

Assessment of current sexual activity and risky sexual
behavior for HIV/AIDS infection among Butajira High
School students, Gurage Zone, SNNPR, Ethiopia

BY:

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List of Acronyms

AAU	Addis Ababa University
AIDS	Acquired Immuno-deficiency Syndrome
AOR	Adjusted Odds Ratio
CDC	Center for Disease Control and Prevention
CI	Confidence interval
COR	Crud Odds Ratio
CSA	Central Statistical Agency
CSWs	Commercial Sex Workers
EDHS	Ethiopian Demographic and Health Survey
FGD	Focus Group Discussion
HIV	Human Immuno-deficiency Virus
IEC	Information Education Communication
MOH	Ministry of Health
OR	Odds ratio
SPSS	Statistical Package for Social Sciences
STDs	Sexually Transmitted Diseases
STIs	Sexually Transmitted infections
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

Abstract

Background: Acquired Immuno Deficiency Syndrome (AIDS) has become the current major public health problem in the developed and developing countries. The epidemic is one of the greatest challenges ever to Global well-being. Adolescents/Youths' are among the highly affected segments of the population and their sexual behavior threatens the physical, psychological and social health of this group. Despite the level of knowledge considerable proportions of youth are at risk of HIV infection. Hence, assessment of sexual behavior among this vulnerable group is essential.

Objectives: To assess the current sexual activity and risky sexual behavior for HIV infection among high school adolescents.

Methods: A cross- Sectional descriptive survey was carried out among high school students in Butajira town, Meskan woreda, Gurage Zone. Data was collected by pre- tested self administered questionnaire. To complement the findings, a qualitative study was also conducted.

Result: A total of 422 adolescents with a response rate of 96% for the quantitative and 36 discussants for the qualitative part participated in the study. Almost close to one third (29.13%) of the students was found to be currently sexually active. Among the currently sexually active respondents, 36.44% and 10.0% admitted practicing sex with multiple sexual partners and commercial sex workers respectively. Making sexual intercourse was positively associated with sex (being male) (AOR (95% CI) = 2.68(1.49, 4.80)), pocket money (AOR (95% CI) = 2.30(1.02, 5.16)) and family income of greater than 500birr per month (AOR (95% CI) = 0.57(0.35, 0.95)). Whereas practicing sex with multiple partner was associated with alcohol drinking [AOR (95% CI) = 0.20(0.05, 0.73)], and chewing khat 4.00(1.38, 11.53)].

Conclusion and recommendation: Considerable proportion of school adolescents engage in risky sexual behavior. The finding also indicates that although they are knowledgeable about HIV/AIDS, many do not practice what they know. Therefore, urgent health education program that aimed at bringing behavioral change of adolescents should be planned and implemented.

1. Introduction

Acquired immune deficiency syndrome (AIDS) has grown into a global pandemic. An estimated 33.0 million [30.3 – 36.1 million] people are currently living with HIV/AIDS and close to 2 million [1.8 – 2.3 million] people were newly infected with the virus in 2007. Two thirds (67%) of the global total of people with HIV live in sub-Saharan Africa, and three quarters (75%) of all AIDS deaths in 2007 occurred there (1).

Ethiopia is among the highly HIV/AIDS affected countries in the world with an estimated 977,394 million people living with HIV/AIDS at the end of 2007. The HIV/AIDS situation in Ethiopia has evolved from two reported AIDS cases in 1986 to 125,528 new HIV infections and 71,902 deaths by the year of 2007 (2).

Risky sexual activity among adolescents has resulted in HIV/AIDS, which pose serious medical complication. Besides this it also causes economic, psychological and social problems which are so grave for adolescents (3).

The trend in sexual activity of adolescents at younger age is increasing in alarming rate in the world. In many countries, the majority of young people are sexually active before age of 20 and premarital sex is common among 15-19 years old. In most sub-Saharan African countries, more than 70% of young women become sexually active during adolescence period. Males engage in sexual activity younger than females and the age at first sexual intercourse in sub-Saharan Africa ranges from 16-17.6 years. (4).

A study done in Dessie by Abdul Hakim (2008) indicated that 55% of participants are sexually active and almost 40% committed causal sex. Thirty four percent had more than one sexual partner during the three months prior to the survey. Sexually active males reported an average of 1.3 life time partners, where as females reported 1.6(5).

The above evidences show that adolescents are practicing risky sexual behavior under the influence of different factors. Adolescent have to be free from risky sexual behavior and related consequences because the demographic prospects of the future depend on the reproductive behavior and health of the young people. Since, no data are yet available on adolescents' risky sexual behavior in the study area, it is imperative to assess risky sexual behavior for HIV infection among Butajira high school students. Therefore, the finding of this study will contribute to gain a deeper insight on sexual behavior of adolescents and suggest appropriate intervention.

2. Literature Review

2.1. Risky sexual behavior

Risk arises from individuals engaging in risk-taking behavior for a variety of reasons like lack of information on HIV, being unable to negotiate safer sex, think that HIV/AIDS affects different social strata than their own, or may not have access to condoms (6).

Some studies on HIV risk behavior showed that, despite adequate knowledge about HIV/AIDS, higher proportion of people especially youth continue themselves in high-risk behaviors. The risky behaviors known to place individual at risk for HIV infection is having multiple sexual partners are probably the key concern in much of the sub-Saharan Africa (7).

Sexual intercourse between men and women is responsible for over 70% of all HIV infection worldwide (8). Heterosexual intercourse remains the epidemic's driving force in sub-Saharan Africa which is estimated to account for 93% of all adult cases, followed by vertical transmission and blood transfusions (9).

In Ethiopia, there are four transmission mechanisms: heterosexual contacts, prenatal transmission, blood transfusion, illegal injection and harmful traditional practices. About 90% of new infections are due to the practice of multiple partner sexual contact (10, 11).

A study conducted in USA (2007) showed that, 48% of high school students had ever had sexual intercourse, and 15% of high school students had had four or more sex partners during their life. Thirty nine percent (39%) of sexually active high school students did not use a condom during last sexual intercourse (12) and an estimated 5,259 young people aged 13-24 in the 33 states reporting to CDC were diagnosed with HIV/AIDS, representing about 14% of the persons diagnosed that year (13).

Another study done on black American teens indicates, 78% (123 of 158) of teens reported that they had engaged in vaginal intercourse at least once. Of those teens that had become sexually active, 57% reported that their first consenting experience with sexual intercourse was at age 14 or younger. Sixty-one percent of sexually active teens (75 of 123) reported having one sexual partner in the past 60 days, and 20% (24 of 123) reported having two or more sexual partners in the past 60 days. When asked about frequency of condom use, 17% (21 of 123) of teens who were currently sexually active reported that they used condoms less than half of the times they engaged in sexual activity, and 11% (14 of 123) reported that they never used condom (14).

From study done in Kenya, findings indicate a strong positive association between perceived risk of HIV/AIDS and risky sexual behavior for both women and men. Sexual exposure and knowledge factors such as age, marital status, education, work status, residence, ethnicity, source of AIDS information, specific knowledge of AIDS, and condom use to avoid AIDS did not change the direction of the association, but altered its strength slightly (15).

Findings in Uganda reveal that, regardless of their current sexual behavior, most female adolescents feel at great risk of HIV infection. The findings also showed that adolescents with broken marriages are much more vulnerable to high risk sexual behaviors than other categories of adolescents. These results further emphasize the need for a holistic approach in addressing the social, economic and contextual factors that continue to put many adolescents at risk of HIV (16). Another Finding in Uganda reveal that, 14% of both men and women aged 15–24 reported they had had sex before age 15, and 63% of women and 47% of young men had had sex before the age of 18. Among women who had sex in the last 12 months, 7.6% (15–19) and 3.8% (20–24) years had 2 or more sexual partners (17).

Different studies in Uganda show that, the trend in persons reporting non-regular and for multiple sexual partners is declining (18). However, in Ethiopia recent study conducted in Alleta Wondo depicted that, almost half (48.9%) of the sexually active students reported that they have sexual intercourse with two or more partners. The mean number of partners was (2.0 + 1.3). Out of the sexually active respondents, 28% male respondents reported of experiencing sex with female commercial sex workers in the past. Of those who are sexually active, the first sexual partner includes student friend 52% (19).

2.2. HIV/AIDS knowledge, perception and prevention (Condom use)

Changing the behavior of individual and community remain the only effective means of preventing the acquisition and spread of HIV/AIDS infection. Probably the best action against the spread of the epidemic at the moment is widespread public education to encourage the adoption of risk reducing behavior. Since individual behavior is responsible for most of the transmission of AIDS, active participation of both infected and uninfected person in changing their behavior is required in order to break the chain of transmission (20, 21).

A national study of the Centers for Disease Control found that almost 66% of male students and more than 50% of female students became sexually active before reaching age 17; of the sexually active, only 25% of males and 47% of females reported using condom (22).

A study done in Nigeria shows, 29% of the adolescents were sexually active. 91.2% considered HIV/AIDS a serious health problem. Ninety-two percent (92.6%) reported sticking to one uninfected partner as a means of prevention and 88% reported use of condom as preventive measure. However, only 16.6% of the total respondents claimed to have used condom with their partners within the last 3 months. Although they are knowledgeable about HIV/AIDS, many do not practice what they know (23).

In Madagascar, approximately 80% of the adolescent participants reported sexual experiences. Only 5.7% reported consistent condom use. Common reasons for non-use were steady relationships (75.6%), the perception that condoms were useful only during ovulation periods (8.7%), and the decrease of pleasure (6.4%) (24).

The rate of condom use in Africa is still low. A study done in Tanzania has shown that only 20% of the men and 3% of the women ever used condom, again the use was not reported as regular. However, in Ethiopia a recent study conducted in Alleta Wondo indicates, among the sexually active respondents, 64.1% did not use condom, 23.9% claimed that they had consistent condom use and 12% were used sometimes in the last 12 months. The reason for non-use of condoms were lack of information 28.7%, decrease sexual pleasure 26.1%, peer influence/pressure 18.3%, fear to buy and 15.7% condom unavailable. Comprehensive knowledge for broth prevention and transmission of HIV/AIDS was very low 31.6% and 28.4% respectively (19).

All studies conducted up to now have verified that adolescent/youths do not practice safe sex. This existing reality point out the need for research and gives us an insight to direct our efforts towards helping them to exercise safe sex.

3. Objectives of the study

3.1 General objective

- To assess current sexual activity and risky sexual behaviors for HIV/AIDS infection of high school students in Butajira town.

3.2 Specific objectives

- To describe the current sexual activity of high school students in Butajira town.
- To assess the magnitude of risky sexual behaviors for HIV/AIDS infection of high school students in Butajira town.
- To identify factors associated with risky sexual behaviors of high school students in Butajira town.

4. Methodology

4.1 Study area

Gurage Zone is one of 13 Zones in South Nations Nationalities' Peoples' Regional State (SNNPR). The capital of the region, Awassa, is located 275 kilometers south of Addis Ababa, and is the main administrative city of the SNNPR state. Butajira is one of the towns in Gurage zone in which this study will be carried out, which is 136 kms away from Addis Ababa. As of 2008/9G.C., there were about 33, 393(male 16912 and female 16481) people living in the town. According to education profile of Butajira in 2009, a total of 5650 (2144 girls and 3506 boys) are enrolled in secondary level education. In the town there are three kindergartens, one primary, one secondary and preparatory school. In 2009/10 academic year, a total of 1352 are enrolled in Grades 11 & 12. There are a total of 12 health institutions in the town, of which there is one government hospital, 1 government health centre and clinic, 9 private clinic, 3 government pharmacy and 2 private pharmacy, and 2 health posts (25).

4.2 Study design

The study design was descriptive cross-sectional quantitative study supplemented by qualitative methods, Focused Group Discussion (FGD).

4.3 Study population

All grade 11 & 12 preparatory school adolescents/youth in Butajira town administration in the academic year of 2009/10G.C. was the study population.

Inclusion criteria: Those aged 15-24 years, who are attending grade 11-12th at day time during the data collection period, were included.

Exclusion criteria: Those who filled per-test questionnaire and those who are married were excluded from the study.

4.4 Sample size determination

The minimum sample size required for the study was calculated using a formula for a single population proportion, assuming 50% of the study population is knowledgeable about HIV/AIDS or prevalence of condom use.

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

Where, n= sample size

d^2

Z $\alpha/2$ = Critical value=1.96

P= Prevalence of risk sexual behavior

d= precisión (marginal error) =0.05

$$n = \frac{(1.96)^2 (0.5*0.5)}{(0.05)^2} = 384$$

Thus by adding 10% for possible non-response, a total sample size of **422** was obtained.

4.5 Sampling procedure

4.5.1 Quantitative

Based on grade levels, stratified sampling method was carried out for the selection of the required sample. Grade levels were stratified in to two strata, grade 11 and grade 12. The allocation of sample size for each grade level was made by sampling with probability proportional to size of the number of students. As to the sampling frame the list of grade 11 and grade 12 students was taken from the school. To attain the desired sample size, school adolescents of both sexes were randomly selected (by simple random sampling) from both grade levels by using a lottery method. Accordingly, 422 school adolescents from grades 11 and 12 (from a total 1352) were selected to participate in the study.

4.5.2 Qualitative

The qualitative method was designed to complement the quantitative data. A focused group discussion was conducted among purposely selected students. A total of four FGD was conducted and a range of eight to ten discussants were participated in each FGD.

4.6 Data collection procedures

4.6.1 Quantitative data

The data collection tool was self-administered, structured and close-ended questionnaire. Questionnaires that address the objectives of the study under investigation were developed by reviewing of relevant literatures and adapted from previous behavioral related studies that have standard questions. The questionnaire was initially prepared in English and then translated in to Amharic.

4.6.2 Qualitative data

In order to supplement the quantitative data, qualitative data was collected through focus group discussions (FGD). A total of four focus group discussion was conducted among purposively selected students. A total of eight discussants were participated in each FGD. A semi-structured open ended discussion guide was used to facilitate the discussion and all discussions were moderated by the principal investigator. Every discussion was recorded by tape or video recorder.

4.6.3 Data Collectors and Supervisors.

Four data collectors & one supervisor, all with previous experience were recruited. Training was given for two days by principal investigator to make them familiar with data collection tools. Data collectors were assisted when ever they are in need by supervisor that was assigned from the school. The training includes briefing on the objective of the study, discussing the content of the questionnaire one by one and more importantly how to keep confidentiality and privacy.

4.7 Operational definitions

Risky sexual behavior:-refers to behavior engaging in unprotected sexual activity with more than one sexual partner, which put them at risk of contraction HIV/AIDS and other STDs, unwanted pregnancies and illegal abortions that all pose serious health, social and psychological trauma.

Sexual behavior:-all those activities that produce sexual excitation and inter personal activities such as kissing, touching, sexual intercourse.

Adolescent: - those in the age group 10-19 consider as a time of adolescent.

High School: - those schools that have grade levels 9 through 12.

Preparatory school: - those schools that have grade level 11 and 12.

Youth: - WHO (2004) defines a woman or man with the age of 15-24 years.

Young people: - those in the age group 10-24 years

Premarital sex: - engaging in heterosexual vaginal penetration before marriage.

First sexual intercourse: - heterosexual vaginal penetration for the first time.

Commercial sex workers: - women who sell sex for money or other gift.

Multiple sexual partners: - having more than one sexual partner.

Casual partner: - any partner other than marital.

Currently sexually active: - a person engaged in penetrative sexual intercourse with an individual other than marital partner.

4.8 Data entry and analysis

After data collection of the quantitative data, responses were checked for their completeness and edited accordingly. The data was entered and analyzed by SPSS version 11 computer software package. Data editing and cleaning were carried out. Analysis of frequencies of different variables was done. Patterns of sexual activities were analyzed and odds ratios with their 95% confidence intervals were employed to determine the strength of association with the assessment of sexual activity, condom use and risk perception. To analyze the qualitative data obtained, FGD data was immediately transcribed and written in narrative form and was supplemented with notes taken during the interview. Finally, results were extracted and written into summary findings. The report from the qualitative method was triangulated to supplement the quantitative data results.

4.9 Study variables

4.9.1 Independent variables

- *Socio-demographic characteristics*: age, religion, marital status, educational status and income.
- *Non- sexual risk behavior*: use of alcohols and other substance use, peer influence, separation from family
- *Cognitive factors*: knowledge and attitude about HIV/AIDS, condom and VCT.

4.9.2 Dependent variables

- *Risky sexual behaviors*: Premarital sexual practice, having more than one sexual partner, practicing sex with commercial and/or casual partners.
- *Condom use*

4.10 Data quality assurance and management

To assure data quality, supervisors with previous experience of supervision was used and prior to the study training was given to the supervisors. Pre-testing of the questionnaire was carried out on 20 selected students. During the pre-testing, the questionnaire was assessed for its consistency, clarity, understandability, completeness, reliability, how much it answered the objectives of the study and the sensitivity of the subject matter assessed and modification was considered accordingly. The collected data was reviewed and checked for completeness and consistency by supervisors and principal investigator on daily bases at the spot during the data collection.

4.11 Ethical consideration

Ethical clearance was secured from the ethical review committee of School of Public Health (SPH) and Institutional review board (IRB) of Faculty of Medicine, Addis Ababa University. A letter of support from SPH was given to study area and Permission was obtained from the principals prior to data collection. After the selection of study subjects, objective of the study was clearly explained for the participants to get verbal consent. The researcher assured the participants that confidentiality will be maintained throughout the process of the study

4.12 Dissemination of results

The final result of the study will be submitted to the School of Public Health, Gurage zone Education Department, Butajira Town Education office and Butajira preparatory school. Presentation and publication of result will be carried out.

5. Result

5.1 Socio-demographic characteristics of the respondents

A total of 405 students completed the questionnaire. Seventeen respondents were excluded from the analysis for gross incompleteness and inconsistency of responses, making a response rate of 96%.

Out of the total 405 respondents, 287 (70.9%) were males. The mean age of the study group was found to be 18.41 + 1.23 SD years. Two hundred thirteen (52.6%) of the respondents were grade 12 and the remaining 192 (47.4%) were grade 11. The majority of respondents 327(80.7%) were Gurage by ethnicity and 197(48.6%) were Orthodox Christians. Two hundred eighty four (70.1%) and 121 (29.9%) were residing in urban and rural areas, respectively. One hundred fifty six (38.5%) students were living with both parents and 126(23.1%) received pocket money.

One hundred twenty three (30.4%) and 205 (50.6%) participants fathers and mothers were illiterate respectively (Table 1). Majority of participants' fathers were farmers 224(55.3%) and 202 (49.9%) of their mothers were housewife by occupation. One hundred twenty three (30.4%) of the fathers and 205(50.6%) of the mothers of respondents were illiterate (Table 2).

Table 1: Socio-demographic characteristics of high school students in Butajira Town, Gurage zone; June 2010 (n=405)

Variables	Number (n=405)	Percent (%)
Age		
15-19	334	82.5
20-24	71	17.5
Mean + SD	18.4 + 1.23	
Sex		
Male	287	70.9
Female	118	29.1
Educational status		
11th	192	47.4
12th	213	52.6
Religion		
Orthodox	197	48.6
Muslim	158	39
Protestant	40	9.9
Catholic	10	2.5
Ethnicity		
Gurage	327	80.7
Non-Gurage	78	19.3
Pocket money		
Yes	126	31.1
No	279	68.9
Residence		
Rural	121	29.9
Urban	284	70.1
Living arrangement		
With parents	156	38.5
With friends	133	32.8
Alone	116	28.5
Family Income		
<500 ETB	197	48.6
>500 ETB	208	51.4

NB Amhara, Sidama and Oromo**

Table 2: Parental characteristics of the respondents in Butajira Town, June 2010 (n=405).

Variables	Number (n=405)	Percent (%)
Fathers occupation		
Employed	164	40.5
Non-employed	17	4.2
Farmer	224	55.3
Mothers Occupation		
Employed	123	30.3
House wife	202	49.9
Farmer	80	19.8
Marital status		
Married/living together	348	85.9
Separated/divorced	57	14.1
Fathers educational status		
Illiterate	123	30.4
1-8th Grade	168	41.5
12th and above	114	28.1
Mothers educational status		
Illiterate	205	50.6
1-8th Grade	148	36.5
12th and above	52	12.9

5.2 Knowledge about HIV AIDS

Almost all 404 (99.8%) respondents have heard the name HIV/AIDS. Respondents stated more than one source of information. For those who heard of it, the main source of information was media 297 (73.33%), health professionals 266(65.68%), AIDS club 264 (65.2%), teachers 237(58.52%), friends 223 (55.06%), sex partner 187 (46.17%), and family 141(34.8%) (Figure 1).

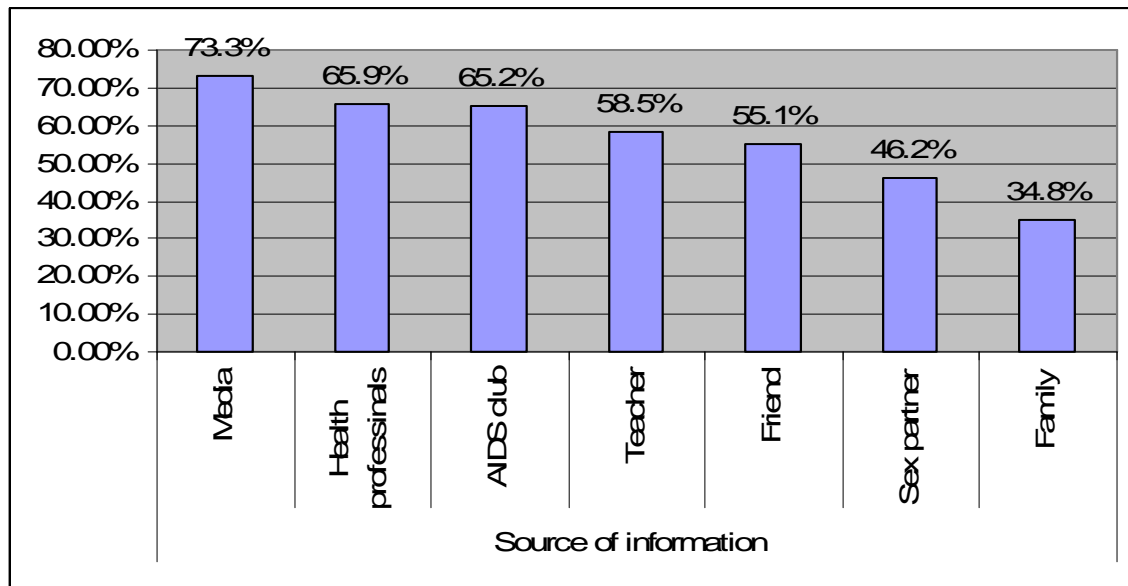


Figure 1: Source of information about HIV/AIDS among preparatory school students, Butajira; June 2010, (n=405).

The major ways of HIV/AIDS transmission as reported by respondents were having unprotected sex 403 (99.75%), unsafe injection 352 (86.9%), mother to child 319(78.77%), blood transfusion 287(70.86%) and kissing 9(2.2%) (Table 3).

For the preventive measures, 380 (93.83%) respondents reported that HIV/AIDS could be prevented by abstinence, 366(90.37%) by being faithful to one partner, 342 (84.44%) using condoms, and 82 (20.24%) avoid eating together with PLWHA were mentioned as means of preventing HIV/AIDS/STIs (Table 3).

Table 3: Common mode of transmission and prevention about HIV/AIDS among preparatory school students, Butajira; June 2010, (n=405).

Variables	Number	Percent (%)
MOT of HIV/AIDS		
Unsafe sex	403	99.8
Unsafe injection	352	86.9
Mother to child	319	78.8
Blood transfusion	287	70.9
Kissing	9	2.2
Prevention		
Abstain from sex	380	93.8
Be faithful	366	90.4
Condom use	342	84.4
Avoiding eating together	82	20.2

Among the total of 405 study population, 376 (92.84%) said that healthy looking people could transmit HIV. Among the total of 404, those who heard about HIV/AIDS, only 187 (46.3%) reported that they discussed about HIV/AIDS with partner/ family members.

Among those who heard about HIV/AIDS, 377(93.3%) knew about HIV test, and 192(47.5%) were willing to undergo for future. And those who did not want to have VCT, the reported reasons were fear of the result 80(19.8%), I know my self 43 (10.6%), fear of stigma 29 (7.2%), and 12(2.9%) said that they have no idea.

Regarding knowledge about STIs other than HIV/AIDS, from the total study population 367(90.6%) gonorrhea, 330(81.5%) Chancroid,318(78.5%) syphilis and 210(51.8%) genital warts. (Table 4)

Table 4: Awareness about HIV carrier state, VCT and STDs reported by respondents in Butajira town, June 2010.

Variables	Number	Percent (%)
Knew about		
Carrier state of HIV	376	92.8
VCT	377	93.1
Willing to take VCT	192	47.4
Reason for unwillingness		
Fear of result	80	19.8
I know my self	43	10.6
Fear of stigma and discrimination	29	7.2
No service	18	4.5
I have no idea	12	2.9
Knew about other STD		
Gonorrhoea	367	90.6
Chancroid	330	81.5
Syphilis	318	78.5
Genital warts	210	51.8

5.3 Sexual History of the study population

Out of the 405 student respondents, 118 were sexually active in the past, of which 99 (83.9%) were boys and 19(16.1%) were girls. For male the mean age at first sexual intercourse was (16.06 ± 1.10) and for females it was (15.42 ± 2.06). More than half 12(63.16 %) of the sexually active girls had their first sex before the age of 15 years. Similarly, 32(32.32%) of sexually active boys had their first sex before the age of 15 years (Table 5).

Table 5: Sexual history among high school students by sex, Butajira Town, Gurage Zone; June 2010

Variables	Male (n=287) (%)	Female (n=118) (%)	Total (405) (%)
Ever practice sex			
Yes	99(34.5)	19(16.1)	118(29.1)
No	188(65.5)	99(83.9)	287(70.86)
Age at firstsex			
<15	32(32.3)	12(63.2)	44(37.3)
15-24	67(67.8)	7(36.8)	74(62.7)
Mean age + SD	16.06 + 1.10	15.42 + 2.06	
Life time sexual partner			
One person only	65(65.7)	10(52.6)	75(63.6)
With two or more	34(34.3)	9(47.4)	43(36.4)
12 Month sexual partner			
One person only	87(87.9)	13(68.4)	100(84.7)
With two or more	8(8.1)	4(21.1)	12(10.2)
With none	4(4.0)	2(10.5)	6(5.1)
3 month sexual partner			
Yes	57(57.6)	11(57.9)	68(57.6)
No	42(42.2)	8(42.1)	50(42.4)

Forty three (36.44%) of the sexually active students reported that they have sexual intercourse with two or more partners. The mean number of partners was (2.07 + 0.16). Out of the sexually active respondents, 12(10.0%) male respondents reported of experiencing sex with female commercial sex workers in the past. Of those who are sexually active, the first sexual partner includes student friend 101(84.2%), merchant 5(4.2%) and others 2(1.7%) (Fig2).

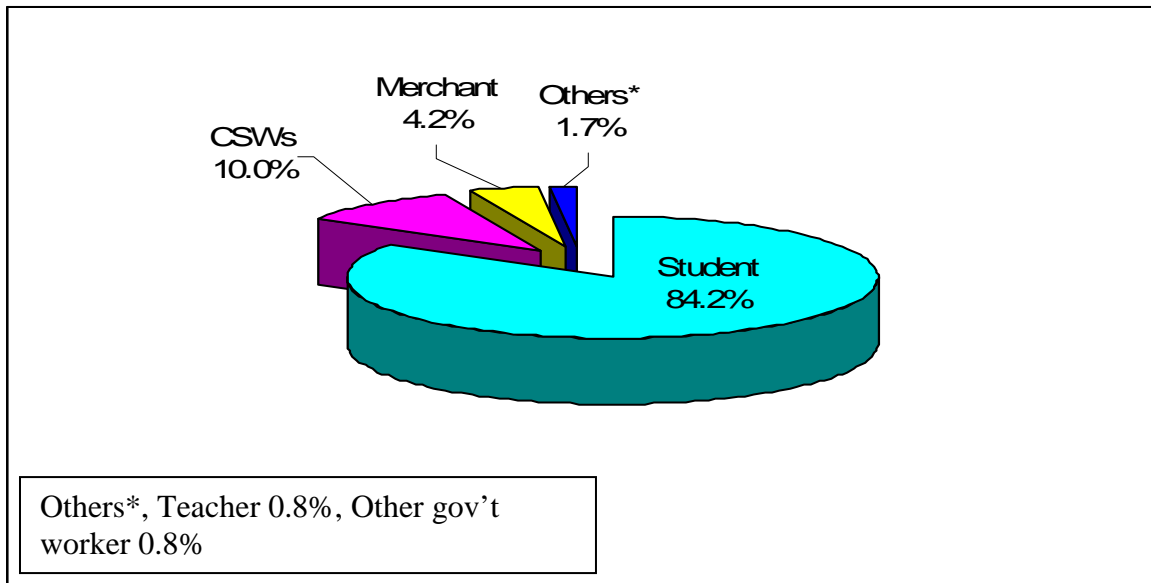


Fig 2: Relationship of the first sexual partner among school youth, Butajira, June 2010 (n= 118)

The main reasons for the first sexual initiation among boys includes to prove love of boy/ girl friend 11(57.89 %), peer pressure 3(15.79%), carried away by passion and to prove normality both 2(10.53), raped/ forced by partners 1 (5.26%)(Figure 3).

Factors that led the respondents to have sexual acts were peer pressure 78 (66.1%), alcohol/ Khat use 27 (22.88%), being alone/ away from family 11 (9.32%) and forced 2(1.7%) (Figure 4).

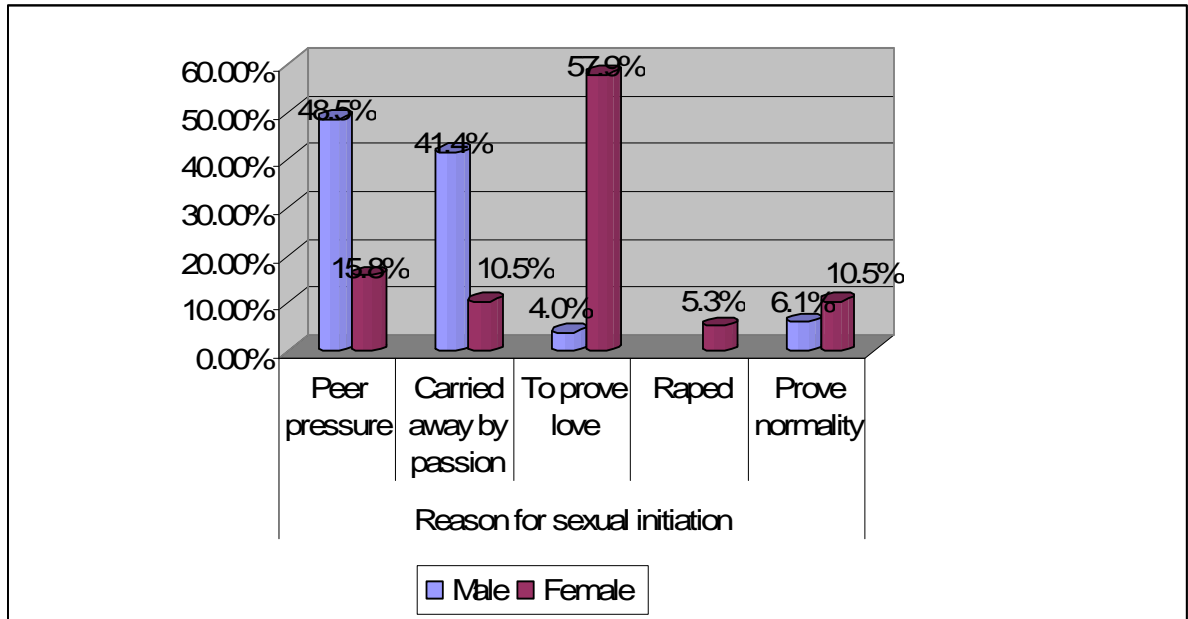


Figure 3: Reasons to have first sexual initiation among male and female students, Butajira Town, June 2010, (male n= 99, female n=19)

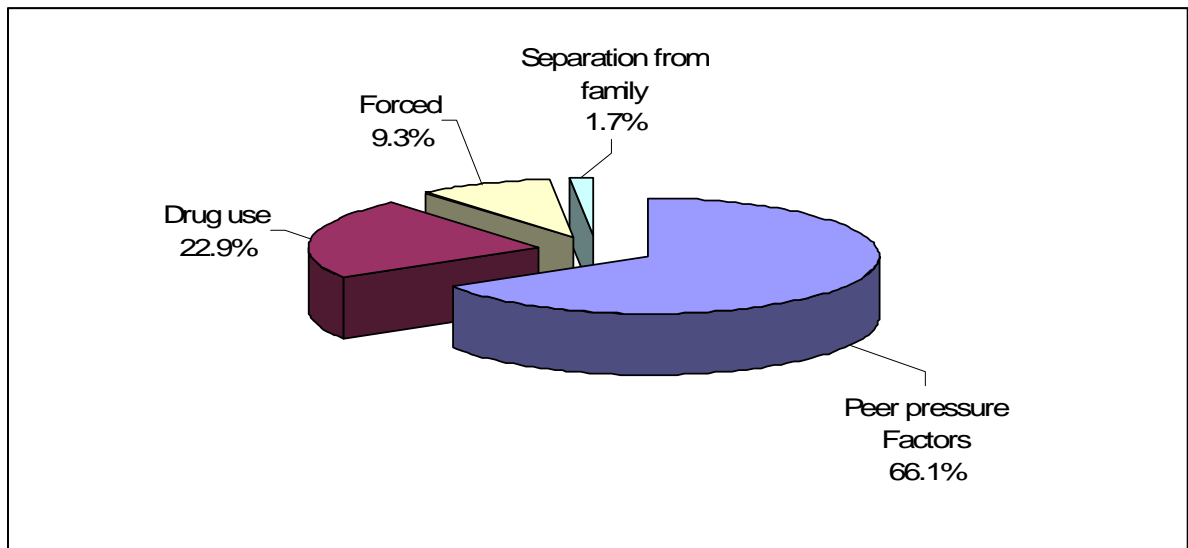


Figure 4: Factors that led preparatory school students to have sex, Butajira, June 2010, (n= 118)

Socio-demographic correlates of sexual behavior

Generally, being male, having pocket money and students with > 500 birr monthly family income show significant difference ($P < 0.05$) in ever had sex. The likelihood of becoming sexually active was higher among males than among females, and the association is high after adjusting for possible confounders (AOR=2.68; 95% CI; 1.49, 4.80).

The odds of becoming sexually active was higher among students who have a family income greater than 500 birr and have pocket money than students with lower family income and don't have pocket money, and the association for both persisted after adjusting for other variables (AOR= 0.57; 95% CI; 0.35, 0.95 and AOR= 1.81; 95% CI; 1.13, 2.90) respectively.

Though those who were in the age group of 20-24 were sexually active than those who were in the age group of 15-19 to a significant level of association, after adjusting using other variables the association was disappeared. There was no difference in sexual activeness by difference in living arrangement, residence, educational status, and parental marital status, (Table 6).

Table 6: Relationship between selected socio-demographic variables and sexual behavior of school students, Butajira Town, Gurage Zone; June 2010.

Variable	Ever had sex		OR(95% CI)	
	Yes	No	Crude	Adjusted
Age				
15-19	90	244	1.00	1.00
20-24	28	43	0.57(0.33, 0.97)	-
Sex				
Female	19	99	1.00	1.00
Male	99	188	2.74(1.57, 4.75)	2.68(1.49, 4.80)**
Educational status				
11th	57	156	1.00	1.00
12th	61	131	1.27(0.83, 1.96)	-
Pocket money				
No	66	213	1.00	1.00
Yes	52	74	2.27(1.45, 3.56)	1.81(1.13, 2.90)**
Residence				
Rural	90	194	1.00	1.00
Urban	28	93	0.65(0.40, 1.06)	-
Living arrangement				
With parfents	39	117	1.00	1.00
With friends	79	170	1.39(0.89, 2.19)	-
Family Income				
<500 ETB	47	150	1.00	1.00
>500 ETB	71	137	0.61(0.39, 0.93)	(0.57(0.35, 0.95)
Parents Marital status				
Living together	100	245	1.00	1.00
Divorced/separated	18	42	1.05(0.58, 1.91)	-

Chat chewing and drinking alcohols showed a statistically significant association with having multiple sexual partner AOR=4.00; 95% CI; 1.38, 11.53), (AOR=0.20; 95% CI; 0.05, 0.73) respectively. Although those who were in the age group of 20-24 practice sex with multiple sexual partner than those who were in the age group of 15-19 to a significant level of association, after adjusting for other variables the association disappeared. There was no difference in having multiple sexual partners by religion, educational status and pocket money (Table 7).

Table-7: Association of selected variables with sex with multiple sexual partners among Butajira high school students, Gurage zone, June 2010

Variable	Multiple sexual partner		OR(95% CI)	
	Yes	No	Crude	Adjusted
Age				
15-19	61	27	1.00	1.00
20-24	14	16	2.58(1.11, 6.03)	0.62(0.23, 1.67)
Religion				
Muslim	29	19	1.00	1.00
Christian	46	24	0.80(0.37, 1.70)	-
Educational status				
11th	36	17	1.00	1.00
12th	39	26	1.41(0.66, 3.02)	-
Pocket money				
No	45	29	1.00	1.00
Yes	30	15	1.24(0.57, 2.71)	-
Chat chewing				
No	27	64	1.00	1.00
Yes	18	9	4.74(1.91, 11.71)	4.00(1.38, 11.53)**
Alcohol drinking				
No	4	69	1.00	1.00
Yes	13	32	0.14(0.04, 0.44)	0.20(0.05, 0.73)**

Self HIV/AIDS perception showed a statistically significant association with condom use [AOR (95% CI) = 4.40(1.53, 12.66)]. Male students were more likely to perceive themselves at risk of getting HIV/AIDS than females [AOR (95% CI) = 0.26(0.08, 0.90)] (Table 8)

Table 8: Association of selected variables with self HIV/AIDS risk perception among Butajira high school students, Gurage zone, June 2010.

Variable	Self risk perception		OR(95% CI)	
	Yes	No	Crude	Adjusted
Age				
15-19	81	253	1.00	1.00
20-24	25	46	0.59(0.34, 1.02)	-
Sex				
Female	16	102	1.00	1.00
Male	90	197	0.34(0.19, 0.62)	0.26(0.08, 0.90)**
Educational status				
11th	57	156	1.00	1.00
12th	49	143	1.07(0.68, 0.89)	-
Ever had sex				
No	27	260	1.00	1.00
Yes	79	39	0.51(0.30, 0.89)	1.31(0.12, 14.02)
Condom use				
No	9	16	1.00	1.00
Yes	69	24	5.11(2.0, 13.08)	4.40(1.53, 12.66)**
Chat chewing				
No	59	30	1.00	1.00
Yes	22	6	0.54(0.20, 1.46)	-
Alcohol drinking				
No	65	33	1.00	1.00
Yes	15	3	0.39(0.12, 1.46)	-

5.4 Condom Use

Source of information of condom

Respondents were able to cite diverse source of information about condoms including Teachers 239(59.0%), friends 220(54.32%), family 144(35.55%), mass media 351(86.66%), health professionals 262(64.70%), and their sex partner 184(45.43%).

Table 9: Source of information about condom among preparatory school youth, Butajira, June 2010 (n=405)

Variables	Frequency	Percent (%)
Media	351	86.7
Health professionals	262	64.7
Teacher	239	59
Friends	220	54.3
Sex partner	184	45.4
Family	144	35.5

Among the sexually active respondents, 26 (22.3%) had ever used condoms. More than half 17(65.38%) of the sexually active respondents claimed that they had consistent condom use and 7(34.72%) were used sometimes (Table 9).

The reason for non-use of condoms were fear to buy 51 (43.22%), lack of information 20(16.95%), carelessness 16(13.56%), peer influence/pressure 15(12.71%), religious prohibition 10 (8.47%) and decrease sexual pleasure 9(7.63 %) (Figure 5).

Table 10: Condom use among sexually active preparatory school youth, Butajira Town, Gurage Zone; June 2010 (n=118)

Variables	Male (n=99) (%)	Female (19) (%)	Total (n=118) (%)
Condom use			
Yes	23(23.2)	3(15.8)	26(22.0)
No	76(76.8)	16(84.2)	92(78.0)
Frequency of use			
Always	16(69.6)	16(69.6)	17(65.4)
Sometimes	7(30.4)	7(30.4)	9(34.6)

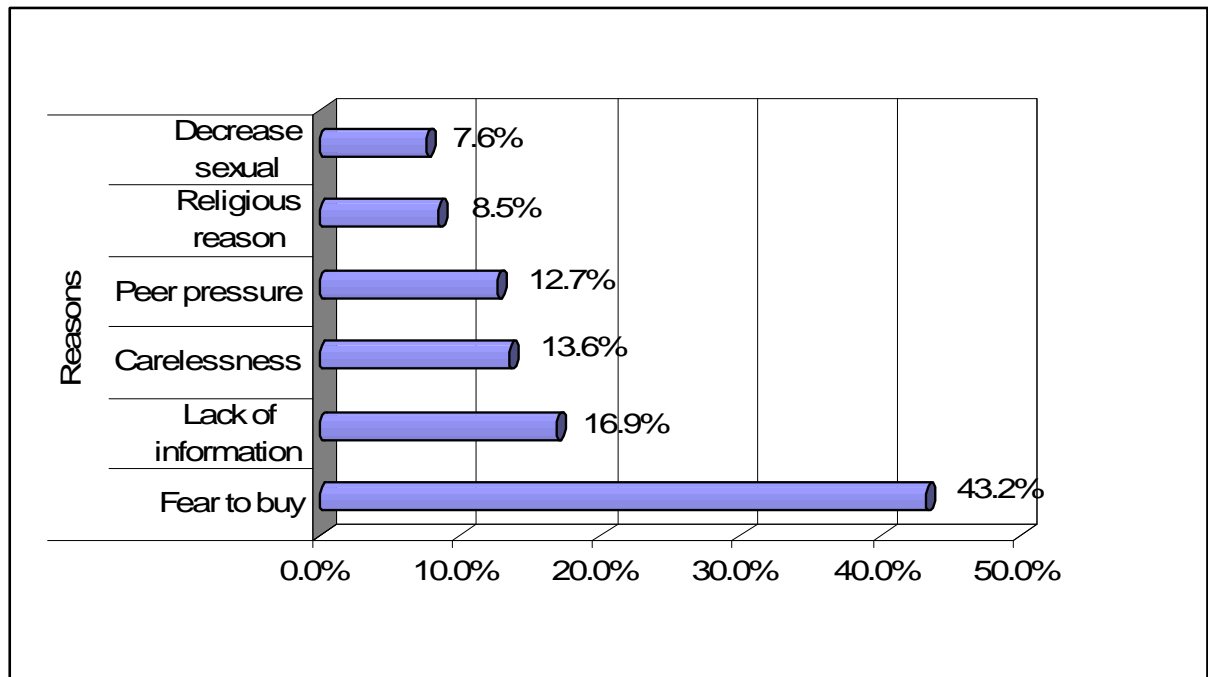


Figure 5: Reasons for not using condom among preparatory school youth, Butajira; June 2010 (n=118)

Factors for condom use

Students who identified themselves at no risk for HIV/AIDS were found to use condoms to a greater extent than those who perceived themselves at risk of HIV (AOR=0.21; 95% CI: 0.73, 0.61). However, there was no difference in condom use by difference in age, sex, educational status, residence, alcohol drinking, chat, knowledge on transmission and number of sexual partners (Table 11).

Table-11: Association of selected variables with consistent condom use among Butajira high school students, Gurage Zone, June 2010.

Variable	Condom use		OR(95% CI)	
	Yes	No	Crude	Adjusted
Age				
15-19	15	74	1.00	1.00
20-24	7	22	0.64(0.23, 1.76)	-
Sex				
Male	19	80	0.79(0.21, 2.99)	-
Female	3	16	1.00	1.00
Educational status				
11th	8	50	1.00	1.00
12th	14	46	0.53(0.20, 1.37)	-
Residence				
Rural	5	24	1.00	1.00
Urban	17	72		
Alcohol drinking				
No	21	79	1.00	1.00
Yes	2	15	1.99(0.42, 9.38)	-
Chat chewing				
Yes	6	21	1.00	1.00
No	17	74	1.24(0.44, 3.55)	-
Knowledge on HIV transmission				
Not knowledgeable	1	3	1.00	1.00
Knowledgeable	24	90	1.25(0.12, 12.50)	-
No of sexual partner				
One	15	55	0.97(0.39, 2.38)	-
More than one	10	38	1.00	1.00
Self risk perception				
Yes	9	69	1.00	1.00
No	16	24	0.20(0.08, 0.50)	0.21(0.73, 0.61)**

Summary of qualitative result

A total of 4 Focus Group Discussions (FGDs) were made among purposively selected grade 11 and 12 students. Discussion mainly focusing each of the following points was made.

- Awareness and knowledge about HIV/AIDS
- The type of sexual relation (risky sexual behavior)
- Factors that initiate or influence their sexual desire
- HIV/AIDS prevention

Knowledge about HIV/AIDS and its impact

All the FGDs discussants and individual interviewees have had awareness of HIV/AIDS. Most of the discussants knew the impact of HIV/AIDS. The impacts stated by the discussants include social, economic and psychological impacts.

Participants were also able to mention the main mode of transmissions like: unsafe sexual practice, sharing sharps contaminated with HIV virus and mother to child transmissions. Most of the FGDs believed in that unprotected sex is the major way of HIV/AIDS transmission in the area.

“HIV/AIDS is one of the most dangerous disease which affects the countries development by killing adolescents, the productive force,” said one of grade 12 male student.

Result from FGD indicates that the age of first sexual debut was young and all of the discussants agree on this issue. They also indicated that the age of first sexual debut was younger in females than males.

FGDs results further explained that, the main reasons for earlier initiation of sexual intercourse were:

- Modernization (modern people are those who are not supporting the previous culture of the society)

- Lack of open discussion with parents about sexual issues
- Peer pressure
- Substance use like alcohol, chat, etc.
- Obtaining pocket money due migration of students from urban to town for education
- Separation from family

Factors that increase vulnerability of students to HIV infection.

Knowledge related factors, environmental and the use of drugs are among the most common factors stated by the students. The discussants agreed that:

- Separation from family and moving to urban areas for education and pocket money increases the risk of contracting HIV/AIDS.
- Another factors stated by discussants include the presence of local groceries, illegal video houses, peer pressure and presence of commercial sex workers.

“When you are alone, you have no one to fear rather friends motivate you, so that you can make what ever you want at your rented home with your friends including chewing chat, sex...” said one of grade 11 male student.

Regarding the current sexual practice, all of the discussants said students are practicing sex before reaching their intended goals. According to the FGD participants, there are sexual practices among the students and the main reasons for early sex are peer pressure, economic problems, being away from family, lack of adequate education on HIV/AIDS and its preventive methods.

“I have goals to achieve; I decided not to have sex before achieving my goals, even boy friend...” said one of female grade 12 student.

Knowledge about condom

All of the FGD heard of condom. Most of the discussants agreed that condom has advantages like prevention of unwanted pregnancy, prevention of HIV/AIDS and other sexual transmitted infections. Two of the discussants agreed that condom slippage or breakage may be there so that taking condom as an option for the prevention of HIV/AIDS is not good.

“I am not sure whether condom prevents HIV/AIDS or not because when you discuss about it with others some of them will say to you condom is not 100% effective so...” said one of grade 11 male student.

“Even if you have knowledge about condom, there are conditions that prevent you from using it like peer pressure, alcohol drinking... and some also said condom decreases sexual...” said one of grade 11 male student.

Preventive methods of HIV

The discussants agreed that the major preventive methods include:

- Consistent and appropriate use of condom.
- Abstain from sex before marriage and/or have premarital VCT.
- Be faith full to one partner and avoid multiple sexual relations.
- Avoid sharing sharps materials.

Knowledge about VCT

All of the FGD participants heard of VCT, but none of the undergone it before. Most of them agreed that VCT is one tool of reducing the risk of contracting HIV/AIDS. The reasons for not undertaking VCT reported by participants include fear of stigma and discrimination; I know my self and not having adequate knowledge.

6. Discussion

Most youths are sexually active and their sexually activity is associated with serious risks and complications of which they are unaware or seriously misinformed. They have to be free from risky sexual behavior and related consequences because the demographic prospects of the future depend on the reproductive behavior and health of the young people.

The basic demographic characteristic of the study population are not different from other similar preparatory school population. In this study the majority of the respondents 82.5% were in the age group 15 to 19 years and the rest were in the age group of 20-24 years, and 70.9% were males.

This study revealed that regardless of high knowledge level, fairly considerable proportions of adolescents engaged in risky sexual behavior, 118(29.14%). Significantly higher proportions of male adolescents (34.5%) commenced sex compared to females adolescents (16.1). This situation is however not unique to Ethiopia as many studies conducted particularly in countries where HIV is prevalent have shown that higher proportions of males than females engage in a risky behavior (26, 27, 28). This could partly be attributed to under reporting by females about their sexual behavior. Some other studies on HIV risk behavior showed that, despite adequate knowledge about HIV/AIDS, higher proportion of people especially youth continue themselves in high-risk behaviors (4)

The trends in sexual activity of adolescents at younger age are increasing in alarming rate in the world. In many countries, the majority of young people are sexually active before age of 20 and premarital sex is common among 15-19 years old (4). This study revealed that adolescent start sexual practice at early age. In this study, the mean age at first sexual intercourse for male and female was (16.06 ± 1.10) and (15.42 ± 2.06) respectively. Study done among high school students in Aletta Wendo town in the Southern part of Ethiopia by Telto Ando showed similar findings 16.1 ± 1.7 for males and 15.5 ± 1.6 for females (19). Similar other study conducted among school adolescents in Dessie town,

Amhara Regional State by Abdulhakim Hussien had indicated that the median age at first sex was 16-18 years (for males) and 13-15 years (for females) (5). Females were found to start sexual practice at early age than males. This suggests that adolescents begin sex at young age, which will predispose them to develop sexually transmitted infections including HIV/AIDS and hence carry the burden of its consequences.

The study revealed that, 43(36.44%) of the sexually active students reported that they have sexual intercourse with two or more partners. The mean number of partners was (2.07 + 0.16). The finding of study done in Aleta Wendo on school adolescents supports the finding of this study, 90 (48.9%) of the sexually active students reported that they have sexual intercourse with two or more partners. The mean number of partners was (2.0 + 1.3) (19). A study done in Dessie by Abdul Hakim (2008) indicated that 55% of participants are sexually active and almost 40% committed causal sex. Thirty four percent had more than one sexual partner during the three months prior to the survey. Sexually active males reported an average of 1.3 life time partners, where as females reported 1.6(5). This suggests that school youths are engaging in a risky behavior which predispose them for the development of sexually related problems specially STDs including HIV/AIDS and hence carry the burden of its outcome.

Drinking alcohols and chat chewing were found to be predisposing factors which push students to engage in risky sexual activity. Study done on adolescents in USA shows, students who reported more substance use also reported engaging in more risky sexual behaviors (13).

Worries about contracting HIV and self-perceived risk can serve as a motivation for adolescents to change behaviors that place them at risk to HIV. In this study from the total participants only 26.2% perceive them selves at risk of HIV/AIDS. In Uganda, the majority of adolescents - especially the females -across all age groups are very worried about the possibility of getting infected with HIV. On average about 62.5% of them expressed this opinion (16). The difference may be attributed to knowledge difference.

In this study about 29.14% of the respondents were sexually active prior to the study. Ninety percent (90.37%) reported sticking to one uninfected partner as a means of prevention and 84.44% reported use of condom as preventive measure. Only 22.3% of the total respondents claimed to have used condom with their partners. This shows that although they are knowledgeable about HIV/AIDS, many do not practice what they know. Behavioral science researchers agreed that, abstinence from sex before marriage and delay of sexual debut are among the important strategies that help to reduce spread of HIV, especially among the youths. A study done on sexual practice of adolescents in Nigeria shows 29% of the students was sexually active, 91.2% considered HIV/AIDS a serious health problem. Ninety-two percent (92.6%) reported sticking to one uninfected partner as a means of prevention and 88% reported use of condom as preventive measure. However, only 16.6% of the total respondents claimed to have used condom with their partners (23).

In this study almost all of the study participants know about condom. Among the sexually active respondents, 26 (22.3%) had ever used condoms, 23.23% males and 15.79% females. The reason for non-use of condoms were fear to buy 51 (43.22%), lack of information 20(16.95%), carelessness 16(13.56%), peer influence/pressure 15(12.71%), religious prohibition 10 (8.47%) and decrease sexual pleasure 9(7.63 %). This suggests that although they are knowledgeable about condom many of them don't use it because of different reason. A national study of the Centers for Disease Control found that almost 66% of male students and more than 50% of female students became sexually active before reaching age 17; of the sexually active, only 25% of males and 47% of females reported using condom (22).

In countries where HIV is highly prevalent, access to Voluntary HIV Counseling and Testing is of paramount importance primarily because it equips one with information and knowledge on actions that need to be taken to reduce vulnerability to the disease. This study depicted that among those who heard about HIV/AIDS, 377(93.3%) knew about HIV test, close to half 192(47.5%) were willing to undergo for future. And those who did not want to have VCT, the reported reasons were fear of the result 80(19.8%), I know my

self 43 (10.6%), fear of stigma 29 (7.2%), and 12(2.9%) said that they have no idea. Study done in Uganda on adolescents indicates that majority (68%) of adolescents– both males and females expressed desire to get tested. The difference may be because of difference in knowledge level.

7. Strength and Limitation of the study

Strength

- The quality of data was maintained by use of standard, pre-tested questionnaire.
- The use both quantitative and qualitative methods of data collection enable it to have better information.
- Since there is no similar study conducted in the area, it can contribute a lot as baseline information for future studies.

Limitation

- There may be possibility of under reporting because the study touches very sensitive and personal issues (Social desirability bias).
- The study includes only in-school adolescents.
- The study is cross-sectional, so it is impossible to determine the direction of association.
- There could be a possibility of recall biases during determination of event related to risky sexual behaviors occurring in the past

8. Conclusion

- The majority of respondents have high level of knowledge about HIV/AIDS, other sexually transmitted infections and condom use.
- In spite of high knowledge they have on HIV/AIDSs, considerable proportion of school adolescents engage in high-risk sexual activity.
- The age of first sexual debut was found to be young.
- Multiple sexual partners, sex with CSWs, sex without condoms were the identified risky sexual behaviors practiced by the School adolescents that can expose them to HIV/AIDSs.
- Most of the study subjects didn't think that they were at risk of acquiring HIV infection.
- Regardless of high knowledge on condom, the practice of condom use is low in the area.

9. Recommendations

- IEC programs should be put on comprehensive knowledge of reproductive health in order to encourage the youths to delay sex and negotiate condom use.
- Strengthening school anti AIDS club is needed for appropriate dissemination of information on HIV/AIDS transmission and prevention.
- Most of the sexually active adolescents do not use condom during sexual intercourse and the main reason was fear to buy. So making condom available to areas where student can easily gate is needed
- Sex and health education as an independent subject should be implemented in the school.

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Annex 1: English version questionnaire

ADDIS ABABA UNIVERSITY SCHOOL OF PUBLIC HEALTH

INFORMATION SHEET

My Name is _____. I am in the research team of Addis Ababa University, MF, SPH. The purpose of this study is to assess current sexual activity and risky sexual behavior for HIV/AIDS infection among high school youth to prevent themselves from HIV/AIDS. Since the outcome of this study is very important in determining future decision regarding high school students' health. We kindly request your genuine and entirely personal attitudes and experience on the various issues. We inform that a lot of personal areas will be addressed by the questionnaire. But all are important to the final recommendations; we would like to ask your cooperation to freely and openly give us your genuine responses. You have a full right to participate throughout, or to discontinue at any time, or never participate in the study.

Regarding confidentiality, the whole process of questionnaire administration is set up in such a way that utmost secrecy is maintained. Therefore please ***DONOT WRITE YOUR NAME OR ADDRESS ON ANY OF THE QUESTION PAGES.*** After you have completed the questionnaire you are required to put the questionnaire in the provided box by yourself. All this is to guarantee that nobody can be identified in any form whatever and assure complete confidentiality.

CONSENT FORM

Please make a (X) mark to show you commitment to participate in the study.

1. I have read and understood all instructions and confidentiality procedures and I

on my free will consent to participate-----

2. I have read the instructions but I am not willing to participate-----

ADDRESS OF PRINCIPAL INVESTIGATOR

Tel: 0911 55 15 92

Email: kiduslm@yahoo.com

Thank you for your consideration!!

Title: Assessment of current sexual activity and risky sexual behavior for HIV/AIDS infection among high school adolescents in Butajira town.

No.	Questions	Coding category	Skip to
100	I. Socio-demographic characteristics of respondents		
101	Age	In years.....	
102	Sex	1 Male 2 Female	
103	Current educational Status	1 11th grade 2 12th grade	
104	Religion	1 Orthodox 2 Catholic 3 Protestant 4 Islam 5 Other /specify	
105	Ethnic group	1 Gurage 2 Amhara 3 Sidama 4 Other/Specify/ _____	
106	Pocket money	1 Yes,birr 2 No pocket money	
107	Residence	1 Urban 2 Rural	
108	With whom do you live currently?	1 Alone 2 With family 3 With friends 4 Others specify-----	
108	What is your father's current occupation?	1 No occupation 2 Farmer 3 Employed in government sector 4 Employed in private sector 5 Have private business 6 Others (specify)-----	

109	What is your mother's current occupation?	1 House wife 2 Employed in government sector 3 Employed in private sector 4 Have private business 6 Others (specify)-----	
110	What is your parent's current marital status?	1 Married (living together) 2 Divorced/widowed/separated	
111	What is your perceived current parent's/relative income per month?	1 0-500 ETB 2 501-1000 ETB 3 >1000 ETB	
112	Your father's educational status?	1 Illiterate 2 Primary 3 Secondary and above	
113	Your mother's educational status	1 Illiterate 2 Primary 3 Secondary and above	
200	II. Knowledge about HIV/AIDS and attitude towards condoms use		
201	Have you heard about HIV/STI	1 Yes 2 No	
202	How HIV/AIDS is transmitted? (circle all possible answers)	1 Unsafe sex 2 Unsafe injection 3 Mother to child 4 Blood transfusion 5 Others specify	
203	Is there anything a person can do to prevent himself & his/her partner from getting the HIV/AIDS/?	1 Yes 2 No 88 Do not know	If 2&88 go to 205
204	If yes, for Q.203 circle all possible answers	1 Abstain from sex 2 Be faithful to one partner 3 Use condoms 4 Avoid eating together 5 Others specify-----	
205	Have you heard of condoms?	1 Yes(heard) 2 No(not heard)	

206	What is the use of condoms? Circle all the possible answers	1 Prevent HIV/STI 2 To avoid pregnancy 4 Others (specify)-----	
207	Would you like to use condom? (attitude Q,)	1 Yes, I would like to use it 2 Condom slip off easily 3 Liable to burst during sex 4 No, it diminishes sexual pleasure 5 Others (specify)-----	
208	Did you support 100% condom use program (No condoms- no sex)	1 Yes 2 No 99 No response	
209	Would you support sexually active students need always use condom?	1 Yes 2 No 99 No response	
300	III. personal risk perception of HIV/AIDS/STI		
301	Do you think that you are at risk of getting HIV or STI?	1 Yes 2 No 88 Do not know	If 2 go to 303& if 88 go to Q. 304
302	If yes, for Q. 301 why?	1 Had sexual contact with out condoms 2 Have more than one sexual partner 3 Had sex with CSW 4 Had unsafe injection 5 Others	
303	If the response is NO, for Q. 301 why?	1 I always use condoms 2 I never had sexual contact 3 Abstained from sexual intercourse 4 I am healthy no contact with PLWHA 5 Others specify----	
304	Do you know diseases that are transmitted sexually other than HIV/AIDS?	1 Yes 2 No 3 Do not know	

305	If yes what are they?	1 Gonorrhea 2 Syphilis 3 Chancroid 4 LGV 5 OtherSpecify-----	
306	Do you think condoms prevent HIV/STI?	1 Yes, definitely 2 No, not at all 88 I do not know/not sure	
307	Do you think high school students well informed about condoms?	1 Yes 2 No 88 Don't Know	
308	Do you think most high school students are well informed about HIV/AIDS?	1 Yes 2 No 88 I do not know	
309	Who do you think should possess Condoms?	1 Male students only 2 Female students only 3 Both sex 4 None should posses	
310	From where do you think high school students obtain most of their information about condoms?	1 From their teachers/school 2 From their friends 3 From their Parents 4 From mass media 5 From Health Professionals 6 From sexual partner 7 Other /specify/ _____	
311	From where do you think high school students obtain most of their information about AIDS?	1 From teachers/school 2 From their friends 3 From their parents 4 From sex partners 5 From Health Prof 6 From anti-AIDS club/ 7 From mass media 8 Others (specify)-----	

400	Sexual history, number, type of partners (risky behavior) & condoms use		
401	Have you ever had a sexual intercourse?	1 Yes 2 No	If no, Go to 419
402	How old were you when you had your first sexual intercourse?	1 Age in years----- 99 Don't remember	
403	Were you forced into having your first sexual intercourse?	1 Yes 2 No 88 I don't remember	
404	How many sexual partners did you have so far?	1 None 2 One 3 Two 4 Three and above 5 Hard to count	
405	What is your reason to initiate (first debut) sex?	1 To prove love of boy/girl friend 2 Raped/forced by partners 3 Peer pressure 4 Carried away by passion 5 To prove normality 6 Others(specify) -----	
406	What are the factors that led you to have sex? (precipitating factors)	1 Peer pressure 2 forced 3 Alcohol/ khat use 3 Being alone/away from family 4 Economic problem 5 Others(specify)----	
407	Do you have the habit of drinking alcohol?	1 Yes 2 No	If No
408	Do you have the habit of chewing chat?	1 Yes 2 No	If no go toQ.409
409	What is your immediate desire after having alcohol/khat?	1 Go to have sex 2 Go to read 3 Others specify	

410	Where do you commonly have your sexual intercourse?	1 At your rented home 2 At your partner's home 3 In hotel 4 At school compound 5 In the park 88 I don't know	99 No response	
411	What was your first sexual partner?	1 Student 2 Teacher 3 Government employee 4 F CSW 5 Merchants 6 Others(specify)-----		
412	When you had your first sexual intercourse did you heard about condoms?	1 Yes 2 No		
413	Did you use a condom on your first sexual intercourse?	1 Yes 2 No 99 No response		If no, go to 415
414	If YES, for Q. 413 how often did you use a condom?	1 Always 2 Some times 3 Never		
415	If NO, for Q. 413 what are the reasons? Circle possible answers	1 Decrease sexual pleasure 2 Fear to buy 3 Peer pressure 4 Lack of information 5 Religious reasons 7 Unavailability of condoms 8 Fear of parents 9 Others specify---		
416	How many persons in total have you ever had sexual intercourse with?	1 With one person 2 With more than one 3 I do not know		

417	With how many people have you ever had sexual intercourse during the last 12 months?	1 With one person 2 With more than one 3 I do not know	
418	How many sexual partners have you had in the last 3 months	1 None 2 Number of partner----- 88 Cannot remember	
419	If you don't have sexual intercourse what is the reasons? Circle all possible answers	1 Religious value 2 Fear of pregnancy(for female) 3 Wish to wait until marriage 4 Fear of HIV/STI 5 Not emotionally ready 6 Others (specify)-----	
420	Did you have problem of genital discharge and/or ulcer during your stay in the town?	1 Yes 2 No 99 No response	
421	If yes, have you been treated?	1 Yes 2 No 99 No response	
422	If treated, where you first treated?	1 Government health institutions 2 Private clinic 3 Private pharmacy 4 Traditional/medicine healers 5 Other (specify) 99 No response	
423	If not treated or has gone to traditional healers why?	1 There is no H/Institution near by 2 I do not have money 3 STI's are self limited 4 Other specify 99 No response	

424	How should information related to HIV/AIDS be communicated in order to bring about significant behavioral change?	1 Songs 2 Drama 3 News 4 Speeches 5 Discussions 6 Other specify 88 Don't know 99 No response	
425	Do you know people who are infected with HIV or have died of AIDS?	1 Yes 2 No 3 Do not know 99 No response	
426	Do you think that a healthy looking person can be infected with HIV?	1 Yes 2 No 3 Do not know 99 No response	
427	Have you heard about VCT?	1 Yes 2 No 99 No response	
428	If your answer to Q-427 is "Yes" what is your attitude towards the VCT?	1 Good 2 Bad 88 I do not know	
429	If your response to Q-427 is yes, have you undergone to VCT?	1 Yes 2 No 99 No response	
430	If your response to Q-429 is "no" Why?	1 Service is not accessible 2 Cost is high 3 Fear of positive results 4 Fear of stigma /discrimination 5 Because I did't start sex 6 Other specify 99 No response	

I thank you very much for providing answers to all questions!!!

Annex 2: Focused group discussion guide questions

Good morning? Well come to our discussion. I am Tadesse Alemu and came from Addis Ababa University, Medical Faculty, School of Public Health. I am here today to discuss about current major health problems of youth, HIV/AIDS. There are no write and wrong answers. All comments, both positive and negative are well come. We would like to have many points of views. We want this to be a group discussion so you need not wait for me to call on you. In order not to miss any points of the discussion, we will be using a tape recorder. Please speak one at a time so that a tape recorder can pick up everything. We would like to confirm to you that all your comments are confidential and used for research purpose only. Your names will not be recorded to protect your confidentiality. Are you willing to participate in the discussion?

Thank for your willingness!

General issues and knowledge about HIV/AIDS

- 1) What is HIV/AIDS?
- 2) Who gets HIV/AIDS?
- 3) Who is most likely to become affected/ infected? (Age, sex, occupation, Sexual behavior)
- 4) What are important factors related with HIV (habits, poverty, absence of recreational place...)
- 5) How do people get HIV/STI?
- 6) What are the transmissions and prevention methods?
- 7) What are the Common sources of information for youths about HIV/AIDS?

Sexuality and sexual practices

1. What it looks like the behavior of sexuality in school youth?
2. Do you discuss about HIV/AIDS and sexuality with your families?
3. What is the usual age/time of sexual commencement for youths? For male? For females?
4. In your opinion till when should sex practice delayed? Till marriage, till maturity?
5. What are the consequences of early and unprotected sex?

Condom use

- 1) What is the use of condoms and its effectiveness?
- 2) Which one is more feasible and acceptable for the youths from preventive method?
- 3) Do you use it? Why not?
- 4) Why people not to use it?
- 5) Could you support its program (provision, promotion, distribution) in school? Why not?

Risk perception and practice

- 1) How do youths perceive to HIV/AIDS?
- 2) What are the reasons that make the youth low perception to HIV/AIDS? (Age, peer pressure, poverty, lack of education on HIV and RH, Substance use?)
- 3) What are the factors that initiate your sexual desire most may be after taking alcohol, chat, or substances like...what?
- 4) How many sexual partners do you have? , why?

Once again I would like to thank all of you for your valuable discussion and staying with us!!!

Annex 3 : Amharic version questionnaire

አዲስ አበባ ዩኒቨርሲቲ

የን/ሰብ ጤና አጠ/ት/ት ቤት

ስሜ.....እባላለሁ:: በአ/አበባ ዩኒቨርሲቲ የን/ሰብ ጤና አጠ/ት/ክ የሁለተኛ ድግሪ የመጨረሻ ዓመት ቅ ተማሪ ነኝ:: ወጣቶች ጤናማ ሆነው እንዲገኙ ለማድረግ አሁን በእነርሱ ላይ የሚታዩትን የጤና ችግሮችና ተዛማጅ ባሕሪያት አስቀድሞ መገንዘብ ጠቃሚ ነው:: ይህን አስመልክቶ ስለወሲብ ሁኔታና ኤች.አይ.ቪ ኤድስ ዙሪያ በመሰናዶ ት/ቤት ተማሪዎች ዘንድ ስላለው ሁኔታ ለመረዳት ይህ ጥናት ተዘጋጅቷል:: በዚህ አቅጣጫ ለሚከሰቱ የጤና ችግሮች መፍትሔ ለማምጣት/ለማፈላለግ ያመች ዘንድ ጭምርም ነው:: ጥናቱ በርካታ የግል ሕይወት ወይም ባሕሪይ ዙሪያ ጥጫቄዎች አሉት ስለዚህ ጥናቱ በትክክል የታለመለትን ግብ እንዲመታ የአንተ/የአንቺን ከፍተኛ ትብብር ይፈልጋል:: ስለዚህ በዚህ መጠይቅ ውስጥ ያሉትን ጥጫቄዎች በግልጽነትና በቅንነት ለመመለስ የምታደርጉት ትብብር እጅግ የሚደነቅ ሲሆን ለዚህ ጥናት ዓላማ መሳካት የራሱ የሆነ ድርሻ አለው:: የምትመልሱት የግል መልሶች ሚስጥራዊነት ለመጠበቅ ሲባል መጠይቁ ላይ ስማችሁን ወይም አድራሻችሁን መጻፍ አያስፈልጋችሁም:: እንዲሁም የማንኛውም በጥናቱ ላይ የተሳተፉ ተማሪ መልስ ለየትኛውም አካል ተላልፎ አይሠጥም::

ጥናቱ በፈቃደኝነት የሚከናወን ሲሆን ማንኛውም ተማሪ በጥናቱ ያለመሳተፍ መብቱ የተጠበቀ ነው:: በጥናቱ መሳተፍ ካልፈለጉ መጠይቁን ከላይ ወደ ታች ገልብጠው በጠረጴዛ ላይ ያስቀምጡ ነገር ግን ሌሎቹ መጠይቁን ሞልተው ስኪጨርሱ ባሉበት ስፍራ እንዲቆዩ ይጠየቃሉ:: በመጨረሻም የአንተ/አንቺ ቅንና እውነተኛ መልሶች ወጣቶች የወሲብ ባሕሪያትና በኮንዶም ተጠቃሚነት ዙሪያ ምን እንደሚያስቡና ምን እንደሚያደርጉ በማሳወቅ ረገድ ከፍተኛ ጠቀሜታ ስላለው ጥቂት ደቂቃዎችን ለእኛ በመስጠት እንድትተባበሩን እንጠይቃለን::

የስምምነት ማረጋገጫ

ስለዚህ መጠይቁን ለመሙላት/ለመመለስ ፈቃደኛ መሆናችሁንና አለመሆናችሁን ለማሳየት

በብዶ ቦታው ላይ (X) ምልክት አድርጉ::

አዎን ካሉ ወደሚቀጥለው ገጾች ይለፉ.....

አይደለም ካሉ በዚህ ላይ ያቋርጡ.....

አድራሻ

ስልክ.... 0911 55 15 92

ኢ.ም.ል....kiduslm@yahoo.com

**በጉራጌ ዞን መስቃን ወረዳ ቡታጂራ ክትማ የመሰናዶ ት/ቤት ወጣቶች ለኤች አይ ቪ/ኤድስ
አጋላጭ ባህሪያትን ለማጥናት የተዘጋጀ መጠይቅ።
ክፍል አንድ፡ የመልስ ሰጪ አጠቃላይ መረጃ**

ተ.ቁ	መጠይቅ	የመልስ መለያ	ወደ-ይለፉ
101	ዕድሜህ/ሽ ስንት ነው?	----ዓመት	
102	ፆታ	1. ወንድ 2. ሴት	
103	በአሁኑ ጊዜ ስንተኛ ክፍል ተማሪ ነህ/ነሽ?	1. 11ኛ 2. 12ኛ	
104	በአሁኑ ጊዜ የትኛው ሃይማኖት ተከይ ነህ/ነሽ?	1. ኦርቶዶክስ 2. ካቶሊክ 3. ፕሮቴስታንት 4. እስላም 5. ሌላ /ይጥቀሱ/.....	
105	ብሔረሰብህ/ሽ ምንድ ነው?	1. ጉራጌ 2. አማራ 3. ሲዳማ 4. ሌላ ይጥቀሱ.....	
106	የወር የኪስ ገንዘብ	1 .መጠኑን ይጻፉ----- 2. የኪስ ገንዘብ የለኝም	
107	የመኖሪያ ቦታ	1. ከተማ 2. ገጠር	
108	በአሁኑ ጊዜ ከማን ጋር እየኖርክ/ሽ ነው?	1. ብቻዬን 2. ከአባቴና እናቴ ጋር 3. ከጓደኞቼ ጋር 4. ሌላ ይጥቀሱ.....	
109	በአሁኑ ጊዜ የአባትህ/ሽ ስራ ምንድነው?	1. ስራ የለውም 2. የመንግስት ሠራተኛ 3. አርሶ አደር 4. የግለሰብ ተቀጣሪ 5. የራሱ የግል ንግድ ሠራተኛ 6. ሌላ ካለ ይግለጹ.....	

ተ.ቁ	መጠይቅ	የመልስ መለያ	ወደ-ይለፉ
110	በአሁኑ ጊዜ የእናትህ /ሽ ስራ ምንድን ነው?	<ol style="list-style-type: none"> 1. የቤት እመቤት 2. የመንግስት ተቀጣሪ 3. የግለሰብ ተቀጣሪ 4. አርሶ አደር 5. የራሷ የግል ንግድ ሠራተኛ 6. ሌላ ካለ ይግለጹ.... 	
111	በአሁኑ ጊዜ የቤተሰብህ/ሽ የጋብቻ ሁኔታ	<ol style="list-style-type: none"> 1. አብረው ይኖራሉ 2. ተለያይተዋል /ተፋተዋል 	
112	በአሁኑ ጊዜ የቤተሰብህ/ሽ የዘመድሽ የወር ገቢ ስንት ብር ይሆናል?	<ol style="list-style-type: none"> 1. 0-500 EBR 2. 501-1000 EBR 3. ከ 1000 EBR በላይ 	
113	በአሁኑ ጊዜ የአባትህ/ሽ የትምህርት ደረጃ ስንተኛ ናት?	<ol style="list-style-type: none"> 1. ምንም አልተማረም 2. ከ1-8 ክፍል 3 ከ9-12 ክፍል 4. ከ12ኛ ክፍል በላይ 	
113	በአሁኑ ጊዜ የእናትህ/ሽ የትምህርት ደረጃ ስንተኛ ናት?	<ol style="list-style-type: none"> 1. ምንም አልተማረችም 2. 1-8 ክፍል 3. የ9-12ኛ ክፍል 4. 12ኛ ክፍል ምቁጹ 	
200	ክፍል 2: ኤች አይቪ /ኤድስ / በግብረሰጋ ግንኙነት ስለሚተላለፍ በሽታዎች በሚመለከት ተማሪዎች ያላቸው ውቅትና ኮንዶምን ለመጠቀም ያላቸው አመለካከት /አስተሳሰብ		
201	ስለ ኤች አይቪ /ኤድስ/ በግብረሰጋ ግንኙነት ስለሚተላለፍ በሽታ /ሰምተህ/ሽ ታውቃለህ/ሽ ?	<ol style="list-style-type: none"> 1. አዎ ሰምቻለሁ 2. አላውቅም 	
202	ኤች አይቪ በምን ይተላለፋል? በአንተ/አንቺ መልስ ነው ብለው የሚያምኑትን በሙሉ ያክብቡ	<ol style="list-style-type: none"> 1. ጥንቃቄ በሳይለው ልቅ የግብረ ሰጋ ግንኙነት 2. ንጽህናዉ ባልተጠበቀ መርፌ 3. በርግዝናና በወሊድ ጊዜ 4. በደም መወሰድ 88. አላውቅም 7. ሌላ ካለ ይግለጹ.... 	

ተ.ቁ	መጠይቅ	የመልስ መለያ	ወደ-ይለፉ
203	አንድ ሰው በኤች አይቪ/ኤድስና በአባላዘር በሽታዎች ለመከላከል ሊያደርጋቸው የሚገባቸው ነገሮች አሉ??	1. አወ አሉ 2. የሉም 88. አላውቅም	If 2&88 go to 205
204	ለጥያቄ ቁጥር 203 መልስህ/ሽ አዎ ካሉ አማራጭ መልሶችን በሙሉ ያክብቡ	1.ከግብረሰጋ ግንኙነት በመታቀብ 2. ለጓደኛ ታማኝ በመሆን 3. ኮንዶም በመጠቀም 4. ኤች አይቪ/ኤድስ በሽተኞች ጋር ባለመብላት 5. ሌላ ካለ ይግለጹ.....	
205	ኮንዶም ስለሚባለው ነገር ስምተህ/ሽ ታውቃለህ/ህ?	1. አዎ ስምቻለሁ 2. አይ አልሰማሁም	
206	የኮንዶም ጥቅም ወይም አገልግሎት ምንድ ነው? (መልስ ነው ብለው ያመነትን ሁሉ ይክበቡ)	1. ኤች አይቪንና የአባላዘር በሽታዎች ይከላከላል 2. ያልታቀደና ያልተፈለገ እርግዝና ይከላከላል 4. ሌላ ካለ ይጥቀሱ.....	
207	ኮንዶም ለመጠቀም ትፈልገጋለህ/ ትፈልግያለሽ?	1. አዎ ልጠቀም እፈልጋለሁ 2. ኮንዶም የወሲብ ርካታ ስለሚቀንስ ለመቀም አልፈልግልም 3. ኮንዶም መጠቀም አስቸጋሪና በቀላሉ ሾልኮ ሴት ብልት ወስጥ ይቀራል 4. በግብረ ስጋ ግንኙነት ጊዜ በቀላሉ ለመቀደድ ይጋለጣል 5. ሌላ ካለ ይጥቀሱ.....	
208	ኮንዶም ከሌለ ግብረ ስጋ ግንኙነት አይኖርም ወይም መቶበመቶ ኮንዶም መጠቀም ፕሮግራም ትደግፋለህ?	1. እደግፋለሁ 2. አይ አልደግፍም 99. የለኝም	
209	ግብረ ስጋ ግንኙነት የሚፈፅሙ ተማሪዎች ሁል ጊዜ ኮንዶም መጠቀም አለባቸው የሚለውን ሀሳብ ትደግፈዋለህ/ሽ	1. አዎን እደግፋለሁ 2. አልደግፍም 99 ሀሳብ የለኝም	

300 ክፍል 3፡ ለኤች አይ ቪ ኤድስና አባላዘር በሽታዎች የመጋለጥ የግለሰብ ግንዛቤና የመረጃ ምንጮች በተመለከተ			
ተ.ቁ	መጠይቅ	የመልስ መለያ	ወደ-ይለፉ
301	በኤች አይቪ ኤድስና አባላዘር በሽታ ለመያዝ አደጋ ላይ ያለህ ይመስልህ ሃል/ሻል? / 88 304	1. አዎን 2. አይደለም/አይመስለኝም 88. ለመያዝ አደጋ ላይ መሆኑን አላውቅም	If 2 go to 303 & if 88 go to 304
302	ለጥያቄ ቁጥር 301 መልስህ /ሽ አዎን ከሆነ ምክንያቱ ለምን ይመስልሃል/ሻል?	1. ያለኮንዶም ግብረሰጋ ግንኙነት በማድረግ 2. ልቅ የግብረ ሰጋ ግንኙነት (ከአንድ ጓደኛ በላይ) በማድረግ 3. ከሴተኛ አዳሪዎች ጋር ግብረ ሰጋ ግንኙነት በማድረግ 4. ንጽህና በሌለው መርፌ በመውጋት 5. ሌላ ካለ ይጠቀስ---	
303	ለጥያቄ ቁጥር 301 መልስህ/ሽ አይደለም/አይመስለኝም ከሆነ ወይም ካሉ ምክንያቱ ምንድን ነው?	1. ግብረ ሰጋ ግንኙነት ሳደርግ ሁሌም ኮንዶም አጠቀማለሁ 2. ግብረሰጋ ግንኙነት ፈጽሜ ስለማላውቅ 3. ከግብረ ሰጋ ግንኙነት ታቅቤ ስላለሁ 4. ከቫይረሱ ጋር ከሚኖሩ ሰዎች ጋር ንክኪ ስለሌለኝ 5. ሌላ ካለ ይጠቀስ.....	
304	ከኤች አይቪ /ኤድስ በሽታ ልላ በግብረ ሰጋ ግንኙነት ሚተላለፍ ታወቃለህ?	1. አዎን 2. አላውቅም	
305	ለጥያቄ ቁጥር 304 መልስህ/ሽ አዎን ከሆነ ምታቀውን አክብብ	1. ቁጥጥር 2. ቸብም 3. ክርክር 4. ሌላ ካለ	
306		1. ወጣቶች 2. ሴተኛ አዳሪዎች 3. አርሶ አደሮች 4. ሌላ ካለ ይጠቀስ-----	

ተ.ቁ	መጠይቅ	የመልስ መለያ	ወደ-ይለፉ
307	ኮንዶም መጠቀም ከኤች አይቪና ከአባለዘር በሽታ መያዝ የሚከላከል ይመስልሃል/ሻል?	1. አዎን በርገጠኝነት ይከላከላል 2. አይደለም በጭራሽ አይከላከልም 88. እርግጠኛ አይደለሁኝም	
308	መሰናዶ ደረጃ ት/ቤት ተማሪዎች ኮንዶምን በሚመለከት በት/ቤታችሁ በደንብ ተነግሮአቸው ታወቃላችሁ?	1. አዎን 2. አይ አልተነገረም 88. እኔ አላውቅም	
309	አብዛኛውን መሰናዶ ደረጃ ት/ቤት ተማሪዎች ስለ ኤች አይቪ ኤድስና አባለዘር በሽታ ምንነት በደንብ የተነገራቸው ይመስልሃል/ሻል?	1. አዎ 2. አይደለም 88. አላውቅም	
310	ለጥንቃቄ ኮንዶም መያዝ ያለበት የትኛው ያታ ይመስልሃል/ሻል	1. ወንድ ተማሪዎች ብቻ 2. ሴት ተማሪዎች ብቻ 3. ሁለቱም ያታ 4. ሁለቱም ያታዎች መያዝ የለባቸውም	
311	መሰናዶ ደረጃ ት/ቤት ተማሪዎች ስለ ኮንዶም አብዛኛውን መረጃ ከየት የሚያገኙ ይመስልሃል/ሻል?	1. ከመምህራን/ከትምህርት ቤት 2. ከጓደኞቻቸው 3. ከወላጆቻቸው/ዘመዶቻቸው 4. ከብዙሃን መገናኛ /ራዲዮ፣ ጋዜጣ/ 5. ከጤና ባለሙያ 6. ከያታ ጓደኛ/ፍቅረኛ 7. ሌላ ካለ ይጠቀስ--	
312	ስለ ኤች አይቪ ኤድስ አብዛኛውን መረጃ መሰናዶ ደረጃ ት/ቤት ተማሪዎች ከየት የሚያገኙ ይመስልሃል/ሻል?	1. ከመምህራን/ከትምህርት ቤት 2. ከተማሪ ጓደኞቻቸው 3. ከቤተሰብ/ዘመዶቻቸው 4. ከያታ ጓደኛ/ፍቅረኛ 5. ከጤና ባለሙያ 6. ከፀረ-ኤድስ ክለብ 7. ከብዙሃን መገናኛ 8. ሌላ ካለ ይጠቀስ---	

400	ክፍል 4: የግብረ ስጋ ግንኙት ታሪክ፣ የጾታ ጓደኛ ቁጥርና አይነት፣ ግብረ ስጋ ግንኙት የሚፈጸምበት ቦታና ኮንዶም መጠቀምን በሚመለከት፡		
ተ.ቁ	መጠይቅ	የመልስ መለያ	ወደ-ይለፉ
401	የግብረ ስጋ ግንኙት አድርገህ ታወቃለህ/ሽ?	1. አዎ 2. አይደለም /አላወቅም ለጥያቄህ 401 መልሰህ ቁጥር 2. ከሆነ በቀጥ ጥያቄ 419 አልፈው ይሥሩ። መልስህ/ሽ ቁጥር 1 ከሆነ ከጥያቄ 402-418 ይስሩ	
402	የመጀመሪያ የግብረ ስጋ ግንኙት የፈጸምከው/የፈጸምሽው በስንት አመትህ/ሽ ነው?	1. ድሜ በሙሉ ዓመት ይፃፍ----- 99. አላስታውስም	
403	የመጀመሪያ ጊዜ ግብረ ስጋ ግንኙት የፈጸምከው /ሽው በሰው በሀይል ተገደህ/ሽ ነው?	1. አዎ 2. በፍላጎት 88. አላስታውስም	
404	በአሁኑ ጊዜ ስንት የግብረ ስጋ ጓደኞች አሉህ/ሽ?	1. የለኝም 2. አንድ ጓደኛ አለኝ 3. ሁለት ጓደኞች አሉኝ 4. ሶስትና ከሶስት በላይ ጓደኞች አሉኝ 5. ለመቁጠር አስቸጋሪ ነው	
405	ለመጀመሪያ ጊዜ የግብረ ስጋ ግንኙት የፈጸከው/ሽው ምክንያቱ ምንድን ነው?	1 ለወንድ/ሴት ጓደኛዬ ያለኝን ፍቅር ለማረጋገጥ 2. ተደፍራ ነው 3. በአምሳያዎቼ/ጓደኞቼ ግፊት ነው 4. በስሜት ተገፋፍቼ ነው 5. ወንድነቴ /ሴትነቴ ጤናማና የሚሰራ መሆኑን ለማረጋገጥ ፈልጌ ነው 6. ሌላ ከለ ይግለጹ	
406	ግብረ ስጋ ግንኙት ለመፈጸም ያነሳሳህ/ሽ ምንድነው?	1. የጓደኛ ግፊት 2. ተገድጄ 3. መጠጥ ወይም የሚያነቃቃ ዕቃዎች መውሰድ 4. ብቸኝነት/ ከቤተሰቦቼ ተለይቶ ብቸኛ ስለሆንኩ 5. የኑሮን ችግር ለማቃለል 6. ሌላ ካለ ይጠቀሱ---	

ተ.ቁ	መጠይቅ	የመልስ መለያ	ወደ-ይለፉ
407	መጠጥ (አረቁ፣ጠጅ.....) የመጠጣት ልምድ ወይም ሱስ አለህ/ሽ?	1. አዎን 2. የለኝም	If 2 go to 410
408	አነቃቂ ዕዕ (ጫት፣ሐሽሽ....)የመቃም ወይም የመሳብ ልምድ ወይም ሱስ አለህ/ሽ?	1. አዎን 2. የለኝም	If 2 go to 410
409	መጠጥ ከጠጣህ/ሽ ወይም ጫት ከቃምክ/ሽ ወይም ሽሻ/ሐሽሽ ከሳብክ/ሽ በኋላ ወዲያውኑ የሚኖርህ ፍላጎት ምንድ ነው?	1. የግብረሰጋ ግንኙት ለመፈጸም ሄዳለሁ 2. ለማጥናት ሄዳለሁ 3. ሌላ ካለ ይጥቀሱ--	
410	የግብረ ስጋ ግንኙት ስትፈጸም /ሚ የምታዘወትሩት ቦታ የት ነው?	1. በተከራየሁበት ቤት 2. በወላጆችሽ / በዘመዶችህ/ሽ ቤት 3. በሆቴል ቤት 4. በት/ቤት ግቢ ወስጥ 5. በመናፈሻ ወስጥ 99. ሃሳብ የለኝም	
411	ለመጀመሪያ ጊዜ ግብረሰጋ ግንኙት የፈጸምከው/ሽው ከማን ጋር ነው?	1. ከተማሪ ጋር 2. ከመምህራ ጋር 3. ከመንግስተ ሠራተኛ ጋር 4. ከሴተኛ አዳሪ ጋር 5. ከነጋዴ ጋር 6. ሌላ ከለ ይጠቀሱ----	
412	ለመጀመሪያ ጊዜ ግብረሰጋ ግንኙት በፈጸምክ/ሽ ጊዜ ስለኮንደም ሰምተህ/ሽ ታወቃለህ/ሽ?	1. አዎ 2. አልሰማሁም	
413	በመጀመሪያ የግብረ ስጋ ግንኙት ጊዜ ኮንደም ተጠቅመሃል/ሻል?	1. አዎን 2. አልተጠቀምኩኝም 99. ሃሳብ/ምላሽ የለኝም	If 2 go to 415
414	ለጥያቄ ቁጥር 413 መልስህ/ሽ አዎን ካሉ በአንዴት ሁኔታ ትጠቀማለህ/ሽ	1. ሁል ጊዜ 2. አልፎ አልፎ 3. በፍጹም አልፎቀምም	

ተ.ቁ	መጠይቅ	የመልስ መለያ	ወደ-ይለፉ
415	<p>ለጥያቄ ቁጥር 413 መልስ/ሽ ኮንዶም ኦሊምፒክ አልተጠቀምኩኝም</p> <p>ከልክ/ሽ ምክንያቱ ምንድ ነው?</p> <p>በአንተ/አንቺ ግምት ምክንያት ይሆነኛል የማትረውን /የምትይውን ቁጥር ያክብቡት.</p>	<ol style="list-style-type: none"> 1. ኮንዶም የግበረ ስጋ ግንኙት ስሜት ስለሚቀንስ 2. ኮንዶም ገዝቶ ለመጠቀም ፈርቼ 3. የአቻ ጓደኛ ጫና እንዳልጠቀም አድርጎኛል 4. ስለኮንዶም ጥቅም የመረጃ/የዕውቀት ጥረት ስለነበረኝ 5. ሃይማኖቱ ኮንዶምን እዳልጠቀም ስለሚከለክለኝ 6. ግድየለሽነት ስለሚጠቃኝ 7. ኮንዶም በወቅቱ በአቅራቢያ ስላልተገኘ ነው 8. ቤተሰቦቼን ፈርቼ ነው 9. ሌላ ምክንያት ካለ ይጠቀስ--- 	
416	<p>በሀይወት ዘመን/ሽ እስከ ሃሬ ድረስ ስንት የግብረሰጋ ግንኙት ጓደኞች አሉህ/ሽ ወይም ከስንት ሰው ጋር ግብረ ስጋ ግንኙት አድርገሃል/ሻል?</p>	<ol style="list-style-type: none"> 1. ከአንድ ሰው ጋር ብቻ 2. ከሁለት ሰዎች ጋር 3. ከሶስት እስከ አራት ሰዎች ጋር 4. ከአምስት እስከ ዘጠኝ ሰዎች ጋር 5. ከዘጠኝ ሰዎች በላይ 6. ለመገመት ያስቸግራል 	
417	<p>ባለፉት 12 ወራት ከስንት ሰዎች ጋር የግብረሰጋ ግንኙት አድርገሃል/ሻል?</p>	<ol style="list-style-type: none"> 1. ከአንድ ሰው ጋር 2. ከሁለት ሰዎች ጋር 3. ከአራት ሰዎች ጋር 4. ከአምስት እስከ ዘጠኝ ሰዎች ጋር 5. አስርና ከዚያም በላይ 6. አላደረሁም 	
418	<p>ባለፉት ሶስት ወራት ስንት የተቃራኒ ያታ ጓደኞች/ኛ አለህ/አለሽ?</p>	<ol style="list-style-type: none"> 1. የለኝም 2. አሉኝ/ብዙ ናቸው <p>88 ይጻፍ.....</p>	

ተ.ቁ	መጠይቅ	የመልስ መለያ	ወደ-ይለፉ
419	ለጥያቄ 401 እስከ ዛሬ ድረስ ግብረ ስጋ ግንኙነት ፈፅሜ አላውቅም ካሉ ምክንያቱ ለምንድነው?	<ol style="list-style-type: none"> 1. ለሐይማኖቱ ብዬ ነው 2. ያልተፈለገ እርግዝና ፈርቼ ነው (ለሌት ተማሪ ብቻ) 3. ክብረ-ንጽሕናዬን ጠብቄ ለመቆየት ፍላጎት ስላለኝ 4. ኤች አይቪ ኤድስ ና አባለዘር በሽታ ፈርቼ 5. ግብረስጋ ግንኙነት ለመፈፀም ስላልተዘጋጀሁበት 6. ሌላ ካለ ይጠቀሱ---- 	
420	የብልት ፈሳሽ ወይም መቁሰል ችግር አጋጥሞዎት ነበር?	<ol style="list-style-type: none"> 1. አዎ 2. አልታመምኩም 	If 2 go to 424
421	ታመው ከሆነ ታክመውት ነበር?	<ol style="list-style-type: none"> 1. አዎ 2. አልታከምኩም 	
422	ታክመው ከነበር መጀመሪያ የት ታክሙ?	<ol style="list-style-type: none"> 1. ከመንግስት ጤና ድርጅት 2. ከግል ክሊኒክ 3. ከግል መድሀኒት ቤት 4. ከባህል ህክምና ቦታ 5. ሌላ ይገለጽ 	
423	ካልታከሙ ወይም ወደ ግል ህክምና ከሄዱ ለምን?	<ol style="list-style-type: none"> 1. በአቅራቢዬ ጤና ድርጅት ስለሌለ 2. ገንዘብ ስለሌለኝ 3. በሽታው በራሱ ስለሚደን 4. ሌላ ይገለጽ 	
424	ተገቢውን የባህሪ ለውጥ ለማምጣት ሲባል ኤችአይቪ/ኤድስን የተመለከቱ መረጃዎች (ትምህርት) በምን መልኩ መሰጠት አለበት?	<ol style="list-style-type: none"> 1. በዘፈን (መዝሙር) 2. በድራማ 3. በዜና 4. በውይይት 5. ሌላ ይገለጽ 6. አላውቅም 	
425	በኤችአይቪ ቫይረስ የተያዘ ወይም በኤድስ በሽታ የሞተ እርስዎ የሚያውቁት ሰው አለ?	<ol style="list-style-type: none"> 1. አዎ 2. አላውቅም 3. መልስ የለም 	

ተ.ቁ	መጠይቅ	የመልስ መለያ	ወደ-ይለፉ
426	አንድ ጤነኛ የሚመስል ሰው በኤች አይ ቪ ቫይረስ የተያዘ ሊሆን ይችላል?	1. አዎ 2. አይችልም 3. አለውቅም 4. መልስ የለም	
427	በፈቃደኝነት ላይ ስለሚደረግ የደም ምርመራና የምክር አገልግሎት ሰምተው ያውቃሉ?	1. አዎ 2. አለውቅም 3. መልስ የለም	
428	ሰምተው የሚያውቁ ከሆነ ስለአገልግሎቱ ምን አይነት አመለካከት አለዎት?	1. ጥሩ ነው 2. ጥሩ አይደለም 3. መልስ የለም	
429	ውጤቱን አይንገሩኝ እርስዎ የኤች አይ ቪ ቫይረስ ደም ምርመራ አድርገዋል?	1. አዎ 2. አላደረኩም 3. መልስ የለም	
430	ካልተመረመሩ ለምን?	1. አገልግሎቱ በአካባቢያ ስለማይሰጥ 2. ዋጋው ወድ ስለሆነ 3. አላብህ ብባል ውጤቱን በመፍራት 4. አድሎና መገለልን በመፍራት 5. ሌላ ይገለጽ 6. መልስ የለም	

ጊዜዎን ወስደው ጥያቄዎቹን በመሙላት ስለተባበሩኝ ክልብ አመሰግናለሁ።

Annex 4: Declaration

I, the undersigned, declared that this thesis is my original work in partial fulfillment of the requirements for the degree of master of public health. All the sources of the materials used for this thesis and all people and institutions who gave support for this work are fully acknowledged.

Name – Tadesse Alemu Bekele

Signature - _____

Place of submission –DCH, MF, AAU

Date of submission _____

Approval of the Primary Advisor

This thesis work has been submitted for examination with my approval as university advisor.

Advisor's name – Professor Misganaw Fantahun (MD, MPH, PHD)

Signature - _____ **Date** _____