

**ADDIS ABABA UNIVERSITY**  
**COLLEGE OF DEVELOPMENTAL STUDIES**  
**CENTER FOR POPULATION STUDIES (REPRODUCTIVE HEALTH)**  
**MASTER'S PROGRAM**



**DETERMINANT OF RISKY SEXUAL BEHAVIORS AMONG STUDENTS OF**  
**ADDIS KETEMA SECONDARY AND PREPARATORY SCHOOL,**  
**ADDIS ABABA, ETHIOPIA 2021/22.**

**By; Bikila Dinka**

**Advisor: Chalachew Arega (MSc)**

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## **APPROVAL BY THE BOARD OF EXAMINERS**

This thesis by Bikila Dinka Chalchisa was presented by the Board of examiners as satisfying thesis requirements for the degree of science population study (Reproductive health).

### **Internal Examiner**

_____	_____	_____
Full Name	Rank	Signature and Date

### **External Examiner**

_____	_____	_____
Full Name	Rank	Signature and Date

### **Research Advisor**

_____	_____	_____
Full Name	Rank	Signature and Date

### **Department Head**

_____	_____	_____
Full Name	Rank	Signature and Date

**July, 2022**

**Addis Ababa, Ethiopia**

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## **Acronyms/Abbreviations**

AIDS:	Acquired Immunodeficiency Syndrome
AOR:	Adjusted Odds Ratio
CI:	Confidence Interval
COR:	Crude Odds Ratio
CSA;	Central Statistical Agency
CSWs;	Commercial Sex Workers
EDHS:	Ethiopian Demographic and Health Survey
HIV:	Human Immunodeficiency Virus
IDI;	In-depth interview
FGD;	Focus group discussion
RH:	Reproductive Health
SEM:	Sexually Explicit Media
SPSS:	Statistical Package for Social Science
SRH:	Sexual and Reproductive Health
SSA:	Sub Saharan Africa
STIs:	Sexually Transmitted Infections
WHO:	World Health organizations



## ABSTRACT

**Background:** - Risky sexual behavior is a behavior identified with sexuality, which expands the vulnerability of a person to regenerative health issues. High school students engage in a variety of behaviors that put them at risk for serious health problems. Those health-related behaviors are associated with short and long-term health consequences including injury and violence.

**Objective:** - The main objective of this study was to examine the factors associated with Risky sexual behavior among Addis ketema secondary and preparatory school students.

**Methods:** - The quantitative cross-sectional study supplemented with qualitative method was employed. The study was conducted on 364 students using structured pretested questionnaire in April 2022. The study was conducted among Addis ketema secondary and preparatory school student in Addis Ababa, Ethiopia. The data was collected using structured self-administered questionnaire. The Data entry and cleaning was undertaken using Epi-info version 7.1 and SPSS 22 for windows for analysis. Descriptive statistics was used to describe the study population by independent variables in terms of frequencies and percentage. The logistic regression analysis technique was employed to evaluate independent effect variables on the outcome variable. Results were also presented in tables, graphs and texts. Whereas the quantitative data was collected using a structured questionnaire while focus group discussion and key informant interview guides were used to illicit qualitative information. And also the data was thematically analyzed to convey meanings and interpretations out of the data.

**Conclusion:** -The risk of sexual behavior among Addis Ketema High School, Addis Ababa is high. In this study 24.5% of students' drunk alcohol, 13.5% chew khat, 11.3% smoked cigarette and 19.9% of students used illicit drugs at least once in their lifetime. This study also showed that the majority of the students were engaged in unsafe and risky sexual practices. About 57.1% of sexually active students' had one of the risky sexual behaviors. The use of Khat, alcohol and tobacco products is significantly and independently associated with risky sexual behavior among Addis Ketema High School students.

**Keywords:** Youth, Sexual and reproductive health, HIV, STIs.

# CHAPTER ONE

## INTRODUCTION

### 1.1. Background

Risky sexual behavior is a behavior identified with sexuality, which expands the vulnerability of a person to regenerative health issues like sexually transmitted infections (STIs), unwanted pregnancy, abortion and psychological grief. Having multiple sexual partners, getting into it early, using condoms inconsistently, and engaging in commercial sex are also examples of risky sexual activity. As well, substance use before sex may engage young people in risky sexual behavior since it obstructs with their judgment. In this study, drinking alcohol is included as one of the frequent factors that raise the risk of contracting HIV. (Getachew et al, 2016).

According to United Nations definitions, youth are those age 15–24 year, adolescents as those age 10–19 year and young between 10 and 24 years. Usually a very diverse group of individuals whose life circumstances, opportunities, and obstacles to improve their lives vary considerably from country to country. (UNDESA, 2014). Worldwide, early to mid-1980s, more than 6 million people have been infected with HIV, half of whom became infected between the age 15 and 24 years (WHO, 2006). The fashions in sexual activity at younger ages are increasing an alarmingly in the world. In various nations throughout the world, the mass of young people is sexually active before age 20 and premarital sex is common among 15–19 years old (UNICEF, 2002).

Many studies also confirmed that adolescents are at the heart of HIV/AIDS pandemic. According to the latest estimates from UNAIDS, there were 35 million people living with HIV in 2013 globally, Youth between the ages of 15-24, account for approximately 33% of new HIV infections. Sub Saharan African young ladies stay most seriously influenced as compared to their male partners. HIV prevalence among young women remains more than twice as high as among young men throughout sub-Saharan Africa (UNAIDS, 2014).

Youth who engage in sexual activity develop severe STIs, including, Human Immune Deficiency Virus (HIV) infection. There are psychological and behavioral factors associated with the risk of sexually transmitted diseases like HIV/AIDS (Gebregiorgis 2000:15). One study also conducted in America on adolescents and young students confirmed that both casual and chronic substance users are more likely to engage in high-risk behaviors such as unprotected sex (Ralph, et al, 2001).

Similar parallel studies also discovered that young adults in Sub Saharan Africa were also tend to engage in having multiple sexual partner, concurrent sexual partners and unprotected sexual intercourse (Chapman, et al., 2010). Another study in Sub- Saharan Africa showed that as alcohol and substance users were most severely affected with risky sexual behavior. Students of higher learning institutions being people with multiple socio-cultural grounds commence autonomous life at younger age and rush to a range of mal adaptive high-risk extracurricular activities like alcohol and substance use as well as sexual abuse (Dereje, 2005).

Ethiopia is being the second most populous country in the continent, only next to Nigeria hosts high proportion of young age population in the age of 15-24 constituting one-third of the total population. Having such a high proportion, there is no doubt that the risky sexual behavior including the HIV/AIDS epidemic is assumed to be a major public health challenge in Ethiopia. Available studies estimated that 2.9% of youth / adolescent population which is found in the age group of 15–24 years is HIV infected (Sanders and Rachel, 2010).

Having multiple sexual partners is also another representation or a behavioral risk factor for STDs among Adolescents and young adults, especially if they fail to use condoms properly and consistently. Alcohol use, illegal drug use and early commencement of sex are associated with increased risk of having two or more partners (Forrest and Singh 1990). Researches has documented the fact that substance use and failure to use condoms properly and consistently are the most important indicators associated with the risk of becoming infected with STIs including HIV/AIDS among the adolescents and youth (Robert, etal 2006).

So secondary school students in this age category are highly engaged in risky sexual behaviors such as early initiation of sex, unprotected sex, multiple sexual partners, sexual contact with prostitutes and inconsistent use of condom (Mitike, etal, 2015).

A few studies showed that increased use of alcohol and drugs at younger ages was related to subsequent more hazardous sexual action and delinquent behavior. High-risk sexual behavior was defined by the number of partners with whom adolescents had intercourse without condom, since having multiple sex partners without utilizing condoms put adolescents at risk (Folayan Mo,2014).

## **1.2. Statement of the Research Problem**

Ethiopia had a national strategies and policies to enhance the sexual and reproductive health and well-being of the young population. Some of the strategies were delivery of all reproductive health related interventions and policies disaggregated by gender, age, marital status, and residence; addressing the short and long-term reproductive health needs of young people (Shiferaw, etal. 2014).

High exposure of young people to STIs related with unsafe sexual practices, such as unprotected sex is an important and touchy issue in sexually active age groups (Animaw 2009). The consequences of young people's sexual behavior when not using contraception have become a global issue mainly because it is related with pregnancy and STIs (Turnbull 2010).

A few studies have revealed its association with smoking, alcohol, and drug abuse, which are moreover considered risky behaviors or substance abuse. Shreds of prove shown that those adolescents who have experienced abuse by others and had antisocial behaviors have been found to have an increased chance of involving in risky sexual activities (Srahbzu and Enguday Tirfeneh, 2019). Available studies demonstrated that parental practices such as parent child relationships, parental monitoring and parents and adolescent's communication about sexuality are protective against risky sexual behaviors (Cherie and Berhanie 2015). This is probably due to their sexual activeness and tendency to frequently engage in unsafe sexual practices, such as unprotected sex (Guzman and Bosch 2007).

In order to tackle the above-mentioned problems, students should openly discuss about risky sexual behavior and sexuality. Actually, this needs the integrated efforts of students, school-teachers, the family and other relevant bodies. In general, as indicated in the literatures, the individual, family and behavioral variables have a substantial influence on the sexual behaviors.

However, in Ethiopia few studies done on the subject under study, but it is very important to study the Risky Sexual Behaviors and Associated Factors among high school students in order to enlighten planners and decision makers to develop an appropriate and timely intervention.

### **1.3. Objectives**

#### **General Objective:**

- To assess determinants of risky sexual behavior among Addis ketema secondary and preparatory school Students, Addis Ababa, Ethiopia, 2021/2022.

#### **Specific Objective:**

- To identify factors that may influence risk sexual behavior.
- To describe student's perceptions about factors influencing risk sexual behavior

### **1.4. Research question**

1. What are the factors associated with risk sexual practices among in-school students of Addis ketema secondary and preparatory?
2. What are the perceptions of students toward risks related to risk of sexual behavior?
3. What are the barriers related to safe sex practices among sexually active in school of Addis Ketema secondary and preparatory school, Addis Ababa?

### **1.5. Significance of the study**

The goal of this study was to produce information on risky sexual behaviors and related factors among Addis ketema preparatory school students. The findings of the study will also provide pertinent information on the development and implementation of reproductive health strategies and programs, which help for proper identification of the specific factors that influence the Addis ketema secondary and preparatory school students to risky sexual behaviors. It will also provide an imperative contribution to current efforts in the prevention and control of sexually transmitted infections including HIV/AIDS, and other reproductive health related problems.

Moreover, the study adds to the existing body of knowledge on risky sexual behavior for use of the scientific community.

### **1.6. Scope of the Study**

This study focuses on determinants of risky sexual behavior among Addis ketema secondary and preparatory School Students, Addis Ababa, Ethiopia, exploring factors that may influence risk sexual behaviors among Addis ketema secondary and preparatory School students. Examining causality is outside the scope of this study. It is the researcher hope that the outcome of this study will increase awareness of the identified factors and the impact of these on secondary school youths` sexual behaviors among Addis ketema secondary and preparatory school students.

## 1.7. Definitions of Key Concepts

**Inconsistent Condom use:** refers to response option other than always (like rarely, never used and occasionally) about frequency of condom use during sexual contact.

**Multiple Sexual Partners:** having two or more sexual partners.

**Risk Factors:** Factors are labeled “**risk**” if they increase the likelihood of negative health behaviors and outcomes or discourage positive behaviors that might prevent them (Center for Disease prevention and Control: 2009)

**Sexual Behavior:** person's sexual practices, i.e., whether she/he engages in heterosexual activity. It deals with all things relating to sex, conception and satisfaction (Kirby 2007).

**Substance use-** According to this study, it is defined as ever use of psychoactive stimulants such as alcohol, Khat, cigarettes, Shisha, Hashish (Musa, 2017).

**Unprotected sex:** is defined as sex without using condom or inconsistent use of condom.

**Permissive parenting style:** being nurturing and warm (which is good for kids), and. being reluctant to impose limits (which is problematic).

**Authoritative parenting style:** according to this study, they attempt to control children's behavior by explaining rules, discussing, and reasoning.

**Neglectful Parenting style:** Uninvolved parents make few to no demands of their children and they are often indifferent, dismissive, or even completely neglectful.

### Organization of the thesis

This paper was organized into five chapters; the first chapter deals with the introduction parts, the second chapter deals with a review of related literature, the third chapter concerned the research methodology, the fourth chapter presents a finding of the study, and the fifth chapter the conclusions was drawn from the findings and possible recommendations were made.

## **CHAPTER TWO**

### **2.1. Literature Review**

Risky sexual behavior can be defined as unprotected vaginal, oral, or anal intercourse (Glen-Spyron, 2015). Risk of sexual ill health happens with the onset of unsafe sexual activity, commonly among the adolescents, and continues as long as the risky activities are engaged in. In worldwide, 14,000 per day are newly infected by HIV, more than 95% were in developing countries due to risky sexual behavior (WHO,2002).

### **2.2. Adolescence as a Critical Life Span**

Under normal circumstances, an adolescent has to achieve positive mastery of these key developmental challenges without any obstructions. In spite of the fact that disparities between adolescent's cognitive, emotional, social and physical development may exist, these can be resolved as the adolescent moves towards maturity and independence. However, at times these together with heightened emotional arousal, which may compromise rational decision-making, can act as vulnerabilities that predispose youths to a range of internalizing mental disorders such as anxiety and depression and externalizing behavioral disorders such as conduct disorder and aggression (Shirvam and Vostanis)

Individual capacity to deal with these adversities is dependent on the availability of support in the immediate social environment as well as coping skills. During the move from childhood to adulthood, adolescents establish patterns of behavior and make lifestyle choices that affect both their current and future health. Serious health and safety issues such as motor vehicle accidents, violence, substance use, and risky sexual behaviors can adversely affect adolescent and young adults (Centers for Disease Control and Prevention 2015). The young individuals between the ages of 10 and 19 years are often thought of as a healthy group. Nevertheless, many adolescents do die prematurely due to accidents, suicide, violence, pregnancy related complications and other illnesses that are either preventable or treatable (WHO 2015).



Many more suffer chronic ill health and disability. On another hand, many serious diseases in adulthood have their roots in adolescence. For example, tobacco use, sexually transmitted infections including HIV, poor eating and exercise habits, lead to illness or premature death later in life (WHO 2015). Other study shows that, the burdens posed on the adolescent by this critical life period, a significant number of them do also experience mental distress due to exposure to traumatic life events and violence, as well as harsh, inconsistent or abusive parenting factors, family breakdown, bullying and loss due to death of significant others which could weaken their emotional stability (Petersen et al 2012:).

Graczyk (2008) indicated that given the right tools, young people have the potential to take responsibility for their sexual and reproductive health. Parental inclusion and culturally competent programs that give complete and accurate information can go a long way toward helping youth make good decisions; but socioeconomic, cultural, and educational disparities must be redressed in order for all youth to lead successful and healthy lives. Because adolescents are in developmental transition, they need education, skills training, self-esteem, promoting experiences, and appropriate services related to sexuality, along with positive expectations and sound preparation for their responsibility as partners in committed relationships and as parents. Addressing the positive development of young people facilitates their adoption of healthy behaviors and helps to ensure a healthy and productive future adult population (McNeely and Blanchard 2009).

There are a number of protective factors that shape human sexual behavior and can have an impact on sexual health and the practice of responsible sexual behavior. These include parents and other family members, schools, community and neighborhood, peers and individual factor and the availability of reproductive and sexual health services.

### **2.3. Factors Associated with Risky Sexual Behavior**

Behind teenager's engagement in risky sexual behavior are various motivating factors, which include the following.

#### **Lack of knowledge**

According to Booyesen and Summerton (2009), owing to relative lack of knowledge about risky sexual behaviors, lack of access to condoms and lack of empowerment with respect to the negotiation of safer sex, adolescents are at a great risk of contracting HIV and of falling pregnant. Adolescents whose parents talk more about sex, coercion and its effects will be less likely to engage in risky sexual behaviors.

#### **Substance use**

Studies show that there is a significant association between drug use and risky sexual behavior. The 2013 national Youth Risk Behavior Survey indicates that among U.S. high School students, 22 % of them drank alcohol or used drugs before last sexual intercourse; 2% used a needle to inject any illegal drug into their body one or more; 41% did not use condom during last sexual intercourse (Kann, Kinchen, Shanklin, Flint & Kawkins, 2014). According to a study among middle and high school students of Colombia, 18.4% reported sexual intercourse after alcohol consumption, 5.8 % after illegal drugs consumption (Campo-Arias, Ceballo&Herazo, 2010). A study conducted among college students of Nepal, those who frequently consumed alcohol was 54% less likely to use condoms at first sexual intercourse than those who never or rarely consumed alcohol (Adhikari, 2010). As to a study conducted among adolescents of North Gondar, Ethiopia, nearly one-fourth (24.7 %) sexually active students reported that they used alcohol or drugs in their recent sexual intercourse.

The same study also showed that 76 % of Khat chewer male students and 57 % of female Khat chewer students had multiple sexual practices (Tsehay, Mulatie & Sellakumar 2014). A similar study conducted among urban youths of Addis Ababa revealed that drinking alcohol and/or taking drug were other associated factors with condom use among male adolescents and youths; out of there respondents, 34.9 % of those who drank alcohol and 24.3 % of those who took drugs before sex confessed to have used condom incorrectly.

In Ethiopia a drug problem notably to the abuse of locally grown addictive substances (Khat and cannabis), home brewed liquors, inhalants (particularly benzene), tobacco, and other drugs. Cannabis grows and is being cultivated in central, western, and eastern authoritative regions. Some of the cultivation areas are hidden among other crops or in the wooded areas makes it difficult to detect and destroy the plant. (DACA, 2011) According to a study conducted among adolescents of North Gondar, Ethiopia, nearly one fourth (24.7 %) sexually active students reported that they used alcohol or drugs in their recent sexual intercourse. The same study also showed that 76 % of Khat chewer male students and 57 % of female Khat chewer students had multiple sexual practices. (Tsehay DS,2014).

### **Low perception of risk**

Berry and Hall (2009) wrote those biological and behavioral factors, combined with low perceptions of risk, create an environment in which young women place themselves at risk of infection through unsafe sex. Thus, young people represent the main focus for altering the causes of this epidemic.

### **Exposure to pornographic movies**

A study conducted on exposure to sexually explicit websites and adolescent sexual attitudes and behaviors revealed that adolescent males indicated that their exposure to explicit sex material put their lives at risk of contracting sexually transmitted infections(STIs) including HIV/AIDS because they engaged in unsafe sexual practices as a result of impulsivity and conformity (Owens, Behun, Manning & Reid ,2012). Pornography may be presented in a variety of media, including magazines. Animation, writing, film, video, and video games.

The term does not include live exhibitions like sex shows and striptease. The primary subjects of present-day pornographic depictions are pornographic models, who pose for still photographs, and pornographic actors who engage in filmed sex acts. (Leon, 2011).

Different groups within society have considered depictions of a sexual nature immoral, addictive, and noxious, labeling them pornographic, and attempting to have them suppressed under obscenity laws, censored or made illegal. Social attitudes towards the discussion and presentation of sexuality have become more tolerant in Western countries, and legal definitions of obscenity have become more limited (Canby, 2015)

In Ethiopia, studies are not done on the influence of sexually explicit materials; however, qualitative studies have shown that how youth sexual activity is affected by exposure to sexually explicit media (SEM). Supporting this idea, one study conducted in A.A in 2003, revealed that unlicensed video films in private homes around strategic areas appeared to be the major shapers of erotic intentions among young people (Negussie, 2002). Nowadays, more frequent viewing of pornography is in some way associated with sexual behaviors that are potentially riskier (Fiseha, 2014).

Study state that a commonly cited reason for initiating sexual relations among adolescents was Pressure from society and their peers. In their quest for a sense of belonging and to avoid rejection by the group, the adolescents succumb to this pressure (Hammer and Banegas 2010).

According to (UNFPA) being “connected” with the community as well as family and school has beneficial effects across a range of health and social outcome. Young people who report high level of connectedness tend to be psychologically happier physically healthier than those who do not have connectedness to the required limit. Through time with progressive civilization, urbanization and migration, the parental role gets affected by socio-economic factors like increasing women working, both parents working, breakage of families results in single parenthood, which have got influence on weakening traditional structures and reducing sources of social support. Thus loose family and community connectedness results in peers to play more significant roles, which may have more influence on youths’ initial sexual behavior and recourse for adolescents and youth with sexual health questions and leading to increasing sexual risks (Simegnew, etal, 2018).

Research suggests that family structure can strongly influence the sexual behavior of young people. Discussion with youths about the standards of behavior and the social and moral consequence of youth 's sexual activity as well as parental monitoring all appear to impact youths 'decisions to engage in risk sexual activities.

### **Peer pressure**

The study conducted in sexual behavior of secondary school students in Lagos State, Nigeria, peer group pressure contributed most to sexual behavior of secondary school students (Nwozichi,Ayoade, Blavo, Farotimi ,2015).

Similar study conducted on risky sexual behaviors of adolescents in the North West Province of South Africa, adolescents who have strong ties are more likely than those with weak ties to their peers to report lifetime sex. Young people who had peer pressure to have sexual intercourse and those who had friends already engaged in sexual intercourse were more likely to have sexual experience.

A similar study conducted on school adolescents in Addis Ababa showed that students who perceived their peers are involved in sexual relationships were more likely to report risky sexual behavior compared to those who did not have this perception (Cherie, 2012).

### **Individual factors**

The individual factors found to be particularly influential on adolescents' sexual behavior include biological factors, race and ethnicity, connection to family, connection to school and to doing well in school, connection to religion, connection to other organizations or adults in the community, involvement in gangs, alcohol and drug use, aggressiveness, involvement in problem or sensation seeking behavior, paid work, involvement in sports, cognitive and personality traits, sexual beliefs, attitudes, skills, motivations, intentions, relationships with romantic partners and previous sexual behavior (Kirby and Lepore2007).

Both spirituality and religious affiliation help youth to avoid risky sexual behavior. Starting sex at an older age is associated with better sexual health. The beliefs and attitudes about sex, condoms, and contraception can be protective or can increase risk. For example, a positive attitude toward condoms is protective; a permissive attitude toward sex increases risks.

### **Parental monitoring and biological factors**

Many studies carried out across the world indicate that strict parental monitoring is positively associated with reduced adolescent health risk, delayed intercourse, fewer sexual partners and consistent contraceptive use (Rwenge 2000). A researcher like Animaw (2009) supports this view by commenting that adequate parental monitoring is generally positively related to these attributes. Similar outcomes were noted in other studies. The discussion thus indicates an inverse relationship between parental monitoring and adolescents` risky sexual behaviors

The study conducted in Dessie, North of Ethiopia on adolescents in preparatory school noted that parent-youth connectedness, parental monitoring and living arrangements are significant predictors of sexual activity (Solomon 2004).

### **Early Sexual Engagement**

Age at first sex is fairly consistent worldwide, in many countries sexual debut occurs in late adolescence between ages 15-19, for young females in Sub-Saharan Africa, sexual debut 10 Occurs at ages 17–20 First sexual experiences are part of the transition to adulthood, and they are influenced by the environment, context and culture in which young people develop (Wellingsetal, 2006). Early sexual intercourse is another problem of risky sexual behaviors. According to the 2011 Ethiopian Demographic and Health Survey (EDHS 2011), with significant variation (39 % female, 13% male) of young women and men aged 15-24 who have had sexual intercourse before the age of 18 years (CSA and ICF international 2012).

### **Inconsistent condom use**

Consistent and correct use of the male latex condom reduces the risk of sexually transmitted disease (STD) and human immunodeficiency virus (HIV) transmission [CDC 2014].

Among U.S. high school students surveyed in 2013, from among those who ever had sexual intercourse, 40.9 % did not use condom the last time they had sex (Kann et al. 2014). A study conducted on high school students of China among sexually active adolescents, 42.4 % had unprotected sexual intercourse (Li S., 2013).

According to Charie et al from a total of 574 (79.4%) of the sexually active students who had reported that they had been sexually active in the 12 months preceding the survey, 262 (45.6%) had sex with more than one sexual partner, 319 (55.6%) didn't use condom consistently (Cherie et al., 2015). A study done at Mizan- Tepi University revealed that among 304 students that ever-had sex, 211 (69.4%) of them never used condom in the last 12 months of campus stay and being multiple sexual partners reduce the probability of using condom by half (Bedassa, 2015).

### **Sex with commercial sex workers**

Having sex with commercial sex workers is considered one of high-risk sexual behaviors. Those individuals who engaged in sex with CSWs are highly exposed to contracting sexually transmitted infections including HIV/AIDS due to the tendency of the latter having multiple sexual partners. According to the 2013 UNAIDS report, the HIV prevalence among sex workers is 12 times greater than among the general population (UN, 2014). Sex for exchange of money, favors, or gifts also called transactional sex associated with a high risk of contracting STI and HIV. This is because of compromised power relations and the tendency to have multiple partnerships (CSA and ICF international 2012). In a study done at Haramaya University of 355 (28%; 95% CI 25.5-30.5) students who had had sexual experience half of the males had intercourse with a commercial sex worker and about 60% of them have not use condom consistently (Dingeta 2012).

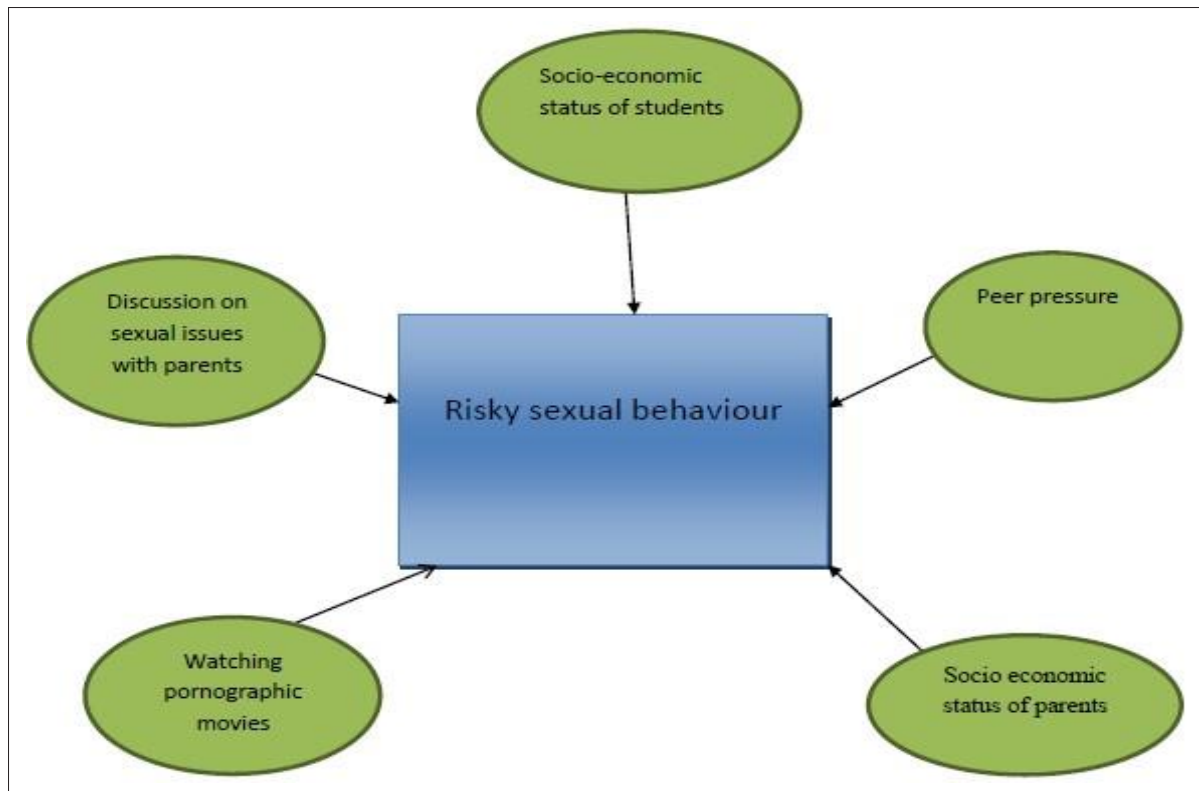
### **Multiple Sexual Partners**

Multiple relationships are common and they expose young people to reproductive health challenges, the number of young people with multiple sexual partners indicates the potential risks of reproductive health problems such as unplanned pregnancies and STI/HIV infection. Globally young males tend to have more than one sexual partner when compared to young females; however, in some developed countries multiple sexual partners are similar between males and (Wellings et al 2006).

The evidence of multiple sex partners among young people worldwide is increasing. The Zimbabwe Young Adult Survey shows that among sexually experienced women aged 15-24, 71% reported having four or more life partners, 25% reported two to three and 4% reported one life partner (ZIMSTAT 2012).

In a study done sexual violence and associated factors among female students of Madawalabu University, Ethiopia from a total of 605 participants more than one third was sexually active at the time of the study and among sexually active participants, 81(36.8%) had history of multiple sexual partners (Tolera et al.,2015).





**Figure 1:** Conceptual Framework of the Study on Risky Sexual Behavior and Factors Associated with it among Secondary School Students in Addis Ababa.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1. Description of study area**

This study was conducted in Addis ketema secondary and preparatory school. Addis Ketema is one of the well-known high schools, which was established in 1952 by the former Prince Mekonnen Haile Selassie. Started teaching from grade 3<sup>th</sup> to 8<sup>th</sup> with 510 student and 71 teachers. The school was named “Former Prince Mekonnen Haile Selassie high school” and Current name is “Addis ketema preparatory School”. Since this time, thousands of students have been graduated from Addis ketema preparatory school. Addis ketema secondary and preparatory School is located in Addis Ketema Sub city, Addis Ababa region, Ethiopia. Addis ketema secondary and preparatory ownership is listed as Government. The school teaches students from grades 9\_12.

#### **3.2. Data source**

The study Primary data was collected from Addis ketema secondary and preparatory School students and teachers.

#### **3.3. Research Design**

This study employs cross-sectional study design with quantitative and qualitative approaches. In this type of design, data were generally collected from a whole population or as in this case, a subset of a population in order to answer a research question of interest (Friis and Sellers 2009: 256). It is a non-experimental observational design, which allows for the collection of information about the status of an individual with respect to the presence or absence of subjects of interest (Joubert and Ehrlich 2007). It provides a snapshot of what is happening at a particular point in time (Grimes and Schulz 2002).

The researcher chooses the cross-sectional design since this study aims to determine and explore factors relating to risk sexual behaviors among youths of secondary schools. The study is descriptive because it measured and described the relationships between attributes of risk sexual behaviors.

### **3.3.1. Research Approaches**

In this study both quantitative and qualitative approaches were conducted, the data collected from the questionnaire was analyzed quantitatively using appropriate statistical techniques.

The research design must therefore be appropriate to the purpose of the study, feasible given realistic constraints and effective in reducing threats to validity (Burns & Grove 2009). A quantitative and qualitative method were adopted in order to describe and compare risks of sexual behavior among Addis Ketema secondary and preparatory School, Addis Ababa.

#### **Quantitative research**

Burns and Grove (2009) define quantitative research as the process that involves conceptualizing a research project, planning and implementing that project, and communicating the findings. Quantitative was done the potential to provide measurable evidence; help to establish (probable) cause and effect; create the possibility of replication and generalization to a population; facilitate the comparison of groups, and provide insight into a breadth of experiences

#### **Qualitative Research.**

The qualitative methodology shares its philosophical foundation with the interpretive paradigm, which supports the view that there are many truths and multiple realities (Burns & Grove 2009). The qualitative research has a distinctive feature of exploration, which is necessary in providing in-depth understanding of people's perceptions, emotions, intentions, behavior and experience.)

### **3.4. Sample Size Determination**

Sample size for the study was determined by using single population formula. To calculate the sample size; 71% prevalence of risky sexual behavior among sexually active students from a study conducted in Tis Abay, Amhara region were considered (Tadesse&Yakob,2015). 95%confidenceinterval, 5% margin of error and population correction formula were used to estimate the final sample size. Finally, 15% non-response rate were included to get the final sample size 364.Samples were proportionally allocated based on the size of students in each class.

The underlying assumptions used to determine the sample size were:

- The maximum tolerable error margin is 0.05,  $e = 0.05$ .
- The desired level of confidence is 0.95, which corresponds to a z value of 1.96.
- An estimate of the population proportion in the study area, 0.71 was used.
- Contingency = 15 per cent

The required sample size was thus  $n = p (1 - p) \left(\frac{z\alpha}{e}\right)^2 + 10\%$

Where,

n = the size of the sample

p = an estimate of the population proportion assumed to be aware of risky sexual behavior.

z = the standard normal value corresponding to the desired level of confidence

$\alpha$  = Area under the normal curve to the left of z

e = the maximum acceptable error margin for the proposed study, 0.05 in this case

$$n = 0.71 (1 - 0.5) \left(\frac{1.96}{.05}\right)^2 + 10\%$$

$$= 0.2059 (1536.64) + 15 \text{ per cent}$$

$$= 316 + 48.4 = \underline{\underline{364}}$$

- Three (3) Focus group discussion which is total (Nineteen)19 participants and
- One (01) Participant for in-depth interview.
- ❖ **Total of 20 (twenty) participants for qualitative**

### 3.5. Sampling method and Sample procedures

A probability sampling method was used among students at Addis ketema secondary and preparatory School in the city of Addis Ababa, Ethiopia. In this study, all students in the selected sections were considered as a source population and all students who were voluntary in the selected sections, were considered, as a target population required sample size was drawn from this population. First of all, target sections were sampled using lottery method and then individual students were sampled from each sections using simple random sampling. Here, attendance lists of individual classes were used as a sampling frame. Finally, the sections were selected randomly and all the students in the selected sections filled questionnaire.

One high school was included in the study. The sample size was allocated for each school and grade with a probability proportional to school enrollment size. The number of sections to be selected from each grade was decided after considering the number of students enrolled in each grade. Finally, sections will be selected using the lottery method and the whole eligible students in the selected sections will be included in the study. Accordingly, a total of 364 students were invited to participate in the study from grades 9, 10, 11 and 12, respectively.

### **3.6. Source Population**

All students who were studying in grade 9,10,11 and 12 in Addis ketema preparatory School in 2021/2022 academic years were the source of the population.

### **3.7. Study Population**

Students who were studying in grade 9, 10, 11 and 12 and attend class during the data collection were the study population.

### **3.8. Variables**

#### **3.8.1. Dependent Variable**

Risky sexual behavior.

#### **3.8.2. Independent Variables:**

Socio demographic variables included age, sex, religion, ethnicity, educational level, residence, number of children, the educational status of the mother, educational status of the father, and occupational status of fathers and mothers.

### **3.9. Inclusion and Exclusion Criteria**

#### **Inclusion criteria:**

All eligible students who were attending the class during data collection period.

#### **Exclusion criteria:**

Those students, who cannot hear or speak, dropout during the time of the survey were excluded from the study.

### **3.10. Method of Data Collection**

The data was collected using the Amharic language questionnaire. It was gathered from randomly selected 364 students (respondents). Two trained diploma holders, were supervised by the principal investigator, gathered the data from March 15, 2022 until April 20, 2022. Data were gathered using a structured questionnaire.

### **3.11. Data Quality Management**

In order to enhance the quality of the data, pre-test was conducted prior to the actual data collection from 15 students who were not included in the main study. This assisted the identification of the gap in the questioner. Data management involved editing, data entry, cleaning. Data cleaning was done by scrutinizing frequencies and cross tabulation to check accuracy, outline, consistencies and missing values. Accordingly, incorrect entries were identified and re-entered if any. Training was given for facilitators and supervisors; the data were reviewed and checked for completeness and consistency.

### **3.12. Data Analysis Procedure**

The Data entry and cleaning were undertaken using Epi-info version 7.1 and SPSS 22 for windows for analysis. The first step before analysis was data exploration to visualize the general feature of the data were analyzed. Descriptive statistics was used to describe the study population by independent variables in terms of frequencies and percentage. The logistic regression analysis technique was employed to evaluate independent effect variables on the outcome variable. Results were presented in tables, graphs and text.

### **3.13. Ethical Considerations**

Ethical clearance was obtained from the ethical review committee of Addis Ababa University. Permission was obtained from Addis Ababa Bureau of education and the respective school administrations. The objectives and the potential harm and benefit of participating in the study was explained, and the possibility of refusing to respond to the questionnaires were clarified before written consent was obtained from the study. Adequate time was offered to the participants to make a decision to participate or withdraw from participation. Serial numbers were used to identify the questionnaire. Names of respondents were not required and the completed questionnaires were kept in the investigator's locker to keep the confidentiality of the study participants. The result of the study was shared to the school administrations, teachers, students and other relevant stakeholder.

## CHAPTER FOUR

### 4. RESULT

#### 4.1. Socio-demographic characteristics of secondary school students of Addis Ketema, Addis Ababa

A total of 364 (43.6% Male and (56.6% Female) and The individual face-to-face interviews were conducted with 20 (twenty) participants. secondary school students participated in this study with 100% response rate. The minimum and maximum ages of the respondents were between 18 and 25years old respectively. The mean age of respondents was 19.1 ( $\pm$  1.2) years. Regarding living arrangements of respondents, 343(94.2%) of them were living with parents and 21(5.8%) were living in privately rented house [Table 1.]

**Table 1: Frequency distribution of socio-demographic characteristics of secondary school students, Addis Ketema, Addis Ababa, Ethiopia, 2022.**

Variable	Frequency	Percentage
<b>Sex</b>		
Male	158	43.4
Female	206	56.6
<b>Age</b>		
18-20	330	90.7
21-23	31	8.5
>23	3	0.8
<b>Grade</b>		
9 <sup>th</sup>	144	39.6
10 <sup>th</sup>	112	30.8
11 <sup>th</sup>	59	16.2
12 <sup>th</sup>	49	13.5



<b>Religion</b>		
Orthodox	207	56.9
Muslim	100	27.5
Protestant	48	13.2
Catholic	4	1.1
Others	5	1.4
<b>Ethnicity</b>		
Oromo	112	30.8
Amhara	95	26.1
Gurage	81	22.3
Tigre	14	3.8
Other	62	17.0
<b>Living Condition</b>		
Living with family	343	94.2
Privately rented	21	5.8
<b>Mother educational Status</b>		
Illiterate	95	26.1
Literate	269	73.9
<b>If your mother educational status literate(n=269)</b>		
Read and Write	31	11.5
Grade1-8	106	39.4
High School(9-12)grade	91	33.8
Tertiary Education	41	15.3
<b>Father educational Status</b>		
Illiterate	41	11.3
Literate	323	88.7
<b>If your father educational status literate(n=323)</b>		
Read and Write	31	9.6
Grade1-8	81	25.1
High School(9-12)grade	104	32.2
Tertiary Education	107	33.1

<b>Monthly Income</b>		
Up to 1000	2	0.5
1001-5000	61	16.8
5001-10000	131	36.0
>10000	170	46.7
<b>Do you receive pocket money from your partners or others?</b>		
Yes	233	64.0
No	131	36.0
<b>If yes to pocket money what is the amount you received on average?(n=233)</b>		
Up to 100	130	55.8
101-1000	100	42.9
>1000	3	1.3

Orthodox Christian respondents with literate parents had less frequent history of sexual contact compared to those with illiterate parents (16.3% vs. 54.6%, respectively). The same is true for Muslims with literate parents and those with illiterate parents (2.0% vs. 27.0% respectively). Orthodox Christian students from literate parents had less frequent history of sexual contact compared to students from illiterate parents (51.9% vs 12.7% respectively) (Fig.1).

#### **4.2. Parental monitoring and parenting style**

Parental monitoring and parenting styles of respondents are summarized on (Table 2). 259 (71.2%) of the respondents mentioned that parents or guardians having clear rules and consequences. More than seventy -six percent of adolescents said that they need permission from their parents to go anywhere and 56.0% responded that their parents know all their friends. More than one third of adolescents (30.8%) also reported that their parents do not mind if adolescents get boy/girlfriends. Regarding, parenting style 101(27.2%) of respondents perceived that their parents follow authoritative parenting style, 229(62.9%) permissive parenting style and 34(9.3%) neglectful parenting style.

In all FGDs, most participants stated that the lack of sexual health discourse between parents and their sons and daughters could lead to increased adolescent engagement in risky sexual activity. Participants stated that the reason for the lack of communication about sexuality and STIs was because these were considered taboo subjects in a conservative society. Having such a conversation was seen as a lack of respect and perhaps an encouragement for these practices.

“We did not discuss with our family because norms do not allow to us in order to ask and talk with them freely and they think us we are under age or un-matured, but some family asks their children during they choose his/her partner. I cannot discuss with my mother or father because it is difficult to talk or discuss with them and is about respect, sometimes I discuss with my sister. I did not discuss with them but them advices me on its consequences after having a partner”  
**(Male, FGD)**

**Another participant added:**

“We did not discuss with our family about sexual relationship, but it’s better if we will communicate openly within them because we may learn from their life experience or from their past history” **(Female, FGD).**

**Table 2:** Parental monitoring and parenting style among adolescents attending Addis Ketema high school students, Addis Ababa, Ethiopia, 2022.

<b>Variable</b>	<b>Frequency</b>	<b>Percentage</b>
<b>Are your parent or guardians having clear rules and consequences?</b>		
Yes	259	71.2
No	105	28.8
<b>Is your parents/Guardians know where you are if you are not at home</b>		
Yes	288	79,1
No	76	20.1
<b>Are your parents know all your friends</b>		
Yes	204	56.0
No	160	44.0

<b>Do you need permission from your parents/guardians to go anywhere</b>		
Yes	278	76.4
No	86	23.6
<b>Is your parents allows you to stay at friends' house overnight</b>		
Yes	68	18.7
No	296	81.3
<b>Is your parent(s)/guardians do not mind if you get a boyfriend/girlfriend?</b>		
Yes	112	30.8
No	252	69.2
<b>Is your parent(s)/guardians think it is okay for you to have sex</b>		
Yes	19	5.2
No	345	94.8
<b>What is your parents parenting style</b>		
Authoritative	101	27.7
Permissive	229	62.9
Neglectful	34	9.3
<b>Is your parent(s)/guardians talk to you about sex, sexuality and consequence</b>		
Yes	123	33.8
No	241	66.2

### 4.3 Risky sexual behavior among study participants

From the total respondents, 104(28.4) ever had sexual intercourse going ahead to the data collection period. Nearly two-third of study participants were started sex at age 16 yrs and above. The most cited reason for not consistently using a condom was trust in love with partners. About 23.3% of the participants had more than one sexual partner in their lifetime. Moreover, 6.1% of male respondents had sexual intercourse with Commercial sex workers during the last sexual intercourse (**Table 3**).

**Table 3.** Sexual history of participants among sexually active secondary school students in Addis Ketema, Addis Ababa, 2022.

<b>Variable</b>	<b>Frequency</b>	<b>Percentage</b>
<b>Have you ever had sex?</b>		
Yes	104	28.6
No	260	71.4
<b>What is your age at first sex?</b>		
<16	40	39.2
16 and above	62	60.8
<b>If yes to sex with older individuals, what is your reason for having sex with them?</b>		
To get partner with good sexual pleasure	3	37.5
Seeking for money	5	62.5
<b>Have you had sex with commercial sex workers? For males</b>		
Yes	6	6.1
No	93	93.9
<b>Have you used condom during intercourse?</b>		
Yes	54	52.4
No	49	47.6
<b>How often you used condom</b>		
Frequently	19	35.2
Always	8	14.8
Sometimes	27	50.0
<b>What is your reason for not condom regularly?</b>		
Difficult to get condom	4	8.2
In love with a partner	41	83.7
Condom reduce sexual satisfaction	4	8.1
<b>Have you had more than one sexual partner</b>		
Yes	24	23.3
No	79	76.7

<b>For multiple sexual partner, what is your reason?</b>		
To get with partner with good sexual pleasure	19	79.2
To get matured sexual partner	1	4.1
Seek for money	4	16.7

#### **4.4. Individual related behavior among sexually active secondary school students in Addis Ketema, Addis Ababa, Ethiopia.**

The study revealed that 24.5% of the student's drunk alcohol at least once in their lifetime and 51.7% reported that they currently drunk alcohol occasionally. The respondents were further asked their sexual desire after drunk alcohol. The response indicated that about 38.6 & were rushed to sex after drunk alcohol. Among study participants, 49(13.5%) were chewed a chat. 19.9% of study participants were smoked cigarette. Furtherly; 21(5.8%) study a participants were used illicit drugs/ substance users (**Table 4**).

The participants' behavior and what influenced them were explored with regard to their perceptions of substance use. They were asked why they felt, why they felt they were at risk.

“Addiction” is not an overnight action, it comes through the process. The reasons they are addicted to substance uses are because of his/her peer are already done nothing else, it may have a seasonal happiness. Using substance harms our healthiness and their feedbacks are they pushed and enforced by his/her friend not by themselves as they mostly talk to us “ (**Female, IDI**)

Peer influences were reported by many students as both encouraging and hindering risky sexual behaviors among adolescents. Adolescents in peer groups whose members engage in risky behaviors often adopt a similar behavior.

“Using a substance is the result of globalization and most students thinks as modernity. Addiction is based on person's interest and willingness, sometimes they start for the sake of testing its harm or benefits then he/she become addicted to it. After they are easily addicted, they were difficult to come out from that addiction” (**Male, FGD**).

**Another student stated that:**

“Most of the time students participate on substance use by peers’ pressure. When addicted person share his/her experiences or the happiness or feelings he/she have gotten after substance use, then the newer one become start exercising within them” **(Female, IDIs).**

**Table 4. Individual related behavior among sexually active secondary school students in Addis Ketema, Addis Ababa, Ethiopia,2022.**

Variable	Frequency	Percentage
<b>Have you ever drunk alcohol?</b>		
Yes	89	24.5
No	275	75.5
<b>If Yes to drank alcohol How frequently?</b>		
Occasionally	46	51.7
Frequently	7	7.9
Social	36	40.4
<b>Did you rush to sex after drinking alcohol?</b>		
Yes	34	38.6
No	54	61.4
<b>Do you have friends who smoke cigarette?</b>		
Yes	69	19.9
No	295	90.1
<b>Do you smoke cigarette?</b>		
Yes	36	19.9
No	328	90.1
<b>Do you chew a chat</b>		
Yes	49	13.5
No	315	86.5
<b>Do you use substance(Shisha,cocaine,marijuana )</b>		
Yes	21	5.8
No	343	94.2

#### **4.5. Factors affecting risky sexual behavior**

In this study, Bivariate analysis of associated factors of risky sexual behavior among the students: sex of respondents, educational level, current living conditions, previous residence, watch pornographic films, peer pressure, substance use and sexual communication with boy/girlfriends was found to be all the predictor variables were entered in bivariate analysis to predict risky sexual behavior. In this multivariate, inconsistency condom utilization and sex with commercial sex workers were not associated with risky sexual behavior. Risky sexual behavior among students who started sexual initiation is 1.3 times higher than those who do not start sex.

The odds of risky sexual behavior among students who had peer pressure was 0.02% lesser than students without peer pressure. The odds of risky sexual behavior among students who watched pornographic movies was 8 times higher risk than those who did not watch pornographic movies. Students who reported earning pocket money had 1.8 times higher risk of sexual behavior than those who did not (**Table 5**).

The result in FGD and In-depth interview also shows, most participants in all the groups indicated that carelessness, curiosity, and the adolescent tendency to focus on the immediate, rather than the long-term, consequences of their behavior make them vulnerable to experiment, including with risky sexual activity. The pursuit of sexual pleasure was also considered as a facilitator that could lead to engagement in risky sexual activity despite being aware of the health consequences of these behaviors.

“The adolescence stage is very difficult and it’s the stage that faces different unexpected problems that they may have seen from social medias, and this leads them to underage unprotected sex due to lack of understanding and lack of taking care about themselves” (**Female, FGD**).

#### **Another male added;**

“Adolescence period is a challenging period means than most of youth’s uses smart phone and sees digital Medias like movies, films that loads bad character on youth’s conscious mind from what they read and observed). The loaded habits on our mind is like the behavior of doing sex before maturity or under-age and before marriage, this is what we have seen from the film” (**Male, FGD**).



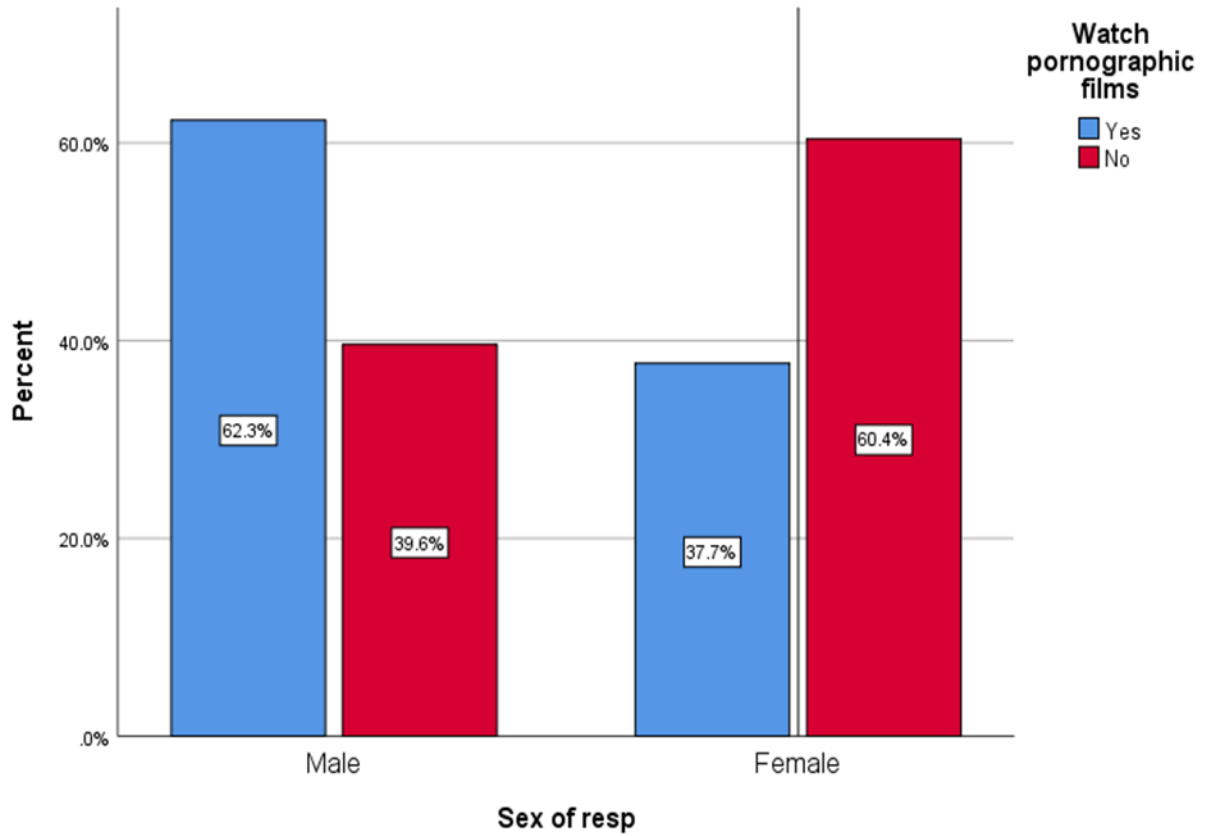
**Table 5. Factors affecting risky sexual behavior of the students, Addis Ketema Addis Ababa, June, 2022**

Variables	Risk sexual behaviour		*COR(95%CI)	**AOR(95%CI)
	Yes	No		
<b>Sex</b>				
Male	88(42.3)	70(44.9)	1.1100(0.730,1.687)	0.945(0.220,4.052)
Female	120(57.7)	86(55.1)	1.0	1.0
<b>Substance abuse</b>				
Yes	13(6.3)	8(5.1)	1.233(0.498,3.053)	6.526(0.794,53.607)
No	195(93.8)	148(94.9)	1.0	1.0
<b>Watching pornographic movies</b>				
Yes	40(19.2)	21(13.5)	1.531(0.862,2.719)	8.704(1.900,39.882)
No	168(80.8)	135(86.5)	1.0	1.0
<b>Earns pocket money</b>				
Yes	146(70.2)	87(55.8)	1.868(1.210,2.882)	0.199(0.041,0.957)
No	62(29.8)	69(44.2)	1.0	1.0
<b>Living condition</b>				
With parent	197(94.7)	146(93.6)	1.227(0.507,2.965)	2.535(0.53,122.139)
Others ( alone and with relatives)	11(5.3)	10(6.4)	1.0	1.0

\*COR=Crude odds ratio

\*\*AOR=Adjusted odds ratio

<b>Mother's education</b>				
Read and write	17(11.6)	14(11.4)	1.583(0.974,2.573)	0.114(0.015,0.84)
1-8	55(37.7)	51(39.3)	1.0	1.0
<b>Father's education</b>				
Read and write	17(9.4)	14(9.9)	1.513(0.765,2.992)	0.878(0.091,8.489)
1-8	46(25.4)	35(24.6)	1.0	1.0
<b>House hold monthly income(birr)</b>				
Up to 1000	0(0.0)	2(1.3)	0.586(0.442,0.776)	-----
1001-5000	23(11.1)	38(24.4)	-----	0.152(0.010,2.282)
5001-10000	75(36.1)	56(35.9)	-----	0.551(0.103,2.944)
>10000	120(52.9)	60(38.5)	1.0	1.0
<b>Grade level</b>				
9 and 10 <sup>th</sup> Grade	130(62.5)	126(80.8)	0.707(0.574,0.871)	1.612(0.094,27.510)
11 and 12 <sup>th</sup> Grade	78(37.5)	30(19.3)	1.0	1.0
<b>Sex with commercial sex workers</b>				
Yes	3(3.8)	3(15)	0.224(0.042,1.206)	2.167(0.182,25.792)
No	76(96.2)	17(85)	1.0	1.0
<b>Early sexual debut</b>				
Yes	81(38.9)	23(14.7)	-----	3.688(2.186,6.222)
No	122(61.1)	133(85.3)	1.0	1.0
<b>Inconsistent condom use</b>				
Yes	41(51.2)	13(56.5)	0.809(0.18,2.057)	0.669(0.144,3.107)
No	39(48.8)	10(43.5)	1.0	1.0



**Figure 2:** The sex of respondents in relation to watching pornographic film.

## CHAPTER FIVE

### 5. DISCUSSION

In this study, Living Arrangement is found to be the most important socioeconomic predictor of risky sexual behavior. The majority of the respondents, 343 (94.2%) reported living with Parents and The remaining 21(5.8%) reported living in privately rented house respectively. Hence, as one's expectation students living in rented house alone are assumed to be more prone to risky sexual behavior than their counter parts (those living with their families).

Students living in rented house are 1.227 times more prone to risky sexual behavior than the reference category (students living with their family). This finding is consistent with other findings reported in a study conducted at Hawassa University students, who live alone had two times [AOR=2.0] higher odds of being engaged into risky sexual behavior than those who live with their parents (Deresse and Debebe 2014). This might be due to lack of opportunity for parental monitoring and guidance.

Study done in Amhara region Tis Abay shows that substance use has strong relation with risky sexual behavior, the result is much higher than this study. the result shows that students who use substances were 4.98 times higher than non-users (Gojam and Bereket 2015). The proportion of Risk of sexual behavior among the sexually active respondents in this study is higher than the study conducted in Lalibela (46.5%) (Desale et al., 2016) and Arbaminch (22.4%) (Mersha et al., 2018). The difference may be due to the variation in study time related with the increasing accessibility of internet and illicit media that might provoke the interest of adolescents to start new things like sexual experimentation so that expose adolescents to engage in RSB. The other reason behind higher level of RSB could also be misinterpretation of uncomfortable sex with condom among participants.

Respondents seeing pornographies are more likely practices risky sexual behavior. This is similar with the study finding in Jimma, Addis Ababa, Haramaya and Humera but in contrast in other study finding in Addis Ababa done by Gizaw et al., and in Haramaya (Girmay and Mariye 2019).

The conceivable reason for the discrepancy could be since some students may get experience on how to prevent risky sexual practice whereas other groups may be liable and need to enjoy what they observe in the film without any protection. Watching pornographic videos was noted in 20.8% of all Respondents and is comparable with a study done at Addis Ababa Kea Med University College Students (18.3%) (Tensay, 2016). This result is lower than a study done at Medewelabu University (32.4%) (Setegn et al, 2013). This could be due to difference in living region. Binary 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 tells that exposure to pornography might affect their decision-making about sex.

The finding of this study showed that study participants who watched pornographic films and risky sexual behavior have an association. Respondents who watch pornography were 8.704 times likely to have higher risky sexual behaviors compared to non-watchers. This finding was higher than a study done at Addis Ababa showed that watching pornography was 4.083 more likely to engage in risky sexual behavior than students who do not watch pornography (Haregeyayin, 2018).

This result is consistent and again higher than a study conducted in Amhara region Tis Abay reported that watching pornography and risky sexual behavior have an association according to logistic regression bivariate analysis students who watch pornography were 7.63 more likely engaged to risky sexual behavior than (their counterparts) (Gojam and Bereket 2015)

The behavioral factors like, peer pressure and substances abuse were also reported to have been associated with risky sexual behavior in other studies in Addis Ababa, other towns of Ethiopia including north Gondar and Shendi - West Gojjam and other countries (19,21,26,29,30,33,41).

The reason for the no significance of these very logical factors could be due to the small size of students who started sex making the sample size inadequate to assess factors.

## **CHAPTER SIX**

### **6. CONCLUSION AND RECOMMENDATION**

#### **6.1. CONCLUSIONS**

The risk of sexual behavior among Addis Ketema High School, Addis Ababa is high. In this study 24.5% of student's drunk alcohol, 13.5% chew khat, 11.3% smoked cigarette and 19.9% of students used illicit drugs at least once in their lifetime. The study also showed that the majority of the students were engaged in unsafe and risky sexual practices. About 57.1% of sexually active students' had one of the risky sexual behaviors. Students who receive pocket money were at higher risk than those who do not receive pocket money from their parents.

## 6.2. RECOMMENDATION

The findings of this study indicate that the secondary school students are practicing risky sexual behavior that requires great attention. Based on the findings the following recommendations are given:

- ✚ Media should also contribute by broadcasting messages to adolescent not to engage in risky sexual practices and by blocking pornographic sites.
- ✚ Sexuality education also needs to be promoted to help reduce the vulnerability of young and adolescent secondary school students.
- ✚ Further research is needed to develop effective interventions for this population to reduce sexual risk behaviors, which may have a long beneficial to the control of HIV and STI.
- ✚ Regular parent youth discussions from an early age about the changes occur during adolescence and the right time to start relationships.
- ✚ Students should also be encouraged to attend and participate in the sexual and reproductive health centers, and such centers should be strengthened.
- ✚ Parents need to communicate with their children frankly about STIs including HIV AIDS and the unwanted effects of sexual engagements and pregnancy and also about alcohol, substances, khat and smoking cigarettes.
- ✚ I also recommend heightened concerns be targeted to adolescents, particularly those adolescents with substance use behaviors.

## 5. Budget Plan for the Study

Cost proposed for the study.

S.No	Items	Unit	Qty	Estimated	Total	Remark
1	A4 paper 80gm of 500	Pk	05	135.00	695.00	
2	Rewritable CD	Num	05	30.00	150.00	
3	Printing	Num	500	3.00	1,500.00	
4	Photo copy	Num	400	0.50	200.00	
5	Note book	Num	04	20.00	80.00	
6	Pens, pencils & markers	Num	06	20.00	120.00	
<b>Personnel cost</b>						
7	Three health professionals		30 days	80.00	7200.00	
8	Three supervisors		2 days	150.00	900.00	
<b>Transportation</b>						
9	PI transportation (Taxi)	Trips	20	800.00	800.00	
10	Mobile card				800.00	
<b>Total</b>					12,445.00	
<b>Contingency 15%</b>					1866.75	
<b>Grand Total</b>					14,311.75	



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## INFORMED CONSENT

### **Determinants of risky sexual behavior among Addis Ketema secondary and preparatory School Students, Addis Ababa, Ethiopia**

My name is **Bikila Dinka**; I am a master student at the University of Addis Ababa (AAU).

I am conducting a study at Addis ketema secondary and preparatory Schools to assess Risk sexual behavior among Addis ketema secondary and preparatory School Students, Addis Ababa, Ethiopia

You are selected randomly as one of the participants of this study as you meet the criteria. I would like to assure you that your name will not be mentioned in the questionnaire and the information that you will give us will be kept confidential. The information will be used for educational and publication purposes and presented in aggregated form. This is a self-administered anonymous questionnaire. You have a full right to quit participating in the study at any time. Your honest answers to these questions will help us better understand what people think, say and do about certain kinds of positive sexual behaviors and associated protective factors such as the family, community, peers and schools. The information that you will give us is also quite useful to explore and describe patterns of positive sexual behaviors that will help to formulate policies, design strategies and programs to enhance positive sexual behaviors among adolescents. Do you voluntarily agree to participate in this study?

A. Yes       B. No

If the answer is yes, thank you! Complete and return the self-administered questionnaire. If the answer is no, thank you. Do not force the individual to participate in the study.

**Researcher's contact no: +251 921-37-76-78**

## **Focus group guide (Qualitative)**

1. What is your opinion regarding adolescents' sexual behaviors in general? Probing questions
  - Beliefs about delay sexual debut or abstinence
  - Attitude on more than one partner at a time or concurrent partners
  - Value of virginity?
  - School absenteeism (truancy) or academic performance vs sexual activity
  - Attitude or belief about sex for money (girls) or sex with commercial sex workers (boys)
  - Causal sex, coercion
  - Feelings after having sex (proudness/ regrets.)
  - Belief/ attitude (confidence, partner's appreciation ...) on using condoms and contraception
  - Attitude on substance use (cigarette, alcohol, khat, shisha, injecting drugs....) and its relation with sexual activities.
2. Do adolescents/students interact or discuss with families (mother, father, other siblings, etc.) regarding to their sexual activities in day-to-day life?
3. How are sexual and reproductive health issues addressed in your schools? Probing questions
  - Use of mini media
  - Regular sexual and health education
  - Teacher- student interaction related to sexual behaviors
4. Do adolescents/students interact or discuss with their peers regarding to sexual activities?  
Probing questions
  - Discussion about sexual activities
  - Substance use
  - Respect/ unrespect if boys/ girls have sex with girl/boyfriends, more than one partner
5. How does your community support adolescents/students in relation to sexual behaviors?
  - Adult's mentor or support in the neighborhood
  - Conflict, violence in the community
  - Access to condom and contraception
6. What do you think how are these social centers (families, school, community and peers) influencing sexual behaviors in adolescents like you?



## APPENDIX

### QUESTIONNAIRES FORM

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#### PART I: SOCIO-DEMOGRAPHIC CHARACTERISTICS:

101. Age of the respondent (age in completed years) \_\_\_\_\_

102. Sex of the respondents: Sex. 1) Male  2) Female

103. The respondent's educational level

1. Grade 9  2. Grade 10  3. Grade 11  4. Grade 12

104. Living condition

1. Living with family  2. Privately rented

105. Religion

Orthodox  Muslim  3. Protestant  4. Catholic  5. Others

106. Ethnicity

1. Oromo  2. Amhara  3. Guraghe  4. Tigre  5. Others

107. Educational status of your mother

1. Illiterate  2. Literate

108. If your answer for question number 107 is 2 (Literate), the what is the educational

level your mother. 1. Read and Write  2. Primary (1-4)  3. Primary (5-8)

4. Secondary (9-12)  5. Tertiary education

109. Educational status of your father

1. Illiterate  2. Literate

110. If your answer for question number 109 is 2 (Literate), what is the educational level your

father. 1. Read and Write  2. Primary (1-4)  3. Primary (5-8)  4. Secondary

(9-12)  5. Tertiary education

111. What is average monthly income of your household (ET Birr)? \_\_\_\_\_

112. Do you receive money either from your parents or from any other person?

1. Yes                       2. No

113. If your answer for Q.114 above is yes, then what is the amount of money you received on average from them? \_\_\_\_\_ and how frequently? \_\_\_\_\_

Frequency: 1. Weekly     2. monthly                       3. quarterly   
4. Yearly     5. Occasionally     6. Once at all

**PART II: SEXUAL PREDISPOSING FACTORS AND PRACTICES**

**201. Have you ever had sex?**

1. Yes                       2. No                       → if your answer is No **Skip to Q 212**

**202. If yes for Q 201, what is your age at first sex? \_\_\_\_\_**

**203. If yes for Q 201, have you had sex with older individuals?**

1. Yes                       2. No

**203.1 If your answer for Q 203 is yes, what is your reason for having sex with older individuals?**

1. To get partner with good sexual pleasure     2. To get matured sexual partner   
3. Seeking for money                       4. List If Others.....

**204. If yes for Q 201, have you had sex with commercial sex workers? (For Males)**

1. Yes                       2. No

**205. If yes for Q 201, have you history of pregnancy? (For female)**

1. Yes                       2. No

**206. If yes for 205, have you history of abortion? (For female)**

1. Yes                       2. No

**207. If your answer for Q 201 is yes, have you used condom during sexual intercourse?**

1. Yes                       2. No

**208. If your answer for Q 207 is yes, how often you used condom?**

1. Frequently  2. Always  3. Sometimes

**209. If your answer for Q 207 is No, what is your reason for not using condom regularly?**

1. Difficult to get condom  2. In love with a partner  3. Condom reduce sexual satisfaction  4. My partner is free for HIV  5. Seeking For money  6. Because I Use Contraceptives

**210. Have you had more than one sexual partner?**

1. Yes  2. No

**211. If your answer for Q 210 is yes, 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

**212. If your answer for Q 201 is No, what was your reason for not practicing sex?**

1. Fear of STIs including HIV/AIDS  2. Fear of family   
3. To wait until marriage  4. Prevent unwanted pregnancy

**213. Do you have male friend (s) who initiated sex?**

1. Yes  2. No

**214. Do you have female friend (s) who initiated sex?**

1. Yes  2. No

**215. Have you ever discussed about sexuality with peers?**

1. Yes  2. No

**216. Do you have friends who drink alcohol?**

1. Yes  2. No

**217. Have you ever drunk alcohol?**

1. Yes  2. No

**218. If your answer for Q217 is yes how frequently?**

1. Occasionally  2. Frequently  3. Social

**219. If your answer for Q 217 is yes Did you rush to sex after drinking alcohol?**

1. Yes  2. No

**220. Do you have friends who smoke cigarette?**

1. Yes  2. No

**221. Do you smoke cigarettes?**

1. Yes  2. No

**222. If your answer for Q221 is yes, how frequently?**

1. Occasionally  2. Social  3. Frequently

**223. If your answer for Q 221 is yes Did you rush to sex after smoking cigarette?**

1. Yes  2. No

**224. Do you have friends who chew khat?**

1. Yes  2. No

**225. Do you chew Khat?**

1. Yes  2. No

**226. If your answer for Q 225 is yes how often do you chew Khat?**

1. Occasionally  2. Frequently  3, Social

**227. If your answer for Q 225 is yes Did you rush to sex after chewing chat?**

1. Yes  2. No

**228. Do you have friends who use substances (shisha, hashish, cocaine, marijuana)?**

1. Yes  2. No

**229. Do you use substances (shisha, hashish, cocaine, marijuana)?**

1. Yes  2. No

**230. If your answer for Q 229 is yes how often do you use substances (shisha, hashish, cocaine, marijuana)?**

1. Occasionally                      2. Frequently

**231. If your answer for Q 229 is yes did you rush to sex after taking (shisha, hashish, cocaine, marijuana)?**

1. Yes                       2. No

**232. Do you have friends who watch pornographic film?**

1. Yes                       2. No

**233. Do you watch pornographic films?**

1. Yes                       2. No

**234. If your answer for Q 233 is yes how often do you watch pornographic film?**

1. Once a week     2. Twice a week     3. Once a month   
4. Occasionally

**236. If your answer for Q 233 is yes Did you rush to sex after watching pornography?**

1. Yes                       2. No

**PART III: PARENT MONITORING**

**301. Are your parent(s) /guardians having clear rules and consequences?**

1. Yes                       2. No

**302. Is your parent(s)/guardians know where you are if you are not at home?**

1. Yes                       2. No

**303. Are your parent(s) know all your friends?**

1. Yes                       2. No

**304. Do you need permission from your parent(s)/guardians to go anywhere?**

1. Yes                       2. No

**305. Is your parent allows you to stay at friends' houses overnight?**

1. Yes                       2. No

**306. Is your parent(s)/guardians do not mind if you get a boyfriend/ girlfriend?**

1. Yes                       2. No

**307. Is your parent(s)/guardians think it is okay for you to have sex?**

1. Yes                       2. No

**308. What is your parents parenting style?**

1. Authoritative                       2. Permissive                       3. Neglectful

**309. Is your parent(s) /guardians talk to you about sex, sexuality and consequence?**

1. Yes                       2. No

**Thank you!**

በመረጃ የተደገፈ ስምምነት

በአዲስ ከተማ 2ኛ ደረጃ እና መሰናዶ/ቤት፣ አዲስ አበባ፣ ኢትዮጵያ ተማሪዎች ወሳኝ ስጋት የተሞሉ የጾታዊ ባህሪያት ቢቂላ ዲንቃ እባላለሁ፣ በአዲስ አበባ ዩኒቨርሲቲ (AAU) የማስተርስ ተማሪነኝ።

በአዲስ ከተማ 2ኛ ደረጃ እና መሰናዶ/ቤት፣ አዲስ አበባ፣ ኢትዮጵያ ተማሪዎች መካከል ያለውን ጾታ ዊባህሪ ለመገምገም በየካቲት አስራ ሁለት ሁለተኛ ደረጃ ትምህርት-ቤቶች ጥናት እያካሄድኩ ነው፣ መስፈርቶቹን ስለሚያሟሉ የዚህ ጥናት ተሳታፊዎች አንዱ ሆነው ተመርጠዋል።

በጥያቄ መጠይቁ ውስጥ ስምዎ አንደማይጠቀስ ላረጋግጥላችሁ እወዳለሁ። የሚሰጡን መረጃ ሚስጥራዊነት ይጠበቃል። መረጃው ለትምህርት እና ለሕትመት ዓላማዎች ጥቅም ላይ የሚውል ሲሆን በጥቅል መልክ የሚቀርብ ይሆናል። ይህ በራሱ የሚተዳደር ባለቤቱ የማይታወቅ መጠይቅ። በመጠይቁ መካከል በማንኛውም ጊዜ ጥናቱን ማቋረጥ ይችላሉ። የእርሶ ትክክለኛ ምላሽ ሰዎች ስለ አንዳንድ አውንታዊ ጾታዊ ባህሪያት እና ከመከላከያ ምክኒያቶች ጋር ተያያዥነት ያለቸው እንደ ቤተሰብ፣ ማህበረሰብ፣ አቻ ጓደኛ እና ትምህርት ቤቶች ሰዎች እንዴት እንደሚያስቡ እና ምን እንደሚሉ እንድንረዳ ይረዳናል። መረጃዎቹም ፓሊሲዎችን ለማርቀቅ፣ የአዋቂዎችን አውንታዊ ጾታዊ ለማጎልበት ስልት እና ፕሮግራሞችን ለመንደፍ የሚረዱ አውንታዊ ጾታዊ ባህሪያትን ዝንባሌ ለማወቅ እና ለማብራራት በእጅጉ ይረዳል።

በዚህ ጥናት ለመሳተፍ በፈቃደኝነት ተስማምተዋል?

ሀ. አዎ                       ለ. አይደለም

ምላሽዎ አዎ ከሆነ, አመሰግናለሁ! በራስ የሚተዳደር መጠይቁን ይሙሱ እና ይመልሱ። ምላሽዎ አይደለም ከሆነ, አመሰግናለሁ. ግለሰቦቹ በጥናቱ ላይ እንዲሳተፉ አያስገድዱ።

የተመራማሪው የግንኙነት ስልክ ቁጥር፡- +251- 921-37-76-78

**የትኩረት ቡድን መመሪያ (ጥራት)**

1. ስለ ወጣቶች የጾታዊ ባህርይ በአጠቃላይ ያለዎት አስተያየት ምንድነው? መርማሪ ጥያቄዎች

- ዘግይቶ የታዊ ግንኙነት መጀመር ወይም መታቀብ
- በአንድ ጊዜ ከአንድ በላይ አጋር የመያዝ አመለካከት
- የክብረ ገጽህና ዋጋ?
- ከትምህርት ቤት መቅረብ ወይም የትምህርት አፈፃፀም ከጾታዊ ጉዳይ ጋር
- የታዊ ግንኙነት ለገንዘብ (ልጃገረዶች) አመለካከት ወይም እውነት ወይም የታዊ ግንኙነት ለንግድ የታዊ ግንኙነት (ወንዶች)
- ተራ የታዊ ግንኙነት፣ ማስገደድ
- ከጾታዊ ግንኙነት በኋላ ስሜት (መኩራት/መጸጸት)
- ኮንዶም ስለመጠቀም እና የጽንሰ መከላከያ መድሀኒት ስለመጠቀም እምነት/አመለካከት (በራስ መተማመን፣ የአጋሮች አድናቆት ...)

2. ተማሪዎች የታዊ ግንኙነት ይፈጽማሉ ወይም ከቤተሰቦቻቸው ጋር ይወያያሉ (ሲጋራ፣ አልካል፣ ጫት፣ ሺሻ፣ አደንዛዥ እጽ በመርፌ መውሰድ ....) ስለ የእለቱ ህይወት ከጾታዊ ግንኙነት ጋር በተያያዘ ይወያያሉ

3. በትምህርት ቤታችሁ የታዊ እና ስነ ተዋልዶ ጉዳዮች እንዴት ይታያሉ? መርማሪ ጥያቄዎች

- ማኒሚዲያ መጠቀም
- መደበኛ የታዊ እና የጤና ትምህርት
- ከጾታዊ ባህርይ ጋር በተያያዘ የአስተማሪ -ተማሪ ግንኙነት



4. ወጣቶች/ተማሪዎች ስለ ምረቃ ጉዳዮች ከጓደኞቻቸው ጋር ይወያያሉ? መርማሪ ጥያቄዎች

➤ ስለ ምረቃ ግንኙነት ውይይት

➤ ስለ አጠቃቀም

➤ ወንዶች/ልጃገረዶች ማክበር/አለማክበር ልጃገረዶች ከወንድ ጓደኞቻቸው ጋር ምረቃ ግንኙነት መፈጸም፣ ከአንድ በላይ አጋር

5. ማህበረሰቡ ከምረቃ ግንኙነት ባህርይ ጋር በተያያዘ ለወጣቶች/ተማሪዎች እንዴት ድጋፍ ያደርጋል?

➤ በአካባቢ አዋቂ አስተማሪ ወይም ደጋፊ

➤ ግጭት፣ ብጥብጥ በማህበረሰቡ ውስጥ

➤ ኮንዶም እና የጽንሰ መከላከያ መድሀኒት ማግኘት

6. እንደ እናንተ ባሉ ወጣቶች ላይ እነዚህ የማህበራዊ ማዕከላት (ቤተሰብ፣ ትምህርት ቤት፣ ማህበረሰብ እና አቻዎች) በምረቃ ባህርይ ላይ እንዴት ተጽእኖ ያሳድራሉ?

❖ ክፍል አንድ፡ መሃበራዊ እና ኢኮኖሚያዊ ሁኔታዎች

101. እድሜ -----

102. ፆታ

1, ወንድ  2, ሴት

103. የት/ት ደረጃ

1, 9ኛ  2, 10ኛ  3, 11ኛ  4, 12ኛ

104. የኑሮ ሁኔታ፡

1, ከቤተሰብ ጋር  2, በ ኪራይ ቤት

105. ሃያማኖት፡

1, ኦርቶዶክስ  2, ሙስሊም  3, ፕሮቴስታንት

4, ካቶሊክ  5, ሌላ

106. ብሄር

1, ኦሮሞ  2, አማራ  3, ጉራጌ  4, ትግሬ  5, ሌላ

107. የእናት የትምህርት ደረጃ?

1, ያልተማረች  2, የተማረች

108. ለ ጥያቄ ቁ 107 መልሶ የተማሩ ከሆነ የትምህርት ደረጃቸውስ ?

1, ማንበብና መጻፍ የሚችሉ  2, የመጀመሪያ ደረጃ (1-4)

3, አንደኛ ደረጃ (5-8)  4, ሁለተኛ ደረጃ (9-12)  5, ከፍተኛ ደረጃ

109. የአባት የትምህርት ደረጃ?

1, ያልተማሩ  2, የተማሩ

110. ለ ጥያቄ ቁ 109 መልሶ የተማሩ ከሆነ የትምህርት ደረጃቸውስ ?

1, ማንበብና መጻፍ የሚችሉ  2, የመጀመሪያ ደረጃ (1-4)

3, አንደኛ ደረጃ (5-8)  4, ሁለተኛ ደረጃ (9-12)  5, ከፍተኛደረጃ

111. የቤተሰብ የገቢ መጠን በወርስንት ብር ነው? -----

112.. ከቤተሰብም ይሁን ከሌላ ሰው ገንዘብ ይቀበላሉ/ያገኛሉ?

1, አዎ  2, አልቀበልም

113. ለ ጥያቄ ቁ 112 መልሶአዎ ከሆነ የሚቀበሉት የገንዘብ መጠን ምን ያህል ነው  
..... በምን ያክል ጊዜ ልዩነት ገንዘብ ይቀበላሉ?

1, በሳምንት  2, በወር  3, በአመት 4 ጊዜ

4, በአመት  5, አመቺ ጊዜን ተገን አርጎ  6, አንድ ጊዜ ብቻ

## ❖ ክፍል ሁለት: ፣ክፍትወት ከሱስ እና ለወሲብ ከሚገፋፉ ነገሮች ጋር የተያያዙ

201. የግብረ ስጋ ግንኙነት ፈፀመህ/ሽ ታውቃለህ/ሽ?

1, አዎ  2, አላወቅም  መልሶ አላወቅም ከሆነ ወደ ጥ. ቁ 212 ይለፉ

202. ለጥያቄ ቁ. 201 መልሶአዎ ከሆነ የመጀመሪያ የግብረ ስጋ ግንኙነት የፈፀምከው/ሽው በስንት ዓመት-ህ/ሽ ነበር

.....

203. ለ ጥያቄ ቁ. 201 መልሶ አዎ ከሆነ በእድሜ ትልቅ ከሆነ ሰው ጋር የግብረስጋ ግንኙነት ፈፀመህ/ሽ ታውቃለህ/ሽ? :

1, አዎ  2, አላወቅም

203.1 ለ ጥያቄ ቁ. 203 መልሶ አዎ ከሆነ በእድሜ ትልቅ ከሆነ ሰው ጋር የግብረስጋ ግንኙነት የፈፀምክበት/ሽበት ምክንያት-ህ/ሽ ምንድነው?

1, አርካታ የሚሰጠኝን ባልደረባ ለማግኘት  2, በሳል ባልደረባ ለማግኘት

3, ገንዘብ ለማግኘት  4, ሌላ ካለ ይግለፁ .....

204. ለ ጥያቄ ቁ. 201 መልሶ አዎ ከሆነ ከሌተኛ አዳሪ ጋር የግብረስጋ ግንኙነት ፈፀመህ ታውቃለህ/ ለወንዶች/?

1, አዎ  2, አላወቅም

205. ለ ጥያቄ ቁ. 201 መልሶ አዎ ከሆነ፡ያልተፈለገ እርግዝና አጋጥሞሽ ያውቃል (ለሴቶች)?

1, አዎ  2, አያውቅም

206. ለ ጥያቄ ቁ. 205 መልሶ አዎ ከሆነ፡ውርጃ አጋጥሞሽ ያውቃል(ለሴቶች)?

1, አዎ  2, አያውቅም

207. ለ ጥያቄ ቁ. 201 መልሶ አዎ ከሆነ፡በግብረሰጋ ግንኙነት ወቅት ኮንዶም ተጠቅመህ/ሽ ታውቃለህ/ሽ?

1,አዎ  2, አላውቅም

208. ለ ጥያቄ ቁ. 207 መልሶ አዎ ከሆነ፡ምን ያህል ጊዜ ኮንዶም ትጠቀማለህ/ሚያልሽ?

1, በመደበኛነት  2, ዘወትር  3, አልፎአልፎ

209. ለ ጥያቄ ቁ. 207 መልሶ አላውቅም ከሆነ፡ኮንዶም ያልተጠቀምከወ/ሺ.ወ. ለምንድነው?

1, ኮንዶም ማግኘት ስላልቻልኩ  2, ጋደኛዬን ስለማፈቅረው

3, ኮንዶም አርካታ ስለሚቀንስ  4, ጋደኛዬ ከኤች አይቪ ነፃ ስለሆነ

5, ገንዘብ ለማግኘት  6, መከላከያ ስለምጠቀም

210. ከ አንድ በላይ የወሲብ ጋደኛ/አጋር/ አለሽ/ህ?

1, አዎ  2, የለኝም

211. ለ ጥያቄ ቁ. 210 መልሶ አዎ ከሆነ፡ከአንድ በላይ ሰው ጋር የግብረሰጋ ግንኙነት ፈፅሞክበት/ሽበት ምክንያት-ህ/ሽ ምንድነው?

1, አርካታ የሚሰጠኝን ባልደረባ ለማግኘት  2, በሳል ባልደረባ ለማግኘት

3. ገንዘብ ለማግኘት

212. ለ ጥያቄ ቁ. 201-መልሶ አይደለም ከሆነ፡ እስካሁን የግብረሰጋ ግንኙነት ካልፈፀምክ/ሽ፤ ያልፈፀምክበት/ሽበት ምክንያት ምንድነው?

1, የአባላዘር በሽታ ፍራቻ  2, ቤተሰብ ፍራቻ

3, ከጋብቻ በፊት ማድረግ ስላልፈለኩ  4, ያልተፈለገ እርግዝናን ለመከላከል

213. የግብረሰጋ ግንኙነት የሚፈፀም የወንድ ጋደኛ አለህ/ሽ?

1,አዎ

2,የሰኝም

214. የግብረሰጋ ግንኙነት የምትፈፀም የሴት ጋደኛ አለህ/ሽ?

1,አዎ

2, የሰኝም

215. ከጋደኛ ጋር ስለያታዊ ጉዳይ ተወያይተህ/ሽ ታውቃለህ/ሽ?

1,አዎ

2,አላውቅም

216. አልኮል የሚጠጣ / የምትጠጣ ጋደኛ አለህ/ሽ?

1,አዎ

2,የሰኝም

217. አልኮል ትጠጫለሽ/ህ?

1,አዎ

2, አልጠጣም

218. ለጥያቄ ቁ 217 መልሶአዎ ከሆነ በምን ያህል ድግግሞሽ?

1,አልፎ አልፎ  2,በተደጋጋሚ  3, በ ፕሮግራሞች ላይ

219. ለጥያቄ ቁ 217 መልሶአዎ ከሆነ ከጠጡ በሁዋላ ወሲብ ፈፀመው ያውቃሉ?

1,አዎ

2,አላውቅም

220. ሲጋራ የሚያጨስ / የምታጨስ ጋደኛ አለህ/ሽ?

1, አዎ

2,የሰኝም

221. ሲጋራ ታጨሻለሽ/ ለህ?

1,አዎ

2,አላጨስም

222. ለጥያቄ ቁ 221 መልሶአዎ ከሆነ በምን ያህል ድግግሞሽ?

1,አልፎ አልፎ  2, በ ፕሮግራሞች ላይ  3,በተደጋጋሚ

223. ለጥያቄ ቁ 221 መልሶአዎ ከሆነ ካጨሱ በሁዋላ ወሲብ ፈፀመው ያውቃሉ?

1,አዎ

2,አላውቅም

224. ጫት የሚቅም /የምትቅም ጋደኛ አለህ/አለሽ?

1,አዎ  2,የለኝም

225. ጫት ትቅሚያለሽ/ትቅማለህ?

1,አዎ  2, አልቅምም

226. ለጥያቄ ቁ 225መልሶአዎ ከሆነ በምን ያህል ድግግሞሽ?

1,አልፎ አልፎ  2,በተደጋጋሚ  3,በ ፕሮግራሞች ላይ

227. ለጥያቄ ቁ 225መልሶአዎ ከሆነከቃሙ በሁዋላ ወሲብ ፈፅመው ያውቃሉ?

1,አዎ  2,አላውቅም

228. ሺሻ ፤ ሃሺሽ፤ ማሪዋና እና የመሳሰሉት አደንዛዥ ዕቃዎችን የሚጠቀም / የምትጠቀም ጋደኛ አለህ/ሽ?

1,አዎ  2,የለኝም

229. ሺሻ ፤ ሃሺሽ፤ ማሪዋና እና የመሳሰሉት አደንዛዥ ዕቃዎችን ተጠቅመህ/ሽ ታውቃለህ/ሽ?

1,አዎ  2,አላውቅም

230. ለጥያቄ ቁ 229መልሶአዎ ከሆነ በምን ያህል ድግግሞሽ?

1,አልፎ አልፎ  2,በተደጋጋሚ

231. ለጥያቄ ቁ 229መልሶአዎ ከሆነ አደንዛዥ ዕቃዎችን ከተጠቀሙ በሁዋላ ወሲብ ፈፅመው ያውቃሉ?

1,አዎ  2, አላውቅም

232. ለፍትወት የሚያነሳሱ ፊልሞችን (Pornographic Films) የሚያይ / ታይ ጋደኛ አለህ/አለሽ?

1,አዎ  2,የለኝም

233. ለፍትወት የሚያነሳሱ ፊልሞችን (Pornographic Films) ታያለህ / ሽ?

1,አዎ  2, አላይም

234. ለጥያቄ ቁ 233 መልሶአዎ ከሆነ በምን ያህል ድግግሞሽ?

1,በሳምንት-አንዴ  2, በሳምንት ሁለቱ  3, በወር አንዴ  4,አልፎ አልፎ

235. ለጥያቄ ቁ 233 መልሶአዎ ከሆነ ለፍትወት የሚያነሳሱ ፊልሞችን (Pornographic Films) ካዩ በሁዋላ ወሲብ ፈፅመው ያውቃሉ ?

1,አዎ  2, አላውቅም

**❖ ክፍል ሶስት: የበተሰብ ክትትል እና አስተዳደግ**

301. ቤተሰብህ/ሽ ወይም አሳዳጊህ/ሽ ግልፅ የሆነ የቤተሰብ መመሪያ አላቸው?

1,አዎ  2,የላቸውም

302. ቤተሰብህ/ሽ ቤት በማትሆንበት/ኒበት ሰዓት የት እንዳለህ/ሽ ያውቃሉ?

1,አዎ  2, አያውቁም

303. ቤተሰብህ/ሽ ጋደኞችህን/ሽን ሁሉ ያውቃሉ?

1,አዎ  2, አያውቁም

304. የትም ለመሄድ ቤተሰብህ/ሽን ወይም አሳዳጊህ/ሽን ፈቃድ ትጠይቃለህ/ቃለሽ?

1,አዎ  2,አልጠይቅም

305. ቤተሰብህ/ሽ በማታ ከጋደኞችህ/ሽ ጋር እንድታሳልፍ/ፊ ይፈቅዱልሃል/ሻል?

1, አዎ  2,አይፈቅዱም

306.ቤተሰብህ/ሽ ወይም አሳዳጊህ/ሽ የወንድ/የሴት ጋደኛ ቢኖርህ/ሽ ይደግፉሃል/ሻል?

1,አዎ  2,አይደግፉም

307. ቤተሰብህ/ሽ የግብረሰጋ ግኑኝነት ብታደርግ/ጊ ችግር የለውም ብለውያምናሉ?

1,አዎ  2,አያምኑም

308. ቤተሰብህ/ሽ ወይም አሳዳጊህ/ሽ የአስተዳደግ ስርዓት ምን አይነት ነው?

1,ፈላጭቆራጭ  2,ነፃ አድርጎ የሚያሳድጉ  3,ቸል አድርጎ የሚያሳድጉ

309. ከቤተሰብህ / ሽ ወይም አሳዳጊህ/ሽ ጋር ስለወሲብ ፤ስለ የታዊ ጉዳይ ውይይት እና በሚያስከትሉት ላይ ወይይት ታደርጋለህ ሽ?


1, አዎ  2, አላደርግም

**Focus group discussion (FGD) Participant Record.**

**Group -----, Participants list on focus group discussion at Addis Ketema secondary and preparatory school.**

<b>Participants</b>	<b>Sex</b>	<b>Age</b>	<b>Grade</b>
P1			
P2			
P3			
P4			
P5			
P6			
P7			

**Whereas**

 P1, P2 --- P6 are the participants for the discussion purpose.