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Sexually Transmitted Infections among Preparatory School Adolescents in Sodo Town, Southern Ethiopia

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Abstract

The global burden of sexually transmitted infections (STIs) among adolescents remains high. STIs are major public health problems in Ethiopia. Adolescents are at high risk of contracting sexually transmitted diseases than other age groups because of their social norms, varying moral, religious, and cultural settings. This study aimed to assess sexually transmitted infections and associated factors among preparatory school adolescents in Sodo town, Southern, Ethiopia. A cross-sectional study was conducted from Jan 1- Feb 30/ 2018 among 731 adolescents in five preparatory schools. Systematic random sampling was used to recruit study participants. A self-administered structured questionnaire used to collect the data. EpiData manager and client entry version 4.0.0.42 were used for data entry. Statistical analysis was done by using STATA version 12. P-value < 0.05 with 95 % confidence interval (C.I) along with odds ratio (OR) was used to declare statistical associations. A total of 704 study participant's recruited in the study. The prevalence of STIs was 205 (29.1%). Being male [AOR= 4.1, 95% CI: 1.4-11.7], having multiple sexual partner [AOR=3.0, 95% CI: 1.16-7.88], substance use [AOR= 6.6, 95% CI: 2.5-17.2], parents having primary education [AOR=6.9, 95% CI: 1.0-46.9], knowledge of sexually transmitted infections [AOR= 5.2, 95% CI: 1.9-13.9], and sexual intercourse with commercial sex workers [AOR= 5.5, 95% CI: 1.2-25.9] were associated with STI. Sexually transmitted infections were high among adolescents in this study. It is timely and of high importance to initiate integrated sexual health promotion and sexual health screening. School administration and staff should take the initiative and bring healthy sexual behavior to their students by strengthening anti-STI/HIV and reproductive health clubs.

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Self-reported STI, Preparatory school, Adolescents, Sodo, Ethiopia

Introduction

Sexually transmitted infections are the most prevalent communicable disease worldwide. WHO estimated that 357 million new episodes of four curable STIs (Gonorrhea, Chlamydial infection, Syphilis, Trichomoniasis) occurred in the year 2012. STIs are one of the important public health problems in both

developed and developing countries and are major public health problems in Ethiopia (1). Adolescents have a higher risk of contracting sexually transmitted infections (STIs) than other age groups. This risk may be mediated by their social norms, varying moral, religious, and cultural settings which can impact young adults' sexual health knowledge and risky sexual behaviors, and risk of contracting STIs (2).

Continuum of services like preventing, testing, link to care, treatment, and chronic care are needed to overcome sexually transmitted infections as part of comprehensive sexual and reproductive health services. However, to develop effective and targeted interventions for adolescents and other age groups, it is important to first understand how awareness, beliefs, and disease risks vary in different cultural settings(2,3).

Even though interventions have been taken by the Ethiopian health government in response to sexually transmitted infection burden, there is little information on the incidence and prevalence of STIs in the country. Health system factors, biological, socio-cultural, and behavioral factors are the major challenges of STI prevention and control in the country. As a result, only a small proportion of people with STIs access to health care services (2)

Moreover, little is known about the extent of factors associated with STI among high school students in Ethiopia. Therefore, this study aimed to assess sexually transmitted infections and associated factors among preparatory school adolescents in Sodo town, Southern, Ethiopia.

Materials and Methods

Wolaita Zone is one of the 13 administrative zones of Southern Nations, Nationalities and Peoples Region (SNNPR) which has 12 rural and 3 urban districts. The Zone was inhabited by over 1.8 million people in 2016.[14].An institution-based cross-sectional study was conducted from Jan 1- Feb 30/ 2018.

Population

All preparatory school adolescents in sodo town attending class in 2018.

Randomly selected adolescents in sodo town attending class in 2018.

Sample size determination

The sample size was determined using a single population proportion formula by assuming a 50% proportion of Self-reported STIs, 95% level of confidence and 5% margin of error, Adding 10% non-response rate, and a design effect of two. The total sample size was 731.

Sampling procedure

Two-stage sampling technique was applied to select the study participants from the 5 (five) preparatory schools preceding the survey. In the first stage, the Probability Proportional to Size (PPS) method was used to select sections from the schools. Then the study subjects were selected by using the Systematic Random Selection (SRS) method.

Data collection

The data collection tool was a self-administered structured questionnaire that was adapted from other similar study settings. Socio-demographic Characteristics, knowledge questions were included in the survey. Approvals were taken from the relevant schools before the study. The aim of the study explained to the students and data collection tools were distributed to Students who fulfilled the inclusion criteria. Questionnaires were filled out by students participating in the study.

Data management and quality control

The training was given to the data collectors to ensure data quality. A pre-test was done before the actual research work among 5% of the total sample size selected from schools not selected for the practical study. Data cleaning was done to avoid missing values, outliers, and inconsistencies before analysis.

Data analysis procedures

Epi-Data version 4.0.0.42 was used for data entry, and STATA version 12 was used for analysis. Descriptive statistics was done to describe the study population by using proportions, means, and standard deviation. Bivariate analysis between dependent and independent variables was performed using binary logistic regression. Variables with P value ≤ 0.20 were considered as candidates for multivariable logistic regression. Finally, multivariable logistic regression analysis was done to adjust for possible confounding variables. P-value < 0.05 with 95 % confidence interval (CI) for OR (odds ratio) was used in judging the significance of the associations.

Results and Discussions

Socio-demographic characteristics

Out of the total 731 study participants in study 704 involved with a response rate of 96.4%.The mean age of

respondents was 18.0 years (range, 15–19 years). 382 (54.3%) were males, and 45.7 % were females. Regarding residence, the vast majority of the study participants 636 (90.3%) dwellers of Sodo Town.

The majority of the respondents, 489 (69.5%) were protestants. 645 (91.6 %) of respondents belong to Wolaita ethnic group, followed by the Amhara and Gurage respectively.

Four hundred seventy-one (66.9%) of the respondents were grade 12th and 503 (71.5%) students follow their education in governmental school.

The overwhelming majority of respondents; 668 (94.9%) were single. Regarding living arrangements 483 (85.5%) live with parents.

Five hundred sixty-five (80.3%) of the study participants got pocket money from their parents. More than half 366 (54.5%) of the respondents were above secondary education, and 37 (5.5%) can't read and write (Table 1).

Knowledge of adolescents towards STIs

400 (56.8%) of the respondents had ever heard of STIs, and 62.1% knew sexually transmitted diseases could be preventable, 13.2% said not avoidable and the remaining 24.7% were they didn't know anything about the preventability of the STIs. 460 (65.3%) respondents reported condoms that prevent STIs. 149 (21.3%) of the respondents know that the treatment of STIs is available. Consequently, 92 (13.1%) of the respondents claimed that sharing a meal transmit STIs (Table 2).

Sexual and reproductive health practice of adolescents

Overall, 239 (33.9%) of the respondents had practiced sexual intercourse, and of them, 160 (66.9%) were males. Of those who had sex 115 (48.1%) were done at the age of 18 the first sex occurred at the mean age of 16.6. 199 (83.3%) never used condoms, and peers influenced 160 (66.9%). Besides of those 239 students who were sexually active 185 (77.1%) used condoms in the last 12 months, i.e. 51 (27.7%), 45 (24.5%), 45 (24.5%) and 43 (23.4%) used condoms self-initiated, initiated by sex partners, joint decision and don't remember respectively.

Of those who had sex 235 (98.7%) said they had condom access, and three (1.3%) did not. The main reason for not or inconsistent use of condoms were lack of trust their partners 116 (48.5%), and don't like it 28 (11.7%), among the 160 (66.9%) sexually active male respondents 35 (14.7%) of them had a history of sexual intercourse with female commercial sex workers.

Of those who were sexually active, 103 (42.0%) had more than one sexual partner and 73 (69.5%) had two partners.

Among all study participants, 270 (38.4%) had a habit of discussing reproductive health issues with parents, friends, boy/girlfriend, and husband/wife. The reason reported for the initiation of the first sexual intercourse encounter in those who ever practiced sexual intercourse were being single 160 (66.9%) and 50 (20.9%) were because they had a partner (Table 3).

The magnitude of self-reported STI

Of those 239 (33.95%) respondents who practiced sexual intercourse, the prevalence of Self-reported STIs among preparatory school adolescents in the study was 29.1%.

Factors associated with self-reported STIs among the study population

In the multivariable logistic regression analysis, sex, multiple sexual partners, sex with commercial sex workers, substance use, and STI knowledge become independently associated with self-reported STI of adolescents is 6.6 [CI: 2.5-17.2] (Table 4).

Being male had four times more odds of self-reported STI compared to their counterparts when other factors were held constant [AOR=4.1, 95% CI: 1.4-11.7]. Having multiple sexual partners was positively associated with self-report STI when compared to those who do not have multiple sexual partners when other factors held constant [AOR=3.0, 95% CI: 1.16-7.88].

Substance use was positively associated with self-reported STI when compared to those who do not use the substance, as a result, this shows that there is significant variation between those who use substances and those who don't use substances [AOR=6.6, 95% CI: 2.5-17.2].

Table.1 Socio-demographic characteristics of self-reported sexually transmitted infection and associated factors among preparatory school adolescents in Sodo town, SNNP, Ethiopia, 2018. (n= 704)

Variables (n= 731)	Category	Frequency (N)	Percentage (%)
Age Group	15-16	45	6.4
	17-19	659	93.6
Sex	Male	382	54.5
	Female	322	45.7
Marital Status	Single	668	94.9
	Married	13	1.9
	Divorced	14	2.0
	Widowed	9	1.3
Ethnicity	Wolaita	645	91.6
	Amhara	14	2.0
	Gurage	12	1.7
	Other*	33	4.7
Religion	Protestant	489	69.5
	Orthodox	183	26.0
	Muslim	16	2.3
	Catholic	10	1.4
	Other**	6	0.9
Grade of Student	11 th	233	33.1
	12 th	471	66.9
School Type	Government	503	71.5
	Private	201	28.6
Pocket Money	Yes	565	80.3
Place of resident	Sodo town	636	90.3
	Out of Sodo town	68	9.6
Source of Pocket money	Parents	483	85.5
	Brother/sister	29	5.1
	Relatives	10	1.8
	Friends (Peers)	3	0.5
	Boy/girlfriend	19	3.4
	Husband/wife	13	2.3
Live with	Parents	503	71.5
	Alone	34	4.8
	Boy/girlfriend	24	3.4
	Husband/wife	30	4.3
	Friends (Peers)	113	16
Edu_status of the person living with	Can't read & writ	37	5.5
	Primary edu.	52	7.7
	Secondary edu.	210	31.3
	Above sec. edu.	366	54.5

*Gamo, Dawro, and Gofa; **Adventist and Jehovah witness

Table.2 Knowledge of self-reported sexually transmitted infection among preparatory school adolescents in Sodo town, SNNP, Ethiopia, 2018

STI knowledge Variables (n= 704)	Categ ory	Frequen cy (N)	Percentage (%)
Adolescents heard of STIs	Yes	400	56.8
STI is preventable	Yes	437	62.1
People protected from STI by using condoms	Yes	460	65.3
Who said STIs treatment is available	Yes	149	21.3
Reported as a person can get STIs by sharing a meal	Yes	92	13.1

Table.3 Self-reported reproductive health behavior sexually transmitted infections among preparatory school adolescents in Sodo town, SNNP, Ethiopia, 2018. (n= 704)

Variables (n= 704)	Category	Frequency (N)	Percentage (%)
Ever had sexual intercourse (n=704)	Yes	239	33.9
Age at first sex (n=233)	15 years old	34	14.6
	16 years old	69	29.6
	17 years old	78	33.5
	18 years old	48	20.6
	19 years old	4	1.7
Have sexual intercourse in the last 12months (n=240)	Yes	199	82.9
Peer influence to have sex (n=242)	Yes	162	66.9
Have you ever had sex without condom (n=240)	Yes	199	82.9
Ever condom use in the last 12months (n=240)	Yes	185	77.1
Who suggests to use a condom (n=238)	Myself	73	30.7
	My partner	48	20.2
	Joint decision	61	25.6
	Don` t remember	56	23.5
Condom Access (n=239)	Yes	235	98.3
Reason for not use condom (n=239)	Felt shame	27	11.3
	Trust partner	116	48.5
	Dislike	28	11.7
	Didn` t think of it	11	4.6
	Not important	9	3.8
	Use of another contraceptive	17	7.1
	Partner refuses	4	1.7
	Not available	25	10.5
Multiple sexual partners (n=239)	Yes	105	43.9
Number of sexual partners(n=105)	One	2	1.9
	Two	73	69.5
	Three	25	23.8
	>Three	5	4.7
Had sex with commercial sex workers (n=238)	Yes	35	14.7
RH discussion (n=704)	Yes	270	38.4

Table.4 Factors associated with self-reported sexually transmitted infection in bivariate logistic regression and multivariate logistic regression among preparatory school adolescents in Sodo town. (n= 704)

Variable	Self-reported STI		Crude OR (95%CI)	Adjusted OR (95% CI)
	Yes: Number(%)	No: Number(%)		
Age Group				
15-16	7 (3.41%)	38 (7.62%)	1	1
17-19	198 (96.59%)	461 (92.38%)	2.3 (CI: 1.0 -5.3)	0.2 (CI: 0.01-3.6)
Sex				
Male	124 (60.49%)	258 (51.70%)	0.7 (CI: 0.50 - 0.9)	4.1(CI: 1.4-11.7)*
Female	81 (39.51%)	241 (48.30%)	1	1
Grade				
11 th	39 (19.02%)	194 (38.88%)	2.7 (CI: 1.8 - 4.0)	1.5 (CI: 0.5-4.4)
12 th	166 (80.98%)	305 (61.12%)	1	1
School				
Government	160 (78.05%)	343 (68.74%)	1.6 (CI: 1.1 – 2.4)	1.1 (CI: 0.4-3.1)
Private	45 (21.95%)	156 (31.26%)	1	1
Marital Status				
In Union	46 (22.44%)	79 (15.83%)	0.6(CI: 0.4 – 0.9)	1.34 (CI: 0.5-3.8)
Not in Union	159 (77.56 %)	420 (84.17%)	1	1
Pocket money				
Yes	177 (86.34 %)	388 (77.76%)	1.8(CI: 1.2 - 2.8)	1.6(CI: 0.5-5.7)
No	28 (13.66%)	111 (22.24%)	1	1
Peer influence				
Yes	113	49 (60.49%)	1.5(CI: 0.8 - 2.7)	1.8(CI: 0.7-4.8)

	(70.19%)			
No	48 (29.81%)	32 (39.51%)	1	1
Sex without condom				
Yes	138 (85.71%)	61 (77.22%)	1.7(CI: 0.9 - 3.5)	0.8(CI: 0.2-2.7)
No	23 (14.29%)	18 (22.78%)	1	1
Multiple sexual partners				
Yes	87 (54.04%)	18 (23.08%)	3.9(CI: 2.1 - 7.2)	2.9(CI: 1.1-7.6)*
No	74 (45.96 %)	60 (76.92%)	1	1
Sex with commercial sex workers				
Yes	31 (19.25 %)	4 (5.19%)	4.4(CI: 1.5 -12.8)	5.5(CI: 1.2-25.9)*
No	130 (80.75%)	73 (94.81%)	1	1
RH discussion				
Yes	113 (55.12%)	157 (31.46%)	1	1
No	92 (44.88%)	342 (68.54 %)	2.7 (CI: 1.9 -3.7)	1.5(CI: 0.6-3.5)
Substance use				
Yes	154 (75.12%)	85 (17.03%)	14.7(CI: 9.9-21.8)	6.6(CI: 2.5-17.2)*
No	51 (24.88%)	414 (82.97%)	1	1
STI knowledge				
Yes	108 (52.68)	122 (24.45%)	1	1
No	97 (47.32 %)	377 (75.55%)	3.4(CI: 2.4-4.8)	5.2(CI: 1.9-13.9)*

Study participants who live with parents with primary education were 6.9 times higher to self-reported STIs compared to parents who are above secondary school when other factors were held constant [AOR=6.9, 95% CI: 1.0-46.9].

Study participants with low knowledge about STI had five times more chance of developing STIs as compared

with those who had good knowledge when other factors were held constant[AOR= 5.2, 95% CI: 1.9-13.9]. The odds of having self-reported STI was higher among those who had sexual intercourse with commercial sex workers when other factors were held constant [AOR= 5.5, 95% CI:1.2-25.9].

The study aimed to assess sexually transmitted infection and associated factors among preparatory school adolescents in Sodo town, Southern, Ethiopia. The self-reported prevalence of STIs among preparatory school adolescents in the study was 29.1%. Being male in sex, sexual intercourse with commercial sex workers, having multiple sexual partners, having a low level of knowledge on STI and substance use were factors associated with an increased likelihood of STI.

The prevalence of self-reported STIs was lower than regional estimates and in other studies. The current study revealed self-reported STI prevalence which is in coherence with the reported magnitude in Benishangul Gumuz[5], Bahir-dar[6].

Variation across findings on the prevalence of self-reported STI may reflect differences in the knowledge, attitude, social, and economic circumstances of the participants in different areas and how their self-reported STIs.

The statistically significant predictors for acquiring STIs were having sex with commercial sex workers, Sex being Male, Substance use (mainly drinking alcohols/ smoking cigarettes and Marijuana), Sex with commercial sex workers, and low knowledge of STI symptoms and transmission modes. This finding is in line with results from other studies conducted in different areas of the country like Benishangul Gumuz[5], Bahir-dar[6].

Knowledge about STI became a predictor for self-reported STI in the current study, the respondent was knowledgeable which is higher when compared with a study at Addis Ababa, [7], and Gondar[8]. Still, the finding of this study was lower than a student at shone [9]. The difference in knowledge of students about STI may be the expansion of awareness, creating programs, and increased coverage of technologies.

Knowledge of respondents had a significant association with the respondent's level of education a person with whom he/she lives and the sex of respondents. This finding is in line with the result of a study at Debre-Birhan[10].

Similar findings were also reported from Gondar and Debre-Birhan, in which more than half of the students did not use condoms during sexual intercourse [8,10]. A high rate of not using condoms when having sex and also the practice of substance abuse that the study revealed

both indicate that preparatory school students had an increased risk for contracting STIs.

The most frequently cited reasons for not using condoms were trusting in a sexual partner, feeling ashamed to buy condoms from shops, and the availability of condoms. Similar reasons were also reported in a previous study [12]. These findings imply that programmers and policymakers should design strategies to overcome the noted obstacles and encourage condom use among sexually active preparatory school students.

Concerning misconception about modes of transmission of STIs 174 (24.7%) of respondents perceive that mosquito bite can transmit STIs when compared with the finding of study at Debrebrehan which showed 33% of participants perceived that STIs can transmit through a mosquito bite. Thus, the difference might have resulted from dissimilarity in perceptions that are held in the two study settings in which the participants interact with [10].

In this study, the respondents had a negative attitude which is higher when compared with findings of student conduct at shone preparatory school 15.2% [9] and Gondar 34% [8], this considerable variance in attitude may be attributable to the level of knowledge of students and socio-demographic characteristics.

Among preparatory school adolescents being males had four times more odds of self-reported STI compared to females. Among sexually active respondents, 66.1% of the students (41.9% male) were found to be sexually active within the last 12 months. Even though it seems a high percentage of respondents, sexual behavior may have been masked because of the socio-cultural context, where sexual intercourse out of marriage is taboo. This result was consistent with another study from Mekele[11]. But this percentage is lower than studies in Bahir Dar and Hadiya [6,12]. The difference might be due to the socio-cultural background in which early marriage is encouraged in the two areas. Besides, the number of sexually active male students has sex with female commercial sex workers. The mean age at first sexual contact of respondents was 17.9, indicating early initiation of sexual intercourse. Having multiple sexual partners was positively associated with STI. Among the 239(43.9%) of sexually active respondents had multiple sexual partners that may pose them for self-reported STIs and these are important indicators of exposure to the risk of STIs and pregnancy during adolescence. This finding was in line with the study conducted in Mekele Town [11].

Although 105 (69.5%) of the respondents in this study had two or more sexual partners in the last 12 months, this finding is higher than the survey conducted in Benishangul Gumuz which showed that 35.1% of students reported having sexual intercourse with two or more sexual partners [5]. This discrepancy might be due to urbanization and lifestyle changes, but the health of adolescents at risk.

Regarding self-reported STIs among sexually active students, 10 (28.6%) of the private school and 25 (71.4%) of the government school students had sexual contact with a commercial sex worker unprotected sexual intercourse is one of the significant risk factors that expose students to STIs [13].

This study revealed substance use, 33.9% had used alcohol drinking during parties and smoking like Marijuana (ganja in local names) and the majority of the study participant's (66.2%) drink alcohol during the occasion of parties, 20.7% of them had used "khat" and only 31 (21.4%) smoked a cigarette. St. Marry University Students did study in Ethiopia, the lifestyle of the study subjects was indicating that the prevalence was 16 (8.6%), 13 (11.2%) and 7 (24.1%), 26 (7.9%) respectively among alcohol drinkers, chat chewers and cigarette smokers as compared to their counterparts [13]. This increased rate of substance use in the town may indicate that the availability of places for adolescents to spend time out of school, thereby exposing themselves to STIs.

In conclusion, sexually transmitted infections were high among adolescents in this study. The adolescents were found to start sexual intercourse at their mean age of 16.6. The prevalence of self-reported STIs, sexual intercourse with commercial sex workers, having multiple sexual partners, having inadequate knowledge, and substance use were high.

The prevalence of condom use among those sexually active respondents was low. The prevalence of substance use during sexual activity was high. Most of the respondents did not discuss sexual matters with their sexual partners or with their parents. Having prior exposure to Sex with commercial sex workers, alcohol use, having multiple sexual partners, being male and STI knowledge were significantly associated with self-reported STI among adolescents in this study population. Based on the finding of this study, there should be a need for school-based integrated sexual health promotion,

sexual health screening, and encouraging better health-seeking behaviors.

Ethical consideration

The approval letter was obtained from Wolaita Sodo University College of Health Sciences and Medicine. A permission letter was written to all the selected preparatory schools by Wolaita Zone Department of Education. Written consent was taken from the study participants.

Competing interests

The authors declare that they have no competing interests.

Authors' contributions

FK: conceived the topic and drafted the study, FK, MM and BB, MA involved in design, analysis, and developed the manuscript for important intellectual content. All authors read and approved the final manuscript.

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