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DEPARTMENT OF NURSING AND MIDWIFERY

PREMARITAL SEXUAL PRACTICE AND PERCEPTION OF SEXUAL AND REPRODUCTIVE HEALTH RISKS ASSOCIATED WITH IT AMONG IN-SCHOOL YOUTHS IN SHOA ROBIT TOWN, NORTH SHOA ZONE, AMHARA REGION, ETHIOPIA.

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ABBREVIATIONS

ANC	Ante Natal Clinic
AIDS	Acquired Immune Deficiency Virus.
BSS	Behavioral Surveillance Survey
CSW	Commercial sex workers
EDHS	Ethiopian Demographic and Health Survey
F/P	Family planning
HIV	Human Immune deficiency Virus
ISY	In-school youth
OSY	Out of school Youth
SRH	Sexual and reproductive health
STI	Sexually transmitted Infection
SSA	Sub-Saharan Africa
UNAIDS	Joint United Nations Program for HIV/AIDS
UNFPA	United Nations Fund Population Activity
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization

ABSTRACT

Introduction: More than one billion people in the world are between the ages of 15 and 24, and most live in developing countries. Unsafe sex is a major threat to the health and survival of millions of adolescents. Each year, one in 20 adolescents worldwide contracts an STI including HIV/AIDS.

Objectives: to assess premarital sexual practices and perception of sexual and reproductive health risks associated with it among in-school youths of Shoa Robit town, North Shoa Zone, Amhara National Regional state, Ethiopia

Method of the study: An Institution based cross-sectional study design including both quantitative and qualitative surveys was used. To determine number of students to be included in the study, a single population proportion formula was used based on the assumption of 19% prevalence (p) in school youth premarital sex by using design effect 1.5 and at 95% confidence interval with marginal error of 4%, and finally the sample size would be 540.

Result: Of the calculated sample size, total of 508 respondents completely filled to the questionnaire in the study with response rate of 94.1%. Among a total participants 274(53.9%) were females and 234 (46.1%) were males. Among the study subjects, 224 (44.1%) of them reported that they had premarital sexual intercourse at the time of the survey, of which 106 (47.3%) for males and 118(52.7%) for females. The mean age of sexual intercourse was 17.5± 1.5 years for males and 16.8± 1.4 years for females. Youths who come from urban were more likely experience sex than youths from rural (AOR=3.432; 95%CI=1.971, 5.965). Youths who drink alcohol, smoke cigarette, chew chat and watch pornographic films were more likely experience sex than who did not (AOR= 2.538; 95%CI=((1.378-4.674), (AOR= 6.715; 95%CI=1.422,31.711), (AOR= 5.946; 95%CI=0.998, 35.445) and (AOR= 5.119; 95%CI=2.983, 8.784) respectively.

Conclusion and recommendation: In general, from this particular study, we can conclude that the level of sexual and reproductive health risk perception towards STI including HIV/AIDS, among in school youths is generally minimal. Consequently, risky sexual practices are widely prevalent. School based information, education and behavioral change communication intervention including life skill training should be given.

1. INTRODUCTION

1.1. Background

More than one billion people in the world are between the ages of 15 and 24, and most live in developing countries (1). According to the 2007 Ethiopian census, youths aged 15-24 years were more than 15.2 million which contributes to 20.6% of the whole population (2). These very large and productive groups of the population are exposed to various sexual and reproductive health risks/problems. Among the many sexual and reproductive health risk; sexual coercion, early marriage, polygamy, female genital cutting, unplanned pregnancies, closely spaced pregnancies, abortion, sexually transmitted infections (STIs) including AIDS are the major ones (1).

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 drop out from school to care their children and in most cases they become economically dependent upon their parents (3).

Unsafe sex is a major threat to the health and survival of millions of adolescents. Each year, one in 20 adolescents worldwide contracts an STI including HIV. Every day, over 7000 young people aged to 10 to 24 become infected with HIV (5).

Globally more than half of all new HIV infections are among 15 to 24 years old (6). Moreover, the World Health Organizations (WHO) has reported that young people aged 15-24 accounted for an estimated 45% of new HIV infections worldwide in 2007 and about 16 million adolescent girls give birth every year or roughly 11% of all births worldwide (7). Furthermore, at the lowest age range, adolescence consist of pre-teenage girls and boys, who are not yet sexually active while at the highest range, they consist of young women and men, virtually all of who have been sexually active for several years and in many cases have children of their own (8).

1.2. Statements of the problems

Early sexual debut increases young peoples' risk for infection with HIV and other STIs. Youth who begin early sexual activity are more likely to have high-risk sex or multiple partners and are less likely to use condoms (1).

According to EDHS (2011) data, urban women have their first sexual experience at somewhat older ages than rural women. For example, the median age at first intercourse among urban women age 25-49 was 17.8 years, compared with 16.4 years among rural women. Among the regions median age at first intercourse for women age 25-49 is highest in Addis Ababa (19.5 years) and lowest in Amhara (15.1 years) (9).

The situation of HIV/AIDS in the Amhara region is one of the worst in the country with persistently high prevalence particularly of the urban estimates. The regions prevalence was estimated at 2.8 in 2004, 2.7% in 2005, 2006, 2007 & 2008, 2.8% in 2009, and 2.9% in 2010, which increase gradually. Currently there are estimated 379,096 people living with HIV/AIDS in the region (10).

According to EDHS (2011), HIV/AIDS prevalence by education is high among population in secondary school. The data shows 1.3% for females and 0.8 for males for no educated, 2.2% for female and 0.9% for males for primary school populations, 4.3% for female and 2.1% for males for secondary school populations, and 1.6% for female and 1.1% for male in people educated more than secondary school (9).

According to 2005 Ethiopian BSS, the prevalence of premarital sexual practices among in-school youths in Amhara Region was 4.5% (4). With the high level of HIV infection and poor sexual and reproductive health outcomes among youths, it is crucial to identify the determinants of sexual activity among the youth in order to inform policy makers reproductive health risks associated with premarital sexual practices and its consequences were not dealt in-depth within the study area. Besides this, most youths in secondary education are living far apart from their families and in an environment away from home without the usual family control. These conditions affect their sexual behaviors in a variety of ways.

Therefore, this an institutional based cross-sectional study was conducted by using both qualitative and quantitative methods to assess the magnitude of premarital sexual practices and perception of sexual and reproductive risk associated with it among in-school youths in Shoarobit town.

1.3. Significance of the study

This study focused on premarital sexual practices and perception of sexual and reproductive risk associated with it among in-school youths. In-School youths are a group of young people who came from different areas with different family background. Many gapes between youth' background may make them to be involved in risky sexual activity and expose to HIV/AIDS infection.

Therefore, this evaluative research needs to be conducted;

- To address the problems with the premarital sexual practices.
- To contribute in filling the gap in understanding premarital sexual practices related with the knowledge of the sexual and reproductive health risk associated with it among in-school youths
- To help nursing profession and other health service provider upgrade their practice and work based on up to date youth's reproductive health guidelines.
- To provide future direction for the program managers as well as policy makers in launching advanced working tools.

2. LITRATURE REVIEW

2.1.Premarital Sexual Practices and its Associated Factors

According to the Malaysian school survey about factors influencing students' attitude towards HIV/AIDS revealed that 5.4% of the respondents were reported to have had sexual intercourse. The proportion of sexually active males was 8.3% compared to 2.9% of females, and the difference was statistically significant (5).

The study conducted in Nepal among male college students revealed that about 39% of the respondents reported that they had premarital sex. Sex with commercial sex workers, multiple sex partners, and inconsistent use of condom with non-regular partner was common among the students (6). About 57% of the respondents had used condom at the first sexual intercourse. The same study showed that older students aged 20 and above were more likely to have premarital sex compared with younger students aged 15-19. Regarding living arrangement, those students who lived alone had more premarital sex experience compared to others (6).

Another study conducted in Tanzania among unmarried adolescents revealed that about 32% of adolescents reported being sexually active; a higher proportion being males than female. According to the study, about 15% of sexually active adolescents reported having multiple sexual partners. Significantly more males reported having multiple partners than females. Nearly 42% of sexually active adolescents reported having used a condom during most recent sexual act. Females reported older partners at first sexual act (7).

According to Ethiopian BSS 2005, in-school youths, the prevalence of premarital sex was 9.9%. The median age of sexual debut was 16 years. From those who have had sex 22.7% reported having had sex with more than one partner and 43.1% has used condom. The practice of condom use was least common in Amhara Region, which were 34.5% compared to other regions. The reason for least use of condom in the region was partner trust which was 48.6% (4)

According to the study conducted in North West Ethiopia among youths about half, of the youths have ever had sex (8). Rural youths initiate sexual intercourse at lower age than their urban counterparts. The median age at sexual debut was 16 years for rural and 17 years for urban. Multivariate analysis showed that being female by gender, chewing Khat, drinking alcohol,

watching pornographic materials before age 18 years and being connected with parents were associated with premarital sexual practices (8).

A study conducted in Nekemte town revealed that 21.5% of youths reported having had premarital sexual intercourse. The majority (57.2%) had their first sexual intercourse between the ages of 15 and 17 years. The main reasons for initiation of sexual intercourse were; fall in love in 33.8%, desire to practice sexual intercourse in 30.3%, peer pressure in 17.2%, and for money or gifts in 7.6% of the cases. About 34.5% of the respondents reported that they had two or more sexual partners in the past 12 months prior to the survey. Adolescents who live with their relative or friends were more likely to experience sex compared with adolescents living without biological parents (11).

A study conducted in Benishangul Gumuz Region revealed 13.3% of in-school youths were sexually active. Engaging in sexual activity was reported to be higher (17.6%) among males compared to females (3.9%). The mean age of sexual commencement was 16.1(2.1 SD) and the median was 16 years old. More males reported to have had sexual intercourse than females (12).

Another study conducted in Ambo town among in-school youths showed that 19.4% had experienced sexual intercourse. The overall mean age at first sexual intercourse was 15.91(1.8 SD). The main reason given for the first sexual intercourse includes romantic love (65.4%), sexual desire (31.4%) and peer pressure (9%). More than half, 51.2% of the sexually active respondents never discuss sexual related issues with their fathers and 43.67% with their mothers. Only 15.18% of the sexually active respondents reported use of condom during their first sexual intercourse (13).

The study conducted in Gedeo Zone among in-school youths revealed that 11.8% of students reported that they had sexual intercourse. The mean age of sexual debut for both sexes was 16.7 (2.8 SD). About 16.5% of the sexually actives started sex before 15 years of age. From the sexually active respondents 23.6% of females had their first sexual intercourse with partners older than they were. Personal desire and peer pressure where the most common reasons to start the first sexual intercourse reported by 81.2% and 10.6% sexually active respondents respectively. For those who had sex in the previous 12 months 8.9% had more than one sexual

partner. Amongst in-school youths who ever had sex 37.8% of students reported that they had never used condoms during sex (14).

The study conducted in West Gojjam Zone revealed that 23.2% of the respondents had ever had sexual intercourse. Disaggregated by sex, 25.0% of males compared to 19.4% of females. About 33.3% reported having had two or more sexual partners in their lifetime. In the logistic regression analyses, age more than 20 years, having peer pressure to have sex and perceived family connectedness continued to be significantly and independently associated with sexual activity (15).

A study conducted in Injibara town revealed that 20.2% of the sample in-school youths had premarital sexual intercourse. About 27% male and 24% of female reported peer pressure is a reason to start sexual intercourse. About 61% of males and 60.9% of females of the total respondents had sexual intercourse with in the age group 16-18 years. From those who had sex 16.1% males and 23.9% of females have more than one sexual partner. About 77.4% of youths did not use condom during their first sexual encounter. The main reason for non use of condom was 21.8% ashamed to ask their sexual partner to use condom, 21.8% perceived that condom can reduce sexual satisfaction and 14.8% reported that condom is not available in the area (16).

2.2.Risk Perceptions of STIs and HIV/AIDS

Literature on health related behavior emphasizes the perception of being at risk of infection as being one of the necessary conditions for behavioral change (15). Moreover, the degree of the perceived risk seems to affect individual actual control in adopting preventing measures. Risk reception depends on the individual perceived control of her/his capability to assess the relationship between behavior and the mode of transmission of the virus (17).

The study conducted in Thailand revealed that youths having temporary partners were more likely to perceive the risks associated with STIs in relation to using condom. Education played a significant role in risk perception of STIs. Risk perception was increasing with the increasing level of education. Other conducive and facilitating factors, such as household wealth, living in urban or semi-urban areas, and access to mass media such as television, also had a positive influence on risk perception (18).

The study conducted in Malaysia revealed that 91.6% believed that pre-marital testing for HIV can protect men and women from HIV infection. About 82.3% of the respondents believed use of condoms as a means to prevent transmission of HIV (19).

A study conducted in Uganda on the risk perception and condom use revealed that HIV risk perception was found to be associated with condom use, religions, educational attainment, marital status, residence, number of sexual partners and having contracted an STI (20).

The study conducted in Cape Town in Republic of South Africa revealed that 44% perceived no risk and 39% small risk; the proportions among females were 47% and 36%, respectively. Only 7% of males and females perceived themselves as being at great risk of HIV infection. Most youth (82% of males and 83% of females) viewed themselves as being at no or small risk of HIV infection (21). A similar study conducted in Sudan revealed that the best known methods for preventing HIV among respondents were (64.5%) avoiding unprotected sex, (12.1%) loyalty to one partner (47.4%) avoidance of sharing skin piercing instruments(3.5%) condom use. Most of the respondents reported not undergone HIV testing; only 3.6% did the test (22).

According to the study conducted in Lagos, Nigeria about 43.7% of those who have multiple sex partners agreed that they were engaging in risky sexual behavior. Only 54.6% of those who heard about HIV/AIDS were willing to use condom and 71.3% of the respondents were concerned about the alarming spread of the disease. While those with multiple sex partners undergone HIV test within six months before this survey, those with single sex partners didn't do so in the last six months. Age was found to be a factor in determining the decision to use protection during sex (23).

Based on the survey conducted in Mozambique 27% of women and 80% of men who considered themselves to have no risk or a small risk of contracting HIV were actually at moderate or high risk. The prevalence of condom use at last sex was more than twice as high among those who assessed their risk correctly (30% and 16% respectively), as among those who did not (14% and 6%). Multivariate analysis showed that correct assessment was positively associated with condom use; the association was driven by use among never-married individuals (24).

The findings from urban slum inhabitants of Nigeria revealed that only half of boys and one third of girls reported ever using condoms and 29% reported using condoms in the last 3 months (25).

Another study conducted in Tanzania revealed that 11.7% of the participants felt that they were at a high risk of getting HIV/AIDS and STIs, 25% felt that they had a very low risk, while 53.1% felt that they were not at risk at all (26). A similar study in Zambia revealed that their risk perception of STIs and HIV/AIDS was low due to misconceptions, folk beliefs and denial (27).

Based on the study findings of the Ethiopian immigrants in San Diego the majority of participants believed they were at low risk for HIV infection. Over 80% considered in "not possible" or "{not likely" for them to become infected with HIV. However, 18% reported having at least two sexual partners currently. About 46% reported having at least five sexual partners in their lifetimes (28).

The Study conducted in Butajira found that 97.9% have a very high level of awareness and a comprehensive knowledge about the mode of prevention of HIV/AIDS was 91.7% (29). According to the study, female students, those who were employed in government or private sector, literates and urban residents were more likely to be aware about HIV/AIDS than their counterparts. However, a reasonable proportion of the youth (49%), had misconception about the mode of transmission. About 81% of the youth do not perceive themselves to be at risk of HIV with their current behavior and 75% with their lifetime behavior. Seventy nine (79%) of the youth were aware of VCT. However, among those who were aware, only 6% were tested. Married youth, and literate were or likely to be tested for HIV than their counterparts (29).

A study conducted on Debre-Birhan town youths showed that 28.6% of the respondents reported that they have sexual intercourse with two or more partners (30). Among the sexually active respondents, 38.7% had ever used condom. The proportion that perceives them at risk of contracting HIV is highest 56.7% among females. Among those who perceived themselves at risk 40% reported no condom use, 40% reported multiple sexual partner, 6.7% reported sex with female commercial sex workers and 43.3% reported use of contaminated sharp objects (30). Another study conducted in Injibara showed that the main reasons for their high risk of HIV/AIDS were 43.5% of the sexually active respondents not use condom during sex, 52.4% have more than one sexual partner (16).

The study conducted in Northwest Ethiopia revealed that only 53% of the study participants knew that a healthy looking person can have HIV while 40% said that a person can get HIV the

first time he/she had sex (31). About 10% of the participants believed that they were at risk of getting HIV in the next 12 months. Whereas more than 45% reported that they had sexual experience. The means age at first sexual onset was found to be 13.6 years. Significantly higher proportions of rural adolescents were also found to be sexually active. About 46% of the sexually active rural adolescents had 2.5 lifetime sexual partners compared to 35.4% of their urban counterparts. However, contraceptive use including condoms was ten times lower among rural adolescents. Only 2% of the rural compared to 35% of the urban sexually active adolescents had ever used condoms. A high divorce rate of 32% in rural and 27% in the urban adolescents was noted (31).

The study done in Addis Ababa among the youths with disabilities revealed that 45.3% of respondents in the study ever had sexual intercourse (32). About 42.0% started sex between the age of 15-19 years and only 9.2% were married. Only 45.4% of the sexually experienced respondents had used some kind of contraceptive during their first sexual encounter. In the study, the prevalence of unintended pregnancy was 62.5% among young disabled females who had ever been pregnant and 50% of them had history of abortion, 87.5% of this abortion was induced type in this study. 58.6% of the sexually active respondents had multiple life time sexual partners. 20.7% had a casual sex partner and 18.0% of sexually active males had a commercial sex partner in the past 12 month's period prior to the survey. The prevalence of history of ever having STI was 25.3%, 33.1% and 51.8% of respondents had good knowledge on HIV transmission; STI sign and symptom, HIV prevention respectively and only 33.3% of respondents had utilized reproductive health services (32).

2.3.Unwanted Pregnancy and Abortion

The study conducted in the United States revealed that half of annual pregnancies were unplanned (33). More than one-third of all unplanned pregnancies were to unmarried women in their 20s. In fact, seven in ten pregnancies among unmarried women in their 20s were unplanned. Unplanned pregnancies increase the risk of dropping out or stopping out of college 61% of women who had children after enrolling in community college failed to finish their degree, which was 65% higher than the rate for those who didn't have children (33).

According to the study conducted in Nepal 41% of the pregnant women reported that their current pregnancy was unintended. The results indicated that age of women, age of first marriage, ideal number of children, relation, exposure to radio and knowledge of family planning methods were key predictors of unintended pregnancy compared to those who were not. Furthermore, those women who had higher level of knowledge about family planning methods were less likely to experience unintended pregnancy compared to those having lower level of knowledge (34).

The study conducted in Harar showed that 33.3% sexually active women reported that their most recent pregnancies were unintended (35). The prevalence of unintended childbirth among sexually active women constituted about 14.3% of the total while induced abortion was found to be 14.4%. In the study, teenagers, those married at the age of less than 20 years, and currently unmarried had a higher chance of experiencing unwanted pregnancy. Literate women were found to have a significantly higher chance of having induced abortion (35). The study conducted in Ambo high school revealed that from the total female students who had already experienced sexual intercourse 30.5% had got pregnancy at least once, of which pregnant 66.7% reported history of abortion (13).

The study conducted in Northwest Ethiopia revealed that 19% women had abortions and the prevalence rates of spontaneous and induced abortion were computed as 14.3% and 4.8%, respectively (36). Among the determinant factors included in the multivariate logistic regression model, place of residence, marital status, contraceptive use, number of pregnancies and level of education attained by the women were found to be significantly and independently associated with induced abortion (36).

Conceptual framework

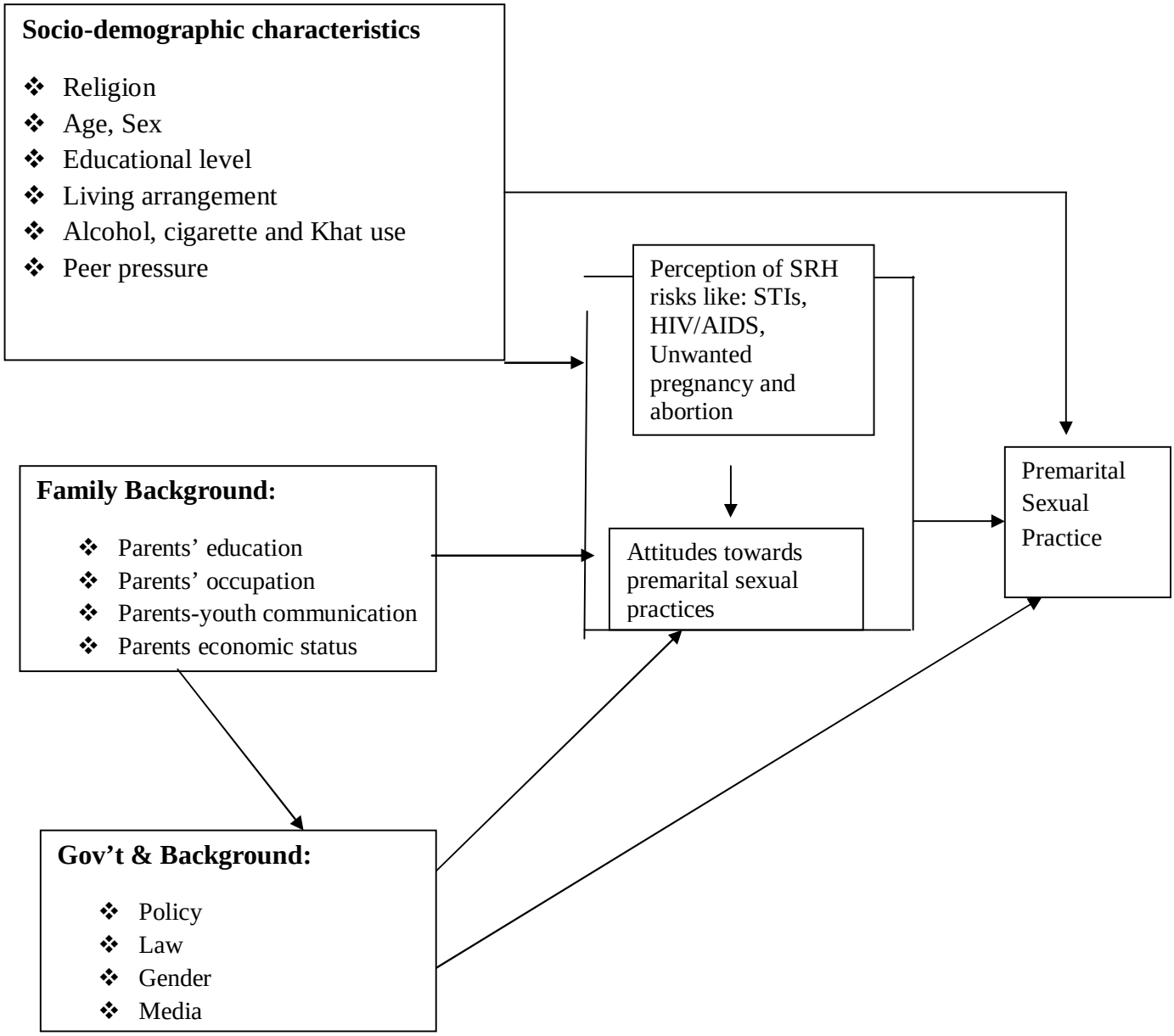

Figure 1. Conceptual frame work on premarital sexual practices and perceptions of the SRH risks associated with it among in-school youths of Shoa Robit town, North shoa Zone, 2013/2014. (Adopted and modified from study done by B. Alemayehu.)

Hypothesis of the research

1. H_1: As age increases, the likelihood of adolescents' experience of premarital sex increases.
2. H_2: Knowledge on sexual and reproductive health issues has a negative effect on adolescents' premarital sexual behavior.
3. H_3: In-school youth who get the major information about sexual and reproductive health issues from mass media are more likely to initiate premarital sex than those who get information from other sources.
4. H_4: In-school youth's whose communication with parents on sexual and reproductive health issues is poor are more likely to experience premarital sex than those whose communication is good.
5. H_5: Those whose parents have higher education are less likely to experience premarital sex than those whose parents have lower education.
6. H_6: In-school youths who had ever used substance abused are more likely to have premarital sex than those who did not.
7. H_7: Sexual behavior of friends has a positive effect on In-school youths' experience of premarital sex.
8. H_8: In-school youths who have high knowledge of risk of SRH more likely experience premarital sexual practices.

3. OBJECTIVE

3.1. General objectives

To assess premarital sexual practice and perception of sexual and reproductive health risks associated with it among in-school youths of Shoa Robit town North Shoa Zone, Amhara National Regional state, Ethiopia

3.2. Specific objectives

1. To determine the prevalence of premarital sexual practice among in-school youths
2. To identify factors contributing to premarital sexual practice among in-school youths
3. To assess the level of perception of sexual and reproductive health risks associated with premarital sexual practice among in-school youths

4. METHODS OF THE STUDY

4.1. Description of the Study Area

The study town, Shoa Robit, is one of administrative town in the North Shoa Zone. It is located 225 kilometers north of Addis Ababa along the main high way to Dessie town. Currently, there are eleven primary schools, one senior secondary school, one preparatory school, one health center, and one technical college in the town. The estimated population in Sho Robit town in 2012 was 44,235, out of which 22,795 were female and 21,440 were males. The total numbers of students in two secondary schools are 1607 male and 1243 female. The population comprises Amhara, Oromo, Tigre, Afar and other ethnic group. The majority of the populations of the town are followers of Orthodox, Muslim and Protestants and others religious followers also exist in the town (38). The town is also has high prevalence of premarital sexual practices and high prevalence of sexual and reproductive health problem among in-school youths.

4.2. Data Source

Primary sources of quantitative and qualitative data were used in this study. Quantitative data was collected by using a survey conducted on in-school youths in Shoa Robit town, while qualitative data was collected from focus group discussion.

4.3. Study Design

A school based cross-sectional study by using quantitative survey supported by qualitative was used.

4.4. Study Population

The study populations were in-school youths in Shoa Robit secondary school enrolled in 2013/2014 academic years.

4.5. Inclusion and Exclusion Criteria

All regular students attending their regular education at the time of data collection were included. Married students and students not attending the school at the time of data collection were not included in the study.

4.6. Determination of Sample Size

To determine the number of students to be included in the study a single population proportion formula was used based on the assumption of 19% prevalence (p) in school youth premarital sex (37), at 95% confidence level (Za/2), a 4% marginal error (d) a design effect of 1.5 and add 10% nonresponsive rate.

$$n=\frac{(Z_{a/2})^2 p(1-p)}{d^2}$$

$$n=\frac{(1.96)^2*0.19(1-0.19)}{0.04^2} \quad n_i = 369$$

I used correction formula since the study population less than 10,000. The exact sample size therefore calculates as follows.

$$n_f = \frac{n_i \, X \, N}{n_i + N}$$

n_f =327 when I use design effect as 1.5 and 10% non response rate it will be 540.

n_i= calculated sample size

n_f = exact sample size

N = Study population

4.7. Sampling Technique

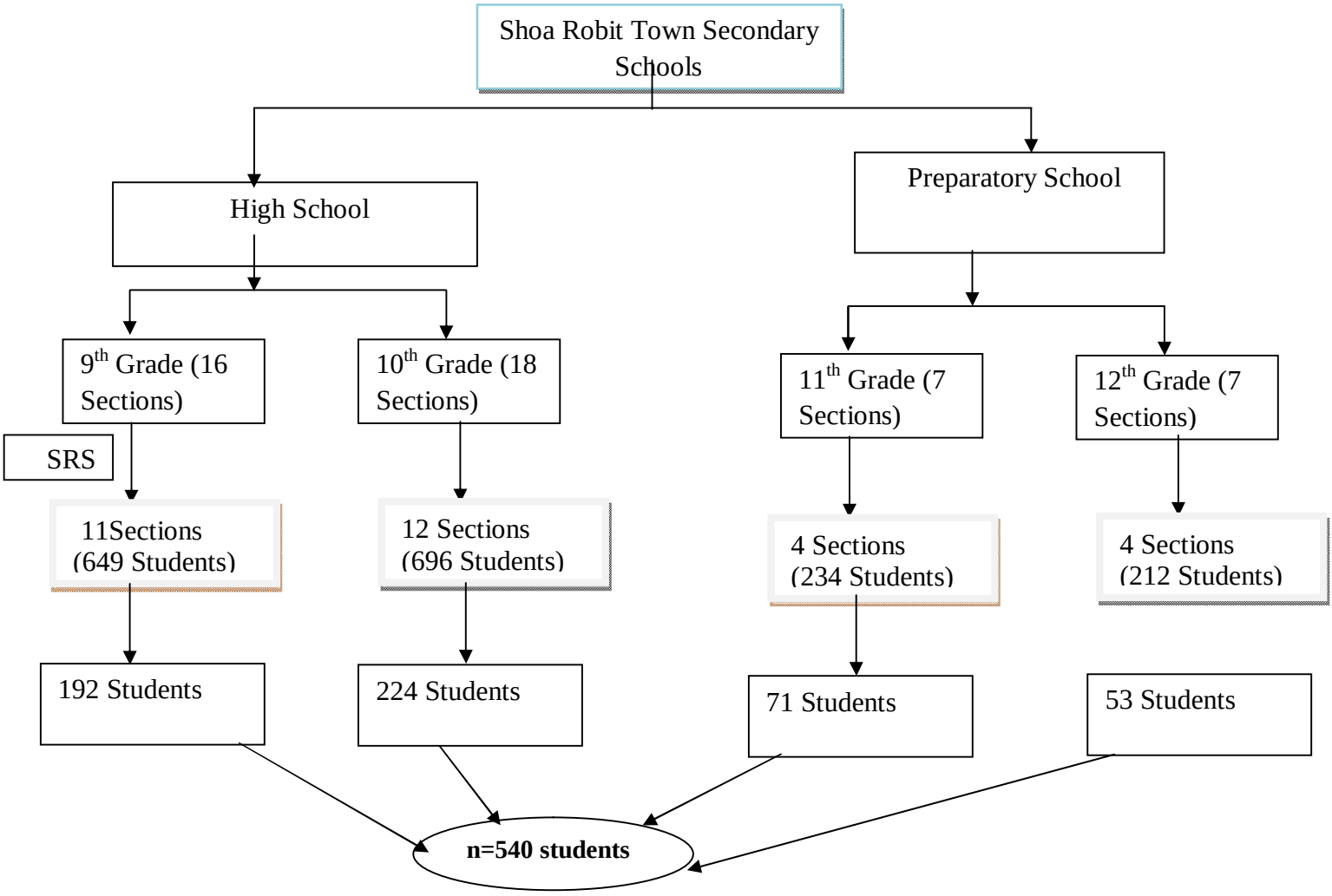

Figure 2. Sampling techniques for selecting sampling unit of the study Shoa Robit secondary school, 2013/2014

4.8. Procedures of Data Collection

4.8.1. Data Collection Instruments

Different data collection tools were used to collect relevant information based on the study objectives. The Structured questionnaire and focus group discussion guidelines were used to collect the data.

4.8.1.1. Structured Questionnaire

Structured questionnaire was used to collect the required information from the study population. By using self-administrated questionnaire information about student's premarital sexual practice and knowledge of the risk of HIV/AIDS and STIs in general and other related data were collected. This questionnaire consists of respondents and their parent's background information, use of contraceptive method, major factors contributing for the involvement of respondents into sexual activities and other related issues.

4.8.1.2. Focus Group Discussion

In order to support information collected through structured questionnaire, focus group discussions was used. Topics for discussion were prepared to collect qualitative information. Questionnaire and questions for FGD/guide lines were prepared in English. After the preparations of the questionnaire and questions for FGD/guide lines in English, translations in to Amharic was done. The major items to be included in the questionnaire were demographic characteristics of the study subjects, socio-cultural, demographic and economic characteristics of parents, sexuality issues, contraceptive use and some information about the risk of HIV/AIDS and STIs. In addition, volunteer students were selected from each section and discussed. One moderator guided the discussion and the researcher tried to introduce topics prepared for discussion and clarifying concepts whenever needed during the discussion.

4.9. Study Variables

Dependent Variables

- Premarital Sexual practice
- Perception of sexual and reproductive risk associated with premarital sexual practices

In dependent Variables

- Socio-demographic characterstics (Religiosity, Age, Sex ,Grade)
- Peer pressure
- Substance abuse
- Gov't & Background:
  - Policy
  - Law

- Media
- Economy

❖ Family Background

- Parents' education
- Parents' occupation
- Parents-youths communication

4.10. Data quality management

To ensure to data quality the following measure were taken: A brief orientation session about the whole purpose of the research was given for all participants. The questionnaire was translated in to Amharic and back to English by a translator who was blind to the original questionnaire. Pretest was done on five percent of the sample in similar are before the actual data collection take place and correction on instruments was made accordingly. One day intensive training was given for all supervisors and facilitators. Overall activities were supervised by principal investigator. The qualitative data were checked for completeness and consistency on a daily basis. The data were cleaned and entered by principal investigator.

4.11. Data processing and analysis

After the completion of field survey data was checked, coded and cleaned and entry into the computer was done by Epi Info version 3.4.5 and for analysis SPSS (version 21) was used. Bi-variate and Multivariate analysis of data were applied in the study.

4.12. Ethical Consideration

This study was done in conformity with the ethical guidelines approved by the Postgraduate Nursing and Midwifery Department. By explaining objectives of the study and its significance, relevant permission was obtained from Town Administrative. At individual level after explaining the purpose of the study, verbal and written consent was obtained from all participants prior to their participation in this study. Furthermore, investigators tried to inform that their participation in the study is voluntary and that they are not obliged to answer to any questions with which they are uncomfortable. They were free to withdraw their participation from the study at any time they want. Participants were assured that confidentiality was maintained and they completed the questionnaire and the respondents name was not included in the questionnaire.

4.13. Dissemination of the result

The study was conducted for the partial fulfillment for the requirement of degree of Masters in Adult Health Nursing in Addis Ababa University, Department of Nursing and Midwifery. The study finding was also given to Minister of Health, Shoarobit town administration, and Shoarobit high school and preparatory school. Attempt to publish on international journal will be conducted.

4.14. Operational Definition of terms and concepts

The key words for this study are defined in below:

Sexual behavior: refers to the totality development of physical and psychological behaviors that produce sexual excitation through feelings, value, belief, action and relation (longer 1991); sexual behavior in this study refers to all those activities and behaviors that produce sexual excitation.

Self-risk Perception: - defined it as some one's behavioral ability or confidence to adopt safer sexual behaviors including contraceptive method. For this study it refers to develop or having a particular way of understanding or thinking about HIV/AIDS and STIs.

Premarital Sexual practice: - engaging in sexual intercourse before marriage among in-school youth.

In-school youth: are youths who were attending their regular education from grade 9^{th} to 12^{th} at the time of the study.

Commercial Sex Workers: A partner who was paid money in exchange for sex.

Sexually active: A student who had a penetrative sexual intercourse (vaginal) at least once prior to the study.

5. RESULT

5.1. Socio-demographic characteristics

Table1. Socio-demographic characteristics of selected in-school youth enrolled in a year 2013/2014 at shoarobit high school and preparatory school in shoarobit town, North shoa, April 2014.

Variables	Frequency (n=508)	Percentage
Sex		
Male	234	46.1
Female	274	53.9
Grade		
9^{th}	173	34.1
10^{th}	225	44.3
11^{th}	64	12.6
12^{th}	46	9.1
Ethnicity		
Amhara	466	91.7
Oromo	22	4.3
Tigrie	13	2.6
Afar	7	1.4
Religion		
Orthodox chiristian	377	74.2
Muslim	73	14.4
Protestant	58	11.4
Youth Currently living with		
Mother and Father	270	53.1
Mother only	47	9.3
Father only	12	2.4
Relative	35	6.9
Friends	74	14.6
Lonely	70	13.8

Parent's place of residence		
Urban	287	56.3
Rural	221	43.5
Perceived economic status of the parents		
Poor	126	24.8
Medium	266	52.4
Rich	116	22.8
Mother's educational status	169	33.3
Illiterates	95	18.7
Read and write	71	14.0
Primary school(1-8)	52	10.2
Secondary school(9-12)	104	20.5
Higher education		
Father's educational status		
Illiterates	115	22.6
Read and write	90	17.7
Primary school(1-8)	106	20.9
Secondary school(9-12)	66	13.0
Higher education	97	19.5
Mother's occupation		
House wife	247	48.6
Merchant	111	21.9
Governmental work	66	13
Farmer	44	8.7
Others	23	4.5
Father's occupation		
Farmer	204	40.2
Merchant	150	29.5
Governmental work	99	19.5

Others	21	4.1
Parent's marital status		
Currently married	399	78.5
Divorced	109	21.5

Of the calculated sample size, total of 508 respondents completely filled to the questionnaire in the study with response rate of 94.1%. Among a total participants 274(53.9%) were females and 234 (46.1%) were males. The mean age of the respondents were 17.41(SD 1.5). Majority of the respondents were Amhara 466 (91.7) by ethnicity and Orthodox Christian 377 (74.2%) by religion. Most study participants live with their mothers and fathers 270 (53.1%) and more than half of the respondents parents live in urban 287 (56.5%). One hundred sixty nine (33.3%) of the respondents' mothers were illiterate where as one hundred fifteen (22.6%) of the respondents' fathers were illiterate. The majority of the study subjects' fathers and mothers (40.2%, 48.6%) were farmer and house wife in occupation. (Table 1)

In the study, as reported by the study subjects the preferred mean age of marriage is 22.03 years with mode of 18(SD 3.7). Sixty four (12.6%), one hundred forty (27.6%), one hundred eleven (21.9%) and one hundred ninety three (38%) of the study subjects strongly agree, agree, disagree, and strongly disagree regarding premarital sexual practice respectively.

5.2. Assessment of factor contributing for premarital sexual practices

5.2.1. Substance used by in-school youths

One hundred thirty five (26.6%), thirty six (7.1%) and thirty five (6.9%) of the study subjects drink local alcoholic beverage (like tella,tejj), smoke cigarette and chew chat at least once in their lifetime respectively. From those who drink local alcoholic beverage 12(2.4%), 15(10.8%) and 68(13.4%) drink every day, once or twice in a week and occasionally respectively. From those who smoke cigarette 7(1.4%), 11(2.2%) and 18(3.5%) smoke every day, once or twice in a week and occasionally respectively. Among those who use chat 6(1.2%), 19(3.7%) and 10(2.0%) chew every day, once or twice in a week and occasionally in their lifetime respectively.

5.2.2. Parents youths discussion

From the study participants, one hundred thirty nine (27.4%) were discussed sexual issues with their parents. From those who had discussion issues with parents 17(3.3%), 88(17.3%) and 31(6.1%) were discussed with their mothers always, sometimes and occasionally respectively. From those who had discussion issues with parents 18(3.5%), 82(16.1%) and 39(7.7%) were discussed with their fathers always, sometimes and occasionally respectively. From the study participants, one hundred fifteen (22.6%) were discussed sexual issues with their friends and their relatives. Among those who had habit of discussion about sexual issues with their friends and relatives, 6(1.2%), 57(11.2%) and 52(10.2%) had discussed always, sometimes and occasionally with their friends and relatives respectively.

5.3. Assessment of premarital sexual practices

5.3.1. Sexual history of in-school youths

Table 2. Sexual history of selected in school youths in shoarobit high school and preparatory school enrolled in 2013/2014, Shoarobit town, North shoa, Ethiopia, April 2014.

Variables		Frequency (n=508)	Percent
Have you ever had sexual intercourse?	Yes	224	44.1
	No	284	55.9
At what age did you have first sexual intercourse?	Less than 15	30	13.4
	15-18	158	70.5
	Greater than 18	36	16.1
Who was your first sexual partner?	School boy/girl friend	124	55.4
	Out school boy/girl friend	90	40.2
	Husband/ wife	8	3.6
	Relatives	2	0.9
How old was your first sexual partner compared to you?	Younger than me	14	6.3
	The same age with me	125	55.8
	Older than me	66	29.5
	Don't know	19	8.5

From 540 study subjects, three hundred (59.1%) see read pornographic movies or magazines that focused on sex and about 234 (46.1%) of them had girlfriend/boyfriend. Among the study

subjects, 224 (44.1%) of them reported that they had premarital sexual intercourse at the time of the survey, of which 106 (47.3%) for males and 118(52.7%) for females. The mean age of sexual intercourse was 17.5± 1.5 years for males and 16.8± 1.4 years for females. The main reason for the first sexual intercourse was love affair 148(66.1%), and more than half of the study subjects ad sex with person who has the same age with them125 (55.8%).

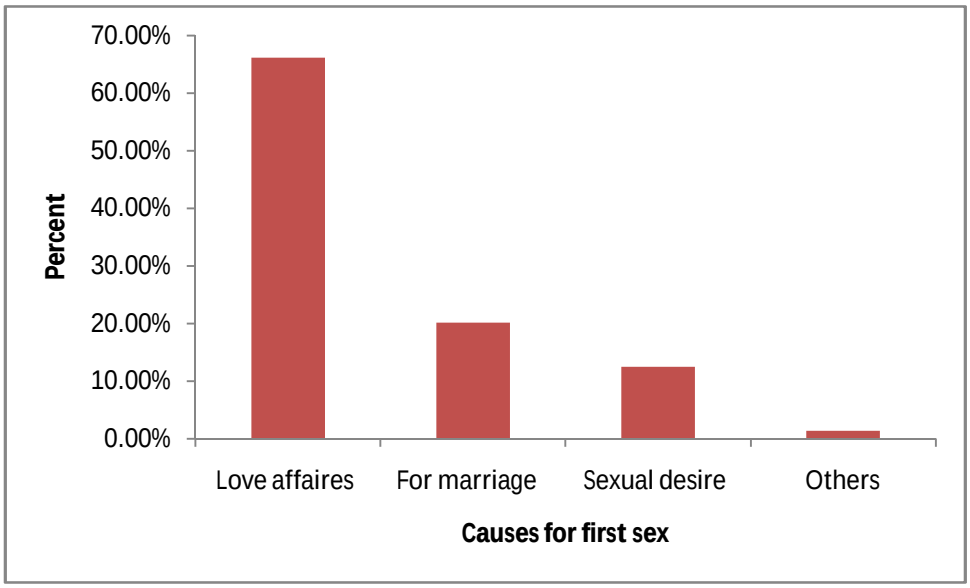

Figure 3. Description of the reason for the first sexual intercourse for in-school youths at shoarobit high school and preparatory school enrolled in 2013/2014, Shoarobit town, North shoa, Ethiopia, April 2014.

Among two hundred twenty four (44.1%), who had sexually active, question was asked on the number of their lifetime sexual partners they had. According, 149 (66.5%) had only one sexual partner and 38(17.0%) had two sexual partners and 37(16.5%) had three and more than three sexual partners.

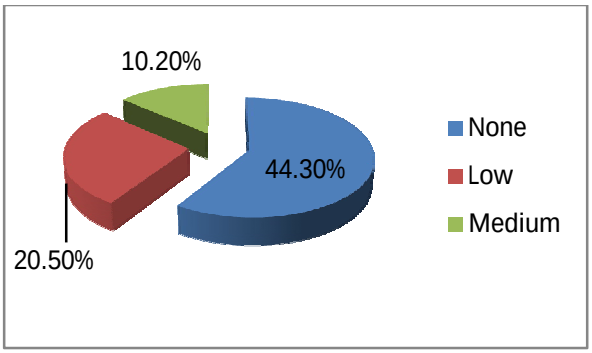

Figure 4. Description of the number of sexual partners in their life for in-school youths at shoarobit high school and preparatory school enrolled in 2013/2014, Shoarobit town, North shoa, Ethiopia, April 2014.

One hundred twenty four (55.4%), ninety (40.5%) and ten 10(4.5%) of the respondents had sex for the first time they had were from their in school friends, out school friends and with other like their relatives respectively.

Of the respondents, 284(55.9%) didn't had sex until the survey were conducted. The reason for not having sex were religious cause 159(56.0%), fear their partners 151(53.2%), fear of STI and HIV/AIDS 123(43.3%) and fear of pregnancy 46(16.2%).

5.3.2. Sexual history with commercial sex workers

From one hundred six (47.3%) male students who had sexual intercourse history, seven (6.6%) student had sex with commercial sex workers (CSWs), Of which, six of them used condom during intercourse and one of the respondent didn't use condom. From male students who had sex with CSWs and use condom only two students were used condom consistently but others four student use condom sometimes during their exposure of sex with CSWs. The reasons for inconsistent use of condom or none use at all were they didn't like condom 4(80%) and ashamed to ask partners 1(20%)

Table 3. Multivariate analysis of ever had sex with selected variables among selected youths enrolled in the year 2013/2014 at shoarobit high school and preparatory school of shoarobit town, North shoa Zone, Ethiopia, 2013/2014.

Variables	**Ever had sex**		**OR(95%)CI**	
	Yes	**No**	**Crude**	**Adjusted**
Grade				
9th	54	119	1	1
10th	95	130	1.610(1.062-2442)*	1.344 (0.762- 2.369)
11th	24	40	3.673(2.017-6.690)*	**3.853(1.576- 9.417)****
12th	11	35	7.012(3.312-14.843)*	**4.602(1.796-11.796)****
Mother's educational status				
Illiterates	56	113	1	1

Read and write	30	65	0.931(0.544-1.595)	1.373(0.636-2.963)
1-8	23	48	0.967(0.535-1.747)	0.976(0.404-2.355)
9-12	32	20	**3.229(1.696-6.147)***	2.360(0.827-6.731)
Higher level	74	30	**4.977(2.925-8.469)***	**4.791(1.613-14.235)****
Mother's occupational status				
House wife	81	166	1	1
Daily laborer	6	17	0.723(0.275-1.904)	1.487(0.344-6.436)
Farmer	13	31	0.859(0.427-1.731)	1.001(0.401-2.499)
Merchant	72	39	**3.783(2.361-6.063)***	1.258(0.531-2.978)
Governmental employee	43	23	**3.831(2.163-6.787)***	0.678(0.218-2.107)
Fathers educational status				
Illiterates	43	72	1	1
Read and write	26	64	0.680(0.376-1.230)	**0.373(0.161-0.864)****
1-8	49	57	1.439(0.841-2.463)	0.427(0.170-1.071)
9-12	31	35	1.483(0.803-2.739)	0.445(0.154-1.287)
Higher level	62	35	**2.966(1.693-5.196)***	1.053(0.330-3.361)
Father' s occupational status				
Farmer	69	135	1	1
Daily laborer	3	18	**0.326(0.093-1.145)***	0.230(0.031-1.726)
Merchant	82	68	**2.359(1.530-3.638)***	1.448(0.671-3.123)
Governmental employee	57	42	**2.655(1.622-4.347)***	0.894(0.307-2.608)
Parent's place of residence				
Rural	53	168	1	1
Urban	171	116	**4.673(3.168-6.891)***	**3.432(1.971-5.976)****
Did you discuss sexual issues with your relatives/friends				
Yes	38	77	**0.549(0.355-0.849)***	**0.515(0.275-0.965)****
No	186	207	1	1

Do you drink local alcoholic beverage?				
Yes	89	46	**3.411(2.255-5.159)***	**2.538(1.378-4.674)****
No	135	238	1	1
Do you smoke cigarette?				
Yes	33	3	**16.183(4.893-53.522)***	**6.715(1.422-31.711)****
No	191	281	1	1
Do you chew chat?				
Yes	33	2	**24.371(5.777-102.724)***	**5.946(0.998-35.445)****
No	191	282	1	1
Watching pornographic films				
Yes	38	77	**4.929(3.310-7.340)***	**5.119(2.983-8.784****
No	186	207	1	1

NB: ** Means statically significant association

In the multiple logistic regression analysis grades, mother's educational status, father's educational status, parent's place of residence, discussion with relatives and friends about sexual issues, alcohol drinking, chat chewing, cigarette smoking, and watching pornographic films shows statically significant difference, where as father's occupational status and mother's occupational status didn't show statically significant difference with ever had sex (Table 4). Youths in grade 11^{th} and 12^{th} were more likely to experience sex compared to youths in grade 9^{th} and 10^{th} (AOR=3.853; 95% CI=1.576,9.417) and (AOR=4.602; 95%CI=1.796,11.796)respectively. Youths' whose mothers educational levels of higher level were experienced sex than who didn't (AOR=4.791; 95%CI= 1.613-14.235). Youths whose fathers' educational level of illiterates and discuss sexual issues with their close friends and relatives were less likely experience sex than who did not (AOR=0.373; 95%CI=0.161, 0.864) and (AOR=515; 95%CI 0.275, 0.965) respectively. Youths who come from urban were more likely experience sex than youths from rural (AOR=3.432; 95%CI=1.971, 5.965). Youths who drink alcohol, smoke cigarette, chew chat and watch pornographic films were more likely experience sex than who did not (AOR= 2.538; 95%CI=((1.378-4.674), (AOR= 6.715; 95%CI=1.422,31.711), (AOR= 5.946; 95%CI=0.998,35.445) and (AOR= 5.119; 95%CI=2.983, 8.784) respectively.

5.4. Perception of sexual and reproductive health risks among in-school youths

5.4.1. Pregnancy and its outcomes

From one hundred eighteen (52.7%) females students who had sexual intercourse during the survey, 30(25.4%) had pregnancy history, of which, the majority of student 27(90.0%) were aborted, 2(6.7%) were pregnant during the survey and one of the respondents had delivery history. From male respondents who had sexual intercourse history 106(47.3%), three students were impregnated during the survey.

5.4.2. Perception of the respondents about STI including HIV/AIDS

Almost all of the respondents (507(99.8%)) claimed to have ever heard about sexually transmitted infections (STI) including HIV/AIDS. The most common source of information for STI including AIDS were Medias like radio/TV 345(68.0%) and health institution 327(64.1%).

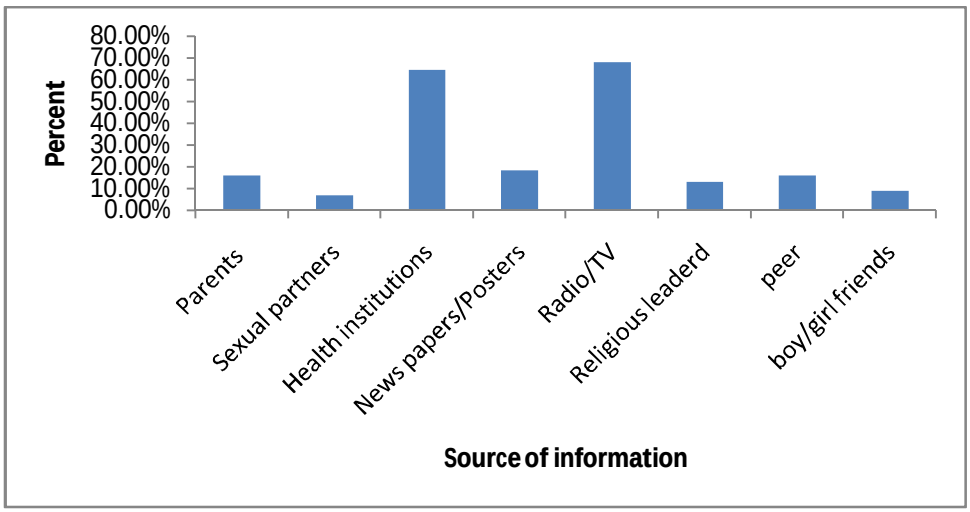

Fig 5. Description of source of information about STI including HIV/AIDS for in-school youths at shoarobit high school and preparatory school enrolled in 2013/2014, Shoarobit town, North shoa Zone, Ethiopia, April 2014.

The most common known types of STI were HIV/AIDS 495(97.4%), syphilis 363(71.6%), gonorrhea 298(58.8%), and chancroid 220(43.4%).

When they are asked whether STI including HIV/AIDS preventable or not, four hundred ninety nine (98.4%) reported as they are preventable. The method of preventions as reported by the respondents were abstinence 413(82.8%), being faithful 293(57.7%), avoiding unprotected

sexual practice 262(52.5%), consistent using of condom 178(35.7%), having sex after marriage 157 (31.5%), and avoiding sex with CSWs 105(21.0%). When they are asked whether they had sign and symptom of STI including HIV/AIDS, sixty three (12.4%) had seen sign and symptom like burning sensation during urination 41(65.1%), genital ulcer 15(23.8%), genital discharge 13(20.6%) and swelling of sexual organ 7(11.1%).

Table 4. Perception of risk of sexual activities and HIV/AIDS among selected in school youths enrolled in a year 2013/2014 at shoarobit high school and preparatory school in shoarobit town, North shoa Zone, Ethiopia.

Variables		**Frequency(n=508)**	**Percent**
If you look carefully, you can know if someone has HIV	Yes	20	3.9
	No	488	96.1
Is HIV/AIDS curable?	Yes	28	5.5
	No	480	94.5
A person can get HIV the first time he or she had sex?	Yes	373	73.4
	No	135	26.6
Do you believe having multiple sexual contact leads to HIV acquisition?	Yes	479	94.3
	No	29	5.7
Do you believe alcohol consumption and drug use can predispose to HIV acquisition?	Yes	481	94.7
	No	27	5.3
Do you believe condom use is a practical protective option against HIV/AIDS?	Yes	411	80.9
	No	97	19.1
Using condom is a sign of not trusting your partner.	Strongly agree	83	16.3
	Agree	95	18.7
	Disagree	142	28.0
	Strongly disagree	188	37.0

Discussing condom or contraceptive with young people promotes promiscuity.	Strongly agree	29	5.7
	Agree	42	8.3
	Disagree	165	32.5
	Strongly disagree	272	53.5

Four hundred eighty eight (96.1%) of the respondents reported as they can't know the person with HIV/AIDS by looking the person and four hundred eighty (94.5%) reported as HIV/AIDS is not a curable disease. Three hundred seventy three (73.4%) of the respondents believe that the person can acquire HIV/AIDS by his/her first sexual practice. Four hundred eleven (80.9%) of the respondents believe that consistent use of condom can prevent HIV/AIDS. One hundred eighty eight (37.0%) of the respondents strongly believe that using condom for intimate friend is mistrusting a friend. About two hundred seventy two (53.5%) of the respondents believe that discussing about condom and other contraceptive methods promote promiscuity.

5.4.3. Condom utilization

One hundred sixty nine (75.4%) of the respondents didn't use condom for the first time they had sex and only 55(24.6%) were use condom for the first time appropriately. In addition to that about one hundred eighty two (81.2%) of the respondents were use condom for the last 12 months. From those who use condom for the last 12 months, one hundred thirteen (62.5%) usually used condom followed by forty four (24.5%) and twenty five (13.7%) used condom sometimes and always respectively. Reason for none or inconsistent use of condom were trusting their partners 138(69.3%), ashamed to ask their partners 52(26.1%), they don't like condom 50(25.1%), decrease satisfaction 39(19.6%), religion prohibition 34(17.2%), ashamed to buy 34(17.2%), lack of knowledge how to use it 17 (8.5), assumption of the condom will burst 22(11.1%), condom not available 6(3%) and too expensive 6(3%).

5.4.4. Contraceptive utilization

From two hundred twenty four (44.1%) students who had sexual intercourse history, majority of them, one hundred ninety six (87.5%) were used contraceptive and twenty eight (12.5%) didn't use any type of contraceptives. Of those who used contraceptive, 162(82.7%) used condom, 84(42.9%) used injection, 44(22.4%) used emergency contraceptive, 20(10.2%) used pills and 14(7.1%) used natural calendar as contraceptives.

5.4.5. Risk perception

Respondents' attitude towards perceiving themselves as at risk of acquiring HIV/AIDS was asked and the result indicated that 393(77.4%) respondents replied that they have no chance of acquiring HIV/AIDS and 115(22.6%) respondents replied that they have the chance. From those replied as they have no chance of acquiring HIV/AIDS, the most reason were have not ever sex until now 265(67.4%), no use of contaminated resources 29(55.7%), being faithful 96(24.4%), have protected sexual practice 76(19.3%) and lastly consistent use of condom 49(12.5%). From those who put themselves as they have chance of acquiring HIV/AIDS at least once in their life time, the most reasons were have sex without condom 78(67.8%), mistrusting the sexual partners 73(63.5%), have sex more than one person 44(38.5%), use of contaminated materials 20(17.4%), past history 18(15.7%), having sex with CSWs 7(6.1%) and have blood transfusion 5(4.3%).

Two hundred twenty five (44.3%) of the respondents perceived themselves as no self-risk perception, one hundred four (20.5%) as low, ninety five (18.7%) as they don't know their risk, fifty two (10.2%) as medium and thirty two (6.3%) as high self risk perception for HIV/AIDS.(fig 6)

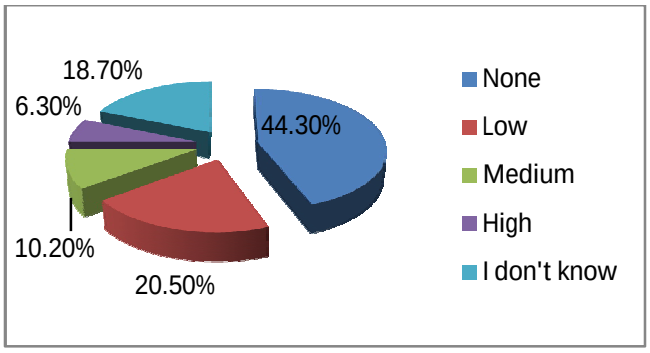

Fig 6. Description of self risk perception for in-school youths at shoarobit high school and preparatory school enrolled in 2013/2014, Shoarobit town, North shoa zone, Ethiopia, April 2014.

Table 5. Multivariate analysis of risk of HIV/AIDS with selected variables among selected in-school youths enrolled in the year of 2013/2014 at shoarobit high school and preparatory school of shoarobit town, North shoa Zone, Ethiopia, April, 2014.

Variables	Risk of HIV/AIDS		OR(95%)CI	
	Yes	No	Crude	Adjusted
Mother's educational status				
Illiterates	22	147	1	1
Read and write	10	85	1.388(0.602-3.199)	1.703(0.589-4.926)
1-8	7	64	**0.461(0.236-0899)***	1.643(0.504-5.351)
9-12	20	32	**0.429(0.205-0.900)***	0.541(0.192-1.54)
Higher level	49	55	**0.294(0.152-0.568)***	**0.401(0.161-0.999)****
Fathers educational status				
Illiterates	17	98	1	1
Read and write	10	80	1.272(0.575-2.814)	1.038(0.335-3.212)
1-8	29	77	1.368(0.556-3.365)	0.918(0.326-2.582)
9-12	19	47	**0.239(0.117-0.490)***	0.833(0.281-2.465)
Higher level	36	61	**0.168(0.093-0.303)***	0.917(0.346-2.427)
Parent's place of residence				
Urban	91	196	**0.262(0.16-0.429)***	0.681(0.333-1.392)
Rural	24	197	1	1
Perceived economic status of parent's				
Poor	18	108	1	1
Medium	35	231	1.100(0.596-2.030)	1.539(0.666-3.558)
Rich	62	54	**0.145(0.078-0.269)***	0.635(0.270-1.494)
Ever had sexual intercourse				
Yes	105	119	**24.176(12.207-47.887)***	**17.511(7.429-41.277)****
No	10	274	1	1

NB: ** Means statically significant association

In the multiple logistic regression analysis mother's educational status and ever had sexual intercourse shows statically significant difference, whereas, father's educational status, parent's place of residence and perceived economical status of parents' didn't show statically significant difference with ever had risk of HIV/AIDS (Table 6). Youths whose mothers' educational status

had positive association with perception of risk for HIV/AIDS (AOR= 0.401; CI 95% 0.161, 0.999). Youth's who ever had sexual intercourse were more likely perceived themselves as they had risk compared to those who ever had sexual practice (AOR= 17.11; CI 95% 7.429,41.277).

Three hundred ninety nine (78.5%) of the respondents ever heard about volunteering counseling and testing (VCT) service, of which two hundred fifty seven (50.6%) had undergone test at least one time in their lifetimes. Most of the respondents 422(83.1%), reported that VCT intervention motivate them to change their attitudes and behaviors to reduce their risk of HIV/AIDS exposure.

5.5. Result of Qualitative data (FGD)

In order to support information collected through structured questionnaire, focus group discussions was used. The major items to be included in the questionnaire were socio-cultural, demographic characteristics of the study subjects, socio-cultural, demographic and economic characteristics of parents, sexuality issues, contraceptive use and some information about the risk of HIV/AIDS and STIs.

A total of 32 participants were involved in four focus group discussion. In this study the discussion centered on youth's premarital sexual practices and its factors, sexual education in the school and the family, income of the family, early sexual initiation, having multiple sexual partners in relation to STI including HIV/AIDS, condom availability, accessibility to their preference and use and finally, the prevention methods for HIV/AIDS practiced by youths and willingness to undergo VCT were assessed.

Youth's premarital sexual practices

According to the discussant youths' premarital sexual practice becomes a common practice in study area and considered as a fashion by youths. One of grade 12 students said "sex now a day is a fashion just like cloth among adolescents". Not only in secondary and preparatory school but also in elementary school there is high premarital sexual practice. They further explained that the practice was usually unprotected and so, many girls were getting pregnant and commit suicides.

Factors for premarital sexual practices

The most frequent reason that makes youths to be exposed to this premarital sexual practice are: love affairs, biological factors, environmental conditions, peer pressure, and especially male students consumes local alcoholic beverage, smoke cigarette, and chew chat that initiate them to

practices sex. Technological advancement is also one of the causes for early initiation of sex. One of grade 12 female student said “if we look every student’s mobile, we get pornographic films and even the Medias talk about HIV/AIDS and other STI. This action initiates students to practice sex”.

Sexual education in school and parents

There is no Sexual education in school provided by health professional. Sometimes different clubs like Anti HIV/AIDS, temisalet clubs members gives peer education and health information especially on HIV/AIDS. Even though most of the parents are living in urban and have education, there is no discussion about sexual practice in between of parents and youths. This poor parent youth discussion makes youths highly exposed to risky sexual practices in teen age due to lack of adequate health information timely before exposure to this risky behaviors.

Family’s economic status

The discussant agreed that the parents’ economics status affects the youths in two ways: If they are rich they get adequate nutrition and money which make them to get what they need. In addition to this youths from rich parents develop biological organs earlier compared to youth from poor parents. In the contrary, youths from poor parents especially female students engaged into sex to get money by having sex with older age partner.

Sexual history and perception of sexual and reproductive health risk

Most the group discussed that early sexual initiation and having multiple sexual partners at very teen age is common and becoming recognized in the study area. Due to these practices, there is increment of HIV/AIDS, unwanted pregnancy, abortion and school dropout. One of grade 10 female student said “one of my peers lost her life when she tries to abort a 4 months old fetus using herbs provided by traditional healer”. Due to environmental condition and loss supervision from the partners females youths change every time their sexual partners more as compared to males.

STI including HIV/AIDS prevention methods

Majority of the discussant agreed that abstinence, being faithful, using condom consistently, and by focusing on education rather than sex are the methods to prevent STI including HIV/AIDS. In addition from what mention above, it will be better not to watch pornographic movies, increasing

discussion about sexual issues within families, and adequate information should be given to the students by health care professionals. The responsible body also need to make recreational services to the youths available not to spend their time in risky sexual behaviors and should provide great attention to female students predominantly.

Additional intervention expected to be done by different sectors

Most of urban students have adequate knowledge regarding sexual and reproductive health risks but there should be behavioral change with each student. To change behavior, there should be variety of training like life skill and strengthening clubs like Anti HIV/AIDS, club, Temisalet clubs. The concerned body also creates job opportunities for commercial sex workers to reduce transmition of STI including HIV/AIDS. VCT services should promoted and accessible to reduce HIV/AIDS transmtion.

6. DISCUSSION

This study revealed that 44.1% of high school and preparatory in-school youths in shoarobit town of north shoa zone had sexual intercourse. This premarital sexual practice prevalence is too higher than the finding from the EBSS 2005(4), which revealed 9.9% in the country and 4.5% in Amhara region, 32% in Tanzania (7), 2.5% in Nekemte (11), 23.2% in west Gojjam (15%, 19.4% Ambo (13). This shows that premarital sexual practice among in-school youths in the study area is higher than some other study findings. This was substantiated by the focus group discussion which emphasized that premarital sex in the study area was common and becoming a fashion. This discrepancy might be due to the different in age, culture, schooling status, environmental condition, parents' educational status and parents' place of residence.

Ideas from FGD also supported that premarital sexual practices in the area was common. One of grade 12 discussant said that "now a day's, most of the students from urban area have more than two boyfriends or girlfriends". In addition, one of the male discussant said "due to the recognized nature of premarital sexual practices by youths in the study area most of the community are not volunteer to give house for rent especially for females.

In this study, from those who ever had sex, more than 84% of in-school youths found engaged in premarital sexual relationship before the age of 18 and about 13% before the age of 15. Moreover, even though it is not statically significant females students were begin sex earlier than male students and most of female students had sex out of school friend (37.8%) and older than them (33.3%). This figure lower than similar study in shinde town shows that about 94.3% of in-school youths found engaged in premarital sexual relationship before the age of 18 and about 12.8% before the age of 15 (37). This might be due to having adequate knowledge regarding the consequence of early initiation of sex. Even though the figure shows lower comparing to shinde in-school youths, most of youths begin sex before maturation.

Among the study subjects, 224 (44.1%) of them reported that they had premarital sexual intercourse at the time of the survey, of which 106 (47.3%) for males and 118(52.7%) for females. The mean age of sexual intercourse was 17.5 ± 1.5 years for males and 16.8 ± 1.4 years

for females**.** Similar study conducted in Addis Ababa in 1994 and 2000 reported that the mean age at first sexual intercourse was 15.5 + 5.4 years for females and 16.4 + 4 years for males and 15.3 + 1.45 for both sexes (14, 15). A study from Cameroon also showed that the mean age at first sexual practice was 15.6 years for males and 15.8 years for females (18). The mean age of in-school youths at first sexual intercourse in the current study also falls within the range of other similar studies both in the country and in the continent. This shows that youths in this area had sexual debut slightly late. This might be due to close family supervision and having adequate knowledge regarding the consequence of early initiation of sex.

In this study, More than half of the study subjects ad sex with person who has the same age with them125 (55.8%) followed by person older than them 66(29.5%), of these 60 (99.9%) were females, with the person they don't know 19(8.5%) and younger than them 14(6.3%). The same study conducted in shinde showed that about 46.5% of sexually experienced students reported that the age of their first sexual patners were the same as them, 55(35%) with older age, of these 40(72.7%) were females, 25(15.9%) with younger age and 4(2.6%) had sex with unknown age (37). From these figure female in this study area had sex with older age sexual partner than shinde. This might be due to many numbers of prison's police and fast biological maturity of females.

The finding of this study revealed that premarital sexual activity was more common among urban youths than that of rural areas (AOR= 3.432; CI 1.971, 5.976). Youths living with their biological parents were more likely experience sex than those who live alone or with one of their biological parents. This finding differs from finding from youths of either sex living alone in Tanzania, youths living with relatives or friends in Nekemte and youth living with friends and alone in shinde were found to be more likely report sexual activity (7, 11, 37). This might be due to excessive freedom from their partners and poor habit of discussion about sexual issues within the family members.

In this study, the main reason for the first sexual intercourse was love affair 148(66.1%), to marry the partner 45(20.1%), sexual desire 28(12.5%) and others reason like peer pressure and to get money 3(1.3%). The study conducted in Nekemte shows that the main reasons for initiation of sexual intercourse were; fall in love in 33.8%, desire to practice sexual intercourse in 30.3%,

peer pressure in 17.2%, and for money or gifts in 7.6% of the cases (11). This gab in the reason behind for sex might be environmental condition, loss of control from the parents, and positive peer communication with peers.

From those who had sexual experience, 33.5% of youths had two or more sexual partners in their lifetime. This figure is higher than finding in Tanzania 15%, in Gedeo zone, Ethiopia (8.9%), in Injibara, Ethiopia (20%), in Debrebirhan, Ethiopia (28.6%) and in Shinde town, Ethiopia (25%) (7, 14, 16, 30, 37) and slightly lower than finding from Nekemte, Ethiopia (34.5%) (11).This might be also due to excessive freedom from their partners and poor habit of discussion about sexual issues within the family members.

In this study, only 55(24.6%) were use condom for the first time appropriately. In addition to that about one hundred eighty two (81.2%) of the respondents were use condom for the last 12 months. The main reason for none or inconsistent use of condom was trusting their partners 138(69.3%). According to Ethiopian BSS 2005, in-school youths, 43.1% has used condom. The practice of condom use was least common in Amhara Region, which were 34.5% compared to other regions. The reason for least use of condom in the region was partner trust which was 48.6% (4). This low utilization of condom in the study area might be due to large scope of study at national and regional level and poor attitude on condom utilization for prevention of STI including HIV/AIDS.

In this study about 25.4% of female students had pregnancy history and out of this about 90% of them had abortion. This finding slightly higher than study done in Ambo and Harer which was 66.7% and 14.4% respectively (13, 37). This might be due to lack of adequate information on the consequences of abortion, and high accessibility of the service.

In this study, from one hundred six (47.3%) male students who had sexual intercourse history 6.6% student had sex with commercial sex workers (CSWs), of which, 85.7% of them used condom during intercourse and one of the respondent didn’t use condom. Similar study in shinde town shows that 20.9% of male youths had sexual intercourse with commercial sex workers, of these 78.9% had used condom. This shows that slightly low numbers of males had sex and most

of them used condom. This might be due to having higher knowledge regarding risk for HIV/AIDS by having sex with commercial sex worker.

Data on knowledge, attitude and risk perception shows that, almost all of the respondents 99.8% claimed to have ever heard about sexually transmitted infections (STI) including HIV/AIDS. The most common source of information for STI including AIDS were Medias like radio/TV 68.0%, health institution 64.1%, news papers/any poster18.3%, families 16.0%, friends 15.8%, religious leaders 12.8%, boyfriends/girlfriends 8.7% and sex friends 6.7%. The method of preventions of STI including HIV/AIDS as reported by the respondents were abstinence 82.8%, being faithful 57.7%, avoiding unprotected sexual practice 52.5%, consistent using of condom 35.7%, having sex after marriage 31.5%, and avoiding sex with CSWs 21.0%. Respondents' attitude towards perceiving themselves as at risk of acquiring HIV/AIDS was asked and about 22.6% respondents replied that they are at risk of HIV/AIDS. The figure in risk perception were relatively higher from study in Tanzania in between of 11.7% to 25% (26), in Butajjira, Ethiopia 19% (27) and relatively lower study from South Africa 30%(22). This high risk perception might be due to having multiple sexual partners, poor utilization of condom and having much information about HIV/AIDS.

Generally student's knowledge and perception about premarital sexual practice and sexual and reproductive health risks was minimal regardless of their sex, residence, parents' educational status and was not found to be associated with self risk perception on acquisition of HIV/AIDS. This might indicate that even though knowledge is important predisposing factors to adopt healthy sexual behaviors, focusing only problem of premarital sexual practice and sexual and reproductive health risks will not bring about intended outcomes. Youth related intervention on health information dissemination should be tailored or targeted (37).

7. STRENGTH AND LIMITATION OF THE STUDY

Strength of the study

- A combined data collection tools (qualitative and quantitative) were used to collect more information.
- Most of the questions were adapted from validated instrument and pretested in the local context.
- Study also touches a very sensitive area.

Limitation of the study

- Since this study touches very sensitive and very personal issues and the behavioral outcomes are based on self-reported information, the possibility of reporting errors and biases cannot be ruled out, despite attention paid to ethical concern during the survey.
- The other limitation is related study design that is cross sectional study design which makes it is impossible to draw inferences about the direction of relationships among study variables.
- Moreover, the data are retrospective and thus are subjected to recall bias.

8. IMPLICATION OF THE STUDY

This evaluative research will help:

- To help nursing profession and other health service provider upgrade their practice and work based on up to date youth's reproductive health guidelines.
- To overcome the problems with the premarital sexual practices by indentifying them.
- To give direction by determining what type of training should be given to reduce risks of sexual and reproductive health practices
- To make students to delay for sex to minimize sexual and reproductive health risks like multiple sexual partners, sex with commercial sex workers and inconsistent use of condom
- To contribute in filling the gap in understanding premarital sexual practices related with the knowledge of the sexual and reproductive health risk associated with it among in-school youths
- To provide future direction for the program managers as well as policy makers in launching advanced working tools.

9. CONCLUSION

This study indicates that a large proportion of in-school youths were practicing premarital sexual practices.

In this survey, being grade 11 1nd 12, drinking local alcoholic beverages, smoking cigarette, chewing chat, living in urban, watching pornographic films, and having higher mother's education were found to be predictors of premarital sexual practice.

A number of in-school youths of study area started sexual intercourse very early and are involved with high risk sexual practices, including unprotected sex, multiple sexual partners, and even sex with commercial sexual workers.

In this survey, in-school youths from urban were more practicing premarital sex than that of youths from rural and youths from urban used condom better than rural.

Females were more at risk than male, i.e. they started sex early, having older sexual partners, and not use of condom when compared to male youths.

In general, from this particular study, we can conclude that the level of sexual and reproductive health risk perception towards STI including HIV/AIDS, among in school youths is generally minimal. Consequently, risky sexual practices are widely prevalent.

10. RECOMMANDATION

- Consistent provision of health information about youth premarital sexual practices and perception of sexual and reproductive health risks associated with it should be provided to the school youths by concerned stakeholders.

- School based information, education and behavioral change communication intervention including life skill training should be given.

- Information, education and communication programs should be established and emphasis should be put on reproductive health in order to encourage the youths to delay sex and negotiate condom use.

- The study shows that almost all of the students know about the ways of HIV/AIDS transmission and prevention but they practice risky sexual behaviors like early sexual intercourse, multiple sexual partners, and inconsistent use of condom. Therefore, all stakeholders should prepare program to make the youths to practice the knowledge they have.

- Encourage Youths and parents discussion on sexual and reproductive issues.

- Encourage the existing health institution to provide youth- friendly sexual and reproductive health services including VCT.

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ANNEX

Part 1: English version Questionnaire

Informed verbal consent letter

Dear respondent, my name is _____. Currently I am temporary working in Addis Ababa University, College of Allied Health Science Department of Nursing and Midwifery. The purpose of the study is to assess premarital sexual practices and perceptions of the sexual and reproductive health risks/problems associated with it. This questionnaire is designed for a research work which will be approved by AAU, college of Allied Health Science institutional review board. I hope your honest and genuine participation and response to the questions will help in guiding to plan services that enable school youths to reduce the risk of contract to HIV and other reproductive health risks. None of your answer will be available to anyone. Do not give your name. All the information you give me will be kept private. Anyone who will not be willing to participate in the study will have the right to discontinue at any time in the process confidentiality and privacy will be maintained by ensuring the respondents answering the question on a separate place where no one can see them. I really need your honest responses to better understand on the premarital sexual practices and perceptions of the sexual and reproductive health risks. The result of the study will hopefully serves as important input to intervention programmes that aim at improving youths sexual and reproductive health problems it will take you 25-40 minutes to complete the whole questionnaire, I thank you in advance for taking your time to answer my questions.

Would you be willing to participate in the study?

Agree _____ Disagree _____

Supervisor's Name _____ Signature _____

PART I: Socio-economic and demographic characteristics of the respondents

S. No.	Questions	Coding Categories	Skip to	Code No.
101	What is your sex?	1. Male 2. Female		
102	How old are you?	___ age in completed years		
103	What is your grade Level?	1. 9^{th} 2. 10^{th} 3. 11^{th} 4. 12^{th}		
104	What is your ethnic group?	1. Amhara 2. Oromo 3. Tigre 4. Other 5. (Specify)_____		
105	What is your religion?	1. Orthodox 2. Muslim 3. Protestant 4. Catholic 5. Other (Specify)___		
106	How often do you attend religious services?	1. Every day 2. Once in a week 3. Once in a month 4. Once in a year 5. Other (specify)__		
107	With whom do you usually live?	1. With my father and mother 2. With my mother only 3. With my father only 4. With my relatives 5. With my friends 6. Alone		
108	Where do your parents live?	1. Urban area 2. Rural area		
109	Is y our mother alive?	1. Yes 2. No	If No, skip to Q. No 112	
110	What is your mother's educational level?	1. No formal education 2. Read and write 3. Primary (1-8) 4. Secondary (9-12) 5. Higher education		
111	What is your mother's occupation?	1. House wife 2. Daily laborer 3. Farmer 4. Merchant 5. Government (Private) employ		

		6. Other (Specify)_____		
112	Is your father alive?	1. Yes 2. No	If No, skip to Q. No 115	
113	What is your father's educational level?	1. No formal education 2. Read and write 3. Primary (1-8) 4. Secondary (9-12) 5. Higher education		
114	What is your father's occupation?	1. Farmer 2. Daily laborer 3. Merchant 4. Government/private employ 5. Other (Specify)____		
115	How do you perceive the economic status of your family?	1. Poor 2. Medium 3. Rich		
116	What is your parents marital Status if they alive?	1. Currently Married 2. Divorced 3. Widowed		
117	Do you drink local alcoholic beverages like (Beer, Tela, Teji and Areke)?	1. Yes 2. No	If No, skip to Q. No 119	
118	How often do you drink local alcoholic beverage like (Beer, Tela, Teji and Areke)?	1. Daily 2. Once or twice a week 3. Occasionally 4. Other (specify)_____		
119	Do you smoke cigarettes	1. Yes 2. No	If No, skip to Q. No 121	
120	How often do you smoke cigarette	1. Daily 2. Once or twice a week 3. Occasionally 4. Other (Specify)_____		
121	Do you chew khat?	1. Yes 2. No	If No, skip to Q. No 123	
122	How often do you chew khat?	1. Daily 2. Once or twice a week 3. Occasionally 4. Others (specify)_____		
123	In your opinion at what age, marriage is preferable.	Specify in years _____		
124	What is your attitude towards premarital sex?	1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree		

PART II: Sexual history of the respondents

S. No.	Questions	Coding Categories	Skip to	Code No.
201	Have you ever seen or read any pornographic movies or magazines that focused on sex?	1. Yes 2. No		
202	Do you have boy/girl friends?	1. Yes 2. No		
203	Have you ever had sexual intercourse?	1. Yes 2. No	If No, skip to Q. No 222	
204	At what age did you first have sexual intercourse?	Age in completed years _____		
205	How old was the person you had sex for the first time compared do you?	1. Younger than me 2. The same age 3. Older than me 4. I don't know		
206	What was your main reason for sexual intercourse at the first time you had it?	1. Love Affair 2. To get married 3. Raped 4. Sexual desire 5. To get money/gift 6. Peer pressure 7. Was drunk 8. Other (Specify		
207	Who was your first sexual intercourse partner?	1. School boy/girl friend 2. Boy/girl friend out of school 3. Spouse 4. Married person 5. Relative 6. Commercial sex workers 7. Other (Specify)_____		
208	Since your first sexual experience how many sexual partners did you have?	1. Only one 2. Two 3. Three and above		
209	Did you use condom the first time you had sexual intercourse?	1. Yes 2. No		
210	Did you use condom in the last 12 months you had sexual intercourse?	1. Yes 2. No		
211	If yes, how often did you use condom in the last 12 months?	1. Always 2. Sometimes 3. Most of the time 4. Other (specify)_____		
212	If you have not used condom at all or haven't used constantly, what was the reason? (multiple responses are possible)	1. Condom was not available 2. Too expensive 3. Ashamed to ask my partner 4. I didn't like them 5. I wanted to get pregnant		

		6. I ashamed to buy 7. I trust my partner 8. I didn't know how to use them 9. It bursts 10. It decreases satisfaction 11. My religion prohibited 12. Others(specify)_____		
213	**(For females only Q. No 213 and 214)** Have you ever been pregnant?	1. Yes 2. No	If No, skip to Q. No 220	
214	What was the outcome of the pregnancy?	1. Currently pregnant ' 2. Abortion 3. Live birth 4. Other (specify)_____		
215	(For males only Q No 215-219) have you ever impregnated	1. Yes 2. No		
216	Have you ever had sexual intercourse with a female commercial sex worker	1. Yes 2. No	If No, skip to Q. No 220	
217	Have you ever used condom when making sexual intercourse with CSWs	1. Yes 2. No		
218	If yes, how often did you use condoms?	1. Always 2. Sometimes 3. Most of the time		
219	If you haven't used condom at all or haven't used constantly, what was the reason? (multiple answers possible)	1. Condoms not available 2. Condoms are expensive 3. Ashamed to ask my partners 4. I didn't like them 5. I ashamed to buy condom 6. I trust my partner 7. I don't know how to use 8. It bursts 9. It decreases satisfaction 10. My religion prohibit 11. I was drunk 12. Others(specify) _____		
220	Did you use any contraceptive method in the last time you had sex?	1. Yes 2. No	If No, skip to Q. No 223	
221	If yes, which type of contraceptive method did you use in the last time you had sex?	1. Condom 2. Pills 3. Natural calendar 4. Emergency contraceptive 5. Injectables 6. Other(specify)_____		
222	What is your reason for not having sexual intercourse? **(multiple responses are possible)**	1. Fear of parents 2. Fear of pregnancy 3. Fear of STI and HIV/AIDS 4. For religious reason 5. Other (specify) _____		
223	Have you ever discuss sexual relation	1. Yes	If No, skip to Q.	

	with your Parents?	2. No	No 226	
224	How often did you discuss sex related issues with your families?	1. Always 2. Sometimes 3. Occasionally 4. Other(specify)_____		
225	How often did you discuss sex related issues with your mother's	1. Always 2. Sometimes 3. Occasionally 4. Other (Specify)_____		
226	Did you ever discuss sexual relation with close friends and relatives?	1. Yes 2. No		
227	How often did you discuss sex related issues with (relatives, friends and others)?	1. Often 2. Sometimes 3. Occasionally 4. Other (Specify)_____		

Part III: Perceptions of HIV/AIDS and STIs problems

S. No.	Questions	Coding Categories	Skip to	Code No.
301	Have you ever heard about STIs?	1. Yes 2. No		
302	If yes, which of STIs have you ever heard about? (more than one answer is possible)	1. Syphilis 2. Gonorrhea 3. Chancroids 4. HIV/AIDS 5. Others (specify) _____		
303	From which person or from where do you get more information about STIs including HIV/AIDS? (more than one answer are possible)	1. My parents 2. Sexual partner 3. Boyfriend/girlfriend 4. Friends/peers 5. Health institutions 6. Religious leaders 7. Newspapers, posters or pamphlets 8. Radio/Television 9. Other (Specify) _____		
304	Is there anything a person can do to avoid getting STIs and HIV/AIDS?	1. Yes 2. No		
305	If yes, what can a person do to avoid getting STIs and HIV/AIDS? (more than one response are possible)	1. Abstinence 2. Avoid unsafe sex 3. Remain faithful to a partner 4. Use condoms in every act of sexual intercourse 5. Having sex only after marriage 6. Avoid sex with CSWs 7. Other (Specify)_____		
306	Have you ever had sign and symptoms	1. Yes		

	of STI?	2. No		
307	If yes, which of sign and symptoms have you had? (more than one answer is possible)	1. Genital ulcer 2. Genital discharge 3. Burning and/pain on urinating 4. Genital swelling 5. Other (specify) _____		
308	If you look carefully, you can know if someone has HIV	1. Yes 2. No		
309	Is AIDS curable	1. Yes 2. No		
310	A person can get HIV the first time he or she had sex?	1. Yes 2. No		
311	Do you believe having multiple sexual contact leads to HIV acquisition?	1. Yes 2. No		
312	Do you believe alcohol consumption and drug use can predispose to HIV acquisition	1. Yes 2. No		
313	Do you believe condom use is a practical protective option against HIV/AIDS?	1. Yes 2. No		
314	Using condom is a sign of not trusting your partner	1. Agree 2. Neutral 3. Disagree 4. Other (specify) _____		
315	A boy/ a girl should have sex before he/she gets married	1. Agree 2. Neutral 3. Disagree 4. Other (specify)_____		
316	Discussing condom or contraceptive with young people promotes promiscuity	1. Agree 2. Natural 3. Disagree 4. Other (specify)_____		
317	Do you believe that you are at risk of getting HIV virus? (do you think you can get HIV/AIDS)	1. Yes 2. No		
318	If yes, why at risk? (more than one response are possible)	1. More than one sexual partners 2. Mistrust 3. Have had sex without condom 4. Have had sexual intercourse with commercial sex workers 5. Past sexual history 6. Injuries with contaminated sharps 7. Blood transfusion 8. Others (specify)		
319	If no why not at risk? (multiple responses are possible)	1. I have never made sexual intercourses 2. One partner 3. Protected sex 4. I did not share sharp materials		

		5. I always use condom 6. Others(specify)_____		
320	What is your chance of acquiring HIV/AIDS?	1. None 2. Small 3. Medium 4. High 5. I don't know		
321	Have you ever heard about VCT for HIV?	1. Yes 2. No		
322	Did you ever undergo HIV test?	1. Yes 2. No		
323	Did intervention exposures motivate you to change your attitude and behavior to reduce risk of HIV infection?	1. Yes 2. No		

Part 2: Amharic version questionnaires

በሸዋሮቢት የሁለተኛ እና የመሰናዶ ትምህርት ቤት ተማሪዎች የቅድመ ጋብቻ የግብረ-ስጋ ግንኙነት ሁኔታ እና ስለ ወሲብ እና ስነተዋልዶ ጤና ችግሮች ጋር ተያይዘው የሚመጡ ክስተቶች ያላችሁን አመለካከት ለማጥናት የተዘጋጀ መጠይቅ፡፡

የመጠይቁ መለያ ቁጥር፡----------

ውድ ተጠያቂ፡

የጥናቱ ዓላማ ወጣት ተማሪዎች ስላሏቸው የቅድመ ጋብቻ የግብረ-ስጋ ግንኙነትና የወሲብና ስነተዋልዶ ጤና ችግሮች ጋር ተያይዘው ለሚመጡ ክስተቶች ያላቸውን አመለካከት ለመረዳት ነው፡፡ ይህን መጠይቅ ለመመላት ፈቃደኞች ሆናችሁ ትክክለኛ እና እውነተኛ መልስ በመመላት ትረዱኛላችሁ ብየ ተስፋ አደርጋለሁ፡፡ የምትሰጧቸው መልሶች በማንኛውም ጊዜ ለማንኛውም ሰው ግልጽ አይሆኑም፡፡ የምትሰጡት መረጃ በሙሉ በሚስጢር ይጠበቃል፡፡ ስማችሁን በመጠይቁ ላይ አትፃፉ፡፡ ይህን መጠይቅ ላለመመላት ወይም ላለመሳተፍ ከፈለጉ በፈለጉት ጊዜ ማቆም ይችላሉ፡፡ ነገር ግን የእናንተ እውነተኛ መልስ ከቅድመ ጋብቻ የግብረ-ስጋ ግንኙነት ሁኔታ እና ስነተዋልዶ ጤና ችግሮች ጋር ተዛምደው ለሚመጡ ክስተቶች ያላችሁን አመለካከት ለማወቅ በጣም ይጠቅማል፡፡

የጥናቱ ውጤት የወጣቶችን ጤና በአጠቃላይ በተለይም ደግሞ በሁለተኛ ደረጃ ት/ቤቶች ለሚማሩ ተማሪዎች ወሲብ እና ስነተዋልዶ ጤና ችግሮች ለማሻሻል የሚወጡ የመፍትሔ እርምጃዎችን ለመቅረጽ ይረዳል፡፡

መጠይቁን ለመመላት ከ30-40 ደቂቃ ሊወስድ ይችላል፡፡ ጊዜያችሁን ወስዳችሁ ምላሽ ስለሰጣችሁኝ በቅድሚያ አመሰግናለሁ፡፡

በጥናቱ ለመሳተፍ ፍቃደኛ ነህ/ነሽ? 1. አዎ ☐ አይደለሁም ☐

አጥኚዉ፡ ስም፡- ንጉሴ ታደሰ ስልክ፡ 0913748007 ኢሜይል፡ nigussie.amu@gmail.com

ፊርማ እና ቀን _____

የ IRB አድራሻ፡ Tel: 0115538734/0913273829 ኢ-መይል: aaumfirb@yahoo.com

ክፍል አንድ፡- አጠቃላይ የግለሰቡ የግል እና የቤተሰብ መረጃ፡

ተ.ቁ.	መጠይቅ	መልስ	ይለፍ	መለያ
101	ፆታህ/ሽ ምንድን ነው?	1. ወንድ 2. ሴት		
102	እድሜህ/ሽ ስንት ነው?	በሙሉ ዓመት ይገለፅ ------		
103	የትምህርትህ/ሽ ደረጃ ስንት ነው?	1. 9ኛ 2. 10ኛ 3. 11ኛ 4. 12ኛ		
104	ብሄርህ/ሽ ምንድን ነው?	1. አማራ 2. ኦሮሞ 3. ትግሬ 4. ሌላ ካለ ይገለፅ----------		
105	ሐይማኖትህ/ሽ ምንድን ነው?	1. ኦርቶዶክስ ክርስቲያን 2. ሙስሊም 3. ፕሮቴስታንት 4. ካቶሊክ 5. ሌላ ካለ ይገለፅ----------		
107	አብዛኛው ጊዜ አሁን የምትኖረው/ሪው ከማን ጋር ነው?	1. ከእናት ከአባቱ ጋር 2. ከእናቱ ጋር ብቻ 3. ከአባቱ ጋር ብቻ 4. ከዘመዶቼ ጋር 5. ከጓደኞቼ ጋር 6. ለብቻዬ		
108	ወላጆችህ/ሽ የት ነው የሚኖሩት	1. ከተማ 2. ገጠር		
109	እናትህ/ሽ በህይወት አሉ?	1. አዎን 2. የሉም	መልስዎ የሉም ከሆነ ወደ ጥያቄ ተ.ቁ. 112 ይለፉ	
110	የእናትህ/ሽ የትምህርት ደረጃ ስንት ነው?	1. ያልተማረች 2. ማንበብና መፃፍ 3. የመጀመሪያ ደረጃ ከ1-8 4. ሁለተኛ ደረጃ ከ9-12 5. ከፍተኛ ደረጃ (ከኮሌጅ/ዩኒቨርሲቲ ሰርተፊኬትና ከዚያ በላይ)		
111	የእናትህ/ሽ የስራ ዓይነት ምንድን ነው?	1. የቤት እመቤት 2. የቀን ሠራተኛ 3. ገበሬ 4. ነጋዴ 5. የመንግስት/የግል ሰራተኛ 6. ሌላ ካለ ይገለጽ----------		
112	አባትህ/ሽ በህይወት አሉ?	1. አዎን 2. የሉም	መልስዎ የሉም ከሆነ ወደ ጥያቄ ተ.ቁ. 115	

			ይለፉ	
113	የአባትህ/ሽ የትምህርት ደረጃ ስንት ነው?	1. ያልተማረ 2. ማንበብና መፃፍ 3. የመጀሪያ ደረጃ ከ1-8 4. ሁለተኛ ደረጃ ከ9-12 5. ከፍተኛ ደረጃ (ከኮሌጅ/ዩኒቨርሲቲ ሰርተፊኬትና ከዚያ በላይ)		
114	የአባትህ/ሽ የሥራ ዓይነት ምንድን ነው?	1. ገበሬ 2. የቀን ሠራተኛ 3. ነጋዴ 4. የመንግስት ሠራተኛ/የግል ተቀጣሪ 5. ሌላ ካለ ይገለጽ_____		
115	በአንተ/በአንቺ አመለካከት የቤተሰቦችህ/ሽ የገቢ ሁኔታ ከየትኛው ይመደባል?	1. ደሃ 2. መካከለኛ 3. ሀብታሙ		
116	የቤተሰቦችህ/ሽ የጋብቻ ሁኔታ አሁን ምን ደረጃ ላይ ነው?	1. አብረው በትዳር እየኖሩ ነው 2. ተለያይተዋል/ተፋተዋል		
117	መጠጥ ማለትም (ቢራ፣ ጠላ፣ ጠጅ ወይም አረቂ ትጠጣለህ/ትጠጫለሽ)	1. አዎን 2. የለም	መልስዎ የለም ከሆነ ወደ ጥያቄ ተ.ቁ 119 ይለፉ	
118	በምን ያህል ጊዜ ትጠጣለህ/ትጠጫለሽ)?	1. በየቀኑ 2. በሳምንት አንድ ወይም ሁለቴ 3. በአጋጣሚ 4. ሌላ ካለ ይገለፅ ----------		
119	ሲጋራ ታጨሳለህ/ታጨሻለሽ?	1. አዎ 2. የለም	መልስዎ የለም ከሆነ ወደ ጥያቄ ተ.ቁ. 121 ይለፉ	
120	በምን ያህል ጊዜ ሲጋራ ታጨሳለህ/ታጨሻለሽ?	1. በየቀኑ 2. በሳምንት አንዴ ወይም ሁለቴ 3. በአጋጣሚ 4. ሌላ ካለ ይገለጽ----------		
121	ጫት ትቅማህ/ትቅሚያለሽ?	1. አዎ 2. አይ	መልስዎ የለም ከሆነ ወደ ጥያቄ ተ.ቁ. 123 ይለፉ	
122	በምን ያህል ጊዜ ጫት ትቅማለህ/ትቅሚያለሽ?	1. በየቀኑ 2. በሳምንት አንዴ ወይም ሁለቴ 3. በአጋጣሚ 4. ሌላ ካለ ይገለፅ		
123	በአንተ/በአንቺ አመለካከት ጋብቻ በስንት ዓመት ቢሆን ይመረጣል?	እድሜ ብቻ ይገለፅ ----------		
124	ከጋብቻ በፊት ለሚፈጸም የግብረ-ሥጋ ግንኙነት ያለህ/ሽ አመለካከት ምን ይመስላል?	1. በጣም እስማማለሁ 2. እስማማለሁ 3. አልስማማም 4. በጣም አልስማማም		

ክፍል ሁለት፣ የግብረ-ሥጋ ግንኙነት ታሪክ በግብረ-ሥጋ የተጓዳኝ ጓደኞች ቁጥር፣አይነት እና ኮንደም አጠቃቀም በተመለከተ፡፡

ተ.ቁ.	መጠይቅ	መልስ	ይለፍ	መለያ
201	ስለ ግብረ-ስጋ ግንኙነት የሚወራ ወይም የሚያሳይ ጋዜጣ፣ መጽሐፍ ወይም ፊልም አንብበህ/ሽ አይተህ/ሽ ታውቃለህ/ታውቂያለሽ?	1. አዎ 2. የለም		
202	የወንድ/የሴት ጓደኛ አለህ/ሽ?	1. አዎ 2. የለም		
203	የግብረ-ስጋ ግንኙነት ፈጽመህ/ፈጽመሽ ታውቃለህ/ታውቂያለሽ?	1. አዎ 2. የለም	መልስዎ የለም ከሆነ ወደ ጥያቄ ተ.ቁ. 222 ይለፉ	
204	ለመጀመሪያ ጊዜ የግብረ-ስጋ ግንኙነት በስንት ዓመትህ/ትሽ ጀመርህ/ርሽ?	በእድሜ ይገለጽ _____		
205	ለመጀመሪያ ጊዜ የግብረ-ስጋ ግንኙነት አብረሃት/አብረሽው የፈጸምከው/ሽው ሴት/ወንድ እድሜ ልዩነት ምን ያህል ነው?	1. ከእኔ ያንሳል/ታንሳለች 2. እኩያዬ ነው/ናት 3. ከእኔ ይተልቃል/ትተልቃለች 4. አላውቀውም		
206	የግብረ-ስጋ ግንኙነት ለመጀመሪያ ጊዜ ለመፈጸም ያነሳሳህ/ሽ ዋና ምክንያት ምንድን ነው?	1. በፍቅር 2. ለመጋባት 3. ተደፍሬ 4. የግል ፍላጎቱ 5. ገንዘብ/ስጦታ ለማግኘት 6. የጓደኛ ግፊት 7. በመጠጥ ተነሳስቼ 8. ሌላ ካለ ይገለፅ----------		
207	ለመጀመሪያ ጊዜ የግብረ-ስጋ ግንኙነት ስትፈጽም/ሚ/ አጋር ጓደኛህ/ሽ ማን ነው/ናት/	1. የትምህርት ቤት ወንድ/ሴት ጓደኛዬ 2. ከትምህርት ቤት ውጪ ወንድ/ሴት ጓደኛዬ 3. ባለቤቴ ጋር 4. ከዘመድ ጋር 5. ከሴተኛ አዳሪ 6. ሌላ ካለ ይገለፅ----------		
208	የግብረ-ስጋ ግንኙነት መፈጸም ከጀመርህበት/ሽበት ጊዜ አነስቶ ምን ያህል ሰው ጋር የግብረ-ስጋ ግንኙነት ፈፅመሃል/ሻል?	1. አንድ ሰው ብቻ 2. ሁለት ሰው 3. ሦስት እና ከዚያ በላይ		
209	ለመጀመሪያ ጊዜ የግብረ-ሥጋ ግንኙነት ስትፈጽም/ሚ/ ኮንዶም ተጠቅመሃል/ሻል?	1. አዎ 2. የለም		
210	በአለፉት 12 ወራት የግብረ-ስጋ ግንኙነት በፈጸምክበት/ሽበት ጊዜ ኮንዶም ተጠቅመህ/መሽ ነበር?	1. አዎን 2. የለም		

211	በአለፉት 12 ወራት የግብረ-ስጋ ግንኙነት በፈጸምክበት/ሽበት ጊዜ ኮንዶም አጠቃቀምህ/ምሽ እንዴት ነበር?	1. ሁል ጊዜ 2. አንዳንድ ጊዜ 3. አብዛኛውን ጊዜ 4. ሌላ ካለ ይገለፅ _____		
212	ኮንዶም በጭራሽ ተጠቅመህ /መሽ/ የማታውቅ/ቂ ከሆነ ወይም ሁል ጊዜ የማትጠቀም/ሚ/ ከሆነ ምክንያቱ ምንድን ነው?	1. ስለማይገኝ 2. ውድ ስለሆነ 3. እንጠቀም ማለት ስላስፈራኝ 4. ስለማልወድ 5. ለማርገዝ ስለፈለግሁ 6. ለመግዛት ስላስፈራኝ 7. ከጓደኛዬ ጋር ስለምተማመን 8. አጠቃቀሙን ስለማላውቅ 9. ስለሚቀደድ 10. እርካታ ስለሚቀንስ 11. ሀይማኖቱ ስለሚከለክል 12. ሌላ ካለ ይገለጽ----------		
213	ጥያቄ ተ.ቁ. 213 እና 214 በሴቶች ብቻ የሚመለስ የግብረ ሥጋ ግንኙነት መፈጸም ከጀመርሽበት ጊዜ ጀምሮ እስካሁን እርግዝና አጋጥሞሽ ያውቃል?	1. አዎ 2. የለም	መልስሎ የለም ከሆነ ወደ ጥያቄ ተ.ቁ. 220 ይለፉ	
214	አርግዘሽ የምታውቂ ከሆነ የእርግዝናው ሁኔታ እንዴት ነበር/ነው?	1. አሁን እርጉዝ ነኝ 2. አስወርጃለሁ 3. ወልጃለሁ 4. ሌላ ካለ ይገለጽ----------		
215	ጥያቄ ተ.ቁ. 215-219 በወንዶች ብቻ የሚመለስ የግብረ-ስጋ ግንኙነት መፈጸም ከጀመርህበት ጊዜ ጀምሮ እስካሁን አስረግዘህ ታውቃለህ?	1. አዎ 2. አላውቅም		
216	ከሴተኛ አዳሪ ጋር የግብረ-ስጋ ግንኙነት ፈጽመህ ታውቃለህ?	1. አዎን 2. አላውቅም	መልስሎ አላውቅም ከሆነ ወደ ጥያቄ ተ.ቁ. 220 ይለፉ	
217	ከሴተኛ አዳሪ ጋር የግብረ-ስጋ ግንኙነት ስትፈጽም ኮንዶም ተጠቅመሃል?	1. አዎ 2. አልተጠቀምኩም		
218	ኮንዶምን ተጠቅመህ ከሆነ አጠቃቀምህ እንዴት ነበር?	1. ሁል ጊዜ 2. አንዳንድ ጊዜ 3. አብዛኛውን ጊዜ		
219	ኮንዶም በጭራሽ ወይም ሁልጊዜ የማትጠቀም ከሆነ ምክንያቱ ምንድን ነው? ከአነድ በላይ መልስ መስጠት ይቻላል።	1. ስለማይገኝ 2. ውድ ስለሆነ 3. እንጠቀም ማት ስላስፈራኝ 4. ስለማልወድ 5. ለማርገዝ ስለምፈልግ 6. ለማርገዝ ስላስፈራኝ 7. ከጓደኛዬ ጋር ስለምተማመን		

		8. አጠቃቀሙን ስለማላውቅ 9. ስለሚቀደድ 10. እርካታ ስለሚቀንስ 11. ሀይማኖቱ ስለሚከለክል 12. ሌላ ካለ ይገለፅ _____		
220	የግብረ-ስጋ ግንኙነት ስትፈጽም/ሚ/ እርግዝና መከላከያ ተጠቅመህ/ሽ ነበር ?	1. አዎ 2. የለም	መልስሞ የለም ከሆነ ወደ ጥያቄ ተ.ቁ. 223 ይለፉ	
221	የእርግዝና መከላከያ ተጠቅመህ/ሽ/ ከሆነ የተጠቀምከው/ሽው/ ዓይነት ምንድን ነው?	1. ኮንዶም 2. የሚዋጥ ፒልስ 3. በተፈጥሮ ካላንደር /አቆጣጠር/ 4. በድንገተኛ ያልተፈለገ እርግዝና መከላከያ ፒልስ 5. ሌላ ካለ ይገለፅ ----------		
222	የግብረ ሥጋ ግንኙነት ፈጽመህ/ሽ/ የማታውቅ/ቂ ከሆነ ምክንያቱ ምንድን ነው? ከአንድ በላይ መልስ መስጠት ይቻላል።	1. ቤተሰቦቼን ስለምፈራ 2. እርግዝና ስለምፈራ 3. የአባላዘር በሽታ እና ኤች.አይ.ቪ ኤድስን ስለምፈራ 4. በሀይማኖት ምክንያት 5. ሌላ ካለ ይገለፅ----------		
223	ስለ ግብረ-ስጋ ግንኙነት በተመለከተ ከወላጆችህ/ሽ ጋር ተወያይተህ/ሽ/ ታውቃለህ/ሽ	1. አዎን 2. አላውቅም	መልስሞ አላውቅም ከሆነ ወደ ጥያቄ ተ.ቁ. 226 ይለፉ	
224	ስለ ግብረ ሥጋ ግንኙነት በተመለከተ ከወላጆቻችሁ ጋር የምትወያዩ ከሆነ ከእናትህ/ሽ/ ጋር በምን ያህል ጊዜ ውስጥ ትወያያላችሁ?	1. ሁልጊዜ 2. አንዳንድ ጊዜ 3. በአጋጣሚ 4. ሌላ ካለ ይገለፅ ----------		
225	ስለ ግብረ ሥጋ ግንኙነት በተመለከተ ከወላጆቻችሁ ጋር የምትወያዩ ከሆነ ከአባትህ/ሽ/ ጋር በምን ያህል ጊዜ ውስጥ ትወያያላችሁ?	1. ሁልጊዜ 2. አንድአንድ ጊዜ 3. በአጋጣሚ 4. ሌላ ካለ ይገለፅ----------		
226	ስለ ግብረ-ስጋ ግንኙነት በተመለከተ ከቅርብ ጓደኛ ወይም ዘመድ ጋር ተወያይተህ/ሽ/ ታውቃለህ/ታውቂያለሽ/?	1. አዎ 2. አላውቅም		
227	ስለ ግብረ-ስጋ ግንኙነት በተመለከተ ከቅርብ ጓደኛ ወይም ዘመድ ጋር የምትወያዩ ከሆነ በምን ያህል ጊዜ ትወያያለህ/ሽ/?	1. ሁልጊዜ 2. አንዳንድ ጊዜ 3. በአጋጣሚ 4. ሌላ ካለ ይገለጽ ----------		

ክፍል ሦስት፡ ስለ ኤች.አይ.ቪ/ኤድስ እና ሌሎች አባላዘር በሽታዎች ችግር እውቀት እና አመለካከት

ተ.ቁ.	መጠይቅ	መልስ	ይለፍ	መለያ
301	በግብረ-ስጋ ግንኙነት ስለሚተላለፉ የአባላዘር በሽታዎች ሰምተህ/ሽ ታውቃለህ/ሽ?	1. አዎን 2. አላውቅም		
302	ሰምተህ/ሰምተሽ ከሆነ ከማን ወይም ከየት ስለ አባላዘር በሽታ ኤች.አይ.ቪ/ኤድስ ጨምሮ መረጃ አገኘህ/ሽ/?	1. ከቤተሰቦቼ 2. ከግብረ-ሥጋ ግንኙነት አጋሬ 3. ከወንድ/ከሴት ጓደኛዬ 4. ከጓደኛዬ 5. ከጤና ተቋማት 6. ከሀይማኖት መሪዎች 7. ከጋዜጣ፣ ከፖስተር 8. ከሬድዮ ወይም ከቴሌቪዥን 9. ሌላ ካለ ይገለጽ----------		
303	በግብረ-ሥጋ ግንኙነት ስለሚተላለፉ የአባላዘር በሽታዎች ከሰማህ/ሽ ከተዘረዘሩት ውስጥ የትኛውን ታውቃለህ/ታውቂያለሽ	1. ቂጥኝ 2. ጨብጥ 3. ክርክር 4. ኤች.አይ.ቪ/ኤድስ 5. ሌላ ካለ ይገለፅ_____		
304	የአባላዘር በሽታዎችን እና ኤች አይ.ቪ ኤድስ እንዳይዘን ለማስወገድ የምንጠቀምበት ዘዴ አለ?	1. አዎን 2. የለም		
305	የአባላዘር በሽታዎችን እና ኤድስን የምናስወግድበት ዘዴ ካለ በየትኛው ዘዴ ማስወገድ እንችላለን? ከአንድ በላይ መልስ መስጠት ይቻላል።	1. በመታቀብ 2. ልቅ የግብረ-ስጋ ግንኙነት አለማድረግ 3. አንድ ለአንድ በመወሰን 4. ሁሌም ኮንዶም በመጠቀም 5. ከጋብቻ በኋላ ብቻ የግብረ ስጋ ግንኙነት መፈጸም 6. ከሴተኛ አዳሪ ጋር የግብረ ስጋ ግንኙነት አለመፈጸም 7. ሌላ ካለ ይገለጽ --------		
306	በአባላዘር በሽታዎች ምክንያት የሚሰሙ የህመም ስሜቶች እና ምልክቶች አይተህ/ሽ ታውቃለህ/ታውቂያለሽ?	1. አዎን 2. የለም		
307	የአባላዘር በሽታዎች የህመም ስሜት ወይም ምልክቶች ተሰምቶህ/ሽ/ ወይንም አይተህ/ሽ ከሆነ የትኞቹ ናቸው? ከአንድ በላይ መልስ መስጠት ይቻላል።	1. የዘር ፍሬዎች መቁሰል 2. ከዘር ፍሬዎች ፈሳሽ ነገር መውጣት 3. ሽንት ስሸና የማቃጠል እና የመለብለብ ስሜት 4. የዘር ፍሬዎች ማበጥ 5. ሌላ ካለ ይገለፅ----------		
308	አንድን ሰው አተኩሮ በማየት የኤች ኤ.ቪ ቫይረስ እንዳለበት ማወቅ ይቻላልን?	1. አዎ 2. የለም		

309	የኤድስ በሽታ የሚድን በሽታ ነው?	1. አዎ 2. የለም		
310	ማንኛውም ሰው በህይወቱ ለመጀመሪያ ጊዜ በሚያደርገው የግብረ-ስጋ ግንኙነት በኤች.አይ.ቪ. ሊያዝ ይችላል?	1. አዎን 2. አይችልም		
311	ከብዙ ሰዎች ጋር የግብረ-ስጋ ግንኙነት ማድረግ ለኤች.አይ.ቪ. በሽታ ያጋልጣል ብለው ያምናሉ?	1. አዎ 2. የለም		
312	አልኮል መጠጦችን መጠጣት እና አደንዛዥ ዕፆችን መጠቀም ለኤድስ በሽታ ያጋልጣሉ ብለው ያምናሉ?	1. አዎን 2. የለም		
313	በኮንዶም መጠቀም ለኤድስ በሽታ መከላከያ ዘዴ ነው ብለው ያምናሉ?	1. አዎን 2. የለም		
314	የግብረ-ሥጋ ግንኙነት በምታደርግበት/ጊበት ጊዜ ኮንዶም መጠቀም ተጣማሪን/ንደኛን ያለማመን ምልክት ነው፡፡	1. በጣም እስማማለሁ 2. እስማማለሁ 3. አልስማማም 4. በጣም አልስማማም		
315	ወንድ/ሴት ልጅ ከማግባቱ/ቷ በፊት የግብረ-ስጋ ግንኙነት ማድረግ አለበት/ባት፡፡	1. በጣም እስማማለሁ 2. እስማማለሁ 3. አልስማማም 4. በጣም አልስማማም		
316	ከወጣቶች ጋር ስለ ኮንዶም ወይም ስለ ወሊድ መከላከያ ዘዴዎች መወያየት ልቅ የግብረ-ስጋ ግንኙነት ያስፋፋል፡፡	1. በጣም እስማማለሁ 2. እስማማለሁ 3. አልስማማም 4. በጣም አልስማማም		
317	እስከአሁን ባለው ጊዜ ለኤች.አይ.ቪ. ተጋልጫለሁ ብለህ/ሽ ታስባለህ/ታስቢያለሽ	1. አዎን 2. የለም		
318	መልስህ/ሽ አዎን ከሆነ ለምን? ከአንድ በላይ መልስ መስጠት ይቻላል፡፡	1. ከአንድ ሰው በላይ የግብረ-ስጋ ግንኙነት ስለፈጸምኩ 2. መተማመን ባለመኖሩ 3. ያለ ኮንዶም የግብረ-ስጋ ግንኙነት ስለፈጸምኩ 4. ከሴተኛ አዳሪ ጋር የግብረ ስጋ ግንኙነት ስለፈጸምኩ 5. ያለፈውን ታሪኬን ስለማውቀው 6. የተበከሉ ስለታማ ዕቃዎችን ስለተጠቀምኩ 7. የደም ልገሳ ስለተደረገልኝ 8. ሌላ ካለ ይገለፅ_____		
319	መልስህ/ሽ/ ራሴን ለኤች አይ ቪ ኤድስ የሚያጋልጥ ስህተት አልሰራሁም ከሆነ እንዴት? ከአንድ በላይ መልስ መስጠት ይቻላል፡፡	1. የግብረ ሥጋ ግንኙነት ፈጽሜ አላውቅም 2. አንድ ለአንድ በታማኝነት ስለጸናሁ 3. ጥንቃቄ የተሞላበት የግብረ-ስጋ ግንኙነት ስለማደርግ 4. ስለታም ነገሮችን ስለማልዋስ		

		5. ኮንዶም ሁሌ ስለምጠቀም 6. ሌላ ከላ ይገለጽ ----------		
320	አንተ/ቺ/ በኤድስ ቫይረስ የመያዝህ/ሽ ዕድል ወይንም ሁኔታ ምን ያህል ነው?	1. ልያዝ አልችልም 2. ትንሽ 3. መካከለኛ 4. ከፍተኛ 5. አላውቀውም		
321	በፈቃደኝነት ስለሚደረግ የኤች.አይ.ቪ የምክር አገልግሎት እና የደም ምርመራ ሰምተህ/ሽ/ ታውቃለህ/ታውቂያለሽ	1. አዎን 2. የለም		
322	በፈቃደኝነት ላይ የተመሰረተ የኤች.አይ.ቪ የደም ምርመራ አድርገህ/ሽ/ ታውቃለህ/ታውቂያለሽ	1. አዎ 2. የለም		
323	ኤች.አይ.ቪ/ኤድስን ለመከላከል እና ለመቆጣጠር የሚያደርጉት ጥረቶች የራስዎን ባህሪ እንዲለውጡ ረድትዎታል?	1. አዎ 2. የለም		

Part 3: Guiding questions for Focus Group Discussion (FGD)

1. According to your view, what are the health problems currently faced by the community including young people?
2. How do you see premarital sexual practice of young people?
3. What does sexuality education seems in school and at family?
4. What are the major reasons that initiate students for sexual intercourse?
5. What effect does the socio-economic status of parent's bas on students' sexual practices and perceptions about SRH risks/problems?
6. How do you relate early sex and multiple sexual partners with HIV/AIDS and other STIs and also with unwanted pregnancies?
7. What do you understand by HIV risk perception?
8. What are the most important preventive measures being taken by the youth?
9. How do you perceive condom use and factors for its non-utilization?
10. Are the current condom out-lets favorable for the maximal utilization by the youth? Why not? What are the other means which improve utilization?
11. Do young people around here know that there is a medical test for HIV/AIDS? And where? If Yes, do they go for check up? Why?
12. Do you suggest anything, comment on and recommend mechanisms from your own opinion to avert the existing early sexual initiation and multiple sexual activities so that the emergence of new HIV infection and other STIs in youths will be reduced?

Thank you very Much!!