



ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCE
SCHOOL OF PUBLIC HEALTH

**THE ROLE OF SOCIO CULTURAL FACTORS ON EARLY
SEXUAL INITIATION AMONG YOUTHS IN DOBA WOREDA**

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Table of contents

Acknowledgment	III
Table of contents.....	IV
List of figures.....	VII
List of tables.....	VIII
Abstract	IX
Acronyms	X
1. Introduction.....	1
1.1 Background	1
1.2 Statement of the problem	2
1.3 Significance of the study	3
2. Literature review	5
2.1 Early sexual initiation	5
2.2 Factors associated with sexual initiation.....	6
2.2.1 Socio demographic factor.....	6
2.2.2 Socio economic factors	7
2.2.3 Knowledge about HIV AIDS and STI	7
2.2.4 Substance use.....	8
2.2.5 Peer pressure.....	8
2.2.6 Exposure to media.....	8
2.2.7 Living condition.....	9
2.2.8 Parental and youth communication concerning reproductive health	9
3. Objective of the study.....	11
3.1 General Objectives.....	11
3.2 Specific Objectives	11
4. Methodology	12
4.1 Study design	12
4.2 Study area.....	12
4.3 Study period	12
4.4 Source population.....	12

4.5 Study population	12
4.6 Study variable	13
4.6.1 Dependent variable.....	13
4.6.2 Independent variable	13
4.8 Sample size Determination	13
4.8.1 Quantitative method.....	13
4.8.2 Qualitative method	14
4.9 Sampling procedure.....	14
4.9.1 Quantitative method.....	14
4.9.2 Qualitative method	14
4.10 Data collection tool and procedure	15
4.10.1 Quantitative study.....	15
4.10.2 Qualitative study.....	16
4.11 Data quality management.....	16
4.11.1 Quantitative Study	16
4.11.2 Qualitative Study.....	16
4.12 Operational definition.....	17
4.13 Data analysis procedure	17
4.13.1 Quantitative study.....	17
4.13.2 Qualitative study	17
4.14 Ethical consideration.....	19
4.15 Dissemination of result	19
5. Result	20
5.1 Quantitative result.....	20
5.1.1 Socio demographic characteristics of youth.....	20
5.1.2 Living condition.....	21
5.1.3 Socio economic status.....	22
5.1.4 Socio-cultural factors affecting sexual initiation.....	22
5.1.5 Discussion with parents about sexual and reproductive health issue	23
5.1.6 Discussion with peers.....	23
5.1.7 Substance use and watching pornographic materials	24
5.1.8 Knowledge of youth about STI and HIV.....	25

5.1.9 Median age of sexual initiation and Sexual behavior	27
5.1.10 Predictors of early sexual initiation	31
5.2 Qualitative result	35
5.2.1 Focus group discussion.....	35
5.2.2 Key informant interview.....	38
6. Discussion.....	42
7. Strength and limitation of the study	49
8. Conclusion.....	49
9. Recommendation	49
10. References.....	51
11. Annex	55
11.1 Study area map	55
11.2 Questioner.....	56

List of figures

Figure 1: Conceptual frame work for early sexual initiation	10
Figure 2: Schematic presentation of sampling method	15
Figure 3: Source of information on HIV/AIDS among study participants in Doba woreda Oromia region, Ethiopia, April 2016	27
Figure 4: Preference of source of information on HIV/AIDS among study participants in Doba woreda Oromia region, Ethiopia, April 2016.....	27
Figure 5: Reason for early sexual initiation among study participants in Doba woreda Oromia region, Ethiopia, April 2016	30

List of tables

Table 1: Codes of qualitative study and their categories and thematic areas.....	18
Table 2: Socio demographic characteristics of study participants in Doba woreda Oromia region, Ethiopia, April 2016	21
Table 3: Living condition of study participants in Doba woreda Oromia region, Ethiopia, April 2016	22
Table 4: Socio economic characteristics of study participants in Doba woreda Oromia region, Ethiopia, April 2016.....	22
Table 5: Socio culture characteristics of study participants in Doba woreda Oromia region, Ethiopia, April 2016.....	23
Table 6: Discussion of study participants with their parents about sexual and reproductive health issues in Doba woreda Oromia region, Ethiopia, April 2016	23
Table 7: Discussion of study participants with their peers about sexual issue in Doba woreda Oromia region, Ethiopia, April 2016	24
Table 8: Substance use of study participants in Doba woreda Oromia region, Ethiopia, April 2016	24
Table 9: Knowledge about STI and HIV/AIDS of study participants in Doba woreda Oromia region, Ethiopia, April 2016	26
Table 10: Sexual behaviour of study participants in Doba woreda Oromia region, Ethiopia, April 2016 ..	29
Table 11: Bivariate and multivariate analysis for determinants of early sexual initiation among youths in Doba woreda Oromia region, Ethiopia, April 2016	33

Abstract

Background: Early sexual initiation is having sexual intercourse before age of eighteen years. It increases the risk of unwanted pregnancies, maternal morbidity and mortality, and exposure to HIV and other STI infections. Little is known about the impact of socio-cultural factors on early sexual initiation. Knowing time at first sexual intercourse and associated factors, particularly focusing on socio cultural factors, is important to design effective program addressing the young people's problem through providing evidence-based information for AYRH strategy.

Objective: the objective of the study is to assess age of sexual initiation and factors associated with it among youths (15-24) in Doba woreda. The study particularly explores socio cultural factors that have impacts on early sexual initiation.

Methods: A community based cross-sectional study was conducted using both quantitative and qualitative methods. A total of 613 youth who were drawn using multistage stratified sampling method were interviewed between February 01 and 15, 2016. Data entry and analysis were done by using EPI Info and STATA version 12.1 softwares, respectively. Descriptive statics, bivariate analyses and multivariable analyses were carried out. Moreover, qualitative data was collected through Focus Group Discussions and key informant interviews to augment the result of quantitative data. Then content analysis was done by using Open code software.

Result: The prevalence of early sexual initiation among youths in Doba woreda is 66.6%.The median ages of sexual initiation in this study was 17 years (range 15-18 years). Multivariable logistic regression analysis show that being female (AOR =4, 95%CI, 1.9-8.3), Youths with the age range between 15-19 years (AOR=3.9 95%CI, 1.1-13.5), Youths who shared bedroom with their father and mother during their adolescence (AOR=3.5 95%CI, 1.4-8.9) and Youths who smoked shisha (AOR=2.7 95%CI, 1.3-5.4) were identified as associated factors of early sexual initiation. A cultural play which is locally called "shaggoyyee" or "danci" is one of the factors that triggers youth for early sexual initiation. On the other hand a culture of preserving virginity before marriage in the community was found as a protective culture against early sexual initiation in the community. Regarding perception of youths about the consequence of early sexual initiation they mentioned unwanted pregnancy, unsafe abortion, STI and school drop out as the major negative consequences resulted due to early sex.

Conclusion: This study showed that the prevalence of early sexual intercourse is very high. Gender (being female), young age (15-19 years), sharing bedroom with father and mother during adolescence period and smoking shisha were associated factors of early sexual initiation. Discussion with peers about sexual issue is found as a protective factor for early sexual initiation. In order to protect youths from early sexual initiation education should be provided for the community regarding harmful effect of substance use (such as shisha) through different Medias, churches and mosques. Young children and adolescents should have separated bed rooms from their father and mother so that visual and auditory privacy will be maintained.

Acronyms

AIDS – Acquired Immuno Deficiency Syndrome

AYRH _ Adolescent and Youth Reproductive Health

CSA- Central Statics Agency

EDHS –Ethiopian Demographic Health Survey

HIV – Human Immuno Virus

SPH – School of Public Health

SRH_ Sexual and Reproductive Health

STI – Sexual Transmitted Infection

1. Introduction

1.1 Background

Globally there are about 1.8 billion young people that are between 10 and 24 year and about ninety percent of them are living in less developed countries. They contribute slightly less than one quarter of the world population. This age group makes up 32 percent and 17 percent of the population in least developed and developed country respectively. Their number is highly growing in the poorest nation. [1] For instance, in Ethiopia young people constitute thirty percent of the population. Approximately one fifth of the populations are between 15-24 years old. [2]

It is a period when the thought and feeling about sexual behavior develops. Among risky sexual behaviors in young people one is early sexual initiation. [3] When sexual activity occur early and unprotected before the mental and physical maturity of young people it cause a serious short and long term health consequences. [4] It has adverse health outcomes like increased risk of sexually transmitted infections and unplanned pregnancy. [4] It is likely to increase the number of non-marital sex partners one has over a course of life. Early sexual initiation also increase school drop out there by limiting their social and vocational futures. [5] For instance, young people, especially never married sexually active females, face the greater risk of HIV infection in Ethiopia. It is because of early sexual initiation and trans-generational sexual activities with high risk older men in addition to their biological and gender related vulnerability. [6]

According to 2011 EDHS, 29% of women age 25-49 had first sexual intercourse before age 15 years old and 62% of them had first sexual intercourse before age 18 years old. The median age at first sexual intercourse for women age 25-49 is 16.6 and for men age 25-49 is 21.2 years old. Women tend to initiate sexual activity about six years earlier than men. Median age at first intercourse is higher in urban than in rural. [7]

Many studies mentioned different factors that contribute to early sexual initiation. These are socio demographic factors, alcohol consumption, substance use, exposed to pornographic materials, psychosocial factors, and peer and family factors.

The studies done among youths in rural areas are very important because 84% of our population lives in rural areas. They live in a place where they have limited access to reproductive health services, youth centers, and recreational place. These and other social

disadvantages will aggravate the problem of early sexual initiations in rural setting. Thus, this study focuses on rural community to determine age of sexual initiation and its associated factors among youths.

1.2 Statement of the problem

Early sexual initiation is the major cause of adolescent pregnancy. One in ten births worldwide and one in six births in developing countries are to women aged 15-19 years old. [8] This is related with higher rates of maternal morbidity and mortality. Complication during pregnancy and child birth are the second leading killer of females of 15-19 years old. [1] It also contributes to unsafe abortion and exposure to sexually transmitted disease including HIV/AIDS. One in ten abortion worldwide occur among women aged 15-19 and greater than 4.4 million of this age group have abortion every year. [8] Today, HIV is the second leading cause of death among adolescents. [1] Youth account 40% of all new HIV infection in people aged 15 and above. [9] In 2012 about 2.3% of youths aged 15-24 years old were living with HIV/AIDS. [10]

Early sexual initiation is associated with different factors. It mainly influenced based on the socio demographical, social cultural, economic and other factors. However, the significance of the factors may depend on the context of the area where the study is carried out. Some of the factors are stated in different studies. For instance, in a study conducted in Addis Ababa among undergraduate students and government preparatory schools' students state that gender, chewing khat, drinking alcohol, using drugs, watching pornographic movies, and visiting day or night parties were among factors that are significantly associated with sexual initiation. [11, 12]

Moreover, studies conducted in North West Ethiopia among students and North East Ethiopia among youths show that being female, rural resident, smoking, alcohol drinking, and watching pornography movies, chewing *Khat*, being less connected with parents were factors associated with early sexual initiation. [13, 14] There are also other factors that contribute to sexual initiation other than those mentioned.

Those studies conducted in our country mainly focus in urban areas and state different factors that are associated with sexual initiation. However, the ways people live in urban areas are quite different from way people live in rural areas. In rural areas there is a limited access to reproductive health services, recreational facilities, youth centers, and other related factors which increases the risk of early sexual initiation. Besides, there are different socio cultural practices that have significant impact on early sexual initiation for which Doba woreda of

West Hararghe is a case in point. In addition to the above factors that are associated with sexual initiation in urban areas, there are other factors that contribute to early sexual initiation in rural areas. However, there are limited studies done in rural areas among rural youths about the factors associated with early sexual initiation focusing on the impact of socio-cultural practices of the rural community. This study will, therefore, explore at factors associated with early sexual initiation in rural settings with particular focus on the socio-cultural factors.

Research question

- What is age at first sexual initiation among youth in Doba woreda?
- Does a socio-cultural factor drive early sexual initiation among youths in Doba woreda?
- What positive socio-cultural factors are available to delay age at first sexual initiation in communities in Doba woreda?
- What is the perception of youth in Doba woreda about the consequence of early sexual initiation?

1.3 Significance of the study

Today, adolescent and youths represent the biggest generation in human history. They are growing in realities of increased poverty, social inequalities, low quality education, gender discrimination, widespread unemployment, weak health systems, and rapid globalization. This aggravates the risky of sexual behavior of youths such as unprotected early sexual initiation that result in HIV and AIDS pandemic which has virtually made today's adolescent the first generation to grow up with disease. [15]

Developing youth programs considering the difference in age, gender, and socio cultural practices is essential to have a healthy and productive youth. However, most programs for young people in Ethiopia as well as in sub-Saharan Africa generally tend to deliver generic age and gender blinding messages that fail to recognize the distinct needs of girls and boys at different ages as well as the unique needs of married adolescent girls and youth programs tend to view youth as a homogenous group. [9]

Goal number four, and strategies of objective 4.1 in the National Adolescent and youth reproductive health strategy indicates the need of conducting socio anthropological research to increase understanding of the socio cultural factors related to barriers and opportunities for adolescence to access reproductive health services. [9] Thus, this study will help the National Adolescent and Youth Strategy through fostering evidence on socio cultural factors that

associated with early sexual initiation among youths. And it will also contribute in increasing knowledge about the factors associated with sexual initiation in rural settings. The initiative will give opportunities for other researchers to conduct longitudinal studies to show the temporal relationship between socio cultural factors and sexual initiation.

2. Literature review

This chapter provides evidences of different studies on age at sexual initiation and its associated factors. It clearly discusses different literatures related to age of sexual initiation and different contributing factors associated with it.

2.1 Early sexual initiation

Early sexual initiation is commonly practice in different part of the world including our country. The following studies give us some highlight about early sexual initiation.

Study conducted in Nigeria revealed that 19.8% respondent had sexual intercourse with the median age of sexual debut 16 years for female and 15 years male and also other study in Osun Nigeria stated that 20.1% adolescent were had sexual intercourse with the mean age at first sex was $14.05 \text{ years} \pm 2.3 \text{ years}$. [5, 26]

According to another study conducted in northern Thailand, 43% of female and 48% of males had had intercourse with the mean age of at first sex 16.7 for male and 17.7 for female. [25]

Moreover study conducted in Busana Korea showed that 41.1% of the participants had experienced sexual intercourse. Of these 3.4% had experienced sexual intercourse before 16 years old, 12.3% had experienced at ≥ 16 to < 19 years old. The mean age of first sexual intercourse was 19.99 ± 2.43 . [16]

Among women age 25-49, 29% had first sexual intercourse before age 15, 62% before age 18, and by age 25 the majority of Ethiopian women (88%) had had sexual intercourse. The median age at first sexual intercourse for women age 25-49 years is 16.6 years, which is very close to the median age at first marriage of 16.5 years. This suggests that Ethiopian women generally begin sexual intercourse at the time of their first marriage. [7]

In Ethiopia, the study conducted among Addis Ababa University Undergraduate students revealed that among all study participant 39% of them have had sexual experience at the time of the survey. Of sexually active students 70.4% had their first sexual intercourse before the age of 18 years. The proportion of early sexual initiation is 27.4%. [11]

Another study in Addis Ababa governmental preparatory schools revealed that 25.3% of participant students have had sexual initiation with the mean age of sexual initiation 16.03 ± 1.34 . According to this study 7.3% male and 2.5% female sexually active adolescent student had their first sexual intercourse before the age 14 and 90.1% those sexually active adolescent students had their first sexual intercourse between the age of 15 and 17 years. [12]

Study conducted in west Shoa zone indicated that 61.1% of the students had sexual practice. Of them 36.8% and 45.4% of the respondents was less than 15 years and between 15-19 years

of age at their first sexual exposure respectively. [17] Cross sectional study conducted in North West Ethiopia also show that 37.7% of participants were commencing sex and 66.9% of them start at 17 years old. [13]

According to the study result of premarital sexual practice among school adolescent in Nekemte town, 21.5% of school adolescent had premarital sex. 70% of them were male. The mean age at sex was 16.2 ± 1.5 years for male and 15.2 ± 1.7 for female. 57.2% had their first sex between 15-17 years. [18]

Another study done in Eastern Ethiopia indicated that 24.8% never married in school adolescent had premarital sexual debut. 79% had sexual intercourse before 18 years. The age at first sex ranges from 13-19 years with mean age at sex 15.6 ± 1.7 [19]

According to another study conducted in North East Ethiopia, 49.8% and 51.3% youth in rural and urban respectively have had sex. 61% of youth start sexual intercourse before 18 years. The mean and median ages of sexual initiation were 16.8 ± 2.25 years and 17 years old respectively. [14] Similarly 72% of the study participant in Gamo Gofa had initiated sex and mean age of sexual intercourse was 17.07 ± 2.12 . [20] In Debre Markos University, among 44.6% student, who had sexual intercourse, 64.7% of them start sex during the age range of 16-19 years old. The mean age of first sexual intercourse was 18.28 ± 2.04 . [21]

Study conducted in Bahr Dar city revealed that 50.7% of participants have ever had sexual intercourse. The mean age of sexual intercourse was 18 ± 1.97 . 63.4% of female had sex before they were 18 years. [27]

Generally those studies show as the presence of high prevalence early sexual initiation in different part of Ethiopia.

2.2 Factors associated with sexual initiation

2.2.1 Socio demographic factor

There are different socio demographic factors such as gender, place of residence, educational status, religion, and others. These factors may negatively or positively associate with sexual initiation of youth. Some of them are discussed below.

Study conducted among vocational student in North Thailand indicated that males were start sexual intercourse significantly earlier than females. [25]

Study conducted in Addis Ababa among undergraduate students revealed that being male was significantly associated with ever having sex. [11] Moreover another study done in East Wollega show that being male was significantly associated with having premarital sex. [18]

However studies done in different areas show that being female was significantly associated with early sexual initiation. [5, 12, 13, 14, 21]

Studies show that youth from rural place was significantly associated with early sexual initiation. [13, 14, 26] However, another study indicated that adolescents from urban family were significantly associated with having premarital sex. [19]

Study showed that being in younger age group was significantly associated with early sexual initiation. [14] Though another studies show that age greater than 18 and age greater than 20 were significantly associated with premarital sex. [18, 22]

Study conducted in Gamo Gofa indicated that unemployment was significantly associated with early sexual practice. [20]

Study conducted among high school students in west Shoa zone showed that respondents who have illiterate and able to read parents was significantly associated with having premarital sex. [17]

According to study conducted among youths in North East Ethiopia having less educational status was significantly associated with early sexual initiation. [5, 14]

According to many studies attending religious service >2 times per week was found to be protective factors from sexual initiation. [14, 23]

Generally the above studies state that age, gender, place of residence unemployment and educational status are a significant factor of sexual initiation. Attending religious service was protective factors.

2.2.2 Socio economic factors

Economic status is factor to expose to different risk behaviors including early sexual initiation.

According to study conducted in West Shoa zone participants who have pocket money were more likely to engage in premarital sexual practice than those who haven't. [17]

2.2.3 Knowledge about HIV AIDS and STI

Having comprehensive knowledge on HIV is critical for sexual initiation. Youth with comprehensive knowledge on HIV are less likely to practice sexual intercourse. For instance a cross sectional study in Gamo Gofa showed that youths who don't have comprehensive knowledge on HIV were 8.3 times more likely to initiate sex earlier than those who do have.[20]

2.2.4 Substance use

Youth age is a period in which they experiment with tobacco, alcohol, and other drugs. Khat, cigarette, and alcohol are substance that commonly abused among youth in our country. Mostly consumption of these substances associated with sexual debut. Though there is a variation between places to place.

According to study conducted in Busana Korea 85.2% smokers and 88.9% of respondents who drank alcohol had sexual intercourse before the age of 16. 61.2% smokers and 90.8% who drank alcohol had experienced sexual intercourse at ≥ 16 to < 19 . [16]

Studies show that drinking alcohol was significantly associated with early sexual initiation. [14, 13, 20] Moreover other studies revealed that drinking alcohol was significantly associated with ever having sex and premarital sex. [5, 11, 17] This is because drinking alcohol makes loosing of their control over their sexual need and they get forced to engage in sexual practice. [17, 18] But study conducted in East Wollega indicated that drinking alcohol was not significantly associated with having premarital sex. [18]

Chewing chat was also significantly associated with early sexual in many studies. [12, 14, 20] Furthermore other studies indicated that chewing chat was significantly associated with ever having sex and having premarital sex. [11, 23] Nonetheless study conducted in East Wollega found that chewing chat was not significantly associated with having premarital sex.[18]

Studies conducted in Debre Markos University and among students in North West Ethiopia found that smoking cigarette was significantly associated with early sexual initiation. [13, 21] Although the significance of those factors differs from place to place, khat chewing, and drinking alcohols were significantly associated with early sexual initiation.

2.2.5 Peer pressure

Young people are socially inexperienced and dependent on others which hinder their decision making by themselves, they don't want to accept parents' and other elders' advice and they are influenced by peers in ways that increase their engagement in risky behavior.

According to study conducted in unmarried high school female students, those students who had peers who did experience premarital sexual debut were nearly three times to engage in premarital sex than students who had non experienced friends. [24]

2.2.6 Exposure to media

Pornographic materials, movies, video, magazine, music are some of the media. Exposure to these media may have negative or positive effect. Moreover, mostly they are related to sexual practice.

Studies conducted in Addis Ababa among Governmental preparatory schools' students and among student in North West Ethiopia revealed that watching pornographic movies/videos was significantly associated with early sexual initiation. [12, 13] Moreover cross sectional studies show that watching pornographic movies/videos was significantly associated with ever having sex and having premarital sex. [11, 17, 22, 23] This is due to watching pornographic movies/videos make adolescent sexual arousal and get forced to do it.[18] However watching pornographic movies/videos was not statically significant in studies conducted in North East Ethiopia and in Gomo Gofa zone. [14, 20]

According to study conducted in Addis Ababa Government Schools visiting night club or day party was significantly associated with early sexual initiation.

2.2.7 Living condition

Living condition is one of the factors that exposed youths for sexual initiation.

According to studies conducted in Eastern Ethiopia and West Gojjam, living alone was significantly associated with having premarital sex. [19, 22] A cross sectional study among in school youth in Shendi woreda found that living with relatives was significantly associated with having premarital sex. [22]

2.2.8 Parental and youth communication concerning reproductive health

Having free discussion with parents makes youth aware and ready for any reproductive health issue.

According to study conducted among youths in North East Ethiopia, youths who have less family connectedness was more likely to initiate sex earlier than who had more connectedness. [14]

Study conducted among high school students in west Shoa zone show that respondents who didn't talk with parent about sexual issue were nearly four times more likely to engage in premarital sex.[17] Moreover according to study conducted in selected European countries individuals who obtain sexual knowledge from their parents are less likely to be sexually active than others. [28]

Generally in above studies socio demographic factors, socio economic factors, exposure to media, exposure to substance, knowledge about HIV , and STI, living condition, peer factors and parent and youth communication were clearly stated; however, there is a gap regarding socio cultural factors.

Conceptual frame work

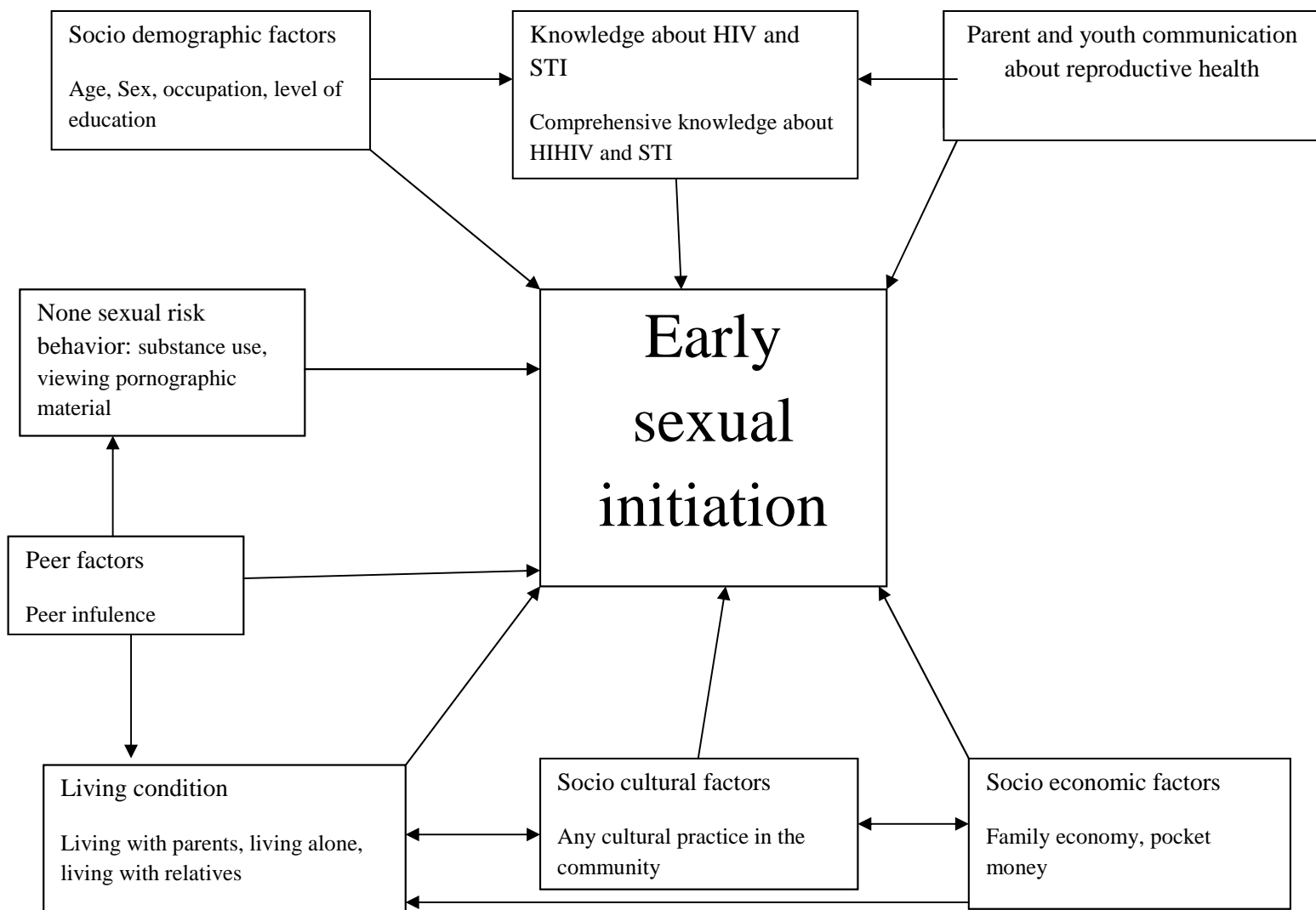


Figure 1: Conceptual frame work for early sexual initiation

Source: develop by reviewing different literature

This conceptual framework shows that different factors that affect the age of sexual initiation. These factors can affect early sexual initiation at different level. Socio demographic, socio cultural, socio economic, knowledge about HIV and STI, parental and youth communication, living condition and peer factor are the basic factors that affect early sexual initiation. The knowledge about HIV and STI can be affected by Socio demographic factors and parent youth communication. Socio cultural factors can affect economic status and the economic status can affect the socio culture of the community. Living condition can affect the socio culture and socio culture can affect the living condition. Living condition can be affected by peer factor and socio economic factors to.

3. Objective of the study

3.1 General Objectives

- To assess age of sexual initiation and factors associated with it among youths in Doba woreda

3.2 Specific Objectives

- To determine age at first sexual initiation among youths in Doba Woreda
- To identify factors facilitating early sexual initiation among youths in Doba Woreda
- To explore socio cultural factors delaying early sexual initiation among youth in Doba Woreda
- To examine youth perception about the consequences of early sexual initiation in Doba Woreda

4. Methodology

4.1 Study design

Community based cross sectional study design with mixed method was conducted to assess age of sexual initiation and factors associated with it.

4.2 Study area

Study was conducted in Doba Woreda of West Harerghe Zone. Doba Woreda is one of the 14 woredas found in West Harerghe zone. It is located about 383 kms far from Addis Ababa and 59 km from Chiro, the capital of West Harerghe zone. Doba woreda is bounded by Goro Gutu woreda in the east, Chiro and Miesso woreda in the west, Tullo woreda in the south, and Somali region in the north. It has an estimated total population of 133,921 with sex composition of 68,497 male and 65,424 female. [2] The woreda has forty one *Kebele's* (the lowest administrative unit in Ethiopia). The *Kebele's* will be classified in to two strata according to the proximity they have from centers (towns). These are the furthest (remote) *Kebele's* and relatively near *Kebele's*. Seventeen *Kebele's* are relatively close to either the woreda center or other urban areas while twenty four of the *Kebele's* are far from any urban centers. Those near *Kebele's* have good awareness about health related issues like family planning. [30] The woreda has six health centers and forty five health posts.

4.3 Study period

The data for this study was collected from February 1 to February 15, 2016. It was collected through both Quantitative and Qualitative method.

4.4 Source population

The source population for the study was all youths aged 15-24 years old living in Doba woreda.

4.5 Study population

The required study population was identified from *Keble's* based on probability sampling proportion to size of population.

Inclusion criteria

All youths aged 15-24 years who were present in the selected households by the time of the survey.

Exclusion criteria

Youths who were unable to talk & hear and those who were very sick during the data collection period was exclude.

4.6 Study variable

4.6.1 Dependent variable: Age at sexual initiation

4.6.2 Independent variable

Socio demographic factors: Age, Sex, occupational status, Level of education,

Knowledge about HIV and STI: comprehensive knowledge about HIV and STI

Socio economic factors: economic status of the parent, pocket money

Peer factors: peer influence

None sexual risk behaviour: Substance use such as alcohol use, khat use, pornographic movies and materials.

Socio cultural factors: any cultural practice in the community.

Living condition: living alone, living with relatives, living with biological parents, sharing bed room with father and mother during adolescence period.

Parental and youth communication about sex relates issues.

4.8 Sample size Determination

4.8.1 Quantitative method

From the target population the required sample size was taken according to the size of population in each *Keble's*. The maximum sample size was taken after calculating sample size for each specific objective. Sample size for first specific objectives was determined using the formula for single population proportion using the following assumptions: 95% confidence level, 5 percent margin of error, design effect 1.5 and prevalence of early sexual initiation 40.9% [20] (gives maximum sample size).

$$n = \frac{(Z \alpha / 2)^2 p(1-p)}{d^2} + 10\% \text{ non response}$$

Z= the confidence limits of the survey result.

P= the proportion of study population practicing early sexual intercourse

d= the desired precision of the estimate

n= the total sample size.

The sample size was calculated using Epi info computer software and the overall sample size was 348. Finally by considering design effect of 1.5 and adding 10% for non-response rate compensation, the final sample size required for the study was 613.

Sample size for second specific objectives was calculated using double population proportion formula by assuming; p1 = factors associated with early sexual initiation, the value of the standard normal distribution curve corresponding to level of significance alpha [Z $\alpha/2$ = 1.96]

at 95% and $Pr Z\beta$, the value of the standard normal distribution curve corresponding to 80% (power = 0.84), the ratio $n1/n2= 1: 1$ as follows.

Factors	Sample size	Reference
Alcohol	348	14
Drug	336	14
Pornography	346	14

4.8.2 Qualitative method

For qualitative method, four effective FGDs were conducted with groups of youths (2 FGD with male groups and 2 with female groups). Each FGD contains eight discussants of youths. Moreover, key informant interviews were made with three officials such as representatives of women and child affairs bureau, representatives of youth and sport bureau and health worker.

4.9 Sampling procedure

4.9.1 Quantitative method

A multistage stratified sampling technique was used. In the first stage six *kebeles* were selected randomly. This *kebeles* were selected from both strata; near *kebeles* and far *kebeles*. Two *kebeles* from near site strata and four *kebeles* from far site strata were selected. In the second stage a total of 613 household that contains youth aged 15-24 within the selected *kebeles* was selected using systematic sampling method according to population proportion. In the absence of youth in a given household, the sampling was proceeded to the next *kth* household. *K* was obtained by dividing the total number of youth in each *kebeles* to the number of households sampled in that *kebele*. Finally youth aged 15-24 within household was sampled. Only one youth was taken from selected household. If there are two or more eligible youths in a household only one youth was randomly selected.

Primary sampling unit

Six *kebeles* was selected randomly from both strata in the woreda.

Secondary sampling unit

Six hundred thirteen households those contain youth aged 15-24 within selected *kebeles* was selected systematically.

4.9.2 Qualitative method

Purposive sampling procedure was used to select the FGD participants based on age and sex so as to maintain the homogeneity of the group for lively discussion. Selection of participants of the FGD was carried out from the selected *kebeles* where quantitative data was taken.

However, the FGD participants were different from those who sampled for the quantitative information. Moreover, key informant interviews were made with three officials such as representatives of women and child affairs bureau, representatives of youth and sport bureau and health worker. Finally selection was continued until the saturation of the information.

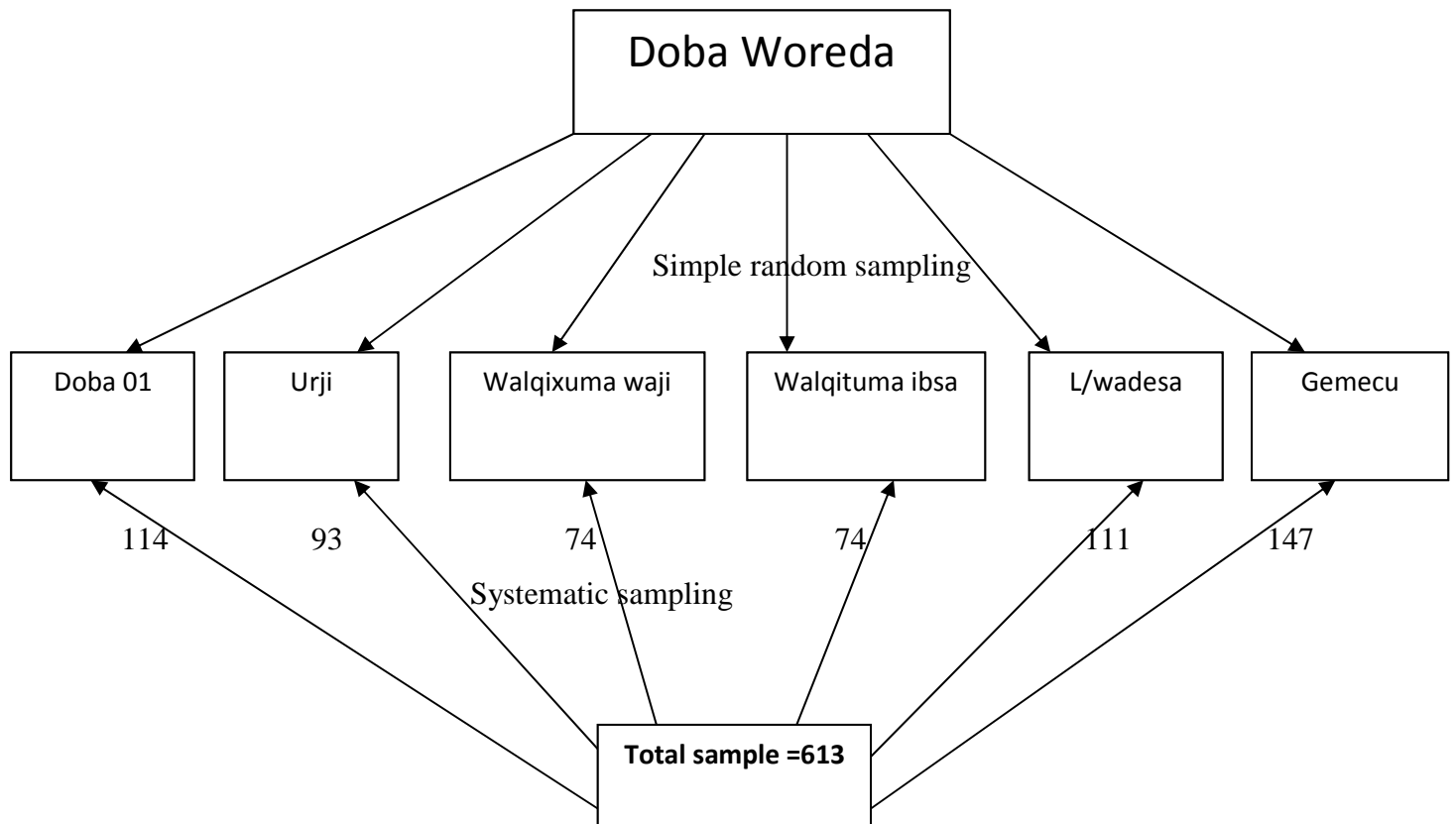


Figure 2: Schematic presentation of sampling method

4.10 Data collection tool and procedure

4.10.1 Quantitative study

Data were collected using interviewer administered structured questionnaires adopted from previous similar study after the necessary modification made. [7, 14] The questionnaire was first designed in English and this first draft questionnaire was submitted to the advisor for comment. Then the questionnaire was corrected accordingly. Finally the corrected questionnaire was translated in to Afan Oromo language, and then be translated back to English language for checking understandability and consistency of the message. Pretest was done on five percent of sample who live in non-selected kebeles which has similar characteristics and setting with the selected one. Finally, approved questionnaires were administered to 613 respondents.

4.10.2 Qualitative study

Guiding question was adopted for qualitative study [14]. This first draft was submitted to the advisor for comment. The amended guiding questions were used for key informant interview and FGD. Four FGDs, two with female and two with male youths, containing 8 persons in a group was conducted in order to get richer information about factors that initiate and/or delay youth sexual initiation and to have the consensus view of participants. Moreover, key informant interview was conducted with local official such as health professional, local women, children and youth affairs representative. Before starting the discussion we greeted the participants and introduced our self. Then the purpose, aim and rules of discussion were explained to the participants and verbal consent was obtained. Special attention was paid to maintaining privacy and confidentiality during the discussion. Efforts were made to insure quality and confidentiality of data obtained. The discussion was moderated by the principal investigator and the discussion was taped while note was taken by note takers. After we had their consent the discussion was started. All recorded discussions and interviews were transcribed in full text in the same day of data collection.

4.11 Data quality management

4.11.1 Quantitative Study

Data quality assurance mechanism was instituted at several points to ensure integrity of the data. These are careful modification and translation of adopted questioner, conducting pretest, recruiting eight data collectors who have a minimum of diploma in different field of studies and two supervisors who have first degree in health professionals. Two days training was given for data collectors, and supervisors to make them familiar with the objectives of the study, interview techniques, the questioner and data collection method, and confidentiality related issues. The supervisors collected data from 5% of sampled youth in each *kebele*. Moreover, the supervisors and principal investigator was checking data collection procedures and completeness of collected information daily.

4.11.2 Qualitative Study

For the qualitative part of study, data were collected from representatives of women and child affairs bureau, representatives of youth and sport bureau, health worker and group of youths. A note taker having field experience in qualitative research was appointed for qualitative part. Two days training was given for note taker to make him familiar with the objectives of the study, interview techniques, and confidentiality related issues. The data were audio taped and note was also taken to double check its quality. The investigator moderated the interview

assisted by an experienced note taker. Transcription was also done by the principal investigator.

4.12 Operational definition

Adolescent: is individual who is in the age between of 10-19 years. [40]

Adolescence: is a period between childhood and adulthood [9]

Age at sexual initiation: is age at first intercourse (vaginal penile penetration). Other non-sexual intercourse contacts such as kissing, dating & peoples who have sex with similar sex are not included.

Early sexual initiation: Committing first sex before the age of 18 years.

Relatively near kebeles: kebeles which is found within a distance of five kilometers from the center (town).

Remote kebeles: kebeles which is found at a distance of more than five kilometers away from the center (town).

Sexual intercourse: is vaginal penile penetration.

Sexually active: individual who ever having sexual practice.

Young people: individual of age between 10- 24 years old. [9]

Youth: is individual who is in the age between 15-24 years. [41]

4.13 Data analysis procedure

4.13.1 Quantitative study

Using Epi Info data was cleaned and prepared for analysis. Cleaned and prepared data was exported into STATA version 12 for analysis. The descriptive statistics was done to describe the frequency, mean and percentage of dependent and independent variable after the data was checked for normality. Bivariate analysis was done to show the relationship between dependent and independent variables. For variables with P value ≤ 0.2 multivariable regression analysis was carried out. Finally, the *P*-values less than 0.05 were considered statistically significant.

4.13.2 Qualitative study

For the qualitative part of the study, the audio information from the study participants was carefully transcribed and translated on the same day on which data collection was made. Transcription and translation was made using Ms Word and it was export to open code software for coding and categorizing qualitative data. Thematic content analysis was employed. Finally, the narrative information was presented complement by direct verbatim of the respondents and triangulated with quantitative data. (Table 1)

Table 1: Codes of qualitative study and their categories and thematic areas

Youths early sexual practice		Factors /Socio-cultural factors		Protective of early sex		Youth perception about consequence of early sexual initiation	
Code	Category	Code	Category	Code	Category	Code	Category
- common practice -prevent among females	Early sexual intercourse	-playing over night -dance performance with very close body contact -sexual solicitation practice during danci playing -going to gojo -rape	Shegoye/danci	-discouragement of shegoye/danci from religious leaders -strict control of kebele leaders over dance -Afosha imposing fine punishment on individual hosting shegoye/dani	Local institutions	-Unwanted pregnancy -School dropout -Unsafe abortion -STI -Complication during delivery -Early marriage	Consequence
		-Female sharing bed room at adolescent age -listen to parental sexual intercourse	Sharing the same bed room with parents	Disrespect female who lose their virginity Disrespecting there family Sending charged money	Preserving virginity		
		-chewing khat -conducive environment during khat ceremony - effect of the substance	substance user	Education of preserving varginity	Religion		
		-Link male and female -Lobby and negotiate girls -Facilitate and create suitable condition	Broker				

4.14 Ethical consideration

Ethical clearance of this study was obtained from the ethical review board of the School of Public Health, College of Health Sciences Addis Ababa University. Permission was obtained from woreda health bureau. Verbal consent was taken from the study participant. Their privacy and confidentiality was ensured throughout the research process.

4.15 Dissemination of result

The result will be presented to the School of Public Health, Addis Ababa University and it will be given to the SPH library. Another copy will be given to the Doba woreda and also to concerned governmental and nongovernmental organizations.

5. Result

5.1 Quantitative result

5.1.1 Socio demographic characteristics of youth

A total of 613 youths participated in this study and the response rate was 100%. Of the total, three hundred twenty eight (53.5%) respondents were males while two hundred eighty five (46.5%) of them were female respondents. Three hundred eighty seven (63.1%) of youths were in the age of 15-19 years. The mean age of respondents was 18.6years \pm 2.8 (19.03 \pm 2.7 for male and 18.9 \pm 2.8 for female).

Muslim, four hundred ninety three (80.4%) was the dominant religion in the woreda and majority of the respondents, five hundred eighty eight (95.9%) were from Oromo ethnic group.

Most of the respondents, three hundred forty two (55.8%) had primary educational level. Similarly, majority of them, three hundred seventy five (61.2%) were single in their marital status and three hundred fifty one (57.3%) were students. [Table 2 below]

Table 2: Socio demographic characteristics of study participants in Doba woreda Oromia region, Ethiopia, April 2016

Variable	Frequency (n=613)	Percent
Sex		
Male	328	53.5
Female	285	46.5
Age		
15-19	387	63.1
20-24	226	36.9
Marital status		
Never Married	375	61.2
Married or living together	238	38.8
Education level		
No formal education	81	13.2
Primary education	342	55.8
Secondary education	157	25.6
More than secondary	33	5.4
Ethnic group		
Amhara	25	4.1
Oromo	588	95.9
Religion		
Christians	118	19.3
Muslims	493	80.4
Other *	2	0.3
Respondents' occupation		
Student	351	57.3
Farmer	164	26.7
Other **	98	16

* Others refers to Wakefata **Others refers to daily laborer, civil servant, employed in private sector, private business, house wife

5.1.2 Living condition

Regarding the living conditions of respondents, four hundred eighty one (78.5%) were living with their father and mother up to the age of fourteen years old. Two hundred eighty seven, (46.8%) of the respondents shared bedroom with their father and mother during their adolescence period [Table 3].

Table 3: Living condition of study participants in Doba woreda Oromia region, Ethiopia, April 2016

Variable	Frequency	Percent
Living condition		
Father and mother	481	78.5
Single parent	38	6.2
Relative	74	12.1
Other*	20	3.2
Bedroom arrangement		
Alone	244	39.8
Father and mother	287	46.8
Other**	82	13.4

*Other refers to class mate, alone **other refers to class mate, relatives, father only, and mother only

5.1.3 Socio economic status

Economically one hundred thirty eight (22.5%) of the respondents were categorized as poorest. Only two hundred seventy three (44.5%) had permanent pocket money and out of them one hundred seventy one (62.6%) got pocket money from their parents while the remaining got the money either through engaging in some means of income generating activities by their own or from their spouse. [Table 4]

Table 4: Socio economic characteristics of study participants in Doba woreda Oromia region, Ethiopia, April 2016

Variable	Frequency	Percent
Socioeconomic status		
Very poor	138	22.5
Poor	128	20.9
Medium	120	19.6
Rich	106	17.3
Very rich	121	19.7
Have pocket money		
Yes	273	44.5
No	340	55.5
Get pocket money from		
Parent	171	62.6
Self	77	28.2
Spouse	25	9.2

5.1.4 Socio-cultural factors affecting sexual initiation

Two hundred ninety seven (48.5%) of the respondents said that there are cultural practice that affect age at sexual initiation. Majority of these practices which were cited by the respondents

were early marriage, (85.2%) followed by traditional dancing locally known as “danci”/“shagoyye”, 72.1% [Table 5].

Table 5: Socio culture charateristics of study participants in Doba woreda Oromia region, Ethiopia, April 2016

Variable	Frequency	Percent
Cultural practice that affect age at Sexual Initiation		
Yes	297	48.5
No	316	51.5
Type of cultural practice		
Early marriage	253	85.2
Danci/shagoyyee	214	72.1
Rape	127	42.8
Abduction	24	8.1

5.1.5 Discussion with parents about sexual and reproductive health issue

Only one hundred twelve, (18.2%) youths were discussing about sexual and reproductive health issues with their parents [Table 6].

Table 6: Discussion of study participants with their parents about sexual and reproductive health issues in Doba woreda Oromia region, Ethiopia, April 2016

Variable	Frequency	Percent
Discussed with parents about SRH		
Yes	112	18.2
No	501	81.8
SRH topics discussed with parent		
About puberty	88	78.5
About avoid getting pregnant	59	52.7
About relationship with opposite	43	38.4
Whether or not to have sex	41	36.6
About unwanted pregnancy	40	35.7
About abortion	44	39.3
About STI	90	80.4
About condom	50	44.6
Sexual abuse	38	33.9

5.1.6 Discussion with peers

Two hundred fifty seven of the respondents, 41.9% discussed about sexual issue with their peers. [Table 7]

Table 7: Discussion of study participants with their peers about sexual issue in Doba woreda Oromia region, Ethiopia, April 2016

Variable	Frequency	Percent
Discuss sexual issue with peer		
Yes	257	41.9
No	356	58.1
Peer response		
Would answer helpfully	212	81.9
Would turn me away without giving me answer	16	6.95
Would scold me	6	2.3
Response would vary with type of question	16	6.2
Not competing enough to answer	7	2.7

5.1.7 Substance use and watching pornographic materials

Five hundred two (81.9%) respondents were using substances. Khat is the most abused substances in the study area. Majority, 393 (64.1%) of youths chewed Khat and two hundred eighty eight, (73.3%) of them chewed it daily. Only 108, (17.6%) and 221, (36%) youths were drinking alcohol and smoking shisha respectively. And also one hundred seventy two participants were watching pornographic materials [Table 8].

Table 8: Substance use of study participants in Doba woreda Oromia region, Ethiopia, April 2016

Variable	Frequency	Percent
Drug use		
Yes	502	81.9
No	111	18.1
Drink alcohol		
Yes	108	17.6
No	505	82.4
Number of times		
Once/twice per week	36	33.3
Daily	8	7.4
Rarely	64	59.3
Smoke shisha		
Yes	221	36
No	392	64
Number of times		
Once/twice per week	98	44.3
Daily	118	53.4
Rarely	5	2.3

Chew khat		
Yes	393	64.1
No	220	35.9
Number of times		
Once/twice per week	92	23.4
Daily	288	73.3
Rare	13	3.3
View pornography		
Yes	172	28.1
No	440	71.9
Number of times viewed pornography		
Once/ twice a week	74	44.2
Daily	14	8.1
Rarely	82	46.7
Type of pornography viewed		
Movies	128	74.4
Photo	59	34.3

5.1.8 Knowledge of youth about STI and HIV

Majority, 510, (83.2%) of the respondents knew about sexually transmitted infections. Of which Gonorrhoea, 447 (87.5%), Syphilis, 414 (81.2%), and HIV, 402 (78.7%) were the most known type of STI. Only fifty nine (9.6%) respondents believe that a person can be identified whether she or he has HIV/AIDS or not by observing him carefully. Four hundred twenty nine (70%) believe that a person can get HIV at his/her first sex. Majority, 573, (93.5%) of respondents heard about HIV/AIDS [Table 9]. Three hundred twenty four (56.5%) respondents heard about HIV from teachers [Figure 3]. Three hundred ninety five, (64.4%) prefer to hear about HIV AIDS from health workers [Figure 4].

Table 9: Knowledge about STI and HIV/AIDS of study participants in Doba woreda Oromia region, Ethiopia, April 2016

Variable	Frequency	Percent
Do you know any STI		
Yes	510	83.2
No	103	16.8
Type of STI known		
Syphilis	414	81.2
Gonorrhoea	447	87.5
Other	28	5.5
HIV	402	78.7
Do you heard about HIV		
Yes	573	93.5
No	40	6.5
Know that HIV is transmittable disease		
Yes	557	97.2
No	16	2.8
Knowledge about HIV transmission and prevention		
Good knowledge	258	46.3
Poor knowledge	299	53.7
Misconception about ways of HIV transmission		
Mosquito bite	28	5
Sharing food with HIV positive person	43	7.7
Sharing toilet with HIV positive person	11	2
Can identify a person has HIV just by looking		
Yes	59	9.6
No	554	90.4
A person can get HIV at first sex		
Yes	429	70
No	184	30

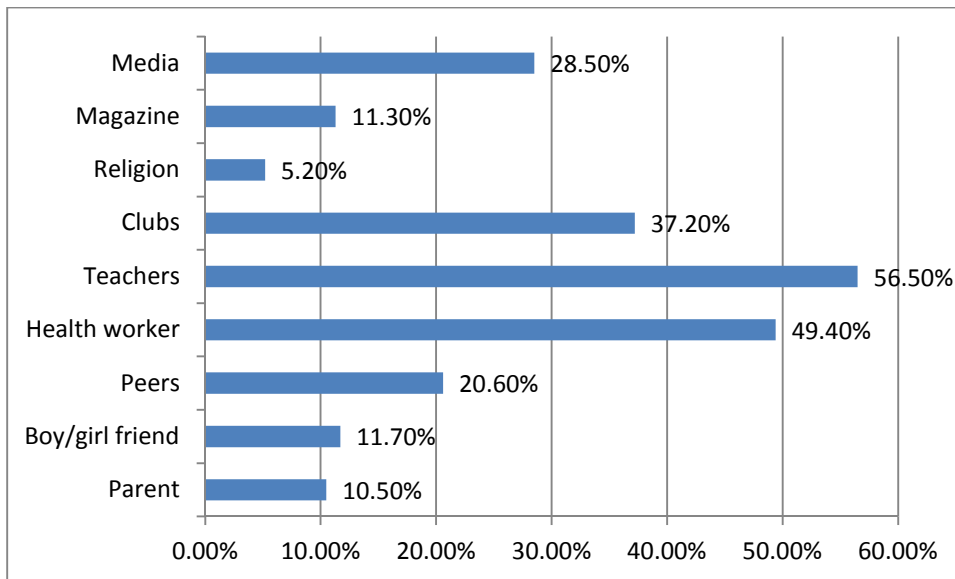


Figure 3: Source of information on HIV/AIDS among study participants in Doba woreda Oromia region, Ethiopia, April 2016

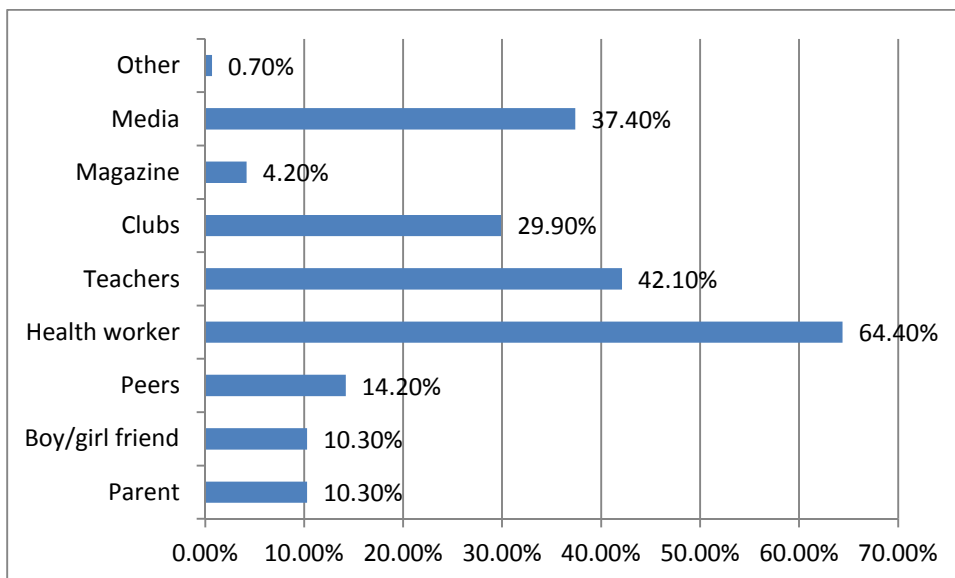


Figure 4: Preference of source of information on HIV/AIDS among study participants in Doba woreda Oromia region, Ethiopia, April 2016

5.1.9 Median age of sexual initiation and Sexual behavior

Four hundred nineteen (68.4%) respondents had ever had sex. Of these, two hundred seventy six, 66.6% of youths started sexual intercourse before the age of eighteen. First sex was mainly committed with boy/girl friends [Table 10 below]. The median age at first sex was 17 years (range 15-18) for male (18 years (range 17-19years)) and for females (16 years (range 15-17years)). The median age at first sexual initiation is higher among males than females. Among those who are sexually active the main reason of sexual initiation was fall in love followed by desire to have a sex [Figure 5]. Among sexually active youths, three hundred thirty seven (80.4%) had only one sexual partner so far and majority of the youths, 96.42%

have sexual intercourse in the last twelve months. Most, 95.1% of them have one sexual partner in the last twelve months [Table 10].

Table 10: Sexual behaviour of study participants in Doba woreda Oromia region, Ethiopia, April 2016

Variable	Frequency	Percent
Ever had sex		
Yes	419	68.4
No	194	31.6
Age at first sex		
Less than 18 years	279	66.6
Greater than or equal to 18 years	140	22.8
Relationship with your first partner		
Class mate	121	28.9
Boy/girl friend	186	44.4
Fiancé	42	10
Spouse	57	13.6
Other*	13	3.1
Number of sexual partner ever had		
One sexual partner	337	80.4
Multiple sexual partner	82	19.6
Had sexual intercourse in the last 12 month		
Yes	404	96.4
No	15	3.6
Number of sexual partner in the last 12 month		
One sexual partner	384	95
Multiple sexual partner	20	5
Contraceptive used in the last 12 month		
Yes	130	32.2
No	274	67.8
Method of contraceptive used		
Condom	31	23.9
Pills	16	12.3
Depo Provera	81	62.3
Implant	2	1.6
Had sexual intercourse CSW		
Yes	4	2.1
No	184	97.9
Condom use		
Yes	4	100
No	0	0
How often use condom		
Always	2	50
Sometimes	2	50

*other refers to neighbors, relatives

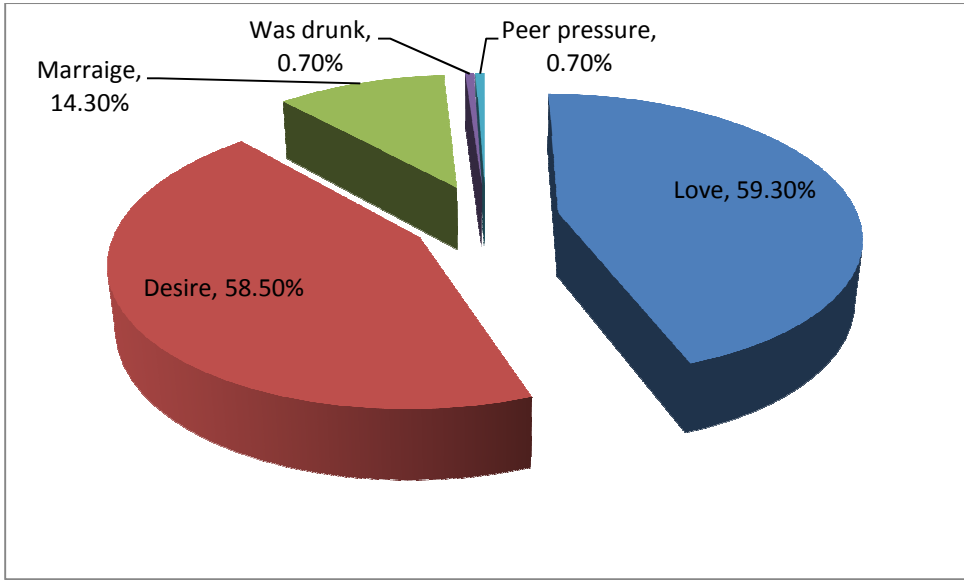


Figure 5: Reason for early sexual initiation among study participants in Doba woreda Oromia region, Ethiopia, April 2016

5.1.10 Predictors of early sexual initiation

Bivariate analysis

In the bivariate analysis, sex (being female), younger age group, marital status (never married), sharing bedroom with their father and mother at adolescence period (10-until they marry or go out of house), respondents occupation status (being student), socioeconomic status, discussion about sexual issue with peers, smoking shisha and chewing khat were significantly associated with early sexual initiation. But educational status of respondents, educational level of father and mother of the respondents, occupational status of respondents' father and mother, living with biological parents up to 14 years old, discussing with parents about sexual and reproductive issue, drinking alcohol and watching pornographic materials were not significantly associated with early sexual initiation.

The analysis showed that being female crude OR 5.7, 95% (3.5-9.3), younger age group Crude OR 10.3, 95%(3.5-30.9), never married Crude OR 2.97, 95% (1.3-6.6), sharing bedroom Crude OR 6.8, 95% (2.9-15.9), respondent occupation being student Crude OR 4.3, 95%(1.6-11.8) and other occupation(daily laborer, civil servant, private business) Crude OR 1.8, 95%(1.2-2.7) socioeconomic status being rich Crude OR 0.43, 95%(0.19-0.99), discussion about sexual issue with peers Crude OR 0.3 95% (0.11-0.59) were significantly associated with early sexual initiation. And also smoking shisha Crude OR 3.3, 95 % (1.4-7.8), and chewing khat Crude OR 3.6, 95 % (1.04-12.29) were significantly associated with early sexual initiation.

Multivariate analysis

In a multivariable logistic regression analysis, being female, younger age group, never married, sharing bedroom with father and mother, discussion about sexual issue with peers and smoking shisha were significantly associated with early sexual initiation. But respondent occupation, socioeconomic status, and chewing khat had no significant association with early sexual initiation.

Female youths were four times more likely than male youths to start sexual activity early [AOR=4, 95%CI, 1.9-8.3].

Youths with the age range between 15-19 years were 3.9 times more likely to start early sex compared to those youths with the age range between 20-24 years old (AOR=3.9 (95%CI, 1.1-13.5).

Youths who shared bedroom with their father and mother during their adolescence were about 3.5 times more likely to start sexual intercourse early compared to those who either had separate bedrooms or shared bedroom with other relatives and friends (AOR=3.5 (95%CI, 1.4-8.9).

Youths who discuss sexual issue with their peers were 60% protected from early sexual intercourse than who do not discuss (AOR= 0.4(95% CI, 0.17-0.95).

Youths who smoked shisha were 2.7 times more likely to start sexual intercourse early than non smokers (AOR=2.7(95%CI, 1.3-5.4). [Table 11]

Table 11: Bivariate and multivariate analysis for determinants of early sexual initiation among youths in Doba woreda Oromia region, Ethiopia, April 2016

Variable	Age at first sex		COR (95% CI)	P value	AOR (CI 95%)	P value
	Early initiation < 18 years n (%)	Late initiation >= 18 years n (%)				
Sex						
Male	87(46.3)	101(53.7)	1.00		1.00	
Female	192(83.1)	39(16.9)	5.7(3.5-9.3)	0.000	4 (1.9-8.3)	0.005
Age						
15-19	193(88.5)	25(11.5)	10.3 (3.5-30.9)	0.003	3.9 (1.1-13.5)	0.036
20-24	86(42.8)	115(57.2)	1.00		1.00	
Marital status						
Never married	144(79.6)	37(20.4)	2.97(1.3-6.6)	0.018	1.7(1.1-2.8)	0.032
Ever married	135(56.7)	103(43.3)	1.00		1.00	
Respondent occupation						
Student	154(80.6)	37(19.4)	4.3(1.6-11.8)	0.014	1.5(0.88-2.4)	0.112
Farmer	69(42.3)	71(50.7)	1.00		1.00	
Other	56(63.6)	32(36.4)	1.8(1.2-2.7)	0.012	1.4(0.85-2.4)	0.132
Shared bed room						
Alone	80(49.4)	82(50.6)	1.00		1.00	
Father and mother	178(86.8)	27(13.2)	6.8(2.9-15.9)	0.002	3.5(1.4-8.9)	0.019
Other	21(40.4)	31(59.6)	0.7(0.23-2.1)	0.43	0.4(0.06-2.2)	0.213
Socioeconomic status						
Very poor	44(15.77)	27(19.29)	0.52(0.17-1.7)	0.19	0.8(0.29-2.2)	0.595
Poor	45(16.13)	34(24.29)	0.42(0.17-1.1)	0.06	0.97(0.37-2.5)	0.935
Medium	68(24.37)	20(14.29)	1.1(0.41-2.9)	0.84	1.4(0.34-5.7)	0.579
Rich	47(16.85)	35(25)	0.43(0.19-0.99)	0.049	0.45(0.1-2.1)	0.237
Very rich	75(26.88)	24(17.14)	1.00		1.00	
Discussion with peers						
Yes	90(49.7)	91(50.3)	0.3(0.11-0.59)	0.008	0.4(0.17-	0.042

					0.95)	
No	189(79.4)	49(20.6)	1.00		1.00	
Smoking shisha						
Yes	156(80)	39(20)	3.3(1.4-7.8)	0.016	2.7(1.3-5.4)	0.017
No	123(54.9)	101(45.1)	1.00		1.00	
Chewing khat						
Yes	215(76)	68(24)	3.6(1.04-12.2)	0.046	3(0.4-22)	0.218
No	64(47.1)	72(52.9)	1.00		1.00	

5.2 Qualitative result

5.2.1 Focus group discussion

Thirty two youths were purposely sampled for the qualitative study. They were divided into four groups which was disaggregated by sex (two male and two female groups) and participated in the focus group discussions (FGDs). Before starting the discussion we greeted the participants and introduced our self. Then the purpose, aim and rules of discussion were explained to the participants and verbal consent was obtained. Special attention was paid to maintaining privacy and confidentiality during the discussion. Efforts were made to insure quality and confidentiality of data obtained. The discussion was moderated by the principal investigator and the discussion was taped while note was taken by note takers. After we had their consent the discussion was started and we tried to see the presence of early sexual initiation among youths, risky and protective factors associated with it focusing on socio cultural factors, parent-youth communication towards SRH and youths perception about consequence of early sexual initiation in the discussion.

5.2.1.1 Youth's early sexual practice

Questions were raised on whether the youths in the area are practicing on early sexual intercourse and how common it is. Almost all of the discussants agreed that youth early sexual intercourse is widely practiced and it is common in the area.

Youth start sexual intercourse in their early years of age, even females at the age of 13/14 and male at the age of 16/17 school. The participants said that many girls are seen giving birth in their early age. And many young girls are seen dropout school. This all is because of the existence of the practice of early sexual intercourse. [FGD on 01 Feb., 2016]

5.2.1.2 Factors

The other issue raised is regarding factors that urge youth to start sexual intercourse. According the discussants there are many factors that push youth to early sexual intercourse. The factors mentioned are peer pressure, parent-youth communication towards SRH, watching pornographic movies, chewing khat, brokers, danci, and share bed room with their father and mother.

Danci, brokers, share bed room with father and mother and chewing khat was given special attention.

Regarding danci a seventeen years old male said that:

“Then after playing dance together, he has expressed his feeling and they may walk together on the road and on the way they may do many things including kissing, warm-up and sex.”[FGD on 01 Feb., 2016]

An 18 years old male said that

“Most of the time the middle man/woman has received birr 100-200 to link male and female” [FGD on 05 Feb., 2016]

Also 15 years old female discussant augmented the above idea as follows:

“The brokers go between male and female to convince the girls like brokering for trading domestic animals.”[FGD on 05 Feb., 2016]

Regarding share bed room a twenty four years female discussant said that

“Sharing bedroom with parents have affected the age of sexual initiation. Some girls accuse sharing the bedroom with their parents and say “hanga yoomittin uma fi abbaa waliin dhageefadha?” [Until when do I listen while my father and mother make sex?]”[FGD on 01 Feb 2016]

A seventeen years female participant supplement the above idea like this

“Young males have slept in independent house starting from the age of 13 however young females sleep with her father and mother. So it has impact on females when she hear her father and mother are making love she feels sex desire and then she decide to have sex with someone” [FGD on 05 Feb.,2016]

In relation to chewing khat a 24 years old FGD participant expounded that

When young male and female chew khat they may ask each other for love then they may have sex. Khat may initiate them to have sex because khat has the capacity of stimulating the mind. Additionally the khat ceremony itself can be a reason for early sexual initiation because male and female chew khat staying together in dark room having some kind of smoke in the room. [FGD on 01 Feb., 2015]

5.2.1.3 Protective factors of early sexual initiation

On the other hand the findings from FGDs show that there are positive cultural practices that contribute for delaying the initiation of sexual activities among youths. These protective factors include different punishment measures taken by the local elites (religious leaders, kebele officials, Afosha leaders etc) to stop dance, culture of preserving virginity and encouragement and education for preserving virginity from the religion side. In this regard one of the FGD participants elucidates that:

“The community members have discussed with the kebele authorities to stop and control the practice of danci and punish individuals who host this playing at their home. Individuals who host/allow their home for danci, will be punished birr 200.”[FGD on 01 Feb., 2016]

In the other FGD discussion a 16 years old male FGD participants said,

“In some ‘got’ [sub-kebele], ‘afosha’ (the community’s self-help group which is voluntary organized in order to assist each other during death, illness, weeding etc) has put punishment of birr 600 on those who host danci in their house and birr 300 on individual who bring music playing device [tape].”[FGD on 01 Feb., 2016]

Moreover, female FGD participants had also emphasized the value that attached to preserving one’s virginity. The communities have good appreciation and encouragement for females to be virgin during marriage and in contrary discourage non-virgin females.

In this regard, for instance, 15 years old female FGD participant expounded that

“There is a culture of preserving virginity in this community. The lady and her family lose their respect from the community and they will be ashamed if their daughter is found non-virgin during her marriage.”[FGD on 05 Feb., 2016]

A 16 years old female FGD participant also said,

“He [the husband] also disrespects and always insults the non-virgin wife. Thus, wife does not have a say in the household if she is found non-virgin during her marriage and he will be the superior person in the house.”[FGD on 05 Feb., 2016]

5.2.1.4 Perceived consequences of early sexual initiation

Most of the participants pointed out that, the main problem with early sexual initiation is unwanted pregnancies, HIV/AIDS, sexual transmitted infections, abortion, early marriage

and school dropout. They also mentioned that obviously female youths would be encountered a greater deal of problems than male youths as they exposed to unwanted pregnancies, abortion, early marriage, complication during delivery and school dropout. An 18 years old male participant said that:

“Many youth are infected with gonorrhoea, syphilis, and other STI due to early and unprotected sex. There are a number of girls who have faced unwanted pregnancy and unsafe abortion.”[FGD on 05 Feb., 2016]

5.2.2 Key informant interview

Key informant interviews were undertaken with three officials. These are representatives of women and child affairs bureau, representatives of youth and sport bureau and health worker. Before starting the the interview I greeted and introduced my self. Then I told them the purpose of the study, confidentiality of the data and asked their willingness to be interviewed. After I had their consent the interview was started and discussed points such as the presence of early sexual initiation among youth, risky and protective factors associated with it focusing on socio cultural factors, and parent-youth communication.

5.2.2.1 Youth's early sexual practice

Questions were raised on whether the youths in the area are practicing early sexual intercourse and how common it is. All of key interviewed agreed that youth early sexual intercourse is widely practiced and it is common in the area. A 28 years old female said that:

“The problem of early sexual initiation is most prevalent among young females but it also practiced among males.”[Interview on 03 Feb., 2016]

A 32 years old male said that:

“Youngsters of age 15-19 are mostly exposed for early sexual intercourse because they are not mature enough to realize the consequence of early sexual initiation. Mostly never married youths had sexual intercourse at their early. It is because never married youths spend most of their time in risky situations such as participating in cultural playing danci, chewing khat, and etc...” [Interview on 03 Feb., 2016]

5.2.2.2 Factors

Regarding factors that initiate youth to early sexual intercourse they mentioned several factors. These are chewing khat, danci, peer pressure, brokers, share bed room with father

and mother and watching pornographic movies. They stressly mentioned danci, brokers, chewing khat and share bed room with father and mother.

Regarding danci a 28years old said that

“Youths have faced different problem on danci play. DANJI is one of the situations where many of the young females lose their virginity. Many of the young females who came to attend this cultural play [danci] have lost their virginity in early age. For me what they call ‘danci’ is not an ordinary play but it seems sexual solicitation practices. They hold each other and play (dance) with very close bodily contact that arose maximum sexual desire where one cannot resist the subsequent act. Then they go directly to ‘Gojo’, a small house constructed in the khat field that serves as a guard house to look after the farm, and spend a night together. I had an experience of seeing two females who passed the night in ‘Gojo’ having a sex with boys after playing a danci together until the midnight in the morning the boys left the girls.”[Interview on 04 Feb., 2016]

Moreover, the woreda women and child affairs office representative also strengthened the above idea and she explained as follows:

They play it with having very close body contact to one another. Different problems can occur up on the dancing occasion. The place where youngster dance and live is not necessary in the same village. Usually females afraid to back home alone after playing the dance in the night. Thus, males harass the female on her way back and enforce her and commit sex at early age on her back forcefully or with her consent. [Interview on 03 Feb., 2016]

In relation to brokers a 28 years old female said that

“There are individuals who have engaged in negotiating and running between girls and boys. What they are locally called “mata gudeeyii” [it means middlemen or brokers/]. They are very active individuals who are capable of negotiating/convincing girls to consent and arrange for sexual affairs. The middlemen/broker deceived a girl that the ‘would be’ male partner is a well to do man economically and she will change her life and better income if she will fix a given person who is looking for her. [Interview on 03 Feb., 2016]

A 28 years old male also augments on above idea as follows

There are some women who work as a broker to communicate sex partner. These women are usually women who got divorced and live in rent house. They have only a mattress where

they serve the partners. Though mattress is common in the area, in these house individuals either male or females have spent a night or the whole day on the mattress chewing a chat and harassing each other. Since there is no one who controls them, the youngsters chew khat as they like and play dance when they wish. [Interview on 04 Feb., 2016]

In relation to share bed room with father and mother a 28 years old male said that

“When a girl enters in to secondary sexual characteristics she has desire for sex. When she sleeps in front of her parents, she will listen to her parents while they are making a love every night. This in turn aggravates her for early sexual initiation.”[Interview 05 Feb., 2016]

Regarding chewing khat a 32 years male said that

“In this area especially in Harerghe, the common practice is chewing khat. They have no job they spent their day in chewing khat. Females and males chew khat together. They arrange khat chewing time to harass one another” [Interview on 03 Feb., 2016]

28 years male enlarge the above idea as follows

“Khat chewing and listening to different music together [boys and girls] that trigger them for love affairs when they came together they listen to music which pushes them to make sex at early age” [Interview on 03 Feb., 2016]

5.2.2.3 Protective cultural factors of early sexual initiation

On the other hand the findings from key informant interviews revealed that there are some protective cultural practises towards early sexual initiation. These are different punishment measures taken by the local elites (religious leaders, kebele officials, Afosha leaders etc) to stop dance and bringing the brokers to law.

In relation with punishment taken by Kebele or afosha: A 28 years old male said that

“In rural area there is some activity done by the kebele. Kebele discusses with the community members and set a rule to punish individuals who allow their house for youths for dance playing with money.” [Interview on 04 Feb., 2016]

A 28 years old female augment the above idea as follows

Kebele is the one which give this mandate for ‘afosha’ because everybody respect ‘afosha’s’ rule. Afosha is the community’s self-help group which is organized in order to assist each other during death, illness, weeding etc. No one can be out of ‘afosha’. The Kebele transfers

this issue to 'afosha' because 'afosha' has acceptance in the community. Afosha pass the message to the community. Parents prevent their children from prohibited activities in order to save themselves from punishment. [Interview on 03 Feb., 2016]

Regarding bringing brokers to law: a 32 years male said that

"As youths and sport office, we have done great thing from 2007 E.C to 2008E.C. We have done a lot of things to stop those brokers. For example, in Direnegaye, Gemechu Kebeles and other Goro site and we bring those brokers to the law." [Interview on 03 Feb., 2016]

Resistance to the punishment taken by Keble/afosha

As the key informants and focus group participants said there are some youths who resist to the punishment taken by Keble. As one of key informant said that

"Amazingly, I saw when the youths spend the whole day to play dance on the road side during weeding in order to avoid any punishment from the bride and groom parents' which is rustled due to dancing in the house of either of the party." [Interview on 04 Feb., 2016]

6. Discussion

This study was done on six representative sample *Kebele* youths of both sexes aged 15-24 years to determine the median age of sexual initiation, to identify factors that contributed for early sexual initiation and positive socio cultural factors for delaying early sexual intercourse among youths in Doba woreda, west Harrghe zone, Oromia Regional State.

The magnitude of early sexual debut among youths in this study was 66.6%, which is similar with studies done on assessment of time of sexual initiation and its associated factors among students in north west Ethiopia, 66.9%, factors associated with age at first sexual initiation among youths in Gammo Gofa, with the prevalence of 63%, study conducted among Addis Ababa undergraduate students 70.4%, study done on age at Sexual initiation and its determinants among youths in north east Ethiopia, 61%, and study done among unmarried first year undergraduate students in Alkan university college in Addis Ababa 69% [13, 11, 20, 14, 37]. On the contrary, this finding is relatively higher compared to other prior study findings in Addis Ababa with the prevalence of early sexual initiation of 42%, study conducted on Debre Markos university student, 56.6% and another study conducted among Ambo university undergraduate students, 20.4% and study conducted in Busana Korea, 12.3% [16, 31, 21, 34]. Possible explanation for the difference could be the study setting where the previous studies were done on urban and university youth students who are believed to have better knowledge about sexual and reproductive health but the current study was undertaken on rural youths. Another important reason for early sexual initiation in the study area is the socio cultural activities that is highly valued and practiced among youths in that specific area which may not be the case in the former studies with low prevalence.

Median age at first sex of the respondent was, 17 years (ranges 15-18years), which is similar with a study conducted in north east Ethiopia (17 years, range 8-24) and with study conducted in Indian (17years) [14, 39]. And it is slightly lower than a study conducted in Addis Ababa (18years) [31]. The difference may be due to rural youths initiate sexual

intercourse at earlier age than their urban counter parts. Thus the result show as the need of sexual and reproductive health services in that specific area which able to fill youths with knowledge and skill of delaying first sex.

Regarding the predictors of early sexual initiation different factors contributed to early sexual initiation among youths in the study area. The study found that among socio demographic factors (sex, marital status and younger age group), living condition (shared bedroom with father and mother during adolescence period), discussion with peers and substance use (smoking shisha) were significantly associated with early sexual initiation.

According to the result, female youths were four times more likely to start sexual intercourse early than male youths. This finding is in line with study done in north Norway. [38] Similarly previous studies done in our country showed that females were more likely to engage in early sexual activity than male [13, 14, 21, 31]. This is because females are usually constraint with cultural elements and are made less powerful to resist the pressure related to sexual relationships. Physiologically, it is clear that females mature earlier than males. However, physical maturation alone may not be responsible for early sexual activities. The socio-cultural believes and attitude of the society towards early sex coupled with less decision making power of young girls are the possible reasons for early sexual initiation in the study area and beyond. The finding from key informant interviews and FGDs also revealed that females start sexual activity at early age than males. Representative of women and child affairs Bureau said,

“Though early sexual initiation is also practiced among young males, the problem is most prevalent among young females in our community.” [Interview on 03 Feb, 2016]

As the key informant interviews and FGD participants said that the first reason that makes female youths to start sexual intercourse at early age is the brokers.

Example, one of the key informant interviewee expounded that

“There are individuals who have engaged in negotiating and running between girls and boys. What they are locally called “mata gudeeyii” [it means middlemen or brokers/]. They are very active individuals who are capable of negotiating/convincing girls to consent and arrange for sexual affairs. The middlemen/broker deceived a girl that the ‘would be’ male

partner is a well to do man economically and she will change her life and better income if she will fix a given person who is looking for her. [Interview on 03 Feb, 2016]

The second reasons they mentioned for females mostly committing sexual intercourse early is because females share bedrooms with their father and mother during their adolescence period until they marry or go out of the house.

A 16 years old female FGD discussant explained,

“Young males have slept in independent house starting from the age of 13 however young females sleep with their father and mother. So this has impact on females to be initiated to commit sex at their early age. when the girl share the same bedroom with her parents, she listen while her father and mother make love and she feels and develop sex desire and then she decides to have sex with someone at earlier age” [FGD on 05 Feb, 2016]

Youths age between 15-19 years were 3.9 times more likely to start early sexual intercourse compared to those youths who were with 20-24 years old (AOR=3.9(95%CI, 1.1-13.5). This result is supported by findings from Awi zone Northwest Ethiopia, and Addis Ababa [31, 33]. This might be because youths at younger age have physically developed but may not be mentally mature to comprehend all of their action so they decide to have a sex without realizing its consequences. The qualitative finding from key informant interviews and FGDs has also augmented this finding indicating that youngsters of 15-19 years old were engaged into sexual intercourse at early age.

Representative of the woreda youths and sport affairs office pointed out that

“Youngsters of age 15-19 are mostly exposed for early sexual intercourse because they are not mature enough to realize the consequence of early sexual initiation” [interview on 03 Feb, 2016]

Never married youths were 1.7 times more likely to start early sexual initiation compared to those who ever married (AOR=1.7, 95%CI, 1.1-2.8). This is also supported by FGD and key informant interview.

For example the representative of the woreda youths and sport affairs office said that

“Mostly never married youths had sexual intercourse at their early. It is because never married youths spend most of their time in risky situations such as participating in cultural playing danci, chewing khat, and etc...” [Interview on 03 Feb, 2016]

Youths who shared bedroom with their father and mother during their adolescence period were 3.5 times more likely to start sexual intercourse early than youths who either had separate bedroom or shared with relatives, brother and sister. This finding is in line with the result from key informant interviews and FGDs. A 24 years old female FGD discussant clearly elicited how sharing a bedroom with parents triggers youngsters for early sexual initiation. She emphasized the situation as follows:

“Sharing bedroom with parents have affected the age of sexual initiation. Some girls accuse sharing the bedroom with their parents and say “hanga yoomittin uma fi abbaa waliin dhageefadha?” [Until when do I listen while my father and mother make sex?]” [FGD on 01 Feb, 2016)

Thus we need to design strategy to separate the bed room of young children and adolescence from that of their father and mother.

Regarding the socio cultural factors, 72.1% youths said that danci or shaggoyye was one of cultural practice that affects age of sexual initiation. The result from the key informant interviews and FGDs also revealed that socio cultural factors mainly, the traditional dancing or play, which is previously known as shagoyye, is the main reason that predispose young boys and girls to early sexual engagement in the study area.

A 28 years old key informant who is a health worker expounded that

“For me what they call ‘danci’ is not an ordinary play but it seems sexual solicitation practices. They hold each other and play (dance) with very close bodily contact that arose maximum sexual desire where one cannot resist the subsequent act.” [Interview on 03 Feb, 2016]

Shaggoyye is the cultural dance commonly played during holidays, weddings and several cultural events in the previous time. It was played by male and female youths. The play had its own rules. Only five males and five female youths played at a time crosponidng one another. During the play male and female hadn’t had very close body contact but hand

contact on a shoulder and back. There had been a space between the two players. They orally song one for another and dance in artistic body movement holding one another with minimal body contact. However, since recent years, mainly following the advancement of technology, the traditional shaggoyye has modified and changed and being played in different manner than before. There is great difference between the traditional shaggoyye and the changing shaggoyye (the modern one) what youths called it 'danci'.

Traditionally, shaggoyye was played on open field. The young female went to the play with her brother if she has one, if not, the male relative came home and accompanied her to the play after convincing and getting permision from her parents. On the other hand, 'danci' is played using tape or memory reciving device and youths are no more stick to oral songs to perform the dance as it used to. They have performed the dance using African musics as well as the traditional musics. Moreover, the youths have played having very close body contact to one another. The rules which used for traditional shaggoyye is no more functional for the modern sheggoyye ('danci'). For example, in case of 'danci' there is no limitation for the number of youths who played at a time. It is also played at individual house who is willing to host them, as oppose to the traditional shaggoyye which used to be played in open field. The selection of the house, in which the dance is preformed, is mainly based on the size of the house to accommodate all of the participants together. They perform this play during holiday, weddings, and any time depending on the interest of the youths to perform it. They have played for four hours in the night. For example, if they begin the play at about 9:00 pm, it will end at about 1:00 pm in the midnight. However, during 'barite' [overnight] they perform shaggoyye for the whole night. As a result, different problems may occur during this occasion.

Regarding parent-youth communication, 18.2% young people reported that they ever discussed on sexual and reproductive health topics with either of their biological parents during their life time. This finding was relatively lower than the finding of the study done in Addis Ababa. This might be because the previous study was conducted in urban where youths are expected to have discussion with their parent but this study was conducted in rural place where discussion about sexual and reproductive health is considered to be shame. Many of the focus group discussants illustrated that lack of parent-youth communication towards sexual and reproductive health issue is one of the main driver for initiating sex at early age.

Youths who discuss about sexual issue with their peers were 60% less likely to start sexual intercourse early than who do not discuss. This might be because youths are mostly influenced by peers' idea either positively or negatively.

Regarding substance use, in this age youths start to experiment and to test different drugs like khat, alcohol and shisha.

In this study 17.6% youths drink alcohol. But it has no significant difference between early and late sexual intercourse initiators.

According to the result of this study 36.1% youths were smoke shisha. Youths who smoke shisha were 2.7 times more likely had early sexual initiation than non smokers. Study conducted in Bussan Korea show that smokers were more likely had early sexual initiation than non smokers. [16] Similarly studies done in northwest Ethiopia and Debra Markos university show that smokers were more likely had early sexual initiation than non smoker. [13, 21] This could be due to the effect of the substance on the decision of of youths between having sex or not.

In this study 64.1% youths were chew khat. But chew khat has no significant association on early sexual initiation. However, the result from key informant interviews and FGDs showed that chewing khat is the main reason of early sexual initiation. For instance, A 28 year's old health worker who was a key informant pointed out that kaht chewing by itself is a risk. He said, "*Khat chewing itself and the ceremony associated with kahat chewing and the intimacy*

created at the ceremony are the other reasons for early sexual initiation.” [Interview on 04 Feb, 2016]

This study revealed that 28.1% youths watched pornographic materials. Though the result from survey indicates that watching of pornographic materials has no significant association with early sexual initiation, focus group discussants and key informants mentioned that watching pornographic materials such as sex movies has aggravated the problem of early sexual initiation.

Knowledge of HIV AIDS has no significant association with early sexual initiation.

Concerning sexual behavior of early sexual initiator, most sexual intercourse took place with boy/girl friend (44.4%), class mate (28.9%) and spouse (13.6%). The existence of risky sexual behavior including having multiple sexual partners, unprotected sex and sex with commercial sex worker was reported by the study participant which is high risk behavior and can be ended up with STI and or HIV/AIDS.

In this study 19.6% of youths had more than one partner in their life. Study done in Nairobi Kenya revealed that 38.4% female and 65.5% males had more than one sexual partner in their life time. [36] Study done in north east Ethiopia, west shoa zone and Bahir Dar also showed that 36%, 41.7% and 42.7% of youths had more than one sexual partner respectively. [14, 17, 29,]

Only 2.1% youths were had sexual intercourse with commercial sex workers. This finding is lower than previous studies done in the countries [14, 31]. This is mainly because of the absence of bar and hotel in the study area.

Most of the participants mentioned unwanted pregnancies, HIV/AIDS, sexual transmitted infections, abortion, early marriage, and school dropout as the main consequences of early sexual initiation. This is similar with the study conducted in North East Ethiopia [14].

7. Strength and limitation of the study

Strength

- Mixed methods, both quantitative and qualitative method were used
- Appropriate sampling method was used
- To avoid shyness and encourage free response of the interviewee, interviews were made by similar sex

Limitation

- Since the study topic assesses sensitive issues related to sexuality, it may be exposed to underreporting of some behaviour.
- Sexual behaviours such as age of sexual debut and number of sexual partners may be affected by recall bias.
- Since the study was cross-sectional study it didn't indicate the direction of causal relationships.

8. Conclusion

This study showed that the prevalence of early sexual intercourse is very high. Gender (being female), age between 15-19 years, never married, shared bed room with father and mother during their adolescence period until they marry or go out of home, and smoking shisha were factors associated with early sexual initiation. Discussion with peers about sexual issue is protective factor for early sexual initiation. Very interesting findings were sharing bed room with father and mother during their adolescence period up to they marry or go out of home brokers and traditional dance/shaggoyye played the major role in increasing early sexual initiation in the study area.

9. Recommendation

- Youths are more influenced either positively or negatively by their peers. In order to protect youths from early sexual initiation, expansion of youth friendly services at each health facility, establishing youth clubs at Kebele level and at school so as to create opportunity for peer to peer discussion.
- Education should be provided for the community regarding harmful effect of substance use (such as shisha) through different Medias, churches, and mosques.

- The woreda health bureau should provide and facilitate regular education sessions on the consequence of early sexual initiation for youths and brokers.
- The woreda culture and tourism office, community elders, and local leaders and officials should have done more in preserving and perpetuating the ideal shaggoyye culture through educating and guiding youths so as to prohibit them from abusing the culture.
- Young children and adolescents should have bed rooms separated from that of father and mother so that visual and auditory privacy will be maintained. The parents have also encouraged and empowered to ensure the privacy of the dormitory of their adolescent children.
- Researchers should do longitudinal research in order to explore the temporal relationship between early sexual initiation and socio cultural practice.

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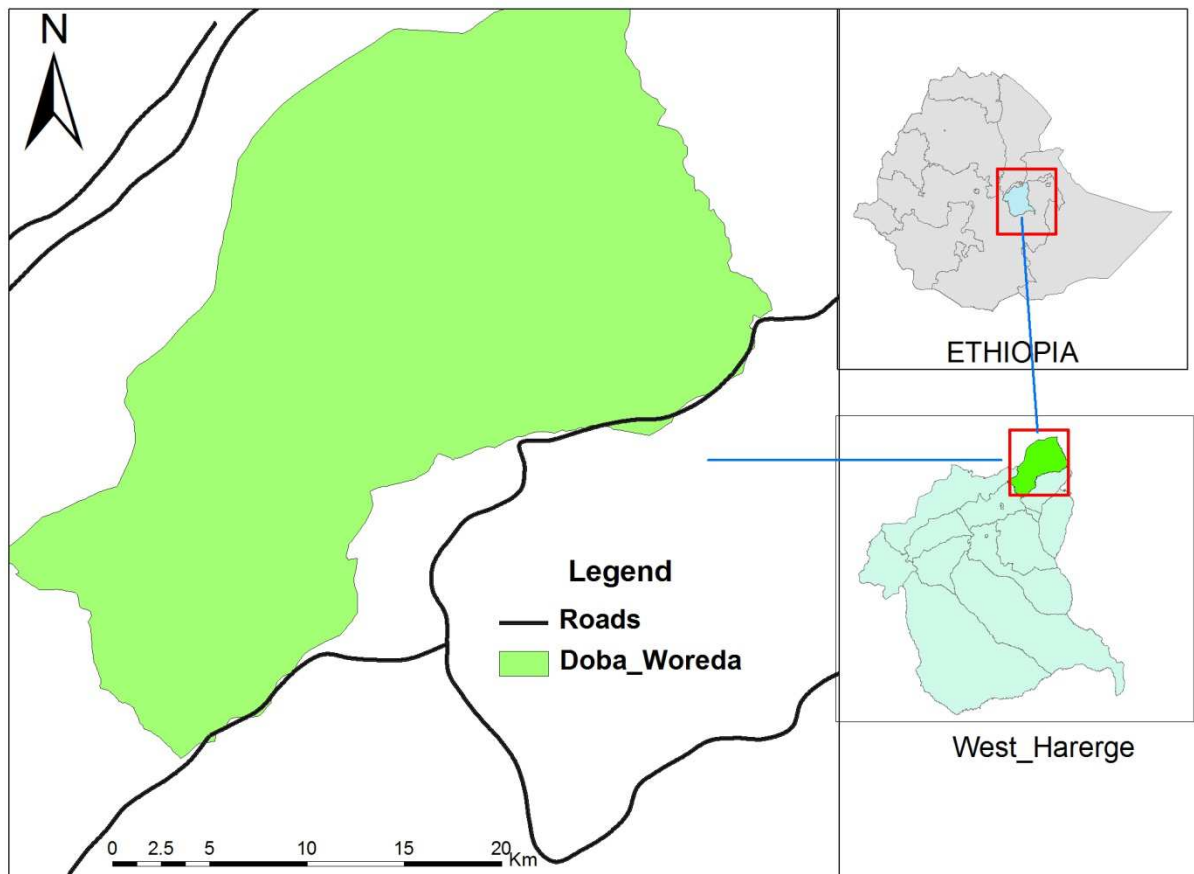
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11. Annex

11.1 Study area map



11.2 Questioner

English version semi structured questioner

Addis Ababa University College of Health Science School of Public Health

Researcher-administer questioner to be filled by youth of doba woreda

A. Information sheet

Dear youths!

To ensure the health of youth understanding of age at sexual initiation and associated factor with it among youth is essential. Thus this study is designed to assess age at sexual initiation and factors associated with it focusing on sociocultural factors among youth in Doba woreda. It will generate important information so as provide evidence about social cultural matters that will be used as inputs and a base for adolescent and youth reproductive health strategies.

You are chosen to participate in this study. The choice of individuals will be done randomly using systematical approach.

This question will involve various personal and sexual issues of individual. Hence, it is your full right to refuse or participate in this study. Moreover I assure you that your responses are completely confidential and private. You do not also need of writing your names on these survey papers. However, in order to attain its goal I kindly request for your willful participation in the survey and provide me your genuine response. I thank you in advance for taking some minutes to respond to the questions.

If you have any question you can contact the principal investigator Mrs. Mulu Begna using her cell phone 0910054631 & E-mail: babebagna@gmail.com.

Thank you. Next I will read a consent which assures your interest to participate.

B. Informed verbal consent form before completing questioner (guide line for respondent)

As the objective of the study briefly explained in the information sheet, the information you provide is very important in order to provide evidence about social cultural factors that will be used as inputs and a base for adolescent and youth reproductive health strategies.

Would you like to participate?

- 1. Agree to participate
- 2. Not agree to participate (stop here)

If the study participant agrees to participate in the study thank her and start the interview.

Interviewer signature that certifiying informed consent has been given verbaly by respondent.

Interviewer's name-----Signature-----Date-----

-

NB: No need of enforcing the clients to be included in the study.

Kebele -----Questioner ID-----Supervisors name-----
Signiture---

IDENTIFICATION

Time at the beginning of the Questionnaire _____

Time of completing the Questionnaire _____

Questionnaire identification number /__/ __/

Region: Oromia

Zone: West Harerghe

Woreda: Doba woreda

Part one Socio demographic

I am going to ask you some questions about your sociodemographic.

Ser. no	Questioner	Coding and categories	Skip to
101	Sex	1. Male 2. Female	
102	Date of birth (when where you born?)	____/____/____	
103	How old were you at your last birth day?	Age in completed years____	
104	What is your current marital status?	1. Single 2. Married 3. Divorce 4. Widowed 5. Living together	
105	What is your educational status?	1. Illiterate 2. Read and write 3. Primary education (1-8) 4. Secondary education (9-10) 5. Preparatory (11-12) 6. Above preparatory	
106	What is your ethnic group?	1. Amhara 2. Oromo 3. Tigre	

		4. Other, Specify-----	
107	What is your religion?	<ol style="list-style-type: none"> 1. Orthodox 2. Muslim 3. Protestant 4. Catholic 5. Others specify 	
108	What is your father educational status?	<ol style="list-style-type: none"> 1. Illiterate 2. Read and write only 3. Grade 1-8 4. Grade 9-12 5. Above secondary 	
109	What is your mother educational status?	<ol style="list-style-type: none"> 1. Illiterate 2. Read and write 3. Grade 1-8 4. Grade 9-12 5. Above secondary 	
110	What is your father's occupation?	<ol style="list-style-type: none"> 1. Daily laborer 2. Farmer 3. Civil servant 4. Employed in private sectors 5. Has private business 6. Others (specify) 	
111	What is your mother's occupation?	<ol style="list-style-type: none"> 1. Daily laborer 2. Farmer 3. Civil servant 4. Employed in private sectors 5. Has private business 6. House wife 7. Others (specify)----- 	
112	What is your occupation?	<ol style="list-style-type: none"> 1. Student 2. Daily laborer 3. Farmer 4. Civil servant 	

		5. Employed in private sectors 6. Has private business 7. House wife 8. Others (specify)-----	
--	--	--	--

Part two living condition

Now I ask you about your living condition and arrangement like questions with whom you live and share bed room.

201	With whom are you living now?	1. Father and mother 2. Mother only 3. Father only 4. Relatives 5. Spouse 6. Friends 7. Alone 8. Others (specify)	
202	With whom you share bed room during your adolescence period?	1. Father and mother 2. Mother only 3. Father only 4. Relatives 5. Boy/girl friend 6. Spouse 7. Alone 8. Others (specify)	

Part three Socio economic

Here are questions about your socio economic status

Ser.no	Questioner	Coding and categories			Skip to
301	Does your household have one or more of the following items?	Items	Yes	No	
		Watch/Clock			
		Radio			
		Television			
		Mobile telephone			

		Landline		
		Refrigerator		
		Table		
		Chair		
		A bed with cotton/ sponge/spring mattress		
		Electric mitad		
		Kerosene Lamp /Pressure Lamp		
		Wall constructed with concrete block/ brick		
		Roof constructed with corrugated iron sheet		
		Bicycle		
		Motorcycle or motor scooter		
		Three wheel tempo		
		Animal drawn cart		
		Car, truck		
302	Do you have a permanent pocket money?	1. Yes 2. No		If no 401
303	If your answer for question '302' is yes, where do you get pocket money?	1. From parents 2. own income earning activity 3. Other specify		

Part four Socio culture

Some questions about the socio culture of the community

No.	Questions	Coding and categories	Skip to
401	Are there any cultural practices that affect age at sexual initiate in your community?	<ol style="list-style-type: none"> 1. Yes 2. No 	If no 501
402	If your answer for question 401 is yes what are those cultural practices?	<ol style="list-style-type: none"> 1. Early marriage 2. Traditional dance 3. Rape 4. Abduction 5. Other (specify) 	

Part five Parent and youth communication

To know the level of communication between you and your family I ask you the following questions.

No.	Questions	Coding and categories		Skip to
501	Have you discussed about sexual issue with your family members?	<ol style="list-style-type: none"> 1. Yes 2. No 		If no 504
502	If your answer for question '5.1' is yes, with whom?	<ol style="list-style-type: none"> 1. Parents (Father & Mother) 2. Elder brother & sister 3. Other, specify 		
503	If your answer four question number '501' is yes, what would be their response if you asked them sex-related question?	Father	Mother	
		<ol style="list-style-type: none"> 1. Would answer helpfully 2. Would turn me away without giving me answer 3. Would scold me 4. Response would vary 	<ol style="list-style-type: none"> 1. Would answer helpfully 2. Would turn me away without giving me answer 3. Would scold me 4. Response would vary 	

		with type of question 5. Not competing enough to answer	with type of question 5. Not competing enough to answer	
504	Have you ever discussed about the following with one or both of your parents?			
504.1	Body changes during puberty/menstrual cycle	Father	Mother	
		1. Yes 2. No	1. Yes 2. No	
504.2	How to avoid getting pregnant	1. Yes 2. No	1. Yes 2. No	
504.3	Relationship with opposite sex	1. Yes 2. No	1. Yes 2. No	
504.4	Whether or not to have sex	1. Yes 2. No	1. Yes 2. No	
504.5	Unwanted pregnancy	1. Yes 2. No	1. Yes 2. No	
504.6	Abortion	1. Yes 2. No	1. Yes 2. No	
504.7	STIs or HIV/AIDS	1. Yes 2. No	1. Yes 2. No	
504.8	About condom	1. Yes 2. No	1. Yes 2. No	
504.9	Sexual abuse/coercion	1. Yes 2. No	1. Yes 2. No	

Part six Communication with peers about sexual issue

Question about communicating sexual issues with peers

No.	Questions	Coding and Catagorising	Skip to
601	Have you discussed about sexual issue with peers?	1. Yes 2. No	If no 701
602	If your answer four question number '601' is yes, what	1. Would answer helpfully 2. Would turn me away without	

would be their response if you asked them sex-related question?	<p>giving me answer</p> <p>3. Would scold me</p> <p>4. Response would vary with type of question</p> <p>5. Not competing enough to answer</p>	
---	---	--

Part seven None-sexual risky behaviors of youths

The following questions are about non-risky sexual behavior

No	Questions	Coding and Catagories	Skip to
701	Do you drink alcohol?	<p>1. Yes</p> <p>2. No</p>	If no 703
702	If your answer for question '701' is yes, how often did you drink alcohol?	<p>1. Once or twice a week</p> <p>2. Drink daily</p> <p>3. Rarely</p>	
703	Do you smoke cigarettes?	<p>1. Yes</p> <p>2. No</p>	If no 705
704	If your answer for question '703' is yes, how often did you smoke cigarette?	<p>1. Once or twice a week</p> <p>2. smoke daily</p> <p>3. Rarely</p>	
705	Do you chew chat?	<p>1. Yes</p> <p>2. No</p>	If no 707
706	If your answer for question '705' is yes, how often did you chew khat?	<p>1. Once or twice a week</p> <p>2. chew daily</p> <p>3. Rarely</p>	
707	Have you ever used drugs such as Shisha?	<p>1. Yes</p> <p>2. No</p>	If no 709
708	If your answer for question '707' is 'Yes', how often you used?	<p>1. Usually</p> <p>2. Sometimes</p> <p>3. Rarely</p>	
709	Have you viewed pornographic materials?	<p>1. Yes</p> <p>2. No</p>	If no 801
710	If your answer for question '709' is yes how often you	<p>1. Usually</p> <p>2. Occasionally</p>	

	viewed?	3. Rarely	
711	What type of pornographic materials did you view? (Multiple answer)	1. Magazine 2. Movies 3. Photograph 4. Other, specify	

Part eight Sexual history

Now am going to ask you about your sexual history.

No	Questioner	Coding and categories	Skip to
801	Have you ever had sexual partner?	1. Yes 2. No	
802	Have you ever had sexual intercourse?	1. Yes 2. No	If no 901
803	If your answer for question '802' is yes, how old were you when you had sexual intercourse for the very first time?	1. Age in years____ 2. Don't know	
804	How old was your partner at that time?	1. Age in years____ 2. Don't know	
805	What was the relation of you to your first partner?	1. An acquaintance 2. Boy/girl friend 3. Fiancé 4. Spouse 5. A relative 6. Others (specify)	
806	Why did you decide to have sexual intercourse the first time you had sex?	1. Fail in love 2. Had desire 3. Got married 4. Raped 5. To get money/gift 6. Peer pressure 7. Was drunk 8. Others (specify)	

807	Do you currently have sexual partner?	<ol style="list-style-type: none"> 1. Yes 2. No 	If no 809
808	If your answer for question '807' is yes why you decided to engage in sex with your current partner?	<ol style="list-style-type: none"> 1. Fail in love 2. Had desire 3. Got married 4. Raped 5. To get money/gift 6. Peer pressure 7. Was drunk 8. Others (specify) 9. No response 	
809	How many sexual partners have you had so far?	<ol style="list-style-type: none"> 1. One 2. Two 3. Three 4. Four or more 	
810	Have you had sexual intercourse in the past 12 months?	<ol style="list-style-type: none"> 1. Yes 2. No 	If no 815
811	If your answer for question '810' is yes, with how many people have you ever had sexual intercourse during the last 12 months?	<ol style="list-style-type: none"> 1. One person 2. Two persons 3. Three persons 4. Four persons 5. Five and above persons 	
812	Did you use any contraceptive methods the time you had sex?	<ol style="list-style-type: none"> 1. Yes 2. No 	If no 814
813	If your answer for question '812' is yes, which method did you use	<ol style="list-style-type: none"> 1. Condom 2. Pills 3. Depo provera 4. IUD/loop 5. Inplant 6. Natural method 7. Others (specify) 	
814	(For male) have you ever had sexual	<ol style="list-style-type: none"> 1. Yes 	If no 901

	intercourse with commercial sex workers?	2. No	
815	(For males) Have you ever use condom when you making sexual intercourse with commercial sex workers?	3. Yes 4. No	If no 817
816	If your answer for question '815' is yes how often did you use condom?	1. Always 2. Sometimes 3. Rarely	
817	If you haven't used condom usually or haven't used constantly what was your reason. (Multiple answer)	1. Condom not available 2. Condoms are expensive 3. Ashamed to ask my partners 4. I ashamed to buy condom 5. I don't know how to use 6. It bursts 7. It decrease satisfaction 8. My religion prohibit 9. I was drank 10. Others (specify)	

Part nine HIV/AIDS and other STIs related question

I am going to ask you about HIV/AIDS and STIs related questions.

Ser. no	Questioner	Coding and categories	Skip to
901	Have you ever heard about STI?	1. Yes 2. No	
902	If your answer for question '902' is yes, which of STI have you ever heard about? (Multiple answer)	1. Syphilis 2. Gonorrhea 3. Granuloma inguinal 4. Chancroid 5. HIV/AIDS 6. Others (specify)	
907	Have you ever heard about HIV/AIDS?	1. Yes 2. No	If no 909

908	If your answer for question '907' is yes, from where did you get the information? (Multiple answer)	<ol style="list-style-type: none"> 1. My parents 2. Boy/girlfriends/partner 3. Health workers 4. School clubs 5. Religious leader 6. News papers 7. Media 8. Others (specify) 	
909	Which source of information do you like more? (Multiple answer)	<ol style="list-style-type: none"> 1. My parents 2. Friends/peers 3. Boy/girl friend 4. School teachers 5. School clubs 6. Health workers 7. Media 8. Magazines 9. Others (specify) 	
910	Have you believe that HIV transmits from person to person?	<ol style="list-style-type: none"> 1. Yes 2. No 	If no 915
911	If your answer for question '910' is yes how it transmit? (Multiple answer)	<ol style="list-style-type: none"> 1. By sexual intercourse 2. Sharing needles 3. Mosquito/insect bite 4. Blood transfusion 5. From mother to unborn child 6. Sharing food with HIV+ person 7. A curse from god 8. Sharing toilet with HIV+ person 9. Others (specify) 10. Don't know 	
912	Is there anything a person can do to prevent HIV? (Multiple answer)	<ol style="list-style-type: none"> 1. Abstain from sex 2. Using condoms 3. Having sex with only one faithful uninfected partner 4. Avoiding sex with CSWs 	If no 914

		<ul style="list-style-type: none"> 5. Using new needle and syringe 6. Taking HIV blood test 7. Others (specify) 8. I don't know 	
913	Can you identify someone has HIV by carefully look at the person?	<ul style="list-style-type: none"> 1. Yes 2. No 	
914	Can a person get HIV the first time she/he has sex?	<ul style="list-style-type: none"> 1. Yes 2. No 	
915	Do you believe you have done anything that may have put you at risk of HIV/AIDS?	<ul style="list-style-type: none"> 1. Yes 2. No 	If no 917
916	If your answer for question '914' is yes, what? (Multiple answer)	<ul style="list-style-type: none"> 1. Had sex without condom 2. Had more than one partner 3. Had sex with CSWs 4. Injured by contamination 5. Others (specify) 	
917	If your answer for question 914 is no, why?(Multiple answer)	<ul style="list-style-type: none"> 1. Never had sex 2. Had one to one sexual relation 3. Had no sexual contact with CSW 4. Always use condom 	

Name of the data collector _____ sign _____ date _____

Name of the supervisor _____ sign _____ date _____

In depth interview guiding questions

Part one Background characteristics

1. Sex _____
2. Age _____
3. Educational status _____
4. Occupation _____
5. Religion _____
6. According to your view what are health problems currently facing young peoples in the community? Why?
7. Can you tell me about early sexual initiation among youth in your area? (prob: prevalence, gender difference, difference in economic status...)
8. What do you think the main factors for early sexual initiation among youths? How?(prob: peer influence, alcohol, chat, pornographic movies etc)
9. What cultural factors affect youth sexual practices? Explain (traditional dancing, early marriage, rape, living condition, etc)
10. How do you see the role of communication between parents and youths in relation to early sexual initiation and delay of sex?
11. How do you think early sexual initiation affect youths in your community/woreda? Explain (prob: health, social, economic, cultural etc)
12. How does early sexual initiation affect the health status of youths in your community? Please explain if there were instances (prob, HIV, STI, pregnancy, etc)
13. How does economic status affect sexual practices among youths in your community? (pocket money, family economic status etc)
14. What has been done to in the community to minimize the problem of early sexual initiation among youths?
15. What should be done to minimize/stop early sexual initiation among youths?
16. What is the role of government, the local officials, the community, parents, and the youth themselves to control the problem?

FGD guiding question

Date: _____

Place of FGD: _____

Starting time: _____ **Ending time:** _____

Name of facilitator: _____ **Name of note taker:** _____

Number of FGD participants: _____

Characteristic of participants: _____

1. According to your view what are health problems currently facing young peoples in the community? Why?
2. Can you tell me about early sexual initiation among youth in your area? (prob: prevalence, gender difference, difference in economic status...)
3. What do you think the main factors for early sexual initiation among youths? How?(prob: peer influence, alcohol, chat, pornographic movies etc)
4. What cultural factors affect youth sexual practices? Explain (traditional dancing, early marriage, rape, living condition, etc)
5. How do you see the role of communication between parents and youths in relation to early sexual initiation and delay of sex?
6. How do you think early sexual initiation affect youths in your community/woreda? Explain (prob: health, social, economic, cultural etc)
7. How does early sexual initiation affect the health status of youths in your community? Please explain if there were instances (prob, HIV, STI, pregnancy, etc)
8. How does economic status affect sexual practices among youths in your community? (pocket money, family economic status etc)
9. How do you perceive the consequence of early sexual initiation?
10. What has been done to in the community to minimize the problem of early sexual initiation among youths?
11. What should be done to minimize/stop early sexual initiation among youths?
12. What is the role of government, the local officials, the community, parents, and the youth themselves to control the problem?

Thank you for your response!

Birqaba B Afaan Oromoo

Universitii Finfinnee Fakaaltii Fayyaa Hawaasaatti gaaffilee dargagoota jiraatota Anaa Doobaatiin kan guutamu.

Jaallatamtoota Dargagoota

Tajaajila fayyaa qaama hormaataa dargaggootaa fooyyessuuf rakkoolee fayyaa dhimma wal-qunnamtii naf-saalaa fi amaloota dargaggootaa dhimma kana waliin wal-qaban gad-fageenyaan qoratani hubachuun barbaachisaa dha.

Sababa kanaaf qoratnoon amala qunnamtii naf-saalaa ,amaloota kanaaf dhimmoota murteessoo ta'anii qorachuuf qoratnoon kun qophaa'eera.Isinis qoratnoo kanaaf.carraadhaan filatamtanii jirtu.

Gaaffileen qoratnoo kanaa dhimmoolee dhuunfaa kan ilaallatan waan ta'aniif qoratnoo kana keessatti hirmaachuun fedhii irratti kan hundaa'e ta'a. Kanaafis hirmaachuu fi dhiisuu irratti mirgi keessan kabajamaa dha .

Haata'u malee galmaan ga'umsa kaayyoo qoratnoo kanaa fi fooyya'insa tajaajila fayyaa dargaggootaaf jecha hirmaannaa keessan kabajaan isin gaafatna. Deebiin keessan hundi iccitiitti kan qabamu ta'uu isaa ni mirkaneessina.

Gaaffii yoo qabaaten qorannaa tokkoffaa qorannoo kanaa Aaddee Muluu Beenya kara lakkoofsa bilbilaa 0910054631 fi E-mail babebagna@gmail.com n gaafachuu dandeessu.

Gaalatooma

Foormii walii galtee

Akkuma kaayyoon qorannoo kan armaan oliitti ibsametti, oddeefanoon atti kenitu tajaajila fayyaa dargaggootaa fooyyessuuf baay'ee barbaachisaadha.

Qoratnnoo kana keessatti himaachuuf fedhii qabdaa?

1. Eeyyee (___)
2. Lakki (___) mallattoo "X" galchuudhaan mirkaneessa.

Erga hirmaataan qorannoo kanaa qorannoo kana keessatti hirmaachuuf waliigalee booda galateefadhuutii gara gaaffiitti cee'i.

Mallatoon odeeffannoo funaana kan mirkaneessu hirmaataan qorannoo kanaa waliigaltee afaanii kennu isaati.

Maqaa odefannoo funaanaa_____ Mallattoo_____ Guyyaa_____

Ganda _____ Lakkofsa gaaffii _____ Maqaaa Supervisoraa_____
Mallattoo_____

Addaan baafata

Godina harargee lixaaa Anaa Doobaa: Yerroo itti jalqabe----- yeroo raawatame-----

Kutaa tokko Gaafiilee haala dhuunfaa ilaalatan

Lakk.	Gaaffilee	Deebii fi koodii	Gara cee'ii
101	Saala kee	1. Dhiira 2. dhalaa	
102	Guyyaan dhalootni kee yoomi?	___/___/___	
103	Guyyaa dhaloota kee darbe irratti umuriin kee meeqa ture (waggaadhaan)	1. Waggaa____ 2. Hin beeku	
104	Yeroo ammaa kana haali gaa'eli kee maal?	1. Kan hin heerumne/fuune 2. Kan heerumte/ fuudhe 3. Kan hiikte/ hike 4. Kan jalaa du'e/duute 5. Kan waliin jiraaten	
105	Sadarkaa barumsa kee	1. Kan hin barannee 2. Barressuu fi dubisuu qofa kan danda 3. Kutaa 1-8 4. Kutaa 9-10 5. Kutaa 11-12 6. Qophaa'inaa ol	
106	Qomoo kee maali?	1. Oromoo 2. Amaara 3. Gara biro(ibsi)	
107	Amantaa kee maali?	1. Ortodoksii 2. Musliima 3. Protestaantii 4. Kaatolikii 5. Gara biro (ibsi)	
108	Sadarkaa barnoota abbaa kee	1. Kan hin baranne 2. Barressuu fi dubisuu qofa kan danda'u 3. Kutaa 1-8 4. Kutaa 9-12 5. Kutaa 12 ol	
109	Sadarkaa barnoota haadha kee	1. Kan hin baranne 2. Barressuu fi baressuu qofa kan danda'u 3. Kutaa 1-8 4. Kutaa 9-12 5. Kutaa 12 ol	
110	Hojii abbaa kee	1. Hojataa guyyaa 2. Qonaan bulaa 3. Hojataa mootummaa 4. Qaxaramaa mana dhuunfaa	

		5. Hojii dhuunfaa 6. Gara biro (ibsi)	
111	Hojii haadha kee	1. Hojataa guyyaa 2. Qonaan bulaa 3. Hojataa mootummaa 4. Qaxaramaa mana dhuunfaa 5. Hojii dhuunfaa 6. Haadha warraa 7. Gara biro (ibsi)	
112	Hojii kee	1. Barataa 2. Hojataa guyyaa 3. Qonaan bulaa 4. Hojataa mootummaa 5. Qaxaramaa mana dhuunfaa 6. Hojii dhuunfaa 7. Haadha warraa 8. Gara biro (ibsi)	

Kutaa lama Haala Jireenyaa

Lakk.	Gaaffiilee	Deebii fi koodii	Gara cee'i
201	Yeroo amma kana eenyu waliin jiraachaa jirtaa?	1. Abbaa fi haadha 2. Abbaa qofa 3. Haadha qofa 4. Fira 5. Hirriyyaa jaalalaa 6. Haadha warraa/abbaa warraa 7. Qofaa 8. Garabiroo(ibsi)	
202	Yeroo dargagummaa keetti mana ciisichaa eenyuu waliin ciistaa turte?	1. Abbaa fi haadha 2. Abbaa qofa 3. Haadha qofa 4. Fira 5. Hirriyyaa jaalalaa 6. Haadha warraa/abbaa warraa 7. Qofaa 8. Garabiroo(ibsi)	

Kutaa sadii Sadarkaa Jireenyaa Hawaasummaa

Lakk.	Gaaffiilee	Deebii fi koodii			Gara cee'i
301	Manni jireenyaa keessan meeshaalee armaan gadii keessaa tokko ykn tokkoo ol qabaa?	Meeshaalee	Jira	Hinjiru	
		Sa'atiiharkaa/girgidaa			
		Radiyoo			
		Televisinii			
		Mobayilii			
		Silkii manaa			

		Firiiji			
		barcuma			
		Tessuma			
		Sire firashii jirbii/sponjii/springi			
		Elee budenaa elactrica			
		Kurasii			
		Girgidaa tuubii irraa hojatame			
		Batii korkoro irraa hojatame			
		Biskileetii			
		Motorsaaykila			
		Bajajii			
		Garii			
		Konkolaataa/kan fe'umsaa			
302	Kan shayiif ramadame qarshii borsaa ji'an (dhuunfaa)	1. Eyyee 2. Lakki			
303	Deebiin kee lakk. 3.2f eeyyee yoo ta'e maalaqicha eessaa argataa?	1. Maatiiraa 2. Dhuunfaa koodhaan 3. Garabiroo (ibsi)			

Kutaa afur Aadaa fi Hawaassummaa

Lakk.	Gaaffilee	Deebii fi koodii	Gara cee'ii
401	Gocha aadaa ta'ee umurii quunamtii naf saalaa jalqabaa irratti dhiibbaa uummu naannoo keessanitti raawatamni ni jiru?	1. Eeyyee 2. Lakki	501
402	Deebiin kee gaffii lakk. 4.1f eeyyee yoo ta'e goohootni aadaa kun maal faadhaa?	1. Heeruma ummurii malee 2. Daancii aadaa(Shagoyyee) 3. Gudeeddi 4. Butii 5. Garabiroo(ibsi)	

Kutaa shan Gaaffilee marii maatii fi dargagoo waa'ee quunamtii naf saalaa

Lakk.	Gaaffilee	Deebii fi koodii	Gara cee' i
501	Waa'ee quunamtii naf saalaa maatii kee waliin mari'attee beektaa?	1. Eeyyee 2. Lakki	504
502	Deebiin kee lakk. 5.1f eeyyee yoo ta'e eenyuu waliin mari'attee beektaa?	1. Abbaa fi Haadha 2. Oboleessa / obboleettii hangafaa waliin 3. Garabiroo (ibsi)	

503	Deebiin saanii akkam ture?	Abbaa	Haadha	
		1. Sirriitti naaf deebisaniru 2. Deebii naa laanne 3. Natti dheekaman 4. Deebiin saanii akka gaaffii kootti garaagara 5. Gaaffii koo naaf deebisu hin dandeenye	1. Sirriitti naaf deebisaniru 2. Deebii naa laanne 3. Natti dheekaman 4. Deebiin saanii akka gaaffii kootti garaagara 5. Gaaffii koo naaf deebisu hin dandeenye	
504 Mata duree kanaaa gadiitti jiran warra kee waliin mari'attee beektaa				
504.1	Jijjiirraa qaamaa yerroo dargagummaa	Abbaa	Haadha	
		1. Eeyyee 2. Lakki	1. Eeyyee 2. Lakki	
504.2	Maloota ittisa ulfaa	1. Eeyyee 2. lakki	1. Eeyyee 2. Lakki	
504.3	Walitti dhufeenya saala addaa	1. Eeyyee 2. Lakki	1. Eeyyee 2. Lakki	
504.4	Quunamtii saalaa gochuu/ dhiisuu	1. Eeyyee 2. Lakki	1. Eeyyee 2. Lakki	
504.5	Ulfa hin barbaachisne	1. Eeyyee 2. Lakki	1. Eeyyee 2. Lakki	
504.6	Ulfa addaan kutuu	1. Eeyyee 2. Lakki	1. Eeyyee 2. Lakki	
504.7	HIV/AIDS fi STI	1. Eeyyee 2. Lakki	1. Eeyyee 2. Lakki	
504.8	Waa'ee coondomii	1. Eeyyee 2. Lakki	1. Eeyyee 2. Lakki	
504.9	Quunamtii naf saalaa fedhiimalee	1. Eeyyee 2. Lakki	1. Eeyyee 2. Lakki	

Kutaa jaha Marii hirriyyaa waliinii

Lakk.	Gaaffillee	Deebii fi Koodii	Gara cee'i
601	Waa'ee quunamtii naf saalaa hirriyyaa kee waliin mari'attee beektaa?	1. Eeyyee 2. Lakki	
602	Deebiin kee lakk. 6.1 f eeyyee yoo ta'e deebiin saanii akkam ture?	1. Sirriitti naaf deebisaniru 2. Deebii naa laanne 3. Natti dheekaman 4. Deebiin saanii akka gaaffii kootti garaagara 5. Gaaffii koo naaf deebisu hin dandeenye	

Kutaa torba Amaloota dargaggootaa hubaatii qaban ilaala

Lakk.	Gaaffillee	Deebii fi koodii	Gara
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			cee'i
701	Dhugaatii alkooli ni dhugdaa?(farsoo, booka,biiraa ykn araqee)	1. Eeyyee 2. Lakki	703
702	Deebiin kee lakk.7.1f eeyyee yoo ta'e yeroo meeqa dhugda?	1. Torbanitti al tokko ykn yeroo lama 2. Yeroo hunda 3. Darbee darbee	
703	Shiishaa ni xuuxxaa?	1. Eeyyee 2. Lakki	705
704	Deebiin kee lakk. 7.3f eeyyee yoo ta'e yeroo meeqa xuuxxaa?	1. Torbanitti al tokko ykn yeroo lama 2. Yeroo hunda 3. Darbee darbee	
705	"Caatii ni qamaataa?	1. Eeyyee 2. Lakki	707
706	Deebiin kee lakk. 7.5f eeyyee yoo ta'e yeroo meeqa qamaata?	1. Torbanitti al tokko ykn yeroo lama 2. Yeroo hunda 3. darbee darbee	
707	Qoricha kan akka hashiishiifaa ni fayyadamtaa?	1. Eeyyee 2. Lakki	709
708	Deebiin kee lakk. 7.7f eeyyee yoo ta'e yeroo meeqa fayyadamtaa?	1. Torbanitti al tokko ykn yeroo lama 2. Yeroo hunda 3. darbee darbee	
709	Wantoota quunamtii naf salaaf nama kakasan ilaaltee beektaa?	1. Eeyyee 2. Lakki	801
710	Deebiin kee lakk. 7.9f eeyyee yoo ta'e yeroo meeqa ilaaltee?	1. Yeroo hunda 2. Torbaniti al tokko ykn lama 3. Darbee darbee	
711	Gosoota quunamtii naf saalaaf nama kakaasan maal faa ilaaltee?	1. Gaazeexaa 2. Filmii 3. Suuraa 4. Gara biro(ibsi)	

Kutaa saddeet Seenaa qunnamtii naf-saala

Lakk.	Gaaaffilee	Deebii fi koodii	Gara cee'i
801	Hirriyaa jaalalaa qabdaa?	1. Eeyyee 2. Lakki	
802	Quunamtiii nafa-saala raawatee beektaa?	1. Eeyyee 2. Lakki	901
803	Deebiin kee lakk. 8.2f eeyyee yoo ta'e yeroo jalqabaaf qunnamtii naf-salaa yeroo raawwattee umuriin kee meeqa ture?	1. Waggaa _____ 2. Hin beeku	
804	Hiriyaan kee ati qunnamti naf-	1. Waggaa _____	

	saalaa waliin raawwatte yommas umuriin isaa/ishee meeqa ture?	2. Hin beekuu	
805	Walitti dhiyeenyi ati jaalallee kan jalqabaa waliin qabdu maal ture?	1. Hiriyyaa mana barnootaa 2. Hiriyyaa jaalalaa 3. Kaadhimaa 4. Haadha/abbaa manaa 5. Fira 6. Garbiroo(ibsii)_____	
806	Yeroo jalqabaaf qunnamtii naf-saalaa raawwachuuf kan si kakaase maal ture?	1. Jaalalli na qabee 2. Fedhii qabaadhee 3. Heerumee/fuudhee 4. Gudeedamee 5. Qarshii/kennaa fudhachuuf 6. Dhiibbaa hiriyyaa 7. Dhugaatii dhugee 8. Garbiroo (ibsii)	
807	Yeroo ammaa hiriyyaa jaalalaa qabdaa?	1. Eeyyee 2. Lakki	809
808	Deebiin kee gaafii 8.7f eeyyee yoo ta'e hiriyyaa jaalalaa qabaachuuf maalif barbaadde?	1. Jaalalli na qabee 2. Fedhii qabaadhee 3. Heerumee/fuudhee 4. Qarshii/kennaa fudhachuuf 5. Dhiibbaa hiriyyaa 6. Dhugaatii dhugee 7. Garbiroo (ibsii) 8. Callisa	
809	Hanga ammaatti hiriyyaa jaalalaa qunnamtii naf-saalaa waliin raawwatte meeqa qabda?	1. Tokko 2. Lama 3. Sadii 4. Afurii fi isaa ol	
810	J i'oota 12 darban keessa qunnamtii naf-saalaa raawwatteettaa?	1. Eeyyee 2. Lakkii	814
811	Deebiin kee lakk. 8.10f eeyyee yoo ta'e ji'oota darban 12 keessatti namoota meeqa wajjiin qunnamtii naf-saalaa raawwattee jirta?	1. Name - tokko 2. Namoota - lama 3. Namoota - sadii 4. Namoota 4 fi isaa ol	
812	Yeroo qunnamtii naf - salaa raawwatte (ji'oota 12 darbankeessa) mala qusannoo maatiitti gargaaramteettaa?	1. Eeyyee 2. Lakki	814
813	Deebiin kee lakk. 8.12f eeyyee yoo ta'e mala isa kam gargaaramte?	1. Kondomii 2. Piilsii 3. Dipoo 4. Luuppii 5. Inplaantii 6. Kalandarii 7. Garbiroo (ibsi)	
814	(Dhiiraaf) dubartoota mana	1. Eeyyee	901

	bunaa wajjin qunnamtii naf-saala raawwattee beektaa?	2. Lakki	
815	(Dhiiraaf) deebiin kee eeyye yoo ta'e kondomiitti gargaaramteetaa	1. Eeyyee 2. Lakki	817
816	Deebiin kee lakk. 8.15f yoo'eeyyee' ta'e haala kam itti gargaarante?	1. Yeroo hundaa 2. Yeroo tokko tokko 3. Yeroo baay'ee	
817	(Warra dhiiraaf) deebiin kee lakk. 8.15f lakki yoo ta'e maaliif hin fayyadamne	1. Kondomin waan hin jirreef 2. Kondomiin mi'aawaa waan ta'ef 3. Jaalallee koo gaafachuu waaniin leeya'eef 4. Kondomii waaniin hin jaalaneef 5. Ulfaa'uu waaniin barbaadeef 6. Kondomi bitachuu waani leeya'eef 7. Jaalalleef koo waaniin amaniuuf 8. Itti fayyadama isaa waaniin hin beekneef 9. Waan tarsa'uuf 10. Fedhii ofii waan hir'isuuf 11. Amantiin koo waan na dhorkuuf 12. Dhugaatii dhugee waaniin tureef 13. Gorbiroo (ibsi)	

Kutaa sagal HIV/AIDS Fi dhukkuboota naf-saalaa ilaalchese

Lakk.	Gaaffilee	Deebii fi koodii	Gara cee'i
901	Waa'ee dhukuba naf-saalaa dhagessee beektaa?	1. Eeyyee 2. Lakki	
902	Deebiin kee lakk.9.1 eeyyee yoo ta'e, waa'ee Dhukkuba naf-saalaa isa kam dhagessee beekta?	1. Fanxoo 2. Cabxoo 3. Dhiitoo gudeedaa 4. Muraa/Karkir 5. HIV/AIDS 6. Gabiroo(ibsi)	
907	Waa'ee HIV/AIDS dhagessee beektaa?	1. Eeyyee 2. Lakki	
908	Eeyyee yoo jette odeeffannoo isaa eessa dhagesse?	1. Maatii koo irraa 2. Jaalallee koo irraa 3. Hiriyyoota koo irraa 4. Ogeessota fayyaa irraa 5. Barsiisota irraa	

		<ol style="list-style-type: none"> 6. Gumii Farra AIDS irraa 7. Waldaa amantii irraa 8. Gaazaxaa fi kitaaba irraa 9. Meediyaa(TV,Raadiyoo) irraa 10. Garbiroo(ibsi) ----- 	
909	Odeeffannoo waa'ee HIV eenyu (Eessaa) irraa dhaga'uu filattaa?	<ol style="list-style-type: none"> 1. Maatii koo irraa 2. Hiriyyoota koo irraa 3. Jaalallee koo irraa 4. Barsiisota koo irra 5. Gumi Farra HIV/AIDS 6. Ogeessota fayaa irraa 7. Raadiyoonii/TV 8. Barreeffama adda addaa irraa 9. Garbiroo (ibsi) 	
910	HIVn nama irraa namatti ni darba jettee yaaddaa?	<ol style="list-style-type: none"> 1. Eeyyee 2. Lakki 	
911	"Eeyyee" yoo jette, akkamiin daddarba jetta?	<ol style="list-style-type: none"> 1. Qunnamtii naf-saalaa 2. Marfee faalameen 3. Hilbiisotaan 4. Dhiiga arjoomuudhaan 5. Haadha irraa-gara mucaatti 6. Nama vaayirasii AIDS waliin jiraatu waliin nyaata nyaachuudhaan 7. Abaarsa waaqayyoo tiin 8. Mana fincaanii tokkotti waliin gargaramudhaan 9. Garbiroo(ibsi) ----- 10. Hin beeku 	
912	HIV of irraa ittisuuf namoonni maal gochuu qabu jetta?	<ol style="list-style-type: none"> 1. Qunnamtii naf-saalaa irraa of qusachuu 2. Kondomitti gargaaramuu 3. Tokkoo fi tokkoo walamananii waliin jiraachuu 4. Dubartoota mana buna wajjin qunnamtii nafsaa raawwachuu dhiisuu 5. Marfee haaraatti gargaaramuu 6. Qorannoo dhiigaa HIV godhachuu 7. Garbiroo (ibsi) 8. Hin beeku 	
913	Nama tokko ijaan ilaaluu qofaan HIV waliin jiraachuu isaa beekuun ni danda'awa	<ol style="list-style-type: none"> 1. Eeyyee 2. Lakki 	
914	Namni qunnamtii naf-saalaa al-tokkootiin HIVtiin faalamuu ni danda'a.	<ol style="list-style-type: none"> 1. Eeyyee 2. Lakki 	

915	HIV /AIDS dhaaf kan si saaxilu hojjedheera jettee yaaddaa?	<ol style="list-style-type: none"> 1. Eeyyee 2. Lakki 	
916	"Eeyyee" yoo jette maal fa'i?	<ol style="list-style-type: none"> 1. Kondomii malee qunnamti nasaalaa raadheera 2. Jaalallee tokko ti-al qaba 3. DUBartoota mana bunaa waliin qunnameera 4. Meeshaa faalameen wal'aanameera 5. Garbiroo (ibsii) 	
917	Lakki yoo jette, maaliif?	<ol style="list-style-type: none"> 1. Qunnamtii nafsalaaraawwadhee hin beeku 2. Yeroo amma qunamtii nafsalaala dhiiseera 3. Tokkoo-fi tokkoon jaalallee koo wajjiinin nan jirradha 4. Dubarti mana bunaa qunnamee hin beeku 5. Yeoo hundaa kondomitti fayyadameera. 6. Garbiroo(ibsi) 	

Maqaa odeefannoo funaanaa _____ mallattoo _____ guyyaa _____

Maqaa Supervisarii _____ mallattoo _____ guyyaa _____

Gaaffilee gad fageenyaa

1. Saala
2. Umurii
3. Sadarkaa barumsaa
4. Hojii
5. Amantaaa
6. Rakkooleen fayyaa dargagoota naannoo keessanii mudatan maal faadhaa?
7. Waa'ee dargagoota umurii malee quunamtii naf saalaa raawatani natti himuu dandeessa? (Ibsi; hedummina, garagarummaa saalaafi sadrkaa qabeenyaa,etc)
8. Sababoonni cimmoon dargagoota umurii malee quunamtii saalaa akka gaggeessan godhan maal faadha? (Ibsi; dhiibbaa hirriyyaa, dugaatii alkoolii, caatii qama'u, wantoota quunamtii naf saalaa kakassan ilaalu,etc)
9. Gochootni aadaa quunamtii naf saalaa raawannaa dargagoota irratti dhiibbaa qaban maal faadha? (daancii aadaa, umurii malee heerumu,gudeeddaa,haala jireenyaa, etc)
10. Marii dargaggootni maatii isaani waliin godhan umurii quunamtii naf saalaa itti raawatamu arifachiisufis ta'e duubbattii hambisu irratti gaheen inni qabu maal siitti fakkaataa?
11. Dhiibbaan quunamtiin naf saalaa umurii malee dargagoota naannoo kee irratti qabu maal sitti fakkaata? (fayyaa, hawassummaa, sadarkaa jireenyaa, aadaa etc)
12. Dhiibbaan quunamtiinnaf saalaa umurii malee fayyaa dargaggoota naannoo kee irratti qabu maal fakkaataa? (HIV, STI, Ulfa)
13. Dhiibbaa sadarkaan jireenyaa quunatii naf saalaa irratti qabu maali? (Ibsi; maallaqa kiissii, sadarkaa jireenyaa, etc)
14. Rakkoolee kna hir'isuuf naannoo keessanitti maaltu hojatamee jiraa?
15. Quunamtii naf saalaa umurii malee hir'isuuf ykn dhaabuf maaltu hojjetamuu qaba?
16. Rakkolle kana to'achuuf gaheen mootummaa, hojatoota mootummaa naannootti argaman, uummataa fi dargagootaa maali?

Gaaffilee FGD (marii waliinii)

Guyyaa_____

Sa'atii itti jalqabe_____

sa'atii itti raawatu_____

Maqaa haala mijeessaa_____

maqaa bareessaa_____

Lakkoofsa hirmaatotaa

Haala hirmaatotaa_____

1. Akka ilaalcha keetti rakkoon yeroo ammaa kana dargagoota naannoo kanaa mudachaa jiru maalidha? Maalif?
2. Waa'ee dargagoota umurii malee quunamtii naf saalaa raawatani natti himuu dandeessa? (Ibsi; hedummina, garagarummaa saalaafi sadrkaa qabeenyaa,etc)
3. Sababoonni cimmoon dargagoota umurii malee quunamtii saalaa akka gaggeessan godhan maal faadha? (Ibsi; dhiibbaa hirriyyaa, dugaatii alkoolii, caatii qama'u, wantoota quunamtii naf saalaa kakassan ilaalu,etc)
4. Gochootni aadaa quunamtii naf saalaa raawannaa dargagoota irratti dhiibbaa qaban maal faadha? (daancii aadaa, umurii malee heerumu,gudeeddaa,haala jireenyaa, etc)
5. Marii dargaggootni maatii isaani waliin godhan umurii quunamtii naf saalaa itti raawatamu arifachiisufis ta'e duubattii hambisu irratti gaheen inni qabu maal siitti fakkaataa?
6. Dhiibbaan quunamtiin naf saalaa umurii malee dargagoota naannoo kee irratti qabu maal sitti fakkaata? (fayyaa, hawassummaa, sadarkaa jireenyaa, aadaa etc)
7. Dhiibbaan quunamtiinnaf saalaa umurii malee fayyaa dargaggoota naannoo kee irratti qabu maal fakkaataa? (HIV, STI, Ulfa)
8. Dhiibbaa sadarkaan jireenyaa quunatii naf saalaa irratti qabu maali? (Ibsi; maallaqa kiissii, sadarkaa jireenyaa, etc)
9. Rakkoolee quunamtii naf saalaa umurii malee irraan dhufu akkamitti ilaaltaa?
10. Rakkoolee kna hir'isuuf naannoo keessanitti maaltu hojatamee jiraa?
11. Quunamtii naf saalaa umurii malee hir'isuuf ykn dhaabuf maaltu hojjetamuu qaba?
12. Rakkolle kana to'achuuf gaheen mootummaa, hojataota mootummaa naannootti argaman, uummataa fi dargagootaa maali?

Declaration

I the undersigned, declare that this is my original work, has never been presented in this or any other University and all the all people and institutions who gave support for this work are fully acknowledged.

Name of the student: _____

Date. _____ Signature _____

Approval of the primary Advisor

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

Name of the primary advisor: _____

Date. _____ Signature _____