ADDIS ABABA UNIVERSITY

COLLEGE OF HEALTH SCIENCE
SCHOOL OF PUBLIC HEALTH

MAGNITUDE OF RISKY SEXUAL BEHAVIOR, ASSOCIATED FACTORS AND PARENTING PRACTICES AMONG UNMARRIED YOUTH STUDENTS IN KEA MED UNIVERSITY COLLEGE, ADDIS ABABA, ETHIOPIA

BY: TENSAY BAYESSA (BSc)

ADVSISORS:

Dr.MitikeMolla (PhD, Associate Professor, SPH, AAU)

Dr.EshetuGirma (PhD, SPH, AAU)

A THESIS SUBMITTED TO THE SCHOOL OF GRADUATE STUDIES OF ADDIS ABABA UNIVERSITY AS PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE DEGREE OF MASTERS OF PUBLIC HEALTH

JUNE, 2016

ADDIS ABABA, ETHIOPIA

DEDICATION

This thesis is dedicated to the loving memory of my Brother ShibruBayessa, who lived his life to support and encourage others. I am one of the many people changed by his inspirational faith in God.

I also dedicate this work to my best and amazing mother in the world, AyelechSenbete, who encouraged and supported me throughout my life and to my loving father, BayessaHurriso and to my sister YegileGete who helped me in so many ways and stand beside me in trouble time of my life.

AKNOWLEDGEMENT

First of all I would like to praise almighty God who gave endurance and strength in all my life.

Iam extremely fortunate to have DrMitikeMollaand DrEshetuGirma as my advisors. I would like to thank them for their critical and valuable comments and suggestions.

I also acknowledge the School of Public Health, Addis Ababa University for is dedication to organize the program so that many Ethiopians got the opportunity to attend in the university.

I am indebted to the staffs of Kea Med University College. My special thanks go to AtoYabkal, Ato Michael and Ato Shalom for their participation and cooperation during data collection

Most importantly, I thank my wife EyerusDesta. Sheencouraged me to undertake this thesis and was with me at every step along the journey. I share this accomplishment with her.Thanks to my daughters (Bilen and El-bethel) for sacrificing time with me to complete this thesis.

CONTENTS **PAGE**

LIST OF TABLES

LIST OF FIGURES

ACRONYMS

AIDS : Acquired Immunodeficiency Syndrome

AOR : Adjusted Odds Ratio

CI : Confidence Interval

COR : Crude Odds Ratio

EDHS : Ethiopian Demographic and Health Survey

HIV : Human Immunodeficiency Virus

MARPs: Most At Risk Populations

RH : Reproductive Health

SPSS : Statistical Package for Social Science

SRH : Sexual and Reproductive Health

SSA : Sub Saharan Africa

STIs : Sexually Transmitted Infections

UK : United Kingdom

USA : United States of America

WHO : World Health Organization

ABSTRACT

Background: Youth is characterized by emotional, social and physical transformations that can expose young people to risky sexual behaviorsand healthy sexuality needs an investment from parents. Risky sexual behavior among youth is still a major issue in Sub-Saharan Africa including Ethiopia. Little has been studied about risky behaviorsin the context of private higher education institutions in Ethiopia.Thus, this study tried to assess the magnitude of risky sexual behaviors and associated factors among students in Kea Med University College, Ethiopia.

Methods: An institution based cross-sectional study was conducted from January - April 2016. A total of 846 students were selected using stratified random sampling method. SPSS software version 20 was used to perform descriptive statistics, univariate, bivariate and multivariable logistic regression analyses to identify factors associated with early initiation of sex and multiple sexual partners.

Results: Of the 820 study participants, 240 (29.3%) ever had sex, 139 (57.9%) had sex 12 months preceding survey, 63 (26.2%) ever had multiple sexual partners and 44 (62%) used condom inconsistently. Regarding the behavior of youth, 183 (22.7%) drink alcohol, 88 (10.7%) chew khat and150 (18.3%) watched pornographic video. About 143 (59.3%) of students ever had male friend who practiced sex and 142 (59.2%)ever had female friend who practiced sex.

Sex, living arrangement, father's educational status, income of family per month, drinking alcohol, chewing khat, watching pornographies, having male friends' who initiated sex, parenting styles and practices were significantly associated withearly initiation of sex and ever had multiple sexual partners. Females were two times (AOR = 1.50; [95%C: 1.02, 4.88]) and three times (AOR = 3.12: [95%CI 2.05 – 5.35]) more likely to initiate sex earlier and ever had multiple sexual partners respectively than males. Watching pornographic video was significantly associated with early initiation of sex (AOR = 1.11: [95%CI 1.00 – 4.25]). Students from neglectful parents were 2.96 times more likely to initiate sex earlier than those with authoritative parents (AOR = 2.96: [95%CI: 1.91- 4.64]).

Conclusion: Engaging in risk behaviors such as early initiation of sex and having multiple sexual partnerswere independently associated with sex, watching porno video, drinking alcohol, having friends who practice sex, drinking alcohol, and parenting styles. Therefore, college based, risk reduction and behavior change focused interventions are recommended.

CHAPTER ONE

INTRODUCTION

1.1. BACKGROUND

The youth population constitutes approximately one third ofthe world population and is a productive force for the world economy and most university students belong to this age group (1). The United Nations defines “youth” as those between 15 and 24 years of age, adolescents as between 10-19 years, and the Convention on the Rights of the Child defines ‘children’ as persons up to the age of 18. African Youth Charter defines youth as 15-35 years (2, 3).

Youth making up about 20% of the world’s population, of whom 85% live in developing countries (4). Sub-Saharan Africa youths constitute 20% - 30% of this population (5). Young people constitute one-third of the total population in Ethiopia. This number is expected to grow from 20.3 million in 2000 to 25 million in 2010 (6).

Youth is characterized by emotional, social and physical transformations that can expose young people to emotional and health vulnerabilities. In this period of development, young people begin to engage in risky sexual behaviors that put them at high risk to HIV/AIDS and unwanted pregnancy, abortion, poor school performance, high school dropout rate, conduct disorderand economic problems(7).

Risky sexual behavior is defined as an individual’s conduct that increases the susceptibility of the person to sexually transmitted infections (STIs) including HIV and AIDS, unwanted pregnancy and psychological distress. According to published research, risky sexual behaviors may present as having early initiation of sex, , having multiple sexual partners, having sex under the influence of stimulant substances, unprotected sex (without or inconsistently using a condom), having sex immediatelyafter watching pornographic media and (8-13).

Youth sexual behavior, such as unprotected sexual intercourse contributes to unwanted pregnancies, abortions, pregnancy related complications, and sexually transmitted infections (STIs) including HIV/AIDS (14). Globally, around 340 million new STIs cases occur per year in people under 25 years of age. Each year, more than one in every 20 adolescents contracts a

curable STI. Studies reported that more than half of all new HIV infections occur in people between the ages of 15 and 29 years (15, 16).

Studies have reported risky sexual behaviors as a common practice among young people in Sub-Saharan Africa (SSA). Young people in this region were frequently engaged in pre-marital sexual intercourse and sex with many partners. The prevalence of human immunodeficiency virus is highest in this region (17).

Ethiopia is a developing country with a demographic profile dominated by young population with in the ages of 15–24, constituting one third of the total population. No doubt that the HIV/AIDS epidemic has assumed a major public health challenge in Ethiopia. It is estimated that 2.9% of youth/adolescent population is found in the age group of 15–24 years is HIV infected (18).

Alcohol and substance abuse such as Khat and cigarette smoking are generally believed to be one of the associated factors for sexual risk behaviors. Studies showed that substance use and alcohol interfere with condom use during sexual intercourse and increase the risk of acquiring STIs (19-24).

Having multiple sexual partners represents an important behavioral risk factor for STDs among adolescents and young adults, especially if they fail to use condoms correctly and consistently. Alcohol use, illicit drug use and early initiation of sexare associated with increased risk of having two or more partners (25)

Parents are the first socializing agents, teachers, leaders and counselors to their children. Risky sex behavior may result from being easily influenced by peers, poor bonding with and limited support from parents, inappropriate parenting roles and role models and living in unfavorable environments (26). Researchers found that parent and child connectedness, communication, parental supervision of children's activities decrease the Sexual and Reproductive Health (SRH) problems and promotes safer sexual practices in young people. (27).

University students are in this age category and highly engage in risk sexual behaviors such as early initiation of sex, unprotected sex, multiple sexual partners, sexual contact with prostitutes and inconsistent use of condom (28-31).

1.2. STATEMENT OF THE PROBLEM

Ethiopia had a national strategies and activities to enhance the sexual and reproductive health and well-being of the young population. Some of the strategies are delivery of all youth RH related interventions and policies by gender, age, marital status, and residence; addressing the immediate and long-term RH needs of young people; and strengthening multicultural partnerships to respond to young women's heightened vulnerability to sexual violence and nonconsensual sex (15, 32).

Despite this effort, an epidemic of risky sexual behavior is still continues to grow steadily in the country especially in educational setting claiming the lives of the most productive segments of the Ethiopian society that can lead to high social and economic costs. Moreover, dynamicity of youth's behavior; it is assumed that student's sexual behavior varies interms of locality, civilization, urbanization and socio cultural context of the societies (33).

Additionally, youth's behavior is deeply affected by the family environment they live and parents are the main source of influence and credible sources to their children with regard to sexuality. Research evidences showed that parental practices such as parent child connectedness, parental monitoring and parents and adolescents communication about sexuality is protective against risky sexual behavior (34).

Furthermore, majority of students in tertiary institutions are single.Unlike public universities, private colleges in Ethiopia do not have accommodations for their students. Most of the students come from rural areas and are living in the rented houses away from their supervising families, which could open a gate for having risky sexual practices.

Even though many studies have been carried out to determine the magnitude of sexual behavior and effect of parenting practices of youth in Ethiopia, most of these studies are conducted in the public universities and few documented studies have looked at the factors that determine risky sexual behavior among private university students in the country (35).

However, little has been studied about the magnitude of risky sexual behavior, associated factors and effects of parenting style and practices in the context of private higher education institutions in Ethiopia.

1.3. SIGNIFICANCE OF THE STUDY

Understanding the magnitude and associated factors of sexual behaviors in young people would provide important information on the development and implementation of effective sex education programs and design strategies and programs about proper parenting practices in Ethiopia and thus help college youth develop healthy and safe sexual behaviors.

Thus, identifying the specific factors that predispose youths to risky sexual behaviors will make an important contribution to current efforts in the prevention and control of HIV/AIDS, sexually transmitted infections, and other reproductive health problems.

The result of this study will help to formulate policies, design strategies and programs about proper parenting practices for the current and would be parents.

Therefore, this study was aimed to describe the magnitude of risky sexual behaviors, associated factors and to assess the effect of different parenting styles and practices on the sexual behavior of youth students in Kea Med University College, Addis Ababa, Ethiopia.

CHAPTER TWO

LITERATURE REVIEW

2.1. Risky Sexual Behavior

Risky sexual behaviors are behaviors related to sexuality that present an immediate physical or psychological health risk and includes early initiation of sex, multiple sexual partners, unprotected sex and sex with commercial sex workers (36).

Worldwide, risky behaviors related to sexual practices in young people have occupied much of the attention (17). Study done in china showed that 42.1% ever had sexual intercourse and 49.4% had multiple sexual partners (37).Another study conducted among university in China revealed that, 12.6% of students have had pre-marital sex and 57.4% students view pornography (38).

Study conducted in Brazil showed that approximately one third of the high school students had engaged in sexual intercourse in the month prior to the survey, and nearly half of these respondents had not used a condom. Lower socioeconomic status, alcohol drinking and illegal drug use were independently associated with unsafe sexual intercourse (39).

Studies have reported risky sexual behaviors as a common practice among young people in Sub-Saharan Africa (SSA) (40). The National Surveys of four African countries revealed that 12% of boys and about 5% of girls had multiple sexual partners. On the other hand, a higher proportion of older adolescents who were sexually active in the 12 months before the survey reported to have had two or more partners in Malawi (41).

Study conducted in Uganda among University students showed that the odd of having multiple sexual partners was significantly associated with alcohol use. The inconsistent use of condom with new partner was significant for males who often consumed alcohol and twice as high for females who often consumed alcohol in relation to sexual activity (42).

Another study done in South Africa, among university students showed statistically significant relationship between alcohol use and having multiple sexual partners. Failure to use condom consistently with new partners is significant among male students who frequently used alcohol and twice higher among female students who frequently used alcohol in relation to engaging in penetrative sex (43).

According to 2011 EDHS, 29% of women had first sexual intercourse before age 15 years and 62% of women before age 18 years. The median age at first sexual intercourse for women and men is 16.6 and 21.2 years old, respectively (44).

National study conducted in Ethiopia among youth showed that over 1.4% of in-school youth had unprotected sex 12 month prior to interview. There was a significant association between alcohol intake, khat chewing and unprotected sex. Those using alcohol daily have three-fold increased odds of unprotected sex when compared to those not using it (45).

A study conducted in Tis Abay among female youths showed that 78% initiated sex at 16 years, 71.6% were sexually active and54.6% had two or more sex partners, 68.8% reported sex under influence of stimulating substances. Drinking homemade alcohol, chewing 'khat', watching pornography and using stimulant substances were associated with risky sexual behavior (46).

Study conducted in Nekemte indicated that over one third of youth students reported unprotected sex and 37.1% had multiple sexual partners. Peer pressure was significantly associated with having multiple sexual partners (47).

Astudy conducted in Jimma preparatory students showed that 25.9% of male and 21.6% of female students had multiple sexual partners. Female students who consumed alcohol were 7 times and male students who consumed alcohol were 2.8 times more likely to be at risk than those who did not consume alcohol. Male students who chewed khat were 4.6 times more likely to be at risk than students who did not chew khat. Alcohol and khat are strongly associated with risky sexual behavior (48).

A study conducted Bahir Dar University, has reported that, 36.4% of students ever had sex, 62% had unprotected sex, 42.7% had multiple sex partners and 65.4% watched pornographic videos. The mean age at first sexual practice was 18.6 years. Watching porn videos, khat chewing and taking alcohol frequently were significantly associated with having multiple sexual partners (49). Similarly,study conducted in Bahir Dar town found 30.8% pre-marital sexual debut associated with frequent watching of pornographic video, peer pressure and chewing khat(50).

A study conducted in Haromaya University revealed that, 41.2% of students were sexually active,27.8% of students had multiple sexual partners, 39.9% of the students had reported sexual

contact with commercial sex workers and 23.51% of the students reported to have sex with casual friend (51).

2.2. Consequences of Risky Sexual Behavior

Study conducted in Madawalabu University reported that, 42.3% of the students were sexually active and the mean age at first sex was 18.6. 51.4% had combined risks for STIs including HIV infection. Those students who had multiple sexual partners were 3.7 times more likely to have risks for STIs when compared to their counter parts(52).

Risky sexual behaviors are associated with problems such as STI including HIV and AIDS, unwanted pregnancy and abortion and result in poor school performance, high school dropout rate, psycho-social problems, conduct disorder, divorce, and economic problems (53).

2.3. Parenting Practices

Parents are the first socializing agents, teachers, leaders and counselors to their children. Healthy sexuality is a developmental process which needs investments from parents. Research evidences showed that parental practices such as parent child connectedness, parental monitoring and parents and adolescents communication about sexuality is protective against risky sexual behavior (34).

A study done in Washington DC, found that adolescents of both sex who report higher levels of parental awareness were less likely to have had sexual intercourse before age 16. Girl with higher levels of maternal and paternal awareness were less likely to have initiated sex before age 16. 22% of those whom parents knew very little about whom they were with, when not at home had sex before age 16 (54).

National study conducted among School youth in Dutch on parenting practices found that concrete parental rules that target adolescent alcohol use were related to a lower likelihood of adolescent drinking and smoking behavior. Adolescent smoking, drinking, cannabis use, and sexual activity were negatively influenced by parental support and control. The results of this study also underlined parental influence remains of major importance, also when youth begin to spend less time at home and experience less physical influence, support or control from their parents (55).

Study conducted by the University of Chicago revealed that parent-adolescent communication that is open, bilateral, and less judgmental (as compared to didactic and instructive) is associated with lower level of sexual risk across various developmental stages (56).

Similarly, study conducted in Shangai china among high school students indicated that strong parental control against pornographic media is 2.2 times lowers the risky sexual behavior than parental approval. Worse mother-adolescent relationships were more significantly associated with internet addiction than worse father-adolescent relationships. Married but separated family structure was associated with internet addiction and watching pornographic movie (57).

One studydonein Addis Ababa, Ethiopia found that parental monitoring reduces risky sexual behaviors among young people. In contrast, poor parental monitoring may increase the influence of deviant peers in young people's lives.Respondents who live with both parents and perceived connected to their parents were less likely to experience risky sexual behavior (34).

CONCEPTUAL FRAME WORK

SOCIODEMOGRAPHIC, BEHAVIOURAL AND PARENTAL FACTORS

As depicted in Figure 1, conceptual framework was developed for this paper afterreviewing the relevant literatures. Since sexual behavior is a product of complex interaction involving different factors that network among themselves, this framework did not dare to exhaustively investigate the labyrinth of interactions. Rather a simplelinear association among variables of interest is considered.

Socio demographic factors, behavioral and familial factors are assumed to have a direct link with risky sexual behavior such as early initiation of sex, ever had multiple sexual partners and unprotected sexual contact.

Socio demographic factorsby itselfcan be linked with behavioral and extra familial factors bi-directionally. Similarly, the behavioral factors are associated with parental factors.

In the present study, selected factors out of those enlisted (within the underlined variables) in figure 1, are investigated for having relationship with sexual activity.

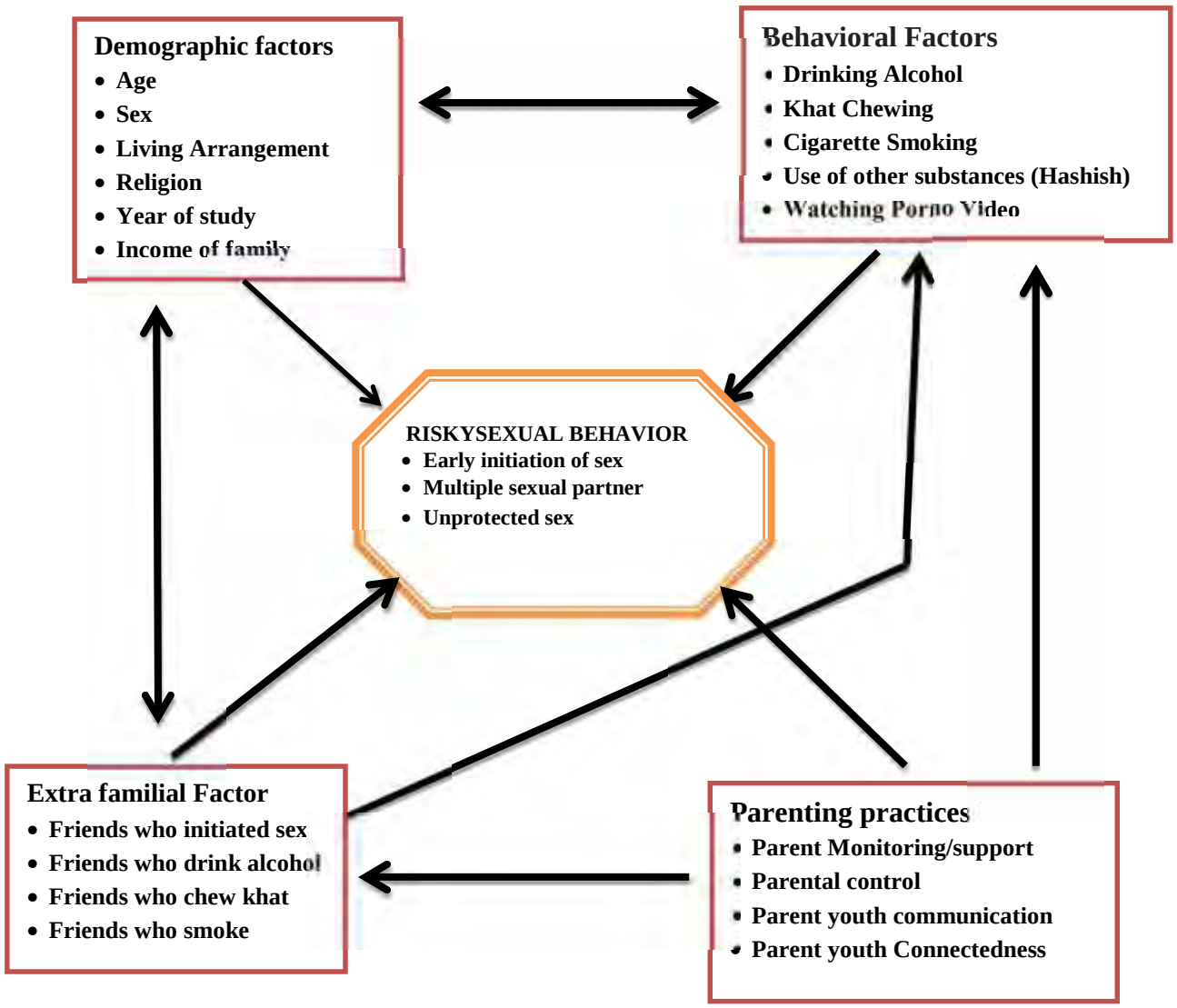

Fig 1: Conceptual Framework adapted and modified from Beth AK, Anne S, Rex F (58)

CHAPTER THREE

OBJECTIVE

General Objective:

- To assess the magnitude of risky sexual behavior, associated factors and parenting practices among unmarried youth students in Kea Med University College, Addis Ababa

Specific Objectives:

- To assess the magnitude of risky sexual behaviors among unmarried youth students in Kea Med University College, Addis Ababa.
- To explore associated factors with risky sexual behaviorsamong unmarried youth students in Kea Med University College, Addis Ababa.
- To assess the effects of parenting styles/practiceson risky sexual behavior in Kea Med University College, Addis Ababa.

Research Questions:

1. What is the prevalence of risky sexual behavior among university undergraduate students?
2. Is there any relationship between parenting styles and risky sexual behavior of students?
3. Is parenting styles and practices has an effect on risky sexual behavior?

CHAPTER FOUR
METHODOLOGY

4.1. Study Area

An institution based cross sectional studywas conducted in Kea Med University College from January to April 2016. Kea Med University College is one of the private colleges in Addis Ababa. It was established in March 2002. The college expanded campuses to three campuses in Addis Ababa i.e. Haya hulet, Arada and Ayer-tena campuses. These campuses provide training for over 3000 students and expanded its training program in B.sc Nursing, Health Officer and clinical nursing.

Additionally, the college is also expanded a qualified nursing training in Nekemte, Benishangul Gumuz regional state, Assosa town, Oromiya regional state Jimma town and Amhara regional state Bahir Dar, Debre Markos & Debre Birhan towns with the current policy of MOE for the technical and vocational level of training.

4.2. Study Design and Participants:

An institution based cross-sectional study was conducted among college youth students who are unmarried during the study period. Married youths will be excluded from the study as they have different sexual behavior and related risks. All unmarried youths in the study area was included.

4.3. Source Population:

All youth students in KEA MED University College Addis Ababa campuses were the source population.

4.4. Study Population:

All unmarried youth students in KEA MED University College selected randomly was the study population.

4.5. Study Units:

The study units were all unmarried youths who fulfill the inclusion criteria.

4.6. Inclusion and Exclusion Criteria:

4.6.1. Inclusion Criteria:

- Unmarried youths present during data collection and willing were included

4.6.2. Exclusion Criteria:

- Students on attachment during data collection were excluded

4.7. Sample Size Determination and Sampling Technique

4.7.1. Sample Size Determination

Sample youth unmarried students was selected from the three campuses to participate in the study.Sample size was computed using Epi info 7 statistical software and 95% confidence level.

Sample size calculation for the first objective: to assess the magnitude of risky sexual behavior among youth students was conducted

Assuming:

P = 41.2%; using proportion of magnitude of risky sexual behavior among Gondar university students) (31).

α = 0.03; the probability of detecting minimum of 3% difference committed by chance.

N = 3000 (Number of total students)

n = 769, assuming 10% non-response rate = **846**

Sample size calculation for the second objective: to assess associated factors of risky sexual behavior among youth students was conducted

Assuming:

P = 24.4% (proportion of watching pornographic movie among students in Alkan university (64).

α = 0.03; the probability of detecting minimum of 3% difference committed by chance.

N = 3000 (Number of total students)

n = 769, assuming 10% non-response rate = **686**

Sample size calculation for the third objective: to assess the effects of parenting styles/practices on risky sexual behavior was conducted using two proportion formulas:

Assuming:

P = 33.6%;magnitude of risky sexual behavior among authoritative parenting styles in Addis Ababa(11).

α = 0.03; the probability of detecting minimum of 3% difference committed by chance.

N = 3000 (Number of total students)

n = 769, assuming 10% non-response rate = **795**

For incorporating the sample size which answers all the three objectives, the maximum sample size of the three will be taken. Therefore, the sample size of objective one (846) is maximum sample size. It is taken as a final sample size of the study.

4.7.2. Sampling Technique:

The sampling technique employed was stratified random sampling. The list of all students was obtained from the campus's registrar office and they was stratified in to four clusters as year I, year II, year III and year IV. Then numbers of study participants for each stratum was allocated proportionally and samples was selected by simple random sampling technique using the list of students as a sample frame.

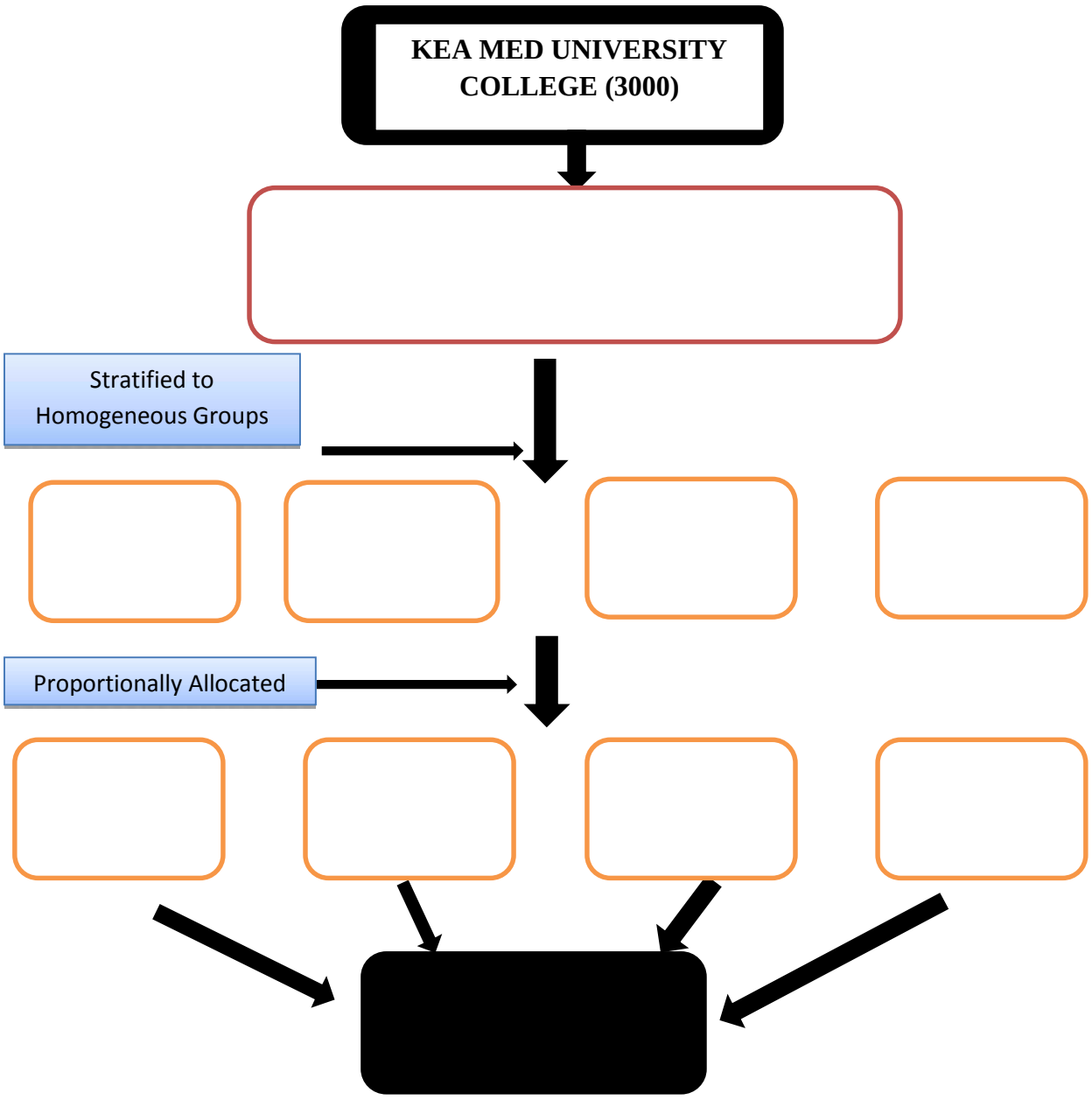

Fig 2: Schematic Representation of the Sampling Procedure of Kea Med University College Students, Addis Ababa, Ethiopia, 201

4.8. Data collection procedure

The data collection tool was adapted from different published sources and was modified to the local context. Data was collected using self-administered questionnaire. The questionnaire was prepared in English version and translated to Amharic and checked for consistency.

4.9. Data Processing and Analysis

After data collection, each questionnaire was checked for completeness, edited, missed values were cleaned and Data was entered into Epi info 7 and analyzed using IBM SPSS version 20 statistical software.

Categorical variables were presented as frequencies and percentages. Both bivariate and multivariate techniques were applied. Chi-square test was used to test an association between risky sexual behaviors and socio-demographic variables. A P-value of less than 0.05 was considered as statistically significant.

Bivariate logistic regression analysis was used to test possible association between parental factors such as parent-adolescent communication, monitoring, parenting styles and connectedness and family friendshipwith sexual behavior.

The variables were also examined in the multivariate analysis (binary logistic regression) in order to identify the significant predictors of risky sexual behaviors after controlling for other confounding variables. Odds ratios and 95% confidence intervals were also computed.

4.10. Data Quality Control

To ensure the quality of data, an intensive training was offered to all supervisors and data collectors. Then, the questionnaire was pretested by randomly selecting 10 students before the actual data collection. The students in the pretest were not included the sample.

Every day after data collection, questionnaires was reviewed and checked for completeness by the supervisors and principal investigator and each questionnaire was checked for completeness and was correctly entered in to the computer using Epi-info statistical software version 7.

4.11. Variables

4.11.1. Dependent Variables

- Risky sexual behaviors: early initiation of sex, ever had multiple sexual partners

4.11.2. Independent Variables

- *Socio-demographic characteristics:* age, sex, year of study, residence, living arrangement, religion, educational status of parents, income of family per month.
- *Substance use:* drinking alcohol, chewing khat and cigarette smoking
- *Parenting practices:* parent monitoring/support, parents-youth communication and parent youth connectedness/friendship).

4.12. Operational Definitions

- **Risky Sexual Behavior:** it is defined as early initiation of sex, unprotected sex,having multiple sexual partners.
- **Unprotected sex:** is defined as sex without using condom or inconsistent use of condom.
- **Substance use:** use of substances such as alcohol, khat, cigarette or drug that are assumed to affect level of thinking and increase risk ofinvolving in risky sexual behavior.
- **Parenting practice:** is defined as the ardent climate provided by parents and parenting practices such as parent youth connectedness, parental monitoring and parents-youth communication that parents undertakewith specific goals (34).
- **Formal education:** includes all attending primary, secondary, high school and tertiary education.

4.13. Ethical consideration

Ethical clearance was secured from the Addis Ababa University, College of Health Sciences School of Public Health.The study was ethically cleared by the research organizing and approving committee of the Kea Med University College. All study participants were 18 years and above. Therefore, verbal informed consent was obtained from each respondent after explaining the purpose of the study. Participants were assured that participation is voluntary, the information they provide was kept completely anonymous and confidential. Students were also informed the possibility of opting out at any time if they feel to do so.

For confidentiality the name of the participants was not be typed on the questionnaire.

CHAPTER FIVE

RESULT

5.1. Socio-demographic Characteristics

A total of 846 students participated in the study. Of which 820 filled the questionnaire completed, making the response rate 96.9 percent.

From820 participants, 179 (21.8%)were male and 641 (78.2%) were female. The mean age of participants was 21 ± 1.8years with minimum 18 and maximum 24 years.212(25.9%) of the study participants were year one, 234(28.5%) year two, 150(18.3%) year three and 224(27.3%) year four students.

Majority of the study participants 706 (86.1%) were in the age range of 20–24 years. More than half of participants was Orthodox Christian followers, 472 (57.6%) followed by protestant, 186(22.7%) and most of them had parents from urban areas, 714 (87.1%) (Table 1).

Regarding the living arrangement, majority of the students,458 (55.9%) reported living with both parents. The remaining 56(6.8%), 182 (22.2%), 94 (11.5%), 10 (1.2%), and 20 (2.4%) reported living alone, with single parent, relatives, sexual partner and friends, respectively.

Table 1: Socio-demographic characteristics of KEA MED University College students, April, 2016 (n = 820)

Characteristics	Number	Percentage (%)
Age (year)		
15-19	114	13.9
20-24	706	86.1
Sex		
Male	179	21.8
Female	641	78.2
Year of study		
Year one	212	25.9
Year two	234	28.5
Year three	150	18.3
Year four	224	27.3

Residence		
Urban	714	87.1
Rural	106	12.9
Living Arrangement		
Living with both parents	458	55.9
Living with single parent	182	22.2
Living with relatives	94	11.5
Alone	56	6.8
Living with friends	20	2.4
Living with sexual partner	10	1.2
Religion		
Orthodox	472	57.6
Protestant	186	22.7
Muslim	122	14.9
Catholic	32	3.9
Others	8	1.0
Educational status of mother		
No formal Education	216	26.3
Formal Education	604	73.7
Educational status of father		
Has no formal Education	154	18.8
Has formal Education	666	81.2
Average family income per month		
Low	469	57.2
Middle	334	40.7
High	17	2.1

5.2. Substance use and exposure to explicit media

Concerning substance use, 183 (22.7%)and 88 (10.7%) of the respondents drink alcohol and chew khat respectively. 312 (38.0%) of the respondents have had friends who drink alcohol and 201 (24.5%) have had friends who chew khat.

Watching pornographic videos was noted in 150 (18.3%) of respondents and 52 (35.1%) of respondents watch porno video twice or more in a week and 96 (64.1%) watch it twice or less in a week (Table 2).

Table 2: Substance use and exposure to explicit media among KEA MED University College students, April 2016 (n = 820)

Characteristics	Number	Percentage (%)
Ever consumed alcohol		
Yes	186	22.7
No	634	77.3
Have friend who drink alcohol		
Yes	312	38.0
No	508	62.0
Have friend who smoke		
Yes	176	21.5
No	644	78.5
Chew Khat		
Yes	88	10.7
No	732	89.3
Have friend who chew khat		
Yes	201	24.5
No	619	75.5
Watch pornographic video		
Yes	150	18.3
No	670	81.7
Frequency of watching pornographic Video (150)		
2 or more in a week	54	36.0
Less than 2 in a week	96	64.0

5.3. Sexual practice

From the total respondents, 240 (29.3%) were ever had sex. Majority, 144 (60%) of them started sexual intercourse between 15-18 years old. The About 139 (57.9%) had had sexual intercourse in the 12 months preceding the survey.The mean as (± SD) reported age at first sex was 18.6 (± 2.1) years.

Among those respondents who reported not practicing sex until survey period, majority 457(78.8%) of students reported waiting until marriage as a reason for not initiating sex. The rest reported fear of family (10%) and preventing unwanted pregnancy (9.1%) as a reason.

Among sexually active students, ever had multiple sex partners were63 (26.2%). Of which 26 (41.3% and 24 (38.1%) reported for money and to get mature sexual partner respectively as a reason for engaging in multiple sexual contact.

Ever had sex with commercial sex workers has been reported by 10 (4.2%) of sexually active respondents. Forty two (17.5%) of sexually active students had an experience of sexual intercourse with older individuals.

Among those who had sex 12 months preceding survey, 71 (51.1%) of the respondents had used condom. Of which, 27 (38.0%) used condom consistently and 44 (62%) used condom inconsistently.

Regarding reasons for not using condom, 45(66.2%) reported that they are in love with sexual partner, 12 (17.6%) reported condom reduces sexual satisfaction and 7 (10.3%) reported their parents are free from HIV/AIDS(Table 3).

Concerning friends' sexual practice, 143 (59.3%)of sexually activestudents ever had male friend who practiced sex, 142 (59.2%)ever had female friend who practiced sex and 168 (70.0%) ever had discussion about sexuality with peers.

Table 3: Sexual practices among KEA MED University College students, April 2016 (n=820)

Characteristics	Number	Percentage (%)
Ever had sex		
Yes	240	29.3
No	580	70.7
Age of first sex (n= 240)		
15-18	144	60.0
19-24	96	40.0
Have had sex in last 12 months (n=240)		
Yes	139	57.9
No	101	42.1
Ever had multiple sexual partner (n=240)		
Yes	63	26.2
No	177	73.8
Ever had sex with older partner (n=240)		
Yes	42	17.5
No	198	82.5
Ever had sex with commercial sex worker (n=240)		
Yes	10	4.2
No	230	95.8
Reason for not practicing sex (n = 580)		
Wait until marriage	457	78.8
Fear of Family	58	10.0
Prevent unwanted pregnancy	53	9.1
Fear of HIV/AIDS	12	2.1
Reason for multiple sexual partner (63)		
Seeking for money	26	41.3
To get matured partner	24	38.1
To get good sexual partner	10	15.9
Other	3	4.7
Condom use during sex in the past 12 months (n = 139)		
Yes	71	51.1
No	68	48.9
Frequency of condom use (n = 71)		
Regularly	27	38.0
Frequently	14	19.7
Sometimes	30	42.3
Reason for not using condom (n=68)		
In love with a partner	45	66.2
It reduces sexual satisfaction	12	17.6
My partner is free for HIV	7	10.3
For money	4	5.9
Had male friend who practiced sex (n = 240)		
Yes	143	59.6
No	97	40.4
Had female friend who practiced sex (n = 240)		
Yes	142	59.2
No	98	40.8
Discussed about sexuality with peers (n = 240)		
Yes	168	70.0
No	72	30.0

5.4. Parent monitoring and parenting styles

Overall, 600(73.2%) of the respondents reported that their parents have clear rules and consequences, and 575(70.1%) of the respondents indicated their parents know they were about, 485(59.1%) know all their friends and 547(66.7%) they need permission from parents to go anywhere.

Regarding parenting style,about 250(30.5%) of the respondents were fromauthoritative parenting style, 464(56.6%) from permissive parenting style and 106(12.9%) from neglectful parenting style (Table 4).

Table 4: Parent monitoring and parenting styles of KEA MED University College students, April 2014, (n = 820)

Characteristics	Number	Percentage (%)
Parents have clear rules and regulations		
Yes	600	73.2
No	220	26.8
Parents Know all friends		
Yes	485	59.1
No	335	40.1
Permission from parent to go anywhere		
Yes	547	66.7
No	273	33.3
Parent allow me to stay at friends' houses overnight		
Yes	168	20.5
No	652	79.5
Parent think it is okay for teenagers to have sex		
Yes	75	9.1
No	745	90.9
Parenting Style		
Authoritative	250	30.5
Democratic	464	56.6
Neglectful	106	12.9

5.5. Parent- youth communication and connectedness

Majority of the students, 651(79.4%) reported that their parents were willing to provide advice and counseling and 650(79.3%) of the respondents said that their parents communicate with them in a positive way. About 293(35.7%), 491(59.9%) and 681(83.0%) reported that their parents communicated to them about sex, HIV and school respectively.

Furthermore, 538(65.6%) of the students reported that their family members feel very close to each other and 509(62.1%) of the students said they listen to their family members (Table 5).

Table 5: Parent- youth communicationand connectedness among KEA MED University College students, April 2016 (n = 820)

Characteristics	Number	Percentage (%)
Discussion about sex		
Yes	293	35.7
No	527	64.3
Discussion about HIV		
Yes	491	59.9
No	329	40.1
Discussion about school		
Yes	681	83.0
No	139	17.0
Parent communicate positively		
Yes	650	79.3
No	170	20.7
Parent willing to provide advice and counseling		
Yes	651	79.4
No	169	20.6
Family members ask each other for help		
Yes	643	78.4
No	177	21.6
Family members feel very close to each other		
Yes	538	65.6
No	282	34.4
Listen to what other family members say		
Yes	509	62.1
No	311	37.9
The adults in my household fight		
Yes	205	25.0
No	615	75.0

5.6. Factors associated with early initiation of sex and multiple sexual partners

Associated factors with risky sexual behavior were determined by fitting different predictors in to logistic regression model.

In the bivariate analysis, sex, living arrangement, father's educational status, family income per month, chewing khat, drinking alcohol, watching pornographies, having male friends who initiated sex, having friend who chew khat, smoke and drink alcohol, parenting style, parent-youth communication and parent youth connectednesshave statistical significance, But age, year of study, residence, religion, mother's educational status do not have any significant association with ever had sex and multiple sexual partners.

Table 6: Socio-demographic characteristics and early initiation ofsex among youth at Kea Med University students, April, 2016

VARIABLES		EARLY INITIATION OF SEX			
		≤ 18 Years	**> 18 Years**	**COR (95%CI)**	**AOR (95%CI)**
Sex	Male	59 (68.6%)	27 (31.4%)		1.00(ref.)
	Female	85 (55.2%)	69 (44.8%)	1.77 (1.02, 3.10)*	1.50 (1.02, 4.88)*
Living arrangement	Alone	6 (26.1%)	17 (73.9%)		1.00(ref.)
	With both parents	82 (71.9%)	32 (28.1%)	0.14 (0.05, 0.38)*	0.14 (0.05, 0.42)*
	With single parents	26 (49.1%)	27 (50.9%)		
	With relatives	16 (50%)	16 (50%)		
	With sexual partner	5 (83.3%)	1 (16.7%)		
	With friends	9 (75%)	3 (25%)		
Edu.status of father	No formal education	16 (35.6%)	29 (64.4%)		1.00(ref.)
	Formal education	128 (65.6%)	67 (34.4%)	0.29 (0.15, 0.59)*	0.14 (0.05, 0.42)*
Family income per month	0-5000	76 (59.8%)	51 (40.2%)		1.00(ref.)
	5001-10000	66 (63.5%)	38 (36.5%)		
	≥10001	2 (22.2%)	7 (77.8%)	5.22 (1.04, 26.12)*	6.54 (2.00, 9.65)*

COR; Crude Odd Ratio; AOR; Adjusted Odd Ratio; significant at P < 0.05 and confidence interval is 95%*

Multivariate analysis on sexual behaviors

On multiple logistic regression analysis; sex, living arrangement, father's educational status, income of family per month, drinking alcohol, chewing khat, watching pornographies, having friends' who drink alcohol, having male friends' who initiated sex, parenting style, parent-youth communication and connectednessremained the predictors of risky sexual behavior among youth students in Kea Med University. But age, year of study, residence, religion, mother's educational status, and having friends who smoke cigarette do not have any significant association.

Sex difference had significant association with early initiation of sex. Females were two times more likely to initiate sex earlier than males (AOR = 1.50; [95%C: 1.02, 4.88]). Additionally, those living with both parents were less likely to initiate sex than those living alone (AOR = 0.14; [95%C: 0.05, 0.42]) (Table 6).

Parents' educational status and income of the family were also significantly associated with early initiation of sex. Students with fathers having formal education were less likely to initiate sex earlier than those with fathers with no formal education (AOR = 0.14; [95%C: 0.05, 0.42]). Likewise, students from high income family were seven times (AOR = 6.54; [95%C: 2.00, 9.65])more likely to initiate sex early than those from low income family.

Substance use and exposure to explicit media are also show significant association with early initiation of sex. Compared to youths who used alcohol, those who did not use alcohol were by 68% less likely to initiate sex earlier (AOR = 0.32: [95%CI 0.20- 0.51]) and those respondents reported having friends who drink alcohol were 2 times more likely to initiate sex earlier (AOR = 1.73; [95%CI; 1.05 - 2.83]) than their counter parts. Female who drink alcohol (AOR = 2.36: [95%CI 1.38 – 4.05]) and chew khat (AOR = 1.82: [95%CI 1.05 – 3.32]) were 2.36 and 1.82 times more likely to initiate sex earlier than male counterparts.

Those who watch pornographic video were 1.11timesmore likely to initiate sex earlier than their counterparts (AOR = 1.11: [95%CI 1.00 – 4.25]). Furthermore, female who watch pornographic movie were 3.11 times more likely to initiate sex earlier than male counterparts (AOR = 2.36: [95%CI 1.79 – 5.40]).

Furthermore, friends' sexual behavior had significant association with early initiation of sex. Those respondents who have malefriends who initiated sex were 1.34 times more likely to initiate sex earlier than their counterparts (AOR= 1.34: [95%CI 1.02 – 4.24]) (Table 7).

Table 7: Substance use, exposure to explicit media and early initiation of sex among youth at Kea Med University students, April, 2016

VARIABLES			EARLY INITIATION OF SEX		
Ever consumed alcohol	Yes	71 (66.4%)	36 (33.6%)	0.62 (0.36, 1.05)	0.32 (0.20, 0.51)*
	No	73 (54.9%)	60 (45.1%)		1.00(ref.)
Chew Khat	Yes	43 (74.1%)	15 (25.9%)	0.44 (0.23,084)*	0.48 (0.25, 0.91)*
	No	101 (55.5%)	81 (44.5%)		1.00(ref.)
Watch porno movie	Yes	65 (72.2%)	25 (27.8%)	0.43 (0.24, 0.75)*	1.11 (1.00, 4.25)*
	No	79 (52.7%)	71 (47.3%)		1.00(ref.)
Friends who smoke	Yes	56 (69.1%)	25 (30.9%)	1.81 (1.03, 3.18)*	1.64 (0.90, 3.01)
	No	88 (55.3%)	71 (44.7%)		1.00(ref.)
Friends used substances	Yes	27 (64.3%)	15 (35.7%)	0.80 (040, 1.60)	1.34 (0.59, 3.04)
	No	117 (59.1%)	81 (40.9%)		1.00(ref.)
Friends who drink alcohol	Yes	83 (64.8%)	45 (35.2%)	0.65 (0.39, 1.10)	1.73 (1.05, 2.83)*
	No	61 (54.5%)	51 (45.5%)		1.00(ref.)
Friends who chew khat	Yes	67 (69.8%)	29 (30.2%)	0.50 (0.29, 0.86)*	0.92 (0.51, 1.68)
	No	77 (53.5%)	67 (46.5%)		1.00(ref.)
Male friend initiated sex	Yes	89 (62.2%)	54 (37.8%)	0.80 (0.47 (0.98)*	1.34 (1.02, 4.24)*
	No	55 (56.7%)	42 (43.3%)		1.00(ref.)
Female friend initiated sex	Yes	87 (61.3%)	55 (38.7%)	0.88 (0.52, 1.49)	0.52 (0.33, 0.81)*
	No	57 (58.2%)	41 (41.8%)		1.00(ref.)

COR; Crude Odd Ratio; AOR; Adjusted Odd Ratio; significant at P < 0.05 and confidence interval is 95%*

There was also significant association between parenting styles/practices and early initiation of sex. Students from neglectful parents were 2.96 times more likely to initiate sex earlier than those with authoritative parents (AOR = 2.96: [95%CI: 1.91- 4.64]). Additionally, Students from parents who have no clear rules and regulations were three times (AOR = 2.47: [95%CI: 1.10- 5.54]) more likely to initiate sex earlier than those from family with clear rules and regulations.

Furthermore, Youths who reported no family connectedness were 1.98 times more likely to initiate sex earlier than their counterparts (AOR = 1.98: [95%CI: 1.47- 7.24]) (Table 8).

Table 8: Parenting styles/practices and early initiation of sex among youth at Kea Med University students, April, 2016

VARIABLES		EARLY INITIATION OF SEX			
Parents have clear rules	Yes	82 (55%)	67 (45%)		1.00(ref.)
	No	62 (68.1%)	29 (31.9%)	0.57 (0.33, 0.98)*	2.47 (1.10, 5.54)*
Parents know all friends	Yes	63 (50.8%)	61 (49.2%)	0.45 (0.26, 0.78)*	0.65 (0.29, 1.44)
	No	81 (69.8%)	35 (30.2%)		1.00(ref.)
Permission to go any where	Yes	69 (52.7%)	62 (47.3%)		1.00(ref.)
	No	75 (68.8%)	34 (31.2%)	1.98 (1.17, 3.37)*	0.92 (0.64, 1.32)
Parenting style	Authoritative	32 (55.2%)	26 (44.8%)		1.00(ref.)
	Democratic	62 (52.5%)	56 (47.5%)		
	Neglectful	50 (78.1%)	14 (21.9%)	3.22 (1.61, 6.46)*	2.96 (1.91, 4.64)*
Discussion about HIV	Yes	59 (49.6%)	60 (50.4%)		1.00(ref.)
	No	85 (70.2%)	36 (29.8%)	2.40 (1.41, 4.08)*	1.35 (1.28, 5.67)*
Parentswilling for counseling	Yes	84 (54.2%)	71 (45.8%)		1.00(ref.)
	No	60 (70.6%)	25 (29.4%)	2.03 (1.16, 3.56)*	0.41 (0.23, 0.73)*
Family connectedness	Yes	80 (55.9%)	63 (44.1%)		1.00(ref.)
	No	64 (66%)	33 (34%)	0.69 (0.51, 0.94)	1.98 (1.47, 7.24)*
Adults in household fight	Yes	53 (56.4%)	41(43.6%)	0.37 (0.26, 0.51)	0.38 (0.28, 0.55)*
	No	91 (62.3%)	55 (37.7%)		1.00(ref.)

COR; Crude Odd Ratio; AOR; Adjusted Odd Ratio; significant at P < 0.05 and confidence interval is 95%*

The study also found that sex, watching porno video, friends who drink alcohol, parents clear rules and regulations, parent-youth communication, parent youth connectedness and having multiple sexual partners (Table 9).

Had multiple sexual partners was 3.12 times more likely among female than male students (AOR = 3.12: [95%CI 2.05 – 5.35]).Youths who watch pornographic video were two times more likely to engage in multiple sexual contacts than those who those who do not watched pornographic video (AOR = 1.58:[95%CI 1.21, 4.25]). Youths with friends who do not drink alcohol were by 88% less likely to engage in multiple sexual contact than their counterparts(AOR = 0.12:[95%CI 0.05 - 0.70]).

Furthermore, parenting style and practices were independent predictors of having multiple sexual partners. Students from autocratic parents were by 77% more likely to engage in multiple sexual contact than those with neglectful parents (AOR = 0.23: [95%CI: 0.07- 0.75]). Those youths with no parental supervision and regulation were 2.47 times more likely to engage in multiple sexual contact than their counterparts (AOR = 2.47: [95%CI: 1.10- 5.54])

Table 9: Sex, substance use, exposure to explicit media, parenting styles/practices and ever had multiple sexual partners among youth at Kea Med University students, April, 2016

VARIABLES		EVER HAD MULTIPLE SEXUAL PARTNER			
Sex	Male	25 (29.4%)	60 (70.6%)	1 (ref.)	1.00(ref.)
	Female	38 (24.5%)	117 (75.5%)	1.28 (0.71, 2.32)	3.12 (2.05. 5.34)*
Ever consumed alcohol	Yes	35 (33%)	71 (67%)	0.54 (0.30, 0.96)	0.69 (0.24, 2.01)
	No	28 (20.9%)	106 (79.1%)		1.00(ref.)
Friends who drink alcohol	Yes	42 (33.1%)	85 (66.9%)	0.46 (0.25, 0.84)	0.12 (0.05, 0.70)*
	No	21 18.6%)	92 (81.4%)		1.00(ref.)
Watch porno movie	Yes	30 (33.7%)	59 (66.3%)	0.56 (0.31, 0.99)	1.58 (1.21, 4.25)*
	No	33 21.9%)	118 (78.1%)		1.00(ref.)
Parents have clear rules	Yes	34 (22.7%)	116 (77.3%)		1.00(ref.)
	No	29 (32.2%)	61 (67.8%)	0.62 (0.34, 1.11)	2.47 (1.10, 5.54)*
Parenting style	Authoritative	12 (20.3%)	47 (79.7%)		1.00(ref.)
	Democratic	28 (23.7%)	90 (76.3%)		
	Neglectful	23 (36.5%)	40 (63.5%)	0.11 (0.04, 0.30)	0.23 (0.07, 0.75)*
Discussion about HIV	Yes	29 (24.2%)	91 (75.8%)		
	No	34 (28.3%)	86 (71.7%)	0.81 (0.45, 1.45)	1.16 (0.51, 2.65)
Parents com.positively	Yes	35 (21.1%)	131 (78.9%)		1.00(ref.)
	No	28 (37.8%)	46 (62.2%)	0.44 (0.24, 0.80)	0.39 (0.15, 0.98)*
Family feel close to each other	Yes	36 (25.2%)	107 (74.8%)		1.00(ref.)
	No	27 (27.8%)	70 (72.2%)	0.87 (0.49, 1.56)	1.16 (0.51, 2.60)
Adults in household fight	Yes	26 (27.7%)	68 (72.3%)	0.28 (0.15, 0.53)	0.32 (0.16, 0.63)*
	No	37 (25.3%)	109 (74.7%)		1.00(ref.)

COR; Crude Odd Ratio; AOR; Adjusted Odd Ratio; significant at P < 0.05 and confidence interval is 95%*

Youths students who perceived their parents did not communicate positively to them about sexual issues were by 61% more likely to have multiple sexual partners than their counterparts (AOR = 0.39 [95%CI: 0.15 –0.98]). Those who reported no fight in family members were by 68% less likely to have multiple sexual contact (AOR = 0.32: [95%CI: 0.16- 0.63]) than their counterparts (Table 8).

CHAPTER SIX

DISCUSSION

This study found that, students at Kea Med University College are practicing risky sexual behavior. Sex, living arrangement, father's educational status, income of family per month, drinking alcohol, chewing khat, watching pornographies, having friends' who drink alcohol, having male friends' who initiated sex, parenting style, parent-youth communication and connectednesswere predisposing factors for risky sexual behavior.

Age at first sex is an important indicator of risky sexual behavior. The mean age at first sexual practice is 18.6 years. Though, this age is the marker for age of marriage, starting sex at this age predisposes young people to several negative reproductive outcomes such as unintended pregnancy and unsafe abortion. This result is comparable to the reports of EDHS (18.2 years) and other universities in Ethiopia (36-38). In contrast, the mean age of first sex was a bit higher than findings of Jimma University (17.7 years) (59).

This current study showed that 29% of respondents ever had sexual practice. This result is comparable with the study conducted in other universities (26.9% to 34.2%), of Ethiopia (29, 36, 52) but very lower in comparison with the study conducted in other (49% to 59%), African universities (60). This disparity in the proportion of sexual intercourse among youths of different studies could be due to difference in traditional, cultural background, socio demographic characteristics and difference in sample size.

In the present study, majority (60%) of the sexually active respondents initiated sex before18 years of age.This high percentage of early initiation of sex during their earlyteenage may indicate that sex was carried out withlittle regard for what can happen and its outcomes and in unfavorable environments. Early initiation of sex can be very risky and the youth may get STIs/HIV and/or unwanted pregnancy in their first sex at very young age (46). The study findings suggest that sex education (including what risky sex is and how to make it safer) needs to be initiated in early adolescence, continued throughout the youth age to reduce sexual risks and vulnerability to STIs/HIV and other reproductive risks.

The proportion of ever had multiple sexual partners among those who had sexual intercourse was 26.2%. Having multiple partners predisposes young people to sexually transmitted infections including HIV. Studies elsewhere indicated that decreasing sexual partners drops the risk of HIV and STI more than condom use (61). This result is comparable with the study done in Jimma University (28.9%) (59) and Bahir Dar University (27.8%) (49). It is slightly lower than the finding of the study conducted in Haromaya University (35.4%) (36). The difference in figurescould be due to the difference in sample size and living arrangement i.e. majority of students in this study reported living both families, family connectedness and communication.

In this study, the frequency of inconsistent use of condom was 62%. Thiscan be very risky and increase the risk of STIs/HIV, unwanted pregnancy and unsafe abortion (46). This result is comparable with study done at Jimma University (57.6%) (59); and higher than study done at Madawalabu University (40.4%), Ethiopia (61). This may be due to different reasons associated withcondom use. For instance, the main reasons given for infrequent use of condom in this study were in love with their partner, condom reduces pleasure and perceived negative sero-status of the partner.

Ever had sex with commercial sex workers has been reported by 4.2% of respondents. This result is lower than studies done in Bahir Dar University (7.8%) (49), Gondar University (23%) (31) and Haromaya University (39.9%) (36). It may be that past experiences and complicated partnership such as rape, pregnancy and abortion and economic problems could be contributing to this factor.

In this study, 17.5% of sexually active students had an experience of sexual intercourse with older individuals. It is higher thanstudy done at other public universities of Ethiopia (4.4%) (31, 52, 59) and it is lower than study in private college students in Addis Ababa (63).

Watching pornographic videos was noted in 18.3% of respondents and is comparable with studydone at Madawalabu University (15.6%) (61). However, it is very much lower than study done at Jimma Universities (32.4%) (59); which could be due to difference in living arrangement. Multiple logistic regression analysis showed that students who watch pornographic video were more likely to be at risk than those who did not watch pornographic video. This suggests that exposure to pornography might affect their decision making regarding sex. In

addition, the contents of pornographic media may contain inappropriate and unsafe sexual behaviors i.e. early initiation of sex and multiple sexual partnerships.

Alcohol consumption may increase the susceptibility of youth to risky behaviors by affecting their judgments and making them less responsible in sex acts (46). In this study, compared to youths who do not use alcohol, those who are alcohol users were by 32% and 69% more likely to initiate sex and ever had multiple sexual partners than their counterparts.

Risky sex behavior may result from being easily influenced by peers, poor connectedness with and limited support from parents, inappropriate parenting style and parent-youth communication. This study found that, youths students who have male and female friends with sexual experience were more likely to engage in sexual activity.

The result of multiple logistic regression models also revealed a significant association of sex, watching porno video, friends who drink alcohol, parent-youth communication and parent-youth connectedness with having multiple sexual partners. Female students were three times more likely to engage in multiple sexual partners than male students. Youths who watch pornographic video were more likely to engage in multiple sexual contacts than those who did not watch pornographic video. Youths with friends who drink alcohol were more likely to engage in multiple sexual contact than their counterparts ($P<0.05$).

This study showed that 55.9% of students live with parents. Concurring with evidences from previous studies students living with both parents were less likely to be involved in risky sexual behavior (34).

In this study, 30.5% of participants perceived that their parents follow authoritative parenting style. The result of this study revealed that students from authoritative parents were more likely to have safe sexual practices. Youth students from neglectful parents were three times more likely to initiate se earlier and had sex with multiple sexual partners as compared with the students from authoritative family.

In the contrary, youths who reported that their parents have clear rule and consequences, those youths who reported that their parents always knows where they are when they are not at home and those who need permission from their parents to go everywhere were less likely to initiate

sex early and ever had multiple sexual partners. This indicates that parent monitoring and support is protective against risky sexual behavior and increases the quality of parent-youth relationship and communication (55%).

Furthermore, this study also evidenced the association of parent-youth communication and connectedness with ever had multiple sexual partnership. Youths who had high perceived family connectedness and communication were less likely ever had multiple sexual partners. Youths who reported no positive communication with family member were by 39% more likely to engage in sex with multiple sexual partners and students who perceived family no family connectedness were 1.98 times more likely to initiate sex earlier. Similar to this study finding, other studies conducted in Ethiopia and different countries found that higher level of perceived family connectedness and communication was associated with less sexual activities (34, 47, 26, 57, 63).

Strength of the study

The study was conducted in the most vulnerable group, the new MARPs group and high response rate, large sample size and it included the entire unmarried youth population within a university college. The present findings offered important information on the role of parental monitoring and support in fostering youths' trust in their parents. The study provides useful information that will inform policy makers to design a strategy that promotes healthy sexual behavior.

Limitation of the Study:

This study had several limitations. First, measurements of sexual activity relies on self-response for sensitive issues which can invite social desirability bias and therefore underestimate prevalence of ever had sex and sex with multiple sexual partners. Second,it is highly likely that this study contains a recall bias, especially, in estimating age at first sexual experiences. Third, study measures parental monitoring, connectedness and communication on the side of young people's perception, which may not reflect what parents perceive and actually doing. Finally, the study was school based; therefore precludes generalization to all youths in Ethiopia indicating a need for further study using a more representative sample of youths in the country. Thus, the finding of this study should be interpreted with these limitations.

CHAPTER SEVEN

CONCLUSSION

This study has shown that a considerable proportion of youths students engage in risky sexual behaviors such as early initiation of sex, having multiple sexual partners, unprotected sex and sex with commercial sex workers.

Engaging in risk behaviors such as early initiation of sex and having multiple sexual partnerswere independently associated with sex, living arrangement, father's educational status, income of family per month, drinking alcohol, chewing khat, watching pornographies, having friends' who drink alcohol, having male friends' who initiated sex, parenting style, parent-youth communication and connectedness among youth students in Kea Med University College.

Parenting styles, good parental monitoring and high parental connectedness have paramount influence on the sexual behavior of adolescents. Youths from authoritative home, live with both parents, feel connected with parents, monitored and supervised by parents are less involved in sexual risk behavior.

CHAPTER EIGHT

RECOMMENDATION

Based on the above findings, the following recommendations were given to the concerned bodies:

- The university college and educational bureau should work together to address the identified risky sexual practices with particular focus on behavior change communication such as raising awareness about the risks, safer sex practices, condom promotion and integration of gender issues in the programs are recommended.
- A school based intervention program aimed at reducing risky sexual behaviors amongst the students must be organized, strengthened, effectively implemented and monitored at the college and university level.
- Comprehensive sex education programs that provide necessary sexual health knowledge about safe sex should be developed and implemented in the college.
- Educate parents on different SRH issues with appropriate IEC materials and communication skills on sexuality and RH related issues.
- Encourage and empower parents to start to communicate with their children on sexual matters while the children are still in late childhood or early teenage years, before they become sexually active.

CHAPTER NINE

REFERENCE

1. Alemu H, Mariam DH, Belay KA, Davey G (2007): Factors Predisposing Out-of-School Youths to HIV/AIDS-related Risky Sexual Behavior in Northwest Ethiopia. J Health Popul Nutr Sep 25: 344–350.PMID: 18330068)
2. United Nations. 2011: Frequently Asked Questions. Retrieved November 7, 2012, from Youth: Social Policy and Development Division: http://social.un.org.
3. African Union. 2006: African Youth Charter. Retrieved November 7, 2012: http://www.africa-union.org/root/au/Documents/Treaties/Text/ African_Youth_Charter.pdf)
4. Meskerem A, Worku A: Utilization of Youth Reproductive Health Services and Associated Factors among High School Students in Bahir Dar, Amhara Regional State, Ethiopia. Open Journal of Epidemiology. 2014; 4: 69-75.
5. Dessalew B, Zewdie A, Getachew MK: Assessment of Early Sexual Initiation and Associated Factors among Preparatory School Students of FaggetaLekoma District, Awi Zone, Northwest Ethiopia. International Journal of Clinical Medicine. 2015; 6: 521-529.
6. World Health Organization: Youth and HIV/AIDS: forces for change (report). Geneva: Joint United Nations Programme on HIV/AIDS, 1998:22-40.
7. Pharo H, Sim C, Graham M, Gross J, Hayne H: Risky business executive function, personality, and reckless behavior during adolescence and emerging adulthood. Behav Neurosci. 2011;125(6).
8. Luster T, Small SA (1996): Factors Associated with Sexual Risk-Taking Behaviors among Adolescents. Journal of Marriage and Family. pp. 622–632.
9. Urassa W, Moshiro C, Chalamilla G, Mhalu F, Sandstrom E (2008): Risky Sexual Practices Among Youth Attending A Sexually Transmitted Infection Clinic in Dar es Salaam, Tanzania. BMC Infectious Diseases 8: 159. doi: 10.1186/1471-2334-8-159 PMID: 19019224
10. Boyer CB, Shafer M-AB, Pollack LM, Canchola J, Moncada J, Schachter J (2006): Sociodemographic Markers and Behavioral Correlates of Sexually Transmitted Infections in a Nonclinical Sample of Adolescent and Young Adult Women. The Journal of Infectious Diseases 194: 307–315. PMID: 16826478
11. Cherie A, Berhane Y (2012): Peer Pressure Is the Prime Driver of Risky Sexual Behaviors among School Adolescents in Addis Ababa, Ethiopia. World Journal of AIDS 2: 159–164.

12. Kaestle CE, Halpern CT, Miller WC, Ford CA (2005): Young Age at First Sexual Intercourse and Sexually Transmitted Infections in Adolescents and Young Adults. American Journal of Epidemiology 161:774–780. PMID: 15800270
13. Underwood C, Skinner J, Osman N, Schwandt H (2011): Structural Determinants of Adolescent Girls' Vulnerability to HIV: Views from Community Members in Botswana, Malawi, and Mozambique. Social Science & Medicine 73: 343–350.
14. Tang J, Gao XH, Yu YZ, Ahmed NI, Zhu HP, Wang JJ, Du YK: Sexual Knowledge, attitudes and behaviors among unmarried migrant female workers in China: a comparative analysis. BMC Publ Health 2011, 11:917.
15. Shiferaw K, Frehiwot G, Asres G: Assessment of adolescent's communication on sexual and reproductive health matters with parents and associated factors among secondary and preparatory schools' students in Debremarkos town, North west Ethiopia. Reprod Health 2014, 11:2
16. Fikre M (2009): Assessment of parent –adolescent communication on sexual and reproductive health matters in Hawassa town; 42.
17. Given M (2014): An Exploratory Study of the Relationship between Alcohol Use and Sexual Risk Behaviour among Students at the University of Kwazulu-Natal. J AIDS Clin Res 6: 412. doi:10.4172/2155-6113.1000412
18. Federal HIV/AIDS Prevention and Control Office (FHAPCO): Multi-sectoralHIV/AIDS response: annual monitoring and evaluation report. July 2008-June 2009.
19. Mwenda JM, Arimi MM, Kyama MC, Langat DK (2003): Effects of Khat (Catha Edulis) Consumption on Reproductive Functions: A Review. East African Medical Journal 80: 318–323. PMID: 12953742
20. Feyissa AM, Kelly JP (2008): A review of the neuropharmacological properties of khat. Progress in Neuro-Psychopharmacology & Biological Psychiatry. pp. 1147–1166.
21. Kalichman SC, Simbayi LC, Kaufman M, Cain D, Jooste S (2007): Alcohol Use and Sexual Risks for HIV/AIDS in Sub-Saharan Africa: Systematic Review of Empirical Findings. Prev Sci 8: 141–151. PMID: 17265194
22. Kebede D, Alem A, Mitike G, Enquselassie F, Berhane F, et al. (2005): Khat and Alcohol Use and Risky Sex Behaviour Among In-school and Out-of-school Youth in Ethiopia. BMC Public Health 5: 109. PMID: 16225665

23. Samuel L, Angamo MT (2012): Substance Use and Sexual Risk Behavior and Factors Associated with HIV Transmission in Southern Ethiopia. IJPSR 3: 1080–1086.
24. Santelli JS, Kaiser J, Hirsch L, Radosh A, Simkin L, Middlestadt S (2004): Initiation of Sexual Intercourse Among Middle School Adolescents: The Influence of Psychosocial Factors. Journal of Adolescent Health 34: 200–208. PMID: 14967343
25. Forrest JD and Singh S (1990): The sexual and reproductivebehavior of American women, 1982 1988, Family Planning Perspectives, 22(5):206–214.
26. Hampton MR, Mcwatters B, Jeffery B, Smith P (2005): Influence of teens' perceptions of parental disapproval and peer behavior on their initiation of sexual intercourse. Can J Hum Sex 14(3):105.
27. Whitaker DJ, Miller KS (2000): Parent-adolescent discussions about sex and condom: impact on peer influences of sexual risk behavior. J Adolesc Res, 15:251–273.
28. Mitike G, Tesfaye M, Ayele R (2002): HIV/AIDS Behavioral Surveillance Survey (BSS), Round one. Ethiopia.
29. Tefera B, Challi J, Yoseph M (2004): Knowledge, attitude and practice about HIV/ AIDs, voluntary counseling and testing among students of Jimma University, Jimma zone, Southwest Ethiopia. Ethiop J Health Sci. 14:43–53.
30. Tefera B, Challi J, Yoseph M (2004): HIV Sero-prevalence among students, Southwest Ethiopia. Ethiop J Health Sci. 14:65–74.
31. Fitaw Y, Worku A (2002): High risk sexual behavior and pattern of condom utilization of the Gondar College of Medical Sciences students, North Western Ethiopia. Ethiop J Health Dev, 16(3):335–338.
32. Ministry of Health: Federal Democratic Republic of Ethiopia. National reproductive health strategy 2006 - 2015. In MOH; 2006:24–27.
33. United States Agency for International Development: Path finder international. Bringing youth friendly services to scale in Ethiopia. In USAID; 2012:1–8.
34. Cherie A, Berhanie Y (2015): Assessment of Parenting Practices and Styles and Adolescent Sexual Behavior among High School Adolescents in Addis Ababa, Ethiopia. J AIDS Clin Res 6: 424. doi:10.4172/2155- 6113.1000424
35. Zerai K (2002): Sexual experiences and their correlates among Jimma University students, Jimma, Ethiopia. Ethiopian Journal of Health Sciences**15** (1): pp. 21–29.

36. Dingeta T, Oljira L, Alemayehu T, Akililu A (2011): First sexual intercourse and risky sexual behaviors among undergraduate students at Haramaya University, Ethiopia. Ethiop J Reprod Health, 5(1):22–30.
37. Li S, Huang H, Cai Y, Xu G, Huang F, Shen X (2013): Substance use, risky sexual behaviors, and their associations in a Chinese sample of senior high school students. BMC Public Health, 13:295.
38. Chi X, Yu L, Winter S (2012): Prevalence and correlates of sexual behaviors among university students: a study in Hefei, China. BMC Public Health, 12:972.
39. Zila MS, Solange AN, Joselaine IC, Elisaldo AC, Claudia MC, Silvia SM (2013): Sexual behavior among high school students in Brazil: alcohol consumption and legal and illegal drug use associated with unprotected sex, 68(4):489-494.
40. Råssjö EB, Kambugu F, Tumwesigye MN, Tenywa T, Darj E (2006): Prevalence ofsexually transmitted infections among adolescents in Kampala, Uganda,and theoretical models for improving syndromic management. J AdolescHealth 38:213–221.
41. Madise N, Zulu E, Ciera J (2007): Is poverty a driver for risky sexual behaviour? Evidence from national surveys of adolescents in four African countries: original research article. Afr J Reprod Health, 11(3):83–98.
42. Vikas Ch, Anette A., Martin S, Per-Olof Ö (2014): Patterns of alcohol consumption and risky sexual behavior: a cross-sectional study among Ugandan university students. BMC Public Health, 14:128.
43. Given M (2014): An Exploratory Study of the Relationship between Alcohol Use and Sexual Risk Behaviour among Students at the University of Kwazulu-Natal. J AIDS Clin Res 6: 412.
44. Central Statistical Agency [Ethiopia] and ICF International. 2012. Ethiopia Demographic and Health Survey 2011.
45. Derege K, Atalay A, Getnet M, Fikre E, Frehiwot B, Yigeremu A, Reta A, Wuleta L, Tamrat A, Tewodros G (2005): Khat and alcohol use and risky sex behaviour among in-school and out-of-school youth in Ethiopia. BMC Public Health, 5:109.
46. Tadesse G, Yakob B (2015): Risky Sexual Behaviors among Female Youth in Tiss Abay, a Semi-Urban Area of the Amhara Region, Ethiopia. PLoS ONE 10(3): e0119050.

47. Negeri M (2014): Assessment of risky sexual behaviors and risk perception among youths in Western Ethiopia: the influences of family and peers: a comparative cross-sectional study. BMC Public Health, 14:301.
48. Netsanet F (2014): Risky sexual behaviors and associated factors among male and female students in Jimma zone preparatory schools, South West Ethiopia. Ethiop J Health Sci. 2014
49. Mulu W, Yimer M, Abera B: Sexual behaviors and associated factorsamong students at Bahir Dar University: a cross sectional study.Reproductive Health, 11:84.
50. Mulugeta Y., Berhane Y (2014): Factors associated withpre-marital sexual debut among unmarried high school female studentsin bahir Dar town, Ethiopia: cross- sectional study. Reproductive Health, 11:40.
51. Beyan N (2005): Predictors of Condom use by using Health belief Model among Haramaya University Students. Haramaya University.
52. Mengistu TS, Melku AT, Bedada ND, Eticha BT (2013): Risks for STIs/HIV infection among Madawalabu University students, Southeast Ethiopia: a cross sectional study. Reproductive Health, 10:38.
53. Prinstein Mitchell J, Annette M. La Greca (2004): Childhood peer rejection and aggression as predictors of adolescent girls' externalizing and health risk behaviors: a 6-year longitudinal study. Journal of Consulting and Clinical Psychology, 72(1): 103-112.
54. Miller, B. (1998): Families matter: A research synthesis of family influences on adolescents pregnancy. Washington, DC: The National Campaign to prevent teenage pregnancy.
55. M. de Looze, R. van den Eijnden, W. Vollebergh, T. ter Bogt (2012):Parenting Practices and Adolescent Risk Behavior: Rules on Smoking and Drinking Also Predict Cannabis Use and Early Sexual Debut. Prev Sci, 13:594–604.
56. Randi MS, Robin M, Laurie W (2013): Gender-Specific Relationships Between Depressive Symptoms, Marijuana Use, Parental Communication and Risky Sexual Behavior in Adolescence: J Youth Adolesc. 42(8): 1194–1209.
57. Xu. J, Shen Li, Yan CH, Hu H, Yang F, Wang Lu (2014): Parent-adolescent interaction and risk of adolescent internet addiction: a population-based study in Shanghai. BMC Psychiatry 14:112.
58. Beth AK, Anne S, Rex F (2001):Adolescent sexual risk behavior: A multi system perspective. Clinical Psychology Review. 21(4):493-591.

59. Tura G, Alemseged F, Dejene S (2012): Risky sexual behaviour and predisposing factors among students of Jimma University. Ethiop J Health Sci, 22(3):170–180.
60. Rahamefy O, Rivard M, Ravaoarinoro M (2008): Sexual behaviour and condom useamong University students in Madagascar. JSoc aspects of HIV/AIDS, 5:28–34.
61. Setegn TM, Takele AM, Dida NB, Tulu BE (2013): Risks for SITs/HIV infectionamong Madawalabu University students, Southeast Ethiopia: A crosssectional study. Reprod Health, 10:2–7.
62. Regassa N, Kedir S (2011): Attitudes and practices on HIV preventions amongstudents of higher education institutions in Ethiopia. The case of AddisAbaba University. Edu Res, 2(2):828–840.
63. Shelia C (2001): Parents, peers, and pressures: identifying the influences onresponsible sexual decision-making. Adolesc Health, 2(2).
64. Sendo EG, Bedada W (2014): The risky sexual practices and associated factors for STIs/HIV infection among ALKAN University College students in Ethiopia. EJPH

ANNEX I: QUESTIONNAIRES

ENGLISH QUESTIONNAIRES

INFORMATION SHEET

Questioners prepared to study the risky sexual behavior, associated factors and parenting practices among youth students in Kea Med University College in the academic year 2015/2016.

Good morning /Good afternoon, I am _____working as data collector in this study that asses the magnitude of risky sexual behavior, associated factors and parenting practices among students in Kea Med University College in the Year 2015/2016.

Dear respondents here are lists of questioners with different sections, which are designed for research work to be conducted in partial fulfillment of in Master Degree in Public Health by Tensay Bayessa from Addis Ababa University Public Health Department. I am going to ask you some very personal questions that some people find it difficult to answer. Your responses are completely confidential .Your name will not be written on these questioner, and will never be used in connection with any of the information you provide. you don't have to answer any question that you do not want to answer, and you may end to participate in the study any time you want .However, your honest response to this questions will help us to better understand exposure to sexual risk behaviors, associated factors, parenting practices as well as reproductive health consequences. We would greatly appreciate your help in responding to these questions. It will take about 30 minutes and there is no benefit or payment that you get for your participation in this study. But your honest &genuine response to each question will play a major role in the attainment of the objective of the study.

Therefore, we thank you in advance and greatly appreciate your helping. Do you understand all that has been said so far?

In case you need to contact:

Contact Address of the Investigator

Name: Tensay Bayessa Hurriso

Tel. +251-936-56-34-08

Email: tinsish2013@gmail.com

CONSENT FORM

I the selected participant heard the information in the study information sheet & understood the purpose, benefit and what is required from me if I take part in the study. I understood that all the information regarding me like name and all answers given by me must not be transferred to a third party. I also understand that I can decide whether or not to take part in the study or even withdraw from the study at any time. So I am willing to participate in the study.

Yes ☐

Signature of the participant: _____ Date: _____

Proceed with the interview

No ☐

Terminate the interview

Data collector Name: _____ Sign: _____ Date: _____

QUESTIONNAIRES FORM

PART I: SOCIO-DEMOGRAPHIC CHARACTERISTICS:

No.	Questions	Alternative Responses (Coding Category)
1	Age of the respondents	_____
2	Sex of the respondents	1. Male 2. Female
3	Marital status of the respondents:	1. Single 2. Married 3. Divorced 4. Separated 5. Widowed
4	Year of study	1. Year One 2. Year Two 3. Year Three 4. Year Four
5	Residence of the respondents	1. Urban 2. Rural
6	Living Arrangement	1. Alone 2. Living with both parents 3. Living with single parent 4. Living with relatives 5. Living with sexual partner 6. Living with friends
7	Religion	1. Orthodox 2. Muslim 3. Protestant 4. Catholic 5. Others
8	What is the educational status of your mother?	1. Illiterate 2. Read and write 3. Elementary

		4. Secondary 5. High School 6. Tertiary school
9	What is the educational status of your father?	1. Illiterate 2. Read and write 3. Elementary 4. Secondary 5. High School 6. Tertiary school
10	What is an average income of your family per month?	_____

PART II: SUBSTANCE USE AND EXPOSURE TO EXPLICIT MATERIALS:

No.	Questions	Alternative Responses (Coding Category)
11	Have you ever consumed alcohol?	1. Yes 2. No
12	Have you friends who drink alcohol?	1. Yes 2. No
13	Have you friends who smoke cigarette?	1. Yes 2. No
14	Do you chew Khat?	1. Yes 2. No
15	Have you friends who chew khat?	1. Yes 2. No
16	Have you friends who use substances (cocaine, marijuana)?	1. Yes 2. No
17	Do you watch pornographic film?	1. Yes 2. No
18	If yes for Q 17, how often do you	1. 2 or more times a week

	watch pornographic video?	2. Less than 1 times a week
19	If yes for Q 17, have you ever had sex after watching pornographic film?	1. Yes 2. No
20	If yes for Q 17, have you had sex without using condom after watching pornographic video?	1. Yes 2. No

PART III: SEXUAL PRACTICES:

No.	Questions	Alternative Responses (Coding Category)
21	Have you ever had sex?	1. Yes 2. No
22	If yes for Q 21, what is your age at first sex?	_____
23	If yes for Q 21, have you had sex in the past 12 months?	1. Yes 2. No
24	If yes for Q 21, have you had more than one sexual partner with in last 12months?	1. Yes 2. No
25	If yes for Q 21, have you had sex with older individuals?	1. Yes 2. No
26	If yes for Q 21, have you had sex with commercial sex workers? (for Females)	1. Yes 2. No
27	If no for Q 21, what was you reason for not practicing sex?	1. Wait until marriage 2. Fear of family 3. Prevent unwanted pregnancy 4. Fear of HIV/AIDS
28	If yes for Q 24, what is your reason for having multiple sexual partners?	1. To get partner with good sexual pleasure 2. To get matured sexual partner 3. Seeking for money 4. Other
29	If yes for Q 23, have you used condom during sexual intercourse?	1. Yes 2. No
30	If yes for Q 29, how frequent have you used condom?	1. Regularly 2. Frequently

		3. Some times 4. Never
31	If no for Q 29, what is your reason for not using condom?	1. Difficult to get condom 2. In love with a partner 3. Condom reduce sexual satisfaction 4. My partner is free for HIV 5. For money
32	If yes for Q 21, have you history of rape?	1. Yes 2. No
33	If yes for Q 21, have you history of pregnancy? (for female)	1. Yes 2. No
34	If yes for Q 21, have you history of abortion? (for female)	1. Yes 2. No
35	Have you male friend (s) who initiated sex?	1. Yes 2. No
36	Have you female friend (s) who initiated sex?	3. Yes 4. No
37	Have you ever discussed about sexuality with peers?	1. Yes 2. No

PART IV: PARENT MONITORING AND PARENTING STYLES

No.	**Questions**	**Alternative Responses (Coding Category)**
38	Are your parent(s) /guardians having clear rules and consequences?	1. Yes 2. No
39	Is your parent(s)/guardians know where you are if you are not at home?	1. Yes 2. No
40	Are your parent(s) know all your friends?	1. Yes 2. No
41	Do you need permission from your parent(s)/guardians to go anywhere?	1. Yes 2. No
42	Is your parent allows you to stay at friends' houses overnight?	1. Yes 2. No
43	Is your parent(s)/guardians do not mind if you get a boyfriend/ girlfriend?	1. Yes 2. No

44	Is your parent(s)/guardians think it is okay for teenagers to have sex?	1. Yes 2. No
45	What is your parents parenting style?	1. Authoritative 2. Permissive 3. Neglectful

PART V: PARENT COMMUNICATION

No.	Questions	Alternative Responses (Coding Category)
46	Is your parent(s) /guardians talk to you about sex?	1. Yes 2. No
47	Is your parent(s) /guardians talk to you about STIs including HIV/AIDS?	1. Yes 2. No
48	Is your parent(s) /guardians talk to you about pregnancy?	1. Yes 2. No
49	Is your parent(s) talk to you about the changes occurring during adolescence?	1. Yes 2. No
50	Is your parent(s)/guardians talk to you about school?	1. Yes 2. No
51	Is your parent(s) /guardians communicate positively with you?	1. Yes 2. No
52	Is your parent(s) /guardians are willing to provide advice and counseling?	1. Yes 2. No

PART VI: PARENTS CONNECTEDNESS:

No.	Questions	Alternative Responses (Coding Category)
53	Is your family members ask each other for help?	1. Yes 2. No
54	Do you think your family members feel very close to each other?	1. Yes 2. No
55	Do you listen to what other family members have to say, even when you disagree?	1. Yes 2. No
56	Are you available when others in the family want to talk to you?	1. Yes 2. No
57	Do your families do things for fun together?	1. Yes 2. No
58	The adults in my household fight	1. Yes 2. No

Thank You!!!

በአማርኛ የተዘጋጀ መጠይቅ

የጥናቱ መግለጫ

የመጠይቅ መለያቁጥር:_____

ጤና ይስጥልኝ ስሜ፡ _____ **ይባላል በጥናቱ ውስጥ በመረጃ ሰብሳቢነት ነው የምሠራው፡፡ የጥናቱ ርዕስ አደገኛ ሥሲባዊ ግንኙነት እና ሌሎች ወሲባዊ ግንኙነት ጋር የተያያዙ የጤና ችግሮችን ለማወቅ ተንሳይ በዬሳ በአ/አዩንቨርስቲ የህ/ሰብ ጤና ክፍል የድህረ-ምረቃ ኘሮግራም ማሟያ የሚሆን ነው፡፡**

በዚህ መጠይቅ ውስጥ የተለያዩ ንዑስ ክፍሎች ያሉት ጥያቄዎች የተካተቱ ሲሆን የጥናቱ ዓላማ የወጣቶች የስነተዋልዶ ጤና በተለይም የሥነጾታን ትኩረት በመስጠት የወጣቶችን አደገኛ ሥሲባዊ ግንኙነት እና ሌሎች ወሲባዊ ግንኙነት ጋር የተያያዙ የጤና ችግሮችን ለማጥናት ነው፡፡ ጥናቱ የወጣቶችን እና ታዳጊዎችን የሥነተዋልዶ ጤና ችግሮች ለመፍታት በተለይም አደገኛ በሆኑ ወሲባዊ ባህሪያት ምክንያት የሚመጡ የጤና ችግሮች ማለትም ያልተፈለገ ዕርግዝና፣በልጅነት እናትነትና፣ውርጃ እና ኤች አይ ቪ ና ሌሎች የአባላዘር በሽታዎች የሚያደርሱትን የሞትና የህመም ሁኔታ ለመቀነስ ይረዳል፡፡ተሳትፎአችሁ በፈቃደኝነት ላይ የተመሠረት ነው፡፡ በመጠይቁ ውስጥ በጣም ሚስጢራዊ የሆኑ እና ግላዊ የሆኑ ጉዳዬች ተካተዋል፡፡ ያላችሁን ተሞክሮ ብታካፍሉን የጠቀስናቸውን ና ሌሎችንም የወጣቶች እና ታዳጊዎች ችግር ለመፍታት እጅግ በጣም ጠቃሚ ነው፡፡ ጥያቄውን ለመመላት ሰላሳ ደቂቃ ያህል ሊወስድ ይችላል፡፡ ጥናቱን አስመልክቶ እርስዎ የሚሰጡት ማንኛውም መረጃ በሚስጢር የሚጠበቅ በመሆኑ በማንኛውም መንገድ ለሶስተኛ አካል አሳልፎ አይሰጥም ወይም አይጋለጥም፤ማንነትዎ እንዳይታወቅም ስምዎ በጥያቄው ወረቀት ላይ አይመዘገብም ይሁን እንጂ በጥናቱ ላይ በመሳተፍዎ የተለየ ጥቅም አይኖርም ነገር ግን በጥናቱ ላይ በመሳተፍዎ እና ለሚጠየቁት ጥያቄ በዕውቀት ላይ የተመሠረተ ና ተገቢ የሆነ መረጃ መስጠትዎ በወጣቶች ስር-አተ-ተዋልዶ ዙሪያ ላይ ለሚዎጡ ፖሊሲዎች፤ ለሚደረጉ ማሻሻዎች እንዲሁም አገልግሎቶች መስፋፋት ከፍተኛ አስተዋጽዖ ያበረክታሉ፡፡ በመጨረሻም ለሚሰጡት ለየትኛውም አይነት ምላሽ አመሰግናለሁ፡፡

ግልጽ ነው? ያልገባህ/ሽነገርአለ? ወይም መጠየቅ(ማነጋገር) የምትፈልጉት ነገር ካለ፤ተንሳይ

በዬሳ (የጥናቱ ባለቤት)ስልክቁጥር0936563408

ኢ-ሜል: tinsish2013@gmail.com

ፈቃድ መጠየቂያ ቅጽ

እኔ ተሳታፊ የሆንኩ ከላይ የተገለጹትን በሙሉ ሰምቼአለሁ፤ አላማውንና ጥቅሙንም ተረድቼአለሁ፤ ሚስጥር እንደሚጠበቅ ና ለሶስተኛ አካል እንደማይተላለፍ ተገንዝቤአለሁ፤

ስለዚህ በጥናቱ ለመሳተፍ ፈቃደኛ ነኝ፡፡

አዎ እሳተፋለሁ ፊርማ _____ ቀን_____

ፈቃደኛ አይደለሁም አልሳተፍም፡፡

ፊርማ_____ቀን_____

መረጃ ሰብሳቢ ስም፡ _____

ፊርማ_____ቀን_____

መጠየቂያ ቅፅ

ክፍል አንድ፡ መሃበራዊ እና እኮሚያዊ ሁኔታዎች

ተ.ቁ	ጥያቄ	አማራጮች
1	እድሜ	_____
2	ፆታ	1. ወንድ 2. ሴት
3	የጋብቻ ሁኔታ፡	1. ያላገባ/ች 2. ያገባ/ች 3. የፈታ/ች 4. የሞተበት/ባት 5. የተለያዩ
4	የሚከታተሉት የትምህርት ዓመት፡	1. አንደኛ ዓመት 2. ሁለተኛ ዓመት 3. ሶስተኛ ዓመት 4. አራተኛ ዓመት
5	የመኖሪያ ቦታ፡	1. ከተማ 2. ገጠር
6	የኑሮ ሁኔታ፡	1. ለብቻ 2. ከሁለቱም ወላጅ ጋር 3. ከአንድ ወላጅ ጋር 4. ከዘመድ ጋር 5. ከጋደኛ ጋር
7	ሃያማኖት፡	1. ኦርቶዶክስ 2. ሙስሊም 3. ፕሮቴስታንት 4. ካቶሊክ 5. ሌላ
8	የእናት የትምህርት ደረጃ	1. ያልተማረ 2. ማንበብና መፃፍ የሚችል 3. አንደኛ ደረጃ 4. ሁለተኛ ደረጃ 5. ከፍተኛ 2ኛ ደረጃ 6. ከዚያ በሊይ
9	የአባት የትምህርት ደረጃ	1. ያልተማረ 2. ማንበብና መፃፍ የሚችል 3. አንደኛ ደረጃ 4. ሁለተኛ ደረጃ 5. ከፍተኛ 2ኛ ደረጃ 6. ከዚያ በሊይ
10	የቤተ ሰብ የገቢ መጠን በወር	_____

ክፍል ሁለት፡ ከፍትወት ጋር የተያያዙ ነገሮች

ተ.ቁ	ጥያቄ	አማራጮች
11	ባለፉት አስራ ሁለት ወራት ዉስጥ አልኮል ጠጥተህ/ሽ ታውቃለህ/ሽ?	1. አዎ 2. አላዉቅም
12	አልኮል የሚጠጣ/የምትጠጣ ጋደኛ አለህ/ሽ?	1. አዎ 2. የለኝም
13	ሲጋራ የሚያጨስ/የምታጨስ ጋደኛ አለህ/ሽ?	1. አዎ 2. የለኝም
14	ባለፉት አስራ ሁለት ወራት ዉስጥ ጫት ቅመህ/ሽ ታውቃለህ/ሽ?	1. አዎ 2. አላዉቅም
15	ጫት የምቅም/የምትቅም ጋደኛ አለህ/ሽ?	1. አዎ 2. የለኝም
16	ባለፉት አስራ ሁለት ወራት ዉስጥ ሲጋራ ፤ ማሪዋና ፤ ሃሺሽ እና የመሳሰሉት አደንዛዥ ዕፆችን ተጠቅመህ/ሽ ታውቃለህ/ሽ?	1. አዎ 2. አላዉቅም
17	ለፍትወት የሚያነሳሱ ፊልሞችን (Pornographic Films) አይተህ/ሽታውቃለህ/ሽ?	1. አዎ 2. አላዉቅም
18	ጥያቄ ቁ. 17 አዎ ከሆነ፡ በሳምንት ምን ያህል ጊዜ ታያለህ/ሽ?	1. በሳምንት ሁለትና ከዚያ በላይ 2. በሳምንት አንዴና ከዚያ በታች
19	ጥያቄ ቁ. 17 አዎ ከሆነ፡ ለፍትወት የሚያነሳሱ ፊልሞችን ካየህ/ሽ በኻላ የግብረ ስጋ ግንኙነት ፈፅመህ ታውቃለህ/ሽ?	1. አዎ 2. አላውቅም
20	ጥያቄ ቁ. 19 አዎ ከሆነ፡ ለፍትወት የሚያነሳሱ ፊልሞችን ካየህ/ሽ በኻላ ያለኮንዶም የግብረ ስጋ ግንኙነት ፈፅመህ ታውቃለህ/ሽ?	1. አዎ 2. አላውቅም

ክፍል ሶስት፡ የፍትወት ጋር የተያያዙ ጉዳዮች

ተ.ቁ	ጥያቄ	አማራጮች
21	የግብረ ስጋ ግንኙነት ፈፅመህ/ሽ ታውቃለህ/ሽ?	1. አዎ 2. አላዉቅም
22	ጥያቄ ቁ. 21 አዎ ከሆነ፡ የመጀመሪያ የግብረ ስጋ ግንኙነት የፈፀምክ/ሽ በስንት ዓመትህ/ሽ ነበር?	
23	ጥያቄ ቁ. 21 አዎ ከሆነ፡ ባለፉት አስራ ሁለት ወራት ውስጥ የግብረ ስጋ ግንኙነት ፈፅመህ/ሽ ታውቃለህ/ሽ?	1. አዎ 2. አላዉቅም
24	ጥያቄ ቁ. 21 አዎ ከሆነ፡ ባለፉት አስራ ሁለት ወራት ውስጥ ከስንት ሰው ጋር የግብረ ስጋ ግንኙነት ፈፅምክ/ሽ?	1. አንድ 2. ሁለት እና ከዚያ በላይ
25	ጥያቄ ቁ. 21 አዎ ከሆነ፡ በእድሜ ትልቅ ከሆነ ሰው ጋር የግብረ ስጋ ግንኙነት ፈፅመህ/ሽ ታውቃለህ/ሽ?	1. አዎ 2. አላውቅም
26	ጥያቄ ቁ. 21 አዎ ከሆነ፡ ከሴተኛ አዳሪ ጋር የግብረ ስጋ ግንኙነት ፈፅመህ ታውቃለህ?	1. አዎ 2. አላዉቅም
27	ጥያቄ ቁ. 21 አይደለም ከሆነ፡ እስካሁን የግብረ ስጋ ግንኙነት ካልፈፀምክ/ሽ፤ ያልፈፀምክበት/ሽበት ምክንያት ምንድነዉ?	1. የአባላዘር በሽታ ፍራቻ 2. ቤተሰብ ፍራቻ 3. ከጋብቻ በፊት ማድረግ ስላልፈለጉ 4. ያልተፈለገ እርግዝናን ለመከላከል
28	ጥያቄ ቁ. 24 አዎ ከሆነ፡ ከብዙ ሰው ጋር የግብረ ስጋ ግንኙነት ፈፅምከበት/ሽበት ምክንያትህ/ሽ ምንድነዉ?	1. አርካታ የሚሰጠኝን ባልደረባ ለማግኘት 2. በሳል ባልደረባ ለማግኘት 3. ገንዘብ ለማግኘት
29	ጥያቄ ቁ. 23 አዎ ከሆነ፡ በግብረ ስጋ ግንኙነት ወቅት ኮንዶም ተጠቅመህ/ሽ ታውቃለህ/ሽ?	1. አዎ 2. አላውቅም
30	ጥያቄ ቁ. 29 አዎ ከሆነ፡ ምን ያህል ጊዜ ኮንዶም ትጠቀማለህ/ሚያልሽ?	1. በመደበኛነት 2. ዘወትር 3. አልፎ አልፎ 4. ተጠቅሜ አላውቅም
31	ጥያቄ ቁ. 29 አላውቅም ከሆነ፡ ኮንዶም ያልተጠቀምከዉ/ሺዉ ለምንድነው?	1. ኮንዶም ማግኘት ስላልቻልኩ 2. ጋደኛዬን ስለማፈቅረው 3. ኮንዶም አርካታ ስለሚቀንስ 4. ጋደኛዬ ከኤች አይ ቪ ነፃ ስለሆነ 5. ገንዘብ ለማግኘት

32	ጥያቄ ቁ. 21 አዎ ከሆነ፡ የመደፈር አደጋ አጋጥሞሽ ያውቃል	1. አዎ 2. አላዉቅም
33	ጥያቄ ቁ. 21 አዎ ከሆነ፡ ያልተፈለገ እርግዝና አጋጥሞሽ ያውቃል?	1. አዎ 2. አያውቅም
34	ጥያቄ ቁ. 21 አዎ ከሆነ፡ ውርጃ አጋጥሞሽ ያውቃል?	1. አዎ 2. አያውቅም
35	የግብረ ስጋ ግንኙነት የሚፈፅም የወንድ ጋደኛ አለህ/ሽ?	1. አዎ 2. የለኝም
36	የግብረ ስጋ ግንኙነት የሚፈፅም የሴት ጋደኛ አለህ/ሽ?	1. አዎ 2. የለኝም
37	ከጋደኛ ጋር ስለፆታዊ ጉዳይ ተወያይተህ/ሽ ታውቃለህ/ሽ?	1. አዎ 2. አያውቅም

ክፍል አራት፡ የበተሰብ ክትትል እና አስተዳደግ

ተ.ቁ	ጥያቄ	አማራጮች
38	ቤተሰብህ/ሽ ወይም አሳዳጊህ/ሽ ግልፅ የሆነ የቤተሰብ መመሪያ አላቸው?	1. አዎ 2. የላቸውም
39	ቤተሰብህ/ሽ ቤት በማትሆንበት/ኚበት ሰዓት የት እንዳለህ/ሽ ያውቃሉ?	1. አዎ 2. አያውቁም
40	ቤተሰብህ/ሽ ጋደኞችህን/ሽን ሁሉ ያውቃሉ?	1. አዎ 2. አያውቁም
41	የትም ለመሄድ ቤተሰብህ/ሽን ወይም አሳዳጊህ/ሽን ፈቃድ ትጠይቃለህ/ቃለሽ?	1. አዎ 2. አልጠይቅም
42	ቤተሰብህ/ሽ በማታ ከጋደኞችህ/ሽ ጋር እንድታሳልፍ/ፊ ይፈቅዱልሃል/ሻል?	1. አዎ 2. አይፈቅዱም
43	ቤተሰብህ/ሽ ወይም አሳዳጊህ/ሽ የወንድ/የሴት ጋደኛ ቢኖርህ/ሽ ይደግፉሃል/ሻል?	1. አዎ 2. አይደግፉም
44	ቤተሰብህ/ሽ የግብረ ስጋ ግኑኝነት ብታደርግ/ጊ ችግር የለውም ብለው ያምናሉ?	1. አዎ 2. አይሰማቸውም
45	ቤተሰብህ/ሽ ወይም አሳዳጊህ/ሽ የአስተዳደግ ስርዓት ምን አይነት ነው?	1. ፈላጭ ቆራጭ 2. ነፃ አድርጎ የሚያሳድጉ 3. ቸል አድርጎ የሚያሳዲጉ

ክፍል አምስት፡ የቤተሰብ ውይይት/ንግግር

ተ.ቁ	ጥያቄ	አማራጮች
46	ከቤተሰብህ/ሽ ወይም አሳዳጊህ/ሽ ስለወሲብ ውይይት አድርገህ/ሽ ታውቃለህ/ሽ?	1. አዎ 2. አላውቅም
47	ከቤተሰብህ/ሽ ስለ አባላዘር በሽታዎች/ኤች አይ ቪ ተወያይተህ/ሽ ታውቃለህ/ሽ?	1. አዎ 2. አላውቅም
48	ከቤተሰብሽ ወይም አሳዳጊሽ ስለ እርግዚና ተወያይተሽ ታውቂያለሽ?	1. አዎ 2. አላውቅም
49	ከቤተሰብህ/ሽ ወይም አሳዳጊህ/ሽ ጋር በጉርምስና ወቅት ስለሚኖለው ለውጥ ተወያይተህ/ሽ ታውቃለህ/ቂያለሽ?	1. አዎ 2. አላውቅም
50	ከቤተሰብህ/ሽ ወይም አሳዳጊህ/ሽ ጋር ስለትምህርት ተወያይተህ/ሽ ታውቃለህ/ቂያለሽ??	1. አዎ 2. አላውቅም
51	ከቤተሰብህ/ሽ ወይም አሳዳጊህ/ሽ ጋር መልካም ውይይት ታደርጋለህ/ሽ?	1. አዎ 2. አላደርግም
52	ቤተሰብህ/ሽ ወይም አሳዳጊህ/ሽ ለማማከር ወይም ለመርዳት ፈቃደኛ ሆነዉ ያውቃሉ?	1. አዎ 2. አያውቁም

ክፍል ስድስት፡ የቤተሰብ ትስስር

ተ.ቁ	ጥያቄ	አማራጮች
53	ቤተሰብህ/ሽ ወይም አሳዳጊህ/ሽ እርስ በርሳቸው ይረዳዳሉ ወይም ይተጋገዛሉ?	1. አዎ 2. አይተጋገዙም
54	ቤተሰብህ/ሽ ወይም አሳዳጊህ/ሽ ተቃራርበዉ ስሜታቸውን ይጋራሉ ብለህ/ሽ ታምናለህ/ሽ?	1. አዎ 2. አላምንም
55	ሌላ ቤተሰብ የሚሉህን/ሽን ትቀበላለህ/ያለሽ፣ ባትስማም/ሚም?	1. አዎ 2. አልቀበልም
56	የቤተሰብ አባል ልያናግሩህ/ሽ በፈለጉበት ሰዓት ለመገኘት ፈቃደኛ ነህ/ሽ?	1. አዎ 2. አደለሁም
57	ቤተሰብህ/ሽ ወይም አሳዳጊህ/ሽ አዝናኝ የሆኑ ነገሮች በጋራ ያደርጋሉ?	1. አዎ 2. አያደርጉም
58	በቤተ ሰብ መካከል የአዋቂዎች ግጭት ተፈጥሮ ያውቃል?	1. አዎ 2. አያውቅም

ANNEX II:

VARIABLES		EVER HAD MULTIPLE SEXUAL PARTNER			
Sex	Male	25 (29.4%)	60 (70.6%)	1 (ref.)	1.00(ref.)
	Female	38 (24.5%)	117 (75.5%)	1.28 (0.71, 2.32)	3.12 (2.05. 5.34)*
Ever consumed alcohol	Yes	35 (33%)	71 (67%)	0.54 (0.30, 0.96)	0.69 (0.24, 2.01)
	No	28 (20.9%)	106 (79.1%)		1.00(ref.)
Friends who drink alcohol	Yes	42 (33.1%)	85 (66.9%)	0.46 (0.25, 0.84)	0.12 (0.05, 0.70)*
	No	21 18.6%)	92 (81.4%)		1.00(ref.)
Chew Khat	Yes	22 (37.9%)	36 (62.1%)	0.48 (0.25, 0.90)	0.90 (0.29, 2.81)
	No	41 (22.5%)	141 (77.5%)		1.00(ref.)
Friends who chew khat	Yes	34 (35.8%)	61 (64.2%)	0.45 (0.25, 0.81)	1.55 (0.41, 5.88)
	No	29 20%)	116 (80%)		1.00(ref.)
Watch porno movie	Yes	30 (33.7%)	59 (66.3%)	0.56 (0.31, 0.99)	1.58 (1.21, 4.25)*
	No	33 21.9%)	118 (78.1%)		1.00(ref.)
Male friend who had sex	Yes	48 (33.8%)	94 (66.2%)	0.36 (0.19, 0.69)	0.98 (0.33, 2.93)
	No	15 (15.5%)	82 (84.5%)		1.00(ref.)
Female friend who had sex	Yes	48 (34%)	93 (66%)	0.35 (0.18, 0.67)	0.56 (0.19, 1.67)
	No	15 (15.3%)	83 (84.7%)		1.00(ref.)
Parents have clear rules	Yes	34 (22.7%)	116 (77.3%)		1.00(ref.)
	No	29 (32.2%)	61 (67.8%)	0.62 (0.34, 1.11)	2.47 (1.10, 5.54)*
Parents know all friends	Yes	28 (22.4%)	97 (77.6%)		1.00(ref.)
	No	35 (30.4%)	80 (69.6%)	0.31 (0.16, 0.62)	0.65 (0.29, 1.44)
Need permission to go out	Yes	26 (19.7%)	106 (80.3%)		1.00(ref.)
	No	37 (34.3%)	71 (65.7%)	0.47 (0.26, 0.85)	1.16 (0.51, 2.60)
Parenting style	Authoritative	12 (20.3%)	47 (79.7%)		0.23 (0.07, 0.75)*
	Democratic	28 (23.7%)	90 (76.3%)	0.51 (0.19, 1.38)	
	Neglectful	23 (36.5%)	40 (63.5%)	0.11 (0.04, 0.30)	1.00(ref.)
Discussion about HIV	Yes	29 (24.2%)	91 (75.8%)		1.00(ref.)
	No	34 (28.3%)	86 (71.7%)	0.81 (0.45, 1.45)	1.16 (0.51, 2.65)
Parents com.positively	Yes	35 (21.1%)	131 (78.9%)		1.00(ref.)
	No	28 (37.8%)	46 (62.2%)	0.44 (0.24, 0.80)	0.39 (0.15, 0.98)*
Parents willingness counseling	Yes	40 (25.6%)	116 (74.4%)		1.00(ref.)
	No	23 (27.4%)	61 (72.6%)	0.92 (0.50, 1.67)	1.18 (0.42, 3.31)
Family feel close to each other	Yes	36 (25.2%)	107 (74.8%)		1.00(ref.)
	No	27 (27.8%)	70 (72.2%)	0.87 (0.49, 1.56)	1.16 (0.51, 2.60)
Adults in household fight	Yes	26 (27.7%)	68 (72.3%)	0.28 (0.15, 0.53)	0.32 (0.16, 0.63)*
	No	37 (25.3%)	109 (74.7%)		1.00(ref.)