ASSESSMENT OF REPRODUCTIVE HEALTH BEHAVIOR AND NEEDS OF STREET YOUTH IN DESSIE TOWN, AMHARA REGION

BY

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List of abbreviations

AAU Addis Ababa University
AIDS Acquired Immunodeficiency Syndrome
AOR Adjusted Odds Ratio
BCC Behavioral Change Communication
BSS Behavioral Surveillance Survey
CI Confidence Interval
CSWs Commercial Sex Workers
DCH Department of Community Health
DHS Demographic and Health Surveys
FDRE Federal Democratic Republic of Ethiopia
FGD Focus Group Discussion
HIV Human Immunodeficiency Virus
ICPD International Conference on Population and Development
IEC Information Education Communication
MF Medical Faculty
MTCT Mother To Child Transmission
NGOs Non-Governmental Organizations
OR Odds Ratio
SPSS Statistical Package for Social Science
STIs Sexually Transmitted Infections
WHO World Health Organization

Abstract

Background: Street youth are exposed to situations that make them vulnerable to sexual and reproductive health problems. The majority of street children are living in conditions of severe deprivation, which place them at all kinds of health risks. Street youth have risky sexual behaviors that increase the likelihood of adverse sexual and reproductive health consequences.

Objectives and methods: A cross sectional survey was conducted among 343 street youth with focus group discussions to assess reproductive health behavior and needs of street youth in Dessie Town. The total number of street youth in the town was determined to be 1900 after conducting census for two days. The study subjects were identified by using systematic sampling from the sampling frame. Data was collected using structured questionnaire, entered and analyzed using EPI info and SPSS statistical program respectively.

Results: Majority, 67.9%, of the respondents had started sexual intercourse with the mean age of 15.2 years. Ever having sex was associated with being male, income of 5-10 birr and greater than 10 birr per day, more than one year on the street, former residence being rural areas, alcohol drinking and khat chewing. 80.6% of the respondents have more than one sexual partners and the mean lifetime number of sexual partners was 4.85. Among sexually active street youth, 63.9 % had ever used modern contraceptives and it was associated with type of street life, sex, marital status, secondary education and alcohol drinking. Consistent use of condoms was found to be low, 22.8%. Living with peers and alone, former residence being rural areas, more than one year on the street and number of sexual partners above one were found to be associated with consistent use of condoms. It is important to mention that the level of awareness about contraception, HIV/AIDS and other STIs was considerably high; nevertheless, most of them are found to be involved in risky sexual behaviors and the great majority of them considered themselves at low risk for HIV.

Conclusion: It was concluded that despite the majority of street youth had adequate knowledge of selected reproductive health issues, most street youth engage in high risk sexual practices. This fact calls for a coordinated and comprehensive effort by responsible organizations to mobilize peer based interventions to bring behavioral change in reducing risky sexual practices.

1. Introduction

Youth defined as young people within a specific age group by different organizations. In this study, youth is defined as the people between ages 10 and 24 years [(1)]. The other term which is used to identify young people in a given age is the adolescent. The WHO defines adolescents as individuals between 10 and 19 years of age. Adolescence is a period of transition from childhood to adulthood and is an age-group that undergoes rapid physical, emotional, mental and social changes that place its life at high risk [(2)]. Consequently, most of the adolescents are exposed to casual sexual practices which predispose them to unwanted pregnancy, childbearing at early age, high risk abortion, HIV/AIDS and other sexually transmitted diseases, rape unemployment, poverty and criminal acts [(3)].

More than half of the world's population is below the age of 25, and four out of five young people live in developing countries. Sub-Saharan Africa has one of the world's youngest populations [(4)]. In Ethiopia, the sexual and reproductive health of young people has become a major public concern due to a high prevalence of STIs like HIV/AIDS among young people [(5)]. It is estimated that young people age10-24 years constitute more than a third of the population, 26.5 million (33%) [(6)].

Factors for youth vulnerability to sexual and reproductive health problems are several and complex i.e. lack of awareness and lack of correct information about the risks of unwanted pregnancies and STIs are more common among this group. Peer and other social pressures, lack of skills needed to resist such pressures and to practice safe behavior, lack of youth-friendly sexual health and counseling services, poverty, traditional/cultural norms that give young

women a low social position, and little power to resist persuasion or coercion into unwanted sex predispose them to many risks [4].

These has become worse with the development of urbanization and the general poverty, lack of family support and disintegration, domestic violence, or peer influences and absence of employment opportunities which led many youth to turn to life on the street [7]. The United Nations estimated that as many as 150 million children are homeless or spend most of their time surviving on the street and the problem is becoming a worldwide phenomenon and the vast majority of them live in large cities and urban areas of developing countries [8, 9].

The increasing number of street children is one of the most serious urban social problems facing Ethiopia today. According to UNICEF and other actively engaged NGOs, there are approximately 500,000-700,000 street youth nationally, and according to the Ministry of Labor and Social Affairs, an additional 1 million are at risk for streetism. The majority of these children are living in conditions of severe deprivation, which place them at all kinds of health risks [10].

Street youth are exposed to situations that make them vulnerable to sexual and reproductive health problems on a day to day basis. A risky sexual behavior is one that increases the likelihood of adverse sexual and reproductive health consequences [11]. Available data shows that HIV sero-prevalence rates for street children are 10-25 times higher than non-street adolescents. This is because street children are reported to become sexually active earlier than the other groups of adolescents. They engage in sex with many sexual partners and are likely to be raped or forced into sexual relationships to ensure their survival. They use condoms inconsistently and

get inadequate information about sexuality [12]. A study conducted in Addis Ababa shows that the prevalence of rape among female street adolescents was 15.6% which is higher than high school students and most of them started sexual intercourse as a result of rape [13].

Adolescent reproductive health issues were given particular attention after the 1994 ICPD carried out in Cairo. Ethiopia was one of the countries that have agreed and signed the ICPD program of action. However, most sensitive issues like special health needs of youth were not properly addressed in the health policy. Health services that exist in the country mainly provide services for adults and children and youth friendly services are not existent [14].

Almost all studies conducted so far in Ethiopia in the area of sexuality and HIV/AIDS are among high school and college students. Though there are very limited number of studies conducted based on out school adolescents and street youth, most were carried out in bigger urban centers [12]. To date, little is known about the sexuality of out of school (street youth), in general the reproductive health behavior of this group, whether they have access to health services and information and, if so, to what extent. Therefore this study is expected to give insight into reproductive health behavior and needs of street youth with emphasis on sexuality, STI/HIV/AIDS, pregnancy, abortion and sexual violence and will generate relevant information that could help policy makers to design appropriate reproductive health programs for this disadvantaged segment of the population.

2. Literature review

2.1. Background

Adolescence is the transitional period between childhood and adulthood. It is a time of physical, psychological and social changes. These changes have their own specific characteristics in each cultural context, and they are in a steady change according to the development of the society. Even the physical maturation during adolescence is subject to these changes [(2)]. While certain characteristics and developmental needs are peculiar to all adolescents, some groups within adolescent population have specific needs and/or vulnerability [(15)]. In order to provide equitable services to adolescents there is need to make focused efforts to reach the very vulnerable and disadvantaged ones [(16)].

Street children are exposed to situations that make them vulnerable to sexual and reproductive health problems on a day to day basis. Their vulnerability to these situations is increased by their lack of understanding of the changes associated with adolescence, the lack of knowledge and skills which could help them to make healthy choices and their inability to access the appropriate services [(10)].

Several studies conducted in developed and developing countries alike, showed that adolescents high-risk behaviors are more common among out of school adolescents compared with those who are attending school. There is increasing concern for young people who are disconnected from social institutions such as schools, youth clubs and workplace. The UN- estimates that 404 million or 38% of youth under the ages of 18 in less developing countries do not attend school. These youths are vulnerable to sexual exploitation and are at a disproportionately high risk of

unintended pregnancy and STIs including HIV/AIDS. These adolescents often lack access to health information, counseling, legal protections, and health and other services. Variations in relative health and wellbeing of adolescents are also related to where they live [16].

Reproductive health is a major concern of the young adult period, in part because young women are reaching menarche earlier and, in some countries, marrying later. As a result, a significant number of adolescents of childbearing age around the world are sexually active, and an increasing proportion of sexual activity is occurring outside of marriage [4]. At the same time youth on the street have risky sexual behaviors that increase the likelihood of adverse sexual and reproductive health consequences like unwanted pregnancy, unsafe abortion, HIV/AIDS and other STIs [11].

2.2. Sexuality of youth

Initiating sexual activity is a natural transition made nearly by all humans. Nevertheless, it is not the occurrence of this transition but its timing and the circumstances under which it occurs that has significant implications. Young peoples' sexuality and its squeal is a major public health concern all over the world [17]. Many young people engage in sexual activity before marriage and do so at early age often without any protection against pregnancy or STIs [15]. Health surveys and social studies conducted in different parts of the world, in recent years have indicated that, in many countries, most teenagers (60.0% to 70.0%) are sexually active [18]. A study conducted in Nazareth high schools have showed that 24.0% of respondents reported having experienced sexual intercourse, with 60.0% reported having had their first sexual experiences between the ages of 15 and 16 years [12]. The findings from out of school youth in Ethiopia have showed that

the rate of sexual activity is relatively higher (42.0% to 55.0%) among out of school adolescents than high school students [14, 19, 20].

Other studies conducted in different parts of the country showed that the mean age for the first sexual contact for Ethiopian adolescents is between 13.6 and 18.0 years and rural adolescents had earlier sexual onset compared to the urban ones (Mean = 13.1 versus 14.7 years) respectively [14,19,20,21]. The Ethiopian Behavioral Surveillance Survey (BSS), a small proportion of in school youth (16.9%) than out of school youth (35.5%) of sexually active reported having more than one sexual partner in the last one year, respectively [22]. A recent study in Eastern Gojam and South Gondar reported that 46.9% and 23.3% of the sexually active out of school adolescents had more than one sexual partners, respectively [14, 19].

2.3. Sexually transmitted infections and HIV/AIDS

A more accurate indicator for trends of HIV infection may be STI rates, since behaviors associated with the acquisition and transmission of STIs are identical to behaviors associated with HIV transmission [14]. As of 2001, an estimated 40 million adults and children around the world were living with the HIV and 28 million alone in Sub-Saharan Africa. The majority of new infections in the developing world are among young adults. Every minute, five people under 25 years are infected with HIV. Millions more have little or no knowledge of the disease and don't know how to protect themselves or take measures to prevent the spread of the disease [5].

As it is the case in Africa the major route of transmission of HIV infection in Ethiopia is heterosexual intercourse and a large proportion of new HIV infection is occurring in young

people i.e. <25 years [22]. According to the HIV sentinel surveillance of mothers seeking antenatal care, the prevalence is 11.0 % among those aged 15-19 years and 15.0% among those aged 20-24 years. By the year 2010, the total HIV population is projected to grow by more than one million overall and by 910,000 among the age 10-24 [5].

A study conducted by Taffa. N showed an overall HIV -1 prevalence of 5.3% among the 358 out of school youth in Addis Ababa, there was a 60.0% excess prevalence rate among out of school females with 6.9% (10 out of 117) infection compared to the males. The study indicated significant prevalence of HIV infection, particularly among female and out of school youth [23]. Available data showed that HIV sero-prevalence rates for street children are 10-25 times higher than other groups of adolescents. This is because street children are reported to become sexually active earlier than most other groups of adolescents [12].

In Ethiopia, information on the prevalence of various STIs is often lacking especially for street youth. However, few studies conducted in some parts of the country among out-of-school youth revealed that the prevalence of self reported STIs were 5.3%, 7.8% and 4% in East Gojam, South Gondar and Awassa, respectively [14, 19, 23].

2.4. The practice of condom use

Studies widely report that condoms are understood to diminish sexual pleasure and are inconvenient to use [14, 31]. Perceived negative consequences are among the most frequently reported reasons for nonuse in Ethiopia. Fear of reduced sexual pleasure and perceived unreliability of condoms because of presumed susceptibility to tearing and slippering off during

intercourse have often been cited [12]. Studies conducted in Afar (Dubti) and Eastern Gojam reported that 53.6% and 64.6% out of school youth do not use condom consistently and urban out of school adolescents used condom better than rural out of school adolescents during their last sexual intercourse in Eastern Gojam (1.3%Versus 30.6%) and in South Gondar none of them reported consistent condom use during commercial sex [14, 19, 24].

2.5. The practice of using modern contraceptives

Relatively few adolescent women are currently using contraceptives. A study conducted to assess determinants of contraceptive use among urban youths in Ethiopia, reported that there is a large discrepancy between knowledge and actual practice of contraception. In this study the most widely (90.0%) known contraceptive method among sexually active male respondents was condom while pills was the most (87.0%) widely known among females. However, only 15.0% of males and 39.0% of females had used condoms and contraceptives respectively [25]. Similarly, evidence from Harar, indicated that nearly two thirds of young respondents (69.3% of males and 63.9% of females) reported to have known, at least one contraceptive method while only about one fourth (27.0% males and 22.6% females) reported having ever used a method [20]. Another study conducted in northwest Ethiopia showed that only 25.0% of sexually active females used modern contraceptives [26].

2.6. Early marriage, pregnancy and abortion

One of the great health problems of adolescents is too-early pregnancy. In developing countries this frequently arises from early marriage, some times just after menarche and are becoming sexually active at earlier ages and pregnant prior to marriage [2].Young women who have not

reached full physical and physiological maturity are almost three times as likely to die from complications in childbirth as older women. It has also been found that pregnant women under 15 are 4-8 times more likely to die during pregnancy and childbirth than those aged 15-19 years. Women in Algeria, Bangladesh, Ethiopia, Indonesia and Nigeria who become pregnant when aged 15-19 years ran a greater risk of dying, sometimes twice as high as those in their twenties and early thirties and the magnitude of unintended pregnancy in Ethiopia was found to be 15.0% in Harar [20,27].

Unintended pregnancy may lead to an induced abortion, which in the case of an experienced or ashamed adolescent is likely to take place later in the pregnancy and involve greater risks to life, health and future fertility. The proportion of adolescents who seek abortion has been increasing, especially among younger adolescents (15-17years) [27]. About 10.0% of pregnancies each year occur among teenagers. UNFPA reported that 10-14% of young unmarried women around the world have unwanted pregnancies and at least 2.0- 4.4 million abortions occur among adolescent women in developing countries each year. Adolescents may more often delay seeking care for abortion-related complications due to lack of transportation, lack of knowledge about where post abortion care can be obtained, fears of censure from their parents and health-care providers, fear of legal repercussions, or lack of money to pay for services [28].

Similar to most developing countries, in Ethiopia, abortion remained illegal for several years but now improved according to article 551 of the Penal Code of the FDRE. Hence, young women resort to illicit abortion to terminate unwanted pregnancies with great risks to their health. However, actual data on the prevalence of illegal abortion is difficult to collect, to date; the most

comprehensive study on abortion in Ethiopia was conducted in 1993. The study collected data from 5 hospitals in Addis Ababa during a period of 9 months. Finding revealed that there were a total of 1603 induced abortion cases, of which 15.0% occurred among women under age of 15 years; 31.0% occurred among women aged 16 to 20 years; and 62.0% occurred among women 16 to 25 years. Forty five percent of the abortions were among single women, 42.0% were among women with only a primary school education or less [(5)].

2.7. Reproductive health service utilization and sources of information.

Youth friendly health services can be free standing clinics or attached to existing clinics or recreational facilities. Ideally, they provide a full range of services and information to the youth. The services are provided under a setup where people are welcoming, confidentially is ensured, and services are conveniently located and affordable [(29)]. Young people in Ethiopia are disadvantaged relative to older, in their lack of access to information and services for their reproductive needs because of the absence of youth friendly service delivery system [(5)]. A study conducted in Kaliti and Akaki kebeles have revealed that almost all discussants said that the media - TV, newspapers, magazines, books and especially radio - were their chief sources of information [(31)]. Another study of adolescent reproductive health in East Gojam revealed that the most common source of information on STIs/ HIV/ AIDS was the media (82%) and neighbors (67%) for urban and rural out of school adolescents respectively and more than half of the participants (55.2%) had reported that they had visited health institutions for reproductive health reasons. The majority (82.6%) have visited public health institutions and (11.5%) of them visited Family Guidance Association of Ethiopia' clinic and an equal proportion of them visited private for profit health institutions. The major reasons that prevent adolescents from visiting health

institutions were reported to be too expensive services, too far health institutions, poor handling and failure to keep privacy and confidentiality by health workers, too much waiting time and it is shame for adolescents to visit health institutions [14].

Though youth are considered by the societies like Ethiopia relatively disease free, they are at greater risk of various health problems. There are also several misconceptions concerning HIV/AIDS, pregnancy, condom and contraceptive and they lack adequate sexual and reproductive health information to make appropriate decisions. Most of these problems were found to be more severe among out of school and street youth. This study tried to answer questions like what are the reproductive health behaviors and needs of street youth .It also assessed the health service utilization patterns and described the socio cultural factors affecting reproductive and sexual health of street youth in Dessie Town.

3. Objectives

3.1. General

1 To assess reproductive health behavior and needs of street youth in Dessie Town.

3.2. Specific

1 To assess sexual behaviors of street youth.

2 To explore factors that influence sexual behaviors of street youth.

3 To assess reproductive health service needs and utilization of street youth.

4. Methods and materials

4.1. Study Area

The study was conducted in Dessie town among street youth within the age range of 10-24 years. Dessie town is located in South Wollo Zone of Amhara National Regional State, 401 kilometers away from the capital city of Ethiopia, Addis Ababa. According to the information obtained from the zonal finance and economy office report, the current (2007) total population of the town was 201,091 with sex distribution of 46.6% male and 53.4% female.

4.2. Study Design

The study design was a descriptive cross- sectional quantitative survey with supplementary focus group discussions.

4.3. Source population

The source population for the study was all street youth aged 10-24 years residing in Dessie town.

4.4. Inclusion criteria

Those street youth aged 10-24 years who have resided in the town for at least one month.

4.5. Exclusion criteria

All street youth who are unable to hear or mentally disabled.

4.6. Sample size determination

Total street youth aged 10-24 were determined to be 1900 after conducting census. From this target population the required sample size was taken according to the size of population in the town. The sample size was determined using the following assumptions (level of confidence was taken to be 95% $z\alpha/2$): a 5% margin of error (d= 0.05). Since there is no previous study conducted in Ethiopia in this specific study group which comprises both sex up to the knowledge of the investigator, 50% prevalence was taken for practice of sexual activity to obtain sufficiently large sample size, and 10% was added to compensate for non response. Based on this assumption, the actual sample size for the study was computed using the formula for single population proportion with finite population correction as indicated below.

$$n= \frac{(Z/2)^2\, p\,(1-p)}{d^2} + 10\% \text{ non response}$$

Where n= sample size

p= expected proportion (0.5)

d=margin of error (0.05)

$$n= \frac{(1.96)^2\, 0.5(1-0.5)}{(0.05)^2}$$

$$= \frac{(3.8416 \times 0.25)}{0.0025}$$

$$n = 384.16$$

Thus the study should include at least **384.16** study subjects, then the total source population in the town was 1900, the required minimum sample was obtained from the above estimate by making some adjustments for finite population.

$n = 384.1/ (1+ (384.16/1900)\} =319.6$

Total sample size = **319.6**

With 10% non-response rate a total sample size of **352** was obtained.

4.7. Sampling procedure

To develop the sampling frame complete census was done for two days during the night and day time to get the required sample size among street youth aged 10-24 in the town. After conducting the census the study subjects were selected by systematic sampling from the sampling frame. The first sampling unit from the sampling frame was selected by using simple random sampling using lottery method. Then the next study unit was selected through systematic sampling technique (every five study unit). Then the study subjects were identified by using key informants on the day of the survey and those, who were eligible for the study, were identified and interviewed by the data collector.

4.8. Methods of data collection

The data for the quantitative section of the study were collected by 10 trained data collectors (8 male and 2 female) for 7 days who were 10 and 12 grades complete with some experience in data collection in previous studies and 3 supervisors. Male interviewers were assigned for male respondents and female interviewers were assigned for female respondents. A structured questionnaire extracted from standardized questions such as BSS which addressed all the variables, was prepared and pre-tested. The pre-test was conducted among street youth found in Dessie town and these were excluded from the study. The data collection was conducted within one week from February 18 up to February 24, 2007 to minimize double counting and to insure coverage and accuracy of the study subjects because of the nature of street youth. Privacy was maintained and all study participants were interviewed based on their willingness to participate in the study. After collection of quantitative data, two focus group discussions were conducted on May, 2007 in order to generate more information concerning factors that influence sexual

behaviors of street youth among purposively selected street youth guided by semi-structured questions. The discussions were gender segregated and the number of participants in each group was eight. The principal investigator moderated the two focus group discussions and a trained research assistant tape recorded and took note of all discussions.

4.9. Data quality

The quality of data was assured through careful design, translation and retranslation and pretest of the questionnaire, proper training of the interviewers and supervisors, close supervision of the data collecting procedures, proper categorization and coding of the data.

4.10. Measurement variables

Dependent variables: Sexual activity, contraceptive and condom use.

Independent variables: Socio-demographic variables (sex, age, religion, educational status, income, family status and parent's education) substance abuse, knowledge and attitude on selected reproductive health issues.

4.11. Operational definitions:

Risky sexual behaviors (practice): Youth who had sex earlier than 18 years of age, or have sex with non-regular sexual partner or exchange sex for money (money for sex), sexual activity under the influence of substances, or have more than one sexual partner or use condoms inconsistently.

Reproductive health: is a state of complete physical mental and social well being and not merely the absence of disease or infirmity, in all matters related to the reproductive system and

its functions and processes related to sexuality, contraception, pregnancy, STIs, HIV/AIDS, access to services and reproductive health information.

Youth: In this study, youth is defined as the people between age 10 and 24 years comprising both 'on' and 'off' street type. Youth, adolescent and children are used interchangeably.

Youth 'on' the Street: Youth who may have regular contact with their families and an educational system, and may even return every night to sleep at home. Nonetheless, they spend most days and some nights working and socializing on the street.

Youth 'off' the Street: Youth who have little or no contact with relatives, are homeless, and fully lack parental, emotional and psychological support. They often move from place to place, living in shelters and abandoned buildings.

Sexual activity: Relation of two youth, this involves sexual intercourse. It is synonymous with the expressions like sexual experience and has had sex that is used in this paper

Currently sexually active: Those sexually active who practice sex with in 12 months prior of the study period.

Street children: They are school age children 10-18 years old,

Substance abuse: Youth, who drink alcohol, chew khat, smoke ganja and cigarette and sniff benzene regardless of the amount and frequency of use.

4.12. Data analysis

The quantitative data was entered in to EPI info version 6.04 and analyzed using SPSS version 11 statistical program. Sociodemographic variables such as marital status were re-categorized whereby married and divorced were specified as married and all substance users regardless of their frequency of consumption were classified as users. Frequencies, proportions, measures of

central tendencies and measures of variation were used to describe the study population in relation to sociodemographic and other relevant variables. The degree of associations between outcome and explanatory variables were assessed using crude odds ratio with 95% confidence interval. Logistic regression analyses were done to control the effect of each explanatory variable on the outcome variables. The qualitative data (FGD) were analyzed after having the result of quantitative data and the material was analyzed according to predetermined themes.

4.13. Ethical clearance

Ethical clearance was obtained from Department of Community Health, Medical Faculty, Addis Ababa University research and publication committee. The objective of the study was discussed with Dessie branch of social and labor affairs to get permission and letter of agreement. At the time of data collection respondents were participated based on their willingness. Informed verbal consent was obtained. Privacy, confidentiality and benefits were maintained. Participants were assured that they will not face anything for their participation in the study. Other responsible authorities were informed to get their support and commitment to the study.

4.14. Dissemination of results: The finding of this study will be communicated to all relevant organizations and bodies who can make use of the study findings including Department of Community Health, Medical Faculty, Addis Ababa University, Dessie branch of Labor and social Affairs and NGOs who are working on the area and will be sent for publication to local or international journals.

5. Results

5.1. Socio demographic characteristics

A total of 352 street youth interviewed, of which 9 respondents were excluded for gross incomplete and inconsistent responses making the response rate 97.4%. Analysis was made based on the 343 completed questionnaires. Out of the total 343 street youth, 45.2% were “off the street” type while the rest were “on the street” type. From the total study participants, 275 (80.2%) were males and 68 (19.8%) were females resulting in an overall male to female ratio of 4:1. The mean age was 17.0 (SD± 2.94) (median=17.0). The mean age of boys and girls were 17.3 (SD±2.97) and 15.9 (SD±2.5) years, respectively. The majority of street youth (60.9%) were between the age of 15 and 19 years. It is shown in Table 1.

The majority of study participants were Orthodox Christians by religion comprising 64.1% and Muslims comprise 31.8%. Of the total study participants, 321 (93.6%) were never married, and 12 (3.5%) were married, whereas the remaining 10 (2.9%) were divorced. The majority, 305 (88.9%) were Amhara by ethnicity. Most participants, 232 (67.6%) reported that they were educated up to elementary school, 57 (16.6%) were educated up to secondary school and 39 (11.4 %) were illiterate.

Out of the total interviewee; 121 (36.3 %), 112 (33.6 %), 76 (22.8 %), and 43 (12.9) were engaged in shoe shining, carrying items, vending and delivering messages, respectively. Washing cars and begging were the means of survival for few participants and most of them 183 (55.0 %) earn on average 5 to10 birr per day. One hundred fifty (43.7%) of the street youth came from places out of Dessie (rural areas).

Table 1: Sociodemographic characteristics of street youth in Dessie Town, February 2007 n=343

Variables	Number	Percent (%)
Type of street life		
On the street	188	54.8
Off the street	155	45.2
Sex		
Male	275	80.2
Female	68	19.8
Age group (in years)		
10-14	71	20.7
15-19	209	60.9
20-24	63	18.4
Religion		
Orthodox Christian	220	64.1
Muslim	109	31.8
Others	14	4.1
Ethnic group		
Amhara	305	88.9
Tigre	23	6.7
Others	15	4.3
Marital status		
Never married	321	93.6
Married	12	3.5
Divorced	10	2.9
Educational level		
Illiterate	39	11.4
Read and write only	15	4.4
Primary	232	67.6
Secondary	57	16.6
***Occupation**		
Shoe shining	121	36.3
Carrying items	112	33.6
Vending	76	22.8
Transferring messages	43	12.9
Washing cars	23	6.9
Others	34	11.1
Average income per day		
Less than5 birr	70	21.0
5-10 birr	183	55.0
10-20 birr	76	22.8
> 20	4	1.2
Duration on the street n=330		
Less than or equal to 1 year	48	16.4
Greater than 1 year	282	83.6
Currently living with		

Peer	167	48.7
Alone	64	18.7
Mother	35	10.2
Both parents	29	8.5
Sister/brother	20	5.8
Others	28	8.1
Perceived family economic status n=282		
Rich	7	2.5
Medium	68	24.1
Poor	207	73.4

*** Due to multiple answers the percentage is>100**

The participants left their home for many reasons; among the reasons mentioned were, being orphaned was reported by 124 (36.2%), to look for a job by 79 (23.0%), poverty by 44 (12.8%), to escape family disharmony by 39 (11.4%), displacement by 18 (5.2%), peer pressure by 15 (4.4%), to join friends/play by 11 (3.2%) and the remaining 13 (7.0%) left their home for others (Figure 1). The duration on the street varied from less than one year up to 10 years. One hundred sixty seven (48.7%) and 64 (18.7%) of the study subjects were living with their peers and alone, respectively while only 29 (8.5%) were living with both parents.

5.2. Substance abuse

Substance abuse is widely practiced among the youth. Of the total street youth, 181 (52.8%) reported that they drink alcohol; out of which, 133 (73.5%) of them drink at least once a week, 39 (21.6%) drink three times a week and the remaining 9 (4.9%) reported that they drink daily. Among the interviewee who drink alcohol 161(88.9%) and 20 (11.1%) of them were male and female, respectively. One hundred ninety three (56.3%) of them chew khat; out of which, 105 (54.4%), 65 (33.7%) and 23 (11.9%) chew khat once a week, three times a week and daily, respectively. Among the khat chewers 171 (88.6%) and 22 (11.4%) of them were male and female, respectively. Cigarette smoking, ganja smoking and benzene sniffing was also prevalent (37.6%, 8.7% and 2.3% respectively).

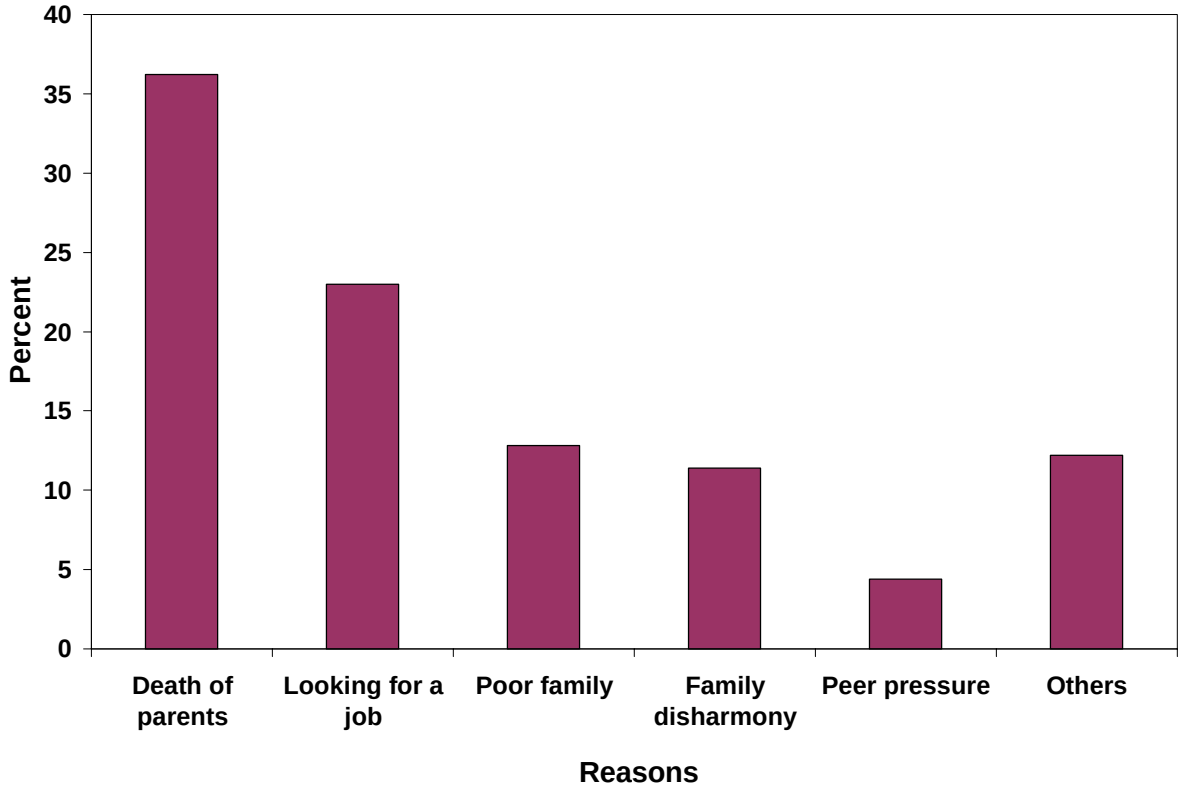

Figure 1: Reasons to be on the street among street youth in Dessie Town, February 2007 n=343

5.3. Reproductive and sexual health behavior

Out of the total respondents, 233 (67.9%) have reported to have ever had sexual intercourse in their lifetime which included 197 (71.8%) of the boys and 36 (52.9%) of girls. The majority of sexually active respondents 211 (90.6%) were never married. The mean and median ages at sexual commencement were found to be 15.2 (SD ±1.5) and 15.0 years of age for both sexes respectively. The mean age for boys was 15.3 (SD±1.5) and for girls 14.8 (SD±1.4) years. There were 2 individuals who reported first sexual intercourse at an early age of 10 years (both of them were male) and the maximum age was 22 years. Among sexually active study participants, 219 (94.0%) started sexual intercourse earlier than 18 years of age. The main reasons provided for sexual initiation includes sexual desire 89 (38.2%), peer pressure 57 (24.5%), fell in love 43 (18.5%), influence of khat/alcohol 17 (7.3%); and 14 (6%) of female respondents mentioned that they initiated sex as a result of rape. Of those sexually active, the first sexual partner includes causal partner 116 (49.8%), steady boy/girl friend 53 (22.7%) and commercial sex worker 51(21.9%).

Of youth who had been sexually active, 187 (80.6%) had more than one lifetime sexual partner. The mean lifetime number of sexual partner per sexually active participant was high, that is 4.85 (SD ±7.1). One hundred ninety six (57.1%) of street youth had sexual intercourse at least once in the past 12 months before the study period. Of those who are currently sexually active, 75 (38.5%) of them reported that they had sexual intercourse with more than one partners and the mean number of sexual partners for them was 2.15 (SD± 3.04). Out of those who are currently sexually active males 71 (41%) reported having had sexual intercourse with commercial sex workers in the past 12 months. Of these, 84.5% of them used condoms, out of which, only 38.3%

of them use condoms constantly. Forty four (18.9%) of the total sexually active male street youth reported history of signs and /or symptoms of STIs.

Of those sexually active street youth, 149 (63.9 %) had ever used modern contraceptives, out of which, 76 (32.6%) had used modern contraceptives during their first sexual intercourse. Condoms 125 (83.9%), Pills 41 (27.5%) and injectables 8 (5.4%) were reported to be the most frequently used methods of contraceptives. The main reasons mentioned for not using contraceptives include: lack of adequate knowledge (47.6%), unplanned sex (35.7%) and having infrequent sex (22.6%).

Table 2: Sexual and reproductive health behaviors and practices of street youth in Dessie Town, February 2007

Variables	Number	Percent (%)
Ever had sexual intercourse		
Yes	233	67.9
No	110	32.1
Reasons to have sex (233)		
Personal desire	89	38.2
Peer pressure	57	24.5
Fell in love	43	18.5
Influence of khat/alcohol	17	7.3
Raped	14	6.0
Others	13	5.6
Life time number of sexual partner (232)		
One	45	19.4
Two and above	187	80.6
Sexual intercourse in the last 12 month (233)		
Yes	196	84.1
No	37	15.9
Rape in 12 month (196)		
Yes	5	2.6
No	191	97.4
Ever use of modern contraceptives (233)		
Yes	149	63.9
No	84	36.1
Ever use of condoms (233)		
Yes	172	73.8
No	61	26.2
Consistency of condoms use in the last12 month (162)		
Always	37	22.8
Inconstantly	125	77.2
Condoms use during last sexual intercourse (171)		
Yes	146	85.4
No	25	14.6
Sex with CSW in the last 12 month (173)		
Yes	71	41.0
No	102	59.0
Sex after alcohol intake (197)		
Yes	98	49.7
No	99	50.3
Ever had unwanted pregnancy (36)		
Yes	9	25.0
No	27	75.0

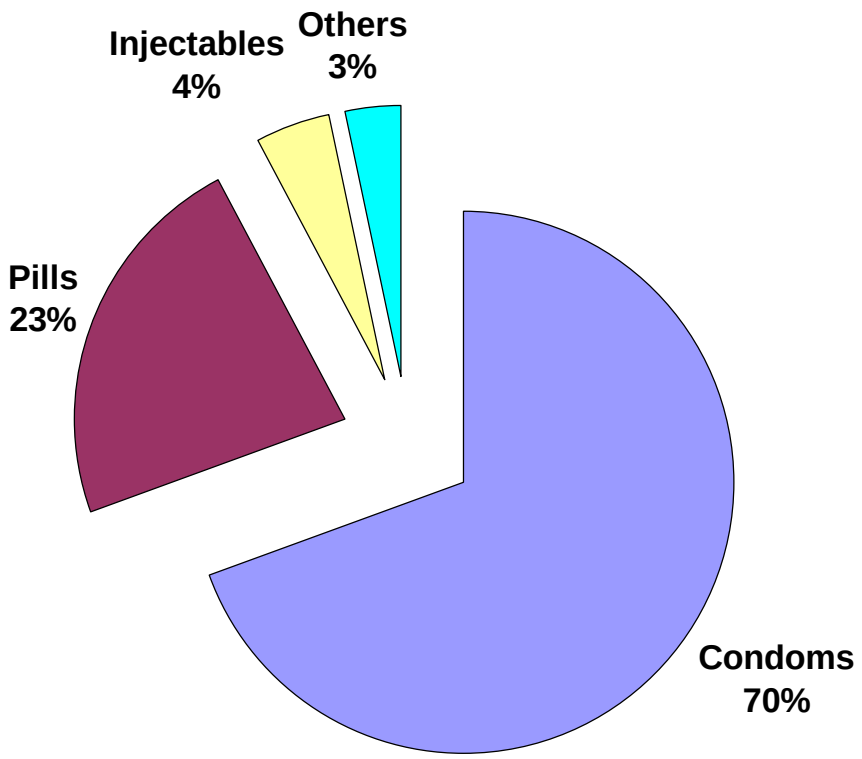

Figure 2: Contraceptive methods used among street youth in Dessie Town, February 2007 n=149

Among the sexually active respondents, 172 (73.8%) had ever used condom. Consistent condom use was low; only 37(22.8%) reported consistent use of condoms during sexual intercourse in the last 12 months. Eighty eight (25.7%) reported to have used condom during their first sexual encounter and 146 (85.4%) used condom during their most recent sexual intercourse. The most important reasons mentioned for not using condom include; perceived reduction in sexual pleasure (52.8 %), while shame to buy and negligence was also reported. Out of sexually active females, 25.0% had a history of unintended pregnancy at least once prior to this study, out of which 55.5% of them reported history of induced abortion at least once.

5.3.1. Ever had sexual intercourse

Majority, 67.9%, of the participant have reported to have ever had sexual intercourse. In bivariate analysis many of the sociodemographic variables were found to be significantly associated with ever having sex. After controlling for possible confounding variables it was found to be significantly associated with sex of participant being male [AOR=0.29 (95% CI: 0.09, 0.97)], income of 5-10 birr [AOR=13.6 (95%CI: 3.94, 47.3)] and greater than 10 birr per day [AOR=21.5 (95%CI: 4.5, 103.3)], duration of street life being more than one year [AOR=3.99 (95%CI:1.6, 10.1)], former residence being out of Dessie [AOR=4.19 (95% CI:1.67,10.6)], alcohol drinking [AOR=15.22 (95% CI:5.4,42.5)] and khat chewing [AOR=5.19 (95% CI:1.99,13.6)] (Table 3).

Table 3: Relationship between selected socio-demographic variables and sexual behavior of street youth in Dessie Town, February 2007

Variables	Ever had sexual intercourse		OR (95%CI)	
	Yes	No	Crude	Adjusted
Type of street life				
On the street	121	67	1.00	1.00
Of the street	112	43	1.442 (0.91,2.29)	2.14 (0.74,6.19)
Sex				
Male	197	78	2.25 (1.3,3.87)*	0.29 (0.09,0.97)*
Female	36	32	1.00	1.00
Educational				
Illiterate	26	13	1.00	1.00
Read and write only	9	6	0.750 (0.22,2.56)	1.39 (0.11,17.5)
1-8 grade	150	82	0.92 (0.45,1.88)	1.12 (0.3,4.21)
9-12 grade	48	9	2.67 (1.01,7.1)*	3.46 (0.63,19.18)
Average income per day				
Less than 5 birr	16	54	1.00	1.00
5-10 birr	140	43	10.99 (5.7,21.14)**	13.6 (3.94,47.3)**
>10 birr	69	11	21.2 (9.1,49.3)**	21.5 (4.5,103.3)**
Former residence				
Dessie	114	79	1.00	1.00
Out of Dessie	119	31	2.67 (1.63,4.34)**	4.19 (1.67,10.6)*
Duration on the street n=330				
Less than/equal to 1 year	20	34	1.00	1.00
Greater than 1 year	205	71	4.33 (2.62,7.13)**	3.99 (1.6,10.1)*
Currently living with				
Relatives	48	45	1.00	1.00
Peer	143	43	3.12 (1.8,5.3)**	1.02 (0.32,3.19)
Alone	42	22	1.790 (0.93,3.45)	0.86 (0.23,3.26)
Alcohol drinking				
Never	66	96	1.00	1.00
Yes	167	14	17.35 (9.3,32.5)**	15.22 (5.4,42.5)**
Cigarette smoking				
Never	111	103	1.00	1.00
Yes	122	7	16.16 (7.2,36.2)**	3.36 (0.94,11.96)
Khat chewing				
Never	58	92	1.00	1.00
Yes	175	18	15.42 (8.6,27.7)**	5.199 (1.99,13.6)*

NB * P- value < 0.05
**** P- value < 0.001**

5.3.2. Modern contraceptive use

Of the participants, 63.9 % had ever used modern contraceptives. During bivariate analysis type of street life, marital status, primary and secondary education, living alone and alcohol drinking were associated with modern contraceptive use. After controlling for potential confounding variables through logistic regression, type of street life, sex, marital status, secondary education and alcohol drinking become significantly associated with modern contraceptive use. The result is presented in Table 4.

Table 4: Relationship between selected socio-demographic variables and contraceptive use of street youth in Dessie Town, February 2007

Variables	Contraceptive use		OR (95%CI)	
	Yes	**No**	**Crude**	**Adjusted**
Type of street life				
On the street	92	29	1.00	1.00
Of the street	57	55	0.327 (0.19,0.57)**	0.39 (0.18,0.83)*
Sex				
Male	131	66	1.99 (0.969,4.06)	3.13 (1.12,8.8)*
Female	18	18	1.00	1.00
Age in years				
10-14	3	3	1.00	1.00
15-19	104	61	1.71 (0.33,8.7)	0.63 (0.1,3.99)
20-24	42	20	2.1 (0.39,11.3)	0.37 (0.05,2.75)
Marital status				
Never married	130	81	1.00	1.00
Ever married	19	3	3.94 (1.13,13.7)*	6.7 (1.4,31.9)*
Educational level				
Illiterate	9	17	1.00	1.00
Read and write only	4	5	1.51 (0.32,7.1)	1.73 (0.32,9.43)
1-8 grade	110	49	3.89 (1.7,9.36)*	2.69 (1.0,7.18)*
9-12 grade	35	13	5.09 (1.8,14.23)*	2.673 (0.8,8.9)
Former residence				
Dessie	80	34	1.00	1.00
Out of Dessie	69	50	0.59 (0.34,1.01)	0.69 (0.36,1.3)
Duration on the street				
Less than/equal to 1 year	30	17	1.00	1.00
Greater than 1 year	113	65	0.99 (0.51,1.9)	0.63 (0.28,1.4)
Currently living with				
Both parents	36	12	1.00	1.00
Peer	94	49	0.64 (0.305,1.34)	1.12 (0.44,2.8)
Alone	19	23	0.28 (0.11, 0.67)*	0.77 (0.25,2.39)
Alcohol intake				
Never	31	35	1.00	1.00
Yes	118	49	2.72 (1.51,4.89)*	2.46 (1.2,4.9)*

NB * P value < 0.05
**** P value < 0.001**

5.3.3. Consistent condom use

The proportion of participants who used condom consistently in the last 12 months was 22.8%. Former residence being rural areas, duration on the street, risk perception and reported number of sexual partners were associated with consistent use of condom. But after adjusting for potential confounding variables with logistic regression, consistent use of condom was found to be associated with living with peers and alone, former residence being rural areas, duration on the street and number of sexual partners. Those who live with their peers and alone use condoms more consistently than those who lived with their relatives, [AOR=6.07 (95% CI: 1.28, 28.9)] and [AOR=17.9 (95%CI: 1.85, 173)] respectively. Street youth who came from rural areas [AOR=0.11 (95 %CI: 0.03, 0.42)], stayed above one year on the street [AOR=0.23 (95% CI: 0.06, 0.86)] and those who have more than one sexual partners [AOR= 0.21 (95%CI; 0.05, 0.83)] use condom less consistently than their counter parts. The result is presented in Table 5.

Table 5: Comparison of consistent condom use by selected variables among street youth in Dessie Town, February 2007

Variables	Consistent use of condoms		OR (95% CI)			
	Yes	No	Crude		Adjusted	
Type of street life						
On the street	20	70	1.00		1.00	
Off the street	17	55	1.08	(0.52, 2.26)	0.49	(0.134, 1.79)
Currently living with						
With relatives	6	32	1.00		1.00	
With peers	23	78	1.57	(0.59, 4.2)	6.07	(1.28, 28.9)*
Alone	8	15	2.84	(0.84, 9.7)	17.9	(1.85, 173)*
Former residence						
Dessie	26	58	1.00		1.00 (.001)	
Out of Dessie	11	67	0.37	(0.17, 0.80)*	0.11	(0.03, 0.42)*
Income per day						
Less than 5 birr	2	5	1.00		1.00	
5-10 birr	26	75	0.87	(0.16, 4.74)	1.52	(0.16, 14.59)
>10 birr	9	44	0.51	(0.09, 3.06)	0.62	(0.05, 7.45)
Duration on the street						
Less than/equal to 1 year	12	14	1.00(.005)		1.00	
Greater than 1 year	25	105	0.28	(0.12, 0.67)*	0.23	(0.06, 0.86)*
Number of sexual partner in the last 12 months						
One	29	65	1.00		1.00	
≥ Two	6	56	0.24	(0.09, 0.62)*	0.21	(0.05, 0.83)*
Risk perception						
Yes	3	23	1.00		1.00	
No	31	65	3.66	(1.02, 13.1)*	6.2	(0.62, 61.9)
Alcohol drinking						
Never	9	25	1.00		1.00	
Yes	28	100	0.78	(0.33, 1.85)	0.52	(0.14, 1.86)
Khat chewing						
Never	8	26	1.00		1.00	
Yes	29	99	0.95	(0.39, 2.32)	0.74	(0.18, 3.01)

NB * P value <0.05

5.4. Knowledge and attitude towards reproductive and sexual health issues

Among the study subjects only 83(24.2%) of them responded that a woman is most likely to become pregnant halfway between two periods and the proportion of male and female youth who replied correctly to this question were 23.3% and 27.9%, respectively. Out of the total study subjects, 319 (93.0%) of them had reported that they know at least one means of avoiding pregnancy. Oral pills, condoms and injectables were the most recognized contraceptive methods that were reported by 79.9 %, 75.5% and 43.6% of the interviewee respectively; moreover, 11.9% of the participants reported Norplant to be one of the alternative methods of contraception. One hundred forty two (41.4%) of the youth agreed that using condom is a sign of not trusting partner, and 44 (12.8%) said that discussing about condom with young people could promote promiscuity.

Only 141 (41.1%) of street youth know that a girl could get pregnant the first time she had sex, out of which the proportion of male and female who replied correctly to this question was 43.6% and 30.9% respectively. Three hundred twenty seven (95.3 %) of the participants knew diseases that a person can acquire through sexual intercourse, the majority; 316 (96.6%) of them mentioned AIDS and, 67.6% and 51.7% of them mentioned gonorrhea and syphilis respectively; whereas only 25.1% and 11.9% of them mentioned chancroid and lymphogranuloma venereum respectively. It is interesting that 4 of the participants mentioned tuberculosis to be STIs. Among 317 participants who mentioned there is means of preventing STIs and AIDS, 80.8% mentioned abstinence, 66.6% mentioned use of condom, 59.6% mentioned remaining faithful to a partner, 18.3% mentioned avoiding causal sex and 12.6% mentioned avoiding sex with commercial sex workers.

Table 6: Knowledge and attitudes of street youth towards selected sexual and reproductive health issues in Dessie, February 2007

Variables	Number	Percent (%)
Timing of occurrence of pregnancy		
Correct	83	24.2
Incorrect	197	57.4
Don't know	63	18.4
Know means of avoiding pregnancy		
Yes	319	93.0
No	24	7.0
A girl can get pregnant the first time she had sex		
Agree	141	41.1
Disagree	149	43.4
Not sure	53	15.5
Know diseases that can be transmitted through sexual intercourse		
Yes	327	95.3
No	16	4.7
Have heard about HIV/AIDS		
Yes	341	99.4
No	2	0.6
Looking at a person carefully, can you know if some one has HIV		
Agree	62	18.1
Disagree	250	72.9
Not sure	31	9.0
A person can get HIV the first time he or she has sex		
Agree	206	60.1
Disagree	98	28.6
Not sure	39	11.4
Anything a person can do to avoid/prevent getting STIs/HIV/AIDS		
Yes	317	92.4
No	26	7.6
What does safe sex mean		
Abstinence	49	14.3
Having sex with a faithful partner	192	56.0
Using condom during every sex	56	16.3
Avoiding sex with CSW	18	5.2
Don't know	28	8.2
Using condom is a sign of not trusting your partner		

Agree	142	41.4
Disagree	158	46.1
Not sure	43	12.5
Discussing condom or contraceptive with young people promotes promiscuity		
Agree	44	12.8
Disagree	247	72.0
Not sure	52	15.2
Believe that they have done something that put at risk of getting HIV		
Yes	45	13.1
No	225	65.6
Don't know	73	21.3
A boy should have sex before marriage		
Agree	88	25.7
Disagree	231	67.3
Not sure	24	7.0

Out of three hundred forty one (99.4%) of the respondents who have reported that they have heard about HIV/AIDS; 93.0% stated unsafe sex, 68.6% sharing syringes and needles, 36.1% transfusion of infected blood and 15.5% vertically from mother to child to be the major means of HIV transmission. Two hundred fifty (72.9%) of them know that it is not possible to identify whether a person has HIV or not by just looking at his/ her physical status. The proportion of participants who agreed that a person can get HIV the first time he or she had sex was found to be 60.1%. 27.4% of the participants' reported that it is difficult for street youth to get contraceptives/ condoms. The reasons mentioned for difficulties to get contraceptives/condoms were lack of money (84%), difficult to find/ to far to get it (50%), inconvenience of distribution places (39.4%), expensive (22.3 and providers disapproval (14.9%). The study participants were asked their opinion on the ideal age for a girl and a boy to marry. The participants stated an ideal age for marriage to be 18.1 and 21.5 years for girls and boys respectively.

5.5. Source of information on selected reproductive health issues

The common sources of information on sexual maturation were mentioned to be peers (51.9%), family (19.8%), mass media (19.2%) and heath workers (15.2%)); however 14.3% of the study participants mentioned that they don't have any source of information. Peers (55.4%), health workers (29.7%) and mass media (27.4%) were reported to be the major source of information on HIV/AIDS and other STIs.

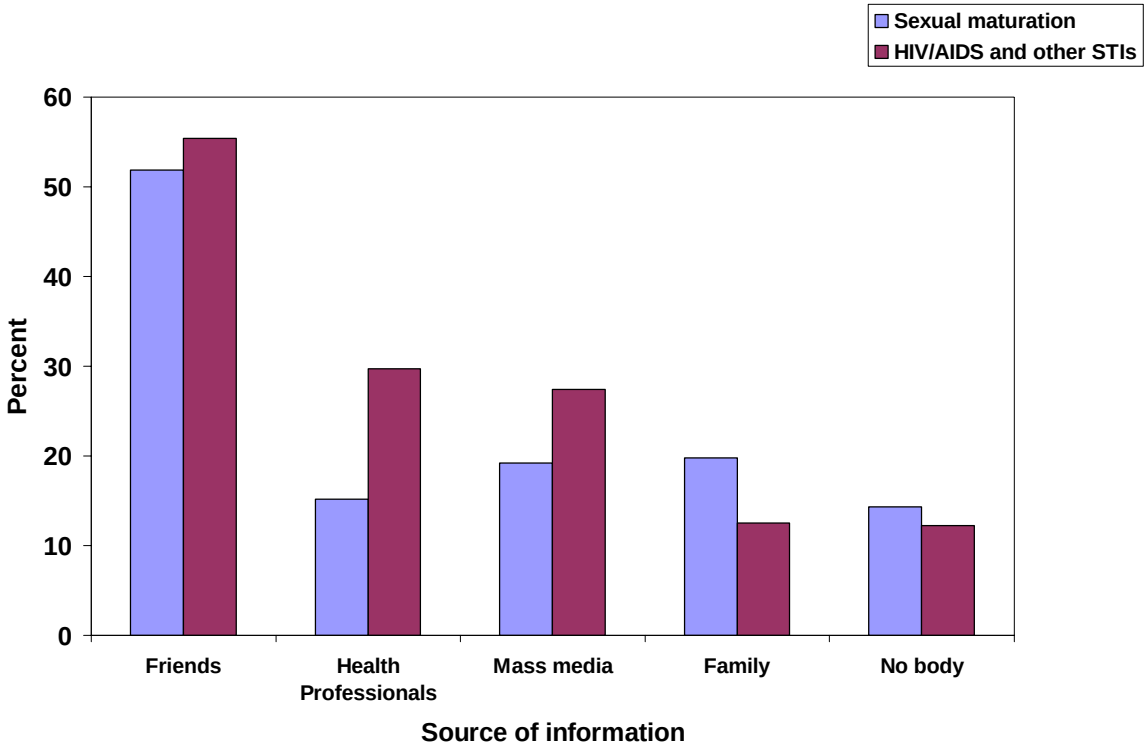

Figure 3: Source of information on sexual maturation, HIV/AIDS and other STIs of street youth in Dessie Town, February 2007

Female respondents reported that they prefer peers (44.1%); health workers (19.1%), mother (17.6%) and an equal proportion of them had reported that they prefer boy friend to discuss with to get more information about pregnancy.

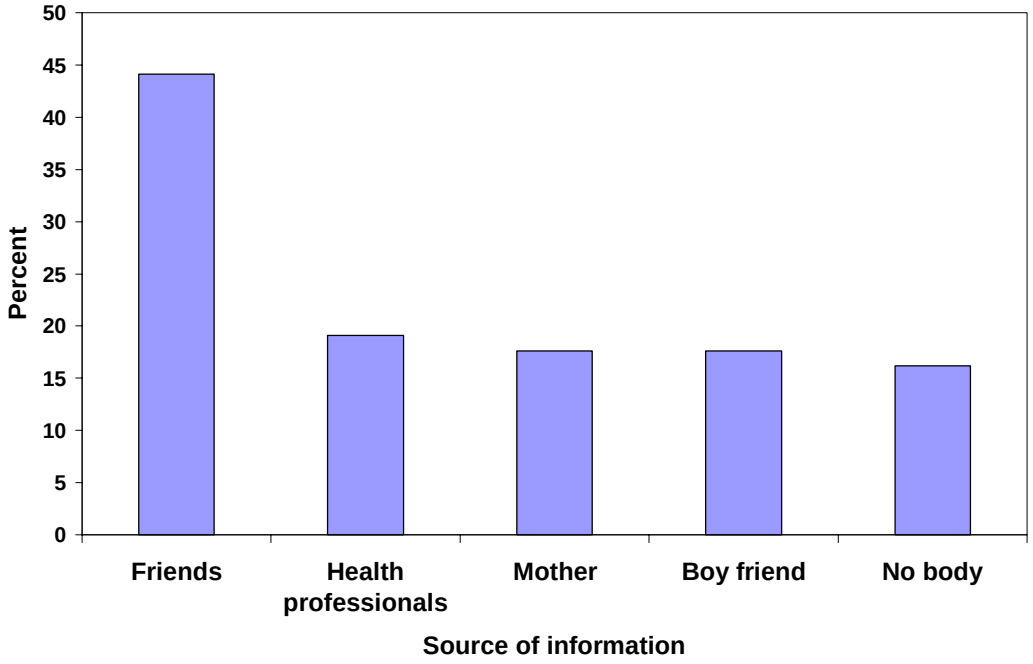

Figure 4: Preference to discuss about pregnancy issues of female street youth in Dessie Town, February 2007

5.6. Health service utilization

Out of 343 participants, 59 (17.2%) of them reported visiting health institutions in the three months period prior to the study. More than half, 59.4% of those who visit health institutions had reported that they had visited the health institutions for reproductive health problems such as for counseling (28.8%), STIs (15.3%), to get condoms (13.6%). The majority, 29 (49.2%) have visited public health institutions; 15 (25.4%) and 10 (16.9%) of them visited Family Guidance Association of Ethiopia' clinic and private for profit health institutions respectively. Among the common reasons mentioned for preference to visit such health institutions; free or low cost of treatment was mentioned by 30 (50.8%), effectiveness of treatment by 15 (25.4%) and proximity by 11(18.6%). The major barriers to utilizing health services were that services are too expensive (42%), too much waiting time (12.8%), feeling of embarrassment (12.2%), inconvenient health institutions (8.7%), too far health institutions (7.9%), poor handling and failure to keep privacy and confidentiality by health workers (7.6%).

5.7. Results of focus group discussion

A total of two focus group discussions were held each consisting 8 discussants with age range from 15-19 years. The discussion centered on "factors that influence sexual behavior of street youth" such as causes and consequences of early sex, multiple sexual partners, use of condoms, prevention methods practiced for STI/HIV/AIDS and substances abuse by the youth were assessed. The discussion started with the general question on how they came to street and almost all the discussants stated that they came to street due to death of one or both parents and economic problems; on the other hand, one male participant stated that he came to street due to peer pressure. All of them mentioned that they were homeless; spend their nights in plastic shelter and around buildings. Almost all the discussants reported that the street girls are more

likely to be raped or forced into sexual relationship to ensure their survival and in the long run likely to be at risk of acquiring HIV/AIDS and other STIs. They also face problems of extreme cold environment, and physical assault by police and gang groups ‘dureyes’. They have reported that they get hungry and thirsty most of the time.

5.7.1. Knowledge of HIV/AIDS

The discussants showed high level of knowledge about HIV and other STIs; their transmission and prevention methods. They believe HIV/AIDS has been affecting the population in general and street children in particular. They reported that it is a disease which is transmitted through unprotected sexual intercourse, sharing sharp instruments, contact with infected blood, sex with commercial sex worker and by having multiple sexual partners. Majority of the respondents stated that being faithful to one partner, use of condom, voluntary counseling and testing before marriage are the means of preventive methods for HIV; on the other hand some of the male participants perceive that the risk of acquiring HIV infection is minimal when the female assume the upper position during sexual intercourse.

5.7.2. Condom use

Majority of the participants stated condoms are one of the preventive methods for HIV and other STIs; how ever it is not usually used because of perceived reduction in sexual pleasure and over indulgence in alcohol. Female discussants reported that males are dominant to determine whether to use condoms or not. Because of this reason even if the females choose to use condoms, the males override their decision. Regarding where condoms were obtained from, all participants’ reported condoms are obtained from shops, health institutions and pharmacy. The majority of

street youth stated that condom should be distributed in areas where street youth concentrate and if possible by using condom machine.

5.7.3. Risk perception

The discussants were asked about what they perceive about early sex and having multiple sexual partners in relation to contracting HIV and other STIs. Almost all participants perceived that people with multiple sexual partners are at high risk of contracting HIV and other STIs; however only few of the participants have perceived females are exposed to unwanted pregnancy. All participants understand the risk of acquiring HIV infection through unprotected sex but usually practice risky sexual behaviors.

Most of the participants stated that the reasons why youth do not perceive themselves at risk of HIV are due to over indulgence in alcohol, khat and ganja, and generally they don't give attention due to their ages. According to the participants, even though they have enough knowledge on HIV they don't bring behavioral change because of peer pressure, negligence, lack of hope and vision, substance abuse, and lack of sustainable education on this issue. Almost all male participants considered girls living at home ("Y*ebet lijoch")* particularly junior and high school students to be more exposed to HIV than street girls. They remarked that sex with street girls was relatively safer than with girls living at home ("Y*ebet lijoch").* The male participants believe that street girls use condoms before consenting to sex, where as the student girls ("Y*ebet lijoch")* were described as careless because they usually have sex for the exchange of money with those who are well to do.

5.7.4. Current sexual behaviors

The participants in the two focus group discussions reported that the most common age at sexual commencement is 12 for girls and 15 years for boys. Majority of participants stated that girls start sex earlier than boys at age of 10. According to the participants, the main reason for early sex are peer pressure, experimentation by the youth, alcohol and khat abuse, illegal video house (watching pornography film for male only), rape and economic problems (sex for the exchange of money for female only). The participants also mentioned that due to early sex females are exposed to STIs and unwanted pregnancy. One of the factors facilitating the spread of HIV is having multiple sexual partners and having sex with out condoms. It was discussed that it is common for both male and female youth to have more than one sexual partner, especially for females. The main reasons mentioned for having more than one sexual partner were excessive sexual urge as a result of abuse of substances, rape and practice sex for the exchange of money. Peer pressure was also mentioned as an important predisposing factor that induces street youth to risky sexual practices. Both male and female discussants also said “being hopeless and stressed is the main reason for reckless sexual behavior as sex is one method that enables them to forget the reality”. Another issue discussed by the participants as a cause of street youth sexuality is lack of job and excess free time. All the participants agreed on the fact that having sex with many sexual partners and sex with out condoms predispose to HIV and other STIs.

5.7.5. Substance abuse

Majority of street children abuse khat, alcohol, cigarette, ganja, hashish and benzene but they are addicted to khat, alcohol and cigarette. They expressed that once they chew khat there is a strong desire to drink alcohol what they call it “chebessi” and to have sex after wards. In response to the

question what would be your reasons to abuse these substance and when did you abuse them; majority of participants reported that they abuse substances to hide themselves from the real situation, to bypass their leisure time, to alleviate anxiety and depression. The participants perceive they are emotionally unstable due to lack of family support, problems of life on the street and lack of vision. Peer pressure was also mentioned as an important factor that pushes youth to abuse substances. For the question of the relation between abuse of substances and risky sexual behaviors all the discussants responded that abusing alcohol impairs their judgment, increases sexual drive and urges them to have unprotected casual sex.

Finally the participants expressed their opinion that their current risky sexual behaviors would be alleviated if the government and other organizations give due attention to their social, economic and health problems.

6. Discussion

Information about street children health problems in general and their reproductive and sexual behavior in particular is scarce in Ethiopia. The unstable lifestyle of street children; lack of trust, the inconvenience of interviewing on the street and the difficulty of age classification could be stated as major reasons for the scarcity of research in this area. This study assessed selected reproductive health behavior and needs (Sexual activity, contraceptive and condoms use, STI), level of substance abuse and knowledge on reproductive health issues of street youth.

In this study, 67.9% of the respondents claimed to have practiced sexual intercourse where 71.8% of boys and 52.9% of the girls had ever sexual activity. This result is higher than previous studies done among non-street youth: on out of school youth in East Gojam (45.0%) and South Gondar (42.6%); in school youth in Debre Birhan (32.7%), Nekemte (18.0%) and Dessie (25.8%); in and out of school youth in Assebe Tefere (39.7%); AAU students (25.8%) [14, 19, 31, 32, 33, 34, 35]. This result complements the result of the focus group discussion. The higher prevalence of sexual activity among street youth could be explained by being street youth, which exposes them to early sexual activity since they are idle most of the time, peer pressure, higher prevalence of substance abuse and lack of access to information. However a comparable level of sexual activity with other studies done among non-street youth (Bahir Dar (64.8%) and Dera woreda (64.5%)) might be explained by the higher mean age (20 versus17) of the study subjects in these two studies [36, 21]. Comparison of reports of prevalence of sexual activity among street youth is difficult as there are no many previous reports in Ethiopia which includes both male and female street youth. Nevertheless one quantitative study conducted in Addis Ababa, Ethiopia among female street youth has reported a sexual activity prevalence rate of 50.2% [13]. This

finding is lower than studies done in Los Angeles among home less youth (77.0%) and Hollywood (96.0%) [37, 38]. This is possibly explained by the difference in the study area and study subjects with different social and cultural background. This study has clearly demonstrated a very high level of sexual activity among street youth which might endanger their reproductive and sexual health.

Young people in both developing and developed countries begin sexual activity relatively early [28]. The mean age at sexual debut among respondents was found to be 15.2(SD ±1.51) which is almost comparable to studies conducted on female street youth in Addis Ababa (15.0), on school adolescents in Nekemte (14.5%); however it is lesser than studies done among out of school youth in Bahir Dar (17.7); in school youth in Dessie (17.0) and Debre Birhan (18.1), and AAU students (18.8) and higher than the mean age reported from Eastern Gojam,13.6 years [13,14, 31,32, 33,35,36]. The results of the focus group discussion complement this result. This study reveals earlier engagement of sexual practice during which most adolescents lack accurate knowledge about reproduction and sexuality and lack access to reproductive health information, including contraception which all lead to increased risk of sexually transmitted infections, unwanted pregnancy and unsafe abortion.

A significant proportion, 80.6%, of respondents had reported that they had more than one lifetime sexual partners and the mean lifetime number of sexual partners was 4.85. This finding is similar with the result of focus group discussion. It is higher from previous studies done on out of school youth in Eastern Gojam (46.9%), Bahir Dar (15.2%) and Dera (18.6%); in school youth in Debre Birhan (28.6%) and Nekemte (35.4%) [14, 36, 21, 31, 32]. A study from Ghana among

high school students reported 61.8% of the study participants having multiple sexual partners [39]. This higher proportion of having multiple sexual partners among street youth might be explained by unstable life style of street youth, a higher level of exposure to sexual exploitation and sexual practice for the exchange of money due to economical problems. This result found out that 41.0% of male study subjects reported having had sexual intercourse with commercial sex workers in the past 12 months. This result is higher than studies done on out of school youth in Dera (13.6%), Bahir Dar (3.2%) and South Gondar (25.7%); in school youth in Debre Birhan (10.3%), Dessie (14.9%) and Nekemte (10.0%) [21, 36, 19, 31, 33, 32]. A high level of sexual contact with commercial sex workers among street youth suggests these groups of the population are involved in high risk sexual practices.

Of all sexually active study subjects 18.9% reported history of signs and /or symptoms of STIs. This finding is lower than a study conducted among home less youth in Korea (43.8%) how ever it is higher than reports from Assebe Tefere (15.0%), Nekemte (4.5%), South Gondar (2.7%), Eastern Gojam (5.3%), Debre Birhan (3.2%), and Bahir Dar (9.6%) [40, 34, 32, 21, 14, 31, 36]. Self report on STI sign and symptoms lacks sensitivity and specificity and hence explains these varying results. Reporting sign and symptoms of STIs to the interviewer was only made by males, and females might have refrained from reporting because of social desirability bias or STIs are less symptomatic among females. Therefore, this might also have made the over all reported figure low.

Contraceptive knowledge of youth in previous studies ranged from 66.5% in Harar to 87.4% in Nekemte [20, 32]. In this study about 93.0% of the participants reported that they knew at least one

means of avoiding pregnancy. This finding is higher than reports from previous studies [20, 32]. However, the proportion of youth who ever used modern contraceptives did not go parallel with their knowledge of methods (63.9% versus 93%), which is consistent with several other studies done in Eastern Gojam , Bahir Dar and Southern Ethiopia [13,36,23]. Concerning the specific methods of contraceptive used condom was reported to be the most frequently used methods of contraception in contrast to other studies which reported pills as the most frequently used method [14, 20]. Easy accessibility of condom compared to other contraceptive methods and the larger male to female ratio in this study might explain why condom is most frequently used method.

Of the sexually active youth, 73.8% had ever used condom and this is higher than studies conducted in Eastern Gojam (13%), Nekemte (36.9%), South Gondar on out of school (12.3%) and Ghana (65.0) [14,32,19,39]. However consistent use of condom was low which complement the result of focus group discussions; only 22.8% reported consistent use of condoms in the last 12 months which is lower than reports from Debre Birhan (44.9%) and similar from reports in Ghana among school youth (21.0%) [31, 39]. The reported low consistent utilization rate of condom in this study is an indication of the fact that high risk behaviors are widely practiced by the study group. This calls for a well-organized information, education and communication through peer educators to bring about behavioral change. Although, there was low utilization of condoms, consistent condom use significantly increased among those who live with their peers and alone, and decrease among those who came from rural areas, stayed on the street more than one year and those who have greater than one partner in the last 12 months. Inconsistent utilization of condom put this particular marginalized group of the population at higher risk of HIV, other STIs and jeopardize further their reproductive and sexual health.

This study found out that about 26.0% of sexually active participants reported to have used condom during their first sexual encounter which is higher than reports done in Dera (11.9 %) and lower than studies conducted in Nekemte (72.9) and Debre Birhan (54.8%) [32, 31].

In this study 85.4% used condom during their most recent sexual intercourse. This result is higher than reports done in Eastern Gojam(11.0%), Assebe Tefera (47.9%), Nekemte (74.5%) and Debre Birhan (76.2%) [14,34,32,31]. Increased accessibility of condom, elevated perception of risk and improved knowledge probably explains the higher level of condom use in their most recent sexual exposure in this study.

Of those participants, 25 % had a history of unwanted pregnancy which is lower than a study done in out of school adolescents in Eastern Gojam (43.4%) but higher from Harer (14.8%), out of which 55.5% of them reported history of induced abortion at least once. Consequences of adolescent sexual behavior leading to unwanted pregnancy are considerable, involving social, psychological and medical implications that affect the mother, father, and newborn baby [14, 20]. The problems that encounter adolescents are multidimensional, including fear of the girl at the absence of her menstrual period, possible deterioration of family relations, abandonment of school, hasty and unpromising marriages, health problems, lesser employment opportunity, legal, and cultural problems [42]. There is still an urgent need to protect young men and women from such incidences by educating them about safe sex.

Adolescents tend to be extremely poorly informed regarding their own sexuality and physical well-being, their health and their bodies [10]. This study has also revealed the same. Among the

study subjects only 24.2% of them responded that a woman is most likely to become pregnant halfway between two periods and only 41.1% of street youth know that a girl could get pregnant the first time she had sex. This finding is lower from studies done in Harer (56.4), Dessie (34.2%), Nekemte (39.9%) but higher from a study done in Eastern Gojam (8%) and South Gondar (46%) [20, 33, 32, 14, 19].

In this study, the majority, 95.3% had knowledge on STIs and 99.4% of the respondents had reported that they have heard about HIV/AIDS which is consistent with other studies [14, 20, 32]. Unsafe sex, sharing syringes and needles and transfusion of infected blood were reported to be the three main ways of HIV transmission which is exactly similar with the finding from Eastern Gojam [14]. Despite adequate knowledge about HIV/AIDS, a high proportion of people especially youth continue to experiment with high-risk behaviors. This might be due to low risk perception of the youth that predisposes to high-risk sexual activity as supported by this study. It is also reported by the FGDs that even though they have enough knowledge on HIV they practice risky sexual behaviors and don't bring behavioral change because of peer pressure, negligence, lack of hope and vision, drug abuse, and lack of sustainable education on this issue.

Despite a higher level of high risk sexual engagement in this study our finding identified that only 16.7% of the participants perceived them selves at risk of HIV infection. Majority of the study participants, 92.4% know the possible ways of its prevention, which includes abstinence 80.8%, use of condom 66.6%, remaining faithful to one sexual partner (59.6%), avoiding causal sex (18.3%) and avoiding sex with commercial sex workers (12.6%). The respondents' knowledge about the prevention of HIV/AIDS is found to be encouraging.

Two hundred fifty (72.9%) of them know that looking a person carefully is not possible to identify whether he or she has HIV and the proportion of participants who agreed that a person can get HIV the first time he or she had sex was found to be 60.1%. These results reveal there is less misconceptions pertaining to HIV transmission. Different studies have also shown that there is an encouraging awareness of HIV/AIDS among adolescents in the country where some misconceptions are held as if true concerning the mode of transmission of the disease [14, 19, 21].

The common sources of information on sexual maturation were mentioned to be peers (51.9%), family (19.8%), mass media (19.2%) and heath workers (15.2%). Female respondents had reported that they prefer peers (44.1%); health workers (19.1%), mother (17.6%) and an equal proportion of them had reported that they prefer boy friend to discuss with to get more information about pregnancy. Peers (55.4%), health worker (29.7%) and mass media (27.4%) were reported to be the major source of information on STIs/AIDS. A similar study has documented that mass media to and health personnel as major source of information on HIV/AIDS [14]. Peers are poorly informed on sexuality and reproductive health issues. These indicate that awareness creation programs that will be designed should have, as diversified channels as possible.

This study assesses street youths' health service utilization pattern, their attitudes towards the existing health services and found out that only 17.2% of youth reported visiting health institutions in the three months period prior to the study. More than half, 59.4% of those who visit health institutions had reported that they had visited the health institutions for reproductive health problems. Too expensive services (42%), too much waiting time (12.8%), shame (12.2%),

inconvenient health institutions (8.7%), too far health institutions (7.9%), poor handling and failure to keep privacy and confidentiality by health workers (7.6%) in that order of importance were reported to be the major obstacles that prevent street youth from visiting health institutions. Innovative and youth friendly approaches with due consideration of the heterogeneity of their needs should be adapted in order to increase accessibility and utilization of appropriate health services.

The level of substance abuse was assessed considering as it is predisposing factor to risky sexual behaviors and reported as being practiced among the youth. Of the total street youth, 52.8% reported that they drink alcohol. About 56.0 % of the respondents chew khat; cigarette smoking, ganja smoking and benzene sniffing were also prevalent. The prevalence of substance abuse was lower than studies conducted among home less youth in Los Angeles and Tanzania on school youth [37, 41]. Substance abuse like alcohol, cigarette smoking and khat chewing were significantly associated with ever having sex (P value <0.001) while after adjustment with logistic regression alcohol and khat chewing remain significantly associated with ever having sex. As it was indicated in the FGDs, in this study, using khat, alcohol, and other substances influence their perception of sexuality and their decision to use condom, strong association were made between the use of these substance and practicing risky sexual behaviors.

7. Strengths and limitations of the study

7.1. Strengths

- This study has focused on marginalized and neglected group of people who are highly vulnerable to HIV and other STIs where adequate information and studies are lacking. This might certainly fill some of the knowledge gabs and serve as baseline information for future studies.
- The reliability of the data was maintained by pre data collection training of the interviewers and the supervisors, close supervision by the principal investigator and using pre-tested questionnaire.
- Combining quantitative and qualitative data to triangulate the findings is strength of this study.

7.2. Limitations

- The main limitation of this study is the study participants' difficulty to discuss sexual matter in face-to face interview. Hence, some sort of social desirability bias may not be eliminated even though the survey was done anonymously by arranging same sex interviewer.
- Risk factor analysis for some of the dependent variables was difficult because of the small sample size.
- Lack of adequate references especially on street youth sexual and reproductive health issues was a problem that posed difficulty to compare the findings of this study with other similar studies.
- This study was based on cross-sectional data, which implies that the direction of causal relationships can not always be determined.

8. Conclusion

This study finding revealed that a significantly high numbers of street youth have started sexual activity and the majority of them had initiated sexual activity earlier than 18 years. Street youth had multiple sexual partners and at the same time consistent use of condom is very low in this group of population which places them at risk of unintended pregnancy, unsafe abortion, and infection with sexually transmitted diseases including HIV. A significant proportion of street youth had sexual contact with commercial sex workers and non-regular sexual partners.

A significant number of street youth reported to abuse substances such as khat, cigarette and alcohol. Substance abuse is found to be significantly associated with risky sexual behaviors. Peer pressure is also found to be a driving force that predispose street youth for risky sexual practices.

It was observed that majority of street youth both male and female are misinformed about the fertile period of a woman's menstrual cycle and also admitted that they did not know. The implications for this are immense; the misinformed youth who may wrongly thought that a pregnancy is not likely, might be at highest risk of unintended pregnancy which probably leads to unsafe abortion.

It is important to mention that the level of awareness about contraception, HIV/AIDS and other STIs by street youth was considerably high; nevertheless, most of them are found to be involved in risky sexual behaviors and the great majority of them considered themselves at low risk for HIV.

The findings of this survey suggested that peers were the major source of information about selected sexual and reproductive health issues and the numbers of street youth who utilized health services is very low.

9. Recommendations

- IEC/BCC campaigns should be established by the concerned bodies and emphasis should be put on sexual and reproductive health issues in order to encourage the youths to delay sex and negotiate condom use.

- Substance abuse like intake of alcohol and khat chewing is highly prevalent among street youth which influences them to practice risky sexual behaviors. Efforts need to be made to make their life hopeful and prepare street based activities and some income generating schemes.

- Young people rely greatly upon interpersonal communication for sexual and reproductive health information and this survey complement this idea, peer based interventions should be initiated to ensure that street youth have access to accurate information by training them on sexual and reproductive health issues emphasizing better understanding of factors that influence street youth sexual behaviors that result in risky sexual practices or reduction in risky sexual practices. This training should enable to reduce sexually transmitted infections including HIV, unintended pregnancy and unsafe abortion.

- Despite the majority of street youth had adequate knowledge of selected reproductive health issues, most street youth engage in high risk sexual practices. This fact calls for a coordinated and comprehensive effort by responsible governmental and non governmental organizations to bring behavioral change in reducing risky sexual practices. Further detailed

research should be conducted to design a strategy to narrow the gap between knowledge and practice.

- There should be a detailed study to identify socio cultural factors affecting street youth reproductive health behavior and sexual practices. Addressing the problem of street youth in a holistic manner requires policy makers to focus on preventive, corrective and rehabilitative measures to alleviate the problem of streetism.

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Annex. 11

Annex 1. Structured questionnaire in English

My Name is _____. I came from _____. I am a member of the research team of the Addis Ababa University Medical Faculty, Department of Community Health. I would like to inform you that you and I would have a short discussion concerning this study. Before we go to our discussion, I will request you to listen carefully to what I am going to read to you about the purpose and general condition of the study and tell me whether you agree or disagree to participate in this study.

Consent form

The purpose of this study is to assess reproductive health behavior and needs of street youth of age10-24 years living in this town. You are selected to be one of the participants in the study. The study will be conducted through interviews. We are asking you for a little of your time, about thirty minutes, to help us in this study. In the end, it is hoped that the information you give us could help to design appropriate reproductive health services for youth living on the street. The interview involves intimate and private life questions. So private setting is needed in which we will carry out the interview. We would like to assure you that this privacy should strictly be maintained throughout. A code number will identify every participant and no name will be used. Your responses to any of the questions will not be given to anyone else and no reports of the study will ever identify you. If a report of results is published, only information about the total group will appear.

The interview is voluntary. Your participation/ non-participation, or refusal to respond to the questions will have no effect now or in the future on services that you or any member of your family may receive from any service providers. Are you willing to participate in this study?

_____ Yes. _____ No

Name and signature of interviewer _____ Date_____

Name and signature of supervisor _____ Date_____

Time taken_____

ADDIS ABABA UNIVERSITY

MEDICAL FACULTY

DEPARTMENT OF COMMUNITY HEALTH

001. Code No: _____
002. Region: Amhara
003. Zone: South Wollo
004. Town: Dessie
005. Kebele (Sefer Name) _____

Part 1: Sociodemographic characteristics			
Q.No	Questions	Alternative choices	Code
101	Sex	1.Male 2.Female	
102	Age in years[enter number]	---------- years 99..Don't know/remember	
103	Religion	1.Orthodox 2.Muslim 3.Protestant 4.Catholic 5.No religion 88.Others,specify----------	
104	To which ethnic group do you belong?	1.Amhara 2.Tigray 3.Oromo 88.Others,specify----------	
105	What is your current marital status?	1.Never married 2.Currently married 3.Divorced 4. Widowed 88.Others,specify----------	
106	Have you ever attended school?	1.Yes 2.No -Skip **Q 108**	
107	What is the highest level of school you completed?	1.Only read and write 2.1 to 8 grade 3.9 to 12 grade 4.Above grade 12 88.Others,specify----------	
108	Do you work to earn money for your self?	1.Yes 2.No -Skip to **Q 11**	
109	What do you do to	1.Shoe shining	

	earn money?[multiple answers are possible]	2.Carrying small items 3.Delivering messages 4. Attending cars. 5.Exchange of money for sex 6.Begging 7.Peddling 88.Others, specify----------	
110	On average how much do you earn per day? enter number	1.Les than Five birr 2.5 to 10 birr 3.10 to 20 birr 88.Others, specify_____	
111	Where is your former residence?	1.Desssie 2.Out side Dessie	
112	Duration of street life [enter number]	----------Years ---------- Months 99.Don't know/remember	
113	What is the main reason to become to street	1.Peer pressure 2.Death of parents 3.Looking for a job 4.Due to alcoholic family 5.Lack of peace in the family 6.Displacement 7.Change of life style 8.Poor family 9.Illness of families 88.Others, specify_____ 99. Don't know/remember	
114	What is your parents' marital status?	1.Mother and Father live together 2. Divorced 3.Both are dead-Skip to **Q** 119 4. Mother died 5. Father died - Skip to **Q** 116 99.Don't know	
115	What is your father's occupation?	1. Daily laborer 2. Civil servant 3. Farmer 4. Employed in private sector 5.Has private business 6.Retired 7.No occupation 88. Others, specify ---------- 99.Don't know	

116	What is your mother's occupation?	1. Housewife 2. Daily laborer 3. Maid servant 4. Retired 5. Civil Servant 6. Employed in private sector. 7. Has private business 88.Others, specify ---------- 99.Don't know	
117	Your father's educational status	1. Illiterate 2. Read and write only 3.1-8 grade 4.9-12 grade 5.Diploma and above 99.Don't know	
118	Your mother's educational status	1. Illiterate 2. Read and write only 3.1-8 grade 4.9-12 grade 5.Diploma and above 99.Don't know	
119	With whom do you live most of the time?	1.Both parents 2. Mother 3.Father 4.Sister/brother 5.Friends/peers. 6.Boy / girl friend 7.Alone 88.Others specify----------	
120	In your opinion which of the following shows your families' economic status?	1. Rich 2. Medium 3. Poor 99.Do not know	
121	Where do sleep during the night?	1.On the street 2.Small rented house 3.Plastic shelter 4. Families house 88.Others specify----------	
Concerning Substance Abuse			
122	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 most of the time 4. I drink daily	
123	Do you smoke cigarettes?	1. Have never smoked 2. I have tried once or twice	

		3. I smoke most of the time 4. I smoke daily	
124	Do you chew chat?	1. Have never chewed 2. I have tried once or twice 3. I chew most of the time 4. I chew daily	
125	Do you smoke Ganja/Hashish?	1. Have never smoked 2. I have tried once or twice 3. I smoke most of the time 4. I smoke daily	
126	Do you sniff Benzene?	1. Have never sniffed 2. I have tried once or twice 3. I smoke most of the time 4. I sniff daily	

Part 2: Concerning sexuality, pregnancy and contraception (Reproductive health practices)			
201	Have you ever had sexual intercourse?	1.Yes 2. No →Skip to **Q 301**	
202	At what age did you first have sexual intercourse? (enter number)	-------- ---Age in years 99.Don't know/ remember	
203	Why did you decide to have sexual intercourse the first time? (Multiple answers are possible)	1.I get married 2. Fell in love. 3. Personal desire. 4. Coercion (Rape). 5. To get money and other gifts. 6. Peer pressure 7. Influence of khat /alcohol 88. Others, specify--------- 99. Don't remember.	
204	With whom did you make your first sexual intercourse?	1.Husband/wife 2.with a steady boy/girl friend 3.with a casual boy/girl friend 4.with a family member 5.with commercial sex worker 88.others, specify---------- 99..Don't know/remember	
205	How much older or younger was the person with whom you had your first sexual experience?	1.S/he was similar age with me 2.More than 10 years older 3.5-10 years older 4.Less than 5 years older 5.Younger	

		99.Do not know	
206	How many sexual partners have you ever had?	----------Number of partners 99.Don't know / remember	
207	Have you had sexual intercourse in the past 12 months?	1. Yes 2. No →Skip to **Q** 211	
208	Why did you decide to have sexual intercourse during the past 12 months? (Multiple answers are possible)	1.I get married 2. Fell in love. 3. Personal desire. 4. Coercion (Rape). 5. To get money and other gifts. 6. Peer pressure 7. Influence of khat /alcohol 88. Others, specify--------- 99. Don't remember.	
209	With how many partners have you had sexual intercourse in the past 12 months? (Enter number)	--------- Number of sexual partners 99.Don't know /remember	
210	Have you ever been raped with out the consent of you during the past 12 months	1.Yes 2. No	
211	Have you ever used modern contraceptives?	1.Yes 2. No –Skip to **Q** 213	
212	If yes, what type? (Probe and indicate that all apply)	1. Oral contraceptive pills. 2. Condoms. 3. Injectables. 4. IUDs. 5. Norplant 88.Others, specify----------	
213	If no, why not? (Multiple answers are possible)	1. Not married 2. I have infrequent sex. 3. Husband/partner opposed 4. Religious Prohibition 5. Lack of knowledge about contraceptives. 6. Fear of side effects 7. Difficult to obtain contraceptives 8. Method was expensive 9.Too far to get contraceptives(Not accessible) 10.Sex was unplanned 88.Others, specify---------- 99. Don't know/Remember	

214	Did you use contraceptive the first time you had sexual intercourse?	1. Yes -Skip to **Q** 216 2. No 99. Don't Remember Skip to **Q** 216	
215	If no, why not? (Multiple answers are possible)	1.Did not believe pregnancy was possible 2. Sex was unplanned 3. Did not know any method 4. Fear of the side effects 5. Method not available 6. Method expensive 7.Partner opposed 8.Rape 9.Intoxication 88.Others specify ---------- 89. Don't know/Remember 99. No response	
216	Have you ever used condom?	1.Yes 2. No- Skip to **Q** 221	
217	With what frequency did you and all of your partner use condoms with in the last 12 months?	1. Every time -**Q** Skip to 221 2. Almost every time 3. Sometimes 99. Don't know /remember	
218	If you have not used condom at all, or haven't used it consistently in the last 12 months what was the main reason?	1. Not available 2. Too expensive 3. Ashamed to ask my partner 4. partner objected 5. Used other methods 6. Don't like them. 7. Perceived reduction of sexual desire 8. Ashamed to buy, 9.Don't think of it/negligence 88 Others, specify_____ 99. Don't know /remember	
219	Did you use condom the first time you had sexual intercourse?	1.Yes 2.No 99. Don't know /remember	
220	Did you use condom the last time you had sexual intercourse?	1.Yes 2.No 99. Don't know /remember	
221	**{For male}** Have you had sexual intercourse with commercial sex workers in the past 12 months?	1. Yes 2. No- Skip to **Q** 224	
222	**[For males]** Have you used	1. Yes	

	condom when making sexual intercourse with commercial sex workers in the past 12 months?	2. No - Skip to **Q** 224	
223	**[For males]** How often did you use condom when making sexual intercourse with commercial sex workers in the past 12 months?	1. Every time -Skip to **Q** 225 2. Almost every time 3. Sometimes 99. Don't know /remember	
224	**[For males]** If you didn't use condom at all or didn't use it consistently with commercial sex workers in the last 12 months, what was the main reason?	1. Not available 2. Too expensive 3. Ashamed to ask my partner 4. partner objected 5. Used other methods 6. Don't like them. 7. Perceived reduction of sexual desire 8. Ashamed to buy, 9.Don't think of it/negligence 88 Others, specify_____ 99. Don't know /remember	
225	**[For males]** Have you ever had sex after drinking alcohol?	1.Yes 2.No- Skip to **Q** 301	
226	**[For males]** If yes, did you use condom?	1.Yes 2.No	

The following questions are for females only

227	Have you been pregnant?	1.Yes 2.No →Skip to **Q** 301	
228	If yes, how many times have you been pregnant? (Enter number)	.---------- Times 99. Don't know/Remember	
229	How old were you when you first became pregnant? (Enter number)	---------- Age in years 99.Don't know/ remember	
230	If you have been pregnant, were all your pregnancies wanted?	1.Yes- skip to **Q** 232 2. No	
231	If no, how did you become pregnant?	1.Contraceptive method not available 2.Coercion (rape) 3.Method failure 4.Didn't think of it 88. Other, specify_____ 99.Don't know/ remember	
232	Currently are you pregnant?	1.Yes 2.No	

233	Did you give birth?	1 Yes 2. No →Skip to **Q** 236	
234	If yes, how many children do you born? [Enter number]	----------children	
235	How old were you when you gave birth your first child[Enter number]	----------years 99.Don't know/ remember	
236	Have you ever had induced abortion?	1 Yes 2. No →Skip to **Q** 301	
237	How many times did you have abortion?	_____ Times 99.Don't know/ remember	
238	For to have induced abortion, whom did you first discuss the issue with?(only one answer is possible)	1.Husband 2. My boy friend 3. My peers 4. My parents 5 Health workers 6. Traditional healers 7. For an abortionist 88. Others, specify ----------	
239	Where did you abort?	1. At public health institution 2. At private clinic 3. At abortionist's house 4. I have induced it myself by ingesting different drugs 88. Others, specify ---------- 99 Don't know/ remember	

Part 3: The following questions are concerning knowledge and attitude towards selected reproductive health and HIV/AIDS issues.			
301	During which part of the menstrual cycle dose a woman have the greatest chance of becoming pregnant?	1.During her period 2.Right after period is ended 3.Just before her period begins 4. In the middle of her cycle 5.The same throughout 88. Others, specify---------- 99. Don' know	
302	Do you know any ways to avoid getting pregnant?	1. Yes 2. No. → Skip to **Q** 304	
303	What are the ways to avoid getting pregnant? (Multiple answers are possible)	1. Oral contraceptive pills 2. Using condoms. 3. Injectables.	

		4. Norplant. 5. IUDs. 6. Sterilization. 7.Abstinence 8 Withdrawals. 9. Washing the genitalia. after intercourse 10. Intercourse in the up right position 11 Safe period/abstinence 88. Others, specify-------	
304	A girl can get pregnant the first time she had sex.	1. Agree 2. Not sure 3. Disagree	
305	Have you ever heard of diseases that can be transmitted through sexual intercourse?	1.Yes 2. No. →Skip to **Q** 307	
306	Which diseases do you know about? (multiple answers are possible)	1. Gonorrhea 2. Syphilis 3. Chanchroid 4. Lymphogranuloma venerum 5. HIV/AIDS 88. Others, specify_____	
307	Have you ever heard of HIV or the disease called AIDS?	1.Yes 2.No -Skip to **Q** 309	
308	Please mention all the ways you believe a person can get AIDS.[Multiple answers are possible]	1. Unsafe sexual intercourse. 2. Sharing needles and syringes. 3. Blood transfusion. 4. Vertical transmission from mother to child 5. Mosquito and other insect bite. 6. Through breast milk. 7. Causal contact with a person (hand Shaking, sharing food, coughing etc. 88. Others specify----------.	
309	If you look carefully, can you know if some has HIV.	1. Agree 2. Disagree 3.Not sure	
310	A person can get HIV the first time he or she has sex.	1. Agree 2. Disagree 3.Not sure	
311	Is there anything a person can do to avoid/prevent getting HIV/AIDS	1. Yes 2. No. →Skip to **Q** 313	

	and other STIs?		
312	What are they? (Probe and indicate that all apply)	1. Sexual abstinence. 2. Remain faithful to a partner. 3. Use of condoms in every act of sexual Intercourse. 4. Avoid casual sex. 5. Avoid sex with CSWs. 88. Others specify ----------.	
313	What dose safe sex mean to you? (Probe and indicate all that apply)	1. Abstinence from sexual intercourse 2.Having sex with a single faithful partner 3. Using condom in every sexual intercourse 4. Avoiding sex with prostitutes 88. Others, specify---------- 99. Don't know	
314	Using condom is a sign of not trusting your partner.	1. Agree 2. Disagree 3. Not sure	
315	Discussing condom or contraceptive with young people promotes promiscuity.	1. Agree 2. Disagree 3. Not sure	
316	Do you believe you have done any thing that may have put you at risk of getting the HIV virus?	1. Yes 2. No- Skip to **Q** 318 99. Don't know -Skip to **Q** 319	
317	If yes, why?	1. Have had sex without condom 2. More than one sexual partner 3. Have had sexual intercourse with commercial sex workers 4. Injuries with contaminated sharps instruments 88. Others, specify_____	
318	If no, why not?	1. Have never made sexual intercourse 2.One to one sexual relation 3.I always use condom 4. No contact with CSW 5. I did not share injections 88. Others, specify_____	

319	A boy should have sex before he gets married.	1. Agree 2. Disagree 3. Not sure	
320	In your opinion, what is the ideal age for a girl to marry? [enter number]	_____ Age in years 99 Don't know	
321	In your opinion, what is the ideal age for boy to marry?[Enter number]	_____ Age in years 99 Don't know	
322	Do you think that it is easy or difficult for street youth to obtain contraceptive or condoms?	1. Easy - Skip to **Q** 324 2. Difficult 99. Don't know Skip to **Q** 324	
323	If it is difficult, why is it difficult? {Multiple answers are possible}	1. Lack of money to buy. 2. Difficult to find. 3. Provider disapproves. 4. Parents disapprove. 5. Distribution places are inconvenient for them 6. Too far to find 7. Expensive to buy 88. Others, specify. -------	
324	Do you know any place or person where you can obtain condoms?	1.Yes- Skip to **Q** 326 2.No	
325	Which places or persons do you know where you can obtain condoms?	1.Shop 2.Pharmacy 3.Market 4.clinic 5.Hospital 6.FGA clinic 7.Bar/Hotels 8.Peer 88. Others, specify. ---------	
326	From where do you think street youth obtain most of their information about reproductive health?	1. From school 2. From their peers 3. From their parents 4. From the mass media 5. From health professional 6.FGA workers 7.No where 88. Others, specify_____ 99.Don't know	
327	If sexually active street youth don't use condoms or contraceptives, what do you think is their one most	1. They don't have information about condoms 2. Pressure from sex partners	

	important reason?	3. It is expensive 4. Religious reasons 5. Being afraid to buy from shops/pharmacy 6. It is not available 7. Neglegence 88. Other, specify_____ 99. Don't know	
328	If condoms were to be distributed for you would you approve of it?	1. Yes 2. No- Skip to **Q** 331	
329	If condoms were to be distributed for you, how should they be distributed?	1.Putting on common area 2.By AIDS/First aid club members 3. By condom vending machine installed at main areas of street youth lives 88. Other, specify_____	
330	If condoms were to be provided to street youth what should be their price be?	1.At usual rate 2.With discount for youth 3.Free of charge 88. Other, specify_____	
331	Do you think that most street youth are well informed about contraceptives/condoms?	1. Yes 2. No 99. Don't know	
332	Have you ever had symptoms of STIs such as, genital ulcer, genital discharge or genital swelling.	1. Yes 2. No. →Skip to **Q** 401 99. Don't know	
333	What did you do first when you had STIs?	1.I did nothing 2. Self treatment. 3. Went to traditional healer 4. Went to pharmacy 5. Went to public health institution. 6 Went to local healer 7 Went to private health institution. 88. Others, specify ---------- 99. Don't know/Remember	

Part 4: Concerning reproductive health information (for the following three questions indicate the three most important responses made by the respondent)			
401	Which is your major source of	1. My parents	

	information concerning sexual maturation?	2.Friends /peers 3. Mass media 4. Posters and pamphlets 5. Partner/ husband wife 6.Religious leaders 7. Health professionals 8 Nobody 9.School 88. Others, specify----------	
402	If you wanted to know more about ways to avoid pregnancy, whom would you talk to? **For females only.**	1.Father 2. Mother 3. Friend/peers 4.Partner husband / wife 5. Health professionals 6.Religious leaders 7. No body. 8.Sister 88. Others, specify	
403	Which is your major source of information concerning STIs and HIV / AIDS? [Multiple answers are possible]	1. My parents 2. Friends/ peers 3. Mass media 4. Posters and pamphlets 5. Partner/ husband-wife 6 Religious leaders 7. Health workers 8.No body 9. School 88. Others, specify----------	

Part 5: Concerning health service utilization.			
501	Have you visited a health institution in the last 3 months?	1. Yes 2. No →Skip to **Q** 503	
502	If yes, what was the reason for your visit?	Yes No 1. I had STI. 1 2 2. For abortion. 1 2 3. For delivery. 1 2 4. For antenatal care. 1 2 5. To get oral contraceptives.1 2 6. To get condom. 1 2 7. For counseling. 1 2 88. Others specify-------.	
503	If you have visited a health institution, where did you go for the first time, second time and the third time? Indicate the three	1. Pharmacy 2. Private health sector 3. Public health institution. 4. Family Guidance clinic	

	most important answers in order of importance.	5. Traditional healer in the town 88. Others specify ---------	
504	Could you tell me why you prefer to seek health care in this place? [Multiple answers are possible]	1. Effectiveness of treatment 2. Free treatment 3 Low cost of treatment 4. Proximity 5. Relative works there 6. I prefer for confidentiality 7. Parents prefer the place 88. Others, specify----------	
505	What are the main obstacles that prevent street youth from getting clinical and counseling services in health institutions?	1. Too far health institutions 2. Too expensive services 3. Providers fail to keep privacy and confidentiality 4. Poor handling and scolding by health workers 5.Too much waiting time to get the service 6. The health institutions are inconvenient. 7.Fear 88.Others, specify---------- 89. Don't know	

That is the end of our questionnaire. Thank you very much for taking time to answer these questions. We appreciate your help.

Annex 2. Structured questionnaire in Amharic

የቃለ መጠይቅ ቅፅ

በአዲስ አበባ ዩኒቨርስቲ የህክምና ፋኩልቲ የህብረተሰብ ጤና ትምህርት ክፍል የስነ ተዋልዶ ጤና ባህርያትንና ፍላጎትን አስመልክቶ በጎዳና ተዳዳሪ ወጣቶች ላይ ለሚደረግ ጥናት መረጃ ለማሰባሰብ የተዘጋጀ ቃለ መጠየቂያ ቅፅ

ጤና ይስጥልኝ ፡፡ ስሜ---------- ይባላል፡፡ የመጣሁት ከ----------ነው፡፡ በአዲስ አበባ ዩኒቨርስቲ የህክምና ፋኩልቲ የህብረተሰብ ጤና ትምህርት ክፍል የጥናት ቡድን አባል ነኝ፡፡ የዚህ ጥናት ዋና አላማ እድሜያቸው ከ 10 -24 ዓመት በሆናቸው የጎዳና ተዳዳሪ ወጣቶች ላይ የስነ ተዋልዶ ጤናን አስመልክቶ መረጃ ለማሰባሰብ ነው፡፡ በአንተ/ች እድሜ ክልል ካሉ አቻ ጓደኞችህ/ሽ መካከል የዚህ ጥናት ተሳታፊ ለመሆን እድል አግኝተሀል/ሻል፡፡ ጥናቱ በቃለ ምልልስ የሚከናወን ነው፡፡ ጥቂት ጊዜህን/ሽን መስዋዕት በማድረግ ለጥናቱ የበኩልህን/ሽን አስተዋጽኦ እንድታደርግ/ጊ እንጠይቃለን፡፡ ከአንተ/ች የሚገኘው መረጃ በቀጣይ የተሻለ የጎዳና ተዳዳሪ ወጣቶች የስነ ተዋልዶ ጤና አገልግሎትን ለማደራጀት እንደሚረዳ ይታመንበታል፡፡ ውይይቱ የግል ህይወትንና ሚስጥርን ስለሚያካትት በቃለ ምልልሱ ወቅት አንተ/ች እና እኔ ለብቻችን ሆነን ልንነጋገር የምንችልበት የተለየ ቦታ ብናገኝ እጅግ ይመረጣል፡፡ ይህ አንተ/ችና እኔ የምናደርገው ውይይት እስከ መጨረሻው በምስጢር የሚያዝ መሆኑን ላረጋግጥልህ/ሽ እወዳለሁ፡፡ለዚህ ይረዳ ዘንድ ማንኛውም የምትሰጠው/ጪው መረጃ ቁጥር እንዲሰጠው ከመደረጉ ሌላ ስምህ/ሽ በዚህ ቅፅ ላይ አይሞላም፡፡ በተጨማሪም የምትሰጠን/ጭን መረጃ በየትኛውም መንገድ ለማንም ሰው አልፎ አይሰጥም፡፡የትኛውም ከጥናቱ ጋር የተያያዘ ሪፖርት አንተን/ችን ለይቶ ሊያሳውቅ አይችልም፡፡ ቃለ ምልልሱ ሙሉ በሙሉ በፈቃደኝነት ላይ የተመሰረተ ነው፡፡ በጥናቱ ለመሳተፍ ፈቃደኛ ነህ/ሽ?

----------አዎ ----------አይደለሁም

የጠያቂው ስም----------

ቃለ መጠይቅ የተደረገበት ቀን-----/----- 1999 ዓ.ም ፊርማ----------

የተቆጣጣሪው ስም----------

ፊርማ---------- ቀን------/-----1999 ዓ.ም

ቃለ መጠይቁ የወሰደው ሰዐት----------

አዲስ አበባ ዩኒቨርስቲ

ህክምና ፋኩልቲ

የህብረተሰብ ጤና ትምህርት ክፍል

የስነ ተዋልዶ ጤና ባህርያትንና ፍላጎትን አስመልክቶ በጎዳና ተዳዳሪ ወጣቶች ላይ ለሚደረግ ጥናት መረጃ ለማሰባሰብ የተዘጋጀ ቃለ መጠየቂያ ቅፅ

001.የመጠይቁ መለያ ቁጥር :_____

002. ክልል: **አማራ**

003.ዞን : **ደቡብ ወሎ**

004.ከተማ : ደሴ

005.ቀበሌ(ሰፈር) ስም_____

ክፍል አንድ፡ አጠቃላይ የግለሰብ መረጃ			
ተ.ቁ	**ጥያቄዎች**	**አማራጭ መልሶች**	**ኮድ**
101	**ዕድ**	**1.ወንድ** **2.ሴት**	
102	**እድሜ(በአመት)**	**---------- አመት** **99.አላውቀውም**	
103	**ሀይማኖት**	**1.ኦርቶዶክስ ክርስቲያን** **2. እስልምና** **3.ፕሮቴስታንት** **4.ካቶሊክ** **5.ሀይማኖት የለኝም** **88.ሌላ ካለ ይገለጽ ----------**	
104	**የየትኛው ብሄረሰብ አባል ነህ/ሽ?**	**1.አማራ** **2.ትግሬ** **3.ኦሮሞ** **88.ሌላ ካለ ይገለጽ ----------**	
105	**የትዳር ሁኔታ(በአሁኑ ወቅት)**	**1.አግብቸ አላውቅም** **2.አግብቻለሁ** **3.ተፋትቻለሁ** **4.ባል/ሚስት የሞተበት/ባት** **88.ሌላ ካለ ይገለፅ ----------**	
106	**ትምህርት ቤት ገብተህ/ሽ ታውቃለህ/ቂያለሽ?**	**1.አዎ** **2.አላውቅም ወደ ጥ.ቁ 108**	
107	**እስከ ስንተኛ ክፍል ተምረሀል/ሻል?**	**1.ማንበብ እና መጻፍ ብቻ** **2.1-8 ክፍል** **3.9-12 ክፍል** **4.ከ 12 ክፍል በላይ** **88.ሌላ ካለ ይገለፅ ----------**	
108	**ለራስህ/ሽ ገንዘብ ለማገኘት ስራ ትሰራለህ/ሽ?**	**1.አዎ** **2.አልሰራም- ወደ ጥ.ቁ 111**	
109	**ገንዘብ ለማገኘት ምን አይነት ስራ ትሰራለህ/ሽ?** **(ከአንድ በላይ መልስ መስጠት ይቻላል)**	**1.ጫማ መጥረግ(ሊስትሮ)** **2.እቃ መሸከም** **3.መላላክ** **4.መኪና ማጠብ** **5.ሴተኛ አዳሪነት** **6.መለመን** **7.ጀብሎ** **88.ሌላ ካለ ይገለጽ----------**	

110	በአማካኝ በቀን ስንት ታገኛለህ/ሽ?	1.ከ 5 ብር በታች 2.ከ 5 ብር-10 ብር 3.ከ 10 ብር-20 ብር 88 ሌላ ካለ ይገለጽ----------	
111	ከዚህ በፊት የት ነበር የምትኖረው/ኖሪው?	1. እዚህ/ደሴ 2.ከደሴ ውጭ 99.አላውቅም	
112	ጎዳና ላይ ከወጣህ/ሽ ስንት ጊዜህ/ሽ ነው?(ቁጥር አስገባ)	--------ዓመት --------ወር 99.አላውቅም/አላስታውስም	
113	ወደ ጎዳና የወጣህበት/ሽበት ምክንያት ምን ነበር?	1.በጓደኛ ግፊት 2.ወላጆች ስለሞቱ 3.ስራ ፍለጋ 4.ወላጆች የመጠጥ ሱሰኛ መሆን 5.በቤተሰብ ውስጥ ስምምነት ስለሌለ 6.በተፈናቅሎ 7.የአኗኗር ዘይቤ ለውጥ 8.ቤተሰቦች ድሀ ስለሆኑ 9.ወላጆች ስለታመሙ 88 ሌላ ካለ ይገለጽ---------- 99.አላውቅም/አላስታውስም	
114	ወላጆችህ/ሽ አሁን በምን ሁኔታ ላይ ናቸው?	1. አባትና እናቱ አብረው ይኖራሉ 2. ተፋተዋል 3. ሁለቱም ሞተዋል ወደ ጥ.ቁ 119 4. አባቴ ሞቷል ወደ ጥ.ቁ 116 5. እናቴ ሞታለች 88 ሌላ ካለ ይገለጽ---------- 99.አላውቅም	
115	የአባትህ/ሽ ስራ ምንድነው?	1.የቀን ሰራተኛ 2.የመንግስት ሰራተኛ 3.ገበሬ 4.የግል ድርጅት ተቀጣሪ 5.በጥቃቅን ንግድ ተዳዳሪ 6.ጡረተኛ 7.ስራ የለውም 88.ሌላ ካለ ይገለጽ---------- 99.አላውቅም	
116	(ጥ.ቁ 114 መልሱ 5 ከሆነ ይታለፍ) የእናትህ/ሽ ስራ ምንድነው?	1.የቤት እመቤት 2.የቀን ሰራተኛ 3.የቤት ሰራተኛ 4.ጡረተኛ 5.የመንግስት ሰራተኛ 6.በግል ድርጅት ተቀጣሪ 7.በጥቃቅን ንግድ ተዳዳሪ 88.ሌላ ካለ ይገለጽ---------- 99.አላውቅም	
117	የአባትህ/ሽ የትምህርት ሁኔታ	1.አልተማረም 2.ማንበብና መጻፍ ብቻ 3.ከ1-8ኛክፍል 4.ከ9-12ኛ ክፍል 5.ዲፕሎማና ከዚያ በላይ 99.አላውቅም	
118	(ጥ.ቁ 114 መልሱ 5 ከሆነ ይታለፍ) የእናትህ/ሽ የትምህርት ሁኔታ	1.አልተማረችም 2.ማንበብና መጻፍ ብቻ	

		3.ከ1-8ኛክፍል 4.ከ9-12ኛ ክፍል 5.ዲፕሎማና ከዚያ በላይ 99.አላውቅም	
119	አብዘሀኛውን ጊዜ ከማን ጋር ነው የምትኖረው/ሪው?	1.ከሁለቱም ወላጆች ጋር 2.ከእናቱ ጋር 3.ከአባቱ ጋር 4.ከእህት/ወንድሞች ጋር 5.ጓደኞች ጋር 6.ከወንድ/ሴት ጓደኛየ ጋር 7.ብቻየን 88.ሌላ ካለ ይገለጽ----------	
120	በአንተ/ች አስተሳሰብ የቤተሰብህ/ሽ የኑሮ ሁኔታ እንዴት ታየዋለህ/ሽ ?	1.ሀብታም 2.መካከለኛ 3.ደሀ 99.አላውቅም	
121	ሌሊቱን የት ታሳልፋለህ/ሽ?	1.በጎዳና ላይ 2.በአነስተኛአልቤርጎ 3.በላስቲክ ቤት 4.ቤተሰቦች ቤት 88.ሌላ ካለ ይገለጽ----------	
122	የአልኮል መጠጦችን እንደ ጠላ፣ ጠጅ፣ አረቂ ፣ቢራ የመሳሰሉትን ትጠጣለህ/ሽ ?	1.ጠጥቸ አላውቅም 2.አንዳንድ ጊዜ እጠጣለሁ 3.አብዘሀኛውን ጊዜ እጠጣለሁ 4.በየቀኑ እጠጣለሁ	
123	ሲጋራ ታጨሳለህ/ሽ ?	1.አጭሸ አላውቅም 2.አንዳንድ ጊዜ አጨሳለሁ 3.አብዘሀኛውን ጊዜ አጨሳለሁ 4.በየቀኑ አጨሳለሁ	
124	ጫት ትቅማለህ/ሽ ?	1.ቅሜ አላውቅም 2.አንዳንድ ጊዜ እቅማለሁ 3.አብዘሀኛውን ጊዜ እቅማለሁ 4. በየቀኑ እቅማለሁ	
125	ሀሽሽ/ጋንጃ ታጨሳለህ/ሽ ?	1.አጭሸ አላውቅም 2.አንዳንድ ጊዜ አጨሳለሁ 3.አብዘሀኛውን ጊዜ አጨሳለሁ 4. በየቀኑ አጨሳለሁ	
126	ቤንዚን ታሸታለህ/ሽ?	1.አሸትቸ አላውቅም 2.አንዳንድ ጊዜ አሸታለሁ 3.አብዘሀኛውን ጊዜ አሸታለሁ 4. በየቀኑ አሸታለሁ	

ክፍል ሁለት፡ የግብረ ስጋ ግንኙነትን እርግዝናንና የወሊድ መቆጣጠሪያን በተመለከተ የስነ ተዋልዶ ጤና ተግባርን በተመለከተ			
201	የግብረ ስጋ ግንኙነት አድርገህ/ሽ ታውቃለህ/ሽ?	1.አዎ 2.የለም **ወደ ጥ.ቁ 301**	
202	አዎ ካልክ/ሽ መጀመሪያ የግብረ ስጋ ግንኙነት ስትፈጽም/ሚ እድሜህ/ሽ ስንት ነበር? (ቁጥር ይፃፍ)	----------አመት 99.አላውቅም/አላስታውስም	
203	ለመጀመሪያ ጊዜ የግብረስጋ ግንኙነት ለማድረግ ያነሳሳህ/ሽ ምክንያት ምን ነበር?	1.በትዳር 2.ፍቅር ይዞኝ 3.በግል ወሲብ ፍላጎት	

		4.ተገድጀ/ተደፍሬ 5.ገንዘብና ሌሎች ሰጦታዎችን ለማገኘት 6.በጓደኛ ግፊት 7.አልኮል/ ጫት ተጠቅሜ 88.ሌላ ካለ ይገለጽ---------- 99.አላውቅም/አላስታውስም	
204	ለመጀመሪያ ጊዜ የግብረ ስጋ ግንኙ ነት የፈጸምከው/ሽው ከማን ጋር ነበር?	1.ባል/ሚስት ጋር 2.ከፍቅር ጓደኛየ ጋር 3.ከድንገተኛ ትውውቅ ጓደኛጋር 4.ከቤተሰብ አባል ጋር 5.ከሴተኛ አዳሪ ጋር 88.ሌላ ካለ ይገለጽ---------- 99.አላውቅም/አላስታውስም	
205	ለመጀመሪያ ጊዜ የግብረ ስጋ ግንኙ ነት የፈፀምከው/ሽው ግለሰብ እድሜ ከአንተ/ች እድሜ አንፃር ሲታይ እንዴት ነው?	1. እኩያ ነን 2.ከ10 ዓመት በላይ ይበልጠኛል/ትበልጠኛ ለች 3.ከ5-10 ዓመት ይበልጠኛል/ ትበልጠኛለች 4.ከ5 ዓመት በታች ይበልጠኛል/ ትበልጠኛ ለች 5.ከኔ ያንሳል/ታንሳለች 99.አላውቅም/አላስታውስም	
206	የግብረ ስጋ ግንኙነት ከጀመርክ/ሽ ጊዜ አንስቶ በጥቅሉ ከስንት ሰዎች ጋር የግብረ ስጋ ግንኙነት አድርገሀል/ሽ? (ቁጥር አስገባ)	---------- ሰዎች ጋር 99.አላውቅም/አላስታውስም	
207	በአለፉት 12 ወራት ውስጥ የግብረ ስጋ ግንኙነት ፈፅመሀል/ሻል?	1.አዎ 2.የለም ወደ ጥ. ቁ 211	
208	ባለፈው 12 ወራት ውስጥ የግብረ ስጋ ግንኙነት ለማድረግ ያነሳሳህ/ሽ ምክንያት ምን ነበር?	1.በትዳር 2.ፍቅር ይዞኝ 3.በግል ወሲብ ፍላጎት 4.ተገድጀ/ተደፍሬ 5.ገንዘብና ሌሎች ሰጦታዎችን ለማገኘት 6.በጓደኛ ግፊት 7.አልኮል/ ጫት ተጠቅሜ 88.ሌላ ካለ ይገለጽ---------- 99.አላውቅም/አላስታውስም	
209	በአጠቃላይ ባለፈው 12 ወራት ውስጥ ከምን ያህል ሰዎች ጋር የግብረ ስጋ ግንኙነት ፈፅመሀል/ሻል?	---------- ሰዎች ጋር 99.አላውቅም/አላስታውስም	
210	ባለፈው 12 ወራት ውስጥ አንተ/ች ሳትፈልግ/ጊ አስገድዶ የደፈረህ/ሽ አለ?	1.አዎ 2.የለም	
211	አንተ/ች ወይም የወሲብ ጓደኛህ/ሽ ዘመናዊ የወሊድ መቆጣጠሪያ ዘዴ ተጠቅማችሁ ታውቃላችሁ?	1.አዎ 2.የለም ወደ ጥ.ቁ 213	
212	አዎ ካልክ/ህ የትኞቹን ዘዴዎች ተጠቅማችኃል?(የተጠሩትን በሙሉ አክብቡ)	1.የሚዋጥ ክኒን(ፒልስ) 2. ኮንዶም 3.መርፌ(ዲፖ) 4.በመሀፀን የሚገባ (ሉፕ) 5.ክንድ ላይ የሚቀበር (ኖርፕላንት) 88. ሌላ ካለ ይገለጽ----------	
213	መልሱ የለም ከሆነ ምክንያቶቹ ምንድን ናቸው?	1.ስላላገባሁ 2.አልፎ አልፎ የግብረ ስጋ ግንኙነት ስለማደርግ	

	(ከአንድ በላይ መልስ መስጠት ይቻላል)	3.ጓደኛየ/ባሌ/ሚስቴ ስለሚቃወም/ ምትቃወም 4.ሀይማኖቴ ስለማይፈቅድ 5. ስለ ቤተሰብ ምጣኔ ያለኝ እውቀት አናሳ መሆን 6.ያልተፈለገ ጉዳት ያደርስብኛል ብየ ስለፈራሁ 7.የወሊድ መቆጣጠሪያ ለማገኘት አስቸጋሪ ስለሆነ 8.ውድ ስለሆነ 9.ሩቅ ስለሆነ 10.ድንገት ያለ እቅድ ስለነበር 88. ሌላ ካለ ይገለጽ---------- 99.አላውቅም/አላስታውስም	
214	ለመጀመሪያ ጊዜ የግብረ ስጋ ግንኙ ነት ስትፈጽም/ሚ የወሊድ መቆጣጠሪያ ዘዴ ተጠቅመህ/ሽ ነበር?	1. አዎ **ወደ ጥ.ቁ 216** 2. አልተጠቀምኩም 99. አላውቅም/አላስታውስም **ወደ ጥ.ቁ 216**	
215	አልተጠቀምኩም ካልክ/ሽ ለምን? (ከአንድ በላይ መልስ መስጠት ይቻላል)	1.እርግዝና ይከሰታል ብየ ስላላመንኩ 2. የግብረ ስጋ ግንኙነት ያደረኩት በድንገት ያለ ዕቅድ ነበር 3.የማውቀው የወሊድ መቆጣጠሪያ ዘዴ ስላልነበር 4. መቆጣጠሪያው ያልተፈለገ ጉዳት ያደርስብኛል ብየ ስለፈራሁ 5.ውድ ስለነበር 6.ሩቅ ስለሆነ 7.የወሲብ ጓደኛየ ስለተቃወመኝ/ች 8. ስለ ቤተሰብ ምጣኔ ያለኝ እውቀት አናሳ መሆን 9.ሀይማኖቴ ስለማይፈቅድ 88. ሌላ ካለ ይገለጽ---------- 99.አላውቅም/አላስታውስም	
216	ከዚህ በፊት ኮንዶም ተጠቅመህ/ሽ ታውቃለህ/ሽ?	1.አዎ 2.የለም **ወደ ጥ.ቁ 221**	
217	ባለፉት 12 ወራት ውስጥ በየስንት ጊዜው ኮንዶም ተጠቅመሀል/ሻል?	1.ሁል ጊዜ **ወደ ጥ.ቁ 219** 2.አብዘሀኛውን ጊዜ 3.አንዳንድ ጊዜ 99.አላውቅም/አላስታውስም	
218	ባለፉት 12 ወራት ውስጥ ኮንዶም ተጠቅመህ/ሽ የማታውቅ/ቂ ወይም በየጊዜው የማትጠቀም/ሚ ከሆነ ምክንያቱ ምንድነው?	1.ስለማይገኝ 2.ውድ ስለሆነ 3.ጓደኛየን መጠየቅ ስለፈራሁ 4.ጓደኛየ ስለተቃወመ/ች 5.ሌላ ዘዴ ተጠቅመናል 6.ስለማልወድ 7.እርካታን ስለሚቀንስ 8.ለመግዛት ስለፈራሁ 9.ስላላሰብኩበት/በግዴለሽነት 88. ሌላ ካለ ይገለጽ---------- 99.አላውቅም/አላስታውስም	
219	ለመጀመሪያ ጊዜ የግብረ ስጋ ግንኝ ነት ስታደርግ/ጊ ኮንዶም ተጠቅመሀል/ሻል?	1.አዎ 2.የለም 99.አላውቅም/አላስታውስም	
220	በመጨረሻ የግብረ ስጋ ግንኙነት ጊዜ ኮንዶም ተጠቅመሀል/ሻል?	1.አዎ 2.የለም	

		99.አላውቅም/አላስታውስም	
221	(ለወንዶች ብቻ) ባለፉት 12 ወራት ውስጥ ከሴተኛ አዳሪ ጋር የግብረ ስጋ ግንኙነት አድርገህ ታውቃለህ?	1.አዎ 2.የለም **ወደ ጥ.ቁ 225**	
222	(ለወንዶች ብቻ) አዎ ካልክ ባለፉት 12 ወራት ውስጥ ከሴተኛ አዳሪ ጋር የግብረ ስጋ ግንኙነት ስታደርግ ኮንዶም ተጠቅመህ ታውቃለህ?	1.አዎ 2.የለም **ወደ ጥ. ቁ 224**	
223	(ለወንዶች ብቻ) አዎ ካልክ ባለፉት 12 ወራት ውስጥ በየስንት ጊዜው ኮንዶም ትጠቀማለህ?	1.ሁል ጊዜ **ወደ ጥ. ቁ 225** 2.አብዘሀኛውን ጊዜ 3.አንዳንድ ጊዜ 99.አላውቅም/አላስታውስም	
224	(ለወንዶች ብቻ) ባለፉት 12 ወራት ውስጥ ከሴተኛ አዳሪ ጋር የግብረ ስጋ ግንኙነት ስታደርግ ኮንዶም ተጠቅመህ የማታውቅ ወይም በየጊዜው የማትጠቀም ከሆነ ምክንያቱ ምን ነበር?	1.ስለማይገኝ 2.ውድ ስለሆነ 3.ጓደኛየን መጠየቅ ስለፈራሁ 4.ጓደኛየ ስለተቃወመ/ች 5.ሌላ ዘዴ ተጠቅመናል 6. ስለማልወድ 7.እርካታን ስለሚቀንስ 8.ለመግዛት ስለፈራሁ 9.ስላላሰብኩበት/በግዴለሽነት 88. ሌላ ካለ ይገለጽ---------- 99.አላውቅም/አላስታውስም	
225	(ለወንዶች ብቻ) አልኮል ከወሰድክ/ሽ በኋላ የግብረ-ስጋ ግንኙነት አድርገህ/ሽ ታውቃለህ/ሽ?	1.አዎ 2.የለም **ወደ ጥ.ቁ 301**	
226	(ለወንዶች ብቻ) አልኮል ከወሰድክ/ሽ በኋላ የግብረ-ስጋግንኙነት አድርገህ/ሽ ከነበር ኮንደም ተጠቅመህ/ሽ ነበር?	1.አዎ 2.የለም	
የሚከተሉት ጥያቄዎች (227-239) ለሴት ተሳታፊዎችን ብቻ ይመለከታል			
227	ከአሁን በፊት አርግዘሽ ታውቂያለሽ?	1.አዎ 2.የለም **ወደ ጥ.ቁ 301**	
228	አዎ ካልሽ ስንት ጊዜ አርግዘሻል?	---------- ጊዜ 99.አላውቅም/አላስታውስም	
229	ለመጀመሪያ ጊዜ ስታረግዢ እድሜሽ ስንት ነበር?	----------ዓመት 99.አላውቅም/አላስታውስም	
230	አርግዘሽ ካወቅሽ እርግዝናዎቹ በሙሉ ፈልገሻቸው ነበር?	1.አዎ **ወደ ጥ.ቁ 232** 2.አይደለም	
231	የለም ካልሽ እንዴት እርጉዝ ሆንሽ?	1. የወሊድ መቆጣጠሪያ ዘዴ ስላልነበር 2.ተደፍሬ 3.የወሊድ መቆጣጠሪያው ዘዴ እየወሰድ ተሳስቸ 4.ስላላሰብኩበት 88. ሌላ ካለ ይገለጽ---------- 99.አላውቅም/አላስታውስም	
232	አሁን እርጉዝ ነሽ?	1.አዎ 2.አይደለሁም	
233	ልጅ ወልደሽ ታውቂያለሽ?	1.አዎ 2.አላውቅም **ወደ ጥ.ቁ 236**	
234	አዎ ካልሽ ስንት ልጅ ወልደሻል?	---------- ልጅ	
235	ለመጀመሪያ ጊዜ ስትወልጅ እድሜሽ ስንት ነበር?(ቁጥር ይፃፍ)	----------ዓመት 99.አላውቅም/አላስታውስም	
236	ወጣት ሴቶች ሲያረግዙ አንዳንድ ጊዜ	1.አዎ	

	ለማስወረድ ይወስናሉ አንች አስወርደሽ ታውቂያለሽ?	2.የለም **ወደ ጥ.ቁ 301**	
237	አዎ ካልሽ ስንት ጊዜ አስወረድሽ?	----------ጊዜ 99.አላውቅም/አላስታውስም	
238	አስወርደሽ ከነበር ጉዳዩን መጀመሪያ ለማን አዋየሽ? (አንድ መልስ ብቻ)	1.ለባለቤቴ 2.ለፍቅረኛየ 3.ለአቻ ጓደኛየ 4.ለቤተሰቦቸ 5.ለጤና ባለሙያ 6.ለባህል መደሀኒት አዋቂ 7.ለመንደር ውርጃ ፈፃሚ 88. ሌላ ካለ ይገለጽ----------	
239	የት አስወረድሽ?	1.በመንግስት ጤና ድርጅት 2.በግል ጤና ድርጅት 3.በመንደር ውርጃ ፈፃሚ ቤት 4.እራሴ የተለያዩ መድሀኒቶች በቤት በመዋጥ 88. ሌላ ካለ ይገለጽ---------- 99.አላውቅም/አላስታውስም	

ክፍል ሶስት፡ የሚከተሉት (301-333) ያሉት ጥያቄዎች ስለ ስነ ተዋልዶ ጤናና ስለ ኤች አይ ቪ ኤድስ እውቀት አመለካከትና እምነት የሚመለከቱ ናቸው፡			
301	በወር አበባ ዑደት ውስጥ አንዲት ሴት የግብረ ስጋ ግንኙነት ብታደርግ ለማርገዝ ከፍተኛ ዕድል ያላት በየትኛው ጊዜ ነው? (አማራጭ መልሶች ይነበቡ) (አንድ መልስ ብቻ ይሰጥ)	1.የወር አበባ ላይ እንዳለች 2.ልክ የወር አበባዋ እንዳበቃ 3.የወር አበባ ከማየቷ ጥቂት ቀናት ቀደም ብሎ 4. በወር አበባ ዑደት አጋማሽ ላይ(.የወር አበባ ከጀመረ ከ15 ቀን ቡኃላ) 5.በትኛውም ጊዜ ተመሳሳይ ነው 88. ሌላ ካለ ይገለጽ---------- 99.አላውቅም	
302	እርግዝናን ለመከላከል አንድ ሰው ማድረግ የሚችለው ነገር አለ?	1.አዎ 2.የለም **ወደ ጥ.ቁ 304**	
303	አዎ ካልክ/ሽ ምን ማድረግ ይቻላል? (አማራጭ መልሶች ይነበቡ) (ከአንድ በላይ መልስ መስጠት ይቻላል)	1.የወሊድ መቆጣጠሪያ ክኒን መውሰድ 2.ኮንዶም መጠቀም 3.በመርፌ የሚሰጥ መከላከያ መውሰድ 4. በክንድ የሚቀበር መከላከያ ማድረግ 5.ሉፕ መጠቀም 6.ማህፀን ማስቋጠር 7.ከግብረ ስጋ ግንኙነት መታቀብ 8.ወንድ ዘርን ከሴቷ ብልት ውጭ ማፍሰስ 9. ከግብረ ስጋ ግንኙነት በኃላ ሴቷ ብልቷን መታጠብ 10.የቀም የግብረ ስጋ ግንኙነት ማድረግ 11.በተፈጥሮ እርግዝና የማይኖርበት ጊዜን ለይቶ የግብረ ስጋ ግንኙነት ማድረግ 88. ሌላ ካለ ይገለጽ----------	
304	አንዲት ሴት ልጅ ለመጀመሪያ ጊዜ የግብረ ስጋ ግንኙነት ስታደርግ ልታረግዝ ትችላለች፡፡	1.እስማማለሁ 2.አልስማማም 3.እርግጠኛ አይደለሁም	
305	በግብረ ስጋ ግንኙነት የተነሳ ሊይዙ/ሊተላለፉ የሚችሉ በሽታዎች ሰምተህ ታውቃለህ/ሽ?	1.አዎ 2.የለም **ወደ ጥ.ቁ 307**	
306	አዎ ካልክ/ሽ የትኞቹን በሽታዎች	1.ጨብጥ	

	ታውቃለህ/ሽ? (ከአንድ በላይ መልስ መስጠት ይቻላል)	2.ቂጥኝ 3.ከርክር 4.ባንቡሌ 5.ኤች አይ ቪ ኤድስ 88. ሌላ ካለ ይገለጽ----------	
307	ኤች አይ ቪ ኤድስ ስለተባለ በሽታ ሰምተህ/ሽ ታውቃለህ/ሽ?	1.አዎ 2.የለም አልሰማሁም **ወደ ጥ.ቁ 309** 99.አላውቅም **ወደ ጥ.ቁ 309**	
308	አንድ ሰው በኤች አይ ቪ ቫይረስ ሊያዝ ይችላል ብለህ/ሽ የምታውቃቸውን/ቂያቸውን መንገዶች በሙሉ ግለፅ/ጭ (ከአንድ በላይ መልስ መስጠት ይቻላል)	1.ልቅ የሆነ የግብረ ስጋ ግንኙነት 2.በአንድ መርፌ ወይም ሲሪንጋ በጋራ መጠቀም 3. በኤች አይ ቪ ቫይረስ የተበከለ ደም መውሰድ 4.በእርግዝናና በወሊድ ጊዜ ከእናት ወደ ልጅ 5.በወባና በሌሎች ትንኞች ንክሻ 6.በእናት ጡት ወተት 7.በበሽታው ከተያዘ ሰው ጋር በመጨባበጥ ምግብ አብሮ በመብላት ወይም በትንፋሽ 88. ሌላ ካለ ይገለጽ----------	
309	አንድን ሰው አተኩሮ በማየት ኤች አይ ቪ ቫይረስ በደሙ ውስጥ መኖሩ ይታወቃል::	1.እስማማለሁ 2.አልስማማም 3.እርግጠኛ አይደለሁም	
310	አንድ ሰው ለመጀመሪያ ጊዜ የግብረ ስጋ ግንኙነት ሲያደርግ አድስ ሊይዘው ይችላል	1.እስማማለሁ 2.አልስማማም 3.እርግጠኛ አይደለሁም	
311	አንድ ሰው በአባላዘር በሽታ ወይም በኤድስ ላለመያዝ ማድረግ የሚችለው ነገር አለ?	1.አዎ 2.የለም **ወደ ጥ.ቁ 313** 99.አላውቅም **ወደ ጥ.ቁ 313**	
312	አዎ ካልክ/ሽ ምን ማድረግ ይችላል? (ከአንድ በላይ መልስ መስጠት ይቻላል)	1. ከግብረ ስጋ ግንኙነት መታቀብ 2.ለአንድ ፍቅረኛ ታማኝ መሆን 3. የግብረ ስጋ ግንኙነት ባደጉ ቁጥር ኮንዶም መጠቀም 4.ድንገተኛ ወይም ያልታቀደ የግብረ ስጋ ግንኙነት ማስወገድ 5.ከሴተኛ አዳሪዎች ጋር የግብረ ስጋ ግንኙነት አለማድረግ 88. ሌላ ካለ ይገለጽ----------	
313	በአንተ/ች አመለካከት ጤናማ የግብረ ስጋ ግንኙነት ማለት ምን ማለት ነው?	1. ከግብረ ስጋ ግንኙነት መታቀብ 2.ከአንድ ታማኝ ጓደኛ ጋር ብቻ የግብረ ስጋ ግንኙ ነት ማድረግ 3. የግብረ ስጋ ግንኙነት ባደረጉ ቁጥር ኮንዶም መጠቀም 4.ከሴተኛ አዳሪ ጋር የግብረ ስጋ ግንኙነት አለማድረግ 88. ሌላ ካለ ይገለጽ---------- 99. አላውቅም	
314	ኮንዶም መጠቀም በፍቅረኛ ላይ እምነት የማጣት ምልክት ነው::	1.እስማማለሁ 2.አልስማማም 3.እርግጠኛ አይደለሁም	
315	ስለ ኮንዶም ወይም ስለወሊድ መቆጣጠሪያ ዘዴዎች ከወጣቶች ጋር መወያየት ለልቅ ወሲብ	1.እስማማለሁ 2.አልስማማም 3.እርግጠኛ አይደለሁም	

	ይጋበዝልል::		
316	ከአሁን በፊት ለኤች አይ ቪ ቫይረስ የሚያጋልጥ ተግባር ፈፅሜያለሁ ብለህ/ሽ ታምናለህ/ሽ?	1.አዎ 2.የለም **ወደ ጥ.ቁ 318** 99.አላውቅም **ወደ ጥ.ቁ 319**	
317	አዎ ካልክ/ሽ ለምን?	1.ካለ ኮንዶም የግብረ ስጋ ግንኙነት ስለፈፀምኩ 2.ከአንድ በላይ የወሲብ ጓደኛ ስላለኝ 3.ከሴተኛ አዳሪ ጋር የግብረ ስጋ ግንኙነት ስለፈፀምኩ 4.ስለታም በሆኑ ነገሮች ጉዳት ስላጋጠመኝ 5.ሁል ጊዜ ኮንዶም ስለማልጠቀም 88. ሌላ ካለ ይገለጽ----------	
318	የለም ካልክ/ህ ለምን?	1. የግብረ ስጋ ግንኙነት ፈፅሜ አላውቅም 2.አንድ ለአንድ ስለተወሰንኩ 3. ሁል ጊዜ ኮንዶም ስለምጠቀም 4. ከሴተኛ አዳሪ ጋር የግብረ ስጋ ግንኙነት ስላልፈፀምኩ 5.ስለታም የሆኑ እቃዎችን በጋራ ስለማልጠቀም 88. ሌላ ካለ ይገለጽ----------	
319	አንድ ወንድ ልጅ ከማግባቱ በፊት የግብረ ስጋ ግንኙነት ማድረግ አለበት	1.እስማማለሁ 2.አልስማማም 3.እርግጠኛ አይደለሁም	
320	በአንተ/ች አመለካከት አንዲት ልጃገረድ ማግባት ያለባት በስንት አመቷ ነው?(ቁጥር አስገባ)	----------ዓመት 99.አላውቅም	
321	በአንተ/ች አመለካከት አንድ ወንድ ልጅ ማግባት ያለበት በስንት አመቱ ነው? (ቁጥር አስገባ)	----------ዓመት 99.አላውቅም	
322	ኮንዶም ወይም ሌላ የወሊድ መቆጣጠሪያ ዘዴ ለማገኘት እንደ አንተ/ች ያለ ጎዳና ተዳዳሪ ወጣት ቀላል ነው ወይስ ከባድ?	1.ቀላል ወደ **ጥ.ቁ 324** 2.ከባድ 99.አላውቅም ወደ **ጥ.ቁ 324**	
323	ከባድ ነው ካልክ/ሽ ለምን ይመስልሀል? (የሚስማማ መልስ ከተሰጠ አንድን ካልተሰጠ ሁለትን ክበብ/ቢ)	አዎ የለም 1.የገንዘብ እጥረት----------1 2 2.ለማገኘት አስቸጋሪ ስለሆነ--------1 2 3.አሰራጭዎቹ ስለማያምኑበት--------1 2 4.ቤተሰቦቸ ስለሚቃወሙ ---------- 1 2 5.የሚሰራጭበት ቦታ ለጎዳና -------- 1 2 ተዳዳሪዎች አመች ስላልሆነ 6.የሚገኝበት ቦታ ስለራቀ ----------1 2 7.ውድ ስለሆነ----------1 2 88. ሌላ ካለ ይገለጽ----------	
324	ኮንዶም ሊገኝ ሚችልበት ስፍራ ወይም ግለሰብ ታውቃለህ/ሽ?	1.አዎ 2.አላውቅም **ወደ ጥ.ቁ 326**	
325	አዎ ካልክ/ህ ኮንዶም ለማገኘት ስትፈልግ/ጊ የት ትሄዳለህ/ጃለሽ? (የተጠቀሱትን በሙሉ ክበቡ)	1.ሱቅ 2.ፋርማሲ 3.ገበያ 4.ክሊኒክ 5.ሆስፒታል 6.ቤተሰብ መምሪያ ክሊኒክ 7.ከቡና ቤት/ሆቴል/እንግዳ ማረፊያ 8.ከአቻ ጓደኛየ	

		88. ሌላ ካለ ይገለጽ----------	
326	የጎዳና ተዳዳሪ ወጣቶችአብዛኛውን ጊዜ ስለ ስነተዋልዶ ጤናና ኤች አይ ቪ ኤድስ መረጃ የሚያገኙት ከየት ነው ብለህ/ሽ ታስባለህ/ሽ?	1.ከትምህርት ቤት 2.ከአቻ ጓደኞች 3.ከቤተሰቦቻቸው 4.ከመገናኛ ብዙሀን 5.ከጤና ባለሙያዎች 6.ቤተሰብ መምሪያ ክሊኒክ 7.ከየትም 88. ሌላ ካለ ይገለጽ---------- 99.አላውቅም	
327	የግብረ-ስጋ ግንኙነት የጀመሩ የጎዳና ተዳዳሪ ወጣቶች ኮንዶም/ሌላ ዘዴ የማይጠቀሙ ከሆነ ዋነኛ አንድ ምክንያት ምንድነው ብለህ/ሽ ታስባለህ/ሽ?	1. ስለ ኮንደም ወይም ሌላ ዘዴ በቂ መረጃ ስለሌላቸው 2. ከፍቅረኛ ግፊት ምክንያት 3. ውድ ስለሆነ 4. በሃይማኖት ግፊት ምክንያት 5. ከሱቅ/ፋርማሲ ለመግዛት በማፈር 6. ኮንዶም ስለማይገኝ 7. ግድየለሽነት 88.ሌላ ካለ ይገለጽ---------- 99.አላውቅም	
328	ኮንደም ለእናንተ በሚያመች ቦታ ቢሰራጭ ትደግፋለህ/ሽ?	1. አዎ 2. የለም **ወደ ጥ. ቁ 331**	
329	ኮንደም ለእናንተ ባላችሁበት ቦታ ስርጭት ቢጀምር እንዴት ቢከፋፈል/ ቢሰራጭ ትመርጣላችሁ?	1.የጋራ የሆነ ቦታ ቢቀመጥ 2.በክበብ አባሎች እንደ ኤች አ ይ ቪ ኤድስ 3.በኮንዶም መሸጫ ማሽን 88.ሌላ ካለ ይገለጽ----------	
330	ኮንዶም ለጎዳና ተዳዳሪ ወጣቶች የሚሰራጭ ከሆነ ዋጋው ስንት መሆን አለበት?	1.በተለመደው ሂሳብ 2.በቅናሽ 3.በነፃ 88.ሌላ ካለ ይገለጽ----------	
331	በአንተ/ቺ እምነት አብዛሀኛቹ የጎዳና ተዳዳሪ ወጣቶች ስለ ኮንዶምና የወሊድ መቆጣጠሪያ ዘዴ በቂ መረጃ አላቸው ብለህ/ህታምናለህ/ሽ?	1.አዎ 2.የለም 99.አላውቅም	
332	የአባላዘር በሽታ ማለትም በብልት አካባቢ መቁሰል ወይም ከወትሮው የተለየ ከብልት የሚወጣ ፈሳሽ ወይም ብልት ላይና አካባቢው እብጠት አጋጥሞህ/ሽ ያውቃል?	1.አዎ 2.የለም **ወደ ጥ. ቁ 401** 99.አላውቅም/አላስታውስም	
333	አዎ ካልክ/ሽ ችግሩ ሲያጋጥምህ/ሽ መጀመሪያ ምን አደረግክ/ሽ?	1.ምንም አላደረኩም 2.እራሴን በራሴ አከምኩ 3.ወደ ባህል መድሀኒት አዋቂ ሄድኩ 4 ወደ ፋርማሲ ሄድኩ 5.የመንግስት ጤና ድርጅት ሄድኩ 6.ወደ መንደር ሀኪም ሄድኩ 7. ወደ ግል ጤና ድርጅት ሄድኩ 88. ሌላ ካለ ይገለጽ---------- 99.አላውቅም/አላስታውስም	

ክፍል አራት፡ ስለ ስነ ተዋልዶ ጤና መረጃን በተመለከተ			
401	ለአንተ/ች ስለአቅመ አዳም/ሄዋን	1.ቤተሰቦቸ	

	ወይም ያታዊ ብስለትን አስመልክቶ ዋነኛ የመረጃ ምንጭህ/ሽ ማነው? (በተሳታፊው/ዋ የተመለሱ 3 ዋና ዋና መልሶች በቅደም ተከተል ይጠቀሱ)	2.አቻ ጓደኞች 3. መገናኛ ብዙሀን 4.በራሪ ወረቀቶችና በየቦታው የሚለጠፉ ፖስተሮች 5.ፍቅረኛየ/የትዳር ጓደኛየ 6.የሀይማኖት መሪዎች 7.የጤና ባለሙያዎች 8.ማንም 9.ትምህርት ቤት 88.ሌላ ካለ ይገለጽ----------	
402	(ለሴቶች ብቻ) እርግዝናን ለመከላከል በቂ መረጃ ለማገኘት ከፈለግሽ ማንን ታማክሪያለሽ? (በተሳታፊዋ የተመለሱ 3 ዋና ዋና መልሶች በቅደም ተከተል ይጠቀሱ)	1.አባቴን 2.እናቴን 3.አቻ ጓደኞቸን 4.ፍቅረኛየን 5.የጤና ባለሙያዎችን 6.የቤተሰብ ምጣኔ ሰራተኞችን 7.ለማንም 8.እህቴ 88.ሌላ ካለ ይገለጽ----------	
403	ለአንተ/ች ስለ ኤች አይ ቪ ኤድስና የአባላዘር በሽታ ዋነኛ የመረጃ ምንጭህ/ሽ ማነው? በተሳታፊው/ዋ (የተመለሱ 3 ዋና ዋና መልሶች በቅደም ተከተል ይጠቀሱ)	1.ቤተሰቦቸ 2.አቻ ጓደኞቸ 3. መገናኛ ብዙሀን 4.በራሪ ወረቀቶችና በየቦታው የሚለጠፉ ፖስተሮች 5.ፍቅረኛየ/የትዳር ጓደኛየ 6.የሀይማኖት መሪዎች 7.የጤና ባለሙያዎች 8.ማንም 9.ትምህርት ቤት 88.ሌላ ካለ ይገለጽ----------	
ክፍል አምስት፡ የጎዳና ተዳዳሪ ወጣቶች የጤና አገልግሎት አጠቃቀምን በተመለከተ			
501	በዚህ 3 ወር ውስጥ ወደ ጤና ድርጅት ሄደህ/ሽ ታውቂያለህ/ሽ?	1.አዎ 2.አልሄድኩም **ወደ ጥ.ቁ 505**	
502	አዎ ካልክ/ሽ ምክንያቶቹ ምንድናቸው? (ከአንድ በላይ መልስ መስጠት ይቻላል)	1.ለአባላዘር በሽታ 2.ለማስወረድ 3.ለመውለድ 4.ለቅድመ ወሊድ ምርመራ 5.የወሊድ መቆጣጠሪያ ለመውሰድ 6.ኮንዶም ለመውሰድ 7.የምክር አገልግሎት ለማገኘት 88.ሌላ ካለ ይገለጽ----------	
503	ለህክምና ሄደህ/ሽ ከነበረ የት ነበር?	1.ፋርማሲ 2.የግል ክሊኒክ 3.የመንግስት የጤና ድርጅት 4.የቤተሰብ መምሪያ ክሊኒክ 5.የባህል መደሀኒት አዋቂ 88.ሌላ ካለ ይገለጽ----------	
504	ወደነዚህ ቦታ ለመሄድ የመረጥከው/ሽው ለምንድነው?	1.ህክምናው ውጤታማ ስለሆነ 2.ነፃ ህክምና ስለማገኝ 3. የህክምናው ዋጋ ዝቅተኛ ስለሆነ (ርካሽ) 4.ቅርብ ስለሆነ 5.ዘመዴ እዚያ ስለሚሰራ 6.ምስጢር ስለሚጠብቁ	

		7.ቤተሰቦች ስለሚፈልጉ 88.ሌላ ካለ ይገለጽ----------	
505	የጎዳና ተዳዳሪ ወጣቶችን የጤና ድርጅት ሄደው የምክር አገልግሎት ለማገኘት እንቅፋት የሚሆኑት የትኞቹ ናቸው?	1.የጤና ድርጅቱ መራቅ 2.የአገልግሎት ዋጋ ከፍተኛ መሆን 3.የሚያስተናግዱት ባለሙያዎች ሚስጥር አለመጠበቅ 4. ባለሙያዎቹ ሰው ስለማያቀርቡና ስለሚቆጡ 5.አገልግሎት ለማገኘት ብዙ ስለሚያስጠብቅ 6. የጤና ድርጅቱ ለእኛ አመቺ ስላልሆነ 7.ፍርሀት 88.ሌላ ካለ ይገለጽ----------	

ለትብብርህ/ሽ በጣም አመሰግናለሁ፡፡

Annex 3. Semi-structured questionnaire

Good morning/Good afternoon! Well come to our group discussion**.** My name is Ejigayehu Yimam; I came from Addis Ababa University, Faculty of Medicine attending a post graduate study in community health department. I and my friend are here today to discuss about factors that influence sexual behaviors of street youth. You are free to talk what ever information you thought based on the topic guideline prepared. In order not to miss any points of the discussion, we will use a tape recorder. I assure you that you will not face any kind of harm for your participation in this study. What ever information that you give me will be very useful for the study. This information will help policy makers and other organizations to design intervention activities based on research findings. I thank all of you for your willingness to participate. Are you voluntary to participate in the study? If yes continue

Focus Group Discussion Guide

General information

01. What are the main reasons which drive youth to be on the street?

02. What problems do you face after coming on the street?

Concerning HIV/AIDS and other risky behaviors

03. We would like to hear a little about your knowledge concerning HIV/AIDS.

Probe

- What is AIDS?

-How people get HIV/AIDS? (Unsafe sex, having sex with CSWs, MTCT)

-What are the most important preventive measures and being taken by street youth?

Probe

-Abstaining from sex, becoming faithful to their partner, avoiding commercial sex, use of condom consistently?

-Which one is more feasible and acceptable method of prevention for street youth?

04. How do you perceive condom use and factors for its non-utilization by street youth?

05 Are the current condom out-lets favorable for the maximal utilization by street youth?

Probe

-condom machine

-Putting at common site

-Others

06. Though knowledge seems high, risk behavior reduction among street youth is said to be low. What do you think are the main reasons?

Probe

- No vision, carelessness, unemployment, substance addict?

07. What do you perceive about early sex, multiple sexual partner and their determinants (causes, prevention and its consequences?)

Probe

-What is the usual age of commencement of sexual practice for street youth?

-In your opinion, until what age should sex practice be delayed?

-With whom most street youth have sex for the first time?

08. How do you relate early sex and multiple sexual partners with STIs/HIV/AIDS and unwanted pregnancies?

Probe

- Would you give me an example?

09. Do you think majority of street youth currently use substances? Why?

Probe:

-Which of the substances most used here? Why?

-Association between substances and risky sexual behaviors.

-What is their/your sexual filling while using the substance, even to give examples?

Do you suggest anything, comment on and recommend mechanisms from your own opinion to avert the existing early sexual initiation and multiple sexual activities so that the emergence of new HIV infection and other STIs in street children and youths will be reduced.

Thank you very much for taking time to discuss on these issues.

Declaration

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

Name Ejigayehu Yimam Adem

Signature _____

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