

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



**ASSESSMENT OF SUBSTANCE USE AND RISKY SEXUAL  
BEHAVIOR FOR SEXUALLY TRANSMITTED INFECTIONS  
AMONG PRIVATE HEALTH SCIENCE COLLEGE STUDENTS  
IN ADDIS ABABA, ETHIOPIA**

**BY  
ANWAR NURU (BSc)**

**ATHESIS SUBMITTED TO THE SCHOOL OF GRADUATE  
STUDIES OF ADDIS ABABA UNIVERSITY  
IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE  
DEGREE OF MASTER OF PUBLIC HEALTH (MPH)**

**FEBRUARY, 2014.  
ADDIS ABABA, ETHIOPIA**

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## ACRONYMS

<b>AIDS</b>	Acquired Immuno-Deficiency Syndrome
<b>AOR</b>	Adjusted odds ratio
<b>BSS</b>	Behavioral surveillance survey
<b>CI</b>	Confidence Interval
<b>CSW</b>	Commercial Sex Worker
<b>DHS</b>	Demographic and Health Survey
<b>EPHA</b>	Ethiopian public health association
<b>HIV</b>	Human Immunodeficiency Virus
<b>ISY</b>	In school youth
<b>IVDU</b>	Intravenous Drug Use
<b>MPH</b>	Master of public health
<b>NGO</b>	Non-Governmental Organization
<b>OR</b>	Odds Ratio
<b>SD</b>	Standard Deviation
<b>SPSS</b>	Statistical Package for Social Science
<b>STD</b>	Sexually Transmitted Disease
<b>STI</b>	Sexually Transmitted Infection
<b>TVET</b>	Technical, vocational and educational training
<b>UNAIDS</b>	Joint United Nation's Program on AIDS
<b>VCT</b>	Voluntary Counseling and Testing
<b>WHO</b>	World Health Organization

## ABSTRACT

**Background** Substance use is a major national public health problem that creates impaired health and risky sexual behaviors. Young people are particularly at risk for substance use, the most adverse consequences associated with substance use include, unprotected sex, multiple sexual partners and sex with commercial sex workers, and such combinations greatly increase the susceptibility to sexually transmitted infections.

**Objective** The main objective of this study was to determine the prevalence of substance use and risky sexual behavior for STIs infection and factors associated among private health science college students, Addis Ababa

**Methods** A cross-sectional study was conducted to determine the prevalence of substance use and risky sexual behavior for STIs infection among students in 14 private health Science Colleges in Addis Ababa. From all colleges 651 students were selected using multistage sampling method. Data were collected using structured and pretested self-administered questionnaire. Data were entered and cleaned using Epi-info version 3.5.1 and analyzed by SPSS version 17. Frequency distribution, percentage, logistic regression and odds ratio was calculated to ascertain association between dependent and independent variables.

**Results** of 637 study participants; use of alcohol, khat and cigarette was reported by 36.5%, 21.0% and 14.6% students, respectively. There were significant differences between males and females with respect to substance use behavior; multiple sexual partner and unprotected sex were reported by 35.5% and 18.1% of the students. Alcohol drink was associated with both having multiple sexual partner (AOR =6.47 and 95% CI 2.29 - 18.29) and unprotected sex (AOR=3.93 and 95% CI 1.46 - 10.53) compared to those who didn't take alcohol. But khat chewing and cigarette smoking were didn't have an association with multiple sexual partner and unprotected sex.

**Conclusion and recommendations** Use of alcohol was significantly associated with risk sexual behaviors, multiple sexual partner and unprotected sex. This study suggests a need for multi-faceted strategies for reducing levels of substance use and enhancing protective sexual behavior.

# 1. INTRODUCTION

## 1.1. BACKGROUND

In almost all cultures since the earliest times, people have used some kinds of substances. The use of substances has continued over generations. However, today the use of these substances has increased all over the world. A psychoactive substance is any substance that when taken by a person modifies perception, mood, cognition, behavior or motor functions. It includes licit and illicit substances, those that can lead to dependence(1). Substance misuse is a growing problem in Ethiopia, as in many developing countries .Alcohol and khat are the most frequent substances of use, followed by cannabis and solvents. Hard drugs such as heroin and cocaine are rarely used (2).

Substance use is a major national public health problem that creates impaired health, create harmful behaviors, and major economic and social burdens (3). Young people are particularly at risk for substance use, they are most likely to be influenced by peers and role models who may be involved in the use of substances (1).The most adverse consequences associated with substance use disorders include, significantly increase the likelihood of unprotected sex, decrease the selection of sexual partners and can increase the number of partners and Irresponsible sexual activity. Such combinations greatly increase the susceptibility to sexually transmitted infections (4).

The World Health Organization estimated that each day over 1 million people became infected with a sexually transmitted infection the majority of these new infections occur in young adults aged up to 25 years, while approximately one third occur among individuals younger than 20 years of age. Globally, girls aged 14 to 19 are almost twice as susceptible to STIs as boys of the same age (5).There is little information on the prevalence of STIs in Ethiopia because reports often under-represent the true number of people infected with STIs (6).

Among those vulnerable young groups, College and University students take a significant segment. Studies suggest that college and high school students were involved in widespread unsafe sexual practices and various substances uses (2)

Studies with private health sciences collage student's had not been studied yet. Therefore this study tried to assess substance use and risky sexual behaviors, which could lead to STIs infection and factors, associated among private health sciences college students in Addis Ababa.

## **1.2 STATEMENT OF THE PROBLEM**

Substance use affects millions of people worldwide each year. Young people are highly involved in psychoactive substances; they are highly vulnerable to the consequences of psychoactive substance, and also to unprotected sex and other risk behaviors that lead to STIs infection (1).

STIs are a major public health problem in all countries, especially in developing countries, The latest WHO estimated report indicates that 32% global increase in the number of new cases of STI (estimated 499 million in 2008) in 15–49-year-olds, with an even higher 59% increase in the number of new cases in sub-Saharan Africa (110 million, almost a quarter of the worldwide burden (7).

The college years represent an important developmental phase during which the initiation and escalation of heavy drinking set the stage for lifelong difficulties with alcohol and other drugs. Alcohol and drug use during this period can be dangerous in and of it and can lead to other risky behaviors (e.g., unprotected sex). High rates of heavy drinking and associated risky behaviors among college students may exacerbate problems for young adults with psychopathology (8).

Substance use and risky sexual behavior in university and high school students in Addis Ababa were assessed in different studies (2, 18, and 19) but the situation in private colleges were not known. so this study assessed the relationship of substance use and risky sexual behaviors which could lead to STI infection among private health science college students in Addis Ababa, Ethiopia.

## **2. LITERATURE REVIEW**

### **2.1 SUBSTANCE USE**

The United Nations reported that about 230 million people, or 5 per cent of the world's adult population, are estimated to have used an illicit drug at least once in 2010 (9). Sub-Saharan Africa has become increasingly vulnerable to illicit drug production, trafficking, and consumption. Historically, a number of sub-Saharan African countries were sources for large scale trafficking of indigenously cultivated cannabis (10). Substance misuse is a growing problem in Ethiopia, as in many developing countries. Alcohol and khat are the most frequent substances of use, followed by cannabis and solvents (2).

Populations of drug abusers have been associated with epidemics of sexually transmitted infections (STIs), especially HIV infection (which is associated with injecting drugs, use of contaminated equipment for injecting drugs, and unsafe sex) (7).

#### **2.1.1. Alcohol use**

Alcohol is commonly used as a disinhibitor, a sex facilitator, a symbol of masculinity, and a means of relaxation, recreation, socializing and improving communication skills. Alcoholic beverages are also used as a facilitator in approaching the opposite sex (11).

There is evidence that heavy alcohol use is associated with having multiple sex partners, which is a primary risk factor for transmission of STIs, including HIV (12). Along with increasing concern about the potential for HIV spread among drug using populations, there is also growing awareness in sub-Saharan Africa of the relationship between alcohol use, particularly misuse, and STIs risk. Sexual risk-taking behaviors associated with alcohol use are highly prevalent in many African countries severely affected by HIV/AIDS. According to the World Health Organization (WHO), the eastern and southern regions in Africa have the highest consumption of alcohol per drinker in the world, and the prevalence of hazardous drinking patterns, such as drinking a large quantity of alcohol per session, or being frequently intoxicated, is second only to Eastern Europe (10).

### **2.1.2. Khat Use**

Khat (*Catha edulis*), a psycho stimulant substance, is thought to be the second most widely used substance in Ethiopia. khat is an ever green plant that grows mainly in Ethiopia, Kenya, Yemen and at high altitude in south Africa and Madagascar. it is the most often chewed but the leaves can be infused as a tea or dried and smoked (2).

Insomnia is a common problem after use of khat and sleep disturbance is highly prevalent among current users. It is caused by cerebral-stimulant action of khat chewing, is being overcome by different activities, depending on the local situation, such as indulgence in alcohol and abuse of sedatives and hypnotic drugs. Khat chewing in some areas occurs with the use of other substances such as cigarette and cannabis (13). Alcohol intake following khat chewing, commonly known in Ethiopia as “*chebsi*”, is perceived to overcome the effect of khat chewing. Therefore, most khat chewers are believed to drink after chewing. Some people, however, use drugs with sedative or hypnotic effects (13).

Even though there is lacking more literatures concerning the association of khat use and STI infection, in nationwide, a study in Ethiopia explored that daily Khat intake was also associated with unprotected sex that leads to STI infection: (14).

### **2.1.3. Cannabis and other substances**

Little is known of the introduction of cannabis in to Ethiopia and its subsequent Pattern of use. Historically, cannabis grew wild and its use was limited to monasteries .religious students were said to use cannabis to assist their learning. Cannabis use may have spread to other parts of the country through tourists and guides who visited these monasteries or by Jamaicans who settled in Shashmene (South central Ethiopia) and grew cannabis for their own consumption(2).

Cannabis is used by drug traffickers, street children and adolescent in some parts of country. With increased trafficking, increased production and distribution of cannabis within Ethiopia are likely to occur (2).

## **2.2 IMPACT OF SUBSTANCE USE ON STI**

Globally, alcohol consumption has increased in recent decades, with all or most of that increase in developing countries. World-wide, five percent of all deaths of people between the ages of 5 and 29 in 1990 were attributable to alcohol use. The Global Burden of Disease Study found that alcohol was responsible in 1990 for 3.5 percent of all disability-adjusted life years (more than tobacco or illegal drugs) and for 2.1% of the total years of life lost unsafe sex accounted for 3.0% of the total years of life lost globally (15).

The respective contributions of alcohol and unsafe sex to the global burden of disease are, furthermore, amplified through the linkages that have been shown to exist between alcohol, risky sexual behavior (unintended or unprotected sexual contact) and the spread of sexually transmitted infections (STIs)(12).

College students engage in a variety of behaviors that put them at risk for serious health problems Excessive alcohol and other substance use, cigarette smoking, risky sexual behavior, and sedentary behavior jeopardize academic achievement and performance. Such health-related behaviors are associated with short- and long-term health consequences including injury and violence lower post-college wages greater risk of heart disease and sexually transmitted diseases (STDs) (16).

In the study of undergraduate Nigerian students the impact of alcohol use states that 45.5% of the 378 alcohol users admitted that it makes them feel bad, while 55.5% said it gives them good feeling. Majority said it enhances pleasure during moment of sex; 46.3% usually have residual depressive feeling of remorse hours after use; while 63.8% reported it causes drowsiness, weakness, hangovers, dangerous driving speed and may lead to accident (15).

Another study on the impact of substance use on health and overall functioning Indicate that substance misuse is associated with psychological distress, suicide attempts functional impairment, physical ill-health and risk taking behavior. In Butajira study of over 10,000 adults, a higher prevalence of mental distress and suicide attempts was found in those using alcohol and khat(2).

## **2.3 PREVALENCE OF SUBSTANCE USE**

Substance use is the repeated use of a substance even with the knowledge of its negative health consequences. Abused substances may be legal or illicit and thus include alcohol, khat and nicotine as well as marijuana cocaine, heroin. Addiction plays a major role in substance use, and behavioral addictions, such as sex addiction, can also have important social, Public health and medical consequences (17).

Study conducted in Nigeria sexual behavior of students indicates that `Sixty- one percent of the respondents had taken alcohol with 36.1% of them been current users and only 8.7% are current users of cigarette. More than a quarter (31.4%) and 22.0% of the respondents had fathers who drank alcohol and both parents that drank alcohol respectively (15).

Study conducted in Addis Ababa university medical students explores that alcohol was reported by 22% of students in the past year. Only 7% of the participants reported the use of *khat* in the last 12 months and about 4% did it in the past week. Only about 2% of the total respondents reported the current use of *khat*. Of the total respondents, the proportion of students who had ever smoked and the proportion who reported current cigarette smoking by the time of the study was 9% and 1.8%, respectively (18).

Another study on Addis Ababa university 16 campuses revealed that 33.3% reported alcohol use, 14.7% reported cigarettes smoking, and 16% reported khat chewing in the past month(19).

## **2.4 SUBSTANCE USE AND RISKY SEXUAL BEHAVIOUR**

Health impairing behaviors such as substance use can be regarded as problem behavior they constitute a deviation from conventional behavior. Both risky sexual behavior and substance use are examples of risk-taking behaviors (20).

In most regions of the world (where information is available) the proportion of adolescents who have had sexual intercourse before marriage is high. Risky sexual behaviors, including early sexual intercourse, unprotected sex, multiple sexual partners and non-contraception use can expose adolescents to sexually transmitted infections (STIs); e.g. HIV infection and early Pregnancy (20).

Sexual risk behavior accounts for a large number of opportunities for acquiring STI infection, And alcohol use has been shown to increase high-risk sexual behavior. Moreover, the social Dynamics that surround alcohol use, sexual risk behavior and STI infection and interactions

Between these issues warrant a search for alternative ways of dealing with the problem in diverse socio cultural settings (11).

Most college students are sexually experienced, and many engage in multiple forms of risky sexual behavior According to findings from the National College Health Risk Behavior Survey, 8 of 10 college students between the ages of 18 and 24 years have ever had intercourse. Of these, 62% had recent (past 3 months) intercourse. More important, about 25% of students have had six or more lifetime sex partners, and only a minority take adequate precautions to prevent pregnancy or sexual infection (21).

The 2008 Health Impact Evaluation found higher rates of high risk sexual behavior compared to the 2005 DHS. In particular, the 2008 study reported higher risky sexual behavior among the youth, rural people, the uneducated and those from the lowest wealth quintile. In addition, the proportion of women having had two or more partners increased over six fold (from 0.2% to 1.3%) while having had higher risk sexual intercourse doubled (from 2.7% to 5.3%) (22) .

According to the most recent national population based behavioral surveillance survey report indicates that, among those who had sex during the previous 12 months, 22.7% (31.2% of males and 2.7% of females) reported having had sex with more than one partner. With regard to condom use Among ISY that had ever had sex, 43.1% (45.2% of males and 37.3% of females) had used a condom. Amongst those who had had sex with commercial partners during the previous 12 months, 82.1% had used a condom at their last sexual encounter (23).Where as in the study of Addis Ababa university on its 16 campuses revealed that 57.6% of the students were involved in unprotected sex (19).

In recent years, researchers have begun to explore the association of substance use and sexual “risk behaviors “activities that put people at increased risk for STDs, unintended pregnancy, and sexual violence. Risky sexual activities include using condoms inconsistently, having multiple sexual partners over one’s lifetime, or having intercourse with a casual partner. Studies conducted to date indicate that drinking and illicit drug uses often occur in association with risky sexual activity (12).

Study conducted on Ghanaian youth indicates that , all the substance use measures were independently associated with the number of sexual partners such that if an adolescent smokes, he/she had 8 and 16 folds the chances of having a sexual partner or multiple sexual partners,

respectively, compared to a non-smoker. Tobacco users had higher likelihood to have a sexual partner or multiple sexual partners. In like manner, those who were often drunk had nearly 2 folds the likelihood of having a sexual partner and 3 folds the likelihood of having multiple sexual partners compared to their colleagues who never got drunk or did so less often (20).

In general, substance use will expose one to STIs and HIV/AIDS by altering one's judgment and thinking capacity, which facilitate high-risk behaviors. The following conceptual Framework shows the ways by which substance use could expose one to HIV infection.

## **2.5. RATIONALE OF THE STUDY**

Substance use is increasing in some major towns including Addis Ababa (2). Literatures indicates that substance use and risky sexual behavior among high school and university students in Addis Ababa is higher but the situation in private health science colleges is still unknown, therefore, this study is conducted to assess the situation of substance use and risky sexual behavior for STIs Infection among private health science college students in Addis Ababa, The finding of this study can usefully guide national policy and decision making on STIs prevention. Through identifying subgroups at greatest risk, such findings can also aid planners and implementers for developing of more effective prevention and intervention strategies.

The following conceptual framework shows that the ways by which substance use could expose one to STIs infection by altering one's judgment and thinking capacity, which facilitate high-risk sexual behaviors for example unprotected sex and multiple sexual partners and these practices leads to sexually transmitted infections including HIV/AIDS.

## CONCEPTUAL FRAME WORK

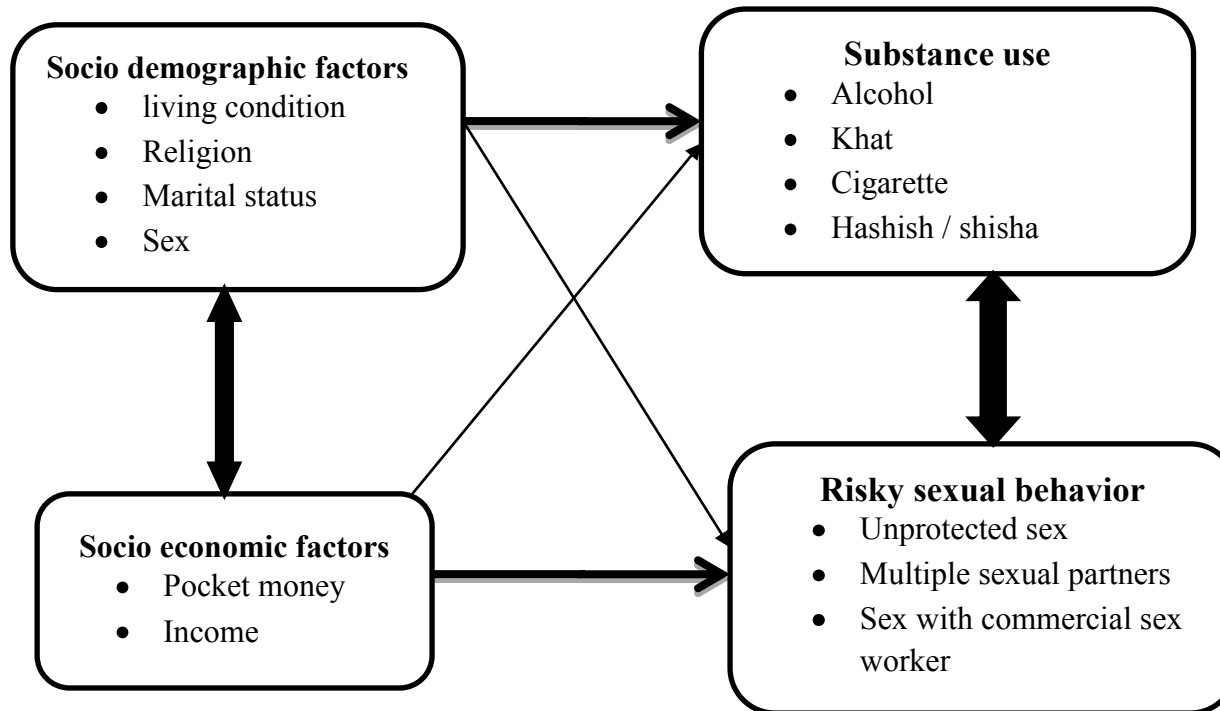


Fig.1. Conceptual frame work of the study

### **3. OBJECTIVES**

#### **3.1 General Objective**

- ❖ To assess the prevalence of substance use and risky sexual behavior for STIs infection and factors associated among private health Science College students in Addis Ababa.

#### **3.2 Specific Objectives**

- ❖ To determine the prevalence of substance use among private Health Science College students.
- ❖ To determine risky sexual behavior among private Health Science College students
- ❖ To assess the association between substance use and risky sexual behavior among private Health Science College students
- ❖ To assess factors associated with substance use among private Health Science College students.

## 4. SUBJECTS AND METHODS

### 4.1. Study design and period

The study design was cross-sectional study with quantitative data collection method in March 2013.

### 4.2. Study area

The study was conducted in Addis Ababa, the capital of Ethiopia; it had a total population of 2.7 million with population of aged fifteen years and above being 1.4 million. Males constitute 48% of the total populations with male to female ratio being about 1: 1.1. The city divides in to 10 sub cities with 116woredas. There are 70 private colleges among them 14 are Health Science Colleges and around 6629 students were currently registered in all Health Science Colleges.

### 4.3. Source population

All private Health Science College students in Addis Ababa in 14 campuses.

### 4.4. Study population

The study population was all undergraduate male and female students including all available departments from fresh to final year students attended private health science colleges.

### 4.5. Sample size determinations

The sample size was estimated using sample size determination formula for single population proportion for cross-sectional surveys based on percentage who had higher-risk sexual intercourse in past 12 months in Addis Ababa at 44% (24)

The estimations of the proportion were based on the following assumptions:

Prevalence of higher risk sexual intercourse = **44.4%**

Confidence interval of 95%

Margin of error (d) = 0.04

Non-response rate = 10%

Accordingly, the sample size calculated was:

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

$$n = \frac{(1.96)^2 \times 0.44 (1-0.44)}{(0.04)^2} = 592$$

10% non-response rate = 59

**The final sample size was =651**

#### **4.6. Sampling procedure**

A multistage sampling technique was employed in order to select a fairly representative sample of students from all private health colleges in Addis Ababa city administration.

##### **First stage**

1. All private health science colleges were listed.
2. List all departments available in the colleges
3. From all departments available in the colleges', one department was chosen using simple random sampling.

##### **Second stage**

1. The total sample size was distributed to the listed private health colleges proportionate to their student population size.
2. The number of respondents calculated for each college was allocated proportionate to their size of year of education (1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> years )
3. Use systematic random sampling method to select students from each years by using the class attendance (the first number is selected by simple random sample and next every k<sup>th</sup> number was selected from the sampling frame).

## SCHEMATIC PRESENTATION OF SAMPLING PROCEDURE

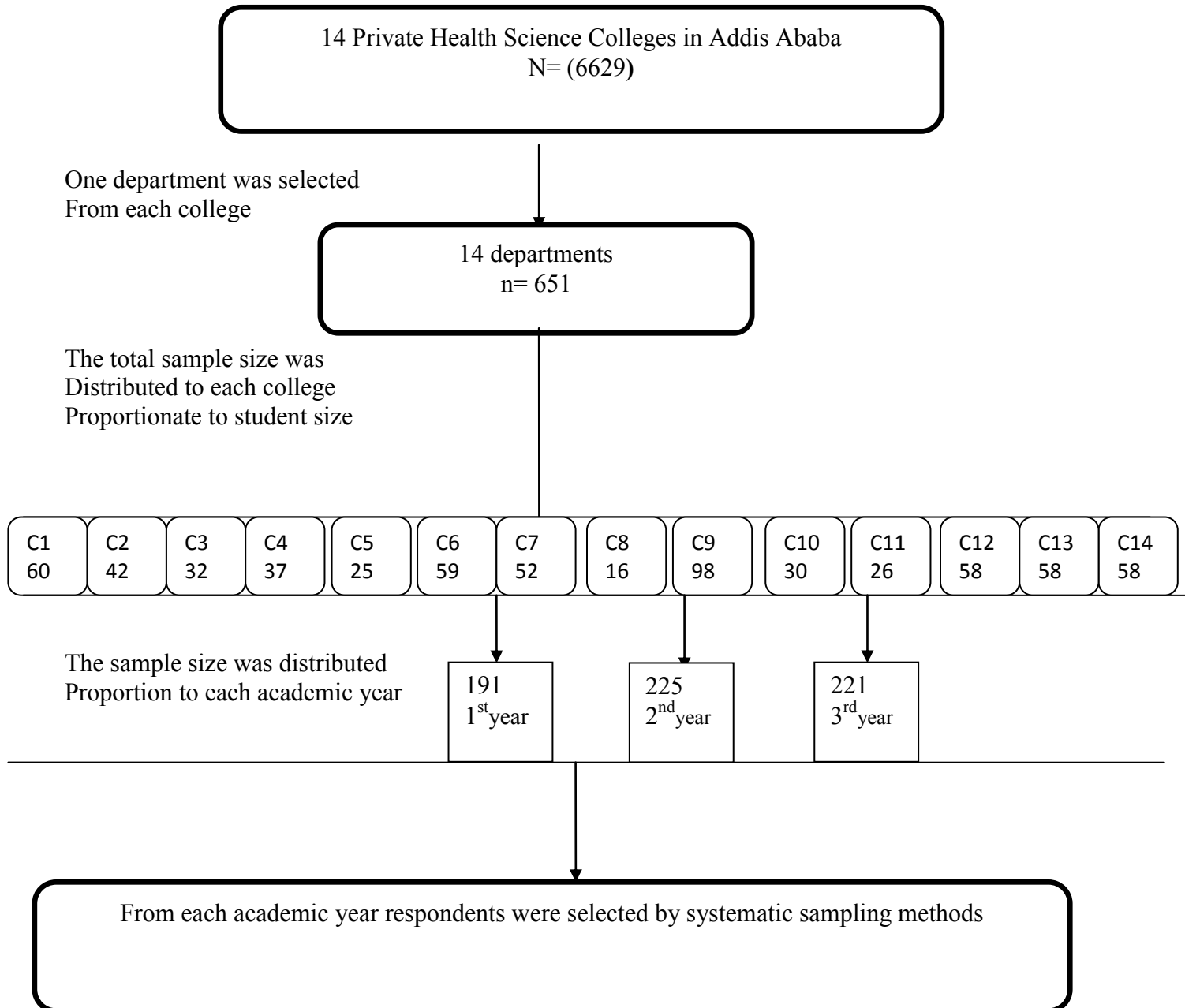


Fig.2 Selection procedures of study subjects.

## **4.7. Inclusion and exclusion Criteria**

### **4.7.1. Inclusion criteria**

- Students from the main campus of the college who were attending at day time were included in the study.

### **4.7.2. Exclusion criteria**

- Students who were sick during the data collection time.

## **4.8. Data collection procedures**

Data was collected using structured and pretested self-administered questionnaire. The questionnaire consists of socio demographic characteristic; experience of substance use and questions related to risky sexual behavior of the students. The questionnaire was prepared originally in English and then translate in to Amharic and back to English and finally was administered to the respondents in Amharic to make the information easily understood by the data collectors and respondents during data collection and to get consistence information. Five data collectors (who were degree graduated) and one supervisor (MPH graduated) were recruited and training on the objective of the study and techniques of data collection for one day was given.

### **4.8.1. Pre-testing**

Pre-testing of the questionnaire was carried out in the other campuses s of the actual study area in (central and Alkan colleges). During the pre-test, the questionnaire was assessed for its consistency, clarity, Understandability, completeness, reliability, how much it answer the objectives and the Sensitivity of the subject matter was assessed.

## **4.9. Variables**

### **4.9.1. Dependent variables**

- Substance use and risky sexual behavior of college students

### **4.9.2. Independent variables**

- Socio demographic variables (age, sex, residence, religion, ethnicity), and
- Socio economic variables, pocket money.

## **4.10. Data entry and analysis**

The collected data were entered to EPI-info version 3.5.1 statistical package. Analysis was carried out using SPSS version 17 software. Proportions and percentages were drawn for description as appropriate. Odds ratio with confidence intervals was computed to assess the presence and degree of association between substance use, risky sexual behavior and its Determinant. P-Value of 0.05 was set as a cut-off point for the significance of the association between dependent and independent variables. Logistic regression was used to control other variables.

## **4.11. Data quality management**

The quality of data was ensured through training of data collectors and observers/supervisors and pretesting of questionnaires. Spot checking and reviewed the completed questionnaires by supervisor and principal investigator on daily basis to maintain data quality 5% of the collected information was checked by the principal investigators.

## **4.12. Ethical consideration**

Ethical clearance was obtained from Addis Ababa University School of Public Health Ethics and research Committee. Official letter was written to each college from both the School of Public Health and Addis Ababa TVET Agency for their cooperation. During the interview, each individual was informed about the aim of the study and on the possible benefit of the study and informed consent was obtained from each respondent. Confidentiality of information at all levels was maintained

#### 4.13. Dissemination of findings

The findings of this study will be disseminated to Ministry of health, Addis Ababa city administration health Bureau, EPHA and also respective university colleges'. The findings will also be disseminated to different organizations that will have contributions on the prevention of STIs infection. Finally attempt will be tried for published.

#### 4.14. Operational definition:

1. **Substance** :Any non-medical psychoactive stimulants used by study subjects such as alcohol, khat, Cannabis, , cocaine, cigarette shisha
2. **Substance use**: the current use of any of these substances by study subjects at any time without medical prescription
3. **Multiple sexual partner**: having more than one sexual partner at a time
4. **Regular partner**: cohabiting (live-in) sexual partner but had never married and spouse
5. **Non-regular partner**: sexual partner who did not live together
6. **Risky sex**: unprotected sex (i.e. sex without condom) with partner other than a regular Partner or spouse.
7. **Risky sexual behavior** :sex earlier than 18 years of age, have sex with non-regular sexual partners or have more than one sexual partner or use condom inconsistently or anal sex. The sexual practices could be with the same or opposite sex.

## 5. RESULTS

### 5.1 Socio demographic characteristics of the respondents

A total of 651 students completed the questionnaire but 14 responses were excluded due to gross incompleteness and inconsistency of the data making the response rate 97.8%. Therefore, analysis was done based on 637 completed questionnaires. About 60% (384) were males and the rest 39.7 % (253) were females. The mean age was 22 (SD=3.6). The overall age of the sample ranged from 17 and 48 years, with the majority 405 (63.6%) being between 20 to 24 years old. The majority of the respondents 434(68.1%) were Orthodox Christians followed by 117 (18.4%) Muslims, and 57 (8.9%) Protestants. Ethnically, 229 (35.9 %) of the study participants were Amharas followed by Oromo's, which were 143 (22.4%). With regard to their medical training status 191(30.0%), 225 (35.3%) and 221 (34.7%) were first, second and third year students respectively. Students were also asked about their monthly pocket money, 10.7%, 30.5%, 31.2% and 27.6% reported less than 100 birr, 100 to 200 birr, 300 to 400 birr and more than 500 birr respectively. With regard to their living condition the majority 83.5% lives with their families and 16.5% of the students live in privately rented houses (Table 1).

**Table 1: Socio-demographic characteristics of private Health Science College students in Addis Ababa Ethiopia, march 2013.**

<b>Characteristics</b>	<b>Number</b>	<b>Percent</b>
<b>Sex</b>		
Male	384	60.3%
Female	253	39.7%
<b>Age</b>		
15-19	131	20.6%
20-24	405	63.6%
25-29	82	12.9%
>=30	19	3%
<b>Academic year</b>		
1 <sup>st</sup> year	191	30.0%
2 <sup>nd</sup> year	225	35.3%
3 <sup>rd</sup> year	221	34.7%
<b>Region</b>		
Amhara	229	35.9%
Oromia	143	22.4%
South	124	19.6%
Tigray	88	13.8%
Other	53	8.3%
<b>Religion</b>		
Orthodox	434	68.1%
Muslim	117	18.4%
Protestant	57	8.9%
Other	29	4.6%
<b>Living condition</b>		
Privately rented	105	16.5%
With family	532	83.5%
<b>Monthly pocket money</b>		
<100 birr		
100-200 birr	68	10.7%
300-400 birr	194	30.5%
>500 birr	199	31.2%
	176	27.6%
<b>Marital status</b>		
Married	30	4.7%
Single	607	95.3%

## 5.2. Prevalence of Substance use

**Table 2: Substance use by sex among private health Science College students, in Addis Ababa Ethiopia, March 2013.**

Characteristics	Number (percent)		Total n=637
	Male n=384	Female n=253	
<b>Alcohol intake</b>			
Never	220 (57.3%)	186 (73.5%)	406 (63.7%)
yes	164(42.7%)	67 (26.5%)	<b>231 (36.3%)</b>
<b>Khat intake</b>			
Never used	282(73.4%)	221(87.3%)	503(80.0%)
yes	102(26.6%)	32(12.6%)	<b>134(21.0%)</b>
<b>Cigarette smoking</b>			
Never	297(77.3%)	247(97.6%)	544(85.4)
yes	87(22.7%)	6(2.4%)	<b>93(14.6)</b>
<b>Hashish intake</b>			
Never	379(98.6%)	252(99.6%)	631(99%)
yes	5(1.4%)	1 (0.4%)	<b>6(1%)</b>

The practice of alcohol use, cigarette smoking, *khat* chewing and other addicted drugs was also asked. The most frequently used substances were alcohol, *khat* and cigarette smoking. (Table-2) Among the total respondents alcohol use in the past 12 months was reported by about **231(36.3%)** of the participants. There were significant differences between males and females with respect to alcohol use behavior; for example, about **42.7%** of males reported alcohol consumption within 12 months compared to **26.48%** female students ( $p = 0.0001$ ). A greater number of males than females reported alcohol use in the past 12 months (Table2). Among the alcohol drinkers about 30.3% of students reported drinking alcohol was on weekly schedules. Furthermore, about 2.9% of male and 0.4% of female students among the drinkers reported that they were daily users of alcohol (Table 3). In general, men were more likely to consume alcohol than females. Among the study participants about 134 (**21.0%**) of the participants reported use of *khat* in the last 12 months (26.6% males vs. 12.6% females), and 8.5%, 4.7% and 3.3% of the participants chewed *khat* occasionally, monthly and weekly programs. And of the total respondents, the proportion of students who smoked in 12 months was **14.6%** (22.7% male vs.

2.4%) and the proportion who reported sometimes cigarette smoking and daily smokers was 11.3% and 2.7%, respectively. but Hashish was reported 1% of the study participants (Table 2).

**Table 3: Frequency and occasions of substance use by sex among private health Science College students in Addis Ababa Ethiopia, March 2013.**

Characteristics	Number(percent)		
	Male	Female	Total
<b>Alcohol intake n=231</b>			
On holiday	91 (23.7%)	58 (22.9%)	149 (23.4%)
Once a week	62 (16.1%)	8 (3.2%)	70 (11.0%)
Daily	11 (2.9%)	1 (0.4%)	12 (1.9%)
<b>Khat intake n=134</b>			
Occasionally	38 (9.9%)	16 (6.3%)	54(8.5%)
Twice a week	16 (4.2%)	2(0.8%)	18(2.8%)
Once a week	16 (4.2%)	5(1.9%)	21(3.3%)
Monthly	23(6.0%)	7(2.8%)	30(4.7%)
daily	9(2.3%)	2(0.8%)	11(1.7%)
<b>Cigarette smoking n n=93</b>			
Some times	68(17.7%)	4(1.6%)	72(11.3)
usually	3 (0.8%)	1(0.4%)	4(0.6%)
Daily	16(4.2%)	1(0.4%)	17(2.7%)
<b>Hasish intake n=6</b>			
Some times	5(1.4%)	1 (0.4%)	6(1%)

### **Socio-demographic correlates of alcohol use in the last 12 months**

Socio-demographic and behavioral correlates assumed to be associated with alcohol use among the study participants were assessed using logistic regression (Table4). Compared to female, being male was strongly associated with alcohol use in the last 12 months (**adjusted OR = 2.36, 95% CI = 1.61-3.47**). Orthodox Christianity was also strongly associated with alcohol use in the past year (**adjusted OR = 2.67, 95% CI = 1.10-6.45**). Monthly pocket money was also associated with alcohol consumption, as the pocket money increases the strength of the

association also increases, those who had more than 500 birr monthly four times to consume alcohol than less than 100 birr pocket money (**adjusted OR = 4.83, 95% CI = 2.25-10.37**). The odds of alcohol consumption in the past 12 months among Muslim and protestant students were significantly lower compared to students of other religions.

**Table 4: Socio-demographic correlates of alcohol use in the last 12 months among private health science college students, March 2013.**

Variable	alcohol drinking		Crude OR 95%CI	Adjusted OR
	YES	NO		
<b>Sex</b>				
Male	164	220	2.07 (1.47,2.92)	<b>2.36 (1.61,3.47)</b>
Female	67	186	1.00	1.00
<b>Age</b>				
15-19	47	84	0.33 (0.12,0.89)	0.57(0.18,1.84)
20-24	145	260	0.33 (0.12,0.85)	0.34(0.15,1.29)
25-29	27	55	0.29 (0.10,0.81)	0.22(0.07,0.72)
>=30	12	7	1.00	1.00
<b>Academic year</b>				
1 <sup>st</sup> year	63	128	1.00	1.00
2 <sup>nd</sup> year	79	146	1.10 (0.73,1.69)	1.09(0.69,1.74)
3 <sup>rd</sup> year	89	132	1.37 (0.90,2.09)	1.30(0.81,2.07)
<b>Religion</b>				
Orthodox	201	233	2.26 (0.98,5.22)	<b>2.67(1.10,6.45)</b>
Muslim	13	104	0.33 (0.12,0.89)	0.35(0.12,0.99)
Protestant	9	48	0.49(0.17,1.45)	0.45(0.15,1.41)
Other	8	21	1.00	1.00
<b>Monthly pocket money</b>				
<100 birr	12	56	1.00	1.00
100-200 birr	67	127	<b>2.46 (1.24,4.91)</b>	<b>3.49 (1.68,7.23)</b>
300-400 birr	76	123	<b>2.88 (1.45,5.73)</b>	<b>3.70 (1.79,7.64)</b>
>500 birr	76	100	<b>3.55 (1.78,7.08)</b>	<b>4.83 (2.25,10.37)</b>
<b>Living condition</b>				
With family	188	344	1.00	1.00
Privately rented	43	62	1.27 (0.83,1.95)	1.32(0.79,2.18)

### ***khat* intake in the last 12 months**

Among the study participants about 134 (**21.0%**) of the participants reported use of *khat* in the last 12 months (26.6% males vs. 12.6% females),(table 2) 4.7% of the participants reported the use of *khat* *monthly and* about 2.8 % did it on weekly programs . Only about 1.7% of the total respondents reported daily use of *khat*. (table3). Results from a multiple logistic regression analysis indicated that being male was strongly and positively associated with *kha* tuse in the past year (**adjusted OR = 2.74, 95%CI=1.73- 4.34**) similarly students who reported 300-400 birr monthly pocket money was strongly and positively associated with *khat* (**AOR = 5.26, 95%CI=1.78- 15.57**) (Table5).

**Table 5: Socio-demographic correlates of *khat* use in the last 12 months among private health science college students, March 2013.**

variable	Khat chewing		Crude OR	Adjusted OR
	YES	NO		
<b>Sex</b>				
Male	102	282	<b>2.49 (1.62,3.86)</b>	<b>2.74(1.73,4.34)</b>
Female	32	221	1.00	1.00
<b>Age</b>				
15-19	21	110	0.53 (0.44,1.64)	0.87 (0.25,3.03)
20-24	89	316	0.79 (0.28,2.25)	1.04 (0.34,3.24)
25-29	19	63	0.84 (0.27,2.64)	0.69 (0.21,2.29)
>=30	5	14	1.00	1.00
<b>Academic year</b>				
1 <sup>st</sup> year	39	152	1.00	1.00
2 <sup>nd</sup> year	41	184	0.87 (0.53,1.42)	0.71(0.42,1.21)
3 <sup>rd</sup> year	54	167	1.26 (0.79,2.01)	1.04(0.62,1.74)
<b>Monthly pocket money</b>				
<100 birr	4	64	1.00	1.00
100-200 birr	37	157	<b>3.77(1.29,11.01)</b>	<b>4.24 (1.43,12.60)</b>
300-400 birr	45	154	<b>4.68(1.61,13.54)</b>	<b>5.26 (1.78,15.57)</b>
>500 birr	48	128	<b>6.0(2.07,17.37)</b>	<b>1.37 (0.81,2.31)</b>
<b>Living condition</b>				
With family	102	430	1.00	1.00
Privately rented	32	73	1.85 (1.16,2.95)	1.37(0.81,2.31)

### Socio-demographic correlates of *khat* use in the last 12 months

*Khat* use in the past 12 months was strongly associated with alcohol consumption (AOR = 5.90, 95% CI = 3.82-9.12) About 70.9% of respondents reporting alcohol use in the past year had chewed *khat*, as opposed to only 27.0% of those who had not consumed alcohol. But, ever use of cigarette smoking and hashish intake were not associated with alcohol consumption, 55.9% of those who consumed alcohol in the past year were also ever used cigarette compared to 32.9% of those who had not ever used cigarette and 85.7% of those who consumed alcohol in the past year were also ever used hashish compared to 35.7% of those who had not ever used hashish.

Likewise, a student who consumed alcohol in the past 12 months had the odds of 5-fold increase to use *khat* in the past year (AOR = 5.90, 95% CI = 3.82-9.12). Similarly, ever use of cigarette was strongly associated with ever use of *khat* consumption (AOR = 4.15, 95% CI = 2.49-6.93)(Table 6).

**Table 6: Correlates of *khat* among private health sciences college students in Addis Ababa Ethiopia. March 2013.**

Characteristics	Khat intake		Crude OR	Adjusted OR
	YES	NO		
<b>alcohol</b>				
Never used	39(9.6%)	367(90.4%)	1.00	<b>1.00</b>
yes	95(41.1%)	136(58.9%)	6.57(4.31,10.01)	<b>5.90(3.82,9.12)</b>
<b>Cigarette smoking</b>				
Never	88(16.2%)	456(83.8%)	1.00	<b>1.00</b>
yes	46(49.5%)	47(50.5%)	5.07(3.18,8.08)	<b>4.15(2.49,6.93)</b>
<b>Hashish intake</b>				
Never	130(20.6%)	500(79.4%)	1.00	1.00
yes	4(57.1%)	3(42.9%)	5.12(1.13,23.19)	1.51(0.26,8.52)

### 5.3 Risky sexual behaviors

From the total 637 study participants 156 (25.7%) students reported that they ever had sexual intercourse in their life time (male 31.6% vs. female 16.3%) with 49(31.4%) of them started sexual intercourse before the age of 18 years old. And 138(22.7%) of the participants did sexual intercourse in the last 12 months prior to the study. Condom use practice was also asked for both

males and female sand 81.9% of the sexually experienced students used condom during their sexual intercourse but 18.1% didn't use (Table 7).

**Table 7: Risky sexual behaviors of private health Science College students in Addis Ababa Ethiopia, March2013.**

Characteristics	Number (percent)		Total N=607
	Male n=374	Female n=233	
Ever sexual intercourse			
Yes	<b>118(31.6%)</b>	<b>38(16.3%)</b>	<b>156(25.7%)</b>
no	256(68.4%)	195(83.7%)	451(74.3%)
Sexual intercourse before 18 age			
Yes	42(35.6%)	7(18.4%)	<b>49(31.4%)</b>
no	76(64.4%)	31(81.6%)	107(68.6%)
Sexual intercourse in 12 months			
Yes	<b>104(27.8%)</b>	<b>34 (14.6%)</b>	<b>138(22.7%)</b>
no	270(72.2%)	199(85.4%)	469(77.3%)
Condom use during last sex (n=138)			
Yes	88(84.6%)	25(73.5%)	113(81.9%)
no	16(15.4%)	9(26.5%)	<b>25(18.1%)</b>
Multiple sexual partner (n= 138)			
Yes	30(28.8%)	19(55.9%)	<b>49(35.5%)</b>
no	74(71.2%)	15(44.1%)	89(64.5%)
Unprotected sex(n=138)			
Yes	88(84.6%)	25(73.5%)	113(81.9%)
no	16(15.4%)	9(26.5%)	<b>25(18.1%)</b>
Sex with commercial sex worker(n=104)			
Yes	22(21.2%)	0	<b>22(15.9%)</b>
no	82(78.8%)	34(100%)	116(84.1%)

Having multiple sexual partner and unprotected sex were reported by 49(35.5%) and 25 (18.1%) of the participants respectively in the last 12 months prior to the study. 22(15.9%) of males who were sexual experience had sex with commercial sex workers in the past 12 months(Table 7).

#### **5.4 Predictors of risky sexual behavior for STIs infection**

There were associations between demographic variables, prevalence of substance use, and risk sexual behaviors. Demographic characteristics including, academic year and pocket money indicated that there was no statistical difference between them but female students were found to be significantly engage in risky sexual behaviors.

The risk of having multiple sexual partners was higher among female compared to males, **AOR =6.47 (95%CI 2.29, 18.29)**. There was also a significant association between alcohol intake and multiple sexual partner and those who drank alcohol had a threefold risk compared to those who didn't, **AOR=3.93 (95%CI 1.46-10.53)**(Table 8).

**Table 8: Socio-demographic characteristics and substance use as predictors of multiple Sexual partners among private Health Science College students in Addis Ababa, march 2013.**

Characteristics N= 138	Multiple sexual partner		Crude Or (95% CI)	Adjusted OR (95%CI)
	YES	NO		
<b>Sex</b>				
Male	30	74	1.00	1.00
Female	19	15	<b>3.12 (1.40,6.95)</b>	<b>6.47 (2.29,18.29)</b>
<b>Year of study</b>				
First year	13	28	1.00	1.00
Second year	13	36	0.69 (0.28,1.72)	0.61(0.22,1.70)
Third year	21	27	1.63 (0.69,3.85)	0.93(0.35,2.47)
<b>Monthly pocket money</b>				
<100 birr	6	11	1.00	1.00
100-200 birr	8	24	0.66 (0.17,2.19)	0.21 (0.04,0.97)
300-400 birr	14	25	1.03 (0.31,3.37)	0.30 (0.07,1.33)
>500 birr	19	31	1.33 (0.42,4.16)	0.54 (0.14,2.16)
<b>Alcohol intake</b>				
Never used	14	43	<b>1.00</b>	1.00
Currently used	35	46	<b>2.34(1.11,4.93)</b>	<b>3.93 (1.46,10.53)</b>
<b>Khat intake</b>				
Never used	26	57	1.00	1.00
Currently used	23	32	1.57(0.77,3.20)	1.26 (0.49,3.21)
<b>Cigarette smoking</b>				
Never used	35	63	1.00	1.00
Currently used	14	26	0.97(0.45,2.09)	1.34 (0.51,4.07)

The logistic regression model that considered alcohol, cigarettes, and khat use indicated that current alcohol users were four fold more likely to engage in unprotected sexual activity than those who did not consume alcohol **AOR=4.21 (95% CI 1.22-14.53)** Alcohol use was predictive of risky sexual behaviors in these students (Table 9).

**Table 9: Socio-demographic characteristics and substance use as predictors of unprotected sex among private health Science College students in Addis Ababa, march 2013**

Characteristics N= 138	Unprotected sex		Crude OR (95% CI)	Adjusted OR (95%CI)
	YES	NO		
<b>Sex</b>				
Male	16	88	1.00	1.00
Female	9	25	1.98 (0.71,5.49)	2.73(0.90,8.30)
<b>Year of study</b>				
First year	5	36	1.00	1.00
Second year	9	40	0.62 (0.19,2.01)	0.64 (0.18,2.21)
Third year	11	37	0.47 (0.15,1.48)	0.85 (0.24,3.02)
<b>Monthly pocket money</b>				
<100 birr	1	16	1.00	1.00
100-200 birr	3	29	0.60 (0.58,6.29)	1.29 (0.11,15.21)
300-400 birr	9	30	0.21 (0.24,1.79)	0.44 (0.04,3.41)
>500 birr	12	38	0.19 (0.24,1.65)	0.36(0.04,3.41)
<b>Alcohol intake</b>				
Never used	5	52	1.00	1.00
Currently used	20	61	3.41 (1.19,9.7)	<b>4.21 (1.22,14.53)</b>
<b>Khat intake</b>				
Never used	13	70	1.00	1.00
Currently used	12	43	1.50 (0.63,3.59)	0.83 (0.27,2.48)
<b>Cigarette smoking</b>				
Never used	17	81	1.00	1.00
Currently used	8	32	1.19 (0.47,3.03)	1.15 (0.48,4.8)

## 6. Discussion

Health impairing behaviors such as substance use can be regarded as problem; they constitute a deviation from conventional behavior. The combinations with substance use including drugs and alcohols are a devastating combination, had further aggravated the situation and facilitated its spread of sexually transmitted infections including HIV/AIDS (8).

This study clearly indicates that substance use is becoming a concern among private health science college students. About 36% of the participants reported alcohol drinking and 21.0% used *khat* in the past 12 months; while cigarette smoking was reported by 14.6% of the students. The prevalence occurs across all years of study and age groups,

There were significant differences between males and females in respect to alcohol use behavior in this study; for example, about 42.7% of males reported alcohol consumption in the last 12 months compared to 26.48% female students. Among the alcohol drinkers about 30.3% of students reported drinking alcohol was on weekly schedules. Furthermore, about 2.9% of male and 0.4% of female students among the drinkers reported that they were daily users of alcohol.

Among the study participants about 134 (21.0%) of the participants reported use of *khat* in the last 12 months (26.6% males vs. 12.6% females), and of the total respondents, the proportion of students who smoked in the last 12 months were 14.6% (22.7% male vs. 2.4%).

The reported prevalence of alcohol consumption among college students was almost aligned with a study conducted in Addis Ababa university sixteen campuses indicates that prevalence of alcohol consumption was 33.3% (19). Another study in Nigeria, undergraduate college students reported that 36.1% of the students drunk alcohol. (15) But the reported prevalence was lower than study conducted in Bahir Dar University students it was 51.6 % (25) and higher than study reported in Addis Ababa university medical students 22% (18).

Studies on *khat* use among college students particularly on health science students are rare. The findings of the study indicate that *khat* use in the past 12 months was 21.0%. This is significantly

higher than with most of studies reported in a similar study population. Seven percent current *khat* chewing was reported from Addis Ababa university medical students (18). And slightly higher than study reported from Bahir Dar university students (25) it was found that about 16.7% of the students current intake of *khat* either weekly or every day. Another study reported from Addis Ababa University on its 16 campuses revealed that 14.7% of the students were current intake of *khat* either weekly or daily (19).

Cigarette smoking in the past 12 months was 14.6%. This result is in line with studies conducted in Addis Ababa University on its 16 campuses it was 16.0 % (19). But higher than studies in Nigeria undergraduate students and Bahir Dar university students (15, 25), it was reported that 8.7% and 9.5% of the participants were current smokers respectively.

The higher difference of alcohol and *khat* consumption could be due to being the study participants were from private colleges', private college students were living inside the community than the campus students therefore they may have the freedom to do it and most the students reported that they had higher monthly pocket money than the others therefore this makes the students were more exposed to the use of substances than university or campus students.

Our findings showed that being an orthodox was strongly and positively associated with *alcohol use*, but inversely related with Muslims and Protestants in the last 12 months this finding is aligned with the finding of Addis Ababa university medical students (18). But there was no positive association of *khat* with religion in this study; where as in the previous study being Muslim was strongly and positively associated with *khat* use in the past year (18).

Students who had more pocket money were more likely to consume alcohol and *khat*. Being male also was associated with alcohol use, *khat* chewing and cigarette smoking. And also students who ever consume alcohol and cigarette were more likely involved in *khat* chewing.

The present findings showed that students who consume alcohol or use *cigarette are* at an increased risk of khat chewing, students who were consume alcohol and cigarette smokers were fivefold and fourfold increase to use khat than non-users. This is Consistent with our findings; several studies documented an association between alcohol and cigarette with khat use among adolescents (18, 26).

Of all participants,156 (25.7%] students reported that they ever had sexual intercourse in their life time with 49(31.4%] of them started sexual intercourse before the age of 18 years old this result is aligned with Ghanaian youth ,25% of the youth reported ever had sexual intercourse (20).

The study has revealed high risky sexual behaviors. Multiple sexual partner (35.3%) and unprotected sexual activity (18.1%) were reported among the sexually experienced students. Whereas, the study conducted among Addis Ababa university students(19)and Bahir Dar university students(25) revealed that 57.6% and 34.3% of the students had unprotected sex, this is higher than the current finding. The difference might be due to the time gap between the studies that interventions might have been undertaken so that behavioral changes regarding condom use may be appeared.

However regarding to multiple sexual partner, the current finding is higher(35.3%) than the most recent national population –based behavioral surveillance survey in Ethiopia, where it was found that 22.7% of the Ethiopian in school youth had more than one partner (23) and also study reported from sexually experienced Ghanaian in school youth it was reported that 31% of the students had more than one partner (20).this could be due to the study subjects were living inside the community therefore more environmental exposures were facing than the campus students, and the prevalence of alcohol were also higher among these students. Based on the finding of the result alcohol was positively associated with multiple sexual partner due to this the students were More likely to have multiple sexual partners.

Researchers explore the association of substance use and sexual “risk behaviors “activities that put people at increased risk for STIs and sexual violence. Risk sexual activities include using condoms inconsistently, having multiple sexual partners over one’s lifetime, or having intercourse with a casual partner. Studies conducted to date indicate that drinking and illicit drug uses often occur in association with risky sexual activity. Results of this study were consistent with previous studies, indicating that substance users had a greater number of sexual partners and engaged in unprotected sex placing them at greater risk for STIs infection.

The observed association between unprotected sex and alcohol is expected as alcohol use has exposed one to STIs by altering one’s judgment and thinking capacity, which facilitate high-risk behaviors. A study conducted in in-school and out school youths of Ethiopia revealed that daily alcohol users three times more likely to have unprotected sex (26).

Study reported from Ghanaian youth also indicates that those who were often drunk had nearly 2 twice the likelihood of having a sexual partner and 3 folds the likelihood of having multiple sexual partners compared to their colleagues who never got drunk or did so less often. (20).

*Khat* use and cigarette smoking were not found to be associated with multiple sexual partner and unprotected sex in the current study similar to other studies (25)That stated that khat has not yet been associated with alteration of rational decision –making and has not been shown to increase risk taking behavior. On the contrary, khat use and HIV related sexual risk has been documented by other studies (26).

## **7. STRENGTH AND LIMITATIONS OF THE STUDY**

### **Strength**

- High response rate
- The study subjects were selected using random sampling techniques which avoid selection bias.
- All private health colleges found in the city were included in the study to obtain representative Information.

### **Limitation**

- ❖ The data was collected based on self-report of the students and may be subjected to recall bias and under-reporting of substance use due to social desirability bias.
- ❖ Lack of similar studies on private health science college students in Ethiopia specific to this thesis to compare results .
- ❖ Finally, this study is based on cross-sectional data, which implies that the direction of causal relationships cannot be determined.

## 8. CONCLUSIONS

Substantial proportions of private health Sciences College students were using substances, the common ones were alcohol, khat and cigarette. The prevalence of alcohol use was high followed by khat and cigarette. This study also revealed that substance use was significantly associated with males. Alcohol drinking and *cigarette smoke* has been found to be significantly associated with khat use.

This study identified that significant numbers of students were also engaged in risky sexual behaviors as shown by having multiple sexual partners, unprotected sex and sex with commercial sex worker. Substance use was found to be gateway for risky sexual behaviors among the students, the use of alcohol were significantly associated with risky sexual behavior among the students. But Khat use and cigarette was not found to be association with multiple sexual partner and unprotected sex.

Understanding factors associated with substance use is essential for designing and implementing comprehensive substance use interventions and simultaneously prevent multiple risk factors among college students.

## **9. RECOMMENDATION**

- ❖ Concerned bodies: the clubs in the college, government organizations and Non-governmental organizations need to teach about the consequences of risky sexual Behaviors.
- ❖ Based on the association between substance use with risky sexual behaviors, Colleges and other concerned bodies need to focus on teaching the prevention of substance use.
- ❖ The college is called upon to advocate correct and consistent safer sex among sexually active students.
- ❖ Education program through clubs and students union on risky sexual behaviors shall be launched so that positive and preventive behaviors will be developed.

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## 11. ANNEXS

### ANNEX 1: STUDY INFORMATION SHEET AND CONSENT FORM

Questionnaire for the survey of the assessment of substance abuse and risky sexual behavior for HIV infection among student in private health Science College in Addis Ababa, Ethiopia, 2013

Questionnaire serial number-----

#### **Introduction:**

We are interviewing students in private health science colleges here in Addis Ababa. This questionnaire is designed for a research work which will be approved by Addis Ababa university school of public health to be conducted in partial fulfillment of a master degree in public health. The purpose of this study is to assess the prevalence of substance use and risky sexual behavior for STIs infection to help policy makers to plan and take measures regarding STIs prevention and control programs.

#### **Confidentiality and consent:**

##### **Dear respondent:-**

“I am going to ask you some very personal questions that some people find difficult to answer. Your answers are completely confidential. Your name will not be written on this form, and will never be used in connection with any of the information you tell me. You do not have to answer any question that you do not want to answer, and you may end this interview at any time you want to. However, your honest answers to these questions will help us better understand on the assessment of substance use and risky sexual behavior for STIs infection. We would greatly appreciate your help in responding to this survey. The survey will take about 15 minutes to fill the questioner. **Would you be willing to participate?”**

Yes  No

If you are willing to participate, please continue to respond to the questions.

**Thank you very much for your cooperation**

Interviewer's name \_\_\_\_\_ Signature \_\_\_\_\_ Date of interview \_\_\_\_\_

Supervisor's name \_\_\_\_\_ Signature \_\_\_\_\_

If you need additional information you can contact Principal investigator;

Name Anwar Nuru Tel. No **0911 062521**

## Section 1-Sociodemographic Characteristics

No.	Questions and filters	Coding categories	Skip to	code
Q101	Record sex of the respondent	<ol style="list-style-type: none"> <li>1. Male</li> <li>2. Female</li> </ol>		
Q102	How old were you at your last Birthday?	Age in completed years[---/---]		
Q103	Year of study	<ol style="list-style-type: none"> <li>1. First year</li> <li>2. Second year</li> <li>3. Third year</li> <li>4. Forth year</li> </ol>		
Q104	What is your religion?	<ol style="list-style-type: none"> <li>1.No religion</li> <li>2. Orthodox</li> <li>3. Protestant</li> <li>4. Catholic</li> <li>5. Moslem</li> </ol>		
Q105	To which ethnic group do you belong?	<ol style="list-style-type: none"> <li>1. Amhara</li> <li>2. Oromo</li> <li>3. Gurage</li> <li>4. Tigray</li> <li>5. Somali</li> <li>6. Other-----</li> </ol>		
Q106	What is your monthly personal Pocket money in Birr?	<ol style="list-style-type: none"> <li>1. No income</li> <li>2. Less than 100</li> <li>3. From 100 to 299</li> <li>4. From 300 to 499</li> <li>5. 500 and above</li> </ol>		
Q107	With who you are livings know?	<ol style="list-style-type: none"> <li>1. With family</li> <li>2. Private on rented house</li> </ol>		
Q108	What is your marital status	<ol style="list-style-type: none"> <li>1. Single</li> <li>2. Married</li> <li>3. Divorced</li> <li>4. Widowed</li> </ol>		

## Section 2: Substance use

Q200	During the last 12 months, did you drink alcohol	1. Yes 2. Never used →	203																										
Q201	During the last 12 months, how often have you had drinks containing alcohol?	1. Twice a week 2. At least once a week 3. Only on holiday 4. Daily																											
Q203	Some people have tried a range of illegal/non-medical/addictive Drugs. Have you tried one?	1. Yes 2. Never used →	206																										
Q204	Which of the following, if any, Have you tried?  Circle all answers!	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">DK</th> <th style="text-align: center;">NR</th> </tr> </thead> <tbody> <tr> <td>Cocaine</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> </tr> <tr> <td>Heroin</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> </tr> <tr> <td>Cannabis</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> </tr> <tr> <td>Marijuana</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> </tr> </tbody> </table>		Yes	No	DK	NR	Cocaine	1	2	3	4	Heroin	1	2	3	4	Cannabis	1	2	3	4	Marijuana	1	2	3	4		
	Yes	No	DK	NR																									
Cocaine	1	2	3	4																									
Heroin	1	2	3	4																									
Cannabis	1	2	3	4																									
Marijuana	1	2	3	4																									
Q205	How long have you been using these illegal/nonmedical/addictive Drugs?	Number of months [---/---																											
Q206	Some people have tried injecting drugs using syringe. Have you injected drugs in the last 12 months?	1. Yes 2. Never used →	210																										
Q207	How long have you been Injecting drugs?	Number of months [---/---																											
Q208	How old were you when you first injected illegal/non-medical Drugs?	Age in completed years [---/---																											
Q209	During the past 12 months how often would you say you injected drugs?	1. Some times 2. Twice a week 3. At least once a week 4. Daily																											
Q210	Do these drinks and drugs increase your sexual desire and Risky behaviors?	1. Yes 2. No																											
Q211	Have you tried khat chewing in the last 12 months?	1. Yes 2. Never used →	215																										
Q212	How often did you chew khat in The last 12 months?	1. Every day 2. Twice a week 3. Once a week 4. Once a month 5. Occasionally																											

Q213	Do you feel sleeplessness after You chewed khat?	1. Yes 2. No		
Q214	If so, what do you do to overcome this effect?	1. Drink alcohol 2. Take hypnotics orally 3. Inject hypnotics 4. Do nothing 5. Other----- 6. no response		
Q215	Sex after use of alcohol/chewing khat	1. Yes 2. No	217	
Q216	Did you Condom use always after the use of Alcohol/ chewing khat	1. Yes 2. No		
Q217	Did you smoke cigarette in the last 12 months	1. Yes 2. Never used	219	
Q218	How often do you smoke?	1. Daily 2. Some times 3. Usually		
Q219	Did you use hashish /ganja in the last 12 months	1. Yes 2. Never used	301	
Q220	How often do you use hashish	1. Daily 2. Some times 3. Usually		

### Section 3: marriage and live-in partnerships

Q301	Have you ever been married?	1. Yes 2. No	401	
Q302	How old were you when you first Married?	Age in years [---/---		
Q303	<b>If married:</b> <b>Men:</b> do you have more than one Wife? <b>Woman:</b> does your husband have Other wives?	1. Yes 2. No 3. Don't know		
Q304	<b>Woman:</b> Do you have any extra marital Sexual relationship?	1. Yes 2. No		

### Section 4: Sexual history: numbers and types of partners

Q401	<b>For unmarried:</b> Have you ever had sexual intercourse?	1. Yes 2. No	501	
Q402	At what age did you first have sexual Intercourse?	Age in years [---/---]		
Q403	Have you had sexual intercourse in the last 12months?	1. Yes 2. No		

### Section 5: Sexual history: regular partners

Q501	Did you have sex with regular Partner during past 12 months?	1. Yes 2. No	601																						
Q502	The last time you had sex with this regular partner, did you and Your partner uses a condom?	1. Yes 2. No																							
Q503	Why didn't you and your partner Use a condom that time?	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Not available</td> <td>1</td> <td>2</td> </tr> <tr> <td>Too expensive</td> <td>1</td> <td>2</td> </tr> <tr> <td>Partner objected</td> <td>1</td> <td>2</td> </tr> <tr> <td>Don't like them</td> <td>1</td> <td>2</td> </tr> <tr> <td>Used other contraceptive</td> <td>1</td> <td>2</td> </tr> <tr> <td>Didn't think it is necessary</td> <td>1</td> <td>2</td> </tr> </table>		Yes	No	Not available	1	2	Too expensive	1	2	Partner objected	1	2	Don't like them	1	2	Used other contraceptive	1	2	Didn't think it is necessary	1	2		
	Yes	No																							
Not available	1	2																							
Too expensive	1	2																							
Partner objected	1	2																							
Don't like them	1	2																							
Used other contraceptive	1	2																							
Didn't think it is necessary	1	2																							
Q504	With what <i>frequency</i> did you and all of your regular partner(s) use a condom during the past 12 months?	1. Every time 2. Almost every time 3. Sometimes 4. Never																							
Q505	Do you have more than sexual partner	1.yes 2.no																							

### Section 6: Sexual history: commercial partners /only for males/

Q601	Did you have sexual intercourse with a commercial Partner in the last 12 months?	1. Yes 2. No	604	
Q602	The last time you had sex with this commercial partner, did you and your	1. Yes 2. No		



## የአማርኛ መጠይቅ

□ኮሌ□ ስም ----- የትምህርቱ ዓመት ----- ዲፓርትመንት -----

ይህ መጠይቅ በአዲስ አበባ ከተማ ባሉት የግል ጤና ሳይንስ ኮሌጅ ተማሪዎች በተለያዩ ባህሪያትና ለአባላዘር በሽተዎች የሚያጋልጡ ባህሪያት ተዛማጅነት ለማወቅ የተዘጋጀ መጠይቅ ነው።

### **መፅቢ□**

የተከበርክ/ሽ ተጠያቂ □አኛ በግል ጤና ሳይንስ ኮሌጆች ያሉትን ተማሪዎች በተለያዩ ባህሪያትና ለአባላዘር በሽተዎች ተጋላጭ ባህሪያት በተመለከተ ለማጥናት እንፈልጋለን ። የዚህ ጥናተዊ ፅሁፍ በአዲስ አበባ ዩኒቨርሲቲ □ህብረተሰብ ጤና ትምህርት ክፍል ታተይቶና ተገምግሞ ለድህረ ምረቃ ማማያ የተዘጋጀ መጠይቅ ነው።

### **በራስ መተማመንና ፈቃደኝነትን በተመለከተ**

ስለ ራስዎ አንዳንድ ጥያቄዎች አጠይቅዎታለዉ ለመጠይቆች መልስ ይሰጡን ዘንድ በትህትና እንጠይቃለን። መልስዎ ፍፁም ሚስጥራዊ ነው። መመለስ የማይፈልጉት ጥያቄ የግድ መመለስ የነብዎትምና መተዉ ይችላሉ። በመሆኑም ይህን መጠይቅ በፈለጉት ጊዜ ሊያቆሙ ይችላሉ። አኛ የተማሪዎችን ትክክለኛና ታማኝ ምላሽ የምንፈልገዉ የተማሪዎችን ባህሪያትና ለአባላዘር በሽተዎች □ሚያጋልጡ ባህሪያት ያለዉን ሁኔተ ለመረዳት ነዉ። የዚህ ጥናተዊ ፅሁፍ ዉጤት በአገራችን ለሚደረገዉ አባላዘር በሽተዎች መከላከልና ለመቆጣጠር ትልቅ አስተዋፅኦ ይኖረዋል ብለን ተስፋ እናረጋለን። በመጀመሪያ ለጥያቄዎችን መልስ ለመስጠት ጊዜህን/ሽን ስለሰጠክን/ሽን አናመሰግናለን። ጥያቄዉ 15 ደቂቃ ያህል ይወሰወዳል።ስለዚህ በምናደርገዉ ጥናት ላይ ለመሳተክ □ቃ□ኛ ነህ/ሽን?

አዎ  አይደለሁም

መጠይቅ ያደረገው ሰው ስምና መለያ ቁጥር ----- ፊርማ -----

መጠይቅ የተደረገበት ቀን ----- 2003ዓ.ም

የሱፐርቫይዘር ሥም----- ፊርማ -----

ለተጨማሪ መረጃ ከፈለጉ ለአቶ አንዋር ኑሩ በስልክ ቁጥር 0911062521 መጠየቅ ይችላሉ

### 1. መሰረተዊ መረጃዎች

ተ.ቁ		መለኪያ ኮት	ጁለት	ኮት
101	□መላሽ ፍተ	1. ወንድ 2. ሴት		
102	ዕድሜህን/ሽን ስንት ነው.	ዕድሜ በዓመት-----		
103	የስንተኛ ዓመት ተማሪ ነህ/ሽ	1. አንደኛ 2. ሁለተኛ 3. ሶስተኛ 4. አራተኛ		
104	የመኖሪያ ሄኔተ	1. ከቤተሰብ ጋር 2. ለብቻ ተከራይተው.		
105	ሃይማኖትህ/ሽ ምንድ ነው.	1. የለኝም 2. አስላም 3. ኦርቶዶክስ 4. ካቶሊ.□ 5. ሌላ ካለ ጁብላን		
106	ብሄረሰብህ/ሽ ምንድነው.	1. አማራ 2. ኦሮሞ 3. ትግሬ 4. ቶራቶ 5. ሱማሊ. ሌላ ጁብላን-----		
107	ወርሃዊ የኪስ ገንዘብ ምን ያህል ነው.	1. የለኝም 2. ከ 100 ብር በታች 3. ከ100 አስከ 200 ብር 4. ከ 300 አስከ 400 ብር 5. ከ 500 ብር በላይ		

**2. ሱስ አስያዥ ነገሮችን ስለ መጠቀም**

201	ባለፉት 12 ወራት አልኮልነት ያላቸው መጠጦች ጠጥተዋል	1. አዎ 2. በ <input type="checkbox"/> ራሽ አልጠጣሁም →	203																										
202	ከጠጡ በየስንት ጊዜ ይጠጡ ነበረ	1. በየቀኑ 2. ቢያንስ በሳምንት አንዴ 3. በበዓል ቀን ብቻ 4. በየቀኑ																											
203	አንዳንድ ሰዎች ህክምና ያልተዘዙ/ሱስ የሚያስይዙ መድሃኒቶች ይወስዳሉ። አርስዎ እንኒህ ሞ <input type="checkbox"/> <input type="checkbox"/> ታሉ?	1. አዎ 2. በጭራሽ አልሞክርኩም →	206																										
204	ከሞክሩ ከሚከተሉት የትኛውን ሞ <input type="checkbox"/> ረኝል?	<table border="1"> <thead> <tr> <th></th> <th>አዎ</th> <th>የለም</th> <th>አላቅም</th> <th>መየለም</th> </tr> </thead> <tbody> <tr> <td>ኮከይን</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>ሄሮይን</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>አፀፋሪስ</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>ማሪዋና</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </tbody> </table>		አዎ	የለም	አላቅም	መየለም	ኮከይን	1	2	3	4	ሄሮይን	1	2	3	4	አፀፋሪስ	1	2	3	4	ማሪዋና	1	2	3	4		
	አዎ	የለም	አላቅም	መየለም																									
ኮከይን	1	2	3	4																									
ሄሮይን	1	2	3	4																									
አፀፋሪስ	1	2	3	4																									
ማሪዋና	1	2	3	4																									
205	እንኒህ በህክምና ያልተዘዙ/ሱስ የሚያስይዙ መድሃኒቶች ለምን ያህል ቶ <input type="checkbox"/> ተ <input type="checkbox"/> ቅመኝል?	የወራት ቁጥር-----																											
206	<input type="checkbox"/> አንዳንድ ሰዎች በመርፌ የሚወጋ መድሃኒት ይጠቀማሉ። አርስዎስ ላለፉት 12 ወራት እንኒህ መድሃኒቶች ተወግተዉ ያዎታሉ? በህክምና የሚተዘዙ መድሃኒቶች አይመለከትም	1. አዎ 2. በጭራሽ አልሞክርኩም →	209																										
207	ለምን ያህል ጊዜ ተወግተል	የወራት ቁጥር-----																											
208	እንኒህ መድሃኒቶች ለጀመሪያ ጊዜ ሲወስዱ ዕድሜዎ ስንት ነበር?	ዕድሜ በዓመት-----																											
209	አንኝህ መጠጦች አን መድሃኒቶች የወሲብ ፍላጎትዎ ይቀሰቅሳሉ ወይም ጁ <input type="checkbox"/> ምራሉ?	1. አዎ 2. አይቀሰቅሱም/አይጨምሩም 3. አላወቅም																											
210	ባለፉት 12 ወራት ምን ያህል ጊዜ እንኒህ መድሃኒቶች ተወግቻለዉ ጁላሉ?	1. አንዴ ብቻ 2. በሳምንት አንድ ያህል 3. በሳምንት ከ 2 አስከ 3 ጊዜ 4. በቀን አንዴ 5. በቀን ከ 2 አስከ 3 ጊዜ																											
211	ላለፉት 12 ወራት ጫት ቅመ <input type="checkbox"/> <input type="checkbox"/> ታሉ?	1. አዎ 2. በጭራሽ አልቃምኩም →	215																										
212	ላለፉት 12 ወራት በየስንት ጊዜዎ	1. በየቀኑ 2. በየሳምንቱ																											

	ነበር የሚቅሙት	3. በሳምንት ሁለቱ 4. በወር አንዴ 5. በአጋጣሚ		
213	ጫት ከቃሙ በሃላ የእንቅልፍ አጠት ችግር ያጋጥሞታል?	1. አዎ 2. አያጋጥመኝም 3. አላስተወስኑም 4. መልስ <input type="checkbox"/> አዎ		
214	<input type="checkbox"/> እንቅልፍ አጠት ችግር ካጋጠምዎት ይህን ችግር ለመፍታት ምን <input type="checkbox"/> ርዳሳ?	1. አልከል አጠጣለሁ 2. <input type="checkbox"/> እንቅልፍ መድሃኒት አወጣለወ. 3. <input type="checkbox"/> እንቅልፍ መድሃኒት አወጋለወ. 4. ምንም አላደርግም 5. ሌላ ካለ ጁ ብሉን-----		
215	ጫትወይም አልከል ከተጠቀሙ በሃላ የግብረሰጋ ግንኙነት አድርገዋል <input type="checkbox"/> ቃሉ?	1. አዎ 2. በጭራሽ አላደረኩም →	217	
216	ኮንዶም ተጠቅመዋል ነበር?	1. አዎ 2. አልተጠቀምኩም		
217	ባለፉት 12 ወራት ሲጋራ አጭሰዋል <input type="checkbox"/> ቃሉ?	1. አዎ 2. በጭራሽ አላጨሰኝም →	220	
218	በምን ያህል ጊዜ ነው የሚያጨሰሱት?	1. በየቀኑ 2. አልፎ አልፎ 3. ሁል ቋ <input type="checkbox"/>		
219	በቀን ምን ያህል ጊዜ ያጨሰሱ?	1. በቀን 1-5 ሲፋራ 2. በቀን 5-10 ሲፋራ 3. በቀን ከ 10 በላይ ሲጋራ		
220	ባለፉት 12 ወራት ሃሺሽ/ጋንጃ ተ <input type="checkbox"/> ቅመ <input type="checkbox"/> <input type="checkbox"/> ቃሉ?	1. አዎ 2. በጭራሽ አልተጠቀምኩም →	301	
221	በምን ያህል ጊዜ ነው <input type="checkbox"/> አካባቢ ሃሺሾች ሚጠቀሙት?	1. በየቀኑ 2. አልፎ አልፎ 3. ሁል ቋ <input type="checkbox"/>		

3. ጋብቻ አብሮ መኖርን በተመለከተ

301	ትዳር ይዘዉ ያወቃሉ?	1. አዎ 2. አልያዝኩም →	401	
302	መ <input type="checkbox"/> መሪ <input type="checkbox"/> ሲያገቡ ዕድሜዎ ስንት ነበር?	ዕድሜ በዓመት-----		
303	ካብ- ለወንድ: ከአንድ የበለጠ ሚስት አለዎት? ለሴት: ባለቤትዎ ሌላ ሚስት አላቸዉ?	1. አዎ 2. የለኝም/የላቸዉም 3. አላወቅም		
304	ለወንድና ለሴት ከባለቤትዎ ሌላ የፍቅር ጋደኛ አለዎት?	1. አዎ 2. የለኝም 3. መልስ <input type="checkbox"/> አዎ		

4. **ፅብረ ስፋት ፋብሪካ ዓይነትና ቁጥርን በሪመለከተ**

401	ላላገቡ ብቻ የግብረሰጋ ግንኙነት አድርገው ፍታሉ?	1. አዎ 2. አላደረሁም →	501	
402	የመጀመሪያ የግብረሰጋ ግንኙነት ሲያደርጉ ዕድሜዎ ስንት ነበር?	ዕድሜ በዓመት-----		
403	ላላፋት 12 ወራት የግብረ ሰጋ ግንኙነት አድርገዋል?	1. አዎ 2. አላደረሁም 3. መልስ ፍታሉ		

5. **መጠን ፅብረ ስፋት ፋብሪካን በሪመለከተ**

501	ላላ ፋት 12 ወራት ከመደበኛ ፋብሪካ ዎ/ባል ወይም ሚስት/ጋር ፅብረ ስፋት ግንኙነት አድርገዋል?	1. አዎ 2. አላደረሁም →	601	
502	በመጨረሻዉ የግብረሰጋ ግንኙነትዎ ጊዜ አርስዎና መደበኛ ፅብረ ስፋት ፋብሪካ ኮንዶምን ተጠቅማችሁ ነበር?	1. አዎ 2. አልተጠቀምንም 3. አላስተወስንም		
503	አርስዎና ጋደኛዎ ኮንዶምን ለምን አልተጠቀማችሁም?	1. አልተገኘም 2. በጣም ወደ ነዉ 3. ፋብሪካ በመቃወሙ/ሚ 4. አልወድም 5. አላሰብኩበትም 6. አላወቅም		
504	ላላፋት 12 ወራት አርስዎና መደበኛ ፅብረ ስፋት ፋብሪካዎ ምን ያህል ጊዜ ኮንዶምን ተጠቀሙ ነበር?	1. ሁል ጊዜ 2. ከሞላ ጎደል ሁል ጊዜ 3. አንዳንዴ 4. በግራሽ 5. አላስተወስኑ		
505	ባላፋት 12 ወራት ከአንድ በላይ ፍቅር ፋብሪካ ነበርዎት?	1. አዎ 2. የለኝም		

6. **ሴተኛ አዳሪ የግብረ ሰጋ ጋደኛን በሪመለከተ/ለወንድ ብቻ/**

601	ላላፋት 12 ወራት ከሴተኛ አዳሪ ፋብሪካ ጋር የግብረ ሰጋ ግንኙነት አድርገዋል?	1. አዎ 2. አላደረሁም →	604	
602	በመጨረሻዉ የግብረ ሰጋ ግንኙነትዎ ጊዜ አርስዎና የሴተኛ አዳሪ ጋደኛ- ኮንዶምን ተጠቅማችሁ ነበር?	3. አዎ 4. አላደረሁም 1. አላስተወስንም		
603	ኮንዶምን ለምን አልተጠቀማችሁም?	1. አልተገኘም 2. በጣም ወደ ነዉ 3. ፋብሪካ በመቃወሙ/ሚ 4. አልወድም 5. አላሰብኩበትም 6. አላወቅም		

604	ብር ወይም ሌሎች ስጦተዎች በመስጠት የብብረስጋ ግንኙነት አድርገው ያወቃሉ?	1. አዎ 2. አላወቅም →	701	
605	ካደረጉ ኮንዶምን ተጠቅመው ነበር?	1. አዎ 2. አልተጠቀምኩም		
606	ኮንዶምን ለምን ያህል ጊዜ ተጠቅማቸው ነበር?	1. ሁል ቶ 2. ከሞላ ጎደል ሁል ጊዜ 3. አንዳንዴ 4. በጊዜ ራሽ 5. አላስተወስንም		

**7. መጠኛ ያልሆኑት እና ሴተኛ አዳሪ ያልሆኑት የግብረ ስጋ ጋደኛን በሪመለከተ**

701	ላለፉት 12 ወራት መደበኛና ሴተኛ አዳሪ ካልሆኑት ጋደኛ- ፍር ማብረስ ስጋ ግንኙነት አድርገዋል?	1. አዎ 2. አላደረሁም → 3. አላስተወስንም	<input type="checkbox"/> ረሱ	
702	በመጨረሻው የግብረ ስጋ ግንኙነት ጊዜ ኮንዶምን ተጠቅማቸው ነበር?	1. አዎ 2. አላደረሁም 3. አላስተወስንም		
703	ኮንዶምን ለምን አልተጠቀማችሁም?	1. አልተገኘም 2. በጣም ወድ ነው 3. ፍርግ በመቃወም/ሚ 4. አልወድም 5. አላሰብኩበትም 6. አላወቅም		
704	ኮንዶምን ለምን ያህል ጊዜ ተጠቅማቸው ነበር?	1. ሁል ቶ 2. ከሞላ ጎደል ሁል ጊዜ 3. አንዳንዴ 4. በጊዜ ራሽ 5. አላስተወስንም		

**ቃለመጠይቁ ጨርሻው ላደረጉልኝ ትብብር በጣም አመሰግናለሁ።**

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

**ASSESSMENT OF SUBSTANCE USE AND RISKY SEXUAL BEHAVIOR FOR  
SEXUALLY TRANSMITTED INFECTIONS AMONG PRIVATE HEALTH  
SCIENCE COLLEGE STUDENTS IN ADDIS ABABA, ETHIOPIA**

**By**

**ANWAR NURU**

**Approved by the examining board**

DrWagari Deressa

(Chairman, Dean SPH)

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Signature

Dr. Wagari Deressa

(Advisor)

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Signature

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(Internal Examiner)

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Signature

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(External Examiner)

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Signature

**February 2014**

**Addis Ababa, Ethiopia**

