1)** አዎ **2)** □ለም	

የሚከተሉት 3 ጥያቄዎች የተለያዩ ሱስ አስያዥ ዕፆች የመጠቀም ተሞክሮን የተመለከቱ ይሆናሉ::

406	ከ ጫት፣ አልኮል መጠጦች፣ ሲ□ራ፣ ሺሻ ፣ ጋንጃ/ሃሺሽ/ መካከል ***ቢያንስ አንዱን*** ተጂቅመህ/ሽ ታ□ኖ ታ□ኖቂ□ለሽ ?	**1)** አዎ **2)** አልተጠቀምኩም ለ□ህ ዓ□ቁ መልስህ/ሽ "***<u>አልተጠቀምኩም</u>***" ከሆነ በቀዓ ታ□□ ዓ□ቁ ቁዓ ር. ***<u>110</u>*** ተሽፉቹር/ሪ.				
407	ከላይ (***<u>ተ.ቁ 406</u>***) ለቀረበ□ ዓ□ቁ መልስህ/ሽ አዎ ከሆነ ***<u>የትኞቹን</u>*** ? «***<u>አልፎ አልፎ</u>*** » ፤ «***<u>ብ□ ቂ□</u>***» □□ም «***<u>ተጠቅሜ አላውቅም</u>*** » ከሚሉት ምርጫዎች ስር የ «✓« ምልክት አድርገ/ጊ		አልፎ አልፎ	ብ□ ቂ□	ተጂቅሜ አላውቅም	
		1. ጫት				
		2. አልኮል መጠጦች				
		3. ሲ□ራ				
		4. ሺሻ				
		5. ጋንጃ/ሃሺሽ/				
		6. ሌላ ካለ □ብለን ----------				
408	ከላይ ከተጠቀሱት ሱስ አስያዥ ዕፆች መካከል ቢያንስ አንዱን በመጠቀምህ/ሽ የተነሳ ወሲብ ፈፅመህ/ሽ ታ□ኖ ታለህ/ታ□ኖቂ□ለሽ?	**1)** አዎ **2)**ዕፆቹን በመጠቀሜ የተነሳ ወሲብ ፈፅሜ አላውቅም **3)** በጭራሽ ወሲብ ፈፅሜ አላውቅም				
409	ከላይ ከተጠሱት ሱስ አስያዥ ዕፆች መካከል አንዱን ከተጠቀምክ/ሽ በኋላ በአብዛኛው ምን አይነት ፀባይ ይኖርሃል/ሻል?	**1)** መፅሀፍቶችን የማንበብ **2)** መበሳጨት ወይም ከሰው ጋር መጣላት **3)** ወሲብ የመፈፀም ፍላጎት **4)** ምንም የተለየ ነገር አላረግም **5)** ሌላ ካለ □ብለን ----------				

ከዚህ በታች ያሉት ጥያቄዎች ግላዊ ወሲባዊ ባህሪዎችን የተመለከቱ ሲሆኑ የእስካሁኖቹ ጥያቄዎችን ጨምሮ □ስታ□ሽው/ሸው መልስ ሚስጥራዊነቱ የተጠበቀ □እንደሆነ በድጋሚ ላረጋግጥ □እ□ቴለሁ::

	ወሲባዊ ባህሪዎች		
410	ወሲብን በተመለከተ ያለህ/ሽ አመለካከት ምን □መስላል?	**1)** ከጋብቻ በፊት ወሲብ አያስፈልግም **2)** ከ 18 ዓመት በኋላ ወሲብ መጀመር አለበት **3)** 18 ዓመት ባይሞላውም የሁለተኛ ደረጃ ትምህርት	

		ተማሪ ወሲብ ቢጀምር ችግር የለውም 4) ከ አንድ በላ□ □ሆታ ጓደኞች/ፍቅረኞች/ መያዝ ወይም መሞከር ችግር የለውም 5) ሌላ ካለ □ብልን ----------	
411	□ሲብ □ንመህ/ሽ □ታ□·ቃለህ/ታ□·ቂ□ለሽ?	1) አሥ 2) አላውቅም ለ□ህ ዓ□ቁ መልስህ/ሽ "<u>አላውቅም</u>" ከሆነ በቀጥታ □□ ዓ□ቁ ቁዓ ር. <u>424</u> ተሽፉ·ቺ/ሪ.	
412	ለመጀመሪያ ጊዜ ወሲብ ስትፈፅም/ሚ ክት·ሚህ/ሽ ስንት ነበር?	1) ከ 15 አመት በታች 2) 16 3) 17 4) 18	
413	በዛን ጊዜ ወሲብ የፈፀምከው/ሽው በምን አይነት ሁኔታ□ ነበር?	1) በፈቃደኝነት 2) ያለፍላጎቱ / ተገድጄ/ 3) ተታል□ 4) ጓደኞቼ እንድፈፅም ገፋፍተውኝ 5) ሌላ ካለ □ብልን ----------	
414	ለመጀመሪያ ጊዜ ወሲብ አብራህ/ሮሽ የፈፀመው ሰው ላንተ/ ላንቺ ምንህ ናት/ ምንሽነው?	1) የፍቅር ጓደኛዬ 2) በቅርብ የማውቀው ሰው 3) የማላውቀው ሰው 4) ሌላ ካለ ይገለፅ----------	
415	በአጠቃላይ □እስካሁን ድረስ ከስንት ሰው ጋር □ሲብ □ንመሃል/ሻል?	1) ከ 1 ሰው ጋር ብቻ 2) ከ 2 ሰው ጋር 3) ከ 3 ሰው ፉር 4) ከ 4 ሰው □እና ከዛ በላይ	
416	ባለፉት 3 ወራት ውስጥ ወሲብ □ንመሃል/ሻል?	1) አሥ 2) አልፈፀምኩም 3) አላስታ□ስም	
417	ወሲብ አብረህ የፈፅምሽው·/ከው ሰው ስ□ታ□ ወይም ገንዘብ ሰጥቶሽ/ህ ያውቃል?	1) አሥ 2) አያውቅም/አታ□·ቅም	
418	በድሜ ከሚበልጥህ/ሽ ሰው ጋር ወሲብ □ንመህ/ሽ ታ□·ቃለህ/ታ□·ቂ□ለሽ?	1) አሥ 2) አላውቅም ለ□ህ ዓ□ቁ መልስህ/ሽ "<u>አላውቅም</u>" ከሆነ በቀጥታ □□ ዓ□ቁ ቁዓ ር. <u>420</u> ተሽፉ·ቺ/ሪ.	
419	ከላይ (418) ለቀረበው ጥያቄ መለስህ/ሽ አሥ ከሆነ፤ በግምት ከአንተ/ቺ በምን ያህል ዓመት ይበልጣል/ትበልጣለች?	1) 5 ዓመት ያንሳል 2) ከ 5 እስከ 10 ዓመት 3) ከ 10 ዓመት በላይ 4) መገመት ይከብደኛል	
420	ከሚከተሉት መከላከያ ዘዴዎች መካከል በወሲብ ጊዜ መጠቀም የምትፈልገው·/ጊው የትኛውን ነው?	1) ኮንዶም 2) □ሚኘሮ እንክብል /ፒልስ 3) ሌላ ካለ □ብልን---------- 4) መከላከያ ተጠቅሜ አላውቅም::	
421	□ሲብ ለመፈ ረሻ እዕለት ከናወነወክ/ሽ ቂ□ ኮንዶም ተጠቅመሃል/ሻል?	1) አሥ 2) አልተጠቀምኩም ለ□ህ ዓ□ቁ መልስህ/ሽ "<u>አሥ</u>" ከሆነ በቀጥታ □□ ዓ□ቁ ቁዓ ር. 423 ተሽፉ·ቺ/ሪ.	
422	ከላይ ለቀረበው ጥያቄ (421) መልስህ/ሽ " " አልተጠቀምኩም ከሆነ ኮንዶም ላለመጠቀምህ/ሽ ምክንያቱ ምን ነበር?	1) በዛን ጊዜ ኮንዶም አልነበረንም 2) ጓደኛዬ መጠቀም አልፈለገም/አልፈለጉችም 3) ኮንዶም መጠቀም እርካታን ይቀንሳል ብዬ ስለማስብ 4) የኮንዶም አጠቃቀም ከባድ በመሆኑ 5) ኮንዶም መጠቀም ያለመተማመን ስለሚመስለኝ 6) ኮንዶም መግዛት አፍሬ/ጓደኛዬ አፍሮ/ራ// 7) ሌላ ካለ ይገለፅ----------	

423	በ□ሲብ ቂ□፤ ጃ□ኛሽ/ህ ኮንዶም መጠቀምም አልፈልግም ብሎ/ላ ግፊት ቢ□ረትፅብሽ/ብታ□ርፅብህ መቃወም የምትችይ/ል □መስልሻል/ሃል?	1) በትክክል □እችላለሁ 2) ምናልባት ላልቃወም □እችላለሁ 3) አልቃወመውም 4) እርፅታኛ አይደለሁም	
424	ወሲብ አድርገህ/ሽ የማታውቅ/ቂ ከሆነ ምክንያትህ/ሽ ምንድን ነው?	1) ተላላኝ በሽታዎችን በመፍራት 2) ርግዝናን በመፍራት 3) ቤተሰቦቼን በመፍራት 4) ከጋብቻ በፊት ማድረግ ስለማልፈልግ 5) ሃይማኖቱ ስለማይፈቅድ	

የሚከተሉት ጥያቄዎች ከወሲብ ጋር የተያያዙ ጉዳዮችን አስመልክቶ ያለህን/ሽን አመለካከት የተመለከቱ ይሆናሉ::

425	ኤች.አይ.ቪ/ኤድስ/ ከሰው ወደ ሰው □እንዴት ሊተላለፍ የሚችል ይመስልሃል/ሻል/ ? አማራጮቹ ትክክል ከሆኑ "***አዎ***" ከሚለው ስር ትክክል ካልሆኑ ደግሞ "***የለም***" በሚለው ስር የ ✓ ምልክት አድርግ/ጊ	***መተላለፊያ መንገዶች***	አዎ	የለም	
		1) ያለ ኮንዶም ወሲብ ማድረግ			
		2) ከእናት ወደ ልጅ ፤በወሊድ ጊዜ			
		3) ከእናት ወደ ልጅ ፤በጡት ማጥባት ጊዜ			
		4) ስለት ያላቸውን መሳሪያዎች ከሌላ ሰዎች ጋር በጋራ በመጠቀም			
		5) የሰው ደም ለህክምና በመቀበል			

426	ከሚከተሉት የዕርግዝና መከላከያ ዘዴዎች መካከል የምታውቀው/ቂው አለ? **አማራጮቹን የምታውቅ/ቂ ከሆነ "*አዎ*" ከሚለው ስር የማታውቀው/ቂው ከሆነ ደግሞ "*የለም*" በሚለው ስር የ ✓ምልክት አድርግ/ጊ** **→ ከ አንድ በላይ መልስ መስጠት ይቻላል::**	**የዕርግዝና መከላከያ ዘዴዎች**	**አዎ**	**□ለም**	
		7) ስቴራላይዜሽን			
		8) □ሚኘኖ እንክብል /ፒልስ/			
		9) በማህፀን ውስጥ የሚገባ /IUD/			
		10) በክንድ ስር የሚቀበር			
		11) ኮንዶም			

		12) ድንገተኛ የዕርግዝና መከላከያ			
427	ራስህን/ሽን ከ ኤች.አይ.ቪ/ኤድስ/ ና አባላዘር በሽታዎች ለመከላከል የትኛውን ትመርጣለህ/ጫለሽ ?	1) ወሲብን ከጋብቻ በፊት ባለመፈፀም 2) አንድ ለአንድ በመወሰን 3) ኮንዶምን በመጠቀም 4) አላውቅም			
428	ኤች.አይ.ቪ/ኤድስ/ ያለበትን ሰው በአይን በማየት ብቻ መለየት ይቻላል?	**1)** ይቻላል **2)** አይቻልም			
429	በፈቃደኝነት ላይ ስለተመሰረተ የ **ኤች.አይ.ቪ/ኤድስ/** ምርመራና የምክር አገልግሎት (**VCT**) ሰምተህ/ሽ ታውቃለህ/ታውቂያለሽ?	**1)** አዎ **2)** አላውቅም **ለዚህ ጥያቄ መለስህ/ሽ "*አላውቅም*" ከሆነ ጥያቄዎቹን ጨርሰሃል/ሻል/**			
430	አንድ ሰው ፤በፈቃደኝነት ላይ ስለተመሰረተ የ **ኤች.አይ.ቪ/ኤድስ/** ምርመራና የምክር አገልግሎት (**VCT**) ማድረግ የሚገባው መቼ ነው?		አዎ	አይደለም	
		1) በማንኛውም ወቅት			
		2) በታመመ ጊዜ			
		3) ከጋብቻ በፊት			
		4) ውጭ ሃገር ሊሄድ ሲል			
		5) ጥርጣሬ ሲያድርበት			
		6) ሌላ ካለ ይገለፅ			
		7) አላውቅም			
431	በፈቃደኝነት ላይ ስለተመሰረተ የ **ኤች.አይ.ቪ/ኤድስ/** ምርመራና የምክር አገልግሎት (VCT) አድርገህ/ሽ ታውቃለህ/ታውቂያለሽ □□**ም** የማድረግ እቅድ አለህ/ሽ?	**1)** አዎ **2)** አላደረግኩም/ማድረግ አልፈልግም **3)** እርግጠኛ አይደለሁም			

አሺ! መጠይቁን ጨርሰሃል/ሻል **በትፋሚ** ውድ ጊዜህን/ሽን መስዕዋት በማድረግ ይህን መጠይቅ ለመሙላት ትብብር ስላ□ረፅ□ልኝ / ስላደረግክሽልኝ በጣም አመሰግናለሁ::

መልካሙን ሁሉ □እመኛለሁ !!!

Declaration

I, the undersigned, declare that this thesis is my original work, has never been presented for a degree in this or another university and that all sources of materials used for this thesis have been fully acknowledged.

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Signature_____

Addis Ababa

Date of submission: June, 2013

This thesis work has been submitted for examination with my approval as a university Advisor.

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