

**ASSESSMENT OF PREMARITAL SEXUAL INITIATION
AND ASSOCIATED FACTORS AMONG MERSA TOWN
PREPARATORY AND HIGH SCHOOL STUDENTS, NORTH
WOLLO, AMHARA REGIONAL STATE, MAY, 2012**

BY:

KEDIR ENDRIS MOHAMMED

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This is to certify the thesis is prepared by Kedir Endris, entitled: *assessment of premarital sexual initiation and associated factors among Mersa town, Preparatory and High School Students, North Wollo, Amhara Regional State* and submitted in partial fulfillment of requirements for the Degree of Masters of Science complies with regulations of the university and meets the accepted standards with respect to originality and quality.

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Examiner _____ Signature _____ Date _____

Advisor _____ Signature _____ Date _____

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Abstract

Background: Adolescence is a period of dynamic change representing the transition from childhood to adulthood and is marked by emotional, physical, and sexual maturation. Habits that are formed during adolescence had major effects in adulthood health and welfare ranges from 10-19 years and young people or youth is in the age ranges of 15 to 24 years old

Objective: The aim of this study was to assess prevalence of premarital sexual initiation and associated factors among Mersa Preparatory and High school students, North Wollo, Amhara National Regional State, March 10-30, 2012.

Methods: A school based quantitative cross sectional survey was conducted from March 10 to 30, 2012. Stratified random sampling technique proportional to size was applied. Pretested, structured and close ended questions prepared in English and translated to the local Amharic language and self administered type of questionnaire was used. Data was entered using EPI INFO .version 3.5.1 and exported and analyzed using SPSS version 16.0 windows and multiple logistic regression models were used to identify predictors of premarital sexual initiation.

Results: A total of 356 respondents were involved in the study. The prevalence of premarital sex was 31.7%. The mean age of sexual initiation in the study population was 16.46 ± 2.3 for males, 16.6 ± 1.4 for females and 16.5 ± 1.9 years for both sex. Being male by gender [COR 2.053 (1.278, 3.300) and AOR 1.703 (1.997, 2.910)], age greater than 15 years [COR 2.333 (1.075, 5.063) and AOR 1.572(1.627, 3.941)], having pocket money [COR 0.446 (0.277, 0.720) and AOR 2.102(1.244, 3.552)] were found to be significantly associated with premarital sex

Conclusion and recommendation: This study has revealed that early sexual initiation before marriage was high and school adolescents started sexual intercourse very early and are involved with high-risk sexual practices which were unplanned and unprotected. Consistent Provision of information about adolescent reproductive health in general and per-marital sexual practices and factors related to it in particular should be provided to the school adolescents by the concerned governmental and non-governmental bodies.

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List of acronyms

AAU Addis Ababa University

AIDS Acquired Immune Deficiency Syndrome

AYRH Adolescent and Youth Reproductive Health

BSC Bachelor of Science

DSS Demography Surveillance System

EDHS Ethiopian Demography Health Survey

EPHA Ethiopian Public Health Association

FP Family Planning

HIV Human Immunodeficiency Virus

IRB Ethical Review Board

PPS Probability Proportional to Size

RH Reproductive Health

SRS Simple Random Sampling

STDS Sexually Transmitted Diseases

STI Sexually Transmitted Infection

1. INTRODUCTION

1.1. Background of the study

Today there are more than one billion 10–19 year olds, 70% of whom live in developing nations. They are growing up in circumstances quite different from those of their parents, with greater access to formal education, increasing need for such technological skills as computer and internet literacy, different job opportunities, and more exposure to new ideas through media, telecommunications and other avenues.(1)

The environment in which young people are making decisions related to sexual and reproductive health is also rapidly evolving. Rates of sexual initiation during young adulthood are rising or remaining unchanged in many developing countries, childbearing and marriage are increasingly unlinked, and in many countries, high HIV prevalence adds to the risks associated with early sexual activity. For example, in all but a few countries in Sub-Saharan Africa, AIDS is a generalized epidemic. Young people are disproportionately affected, accounting for almost two-thirds of the people living with HIV in the region. Moreover, the prevalence of HIV among adolescents is higher in Sub-Saharan Africa than in other parts of the world. (3)

One in every five people in the world is an adolescent, defined by World Health Organization as a person between 10 to 19 years of age. Unsafe sex is a major threat to the health and survival of millions of adolescents. Each year, one in 20 adolescents worldwide contracts an STI including HIV. Every day, over 7000 young people aged to 10 to 24 become infected with HIV. Globally more than half of all new HIV infections are among 15 to 24 years old. (1)

Today AIDS in Ethiopia is spreading at an alarming pace. The adult prevalence has increased contact accounting 87 % (5). An ever increasing adolescent sexuality has become one of the major risk factors in the current pandemic of AIDS. In Ethiopia, the highest HIV prevalence occurs in the age group 15 to 24 years. Abstinence from sex before marriage, delay of sexual debut and condom use are the major strategies used to reduce the spread of HIV infection in Ethiopia. However, many school studies showed that premarital sex and unprotected sexual practice are still common threats among school youths. (2)

The topic on sexuality has largely remained a taboo subject in Ethiopia. Despite this, there are increasing numbers of sexual activities reported among Ethiopian youth. Due to sensitivity of this issue, adolescents receive inadequate education, guidance and services on reproductive health. With their limited knowledge about their bodies and their sexuality, adolescents find themselves vulnerable to sexually transmitted diseases and infections, including HIV/AIDS, unplanned early childbearing and unsafe abortions. (21)

1.2. Statement of the problem

Adolescence is a period of dynamic change representing the transition from childhood to adulthood and is marked by emotional, physical, and sexual maturation. Habits that are formed during adolescence had major effects in adulthood health and welfare ranges from 10-19years and young people or youth is in the age ranges of 15 to 24 years old (1).

Age at first marriage is often used as a proxy for first exposure to sexual intercourse and risk of Pregnancy. But, the two events may not occur at the same time because young people may engage in sexual activity before marriage. Median age of sexual debut for girls and boys is 16 and 20 years respectively in Ethiopia (2).

While approximately 60 %t of Ethiopia's population falls between the ages of 10-29, and 20 % is youth group, most programs for young people in Ethiopia, tend to deliver general, age- and gender nonspecific that fail to recognize the distinct needs of girls and boys at different ages, and the unique needs of married and unmarried adolescents (3).

This limited access to targeted reproductive health care and services for young people contributes and exacerbates many of the RH problems. Over a quarter of all pregnant youth and adolescents feel that their pregnancies are mistimed, reflecting this population's limited access to FP and their vulnerability to broader social problems such as early marriage, nonconsensual sex, and sex work. These unwanted pregnancies entail significant risks for maternal health, including high rates of delivery-related complications and high abortion rates. Additionally, because of the risky, often unprotected and non-voluntary nature of their sexual

activities, adolescents and youth are most likely to contract STIs including HIV/AIDS, so that the highest infection rates in the country are currently seen among young people between the ages of 15 to 24years(3).

Government RH services are perceived by youth to be unfriendly. The current facility- based health care structure does not meet the unique service and informational needs of young people; nor does it effectively segment them by factors known to have a profound effect on their RH needs - factors that include marital status, age, educational attainment, household income levels, employment status, and urban or rural residence.

One of the targets of national reproductive health strategy of Ethiopia is to increase the median age of first intercourse for women from 16.4 to 17 by 2010, and to 18 by 2015. By the year 2015, decrease by 20 % HIV prevalence among women in the age cohort 15-24years (3).

One of the goals of national AYRH strategy of Ethiopia is to design and implement innovative and evidenced based AYRH programs that are segmented and tailored to meet diverse needs of youth by marital status, age, school status, residence, and sex, including younger adolescents and marginalized and most vulnerable young people in the context of Ethiopian priorities and culture(1).

Therefore, studying premarital sexual practice and associated factors among school adolescents is an essential issue, which can support to overcome young people from sexual health related problems in the country.

1.3. Significance of the study

The majority of Premarital sexual initiation during adolescents are unplanned and unsafe so that the risk of STI including HIV/AIDS, unwanted pregnancy , unsafe abortion or teenage delivery and/or child bearing, school dropout and various complications including death is very high.

There is no scientifically sounded study conducted about prevalence and associated factors of premarital sexual initiation among high school students in the study area.

The purpose of this study is therefore to determine the magnitude of premarital sexual initiation and to identify associated factors sexual initiation among Mersa Preparatory and High school students which is vital in effective designing, implementing and evaluating adolescent reproductive health programs to enhance reproductive health of in-school youth.

The findings might also help as a baseline data for other researchers, policy makers and institutions working in this area.

2. LITERATURE REVIEW

2.1. Magnitude of premarital sexual initiation among adolescents

A survey conducted in Mumbai on sexual risk behaviors, perceptions and norms among unmarried adolescents showed that “any sexual experience” was reported by nearly half the boys (49%), only 26% reported sexual (vaginal) intercourse. Comparatively fewer girls reported either “any sexual experience” (13%) or sexual intercourse (3%). Among boys who had sexual intercourse, about 52% never used condom with their “regular” partner, and 56% never used condoms with “casual” partners. Among those with multiple partners, none reported consistent condoms use with all partners (5).

In Indonesia; a cross-sectional school survey conducted on 4,500 adolescent students using structured self-administered questionnaire showed that 5.4% was reported to have had sexual intercourse. The proportion among male students who had had sex was higher (8.3%) compared with female students (2.9%) and the mean age at first sexual intercourse was 15 years. One percent of students reported that they had been pregnant or had made someone else pregnant (4).

In Nigeria, a study conducted on interviewer-collected data of 2,070 never-married adolescents aged 15–19 years to determine association between age of sexual debut revealed that a fifth of respondents (18% males; 22% females) were sexually experienced. Another survey conducted on a campus- based study of adolescent sexual behavior in two representative tertiary institutions in Nigeria showed that four-tenth of the students had had sex, 50% of the male and

34.5% of the female students had initiated sex. Boys initiated sex earlier than the girls (17 years for boys and 19 years for girls) (7, 8).

A cross-sectional study carried out in Skopje from March and April 2006 by enrolling 310 high-school students from 5 randomly selected high-schools paper-and-pencil self administered questionnaire showed that the prevalence of sexual activity was higher among boys than girls (62.7% vs. 26.7%). The mean age of onset of sexual activity is 16 years for boys and 17 years for girls; and having four or more sexual partners was reported by 29.8% of the boys and 5% of the girls(6).

A cross-sectional survey conducted among in-school and out-of-school but unmarried adolescents' aged 10 to 19 in Tanzania showed that about 32% of adolescents reported being sexually active; a higher proportion being males than females. 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 (9).

A study conducted in 2003 on prevalence and associated factors of sexual intercourse among school adolescents in Kenya showed that overall the prevalence of sexual intercourse within the last 12 months was 14.9% (22.2% in males and 5.0% in females)(10).

A cross-sectional survey conducted at the Antananarivo's university campus sites using anonymous questionnaires were self-administered to 320 randomly selected students indicated that approximately 80% of the participants reported sexual experiences, and the average age at

sexual debut was 19 years. Only 5.7% reported consistent condom use. Common reasons for non-use were steady relationships (75.6%), the perception that condoms were useful only during ovulation periods (8.7%), and the decrease of pleasure (6.4%). The predictors of condom use were male gender, and the perception that condoms were useful during ovulation periods (11).

In Ethiopia, a cross-sectional study conducted in Nekemte town from February to March 2006 on 364 high school adolescents reported that 21.5% of the participants had had premarital sexual intercourse prior to the survey, of which 102 (70.3%) were males (12).

A cross sectional study conducted in Ambo high school students from January 2006 to February 2006 using anonymous self-administered questionnaire on a total of 813 students showed that about 19.4% of the respondents had experienced sexual intercourse, 56.4% of the sexually active respondents claimed to have more than one sexual partners and about 16.5% of sexually active male adolescents visited female commercial sex workers of which only 27.6% reported consistent condom use and 44.8% never used condom during sex with female commercial sex workers (13).

A cross-sectional study conducted among Gedeo zone high school students from February to March, 2006; On a total of 720 unmarried students aged 14- 26 years revealed that 11.8% of the respondents reported sexual exposure prior to the study. The mean age of sexual debut for both sexes was 16.7 years. Females started sexual activity earlier than males (14).

A cross-sectional survey on 442 school adolescents aged 15 – 19 years conducted in Mojo town showed that among sexually active respondents 39.8 % of males and 52.6 % females; about 74 % of them had started sex before the age of 18 and 53.1 % of students had multiple sexual partners. Among 101 condoms ever users during the last 12 months prior to the survey 74.1 % of males and 88.4 % of females did not use condom consistently prior to the survey (15).

A cross sectional descriptive survey conducted using multi stage sampling procedure on 839 students in Bale zone, from October 2003 to May 2004 depicted that among them 30.8% of school adolescents, 72.1% males and 29.9% females were sexually active. Female students had sexual intercourse earlier than males (15.21 versus 16.11) (18).

Across-sectional survey carried out in Enjibara town , July 2008 using self-administered questionnaire and multistage stratified sampling procedure among 812 school adolescents aged 15-19 years revealed that 20.2 % of school adolescent had experienced premarital sex (16).

A comparative cross sectional study conducted in Dessie town and Dessie Zuria *Woreda* from March 1 to15, 2008 on a total sample of size 1294 (647 urban and 647 rural), using multistage cluster sampling revealed that 51.3% of the youths have ever had sex. Rural youths initiate sexual intercourse at lower age than their urban counterparts with mean (16.49) for rural and (17.18) for urban youths. The median age at sexual debut was 16 years for rural and 17 years for urban (17).

2.2. Factors influencing premarital sexual initiation among adolescents

In Indonesia, adolescent sexual intercourse was significantly associated with age, gender, living with parents, alcohol use, cigarette smoking and drug use. It showed that 20.8 % of respondents had taken alcohol, 14.0 % had smoked cigarettes, 0.7 % had tried heroin and 0.7 % had intravenous drugs (4).

In China, several demographic, family, peer and work influences, and student factors (knowledge, and attitude toward sex) were risk factors for ever having sex. However, risk factors for multiple sex partners only included working in a place of entertainment, having current close friends that were living with boyfriends, poor academic performance, and positive attitudes toward multiple partners. These women also were more likely to practice masturbation, start having sex at a younger age, have sex with married men and/or men not their "boyfriends" at first coitus, and not use condoms consistently (3)

Among males, the protective factors against having sex were being of age <15 years, the risk factors for having sex among males were ever smoked, having close friends, currently drinking alcohol, ever used drugs and parental supervision. Among female respondents, parental supervision was protective and the only risk factor was ever used drugs (18).

A cross-sectional study was conducted to evaluate factors associated with safe sex among sexually active public school students in Brazil. The study focused on correlations between the variables gender, age, schooling, current grade, ethnicity, religion, importance attributed to religion, mothers' education, prior exposure to any sex education and participation by health professionals

in school activities and consistent condom use with casual or stable partners and with use of other modern contraceptive methods. Male gender and participation by health professionals in school activities were positively associated with all indicators of safe sex, and maternal schooling of more than eight years was positively associated with consistent condom use with casual and stable partners. Secondary versus elementary schooling and age (older) were inversely associated with consistent condom use with casual and stable partners, respectively (4, 7).

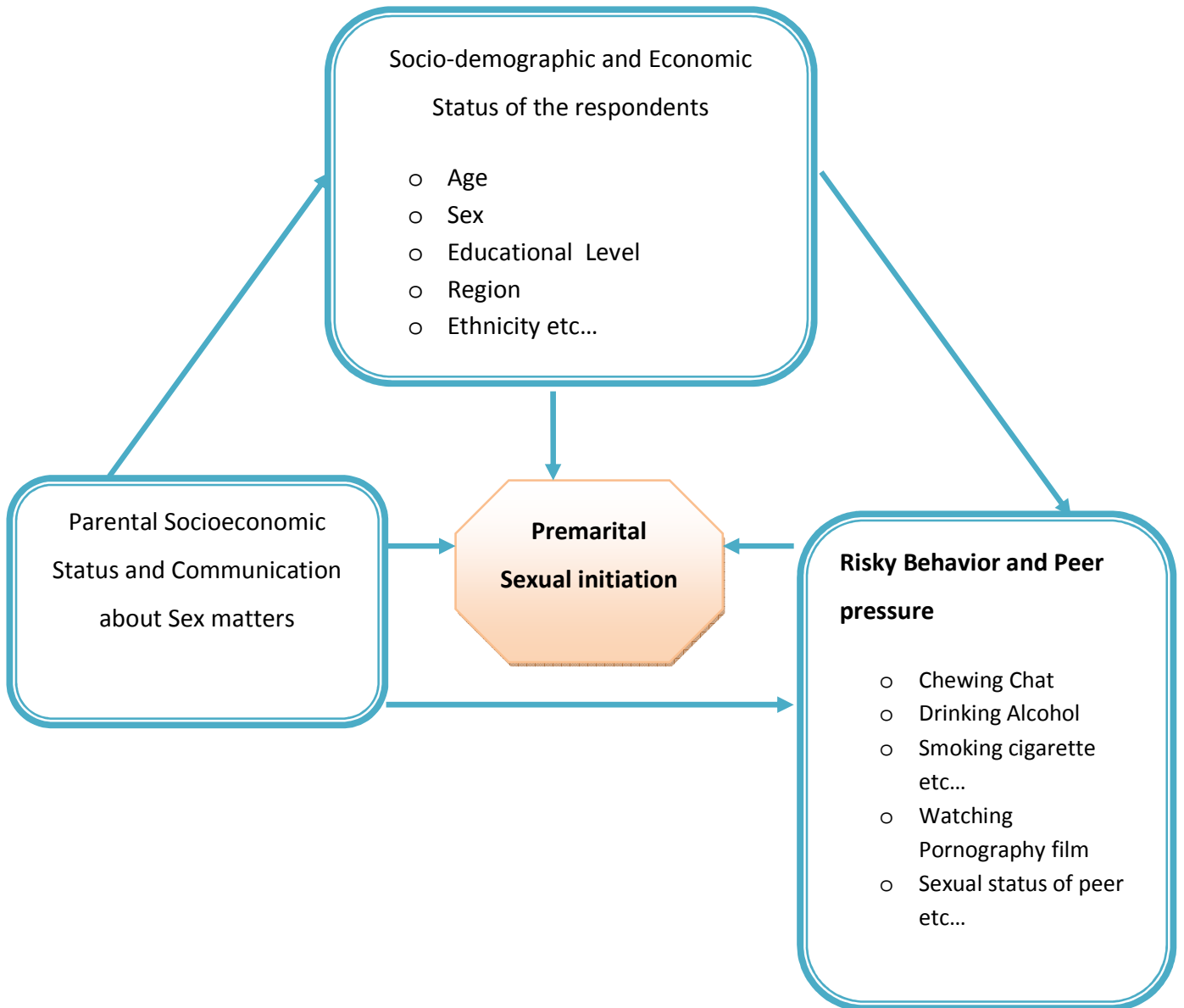
In Israel, a study conducted on developmental approach to sexual behavior and the socio demographic factors associated with initiating coitus using a self-administered questionnaire was completed by a random sample of 4,609 students revealed that predictive variables of coitus initiation include gender, religiosity, immigration status, family structure, perceptions of academic achievements, and the proportion of peers practicing coitus. In addition to gender, perception of the proportion of peers that already practiced intercourse was the best predictor followed by grade, perception of academic achievement, and family structure (19).

The main factors reported for the initiation of sexual intercourse were personal desire 39.1%, and peer pressure 23.3%. Of the sexually active students 58.1% had never used condom during any sexual episode. Among sexually active students 57% and 39.2% reported genital discharge and genital ulcer respectively. As regard to their sexual partner, 47.7% had sexual encounter with multiple partners. The mean number of partners was 1.5. Sexually active students also reported that they had sexual commencement with casual partner, a partner with multiple sexual partners and commercial sex worker 43.7%, 38.9% and 20.5% respectively. Among sexually active students 25.6% received gift in return to sex. Among sexually active students 13.6% had used alcohol and

12.4% had used “khat”. Of those students who had experienced sex 15.9% had encountered sexual violence (40.3% females versus 6.5% males) (10).

A cross-sectional survey done from November, 2007 to May, 2008 in Dessie town on a total of 823 high school adolescents using multistage stratified sampling technique followed by self-administered questionnaire showed that 27.3% of the study participants were sexually experienced. Of these, only 21% used condom consistently. On average sexually experienced students have more than one life time sexual partners (1.3 males versus 1.6 females). Forty-one study participants ever had been contracted by STDs. About 11.6% of females and 13% of male students ever been/ever made pregnant. Pocket money, mother-adolescent communication, peer pressure, substance use and self-efficacy to resist sexual advance are associated with sexual behavior; father-adolescent communication and condom use self efficacy are among the stronger predictors of condom use consistency (20)

CONCEPTUAL FRAMEWORK



3. OBJECTIVES

3.1. General objective

- To assess premarital sexual initiation and associated factors among Mersa Preparatory and High school students in North Wollo, Amhara National Regional State, March 10-30 , 2012.

3.1. Specific objectives

- To determine prevalence of premarital sexual initiation among Mersa Preparatory and High school students
- To identify associated factors of premarital sexual initiation among Mersa Preparatory and High school students

4. METHODS AND MATERIALS

4.1. Study area and Period

The study was conducted in Habru Woreda, North Wollo, Amhara National Regional State, Mersa Town, Mersa Preparatory and High School. Mersa is the Capital of Harbu Woreda one of the 15th Woreda in North Wollo. It is located 490 km North of Addis Ababa. The town has two Administrative kebeles with two governmental elementary schools, one preparatory and high school, one Agricultural Vocational Training College. Regarding the Health system, the town has one governmental Health Center, three private Clinics and four private rural drug shops.

In Mersa Preparatory and High School in the second semester of 2011/12 academic year there were 2,029 students registered to attend preparatory and high school. Among these, 877(40.3%), 806(37.0%), 219(10.0%) and 275(12.7%) were in ninth, tenth, eleventh and twelfth grade respectively with a total of 37 sections in which these students were attending. There were ten school clubs including anti HIV/AIDS, Gender, Virginity, and Reproductive Health Clubs in the school. Though, these clubs were established, they were not functioning properly.

The data was collected from March 10-30, 2012.

4.2. Study design

School based cross-sectional survey was conducted to assess prevalence of premarital sexual initiation and associated factors among Mersa Preparatory and High School students.

4.3. Source population

All Mersa Preparatory and High School students enrolled in 20011/2012.

4.4. Study population

The study population was all Mersa Preparatory and High School students

4.5. Inclusion and exclusion criteria

Inclusion criteria: All volunteer female and male regular students available at the time of data collection period were included.

Exclusion Criteria: Those students who were involuntary, those who cannot read and write and absent during data collection period.

4.6. Sample size and sampling procedure

4.6.1. Sample size determination

Sample size (n) is computed based on single population proportion formula assuming the prevalence of premarital sexual initiation(**p**) is 51.3 % (17), z-value of 1.96 at 95% confidence interval(CI) and margin of error (**d**) is 5%, non response rate 10% and having the target population of 2,029 (22).

$$n = \frac{z^2 p(1-P)}{d^2}$$

$$n = \frac{(1.96)^2 (0.513 \times 0.487)}{(0.05)^2}$$

n= 384; but source population of the research project was less than 10,000 (N=2,029)

$$n_f = \frac{n}{(1 + \frac{n}{N})}$$

Where nf=final sample size after correction; and N=source population

$$n_f = \frac{(384)}{(1 + \frac{384}{2029})}$$

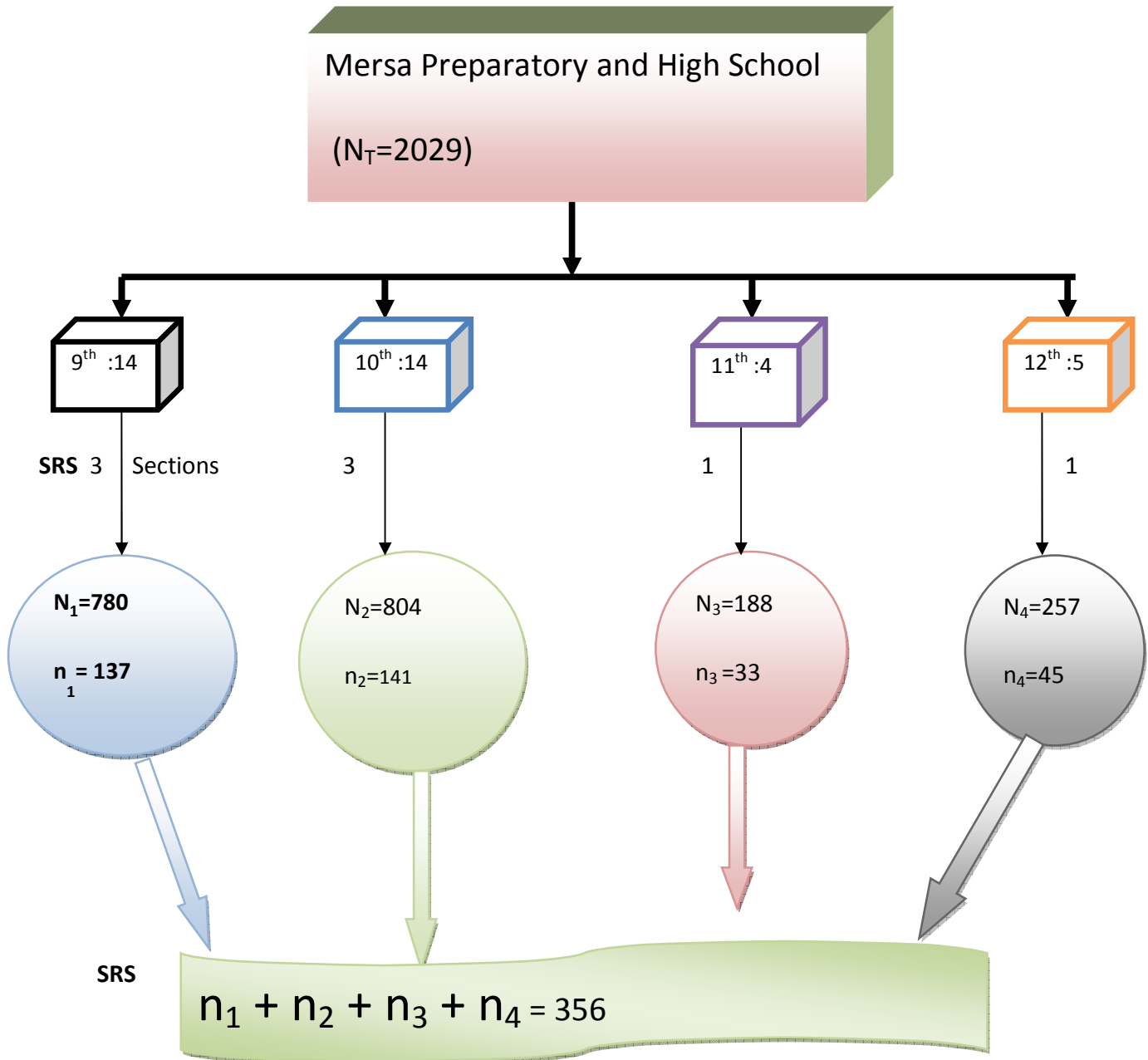
nf=323

After adding 10% contingency for non response rate, the sample size was 356.

4.6.2. Sampling procedure

Stratified random sampling technique proportional to size was applied. Four strata were allocated grade 9th =n₁, 10th =n₂, grade 11th =n₃ and grade 12th =n₄. Then from the total of 31 sections, using simple random sampling 3 sections were selected from both grade 9 and 10, and one section from both grade 11 and 12. Again from selected sections Study population was selected by simple random sampling.

Schematic presentation of sampling procedure



4.7. Variables

4.7.1. Dependent Variables

- Premarital sexual initiation

4.7.2 Independent Variables

➤ Socio-demographic characteristics:

- Age
- Sex
- Educational level
- Age of schooling
- Place of residence
- Marital status
- Ethnicity
- Religion
- Pocket money
- Living arrangement

➤ Risky behavior and peer pressure:

- Chat chewing
- Drinking alcohol
- cigarette smoking
- sex film watching
- night club visiting
- pub/bar visiting
- peer chat chewing
- peer drinking alcohol
- peer cigarette smoking
- peer sex film watching
- peer sexual initiation

➤ Parental socioeconomic status and discussion about sex matters:

- Parental educational level
- Parental occupational status

- Sexual discussion with parents
- Sexual discussion with relatives
- Sexual discussion with peer
- Reproductive health club membership

4.8. Operational definitions

Premarital sex- A penetrative vaginal penile sexual intercourse performed before marriage

Premarital sex initiation- starting of a penetrative vaginal penile sexual intercourse performed before marriage

Condom use- Consistent and correct use of condom during each sexual practice

Unsafe sex- A penetrative vaginal penile sexual intercourse performed without using condom

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

Sexually active- A student who had had premarital sex at least once prior to this study

In-school Youth-Young people those who are in the age group of 15 to 24 years and currently attending school

Early sexual intercourse- A penetrative sexual intercourse performed before the age of sexual maturity (<18 years of age)

Safe sex- Abstinence before marriage, being faithful to a single partner, and/or consistent and correct use of condom during every sexual practice

4.9. Data collection procedure

4.9.1. Data collection Instrument

A pretested, structured close ended questions and self administered type of questionnaire prepared in English language translated in to Amharic was used to collect data. This self-administered questionnaire includes four parts; the first section inquires about socio-demographic data; the second part elicits parental socio-economic status; the third section inquires risky behavior and peer pressure for premarital sexual initiation and the fourth part explores history of premarital sexual initiation.

4.9.2. Data collection facilitators and supervisors

Four data collectors from Mersa Agricultural Vocational Training College graduating students (2 females and 2 males) as data collection facilitators and two BSc holders (one male and female) as supervisors was recruited to assist the research work at the field.

4.9.3. Data quality control measures

Before data collection, a clear introduction explaining the purpose and objectives of the study to respondents was provided on the beginning page of the questionnaire.

Four data collection facilitators from Mersa Agricultural Vocational Training College graduating students and two BSc holders' supervisors were trained for two days focusing on the objective of the study and value of collecting the actual data. The principal investigator was coordinating the overall activity of the study. A pretest was conducted on 37 respondents one week prior to the actual data collection period at Mersa Agricultural Vocational Training College first year students and necessary modification of the questionnaire was undertaken. A close supervision, honest communication and on spot decision in the field work phase was implemented.

During data collection, respondents were separated according to their educational level in different rooms and seat apart to each other and discussion alongside was not be allowed to maximize comfort, privacy; and avoid gender anxiety and shared responses. Female data collection facilitators and supervisor was assigned to female respondents and the same as to male respondents. Teachers of the school was asked kindly to leave the room to minimize suspicion, shame and respondents was briefed about the purpose and objectives of the study and the confidentiality and privacy of the respondents' response was ensured using computer pass ward.

4.10. Data processing and analysis

Data was entered using EPI INFO 2008 version 3.5.1 and it was exported and analyzed using SPSS version 16.0 windows and multiple logistic regression model was used to identify predictors for premarital sexual initiation.

4.11. Ethical consideration

Before data collection, ethical approval and ethical clearance letter was obtained from Ethical Review Board (IRB) of Department of Nursing and Midwifery, College of Health Science, Addis Ababa University.

Then after, permission letter was provided to officials at different authorities in Habru Woreda Education Bureau and Mersa Preparatory and High Schools through formal letters from AAU.

Respondents was briefed about the purpose and objectives of the study and participant's privacy and confidentiality of the information was maintained by using unlinked self administered data collection tool. Verbal consent was obtained from each participant to ensure their voluntariness to participate in the study and they was told that all have a right to withdraw at any time or refuse to participate at all with no negative repercussions.

4.12. Dissemination and utilization of results

Final report of the research project was submitted to Graduate studies of Addis Ababa University and panned to provide Habru Woreda Education Bureau, Mersa Preparatory and high school officials and Reproductive Health and Gender clubs of the school.

Scientific seminar and defense presentation; and publication of the report will be attempted to disseminate and utilize the findings; and a copy of the final report will be distributed to stakeholders working in reproductive health of adolescents, youth and significant others to use the findings of the report as baseline data for designing, implementing and evaluation of reproductive health and sexual health intervention program of in-school youth.

5. RESULTS

5.1. Socio-demographic characteristics

A total of 356 high school and preparatory school students were invited to complete the survey questionnaire with response rate of 100%. From the total of 356 respondents 208(58.4%) were male while the majority 170(47.8 %) were in the age group 15-17 years old with the mean age of 17.7 years. The minimum and the maximum age was 14 and 28 respectively. The predominant ethnic group 349(98.0%) was Amhara, majority were Muslim and Orthodox followers with 175 (49.2%) and 170(47.8%) respectively. Majority 98.0% were attend their respective religious institution with 130(36.0%) attend religious institution every day. Regarding marital status majority 325(91.5%) was never married where as 31(8.5%) of the respondent were married of them 26(86.7%) were fall in the age group 15-17 at their first marriage. One hundred three (28.9%) of the respondent reported that they had pocket money and 60.2% got the money from their both parent (Table 1).

Table1:-Socio Demographic Characteristics of Mersa Preparatory and High School Students (n=356), Mersa Town, Amhara Regional State, March 10-30, 2012.

Variable	Frequency	Percentage
Sex		
Male	208	58.4
Female	148	41.6
Total	356	100.0

Age

<15	41	11.4
15-17	145	40.7
≥17	170	47.8
Total	356	100.0

Ethnicity

Amhara	349	98.0
Tigre	6	1.7
Oromo	1	0.3
Total	356	100.0

Marital Status

Never married	325	91.5
Ever married	31	8.5
Total	356	100.0

Residence

Urban	229	64.3
Rural	127	35.7
Total	356	100.0

Pocket money

Yes	103	28.9
No	253	71.1
Total	356	100.0

From the total of 356 respondents about 39.6% attending Grade 10th (55.3% females and 44.7% males), 38.5% were Grade 9th (57.7% females and 42.3% males), 12.6% were Grade 12th (60.0% females and 40.0 males) and the rest 9.3 were grade 12th.

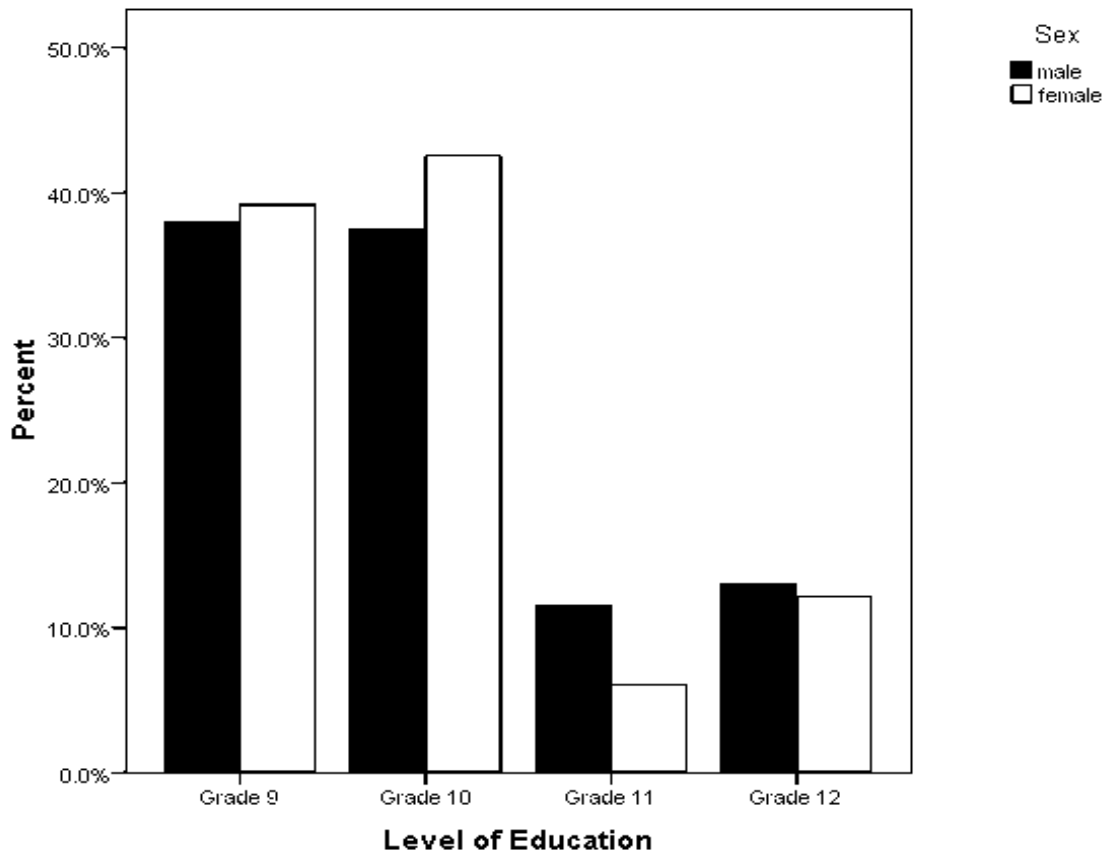


Figure 3: Levels of respondent grade against sex of Mersa Preparatory and High School students, Amhara Regional State, March 10-30, 2012

5.2. Parental educational and socio-economic status

Regarding parents educational and socio-economic status, one hundred ninety five (54.8%) of the study participant were living with both parents, 14(3.9%) and 18(5.0%) of the respondent reported that their mother and father were not alive respectively. Regarding parents educational status 121(34.0%) mother and 140(39.3%) father were able to read and write. Majority of the respondents mother 253 (74%) were house wife where as 96(28.7%) of the respondents father were farmers. Respondents self perception of their family income shows that majority 249(69.9%) were middle income family (Table 2).

Table 2: - Description of parents of the study populations' educational and socio-economic Status Mersa Town, Amhara Regional State, March 10-30, 2012

Variable	Frequency	Percentage
Mother's educational status		
Unable to read and write	107	30.1
able to read and write	121	34.0
Grade 1-4	40	11.2
Grade 5-8	34	9.6
Grade 9-10	14	3.9
Grade 11-12	8	2.2
Above grade12	18	5.1
Total	342	100.0
Father's educational status		
Unable to read and write	46	12.9
able to read and write	140	39.3
Grade 1-4	49	13.8
Grade 5-8	35	9.8
Grade 9-10	26	7.3

Grade 11-12	5	1.4
Above grade12	37	10.4
Total	338	100.0
Mother's occupational status		
House wife	253	74.0
Civil servant employer	20	5.8
Private employer	14	4.1
Merchant	48	14.0
Daily labored	6	1.8
Other	1	0.3
Total	342	100.0
Father's occupational status		
Civil servant employer	57	17.1
Private employer	47	14.1
Merchant	62	18.6
Daily laborer	27	8.1
Farmer	96	28.7
Other	45	13.5
Total	334	100.0
Parents' economic status		
Poor	78	21.9
Medium	249	69.9
Rich	29	8.1
Total	356	100.0

5.3. Risky behavior and peer pressure for premarital sexual initiation

From a total of 356 respondents, Majority of the respondent 272(76.4%) had peer friends with 166(60.9%) of them discussed about sexual issue with their peer friends. In the school there were ten school clubs including Anti HIV/AIDS and Reproductive health clubs and majority 167(46.9%) member of these school clubs however majority 202(56.7) were did not have opportunity to discuss about sexual issues with any of the clubs. Regarding risky behaviors, 64(18.0%) had ever chew chat in which with 24(6.7%) of them still chewing chat currently and most of them 10(33.3%) chew at least once in a week. Thirty seven (10.4%) of the respondent had ever drink alcohol majority of them 31(8.7%) still drink alcohol currently with 11(35.5%) drink at least once a week. Six (1.7%) of the respondents smoke cigarette. Thirty seven (10.4%) visit night club and 23(6.5%) visited Pubs or Bars. Regarding respondents peer friend 42(11.8%) of the chew chat, 31(8.7%) drink alcohol, 12(3.4%) smoke cigarette and 79(22.2%) watch sex film. Seventy one (19.9%) of the respondents peer friend influence the respondents to start sexual intercourse (Table 3).

Table 3: - Description of Risky behavior and peer pressure for premarital sexual initiation of Mersa Preparatory and High school students, Mersa Town, Amhara Regional State, March 10-30, 2012

Variable	Frequency	Percentage
Do you have peer friend		
Yes	272	76.4
No	84	23.6
Total	356	100.0
Discussion on sex issues with peer friend		
Yes	166	76.4
No	106	23.6
Total	272	100.0
Discussion on sex issues with school clubs		

Yes	154	43.3
No	202	56.7
Total	356	100.0
Chat chewing		
Yes	64	18.0
No	292	82.0
Total	356	100.0
Drink alcohol		
Yes	37	10.4
No	319	89.6
Total	356	100.0
Smoke cigarette		
Yes	6	1.7
No	350	98.3
Total	356	100.0
Visit Night club		
Yes	37	10.4
No	319	89.4
Total	356	100.0
Visit Pub		
Yes	23	6.5
No	333	93.5
Total	356	100.0
Peer chew chat		
Yes	42	11.8
No	222	62.4
Do not know	92	25.8

Total	456	100.0
Peer drink alcohol		
Yes	31	8.7
No	260	73.0
Do not know	65	18.3
Total	356	100.0
Peer smoke cigarette		
Yes	12	3.4
No	290	81.5
Do not know	54	15.2
Total	356	100.0
Peer watch sex film		
Yes	31	8.7
No	260	73.0
Do not know	65	18.3
Total	356	100.0
Peer initiated sexual intercourse		
Yes	71	19.9
No	242	68.0
Do not know	43	12.1
Total	356	100.0

5.4. History of premarital sexual initiation

From total of 356 respondents 141(39.6%) had boy/girl friend and one hundred thirteen one (31.7 %) of respondents reported that they had premarital sexual intercourse. The mean age at first sexual intercourse was 16.2(\pm 1.9 SD); the minimum and maximum age started sexual intercourse was 9 and 21 respectively. From the total of sexually active students, the majority 102(90.3%) had their first sexual intercourse were under 18 years old. Majority of the respondent (64.6%) had their first sexual intercourse with their girl or boy friend and more than half of them 58.4% do not use condom at their first sexual intercourse.

From the total female students who have already experienced sexual intercourse, 10 (33.3%) have got pregnant at least once prior to this study, out of which 20.0% reported history of abortion. On the other hand, out of the total male students who have already experienced sexual intercourse, 23 (24.4%) have impregnated at least once prior to this study.

From the total of sexually active respondents, 57 (50.4%) had one sexual partner in the past, 32 (28.3%) had two sexual partners and the rest, 24 (21.2%) had three and above partners. The mean number of sexual partners was 1.82(\pm 1. 020 SD) (Table 4).

Table 4: - Description of History of premarital sexual initiation of Mersa Preparatory and High school students, Mersa Town, Amhara Regional State, March 10-30, 2012

Variable	Frequency	Percentage
Boy or girl friend		
Yes	141	39.6
No	215	60.4
Total	356	100.0
condom use		
yes	43	43.0
No	66	66.0
Do not remember	4	4.0

Total	113	100.0
Ever been pregnant		
Yes	10	33.3
No	20	66.7
Total	30	100.0
outcome of pregnancy		
Aborted	2	20.0
Delivered	8	80.0
Total	10	100.0
Sexual intercourse in the last 6months		
Yes	60	53.1
No	53	46.9
Total	113	100.0
Sexual intercourse with commercial sex workers		
Yes	13	46.7
No	72	53.3
Total	85	100.0
Condom used with commercial sex workers		
Yes	10	76.9
No	3	23.1
Total	13	100.0
Number of sexual partners		
One	57	50.4
Two	32	28.3
Three	11	9.7
More than three	13	11.5

Total	113	100.0
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The main reason for initiation of sexual intercourse were fell in love which accounts 47(41.6%) followed by peer pressure which accounts 24(21.2%) and desire to practice sexual intercourse which accounts 20(17.7%).(Figure 3)

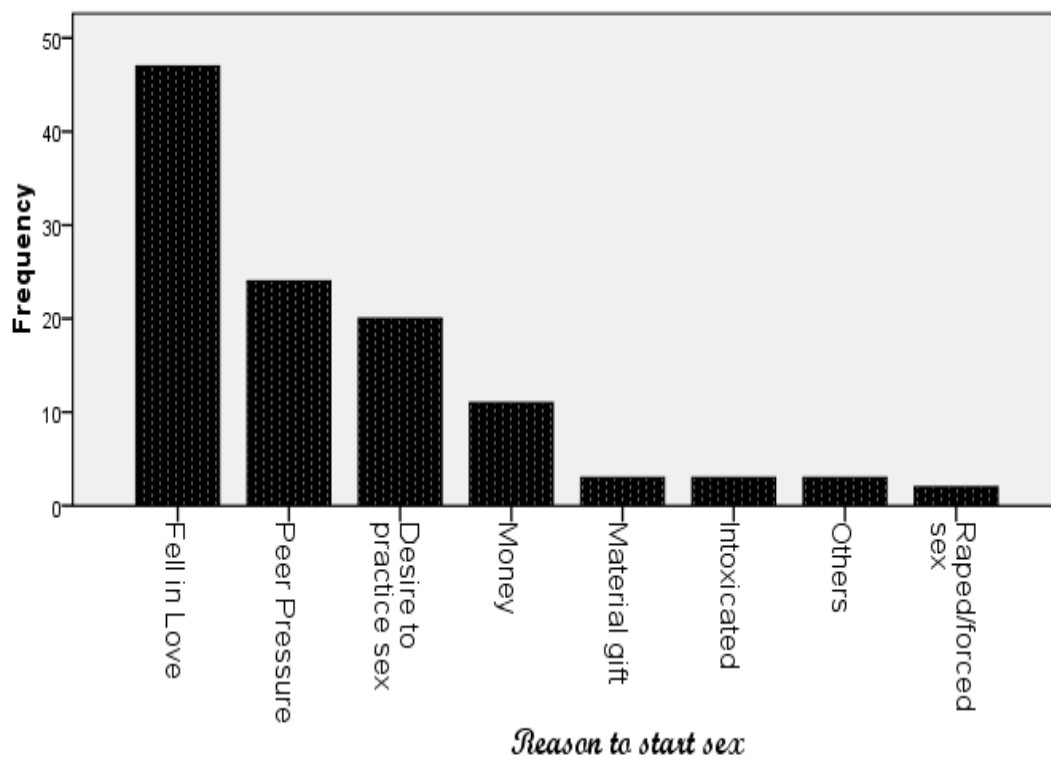


Figure 4: Reason to start premarital sex Mersa Preparatory and High School students, Amhara Regional State, March 10-30, 2012

The relationship between premarital sex and socio-demographic variables such as gender, age, religion, ethnicity etc was tested in a binary logistic regression both univariate and multi-variate analysis was done.

In univariate logistic regression, being male, age greater than 15 years, never married and having pocket money were found to be significantly associated with premarital sex. Accordingly males were more likely to have premarital sex than female [COR 2.053 (1.278, 3.300)], similarly those respondents age 15 and above were more likely to have premarital and while age less than 15 years old was found to be protective against premarital sexual initiation [COR (CI 95%)2.053 (1.278 , 3.300) .

In multivariate logistic regression analysis was used to minimize the effect of other confounding variables and to identify the real factors contributing to premarital sex initiation. Among the socio-demographic variables, sex, age of respondent and having pocket money were significantly associated with premarital sex. Accordingly being male [AOR 1.703 (1.997, 2.910)] and age between 15-17 years were significantly associated with premarital sexual initiation [AOR 1.572(1.627, 3.941)] (Table 5).

Table 5: - Selected variables evaluated for possible association; pre-marital sex with socio-demographic variables of Mersa Preparatory and High school students (n=356), Mersa Town, Amhara Regional State, March 10-30, 2012.

	Pre-marital		OR 95% CI	
	sex		Crude	Adjusted
	Yes	NO		
Sex				
Male	79(38.0%)	129(62.0 %%)	2.053 (1.278 , 3.300)	1.703 (1.997 , 2.910)*
Female	34(23.0%)	114(77.0%)	1.00	1.00
Age				
≤15	10(24.4%)	31(75.6%)	1.00	1.00
15-17	30(20.7%)	115(79.3%)	2.333 (1.075, 5.063)	1.572(1.627, 3.941)*
≥17	73(43.0%)	97(57.0)	2.885 (1.743, 4.774)	0.637(0. 246, 1.651)
Level of education				
Grade 9 th	39(28.5%)	98(71.5%)	1.00	1.00
Grade 10 th	45(31.9%)	96(68.1%)	0.849 (0. 508, 1.418)	0.877(0.470, 1.638)
Grade 11 th	11(33.3%)	22(66.7%)	0.796(0.353, 1.795)	1.146(0.451, 2.910)
Grade 12 th	18(40%)	27(60%)	0.597(0.296, 1.205)	0.999(0.428, 2.331)
Religion				
Muslim	56(32.0%)	119(68.0%)	1.00	1.00
Orthodox	52(30.6%)	118(69.4%)	1.068(0.677, 1.684)	1.052(0.640, 1.732)
Catholic	2(66.7%)	1(33.3%)	0. 235 (0.021, 2.650)	0.176 (0.014, 2.276)
Protestant	3(37.5%)	5(62.5%)	0.784(0.181, 3.398)	0.817(0.170, 3.922)
Ethnicity				
Amhara	111(31.8%)	238(68.2%)	1.00	1.00
Tigre	2(33.3%)	4(66.7%)	0.933(0.168, 5.169)	0.716(0.099, 5.206)

Oromo	0(0.0)	1(100.0%)	7.534E8 (0.000, 0.)	6.112E8(0.000, ...)
residence				
Urban	78(32.3%)	153(66.8%)	1.00	1.00
Rural	37(29.1%)	90(70.9%)	1.208(0.754,1.936)	1.040(0.607, 1.783)
Marital status				
Never married	93(28.6%)	232(71.4%)	0.200 (0.090, 0.044)	0.239(0.102 ,0.560)*
Ever married	20(66.7%)	10(33.3%)	1.00	1.00
Pocket money				
Yes	46(44.7%)	57(55.4%)	0.446 (0.277, 0.720)	2.102(1.244, 3.552)*
No	67(26.5%)	186(73.5%)	1.00	1.00

* indicates association, COR-Crude odds Ratio, AOR-Adjusted Odds Ratio, CI-Confidence Interval

Regarding respondent's behavior and peer pressure both univariate and multivariate logistic regression analysis was done.

In univariate logistic regression, having boy/girl friend, respondent self behavior like chewing chat, drinking alcohol, smoking cigarette, watching sex film, visiting night club and pubs, peer behavior like peer chat chewing, peer drinking alcohol, peer smoking cigarette, peer watching sex film and Peer friend initiate sexual intercourse were found to be positively and significantly associated with premarital sex (Table 6).

In multivariate logistic regression it was found out that having boy/girl friend, visiting night club and peer friend initiate sexual intercourse were significantly associated with premarital sex. Accordingly, those respondents who had boy or girl friend more likely to had premarital sex than those who did not have [COR 4.697(2.196, 7.564), AOR 4.092(2.412, 6.941)]. Those respondents who visit night clubs were more likely to have premarital sex than those who did not visit [COR 4.180 (2.060, 8.483), AOR 3.361(1.450, 7.789)] similarly those respondents who visit pubs were also more likely had premarital sex than those who did not visit [COR 3.029 (1.286, 7.137), AOR 3.361(1.450, 7.789)] (Table 6).

Table 6: - Variables evaluated for possible association; pre-marital sex with respondents behavior, peer behavior and pressure among Mersa Preparatory and High school students (n=356), Mersa Town, Amhara Regional State, March 10-30, 2012.

	Pre-marital sex		OR(95%)CI	
	Yes	No	COR	AOR
Boy/girl friend				
Yes	73(51.8%)	68(48.2%)	4.697(2.196, 7.564)	4.092(2.412, 6.941)*
No	40(18.6%)	175(81.4%)	1.00	1.00
Chat chewing				
Yes	27(42.2%)	37(57.8%)	1.748 (1.002, 3.049)*	1.123(0.563, 2.240)
No	86(29.5%)	206(70.5%)	1.00	1.00
alcohol Drinking				
Yes	19(51.4%)	18(48.6%)	2.527(1.270, 5.028)*	1.353(0.546, 3.353)
No	94(29.5%)	225(70.5%)	1.00	1.00
smoking cigarette				
Yes	5(83.3%)	1(16.7%)	11.204(1.293,97.050)*	5.491(0.367, 82.159)
No	108(30.9%)	242(69.1%)	1.00	1.00
watching sex film				
Yes	45(47.4%)	50(52.6%)	2.554 (1.567, 4.163)*	1.272(0.679, 2.384)
No	68(26.1%)	193(73.9%)	1.00	1.00
visit night club				
Yes	23(62.2%)	14(37.8%)	4.180 (2.060, 8.483)*	3.361(1.450, 7.789)*

No	90(28.2%)	229(71.8%)	1.00	1.00
Visit pub/bar				
Yes	13(56.5%)	10(43.5%)	3.029 (1.286, 7.137)*	3.108(1.089, 8.867)*
No	100(30.0%)	233(70.0%)	1.00	1.00
peer chew chat				
Yes	21(50.0%)	21(50.0%)	2.833 (1.321, 6.078)*	1.132(0.385, 3.328)
No	68(30.6%)	154(69.4%)	2.265 (1.160, 4.420)*	1.431(0.526, 3.899)
Do not know	24(26.1%)	68(73.9%)	1.00	1.00
peer drink alcohol				
Yes	17(54.8%)	14(45.2%)	4.048 (1.625, 10.084)*	1.385(0.349, 5.489)
No	81(31.2%)	179(68.8%)	2.683 (1.262, 5.706)*	1.314(0.403, 4.279)
Do not know	15(23.1%)	0(76.9%)	1.00	1.00
peer smoke cigarette				
Yes	8(66.7%)	4(33.3%)	6.308 (1.631, 24.397)*	1.474(0.210, 10.375)
No	92(31.7%)	198(68.3%)	4.304 (1.264, 14.659)*	1.265(0.213, 7.508)
Do not know	13(24.1%)	41(75.9%)	1.00	1.00

* indicates association, COR-Crude odds Ratio, AOR-Adjusted Odds Ratio, CI-Confidence Interval

Regarding parents socio-economic status both univariate and multivariate logistic regression analysis was done.

In univariate logistic regression, living with mother, living with both parents, and living with brother(s) and mother's educational level 11th and above were found to be significantly associated with premarital sex. Accordingly those study subjects who live with mother only was more likely to have premarital sex [COR 3.148 (1.178, 8.414)] as a result living with mother is a risk for premarital sex. Similarly, living with both parents and with brother(s) were more likely to have premarital sex and it is found to be a risk [COR 2.544 (1.126, 5.747) and 6.103 (1.444, 25.782) respectively.

In multivariate logistic regression after controlling other confounding variables and to identify the real factors contributing to premarital sex initiation, only living with mother's only was significantly associated with premarital sex so that those respondents who live with their mother were more likely to had premarital sex [ACR 2.583(1.217, 30.812)] (Table 7).

Table 7: - Selected Variables evaluated for possible association pre-marital sex with parents socio-economic status and discussion of sexual issues among Mersa Preparatory and High school students (n=356), Mersa Town, Amhara Regional State, March 10-20, 2012.

	Premarital sex		COR 95% CI	AOR 95% CI
	Yes	No		
Living currently				
Alone	14(51.9%)	13(48.1%)	1.00	1.00
Father only	4(25.0%)	12(75.0%)	3.231 (0.829, 12.591)	0.696(0.077, 6.295)
Mother only	13(25.5%)	38(74.8%)	3.148 (1.178, 8.414)*	2.583(1.217, 30.812)*
Both parents	58(29.7%)	137(70.3%)	2.544 (1.126, 5.747)*	1.976(0.233 , 16.778)
Sister(s)	8(53.3%)	17(85.0%)	0.942 (0.266, 3.337)	1.460(0.192, 11.101)
Brother(s)	3(15.0%)	7(46.7%)	6.103 (1.444, 25.782)*	0.344(0.032, 3.653)
Friend(s)	3(33.3%)	6(66.7%)	2.154 (0.444, 10.438)	3.184(0.281, 36.007)
Relative	7(42.1%)	10(58.8%)	1.538 (0.452, 5.242)	0.672(0.048, 9.513)
Wife or husband	3(50.0%)	3(50.0%)	1.077 (0.184, 6.319)	0.738(0.073, 7.433)
Mother's Educational status				
Unable to read and write	32 (29.9%)	75(70.1%)	1.00	1.00
able to read and write	36 (29.8%)	85(70.2%)	1.007 (0. 571, 1.779)	1.806(0.372, 8.759)
Grade 1-4	15(37.5%)	25(62.5%)	0.711 (0.332, 1.524)	1.288(0.278, 5.970)
Grade 5-8	11(32.4%)	23(67.6%)	0.892 (0. 389, 2.044)	0.662(0.128, 3.424)
Grade 9-10	5(35.7%)	9(64.3%)	0.768 (0.239, 2.472)	0.625(0.123, 3.180)
Grade 11-12	4(50.0%)	4(50.0)	0.427 (0.100, 1.812)*	0.822(0.129, 5.260)
Above grade12	5(27.8%)	13(72.2%)	0.109(1.365, 3.371)*	0.430(0.056, 3.318)
Mother's occupation				
House wife	85(33.6%)	168(66.4%)	1.00	1.00
Civil servant employer	8 (40.0%)	12(60.0%)	0.759(0.299, 1.927)	0.000(0.000,....)
Private employer	3(21.4%)	11(78.6%)	1.855(0.504, 6.827)	0.000(0.000,)

Merchant	11(22.9%)	37(76.1%)	1.702(0.827, 3.503)	0.000(0.000,....)
Daily laborer	1(16.9%)	5(83.1%)	2.530(0.291, 21.998)	0.000 (0.000,....)
Other	0(0.0%)	1(100%)	8.174E8(0. .000,)	0.000 (0.000,)
Father's educational level				
Unable to read and write	20(43.5%)	26(56.7%)	1.00	1.00
Able to read and write	43(30.7%)	97(69.3%)	1.735 (0. 875, 3.441)	0.562(0.153, 2.064)
Grade 1-4	13(26.5%)	36(73.5%)	2.130 (0. 900, 5.041)	1.287(0.431, 3.846)
Grade 5-8	9(25.7%)	26(74.3%)	2.222 (0. 854, 5.782)	1.691(0 .463, 6.184)
Grade 9-10	8(30.8%)	18(69.1%)	1.731 (0. 626, 4.783)	2.081(0.525, 8.248)
Grade 11-12	1(20.0%)	4(80.0%)	3.077 (0.319, 29.709)	2.303(0.557, 9.528)
Above grade 12	13(35.1%)	24(64.9%)	1.420 (0.582, 3.465)	1.603(0.128, 20.047)
Father's occupation				
Civil servant employer	19(33.3%)	38(66.7%)	1.00	1.00
Private employer	13(27.7%)	34(72.3%)	1.308 (0.562, 3.040)	0.926(0.306, 2.806)
Merchant	19(30.6%)	43(69.4%)	1.132 (0. .523, 2.447)	0.997(0.346, 2.875)
Daily laborer	12(44.4%)	15(55.6%)	0.625 (0. .245, 1.596)	0.903(0.342, 2.386)
Farmer	31(32.3%)	65(67.7%)	1.048 (0. .522, 2.106)	0.477(0.155, 1.469)
Other	12(26.5%)	33(73.3%)	1.375 (0. .582, 3.250)	0.792(0.323, 1.941)
Parent economical status				
Poor	29(37.2%)	49(62.8%)	1.00	1.00
Medium	72(28.9%)	177(71.1%)	1.455 (0. 852, 2.484)	1.471(0.493, 4.391)
Rich	12(41.4%)	17(58.6%)	0.838 (0.351, 2.001)	2.189(0.852, 5.622)
Discussion with mother				
Yes	20(30.3%)	46(69.7%)	1.00	1.00
No	90(31.7%)	194(68.3%)	0. 937(0.524, 1.676)	0.895(0.393 , 2.035)
Discuss with father				
Yes	14(26.4%)	39(73.6%)	1.00	1.00

No	93(33.0%)	189(67.0%)	0.730 (0.377, 1.410)	1.849(0.706, 4.848)
Discussion with brother				
Yes	40(36.7%)	69(63.3%)	1.00	1.00
No	73(29.6%)	174(70.4%)	1.382 (0.859, 2.224)	0.625(0.343 , 1.137)
Discussion with sister				
Yes	24(27.3%)	64(72.7%)	1,00	1.00
No	89(33.2%)	179(66.8%)	0.754(0.442, 1.286)	1.961(0.790 , 4.869)

* indicates association, COR-Crude odds Ratio, AOR-Adjusted Odds Ratio, CI-Confidence Interval

6. DISCUSSION

This study tried to assess the prevalence of premarital sexual initiation and associated factors among Mersa Preparatory and High School students. Moreover, the study tried to see the associations between premarital sex and socio-demographic variables, risky behavior, peer pressure, and parental socio-economic status.

From the total respondents, the overall prevalence of premarital sex was 31.7%, which is much higher than other similar studies done in Ethiopia (12, 13, 14, 15, and 16). A research done in Nekemte High School Students in 2006 the prevalence was 21.5%, it was 11.8% in Gedeon Zone SNNPR High School students in 2006, and in 19.4% in Ambo high school students in 2006, 27.3% in Dessie Town and 20.2% in Enjibara Town in 2008 and it was also higher than the (1). However in Sub-Saharan Africa the figures are higher than this finding, which were 45-52% for both sexes (22). In our societies where premarital sex is unaccepted both culturally and religiously this result is quite high. Cultural taboo from the society, close and strong supervision from families hinder the young adolescent from engaging in premarital sex. This finding found out that there is high sexual practice in the study area. Sexual activity among adolescent have been reported increasing worldwide. Several studies in Sub Saharan Africa have also documented high and increasing premarital sexual activities among adolescents (22). The higher finding in this study may be related to many families either parent or both leave family to work abroad so that children obliged to live with sisters, brothers or relative which may result low supervision, the other reason could be students from rural live and learn away from

their family to attend their secondary and preparatory this may result low supervision and control from their family.

The mean age of sexual initiation in the study population was 16.5 ± 2.3 for males, 16.6 ± 1.4 for females and 16.5 ± 1.9 years for both sex. It shows that the mean age starting sexual intercourse similar in both sexes but the mean age female starting sexual intercourse was relatively higher than similar study conducted in Nekemte Town in East Wollega in 2006 reported that the mean age at first sexual intercourse was 15.2 ± 1.7 for females and 16.2 ± 1.5 for males (12) and in SNNPR in Gedeon Zone High School students 16.7 ± 2.8 for males and 15.7 ± 2.1 for females. From the total of respondents who had history of premarital sex majority 115(79.3%) were in the age 15-17 years however significant number of respondents also started sex below age 15 which accounts 24.4%. A study done in Uganda also showed that adolescent start sex as early as 10-14 years (23). This shows that school adolescents in the study area start sex with similar age pattern with that of other areas in Ethiopia though it was higher than the study done in Uganda. In this study it was also found out that the risk of premarital sex increases with increasing age.

The main reason claimed by school adolescents to start sex includes falling in love 47 (41.6%), 24(21.2%) peer pressure, 20(17.7%) desire practice sex, 11(9.7%) to get money, 3(2.7%) intoxicated, and 3(2.7%) raped or forced by opposite sex. A similar study done East Wollega in Nekemte Town reported similar reason to start premarital sex. Though human being gains the physical maturity of procreation at the beginning of puberty, he/she is considered eligible for mating and reproduction much later may be after 18 years of age or 20. And also the in most

society including Ethiopian insists that a sexual practice outside a marriage is improper and illegal at times whatever reason could be. However in this finding most of school adolescents 102(90.3%) start sex below age 18 and they proposed the above reasons to start sex. It is true that sex in itself, is not wrong at any age; but premarital sex may harm the mental development of adults in several forms. Premarital sexual experiences, many a times, leads to the misconception that sex is to be enjoyed at whatever ways possible. Forced premarital sex will lead to mental depression and dilemma. Another danger is possible exchange of diseases; as premarital partners may not be aware of diseases that spread through intercourses. Getting pregnant through premarital sex is another disaster. Emotional imbalances and guilt feeling could be the result of most premarital sexual affairs.

In this study being male, age greater than 15, having pocket money were found to be positively and significantly associated with premarital sex in the study area. Accordingly, males were more likely to had premarital sex than females of the same age [COR 2.053 (1.278, 3.300) and AOR 1.703 (1.997, 2.910)]. In these findings, sexual activity prior to marriage started as early as age less than 15 years, however age greater than 15 had significant association with premarital sex so that respondents with 15 years and above were more likely to had premarital sex than those age less than 15 [COR 2.333 (1.075, 5.063) and AOR 1.572(1.627, 3.941)]. Similarly having pocket money was also significantly associated with premarital sex as those respondents who had pocket money more likely to engage sexual activity than their counter parts[COR 0.446 (0.277, 0.720)and AOR 2.102(1.244, 3.552)] Similar studies done in East Wollega Nekemte High School Students in 2006 reported the same result (12) and a study in China on Multiple sex partner behavior in female undergraduate students in China a multi-campus survey in 2009

support this finding it was that the protective factors against having sex were being of age <15 years(18)

Regarding self risky behavior and peer pressure for premarital sexual initiation, having boy/girl friend, self behavior like chewing chat, drinking alcohol, smoking cigarette watching sex films and visiting night club were reported by the respondents.

More than half of the respondent 60.4% had boy/girl friend. It was found that having boy/friend was significantly associated with premarital sex, as a result having boy or girl friend increase the risk of premarital sex. Premarital sex with boy or girl friend usually was unprotected as 66.0% of respondents reported that they did not use condom at their first premarital sexual exposure. One may argue that having boy or girl friend is not a problem however studies in school adolescents shows that young female adolescents lack negotiating skill to decide when to start sex and lack confident in obtaining information on contraceptive and to get contraceptive supplies. A research done in India Unmarried College students showed that female students were about as likely as, or slightly more likely than male students to express confidence in their ability to confront those who offended them, they were considerably less likely to report confidence in their ability to negotiate on contraceptive matters. This may predispose the school female adolescents for unwanted pregnancy which may also followed by unsafe abortion, STI/D including HIV/AIDS and social stigma.

Substance use in modern society now a days is a serious problem as it increase in alarming rate and associated with socio-economical like decreased work and school performance, accidents, absenteeism from school and work ,violent crime, theft, intoxication, unprotected sex,

unwanted pregnancy and other health related problems. In this study, chat chewing, drinking alcohol, and smoking cigarette also reported by the study participants. Similar studies had done in Dessie Town and Dessie Zuria Woreda in 2008 supports this finding. It was found that that chewing chat, alcohol use, viewing pornography was associated with early sexual initiation (17).

Majority of the respondent 76.4% reported that have peer friends. From the total of respondent who had peer friend 76.4% discussed about sexual issue with their peer friends. This study found out that though having peer friend was statistically not significantly associated with premarital sex, in multivariate logistic regression analysis it was found that peer friend initiate sexual intercourse was found to be positively and significantly associated with premarital sex. Cultural taboo hinder young adolescents in our society as many developing countries to discuss sexual matter explicitly with their parents. So most information for their patchy knowledge comes from peers of the same sex who themselves lack adequate information or are incorrectly informed. Young adolescents have limited knowledge about sexual and reproductive health and know little the natural process of puberty. This lack of knowledge about reproductive health may have bad consequences. Moreover increases in sexual activities are occurring in the era of HIV/AIDS pandemic that makes adolescents more susceptible. A similar study done in China, several demographic, family, and peer influences, and student factors (knowledge, and attitude toward sex) were risk factors for ever having premarital sex (18).

7. STRENGTH AND LIMITATION OF THE STUDY

7.1. Strength of the study

The study has tried to identify the prevalence of pre-marital sexual initiation and associated factors. Pre-test was done in Mersa TVET college students. This study including students from the whole grades based on their proportion and applying probability sampling technique to have representative sample of the source population is one of the major strength of this study. Moreover, the use of data collectors (equal number of male and female) from Mersa Agricultural Vocational Training College graduating students and strong support and assistance from school administrative and teachers to assist the whole data collection process has helped us to get high response rate of school adolescents.

7.2. Limitation of the study

Since this study deals with very personal and sensitive issues such as sexual practice and other risk factors related to it, the respondents may feel that their privacy is violated so there may be tendency to hold back or give false information this could be a limitation to this study and obtaining an honest response among adolescent students was seems difficult. This study also did not consider qualitative data which could have an impact on the values of the results.

8. COCLUSIONS

Understanding of the premarital sexual experience and identification of risks associated with sexual activities must be the fundamental element of interventions that are working in the area of STIs, HIV/AIDS, unwanted pregnancy, unsafe abortion.

This study has revealed that early sexual initiation before marriage was high and school adolescents started sexual intercourse very early and are involved with high-risk sexual practices which are unprotected sexual intercourse with multiple sexual partners and with commercial sex workers.

Sexuality and sexual issues are a taboo and difficult to openly discuss in community and within the families still significant proportion of the respondents didn't talk sex related issues with their families and majority the respondent prefer to discuss with their peer friend whom themselves lack adequate information or incorrectly informed. So access to accurate information on adolescent reproductive health is denied to remarkable amounts of the respondents.

In this study being male, age greater than 15 and having pocket money were found to be positively and significantly associated with premarital sex.

9. RECOMENDATIONS

Consistent Provision of information about adolescent reproductive health in general and premarital sexual practices and factors related to it in particular should be provided to the school adolescents by the concerned governmental and non-governmental bodies.

The local community should be taught of the importance of discussing sex and related issues with their children so as to increase their awareness. Medias can contribute a great deal in disseminating health information on premarital sex and reproductive health to large parts of the community.

As school clubs -by-school adolescents are increasingly being recognized as an important avenue for disseminating reproductive health information to the young. Though in the school there are ten clubs established, they are not functioning properly. So this school clubs should work in organized manner and incorporate programs in provision of information about adolescent reproductive health, pre-marital sexual practices and factors related to it.

Premarital sex is not approved by any modern society. The most effective way of defending premarital sex is spreading awareness of healthy sexuality among children. Awareness of healthy sexuality is not at all the knowledge of safe sexuality. Train them to mingle with opposite sex in a mature way. Inspire them with mutual respect between man and woman. From the very childhood itself a baby should learn to accept people as men and women, the equal partners of life on earth; not as objects to fulfill lusty wishes and ambitions. So sex and

adolescent reproductive health education should be included in the school curriculums to bring behavioral change which is built in the long run starting from childhood.

For scholars working in reproductive health area and other concerned bodies, further study should be done to know the knowledge, attitude and practice of the communities towards pre-marital sex.

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ANNEX-II: SELF-ADMINISTERED QUESTIONNAIRE

Introduction:

Dear students!

The aim of this study is to assess premarital sexual initiation and associated factors among Mersa preparatory and high school students, North Wollo, Amhara Regional State, 2012. And you are chosen to participate in this study by chance. The purpose of this study is to generate information about pre-marital sexual initiation, and associated factors among preparatory and high school students; which may help policy makers, stakeholders and significant others to take actions based on the findings. The study will involve various intimate and private life questions. In order to effectively attain the objective of the research, I am requesting your help. There are questions related to premarital sex and associated factors for you to fill completely and there is no need to put your name on the questionnaire; no individual responses will be reported. Your responses will be completely confidential. It is your full right to refuse in responding any question or all of the questions. If you don't want to participate you can leave the questionnaire on the table (upside down). But you are requested to remain on your seat until others finish filling the questionnaire. However, your honest answers to these questions will help us in better understanding of level and associated factors of premarital sexual initiation, so; I am requesting you to give your truthful responses and keep participation. It will take a maximum of 40 minutes to answer these questions.

Would you willing to participate please?

1. Yes, I want to participate in this study (Please go to the next page)
2. No, I don't want to participate in this study (please keep on your seat).

For any further question, contact the investigator:

Kedir Endris : Cell Phone: +2519 13 14 12 10 & E-mail: kedirendris@ymail.com

Part-I: Socioeconomic and demographic characteristics

S.N ^o	Questions	Coding categories	Skip to
Q101	What is your sex?	1. Male 2. Female	
Q102	Age?	_____	
Q103	What is your educational level?	1. Grade 9 th 2. Grade 10 th 3. Grade 11 th 4. Grade 12 th	
Q104	What was your age when you started grade one?	_____years	
Q105	How do you perceive your educational performance?	1. Poor 2. Medium 3. Good 4. Excellent	
Q106	Where are you living currently?	1. Urban 2. Rural	
Q107	What is your ethnicity?	1. Tigray 2. Amhara 3. Oromo 4. Afar 5. Others(specify)_____	
Q108	What is your marital status?	1. Never married 2. Ever married	
Q109	If your response is “ Ever married ” for Q108 , How old you were for the first marriage?	_____years	

Q110	What is your religion?	<ol style="list-style-type: none"> 1. Orthodox Christian 2. Protestant Christian 3. Catholic Christian 4. Muslim 5. Others(specify)_____ 	
Q111	Have you ever attended religion institution?	<ol style="list-style-type: none"> 1. Yes 2. No 	
Q112	If your response is “Yes” for Q111, How often do you attend religion institution?	<ol style="list-style-type: none"> 1. Everyday 2. At least once in a week 3. At least once in a month 4. At least once in a year 5. When there is ceremony 6. Others(specify)_____ 	
Q113	With whom you are living currently?	<ol style="list-style-type: none"> 1. Alone 2. Father only 3. Mother only 4. Both parents 5. Sisters 6. brothers 7. Friends 8. Relatives 9. Spouse 10. Street 11. Others(specify)_____ 	
Q114	Do you have pocket money?	<ol style="list-style-type: none"> 1. Yes 2. No 	
Q115	If your response is “Yes” for Q114, Where do you get it?	_____	

Part-II: Parental socio-economic status and supervision about sexual issues

S.N ^o	Questions	Coding categories	Skip to
Q201	Is your mother alive?	1. Yes 2. No	If No , Q204
Q202	If your response is “ yes ” for Q201 , What is your mother’s educational status?	1. Unable to read and write 2. able to read and write 3. Grade 1-4 4. Grade 5-8 5. Grade 9-10 6. Grade 11-12 7. Above grade12	
Q203	If your response is “ yes ” for Q201 ; What is your mother’s occupational status?	1. House wife 2. Civil servant employer 3. Private employer 4. Merchant 5. Daily laborer 6. Others(specify)_____	
Q204	Is your father alive?	1. Yes 2. No	
Q205	If your response is “ yes ” for Q204 ; What is your father’s educational status?	1. Unable to read and write 2. able to read and write 3. Grade 1-4 4. Grade 5-8 5. Grade 9-10 6. Grade 11-12 7. Above 12	
Q206	If your response is “ yes ” for Q204 ;	1. Civil servant employer	

	What is your father's occupational status?	<ol style="list-style-type: none"> 2. Private employer 3. Merchant 4. Daily laborer 5. Others(specify)_____ 	
Q207	What is your parents' economic status?	<ol style="list-style-type: none"> 1. Poor 2. Medium 3. Rich 	
Q208	If your response is "yes" for Q201 ; Have you ever discussed about sexual issue with your mother?	<ol style="list-style-type: none"> 1. Yes 2. No 	
Q209	If your response is "yes" for Q204 , Have you ever discussed about sexual issue with your father?	<ol style="list-style-type: none"> 1. Yes 2. No 	
Q210	Have you ever discussed about sexual issue with one of the following individuals? (Multiple answer is possible)	<ol style="list-style-type: none"> 1. Sister(s) 2. Brother(s) 3. Relative(s) 4. Spouse 5. Others(specify)_____ 	
Q211	Do you have peer friend?	<ol style="list-style-type: none"> 1. Yes 2. No 	
Q212	If your response is "yes" for Q211 ; Have you ever discussed about sex issues with your peer friend?	<ol style="list-style-type: none"> 1. Yes 2. No 	
Q213	Is there any reproductive health club in your school?	<ol style="list-style-type: none"> 1. Yes 2. No 	
Q214	If your response is "yes" for Q213 ; Have you ever been a member of any school clubs?	<ol style="list-style-type: none"> 1. Yes 2. No 	If No, Q217
Q215	If your response is "yes" for Q214 ;	<ol style="list-style-type: none"> 1. Anti HIV/AIDS club 	

	To which of the following club(s) you have been a member? (Multiple answer is possible)	2. Reproductive health club 3. Gender club 4. Virginitv club 5. Others(specify)_____	
Q216	Have you ever discussed about sexual issue in any club?	1. Yes 2. No	
Q217	Do you think that keeping virginitv up to marriage is important?	1. Yes 2. No	
Q218	If your response is “No” for Q217, Do you think that using condom consistently and correctly prevents sexual transmitted diseases including HIV/AIDS ?	1. Yes 2. No	
Q219	Do you think that unwanted pregnancy can be prevented by using condom correctly and consistently?	1. Yes 2. No 3. I don’t know 4. Others(specify)_____	

Part -III: Risky behavior and peer pressure for premarital sexual initiation

S.N ^o	Questions	Coding categories	Skip to
Q301	Have you ever chewed chat?	1. Yes 2. No	If No, Q304
Q302	If your response is “ yes ” for Q301 , Do you chew chat currently?	1. Yes 2. No	
Q303	If your response is “ yes ” for Q302 , How frequent do you chew?	1. Every day 2. At least once a week 3. At least once a month 4. At least once a year 5. Others(specify)_____	
Q304	Have you ever drunk alcoholic beverage?	1. Yes 2. No	If No, Q307
Q305	If your response is “ yes ” for Q304 , Do you drink alcoholic beverage currently?	1. Yes 2. No	
Q306	If your response is “ yes ” for Q105 , How frequent?	1. Every day 2. At least once a week 3. At least once a month 4. At least once a year 5. Others(specify)_____	
Q307	Have you ever smoke cigarette?	1. Yes 2. No	If No, Q310
Q308	If your response is “ yes ” for Q307 , Do you smoke cigarette currently?	1. Yes 2. No	
Q309	If your response is “ yes ” for Q308 , How frequent?	1. Every day 2. At least once a week 3. At least once a month 4. At least once a year	

		5. Others(specify)_____	
Q310	Have you ever watched sex film?	1. Yes 2. No	If No, Q313
Q311	If your response is “yes” for Q310, Do you watch currently?	1. Yes 2. No	
Q312	If your response is “yes” for Q311, How frequent?	1. Every day 2. At least once a week 3. At least once a month 4. At least once a year 5. Others(specify)_____	
Q313	Have you ever visited one of the following? (Multiple response is possible)	1. Night club 2. Pub/Bar/ 3. Others(specify)_____	
Q314	Does your peer friend chew chat?	1. Yes 2. No 3. I don’t know	
Q315	Does your peer friend drink alcohol beverage?	1. Yes 2. No 3. I don’t know	
Q316	Does your peer friend smoke cigarette?	1. Yes 2. No 3. I don’t know	
Q317	Does your peer friend watch sex film?	1. Yes 2. No 3. I don’t know	
Q318	Have your peer friend initiated sexual intercourse?	1. Yes 2. No 3. I don’t know	

Part- IV: History of premarital sexual initiation

S. N ^o	Questions	Coding categories	Skip to
Q401	Do you have boy/ girl friend?	1. Yes 2. No	
Q402	Have you ever had premarital sexual intercourse? <i>(Sexual intercourse: in this study is restricted to “Penetrative vaginal penile intercourse”)</i>	1. Yes 2. No	If No, Stop! If Yes, continue!
Q403	If your response is “ yes ” for Q402 , At what age you have started first sexual intercourse?	_____years	
Q404	If your response is “ yes ” for Q402 , What was the age of your first sexual partner when you had first sexual intercourse?	_____years	
Q405	What drive you to had sex for the first time?	1. Fell in Love 2. Desire to practice sex 3. Money 4. Raped/forced sex 5. Material gift 6. Peer Pressure 7. Intoxicated 8. Others(specify)_____	
Q406	With whom you had first sexual intercourse?	1. Girl friend/Boy friend 2. Friend 3. Cohabitant 4. Relative	

		5. Causal 6. I was initiated by film 7. Commercial sex worker 8. Others(specify)_____	
Q407	Did you use condom when you had sex for the first time?	1. Yes 2. No 3. Did not remember	
Q408	Have you ever been pregnant? (Q408- Q412 for female respondents only)	1. Yes 2. No	If No, Q417
Q410	If your response is “yes” for Q408, Was it planned?	1. Yes 2. No	
Q411	What was the outcome of pregnancy?	1. Aborted 2. Delivered	
Q412	If your response is “Aborted” for Q411, Where was it aborted?	1. Traditional abortion practitioner home 2. Parents home 3. Health institution 4. Others(specify)_____ –	
Q413	Have you ever made pregnant? (Q413- Q416 for male respondents only)	1. Yes 2. No 3. I don’t know	If No/I Don’t Know,Q417
Q414	If your response is “yes” for Q413, Was it planned?	1. Yes 2. No	
Q415	What was the outcome of the pregnancy?	1. Aborted 2. Delivered 3. I don’t know	
Q416	If your response is “Aborted” for	1. Traditional abortion	

	Q415, Where was it aborted?	practitioner home 2. Parents home 3. Health institution 4. I do not know 5. Others(specify)_____	
Q417	Did you have sexual intercourse in the last 6months ?	1. Yes 2. No	
Q418	If your response is “ Yes ” for Q417 , Have you used condom?	1. Yes 2. No	
Q419	Have you ever had sexual intercourse with commercial sex workers? (Q419-Q424 for male respondents only)	1. Yes 2. No	If No, Q423
Q420	If your response is “ Yes ” for Q419 , Have you used condom?	1. Yes 2. No	
Q421	Did you have sexual intercourse with commercial sex workers in the last 6months ?	1. Yes 2. No	If No, Q423
Q422	If your response is “ Yes ” for Q421 , Have you used condom?	1. Yes 2. No	
Q423	How many sexual partners do you have so far?	1. Only one 2. Two 3. Three 4. More than Three	

Thank you very much for your cooperation!

መግቢያ:

ውድ ተማሪ!

የዚህ ጥናት አላማ በመርሳ 2ኛ ደረጃ እና መሰናዶ ት/ቤት ተማሪዎች የቅድመ-ጋብቻ ወሲብ አጀማመር ፣ እና ተዛማጅ ሁኔታዎችን ለማጥናት ነው። እናም አነተ/አንቺ በዚህ ጥናት ለመሳተፍ በአጋጣሚ ተመርጠሃል/ሻል። የጥናቱ አላማ ፖሊሲ አውጭዎች ፣ ባለድርሻ አካላት እንዲሁም ወሳኝ ሰዎች የቅድመ-ጋብቻ ወሲብ ተናሳሽነት እና ተዛማጅ ሁኔታዎችን በተመለከተ መረጃ እንዲኖራቸው ለማድረግና በጥናቱ ውጤት መሰረት መፍትሄ ለማምጣት እንዲጠቅማቸው ነው። ጥናቱ የተለያዩ ግላዊና ምስጢራዊ የህይወት ጥያቄዎችን ፣ የጥናቱን አላማ በትክክል ለማሳካት የአንተን/የአንቺን ርዳታ እጠይቃለን። ሙሉ በሙሉ ልትሞላቸው/ያቸው የሚገቡ የቅድመ-ጋብቻ ወሲብ ተናሳሽነት እና ተዛማጅ ሁኔታዎችን የሚመለከቱ ጥያቄዎች አሉ። ስምህን/ሽን በመጠይቁ መፃፍ አያስልግም። የማንም ሰው ግላዊ ምላሽ ግልጽ/ሪፖርት አይደረግም። የምላሽህ/ሽ ምስጢራዊነት ሙሉ በሙሉ የተጠበቀ ነው። ሁሉንም ወይም ማንኛውንም ጥያቄ ያለመመለስ ሙሉ መብት አለህ/ሽ። በጥናቱ አለመሳተፍ ከፈለክ/ግሽ መጠይቁን ጠረንጴዛው ላይ ደፍተህ/ሽ በማስቀመጥ መተው ትችላለህ/ያለሽ። ነገር ግን ሌሎች መጠይቁን ሞልተው እስኪጨርሱ ድረስ በመቀመጫህ/ሽ እንደተቀመጥክ/ሽ እንድትጠብቅ/ቂ በአክብሮት እንጠይቃለን። ታማኝ መልስህ/ሽ በቅድመ-ጋብቻ ወሲብ ተናሳሽነት እና ተዛማጅ ሁኔታዎች በተመለከተ ጥሩ ግንዛቤ እንዲኖረን ስለሚረዳን እውነተኛ ምላሽህን/ሽን እንድትሰጠንና ተሳታፊ አንድትሆን/ኚ በማክበር እንጠይቃለን። ጥያቄዎቹን መልሶ ለመጨረስ ቢበዛ 40 ደቂቃ ይወስዳል። ለመሳተፍ ፈቃደኛ ነህ/ሽ?

- 3. አወ ፣ በዚህ ጥናት መሳተፍ እፈልጋለሁ (እባክዎ ወደሚቀጥለው ገጽ ይሂዱ)
- 4. አይ ፣ በዚህ ጥናት መሳተፍ አልፈልግም (እባክዎ በመቀመጫዎ እንዳሉ ይጠብቁን).

ጥያቄ ካለህ/ሽ ፣ ዋና አጥኚውን በሚቀጥለው አድራሻ ማግኘት ትችላለህ/ያለሽ:

ከድር አድራሻ: ተንቀሳቃሽ ስልክ: +2519 13 141210 እና ኢ-ሜይል: kedirendris@gmail.com

ምድብ ፩: ማህበራዊ፣ ኢኮኖሚያዊ እና መሰረታዊ መረጃዎች

ተ.ቁ.	ጥያቄዎች	የምድብ ኮድ	ወደ...ተ ሻገር
ጥ101	ይታ	1. ወንድ 2. ሴት	
ጥ102	እድሜ	_____ ዓመት	
ጥ103	የትምህርት ደረጃ	1. 9 ^ኛ ክፍል 2. 10 ^ኛ ክፍል 3. 11 ^ኛ ክፍል 4. 12 ^ኛ ክፍል	
ጥ104	1ኛ ክፍል ሳለህ/ሽ የነበረህ/ሽ ዕድሜ	_____ ዓመት	
ጥ105	የትምህርት ብቃትህን/ሽን እንዴት ትመዘኑ/ሽ/ሻቀለሽ?	1. ዝቅተኛ 2. መካከለኛ 3. ከፍተኛ	
ጥ106	መኖሪያ	1. ገጠር 2. ከተማ	
ጥ107	ብሄር	1. ትግሬ 2. አማራ 3. ኦሮሞ 4. ሌላ(ይገለፅ) _____	
ጥ108	የጋብቻ ሁኔታ	1. አግብቶ/ቷ የሚያውቅ/የምታውቅ 2. አግብቶ/ቷ የማያውቅ/የማታውቅ	
ጥ109	አግብቶ/ቷ የሚያውቅ/የምታውቅ ከሆነ በመጀመሪያ ጋብቻህ/ሽ እድሜህ/ሽ ስንት ነበር	_____ ዓመት	
ጥ110	ሃይማኖት	1. ኦርቶዶክስ ክርስቲያን 2. ፕሮቴስታንት ክርስቲያን 3. ካቶሊክ ክርስቲያን 4. ሙስሊም 5. ሌላ(ይገለፅ) _____	
ጥ111	ወደ ሃይማኖት ተቋማት ሄደህ/ሽ ታውቃለህ/ታውቂያለሽ?	1. አወ 2. አላውቅም	

ጥ112	ለጥ111 “አወ” ከሆነ መልስህ/ሽ፣ ብዩኑን ቀኑ?	<ol style="list-style-type: none"> 1. ሁልጊዜ 2. ቢያንስ በሳምንት አንድ ጊዜ 3. ቢያንስ በወር አንድ ጊዜ 4. ቢያንስ በዓመት አንድ ጊዜ 5. ዝግጅት በሚኖር ጊዜ 6. ሌላ(ይገለጹ) _____ 	
ጥ113	በአሁኑ ሰዓት ከማን ጋር ትኖራለህ/ሽ?	<ol style="list-style-type: none"> 1. ብቻየን 2. ከአባቴ ጋር ብቻ 3. ከእናቴ ጋር ብቻ 4. ከሁለቱም ወላጆቼ ጋር 5. ከእህቶቼ ጋር 6. ከወንድሞቼ ጋር 7. ከጓደኞቼ ጋር 8. ከዘመዶቼ ጋር 9. ከባልቤቴ ጋር 10. ጎዳና ላይ 11. ሌላ(ይገለጹ) _____ 	
ጥ114	የኪስ ገንዘብ አለህ/ሽ?	<ol style="list-style-type: none"> 1. አወ 2. የለኝም 	
ጥ115	ለ ጥ114 “አወ” ከሆነ መልስህ/ሽ፣ ከየት ነው የምታገኘው/ኝው?	_____	

ምድብ ፪: የቤተሰብ ማህበራዊ እና ኢኮኖሚያዊ ሁኔታ እና በወሲባዊ ጉዳዮች የሚያደርጉት ቁጥጥር

ተ.ቁ.	ጥያቄዎች	የምድብ ኮድ	ወደ...ተሻገር
ጥ201	እናትህ/ሽ በህይወት አሉ?	<ol style="list-style-type: none"> 1. አወ 2. የለኝም 	የለኝም ከሆነ፣ ጥ204
ጥ202	ለጥ201 መልስህ/ሽ “አወ” ከሆነ፣ የእናትህ/ሽ የትምህርት ደረጃ?	<ol style="list-style-type: none"> 1. ማንበብና መጻፍ የማትችል 2. ማንበብና መጻፍ የምትችል 3. ከ1ኛ-4ኛ ክፍል 4. ከ5ኛ-8ኛ ክፍል 5. ከ9ኛ-10ኛ ክፍል 6. ከ11ኛ-12ኛ ክፍል 7. ከ12ኛ ክፍል በላይ 	

ጥ203	ለጥ201 መልስ/ሽ “አወ” ከሆነ፣ የእናት/ሽ የሥራ ሁኔታ?	<ol style="list-style-type: none"> 1. የቤት እመቤት 2. የመንግስት ተቀጣሪ 3. የግል ተቀጣሪ 4. ነጋዴ 5. የቀን ሰራተኛ 6. ሌላ(ይገለጽ)_____ 	
ጥ204	አባት/ሽ በህይወት አሉ?	<ol style="list-style-type: none"> 1. አወ 2. የለም 	
ጥ205	ለጥ204 መልስ/ሽ “አወ” ከሆነ፣ የአባት/ሽ የትምህርት ደረጃ?	<ol style="list-style-type: none"> 1. ማንበብና መጻፍ የማይችል 2. ማንበብና መጻፍ የሚችል 3. ከ1ኛ-4ኛ ክፍል 4. ከ5ኛ-8ኛ ክፍል 5. ከ9ኛ-10ኛ ክፍል 6. ከ11ኛ-12ኛ ክፍል 7. ከ12ኛ ክፍል በላይ 	
ጥ206	ለጥ204 መልስ/ሽ “አወ” ከሆነ፣ የአባት/ሽ የሥራ ሁኔታ?	<ol style="list-style-type: none"> 1. የመንግስት ተቀጣሪ 2. የግል ተቀጣሪ 3. ነጋዴ 4. የቀን ሰራተኛ 5. ሌላ(ይገለጽ)_____ 	
ጥ207	የቤተሰቦች/ሽ የኢኮኖሚ ሁኔታ	<ol style="list-style-type: none"> 1. ዝቅተኛ 2. መካከለኛ 3. ሃብታም 	
ጥ208	ለ ጥ201 መልስ/ሽ “አወ” ከሆነ፣ ስለ ወሲብ ነክ ጉዳዮች ከእናት/ሽ ጋር አውርታችሁ ታውቃላችሁ?	<ol style="list-style-type: none"> 1. አወ 2. አናውቅም 	
ጥ209	ለ ጥ204 መልስ/ሽ “አወ” ከሆነ፣ ስለ ወሲብ ነክ ጉዳዮች ከአባት/ሽ ጋር አውርታችሁ ታውቃላችሁ?	<ol style="list-style-type: none"> 1. አወ 2. አናውቅም 	
ጥ210	ስለ ወሲብ ነክ ጉዳዮች ከሚከተሉት ሰዎች ጋር አውርታችሁ ታውቃላችሁ? (ከአንድ በላይ መልስ ይቻላል)	<ol style="list-style-type: none"> 1. እህት(ቶች) 2. ወንድም(ሞች) 3. ዘመድ(ዶች) 4. የትዳር ጓደኛ 5. ሌላ(ይገለጽ)_____ 	
ጥ211	የእድሜ አቻ ጓደኛ አለህ/ሽ?	<ol style="list-style-type: none"> 1. አወ 	

		2. የለኝም	
ጥ212	ለጥ211 መልስህ/ሽ አወ ከሆነ፣ ከእድሜ አቻ ጓደኛህ/ሽ ጋር ስለ ወሲብ ነክ ጉዳዮች አውርታችሁ ታውቃላችሁ?	1. አወ 2. አናውቅም	
ጥ213	በት/ቤታችሁ የስነ ተዋልዶ ጤና ክለብ አለ?	1. አወ 2. የለም	
ጥ214	ለጥ213 ምላሽህ/ሽ አወ ከሆነ፣ በአንዱ ክለብ ውስጥ አባል ሆነህ/ሽ ታውቃለሁ/ታወቁያለሽ?	1. አወ 2. አላውቅም	አላውቅም ከሆነ፣ ጥ217
ጥ215	ለጥ214 ምላሽህ/ሽ አወ ከሆነ፣ በየትኛው ክለብ ውስጥ አባል ሆነህ/ሽ ታውቃለሁ/ታወቁያለሽ? (ከአንድ በላይ መልስ ይቻላል)	1 የፀረ-ኤችአይቪ ኤድስ ክለብ 2 የስነ-ተዋልዶ ጤና ክለብ 3 የስነ-ጾታ ክለብ 4 የድንግልና ክለብ 5 ሌላ(ይገለጽ) _____	
ጥ216	በየትኛውም ክለብ ውስጥ ስለ ወሲብ ነክ ጉዳዮች ተወያይታችሁ ታውቃላችሁ?	1. አወ 2. አናውቅም	
ጥ217	ድንግልናን እስከ ጋብቻ ድረስ ይዞ መቆየት ጠቃሚ ነው ብለህ/ሽ ታስባለህ/ታስቢያለሽ?	1. አወ 2. አይደለም	
ጥ218	ለጥ217 መልስህ/ሽ አይደለም ከሆነ፣ ኮንዶምን ሁልጊዜና በአግባቡ በመጠቀም ኤችአይቪ/ኤድስን ጨምሮ ሌሎች የአባላዘር በሽታዎችን መከላከል ይቻላል ብለህ/ሽ ታስባለህ/ታስቢያለሽ?	1. አወ 2. አላስብም	
ጥ219	ኮንዶምን ሁልጊዜና በአግባቡ በመጠቀም ያልተፈለገ እርግዝናን መከላከል ይቻላል ብለህ/ሽ ታስባለህ/ታስቢያለሽ?	1. አወ 2. አላስብም 3. አላውቅም 4. ሌላ(ይገለጽ) _____	

ምድብ ፫: ለቅድመ ጋብቻ ወሲብ ተነሳሽነት አጋላጭ ባህርያት እና የጓደኛ ግፊት

ተ.ቁ.	ጥያቄዎች	የምድብ ኮድ	ወደ...ተሻገር
ጥ301	ጫት ቅመህ/ሽ ታውቃለህ/ታውቂያለሽ?	1. አወ 2. አላውቅም	አላውቅም ከሆነ, ጥ304
ጥ302	ለጥ301 ምላሽህ/ሽ አወ ከሆነ፣ በአሁኑ ሰአት ትቅማለህ/ትቅሚያለሽ?	1. አወ 2. አልቅምም	
ጥ303	ለጥ302 ምላሽህ/ሽ አወ ከሆነ፣ በየሰዓት ቀኑ?	1. በየቀኑ 2. ቢያንስ በሳምንት አንዴ 3. ቢያንስ በወር አንዴ 4. ቢያንስ በአመት አንዴ 5. ሌላ(ይገለፅ) _____	
ጥ304	አልኮል መጠጥ ጠጥተህ/ሽ ታውቃለህ/ታውቂያለሽ?	1. አወ 2. አላውቅም	አላውቅም ከሆነ,ወደ ጥ307
ጥ305	ለጥ304 ምላሽህ/ሽ አወ ከሆነ፣ በአሁኑ ሰአት ትጠጣለህ/ጫለሽ?	1. አወ 2. አልጠጣም	
ጥ306	ለጥ305 ምላሽህ/ሽ አወ ከሆነ፣ በየሰዓት ቀኑ?	1. በየቀኑ 2. ቢያንስ በሳምንት አንዴ 3. ቢያንስ በወር አንዴ 4. ቢያንስ በአመት አንዴ 5. ሌላ(ይገለፅ) _____	
ጥ307	ሲጋራ አጭሰህ/ሽ ታውቃለህ/ቂያለሽ?	1. አወ 2. አላውቅም	አላውቅም ከሆነ,ወደ ጥ310
ጥ308	ለጥ307 ምላሽህ/ሽ አወ ከሆነ፣ በአሁኑ ሰአት ታጨሳለህ/ሻለሽ?	1. አወ 2. አላጨሰም	
ጥ309	ለጥ 308 ምላሽህ/ሽ አወ ከሆነ፣ በየሰዓት ቀኑ? ,	1. በየቀኑ 2. ቢያንስ በሳምንት አንዴ 3. ቢያንስ በወር አንዴ 4. ቢያንስ በአመት አንዴ	

		5. ሌላ(ይገለፅ)_____	
ጥ310	የሴክስ ፊልም አይተህ/ሽ ታውቃለህ/ቂያለሽ?	1. አወ 2. አላውቅም	አላውቅም ከሆነ፣ወደ ጥ313
ጥ311	ለጥ310 ምላሽህ/ሽ አወ ከሆነ፣ በአሁኑ ሰአት ታያለህ/ሽ?	1. አወ 2. አላይም	
ጥ312	ለጥ311 ምላሽህ/ሽ አወ ከሆነ፣ በየሰንት ቀኑ?	1. በየቀኑ 2. ቢያንስ በሳምንት አንዴ 3. ቢያንስ በወር አንዴ 4. ቢያንስ በአመት አንዴ 5. _____	
ጥ313	ከአነዚህ ወደ አንዱ ሄደህ/ሽ ታውቃለህ/ቂያለሽ? (ከአንድ በላይ መልስ ይቻላል)	1. የምሽት ክለብ 2. ፐብ/ባር 3. ሌላ(ይገለፅ)_____	
ጥ314	የእድሜ አቻ ዳደኛህ/ሽ ጫት ይቅማል/ትቅማለች?	1. አወ 2. አይቅምም/አትቅምም 3. አላውቅም	
ጥ315	የእድሜ አቻ ዳደኛህ/ሽ አልኮል መጠጥ ይጠጣል/ትጠጣለች?	1. አወ 2. አይጠጣም/ አትጠጣም 3. አላውቅም	
ጥ316	የእድሜ አቻ ዳደኛህ/ሽ ሲጋራ ያጨሳል/ታጨሳለች?	1. አወ 2. አያጨስም/አታጨስም 3. አላውቅም	
ጥ317	የእድሜ አቻ ዳደኛህ/ሽ የሴክስ ፊልም ያያል/ታያለች?	1. አወ 2. አያያም/አታያም 3. አላውቅም	
ጥ318	የእድሜ አቻ ዳደኛህ/ሽ ወሲብ እንድትፈፅም/ሚ ገፋፍቶህ/ሽ ያውቃል/ታውቃለች?	1. አወ 2. አያውቅም/ አታውቅም 3. አላውቅም	

ምድብ ፬: የቅድመ ጋብቻ ወሲብ ተነሳሽነትና የኮንዶም አጠቃቀም መረጃ

ተ.ቁ.	ጥያቄዎች	የምድብ ኮድ	ወደ...ተሸገር
ጥ401	የፍቅር ጓደኛ አለህ/ሽ?	1. አወ 2. የለኝም	
ጥ402	ከጋብቻ በፊት ወሲብ አድርገህ/ሽ ታውቃለህ/ታውቁያለሽ ? (በዚህ ጥናት ወሲብ በወንድ እና በሴት ብልት መካከል የሚደረግ መስተጋብርን ብቻ ይገልጻል)	1. አወ 2. አላውቅም	አላውቅም ከሆነ፣ አቁም! አወ ከሆነ፣ ቀጥል!
ጥ403	ለጥ402 ምላሽህ/ሽ አወ ከሆነ፣ ለመጀመሪያ ጊዜ ወሲብ ስታደርግ/ጊ ዕድሜህ/ሽ ስነት ነበር?	_____ ዓመት	
ጥ404	ለጥ402 ምላሽህ/ሽ አወ ከሆነ፣ ለመጀመሪያ ጊዜ ወሲብ ስታደርግ/ጊ የወሲብ ጓደኛህ/ሽ ዕድሜ ስነት ነበር ?	_____ ዓመት	
ጥ405	ለመጀመሪያ ጊዜ ወሲብ ለማድረግ ያነሳሳህ/ሽ ምን ነበር ?	1. ስላፈቀርኩ 2. ወሲብ ማድረግ ለመለማመድ 3. በገንዘብ 4. ተገድጆ ስለተደፈርኩ 5. በስጦታ ዕቃ 6. የዕድሜ አቻ ግፊት 7. በመስከር 8. ሌላ(ይገለፅ) _____	
ጥ406	ለመጀመሪያ ጊዜ ወሲብ ያደረከው/ግሽው ከማን ጋር ነው?	1. ከፍቅር ጓደኛየ 2. ከጓደኛየ	

		3. አብሮ ከሚኖር 4. ከዘመድ 5. ከማይታወቅ ሰው 6. በፊልም ተነሳሽቸ 7. ከሴተኛ አዳሪ 8. ሌላ(ይገለፅ)_____	
ጥ407	ለመጀመሪያ ጊዜ ወሲብ ስታደርግ/ጊ ኮነደም ተጠቅመሃል/ሻል?	1. አወ 2. አልተጠቀምኩም 3. አላስታውስም	
ጥ408	አርግዘሽ ታውቁያለሽ? (ከጥ408- ጥ412 ለሴቶች ተጠያቂዎች ብቻ)	1. አወ 2. አላውቅም	አላውቅም ከሆነ ወደ ጥ417
ጥ410	ለ ጥ 408 ምላሽሽ አወ ከሆነ፣ አቅደሽው ነበር?	1. አወ 2. አይደለም	
ጥ411	የእርግዝናው ውጤት ምን ነበር?	1. ውርጃ 2. መውለድ	
ጥ412	ለ ጥ411 ምላሽሽ ውርጃ ከሆነ፣ ውርጃው የት ተከናወነ?	1. ባህላዊ ማስወረጃ ቤት 2. የቤተሰብ ቤት 3. የጤና ተቋም 4. ሌላ(ይገለፅ)_____	
ጥ413	አስረግዘህ ታውቃለህ? (ከጥ413- ጥ416 ለወንድ መላሾች ብቻ)	1. አወ 2. አላውቅም 3. አላስታውስም	አላውቅም/ አላስታውስ ም ከሆነ፣ ወደ 417
ጥ414	ለ ጥ413 ምላሽህ አወ ከሆነ፣ አቅደሽው ነው?	1. አወ 2. አይደለም	
ጥ415	የእርግዝናው ውጤት ምን ነበር?	1. ውርጃ 2. መውለድ	

		3. አላውቅም	
ጥ416	ለ ጥ415 ምላሽህ ውርጃ ከሆነ፣ ውርጃው የት ተከናወነ?	1. ባህላዊ ማስወረጃ ቤት 2. የቤተሰብ ቤት 3. የጤና ተቋም 5. አላውቅም 6. ሌላ(ይገለፅ) _____	
ጥ417	ባለፉት 6 ወራት ውስጥ ወሲብ አድርገህ/ሽ ታውቃለህ/ቂያለሽ?	1. አወ 2. አላደረኩም	
ጥ418	ለጥ417 ምላሽህ/ሽ አወ ከሆነ፣ ኮንዶም ተጠቅማችኋል?	1. አወ 2. አልተጠቀምንም	
ጥ419	ከሴተኛ አዳሪዎች ጋር ወሲብ አድርገህ ታውቃለህ? (ከጥ419-ጥ423፣ ለወንድ መላሾች ብቻ)	1. አወ 2. አድርጌ አላውቅም	አድርጌ አላውቅም ከሆነ፣ ወደ ጥ423
ጥ420	ለጥ419 ምላሽህ/ሽ አወ ከሆነ፣ ኮንዶም ተጠቅመሃል?	1. አወ 2. አልተጠቀምኩም	
ጥ421	ባለፉት 6 ወራት ውስጥ ከሴተኛ አዳሪ ጋር ወሲብ አድርገህ ታውቃለህ?	1. አወ 2. አድርጌ አላውቅም	አድርጌ አላውቅም ከሆነ፣ ወደ ጥ423
ጥ422	ለጥ421 ምላሽህ/ሽ አወ ከሆነ፣ ኮንዶም ተጠቅመሃል?	1. አወ 2. አልተጠቀምኩም	
ጥ423	እስከ ዛሬ ድረስ ስንት የወሲብ ጓደኛ ነበሩህ/ሽ?	1. አንድ ብቻ 2. ሁለት 3. ሶስት 4. ከሶስት በላይ	

DECLARATION

I, the undersigning declare that this is my work and has never been presented in this or another university for graduation and that the source materials used in this thesis have been duly acknowledged.

Name of the student: Kedir Endris

Signature: _____

Place: _____

Date of submission: _____

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

Name of Advisor: *S/r Tsehay Shimeles (RN, BSc.N, MSc.N)*

Signature: _____

Date of submission: _____