WOLKITE UNIVERSITY

COLLAGE OF EDUCATION AND BEHAVIORAL STUDIES

DEPARTEMANT OF PSYCHOLOGY

TITLE: RISK SEXUAL BEHAVIOR AMONG HIGH SCHOOL STUDENTS IN CASE OF ABA FRANSO HIGH SCHOOL

A PROPOSAL SUBMITTED TO DEPARTMENT OF PSYCHOLOGY IN PARTIAL FULFILLMENT Of BACHELOR DEGREE PSYCHOLOGY

PREPARED BY: ALEMAYEHU ALEMISHET

ADVISOR: Mr ALEBEL. A.(MA)

AUGUST 1, 2021

WOLKITE ETHIOPIA

Declaration

I, the undersigned, declared that this report is my original work has not been presented for a degree in any other university and that all sources of material used in this paper have been duly acknowledge.

Examiner: -

_____	_____	_____
Advisor	Signature	Date
_____	_____	_____

ACKNOWLEDGMENTS

Above all I went to extend my for most and deepest gratitude to Almighty God without his study would have totally be impossible and to pursue my dreams, It is a matter of great satisfaction that the investigator finished this proposal work in course of time with keen sense of duty and sincerity, who made things favorable for me. Next, I would like to express my heartfelt gratitude to my proposal advisor Mr. Alebel Addis for his valuable professional guidance, thoughtful suggestions and consistent encouragement throughout my proposal. Heartfelt appreciation goes to Abafranso Secondary School staff members for providing me information about the study area and valuable support during the data collection periods. Finally, I would like to appreciate my parents for their co.

Table of Contents

ACRONYMS

AIDS – acquired immune deficiency syndrome

ECPs - Emergency contraceptive pills

EC – Emergency contraceptive

EOCs – Emergency oral contraceptives

ADHS – Ethiopia demographic and health survey

HIV – Hive immune deficiency virus

SNNP – southern nations, nationalities, and people

STIs – Sexual transmitted infections

WHO – World health organizations

CHAPTOR ONE

INTRODUCTION

1.1 INTRODUCTION

Adolescence is a critical age in which people need to undergo sexual development R.Blum and k.Mmari.(2004). Many health risks and complications secondary to unprotected sexual activity among adolescents have been documented by the World Health Organization (WHO) 2019. V.Chandra-Mouli A, U, Camacho (2013) for which interventions should be implemented promptly. Recent data indicated that 1.2 billion people in the world are adolescents aged 10-19 years world Health organization, July, (2020). Adolescents are slightly at an increased level of vulnerability for different health conditions including sexually transmitted diseases when compared to the adult population J.N: chalson. (2012). Risky sexual behavior is characterized by different hazardous behaviors such as premarital sex, multiple sexual partners, and unprotected sex. Such hazardous sexual behaviors are reported to end up with unpleasant health outcomes like HIV/AIDS, unwanted pregnancies, and unsafe abortions Z.Alamrew, and m. Azage. (2013).

Health problems among adolescents including sexually transmitted infections linked with socioeconomic disadvantages seem to be increasing. Incidence and prevalence estimates indicated that one in four sexually active adolescent women has sexually transmitted infections such as chlamydia or human papillomavirus S.E.forhan, S. L. Gottlie b.m. R. stenberg (2009). Compared with older adults, sexually active adolescents aged 15-19 years are at higher risk of acquiring sexually transmitted infections for the combination of behavioral, biological, and cultural reasons. Unsafe sexual behavior and the associated exposure to infection is one of the major causes of preventable mortality in low- income countries (after childhood underweight and unsafe water) world health organization (2009). It is the major means of transmission for HIV/AIDS and human papillomavirus, with overall mortality more than one million people worldwide T.Hylton Konge (2013). Among the means of transmission for HIV/AIDS in each state of America, the primary one is risky sexual behavior world health organization, (2018).

Pieces of literature have measured and reported the size of risky sexual behavior, and it ranges from 21.6 to 42.1% using different screening tools M.Abebe, A.Tsion, and F.Nestant (2013). In one cross-sectional study conducted in the eastern part of Ethiopia among high school and preparatory students, they reported a 13.7% prevalence of risky sexual behavior A.F. Dadi and F.G.Teklu, (2014).Few studies have revealed its association with smoking, alcohol, and drug abuse, which are also considered risky behaviors or substance abuse. Shreds of evidence indicated that those adolescents who have experienced abuse by others and had antisocial behaviors have been found to have an increased chance of involving in risky sexual activities world health organization, 1999). Socioeconomic status, joblessness, sexually active friends, family instability, single- parent household, sibling sexual activity, and each characteristic (race, gender, age, and puberty status) have all been associated with adolescent risky sexual behavior.Even though little is known about the size of risky sexual behavior, its size has been given little attention among adolescents particularly those aged 15-19 years. Understanding sexual behavior and its determinants among adolescents aged 15-19 years is crucial to come up with effective intervention. Therefore, this study investigated the magnitude of risky sexual behavior and its correlates among adolescents aged 15-19 years and most of the time femal more effective than men.

1.2 Statement of the problem

Despite its usefulness as the only backup method for offering a second chance to prevent unwanted pregnancy after unprotected sexual intercourse, emergency contraceptives are accompanied by concerns that increasing access to emergency contraceptives will lead to increased sexual risk-taking particularly among young people Since its introduction into new context (Ipas.USA.2005).

Females who use the emergency oral contraceptives to prevent pregnancy should also use a condom to protect against STI; however, research findings indicate that females who use emergency contraceptives do not necessarily consider using a condom for STI prevention (Lewin B, sundet JM AIDS Care 1992, 4). Study also found that women who use ECPs also differ from their peers at the time they seek ECPs with respect to established risk factors for adverse

reproductive outcomes. They are of younger ages, are unmarried, have had a higher number of sexual partners, and had initiated sex at younger age (dandetti ET al.2009 August; 201(2).

Since the fact that EOCs can be taken after sexual intercourse has taken place, fits with young people's sex lives, which is involving in frequent and often un plan encounters. As in elsewhere in sub-Saharan Africa, use of EOCs is becoming common among unmarried young people and the study findings suggest that, the debates on morality and health that often surround ECs also exist in Ethiopia. One qualitative study finding mentioned worry related to negative effects on women's health, promiscuity, and a fear that young people will forget about condoms by key stake holders and service providers.

However, except for these qualitative findings, and a few studies that have been conducted in specific areas on effect of EOCs use on condom utilization in our country systematically collected information to see its effect by including other indicators of risky sexual behaviors are lacking. Furthermore, no study were done on an issue in newly establish higher learning institutions including the study area, where the risk of sexual behaviors even bad by lack of youth friendly sexual and reproductive health services including youth friendly recreational services (NASTAD Ethiopia ;2012) .Such evidences have an important implications for sexual and reproductive health, particularly in areas such as our country where the incidence of both HIV infection and unintended pregnancy remain high. So this study aims to contribute to that end.

1.3. Research Question

The objectives were achieved based on finding answers to the following research questions:

1. What is the Prevalence of risk sexual behavior among Aba Franso high School?

2. What are the causes that influence risk sexual behavior among high school students in Aba Frasno ?

3. What are the method of emergency contraceptive use among Aba franso high school?

1.4 Objective of the study

1.4.1. General objective

To objective of this study to asses risk sexual behaviors among Aba franso high school student .

1.4.2. Specific objectives

- To describe the prevalence of risk sexual behavior among high school students.
- To asses the causes that influence risk sexual behavior among high school students.
- To describe method emergency oral contraceptives uses among high school students .

1.5. Significance of study

Having complete this study, the result will signify:

- Adolescent people are engaging in risky sexual activities, which can in sexually transmitted diseases including HIV infection, and it is suggesting that many adolescent people have get information about HIV/AIDS from different sources; however, the problem is to bring about a behavioral chang m.Rweng (2000).
- As mentioned in EDHS 2016, information on sexual behavior is important in designing and monitoring intervention programs to control the spread of HIV. So, providing up-todate information on risky sexual behavior and one of its correlates is an important contribution to bring about behavioral change among youth and in guiding informed reproductive health interventions to youth in the secondary school as well as similar facilities and possibly to shaping national and international policy and strategy to address health problems of adolescents.
- The purpose of this study was, therefore, to understand risky sexual behavior among high school students.
- A better understanding of whether or not ECP use affects and increases sexual risk behaviors will be useful to inform the development of custom preventive counseling guidelines and interventions.

1.6. Delimitation of the Study

This study will be delimited to Gubre Aba Franso Secondary School found in Gubre woreda SNNP Located south Ethiopia Student of Grade 9 and 10 in Gubre Secondary School .excluded other high school student Area and number of respondents due to a number of reason delaminate the study. More over Inclusion criteria male and Female students of Wolkite University who were attending regular class at the time of study these studies focus On Examining Risk Sexual behavior Aba Franco high school student.

1.7. Limitations of the study

It is clear that are different constrains of difficulties that hinder activities ,similarly different problem will face the proposal throughout this constructive proposal activities including financial problem lack of information availability from office un willingness of respondents to give related information's about the topic shortage of time to run the study and other problems face the proposal

1.8. Operational definitions

Being religious: attending religious institutions frequently (once or more a week).

Consistent Condom Use: using condom during or at every sexual encounter.

Sexual Risk Behavior/sexual risk-taking behavior: according to this study it is defined as having any one of the following: unprotected sex (nonuse or inconsistent use of condoms), having multiple sexual partners, or sexual debut before age of 18.

Multiple Partners: having two or more life time sexual partners

Pornographic movies- refers to motion pictures on VHS (Video Home System) VCDs(Video Compact Disk) ,DVDs (Digital Versatile Disk), clips on mobile phones or internet that are intended to sexually arouse the viewer

Emergency contraception -refers to backup method for failed or unused contraception prior to or during sexual intercourse to prevent unwanted pregnancy.

CHAPTOR TWO

2.1.REVIEW LETIRATURE

2.2. Risky sexual behaviors

Risky sexual behaviors are defined by the increased risk of a negative outcome, which can take two path ways: risky sexual behaviors are those which increase the chance of contracting or transmitting disease, or 2 increase the chance of the occurrence of unwanted pregnancy. Risky

Sexual Behaviors to having more than one sexual partner ,changing sexual partners frequently ,having sexual contact with out a condom ,using unreliable methods of birth control ,or using birth control in consistently and Risky sexual behavior encompass a variety of behaviors which May likely result in contracting HIV/AIDS ,unwanted pregnancies and unsafe abortions. These includes but not limited to premarital sex, multiple sexual partners ,unprotected sex ,sexual inter course under the influence of substances such as alcohol or cocaine(Tewodros A, Jemal H,2010) and others ,For the scope of this study ,risky sexual behaviors are defined as those behaviors which increases the like hood of contracting or transmitting STIs including HIV/AIDS such as inconsistent or non-use of condom, early sexual debut and multiple sexual partner s are included.

The bio-social gap between the early onset of puberty and the increasing age of marriage has wide nine most low-to middle –income countries .This increases window for pre-marital sexual activity .There is wide range of empirical evidence that has highlighted the prevalence of risky sexual behaviors among this population ,such as early sexual debut, having multiple sex partners ,and non-use of condoms and contraception.

Most people initiate sexual activity during their adolescence .As the study done in many countries across the globe, the highest prevalence in premarital sexual initiation was found in sub-Saharan Africa (FHI, USAID, 2012). More than half of all adolescents aged 15-19 years are sexually active .The age of beginning sexual intercourse is heavily dependent on local cultural actions and is often very different for males and females. Much of this activity Is risky and contraceptive use is often erratic or in consistent .Studies have revealed that in spite of high level of knowledge about the transmission of HIV among adolescent people they are highly involved in risky activity. Various studies indicated that, large percentages of sexually active youth have engaged in sexual inter course with more than one partner (Dehane KL, Raider G, 2005).

Recent national survey in our country also indicates that both male and female engage in sex before marriage. The median age at first sexual intercourse is 0.5 years earlier than the median age at first marriage for female and 2.5 years earlier for men .In Ethiopia, the median age at first sexual intercourse among female age 25-49 was found to be 16.6 years. One in four (24%) male

has first sexual intercourse before age 15 and 62% before age 18 .By age 20,76% of female have had sexual intercourse(ICF International Rockville Maryland USA, 2015).the same survey also revealed that ,the mean number of life time partners among all women who have ever had sexual intercourse is 1.6.

Different behavioral studies conducted among urban youth indicated that about 33-49% of male 6-10% of female adolescents were sexually active with mean age at first sexual debut of 11-17 years for both sex. A study conducted among students of Gondar College of Medical Sciences documented condom use rate in the last sexual encounter was 37.1%, and consistent condom use rate was only 6.4% OkigboCC, (2015) .Another study under taken among high school students, from two large towns in Amharic region showed, the mean age of sexual initiation was 15.5 years were boys having their debut slightly earlier than girls. By age 17years, more than 80% of students had at least one penetrative sexual encounter. Although most sexual initiation took place among peers, about 20% of first sexual encounters were with adolescent , casual or commercial sex partners and only 40% of first sexual encounter were protected against STIs MekbibT,G/HiwotYandFantahunM(2002).Early initiation of sexual activity, often mentioned as age less than 16 years, may be a risk factor of poor sexual health. Some studies have shown that increasing numbers of teenagers are involved in sexual activity by that age. Early sexual debut increases adolescent peoples' risk for infection with HIV and other STIs. Youth who begin sexual activity early are more likely to have high-risk sex or multiple partners and are less likely to use condoms FHI, USAID (2004) .Condom use is an important tool in the fighting against the spread of HIV/AIDS; a truly effective protection usefully requires condom use at every sexual encounter. Studies revealed that though youths were engaged in a risky sexual behavior, they were not using condoms consistently

2.3. Family Structures

Mostly, under family structure, intact family and non-intact family discuss, children living in intact families (i.e., the families that include two married biological parents), children living in non- intact families (i.e., the families that are not consisted of two married biological parents) are more likely to exhibit negative psychological and educational outcomes such as poorer academic performance, more risk behaviors, and declined subjective well- being Alika HI, Edosa OS

(2012). It is to be noted here that two- parent adoptive families should not be considered as intact families, because these adoptive families tend to differ from intact non-adoptive families in family functioning and the incidence of children's psychological risks Lanz M (1999). However, in Hong Kong adoptive families are rare and non-intact families are primarily concerned with divorced and conjugally separated families. A number of theories such as family ecological theories Wagner BM, Reiss D (1995) and social control theories suggest that parental marital disruption adversely affects child development through deteriorated family environment and parenting processes. Shek and Leung (2012) summarized three main points in these theories that explain how marital disruption influences child development and parenting processes. First, marital disruption may dampen parents' well-being, which in turn adversely affects their parenting, such as parental discipline and monitoring. Second, family disruption may lead to family financial difficulty. In this situation, if the single-parent has to work for a living, parental supervision over the child may further be reduced. On the other hand, if the parent receives welfare, economic disadvantage may also adversely affect parenting processes. Third, marital disruption brings parents more stresses, which may lead to adjustment difficulties for parents and deteriorated parenting processes.

Adolescents who live with their biological parents are less likely to consume drugs and to involve in risky activitiesThe final family structure, grand parent family, is commonly available in collective societies where extended family values are highly regarded. As stated by Crowley (1993) cited in Papalia, et al (2004) some findings state that adolescents who live with their grandparents feel at times as they were traditional or out dated. As a result, adolescents encounter a lot of particularly unspecified problems generally Parental support is the one that makes a difference in the life of adolescents in different family structure , In spite of the fact that it is family structure still plays dominate role in shaping adolescents behavior.

2.4. Emergency oral contraceptive

Emergency contraception is a backup method for failed or unused contraception prior to or during sexual intercourse to prevent unwanted pregnancy. It is also called morning after or postcoital contraception. A woman may require emergency contraception because the contraceptive method she was using failed (e.g., a condom broke or a diaphragm slipped), she

neglected to use a method or she was sexually assaulted David A.Grime.MD and Elizabeth G.Ray monde.MD (2002) .Timing is crucial when using an emergency contraceptive method. Success is highest if used within the first 72 hours post-coitus for ECPs and IUCD may be effective up to 5 days after intercourse Robert A. Hacher .Felicia Stewart. willard (1998) .Additionally, recent studies also described the duration of taking ECPs can be up to 120 hours James Truss ell, PHD, Elizabeth G.Ray monde MD (2008).There are two types of emergency contraceptive methods; Namely ECPs and Copper releasing IUDs. But in this study only addresses emergency contraceptive pills/EOCs often called the morning-after pill.

2.5. Studies on effect of EOC use on sexual risk taking and STI

Effective contraception has a key role to play in reducing maternal and infant mortality (by spacing pregnancies and by lowering incidence of unwanted pregnancy). At the same time, the HIV/AIDS epidemic has reached crisis proportions in a number of sub-Saharan countries Elizabeth, W&Kate,W. Trends(2011).Teens and young adults who choose to be sexually active can lower their risk of unintended pregnancy by using highly effective contraceptive methods and reduce their risk of STDs by using condoms consistently and correctly. But despite the potentially devastating outcomes that can result from unprotected sexual intercourse, young people do not consistently take the necessary precautions to protect themselves from contracting an STI and instead see pregnancy prevention as the primary issue. For example, in a survey of 797 college students, 28%cited pregnancy prevention only as the reason for using contraception Galavotti C, Schnell DJ (1994) .Studies also shown that, even those young people who used contraception (pills or condom) do so for protection against unintended pregnancy and not for protection against STIs Traeen B, Lewin B, SundetJM (1992).Since ECs are introduced into a new context, it is often accompanied by debates on morality and health. ECs are considered as having the potential to reduce the number of unwanted pregnancies and contribute to women's empowerment, but are also often confused with abortion and associated with sexually irresponsible (promiscuous) women WynnLL,FosterAM (2012). ECs have sparked such debates in most African countries where they have been introduced since the late 1990s or early 2000s. In Kenya, health providers and policy makers have expressed concerns about repeat EC use,

claiming that the‘e-pill’ is now the buzzword among sexually active women in Nairobi Mawathe (2009).One study of US ECP users reported that 16% had multiple unprotected sex acts since their last period. Women who use ECPs also differ from their peers at the time they seek ECPs with respect to established risk factors for adverse reproductive outcomes. Studies in different settings find ECP users are of younger ages, are unmarried, have had a higher number of sexual partners, live in urban areas and had initiated sex at younger ages. Sander (2009) .The American College of Pediatricians in a paper ‘Emergency Contraception – Not the Best for Adolescents (2014)’ opposes the plan by some medical organizations to promote the prescription of EC to all adolescent patients for use in case they have unprotected sexual activity. They cited health risks associated with this plan including the risk of increased rates of sexually transmitted infections as a result of increased harmful sexual behavior prompted by provision of ECPs .However, According to American Academy of Pediatrics, Policy Statement Better access to EC does not lead to increased sexual risk-taking and offers a back-up method for preventing unintended pregnancy for people who are already using a contraceptive method. Better access to EC also does not increase acquisition of sexually transmitted infections American Academy of Pediatrics (2012).

There were some studies showing that, Easy Access Has Led to an Increase in Sexually Transmitted Diseases; In United Kingdom– Making the morning-after pill available through pharmacists (without a prescription) coincides with surges in STD rates. In areas where a limited program began in 1999 (which was then expanded nationwide in January 2001), chlamydia cases rose from 7,000 in 1999 to 10,000 cases in 2002. Gonorrhea cases climbed nearly 50 percent, to nearly 3,000 cases in 2002, up from 2,000 in 1999. The highest increases were among 16-to 19year-olds Graham Grant (2003) .In another study among users of the pill, four out of the 12 women interviewed said their choice to have unprotected sexual intercourse was influenced by the knowledge that they could obtain the pill from a pharmacy

P.Bissell,R.HarnessandA.Anderson (2002).Jamaica - Pharmacists reported falling condom sales, which they attributed to easier access to the morning-after pill LeonardoBlai (2003) .Studies have also explored whether easier access to EC may affect rates of STIs. In these studies, women were randomly assigned to advanced provision of EC or to a control group, who obtained EC from a clinic when needed. In one trial adolescents who received EC in advance were more

likely to use EC pills when needed but did not report more frequent unprotected sex, did not reduce their use of condoms or hormonal contraception, and did not have higher rates of STI . But in another study providing education and information to teenagers about EC did not increase sexual activity or use of EC, but did increase knowledge about how and when to use EC ESHRE Capri Workshop Group Emergency contraception (2015) .In a cohort of commercial sex workers in Mombasa, Kenya with extremely high HIV-1 incidence, it was observed that women using EOC had an increased risk of HIV-1 acquisition compared with non-EOC users after adjustment for genital ulcer disease, Chlamydia infection and condom use .Another study in Kenya reported that oral contraceptive pills were associated with greater risk of HIV-1, compared with non-user of contraception .

Studies have also shown that clinicians-as well as pharmacists-and users are concerned about the impact of increased access to EOC on sexual risk-taking behaviors and STIs Bissell, R. Harness and A. Anderson (2002).In early 2011, a qualitative study was conducted in the cities of Addis Ababa and Awassa and the peri-urban areas of Sheshamane and Debre Zeit to assess provider and user attitudes and behaviors towards Post pill. Some of the key findings were: Pharmacists reported that the most common users were between the ages of 15 and 25, including both high school students and commercial sex workers. Many respondents noted that they used Post-pill repeatedly, irrespective of other contraceptive use. Many women who use Post-pill as their main form of birth control have unplanned and infrequent sex. Pharmacists are concerned that use of Post pill will lead to “irresponsible behavior” and result in reduce condom use.All pharmacists reported that “youth “were the most common Post pill users, commonly defined as someone between the ages of 15-25, specifically they named students, especially university students and several pharmacists, mainly in Addis Ababa, also mentioned . Study done on effect of EOC use on condom utilization and sexual risk taking among high school students in north Ethiopia revealed that; Believing that EOC is effective in preventing pregnancy , was negatively statistically significantly associated with condom use (Wasie).However, another study in Jimma technical and vocational training on effect of emergency contraceptive use on condom utilization revealed that, Condom was used as a preferred method by 77.4% of respondents to prevent unwanted pregnancy due to its double purpose that is preventing both pregnancy and sexually transmitted diseases Tesfaye Mohammed(2015).However another finding from study done in

Mexico showed correct knowledge of EC among high school girls was positively correlated with knowledge about how to use a condom, adjusting for age and community characteristics walker (2005).

2.6. Factors associated with risky sexual behavior

Risky bison among female adolescents Robert WBlum (2008) .Study done among high school students in Gurage zone was found age, condom use and substance use have shown that there is statistically significant association between students' risky sexual behavior Tadesse Gossaye (2016). Another study finding among high school students revealed that Watching porn videos, attending night clubs, chat chewing and taking alcohol frequently were significantly associated for ever had sex and having multiple sexual partners. Chat chewing practice sand attending night clubs had statistical significant association with the purpose of sexual intercourse for the sake of money and for having sex with commercial sex workers, respectively Mulu(2016).To summarize, demographic, socio-cultural, sexual and reproductive factors, with the availability& use of educational services which potentially influence individual's attitudes and practices towards sexual risk behaviors as shown by the following conceptual frame work. **Independent variables out com variable**

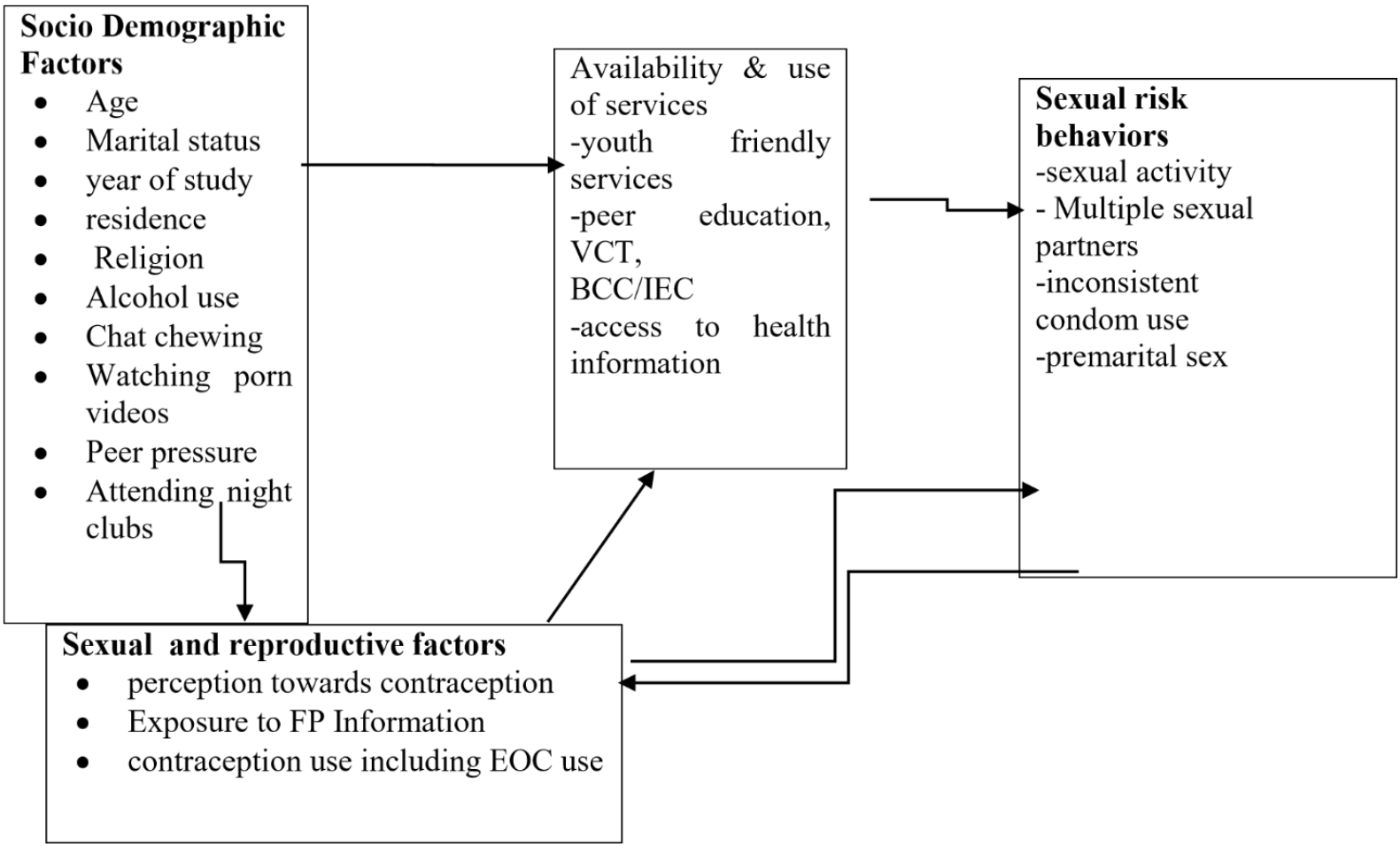

Figure1: conceptual frame work shown relationship between factors that may contribute increase in risky sexual behaviors,

The frame work shows: bilateral association is considered within demographic socio cultural, sexual and reproductive factors, with the availability & use of educational services which potentially influence individual's attitudes &practices towards sexual risk behaviors

CHAPTOR TRHEE

METHODS

3.1 Study area and period

The study will conducted Southern Ethiopia in guraghe zone gubre town, which is bettor Learning Strategy among the founded school in the Guraghe Zone. It is located in the southern Ethiopia, around 178 km from Addis Ababa, the capital city of Ethiopia. Currently High School has total 1276 students in regular program. From which forty nine percent are female and fifty one percent are male students. The study was under taken between; September. 2020 to june.2021

3.2 Study design

The study employees a quantitative cross-sectional design , because collecting information one time not for long periods of time.

3.3. Source and study population

3.3.1. Source population

All students of regular program of high school of Aba franso.

3.3.2. Study population

All Regular students in all class who were randomly selected. Inclusion criteria: Students of high school who were attending regular class at the time of study.The target population of this study was all grade 9 and 10 students who enrolled and attending class in 2013 /2021 academic year. The total number of grade 9 and 10 students in Aba franso secondary school are 1276, among those 772 and 504 are male and female respectively.

3.4. Sample and sampling Technique

In this study will be use probability sampling, simple random sampling uses to select participants because to give equal chance for all grade 9 and 10 members of the population to be select and make study free from different biases and minimize sampling error.

The researcher will be collect 92 samples from the 1276 total population through random (lottery) sampling. From the total sample 46 respondents are female and 46 respondents are males.

n = N / 1+ N (e) 2 n =

Sample Size N = Total

Population e =margin

of error n =1276

/1+1276(0.1)2 n=92

3.5. Sampling method

Atotal of 1276 Students are found in Aba Franso High School. Start simple random sampling technique will use to select participant students from the high school. In the first step, the study area will stratifies into males and females studies strata. Based on the number of students in the high school, 50% of the Sample Come from females and the other 50% of the sample came from male's stratum. Further stratification will do based on the Participant year of study. Then total sample size will be randomly allocated by considering the number of students in the participant's year of study. Finally, simple random sampling technique; using lottery method by using their roll number was applies to select the study participants from each stratum independently.

3.6. Variables

3.6 .1 Independent variables,

Socio demographic variables included age, sex, religion, ethnicity, educational level ,residence, number of children, the educational status of the mother, educational status of the father, and occupational status of fathers and mothers.

Social factors -religiosity: Alcohol use, Chat chewing, watching porn videos

- sexual and reproductive characteristics
- knowledge of contraceptive methods
- attitude towards contraception

3.6.1. Dependent variable

Risky sexual behavior

One or more of the following: unprotected sex (non-use or inconsistent use of condoms), having multiple sexual partners (having more than one partner), or sexual debut before age 18.

3.7. Data Collection Procedures

Data are collected as self-reported using structured questionnaire. Structured questionnaire was first prepared in English after reviewing literatures of similar surveys that have been carried out previously.The questionnaire will be containing open ended items. The study subjects are informed about the general information about the study objectives as well as the opportunities or benefits that this study could bring. Finally, the filled questionnaires are checked for consistency and completeness daily. To assure the data quality, high emphasis will given in designing data collection instruments. Structured and pretested questionnaires are used to collect information. The overall questionnaires were prepared in English, and it will translate the local language “Amharic”; finally, we translated it back to English to check the consistency of the information to be collected, the questionnaire will protest one week before the actual data collection on of the total same size that was not included in the main survey.

3.8 Data analysis

The data collected from the respondents Will analyze by using descriptive and correlation method, the data collecte from the respondents ,after collecting the respondent data , the research will organize in the form of table, because the research is quantitative research methods which includes percentage and frequency distribution.

3.9. Ethical Consideration

Permission will obtain from psychology department, Participants are roll into in the study after obtaining the prior content. The necessary information will provide to the participant about distributed and the necessary effort will make to maintain private during questionnaire.
Confidentiality of the privacy of respondents keep secret.

4. Working Plan

4.1 Budget and cost plan

Budget and cost plan is preparing schedule for budget and cost that will use the planner doing his or her work properly. Throughout the investigation each activates and step will be under take

according to the irrelevance for the success fullness of the study. Each activates under taken associated with current price and market condition of our country; it is described by table as follows.

No	Description	Quantity	Unit price	Total price
1	Pen	1	10	10
2	Paper	20	10	10
3	Printer	30	45	45
4	Total	51	65	65

Source; Family

4.2 Time schedule

Time will be allocated to different faces of the research projection of its requirement. In General the table specifies time period covered until the computation of the study.

No	Activity	April	May	Jun	

1	Topic selection submission	XX			
2	Literature review				
3	Proposal writing	XX			
4	Data collection				
5	Data analysis				
6	Writing report				
7	Submission &presentation				

5. REFERENCES

Abebe, A. Tsion, and F. Netsanet, "Living with parents and risky sexual behaviors among preparatory school students in Jimma zone, South west Ethiopia," African Health Sciences ,vol. 13, no. 2, pp. 498–506, 2013. View at: Publisher Site | Google Scholar

Adesegun O Fatusi, Robert W Blum; Predictors of early sexual initiation among a nationally representative sample of Nigerian adolescents; BMC Public Health 2008, 8:136 doi:10.1186/1471-2458-8-136

Alamrew, M. Bedimo, and M.Azage, Risky sexual practices and associated factors for HIV/AIDS infection among private college students in Bahir Dar City , ISRN Public Health, Northwest Ethiopia,2013.

American Academy of Pediatrics. Policy Statement –Emergency Contraception.Pediatrics. 2012;130;1174-1182

Anderson, M. F. Gallo, T. Hylton-Kong et al., "Randomized controlled trial on the effectiveness of counseling messages for avoiding unprotected sexual intercourse during sexually transmitted infection and reproductive tract infection treatment among female sexually transmitted infection clinic patients," Sexually Transmitted Diseases , vol. 40, no. 2, pp. 105–110, 2013. View at: Publisher Site | GoogleScholar

Anna J. Rice. Emergency Contraception: How it works and the ethical issues, The Journal of Undergraduate Nursing Writing, Volume 1, Number 1, October 2007,pp. 64-68.

Azwihangwisi H&, TekaThe prevalence of risky sexual behaviours amongst undergraduate students in JigjigaUniversity,Ethiopia,healthsagesondheid 21 (2016) 179e186).

Barrett G, Harper R:Health professionals' attitudes to the deregulation of emergency contraception (or the problem of female sexuality).Sociol Health Illn2000,22(2):197–216.

Bissell, R. Harness and A. Anderson, "The sale of emergency hormonal contraception in community pharmacies in the UK: The views of users." International Journal of Pharmacy Practice,Suppl. (2002), p. R47,

Blum and K. Mmari, Risk and protective factors affecting adolescent reproductive health in developing countries: an analysis of adolescent sexual and reproductive health literature from around the world, Summary, 2004.

Central Statistical Agency (Ethiopia)&ICF International Calverton Maryland USA. Ethiopia demographic and health survey.Addis Ababa: Governmental Publication,2012.

Central Statistical Agency (Ethiopia)&ICF International Rockville Maryland USA. Ethiopia demographic and health survey.Addis Ababa: Governmental Publication, 2016. customer attitudes and behaviors.Addis Ababa: DKT Ethiopia; 2011FHI, USAID:

Chandra-Mouli, A. V. Camacho, and P.-A. Michaud, "WHO guidelineson preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries,"Journal of Adolescent Health, vol. 52,no. 5, pp. 517–522, 2013.View at: Publisher Site | Google Scholar

comparative study," Ethiopian Journal of Health Sciences , vol. 24, no. 1, pp. 59–68,2014.View at: Publisher Site | Google Scholar

Dadi and F. G. Teklu, "Risky sexual behavior and associated factors among grade 9–12 students in Humera secondary school, western zone of Tigray, NW Ethiopia, 2014," Science Journal of Public Health , vol. 2, no. 5, pp. 410–416,2014.View at: Publisher Site | GoogleScholar

David A. Grime, MD, and Elizabeth G. Raymond, MD, MPH; Review. Emergency Contraception:6 August 2002 Annals of Internal Medicine, Volume 137, Number 3,www.annal s.org; pp.181-187.

Dehane KL, Reider G, Sexually transmitted infections among adolescents: the need for adequate health service, Geneva: world Health Organization, 2005

ESHRE Capri Workshop Group Emergency contraception. Widely available and effective but disappointing as a public health intervention: a review, Human Reproduction, Vol.30, No.4 pp. 751–760, 2015.

Federal Ministry of Health: National Adolescent And Youth Reproductive Health strategy 20072015, 2: 12-13, ADDIS Ababa, 2006.

Fentahun and A. Mamo, “Riskysexual behaviors and associated factors among male and female students in Jimma Zone preparatory schools, South West Ethiopia:

FHI, USAID, Youth Net Assessment Team: Assessment of Youth Reproductive Health Programs in Ethiopia .Addis Ababa, Ethiopia, 2004.

Forhan, S. L. Gottlieb, M. R.Sternberg et al., “Prevalence of sexually transmitted infections among female adolescents aged 14 to 19 in the United States,”Pediatrics,vol. 124, no. 6, pp. 1505–151ss2, 2009.View at: Publisher Site | Google Scholar

Graham Grant, “Birth Control For Teens So Pregnancies Go Up By 10pc,” Daily Mail(London), December 1, 2003, ED_Sci, p. 10.

GS.American academy of pediatrics. Emergency contraception –not best foradolescents,Feb 2014

Ipas, Adolescents, Unwated Pregnancy and Abortion. Policies, Counseling and Clinical care. USA.2005.

James Trussell, PhD, Elizabeth G. Raymond, MD, MPH.Emergency Contraception: A Last Chance to Prevent Unintended Pregnancy Princeton University, October 2008, pp.2-

Klausner D, Philip Darney D:Direct access to emergency contraception through pharmacies and effect on unintended pregnancy and STIs.AMA2005,293(1):54–62.

Wasie et al.: Effect of emergency oral contraceptive use on condom utilization and sexual risk taking behaviours among university students, Northwest Ethiopia: a cross-sectional study.BMCResearch Notes20125:501.

Lavreys L, Baeten JM, Martin HL Jr,et al: Hormonal contraception and risk of HIV-1 acquisition: results of a 10-year prospective study.AIDS2004,18:695–697

Lee, P. C. Chen, K. K. Lee, and J. Kaur, “Premarital sexual intercourse among adolescents in Malaysia: a cross-sectional Malaysian school survey,” Singapore Medical Journal, vol. 47, no. 6, pp. 476–481,2006. View at: Google Scholar

Leonardo Blair, ‘Morning after’ Scare:Postinor 2 abuse worries pharmacists, Jamaica Gleaner, November 30, 2003, found at: www.jamaicagleaner.com/gleaner/20031130/lead/lead1.html

Mawathe A:Kenya concern over pill popping. BBC News, Nairobi website, 15 July 2009; 2009 [http://news.bbc.co.uk/2/hi/8145418.stm].

Mekbib T, G/Hiwot Y and Fantahun M (2002). Survey of Unsafe Abortion in Selected Health Facilities in Ethiopia(unpublished Report)

Mitike G, Lemma W, Berhane F, et al. HIV/AIDS Behavioural Surveillance Survey, Round one, Addis Ababa, Ethiopia, 2005.

Mulu et al. Reproductive Health 2014, 11:84http://www.reproductive-healthjournal.com/content/11/1/84

Mulu et al. Sexual behaviours and associated factors amongstudents at Bahir Dar University: a cross sectionalstudy Reproductive Health 2014, 11:84

NASTAD Ethiopia. University HIV and STI Prevention University Package Implementation Guide; 2012

Negeri, “Assessment of risky sexual behaviors and risk perception among youths in Western Ethiopia: the influences of family and peers: acomparative cross-sectional study,”BMC Public Health , vol. 14, no. 1, p.301, 2014.View at: Publisher Site | Google Scholar

Nicholson, Risky Sexual Behaviour among Adolescents and Young Adults, University of North Carolina Chapel Hill, 2012.

Nigatu and K. Seman, “Attitudes and practices on HIV preventions among students of higher education institutions in Ethiopia,”Educational Research,vol.2,no. 2, pp.828–840,2011.

Okigbo CC, Speizer IS Determinants of Sexual Activity and Pregnancyamong Unmarried Young Women in Urban Kenya: ACross-Sectional Study. PLoS ONE 10(6), (2015): e0129286.doi:10.1371/journal.pone.0129286

Organization, WH, Adolescent health ,2019, July 2020, https://www.who.int/healthtopics/adolescents/coming-of-age-adolescent-health .

Organization, WH, ECOSOC meeting addressing noncommunicable diseases and mental health: major challenges to sustainable development in the 21st century ,World Health Organization, 2009.

Organization, WH, Programming for adolescent health and development: report of a WHO/UNFPA/UNICEF study group on programming for adolescent health , World Health Organization, 1999.

Organization, WH, Report on Global Sexually Transmitted Infection Surveillance 2018, WHO, 2018.

Organization, WH, Young people: health risks and solutions, WHO, 2011, April, 2019..

Peter A. Hall, Maxine Holmqvist, et al., (2004).Risky adolescent sexual behavior: A Psychological Perspective for Primary Care Clinicians Topics in Advanced Practice Nursing eJournal. 2004;4(1)].G.-S.Charine,“RiskySexualBehaviour in Adolescence,”http://cdn.24.co.za/files/Cms/General/d/1190/01ed4bddf3f641649d2774d664524bf9.pdfTewodros A, Jemal H, Dereje H Determinants of adolescent fertility in EthiopiaEthiop J Health Dev.2010;24(1).

Joint United Nations Programme on HIV/AIDS, 2004 report of the global AIDS Epidemic http://www.unaids.org, accessed on June, 2009

Plummer FA, Simonsen JN, Cameron DW, Ndinya-Achola JO, KreissJK:Cofactors in male–female sexual transmission of human immunodeficiency virus type 1. J Infect Dis1991,163:233–239.

Robert A. Hatcher. Felicia Stewart, Willard Cates Jr, Gary K. Stewart, Felicia Guest, Deborah Kawal. Contraceptive Technology, 7thedition, 1998: pp. 277-293

Russel TV, Do AN, Setik E, Sullivan PS, Rayle VD, et al. Sexual Risk Bahaviors for HIV/AIDS in CHUUK State, Micronesia: The case for HIV preention in Vulnerable Remote Populations. PLOS ONE 2007, 2(12): e1283

Rwenge, "Sexual risk behaviors among young people in Bamenda, Cameroon,"International Family Planning Perspec-tives,vol.26, no.2,pp.118–123,2000.

Samuel:Keeping silent about emergency contraceptives in Addis Ababa: a qualitative study among young people, service providers, and key stakeholders.BMC Women's Health 201414:134

Sander et al. Emergency Contraceptive Use as a Marker of Future Risky Sex,Pregnancy and Sexually Transmitted Infection, Am J Obstet Gynecol. 2009 August ; 201(2): 146.e1–146.e6. doi:10.1016/j.ajog.2009.05.015

Sheila Dunn, MD,EdithGuilbert, MD, MSc. Emergency Contraception Clinical Practice Guidelines, Society of Obstetricians and Gynecologists of Canada; No. 131,August 2003.

TadesseGossayeBirru, MitikieMolla, YemaneBerhane, AmenuWesen, TesfayeChuko. Determinants of Risky Sexual BehaviourAmongPreparatory School Students in Gurage

Zone, SNNPR, Ethiopia (A Cross-Sectional School Based Study). Science Journal of Public Health.Vol. 4, No. 4, 2016, pp. 330-341. doi: 10.11648/j.sjph.20160404.20

Tesfaye Mohammed et al.Assessing knowledge, attitude, and practice ofemergency contraception: a cross- sectional studyamong Ethiopian undergraduate female

students,International Journal of Pharma Sciences and Research (IJPSR), Vol 6 No 02 Feb 2015

Tilson, V. Sanchez, C. L. Ford etal., "Barriers to asymptomatic screening and other STD services for adolescents and young adults: focus group discussions," BMC Public Health , vol. 4, no. 1, p. 21, 2004. View at: Publisher Site | Google Scholar

Tina Raine R, Cynthia Harper C, Corinne Rocca H, Richard Fischer, Nancy Padian, Jeffrey

Traeen B, Lewin B, SundetJM:Use of birth control pills and condoms among 17-19-yearold adolescents in Norway: contraceptive versus protective behavior?. AIDS Care1992,4(4):371–380

Tura, F. Alemseged, and S. Dejene, "Risky sexual behavior and predisposing factors among students of Jimma University, Ethiopia,"Ethiopian Journal of Health Sciences ,vol. 22, no. 3, 2012.View at: Google Scholar

walker et al, emergency contraception use is correlated with increased condom use among adolescents:results from mexico;journal of adolescent health 2004;35:329–334.

Westley E, Glasier A:Emergency contraception: dispelling the myths and misperceptions.Bull World Health Organ2010,88:243–244.

WHO. Ten facts on adolescent health, September 2008.

WHO: Risk and Protective Factors Affecting Adolescent Reproductive Health IN Developing Countries, Geneva, 2006

Wong, R. K. W. Chan, D. Koh et al., "Premarital sexual intercourse among adolescents in an Asian country: multilevel ecological factors," Pediatrics, vol. 124, no. 1,pp. e44–e52, 2009.View at: Publisher Site | Google Scholar

Wordofa D, Sexual risk behaviours and associated factors among under graduate students, in MadawalabuUniversity,South east Ethiopia,April 2015.

Wynn LL, Foster AM:The birth of a global reproductive health technology: An introduction to the journey of emergency contraception.In Emergency contraception. The story of a global reproductive healthtechnology.Edited by Foster AM, Wynn LL. New York: Palgrave Macmillan;2012:3–18.

Youth Net Assessment Team: Assessment of Youth Reproductive Health Programs in Ethiopia, Addis Ababa, Ethiopia 2012

APPENDIX

1. Questionnaires

1.1. English version questionnaire Information sheet and Consent

Purpose of the study: The study is aimed at investigating the risky sexual behavior prevalence of high school students, and potential factors that may influencing their risky sexual behavior. Your honest and genuine responses to each of the questionnaires play a major role in the attainment of the objective of the study. Procedure: All of the questions are filled in and completed by students. The finished questionnaire then collected by the data collectors. Risk and or danger: You put on no risk or the statements by putting a tick in the appropriate option if you participate in the study. It only costs your 20 to 25 minutes to completely finish the whole questions.

Benefits: The finding that comes out of the study could be used to inform decisions to affect the risky sexual behavior of high school students. Confidentiality: Your responses are seriously kept confidential. The researchers do not require your name to be revealed on any of the findings of the study; we instead employ alias.

Incentives: You could not be financially reimbursed for your participation. Participation in to the study is entirely based on your willingness. Refusal to participation: You have the right to quit from the study any time you want to do so. Person to contact: Any time you want to request detail information about the study.

Are you willing to participate in the study?

A.Yes ☐

B.No, ☐

N.B you need not to write your name and your response on the question will not be disclosed for other

Part 1 Part I- Socio demographic characteristics - Please check one

1. General information

2. Please do not write your name

3. Please use a tick mark (√) for your(s) personal Information.

1. Sex; Male: ☐ Female: ☐

2. Age; A. 15 - 18 ☐ B. 18 and above ☐

3. Family socio-Economic status: A. Low ☐ B. Medium ☐

C. High ☐

4. Partners Education status: A. Educated ☐ B.undeducated ☐

5 ,Grade of Education: A. Grade 9 ; ☐ A.Grade 10; ☐

6, your current martial status: A single ; ☐ B. Martial ; ☐

C. Divorce ; ☐

7.where do you live now ? A.Within partners ☐

B.without partners ☐

Part II Parental styles and risky sexual behavior Among Aba franso high school .

No	Questionnaires	Responses	Skip
1	How often do you usually attend religious services?	Daily……..... At least once a week……. At least once a month…… At least once in a year…… Never……	
2	Do you drink alcohol?	Yes..... No.....	

3	Have you ever chewed chat ?	Yes ..... No	
4	Have you ever watched porn videos?	Yes..... No.....	
5	Do you ever go to night clubs or parties where people dance?	Yes..... No.....	
6	Do you feel any pressure from friends to have sexual intercourse?	Yes..... No.....	

Part III: - Sexual and reproductive characteristics (select one of your best Answer)

No	Questionnaires	Responses	Skip
1	Have you ever had sexual intercourse?	Yes..... No.....	•
2	What was your reason for the initiation of sex?	Personal desire……. Peer pressure…..... Influence of alcohol…….... Influence of Khat or drug……..... Economic problem…….….....	

		Don't know……..... Other (specify)……..	
3	Have you ever experienced unwanted pregnancy?	Yes..... No.....	
4	Have you ever had a sexually transmitted disease?	Yes..... No.....	
5	If yes, how many times did you have?	Once..... More than onece.....	

Part- IV. Questions addressing Respondents' knowledge, attitude and practice of contraceptives including emergency contraception

No	Questionnaires	Responses	Skip
1	Have you heard about any contraceptives method?	Yes..... No.....	
2	Do you know any contraceptive method?	Yes..... No.....	

3	using any method to delay or avoid getting pregnant?	Yes..... No.....	
4	What contraceptives method do you know?	Pills…… Injectable…… IUCDs…….. Norplant…… .Condom…… Sterilization…… Rhythm method…… Withdrawal…… Other (specific).....	
5	From where you got the Information about Contraceptives?	From health institution..... From friends' discussion..... From clubs in Schools……. From religious Leader…… From parents…….. From mass media..... Other (specific).....	

6	Have you ever used Contraceptives?	Yes..... No.....	
7	Using any method to delay or avoid getting pregnant?	Yes..... No.....	
8	If yes to Q 7 What Contraceptives you used?	Pills…… Injectable…… IUCDs…….. Norplant…… Condom…… Sterilization…… Rhythm method…… Withdrawal…… Other specific.....	
9	From where you get the contraceptives?	Multiple from health institution From pharmacy..... Responses possible from private clinic..... Other (specify).....	

10	Do you know how to prevent unwanted pregnancy?	Yes..... No.....	
11	If yes to Q 10 what methods you know?	Pills ……..... Injectable……..... IUCDs……..... Norplant ……..... Condoms ……..... Withdrawal..... Others (specify).....	
12	Have you ever heard about emergency oral contraceptives?	Yes..... No.....	
13	Do you know where to obtain emergency oral contraception?	Hospitals……... Health Centers …… Pharmacy ……..... Private clinics……. Other (specify).....	
14	When do you think is Emergency contraceptive	After unprotected sexual intercourse….....	

	pills be used?	When unwanted pregnancy occurred…. As a regular method of contraception…… Don't know..... Other (specify)……	
15	When do you think is emergency contraceptive pills be effective?	Within the first 72 hours after unprotected sex…..... Within the first 5 days after unprotected sex……..... Don't know……...	
16	How effective do you think emergency contraceptive pill is in preventing pregnancy?	Highly effective…..... .Somewhat effective…… Not effective…….... Don't know……	
17	Do you think EOCs can prevent STIs?	Yes..... No.....	
18	Do you suggest emergency contraception avail for all females?(positive	Yes..... No.....	

	attitude)	Do not know.....	
19	Are you willing to use emergency contraceptive pills if you face a problem?	Yes..... No..... Do not know.....	
20	If No to Q 20 why?	Religious prohibition …….. Fear of providers..... Unavailability of Methods…… Encourage prostitution …..... Fear of HIV/AIDS..... Others (specify) -.....	
21	Have you/your partner ever used condom during sexual Activities?	Yes..... No.....	
22	If "yes" for question number 21, how often do you use a condom with your partner?	Sometimes……..... Most of the time……. Always…….....	
23	Do you think unwanted pregnancy is a problem for adolescent?	Yes..... No.....	