ADDIS ABABA UNIVERSITY, COLLEGE OF HEALTH SCIENCE,
SCHOOL OF PUBLIC HEALTH

SEXUAL RISK BEHAVIOURS AND ASSOCIATED FACTORS AMONG UNDER GRADUATE STUDENTS, IN MADAWALABU UNIVERSITY, SOUTH EAST ETHIOPIA

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Table of contents

List of tables

List of figures

Acronyms

AIDS	Acquired Immuno Deficiency Syndrome
AOR	Adjusted Odds Ratio
ASRH	Adolescent Sexual and Reproductive Health
BCC	Behavioural Change Communication
COR	Crude Odds Ratio
FHI	Family Health International

HIV	Human Immuno Deficiency Virus
IEC	Information Education Communication
NGOs	Non-Governmental Organizations
OCP	Oral Contraceptive Pills
PPS	Probability Proportional to Size
SPSS	Statistical Package for Social Science
STD	Sexually Transmitted Diseases
STIs	Sexually Transmitted Infections
UNICEF	United Nations International Children's Fund
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

Abstract

Background: As the number of higher learning institutions increase in number and size in Ethiopia, their HIV risk perception and behaviours have become an indispensible part of the national HIV prevention and control program. Therefore, the aim of this study was to assess the prevalence of sexual risk behaviour and associated factors among undergraduate students.

Objectives: To assess prevalence of sexual risk behaviour and associated factors in undergraduate students, of Madawalabu University.

Methods: A cross-sectional study was conducted among 634 randomly selected students in Madawalabu University, Ethiopia from February 1st to 30th, 2014 using a self-administered structured questionnaire. Data was entered and cleaned using SPSS version 16.00 statistical software. Binary logistic regression analysis was used to determine the association between dependent and independent variables. Odds ratio with 95% confidence interval was used to measure the strength and significance of the association.

Results: Overall a total 604 students participated in the study making the response rate at 95.3%. Three hundred thirty (54.6%) students reported to have ever had sexual activity of which 173 (70.9%) and 116 (35.2%) reported having inconsistent condom use and multiple sexual partners, respectively. In this study, predictors of sexual risk behaviours were; male sex (OR = 2.8 95%CI; 1.35, 5.80), more years of study (OR = 5.55 95%CI; 2.16, 14.24), accept to have premarital sex (OR = 2.58 95%CI; 1.26, 5.27) drinking alcohol (OR = 3.62 95%CI; 2.02, 6.53). Those respondents who accept to have premarital sex were nearly two and half times more likely to use condom inconsistently as compared to none accept (OR= 2.58 95%CI; 1.26, 5.27). 4th year students were nearly five times more likely to ever have multiple sexual partners as compared to first year students (OR= 5.55 95%CI; 2.16, 14.24) and those respondents who ever drunk alcohol were nearly three and half times more likely to have multiple sexual partner as compared to abstainers (OR= 3.62 95%CI; 2.02, 6.53).

Conclusions and Recommendations: The study indicated that a significant segment of sexual risk behaviours among undergraduate students of Madawalabu University which are proven by having multiple sexual partners and inconsistent condom use. Therefore, the needs of youth reproductive health in the university through strengthening BCC on risk perception; life skill training, peer-education, availing services and working with all stalk holders, NGOs, and the surrounding community is recommended

1. Introduction

1.1. Background

WHO report stated HIV/AIDS is continuing to be a world challenge. Globally, a total of 2.7 million people acquired HIV infection in 2010, down from 3.1 million in 2001, contributing to the total number of 34 million people living with HIV in 2010. More than 2.2million people died each year from AIDS-related causes (1). In low and middle income countries, it bore 90% of the global HIV burden (2). Sub-Sahara Africa is the most affected part of the world with an estimated 24.7 million (23.5 million-26.1 million) people living with HIV in sub-Saharan Africa, nearly 71% of the global total which account for 81% of all people living with HIV in the region. There are 2.9 million (2.6 million-3.4 million) young people (aged 15-24) living with HIV in sub-Saharan Africa (3).

Ethiopia is among the most heavily affected countries, with 2.4% of the world total infection in 2013 (3). The age group of 15-24 which accounted as 19.2% from total population, the highest prevalence of HIV (12.1%) was seen in this age group (4).

1.2. Statement of the problem

Recent expansion of higher learning institutions in Ethiopia has resulted in a significant increase enrolment of students from 39,576 in 1996 E.C to 220,340 in 2006 E.C. Currently there are nearly 125,111 undergraduate students in 34 governmental universities in the country (5). University students are the most vulnerable group for HIV infection due to inclination to be engaged in risk sexual behaviours (6). The preliminary reports indicate that the risk behaviors among university students are increasing at an alarming rate. There are many risk factors fuelling the spread of HIV and STIs among this group in particular. However, the response has been fragmented in higher education institutions. Meanwhile the majority of Ethiopian universities have only recently been established; most university officials have not yet made HIV and STIs prevention a priority and have little experience implementing HIV and STI prevention which expose students to greater opportunities that increase sexual risk behaviours (7).

A previous study in one of the universities in Ethiopia in 2012 showed that the overwhelming majority (92.7%) of female university students ever had sexual intercourse and 2.2% experienced forced sex while 47% of those who had forced sex had experienced unintended

pregnancy all of which resulted in an induced abortion (15) this might be due to the fact that woman feels powerless to negotiate safer sex practices with her partner (24).

Even though youth reproductive health initiatives programs are being implemented at the national level including in higher learning institutions (12, 30); sexual risk behaviors remain a significant problem predisposing university students for STIs and HIV infection. Studies show that the special vulnerability of the youth in universities result from unsatisfactory knowledge, low risk perception, cultural difference, females low negotiation skills in condom use, widespread substance use and peer pressure towards STIs and / HIV. Additional factors that might contribute to the increased risk include the fact that university students are too many in numbers, lack of adolescent friendly sexual and reproductive health services and do not benefit from close parental supervision (9, 13, 30, 35, and 36).

Some studies that investigate the patterns of risky sexual behaviours were carried out in some places; however, there is no sufficient evidence from the newly opened higher learning institutions including in the current study area.

1.3. Expected outcome

The study was conducted with the aim of determining the prevalence of sexual risk behaviour and factors influencing sexual risk behaviour of students in Madawalabu University, Ethiopia. It is hoped that the findings of the study would contribute to the planning and implementation of appropriate programs to reduce sexual risk behaviour and promote reproductive health knowledge among the young people in the university and other similar higher learning institutions.

2. Literature review

A huge proportion of the world's population - more than 1.75 billion - is young, aged between 10-24 years, 1.5 billion of whom live in developing countries, and many face challenges that hinder their wellbeing, including poverty, a lack of access to health information and services, and unsafe environments. Ethiopia is a nation of young people over 65% of its population is under 25 year of age and a nation whose youth have profound reproductive health needs. As the number of higher learning institutions increase in number and size in Ethiopia, their HIV risk perception and behaviours have become an indispensible part of the national HIV prevention and control program (4, 10).

Sexual activities among youth have been reported to be on the increase worldwide. Most youth throughout the world engage in sexual intercourse by age 20, whether married or not. Young people need information on STI/HIV prevention (including abstinence and condom use); information about risky sexual behaviour and the consequences of such behaviour on their reproductive health; and negotiation skills-building training; and also interventions that address their needs can save lives and foster a new generation of productive adults who can help their community's progress. All of this together will help to increase young people's self-esteem, build their confidence, and elevate their self-efficacy. Among young people, the reduction of HIV incidence has been associated with the importance of behaviour indicators such as increased condom use consistently, delayed premarital sexual debut and decrease in multiple partnerships (4, 11, and 13).

Sexual risk behaviours

Young age is a critical developmental period when many youth begin to define and clarify their sexual values and start to experiment with sexual behaviour. Most of these youth are students and they are also at a high risk for unsafe sexual behaviours and problems like HIV/AIDS or STI, unwanted pregnancy, abortion, psych-social, and economic problems (12). Sexual behaviours and reproductive health of youth in developing countries have attracted a considerable attention over the previous years. But, a large proportion of the population in these countries is affected by HIV/AIDS and other reproductive health problems. The sexual behaviour of youth is important not only because of the possible reproductive outcomes but also because of the fact that risky sexual behaviour is associated with sexually transmitted infections (4, 37).

Risky behaviours are common among undergraduate students by the fact that they mostly live in campuses with peer pressure; economic problems and lack of youth friendly recreational facilities. Particularly, risky behaviours such as the consumption of alcohol, cigarette smoking, or the use of illicit drugs by adolescents have been shown to be associated with increased risks of sexual intercourse, multiple sexual partners and lower rates of condom use (9).

Youth are at high danger of risky sexual behaviors and reproductive health problems. But these problems are not considered health priorities because more often young people considered having lower morbidity. However, the youth have limited access to reproductive health services and risky sexual behavior. Their reproductive health strategies demand a multi-sector and integrated approach on risky sexual factors and unsafe sexual behavior. These problems can be averted by key programs activities such as; behavioral change communication (BCC) intervention; promote the establishment of Anti-AIDS club, life skill training, peer education, distribution of information education communication materials (IEC) and improvement of the quality of health services especially voluntary counselling and testing (VCT) activities (4,37).

The Theory of Planned Behaviour asserts to engage in premarital sex flows from a youth's attitude toward premarital sex, his/her perception of the subjective (cultural) norms associated with such behaviour, and his/ her beliefs regarding his/her ability to engage in sexual activity. In addition, Social Learning Theory posits peer group interaction portrays a significant role in cigarette/alcohol use and subsequent premarital sex among college students. Same study in college students in Taiwan revealed that adolescent alcohol use was significantly associated with a higher likelihood of engaging in premarital sex for both genders; adolescent smoking was significantly associated with premarital sexual activity among males. If the relationship between cigarette/alcohol use and subsequent sexual activity can be understood, interventions can be designed to efficiently and effectively decrease and/or limit the likelihood of adolescents' misusing these substances and engaging in premarital sex (16,17).

Early initiation of sexual activity and unprotected sexual behaviours leads to negative physical and psychological outcomes. Adolescents who engage in sexual behaviours at earlier ages have more lifetime sexual partners, a greater likelihood of acquiring HIV/AIDS and

other sexually transmitted infections, and a greater likelihood of having an unintended pregnancy. Most young adults who enter into a sexual relationship for the first time do not use any form of contraception, leaving them vulnerable to unintended pregnancies and unplanned parenthood. Unprotected sex also exposes the young to sexually transmitted infections. Young women are especially vulnerable because of their biological susceptibility i.e., the immaturity of their reproductive organs. Sexual experience begins early in Ethiopian society. The median age at which first had sexual intercourse is 16. There is a gradual increase in the proportion of young women who have ever had sex (18, 19, and 27).

According to the Ethiopian demographic and Health Survey (EDHS), an HIV/AIDS prevention programme focuses their messages and efforts on three important aspects of behaviour: using condoms, limiting the number of sexual partners (or staying faithful with one uninfected, mutually faithful partner), and delaying premarital sex among the young and the never-married. To ascertain whether programmes have effectively communicated at least two of these messages, respondents were prompted with specific questions about whether it is possible to reduce the chance of getting the virus that causes AIDS by having just one faithful sexual partner and by using a condom at every sexual encounter (24).

Findings in Ethiopia among under graduate students indicate that there is an alarming level of sexually risky behavior among the study population. Significant proportion of students were sexually active, the majority having started sexual intercourse before they joined university. Students reported to have had sex with multiple sexual partners including prostitutes. There is limited use of condoms and those that use them do not do so consistently (30). Variation in young men's sexual activity across background characteristics are small, except for variation associated with marital status. Like women, ever-married young men are much more likely than never-married men to have had sexual intercourse before age 18**.** Premarital sex and high-risk sexual behaviours not only increases the possibility of negative consequences (e.g., HIV/AIDS, or other sexually transmitted infections STIs), but also result in higher rates of unplanned pregnancy (20, 26).

Determinant factors of sexual risk behaviours

In the era of HIV/AIDS and reproductive health, it is crucial to understand the determinants of sexual activities among the youth in order to inform policies and programs that help protect them (37). Previous studies elsewhere in Higher Learning Institutions mention the determinants of sexual risk behaviours are; socio demographic factors (age, male sex, religion, educational level, peer pessure, campus and outside environment), sexual coercion and substance use (alcohol, cigarette use) were identified as predisposing factors for sexual risk behaviours (13, 16, 30, 38 , 40 and 42).

Studies in Jimma and Haramaya Universities revealed that male sex, age category (≥20), study of year, religion, substance use, attending night club were independent predictors of sexual risk behaviours (13,30). Students aged 20 years old and above were more than four times to ever have sex as compared to those less than 20 years. Second year students were about two times to ever have sexual intercourse as compared to first year students. Current substance users were about three times more likely to ever have sexual intercourse as compared to non-users. Respondents who used to attend night club in the last three months were about two times more likely to ever have sexual intercourse as compared to non-attendants (13). And also a study in school of females in Bahir Dar Town, Ethiopia; explored females for pre-marital sexual activity major associated factors were frequent watching of pornographic video, peer pressure and chewing Khat (26).

Studies in Taiwan and Kenya, showed students about (39%) and (50% of males and 11% of females) reported that they have had sexual activities, respectively (17, 29). In Taiwan, students who believe in Hindu religion were two and half times (OR= 2.5) more likely to have premarital sexual initiation compared with those who follow other religions (17).

Studies in Nigerian and Nepal university, showed a higher proportions of respondents who reported lifetime use of cigarette and alcohol use were significantly related to engage in premarital sexual activity (28, 31). Male college students with heavier drinking were 2 times more likely to have premarital sex than abstainers (OR= 2.1) (31). A study done in Hong Gong revealed; the majority of unmarried youth (63.8%) held liberal attitudes toward premarital sex and about half held liberal attitude toward any form of sexual activity; Males tended to hold more liberal attitudes toward high-risk sex behaviours than female youth (14).

Studies in Haramaya University of Ethiopia and Kenya University revealed that students reporting multiple sexual partnerships were associated with male sex, attending night clubs, and religiosity; male students were 4 times more likely to have multiple sexual partner compared to female students and students attending night clubs were 2 times more likely to have multiple sexual partner to none attendants and a significant proportion of reporting multiple sexual partnerships was associated with religiosity (29, 30).

A cross sectional study in Uganda University showed, the Odds Ratios of inconsistent condom use with a new partner were significant for males who often consumed alcohol in relation to sexual actitvity (15). A study in USA explored; 64% of participants, reported that they did not always use condom; male students who drank heavily were less likely to always use condoms (OR= 0.61) (41).

In summary, the conceptual framework (figure 1) illustrates that; there are several factors influencing sexual risk behaviours at demographic factors, Socio-cultural factors, individual factors and availability & use of sexual and reproductive health services factors. These factors are related to government policies and actions at Higher Learning institution level. This study was planned to assess prevalence of sexual risk behaviours and associated factors among undergraduate students in the university. The findings of the study are hoped to contribute for the planning and implementation of interventions to improve the sexual and reproductive health services of university students.

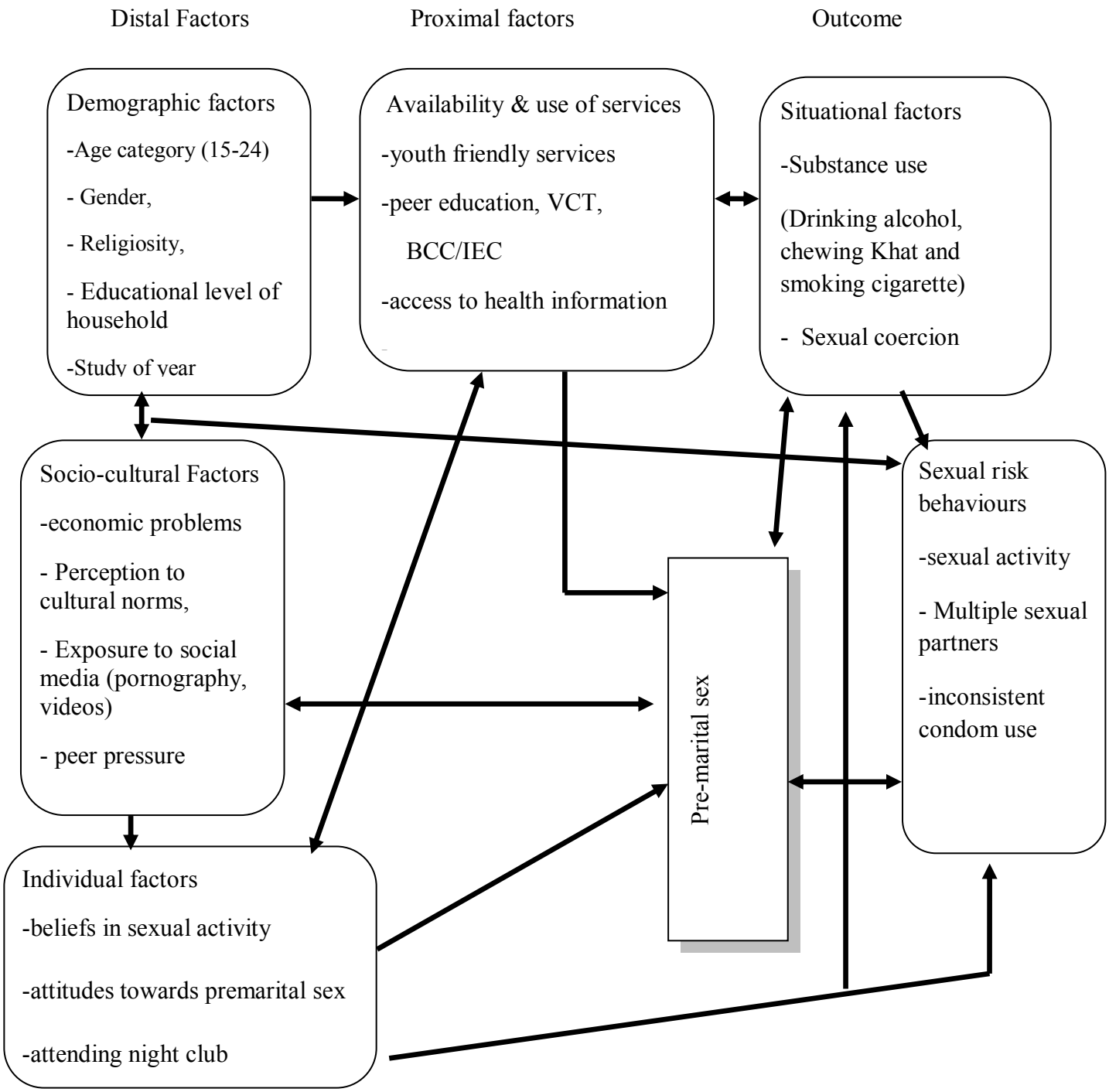

Figure 1: Conceptual framework showing the relationship between factors that may contribute to increase in sexual risk behaviours, adapted from a study on risk of HIV infection and sexual behaviour in Kenya, 2014.

The framework shows: a bilateral association is considered within demographic, socio-cultural, individual factors, with the availability& use of educational services which potentially influence individual's attitudes& practices towards sexual risk behaviours.

3. Objectives

3.1. General objective

To assess the prevalence of sexual risk behaviours and associated factors among students of Madawalabu University, South East Ethiopia, 2014

3.2. Specific objectives

- To determine prevalence of sexual risk behaviours among undergraduate students of Madawalabu University.

- To identify factors associated with sexual risk behaviours among undergraduate students of Madawalabu University.

4. Methods

4.1. Study area and period

The study was conducted at Madawalabu University, which is one of the 34 governmental universities in Ethiopia. It is located in south eastern Ethiopia, Bale zone of Oromia regional state, around 430 kilometres from Addis Ababa, the capital city of Ethiopia. During the study the University had a total of 5,454 regular students from 1st to 4th year; (2, 721 year one, 1,106 year two, 607 year three and 1,020 year four in two campuses (Robe and Goba)). The research was conducted from February 1 to 30, 2014.

4.2. Study design

The study employed an institution based cross-sectional study design.

4.3. Source and Study Population

All Students of Madawalabu University were the source population of the study. The study population were all students of departments that were randomly selected to participate in the study.

Inclusion criteria: All Madawalabu University, regular students whose age was in the range of 18-24 years attending class at the time of the study were included.

Exclusion criteria: Students who were extension, accelerated medicine, second degree students were excluded.

4.4. Sample size

The sample size was determined using the single proportion formula with the following assumptions;

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

Where,

n = sample size

p = prevalence of risky sexual behaviors among students of Uganda University which was (59%), was considered to estimate sample for the current study (16).

d = margin of error (0.05)

$$n = \frac{(1.96)^2\ 0.591(1-0.59)}{(0.05)^2} = \frac{(3.8416 \times 0.214)}{0.0025} = n = 372$$

Considering a design effect of 1.5, the sample size was 329 x1.55 = 576 and with a 10% non-response rate, the total sample size calculated was 634 regular undergraduate students.

4.5. Sampling procedure

The sampling procedure (technique) used multistage sampling. The study area was stratified in to campus named as Robe and Goba, year of study, and sex; First, list of departments and year of study was established and the sample was proportionally distributed based on the number of students; 64% of the sample was allocated for males and 36% for females to ensure representation. By preparing separate sampling frames for both sexes from the students' registration lists respondents were randomly selected from the respective year of studies and those at age of 18-24 **(figure 2).**

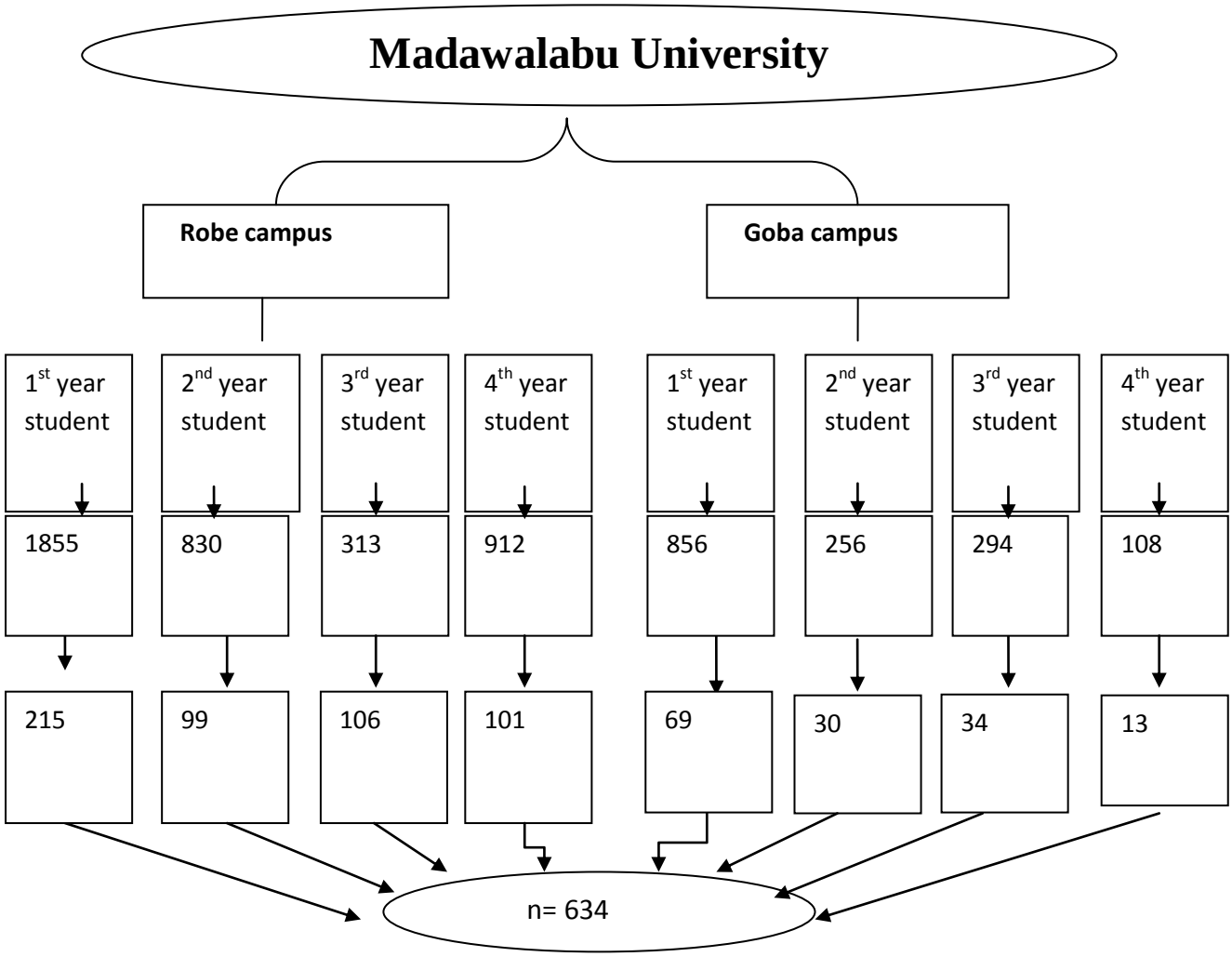

Figure 2: Schematic presentation of sampling procedure of undergraduate students of Madawalabu University, South East Ethiopia, February, 2014

4.6. Variables

Independent variables:

- Socio-demographic characteristics**:** age, sex, religion, uneducated parents, study year of students, accepting premarital sex and substance use

Dependent variables:

- Inconsistent condom use (Yes, No)
- Multiple sexual partner (Yes, No)

4.7. Data collection instrument and procedures

A pre-tested and standardized questionnaire with questions adopted and modified from different literature reviews, was used to collect data.

Self-administered questionnaire have been provided to the respondents by trained data collectors. Data collectors were assigned class, familiarized with the purpose of the study and informed verbal consent was obtained from all participants and the information from participants was kept confidential. After end of filling questionnaire they were checking and ensuring the completeness of the information.

4.8. Operational definition

Sexual activity: is defined as an action of sexual intercourse among opposite sexes.

Risk behaviour: is defined as irresponsible behaviour as those behaviours that associations with having over consumption of alcohol, cigarette smoking, or the use of illicit drugs, etc.

Sexual risk behaviours: in this study, sexual risk behaviour is defined as a behaviour that is associated with increased likelihood of acquiring sexually transmitted infections including HIV/AIDS; specifically, inconsistent condom use, or sex with multiple partners.

Predisposing factors: any condition related to socio-demographic or substance or attitudes towards having sexual intercourse that can increase the risk of involving in sexual behaviour

Substance use: ever use of at least any one of the following substances: alcohol, Khat, cigarette, Shisha, Hashish or drug that are assumed to affect levels of thinking and an increase risk of involving in risky sexual behavior.

In this study students substance use; cigarette and/or alcohol and/or Khat use was defined by whether he/she self-reported cigarette and/or alcohol and/or Khat use. From the questionnaire item, "Have you ever smoked "cigarettes" in the past week?" and, "Have you ever drunk "alcohol" in the past month?", and have you ever chewed Khat in the past month?" Respondents were dichotomized as "smokers" and "non-smokers." For the alcohol use item, students were dichotomized as: "abstainer" (no alcohol use), and who drunk in the past month. And for khat chewing item students were dichotomized in to those who "chew khat" and who do "not chew khat".

Inconsistent use of Condom: not using condom all the time during every sex act, consistently and correctly for any length of time.

Multiple sexual partners: the practice of having more than one sexual intercourse at the same time, with the full knowledge and consent of all partners involved.

4.9. Data quality management

The study employed a questionnaire that was translated from English to Amharic (back to English as well to confirm consistency) and it was pre-tested among students who did not take part in the current study. Data collectors were trained for one day on the objectives and the methodology of the research and issued associated with self-administered questionnaire including the need for proper categorization and coding of the response variables. Close supervision was made by the principal investigator.

4.10. Data processing and analysis

The data was coded and entered in to computer using statistical package for SPSS, Frequency distributions were run to further clean the data and check for missing/errors values. Univariate analysis was computed to determine the distribution of socio-demographics and substance use, reasons for sexual initiation, variables related to risky sexual behaviours. The Bivariate analysis was computed and comparisons of the proportion of undergraduate students those who were involved in sexual risk behaviours for each subset of the independent variables presented in tables and statistical significance were determined at P-value level of 0.05. Odds ratios and 95% confidence intervals were computed using binary logistic regression. Multiple logistic regression models were used to determine the

independent predictors of sexual risk behaviours. Adjusted Odds ratios and 95% confidence intervals were computed for each explanatory variable to determine the strength of association of independent predictors of sexual risk behaviours.

4.11. Ethical Considerations

Ethical approval was secured from the research and Ethics committee at the School of Public Health of Addis Ababa University (AAU). Information on the purpose of the study and the right not to participate were given to the participants. Informed verbal consent was obtained from all participants and the information from participants was kept confidential. To ensure confidentiality and openness in reporting, questionnaires were provided to students along with an envelope. After administration, students sealed the questionnaires and returned it to the data collectors.

5. Results

It was planned to include a sample of 634 students. But, complete data for analysis were obtained from 604 students making a response rate to be 95.3%.

5.1. Socio demographic characteristics

Majority 384 (64.1%) of the respondents were males and 217(35.9%) were females. The mean age of the respondents was 21 (± 1.60), 21.2 for males and 20.6 for females. Majority of the respondents (58.4%) were in the age group of ≥21 years and the remaining 251(41.6%) of the respondents were in the age group of <21 years. Of the study participants (94.9%) were religious and 5.1% were none religious. Year of study of respondents verified that 35.3% were year I, 35.9% were year II, 20.0% were year III and 8.8% were year IV students. Regarding parents education, (86.4 %) of parents were literate and (13.6%) of parents were illiterate (Table 1).

Table 1: Selected socio-demographic characteristics of respondents of Madawalabu University, South East Ethiopia, February, 2014

Variables	Frequency	Percent
Age		
<21 year	251	41.6
≥21 year	353	58.4
Mean age (± SD) years	21	(± 1.60)
Sex		
Male	387	64.1
Female	217	35.9
Religion status		
Yes	573	94.9
No	31	5.1
Year of study		
year I	213	35.3
year II	217	35.9
year III	121	20.0
year IV	53	8.8
Parents education		
Literate	489	86.4
Illiterate	77	13.6

5.2. Substance use

The Substance used by young people was assessed with respect to drinking alcohol, chewing Khat, and smoking cigarette. And it was revealed that about 19.8%, 15.2%, and 12.9% of the respondents reported they had experienced drinking alcohol, chewing chat, and smoking cigarette respectively (Table 2).

Table 2: Percentage distribution of undergraduate students by substance use of Madawalabu University, South East Ethiopia, February, 2014

Variables	Frequency	Percent
Drinking alcohol		
Yes	200	19.8
No	404	80.2
Chewing Khat		
Yes	122	15.2
No	472	84.8
Smoking cigarette		
Yes	59	12.9
No	545	87.1

5.3. Sexual risk behaviors

Sexual practice

More than half 330 (54.6%); 95% CI (50.6 to 58.6) of respondents ever had sexual activity (40.6% male and 62.5% female). The mean age at first sexual intercourse was 19.5(±1.7) years (17.69(±1.16) years for male and 16.56 (±1.31) years for females). More than 86% of the youth started first sex at age of ≤18 years. A majority, 248 (82.7%) of them had first sexual intercourse with a boy/girlfriend, 6.3% with relatives, 5.7% with strangers and 5.3% with CSW. The prevalence of multiple sexual partners among the respondent was over one third (35.2%); 95%CI (28.8 to 41.8) (Table 3).

Table 3: Sexual history among respondents of Madawalabu University, Undergraduate students, South East Ethiopia, February, 2014

Characteristics	Frequency	Percent
Ever had sexual activity		
Yes	330	54.6
No	274	45.4
With whom 1st sex was made		
Boy/girl friend	248	82.7
Relative	19	6.3
Stranger	17	5.7
CSW	16	5.3
Age at first sex		
≤18	285	86.4
>18	45	13.6
Number of sexual partners over life time		
Only one	214	64.8
More than one	116	35.2

Condom use

Among those who ever had sexual intercourse, 244(73.9%), have ever used a condom. Among 244 students who reported to a frequency of condom use, nearly three quarter (70.9%); 95% CI (64.1 to 77.6) of the respondents were identified as using condom inconsistently (Table4).

Table 4: Condom use and frequency among undergraduate students of Madawalabu University, South East Ethiopia, February, 2014

Characteristics	Frequency	Percent
Condom use		
Yes	244	73.9
No	86	22.4
Frequency of condom use		
Consistently	71	29.1
Inconsistently	173	70.9

Reason for initiation of first sex

Regarding reasons for initiation of first sex, the respondents claimed major reasons were; personal desire 197(60.0%) followed by peers pressure 95(29.0%), influence of substance& economic benefits 34(10.0%) and others 4(1%) (Figure 3).

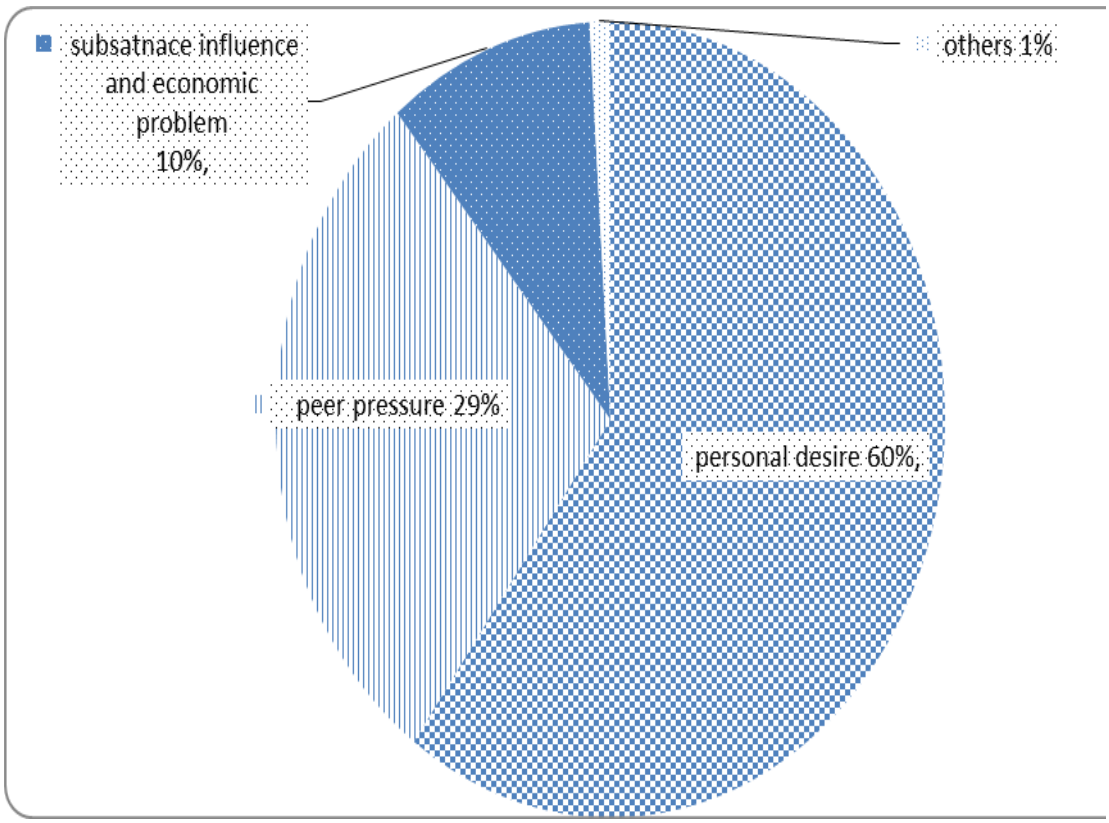

Figure 3: Reasons for initiation of first sex in undergraduate students of Madawalabu University, South East Ethiopia, February, 2014

Contraceptive use

Among those who had sexual intercourse; (68.8%) reported they had used one of the contraceptive methods at the time of their first sexual intercourse, and (68.5%) of them used a method at the last sexual intercourse. The condom was the most common method used during the first and last sexual intercourses followed by oral contraceptive pills (OCP). Accordingly (55.9%) of those sexually active respondents used condom during the first sexual intercourse and (57.6%) used a condom during the last sexual intercourses (figure 4).

Among those who had been in sexually activity, female respondents 16 (8.8%) had had unwanted pregnancies and (81.2%) of them had induced abortions

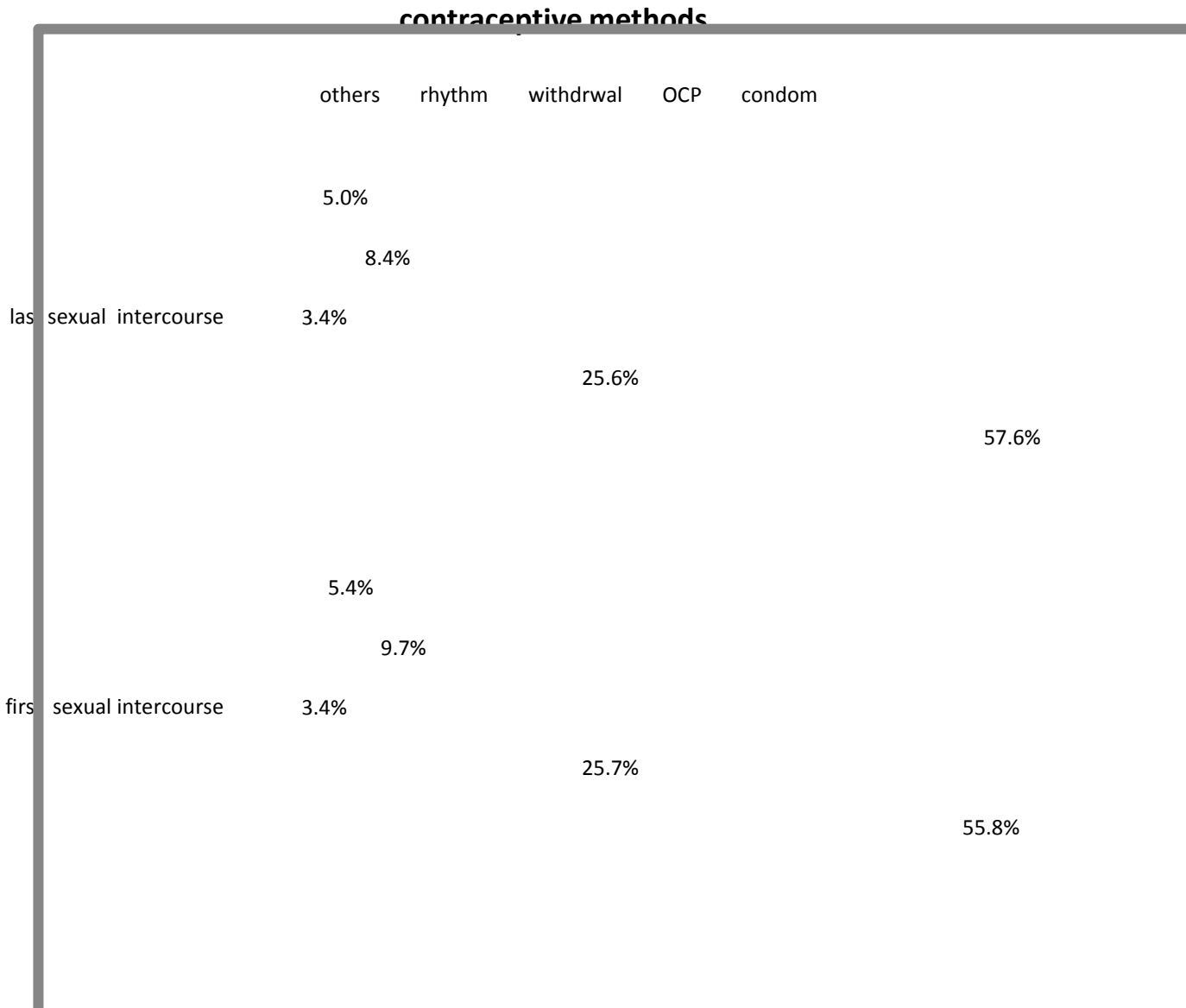

Figure 4: Contraceptive use at first and last sexual intercourse of undergraduate students of Madawalabu University, South East Ethiopia, February, 2014.

5.4. Bivariate analysis

On Bivariate analysis: the factors that were significantly associated with sexual risk behaviours are proven as inconsistent condom use includes; male sex, more study of year, and multiple sexual partner includes; male sex, more study of year, drinking alcohol, chewing Khat, accepting to have premarital sex.

5.4.1. Predisposing factors for inconsistent condom use

Male respondents were nearly two times more likely to use condom inconsistently as compared to female respondents (COR=2.23; 95% CI (1.10-4.49). Those who were 3rd year students were nearly one and half times more likely to use condom inconsistently as compared to first year students, (COR= 1.37 ; 95% CI (1.58-3.22) (table5).

Table 5: Bivariate analysis for inconsistent condom use among undergraduate students of Madawalabu University, South East Ethiopia, February, 2014

Variable	inconsistent condom use		COR(95% CI)
	Yes n (%)	No n (%)	
Sex			
Female	12 (83.1)	54(31.2)	1
Male	59 (16.9)	119(68.8)	**2.23(1.10-4.49)***
Age			
<21	69 (39.9)	21 (29.6)	1
≥21	104 (60.1)	50 (71.4)	0.63(0.35-1.64)
Study of year			
Year I	61 (35.3)	21 (29.6)	1
Year II	43 (24..9)	36 (50.7)	1.81(0.52-6.35)
Year III	40 (23.1)	10 (14.2)	**1.37 (1.58-3.22)***
Year IV	29 (16.8)	4 (5.6)	2.49 (0.78-7.93)
Religious			
Yes	159 (91.9)	64 (90.1)	1
No	14 (8.1)	7 (9.9)	0.80(0.31-2.08)
Parents education			
Literate	150 (86.7)	60 (84.5)	1
Illiterate	23 (13.3)	11 (15.5)	0.83(0.38-1.82)
Drinking alcohol			
No	93(58.8)	27(38.0)	1
Yes	80(46.2)	44(62.0)	0.52(0.30-0.93)
Chewing Khat			
No	63 (36.4)	13 (18.3)	1
Yes	110 (63.6)	58 (81.7)	0.39 (0.20-0.77)
Smoking cigarette			
No	133(76.7)	1 (1.4)	1
yes	40 (23.3)	70 (98.6)	0.04 (0.06-0.35)
Accept to have premarital sex			
No	73 (42.2)	35 (49.3)	1
Yes	100 (57.8)	36(50.7)	1.33(0.76-2.31)

Note: *** = p < .001, ** = p < .01, * = p < .05

5.4.2. Predisposing factors for multiple sexual partner

Male respondents were more than two times to have multiple sexual partners as compared to female respondents (COR= 2.19; 95% CI: 1.26 to 3.82). Those who were 4th and 3rd year students were nearly six and seven times more likely to have multiple sexual partners as compared to first year students (COR= 5.77; 95% CI: 2.69 to 12.41), COR= 7.20; 95% CI: (3.14 to 14.25, respectively. Alcohol users were nearly two times more likely to have multiple sexual partners as compared to abstainers (COR=2.13; 95%CI: 1.30 to 3.48**).** And also those who chew Khat were nearly four times more likely to have multiple sexual partners as compared to non-users (COR= 4.40; 95% CI: 2.72 to 7.14). Other variable of acceptance to have premarital sex were also nearly two times more likely to have multiple sexual partners as compared to none acceptance (Table 6).

Table 6: Bivariate analysis for multiple sexual partners among undergraduate students of Madawalabu University, South East Ethiopia, February, 2014

Variable	Multiple sexual partner		COR(95% CI)
	Yes n (%)	No n (%)	
Sex			
Female	21(18.1)	70(32.7)	1
Male	95(81.9)	144(67.3)	**2.19(1.26-3.82)***
Age			
<21	36 (31.0)	85(39.7)	1
≥21	80 (69.0)	129(60.3)	1.46(0.90-2.36)
Study of year			
Year I	21(18.1)	96(44.9)	1
Year II	30(25.9)	73(34.1)	0.80(0.37-1.74)
Year III	41(35.3)	26(12.1)	**7.20(3.1-14.25)***
Year IV	24(20.7)	19(8.9)	**5.77(2.69-12.41)***
Religious			
Yes	16 (7.5)	107(92.2)	1
No	197(92.5)	9 (7.8)	0.96(0.41-2.25)
Parents education			
Literate	102(87.9)	168(78.5)	1
Illiterate	14(12.1.)	40 (21.5)	0.57(0.26-0.95)
Drinking alcohol			
No	38(31.8)	146(68.2)	1
Yes	78(67.2)	68(31.8)	**4.40(2.72-7.14)***
Chewing Khat			
No	45(38.8)	165(77.1)	1
Yes	71(61.2)	49(22.9)	**2.13(1.30-03.48)***
Smoking cigarette			
No	96(82.8)	186(86.9)	1
yes	20(17.2)	28(13.1)	1.38(0.74-2.58)
Accept to have premarital sex			
No	51(44.0)	130(60.7)	1
Yes	65(56.0)	84(39.3)	**1.97(1.24-3.11)***

Note: *** = p < .001, ** = p < .01, * = p < .05

5.5. Multivariate analysis

Based on findings from the Bivariate analysis, variables were included in multiple logistic regression models. In multiple logistic regression analysis it was identified that; predictors of sexual risk behaviours were; sex (male), year of study (3rd and 4th), acceptance to have premarital sex, drinking alcohol.

Only two behavioral factors were associated with inconsistent condom use; year of study (4th), accept to have premarital sex. It was found that 4th year students were nearly nine times more likely to use condom inconsistently as compared to first year students (AOR=9.5; 95% CI: (2.5-36.3). Those respondents who believe to have premarital sex were nearly two& half times more likely to use condom inconsistently as compared to non-accepting (AOR= 2.58; 95% CI: (1.26-5.27).

And also sex, year of study (3rd and 4th) and drinking alcohol were the independent predictors that determine multiple sexual partners. It was found out males respondents were nearly three times more likely to ever have multiple sexual partners as compared to females (AOR=2.80; 95% CI (1.35-5.80). Fourth and third year students were nearly five times and ten times more likely to ever have multiple sexual partners as compared to first year students (AOR=5.55; 95% CI: (2.16-14.24) and (AOR= 10.44; 95% CI: (4.34-25.1) . There was also a significant association with those who ever drunk alcohol having multiple sexual partners more than threefold odd compared to abstainers (AOR=3.62; 95% CI: (2.02-6.53) (table7).

Table 7: Multivariate analysis for factors associated with inconsistent condom use and multiple sexual partners among students of Madawalabu University, South East Ethiopia, February, 2014

Variable	inconsistent condom use		COR(95% CI)	AOR (95%CI)	Multiple sexual partner		COR(95% CI)	AOR (95%CI)
	Yes n (%)	No n (%)			Yes n (%)	No n (%)		
Sex								
Female	12 (83.1)	54(31.2)	1	1	21(18.1)	70(32.7)	1	1
Male	59 (16.9)	119(68.8)	**2.23(1.10-4.49)***	1.34(0.56-3.21)	95(81.9)	144(67.3)	**2.19(1.26-3.82)***	**2.80(1.35-5.80)****
Age								
<21	69 (39.9)	21 (29.6)	1	1	36 (31.0)	85(39.7)	1	1
≥21	104 (60.1)	50 (71.4)	0.63(0.35-1.64)	0.45(0.21-0.95)	80 (69.0)	129(60.3)	1.46(0.90-2.36)	0.43(0.21-0.86)
Study of year								
Year I	61 (35.3)	21 (29.6)	1	1	21(18.1)	96(44.9)	1	1
Year II	43 (24..9)	36 (50.7)	1.81(0.52-6.35)	0.59 (0.26-1.37)	30(25.9)	73(34.1)	0.80(0.37-1.74)	1.30(0.60-2.81)
Year III	40 (23.1)	10 (14.2)	**1.37 (1.58-3.22)***	2.47 (0.88-6.91)	41(35.3)	26(12.1)	**7.20(3.14-14.25)***	**10.44(4.34-25.1)*****
Year IV	29 (16.8)	4 (5.6)	2.49 (0.78-7.93)	**¡9.5 (2.5-36.3)****	24(20.7)	19(8.9)	**5.77(2.69-12.41)***	**5.55(2.16-14.24)*****
Religious								
Yes	159 (91.9)	64 (90.1)	1	1	16 (7.5)	107(92.2)	1	1
No	14 (8.1)	7 (9.9)	0.80(0.31-2.08)	1.05(0.25-4.44)	197(92.5)	9 (7.8)	0.96(0.41-2.25)	0.66(0.30-1.42)
Parents education								
Literate	150 (86.7)	60 (84.5)	1	**1**	102(87.9)	168(78.5)	1	1
Illiterate	23 (13.3)	11 (15.5)	0.83(0.38-1.82)	1.30(0.43-3.89)	14(12.1.)	40 (21.5)	0.57(0.26-0.95)	0.74(0.33-1.64)
Drinking alcohol								
No	93(58.8)	27(38.0)	1	**1**	38(31.8)	146(68.2)	1	1
Yes	80(46.2)	44(62.0)	0.52(0.30-0.93)	0.34(0.16-0.74)	78(67.2)	68(31.8)	**4.40(2.72-7.14)***	**3.62(2.02-6.53)*****
Chewing Khat								
No	63 (36.4)	13 (18.3)	1	1	45(38.8)	165(77.1)	1	1
Yes	110 (63.6)	58 (81.7)	0.39 (0.20-0.77)	0.76(0.31-1.89)	71(61.2)	49(22.9)	**2.13(1.30-03.48)***	1.29(0.60-2.75)
Smoking cigarette								
No	133(76.7)	1 (1.4)	1	1	96(82.8)	186(86.9)	1	1
yes	40 (23.3)	70 (98.6)	0.04 (0.06-0.35)	0.03(0.04-2.80)**	20(17.2)	28(13.1)	1.38(0.74-2.58)	0.41(0.54-3.70)
Accept to have premarital sex								
No	73 (42.2)	35 (49.3)	1	1	51(44.0)	130(60.7)	1	1
Yes	100 (57.8)	36(50.7)	1.33(0.76-2.31)	**2.58(1.26-5.27)****	65(56.0)	84(39.3)	**1.97(1.24-3.11)***	1.11(0.63-1.97)

Note: *** = p < .001, ** = p < .01, * = p < .05, ¡ includes "not sure"

6. Discussion

Sexual activities among adolescents have been reported to be increasing worldwide. Several studies in Sub- Saharan Africa have documented high and increasing premarital sexual activities among adolescents (32). This study revealed that 54.6% of undergraduate students ever had sexual activity. This finding is higher than the findings from Jimma and Haramaya University, in which (28%) and (26.9%) of students ever had sexual intercourse, respectively (13, 30).

This study also revealed that male students were about 2 times more likely ever had sexual activity compared to females. This is in line with the finding of Nepal in which, although awareness about HIV/AIDS and mode of transmission of HIV/AIDS were universal among the male students, it is discouraging to note that males are more likely to had sexual intercourse than female students (28).

In the current study, about 86.4% of the respondents who had experienced premarital sex had sex before the age of 18. This finding is comparable with finding from study conducted among male college students of Kathmandu Nepal, showed that about 63.7% students were had sex before the age of 19 (28). Thus the first sexual intercourse remains an event of immense social and personal significance.

Moreover, female students were found to start sexual intercourse at early age compared to their counter parts (16.5 SD ±1.31, 17.7 SD ±1.16) years, respectively. It was also roughly comparable with lower median age reported from another findings of the study conducted among eastern schools in Ethiopia & university students in Nigeria (18, 25). These might indicate that the issue of early sexual activity is a problem and how quickly sexual activity builds up among females.

This study also found that Condom utilization at the time of last sexual intercourse among who had sexual intercourse was about 68.8%, which is consistent with finding of EDHS 2011 which revealed that 68% and finding from Bahir Dar town among unmarried high school female students revealed about 64.3% was utilized condom, but higher than (40%) of sexually active students of USA who did not use a condom the last time sex (22, 24, 26).

However, this study showed that the prevalence of inconsistent condom use was 70.9% despite the expectation of prevention awareness among university students; the prevalence is higher as compared to EDHS 2011 and (9, 24 and 41). This indicates inadequacy of knowledge about reproductive health risks including HIV/AIDS, STI, unwanted pregnancy and its complications which have grave consequences on the students themselves and country as whole.

Information regarding their life time sexual partner was solicited from students who had sexual practice and about 35.2% of them reported having multiple partners which is consistent with finding from Haramaya University (33.5%). However this finding is relatively low compared to study conducted in different countries (25, 28, and 31). This difference might be the socio cultural differences in these countries.

This study found that male students were more likely to have multiple sexual partner compared to the female students. This finding is consistent with finding from Haramaya University (30), which revealed that being male students is significantly associated with having multiple sexual partners. This might be due to several factors like high level of personal freedom, sensation seeking, and lack of self-regulation, openness to western cultures, social Medias, and romantic videos (pornography) which offers an opportunity for high level of sexual networking.

Alcohol drinking was also found predictor for having life time multiple sexual partners which is comparable with study from Uganda University students. The association between alcohol consumption in relation to having multiple sexual partners may perhaps be explained by the alcohol expectancy theory which holds that individuals who think drinking alcohol will cause them to become less nervous, more sexually uninhibited, and thus at greater ease in potential sexual situations are more likely to drink before a possible sexual encounter in certain social situations, such as, at party, or at a bar. Previous research has also demonstrated that individuals who engage in one form of risky behaviour often tend indulge in other forms (15).

Fourth and third year students were nearly five times and ten times more likely to ever have multiple sexual partners as compared to first year students, respectively. A qualitative study in Jimma University asserted that most students focus on their academic performance during

first year and tend to engage in love, sexual activity and have multiple sexual partners after assuring their academic survival (13).

The respondents who accept to have premarital sex were more likely to use condom inconsistently compared to those who don't accept. This reflects the sex education activities, peer education and cultural expectation of the young population is losing up.

As program initiative, evidence on sexual risk behaviour is important for designing and monitoring programs to control the spread of HIV/AIDS. For many times, interventions in the universities have focused on abstinence as policy. But as we have seen in this study 54.6% have already been in sexual activity in which abstinence by itself does not work. Again 35.2% ever had a practice of sex with multiple sexual partners and 70.9% inconsistently condom use. This shows as limiting sexual practices and not availing condom and other services do not hamper the students from performing sexual intercourse anywhere else. Thus, ensuring behavioural modification and availing necessary services is more essential. This study has limitation in that it is cross sectional in nature and may not describe the temporal relationship between the outcome variables and some exposure variables. The study topic by itself assesses personal and sensitive issues related to sexuality which might have caused underreporting of some behaviour. Therefore, the finding of this study should be interpreted with these limitations.

7. Strength and limitation of the study

7.1. Strength of the study

This study used a relatively large sample size and data collectors worked jointly with staffs which potentially reduce selection biases since they know the population within each department and possibility of better response rate.

7.2. Limitation of the study

The limitations of this study are; since it is cross-sectional in nature, it may not describe the temporal relationship between the outcome variables and some exposure variables; the study topic by itself assesses personal and sensitive issues related to sexuality which might have caused underreporting of some behaviours.

8. Conclusion

In conclusion, with the above limitations, this study revealed that there are a significant segment of sexual risk behaviours among undergraduate students of Madawalabu University which are proven by having multiple sexual partners and use condom inconsistently. The socio-demographic, substance use and individual behaviours were revealed as predisposing factors for the existence of sexual risk behaviours.

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9. Recommendations

This study suggests that Madawalabu University need to:

- Design programs with comprehensive education on sexual and reproductive health (SRH) issues such as safer sex and HIV/AIDS in order to make responsible and healthy decisions to protect them from situations and behaviours that would place them at risk of HIV transmission.

- Strengthening BCC on risk perception; life skill training, peer-education, availing services and working with all stalk holders, NGOs, and the surrounding community,

- Youth friendly health service should be strengthen as this facilitates accessibility of services such as usage of condom, and provide information related to substance use.

- Further studies should be conducted in different approaches to come up with more representative findings

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Annex1: English questionnaire

Q. Serial No_____

Addis Ababa University, School of public health

Questionnaires prepared to study the sexual risk behaviour and associated factors among Madawalabu University students in Bale, Ethiopia, 2014

Confidentiality and Consent Dear respondent: Here are lists of questionnaires with different sections, which are designed for a research work to be conducted in partial fulfilment of a master degree in public health. The questionnaires are prepared to identify the prevalence of sexual risk behaviour and associated factors of undergraduate students. All of the questionnaires which i brought to you are filled and completed by you. Your honest and genuine response to each of the questionnaires will play a major role in the attainment of the objective of the study. In addition, your volunteer participation in the study will provide us the necessary information that will help us to a better understanding about the sexual risk behaviour of young people. In addition, the result of this study will help us to gain information on ASRH that will be used to improve the sexual and reproductive health of young people

Your name will not be written on any of the questionnaires forms. No individual response will be reported to anybody that is; your responses are completely confidential. You do not have to answer any questions that you do not want to response and you may end filling of the questionnaires at any time you want to. It is true that the success of this study will depend on your truthful response. Therefore, we thank you in advance and greatly appreciate your helping.

Would you willing to participate in the study?

Yes_____ No_____

If No please stop here and return the questionnaire to the supervisor/investigator.

Thank You

If you have any questions or concerns about this request, please contact me at 09-22-37-73-78 or Email: wordofa.debebe@yahoo.com

Part one - Socio demographic characteristics - Please check one

No	Questions	Response	Skip
101	age in years	_____	
102	Sex	1. Male 2. Female	
103	Religion	1. Orthodox 2. Islam 3. Protestant 99. Other (Specify)	
104	Ethnic group	1. Oromo 2. Amhara 3. Tigree 4. Somali 99. Others (specify)	
105	Year(level) of education	1. Year 1 2. Year 2 3. Year 3 4. year 4	
106	With whom do you live now	1. I live with both of my parents 2. I live with my mother only 3. I live with my father only 4. I live with my relatives 5. I live with my Friends	
107	Family size in number	_____	
108	Number of siblings	1. Brothers_____ 2. Sisters_____ 3. No brother/sister 99. Others (Specify)_____	
109	Can Your father read and write?	1. Yes 2. No	
110	If QN 109 is yes, what is the highest grade your father	00. Informal 01. Formal Write the	

	attends?	grade_____	
111	Can your mother read and write?	1. Yes 2. No	
112	If QN 111 is yes, what is the highest grade she attend?	00. Informal 01. Formal write the grade_____	
113	Occupation of mother	1. House wife 2. Employed 3. Merchant 4. Farmers 5. No mother 99. Other (Specify)_____	
114	Occupation of father	1. Employed 2. Merchant 3. Farmer 4. No father 99. Other (Specify)_____	
115	Parents income per month	1. _____ 88. Do not know	

Part two: - Risky Sexual behaviour (select one of your best answer)

No	Questions	Response	Skip
201	Have you ever sexually attracted (have sexual feeling) to the opposite sex	1. Yes 2. No If No- Skip to question number	203
202	If "yes" for question number 201, at what age that you had the feelings	_____age in year 88. Don't Know	
203	Have you ever had sexual intercourse	1. Yes 2. No If No- skip to question number	219

204	How old were you when you had sex for the first time	_____age in year 88. Don't know	
205	How old was your first sexual partner (at the time when you had sex with him or her)	1. _____age in year 2. Older than me 3. Younger than me 88. Don't know	
206	What was your reason for initiation of sex	1. Personal desire 2. Peer pressure 3. Influence of alcohol 4. Influence of khat or drug 5. Economic problem 6. Don't know 7. Other (specify)	
207	The first time you had sex, did you or your partner use any contraceptives	1. Yes 2. No If No skip to question Number	209
208	If yes for question number 207,What method did you use at the first sexual intercourse	1. Condom 2. Pills 3. Withdrawal 4. Rhythm 5. Foam 6. Other (Specify)	
209	The last time you had sex with your partner; did you or your partner use any contraceptives?	1. Yes 2. No If No skip to question Number	211
210	If "yes" for question number 209, what method did you use at the last sexual intercourse	1. Condom 2. Pills 3. Withdrawal 4. Rhythm 5. Foam 6. Other (Specify)	
211	What best describes your first sexual partner	1. Boy/girl friend	

	at the time when you had sex with him or her	2. Relatives 3. Stranger/unknown person 4. Sex worker 5. Don't know/remember 99. Other (specify)	
212	Would you say that your first sex was	1. Wanted 2. Unwanted 3. Forced 4. Don't remember 5. Other (Specify)	
213	Thinking back over your lifetime until now, with how many partner have you made sex	1. One 2. Two 3. Three and above 4. Don't remember	
214	With which type of individual you had sexual intercourse (Circle all possible answers)	1. Person who is my boy/girl friend 2. Person whom I don't know him/her before 3. Person (s) who had multiple sexual partner 4. Person who have sexual intercourse with commercial sex workers 5. Other (Specify)	
215	Have you ever used condom during sexual activities	1. Yes 2. No If No- skip to question Number	217
216	If "yes" for question number 215, how often do you use a condom with your partner	1. Sometimes 2. Most of the time 3. Always	
217	For girls only- Have you ever experienced unwanted pregnancy	1. Yes 2. No	220

		If No- skip to question Number	
218	If "yes" question number 217, how did you managed it	1. Deliver 2. Abortion	
219	Do you accept premarital sex	1. Yes 2. No	
220	Do you think sex education is necessary	1. Yes 2. No If No- Skip to question Number	222
221	Where do you prefer sex education to be given (circle all you know)	1. School 2. Home 3. Peers 4. Church/mosque 5. Health institution 6. Other (specify)	
222	Where did you get information about sexual matters (circle all your possible answers)	1. School 2. Home 3. Media 4. Peers 5. Health institution 6. Other (specify)	
223	Have you ever drink any type of alcohol	1. Never drunk 2. Occasionally (2-3 times monthly) 3. Drunk 2-3 times in a week 4. Drunk daily	
224	If "yes' for question number 223, who was encouraging you to drink alcohol for the first time	1. Father 2. Mother 3. Brother/sister 4. Peers 5. Stranger	

		6. No one 7. Do not remember/know 8. Others (specify)	
225	Have you ever chewed Khat?	1. yes 2. no	
226	If "yes" for question number 225, who was encourage you to chew khat for the first time	1. Father 2. Mother 3. Brother/sister 4. Peers 5. Stranger 6. No one 7. Do not remember/know 8. Other (Specify)	
227	Have you ever smoke cigarette?	1. Never smoke 2. Smoke occasionally 3. Smoke 2-3 times weekly 4. Smoke daily	
228	If "yes" for question number 227, who was encourage you to smoke cigarette for the first time	1. Father 2. Mother 3. Brother/sister 4. Peers 5. Stranger 6. No one 7. Do not remember/know 8. Other (Specify	
229	In your family, is there anyone who smoke cigarette	1. Yes 2. No 88. Don't know	
230	I f" yes" for question number 229 who smoke cigarettes	1. Father 2. Mother 3. Both father and mother	

		4. Brother 5. Sister 6. Others (Specify)	
231	In your family, is there anyone who chew khat	1. Yes 2. No 88. Don't know	
232	If "yes" for question number 231 who chew Khat	1. Father 2. Mother 3. Both father and mother 4. Brother 5. Sister 6. Others (Specify	
233	In your family, is there anyone who drink alcohol	1. Yes 2. No 88. Don't know	
234	If " yes" for question number 233 who drinks Alcohol	1. Father 2. Mother 3. Both father and mother 4. Brother 5. Sister 6. Others (Specify	

Annex 2: Amharic questionnaires

የመጠይቁ መለያ ቁጥር -------

በመደወላቡ ዩኒቨርስቲ በሚገኙ ተማሪዎች ላይ በወጣቶች የወሲብ ተጋለጭ ባህርያት ላይ የሚታየውን ተጽእኖ ምን እንደሚመስል ለማጥናት የተዘጋጀ መጠይቅ፡፡

ፋቃደኝነትና ሚስጥርን ስለመጠየቅ

ውድ ተጠያቂ!

በዚህ መጠይቅ ውስጥ የተለያዩ ንዑስ ክፍሎች ያሉት ጥያቄዎች ቀርበውላችኻል፡፡ መጠይቁ የተዘጋጀው በአዲስ አበባ ዩኒቨርሲቲ የህብረተሰብ ጤና ክፍል የድህረ ምረቃ ፕሮግራም ማማFያ ለሚሆን ጥናት ነው፡፡

ጥያቄዎቹ የተዘጋጁት ወይም የጥያቄዎቹ አላማ በወጣቶች የወሲብ ተጋለጭ ባህርያት ለማወቅ ነው፡፡

በተጨማሪም በፍቃደኝነትና በግልጽነት የተሞላበት መልሳችሁ ለማጥናት ስለተነሳንበት ጉዳይ የበለጠ እንድናውቅ ይረዳናል፡፡ የጥናቱ ውጠት የወጣቶችን የስነተዋለዶ ጤና ለማሻሻል የሚጠቅሙ መረጃዎችን ለመቅረጽ ያገለግላል ብለን ተስፋ እናደርጋለን፡፡

በመጠይቁም ላይ ስማችሁን መጻፍ አያስፈልጋችሁም፡፡ የምትሰጡት መልስ በሙሉ በሚስጥር ይጠበቃል፡፡ የማናቸውም መልስ በምንም መንገድ ለሌላ ተላልፎ አይሰጥም፡፡ መጠይቁን ለመመላት ወይም ላለመሳተፍ ከፈለጋችሁ በፈለጋችሁበት ጊዜ ማቆም ትችላላችሁ፡፡

የዚህ ጥናት ውጤት በእናንተ ታማኝነት እና ግልጽት በተሞላው መልሳችሁ ላይ የተመሰረተ ነው፡፡ መጠይቁን ለመመላት ጊዜያችሁን ወስዳችሁ ምላሽ ስለሰጣችሁን በቅድሚያ ከልብ እናመሰግናለን፡፡

በጥናቱ ለመሳተፍ ፈቃደኛነህ/ሽ?

አዎ ---------- አይ ----------

እባክህን/ሽን በጥናቱ ለመሳተፍ ፍቃደኛ ካልሆንክ/ሽ መጠይቁን ለተቆጣጣሪው መልስ/ሺ

- **በመጠይቁ ዙሪያ ማናቸውም ጥያቄዎች አስመልክቶ, በነዚህ አድራሻዎች ያገኙኛል**
- **ስልክ** 09-22-37-73-78 **እንዲሁም ኢ-ሜይል፡** wordofa.debebe@yahoo.com

ክፍል አንድ፡ አጠቃላይ መረጃ

ተራ.ቁ	ጥያቄዎች	መልስ
101	እድሜ በዓመት _____	
ክዚህ በታች ላሉት ጥያቄዎች አንዱን ምርጫ አክብብ/ቢ		
102	ፆታ	1. ወንድ 2. ሴት
103	ሐይማኖት	1. ኦርቶዶክስ 2. ሙስሊም 3. ፕሮቴስታንት 99/ ሌላ (ይጠቀስ) _____
104	ብሔር	1. ኦሮሞ 2. አማራ 3. ትግሬ 4. ሶማሌ 99/ ሌላ (ይጠቀስ) _____
105	የስንተኛ ዓመት ተማሪ ነህ /ነሽ	1. 1ኛ ዓመት 2. 2ኛ ዓመት 3. 3ኛ ዓመት 4. 4ኛ ዓመት
106	በአሁን ጊዜ ከማን ጋር ነው የምትኖረው/የምትኖሪው	1. ከሁለቱም ወላጆች ጋር 2. ከእናት ጋር ብቻ 3. ከአባት ጋር ብቻ 4. ከዘመዶች ጋር 5. ከጓደኞች ጋር 6. ለብቻዬ 99/ ሌላ (ይጠቀስ) _____
107	በአንድ ቤት ውስጥ የምትኖሩት የቤተሰብ ብዛት ስንት ነው	1/ _____ ቁጥሩን በባዶው ቦታ ላይ ፃፍ/ፊ
108	ስንት ወንድሞችና እህቶች አለህ/ሽ	1. ወንድም 2. እህት_____ 3. የሉኝም 99/ ሌላ (ይጠቀስ) _____

109	የእናትህ/ሽ የትምህርት ደረጃ	1. ምንም አልተማሩም 2. መፃፍና ማንበብ ይችላሉ 3. የመጀመሪያ ደረጃ 4. ሁለተኛ ደረጃ 5. ከሁለተኛ ደረጃ በላይ 6. በህይወት የሉም
110	የአባትህ/ሽ የትምህርት ደረጃ	1. ምንም አልተማሩም 2. መፃፍና ማንበብ ይችላሉ 3. የመጀመሪያ ደረጃ 4. ሁለተኛ ደረጃ 5. ከሁለተኛ ደረጃ በላይ 6. በህይወት የሉም
111	የእናትህ/ሽ የስራ ሁኔታ	1. የቤት እመቤት 2. የመንግሥት ሰራተኛ 3. ነጋዴ 4. ገበሬ 5. እናት የለኝም 99/ ሌላ (ይጠቀስ) _____
112	የአባትህ/ሽ የስራ ሁኔታ	1. የመንግሥት ሰራተኛ 2. ነጋዴ 3. ገበሬ 4. አባት የለኝም 99/ሌላ (ይጠቀስ) _____
113	የቤተሰብህ/ሽ የገቢ መጠን በወር	1/_____

ክፍል ሁለት፡ የወሲብ (ተላጽቆ) ተጋላጭ ባህሪያት መልስ ሊሆኑ የሚችሉትን በሙሉ አንብብ/ቢ

ተ. ቁ	ጥያቄዎች	መልስ
201	ከዚህ በፊት ለተቃራኒ ፆታ ያሳየኸው/ሽው የወሲብ ፍላጎት ስሜት ነበርህ/ሽ	1. አዎ 2. አይ መልስህ/ሽ አይ ከሆነ ወደ ጥያቄ 203 ዝለል/ይ
202	ለጥያቄ 201 መልስህ/ሽ አዎ ከሆነ በዚያን ጊዜ እደሜህ/ሽ ስንት ነበር	1. _____ ዓመት በተሠጠው ክፍት ቦታ ቦታ ላይ ቁጥሩን ፃፍ/ፊ

		88/ አላውቅም
203	ከዚህ በፊት የግብረ-ሥጋ ግንኙነት አድርገህ/ሽ ታውቃለህ/ሽ	1. አዎ 2. አይ መልስህ/ሽ አይ ከሆነ ወደ ጥያቄ 219 ዝለል/ይ
204	ለመጀመሪያ ጊዜ የግብረ-ሥጋ ግንኙነት ስታደርግ/ጊ እድሜህ /ሽ ስንት ነበር	1/ _____ ዓመት በተሠጠው ክፍት ቦታ ቦታ ላይ ቁጥሩን ፃፍ/ፊ 88/ አላውቅም
205	ለመጀመሪያ ጊዜ የግብረ-ሥጋ ግንኙነት ያደረግከው/ያደረግሽው ሰው እድሜው /እደሜዋ ምን ያህል ይሆነው/ይሆናት ነበር	1/ _____ ዓመት በተሠጠው ክፍት ቦታ ቦታ ላይ ቁጥሩን ፃፍ/ፊ 2/ በእደሜ ከእኔ ይበልጥ ነበር 3/ በእደሜ ከእኔ ያንስ ነበር 88/ አላውቅም
206	ለመጀመሪያ ጊዜ የግብረ ሥጋ ግንኙነት ለማድረግ ያነሳሳህ /ሽ ነገር ምን ነበር	1. የራሴ ፍላጎት 2. የ□ደኛ ግፊት 3. የአልኮል መጠጣት 4. የጫት ወይም ሌላ መድሃኒቶች መጠቀም 5. የገንዘብ ችግር 88/ አላውቅም 99/ ሌላ (ይጠቀስ) _____
207	ለመጀመሪያ ጊዜ የግብረ-ሥጋ ግንኙነት ስታደረግ/ጊ አንተ/ቺ ወይም ደኛህ/ሽ የወሊድ መቆጣጠሪያ ተጠቅማቹህ ነበር	1. አዎ 2. አይ መልስህ/ሽ አይ ከሆነ ወደ ጥያቄ ቁጥር 209 እለፍ/ፊ
208	ለጥያቄ 207 መልስህ /ሽ አዎ ከሆነ ምን ዓይነት የወልድ መከላከያ ዘዴ ነው የተጠቀምከው/ሽው	1. ኮንዶም 2. ፒልስ 3. የወንዱን የዘር ፍሬ ወደ ውጪ ማፍሠሥ 4. ቀን የመቁጠር ዘዴ 5. ፎም -ኪኒኒ የሚረጭ? 99. ሌላ ይጠቀስ ----------

209	የመጨረሻውን (በቅረብ የፈፀምከውን/የፈፀምሽውን) የግብረ-ስጋ ግንኙነት ስታደርግ/ስታደርጊ አንተ/አንቺ ወይም/ጋደኛህ/ሽ የወሊድ መቆጣጠሪያ ተጠቀመህ/ሽ ነበር	1/ አዎ 2/ አይ መልስህ/ሽ አይ ከሆነ ወደ ጥያቄ 211 እለፍ/ፊ
210	ለጥያቄ ቁጥር 209 መልስህ/ሽ አዎ ከሆነ ምን ዓይነት የወሊድ መከላከያ ዘዴ ነው የተጠቀምከው/የተጠቀምሽው	1. ኮንዶም 2. ፒልስ 3. የወንዱን የዘር ፍሬ ወደ ውጪ ማፍሠሥ 4. ቀን የመቁጠር ዘዴ 5. ፎም -ኪኒኒ የሚረጭ? 99/ ሌላ (ይጠቀስ) _____
211	ለመጀመሪያ ጊዜ የግብረ-ሥጋ ግንኙነት ያደረከው/ያደረግሽው ሠው ምን አይነት ሰው ነበር	1. የፍቅር ጋደኛዬ 2. ዘመዴ 3. እንግዳ (የማላውቀው ሠው) 4. የቡና ቤት ሠራተኛ 88/ አላውቅም / አላስታውስም 99/ ሌላ (ይጠቀስ) _____
212	የመጀመሪያውን የግብረ-ሥጋ ግንኙነት ስታደርጊ /ስታደርግ	1. ፈልጌ ነበር 2. አልፈለኩም ነበር 3. በኃይል ተገድጄ ነበር 88/ አላውቅም / አላስታውስም 99/ ሌላ (ይጠቀስ) _____
213	በአጠቃላይ እስከ አሁን ድረስ ከምን ያህል ሰዎች ጋር የግብረ-ሥጋ ግንኙነት ፈፅመሃል/ፈፅመሻል	1. ከአንድ ሠው ጋር 2. ከሁለት ሠው ጋር 3. ከሦሥትና ከዚያ በላይ ሠው ጋር 88/ አላውቅም / አላስታውስም
214	እስከአሁን ድረስ ከምን ዓይነት ሠዎች ጋር ነው የግብረ-ሥጋ ግንኙነት የፈፀምከው/ሽው (መልስ የሚሆኑትን በሙሉ አክብብ/ቢ)	1. ከወንድ/ሴት ጋደኛዬ ጋር 2. ከማላውቀው ሰው ጋር 3. ከአንድ በላይ ጋደኛ ካለው /ካላት ሠው ጋር 4. ከቡና ቤት ሠዎች ጋር የግብረ ሥጋ ግንኙነት ከሚፈፅም ሠው ጋር 99/ ሌላ (ይጠቀስ) _____

215	በግብረ-ሥጋ ግንኙነት ጊዜ ኮንዶም ተጠቅመህ/ሽ ታውቃለህ/ሽ	1. አዎ 2. አይ መልስህ/አይ ከሆነ ወደ ጥያቄ ቁጥር 217 እለፍ/ፊ
216	ለጥያቄ ቁጥር 215 መልስህ/ሽ አዎ ከሆነ ምን ያህል ጊዜ ኮንዶም ትጠቀማለህ /ትጠቀሚያለሽ	1. አንድ ጊዜ 2. አብዛኛውን ጊዜ 3. ሁልጊዜ
217	[ለሴቶች ብቻ] በህይወትሽ እስካሁን ድረስ ላልተፈለገ እርግዝና ተጋልጠሽ ታውቂያለሽ	1. አዎ 2. አይ
218	[ለሴቶች ብቻ] ለጥያቄ ቁጥር 217 መልስሽ አዎ ከሆነ የእርግዝናው ውጤት ምን ሆነ	1. ወለድከኝ 2. አስወረድኩኝ
219	ከጋብቻ በፊት የሚደረገውን የግብረ-ሥጋ ትደግፋለህ/ሽ	1. እደግፋለሁ 2. አልደግፍም
220	የስነ-ወሲብ ትምህርት መረጃ (ስለ ሰነ-ወሲብ ማወቅ) አስፈላጊ ነውን	1. አዎ 2. አይ መልስሽ አይ ከሆነ ወደ ጥያቄ ቁጥር 222 እለፊ/ፍ
221	የስነ-ወሲብ ትምህርት መረጃ የት ቢሠጥ ጥሩ ነው ትላለህ/ትያለሽ መልስ የሚሆነውን ሁሉ ክበብ/ቢ)	1. በት/ቤት 2. በቤት ውስጥ 3. በጓደኛ አማካኝነት 4. በቤተክርስትያን/ በመስኪድ 5. በጤና ተቋማት 99/ ሌላ (ይጠቀስ) _____
222	አንተ/አንቺ የስነ-ወሲብ ትምህርትን ያገኘኸው/ያገኘሽው ከየት ነው (መልስ የሚሆነውን ሁሉ አክብብ)	1. በት/ቤት 2. በቤት ውስጥ 3. በጓደኛ አማካኝነት 4. በቤተክርስትያን/ በመስኪድ 5. በጤና ተቋማት 99/ ሌላ (ይጠቀስ) _____
223	አልኮልነት ያለውን መጠጥ ጠጥተህ/ሽ ታውቃለህ/ሽ	1. ጠጥቼ አላውቅም 2. አንድአንድ ጊዜ ጠጣለሁ (በወር ሁለቴ/ ሶስቴ) 3. በሳምንት 2-3 ጊዜ እጠ

		ጣለሁ 4. በየቀኑ እጠጣለሁ
224	ለጥያቄ 223 መልስህ/ሽ እጠጣለሁ ከሆነ (አንዳንዴም/በሳምንት/በየቀኑም ማለት ነው)አልኮል እንድትጠጣ/ጪ ለመጀመሪያ ጊዜ ያነሰሳሳህ/ያነሳሳሽ ምን ነበር	1. አባቴ ነው 2. እናቴ ናት 3. ወንድሜ/እህቴ ናት 4. ጋደኛቼ ናቸው /ጋደኛዬ ነው 5. የማላውቀው እንግዳ ሰው ነው 6. ማንም አላነሳሳም 88/ አላውቅም / አላስታውስ 99/ ሌላ (ይጠቀስ) __
225	ጫት ቅመህ /ቅመሽ ታውቃለህ/ታውቂያለሽ	1. ቅሜ አላውቅም 2. አልፎ አልፎ እቅማለሁ በወር 2-3 ጊዜ 3. በሳምንት 2-3 ጊዜ እቅማለሁ 4. በየቀኑ እቅማለሁ
226	ለጥያቄ ቁጥር 225 መልስህ/ሽ እቅማለሁ (አልፎ አልፎ/ በሳምንት/ በየቀኑ) ከሆነ ጫት እንድትቅም/ እንድትቅሚ ያነሳሳህ/ያነሳሳሽ ምን ነበር	1. አባቴ ነው 2. እናቴ ናት 3. ወንደሜ /እህቴ ናት 4. ጋደኛዬ/ቼ ነው/ናቸው 5. የማላውቀው እንግዳ ሰው ነው 6. ማንም አላነሳሳም 88/ አላውቅም / አላስታውስም 99/ 99/ ሌላ (ይጠቀስ) __
227	ሲጋራ አጭስህ/ሽ ታውቃለህ/ታውቂያለሽ	1. አጭሼ አላውቅም 2. አንዳንዴ አጨሳለሀ በወር 2-3 ጊዜ 3. በየሳምነቱ ከ2-3 ጊዜ 4. በየቀኑ አጨሳለሁ
228	ለጥያቄ ቁጥር 227 መልስህ አጨሳለሁ (አንዳንዴ በሳምንት በየቀኑ) ከሆነ ሲጋራ እንድታጨስ /እንድታጨሺ ያነሳሳህ/ሽ ምን ነበር	1. አባቴ ነው 2. እናቴ ናት 3. ወንደሜ /እህቴ ናት 4. ጋደኛዬ/ቼ ነው/ናቸው 5. የማላውቀው እንግዳ ሰው ነው 6. ማንም አላነሳሳም

		88/ አላውቅም / አላስታውስም 99/ ሌላ (ይጠቀስ) _____
229	በእናንተ ቤተሠብ ውስጥ ሲጋራ የሚያጨስ ሠው አለ	1. አዎ 2. አይ 88/ አላውቅም / አላስታውስም
230	ለጥያቄ ቁጥር 229 መልስህ/ሽ አዎ ከሆነ በቤተሰብ ውስጥ ሲጋራ የሚያጨሰው ማን ነው	1. አባቴ ነው 2. እናቴ ናት 3. ሁለቱም (አባቴም እናቴም) ናቸው 4. ወንድሜ ነው 5. እህቴ ናት 99/ ሌላ (ይጠቀስ) _____
231	በእናንተ ቤተሠብ ውስጥ ጫት የሚቅም ሠው አለ	1/ አዎ 2/ አይ 88/ አላውቅም / አላስታውስም
232	ለጥያቄ ቁጥር 231 መልስህ/ሽ አዎ ከሆነ በቤተሰብ ውስጥ ጫት የሚቅመው ማን ነው	1. አባቴ ነው 2. እናቴ ናት 3. ሁለቱም (አባቴም እናቴም) ናቸው 4. ወንድሜ ነው 5. እህቴ ናት 99/ ሌላ (ይጠቀስ) _____
233	በእናንተ ቤተሠብ ውስጥ አልኮል የሚጠጣ ሠው አለ	1. አዎ 2. አይ 88/ አላውቅም / አላስታውስም
234	ለቁጥር 233 መልስህ/ሽ አዎ ከሆነ በቤተሠብ ውስጥ አልኮል የሚጠጣው ማን ነው	1. አባቴ ነው 2. እናቴ ናት 3. ሁለቱም (አባቴም እናቴም) ናቸው 4. ወንድሜ ነው 5. እህቴ ናት 99/ ሌላ (ይጠቀስ) _____