



Addis Ababa University
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Sexual risk Behaviors among Preparatory and Vocational Students
in Bishoftu City Administration, Oromia Regional, State

By

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ACRONYMS (ABBREVIATIONS)

AAU	Addis Ababa University
AIDS	Acquired Immune Deficiency Syndrome
AOR	Adjusted Odds Ratio
ART	Anti Retro viral Therapy
CI	Confidence Interval
COR	Crude Odds Ratio
HIV	Human Immune deficiency Virus
PMTCT	Prevention of Mother to Child Transmission
SPSS	Statistical Package for Social Sciences (computer software)
STDs	Sexually Transmitted Diseases
STIs	Sexually Transmitted Infections
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

Abstract

Introduction: Sexual risk behavior accounts for a large number of vulnerabilities for acquiring HIV infection. Alcohol use has been shown to increase high-risk sexual behavior. Moreover, the social dynamics that surround alcohol use, sexual risk behavior and HIV infection and interactions between these issues warrant a search for alternative ways of dealing with the problem.

Worldwide Human Immunodeficiency Virus poses an enormous challenge on the survival of humankind, and most serious infectious disease challenges to public health. Risk sexual behaviors among adolescents and young adults have received growing attention during the past decade. Worldwide, 2.6 million adolescents are newly infected every year, with sexual transmission being the most common way the human immunodeficiency virus is contracted by adolescents.

Objectives: To assess sexual risk behaviors, among preparatory and vocational students in Bishoftu city administration, Oromia Regional.

Methods: Across sectional study was conducted from January to Jun, 2011 among preparatory and vocational students. Two stage sampling technique was used to select sample size of 924 students from both schools. Data were collected through anonymous structured questionnaire and pretested among other students who were not participating in the study.

The questionnaire consists of socio-demographic characteristics, and sexual history of Preparatory and Vocational students. After data collection the data were cleaned, audited and entered into EPI info and analyzed using SPSS for windows computer software packages. A bivariate and logistic regression analysis was employed.

Result: A total 875 students from Preparatory and Vocational schools completed the questionnaire making the response rate of 98%. Overall our study finding showed that 30.2% Preparatory and Vocational school students were to be at risk sexual behavior. Risk sexual behavior was positively associated with sex (being male) (AOR =1.47; 95 %; C I; 1.08, 2.02), age 18 years and above (AOR = 2.62; 95% C I; 1.79, 3.83), drink alcohol frequently (AOR=1.93; 95% C I; 1.38, 2.68) and smoke cigarette frequently (AOR=1.68; 95% C I; 1.12, 2.52).

Conclusion and Recommendation: Considerable proportion of Preparatory and Vocational students were to be at risk of sexual behavior. This study also found that age 18 years and above, male sex, drink alcohol and smoking cigarette frequently was associated with risk sexual behavior. And more effective school health program intervention should be implemented among school youths to prevent risk sexual behavior through school based sex education. Intervention strategies among school youths should be implemented to prevent substance use (alcohol and cigarette) by the use of health- promoting school model charter of WHO.

1. Introduction

Sexual risk behavior accounts for a large number of vulnerabilities for acquiring HIV infection. Alcohol use has been shown to increase high-risk sexual behavior. Moreover, the social dynamics that surround alcohol use, sexual risk behavior and HIV infection and interactions between these issues warrant a search for alternative ways of dealing with the problem in diverse socio cultural settings, if intervention is to be effective (1).

Worldwide Human Immunodeficiency Virus poses an enormous challenge on the survival of humankind. The HIV pandemic remains the most serious of infectious disease challenges to public health, Promising developments have been seen in recent years in global efforts to address the AIDS epidemic, including increased access to effective treatment and prevention programs. However, the number of people living with HIV and deaths due to AIDS continues to grow. Sub-Saharan Africa remains the most seriously affected region, with AIDS remaining the leading cause of death. More than two thirds (68%) of all people HIV-positive live in this region where more than three quarters (76%) of all AIDS deaths in 2007 occurred (2).

Young people are at center of the global HIV/AIDS pandemic. They also are the world's greatest hope in the struggle against this fatal disease. Today's youth have inherited a lethal legacy that is killing them and their friends, brothers and sisters, parent's teachers and role models. Yet, only a fraction of them know they are infected. Along with increased exposure to STI and unintended pregnancy, adolescents who engage in sexual activity outside of marriage may face sexual stigmas family conflicts problems with school, and the potential need for unsafe abortion (3).

Risk sexual behaviors among adolescents and young adults have received growing attention during the past decade because of the increasing threat of an acquired immunodeficiency virus syndrome epidemic among this population. Worldwide, 2.6 million adolescents are newly infected every year, with sexual transmission being the most common way the human immunodeficiency virus is contracted by adolescents. Among these behaviors, researchers have focused on unprotected sex (intercourse without using condoms) and engaging in sexual activities with multiple partners. Compared with other age groups, teenagers are more likely to have multiple sex partners and to engage in unprotected sex (4).

Parent-teen connectedness has been linked to a wide variety of outcomes including personal traits (self confidence, coping skills, motivation, and overall wellbeing), mental health (depression, suicide,

adjustment, and identity), and specific risk behaviors (violence, drugs and alcohol use, tobacco use, unprotected sex), pregnancy, HIV/STI infection, conducts disorders (aggression, delinquency), school achievement or performance, and social skills (including the quality and Stability of peer and intimate relationships (5).

1.2 Rationale of the study

The emergency of the global HIV/AIDS has necessitated increased understanding of the sexual behaviors of the human population. Young people have insufficient information and understanding about HIV/AIDS. They may not be aware of their vulnerability to it or of how best to prevent it. They also often lack access to the means to protect themselves (6).

The young people are at risk of contracting HIV/AIDS despite the presence of high awareness on the transmission of HIV and STIs. Because, once they become sexually active, they often have several, short term sexual relationships and not constantly condom use. There is also a great gap between knowledge and practice which needs also detailed research that address determinants (7).

Moreover, we have little information regarding the risky sexual behavior and among the groups. In order to generate useful information on risky sexual behavior, this cross sectional study was conducted among the preparatory and vocational students in Bishoftu city Administration.

Therefore, this study is intended to contribute and bridge the information gap in sexual risk behaviors among preparatory and vocational students. The finding obtained from this study will be important input for future efforts and to influence in reorienting of reduction of sexual risk behaviors and in program development of sexual risk behavior in preparatory and vocational schools.

Literature Review

2.1 Risk sexual behaviors

Risk arises from individuals engaging in risk-taking behavior for a variety of reasons like lack of information on HIV, being unable to negotiate safer sex, think that HIV/AIDS affects different social strata than their own, or may not have access to condoms (8). Heterosexual intercourse remains the epidemic's driving force in sub-Saharan Africa which is estimated to account for 93% of all adult cases, followed by vertical transmission and blood transfusions (9).

Sexual activities among adolescents have been reported to be increasing worldwide. Several studies in Sub Saharan Africa have also documented high and increasing premarital sexual activities among adolescents (10) However, viewing adolescents as a specific group with their own needs is a relatively recent practice, especially in developing countries (11).

Night clubs bars and pubs are emerging as places for alcohol use and initiation of Sexual activity at an early age and these venues attract young people. Certain myths and notions about "masculinity"; lack of clear and firm alcohol-related policies; increasing HIV prevalence and the need to augment prevention efforts in this respect; the interwovenness of alcohol use, sexual risk behaviors and STI/HIV/AIDS; the effect of modernization and the media on the youth, which manifests in early drinking, early sexual activity and increasing vulnerability to risk behaviors'; and a paucity of research data on alcohol and sexual risk behaviors across the countries(1).

Khat a locally produced psycho-stimulant is commonly and widely used in the country. A study assessing the magnitude of Chlamydia trachomatis and Neisseria gonorrhoea infections among youths (15–24 years old) in Addis Ababa, Ethiopia, reported that increased sexual activity was significantly associated with being male, aged 20 years or over, out-of-school status, and reported alcohol/khat consumption (12).

The use of khat and alcohol and other substances is significantly and independently associated with risky sexual behavior among Ethiopian youths. Over 1.4% of in school Ethiopian youth had unprotected sex during the 12 months period prior to the interview. The odds of unprotected sex were, slightly high among males compared to females. Daily khat in take was also associated with unprotected sex. There

was significant and leaner association between alcohol intake and unprotected sex with those using alcohol daily having a threefold increased odds compared to those not use it (12).

Peers and partners often have great influence over the behavior of the young people. However, the perception of peer behavior is especially powerful in influencing the decision made by young people. Risk Factors included having multiple sexual partners, sex with prostitute, greater number of life time life time partners, and friends using drugs and alcohol. Individual related risk factors low education, unemployment, history STIs, inconsistent condom use, or sexual abuse, drug and alcohol use. In some cases school is a source of vulnerability, as physical some women in Africa may be at risk of sexual exploitation by male teachers (13).

2.2 HIV/AIDS

Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) is a killer disease affecting all age groups from infants to old people. HIV/AIDS has killed more than 3 million adults and children in the year 2005 and it is estimated that 5 million adults and children acquired the infection to make the number of adult and children with HIV/AIDS to be 42 million worldwide. Sub-Saharan Africa remains the most affected region in the world with an estimate of 22.5 million people living with HIV, 1.7million new infections occurred in sub-Saharan Africa in the year 2007. Ten million young people aged 15–24 years and almost 3 million children under 15 years are living with HIV (14).

Many studies have been conducted worldwide that have tried to assess the sexual behavior patterns of adolescents/ youth showed that more than 80% of adolescents had either first sexual act before age 20 in developed countries of Europe and America (15).

One-half of new HIV infection worldwide occurs in youth age 15-24 girls are especially vulnerable to infections because of biological and social reasons. Biologically, their immature reproductive tracts are susceptible to viral infection, and girls' low social status through much of the developing world leaves them vulnerable to coercion by both older and boys their own age (13).

Ethiopia is one of the sub Saharan countries highly affected by HIV/AIDS pandemic. According to the 2007 Ministry of Health report, the adult prevalence of HIV infection in Ethiopia was estimated at 2.1% where most of the burden occurring among the young age group (16).

The relationship between perception of risk and sexual behavior is complex and poorly understood. Studies conducted in different cultures have associated HIV risk perception with a wide range of variables: number of sexual partners, knowledge of sexual partners' past sexual behavior, fear of AIDS, shame associated with having AIDS, community perception of AIDS risk, knowing someone with AIDS, discussing AIDS at home, closeness of parent-child relationships and religious affiliation (16).

A study done to evaluate the impact of psychosocial and knowledge-related antecedent factors on adolescents' sexual, alcohol-use, and drug-use behaviors associated with the transmission of STDs, including HIV among 9th graders at 4 urban high schools indicated that perceived peer. Norms and strong peer affiliation served as predictors of alcohol and drug use, while lower levels of knowledge and perceived peer norms served as predictors for non-use of condoms. The findings of this study reveal several factors related to adolescents' risk of acquiring STDs: the connection between peer influence and adolescent risk behaviors, the relationship between the use of alcohol and drugs and sexual risk behavior, and the role of knowledge in determining the specific risk behavior of non-use of condoms (17).

In particular, two international issues have a profound impact on young people's lives: family planning and HIV/AIDS. Teenage women are twice as likely to die from pregnancy-related health complications as are women in their twenties. Current statistics on HIV/AIDS indicate. There are different HIV prevention strategies. The most common strategies are Information, Education and communication (IEC) campaign, community mobilization, condom promotion and distribution, STI management, VCT, PMTCT, ART, school Based HIV/AIDS education, etc(3).

Of those that had ever sex, 40.6% had had sex at or before the age of 15 years. Amongst those who had ever sex, more males than females (44.5% vs 30%) were sexually active at or before the age of 15 years. The median age for sexual debut (first sex) among those who were sexually active was 16 years for both sexes. The commonest reason for starting sex were personal desire (67.1%) and peer pressure (19.3%). A considerable proportion of females (15.3%) reported that they were forced into sex (18).

Respondents who reported ever having had sex were asked if they had had sex during the past 12 months, 61.3% had had sex during the previous 12 months and proportion of females was higher than that male (64.7% vs 60.1%). Among those who had 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. Males were 12 times more likely to have had more than one sexual partner than females (95% C I; 15.6, 24.7), (18).

Ethiopia the findings are not different from the past studies. Study done in Harar reported that only 20% of sexually active students used condoms. Negligence, embarrassment in buying condom from shops and pharmacies, lack of knowledge and perception of reduced pleasure were frequently mentioned. Cross-sectional survey done on HIV risk perception and condom use in Debre Berhan town among young people between the ages 15 and 24 was reported 38.7% have ever used and 44.9% used condom consistently (19).

In Ethiopia, Behavioral Change Communication (BCC) is the main strategy for changing risk behaviors that expose vulnerable to HIV infection, and the strategy has been widely adopted by every stake holder who is involved in HIV/AIDS prevention. Despite all interventions, taken to prevent risk behaviors, the actors have noted the gap between knowledge, attitude and practice (20).

However, the availability of condoms doesn't ensure that the condoms are used. In addition, the problem of young people using condom is still very low, even when they have sex with non regular partners. Survey suggested that despite the fact that majority of young people have heard of AIDS, many still don't know how to prevent transmission. Furthermore, misconceptions about HIV and AIDS are wide spread (20).

3. Objectives of the study

3.1 General objective

To assess sexual risk behavior, among preparatory and vocational students in Bishoftu city administration, Oromia Regional State 2011

3.2 Specific objectives

To measure the proportion of sexual risk behavior among the Preparatory and Vocational students.

To identify factors associated with sexual risk behaviors among preparatory and vocational students.

4. Methodology

4.1 Study area

The study was conducted in Bishoftu City Administration which is located 45 kms away from Addis Ababa, the capital of the country, along the main road to Djibuti. Bishoftu is one of the fast growing and populous town in the Regional State. According to 2007 National Population and Housing Census of Ethiopia the population of the city administration as projected for July 2010 was estimated to be 119,845. The city administration is structured into nine administrative kebeles and has a council that is responsible for political and administration affairs (21).

The health coverage of the city administration is 66%. According to the city administration health office data, there is one government hospital and one air force hospital, three health centers, nine private clinics, one family guidance association clinic, three pharmacies, nine drug store and two drug vendors in Bishoftu City Administration (21).

HIV/AIDS prevention and control related services, voluntary counseling and testing is given in 5 government and 6 non-government health facilities, Anti retro viral therapy is given in two hospitals and one health center, and provider initiated testing and counseling is given in 5 government and 2 private

clinics and prevention of mother to child transmission is given in 4 government health facilities and one private higher clinic (21).

According to the City Administration Education Office data, there were 3 community kindergarten, 14 primary schools, 2 high schools (9-10grades), 1 preparatory and 1 vocational school owned by the government, and 31 kindergarten, 26 primary schools and 7 high schools (9-10 grades) owned by the private sectors (22).

According the data obtained from preparatory and vocational schools in 2011, there were 2356 preparatory students and 1345 vocational students, and the average number of students per class was 73 for preparatory and 30 for vocational school respectively (23, 24).

4.2 Study design

A cross sectional study was conducted from January to June 2011 to assess sexual risk behaviors among preparatory and vocational students in Bishoftu city administration.

4.3 Source population

The source population was all students who were enrolled to preparatory and vocational schools.

4.4 Study population

All eligible students selected from both schools who were present at the time of data collection fulfilling the following inclusion and exclusion criteria were included.

4.5 Inclusion criteria

Regular day time students age 15 years and above who are attending preparatory and vocational school during the data collection period irrespective of their sex.

4.6 Exclusion criteria

Students who can't read and write Amharic language were excluded.

4.7 Sample Size

Sample size was calculated using EPI.info statistical software programs for one population proportions estimate formula. In this study, assumptions of risk sexual behavior in Debreberihan youth was taken as 55.1% a cross sectional survey done on HIV risk perception and condom use in Debreberihan town among young people between the age 15 and 24 (19), at 95% confidence level with margin of error of 3.5 %, to compensate 15 % was added.. Therefore, a total of 892 students were needed.

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

n= total sample size

$Z_{\alpha/2}$ = standard normal deviate for two-tailed test based on alpha level (relates to 95% the Confidence interval).

p= proportion of risk sexual behavior =55.1%

d=margin of error = 3.5%

Additional 15% was added

4.8 Sampling Procedure

A two-stage sampling method was used to select study participants from the preparatory and vocational school. The sample size was distributed equally between preparatory and vocational schools, according to proportion to population size of students in the two schools, and proportion of class section was selected based on number of students in each class and the sample size allocated to the schools. For the first stage of sampling class sections in each school was the sample unit, and selection of class sections was made using simple random sampling using lottery method after taking list of sections. For the second stage of sampling, eligible students were the sampling unit and all students within the selected sections were the study subjects ready for questionnaire administration. Accordingly, 7 and 16 class sections were selected from preparatory and vocational schools respectively.

4.9 Data Collection procedure

A structured questionnaire was prepared to capture the relevant information based on the study objectives. Data were collected using a self-administrated questionnaire. The questionnaire was developed after reviewing the relevant literature and adapting from previous studies that have standard questions (3, 36). The questionnaire was first papered in English then translated into Amharic by third person. Since it was self administrated question, it needs high clarity and simplicity through marked revision of the questionnaire. Therefore, there were two sets of pre-test, the first among 10-20 students and the second on one class room students. Followed the pretest, questionnaires were revised those found to be unclear

Data collection was made through recruiting two supervisors and ten facilitators who have experience on data collection. Training was given for two days by the principal investigator to make familiarization with data collection tool. The training included briefing the objective of the study, the content of the questionnaire and importantly on methods of supervision, responding to problems and ethical issue of privacy and confidentiality.

4.10 Data analysis procedures

After data collection the data was cleaned, recoded, entered and analyzed using Epi Info and SPSS for windows computer software packages. Tables that consider the main research questions were made to guide the analysis. Analysis of frequencies of different variables and chi-squared test for some selected variables were done. Association of predictor variable with the dependent variable (risk sexual behavior) was computed using logistic regression analysis at 0.05 level of significance and odd ratio with 95% confidence interval was calculated to measure the strength of association. Logistic regression analysis was employed to suppress for possible confounders. In Multivariate analysis, independent variables that are associated through construction of a model having independent variables associated or border line ($p < 0.05$) with the dependent variables.

4.11 Data quality management

Data quality was maintained through pretesting, use of self administered question and anonymous of identifiers. Two sets of pre-test were employed prior to full scale research to test the instrument, and use of self administrated questionnaire could minimize social desirability. (Anonymous of identifier data quality also could be maintained by extensive supervision). Data was checked for its completeness and consistency by the principal investigator before data entry, and the information entered was checked in 10% of randomly selected questionnaire.

4. 12 Measurements/ Study variables

Dependent Variable

Risk sexual behavior

Independent Variable

School type (preparatory/ vocational)

Socio demographic (age, sex, religion, ethnicity, etc)

Parental life styles.

Substance use history

4.13 Operational definition

Risky sexual behaviors: refers to behavior engaging in premarital sex, unprotected sexual activity with more than one sexual partner, which paves the way for contraction of STDs including HIV/AIDS that poses serious health, social and psychological trauma.

In this study non consistency condom use, a person who isn't consistent condom use or having multiple sexual partners or early sexual experience else he or she is categorized as risky sexual behavior.

4. 14 Ethical considerations

Ethical clearance was obtained from AAU Faculty of Medicine, and Ethical Committee of School of Public Health. Using the ethical clearance obtained from Ethical Committee of School of Public Health,

Permission was secured from Bishoftu preparatory and vocational Schools. Specifically participants were informed about the objective of the study and their participation was purely voluntary and their right not to answer any part of the question was respected. Written informed consent was obtained from all the study participants. Privacy was maintained through sitting arrangement in classes and supervision. Confidentiality was strictly maintained in the study by omitting their names including their identifiers.

4.15 Dissemination of results

The final result of the study will be submitted to School of Public health, Addis Ababa University Faculty Medicine, Oromia Health Bureau, Bishoftu City Administration Health Office, Bishoftu City Administration Education Office, Bishoftu Preparatory and Vocational Schools. The result will be also disseminated or communicated in national or international conferences and published in national or international peer reviewed scientific journals accordingly.

5. Result

5.1 Socio demographics characteristics of the study participants

Out of a total of 892 students, 875 students from Preparatory and Vocational schools completed the questionnaire, making the response rate of 98%. The analysis was based on the 875 respondents who completed the questionnaire. Four hundred thirty nine (50.2%) of the respondents were from preparatory school. Among the total of 875 respondents, 442 (50.5%) were males, the majority 706 (84.5%) were within the age range of 16-19 years. The mean age and its SD was 18.3 ± 1.7 years. Six hundred ninety one (79%) participants were orthodox by religion, 592 (67.7%) were Oromo by ethnicity and 848 (96%) were never married, and Less than one third 238 (27.2%) of the students reported to have monthly pocket money, (Table 1).

Table 1 Socio Demographic Profile of Preparatory and Vocational students in Bishoftu City Administration Oromia Regional State. (n =875)

Characteristics	Frequency	Percent
Age		
Less than18 years	293	33.5
18 years & above	582	66.5
Mean age \pm SD	18.33 \pm 1.72	
Sex		
Male	442	50.5
Female	433	49.5
Education		
Preparatory	439	50.2
Vocational	436	49.8
Religion		
Orthodox	691	79.0
Protestant	117	13.4
Others	67	7.6

Ethnicity

Oromo	592	67.7
Amahra	197	22.5
Others	86	9.8

Pocket money

Yes	238	27.2
No	637	72.8

5.2 Parental Socio Demographic Characteristics of the Respondents.

Majority of the respondent 731 (83.7%) had mothers who are house wife/private business, and 538 (61.6%) had farmer/private business fathers by occupation. Three hundred thirty five (38.4%) respondents' fathers and 142 (16.3) respondents' mothers were goveernment/private employee by occupation. Ninty seven (11.1%) of the respondents parent had <500 ET Birr), and 776 (88.9%) of respondents parent had 500 or more ET Birr as a monthly income respectively. Regarding living arrangement most of the students 493 (56.5%) were living with their fathers and mothers, 117(13.4%) were living with single parents, 78 (8.9 %) were living with relative//spouse, and 185 (21.2%) were living alone /friends, respectively, (Table2).

Table 2 Socio demographic characteristics of parents of the study population in Bishoftu City Administration, Oromia Regional State 2011. (n=873)

Characteristics	Frequency	Percent
Father's occupation		
Farmer/Private business	538	61.6
Govern/private employee	335	38.4
Mother's occupation		
Housewife/private business	731	83.7
Govern/private employ	142	16.3
Parent monthly income		
<500 Birr	97	11.1
500 and above Birr	776	88.9
Living arrangement		
Father and mother	493	56.5
Single parent	117	13.4

Relative/spouse	78	8.9
Alone/friend	185	21.2

5.3 Substance use of the study participants

Substance use of the study participants, 632 (72.2%) reported that they had never drunk and alcohol, 609 (69.6%) had never smoke cigarette and 600 (68.6%) had never chewed khat (Table3)

Table 3 Substances use among Preparatory and Vocational students in Bishoftu City Administration, Oromia Regional State2011. (n=875)

Characteristics	Frequency	Percent
Drink alcohol		
Never drunk	632	72.2
Drink frequently	243	27.8
Smoking cigarette		
Never smoke	609	69.6
Smoke frequently	266	30.4

Chew khat

Never chewed	600	68.6
Chew frequently	275	31.4

5.4 Sexuality pattern of the study participants

Out of 875 respondents 280 (32%) reported to have sexual intercourse in their life time. Of these who had ever sexual intercourse, the mean age at first sexual intercourse was 17.30 ± 1.30 , and majority of the sexually active students 172 (61.4%) had first sexual intercourse at age of <18 years. Similarly 117 (41.8%) of the sexually active respondents reported to have one sexual partner, while 163 (58.2%) of sexually active respondents reported to have two or more sexual partners. Hundred sixty five (58.9%) of the sexually active Students reported that having one sexual partner in the last 12 months, while 115 (41.1%) have more than one sexual partner in the last 12 months. Hundred and sixteen (41.4%) of the sexually active respondents reported to have that persistent condom use, (Table 4).

Table 4. Sexuality pattern of Preparatory and Vocational students in Bishoftu City Administration, Oromia, Regional, State2011.

Characteristics	Frequency	Percent
Ever had sex		
Yes	280	32
No	595	68

Age at first sex (n=280)

<18 years	172	61.4
≥18 years and above	108	38.6

Mean age at first sex ± SD 17.30±1.30

Number of partners (n=280)

One	117	41.8
More than one	163	58.2

Partners last 12 months (n=280)

One	165	58.9
More than one	115	41.1

Condom use (n=280)

Always	116	41.4
Some times	64	58.6

5.5 Practice of prevention measure of HIV/AIDS

Regarding the practice of prevention of measure majority 595 (68.0%) respondents reported that HIV/AIDS could be prevented by sexual abstinence. Similarly 117 (13.4%) respondents reported that they were faithful to partner. Hundred sixteen (13.3%) respondents reported that using condom in every sexual act. Overall 264 (30.2%) study participants were at risk of sexual behavior, (Table 5).

Table 5 Practice of prevention the study participants about HIV/AIDS in Bishoftu City Administration, Oromia, Regional, State 2011,(n=875

Characteristics	Frequency	Percent
Sexual abstinence		
Yes	595	68
No	280	32
Remain faithful to partner		
No partner	595	68
Faithful to partner	117	13.4
Not faithful	163	18.6
Use condom in every sex		
Sexual abstinence	595	68
Use condom consistent	116	13.3

Not use condom	164	18.7
Risk sexual behavior		
Yes	264	30.2
No	611	69.8

5.6 Socio demographic correlates of sexual risk behavior.

Students whose age 18 years and above were more likely to be at risk of sexual behavior compared to students whose age is less than 18 years, (COR=301, 95% C I; 2.12, 4.28). The odds of becoming at risk of sexual behavior was higher among male students compared to female students, (COR=1.76; 95% C I; 1.31, 2.35). But there was no association by risk sexual behavior with by type of school type, religion, Ethnicity and Pocket money, (Table 6).

Table 6 Relation between selected socio demographic characteristics and sexual behavior among preparatory and vocational students in Bishoftu City Administration, Oromia, regional, State 2011 (n=875).

Characteristics	Risk sexual behavior		Crude OR (95% I C)
	Yes (%)	NO (%)	
Age			
Less than 18 yrs	48 (16.4)	245 (83.6)	1.00
18 yrs & above	216 (37.1)	366 (62.9)	3.01 (2.12, 4.28)
Sex			
Female	105 (24.2)	328 (75.8)	1.00
Male	159 (36.0)	283 (64)	1.76 (1.31, 2.35)

School type			
Preparatory	125 (28.5)	314 (71.5)	1.00
Vocational	139 (31.9)	297 (68.1)	1.18 (0.88, 1.57)
Religion			
Orthodox	205 (29.7)	486 (70.3)	1.00
Non Orthodox	59 (32.1)	125 (67.9)	1.12(0.79, 1.59)
Ethnicity			
Oromo	187 (31.6)	405 (68.4)	1.00
Non Oromo	77 (27.2)	206 (72.8)	0.81 (0.59 ,1.11)
Pocket money			
No	182 (28.6)	455 (71.4)	1.00
Yes	82 (34.5)	56 (65.5)	1.31 (0.96, 1.81)

5.6 Parents' socio demographic characteristics correlate of sexual risk behavior

Students who are having father of private business were more likely to be at risk of sexual behavior compared to students who are having father of government /private employee, (COR=1.73; 95% C I; 1.27, 2.35). Similarly students who are living with others were more likely to be at risk sexual behavior compared to those students who are living with father and mother, (COR= 1.42; 95% C I; 1.06, 1. 90). But there was no association by risk sexual behavior with mother occupation and parental monthly income, (Table7).

Table 7 Relation between selected parental socio demographic characteristics and sexual behavior of preparatory and vocational students in Bishoftu City Administration, Oromia, Regional State, 2011 (n=873).

Characteristics	Risk sexual behavior		Crude OR (95 % I C)
	Yes (%)	NO (%)	
Father occupation			
Govern/private employee	78 (23.3)	257 (76.7)	1.00
Private business	185 (34.4)	353 (65.6)	1.73 (1.27, 2.35)
Mother occupation			
Govern/private employee	36 (25.4)	106 (74.6)	1.00
Private business	228 (31.2)	503 (68.8)	1.34 (0.89, 2.09)
Parental monthly income			
<500 ETH Birr	34 (35.1)	63 (64.9)	1.29 (0.83, 2.01)
Above 500 ETH Birr	229 (29.5)	547 (70.5)	1.00
Living arrangement			
Father and mother	132(26.9)	359 (73.1)	1.00
With Others	131 (34.3)	251(65.7)	1.42 (1.06, 1.90)

5.7 Substance use and risk sexual behavior

Students who are drinking alcohol frequently are more likely to be at risk sexual behavior compared to students who are never drinking alcohol, (COR= 2.38; 95% C I; 1.74, 3.25). The odds of becoming at risk of sexual behavior was higher among students who are smoking cigarette frequently compared to students never smoking cigarette, (COR= 1.76; 95% C I; 1.30, 2.39). Similarly students who are chewing khat frequently are more likely at risk of sexual behavior compared to students who are never chewing khat, (COR= 1.80; 95% C I; 1.33, 2.43), (Table 8).

Table 8 relation between substance use and sexual behavior among preparatory and vocational students in Bishoftu City Administration, Oromia relational State 2004 (n=875).

Characteristics	Risk sexual behavior		Crude OR (95% C I)
	Yes (%)	No (%)	
Drink alcohol			
Never drunk	157(24.8)	475 (75.2)	1.00
Drink frequently	107 (44.0)	136 (56.0)	2.38 (1.74, 3.25)
Smoking cigarette			
Never smoke	161(26.4)	448 (73.6)	1.00
Smoke frequently	103(38.7)	63(61.3)	1.76 (1.30, 2.39)
Chew khat			
Never chew	157 (26.2)	443(73.3)	1.00
Chew frequently	107 (38.9)	168 (61.1)	1.80 (1.33, 2.43)

5.8 Factors associated with risk sexual behavior

Generally male students showed significant difference ($p < 0.05$) in risk sexual behavior. The likely hood of becoming at the risk of sexual behavior was higher among male students than female students, and its association still high after adjusting for possible confounders (AOR = 1.47; 95 % C I; 1.08, 2.02). The likely hood of becoming at risk of sexual behavior was higher among students whose age was 18 years and above than students whose age was less than 18 years, and its association still high after adjusting for others variables, (AOR = 2.62; 95% C I; 1.79, 3.83). Similarly students who are smoking frequently showed significant difference ($p < 0.05$) in risk sexual behavior. The likely hood of becoming at risk of sexual behavior was higher among students who smoke frequently than never smoke, and its association still high after adjusting for possible confounders (AOR= 1.68; 95% C I; 1.12, 2.52), and the odds of becoming risk sexual behavior was higher among students who drink alcohol frequently than never drank alcohol, and its association still persisted after adjusting for other variables (AOR=1.93; 95% C I; 1.38, 2.68). Father occupation, Living arrangement and chew khat were lost their significance after controlling for age, sex, father's occupation living arrangement drink alcohol, smoke cigarette and chew khat by multivariate analysis, (Table 9).

Table 9 Risk sexual behavior among preparatory and vocational students by selected characteristics in Bishoftu City Administration, Oromia, Regional, State 2011.

Characteristics	Crude OR (95% C I)	Adjusted* OR (95% CI)
Age		
Less than 18 yrs	1.00	1.00
18 yrs & above	3.01 (2.12, 4.28)	2.62 (1.79, 3.83)
Sex		
Female	1.00	1.00
Male	1.76 (1.31,2.35)	1.47 (1.08, 2.02)
Father occupation		
Govern/private employee	1.00	1.00
Private business	1.91 (1.38, 2.63)	1.30 (0.95, 1.84)
Living arrangement		
Father and mother	1.00	1.00
With others	1.42 (1.06, 1.90)	1.05(0.76, 1.44)
Drink alcohol		
Never drunk	1.00	1.00
Drink frequently	2.38 (1.74, 3.25)	1.93 (1.38, 2.68)
Smoke cigarette		
Never smoke	1.00	1.00
Smoke frequently	1.76 (1.30, 2.39)	1.68 (1.12, 2.52)
Chew khat		
Never chew	1.00	1.00
Chew frequently	1.80 (1.33, 2.43)	1.31 (0.88, 1.95)

Adjusted* for age, sex, father's occupation, living arrangement, drink alcohol, smoke cigarette and chew khat.

6. Discussion

The objective of this school based study was to assess the risk sexual behavior, risk factors, preventive measure and other related issues among Preparatory and vocational students. The basic demographic characteristics of the study population are not different from other similar preparatory and vocational population.

In general in this study we found that age 18 years and above, male sex, frequently drinking alcohol and smoke cigarette were factors associated with risk sexual behavior in the study area.

Overall our study findings showed that 30.2% Preparatory and Vocational students were to be at risk of sexual behavior. This finding is supported by BSS 2005 that showed many (34.1%) of those ISY who had ever had sex were engaged in risky sex, i.e. sex without a condom during the previous 12 months (18).. Other study done on High-risk sexual behaviors in high school students in Southern Taiwan showed approximately 19% of participants in 2002 and 30% in 2003 reported having had sexual intercourse. The majority (79%) of them stated that they had engaged in high-risk sexual behaviors i.e. inconsistent condom use during sex, which was the leading high-risk sexual behavior, was observed in more than 70% of participants. Approximately one-third of the participants reported having three or more lifetime sexual partners, having an anonymous sexual partner, having new sexual partners in the past 90 days and having sex with someone met on the Internet were also common (25)..

This study revealed that 18 years and above students were 2.6 times more to be at risk of sexual behavior compared to those students age less than 18 years. Other study showed that the trend in sexual activity of adolescents at younger age is increasing in alarming rate in the world. In many countries, the majority of young people are sexually active before the age of 20, (26).

In the current study male students were nearly 1.5 times to be at risk of sexual behavior compared to female students. Similar study done in Namibia and South Africa showed that male students were twice more sexually active than female students. Major explanation for this higher risk among male students may be due to the notion of masculinity may have engaged male students to engage in high level of sexual activity (27).

Our study findings showed that students who drink alcohol frequently were nearly two times more to be at risk of sexual behavior compared to those students who never drink alcohol. This finding is supported by the DHS 2005 that showed risk sexual behavior to be higher among current drinking students than non-drinkers (28). Other study done in Zambia on secondary school students showed that excessive consumption of alcohol was associated with high risk sexual behavior (29). Study done on adolescents in USA, showed that students who reported more substances use also reported engaging in more risk sexual behaviors (30). Among adolescents surveyed in New Zealand, alcohol use was significantly associated with unprotected sexual intercourse (31). Other study done on high school students showed that 50% high school students believed that alcohol drinking facilitate communication with peers of the opposite sex (32). However research report stated that it was not possible to delineate whether students used alcohol as a part of sexual activity, or whether they get drunk intentionally in order to be distributed, or whether sex was often available where alcohol was sold (33). The explanation for this may be due to drinking alcohol was found to be one of the predisposing factors which push students to engage in risky sexual behavior activity.

Our study findings showed that students who smoke cigarette frequently were 1.7 times to be at risk of sexual behavior compared to those students who never smoke Study done on youth risk sexual behavior of high school students showed that tobacco use in particular has a negative long term health out come. Teen smoking is often an early warning sign of future problems. Teens who smoke are three times as likely as non smokers to use alcohol, and also associated with risk behavior having unprotected sex (34). Other study done on co variation of cigarette smoking among Japanese high school students showed that alcohol drinking and sexual intercourse are more likely to occur with smoking (35).

However in this study father occupation, living arrangement and chew khat were lost their significance after controlling for age, sex, father's occupation living arrangement drink alcohol, smoke cigarette and chew khat by multivariate analysis This could be due to crude of association between may be confounded by another extraneous factor together with information bias.

7. Strength and Limitations of the study

7.1 Strengths

- The questionnaire was adapted from validated instrument (36).
- Pretested in the local context.
- There was a high response rate.

7.2 Limitations

- The study excluded the population that were absent during data collection so could underestimate the prevalence.
- Since the data are self reported around sensitive issue, underestimation of the prevalence may exist.
- This study was based on cross sectional data, which implies that the direction of causal relation can't be determined.
- Since the data are retrospective might subjected to recall bias.

8. Conclusion and Recommendation

8.1 Conclusions

- This study found 30.2 percent of Preparatory and Vocational students were at risk of sexual behavior.
- The current study also found that Age 18 years and above, male sex was associated with risk sexual behavior.
- This study also found that drink alcohol and smoke cigarette frequently was associated with risk sexual behavior.

8.2 Recommendation

- More effective school based health promotion program intervention should be implemented among school youths to prevent risk sexual behavior.
- Implementation of independent School based sex education among school youth, and in particular special emphasize should be given to 18 years and above and male sex of school youth.
- More Effective intervention strategies among school youths should be implemented to prevent substance use (alcohol and cigarette) by the use of application of health- promoting school model charter of WHO, (37) should be utilized to develop effective school health programs to prevent these problems.

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11. Annexes

Annex 1: Questionnaire for English Version

Questionnaire prepared for Sexual risk behaviors among preparatory and vocational students in Bishoftu city administration Conducted by AAU SPH, 2011.

Student Self Reporting Consent Questionnaire

Dear student,

In ensuring the health of students in preparatory and vocational school, the understanding of existing problems and related sexual risk behaviors of this group population is important. In line with this a study is proposed to assess sexual risk behavior and VCT utilization among the preparatory and vocational students. And you are chosen to participate in this study. The choice of the grade and section is done randomly using a lottery type of approach.

The purpose of this study is to generate information about preparatory and vocational students of their sexual risk behavior, to establish future preventive intervention mechanism of sexual risk behavior among preparatory and vocational students.

The study will involve various intimate and private life questions. In order to effectively achieve the objectives, we are requesting your help. Here is a questionnaire for you to complete. There is no need to write your name on the questionnaire no individual responses will be reported. Your answers are completely confidential. It is your full right to refuse to answer any or all of the questions. If you don't want to participate you can leave the format on the table. But, you are requested to remain in your seat until others finish filling the format. However, your honest answers to these questions will help us in better understanding of what people think, say and do about certain kinds of sexual risk behavior. We request your truthful and keen participation. Please take a few minutes to answer to the questions.

Would you be willing to participate?

- Yes, I want to participate in the study. (Please go to the next page)
- No, I don't want to participate in the study

Thank you very much!

Consent form that certify the respondents agreement before filling the questionnaire

I hope that you will be frank and honest in providing answer to the following questions.

Do you agree to answer the following questions to the best of your ability?

Yes _____ No _____

If your answers is yes, pleas continue responding to fill the questionnaire

Thank you!

Name of supervisor _____ sign _____

Date _____

Part One: Questionnaire on socio-demographic characteristics

No	Questions and filters	Responses
001	Name of school	1. Bishoftu preparatory 2. Bishoftu vocational
002	Sex?	1. Male 2. Female
003	Age?	_____ year 99. Don't know year
004	Marital status?	1. Unmarried 2. Married 3. Divorced 4. Widowed 5. Separated
005	To which ethnic group do you belong?	1. Oromo 2. Amhara 3. Gurage 4. Tigire 5. Others
006	What is your religion?	1. Orthodox 2. Protestant 3. Muslim 4. Others specify
007	With whom are you living now?	1. With father and mother 2. With mother only /or father only 3. With relatives 4. Fiancé /spouse 5. Alone/friends
008	Father's educational level?	<div style="border: 1px solid black; width: 80px; height: 60px; margin: 0 auto;"></div> I don't know
009	Mother's educational level?	

		<input type="checkbox"/>	I don't know
010	What is your father's occupation? (if alive)		1. Daily laborer 2. Farmer 3. Civil servant 4. Employed in private sector 5. Has private business _____
011	What is your mother's occupation? (if alive)		1. House wife 2. Daily laborer 3. Maid servant 4. Employed in private sector 5. Has private business _____
012	What is your perceived current parent's/relative income per month?	<input type="checkbox"/>	Birr
013	Do you have permanent pocket money?		1. Yes 2. No
014	Do you drink alcoholic beverages like Tela, Tej, Beer, Arekie and the likes?		1. Have never drunk 2. I have tried once or twice 3. I drink frequently 4. I drink alcoholic daily
015	Do you smoke cigarettes?		1. Have never smoked 2. I have tried once or twice 3. I smoke frequently 4. I smoke daily
016	Do you chew khat?		1. Have never chewed 2. I have tried once or twice 3. I chew frequently 4. I chew daily

Section: 2 Sexual History

No	Questions and filters	Responses
017	Have you ever had sexual intercourse?	1. Yes 2. No [if no skip to question number 31]
018	At what age did you first have sexual intercourse?	Age in years _____ 99. Don't know
019	What is/was the relation of your first partner to you?	1. An acquaintance 2. A friend 3. Finance 4. Spouse 5. A relative
020	Why did you decide to have sexual intercourse the first time? (multiple answer may be possible)	1. Fell in love 2. Had desire 3. I got married 4. Raped 5. To get money and other gifts 6. Peer pressure 7. Was drunk or stoned
021	How much older or younger was the person with whom you had your first sexual experience?	1. More than 10 years older 2. 5-10 years older 3. Less than 5 years older 4. Younger /___/ years 5. He was an age like me 99. Don't know
022	How many sexual partners have you had so far?	<div style="display: flex; align-items: center; justify-content: center;"> <input style="width: 50px; height: 30px; border: 1px solid black; margin-right: 10px;" type="text"/> persons </div>

023	How many people in the total have you ever had sexual intercourse with during the last 12 months?	<input type="text"/>	persons
024	Have you ever used a condom?	1. Yes 2. No (if no skip to Q. 29)	
025	Did you use a condom the FIRST time you had sexual intercourse?	1. Yes 2. No	
026	How often did you use condom in the last 12 months?	1. Always [Skip to Question number 31] 2. Most of the time 3. Some time	
027	Did you use a condom the LAST time you had sexual intercourse?	1. Yes 2. No	
028	[For males], have you ever had sexual intercourse with commercial sex workers?	1. Yes 2. No [if no skip to question 31]	
029	[For males], have you ever used a condom when making sexual intercourse with commercial sex workers?	1. Yes 2. No [if no skip to question 31]	
030	Have you ever had the following symptoms last 12 months? 1. Genital ulcer 2. Genital discharge	Yes	No

037	Are you voluntary to undergo voluntary counseling and testing for HIV?	<ol style="list-style-type: none">1. Yes2. No3. I am not sure
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Annex 2: Questionnaire of Amharic Version

በአድስ አበባ ዩንቨርሲቲ የህክምና ፈኩልቲ የህብረተሰብ ጤና ሳይንስ ት/ቤት

የሚስጥር አጠባበቅ ስምምነት :

በቢሾፍቱ ከተማ መስተዳደር ተማሪው መልስ የሚሰጥበት

ውድ ተማሪ

የመሰናዶና የሙያና ቴክኒክ ተማሪዎች ጤናማ ሆነው እንዲሆኑ ለማድረግ አሁን በእነርሱ ላይ የሚታዩትን የጤና ችግሮችና ተዛማጅ ባህሪያት አስቀድሞ መገንዘብ በጣም ጠቃሚ ነው፤ ይህን አስመልክቶ ስለወሲብ ሁኔታና ተዛማጅ አሳሳብ ባህሪያት ጨምሮ በፍቃደኝነት ላይ የተመሰረተ የደም ምርመራና የምክር አገልግሎት አጠቃቀም ዙሪያ በቢሾፍቱ ከተማ መሰናዶና ሙያና ቴክኒክ ትምህርት ቤት ተማሪዎች ዘንድ ስላለው ሁኔታ ለመረዳት ይህ ጥናት ተዘጋጅቷል።

ጥናቱ በርካታታ በግል ህይወት ዙሪያ ጥያቄዎች አሉት። ስለዚህ ጥናቱ በትክክል የታለመለትን ዓላማ እንዲሟሟ የአንተን/የአንቺን ከፍተኛ ትብብር ይፈልጋል።

በተዘጋጀው መጠይቅ ላይ ስም መጻፍ አያስፈልግም መልስህ/ሽ በሚስጥር የሚያገዝ ነው። ጥናቱ በፍቃደኝነት የሚከናወን ሲሆን ማንኛውም ተማሪ በፍቃደኝነት የሚከናወን ስለሆነ ማንኛውም ተማሪ በጥናቱ ያለመሳተፍ መብቱ የተጠበቀ ነው። በጥናቱ መሳተፍ ካልፈለጉ መጠይቁን ከላይ ወደ ታች ገልብጠው በጠረጴዳ ላይ ያስቀምጡ ነገር ግን ሌሎች መጠየቁን ሞልተው እስኪጨረሱ ባሉበት ሥፍራ እንዲቆዩ ይጠየቃሉ።

የእርስዎ ቅንና እውነተኛ አስተሳሰብና ድርጊትዎን የሚገልጽ መልሶች ወጣቶች በወሲብና ተዛማጅ አሳሳብ ባህሪያት ዙሪያ ምን እንደሚያስቡ፣ ምን እንደሚሉና፣ ምን እንደሚያደርጉ በማሳወቅ ረገድ ከፍተኛ ጠቀሜታ ስላለው ጥቂት ደቂቃችን ለኛ በመስጠት እንዲተባበሩን እንጠይቃለን።

ማንኛውም ነገር ለመጠየቅ ከፈለጉ የጥናቱ ባለቤት የሆኑትን አቶ ድንቁ ዳዲን በስልክ ቁጥር 09 12-04-33-31 እና በአክምና ፋካልቲ እንስቲቱዩሽናል ሪቪዩ ቦረድ በስ-ቁጥር 011-5-53-87-34 ያነጋግሩ።

ታታዲያ መጠይቆቹን ለመሙላት ፈቃደኛ ነዎት?

/ / አዎ ወደ ሚቀጥሉት ገጾች ይሸጋገሩ

/ / አይደለም / አቁም/

የጥናቱ ተሳታፊዎች ለጥናቱ ጥያቄዎች መልስ ከመስጠታቸው በፊት መስማማታቸውን የሚያረጋግጡበት ቅጽ

ማንኛውንም ከእርሶ የምናገኘውን መረጃ ለሌላ ወይም ለሶስተኛ አካል የማይተላለፍ መኖሩን ከወድሁ እናረጋግጣለን።

የሚከተሉትን ጥያቄዎች በግልጽና በታማኝነት እደምመልሱልን እንተማመናለን።

ጥያቄዎቹን ለመመለስ ይስማማሉ?

አዎን -----

አይደለም -----

እናመሰግናለን!

የሱፐርቫይዘር ስም ----- ፊርማ -----

ቀን -----

ክፍል አንድ አጠቃላይ መረጃ

ተ.ቁ	ጥያቄዎች	አማራጭ መልሶች
001	የትምህርት ቤቱ ስም ?	1. ቢሾፍቱ መስናዶ 2. ቢሾፍቱ ሙያ እና ቴክኒክ
002	ጾታ?	1. ወንድ 2. ሴት
003	እዕድሜ/ በአመት/?	-----አመት 99.አመቱን አላውቅም
004	የጋብቻ ሁኔታ?	1. አላገባሁም 2. አግብቻለሁ 3. ተፋትቻለሁ 4. ባል/ሚስት የሞተብኝ 5. ተለያይተናል
005	ብሄረሰብ?	1. ኦሮሞ 2. አማራ 3. ጉራጌ

		<p>4. ትገረ</p> <p>5. ሌላ /ይጠቀስ/-----</p>
006	ሃይማኖት ?	<p>1. ኦርቶዶክስ</p> <p>2. ፕሮቴስታንት</p> <p>3. እስልምና</p> <p>4. ሌላ /ይጠቀስ/-----</p>
007	በአሁኑ ጊዜ የሚኖሩ ከማን ጋር ነው?	<p>1. ከእናት እና አባት ጋር</p> <p>2. ከእናት ጋር ብቻ/ወይም ከአባት ጋር ብቻ</p> <p>3. ከዘመድ ጋር</p> <p>4. ከፍቅረኞቹ ጋር /ከባለቤተ ጋር</p> <p>5. ብቻዩን/</p>
008	የአባትህ/ሽ የትምህርት ሁኔታ?	<p><input type="checkbox"/></p> <p>አላወቅም</p>
009	የእናት የትምህርት ሁኔታ?	<p><input type="checkbox"/></p> <p>አላወቅም</p>
010	የአባትሽ /ሽ ሥራ ምንድ ነው? (በሕይወት ካሉ)	<p>1. የቀን ሠራተኛ</p> <p>2. ገበሬ</p> <p>3. የመንግሥት ሰራተኛ</p> <p>4. የግል ድርጅት ተቀጣሪ</p> <p>5. በግል ሥራ ተዳዳሪ</p>

011	የአካትታ/ሽ ሥራ ምንድ ነው? (በሕይወት ካሉ)	<ol style="list-style-type: none"> 1. የቤት እመቤት 2. የቀን ሰራተኛ 3. የግለሰብ ቤት ሠራተኛ/ተቀጣሪ 4. የግል ድርጅት ተቀጣሪ 5. በግል ሥራ ተዳዳሪ
012	በአንተ /ቺ ግምት የቤተሰቦችህ/ችሽ የገቢ ሁኔታ ምን ይመስላል?/	<div style="border: 1px solid black; width: 80px; height: 40px; margin-left: 20px;"></div> <p style="text-align: center;">ብር</p>
013	ቋሚ የሆነ የኪስ ገንዘብ አለህ/አለሽ?	<ol style="list-style-type: none"> 1. አዎን 2. የለም
014	እንደ ጠላ/ጠጅ/ቢራ /አረቄ የመሳሰሉ አልኮል መጠጦችን ጠጥተህ /ሽ ታታውቃለህ/ቁያለሽ?	<ol style="list-style-type: none"> 1. የለም ምንም ጠጥቼ አላውቅም 2. በህይወት አንዴ ወይም ሁለተ ጠጥቻለሁ 3. አልፎ አልፎ እጠጣለሁ 4. በየቀኑ እጠጣለሁ
015	ሲጋራ ታታጨሳለህ/ታጨሻለሽ?	<ol style="list-style-type: none"> 1. የለም ምንም አጭሼ አላውቅም 2. በህይወት አንዴ ወይም ሁለተ አጭሻለሁ 3. አልፎ አልፎ አጨሳለሁ 4. በየቀኑ አጨሳለሁ
016	ጫት ቅመህ/ሽ ታታውቃለህ/ቅያለሽ?	<ol style="list-style-type: none"> 1. የለም ምንም ቅመሜ አላውቅም 2. በህይወት አንዴ ወይም ሁለተ ቅመሜያለሁ 3. አልፎ አልፎ እቅማለሁ 4. በየቀኑ እቅማለሁ
017	የግብረ-ስጋ ግንኙነት አድርገህ /ሽ ታታውቃለህ/ሽ?	<ol style="list-style-type: none"> 1. አዎን 2. የለም /የለም ካሉ ወደ ጥያቄ ቁጥር 31 ይሂዱ/
018	በመጀመሪያ የግብረ ስጋ ገንኘ	-----አመት

	<p>ነት የፈጸምከው /ሽው በስንት አመት/ሽ ነው?</p>	<p>99.አላውቅም /አላስታውስም</p>
<p>019</p>	<p>ለመጀመሪያ ጊዜ የገብረ ስጋ ግንኙነት አብረውት ከፈጸመት ሰው ጋር ያለዎት ግንኙነት ምንድን ነው?</p>	<ol style="list-style-type: none"> 1. የትምህርት ቤት ጓደኛ 2. ከት/ቤት ውጭ ያለ ጓደኛ 3. የፍቅር ጓደኛ 4. ባልና/ሚስት 5. የስጋ ዘመድ
<p>020</p>	<p>ለመጀመሪያ ጊዜ የገብረ ስጋ ግንኙነት ለማድረግ የወሰንክበት /የወሰንሽበት ምክንያት ምን ነበር?</p>	<ol style="list-style-type: none"> 1. ፍቅር ይዞኝ 2. በግል የወሲብ ፍላጎት 3. በጋብቻ 4. ተገድጄ 5. ገንዘብና ሌሎች ስጦታዎችን ለማግኘት
<p>021</p>	<p>የመጀመሪያ ጊዜ በገብረ ስጋ የተገናኘኸው /ሽው እድሜ ከአንተ /ች እድሜ አንፃር ሲታይ እንዴት ነበር?</p>	<ol style="list-style-type: none"> 1. ከ10 አመት በላይ ይበልጠኛል 2. ከ5 አመት እስከ 10 አመት ይበልጠኛል? 3. እስከ 5 አመት ይበልጠኛል <input type="text"/> 4. ዓመት 5. እኩያየ ነው 6. አላውቅም /አላስታውስም
<p>022</p>	<p>የገብረ ስጋ ግንኙነት ከጀመርክበት/ሽበት ጊዜ አንስቶ እስከአሁን በጥቅሉ ከስንት ሰዎች ጋር የገብረ ስጋ ግንኙነት አድርገሃል/ሻል? (ለማስታወስ ሞክር/ሪ)</p>	<p style="text-align: center;"><input type="text"/></p> <p style="text-align: right;">ሰዎች</p>
<p>023</p>	<p>በአለፉት 12 ወራት በጥቅሉ ከስንት ሰዎች ጋር የገብረ ስጋ ግንኙነት አድርገሃል/ሻል? (ለማስታወስ ሞክር/ሪ)</p>	<p style="text-align: center;"><input type="text"/></p> <p style="text-align: right;">ሰዎች</p>

024	<p>የግብረ ስጋ ግንኙነት በምታደርግበት/ጊበት ጊዜ ኮንዶም ተጠቅመህ/ሽ ታውቃለህ/ቂያለሽ</p>	<p>1. አዎን 2. የለም /የለም ወደ ጥያቄ ቁጥር 31 ይሂዱ/</p>
025	<p>ለመጀመሪያ ጊዜ የግብረ ስጋ ግንኙነት ባደረግክበት /ሽበት ጊዜ ኮንዶም ተጠቅመህ/ሽ ነበር? (ለማስታወስ ሞክር/ሪ)</p>	<p>1. አዎን 2. የለም</p>
026	<p>በአለፉት 12 ወራት ግብረ ስጋ ግንኙነት ባደረግክበት/ሽበት ጊዜ ምን ያህል አዘውትረህ/ሽ ኮንዶም ተጠቀመህ/ሽነበር?</p>	<p>1. ሁሉ ጊዜ /ሁሉ ጊዜ ካሉ ወደ ጥያቄ 31 ይሂዱ/ 2. አብዛኛው ጊዜ 3. አንዳንድ ጊዜ</p>
027	<p>ለመጨረሻ ጊዜ ግብረ ስጋ ግንኙነት ባደረግክበት /ሽበት ጊዜ ኮንዶም ተጠቅመህ/ሽነበር? (ለማስታወስ ሞክር/ሪ)</p>	<p>1. አዎን 2. የለም</p>
028	<p>/ለወንዶች ብቻ/በአለፉት 12 ወራት ከሴተኛ አዳሪ ጋር የግብረ ስጋ ግንኙነት አድርገህ ታታውቃለህ?</p>	<p>1. አዎን 2. የለም/የለም ካሉ ወደ ጥያቄ ቁጥር 31 ይሂዱ/</p>
029	<p>/ለወንዶች ብቻ/በአለፉት 12 ወራት ከሴተኛ አዳሪ ጋር</p>	<p>1. አዎን 2. የለም /የለም ካሉ ወደ ጥያቄ ቁጥር 31 ይሂዱ/</p>

	<p>የግብረ ሥጋ ግንኙነት በምታደርግበት ጊዜ ኮንዶም ትጠቀም ነበር?</p>											
<p>030</p>	<p>በአለፉት 12 ወራት ከዚህ በታች የተዘረዘሩት ምልክቶች አጋጥሞት ያወቃሉ?</p> <p>1. የብልት አከባብ መቁሰል</p> <p>2. ተፈጥሮአዊ ያልሆነ የብልት ፈሳሽ</p> <p>3. በምትሸናበት/በምትሸኝበት የማቃጠል ስመት</p> <p>4. ብልት/ብሽሽት አከባብ እብጠጥ</p>	<table border="0"> <thead> <tr> <th data-bbox="841 772 899 810">አዎ</th> <th data-bbox="1166 772 1235 810">የለም</th> </tr> </thead> <tbody> <tr> <td data-bbox="873 827 899 865">1</td> <td data-bbox="1208 884 1235 921">2</td> </tr> <tr> <td data-bbox="873 1045 899 1083">1</td> <td data-bbox="1208 1045 1235 1083">2</td> </tr> <tr> <td data-bbox="867 1367 893 1404">1</td> <td data-bbox="1201 1367 1227 1404">2</td> </tr> <tr> <td data-bbox="867 1581 893 1619">1</td> <td data-bbox="1201 1581 1227 1619">2</td> </tr> </tbody> </table>	አዎ	የለም	1	2	1	2	1	2	1	2
አዎ	የለም											
1	2											
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<p>031</p>	<p>ከዚህ በች ለተዘረዘሩት ጉዳዮች ትምህርት/መረጃ የምታገኝበት/ኛ በት መንገድ አለ?</p>											

	<p>ስለ ጾታዊ ግንኙነት</p> <p>ስለ ኤች አይ ቪ ኤድስ</p> <p>በግብረ ስጋ ስለሚተላለፉ በሽታዎች</p>	<p>አዎን</p> <p>የለም</p> <p>1 2</p> <p>1 2</p> <p>1 2</p>
032	<p>አንድ ሰው አራሱን ኤች አይ ቪ /ኤድስ እእና ሌሎች በግብረ ስጋ ግንኙነት ስለሚተላለፉ በሽታዎች ለመከላከል ምን ማድረግ አለበት?</p> <p>/መልስ የሆነ ሁሉ ይከበቡ/</p>	<ol style="list-style-type: none"> 1. ከግብረ ስጋ ግንኙነት መቆጠብ /መታቀብ 2. ድንገተኛ ግብረ ስጋ ግንኙነት ማስወገድ 3. አንድ ለአንድ መወሰን 4. ኮንዶም መጠቀም 5. ከሌተኛ አዳሪ ጋር የግብረ ስጋ ግንኙነት አለማድረግ
033	<p>ምን ምን በግብረ ስጋ ግንኙነት የሚተላለፉ በሽታዎችን ታታውቃለህ/ታውቅያለሽ?</p> <p>/መልስ የሆነ ሁሉ ይከበቡ/</p>	<ol style="list-style-type: none"> 1. ጨብጥ 2. ቂጥኝ 3. ከርክር 4. ባምቡሌ 5. ኤድስ
034	<p>ከኤድስ በሽታ ራስን መከላከል የሚቻለው እንዴት ነው?</p> <p>(መልስ የሆነ ሁሉ ይከበቡ)</p>	<ol style="list-style-type: none"> 1. ግብረ-ስጋ ግንኙነት አለማድረግ 2. አንድ ለአንድ መወሰን 3. በኮንዶም መጠቀም 4. ንጹህ ባልሆነ/ባልተቀቀለ መርፌ አለመወጋት 5. የተበከሉ ስለታም ዕቃዎች አለመጠቀም
035	<p>በፈቃደኝነት ስለሚደረግ የኤች.አይ.ቪ. የምክር አገልግሎት እና የደም ምርመራ ሰምትህ/ሽ ታውቃለህ/ቂያለሽ?</p>	<ol style="list-style-type: none"> 1. አዎን 2. የለም

036	<p>በፈቃደኝነት የተመሰረተ የኤች.አይ.ቪ እና የደም ምርመራ አድርገህ/ሽ ታውቃለህ/ቺያለሽ?</p>	<p>1. አዎን 2. የለም</p>
037	<p>የኤች.አይ.ቪ የደም ምርመራ ለማድረግ ብትጠየቅ/ቺ ፈቃደኛ ትሆናለህ/ሽ?</p>	<p>1. አዎን 2. የለም 3. እርግጠኛ አይደለሁም</p>

Declaration

I, the undersigned, declare that this thesis is my original work, has not been presented for a degree in this or another university and that all sources of materials used for this thesis have been fully acknowledged.

Name: Dinku Dadi

Signature: _____

Date: _____

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

Name: Dr. Negussie Deyessa MD, MPH, PhD

Signature: _____

Date: _____