

Risky Sexual Behavior and Associated Factors Among High School Youth in Pawe Woreda Benishangul Gumuz Region

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Abstract: Background: Youths' sexual behaviour affects their physical, psychological and social well-being leading to death. Youth are at high risk of Human Immune Virus (HIV) and Sexual Transmitted Infection (STI) despite high level of knowledge about HIV/STI. Objective: to assess risky sexual behaviour and associated factors among high school youth 15- 24 years. Methods: A cross-sectional study design was employed using a pre-tested self-administered questionnaire and supplemented by focus group discussion which conducted from May 10th to 20th, 2012G.C among high school youth in Pawe Woreda, Northwest Ethiopia. Bivariate and multivariate analyses were employed. A total of 374 youth were selected using simple random sampling method. The data were analyzed using SPSS for windows version 16.0. Descriptive statistics, bivariate and multi-variable logistic regression analyses were performed after cleaning the data. Statistical significance was declared at P<0.05. Results: Out of the study subjects; 90 (24.1%) respondents were sexually active. Among the sexually active students: 37(41.1%) reported ever use of condom, 5.5% reported sexual contact with commercial sex workers and 26 (35.1%) reported having more than two sexual partner. Consistent use of condom was reported only by 16(43.2%). Seventy four (82.2%) had risky sexual behavior. Only 24 (26.7%) reported high chance of acquiring Human Immune Virus (HIV) and Sexual Transmitted Infection (STI). Multivariable logistic regression analyses showed that being in 18-24 age group (AOR=3.279 [95% CI: 1.79, 6.008]) and drinking alcohol (AOR = 9.1 [95% CI: 2.517, 32.9]) were associated with risky sexual behaviour. Conclusion: Considerable amount of school youth had started early sexual activity and have developed risky sexual behaviour that might predispose them to different sexual and reproductive health problems. Delaying sexual initiation and reducing risky sexual behaviour among youth can be achieved through well designed sexual education programs at earlier life in school.

Keywords: Risky Sexual Behaviour, Associate Factors, School Youth, Pawe, Benishangul Gumuz

1. Introduction

According to the World Health Organization (WHO) "adolescents" cover the age of 10 to 19 years; "youths" are defined as belonging to the age group of 15 to 24 years, while the terminology young people covers the age of 10 to 24 years (1).

The total number of world population in the mid of 2007 is estimated to be more than 6.6 billion, out of which about 1.4 billion are adolescents, which means adolescents make up of one-fifth of the world's population (2).

Adolescent is a transition period in life from dependent childhood to self-reliant adulthood and includes the range in which the majority of young people join the labour force. It is the period where young person achieve the highest stage of cognitive and physical development and strive to define their self-identity. A need for independence is also one of the features of this group (3).

Adolescents life are at risk because they do not have the information, skills, health services and support they need to go through sexual development during adolescent (4).

The vast majority of sexual intercourse during

adolescence/youth period is unprotected. Therefore, risk of unwanted pregnancy, unsafe abortion, and STIs/HIV/AIDS is very high. In addition, lack of accurate information about reproductive health and sexuality, lack of access to health services, lack awareness about contraception and vulnerability to sexual abuse put youth at highest risk (5).

According to WHO, 333 million new cases of STIs occur worldwide each year, and at least 111 million of these cases occur in people under age 25 years. In developing countries, nearly half of all HIV infections occur in men and women younger than 25 years this data indicate that up to 60% of all new HIV infections are among 15 to 24 years (6).

Young people are at high risk of STIs/HIV for a variety of reasons, such as lack of knowledge about STIs/HIV, not perceiving themselves to be at risk, lack of access to or inconsistent use of condoms, increased number of sexual partners leading to increased risk of exposure, biological factors (a young woman's cervical epithelium is more susceptible to infections), economic factors (adolescents may live or work on the street and participate in "survival sex" or "transactional sex") and social factors: being forced into a sexual relationship, lacking the skills and power to negotiate condom use, and encountering gender norms, double standards, cultural, religious regarding sexuality and fertility (6).

Socioeconomic status, joblessness, sexually active friends, family instability, single-parent household, sibling sexual activity and individual characteristics (race, gender, age, and pubertal status) have all been associated with adolescent sexual outcomes (7).

Ethiopia is one of the developing African countries where HIV/AIDS is fuelling and striking its population of all age including adolescents. Elsewhere in Africa, transmission of HIV/AIDS is almost exclusively through heterosexual contact and about 1.4% of adult age 15-49 were living with HIV in 2005 (8). Among women age 15-19 years 0.7% are HIV infected, compared with 0.1% of men age 15-19 years. HIV prevalence among women 20-24 is 1.7% that is three times more than men in the same age group which account 0.4% (8).

Sexual initiation among youth is associated with divorced parents, less education, low income, dropping out of school, permissive attitudes, and lack of confidence to avoid sex, peer pressure, drinking, drug use, previous sexual abuse and exposure to sexual content of media (9).

Misconceptions about HIV/AIDS are wide spread among young people. They vary from one culture to another and particular norm gain currency in some populations both on how HIV is spread and how to prevent. Surveys from 40 countries indicate that more than 50% of young people aged 15 to 24 years had serious misconceptions about how HIV/AIDS is transmitted. Stigma and discrimination discourage young peoples from taking preventive measures against HIV/AIDS, like using condoms, seeking treatment for infections, voluntary counselling and testing and informing their sexual partner (10). Along with increased exposure to STIs and unintended pregnancy youth who engage in sexual activity outside of marriage may face social stigmas, family conflicts, problems with school and the

potential need for unsafe abortions (11).

Effective prevention that enables people to adopt safer behaviour requires not only just knowing who is at risk, but also understanding why they engage in risk behaviours, motivating them to reduce their risk, developing their knowledge and skills, improving their access to means of prevention in ways that are appropriate to them and providing a supportive social and policy environment for behavioral change. Youth must learn the facts before they become sexually active and the information needs to be regularly reinforced and built on both in the classroom and beyond (12).

A basic education of good quality for all children offering sound knowledge about sexuality and HIV is essential. Any intervention measure towards youth should appropriately aim at school which is where at least a substantial proportion of them are found. School is easy and conducive to provide them with information alongside their formal training and most important of all they will have the chance to internalize what they have been taught among themselves. Although very few studies have assessed youth risky sexual behaviour and associated factors and most of these studies are conducted in major towns.

Therefore, the aim of this study was to assess risky sexual behaviour and associated factors among youth in the study area.

2. Methods and Materials

The study was conducted in Pawe Woreda, Metekel Zone Benishangul Gumuz Regional state, which is located 573kms from Addis Ababa and 400kms away from Assosa (main town of the region). It is located in the Northwest part of the Ethiopia, has 20 Kebeles, and its boundary: Dangur woreda in the west, Mandura woreda in the south and Awi zone in Amhara regional state from the north. According to 2007 census population of the woreda is 37,711 (when it projected to 2011/12) is that 41, 949 population (21,348 were males and 20,601 were females). The woreda has 3 high schools, 34 primary schools, 16 health posts, 3 health centers, 11 private drug vendors, 5 private clinics, 1 General hospital and one Health Sciences College. Based on education profile of Pawe Woreda, in 2011/12 academic year, a total of 2,926 (1,522 males and 1,404 females) students were enrolled in secondary schools in grades 9-12. The study was carried out from May 10th to 20th, 2012 in Pawe Woreda.

School based cross-sectional study design was employed both quantitative and qualitative data collection methods. Source population was all high school students who were enrolled in grade 9th -12th in 2011/2012 in the Pawe Woreda. Whereas, study population were all students aged 15 to 24 years attending their education during the study period and who were selected from three high schools. For qualitative study, students 15-24 years of age who were anti AIDs club members, members of student council and those who were not involved in quantitative part were involved. However, exclusion criteria for the study were those students who were critically medically ill and mentally disabled students.

The sample size was calculated using the single population proportion formula. The value of p was taken as 50% as there is no previous study done in the study area and nearby.

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

Z= the standard normal deviation at 95% confidence level =1.96

P= 50% the proportion of study population with expected prevalence of risky sexual behaviour

d= the desired precision (marginal error) 5%

n_i = initial sample size

n_f = final sample size

N=total population of school youth = 2926

$$n_i = \frac{(1.96)^2 0.5 (1-0.5)}{(0.05)^2} = 384$$

Finite population correction formula was used since the total population is less than 10,000.

$$n_f = \frac{n_i}{1 + \frac{n_i}{N}} = \frac{384}{1 + \frac{384}{2926}} = 340 + 10\% \text{ non-response}$$

$$n_f = 340 + 10\% \text{ non-response} = 374$$

For the qualitative study, two groups consisting of 6 students of both sex from each school were included making a total of six FGDs.

Sampling technique was used multistage sampling technique. At the beginning three high schools were selected by simple sampling technique. Secondly, 374 students were selected by simple random sampling from each section in the selected high school.

Dependent variable of the study was risky sexual behavior of youth. However, independent variables: Socio-demographic variables such as sex, age, grade, mother's occupation, marital status, father's educational level, mother's educational level, father's occupation and peer pressure. In addition, knowledge of STI/HIV, pocket money, alcohol use, khat chewing, cigarette smoking and self-risk perception were independent variables.

Data collection process; six data collectors who were grade 10 completed students were recruited. The data collectors and the supervisors were given training for 3 days. The principal investigator moderated the discussion for the male groups, while female groups were moderated by female nurse who was trained by the principal investigator for an average of forty minutes. Supervisors supervised and support data collectors during the data collection process. For quantitative part; Structured and semi structured pre-coded questionnaires that are adopted from previous similar studies conducted in South-Gondar in 2004 and Aleta Wondo in 2008 made a suitable for this particular study was used.

Pre-test the questionnaire for clarity and consistencies of the questions were done on 19(5%) of the total samples at the Manbuk high school in Dandur Woreda which is outside of the study area one week prior to the actual data collection. The questionnaire was initially prepared in English and then

translated in to Amharic. The Amharic version was again translated back to English to check for any inconsistencies.

After data collection; data was code, entered, cleaned and analyzed using SPSS version 16. Descriptive statistics was calculated to describe the overall distribution of the study subject with the variables under study. Bivariate and multivariable logistic regression analyses were used to determine the presence of statistically significant associations between the dependent and the independent variables. For qualitative part; to support the quantitative study, Focus Group Discussion was conducted using a discussion guide. Discussion was supported with tape-recorded and the facilitators have taken notes. Data from the FGDs were organized into thematic areas, coded and presented in narratives in triangulation with the quantitative results.

Ethical clearance was obtained from the ethical review committee of Jimma University. Official permission was secured from different authorities of the Pawe Woreda. The respondents were informed about the objective and purpose of the study then after verbal and written consent was obtained from each respondent.

3. Results

3.1. Socio - Demographic Characteristics

Table 1. Socio-Demographic characteristics of high school youth, Pawe woreda, Metekel Zone, Benishangul Gumuz Region, May 2012.

Variables (n=374)	Male n (%)	Female n (%)	Total n (%)
Age:			
15-17	95 (25.4%)	120 (32.1%)	215 (57.5%)
18-24	100 (26.7%)	59 (15.8%)	159 (42.5%)
Grade:			
9 th	82(21.9%)	108 (28.9%)	190 (50.8%)
10 th	69 (18.4%)	37(9.9%)	106(28.3%)
11 th	20 5.3%)	21(5.6%)	41(11.0%)
12 th	24 (6.4%)	13(3.5%)	37(9.9%)
Marital status:			
Married	5(1.3%)	17(4.5%)	22(5.9%)
Unmarried	190(50.8%)	160(42.8%)	350(93.6%)
Divorced/Widowed	0(0%)	2(0.5%)	2(0.5%)
Ethnicity:			
Amhara	140 (37.4%)	142(38.0%)	282(75.4%)
Kambata	10 (2.7%)	9 (2.4%)	19 (5.1%)
Agew	21 (5.6%)	17 (4.5%)	38 (10.2%)
Others	24 (6.4%)	11 (2.9%)	35 (9.3%)
Religion			
Orthodox	145 (38.8%)	129 (34.5%)	274 (73.3%)
Protestant	20 (5.3%)	10 (2.7%)	30 (8.0%)
Catholic	4 (1.1%)	2 (0.5%)	6 (1.6%)
Muslim	26 (7.0%)	38 (10.2%)	64 (17.1%)
Living With			
Father and Mother	117 (31.3%)	114 (30.5%)	231 (61.8%)
Mother Only	34 (9.1%)	22 (5.9%)	56 (15.0%)
Father Only	7 (1.9%)	7 (1.9%)	14 (3.7%)
Relatives	11 (2.9%)	21 (5.6%)	32 (8.6%)
Alone	5 (1.3%)	8 (2.1%)	13 (3.5%)
Friends	14 (3.7%)	2 (0.5%)	16 (4.3%)
Others	7 (1.9%)	5 (1.3%)	12 (3.2%)
Pocket Money			
Yes	44 (11.8%)	34 (9.1%)	78 (20.9%)
No	151 (40.4%)	145 (38.8%)	296 (79.1%)

A total of 374 youth participated in the study. Out of them 51.9% were males. The mean age of the study population was 17.32±1.59 SD years. Majority of the respondents (80.2%) were in 15-18 years of age. Three hundred forty nine (93.6%) of the participants were never married. One hundred ninety (50.8%) of the respondents were grade 9th, 106(28.3%) were grade 10th and the remaining were grade 11th and 12th. The majority of respondents; 281 (75.1%) were Amhara by ethnic group and 273(73%) were orthodox Christian followed by Muslim, 64(17.1%). Two hundred twenty eight (61%) were living with their parents while 13(3.5%) were living alone (Table 1).

3.2. Sexual Behavior

3.2.1. Sexual History

Overall, 90 (24.1%) of the respondents {55(61.1%) were males and 35(38.9%) were females} were reported that they had practiced sexual intercourse. Among the study participants who had practice sexual intercourse, 76(84.4%) were below the age of 18years and the mean age at first sexual intercourse was 14.61±2.89 SD for male and 15.74±2.165 SD years for female (Table-2).

3.2.2. Risky Sexual Behavior

Among 90(24.1%) students who ever had sexual intercourse, 37(41.1%) had used condoms during the first time when they had sexual intercourse while 53(58.9%) were never used. Out of those 37(41.1%) students who were sexually active and ever used condom during the previous 12 months, 12(32.4%), 9(24.3%) and 16(43.2%) of students were using condoms sometimes, most of the time and always respectively.

The reason for none or inconsistent use of condoms were trust partner 21(39.6%), don't like 13(24.5%), don't think of it 4(7.5%), too expensive 4(7.5%) and used other contraceptive 3(5.7%), religious prohibition 3(5.7%), partner objection 3(5.7%) and others 2 (3.8%). Among sexually active male respondents; only 3(5.5 %) of them had history of sexual intercourse with female commercial sex workers. Although 48 (64.9%) of the respondents in this study had one sexual partner in the past, still significant proportion 26(35.1%) reported to have two or more sexual partners. Of the study participants 74(19.8%) and out of sexually active students 74(82.2%) have developed risky sexual behavior. This finding was supported by the FGDs where the discussants emphasized the idea that peer pressures, experimentation by the youth and intensive sexual urge were the major reasons mentioned for multiple sexual partners

The reasons reported for the initiation of the first sexual intercourse encounter in those who ever practiced sexual intercourse were in 26 (28.9%) of them sexual desire, in 22(24.4%) marriage, in 18 (20%) of them love and 18(20%) of the respondents peer pressure, (4.4%) rape, 1(1.1%) get drunk and the remaining 1(1.1%) others (Figure 1).

Table 2. Sexual behavior of high school youth, in Pawe Woreda, May 2012.

Variables	Number	Percent
Ever had sexual intercourse: n=374		
Yes	90	24.1
No	284	75.9
Sex: of sexually active n=90		
Male	55	61.1
Female	35	38.9
Age at first sex: n=90		
<15	48	53.3
15-17	28	31.1
>=18	14	15.6
Number of sexual partner: n=90		
One	49	54.4
Two and more	41	45.6
Ever condom use n=90		
Yes	37	41.1
No	53	58.9
Frequency of condom use during any sexual episode: n=90		
Some times	12	32.4
Most of the time	9	24.3
Always	16	43.2
Reason For not/Inconsistent Condom Use		
Too expensive	4	7.5
Partner objection	3	5.7
Used other contraceptive	3	5.7
Don't like	13	24.5
Trust partner	21	39.6
Don't think of it	4	7.5
Religious prohibition	3	5.7
Others	2	3.8
Sexual intercourse with CSW : n=53		
Yes	3	5.5
No	52	94.5
Condom use with commercial partner/CSW		
Yes	2	66.7
No	1	33.3
Risky sexual behavior: n= 374		
Yes	74	19.8
No	300	80.2

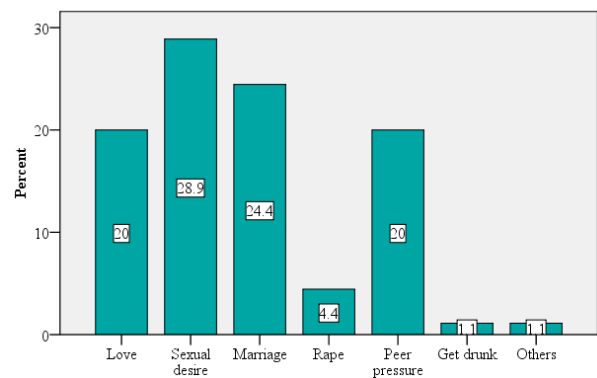


Figure 1. Factors initiated sex for the first time among high school youth, Pawe woreda, Metekel zone, Benishangul Gumuz Region, May 2012.

3.3. Risk Perception

Table 3. School adolescents risk perception among high school youth in pawe woreda, May 2012.

Variables	Male n(%)	Female n (%)	Total n (%)
Chance of acquiring HIV/STI			
No chance	18 (64.3%)	10 (35.7%)	28 (31.1%)
Low chance	15 (53.6%)	13 (46.4%)	28 (31.1%)
High chance	15 (62.5%)	9 (37.5%)	24 (26.7%)
Don't know	7 (70%)	3 (30%)	10 (11.1%)
Total	55 (61.1%)	35(38.9%)	90(100.0%)
Why at risk:			
Having multiple partner	7 (29.2%)	1 (4.2%)	8 (33.3%)
Never use condom	3 (12.5%)	4 (16.7%)	7 (29.2%)
Inconsistently use condom	5 (20.8%)	4 (16.7%)	9 (37.5%)
Why not at risk:			
Abstain from intercourse	11(19.6%)	7(12.5%)	18 (32.1%)
Faithful to my partner	18 (32.1%)	14 (25%)	32 (57.1%)
Use always condom	3 (5.4%)	1 (1.8%)	4 (7.1%)

Among students who ever had sex, regards to personal perception to HIV/STI, 24 (26.7%) of the students {15(62.5%) males and 9(37.5%) females} claimed that their

chance of contracting HIV/STI was high. Whereas 28 (31.1%) of students [18(64.3%) males and 10(35.7%) females] reported there was no chance at all. Reasons given by the students for being at high risk was, 9(37.5%) did not use condoms consistently, 8(33.3%) had more than one sexual partner and 7 (29.2%) never used condom (Tables 3).

FGD result also showed that substance use like alcohol, khat and cigarette smoking were among the factors that pushed school adolescents to sexual initiation in an early age and reasons why youth do not perceive themselves at risk of HIV/STI are due to over pleasure in alcohol and khat which make them not to think of risk.

3.4. Factors Related to Risky Sexual Behavior

To examine the effect of some of the explanatory variables by controlling the effect of confounders on risky sexual behavior exposing them to HIV/STI, regression analysis was carried out. Age group 18-24 years AOR=3.279 (95% CI: 1.79, 6.008) and alcohol consumption AOR= 9.1 (95% CI: 2.517, 32.9) were independently and positively associated with risky sexual behavior. Other variables did not show any statistically significant (Tables 4).

Table 4. Selected Socio-demographic predictors of risky sexual behavior among high school youth Pawe Woreda, Metekel Zone, May 2012.

Variables	Risky Behavior		Crude OR(95% CI)	Adjusted OR(95% CI)
	Yes n (%)	No n (%)		
Age:				
15-17	28(13%)	187(87%)	1.00	1.00
18-24	46(28.9%)	113(71.1%)	2.719(1.609, 4.594)*	3.279 (1.79-6.008)*
Sex:				
Female	28(15.6%)	151(84.4%)	1.00	1.00
Male	46(23.6%)	149(76.4%)	1.665(0.988-2.805)	0.71(0.402-1.253)
Grades				
9-10	57(19.3%)	239(80.7%)	0.856(0.465-2.570)	0.755(0.371-1.545)
11-12	17(21.8%)	61(78.2%)	1.00	1.00
Marital status				
Married	4 (18.2%)	18(81.8%)	1.00	1.00
Not married	69 (19.7%)	281(80.3%)	1.105(0.362-3.37)	1.069(0.336-3.403)
Widowed/divorced	1(50%)	1(50%)	4.5(0.229-88.243)	03.589(0.143-90.034)
Fathers Education Level				
Illiterate	22(21%)	83(79%)	0.962(0.548-1.69)	1.07(0.49-2.336)
Literate	50(20.3%)	196(79.7%)	1.00	1.00
Mother Education Level				
Illiterate	23(16.8%)	114(83.2%)	0.248(0.417-1.254)	0.57(0.269-1.209)
Literate	48(21.8%)	172(78.2%)	1.00	1.00
Fathers Occupation				
Unemployed	52 (20.6%)	200(79.4%)	1.095(0.609-1.967)	1.42(0.697-2.894)
Employed	19(19.2%)	80(80.8%)	1.00	1.00
Mother's Occupation				
Unemployed	53(18.7%)	231(81.3%)	0.701(0.381-1.291)	0.599(0.286-1.254)
Employed	18(24.7%)	55(75.3%)	1.00	1.00
Living With				
With at least one parent	52 (17.3%)	249 (82.7%)	1.00	1.00
Not living with the parent	22(30.1%)	51(69.9%)	2.066(1.154, 3.698)	2.922 (.44719.107)
Pocket Money				
Yes	17 (21.8%)	61(78.2%)	1.169(0.635-2.151)	1.305(0.673-2.531)
No	57 (19.3%)	239(80.7%)	1.00	1.00
Knowledge on mode of HIV transmission:				
No	25(20.2%)	99(79.8%)	0.779(0.465-1.306)	1.358(0.264- 6.978)
Yes	49(19.6%)	201(80.4%)	1.00	1.00
Knowledge on HIV prevention:				
No	30(17.6%)	140(82.4%)	1.036(0.605-1.775)	0.548(0.12- 2.50)
Yes	44(21.6%)	160(78.4%)	1.00	1.00

Variables	Risky Behavior		Crude OR(95% CI)	Adjusted OR(95% CI)
	Yes n (%)	No n (%)		
Self risk perception:				
No/low chance/ Don't know	55(83.3%)	11(16.7%)	1.00	1.00
High chance	19(79.2%)	5(20.8%)	1.316(0.405- 4.277)	1.706(0.441-6.595)
Alcohol consumption:				
Never Drunk	19(8.2%)	213(91.8%)	1.00	1.00
Drunk	55(38.7%)	87(61.3%)	7.087(3.976-12.634)*	9.1(2.517- 32.9)*
Khat chewing:				
Never chewed	62(18.2%)	278(81.8%)	1.00	1.00
Chewed	12(35.3%)	(64.7%)	2.446(1.149-5.205)*	0.42(0.091-1.942)
Cigarette Smoking:				
Never Smoked	72(19.5%)	297(80.5%)	1.00	1.00
Smoked	2(40.0%)	3(60.0%)	2.75(0.451-16.764)	0.392(0.053-2.873)

4. Discussion

This study attempted to assess the risky sexual behavior of youth, their risk perception to HIV/STI and factors that expose them to risky behaviors among high school youth. In this study 90 (24.1%) of the respondents reported that they had practiced sexual intercourse.

The mean age at first sexual intercourse was 14.61 ± 2.89 SD for male and 15.74 ± 2.165 SD years for female. The study done among high school youth in Bullen woreda, showed similar finding in that the mean age of sexual commencement was 16.1 ± 2.1 SD (13). Study conducted in Aleta Wondo Town, 37.6% of the participating youths admitted to ever have sexual experience during their life time (14). The study done among high school students in Bahir Dar Town in the northern part of Ethiopia showed similar finding in that the mean age of sexual commencement was 15.5 ± 2.3 (15).

Male students were found to start sexual intercourse earlier than female and were found to be more exposed to risky sexual behavior than female students 46(62.2%) males initiate sex early compared to 28(37.8%) females. This might suggest that adolescents/youth begin sex too early, which could as a result expose them to develop risky sexual behavior and its consequences. The finding one can understand youth were started to practice sexual intercourse in the early age of their life, which point out the need to give an attention in building life skill for adolescents/youth.

In this study the reasons reported by the students for the initiation of sexual intercourse in those who ever practiced sexual intercourse were sexual desire (27%), marriage (25.7%), love (24.3%) and peer pressure(16.2%). Similarly, a study conducted in Bale, Oromia region found that personal desire (39.1%) and peer pressure 60 (23.3%) (16). In other study done in Aleta wondo town among school youth reported the reasons for the initiation of sexual activity were to prove love of boy/girlfriend 29.4% and peer pressure 23.5% (14). In addition, the qualitative findings showed that the main factors that push school youth or adolescents to engage in an early sexual intercourse, as agreed by both male and female group are early marriage, peer pressure, substance use (like alcohol, khat and cigarette) and illegal video house/ watching pornography film.

Although 48 (64.9%) of the respondents in this study had

one sexual partner in the last 12 months, still significant proportion 26(35.1%) reported to have two or more sexual partners. A study conducted in west Gojam zone on school youth, 33.3% reported having had two or more sexual partners (17). This finding is lower than study conducted in Bale Zone and in Mojo Town which showed that 47.7% and 53.1% of students reported to have sexual intercourse with more than one partner respectively(16, 18). This discrepancy might be due to the difference in the growth of the town, since changing conditions due to urbanization and life style, put the health of adolescents at risk. Among sexually active respondents, about 3(5.5%) male students reported experiencing commercial sex, which is lower than similar previous studies. In other study done among high school adolescents in Bale Zone, higher proportion (20.5%) of males had sexual intercourse with commercial sex workers (16). On the other hand 14.8% of high school adolescents in South Gondar Zone had sex with commercial sex workers (19). In a study done in Mojo revealed 38% adolescent male have reported exercising sex with CSWs (19). The lower result in this study could be due to increased awareness of students about HIV/AIDS or it could be due to under reporting.

Another feature that makes sexual activity of youth at high risk to HIV/STI is none or inconsistent use of condom. In this study, of 90 sexually active students 53(58.9%) of high school youth have never used condoms during any sexual episode, 37(41.1%) reported ever used condom and only 16(43.2%) of them claim to have used condoms consistently in the last 12 months. The study done in Aleta Wondo Town among school youth reported majority of school youth 64.1% have never used condoms during any sexual episode, 35.9% reported ever used condom and only 23.9% of them claim to have used condoms consistently(14). The finding of this study is almost similar to a study, which was 48% among high school youth in Dessie, 58.1% among school adolescents in Bale of Oromia region and 41.7% among adolescents in South Gondar of Amhara Region (15, 16, 19). This finding is also consistent with the FGD conducted in this study, which indicates that reasons for none-use of condom are perceived reduction in sexual pleasure, shame to buy, trusting partners and opposition by partner. Low consistent utilization of condom in this study is an indication of the fact that high-risk behaviors are still widely practiced among high school youth.

This might indicate that the risk taking behavior among school youth is high which needs emphasis in changing their sexual behavior. This calls for well-organized information, education and communication to bring behavioral change. In this study reasons mentioned not to use condom were trust partner 19(37.3%), don't like 11(21.6%), don't think of it 5(9.8%), used other contraceptive 4(7.8%), religious prohibition 3(5.9%) and others 9(17.7%). Similar study conducted in Aleta Wondo Town revealed that the barrier or reasons not to using condoms among school youths were lack of information 28.7%, decrease sexual pleasure 26.1%, peer/partner influence 18.3%, fear or embarrassment to buy and condoms unavailable nearby were account 15.7% each (14).

According to study conducted in Mojo, among respondents who started sexual intercourse and experienced peer pressure, 43.4% of them have multiple sexual partners and 80% of them not used condom consistently in the last 12 months (18). In this study 74(19.8%) of the study participants have developed risky sexual behavior.

In this study, majority of the respondents, knew that HIV is transmitted through unprotected sexual intercourse 344(92%), infected blood 278 (74.3%), contaminated sharps 233(62.3%) and respondents stated mother to child transmission 195(52.1%). A similar study conducted in Bale revealed that the knowledge on mode of HIV transmission known by the school youth were, unsafe sex 94.3%, unsafe injection 54.7%, contaminated blood transmission 45.7%, and mother-to-child transmission 37.8% (16).

Two hundred ninety five (78.9%), 272(72.7%), 230(61.5%), 121(32.4%), and 113 (30.2%) of school youth mentioned faithful to one sex partner, abstaining, using condom, avoiding contaminated sharp objects, and avoiding unsafe injection as a means of preventing HIV/AIDS and STD, respectively. Almost all the FG-discussants mentioned about HIV/AIDS/STIs with its transmission and prevention methods. A similar study conducted in Bale revealed that preventive measure 75.3% abstinence, faithful to one partner 58.4%, and condom use 53.3% (16).

This study found that personal perception to HIV/STI 24 (26.7%) of the students claimed that their chance of contracting HIV/AIDS/STI was high while 28 (31.1%) said there was no chance at all. Twenty eight 28 (31.1%) low chance and 10 (11.1%) did not know their risk status. Study found that only 24.5% of students perceived that they were at risk to HIV infection, 12.7 % did not know whether they are at risk or not and 62.9% they are perceived not at risk. The study conducted on high-risk sexual behavior among youth in Tanzania revealed that 11.7% of the participants felt that they were at a high risk of getting HIV/AIDS and STDS, 25% felt that they had a very low risk, while 53.1% felt that they were not at risk at all (20). Other study done in Gondar showed 5.42% of the students claimed that their chance of contracting HIV/AIDS was high while 25.20% said there was no chance at all. One hundred and 28.73% did not know their risk status (19). Other study done in Asella Teaching Hospital reveals 206(82.1%) believed as they were at a risk of acquiring HIV infection and 127(50.6%) respondents leveled

themselves as high risk to HIV infection. From the total participants 64 (25.5%) experienced needle stick or other sharp injuries, among them 45 (17.9%) experienced injury only one time and 16(6.4%) had encountered more than two times within their life time (21).

Some of the reasons why they are at risk: 55% had sex without condom, 25% had multiple sexual partners, 19.2% had sex with female commercial sex workers and 18.3% had unsafe injections (14). Low level of risk perception in this study might suggest school youth do not sense the consequence of risky sexual behavior which needs intensive intervention in developing life skills of youth. This study revealed substance use 38.7% had used alcohol, 35.3% of them had used "khat" and only 2(40%) smoked cigarette. Study conducted among school youth in Bale reported substance used by study subjects 20.1% of them have used alcohol, 17.3% khat, 5.7% cigarette and 3.6% cannabis (16). In another study among school youth in west Gojam showed nine (2.9%) and two hundred twenty one (73.6%) students reported consumption of khat and alcohol respectively (17). Study done at St. Mary University Students in Ethiopia, the life style of the study subjects were indicate that the prevalence was high 16(8.6%), 13(11.2%), 7(24.1%), and 26(7.9%) respectively among alcohol drinkers, chat chewers, cigarette smokers and pornographic movie watchers as compared to their counterparts (22).

This study showed that the odds of having risky sexual behavior were nine times higher for those who drank alcohol at least once than who never drunk with (AOR= 9.1 (95% CI: 2.517, 32.9). This increased rate of alcohol use in the town may indicate that the availability of places for adolescents to spend time out of school there by involve themselves to risky sexual behavior.

Age group of 18 to 24 years were three times more likely to practice risky sexual behavior than those in the age group of 15 to 17 years old (AOR=3.279 (95% CI:1.79, 6.008). This may be attributed to high peer pressure and influence of not being living with family and increase their sexual desire age the increase in the youth age group.

5. Conclusions and Recommendation

Based on the finding majority of students were sexually active before the age eighteen and majority of sexually active had risky sexual behaviour. Also the study indicated unprotected sex, multiple sexual partners and sex with female commercial sex workers as risky sexual behaviour. Alcohol consumption and older age were important predictors of risky sexual behaviour. There is low HIV/STIs self-risk perception among school youths.

Therefore, this study recommendations that the school administration and school teachers should take the initiative to bring about healthy sexual behaviour among their students by strengthening anti-AIDS and reproductive health clubs in the schools. In addition to the above recommendation increasing trend in alcohol use by school adolescents/youth which influences them to practice risky sexual behaviours

and the environmental factors facilitating these behaviours need immediate attention by the school and other concerned government bodies.

Limitations of the Study

This study is subject to several limitations. The behavioral outcomes are based on self-reported information, which is subject to reporting errors and bias. Since the study is on very sensitive and private issues the possibility of underestimation cannot be ruled out. As the study focuses on high school youth and although school enrolment rate is high, the results may not represent out of school youth.

Finally, this study was based on cross-sectional data, which implies that the direction of casual relationships cannot always be determined.

Abbreviation

AOR: Adjusted Odd Ratio
 HIV: Human Immuno Virus
 STI: Sexual Transmitted Infectious
 STDs: Sexual Transmitted Diseases
 FGD: Focus Group Discussion
 IEC: Information Education Communication
 BCC: Behavioral Chang Communication
 WHO: World Health Organization
 SD: Standard Deviation

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