

# Risky sexual behavior and associated factors among oda bultum university students, eastern Ethiopia, 2021

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## ABSTRACT

**Background:** Early sexual debut, having multiple sex partners, alcohol abuse, and non-use of condoms are risky sexual behaviors among young people that make them vulnerable to many health problems. This study aimed to assess the magnitude of risky sexual behaviors and predictors among undergraduate regular students of Oda Bultum University.

**Materials and Methods:** An Institutional based quantitative cross-sectional was conducted from January 3, 2021 to February 15, 2021, by using a pre-tested self-administer questionnaire among randomly selected 371 students. Data were entered into Epi data version 3.02 and then exported to SPSS Ver.25 for analysis. Bivariate and multivariable logistic regression was performed. Then, the level of statistical significance was declared at a p-value less than 0.05.

**Results:** Overall findings showed that 145(61.7%), 95% confidence Interval (55.5%-67.9%) students ever practice risky sexual behaviors. This finding of this study indicated that those students aged 19 to 22 years old (adjusted odds ratio = 3.59, 95% confidence interval: 1.61, 8.02), who attended on video, pornography, and entertainment (adjusted odds ratio = 4.68; 95% confidence interval: 2.02, 10.85), who had intercourse after

drunken alcohol o (adjusted odds ratio =7.86; 95% confidence interval: 3.46-17.86) and had information on Sexuality and Reproductive Health (adjusted odds ratio =0.05; confidence interval: 0.02-0.16) 95% were significantly associated with risky sexual behaviour.

**Conclusion:** This study disclosed high-risk sexual behaviour among the study population. Risky sexual behaviours were statistically associated with group age, academic year; viewing the video, pornography and entertainment, drunken alcohol and information on sexuality and reproductive health.

**Key Words:** Risk sexual behaviour, Oda Bultum University, University students

## Key points:

- Early sexual debut, having multiple sex partners, alcohol abuse, and non-use of condoms are risky sexual behaviors among young people that make them vulnerable to many health problems
- This study fulfilled the literature gap of RSB and identified associated risk factors such as age, academic year; viewing the video, pornography and entertainment, drunken alcohol and information on sexuality and reproductive health
- Therefore, the evidence from this study calls upon policymakers, students, and University teachers to play a role in preventing risky sexual behaviours and their consequences through interventions

## INTRODUCTION

Risky sexual behavior is the most common problem in adolescents and young adults, exposing individuals to permanent social, economic, psychological, and physical problems [1]. More than half of the world's population constitutes young people less than 25 years old, and the majority of these populations live in developing countries. Young peoples are at high risk of practicing-risk sexual behaviours, because of the risk-taking behaviours during this age group [2].

Risky Sexual Behaviors (RSB) are behaviors leading to Sexually Transmitted Diseases (STD) and unintended pregnancies. Having sex at an early age, having multiple sexual partners, having sex while under the influence of alcohol or drugs, and unprotected sexual behaviors are the common characteristics of risky sexual behavior which increase the risk of individuals to sexuality and reproductive health problems [3-5].

Risky sexual behaviors are becoming an important problem all over the world. Globally, young people in sub-Saharan Africa continue to be the population at the greatest risk for Sexually Transmitted Infections (STI) such as HIV and AIDS, Syphilis, Gonorrhoea and unwanted pregnancy leading to high death rates among the economically active age group, 15 years to 60 years [6]. Research has shown a significant relationship between young people's risky sexual behaviors and their vulnerability to these STIs [7].

The previous study revealed that some socio-demographic and economic risk factors associated with risky sexual behaviors are male sex, smoking, nightclub attendance, and alcohol use. In contrast, have a good relationship with friends, peers, and parents, as well as religiosity, have been found to be a protective measure against risky sexual behaviors [8]. Additionally, studies

show that the special vulnerability of the youth in universities results from unsatisfactory knowledge, low-risk perception, cultural difference, females' low negotiation skills in condom use, widespread substance use, and peer pressure towards STIs and HIV [9].

The number of higher learning institutions increase in number and size in Ethiopia, the HIV risk perception and behaviors among undergraduate students have become an indispensable part of the national HIV prevention and control program. These undergraduate students are particularly vulnerable to HIV/AIDS due to their age group which constitutes the peak period for sexual activity, inclination towards sexual networking and consequent risk of HIV infection [10,11].

Sexual risk behaviors remain a significant problem predisposing University students to STIs and HIV infection, might be due to accumulation family strict ion in previous class and their ambition to risk taking, also the fact that University students are too many numbers, lack youth-friendly sexual and reproductive health services and do not benefit from close parental supervision. However, little has been known about risk sexual behavior of students in University where more students are potentially enrolled currently. Therefore, this study aimed to assess the magnitude of risky sexual behaviors and predictors among students of public University of oda bultum university in Ethiopia.

This study will help to programs with comprehensive education on Sexual and Reproductive Health (SRH) issues such as safer sex and Behavioral Change Communications (BCC) on risk perception; life skill training, peer-education, availing services and working with stalk holders, NGOs, and the surrounding community provide information related to SRH for students and gender cubs. Clear identification of determinants factors of youth

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risky sexual behavior can help policy makers and planners as well as other stakeholders in designing effective interventions.

**Conceptual frame work**

The conceptual frame work for these study was adapted and modified from relevant literature. The Figure 1 Shows the socio demographic, relationship factors and personal habit associated with risk sexual behavior.

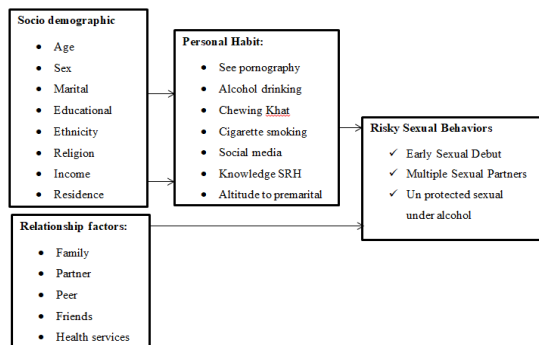


Figure 1) Conceptual framework of risky sexual behaviour adapted from literatures.

**MATERIALS AND METHODS**

**Study setting and period**

The study was conducted in oda bultum university, Eastern Ethiopia from January 3 to February 15, 2021. oda bultum university is one of public universities in Ethiopia which was established in 2014. The University located in Chiro town, West hararghe Zone, Oromia regional state 322 km away eastern from Addis Ababa, the capital city of Ethiopia. The numbers of students enrolled in the Oda bultum university during 2020/2021 academic year were 1691 male and 1185 female students; total 2876 students studying in 31 departments of 6 colleges.

**Study design and population**

Institutional based cross sectional study design was applied. All randomly selected regular undergraduate students enrolled for 2020/2021 academic year at Oda bultum university during study period were study population. Students who were unhealthy and blind during data collection period which made them difficult to participate in the study were excluded.

**Sample size determination and procedure**

Sample size determination was determined by using single population proportion formula with the following assumptions: 54.6% proportion of risky sexual behaviors at a mean age of 19.5 years (p) from the previous study conducted on the related topic using similar population group of Madda Walabu University, Margin of error (d) 5%, using 95% level of significance. Based on the above assumption, the actual sample size calculated for the study was 371, including 10% non-response rate [9].

Simple random sampling technique proportional to class year was employed to selected study participants. The list of all class year students of six colleges and 31 departments was obtained from the University registrar office. The respondent numbers of students were selected using simple random sampling technique among fourth, third, second and first-year students. They were randomly selected in a proportional manner from all departments and both sexes.

**Data collection tools, procedure and quality assurance**

A semi-structured, pre-tested, and standardized questionnaire was used to collect socio-demographic information, risky sexual behavior and factors associated with sexual risk behavior of youth. The questionnaire was developed from EDHS and different literatures conducted previously and minor modification was made in accordance with the study area. Data were collected by four BSc nurse and supervised by two senior nurses. Before the actual data collection, questionnaires were pretested in nearest similar university (haramaya university). Data collectors and supervisors were trained to be familiar with the objective and the methodology of the research and to standardize their interviewing technique and to answer question in consistent manner. The principal investigators were closely sup-

ervising the performance of the data collectors in the field on a daily basis and Completeness of the questions was checked at filed level.

**Study variables**

**Dependent variables**

Risky sexual behavior (multiple sexual partners, early initiation of sex and unprotected sexual done under influence of alcohol).

**Independent variables**

The independent variables included in this study are: Socio-economic characteristics including: Age, sex, educational status (year of enrollment), marital status, religion, and ethnicity, residence of the parents of the study subjects, and families' status which are categorical variables. Personal Habit: Alcohol drinking see pornography, chewing khat, using social media, types of sex practice, sexes with individual, have information of SRH and other included under questionnaires.

**Data processing and analysis**

The collected data was entered, in to Epidata 3.02 and export to SPSS version 25 for data clearing and analysis. Frequencies, mean, standard deviation and range was estimated to describe variables. Bivariate logistic regression was performed to assess the association between each independent and dependent variable. During the bivariate analysis, all explanatory variables were checked for Multicollinearity by observing standard error and beta values as an indicator. To control Confounder variables multivariable logistic regression analysis was done by taking the variables with P<0.20 from bivariate. The study variable, odds ratio with its 95% confidence interval was used to determine the strength and p<0.05 were declared statistically significant association between independents and the outcome variables.

**Ethical clearance and consent form**

Ethical clearance was obtained from haramaya university, college of heal and medical science Institutional Health Research Ethics Review Committee (IHRERC). Haramaya university within Ref. No: IHRERC/128/2020. Official letter was written from School of Graduate Studies to Oda bultum university. An informed, voluntary, written and signed consent was obtained from the respondents before the interview. The respondents were explained about the target of the study and that the information obtained was kept confidential and was used for research purposes only. The respondents were explained that: the risk of participating in this study to be very minimal, but only taking 25min to 40 min from their time; there was no any direct payment for participating in this study; the findings obtained from the study was useful for planning intervention programs. Confidentiality of responses was ensured throughout the research process.

**RESULTS**

**Socio demographic characteristics based on sexually active**

Out of 371 self-administered distributed questionnaires, 355 students were provided their complete and relevant responses which making response rates 95.7%. The rest did not provide either complete data or refused to complete the questionnaire. About 235 of Oda bultum university students were sexually active.

The mean age of the study participants were 22.42 years with standard deviation of 1.5 and with age ranging from 19 to 27. About 133 (56.6%) of subjects were male. Majority of students 53.2% were belonging to Oromo ethnicity; Based on academic year of study, majority of the participants were from 2nd year 88 (37.4%), 1st year 69 (29.4%), 3rd year 66 (28.1%) and 4th year 12 (5.1%). Majority of respondents were Single 198 (85%). Student's family's place of resident from Rural 122 (51.9%) and those have lived Urban 113 (48.1%) (Table 1).

**Sexual behaviors**

**Early sexual initiation and multiple sexual partners and Substance use**

More half 235 (66.2%) respondents had ever sexual activity. Mean age at first sexual intercourse was 19 (± 2.7) years. About 97 (41.3%) students engaged early sexual initiation. About 49% were female respondents. Number of sexual partners so far contacted only 67 (28.5%) respondents had one partner and other had two and more than two partners. 53 (22.6%) students involved multiple sexual partners last 12 months.

The study revealed that 71.5% of the students attended on video, movies, pornography and entertainment; these actions were the reason

**TABLE 1**

Socio demographic characteristic of sexually active regular students at oda bultum university, 2021

Characteristics	Frequency	Percent
Age (n=235)		
19-22	108	46%
23-27	127	54%
Gender (n=235)		
Male	133	56.6%
Female	102	43.4%
Year of study (n=235)		
1st year	69	29.4%
2nd year	88	37.4%
3rd year	66	28.1%
4th year	12	5.1%
Religion (n=235)		
Orthodox	69	29.4%
Islam	67	28.5%
Protestant	69	29.4%
Others	20	8.5%
Frequency attained on religion (n=235)		
Every day	85	36.2%
Once per week	107	45.5%
Once per month	28	11.9%
Once per year	15	6.3%
Ethnicity (n=235)		
Oromo	125	53.2%
Amara	62	26.4%
Tigre	3	1.3%
Others (Sidama, Walaita)	45	19.1%
Marital status (n=235)		
Single	198	84.3%
Married	37	15.7%
Family place of residence (n=235)		
Rural	122	51.9%
Urban	113	48.1%
Family economic status related (n=235)		
Rich	68	28.9%
Medium	121	51.5%
Poor	48	20.4%
n= sample size		

for premarital intercourse of 64 students. 116 (49.4%) students had sexual intercourse after drunken alcohol but 40 (34.5%) protected by using condom and 76 (65.5%) students of ever had sexual were unprotected sexual done under alcohol abuse. The response indicated that about 57 (24.3%) sexual intercourse influenced chew khat; of them 25 (42%) protected by condom. From sexually active students responded 168 (71.5%) students thought alcohol, khat and drug used reason for their acceptance of premarital sex and only 55 (23.5%) of students sexually active have information of sexuality and reproductive health information (Table 2).

**Sexual behavior of condom use**

Regarding sexual practice, those practice unprotected vaginal intercourse were 118 (50%) respondents. These answers were similar with answered for didn't condom used at last intercourse about 50.6%. But, on their first intercourse only 24 (10.2%) used condom on their first intercourse. Among male students who practiced sex with CSW (only males) 36 (18%); among had sexual intercourse with female commercial sex workers 19 (52.8%) use condom every time and 9 (25%) used condom almost every time, others 8 (22.2%) used sometimes due expensive and ashamed to ask.

**Risky sexual behaviors**

Over all the finding of this study showed 145 (61.7%) 95%CI (55.5% to 67.9%) students of ever practice risky sexual behaviors. It was computed from: 97 (41.3%) 95%CI (35.1% to 47.5%) students engaged early sexual initiation; 53 (22.6%) 95%CI (16.4% to 28.8%) students had multiple sexual partners in last 12 month and about 76(32.3%) 95%CI (26.1% to 38.5%) were unprotected sexual activity done under the influence of alcohol.

**TABLE 2**

Sexual behaviours and substance use among undergraduate students of oda bultum university, 2021.

Characteristics	Frequency	Percent
Sexual Orientation (n=235)		
Heterosexual	224	98.9%
Homosexual	11	1.1%
Have girlfriend/Boy Friend (n=355)		
Yes	321	90.4%
No	34	9.6%
Ever Sexual Intercourse (n=355)		
Yes	235	66.2%
No	120	33.8%
Age of Sexual Initiation (n=235)		
<=18 year	97	41.3%
>18 year	138	58.7%
Number of sexual partners so far (n=235)		
One	67	28.5%
Two	92	39.1%
Three	57	24.3%
Four and above	19	8.1%
Number of sexual partners last 12 months (n=235)		
One	181	77%
More than one	53	22.6%
Attend on video, movies, pornography (n=235)		
Yes	168	71.5%
No	67	28.5%
Thinking of premarital sex (n=168)		
Yes	64	38%
No	104	62%
Had intercourse after drunk alcohol (n=235)		
Yes	116	49.4%
No	119	51.6%
Had used condom after drunk alcohol (n=116)		
Yes	40	34.5%
No	76	65.5%
Had sexual Intercourse after chewing khat (n=235)		
Yes	57	24.3%
No	178	75.7%
Premarital sex due alcohol, khat and drug (n=235)		
Yes	168	71.5%
No	67	28.5%
Thought of Social media initiate for sex (n=235)		
Yes	134	57%
No	101	43%
Had any information of SRH (n=235)		
Yes	55	23.4%
No	180	72.6%
Place of SRH (n=55)		
PHI	15	27.3%
Media	21	38.2%
youth centers	19	32.3%
Person source of SRH (n=55)		
Parent	11	20%
Peer	15	27.3%
Friend &couple	14	25.5%
Health worker	18	32.3%
Individual with had sexual intercourse (n=235)		
Have another partner	72	30.6%
person with STI	38	16.2%
With CSW	30	12.8%
Abstain and trust	95	40.4%

Note: SRH- Sexual reproductive Health, Commercial sexual worker, STI-Sexual Transmitted Infectious, PHI- Public Health Institution

**Factors associated with risky sexual behavior**

After Risky sexual behavior computed from three risky behaviors (early sexual

debut, multi-partners and unprotected sexual of alcohol abuse), Ten variables (age, years of study, number of partners so far, decide sexual intercourse of first time, thinking of partner as has another partner, attend on video, movies, pornography and entertainment, had intercourse after drunk alcohol, had sexual intercourse after chewing khat, information of SRH, individual who had intercourse some have partner and who have STI) were associated with risky sexual behaviors in the bivariate analysis. However, in the multivariable logistic regression analysis only five factors (age, year of studies, attend on video, movies, pornography and entertainment, information of SRH, and had intercourse after drunk alcohol) predictors of risky sexual behaviors.

Based on academic year, senior students more likely risky sexual behavior than junior (AOR 3<sup>rd</sup>=3.56; 95%CI: 1.05, 12.09). Those students are categorized 19-22 years old were (AOR=3.59; 95%CI: 1.61, 8.02) statistical significance more likely to engage in risky sexual behavior than age 23-27 years. Respondents attend on video, pornography and entertainments were more likelihood of RSB (AOR=4.68; 95%CI: 2.02, 10.85). Also, participants had intercourse after drunken alcohol more likely Risky sexual (AOR=7.86; 95%CI: 3.46, 17.86). But students who had information of SRH were limited from risky sexual behaviors by 95% (86% to 98%) (Table 3).

**DISCUSSION**

This study attempted to provide overall prevalence of risky sexual behavior in study population is 61.7% (95%CI (55.5% to 67.9%)). Risky sexual behavior in this study population is similar to prevalence of risky sexual behaviors in University students, 63.9% in Botswana [12]. However, it is lower than the study conducted in Burayu town (79.1%), Tiss Abay, Ethiopia (70.3% ) and University of Zambia (72.2%), Bangkok, Thailand (69.5%) and higher than study conducted in southern Brazil (9%) [13-17].The difference might be due to methodological differences like; study population, sample size and sample method.

The present study clarified about 97 (41.3%) (95%CI: 35.1%-47.5%) students have early sexual initiation. Those age group 19-22 years and female students were statistically significant participated of early sexual initiation than aged elders and male students respectively. The result of this study is higher than the Aksum University, 66 (37.9%) of students had first sexual intercourse before 18 years [4]. Similarly, study conducted in Colombia 63% of participants initiated sexual activity before the age of 18 [18].

The finding indicated on number of sexual partners, 53 (22.6%) (95%CI: 16.4%-28.4%) students had multiple sexual partners in last 12 months. Senior students have more likely multiple sexual partners than junior. Students whom attended on video, movies and pornography, drunken alcohol and acceptance premarital sex were significantly more likely

**TABLE 3**

Multiple logistic regressions showing adjusted odds ratio for factors associated with risky sexual behaviours among undergraduate students at Oda bultum university, 2021

Variables	Risky Sexual Behaviors (RSB)		Adjusted OR	P value
	Risky	Non risky		
<b>Age of students (n=235)</b>				
19-22	74	34	3.59(1.61-8.02)	0
23-27	71	56	1	
<b>Years of study (n=223)</b>				
1 <sup>st</sup> year	36	33	1	
2 <sup>nd</sup> year	54	34	1.10(.43-2.82)	0.84
3 <sup>rd</sup> year	47	19	3.56(1.05-12.09)	0.04
<b>Attained Video, Pornography and Entertainment (n=235)</b>				
Yes	115	53	4.68(2.02-10.85)	0
No	30	37	1	
<b>Had intercourse after drunk alcohol (n=235)</b>				
Yes	95	21	7.86(3.46-17.86)	0
No	50	69	1	
<b>Information of SRH (n=235)</b>				
Yes	19	36	.05(.02-.16)	0
No	126	54	1	

Source: Estimation result Multivariate logistic regression, 2021 and significant level less than 5 %, 1 denote Reference Tolerance Test is between 0.1 -1, Variance Inflection Factor between 1-10, Condition Index Test <30.

involved in multiple sexual partners. This study show less involvement in multiple sexual partners in study area compare to finding in jimma university (28.3%), bahirdar university (45.2%) [1,19]. Slightly discrepancy of study area may due to increased sample size and section of study population.

This study showed 116 students had sexual intercourse after drinking alcohol. About 77 (32.8%) (95%CI: 26.6%, 39%) were unprotected sexual activity done under the influence of alcohol. This finding disclosed about 50.6% (95%CI: 45.4%-55.8%) of respondents do not used condom in their last sexual intercourse and only 24 (10.2%) used condom at 1st intercourse. Participants had intercourse after drunken alcohol 7.8 more likely engaged to risky sexual behaviors. But, this studies display more practice of safe sex compare to bahidar University (62%) (19) and in Jimma University (57.6%) (1) of unprotected sex.

This finding showed that students age range 19 to 22 were statistical significance 3.59 more likely to exercise of risky sexual behavior than age range 23 age to 27 age may due to adolescents' risky taking behaviors. Finding is a little difference compared to northern Ethiopia, age group 15 years to 19 years was less likely to engage in risky sexual behavior compared to the 20 years to 24 years of age group and 25 years to 29 year age group [14]. This detection cleared senior students of 3rd academic year were statistical significance more likely risky sexual behavior than junior due to they familiar with environments. This study assists what study in madda walabu university, 4th and 3rd academic year students were higher risky sexual behaviors and against study in Kenya male gender more engaged to early sexual debut [9,20]. Contrast in enrolled year and age of selected population may have contributed to the dissimilarity.

Accordingly, these finding respondents whom attend on video, movies, pornography and entertainment were more likelihood of risky sexual behaviors (AOR=4.68; 95%CI: 2.02-10.85) may they practice what saw on media. The result in the study agree to the finding in northern country female youth which show age group, chewing 'khat', watching pornography and using any form of stimulant substances were the predictors of RSB [14].

Furthermore, this result explained participants had intercourse after drunken alcohol more likely exposure to risky sexual (AOR=7.86; 95%CI: 3.46-17.86). This finding maintains the previous study on arbaminch university who drink alcohol risky sexual behaviors [21]. The little disagreement may be due to the definitions of risky sexual behaviors in studies.

Moreover, students who have information sexuality and reproductive health were 95% (95%CI: 86%, 98%) limited from risky sexual behavior. However, only 138 (38.9%) of students have information of sexuality and reproductive health from all participants, but only 23.4% of sexually active have information sexual and reproductive health. This study verifies what reproductive health revealed SRH rights and good knowledge on RH, statistically significant associations with prevention of risky sexual behaviors [8].

The finding shows students those good relations with Public Health Institution, youth centers and media of inform on sexual and reproductive less likely to risky sexual behaviors. Addition participants those informed about sexuality and reproductive health from health worker, Parent, Peer and Friend were protected from risky sexual behaviors. There is a need to create community support networks for adolescents to practice safer sexual behaviors and provide access to SRH information and services. Looks at broader social factors, such as health systems, culture, politics, laws and policies, social norms and values, media and gender norms have a potential effect on young sexual behavior [22].

The findings hold 76 (32.3%) and 5% students had one and three type of risky sexual practice orderly of (early sexual debut, multiple sexual partners and unprotected sexual alcohol abuse). This finding is nearly to the same of under graduate Arbaminch University identified 127 (31.4%) reported having at least one risky sexual behavior in their lifetime and Debra Tabor University students are exposed to a variety of risky sexual behaviors such as early sexual initiation, experiencing, multiple sexual partners, unprotected sex and the use of substances like alcohol [3,21].

**Strength and limitation of study**

Major reproductive health's issues relate to young, affect their sexual behavior which is probably exploring in University. So, this study identified sample size procedure and analysis of risky sexual behavior relate to early sexual initiation, multiple sexual partners and unprotected sexual of alcohol abuse. We used standardized and pretested questionnaire to minimize the risk of measurement bias. The limitation of this study was social desirability

bias due to sensitive and personal questions related to sexuality. This study was a cross-sectional study; it cannot be used to analyze behavior over a longer period time and lacks of detail data of sexual experiences before joined University. Furthermore, this research has focus on quantitative research which has information bias better to focus on qualitative research to more understand and identify risky sexual behaviors youth in the higher institution of future.

### CONCLUSION AND RECOMMENDATION

This study holds up as risky sexual behavior is high, its consequences also perilous. The respondents exhibited a Risky Sexual Behavior as many had their first sexual intercourse before 18 years. Study revealed risky sexual behavior such as having early sexual initiation, multiple sexual partners and unprotected sexual activity done under influenced by alcohol of university students were statistical positive associated with age group, academic years, attend on video, movies, pornography and entertainment and had intercourse after drunken alcohol and negatively associated with information of sexuality and reproductive health. It is suggesting an urgent need for intervention to promote safe sex among oda bultum university.

Therefore, Students should be avoiding negative use and focus on positive effect of social media. Strengthening comprehensive sexuality education for all undergraduate students to develop knowledge, skills, attitudes and values that will empower them to realize their health, minimize risky behaviors and practices behavioral change to safe sex. Also, special attention and early interventions are needed to avoid early sexual initiation and unprotected to sex. Furthermore, we recommended the Ministry of Health in collaboration with Ministry of Education should encourage reproductive health education which plays a vital role in youth healthy sexual behavior.

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