



ADDIS ABABA UNIVERSITY COLLEGE OF HEALTH SCIENCE

SCHOOL OF PUBLIC HEALTH

**YOUTH RISKY SEXUAL PRACTICES AND ASSOCIATED FACTORS AMONG HIGH
SCHOOL STUDENTS IN BISHOFTU TOWN, OROMIA REGION, ETHIOPIA**

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**A THESIS TO BE SUBMITTED TO THE SCHOOL OF PUBLIC HEALTH, COLLEGE
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Declaration

The under signed declare that this Thesis is my Original work, has not be presented for Degree in this or any other University and all source and material used for the Thesis have been duly acknowledged .

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Abstract

Background: Youth risky sexual practices are associated with serious and long-term, and in some cases, to life-threatening consequences. This is especially true when youth people engage in more than one risky sexual Practices. Although several studies were conducted in different parts of the world to understand the factors associated with risky sexual practices, little is known about the issue in Ethiopia in general and in Bishoftu town, in particular.

Objectives: The objective of the present study was to assess the magnitude of risky sexual practices and associated factors among high school students in Bishoftu town, Oromia regional state, Ethiopia from December to February 2017

Methods: A cross-sectional school based study was conducted using quantitative data collection method. 461 people were included in the study. Data were collected using standard and structured self administered questionnaires. The collected data was entered into EPI info version 3.5 and analyzed using SPSS Version 21. Binary logistic regression analysis was used to estimate odds ratio and assess the association between the study variables. P-value less or equal to 0.05 was used as a cut off points for statistical significance at 95% confidence level.

Results:- A total of 455 students have participated in the study with the response rate of 98.7% Among the study participants 441 responded to for the specific question and 88 (19.3) were practiced sexual intercourse in their life time and out of these **44 (9.7%)** had experienced **risky sexual** practices. The minimum age at which the respondents started risky sexual practice was 12 years. Of the study participants, 32 (7%) have never used any method of protective device. The significant number of study participants 12 (2.6%) have multiple sexual partners. Alcohol consumption (AOR, 4.93; 95%CI: 1.93-12.62) and cigarette smoking (AOR, 4.04; 95%CI: 1.50-10.98) by the study participants are factors significantly associated with youth risky sexual practices.

Conclusion and recommendation: About one in ten young people in the study schools have practiced risky sexual behavior. A relatively higher proportion of sexually active participates reported using protective devices during sexual intercourse. Schools, community based programs, government authorities and parents have to work through multi-sectoral approach in reducing substance use among youths and increasing their knowledge on risky sexual practice and its negative consequences.

Key words: *Risky sexual practice, young people, Bishoftu*

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ACRONYMS

AIDS	Acquired Immuno Deficiency Syndrome
ASRH	Adolescent sexual and reproductive health
BSS	Behavioral Surveillance Survey
CSA	Central statistical authority
DHS	Demographic Health Survey
EJHD	Ethiopian Journal on Health and Development
FGD	Focus Group Discussion
HAPCO	HIV/AIDS Prevention and control office
HS	High School
HIV	Human Immuno Deficiency Virus
HO	Health Officers
ISA	In school Adolescent
KAP	Knowledge, attitude and practice
NGO	Non govern mental Organizations
OSFA	Out of school female adolescents
PRB	Population Reference Bureau
PP	Preparatory
STIs	Sexually Transmitted Infections
SRP	Student research project
UNAID	United Nation Agency for International Developmen

Chapter 1. Introduction

1.1. Background

Young People development, by definition, encompasses meaningful youth risk behaviors that are subject to a host of social and environmental influences which can either exacerbate risk or confer protection (1). Yet, risky behaviors can be associated with serious, long term, and in some cases life-threatening consequences (1). This is especially the case when adolescents engage in more than one harmful behavior. One of such risks is the adolescents sexual risk taking that can be described by Youth sexual risk behavior (2). Preventing youth risky behaviors is important for several reasons. One is that engaging in a risky behavior can set the stage for engaging in other risky behaviors, thus increasing the likelihood of self-injury, victimization by others, and other negative consequences that result from these behaviors (2)

Another reason is that consistently engaging in even one type of risky behavior can undermine progress towards positive educational goals, such as graduating high school on time and can increase the likelihood that social, behavioral, physical, and mental health problems will develop later in life (2). For example, heavy drinking in youth is associated with negative health outcomes in adulthood, such as alcoholism, obesity, and high blood pressure. Risky sexual behavior places youth in danger of acquiring sexually transmitted infections, including HIV/AIDSs, having an unintended pregnancy, and becoming a teen parent (2).

The sexual behavior, experience and reproductive health of young people in developing countries have attracted considerable attention over the last 15 years. The existing literature documents that young people are forced to engage in premarital sex with insufficient knowledge of reproduction and family planning, and that small proportions of them use contraceptives, especially condoms (3, 4).

Several studies have been done regarding youth sexual risk behavior and their driving forces in different parts of the world and in different parts of Ethiopia. However, to the best of my knowledge, such a study was not conducted in Bishoftu town which seem to have a lot of driving forces for youth sexual risk behaviors. This study, therefore, is designed to assess the youth and adolescent sexual risk behavior among high school students in Bishoftu Town, Oromia National Regional State.

1.2. Statement of the problem

Despite the international effort in addressing sexual and reproductive health problems, risky sexual practice among young people has remained a paramount problem globally. Young people are at high risk of practicing high risky sexual behaviors, because of the risk taking behavior of this age group (5, 6). Every year globally, about 14 million girls (aged 15–19) conceive and about 6 million of these are unintended, due to failure to use contraceptives (7,8).

In developing countries, the rate of risky sexual behaviors including unprotected sexual intercourse and early sexual initiation is increasing (9). In Tanzania, 42% of young people experienced multiple sexual partnerships in the 12 months before the survey (10). Studies have also reported risky sexual behaviors as a common practice among young people in Sub-Saharan Africa (11). Young people in this region frequently were engaged in pre-marital sexual intercourse, with consequences such as unplanned pregnancy (12), Sexually Transmitted Infections (STIs), and HIV/AIDS (13).

In Ethiopia studies that have examined the prevalence of risky sexual practice among young people reported different magnitudes; for example Mulu et al.(2016) in Amhara reported, 14.7% (14) , Daka and shaweno(2014), in Bodetti found 41.9% (15), Negeri(2012) in east Wollega, identified 35.3% (16), Abebe et al.(2013) in Jimma reported 32.3% for males and 43.5% for females (18).

However, contrary to this report, EDHS (2011), a national representative study conducted by Demographic and Health Survey among young women and young men reported a lower prevalence of 4 percent for never-married young women and 8 percent for never-married young men (19).

The significance of this problem in Africa region and in sub-Saharan Africa (20, 21), are prevalent where condoms and other contraceptive methods are hardly used and many young people experience multiple sexual partnerships.

A study from west Ethiopia showed that more than half (57.3%) of the young people failed to use condoms consistently and about one-third of them experienced two or more lifetime sexual partners (16).The Ethiopian demographic and health survey findings show that among those who had sex in the past year, 37 percent of women and 68 percent of men reported using a condom during their last sexual intercourse (19).

In many countries young women and men are under strong peer group pressure to engage in premarital sex. Peer pressure easily influences them often in way that can increase their risk (22).

Above all, the school environment where by students are sharing different experiences is a convenient place to be influenced by friends' idea.

A number of studies from Africa and Ethiopia indicated that perceptions of peers' sexual attitudes and behaviors predict sexual risky behavior for young people (23, 24, 25 26, 16).

Young people risky sexual practice has been associated with many factors including socio-demographic characteristics of the youth, their parents and substance use (14,15,17,18). For many young people experimenting with tobacco, alcohols and drugs are an indication for reaching certain developmental stage. Several studies from Ethiopia reported different threshold for alcohol consumption, Khat chewing, cigarette smoking and use of cannabis (15, 17, 18). However, in the study area the magnitude of risky sexual practice is not well documented.

Hence, this study will offer a further source of empirical support for the generally established view regarding the magnitude of risky sexual practice and associated factor among school youth. Therefore, this study may have an implication for programme improvement by providing valuable information for those organizations working on young people health programme and for school managers to alleviate the problems that young people have in the study area and in other part of the country with similar setting.

1.3. Significance of the Study

There is increasing policy and research interest on the magnitude of risky sexual behavior and its health consequence on young people globally, nationally and in the study area. The priority emanates from the fact that very little research has been conducted in sub-Saharan Africa, including Ethiopia. Cognizant to this the results generated from existing studies are inconclusive (16, 18, 27)

Moreover, Bishoftu town (the study area) is in close proximity to the capital of Ethiopia, Addis Ababa, and is a recreation center with many lakes and resorts and inhabits several industries. Lots of tourists and visitors, (both national and international) are visiting the town with the implication of high prevalence of sexual risks and the vulnerability of the young people. Understanding the magnitude of young people risky sexual behaviors, identifying the driving forces and providing actionable recommendations about measures that should be taken towards minimizing youth risky sexual behaviors and their consequences by addressing its major drivers are key to improving young people sexual and reproductive health.

To the best of my knowledge, such study was not conducted in Bishoftu town which seem to have a lot of driving forces for young people risky sexual behaviors. This study, therefore, is designed to explore young people risky sexual behavior and its determinants among high school and preparatory students in Bishoftu town, Oromia National Regional State which was not addressed to date. In this sense, it becomes paramount to address the reproductive health needs of young people in Bishoftu town. As a result a comprehensive understanding and addressing the health consequences of young people risky sexual behavior and substance use is a way forward for policy dialogue. The study will provide evidence based information that helps to improve SRH programme. Moreover, this study can be used as benchmark information for Bishoftu town education Office, School principals, development partners and the community on the status of young people risky sexual behavior, the major driving forces from different perspectives and the measures to be taken to alleviate the problem.

Chapter 2. Literature review

Young people constitute a large number of populations worldwide, and majority of this population group lives in developing countries. Studies have reported risky sexual behaviors as a common practice among young people in Sub-Saharan Africa. These risky sexual behaviors predispose youths to several sexual and reproductive health problems like STIs, HIV, unwanted pregnancy, and abortion (8). Ethiopia is a low-and-middle-income country with a demographic profile dominated by young population where young people in this country frequently were engaged in pre-marital sexual intercourse, with consequences such as unplanned pregnancy, Sexually Transmitted Infections (STIs) and HIV/AIDS (28). Although, there has been concerted efforts to meet universal access to sexual and reproductive health (SRH) services, various reports revealed that many young people are practicing risky sexual behavior and use substances haphazardly.

2.1. Magnitude of youth risky sexual practice

A study from Jimma, Ethiopia found 25.9% of male and 21.6% of female unmarried students had two or more sexual partners in the last six months (17). From the same study, 32.3% and 43.5% of male and female students were not using condom and considered sexually at risk. Only 8(9.4%) of the male and 10(8.6%) of the female students used condom consistently in the last six months (17).

A cross sectional study from Mizan Tepi University South West Ethiopia on Knowledge, attitude and practice of risky sexual behavior and condom utilization found that 41.9% of participants have had sexual intercourse (29). A similar study from Southern part of Ethiopia that was conducted in Bodetti among 508 high school students reported that 29.1% ever had history of sexual intercourse and about 17.9% were engaged in risky sexual practice for HIV (15)

A comparative cross sectional study on in school and out of school youth in western part of Ethiopia among 1200 students indicated (35.3%) of in-school youth have practiced unprotected sex. Disaggregated by sex, (40.3%) of males had had sex compared to 62 (27.2%) of females from in-school youths. The study further reported the mean age of sexual initiation was 18.01 (± 2.27) whereby females were more likely to start sexual activity earlier than males (16).

risky sexual behaviors and associated factors among Jiga high school and preparatory school students, Amhara region, Ethiopia and found that (14.7%) of students were involved in risky sexual behavior with the mean age and SD of first sexual initiation was 17.2 (1.35) years(14).

2.2. Socio-demographic factors

Factors like adolescent's age, sex, residence, school enrollment, religiosity, delinquency, and peer models for risk behavior were associated with youth risky sexual behaviour (30). The study found that approximately 6 % of their sample transitioned to first sexual intercourse within the one-year study period; there was no sex difference in the transition rate. Targeted adolescent sexual and reproductive health programmatic interventions that include parents may have significant impacts on delaying sexual debut, and possibly reducing sexual risk behaviors, among young people in high-risk settings such as slums (30).

Study showed that, age influences young people's sexual risk behavior (31). A study from South African by Letseka et al (2008) on young people between the ages of 15 and 24 years reported more risky sexual activity (32). This same study also found high pregnancy rates among young people contributed to the high university dropout rates.

The study by Hallman (2004) shows that low income in families influenced early sexual behavior and unprotected sex (33). In addition, the study compared pregnancy and frequency drop out from school of young people from low income and high income families and found that young people from low income families had high pregnancy rates (67%) compared to 17% of those from high family income (33). The same study found that young people in high socio-economic (SES) environments were most likely to use condoms compared to those from low SES. This was attributed to access and lack of access to update information on the risk of HIV infection and HIV prevention respectively (33).

2. 3. Behavioral factors

Young people who drank alcohol daily were 3.5 times more likely to be involved in risky sexual behavior than others (29). The study generally found that substance abusers were 2.5 times more likely to be involved in risky sexual behavior compared to non-users (29).

Study from Jimma, Ethiopia, showed for female students who consumed alcohol was 7 times more likely to be at risk than those who did not consume alcohol. Male students who consumed alcohol were 2.8 times more likely to be at risk than those who did not consumed alcohol. Male students who chewed khat were 4.6 times more likely to be at risk than students who did not chew khat (17).

2.4. Peer related Factors

Basically, it is not yet clear if young people imitate fellow peers in their sexual behavior or it is that after engaging in sex they tend to associate themselves with those who are sexually active or at least perceived sexually active (34). However, studies suggest that young people's sexual activity is influenced by their peers especially those who were sexually active (24, 25, 26). Evidence also show that girls with friends who have children are more likely to initiate sex, engage in high risk sexual practices and even get pregnant (24). Young people tend to adopt their friends' sexual behavioral practices or rather characteristics (24). A study by Lengwe (2010) also reported that young people with friends that are actively dating and with high social approval for sexual involvement were likely to engage in sexual risk behavior more frequent overtime (25). This is related to the study by Mulwo (2010) that found young people's association with older males influence them to engage in high risk sexual activities (34).

Lengwe (2010) found that having older friends encouraged young people to have early initiation of sex because they are not able to withstand older friends encouragement to engage in sex or resist intimate sexual discussions such that they were tempted to put into actions what they discussed(25).

A study by Eleazar (2009) argues that young people's beliefs and perceptions of their peers encourage them to engage in sexual risk behavior (31). Three studies specifically explored the link between young peoples' perceptions of the number of sexual partners and the perception that their peers were engaging in sex. All the three studies reported a noticeable relationship or rather link (31,35,36). The phenomenon of the influence of student's perceptions of their peers did not only work at the individual level but at the group level as well. This suggests that peer group expectations influence young people both individual and as group or society.

A study by Pengpid et al (2008) on young people aged between 19 and 35 found that peers influenced others to engage in risky behavior. For instance, the study reported that young people influenced

others to frequently visit deviance places likes night clubs and taverns (37). The study also found that young people influenced their peers to abuse drugs and engage in sexual risk behavior including having many sexual partners and engaging in unproductive sex (37).

2.5. Parents socio demographic, economic and living arrangements.

A study conducted by Paruk et al (2005) reported that young people with single parents were more adventurous in seeking pleasure and were sexually experienced (38). This is in contrast to Blum and Mmari's (2005) study that reviewed sixteen studies on young people's sexual risk behavior and found that young people who lived with both parents were less prone to engage in sexual risk behavior and that most of them were not sexually active (26). Based on the revised literature the following conceptual farm work was developed and each variable were tested for the study (fig 1)

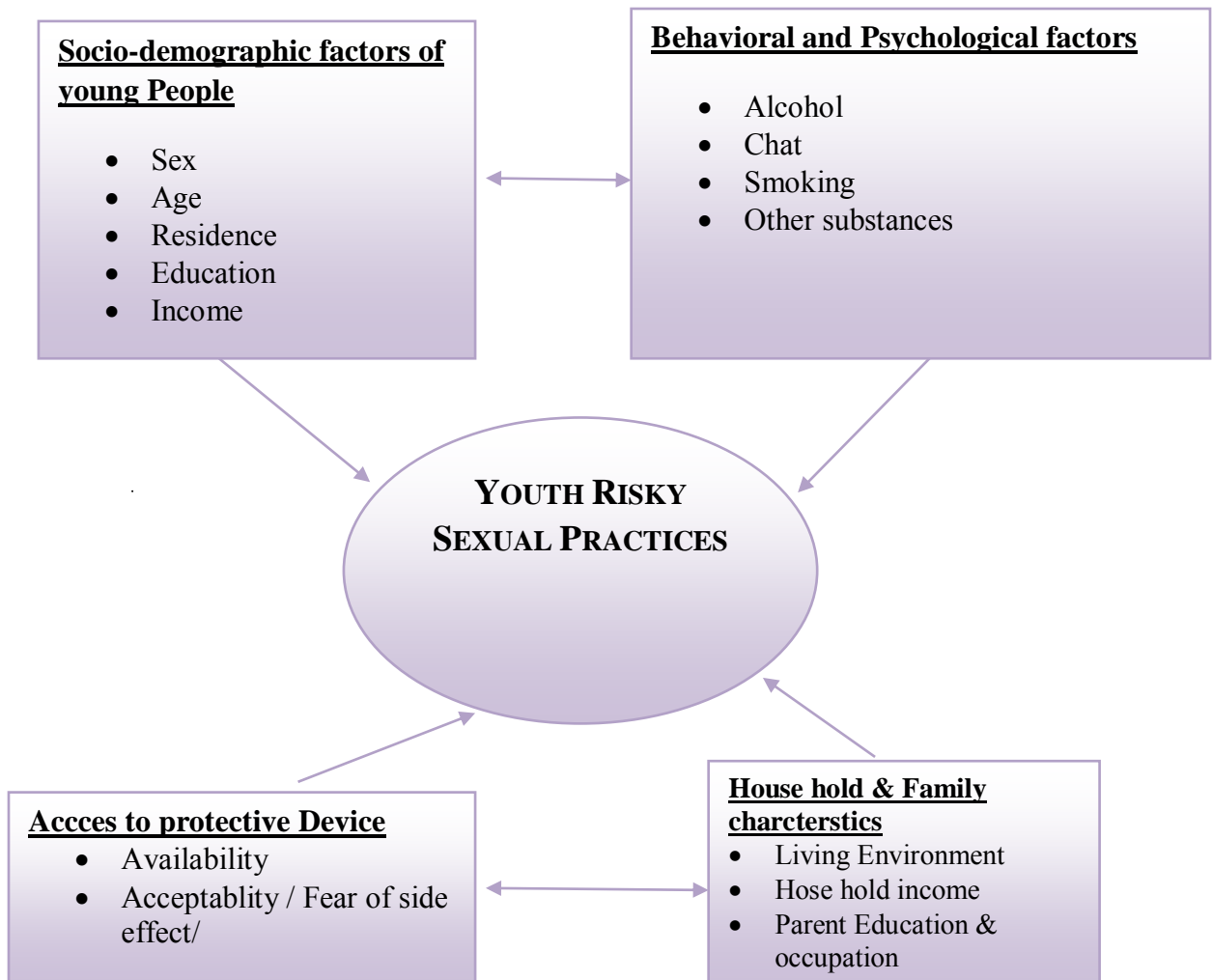


Figure 1 Conceptual frame work of the study , Bishoftu , 2017

CHAPTER THREE:- OBJECTIVES

3.1 General Objective

The general objective of the present study was to assess magnitude of risky sexual practices and associated factors among school youth in Bishoftu town, Oromia National Regional State 2017..

3.2 Specific objectives

To assess the magnitude of risky sexual practices among high school students in Bishoftu town

To determine factors associated with risky sexual practices among high school students in Bishoftu town during December to February 2017.

Chapter Four:- Methods and Materials

4.1. Study Area and period

Bishoftu is a town located at 47.9 kilometers south east of Addis Ababa. It was formerly known as Debre Zeyit. However, since the late 1990s it has been officially known by the Oromo name, Bishoftu, which was its name until 1955. The town is located in the East Shewa Zone of the Oromia Region, and has an elevation of 1,920 meters (6,300 ft). Nearby points of interest include Mount Yerer, Green Crater Lake and Lake Hora Kiloli. It is a resort town, known for five crater lakes: Lake Bishoftu, Lake Hora (a base for water sports, many water birds and an annual festival), Lake Bishoftu Guda, Lake Koriftu and the seasonal Lake Cheleklaka (40).

According to the evidence from Bishoftu Town Administration Education Bureau there are a total of 14, (9- 12) schools in the town. There are 2 government and 8 private (a total of 10) high schools and 2 government and 2 private or a total of 4 preparatory schools. The total number of high and preparatory school student population enrolled for the 2009 academic year is 10,583. Of these 7,776 are high school (9- 10th grade) students and the remaining 2,807 students are preparatory (grade 11 - 12th grade) school students.(41). The study was conducted between December to February, 2017.



Figure 2 Map of Study Area, Bishoftu 2017

4.2. Study Design

The study used a school-based cross-sectional study design using quantitative data collection methods.

4.3. Population

4.3.1. Source Population

All Youth (15-24 years) attending high and preparatory schools in Bishoftu town administration during 2016/2017 academic calendar were the source population.

4.3.2. Study Population

All youth sampled for the study in the selected high and preparatory schools in Bishoftu town enrolled during 2016/2017 academic calendar.

4.4. Inclusion and Exclusion Criteria

4.4.1. Inclusion Criteria

All high and preparatory school students in the age range of 15-24 years, regular and enrolled during the 2016/2017 academic year were included.

4.4.2. Exclusion criteria

Those students who are married, critically ill during the study, visually and mentally impaired and those who have auditory problems were excluded from the study.

4.5. Sample Size determination

Sample size was determined using single population proportion formula by taking prevalence of risky sexual behavior 25.9% from the previous similar study (7), with confidence interval of 95% and margin of error (d) of 4%. used to increase the sample size.

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

With $Z_{\alpha/2} = 1.96$, $p = 0.259$, $1-p = 0.741$ and $d = 0.04$ the sample size is calculated using the above equation as:

$$n = \frac{1.96^2 * 0.259 * 0.741}{(0.04)^2} = 461$$

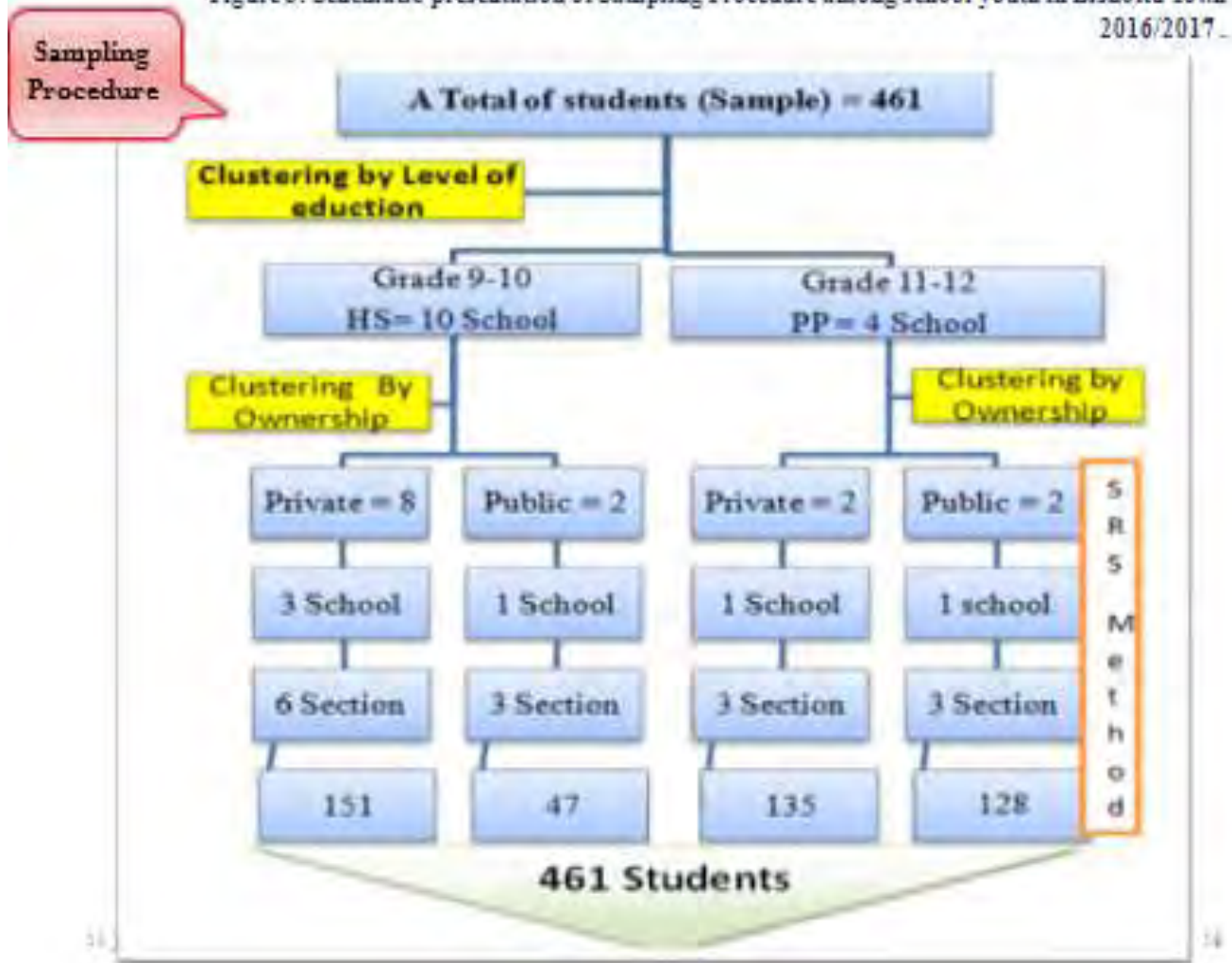
4.6. Sampling technique Procedures

The size of sample to be drawn from each school were proportionally associated based on the total number of students in their respective school. Moreover, the sample of students were distributed between male and female students so as to equally address gender issues. For this the sample were drawn from each school and proportionally distributed to size between male and female students depending on the number of male and female school students in the respective school. Accordingly, the sample were drawn from different sections. The individual students from each school were selected and included in the survey using systematic sampling (using a student list in a class as a sampling frame).

There are four preparatory (two government and two private schools) and 10 high schools (2 government and 8 Private) in the town. From a total of 4 preparatory, 2 (1 from government and 1 from private) and from a total of 10 high schools, 4 (1 government and 3 Private) were selected randomly. The sample size was distributed proportionally to each selected school based on the student population they have. Each school was stratified by grades (Grade 9, 10, 11, 12). Proportional distribution of sample was assigned to the respective grade. Two to three sections were randomly selected from each grade. Using students list (Roster) respondents were selected by simple random sampling. In case of absenteeism the next number was included in the study.

Figure 3. Schematic Presentation of sampling Procedure among school Youtin Bishoftu Town 2017

Figure 3: Schematic presentation of Sampling Procedure among school youth in Bishoftu Town 2016/2017.



4.7. Data collection

4.7.1. Data collection Instruments

A standard structured and self-administered questionnaire was prepared after reviewing literatures and used to collect the quantitative data. The questionnaire was translated from English to Regional working language /Oromiffa / and Amharic, then back translated to English by experts in all languages to ensure its consistency.

4.7.2. Data collectors

The data were collected by trained five 10th grade completed and experienced persons recruited for the purpose of this study. Intensive trainings was given for two days on the objective of the study and contents of the questionnaire. The data collection process was supervised by two trained medical officers (Health officers).

4.8. Study Variables

4.8.1. Dependent variables

Youth sexual risk Practice.

4.8.2. Independent variables

The independent variables included sex of the student (male or female); age of the student, family marital status; family economic status; family living environment, practice of use of alcohol and drugs; level of parental control; family parental education status; level of closeness among parents (with father and with mother) and their children; school ownership (public or private schools); school level control on students; etc will be employed as independent variables that determines each of the dependent variables.

4.9. Operational definitions

Youth risk sexual behavior:- whether having premarital sexual experience, having sexual practice without the use of protective methods, number of sexual partners. For the sake of analysis, youths were considered to have risky sexual behavior if he or she responded to yes for one or more of the three questions.

Youth:- Young people those who are in the age group of 15 to 24 years (WHO).

Condom use :- is the act of using condom during any type of sexual intercourse.(WHO}

Consistent condom use :- is the use of condom every time sexual intercourse takes place.(18}

Knowledgeable :- those youth who could mention at least three types of risky sexual practices.(6}

Number of sexual partners :- refers to the number of sexual partners a respondent have before the survey. (19}

Sexual experience/Ever had sex :- Those youth who experienced penetrative sexual intercourse (27).

Sexual harassment: - includes unwanted and repeated sexual advances that range from unwelcome comments and touching to coercive sexual intercourse .(21}

4.10. Data Quality Control

All the data collectors and facilitators were trained for two days on the purpose of the study, procedure of data collection , anonymity of response and make them familiarize with the questions so that they can explain to the respondents. The training focused on ethical issues, rights of the participants, reading through all the questions and understanding them and ways of decreasing under reporting and maintaining confidentiality.

The final version of the questionnaire was translated into two commonly used regional working languages of the respondents (Amharic and Afan- Oromo) and then used for data collection. Before the actual data collection the questionnaire was pre-tested in high school and preparatory school students, which is an adjacent to the study area, on 5% participants of the total sample size. All the necessary adjustments were made based on the results of the pre-test. During the actual data collection, intensive and close supervision was done by a principal investigator and two supervisors. The collected data were cross checked on each day for its consistency and completeness.

Moreover, attempts were done to develop the questionnaire in a very clear and understandable manner with clear instructions and explanations. The researcher, also provides orientation on how to fill or respond to the questions in the questionnaire.

4.11.Data management and Analysis

Responded questionnaire were collected by the trained facilitators and the principal investigator. The collected data was double entered in to EpiInfo version 7.1.4. The data were exported to SPSS for windows version 21 for cleaning and analysis. The exported data were cleaned by using computer facilities helpful in cleaning data. The data were prepared for analysis by recoding them as per the requirement for the analysis. Before the analysis data was checked for fulfilling different assumptions like missing value , normality, linearity and multi co linearity was checked. The data for continuous variables like age was normally distributed.

Univariate, bivariate and multivariate analysis were performed. Proportions, tables and graphs were used for a description of the data as appropriate.

Appropriate statistical analysis models were used based on whether or not the variable of interest fulfilled the assumptions required by the models. Binary logistic regression was used to perform bivariate and multivariate analysis. Multi-collinearity was checked to rule out the interaction among the independent variables and any independent variable with greater than 60% of co-linearity was dropped from the analysis. Co-linearity between categorical variables was assessed by looking at the values of variance inflation factor (VIF) and those larger than 10 were excluded from the fitted model. Confidence level of 95% was used to determine statistical significance and p-value of less than or equal to 0.05 was considered as statistically significant result.

4.12. Ethical Consideration

Ethical clearance to conduct the study was obtained from the Ethical Committee of the school of Public Health, College of Health science, Addis Ababa University. An official letter was written to the local administrators by the student research program of the University. All interviews took place privately at a place and time chosen by the respondents.

The Three Ethical principles for health system research / Beneficences, non-Melaficience and Justice/ were conceded and strict confidentiality was assured through anonymous recording and coding of questionnaire and placed in safe place after have been collected and was used for the purpose of this study only. Introduction of the study, method of the questioning and confidentiality letters were attached to the cover page of the questionnaires.

The participants were informed that they have a full right to participate or not to participate in the study. Also the zonal and city administration officials were formally communicated to obtain permission.

Chapter Five: - Results

A total of 455 respondents have responded to the self administered questionnaires yielding a response rate of 98.7%. However, six questionnaires were incomplete and dropped from analysis.

5.1. Socio-demographic characteristic of the study participants

The study participant's age distribution shows that almost all 444 (97.6%) were between the ages of 15-19 years. The mean and standard deviation of the study participant's age was 17 (± 1.3). Among the participants 230 (50.5%) were males and 225 (49.5) were females making the male to female ratio of 1 to 1. Educational level of the respondents shows that 195 (42.9%) were from grade 9-10 and 260 (57.1%) from grade 11-12.

The ethnic and religion composition of the students indicates that most 262(57.6) were Oromos, followed by 125(27.5%) Amaharas. Majority 290 (63.7%) of the study participants were followers of orthodox Christianity followed by protestants (23.1%).

With respect to respondents living situation the majority (74.9%) live with their fathers and mothers; followed by (11.2%) mothers alone and (3.3%) fathers alone. Students perceived household family income compared to their neighbors showed that, 31(7.0%) of the students were from poor families, 391 (87.7%) were from families with average household income and 24 (5.4%) were from rich families.

Table 1: Socio demographic characteristics of the study participants, Bishoftu town, June, 2017

Variables	Number	Percent
Age		
15-19 years	444	97.6
20-24 years	11	2.4
Mean \pmSD	17.1 \pm 1.3	
Gender	230	50.5
Male		49.5
Female	225	23.1
Religion	105	63.7
Protestant	290	9.5
Orthodox	43	3,7
Muslim	17	
Others		
Live with		
Both parents	341	74.9
Mother only	51	11.2
Father only	15	3.3
Others*	48	10.5
School Ownership		
Government	143	31.4
Private	312	68.6
Education (Grade)		
9-10 grade	195	42.9
11- 12 grade	260	57.1
Ethnicity		
Oromo	262	57.6
Amhara	125	27.5
Gurage	23	5.1
Tigre	31	6.8
Others	14	3.1

Study participants parent's education level shows that forty eight (11.7%) of the respondents father's educational status was no formal education, and 270 (65.5%) were at the level of more than grade twelve. In a similar way student's mother's educational level shows 59 (13.5%) were with no formal education where as 200 (45.8%) were with educational status of higher than grade twelve (Table 2). Respondents parent's occupation shows that the majority 243 (59%) of the students father's were employed in private and business sector, 115 (27.9%) were civil servant, 43(10.4%) were farmers respectively. Meanwhile, participant's mother's occupation indicates 37.3 percentages were housewife, 36.8 percentages were employed in private business sector and 19.5 percentages were civil servants respectively (Table2).

Table 2. Parents Socio Demographic characteristics of the study Participants in Bishoftu town,

Variables	Number	Percent
Fathers occupation		
Farmer	43	10.4
Civil servant	115	27.9
Employed in private & business sector	243	59.0
Others	11	2.7
Fathers education level		
No formal education	48	11.7
Grade 1-6	12	2.9
Grade 7-12	82	19.9
More than grade 12	270	65.5
Mothers Education level		
No formal education	59	13.5
Grade 1-6	26	5.9
Grade 7-12	152	34.8
More than grade 12	200	45.8
Mothers occupation		
Housewife	163	37.3
Farmer	20	4.6
Civil servant	85	19.5
Employed in private & business sector	161	36.8
Others	8	1.8
Household income in relation to neighborhood		
Poor	31	7.0
Average	391	87.7
Rich	24	5.4

5.2. Risky sexual practice and substance use

About 88 (19.3%) of the study participants have ever experienced sexual intercourse. Of the sexually experienced respondents 12 (2.6 %) have multiple sexual partners and 32 (7.%) have ever had sex without protective device like using contraceptives and condom. Among the study participants, **44 (9.67%)** had ever experienced risky sexual practices. The age at which the respondents started risky sexual practice was 12 years and the mean age for risky sexual practice was 17 (\pm 1.3) years. In similar vein nearly (31.8%) of the respondents starts risky sexual practice before the age 17 years. Among the study participants, 145 (31.9%) ever consumed alcoholic beverages and 35 (7.7%) ever used cigarette smoking (**Table 3**).

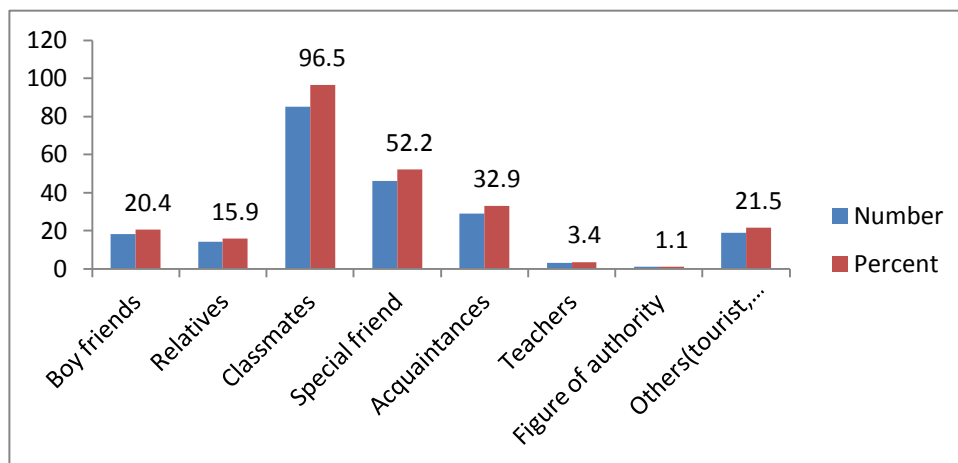
Table 3: Risk sexual experiences and substance use among the study participants, June, 2017

Variable	Yes N(%)	No N(%)
Sexual Practice status		
Ever had sexual intercourse (n=455)	88 (19.3)	367 (80.7)
Ever had sex without protective device	32 (7.)	423 (93)
Had multiple sexual partner	12 (2.6)	443(97.4)
Risky sexual experience/life time	44 (9.67)	411(90.3)
Age at risk sexual practice		
15-19 yrs	39 (8.8)	405 (91.2)
20-24 yrs	5 (45.5)	6 (54.5)
Sex of respondents by RSP		
Male	26 (11.3)	204 (88.7)
Female	18 (8.0)	207 (92.0)
Substance Use		
Ever used Alcohol	145 (31.9)	310 (68.1)
Ever used Khat	57 (12.5)	398 (87.5)
Ever had used substances other than Khat	58 (12.7)	397 (87.3)
Ever had smoked	35 (7.7)	420 (92.3)

As shown in Table 4. Study participants risky sexual practice was imposed by different groups. Among these about 18 (20.4%) was by classmates 85 (96.5) by boy/girl friends, 46 (52.2%) special friends and 19 (21.5%) by tourist and foreigners (Table 4).

Table 4. Students risky sexual practice imposed by different groups, Bishoftu town, June 2017.

N=88



5.3. Factors associated with risky sexual practice

This study examined the independent effect of socio-demographic, economic and living arrangement of students with risky sexual practice using bivariate and multivariate logistic regression analysis. The effect size was estimated using odds ratio and 95% confidence interval. In the final model the results of multivariate analysis showed gender, education level, ownership of school, perceived family income, father's education level, and living arrangement were not found statistically significant ($P > 0.05$).

However, Alcohol consumption and cigarette smoking are significantly associated with Youth sexual Risk Behavior ($P > 0.05$).

Accordingly, those youths consuming alcohol are nearly five times (AOR, 4.93; 95%CI: 1.93-12.62) more likely to have risky sexual practices than their counterpart. Similarly, those study participants who had cigarette smoking are about four times (AOR, 4.04; 95%CI: 1.50-10.98) more likely to be engaged in risky sexual practices than those who never had smoking (Table 5).

Table 5. Odds Ratios Predicting Risk sexual Experience among study participants, Bishoftu town, June, 2017

Variables		Risky Sexual Practice		COR (95% CI)	AOR (95% CI)
		Yes (%)	No (%)		
Sex	Male	26 (11.3)	204 (88.7)	1.42 (0.83-2.74)	1.46 (0.59-3.62)
	Female	18 (8)	207 (92)	1:00	1:00
Grade Level	9-10	13 (6.6)	184 (93.4)	1:00	1:00
	11-12	31 (12)	227 (88)	1.06 (1.00-1.13)*	2.58 (0.94-7.09)
School ownership	Public	14 (14)	87 (86)	1.71 (0.92-3.43)	1.17 (0.45-3.06)
	Private	30 (8.5)	324 (91.5)	1:00	1:00
Fathers Education	Illiterate	5 (29.4)	12 (7.6)	6.23(2.34-19.62)*	3.23 (0.75-14.00)
	Read and write	5 (16)	26 (84)	3.43 (0.97-8.31)	1.79 (0.48-6.68)
	Primary and secondary	10 (11)	84 (89)	1.81 (0.82-4.02)	1.83 (0.73-4.61)
	Diploma and above	17 (6.3%)	253 (93.7)	1:00	1:00
Perception of Family Income	Poor	8 (26)	23 (74)	4.42 (1.71-11.42)*	1.50 (0.66-3.43)
	Medium	20 (10)	185 (90)	1.43 (0.74-2.72)	0.51 (0.21-1.23)
	Rich	16 (7.3)	203 (92.7)	1:00	1:00
Living arrangement	With both parents	23 (6.7)	318 (93.3)	1.14 (1.04-1.25)*	0.51 (0.21-1.23)
	With single parent	21 (18.4)	93 (81.6)	1:00	1:00
Alcohol Consumption	No	13 (4)	297 (96)	1:00	1:00
	Yes	31 (21.4)	114 (78.6)	6.21 (3.14-12.3.00)**	4.93 (1.93-12.62)**
Cigarette Smock	No	30 (7)	390 (93)	1:00	1:00
	Yes	14 (40)	21 (60)	8.68 (4.01-18.75)**	4.04 (1.50-10.98)*

NB: COR- Crude OR, AOR- Adjusted OR

** P < 0.05, ** P<0.01, *** P<0,001*

Discussions

This study tried to assess the prevalence of risky sexual practices and identify associated factors among school students in Bishoftu Town using a cross-sectional school based study design. Accordingly, the prevalence of risky sexual practice among school youth is 9.67%. About 32(7%) of the study participants have sexual practices without using protective devices and 12(.6%) ever had multiple sexual partners. And alcohol consumption and cigarette smoking are significantly associated with youth risky sexual practices.

In this study, the prevalence of risky sexual practices is 9.67%. This is lower than similar study conducted in Amahara region during 2016 among high school and preparatory school students found (14.7%) risky sexual practices(14). The difference might be attributed to the time of the study, and the sample size. Moreover, it is far less than the findings of the study by Abebe and his colleague during 2013 that found 42.9% (18), by Negery et al (35.3%), (16) by Henock et al 41.9% (29) and by Dessie et al 47,5% (39). The discrepancy is attributed to the study population, design and differences in time. To this end, the effect of risky sexual practices on health and economic has been reported extensively in the literature (33, 8). Despite this the practice has been still continuing costing lives (2).

This study shows that school youth commence sexual practice at early age. The reported age of first sexual practice for the students was 12 years. The reported mean age of first sexual practice for the students was 17 ± 1.56 . (17.14 ± 1.65 for males and 16.76 ± 1.39 for females). In this study it is demonstrated that males were found to be more exposed to risky sexual practice than their counterparts. The study conducted among high school students in Amahara regional state in the northern part of Ethiopia by Mulu and his colleagues showed similar finding in that the mean age of sexual commencement was 17.2 ± 1.35 (14). Similarly other study conducted among youth in Ethiopia has indicated that the mean age of first sexual practice was 18 years (29).

This study found that risky sexual practice increase with increasing age. This finding is similar with the study that was conducted in Bodeti preparatory school to determine the magnitude of risky sexual behavior among young people (15). A study from South Africa showed that, age influences

young people's sexual risk behavior in which an increase in age is associated with more risky sexual activity (31).

Various studies shows that un protected sexual intercourse is one of the major risk factor that exposes many youth to HIV, STDs, unwanted pregnancy and associated factors (8; 21). In our study, respondents were asked about ever experiencing sexual intercourse using any protective methods including condoms, and about the number of sexual partners.

In this study, from the study participants (455) a significant proportion of students (2.6%) reported to have sexual intercourse with more than one partner in their lifetime. In a similar vein Abebe et al 2013 reported that (30.8%) students had two or more sexual partners in their life time (18). Another study shows 44.5% of participants had history of multiple sexual partners (15). This indicates that the risk taking behavior among student is high which needs emphasis in changing their sexual behavior.

It is worth noting that, students may be exposed to risky sexual behavior due to lack of parental control and financial problems that the family may encounter. In this study in the bivariate analysis found that students living with single parents are more likely to be exposed to risky sexual practice compared to those living with both parents. Similarly, we found that participants from poor family are significantly more likely to practice risky sexual behavior. Negeri, 2014 reported that youths living with their friends, alone and one biological parent were significantly more likely to report that they have peer pressure to have sexual intercourse as compared to those who live with both biological parents (16). A review of literature by Blum and Mmari's (2005) found that young people who lived with both parents were less prone to engage in sexual risk behavior and that most of them were not sexually active (26). The study by Hallman (2004) shows that low income in families influenced early sexual behavior and unprotected sex (33).

This study at bivariate level demonstrated that parent education was independently associated with risk sexual behavior of the siblings. Young students whose father's education status was with no formal education are 2.3 times more likely to practice risky sexual behavior compared to those who have attended formal education. This finding is consistent with the other study that reported male students with illiterate fathers were 3.4 times more likely to be at risk than male students whose fathers' educational status was secondary school and above (17).

In this study, substance use like alcohol consumption and cigarette smoking are significantly associated with risky sexual practices among school youths. The relationship between risky sexual activity and substance use among young people has been reported in various studies (14 ,17,18,29). The more substances that young people ever tried, the more likely they are exposed to risky practices with a health consequence of contracting HIV and other STDs. In our study, among the reported substance used by study subjects (31.9%) of them have used alcohol, and (7.7%) smock cigarette. Consequently, in the multivariate analysis substance use were found to be statistically strong predictors of risky sexual practice. Young people who drink alcohol were 4.5 times higher to be engaged with risky sexual practice compared to non drinkers. This finding is consistent with the study finding from Mizan that reported those who drank alcohol daily were 3.5 times more likely to be involved in risky sexual behavior (29). Study from Jimma, Ethiopia reported that the odds of alcohol consumption for female students were 7 times and for male students 2.8 times more likely to have risky sexual practice (17).

Likewise in this study it was found that cigaret smoking is associated with risky sexual practice. Young students who used cigarette were more likely to be involved in risky sexual practice compared to non smokers. Studies reported that cigarette smoking was significantly associated with a higher number of risky sexual practices (17).

Strength and Limitations of the study

In this study the magnitude of risky sexual practice and factors associated with among young people in school was assessed. A random sample technique was employed in six high schools, which was believed to represent high school students in Bishoftu Town and reduce the possible bias. To maintain data quality, a pre-testing was done and appropriate analysis was employed and findings in this study were compared with other studies in Ethiopia and other countries elsewhere. Nonetheless, the validity and reliability of results in this study could be reduced because of the limitation of self administered questionnaire although a thorough explanation was provided to the students' in order to minimize this limitation. The study wouldn't have used qualitative inquiry in order to understand in-depth the magnitude and associated factors of risky sexual practice. However, although the method is proposed due to unforeseen circumstance we didn't use this design. The study focuses on young people in school and therefore its generalizability to all young population is minimal.

Conclusions and Recommendations

7.1. Conclusion

The findings of this study indicate that young people in school are practicing risky sexual behavior that needs due attention. The magnitude of risky sexual practice is found to be 9.7%. The age at which risky sexual initiation starts by the young people was very early. Of the study participants (21.4%) used alcohol consumption, (40%)smock cigarettes. Substance use mainly alcohol and cigarette smocking's are significantly associated with young people sexual practices. However, factors like living arrangement, parent education, perceived family income, and level of school grade are not significantly associated with youth risky sexual practices at the final model.

7.2. Recommendations

Based on the findings, the following recommendations are proposed to be implemented by concerned officials.

Health Authorities/departments

- Health institutions need to strengthen school health programme and provide IEC in a regular basis on the issues of risky sexual practices in relation to substance use .

School and education bureau

- Need to establish and strengthen Youth clubs in all schools through which positive attitudes towards reproductive health is strengthened and condom use is promoted
- Establish relationship with the nearest health authorities and facilitate the promotion of youth reproductive health services programme and periodically monitor the progress.
- Peer educators should be established and strengthened in all schools so that they can provide education in a friendly manner.

NGO working on Youth reproductive health programs

- Reproductive health services should be made available nearby or in the schools.
- Develop and distribute IEC materials and school mini media to strengthen positive attitude and delay initiation of early and risky sexual practice by the youth.

Government Authorities and families

- Monitor and establish control mechanism against substance use by the teen agers.
- A place to spend free time like library, sport field and recreational facilities should be made available by concerned and the government bodies.
- Parents should strengthen relationship and open discussion with their children on reproductive health matters.

Researchers and scholars

- Further studies need to be conducted on a large scale using rigorous methods (both quantitative and qualitative) which is able to explore unrevealed behaviour and factors predisposing for risky sexual practice and youth reproductive health issues.

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Appendices:

ANNEX 1. QUESTIONNAIRE

**ADDIS ABABA UNIVERSITY SCHOOL OF PUBLIC HEALTH, COLLEGE OF HEALTH SCIENCE,
QUESTIONNAIRE FOR ASSESSING ADOLESCENT SEXUAL RISK BEHAVIOR AMONG BISHOFTU
HIGH SCHOOL STUDENTS BISHOFTU TOWN, OROMIYA NATIONAL REGIONAL STATE, JULY 2016**

A. INFORMED VERBAL CONSENT FORM BEFORE CONDUCTING THE COMPLETING QUESTIONNAIRE (GUIDELINE FOR RESPONDENTS).

Good morning/ good afternoon! My name is _____. I am working in a research team (project), which is conducted by Addis Ababa University and we are now conducting a survey in selected High schools in Bishoftu town to find out how big the problem of sexual risk behavior and its outcomes among Youth and Adolescent students . You have been chosen to participate in this study by chance and you will help us by answering the questions we ask you. We assure you that whatever answers you give us are kept strictly secret. We do not need your name and address. We also inform you that you have the right to withdraw from the study or stop the interview at any time and/or skip any questions that you do not want to answer. You may find some of the questions too personal and difficult to talk about, but your experience could be very helpful for other Adolescents in the country. The interview takes approximately 30-50 minutes. Do you have any questions, you can ask.

Thank you very much!

Are you willing to participate in this study? Please mark for yes and for No

Yes

No

If yes, go to the next page,

Completing Questionnaire

	Visit 1	Visit 2	Visit 3
Date			
Result			

Result codes: 1. Completed. 2. Partially completed. 3. Refused. 4. Respondent not available.

B. IDENTIFICATION.

Ser .No _____ Date ____/____/____

Time at the beginning of completing the Questionnaire _____ Time at the end of completing the Questionnaire _____

001. Questionnaire identification number /__/ __/

002. District: Bishoftu City Administration

003. Zone: East Shewa

004. Name of school (Site) _____ kebele _____ goti _____

005. Grade _____ Section _____

006. Result codes _____

007. Facilitators code /____/____ Name _____

PART I. SOCIO DEMOGRAPHIC CHARACTERISTICS

No	Questions	Alternative choices for response and skip to	Code
101	Your age and sex	Years _____ / _____ sex _____ 99. Don't know	_____
102	Place of birth	1. Bishoftu 2. Other town 3. Rural	_____
103	How long did you live in Bishoftu town	Years _____ / _____ 99. Don't know	_____
104	Marital status	1. Unmarried 2. Married 3. Divorced 4. Widowed 5. Separated 6. Others	_____
105	Your grade level	1. Grade (9-10) 2. Preparatory (11-12)	_____
106	Your ethnic group	1. Oromo 2. Amhara 3. Garage 4. Tigre 5. Other/specify....	_____
107	Your religion	0. None 1. Protestant christens	_____

		2. Orthodox 3. Muslim 4. Catholic 5. None 6. Others/specify...	_____
108	Is your Father alive?	0. No \longrightarrow 112 1. Yes	_____
109	Your father's education level	1. Illiterate 2. Read and write 3. Grade 1-6 4. Grade 7-12 5. 12+2 6. 1 st degree 7. Others (specify) _____	_____
110	Your father's occupation	1. Daily laborer 2. Farmer 3. Civil servant 4. Employed in private sector 5. Has private business 6. Others specify.....	_____
111	Is your mother alive?	0. No \longrightarrow 115 1. Yes	_____
112	Your Mother's occupation	1. House wife 2. Daily laborer 3. Farmer	_____

		4. Civil servant 5. Employed in private sector 6. Has private business 7. Others (specify) _____	
113	Your mothers Education	1. Illiterate 2. Read and write 3. Grade 1-6 4. Grade 7-12 5. 12+2 6. 1 st degree 7. Others (specify) _____	_____
114	With whom are you living now?	1. Father and mother 2. Mother only 3. Father only 4. Relatives 5. Fiancé 6. Spouse/married 7. Friend 8. Alone 9. Others (Specify) ----	_____
115	What is your family's (your) monthly income	0. No income 1. head of the household: _____ birr 2. spouse: _____ birr 3. Yours: _____ birr	_____

		4.Others: _____ birr 5. Total _____ birr	
116	How do you classify your family's economic status by comparing with that of your neighbor?	1.Very poor 2. Poor 3. Average 4. Well to do 5. Rich 99. I don't know	_____

PART. II. HISTORY OF SEXUAL RISK BEHAVIOR AND ITS OUT COMES

No	Questions	Alternative choices and skip to	Code
201	Have you ever had sexual partner?	0. No 1. Yes 99. No response	_____
202	Have you ever had sexual intercourse?	0.No \longrightarrow 201 1. Yes	_____
203	If yes, what was your age at your first sexual intercourse?	Age in years _____ / _____ 99. Do not know	_____
204	Thinking about your first sexual intercourse at sexual debut and then after, had you ever had sexual intercourse without your will?	0. No \longrightarrow 203 1. Yes 99. No response	_____
205	If yes to the above at what time did the incident occur?	1. At first sexual debut 2. After the first sexual intercourse 3. At both 99. No response	_____

206	What was the relation of your partner to you?	1 .An acquaintance 2. A friend 3. Fiancé 4. Spouse 5. A relative 6. Teachers 7. Authority figures 8. Others (specify)_____	_____
207	How old was your sexual partner at first sexual intercourse?	1.About your age 2. Younger than you 3. About 1 to 4 years older than you 4. About 5 to 10years older than you 5. More than 10 years older than you 99. Don't know-----	_____ _____ _____ _____ _____
208	When did the incident(s) occur?	Within the last six months 6 month – 1 year In the last five years Before five years 99. I don't remember	_____
209	With whom were you living at the time of your previous experience of sexual coercion?	1. With both parents 2. Father only 3. Mother only 4. With relatives 5. Alone 6. Others/specify.....	_____


210	How many sexual partners have you had so far/in your lifetime?	1. _____ Persons 2. I don't know 99. Not sure/no response	_____
211	Have you used any modern protective methods at the time of sexual intercourse ?	0. No \longrightarrow 216 1. Yes	_____
212	If yes, which method did you use? <i>(Multiple response permitted)</i>	1. Condom 2. Pills (Emergency contraceptives) 3. Injection 4. Withdrawal 5. Safe period 6. IUD/loop 7. Norplant. 8. Diaphragm 9. Others specify...	_____ _____ _____
213	From where did you get this method?	1. Shop 2. Pharmacy 3. Govt. health institution 4. Private health institution 5. Friend 6. Others specify..... 99. Don't know	_____

218	If yes, why? Or if not, why not?		
219	Have you ever been tested for HIV?	0. No 1. Yes	_____
220	Do you want to have HIV testing and counseling?	0. No 1. Yes	_____
221	If no to Q 303 why you were decided to have sexual intercourse at first time and then after?	1. Marriage 2. Love 3. Personal desire 4. Others /specify.....	_____
222	Have you ever had sexual intercourse with in the last 6 months?	0. No 1. Yes 99. No response	
223	If yes with how many persons?	1. With _____ persons 99. I don't remember	
224	Have you currently using modern contraceptives (with in the last 6 months)?	0. No _____ 341 1. Yes 99. Not sure	_____
225	From where did you get this method?	1. Shop 2. Pharmacy 3. Govt. health institution 4. Private health institution 5. Friend 6. Others specify..... 99. Don't know	_____

226	How frequent do you use condom during sexual intercourse?	1. Every time sexual intercourse takes place 2. Most of the time 3. Sometimes 99. No response	 																											
227	If no, reason for not using	1. Partner objection 2. Due to force 3. Un availability 4. Lack of awareness Fear of side effect Desire to have children Others/specify..... 99. No response	 																											
228	Did you experience any of the following during the last 6-month? 1.Unintended Pregnancy 2.Trauma (injury) in the genitalia 3. Ulcer in the genitalia 4.Unusual discharge from the genitalia 5.Swelling around the genitalia 6. Lower abdominal pain 7. Others specify....	<table border="0"> <thead> <tr> <th></th> <th>No</th> <th>Yes</th> </tr> </thead> <tbody> <tr> <td>1.Unintended Pregnancy</td> <td>0</td> <td>1</td> </tr> <tr> <td>2.Trauma (injury) in the genitalia</td> <td>0</td> <td>1</td> </tr> <tr> <td>3. Ulcer in the genitalia</td> <td>0</td> <td>1</td> </tr> <tr> <td>4.Unusual discharge from the genitalia</td> <td>0</td> <td>1</td> </tr> <tr> <td>5.Swelling around the genitalia</td> <td>0</td> <td>1</td> </tr> <tr> <td>6. Lower abdominal pain</td> <td>0</td> <td>1</td> </tr> <tr> <td>7. Others specify....</td> <td>0</td> <td>1</td> </tr> <tr> <td></td> <td>0</td> <td>1</td> </tr> </tbody> </table>		No	Yes	1.Unintended Pregnancy	0	1	2.Trauma (injury) in the genitalia	0	1	3. Ulcer in the genitalia	0	1	4.Unusual discharge from the genitalia	0	1	5.Swelling around the genitalia	0	1	6. Lower abdominal pain	0	1	7. Others specify....	0	1		0	1	
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7. Others specify....	0	1																												
	0	1																												

229	What was the outcome of that pregnancy?	1. Current pregnant 2. Abortion 3. Miscarriage 4. Live birth 5. Still birth	_____
-----	---	---	-------

PART III- ATTEMPTS OF RISKY SEXUAL EXPERIENCE

No	Questionnaire & filters	Alternative choices and skip to	Code																																				
301	Do you have any pressure from others to have sexual intercourse?	0. No  305 1. A great deal 2. A little 99. No response	_____																																				
302	From whom did you have pressure?	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">No</td> <td style="text-align: center;">Yes</td> <td></td> </tr> <tr> <td>1. Boy friends</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>2. Relatives</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>3. class friends</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>4. Partner/special friend</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>5. Acquaintance</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>6. Teachers</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>7. Figures of authority</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>8. Other/specify--</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">_____</td> </tr> </table>		No	Yes		1. Boy friends	0	1	_____	2. Relatives	0	1	_____	3. class friends	0	1	_____	4. Partner/special friend	0	1	_____	5. Acquaintance	0	1	_____	6. Teachers	0	1	_____	7. Figures of authority	0	1	_____	8. Other/specify--	0	1	_____	
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		1. Once or twice a week 2. Smoke daily 3. Others/specify	
403	Do you chew chat?	0. Never try 1. Once or twice a week 2. Chew daily 3. Others/specify	_____
404	Do you use some drugs out of the physician's prescription?	0. Never try 1. Once or twice a week 2. Use daily 3. Others/specify	_____
405	Why do you use these things?	1. _____ 2. _____ 3. _____	
406	What are your biggest worries about your health?	1. _____ 2. _____ 3. _____	

NAME OF INTERVIEWER _____ SIGNATURE _____ DATE _____

NAME OF SUPERVISOR _____ SIGNATURE _____ DATE _____

2. APPENDEX II. GAAFFILEE AFAAN OROMOO

UNIVERSITII Addis Ababaatti FAKKAALITTII FAYYAA UMMATAA, DIPAARTIMEENTII UMMATAAFI FAYYAA MAATII, GAAFFIILEE SEENAA FEDHII MALEE GUDEEDAMUU AKKASUMAS ILALCHAAF HUBANNOO DHIMMA KANA IRRATTII JIRU DUBATTOOTA UMURIIN 10-24 GAAFACHUDHAAF KAN QOPHAA'EE, MAGAALA Bishooftuu, Adoolessa, 2016.

A. Waliigaltee gaaffiilee dura afaaniin mirkana'uu qaban (Qajeelcha gaafatootaaf ba'e)

Attam bulte/attam olte! Maqaan koo _____ kaniin hojjedhu tuuta hayyoota univeersitii Jimmaatti argaman kanqorannoo Fayyaa uumataa irratti hundaa'ee geggeessan keessaa isa tokkodha. Osoo maree qorannoo kana ilaalatutti hin seenin dura haala fi faayidaa qorannoo kanaa yemmuun isiniif dubbisu qalbidhaan akka nadhaggeeffattan kabajaan isin gaafadha.

Nama deebiif filatame kanaaf kan harmaan gadii dubbisi

Innis faayidaan qorannoo kanaa hubannoo uummataa fi mootummaa garaagartummaa ilaalcha dhiiraafi dubartii irratti jiru akkasumas dhiibbaa ijoollee dubartootaa irratti ga'u ibsuufi. Akkasumas rakkoo fedhii malee gudeedamuu wajjin wal qabatee dubartoota umuriin isaanii waggaa 10-24 irratti ga'u qorachuuf kan qopha'eedha. Kana waan ta'eef yeroo murta'ee waliin wajjin fudhannee (yoo baa'yatee daqiiqaa 40) qorannoo kana irratti akka hirmaattan kabajaan isin gaafanna. Yaadni isin nuuf lattan haala ykn tajaajila fayyaa fi mirga dubartoota guutuu biyyaatti argamani foyyeesuuf bu'uura ta'a jennee amanna. Haa ta'u iyyuu malee maqaa fi deebiin isin gaaffiilee keenyaaf lattan hundumtuu icittiidhaan egama waan ta'eef yaadda'uun isin irraa hin jiru. Raawwiin qorannoo kanaa yoo ni maxanfama illee ta'e maqaa nama tokkoon osoo hin taane yaada hirmaattoota hundaa walitti qabudhaan ta'a.

Qorannoo kana irratti hirmaachuun fedhii irraatti kan hunda'e yeroo ta'u, gidduutti kutuunis ykn hirmaachuus ta'e hirmaachuu dhisuun tajaajila isiniifis ta'e maatiin keessan gara fuula duraatti dhabbiilee adda addaa irraa argatan irratti dhiibbaa hin qabu.

Kana waan ta'eef qorannoo kana irratti hirmaachuu ni feetuu?

() Eeyyee () Miti

Yoo gaafatamaan "Eeyyee" jedhe gaaffii kee itti fufi

Yoo gaafatamaan "Miti" jedhe galaateefadhu dhiisi.

Do'annoo gaaffii

	Do'annoo 1ffaa	Do'annoo 2ffaa	Do'annoo 3ffaa
Guyyaa			
Raawwii			

Koodii raawwii gaaffilee: 1. Xumureera 2. Hamma tokko xumureera 3. Hin-didan

4. Gaafatamtuun hin-argamnee 5. Kan biraa (ibsi) _____

B. EENYUMMAA

Sa'aatii gaaffiin itti eegalmee _____ sa'aatii gaaffiin itti xumurame _____

001. Lakkoofsa gaaffiilee: _____ / _____ / _____

002. Bulchiinsa Naannoo magaalaa Bishooftuu

003. Zonii: Baha Shawaa

004. Kutaa Bulchinsaa: _____ Mana barumsaa _____

005. Kutaa _____

006. Koodii raawwii gaaffilee

007. Koodii gaafataa / _____ / _____ / _____ Maqaa _____

KUTAA 1^{FFAA}: HAALA MAALUMMAA IBSU

Lakk.	Gaaffiilee	Filmaata deebii ta'u malan fi darbuu	Kooddii
101	Umuriin kee meeqa? (Lakkoofsaan)	Waggaa _____ / _____ 99. Hin beeku	_____
102	Bakka dhalootakee	1. Magaala Bushooftuu 2. Magaala biraa 3. Baadiyya	_____
103	Magaala Bishooftuu keessa waggaa meeqaaf jiraatte?	Waggaa _____ / _____ 99. Hinbeeku	_____
104	Haala heerumakeewo?	1. Hin heerumne 2. Heerumeera 3. Hiikeera 4. Najalaa du'eera 5. Yeroof addaan baaneerra 6. Kan biro/ibis....	_____
105	Sadarkaan barumsa kee hammami?	1. Sadarkaa lammaffaa (9-10) 2. Qophaa'ina (11-12)	_____
106	Qomoon kee maalii?	1. Oromoo 2. Amaara 3. Guraagee 4. Tigree	_____

		5. Kan biraa (ibsi).	
107	Amantiin kee maalii?	0. Hinqabu 1. Pirotistaantii 2. Ortoodooksii 3. Islaama(Musliima) 4. Kaatoolikii 5. Kan biraa (ibsi).....	_____
108	Abaan kee lubuun jiraa?	0.Hinjiru →12 1. Jira	_____
109	Sadarkaa barumsaa Abbaakeewo	1. Hinbaranne 2. Barreessuu fi dubbisuu qofa 3. Sadarkaa tokkoffaa 1-6 4. Sadarkaa lammaffaa 7-12 5. Kutaa 12 + 2 6. Digirii 1ffaa 7. Kan biroo/ibsi....	_____
110	Hojii abbaakeewo	1. Hojjetaa humnaa 2. Qotee bulaa 3. Hojjetaa mootummaa 4. Abba qabeennya dhuunfaa bira hojjeta 5. Daldala mataa isaa	_____

		6. Kan biraan/haaibsamu.....	
111	Haatike lubbuun jirtii?	0.Hinjirtu. $\xrightarrow{115}$ 1. Eeyyee	_____
112	Hojii haadhakee	1. Haadha manaa 2. Hojjetuu humnaa 3. Qotee bulaa 4. Hojjetuu mootummaa 5. Abba qabeennya dhuunfaa bira hojjetti 6. Daldala mataa ishee hojjetti 7. Kan biraan/haaibsamu	_____
113	Sadarkaa barumsaa Haadhakeewo?	1.Hinbaranne 2. Barreessuu fi dubbisuu qofa 3. Sadarkaa tokkoffaa 1-6 4. Sadarkaa lammaffaa 7-12 5. Kutaa 12+2 6. Digirii 1 ^{faa} fi isa ol 7. Kan biroo/ibsi.....	_____
114	Yeroo ammaa eenyu wajjin Jiraatta?	1. Abbaafi haadha wajjin 2. Haadha qofaa 3. Abbaa qofaa 4. Fira bira	_____

		<p>5. Kaadhimaa wajjin</p> <p>6. Abbaa manaa</p> <p>5. Hiriyyaa</p> <p>6. Qofaa</p> <p>7. Kan biro/haa ibsamu</p>	
115	<p>Galii ji'aa warrakee ykn kee qarshii meeqa?</p>	<p>0. Hinqabnu</p> <p>1. Kan abbaa manaa qar. _____</p> <p>2. Kan haadha manaa qar. _____</p> <p>3. Kan kee qar. _____</p> <p>4. Kan biro qar. _____</p> <p>5. Ida'ama qar. _____</p>	
116	<p>Qabeenyi keessan akka ollaa keessaniitti yogguu ilaalamu maal sitti fakkaata?</p>	<p>1. Baay'ee hiyyeessa</p> <p>2. Hiyyeessa</p> <p>3. Gidduu galeessa</p> <p>4. Maatii dureessa</p> <p>5. Soorressa</p> <p>99. Hinbeeku</p>	

KUTAA 2^{FFAA}-SEENAA FEDHII MALEE GUDEEDAMUU FI RAKKOO BOODA IRRA,
WARRA QUNNAMTII SAALAA GAGGEESSANII BEEKANIIF KAN GAAFATAMU

Lakk	Gaaffiilee	Filmaata deebii ta'u malan fi darbuu	Koddii
201	Hiriyyaa walqunnamitti nafa saala waliin rawwatu qabatee beekta	0. lakki 1. eeyye 99. callisuu	
202	Qunnamtii saalaa raawwattee beektaa?	0. Hin raawwanna → 401 1. Eeyyee 99. Callisuu	_____
203	Yoo deebbinkee “Eeyyee” ta,e yeroo jalqabatiif yeroo raawwate umuriin kee meeqa ture?	1. Waggaa _____/_____ 99. Hin yaadadhu/ hinbeeku	_____
204	Qunnamtii saalaa gaafa duraafi isaa booddee yaadachaa, fedhii kee malee raawwattee beektaa?	0. Hin beeku → 333 1. Eeyyee 99. Callisuu	_____
205	Yoo deebbinkee “Eeyyee” ta,e yeroo kami?	1. Isa gaafa jalqabaa irraatti 2. Yeroo jalqabaa booddee 3. Yeroo lamaanuu 99. Callisuu	_____


206	Walitti dhufeegna nama gaafa duraa ykn booddee fedhiikee malee qunnamtii nafa saalaa wajjin gaggeessite wajjin qabdu maal turee?	1. Nama yeroo hunda wajjin ooltu 2. Hiriyyaa/jaalallee kee 3. Kaadhimaa kee 4. Kan sifuudhe 5. Fira 6. Barsiisaakee 7. Itti gaafatamaakee 8. Kan biro/ibsi _____	_____
207	Namni ati Yeroo jalqabaa fi isaa boodde qunnamtii saalaa fedhii malee wajjin raawwatte hammam si hangafaa?	1. Walqixa 2. Waggaa shanii gadi 3. Waggaa shan 4. Waggaa 5 hanga 10 5. Waggaa kudhanii ol 99. Hinbeeku/hinyaadadhu	_____
208	Yeroon isaa hammam ta'eera?	1. Ji'a ja'a asitti 2. Ji'aja'aa hang waggaa 1 3. Waggaa shan darbe asi 4. Waggaa shan dura 99. Hin yaadadhu	_____ _____ _____ _____ _____

209	Yeroo qunamtii saalaa fedhii malee raawwattee beektutti eegnu wajjin jiraatta turte?	1.Hadhaafi abbaa 2. Abbaa qofa 3. Haadha qofa 4. .Fira bira 5. Qophaa 6. Kan biroo/ibsi.....	_____
210	Hanga har'aatti nama meeqa wajjin qunnamtii raawwattee beekta(umuriikee keessatti)?	1. Nama _____wajjin 2. Hin yaadadhu 99. Callisuu.	_____
211	Yoo deebbinkee "Eeyyee" ta,e, eessatti yaalamtee turtee?	1. Mana yaalaa/ hospitaala 2. Buufata fayyaa 3. Kilinika 4. Qoricha aadaatiin/ogeessa aadaa 5. Dhaabbilee fayyaa dhuunfaa 6. Dhaabbilee fayyaa mit mootummaa 7. Kan biro/ibis.....	_____
212	Yeroo fedhii malee qunnamtii raawwate ykn isaa booddee tooftaa ammayyaa kan ulfa hinbarbaadamne dhukuba nafa saalaa dhowwu fayyadamtee turtee?	1.Hinfayyadamne → 325 2. Eeyyee	_____

213	Bakka kamii argattee turtee?	1. Suuqii 2. Mana qorichaa 3. Dhaabbee fayya mootummaa 4. Dhaabbilee fayyaa dhuunfaa Hiriyyaa irraa Kan biro/57bis..... 99. Hin beeku																			
214	Yoo hinfayyadamne ta'e sababni isaa maalture?	1. Hin nadide 2. Humnaan waan tureef 3. Waan argachuu hin dandeenyeef 4. Hinbeeku waan ta'eef 5. Miidhaa qorichaa sodadhee 99. Callisuu	_____																		
215	Rakko maalfaatu simudatee turee? 1. Ulfahinbarbaadamne 2. Madaa ykn miidhaa dhaqna irrattii 3. Dhaqna irratti luqqa'uu (Ulcer) 4. Dhangala'aan qaama hormaata fayyaa keessaa ba'uu 5. Gudeedatti dhiitaiuu	<table border="1"> <thead> <tr> <th></th> <th><u>Miti</u></th> <th><u>Eeyyee</u></th> </tr> </thead> <tbody> <tr> <td>1. Ulfahinbarbaadamne</td> <td>0</td> <td>1</td> </tr> <tr> <td>2. Madaa ykn miidhaa dhaqna irrattii</td> <td>0</td> <td>1</td> </tr> <tr> <td>3. Dhaqna irratti luqqa'uu (Ulcer)</td> <td>0</td> <td>1</td> </tr> <tr> <td>4. Dhangala'aan qaama hormaata fayyaa keessaa ba'uu</td> <td></td> <td></td> </tr> <tr> <td>5. Gudeedatti dhiitaiuu</td> <td>0</td> <td>1</td> </tr> </tbody> </table>		<u>Miti</u>	<u>Eeyyee</u>	1. Ulfahinbarbaadamne	0	1	2. Madaa ykn miidhaa dhaqna irrattii	0	1	3. Dhaqna irratti luqqa'uu (Ulcer)	0	1	4. Dhangala'aan qaama hormaata fayyaa keessaa ba'uu			5. Gudeedatti dhiitaiuu	0	1	_____ _____ _____ _____
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	6. Dhukubbii garaa handhuuraa gadii	0	1	_____
	7. Fincaan gubuu	0	1	_____
	8. Qaama hormaata fayyaa nama hooqsisuu	0	1	_____
	9. Kan biro/ibis....	0	1	_____
216	Ulfa hinbarbaadamne yoo ta'e, akkam ta'eree?	Yeroo ammaa ulfadha		
		Off irraa nan baase		_____
		Ofii isaa narraa ba'e		
		Fayyaan dhalateera		
		5. Du'aan dhalateera		
217	Waa'ee fayya keetiif dhukubni ykn HIV naqaba jettee yaaddee beektaa?	0. Hinbeeku		_____
		1. Eeyyee		
218	Maaliif eeyyee ykn hibeeku jettee? Sababni isaa haa'ibsamu	_____		

219	Qorannaa dhiigaa HIV godhattee beektaa?	0. Hi'ikoo		_____
		1. 1. Eeyyee		
220	Gorsaafi qorannaa dhiiga barbaaddaa?	0. Hi'ikoo		_____
		1. Eeyyee		

221	Sababoota fedhii malee qunnamtii saalaa yeroo jalqabaafi isaa booda raawwattee hinbeektu yoo ta'e maaliif murteessitee?	1.Heeruma 2. Jaalalaan 3. Fedhii matakootiin 4. Kan biro/Ibsi.....	
222	Ji'a ja'aa asitti qunnamtii raawwattee beektaa?	0. Hinbeeku 1. Eeyyee 99. Callisuu	_____
223	Deebbiin kee "eeyyee" yoo ta'e, nama meeqa wajjin?	1. Nama _____ wajjin 99. Hinyaadadhu	_____
224	Yeroo ammaa ykn ji'oota ja'an darban keessa taftaa ammayyaa da'umsa ykn dhukuba dhowwu fayyadamtee beektaa?	0.  Hinbeeku 341 1. Eeyyee 99. Callisuu	_____
225	Bakka kamii argattee fayyadamtee?	1. Suuqii 2. Mana qorichaa 3. Dhaabblee fayyaa mootummaa 4. Dhaabbilee fayyaa dhuunfaa Hiriyyaa irraa Kan biro/ibis..... 99. Hin beeku	

226	Kondomii yeroo akkamii fayyadamtaa?	1. Yeroo hunda qunnamtii saalaa yogguun raawwadhu 2. Yeroo baay'ee 3. Takka takka qofa 99. Callisuu																					
227	Yoo hinfayyadamne ta'e sababni isaa maalture?	1. Hinnadide 2. Humnaan waan tureef 3. Waan argachuu hindandeenyeef 4. Hinbeeku waan ta'eef 5. Miidhaa qorichaa sodadhee 6. Mucaa godhachuu waan barbadeef 7. Kan biraa/ibis.... 99. Callisuu																					
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	6. Dhukubbii garaa handhuuraa gadii	0	1	_____
	7. Fincaan gubuu	0	1	_____
	8.Qaama hormaata fayyaa nama hooqsisuu			
	9. Kan biro/ibis....	0	1	_____
		0	1	_____
229	Ulfa hinbarbaadamne yoo ta'e, akkam ta'eree?	Yeroo ammaa ulfadha		
		Off irraa nan baase		_____
		Ofii isaa narraa ba'e		
		Fayyaan dhalateera		
		5. Du'aan dhalateera		

KUTAA 3^{FAA}- SEENAA YAALII WALQUNNAMITII NAFA SAALAA

Lakk	Gaaffiilee	Filmaata deebii ta'u malan fi darbuu	Kooddii
301	Akka qunnamtii nafa saalaa raawwattuuf dhiibbaan si irra ga'ee turee?	0. Lakki \longrightarrow 305	
		1. Yeroo hedduu	_____
		2. Yeroo xiqqoo	
		99. No response	

302	Eenyu irraa dhiibbaan sirra ga'aa ture?	<u>Hi'ikoo</u>	<u>Eeyyee</u>	
	1. Jaalallee	0	1	_____
	2.Fira irraa	0	1	_____
	3.Kan wajjin hojjennu irraa	0	1	_____
	4.Kaadhimaa	0	1	_____
	5. Hoogganaa/itti gaafatamaa	0	1	_____
	6. Barsiisaa	0	1	_____
	7. Abbaa aangoo	0	1	_____
	8. Kan biro/ibsi--	0	1	_____
303	Gosti yaalii fedhii malee kuni maal turee?	<u>Hi'ikoo</u>	<u>Eeyyee</u>	
	1. Yeroo hunda waa'ee qunnamtii saalaa haasa'udhaan	0	1	_____
	2. Fedhii malee sidhungachudhaan	0	1	_____
	3. Yaalii dirqisiisanii gudeeduu	0	1	_____
	4. Kan biro/ibsi...	0	1	_____
304	Yeroo meeqa simudatee turee?	1. Yeroo Tokko		_____
		2. Yeroo lamaa hanga afurii		
		3. Yeroo shaniif isaa ol		

305	Gara fuula duraatti kaayyoon qunnamtii saalaa irratti qabdu maalii? Kamtu sirriitti si'ibsa?	1. Hangan heerumutti of eeguu 2. Hangaan nama na fuudhu argadhutti eeguu 3. Hangaan nama jaaladhu argadhuthhi eeguu 4. Yeeguun carraa isaa argadhu raawwachuu.	_____
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KUTAA 4^{FAA}- SEENAA AMALAA ADDA ADDAA

Lakk	Gaaffiilee	Filmaata deebii ta'u malan fi darbuu	Kooddii
401	Dhugaatii dhugdaa (farsoo, daadhii, araqee ykn biiraa)?	0. Hindhugu 1. Torbaan itti si'a tokko ykn si'a lama 2. Guyyaa guyyaatti nan dhuga 3. Yeroo ayyanaaf laguu qofa 4. Kan biro/ibis.....	_____
402	Sijaaraa xuuxxaa?	0. Hinxuuxu 1. Torbaan itti si'a tokko ykn si'a lama 2. Smoke daily 3. Kan biro/ibis.....	_____
403	Caatii qaamtaa?	0. Hinqaamu	

		1. Torbaan itti guyyaa tokko ykn guyyaa lama 2. guyyaa guyyaatti nan qaama 3. Kan biro/ibis.....	_____
404	Qoricha nama si'aasisu ajaja hakiimaa malee fayyadamtaa?	0. Hinfayyadamu 1. Torbaan itti si'a tokko ykn si'a lama 2. Guyyaa, guyyaatti fayyadama 3. Kan biro/ibis.....	_____
405	Waantota armman olii yoo fayyadamta ta'e , maaliif? Sababni isaa tokko tokkoon haa'ifu	1. _____ 2. _____ 3. _____	
406	Waa'ee fayya keetiif maaltu guddaa siyaaddressa?	1. _____ 2. _____ 3. _____	

Maqaa gaafataa _____ Mallattoo _____ Guyyaa _____

Maqaa to'ataa _____ Mallattoo _____ Guyyaa _____

