ASRAT WOLDEYES HEALTH SCIENCE CAMPUS

DEPARTMENT OF PUBLIC HEALTH

THE PREVALENCE OF RISKY SEXUAL PRACTICE AMONG YOUTH CENTER REPRODUCTIVE HEALTH CLINIC USERS AND NON-USER YOUTHS IN ADDIS ABABA, ETHIOPIA, 2023

BY: - BINIYAM BELETE (B.S.C)

A THESIS SUMMITED TO DEBRE BIRHAN UNIVERSITY ASRAT WOLDEYES HEALTH SCIENCE CAMPUS DEPARTMENT OF PUBLIC HEALTH: THE PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE MASTER'S DEGREE IN REPRODUCTIVE AND FAMILY HEALTH

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APPROVAL SHEET

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To be approved by the Examining Board of Asrat Weldeyes Health Science Campus,

Debre Behan University

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Abstract

Background: - : Risky sexual Practice is any activity that increases the probability of adverse sexual and reproductive health. Young aged 15–24 years are at particularly high risky sexual practice. Risky sexual practice predisposes young people to a variety of sexually associated problems. Although several studies were conducted in different parts of the world to understand the factors associated with Risky sexual practice. But little is known about the issue in among Youth center users and non-user in Addis Ababa, Ethiopia, 2023.

Objective: - To assess the prevalence of Risky Sexual practice among Youth center reproductive health clinic users and non-user youths in Addis Ababa, Ethiopia, 2023

Methods: -community based comparative cross-sectional study design was employed among 800 youth in Addis Ababa. Multi stage sampling was used to select youths from randomly selected sub cities. Data was collected using self-administered, pre-tested, and structured questionnaire. Data was entered in EPI data version 4.6, and then was exported SPSS version 21. Descriptive statics was used to describe the finding. Bivariate Logistic regression analysis was also employed to select candidate of independent variables for multivariate logistic Regression and associations with p-value <0.05 was considered statistically significant.

Result: - A total of 800 youths, both from youth center reproductive health clinic user and non-user youths completed the questionnaire yielding a total response rate of 93.2%. The prevalence of risky sexual practice among youth center user and non-user youths were 183 (46.0%) and 225 (57.7%) respectively. In this study, Attending night club, alcohol drink, living arrangement, having friend started sex, have friend experienced an unwanted pregnancy, attending religious education, discus with parents about reproductive health were factors significantly associated with risky sexual practice among youth center user and non-user youths.

Conclusion: A significant number of youths had risky sexual practice that might lead them to different reproductive health risks. Non-users of the youth center were at higher risk of sexual practice than users. Concern bodies and other actors need to address both type of groups with adolescent and youth friendly risk reduction interventions by giving due emphasis to youth center non-user youths.

Keywords: Youth, Risky sexual practice, Youth center, Addis Ababa, Ethiopia

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Acronyms

AOR ……..Adjusted Odds Ratio

AIDS …….Acquired Immune Deficiency Syndrome

CI……Confidence Interval

COR……Crude Odds Ratio

DBU……Debre Birhan University

EDHS……..Ethiopia Demographic and Health Survey

HIV…….....Human Immunodeficiency Virus

MOH ……..Ministry of Health

RH …….Reproductive Health

RSP…….Risky Sexual Practice

STDs ……..Sexually Transmitted Diseases

STIs ……Sexually Transmitted Infections

SPSS ……...Statistical Packages for Social Science

SSA……..Sub Saharan Africa

VCT ……Voluntary Counseling and Testing

WHO……World Health Organization

YC ……Youth Center

1. Introduction

1.1. Background

Risky sexual activity is defined by the World Health Organization (WHO) as behavior that raises the risk of negative sexual and reproductive health outcomes, such as unwanted pregnancies, unsafe abortion, and Sexually Transmitted Infections (STIs), including Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS)(1). There are 1.2 billion young people aged 15 to 24 years old in the world, accounting for 16% of the total population. Africa is home to 226 million young people aged 15 to 24, accounting for 19% of the worldwide youth population(2). In Ethiopia, around 20 percent of the population is aged 15 to 24(3).

Youth is as often as possible seen as the healthiest stage of life, however it is additionally a time when youth individuals are uncovered to an interesting set of risks to their wellbeing and survival. They are also faced with choices which will have far-reaching results for their future dreariness and mortality risks(4).

Youth don't continuously act in their best interface, and they can make destitute choices that put them in threat and take off them exposed to physical and psychological injury. Due to their proclivity for dangerous sexual behavior, young people are the foremost vulnerable population for RH issues(4).

Globally the young are facing different health problems like unwanted pregnancy, unsafe abortion, Sexually transmitted disease (STI), In addition youths are at high risk of HIV because they have a tendency to explore and experiment new phenomenon and perceive themselves as invulnerable and engaging in several risk taking activities. Besides, people who are young are usually mistakenly perceived as healthy and as if they are not in need of special health services(5).

In Ethiopia, youth risky sexual practice remain serious public health concerns has severally affected by the HIV pandemic, other sexually transmitted infections as well because of risky practice drug use and lack of access to health information and service(6). Ethiopia is in a concerted effort to increase the sexual behavior of youths using different strategy, and activities, at the national level, the prevalence still continues to increase steadily in the country (7).The Youth friendly space (YFS) approach has been used as a key strategy to address the SRH of young people and to reduce risky sexual practice, in Addis Ababa There are currently more than 106 youth

centers run by the government. These youth centers provide several services including recreation facilities (indoor and outdoor games), library services, and ICT, VCT and RH services. Youth centers assist adolescents to protect themselves from sexually transmitted diseases, including HIV/AIDS and from unwanted pregnancy, high risk abortion, and other reproductive health related problems(8). Therefore, conducting an assessment on this area will provide valuable information in comparing about risky sexual practices and its predisposing/risk factors among youth center RH clinic user and non-user youths in Addis Ababa. Based on the findings, the study will be recommended appropriate behavioral intervention strategies for youth center RH clinic user and non-user.

1.2 Statement of the problem

Risky sexual practice is becoming an important problem all over the world(9). Sexual and reproductive health problem is a global crisis, and ensuring the SRH of adolescents remains an unfinished agenda(10). Risky sexual practice puts the health of youth in many reproductive health problems such as HIV, STI, unwanted pregnancy, induced abortion and other health and psychosocial problems(11).

The global burden of STI and HIV/AIDS which is mainly due to risky sexual practice is increasing in young adults. Worldwide, the highest reported rates of STIs are found among young people between 15 and 24 years; up to 60% of the new infections and half of all people living with HIV globally are in this age group(12). HIV is one of the leading causes of death among persons 15 to 24 years of age(13).

Risky sexual practices increase the risk of HIV/ AIDS, unintended pregnancy, unsafe abortion, duet to this nearly 16 million women 15- 19 year olds give birth each year, about 11% of all births worldwide, About 2.5 million adolescents have unsafe abortions every year. Fourteen percent of all unsafe abortions in low-and middle-income countries are among women aged 15–19 years(14).

In Africa, Risky sexual practices among youth is still a major sensitive social issue most youths indulge in risky sexual behavior in early age, often with little regard to possible consequences(15). Sub-Saharan Africa most affected by AIDS has raised death rates and lowered life expectancy among adults, 61% new HIV infection in sub-Sahara Africa about 32% are among young people (15–24)(16).

Risky sexual practice is still one of Ethiopia's most persistent challenges for young population. The government of Ethiopia has developed and implemented various strategies to promote sexual and reproductive health(17). Despite these interventions, different studies showed a high prevalence of risky sexual practices. According to Ethiopian Demographic and Health Survey (EDHS) 2016 documented that 0.4% of women aged 15-19 years were HIV positive .HIV prevalence among adolescent girls and young women aged 15-24 was three times higher than boys of the same age (female 0.3% and male 0.1%)(18).

There is also a high prevalence of STIs in the country - about 2.5% of women and 3.6% of men aged 15-19 reported having STI symptoms, including genital discharge/ sore or ulcer in the past 12 months due to risky sexual practice (19).Reports indicating its prevalence are on the rise. According to A study from west Ethiopia showed that more than half (57.3%) of the young people failed to use condoms consistently and about one-third of them experienced two or more lifetime sexual partners(20).

Limited access and utilization of adolescent and youth friendly reproductive health services contribute to high rates of maternal mortality and morbidity due to abortion, fistula, HIV and other STI and pregnancy-related complications. 13 % of women age 15- 19 in Ethiopia have begun child bearing(21), 22 % of currently married women have unmet need for family planning service (13% for spacing and 9 % for limiting)(22), whereas, 26 % of sexually active unmarried women have an unmet need for family planning, 18.5 % of ever married women age 15-24 had ever experienced sexual violence, 45 % of men age 15-24 with two or more sexual partners used condom during the last sexual intercourse(17).

The above-mentioned problems, through their impact on youth health and productivity, would have implications on the overall development of the country. It is well established that improving the SRH of young people is fundamental to the individual, social, and economic development of the country. For example, investing in the prevention of risky sexual practice and its consequences among youths would contribute to the attainment of the Sustainable Development Goals (SDGs), in particular, , SDG 3, which calls for improvement of human health and well-being(23).

Generally, this clearly indicated that, how much the problem was big and still how much action was needed in order to reduce risky sexual practice, with the rise in STD, unwanted pregnancies, and unsafe abortions, the propensity toward risky sexual practice coupled with various environmental factors has generated concern about the well-being of our youth and later life outcomes associated with these social health problems. Of course, several studies have been conducted in Ethiopia about sexual risky practice. However, the majority of them have investigated limited number of factors to sexual risk practice by ignoring the psychosocial factors at the same time. Hence the current study filled the gaps which were not studied in the previous studies by including psychosocial factors among youth center reproductive health clinic user and non-user youths.

Our study attempts to address this gap. Although youths are at a critical period for the incidence of sexual risk behaviors, still little attention is given. Without adequate and accurate data, it is difficult to prepare and design projects, plans and programs. Therefore, the aim of this study is to assess the prevalence of Risky Sexual practice among Youth center reproductive health clinic users and non-user youths in Addis Ababa, Ethiopia, 2023.

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1.3 Significance of the study

Many studies have been conducted on risky sexual practice and associated factor, most of the studies are either on high school, industrial park, college or university students. I found only one study done in youth center user and non-user on risky sexual behavior. So studying on youth center RH clinic user and non-user about risky sexual practice is crucial. Therefore, this study will be tried to compare the prevalence of risky sexual practices in youth center RH clinic user and non-user in Addis Ababa

Most studies conduct on intuitional based, but this study will be conducted on community based approach and some factors are added on this research like psycho social factor and predisposing factors and large sample size would be use.

Therefore, assessing the prevalence of risky sexual practice among youth center RH clinic user and non-user provide appropriate clues to design another intervention strategy for policy makers as well as for the beneficiaries to get appropriate reproductive health services in the youth centers. And it is hoped that the out-come of this study will shade some light as to the effectiveness of organizing youth centers and the strategies of implementers in providing youths and strengthening the youth centers institution. So assessing the prevalence of risky sexual practice on youth center RH clinic user and non-user can assist strategic planning of the country in expanding youth friendly services.

2. Literature review

2.1 Prevalence of risky sexual practice among youth

Various studies on risky sexual practice and associated factors have been conducted all over the world, among various study populations such as a systematic review and meta-Analysis conducted in developing Countries shows that of 19,148 male youths who reported having sexual intercourse in the 12-month period prior to the survey, 75.2% practiced higher-risk sex (93% and 67% in age of 15–19 years and 20–24 years, respectively.). The proportion of higher-risk sex among male youth aged 15–19 years was nearly 90% in all countries studied except Cambodia, Ethiopia, Nepal, Niger, and Vietnam(24).

In Ethiopia studies that have examined the prevalence of risky sexual practice among young people reported different magnitudes, institutional study conducted in Addis Ababa university in 2016, from the total 508 respondent nearly half 254 (48%) of the respondents ever had sexual intercourse. The overall prevalence of risky sexual practice was 43.1% and the prevalence of risky sexual behavior among youth center users and non-users youths were 38.1% and 50.6% respectively(8).

Another a cross-sectional quantitative study design conducted in west gojam zone, amhara region, Ethiopia 2020, on does youth friendly service intervention reduce risky sexual practice, Regarding sexual practice of unmarried youth, of 1,125 respondents, 27.1% had risky sexual practice and was comparable between the youth-friendly services program and non-program areas 25.0% Vs. 29.1%, respectably and 36.4% youth had sexual intercourse, 20.6% in program areas and 15% in non-program areas had multiple sexual partners.(25).

A community based study done in North-West Ethiopia in 2019, among youth. Study revealed that one every four youths aged 15–24 years old had risky sexual practice and The overall prevalence of risky sexual practice among the youth was 27.5%(26).

Multiple sexual partner accounts 54.6% in engaging risky sexual practice among female youth in Tiss Abay, a Semi-Urban Area of the Amhara Region, Ethiopia(27). On similar study conducted in among youth in Haramaya, East Ethiopia, on the assessment of risky sexual pracrice, 31.3% youths have multiple sexual partners(28). This practice also assessed among Jimma University youth students in 2019 and revealed, 61.1% had multiple sexual partners(29).

Inconsistent use of condom also engaging in risky sexual practice, A review of studies done on sexual practice of in-school youth in sub-Saharan Africa prevailed that high prevalence rates of sexual intercourse and significant proportions of adolescents who have two or more lifetime sexual partner are not use condoms and other contraceptives frequently. According this review, condom use during youths' most recent higher-risk sexual encounter was 40% and 51% among 15–19-year-olds and 20–24-year-olds, respectively(24).

Another a cross sectional study design was conducted in nekemit town, east wollega in Ethiopia, 2019, among 298 youths. The study revealed that 35.4% youths have never used condom. The reason for having sex without condom was trust one's partner, 17.5% followed by condom is not comfortable 11.7% are among the leading reasons(30).

Now a day early sexual debut increases across the globe early sexual debut is likely to affect readiness and the use of protection. Those who start sexual activities at an early age are often likely to engage in unprotected sex and engage in high sexual risk-taking, involving multiple A study among Malaysian adolescents showed that the mean age at first sexual intercourse for both genders was 14 years(31). A similar study among Thailand youth showed that among sexually active participants 3% reported as they initiated sexual intercourse at age of 11 years sexual partners(32).

2.2 Factors associated with risky sexual practice of youths

2.2.1 Socio-demographic factors

Different studies showed that socio-demographic characteristics influence risky sexual practices of youth. Age, educational status, married status, monthly income, occupation, ethnicity, and residence have all been found to be socio demographic determinants for risky sexual behavior in several researches (9, 20, 25, and 37). A meta-analysis of risky sexual behavior among male youth in twenty developing countries done shows that age, educational and economic status associate with male youth aged 15– 19 were more likely to engage in higher-risk sexual activity than those aged 20–24 years. Among those, male youth living in urban areas who had completed secondary education and belonged to the middle to the highest economic status engage in risky sexual practice(24).

A cross-Sectional Study conducted on the Role of HIV/AIDS Knowledge in risky sexual practice of adolescents in Nigeria, shows that age were identified as significant predictors of risky sexual practice with female participants having lower risky sexual behavior scores(33).

Another community based cross sectional study was conducted among street youth in dilla town, gedio zone, 2018.the study showed that those street youth who read and write were three times more likely to have risky sexual practice(34). Economic status has been found influence risky sexual practice. Sex for exchange of money, favors, or gifts also called transactional sex associated with a high risk of contracting STI and HIV. However, different studies revealed that significant number of youth engaged in risky sexual practice for exchange of money/ items. studies done in poly technic college youths showed that significant proportion of sexually active young people ever had sexual intercourse with non-regular partner for the sake of money 46 (18.9%) and among those 22 (7.4%) had sex with sex workers(35). According to EDHS 2016 less than 1% of young men aged 15-19 paid for sex in the last 12 months before the survey(18).

2.2.2 Behavioral factors

Studies show that substance use suppresses the ability of thinking and judgment that leads to risky sexual practice. A qualitative study done in Western Cape, South Africa

2022, on Youths' Perceptions of the Relation between Alcohol Consumption and Risky Sexual practice, participants reported that when consuming alcohol, one's inhibitions are lowered, judgment is impaired, and decision-making is altered. These decisions range from feeling sufficiently confident to talk to someone to inappropriate sexual advances, which could lead to risky sexual practice(36).

According to a study conducted in Vietnam, 2020. among 1200 participant youth, studies shows that youth who use substances, such as shisha and cigarette, are more likely to report not using condoms and The participants taking alcohol or other stimulants before having sex had a higher likelihood of unintended pregnancy(37).

Alcohol drinking accounts 7.6% in engaging in risky sexual practice in among Youth in Dilla Town, Gedeo Zone, South Ethiopia. Regarding kchat use among sexually active khat chewer youth, 14.6% had sex with non-regular sexual partners and about 21% of sexual practice was un-

protected. Moreover, 25.9% of male respondents had sex with commercial sex workers after consuming khat in the past 12 months prior to the study(34).

A cross-sectional study done in 2023, among high school youth students in Ethiopia shows that youth students who use substance like alcohol, khat and cigarette/shisha were more likely to have risky sexual practice than those who didn't. Chewing Khat and alcohol consumption was significantly associated with a higher number of risky sexual practices(38).

Researches evidences show that attending night clubs/day parties associated with risky sexual practice. For instance, a cross sectional study carried out among students at Bahir Dar University shows that the proportion of study participants who attending night clubs are 37.2% It was significantly associated for ever had sex and having multiple sexual partner(39). And also study in Sirilanka on risky sexual practice indicates that attending night club was significantly associated with risky sexual behavior than non-attendees(40).

The present-day youth sexual behaviors are exposure to sexually explicit material. Sexually explicit materials are textual, visual, or aural materials that depict sexual practice or that expose the reproductive organs of the human body. It includes erotic and pornographic materials, which get released through print media, video films, Internet, and music videos.

According to a recent study revealed that exposure to pornographic movies puts the youth at higher risk of practicing risky sexual practices. youth who watched pornographic movies had 2.82 times higher of undertaking risky sexual practices than their counterparts who did not watch pornographic movies(6).

The proportion of youth high sexual risk-taking practice was three-fold among pornography viewers and two-fold among sexters as compared with their counterparts, duet to Exposure to sexually explicit materials via communication technology is associated with increased high sexual risk-taking behavior among youth in northern Ethiopia(41).

Another comparative cross sectional study was conducted in Addis Ababa , among youth center user and non-user youth, the habit of watching pornographic movies was also found to have significant associations with risky sexual practice and youths who watched pornographic movies were 3 times at higher risk of early sexual initiation(8).

2.2.3 Psycho social factors

Studies all across the world are looking into the influence of peers in dangerous sexual activities. A comparative cross-sectional design triangulated with qualitative study was conducted on assessment of risky sexual practice and risk perception among youths in Western Ethiopia on the influences of family and peers. From the total respondents, 59.2% of in- school and 64.1%of out-of-school youths, of which almost three fourth, 72.2% of in-school and 68.6% out-of-school youths were males and reported as they have had pressure from their peer groups to engage in sexual activities. Youths who had peer pressure to have sexual intercourse and those who had friends already engaged in sexual intercourse were more likely to have sexual experience. And having pressure from peer to have sex was significantly associated with having multiple sexual partners(20).

Another study conduct on young people found that peers influenced others to engage in risky practice. For instance, the study reported that young people influenced by others to frequently visit deviance places likes night clubs and taverns. The study also found that young people influenced their peers to abuse drugs and engage in sexual risk practice including having many sexual partners and engaging in unproductive sex(42).

Religion influences the perceptions, attitudes, and beliefs youth may have about premarital sex and contraception, thus resulting in conservative sexual attitudes, delayed sexual intercourse, and fewer sexual partners. Study done in Dessie, Ethiopia revealed that, youth who didn't Pray/or go to church/mosque regularly/not at all were significantly associated with early sexual initiation than those who start sexual intercourse at older age(43).

Resent study conduct in 2019 about adolescent risky sexual practice and depression symptoms. The finding showed that a high level of religious identity commitment was negatively associated with risk-taking behaviors, including cigarette, alcohol, and khat use, sexual risk-taking behaviors, and depression among youths(44).

Self- efficacy often plays an important role in the health behaviors of emerging youth. Among samples of university youth students, the researcher reports that those with higher levels of self-efficacy also reported protective behaviors of risky sexual practice. These findings provide gen-

eral support for the possibility that high sexual self-efficacy will serve as a protective factor in relations between sexual identity exploration and risky sexual practice(45).

Parent-youth talk about sex helps to increase youth resistance to risky sexual activities and delay first sexual intercourse. At the same time, it may promote youth to have healthy sex. For those youth who can openly talk about sex-related topics with their parents, the chance of them to get into risky sexual practice is lower than those who do not talk with their parents; they tend to start to have sex late. Youths who have had high family connectedness were less likely to commence premarital sexual activity and less likely to had multiple sexual partners than their counterparts(46).

A study conducted among Youth in Dilla Town, Gedeo Zone, South Ethiopia showed that Parental communication is significant relation to risky sexual practice. The odds of having had multiple sexual partners were three fold higher among youths who don't discuss about sexual issues than who discussed(34).

2.3. Conceptual frame work

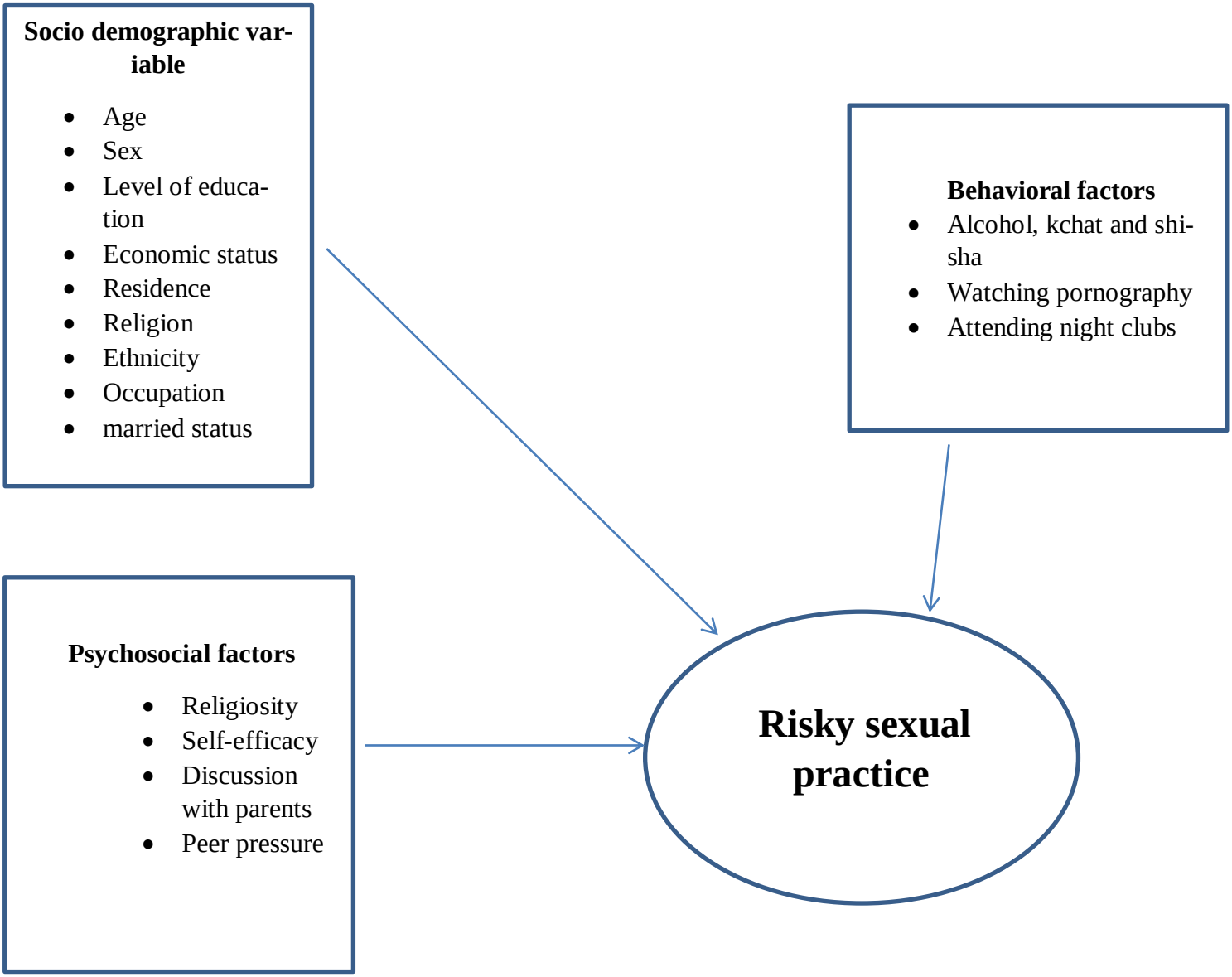

Figure 1 conceptual framework of risky sexual practice

Source: Adapted from different reviewed literatures (24, 36, 40, 42, 46, 48, 49)

3. Objectives of the Study

3.1. General objective

- To assess the prevalence of Risky Sexual practice and associated factors among Youth center reproductive health clinic users and non-user youth in Addis Ababa, Ethiopia, 2023

3.2. Specific objectives

- To determine the prevalence of risky sexual practice among the youth center reproductive health clinic users and non-user youth in Addis Ababa, Ethiopia, 2023
- To identify the factor association with risky sexual practice among youth center reproductive health clinics user and non-user youths in Addis Ababa, Ethiopia 2023.

4. Methodology

4.1 Study area

The study was conducted in Addis Ababa, the capital city of Ethiopia. Addis Ababa is administratively divided in to 11 sub cities and 116 Woredas. The projected total population on July, 2015 by Central Statistics Agency of Ethiopia for Addis Ababa was 3,273,000. The sex ratio is 0.91. Of these, 1,009,048 are young with the age range of 10-24 and youth (15-24 years) accounts 43.8%. In Addis Ababa there are a total of 106 youth centers, of which 84 are functional and which provide services such as library for reading different type of books , internet, cafeteria, Digital Satellite Television, sport games ,different type of trainings, hall renting service ,shower rooms to be used by youth, reproductive health services like Voluntary Counseling and Testing of HIV/AIDS, condom distribution, providing of contraceptives, information on reproductive health, peer education by assigned health provider.

4.2 Study design

The study design was community based comparative cross-sectional study design.

4.2.1 Study Period

The study was conduct from April to May 2023

4.3 Population

4.3.1. Source population

All youth in the age range of 15 and 24 years who live in Addis Ababa, Ethiopia, 2023

4.3.2 Study population

All Youth (youth center user and non-user) who were residing randomly selected sub city woredas in Addis Ababa, Ethiopia, 2023

4.3.3 Study unit

Youths (youth center user and non-user) who were randomly selected to the study residing in selected sub city woredas in Addis Ababa, Ethiopia, 2023

4.4 Inclusion criteria

Youths the age range of 15-24 who lived in it for at least 6 months in selected sub city woredas in Addis Ababa for youth center RH clinic user and non-user of youth center.

4.5 Exclusion criteria

Respondents who have severe illness and those who were unable to hear or speak, youth who were married (for the analysis of consistent use of condom), for user and non-user of the youth center youths

4.6 Sample size and procedure

4.6.1. Sample size determination

The Sample size of study was computed based on the formula of calculating the difference between two proportions. 80% power and 95% precision to approximate an acceptable population parameter was taken. Youth center RH clinic users and non-users were consider as main factor for risky sexual practice and used for sample size determination considering the following assumptions from the previous study risky of sexual practice non user of youth center prevalence was found to be 50.6% (8) and risky sexual practice prevalence among youth center RH clinic users which resulted in 38.1% (8). A power of 80% to detect the above difference and 10% non-response rate was also assumed. Based on this assumption, the sample size for the study was calculated by using double proportion formula and it became 858, of which 429 were youth center RH clinic users and 429 were non-users of the youth center RH clinic.

$$n1=n2 = \frac{(Z\alpha/2*\sqrt{2P'*(1-P')} + Z\beta\sqrt{p1*(1-p1) + p2*(1-p2)})^2}{(P1-P2)^2}$$

Where, $P' = \frac{p1+p2}{2}$

Zα /2= confidence level =1.96 (95% CI)

P1= proportion of youth (Non-users of the youth center RH clinic) risky sexual practice = 50.6%

P2 = proportion of users of the youth center RH clinic risky sexual practice = 38.1%

Zß= power with 80% = 0.8

$$n1 = n2 = \frac{1.96*\sqrt{2(0.43)*(1-0.43)+0.84\sqrt{0.506(1-0.506+0.381(1-0.381)2}}}{(0.506-0.381)^2} = 520$$

The ni computed this way was adjusted using what is called Design Effect‟ (DE) of 1.5:

ni = 520*1.5 =780

Adding 10% for non-response

Total sample size is 858; it became 429 for each group.

4.7 Sampling procedure

Multistage sampling Method was used to select the study subjects in this study. Out of the 11 sub cities in Addis Ababa 5 sub cities (arada, bole, kirkos, nifas silk, yeka) was selected by simple random sampling from each selected sub city 2 woredas was selected from each 5 sub city by simple random sampling. However, the total number of youth aged 15-24 living in the woredas not known therefore, The lists of youths in the selected woredas were prepared in consultation with woredas administer , youth associations and health extension workers. By using proportional allocation to size, the required sample size was calculated from each selected woredas. After establishing the sampling frame of lists of youths in the selected each woredas, was used systematic random sampling technique to identify the list of households , the total number of youth in selected woredas was divided by the required sample size to give the sampling interval (K=75) for each woredas to be included to the survey. The selection was made on every 75^{th} of youths until the required sample size fulfilled. Reproductive issue is sensitive, to insure privacy of youth we have collected the data independently. If there are more than one youths in a household, one youth was selected randomly by using a lottery method during data collection time; however, if eligible youth is not found in a household, we was shifted to the next immediate household to the right of the index household.

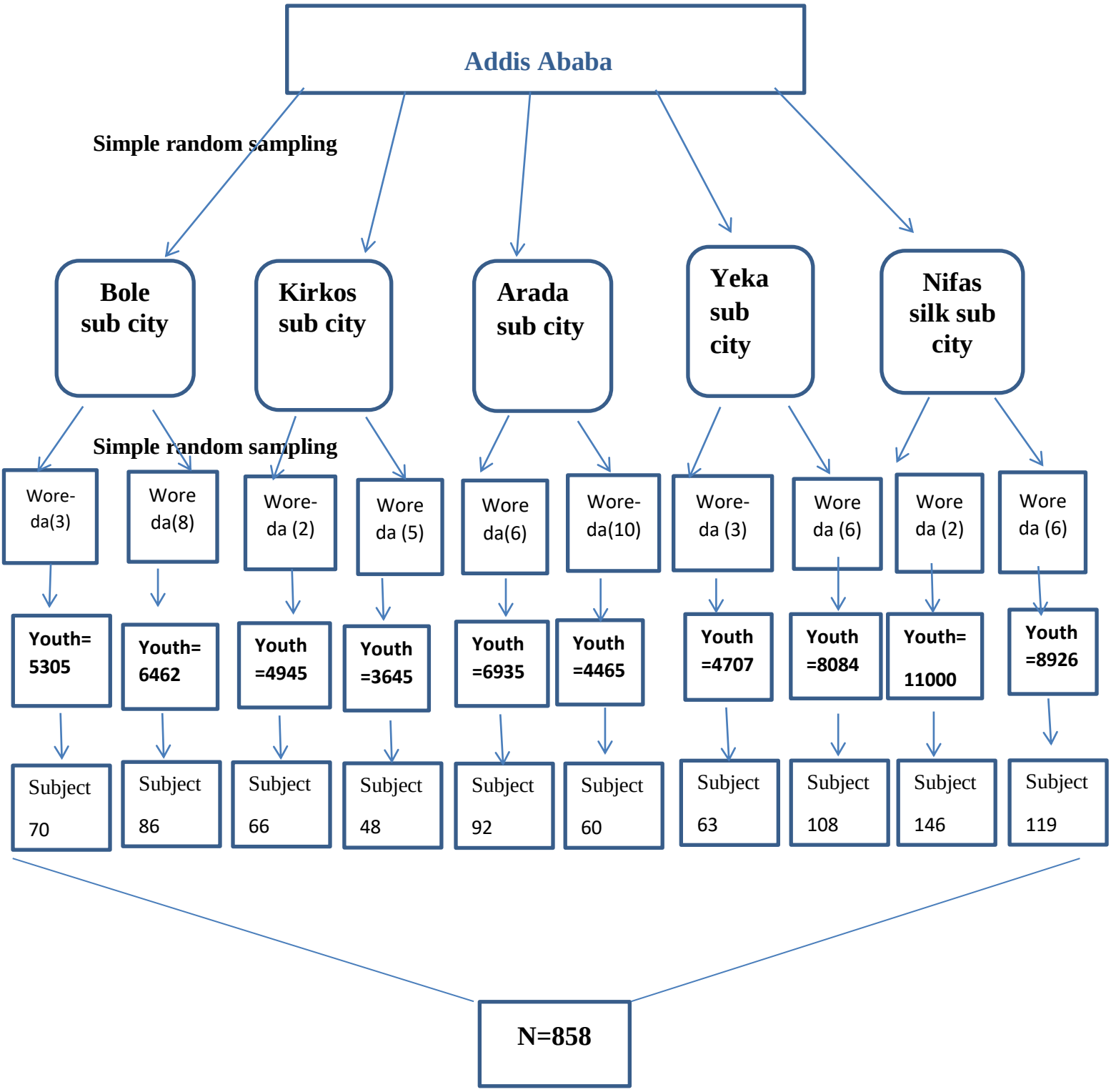

Figure 2 schematic presentation for sampling procedure among youth center RH clinic user and non-user youth

4.8 Data collection method

The data collection instrument was developed after revising questionnaire from similar study and adapting it to the objective of the present study. The Data was collected using structured, pre-tested and self-administered questioners. Five diploma HEWs for Data collectors and two BSc nurses of supervisors was recruiting. Two days training was given to them focusing on the objective of the study and value of collecting the actual data .The questions was given in an objective type of questions with multiple choices. The questioners was translated from English in to Amharic by expert in the field at first and then translated back to English by another expert to ensure consistency and that the meaning is not lost during translation. To insure privacy of youth and to decrease contamination of data no personal identifiers was writing on the questionnaires.

4.9 Study Variables

4.9.1 Independent variables:

Socio-demographic characteristics (age, sex, income, educational status, residency, ethnicity, religion, occupation, married status)

Behavioral factors (alcohol, kchat and substance use, watching pornography, attending night clubs)

Psychosocial factors (Religiosity, Self-efficacy, and Discussion with parents, Peer pressure)

4.9.2 Dependent variables:

Risky sexual practice

4.10 Operational definitions

Risky sexual practice: In this study it is defined as if youth practice at list one of the following: risky sexual practice having such as early sexual debut, multiple sexual partners, and unprotected sex with non-regular sexual partner.

Early sexual debut: Having a sexual practice before the age of 18 years.

Multiple sexual Partners: Participants who had two or more sexual partners the last one year before the survey.

Unprotected sex: Refers to inconsistent condom use during sexual contact the last one year before the survey.

Alcohol and Substance use: Use of at least one of the following substances: Alcohol, khat, and shisha the last one year before the survey.

Self-efficacy: Which refers to one's confidence in being able to carry out a specific (e.g., resists sexual advances, negotiate condom use a partner)

Religiosity: In this study, religiosity is operationally defined as youth's church attendance and participation in religious activities

Youth center RH clinic Users: youth who get the reproductive health service utilization will be assessed based on ever utilization of counseling service, family planning service, HIV counseling and testing service, sexually transmitted disease treatment service and antenatal care service from any health facility and rated as utilized if at least one of the services mentioned utilized

Youth: Young people those who are in the age group of 15 to 24 years.

4.11 Data quality control

Data collectors and supervisors were recruit and trainee on the data collection tool and procedures by the researcher. The structure questionnaire was pre-tested in at different similar setting before the commencement of the actual data collection. The questionnaire was assessing for its consistency, clarity, understandability, completeness, reliability and adherence to the objective of the study. Then the questionnaire was self-administered by the study participant after consent was assured. Instruction was given to fill the questionnaire honestly. The data was cleaned by running frequency for each categorical variable and cross-checking with the original questionnaire (hard copy). Data were entering, and code by using EPI-data version 7 and SPSS version 21.0. Double data entry was done on 5% of the collect data to compare the quality of data and the finding will show that the data has been entering properly and consistent**.**

4.11.1 Data analysis

Data was entered in EPI data version 4.6, and then was exported SPSS version 21. Data was cleaned, edited, coded, and analysis on SPSS. Then descriptive statics (Frequencies, proportions, and summary statistics) was employed to describe the study population in relation to relevant

variables. Bivariate Logistic regression analysis was also employed to select candidate of independent variables for multiple logistic regression. Those with p value <0.05 they were candidate for multiple logistic regression. Then multiple logistic regressions were run to identify significant independent variables. Together, multi collinearity was tested using variance inflation factor (VIF) with the 2.1 value and model of fitness was checked with to Hosmer-lemeshow test of p-0.17. finaly, Level of association was measured using adjusted odd ratio with corresponding confidence interval , level of statically significance was declared with p value of <0.05.

4.12 Ethical consideration

Ethical approvals of this study were obtained from Debrebirhan University Asrat woldeyes Health Science campus, Institutional review board. In addition, official permissions secured from Addis Ababa health bureau. Based on their willingness respondents randomly selected as study participant in the research. They were inform about the purpose of the study and information would be collect after obtaining verbal and written informed consent from each participant, for those aged below 18 youth consent was obtained from their families. Respondents will inform the option of withdrawing from the study whenever they fill any of discomfort and want to refuse for any reason at any time without consequence. Any information was recorded anonymously and confidentiality was assured throughout the study period and after a while.

4.13 Dissemination of plan

After completion of research, the results of the study was presented during thesis defense and the final result was submitted to Debre birhan University Asrat woldeyes Health Science campus. In addition to this the final result document was presented to Addis Ababa City Administration Health Bureau, and other responsible bodies.

5. Result

5.1 Socio-demographic characteristics Youth center reproductive health clinic users and non-user youths

A total of 800 youths, both from youth center reproductive health clinic user and non-user youths completed the questionnaire yielding a total response rate of 93.2%. Among these respondents, from RH clinic user, 384 (96%) and 383 (95.8%) of from RH clinic non user single marital status was a larger proportion respectively. Among from youths, the majority of the respondents from RH clinic user 228 (57.0%) were male and 246(61.5%) were females from RH clinic non user. The mean age of the study population for RH clinic was 19.32 years (+SD 3.281) and 19.61 years (+SD 3.281) for RH clinic non user, ranging from 15 to 24 years. Orthodox Christianity was the dominant religion consisting of 249 (62.3%) from user and 262 (65.5%) of non-user. (Table 1)

Table 1 socio demography cahracteristics among youth center user and non user in addis ababa, ethiopia, 2023

Characteristics	Category	Number (Per-centage)		Total
		RH clinic Users (n=400)	RH clinic Non-users (n=400)	
Sex	Male Female	228 (57.0%) 172 (43.0%)	154 (38.5%) 246 (61.5%)	382 (47.8%) 418 (52.3%)
Age	15-19 20-24	204 (51.0%) 196 (49.0%)	212 (53.0%) 188 (47.0%)	416 (52.0%) 384 (48.0%)
Religion	Orthodox Muslim Catholic Protestant Other	249 (62.3%) 82 (20.5%) 11 (2.8%) 54 (13.5%) 4 (1%)	262 (65.5%) 46 (11.5%) 22 (5.5%) 70 (17.5%) 0 (0.0%)	511 (63.9%) 128 (16.0%) 33 (4.1%) 124 (15.5%) 4 (0.5%)
Ethnicity	Amhara Oromo Tigraway Gurage Other	164 (41.0%) 141 (35.3%) 37 (9.3%) 42 (10.5%) 16 (4.0%)	189 (47.3%) 101 (25.3%) 54 (13.5%) 49 (12.3%) 7 (1.8%)	353 (44.1%) 242 (30.3%) 91 (11.4%) 91 (11.4%) 23 (2.9%)
Educational status	Primary Secondary Secondary and above degree	44 (11.0%) 134 (33.5%) 167 (41.8%) 55 (13.8%)	14 (3.5%) 143 (35.8%) 176 (44.0%) 67 (16.8%)	58 (7.2%) 277 (34.6%) 343 (42.9%) 122 (15.3%)

Marital status	**Single** **Divorced**	**384 (96%)** **16 (4%)**	**383 (95.8%)** **17 (4.2%)**	**767 (95.9%)** **33 (4.1%)**
currently living	**With parents** **With relatives** **Alone**	**304 (78.1%)** **50 (12.9%)** **35 (9.0%)**	**208 (53.2%)** **73 (18.7%)** **110 (28.1%)**	**512 (64%)** **123 (15.3%)** **145 (18.1%)**
Occupation	**Government employed** **Private employed** **Merchant** **Unemployed**	**9 (2.3%)** **99 (24.8%)** **37 (9.3%)** **255 (63.7%)**	**58 (14.5%)** **64 (16.0%)** **49 (12.3%)** **229 (57.3%)**	**67 (8.4%)** **163 (20.4%)** **86 (10.8%)** **484 (60.5%)**
Birth place	**Addis Ababa** **Out of Addis Ababa**	**262 (65.5%)** **138 (34.5%)**	**263 (65.8%)** **137 (34.3%)**	**525 (65.6%)** **275 (34.4%)**
Family income	**≤1000** **1001-3000** **3001-5000** **≥5001**	**5 (1.3%)** **31(7.8%)** **112(28.0%)** **252 (63.0%)**	**7(1.8%)** **54(13.5%)** **140(35%)** **199(49.8%)**	**12(1.5%)** **85(10.6%)** **252(31.5%)** **451 (56.4%)**

5.2 Behavioral factors for Risky Sexual Practice

This study finding showed that from the total respondents about 272 (68.0%) from RH clinic user and 323(80.8%) from RH clinic Non-users of the respondents reported they had experienced drinking alcohol. Of 135 (33.8%) and those 197 (49.3%) youth center users and non-user youths responded that practicing sex after used alcohol respectively. (Table 2)

Among the study participants, a number of respondents who watch pornography, about 173(43.3%) from RH clinic user and 171(42.8%) from RH clinic Non-users watched pornography and among those 65 (16.3%) from RH clinic user and 86 (21.5%) from RH clinic Non-users youths Reported they practiced sex after watching pornography film. among the participant at-

tended night club 116 (29.0%) from RH clinic user and about 135 (33.8%) from RH clinic Non-users youths practicing sex after attending night clubs. (Table 2).

Table 2 Risk factor for risky sexual practice among youth center user and non-user in Addis Ababa, Ethiopia, 2023

Characteristics	Category	Number (Percentage)		total
		RH clinic Users (n=400)	RH clinic Non-users (n=400)	
Alcohol usage	Yes no	272 (68.0%) 128 (32.0%)	323(80.8%) 77 (19.3%)	595(74.4%) 205(25.6%)
Sex after use alcohol	Yes no	135 (33.8%) 265 (66.3%)	197 (49.3%) 203 (50.7%)	332 (41.5%) 468 (58.5%)
Kchat usage	Yes no	82 (20.5%) 318 (79.5%)	135 (33.8%) 265 (66.3%)	217 (27.1%) 583 (72.9%)
Sex after use kchat	Yes no	45(11.3%) 355 (88.8%)	63 (15.8%) 337 (84.3%)	108 (13.5%) 692 (86.5%)
Taking shisha	Yes no	45 (11.3%) 355 (88.8%)	40 (10.0%) 360 (90.0%)	85 (10.6%) 715 (89.4%)
Sex after used shisha	Yes no	34 (8.5%) 366 (91.5%)	33 (8.3%) 367 (91.8%)	67 (8.4%) 733 (91.6%)
Ever watching pornography	Yes No	173(43.3%) 227(56.8%)	171(42.8%) 229(57.3%)	344(43.0%) 456 (57.0%)
Sex after watching pornography	Yes no	65 (16.3%) 335 (83.8%)	86 (21.5%) 314 (78.5%)	151 (18.9%) 649 (81.1%)
Attending night club	Yes no	189 (47.3%) 211 (52.8%)	187 (46.8%) 213 (53.3%)	376 (47.0%) 424 (53.0%)
Sex after attending night club	Yes no	116 (29.0%) 284 (71.0%)	135 (33.8%) 265 (66.3%)	251 (31.4%) 549 (68.6%)
Had close friend who started sex	Yes no	210 (52.5%) 190 (47.5%)	281 (70.3%) 119 (29.8%)	491 (61.4%) 309 (38.6%)
Had close friend unwanted pregnancy	Yes no	114 (28.5%) 286 (71.5%)	93 (23.3%) 307 (76.8%)	207 (25.9%) 593 (74.1%)

5.3 Psychosocial Factors for Risky Sexual practice

Regarding to Religious practices consistently, majority of the respondents 190 (47.5%) from RH clinic user and 246 (61.5%) from RH clinic non user did not implement Religious practices consistently. The finding this study also showed that 265 (66.3%) from RH clinic user and 257 (64.3%) RH clinic non user youth reported that they have confidence to say no for casual sex and 56 (14.0%) respondent from RH clinic user and 99 (24.8%) from RH clinic non user Probably could to say no for casual sex.(table 3)

Regarding to discussion with parents, among the respondents 193 (48.5%) from RH clinic user and 158 (39.5%) from RH Clinic non user discusses with parents, The study examined that why adolescent did not discuss with parents the reason, about 191(42.5%) from both groups reported that culturally unacceptable; 160 (35.6%) participant that disgrace; 96 (21.4%) endorsed that lack of knowledge about SRH. Two hundred five (51.5%) and 242 (60.5%) RH clinic user and non-user youths did not discuss with your parents about SRH respectively. (Table 3)

Table 3 psychosocial factor for RSP among youth center user and non-user in Addis Ababa, Ethiopia, 2023

Characteristics	Category	Number (Percentage)		total
		RH clinic Users (n=400)	RH clinic Non-users (n=400)	
Religious education to church or mosque	Yes No	327 (81.8%) 73 (18.3%)	273 (68.3%) 127 (31.8%)	600 (75.0%) 200 (25.0%)
Religious practices consistently	Always Sometimes Never	191 (47.8%) 190 (47.5%) 19 (4.8%)	115 (28.7%) 246 (61.5%) 39 (9.8%)	306 (38.3%) 436 (54.5%) 58 (7.2%)
Confident to say no for casual sex	Definitely could not Probably could not Don't know Probably could Definitely could	6 (1.5%) 14 (3.5%) 59 (14.8%) 56 (14.0%) 265 (66.3%)	 8 (2.0%) 36 (9.0%) 99 (24.8%) 257 (64.3%)	6 (0.8%) 22 (2.8%) 95 (11.9%) 155 (19.4%) 522 (65.3%)
Confident to use condom	Definitely could not Probably could not Don't know Probably could	14 (3.5%) 2 (0.5%) 108 (27.0%) 76 (19.0%) 200 (50.0%)	12 (3.0%) 56 (14.0%) 116 (29.0%) 216 (54.0%)	26 (3.3%) 2 (0.3%) 164 (20.5%) 192 (24.0%) 416 (52.0%)

	Definitely could			
Communication with sexual partners	**Definitely could not** **Probably could not** **Don't know** **Probably could** **Definitely could**	**14 (3.5%)** **7 (1.8%)** **217 (54.3%)** **51 (12.8%)** **111 (27.8%)**	**10 (2.5%)** **13 (3.3%)** **144 (36.0%)** **117 (29.3%)** **116 (29.0%)**	**24 (3.0%)** **20 (2.5%)** **361 (45.1%)** **168 (21.0%)** **227 (28.4%)**
Discussion with your parents about SRH	**Yes** **No**	**193 (48.5%)** **205 (51.5%)**	**158 (39.5%)** **242 (60.5%)**	**351 (44.0%)** **447 (56.0%)**
Reason not having discuss with parents about SRH	**Culturally unacceptable** **Disgrace** **Lack of knowledge** **other**	**86 (41.5%)** **75 (36.2%)** **44 (21.3%)** **2 (1.0%)**	**105 (43.4%)** **85 (35.1%)** **52 (21.5%)**	**191(42.5%)** **160 (35.6%)** **96 (21.4%)** **2 (0.4%)**
Peer pressure to engaged in sex	**Yes** **no**	**203 (50.7%)** **197 (49.3%)**	**274 (68.5%)** **126 (31.5%)**	**477 (59.6%)** **323 (40.4%)**

5.4 Sexual behavior of Respondents

One hundred eighties five (46.3%) and 235 (58.8%) of the RH clinic user and RH clinic non user youths ever had sexual intercourse respectively by excluding those students who had first sex due to marriage for both groups. Sexual initiation of RH clinic user and RH clinic non user ranged between the age of 15 to 22 and 15 to 20 respectively. The mean age (+SD) for sexual initiation for RH clinic user youths was 17.69 (SD± 1.953) whereas for RH clinic non-user youth was 16.76 (SD± 1.353) years. Among the respondents from both groups who reported to have first sexual intercourse, 237(56.4%) clamed with girls/boyfriends, 134 (31.9%) with Casual/unknown person and 47 (11.2%) with female sex workers. The major reason reported to initiate sex was after drinking alcohol which accounted about 226 (53.8%) from both groups. (Table 4)

Among those youths who ever had sexual intercourse, 167 (91.3%) Of RH clinic user youth and 224 (95.3%) of RH clinic non user youth had sexual intercourse during the last 12 months prior to data collection period. (Table 4)

Regarding to frequency condom use in last on years, 20 (10.8%) respondents from RH clinic user youth and 48 (20.4%) from RH clinic non user were reported to use condom consistently, however; 134 (72.4%) and 132 (56.2%) of the RH clinic user and RH clinic non user sexually active respondents acknowledged to use condom sometimes and 80 (19.0%) of the respondent from both groups never used condom in last one year. (Table 4)

Table 4 sexual history among youth center user and non-user in Addis Ababa, Ethiopia, 2023

Characteristics	Category	Number (Percentage)		Total
		RH clinic Users (n=400)	RH clinic Non-users (n=400)	
Ever had sex	Yes No	185 (46.3%) 215 (53.8%)	235 (58.8%) 165 (41.3%)	420 (52.5%) 380 (47.5%)
Age at first sex	<18(early) <=18(late)	95 (51.4%) 90 (48.6%)	168 (71.5%) 67 (28.5%)	263 (62.6%) 157 (37.4%)
Age of individual with whom first sex was	Older than me Younger than me almost equal with me	93 (50.3%) 45 (24.3%) 47 (25.4%)	119 (50.6%) 45 (19.1%) 71 (30.2%)	212 (50.5%) 90 (21.4%) 118 (28.1%)
With whom did you make first sexual intercourse	Husband/wife Boy/girlfriend Casual/unknown person Sex worker	1 (0.5%) 132 (71.4%) 30 (16.2%) 22 (11.9%)	1 (0.4%) 105 (44.7%) 104 (44.3%) 25 (10.6%)	2 (0.5%) 237(56.4%) 134 (31.9%) 47 (11.2%)
Reasons to start sexual intercourse	Had personal desire Fell in love Economic problem after drinking alcohol	44 (23.8%) 23 (12.4%) 6 (3.2%) 112 (60.5%)	25 (10.6%) 68 (28.9%) 28 (11.9%) 114 (48.5%)	69 (16.4%) 91 (21.7%) 34 (8.1%) 226 (53.8%)
Have had sexual intercourse in the last 12 months	Yes No	167 (91.3%) 16 (8.7%)	224 (95.3%) 11 (4.7%)	391 (93.5%) 27 (6.5%)
Have had sexual intercourse in the last 4 months	Yes No	94 (50.8%) 91 (49.2%)	140 (59.6%) 95 (40.4%)	234 (55.7%) 186 (44.3%)
Ever use condom	Yes No	153 (82.7%) 32 (17.3%)	96 (40.9%) 139 (59.1%)	249 (59.3%) 171 (40.7%)
Consistently Condom use in last one year	Always Sometimes Rarely Never	20 (10.8%) 134 (72.4%0 3 (1.6%) 28 (15.1%)	48 (20.4%) 132 (56.2%) 3 (1.3%) 52 (22.1%)	68 (16.2%) 266 (63.3%) 6 (1.4%) 80 (19.0%)
reason for not us-	Partner trust	83 (50.3%)	84 (44.9%)	167 (47.4%)

ing condom	I hate condom no availability of condom Reduces sexual pleasure Other	36 (21.8%) 1 (0.6%) 34 (20.6%) 11 (6.7%)	25 (13.4%) 1 (0.6%) 70 (37.4%) 7 (3.7%)	61 (17.3%) 2 (0.6%) 104 (29.5%) 18 (5.1%)
Number of life time sexual partners	One Multiple	19 (10.3%) 166 (89.7%)	41 (17.4%) 194 (82.6%)	60 (14.3%) 360 (85.7%)
Number of sexual partner the last one year	No sexual intercourse One Multiple	231 (57.8%) 66 (16.5%) 103 (25.8%)	175 (43.8%) 143 (35.8%) 82 (20.5%)	406 (50.7%) 209 (26.1%) 185 (23.1%)

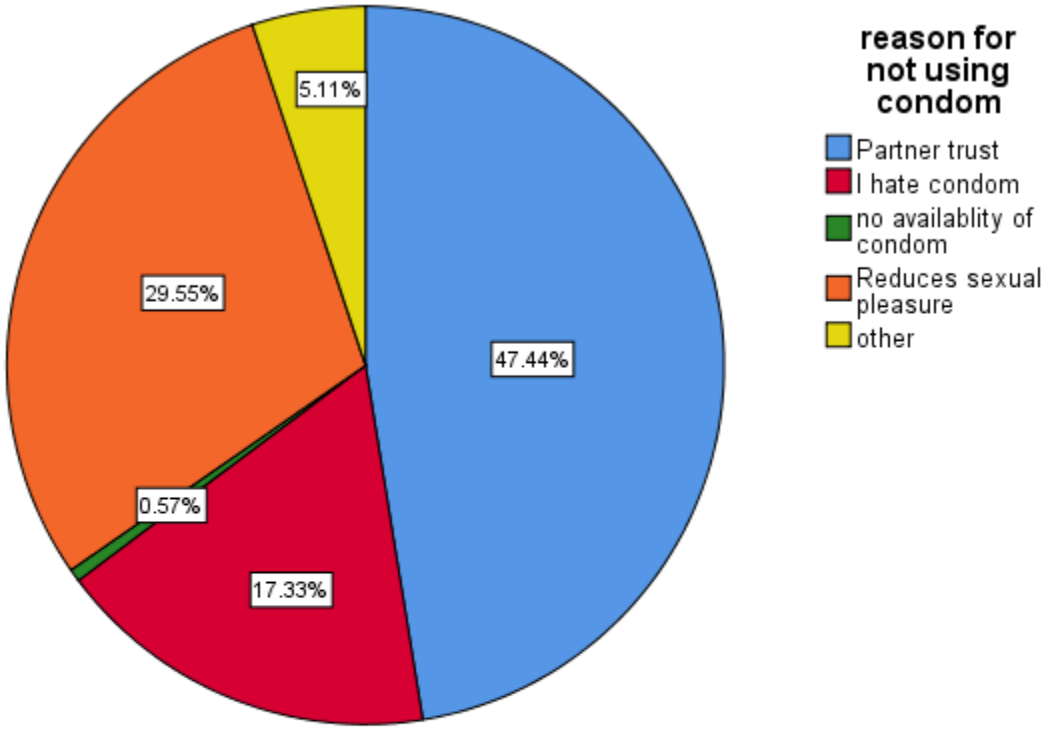

Figure 3 Reason for not using condom among youth center user and non-user in Addis Ababa, Ethiopia, 2023

5.5 Risky sexual practice

Risky sexual practice computed by considering one of the following sexual; behaviors of study participants. These were had early sexual debut, multiple sexual partners, and unprotected sex. The prevalence of risky sexual practices among sexually active youths of RH clinic user and RH clinic non user youth were 46 % CI (41.06, 50.9) and 57.7% CI (52.77, 62.62) respectively and the overall prevalence for youth center RH clinic user and youth center RH clinic non user is 51.8%.(Table 5)

Table 5 Risky sexual practice among youth center user and non-user in Addis Ababa, Ethiopia, 2023

Characteristics	Category	Number (Percentage)		Total
		RH clinic Users (n=400)	RH clinic Non-users (n=400)	
Consistently Condom use in last one	Always Sometimes Rarely Never	20 (10.8%) 134 (72.4%0 3 (1.6%) 28 (15.1%)	48 (20.4%) 132 (56.2%) 3 (1.3%) 52 (22.1%)	68 (16.2%) 266 (63.3%) 6 (1.4%) 80 (19.0%)
Age at first sex	<18(early) <=18(late)	95 (51.4%) 90 (48.6%)	168 (71.5%) 67 (28.5%)	263(62.6%) 157(37.4%)
Number of sexual partner the last one year	No sexual intercourse One Multiple	231 (57.8%) 66 (16.5%) 103 (25.8%)	175 (43.8%) 143 (35.8%) 82 (20.5%)	406(50.7%) 209(26.1%) 185(23.1%)
With whom did you make first sexual intercourse	Boy/girlfriend Casual/unknown person Sex worker	132 (71.4%) 30 (16.2%) 23 (11.9%)	105 (44.7%) 104 (44.3%) 26 (10.6%)	237(56.4%) 134(31.9%) 49(11.7%)
Risky sexual practice	Yes No	183 (46.0%) 215 (54.0%)	225 (57.7%) 165 (42.3%)	408(51.8%) 380(48.2%)

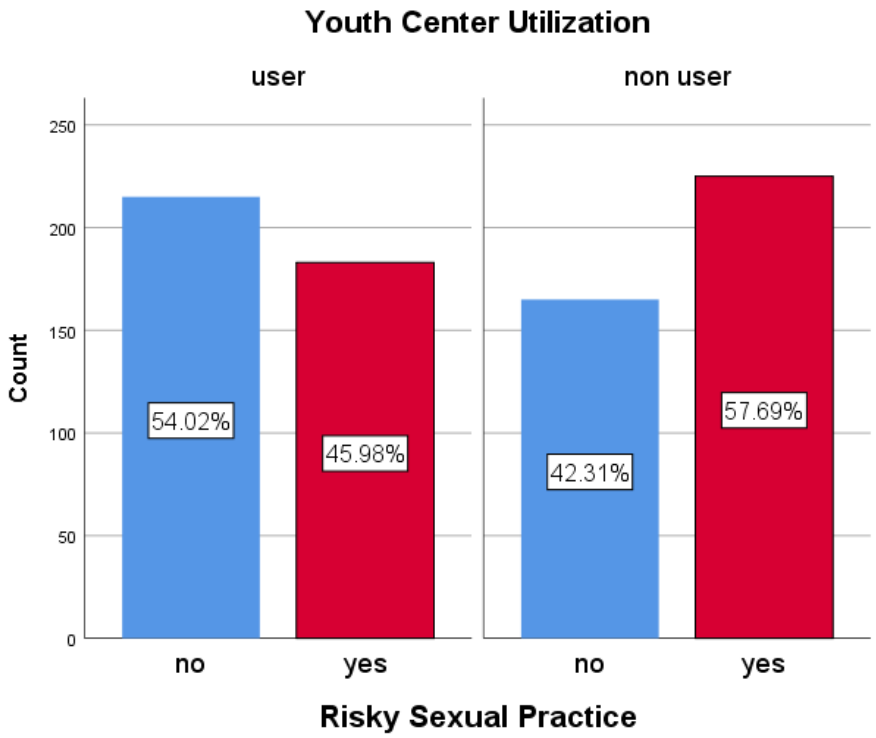

Figure 4 Risky sexual practice of youth center RH clinic user and non-user in Addis Ababa, Ethiopia, 2023

5.6 Factors associated with risky sexual practice among youth center RH clinic user

Binary logistic regression was performed to assess determinates of multiple sexual partners. Conducting binary logistic regression is crucial to filter or screen out predictor variables that had statistically significant association with multiple sexual partners. This study result revealed that variables like participant currently living, participant alcohol usage, Participants educational status, participant attending religious education, have friend experienced an unwanted pregnancy shows a significant association with risky sexual practice. (Table 6)

The study participants (RH clinic user) who drank alcohol were [AOR = 3.067(95% CI: 1.476, 6.375) as more than 3 times likely to engage in risky sexual practice than nonusers of alcohol. Youth center RH clinic user youth have friend experienced an unwanted pregnancy were [AOR =2.613 (95% CI: 1.177, 5.803) times more likely to engage in risky sexual practice than not have friend experienced an unwanted pregnancy. (Table 6)

RH clinic user youth who did not attending religious education were [AOR = 11.649(95% CI: 11.649 (3.467, 39.139) as more than 11.6 times more likely to engage in risky sexual practice than attending religious education. (Table 6)

Table 6 Factor associated with Risky sexual practice among youth center user in Addis Ababa, Ethiopia, 2023

Variables		Risky sexual practices				
		Yes	No	COR (95%CI)	AOR (95%CI)	P value
currently living with	With parents With relatives Alone	123(71.1%) 22 (12.7%) 28 (16.2%)	181(84.6%) 26 (12.1%) 7(3.3%)	1.245(.675, 2.297) 5.886(2.493, 13.90)	2.456(.796, 7.582) 2.764(1.149,6.648)	0.031
alcohol use	Yes No	136(74.3%) 47 (25.7%)	134(62.3%) 81 (37.7%)	1.749(1.136,2.693)	3.067(1.476,6.37)	0.003
educational status	Primary Secondary Secondary and above degree	11 (6.0%) 20 (10.9%) 100(54.6%) 52 (28.4%)	33(15.3%) 114(53.0%) 65 (30.2%) 3 (1.4%)	.019(.005.074) .010(.003.036) .089(.027.296)	.007(.001, .033) .002(.000, .012) .013(.003, .061)	0.000
attending religious education	Yes No	116(63.4%) 67 (36.6%)	209(97.2%) 6 (2.8%)	20.119(8.467,47.8)	11.649(3.467,39.0)	0.000
have friend experienced an unwanted pregnancy	Yes No	64 (35.0%) 119(65.0%)	48 (22.3%) 167(77.7%)	1.871(1.203,2.911)	2.613(1.177,5.803)	0.018
Kchat chewing	Yes No	55(30.1%) 128(69.9%)	25(11.6%) 190(88.4%)	3.266(1.935,5.510)	1.398(.593, 3.293)	0.444
Attending night club	Yes No	117(63.9%) 66(36.1%)	70(32.6%) 145(67.4%)	.272(.180,.412)	1.169(.565, 2.417)	0.675
Watching pornography	Yes No	101(55.2%) 82 (44.8%)	70 (32.6%) 145(67.4%)	2.551(1.697,3.836)	1.963(.940 4.099)	.073
have friend started experiencing sex	Yes No	121(66.1%) 62(33.9%)	87 (40.5%) 128(59.5%)	.348 (.231,.525)	.957 (.422, 2.173)	.916
have pressure from friends to	Yes No	124(67.8%) 59(32.2%)	77(35.8%) 138(64.2%)	.265 (.175, .403)	1.961(.848, 4.536)	.116

have sexual intercourse						
Sex	**Male** **Female**	**133(72.7%)** **50(27.3%)**	**93(43.3%)** **122(56.7%)**	**.287 (.188, .437)**	**1.663(.783,3.532)**	**.186**
have sex after substance used	**Yes** **No**	**32(17.5%)** **151(82.5%)**	**2(0.9%)** **213(99.1%)**	**.044 (.010.188)**	**1.909(.299,12.196)**	**.494**

NB *= P-value < 0.05 & 1= reference group

5.7 Factors associated with risky sexual practice among youth center RH clinic non user

This study result revealed that variables like current living with , attending night club, have friend started experiencing sex, have a friend experienced an unwanted pregnancy, attending religious education, educational, discuss with parents about reproductive health shows a significant association with risky sexual behavior. Youth center RH clinic non user youth who attending night club were [AOR = 2.103 (95% CI: 1.008, 4.388) as more than 2.1 times likely to engage in risky sexual practice than not attended night club youths. Youth who did not discuss about reproductive health with parents as more than 7.714 times likely to exercise risky sexual behavior than those youth who were not discuss (AOR=7.714 (95% CI: (3.662, 16.250). Youth who had don't attending religious education as more than 6.349 times engage to risky sexual behavior than those youth who were attend religious education [AOR =6.349 (95% CI: (2.228,18.092). (Table 7)

Table 7 Factor associated with Risky sexual behavior among youth center non user in Addis Ababa, Ethiopia, 2023

Variables		**Risky sexual practices**				
		Yes	**No**	**COR (95%CI)**	**AOR (95%CI)**	**P value**
currently living with	**With parents** **With relatives** **Alone**	**103(47.5%)** **47(21.7%)** **67(30.9%)**	**102(62.2%)** **26(15.9%)** **36(22.0%)**	 **.971(.5, 191.819)** **.543(.333. .885)**	 **1.345(.502, 3.606)** **4.437(1.758,11.202)**	**.007**
Attending night club	**Yes** **No**	**142(63.1%)** **83 (36.9%)**	**40(24.2%)** **125(75.8)**	**5.346(3.418, 8.362)** **1**	**2.103(1.008, 4.388)**	**.048**
have friend experienced an unwanted pregnancy	**Yes** **No**	**190(84.4%)** **35 (15.6%)**	**85(51.5%)** **80(48.5%)**	**5.109(3.186, 8.195)** **1**	**2.173(1.004, 4.702)**	**.049**
attending religious ed-	**Yes** **No**	**109(48.4%)** **116(51.6%)**	**157(95.2)** **8 (4.8%)**	**20.885(9.797,44.524)**	**6.349(2.228,15.092)**	**.001**

ucation						
alcohol use	**Yes** **No**	**201(89.3%)** **24(10.7%)**	**119(72.1%)** **46(27.9%)**	**3.237(1.881 ,5.573)**	**1.012(.438, 2.336)**	**.978**
discussed with parents about sexual and reproductive health	**Yes** **No**	**37(16.4%)** **188(83.6%)**	**120(72.7%)** **45 (27.3%)**	**13.55(8.288,22.152)**	**7.714(3.662,16.250)**	**.000**
Age	**15-19** **20-24**	**107(47.6%)** **118(52.4%)**	**104(63.0%)** **61(37.0%)**	**1.880(1.247,2.834)**	**1.145(.462, 2.841)**	**.770**
Watching pornography	**Yes** **No**	**138(61.3%)** **87(38.7%)**	**31(18.8%)** **134(81.2%)**	**6.857(4.269,11.013)**	**1.358(.655, 2.818)**	**.411**
Religion	**Orthodox** **Muslim** **Catholic** **Protestant**	**139(61.8%)** **24(10.7%)** **13(5.8%)** **49(21.8%)**	**121(73.3%)** **16(9.7%)** **9(5.5%)** **19(11.5%)**	**.445(.249.0.798)** **.582(.255,1.327)** **.560(.206,1.525)**	**.895(.343,2.334)** **1.171(.317,4.323)** **.261(.042,1.622)**	**.393**
have friend started experiencing sex	**Yes** **No**	**190(84.4%)** **35(15.6%)**	**85(51.5%)** **80(48.5%)**	**5.109(3.186, 8.195)**	**4.557(1.743,11.918)**	**.002**
pressure from friends to have sexual intercourse	**Yes** **No**	**186(82.7%)** **39(17.3%)**	**85(51.5%)** **80(48.5%)**	**4.489(2.831,7.116)**	**1.437(.591, 3.492)**	**.424**
Chewing kchat	**Yes** **No**	**105(46.7%)** **120(53.3%)**	**30(18.2%)** **135(81.8%)**	**3.937(2.450, 6.328)**	**1.031(.494, 2.151)**	**.936**

NB *= P-value < 0.05 & 1= reference group

6. Discussion

The prevalence of risky sexual practice among youth center user is lower than youth center non user. This is consistent with a study done in Addis Ababa, additionally magnitude of risky sexual behavior among youth center user youth is 57.7% CI(52.77, 62.62) and users 46% CI(41.06, 50.9). This is higher than a study done in Addis Ababa (8).This might be due to different time of the study, and sample size.

This study revealed that currently living with ,alcohol drink, educational status, attending religious education, attending night club, discus with parents about reproductive health, have friend experienced an unwanted pregnancy shows a significant association with risky sexual practice.

Alcohol was significantly associated with risky sexual practice among youth center Rh clinic user. Youth center user who drank alcohol was having RSP more than [AOR = 3.067(95% CI: 1.476, 6.375) three times than those who do not drink alcohol. This is consistent with a study done in at Wolaita(47), Gonder(6), Sri Lanka(40) and Tanzania(48). The possible reason could be having alcohol will cause intoxication which leads youth center user to have more sexual arousal to commit RSP. Besides to the fact that consuming alcohol would increase risk-taking behavior, impair one's judgment on the risk of unprotected sexual Practice and impairs sexual health decision-making.

Attending night club was significantly associated with risky sexual practice among youth center non utilizer. Non user youths who attend night club were having RSP more than [AOR = 2.103 (95% CI: 1.008, 4.388) two times than those who did not attend night club. The finding of this consistent with a study done in Sri Lanka(40), it's revealed that attending night club youth more likely to engage risky sexual practice. This may be due to when young go to night clubs, they might be prone to drink alcohol, use substances and also prone to have sex with commercial sex workers or other casual partners then they might forget to use condom.

Likewise in this study it was found that living arrangement is associated with RSP. Youth center user who lived alone was having RSP [AOR = 2.764 (95% CI: 1.149, 6.648) as more than 2.7 times than those living with their families and youth center non user who live alone were [AOR = 4.437(95% CI: 1.758, 11.202) four time having RSP than those living with their families, This finding is consistent with to a study in Jimma(49) where Female youth living away from their

parents were 3 times more likely to be at risk than female youth living with their parents, And this study was lower than a study done in Addis Ababa university [AOR = 8.4(95% CI: 1.38-51.3](50). the difference might be due to disagreement, lack of family love, lack of family control and economic problems. Numerous studies recommended that effective parental monitoring of adolescents and youth, behavior, attitude, and values have a significant role in reducing poor decision-making on sexual and reproductive life.

This study found that attending religious education is associated with RSP; Youth center users who were less religious were involved in more risky sexual behaviors [AOR = 11.649(95% CI: 3.467, 39.0) eleven time having RSP than those attend religious education and non-user youths who did not attend religious education were [AOR = 6.349 (95% CI: 2.228, 18.092) 6 time having RSP than those attend religious education. This study consistent with a study done in dessie(43), sirilanka(40) and Jamaica(51)[AOR =6.32 (95% CI: 1.802, 20.350). among youth which indicate that attendance of religious education was the most protective factors of RSB.

Discussion with parent was significantly associated with RSP among youth center non user. Youths who were not discussed with their parents [AOR = 7.714 (95% CI: 3.662, 16.250) seven times having RSP than those who discuss with their parents, this finding is higher than a study done in Ilu-Abba-Bora Zone Western Ethiopia (52)[AOR =1.53(95% CI 1.29, 3.96) and in line with a study done in Northern Ethiopia and Bahir dar university(39) [AOR =.244 (95% CI:.124 .479), this finding suggesting that discussion with parents have a protective effect, The reason may be Parent communication about SRH can prevent adolescent risky sexual behaviors, and at the same time, it may promote adolescents to have healthy sex.

The other finding from this study was having a friend experienced an unwanted pregnancy associated with RSP. Among youth center user who were having a friend experienced an unwanted pregnancy involved in more risky sexual practice [AOR = 2.613(95% CI: 1.177, 5.803) 2.6 times than those who not have and similar odd ratio with youth center non user This finding is in line with a study done in Ilu-Abba-Bora Zone Western Ethiopia (52)[AOR = 2.21 (95% CI: 1.04, 4.69).

7. Conclusion

The prevalence of risky sexual practice was higher among non-users of the youth center reproductive health clinic than users. Attending night club, alcohol drink, living arrangement, having friend started sex, have friend experienced an unwanted pregnancy, attending religious education, discus with parents about SRH were factors significantly associated with risky sexual practice among youth center RH clinic user and non-user youths in Addis Ababa. However factors like pornography watching, self-efficacy, perceived family income was not significantly associated with youth risky sexual practice at the final model. Therefore, understanding prevalence and associated factors of risky sexual practice is important for concerned body to design and implement comprehensive reproductive health interventions with the aim of preventing and reducing multiple risk factors among youth center use and non-user.

8. Recommendation

The findings of this study indicated that youth center RH clinic user and non-user youths were practicing risky sexual practice that requires actionable interventions to minimize their risky sexual practices by giving special emphasis to youth center RH clinic non user youths.

Based on the findings; the following recommendations are given to be implemented by concerned governmental and non-governmental bodies.

For programmers/policy makers

- The protective roles of religiosity in this study were very high. Thus, policies should be developed by creating links with religious institutions to mobilize the young generation to strengthen healthy and conventional behaviors and to eliminate dependency on various substances. This would reduce the propensity of youth to engage in delinquent acts
- Encourage parent adolescent communication about sexual and reproductive health at the early adolescents. To do so parents should have to get systemized knowledge about reproductive health matter.

For Addis Ababa health bureau

- The youth center reproductive health clinics have to be scaled-up in areas where they are not available.
- Availing RH facilities by type of services that youth wanted will increase access to utilization

For researchers

- Further study needs specifically qualitative study to be conducted to explore the reasons why youth are involved in risky sexual practice and to see the wider social norms that may encourage risky sexual practice among youth.

9. Strength and Limitations

9.1 Strength

- This segment of populations comprised large in number with various socio-demographic compositions. Therefore, assessing the current situation of risky sexual behavior of youths at community level is one of the key finding, which is useful for program planner.

9.2 Limitation

- Limitations of adequate references, especially on risky sexual behaviors on similar study setting and study population
- There could be a possibility of recall biases during determination of some sexual behavior.
- Since this study touches very sensitive and very personal issue; social desirability responding cannot be ruled out.

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Annex

Debre Birhan University asrat Woldeyes Health Science Campus School of Public Health Questionnaire for a study on assessment of the prevalence of Risky Sexual Behaviors among Youth center reproductive health clinic users and non-user in Addis Ababa, Ethiopia, 2023

Study information sheet

My name is_____. I belong to the research team studying the the prevalence of Risky Sexual Behaviors among Youth center reproductive health clinic users and non-user in Addis Ababa, Ethiopia, 2023. The study is being conducted by a graduate student of MPH/RH (Biniyam Belete) at the Debre Birhan University Asrat Woldeyes Health Science Campus school Public Health . The objective of this study is to assess the prevalence of Risky Sexual Behaviors among Youth center reproductive health clinic users and non-user in Addis Ababa, Ethiopia, 2023, aged 15 to 24 years in Addis Ababa. I kindly ask you to participate in this study and give me genuine answers for my queries. Your participation in this study is greatly helpful in identifying problems related to risky sexual behaviors. The self-administer quaternary would used. Your name will not be written in this form and will never be used mentioned in the report either. You will not get payment because of your participation in this study and will not lose any service rendered by the youth center or similar health service providers. All information given by you will be kept confidential and no one except the research team members will have access to the information. Your participation is completely voluntary and you are not obligated to answer any question you are not willing to respond. If you feel any discomfort with the question, it is your right to drop it at any time you want. You may even decide not to engage in this study from the very beginning. I hope I have clarified the purposes of the study. If you have any question you can ask me now or you may ask the principal investigator, Biniyam Belete, whose telephone is 0939675565 or email:biniyambelete015@gmail.com.

Consent Form

I have understood the verbal explanation of the information sheet concerning this study and I understood what will be required of me and what will happen to me if I take part in it. I also understand that any time I may withdraw from this study without giving a reason and without me or my families' routine service utilization being affected for my refusal.

Are you willing to participate in this study?

1. Yes…….. Continue to the next page

2. No…… Skip to the next participant

Signature of participant----------

Date of data collection--------/--------/----------

English version Questionnaire

Debre Birhan University Asrat Woldeyes Health Science Campus, School of Public Health Questionnaire to assess the prevalence of Risky Sexual practice among Youth center reproductive health clinic users and non-user in Addis Ababa, Ethiopia, 2023

01 Questionnaire ID----------

02 Addresses: Sub city----------woreda----------

03 Categories 1.Youth center RH clinic user

2. Youth Center RH clinic Non-user

Part I. Socio-demographic characteristics of youth in Addis Ababa, 2023			
No	Questions	Responses and coding	Skip to
01	Sex of the respondent	1.male 2.female	
02	Age of the participant	----------	
03	Religion of the participant	1.orthodox 2.muslim 3.protestant 4.chatholic 5.other	
04	What is your Ethnicity?	1. Amhara 2. Oromo 3. Gurage 4. Tigire	
05	Educational status	1. Unable to read and write 2. Primary 3. Secondary 4. More than Secondary 5. Degree	

06	Marital status	1. Single 2. Married 3. Divorced 4. Widowed	
07	With whom are you currently living?	1.With both parents 2.With father only 3.With mother only 4.With relatives 5.Under marital union 6.Alone	
08	What is your main occupation?	1.Government employed 2.House wife 3.Merchant 4.Privately employed 5.Student 6.Unemployed	
09	Place of birth	1.Addis Ababa 2.out Addis Ababa	
10	What is your households' average monthly income?	----------Birr	
Part 2. Behavioral factors for Sexual practice among youth center RH clinic user and non-user youths			
Substance Use (Alcohol, khat, and shisha)			
11	Have you ever use alcohol?	1. Yes 2. No	
12	If yes, did you have sex when you are used alcohol?	1. Yes 2. No	
13	Have you ever use kchat?	1. Yes 2. No	
14	If yes, did you have sex when you	1. Yes	

	are use kchat?	2. No	
15	Have you ever use shisha?	1. Yes 2. No	
16	If yes, did you have sex when you are used shisha?	1. Yes 2. No	
Watching Pornography Film			
17	Have you watched pornography	1.Yes 2. No	
18	If yes, did you have sex after watching pornography film?	1.yes 2.no	
Attending night club			
19	Have you visited night clubs	1. Yes 2. No	
20	If yes, did you have sex after visiting night clubs	1. Yes 2. No	
Part.3. Psychosocial factors related question			
Religiosity			
21	Do you attend religious education by going to church or mosque	1. Yes 2. No	
22	Do you implement religious practices consistently?	1. Never 2. Sometimes 3. Really 4. Always	
Self- efficacy			
23	How could you be confident to say “no’ for unwanted sexual intercourse?	1. Definitely could not 2. Probably could not 3. Don’t know 4. Probably could 5. Definitely could	

24	How confident you could use a condom correctly	1. Definitely could not 2. Probably could not 3. Don't know 4. Probably could 5. Defiantly could	
25	Communication with sexual partner about sexual transmitted disease and unwanted pregnancy)	1. Definitely could not 2. Probably could not 3. Don't know 4. Probably could 5. Defiantly could	
Discussion with Parents			
26	Have you ever discussed with your parents about sexual and reproductive health	1. Yes 2. No -	
27	If you don't discuss, what are the reasons(tick all answers you think)	1. Culturally unacceptable 2. Disgrace 3. Lack of knowledge 4. Any other ……	
Peer Behaviors and Influence			
28	Had your close friend started experiencing sex?	1. Yes 2. No	
29	Have you ever seen your close friend experienced an unwanted pregnancy	1.yes 2.no	
30	Have you ever encountered pressure from your friends to have sexual intercourse?	1.yes 2.no	
Part. 4. Sexual behaviors of respondents			
31	Have you ever had sexual intercourse	1. Yes 2. No	

32	How old were you when you first had sexual intercourse?	……. Years old	
33	With whom did you make your first sexual intercourse?	1. Husband/wife 2. Boy/girlfriend 3. Casual/unknown person 4. Sex worker 5. Other……..	
34	How old was your partner when you had sex for the first time?	1. Older than me 2. Younger than me 3. almost equal with me	
35	What was your reason being engaged in sex	1. Had personal desire 2. Fell in love 3. I get married 4. Economic problem 5. Influence of substance 6. Other……	
36	Have you had sexual intercourse in the last 12 months	1. Yes 2. No	
37	Have you had sexual intercourse in the last 4 months	1. Yes 2. No	
38	With whom did you make your last sexual intercourse?	1. I get married 2. Fell in love 3. For trial 4. Economic problem 5. Influence of substance 6. Other……	
Condom Use			
39	Did you use condom in sexual intercourse?	1. Yes 2. No	

40	Did use condom consistently in last one year	1. Always 2. Sometimes 3. Rarely 4. Never	
41	If not, what was your reason for not using condom?	1. Partner trust 2. I hate condom 3. Condom no available 4. Reduces sexual pleasure 5. Other ……..	
42	Did use condom in last sexual inter-course	1. Yes 2. No	
Lfetime Sexual Partner			
43	During your life, with how many people have you had sexual inter-course(Write the number)	……	
44	How many sexual partners have you had in last one yea	……	

ደብረ ብርሀን ዩኒቨርሲቲ አስራት ወልደየስ የጤና ሳይንስ ግቢ የህብረተሰብ ጤና ትምህርት ክፍል

ራስን መግለጫ መጠይቅ

ውድ የዚህ ጥናት ተሳታፊ፤ ጥናቱ፤ የተዘጋጀው በደብረ ብርሀን ዩኒቨርሲቲ አስራት ወልደየስ የጤና ሳይንስ ግቢ የህብረተሰብ ጤና ትምህርት ክፍል ፕሮግራም ለሚሆን ጥናት ነው። የጥናቱ ርዕስ በአዲስአበባ ከተማ የሚገኙ የወጣት ማዕከላት ተጠቃሚዎች እና ተጠቃሚ ያለሆኑ ወጣቶች ላይ ላይ አስጊ ወሲዊ ተግባራት ተጽኖው ምን እንደሚመስል ማጤንና መረዳት ነው።

የጥናቱመረጃቅጽ፤

ጤናይስጥልኝ፤ ስሜ_____እባላለሁ:: በአዲስአበባ ከተማ የሚገኙ የወጣት ማዕከላት ተጠቃሚዎች እና ተጠቃሚ ያለሆኑ ወጣቶች ላይ አስጊ ወሲዊ ተግባራት ተጽኖው ምን እንደሚመስል ከሚያጠኑት አካላት አንዱ/ ዷነኝ።ጥናቱ የሚካሄደው በደብረ ብርሀን ዩኒቨርሲቲ አስራት ወልደየስ የጤና ሳይንስ ግቢ የህብረተሰብ ጤና ትምህርት ክፍል- ምረቃ ተማሪ በሆነው ቢኒያም በለጠ ነው።የጥናቱ ዋና ዓላማ በአዲስ አበባ ከተማ የሚገኙ የወጣት ማዕከላት ተጠቃሚዎች እና ተጠቃሚ ያልሆኑ ወጣቶች(ከ15-24) ላይ አስጊ ወሲዊ ተግባራት ተጽኖው ምን እንደሚመስል ማጤንና መረዳት ነው።አንተን/ አንችን የምጠይቅህ/ሽ በዚህ ጥናት ላይ እንድትሳተፍ/ፊ እና ለጥያቄዎቹ ትክክለኛ ምላሽ እንድትሰጠኝ/ እንድትሰጭኝ ነው።በዚህ ጥናት ያንተ/ቺ መሳተፍ ጥናቱ ሲጠናቀቅ፤ ወጣቶች፤ ብስለት በጎደለው ውሳኔ ራሳቸውን ለአደጋ በሚያጋለጡ ሁነቶች እንዳይሳተፉና አንዳች ጉዳት እንዳይደርስባቸው የሚያስች ለየመፍትሄ አቅጣጫዎችን በመጠቆም ሚና ይኖረዋል ብሎ አጥኚው ያምናል።በመሆኑም፤ ይህንን መጠይቅ በምትሞሊ(ይ) በትወቅት በሙ ለፍቃደኝነትና የኔነት ስሜት በተሞላበት መልኩ ምላሽ ነው ብለህ(ሽ) የምታስበ(ቢ) ውን አማራጭ የያዙ ሆሄያትን በማክበብ ወይም ወይም "√" ምልክት ማድረግ ትመልስ(ሽ)ልኝ ዘንድ በአክብሮት እጠይቃለሁ። በዚህ ቅጽ ላይ ስምህ/ሽ አይጻፍም እንዲሁም በሪፖርቱ ላይ አይጠቀስም።በዚህ ጥናት ላይ በመሳተፍህ/ሽ ምንም አይነት ክፍያ የለውም፤ እንዲሁም በወጣት ማዕከላት ወይም በተመሳሳይ የጤና ባለሙያዎች ከሚሰጡ አገልግሎቶች የምታጣው/ የምታጭው ነገር አይኖርም፡ ፡ ሁሉም የምትሰጠው/ጭው መረጃ ምስጢራዊነቱ የተጠበቀ ነው። ከጥናት ቡድኑ በስተቀር ማንም ሊያገኘው አይችልም፤ ያንተ/ ቺ ተሳትፎ ፍፁም በፈቃደኝነት ላይ የተመሰረተ ነው።በሚጠየቁ ጥያቄዎች ምኞት ካልተሰማህ/ሽ በማንኛውምጊዜቃለመጠይቁንየማቋረጥመብትህ/ሽ የተጠበቀ ነው። ከዚህም ባለፈ ከመጀመሪያውም በዚህ ጥናት ላይ ያለመሳተፍ መብትአለህ/ሽ ጥያቄካለህ/ሽ አሁኑኑ መጠየቅ ትችላለህ/ ትችያለሽ ወይም ዋና ተመራማሪው ቢንያም በለጠን በሚከተለው አድራሻ መጠየቅ ይቻላል።ስልክ ቁጥር 0939675565 ወይም ኢ- ሜይል፡biniyambelete015@gmail.com.

የተሳታፊዎችፈቃደኝነትቅጽ

ስለጥናቱበቃልየተደረገልኝማብራሪያእናከእኔምንእንደሚጠበቅበሚገባተረድቻለሁ።እንዲሁም በማንኛውምጊዜምክንያቴንየማሳወቅግዴታሳይኖርብኝከቃለመጠይቁመውጣትእንደምችልናከቃለ መጠይቁበመውጣቴእኔምሆንኩቤተሰቦቼየተለመደው/ መደበኛውአገልግሎትላይምንምአይነትተፅዕኖ

እንደማይደረግብኝተረድቻለሁ።

በጥናቱለመሳተፍፈቃደኛነህ/ሽ?

1. ..... አዎ .. ወደ ሚቀጥለው ገጽ ሂድ/ጅ

2. .....አይ ወደ ሚቀጥለው ተሳታፊ ሂድ/ጅ መረጃ ሰብሳቢፈርማ.....

መረጃው የተሰበሰበበት ቀን.....

1.የወጣት ማዕከል ተጠቃሚ ☐ 2.የወጣት ማዕከል ተጠቃሚ ያልሆነ ☐

ክፍልአንድ፡ መሰረታዊ ማህበራዊ ጥያቄዎች

ተ.ቁ	ጥያቄ	አማራጭ	እለፍ
1	ፆታ	1.ወንድ 2.ሴት	
2	እድሜ	.....ሙሉ እድሜ	
3	የየትኛው ሀይማኖት ተከታይ ነህ/ሽ?	1.ኦርቶዶክስ 2. ሙስሊም 3. ካቶሊክ 4. ፕሮቴስታንት 5. ሌሎች.....	
4	የየትኛው ብሄር ተወላጅነህ/ሽ?	1. አማራ 2. ኦሮሞ 3. ትግሬ 4.ጉራጌ 4 .ሌላ ከሆነ ይጥቀሱ.....	
5	የትምርት ደረጃህ/ሽ?	1. መጻፍና ማንበብ የማይችል 2. የመጀመሪያ ደረጃ 3. ሁለተኛ ደረጃ 4. ሁለተኛ ደረጃ እና ከዘ በላይ 5.ድግሪ	
6	የጋብቻሁኔታ	1.ያገባ/ች	

		2. ያላገባ/ች 3.የተፋታ 4. ባል/ ሚስትየሞተባት	
7	አሁን ከማን ጋር ነው የምትኖረው/ሪው?	1. ወላጆቼ ጋር 2. ከዘመድጋር 3. ከፍቅርአጋሬጋር 4.ብቻዬን	
8	ዋናው ስራህ/ሽ ምንድን ነው?	1.የመንግሰት ሰራተኛ 2.የግል ስራ ተቀጣሪ 3.ነጋዴ 4.ስራ የለኝም	
9	የትውልድ ቦታ?	1.አዲስ አባባ 2.ከአዲስ አባባ ውጭ	
10	በአማካኝ የቤተሰባችሁ የወር ገቢ ስንት ነው?	……ብር	

ክፍልሁለት፡ የወሲብአጋላጭሁኔታዎችጋርየተያያዙነገሮች

ተ.ቁ	ጥያቄ	አማራጭ	እለፍ
11	አልኮል ተጠቅመህ/ሽ ታውቃለህ/ሽ	1. አዎ 2. አላውቅም	
12	አልኮል ተጠቅመህ/ሽ ወሲብ ፈፅመህ/ሽ ታውቃለህ/ሽ	1. አዎ 2.አልፈጸምኩም	
13	ጫት ተጠቅመህ/ሽ ታውቃለህ/ሽ	1. አዎ 2. አላውቅም	
14	ጫት ተጠቅመህ/ሽ ወሲብ ፈፅመህ/ሽ ታውቃለህ/ሽ	1. አዎ	

		2.አልፈጸምኩም	
15	ሺሻ ተጠቅመህ/ሽ ታውቃለህ/ሽ	1. አዎ 2. አላውቅም	
16	ሺሻ ተጠቅመህ/ሽ ወሲብ ፈፅጽመህ/ሽ ታውቃለህ/ሽ	1. አዎ 2.አልፈጸምኩም	
17	ወሲብ ቀስቃሽ ፊልሞችን ወይም ምስሎችን አይተሽ/ህ ታውቂያለሽ/ህወይ?	1. አዎ 2. አላውቅም	
18	ወሲብ ቀስቃሽ ፊልሞች ካየሽ/ ህ/ሽበኋላ ወሲብ ፈፅመሀል/ሻልዎይ?	1. አዎ 2. አላውቅም	
19	የምሽት ጭፈራ ቤቶች ገብተሽ/ህ ታውቂያለሽወይ?	1. አዎ 2. አላውቅም	
20	የምሽት ጭፈራ ቤቶች ከገበሽ/ህ በሆላ ወሲብ ፈፅመሀል/ሻልዎይ?	1. አዎ 2. አላውቅም	

ክፍል ሶስት፤ ስነ ልቦዊ ባህሪያትን የሚመለከቱ መጠይቆች

	ሀይማኖት መረጃ		
21	ወደ ቤተክርስቲያን ወይም መስጊድ በመሄድ የሃይማኖት ትምህርት ትማራለህ/ሽ?	1. አዎ 2. አልማርመም	
22	ሃይማኖታዊ መመሪያ በቋሚነት ትተገበራለህ/ሪያለሽ?	1. ሁልጊዜ 2. አንዳንድጊዜ 3. አልፎአልፎ 4. ተጠቅሜ አላውቅም	
በራስ የመተማመን ደረጃን ግንዛቤን በተመለከተ			
23	አላስፈላጊ ለሆኑ ወሲባዊ ግንኙነቶች “አይሆንም” ለማለት ትችያለሽ	1. በእርግጠይነኝነት አልችል ም 2. ምንአልባት አልችል ም	

		3. አላውቅም 4. ምንአልባት አችላለሁ 5. በእርገጠኝነት አችላለሁ	
24	ኮንዶም በትክክል ትጠቀምበታለህ/ሚበታለሽ	1. በእርግጠይነኝነት አልችል ም 2. ምንአልባት አልችል 3. አላውቅም 4. ምንአልባት አችላለሁ 5. በእርገጠኝነት አችላለሁ	
25	ከወሲብ አጋረዎ ጋረ በግብረስጋ ስለሚተላለፉ በሽታዎች እና ስላልተፈለገ እርግዝና ሊያወሩ ይችላሉ	1. በእርግጠይነኝነት አልችል ም 2. ምንአልባት አልችል ም 3. አላውቅም 4. ምንአልባት አችላለሁ 5. በእርገጠኝነት አችላለሁ	
ከወላጆች ጋር የሚደረግ ውይይት			
26	ከወላጆችዎ ጋር ስለወሲባዊ እና የስነ ተዎልዳ ጤና ውይይት አድር ገህ/ሽታውቃለህ/ሽ?	1. አዎ 2. አላውቅም	
27	ካልተወያየሽ/ህ ምክንያቶቹ ምንድናቸው	1. በባህል ተቀባይነት የለውም 2. እፍረት 3. የእውቀት ማነስ 4. ሌላካልይግለፁ……	
የአቻግፊት			

28	የግብረስጋግ ንኙነት የሚፈፅም/የምትፈፅም ጋደኛአለህ/ሽ	1. አዎ 2. የለኝም	
29	የቅርብጓደኛሽ/ህ አላስፈላጊ እርግዝና አጋጥሞዎት ያውቃል?	1. አዎ 2. አያውቅም	
30	ወሲብ እንድትፈጽም/ሚ የጓደኛ ግፊትገ ጥሞሽ ያውቃል?	1. አዎ 2. አያውቅም	

ክፍልአራት፡ ወሲባዊ ተገላጭነት ባህሪያትን የሚመለከቱ መጠይቆች

ተ.ቁ	ጥያቄ	አማራጭ	እልፍ
31	የግብረስጋ ግነኙነት ፈፅመህ/ሽታውቃለህ/ሽ/	1. አዎ 2. አላውቅም	
32	የመጀመሪያ የግብረስጋ ግንኙነት የፈፀምክ/ሽበስንትዓመትህ/ሽ ነበር?	……አመት	
33	ለመጀመሪያ ጊዜ ግብረስጋ ግንኙነት የፈፀምሽው/ከው የአድሜ ሁኔታ	1. ከእኔይበልጣል/ትበልጣች 2. ከእኔያንሳል/ታንሳለች 3. ከእኔእኩያይሆናል/ትሆናለች	
34	ለመጀመሪያ ጊዜ ግብረስጋ ግንኙነት የፈፀምከው/የፈፀምሽው ከማን ጋርነው	1. ከትዳረአጋሬ 2. ከሴት/ከውንድ ጓደኛዬ 3. ከማላቀው ሰው ጋር 4. ከሴተኛ አዳሪ ጋር 5. ሌላ ካለ ይግለፁ……	
35	ለመጀመሪያ ጊዜ ግብረስጋ ግንኙነት ለመፈፀም የገፋፋሽ ዋነኛ ምክንያት ምንድንነው	1. የራሴፍላጎት 2. አፍቅሬ 3. የገንዘብ ችግር	

		4.አልኮልነት ያላቸውን መጠጦች ጠጥቼ 5. ሌላካለይግለፁ……	
36	ባለፉት 12 ወራት ውስጥ ግብረስጋ ግንኙነት ፈጽመህ/ሽታውቃለህ/ሽ	1. አዎ 2. አላውቅም	
37	ባለፉት አራት ወራት የግብረሥጋ ግንኙነት ፈጽመህ/ሽታውቃለህ/ሽ	1. አዎ 2. አላውቅም	
38	ለመጨረሻ ጊዜ ግብረስጋ ግንኙነትየፈፀምሽው/ከውከማንጋርነበር	1.ከትዳረአጋሬ 2. ከሴት/ከውንድ ጓደኛየ 3. ከማላቀውሰው ጋር 4. ከሴተኛ አዳሪ ጋር 5. ሌላካለ ይግለፁ	
የኮንዶምአጠቃቀምየሚመለከቱመጠይቆች			
39	ኮንዶም ተጠቅመሽ/ህ ታውቃለህ/ሽ	1. አዎ 2. አላውቅም	
40	ባለፈውአንድአመትውስጥኮንዶምተጠቅመሽ/ህታውያለሽ/ህ	1. ዘወትር 2. አልፎአልፎ 3. አንዳንድ ጊዜ 4. ተጠቅሜ አላውቅም	
41	ኮንዶም ያልተጠቀምከዉ/ሺዉ ለምንድነው?	1. ጓደኛዬን ስለማምናት/ነው 2. ኮንዶም መጠቀም ሰለማልወድ 3. ኮንዶም ማግኘት ስላልቻልኩ 4. ኮንዶም አርካታ	

		ስለሚቀንስ 5. ሌላካለይግለፁ……	
42	የመጨረሻ ባደረከው/ሺው/የወሲብ ግንኙነት ኮንዶም ተጠቅመሀል/ሻል	1. አዎ 2. አላውቅም	
የሕይወት ጊዜ ወሲባዊ አጋር			
43	እስከ ዛሬ ድረስ ከምንያህል ሰዎችጋር የግብረ ስጋ ግንኙነት አ ድርገሃ(ሻ)ል?	……	
44	ባለፈ አንድ አመት ውስጥ ስንት የወሲብ አጋር ነበረህ/ሽ	……	

Declaration

I, the undersigned, hereby declare that the work entitled “the prevalence of Risky Sexual practice among Youth center reproductive health clinic users and non-user in Addis Ababa, Ethiopia, 2023’’ presented in this research thesis is original. It has not been presented to any other university or institution. Where, the work of other people has been used, reference has been provided. In this regard, I declare this work to be my unique work.

Place of submission Debre-Berehan University Asrat woldeyes health science campus school of public health.

Name and signature of the investigator

Name	Signature	Date
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