Addis Ababa University

College of health Sciences

Department of Nursing and Midwifery

Assessment of Risky Sexual Behavior among Substance User Adolescents in Adama City, East Showa Zone, Ethiopia, 2012

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A Research Thesis Submitted to School of Graduate Studies, College of Health Sciences, Department of Nursing and Midwifery for Partial Fulfillments of Masters Degree in Maternal and Reproductive Health Science in Nursing

Addis Ababa, Ethiopia, June, 2012

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Acknowledgement

First and foremost, my special thanks go to the Almighty God who helped me in all the ways in the entire process of my activities.

I would like to forward my deepest appreciation and thanks to my advisor Sr. Emebet Berhane (RN, BSc.N, Msc.N) for her constructive advice, support, valuable comments and suggestions which made this research thesis come true.

I would also like to thank librarians at department of nursing and midwifery and at the school of public health for their cooperativeness in providing me valuable reference materials.

Lastly, my special thanks goes to the research participant for their cooperative and kind responses without which the results of this research papper couldn't have come true

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List of abbreviation

AIDS – Acquired Immunodeficiency Syndrome

EDHS – Ethiopian Demographic and Health Surveys

ENA - Ethiopian Nurses Association

HAPCO – HIV/AIDS Prevention and Control Office

HIV – Human Immunodeficiency Virus

HPV – Human Papilloma Virus

IEC – Information, Education and Communication

IRB – Ethical Review Board

MOH – Ministry Of Health

PID – Pelvic Inflammatory Diseases

STDs – Sexually Transmitted Diseases

STI - Sexually Transmitted Infections

UNFPA – United Nations Population Fund

UNICEF – United Nations Children's Fund

U.S. – United States

WHO – world health organization

Abstract

Back ground - Pre-marital sexual behavior among adolescents and youth remain poorly explored topics in Ethiopia. The available evidence in India suggests that between 20 and 30 % of all males and up to 10 % of all females are sexually active during adolescence. Sexual activity is frequently risky. The relationship between substance use and risky sexual behavior is complicated by the type, frequency, and mode of substance. These sexual high risk behaviors predispose the victims to a number of possible social, economic and psychological consequences.

Objectives - To determine the risky sexual behaviour and its associated factors among substance user adolescents in Adama City.

Method and material – A community based cross sectional exploratory study was used from March – April 2012 at Adam City. Samples of 347 substance user adolescents who fulfilled the inclusion criterias were recruited by convenience sampling technique. Data was collected with a pretested structured self administered questionnaire. The collected data was controlled and cleaned properly for consistency and entered into Epi info version 3.5.1 software and transferred to SPSS version 15.0 for analysis. Multiple logistic regressions were used to predict the outcome variables and control the confounding factors. Finally, results were presented using frequency table.

Results - The prevalence of risky sexual behavior among substance user adolescents of Adama City is found to be 75.1% for the sexually active participants. The use of substances like: Khat usage (AOR = 1.51), alcohol usage (AOR = 12.24), tobacco usage (AOR = 10.68), and illicit substance usage (AOR = 5.88) respectively were found to be significantly associated with having risky sexual behavior. Because of the risky sexual behavior they suffered from unwanted pregnancy 88.2%, abortion 88.2% of the total pregnancies, immediate outcomes of abortion like: psychological stress 73.3%, physical problems 40%, social stigma 33.3%, and STI 26.7%.

Conclusions - The prevalence of risky sexual contact is found to be higher. Alcoholic use & illegal substances are among the leading causes for this. The study has also revealed that the substance user adolescents are suffering from various immediate physical, psychological, and financial problems related to the risky sexual behavior.

Recommendations – The use of substances by adolescents should be tried to be minimized. The local police administration should work in diverse to make these substances less accessible to the adolescents particularly on illicit substances. School directors and families should also work together on the IEC activities particularly on the education and communication component to increase adolescents understanding and to promote their change of behavior on the use of substances and risky sexual behavior. IEC activities should be broadly provided by different stockholders who work on adolescent reproductive health.

1. Introduction

1.1. Back ground information

According to World Health Organization (WHO) the term “adolescence” has been defined as including those aged group between 10-19years (1). During adolescence, young people develop their identity, move towards physical and psychological maturity, and become economically independent (2). Although adolescence generally is a healthy period of life, many adolescents often are less informed, less experienced, and less comfortable accessing family planning and reproductive health services than adults (3).

Adolescent sexuality refers to sexual feelings, behavior and development in adolescents and is a stage of human sexuality (4). In humans, mature sexual desire usually begins to appear with the onset of puberty. Sexual activity in general is associated with various risks including unwanted pregnancy and sexually transmitted diseases including Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome (HIV/AIDS) (4). The risks are elevated for young adolescents because their brains are not neurally mature. Partially because of this, most adolescents are less equipped than adults to make sound decisions and anticipate consequences of sexual behavior (4). Sexual thoughts, feelings, and behaviors, present throughout life, are often accentuated during adolescence. Numerous surveys have suggested increased sexual experimentation by increasing numbers of teenagers at younger ages each year (5).

Often the outcome of these behaviors can have adverse consequences such as unplanned pregnancy and sexually acquired infections. Substance abuse is generally believed to be one of the associated factors for sexual risk behavior in HIV transmission. Although the effect of alcohol & other psychoactive substances in interfering with condom use has also been studied (11), this vital area of research has not been explored in Ethiopia. High-risk sexual behaviors under the influence of alcohol are common in teenagers (12).

As both Khat and alcohol are widely consumed in these groups, description of the relationship between these substances and risky sexual behavior would usefully guide national policy and decision making on HIV/AIDS.

1.2. Statement of the problem

The time of adolescence is a time of rapid physical and physiological development and adolescents at this age are vernerable to many physical, social and environmental problems. Sexual desire and drug abuse are among those of the physiological and environmental needs that adolescents encounter. It is a time they develop behavioural patterns such as drug use or non use and sexual risk taking or protection. Some adolescents have a potential to go safely through this period while most of the adolescents encounter a problem related to their sexual activity and drug abuse. So depending on the way they handle it, this time can have long lasting positive or negative effect on future life (14).

The major causes of adolescent reproductive health problems are early unprotected sexual intercourse and early and usually unwanted pregnancy which may be due to:- Lack of knowledge on physiology of the reproductive system and human sexuality, Early marriage, Urbanization, migration, (western) cultural influences, Sexual violence and coercion, Peer influence, Lack of knowledge on Family Planning method , and most commonly because of the effect of drug abuse (15).

As many young adolescents engage in risky sexual behaviour it exposes them to a number of social, economic, and physical consequences. Among the factors that have been proposed as a contributor to sexual risk-taking is the use of alcohol or other drugs with sex. Because alcohol and drugs are thought to interfere with judgment and decision-making, it has been suggested that their use in conjunction with sexual activity might increase the probability that risky behaviors will occur (16).

In the last few years, a number of reports have appeared suggesting a link between alcohol or drug use and sexual behavior, such as unprotected intercourse, increased vulnerability to coercive sexual activity that is known to place an individual at higher risk for HIV infection and other problems. Among adolescents surveyed in New Zealand, alcohol misuse was significantly associated with unprotected intercourse and sexual activity before age 16 (17).

Another study done in Afghanistan to determine HIV risk behavior among freshman students in four universities showed that HIV high risk behaviors were significantly associated with age group, gender, home town, drinking alcohol, exposure to pornographic media, and level of knowledge (18).

Most teenagers are sexually active and their sexual activity is associated with serious risks and complications of which they are unaware or seriously misinformed. This risky sexual behavior is associated with a number of consequences which could put their life at a greater risk. Among the possible risks at which they are exposed to may include:

1. Predisposition to unwanted pregnancy which further may cause the need to terminate pregnancy there by exposing them to the potential complications of abortion like haemorrhage, sepsis, subsequent spontaneous abortions and premature labour.
2. The risk of obstructed labour due to the underdeveloped pelvis in teenagers
3. Anaemia due to rapid growth, the needs of pregnancy and other causes (poor nutrition, parasitic infestation etc)
4. Pregnancy induced hypertension which epidemiologically is more common in teenagers
5. Carcinoma of the cervix: Early sexual intercourse most commonly leads to multiple sexual partners increasing the risk for carcinoma of the cervix at a later age.
6. Increased incidence of low birth weight, perinatal, neonatal and infant mortality rates of babies born to adolescent mothers
7. Poor psychomotor development, epilepsy, and various congenital abnormalities
8. Predisposition to sexually transmitted infection including HIV/AIDS
9. Psychological stress, poor self esteem and social stigma
10. Disrupted education, poor academic achievement
11. Leaving home and prostitution
12. Poor socio-economic future, poor earning capacity
13. Unstable marriage, unwanted child – usually mistreated and abandoned.

A number of researches are available and have tried to show the association between the drug abuse and risky sexual behavior among a population of in and out of school adolescents. But till now there is no study that is conducted on the assessment of substance usage and risky sexual behavior in particular among substance users.

So, the current study was undertaken to describe the magnitude of risky sexual behavior and its association with substance use among a sample of substance user adolescents in Adama city, East Showa Zone, Ethiopia.

1.3. Significance of the study

Numerous studies have been conducted and have tried to show the correlation between the substance use and risky sexual behavior. These studies were conducted among out of school adolescents, College and High School students to assess the risky sexual behaviour pattern with the use of substances. But till now there is no study that is conducted on the assessment of risky sexual behavior by considering only substance users as the study subjects.

Hence, this study was aimed at assessing the magnitude of the risky sexual behavior, the factors that are assumed to be associated with the risky sexual behavior particularly among substance user adolescents.

So this research is believed to generate information about magnitude of the risky sexual practice among substance user adolescents, sexual behavior of substance user adolescents, and contribute to the scientific advancement of the knowledge about the sexual behavior of the study population and helps as a standing tool for developing an appropriate adolescent reproductive health approach particularly for substance user adolescents. Furthermore as this group of population is not well searched, little is known about them. So, the research can also be used to explore some basic information and can be used as a standing point for making further broad research on the problem.

2. Literature review

2.1. Substance use characteristics

Adolescents engage in sexual activity for a variety of reasons, including lack of parental guidance and monitoring, peer pressure, curiosity, desire for intimacy, history of sexual abuse, and other risky behaviors such as alcohol and drug use. Adolescents who start sexual activity at an early age have a higher number of sexual partners; a higher risk of Sexually Transmitted Infections (STIs), nonmarital pregnancy, and maternal and child poverty; and are more likely to suffer depression and emotional consequences (19).

Substance misuse has become a growing problem in Ethiopia as in money developing countries. A review of alcohol and drug abuse in Ethiopia revealed that alcohol and Khat are the two most frequent substances of abuse, followed by cannabis and solvent. Hard drugs such as heroin and cocaine are rarely used (19).

Students and stuffs at institution of higher education are considered to be at high risk of substance use. On a study done in Gondar College of Medical Science, in north western Ethiopia, the leading substances of abuse were alcohol, cigarette and Khat with a prevalence rate of 31.1%, 26.3% and 22.3% respectively (20).

2.2. Substance abuse and risky sexual behavioral characteristics

A study done in Haremaya University showed that the majority of the students who have a sexual experience reported that they had their first sexual contact with their boyfriend/girlfriend (83.1%), the rest 7.4% with strangers, 7.4% with their spouses, and 1.6% of the respondents had their first sexual contact with their teachers (21).

This study also has showed that 65.8% of the students had at least one of the risky sexual behaviors: 11.5% had multiple sexual partners in the last three months, 44.3% of the respondents use condom inconsistently, 35.3% had started sexual contact before the age of 18 years and 16.3% of males had sex with commercial sex workers. The most common reason cited for non use of or inconsistent use of condom among these students was trust on the partner (38.3%), followed by a negative attitude towards condom use (27.7%)(21).

Substance use has been documented as a contributing factor for sexual risk taking, where by substance use impairs individual judgment and decision making and increase one`s risk for sexually transmitted diseases and other problems. A study done in America on adolescent students showed that both causal and chronic substance users are more likely to engage in risky sexual behavior such as unprotected sex when they are under the influence of drugs and alcohol (22).

The study done on rural adolescent in United States to assess STD/HIV related risk behavior and substance use further revealed that substance use was significantly associated with unprotected sexual behaviors. It showed that adolescents who reported alcohol or drug use before their last sexual intercourse, smoking 3days during the past 30 days, ever marijuana, ever using cocaine, drinking alcohol ≥3 days during the past 30 days and being drinking during the past 30 days were more likely not to use condom at their last sexual intercourse (23). Increased alcohol use seems to be associated with an increased likelihood of sexual activity. According to a study done to assess risky sexual behavior and alcohol use among young adults, in United States; when men aged 18 to 30 were asked to report their episode of heaviest drinking in the last year, 35% said that they had sex after consuming five to eight drinks and 45% had sex after consuming eight or more drinks compared with 17% of those who had one or two drinks (24).

In a study conducted in Zimbabwe to assess condom use and abstinence among unmarried young people; among women aged 18 to 30, 39% had sex while consuming five to eight drinks and 57% had sex when consuming eight or more drinks compared with 14% of women who had one or two drinks. Forty-four percent of sexually active Massachusetts teenagers said they were more likely to have sexual intercourse if they had been drinking, and 17 percent said they were less likely to use condoms after drinking (25).

Research done in Slovak students showed that the risk of multiple sexual partners was associated with psychological factors among females. It also showed that males reporting having been drunk at least once in the preceding month or reporting sexual experience before age 16 were more likely to have had more than three sexual partners in their life time. It also added that behavioral factor like being drunk for males and being smoker for females was associated with inconsistent condom use (26).

Some studies have indicated that substance misuse is associated with psychological distress, physically ill health and risk taking behavior. Khat and alcohol are among those substances widely consumed by adolescents and youth in Ethiopia. In a study of over 20, 000 in school and out of school youths, daily Khat use was been found to be have a significant and linear association with unprotected sex (27).

There was also a significant and linear association between alcohol intake and early initiation and risky sexual behavior, with those using alcohol daily having a threefold increased odds compared to those not using alcohol. In this study, use of substance other than Khat was also found to be strongly associated with sex initiation and risk taking behavior. In this study use of substance other than Khat was also strongly associated with sex initiation (28).

Illicit drug users are also more likely than users to have multiple sex partners and other risky sexual behaviors. A research done on substance use and sexual behavior among adolescents of South Africa showed that substance use as measured by life time alcohol and marijuana use, is strongly predictive of adolescent sexual behavior even after controlling for the relevant social and economic background characteristics of the adolescents. In relative terms, smoking marijuana is a stronger predictor of lifetime sexual activity than life time alcohol use.

A study done in Lima, Peru on sexual behavior and drug consumption showed that a life time history of illicit drug consumption decrease the probability of condom use at last sexual contact. Among men the use of illicit drugs doubled the probability of intercourse with a causal partner during the last year and tripled the probability of reported sexually transmitted infection symptoms (29).

Researchers have reported risky sexual behavior among African youth. Among them, a research on Togolese university students have shown that approximately 63% of the students have had more than one sexual partner at the time of the survey and some 38% reported regular condom use. Among Malagasy women more than one third had premarital sex but only 3% reported condom use during their last premarital sex (30).

The Ethiopian Demographic and Health Surveys (EDHS) 2005 reported that condom use during the last sexual intercourse in their last 12 months with non regular partner was 51.9% and 23.6% among 15 – 49 years old male and females respectively. The 2005 EDHS also showed that condom use with non regular partner in the 12 months preceding the survey is much greater in 15 – 24 years old men (50.2%) than females of the same age group (28.4%)(31).

2.3. Risky sexual behavior and its consequences

Among the sexually active students who were asked if they had symptoms of STI 4.1% responded that they had the symptoms. Regarding the use of contraception method the last time they had sexual contact, 72% had used any kind of contraception while the remaining 18% didn't. From the sexually active students 23.1% have had once been pregnant and only 1 student reported that she was pregnant twice. Concerning the outcome of the pregnancies 81.2% were ended up in abortion and only 3 pregnancies ended up in live birth. (21)

A research done on the association between substance use and HIV among voluntary counseling and testing users in Addis Ababa showed that age 25 years and, ever use of hard drug, ever drinking alcohol and Khat chewing were positively and significantly associated with HIV seropositivity in Bivariate analysis (32).

A study conducted among high school students in Gondar, North West Ethiopia has showed that 14.9% reported to have had sexual intercourse at least once in the past six months, 11.9% of the sexually active respondents had sex with commercial sex workers in the past six months and 10.7 had contracted sexually transmitted diseases. Out of the sexually active 54.8% didn't use condoms. From the respondents who have used condoms only 68.4%used always while the other 31.6% reported that they use condom only sometimes (33).

Globally approximately 19 million new STI cases occur each year; about half in persons aged 15 to 24. The most common infections include Chlamydia, human papillomavirus (HPV), and trichomoniasis. These three account for 88% of all new cases in adolescents and young adults. Most of the STIs are asymptomatic, making detection and treatment a challenge.(34)

Globally approximately 3 million new cases of Chlamydia occur every year. Of all cases in female patients, half occur in girls aged 15 to 19. The infection is asymptomatic in 75% of infected women and about half of infected men. Gonorrhea is another highly common infection. Highest rates of gonorrhea are seen in women and girls aged 15 to 19 and young men aged 20 to 24. The disease is asymptomatic in 85% of infected men and more than half of infected women. Both Chlamydia and gonorrhea also increase the risk of HIV infection by three- to five-fold. If untreated, 10% to 40% of women with Chlamydia and up to 20% of women with gonorrhea develop pelvic inflammatory disease (PID).(35)

Gonorrhea and Chlamydia account for one-fourth to three-fourths of the acute PID cases in young women. PID often leads to infertility, pelvic pain, and ectopic pregnancies. One million women are diagnosed with PID every year. Syphilis, another bacterial STI like Chlamydia and gonorrhea, has recently reemerged in the United States (U.S). Syphilis infection increases the risk of HIV infection two- to five-fold (34, 35).

Common viral STIs include genital herpes; a chronic infection that afflicts more than 50 million people in the U.S. Genital herpes increases the risk of HIV three- to seven-fold. Trichomoniasis, caused by a protozoan, is very a common STI, which is asymptomatic in 85% of men and 50% to 80% of women. Untreated trichomonas infection can cause premature rupture of membranes during pregnancy, and may be passed on to female infants. Trichomoniasis also increases two- to three-fold the chances of getting HIV (36). More than 750,000 teen pregnancies occur each year; most are nonmarital. This means that about one in 10 teenage women get pregnant in a year—or about one in five sexually active teenage women. One out of three girls becomes pregnant at least once before reaching age 20.(37)

Teen parents are more likely to drop out of school, continue to have nonmarital pregnancies, change jobs more frequently, be on welfare, and have mental and physical health problems. Early sexual activity and multiple partners are also associated with pain and suffering from broken relationships, a sense of betrayal and abandonment, confusion about romantic feelings, altered self-esteem, depression, and impaired ability to form healthy long-term relationships (37, 38, 39).

Generally several researches are available showing the prevalence of substance use among different social groups and age groups. But no study, which shows the prevalence of risky sexual behavior among substance user adolescents', is available. Several other studies have also tried to show the association between substance use and the risky sexual behavior among different social groups but none of them have been conducted on substance user adolescents as a target for a study. Hence, the current study is aimed at assessing these gaps particularly among substance user adolescents.

2.4. Conceptual frame work

This conceptual frame work tries to predict the sequence and ways on how adolescents become exposed to substance or get an access to substance use and what a substance use is likely to do on their rational decision making. It thereby tries to predict some of the outcomes that are likely to happen as a consequence of substance use. It was tried to be formulated by considering various variables which initially leads adolescents to the substance use. Then it tries to predict how the substance use leads them to risky sexual behavior which leads to harmful physical, psychological, social, economical and reproductive consequences. The frame work is taken from the research conducted on Haromaya University students on substance use and risky sexual behavior and modified according to the topic and variable content of the current study.

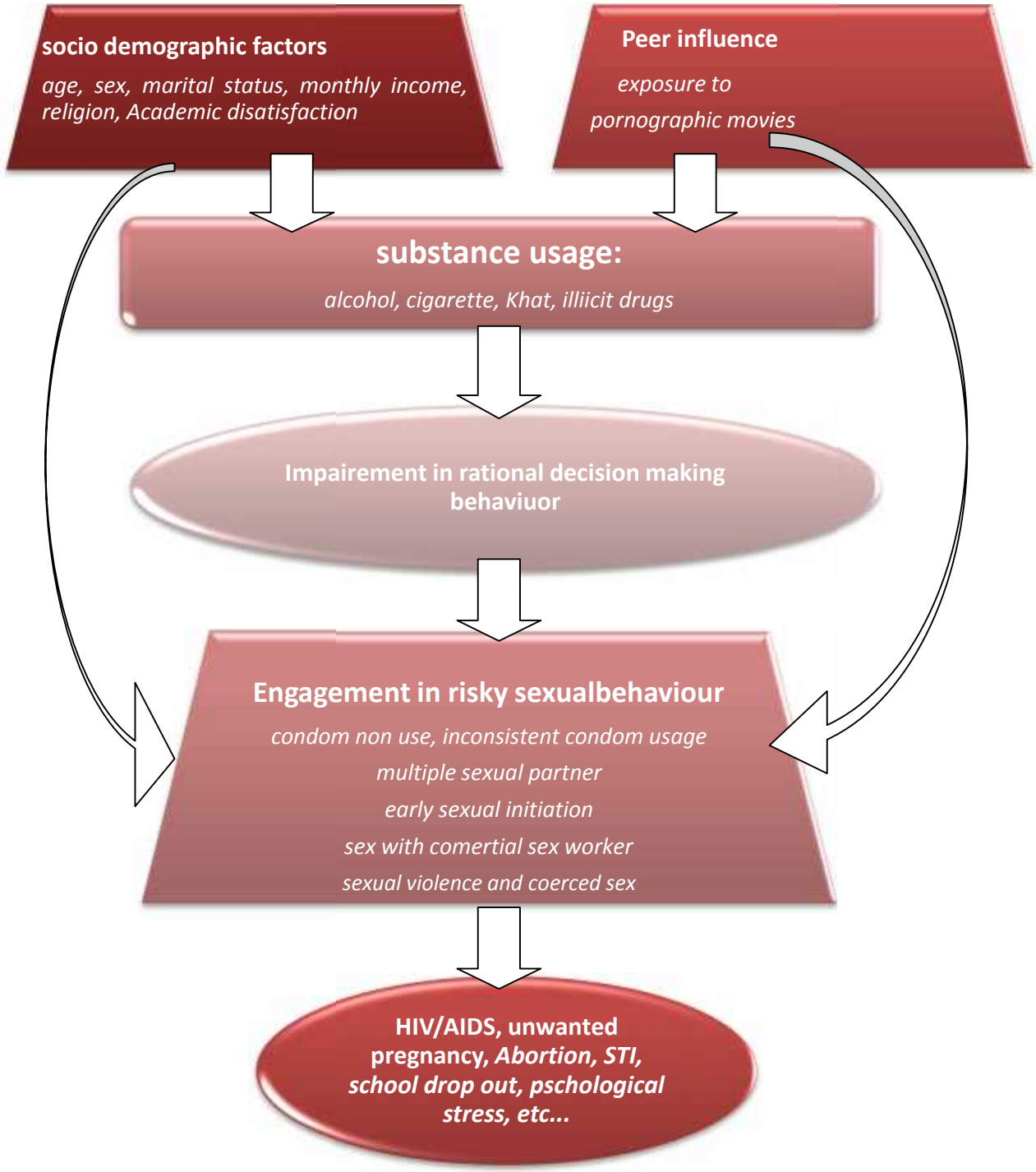


Figure 1. Conceptual frame work on substance use and risky sexual behavior development (21)

3. Objectives

3.1. General objective

- To determine the risky sexual behavior and its associated factors among substance user adolescent in Adama City.

3.2. Specific objectives

- To identify the presence of risky sexual behavior among substance user adolescents in Adama City.

- To determine the magnitude of risky sexual behavior among substance user adolescents in Adama City.

- To identify factors that puts the adolescent at risky sexual behavior among substance user adolescents in Adama City.

4. Study method and material

4.1. Study area

The study was conducted in Adama town which is located in East Showa Zone of Oromiya Region, 100 km East of Addis Ababa. It is subdivided in to 14 kebeles and has an estimated total population of 217, 230 (108, 110 male and 109, 120 female). It has one Governmental Hospital, three Nongovernmental Hospitals, four Governmental Health Centers, one Nongovernmental Health Center, two Health Posts, 33 private Clinics, 3 Nongovernmental Clinics and 34 Pharmacies. The town has one Governmental and two Nongovernmental Preparatory schools (11^{th} and 12^{th} grade).

4.2. Study design and period

A cross sectional, exploratory quantitative study was conducted to assess the magnitude of risky sexual behaviour and its association with substance usage among substance user adolescents in Adama City from March to April 2012.

4.3. Population

4.3.1. Source population

All people living in Adama City were considered as a source population of the study.

4.3.2. Study population

All substance user adolescents in Adama City were considered as a source population of the study.

4.3.3. Study participants.

All substance user adolescents of predetermined sample size, who fulfilled the inclusion criteria, chosen by convenience technique of sampling were included in the study.

4.4. Inclusion and exclusion criteria

4.4.1. Inclusion criteria

- Adolescent age 18 – 19 that are currently using any type of substance.

- Adolescent who are willing to participate in the research

- Adolescents who can read and write

4.4.2. Exclusion criteria

- Adolescent substance users who can't read, write, who are mute & blind or deaf

- Adolescent substance users whose age is less than 18 years old.

4.5. Sample size determination

Formula for calculating the sample size was:

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

Where **n** = The desired sample size

P = Prevalence of Khat use = 34.5 %

Z α**/2 =** Critical value at 95% confidence level of certainty (1.96)

d = The margin of error between the sample and the population 5 % (0.05)

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

$$n = \frac{(1.96)^2 \times 0.345\ (1 - 0.345)}{(0.05)^2}$$

$$n = \frac{3.8416 \times 0.345\ (0.655)}{0.0025} = \frac{3.8416 \times 0.225975}{0.0025}$$

$$\frac{0.0.8681056}{0.0025} = 347.2$$

So using the above formula, the sample size was calculated to be 347 participants.

4.6. Sampling technique

From the total number of substance user adolescents in the city, the study subjects who fullfill the inclusion criterias were selected by convenience sampling technique until the desired sample size is obtained. The study subjects were included in the study based on the knowledge that they are a user of any of the substances and their age limit between 18 -19 years. To make this sure, the data collectors first had tried get a teenage looking boys and girls who use one of the substances. Then it was tried to make a communication with them to know their age. Then after, the data collectors asked the adolescents if they are willing to participate in a research. Accordingly the data was collected from adolescents who were willing to participate. For adolescents who were found in the night club, in the groceries and for the commercial sex workers first the selection and the recruitment activities were done on the first day of communication. Then they were appointed for the next day & the data was collected from them.

4.7. Data collection tools and methods of data collection

The data was collected by using structured self administered questionnaire. The questionnaire is taken from researches conducted in Haromaya University and Gondar Highschool on the assessment of substance use and risky sexual behavior among students. The questionnaire then is modified with caution by considering the objectives of the study and study variables to ensure that it assess all the information needed to achieve the stated objectives. It consists of four parts: the first part assessing the sociodemographic characteristics of the adolescents, the second part assessing the substance usage behavioral patterns of the adolescents, the third part assessing the substance usage and risky sexual behavior pattern and the last part assessing the immediate outcomes of their risky sexual behavior. The questionnaire was translated to Amharic for an ease of usage.

Six data collectors who have completed grade 12 and who are/used to be a substance users were employed and were given a one day orientation on the techniques of sampling and recruitment of the study subjects, data collection methods and they had a discussion on the questionnaire. The data was collected from adolescents found at the Khat chewing houses, Night Clubs and Groceries, adolescents who work in and around Bus Station, waitress in the Café and Hotels.

4.8. Study variables

4.8.1. Independent variables

- Socio demographic characteristic such as age, sex, religion, income, academic dissatisfaction
- Personal experience of substance use (Alcohol consumption, Khat chewing, cigarette smoking, other illicit drug use…)
- Peer influence
- Inconsistent condom usage, number of sexual partner, age at first sexual intercourse.

4.8.2. Dependent variables

- Risky sexual behavior

4.9. Data quality control method

To ensure the quality of the data; the following quality control techniques were used.

Translation - the questionnaire was prepared with caution and an accurate translation was made in to Amharic by a language experts.

Pretest – the method and material was pretested on substance user adolescents two weeks before the actual data collection at Addis Ababa, Saris area and some necessary modifications were made accordingly.

Data collector selection - The data collectors were chosen with caution so as to avoid bias in data collection. So data collectors which have completed a 12 grade and who are not part of the study themselves, who used to be a substance users (2 of them), & who are currently using these substances (4 of them), and who are knowledgeable about the social norms of the substance users were selected and employed. This is done with the general belief that they can make an easy communication with the substance users.

Data collectors training - The data collectors (need to get and recruit the substance abusers from school, chewing houses, and night clubs, streets etc…) were given a training on the methods of data collection and they were given a clear explanation on the purpose and procedure of the study

Checking questionnaire - The questionnaires were checked for completeness and consistency among responses right after it is filled and again before the time of analysis. Based on this, some questionnaires which were found to be incomplete and inconsistent were omitted from the analysis.

Supervision - A supervision programme was arranged and the data collectors were followed by the principal investigator and necessary directions were given in case of any kind of bias.

Coding - The data was given a code at the time of collection and stored until analysis

4.10. Data processing and analysis

The data was checked for completeness of all questions and consistency among responses was also checked as a second quality control check before the actual data analysis procedure starts. The data finally was entered and cleaned by using Epi Info version 3.5.1 soft ware, and after clearance, the data was exported to statistical package for social science (SPSS) soft ware package version 15.0 for analysis. Frequency count and statistical significance tests were done in data analysis process and tables were used for data presentation. Multiple logistic regressions were also employed to see the statistical association independent and dependent variables. The significance of association was considered at P-value < 0.05 at 95% confidence interval.

4.11. Ethical Considerations

Ethical clearance was obtained from Institutional Review Board (IRB) of Addis Ababa University, College of Health Sciences, and Department of Nursing & Midwifery. An Official letter requesting for cooperation was obtained from department of Nursing and Midwifery and taken to Oromiya Adama City Administrative Office requesting their cooperation. At individual level, necessary information (that the study process will have no harm to them and confidentiality will be maintained) was given for the sampled participant on information sheet and informed consent was obtained prior to their participation. A study participant who was not willing to be included in the study was not forced to participate in the study.

4.12. Dissemination of the results

After completing the study, the findings were presented at department of nursing and midwifery and after necessary comments were offered, results were prepared in soft copy and hard copies and were disseminated to the policy makers in the regional ministry of Health (MOH), Ethiopian Nurses Association (ENA), HIV/AIDS Prevention and Control Office (HAPCO), Addis Ababa University Department of Nursing and Midwifery Library and other Governmental and Non-governmental Organizations which work on adolescent reproductive health and on HIV/AIDS. Additional efforts will also be made to present the findings on different professional seminars. Moreover efforts will also be made if possible to publish the paper.

4.13. Operational definitions

Adolescents: Those who are in the age group of 10-19 years.

Substance: any non medical drug used by the study subjects such as alcoholic drinks (like tej, tela, arake, wine, beer), Khat, tobacco, cannabis, heroin, cocaine, marijuana, ganja, wid.

Illicit (illegal) drugs: drugs which are forbidden by law such as cocaine, heroin, hashish, cannabis, ganja, and marijuana, wid.

Condom use: Consistent use of condom during sexual intercourse.

Safe sexual behavior: Abstaining before marriage, being faithful to marriage, limiting sexual partner to one /avoiding multiple sexual partners, consistent use of condom during sexual intercourse.

Substance use – use of any of the above substances for no therapeutic use. In this context the participant is considered as a user if he/she is using any of these substances at least on a weekly basis regardless of the type and amount.

Sexual risk behavior: Any sexual behavior that does not fulfill the above statement of safe sexual behavior

Immediate outcomes – possible outcomes of the risky sexual behavior that occurs within weeks or months of exposure to the risky sexual contact (up to 6 months). These may include unwanted pregnancy and abortion including its possible complications, STIs, psychological problems, social problems, school dropout, financial wastage etc.

5. Result

5.1 Socio demographic characteristics

A total of 347 substance user adolescents filled the questionnaires and consistent questionnaires were considered for analysis. Actually the data was collected from about 358 respondents but questionnaires of 11 respondents which were found inconsistent/incomplete were discarded and replaced.

The study included 224(64.5%) male and 123(35.5%) female substance users with an educational background of 127(36.6%) primary education (1 – 8), 198(57.1%) secondary education (9 – 12) and 22(6.3%) higher education (>12). 207(59.7%) of the participants were Orthodox. The majority of the study participants were students 170(48.9%) and 11(3.2) commercial sex worker female substance users were also included in the study. Majority of them 196(56.5%) have the monthly income less than 200 birr and only 11(3.2%) of them have an income >1000 birr (Table 1).

Table 1. Sociodemographic information of substance user adolescents, Adama city, 2012

Variable (n = 347)	Number	Percent
Sex of the respondent		
Male	224	64.5
Female	123	35.5
Level of education		
Primary education(1– 8)	127	36.6
Secondary education(9 – 12)	198	57.1
Higher education(>12)	22	6.3
Religion		
Orthodox	207	59.7
Islam	102	29.4
Protestant	25	7.2
Others	13	3.7
Occupation		
Student	170	48.9
Private worker	87	25.1
I have no work	73	21.1
Commercial sex worker	11	3.2
Others	6	1.7
Monthly income		
100-200	196	56.5
200-500	96	27.7
500-1000	42	12.1
>1000	13	3.7

5.2. Substance usage behaviour

Regarding the type of the substance used, multiple responses were obtained and it was found out that out of the total 347 participants, 284(81.8%) of them uses Khat, 296(85.3) of them said they are currently using alcoholic drinks, 178(51.8%) uses tobacco and 89(25.6%) uses illicit substances (Table 2).

Table 2. Type of substances used by substance users in Adama city, 2012

Type of substance (n= 347)	Number	Percent
Khat		
Yes	284	81.8
No	63	18.2
Alcoholic drinks		
Yes	296	85.3
No	51	14.7
Cigarette		
Yes	178	51.3
No	169	48.7
Illicit substance		
Yes	89	25.6
No	258	74.4

5.3. Reasons given for using the substances

The respondents were also asked to give multiple responses about the reasons given for the substance used. Among the major reasons given for khat use were to get personal pressure 211(74.3%), to get relief from tension 201(70.8), and to increase work performance 103(36.3%). To get personal pressure 238(80.4), to increase pleasure during sex 174(58.8), and to get relief from tension 163(55.1%) were among the major reasons given for alcohol usage. For tobacco usage getting personal pressure 159(89.3%) and getting acceptance by others 116(65.2%) are also among the major reasons given by the respondents. For an illegal substance use, getting personal pleasure 63(70.8%) and Peer pressure 43(48.3%) are among the major reasons given by the study subjects (Table 3).

Table 3. Reasons given for substance use by substance users in Adama city, 2012

Reason given for substance use	Number	Percent
Khat (n = 284)		
To increase work performance	103	36.3
To get relief from tension	201	70.8
To stay awake	89	31.3
To get acceptance of others	33	11.6
To get personal pleasure	211	74.3
Peer pressure	27	9.5
Due to academic dissatisfaction	38	13.4
Others	11	3.9
Alcohol (n = 296)		
To increase work performance	12	4.1
To get relief from tension	163	55.1
To stay awake	13	4.4
To get acceptance of others	41	13.9
To get personal pleasure	238	80.4
Peer pressure	63	21.3
Due to academic dissatisfaction	31	10.5
To increase pleasure during sex	174	58.8
Others	17	5.7
Cigarette (n = 178)		
To increase work performance	17	9.6
To get relief from tension	34	19.1
To stay awake	47	26.4
To get acceptance of others	116	65.2
To get personal pleasure	159	89.3
Peer pressure	88	49.4
Due to academic dissatisfaction	33	18.5
To increase pleasure during sex	15	8.4
Others	9	5.1
Illicit substance (n = 89)		
To increase work performance	4	4.5
To get relief from tension	23	25.8
To stay awake	9	10.1
To get acceptance of others	29	32.6
To get personal pleasure	63	70.8
Peer pressure	43	48.3
Due to academic dissatisfaction	12	13.5
To increase pleasure during sex	41	46.1
Others	6	6.7

5.4. Reported sexual practice

In the study, 169(48.7%) of the substance users have responded that they ever had a sexual contact practice. 57(33.7%) of these adolescents has reported that they practiced the sexual contact first before the age of 18 years.

Among the major reasons given for engaging in first sexual practice were: personal desire or curiosity 79(46.7%) and stimulation by a substance used before sexual contact 68(40.2%). 37(21.9%) and 19(11.3% for males) of them made their first sex with a stranger and commercial sex workers respectively. 66(39.1%), and 46(27.2%) of the sexually active respondents have made a sexual contact with two and three or more sexual partners respectively. The number of adolescents who used the substance during their last sexual contact was found to be 127(75.1%). During their last sexual contact 83(49.1%) of them didn't use any contraceptive. (Table 4).

Table 4. Percentage distribution of respondents with reported sexual practice among substance users in Adama city, 2012

Characteristics	Number	Percent
Ever had sex (n = 347)		
Yes	169	48.7
No	178	51.3
Age at first sex (n = 169)		
10 - 17	57	33.7
18 – 19	112	66.3
Reasons for the first sex (n = 169)		
Marriage	7	4.1
Personal desire(curiosity)	79	46.7
Peer pressure	21	12.5
Promising word from a partner	33	19.5
For financial purpose	5	2.9
For passing an exam	14	8.3
It was a coerced sex	9	3.5
Stimulation by a drug	68	40.2
Others	7	4.1
Partner of the first sex (n = 169)		
Spouse	7	4.1
Boy/girl friend	93	55.0
Teacher	19	11.3
Stranger	37	21.9
CSW(for males)	13	7.7
Number of sexual partners (n = 169)		
One	57	33.7
Two	66	39.1
3 or more	46	27.2
Contraceptive method used during the last sexual contact (n = 169)		
None	83	49.1
Pills	13	7.7
Condom	68	40.2
Injectable	2	1.2
Others	3	1.8
Reason for not using contraception (n = 83)		
I was intoxicated with substances	32	38.6
I don't like condom	3	3.6
We couldn't find a condom	2	2.4
I trusted the partner	18	21.7
My partner insisted	24	28.9
Others	4	4.8
Substance use during the first sex (n = 169)		
Yes	80	47.3
No	89	52.7
Substance use during the last sex (n = 169)		
Yes	127	75.1
No	42	24.9

5.5. Association of sociodemographic variable with risky sexual behavior

The Multivariate analysis of sex with risky sexual practice has shown that females have 8 times odds of having risky sex when compared to males (AOR = 7.9, 95%CI: 1.56-2.53). It has also shown that Protestant (AOR = 1.79, 95%CI: 1.22-2.05), Primary education (AOR = 2.37, 95%CI: 138-2.27) were also significantly shown to have an association with having risky sexual behavior as compared to others. So the odds of having risky sexual behavior was found to be 2 times more likely for the Protestant when compared to Orthodox, 3 times more likely for those of Primary education when compared to higher education (Table 5).

Table 5. Association of sociodemographic variables with risky sexual behavior among substance users in Adama city, 2012

Variable	Risky sexual behavior		COR (95%CI)	AOR (95%CI)
	Yes	No		
	no (%)	no (%)		
Sex				
Male	39(17.4)	185(82.6)*	1	1
Female	77(62.6)	46(37.4)	0.13(1.54-2.52)	7.9(1.56 - 2.53)
Religion				
Orthodox	86(41.5)	121(58.5)*	1	1
Muslim	49(48.01)	53(51.9)	0.77(1.14-2.08)	1.30(1.14-2.06)
Protestant	14(56)	11(44)	0.56(1.22-2.04)	1.79(1.22-2.05)
Others	6(46.2)	7(53.8)	0.83(1.24-2.32)	1.21(1.46-2.37)
Income				
100-200	83(42.3)	113(57.7)*	1	1
200-500	43(44.8)	53(55.2)	0.91(1.03-2.01)	1.11(1.02-2.00)
500-1000	16(38.1)	26(61.9)	1.19(1.06-2.01)	1.11(1.35-2.04)
>1000	11(84.6)	2(15.4)	0.13(0.84-3.24)	7.49(0.82-3.21)
Level of education				
Higher education	8(36.4)	14(63.6)*	1	1
Secondary education	87(43.9)	111(56.1)	2.23(1.38-2.23)	0.45(1.37-2.22)
Primary education	54(42.5)	73(57.5)	0.42(1.42-2.32)	2.37(1.38-2.27)
Occupation				
Student	80(47.1)	90(52.9)*	1	1
Private worker	36(41.4)	51(58.6)	1.26(1.09-2.01)	0.79(1.18-2.03)
I have no work	26(35.6)	47(64.4)	0.62(1.32-2.04)	1.61(1.31-2.14)
Others	2(33.3)	4(66.7)	0.56(0.94-2.10)	1.80(0.64-2.41)

N.B. * = reference category

5.6. Association of substance use with risky sexual behavior

Multivariate analysis was made among different variables and it has shown an association between the use of different substance usage behavior and risky sexual behavior. So, alcohol usage (AOR = 0.08, 95%CI; 1.97-2.10), and illicit substance usage (AOR = 0.17, 95%CI; 2.61-3.42)] respectively were found to be significantly associated with having risky sexual behavior. Therefore the study has revealed that alcohol users had 12 times more odds of having risky sexual behavior when compared to non users of alcohol and users of illicit substances has a 6 times odds of having risky sexual experience when compared to non users of illicit substances (Table 6).

Table 6. Association of substance use with risky sexual behavior among substance users in Adama city, 2012

Variable	**Risky sexual behavior**		**COR (95%CI)**	**AOR (95%CI)**
	Yes	**No**		
	no (%)	**no (%)**		
Khat use				
Yes	152(53.5)*	132(46.5)	1	1
No	40(63.5)	23(36.5)	0.66(1.29-2.03)	1.51(1.29-2.04)
Alcohol use				
Yes	151(51)*	145(49)	1	1
No	4(7.8)	47(92.2)	0.08(1.97-2.10)	12.24(1.39-2.04)
Tobacco use				
Yes	34(19.1)	144(80.9)*	1	1
No	121(71.6)	48(28.4)	10.68(3.24-4.04)	0.09(3.28-4.04)
Illicit substance use				
Yes	67(75.3)*	22(24.7)	1	1
No	88(34.1)	170(65.9)	0.17(2.61-3.42)	5.88(2.62-3.02)

N.B. * = reference category

5.7. Risky sexual behavior and its immediate outcomes

Out of the 111 female sexually active adolescent substance users 17(15.3%) of them have reported that they ever had become pregnant. The study also have found out that 15(88.2%) of these pregnancies were unwanted and 15(88.2%) of them ended up with abortion, 1(5.9%) currently pregnant and 1(5.9%) ended up with live birth.

Among the major reasons given for abortion were 13(86.7%) it was unwanted pregnancy, 7(46.7%) fear of family, 6(40%) fear of pears, and 5(33.3%) pregnancy from a casual partner

13(86.7%) of the victims of abortion said they had suffered from problems like psychological stress 11(84.6%), physical problems like (pain, bleeding, infection) 6(46.2%), and social stigma 5(38.5%). Out of the 116 (68.6%) adolescents who have had encountered a problem because of risky sexual behavior, majority had STI 31(26.7%).

Table 7. Risky sexual behaviors and its immediate outcomes among substance users in Adama city, 2012

Variable	Number	Percent
Ever been pregnant(for females) n = 111		
Yes	17	15.3
No	94	84.7
Number of pregnancies (n = 17)		
Once	11	64.7
Twice	4	23.5
More than two times	2	11.8
Status of the pregnancy (n = 17)		
Planned	2	11.8
Unplanned	15	88.2
Outcome of the pregnancy (n = 17)		
Currently pregnant	1	5.9
Abortion	15	88.2
Live birth	1	5.9
Reasons for abortion (n = 15)		
It was unwanted pregnancy	13	86.7
It was a pregnancy from a causal partner	5	33.3
Fear of family	7	46.7
Fear of other peers	6	40
Others	1	6.7
Problem encountered with abortion (n = 15)		
Yes	13	86.7
No	2	13.3
Problem encountered with abortion (n = 15)		
Physical (pain, bleeding, infection)	6	46.2
Psychological stress	11	84.6
Social stigma	5	38.5
School drop out	3	23.1
Problem encountered b/c of risky sex(n =169)		
Yes	116	68.6
No	53	31.4
Problem encountered with risky sex (n =116)		
STI	31	26.7
Unwanted pregnancy	15	12.9
School drop out	6	5.2
Psychological sequels	21	18.1
Financial wastage for treatment	20	17.2
Social life disturbance	17	14.7
Others	3	2.6

5.8. Characteristics of risk sexual practices and substance usage

On the assessment of the risky sexual behaviour characteristics of the sexually active participants 50(29.7%) have sex with a casual partner, 17(10.1%) have made sex as an exchange of a benefit. 13(22.4%) of the male respondents have made sex with commercial sex worker ladies and they as a reason have given multiple responses with the major ones the effect of substance usage 10(76.9%), personal desire 8(61.5.

It is also calculated out that alcohol is a substance with which sexual contact is likely 121(71.6%) followed by illicit drugs 88(52.1%). Alcohol 116(68.5%) and illicit drugs 65(38.4%) again are found to be the substances with which unprotected sexual contact is likely to be practiced (Table 8).

Table 8. Risky sexual behavior and substance usage characteristics among substance users in Adama city, 2012

Variable	Number	Percent
Sex with casual partner (n = 169)		
Yes	50	29.6
No	119	70.4
Sex as an exchange for benefit (n = 169)		
Yes	17	10.1
No	152	89.9
Sex with commercial sex worker (for male) (n = 58)	13	22.4
Yes	45	77.6
No		
Reason for sex with commercial sex worker (n = 13)		
Drug influence	10	76.9
Peer influence	2	15.4
Personal desire	8	61.5
Quarrel with a girl friend	5	38.5
Frequency of sex with drug abuse (n = 169)		
Occasionally	36	21.3
Most of the time	118	69.8
Always	13	7.7
Never	2	1.2
Drugs with which sex is likely (n = 169)		
Alcohol	121	71.6
Tobacco	3	1.8
Illicit drug use	88	52.1
Khat	11	6.5
Drugs with w/c unprotected sex is likely (n = 169)		
Alcohol	116	68.6
Tobacco	1	0.6
Illicit drug use	65	38.4
Khat	5	2.9

6. Discussions

6.1. Substance use characteristics

As the multiple response obtained from the study subjects reflects, the most commonly used substances by substance users in Adama City is found to be alcoholic drinks (85.3%), Khat (81.8%), tobacco(51.8%) and illegal drugs(25.6%).

The findings of the current study are by far higher than the results of the study done on University students in two Universities in Ethiopia namely Gondor and Haromaya University Students). The study done on Gondar College of Medical Science, in north western Ethiopia has shown that the leading substances of abuse as alcohol, Khat and cigarette with a prevalence rate of 31.1%, 22.3% and 26.3% respectively (20).

A study which was conducted on Haromaya University students to assess the prevalence of substance use and magnitude of risky sexual behaviour has also shown the prevalence of substance usage as alcohol 41.7%, Khat 30.3%, cigarette 11.3% and illicit drug 3.9%(21). Probably this variation is because unlike the others, the current study involved only an obviously known substance users as a study subjects. So this can have an effect on the variation of the percentage as the study subjects of the current study are an obviously known substance users.

6.2. Substance use and risky sexual behavioral characteristics

As per the operational definition of the risky sexual behavior; 75.1% of the sexually active substance user adolescents have one form of the risky behavior. A study done in Haremaya has shown that 65.8% of the students had at least one of the risky sexual behaviors (21).

The prevalence of risky sexual behavior is higher for the current study. This could be probably because of the composition of the study population of this study which majorly is from student of academic level of less than 12^{th} grade, where the level of risk perception and knowledge about the possible risky behavior could be lower. On the other way the high prevalence of the use of substances could have a predisposition to the risky sexual behavior as these substances interfere with mental activity and rational decision making ability.

The results of the current study when compared to the study done on Haromaya regarding the risk of making sexual contact with commercial sex worker and the sexual contact with a multiple partner is by far greater. This probably is because the current study involved only substance users as a study subjects alike the former one which included participants without knowledge of their substance usage behavior. So the risk taking behavior could be because the study participants are substance users with expected low risk perception and knowledge level.

For the reason cited for non use of condom; though the trust of the sexual partner as a reason in both studies to some extent is comparable, intoxication with a substance and resistance of the sexual partner found to be the major reason in the current studies when compared to the study done on Haromaya University students. This may be also because the level of risk perception among participants of the current study is lower compared to the study participants of the former one.

Among the male respondents who had a history of sex with commercial sex workers 22.4%; substance use is found to be the leading cause (76.9%). It is also calculated out that alcohol is a substance with which sexual contact is likely 71.6% followed by illicit drugs 52.1%. These two substances again are also found to be the substances with which unprotected sexual contact is likely with Alcohol 68.5% and illicit drugs 38.4%.

Similarly different studies have also documented comparable results and conclusions. A study done in America on adolescent students showed that both causal and chronic substance users are more likely to engage in risky sexual behavior such as unprotected sex when they are under the influence of drugs and alcohol (22). Another study done on Condom use and abstinence among unmarried young people in Zimbabwe showed that 44% of sexually active Massachusetts teenagers said they were more likely to have sexual intercourse if they had been drinking, and 17% said they were less likely to use condoms after drinking (25).

Non usage of a contraceptive method is another risky sexual behavior that was noticed among sexually active study subjects (49.1%) during their last sexual contact for which intoxication with a substance before sex (38.6%) and pressure from the partner (28.9%) were given as a major reason.

Likewise numerous studies have also reported comparable findings. Khat and alcohol are among those substances widely consumed by adolescents and youth in Ethiopia. In a study of over 20, 000 in school and out of school youths done in Ethiopia, daily Khat use was been found to be have a significant and linear association with unprotected sex (27). A study done in Lima, Peru on sexual behavior and drug consumption showed that a life time history of illicit drug consumption decrease the probability of condom use at last sexual contact(29).

A research on Togolese university students have shown that approximately 63% of the students have had more than one sexual partner at the time of the survey and some 38% reported regular condom use. Among Malagasy women more than one third had premarital sex but only 3% reported condom use during their last premarital sex (30).

The EDHS 2005 reported that condom use during the last sexual intercourse in their last 12 months with non regular partner was 51.9% and 23.6% among 15 – 49 years old male and females respectively. The 2005 EDHS also showed that condom use with non regular partner in the 12 months preceding the survey is much greater in 15 – 24 years old men (50.2%) than females of the same age group (28.4%)(31).

The rewarding result that was seen regardless of the effect of substance intoxication and sexual partner pressure here is the condom usage during the last sexual contact is calculated to be 40.2% which is by far greater than the result of the study done on Malagasy women which was only 3%.

Another risky condition is making sexual contact before the expected age of physical, psychological maturity and readiness (sexual contact before the age of 18 yrs in Ethiopian context) which in this study is calculated to be 33.7 %. Similarly other studies has also tried to show as there is a significant and linear association between alcohol intake and early initiation and risky sexual behavior, with those using alcohol daily having a threefold increased odds compared to those not using alcohol. In this study, use of substance other than Khat was also found to be strongly associated with sex initiation and risk taking behavior (28).

6.3. Risky sexual behavior and its immediate outcomes

Regarding the consequences of the risky sexual behaviors the major findings were found to be 15.3% pregnancies out of which 88.2% were unwanted and all of them ended up with abortion. Among the multiple responses given as a main reason were: it was unwanted, fear of family, fear of pears, and it was a pregnancy from a casual partner.

The victims of abortion were also asked if they had encountered any problem with the abortion; and 86.7% said they had suffered from problems like: psychological stress 73.3%, physical problems like (pain, bleeding, infection) 6(40%), and social stigma 5(33.3%). Based on the symptomatic assessment of STI, responses obtained from the sexually active research participants also has indicated that 26.7% suffered from STI. Among them 18.1% said they suffered from psychological stress, 17.2% financial wastage for treatment of problems, 14.7 % social life disturbance and 12.9% unwanted pregnancy.

Studies with comparable results are available showing the physical, psychological and financial consequences of the risky sexual behavior. On a study done on Haromaya University students; among the sexually active students who were asked if they had symptoms of STI 4.1% responded that they had the symptoms. From the sexually active students 23.1% have had once been pregnant and only 1 student reported that she was pregnant twice. Concerning the outcome of the pregnancies 81.2% were ended up in abortion and only 3 pregnancies ended up in live birth. (21)

A study conducted among high school students in Gondar, North West Ethiopia has shown that, 11.9% of the sexually active respondents had sex with commercial sex workers in the past six months and 10.7% had contracted sexually transmitted diseases (33). More than 750,000 teen pregnancies occur each year; most are nonmarital. This means that about one in 10 teenage women get pregnant in a year. One out of three girls becomes pregnant at least once before reaching age 20.

Teen are more likely to drop out of school, continue to have nonmarital pregnancies, change jobs more frequently, be on welfare, and have mental and physical health problems. Early sexual activity and multiple partners are also associated with pain and suffering from broken relationships, a sense of betrayal and abandonment, confusion about romantic feelings, altered self-esteem, depression, and impaired ability to form healthy long-term relationships (37, 38, 39).

So from the above comparisons it can be seen that the prevalence of occurrence of pregnancies is higher in the study done among University students but surprisingly, in current study majority of the pregnancies are unwanted and ended up with abortion. This may be because in the study done in Gondor, all the study subjects are a Highschool students with a better expected awareness, and in addition to this the study included the substance users and non users unlike the current study which considered only the substance users. But in current study it could be because the adolescents are unaware of the possible risks of the abortion as expected from their educational level, fear of family as obviously seen in their response.

There was a significant association between substance usage and risky sexual behavior with alcohol users having 12 times odds when compared to non users. This probably could be because of the mental impairing effect of alcohol which affects the rational decision making, exposing to risk taking behavior. The use of other substances like Khat, tobacco and illicit drugs was also found to have a significant association with having risky sexual contact. Other studies have also shown an association between substance use and risky sexual behavior (21, 28)

6.4. Limitations and strengths of the study

Limitation of the study

- Shortage of budget which adversely have affected the research
- The sensitivity nature of the data which could have resulted in under reporting

Strength of the study

- Response rate was 100%
- The convenience nature of the sampling technique which helped for discarding the incomplete/inconsistent questionnaires and seeks for another respondent till the required sample size is obtained.
- The study has tried to include the adolescents from different social groups to ensure its representativeness

7. Conclusion and recommendations

7.1. Conclusions

Based on the findings of the information from the study the following conclusions are made:

The prevalence of risky sexual behavior among substance user adolescents of Adama city is found to be higher.

The use of alcoholic drinks and illegal substances are among the leading causes which puts adolescents at risky sexual behavior.

From the study it is also noticed that adolescent substance users are suffering from different problems because of the risky sexual behavior. The study has also revealed that the substance user adolescents are suffering from various immediate physical, psychological, and financial problems.

7.2. Recommendations

According to the findings of this study the prevalence of risky sexual behavior among substance user adolescents of Adama City is found to be higher and it was also found out that the use of substances like alcohol, Khat, and illicit substances are among the leading factors which predispose the adolescents to such risky sexual behavior. The study has also revealed that the substance user adolescents are suffering from various immediate physical, psychological, and financial problems. So by considering these problems it is recommended that:

- The use of substances by adolescents should be tried to be minimized.
- The local police administration should work in diverse to make these substances less accessible to the adolescents particularly on illicit substances.
- School directors and families should work together on the IEC activities particularly on the education and communication component to increase adolescents understanding and to promote their change of behavior on the use of substances and risky sexual behavior.
- IEC activities should be broadly provided by different stockholders which work on adolescent reproductive health for in school and out of school adolescents on the danger of the use of substances

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Addis Ababa University

College of Medical Sciences

School of Nursing and Midwifery

Annexe:-

Annex I.

I. Information sheet

I am_____ employed and working as a data collector on a research entitled "assessment of risky sexual behaviour and its immediate outcomes among substance abusers in Adama City", conducted by Ato Eyob Negewo, a post graduate student of Maternal and Reproductive health Nursing at Addis Ababa University, school of Nursing and Midwifery.

To provide the adolescents with a comprehensive reproductive health service and to ensure their health, understanding the existence of problems, contributing factors for the problem and related behaviors of this group of population is very important. So you are invited to participate in the study entitled as "assessment of risky sexual behaviour and its immediate outcomes among substance abusers in Adama city". The study tries to assess the occurrence of risky sexual behaviour and its immediate outcomes among substance abusers. The research is believed to generate knowledge and understanding on the risky sexual behaviour and prevalence of its immediate physical, social, financial, spiritual outcomes.

Title – assessment of risky sexual behaviour and its immediate outcomes among substance abusers in Adama city

Purpose of the study – this study is planned to generate information on the relationship of substance abuse and its immediate outcomes among adolescent in Adama city that can be used to design an appropriate intervention that probably can best solve the problem

Procedure – as a research participant you are chosen by convenience for an ease of finding research participant. If you are willing to participate in this study, you are expected to fill the attached questionnaires. We would expect you to complete all the questionnaires for the validity of your responses even though you may get some of the questionnaires sensitive or uncomfortable. The questionnaires may take you 20 – 30 minutes to fill.

Risks and benefits of the study – your participation in this study will not impose any risk on you. By participating in this study and answering the questionnaire you will not receive any direct benefit. However you will help to increase our understanding of the factors which could predispose the adolescents to a substance abuse and how this would further predispose them to risky sexual behaviour and bad outcomes. So the information that you will give us will help in generating information and planning a strategy to solve it so as to improve the adolescent reproductive health needs.

Rights - your participation in this study is voluntary and you have the right to refuse to participate in this study. Even after you started participating in the research, in the course of the study if you do not feel comfortable, you have the right to withdraw from the study at any time. If you have any kind of question or if there is unclear thing we are delighted to provide it.

Confidentiality – the information that you would provide will be kept confidential. As a means of ensuring confidentiality you are not expected to write your name, on the questionnaire. You are only expected to give as genuine and accurate responses as it is critically important for the validity of the research result.

If you have any kind of question you can contact the principal investigator by the following address for more information

Name: Eyob Negewo Phone number: +251913931267

Address: Addis Ababa, Ethiopia email address: eyob.negewo@yahoo.com

Annex II

II. Informed consent form

Before the participation I have got sufficient information on the purpose, the procedure, the risks, the benefits, and my right as a participant. I was also told that my participation in this research is anonymous and having this all information I have decided to participate in the research entitled "assessment of risky sexual behaviour and its immediate outcomes among substance users in Adama city" on my behalf to contribute to the information needed to improve the health service delivery strategy.

I know that I can refuse to participate and even I can stop participating in the process of the study any time I feel discomfort. I voluntarily have decided to participate in this study.

Signature ---------- Date ----------

Annex III.

Questionnaires

Assessment of risky sexual behavior & its immediate outcomes among substance users in Adama city

Question SN ---------- Date of data collection----------

Name of data collector---------- Category of the respondent----------

Please read the following questions and encircle the code in front of the answer of your choice

Part I. sociodemographic information

No.	Question	Response Category	Code
1	How old are you?	Age in years_____	
2	Sex of the respondent?	a. Male b. Female	1 2
3	What is your level of education?	a. Primary education(1– 8) b. Secondary education(9 – 12) c. Higher education(>12)	1 2 3
4	What is your religion?	a. Orthodox b. Islam c. Protestant d. Catholic e. Others(specify)----------	1 2 3 4 5
5	What is your occupation?	a. Student b. Private worker c. Governmental employee d. I have no work e. Others(specify)----------	1 2 3 4 5
6	What is your monthly income?	a. Amount in birr----------	

Part II. Questions on substance use

The following questions focuses on Khat chewing practice, alcohol drinking, and cigarette smoking and other illicit substance use. So you are requested to give answers genuinely about your personal behavior on the use of these substances and encircle the code of your choice

No.	Questions	Response Category	Code
	The following questions are specific to Khat chewing practices		
7	Have you ever used Khat in your life?	a. Yes b. No	1 2
8	If yes to the above Q.7 how often do you chew Khat?	a. I used to but not now b. Occasionally c. Always	1 2 3
9	Have you used Khat in the last 3 months	a. Yes b. No	1 2
10	For how many long have you used Khat chewing?	a. -------years & ------months	
11	What was your reason for using a Khat(multiple answers are possible)	a. To increase work performance b. To get relief from tension c. To stay awake d. To get acceptance of others e. To get personal pleasure f. Peer pressure g. Due to academic dissatisfaction h. To increase pleasure during sex i. Others(specify)----------	1 2 3 4 5 6 7 8 9
	The following questions are specific to alcohol drinking		
12	Have you ever drink alcoholic drinks like "tela, arake, tej, beer, wine or whisky"?	a. Yes b. No	1 2
13	How often do you drink these alcohols	a. I used to but not now b. Occasionally c. Always	1 2 3
14	Have you drink alcohol in the last 3 months?	a. Yes b. No	1 2
15	For how many long have you drink alcohol?	a. -------years & ------months	
16	What was your reason for using a alcohol(multiple answers are possible)	a. To increase work performance b. To get relief from tension c. To stay awake d. To get acceptance of others e. To get personal pleasure f. Peer pressure g. Due to academic dissatisfaction h. To increase pleasure during sex i. Others(specify)----------	1 2 3 4 5 6 7 8 9

No.	Questions	Response Category	Codes
	The following questions are specific to tobacco smoking		
17	Have you ever used tobacco?	a. Yes b. No	1 2
18	How often do you use it	a. I used to but not now b. Occasionally c. Always	1 2 3
19	Have you ever used any product of tobacco in the last 3 months?	a. Yes b. No	1 2
20	For how many years have you used it?	a. ----------years &----------months	
21	What was your reason for using tobacco (multiple answers are possible)	a. To increase work performance b. To get relief from tension c. To stay awake d. To get acceptance of others e. To get personal pleasure f. Peer pressure g. Due to academic dissatisfaction h. To increase pleasure during sex i. Others(specify)----------	1 2 3 4 5 6 7 8 9
	The following questions are specific to illicit drug use		
22	Have you ever used illicit drugs like hashish, ganja, cannabis, heroin etc…?	a. Yes b. No	1 2
23	How often do you use these drugs?	a. I used to but not now b. Occasionally c. Always	1 2 3
24	Have you ever used any product of an illicit drug in the last three months?	a. Yes b. No	1 2
25	For how much time have you used it?	a. ---------years &----------months	
26	What was your reason for using these illicit drugs (multiple answers are possible)	a. To increase work performance b. To get relief from tension c. To stay awake d. To get acceptance of others e. To get personal pleasure f. Peer pressure g. Due to academic dissatisfaction h. To increase pleasure during sex i. Others(specify)----------	1 2 3 4 5 6 7 8 9

Part III. The following questions assess the risky sexual behavior.

Please respond to the questions genuinely and encircle the code in front of the option of your choice.

No.	Questions	Response Category	Code
27	Have you ever had a sexual intercourse?	a.Yes b. No	1 2
28	If yes how old were you when you had your first intercourse?	a.----------years	
29	What was your reason for your first sex? (multiple responses are possible)	a. Marriage b. Personal desire(curiosity) c. Peer pressure d. Promising word from a partner e. For financial purpose f. For passing an exam g. It was a coerced sex h. Stimulation by a drug i. Others(specify)----------	1 2 3 4 5 6 7 8 9
30	Partner of your first sex	a. Spouse b. Boy/girl friend c. Teacher d. Stranger e. CSW(for males)	1 2 3 4 5
31	Have you used any of the above substance during a first day of your sex?	a. Yes b. No	1 2
32	Have you used any of the above drugs before your last sex?	a. Yes b. No	1 2
33	The last time you had a sexual contact, did you or your partner used a condom?	a. Yes b. No	1 2
34	If No to the above Q, 33 what was your reason for not using condom?(multiple responses are possible)	a. I was intoxicated with drugs b. I don't like condom c. We couldn't find a condom d. I trusted the partner e. My partner insisted f. Others(specify)----------	1 2 3 4 5 6
35	The last time you had sexual contact, what did you use to prevent unwanted pregnancy?	a. Condom b. Pills c. Depo-Provera d. Implantable e. IUCD f. Withdrawal method g. Others (specify)----------	1 2 3 4 5 6 7
36	How many sexual partners do you have in your life time?	a. None b. One c. Two d. More than two	1 2 3 4
37	Have you ever been pregnant?(for females)	a. Yes b. No	1 2

38	If yes to the above question 37 how many times?	a. Once b. Twice c. More than two times	1 2 3
39	If yes to the above question 37 was it planned?	a. Yes b. No	1 2
40	What was the outcome of the pregnancy?	a. Currently pregnant b. Abortion c. Live birth d. Others(specify)----------	1 2 3 4
41	Have you ever suffered from a situation that affected your life because of that risky sexual practice?	a. Yes b. No	1 2
42	If yes to the above question 41 what was it?(multiple responses are possible)	a. STI b. Unwanted pregnancy c. School drop out d. Psychological sequels e. Financial wastage for treatment of problems that has happened to me f. Social life disturbance g. Other (specify)----------	1 2 3 4 5 6 7
43	Have you ever had any of the following genital symptom of STI(multiple responses are possible)	a. Genital discharge/unusual in amount, in color and odor/ b. Genital ulcer c. Inguinal and or scrotal swelling for men	1 2 3
44	If your answer for the above question 43 is abortion, what was your reason for performing abortion?(multiple responses are possible)	a. It was unwanted pregnancy b. It was a pregnancy from a causal partner c. Fear of family d. Fear of other peers e. Others(specify)----------	1 2 3 4 5
45	Have you had any problem with the abortion procedure?	a. Yes b. No	1 2
46	If yes to the above questions 45, what kind of problem?(multiple responses are possible)	a. Physical (pain, bleeding, infection) b. Psychological stress c. Social stigma d. Others (specify)----------	1 2 3 4
47	Have you ever had a sex with a casual partner?	a. Yes b. No	1 2
48	Have you ever had sex a s an exchange for economic or any kind of benefit	a. Yes b. No	1 2
49	**For male only:** Have you ever had a sex with a commercial sex worker?	a. Yes b. No	1 2
50	If yes to the above Q, what was your reason for engaging in sex with commercial worker?(multiple responses are (possible)	a. Drug influence b. Peer influence c. Personal desire d. Others(specify)----------	1 2 3 4

	Assessment of risky sexual behavior with the use os substance?		
51	How often do you have a sexual contact with drug usage?	a. Occasionally b. Most of the time c. Always d. Never	1 2 3 4
52	With which drug use are you likely to have a sexual contact? – multiple response is possible	a. Alcohol b. Tobacco c. Illicit drug use d. Khat	1 2 3 4
53	With which drug are you likely to have unprotected sexual contact?	a. Alcohol b. Tobacco c. Illicit drug use d. Khat	1 2 3 4

በአዲስ አበባ ዩኒቨርሲቲ

የጤና ትምህርት ዘርፍ

በነርስና በአዋላጅ ት/ት ቤት የእናቶችና ስነተዋልዶ ጤና

ቅጥያ I

1. የመረጃ ገፅ

ስሜ _____ ይባላል፡፡ በአዲስ አበባ ዩኒቨርሲቲ የጤና ትምህርት ዘርፍ በነርስና በአዋላጅ ት/ት ቤት የእናቶችና ስነተዋልዶ ጤና የማስተርስ ተማሪ በሆነው በአቶ እዮብ ነገዎ በአዳማ ከተማ ወጣቶች ላይ "ተጋላጭነት ያለው የግብረ ስጋ ግንኙነትና ተከታይ ችግሮቹን ለማሰስ በሚል ርዕስ በእፅ ተጠቃሚ ወጣቶች ላይ በሚሰራው ጥናት ላይ መረጃ ሠብሳቢ ነኝ፡፡

ለወጣቶች ጠቅላላ የሆነ የሥነ ተዋልዶ አገልግሎት ለማድረስና ጤናቸውንም ለማረጋገጥ ችግሮች መኖራቸውን ለመበርከታቸውም ምክንያት ምን እንደሆን ማወቅና የወጣቶቹንም ባህሪ ጭምር መረዳት በጣም አስፈላጊ ነው፡፡ በመሆኑም ተጋላጭነት ያለው የግብረ ስጋ ግንኙነትና ተከታይ ችግሮቹን ለማሰስ እፆችን የሚጠቀሙ ወጣቶች ላይ በሚሰራው ጥናት ላይ እንድትሳተፍ/ፊ ተጋብዘሃል/ሻል፡፡ ጥናቱም የእፅ ተጠቃሚ ወጣቶች ጋ ያለውን ተጋላጭነት ያለውን የግብረ ስጋ ግንኙነት መጠን እና ስላለውም ተከታይ ችግሮች መረጃን ያስገኛል ተብሎ ይታመንል፡፡

ርዕስ - "እፅ ተጠቃሚ ወጣቶች ጋ ተጋላጭ ያለው የግብረ ስጋ ግንኙነትና ተከታይ ችግሮቹን ማሰስ"

አላማ - ይህ ጥናት በዕፆች መጠቀምና ተጋላጭነት ያለው የግብረ ስጋ ግንኙነት መሃል ያለውን ግንኙነት በማሳየት የበለጠ ስለችግሩ እንድንረዳና ከዚያም በመነሳት የመፍትሄ አቅጣጫዎችን እንድናዘጋጅ ያግዘናል፡፡

አካሄድ - እንደተሳታፊ የተመረጥከው/ሺው ለጥናቱ እንዲመቸን በራሳችን አሠራር ነው፡፡ ለመሳተፍ ፍቃደኛ ከሆንክ/ሽ የሚቀጥለውን ቅፅ መሙላት ይጠበቅብሃል/ሻል፡፡ ምናልባት አንዳንድ መጠይቆች ባይመቹህም/ሽም ለጥናቱ መረጃ መሟላት ሲባል ለሁሉም መጠይቆች ምላሽ እንድትሰጠን/ጪን እንፈልጋለን፡፡ ጥያቄዎቹም ከ20-30 ደቂቃ ሊወስዱብህ/ሽ ይችላሉ፡፡

ጉዳትና ጥቅም፡- በጥናቱ በመሳተፍህ/ሽ የሚደርስብህ/ሽ ጉዳት የለም፡፡ ቀጥተኛ የሆነ የተሳትፎ ጥቅምም የለውም፡፡ ነገር ግን የሚሰጠን መረጃ ወጣቶች ወደ እፅ ተጠቃሚነት የሚያስገቧቸውን ነገሮች, ከዚያም እንዴት ተጋላጭነት ወዳለው የግብረ ስጋ ግንኙነት እንደሚገቡና ለተከታይ ችግሮቹ እንደሚጋለጡ ለማወቅ ይረዳናል፡፡ በተዘዋዋሪ የወጣቶችን የስነ ተዋልዶ ጤና አገልግሎት ለማሻሻል በሚደረገው ሂደት ውስጥ ተሳተፍህ/ሽ ማለት ነው፡፡

ሙከት - በዚህ ጥናት ውስጥ የምትሳተፈው/ፊው ፈቃደኛ ስትሆን/ኚ ብቻ ነው፡፡ ስለዚህ መሳተፍም ሆነ አለመሳተፍ ሙከትህ/ሽ ነው፡፡ ከጀመርክ/ሽ በኋላ ቢሆን እንኳ ያልተመቸህ/ሽ ነገር ካለ በየትኛውም ሠዓት ተሳትፎህን/ሽን ማቆም ትችላለህ/ያለሽ፡፡ ያልገባህ/ሽ ነገር ካለ እና ምንም አይነት ጥያቄ ካለህ/ሽ ለማብራራት ዝግጁ ነን፡፡

ሚስጥራዊነቱ - የምንሰጠው/ጪው መረጃ ሁሉ ሚስጥራዊነቱ የተጠበቀ ነው፡፡ ለዚህም ሲባል መጠይቁ ላይ ስም መፃፍ አያስፈልግም፡፡ አንተም/ቺም ለጥናቱ ውጤት ተአማኒነት ስለሚጠቅመን ትክክለኛውንና እውነተኛውን ምላሽ በመስጠት ብቻ ይተባበሩን ስለጥናቱ ምንም አይነት ጥያቄ ቢኖርህ/ሽ ዋናውን የጥናቱን ባለቤት በሚከተለው አድራሻ ማነጋገር ይቻላል፡፡

ስም - እዮብ ነገዎ

አድራሻ - አዲስ አበባ ኢትዮጵያ

ስልክ 251-13-93-12-65

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ቅጥያ II

2. የስምምነት ቅፅ

በዚህ ጥናት ከመሳተፌ በፊት ስለጥናቱ አላማ, አካሄድ, ጉዳት, ጥቅም, እና እንደተሳታፊ ስላለኝ መብት በቂ መረጃ ተሠጥቶኛል፡፡ በመሆኑም በአዳማ ከተማ የዕፅ ተጠቃሚ ወጣቶች ላይ ተጋላጭነት ባለው የግብረ ስጋ ግንኙነትና ተከታይ ችግሮቹን ለማሰስ በሚሰራው ጥናት ላይ የወጣቶችን የሥነ ተዋልዶ ጤና አገልግሎት ለማሻሻል በሚደረገው ጥናት በበኩሌ የሚጠበቅብኝን መረጃ ለመስጠት ጥናቱን ለማገዝ በጥናቱ ለመሳተፍ ተስማምቻለሁ፡፡

በጥናቱ መሳተፍም ሆነ አለመሳተፍ እንደምችል አውቃለሁ፡፡ በጥናቱ ሂደት ውስጥም ያልተመቸኝ ነገር ካለ ማቋረጥ ሁሉ እንደምችል ተነግሮኛል፡፡ ነገር ግን እኔ በራሴ ፍቃድ ለመሳተፍ የወሰንኩ መሆኔን በፊርማዬ አረጋግጣለሁ፡፡

ፊርማ _____ ቀን _____

ቅጥያ ፲፲

“በአዳማ ከተማ እፅ ተጠቃሚ ወጣቶች ጋ ተጋላጭ ያለው የግብረ ስጋ ግንኙነትና ተከታይ ችግሮቹን ማሰስ”

የመጠየቁ መለያ ቁጥር ---------- መረጃው የተሠበሰበበት ቀን--------

የመረጃ ሰብሳቢው ስም ---------- የመረጃ ሠጪው ምድብ----------

የሚመለከቱትን መጠይቆች በማንበብ ከምላሽ አማራጮቹ ፊት ለፊት ያሉትን የቁጥር ኮድ ያክቡ

ክፍል ፤ የማህበራዊና የድሞግራፊያዊ ጉዳይ /ሁኔታ

ተ.ቁ	*መጠይቆች*	*የምላሽ አማራጮች*	*ኮድ*
፤	እድሜ	-------- አመት	
2	ፆታ	ሀ. ወንድ ለ. ሴት	፤ 2
3	የት/ት ደረጃ	ሀ. አንደኛ ደረጃ (፤-8) ለ. ሁለተኛ ደረጃ (8-፲2) ሐ. ከፍተኛ የት/ት ተቋም (>፲2)	፤ 2 3
4	ሃይማኖት	ሀ. ኦርቶዶክስ ለ. እስላም ሐ. ፕሮቴስታንት መ. ካቶሊክ ሠ. ሌላ (ካለ ይጠቀስ) ----------	፤ 2 3 4 5
5	የመተዳደሪያ ስራ	ሀ. ተማሪ ለ. የግል ሐ. የመንግስት ሰራተኛ መ. ሥራ አጥ ሠ. ሌላ (ካለ ይጠቀስ) ----------	፤ 2 3 4 5
6	ወርሃዊ ገቢ	በብር ይገለፅ፡፡ ---------- ብር	

ክፍል ii

ቀጥሎ ያሉት መጠይቆች ስለ ጫት ሲጋራ አልኮልና ሌሎች ህጋዊ ያልሆኑ ዕፆች አጠቃቀምን ይመለከታሉ፡፡ በመሆኑም መጠይቆቹን በማንበብ አንተም/ቺም በተጠቀሱት እፆች ላይ ያለህን/ሽን አጠቃቀም በህሪ በታማኝነት እውነተኛውን መረጃ እንድትሰጠን/ጭን እንጠይቃለን፡፡

ተ.ቁ	መጠይቆች	የምላሽ አማራጮች	ኮድ
	ቀጥሎ ያሉት መጠይቆች የጫት አጠቃቀምን ይመለከታል		
7	ጫት ቅመህ/ሽ ታውቃለህ/ሽ	ሀ. አዎ ለ. አላውቅም	1 2
8	ለቁጥር 7 መጠይቅ መልስህ አዎ ከሆነ ምን ያህል ታዘወትራለህ/ሽ	ሀ. እቅም ነበር አሁን ትቻለሁ ለ. አልፎ አልፎ ሐ. ሁሌ	1 2 3
9	በለፉት ሶስት ወራት ቅመህ/ሽ ታውቃለህ/ሽ	ሀ. አዎ ለ. አላውቅም	1 2
10	ጫት መቃም ከጀመርክ/ሽ ምን ያህል ጊዜ ይሆንሃል/ሻል	---------- አመት ከ ---------- ወር	
11	ጫት ለመጀመር ምክንያትህ/ሽ ምን ነበር (ከአንድ በላይ መልስ መስጠት ይቻላል)	ሀ. የስራ ብቃት ለመጨመር ለ. ከጭንቀት ለመሸሽ ሐ. ንቃት ለማግኘት መ. ጓደኞቼ ጋር ተቀባይነት ለማግኘት ሠ. ለመዝናናት/ለመደሰት ረ. በጓደኞቼ ግፊት ሰ. በት/ት ውጤቴ ባለመርካቴ ሸ. በግብረ ስጋ ግንኙነት ወቅት ደስታን ለመጨመር ቀ. ሌላ (ካለ ይጠቀስ) ----------	1 2 3 4 5 6 7 8 9
	የሚከተሉት መጠይቆች የአልኮል አጠቃቀመን ይመለከታሉ		
12	እንደ ጠላ አረቄ ጠጅ ወይን ውስኪ ቢራ የመሳሰሉት መጠጦች ጠጥተህ/ሽ ታውቃለህ/ሽ	ሀ. አዎ ለ. አላውቅም	1 2
13	ለመጠይቅ ቁጥር 12 መልስህ/ሽ አዎ ከሆነ ምን ያህል ታዘወትራለህ/ሽ	ሀ. እጠጣ ነበር አሁን ትቻለሁ ለ. አልፎ አልፎ ሐ. ሁሌ	1 2 3
14	በለፉት 3 ወራት ጊዜ ከነዚህ መጠጦች ጠጥተህ/ሽ ታውቃለህ/ሽ	ሀ. አዎ ለ. አላውቅም	1 2
15	ለምን ያህል ጊዜ ጠጥተሃል/ሻል	---------- አመት ከ ---------- ወር	
16	ከእነዚህ መጠጦች ለመጠቀምህ /ሽ ምክንያትህ/ሽ ምን ነበር (ከአንድ በላይ መልስ መስጠት ይቻላል)	ሀ. የስራ ብቃት ለመጨመር ለ. ከጭንቀት ለመሸሽ ሐ. ንቃት ለማግኘት መ. ጓደኞቼ ጋር ተቀባይነት ለማግኘት ሠ. ለመዝናናት/ለመደሰት ረ. በጓደኞቼ ግፊት ሰ. በት/ት ውጤቴ ባለመርካቴ ሸ. በግብረ ስጋ ግንኙነት ወቅት ደስታን ለመጨመር ቀ. ሌላ (ካለ ይጠቀስ) ----------	1 2 3 4 5 6 7 8 9

ተ.ቁ	ቀጥሎ ያሉት መጠይቆች የሲጋራ አጠቃቀምን ይመለከታል		ኮድ
17	ሲጋራ ተጠቅመህ/ሽ ታውቃለህ/ሽ	ሀ. አዎ ለ. አላውቅም	1 2
18	ለመጠየቅ ቁ 17 መልስ/ሽ አዎ ከሆነ ምን ያህል ታዘወትራለህ/ሽ	ሀ. እጠቀም ነበር አሁን ትቻለሁ ለ. አልፎ አልፎ ሐ. ሁሌ	1 2 3
19	ባለፉት 3ወራት ጊዜ ሲጋራተጠቅመህ/ሽ ታውቃለህ/ሽ	ሀ. አዎ ለ. አላውቅም	1 2
20	ለምን ያህል ጊዜ ተጠቅመሃል/ሻል	---------- አመት ከ ---------- ወር	
21	ሲጋራን ለመጠቀም ምክንያትህ/ሽ ምን ነበር (ከአንድ በላይ መልስ መስጠት ይቻላል)	ሀ. የስራ ብቃት ለመጨመር ለ. ከጭንቀት ለመሸሽ ሐ. ንቃት ለማግኘት መ. ጓደኞቼ ጋር ተቀባይነት ለማግኘት ሠ. ለመዝናናት/ለመደሰት ረ. በጓደኞቼ ግፊት ሰ. በት/ት ውጤቴ ባለመርካቴ ሸ. በግብረ ስጋ ግንኙነት ወቅት ደስታን ለመጨመር ቀ. ሌላ (ካለ ይጠቀስ) ----------	1 2 3 4 5 6 7 8
	ቀጥሎ ያሉት መጠይቆች ህጋዊ ስላልሆኑ ዕፆች አጠቃቀምን ይመለከታሉ		
22	እንደ ሀሺሽ ጋንጃ ካናቢስ ሄሮይን እና ዊድ የመሳሰሉትን ህገ ወጥ ዕፆች ተጠቅመህ/ሽ ታውቃለህ/ያለሽ;	ሀ. አዎ ለ. አላውቅም	1 2
23	ለመጠየቅ ቁ 22 መልስህ/ሽ አዎ ከሆነ ምን ያህል ጊዜ ታዘወትራለህ/ሽ	ሀ. እጠቀም ነበር አሁን ትቻለሁ ለ. አልፎ አልፎ ሐ. ሁሌ	1 2 3
24	እነዚህ እፆች ለምን ያህል ግዜ ተጠቅመሃል/ሻል	---------- አመት ከ ---------- ወር	
25	ባለፉት 3 ወራት እነዚህ ዕፆች ተጠቅመህ/ሽ ታውቃለህ/ሽ	ሀ. አዎ ለ. አላውቅም	1 2
26	እነዚህ እፆች ለመጠቀም ምክንያትህ/ሽ ምን ነበር (ከአንድ በላይ መልስ መስጠት ይቻላል)	ሀ. የስራ ብቃት ለመጨመር ለ. ከጭንቀት ለመሸሽ ሐ. ንቃት ለማግኘት መ. ጓደኞቼ ጋር ተቀባይነት ለማግኘት ሠ. ለመዝናናት/ለመደሰት ረ. በጓደኞቼ ግፊት ሰ. በት/ት ውጤቴ ባለመርካቴ ሸ. በግብረ ስጋ ግንኙነት ወቅት ደስታን ለመጨመር ቀ. ሌላ (ካለ ይጠቀስ) ----------	1 2 3 4 5 6 7 8 9

ክፍል ιιι - ቀጥሎ ያሉትን መጠይቆችለተለያዩ ችግሮች ተጋላጭነት ስላለው የግብረ ሥጋ ግንኙነት ባህሪህን/ሽን ይመለከታል፡፡ በመሆኑም መጠይቆቹን በጥንቃቄ በማንበብ ትክክለኛና እውነተኛ ምላሽ ለመስጠት ከፊቱ ያለው ኮድ ላይ የክብቡልብ፡፡

ተ.ቁ	መጠይቆች	የኮድ ክፍፍሎች	ኮድ
27	የግብረ ሥጋ ግንኙነት አድርገህ/ሽ ታውቃለህ/ሽ	ሀ. አዎ ለ.አላውቅም	ι 2
28	ለመጠየቅ ቁ 27 አዎን ከሆነ የመጀመሪያውን ግንኙነት ስታደርጉ ስንት አመትህ /ሽ ነበር	---------- አመት	
29	የግብረስጋ ግንኙነቱን ለማድረግህ/ሽ ምክንያትህ/ሽ ምን ነበር(ከአንድ በላይ መልስ መስጠት ይቻላል)	ሀ. ስላገባሁ ለ. የግል ፍላጎቴ ስለነበር ሐ. በጓሰደኞቼ ግፊት መ. በጓደኛዬ ቃል ተገብቶልኝ ሠ.ለጥቅም ሲባል ሰ. ተገድጄ ሸ. እዮችን ተጠቅሜ ስለነበር ቀ. ሌላ (ካላ ካለ ይጠቀስ)----------	ι 2 3 4 5 6 7 8
30.	ለመጀመሪያ ግዜ የግብረስጋ ግንኙነት ከማን ጋር ነው ያደረከው/ሸው	ሀ.ባለቤቴ ለ. የፍቅር ጓደኛዬ ሐ. መምህር መ. የማላውቀው ሰው ሠ. የቡና ቤት ሴት(ለወንዶች)	ι 2 3 4 5
3ι.	እላይ ከተጠቀሱት እዮች በመጀመሪያው የግብረ ስጋ ግንኙነትዎ ቀን ተጠቅመሃል/ሻል	ሀ. አዎ ለ. አልተጠቀምኩም	ι 2
32	የመጨረሻውን የግብረ ስጋ ግንኙነት ባደረክ/ሽ ግዜ ከላይ የተጠቀሱትን እዮች ተጠቅመመህ/ሽ ነበር	ሀ.አዎ ለ. አልተጠቀምንም	ι 2
33	ለመጨረሻ ግዜ የግብረ ሥጋ ግንኙነት ስታደርግ/ጊ ከሁለት አንዳቹ ኮንዶም ተጠቅማችኃል	ሀ.አዎ ለ. አልተጠቀምንም	ι. 2.
34	ለመጠይቅ 33 መልስህ/ሽ አልተጠቀምንም ከሆነለምን (ከአንድ በላይ መልስ መስጠት ይቻላል)	ሀ.አደንዛዥ ዕፅ ተጠቅመን ለ. ኮንዶም አልወድም ሐ. ኮንዶም ስላጣን መ. ጓደኛዬን ስለማምን ሠ. የጓደኛዬ ፍላጎት ስላልነበረ ረ. ሌላ (ካለ ይጠቀስ) ----------	ι. 2. 3. 4. 5. 6.
35	ለመጨረሻ ግዜ የግብረስጋ ግንኙነት ስታ ደርግ/ጊ ለእርግዝና መከላለያ የተጠቀማቸሁት ምን ነበር	ሀ.ኮንዶም ለ. ፒልስ (እንክብል) ሐ. ቆዳስር የሚቀበር መ. በመርፌ ሚሰጥ ሠ. በማህፀን ውስጥ የሚቀመጥ ረ. የዘር ፍሬን ካብልት ውጪ ማስፈሰስ ሸ. ሌላ (ካለ ይጠቀስ)------	ι. 2. 3. 4 5. 6. 7.

36	በህይወት ዘመንህ/ሽ ከምን ያህል ሰው ጋር የግብረ ስጋ ግንኙነት አድርገሀል/ሻል	ሀ. አድርጌ አላውቅም ለ. ከአንድ ሰው ጋር ሐ. ከሁለት ሰው ጋር መ. ከሁለት በላይ	ነ 2 3 4
37	አርግዘሽ ታውቅያለሽ (ለሴት ተጠያቂ ብቻ)	ሀ. አዎ ለ. አላውቅም	ነ 2
38	ለመጠየቅ ቁጥር 37 መልስሽ አዎ ከሆነ ስንት ጊዜ	ሀ. አንዴ ለ. ሁለቴ ሐ. ከሁለት ግዜ በላይ	ነ 2 3
39	ለመጠየቅ 37 መልስሽ አዎ ከሆነ አስበሽበትና አቅደሽበት ነው	ሀ. አዎ ለ. አልነበረም	ነ 2
40	የእርግዝናው ውጤት ምን ነበር	ሀ. በአሁኑ ሰዓት እርጉዝ ነኝ ለ. ውርጃ ሐ. በህይወት ተወልዷል መ. ሌላ (ካለ ይጠቀስ) ----------	ነ 2 3 4
41	ተጋላጭነት ያለው የግብረ ስጋ ግንኙነት በማድረግህ/ሽ ምክንያት ህይወትህ/ሽ ላይ የደረሰ ችግር አለ	ሀ. አዎ ለ. የለም	ነ 2
42	ለመጠይቅ ቁጥር 41 መልስህ/ሽ አዎ ከሆነ ምን ነበር (ከአንድ በላይ መልስ መስጠት ይቻላል)	ሀ. የአባላዘር በሽታ ለ. ያልተፈለገ እርግዝና ሐ. ከትምህርት ማቋረጥ መ. የስነ ልቦና ጭንቀት ሠ. የህክምና ወጪ ረ. የማህበራዊ ህይወቴ መቃወስ ሰ. ሌላ (ካለ ይጠቀስ) ----------	ነ 2 3 4 5 6 7
43	ከዚህ ቀጥሎ ካሉት የአባላዘር በሽታ ምልክቶች ውስጥ ታይቶብህ/ሽ የሚያውቅ አለ (ከአንድ በላይ መልስ መስጠት ይቻላል)	ሀ. ከብልት የሚወጣ ፈሳሻ (ከወትሮ በመልክ በሽታና በመጠን የተለየ ለ. የብልት አካባቢ መቁሰል ሐ. የንፍፊትና የቆለጥ ማበጥ (ለወንዶች)	ነ 2 3
44	ከላይ ለመጠየቅ ቁ 40 መልስሽ ወርጃ ከሆነ ውርጃውን ያሰራሽው ለምን ነበር (ከአንድ በላይ መልስ መስጠት ይቻላል)	ሀ. እርግዝናው የማይፈለግ ሥለ ነበረ ለ. ከማላውቀው ሰው ጋር ባደረኩት ግንኙነት ያረገዝኩት ስለ ነበረ ሐ. ቤተሰብን ስለፈራው መ. ጓደኞቼን ስለፈራሁ ሠ. ሌላ (ካለ ይጠቀስ) ----------	ነ 2 3 4 5 6
45	ውርጃው ሲሰራልሽ ያጋጠመሽ ችግር ነበር	ሀ. አዎ ለ. የለም	ነ 2
46	ለመጠይቅ ቁ 45 መልስሽ አዎ ከሆነ ምን ነበር (ከአንድ በላይ መልስ መስጠት ይቻላል)	ሀ. የአካል (ህመም፣ መድማት እንፈኽሽን ለ. የስነ ልቦናዊ ጭንቀት ሐ. ከማህበራዊ ኑሮ መገለል መ. ሌላ (ካለ ይጠቀስ) ----------	ነ 2 3 4
47	በአጋጣሚ ብዙ ከማታቃት/ቂው ሰው ጋር የግብረስጋ ግንኙነት አድርርገህ/ሽ ታውቃለህ/ሽ	ሀ. አዎ ለ. አላውቅም	ነ 2

48	**ለሴቶች ብቻ** የግብረ ስጋ ግንኙነት ለገንዘብ ወይም ለሌላ ጥቅም ሲባል አድርገሽ ታውቂያለሽ	 ሀ. አዎ ለ. አላውቅም	 1 2
49	**ለወንዶች ብቻ** ከቡና ቤት ሴት ጋር የግብረስጋ ግንኙነት አድርገህ ተውቃለህ	 ሀ. አዎ ለ. አላውቅም	 1 2
50	ለመጠይቅ ቁ.49 መልስህ አዎ ከሆነ ምክንያትህ ምን ነበር (ከአንድ በላይ መልስ መስጠት ይቻላል)	ሀ.ብዙ እፅ ተጠቅሜ ስለነበር ለ. የደኾቼ ግፊት ሐ. በራሴ ፍላጎት መ. ሌላ (ካለ ይጠቀስ)------	1 2 3 4
	አድንዛዥ ዕፆችን መጠቀምና ተጋላጭነት የለው የግብረስጋ ግንኙነትን ለማወቅ		
51.	አደንዛዥ እፆችን ስትወስድ/ ጂ ምን ያህል ግዜ የግብረ ስጋ ግንኙነት ታደርጋለህ/ጊያለሽ	ሀ.አልፎ አልፎ ለ. አብዘኛውን ግዜ ሐ.ሁሌ መ ጠጥቼ የግብረ ስጋ ግንኙነት አድርጌ አላውቅም	1 2 3 4
52	ብዙ ግዜ የትኛውን አደንዛዥ እፅ ስትወስድ/ጂ ነው የግብረ ስጋ ግንኙነት የማድረግ እድሉ የሚሰፋው	ሀ. አልኮል መጠጦችን ለ. ሲጋራ ሐ. ሕገ ወጥ የሆኑ እፆችን መ.ጫት	1 2 3 4
53	የትኛውን አደንዘዥ እፅ ስትወስድ/ጂ ነው ተጋላጭነት የለው የግብረ ስጋ ግንኙነት የማድረግ እድሉ ያለው	ሀ. አልኮል መጠጦችን ለ. ሲጋራ ሐ. ሕገወጥ የሆኑ እፆችን መ. ጫት	1 2 3 4

Declaration

I the undersigned, declare that this Msc. project is my own original work, has not been presented as a project for a degree in this or any other University. I also declare that all source of materials used in this project have been fully acknowledged.

Name of investigator _____

Signature _____

Date of submission_____

This project has been submitted for examination with my approval as University advisor.

Name of advisor	Signature	Date
Sr. Emebet Birhane	_____	_____

Name of examiner	Signature	Date
	_____	_____