

ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCES
SCHOOL OF ALLIED HEALTH SCIENCES
DEPARTMENT OF NURSING AND MIDWIFERY

ASSESSMENT OF THE PREVALENCE OF PREMARITAL SEX AND UNPROTECTED
SEXUAL PRACTICES AMONG SECONDARY SCHOOL ADOLESCENT STUDENTS IN
SEBETA TOWN, OROMIA REGIONAL STATE, ETHIOPIA, 2014.

BY: HELEN BERIHUN (BSc)

A THESIS TO BE SUBMITTED TO SCHOOL OF GRADUATE STUDIES OF ADDIS
ABABA UNIVERSITY IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE
DEGREE OF MASTERS IN CHILD HEALTH NURSING

SEPTEMBER, 2014
ADDIS ABABA, ETHIOPIA

ASSESSMENT OF THE PREVALENCE OF PREMARITAL SEX AND UNPROTECTED
SEXUAL PRACTICES AMONG SECONDARY SCHOOL ADOLESCENT STUDENTS IN
SEBETA TOWN, OROMIA REGIONAL STATE, ETHIOPIA, 2014.

BY:

HELEN BERIHUN (BSc)

ADVISOR: ATO BAZE MEKONNEN (BSc, MSc)

SEPTEMBER, 2014

ADDIS ABABA, ETHIOPIA

APPROVED BY THE BOARD OF EXAMINERS

This thesis by Helen Berihun is accepted in its present form by the board of examiners as satisfying thesis requirement for the degree of masters in child health nursing.

Internal examiner:

_____ / ____ / ____
Full name Rank Signature Date

Research advisor:

_____ / ____ / ____
Full name Rank Signature Date

Acknowledgement

First of all, I would like to express my heartfelt thanks and appreciation to my advisor Ato Baze Mekonnen for his undue supportive and constructive comments and suggestions starting from the development of the research proposal up to its end.

My gratitude and sincere thanks are extended to the following people and organizations.

- ✓ Addis Ababa University, college of Health Science, Department of Nursing and Midwifery for their financial support and provision of the opportunity to prepare this study project
- ✓ My parents and friends for their encouragement, invaluable support and interest on my work.
- ✓ Sebeta Town Education Bureau, Sebeta high school director, teachers and students.

Table of content

Contents

Acknowledgement	i
Table of content	ii
List of Tables and Figure	v
Abbreviations	vi
Abstract	vii
1. INTRODUCTION	1
1.1. Background	1
1.2. Problem Statement	3
1.3. Significance of the study	5
2. LITERATURE REVIEW.....	6
3. OBJECTIVE	13
3.1. General objective	13
3.2. Specific objectives	13
4. METHODS AND MATERIALS	14
4.1. Study Area.....	14
4.2. Study design and period	14
4.3. Population	14
4.3.1. Source population.....	14

4.3.2. Study population	14
4.4. Sample size determinations and sampling technique	15
4.4.1. Sample size determination	15
4.4.2 Sampling Procedure	15
4.5. Study Variables	17
4.5.1. Independent variables.....	17
4.5.2. Dependent variables	17
4.6. Data collection tool	17
4.7. Data collection and quality control	17
4.8. Operational definitions.....	18
4.9. Data entry, analysis and processing	19
4.10. Ethical consideration.....	20
4.11. Dissemination of results.....	21
5. Results.....	22
5.1 Socio demographic characteristics	22
5.2 Alcohol and drug conception	25
5.3. Premarital sex.....	26
5.4 Unprotected sexual practice	28
5.5 Risk factors associated with premarital sex	30
6. Discussion	31

Strength of the study	33
Limitation of the study	33
7. Conclusion and Recommendation.....	34
7.1 Conclusion	34
7.2 Recommendations	35
References.....	36
Annex I: Informed Consent Sheet.....	42
Annex II: Questionnaires	44

List of Tables and Figure

Figure 1 Schematic presentation of sampling procedure.....	16
Table 1 Socio demographic characteristics of secondary school adolescent students in Sebeta Town, 2014.....	23
Figure 2 Alcohol and drug conception of secondary school adolescent students, Sebeta Town, 2014.....	25
Table 2 Premarital sexual practices among secondary school adolescent students in Sebeta Town, 2014.....	27
Table 3 Unprotected sexual practices among secondary school adolescent students in Sebeta Town, 2014.....	29
Table 4 Risk factors associated with premarital sex among secondary school adolescent students in Sebeta Town, 2014.....	30

Abbreviations

AIDS – Acquired Immune Deficiency Syndrome

BSS – Behavioral Surveillance Survey

ETB – Ethiopian Birr

HIV – Human Immunodeficiency Virus

SPSS – Statistical Package for Social Science

STIs – Sexually Transmitted Infections

USA – United State America

WHO – World Health Organization

Abstract

Introduction: The World Health Organization (WHO) defines adolescent people as those between the ages of 10 to 19 years. These age groups are often characterized as being at a life stage of increased experimentation and exploration associated with a range of risky behaviors, including risky sexual behaviors. Moreover, adolescents are less likely than adults to have the information, skills and support to protect themselves against HIV/AIDS and other consequences of premarital sex.

Objective: To assess the prevalence of premarital sex and unprotected sexual intercourse practice and associated factors among secondary school adolescent students in Sebeta Town, 2014.

Methods and Materials: A questionnaire based cross sectional study design was used to conduct this study on 284 secondary school adolescent students in Sebeta Town from April to May 2014. The data was processed and analyzed by using Epi Info 3.4.3 and SPSS version 16.0. Frequency distribution, charts, figures and tables were used to present the results. Odd ratio and logistic regression were used to determine association between specified factors and to control cofounders respectively.

Results: The prevalence of premarital sex among the study participants of this study was 28.3% and 90.1% of them were utilized condom during their sexual intercourse. The premarital sex was strongly associated with grade level and their family income. Grade ten students were 7.99 times high risk to be practiced premarital sex than others (AOR=7.99, CI= (2.2-28.5)) and grade eleven students were 7.81 times high risk to be involved in premarital sex than others grade level students (AOR= 7.81, CI= (2.4-25.4)). Students belong to family earned 500-1000 ETB were

2.47 times high risk to be experienced premarital sex than others students (AOR= 2.47, CI= (1.01-6.07))

Conclusion: The prevalence of premarital sex among the study participants was higher than the studies conducted in different parts of Ethiopia and almost all of the students who have had history of sexual practices utilized condom during their sexual intercourse. Premarital sex among the study participants of this study was strongly associated with students' grade level and family monthly income status.

Recommendation: Ministry of Health, Ministry of Education and schools in collaboration should provide psychosexual services for adolescent students at secondary school level.

Key words: premarital sex, unprotected sex, adolescent students, Ethiopia.

1. INTRODUCTION

1.1. Background

The World Health Organization (WHO) defines adolescent people as those between the ages of 10 to 19 years (1). Adolescence is the time of transition from childhood to adulthood during which young people experience significant physiological, psychological and social changes following puberty; but not immediately assume the roles, privileges and responsibilities of adulthood (2).

Premarital sex is a penetrative vaginal or anal sexual intercourse performed between couples before formal marriage. Some people who advocate virginity and abstinence argue that those people engaged in such sexual practice may have sex with many sexual partners and may have high number of life time sexual partners. As a result, they may be liable to acquire STIs including HIV. Besides, females, particularly adolescent girls may end up with unwanted pregnancies, abortions, teenage deliveries, and various complications of these including death. Moreover, the girls may dropout from school to look after their children and in most cases they become economically dependent up on their parents (3).

Unprotected/unsafe sex is a sexual intercourse where an exchange of body fluids take place with no barrier such as condom: can transmit STI, including HIV, between partners (4).But, in addition to this, females may end up with unwanted pregnancy and its negative sequel. Both male and female adolescents are usually curious to discover sex and are highly liable to practice premarital sex which is usually unprotected.

Family context has been shown to have consistent and strong effects on the timing of sexual debut. Adolescent living in single-parent families or with stepparents initiates sexual activity

earlier than those in two-parent families (5). Adolescent feelings of closeness and connectedness to parents, parental disapproval of sex, and positive peer influences have been shown to delay sexual activity (6). Dating, and especially early steady dating, provides a context for many adolescent sexual experience. Previous studies have shown that adolescents' attitudes about sex affect adolescent sexual behavior, more permissive attitudes lead to earlier first sex (7).

1.2. Problem Statement

One in every five people in the world is an adolescent, defined by World Health Organization as a person between 10 to 19 years of age. Unsafe sex is a major threat to the health and survival of millions of adolescents. Each year, one in 20 adolescents worldwide contracts STI including HIV. Every day, over 7000 young people aged from 10 to 24 years become infected with HIV (8). Globally more than half of all new HIV infections are among 15 to 24 years old (9).

Early sexual initiation may predispose young people to HIV as their chances of having several partners before marriage increases (10). Therefore, delaying the age of sexual debut and increased condom use is recommended in preventing HIV infection for this age group (11). In Zambia, behavioral interventions have led to a decline in the prevalence of HIV (12).

In many societies, premarital sex is a taboo, especially among unmarried girls (13). This norm is widespread in rural Ethiopia, as in many traditional societies (14). A study about the concepts of HIV and AIDS in Ethiopia suggested that premarital sex may contribute to the expansion of HIV and AIDS (15). Indeed, several studies from Ethiopia have shown that young people are engaged in premarital sex, have multiple sexual partners, and do not use condoms at all or use them irregularly (16).

Adolescents in Ethiopia are also exposed to various risks such as unprotected sex, early marriage, early pregnancy, sexually transmitted infections (STIs) and HIV/AIDS, unemployment, drug abuse and crime (17). Moreover, studies show that in Ethiopia, 60% of adolescents' pregnancy is unwanted or unintended pregnancies resulted from unprotected sexual intercourse (18).

In order to tackle these problems, adolescents should learn to develop the life skill they need to survive in their environment. Life skill based education enables them to develop an ability in

critical thinking, problem solving, self-management and interpersonal Communication skills in order to adopt a healthy behavior. Because, when sexuality is discussed openly and when young people learn more about their bodies and their emotions, they are better able to cope with sexual maturations (1).

Schools are the ideal places where adequate and accurate information be provided along with their formal education. Moreover, peer groups in school play a great role in information dissemination and help students internalize the facts that lead to behavioral change. Actually, this needs the integrated effort of adolescents, school- teachers, the family and other relevant bodies.

In general, many literatures suggest that the individual, family and peer variables have considerable influence on the sexual behavior of the youth. However, it is one of the least researched topics in Ethiopia, Due to the sensitivity of the topic of premarital sexuality; youth receive inadequate education, guidance and services on reproductive health. To fill the gap, it is thus imperative to study the prevalence of premarital sex and the factors surrounding premarital sex in the context of high school students in order to inform Ministry of Health, Ministry of Education and planners to develop appropriate and timely intervention programs to prevent high risk sexual behavior such as premarital sex and unsafe sexual practices in these populations.

1.3. Significance of the study

The study related to the prevalence of premarital sex and unprotected sexual practice among secondary school adolescent students is the critical issue to be studied. Because the students of this age group have great role conflict about their activities because of immaturity, acquired new developmental stage and hotness. Hence, these students do not get adequate reproductive health services and may be practicing unsafe sex and exposed to HIV infection. The result of this study is important to provide baseline information related to school adolescents sexual behavior in the area and the baseline data will be used by different stakeholders like Ministry of Health, Ministry of Education and other Organizations to take appropriate measures to improve current sexual behavior of the students in order to prevent burdens following premarital sex and unprotected sexual activity such as sexually transmitted infections including HIV/AIDS, unintended pregnancy, abortion, school dropout and early marriage.

2. LITERATURE REVIEW

The period of adolescence encompasses the transition from childhood to adulthood during the second decade of life. These age groups are often characterized as being at a life stage of increased experimentation and exploration associated with a range of risky behaviors, including risky sexual behaviors (19). Moreover, adolescents are less likely than adults to have the information, skills and support to protect themselves against HIV/AIDS and other consequences of premarital sex (20).

Adolescents all over the world are sexually active, but the age at which they start sexual intercourse varies between regions and within a country, between urban and rural settings (21). Age at first sexual activity in many areas tends to begin at a younger age than in the past. The mean age of marriage has gradually been increasing while the age of puberty in both sexes appears to be falling (22). Many studies showed that young men begin sexual activity earlier than young women because premarital sex is accepted for males, whereas females are expected to postpone the initiation of intercourse until they marry (21).

Adolescents' premarital sexual activities are increasing in the countries around the world, many of which are risky, unplanned, and unprotected (23 - 26).

In the US, over 90% of young adults in 2001 reported sexual debut during adolescence and prior to marriage. In the early 1990s, the majority of young adults (ages 20–25) surveyed in eleven European nations reported experiencing sexual initiation during adolescence. For males, the prevalence of sexual initiation before age 20 ranged from 73% in the Netherlands to 88% in Iceland; for females, the low was in Portugal at 51% and the high in Denmark at 90% (27).

In USA, adolescent sexual experience rates were 53% and 72.2% for females and males, respectively (28). In Canada, studies showed that 31% of male and 21% of females of 9th grade students were found to be sexually active while the figure increases to 49% of males and 46% in grade 11. A survey conducted in 2001 in 32 nations found the prevalence of ever having sexual intercourse among 15-year-olds varied from a low of 15% in Poland to a high of 75% in Greenland (29).

The studies conducted in Brazil showed that 64% of 15 to 17 years old men reported engaging in sex before marriage as opposed to only 13% of females. In a study of young women in Shanghai who received medical examination prior to marriage, 76% reported having had sexual intercourse and 27% had aborted a pregnancy. Another study in Bangladesh found that 88 % of unmarried urban boys and 35 % of unmarried urban girls had engaged in sexual intercourse by the time they were 18 years (22).

Another study of the young factory workers in Kathmandu revealed that 20% of unmarried boys and 12% of unmarried girls aged 14–19 years were sexually experienced (penetrative sex). Interestingly, the mean age for first sexual debut was the same for both the boys and the girls (15 years) (30). Similarly a survey conducted among teenagers in seven districts of Nepal showed risky sexual behavior especially among young boys. About 22% of the boys interviewed had premarital sexual experience and only two thirds of them used condom. The number of boys who had sex with multiple partners was also high (31).

With an increasing age at first marriage across sub-Saharan Africa, the context of sexual initiation in many countries has shifted from marriage to premarital sex (32). This development has been accompanied by an increase in the years that young women are at risk for premarital

birth (33). Premarital pregnancy and childbearing can influence the achievement and timing of key transitions to adulthood, and alter young women's life trajectories in the longer-term. In particular, research in sub-Saharan Africa has linked premarital pregnancy and birth to early termination of education, lower long-term earning potential, decreased opportunities for union formation, and experiences of discrimination and stigmatization for young women (34).

A cross sectional study conducted in Tanzania showed that 0.3% girls and 3.2% boys had their first sexual debut by the age of 9 years and 10% of both sex by the age of 13 years. The largest group, 55% of girls and 45% of boys, had their first sexual intercourse between the ages of 14 to 17 years (35). According to a study conducted in urban Kenya, by age 18, 64 % of respondents had initiated premarital sex (36). Another study in rural Kenya revealed that among students aged 15 to 19 years, boys perceived sexual activity as part of their initiation into manhood. Many were sexually active and many had multiple sexual partners (22).

However, some studies in Africa and Latin America showed that sexual initiation for girls can occur before menarche. In Malawi, 56% of the 300 female adolescents surveyed reported being sexually experienced, and of these, 58% had sex before menarche. The mean age at first intercourse was 13.6 years while the mean age of menarche was 14.5years. In Guinea, the age at first intercourse reported as early as 11 years. In Brazil school based study, among 36% of adolescent females those reporting sexual intercourse, one fourth of them had their sexual experience before age 13 (37).

The situation in Ethiopia is also the same. According to the study conducted in Ethiopia, 66.2% of the adolescents expressed that they had sexual intercourse and of those who had ever had sex, the age at first intercourse ranged from 8 to 31years with the mean age of 17.4 and females had

their first intercourse at significantly younger age. In addition, out of the total respondents, 53.8 % have regular partner while the remaining 46.2 % reported no regular partners (17).

The national HIV/AIDS behavioral surveillance survey also showed that 16% (19% of males and 13% of females) of the in-school youth had ever had sex. Among these the proportion was highest in Oromia region (31.3%) and lowest in Addis Ababa (6.5%). More than 25% of the in-school youth had sex by the time they were 15 years old. The two most common reasons for starting sex were personal desire (68%) and peer pressure (22%). The percentage of in school youth reported more than one sexual partner. During their last sexual encounter with non commercial partners, 52.4% of in school youth (64.2% of males and 40.2% of females) had used a condom and 73.6% (79.2% of males and 64.4% of females) had used condoms consistently. The commonest reasons for not using condom amongst the youth were partner trust (54.4%) and partner objection (9.4%) (38).

A study conducted in Addis Ababa showed that 19.5% had a coital exposure at least once prior to the study of which 83.8% were boys and 13.5% were girls. The minimum age of sexual onset for boys was 12 years and that of girls was 14 years. The reasons given by these students for starting sex were peer pressure (35.2%), forced sex (21.6%), alcohol use (11.5%) and drug (10.3%). This study showed that 10% of the sexually active male students admitted having sex with commercial sex workers. This study showed that 82% of the sexually active did not use condoms on their first sexual encounter. Only 27.7% of the sexually actives claimed that they had continuously used condoms. The two outstanding reasons for not using condoms were negligence (28.2%) and embarrassment in buying from shop or pharmacy (39).

Another study conducted among high school students in North West Ethiopia also showed that 31.9% were sexually active. The mean age of sexual commencement was 16.7 for males and 15.5 for females. The study showed that females become sexually active earlier than boys. The survey also showed that 45.9% had used condoms within the last 6 months prior the study and among these 39.3% reported to be using condoms always. The reasons for non-condom use were non-approval from the partner 21.4% and decreased sexual satisfaction 19.6% respondents (40).

A study conducted among the senior high school students in Harrar showed that 65% of males and 20% of females were sexually active (41). In Jimma Town, 17.9% high school adolescents (6.7% of females and 11.2% of males) were involved in unprotected sexual activities (42).

According to a study conducted in Nekemte town among adolescents aged 10-19years, 21.4% of the study population reported to have premarital sexual intercourse at the time of the survey, of which 70.3% were males and 29.7% were females. The mean age at first sexual intercourse was 16.2 for male and 15.18 for females. From all sexually active adolescents, 5.8% of males and 14.6% of females had their first sexual intercourse before the age of 14 years, while the large proportion, 94.2% of males and 85.4% of females had their first sexual intercourse after the age of 14 years. The majority of the adolescents 83 (57.2%), (69.5% of boys and 65.6% of the girls) had their first sexual intercourse between the ages of 15 and 17years (43).

According to comparative study conducted in south west Ethiopia, 26% of the male and 21.6% of the female students had two or more sexual partners in the last six months. 32% of the male and 43.5% of the female students was practiced unsafe sex in the last six months prior to the study. 25.9% of male and 21.6% of female students had two or more sexual

partners in the last six months prior to the study. Only 9.4% of the male and 8.6% of the female students used condom consistently (44).

A similar study done among Agaro high school students showed 25% of the sexually active students had sexual history. The mean age of coitus was 16.45 and 16.8 for males and females respectively. This study also showed that 55.6% of the sexually active students had one partner, 35.6% had 2 - 5 and the remaining had more than 5 sexual partners during the past 12 months. Among these, 40% males and 7.1% females reported to have 2-5 and more than 5 partners respectively. The study revealed that 54.4% of the sexually active used condoms at least once. Of these, 46.9% of them used condoms always and 38.8% occasionally (45).

According to study conducted among youth in rural part of Ethiopia, Alcohol and Khat use were strongly associated with premarital sexual initiation. Habitual users of khat report that it produces increased levels of energy, alertness, and self-esteem, sensations of euphoria, enhanced imagination, and the capacity to generate ideas (46). Then after Alcohol drinking follows khat chewing and might be associated with unprotected sex (47).

Generally, early initiation of sexual activity is linked to higher numbers of non-marital sex partners, minimal condom use, increased rates of STIs, increased rates of out-of-wedlock pregnancy and birth, increased single parenthood, decreased marital stability, increased maternal and child poverty, increased abortion, increased depression, and reduced happiness (48).

The available literatures in the area strongly recommend that sexual behavior among in-school youth and adolescents should be based on the ability to delay sexual initiation and to use condom consistently when abstinence is not possible. Success in these two strategies can be

strongly affected by individual factors such as the value given to virginity and boy/girlfriend, and stigma attached to condom (49).

3. OBJECTIVE

3.1. General objective

To assess the prevalence of premarital sex and unprotected sexual intercourse practice and associated factors among secondary school adolescent students in Sebeta Town, 2014.

3.2. Specific objectives

- ☞ To assess the magnitude of pre-marital sex among secondary school adolescent students in Sebeta Town.
- ☞ To assess the magnitude of adolescents' utilization of condom for dual protection.
- ☞ To identify factors associated with premarital sex among secondary school adolescent students in Sebeta Town.

4. METHODS AND MATERIALS

4.1. Study Area

The study was conducted among secondary school adolescent students in Sebeta Town which is one of the special Oromia Zones around Finnfine, Oromia regional state. It is located along Addis Ababa to Jimma Road on 24 km away from Addis Ababa, the capital city of Oromia Regional state, as well as Ethiopia and Headquarter of Africa Union. There are one secondary school and 12 primary schools in the study area.

4.2. Study design and period

A cross-sectional study design, quantitative method, was used to assess the prevalence of premarital sex and unprotected sexual activity among secondary school adolescent students in Sebeta Tow, from April to May, 2014

4.3. Population

4.3.1. Source population

The source population for this study was all students those attending their regular education at the time of data collection.

4.3.2. Study population

All students attending their regular education at the time of data collection and fulfilling the inclusion criteria was included.

Inclusion criteria

All regular, unmarried students aged 10 to 19 years, and attending their regular education at the time of data collection was included.

Exclusion criteria

Non-regular and not attending the school at the time of data collection and age greater than 19 years as well as married students were excluded from the study.

4.4. Sample size determinations and sampling technique

4.4.1. Sample size determination

All students who met the inclusion criteria were included until the required sample saturated.

The required sample size was calculated by the following formula and p-value obtained from study conducted in Nekemte, prevalence of premarital sex among high school adolescents 21.4% in the literature.

A single population proportion formula, $[n = (Z \alpha / 2)^2 p (1-p) / d^2]$, was used to estimate the sample size. ($p = 0.214$), 95% confidence interval, margin of error 5% ($d = 0.05$). Computing with the above formula and 10% of contingency for non respondent rate gives a total sample size of 284.

4.4.2 Sampling Procedure

The secondary school, in the respective area, was included in the study. Consultation with the school administration was made to obtain details of classes and respective numbers of students in the school. Sampling frame of classes in the high school was prepared and 16 classes were selected out of 53 classes by using probability sampling proportional to size and simple random sampling (lottery) method was applied to select equal number of study subjects from each class. The number of required sample was calculated from each class and divided into grades, (9th to 12th).

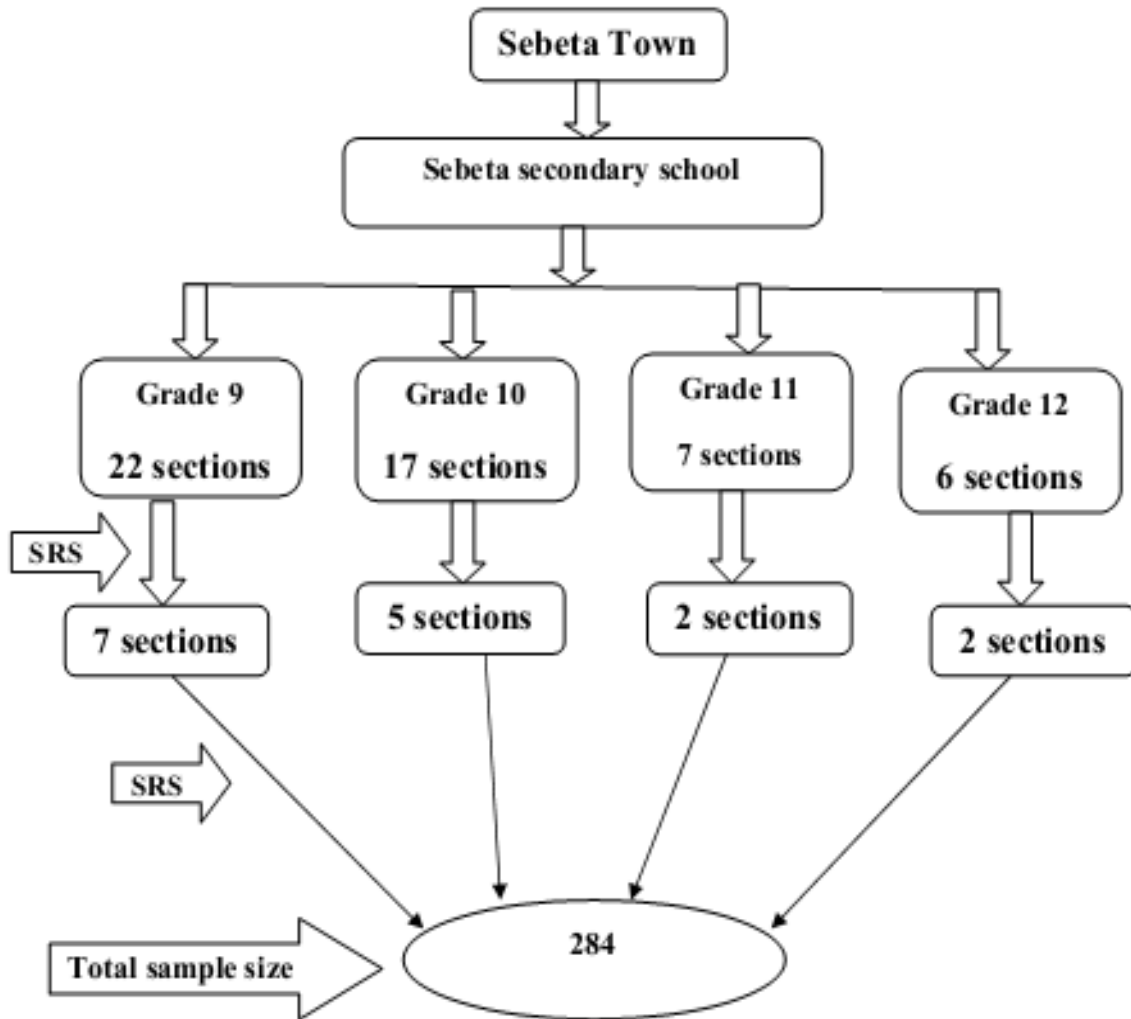


Figure 1 Schematic presentation of sampling procedure

4.5. Study Variables

4.5.1. Independent variables

- Socio-demographic variables (age, sex, grade level, parental education, family monthly income)
- Substance abuse (alcohol, Khat, drugs)
- Living arrangement and Pocket money

4.5.2. Dependent variables

- Premarital sex
- Unprotected sexual practice
- Condom use

4.6. Data collection tool

The questionnaire consists of the following data:

- Socio demographic data of the family and the student
- Sexual history

4.7. Data collection and quality control

The structured questionnaire adapted from the BSS Ethiopia 2001. It was prepared by English language. It was translated to local language Afan Oromo and discussions was made if there are culturally unacceptable questions, ambiguous words etc with small group of respective ethnic groups, then it was translated back to English for analysis. Then the questionnaire was pretested

on 14 Teji high school adolescent students nearby to the study area. Training was given for one supervisor degree holder and four diploma holder data collectors for two days.

The data was collected by data collectors through self administered questionnaire, and then checked by supervisor. The principal investigator was coordinating the overall activity of the study.

The data collection format of each data collectors was checked daily for completeness, missed or other relevant information on meeting and supportive supervision during data collection. Data editing was done by the data collectors, supervisors and the principal investigator in the field and further cleaning of data, coding and entry to computer.

4.8. Operational definitions

Age of sexual debut: The age at which the first sexual initiation occurred.

Casual sex: A sexual intercourse happening by chance without care or thought.

Commercial sex partner: A partner who involved in sexual relationship/intercourse to get money in exchange for sex.

Early sexual intercourse: A penetrative vaginal sexual intercourse performed before the age of sexual maturity and socially acceptable age (18 years of age).

Non-commercial sex partner: Any partner who do not need sexual relationship/intercourse to be paid for or for seek of money.

Premarital sex: A penetrative vaginal sexual intercourse performed before formal marriage.

Sexually active: A study subject who have had a penetrative vaginal sexual intercourse at least once prior to the study.

Sexual history: An individual who had history of sexual intercourse.

4.9. Data entry, analysis and processing

Data was entered to Epi-Info 3.4.3 for windows and analyzed using SPSS version 16.0 for windows. The data was double entered to check the consistency and was cleaned and edited before analysis. During the process of analyzing, Frequency distributions, pie chart, figures and tables were used to provide an overall and coherent presentation and description of the data and odd ratio was performed on some selected variables to determine the association of these selected variables and Logistic regression was used to control any confounders.

4.10. Ethical consideration

The thesis proposal was submitted to Addis Ababa University, college of health science, School of Allied Health Science, Department of Nursing and Midwifery, Nursing Research Review Committee for approval. Following the approval by Institutional Review Board, official letter of co-operation was written to the concerned bodies by School of Allied Health science, Department of Nursing and Midwifery. As the study was conducted through consenting the study participants to answer the self administered questionnaire privately and the individual students was not subjected to any harm as far as the confidentiality was kept. No personal identifiers were used on data collection form. The recorded data was not accessed by a third person except the principal investigator, and was kept confidentially.

4.11. Dissemination of results

Findings of the study will be communicated to the schools where the study was conducted, to Ethiopian Ministry of Education to inform the importance of reproductive health for school adolescent, School of Allied health Science through soft and hard copy after presentation.

The findings will also be disseminated to different organizations those have a contribution to promote health and prevent diseases related to adolescent reproductive health in the region and zone. The findings will also be presented in various seminars and workshops. The findings will finally be published to access to other users as well.

5. Results

The total sample size was 284 secondary school adolescent students. From these, 272 study participants were provided their complete and relevant responses which making response rates 95.8%. The rest did not provide either complete data or refused to complete the questionnaire.

5.1 Socio demographic characteristics

The mean age of the study participants were 17.15 with standard deviation of 1.32. The maximum age was 19 years and the minimum age was 14 years. One hundred seventy four (64%) of the study subjects were male and the remaining 98(36%) were female. Most of the students, 205(75.4%) were grade 9th - 10th and 67(24.6%) were grade 11th -12th (Table 1).

The majority of the study participants, 198(72.8%), were Oromo, followed by 40 (14.7%) Amhara, 27(9.9%) were Gurage and 7(2.6%) were others. By religion, 193(71%) were Orthodox, 48(17.6%) were Protestant and the rest 31(11.4%) were Muslim (Table 1).

Regarding educational level of the study subjects' family, majority of them, 97(35.7%) have no formal education, 83(30.5%) attained secondary school, 60(22%) attained primary school and the remaining 32(11.8%) complete College/University (Table 1).

Monthly income of most of the study subjects' family ranges from 500-1000 Birr which accounts 71(26.1%), 1600- 2000 Birr accounts 53(19.5%), >2000 Birr accounts 53(19.5%), 1100-1500 Birr accounts 50(18.4%) and < 500 Birr accounts 45 (16.5%), (Table 1).

Table 1 Socio demographic characteristics of secondary school adolescent students in Sebeta Town, 2014.

	Characteristics	Frequency	Percent
Age (years)	<15	3	1.1
	15 -19	269	98.9
	Total	272	100.0
Sex	Male	174	64.0
	Female	98	36.0
	Total	272	100.0
School grade	9 th – 10 th	205	75.4
	11 th – 12 th	67	24.6
	Total	272	100.0
Ethnic Group	Oromo	198	72.8
	Amhara	40	14.7
	Gurage	27	9.9
	Others	7	2.6
	Total	272	100.0
Religion	Orthodox	193	71.0
	Protestant	48	17.6
	Muslim	31	11.4
	Total	272	100.0
Parental educational status	Have no formal education	97	35.7
	Primary School	60	22.0
	Secondary School	83	30.5
	College/University	32	11.8
	Total	272	100.0
Monthly income	<500 Birr	45	16.5
	500-1000 Birr	71	26.1
	1100 - 1500 Birr	50	18.4
	1600 - 2000 Birr	53	19.5
	>2000 Birr	53	19.5

	Total	272	100.0
School fee covered by	Father	40	14.7
	Mother	73	26.8
	Both parents	137	50.4
	Self	22	8.1
	Total	272	100.0
Employment of the student	Yes	144	52.9
	No	128	47.1
	Total	272	100.0
Type of jobs of the student	Labor work	58	40.3
	Shoe shining	13	9.0
	Shop keeper	32	22.2
	Café servant	33	22.9
	Others	8	5.6
	Total	144	100.0
Current Residence	Both parents	138	50.7
	Mother	66	24.3
	Father	31	11.4
	Alone	27	9.9
	Others	10	3.7
	Total	272	100.0

Regarding their school expenses which including transportation fee, lunch and some school payment were covered by both parents 137(50.4%), mother only 73(26.8%), father only 40(14.7%) and 22(8.1%) were paid by themselves. One hundred forty four (52.9%) study subjects work different jobs to get money. These include 58(40.3%) labor worker, 33(22.9%) were café servant, 32(22.2%) were shop keeper, 13(9%) were shoe shining and 8(5.6%) work other jobs.

When concerning current residence of the study participants, majority of them 138(50.7%) were living with their both parents, 66(24.3%) were living mother only, 31(11.4%) were living with father only, 27(9.9%) were living alone and the rest 10(3.7%) were living with other relatives.

5.2 Alcohol and drug consumption

Among 272 study participants, 107 of them reported that they used different type of drugs. These include 61(57%) of them were consumed Alcohol, 19(17.8%) were used Khat, 12(11.2%) were smoke cigarette, 10(9.3%) were used hashish and 5(4.7%) were used others different drugs (Figure 1).

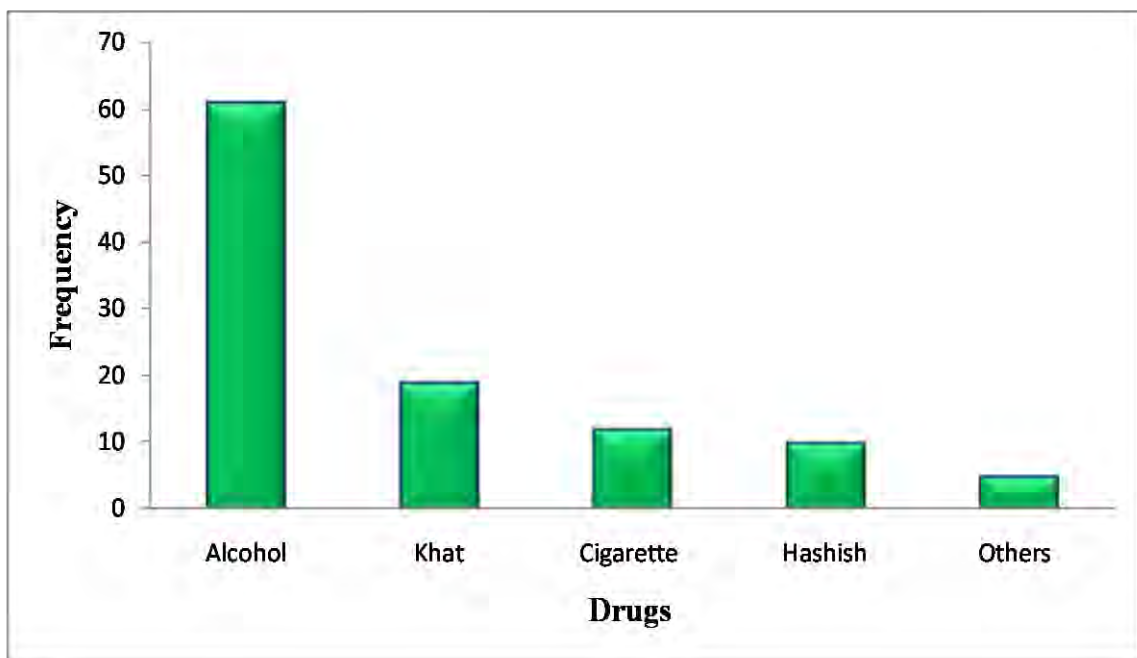


Figure 2 Alcohol and drug consumption of secondary school adolescent students, Sebeta Town, 2014

5.3. Premarital sex

Out of two hundred seventy two study participants, majority of them, 191(70.2%) had no sexual partner and the remaining 81(29.8%) had sexual partner. Regarding the premarital sexual practice 195(71.7%) of them did not ever involved in any sexual practice but 77(28.3%) were experienced sexual intercourse with different people. Forty seven (61%) of them had sexual intercourse with their boy/girl friend, 29(37.7%) with acquaintance and 1(1.3%) with other people.

The maximum age at which the study subjects had sexual intercourse was 19 year and the minimum age was 13 year with the mean age of 16.51. The maximum age of their first sexual partner for female students was 26 year and the minimum age was 12 year for male students with the mean age of 16.9.

Regarding the purpose of having the first sexual intercourse, 36(46.8%) of them were reported because of falling in love with their sexual partner, 30(38.9%) had desire to have sexual intercourse, 8(10.4%) due to peer pressure and the remaining 3(3.9%) had sexual intercourse due to other reasons like rape and financial purpose.

When concerning the total number of sexual partner they have had sexual intercourse yet, majority of them, 54(74%) of them have had sex with one partner, 19(24.7%) have had sex with two partner and the rest 1(1.3%) has had sex with more than two partner.

Table 2 Premarital sexual practices among secondary school adolescent students in Sebeta Town, 2014.

Characteristics	Frequency	Percent
Had sexual partner		
Yes	81	29.8
No	191	70.2
Total	272	100.0
Ever had sexual intercourse		
Yes	77	28.3
No	195	71.7
Total	272	100.0
Age at first sexual intercourse		
8	8	10.4
10 – 14	69	89.6
15 – 19	77	100.0
Total		
Age of first sexual partner		
10-14	26	33.8
15-19	35	45.4
>=20	16	20.8
Total	77	100.0
Reason to start sex		
Fall in love	36	46.8
Had desire	30	38.9
Peer pressure	8	10.4
Others	3	3.9
Total	77	100.0
Relationship of the first sexual partner		
An acquaintance	29	37.7
Boy/girl friend	47	61.0
Others	1	1.3
Total	77	100.0
Total number of sexual partner		
57	57	74.0
1	19	24.7
2	1	1.3
>2	77	100.0
Total		

5.4 Unprotected sexual practice

Among the study participants who have experienced sexual intercourse (77 students), larger proportion 71(92.2%) of them had sexual intercourse in the last 12 months prior this study. The remaining 6(7.8%) did not practice sexual intercourse in the past 12 months.

Concerning the total number of partner they have had sex in the past 12 months, 56(78.9%) of them had sex with only one partner, 14(19.7%) had sex with two partner and the rest 1(1.4%) had had sex with more than two people. Among the students who had sexual intercourse in last 12 months, 54(76 %) of them had sex with non commercial sex partner, 11(15.5%) with commercial sex partner and 6(8.5%) with both commercial and non commercial sex partner.

Regarding safe sexual practice, majority of them 64(90.1%) of the students were used condom in their most recent sexual intercourse and the rest 7(9.9%) did not use condom during their most recent sexual practice. Concerning the initiation of condom using among those study participants who were used condom in their most recent sexual practice, larger proportion, 38(59.4%) of the decision to use condom was made by self, 17(26.6%) were decided jointly and 9(14%) were influenced to use condom by their partner.

The reason of majority of the study participants to use condom during sexual intercourse was fear of HIV/AIDS which accounts 40(62.5%), 18(28.1%) of them used to prevent pregnancy, 5(7.8%) to prevent STI and the rest 1(1.6%) used condom for other purposes. The reasons of non users were 3(42.8%) of them ashamed to buy, 2(28.6%) of them trust their partner and the remaining 2(28.6%) did not use condom due to other different reasons.

Table 3 Unprotected sexual practices among secondary school adolescent students in Sebeta Town, 2014.

Characteristics	Frequency	Percent
Had sexual intercourse in the last 12 months		
Yes	71	92.2
No	6	7.8
Total	77	100.0
Number of sexual partner in the last 12 months		
One	56	78.9
Two	14	19.7
More than two	1	1.4
Total	71	100.0
Type sexual partner		
Commercial	11	15.5
Non commercial	54	76.0
Both	6	8.5
Total	71	100.0
Condom use in the most recent sexual intercourse		
Yes	64	90.1
No	7	9.9
Total	71	100.0
Initiator to condom use		
Self	38	59.4
Partner	9	14.0
By joint decision	17	26.6
Total	64	100.0
Reason for condom use		
To prevent pregnancy	18	28.1
Fear of HIV/AIDS	40	62.5
To prevent STI	5	7.8
Others	1	1.6
Total	64	100.0
Reason of non condom users		
Ashamed to buy condom	3	42.8
I trust my partner	2	28.6
Others	2	28.6
Total	7	100.0

5.5 Factors associated with premarital sex

The risk factors associated with premarital sex among the study subjects are grade level, and family monthly income. Grade ten students are 7.99 times risk to be involved in premarital sex than others (AOR=7.99, CI= (2.2 – 28.5)) and grade eleven students are 7.81 times high risk to be involved in premarital sex than other grade level students (AOR= 7.81, CI=(2.4 – 25.4)).

Regarding family monthly income, the students belongs to those families monthly earned 500-1000 ETB are 2.47 times high risk to be involved in premarital sex than other students (AOR=2.47,CI=(1.01 – 6.07)).

Table 4 Risk factors associated with premarital sex among secondary school adolescent students in Sebeta Town, 2014.

Variables	Premarital Sex					
	Yes %	No %	p-value	COR(95% CI)	p-value	AOR(95% CI)
Sex						
Male	58(33.3)	116(66.7)	0.015	0.48(0.27-0.87)*		
Female	19(19.4)	79(80.6)				
Students grade level						
Grade 9 th	27(31.4)	59(68.6)	0.121	2.19(0.81-5.87)		
Grade 10 th	32(26.9)	87(73.1)	0.042	2.72(1.04-7.14)*	0.001	7.99(2.2-28.5)**
Grade 11 th	8(17.0)	39(83.0)	0.007	4.88(1.5-15.56)*	0.001	7.81(2.4-25.4)**
Grade 12 th	10(50.0)	10(50.0)				
Monthly income						
<500 birr	12(26.7)	33(73.3)	0.436	1.41(0.59-3.39)	0.048	2.47(1.01-6.07)**
500-1000 birr	12(16.9)	59(83.1)	0.031	2.53(1.09-5.87)*		
1100-1500 birr	19(38.0)	31(62.0)	0.67	0.84(0.38-1.88)		
1600-2000 birr	16(30.2)	37(69.8)	0.677	1.19(0.53-2.69)		
>2000 birr	18(34.0)	35(66.0)				

6. Discussion

Being adolescence age group is characterized by different risk behaviors, including risky sexual behaviors (20). Adolescents all over the world are sexually active, but the age at which they start sexual intercourse varies between regions and within a country, between urban and rural settings (21).

Adolescents' premarital sexual activities are increasing in the countries around the world, many of which are risky, unplanned, and unprotected (23 - 26).

The prevalence of premarital sex among the study participants was 28.3% with the mean age of 16.51 and the maximum age 19 year and the minimum age 13 year. When compared to the study conducted in Nekemte Town the prevalence of premarital sex was 21.4% (43) and Agaro high school 25% (45). The premarital sexual practice among this study subjects is higher when compared to these studies because the participants of the current study are more susceptible to the effect of globalization because they are closer to the capital city of Ethiopia, Addis Ababa, in which globalization is highly expanded including experimentation of different sexual practices.

The main reason of having sexual intercourse of this study subjects was fall in love (46.8%) followed by had desire to have sexual practice (38.9%). But the reason of having premarital sex among Addis Ababa high school adolescent students was peer pressure (35.2%), rape and use of drugs, which is different from the current study participants (39).

In this study majority (74%) of the students who have experienced premarital sex, had one sexual partner. Similarly the study conducted among Agaro high school adolescent students showed that larger proportion of the study participants 55.6% had one sexual partner (45).

Using condom during sexual intercourse is one of the preventive methods of STI including HIV/AIDS and unwanted pregnancy. Ninety percent (90.1%) of these study participants were used condom during their most recent sexual intercourse. When compared to the studies conducted in different parts of Ethiopia, among secondary school adolescent students in North West Ethiopia 45.9% were used condom (40) and among Agaro high school adolescent students 54.4% were used condom during their sexual practices (45), the study subjects of this study were highly utilized condom during their sexual practices. The reason behind may be due to the proximity of the study area to the capital city in which more information about condom use is daily heard/announced.

The reasons of non condom users of this study participant were ashamed to buy 42.8% and trust of their friends 28.6%. Similarly, the study conducted among high school adolescent in Addis Ababa revealed that the reason of non condom users was embarrassment in buying from shop or pharmacy (39). But the study conducted in North West Ethiopia revealed that the reasons of non condom users' high school adolescent students were partner opponent 21.4% and decreased sexual satisfaction 19.6% (40).

In this study, the mean age of first sexual intercourse is 16.9 years which is higher than the result found in the study done in Addis Ababa (39) which was 12 years for boys and 14 years for girls. This could be due to the fact that Sebeta town is closer to rural setting thus adolescents may abstain from early sexual intercourse more than the adolescents in Addis Ababa.

The risk factors associated with premarital sexual practices among this study subjects were different in grade level and family monthly income. Grade ten students were 7.99 times high risk to be experienced than other grade students and grade eleven students were 7.81 times high risk

be involved in premarital sex than others grade level students. The students from families earned 500-1000ETB were 2.47 times high risk to be practiced premarital sex than others students.

Strength of the study

- ✓ The study utilized simple random sampling technique to obtain the required sample size which maximizes the representativeness of the sample to the source population.
- ✓ Since the study is quantitative, it minimizes subjectivity.
- ✓ Multiple logistic regression was used to control the effect of confounders.

Limitation of the study

- ✓ Although their confidentiality was reassured, since sexuality is a sensitive issue and the respondents may feel that their privacy is violated. As a result, tendency to hold back or give false information could be a limitation to this study.
- ✓ Since sexual issue is sensitive issue which requires special techniques of information elicit through interview, relying only on self administered questionnaire which compromises the quality of raw data in such sensitive issue is another drawback to this study.

7. Conclusion and Recommendation

7.1 Conclusion

This study revealed that the prevalence of premarital sex among the study participants is higher than the studies conducted in different parts of Ethiopia. The utilization of condom among the study participants was so appreciated practice because almost all of the students who have had history of sexual practices utilized condom during their sexual intercourse.

Premarital sexual practice among the study participants of this study was strongly associated with being grade tenth and grade eleventh as well as family monthly income status.

7.2 Recommendations

- ✓ Ministry of Health in collaboration with Ministry of Education should encourage reproductive health education which plays a vital role in adolescent healthy sexual behavior.
- ✓ Ministry of Health should establish adolescent clinic at school which provide psychosexual counseling for the students.
- ✓ The schools should provide psychosexual services for adolescent students.

References

1. UNDO/UNFPA/WHO, Special Program of Research Development and Research Training in Human Reproductive Health (HRP), Progress in Reproductive Health Research; World Bank, No64, 2003.
2. Strengthening the Provision of Adolescent-Friendly Health Services to meet the health and development needs of adolescents in Africa. A consensus statement, Harare, Zimbabwe, 17-21, Oct.2000.
3. <http://www.adulthoodwonderful.com/>, Retrieved on March 27, 2014.
4. <http://www.ahi.co.za/aids/appen1.html>, Retrieved on March 23, 2014.
5. Manlove JS, Ryan S, Franzetta K: Risk and protective factors associated with the transition to a first sexual relationship with an older partner. Journal of Adolescent Health 2007, 40:135-143.
6. Bearman PS, Bruckner H, (Eds): Peer Effects on Adolescent Girls' Sexual Debut and Pregnancy. Washington, D.C.: National Campaign to Prevent Teen Pregnancy; 1999.
7. Marin BV, Kirby DB, Hudes ES, Coyle KK, Gomez CA: Boyfriends, girlfriends and teenagers' risk of sexual involvement. Perspectives on Sexual and Reproductive Health 2006, 38:76-83.
8. World Health Organization (WHO) Improving adolescent health and development. Adolescent Health and development program. Family and reproductive health. WHO/FRH/ADH, 1998/98-18.
9. Bongaarts, J. and Cohen, B. Adolescent reproductive behavior in the developing world Introduction and overview. Studies in family planning; 1998, 29(1):99-105.
10. UNFPA: State of the world population 2003: Gender inequality and Reproductive Health; 2003.

11. Lamptey PR: Reducing heterosexual transmission of HIV in poor countries. *Bmj* 2002, 324 (7331): 207-211.
12. Michelo C, Sandoy IF, Dzekedzeke K, Siziya S, Fylkesnes K: Steep HIV prevalence declines among young people in selected Zambian communities: population-based observations (1995-2003). *BMC Public Health* 2006, 6: 279.
13. Grao G: Sexuality, and HIV/AIDS: The What, the Why, and the How. : Plenary address on the XII the International AIDS Conference [http://siteresources.worldbank.org/EXTA/FRREGTOPGEN/DER/Resources/durban_speech.pdf].
14. . Reminick AR.: The Symbolic Significance of Ceremonial Defloration among the Amhara of Ethiopia. *American Ethnologist* 1976, 3(4):751-763.
15. Pankhurst A: Conception of and responses to HIV/AIDS Views from 26 Ethiopian rural villages. [http://www.wed-ethiopia.org/docs/working_paper_2.pdf].
16. Fekadu Z: Casual sex debuts among female adolescents in Addis Ababa. *Ethiop J Health Dev* 2001, 15(2): 109-116.
17. Fikadu A. and Fikadu K.(2002).Creating a better future for Ethiopian Youth .A conference on ARH. The David and Lucile Packard Foundation Bahir Dar, Ethiopia. Nov.6-9, 2000.
18. HIV and Sexual Behavior Among young South Africans. National Survey of 15-24 years old. University of Witwatersrand. www.wrhru.co.za. (Retrieved on March 22, 2014).
19. Yi S, Poudel KC, Yasuoka J, Palmer PH, Yi S, Jimba M:Role of risk and protective factors in risky sexual behavior among high school students in Cambodia. *BMC Publ Health* 2010, 10:477.
20. Eaton DK, Kann L, Kinchen S, Ross J, Hawkins J, Harris WA, Lowry R, McManus T, Chyen D, Shanklin S, Lim C, Grunbaum JA, and Wechsler H: Youth risk behavior surveillance-United States, 2005.*MMWR Sur veil Summ* 2006, 55(5):1 – 108.

21. Wight D, Plummer ML, Mshana G, Wamoyi J, Shigongo ZS, Ross DA: Contradictory sexual norms and expectations for young people in rural Northern Tanzania. *Soc Sci Med* 2006, 62(4):987 – 997
22. Sarah B. Shireen jejeebhy, Iqbal shah and Chander puri (edit). *Towards adulthood; Exploring the Sexual and Reproductive Health of adolescents in South Asia*. WHO Geneva, 2003.
23. UNAIDS: *Report on global HIV/AIDS epidemic 2008: executive summary*. Geneva, Switzerland: UNAIDS; 2008
24. Ministry of Health and Population: *Adolescent Health and Development in Nepal, Status, Issues, Programs and Challenges - Country Profile 2005*. Nepal: Department of Health Services, Family Health Division and CREHPA; 2005.
25. Adhikari R, Tamang J: Premarital sexual behavior among male college students of Kathmandu, Nepal. *BMC Pub Health* 2009, 9: 241.
26. McManus A, Dhar L: Study of knowledge, perception and attitude of adolescent girls towards STIs/HIV, safer sex and sex education: (a cross sectional survey of urban adolescent school girls in South Delhi, India). *BMC Women's Health* 2008, 8: 12.
27. Hubert, M.; Bajos, N.; Sandfort, T. *Sexual behaviour and HIV/AIDS in Europe: Comparisons of national surveys*. London: UCL Press; 1998.
28. Brener N, Kann L, Lowry R, Wechsler H, Romero L. Trends in HIV-related risk behaviors among high school students—United States, 1991–2005. *Morbidity and Mortality Weekly Report* 2006; 55(31):851–854.

29. Ross, J.; Godeau, E.; Dias, S. Sexual health. In: Currie, C.; Roberts, CM.; Antony; Smith, R.; Settertobulte, WS.; Oddrun; Rasmussen, VB., editors. Young people's health in context. Health Behaviour in School-aged Children (HBSC) study: International report from the 2001/2002 survey. Geneva: World Health Organization; 2004. p. 153-160.
30. Tamang A, Nepal B, Puri M, Shrestha D: Sexual Behaviour and Risk Perception among Young Men Engaged Border towns of Nepal. *Asia Pacific Population Journal* 2001, 16(2): 195-210.
31. UNAIDS and UNICEF: Survey of Teenagers in Seven Districts of Nepal. Kathmandu, Nepal 2001.
32. Mensch, BarbaraS; Grant, MonicaJ; Blanc, AnnK. The changing context of sexual initiation in sub-Saharan Africa. *Population and Development Review*. 2006; 32(4):699–727.
33. Hattori, MeganKlein; Larsen, Ulla. Motherhood status and union formation in Moshi, Tanzania 2002-2003. *Population Studies*. 2007; 61:185–199.
34. Grant, Monica; Hallman, Kelly. Pregnancy-related school dropout and prior school performance in KwaZulu-Natal, South Africa. *Studies in Family Planning*. 2008; 39(4):369–382.
35. Lucy, M. I. and Boukary, O. : High risk sexual behavior: Knowledge, attitudes and practice among youths at Kichangani ward, Tanga, Tanzania, 2004.
36. Nancy Luke, Hong weiXu, Blessing U. Mberu , and Rachel E. Goldberg : Migration Experience and Premarital Sexual Initiation in Urban Kenya: An Event History Analysis: *Stud Fam Plann*. 2012, 43(2): 115–126.
37. Weiss, L., Whelan, Band Gupta, A. : Adolescents and HIV/AIDS in developing world, International center for research on women, 1996.

38. Mitike, G., Lemma, W., Berhane, F. et al.: HIV/AIDS Behavioral Surveillance Survey Ethiopia. Round one, 2002.
39. Eshetu, F., Zakus, D. and Kebede, D.: The attitude of students, parents and teachers towards the promotion and provision of condoms for adolescents in Addis Ababa. Ethiopian.J. Health Dev. 1997, 11(1):7-11.
40. Ismail S., Bitsuamlak, H. and Alemu K.: High risk sexual behaviors for STD/HIV, pregnancies and contraception among high school students in rural town, northwest Ethiopia. Ethiopian. J. Health Dev. 1997, 11 (1):29-36.
41. Ethiopian Public Health Association (EPHA): Adolescent Reproductive Health. Global and national initiatives and lessons learned EPHAARH Task force, Addis Ababa, Ethiopia, 2003.
42. Lemma E. : Predictors of HIV/AIDS related sexual behavior of high-school adolescents, Jimma town, southwest Ethiopia, 2000.
43. Dessalegn w: An Assessment of premarital sexual practice and Factors Contributing to premarital sex among High School Adolescents In Nekemte Town, E/Wollega zone, Oromia regional state, 2006.
44. Netsanet F., Abebe M. : Risky Sexual Behaviors And Associated Factors Among Male And Female Students In Jimma Zone Preparatory Schools, South West Ethiopia; Ethiop J Health Sci. 2014, 24(1).
45. Girma, B., Assefa, D. and Tushunie, K. : Determinants of condom use among Agaro high school students using behavioral models; Ethiopian. J. Health Dev. , 2004, 18(1):25-30.
46. Kalix P: Khat: scientific knowledge and policy issues. Br J Addict 1987, 82(1): 47-53.

47. Kebede D, Alem A, Mitike G, Enquesslassie F, Berhane F, Abebe Y, Ayele R, Lemma W, Assefa T, Gebremichael T: Khat and alcohol use and risky sex behaviour among in-school and out-of-school youth in Ethiopia; *BMC Public Health* 2005, 5: 109.
48. Argyro C, Christopher H, Vladislav RM, Schwab S. and Andrés M. Psychosocial predictors of sexual initiation and high-risk sexual behaviors in early adolescence. *Child Adolesc Psychiatry Ment Health*, 2007; 1: 14. Available at: <http://www.capmh.com/content/1/1/14>. Retrieved on March 27, 2014.
49. O'Donnell L, O'Donnell CR, Stueve A. : Early sexual initiation and subsequent sex related risks among urban minority youth: the reach for health study. *Fam Plann Perspect*, 2001; 33 (6): 268-75.

Annex I: Informed Consent Sheet

Consent to participate on a project assessing prevalence of premarital sex and unprotected sexual activity among high school adolescents in Sebeta Town, Ethiopia

Greetings! My name is _____ I am a data collector temporarily working on behalf of principal investigator on the Thesis with the objective assessment of prevalence of premarital sex and unprotected sexual activity among high school adolescents in Sebeta Town.

Purpose of the Study

Two hundred and eighty four (284) high school adolescent students will be involved to assess prevalence of premarital sex and unprotected sexual activity among high school adolescents in Sebeta Town.

Confidentiality

All information collected on forms will be entered into computers with only the study identification number. All information that will be collected from you will be protected. The study will not include details that directly identify you, such as your name. Only a participant identification number will be used in the survey. Only a small number of researchers/ Research Assistants will have direct access to the survey. If the results of the current study will be published or presented in a scientific meeting, names and other information that might identify you will not be used.

Risks

As the study will be conducted through self administered questionnaire, the individual student will not be subjected to any harm.

Rights to Withdraw and Alternatives

Taking part in this study is completely your choice. You are free to skip any question if you feel uncomfortable to disclose information. You can stop participating in this study at any time, even if you have already given your consent. Refusal to participate, or withdrawal from the study, will not involve penalty or loss of any benefits to which you are otherwise entitled.

Benefits

There are no direct benefits to you; But, I hope that the results of the study will provide valuable information on the prevalence of premarital sex and its consequences.

Who to Contact

If you ever have questions about this study, you should contact the principal investigator **Helen Berihun** (+2519-11-68-07-29) Addis Ababa University, Collage of Health Science, Allied School of Health Sciences, Department of Nursing and Midwifery.

Signature: _____

Do you agree to participate?

Participant agrees Participant does NOT agree

Name and Signature of the data collector _____ Date _____

ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCES
SCHOOL OF ALLIED HEALTH SCIENCES DEPARTMENT OF NURSING AND
MIDWIFERY

Annex II Questionnaires

Informed Consent Form

Dear students!

To ensure the health of adolescents, understanding of the existing health problems and related behaviors of these populations is essential. Owing this, this study is designed to assess the sexuality, determinant factors of these behaviors and utilization of condoms among high school adolescents.

You are chosen to participate in this study .The choice of the grade and an individual was done randomly using a type of lottery and systematic approach.

The purpose of this study is to generate important information about high school adolescents' sexual behaviors, determinant factors and condom utilization and to propose future school health program interventions.

These study questions will involve various personal and sexual issues of individuals. So, it is your full right to refuse or participate in this study. If you do not want to participate, you can leave the question papers on the table upside down, & you are kindly requested to remain on your seat until others finish filling the questions. Moreover, I assure you that your responses are completely confidential & non-of your responses will be reported to anybody. Therefore, there is no need to write your names on these survey papers.

However, in order to attain its goal, we kindly request your kind and good will to participate in the survey. So, please take a few minutes to answer the questions.

Would you like to participate? **Yes** [] **No** []. Mark " X" in the appropriate space

If **yes**, go to the next page. If **no**, remain on your seat.

Date (DD/MM/YY) _____

Name of the school: _____ Grade _____

Questionnaire Code _____

Name of data collector _____ Signature _____

Name of supervisor _____ Signature _____

Principal investigator: Helen Berihun

Part I: socio- demographic characteristics

SN	Question	Response	Skip to	Code
101	Your sex	Male 1 Female 2		
102	Your age	[_____] in year		
103	Your Grade level	Grade 9 th 1 Grade 10 th 2 Grade 11 th 3 Grade 12 th 4		
104	Ethnic group	Oromo 1 Amhara 2 Gurage 3 Tigre 4 Others(specify) _____		
105	Religion	Orthodox 1 Protestant 2 Muslim 3 Others (specify) _____		
106	Educational status of parents	Illiterate 1 Can read and write 2 Grade 1- 8 3 Grade 9 – 12 4 University/ college 5		
107	Family monthly income (For those who have family)	< 500 Birr 1 500 – 1000 Birr 2 1000 – 1500 Birr 3 1500 – 2000 Birr 4 >2000 Birr 5		
108	Who pays your school fee?	Father 1 Mother 2 Both parents 3 Myself 4		

		Others (specify) _____		
109	Do you work to get money?	Yes 1 No 2 → 111		
110	If your response to Q109 is ‘_Yes’, What do you do to earn money?	Labor work 1 Shoe shining 2 Shop keeper 3 Café servant 4 Others (specify) _____		
111	With whom are you living currently?	Both parents 1 Mother 2 Father 3 Sister 4 Brother 5 Alone 6 Others (specify) _____		
112	Have you ever had drinks containing alcohol?	Yes 1 No 2 → 114		
113	If your response to Q112 is ‘_Yes’, How often have you had drinks containing alcohol in the last 4 weeks?	Every day 1 Once per week 2 Less than one per week 3 More than one per week 4		
114	Which one of these drugs you have tried? (Multiple answers are possible)	Khat 1 Cigarette 2 Hashish 3 Alcohol 4 Other (specify) _____		
115	If you have used any one the above drug, how often per week?	Every day 1 Once 2 Less than one 3 More than one 4		

Part II: Sexual history

SN	Question	Response	Skip to	Code
201	Have you ever had sexual partner?	Yes 1 No 2		
202	Have you ever had sexual intercourse?	Yes 1 No 2 → 207		
203	If ‘_yes’, at what age did you first had sexual intercourse?	[_____] in years		
204	How old was your partner at that time?	[_____] in years		
205	What was the relation of you to your first partner?	An acquaintance 1 A friend 2 Finance 3		

		Boy/girl friend 4 Others(specify) _____		
206	Why did you decide to have sexual intercourse the first time you had sex?	Fall in love 1 Had desire 2 Raped 3 To get money/gifts 4 peer pressure 5 drug use [khat, alcohol] 6 Others. (specify) _____		
207	How many sexual partners have you had so far?	One 1 Two 2 Three 3 Four or more 4		
208	Have you had sexual intercourse in the past 12months?	Yes 1 No 2 → 213		
209	If yes, how many people in the total have you ever had sexual intercourse with during the last 12 months?	One person 1 Two persons 2 Three persons 3 Four persons 4 Five and above 5		
210	If your response to question 208 is "Yes" with whom you had sexual intercourse in the last 12 months?	commercial Sex Partner 1 Non Commercial 2 Both 1 and 2 3		
211	The last time you had sex with your partner; did you and your partner use a condom?	Yes 1 No 2 → 216		
212	If your response to Q211 is "Yes" who suggested using condom that time?	Myself 1 My partner 2 By Joint decision 3		
213	Why did you and your partner decided to use condom?	To prevent pregnancy 1 Fear of HIV/AIDS 2 To prevent STI 3 Influence each other 4 Others (specify) _____		
214	If you have not used condom at all or haven't used constantly, what was the reason? (multiple responses are possible)	Condoms not available 1 Condoms are expensive 2 Ashamed to ask my Partners 3 I wanted to get pregnant 4 I ashamed to buy condom 5 I trust my partner 6 I don't know how to use 7 Fear of Its bursts 8 It decreases satisfaction 9 My religion prohibit 10 I was drunk 11 Others(specify) -----		

ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCES
SCHOOL OF ALLIED HEALTH SCIENCES DEPARTMENT OF NURSING AND
MIDWIFERY

Universitii Finfinnee Fakaaltii Fayyaatti, Muumme Narsingitii fi Midwayiferitti gaaffilee barattoota mana barumsaa sadarkaa lammaffaa Godina Adda Oromiyaa bulchiinsa Magaalaa Sabbatatiin kan guutamu.

Jaallatamtoota barattootaa!

Tajaajila fayyaa qaama hormaataa dargaggootaa fooyyessuuf rakkoolee fayyaa dhimma walqunnamtii naf-saalaa fi amaloota dargaggootaa dhimma kana waliin wal-qabatan gad-fageenyaan qorataniin hubachuun barbaachisaa dha.

Sababa kanaaf qorannoon amala qunnamtii naf-saalaa ,amaloota kanaaf dhimmoota murteessoo ta'anii fi itti fayyadama kondomii dargaggootaa qorachuuf qorannoon kun qophaa'eera. Isiniis qorannoo kanaaf carraadhaan filatamtaniijirtu.

Gaaffileen qorannoo kanaa dhimmoolee dhuunfaa kan ilaallatan waan ta'aniif qorannoo kana keessatti hirmaachuun fedhii irratti kan hundaa'e ta'a. Kanaafis hirmaachuu fi dhiisuu irratti mirgi keessan kabajamaa dha .Kanaaf hirmaachuun fedhii keessan miti yoo ta'e,waraqaa gaaffichaa gad-galagalchuudhaan minjaala fuuladura keessan jiru irra kaa'aatii hanga warri kaan xumuranitti bakkuma jirtan turaa.

Haata'u malee galmaan ga'umsa kaayyoo qorannoo kanaa fi fooyya'insa tajaajila fayyaa dargaggootaaf jecha hirmaannaa keessan kabajaan isin gaafatna. Deebiin keessan hundi iccitiitti kan qabamu ta'uu isaa ni mirkaneessina.Kanaafis maqaa keessan waraqaa gaaffii kana irraati barreessuun isin hin barbaachisu.

Kanaaf qorannoo kana keessatti himaachuun fedhii keessanii?

Eeyyee (_____) Miti (_____) mallattoo—X galchuudhaan mirkaneessa.
Erga kana dubbistanii booda gaaffilee qophaa'an deebisuuf gara fuula itti aanutti darbaa.

Galatoomaa!

Guyyaa _____

Maqaa mana barumsich: _____ Kutaa _____

koodii Gaafichaa _____

Maqaa Nama data Funaanuu _____ Mallattoo _____

Maqaa To'ataa _____ Mallattoo _____

Maqaa Qorannoo Gaggeessaa: Helen Berihun

Kutaa I: Gaaffilee haala dhuunfaa ilaallatan

Lak.	Gaaffilee	Deebii	Utaali	Koodii
101	Saala kee	Dhiira 1 Dhalaa 2		
102	Umrii kee	[_____] waggaadhan		
103	Sadarkaa barumsaa kee	kutaa 9 ^{ffaa} 1 kutaa 10 ^{ffaa} 2 kutaa 11 ^{ffaa} 3 kutaa 12 ^{ffaa} 4		
104	Saba kee	Oromoo 1 Amaaraa 2 Guragee 3 Tigree 4 Kan biraa (ibsi) _____		
105	Amantii kee	Orthodoksii 1 Pirootestaanti 2 Musliima 3 Kan biraa (ibsi) _____		
106	Sadarkaa barnoota maatii (Abbaa yookan Haadhaa)	Kan hin baranne 1 Dubbisuu fi barreessu ni danda'u 2		

		Kutaa 1- 8	3		
		Kutaa 9 – 12	4		
		Kutaa 12 oli	5		
107	Galii maatii ji'aan tilmaaman	< 500 Birrii	1		
		500 – 1000 Birrii	2		
		1000 – 1500 Birrii	3		
		1500 – 2000 Birrii	4		
		>2000 Birrii	5		
108	Kafaltii mana barnootaa kee eenyutu siif kafala?	Abbaa	1		
		Haadha	2		
		Lamaan isaanii	3		
		Ofii kootiif	4		
		Kan biraa (ibsi) _____			
109	Qarshii archuuf hojii ni hojjataa?	Eeyyee	1		
		Lakki	2 → 111		
110	Deebiin kee gaaffii 108 'eeyyee' yoo ta'e, hojii gosa akkamii hojjata?	Hojii humnaa	1		
		Kophee xaraguu	2		
		Suukii daldaaluu	3		
		Mana bunaa keessa	4		
		Kan biraa (ibsi) _____			
111	Yeroo ammaa kana eenyu faana jiraata jirta?	Maatii waliin	1		
		Haadha waliin	2		
		Abbaa waliin	3		
		Obboleettii waliin	4		
		Obboleessa waliin	5		
		Kophaa	6		
		Kan biraa (ibsi) _____			

112	Dhugaatii alkoolii of keessa qabu dhugdee beektaa?	Eeyyee 1 Lakki 2 → 114		
113	Deebiin kee gaaffii 112 'Eeyyee' yoo ta'e, torba arfan darban keessatti dhugaatii alkoolii of keessa qabu yeroo meeqa dhugde?	Guyyaa hunda 1 Torbanitti yeroo tokko 2 Torbanitti yeroo tokko gadi 3 Torbanitti yeroo tokko oli 4		
114	Kanneen tarrefaman keessaa maal fayyadamtee beekta? (baay'ee deebisuun ni danda'ama)	Chaatii 1 Sijaaraa 2 Hashishaa 3 Alkoolii 4 Kan biraa (ibsi) _____		
115	Kanniin armaan olii keessa tokkoo isaa illee yoo fayadamte, torbaanitti yeroo meeqa fayyadamta?	Guyyaa hunda 1 Torbanitti yeroo tokko 2 Torbanitti yeroo tokko gadi 3 Torbanitti yeroo tokko oli 4		

Kutaa II: seenaa qunnamtii naf-saala

Lak.	Gaaffilee	Deebii	Utaali	koodii
201	Hiriyaa jaalalaa qabbdaa?	Eeyyee 1 Lakki 2		
202	Qunnamtii naf-saalaa raawwattee beektaa?	Eeyyee 1 Lakki 2 → 207		
203	Eeyyee, yoo jette, yeroo jalqabaaf qunnamtii naf-salaa yeroo raawwattee umuriin kee meeqa ture?	[_____] waggadhaan		
204	Hiriyyaan kee ati qunnamti naf-saalaa waliin raawwatte yommas umuriin			

	isaa/ishee meeqa ture?	[_____] waggadhan		
205	Walitti dhiyeenyi ati jaalallee kan Jalqabaa waliin qabdu maal ture?	Hiriyaa mana barumsaa 1 Hiriyaa jaalalaa 2 kaadhimaa 3 Okan biraa (ibsi)_____		
206	Yeroo jalqabaaf qunnamtii naf-saalaa Raawwachuuf kan si kakaase maal ture?	Jaalalatu na qabe 1 Fedhii qabaadhee 2 Gudeedamee 3 Qarshii/kennaa fudhachuuf 4 Dhiibbaahiriyyaa 5 Dhugaatii dhugee 6 Kan biraa. (ibsi)_____		
207	Hanga ammaatti hiriyyaa jaalalaa qunnamtii naf-saalaa waliin raawwatte meeqa qabda?	Tokko 1 Lama 2 Sadii 3 Afurii fi isaa oli 4		
208	Ji'oota 12 darban keessa qunnamtii naf-saalaa raawwatteertaa?	Eeyyee 1 Lakki 2	→ 213	
209	Eeyyee yoo jette, ji'oota darban 12 keessatti namoota meeqa wajjiin qunnamtii naf-saalaa raawwattee jirta?	Nama tokko 1 Nama lama 2 Nama sadii 3 Nama afurii fi isaa oli 4		
210	Deebiin kee gaaffii 208 'eeyyee' yoo ta'e, Ji'oota 12 darban keessa eenyu faana qunnamtii naf-saalaa raawwattee ?	Dubartoota mana bunaa waliin 1 Jaalallee koo waliin 2 Lamaanu waliin 1 and 2 3		
211	Yeroo qunnamtii naf-saalaa raawwatte kondomii fayyamtee beektaa?	Eeyyee 1 Lakki 2	→ 216	

212	Deebiin kee gaaffii 211 _æyyee‘ yoo ta’e, eenyutu akka fayyadamtaniif yaada dhiyeesse?	Ana/ ofii koo 1 Hiriya koo 2 Murtii lamaan kenyaatiin 3		
213	Maaliif kondomii fayyadamtan?	Ulfa ittisuuf 1 HIV/AIDS ittisuuf 2 Dhukkuboota quunnamtii saalaatiin daddarban ittisuuf 3 Wal dirqamsiisuun 4 Kan biraa (ibsi) _____		
214	Yoo kondomiitti hin fayyadamne ta'e maaliif hin fayyadamne? (multiple responses are possible)	Kondomin waan hin jirreef 1 Kondomiin mi'aa waan ta'ef 2 Jaalallee koo gaafachuu waaniin saalfadheef 3 Ulfaa'uu waaniin barbaadeef 4 Kondomi bitachuu waanin saalfadheef 5 Jaalallee koo waaniin amaniuuf 6 Itti fayyadama isaa waaniin hin beekneef 7 Waan tarsa'uuf 8 Fedhii ofii waan hir'isuuf 9 Amantiin koo waan na dhorkuuf 10 Dhugaatii dhugee waaniin tureef 11 kan biraa (ibsi) -----		

Declaration

I the undersigned declare that this is my original work and has not been presented in this or any other University and all sources of materials used for this proposal have been fully acknowledged.

Name principal investigator: Helen Berihun

Signature: _____

Date: _____

Place: Addis Ababa University College of Health Sciences School of Allied Health Sciences
Department of Nursing and Midwifery

This thesis proposal has been submitted for approval to:

Advisor: Baze Mekonnen (BSc, MSc)

Signature: _____

Date: _____

Place: Addis Ababa University College of Health Sciences School of Allied Health Sciences
Department of Nursing and Midwifery.