

ST. PAUL'S HOSPITAL MILLENNIUM MEDICAL COLLEGE
PUBLIC HEALTH DEPARTMENT

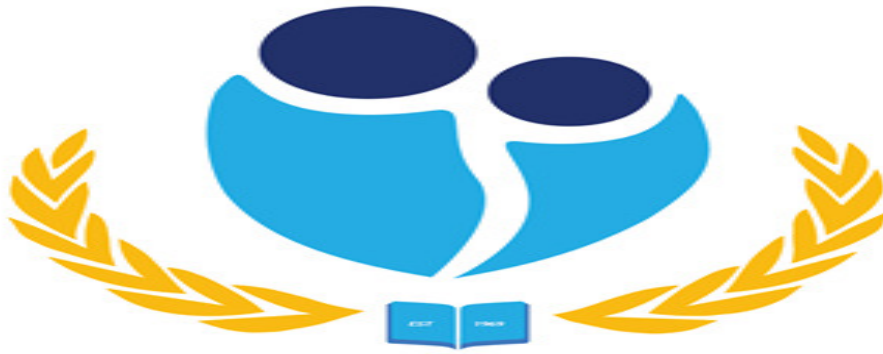


ASSESSMENT OF LEVEL OF KNOWLEDGE OF REPRODUCTIVE
HEALTH AND SEXUAL BEHAVIOR AMONG PREPARTORY
STUDENTS AT BAMBASI HIGH SCHOOL, ASSOSA,
BENSHANGUL GUMUZ REGION.

TO BE SUBMITTED TO DEPARTMENT OF PUBLIC HEALTH, SPHMMC AS
A PARTIAL FULLFILLMENT REQUIREMENT FOR THE DEGREE OF
DOCTOR OF MEDICINE.

January, 2018 ADDIS ABABA, ETHIOPIA

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1. ABSTRACT

Background: Reproductive health (RH) is defined as” A state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity, in all matters related to the reproductive system and to its functions and process”. Young people make up over one-quarter of the world’s population. Among those, 1.4 Billion young people live in developing countries today. In order to lead a healthy, responsible & fulfilling lives & protect themselves from reproductive health problems youngsters need to be knowledgeable about themselves & need adequate information about the physical, psychological changes that take place during puberty, menstruation, pregnancy & child birth.

Objective: To assess the level of knowledge of reproductive health and sexual behavior among Bambasi high school students

Methodology: The study was conducted in in Bambassi Preparatory School in Benishangul Gumuz. Bambassi is one of the largest Woredas in B/Gumuz. Bambassi town is 621 Km west of the capital Addis Ababa and 45 km east of the regional city Assosa.

Study Design: A cross sectional study was carried out using a self-Administered structured questionnaire.

Study Area: Bambassi preparatory school, Benishangul Gumuz, Western Ethiopia

Source population: All Bambassi preparatory Students are considered Source population

Study population: Bambassi preparatory students selected from source population by simple random sampling technique from each batch based on their proportion.

Sample Size:89

Sampling Technique: A simple random sampling technique was used. There were 3 classes of grade 11 and 12 each. From each classes assigned one person who facilitate the data collection. The first respondent was gained by lottery method then continue regularly.

Data Processing and Analysis: Version 20 SPSS was used

Result A total of 89 preparatory students were identified to participate in this study. The mean age of the respondents is 18 years. Nearly 66.0% of them knew about RH. (97.0%) out of adolescents mentioned diseases that a person could acquire through sexual intercourse. A substantial proportion (44.2%) of the adolescents can be considered knowledgeable about STI. 18.0% of them were sexually active and the mean age at sexual commencement was 14.48 (+ 2.89 SD) years for males and 14.86 (+ 2.19 SD) for females. gender, ever visit of health institution, accessibility of RH services and being sexually active were found to have significant association with adolescents' HIV/ AIDS knowledge.

Conclusion. Most of the respondents have heard RH and knew correctly the components of RH. School teachers, health professionals and mass media are found to be the major sources of information for adolescent RH. Majorities have ever heard of HIV/AIDS

ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immune virus
ICPD	International Conference on Population and Development
RH	Reproductive Health
STD	Sexually transmitted Disease
STI	Sexually transmitted infections
WHO	world health organization

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INTRODUCTION

BACKGROUND

Reproductive health (RH) is defined as” A state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity, in all matters related to the reproductive system and to its functions and process”. It addresses the human sexuality and reproductive processes, functions and system at all stages of life and implies that people are able to have “a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so (1).

Ethiopia is a nation of young people – over 65% of its population is under 25 years of age and a nation whose youth have profound reproductive health needs. Among the many sexual and reproductive health problems faced by youth in Ethiopia are gender inequality, sexual coercion, early marriage, polygamy, female genital cutting, unplanned pregnancies, closely spaced pregnancies, abortion, sexually transmitted infections (STIs), and AIDS. Lack of education, unemployment, and extreme poverty exacerbate and perpetuate the reproductive health problems faced by Ethiopian youth (2).

Reproductive health is a universal concern, but is a special importance for women particularly during reproductive year. However, men also demand specific reproductive health needs and have power in some reproductive health matters (3).

Young people make up over one-quarter of the world’s population. Among those, 1.4 Billion young people live in developing countries today. Population censuses and projections conducted in Ethiopia in different years show that youth and adolescents constitute a high proportion of Ethiopian population. According to the 2012 population projection, the population was reach 83.75 million and the youth population was reached to 8.3 million (9.9%). Similarly, the adolescent population was reach 20.19 million (24.1%) and in 2011 secondary school age population were 7.4 million (3).

Worldwide the lives of millions of adolescents are at risk because they do not have the information, skills, health services and support they need to go through sexual development

during adolescence and postpone sexual intercourse until they are xii physically and socially mature and able to make well informed responsible decisions (4).

Every year 2.5-3 million teenagers acquire a STI of one kind or another. This means that approximately one out of every ten adolescents even in developed countries becomes STD-infected each year (3).

In order to lead a healthy, responsible & fulfilling lives & protect themselves from reproductive health problems youngsters need to be knowledgeable about themselves & need adequate information about the physical, psychological changes that take place during puberty, menstruation, pregnancy & child birth (5). The need to address these problems through reproductive health education has been recognized at various national & international forums. Among the several options available, creating awareness among adolescents appears to be an important tool (6).

Most adolescents find themselves in critical health status due to ignorance or possession of inadequate or improper knowledge on reproductive health. Studies indicate that more knowledge leads to less reproductive health problems. Sexual education is found to be the most useful way to reduce problems associated with sex as it educates adolescents on safe sex, abstinence and contraceptive use. Also it makes them become more responsible in making decisions about their life.

Currently the world is more interconnected than ever before, secondary school students all over the world are asking for convincing and available information about sexual and reproductive health education. They need information not only about bodily processes and a better understanding of the norms that society has set for sexual behavior, but they also need to acquire the skills necessary to develop healthy relationships and engage in responsible decision-making about sex, especially during adolescence when their emotional development accelerates.

To act on those needs adolescent should be equipped with relevant knowledge so as to enhance reproductive health and avoid reproductive health related problems.

Provision of such knowledge is and ought to be recognized internationally as one of the human rights (United Nations Committee on Economic, Social and Cultural Rights, 2000; United Nations Committee on the Rights of the Child, 2003). Therefore, Governments and other stakeholders have the responsibility of developing programs that provide adolescents with

accurate information to enable them to have a desirable control over issues pertaining to reproductive health (8).

STATEMENT OF THE PROBLEM

The issue of adolescent fertility is important on both health and social grounds. Children born to very young mothers are at increased risk of sickness and death. Teenage mothers are more likely to experience adverse pregnancy outcomes and are more constrained in their ability to pursue educational opportunities than young women who delay childbearing (9).

Teenage childbearing is more common in rural than in urban areas (15 versus 5 percent, respectively) and among women in Afar (23 percent) and Somali regions (19 percent) compared with Addis Ababa (3 percent). The proportion of teenagers who have started childbearing decreases with increasing level of education: nearly 3 in 10 women age 15-19 with no education (28 percent) have begun childbearing compared with 12 percent of teenagers who have attained primary education and 4 percent of those who have attained secondary education (9)

Knowledge of how HIV is transmitted is crucial to enabling people to avoid HIV infection, and this is especially true for young people, who are often at greater risk because they may have shorter relationships with more partners or engage in other risky behavior

24 percent of young women and 39 percent of young men 15-24 have knowledge about HIV prevention. Among both sexes, urban youth are more likely than rural youth to have knowledge about HIV prevention. The percentage of youth with knowledge about HIV prevention is lower among those age 15- 17 than among older youth, especially for men.

13 percent of women age 15-19 in Ethiopia have begun childbearing: 10 percent have had alive birth, and 2 percent were pregnant with their first child at the time of interview. As expected, the proportion of women age 15-19 who have begun childbearing rises rapidly with age, from 2 percent among women age 15 to 28 percent among those age 19.

So as to create awareness among the youth, both ministry of health and ministry of education are using different teaching methodologies.

These facts show that there is a strong need of assessing the knowledge that adolescent possess and thereafter to plan for strategies for helping them by addressing the knowledge gaps because sexual and related risk behaviors among adolescents can be reduced through raise of awareness about HIV/AIDS, abortion, early pregnancies and the related factors (9).

SIGNIFICANCE OF THE STUDY

The International Conference on Population and Development (ICPD) stressed the importance of adolescence to sexual and reproductive health all over then life cycle. It also (for the first time in an international agreement) recognized that adolescents have particular health needs that differ in important ways from those of adults, and stressed that gender equity is an essential component of efforts to meet those needs (UNFPA, 2003). Therefore, the proposed study will be useful at individual level, family level, community and national level as follows.

This study will help social workers to help the adolescent as they are knowledgeable about what knowledge adolescents possess and what their preference are. There after they will formulate strategies on visiting them, counsel and guide them, acting as broker and referees, advocating for them to get the required service, help them to analyze and interpret their dreams and finally help them realize their dreams. This will reduce dependence rate within the family, and build a spirit of self-confident. At individual level the study will help adolescent students by exposing what they know about sexual reproductive health for identification of knowledge gaps.

Consequently, this will pave a way to deal with what is lacking in sexual reproductive issues, education being a priority. Moreover, the release of the study report will help students to understand themselves and also be understood by others within a society.

At a family level the study results will help the family members to deal with adolescents within their families with the identified knowledge needs, gaps and preferences in mind. This confidence is based on the fact that in many cases the ones most trusted and listened to by young people are the family members.

In addition to these, there are no researches done on knowledge of the youth about reproductive health and sexual behavior in Bambasi area despite the need.

2. LITERATURE REVIEW

REPRODUCTIVE HEALTH AND SEXUAL BEHAVIOR

Reproductive health (synonymous with sexual and reproductive health) is a state of complete physical, mental and social well-being pertaining to sexual and reproductive health of individuals and not the mere absence of disease or infirmity pertaining to sexual and reproductive functions of individuals. (WHO)

The demands on young people are dynamic and unprecedented; their parents could not have predicted many of the pressures they face. How we help adolescents meet these demands and equip them with the kind of education, skills, and outlook they will need in a changing environment will depend on how well we understand their world. This implies that as parents, guardians and teachers we have to understand adolescents' world so that we can be in a position to guide them accordingly.

A report presented by sex information and education council of Canada SIECCAN, (2004) explains that: A broad conceptualization of adolescent reproductive health implies attention to a wide range of issues including sexual attitudes, sexual behaviors, and the personal and social factors that influence them. The report presents the current adolescent status in Canada basing on sexual reproductive health. Canadian teen pregnancy, abortion, and birth rates indicate that teen's pregnancies have been reduced due to the use contraceptive.

In addition, the percentage of sexually active teens who report to have had only one sexual partner has increased substantially while the percentage who report six or more lifetime sexual partners has declined. Overall, these data are encouraging and suggest that in some important respects the status of adolescent reproductive health in Canada has improved. However, it is difficult to compare such results with what can be expected of Ethiopia bearing in mind the socio-cultural and economic differences between the two settings.

In a study done in Ambo university students, Ambo, about 434 (72.3%) of the students said that they have heard about reproductive problem, however significant number 312(71.9%) mention HIV/AIDS followed by unwanted pregnancy 96(22.2%) [1].

Open-ended question of how they can prevent reproductive health problem was asked and they mentioned 111(18.5%) condom, 44 (7.9%) Abstain as the method of choice while 322(53.7%) mentioned that they do not know prevention methods and 180(30%) of the respondents could not mention any types of sexually transmitted infection (1).

Among students who were sexually active 28 (24.3%) of them have ever had practiced abortions one or more times. This figure accounts for 11% of all the students who are sexually active.

Fear of family (60.7%) and to continue education (39.3%) were the main reason reported by respondents for undertaking abortion.

About 138 (23%) of the students said that they have heard about contraceptives methods. Among those who have ever heard of contraceptives methods, 74 (53.6%) and 20 (14.5%) emergency contraceptive and condom mentioned respectively. Those students who have mentioned emergency contraceptive were asked which contraceptive methods not suitable for youth to use and 193 (32.2%) sterilization & 109 (18%) say condom.

Respondents were asked whether they know what reproductive health means and 59 (9.9%) acknowledged that they know about it. Out of 59 they gave answers that it is sexual transmitted infection 26(4.3%). A considerable proportion (about 90.2%) of the respondents, however, did not know or did not respond to the question concerning component of reproductive health.

On another study done in Debre Birhan among high school students, fourteen (17.5%) rural and 246 (82.5%) urban respondents ever heard about STI. Radio/TV was the most frequently information source for STI and others get information from other sources. Regarding knowledge of respondents on sign & symptoms of STI 233(74.7%) of respondents know at least one sign & symptoms of STIs but the rest 79(25.3%) didn't know any sign & symptom of STI (2).

Concerned with transmission of STI: 286(91.2%) of the respondents select individual transmission methods like sex 250(80.1%), blood contact 91(29.2%), contaminated needle 58(18.6%), genetics 18, breast feeding 33(10.6%) and the rest 9 mentions other transmission methods in which more than one answer was possible. Regarding prevention method

of STIs, majority of respondents 270(86.1%) know prevention method of STI but 42(13.5%) of the respondents didn't know any prevention method of STI (2).

Two hundred forty- two (77.6%) of respondents consider STI as a disease, where others consider STIs as curse & syndrome. From study participants who asked regarding curability of STI: 87(27.9%) names as curable, 182(58.3%) says there are curable & none curable, 31(9.93%) says all are none curable and the remaining 12 told that they didn't know anything about the curability of STIs. Among those respondents who consider STIs as curable and non-curable, 47(25.8 %) names the non-curable STIs as curable. On perception of transmission 236(75.6) of the respondents believe that homo sexual intercourse can transmit STIs and 76(24.4%) didn't accept with this. From the participants 298(95.5%) of them consider STI as preventable but 14(4.5%) consider as non-preventable diseases. The respondents also asked concerned with the impact of STIs; from these participants 181(58%) of them believes as it causes social isolation and stigma, but 131(42%) didn't accept this idea (2).

Among respondents who participate in the study 34(10.9%) have history of STIs. From those individuals who had history of STIs 9 of them treated at home, 61.8% treated at health institution and the remaining 4 treated by other religious based practice. Among those individual who has treated at home 3% of them use animal product and the rest 6 (66.7%) use herbal medication like leaves. From those individuals who perform sex 42(55.3%) didn't use condom, but the 34 (44.7%) of them use condom. Among those who perform sex, 72(94.7%) perform sex at the age between 15-19, 3 perform sex at the age greater than 19, and 1 perform sex at the age less than 13. Those students were also asked about factors that initiated them to perform sex, from those 29(38.2%) of them perform sex because of peer pressure, 29(38.2%) perform sex because of age related increments of urge for sex, 12 perform sex for money and 6 of them perform sex because of other reasons. concerned with their plan for the future 130(39%) says abstinence, 160(48%) says faithfulness, and 43(13%) says use condom (2).

A study done in Gondar among preparatory students showed that All the students had heard about AIDS before the interview. The source of information was radio (50%), television (46.7%), Newspaper (33.3%), teachers (25%), parents (21.7%), health workers (13.3%) and youth club (11.7%) where more than one sources were common (10).

Generally, students were well informed about select aspects of HIV/AIDS. Thus, a very high (> 80%) proportion of students were conversant with the major modes of spread of HIV and with utility of condoms in preventing HIV infection. Nonetheless, only half of the students knew that at present, AIDS is incurable, and that HIV infection can be acquired through sexual contact with a 'familiar' person. There was little misconception like HIV spread by bite of mosquitoes and sharing of equipment. While both sexes were equally misinformed about the risk of getting HIV by mosquitoes and sharing of equipment, more girls' believed that HIV/AIDS was curable and that sexual contact with a 'familiar' person was risk-free (10).

All knew that AIDS is STD. However; a striking finding of this study was the poor knowledge of the students regarding symptoms of common STDs other than HIV/AIDS, the increased risk of HIV infection associated with acquisition of other STDs and the impact of drugs of abuse and alcohol for the spread of HIV and other STIs (10).

According to a study done in Mizan Tepi university, out of the study subjects only 63 (16.8%) of them answered that a woman is most likely to Become pregnant halfway between two periods, whereas the majority, 125 (33.3) % were from during her menstrual cycle. Out of the total study subjects, 347 (92.5%) of them had reported that they know at least one means of avoiding pregnancy. Among these Oral pills, Injectable and condoms were the most recognized contraceptive methods that were Reported by 40%%, 18% and 9.22% respectively and also 61 (17.57%) know both OCP and Injectable, the other thing while 28 (7.5%) of respondents don't know about it (3).

The same research showed Three hundred forty-five 345 (92%) of the participants knew diseases that a person can acquire through sexual intercourse. Among 345 respondents who know at least one of the diseases that can be transmitted through sexual intercourse, the majority, 179 (51.9%) of them mentioned AIDS and 8.11% mentioned gonorrhea and 76 (22.02%) of respondents know both gonorrhea and HIV/AIDS, and also 47 (13.6%) list both Syphilis and HIV/AIDS. Whereas only 4 (1.2%) of them mentioned Lympho granuloma Venereum and chancroid, but 30% didn't know about disease that transmitted through sexual intercourse (3).

Out of 334 (89.1%) participants who mentioned there is means of preventing STDs and AIDS, most, 78 (23.4%) mentioned abstinence followed by 75 (22.5%), mentioned condom, whereas 54 (16%) and 26 (7.8%) avoid casual sex and remain faithful to a partner respectively to be ways

that a person should follow to avoid getting these diseases while the rest 41 (10.9%) didn't know about it (3).

On the same study done among students of Mizan Tepi University, it was that one hundred forty-nine 149 (39.7) respondents ever had sex in their life time. Majority of the respondents 79 (53.3%) had sex below the age of <18 all most before they joined to university whereas 66 (44.3%) had sex between 18-24. The reason for sex were fall in love 83 (57.7%) and the rest 21 (14.1%) to get married, only 12 (8.08%) to get money. Among those who had sex 30 (20.13%) were sex with more than one sexual partner (3).

A study done in Seto Semero high school in Jimma, showed that Among the respondents who were participated in the study, 17(5.3%) had history of STIs. Of those individuals who had had history of STIs, 5 (29.4%) of them treated at home, 11(64.7%) treated at health institution and the remaining 1 (5.9%) treated by religious based practices (holy water). From those study participants 64 (19.7%) of them had history of sex. Among those who performed sex 42 (65.6%) of them performed sex at age between 20-24 years. Those students were also asked about factors that initiated them to perform sex, boy/girlfriend 44 (68.8%) and peer pressure 8 (12.5%) were the major factors. From the total 64 students 29(45.3%) were used condom during sexual intercourse and the rest 35(54.7%) didn't used condom during sexual intercourse (Table 6). Regarding their plan for the future to prevent STIs, 170 (52.5%), 98 (30.3%) and 56 (17.2%) said abstinence, being faithfulness and using condom respectively (11).

3. OBJECTIVES OF THE RESEARCH

GENERAL OBJECTIVES

To assess the level of knowledge of reproductive health and sexual behavior among Bambasi high school students

SPECIFIC OBJECTIVES

To assess the level of knowledge of reproductive health among Bambasi High school students

To assess the relation between the socio demographic factors and Knowledge of RH and HIV/AIDS.

To assess the sexual behavior of Bambasi high school students

4. METHODS AND MATERIALS

STUDY AREA

The study was conducted in in Bambassi Preparatory School in Benishangul Gumuz. Bambassi is one of the largest Woredas in B/Gumuz. Bambassi town is 621 Km west of the capital Addis Ababa and 45 km east of the regional city Assosa. It has about 40 kebeles and most of the people are farmers. According to 2017 ICA, the total population in Bambasi town is about 68,196. Out of this about 34,796 are males 33,398 are females. About 19,859 people live in Bambasi town and the rest 48,735 live in rural areas. Bambassi town has two health centers and 42 health posts. There are 4 high schools in Bambassi woreda (Bambassi secondary school, Wonba, Keshmado and Ewketfana schools) and only one preparatory school. The study was conducted in Bambasi preparatory school from December 29, 2017 to January 1, 2018. The total number of Bambasi preparatory school students registered in 2010 E.C. was 483. Of those number of students in grade 11 was 221 and grade 12 was 252.

STUDY DESIGN

A cross sectional study was carried out using a self-Administered structured questionnaire.

POPULATION

SOURCE POPULATION

All Bambassi preparatory Students are considered Source population.

STUDY POPULATION

Bambassi preparatory students selected from source population by systematic random sampling from each class based on their proportion.

INCLUSION AND EXCLUSION CRITERIA

INCLUSION CRITERIA

All students who are enrolled at Bambasi preparatory school.

EXCLUSION CRITERIA

Students who have hearing or visual impairment.

SAMPLE SIZE DETERMINATION

To determine the required data, representative sample size was determined using formula for a single population proportion based on the following assumptions;

Level of knowledge of reproductive health and sexual behavior research was done in Mizan tepi university P value = 10%, Margin of error 5%, Confidence level 95%, Contingency for non-response rate 10%.

Where: n = sample size

Z = standard normal distribution corresponding to significance level at $\alpha = 0.05$

p = Level of knowledge of reproductive health and sexual behavior

d = margin of error

$$n = \frac{Z^2 \times p(1-p)}{d^2}$$

$$N = (1.96 \times 1.96) \times 0.1(1 - 0.1) / (0.05 \times 0.05) = 138$$

Total number of students are = 483

By using correctional formula, the sample size will be 87

Adding 10% non-response rate the sample size is = 89

SAMPLING TECHNIQUE

First through obtaining students lists from the school, students were stratified in two strata (grade 11, grade 12) based on grade level differences. Second the total calculated sample was proportionally allocated to each grade based on the size of students. Finally, respondents among each grade were selected by simple random sampling method by using table of random number using their ID number as frame of reference. Proportional allocation according to their size

$$\text{Grade 11: } \frac{221}{483} \times 89 = 40$$

$$\text{Grade 12: } \frac{252}{483} \times 89 = 49$$

Then the K value was calculated.

DATA COLLECTION

A self-administered questioner was prepared and used to collect the data through their class representatives.

STUDY VARIABLES

INDEPENDENT VARIABLES:

Socio demographic characteristics of the respondents such as age, religion, ethnicity, educational, occupational and marital status, income and parental characteristics such as educational and occupational status.

4.8.2. DEPENDENT VARIABLES:

Level of knowledge of reproductive health and sexual behavior (number of life time sexual partners, and pattern of condom use during sexual intercourse etc.).

OPERATIONAL DEFINITION

Illiterate: Respondents are considered as illiterate if they cannot read and write at all.

Knowledgeable: Respondents are considered as knowledgeable if they have scored more than the average score for 29 dichotomous questions related to HIV /AIDS knowledge and other RH related issues when considered.

Lifetime sexual partner: refers to the number of sexual partners a respondent could have till the survey.

Literate: Respondents are considered as literate if they can read and write and learned their education up to 12th grade and above.

Sexually active: Study subjects who claimed to have engaged in sexual act at least once prior to the study.

Risky sexual behavior: respondents who have had sexual intercourse with more than two sexual partners prior to the survey.

DATA PROCESSING & ANALYSIS

After data collection, each questionnaire was checked for completeness, consistency and clarity and was coded and then entered in to the prepared template and re checked for errors. Data was cleaned and explored for outliers, missed values and any inconsistencies and analyzed using SPSS version 20. Descriptive statistics like frequency tables, graphs and descriptive summaries used to describe the study variables. Odds ratios (95% confidence intervals) used to determine the level of knowledge about reproductive health and sexual behavior. A $P < 0.05$ was considered statistically significant in all tests of significance.

4.1. ETHICAL CONSIDERATION

Ethical clearance to conduct the study was obtained from St. Paul's Hospital Millennium Medical College, department of public health and permission to conduct the study in the public

health department office. Confidentiality was ensured for the information by not recording the name of the respondent or other identifiers. Students who are not willing to participate in the study were excluded.

4.2. DISSEMINATION OF FINDINGS

The findings will be presented to the St. Paul's Hospital Millennium Medical College, department of public health. The findings will also be communicated to local health planners and other relevant stake holders the area to enable them take recommendations in to consideration during their planning process. Publication in peer reviewed, national or international journals will also be considered.

5. Result.

5.1: Socio – demographic Characteristics.

From a total of 89 respondents 46 (51.7%) were male and 43 (48.3%) were female. The minimum age was 16, maximum was 25 and the mean age was 18 years(+2SD). regarding ethnicity 26(29%) were Oromo, 52(58%) were Amhara, 6(6.7%) Tigray, 3(3.4%) Berta and 2(2.2%) have other ethnicity.

The majority of them were orthodox 42(47.2%), 27(30%) were Muslim, and 20(22.5%) were protestant. Eighty-two (92.1%) were never married, 2(2.2%) are currently married, 3(3.4%) widowed, 2(2.2%) divorced. Most of them 49(55.1%) were grade 12 and 40(44.9%) were grade 11. Only 2(2.2%) of them have their own income and 87(97.8) of them don't have their own income.

More than half of them 55(61.8%) live with father and mother, 10(11.2%) with mother only, 4(4.5%) with father only, 11(12.4%) live alone, 4(4.5%) with relative, 3(3.4%) with friends and 2(2.2%) live with their boy /girlfriend.

Regarding their father occupation 39(43.8%) are farmer, 20(22.5%) have private business, 17(19.1%) are civil servant, 7(7.9%) are employee in private sector and with regard to mother occupation 66(74.2%) are housewife, 8(9%) were civil servant, 6(6.7%) are farmers, and 9(8.7%) have other jobs.

Twenty-two (24.7%) of the respondents' fathers are illiterate, 20(22.5%) can read and write, 26(29.2%) completed primary school, 4(4.5%) completed secondary school and 17(19.1%) are above secondary school. And with respect to respondent mother educational status 36(40.4%) are illiterate, 31(34.8%) can read and write, 10(11.2%) completed primary school, 12(13.5%) completed secondary school.

Table 1: Distribution of Socio demographic factors among Bambasi preparatory students Benishangul gumz, Western Ethiopia.

Characteristics		frequency	percent
Sex	Male	46	51.7
	Female	43	48.3
Religion	Orthodox	42	47.2
	Muslim	27	30
	Protestant	20	22.5
Ethnicity	Oromo	26	29
	Amhara	52	58
	Tigre	6	6.7
	Berta	3	3.4
	Other	2	2.2
Marital status	Never married	82	92.1
	Currently married	2	2.2
	Divorced	2	2.2
	Widowed	3	3.4
Educational status	Grade 11	40	44.9
	Grade 12	49	55.1
With whom live	Father and mother	55	61.8
	Father only	4	4.5
	Mother only	10	11.2
	Alone	11	12.4
	Friends	4	4.5
Father occupation	Farmer	39	43.4
	Has private business	20	22.5
	Civil servant	17	19
	Other		
Mother occupation	Housewife	66	74.2
	Farmer	6	6.7
	Civil servant	8	9
	Other	9	8.7
Father educational status	Illiterate	22	24.3
	Read and write	20	22.5
	Primary school	26	29.2
	Secondary school	4	4.5
	Other	17	19.1
Mother educational status	Illiterate	36	40.6
	Read and write	31	34.8
	Primary school	10	11.4
	Secondary school	12	13.5
	Other		

5.2: Knowledge of basic concepts of RH and RH Services.

Respondents were asked whether they know what reproductive health means and 68(76.4%) of them know about it and 21(23.7%) didn't. Out of 68 who knows about RH 43(48%) it is family planning, 46(52%) access to health information service, 55(62%) right to choose when and with whom to have sexual intercourse, 53(60%) STI/HIV, 45(51%) maternal and child health. 73(82%) have received information about RH and 16(18%) didn't get anything. The majority get informed from mass media 26(35%), health professional 23(31%), 14(19%) from teacher, 6(8%) from peers.

They were also asked where they feel comfortable to get information on reproductive health 67(85%) peers, 6(7.7%) from mass media, 2(2.2%) from health professionals and 3(3.8%) from school teachers.

Nearly 54(60.7%) out of 89 responded the likely time for a woman to get pregnant when she has sexual relations that is in the middle of her menstrual cycle.

Adolescents were also asked the possibility of being pregnant with one act of sexual inter course and 64(71.9%) of them agreed upon while 23 (25.8%) did not and 2 (2.2%) were not sure of it. 81(91%) knows way to avoid pregnancy and only 8(9%) didn't know. Different ways mentioned include oral contraceptives 81(91%) injection, 79(97.5) condom 80(90%), Norplant 33(40.7%), IUD 22(27.2%), sterilization 27(33.3%), abstinent 57(70.4%), withdrawal 34(42%), safe period 24(29.6%) and washing genitalia 13(16%).

Twenty-seven (62.8%) female adolescents out of 43 have known about menstruation before experiencing it with their source of information peers 16 (59%) followed by family 8(29.6%). 32 of male adolescents (69.6%) out of 46 know about ejaculation of semen before experiencing it with their source of information being their peers 30(93.6%) and elder 2(2.2%). Only 14(30.4%) didn't know about it.

The study subjects were also asked for their attitude towards the ideal age to commence sexual intercourse and to get married. Accordingly, the estimated ideal mean age of sexual

commencement for male and female is 19.73 (+ 1.86 SD) and 17.24(+ 1.76 SD) years, respectively.

On the other hand, the estimated ideal mean age to get married is 24(+2.38 SD) years(males) and 20(+1.92 SD) years (females), respectively

75 (84.3%) of adolescents out of 89 have known where to get RH services in which health institutions accounted for 56(74.7%) of cases. However, only 2(2.2%) of the total have ever visited those health institutions to seek RH services in the last 12 months prior to the study. Among who visited the health facilities the main reasons for their visits were counseling and to get oral contraceptives.

Reproductive health services are accessible to 63(70.8%) of the study subjects and 26(29.2%) didn't access RH services. The respondents have different reason for it with necessity of service 22(84%), expensive service 11(42%), crude and impolite provider 15(57%), provider fail to keep privacy and confidentiality 18(69%). 85(95.5%) out of 89 adolescents knew diseases that a person could acquire through sexual intercourse. These include HIV/AIDS 89(100%), gonorrhea 64(75.3%)and syphilis, 59 (69%) chancroid, and 25 (29 %) LGV respectively. The main symptoms of these STDS identified by the respondents also include genital ulcer 60(70.6%), dysuria 68(80.0%), genital itching sensation (75.0%), genital discharge (69.0%), and swelling in the groin area (35.0%). Only 2(2.4%) of them have contracted at least one of those symptoms in the last 12 months prior to the study. almost all of the respondent heard of HIV.

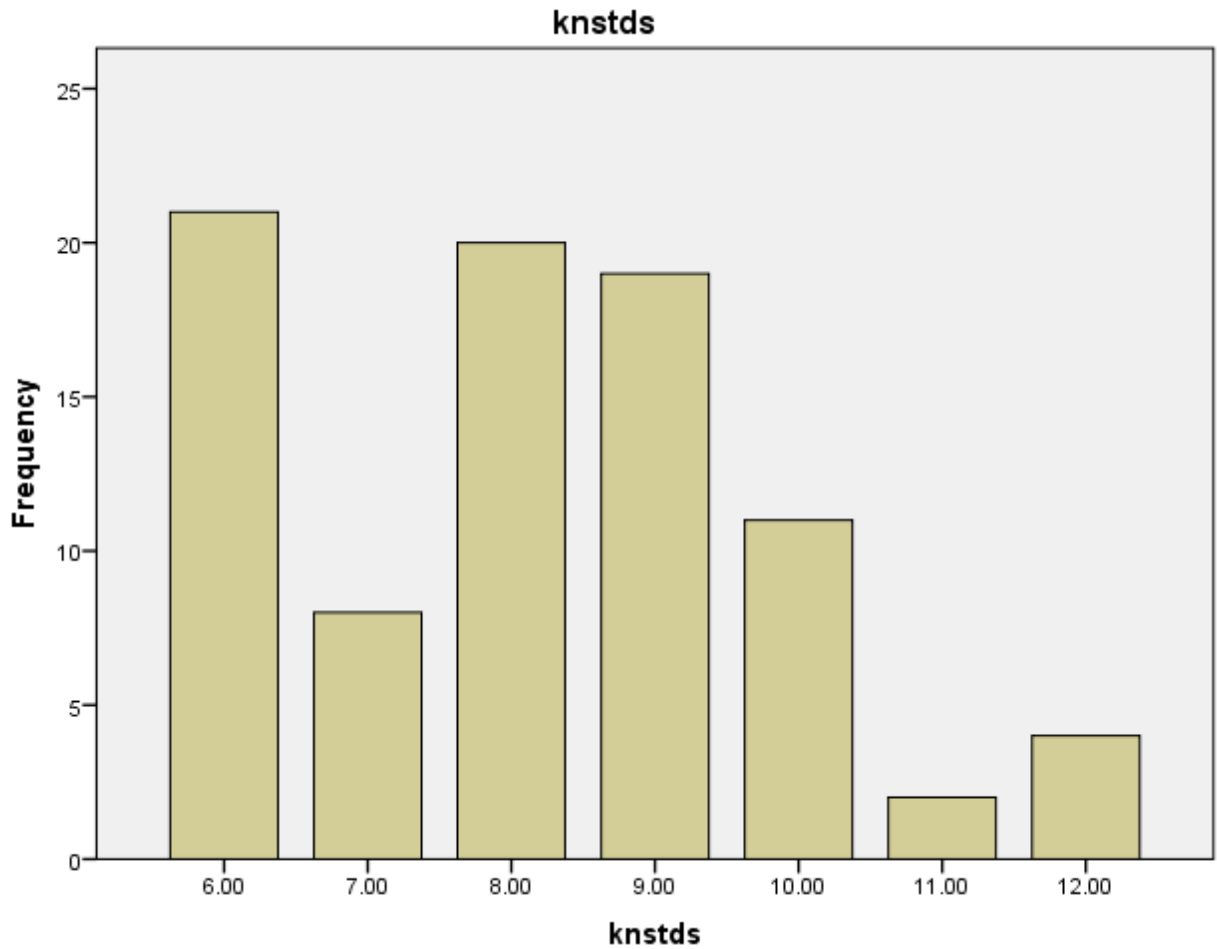


Figure 1: Knowledge about STD Bar chart

Almost all said that HIV/AIDS could be transmitted by unsafe sexual practices, blood transfusion 83(93.3%), common use of sharp materials 85(95.5%), mother to child transmission 87(97.8%) and breast milk 66(74.2%). They were also mentioned some misconceptions about ways of HIV /AIDS transmission such as an insect bite 34(38.2%), shaking of hands 10(11.2%), toilet sharing 13(14.6%) and drinking from the same glass 16(18%).

Majority of respondents identified the major signs and symptoms of AIDS. These include weight loss 83(93.3%), diarrhea 53(59.6%), and cough 52(58.2%), fever 47(52%) and becoming thin 69(77%).The majority (81%) out of 89 agreed upon that a person could have a chance of

acquiring HIV the first time he or she had sexual relation while 63(70.8%) stated that a healthy looking individual can be a carrier for HIV. 77(86%) out of 89 respondents believe the possibility of STIS/HIV/AIDS prevention. Thus, they identified the possible ways to prevent STIS/HIV/AIDS, which include abstaining from sex 77(97.8%), faithfulness 64(83), avoiding common share of sharp instruments 75(97.2%), practicing safe injection 58 (75 %) and use of condom 73 (95%).

Logistic regression analysis was carried out and gender, ever visit of health institution, accessibility of RH services, being sexually active, use of alcohol and khat were found to have significant association with adolescents' HIV/ AIDS knowledge. Males were found to be 1.6 times more knowledgeable about HIV/AIDS than females (OR =2.93, 95% CI (0.97,8.860). Those who know where to get RH services were found to be 2.1 times more knowledgeable than their counter parts (OR=2.150, 95 % CI = (1.486, 3.109). On the other hand, those who are accessible to RH services were found to be 4 times more knowledgeable than their counterparts (OR =4.063, 95 % CI= (1.148, 14.378)

Table 2: Distribution of knowledge of some basic concepts of

RH and RH services among adolescents, Bambasi preparatory school Benishangul Gumz, Western Ethiopia, January 2018

Variable		Frequency	Percent
Know what RH means	Yes	68	76.4
	No	21	23.6
Know component of RH	Knowledgeable	68	76
	Not Knowledgeable	21	24
Ever Received information on RH	Yes	73	82
	No	16	18
Know fertile period of women	Correct	54	60.4
	Incorrect	35	39.6
Pregnancy with one sexual intercourse	Agree	64	71.9
	Disagree	23	25.8
	Not sure	2	2.3
Know way to avoid pregnancy	Yes	81	91
	No	8	9
Know menstruation before they saw for the 1 st time	Yes	27	62.8
	No	16	37.2

Know ejaculation	Yes	32	70
	No	14	30
Know where to get RH	Yes	75	84.3
	No	14	15.7
Ever visited health institution for RH	Yes	2	2.2
	No	87	97.8
RH service is accessible	Yes	63	70.8
	No	26	29.2

Table 3: Distribution of knowledge of STDs /HIV /AIDS among Bambasi preparatory school, Benishangul Gumz, Western Ethiopia January 2018

Variable		frequency	Percent
Know STD	Yes	85	95.5
	No	4	4.5
Know types of STD	Knowledgeable	49	55
	Not knowledgeable	40	45
Know symptom of STD	Knowledgeable	51	57
	Not knowledgeable	38	43
Experience symptom of STD	Yes	2	2.4
	No	87	97.6
Ever heard of STD	Yes	89	100
Known cause of HIV/AIDS	Correct	89	100
Know way of HIV transmission	Knowledgeable	23	25
	Not knowledgeable	66	75
Know major sign and symptom of aids	Knowledgeable	46	52
	Not knowledgeable	43	48
Possible to acquire HIV during initial sexual contact	Agree	72	81
	Disagree	14	15
	Not sure	3	4
Healthy looking fellow could	Agree	63	70.8

have HIV	Disagree	22	26.2
	Not sure	4	3
Possible to combat HIV /AIDS	Yes	77	86
	No	12	14
Know possible methods of HIV /AIDS Prevention	Knowledgeable	76	86
	Not knowledgeable	13	14

5.3 Sexual behaviors and related practices among adolescents.

Thirty-three (37.1%) of adolescents, 18 (55.4 %) males and 15(44.6 %) females, have experienced sexual intercourse. The mean age at sexual commencement was 16.36 (+ 0.856SD) years for males and 14.86 (2.19 SD) years for(females). They have initially decided to start sexual intercourse for different reason 21(63.6%) of them out of 33 have decided it mainly due to having had sexual desire while fell in love accounted for 13 (39 %) of cases. The mean age of the person with whom they have had sexual intercourse for the first time was 19 years (+ 3.5 SD). On the other hand, only 29(87.9%) of the study subjects have acknowledged having sexual intercourse in the last 12 months prior to the study and nearly the same proportion of them 30 (90.0%) have had their last sexual experience with an individual whose age is the same as or less than 5 years older with each other. 23(70.0%) of the respondents have reported that they have had two or more sexual partners. The average number of sexual partner per person is 2.57 (+1.43 SD).

Only 11(33.0%) of the sexually active adolescents have not never used condom for different reasons in which trusting one's partner and lack of condom were the major reasons for not using it. Among the condom users i.e. 22(77.0%), 12(38.7%) have used it during the initial sexual intercourse while only 10 (30.0%) used it always in the last 12 months prior to the study and 20(60.0%) used it during recent sexual relationship.

Among sexually active female respondents 10(28.6%) have ever used modern contraceptives. pills (40%) and injectable (60%) forms were the most commonly used methods. The major reasons mentioned for non-use of contraceptives were having infrequent sex and not yet started sexual intercourse.

Thirty-seven (41.0%) of adolescents have ever discussed about sexual matters with their parents while 52(59.0%) did not. The major reasons mentioned for not having the discussion were primarily fear of parents 48(92.4%), cultural prohibition 16(30.8%), parents do not want 12 (23.1%), and parents lack knowledge 4(7.7%).

Majority of the respondents 41(46.1%) out of 89 have never consumed alcoholic beverages, 57(64%) have never smoked cigarettes, and 47(52.7%) have never chewed chat. Similarly, none of the respondents has ever used intravenous drug injection, other than for medical treatment, at all in the last 12 months prior to the study.

Gender, accessibility of RH services, ever discussion of sexual matters with parents, alcohol consumption and chat chewing showed an association with risky sexual behavior among the study subjects. The odds of risky sexual behavior are 0.26 times higher among male's adolescents than females (OR =0.26408, 95 % CI= (0.089, 8.19). Those who are accessible to RH services are less likely to develop risky sexual behavior than their counter parts (OR=0.309, 95 % CI= (0.081,1.17). Similarly, those who have ever discussed about sexual matters with their parents are less likely to develop risky sexual behavior than those who did not do (OR=0.709, 95% CI= (0.283,.780)

Table 4: Results of multiple logistic regression analysis of risky sexual behavior by selected sociodemographic characteristics & some concepts of RH and its services among adolescents in Bambasi preparatory school, Benishangul Gumz, Western Ethiopia

Characteristics		Risky sexual behavior		Crude OR (95% CI)
		Risky	not risky	
Gender	Male	7	12	0.26(0.089-8.2)
	female	2	5	1.00
Religion	Orthodox	3	6	0.43(0.056-1.2)
	Muslim	3	9	1.39 (0.57, 3.45)
	Protestant	2	5	1.00
Ethnicity	Oromo	3	5	1.05(0.44,2.52)
	Amhara	2	1	2.15(0.38,1.133)
	Other	-	-	1.00
Income	Yes	1	3	0.48(0.04-8.76)
	No	5	11	1.00
Father education	Literate	6	9	1.03(0.36,2.97)
	Illiterate	1	2	1.00
Mother education	Literate	4	9	0.91 (0.41, 2.04)
	Illiterate	2	6	1.00
Know where to get RH service	Yes	4	8	0.83(0.34-0.95)
	No	-	3	1.00
Visit health institution	Yes	1	2	1.05(0.44,2.52)
	No	4	-	1.00
Rh is accessible	Yes	4	15	0.3(0.081-1.17)

	No	2		1.00
Had sexual intercourse	Yes	1	3	0.71(0.16,3.38)
	No	4	12	1.00
Discussed sexual matter	Yes	2	6	0.71(0.28-0.78)
	No	5	8	1.00
Ever drunk	Yes	5	6	1.38 (0.33, 6.08)
	no	2	7	1.00
Ever chew khat		2	-	3.232(.923,11.313)
		3	13	1.00

6. Discussion

Respondents were asked whether they know what reproductive health means and 68(76.4%) they know about it and 21(23.7%) didn't. Out of 68 who knows about RH 43(48%) says it is family planning, 46(52%) access to health information service, 55(62%) right to choose when and with whom to have sexual intercourse, 53(60%) STI/HIV, 45(51%) maternal and child health.

This is in contrary to a study done in ambo which is only 59 (9.9%) acknowledged that they know about it. Out of 590 they gave answers that it is sexual transmitted infection 26(4.3%). A considerable proportion (about 90.2%) of the respondents, however, did not know or did not respond to the question concerning component of reproductive health.

Nearly 54(60.7%) out of 89 responded the likely time for a woman to get pregnant when she has sexual relations that is in the middle of her menstrual cycle.

81(91%) knows way to avoid pregnancy and only 8(9%) didn't know. Different ways mentioned include oral contraceptives 81(91%) injection, 79(97.5%) condom 80(90%), Norplant 33(40.7%), IUD 22(27.2%), sterilization 27(33.3%), abstinent 57(70.4%), withdrawal 34(42%), safe period 24(29.6%) and washing genitalia 13(16%).

According to a study done in Mizan Tepi university, out of the study subjects only 63 (16.8%) of them answered that a woman is most likely to Become pregnant halfway between two periods, whereas the majority, 125 (33.3) % were from during her menstrual cycle. Out of the total study subjects, 347 (92.5%) of them had reported that they know at least one means of avoiding pregnancy. Among these Oral pills, Injectable and condoms were the most recognized

contraceptive methods that were Reported by 40%, 18% and 9.22% respectively and also 61 (17.57%) know both OCP and Injectable, the other thing while 28 (7.5%) of respondents don't know about it (3).

Eighty-five (95.5%) out of 89 adolescents knew diseases that a person could acquire through sexual intercourse. These include HIV/AIDS 89(100%), gonorrhea 64(75.3%)and syphilis ,59 (69%) chancroid, and 25 (29 %) LGV respectively. The main symptoms of these STDS identified by the respondents also include genital ulcer 60(70.6%), dysuria 68(80.0%), genital itching sensation (75.0%), genital discharge (69.0%), and swelling in the groin area (35.0%). Only 2(2.4%) of them have contracted at least one of those symptoms in the last 12 months prior to the study. almost all of the respondent heard of HIV.

Almost all said that HIV/AIDS could be transmitted by unsafe sexual practices, blood transfusion 83(93.3%), common use of sharp materials 85(95.5%), mother to child transmission 87(97.8%) and breast milk 66(74.2%). They were also mentioned some misconceptions about ways of HIV /AIDS transmission such as an insect bite 34(38.2%), shaking of hands 10(11.2%), toilet sharing 13(14.6%) and drinking from the same glass 16(18%).

Majority of respondents identified the major signs and symptoms of AIDS. These include weight loss 83(93.3%), diarrhea 53(59.6%), and cough 52(58.2%), fever 47(52%) and becoming thin 69(77%).The majority (81%) out of 89 agreed upon that a person could have a chance of acquiring HIV the first time he or she had sexual relation while 63(70.8%) stated that a healthy looking individual can be a carrier for HIV. 77(86%) out of 89 respondents believe the possibility of STIS/HIV/AIDS prevention. Thus, they identified the possible ways to prevent STIS/HIV/AIDS, which include abstaining from sex 77(97.8%), faithfulness 64(83), avoiding common share of sharp instruments 75(97.2%), practicing safe injection 58 (75 %) and use of condom 73 (95%).

On another study done in Debre Birhan among high school students, fourteen (17.5%) rural and 246 (82.5%) urban respondents ever heard about STI. Radio/TV was the most frequently

information source for STI and others get information from other sources. Regarding knowledge of respondents on sign & symptoms of STI 233(74.7%) of respondents know at least one sign & symptoms of STIs but the rest 79(25.3%) didn't know any sign & symptom of STI (2).

Concerned with transmission of STI: 286(91.2%) of the respondents select individual transmission methods like sex 250(80.1%), blood contact 91(29.2%), contaminated needle 58(18.6%), genetics 18, breast feeding 33(10.6%) and the rest 9 mentions other transmission methods in which more than one answer was possible. Regarding prevention method of STIs, majority of respondents 270(86.1%) know prevention method of STI but 42(13.5%) of the respondents didn't know any prevention method of STI (2).

A study done in Gondar among preparatory students showed that All the students had heard about AIDS before the interview. The source of information was radio (50%), television (46.7%), Newspaper (33.3%), teachers (25%), parents (21.7%), health workers (13.3%) and youth club (11.7%) where more than one sources were common (10).

Generally, students were well informed about select aspects of HIV/AIDS. Thus, a very high (> 80%) proportion of students were conversant with the major modes of spread of HIV and with utility of condoms in preventing HIV infection.

Thirty-three (37.1%) of adolescents, 18 (55.4 %) males and 15(44.6 %)female, have experienced sexual intercourse. The mean age at sexual commencement was 16.36 (+ 0.856SD) years for males and 14.86 (2.19 SD) years for(females). They have initially decided to start sexual intercourse for different reason. 21(63.6%) of them out of 33 have decided it mainly due to having had sexual desire while fell in love accounted for 13 (39 %) of cases. The mean age of the person with whom they have had sexual intercourse for the first time was 19 years (+ 3.5 SD). On the other hand, only 29(87.9%) of the study subjects have acknowledged having sexual intercourse in the last 12 months prior to the study and nearly the same proportion of them 30 (90.0%) have had their last sexual experience with an individual whose age is the same as or less than 5 years older with each other.23(70.0%) of the respondents have reported that they have had two or more sexual partners. The average number of sexual partner per person is 2.57 (+1.43 SD).

On the same study done among students of Mizan Tepi University, it was that one hundred forty-nine 149 (39.7%) respondents ever had sex in their life time. Majority of the respondents 79

(53.3%) had sex below the age of <18 almost before they joined to university whereas 66 (44.3%) had sex between 18-24. The reason for sex were fall in love 83 (57.7%) and the rest 21 (14.1%) to get married, only 12 (8.08%) to get money. Among those who had sex 30 (20.13%) were sex with more than one sexual partner (3).

A study done in Seto Semero high school in Jimma, showed that Among the respondents who were participated in the study from those study participants 64 (19.7%) of them had history of sex. Among those who performed sex 42 (65.6%) of them performed sex at age between 20-24 years. Those students were also asked about factors that initiated them to perform sex, boy/girlfriend 44 (68.8%) and peer pressure 8 (12.5%) were the major factors. From the total 64 students 29(45.3%) were used condom during sexual intercourse and the rest 35(54.7%) didn't used condom during sexual intercourse. Regarding their plan for the future to prevent STIs, 170 (52.5%), 98 (30.3%) and 56 (17.2%) said abstinence, being faithfulness and using condom respectively (11).

7 Strength and Limitation

In this study the extent of risky sexual behavior and factors that leads to its practice among school adolescents was assessed. A random sample was employed from one preparatory school. In an attempt to keep the validity and reliability, a pre-testing was done and appropriate analysis was employed and findings in this study were compared with other studies in Ethiopia and other countries in the world. However, the validity and reliability of results in this study could be reduced since the students themselves filled the questionnaires. In order to minimize this condition, thorough explanation was given and they were told as much possible to response the real things and to be honest in the process. As the study focuses on school adolescents its representativeness to all adolescent population is minimal.

The main limitations this study was the absence of focus group discussion which can further increase the support of quantitative outcomes.

8. conclusion

Most of the respondents have heard RH and knew correctly the components of RH. Majorities have ever heard of HIV/AIDS Some socio-demographic and RH factors are still influencing the awareness of RH particularly HIV/AIDS and sexual behavior of adolescents in the study area. Premarital sex is common with an early commencement of sexual intercourse. Schoolteachers, health professionals and mass media are found to be the major sources of information for adolescent RH.

9. Recommendation

- Facilitating adolescents' peer education on their sexuality both at the school and family level.
- Designing means of increasing parents-young people communication on sexuality from early adolescence to overcome untimely RH problem
- Reproductive health services (condom provision, treatment on sexually Transmitted infections and VCT) should be made available nearby or in the schools.

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QUESTIONER

Part one: Sociodemographic characteristics.

Q101 Sex of respondent

1. Male
2. Female

Q102 How old are you? (Enter number)

___ Years.

Q103 What is your religion?

1. Orthodox
2. Muslim
3. Protestant
4. Catholic

Others, (specify) -----

Q104. To which ethnic group do you belong?

1. Oromo
2. Amhara
3. Gurage
4. Tigre
5. Berta

Other, specify-----

Q105 What is your marital status?

1. Never married
2. Currently married
3. Divorced
4. Separated
5. Widowed

Q106 what is your level of education

1. Grade 11
2. Grade 12

Q107 Do you have your own income?

1. Yes
2. No **Skip to Q110**

Q108 If yes, what is your monthly income? (Enter number)

_____ Birr

Q109 With whom do you live now?

1. Father & mother
2. Father only
3. Mother only
4. Relatives
5. Friends or peers.
6. Boy/ Girlfriend
7. Alone

Others, (specify) -----

Q110. What is your father's occupation?

1. Daily laborer
2. Civil servant
3. Farmer
4. Employed in private sector
5. Has private business

Others, (specify) -----

Q111 What is your mother's occupation?

1. Housewife
2. Daily laborer
3. Maid servant
4. Farmer
5. Civil servant

6. Employed in private sector.

7. Has private business.

Others, (specify)-----

Q112 What is your father's educational status?

1. Illiterate

2. Read and write

3. Grade 1 -6

4. Grade 7 -8

5. Grade9 -12

6. Grade12 +

Q113 What is your mother's educational status?

1. Illiterate

2. Read and write

3. Grade 1-6

4. Grade 7 -8

5. Grade 9 -12

6. Grade 12 +

Part two: Knowledge on some important concepts of reproductive health.

Q201 Do you know what Reproductive Health means?

1. Yes

2. No **Skip to Q 206**

Q202 If yes, what do you think is Reproductive Health about?

1. Family planning 1. Yes 2. No

2. Access to health information and services. 1. Yes 2. No

3. The right to choose when and with whom to have sex. 1. Yes 2. No

4. STIs /HIV/AIDS. 1. Yes 2. No

5. Maternal &Child health 1. Yes 2. No

Others, (specify)-----

Q203 Have you ever received information on RH?

1. Yes

2 No **skip to Q 205**

Q204 If yes, from where did you get the information on RH?

1. Parents
2. Health professionals
3. Religious leaders
4. Peers
5. Mass media (radio, TV...)
6. School teachers
7. Books

Others, (specify) -----

Q205 Where do you feel comfortable to get information on RH?

1. Parents
2. Health professionals
3. Religions leaders
4. Peers
5. School teachers
6. Mass Media (radio, TV)
7. Books

Others, (specify) -----

Q206 When do you think is more likely for a woman to get pregnant if she has sexual relations?

- 1 .A week before her menstrual cycle 1. Yes 2. No
2. During her menstrual cycle. 1. Yes 2. No
3. Right after menstrual cycle ended. 1. Yes 2. No
- 4 In the middle of her menstrual cycle. 1. Yes 2. No
- 5 .The same throughout the menstrual cycle 1. Yes 2. No
6. I do not know

Q207 A girl or woman can get pregnant with one act of sexual intercourse.

1. Agree
2. Disagree
- 3 .Not sure

Q208 Do you know any ways to avoid pregnancy?

1. Yes

2. No **skip to Q 210**

Q209 If yes, what are the ways to avoid getting pregnant?

1. Oral contraceptive 1. Yes 2. No

2. Injectable. 1. Yes 2. No

3. Using condoms 1. Yes 2. No

4. Norplant 1. Yes 2. No

5. IUDS. 1. Yes 2. No

6. Sterilization 1. Yes 2. No

7. Abstinence 1. Yes 2. No

8. Withdrawal 1. Yes 2. No

9. Safe period 1. Yes 2. No

10. Washing the genitalia after intercourse. 1. Yes 2. No

Others, (specify)-----

Ask Questions 210 and 211 for females Only.

Q210 Did you know anything about menstruation before you first had it?

1. Yes

2. No **skip to Q 214**

Q211 If Yes, From where did you first hear /know about it?

1. Parents

2. Siblings

3. Peers.

4. School teachers

5. Health professionals

6. Elders

7. Mass Media

8. Books, magazine, newspaper.

Others, (specify) -----

Ask Questions 212 and 213 for males only.

Q212 Did you know anything about ejaculation before you first had it?

1. Yes
2. No **skip to Q 214**

Q213 If yes, From where did you first hear/ know about it?

1. Parents
2. Siblings
3. Peers.
4. School teachers
5. Health professionals
6. Elders
7. Mass media
8. Book, magazines, Newspapers
- Others, (specify) -----

Q214 What is the ideal age for a male to start sexual intercourse in your opinion?

_____ Years

Q215 What is the ideal age for a female to start sexual intercourse in your opinion?

_____ Years.

Q216 What is the ideal age for a male to get married in your opinion?

_____ Years.

Q217 What is the ideal age for a female to get married in your opinion?

_____ Years.

Q218 Do you know where to get RH services?

1. Yes
2. No **skip to Q 220**

Q219 If yes, which ones do you know?

1. Health institutions
2. Schools
3. Pharmacy
4. FGAE
5. Traditional healer
77. Others, (specify) -----

Q220 Have you ever visited a health institution for reproductive health services in the last 12 months?

- 1. Yes
- 2. No **Skip to Q 222**

Q221 If yes, what was the reason for your visit?

- 1. Had STI 1. Yes 2. No
- 2. For abortion 1. Yes 2. No
- 3. For antenatal care 1. Yes 2. No
- 4. For delivery 1. Yes 2. No
- 5. To get contraceptive pill 1. Yes 2. No
- 6. To get condom 1. Yes 2. No
- 7. For counseling 1. Yes 2. No

Others, (specify)-----

Q222 Are RH services accessible to you?

- 1 .Yes --- > **Q224**
- 2 .No ----> **Q223**

Q223 What do you think are the main obstacles that prevent you from getting RH-services?

- 1. Inaccessibility of services 1. Yes 2. No
- 2. Services are expensive 1. Yes 2. No
- 3. Providers are crude and impolite 1. Yes 2. No
- 4. Providers fail to keep privacy and confidentiality 1. Yes 2. No
- 5. Much waiting time to get service 1. Yes 2. No
- 6. Inconvenient clinic hours 1. Yes 2. No

Others, (specify) -----

Don't know about it

Q224 Do you know any diseases a person can get through sexual intercourse?

- 1. Yes
- 2. No **skip to Q 229**

Q225 If yes, which diseases do you know about?

1. Chancroid 1. Yes 2. No
2. Gonorrhea 1. Yes 2. No
3. HIV/AIDS 1. Yes 2. No
4. LGV 1. Yes 2. No
5. Syphilis 1. Yes 2. No

Others (specify) -----

Q226 Which of the following are the main symptoms of STDs?

1. Genital discharge 1. Yes 2. No
2. Burning pain. on urination 1. Yes 2. No
3. Genital ulcers /sores. 1. Yes 2. No
4. Genital itching sensation. 1. Yes 2. No
5. Lower abdominal pain 1. Yes 2. No
6. Swelling in groin area 1. Yes 2. No

Others (specify) _____

Q227 Have you ever experienced at least one of the above symptoms in the last 12 months?

1. Yes.
2. No **Skip to Q229**

Q228 If yes, where did you go for treatment the last time you have experienced at least one of the above symptoms?

1. Health institutions
2. Pharmacy
3. Traditional healer.
4. Took a drug from family/friends/ partner
5. No action taken
77. Others (specify)-----

Q229 Have you ever heard of HIV/AIDS?

1. Yes
2. No skip to Q 301

Q230 If yes, what is the causative agent of AIDS?

1. Bacteria 1. Yes 2. No
2. Virus 1. Yes 2. No

3. Fungus 1. Yes 2. No

4. Parasite 1. Yes 2. No

Others, (specify) -----

Q231 Through which of the following ways could HIV/AIDS be transmitted?

1. Unsafe sexual intercourse 1. Yes 2. No

2. Blood transfusion 1. Yes 2. No

3. Mother to child 1. Yes 2. No

4. Common use of sharp materials 1. Yes 2. No

5. Insect bite 1. Yes 2. No

6. Shaking hands 1. Yes 2. No

7. Toilet sharing 1. Yes 2. No

8. Drinking from the same glass 1. Yes 2. No

9. Breast milk. 1. Yes 2. No

Others (specify) -----

Don't know

Q232 Which of the following are /is the major sign & symptoms of AIDS?

1. Fever 1. Yes 2. No

2. Weight loss 1. Yes 2. No

3. Diarrhoea 1. Yes 2. No

4. Cough 1. Yes 2. No

5. Becoming thin 1. Yes 2. No

Others, (specify)-----

Do not know

Q233 A person can acquire HIV the first time he/she had sexual intercourse.

1. Agree

2. Disagree

3. Not sure.

Q234 A healthy looking individual can be a carrier for HIV

1. Agree

2. Disagree

3. Not sure

Q235 Is it possible to prevent STIs /HIV/AIDS?

1. Yes
2. No **Skip to Q 301**

Q236 If yes, what are the ways to prevent STI/HIV/AIDS?

1. Abstaining from sex 1. Yes 2. No
2. Becoming faithful to one's partner 1. Yes 2. No
3. Using a condom 1. Yes 2. No
4. Practicing safe injections 1. Yes 2. No
5. Avoiding common share of sharp instruments 1. Yes 2. No

Others, (specify)-----

Part Three: Sexual and other reproductive health behaviors among adolescents.

Q301 Have you ever had sexual Intercourse?

1. Yes
2. No --**Skip to Q 329**
3. No response

Q302 At what age did you first have sexual intercourse?

___ Age in years

Q303 Why did you decide to have sexual inter course the first time?

1. Fell in love 1. Yes 2. No
2. Had desire 1. Yes 2. No
3. I got married 1. Yes 2. No
4. Raped / abused 1. Yes 2. No
5. To get money and other gifts 1. Yes 2. No
6. Peer pressure 1. Yes 2. No
7. Was drunk 1. Yes 2. No

Others, (specify)-----

Q304 What was the age of the person with whom you first had sexual intercourse?

1. ____ Age in years

Q305 Have you ever had sexual intercourse in the last 12 months?

1. Yes
2. No

3.No response

Q306 How much older or younger is the person with whom you had your last sexual experience?

1. Same age
2. > 10 years older
3. 5-10 years older
4. <5 years older
5. >5 years Younger
6. < 5 years younger

Q307 With how many partners have you ever had sexual intercourse?

----- Number of partners

Q308 Have you ever used condom?

1. Yes
2. No **skip to a 312**

Q309 Did you use condom the 1st time you had sexual intercourse?

1. Yes
2. No

Q310 How often did you use condom in the last 12 months?

1. Always
2. Most of the time
3. Sometime
4. None

Q311 Did you use condom the last time you had sexual intercourse?

1. Yes
2. No.

Q312 If you have not used condom at all, or have not used it consistently. What was the reason? Read: (More than one answer is possible)

1. Not available
2. Too expensive

3. Ashamed to ask my partner
 4. Partner objected
 5. Used other contraceptive.
 6. Don't like them
 7. Wanted to get pregnant.
 8. Ashamed to buy
 9. I trust my partner
 10. I was drunk.
 11. Didn't think of it
 12. Didn't know how to use it xc
 13. It decreases satisfaction or sexual pleasure.
 14. It bursts
 15. My religion prohibits
- Others, (specify)-----

Ask Questions 313-316 for males only

Q313 Have you ever had sexual intercourse with commercial sex workers?

1. Yes.
2. No **skip to Q 329**

Q314 Have you ever used condom when making sexual intercourse with CSWs?

1. Yes
2. No **skip to Q 316**

Q315 If Yes, how often did you use condom?

1. Always
2. Sometimes
3. Most of the time
4. None

Q316 If you have not used condom at all or have not used it consistently when having sexual intercourse with CSWs, Why?

1. Not available
2. Too expensive

3. Ashamed to ask my partner.
4. Partner objected
5. Used other contraceptive
6. Don't like them
7. Wanted to get pregnant
8. Ashamed to buy.
9. I trust my partner
10. I was drunk
11. Did not think of it
- 12 .I did not know how to use it
- 13 .It decreases satisfaction
- 14 .It bursts
- 15.My religion prohibits
- Others, (specify)-----

Ask the following questions (317--- 328) for females only.

Q317 Have you ever used modern contraceptives?

1. Yes
2. No **Skip to Q 319**

Q318 If yes, which contraceptive methods have you used?

1. Pills
2. Injectable
3. Norplant
- 4 .IUD/loop
5. Condom
77. Others, (specify)-----

Q319 If no, what are the reasons for not using contraceptives? (More than one answer is possible)

1. I did not start sexual intercourse
2. I have infrequent sex
3. Husband/ Partner opposed

4. Parents opposed.
5. Religious prohibition
6. Lack of knowledge about contraceptives
7. Fear of side effects
8. Health service providers have negative attitude
9. Service not available.
10. Want to have children.

Others (specify)-----

Q320 Have you ever been pregnant?

1- Yes

2- No **skip to Q 329**

Q321 How old were you when you first become pregnant? (Enter age)

1___ Age in years

Q322 Was/were your pregnancies planned?

1. Yes

2. No

Q323 Have you ever aborted or terminated your pregnancy?

1. Yes

2. No **skip to Q 329**

Q324 If yes, how many times did you have abortion? _____ Time

Q325 If there was abortion, whom did you first discuss the issue with?

1. My partner /husband

2. My boyfriend

3. My friends & peers

4. My parents

5. Health workers

6. Traditional healers.

7. Local abortionist

77. Others, (specify) -----

Q326 Why did you abort or terminate the pregnancy?

1. Fear of my family.
2. To continue my education.
3. It was unplanned (unwanted)
4. Economical problem.
77. Others, (specify)-----

Q327 Where did you abort /terminate your pregnancy?

1. At public health institution.
2. At private clinic
3. At abortionist's house
77. Others, (specify)-----

Q328 Could you tell me why you preferred to seek abortion care in places mentioned in question number 327?

1. Effectiveness of treatment
2. Free treatment
3. Low cost of treatment.
4. Proximity
5. Confidentiality
77. Others, (specify)-----

Q329 Have you ever discussed about sex with your parents?

1. Yes
2. No **skip to Q 330.**

Q330 If not, what was the reason?

1. Afraid of them
1. Yes 2. No
2. They don't want
1. Yes 2. No
3. Culturally prohibited
1. Yes 2. No
4. My parents lack the knowledge.

1. Yes 2. No

Others, (specify) -----

Q331 Have you ever drunk alcoholic beverages like tella, tej, beer, areki, etc.

1. I have never drunk
2. I have tried alcohol once or twice
3. I drink alcohol occasionally.
4. I drink alcohol daily

Q332 Have you ever smoked cigarettes?

1. I have never smoked
2. I have tried cigarettes once or twice
3. I smoke cigarette occasionally.
4. I smoke cigarette daily.

Q333 Have you ever chewed khat?

1. I have never chewed.
2. I have tried khat once or twice.
3. I chew chat occasionally.
4. I Chew Khat daily.

Q334 Have you ever-injected drugs yourself using syringes in the last 12 months?

(Drugs injected other than for medical or treatment

1. Yes
2. No