

## RISKY SEXUAL BEHAVIOR AMONG ADOLESCENT STUDENTS IN NORTH GONDAR, ETHIOPIA

D.S. TSEHAY<sup>1</sup>, M.M. MULATIE<sup>2</sup>, G.K. SELAKUMAR<sup>3</sup>

<sup>1,2</sup> Lecturer, Department of Psychology, Faculty of Social Sciences and Humanities, University of Gondar, Post Box 196, Gondar, Ethiopia.

<sup>3</sup> Assistant Professor, Department of Psychology, Faculty of Social Sciences and Humanities, University of Gondar, Gondar, Ethiopia,

Email: gksellakumar@counsellor.com

Received: 4 January 2014, Revised and Accepted: 16 January 2014

### ABSTRACT

**Introduction:** The main purpose of this study was to assess risky sexual behaviors among adolescent students in some selected secondary and preparatory schools in North Gondar.

**Methods:** Four hundred seventy four adolescent students were selected from four high Schools through simple random sampling technique. Data were collected using questionnaire. Quantitative analyses were used to analyze the obtained data.

**Results:** The results revealed that some students (23%) have ever had sexual intercourse experiences. The average age at the onset of sex was found to be 18. Peer group pressure was the main motivating forces that made students to engage in sexual activities followed by self initiation and pornographic films. Some students admitted that they had multiple sexual partners which would increase sexual and reproductive health problems. Only few students reported that they always used condom during sexual intercourses with their regular partners. Nevertheless, more than half of adolescent students always used birth control methods when having sex with their regular partner. It was also found that some students had been engaged in casual sex which may lead to risk of sexual and reproductive health problems. The most worrisome finding is that there were some students who have ever had paid sex with prostitutes and not all of them always used condoms. In addition, some students had sex after heavy alcohol drinking and most of them never or inconsistently used condoms. Moreover, some female students had experienced unplanned pregnancy and almost all committed abortion as a solution to it.

**Conclusion-** Therefore, Educators, Psychologists and Health professionals should help adolescents to practice safe sex through providing information and skill building in order to advance knowledge and skill of correct and consistent use of condom and birth control methods. And sex education shall be part of the curriculum. The present study examined only risky sexual behavior of adolescent students and thereby broader and detail investigation should be conducted.

**Keywords:** Risky, Sexual Behavior, Adolescents, Students, High School.

### INTRODUCTION

Adolescence is a transitional stage of life from childhood to adulthood. It is a turning point for sexual development. Put in other words, it is during adolescence stage that people start deliberate and sexually motivated practices. Sexuality is fundamental to the well-being of not only to adolescents but also to humanity in general. For instance, the famous psychoanalyst, Sigmund Freud, proposed that sex is basic and most of our behaviors are directed by sexual instincts. Similarly, Maslow put sex as a physiological/ biological / need like food and water that must be first fulfilled before one meets the need for safety, belongingness, esteem and self actualizing needs. Therefore, sex is an essential part of human nature and its expression needs to be affirmed rather than denied because the development of a healthy sexual lifestyle requires personal exploration, values, awareness, and the ability to make responsible decisions about sexual behavior <sup>[1, 2]</sup>.

In addition, adolescence is a time of great opportunity and risk. It is a period of great opportunity because it is during this period that adolescents develop ability to contribute positively to their own lives and to those of their families and communities. On the other hand, adolescence is a time of risks that many important life events and health-damaging behaviors occur during adolescence years than any other stage of development. The risks are partly manifested when adolescent individuals engage in unprotected sexual behaviors that increase vulnerability to acquire STDs (sexually transmitted diseases like HIV/AIDS) and unplanned pregnancy <sup>[3, 4]</sup>.

Risky sexual activities that result in sexual and reproductive health problems include unsafe sexual activities such as failure to use birth control, failure or inconsistent use of condoms, having sex after using drug and alcohol, sex in exchange of money (commercial sex),

having sex with multiple partners, casual sex and early sexual debut <sup>[3, 5]</sup>.

Undoubtedly engagement in risky sexual behavior increases the likelihood of adverse sexual and reproductive health consequences. Among many adverse sexual and reproductive health consequences, the HIV/AIDS epidemic seriously impairs the economic, social and cultural aspects of a country. As a result, globally, sexual and reproductive health problems due to unsafe sex and human sexuality are a growing concern. Hence, to address such problems, due emphasis should be given to assessment of risky sexual behavior during adolescence for adolescents are the most vulnerable group to threat of sexual and reproductive health problems.

#### Nature of Human Sexuality

Sexual relationship is a normal activity which is necessary for reproduction. It has biological, physical and emotional aspects. Biologically, it refers to the reproductive mechanism as well as the basic biological drive that exists in all species and can encompass sexual intercourse and sexual contact in all its forms. Emotional aspects deal with the intense personal bonds and emotions generated between sexual partners by a sexual activity. Physical issues around sexuality range from purely medical considerations to concerns about the physiological or even psychological and sociological aspects of sexual behavior <sup>[1, 6]</sup>.

#### Sexual Development during Adolescence

Most people reach sexual maturity at some point during adolescence. Some adolescents start to experiment sex at early ages while others postpone sexual engagement to later ages. Actually it is healthy to experiment safer sex during this stage. Nevertheless,

adolescents who start sex early in their ages (before age 16) are least effective to practice safe sex because they often lack self regulation (ability to regulate one's emotions and behaviors). Hence, early initiation of having sexual intercourse is related to risk sexual behavior [3].

Many factors have been attributed to engagement of adolescents to sex. These include peer pressure, media (pornographic video, film), inadequate access to correct information, limited availability and access to youth health services, lack of family advice and economic constraints, to mention but few [2,7,8,9].

Various studies on risk sexual behavior have shown empirical evidences regarding onset of sex, number of partners among adolescent in different parts of the world. The findings have shown that the onset of first sex among adolescents has been decreasing at an alarming rate especially in sub-Saharan Africa. One study by [10] shows that at the age of 20, 80 % of adolescents in Sub-Saharan Africa were sexually active as compared to 75 % in developed nations. For instance, the majority (83.3 %) of young people in Cameroon begun sexual intercourse before the age of 18 [11]. In addition, 67 % of grade 9 and 10 students in South Africa ever had sexual relationship between the age of 14 to 17 [12].

In Ethiopia, one survey study among unmarried adolescents and youth selected from different parts of the country shows that nearly half (47.4%) had sexual intercourse [13]. In addition, one study among adolescent students in Debre Markos secondary and preparatory schools has shown that 44.3 % participants have had sex and the average age of first sexual experience was found to be 17 [14]. Generally, the age of first sexual activity among adolescents has been progressively decreased in Sub Sahara Africa, including Ethiopia

In adolescents' risky sex practice, [7] found that 52.7 % young people had sex with multi partners. Another study by [7], also found that 33% sexually active students had more than one sexual partner. Moreover, [7] found that some young people are likely engage in risk sexual behaviors like casual sex and sex with people labeled as at risk groups (commercial sex workers).

#### **Antecedents of Risky Sexual Behavior**

Adolescents are prone to engage in risk sexual activities. [3] identified early sexual debut, failure and/or inconsistency to use condom, failure to use birth control methods, having sex after heavy alcohol and drug, having multiple partnerships, having casual sex, sex with commercial sex workers (sex in exchange for money) are the main antecedents of risky sexual behavior.

Early initiation and engagement in sexual intercourse has been correlated with an overall increase of risks for sexually transmitted diseases and unplanned pregnancy. Surprisingly, as to [6], many adolescents have their first sexual experiences before the age of ten. Some scholars put early sexual debut as a specific marker for adolescent psychosocial risk. That means, adolescents who start sex at earlier ages (tens) are more prone to risky sexual behavior than any other age groups. In general, having first sex before 16 years age is associated with risky sexual [3]. The median age for Ethiopian adolescents was found to be 18.5 [9].

In addition, drug and alcohol use is also antecedents for unsafe sex. Risky sexual behavior is more likely to occur when adolescents use alcohol and/or drugs. As to [7] study shows that nearly one fourth (24.7%) sexually active students reported that they used alcohol or drugs at last sexual intercourse. The same study also shows that 76 % of chewer male students and 57 % of female chewer students had multiple sexual practices. As [9] explained, taking much alcohol may result in intoxication which in turn impairs cognitive functions and thereby adolescents would not recognize the outcomes of unsafe sex in such situations.

Moreover, failure to use birth control and failure or inconsistent use of condoms in any sexual encounter (sex with casual partner, regular partner, and prostitutes) are risk sexual practices that lead to serious sexuality and reproductive health problems [3,10].

#### **Consequences of Risky Sexual Behavior**

With regard to consequences status, risky sexual behavior or unsafe sex due to failure to use condoms and birth control methods undoubtedly increase risk of unwanted pregnancy, abortion or contracting to STDs including HIV/AIDS. Adolescent pregnancy, childbirth or the threat of diseases resulting from risky sexual behaviors have significant effects on family health in general and by extension maternal and child health. Children born to adolescent mothers are likely to be premature or have a low birth weight. The pregnancies may also force them to drop out of school, be rejected by family, and face harder economic conditions [2].

To sum up, adolescents are typically prone to have higher chance of to be infected by STDs than other age groups. According to [2], sexually active adolescents are increasingly at risk of unwanted pregnancy, abortion or contracting and transmitting sexually transmitted diseases (STDs) including HIV/AIDS. However, as [2], reproductive health needs of the adolescents centering on sex and human sexuality have been largely ignored. Consequently, sexual and reproductive health needs of adolescents have emerged as an issue of great concern especially in the sub-Saharan Africa, where family morals and values have seriously been eroded, poverty deeply rooted, and access to affordable health care services are inadequate [2].

Ethiopia, as one nation in the sub Sahara Africa, may not be exceptional in meeting adolescents reproductive and sexuality needs. Therefore, studying sexual behavior of adolescents is fundamental in understanding and fighting against outcomes of risk sexual behavior.

#### **Objectives**

The general objective of this study is to assess risky sexual behavior among adolescent students in some selected secondary and preparatory schools in North Gondar.

#### **Specific objectives**

The study was designed to meet the following objectives to;

- Examine sexual experience of adolescent students
- Identify risky sexual behavior among adolescent students
- Find out antecedents of risky behavior among adolescents students, and
- Indicate intervention mechanisms to alleviate risky sexual activities.

#### **Methods**

##### **Research Design**

In assessing the risky sexual behavior of adolescent students, quantitative surveys design was employed. It adheres to use descriptive survey research type for its purpose is describing risky sexual behaviors among adolescent students.

##### **Participants and Sampling**

Initially, five hundred adolescent students participated in the study. Participants were randomly selected from five secondary and preparatory schools (Infranze Secondary School, Azezo Preparatory School, Dabat Secondary and Preparatory School, Makseghit Preparatory School and Koladiba Preparatory School) in North Gondar. One hundred adolescent students were randomly selected from each school using simple random sampling technique (lottery method). The rationale to use simple random sampling technique is that it is best suited for such homogeneous and finite population and it gives equal chance for all students to be included in the study.

Finally, however, out of the 500 adolescents students participated in the study, 474 participants' responses were found eligible to be used for analysis. The remaining 26 respondents' responses were discarded. Because some of them failed to complete the questionnaire and the rest respondents were found to be

inappropriate in terms of age (age ranging beyond adolescent stage). Detailed profile of the respondents presented below.

**Table 1: Background of Respondents**

Background Variables	Categories	N	%
Sex	Male	244	51.50
	Female	230	48.50
	<b>Total</b>	<b>474</b>	<b>100</b>
Age	15-18 years(Middle Adolescence)	238	50.20
	19-22(Late Adolescence)	236	49.78
	<b>Total</b>	<b>474</b>	<b>100</b>
Educational Level	Secondary level (grade 9 and 10)	177	37.30
	Preparatory level(grade 11 and 12)	297	62.70
	<b>Total</b>	<b>474</b>	<b>100</b>
Marital Status	Single	458	96.60
	Married	16	3.40
	Divorced	-	-
	<b>Total</b>	<b>474</b>	<b>100</b>

Table 1 shows that, out of four hundred seventy four respondents, 244(51.5 %) participants were male students while the rest 230 (48.5 %) were female students. As Table1 also shows, of the total respondents, 238( 50.2 %) participants were found in the age ranging from 19-21 years (middle adolescent period) and the rest 236 (49.78 %) respondents' age ranges from 16-18 years(late adolescent period). When we come to their educational level, 177 (37.3%) were grade 9 and 10 students (secondary education level). The rest 297 (62.7%) were grade 11 and 12 student (Preparatory school level). Finally, regarding to marital status, the majority, 458 (96.6%) were single where as only few 16(3.4%) participants were married.

#### Instrument

Data were collected using questionnaire. It contains twenty one close ended and four open ended items. The main reason to collect data through questionnaire was to make participants free to give their responses with out perceived fear and criticisms.

Regarding to construction of the tool, most questions were adapted from Russian Institute of Nutrition. But, some questions were prepared by the researchers after thorough reading and revision of literatures. So as to check reliability and validity of the items, pilot study was conducted by selecting fifteen students from University of Gondar. The computed Cronbach's Alpha was found to be 0.82 which is very high reliability index to measure the construct. The content validity of the items was also assessed by two Psychology lecturers from Department of Psychology, University of Gondar.

#### Analysis

In order to analyze data, different statistical techniques will be computed using SPSS. Percentages and Chi -square Test were used to analyze the data. Alpha value of 0.05 was determined for all significant tests.

#### RESULTS

**Table 2: Sexual Experiences of Respondents**

Have you ever had sex	N	%
Yes	109	23
No	365	77
<b>Total</b>	<b>474</b>	<b>100</b>
<b>Motivating Factors to have Sexual intercourse</b>		
Peer group influence	45	41.28
Pornography	13	11.93
Imitation/ curiosity	9	8.25
Self initiation	35	32.11
Financial problem	2	1.83
Deception	5	4.56
<b>Total</b>	<b>109</b>	<b>100</b>

Descriptive statistics	Age at first intercourse
Minimum	10
Maximum	22
Median	18
Mean	18.01
Standard deviation	1.77

As Table 2 depicts, 109 (23%) participants have ever had sexual intercourse whereas 365(77%) participants never had sex. These shows that almost one-fourth of adolescent students have sexual experiences. Respondents were asked about the factors that pushed or pulled them to have sexual intercourse. As Table 2 depicts, relatively higher proportion (41.28%) of participants attributed that peer pressure primarily influenced them to have sex. Besides, substantial number 35(32.11%) participants and few 13 (11.93%) participants have attributed to self initiation and pornography films as main factors that trigger them to have sexual intercourse respectively. This shows that peer pressure is number one factor that influences adolescent students to have sex followed by self initiation and pornography films. Ages at first sex also confer, the minimum and maximum ages at first sex among participants were found to be 10 and 22 years respectively. In addition, the median and mean (average) onsets of sex were 18 and 18.01 years respectively.

#### Number of partners

The subjects were asked about the number of sexual partners they have had in their life time and do you have regular sexual partner, the test and proportion are presented in the following table.

**Table 3: Number of Sexual Partner and Regular sexual partner by Sex**

Number of Partner	Sex		df	$\chi^2$	Sig
	Male	Female			
	N	%	N	%	
Single	38	60.32	37	80.43	1 15.42 0
Multiple	25	39.68	9	19.57	
<b>Total Regular Sexual Partner</b>	<b>63</b>	<b>100</b>	<b>46</b>	<b>100</b>	<b>df</b> <b><math>\chi^2</math></b> <b>Sig</b>
Yes	35	55.55	34	73.9	1 7.71 0.005
No	28	44.44	12	16.1	
<b>Total</b>	<b>63</b>	<b>100</b>	<b>46</b>	<b>100</b>	

Table 3 shows a statistically significant difference between male and female participants ( $\chi^2=15.42$ ,  $df=1$ ,  $p<0.05$ ) in terms of number of sexual partner. Of the total 63 sexually active male participants, 25 (39.68 %) have had sexual intercourse with multiple (two or more) partners. But out of the total 46 sexually involved female participants, only 9 (19.57%) had sex with two or more partners. This shows that the proportion of male students who have had multiple sexual partners was much higher than that of their female counter parts. This implies that male students were more likely to have risk sexual behavior than female students do.

The chi square test in Table 3 also shows statistically significant sex difference in sexual engagement with regular partner between male and female participants ( $\chi^2=7.71$ ,  $df=1$ ,  $p<0.05$ ). The proportions confirm that out of the total 63 sexually involved male participants, 28 (44.44%) did not have regular sexual partner whereas out of the total 46 sexually involved female participants, only 12 (16.1%) respondents had no regular sexual partner. Therefore, relatively much more than male students, female students had stable sexual relationship. This implies that as compared to female students, male students were more likely had risky sexual practice for their failure to have regular partner. In other words, it seems that as compared to male students, female students tended to be governed by one to

one principle which is highly promoted and advisable in controlling HIV/AIDS pandemic. However, having sex with regular partner does not necessarily warrant protection from risky sexual behavior unless and otherwise one uses condoms and birth control methods.

#### Casual sex

Casual sex or having sex with unknown person is one possible indicator of risky sexual behavior. The following table shows casual sexual experiences of respondents.

**Table 4. Casual Sexual Experience**

	N	%
<b>Have you ever had sex with casual partner</b>		
Yes	28	25.7
No	81	74.3
<b>Total</b>	<b>109</b>	<b>100</b>
<b>How often did you use condoms when you had sex with casual partners?</b>		
Never	8	28.57
Sometimes	4	14.28
Usually	4	14.28
Always	12	42.86
<b>Total</b>	<b>28</b>	<b>100</b>
<b>How often did you use condom when you had sex with commercial sex workers</b>		
Never	2	20
Sometimes	-	-
Usually	1	10
Always	7	70
<b>Total</b>	<b>10</b>	<b>100</b>
<b>Have you ever had sex after heavy alcohol</b>		
Yes	32	29.4
No	77	70.6
<b>Total</b>	<b>109</b>	<b>100</b>
<b>How often did you use condom when you had sex after using drug /chat</b>		
Never	5	25
Sometimes	4	20
Usually	-	-
Always	11	55
<b>Total</b>	<b>20</b>	<b>100</b>

Table 4 shows that 28 (25.7 %) participants had casual sex while 81(74.3%) never had casual sex. This shows that one –fourth of the students had been engaged in non discriminating sexual partner recruitment which is risk for their health. Next we shall see whether there is significant between difference male and female participants in casual sexual experiences. The above table also shows that, out of 28 participants who have ever had casual sex, 8 (24%) never used condom during casual intercourse. In addition, 4 (14.28%) participants some times used in such sexual encounter. On the other hand, 12 (42.86%) participants always used condom whenever they have casual sex. This clearly shows that more than half of adolescent students failed and/or inconsistently use condom when they have sexual intercourse with unknown partner. Especially, the worst is among students who have never used condom while having sex with casual partner. Even failure to use condom for one encounter is dangerous. So, one may easy to infer the outcome of non-discriminating sex with out use of condom.

As Table 4 reveals, 7 (70%) participants reported that they always used condom when they have sex with prostitutes. On the other hand, 2(20%) participants admitted that they never used condom when having sex with prostitutes. This shows that not all students who have had sex with prostitutes always used condom. On the other hand, 32 (29.4%) participants reported that they have had sexual intercourse after taking heavy alcohol. The rest 77(70.6%) never had sex after taking much alcohol. This shows that there were some students who had sex after heavy alcohol drinking. At last, it is displayed in Table 4 that 11 (55%) participants always used condom when they have sex after chewing chat. On the contrary, 5 (25%) never used condom whenever they have sex after chewing chat. This shows that chewing chat lead to risk sexual practices.

#### Consequences of Risk Sexual Behavior

Though participants were not supposed to uncover their health status (HIV/AIDS) for confidentiality and privacy purposes, female participants were asked to know whether or not they have experienced unplanned pregnancy due to unsafe sexual practices and discussion on sexuality issues.

**Table 5: Measure Taken To Unwanted Pregnancy**

What Measures did you taken to unwanted pregnancy	N	%
Abortion	9	90
Delivery	1	10
<b>Total</b>	<b>10</b>	<b>100</b>
<b>Have you discussed about sexuality issues with your parents</b>		
Yes	74	15.61
No	400	84.39
<b>Total</b>	<b>474</b>	<b>100</b>
<b>Have you discussed about sexuality issues in your school</b>		
Yes	102	21.52
No	372	78.48
<b>Total</b>	<b>474</b>	<b>100</b>

Regarding to the measure taken by respondents who have unwanted pregnancy, 9 (90%) committed abortion. Only one (10%) respondent reported that she preferred to deliver the offspring rather than abortion. As Table 5 shows, 400 (84.39%) participants witnessed that they have never had discussion on matters related to sexuality with their parents. Only 74 (15.61%) have had discussions with their parents about the issue of sex. This shows that only limited number of adolescent students have discussed sex related issues with their parents. This could be due to the cultural influence that might made parents embarrassed to discuss about sex. Finally, as Table 5 shows, 102 (21.52%) participants reported the presence of discussion about sex related issues in their school. However, the majority 372(78.48%) reported absence of any discussion on sex related issues in their school.

#### DISCUSSION

This section presents discussions and implications of the findings of the study in light of previous research findings and theories.

Almost one-fourth (23%) adolescent students have sexual experiences. As compared to other research finding among adolescent people, this study shows smaller proportion of sexually active adolescents. For instance, one survey study among unmarried adolescents and youth selected from different parts of the country shows that nearly half (47.4%) had sexual intercourse<sup>[13]</sup>. Besides, 44.3% adolescent students in Debre Markos secondary and preparatory schools students reported that they have ever had sex<sup>[14]</sup>. Moreover, there was no significant difference in sexual experience between male and female participants ( $\chi^2=2.56$ ,  $df=1$ ,  $p>0.05$ ). Nevertheless, the proportion of male students who have ever had sex was somewhat higher as compared to female students who have ever had sexual experience. This implies hat male students were relatively free to explore and engage in sexual activities than female students do. Perhaps, this might be due to more cultural influences on females about sexuality related matters.

Regarding factors that trigger to have sexual intercourse, most adolescent students attributed to peer group pressure, self initiation and pornographic films as the top three main factors that made them to have sex. Similarly, different researchers<sup>[2, 7, 8]</sup> have indicated that peer pressure, media, inadequate access to correct information and economic constraints motivate adolescents to have sex.

With respect to onset of first sexual intercourse, the present study shows no deviation from other research findings. The average and median age at first sexual intercourse were found to be 18.01 and 18 years respectively. One survey study by<sup>[9]</sup>, determined the median age of first sex of youth in different developing countries shows that the median age at first sex for Ethiopian adolescents was found to be 18.5 years. Nevertheless, the present study shows that some students (16.51%) had sex early in their teens (before age 16) which

is associated with an overall increase of risks for sexually transmitted diseases and unplanned pregnancy. In line with this, [6] stated that now a days substantial number of adolescents start sexual intercourse early in their teens. According to [3], having first sex before 16 years age is generally unsafe. This implies that some adolescent students were at risk of sexual and reproductive problem for engagement to sex before age 16 is generally considered as risky. So, schools and parents shall work together to address risk sexual experiences early in teens.

Overall, when we see number of sexual partner in life time, 31.2 % students had sex with multiple partners (two or more). This increases their risk of sexual and reproductive health problems. Here, sex was significantly related to number of partner ( $\chi^2=15.42$ ,  $df=1$ ,  $p<0.05$ ). That is, 39.68 % of male students who had sexual experience were engaged in multiple sexual partners. But only 19.57 % of sexually active female student had sex with multiple partners. This shows that male students were more prone to risky sexual practices than female students.

Moreover, substantial proportion (36.7%) of students who were sexually active did not have regular partner. Here, sex was significantly related to engagement with regular partner ( $\chi^2=7.71$ ,  $df=1$ ,  $p<0.05$ ). That is, adolescent female students stay longer in sexual relationship than adolescent male students. When we see the general trend of condom use, the majority (68.12%) never used condoms whenever they have sex with their regular partner. Nonetheless, when we come to use of birth control, more than half (55.1%) of adolescent students always used contraceptives methods when having sex with their regular partner. This shows that adolescent students were more cautious about unwanted pregnancy as compared to STDs such as HIV/AIDS when ever they have sex with regular partner. Likewise, [2] underscored that most acts of premarital sex are unprotected and thereby result in risk of sexual problems like as HIV/AIDS and unwanted pregnancy.

Regarding casual sex experiences of students, 25.7 % students had non discriminating (casual) sex. Here there was no significant difference in casual sex experience between male and female students ( $\chi^2=1.28$ ,  $df=1$ ,  $p>0.05$ ). When we see condom use during casual sex, 42.86% adolescent students always used condom. The rest failed to use condom consistently. Besides, only 25% of participant students always used contraceptives when they have sexual intercourse with casual partner whereas the majority did not always use contraceptives. As [3] explained, casual sex one of the antecedents which increases the risk of unwanted pregnancy and STDs. Therefore, this implies that among sexually active students who had sexual intercourse with unknown partner, most failed to use condoms and birth control methods every time which might increase their likelihood of vulnerability to unwanted pregnancy and STDs

Furthermore, the findings of this study show that although small in proportions, 9.2 % of students have ever had sex with prostitutes. Of these students, 30 % of them did not always use condom whenever they have sex with prostitutes. But most 70% students always used condom when they have sex with prostitute. Of course, even a single sexual encounter with prostitutes without condom has dangerous consequence on health. With respect to drug and alcohol use, 29.4 % students had sex after heavy alcohol drinking and of these only 31.12 % always used condoms when they have sex after heavy alcohol drinking. Besides, 18.34% adolescent students had sex after chewing chat and of these, 45 % did not always used condom.

Finally, when we come to the consequences of unsafe sex, especially among female respondents, 21.72 % female students had been victim of unwanted pregnancy and 90 % of them committed abortion as a solution to unplanned pregnancy. This shows that the majority adolescent females who faced unplanned pregnancy experienced abortion which might lead to serious health problems.

## CONCLUSION

Based on the findings of the study, conclusions are made on risky sexual behavior among adolescent students in Infranze Secondary School, Azezo Preparatory School, Dabat Secondary and

Preparatory School, Makseghit Preparatory School and Koladiba Preparatory School.

Almost one-fourth of adolescent students have sexual experiences. Sex of students was not significantly related to sexual experience. That means, there was no statistically significant sexual experience difference between male and female participants. But, the proportion of male students who have ever had sex was somewhat higher as compared to female students who have ever had sexual experience.

Regarding factors that trigger to have sexual intercourse, most adolescent students attributed to peer group pressure followed by self initiation and pornographic films as the three main reasons.

The average age at first sexual intercourse was found to be 18.01 year. Nevertheless, some students had sex early in their teens (before age 16) which is associated with an overall increase for risks of sexually transmitted diseases and unplanned pregnancy.

Some students had sex with multiple partners (two or more). This would increase vulnerability to sexual and reproductive health problems. Besides, sex of students was significantly related to number of partner. That means, the proportion of male students who have had multiple sexual partners was much higher than that of females which makes male students to have risk sexual behavior than their female counter parts.

Substantial number of students did not have regular sexual partner. Here, sex was significantly related to engagement with regular sexual partner. Although, engagement in regular sexual partner or even marriage does not reliably protect one from health risks, adolescent female students seem to have consistent sexual relationship than adolescent male students.

Only few students always used condom during sexual intercourses with their regular partners. The majority failed or inconsistently uses condoms whenever they have sex with their own partner. However, more than half of adolescent students always use birth control methods when having sex with their regular partner.

Some students had been engaged in non discriminating sexual partner recruitment or casual sex which is risk for their health. There is no significant difference in casual sex experience between male and female students. The worst is that more than half of adolescent students failed and/or inconsistently use condom when they have sexual intercourse with unknown partner and the majority did not always use contraceptives when they have sexual intercourse with casual partner which would increase the risk of unwanted pregnancy.

Though few number, there were students who had sex with prostitutes and not all of them always used condom. Therefore, failure to use condom when having sex with prostitutes has dangerous repercussion to their health.

Some students had sex after taking heavy alcohol and most of them never or inconsistently used condoms. In addition, one- fifth of adolescent students had sex after chewing chat but and more than half of them always used condom

Some female students had experienced unwanted pregnancy and almost all committed abortion as a solution to it.

## Recommendations

Overall, the findings of the study indicate risky sexual behavior among adolescents' students. Some students practiced unsafe sexual relationships like failure to use birth control, failure or inconsistent use of condoms, having sex after taking drug and alcohol, having sex with multiple partners and casual sex.

Mere provision of information to adolescents about sexuality and reproductive health issues unlikely produces enduring and considerable improvement in sexual-health status. So, health professionals, educators and counselors shall provide information supplemented by skill building and counseling, such as use of condoms and safe sex negotiation.

When giving information about sexuality, teachers and health providers should not attempt to impose their values and threaten adolescents. Rather teach them to equip the basic knowledge and skills of having sex.

Measures to address risky sexual practices by denying sex would not intrinsically rewarding to adolescent students for it is a period of sexual maturity. Rather interventions of sexually active adolescents should target on behaviors like correct and consistent condom use which is empirically demonstrated and easily amenable to change. Therefore, it is advisable to parents, educators, counselors and health professionals to target on specific areas of behavioral change that are reasonable and feasible for adolescents to accomplish.

Lack of access to adequate and detailed information about sexuality and reproduction may make students poorly prepared to protect themselves from unplanned pregnancy and sexually transmitted infections. Therefore, ministry of education shall revise its education policy and incorporate sex education as part of the curriculum to advance knowledge and skills of students about sexuality and reproductive health matters at all levels.

#### REFERENCES

1. Santrock JW. Life Span Development, 10th-ed Boston: McGraw Hill Camp 2006.
2. Nwankwo B, Nwoke E. Risky Sexual Behaviors among Adolescents in Owerri Municipal: Predictors of Unmet Family 2009.
3. Taylor-Seehafer M, Rew L. Risky Sexual Behavior among Adolescent Women. *J Soc Pediatr Nurs* 2000; 5(1):15-25.
4. Khan S, Mishra S. Youth Reproductive and Sexual Health, DHS 2008.
5. Siebenbruner J, Melanie J. Zimmer-Gembeck MJ, Byron Egeland B. Sexual Partners and Contraceptive Use: A 16-Year Prospective Study Predicting Abstinence and Risk Behavior *J. Res. Adolesc*; 2007; 17(1): 179-206.
6. Ellis H. Psychology of Sex, 2<sup>nd</sup> Ed; U.S.A: Viking Press, Inc. 2000.
7. Tizazu G. Self-Reported Sexual Experiences, Sexual Conduct and Safer-Sex Practices of Ethiopian Undergraduate Male and Female Students in the Context of HIV/AIDS Pandemic: A dissertation submitted to the Faculty of the Graduate School Education of the State University of New York at Buffalo: Department of Educational Leadership and Policy 2009.
8. Yizengaw T. Education, HIV/AIDS, and Sexual Reproductive Health: Exploring the Unmet Information Needs of Young People: The Case of Addis Ababa and Bahir Dar, Ethiopia 2009.
9. Wellings K, Collumbien M, Slaymaker E, Singh S, Hodges Z, Patel D, Bajos N. Sexual Behavior in Context: A Global Perspective. *Lancet* 2006; 386(9548): 1706 - 1728.
10. Rice M. Adolescence Sexual and Reproductive Health. *Reprod biomed* 2000; 1 (3): 78-86.
11. Rwenge, M. Sexual Risk Behavior among Young People in Bamenda, Cameroon. *Guttmacher Institutes, International Family Planning Perspective*, V26, N3, 2000.
12. Gupta, N, Mahy M. Sexual Initiation among Adolescent Girls and Boys: Trends and Differentials in Sub Sahara Africa. *Arch Sex Behav* 2003; 32(1):41-53.
13. Demissie F. The Relationship between Family Characteristics and Adolescents' Risk Sexual Behavior. Unpublished MA Thesis. Department of Psychology, Addis Ababa University 2005.
14. Mulate M. Identity Status and Sexual Experiences among Secondary School, Preparatory School and University Students in Debre Markos Town. Unpublished MA Thesis. Department of Psychology, Addis Ababa University 2009.