

## Risky Sexual Behavior and Associated Factors Among Dire Dawa Comprehensive Secondary and Preparatory School Students, East Ethiopia in 2018

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### Abstract

**Background:** The trends in sexual activity of adolescent at younger ages are increasing alarmingly in the world. Globally, sub Saharan Africa is the region with the highest rate of HIV infection and it lead to many complicated social and Economic problems. The problems can be addressed effectively if young people reduce their sexual risk behavior.

**Methods and Materials:** Cross sectional study design was conducted to assess the risk sexual behavior and associated factors among 276 subjects. Simple random sampling technique was implemented. Analysis was done using SPSS version 20.0. Both crude and adjusted odds ratio was estimated to identify the associated factor with independent variables p-value <0.05 was considered as statically significant.

**Result:** Among of the total 271 respondents 193(71.2%) of them aware of risky sexual behavior. majority 72(61.6%) had their first sexual intercourse at the age range of 15-19 years. Age, Previous place of residence [AOR= 0.518, 95% CI: 0.280-0.959] knowledge [AOR=0.22, 95%CI: 0.20-0.550], sex [AOR=0.58, 095% CI: 0.345-0.977], night club enjoyment [AOR=0.514, 95% CI: 0.247-1.066] and substance use [AOR= 0.518, 95% CI: 0.280-0.959] are significantly associated with risky sexual behavior at P<0.05.

**Conclusion:** This study showed that 71.2% of the respondents are aware of about risky sexual behavior and age, night club Enjoyment, place of residence, sex and substance are associated factors with risky sexual behavior. Even if they have awareness, they are practicing unsafe sex. Therefore, Continuous Education in the school to bring behavioral change through school mini-media and establishing Peer-Education club at school level about reproductive health and risky sexual behavior is very important to save the new generation from infectious disease and unsafe abortion.

**Keywords:** First Sexual Intercourse; Knowledge Attitude; Practice; Risky Sexual Practice

## Acronyms and Abbreviation

<b>AIDS</b>	: Acquired Immune Deficiency Syndrome
<b>BCC</b>	: Behavioral Change Communication
<b>CSW</b>	: Commercial Sex Worker
<b>IEC</b>	: Information Education Communication
<b>KAP</b>	: Knowledge Attitude and Practices
<b>HIV</b>	: Human immunodeficiency Virus
<b>KM</b>	: Kilo Meter
<b>MOH</b>	: Ministry of Health
<b>RSB</b>	: Risky Sexual Behavior
<b>SPSS</b>	: Statistical Package for Social science
<b>SRH</b>	: Sexual Reproductive Health
<b>STD</b>	: Sexually Transmitted Disease
<b>STI</b>	: Sexually Transmitted Infections
<b>UNICEF</b>	: United National Children's Fund
<b>WHO</b>	: World health organization

## Background

World Health Organization (WHO) defines adolescent and youth as people between the ages 10-19 and 15-24 respectively [1].

Sexual activity amongst adolescents has been reported to be on the increase worldwide [2]. Similarly, in Ethiopia, adolescents aged 10 to 20 years constitute 25% of the population [3]. Young people are a significant part of the labor force and form the backbone of any country's economy. The health of young people is thus a key element for social and economic progress [4].

Most of the literature showed that most youth have begun to engage in sexual experimentation, including kissing with 97% of adolescents experiencing their first kiss at their early age [5].

Youth who begin early sexual activity are more likely to have high risk sex or multiple sexual partners and they have chance of practicing unsafe sex [6].

An in school cross-sectional study among sexually experienced Ghanaian in 2012 shows that, 25 % ( 28% boys and 23% girls) were sexually experienced [7].

In Ethiopia, the sexual and reproductive health of young people has become a major public health concern, particularly

with emerging of AIDS pandemics and unsafe abortion [8].

Young people often face numerous pressures to engage in sex especially from peers, exposed to unlicensed erotic video films and the desire for economic gain [9].

Lack of parental control, substance use, peer pressure campus and outside environment were identified as predisposing factors; males were about three times more likely to ever had sexual intercourse as compared to females [10,11].

## In School Age Risk-Taking Are the Most Serious Threats to Adolescents:

sexual risk-taking, substance use and illegal behavior. Each of these behaviors provides an interesting lens through which to examine questions about the influence of environmental and individual factors. So, this study is aimed to assess risky sexual behaviors and associated factors among High school students in Dire dawa town, East Ethiopia in 2018.

## Methods

### Study Setting and Participants

Cross-sectional study design was conducted in Dire Dawa comprehensive & secondary school. This school is the first governmental school that was established in 1963. This school has been a hope for the people of Dire Dawa for over 40 years; still it gives a great service for the people of Dire Dawa and has a significant role in contributing educated human power for the country.

The school is located at the south-western part of Dire Dawa. It is founded along the right side of the road to Harar on the border of the town.

In this school, there are a total of 1406 student which are enrolled in 9-12, of this about 803 are male and 603 are female students. The total number of teachers which are involved in the teaching and learning activities are 116, of them 18 are female teachers. The school has a total of 37 sections. This study was conducted from April 27-30, 2018.

Study participants consist of 276 from all grade & the numbers of students from each grade were selected by simple random sampling to obtain the total sample for the study after preparing the sampling frame using list of the names of the students from the class attendances. Sample proportional to size was allocated for each grade and random sampling technique was used to draw the required number of students.

Data was collected using semi structured self-administered questionnaire designed in English language. It was structured as closed ended and open-ended questionnaire and it developed and adapted after review of relevant literatures and arranged according

to particular objective it can address. The questionnaire was explained in detail by principal investigators.

**Data Collection and Quality Control**

Questionnaire was pre-arranged and consistent supervision was carried out by the principal investigators. Data collection questionnaire were adopted from pre-established known source [12,13] and modified to address the study variables in this study. Daily monitoring of the process and feedback on each day performance at the end of working hours was done. Data completeness was checked during field period.

One week before the actual data collection survey pretest was carried out in another high school on 5% of our sample size to detect on data collection and the necessary modification was made before being applied on the subjects.

**Data Analysis**

The collected data was checked for its completeness and cleaned by principal investigators. Data was entered and analyzed using SPSS version 20.0, descriptive statistics like frequency distribution, Bi-variant and Multivariable analysis was carried out to calculate the crude odds ratio (OR) and Adjusted odds ratio for testing of the association between independent and dependent variables. Analysis was done according to the objectives of the study.

**Inclusion Criteria**

All regular students of grade 9 -12 who present during data collection time were participated in the study.

**Exclusion Criteria**

Students those were absent during data collection, not volunteer, critically sick during data collection.

**Operational Definition**

**Knowledge:** Level of educational difference about risky sexual behavior and associated factors.

**Good Knowledge:** those respondents who will be answer correctly >7 of questions about knowledge of risky sexual behaviors.

**Poor Knowledge:** those respondents who will answer correctly <7 of questions about knowledge of risky sexual behaviors.

**Attitude:** Settled way of feeling both negative and positive typically reflected in person’s behavior towards risky sexual related activities.

**Positive Attitude:** those respondents who responds attitude question 3or more by saying YES

**Negative Attitude:** those respondents who responds attitude

question less than 3 by saying YES

**Practice:** Experience of respondents toward risky sexual behavior.

**High Practice:** Those who score more than 6 for practice related question

**Low Practice:** those who score less than 6 for practice related question

**Risky Sexual Behavior:** refers to behavior engaging in to unprotected sex without use of condom with non-regular partner or sex with multiple partners’ or sex after use of substances.

**First Sexual Intercourse:** respondents who engaged sex at first time.

**Result**

**Socio-Demography Characteristics**

The response rate of this study was 97.5%. Among 271 respondents 147 (54.2%) were males and, majority 216(79.7%) in age range of 15-19 years. Concerning ethnicity, majority were Oromo 129(47.6%) followed by, Amhara 94(34.7%). Regarding the religion majority of them were Muslim 121(44.6%) followed by Orthodox Christian 105(38.7). Concerning place of residence, majority of them were from urban 206(76%) and Rural 65(24%). Majority of the respondents live with their family 217(80.4%) and mother’s educational status that learned primary school were 100(36%), 75(27.2) were unable to write and read and fathers educational status that learned primary school were 97(35.8%). With regard to monthly income of family, majority 119 (43.9%) earns greater than 3000 (ETB) (Table 1).

Charac eristics		Frequency (n=271)	Percentage
Sex	Male	147	54.2
	Female	124	45.8
Age	15-19	216	79.7
	20-24	54	19.9
	>25	1	0.4
Grade	Grade 9	84	31
	Grade 10	102	37.6
	Grade 11	51	18.5
	Grade 12	34	12.5
Ethnicity	Oromo	129	47.6
	Amhara	94	34.7
	Somale	15	5.5
	Others	33	12.2

Religion	Muslim	121	44.6
	Orthodox	105	38.7
	Protestant	34	12.5
	Catholic	2	0.7
	Others	9	3.3
Previous place of residence	Urban	206	76
	Rural	65	24
Current living condition	Live with parents	218	80.4
	Live with others	53	19.6
Mothers Educational level	Unable to read and write	75	27.2
	Grade 1-8	100	36.9
	Grade 9-12	71	26.2
	Degree and above	25	9.2
Fathers Educational level	Unable to read and write	50	18.5
	Grade 1-8	97	35.8
	Grade 9-12	66	24.4
	Degree and above	58	21.4
Monthly income of the family	≤1000(ETB)	45	16.5
	1001-2000(ETB)	44	16.2
	2001-3000(ETB)	63	23.2
	≥3001(ETB)	119	43.9

**Table1:** Socio-demographic characteristic of respondents on risky sexual behaviors among Dire Dawa secondary and preparatory school June 2018.

### Knowledge of Risky Sexual Behavior

Among 271 study participants 193(71.2%) of them were aware of about risky sexual behavior, majority 85(44%) had got information from radio or TV while the least 21(10.9%) they heard from their parents.

Regarding the risk, 174(64.2%) believed to be sex with multiple partner considered as risky sexual behavior and 97(35.8 %) did not.172(63.5 %) believed to be sex without condom use is risky sexual behavior and 154(56.8%) believed that sex after substance use as risky sexual behavior.149(55%) believed that risky sexual behavior as having sex with commercial sex workers whereas 122 (45%) did not. 141(52%) of them said sex through anal and oral is judged as risky sexual behavior.

Concerning the outcome of risky sexual behavior, majority 204(75.3%) believed that it can leads to unwanted pregnancy and 231(85.2 %) indicated STI including HIV/AIDS as a great impact (Table 2).

Characteristics	Frequency (n=271)		Percentage
Having information about risky Sexual behavior	Yes	193	71.2
	No	78	28.8
	Total	271	100
Got more information about	From peers	39	20.2
	From radio or TV	85	44
Risky sexual behavior	From lesson in class	48	24.9
	From parent	21	10.9
sex with multiple partner	Total	193	100
	Yes	174	64.2
	No	97	35.8
	Total	271	100
Having sex with out	Yes	172	63.5
Use of condom	No	99	36.5
	Total	271	100
Having sex after	Yes	154	56.8
	No	117	43.2
Use of substance like alcohol, hashish ,shish a, khat	Total	271	100
	Yes	149	55
Having sex with	No	122	45
	Total	271	100
	CSW Having sex through	Yes	141
Anal and oral sex	No	130	48
	Total	271	100
Unwanted pregnancy	Yes	204	75.3
Is the outcome of	No	67	24.7
Risky sexual behavior	Total	271	100
STI including HIV/AIDS is the outcome	Yes	231	85.2

Of risky sexual Behavior	No	40	14.8
	Total	271	100

**Table 2:** Distribution of study participants on Risk sexual behavior awareness among Dire Dawa secondary and preparatory school June 2018.

### Attitude Toward Risky Sexual Behavior

Among the total of 271 study respondents 190(70.1%) have agreed on straight forward questions regarding risky sexual behavior (Table 3).

Characteristics		Total (n=271)	Percent
Abstinence from sex before marriage is important	Agree	187	69
	Disagree	73	26.9
	Neutral	11	4.1
Use of condom is important to prevent sexually transmitted disease	Agree	217	80.1
	Disagree	45	16.6
	Neutral	9	3.3
It is possible to talk about sexual matter with parents	Agree	177	65.3
	Disagree	65	24
	Neutral	29	10.7
Either boys or girls can use condoms	Agree	199	73.4
	Disagree	57	21
	Neutral	15	5.5
Sexual intercourse is acceptable if only through vaginal sex	Agree	148	54.6
	Disagree	85	31.4
	Neutral	38	14
It is possible to say risky sexual behavior as it may lead to STI including HIV /AIDS	Agree	212	78.2
	Disagree	45	16.6
	Neutral	14	5.2
Ground total (Average total)	Agree	190	70.1
	Disagree	62	22.9
	Neutral	19	7

**Table 3:** Distribution of attitudes of study respondent towards risky sexual behavior among Dire Dawa secondary and preparatory school June 2018.

### Practice of Risky Sexual Behavior

From the total of 271 study subjects, majority 199(73.4 %) had sexual feeling to opposite sex. From those who had feeling majority 118(59.3%) are at the age group 15 years and more.

Out of the sexually active group, 117(58.8) had sexual contact. Majority 72(61.6%) had their first sexual intercourse at the age range of 15-19 years.

The majority of the respondent's 172 (63.5%) had intimate friends in the last twelve months. Among those who ever had intimate friends, majority 92(53.5%) had sex in the last 12 months. Out of those who had sex in the last 12 months, majority 92(53.5%) had only one intimate friend.

From those who ever had sexual intercourse, 78(66.7%) have ever used condom and 39(33.3%) have never used.

From the respondent's, majority 166(61.3%) had used substance. Out of 166 substance users, majority 82(49.4%) had used khat, followed by alcohol 53(31.9%).

Out of 48 who enjoyed Night club, majority 23 (47.9) have enjoyed once in a month and the least 10(20.8%) at every weekend. Out of 175 who watched erotic film 84(48%) watched occasionally and the least 24(13.7%) watched every day (Table 4).

Characteristics		Total (n=271)	Percentage
Sexual feeling for the first time	Yes	199	73.4
	No	72	26.6
	Total	271	100
Age when first sexual feeling start	<15	81	40.7
	15 years and more	118	59.3
	Total	199	100
Currently have boy/girl friend	Yes	156	57.6
	No	115	42.4
	Total	271	100
Do sexual intercourse ever	Yes	117	43.2
	No	154	56.8
	Total	271	100
Age at first sexual inter course	<15	45	38.4
	15-19 years	72	61.6
	Total	117	100

The main reason to start sexual intercourse at first time	Desire to sexual	63	53.8
	Experiment		
	Peer- pressure	28	23.9
	Need of money	5	4.3
	Total	117	100
Presence of intimate friends in the last 12 months	Yes	172	63.5
	No	99	36.5
	Total	271	100
Number of current intimate friends	Only one	92	53.5
	Two & above	80	46.5
	Total	172	100
Have sexual intercourse in the last 12 months	Yes	92	53.5
	No	80	46.5
	Total	172	100
Route of sexual intercourse	Vaginal	106	90.6
	Anal	6	5.1
	Oral	5	4.3
	Total	117	100
Use of condom during sexual intercourse	Yes	78	66.7
	No	39	33.3
	Total	117	100
Frequency of condom use	Always	17	21.8
	Sometimes	7	9
	Rarely	54	69.2
	Total	78	100
Have used substance	Yes	166	61.3
	No	105	38.7
	Total	271	100
Substance used	Alcohol	53	31.9
	Hashish	21	12.7
	Shisha	10	6
	Khat	82	49.4
	Total	166	100
Night club enjoyment	Yes	48	17.7
	No	223	82.3
	Total	271	100

Frequency of Night club enjoyment	Every weekend	10	20.8
	At least twice a month	15	31.3
	At Once a month	23	47.9
	Total	48	100
Watching erotic film	Yes	111	41
	No	160	59
	Total	271	100
Frequency of watching erotic film	Every day	16	14.4
	At least twice a week	44	39.6
	Occasionally(2-3 times monthly)	51	45.9
	Total	111	100
S Smoking	Never smoke	213	78.6
	Occasionally(2-3 times monthly)	38	14
	Smoke 2-3 times weekly	10	3.7
	Smoke daily	10	3.7
	Total	92	100

**Table 4:** Distribution of study participants of sexual practice among Dire Dawa secondary and preparatory school June 2018.

## Factors Associated with Risky Sexual Behavior

### Bi-Variate Analysis of Risky Sexual Practice

Bi-variate analysis was carried out to identify predictors of risky sexual behavior and all variables with  $p < 0.2$  were selected multi-variate logistic regression. Multi-variate logistic regression analysis was done to identify the effect of independent factors. The overall model to predict the probability of risky sexual behavior was statistically significant ( $p < 0.05$ ). Accordingly, gender is significantly associated with risky sexual behavior. Those males were 2.01[95% CI: 1.25, 3.28] times more likely to practice risky sexual behavior than females. Regarding previous resident of respondent those who lived rural were 2.19[95% CI: 1.23, 3.87] times more than whom resident was urban. Similarly, substances use is significantly associated with risky sexual behavior were 1.94 [95% CI: 1.18, 3.1] than students who did not use substances.

Moreover, watching erotic movie is significantly associated with risky sexual behavior. Students who have exposure to movies were 1.77[95% CI: 1.083, 2.89] times more likely to practice risky sexual behavior than those who didn't watch erotic film (Table 5).

Variables		Risky sexual behavior		COR
		have no risky sexual behavior	have risky sexual behavior	
Sex	Male	60(41.1%)	86(58.9%)	2.01[95% CI:1.25, 3.28] P=0.015
	Female	70(56%)	55(44%)	
Previous place of residence	Rural	23(35.4%)	42(64.6%)	2.19[95% CI:1.23, 3.87] P=0.021
	Urban	107(51.9%)	99(48.1%)	
Knowledge status	Poor knowledge	73(40.1%)	109(59.9%)	2.66[95% CI:1.574, 4.495] P=0.000
	Good knowledge	57(64%)	32(36%)	
Sexual practice	No	76(43.4%)	99(56.6%)	1,675[95% CI:1.014, 2.767] P=0.044
	Yes	54(56.2%)	42(43.8%)	
Attitude towards risky sexual behavior	Negative	75(42.9%)	100(57.1%)	1.789[95% CI:1.081, 2.9587] P=0.024
	Positive	55(67.3%)	41(42.7%)	
Substance Use	Used	69(41.6%)	97(58.4%)	1.94[95% CI:1.18, 3.1] P=0.008
	Non-Used	61(58.1%)	44(41.9%)	
Night club enjoyment	Yes	16(33.3%)	32(66.7%)	2.092[95% CI:1.086, 4.027] P=0.027
	No	114(51.1%)	109(48.9%)	
Watching erotic film	Yes	44(39.6%)	67(60.4%)	1.77[95% CI:1.083, 2.892] P=0.023
	No	86(53.8%)	74(46.2%)	

**Table 5:** Bivariate analysis of Risky sexual practice.

### Multivariate Analysis of Risky Sexual Practice

In the bi-variate analysis variables that reached a p-value of less than 0.2 in the bi-variate analysis were included in the multivariable analysis.

The multivariate binary logistic regression analysis identified that age of the of the students, previous place of residence, Knowledge status of the respondents, Substance Use, Night club enjoyment and sex of respondents had significant association with risky sexual behavior (Table 6).

Variables		Risky sexual behavior		AOR
		have no risky sexual behavior	have risky sexual behavior	
Sex	Male	60(41.1%)	86(58.9%)	0.580[95, CI: 0.345, 0.977] P=0.040
	Female	70(56%)	55(44%)	
Previous place of residence	Rural	23(35.4%)	42(64.6%)	0.518[95%,CI: 0.280, 0.959] P=0.036
	Urban	107(51.9%)	99(48.1%)	

Knowledge status	Poor knowledge	73(40.1%)	109(59.9%)	0.522[95%,CI:0.20, 0.550]
	Good knowledge	57(64%)	32(36%)	P=0.008
Substance Use	Used	69(41.6%)	97(58.4%)	0.518[95%,CI: 0.280, 0.959]
	Non Used	61(58.1%)	44(41.9%)	P=0.041
Night club enjoyment	Yes	16(33.3%)	32(66.7%)	0.514[95%,CI: 0.247, 1.066]
	No	114(51.1%)	109(48.9%)	P=0.074
P value <0.05				

**Table 6:** Multivariate analysis of Risky sexual practice.

## Discussion

In our study, among 271 respondents' more than half (56.7%) had boy or girls friend which accounts (43.2%) and had sexual intercourse. This finding is almost similar with the study conducted at North East Ethiopia youth ever had sex (51.3%). This difference might be due to sample size and geographical area and Time.

Regarding first sexual initiation was 12 and 13 years for female and male respectively. The finding is similar with the study conducted at Addis Ababa [13]. The similarity might be because the respondents live in comparable cities and living style of the community. Relating to first sexual intercourse, majority (61.6%) had their first sexual intercourse at age range of 15-19. This finding is also almost similar with the study done in Zambia shows 65% had their first sexual intercourse between the age of 15 and 17. This little difference may be due to cultural difference between the study respondents at the two-study area and media exposure.

Concerning the reason of starting sexual intercourse (53.8%) started their first sexual intercourse due to desire to experiment, (23.9%) due to peer- influence, (18%) after use of substance like alcohol and khat, and (4.3%) due to need of money. This finding is also similar with the study done in Zambia shows 48% of the first sex done for the desire to experiment 18% due to peer pressure. This revealed almost the same findings even though a little bit lowered. This might be because of the cultural difference between the study respondents at the two study area.

This study showed that, (46.5%) has two or more sexual partners for the last 12 months. This study is similar with conducted in preparatory school students of Gondar town in 2011, 43.3% had multiple sexual partners. Still there is little difference between the two study areas. This difference might be because of difference in life style, culture and living condition of the respondent.

In this study, (69.2%) had used condom rarely during sexual contact, (21.8%) had used always and (9%) sometimes. The same

study was conducted among undergraduate university students in Ethiopia revealed who had 28% ever had sexual intercourse, about 60% of students had used condom rarely. This discrepancy might be due to because of health education and awareness that have been given at different level and accessibility and distribution of condom.

Among (61.3%) have used substance, majority (49.1%) have used khat, (31.7%) have used alcohol, (12.6%) have used hashish. The same study conducted among high school students in A. An in 2011, more than half 52.5% of sexually active students (57.4%) were current alcohol drunker, 27% cigarette smokers and 28.7% were chat chewers and 20% were current shisha smokers. This difference might be due to living situation and cultural variation in Addis Ababa city and Dire Dawa city. In addition, in the eastern part of Ethiopia chat is the main economy source of the community and highly accessible.

Risky sexual behavior is significantly statistical associated with age, previous place of residence, sex, knowledge, night club enjoyment and substance use of study respondents. In other study also most of those factors are considered as risk factors for risky sexual behavior.

## Conclusion

Majority of the study respondents are knowledgeable about sexual risky behavior. Even though they have knowledge about risky sexual behavior, they started initiation of early sexual intercourse at their early age. The risky sexual behavior is highly prevalent in male than female and they are poorly protecting them self from sexual transiting disease. Multiple sexual partners are considered as risky sexual behavior. Khat chewing and drinking alcohol are pushing the students to practice risky sexual behavior.

Age, Previous place of residence, knowledge, sex, night club enjoyment and substance use of study respondents are significantly associated with risky sexual behavior.

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## Availability Data and Materials

The datasets used or analyzed during the current study available from the corresponding authors any time in reasonable request. Upon request we are ready for submission of the required data set.

## Authors' Contribution

Tariku Derese, Tadele Woldie and Adane Tareke conceived and design the study, perform analysis and interpretation. Alemshet Getachew assists with Design, conception, analysis and interpretation of the data. Tariku Derese also writes up and drafted the manuscript and all the authors read and approved the final manuscript.

## Competing Interests

Authors declared that there is no competing interest.

## Consent for Publication

Consent for publication is not necessary because this manuscript didn't have any personal data like individual details, photo, image and video.

## Ethical Approval and Consent to Participate

Before data collection, ethical clearance and permission was obtained from Ethical Review Committee of Haramaya University, college of public health and medical sciences, school of public health. The Ethical review committee also had approved the procedure of verbal consent. The written consent is

not necessary because Official Support Letter was given for Dire Dawa preparatory school Director and all study participants were informed before data collection about the purpose of the study and their right to refuse. The data was collected after verbal consent is assured from the participant. The investigators made sure that confidentiality of the information was assured in such a way that no disclosure of any information of participant.

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