ADDIS ABABA UNIVERSITY
SCHOOL OF PUBLIC HEALTH

ASSESSMENT OF MAGNITUDE AND FACTORS ASSOCIATED WITH PREMARITAL SEX AMONG PREPARATORY STUDENTS, BISHOFTU TOWN

OROMIA REGION

ADVISOR: Dr. ALEMAYEHU WORKU

By: - WENDIFRAW T/MIKAEL (BSc)

Thesis submitted to the School Of Public Health Of Addis Ababa University Medical Faculty In Partial Fulfillment Of The Requirements For The Degree Of Masters Of Public Health.

February, 2013

ADDIS ABABA, ETHIOPIA

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School of Public Health
Approved by the Examining Board

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Chairman, Department of Graduate Committee Signature

_____ _____

Advisor Signature

_____ _____

External Examiner Signature

_____ _____

Internal Examiner Signature

Acknowledgment

I would first and foremost like to thank God for being on my side throughout my life. I express my special thanks to my advisor, Dr. Alemayehu Worku, for his friendly support and valuable comments throughout the theses development.

My special thanks go to all my family and collogue for their tremendous support and encouragement in providing materials.

I gratefully acknowledge the support of Bishoftu municipality finance and economic office and Head master of Bishoftu preparatory school for their cooperation during data collection.

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List of abbreviations

A.A	Addis Ababa
AAU	Addis Ababa University
AIDS	Acquired Immuno Deficiency Syndrome
ANC	Antenatal care
AOR	Adjusted Odds Ratio
CSA	Central Statistical Authority
CSWs	Commercial Sex Workers
COR	Crude Odds Ratio
DHS	Demographic and Health Survey
EPHA	Ethiopian Public Health Association
HAPCO	HIV/AIDS Prevention and Control Office
HIV	Human Immunodeficiency Virus
HPV	Human Papiloma Virus
ISY	In school youth
MOH	Ministry of Health
RH	Reproductive Health
RHPs	Reproductive Health Problems
SEM	Sexually Explicit Media /Materials
SPSS	Statistical Package for Social Science
SSA	Sub Sahara Africa
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infections
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USA	United States of America
WHO	World Health Organization

Abstract

Background: - Premarital sex results not only expose to STDs including HIV and AIDS, but also unwanted pregnancy for females. In addition, unwanted pregnancy among female students may lead to school dropout and a failure to complete their education. Therefore, studying about the magnitude and factors associated with premarital sex among in school youth in this area is an essential issue to overcome young people from sexual related problems and to support programmers and policy makers in providing information.

Objectives: - The objective of this study is to assess the magnitude and factors associated with premarital sex.

Methods: - a comparative cross sectional study that employed quantitative data collection method was used. The study was conducted on May 2013 in Bishoftu preparatory school among 530 students (265 male and 265 female students). Bivariate analysis was used to describe some of the socio-demographic variables, and logistic regression model was used to measure the association of outcome variables of different characteristics of the study subjects. Results were presented using tables and figures.

Result: Out of 530 samples size 504 participated in the study. About 21.6% of the respondents were sexually active; the majorities were females within the age group of 20-24 years. More than half of the sexually active students (59.6%), had their first sexual intercourse in the age group of 15-18 years, mean ($\pm$SD) age of first sexual contact were found to be 18.24($\pm$1.493) years respectively. Twenty one percent of the respondents had multiple sexual partners and among the sexually active students 57.8% never used condom at first sex. Age, living arrangement (living with friends), go to Bars, narcotics intake, pornography film or magazine and peer pressure for doing sex were found to be significantly associated with premarital sex(AOR: 0.550, 95%CI: 0.316, 0.956), (AOR: 3.678, 95%CI: 1.180, 11.463), (AOR: 6.802, 95%CI: 3.540, 13.067), (AOR: 7.471, 95%CI: 1.849, 30.193), (AOR: 3.000, 95%CI: 1.700, 5.295), (AOR: 2.915, 95%CI: 1.687, 5.038), respectively.

Conclusion and recommendation: -From this study, one can conclude that there is a high prevalence of premarital sexual practices among youths. Therefore, an integrated effort needs to be initiated to address such youths sexual and reproductive health problems through ICC/BCC services about sexual and reproductive health in general and premarital sex and its consequences in particular within the school environment.

1. Introduction and statement of the problem

1.1 Introduction

WHO defines adolescents, young people and youth as age groups from 10-19, 10-24 and 15-24 years, respectively and young people currently account for over 30% of the world's total population (1). Youth constitutes the population between 15-24 years of age. As a socio-cultural phenomenon, it is defined as a stage in which young people are confronted with some models of the major roles that they are supposed to emulate in adult life and with the major symbols and values of their culture and community (2). During these age periods, certain decisions that have an impact on an individual's future are made, including whether to stay in school, find employment, initiate sexual relations or try drugs (3).

Neglecting their sexual and reproductive health can lead to high social and economic costs, both immediately and in the years ahead. One of the most important commitments a country can make for future economic, social, and political progress and stability, therefore, is to address the sexual and reproductive health needs of this population group (4).

Early onset of sexual intercourse is associated with increased lifetime prevalence of sexual partners, thereby increasing the risk exposure to sexually transmitted diseases, including HIV/AIDS, and pregnancy. Early sexual debut also increases the risk of HPV infection, due to cervical immaturity; and thus the risk of cervical cancer increases (5). Additionally, given the risk of pregnancy, early sexual initiators are less likely to complete their schooling thereby limiting their social and vocational futures.

As most acts of premarital sexual intercourse are unprotected or coerced, (6) Young people aged 15 - 24 years account for an estimated 45% of new HIV infection worldwide (7). Most HIV infections among young people occur through sexual intercourse; each day half a million of young people are infected with a sexually transmitted disease (8). Nearly 12 million young people are living with HIV/AIDS; and more than 7,000 young people become infected with HIV every day (9).

Sub-Saharan Africa remains the most affected region in the global AIDS epidemic. Although just over 10 percent of the world's population live in this region, more than two out of three (68 percent) adults and nearly 90 percent of children infected with HIV live here. More than three in four (76 percent) of global deaths due to an AIDS related illnesses in 2007, occurred in sub Saharan Africa. This proportion is stark evidence of the unmet need for antiretroviral treatment in the region (7).

Studies conducted in Ethiopia identified inconsistent predictors of sexual debut. Gender was associated with both increased and decreased pre-marital sexual debut. Reading or viewing sexually explicit materials, alcohol drinking, khat chewing, and ever having a boy or a girlfriend were associated with increased pre-marital sexual debut, while living with parents was associated with decreased pre-marital sexual debut. Similarly, the median age at sexual debut was also a point of controversy; some studies report that median age at sexual debut, particularly for females, overlap with that of marriage and some studies also failed to differentiate whether sexual debut took place before marriage or within marital relationships (10, 11, 12, 13).

Studies in other countries also revealed that gender, alcohol consumption, substance use and living out of parental close supervision were associated with sexual debut (13, 14).As far as youths are exposed to high risk activities /behavior like alcohol drinking and addictive substances like chat chewing and shisha smoking, it is obviously associated with reproductive health risks (RH) (15). Despite this, little has been explored about the pattern of risky sexual behavior in the context of school going youths. Thus, this study tried to assess the magnitude and factors associated with premarital sex among in school preparatory youths in East Shewa of Oromia Ethiopia.

1.2 Statement of the problem

The World Health Organization (WHO) estimates that the people infected with HIV now acquired the infection between the ages of 15 and 24, mainly through unsafe sexual intercourse therefore, countries should not wait for physical evidence that HIV is affecting youths (16). In 2006, there were some 39.7 million people living with HIV, half of them under the age of 25(17).

The reality which says the majority of sexual and reproductive health problems related to young people were concentrated in developing countries holds true for countries like Ethiopia and it is thought that ,young people in Ethiopia are the ones who shared the burden of the existing problem (18). Premarital sex results not only expose to HIV and AIDS including STDs, but also unwanted pregnancy for females, which is a major reproductive health, social and economic problem. In addition, unwanted pregnancy among female students may lead to school dropout and a failure to complete their education. The situation is serious for those who are not physically matured. Hence, unwanted pregnancies may end up with illegal and unsafe abortion, this may lead to death.

Therefore, studying about the magnitude and factors associated with premarital sex among in school youth is an essential issue, which can support to overcome young people from sexual related problems.

1.3 Significance of the study

Youth's sexual risk taking, which is recognized by involvement in premarital sexual activity, reluctance to use protective contraceptive, is observed to be the causes of various problems. The increasing rate of premarital sex, unwanted pregnancy that ruins the females' life, the spreads of HIV/AIDS and Problems of population growth are the major ones. No recent research is done on this matter in the area. Therefore, the study is important, in providing information towards better understanding of the magnitude and factors that influence youth sexuality which can serve concerned bodies in the area. Moreover, it can aid in the design and implementation of effective prevention programs and it may encourage other researches and policy makers to carry out a more extensive research in this particular area.

2. Literature review

In most traditional societies, premarital sex was discouraged though it has undergone changes recently by the influence of mass education, urbanization, migration and mass media. These changes have led to a new concept of sexuality that is based on romantic love and increasing the levels of sexual permissiveness. Thus, the resulting contemporary patterns of sexuality deviate from the traditional culture norms. This is because of increasing urbanization, modernization and education together with exposure to western media; appear to have led to a decline in traditional values and, in particular to have reduced the importance of virginity at marriage (17). It suggests also that parental control and authority over young people are declining and that adolescents are no longer willing- or-required to be accountable to the societal structures, leading to increasing social health risks and problems (19). 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 as a major public health concern all over the world (20).

Sexuality is said to be a part of human life and human development. Good sexual health is significant across the lifespan, but it is critical at the time of adolescent (21).

Youth is an age group that undergo through physical, emotional, mental and social changes that place its life at high risk. Consequently, most of the youth have face greater reproductive health risks than adults for many reasons, including a willingness to take greater risks in general, such as having unprotected sex, unwanted pregnancy, childbearing at an early age, a greater vulnerability to sexual pressure, coercion and exploitation, high risk of unsafe abortion and suffer the complications that insure (17).

There are numerous factors that influence the decisions of young people on relationships, abstaining or participating in sex, and protecting themselves from sexual and reproductive health problems. In addition to parents and peers, the media, and access to education and services, are identified as an influence on decisions and subsequent health outcomes (21).

2.1 Premarital sex

Early initiation of sex poses health risks for both young males and females. Most young adults who enter into sexual relationships for the first time do not use any form of contraception leaving them vulnerable to unintended pregnancies and unplanned parenthood and HIV/AIDS/STI (22).

The ensuing high rates of unintended pregnancy, abortion, HIV/AIDS/STI among teenagers make it imperative that, among other things, there is a need to understand and assess the factors that are associated with early or late sexual initiation (12).

2.1.1 Unwanted pregnancy

The primary consequence of premarital sex in adolescents is unwanted pregnancy. It may lead to induced abortion, in which the case an inexperienced or ashamed adolescents are likely to expense late in the pregnancy and involve greater risks to life, health and future fertility. If the procedure is illegal, it will probably be performed under unsafe conditions increasing the risk even further (23). The majority of teenagers in most Sub-Saharan Africa will have a child by their 20th birthday. Survey results in almost all Sub-Saharan Africa indicated that more than one-fifth of recent births were being reported as unintended (17).

Unwanted pregnancy is one of the major RH challenges faced by adolescents in Ethiopia. 54% of pregnancies to girls under age 15 are unwanted. Young adolescent mothers are likely to suffer from severe complications during delivery that result in high morbidity and mortality of both the mother and child. Girls, age 15-19 years, are twice as likely to experience obstetric fistula compared to other women of reproductive age. These unwanted pregnancies entail significant risks for maternal health, including high rates of delivery-related complications and high abortion rates (24).

A crude data suggests that 8.6% of ANC attendants were HIV positive in the 15 to 24 years old age group. As sexual debut often occurs in this age group, sometimes, this prevalence is used as a proxy for recent infection (25). Sexually transmitted diseases (STDs), including HIV has added an even more serious dimension to the problem of young people.

2.1.2 STI/HIV

A second major potential consequence of unprotected sexual activity in adolescents is the acquisition of sexually transmitted disease (STIs) (26). The highest rates of noticeable STDs are usually observed in 20-24 years of age group followed by 15-19 and 25-29 years of age (23).

For instance, over 60 % of STI cases reported yearly occurs among individuals under the age of 24 with one fourth being between the ages of 15 to 19 years (27). HIV prevalence is 1.5 % in the adult population and a large of new HIV infections occur in young people under 25 years of age (28).

In Africa, early sexual activity poses health risks for young women and men. In sub Saharan Africa (SSA) when most young people entering in to sexual relations for the first time without having enough knowledge, either from their families or peer groups; they are vulnerable to different sexual

health problems (29). Adolescents and young people ages 10 to 24 are the largest group ever to be entering adulthood in Ethiopian history (30), in which this cohort of about 21 million makes up to 30% of the total population.

2.1.3 Condom use

The Ethiopia 2005 DHS shows that among sexually active youth age 15-24 years old, 6% of women and 37% of men engaged in higher-risk sexual activity. Urban youth are considerably more likely than rural youth to have engaged in risky sexual behavior (24).

Because adolescents and youths tend to have multiple sexual partners (sequentially, if not concurrently), without using condoms consistently they become vulnerable to coercion; so that, the behavior of adolescent and young adults will play a crucial role in the course of HIV epidemic (15).

The major determinant for the rapid spread of the HIV/AIDS epidemic in Ethiopia includes behavioral factors such as unprotected sex, multiple sexual partners, economic factors such as poverty associated with unemployment, increased numbers of CSWs, ignorance (lack of awareness and misconceptions), gender inequality, cultural barriers, silence, stigma, denial, abduction, rape and taboos (31).

Analysis of data from health surveys shows consistently high level of knowledge about contraceptive methods among adolescents in developing countries but relatively low level of contraceptive use (17). The Ethiopia 2006 DHS reveal that 91.2% of sexually active unmarried women know any method. But 45% of sexually active unmarried women are not using any contraception.

Premarital sexual practice among in- school youth (ISY) is high in Oromia (31.3%) compared to the national finding (19%). While consistent use of condom is low, (45.6%) compared to 94.1% in Somali (32). Studies on determinants of sexual initiation among youths in north East Ethiopia showed that, less parental communication and connectedness were identifies as a predictor of early sexual initiation (13). Another study on assessment of sexual activity and condom utilization among preparatory school youths in Ethiopia showed that, peer pressure was reported by the majority of the study population as a factor for the initiation of sex (33).

2.2 Socio demographic characteristics

Socio-demographic characteristics, particularly gender, place of residence and age, were significantly related with early sexual debut (12).

2.2.1 Gender

Pre-marital sexual debut was associated with gender, in that females were 56% less likely to report pre-marital sexual debut compared to males. Similar findings were documented from other studies (34). The possible explanation for such differences can be due to a double standard cultural expectations of virginity at marriage for females while lesser cultural pressure on males or even greater tolerance towards male pre-marital sexual experimentation. Males and students in major urban centers were prone to sexual activity compared to females and those in rural centers (17). On the other hand much higher percentage of men reported having premarital sex than women. Recent studies in Brazil showed that 64% of 15 to 17 years old men reported engaging in sex before marriage as opposed to only 13% of females (23). Similar study conducted among in-school adolescents in Eastern Hararge zone shows male initiated sex at earlier age compared to the females (35).

This is in line with other studies (13, 36).The reason could be the cultural background in Ethiopia that males can ask females for sexual practice easily and get access of it as compared to females.
A study conducted among youths in North East Ethiopia shows Two third of the sexual initiations were unprotected and some occur with higher risk groups. Half of the sexually active youths had more than one sexual partner in their life time. The proportion of youths who reported to have multiple partners in the last 12 months was dropped to 36% from life time number of multiple partnership 56%. There was significant variation in condom use among rural and urban boys. Seventy seven percent of the rural boys used condom consistently, while only 50% of their urban counterparts used condom regularly when they made sexual intercourse with CSW (12).
Males were more likely to use condom consistently as compared to female. This is also observed in other studies (12, 36). This could be explained by the fact that decision about condom use in our community is made by the male partners and the females do not have negotiation skills about condom use (37, 38).
The existence of risky sexual practice including premarital sex, unprotected sexual intercourse with non-marital partners and sexual intercourse with female commercial sex workers were reported by both urban and rural adolescents. 55% of urban youths and almost equal proportion (54%) of rural sexually active youths have more than one partner (12). Consistent with this finding a survey done among high school youths in Dessie, Bahir Dar, Jimma and Deridawa came up with almost similar findings (52%) (39).

2.2.2 Age

Socio-economic disadvantage is associated with earlier age at first sexual intercourse and much higher rates of having ever had sex. In developing countries, economic need may increase the likely hood of multiple sexual partners for both males and females. These effects are larger and more statistically significant for female (17). Sexual relationship for girls is frequently; motivated by gain in the form of money, gifts, and job position. This mostly happen with much older men (40). Some young girls enter in to sexual relationships with older, wealthy men (sugar daddies) who can assist them with school related expenses or purchase of material goods. Others engage in sex exchanges in order to achieve long term objectives of establishing contacts with wealthy or prestigious people that may be beneficial in the long term and assist in searching jobs (41). Majority of those who have sex with older persons are females and most of these did so for financial reasons. This supports a similar study, (42) and by another finding in which most of adolescent females (95.4%) got involved in sex with older men while most of males (68.5%) were involved with younger ladies (43).

2.2.3 Living arrangement and family connectedness

Family residential area was associated with pre-marital sexual debut. The adolescents from urban families were more likely to engage in pre-marital sex than those from rural area. This finding is consistent with the study conducted in South Africa, which identified periurban residence association with earlier age at first sex (44).

In Ethiopia study conducted in Awassa and Bahr Dar Town revealed that adolescents who lived with both parents were less likely to enter risk sexual intercourse than those who live with only one parent (45, 46). A study conducted in United Kingdom revealed that young girls from a single parents and teenage mother families are more likely to have sex than those living with their biological parents (17). Parents may pass their values and attitudes towards sexuality to their children directly or indirectly. Youth whose parents openly discuss issues related to sex and sexuality may be more likely to hold liberal sexual attitudes and to experience a premarital first sex than youth who do not discuss sex with their parents (47).

2.2.4 Religion

Religious affiliation and commitment of both parents and youth play an important role in determining the values of parents and their children to premarital sexual activity. In addition, positive values and norms provided by church programs have profound effect in shaping youth sexual behavior. Pro-social or extra-curricular activities in church programs provide youth with opportunities to develop

social and better hopes. Empirical finding suggests that young people who attend religious activities frequently are expected to enter later into sexual intercourse than peers who do not attend regularly (17).

2.2.5 Educational status

In Ethiopia studies revealed that, with an increase in educational level there is an increase in sexual experience (45). On the other hand, the finding of Tesemma revealed that, the premarital sexual activity is negatively associated with the educational attainment (48). Researches strongly support that parental education reduces premarital pregnancy and child bearing risks. Daughter of educated parents, especially mothers are less likely to give birth outside of marriage. Other study in Ethiopia shows that, adolescent sexual activity reduced as the level of mother education improves from primary to secondary (17).

2.2.6 Income

Family wealth index was not associated with pre-marital sexual debut; however, the amount of pocket money per month was a strong predictor, in that the higher the amount of pocket money per month, the greater was the pre-marital sexual debut. This is may be due to lack of skills to wisely use the pocket money which may be above what was required for subsistence. Particularly as the association was significant for male gender may be because more pocket money may predispose to commercial sex (35). Studies have shown that personal income had a marginally significant association with sexual activities. The important of economic activity may reflect that men are generally expected to bear the expenses incurred during dating, courtship or outing with young women. Furthermore, personal income may enhance young men's opportunities in seeking commercial sex workers (17).

2.2 Substance use

The abuse of drugs and alcohol is associated with an increase in unsafe sexual behavior and its consequences of STIs/HIV and unintended pregnancies, as well as an increased risk of violence. Young people are increasingly at risk of abusing substances. The substances used by youth are

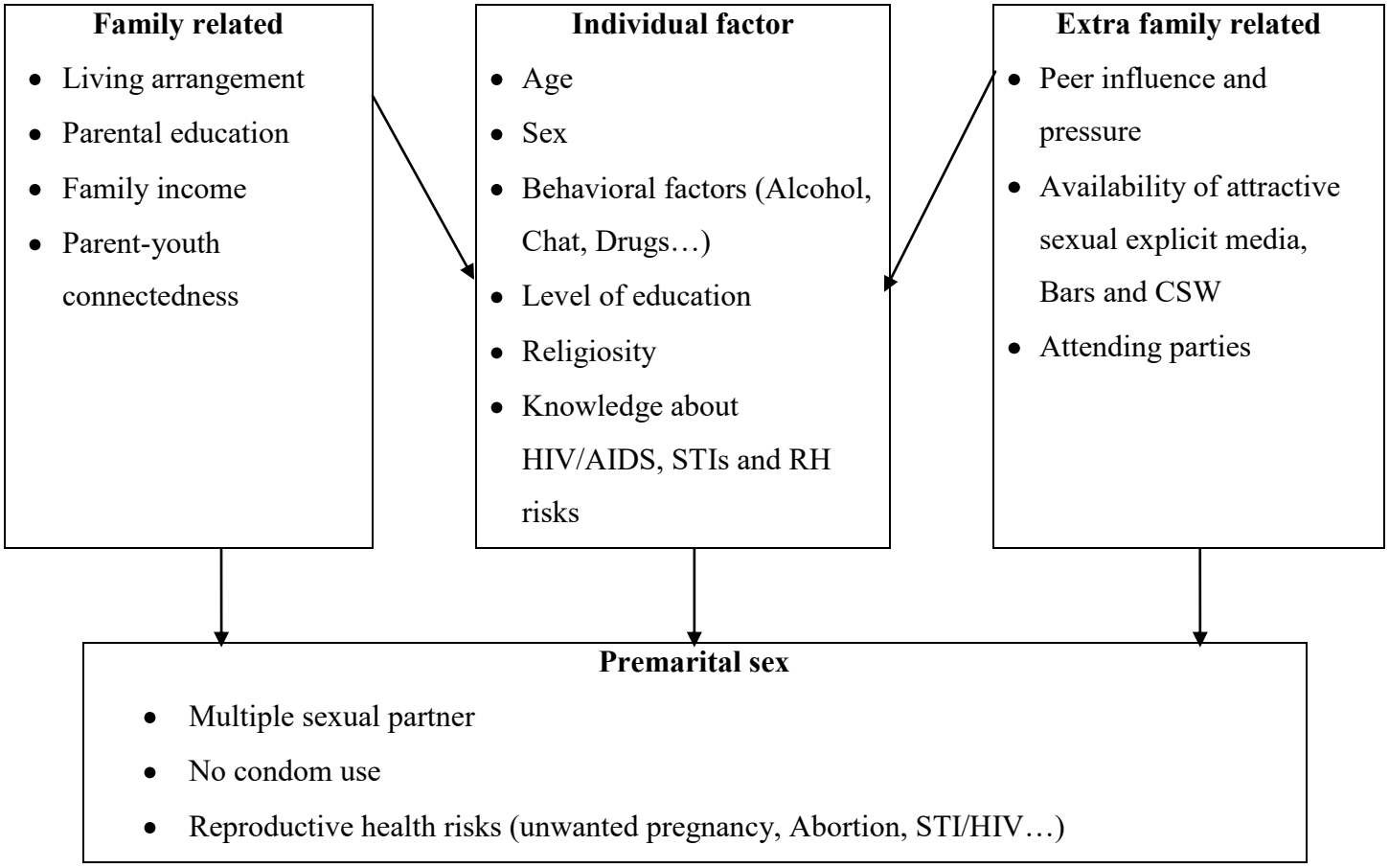
usually those ready available, including alcohol, tobacco, volatile solvents, illicit drugs and other psychoactive substances. Experimentation with drugs often begins at childhood or adolescences (17). In Ethiopia, using alcohol, chat and tobacco is an old trend. Ethiopian youths' mainly students rely on chewing chat as it is believed to sharpen the mind and bring issues in to sharp focus and it is used also widely for lifting mood and as a leisure time activity by out of school youths and young adults (49). The case control study conducted in SNNPR found that substance use such as khat chewing habits and alcohol use were found to increase the risky sexual behaviors (50). According to the MOH Department of Pharmacy report for 2000/01, it is exacerbated by lack of employment opportunities and general feelings of hopelessness. Chat chewers were more than 2-3 times at higher risk to initiate sexual intercourse early than non-chewers. Alcohol drinking usually follows khat chewing and might be associated with unprotected sex and early initiation. This finding is supported by similar study in Butajira (51).Moreover, sex after drinking alcohol is more likely unprotected because alcohol decreases self-control and sexual negotiation skill of adolescents (52). Youth who engaged in high-risk activities (attending parties, going to discos, drinking alcohol) with their first close friend were more likely to ever have had sex, were to have a higher number of sexual partners over their life time and were less likely to have used condom (17).

2.4 Peer influence and sexual explicit media

In Ethiopia; study revealed that, living with friends increased the likelihood of sexual activity while living with parents was related to sexual abstinence (53). Supporting this idea, one study conducted in A.A in 2003, revealed that unlicensed video films in private homes around very strategic areas appeared to be the major shapers of erotic intentions among young people (40).In Ethiopia study conducted in Jimma revealed that Socio-demographic characteristics, substance use and students behavior in relation to watching pornographic films and attending night clubs were identified as determinants of ever having sexual intercourse.

Premarital unprotected sexual intercourse especially at early ages can have grave consequences like unsafe abortion, complication at delivery, mortality and infertility, school dropout and social abandoning (54). Thus, this study tried to assess the magnitude and factors associated with premarital sex among in school preparatory youths in East Shewa of Oromia region Ethiopia.

Figure 1: Conceptual Frame work of factors associated with premarital sex for youth



3. Objectives

General objective

To assess the magnitude and factors associated with premarital sex among preparatory students in Bishoftu town.

Specific objectives

1- To determine the prevalence of premarital sex among preparatory students in Bishoftu preparatory school.

2- To assess factors associated with premarital sex among in school youths in Bishoftu preparatory students.

4. Methodology

4.1 Study area and period

The study was conducted in Bishoftu town, Oromia region of Ethiopia. The town is located at about 49 kilometers to the East of the capital city (Addis Ababa) on the main road to Adama. The town is in East Shewa Zone of the Oromia Region, and has a latitude and longitude of $8^0 45'$_ N, $30^0 39'$_E. Based on the 2007 Population and house census projection, the population of the town is currently 100,114 (55).

According to the information from the town municipality, the total number of population within the age range of 15-24 years in the town is 25,029 among which 12,014 (48%) are males and 13,015 (52%) are females. Youth aged 15-24 years make up 25 % of the total population of the town. There are two government hospitals, two government health center and more than ten private clinics in the town. The town of Bishoftu is heterogeneous in terms of socio-economic characteristic of its population. The town is organized under 15 kebeles with varying population size.

Bishoftu preparatory school is the only public higher educational school established in September 2001. It offers a two range of preparatory educational programs social and natural fields. In September 2012, the preparatory school has a total community of about 3204. Among these, 55 were academic staff, 10 were administrative staff and 3139 were regular students out of which 1707 are preparatory one and 1432 were preparatory two.

4.2 Study design

A School based comparative cross sectional study design that employed quantitative data collection method was used in Bishoftu preparatory school within randomly selected preparatory sections.

4.3 Study population

The source population was all preparatory youth students in Bishoftu preparatory school enrolled during 2011/2012 academic year. From these a random sample of 530students was selected using the class name list of the preparatory grades and sections. In this study preparatory one means grade 11 and preparatory two means grade 12.

4.4 Sample size calculation

For the first objective sample size calculation is done by using a single proportion formula by considering the following assumptions. From the previous study premarital sexual practice among school adolescents (7), 20.2%, 95% CI, 4% marginal error

$$N = \frac{Z_{\alpha/2}^2 \, p\,(1-p)}{W^2}$$

Where $Z_{\alpha/2}=1.96$

P= 20.2 %(prevalence of risky sexual behavior)

W=4%

$$= \frac{(1.96)^2\, 0.202(1-0.202)}{(0.04)^2}$$

$$= 387$$

Adding a 5% non-response rate, the sample size required to address the first objective will be 407.

For the second objective sample size calculation is done by using EPI INFOsoftware package version number - 7.0.8.3.

First factors which have strong association with premarital sex are identified from the previous study (7). Sex is a very important factor identified. Assuming a prevalence of premarital sex among male is 24.3% and that of female is 14.1%, power 80 %, CI 95% and 1:1 allocation ratio, the sample size is 504. By adjusting it for 5% non-response rate the final sample size is:

= (1/1-0.05) 504

= 530 (265 male and 265 female)

Since the sample size required for the second objective is greater than that of the first objective, the final sample size required for the study was 265 male and 265 female, a total of 530 students.

4.5 Sampling procedure: -

Cluster sampling technique was used to select students. All regular students (prep I and II) attending class at the time of survey in Bishoftu preparatory school were divided into different clusters. Sections were considered as clusters. The number of students from each grade level and sections according to their sex were identified. The average number of students in each sections were 50 but the sex distribution in each sections were not equivalent using simple random sampling technique a total of 12 sections were randomly selected and all students in the selected section were included in the study for the sample size allocation of the sex distribution; using the name and sex list of each section.

4.5.1 Inclusion criteria

All regular day time students aged 15 to 24 years at the time of data collection who volunteered to participate in the study were included.

4.5.2 Exclusion criteria

Students whose age was > 24 years attending class at the time of survey were excluded.

4.6 Data collection tools

In this study, questionnaire was used in gathering relevant information.

Questionnaire

A structured closed-ended Amharic language questionnaire was used for the study. By using self-administrated questionnaire information about student's premarital sexual practice and knowledge of RH risks in general and other related data were collected. The items for the study were adopted based on literature and from existing studies. This questionnaire consists of respondents and their parent's background information, use of contraceptive method, major factors contributing for the involvement of respondents into sexual activities and other related issues.
The questionnaire which was originally developed in English was translated to Amharic and then back to English to ensure understandability and message consistency.

4.7 Pre-testing

In order to identify the clarity of the questions, pretesting of the questionnaire was done in Bishoftu technique schoolother than the study sample. During the pre-testing, the questionnaire was assessed for its clarity, understandability, completeness and reliability. After the pretest, discussion was held by the principal investigator in order to gain feedback on the weakness and Strength of the questionnaire. Minor corrections and changes were made on the final questionnaire. Some of the corrections were: The orders of the questions were changed by header.

4.8 Variables of the study

4.8.1 Dependent variables:

- Sexual practice
- Condom use (it is considered as a secondary outcome)

4.8.2 Independent variables: These include personal and parental characteristics.

- Socio demographic characteristic (age, sex, educational level, ethnicity, religion and religiosity)
- Living arrangement and pocket money
- Parent-youth discussion on sexual matters
- Substance use (alcohol, drugs, chat)
- Film (Pornographic, love affair, sex)
- Friends/Peers, parents, boy/girlfriend.

4.9 Operational definition of terms

The key words for this study are defined in below:

- **Sexual behavior:** refers to the totality development of physical and psychological behaviors that produce sexual excitation through feelings, value, belief, action and relation; sexual behavior in this study refers to all those activities and behaviors that produce sexual excitation.
- **Premarital Sexual practice: -** engaging in sexual intercourse before marriage among school youths.
- **Consistent condom use:** using condom during each and every sexual intercourse
- **Age at sexual initiation**: is age at first intercourse (vaginal penile penetration) other non-intercourse sexual contacts (Kissing, dating & Men who have sex with Men) were not included.
- **Early sexual initiation:** was taken as an experience of first intercourse before 18 years of age.
- **Non-regular partner:** sexual partner out-off marital union
- **Risky sexual behavior:** having more than one sexual partner or performing sexual intercourse with non-regular partner without condom
- **Commercial sex worker**: A person who was paid money in exchange for sex.
- **Drugs:** In this study drugs are any sort of stimulants, which alters the body physiology; E.g. alcohol, chat, shisha, hashish (marijuana), cocaine, benzene etc.
- **Family-child connectedness:** The degree of closeness | warmth experiences in the relationship that youths have with their parents.
- **Shisha:** A mixture that may include tobacco, hashish and spices; it is smoked from an oriental tobacco pipe, which has a long, flexible tube that draws the smoke through a water-filled container.
- **Substance abuse:** Practice of chewing chat, using hashish, smoking cigarettes, shisha and drinking alcohol.
- **Unsafe sexual behavior:** In this study unsafe sexual behavior is referred to those who were not married, started sex with no consistent condom use, whose age less than 18 years, having sexual partner and those with more than one sexual partner.
- **Safe sex**: In this study defined as those students who did not started sexual intercourse or who had sexual intercourse but with consistent condom use, married with only one partner and those whose age was above 18 years and with one partner

- **Youths:** In this study, young people (preparatory students) between the ages of 15 to 24 are considered as youths.
- **High-risk-sex:** Defined a history of sexual intercourse involving either multiple partners and/or no condom use.

4.10 Data collection procedures

The principal investigator made the necessary official contact with the concerned bodies; the Oromia regional Education Bureau, Bishoftu Education Bureau, the Head Master of Bishoftu preparatory school, Unit leader of each grade level and Student Guidance Officer of the school and informed about the objectives of the study. Before the day of administration, the date and time of questionnaire administration was set, and the actual data collecting time appointments was made with the school to obtain student lists and identify the respondents to facilitate the data collection process. The principal investigator arranged to complete data collection period in maximum of three days to avoid data contamination.

The administration of the questionnaire was facilitated with two professional supervisors and 10 short term trained data collectors and to get all the selected samples the unit leaders allowed to conduct the survey during the middle of the 2nd and 3rd period. The principal investigator and one trained facilitator managed the overall coordination of the survey. The facilitators were responsible for proper seating arrangement of the respondents in each room, distributing the questionnaires, giving the appropriate instruction and explanation to assist the respondent how to respond to the questions. The facilitators maintain silence in each room, moving around to assist the respondent in filling the questionnaire. Until all had finished no respondents was allowed to leave. A box was arranged in each room and respondent were asked to drop their own questionnaire into the box by themselves which was located at the exit of each room to assure the confidentiality of their responses no school community member was allowed to enter in each room.

4.11 Data quality management

To assure the data quality short term training had been given for two professional supervisors and 10 data collectors. Appropriate information and instruction had been given on the objective, relevance of the study, confidentiality of information, respondent's rights, informed consent, and technique of data collection. Ethical clearance had been obtained at each level of the research process. Pre-test was conducted on 10% of the study population other than the selected preparatory school. Principal investigator and supervisors closely followed the data collection process properly; daily filled

questionnaires were checked for completeness and errors. Privacy and confidentiality of the respondents were maintained.

4.12 Data management and analysis

After the data collection, the collected data was checked for completeness and inconsistencies manually on the hard copy the question number in the questionnaire was identified and the appropriate variable name was given by data coding. The responses were entered on to a computer after the layout scheme(template) was developed using EPI INFO version 3.5.1 and cleaned repeatedly by running each variable with study subjects' identification number using ascending and descending sorting mechanism for checking accuracy, inconsistencies and missing values. The problems found were corrected by cross checking with the hard copies. After the correction of the missing values and inconsistencies, the data was transferred into Statistical Package for Social Science (SPSS version 20.0) for analysis.

To establish associations between dependent and independent variable crude odds ratio with 95% confidence interval were calculated from a cross-tabulation. Adjusted odds ratios that control for potential confounding variables were calculated from logistic regression and statistical significance was considered at p-value less than 0.05.

4.13 Ethical consideration

A formal letter was submitted to all the concerned bodies to obtain their co-operation. The interviewers had an informed verbal consent from the study subjects prior to the study. Moreover, all the study participants were informed verbally about the purpose and benefit of the study along with their right to refuse. Furthermore, the study participants were reassured for an attainment of confidentiality for the information obtained from them.

4.14 Communication of the research findings

This Thesis paper submitted to Addis Ababa University, school of Public Health. A copy will be given to Oromia Government Education Bureau, and to Bishoftu preparatory school. The study will also be disseminated to responsible governmental and non-governmental organization responsible in Youth Reproductive Health Services and private stakeholders.

5. Results

5.1 Response coverage

Out of 530 randomly selected students from Bishoftu preparatory school 504 participated in the study which gives a response rate of 100% are females and 88.30% males. The majority of the respondents are females and response rate varies due to absentees, incomplete questionnaire and refused to fill the questionnaire at the time of data collection. In addition from 504 respondents 256 (50.79%) were preparatory one and 248 (49.21%) were preparatory two.

5.2 Socio –demographic characteristics of the study population

Out of 504 participant in the study, 270(53.57%) were females, 234(46.43%) males. Of the selected samples 331(65.7%) were in the age group 15-19 years while 173(34.3%) were in the age group of 20-24.The youngest participant was 15 years and the oldest was 24 years old. The mean ($\pm$SD) and median age for the study population were found to be 18.24($\pm$1.493) and 18 years respectively. Regarding their religion, Orthodox Christianity was the dominant religion consisting of 387(76.78%), followed by protestant 83(16.47%), Muslim 19(3.77%) and others 15(2.98%). Concerning religiosity, 24(4.8%) of the respondent reported that they haven't attended any religious services. Two hundred ninety six (58.73%) of the students were Oromo, 128(25.397%) Amhara, 38(7.54%) Tigre, 28(5.55%) Gurage and others 14(2.7%) consisted of Silte, Wolayita, and Hadiya were by their ethnicity. Eighteen (3.6%) of the respondents were currently married of which 13(4.8%) were females. Among the respondents 270(53.6%) were living with both parents, of which 148(54.8%) were females and 122(52.1%) were males. Those who were living with relatives 82(16.3%), 72(14.3%) alone, 52(10.3%) with mother only, 18(3.6%) with friends and 10(2.0%) were living with their fathers. (Table 1)

Table 1: Distribution of preparatory students by their Demographic Characteristics Bishoftu town, May 2013

Variable	Male (N,%) N=234	Female (N, %) N=270	Total (N, %)
Age 15-19	156(66.7)	175(64.8)	331(65.7)
20-24	78(33.3)	95(35.2)	173(34.3)
Raising area until 12 years Urban	158(67.5)	176(65.2)	334(66.3)
Rural	76(32.5)	94(34.8)	170(33.7)
Educational status Preparatory I	115(49.1)	141(52.2)	256(50.8)
Preparatory II	119(50.9)	129(47.8)	248(49.2)
Ethnicity Amhara	65(27.8)	63(23.3%)	128(25.4%)
Oromo	132(56.4)	164(60.7%)	296(58.7%)
Gurage	13(5.6)	15(5.6%)	28(5.6%)
Tigre	17(7.3)	21(7.8%)	38(7.5%)
Others	7(3.0)	7(2.6%)	14(2.8%)
Religion Orthodox	178(76.1)	209(77.4)	387(76.8)
Muslim	9(3.8)	10(3.7)	19(3.8)
Protestant	38(16.2)	45(16.7)	83(16.5)
Others	9(3.8)	6(2.2)	15(3.0)
Attend church or mosque Yes	224(95.7)	256(94.8)	480(95.2)
No	10(4.3)	14(5.2)	24(4.8)
Religiosity Everyday	77(34.4)	73(28.5)	150(31.2)
Once in a week	124(55.4)	148(57.8)	272(56.7)
Once in a month	13(5.8)	24(9.4)	37(7.7)
Once in a year	10(4.5)	11(4.3)	21(4.4)
Currently married Yes	5(2.1)	13(4.8)	18(3.6)
No	229(97.9)	257(95.2)	486(96.4)
Currently living with Father and mother	122(52.1)	148(54.8)	270(53.6)
Mother only	26(11.1)	26(9.6)	52(10.3)
Father only	7(3.0)	3(1.1)	10(2.0)

Relatives	42(17.9)	40(14.8)	82(16.3)
Friends	6(2.6)	12(4.4)	18(3.6)
Alone	31(13.2)	41(15.2)	72(14.3)

The highest percentage of the respondents parents living area were urban 338(67.1%). Among the respondents 11(2.2%) of students were without mother whereas 32(6.3%) had no father. The students who perceived their family economic status <500 birr were 25(5.0%) and >1000 birr were 38(7.5%). Regarding educational level of parents, 94(19.1%) mothers of the students had educational level of above secondary; 97(19.7%) were illiterate and 256(51.9%) were reported to be housewife. One hundred fifty five(32.7%) fathers of the participants had educational level of above secondary, 51(10.8%) illiterate (can't read and write), 168(35.4%) were farmers. Three hundred ninety seven (78.8%) of the respondents parents marital status were currently married.Among the respondents 266(52.8%) of students were had discussion with parents. Regarding discussion with parents 165(61.8%) students had discussion with father occasionally and 199(74.5%) had discussion with mothers occasionally (table 2).

Table 2: - Parental characteristics of preparatory students of Bishoftu, May 2013

Variable	**Male (N, %)**	**Female (N, %)**	**Total (N, %)**
Parents living area Urban	163(69.7)	175(64.8)	338(67.1)
Rural	71(30.3)	95(35.2)	166(32.9)
Mother currently alive Yes	229(97.9)	264(97.8)	493(97.8)
No	5(2.1)	6(2.2)	11(2.2)
Mother's educational status Illiterate	46(20.1)	51(19.3)	97(19.7)
Read and write	44(19.2)	49(18.6)	93(18.9)
Primary (1-8)	51(22.3)	57(21.6)	108(21.9)
Secondary (9-12)	43(18.8)	58(22.0)	101(20.5)
Above secondary	45(19.7)	49(18.6)	94(19.1)
Mothers occupational status Housewife	114(49.8)	142(53.8)	256(51.9)
Daily laborer	4(1.7)	8(3.0)	12(2.4)
Farmer	29(12.7)	39(14.8)	68(13.8)

Government employ	45(19.7)	38(14.4)	83(16.8)
Others	37(16.2)	37(14.0)	74(15.0)
Fathers currently alive Yes	218(93.2)	254(94.1)	472(93.7)
No	16(6.8)	16(5.9)	32(6.3)
Fathers educational status Illiterate	24(10.9)	27(10.6)	51(10.8)
Read and write	42(19.1)	47(18.5)	89(18.8)
Primary (1-8)	40(18.2)	49(19.3)	89(18.8)
Secondary (9-12)	45(19.8)	48(18.9)	90(19.0)
Above secondary	73(32.2)	83(32.7)	155(32.7)
Fathers occupation status Daily laborer	10(4.5)	9(3.5)	19(4.0)
Farmer	78(35.5)	90(35.4)	168(35.4)
Merchant	27(12.3)	39(15.4)	66(13.9)
Government employ	67(30.5)	84(33.1)	151(31.9)
Others	38(17.3)	32(12.6)	70(14.8)
Household income<500	10(4.3)	15(5.6)	25(5.0)
501-1000	50(21.4)	55(20.4)	105(20.8)
>1000	20(8.5)	18(6.7)	38(7.5)
Nothing	8(3.4)	12(4.4)	20(4.0)
I don't know	146(62.4)	170(63.0)	316(62.7)
Parents marital status currently			
Currently married	185(79.1)	212(78.5)	397(78.8)
Separated	18(7.7)	20(7.4)	38(7.5)
Divorced	20(8.5)	20(7.4)	40(7.9)
Widowed	11(4.7)	18(6.7)	29(5.8)
Discussion about sexual issue with parents			
Yes	126(53.8)	140(51.9)	266(52.8)
No	108(46.2)	130(48.1)	238(47.2)
Discussion on sexual issues with mother			
Often	22(17.5)	24(17.0)	46(17.2)
Occasionally	97(77.0)	102(72.3)	199(74.5)
Never	5(4.0)	14(9.9)	19(7.1)

No answer	2(1.6)	1(0.7)	3(1.1)
Discussion on sexual issues with father			
Often	13(10.3)	12(8.5)	25(9.4)
Occasionally	77(61.1)	88(62.4)	165(61.8)
Never	33(26.2)	32(22.7)	65(24.3)
No answer	3(2.4)	9(6.4)	12(4.5)

Regarding pocket money, most of the students 397(78.8%) had pocket money permanently and majority of the students 194(51.3%) had received pocket money sometimes. Seventy three (14.5%) of students went to bars among these 30(41.1%) of students went once in a month. The assessment of magnitude of substance uses among the preparatory students revealed 127(25.2%) had taken alcohol among these 105(82.7%) drank alcohol sometimes and 21(4.2%) used narcotics comparing the type of substance used by students chewed chat 14(63.6%), 12 (57.1%) smoked cigarette, 5(26.3%) used cannabis; and 10(52.6%) shisha (table 3).

Table 3: - Respondents personal issuesof preparatory students of Bishoftu, May 2013

Variable	**Male (N, %)**	**Female (N, %)**	**Total (N, %)**
Had pocket money Yes	171(73.1)	206(76.3)	377(74.8)
No	63(26.9)	64(23.7)	127(25.2)
Get pocket money Always	16(9.3)	24(11.7)	40(10.6)
Often(usually)	39(22.7)	41(19.9)	80(21.2)
Sometimes	98(57.0)	96(46.6)	194(51.3)
Seldom(rarely)	19(11.0)	45(21.8)	64(16.9)
Went to bars and discotheques			
Yes	31(13.2)	42(15.6)	73(14.5)
No	203(86.8)	228(84.4)	431(85.5)
Going bars and discotheques			
Daily	2(6.5)	4(9.5)	6(8.2)
Once in a week	10(32.3)	12(28.6)	22(30.1)

Once in a month	14(45.2)	16(38.1)	30(41.1)
No response	5(16.1)	10(23.8)	15(20.5)
Alcohol intake Yes	64(27.4)	63(23.3)	127(25.2)
No	170(72.6)	207(76.7)	377(74.8)
Drinking alcohol Always	2(3.1)	4(6.3)	6(4.7)
Sometimes	53(82.8)	52(82.5)	105(82.7)
No response	9(14.1)	7(11.1)	16(12.6)
Narcotics use Yes	11(4.7)	10(3.7)	21(4.2)
No	223(95.3)	260(96.3)	483(95.8)
Chat Yes	7(53.8)	7(77.8)	14(63.6)
No	6(46.2)	2(22.2)	8(36.4)
Cigarette Yes	6(50.0)	6(66.7)	12(57.1)
No	6(50.0)	3(33.3)	9(42.9)
Shisha Yes	5(50.0)	5(55.6)	10(52.6)
No	5(50.0)	4(44.4)	9(47.4)
Cannabis Yes	2(20.0)	3(33.3)	5(26.3)
No	8(80.0)	6(66.7)	14(73.7)

5.3 Attitude towards marriage and premarital Sex

Regarding students opinion towards age of marriage 36(7.1%) of students agreed marriage at the age of 15-18 years. Whether the respondents had started sex or not they were asked for their opinion towards premarital sex. As observed in Table 4 around 103(20.4%) of students agreed and 44 (8.7 percent) strongly agreed premarital sex. A very large proportion, i.e., 145 (59.9%) and 164(62.6%) of male and female respondents respectively showed their disagreement to start sexual intercourse before marriage.

Table 4: - Attitude towards marriage and premarital sex of preparatory students of Bishoftu, May 2013

Variable	Male (N, %)	Female (N, %)	Total (N, %)
Opinion age of marriage15-18	13(5.6%)	23(8.5%)	36(7.1%)
>18	221(94.4%)	247(91.5%)	468(92.9%)
Attitude towards premarital sex			
Agree	49(20.9)	54(20.0)	103(20.4)
Strongly disagree	22(9.4)	22(8.1)	44(8.7%)
Disagree	143(61.1)	163(60.4)	306(60.7)
Strongly disagree	1(0.4)	2(0.7)	3(0.6)
No response	19(8.1)	29(10.7)	48(9.5)

5.4 Sexual behavior

Out of 504 participants 109(21.6%) of the students with 95% CI of (18.0%, 25.2%) admitted that they had sexual intercourse. And those married respondents had history of sexual intercourse before marriage. From the sexually active students majorities 67(61.5%) were females. Seventy seven (15.3%) had intimate friends and 79(72.5%) had sex in the past 12 months. From students who had sex 65(59.6%) had first sex in the age group of 15-18. Majority of students 32(29.4%) reasoned for sexual intercourse at the first were love affair. From these students first sexual intercourse partner was boy/girlfriend outside school 42(38.5%) having one life time number of sexual partner 49(45.0%). Regarding knowledge on the availability of sexual explicit media (SEM) 251(49.8%) of students were seen or read any films or magazine that focused on sex. Table 5

Table 5: - Distribution of preparatory students by sex for premarital sexual activities, Bishoftu May, 2013

Variable	Male (N, %)	Female (N, %)	Total (N, %)
Ever seen or read any films or magazine that focused on sex Yes	112(47.9)	139(51.5)	251(49.8)
No	122(52.1)	131(48.5)	253(50.2)
Had intimate friends Yes	34(14.5)	43(15.9)	77(15.3)
No	200(85.5)	227(84.1)	427(84.7)
Ever had sex Yes	42(17.9)	67(24.8)	109(21.6)
No	192(82.1)	203(75.2)	395(78.4)
Ever had sex in the past 12 months Yes	30(71.4)	49(73.1)	79(72.5)
No	12(28.6)	18(26.9)	30(27.5)
Age at first sexual intercourse< 15 years	13(31.0)	17(25.4)	30(27.5)
15-18 years	23(54.8)	42(62.7)	65(59.6)
19-24 years	6(14.3)	8(11.9)	14(12.8)
Age of partner Younger	3(7.1)	9(13.4)	12(11.0)
The same age	33(78.6)	32(47.8)	65(59.6)
Older	3(7.1)	13(19.4)	16(14.7)
Don't know	3(7.1)	13(19.4)	16(14.7)
Main reason for sexual intercourse			
Physical pleasure	14(33.3)	13(19.4)	27(24.8)
Got married	4(9.5)	6(9.0)	10(9.2)
Raped	0(0.0)	3(4.5)	3(2.8)
Love affair	11(26.2)	21(31.3)	32(29.4)
To keep friends feeling	8(19.0)	11(16.4)	19(17.4)
Forced	1(2.4)	2(3.0)	3(2.8)
Peer pressure	0(0.0)	2(3.0)	2(1.8)
Drunk	2(4.8)	2(3.0)	4(3.7)
Others	2(4.8)	7(10.4)	9(8.3)

First sexual intercourse partner			
School boy/girlfriend	15(35.7)	17(25.4)	32(29.4%)
Boy/girlfriend out of school	19(45.2)	23(34.3)	42(38.5%)
Spouse	1(2.4)	3(4.5)	4(3.7%)
Married person	2(4.8)	7(10.4)	9(8.3%)
Relative	0(0.0)	2(3.0)	2(1.8%)
CSW	1(1.3)	0(0.0)	1(0.9%)
Sugar daddy/mommy	0(0.0)	3(5.1)	3(2.8%)
Other	5(11.9)	11(16.9)	16(14.7%)
Number of sexual partner Only one	16(38.1)	33(49.3)	49(45.0)
Two and above	10(23.8)	13(19.4)	23(21.1)
Couldn't remember	10(23.8)	8(11.9)	18(16.5)
No response	6(14.3)	13(19.4)	19(17.4)

Figure 2:- Respondents sexual practice by sex Bishoftu, May 2013

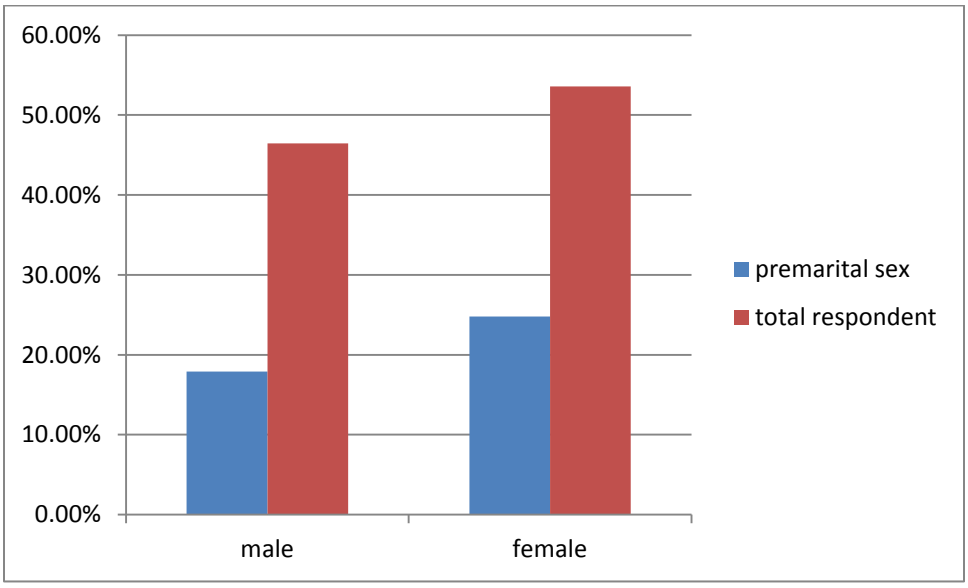
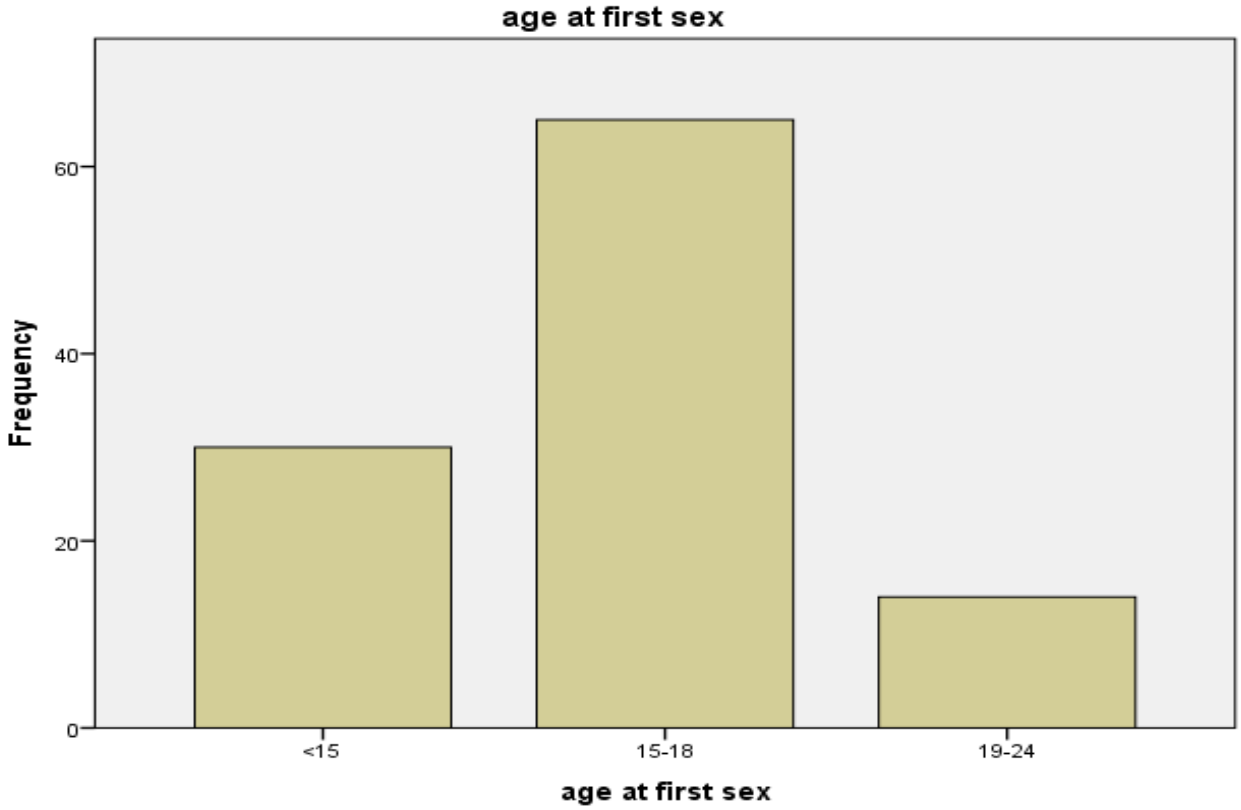


Figure 3:- Respondents by age and experience of having sex Bishoftu, May 2013



At the same assessment for those not having sexual intercourse students were assessed to identify their reasons for not having sexual intercourse. Accordingly, the most important reason for not doing sexual intercourse for females as well as for males out of the respondents 162 (85 males 44.0%, 77females 38.1%) reported that no sex for religious reason.

Regarding condom use during the first sexual intercourse among109 sexually active respondents, 63 (57.8%) respondents reported that they did not use condom first time they had sexual intercourse of which 25 (59.5%) were males and 38 (56.7) females.

As shown on Table 5.1, 39 (35.8%) of the respondents who were sexually active, used condom consistently of which 23 (34.3%) were females, 16 (38.1%) males.

Regarding contraceptive used last 12 months the sexual active respondents had sex, among 109 sexually active respondents 77 (70.6%) had used among these majority 40(51.9%) had used condom last 12 months they had sex and 32(29..4%) they had not used any type of contraceptive.

Regarding reasons for not using condom among sexually active respondents during first time of sexual intercourse, the main reasons which was reported by 30(46.9%) respondents of which 10(38.5%) males and 20(52.6) females had only one partner.

The second most reason identified was because of condom diminishes physical pleasure reported by 3(11.5) males and 5(13.2) females, the third main reason was partner objects to use it was reported by 4(15.4) males and 3(7.9) females Assessment on sexually active male students 6(2.56%) had sex with CSW and majority 228(97.44%) had no sex with CSW; for those had sex with CSW used condom always when had sex. Table 5.1

Table 5.1: - Distribution of respondents by sex for condom used and not used at first sexual intercourse Bishoftu, May 2013

Variable	**Male (N, %)**	**Female (N, %)**	**Total (N, %)**
Condom use at first sex Yes	15(35.7)	23(34.3)	38(34.9)
No	26(61.9)	38(56.7)	64(58.7)
Don't remember	1(2.4)	6(9.0)	7(6.4)
Reason for not use condom			
Partner objects	4(15.4)	3(7.9)	7(10.9)
Use only with other than my friend	3(11.5)	1(2.6)	4(6.2)
Have only one partner	10(38.5)	20(52.6)	30(46.9)
Was a forced sex	1(3.8)	2(5.3)	3(4.7)
Condom diminishes pleasure	3(11.5)	5(13.2)	8(12.5)
Condom is too cost	3(11.5)	3(7.9)	6(9.4)
Never thought about it	1(3.8)	3(7.9)	4(6.2)
Do not know how to use	1(3.8)	1(2.6)	2(3.1)
Use of contraceptive method in the last 12 months			
Yes	31(73.8)	46(68.7)	77(70.6)
No	11(26.2)	21(31.3)	32(29.4)
Type of contraceptive method used in the last 12 months Condom	16(51.6)	24(52.2)	40(51.9)
Pills	7(22.6)	10(21.7)	17(22.1)
Calendar	1(3.2)	4(8.7)	5(6.5)
Emergency contraceptive	6(19.4)	4(8.7)	10(13.0)
Other	1(3.2)	4(8.7)	5(6.5)

5.5Peer influence and knowledge towards reproductive health risks

From the overall 504 respondents 400 (79.4%) had discussion on sexual issue with close friends of which 187(79.9%) were males and 213(78.9%) females. One hundred thirty one (26.0%) pressure from friends/peers to have sex females 73(27.0%) were the majority and 58(24.8%) males. Regarding knowledge towards reproductive health risks 443(87.9%) know about RH risks females 236(87.4%) were the majority and 207(88.5%) males. Although 56(11.1%) had discussion with sexual partner about RH risks of which 27(11.5%) were males and 29(10.7%) females. Among sexually active female respondents 16(6.1%) ever had pregnant of which 6(2.2%) pregnant with boyfriend and husband 6(2.2%). Regarding with ever had pregnant 10(62.5%) had aborted of which 7(87.5%) were in the age group of 15-18; 6(60.0%) reasoned for abortion was early age of which 6(85.7%) was in the age group of 15-18.

5.6Respondent's attitude towards preventing premarital sex and RH risks

The perception about premarital sex among Bishoftu preparatory school students of the present study were asked as to what kind of care should be taken so as not to be performed premarital sex and exposed to RH risks. The result revealed that among 504 respondents the highest rate 386(76.6%) had planned to prevent sex before marriage, 500(99.2%) to be prevented peer pressure from doing sex, 442(87.7%) to be reduced number of sexual partner, 407(80.0%) to be abstain sexual intercourse, 440(87.3%) to be used condom before sexual intercourse, 436(86.5%) to be communicated with parents in every issue and 445(88.3%) to be avoided sex with casual partner respectively had positive attitude towards preventing premarital sex and RH risks (table 6).

Table 6: - Respondents attitude towards preventing premarital sex and RH risks Bishoftu, May 2013

Variable	Male (N, %)	Female (N, %)	Total (N, %)
Preventing sex before marriage Yes	181(77.4)	205(75.9)	386(76.6)
No	53(22.6)	65(24.1)	118(23.4)
Preventing peer pressure from doing sex Yes	232(99.1)	268(99.3)	500(99.2)
No	2(0.9)	2(0.7)	4(0.8)
Reduce number of sexual partner Yes	210(89.7)	232(85.9)	442(87.7)
No	24(10.3)	38(14.1)	62(12.3)
Abstain sexual intercourse Yes	191(81.6)	216(80.0)	407(80.0)
No	43(18.4)	54(20.0)	97(19.2)
Use condom before sexual intercourse Yes	213(91.0)	227(84.1)	440(87.3)
No	21(9.0)	43(15.9)	64(12.7)
Communicate with parents in every issue Yes	204(87.2)	232(85.9)	436(86.5)
No	30(12.8)	38(14.1)	68(13.5)
Avoid sex with casual partner Yes	210(89.7)	235(87.0)	445(88.3)
No	24(10.3)	35(13.0)	59(11.7)

5.7Bivariate Analyses Results of Youth Sexual Behavior

This section deals with the bivariate result of socio-economic and demographic characteristics of youth such as; sex, age, religiosity, respondent educational level, living arrangement, peer pressure, family background and parent-youth discussion on sexual matters. Bivariate analysis was done by regression the dependent variable with the independent variable to Measure the association between variables. .

Factors associated with premarital sex

The bivariate analysis indicated that age(p= 0.002), educational status (p= 0.002), religion (attending church or mosque p= 0.018), living arrangement (living with friends p = 0.012 and living alone p= 0.008), had pocket money (sometimes p =0.010 and rarely p = 0.023) were significantly associated with premarital sex. Additionally, go to bars (p < 0.001),drinking alcohol (p < 0.001), use of narcotics (p <0.001), ever seen or read film or magazine (p<0.001), had intimate friend (p<0.001),

discussion with close friends (p= 0.013), peer pressure (p< 0.001), were also significantly associated with premarital sex. Unlike these variables, ethnicity, parent youth discussion on sexual matters and love affair does not have a significant relationship with the dependent variable.

Table 7:- Bivariate result of respondent's sexual experience by selected Socio-economic and demographic characteristics, Bishoftu, 2013

Variable	Had premarital sex experience (N, %)	No Premarital sex (N, %)	Total (N)	COR(95% CI)
Age 15-19	58(17.5)	273(82.5)	331	0.508(0.330, 0.783)
20-24	51(29.5)	122(70.5)	173	1
Sex Male	42(17.9)	192(82.1)	234	1
Female	67(24.8)	203(75.2)	270	1.116(0.729, 1.708)
Educational status				
Preparatory I	70(27.3)	186(72.7)	256	2.017(1.301, 3.127)
Preparatory II	39(15.7)	209(84.3)	248	1
Attend church or mosque				
Yes	99(20.6)	381(79.4)	480	1
No	10(41.7)	14(58.3)	24	2.749(1.185, 6.374)
Currently living with				
Father and mother	50(18.5)	220(81.5)	270	1
Mother only	10(19.2)	42(80.8)	52	1.048(0.492, 2.229)
Father only	2(20.0)	8(80.0)	10	1.100(0.227, 5.338)
Relatives	15(18.3)	67(81.7)	82	0.985(0.520, 1.865)
Friends	8(44.4)	10(55.6)	18	3.520(1.322, 9.370)
Alone	24(33.3)	48(66.7)	72	2.200(1.234, 3.922)
Had pocket money				
Always	15(37.5)	25(62.5)	40	1
Often(usually)	26(32.5)	54(67.5)	80	0.802(0.363, 1.773)
Sometimes	36(18.6)	158(81.4)	194	0.380(0.182, 0.792)

Seldom(rarely)	11(17.2)	53(82.8)	64	0.346(0.139, 0.861)
Go to bars Yes	49(67.1)	24(32.9)	73	12.624(7.216, 22.086)
No	60(13.9)	37(86.1)	431	1
Drunk alcohol Yes	63(49.6)	64(50.4)	127	7.083(4.450, 11.275)
No	46(12.2)	331(87.8)	377	1
Narcotics intake Yes	18(85.7)	3(14.3)	21	25.846(7.454, 89.614)
No	91(18.8)	392(81.2)	483	1
Ever seen film or read magazine				
Yes	84(33.5)	167(66.5)	251	4.587(2.813, 7.481)
No	25(9.9)	228(90.1)	253	1
Had intimate friend				
Yes	76(98.7)	1(1.3)	77	907.394(122.247, 6735.262)
No	33(7.7)	394(92.3)	427	1
Ever discussed sexual issues with close friends Yes	96(24.0)	304(76.0)	400	2.211(1.183, 4.129)
No	13(12.5)	91(87.5)	104	1
Pressure from friends to have sex				
Yes	58(44.3)	73(55.7)	131	5.016(3.186, 7.899)
No	51(13.7)	322(86.3)	373	1
Communicate with parents in every issue Yes	84(19.3)	352(80.7)	436	1
No	25(36.8)	43(63.2)	68	2.436(1.409, 4.212)

NB: Sample size varies due to missing responses. Analysis done on valid N.

95% CI= 95% Confidence Interval

5.8Multivariate Analysis Result on the Determinants of premarital sex

Multivariate logistic regression reveals the contribution of each independent variable in the explanation of the variation in the dependent variable. The criteria for variable selections are based on the bivariate analysis results. Those variables that have statistically significant associations with premarital sexual activities are included in multivariate logistic regression. The dependent variable in the study is dichotomous.

Factors associated with premarital sex

Among many socio-economic and demographic variables included in the study, Age, living arrangement (living with friends), go to Bars, narcotics intake, pornography film or magazine and peer pressure for doing sex were found to be significantly associated with premarital sex (AOR: 0.550, 95%CI: 0.316, 0.956), (AOR: 3.678, 95%CI: 1.180, 11.463), (AOR: 6.802, 95%CI: 3.540, 13.067), (AOR: 7.471, 95%CI: 1.849, 30.193), (AOR: 3.000, 95%CI: 1.700, 5.295), (AOR: 2.915, 95%CI: 1.687, 5.038), respectively (See table 9).

Table 8: Multivariate analysis of socio-economic and demographic characteristics of preparatory youth sexual activities, Bishoftu, 2013.

Variable	Premarital sex experience (n, %)	No premarital sex (n, %)	Total (n)	COR(95% CI)	AOR(95%CI)
Sex Male	42(17.9)	192(82.1)	234	1	1
Female	67(24.8)	203(75.2)	270	1.116(0.729, 1.708)	1.126(0.666, 1.903)
Age 15-19	58(17.5)	273(82.5)	331	0.508(0.330, 0.783)	0.550(0.316, 0.956)
20-24	51(29.5)	122(70.5)	173	1	1
Currently living with					
Father and mother	50(18.5)	220(81.5)	270	1	1
Mother only	10(19.2)	42(80.8)	52	1.048(0.492, 2.229)	1.265(0.509, 3.140)
Father only	2(20.0)	8(80.0)	10	1.100(0.227, 5.338)	1.008(0.154, 6.583)
Relatives	15(18.3)	67(81.7)	82	0.985(0.520, 1.865)	1.614(0.765, 3.406)
Friends	8(44.4)	10(55.6)	18	3.520(1.322, 9.370)	3.678(1.180, 11.463)
Alone	24(33.3)	48(66.7)	72	2.200(1.234, 3.922)	2.024(0.971, 4.222)

Go to bars					
Yes	49(67.1)	24(32.9)	73	12.624(7.216, 22.086)	6.802(3.540, 13.067)
No	60(13.9)	37(86.1)	431	1	1
Narcotics intake					
Yes	18(85.7)	3(14.3)	21	25.846(7.454, 89.614)	7.471(1.849, 30.193)
No	91(18.8)	392(81.2)	483	1	1
Ever seen film or read magazine					
Yes	84(33.5)	167(66.5)	251	4.587(2.813, 7.481)	3.000(1.700, 5.295)
No	25(9.9)	228(90.1)	253	1	1
Pressure from friends to have sex					
Yes	58(44.3)	73(55.7)	131	5.016(3.186, 7.899)	2.915(1.687, 5.038)
No	51(13.7)	322(86.3)	373	1	1

NB: Sample size varies due to missing responses. Analysis done on valid N.

95% CI= 95% Confidence Interval

6. DISCUSSION

The study revealed that 109(21.6%), of the respondents admitted premarital sex accounting for 24.8% of females and 17.9% of males, respectively and those married respondents had history of sexual intercourse before marriage. In this research findings sex has no significant association with premarital sex in multivariate analysis but the findings showed that females were more likely to report sexual activity than males. Findings against these were obtained by other researchers within the country (7, 12).

Age of the respondent has a profound effect on sexual behavior of the youth. The odds ratio result indicated that youth in the age group 15-19 years old were by 45% less likely to have sexual intercourse compared with youth in the age group 20-24 years old. The main reason might be as age increase parental control decrease, and then they are exposed to sex film, substances like alcohol and narcotics, which leads them to experience premarital sex. The result of this study indicates that sexual experience increase with age. This trend is supported by similar studies among youth (7, 12, and 17).

Educational level of the respondent is not statistically significant in logistic regression with sexual behavior of the youth. However, the bivariate result shows that the risk of premarital sexual activity is higher at preparatory one (27.3%) and lower for preparatory two (15.7%).This finding is supported by similar studies within the country (48).

Religiosity of respondents is not statistically significant in logistic regression with sexual behavior of the youth. However the risk of premarital sexual activity is higher 41.7% for those who had not attending religious service than their counterpart. The possible reason could be devotions to their religions directions so that they less likely engage in sexual activities (17, 48).

Living arrangement of the respondent is one of the factors that found to be predicator of premarital sex. In the study the odds ratio on respondents' living arrangement confirmed that youth who lived with friends were by three and halftimes more likely to practice sexual intercourse than those who lived with both parents. In addition parent's marital status is not statistically significant in logistic regression. However the bivariate result shows that the odds ratio of youths whose parents were divorced was two times more likely engaged in sexual activities than those who lived with their biological mother. In Ethiopia study conducted in Awassa and Bahir Dar Town revealed that adolescents who lived with both parents were less likely to enter risk sexual intercourse (45, 46).A study conducted in United Kingdom revealed that young girls from a single parents and teenage mother families are more likely to have sex than those living with their biological parents (17).Family

wealth index was not associated with pre-marital sexual debut; however, the amount of pocket money per month was a strong predictor, in that the higher the amount of pocket money per month, the greater was the pre-marital sexual debut. In these research findings household income is not statistically significant in logistic regression with sexual behavior of youth. However those youths who had got pocket money always had experience in premarital sex by 37.5% than those who had not had permanent pocket money. The result is supported by the study conducted in the country in Eastern Hararge zone (35).

Current substance users were about five times more likely to ever have sexual intercourse as compared to non-users. The high prevalence rate in this study could be because of increasing modernization, advanced technology, availability and increased movement of substances like shisha, drugs. Respondents who used to attend bar were about seven times more likely to ever have sexual intercourse as compared to non-attendants. The result is supported by the study conducted in the country in Eastern Hararge zone (17, 49, 50, 51).

Parent-youth discussion about sexual matters was not associated with sexual behavior of youth. And discussion with close friends on sexual matter is not statistically significant in logistic regression with sexual behavior of the youth. However the risk of premarital sexual activity is higher 24.0% of youths who had discussed with their close friends on sexual matter were engaged in premarital sex than their counterparts. Most young people are highly sensitive to peer opinion, perception of what peers think have a greater influence on sexual and other risk taking behavior than the opinions of parents or other peoples. This finding also shows that students who had peer pressure three times more likely to engage in premarital sex than their counterparts. Moreover, peer influence on initiation of sexual activity is higher for females than male study subjects. This may indicate the pressure from peers is strong on females or it could be, females may have a sexual exploitation from their counterpart male peer groups, or female respondents may project their sexual debut towards the peer groups (7, 11). In the study experience of watching pornographic films were identified as factor associated with risky sexual behavior. The result is supported by the study conducted in the country (11, 12, 17). Supporting this idea, one study conducted in A.A in 2003, revealed that unlicensed video films in private homes around very strategic areas appeared to be the major shapers of erotic intentions among young people (40).

The overall prevalence of premarital sexual practice in the study population was 21.6%.The proportion of female youths (61.5%) who were involved in premarital sex in the study area than male.

The national finding of the prevalence of premarital sex among in school adolescents was 19%, which is lower than the current finding (13). This finding is higher when also compared to another similar study done in Injibara and Nekemte town (7, 11). The mean age at first sexual intercourse in this study was 18.24 years and the median age was 18 years. Among those who ever had sexual intercourse, 72.5% had sex in the last 12 months and 21.1 % had multiple sexual partners (11). In the present study among the reasons reported by the students for the initiation of sexual act for the first time love affair (29.4%), physical pleasure (24.8%) and to keep friends feeling (17.4%) were the leading factors. This finding is similar with previous study done in the country (7, 11, 17). Among the sexually experienced students 57.8% never used condom at first sex. This finding is high when compared to another similar study done in North east Ethiopia (12). There was significant variation in condom use among rural and urban boys 75% of the urban boys used condom consistently, while only 25% of their rural counterparts used condom when they made sexual intercourse with CSW. This finding is different from another similar study in the country (12).

Most young adults who enter in to sexual relationships for the first time do not use any form of contraception leaving them vulnerable to unintended pregnancies and unplanned parenthood and HIV/AIDS/STI (22). The primary consequence of premarital sex in adolescents is unwanted pregnancy. It may lead to induced abortion (23). In this research findings 5.9% of female respondents had pregnant of which 62.5% were aborted; reason for abortion were 60% were due to early age and 10% were unwanted pregnancy. This finding is supported by survey results in all Sub-Saharan Africa indicated that more than one-fifth of recent births were being reported as unintended (7, 17, 24).

On the other hand, in the questionnaire survey, the respondents reported being reserved from practicing sex due to respect religion, fear of STI/HIV/AIDS and other reason. This is supported by another similar study in the country (7). The study showed that higher numbers of youths have knowledge of RH risks; the finding revealed that 46.4% of the respondents have information about STI and HIV/AIDS, unwanted pregnancy and abortion. Even though higher numbers of youths have knowledge of RH risks but the use of condom at first sexual intercourse was less.

7. Strengths and limitations of the study

Strengths

- This study has tried to assess the magnitude of premarital sexual practice and factors contributing to premarital sex among preparatory youths; appropriate sampling techniques were employed and high response rate was achieved.

Limitations

- The behavioral study outcomes are based on self-reported information, which is subject to reporting errors and biases. Since the study raised sensitive issues the possibility of underestimation cannot be ruled out.
- This study is based on cross-sectional data, which indicates that the direction of causal relationships cannot always be determined.
- Comparison of risk perception among independent variables has small values so that it is not reliable for multivariate analysis.

8. Conclusion and recommendation

8.1 Conclusion

- From this study, a considerable number of the participants have history of sexual experience. More females are engaged in sexual practice than males.
- Females start sexual debut relatively earlier than males.
- Students in the age group 15-19 years were less likely to have sexual intercourse as compared with students in the age group of 20-24.
- Considerable proportion of sexually experienced students has history of sexual practice with more than one partner.
- Among sexually active students more than half of them never used condom at first sex.
- Peers were reported to be the most preferred people to discuss with about sexuality and discussion on sexual matters with peer groups is not protective to sexuality.
- Substance abuse influence youths to engage in risky sexual activity.

- The advancement of sexual explicit media is another risk factor that can pressurize youths to engage in risky sexual behavior.
- The study found that age, living arrangement from which they live, go to bars, narcotics intake, pornography films or magazine and peer pressure were found to be significant determinants of premarital sexual activities.
- From this study, it can be conclude that the large proportion of the respondents had a better awareness of HIV/AIDS, unwanted pregnancy and abortion but condom use is lower than knowledge of RH risks. Low use of contraceptive and early onset of sexual activity leads to increased risks of contracting STIs including HIV and AIDS, unwanted and unplanned pregnancy and induced abortion.

8.2 Recommendations

Based on the finding of the study the following recommendations are forwarded:-

- In this study, peer behavior is found to have a strong influence on sexual experience of youth. It is likely, therefore, to bring healthy sexual behavior through peer education by properly trained peer educators.
- Make condoms available through school Anti-AIDS clubs.
- Discouraging the use of narcotics and drugs among youths.
- Establish youth centers; so that youths able to obtain necessary and adequate information and services they need.
- The government (policy makers) should think of setting a legal age for buying alcohol and restricting video houses renting and selling pornography films.
- Promote improved IEC/BCC programs through the appropriate communication channels on RHPs.
- Finally, it is recommended that further studies are needed to identify factors affecting youths sexual behavior with strong design and larger sample.

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10. Annexes

10.1 Annex IA

Addis Ababa University School of public health, College of Health Sciences

Graduate Study Program

Participant Information Sheet

Here, I undersigned, at Addis Ababa University, Medical Faculty, school of public health, Graduate Studies Program, currently I will be conducting research on a topic entitled as *"Assessment of magnitude and factors associated with premarital sex among Bishoftu preparatory school, Oromia region, Ethiopia"*.

For this study, you have been chosen to participate, so you need to know all necessary information regarding the study before giving your consent of participation.

1. Objectives of the study: The objective of this study is to assess the magnitude and factors associated with premarital sex. The information you give will be used in contribution to promote preventive strategies of risky sexual behavior hopefully preventing many youths from experiencing serious negative consequences from premarital sex.

2. Participants to be included: Participants to be included in this study are preparatory students who are attending academic class during the study period.

3. Participation procedure and guidelines:

3.1 The study will be carried out simply by asking you with predetermined structured questionnaire, but you may find some of the questions to be too personal and difficult to give response about, but sharing your experience with others will be helpful to all youth students, their families, school communities, health professionals and policy makers.

3.2 Filling the questionnaire will take about 45 minutes, so you are kindly requested to return the filled questionnaire on time. However, if you don't want to participate in the study please put the format upside down on the table and remain in your seat till others finish.

4. Confidentiality: All information you give will be kept confidential and won't be accessible to any third party; your name won't be registered on the question sheet so that you will not be identified.

5. Benefits and risks of the study:

5.1 Risks: The procedure does not bear any physical or psychological trauma.

Furthermore you will not be forced to respond to information you do not know.

5.2 Benefits: For your participation in the study no payment will be granted or has no any special privilege to you, but participating in the study and giving your genuine information will provide great input to bring change in youth reproductive health status.

6. Consent: Your participation in the study will be totally based on your willingness.

You have the right not to participate from the beginning, or you may stop participating at any time after starting the participation. You won't be forced to give information that you do not know.

7. Rights as a participant: If you have any questions about the study please be free to ask and contact to:-

1. **Wendifraw T/Mikael Goraga**
   Mobile: +251911041451, +251923509520
   Email: debrezeyit@gmail.com
2. **Dr. Alemayehu Worku**
   Mobile: +251911405652
   Email: alemayehuwy@yahoo.com

Finally, I would like to thank you for your either responses.

_____ _____ _____

The principal investigator ---------- Signature---------- Date----------

10.2 Annex IIA

አዲስአበባዩኒቨርሲቲየህብረተሰብጤናት/ቤትየድህረምረቃመርሀግብር

ለጥናትተሳታፊዎችየመረጃቅጽ

ከዚህበታችእንደተመለከተውበአዲስአበባዩኒቨርሲቲየህብረተሰብጤናት/ቤትየድህረምረቃመርሀግብርአሁኑወቅት “

የመሰናዶክፍልወጣትተማሪዎችንከጋብቻበፊትሰለሚደረገውወሲባዊግንኙነትናሊያጋልጡየሚችሉነገሮችንማሰስ”

በሚለውርዕስበቢሾፍቱበሚገኘውየመሰናዶት/ቤትጥናትእያካሄድኩነው፡፡

በጥናቱላይለመሳተፍእርስዎተመርጠዋልበጥናቱላይለመሳተፍፍቃደኝነትዎንከመጠየቅበፊትጥናቱንበተመለከተአስፈላጊየሆኑመረጃዎ
ችንማግኘትያስፈልግዎታል፡፡

1. የጥናቱዓላማ፡ -

   የጥናቱዓላማወጣትተማሪዎችንከጋብቻበፊትስለሚደደረገውወሲባዊግንኙነትናሊያጋልጡየሚችሉነገሮችንለማስሰነው፡፡ጥና
   ቱወጣትተማሪዎችስለወሲባዊግንኙነትስለአላቸውዕውቀት፡ግንዛቤናተሞክሮየሚዳስስይሆናል፡፡እርስዎበዚህጥናትላይለሚ
   በረክቱትመረጃወጣቶችንከጋብቻበፊትስለሚደረገውወሲባዊግንኙነትናሊያጋልጡየሚችሉነገሮችንበማውጣትይህንንችግር
   ለመከላከል፡በሚያስችልማንናውምየመከላከልዘርፍላይእገዛያደርጋልብሎምበቀጣይብዙወጣቶችንከጋብቻበፊትስለሚደረግ
   ወሲባዊግንኙነትምክንያትሊከሰትከሚችልጉዳትመከላከልይቻላልተብሎይታመናል፡፡

2. በጥናቱየሚካተቱተሳታፊዎች፡ -

   ጥናቱበሚካሄድበትወቅትየመሰናዶትምህርትበመማርላይየሚገኙወጣትተማሪዎችበጥናቱላይየሚካተቱይሆናል፡፡

3. የተሳትፎአካሄድናመመሪያ፡ -

   3.1 ጥናቱየሚካሄደውቀደምብሎለዚህጥናትታስቦየተዘጋጀውንጥያቄበመጠየቅነው፡፡በመጠይቁውስጥበጣምሚስጥራዊየሆ
   ኑናለመመለስየሚያስቸግሩግላዊየሆኑጉዳዮችተካተዋልሆኖምግንያላችሁንተሞክሮብታካፍሉንለሌሎችወጣትተማሪዎ
   ች፡ለወላጆች፡ለትምህርትቤትማህበረሰብ፡ለጤናባለሙያዎችእንዲሁምለህግአውጪየመንግሰትአካላትበወጣቶችስርዓ
   ተተዋልዶየጤናአገልግሎትመስክላይለሚደረገውጥረትከፍተኛእገዛያደርጋል፡፡

   3.2 ጥያቄውንለመሙላት 45

   ደቂቃያህልሊወስድይችላልስለሆነምመጠይቁንበሰዓትሞልተውእንዲመልሱልንበትህትናእንጠይቃለንሆኖምግንበጥናቱ
   ላይለመሳተፍፍቃደኛካልሆኑመጠይቁንበጠረጴዛዎላይወደታችበመድፋትሌሎችእስኪጨርሱድረስእመቀመጫዎበመ
   ሆንይጠባቁ፡፡

4. ሚስጥርየመጠበቅሁኔታ፡ -

   ጥናቱንአስመልክቶእርስዎየሚሰጡትማንኛውምመረጃበሚስጥርየሚጠበቅበመሆኑበማንኛውምመንገድለሶስተኛአካልአሳል
   ፎአይሰጥምወይምአይጋለጥምማንነትዎእንዳይታወቅምስምዎበጥያቄውወረቀትላይአይመዘገብም፡፡

5. የጥናቱጥቅምናጉዳት፤ -

   5.1 ጉዳት፡ -

   በጥናቱላይበመሳተፍዎምክንያትበአካልሆነበአእምሮላይየሚከሰትምንምዓይነትጉዳትአይኖረውምየማያውቁትንምመረ
   ጃእንዲሰጡአይገደዱም፡፡

5.2 ጥቅም፡ -

በጥናቱላይበመሳተፍዎየሚከፈልዎትከፍያወይምየተለየጥቅምአይኖርምነገርግንበጥናቱላይበመሳተፍዎለሚጠየቁትጥያቄበዕውነትላይየተመሰረተናተገቢየሆነመረጃመስጠትዎበወጣቶችስርዓተተዋልዶዙሪያላይተገቢውንአገልግሎትበመስጠትከፍተኛለውጥያስገኛል፡፡

6. በጥናቱላይለመሳተፍፍቃደኝነትዎንበተመለከተ፡ -
በጥናቱላይለመሳተፍሙሉበሙሉበራስዎፍላጎትናፍቃደኝነትላይየተመሰረተነውከመጀመርያውበጥናቱላይላለመሳተፍእንዲሁምመሳተፍጀምረውበመሃከልለማቆምሙበትዎሙሉበሙሉየተጠበቀነው፡፡ለማያውቁትጥያቄመረጃእንዲሰጡአይገደዱም ፡፡
7. የተሳታፊውመብት፡ - ጥናቱን በተመለከተ ማንኛውም ዓይነት ጥያቄ ቢኖርዎት በሚቀጥለው አድራሻ በነጻነት መጠየቅ ይችላሉ፡፡

ወንዲፍራው ተ/ሚካኤል ሞባይል 0923509520 ወይም 0911041451

ኢሜይል debrezeyit@gmail.com

ዶ/ር አለማየሁ ወርቁ ሞባይል **0911405652**

ኢሜይል alemayehuwy@yahoo.com

በመጨረሻም ለሚሰጡን ለየትኛውም ዓይነት ምላሽ አመስግናለሁ፡፡

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አጥኚው አካል ፊርማ ቀን

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10.3 Annex IB

Addis Ababa University School of Public Health, College of Health Sciences

Graduate Study Program

Participant Consent form

In signing this document, I am giving my consent to participate in the study entitled as "assessment of magnitude and factors associated with premarital sex *among Preparatory Youth Students of Bishoftu".*

I have been informed that the purpose of this particular research project is to assess the Magnitude and factors associated with premarital sex of preparatory youth students. I understand that I am selected to participate in this study randomly from preparatory students. I have been informed that participation in this study is entirely voluntary and at any point I can refuse to answer any specific questions or decide to terminate the study. I have been told that my answers to questions will not be given to anyone else and no reports of this study will ever identify me in any way. I have also been informed that my participation or my refusal will have no effect on me and my grades. I understand that the results of this research will be given to me if I ask for them. I the invited participant, given all relevant information concerning the purpose of this particular study, participants to be included, the study procedure, benefits and risks of the study, consent and confidentiality read and explained to me, I decided to agree or disagree to participate in this respective study.

Please indicate any of your response agree or disagree by making "√" within the box accordingly.

Agree responses ☐ Disagree responses ☐

Sign _____ Sign----------

The principal investigator---------- Signature---------- Date---------

10.4 Annex II B

አዲስ አበባ ዩኒቨርሲቲ የህብረተሰብ ጤና ት/ቤት የድህረ ምረቃ መርሀ ግብር
የታሳታፊዎች የፍቃደኝነት መግለጫ ቅጽ

በተሳታፊዎች የፍቃደኝነት መግለጫ ቅጽ ላይ መስማማቴን በመግለጽ የመሰናዶ ክፍል ወጣት ተማሪዎችን ከጋብቻ በፊት ሰለሚደረገው ወሲባዊ ግንኙነትና ሊያጋልጡ የሚችሉ ነገሮችን ማሰስ በሚለው ርዕስ የጥናቱ ተሳታፊ በመሆን ተስማምቻለሁ፡፡

የመሰናዶ ክፍል ወጣት ተማሪዎችን ከጋብቻ በፊት ሰለሚደረገው ወሲባዊ ግንኙነትና ሊያጋልጡ የሚችሉ ነገሮችን ማሰስ በሚለው ርዕስ ላይ የሚደረገው ጥናትዓላማው እንዲሁም በዚህ ጥናት ላይ ለመሳተፍ ከመሰናዶ ክፍል ካሉት ተማሪዎች መሃከል በአጋጣሚ መመረጤ ተገልጾልኛል፡፡በዚህ ጥናት ውስጥ ተሳታፊ ለመሆን ሙሉ በሙሉ በፍቃደኝነት ላይ የተመሰረተ ስለሆነ ከመጠይቁ መሃከል መልስ ለመስጠት የማልፈልገውን ማንኛውንም ጥያቄ ለመተውና ከጀመርኩ በኃላ ለማቆም እንደምችል ተገልጾልኛል፡፡ መጠይቁን አስመልክቶ የምሰጠው ምላሽ ለማንም ግለሰብ እይታ የማይቀርብና የጥናቱ መግለጫ በማንኛውም መንገድ ስለ እኔ መግለጽ እንደማይችል ተገልጾልኛል፡፡ በጥናቱ ላይ ለመሳተፍ ፍቃደኛ ብሆንም ባልሆንም በእኔ ላይ እንዲሁም በትምህረቴ ላይ ሊያሳድርብኝ የሚችል ተጽዕኖ እንደሌለ ተነግሮኛል፡፡ በማንኛውም ወቅት የጥናቱን ውጤት ጠይቆ ለማወቅ ብፈልግ ማግኘት እንደምችል ተረድቼአለሁ፡፡

እኔ በጥናቱ ላይ ለመሳተፍ እጩ ሆኜ የተመረጥኩኝ ጥናቱን በተመለከተ አግባብ ያለው ለማወቅ የሚያስፈልገኝን መረጃ የጥናቱን ዓላማ በተመለከተ የተሳታፊዎች አመራረጥ የጥናቱ አካሄድ የሚያስገኘው ጥቅምና የሚያስከትለው ጉዳት የፍቃደኝነት መግለጫ እንዲሁም ሚስጥራዊ አሰራሩን በማንበብና በመረዳት በዚህ ጥናት ላይ ለመሳተፍ ወይንም ላለመሳተፍ ተስማምቻለሁ፡፡

እባክዎትን ሊሰጡት የፈለጉትን የመስማማት ወይንም ያለመስማማት ምላሽዎን በማስመር ወይንም በተዘጋጀው የመልስ ሳጥን ውስጥ ይህንን **ና√ን** ምልክት በማድረግ ይግለጹ፡፡

ተስማምቻለሁ ☐ አልስ☐

ፊርማ ---------- ቀን ----------

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አጥኚው አካልፊርማ ቀን

10.5 Annex IC

Addis Ababa University School of Public Health, College of Health SciencesGraduate Study Program

Parents/Guardian Consent Form

Here, I the undersigned, at Addis Ababa University, Medical Faculty, School of Public Health, Graduate Studies Program, currently I will be conducting research on a topic entitled "Assessment of magnitude and factors associated with premarital sex among Preparatory Youth Students of Bishoftu town".

Dear parents /Guardian!

Your child has been selected randomly to participate in this study. Since your child is under age 18, as a parent/guardian you need to be aware of every detail information regarding the study to declare your agreement concerning the participation of your child in the study beforehand.

The study will be carried out by asking your child predetermined structured questions which will take about 30 minutes. Some of the questions are very personal and sensitive. However, while responding to the questions no name will be registered on the questionnaire, so that your child will not be identified. All information given by your child will be kept confidential and won't be accessible to any third party. Your child participation in the study will be totally based on your agreement and the child has the right not to participate from the beginning, or may stop participating at any time after starting participation and will not be forced to give information that he/she does not know, and because of her/his refusal your child will not face any problem on her/his grades. However, sharing experience and giving genuine information will provide great input to bring change in youth reproductive health status. This will contribute for designing preventive strategies of risky sexual behavior which will be helpful to all youth students, their families, school communities, health professionals and policy makers.

Therefore, I kindly requested your agreement by indicating any of your response agree or disagree by making "√"within the box accordingly. Finally, I would like to thank you in advance for all your contribution

If you have any questions about the study please contact to: -

Wendifraw T/Mikael, Cell phone 0911041451 or 0923509520, Email: debrezeyit@gmail.com

Agree responses ☐ Disagree responses ☐

Sign _____ Sign _____

_____ _____ _____

The principal investigator Signature Date

10.6 Annex II C

አዲስ አበባ ዩኒቨርሲቲ የህብረተሰብ ጤና ት/ቤት የድህረ ምረቃ መርሀ ግብር

የወላጅ/አሳዳጊ የፍቃደኝነት መግለጫ ቅጽ

ከዚህ በታች እንደተመለከተው በአዲስ አበባ ዩኒቨርሲቲ የህብረተሰብ ጤና ት/ቤት የድህረ ምረቃ መርሀ ግብር በአሁኑ ወቅት የመሰናዶ ክፍል ወጣት ተማሪዎችን ከጋብቻ በፊት ስለሚደረገው ወሲባዊ ግንኙነትና ሊያጋልጡ የሚችሉ ነገሮችን ማሰስ በሚል ርዕስ በቢሾፍቱ ከተማ በሚገኘው የመሰናዶ ት/ቤት ጥናት እየተካሄደ ነው፡፡
የተከበሩ ወላጅ/አሳዳጊ፤

የእርሶ ልጅ በጥናቱ ላይ ለመሳተፍ ተመርጠዋል፤ሆኖም ልጅዎ ከ **18** ዓመት ዕድሜ ክልል በታች ስለሆኑ እርስዎ ወላጅ/አሳዳጊ እንደመሆኖ ልጅዎ በጥናቱ ላይ ከመሳተፋቸው በፊት ጥናቱን በተመለከተ ማንኛውንም መረጃ በማግኘት ፍቃደኝነትዎን እንዲያስታውቁን ያስፈልጋል፤ ጥናቱ የሚካሄደው ቀደም ብሎ ለዚህ ጥናት ታስቦ የተዘጋጀውን ጥያቄ በመጠየቅ ነው፤ጥያቄውን ለመሙላት **45** ደቂቃ ያህል ሊወስድ ይችላል፤በመጠይቁ ውስጥ በጣም ሚስጥራዊ የሆኑና ግላዊ የሆኑ ጥያቄዎችተካተዋል፡፡ ሆኖም ልጅዎ መጠይቁን በሚሞሉበት ወቅት ማንነታቸው እንዳይታወቅ ስማቸው በጥያቄው ወረቀት ላይ አይመዘገብም የሚሰጡት ማንኛውም መረጃ በሚስጥር የሚጠበቅ በመሆኑ በማንኛውም መንገድ ለሶስተኛ አካል አሳልፎ አይሰጥም ወይም አይጋለጥም፡፡ የልጅዎ በዚህ ጥናት ላይ ለመሳተፍ ሙሉ በሙሉ በእርስዎ ፍላጎትና ፍቃደኝነት ላይ የተመሰረተ ነው ከመጀመርያው በጥናቱ ላይ ላለመሳተፍ እንዲሁም መሳተፍ ጀምረው በመሃከል ለማቆም መብታቸው ሙሉ በሙሉ የተጠበቀ ነው፤ ለማያውቁት ጥያቄ መረጃ እንዲሰጡ አይገደዱም፡፡ ሆኖም በእውነት ላይ የተመሰረተ ተሞክሮና መረጃ በወጣቶች ስርዓተ ተዋልዶ ዙሪያ ላይ ተገቢውን አገልግሎት በመስጠት ከፍተኛ ለውጥያስገኛል፤ይህም መረጃ ወጣቶች ከጋብቻ በፊት ስለሚያደርጉት ወሲባዊ ግንኙነትና ሊያጋልጡ የሚችሉ ነገሮችን በማወቅ ለሌሎች ወጣት ተማሪዎች፤ለወላጆች፤ለትምህርት ቤት ማህበረሰብ፤ለጤና ባለሙያዎች እንዲሁም ለህግ አውጪ የመንግስት አካላት ይህንን ችግር ለመከላከል በሚያስችል ማንኛውም የመከላከል ዘርፍ ላይ ለሚደረገው ጥረት ከፍተኛ እገዛ ያደርጋል፡፡በቅድሚያ ለሚያደርጉት የስምምነት ምላሽ እያመሰገንን ሊሰጡን የፈለጉትን የመስማማት ወይንም ያለመስማማት ምላሽዎን በተዘጋጀው የመልስ ሳጥን ውስጥ ይህንን **ና√ን** ምልክት በማድረግ ይግለጹ፡፡

ተስማምቻለሁ አልስማማም

ፊርማ ---------- ቀን ----------

አጥኚው አካል---------- ፊርማ ---------- ቀን----------

ጥናቱን በተመለከተ ማንኛውም ዓይነት ጥያቄ ቢኖርዎት በሚቀጥለው አድራሻ በነጻነት መጠየቅ ይችላሉ፡፡ወንዲፍራው ተ/ሚካኤል ሞባይል **0923509520** ወይም **0911041451** ኢሜይል debrezeyit@gmail.comዶ/ር አለማየሁ ወርቁ ሞባይል 0911405652

10.7 Annex ID

Questionnaire English version

Instruction: Please indicate your answer by circling the number of your choice or by writing your response in the space provided accordingly.

Part one Questionnaires: - Socio-Economic and Demographic Characteristics of the respondent's

Item	Questions	Coding categories	Code

.No			number
101	Age	---------- years	
102	Sex	1. Male 2. Female	
103	Have you lived in an urban or rural area until you were 12 years old?	1. Urban 2. Rural	
104	Educational status	1. Preparatory one 2. Preparatory two	
105	Ethnicity	1. Amhara 2. Oromo 3. Guraghe 4. Tigrie 5. Other (specify) ----------	
106	Religion	1. Orthodox Christian 2. Muslim 3. Protestant 4. Other (specify) --------	
107	Do you attend church/Mosque?	1. Yes 2. No -------- skip to Q.109	
108	How often do you attend religious services?	1. Every day 2. Once in a week 3. Once in a month 4. Once in a year 5. No response	
109	Are you currently married?	1. Yes 2. No	
110	With whom do you usually live?	1. With my father and mother 2. With my mother only 3. With my father only 4. With my relatives	

		5. With my friends 6. Alone	
111	Where do your parents live?	1. Urban 2. Rural	
112	Is your mother alive?	1. Yes 2. No -------- skip to Q 115	
113	What is your mother educational level?	1. Illiterate 2. Read and write 3. Primary(1-8) 4. Secondary(9-12) 5. Above secondary	
114	What is your mother occupation?	1. House wife 2. Daily laborer 3. Farmer 4. Government employ 5. Other(specify)_____	
115	Is your father alive?	1. Yes 2. No -------- skip to Q 118	
116	What is your father educational level?	1. Illiterate 2. Read and write 3. Primary(1-8) 4. Secondary(9-12) 5. Above secondary	
117	What is your father occupation?	1. Daily laborer 2. Farmer 3. Merchant 4. Government employ 5. Other(specify) ------	

118	What is the estimated average monthly income of your parents?	1. < 500 2. 501 -1000 3. 1001 -1500 4. > 1501 5. Nothing 6. I don't know	
119	What is your parents marital status if they alive?	1. Currently married 2. Separated 3. Divorced 4. Widowed	
120	Do you have permanent pocket money?	1. Yes 2. No ------skip to Q.122	
121	How often are you given pocket money?	1. Always 2. Often (usually) 3. Sometimes 4. Seldom (rarely)	
122	Do you go to Bars and discotheques?	1. Yes 2. No------- skip to Q.123	
123	How often did you go any of these places in the past?	1. Daily 2. Once in a week 3. Once in a month 4. No response	
124	Do you drink alcoholic beverages like tela, tej areke, beer and the like?	1. Yes 2. No-------skip to Q.125	
125	How often do you drink alcoholic beverage?	1. Always 2. Sometimes 3. no response	
126	Did you have a habit of taking any narcotics?	1. Yes 2. No -------- Skip to Q.127	
127	What is the type of narcotics that you take?	Yes No Chat---------- 1 2	

		Cigarette-------- 1 2 Shisha---------- 1 2 Cannabises----- 1 2 Other(specify)_____	
128	In your opinion at what age, marriage is preferable.	Specify in years _____	
129	What is your attitude towards premarital sex?	1. Agree 2. Strongly agree 3. Disagree 4. Strongly disagree 5. no response	

Part two: - Sexual behavior of the respondent's

Item no.	Questions	Coding categories	Coding
201	Have you ever seen or read any films or magazines that focused on sex?	1. Yes 2. No	
202	Do you have intimate friends?	1. Yes 2. No	
203	Have you ever had sexual intercourse?	1. Yes 2. No -- if no skip to Q.214	
204	Have you ever had sexual intercourse in the past 12 months?	1. Yes 2. No	
205	How old were you when you had sexual intercourse for the first time?	Age in years ----------	
206	How old was the person you had sex for the first time compared to you?	1. Younger 2. The same age 3. Older 4. I Don't know	
207	What was your main reason for sexual intercourse at the first time you had it?	1. Physical pleasure 2. Got married 3. Raped 4. Love affair	

		5. To keep my friends feeling 6. I was forced 7. To get money/gift 8. Peer pressure 9. Was drunk 10. Other (specify)----------	
208	Who was your first sexual intercourse partner?	1. School boy/girl friend 2. boy/girl friend out of school 3. Spouse 4. Married person 5. Relative 6. Commercial sex workers 7. Sugar daddy/mammy 8. Other (specify)……	
209	Since your first sexual experience, how many sexual partners did you?	1. Only one 2. Tow and above 3. Could not remember 4. No response	
210	Did you use condom first time you had sexual intercourse?	1. Yes ------ skip to Q.212 2. No 3. I don't remember---- Skip to Q.212	
211	Why did not you use condom?	1. Partner objects to use 2. Use only with other than my friend 3. Have only one partner 4. Was a forced sex 5. Condom diminishes pleasure 6. Condom is too costly 7. Never thought about it 8. Do not know how to use	
212	Did you use any contraceptive methods in	1. Yes	

	the last 12 months you had sex?	2. No -- if no skip to Q.215	
213	Which type of contraceptive method did you use in the last 12 months you had sex?	1. Condom 2. Pills 3. Calendar 4. Emergency contraceptive Method 5. Other(specify) ---------	
214	What is your reason for not having sexual intercourse?	1. Fear of parents 2. Fear of pregnancy 3. Fear of STI and HIV/AIDS 4. For religious reason 5. Other(specify) ----------	
215	(For male) Have you ever had sexual intercourse with commercial sex worker?	1. Yes 2. No ------- skip to Q.218	
216	(For male) If yes to Q.215 Have you ever used condom when making sexual intercourse with commercial sex workers?	1. Yes 2. No	
217	(For male) if yes to Q.216 how often did you use condoms?	1. Always 2. Sometimes 3. Most of the time	
218	Have you ever discuss sexual issues with your parents?	3. Yes 4. No --------- skip to 218	
219	How often did you discuss sex related issues with your father?	1. Often 2. Occasionally 3. Never 4. No response	
220	How often do you discuss sex related issues with your mother?	1. Often 2. Occasionally 3. Never 4. No answer	
221	Did you ever discuss sexual issue with close friends?	1. Yes 2. No	

222	Do you have pressure from your friend(s) to have sexual intercourse?	1. Yes 2. No	

Part three: - Questions on reproductive health

Item No.	Questions	Coding categories	Coding
301	Do you know about reproductive health risks?	1. Yes 2. No	
302	Have you ever discussed with your sexual partner about reproductive health risks?	1. Yes 2. No	
303	Reproductive health risks you know (multiple answer is possible)	1. Unwanted pregnancy 2. Abortion 3. Sexually transmitted diseases /HIV/AIDS 4. Others(specify) ----------	
304	(For female) Have you ever had pregnant?	1. Yes 2. No ------- skip to part four	
305	(For female) if yes to Q.304 with whom were you pregnant?	1. Boy friend 2. Husband 3. Sugar daddy 4. I don't know 5. Other (specify) ----------	
306	(For female) Have you ever had abort?	1. Yes 2. No	
307	(For female) if yes to Q.306 what was the reason?	1. Unwanted pregnancy 2. Early age 3. Economic problem 4. Fear of my parents 5. Other (specify) ----------	

Part four: - Questionnaire on future plan

Item No.	Questions	Coding categories	Coding

401	Preventing sex before marriage	1. Yes 2. No	
402	Preventing peer pressure from doing sex	1. Yes 2. No	
403	Reduce number of sexual partner	1. Yes 2. No	
404	Abstain sexual intercourse	1. Yes 2. No	
405	Use condom before sexual intercourse	1. Yes 2. No	
406	Communicate with parents in every issue	1. Yes 2. No	
407	Avoid sex with casual partner	1. Yes 2. No	

10.8 Annex II D

Questionnaire Amharic version

መመሪያ:- መልሶችህን/ሽን/ አጠገቡ ያለውን ቁጥር በመክበብ ወይም በተሰጠው ክፍት ቦታ ላይ በመጻፍ አሳይ

ክፍል አንድ፡- መረጃ ስለ ማህበራዊ ሁኔታ

ተ.ቁ	ጥያቄዎች	አማራጭ ምላሽ	የኮድ ቁጥር
101	እድሜ	**----------**ዓመት	
102	ፆታ	**1.** ወንድ **2.** ሴት	
103	ዕድሜህ/ሽ/ **12** ዓመት እስኪሞላ ድረስ በገጠር ወይስ በከተማ ነው የኖርከው/ሽው	**1.** በከተማ **2.** በገጠር	
104	የትምህርት ደረጃ	**1.** መሰናዶ አንድ **2.** መሰናዶ ሁለት	
105	ብሔር	**1.** አማራ **2.** ኦሮሞ **3.** ጉራጌ **4.** ትግሬ **5.** ሌላ (ይጠቀስ) **----------**	
106	ሀይማኖት	**1.** ኦርቶዶክ ክርስቲያን **2.** ሙስሊም **3.** ፕሮቴስታንት **4.** ሌላ(ይጠቀስ) **----------**	
107	ወደ ቤተክርስቲያን /መስጊድ ትሄዳለህ/ጃለሽ	**1.** አዎ **2.** አይደለም ወደ ጥያቄ **109** ተሻገር	
108	ምን ያህል ጊዜ ትሄዳለሽ/ሼ	**1.** በየቀኑ **2.** በሳምንት አንድ ቀን **3.** በወር አንድ ቀን **4.** በዓመት አንዴ	
109	በአሁን ሰዓት በትዳር ነህ/ሼ	**1.** አዎ **2.** አይደለም	
110	አሁን የምትኖረው/ሪው	**1.** ከእናት አባት ጋር **2.** ከእናት ጋር ብቻ **3.** ከአባት ጋር ብቻ **4.** ሌሎች ዘመዶች **5.** ከጓደኞች	

		6. ብቻ	
111	ቤተሰቦችህ/ሽ/ የትነው የሚኖሩት	**1.** በከተማ **2.** በገጠር	
112	እናትህ/ሽ በህይወት አሉ	**1.** አዎ **2.** አይደለም ወደ ጥያቄ ቁጥር ***115*** ተሻገር	
113	የእናትህ/ሽ የትምህርት ሁኔታ	**1.** ያልተማረች **2.** ማንበብና መጻፍ **3.** የመጀመሪያ ደረጃ**(1-8)** **4.** ሁለተኛ ደረጃ **(9-12)** **5.** ከሁለተኛ ደረጃ በላይ	
114	የእናትህ/ሽ/የስራ ሁኔታ	**1.** የቤት እመቤት **2.** የቀን ሰራተኛ **3.** አርሶ አደር /ገበሬ/ **4.** የመንግስት ሰራተኛ **5.** ሌላ (ይጠቀስ) ----------	
115	አባትህ/ሽ በህይወት አሉ	**1.** አዎ **2.** አይደለምወደ ጥያቄ ቁጥር ***118*** ተሻገር	
116	የአባትህ/ሽ የትምህርት ሁኔታ	**1.** ያልተማረ **2.** ማንበብና መጻፍ **3.** የመጀመሪያ ደረጃ**(1-8)** **4.** ሁለተኛ ደረጃ **(9-12)** **5.** ከሁለተኛ ደረጃ በላይ	
117	የአባትህ/ሽ/የስራ ሁኔታ	1. የቀን ሰራተኛ 2. አርሶ አደር /ገበሬ/ 3. ነጋዴ 4. የመንግስት ሰራተኛ 5. ሌላ (ይጠቀስ) ----------	
118	የቤተሰብህ/ሽ የገቢ መጠን በወር	**1.** ከ***500*** በታች **2.** ከ***501-1000*** **3.** ከ***1000*** በላይ **4.** ገቢ የለም **5.** አላውቀውም	

119	የወላጆችህ/ሽ የጋብቻ ሁኔታ እንዴት ነው	**1.** እናቴና አባቴ አብረው ይኖራሉ **2.** እናቴና አባቴ የተለያየ ቦታ ይኖራሉ **3.** እናቴና አባቴ ተፋተዋል **4.** እናትና አባቴ ሞተዋል	
120	ቋሚ የሆነ የኪስ ገንዘብ አለህ/ሽ	**1.** አዎን **2.** አይደለም ..ወደ ጥያቄ ቁጥር **122** ተሻገር	
121	የኪስ ገንዘብ የሚሰጥህ/ሽ ምን ያህል ጊዜ ነው	**1.** ሁልጊዜ **2.** በአብዛኛው **3.** አልፎ አልፎ **4.** በጣም በጥቂት	
122	ወደ መጠጥ ቤት/መሸታ ቤት ትሄዳለህ/ሽ	**1.** አዎን **2.** አይደለም..ወደ ጥያቄ ቁጥር **124** ተሻገር	
123	ምን ያህል ጊዜ ወደዚህ ቦታ ትሄዳለህ/ሽ	**1.** በየቀኑ **2.** በሳምንት አንዴ **3.** በወር አንዴ **4.** ለመመለስ ፍቃደኛ አይደለሁም	
124	አልኮል ለምሳሌ ጠላ፣ጠጅ፣አረቄ፣ቢራ የመሳሰሉትን ትጠጣለህ/ሽ	**1.** አዎ **2.** አይደለም፣ወደ ጥያቄ ቁጥር **126** ተሻገር	
125	ምን ያህል ጊዜ የአልኮልና የመሳሰሉትን መጠጦች ትጠጣለህ/ሽ	**1.** ሁል ጊዜ **2.** አንዳንዴ **3.** ለመመለስ ፍቃደኛ አይደለሁም	
126	አነቃቂ ዕጽ የመጠቀም ልምድ አለህ/ሽ	**1.** አዎ **2.** አይደለም..ወደ ጥያቄ ቁጥር **128** ተሻገር	
127	ምን ዓይነት አነቃቂ ዕፆችን ትጠቀማለህ/ሽ	አዎ አይደለም ጫት **1** **2** ሲጋራ **1** **2** ሺሻ **1** **አ2** ካናቢስ **1** **2** ሌላ (ይጠቀስ) ----------	
128	በአንተ/ቺ አስተሳሰብ ጋብቻ በስንት እድሜ ላይ ቢደረግ ይመረጣል	----------	
129	ከጋብቻ በፊት ስለሚደረግ የግብረስጋ ግንኙነት አመለካከትህ/ሽ ምንድነው	**1.** እስማማለሁ **2.** አጥብቄ እስማማለሁ	

		3. እቃወማለሁ 4. ለመመለስ ፍቃደኛ አይደለሁም	

<u>ክፍል ሁለት</u>፡- መረጃ ስለ ዖታዊ ባህርያት

ተ.ቁ	ጥያቄዎች	አማራጭ ምላሽ	ኮድ ቁጥር
201	ወሲባዊ ይዘት ያላቸው መጽሄቶች አንብበህ ወይም ቪዲዮ ፊልሞች ተመልክተህ ታውቃለህ/ሺ	1. አዎን 2. አይደለም	
202	የግብረ ስጋ ግንኙነት ጓደኛ አለህ/ሺ	1. አዎን 2. አይደለም	
203	የግብረስጋ ግንኙነት ፈጽመህ/ሽ ታውቃለህ/ሺ	1. አዎን 2. አይደለም---ወደ ጥያቄ ቁጥር **214** ተሻገር	
204	ባለፈው **12** ወራት ውስጥ የግብረስጋ ግንኙነት ፈጽመህ/ሽ ታውቃለህ/ሺ	1. አዎን 2. አይደለም	
205	በመጀመሪያ የግብረስጋ ግንኙነት የፈጸምክበት/ሽበት እድሜ	----------	
206	ለመጀመሪያ ጊዜ ካንተ/ቺ ጋር የግብረስጋ ግንኙነት የፈጸመው ሰው የዕድሜ ልዩነት	1. ያንሳል/ታንሳለች 2. ተመሳሳይ ዕድሜ ነው/ነች 3. በዕድሜ ጤና ያለ/ች 4. አላስታውሰውም/አላውቀውም	
207	ለመጀመሪያ ጊዜ የግብረስጋ ግንኙነት እንድታደርግ/ጊ ያነሳሳህ/ሽ ምክንያት	1. በመ□ □ ት 2. ትዳር ለመመስረት 3. ተደፍሬ 4. በፍቅር መውደቅ 5. የጓደኛዮን ፍላጎት ለሚሟላት 6. ተገድጄ 7. ስጦታ ወይም ገንዘብ ለማግኘት 8. የጓደኛ ግፊት 9. ጠጥቼ ነበር 10. ሌላ (ይጠቀስ)ዟዟዟዟዟዟ	
208	በመጀመሪያ የግብረስጋ ግንኙነትየፈጸምከው/ሽው ሰው ጋር ያላችሁ ግንኙነት	1. የትምህርት ቤት ሴት/ወንድ ጓደኛ 2. ከት/ቤት ውጪ የሴት /ወንድ ጓደኛ 3. የቤት ሰራተኛ	

		4. የትዳር አጋር **5.** ዘመድ **6.** የቡናቤት ሴት **7.** ለጥቅማ ጥቅም የያዝኩት የወሲብ ጓደኛ **8.** ሌላ (ይጠቀስ)ቷቷቷቷቷቷቷቷቷ	
209	የግብረስጋ ግንኙነት ከፈጸምኩበት/ሽ ጊዜ አንስቶ እስከ አሁን ስንት የግብረ ስጋ ግንኙነት ጓደኛ አለህ/ሼ	**1.** አንድ ብቻ **2.** ሁለትና ከዛ በላይ **3.** አላስታውስም **4.** ለመመለስ ፍቃደኛ አይደለሁም	
210	ለመጀመሪያ ጊዜ የግብረ ስጋ ግንኙነት ስትፈጽም/ሚ ኮንዶም ተጠቅመህል/ሺ	**1.** አዎቷወደ ጥያቄ ቁጥር ***212*** ተሻገር **2.** አይደለም **3.** አላስታውስም ወደ ጥያቄ ቁጥር ***212*** ተሻገር	
211	ኮንዶም ያልተጠቀምኩበት/ሽ ምክንያትኽ	**1.** ጓደኛዬ ስለምትቃወም/ሚቃወም **2.** የምጠቀመው ከጓደኛ ውጭ ሲሆን ነው **3.** ለጓደኛዬ ታማኝ ስለሆንኩ **4.** ያለፍላጎት የሆነ ግኝኙነት ስለነበር **5.** የወሲብ ደስታችን ስለሚቀንስ **6.** ኮንዶም ውድ ስለሚሆንብኝ **7.** አስቤበት አላውቅም **8.** አጠቃቀሙን ስለማላውቅ	
212	ባለፈው ***12*** ወራት ውስጥ የግብረ ስጋ ግንኙነት በምትፈጽምበት ወቅት የመከላከያ ዘዴዎችን ተጠቅመህል/ሻል	**1.** አዎ **2.** አይደለም ቷወደ ጥያቄ ቁጥር ***215*** ተሻገር	
213	ባለፈው ***12*** ወራት ውስጥ የግብረስጋ ግንኙነት ስትፈጽም/ሚ የተጠቀምከው /ሽው የመከላከያ ዘዴ አይነትኽ	**1.** ኮንዶም **2.** ፒልስ **3.** በጊዜ ሰንጠረዥ **4.** ድንገተኛ መከላከያ ዘዴ **5.** ሌላ(ይጠቀስ) ቷቷቷቷቷ.	
214	የግብረስጋ ግንኙነት ያላደረክበት/ሽ ምክንያትኽ	**1.** ቤተሰቦቼን ስለምፈራ **2.** እርግዝናን ስለምፈራ **3.** ለአባላዘር እና ኤች አይ ቪ በሽታ እንዳይዘኝ ስለምፈራ **4.** ሀይማኖቴ ስለማይፈቅድልኝ	

		5. ሌላ(ይጠቀስ) ታታታታታታታታ.	
215	(ለወንዶች ብቻ) ከቡና ቤት ሴቶች ጋር የግብረስጋ ግንኙነት ፈጽመህ ታውቃለህ	**1.** አዎን **2.** አይደለምታወደ ጥያቄ ቁጥር **218** ተሻገር	
216	(ለወንዶች ብቻ) ለጥያቄ ቁጥር **215** መልስህ አዎ ከሆነ ኮንዶም ተጠቅመህ ታውቃለህ ከቡና ቤት ሴት ጋር የግብረስጋ ግንኙነት ስትፈጽም	**1.** አዎን **2.** አይደለምታወደ ጥያቄ ቁጥር **218** ተሻገር	
217	(ለወንዶች ብቻ) ለጥያቄ ቁጥር **216** መልስህ አዎ ከሆነ ምን ያህል ጊዜ ኮንዶም ተጠቅመሃል	**1.** ሁል ጊዜ **2.** አንዳንዴ **3.** በአብዛኛው	
218	ከቤተሰብ አባል ጋር በግልጽ ስለፆታዊ ጉዳዮች ተወያይተህ /ሽ ታውቃለህ/ሼ	**1.** አዎን **2.** አይደለም	
219	ምን ያህል ጊዜ ከአባትህ/ሽ ጋር ስለፆታዊ ጉዳዮች ትወያያለህ/ሼ	**1.** ሁል ጊዜ **2.** አንዳንድ ጊዜ **3.** በፍጹም **4.** ለመመለስ ፍቃደኛ አይደለሁም	
220	ምን ያህል ጊዜ ከእናትህ/ሽ ጋር ስለፆታዊ ጉዳዮች ትወያያለህ/ሼ	**1.** ሁል ጊዜ **2.** አንዳንድ ጊዜ **3.** በፍጹም **4.** ለመመለስ ፍቃደኛ አይደለሁም	
221	ከጓደኛህ/ሽ ጋር ስለፆታዊ ጉዳዮች ትወያያለህ/ሼ	**1.** አዎን **2.** አይደለም	
222	ከጓደኛህ/ሽ ጋር የግብረ ስጋ ግንኙነት እንድትፈጽም/ሚ ግፊት አድርጎብህ/ሽ ያውቃል/ታውቃለች	**1.** አዎን **2.** አይደለም	

ክፍል ሶስት፡- መረጃ ስለ ስነ-ተዋልዶ ጤና በተመለከተ

ተ.ቁ	ጥያቄዎች	የአማራጭ ምላሽ	የኮድ ቁጥር
301	ስለ ስነ-ተዋልዶ የጤና ጠንቆች ግንዛቤ አለህ/ሼ	**1.** አዎን **2.** አይደለም	
302	ከግብረ ስጋ ግንኙነት አጋርህ/ሽ ጋር ስለ ስነ-ተዋልዶ	**1.** አዎን	

	የጤና ጠንቆች ተወያይታችሁ ታውቃለህ/ሽ	**2.** አይደለም	
303	የምታውቃቸው የስነ-ተዋልዶ ጤና ጠንቆች (ከ**1** በላይ መልስ ይቻላል)፦	**1.** ያልተፈለገ እርግዝና **2.** ውርጃ **3.** አባላዘር በሽታና ኤች አይ ቪ ኤድስ **4.** ሌላ(ይጠቀስ) ::::::..	
304	(ለሴቶችብቻ) አርግዘሽ ታውቂያለሽ	1. አዎን 2. አይደለም ወደ ክፍል አራት ተሻገር	
305	(ለሴቶችብቻ) ጥያቄ ቁጥር **304** መልስሽ አዎ ከሆነ ከማን ነው ያረገዝሽው፦	**1.** ከወንድ ጓደኛዬ **2.** ከባሌ **3.** ለጥቅማጥቅም ከያዝኩት ሰው ጋር **4.** አላውቀውም **5.** ሌላ (ይጠቀስ) :::::	
306	(ለሴቶች ብቻ) ውርጃ አካሄደሽ ታውቂያለሽ	**1.** አዎን **2.** አይደለም	
302	(ለሴቶች ብቻ)ለጥያቄ ቁጥር **306** መልስሽ አዎ ከሆነ ምክንያቱ	**1.** ያልተፈለገ እርግዝና **2.** ዕድሜዬ ገና ስለነበረ **3.** የገንዘብ ችግር **4.** ወላጆቼን ስለፈራሁ **5.** ሌላ (ይጠቀስ) ----------	

ክፍል አራት፡- መረጃ ስለቀጣይ የሕይወት ውሳኔ

ተ.ቁ	ጥያቄዎች	አማራጭ ምላሽ	ኮድ ቁጥር
401	ከጋብቻ በፊት የግብረ ስጋ ግንኙነት ማቆም፦	1. አዎን 2. አይደለም	
402	የጋደኛን ግፊት ግብረ ስጋ ግንኙነት ከማድረግ መከላከል	1. አዎን 2. አይደለም	
403	የግብረ ስጋ ግንኙነት ጓደኛን መቀነሴ	1. አዎን 2. አይደለም	
404	የግብረ ስጋ ግኙነት ከጋብቻ በፊት አለማድረግ	1. አዎን 2. አይደለም	
405	የግብረ ስጋ ግንኙነት ከመደረጉ በፊት ኮንዶምን መጠቀም፦	1. አዎን	

		2. አይደለም	
406	ከወላጆች ጋር ስለ እያንዳንድ ነገር መወያየት	1. አዎን 2. አይደለም	
407	ድንገተኛና ጥንቃቄ የጐደለው የግብረ ስጋ ግንኙነት አለማድረግ	1. አዎን 2. አይደለም	

11. DECLARATION

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

Name: **Wendifraw Teklemikael**

Signature**:** _____

Place: **Addis Ababa University**

Date of Submission**: January, 2014**

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

_____ _____ _____

Advisor signature Date