



ASSESSMENT OF RISKY SEXUAL BEHAVIOR AND PARENTAL COMMUNICATION AMONG YOUTH IN DILLA TOWN, GEDEO ZONE, SOUTH, NATION, NATIONALITY AND PEOPLE NATIONAL REGION, 2012

AKINE ESHETE

A THESIS SUBMITTED TO THE SCHOOL OF GRADUATE STUDIES OF AAU IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTERS IN PUBLIC HEALTH.

ADDIS ABABA UNIVERSITY

JUNE, 2012

Addis Ababa University

College of Health Sciences School of Public Health

**Assessment of Risky Sexual Behavior and Parental Communication
among Youth in Dilla town, Gedeo zone, SNNPR, 2012**

Akine Eshete (Bsc)

Approved by the Examining Board

Dr. Jemal Haidar

(Chairman, School of Public Health Academic Commission)

Dr. Ababi Zergaw

Advisor

Examiner

Acknowledgment

I would like to express my heartfelt thanks and appreciation to Dr. Ababi Zergaw for his relevant, timely and constructive comments and guidance starting from the development of the research proposal up to the preparation of this thesis.

My heartfelt thank also goes to Henok Tadesse and Tadesse Alemu who helped me through proposal development up to the preparation of this thesis.

Next, I would like to thank the School of Public Health for its financial assistance in the preparation of this thesis.

My deep appreciation and thanks goes to Administrations of Dilla town, Dilla town respective sub-towns Administrator and respective kebeles leaders, Dilla town Health office and Dilla town women, children and youth office for facilitating the data collection process at each steps. My thanks also go to Dilla town youths who participated in this survey and provided information with their full cooperation. Moreover, my thanks should also go to Tezera Tariku, Feleke Shiferaw who helped me during data collection.

At last but not least, I would like to thank my class mate friends specially Alem G/mariam and Daniel Bogale who provided me unreserved support in data collection process, data entry and Analysis.

Table of Contents

page

Table of Contents	II
List of tables.....	IV
List of figures	V
Acronyms	VI
Abstract	VII
1. Introduction.....	1
1.1 Background and statement of the problem.....	1
1.2. Rationale of the study.....	3
2. Literature Review.....	4
2.1 Sexuality of youth and risky behavior associated with sexuality.....	4
2.2. Parent-youth communication on sexual issues	7
3. Objectives	9
3.1. General objective.....	9
3.2. Specific objectives.....	9
4. Methods.....	10
4.1. Study area.....	10
4.2 Study design and study period	10
4.3. Source populations	10
4.4 Study populations.....	10
4.5 Sample size.....	11
4.6 Sampling procedure.....	11
4.7. Data collection (Instrument, personnel, data quality control).....	13
4.8 Variables of the study.....	13
4.9 Operational definitions.....	14
4.10 Data quality management.....	14

4.11 Data processing and analysis.....	15
4.12 Ethical considerations	15
5. Results.....	16
5.1 Socio-demographic characteristics.....	16
5.2 Prevalence of risky sexual behavior of youths.....	19
5.3. To identify factors associated with risky sexual behavior	27
5.4. Bivariate and multivariate analysis for factors associated with risky sexual behavior	30
5.5 Youth-parent communication on sexual issues.....	34
6. Discussions	39
7. Strengths of the study.....	43
8. Limitations of the study	43
9. Conclusions and Recommendations	44
9.1 Conclusions	44
9.2. Recommendations	45
10. References.....	46
Annexes.....	50
I: English version Questionnaire	50
II: qualitative questionnaires.....	58
III. Amharic version questionnaire.....	59
IV: Amaharic version quatitative questions	66

List of tables

Table 1. Socio-demographic characteristics of youths and youths' parent in Dilla town, Gedeo zone, January 2012-----	17
Table 2. Prevalence of sexual risky behavior among sexually active youths in Dilla town, Gedeo zone, January 2012-----	22
Table 3: Reasons for not using condom among sexually active youths in Dilla town, Gedeo zone, January 2012-----	24
Table 4. Prevalence of risky sexual behavior among sexually active youths who used alcohol and khat in Dilla town, Gedeo zone, January 2012-----	25
Table 5. Chi-square test analysis for factors associated with risky sexual behavior of non-regular sexual practice among sexually active youths in Dilla town, January 2012-----	28
Table 6. Chi-square test analysis for factors associated with risky sexual behavior of multiple sexual practices among sexually active youths in Dilla town, January 2012-----	29
Table 7. Bivariate and multivariate analysis for factors associated with risky sexual behavior of non-regular sexual practice among sexually active youths in Dilla town, January 2012-----	32
Table 8. Bivariate and multivariate analysis for factors associated with risky sexual behavior of non-regular sexual practice among sexually active youths in Dilla town, January 2012-----	32
Table 9. The major reasons for not discussing on sexual issues with their parents among youths in Dilla town, Gdeco zone, January 2012 -----	36
Table 10: Youths' response to preference of parent's communication on different sexual issues in Dilla town, Gedeo zone, January 2012-----	36
Table 11: Youths' response to preference of other than parent's to communicate on different sexual issues in Dilla town, Gedeo zone, January 2012-----	37

List of figures

Figure 1: Schematic presentation of sampling procedure of study kebeles in Dilla town, January 2012-----	12
Figure 2: Prevalence of risky sexual behaviors among sexually active youths in the last 12 month in Dilla town, January 2012-----	21
Figure 3: Proportion of youths who have had communication on sexual issues with their parents by gender in Dilla town, January 2012-----	35
Figure 4: Youths' response to communication on different sexual issues with their parents in Dilla town, Gedeo zone, January 2012-----	35

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immune deficiency Virus
CSWs	Commercial Sex Workers
FG D	Focus Group Discussion
STIs	Sexually Transmitted Infections
SNNPR	Souther Nation Nationality and People Region
WHO	World Health Organization
DHS	Demographic and Health Survey
SPSS	Statistical Package for Social Sciences
CDC	Centers for Disease Control and prevention
UHEW	Urban Health Extension Worker

Abstract

Background: A risky sexual behavior brings serious consequences to the health and well-being of youths. To lessen such consequences sexual communication plays a crucial role. Studies done in different countries showed that family communication on a sexual issue has been positively associated with a delay of risky sexual behaviors.

Objectives: To assess the prevalence of risky sexual behavior and factors associated with it among youths and youth-parent communication on sexual issues in Dilla town, Gedeo Zone, south Ethiopia, 2012.

Methods: A cross-sectional quantitative study supplemented by qualitative method was conducted from January 5 to 25 in Dilla town. A total of 598 respondents were involved in the study. Quantitative data were collected using structured interviewer administered questionnaires; and qualitative data were collected by FGDs. Data entered and analyzed using EPI INFO version 3.5.1 and SPSS version 16 respectively. A univariate and bivariate analysis was carried out and multivariate analysis was computed to identify associated factors of risky sexual behavior. The recorded FGDs of qualitative data were transcribed verbatim. Each of the terms/ cluster/ were combined in to discrete /separate/ concepts and coded. Over all interpretation was performed in relation to the study questions.

Results: Nearly half, (48.3%) of sexual practice was unprotected with similar proportion of males and females (24.8% Vs 23.5%) among study subjects in last 12 months. Males were two times more likely to have multiple sexual partners than females (*AOR: 2.02, 95% CI: 1.02, 4.21*). Furthermore, (23.9%) of sexually active youths had multiple sexual partners and (12.6%) of sexually active youths had sex with non-regular sexual partners in last 12 months. Females were nearly three times more likely had sex with non-regular partners than males (*AOR: 2.67, 95% CI: 1.10, 6.51*). With regard to youth-parent communication, 22.9% of youths have had discussion on sexual issues with their parents. Youths prefer the same sex from their parents as well as from their peer friends to discuss sexual matters.

Conclusion: Risky sexual behavior was very common in both sexes. Youths who were substance users and who lacked parental communication were more likely to have risky sexual behavior.

1. Introduction

1.1 Background and statement of the problem

According to World Health Organisation (WHO), youth covers the age group of 15 to 24 years (1). During this year, the challenges that youths face and the decisions they can make have a great impact on the quality of their lives. Many important life events and health building or damaging behaviors start during the youth years. As a result, youth is a time of both risk and opportunity (2).

Risky sexual behavior including having multiple partners, not using condom, and having intercourse with casual partners are common to mention among youths (3). During the period of youth year sexual relations before marriage with linked risky sexual behavior was putting them at high risk of their life's (4). Study results showed that higher prevalence of sexual transmitted infections (STIs) and unsafe abortion were the outcome of risky sexual behavior. In this group of populations who are living in developing world suffered for the negative sexual and reproductive health outcomes of early and unwanted pregnancies, unsafe abortion and STIs, including HIV/AIDS (5-7).

Evidence suggested that in developing world, substantial proportion of youths were engaged to risky sexual behavior evidenced by a greater percentage of youths were engaged to sex with non-regular sexual partners and having had multiple sexual partners (7). This is true in Ethiopia substantial proportion of youths were engaged to risky sexual behavior (8).

Study results among single youths in Ethiopia revealed that, 65.8% of male and 24.6% of female youths had two or more sexual partners. Only 22.7% of males and 10.4% of females used condom. And also among who had two or more sexual partners, 31.3% of male youths and 21.2% of female youths were used condom, which is very low (9). In addition to this, the 2008 health impact evaluation found higher rate of risky sexual behavior compared to the 2005 Ethiopian demographic health survey (EDHS)) (8.6% Vs 6%) respectively. Moreover, substantial proportion of females had two or more sexual partners increased over six fold (0.2% to 1.3%) (10).

Another study in Ethiopia youths revealed that, both married and never-married youths engaged to risky sexual behavior; however, the never-married were six times more likely to have sex with casual partners than were the married. Among married males were twice more likely to have more than one sexual partner and six times more likely had sex with casual partners than females (11).

According to 2011 EDHS, the proportion of males who had two or more sexual partners were higher than females (4% Vs 1%) with in the mean number of sexual partners of their lifetime for males were 2.6 and for females were 1.5. Among who had two or more sexual partners, 47 % of females were used condom while 16 % of males were used condom. While the risk of HIV transmission and acquire of STIs were increased when the mean number of lifetime partners was highest and as well as rate of condom utilization was lowest (12).

Furthermore; cultural taboos, inadequate family support, inadequate sexual communication and inadequate access to information were identified as the major predisposing factors to risky sexual behavior for youths (4). Youth's ideas about sexual issues were influenced by the expectations, norms and practices of peers and parents (13). Youths across ethnicities reported that difficulty of talking/discussing with their families about sexual issues. This is particularly true for developing countries including Ethiopia (14).

According to Ethiopia young Adult Survey in seven regions, only 1 in 5 youths have discussed on sexual issues with their parents (15). Another study conducted in rural Ethiopia revealed that female youths were at increased risk of unsafe sex due to restricted information about sexual issues (11). Similar situation was observed in Ghana, due to inadequate communication with parents, most females were encountered to unwanted sex (16).

Of a study conducted in Gedeo zone high school on premarital and unprotected sex. The findings showed that about (44.4%) of students had practiced sexual intercourse without condom used in nearest sex (17). Therefore, it is crucial that an attempt made to understand the risky sexual behavior of youths at the community level in Dilla town is one important area.

Generally, this clearly indicated that, how much the problem was big and still how much action was needed in order to reduce risky sexual behavior and bring sustainable parent-youth communication on sexual issues. Without adequate and accurate data on the nature of youth risky sexual behavior and parental communication on sexual issues at community level, it is difficult to prepare and design projects, plans and programmes. Therefore, this study aims to assess the situation of risky sexual behavior and parental communication among youths in Dilla town.

1.2. Rationale of the study

Sexual health is an essential part of overall health and well-being of youths. Good sexual health implies not only the absence of disease, but also the ability to understand and weigh the risks, responsibilities, and impacts of sexual actions.

National and international literature, on youth sexual issues and parent-youth communication, more specifically on youth health problems resulting from risky sexual behavior, suggests a lack of factual information and guidance regarding the relationship between parent-youth communication on sexual issues.

Therefore, this research has tried to contribute in filling the gap on this issue and identifying factors, which will help those who are working on youth health service. Likewise, the result of this study can provide important information for program managers and other concerned bodies to enable them provide proper reproductive health services to these segments of the populations and the community at large.

2. Literature Review

2.1 Sexuality of youth and risky behavior associated with sexuality

Worldwide, sexual relationships among youths were one of great challenges (18). During the period of adolescence and young adult, youths may be sexually active before marriage (4). This is true for both developing and developed countries including Ethiopia, youths became sexually active at early age (13, 19). Study results reveal that the mean age of sexual initiation in Latin America and Colombia was about 18.5 years and in Sub-Saharan Africa countries, ranges from 16.9 in Mozambique to 19.6 in Ghana (20). Whereas in China, 20 years (21). In Ethiopia, 17 years (22).

In developing world substantial proportion of youths were engaged to high risky sexual behavior (7). A study in Nigeria revealed that, (55.1%) of youths were engaged to sex with non-regular partners, (59.2%) had sex with multiple sexual partners and (37.1%) had sex in exchange for money. There was low condom use, a greater percentage (50.5%) of youths did not use condom due to condom interferes with sexual pleasure (61.1%) and their partners opposed to condom use (68.8%) (23).

Study conducted in Dessie town and Dessie Zuria Woreda northeast Ethiopia among youths showed that; 51% of the surveyed youths with almost equal proportion between rural and urban (49.8% and 51.3%) ever had sex. High-risk sexual initiation noted that 2.4% and 8.7% initiated their first sex with commercial sex workers (CSWs) and casual partners respectively. Moreover, sexual practices were unplanned in about (39%) and (65%) was unprotected sex (22).

A study conducted in Bahir Dar town northwest Ethiopia among out of school youths revealed that, 33% of youths had sexual intercourse with non-regular partners. Of which 40.6% for males and 24.7% for females, and results suggested that males tended to be two times more likely to have sex with non-regular sexual partners than females. Of sexually active youths, 73.9% had only one, 12.1% had two and 14% had more than two sexual partners. Furthermore, consistent condom-use among those who had sex in exchange for money was low about 36%. Alcohol intakes, chewing of khat, low educational background were significantly associated with having sex with either commercial or non-regular sexual behavior (24). Similar situation was observed in Sub-Saharan African Countries (Ghana, Malawi, and Uganda) out-of-school youth engaged

high risky sexual behavior. In addition, Alcohol consumption and drug uses were important predictors of risky sexual behavior among youths (25).

Study conducted in Asendabo town southwestern Ethiopia revealed that, high proportion of males than females used khat during their sexual practice (26.7% Vs 6.7%). Youths who were substances users were engaged to sex with multiple partners (29.1% males Vs 18.0% females). Khat chewers were also twice more likely as non-chewers to have multiple sexual partners and alcohol drinkers were also prone to practice multiple sexual partners as compared to non-drinkers. The overall condom use rate was very low in about (24.5%) (26). Similar situation observed shantytown Lima Peru, 12% of males had sex with a casual partner under the influence of alcohol (27).

Another study conducted in Hawassa town among youths revealed that, 51.1% youths were sexual active with the mean age of sexual initiation was 17.3%. Among these, 48.2% had regular partners, 43.3% had non-regular partners and about 52.2% of sexually active youths used condom. The study results also mentioned the common reason for not use condom were reduce sexual pleasure (55%), didn't think of it (27.7%), partner refuse (22.3%), and partner trust (19.2%). Respondents also reported, 26.7 % of them chewed chat and 27.6% drunk alcohol during they had sex (28).

In Ethiopia, there is an encouraging trend of consistent condom use; 90% of CSWs and long distance drivers were use condom; but condom use in casual sex with non-regular partner was still low (54%) (29). Consistent results observed study conduct among youth, the proportion of youths using condom was low. Only 22.7% of males and 10.4% of females used condom. In the same study, 31.3% of male youths and 21.2% of female youths used condom during having sexual intercourse with two or more sexual partners (9).

Moreover, study conducted among in school and out of school youths in Ethiopia, 20% of out-of-school youths had unprotected sex and high substantial proportion of out-of-school youths engaged in risky sex than in school (1.4%). Daily Khat and alcohol intake was associated with unprotected sex, with those who using alcohol daily have a threefold increased compared to those who not using it (30). Similarly, another study conducted in USA most youths (73.3%)

engaged in risky sex under the influence alcohol (31). The same study in Latina indicated that females had multiple sexual practices during use substances (32)

A study conducted in Gedeo zone high school about risky sexual experience showed that, 20% of sexual active high school students were using condoms some times while 33.3% males and 4.4% females had never used condoms. About (44.4%) of students did not used condoms and 2.2% male students have sex with commercial sex worker without condoms using in the recent sexual intercourse. High proportion of male students had unprotected sexual intercourse than females (46.6% VS 11.1%). The commonest reasons for non-use of condoms mentioned as partners trust (50%) and don't enjoy sex when using condoms (20%) (17).

Study conducted Nekemte town among school adolescents, the majority (57.2%) had their first sex between the ages of 15 and 17 years. The main reasons for initiation of sexual intercourse were, fell in love (33.8%), desire to practice sexual intercourse (30.3%), and peers pressure (17.2%). moreover, 65.5% of respondents had only one sexual partner while 34.5% had two or more sexual partners (33).

2.2. Parent-youth communication on sexual issues

Parent-youth sexual communication plays a crucial role to influence youths' risky sexual behaviors. Evidences showed that family communication has been positively associated with a delay of youth risky sexual behavior. Study conducted in USA, 76% of respondents had discussed on condoms used with their parents and these youths who have discussion were significantly associated with protected sexual acts (35- 37).

Study conducted among out-of-school youths in northwest Ethiopia, 59 % of youths openly discussed sexual issues with their partners. However, those who did not openly discuss sexual issues with their partners were four times more likely to have multiple sexual partners than those who claimed openly discuss sexual issues with their partners (24). Similarly, According to Ethiopia young Adult Survey report, due to inadequate parental communication on sexual issues, the majority of youths had more than two lifetime sexual partners (14).

Study conducted in China on parent-youth communication about sexual issues showed that, a relatively large percentage of female youths talked to their mothers about sex (33–38%) but only 2% to 8% of males talked to their mothers about sex. However, about 2% of youths talked to their fathers about sex. In the same study, about 63% of both males and females choose their friends to talk about sexual matters (21). Yet a study conducted in northeast Ethiopia reported that, youths did not discuss about sexual matters with their mothers and more likely initiate sex-earlier (22). It is also true in Sub-Saharan African countries (Burkina Faso, Ghana, Malawi and Uganda), parents were mostly involved as monitoring youths' movement at night, but less involved as discussing about sex-related issues (38).

Another study conducted in USA, 50 % of participants were discussed on sexual issues with their parents. Among these, 31% and 76% of participants have had discussed on sexual intercourse and condoms uses with their parents respectively (36). However, a study conducted in Bahr Dar Special zone in Ethiopia revealed, 14.7% of school youth discussed on condom uses with their parents. The common reason mentioned for did not discuss with their parents were shame to discuss; parent fear of the discussion to engage their child to sexual activity (39).

Regarding the preferred group for discussion about sexual issues, a review of studies of parent-child communication about sexuality in sub-Saharan Africa revealed that females preferred to receive sexuality information from their mothers (37%), males preferred from fathers (41%) (40). However, study done in Bullen Woreda Benishangul Gumuz Region, communications on sexual issues was preferred and took place with their friends/peers. There was low parent-youth communication about 76.4% participants' choose their friends. The mentioned reasons for not communicating with their parents were shameful to discuss, parents' lack of communication skills and culturally unacceptable (41). Similarly, study done in rural northwestern Tanzania, youths said that most parents did not ask sexual issues because of culture (42). The same study in Negeria discussion about sexuality was not common because it remains as taboo (40).

Generally, from these previous studies, we can understand that risky sexual behaviors were very common among youth that increasing their vulnerability to STIs and HIV infections. In addition, risky sexual engagement was predisposed with different behavioral factors (like alcohol, khat intake etc), cultural taboos and as well as inadequate family support and communication on sexual issues.

Clearly, we can argue that most youths in Ethiopia did not discuss on sexual issues with their parents. Many studies focused on risky sexual behavior, limited relationship studies between parent-youth communication on youth risky sexual behavior was less understand. Hence, focusing on risky sexual behavior of youths in relation to parental communication is one of the key pre-requisite information for designing relevant, effective and comprehensive youth health programs under diverse socio-cultural settings to enhance safe sexual behavior of youth.

3. Objectives

3.1. General objective

The objective of the study was to assess the prevalence of risky sexual behavior and factors associated with it among youths and to describe youth-parent communication on sexual issues in Dilla town, Gedeo Zone of SNNPR, South Ethiopia, 2012.

3.2. Specific objectives

1. To describe the prevalence of risky sexual behavior among youths in Dilla town
2. To identify factors associated with risky sexual behavior among youths in Dilla town
3. To describe youth-parent communication on sexual issues in Dilla town

4. Methods

4.1. Study area

The study was conducted in Dilla town of Gedeo Zone, which is located about 365 Kms to the south of Addis Ababa, the capital city of Ethiopia, and 85 Kms to Awassa the regional capital city of SNNPR. The zone has six woredas and two towns namely Dilla and Yirgachefe. In Dilla town, there are three-sub-towns with three kebeles in each, and total population of 81,644 according to the 2007/08 census report. Of these populations, 19,663 are in the age group of 15-24. Of which 15-24, 9,081 are females and 10,582 are males (44).

4.2 Study design and study period

The study has used a community-based cross-sectional quantitative study design supplemented by qualitative method and it was conducted from January 5 to 25, 2012.

4.3. Source populations

The source populations were all youths in the age group of 15-24 years residing in Dilla town during the study.

4.4 Study populations

The study populations were all youths in the age group of 15-24 years residing in the selected kebeles in Dilla town.

Inclusion criteria

- Youths who are currently living with their parents

Exclusion criteria

- Youths who have no permanent residence or are living on the streets

4.5 Sample size

Sample size for the quantitative part of the study was calculated by using single population proportion formula by considering the following assumptions; proportion of youths who had experienced unprotected sexual intercourse ($P= 65\%$) in Dessie town (22), 95% confidence level of significance $\alpha 0.05 = 1.96$, and 4% margin of error, which results in the sample size of 546. In addition, adding 10 % for allowance of non-response rate, the final sample size became 603.

For the qualitative study part of the study using FGD; Thirty youths were included in Four FGDs consisting of on average seven youths per group were conducted. Among FGDs participants 16 were males and 14 were females. The FGDs were conducted separately for males and females youths. The selected youths were not included in the quantitative part of the study.

4.6 Sampling procedure

Dilla town has three-sub towns with three kebeles in each. Out of the three sub-towns three kebeles were selected by simple random sampling method namely Bona, Berreda and Harrusa to include in the study. By using proportional allocation to size, the required sample size was calculated from each selected kebeles. The lists of households in the selected kebeles were prepared in consultation with Dilla town municipality, youth associations and urban health extension workers (UHEWs) in the towns. After establishing the sampling frame of lists of households in the selected each kebeles, we used systematic random sampling technique to identify the list of households for every k^{th} interval in each kebeles to be included to the survey. If there are more than one youths in a household, one youth was selected randomly by using a lottery method during data collection time; however, if eligible youth is not found in a household, we shifted to the next immediate household to the right of the index household.

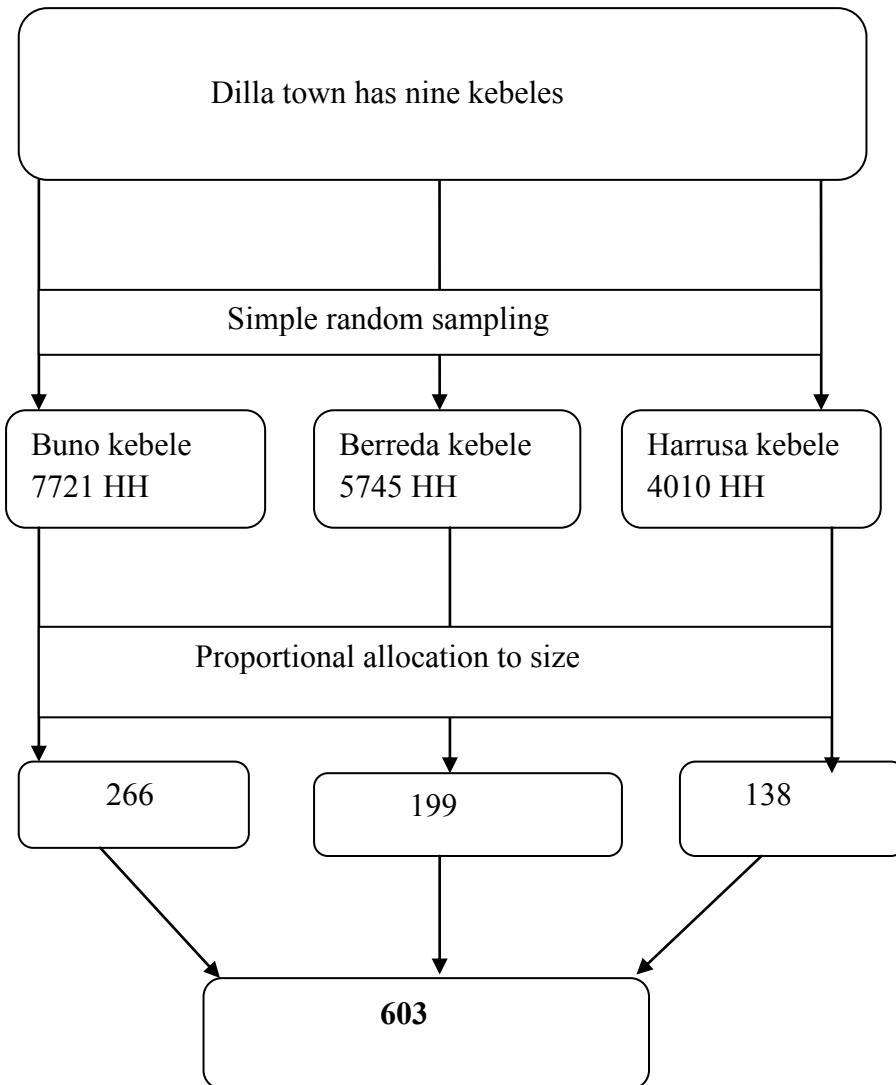


Figure 1: Schematic presentation of sampling procedure of study kebeles in Dilla town

NB: HH Households number

4.7. Data collection (Instrument, personnel, data quality control)

Data was collected by using structured interviewer questionnaires, which was adapted from other research instruments and DHS Ethiopia after proper modification (44). Questionnaires were prepared in English language and later translated to Amharic. Amharic version questionnaires were used for data collection. Pretest was conducted in 5% of the sample from the same source population to check clarity and consistency of the questionnaires prior to the actual data collection. After the pretest, a question that shows multiple responses was corrected. Five diploma UHEWs for Data collectors and two BSc Dilla university teachers of supervisors were trained for three days by the principal investigator. Supervisors/Facilitators were assigned during data collection day to oversee the process of data collection and coordinate data collection smoothly. Questionnaires that were found incomplete or inconsistent were omitted from the study.

For the qualitative part of the study

FGDs were conducted among purposely-selected youths residing in town. It was conducted after the collection of quantitative data. Semi-structure open-ended questionnaires used.

4.8 Variables of the study

Independent variables

- Socio demographic characteristics like: age , sex , educational status, family income religion , ethnicity, employment
- Behavioral factors (like alcohol use, khat chewing)
- Youth-parent communication on sexual issues
- Sexual history (number, type of partner and condom use)

Dependent variables

- Risky Sexual behaviors: (unprotected sex, had sex with non-regular partner, and had sex with more than one sexual partner in the last 12 months)
- Youth-parent communication on sexual issues

4.9 Operational definitions

Youths: are young people within the age group of 15 - 24 years.

Sexually active: A youth who had a sexual intercourse at least once prior to the study

Risky sexual behavior: a behavior that includes sex with multiple partners or non-regular partner or unprotected sex in the past 12 months. Risky sexual behaviors constituted one of three items sexual history. We asked whether the participant's condom use or number of sex partners or participants engaged sex with non-regular sexual partners in the past 12 months.

Regular partner: This refers to a boy or girl friend with in the 12 months prior to survey

Unprotected sex: A sexual intercourse without condom use.

Multiple sexual partner: having more than one sexual partner in the 12 months prior to survey

Non-regular (Casual) sex: a sexual intercourse happening by chance with unknown person or irregular partner

Higher risk sex: A respondent has higher-risk sex if she or he has sex with multiple sexual partner or non-regular partner without condom use at the survey.

Accidental sex: sexual intercourse happening with inadequate preparation or occasional sex

Communication on sexual issues: was defined as exchange of ideas or information about sexual issues; sexual intercourse, sex with multiple partners, sex with non-regular partners and condom use among youth and parent.

4.10 Data quality management

Linguistic teachers in Dilla University have tested the structured questionnaires for its consistency through retranslating Amharic version to English. In addition, the quality of data was ensured through proper training of data collectors and pre-testing of the questionnaire and close supervision of data collectors. All collected data were checked for the completeness, accuracy and consistency of the questionnaire by the principal investigator every day. Moreover, Feedbacks on previous day activities were given for both data collectors and supervisors. Supervisors checked information at the field of data collection to maintain the quality of data. After the entry of the all questionnaire, every entered data were checked to avoid missing values

before analysis. The quality assurance was also done by calculating simple frequencies of variables.

4.11 Data processing and analysis

Data were entered and cleaned by using Epi INFO version 3.5.1. The data after cleaned by the Epi-INFO was transferred to SPSS V-16 for analysis. Descriptive statistics of different variables was computed to see the overall distribution of the study variable. Chi square test and binary logistic regression was used for bivariate analysis and finally multiple logistic regressions were used to identify factors of risky sexual behavior. To avoid many variables and unstable estimates in the subsequent model, only variables that reached a p-value less than 0.06 at the chi-square test analysis were kept in the subsequent model analysis. P-value and 95% confidence interval (CI) for OR are used in judging the significance of the associations. Framework analysis for focus group discussion of qualitative data was used. The recorded data was transcribed verbatim. Each of the terms or clusters were broken down in to discrete concepts and coded. Over all interpretation was performed by relating thematic areas and explaining with related to the study question.

4.12 Ethical considerations

The survey was conducted after approval by Research and Ethics Committee (REC) of the School of Public Health, AAU. Official letters were submitted from SPH to the respective officials. Permission letter was also obtained from Dilla town Administration Bureau and from each respective sub-towns Administration and each selected kebeles leaders. Verbal consent was obtained from each individual respondent during data collection. Participation was voluntary and they withdraw from the study at any time. In addition, the information gathered during this study remained confidential in a locked draw.

5. Results

5.1 Socio-demographic characteristics

A total of 598 youths were included in the study, giving a response rate of 99.2 %. Among 598 surveyed youths, 308 (51.5%) were males and 290 (48.5%) were females. The mean age of the respondents was 20.23 (SD \pm 2.56) years. Most of the participants 290 (48.5%) were high school graduates followed by Primary and junior school attendant 146 (24.4%). The majority of the respondents were Gedeo 150 (25.1%), followed by 103(17.2) Wolayita and 101(16.9%) Gurage by ethnicity. Moreover, most of the respondents 265 (44.3%) were protestant Christian religion followers followed by Orthodox Christian 257 (43%). Four hundred ninety seven respondents (83.1%) were living with their both parents and 62 (10.4%) of youths were living with only mother (Table 1).

The majority 409 (68.4%) of respondents had literate parent. One hundred eighty (30.1%) of respondents' fathers were government worker and two hundred fifty-one (42 %) of respondents' mothers were housewives by occupation. One hundred eighty-five (31.6%) of respondents mentioned that their family monthly income between (1000-1500 birr's) (Table 1).

Table 1. Socio-demographic characteristics of youths and youths' parent in Dilla town, Gedeo zone, January 2012

Variable	Number	Percent
Sex (n=598)		
Male	308	51.5
Female	290	48.5
Age (n=598)		
15-19	238	39.8
20-24	360	60.2
Educational status of respondents (n=598)		
High school (grade 9-10)	290	48.5
Primary and junior (grade 1-8)	146	24.4
preparatory (grade 11-12)	115	19.2
Diploma	46	7.7
Illiterate	1	0.2
Religion of respondents(n=598)		
Protestant	265	44.3
Orthodox	257	43
Islam	52	8.7
Catholic	21	3.5
No religion	3	0.5
Ethnic group(n=598)		
Gedeo	150	25.1
Wolayita	103	17.2
Gurage	101	16.9
Amhara	90	15.1
Oromo	82	13.7
Sidama	69	11.5
Others specify (burge, kembata,tigray)	3	0.5
Youth living with (n=598)		
Father and Mother	497	83.1
Mother only	62	10.4
Father only	39	6.5

Continued table 1-----

Educational status of parents (n=598)		
Both parents literate	409	68.4
At least one parent literate	154	25.8
Both illiterate	35	5.9
Fathers' Occupation (n=598)		
Government employee	180	30.1
Merchant	157	26.3
Daily Labour	73	12.2
Driver	71	11.9
private employee	57	9.5
Farmer	37	6.2
Has no job	16	2.7
Others Specify	7	1.2
Mothers' Occupation(n=598)		
House wife	251	42
Merchant	112	18.7
Private employee	89	14.9
Government employee	69	11.5
Daily lobar	58	9.7
Farmer	11	1.8
Others Specify	8	1.3
Family's monthly income (n= 598)		
< 500	79	13.5
500-1000	136	23.2
1000-1500	185	31.6
>1500	183	30.6
Don't known	15	2.5

5.2 Prevalence of risky sexual behavior of youths

Nearly half, 273 (45.7%) youths reported having had sexual intercourse at least once. Of these, 144 (24.1%) and 129 (21.6%) were males and females respectively with a mean age of sexual initiation was 18.6 ± 1.57 SD years. Among 273 sexually active youths, 195 (71.4%) of sexually active youths had sex with their girl or boy friend in their first sex. Out of 273 sexually active youths, 58 (21.2%) of sexually active youths used condom of which 44 (16.1%) were males and 14 (5.1%) were females. The main reasons for them to engage in sex were peer pressure 111(32.6%) and to maintain relationship with partner 81(23.8%) in their first sex (table 2).

Sixty-four (24.9%) of youths started sexual intercourse in the age of 20-24 years while 174 (63.7%) of youths started sexual intercourse in the age of 15-19 years. Whereas 31(11.4%) respondent do not know when they started sexual intercourse.

Risky sexual behavior was also noted among the study subjects, 19 (6.9%) and 58 (21.3%) initiated their first sex with CSWs and non-regular sexual partners respectively. Moreover, significant proportion of the first sexual practice was unplanned (42.9%) and unprotected 215 (78.8%). The proportion of female youths who had unprotected sexual intercourse was higher than males (42.2% Vs 36.6%) in their first sex. The commonest reason for unprotected sex was reported to be partner trust 114 (49.4%) and accidental sex 85 (36.8%) in their first sex (table 2).

Out of 273 (45.7%) of those who ever had sex, 230 (84.3%) of them had sexual intercourse in the previous 12 months of these, 120 (44%) and 110 (40.3%) were males and females respectively. Among 230 sexually active youths, 207(79.4%) of sexually active youths had sex with their boy/girl friend in the last 12 months. Among 230 of sexually active youths, 119 (51.7%) of sexually active youths used condom and 106 (89.1%) youths of which 57 (47.9%) were males and 49 (41.2%) were females used condom every time in last 12 months (table 2).

Two third (76.1%) of sexually active youths had one sexual partner. While fifty-five (23.9 %) of sexually active youths to have multiple sexual partner of which 40 (17.7 %) and 15 (6.5 %) were males and females respectively in the last 12 months. Among these who had multiple sexual partner, 31 (13.5%) of youths had more than two sexual partners. Moreover, 24 (10.4%) of youths had two sexual partners (table 2).

Of 230 sexually active youths, 29 (12.6%) of youths had sex with non-regular sexual partner, of which 17 (7.2%) were females and 12 (5.4%) were males in the past 12 months (table 2).

In this study, alcohol and khat also had facilitated to risky sexual behavior. Among sexually active alcohol drunker youths, 23 (14.7%) had sex with non-regular sexual partners and about (30%) of sexually active youths practiced unprotected sex in last 12 months. Twenty-one (13.5%) of male respondents had sex with commercial sex workers. Among sexually active khat chewer youths, 14 (14.6%) had sex with non-regular sexual partners and about (21%) of sexual practice was unprotected. Moreover, twenty (25.9%) of male respondents had sex with commercial sex workers after consuming khat in the past 12 months (table 4).

Among (230) sexually active youths, nearly half (48.3%) of sexually active youths practiced unprotected sex in the last 12 months. The proportion of male youths who practiced unprotected sex were nearly the same as those females counter parts (24.8% Vs 23.5%) in the last 12 months. The commonest reason for not using condom were reported to be as partner trust 99 (87.6%) and accidental sex 6 (5.4%) in the last 12 months. Twenty-four (10.4%) of male respondents had sex with commercial sex workers in the last 12 months (table 2 and 3).

In this study, prevalence of risky sexual behavior was constituted either one of three items of sexual history of youths. We asked whether the participants used condom or number of sex partners or participants had engaged sexual intercourse with non-regular partners in the past 12 months. Hence, prevalence of risky sexual behavior was described as unprotected sex or having multiple sexual partners or sexual practice with non-regular partners.

Based on the findings, prevalence of risky sexual behavior were nearly half, (48.3%) of sexual practice was unprotected as well as (23.9 %) of youths had multiple sexual partners in the last 12 months. Furthermore, (12.6%) of youths had sexual intercourse with non-regular sexual partners. High risk sexual behavior were also noted, one (1.8%) and six (2.6%) of youths were engaged in sexual practice with multiple and non-regular sexual partners without condom used respectively.

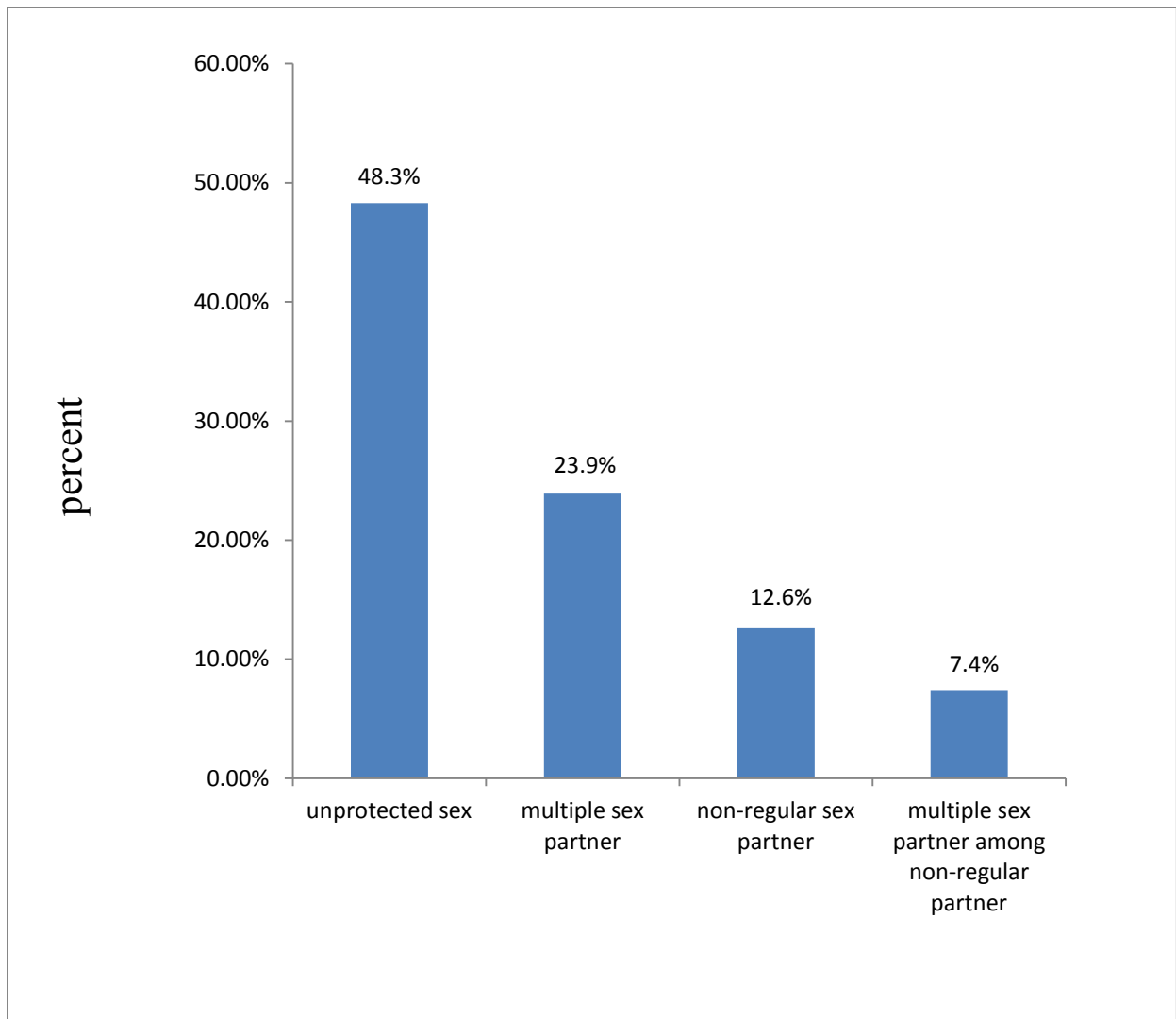


Figure 2: Prevalence of risky sexual behavior among sexually active youths in the last 12 months in Dilla town, January 2012

Table 2. Prevalence of risky sexual behavior among sexually active youths in Dilla town, Gedee zone, January 2012

Variable	Male n (%)	Female n (%)	Total n (%)
Ever had sex (n=598)			
Yes	144 (24.1%)	12(21.6%)	273 (45.7%)
No	164 (27.4%)	161(26.9%)	325 (54.3%)
Age at first sex (n=273)			
15-19	82 (30%)	92 (33.7%)	174 (63.7%)
20-24	40 (14.7%)	28 (10.2%)	68 (24.9%)
I do not remember	22 (8.1%)	9 (3.3%)	31(11.4%)
Reasons to start sex (n=341)			
Peer influence	60 (17.6%)	51 (15%)	111 (32.6%)
Maintain relationship	42 (12.3%)	39 (11.5%)	81 (23.8%)
Love of boy/girl friend	41 (12%)	33 (9.7%)	74 (21.7%)
Influence of alcohol	21 (6.2%)	5 (1.4%)	26 (7.6%)
Sex film influence	19 (5.6%)	-	19 (5.6%)
Rape/sexual coercion sex	-	17 (5%)	17 (5.0 %)
To gain money	-	9 (2.9%)	9 (2.9%)
Influence of Khat	4 (1.2%)	2 (0.5%)	6 (1.7%)
Other (I don't know, personal interest)	3 (0.9%)	1 (0.3%)	4 (1.2)
Relation of the first sex partner (n=273)			
Boy/girl friend	104 (38.1%)	91(33.3%)	195 (71.4%)
Non-regular partner	20 (7.3%)	38 (14%)	58 (21.3%)
Commercial sex workers	19 (6.9%)	-	19 (6.9%)
Other (classmate friend)	1 (0.4%)	-	1 (0.4%)
Condom used at first sex (n = 273)			
Yes	44 (16.1%)	14 (5.1%)	58 (21.2%)
No	100 (36.6%)	115 (42.2%)	215 (78.8%)

Continued table 2---

First sex (n=273)			
Planned	93(34%)	63(23.1%)	156(57.1%)
Unplanned	51(18.7%)	66(24.2%)	117(42.9%)
Ever had sex in last 12 month (n=273)			
Yes	120 (44%)	110 (40.3%)	230 (84.3%)
No	24 (8.7%)	19 (7%)	43 (15.7%)
Relation of the last 12 months sex (n = 261)			
Boy/girl friend	102 (44.3%)	105 (45.7%)	207 (79.4%)
Commercial sex workers	24 (10.4%)	-	24 (10.4%)
Non-regular partner	12 (5.4 %)	17(7.2%)	29 (12.6%)
Condom use in last 12 months sex (n=230)			
Yes	63 (27.4%)	56 (24.3%)	119 (51.7%)
No	57 (24.8%)	54 (23.5%)	111 (48.3%)
Frequency of Condom use in last 12 months (n=119)			
Every time	57 (47.9%)	49 (41.2%)	106 (89.1%)
Some times	6 (5%)	7 (5.9%)	13 (10.9%)
Number of sexual partner (n=230)			
Only one	80 (34.8%)	95 (41.3%)	175 (76.1%)
Two	16 (7%)	8 (3.4%)	24 (10.4%)
More than two	24 (10.4%)	7 (3.1%)	31(13.5%)
Condom used when have sex more than one partner in the last 12 month (n=55)			
Yes	40 (72.7%)	14 (25.5%)	54 (98.2%)
No	-	1(1.8%)	1(1.8%)
Frequency of Condom use when sex more than one partner in last 12 months (n=54)			
Every time	37 (68.5%)	13 (24.1%)	50 (92.6%)
Some times	3 (5.6%)	1 (1.9%)	4 (7.4%)

Table 3. Reasons for not using condom among sexually active youths in Dilla town, Gedee zone, January 2012.

Variable	Male n (%)	Female n (%)	Total n (%)
Reasons for not using condom in first sex (n 231)			
I trust my sexual partner	61(26.4%)	53(23.0%)	114 (49.4%)
I had accidental sex	35(15.2%)	50 (21.6%)	85 (36.8%)
I was drunk	10 (4.3%)	6 (2.6%)	16 (6.9%)
It reduces sexual feeling	2(0.8%)	5(2.2%)	7 (3 %)
I did not have condom	1(0.4%)	3 (1.3%)	4 (1.7%)
Not like condom	2(0.9)	-	2 (0.9)
Partners not like	-	3 (1.3)	3 (1.3)
Reasons not using condom in last 12-month sex (n=113)			
I trust my sexual partner	53 (46.9%)	46 (40.7%)	99 (87.6%)
I had accidental sex	2(1.8%)	4 (3.6%)	6 (5.4%)
It reduces sexual feeling	2 (1.8%)	2 (1.8%)	4 (3.6%)
Not have condom	2 (1.8%)	-	2 (1.8%)
My partner do not like condoms	-	1 (0.9%)	1(0.9%)
Embarrassing to buy	1 (0.9)	-	1 (0.9%)
Multiple responses were possible			

Table 4. Prevalence of risky sexual behavior among sexually active youths who used alcohol and khat in last 12 months in Dilla town, Gedeo zone, January 2012

Variable	Male n (%)	Female n(%)	Total n (%)
1. alcohol use			
Ever had sex after drunk alcohol in last 12 months (n=150)			
Yes	81 (54.4%)	48 (32%)	129 (86%)
No	9 (6%)	12(8%)	21 (14 %)
Condom use in last 12 months (n = 129)			
Yes	53 (41%)	38(29.5%)	91 (70.5%)
No	28 (23.5%)	10 (8.4%)	38 (29.5%)
Frequency of Condom used in last 12 months (n = 91)			
Every time	48(53.3%)	34 (37.4%)	82 (90%)
Some times	5 (5.6%)	4(4.4%)	9 (10%)
Relation of sexual partner with (n=156)			
Boy/girl friend	67 (42.9%)	45(28.9%)	112 (71.8%)
Commercial sex workers	21 (13.5%)	-	21(13.5%)
Non regular partner	13 (8.3%)	10 (6.4%)	23 (14.7%)
Reason not used condom (n=36)			
I trust my sexual partner	24 (63.1%)	8 (21.1%)	32 (84.2%)
I had accidental sex	1(2.6%)	-	1(2.6%)
It reduces sexual feeling	1(2.6%)	1(2.6%)	2 (3.2%)
I was drunk	1(2.6%)	-	1 (2.6%)
2 khat chewing			
Ever had sex in the last 12 months (n=87)			
Yes	55 (63.2%)	22 (25.3%)	77 (88.5)
No	8 (9.2%)	2(2.3%)	10 (11.5%)
Relation of the last 12 month sex with (n=96)			
Boy/girl friend	41 (42.7%)	21 (21.9%)	62 (64.6%)
Commercial sex workers	20 (20.8%)	-	20 (20.8%)
Non regular partner	8 (8.3%)	6 (6.3%)	14 (14.6%)
Condom use during last 12 month sex (n=77)			
Yes	43 (56.6%)	18 (23.7%)	61 (79.2%)
No	12 (15.6%)	4 (5.2%)	16 (20.8%)
Frequency of Condom used (n=61)			
Every time	42 (67.9%)	17 (27.9%)	59 (96.7%)
Some times	1 (1.6%)	1 (1.6%)	2 (3.2%)

Results of focus group discussions on risky sexual behavior

All participants of FGD said that risky sexual behavior in this age group of people are very common, especially having multiple sexual partners, unprotected sex, and sex with non-regular partners.

Discussants mentioned that there was no persistence and faithfulness among partners and relation become not intact.

A twenty-two years of male grade nine-student stated that; “--- most youths in these age groups having multiple sexual partners ---”

Discussants reported that female youths had sexual intercourse with non-regular partners just for getting money and help. Almost all discussants reported that both males and females had sexual intercourse with non-regular sexual partner.

Qualitative study also showed that, male youths who had sexual intercourse with commercial sex workers and non-regular partners were after khat chewed and alcohol drunk. As to the issue raised about unprotected sex, discussants mentioned some points why youths had unprotected sex.

1. They practice occasional sex without getting prepared and they might not have condom at that time.
2. Even if they might have condom, they cannot use it being just trusting the partners.
3. Some partners were not still open to discuss on the use of condom.

5.3. To identify factors associated with risky sexual behavior

Socio-demographic variables and other factors were cross-tabulated to identify factors associated with risky sexual behavior of youths. As presented in table 5, Alcohol drinking showed significant relation with sex with non-regular sexual partners ($p = 0.005$). However, other socio - demographic variables did not show significant relation with sex with non regular sexual partners (table 5).

Sex of respondents showed significant relation with risky sexual behavior of having multiple sexual partners ($p = < 0.001$). Parental communication was an important variable to influence youth's risky sexual behavior. It showed significant relation with risky sexual behavior of having multiple sexual partners ($p = 0.024$). Similarly, alcohol drinking and khat chewing showed significant relation with risky sexual behavior of having multiple sexual partners ($p = < 0.001$, $p = < 0.001$ respectively). However, other socio - demographic variables did not show significant relation with risky sexual behavior of having multiple sexual partners (table 6).

Table 5. Chi-square test analysis for factors associated with risky sexual behavior of non-regular sexual practice among (230) sexually active youths in Dilla town, January, 2012

Variables	Had sex with non-regular partners in the last 12 month		
	Yes (n %)	No (n %)	X ² (p-value)
Sex			
Male	12 (5.2)	106 (46.1)	3.32 (0.06)
Female	17 (7.4)	95 (41.3)	
Age			
15-19	6 (2.6)	25 (10.9)	1.48 (0.22)
20-24	23 (10)	176 (76.5)	
Educational status of youth			
Primary and High school	17 (7.4)	96 (41.7)	1.20 (0.23)
Preparatory and above	12 (5.2)	105 (45.6)	
Parent educational status			
Both literate	18 (7.8)	149 (64.8)	1.85 (0.17)
Other(++)	11 (4.8)	52 (22.2)	
Youth live with			
Both parent	23 (10)	165 (71.7)	0.13 (0.72)
Single parent	6 (2.6)	36 (15.7)	
Religion			
Orthodox	14 (6.1)	105 (45.7)	1.16 (0.69)
Other(+++)	15 (6.5)	96 (41.7)	
Ethnicity			
Gedeo	7 (3.0)	43 (18.7)	1.64 (0.83)
Non-Gedeo	22 (9.6)	158 (68.7)	
Family income			
< 1000	15 (6.5)	89 (38.7)	2.03 (0.25)
>1000	14 (6.1)	109 (47.4)	
Father occupation			
Private and government Employer	17 (7.4)	122 (53)	2.75 (0.27)
Other (+++V)	12 (5.2)	79 (34.3)	
Mother occupation			
House wife	14 (6.1)	79 (34.3)	0.85 (0.36)
Other (+++v)	15 (6.5)	122 (53)	
Sexual communication			
Yes	5 (2.2)	67 (29.)	3.05 (0.06)
No	24 (10.4)	134 (58.3)	
Chew khat			
Yes	14 (6.1)	61 (26.5)	3.71 (0.06)
No	15 (6.5)	140 (60.9)	
Alcohol drink			
Yes	23 (10)	104 (45.2)	7.79 (0.005)*
No	6 (2.6)	97 (42.2)	

Key: * showed significant, Other (++) includes (illiterate and one parent literate), Other (+++) includes (Protestant, Muslim, Catholic---) non Gedeo includes (Amahara, sidama, gurage --), Other (+++V) includes (merchant, driver, farmer--) Other (+++V)includes(merchant, gov't and private employer -----)

Table 6. Chi-square test analysis for factors associated with risky sexual behavior of having multiple sexual partners among (230) sexually active youths in Dilla town, January, 2012

Variables	Had sex with multiple sexual partners in the last 12 month		
	Yes (n %)	No (n %)	X ² (p-value)
Sex			
Male	40 (57.4)	80 (34.8)	12.24 (< 0.001)*
Female	15 (6.5)	95 (41.3)	
Educational status of youths			
Primary and high school	32 (13.9)	105 (45.7)	0.06 (0.81)
Preparatory & above	23 (10)	70 (30.4)	
Parent education			
Both literate	37 (16.1)	130 (56.5)	1.04 (0.31)
Others (+)	18 (7.8)	45 (19.6)	
Youth currently live with			
Both parents	43 (18.7)	145 (63)	0.61 (0.43)
Single parent	12 (5.2)	30 (13.1)	
Religion			
Orthodox	33 (14.3)	87 (37.8)	1.77 (0.18)
Other(++)	22 (9.6)	88 (38.3)	
Ethnicity			
Gedeo	14 (6.1)	36 (15.7)	0.59 (0.44)
Non-Gedeo	41 (17.8)	139 (60.4)	
Family income			
< 1000	21(9.1)	58 (25.2)	0.48 (0.49)
>1000	34 (14.8)	169 (73.5)	
Father occupation			
Private and government Employer	24 (10.4)	107 (46.5)	1.05 (0.45)
Other (+V)	31(13.5)	68 (29.6)	
Mother occupation			
House wife	22 (9.6)	72 (31.3)	0.02 (0.88)
Other (++V)	33 (14.3)	103 (44.8)	
Sexual communication			
Yes	10 (4.3)	60 (26.1)	5.13 (0.02)*
No	45 (19.6)	115 (50)	
Chew khat			
Yes	34 (14.8)	43 (18.7)	26.07 (< 0.001)*
No	21 (9.1)	132 (57.4)	
Alcohol drink			
Yes	47 (20.4)	82 (35.7)	25.31 (< 0.001)*
No	8 (3.5)	93 (40.4)	

Key: Other (+) includes (illiterate and one parent literate), Other (++) includes (Protestant, Muslim, Catholic---) non-Gedeo includes (Amahara, sidama, gurage --), Other (+V) includes (merchant, driver, farmer----) Other (++V) includes(merchant, gov't and private employer -----) Parental communication includes at least one sexual issue

5.4. Bivariate and multivariate analysis for factors associated with risky sexual behavior

Sex of the respondent, parental communication, khat chewing and alcohol drinking showed significant association with risky sexual behavior in multivariate analysis.

In multivariate analysis, female youths were nearly three times more likely to have had sex with non-regular partner than males youths, (*AOR: 2.67, 95% CI: 1.10, 6.6*). However, the rest independent predictors did not show any association (table 7).

Youths who drinking alcohol were nearly four times more likely to have had sexual intercourse with non-regular sexual partner than those who were not drinking alcohol (*AOR: 3.65, 95% CI: 1.26–10.42*). However, this statistical association did not maintain the significant association for khat user before and after adjusting to other variables (table 7).

One factor which induces risky sexual behavior as independently was less likely predispose youths to risky sexual behavior. When two or more factors that acting together were more likely predisposed youths to risky sexual behavior. Youths who both drinking alcohol and chewing khat were more likely to have had sex with non-regular sexual partners (*AOR: 3.58, 95% CI: 1.40 –9.15*). In addition, youths who both drinking alcohol and chewing of khat and who lacking parental communications were more likely to have had sex with non-regular sexual partners (*AOR: 3.11, 95% CI: 1.35 –7.19*). Similarly, sex of respondents with substance users were more likely engaged to risky sexual behavior. Female youths and who both drinking alcohol and chewing of khat were more likely to have had sex with non-regular sexual partners (*AOR: 3.60, 95% CI: (1.15 –11.24)*).

In multivariate analysis, male youths were two times more likely to have multiple sexual partners than females, (*AOR: 2.02, 95% CI: 1.02, 4.21*). Parental communication was showed significant relation with youth's risky sexual behavior. It was showed significant relation with sexual practice of multiple sexual partners before and after adjusting to other variables. In multivariate analysis those youths who had never discussed on sexual issues with their parents were three times more likely to have multiple sexual partners than those who discussed on sexual issues with their parents (*AOR: 3.12, 95% CI: (1.37, 7.08)*).

By adjusting other variables, it was found that those who chewing of khat were nearly three times more likely to have multiple sexual partners than those who were not chewing khat (*AOR: 2.66, 95% CI: (1.25, 5.67)*). In addition, those who drinking alcohol were four times more likely to have had sex with multiple sexual partners than those who were not (*AOR: 4.16, 95% CI: (1.70, 10.17)*) (table 8).

Youths who were both alcohol drunker and khat chewer were more likely had risky sexual behavior of having multiple sexual partners (*AOR: 6.00, 95% CI: 3.12, 11.54*). In addition, youths who were both alcohol drunker and khat chewer and who lacked parental communications were more likely to have risky sexual behavior of having multiple sexual partners (*AOR: 6.85, 95% CI: 3.43, 14.06*). Similarly, sex of respondent with educational status of youths and substance users were more likely engaged to risky sexual behavior. Male youths with educational status of preparatory and above and both alcohol and khat user were more likely had risky sexual behavior of having multiple sexual partners (*AOR: 5.11, 95% CI: 2.27, 11.50*). Moreover, male youths who were alcohol drunker and who lacked parental communications were also more likely to have risky sexual behavior of having multiple sexual partners (*AOR: 5.75, 95% CI: 2.97 – 11.12*).

Table 7. Bivariate and multivariate analysis for factors associated with risky sexual behavior of non-regular sexual practice among (230) sexually active youths in Dilla town, January, 2012

Variables	Had sexual intercourse with non-regular partners in the last 12 month			
	Yes	No	COR (95% CI)	AOR (95% CI)
Sex				
Male	12 (5.2)	106 (46.1)	1	1
Female	17 (7.4)	95 (41.3)	1.58(0.72, 3.48)	2.67 (1.10, 6.51)*
Sexual communication				
Yes	5 (2.2)	67 (29.1)	1	1
No	24 (10.4)	134 (58.3)	2.40(0.88, 6.57)	2.76 (0.98, 7.77)
Chew khat				
Yes	14 (6.1)	61(26.5)	2.14 (0.97, 4.71)	1.88 (0.74, 4.83)
No	15 (6.5)	140 (60.9)	1	1
Alcohol drink				
Yes	23 (10)	104 (45.2)	3.58(1.40, 9.15)*	3.65 (1.26, 10.42)*
No	6 (2.6)	97 (42.2)	1	1

Key, * (P-Value < 0.05, P-Value < 0.001), Parental communication includes at least one sexual issue

Table 8. Bivariate and multivariate analysis for factors associated with risky sexual behavior of having multiple sexual partners among (230) sexually active youths in Dilla town, January, 2012

Variables	Had sex with multiple sexual partners in the last 12 month			
	Yes	No	COR (95% CI)	AOR (95% CI)
Sex				
Male	40 (57.4)	80 (34.8)	3.17 (1.63, 6.15)*	2.02 (1.02, 4.21)*
Female	15 (6.5)	95 (41.3)	1	1
Sexual communication				
Yes	10 (4.3)	60 (26.1)	1	1
No	45 (19.6)	115 (50)	2.35 (1.11, 4.99)*	3.12 (1.37, 7.08)*
khat Chewing				
Yes	34 (14.8)	43 (18.7)	4.97(2.61, 9.46)*	2.66 (1.25, 5.67)*
No	21 (9.1)	132 (57.4)	1	1
Alcohol drink				
Yes	47 (20.4)	82 (35.7)	6.66 (2.98, 14.92)*	4.16 (1.70, 10.17)*
No	8 (3.5)	93 (40.4)	1	1

Key * = (P-Value < 0.05, P-Value < 0.001), Parental communication includes at least one sexual issue

Results of FGDs on factors that predispose youths to the risky sexual behavior

Focus group discussion participants reported that, the use of substance particularly alcohol, khat, hashish and others like educational status of parents, education status of youths were mentioned by almost all discussants as it has a great impact on risky sexual behavior.

One male discussant stated, "...Youths usually drink alcohol and they get drunk, after that they don't know clearly to have protected sex or not..."

Discussants also mentioned the close relationship of substance use, nightclubbing and sexual behavior. The majority of female and male youths remarked that nightclubbing might facilitate for casual sex, commercial sex worker, and having multiple sexual partners.

Some female discussants reported that dismissed students from university usually engaged to unsafe sexual practice.

One female discussant reported that, "These students are prone to have a feeling of hopelessness which might lead them to involve in irresponsible acts..."

Peer pressure was also motioned as an important predisposing factor that induces youth to risky sexual behavior.

5.5 Youth-parent communication on sexual issues

Among the total respondents, 98.7% youths reported that youth-parent sexual communication was important for future life of youths. However, only 137 (22.9%) of youths had ever discussed on sexual issues with their parents. Of which, 63 (10.5%) and 74 (12.4) were males and females respectively (figure 2).

Four hundred sixty-one (77.1%) of youths had never discussed on sexual issues with their parents. The most commonly mentioned reasons for which they did not discuss with their parents about sexual issues were shame to discuss followed by culturally unacceptable (table 9).

With regard to youth-parent communication on different sexual issues, 135 (56.2%), 41(17.1%), 34(14.2%) and 30 (12.5%) of youths discussed on sexual intercourse, multiple sexual partners, condom used and non-regular sexual partner with their parents respectively (figure 3).

On preference of parents, male youths discussed on sexual intercourse with both their father and mother (18.4%% Vs 28.6%). However, females more preferred to discuss with their mother 67 (45.6%). Males discussed on condom used with their father (22.2%). Nevertheless, females more preferred to discuss on condom used with their mother (47.1%). Moreover, male preferred to discuss on sex with non-regular partners with mother than father (33.3% Vs 16.7%), where as female choose their mother (47.7% (table 10).

Among those who have discussed with other than their parents on different sexual issues, youths were mostly discussed with the same sex from their peer friends followed by boy or girl friends (table 11)

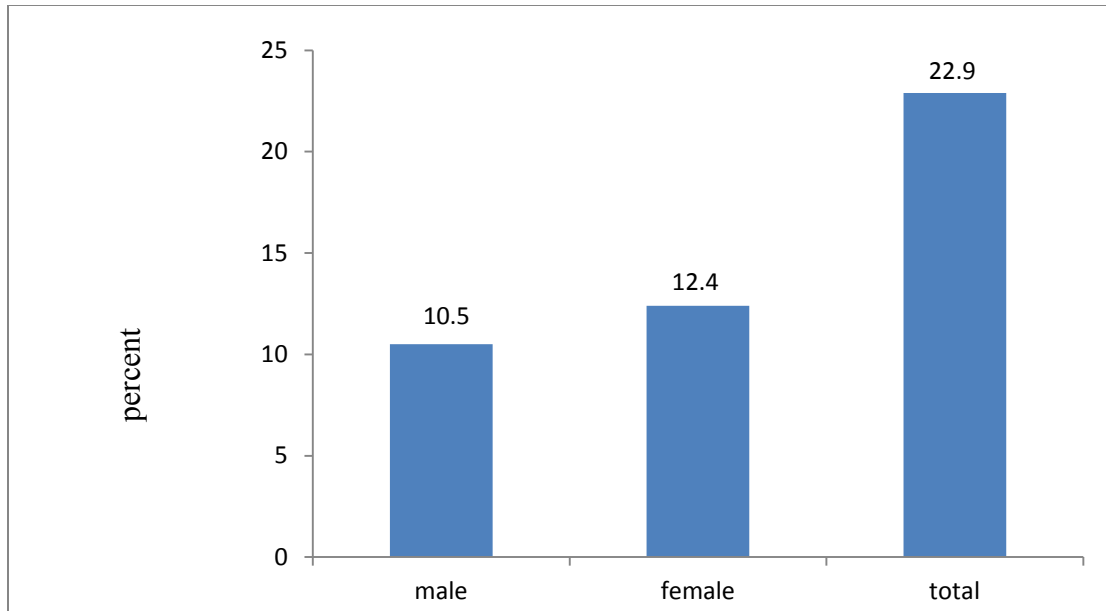


Figure 3: Proportion of youths who had communicated on sexual issues with their parents by gender in Dilla town, January 2012

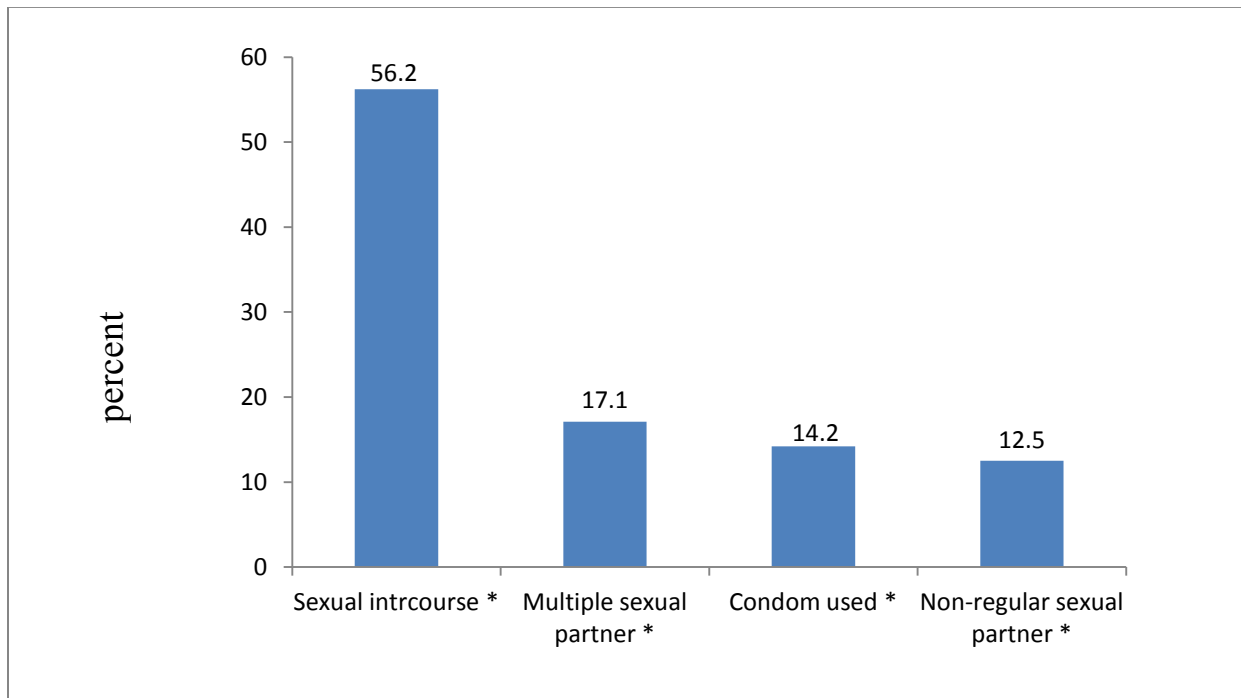


Figure 4: Youths' response to communication on different sexual issues with their parents in Dilla town, Gedeo zone, January 2012, (* = multiple responses were possible)

Table 9. The major reasons for not communicating on different sexual issues with their parents among youths in Dilla town, Gdeo zone, January 2012

Topics of discussed	Reasons			
	Shame	Culturally unacceptable	Parents are not good Listener	Don't know the reason
Sexual intercourse (n= 474)	323(47.9%)	217(45.8%)	123(25.9%)	11(1.6))
Condom use (n= 711)	404(56.8%)	221(31.1%)	61(8.6%)	22(3.1%)
Sex with multiple sexual partner (n=694)	400(57.6%)	213 (30.7%)	59(8.5%)	22(31.7%)
Sex with non-regular sexual partner(n=714)	422(59.1%)	213 (29.8%)	58(8.1%)	21(29.4%)

Multiple responses were possible

Table 10: Youths' response to preference of parent's to communicate on different sexual issues in Dilla town, Gedeo zone, January 2012

Topics of discussion	With whom they had discussed	
	Mother * (n= %)	Father * (n = %)
Sexual intercourse (n=147)		
Male	42 (28.6)	27 (18.4)
Female	67 (45.6)	11 (7.5)
Condom used (n=36)		
Male	10(27.8)	8(22.2)
Female	16(44.4)	2(5.6)
Sex with multiple sexual partner (n= 44)		
Male	11(25)	8(18.2)
Female	21(47.7)	4(9.1)
Sex with non-regular sexual partner (n=33)		
Male	10(30.3)	5(15.2)
Female	14(42.4)	4(12.1)

*= multiple responses were possible

Table 11: Youths' response to preference of other than parents to communicate on different sexual issues in Dilla town, Gedeo zone, January 2012

Topics of discussion	With whom they had discussed other than parents (n= %)				
	Yes	Male friend*	Female Friend *	Boy/girl friend*	Brother*
Sexual intercourse (n=998)					
Male	253 (25.4)	111(11.1)	94 (9.4)	44 (4.5)	24 (2.4)
Female	84 (8.4)	238 (23.8)	85 (8.2)	15 (1.5)	50 (5)
Condom use (n=558)					
Male	249(44.6)	80 (14.3)	43 (7.7)	56 (10)	9 (1.6)
Female	72 (12.9)	226 (40.5)	45 (8.1)	24 (4.3)	34 (6.1)
Multiple sexual partner(n=714)					
Male	66 (9.2)	248 (34.7)	16 (2.2)	19 (2.7)	9 (1.3)
Female	239 (33.5)	43 (6)	17 (2.3)	20 (2.8)	26 (3.6)
Non-regular partner(n=668)					
Male	248 (37.1)	57 (8.5)	16 (2.4)	32 (4.8)	9 (1.3)
Female	43 (6.3)	236 (35.3)	17 (2.5)	5 (0.7)	26 (3.9)

* Multiple responses were possible,

Results of FGDs of youth-parent communication on sexual issues

All FGDs participants said that discussion about sexual issues with their parent is important for youth's future life. However, youths did not discuss sexual issues openly with their parents, except youths who have few educated families majority think, that they never discussed sexual issues openly with their parents.

One male participant reported that, "We Ethiopians are not adapted to have family discussion on sexual issues except few families."

Some participants discussed on the issues of HIV/AIDS, early marriage, rape, disadvantage of early initiation of sexual intercourse on education and avoiding premarital sex with their parents. However, they had a little or no discussion on "this sensitive issues".

Finding of FGDs result indicated that youths realize the importance of discussing with their parents on sexual issues but as many of them are unable to address the subject comfortably. Most of them believe it is considered as a taboo topic and culturally unacceptable, creates discomfort with families and feel embarrassed. In addition to these the following reasons forwarded by youths why parents did not want to discuss these issues openly:

- ✓ Parents consider it as reminding their children about sex and they fear that it will encourage early sexual practices
- ✓ Presence of large gap between children and parents where children were considered wrong when they try to discuss equally with their parents about any topic
- ✓ Lower educational back ground of parents

Most youths preferred to the same sex to discuss sexual related issues with their friends. Some discussants agreed discussion were held with brother, sister and girl/ boy friends. Moreover, a few discussants said discussion were held with mother and father with similar and opposite sex.

6. Discussions

This study has tried to assess the prevalence risky sexual behavior and factors associated with it among youths and status of communication on sexual issues with their parents in Dilla town, Southern National Nationality and People Region.

A great majority (84.3%) of youths who have the history of sexual intercourse had sex in the last 12 months. These figures are incomparable to other studies done, in Dessie town and Dessie zuria woreda (51.3%), in Bahir Dar town (64.8%), in Hawossa town (51.1%) and in Gedeo high school (52.9%) (17, 22, 24, 28). This difference might be due to the socio- demographic difference like age, educational status, residence of study subjects (urban Vs rural) as well as there is a difference among study participants (school Vs out school youths).

This study revealed that (6.9%) and (21.3%) of youths initiated their first sex with CSWs and non-regular sexual partner respectively and (42.9%) and (78.8%) of sexual practice was unplanned and unprotected. These findings were inconsistent with a study done in Dessie town and Dessie zuria woreda (17). The difference might be due to different study subject taken, in Dessie both married and unmarried youths but it was taken unmarried youths. The other possible reason might be due to difference in residence of youths. These findings were also consistent with FGDs results, participants said that risky sexual behaviors of having multiple sexual partners, unprotected sex, and sex with non-regular partners were very common. Therefore, this may indicate that still the risk taking behavior of youths is common which needs emphasis in changing their sexual behavior of youths.

Prevalence of risky sexual behavior of non-regular sexual practice was 12.6% in this study. This finding was lower than the previous studies in Hawassa town (43.3%), Bahir Dar town (33%), Dessie town (14.2%), and Nigeria (55.1%), (22, 23, 24, 28). The lower difference might be one of the communication strategies on HIV/AIDS prevention focuses on addressing preventive methods to vulnerable groups using different IEC/BCC materials to increase the level of awareness and knowledge. The other possible reason might be due to the socio- demographic difference like age, educational status, residence of study subjects (rural vs urban) as well as the difference of study period.

The current study revealed that (10.4%) of sexually active male youths had sexual relation with commercial sex workers. This finding was lower than the studies done in Nekemte (13.3%), Dessie (29%), Bahir Dar town (20.2%), and Nigeria (37%) (22,23,24,33). This difference might be due to socio- demographic difference like age, educational status of subjects and also there is a difference among study participants. The other possible reason might be due to the difference of study period and the variation in study subject residence. Even though there was lower proportion of sexually active males contact with commercial sex workers, efforts to reduce these prevailing problems among community youths should be emphasized.

The overall prevalence of risky sexual behavior of having multiple sexual partner was 55 (23.9%) among sexually active youths in this study in last 12 months. This finding was slightly higher than the studies conducted in Assedabo town (21.5%) and Gedeo zone high school (8.9%) (17, 26). The difference might be there were differences among study participants. However, this finding was lower than the studies conducted in Bahir Dar town (26.1%), Nekemet town (34.5%), Dessie town (36%) and Nigeria (59.2%) (22, 23, 24, 33).

In this study (51.7%) of sexually active youths used condoms in last 12 months. This finding was lower than the previous study conducted in Hawassa town (52.2%) and Gedeo zone high school (53.3%) (17, 28). The difference might be due to inadequate preparation for sexual intercourse or occasional sex. The other possible reason might be due to trust of sexual partner. However, this finding was higher than the studies done in Dessie town and Dessie zuria woreda (36%) and Assendabo town (24.5%) (22, 26).

In the current study (48.3%) of sexually active youths practiced unprotected sex in last 12 months. This finding was higher than other study conducted in Ethiopia (17, 28). This variation might be the difference of respondent's socio-demographic condition. FGDs participants mentioned some points why youths had unprotected sex. They practiced occasional sex without getting prepared; even if they might have condom they cannot use it being just trusting the partners and some partners still not open to discuss on the use of condom. Consequently, it should be considered serious and intervened quickly. Because these youths were at higher risk of acquiring, diseases like STIs including HIV and exposed to unwanted pregnancy.

Alcohol used, khat chewed, lack of parental communication and some socio demographic variables were the main predisposing factors for risky sexual behavior in this study. This finding was strongly support the studies done in Bahir Dar town (24), Ghana, Malawi and Uganda (25), Shantytown Lima Peru (27), in and out of school in Ethiopia (30), and USA (31) as identifying alcohol and khat chewed were the main predisposing factor for risky sexual behavior. This finding was also consistent with the FGDs results, the use of substance particularly alcohol, khat and hashish were mentioned by discussants as it had a great impact on risky sexual behaviors.

On parent-youth communication on sexual issues, 22.9% of youths have had discussion on sexual issues with their parents. This finding was much lowers a study done in USA (50%) and China (46%) (24, 36). The difference might be the discussion varies by the content of topics and cultural factors. This finding was also lower studies done in Ethiopia, in Bullen woreda (29.8%) and Bahir dar special zone (60%) (39, 42). So this indicates that still there is a gap in discussing the positive aspects of sexual issues with their parents which needs serious consideration. This finding was also consistent with the FGDs conducted in this study, which indicate that there were gaps in discussing sexual related issues.

With regard to youth-parent communication on different sexual issues, (56.2%) of youths were discussed on sexual intercourse with their parents. This finding was better the studies done in Bullen woreda in Ethiopia (42.2%) (42). Discussion on condom use, 34 (14.2 %) of youths have had discussion with their parents. This finding was lower than the studies done in Bulleln woreda (59.2%), Bahir Dar special zone (17.4%), and USA (76 %) (36, 39, 42). It seems that youths were not feeling more comfortable to discuses condom used with their parents.

It was also seen youths in this study perceive similar barriers for not discussing with their parents on different sexual issues mostly feeling shame to discuss and believe discussing on sexual issues as taboo. Those barriers were also commonly seen in other studies done in Bulleln woreda, Bahir Dar special zone, Nigeria and northwestern Tanzania (39, 41, 42, 43). This finding was also consistent with the FGD results; youths realize the importance of discussing with their parents on sexual issues but as many of them unable to address the subject comfortably as it is considered a taboo topic and culturally unacceptable and creates discomfort with parents.

In the present study, youths were more comfortable to discuss sexual issues with the same sex from their parents. This finding was also consistent with a study done in Bulleln woreda, Bahir Dar special zone (39, 42). This might be discussion with similar sex creates comfort and confidence among youths.

Youths prefer to the same sex from their peers friends to discuss different sexual issues topics. Similar findings were obtained studies done in Bulleln and Bahir Dar special zone (39, 42). FGDs findings also indicated that; youths preferred to the same sex to discuss sexual related issues with their friends. This implies discussion with friends rather than parents may have a negative impact on youths' sexual behavior if their peer friends are not equipped with appropriate information on sexual issues. Therefore, this may suggest that there is a need to equip friends through mass media, community campaign with appropriate information by using different IEC materials to increase the level of awareness and knowledge on sexual issues. But why most youths preferred to non family member for discussion could be another area that needs further investigation.

7. Strengths of the study

This segment of populations comprised large in number with various socio-demographic compositions. Therefore, assessing the current situation of risky sexual behavior of youths in relation to parental communication at community level is one of the key finding, which is useful for program planner. In addition to these, there was a qualitative study finding to supplements quantitative findings.

8. Limitations of the study

Youths may not remember the events of exposure to risky sexual behavior, which is subjected to recall bias. This study was based on cross-sectional design, which cannot determine causal effect relationships / temporal relationship /. This study concerned only behaviorual data, which may not addressed the outcome of risky sexual behaviors.

9. Conclusions and Recommendations

9.1 Conclusions

Youth risky sexual behavior in this study was very common, which is characterized by unprotected sex, sex with non-regular partner and sex with multiple sexual partners. Khat chewing, alcohol drinking and lack of parental communication were significantly associated with risky sexual behavior. Majority of the respondents had agreed on the importance of communication with their parents on sexual issues. However, communications on sexual issues in both sexes were preferred and took place to similar sex from their peer friends. There was low parent-youth communication on sexual issues. The most common mentioned reasons for low youth-parent communication were shame to discuss and cultural taboo.

9.2. Recommendations

Based on the findings, the following recommendations are suggested.

Program level

- Sex education programs should be strengthened and expanded to address community youths
- Programs should be addressed youth's risky behavior like khat chewing and alcohol drinking and risky sexual behavior to give health education about the linkage and possible consequences of such exposure to risky sexual behavior.
- Youth-parent communication on different sexual issues should be considered in the program.
- Peer education on different sexual issues should be considered in the program.

Researcher

- Research should design studies to examine what triggers, quality and timing of parent-youth communication on sexual related issues and the effect of communication on safe sexual behaviors.

10. References

1. UNDO, UNFPA, WHO, Special Program of Research Development and Research Training in Human Reproductive Health, Progress in Reproductive Health Research; 2003
2. Shane Khan and Vinod Mishra. Youth Reproductive and Sexual Health: DHS Comparative Reports No. 19, Macro International Inc. Calverton, USA; 2008 August.
3. Institute of Youth Development (IYD). youth facts: Washington D.C; 2004
4. Jocelyn DeJong, Bonnie Shepard, and Farzaneh Roudi-Fahimi. Young People's Sexual and Reproductive Health in the Middle East and North Africa: *Population Reference Bureau*; 2007
5. World Health Organization, Global health risks of mortality and burden of disease attributable to selected major risks; 2009
6. WHO, Sexual and Reproductive Health Series, *Lancet*; 2006 October
7. UNPF, Improving Youth Sexual and Reproductive Health in the Developing World: An Evidence-Based Approach, Lancet series; 2006
8. Federal Ministry of Health, Reproductive Health Needs and Youth Friendly Health Service Assessment in Selected Urban Areas of the Oromia, Amhara, Southern People and Tigray Regional States (Summery Findings); 2006 March
9. Wouhabe Maria, Sexual Behaviour, Knowledge and Awareness of Related Reproductive Health Issues among Single Youth in Ethiopia: *African Journal of Reproductive Health* Vol. 11 No.1; April, 2007
10. Federal Democratic Republic of Ethiopia, Report on progress towards implementation of the UN Declaration of Commitment on HIV/AIDS: Federal HIV/AIDS Prevention and Control Office; March 2010
11. Mitike Molla, Yemane Berhane, and Bernt Lindtjorn, Traditional values of virginity and sexual behavior in rural Ethiopian youth: results from a cross-sectional study: *BMC Public Health*; 2008: 8:9
12. Central Statistical Agency [Ethiopia] and ICF International, Ethiopia Demographic and Health Survey 2011: *Addis Ababa, Ethiopia and Calverton, Maryland, USA*: 2012
13. USAID, Reaching Youth through Community Strategies: Technical Update: No. 7; July 2009

14. Annik Sorhaindo, Young people health risk taking: A brief review of evidence on attitudes, at-risk populations and successful interventions: *Institute of Education, University of London Centre for the Wider Benefits of Learning*; May 2007.
15. Population Council, Ethiopia Young Adult Survey: a Study in Seven Regions, Addis Ababa, Ethiopia; 2010.
16. Akwasi Kumi-Kyereme and Kofi Awusabo-Asare, Influence of social connectedness, communication and monitoring on adolescent sexual activity in Ghana, *Afr J Reprod Health*; April 2007; 11(1): 133–136
17. Mulugeta Alemayeh, Assessment of the Prevalence of Premarital Sex and unprotected Sexual Practice among Gedeo Zone High School Students, SNNPR, Ethiopia:(Mph Thesis), AAU; 2006
18. UNESCO, UNAIDS, UNFPA, WHO, International Technical Guidance on Sexuality Education Review; December, 2009
19. Frehiwot Alebachew, Behavioral Change Communication and the response of young adult: the case of Ethiopia, save lives Ethiopia relief and development organization; Oct. 2006.
20. Michelle J. Hindin and Adesegun O.Fatusi, Adolescent Sexual and Reproductive Health in Developing Countries: An Overview of Trends and Interventions: *International Perspectives on Sexual and Reproductive Health*; Volume 35, Number 2: June 2009
21. Wang Xiaoming Li, Bonita Stanton, Vafa Kamali, Sylvie Naar-King, Sexual attitudes, pattern of communication, and sexual behavior among unmarried out-of-school youth in China: *BMC Public Health*: 2007; volm.7:189
22. Fekadu Mezengia and Alemayehu Worku, Age at sexual initiation and factors associated with it among youths in North East Ethiopia: *Ethiop. J. Health Dev*; 2009; 23 (2)
23. Bimbola Kemi Odu and Florence Foluso Akanle, Knowledge of HIV/AIDS and Sexual Behaviour among the Youths in South West Nigeria: *Humanity & Social Sciences Journal*; 2008:3 (1):81-88
24. Hibret Alemu, Damen Haile Mariam, Kassahun Abate Belay and Gail Davey, Factors Predisposing Out-of-School Youths to HIV/AIDS-related Risky Sexual Behavior in Northwest Ethiopia: *J. Health Popul Nutr Volume 25 | Number 3* |; September 2007: 25(3):
25. Caroline W. Kabiru, and Alex Ezeh, Factors Associated with Sexual Abstinence among Adolescents in Four Sub-Saharan African Countries: *Afr J Reprod Health*; 2007: 11(3)

26. Abiye Girmay, Abebe G/Mariama and Meseret Yazachew, Khat Use and Risky Sexual Behavior Among Youth In Asendabo Town, South Western Ethiopia: *Ethiopia, J, Health Dev.*; January 2007: 17(1)
27. Robert H Gilman, and Valerie Paz-Soldan, Sexual behavior and drug consumption among young adults in a shantytown in Lima, Peru: *BMC Public Health* ;2009: 9:23
28. Hiwot woldyesuse, The response of Out of school of youth to HIV prevention message based on the extended parallel process model in Hawassa town SNNPR: EPHA, Master thesis extract on HIV/AIDS extract Vol.15; sep.2011
29. Federal Ministry of Health, strategic plan for intensifying multispectral HIV and AIDS response in Ethiopia 2009-2014: *Federal HIV/AIDS Prevention and Control Office Addis Ababa, Ethiopia, Final Draft*; September 2009
30. Derege Kebede, Atalay Alem, Getnet Mitike, Fikre Enquessie, Frehiwot Berhane, Yigeremu Abebe, Reta Ayele, Wuleta Lemma, Tamrat Assefa and Tewodros Gebremichael, Khat and alcohol use and risky sex behavior among in-school and out-of-school youth in Ethiopia: *BMC Public Health* ;2005, 5:109
31. Donald A. Calsyn, Sarah J. Cousins and Mary A. Hatch-Maillette. Sex under the Influence of Drugs or Alcohol: Common for Men in Substance Abuse Treatment and Associated with High Risk Sexual Behavior: University of Washington School of Medicine, Washington/United States: *Am J Addict*; 2010 Mar-Apr; 19(2):
32. Heather Littleton, Carmen Radecki Breitkopf, and Abbey Berenson, Sexual and physical abuse history and adult sexual risk behaviors: Relationships among women and potential mediators, USA,: *Child Abuse Negl*; 2007 July; 31(7): 757–768
33. Assefa Seme, Dessalegn Wirtu, Premarital Sexual Practice among School Adolescents in Nekemte Town, East Wollega: *Ethiop J. Health Dev*; 2008:22(2)
34. Nicholas Lagina, Right, Respect, Responsibility and Parent-Child Communication: Promoting Sexually Healthy Youth, USA; 2002 August
35. Chery B. Aspy, Sara K. Vesely, Roy F. Oman, Sharon Rodine, La-Donna Marshall, Youth-Parent Communication and Youth Sexual Behavior: Implications for Physicians: *Family Medicine*; 2006:38(7)
36. Wendy Hadley, Larry K. Brown, and Celia M. Lescano, Parent-adolescent Sexual Communication: Associations of Condom Use with Condom Discussion, USA; *J AIDS Behav*; October 2009:13(5): 997–1004.

37. Family and Health Survey, Parenting practices and sexual risk-taking among the young in a sub-Saharan African context: What can we learn from a life course perspective? Cameroon; 2006
38. Ann Biddlecom, Kofi Awusabo and Akinrinola Bankole, Role of Parents in Adolescent Sexual Activity and Contraceptive Use in Four African Countries: *International perspective on sexual and reproductive health*; June 2009:35 (2)
39. Yeshe Belay, Communication of school youth with their parents on sexual and reproductive health issues and influencing factors in Bahr Dar Sepecial zone Amhara region: *EPHA, Master thesis extract on HIV/AIDS*; sep.2011 :15
40. Bastien S. Kajula L. and Muhwezi W. A review of studies of parent-child communication about sexuality and HIV/AIDS in sub-Saharan Africa: *J Reproductive Healt*; 2011, 8:25
41. Desalegn Gebre Yesus and Mesganaw Fantahun, Assessing communication on sexual and reproductive health issues among high school students with their parents, Bullen Woreda, Benishangul Gumuz Region, North West Ethiopia: *Ethiop J. Health Dev*; 2010: 24(2)
42. Joyce Wamoyi, Angela Fenwick, Mark Urassa, Basia Zaba, and William Stones, Parental control and monitoring of young people's sexual behavior in rural North-Western Tanzania: Implications for sexual and reproductive health interventions; *BMC Public Health*: 2011; 11
43. FDRE population census commission, summary and statistical report of the 2007 population and housing census, Addis Ababa; Dec. 2008
44. Central Statistical Agency [Ethiopia] and ORC Macro: Ethiopia Demographic and Health Survey 2005, Addis Ababa, Ethiopia and Calverton, Maryland, USA;2006

Annexes

I: English version Questionnaire

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

Questionnaires on youth's risky Sexual Behavior and Parental communication on Sexual Issues

Questionnaire identification number _____

Sub-town _____

Address: kebeles's name _____

Confidentiality and Informed Consent

Dear youth,

In ensuring the sexual health of the youth, understanding the existing sexual behaviors of this group of the population is important. In line with this, a study was proposed to Addis Ababa University, School of public health for partial fulfillment of Master of Public health by the investigator to assess the risky sexual behaviors of youth and parental communication between youth and you are choosing to participate in this study.

The purpose of this study was to generate information on sexual behaviour of youth that can be use to design an appropriate intervention. The study would involve various intimate and private life questions. In order to attain the goal effectively we are asking you for your help. Here is a survey format/questionnaire for you to complete. There is no need to tell your name in the survey; no individual response will be report. You have a full right to refuse any or all of the questions. The survey will take about 25-30 minutes to ask the questions. Do you wish to participate in the study?

Yes, I want to participate in the study ____ please go to the next page

No, I don't want to participate in the study

If yes, please sign and go to the questionnaire sheet (**signature for data collector**)

Signature _____

Date _____

For further information contact

Principal investigator: Akine Eshete

Tel. **0913460896**

Thank you!!

Section I: Socio-Demographic Information

S. No.	Question	Answers	Remark
Q101	Sex of the respondent	1 Male 2. Female	
Q102	How old were you at your last birthday? [Your age]	[-----] Age in completed yrs	
Q103	What is your educational status	Illiterate.....1 Primary (grades1-8).....2 Secondary (grades 9-10).....3 Tertiary (11-12).....4 88 other specify	
Q 104	What is your religion?	Orthodox ----- 1 Catholic ----- 2 Protestant ----- 3 Islam ----- 4 No religion -----5 Others specify----- 88	
Q105?	What is your Ethnic group	Gedeo -----1 Sidama -----2 Gurage -----3 Wolayita -----4 Amhara -----5 Oromo -----6 Others specify ----- 88	
Q 106	What is the level of education of your parents? Literate: at least able to read and write	Both illiterate ----- 1 At least one parent literate- 2 Both parents literate -----3 Do not know-----4	
Q107	What is the Occupation of your father?	Gov. Employee -----1 Private Employee -----2 Merchant -----3 Farmer -----4 Driver -----5 Daily Labore -----6 Has no job-----7 Others (Specify)-----88	
Q108	What is the Occupation of your mother?	Gov. Employee-----1 private Employee -----2 House wife-----3 Merchant -----4	

	<u>More than one answers possible.</u> (Don't read the choices)	I had accidental sex.....2 I do not like condoms.....3 My partner do not like condoms.....4 It reduces sexual feeling.....5 I trust my sexual partner.....6 I don't know how to use condoms...7 I was drunk.....8 Other, specify.....88	
Q207	Was your first sex planned	1. Yes it was planned 2. No it was not planned	
Q208	Do you currently practice sex (had sex in the last 12 month)?	Yes.....1 No.....2	
Q209	If "Yes" to Q "208" with whom you had sexual intercourse in the last 12 months? <u>More than one answers possible.</u>	Regular partner -----1 Commercial sex worker-----2 Non regular partner -----3 Other specify ----- 88	
Q210	If "yes" to Q208, Do you use condom during last 12 month sexual intercourse?	Yes,1 No,2	If No, go to Q 212
Q211	If "yes" to Q 210, How often did you used?	Ever time-----1 Some times -----2 No response-----3	
Q212	If No, Q 210, why not used? <u>More than one answers possible.</u> (Don't read the choices)	I did not have condom1 I had accidental sex.....2 I do not like condoms.....3 My partner do not like condoms.....4 It reduces sexual feeling.....5 I trust my sexual partner.....6 I don't know how to use condoms...7 I was drunk.....8	

		Embarrassing to buy.....9 Other, specify.....88	
Q213	Till now, with how many partners did you have sex?	only one.....1 Two.....2 More than two.....3	If only one , go to Q 301
Q214	If you had sex more than one partner, Do use condom during sexual intercourse?	1. Yes 2. No	
Q215	If yes to Q 214, How often did you used?	1. Every time 2. Some times 3. No response	
Q216	If Q “214” No, Why did not you used condom? <u>More than one answers possible.</u> (Don't read the choices)	I did not have condom1 I had accidental sex.....2 I do not like condoms.....3 My partner do not like condoms.....4 It reduces sexual feeling.....5 I trust my sexual partner.....6 I don't know how to use condoms..7 I was drunk.....8 Embarrassing to buy.....9 Other, specify.....88	

Section3: Use of alcohol and substances among youth

Q. No	Questions	Answer	Remark
301	Have you ever chewing Khat?	Yes.....1 No.....2	If No, go to Q 306
302	If yes to Q 301, did you have sexual intercourse after chew Khat?	Yes.....1 No.....2	If No, go to Q 306
303	If “Yes” to Q 302, with whom you had sexual intercourse. <u>More than one answers possible.</u>	Regular partner -----1 Commercial sex worker-----2 person whom I don’t know before---3 Other specify ----- 88	
304	If you had sex, Have you used condom.	Yes.....1 No.....2	
305	If yes to Q 304, How often did you used?	Every time-----1 Some times -----2 No response-----3	
306	Have you drink alcohol (beer, Tella, tej, katikala)?	Yes.....1 No.....2	If No, go to Q 401
307	If yes, to Q 306, did you have sexual intercourse after drank alcohol?	Yes.....1 No.....2	If No, go to Q 401
308	If “Yes” to Q.307, with whom you had sexual intercourse. <u>More than one answers possible.</u>	Regular partner -----1 Commercial sex worker-----2 person whom I don’t before----3 Other specify -----88	
309	If “yes” to Q307, Have you used condom?	Yes.....1 No.....2	
310	If “yes” to Q 309, How often did you used?	Every time-----1 Some times -----2 No response-----3	
311	If No Q 309, why not used? <u>More than one answers possible.</u> (Don’t read the choices)	I did not have condom1 I had accidental sex.....2 I do not like condoms.....3 My partner do not like condoms..4 It reduces sexual feeling.....5 I trust my sexual partner.....6 I don’t know how to use condoms...7 I was drunk.....8 Embarrassing to buy.....9 Other, specify.....88	

Section 4. Communication on sexual issue and preference of communication

Q. No	Questions	Answer	Remark
Q401	Is it important to discuss/ communicate sexual issues with parents?	1. Yes 2. No	
Q402	Have you ever discussed on sexual issues with parents.	1. Yes 2. No	If No, go to Q 405
Q403	If yes for question # 402, Have you ever discussed on sexual intercourse with parents.	1. Yes 2. No	If No, go to Q 405
Q404	If yes for question # 403with whom? <u>More than one answers possible.</u>	1. Father 2. Mother	
Q405	With whom discussed other than parents on sexual intercourse <u>More than one answers possible.</u>	1. Sisters 2. Brothers 3, boy/girl friend 4, female friend 5, male friend 88. Others specify	
Q406	If you do not discuss on sexual intercourse with parents. What are the reasons? <u>More than one answers possible.</u> (Don't read the choices)	1. Culturally unacceptable 2. Shame 3. Lack of knowledge 4. Lack of communication skill 5. Parents are not a good listener 6. Do not know 88. Others	
Q407	Have you ever discussed on condom use with parents	1. Yes 2. No	If No, go to Q 409
Q408	If yes for question # 409 with Whom <u>More than one answers possible.</u>	1. Father 2. Mother	
Q409	With whom discussed other than parents <u>More than one answers possible.</u>	1. Sisters 2. Brothers 3, boy/girl friend 4, female friend 5, male friend 88. Others specify	
Q410	If you do not discuss on condom use with parents, What are the reasons? (Multiple answer possible) (Don't read the choices)	1. Culturally unacceptable 2. Shame 3. Lack of knowledge 4. Lack of communication skill 5. Parents are not a good listener 6. Do not know 88. Others-----	
Q411	Have you ever discussed sex with multiple sexual partners with parents?	1. Yes 2. No	If No, go to Q 413
Q412	If yes for question # 415 with whom	1. Father	

	disused? <u>More than one answers possible.</u>	2. Mother	
Q413	With whom discussed other than parents on multiple sexual partners? <u>More than one answers possible.</u>	1. Sisters 2. Brothers 3. boy/girl friend 4, female friend 5, male friend 88. Others specify-----	
Q414	If you did not discuss on sex with multiple sexual partners with parents. What are the reasons? (Multiple answer possible) (Don't read the choices)	1. Culturally unacceptable 2. Shame 3. Lack of knowledge 4. Lack of communication skill 5. Parents are not a good listener 6. Do not know 88. Others-----	
Q415	Have you ever discussed sex with non-regular partner with parents?	1. Yes 2. No	If No, go to Q.416
Q416	If yes for question # 421 with Whom <u>More than one answers possible</u>	1. Father 2. Mother	
Q417	With whom discussed other than parents <u>More than one answers possible.</u>	1. Sisters 2. Brothers 3, boy/girl friend 4, female friend 5, male friend 88. Others specify	
Q418	If you do not discuss on sex with non-regular partner with parents. What are the reasons? (Multiple answer possible) (Don't read the choices)	1. Culturally unacceptable 2. Shame 3. Lack of knowledge 4. Lack of communication skill 5. Parents are not a good listener 6. Do not know 88. Others	

II: qualitative questionnaires

CONSENT FORM FOR FOCUSED GROUP DISCUSSION SEMI-STRUCTURED

QUESTIONNAIRE PREPARED FOR YOUTH IN DILLA TOWN.

This study conducted by -----in collaboration with AAU school of public health, in partial full filament of the requirements for the Degree of Masters in public health. The main purpose of the study is to assess the risk sexual practice and parental communication among youth. The Focus Group Discussions (FGDs) will be conducted to supplement the quantitative survey in the study area. Therefore, your contribution to this discussion is very important. Then you are purposely selected to participate on FGD, you have full right to participate or not. If you are willing to participate please continue discussion; if not discontinue. We assure you that all information you give will be kept strictly confidential. The discussion will take about 25-30 minutes. If you are willing to participate, please start your discussion!

THANK YOU !

Focus Group Discussion Guides questionnaire

1. Are you heard about the reproductive health of youths?
2. What are sexual health problem observed among youths?
3. What are the risky sexual behaviors that you observe among youths?
4. What are the risky behaviors that predispose youth to the risky sexual behavior?
5. Is it important to discuss sexual matters with parent?
6. Where did youth get information about sexual matters?
7. Are parent and youth communicating on different sexual issues?
If yes, what are the topics (contents) discussed youth with their parent?
8. Which parent do you prefer to discuss on sexual issues?
9. What are the reasons (barriers) for not communicating/discussing sexual matters?

III. Amharic version questionnaire

አዲስ አበባ ዩኒቨርሲቲ የህብረተሰብ ጤና ት/ቤት

በደደቡብ ብሔር ብሔረሰቦች ና ህዝቦች ክልል በጊዲኑ ዞን በዲላ ከተማ ነዋሪ ወጣቶች ላይ ጥንቃቄ የጎደለው / መጥፎ / የስነ ወሲብ ባህሪና ተግባራት እንዲሁም ከወላጆች ጋር ያለውን ወይይት በሚመለከት የተዘጋጀ የጥናት መጠይቅ ።

የመጠይቁ መለያ ቁጥር _____

አድራሻ: ክፍለ ከተማ _____

ቀበሌ _____

ፈቃደኝነት ና ሚስጥርን ስለመጠየቅ

ውድ ወጣቱ

የወጣቱን የስነ-ተዋልዶ ጤንነት ለማረጋገጥ ያሉባቸውን ስነ-ወሲብ ችግሮችና ተያያዥነት ያላቸውን ባህሪዎችን መረዳት አስፈላጊ ነው። ይህ መጠይቅ የተዘጋጀው በአዲስ አበባ ዩኒቨርሲቲ የህብረተሰብ ጤና ት/ቤት ድህረ ምረቃ ፕሮግራም ማሟያ ለሚሆን ጥናት ነው። ከዚህ ጋር ተያይዞ ወጣቶች ስላሏቸው የስነ ወሲብ ባህሪና ተግባራት እንዲሁም ከወላጆች ጋር የወይይት ባህሪ ለማጥናት ተፈልጓል። በዚህ ጥናት ከወጣቶቹ መካከል አንተ/ች ተመርጠህል/ሻል።

የዚህ ጥናት ዓላማ ስለወጣቱ የስነ ወሲብ ባህሪና ተግባራት እንዲሁም ከወላጆች ጋር ያለውን ወይይት መረጃ በመስብሰብ የተግባር ስራ ለመደገፍ ነው። ጥናቱ የተለየ የግል ሕይወት ጥያቄዎችን ያካትታል። የጥናቱን ዓላማ በትክክል ለማሳካት የአንተን/ችን እርዳታ/ትብብር እንፈልጋለን። ስለዚህ በመጠይቆቹ መሠረት እንድትመልሱልን አዘጋጅተናል። በመጠይቁ ላይ ስምህን መናገር አስፈላጊ አይሆንም። የእያንዳንዱ ምላሽ ሪፖርት አይደረግም። ጥያቄዎችን በከፍተኛ ሆኖ በሙሉ ያለመቀበል ሙሉ መብት አለህ/ሽ ። ጥያቄዎችን ላለመመለስ ካልፈለጉ መጠይቁን ማቋረጥ ትችላላችሁ። መጠይቁን ለመሙላት ከ25-35 ደቂቃ ሊወስድ ይችላል። ጊዜያችሁን ወስዳችሁ ምላሽ ሰለሰጣችሁን በቅድሚያ እናመሰግናለን።

በጥናት ለመሳተፍ ፍላጎቱ አለህ/ሽ ?

አዎ መሳተፍ እፈልጋለሁ ----- ወደ ሚቀጥለው ገጽ ይለፍ

መሳተፍ አልፈልግም----- አመሠግናለሁ!

ለመሳተፍ እፈልጋለሁ ካሉ የመረጃው ስብሰባው ይፈርሙ

ፊርማ -----

ቀን -----

ለበለጠ መረጃ የሚከተለውን አድራሻ ይጠቀሙ፤ የጥኝው አድራሻ : 0913460896

ክፍል አንድ ፡ አጠቃላይ የወጣቱ መረጃ/ መሰረታዊና ማህበራዊ ጉዳይን በተመለከተ/

ተ.ቁ	መጠይቅ	መልስ	ክድ
Q101	የተጠያቂውን ጾታ ሳትጠይቅ ሙሉ	ወንድ-----1 ሴት-----2	
Q102	ዕድሜህ/ሽ ስንት ነው?	ዕድሜ በሙሉ ዓመት-----	
Q103	የትምህርት ደረጃ	ያልተመረ/ች-----1 የመጀመሪያ ደረጃ/1-8/-----2 ሁለተኛ ደረጃ[9-10]-----3 ፕሪፓራቶሪ (11-12)-----4 ሌላ ካለ ይጠቀሱ-----88	
Q104	ሐይማኖትህ/ሽ ምንድን ነው?	እርቶዶክስ-----1 ካቶሊክ-----2 ፕሮቴስታንት-----3 እስላም-----4 ሐይማኖት የለሽ-----5 ሌላ ካለ ይጠቀሱ-----88	
Q105	ብሔርህ/ሽ ምንድን ነው?	ጌዲአ-----1 ሲዳማ-----2 ጉራጌ-----3 ወላይታ-----4 አማራ-----5 አሮሞ-----6 ሌላ ከሆነ ይጠቀሱ-----88	
Q106	የወላጆችህ/ሽ/ የትም/ት ደረጃ የተማረ/ች ማለት ማንበብና መጻፍ የሚቻሉትን ያጠቃልላል	ሁለቱም ያልተማሩ-----1 አንዱ የታማረ-----2 ሁለቱም የተማሩ-----3 አላወቅም-----4	
Q107	ያባትህ/ሽ ስራ ምንድን ነው?	የመንግስት ተቀጣሪ-----1 የግል ተቀጣሪ -----2 ነጋዴ-----3 አርሶ አደር-----4 ሹፎር-----5 የቀን ስራተኛ-----6 ስራ አጥ-----7 ሌላ ካለ ይጠቀሱ-----88	
Q108	የእናትህ/ሽ ስራ ምንድን ነው?	የመንግስት ተቀጣሪ-----1 የግል ተቀጣሪ -----2 የቤት እመቤት-----3 ነጋዴ-----4 አርሶ አደር-----5 የቀን ስራተኛ-----6 ሌላ ካለ ይጠቀሱ-----88	

Q109	አሁን ከማን ጋር ነዉ የምትኖረዉ/?	ከአባት እና እናቴ ጋር-----1 ከአባቴ ጋር-----2 ከእናቴ ጋር-----3	
Q110	የቤተሰቦችህ/ሽ የወር ገቢ ስንት ብር ነዉ?	(-----) ብር	

ክፍል ሁለት ፡ የሰነወሲብ ታሪክ ፡ በግብረ- ስጋ የተጓዳኝ ጓደኛ ቁጥር ፡ አይነት እና ኮንዶም አጠቃቀም

ቁ201	የግብረ ስጋ ግንኙነት ፈፀመህ/ሽ ታውቃለህ/ሽ ?	1. አዎ 2. አላውቅም	አላውቅም ከሆነወደ ጥያቄ ቁ፡301ይሂዱ
ቁ202	አዎ ከሆነ በስንት አመት እድሜ ፈፀምሽ/ክ?	----- በአመት ይገለፅ አመቱን አላስታውስም-----88	
ቁ203	የግብረ ስጋ ግንኙነት ለመጀመሪያ ጊዜ ለመፈፀም ያነሳሳህ/ሽ ምክንያት ምንድን ነው ? ከአንድ በላይ መልስ መመለስ ይቻላል (አማራጮቹን አይገነኝቸው)	የአቻ ጓደኛ ግፊት-----1 በአልኮል ግፊት-----2 በጫት ግፊት-----3 ከጓደኛ ጋር ግንኙነት ለማጠናከር-----4 ገንዘብ ለማግኘት-----5 በሀይል በመደፈር-----6 ሴክስ ፊልም ግፊት-----7 የወንድ/ሴት ጎደኛዩን ስለማፈቅራት/ው-----8 ሌላ ካለ ይጠቀሱ-----88	
ቁ204	ለመጀመሪያ ጊዜ ከማን ጋር ፈፀምሽ/ክ ?	የወንድ/የሴት ጎደኛዩ ጋር-----1 ከሴተኛ አዳሪ ጋር-----2 ከማይታወቅ ሰው ጋር-----3 ከሌላ ጋር ከሆነ ይጠቀሱ-----88	
ቁ205	በመጀመሪያ የግብረ ስጋ ግንኙነት ወቅት ኮንዶም ተጠቅመህል/ሻል?	1. አዎ 2. አልተጠቀምኩም	አዎ ከሆነ ወደ ጥያቄ ቁ፡207ይሂዱ
ቁ206	ጥያቄ ቁ. 205, “አልተጠቀምኩም” ከሆነ ምክንያቶን ይግለጹ? ከአንድ በላይ መልስ መመለስ ይቻላል (አማራጮቹን አይገነኝቸው)	ኮንዶም ስላልነበረኝ-----1 ድንገተኛ ግንኙነት ስለነበረ-----2 ኮንዶም መጠቀም ስለማልወድ-----3 ጓደኛዬኮንዶም መጠቀም ስለማይወድ/ትወድ---4 የግንኙነት ሰሜት ስለሚቀንስ-----5 ጓደኛዬን ስለማምናት/ነው-----6 አጠቃቀሙን ስለማናውቅ-----7 ጠጥቼ ስለነበረ-----8 ሌላ ካለ ይጠቀሱ-----88	
ቁ207	ለመጀመሪያ ጊዜ ግብረስጋ ግንኙነት ስትፈፀም/ሚ የታቀደ ነበር ?	አዎ, የታቀደ ነበር-----1 አይ, አልታቀደበትም-----2	
ቁ208	ባለፉት 12 ወራት የግብረ ስጋ ግንኙነት ፈፀመህ/ሽ ነበርን?	አዎ----- 1 አልፈፀምኩም----- 2	

ቁ209	ጥያቄ ቁ. 208, “አዎ” ከሆነ ባለፉት 12 ወራት የግብረ ስጋ ግንኙነት የፈፀምከው/ሽው ከማን ጋር ነበር? ከአንድ በላይ መልስ መመለስ ይቻላል	የወንድ/የሴት ጎደኛዬ ጋር-----1 ከሴተኛ አዳሪ ጋር-----2 ከማይታወቅ ሰው ጋር-----3 ከሌላ ጋር ከሆነ ይጥቀሱ-----88	
ቁ210	ጥያቄ ቁ. 208, “አዎ” ከሆነ ኮንዶም ተጠቅመህል/ሻል?	አዎ -----1 አልተጠቀምኩም-----2	አልተጠቀምኩም ከሆነ ወደጥያቄ ቁ.212 ይሂዱ
ቁ211	ጥያቄ ቁ. 210, “አዎ” ከሆነ የኮንዶም አጠቃቀምህ/ሽ እንዴት ነበር?	ሁል ጊዜ -----1 አለፎ አለፎ-----2 መልስ የለም-----88	
ቁ212	ጥያቄ ቁ. 210, “አልተጠቀምኩም” ከሆነ ምክንያቱን ይግለጹ? ከአንድ በላይ መልስ መመለስ ይቻላል (አማራጮቹን አይገኙቸው)	ኮንዶም ስላልነበረኝ-----1 ድንገተኛ ግንኙነት ስለነበረ-----2 ኮንዶም መጠቀም ስለማልወድ-----3 ጓደኛዬ/ኮንዶም መጠቀም ስለማይወድ/ትወድ...4 የግንኙነት ሰሜት ስለሚቀንስ-----5 ጓደኛዬን ስለማምናት/ነው-----6 አጠቃቀሙን ስለማናውቅ-----7 ጠጥቼ ስለነበረ-----8 ለመግዛት ስላፈርኩ/ስላልደፈርኩ-----9 ሌላ ካለ ይጠቀሱ-----88	
ቁ213	ባለፉት 12 ወራት ውስጥ የግብረ ስጋ ግንኙነት ከስንት ሰው ጋር ፈፀመሽ/ህ ታውቂያለሽ/ህ?	ከአንድ ሰው ጋር-----1 ከሁለት ሰው ጋር-----2 ከሁለት ሰው በላይ-----3	ከአንድ ሰው ጋር ብቻ ከሆነ ወደ ጥያቄ ቁ.301 ይሂዱ
ቁ214	ከአንድ ሰው በላይ የግብረ ስጋ ግንኙነት ከፈጸሙ ኮንዶም ተጠቅመዎል?	አዎ -----1 አልተጠቀምኩም-----2	
ቁ215	ጥያቄ ቁ. 212, “አዎ” ከሆነ የኮንዶም አጠቃቀምህ/ሽ እንዴት ነበር?	ሁል ጊዜ -----1 አለፎ አለፎ-----2 መልስ የለም-----88	
ቁ216	ጥያቄ ቁጥር 212, መልሰዎ አልተጠቀምኩም ከሆነ ምክንያቱን ይግለጹ? ከአንድ በላይ መልስ መመለስ ይቻላል (አማራጮቹን አይገኙቸው)	ኮንዶም ስላልነበረኝ-----1 ድንገተኛ ግንኙነት ስለነበረ-----2 ኮንዶም መጠቀም ስለማልወድ-----3 ጓደኛዬ/ኮንዶም መጠቀም ስለማይወድ/ትወድ...4 የግንኙነት ሰሜት ስለሚቀንስ-----5 ጓደኛዬን ስለማምናት/ነው-----6 አጠቃቀሙን ስለማናውቅ-----7 ጠጥቼ ስለነበረ-----8 ለመግዛት ስላፈርኩ/ስላልደፈርኩ-----9 ሌላ ካለ ይጠቀሱ-----88	

ክፍል ሦስት የወጣቶች አልኮል ና ጫት አጠቃቀም በተመለከተ

ተ.ቁ	መጠይቅ	መልስ	ኮድ/ምርመራ
ቁ301	ጫት ቅመህ/ሽ ታውቃለህ/ቁያለሽ	1. አዎ 2. አላውቅም	አላውቅም ከሆነ ወደ ጥያቄ ቁ.306 ይሂዱ
ቁ302	ጥያቄ ቁ.301, “አዎ” ከሆነ ጫት ከቃመህ/ሽ በኋላ የግብረ ስጋ ግንኙነት ፈፀመህ/ሽ ነበርን?	1. አዎ 2. አልፈፀምኩም	አልፈፀምኩም ከሆነ ወደ ጥያቄ ቁ.306 ይሂዱ
ቁ303	ጥያቄ ቁ. 302, “አዎ” ከሆነ; የግብረ ስጋ ግንኙነት የፈፀምኩት/ሽው ከማን ጋር ነበርን? ከአንድ በላይ መልስ መመለስ ይቻላል	የወንድ/የሴት ጎደኛዬ ጋር-----1 ከሴተኛ አዳሪ ጋር----- 2 ከማይታወቅ ሰው ጋር----- 3 ከሌላ ጋር ከሆነ ይጥቀሱ-----88	
ቁ304	የግብረ ስጋ ግንኙነት ከፈፀመህ/ሽ ኮንዶም ተጠቅመህ/ሽ ነበርን?	አዎ-----1 አልተጠቀምኩም-----2	
ቁ305	ጥያቄ ቁ. 304, “አዎ” ከሆነ የኮንዶም አጠቃቀምህ/ሽ እንዴት ነበር?	ሁል ጊዜ -----1 አለፎ አለፎ-----2 መልስ የለም-----88	
ቁ306	አልኮል(ቢራ፣ጠላ፣ጠጅ፣አርቂ)ጠጥተህ/ሽ ታውቁያለህ/ሽ	1. አዎ 2. አላውቅም	አልጠጣሁም ከሆነ ወደ ቁ. 401ይሂዱ
ቁ307	ጥያቄ ቁ. 306, “አዎ” ከሆነ ና አልኮል ከጠጣህ/ሽ በኋላ የግብረ ስጋ ግንኙነት ፈፀመህ/ሽ ነበርን?	አዎ----- 1 አልፈፀምኩም----- 2	አልፈፀምኩም ከሆነ ወደ ጥያቄ ቁ.401 ይሂዱ
ቁ308	ጥያቄ ቁጥር 307, መልሰህ አዎ ከሆነ; የግብረ ስጋ ግንኙነት ስትፈፀም/ሚ ከማን ጋር ነበርን? ከአንድ በላይ መልስ መመለስ ይቻላል	የወንድ/የሴት ጎደኛ ጋር----- 1 ከሴተኛ አዳሪ ጋር----- 2 ከማይታወቅ ሰው ጋር----- 3 ከሌላ ጋር ከሆነ ይጥቀሱ----- 88	
ቁ309	የግብረ ስጋ ግንኙነት ከፈፀመህ/ሽ ኮንዶም ተጠቅመህ/ሽ ነበርን?	አዎ-----1 አልተጠቀምኩም----- 2	
ቁ310	ጥያቄ ቁጥር 309, መልሰህ አዎ ከሆነ የኮንዶም አጠቃቀምህ/ሽ እንዴት ነበር?	ሁል ጊዜ -----1 አለፎ አለፎ-----2 መልስ የለም-----88	
ቁ311	ጥያቄ ቁጥር 309, መልሰህ አልተጠቀምኩም ከሆነ ምክንያቱን ይግለጹ? ከአንድ በላይ መልስ መመለስ ይቻላል (አማራጮቹን አይገነኙቸው)	ኮንዶም ስላልነበረኝ-----1 ድንገተኛ ግንኙነት ስለነበረ-----2 ኮንዶም መጠቀም ስለማልወድ-----3 ጓደኛዬ ኮንዶም መጠቀም ስለማይወድ/ትወድ..4 የግንኙነት ሰሜት ስለሚቀንስ-----5 ጓደኛዬን ስለማምናት/ነው-----6 አጠቃቀሙን ስለማናውቅ-----7 ጠጥቼ ስለነበረ-----8 ለመግዛት ስላፈርኩ/ስላልደፈርኩ-----9 ሌላ ካለ ይጠቀሱ-----88	

ክፍል አራት ፡ በወላጆችና በወጣቶች መካከል በሰነ-ወሲብ ና ያታዊ ችግሮች ላይ የሚደረጉ ውይይቶች

ተ.ቁ	መጠይቅ	መልስ	ምርመራ/ኮድ
ቁ401	በወላጆችና በወጣቶች መካከል በሰነ-ወሲብ ሁኔታዎች ላይ መደዳት አስፈላጊ ይመስልህል/ሻል?	1. አዎ 2. አላውቅም	
ቁ402	አንተ/አንቺ ከወላጆችህ/ሽ ጋር በሰነ-ወሲብ ሁኔታዎች ዙሪያ ትወያያለህ / ሽ?	1. አዎ 2. አላውቅም	አልተወያይሁም ከሆነ ወደ ጥያቄቁ፣405ይሂዱ.
ቁ403	“አዎ” ከሆነ አንተ/አንቺ ከወላጆችህ/ሽ ጋር በግብረሰጋ ግንኙነት ዙሪያ ትወያያለህ / ሽ?	1. አዎ 2. አንወያይም	አንወያይም ከሆነ ወደ ጥያቄ ቁ፣405ይሂዱ.
ቁ404	ጥያቄ ቁ. 403, “አዎ” ከሆነ ውይይቱን በአብዛኛው ጊዜ ከማን ጋር ተወያይተህል/ሻል? ከአንድ በላይ መልስ መመለስ ይቻላል	1. ከአባት ጋር 2. ከእናት ጋር	
ቁ405	ከወላጆች ውጪ ስለ ግብረሰጋ ግንኙነት ዙሪያ ከማን ጋር ትወያያለህ/ለሽ ከአንድ በላይ መልስ መመለስ ይቻላል	1. ከእህት ጋር 2. ከወንድም ጋር 3. ከወንድ/ሴት ጓደኛዬ ጋር 4. ከሴት ጓደኛ ጋር 5. ከወንድ ጓደኛ ጋር 88. ሌላ ካለ ይገለፅ	
ቁ406	ስለ ግብረሰጋ ግንኙነት ከወላጆችህ/ሽ ጋር የማትወያዩ ከሆነ ምክንያቱ ምንድነው ብለህ/ሽ ታስቢያለሽ/ህ? ከአንድ በላይ መልስ መመለስ ይቻላል (አማራጮቹን አይገነኙቸው)	1. በባህል ተቀባይነት የለውም 2. እፍረት 3. የእውቀት ማነስ 4. ወላጆች ጥሩ አዳማጮች አይደሉም 5. አላውቅም 88. ሌላ ካለ ይገለፅ	
ቁ407	አንተ/አንቺ ከወላጆችህ/ሽ ጋር ስለ ኮንደም አጠቃቀም ዙሪያ ትወያያለህ/ሽ?	1. አዎ 2. አንወያይም	አንወያይም ከሆነ ወደ ጥያቄ ቁ፣409ይሂዱ.
ቁ408	ጥያቄ ቁ. 409, “አዎ” ከሆነ ውይይቱን በአብዛኛው ጊዜ ከማን ጋር ትወያያለህ/ሽ? ከአንድ በላይ መልስ መመለስ ይቻላል	1. ከአባት ጋር 2. ከእናት ጋር	
ቁ409	ከወላጆች ውጪ ስለ ኮንደም አጠቃቀም ከማን ጋር ትወያያለህ/ለሽ? ከአንድ በላይ መልስ መመለስ ይቻላል	1. ከእህት ጋር 2. ከወንድም ጋር 3. ከወንድ/ሴት ጓደኛዬ ጋር 4. ከሴት ጓደኛ ጋር 5. ከወንድ ጓደኛ ጋር 88. ሌላ ካለ ይገለፅ	
ቁ410	ስለ ኮንደም አጠቃቀም ከወላጆችህ/ሽ ጋር የማትወያዩ ከሆነ ምክንያቱ ምንድነው ብለህ/ሽ ታስቢያለሽ/ህ? በከአንድ በላይ መልስ መመለስ ይቻላል (አማራጮቹን አይገነኙቸው)	1. በባህል ተቀባይነት የለውም 2. እፍረት 3. የእውቀት ማነስ 4. ወላጆች ጥሩ አዳማጮች አይደሉም 5. አላውቅም 88. ሌላ ካለ ይገለፅ	
ቁ411	አንተ/አንቺ ከወላጆችህ/ሽ ጋር ከአንድ በላይ የፍቅር ጓደኛ ግንኙነት ትወያያለህ/ሽ?	1. አዎ 2. አይ	አንወያይም ከሆነ ወደ ጥያቄ ቁ፣413ይሂዱ.
ቁ412	ጥያቄ ቁጥር 415, መልሰዋ አዎ ከሆነ ውይይቱን በአብዛኛው ጊዜ ከማን ጋር ታደርጋለህ/ሽ? ከአንድ በላይ መልስ መመለስ ይቻላል	1. ከአባት ጋር 2. ከእናት ጋር	

ቁ413	<p>ከወላጆች ውጪ ከማን ጋር ትወያያለህ/ለሽ</p> <p>ከአንድ በላይ መልስ መመለስ ይቻላል</p>	<p>1. ከእህት ጋር 2. ከወንድም ጋር</p> <p>3. ከወንድ/ሴት ጓደኛዬ ጋር</p> <p>4. ከሴት ጓደኛ ጋር 5. ከወንድ ጓደኛ ጋር</p> <p>88. ሌላ ካለ ይገለፅ</p>	
ቁ414	<p>ስለ አንድ በላይ የፍቅር ጓደኛ ከወላጆችህ/ሽ ጋር የማትወያዩ ከሆነ ምክንያቱ ምንድነው ብለህ/ሽ ታስቢያለሽ/ህ?</p> <p>ከአንድ በላይ መልስ መመለስ ይቻላል (አማራጮቹን አይገነኙቸው)</p>	<p>1. በባህል ተቀባይነት የለውም</p> <p>2. እፍረት</p> <p>3. የእውቀት ማነስ</p> <p>4. ወላጆች ጥሩ አዳማጮች አይደሉም</p> <p>5. አላውቅም</p> <p>88. ሌላ ካለ ይገለፅ</p>	
ቁ415	<p>አንተ/አንቺ ከወላጆችህ/ሽ ጋር ከፍቅር ጓደኛ ውጭ የሚደረግ ግብረስጋ ግንኙነት ትወያያለህ/ሽ?</p>	<p>1 አዎ</p> <p>2 አይ</p>	አንወያይም ከሆነ ወደ ጥ ቁ. 417 ይሂዱ
ቁ416	<p>ጥያቄ ቁጥር 421, መልሶዎ አዎ ከሆነ ውይይቱን በአብዛኛው ጊዜ ከማን ጋር ታደርጋለህ/ሽ?</p> <p>ከአንድ በላይ መልስ መመለስ ይቻላል</p>	<p>1. ከ አባት ጋር</p> <p>2. ከ እናት ጋር</p>	
ቁ417	<p>ከወላጆች ውጪ ከማን ጋር ትወያያለህ/ለሽ</p> <p>ከአንድ በላይ መልስ መመለስ ይቻላል</p>	<p>1. ከእህት ጋር 2. ከወንድም ጋር</p> <p>3. ከወንድ/ሴት ጓደኛዬ ጋር</p> <p>4. ከሴት ጓደኛ ጋር 5. ከወንድ ጓደኛ ጋር</p> <p>88. ሌላ ካለ ይገለፅ</p>	
ቁ418	<p>ከፍቅር ጓደኛ ውጭ የሚደረግ ግብረስጋ ግንኙነት ከወላጆችህ/ሽ ጋር የማትወያዩ ከሆነ ምክንያቱ ምንድነው ብለህ/ሽ ታስቢያለሽ/ህ?</p> <p>ከአንድ በላይ መልስ መመለስ ይቻላል (አማራጮቹን አይገነኙቸው)</p>	<p>1. በባህል ተቀባይነት የለውም</p> <p>2. እፍረት</p> <p>3. የእውቀት ማነስ</p> <p>4. ወላጆች ጥሩ አዳማጮች አይደሉም</p> <p>5. አላውቅም</p> <p>88. ሌላ ካለ ይገለፅ</p>	

IV: Amaharic version quatitative questions

ለዲላ ከተማ ወጣቶች ስለ ስነ-ወሴብ ሁኔታዎች ለሚደረግ የጋራ ውይይት የተዘጋጀ የፈቃደኝነት መጠየቂያ

ጤና ይስጥልኝ!

ይህ የጋራ ውይይት በ-----እና በአዲስ አበባ ዩንቨርሲቲ፣የህብረተሰብ ጤና ት/ት ቤት የህብረተሰብ ጤና ትምህርት የማስተርስ ኘሮግራም ተመራቂ ተማሪ ስሆን ለማሟያ ፅሁፍ/ጥናት ለሚደረግ ማጠናከሪያ የተዘጋጀ ነው :: የዚህ ጥናት ዓላማ ስለወጣቱ የስነ-ወሴብ ባህሪና ተግባራት እንዲሁም ከወላጆች ጋር ያለውን ወይይት መረጃ በመሰብሰብ የተግባር ስራ ለመደገፍ ነው:: በመሆኑም የእናንተ አስተዋፅኦ በጣም ጠቃሚነው :: በውይይቱ እንድትሳተፉ በፍላጎት ተመርጣችዋል:: በውይይቱ መሳተፍ ሙሉ ፈቃደኝነት ላይ የተመሠረተ ሲሆን ያለመሳተፍ ወይም ከውይይቱ ማቋረጥ በእናንተ ላይ የሚያመጣው ምንም አይነት ጉዳት የለም :: የእያንዳንዱ ተወያይ ምላሽ ሪፖርት አይደረግም:: ውይይቱ ከ25-35 ደቂቃ ሊወስድ ይችላል:: ጊዜያችሁን ወስዳችሁ ምላሽ ስለሰጣችሁን በቅድሚያ እናመሰግናለን::

በዚህ ጥናት የጋራ ውይይት ላይ ለመሳተፍ ፈቃደኛ ነዎት?

አዎ መሳተፍ እፈልጋለሁ ----- ወደ ውይይቱ ይግቡ

መሳተፍ አልፈልግም-----አመሠግናለሁ!

የመወያያ ጥያቄዎች

1. የወጣቶች ስነ ተዋልዶ ጤናና የታዊ ግንኙነት ጤንነት ምን ማለት ነው ስምታችሁ ታውቃላችሁ?
2. በወጣቶች ላይ ምን ዓይነት የስነ ወሴብ ችግሮች ይታዩባላቸዋል?
3. በወጣቶች ላይ ምን ዓይነት መጥፎ የወሴብ ባህሪያት አለ ብላችሁ ታስባላችሁ?
4. ምን ዓይነት ችግሮች/መንስኤዎች ናቸው ወደ መጥፎ የወሴብ ባህሪያት የሚገፉባቸው ብላችሁ ታስባላችሁ?
5. ከወጣቶች ጋር ስለ ስነ-ተዋልዶ ጤናና የታዊ ግንኙነት መወያየት አስፈላጊ ነው ብላችሁ ታስባላችሁ/ ታምናላችሁ?

አዎ ካላችሁ ለምን?

አይደለም ካላችሁ ለምን?

6. ወጣቶች ስለ ስነ-ተዋልዶ ጤናና የታዊ ግንኙነት መረጃ ከየት ያገኛሉ?
7. ወላጆች ከ ወጣቶች ጋር ስነ ተዋልዶ ጤናና የታዊ ግንኙነት ይወያያሉ ብላችሁ ታስባላችሁ ?

አዎ ካላችሁ በምን በምን ርዕስ ላይ ይወያያሉ ?

8. ወጣቶች ከየትኛው ወላጅ(አባት/እናት) ጋር ስነ ተዋልዶ ጤናና የታዊ ግንኙነት መወያየቱ ይሻላል ብለው ይመርጣሉ?
9. አይወያዩም ካላችሁ ምክንያቶቹ ምድን ናቸው ብላችሁ ታስባላችሁ?

Declaration

I, the undersigned, declare that this is my original work, and has never been presented in this or any other university and that all the source materials used for the thesis has been duly acknowledged.

Name: Akine Eshete (BSc in Health education and promotion)

Signature: _____

Place: Addis Ababa University, School of Public Health, College of Health Science

Date of submission: _____

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

Name: Dr. Ababi Zergaw (MPH, PhD, Assistant Professor)

Signature: _____

Date: _____