

## Knowledge, Attitudes and Practices towards Risky Sexual Behaviors among Adolescents of Jimma University Community High School, South West Ethiopia, 2015

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### Abstract

**Background:** Sexual activities among adolescents have been reported as increasing worldwide. Risky sexual behaviors are among the factors that increase the likelihood of adverse sexual and reproductive health consequences such as unwanted pregnancies, unsafe abortion, STIs including HIV/AIDS and others. Adolescents in sub-Saharan Africa including Ethiopia are highly exposed to various risky sexual behaviors.

**Objective:** To assess knowledge, attitude and practice towards risky sexual behaviors among adolescents of Jimma university community high school

**Methods:** A cross-sectional study was conducted. Total sample size of the study was selected by using stratified random sampling technique with proportional allocation to size of each stratum. Data was collected using structured, pre-tested self-administered questionnaire. Data was analyzed by using chi-square and p value less than 0.05 was considered for statically significant.

**Result:** Majority of the respondents 73.8% knew about risks of sexual behaviors. Above 1/3 (34.93%) of them got information about sexual matter from parents. 76.86% had good knowledge about risky sexual behavior. About 32.75% of them had at least one sexual intercourse before the study. Among them, 27.07% had sex 3 months prior to the study, out of which only 43.55% used condom and 36 (58.06%) had sex with multiple partners; 6.11% & 15.72% practiced homosexuality and masturbation respectively.

**Conclusion:** There was high practice of sexual activity, high prevalence of premarital sex, low utilization of condom and contraceptives and only around half of the participants thought that condom prevents HIV/AIDS.

**Keywords:** Adolescents; Risky sexual behaviors; Knowledge; Attitude; Practice towards risky sexual behavior

**Abbreviations:** WHO: World Health Organization; HIV/AIDS: Human Immune Deficiency/Acquired Immune Deficiency Syndrome; STIs: Sexual Transmitted Infections; STDs: Sexual Transmitted Diseases; MOH: Ministry of Health; USA: United States of America; RSBs: Risky Sexual Behaviors

### Introduction

WHO defines risky sexual behavior as one that increases the likelihood of adverse sexual and reproductive health, such as unwanted pregnancies, unsafe abortion and STIs, including HIV/AIDS. Using different substance can result in unprotected sexual intercourse with the same sex or commercial sex workers. The risky sexual practices include: changing sexual partners frequently, having multiple sexual partners, having sex without a condom, using unreliable methods of birth control or birth control inconsistently, engaging in sex with older partners and consumption of alcohol and illicit drug [1].

Many adolescents engage in risky sexual behaviors that can result in unintended health outcomes. Sexual risky behaviors place adolescents at risk for infection, STDs, and unwanted pregnancy. Reducing sexual risky behaviors and related health problems among youth, school and other youth serving organizations can help adolescents people adapt lifelong attitudes and behaviors that support their health and wellbeing including behavior that reduce their risk for HIV/AIDS, other STDs and unwanted pregnancies [2].

Quantitative and qualitative result of studies revealed that substantial number of girls and boys in many developing countries engage in sexual intercourse before their 15<sup>th</sup> years of age [3].

According to one national finding, majority predisposing factors

for increment of sexual activity among adolescents are fall in menarche age, increased premarital sex, deterioration of traditional norms and values that discourage premarital sex, media that transmit new ideas through movies and music, and a different books that influence adolescents, attitude and behavior worldwide. According to the family planning guidance association of Ethiopia, about 72% of boys and 71% of girls have had their first sexual contact with in the age range of 15-17 years while 13% of them started sexual activity between 10 and 14 years of age.

Studies have shown that parental communication is one of the most important factors in reducing risky sexual behavior emphasis should be made to increase the religions values and increase parental communication so that both would have synergistic on students [4,5].

The problems of risky sexual behaviors in Ethiopia are believed to be similar that that of other developing countries. But to dates, there are few studies on adolescent students in our country indicating the current magnitude of risky sexual behaviors. Adolescents who are influential agents for future fate of a country and potential source

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for development of the nation are being exposed to various health problems. Protecting those groups from risky sexual behaviors is a crucial and has a significant contribution for the development of the nation. In order to design appropriate preventive strategies it is an advisable fact to clearly and systematically understand the risky sexual behaviors from high school environment.

The finding of this study will help for policy makers, health planners, Jimma university community high school and other concerned bodies that work on the students to use as basic information and to fill the gaps that result in risky sexual behaviors. So, this study would be able to dig out the level of knowledge, attitude and practice towards risky sexual behaviors of adolescents.

## Materials and Methods

An institutional based quantitative descriptive cross sectional study design was conducted on adolescents of Jimma university community high school from 16/02/2015 to 17/02/2015. The single population formula was used to calculate a sample size, by using that 50% of students have knowledge, attitude and practice about risky sexual behavior to obtain maximum sample size at 95% certainty and a maximum discrepancy of  $\pm 5\%$  between the sample and the population. Total calculated sample size was proportionally allocated to each grade, and Systematic random sampling technique was used for selecting participants from each grade.

Data was collected by using structured, pre-tested, self-administered questionnaire. The questionnaire has four parts:-Socio demographic information, Knowledge about risky sexual behaviors, Attitude on risky sexual behaviors and Practice on risky sexual behaviors.

The collected data was checked and rechecked for its completeness, consistency and accuracy by principal investigator. After the data was checked for its completeness it was analyzed for frequency and percentage. Cross tabulation was performed on variables to compare & explore relationships. Statistical calculation was made by chi square.

Ethical clearance letter was obtained from nursing department and forwarded to the director of the school and formal permission was obtained. Then the director signed on the letter and informed to the home room teachers and class representatives. Because the confidentiality is important the name of the respondents was not taken during data collection and confidentiality of data was kept. The purpose of data collection was explained for respondents and privacy was kept.

## Result

### Socio-demographic characteristics

From sampled 252 students, 229 were participated in the study making a response rate 90%. About 146 (62.27%) were females with ratio of 1:1.76 male to female. Majority of the respondents 213 (93.01%) were in age range of 15-19 (Table 1).

### Knowledge regarding risky sexual behavior

Majority of the study participants 169 (73.8%) knew about risky sexual behavior. From the respondents, 114 (49.78%),108 (47.16%),and 59 (25.76%) defined risky sexual behavior as having sex before marriage, sexual practice with multiple partners and unusual sexual practice like anal & oral sex respectively (Table 2).

### Attitude towards risky sexual behaviors

About 211 (92.14%) of the respondents reported that as they agree

on substance use (like cigarette, alcohol, hashish) expose to risky sexual behaviors, 197 (86.03%) and 193 (84.28%) believed that there is risk of HIV/AIDS by sexual contact with young girls/boys and it is possible girls remain virgin until marriage respectively (Table 3).

### Practices regarding risky sexual behaviors

Eighty four (36.68%) of the study participants reported that they had boy/girlfriend during the study. From the study respondents those who had boy/girlfriends, their boy /girlfriend 51 (60.71%) were in age range of 15-19 and 8 (9.53 %) in  $\geq 25$  years of age; occupation of the majority respondents' boy/girlfriend was student 60 (71.43%), only 1 (1.19%) accounts others (Table 4).

Among the respondents those who had sex for the first time about

S.No	Characteristics	Frequency	%	
1	Sex	Male	83	37.7
		Female	146	62.3
2	Age	14-Oct	16	6.99
		15-19	213	93
3	Grade	10-Sep	103	45
		12-Nov	116	55
4	Ethnicity	Oromo	109	47.6
		Amahara	66	28.8
		Tigre	17	7.42
		Wolayita	6	2.62
		Gurage	12	5.24
		(kafa,dawuro)	19	8.3
5	Marital status	Single	217	94.8
		Married	11	4.8
		Divorced	1	0.44
6	Religion	Orthodox	123	53.7
		Muslim	37	16.2
		Protestant	60	26.2
		Others	9	3.93
7	Place of living	Family house	217	94.8
		Relative house	7	3.05
		Rental house	2	0.87
		Others	3	1.31
8	Educational status of father	Not educated	8	3.49
		Literate	221	96.5
9	Educational status of mother	Not educated	15	6.55
		Literate	214	93.5

**Table 1:** Socio-demographic characteristics of Jimma University community high school students, Jimma town, Oromia region, south west, Ethiopia, April, 2015.

S.No	Characteristic	Frequency	%	
1	Do you know risky sexual behavior	Yes	169	73.8
		No	60	26.2
2	How do you define risky sexual behavior(s)	Having sex before Marriage	114	49.8
		Sexual practice with multiple partners	108	47.2
		Unprotected sex(sex without contraceptive)	97	42.4
		Sexual practice after taking alcohol, chat, substance.	82	35.8
		Sexual practice with incomparable age partners	64	28
		Unusual sexual practice like anal, oral sex	59	25.8

**Table 2:** Knowledge of risky sexual behavior among Jimma university community high school students, Jimma town, Oromia region, South west, Ethiopia, April, 2015.

S.No	Statements/questions	Yes	No Frequency	%
1	Is it possible girls to remain virgin until marriage	193(84.28%)	36(15.72%)	229(100%)
2	Do you think condoms prevent HIV/AIDS	116(50.66%)	113(50.66%)	229(100%)
3	Is it possible to talk with parent about sexual matter	164(71.62%)	65(28.38%)	229(100%)
4	Girls should use condom during sex	165(72.05%)	64(27.95%)	229(100%)
5	There is risk of HIV/AIDS by sexual contact with young boy/girl	197(86.03%)	32(13.97%)	229(100%)
6	Substance use like cigarette,alcohol,chat,hashish expose to risky sexual behavior	211(92.14%)	18(7.86%)	229(100%)
7	Do you think adolescents are more vulnerable to risky sexual behaviors	171(74.67%)	58(25.33%)	229(100%)
8	Do you think as homosexuality brings risk	126(55.02%)	103(44.98%)	229(100%)
9	Do you think masturbation is alternative means to fulfill sexual urge	87(38%)	142(62%)	229(100%)
10	Attitude	Positive	Negative	229(100%)
		125(54.59%)	104(45.41%)	

**Table 3:** Attitude towards risky sexual behavior among Jimma university community high school students, Jimma town, Oromia region, Southwest Ethiopia, and March, 2015.

S.N		Response	Frequency	%
1	Do you have boy /girl friend now	Yes	84	36.7
		No	145	63.3
2	How old is your boy/girl friend	14-Oct	9	10.7
		15-19	51	60.7
		20-24	16	19.1
		>=25	8	9.53
3	Occupation of your boy/ girl friend	Student	60	71.4
		Merchant	5	5.95
		Gov employee	7	8.33
		Driver	3	3.57
		Hotel servant	8	9.52
		Others	1	1.19

**Table 4:** Participants of the study who had boy/girlfriend during the study period among Jimma university community high school students Jimma town, Oromia region, South west Ethiopia, April, 2015.

2/3 (50/75=66.67%) found in age range of 15-19 followed by 10-14 years of age 15 (20%) and <10 years 10 (13.33%).

Nearly 1/3 (32.75%) of the respondents reported that had practice sexual intercourse of them 44 (58.67%) were females with higher prevalence among males 31/83 ( 37.35%) as compared to females 44/146 (30.14%).

Above a quarter 62 (27.07%) of the study participants had sex in 3 months prior to the study from those 26 (41.94%) had sex in hotel followed by forest 20 (32.26%) and 5 (8.06%) had in the others places other than the mentioned.

Among those, 28 (45.16%) had sex with their boy/girls' friend 8 (12.9%) with the others (their husbands/wives); regarding to the reasons for sex, 30 (48.39%) had sex for sexual initiation because of age and 3 (4.84%) did sex for financial gain (Table 5).

From those who had not practiced sexual intercourse until the study

(154): the majority 101 (65.58%) had their future plan of abstinence and 2 (1.3%) be faithful & using condom (B&C) (Figure 1).

## Discussion

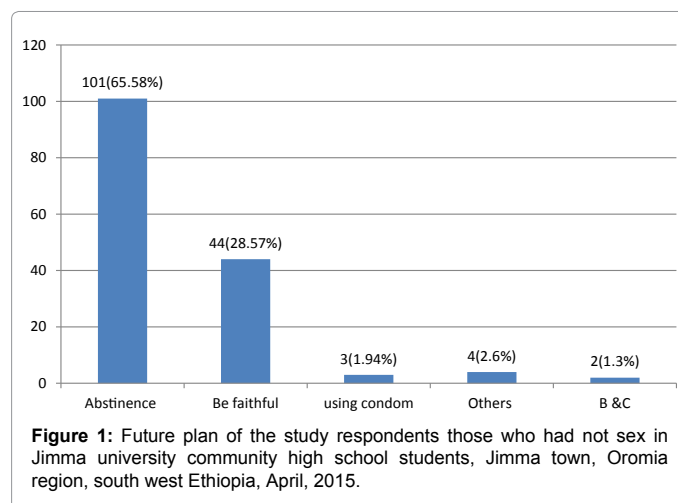
The study revealed that about 169 (73.8%) knew at least one risky sexual behavior. It is lower than the study conducted in Yirgalem (79.2%) and Bophuthatswana (82.17%) [6]. The possible explanation for this disparity could be due to difference in knowledge of risky sexual behavior , sample size, study population , cultural and background difference (latter case).

According to the result of the study about 195 (85.15%) knew risks/consequences of risky sexual behaviors that help them to protect themselves from the risk. It is lower than study in Yirgalem about 95.6% [7] knew consequences of risky sexual behavior. The difference might be due to curiosity of sexual activity and more information is from their peers of the same sex who themselves lack adequate information about reproductive health [8].

Moreover, 44.98% had information about sexual matter from friends. This is consistent with the study in Nigeria, in Anambra state

S.No		Frequency	%	
1	Have you had sex in previous 3 months	Yes	62	27.07
		No	167	72.93
2	Where did you have your last sex	Home	8	12.9
		Hotel	26	41.94
		School	3	4.84
		Forest	20	32.26
		Others	5	8.06
3	With whom you had the last sex	Boy/girl friend	28	45.16
		Fellow class student	14	22.58
		Teachers	12	19.35
		Others	8	12.9
4	Why did you commit	Partner pressure	9	14.52
		Peer pressure	9	14.52
		Financial gain	3	4.84
		Sexual initiation because of age	30	48.39
		Others	11	17.74

**Table 5:** The study respondents who had sex in previous 3 months prior to the study among study participants Jimma university community high school students, Jimma town, Oromia region, south west Ethiopia, April, 2015.



**Figure 1:** Future plan of the study respondents those who had not sex in Jimma university community high school students, Jimma town, Oromia region, south west Ethiopia, April, 2015.

S.N	Variable	Knowledge		Chi-square=0.519 P value=0.471
		Good	Poor	
1	Sex	Male	66(79.52%)	17(20.48%)
		Female	110(75.34%)	36(24.66%)
2	Age	14-Oct	12(75%)	4(25%)
		15-19	164(77%)	49(23%)
3	Grade	10-Sep	74(71.84%)	29(28.16%)
		12-Nov	102(80.95%)	24(19.05%)
4	Ethnicity	Oromo	84(77.06%)	25(22.94%)
		Amahara	50(75.76%)	16(24.24%)
		Tigre	14(82.35%)	3(17.65%)
		Wolayita	5(83.33%)	1(16.67%)
		Gurage	9(75%)	3(25%)
5	Marital status	Single	167(76.96%)	50(23.04%)
		Married	9(81.81%)	2(18.19%)
6	Religion	Orthodox	96(78.04%)	27(21.96%)
		Muslim	27(72.97%)	10(27.03%)
		Protestant	48(80%)	12(20%)
		Others	5(55.56%)	4(44.44%)
7	Place of residence	Family house	173(79.72%)	44(20.28%)
		Relative house	1(14.28%)	6(85.72%)
		Rented house	1(50%)	1(50%)
		Others	1(33.3%)	2(66.67%)
8	Educational status of father	Not educated	2(25%)	6(75%)
		Literate	174(78.73%)	47(21.27%)
9	Educational status of mother	Not educated	4(26.67%)	11(73.33%)
		Literate	172(80.37%)	42(19.63%)

**Table 6:** Association of overall level of knowledge with sex, age, grade, ethnicity, marital status, religion, place of residence and educational status of father and mother in Jimma university community high school students, Jimma town, Oromia region, south west Ethiopia, April, 2015

There was association between overall level of knowledge of RSB and place of residence with chi-square (20.4) and p value (0.000); Relationship was established between knowledge and educational status of father with chi-square (12.5) and p value (.000), and also between and educational status of mother with chi-square (22.7) and p value (0.000).

(47.2%) [7]. This indicates that their friends have chance of influencing and shaping their peers positively/negatively about issue of sexual matter.

About 167 (72.93%) had information about sexual matter from media, 80 (34.93%) and 79 (34.5) got information about sexual matter from parents and magazines respectively. Similar finding was noted study in Zambia in girls about 31% used magazines. In contrast, the more difference in communication with parents than Zambia (7%) [9]. The difference could be due to an increased parental communication about sexual matter in this study area, more than 9/10<sup>th</sup> of respondents fathers' and mothers' were literate that increases free discussion between children and family, and more than 9/10<sup>th</sup> of the study respondents were residing with their family and nature of the study area (it includes participants from urban). However, parental provision

of information about sexual matter is lower than in United States America that was 59% [10] this disparity might be because of difference in culture and background, USA is developed state that parental communication might be increased. It is similar finding according to study in developing countries that adolescents do not communicate sexual matter with parents [8].

According to the result of the study about 176 (76.86%) had good knowledge about risky sexual behaviors. This is higher than finding of study in Bophuthatswana (70.19%) [6]. This difference might be due to the difference on cut point, the nature of questions that respondents were asked, and study population from different cultural and socio-demographic background from Ethiopia and Bophuthatswana.

The result of the study has shown that about 125 (54.59%) had positive attitude towards risky sexual behavior that helps them to

S.N	Variable	Attitude		Chi-square=0.219 P value=0.64
		Positive	Negative	
1	Sex	Male	47(56.63%)	36(43.37%)
		Female	78(53.42%)	68(46.58%)
2	Age	14-Oct	6(37.5%)	10(62.5%)
		15-19	119(55.87%)	94(44.13%)
3	Grade	10-Sep	53(51.46%)	50(48.54%)
		12-Nov	72(57.14%)	54(42.86%)
4	Ethnicity	Oromo	65(59.63%)	44(40.37%)
		Amahara	33(50%)	33(50%)
		Tigre	8(47%)	9(53%)
		Wolayita	4(66.67%)	2(33.33%)
		Gurage	6(50%)	6(50%)
5	Marital status	Single	119(53.84%)	98(46.16%)
		Married	5(45.45%)	6(54.55%)
6	Religion	Orthodox	66(53.66%)	57(46.44%)
		Muslim	19(51.35%)	18(48.65%)
		Protestant	35(58.33%)	25(41.67%)
		Others	5(55.56%)	4(44.44%)
7	Place of residence	Family house	121(55.76%)	96(44.24%)
		Relative house	4(33.33%)	8(66.67%)
		Rented house	1(50%)	1(50%)
		Others	1(33.33%)	2(66.67%)
8	Educational status of father	Not educated	4(50%)	4(50%)
		Literate	121(54.75%)	100(45.25%)
9	Educational status of mother	Not educated	8(53.33%)	7(46.67%)
		Literate	117(54.67%)	97(45.33%)

No association was obtained overall level of attitude with the variables in the above table.

**Table 7:** Association of overall level of attitude with sex, age, grade, ethnicity, marital status, religion, place of residence and educational status of father and mother in Jimma university community high school students, Jimma town, Oromia region, south west Ethiopia, April, 2015.



S.N	Variable	Homosexuality		Chi-square=2.82 P value=0.093
		Yes	No	
1	Sex	Male	8(9.64%)	75(90.36%)
		Female	6(4.11%)	140(95.89%)
2	Age	14-Oct	2(12.5%)	14(87.5%)
		15-19	12(5.63%)	201(94.37%)
3	Grade	10-Sep	5(35.71%)	9(64.29%)
		12-Nov	9(7.14%)	117(92.86%)
4	Ethnicity	Oromo	6(5.5%)	103(94.5%)
		Amahara	4(6.06%)	62(93.94%)
		Tigre	1(5.88%)	16(94.12%)
		Wolaiyta	1(16.67%)	5(85.33%)
		Gurage	1(8.33%)	11(91.67%)
5	Marital status	Single	14(6.45%)	203(93.55%)
		Married	0	11(100%)
6	Religion	Orthodox	7(3.14%)	116(92.86%)
		Muslim	2(5.4%)	35(94.6%)
		Protestant	4(6.67%)	56(93.33%)
		Others	1(11.11%)	8(88.89%)
7	Place of residence	Family house	12(5.53%)	205(94.47%)
		Relative house	1(14.28%)	6(85.72%)
		Rented house	1(50%)	1(50%)
		Others	0	3(100%)
8	Educational status of father	Not educated	2(25%)	6(75%)
		Literate	12(5.43%)	209(94.57%)
9	Educational status of mother	Not educated	2(13.33%)	13(86.67%)
		Literate	12(5.6%)	202(94.4%)

A relation was established between place of residence and practice of homosexuality with chi-square 7.85 and P value 0.049; between educational status of father and practice of homosexuality with chi-square 5.15 p value 0.023.

**Table 8:** Association of practice of homosexuality with sex, age, grade, ethnicity, marital status, religion, place of residence and educational status of father and mother in Jimma university community high school students, Jimma town, Oromia region, south west Ethiopia, April, 2015.

protect from the risk. This is similar finding with study conducted in Iran (52.37%) [11]. This slight difference might be due to variation in cut point used, study respondents, difference in cultural and socio-demographic background.

The result revealed that about 193 (84.28%) of the respondents agreed that girls should remain virgin until marriage and 164 (71.62%) agreed as it is possible to talk about sexual matter with parents. In contrast, it was higher finding than study in Yirgalem (55.7%) by 28.58% and by 29.28% in Iran (55%) [11]. This difference could be because of increased parental communication about sexual matter in my study area as compared to findings in developing countries, an increased source of information about sexual matter from teachers in class room (51.53%) in my study, difference in attitude towards virginity from different study area, study subjects.

The result also has shown that about 211 (92.14%) agreed substances like chat, alcohol, and cigarette use expose to risky sexual behaviors. This is higher than finding in Yirgalem (82.3%) and in Iran (75.21%) [11]. This difference might be due to difference in positive attitude towards consequence of using substance, place of residence (94.76% )of the respondents were living in family house in which they might be supervised), and study population from different study area.

The study has shown that out of those who knew homosexuality about 126 (67.34%) believed that homosexuality behavior brings risk (harmful). In contrast; it is lower as compared to the study conducted in Iran (76%) [11]. This could be because of Iran is one of the Islamic world in which such behaviors are not socially or legally not accepted such behaviors even carry the death penalty, watching pornographic videos, study population from different culture and background.

Also the result revealed that among who knew masturbation about

S.N	Variable	Masturbation		Chi-square=20.4 P value=0.000
		Yes	No	
1	Sex	Male	25(30.12%)	58(69.88%)
		Female	11(7.53%)	135(92.47%)
2	Age	14-Oct	1(6.25%)	15(93.75%)
		15-19	35(16.43%)	178(83.57%)
3	Grade	10-Sep	15(14.56%)	88(85.44%)
		12-Nov	21(16.67%)	105(83.33%)
4	Ethnicity	Oromo	14(12.84%)	85(87.16%)
		Amahara	11(16.67%)	55(83.33%)
		Tigre	3(17.65%)	14(82.35%)
		Wolaiyta	1(16.67%)	5(83.33%)
		Gurage	3(25%)	9(75%)
5	Marital status	Single	35(16.13%)	182(83.87%)
		Married	1(9.09%)	10(90.9%)
		Divorced	0	1(100%)
6	Religion	Orthodox	21(17.07%)	102(82.93%)
		Muslim	6(16.22%)	31(83.78%)
		Protestant	8(13.33%)	52(86.67%)
		Others	1(11.11%)	8(88.89%)
7	Place of residence	Family house	33(15.21%)	184(84.79%)
		Relative house	2(28.57%)	5(71.43%)
		Rented house	0	2(100%)
		Others	1(33.33%)	2(66.67%)
8	Educational status of father	Not educated	3(37.5%)	5(62.5%)
		Literate	33(14.93%)	188(85.07%)
9	Educational status of mother	Not educated	6(40%)	9(60%)
		Literate	30(14.01%)	184(85.99%)

A relationship was established between sex and practice of masturbation with chi square 20.4 and p value 0.000

**Table 9:** Association of practice of masturbation with sex, age, grade, ethnicity, marital of residence and educational status of father and mother in Jimma university community high school students, Jimma town, Oromia region, south west Ethiopia, April, 2015.

59 (41.26%) did not agree as it is form of sexual expression and it is slightly lower as compared to study in Iran (53%) [11] for the possible reasons: watching pornographic videos that initiate sexual need, study population from different cultural and socio-demographic background.

The result also revealed about 75 (32.75%) had sex at least once prior to the study. It is higher than study done in Agaro (25%). Moreover, the prevalence of premarital sex in the study area was 32.75%. It is higher as compared to national finding (19%) [12]. These might be due to romantic and pornographic films, location of school (in the university), increased sharing of information among friends about sexual matter that enhances curiosity of sexual issues.

About 14 (22.58%) and 28 (45.16%) had sex with fellow class students and boy/girlfriend respectively. The adolescents who had sex with classmate were lower as compared to study in Nigera, Abia State, among sexually active adolescents: about 35.8% with classmate/playmate [13]; the adolescents who had sex with boy/girlfriends higher than in the same study area (25.9%) [13]. This could be because of increased trust with their friends and it was only about short period (it is only about 3 months prior to the study in this study).

The reasons given for sex in 3 months prior to the in the study area were: sexual initiation because of age (48.39%) peer pressure (14.52%) and financial gain (4.84%). This is different from the study in Nigeria in, Anambra, peer pressure (50%), monetary gain (27.5%) [7]. This difference might be due to difference in interest and satisfaction of the study subjects of different culture and background, and level of peer influence on sexual matter.

The result also verified that, about 2/3 (66.67%) started their first sexual intercourse when they were in age 15-19 years. This is higher finding as compared to study in Nekemt (57%) [14] had first sexual intercourse in an age 15-17 and it is the similar finding of study in Zambia among adults aged 15 and above have high level of sexual activity [9] and also agrees with finding of family guidance association of Ethiopia about 72% of boys and 71% of girls have had their first sexual contact with an age range of 15-17 years [5]. As the result of the study depicted, about 44 (58.67%) were females among sexually experienced participants and this is the similar finding in Burkina faso and Ghana among adolescents of 15-19 [15]. This is because of girls attain secondary sexual characteristics before male that initiate early sexual activity as compared to male.

According to finding of the study, about 62 (27.07%) had sex in 3 months prior to the study of them 35 (56.45%) did not use condom when they had the last sex. It is lower as compared to study in Gonder (67.1%) did not use condom [12]. This might be because of increased attitudes of study subjects towards condom than study respondents in Gonder. In contrast, this higher than study conducted in Agaro high school students about 45.6% of them never use condom at all. Also the same finding was recorded as study in Agaro, class room survey in USA among 15-24, about 33.7% had sexual intercourse during previous 3 months prior to the study, and of those about 39.7% [16] did not use condom the last time they had sex.

This could be because of inclusion of study participants who are more older than adolescents that are more mature in USA, (adolescents have less cognitive maturity than adults [4], misconception that condom reduces sexual pleasure and gives less protection for HIV/AIDS, access and availability of condom, and attitude of society towards condom using.

As the result of the study depicted, among the sexually active adolescents about 33 (58.93%) had sex with multiple partners. This is slightly higher than study in Gonder, about 53.3% [12] had two or

more sexual partners this might be due to difference in study area and subjects, not knowing consequence of having multiple sexual partners in this study.

According finding of the study about 58 (77.33%) had penetrative vaginal sexual intercourse, 9 (12%) oral and 8 (10.67%) anal this is similar finding with study in Nigeria in Osogbo, Osun State, vaginal penetrative, oral and anal sex contributed 78.1% 13.3% and 12.4% of the sexual preferences of the sexually active adolescents respectively [17]. This indicates that adolescents act in a similar way to search their curiosity of different methods of sexual intercourse.

The finding revealed that about 36 (15.72%) practiced masturbation. This is comparable finding with study conducted in Nigeria, Anambra state, among adolescents was 16.7% [7]. This similarity shows that adolescents share similar attribute of sexual practice [18-25]. (Table 6-9)

## Conclusion

There was high practice of sexual activity, high prevalence of premarital sex, low utilization of condom and contraceptives and only around half of the participants thought as condom as it prevents HIV/AIDS that increases short and long term consequences risks of sexual behavior.

## Competing Interests

The authors declare that they have no competing interests

## Authors' Contributions

All authors participated in the design and analysis of the study. LE searched the databases, and wrote the first and second draft of the article. BF reviewed proposal development activities and each drafts of the result article. All authors revised the manuscript and approved the final version.

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