SEXUAL NETWORK AND CONDOM UTILIZATION IN RURAL COMMUNITY AROUND JIMMA TOWN, SOUTH WEST ETHIOPIA

By
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SEXUAL NETWORKING AND CONDOM UTILIZATION, JIMMA, RURAL COMMUNITY, SOUTH WEST ETHIOPIA

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ACRONYMS

AIDS	**Acquired immune deficiency syndrome**
CI	**Confidence interval**
CHA	**Community health agent**
C S W	**Commercial sex workers**
FGD	**Focus group discussion**
FHI	**Family health international**
HIV	**Human immune deficiency virus**
MOH	**Ministry of health**
N R P	**Non-regular partner**
PAS	**Peasant association**
RP	**Regular partner**
STD	**Sexually transmitted disease**
WHO	**World health organization**

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ABSTRACT

HIV/AIDS is a serious problem in Ethiopia. It is estimated that there are 2.6 million people infected by the virus. The sexual network pattern like multiple partners, rapid partner change, frequent sexual intercourse and un protected sex were said to be the major source which facilitate HIV/AID transmission. The wider the contacts and numbers of partners, the more quickly the virus will spread. However, the rate of increase is different in urban and rural parts of the country. Although, Sexual networking and level of condom use with different partners were among the major causes in HIV/AIDS transmission, the majority of the studies on HIV/AIDS and condom use have very much limited themselves in big urban centers. There is a lack of community-based studies focused on rural community. Thus, this study aimed at investigating the sexual network and condom utilization in rural community around Jimma town.

Objective: To assess the sexual network and condom utilization of rural community around Jimma town.

Method: A cross-sectional study using both quantitative and qualitative data collection methods were conducted between November and December 2003, in ten rural kebeles around Jimma town. Quantitative data were collected from 846 (423 male & 423 female) using pre-tested questionnaire. Four focus group discussion (2 male &2 female) and 16 In-depth interviews were also conducted to enrich the quantitative data.

Result: Sexual network was observed among male group in merchants, drivers and ex-solders. Commercial sex workers, tella sellers and student girls were involved among females. More male (33.1%) engaged in extra- marital relation ship than female (2.8%)..Condom use with commercial partner (76%) was higher than with non-regular and regular partner. Literate people were found to be more user of condom (16.5%) than illiterate (1.2%). Educational status, sex,

occupational status and marital status were found significantly associated with condom use and extra-marital relationship. Being nearer to town with continuous transport was found not to have significant association with condom use and extra marital relationship. Although, knowledge of condom HIV/AIDS and STDS were found higher in both study population, there is a great gap observed between knowledge of condom and use(92.7%, 17.7%) respectively.

Conclusion: Sexual network was observed in this study. Men were highly involved in sexual networking than females. Despite higher knowledge of condom its utilization was low. The major reasons mentioned were not trust condom, unavailability, makes man impotent, decrease sexual pleasure, and lack of practical knowledge in applying condom. We conclude that the higher knowledge of condom, which was observed by the study subjects didn't help them to avoid the above misconception. Thus the observed low utilization could be the result of misconception. There fore, this study recommends filling the identified gap in the awareness and utilization of condom.

1. Introduction

1.1. Background review and statement of the problem

Sexual net working is a concept, which describes all the sexual contacts an individual has of whatever kind both within and outside marriage. The wider the contacts and numbers of partners, the more quickly, the HIV virus will spread. Sexual contacts may multiply very rapidly in a geometrical fashion, thus a single infected individual with five partners will infect the square of this number to twenty five in a short period with the result that the number of HIV cases double more and more rapidly (1)

Acquired immune Deficiency syndrome (AIDS) is the major public health challenge of the present decade (2). Twenty years after the first clinical evidence of acquired immune deficiency syndrome was reported, AIDS has become the most devastating disease human kind has ever faced. Since the epidemic began, more than 60 million people have been infected with the virus. HIV/AIDS is now the leading cause of death in the world (3).

The AIDS epidemic claimed more than 3 million lives in 2002, and estimated 5million people acquired the HIV in 2002, bringing to 42 million the number of people globally living with the virus (2).

Sub- Sahara Africa is now home to 29.4 million people living with HIV/AIDS. Approximately 3.5 million new infections occurred in 2002, while the epidemic claimed the lives of an estimated 2.4 million African in the past year (2).

Current studies on sexual network in different parts of West Africa are considered very important. A high rate of sexual networking, particularly with non-permanent partners, is likely to expose participants to HIV/AIDS. The sooner people are aware of this fact and its implications for their individual lives, the greater the probability that they will alter their sexual behavior (3).

In Philippine a survey which was conducted nationwide in 1994 among people aged 15 to 24 revealed almost 11,000 male and female respondents, single and married, living in rural and urban areas, shows clearer picture of Filipino sexual networks. These shows, AIDS will spread because of premarital sex, extramarital sex or commercial sex workers (4).

A study on sexual network of market women in Benin City (Nigeria) revealed that level of both pre-marital and extra-marital sexual network are high; such a high degree of sexual networking has exposed a number of these women to sexually transmitted diseases and AIDS (5).

The Ethiopian ministry of health estimated that the national HIV prevalence rate among adults is 6. 6%. The estimated HIV prevalence rate for urban areas is 13.7%, while adult HIV prevalence in rural areas is low (3.7%) (6).

HIV prevalence has been increasing steadily in most areas of Ethiopia. However, the rate of increase is different in urban and rural parts of the country. Although no comprehensive data is available on prevalence of the disease in the rural areas, prevalence rates in towns throughout the country are increasing in a pattern similar to that of other central and east Africa countries. The information available for rural areas shows, it is likely that prevalence is still increasing due to

people's sexual behavior. However, studies on high-risk sexual behavior in rural population as well as the route of spread in to the community are very few (7).

Surveillance data used to measure and monitor trends in HIV and STI prevalence need to be linked with behavioral factors for effective prevention and control of HIV/AIDS. UNAIDS, WHO, FHI and others have developed a new frame work for HIV surveillance, which stress the need to design a surveillance system that includes an assessment of attitudinal and behavioral factors that tend to feed the AIDS epidemic (8).

Yet, there are new hopeful signs that the epidemic could eventually be brought under control
A decline in HIV prevalence has also been detected in Addis Ababa among young inner-City women aged 15-24 attending antenatal clinic. The prevalence dropped from 24.2% in 1995 to 15.1% in 2001. However, in similar studies done in Addis Ababa, there is no similar result evident (6).

Although family planning and AIDS awareness programs in Africa promote the use of condom, studies have revealed many obstacles. Such as, negative attitude about condom indicating suspicion of unfaithfulness and mistrust (9).

Even if a man has a positive attitude to use condom, they may not be readily available to him. Other barrier to condom use is that African men control much of decision making regarding sexual encounter. This increases women's risk for sexually transmitted disease and AIDS (9).

The need for condoms is growing as HIV/AIDS and other sexually transmitted infections (STIs) spread. This is true for countries like Ethiopia where heterosexual relation is the primary mode of spread for HIV. Making condoms more accessible lowering their cost, promoting them extensively, and helping to overcome social and personal obstacles that limit their use are some of the widely advocated strategies that can be used to save lives lost due to HIV/AIDS (10).

According to the available literature, many institutional based studies have been conducted on sexual behavior and condom utilization among adolescent in rural Ethiopia (7). However there is a lack of community-based studies focused on how the rural community acquires HIV/AIDS, condom utilization, what the sexual network looks like and whether it is similar to the urban community like going to commercial sex workers, polygamous, extramarital sex or is their any other route of transmission.

Therefore, the focus of this study was to explore the focus of transmission and HIV/AIDS in periurban village.

1.2 Significance of the problem

Currently, Jimma zone is one of the highly prevalent areas for HIV/AIDS in Ethiopia.

Possible speculated reasons why Jimma town is more exposed to HIV/AIDS.

1. Since the area is cash producing center particularly coffee, this would attract a number of people to the area.
2. The town has a big bypass main road to Bonga, Mizan, Agaro, Beadle, Metu and Gambella. This creates an opportunity for many high trucks and gusts to pass the night in the city.
3. It is big market center
4. Existence of 174 Hotels, 375Bars and Tej house, 110 Areka house and 600-1000 commercial sex workers. According to report from Jimma Hospital starting from 1982-1995 people living with HIV/AIDS were 3,185 (11).

Men's sexual networking as shown in one study is likely to have a profound negative effect on the health of their female partner especially those in polygamous relationships. In addition, consistent condom use was largely absent with regular partner, and very low with non-regular partners. This condition is highly prevalent in urban areas (11).

Since HIV /AIDS is increasing at an alarming rate in urban areas through different sexual networking with low condom utilization, those rural communities around town may be affected. The people from rural area near to Jimma zone (in radius of 5-20 km) pass most of their time in Jimma for marketing and other personal activities. These people may be the potential route for spread of HIV/AIDS into the rural community, through different sexual networking. Therefore, this study may have a paramount importance to understand the diffusion of the disease in to the rural community nearer to town. Thus there will be a need to examine the degree and nature of sexual networking and condom utilization in this community. The expected sexual network pattern was presented in the next conceptual framework

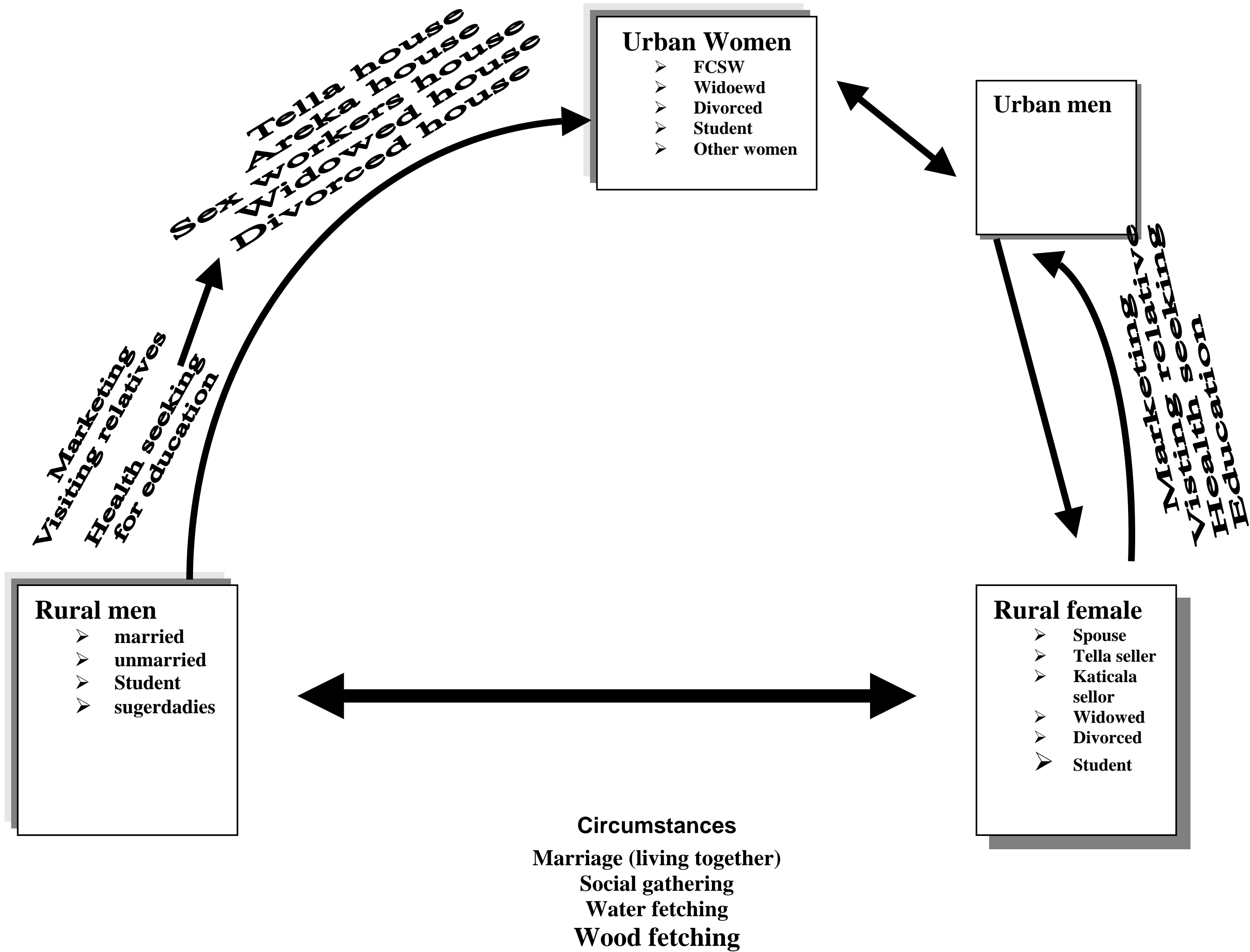


Fig 1. Conceptual framework of sexual network, Jimma rural community 2003/4

2. LITERATURE REVIEW

2.1: Global over view

Twenty years after the first clinical evidence of acquired immune deficiency syndrome was reported, AIDS has become the most devastating disease human kind has ever faced. Since the epidemic began, more than 60 million people have been infected with the virus (12).

In Asia an estimated 7.1 million people are now living with HIV/AIDS. The epidemic claimed the living of 435,000 people in the region in 2001.In Cambodia, concerned efforts, driven by strong political leadership and public commitment in order to control the rapid transmission of HIV/AIDS (13).

Sub- Sahara is unique in having more women than men infected with HIV, biological factors enhance the transmission of HIV from men to women, social and contextual factors also increase vulnerability to HIV infection (14).

Studies show that the HIV/ AIDS is rapidly spreading in many African cities and to the rural communities. In some African rural areas the magnitude of occurrence is already equal to the urban (8).

South Africa's HIV/AIDS epidemic is with the largest number of HIV infected people of any country in the world. Some 4.7 million people are now infected yet in spite of years of public

prevention campaigns (13). HIV /AIDS is now the leading cause of death in sub-Saharan Africa, world wide it is the fourth biggest killer (12).

The epidemic's expansion in to rural setting has significant implications for the agricultural section. Morbidity and mortality have already cut the production of many crops by more than 40% in household affected by AIDS (6).

2.2: HIV in Ethiopian

Ethiopia with about 64 million people represents >1% of the world population, but the estimated 3 million Ethiopian living with HIV/AIDS represent as much as 9% of the global cases (15).

HIV/ AIDS is becoming the leading fatal communicable disease in Ethiopia as in other African countries; the national prevalence was only 2.7% in (1981), while 6.6% in 2002. The prevalence is greater in urban settings than rural areas (6).

As the disease prevention and control department of the Ministry of Health, report of AIDS cases from hospitals around the country (Ethiopia) shows about 91% of infections occurs among adults 15-29 years. Most infections are acquired through heterosexual contact. The peaks age for AIDS cases are 25 to 29 for both male and females. The mean age range at which people become infected is 15 to 24 years for female, 25 to 34 years for male (6).

2.3 SEXUAL NET WORK and high risk sexual behavior

Preliminary research carried out in Dhaka in1995-1997, suggested that more accurate measures of sexual networking could be obtained from males than females. It was found that around half of all males and probably a some what lower proportion of female, experience premarital sexual relations, with male having a lower level of extra marital than pre-marital relations (16).

Across-sectional survey conducted in developing world, mainly in Africa and Asia on 15-49 adults revealed proportion of men reporting sexual contact outside regular partnership in the last year ranging from 4% to 47% (17).

A study done on adolescent sexual networking and HIV transmission in rural Uganda revealed that out of 861 adolescent 36% reported having been sexually active in the previous 12 months, but only 6.2% had ever used a condom (11% male,2.4% female). The HIV infection rate was 5.9% overall, 0.8% in male and 9.9% in female. The proportion of sexually active and the rate of HIV infection increase with age. The annual incidence of HIV infection was 2. 0 per 100 Person –year of follow-up among all adolescents, 0.8 in males and 3.0 in females (18).

A study done in South West Uganda, showed significant differences in HIV prevalence have been found between urban and rural. A longitudinal data collected to determine the extent to which high risk men and women living in a truck stop/trading town had sexual contact with people from surrounding rural areas and near by fishing village, revealed 143 men made 3149 trips and had 5189 sexual contact, 92% of these sexual contact occurred in the man's current place of residence and 21% where with a new partner (19).

Survey among the inhabitants to determine the nature and extent of sexual networking and people's awareness of AIDS and STDS in Calibar (Nigeria) revealed that at least one-quarter of respondents had their first sexual experience before the age of 14 and pre marital sexual contact is wide spread (20).

A study examined the sexual behavior pattern, knowledge and attitude to HIV/AIDS of 216 extension personnel in southwest Nigeria, the result shows that the extension personnel were young men, and women married, mostly Christians and educated. All the women had pre marital sex, compared with 98.3% of the men. More men (46.7%) engaged in extra marital sex than women (18.4)), and 81.2 % of the men were using condoms regularly compared to the partners of 57.5% women users. All the respondents were fully aware of HIV/AIDS, while 79.5% of men and 85.0 % of women expressed negative attitude to HIV/AIDS (21).

Thailand is currently experiencing a major HIV epidemic, spread primarily through heterosexual contact. The most common network pattern for men was a combination of commercial and non-commercial sexual relationships. Men reported that they commonly use condoms when they engaged in sex with prostitutes, but condom use was lowest for men who were the most frequent partner. In non-commercial, non-marital relationships, men screen partner for risk rather than used a condom. Safe sex and condom use is generally low. Persons involved in non-commercial sexual networks are largely unaware that their partner may link them to a network of sexual contacts and associated risks of HIV infection (22).

Most previous studies have obtained some information on sexual behavior. Multiple sex partners, history of sex with commercial sex workers, history of STDs and unprotected sex were identified as risk factor for HIV transmission (23).

A Nation wide prevalence study on knowledge, behaviour and attitudes was performed in the ten biggest Italian cities on 19-24 years old adults in order to investigate at risk heterosexual behaviour and preventive measure for HIV infection. The result showed over all good level of knowledge. In spite of this only 17% of the population used condoms in stable relationship and 55% during occasional sex. The motive for the use of condom is more for contraception than as a way of preventing AIDS and STDS (24).

Sexual networking in Namibia provides detailed information on pattern of sexual networking and the dynamics of sexual risk taking in the villages along the high way through an in depth interview with 2 8 women and 25 men who had multiple sexual partners reported, 5 village women reported more than four regular partners where as the high way women reported more than ten clients a day (25).

Sexual behavior such as rapid partner change, frequency of sexual intercourse (outside of stable relationships) starting sexual activity at an early age, high rates of contacts with groups having a high risk are all associated with increased rates of HIV spread (26).

2.4 Women Vulnerability

Women were at higher risk of HIV infection, because of their own, and their partner's sexual behaviour. Despite women's greater vulnerability in most countries HIV prevalence among adult

men and women is about the same. The main reason for the lack of difference is probably that, even though women are more likely to become infected during sexual encounter. Men generally have sex more often and contact with commercial sex-workers (27).

Men's violence has an impact on many women lives, and can increase women's vulnerability to HIV/AIDS. In many societies, men have power over women in social and sexual situation. Most HIV prevention and care programmers tried to resolve these inequalities by working to empower women while recognizing women's vulnerability to HIV because of men's behavior (28).

Women who stay at home may be at risk of HIV infection from migrant husbands or boyfriends or from relationships with other men while their partners are away (29).

Some cultural practice may increase women's infection risk for example avoiding or limiting sex during pregnancy or breast-feeding may encourage men to have sex with other partners (30).

Several studies have shown that economic factors have a strong influence in individual sexual behavior, mostly through poverty and under employment (31).This epidemic has had a major impact on the middle class. Some studies have indicated that it is those with money have commercial partners.

Quantitative studies have demonstrated that increased power among women is often associated with increased condom use. However, because women are often expected to be ignorant and

passive about sexual matters it is difficult for them to be informed about risk reduction strategies (32).

There is no other decision to be taken than to use condoms when sexual intercourse taken. But Condom use is exclusively a male task, ie, women cannot protect themselves against HIV infection except by asking men to use condom or by choosing no-penetrative forms of sexual contact (31)

The gender power differential is compounded by age differences. Women typically marry or have sex with older men, who have been sexually active and hence are more likely to have become infected themselves (31).

Male resistance to condom use and women's inability to negotiate safer sex puts women at greater risk of HIV infection. For men, the rationale for resisting condom use was concern about reduced sensitivity, ignorance about use of condom properly, and fear that using it will permanently interfere with fertility (29).

The Study done to explore the level of knowledge and sexual behavior on HIV/AIDS and STDS among workers in Addis Ababa revealed that, awareness' of STDS was lower than AIDS in the study population (88.9% and 96.3% respectively). Awareness' of AIDS declined as age increased and increased as educational level increased. More male (7.5%) reported STDS than female (2.7%) (12).

2.5: Prevention Strategy (condom Utilization)

The stigmatization of condom because of an association with illicit sex promiscuity and a reduction in sexual spontaneity and pleasure is a major barrier to condom use. Theses stigmas are especially harmful to women who often lack the power to negotiate condom use for any act let alone for every act of intercourse. One way to achieve is to promote condoms as effective methods to both pregnancy and disease prevention (32).

Successful HIV prevention depends on changing risk behavior. This includes increasing condom use and reducing the number of sex partners among sexually active people (11).

Condom use and its psychosocial correlates were investigated in a sample of 1,725 male and female vocational studies (aged 15-25 years) in northern Thailand. Consistent condom use was relatively infrequent with all partner types (8.0%) with recent steady partners, (28.5%) with causal partner, and only 30.7% with commercial sex partner, and only 24.3% reported condom use at first sex. These finding suggests that condom use, even with commercial partner is not becoming widely established in younger generation (33).

In study of extra marital relations that focused mostly on countries in sub-Saharan Africa regular condom use during sexual encounters was uncommon. In addition, in a study of male truck drivers in Nigeria, 72 % of married men reported having multiple extra-marital sexual partners and 60% reported being un willing to use condoms because they did not like using them or an aware of the risks of unprotected sex (33).

Study conducted to determine factors associated with high-risk sexual behavior and condom use among men &women in Tanzania revealed that, about 8% of women and 29% of men practiced high-risk sexual behavior. About 4% of women and 15% of men reported to have used condoms during their last sexual encounter. A study done in Nigeria on condom use revealed that (93%) of the respondents have very high level of awareness and knowledge of condom (34).

A relatively low proportion of men in all sites ranging from 21% in Benin to 25% in Zambia reported that they often or always used condoms with non-spousal partner. Women in the low-prevalence towns reported less condom use than women in the high prevalence site (35).

Determinants of sexual activity and intentions for condom use were examined in Addis Ababa on IN and Out of school youth reveals that out of 561 respondent's a third of them reported sexual intercourse in the past. Half of the sexually active used condoms during recent intercourse, male sex was more associated with reported condom use (36).

Knowledge and practice of condom in preventing HIV/AIDS among commercial sex workers in three small towns of north western Ethiopia revealed that among the partners of commercial sex workers who did not like to use condoms the majority (81%) were farmers who come to those small towns from the surrounding rural areas. High condom use rate was observed when the level of educational status of CSW increased from lower to higher grade (37).

A recent study in Addis Ababa, Ethiopia found that sex workers who were using condoms for contraception were more likely to use condoms consistently and also less likely to become HIV infected (38)

2.6 Summary of the literature review

HIV/AIDS has becoming the most devastating disease human kind has ever faced in the world. Studies show that HIV/AIDS endemics rapidly spreading in many African cities. South Africa has the largest number of HIV infected people in the world. In Ethiopia, about 3 million people were living with HIV/AIDS. Which represent as much as 9% of the global cases. The sexual network pattern, like multiple partner change, frequent sexual intercourse and unprotected sex were said to be the major source which facilitate HIV/AIDS. The most common sexual network for men was a combination of commercial and non-commercial sexual relationships. Women were at higher risk of HIV infection, because of their own and their partner sexual behaviour. The stigmatization of condom because of an association with illicit sex promiscuity and a reduction in sexual spontaneity and pleasure is a major barrier to condom utilization. Thus this study tried to investigate the sexual network and condom utilization, and finally recommended appropriate intervention strategy, which helps to fill the identified gap.

3. Objectives

3.1 General

To describe patterns and extent of sexual networking and condom utilization in rural communities around Jimma town

3.2 Specific objective

1. To identify the extent of sexual networking in rural communities around Jimma town.
2. To identify determinants of high-risk sexual behavior.
3. To assess the use of Condom in rural communities around Jimma town
4. To determine factors influencing condom utilization.

4. METHODS AND MATERIAL

4.1 STUDY AREA

Jimma zone is found to the southwest of the federal capital, Addis Ababa. Its capital Jimma is situated 335 km away from Addis Ababa.

Jimma has thirteen weredas with markedly varying areas from the smallest (Mena) wereda 400 km^2 to the largest (Limmu kossa) 2270 km^2. These weredas are situated from the nearest 18 km to the farthest 128 km from Jimma town. Altitude ranges from 880meter to 3360 meters. The total populations of weredas are 2263561 (1130710 male &1133151 female). The nearest four weredas, from Jimma town were included in this study. These are Dedo, Seka, Kersa and Mana. In these four weredas there are a total of 159 rural kebeles (peasant association). Out of these, twenty-five kebeles were within 5-20 km from Jimma town. The main crop is coffee which is their main source of income. Since Jimma is a big market center, the peasant around Jimma passes most of their time for marketing. From these weredas two sets of peasant associations were taken. one set was peasant association 5-10 km from Jimma town and another set 11-20 km from Jimma town. From each set 5 peasant associations were randomly selected.

4.2 Study design

A Cross-sectional design, using both qualitative and quantitative study methods were carried out. The qualitative study used FGD and in-depth interviews to enrich or supplement the information that was generated through the quantitative data collection methods.

4.3 Source and study population

All adult population residing in the study area was the source population.

Inclusion criteria

Women in the age group of 15-49

Men in the age group of 15-49 years

Who are not mentally or physically ill

Exclusion criteria

Who are mentally or physically ill

People who lived in the area less than one month.

4.4 Sample size determination

The sample size was determined using the following formula for a single proportion.

$$n = \frac{z^2_{\alpha/2}\, p(1-p)}{d^2}$$

Assumptions:

In order to obtain adequate sample size, 50 % prevalence of high-risk sexual behavior was taken.

$z^2_{\alpha/2}$ is a standard score corresponding to 95% confidence of certainty

The margin of error of 5%

Design effect of 2

The estimated sample size was calculated using the stat calc program of EPINFO computer statistical package. The total sample size required were 769 adding 10% non- response rate, the overall sample size was 846 (423 male and 423 female). For the purpose of internal comparism sample size was stratified by sex.

4.5 Sampling procedure

A multistage systematic sampling technique was applied to identify households that were to be enrolled in the study. Households were used as sampling unit, while individuals in the age group 15-49 years were the actual study population for quantitative study. To identify the total population and total household's kebele leaders were consulted.

The total population of each peasant association ranges from the smallest 2000 to 7000 and house holds ranges from the smallest 1692 to 3384. Based on each kebele population, sample size was proportionally allocated. Using systematic sampling technique every 2, 3, and 4 households were the sampling intervals to get the required number of study subjects. One respondent from each household was interviewed. In case of more than one eligible subject in one household lottery method was used to select one respondent. For qualitative data four focus group discussions (FGD) and 16 in depth interview were conducted. The participants were selected in consulting peasant association administrators, CHAs and the key informant of each peasant association in order to have appropriate information.

Quantitative data

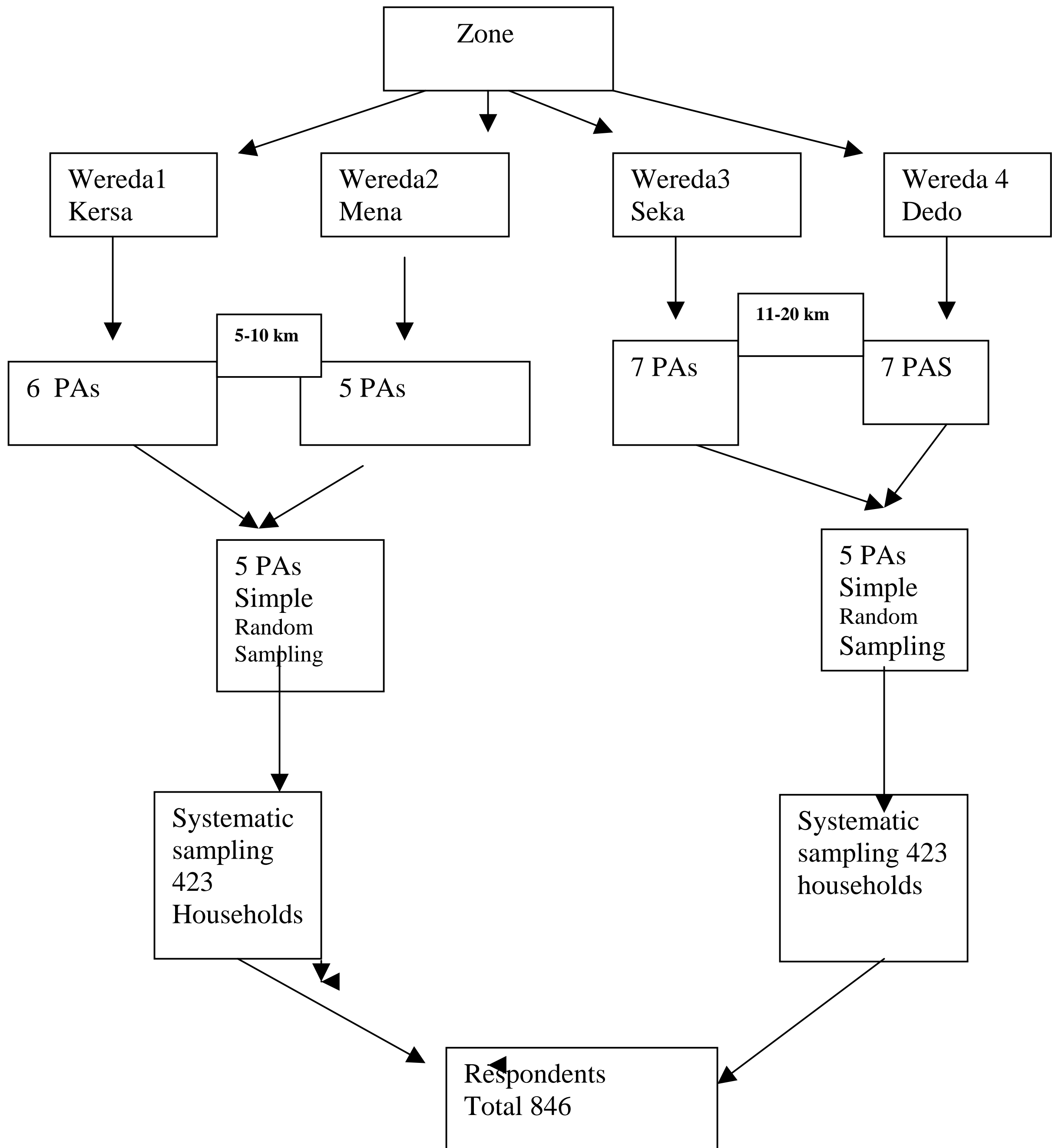


Fig 2. Schematic representation of sampling technique, Jimma rural community, 2003/4

Qualitative data

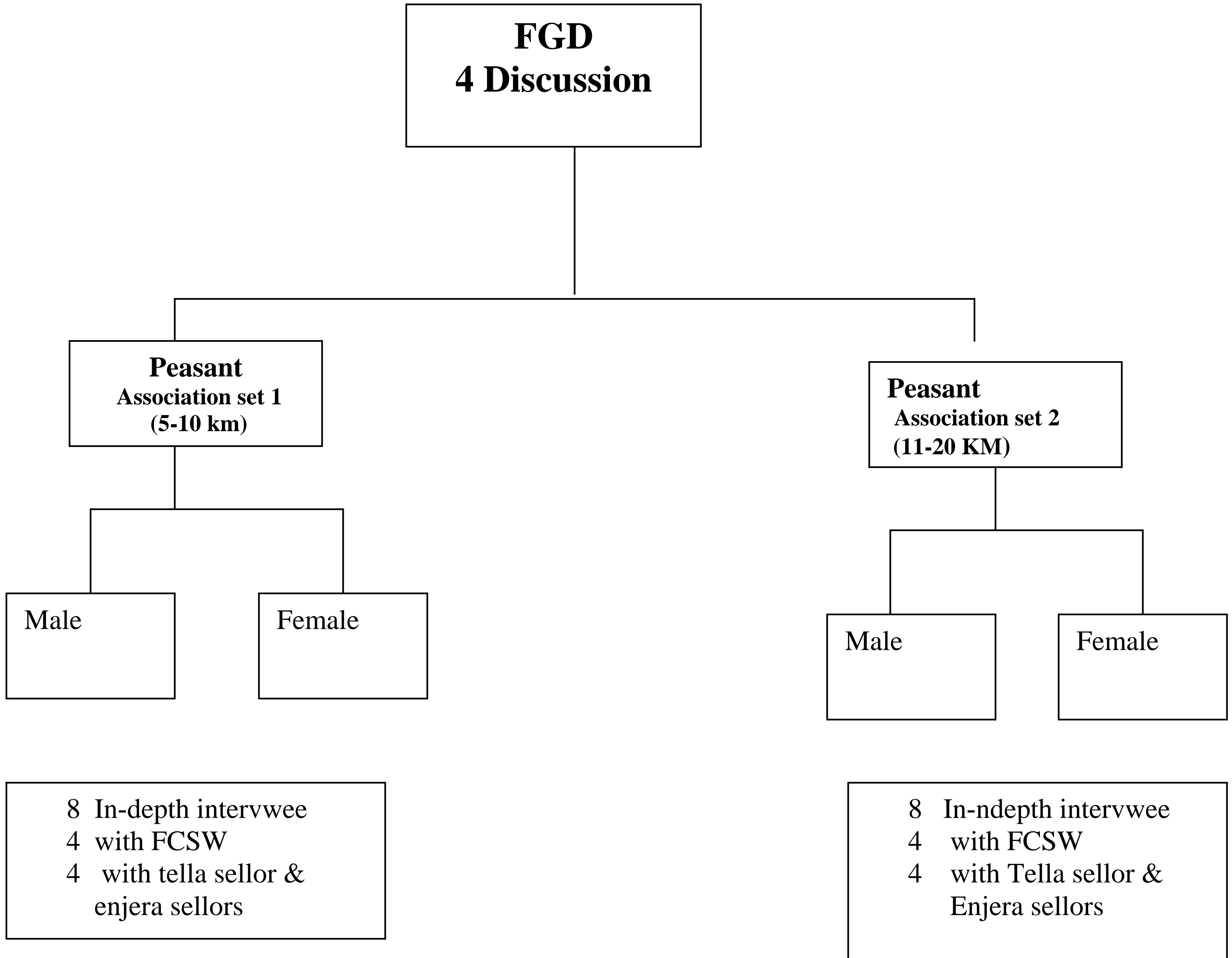


Fig 3. Schematic presentation of the focus group discussion Jimma rural community 2003/4

4.6 DATA COLLECTION

Ten data collectors (5 male and 5 female) who spoke local language and two supervisors from Jimma University, who had past experience in survey data collection were selected. The ten data collectors and two supervisors were given training for three days on how to conduct the questioner and how to communicate. The data were collected using structured standardized questionnaire going house-to-house. Where there is no eligible subject in the selected household, the next house was taken. Male and female data collectors interviewed male and female respondent respectively. Interview was conducted privately in convenient place and at appropriate time. The study subjects were interviewed about their socio- demographic characteristics, their sexual behaviors, utilization of condom and their knowledge including factors associated with condom utilization. The questionnaire was pre tested prior to the actual data collection, on 20 respondents that were not included in the main survey. The sensitive issue (sexual history) was made to answer privately, but it was not effective in the pre-test, because respondents thought that writing or signing something on a paper might have some side effect and all refused. Four sessions of focus group discussions and 16 in-depth interviews were undertaken. The principal investigator and an experienced supervisor moderated focus group discussion. Semi-structured questionnaire, which was open ended, was used to initiate FGD. Note was taken through writing and recorded using tape record.

4.7 Study variables

Independent variables

Socio demographic variables

- Age
- Sex
- Occupation
- Education
- Religion
- Ethnicity
- Marital status
- Duration of stay out of home
- Distance

High risk Sexual behaviour

- Age at 1st intercourse
- Polygamy
- Sex with commercial sex workers
- Sex with non- regular partner
- Number and type of partners

Risk behavior

- Khat
- Alcohol
- Other stimulants

Condom use and HIV

- Knowledge of condom, HIV and STDS

Dependent variable

- High risk sexual behaviour
- Condom utilization

4.8 The research tool (Data collection instrument)

The tool used was a structured questionnaire designed in English and translated into Amharic and back translated to English to ensure that the original meaning was maintained. The questioners for qualitative data (FGD) were identification of possible network such as presence of commercial sex workers in rural areas; multiparty, extra-marital sexual relation, polygamy and mobility of population were asked. For in-depth interviewee history of their sexual experience were asked. For both quantitative and qualitative data questions were asked in a conversational style and in order to encourage frank revelation about sensitive matters. Names were not recorded and the responses of respondents remained anonymous.

4.9 Focus group discussion and in- deapth interview

FGD was conducted at the beginning of the survey. The principal investigator guided the discussion, using a series of carefully chosen questions. The group was homogenous; female in 2 groups (married in one group and single in another group) male also in 2 groups (married and Single). A total of four focus group discussions were conducted. During selection care full attention was given to the group member's age, educational status, socioeconomic status to be the same or similar. Each group consisted of 8-10 members. The group setting was made accessible, private, and quiet and unintimidating. The sitting arrangement was in a circle. Note was taken; tape recorder was carefully adjusted for proper recording after proper consent. The moderator introduced him/her self, the reporter, the purpose of the meeting and the use of tape recorder. The participants were also informed that all the information was very important for the study and there are no right and wrong answers. The participant also introduced himself or

herself. When the focus group is over, the moderator gave concluding comment and thanks all participants for their contribution.

In- depth interview

In depth interview was done on 8 commercial sex workers, 8 *tella* seller and *enjera* seller. All were voluntary to answer the interview. The principal investigator carried out the interviewee using semi-structured open-ended questionnaire after consent. Proper note were taken and thanks participants after interview.

4.10 Data Quality control mechanism

The completed questionnaires were checked after collection for completeness and consistency by facilitators and principal investigator. Incomplet data were made complete. Missed values were excluded from the data analysis. Code was given to the completed questionnaire. The coded questioners were entered into the computer by principal investigator. Anything, which was unclear or ambiguous, was corrected on the next day. Supervisors rechecked 10% of the sample whether the interviewers had done their job correctly or not.

4.11: ANALYSIS FOR QUANTITATIVE DATA

Analysis was done using SPSS version 11. Frequency distribution and tables were prepared for each of the variables. Data editing were carried out regularly through the course of the survey. Appropriate percentage and rates were calculated and the results were presented in tables. Both bi- variate and logistic regression analysis were used to identify associated factors for condom use and high-risk sexual behavior.

4.12. Analysis for qualitative data.

- Tape recorded interviews were transcribed and relevant information were interpreted and summarized
- Table was prepared with the questions that address the objectives as a separate heading in the table.
- Responses were recorded to each question in the table. Illustrative quotes were written word-for word using quotation mark.
- Summary of the key points were written after repeated reading.

4.13. ETHICAL CONSIDERATION

Ethical clearance was obtained from AAU Department of community health Jimma administrative office and selected weredas. Informed consent was obtained from each respondent after explanation of the survey objective. The focus group discussion was carried out in a convenient area with a minimum distraction and where each of the participants can observe each other. Confidentiality of the information obtained was assured and privacy was maintained. The instrument and procedures used in this study did not cause any harm to the study subjects, the community and the data collectors.

4.14. OPERATIONAL DEFINITION

- **Sexual networking**: All sexual contacts an individual has both within and outside marriage. The wider the contacts and number of partners, the more quickly the HIV virus will spread.
- **Commercial sex workers**: Females who had sex with any opposite sex in exchange for money.
- **Non-cohabiting partner:** A sexual partner who is not a spouse or a partner with whom the respondent not live.
- **Polygamy:** Men who live with several spouse not considered as non-cohabiting.
- **Non-regular partner**: Partner that the respondents are not married to and has never live.
- **Consistent condom use**: - Used a condom every time sexual relation took place.
- **High risk sexual groups**: Those who did unsafe sex with multiple sexual partners (commercial and Non-commercial).
- **Knowledge about HIV preventio**n: - If they correctly identified the three major ways to prevent HIV transmission i.e. Abstinence, being faithful to one uninfected partners and condom use.
- **Misconception about HIV/AIDS prevention**: - If they mention other than the major ways of prevention methods.
- **Extra-marital relation ship**: Those who did sex with commercial sex worker or non-commercial sex workers.
- **Multiple sexual partner**: - Those male or female who have more than one partner.
- **Risky sex**: Any sex without a condom with any partner other than a regular partner.
- **Distance (5-10 km)**: Those areas with continuous accessible to transportation to Jimma. town & (**11-20 km**:) Those areas with low accessibility to get transportation to Jimma town.

5: Result

5.1: Socio demographic characteristics of the study population.

A total of 846 (423, M& 423, F) adults participated in the study. Socio demographic characteristics of the study subjects are presented by sex in table 1. The majority of the study subjects were in the age group of 20-29 (36.9 %, male and 45.4% females). Regarding ethnic composition Oromo and Amhara accounted for 61.2% and 15.6% respectively. Two-third (66.4%) of the respondents were Muslims and about 31% were Orthodox Christians. Majority of the study subjects were literate (80.2%) while 19.9% were found illiterate. Among females 133 (15.7%) were illiterate, while 35 (4.2%) were male illiterate. By occupation majority of females (77.5%) were found to be housewives, while 33.6% of males were farmers. Merchants and drivers accounted for 15.4% and 8.7% respectively.

Six hundred twenty- four (73.8%) of the study subjects were married. Two hundred twenty two (26.2%) of them were single. Among the single subjects male accounted for (21.2%) while, females were only 5%.

Table 1: Socio demographic characteristics of the study subjects, Jimma rural community, 2000 3/4

Variables		**n-423** **M** **n (%)**	**n-423** **F** **n(%)**	**n-846** **Total** **n(%)**
Age group	<20	38(9)	31(7)	69(8.2)
	20-29	156(36.9)	192(45.4)	348(41.1)
	30-39	123(29.1)	170(40.2)	293(34.6)
	40-49	106(25.1)	30(3.5)	136(16.1)
Mean (+ SD)		31(+ 8.95)	29.10(+ 6.9)	30.19(+ 8.09)
Ethnic group	Oromo	276(65.2%)	243(57.4)	519(61.3)
	Amhara	58(13.7)	74(17.5)	132(15.6)
	Others	89(21)	106(25)	195(23.1)
Religion	Muslim	285(67.4)	277(32.7)	562(66.4)
	Orthodox	126(29.8)	131(31)	257(30.4)
	Others	12(1.4)	15(1.7)	20(3.2)
Educational status	Illiterate	35(8.3)	133(31.4)	168(19.9)
	Read and write	77(18.2)	105(24.8)	182(21.5)
	Grad 1-6	148(35)	109(25.9)	257(30.4)
	Grad 7-12	163(38.5)	76(18)	239(28.2)
Occupational status	House wife		328(77.5)	328(38.8)
	Farmer	142(33.6)		142(33.6)
	Driver	74(17.5)		74(8.7)
	Merchant	65(15.4)	65(15.4)	130(15.4)
	Student	61(14.4)	30(7.1)	91(10.8)
	Others	81(19,1		81(9.5)
Marital status	Married*	248(58.6)	376(88.9)	624(73.8)
	Single	175(41.4)	47(11.1)	222(26.2)
Age at first marriage	Mean (+ SD)	21.88(+ 3.70)	17.80(+ 2.57)	19.43(+ 3.63)
	Range	12-20	13-20	

*** Includes widowed, divorced and separated**

5.2: Sexual history

Seven hundred- sixty-seven (90.1%) respondents answered that they ever had sexual intercourse. Of those sexually active 96% of male and 99% of female reported that they have had sexual intercourse in the last 12-month preceding the survey. The difference is statistically significant (OR=5.99, 95% CI: 1.73-20.76).

Six hundred- eighty (80.4%) were living with regular partner. Of those 90.3% male and 98.7% female reported that they were faithful for their partner, while 33 (4.9%) were living in polygamous relationship. The difference is statistically significant (OR=.122, 95% CI: .046-.32). More Men (33.1%) reported that they had extra- marital relationship than women (2.6%), the difference is statistically significant (OR=16.943, 95% CI: 9.218-31.142).

One- hundred- three 103 (24.3) of male respondents answered that they have relationship with commercial sex workers. Out of this 71 had sex in town while 28 had sex in the residential rural place.

One- hundred twenty-four (14.7) of the respondents had sexual relationship with non- regular partner. The majority of them were males (86.7%) while females were only (13.3%). More of (11.1%) the relationship was in their residential place.

Age at first sexual relations ranged from 13-20 for female and 12-20 for male. The mean age for first sexual encounter for males and females were 18.2(±2.62SD) &17.50(± 2.6 SD) respectively.

Table 2: Distribution of the study subjects by sexual history, Jimma Rural community, 2003/4

Variables		n=423 Female n(%)	n=423 Male n(%)	OR(95%CI)
Ever had sexual Intercourse	Yes	399(94.3)	368(87)	**2.48(1.51-4.10)**
	No	24(5.7)	55(13)	1*
Sexual relation within 12 month	Yes	396(99.2)	352(95.7)	**5.99(1.73-20.76)**
	No	3(.8)	16(4.3)	1*
Age of first sexual contact Mean (+SD)		17..50(+2.6)	18.17(+2.62)	
Range		13-20	12-20	
Live with Spouse (Regular partner	2	5(1.3)	28(9.7)	**.122(.046,.32)**
	Live with 1	395(98.7)	262(90.3)	1*
Extra marital relation	CSW		103(24..3)	
	NRP	15(13.3)	109(86.7)	

*Denotes reference category

5.3: High-risk sexual behavior

The majority 245 (65.7%) of the respondents (64.5% male and 67.3% female) visited Jimma town less than three days per month. One hundred twenty-eight, (35.5%) of male were found frequent visitors to town than female (32.7%). The difference is not statistically significant (OR=1.13, 95% CI: .73-1.75). More male (37.6%) reported that they drank alcohol than female (15. 1%). The difference is statistically significant (OR=3.38, 95% CI 2.43-4.71). Four -hundred ninety two (58%) of the respondents, chew chat. Among these, males accounted for 75% while female for 41.4%. The difference is statistically significant (OR=4.24, CI: 3.16-5.68). Regarding frequency of chat chewing, 47% of females chew daily while 56% of males chew less than four days per week. But the difference is not statistically significant (Table 3). Seventy-two (17%) of males and 13 (3.1%) of females answered that they smoke cigarette. More females (24%) than males (15%) reported that they used other stimulants like coffee. The difference is statistically significant (OR=6.504, CI: 3.54-11.94, OR=.56, CI: .39-.80) respectively. The respondent's activity after taking alcohol and chewing chat, the result showed majority of them do some activities like their daily job (77.6%), while (1.6%) of them visited sexual partners.

Table: 3 Distribution of the study population by high-risk sexual behaviour, Jimma rural community, 2003/4

Variables		n=423 Male n(%)	n-423 Female n(%)	N=846 Total N(%)	OR(95%CI)
Drink Alcohol	Yes	159(37.6)	64(15.1)	223(26.4)	**3.38(2.43,4.71)**
	No	264(62.4)	359(84.9)	623(73.6)	1*
Chew khat	Yes	317(74.9)	175(41.4)	492(58.2)	**4.24(3.16,5.68)**
	No	106(25.1)	248(58.6)	354(41.8)	**1***
Number of days chewing khat	<4	177(56.2)	92(52.9)	269(55)	1.143(.79,1.66)
	>=4	138(43.8)	82(47.1)	220(45)	1*
Smoke cigarette	Yes	72(17.1)	13((3.1)	85(10.1)	**6.50(3.54,11.94)**
	No	349(82.9)	410(96.9)	759(89.9)	1*
Taking stimulant (coffee)	Yes	59(14.9)	90(23.9)	149(19.3)	**.558(.39,.80)**
	No	336(85.1)	286(76.1)	622(80.7)	1*
Number days visiting Jimma	> =3	76(35.5)	52(32.7)	128(34.3)	1.13(.734-1.75)
	< 3	138(64.5)	107(67.3)	245(65.7)	1*

*Denotes reference category

5.5: Knowledge of condom

Seven hundred eighty four (406(96%) of male and 378 (89.4%) of female) have ever heard about condom. About 231(62.9%) of male and 165 (49.1%) of female also knew where to get condom. Shop (56.4), clinic (20.4) and pharmacy (7.6) where mentioned as source of condom. From those who have ever heard of condom, the great majority of females (99.2%) knew that condom prevent from acquiring HIV/AIDS, than males (97.3%). Knowledge of condom is significantly associated with sex (Table: 4).

Table: 4: Distribution of Knowledge of Condom among the study Subjects Jimma Rural community 2003/4

Variables		**N=423 Male N(%)**	**N=423 Female N(%)**	**N=846 Total N(%)**	**OR(95%CI)**
Ever heard of condom	Yes	406(96)	378(89.4)	784(92.7)	**3.013(1.675,5.422**)
	No	17(4)	45(10.6)	62(7.3)	1*
Place to get condom	Shop	231(62.9)	161(49,1)	392(56.4)	**1.762(1.301,2.385)**
	Others	136(37.1)	167(50,9)	303(43.6)	1*
Prevent against HIV/AIDS	YES	359(97.3)	354(99.2)	713(98.2)	.31(.084-1.12)
	NO	10(2.7)	3(.8)	13(1.8)	1+

***Denotes reference category.**

5.6: Knowledge of HIV/AIDS and STDS

All (100%) males and 419 (99.1%) females have ever heard of HIV/AIDS. All respondents who have ever heard of HIV/AIDS knew more than one method of HIV/AIDS transmission like sexual contact, unprotected sex, having multiple sexual partners and sharing sharp instruments. While few mentioned about mother to child transmission. Radio was the predominant source of information about HIV/AIDS and condom

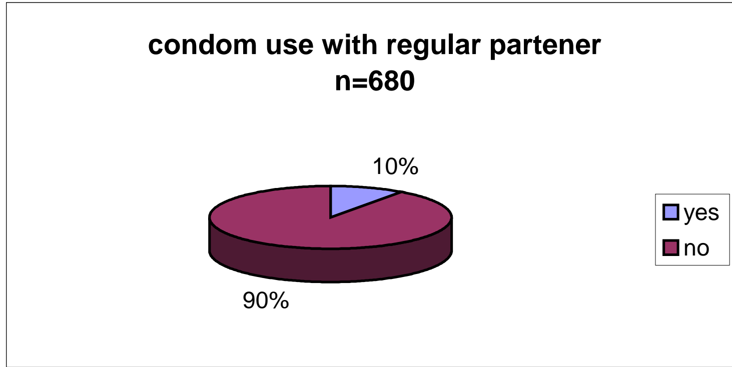
Ninety-seven (11.5%) of the respondent, reported misconception about HIV/AIDS transmission, like working together, by breathing and by touching AIDS patient. Six hundred twenty (298(70.4) males & 322(76.8% females), mentioned to avoid multiple sexual partner, 92(217%) males and 17(4.1%) females responded avoid sex, 6(1.4%)) males and 58(13.8) females responded to condom use. Four hundred -twenty-one (49.8%) respondent mentioned to be faithful to one partner. All respondents who have ever heard about HIV were asked if they knew any disease, which is transmitted by sexual contact, 748 (88.4) of them knew STDs. Among the mentioned STDS, gonorrhea accounts for 502 (59.3%). One hundred- seven (27.1%) male and 13 (3.7%) female have history of acquiring STDS and 11.2% of them were treated medically while 2.1% of them were treated by local treatment

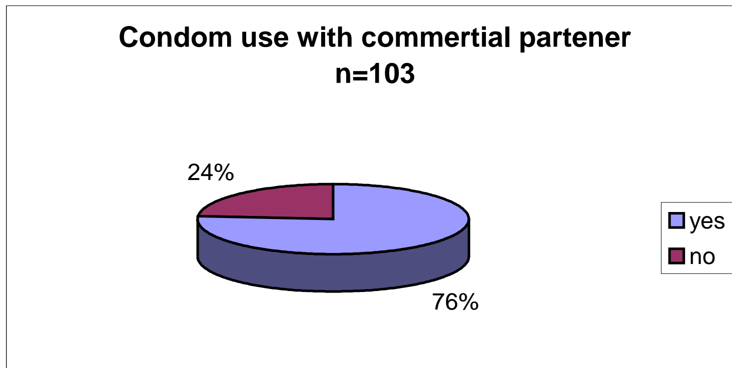
5.7: Condom use:

More males (16.9%) than females 4.6% reported that they were using condom with regular partner. Among sexually active males 103 reported that they had sexual relationship with C SW. Out of those 78 (76.5%) used condom while 25(24.3%) not used.

Both males and females reported that they were practiced sex with non-regular partner. of them, (68%) used condom, while 32% didn't use.

Among condom users majority of the respondents reported that they used condom always some reported sometimes and few reported never. Both condom use and its frequency were shown in the next picture.





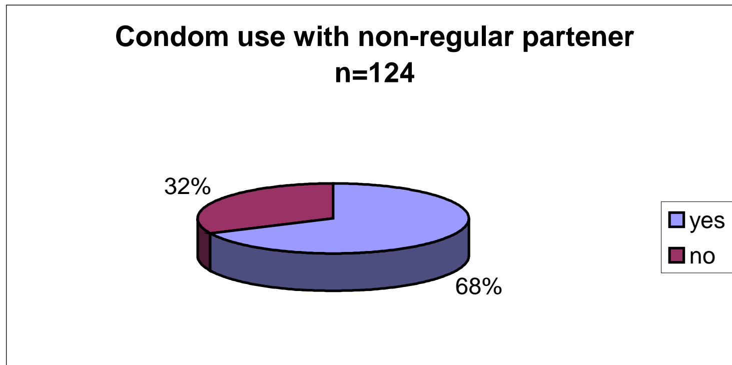
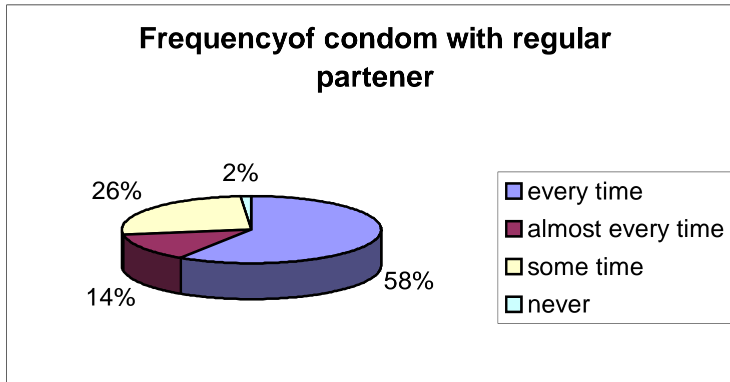
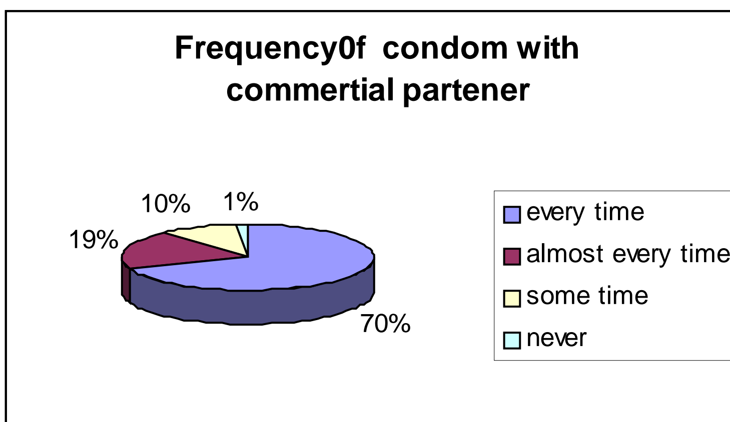


Fig 2: Percentage distribution of condom use with different partners Jimma, rural community 2003/4





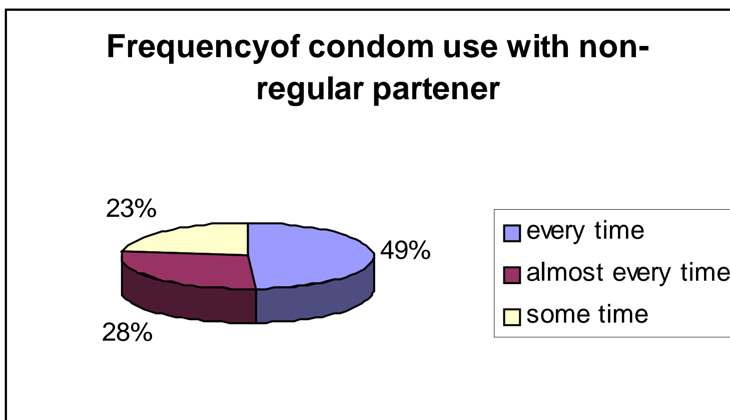


Fig 3: frequency of condom use with different partners, Jimma rural community 2003/4

5.8: Reasons for not using condom

Among those respondents with regular partners 81.6% female and 67.4% male reported that they were faithful to their partner, (while 63(28.9) male and 61(17.2) female reported that they didn't think of condom. Unavailability of condom was mentioned by 2.1% of the respondents.

Fifteen (71.4%) of male respondents reported that they didn't think of condom when they did sex with CSW. Only 4.8% reported in availability.

Twenty-one (87.5%) of the respondents with non-regular partner reported, that they don't trust condom. The percentage distribution of respondents by reason of not using condom was presented in (Table: 5)

Table 5: Percentage distribution of reasons for not using condom by types of partners Jimma rural community 2003/4

Variables	Reasons	N=423 Male N(%)	N=423 Female N(%)	N+846 Total N(%)
Regular	One to one(Being faithful)	147(67.4)	289(81.6)	436(76.2)
	Don't trust condom	63(28.9)	61(17.2)	124(21.7)
	Unavailability			
		8(3.7)	4(1.1)	12(2.1)
Commercial	One to one (Being faithful)	5(23.8)		5(23.8)
	Don't trust condom	15(71.4)		15(71.4)
	Unavailability			
		1(4.8)		1(4.8)
Non- regular	One to one(Being faithful)	2(8.3)	1(100)	3(12)
	Don't trust			
	Unavailability	21(87.5)		21(84.1)
		1(4.2)		1(4)

5.9: Knowledge of condom Vs some selected variables

More males (96.2) than females (89.4) heard about condom, the difference is statistically significant.(OR=3.013, CI: 1.69-5.92).2.843). Sex, marital status, educational status and occupation were significantly associated with knowledge of condom, while age and type of transport were not associated (Table: 6).

Table 6: Percentage distribution of some selected variables with knowledge of condom Jimma, rural community 2003/4

Variables		Knowledge of condom		
		Yes N(%)	No N(%)	OR(95%CI)
Sex	Female	378(89.4)	45(10.6)	1*
	Male	406(96.2)	17(3.8)	**3.013(1.69=6.92)**
Age	15-29	384(92.1)	33(7.9)	.817(.484-1.377)
	30-49	399(93.4)	29(6.6)	1*
Educational status	Literate	638(94.4)	39(5.6)	**2.66(1.54-4.61)**
	Illiterate	145(86.3)	23(13.7)	1*
Occupational status	Farmers& housewives	463(90.2)	50(9.8)	**1***
	Other employee	317(96.6)	11(3.4)	**3.12(1.59-6.08)**
Marital status	Single	215(96.8)	11(3.2)	**2.92(1.31-4.52)**
	Married	568(91.3)	54(8.7)	1*
Type of transport	Continuous	390(92.2)	33(7.8)	.842(.497-1.420)
	Occasional	393(93.3)	28(6.7)	1*

***Denotes reference category.**

5.10: **Condom use with different partners Vs some selected variables**

Those study subjects with the age group of 15-29 years (21.6%) were frequent users of condom and male (29.8%)) used condom than females (5.7%), which is statistically significant (OR=1.69,95% CI: 1.18-2.42), OR=7.1, 95%CI=4.45,11.19) respectively. Among the educated people 140(20.6%) of literate were using condom than illiterate (6%). More single subjects (41.4%) were using condom than married ones (9.3%). Sex Age, educational status, marital status and occupational status were significantly associated with condom use (Table 7) Type of transport or distance from Jimma town didn't have an association with condom use in this particular study.

A logistic regression analysis was carried out to see the effect of some of the explanatory variables over condom use with different partners, while controlling the effect of possible confounders. Accordingly, Sex and Marital status remained significant while the rest variables showed insignificant (Table: 7)

Table 7: Regression analysis of possible explanatory variable over condom use, Jimma, rural community, 2003/4

Variables	Condom utilization with different partners				
		Yes N(%)	**No No(%)**	**Crude OR (95%CI)**	**Adjusted OR (95%CI)**
Sex	Male	126(29.8)	297(70.2))	**7.048(4.49-11.18)**	**4.99(2.93-8.49)**
	Female	24(5.7)	399(94.3)	1*	
Age	15-29	90(21.6))	327(78.4))	**1.69(1.18-2.42)**	.861(.53-1.39)
	30-49	60(14)	369(86)	1*	
Educational status	Illiterate	10(6)	158(94)	1*	
	Literate	140(20.6)	538(79.4)	**4.11(2.11-7.99)**	.702(.325-1.47)
Type of transport	Occasional transport	71(16.8))	352(83.2)	**1***	
	Continuous Transport	79(18.8)	344(81.31)	1.138(.800-1.62)	**1.91(1.25-2.91)**
Occupational status	Farmers and Housewives	54(10.5)	459(89.5)	**.29(.200-.419)**	.745(.478-1.16)
	Other employee	95(28.9)	234(71.1)	1*	
Marital status	Single	92(41.4)	130(58.6)	**6.91(4.73-10.09)**	**4.36(2.66-7.16)**
	Married	58(9.3)	566(90.7)	**1***	

***Denotes reference category**

5.11: Extra marital- relationship

More male (33.1%) than female (2.8%) reported that they were involved in extra-marital relationship.

One hundred forty-one (20.8%) literate respondents were more engaged in extra-marital relationship than illiterate (6.5%). Sex, Educational status marital status, occupational status, Alcohol intake and chewing chat were significantly associated with extra marital relationship while Age and type of transport/ distance from Jimma town have no significant association. With extra –marital relationship (Table: 8).

Logistic regression analyses were carried out to see the effect of some of the explanatory variables, while controlling the effect of possible confounding over extra marital relationship. Accordingly some variable, which was significantly associated to extra-marital relation, was insignificant in regression analysis (Table 8). Where as sex and marital status were remained significant (OR=10.69, 95% CI: 5. 45-20.48, OR=3.6 95% CI: 2.19-6.14) respectively.

Table 8: Regression analysis of possible explanatory variable over extra- marital relation (commercial partner and non-regular partner), Jimma, rural community, 2003/4

Variable		Extra- marital sex Yes N(%)	No N(%)	Crude OR (95%CI)	Adjusted OR (95%CI)
Sex	Male	140(33.1)	283(66.9)	**16.94(9.22-31.14**	**10.69(5.45-20.98**
	Female	12(2.8))	411(97.2))	1*	
Age	15-29	79(18.9)	338(81.1)	1.140(.802-1.62)	.76(.46-1.25)
	30-49	73(17.7)	356(83)	1*	
Educational status	Literate	140(20.8)	537(79.2)	**3.749(1.98-7.096)**	.86(.41-1.82)
	Illiterate	11(6.5)	157(93.5)	1*	
Occupational status	Farmers and house wives	63(12.3)	450(87.7)	**.383(.268-.549)**	.96(.61-1.51)
	Other employee	88(26.7)	241(73.3)	1*	
Type of road	Occasional transport	79(18.7)	344(81.3)	1.101(.775-1.564)	**1.75(1.48-2.67**)
	Continuous transport	73(17.3)	350(82.7)	1*	
Marital status	Single	83(37.4)	139(62.6)	**4.803(3.32-6.95**	**3.6(2.19-6.14)**
	Married	69(11.1)	555(88.9)	1*	
Alcohol intake	Yes	67(30)	156(70)	**2.718(1.884-3.922)**	**1.91(1.23-2.95)**
	NO	85(13.6)	536(86.4)	1*	
Chat chewer	Yes	118(24)	374(76)	**2.969(1.971-4.473)**	**2.509(.99 -2.59**)
	No	34(8)	390(92.)	1*	

*** Denotes reference category**

Qualitative Result

5.12: Sexual net working

Conceptual framework shows the sexual networking pattern. A (merchants, drivers and ex-solders) were highly involved in multiple sexual relations with CSW, *tella* sellers, student girls and their wives. Farmers were involved in *tella* sellers and their wives. Housewives were not involved in any sexual relation except their husband.

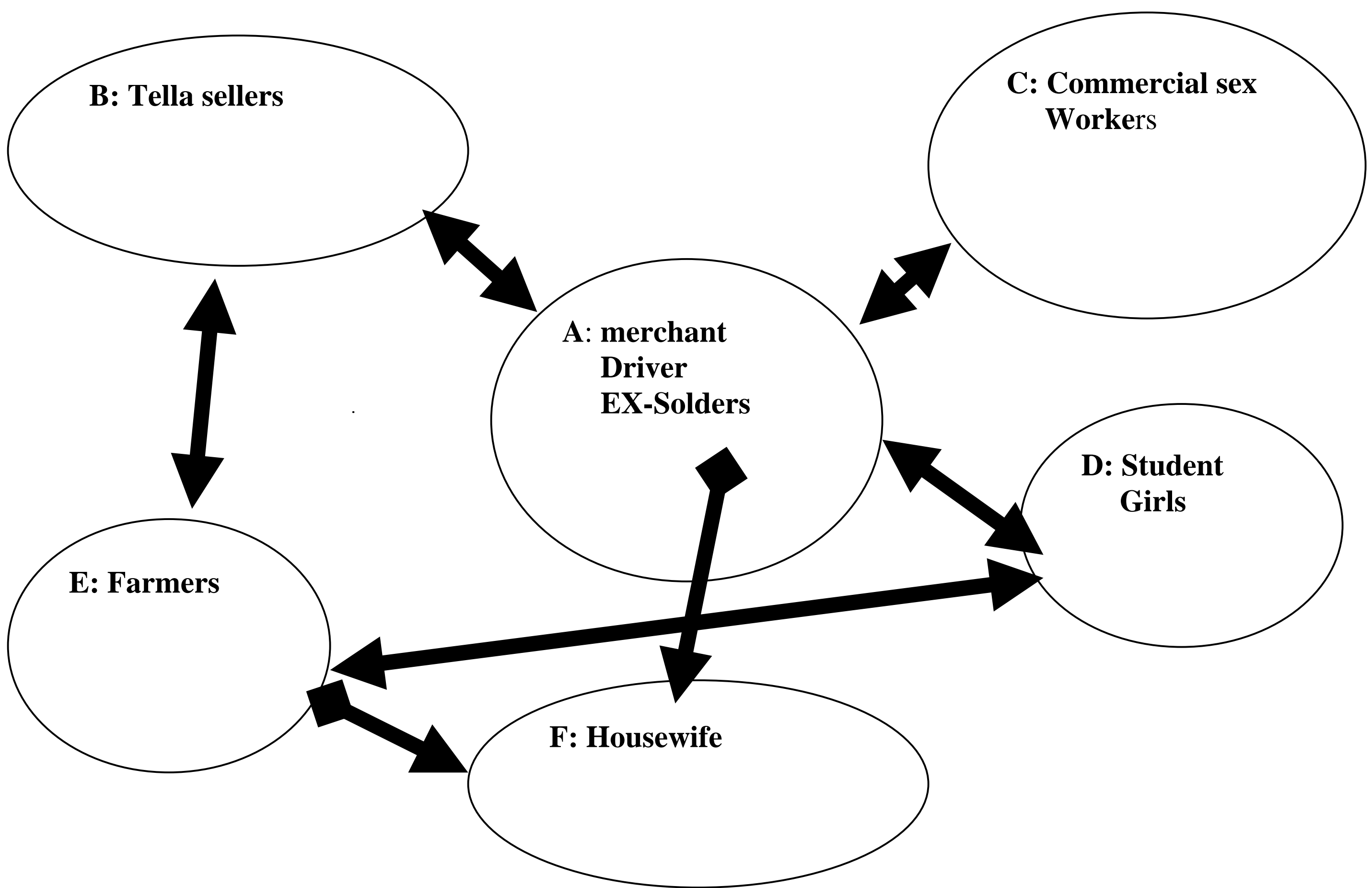


Fig 4: Conceptual framework showing the sexual network Jimma rural community, 2003/4

5.12.1 <u>Summery of the conceptual framework</u>

A. Merchants

Drivers

EX- Solders

A: These groups are highly involved in sexual networking. They have contact with *tella* sellers, commercial sex workers and student girls who were working as sex workers.

The majority of these groups were married who had contact with both intra- marital and extra-marital sexual relation ships.

B: Tella sellers: These subjects were female either widowed or divorced. Their income is by selling *tella*, e*ngera* and sometimes by selling sex. The only difference from commercial sex workers were by the amount of money they asked their partner. The money is from 5 to 10 Birr. They did sex in their own house and they were not forcing their partner to use condom. Their frequent partners were farmers both married and unmarried. They were commonly available in rural villages.

C: Commercial sex workers: These women were working in bars where there was Alcoholic drink and bedrooms in their community. Their number is small. These women have many clients. Their frequent clients were merchants, drivers, and ex-solders. Married men sometimes visited them. They do have condom with them always. Most of the time they didn't do sex with out condom and their payment is from 20 to 50 Birr. Farmers prefer *tella* sellers than commercial sex workers. The main reason was they didn't know how to use condom. They feel ashamed when they were asked to use condom.

D: Student girls: These were female student who live with their families. They do have sex with student with out payment. But, with merchants, ex- solders, farmers and drivers with payment. The payment depends on individual willingness. Condom use was based on male partner willingness.

E: Farmers: These groups were the majority among male groups and they do have sex mainly with tella sellers and students.

F: Housewife: These groups were the most oppressed groups in every direction. Their husband did sex with them after visiting multiple partners.

Sexual networking in this study was reported that having both regular and non-regular partner, commercial partner, tella sellers, areque sellers and enjera sellers including student girls. Male experienced more extra- marital relations than women. The most common sexual networking pattern was shown in male, commercial sex workers, tella sellers and student girls.

Male students were also involved in sexual network. They do have sex with student girls, tela sellers and CSW.

5.13: Focus group discussion Summery

The group discussion started with the general question whether they perceived HIV/AIDS as a major health problem or not? Both groups agreed that, it was the most serious health problem of the time. This is because it is just a killer disease with no cure. Both group agreed that women, younger boys, girls are the most affected. The women group mentioned that women were more affected because of cultural dominance. They were under the control of their husband.(**'Yebal tegenga'**) meaning they were fully dependant on their husband.

Young girls were also the most affected groups. This groups wanted money in order to live their own life. There fore, they are called ('**Debek setenga adarei**'),meaning they did sex by accepting money. They tried to hide themselves from their parents.

In both groups they mentioned multiple sexual partner and unsafe sex were the major methods to facilitate HIV/AIDS transmission. When they were asked on the presence of commercial sex workers, they were few in number. But they have females that worked as commercial sex workers. These were those who sell *tella*, *areka* and *engera*. The only difference between commercial sex workers was the amount of money, which their partner paid. They didn't force their partner to use condom. Student girls also worked as hidden commercial sex workers.

Multiple sexual relationships were commonly practice in both male and female in the age group of 15-30 years. Females who were involved in multiple sexual relationships were those widowed or divorced and single women. High-risk sexual behaviour (having non regular partner, visiting

commercial sex workers) was higher in merchants who have much money, drivers and ex-solders.

Both discussants mentioned

"It is a must and the community accepts the involvement of male to extra- marital relationship but the community totally condemned the involvement of female to extra- marital relationship"

Farmers commonly have non-regular partner and visited *tella* and, *areka* sellers. They didn't visit commercial sex workers. Because, commercial sex workers asked for condom and Farmers have lack of knowledge how to use condom. They don't want to be ashamed in front of female.

Married male visited commercial sex workers. The main reason mentioned was for better satisfaction, intoxication and when there is contradiction with their wife's.

Both groups have heard about condom. But they claimed that those who didn't` visit town and mainly farmers, didn't know the practical use of condom. This condition forced them to practice multiple sex with out condom. The obstacle to use condom was mentioned as

- It makes male impotence
- Decreases sexual pleasure
- Condom may cause HIV/AIDS
- Lack of awareness and

Afraid to use condom were the major reasons mentioned by the group members.

Finally the group member's concluded that the community needs continuous awareness; practical demonstration and continuous availability of condom for better condom utilization.

5.13.1 In-depth interview

Commercial sex workers, *tella* and arekai sellers were involved in the interview

They were asked mainly their frequent client and their method of prevention. Commercial sex workers mentioned that merchants, drivers and ex-solders were their frequent clients and they always have condom with them. They didn't practice sex with out condom. Their strategy to practice this was by not accepting money without knowing their perception towards condom.

They were asked which client was difficult to use condom. They mentioned intoxicated client and those who knew that they were already HIV positive. Their payment was also higher than tella seller's. The frequent clients for *tella* sellers were farmers and students

One CSW mentioned that "Doing sex with everybody is not our interest but in order to eat and to live we have no choice. But I will not do sex without condom."

6: Discussion

In Ethiopia information on sexual behaviour and related knowledge is scarce, particularly studies which combines sexual networking and condom utilization in different sub-population. This study has designed and conducted with the aim eliciting the sexual network pattern and the prevention aspect among study groups near Jimma town. This provides evidences and new insight, to give attention and urgent response in providing applicable intervention strategy to rural community.

The study reported that sexual network was observed in both male and female respondents. Particularly male who have better economical back ground involved in sexual network. These were merchants, drivers and sometimes ex-solders. Commercial sex workers, *tella* sellers (who worked as commercial sex workers) and student girls were involved in sexual network among females. This showed that, since the study area is in peri-urban area within 5-20 km from Jimma town, it is possible to have similar sexual network with urban population. Men involved in both commercial and non-commercial sexual relationship. This condition makes male highly involved in sexual network. Similar study done in Thailand also revealed that, the most common sexual network pattern for men was a combination of commercial and non-commercial sexual relationship (22). In addition Preliminary research was carried out in Dhakar suggested that more accurate measure of sexual network could be obtained from male than female. Similar study in south west Nigeria also revealed more men (46.7%) engaged in extra marital sex than women (18.4%).

About 33.1% of male engaged in extra-marital sex than women (2.8%).This showed that women were highly vulnerable due to male sexual behavior. Although, both respondents have reported having extra-marital sex, the majority were males. Women especially housewives in this study were found to be the most vulnerable groups. The response from both respondents especially females to questions on extra-marital sexual relation were not reliable, because the society strongly condemn extra- marital sexual activity, particularly that of females. Extra-marital sexes involving married women were not publicized as in case of male.

The study also revealed majority of male who involved in extra-marital sex practiced sex with their wives. The finding showed that this condition could be one of the risk behaviour, which contributes to women's vulnerability.

Similar findings were revealed that having multiple sexual partners remained one of the most important risk factor for the spread of HIV/AIDS, because of biological factors and social norms. Women are primarily vulnerable to such risky behaviour. According to MOH (2000) of Ethiopia, 87% of new HIV infection in the preceding year is due to the practice of multiple sexual partners.

Virtually all the respondents in the qualitative studies have indicated that AIDS is among the leading health problems in their respective localities and unprotected sex is the major risk factor for the transmission of HIV/AIDS and STDS. But the study showed, despite their awareness the preventive measure were found very poor.

The study reported that age at first sexual intercourse ranged from 12 to 20 in both groups. The age of sexual debut did not differ significantly between men and women (17.50, 18.17) respectively. A similar study was reported that sexual behaviour and level of knowledge of AIDS and other STDS among sinner high school students in Addis Ababa has reported age range of 12 to 18 for the first sexual activity (36),

Knowledge of condom, HIV/AIDS and STDS among the study subjects were higher as educational level increased and declined as the age increases. Awareness of HIV/AIDS is greater (99.5%) than awareness of condom and STDS (92.3, 88.8) respectively. More male (27.1%) reported STDS than female (3.7%). This showed male were highly involved in extra-marital sex and there is a probability of being infected and again re-infected their partners. Similar finding was observed on the study of knowledge and sexual behavior on HIV/AIDS and STDS among workers in the informal sector in Addis Ababa revealed that, awareness of STDS was lower than AIDS in the study population (88.9%) and 96.3% respectively. Awareness of AIDS declined as age increased and increased as educational level increased. More male (7.5%) reported STDS than female (2.7%) (36).

Regarding the level of awareness and utilization of condom, the survey result showed that most people (92.7%) knew about condom. However, only 17.7% male and female reported ever use of condom. Although educated people knew and heard about HIV/AIDS, the study showed more educated people were involved in extra-marital sex. This could be relatively due to higher income; working condition and negligence.

The study reported that consistent condom use was infrequent with all partner type. This could be the effect of misconception and low attitudinal change of the community in utilizing condom. But inconsistence condom use was reported with regular partner 10% with non-regular partner 68% and with commercial partner 76%. There was some marked difference observed in utilization of condom between male and female, married and single, educated and illiterate. The proportions of male, single and educated population were higher. This shows among condom users the majority were males who were single and educated. Regarding awareness of condom marked difference was not observed between male and female.

Study done in Thailand revealed that consistent condom use was relatively infrequent with all partner type (8%). Similar study in sub-Saharan Africa revealed condom use during sexual encounter was uncommon. Similar finding also revealed from study done in northern Thailand reveled consistent condom use was relatively infrequent with all partner type (33).

Majority of the respondents who knew about HIV/AIDS, condom and STDS, the source of information was from radio. Most Condom users got condom from shop because of availability and low price.

Men's violence has an impact on many women lives, and has increased women's vulnerability to HIV/AIDS. Similarly, this study reported that women were under male control and economically dependent. It was reported that 78% of women were dependent on their husband and 33.1% of male were engaged in multiple sexual relation. Student girls were also involved in multiple sexual practice particularly they had sex with male who have more sexually experienced and

much older than them for economic benefit. This condition may facilitate the transmission of HIV/AIDS.

Similar to this finding it was reported in many societies, men have power over women in social and sexual situation, and several studies have shown that economic factors have a strong influence in individual sexual behaviour. The gender power differential is compounded by age difference. Women typically marry or have sex with older men (31).

The study also reported that the main reason for not using condom was mentioned as reduced sexual pleasure makes male impotence and lack of knowledge in practical use of condom from qualitative study. While from quantitative data we revealed that there were some factors, which contribute to condom utilization. Among this factors lack of awareness and in availability of condom takes the major part.

Similar finding also revealed from other studies that, male resistance to condom use and women's inability to negotiate safer sex puts women's at greatest risk of HIV infection. For male the rationale for resisting the use of condom includes concern about reduced sensitivity, ignorance about how to use condom properly and fear that using it will permanently interfere with fertility (29).

Generally, the study finding reveled Age of respondents, educational status and their occupation has an association on the use of condom. Male respondents use condom than female respondents

because females were culturally the most oppressed and economically dependent groups. Due to this they do not have power to negotiate condom especially married women.

The study also aims to identify whether distance /being nearer to town / has an influence on people's behaviour, and whether the sexual network is similar to the proposed sexual network pattern. But the study revealed that being nearer to town with continuous transport and occasional transport didn't show significant association on extra marital relation ship and condom utilization. In addition the proposed sexual network explains sexual network was practiced between male and female equally. The network doesn't stop only in rural or urban setting. It showed there is a possibility of communication between urban and rural. But unlike the proposed sexual network framework, the study revealed, the sexual network pattern plays a role within the setting mainly with male partner.

7: Strength and Limitation

Strength

This study tried to evaluate the sexual network pattern and the level of awareness on the prevention aspect against HIV/AIDS.

- According to the recommendation of WHO/UNAIDS/ by keeping confidentiality and anonymity, socio-demographic characteristics and sexual history were collected from the study population.
- The study combines both quantitative and qualitative data collection methods.
- Systematic sampling technique was used to avoid selection bias.

Limitation

The main limitation of the study were:

- Social desirability bias due to sensitive and personal question related to sexuality.
- The study design was cross-sectional which mentioned the exposure and out come simultaneously. But can't measure the cause and effect relationship between the outcome and exposure in some variables.

8: Conclusion

Since the study area is a peri –urban area, the study concluded that sexual network was observed in the study population as similar to urban population. More male involved in sexual network, extra-marital relation and condom use than female. The study also reported that young girls practiced sex with older people for economic benefit.

Although educated people knew and heard about HIV/AIDS, the study showed more educated people were involved in extra-marital relationship.

The study also explore that there is a great gap between knowledge of condom and its utilization. The possible explanation could be the misconception about condom and lack of knowledge on the practical application of condom. This study also concludes that condom use was mainly male's job and women have no power to negotiate condom use with the exceptional of CSW.

Major finding were:

- About 95.1% of the respondents were living with regular partner.
- Polygamous relationship was not common .It was only 4.9%
- More than half (58.2%) of the respondents were chewing chat
- More sexual networking pattern was observed in merchants, drivers and ex-solders from male part, while CSW, *Tella* sellers, *arekai* sellers and student girls from female.
- Housewives were found to be highly vulnerable groups than others.
- Knowledge of HIV/AIDS was high in both male and female respondents.

- Knowledge of condom was high in both male and female respondents.
- Condom use was higher in commercial sexual relation ship followed by non-regular sexual relationship.
- Condom use was practiced by educated male than female.
- Decrease sexual pleasure, makes male impotent, being ashamed by not knowing the application and in availability were found the major factors that contribute to condom utilization.
- Being nearer to town didn’t show significant association with condom use and extra-marital relationship.

Generally the study concludes that there is a great gap between awareness and condom utilization. Therefore, this study recommends some intervention strategies, which could filll the gap between awareness and practice on condom utilization.

9: Recommendation

⇒ There is a need to work hard on attitudinal change of the community on condom use together with religious and opinion leaders.

⇒ There is a need of condom promotion in rural community.

⇒ Radio is an important source of information on condoms and HIV/AIDS. Majority of the study population have access to radio. Hence in order to reach the various sectors of the community with necessary information there is a need to improve the coverage and quality of health message.

⇒ Since students were involving in sexual network in the study, school health programs should be given emphasis on HIV/AIDS and condom use.

⇒ Special attention should be given to female students. Such as assertiveness training, sex education and job opportunity.

⇒ In order to minimize the sexual network pattern, there is a need to increase the economical status of those tela, arekai and enjera sellers. .Such as credit from micro financing.

⇒ Local and national HIV/AIDS prevention and control programs need to take in to account sexual network and people's sexual behavior.

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ANNEX 1

SEXUAL NETWORKING AND CONDOM UTILIZATION IN RURAL COMMUNITIES AROUND JIMMA TOW

001 QUESTIONNAIRE IDENTIFICATION NUMBER
002 REGION Oromia
003 CITY Jimma
004 SITE _ _________

Introduction:

My name is ---------------------, I am working as data collector in a survey conducted by the collaboration of AAU DCH and Action Aid Ethiopia to find out the sexual networking and condom utilization in rural community around Jimma town. The purpose of the study is to generate information necessary for the planning of appropriate interventions and to truck the trend on behaviors that are associated with HIV/AIDS Therefore your honest and genuine participation by responding to the questions prepared is highly appreciated and credited in the national campaigns in the control and prevention of HIV/AIDS. Have you been interviewed in the past few weeks for this study? Tell them you cannot interview them a second time, thank them, and end the interview. If they have not been interviewed before, continue:

Confidentiality and consent: "I'm going to ask you some very personal questions that some people find difficult to answer. Your answers are completely confidential. Your name will not be written on this form, and will never be used in connection with any of the information you tell me. You do not have to answer any questions that you do not want to answer, and you may end this interview at any time you want to. However, your honest answers to these questions will help us better understand what people think, say and do about certain kinds of behaviors. We would greatly appreciate your help in responding to this survey. The survey will take about 20-30 minutes to ask the questions. Would you be willing to participate?"
If no, thank and stop here.

Interviewer visit

	Visit 1	Visit 2	Visit 3
Date			
Interviewer			
Result			

Result codes: Complete= 1; Respondent not available =2; Refused =3; partially completed= 4; Other =5.

005 INTERVIEWERS: Code [______|______]Name ________________________
006 SUPERVISORS: CODE ___/___/___ Name _________ Signature ______Date______
007 DATE INTERVIIEW: ________
CHECKED BY SUPERVISOR: signature __________________Date________
N.B - please, fill on each answer sheet as follows

Time of start of interview____________
Time of end of interview_____________

Section -1- Background Characteristics

No	*Questions*	*Coding Classification/Answer*	*Skip to*	*Code*
101	Record sex of the respondent	Male ________________ 1 Female ______________ 2		
102	How old were you at your last birth day	Age in completed years ________		
103	What is your religion?	Orthodox ___1 Muslim __ 4 Protestant __2 Others(specify) _______ Catholic __ 3		
104	To which ethnic group do you belong?	Amhara __ 1 Yem--- 4 Oromo ----2 Kefecho _5 Dawero--- 3 Others(specify) ____		
105	What is the highest level of education you completed?	Grade 1-6------1 Read and write __3 Grade 7-12-----2 Illiterate ______ 99		
106	WHAT IS YOUR TOTAL MONTHLY INCOME?	----Eth. BIR Per month Don't know----88 No income-----1 No response---99		
107	What is your current occupation?	Farmer _ 1 Student ___ 6 Daily Laborer _ 2 Driver _ 7 Government employee__ 3 Jobless_ 8 House wife _ 4 Others(Specify)____ 9 Merchant__ 5		
108	WHERE DO YOU LIVE	Jimma within 5-10 km-----------------1 Jimma within 11-20 km--------------2		
109	How long have you lived here?	No of years (-----/-----) Record 00 if less than 1 year Don’t know---- 88 No response -----------99		
110	In the last 12 month have you been away from your home more than one month altogether	Yes------------ -1 No-------------- 2 Don’t know-------8 No response-------9		
111	How many times do you visit the town per month?	No of days------------ Don’t know---- 88 No response ---------99		

112	Have you ever drunk Alcohol?	Yes------------ 1 No--------------2		
113	If Yes, what did you do after drink?	Go to sleep------------1 Go to partner---------2 Other (specify)-------3 Don't know 88 No response --- --99		
114	If No why?	I don't like -------------1 I feel discomfort-------2 I don't have money----3 Other---------------------4 No response------------99		
115	Have you ever chew khat	Yes--------- -1 No-------------2		
116	If yes ,what did you do after chewing?	Go to sleep---------- 1 Drink alcohol----------2 Go to partner------ -3 Don't know------------88 No response-----------99 Other (specify)------------		
117	How many days per week do you chew khat?	No of days--------- Don't know----------- 88 No response------------99		
118	If No, why?	I don't like it---------- 1 I feel discomfort--------- 2 Don't have money to buy-----3 Don't know--------- 88 Other (specify)--------------		
119	Do you smoke cigarette/	Yes--------------1 No---------------2 No response----99		
120	Do you take any stimulant?	Yes-------------------1 No--------------------2 No response---------99		

Section 2 Marriage and live - in partnerships

NO.	Questions	Coding categories/Answer		Skip to	Code
Q 201	Are you currently married or living with a man/woman with whom you have a sexual relationship?	Currently married, living with spouse Currently married, living with other sexual partner Currently married, not living with spouse or any and other sexual partner Not married, living with sexual partner Not married, not living with sexual partner NORESPONSE		1 2 3 4 5 99	
Q202	Have you ever married	YES-------------- 1 No------------------2 No response--------99			
203	How old were you when you first married?	Age in years [____] DON'T KNOW 88 NO RESPONES 99			
*Q204	If MARRIED: Do you have more than one Wife? (Husband)?	YES 1 NO 2 NO RESPONSE 99		→	
Q 205	Currently if you are not married, your marital status is	Partner died Divorced Separated Never married No response	1 2 3 4 99	 →	
206	Your spouse Age	-------------year Don't know----88 No response-------99			
Q207	Your spouse occupation	____________ Don't know-----88 No response-----99			
Q208	Your spouse religion	The same---------------1 Different----------------2 No response-------------99			

Section 3 Sexual history:

Now I would like to ask you some questions that may be difficult and too personal to answer. However, like I said in the beginning your answers to these questions are confidential and will not be linked to you in anyway.

The questions that will follow will all be about your sexual activity and partners.

NO.	Questions	Coding categories/Answer	Skip to	Code
Q301	Have you ever had sexual intercourse?	Yes------1 No------2 No response--9		
Q 302	At what age did you first have sexual intercourse?	Age in year (--/--) Don't know—88 No response--99		
Q303	Have you had sexual intercourse in last 12 months**?**	Yes---1 No----2 No response---99		
Q304	How many wife (husband) do you have	No------------- No response-------------		

Q305	For women Think about the male sexual partner you have had in the last 12 months For MEN: Think about the female sexual partners you've had in the last 12 months. How many were: -A. Your spouse (s) or live-in sexual partners ('regular' partners) -B. partners whom you paid to have sex with 'Commercial 1" -C. Sexual partners that you are not married to and have never lived with and did not pay ('non-regular' partners)- DO NOT INCLUDE CURRENT SPOUSE (S) OR LIVE-IN SEXUAL PARTNERS)	Yes----------1 No------------2 A. REGULAR [___/___] DON'T KNOW 88 NO RESPONSE 99 B. COMMERCIAL 1 [__/__] DON'T KNOW 88 NO RESPONSE 99 C. NONREGULAR/NONCOMMERCIAL [___/__] DON'T KNOW 88 NO RESPONSE 99		

Section 4 Sexual histories: regular partners

NO.	Questions	Coding categories/Answer	Skip to	Code
Q401	**FILTER: INTERVIEWER GO TO IF REPONDENT NOT HAVE A** REGULAR PARTNER DURING PAST 12 **Q 305** IFRESOPNDENT HAD SEX WITH **[__] MONTHS SKIP TO Q501** MONTHS CONTINUE TO Q 402	Yes------------1 No-----------2	→ Q501	
Q402	Think about your most recent regular sexual partner. How many days did you have sexual intercourse with this person over the last 30 days? **[REGULAR PARTNER INCLUDES SPOUSE OR LIVE-IN SEXUAL PARTNER]**	Number of days [__/__] DON'T KNOW 88 NO RESPONES 99		
Q 403	The last time you had sex with a regular partner; did you and your partner use a condom?	YES 1 NO 2 DON'T REMEMBER 88 NO RESPONSE 99	→ **Q405** → **Q406**	
*Q404	Who suggested condom use that time? **CIRCLE ONE**	Myself 1 My partner 2 Joint decision 3 DON'T KNOW 88 NO RESPONSE 99		

Q 405	Why didn't you and your partner use a condom that time?	Not available----------------1 Too expensive---------------2 Knot comfortable--------------3 DO not trust condom-----------4 We do not like it-----------5 It breaks easily-------------6 One to one--------------7 It reduce sexual pleasure--------8 Other------------9 Do not know------88 No response-------------99		
Q406	With what frequency did you and all of your regular partner (s) use a condom during the past 12 months? **READ OUT….**	EVERY TIME 1 ALMOST EVERY TIME 2 SOMETIMES 3 NEVER 4 DON'T KNOW 88 NO RESPONSE 99		

Section 5 Sexual histories: Commercial partners

NO.	Questions	Coding categories/Answer	Skip to	Code
501	Have you ever have a contact with Female commercial sex worker.	Yes---------1 No----------2		
502	If yes Where?	In the village----------1 In town-------------2 Don't Know------------88 No response--------99		
503	Think about your most recent Commercial sexual partner. How many days did you have sexual intercourse with this person over the last 30 days?	Number of days [__/__] DON'T KNOW 88 NO RESPONES 99		

504	The last time you had sex with a commercial partner, did you and your partner use a condom.	YES 1 NO 2 DON"T KNOW 88 NO RESPONSE 99	 → **Q505** → **Q506**	
505	Who suggested condom use that time? **CIRCLE ONE**	Myself 1 My partner 2 joint decision 3 DON'T KNOW 88 NO RESPONSE 99	 → **Q506** → **Q506** → **Q506** → **Q506**	
506	Why didn't you and your partner use a condom that time? CIRCLE 1 IF MENTIONED, 2 IF NOT MENTIONED	Not available----------------1 Too expensive---------------2 Knot comfortable--------------3 DO not trust condom-----------4 We do not like it-----------5 It breaks easily-------------6 One to one--------------7 It reduce sexual pleasure--------8 Other------------9 Do not know------88 No response-------------99		
507	With what frequency did you and all of your commercial partner (s) use a condom during the past 12 months?	EVERY TIME 1 ALMOST EVERY TIME 2 SOMETIMES 3 NEVER 4 DON'T KNOW 8 NO RESPONSE 9		

Section 6 Sexual histories: Non- regular Non-paying sexual partners

NO.	Questions	Coding categories/Answer	Skip to	Code
601	Have you ever a contact with Non-regular non- commercial sex partner	Yes-----------1 No-----------2		
602	If Yes, where?	In the village----------1 In town----------------2 Don’t Know-------------88 No Response------------99		

603	Think about your most recent regular non- commercial sexual partner. How many days did you have sexual intercourse with this person over the last 30 days?	Number of days [__/__] DON'T KNOW 88 NO RESPONES 99		
604	The last time you had sex with a regular, non-commercial partner; did you and your partner use a condom?	YES 1 NO 2 DON'T REMEMBER 88 NO RESPONSE 99	►606	
605	Who suggested condom use that time? **CIRCLE ONE**	Myself 1 My partner 2 joint decision 3 DON'T KNOW 88 NO RESPONSE 99		
606	Why didn't you and your partner use a condom that time? CIRCLE 1 IF MENTIONED, 2 IF NOT MENTIONED	Not available----------------1 Too expensive---------------2 Knot comfortable--------------3 DO not trust condom-----------4 We do not like it-----------5 It breaks easily-------------6 One to one--------------7 It reduce sexual pleasure--------8 Other------------9 Do not know------88 No response-------------99		
607	With what frequency did you and all of your non-regular, non-commercial partner (s) use a condom during the past 12 months?	EVERY TIME 1 ALMOST EVERY TIME 2 SOMETIMES 3 NEVER 4 DON'T KNOW 88 NO RESPONSE 99		

Section.7 Knowledge, attitude and use of condom

NO.	Questions	Coding categories/Answer	Skip to	Code
701	Have you ever heard of condom	Yes 1 No 2 → Don't know 88 No response 99	Stop	
702	Do you know where to take e condom	Yes---------------------------1 No--------------------------88 No response----------------99		
703	Which place or person do you know where you can obtain condom	Yes NO Shop 1 2 Pharmacy 1 2 Market 1 2 Clinic 1 2 Other (Specify)--------------------		
704	How much time does it take from the place where you get condom	Less than one hour----- 6 More than one hour------7 Don't Know---------------88 No response---------------99		
705	Do you get condom when ever you want?	Yes--------1 No--------2		
706	Does condom prevent HIV/AIDS?	Yes 1 NO 2 Don't Know 88 No response 99		
707	Does condom prevent pregnancy?	Yes 1 No 2 Don't Know 88 No response 99		

Section 8: Knowledge and attitude towards HIV/AIDS

No	Questions	Answer/Coding categories	Skip to	Code
801	Have you heard about HIV? AIDS?	Yes ______________ 1 No _______________2 →	Stop	
802	From where did you hear about HIV/AIDS? (Check all that apply)	Health worker/facility _________ 1 Mass media __________________ 2 (Radio, TV, Newspaper ...) Friends ______________________ 3 Neighbors ____________________4 Others (specify) _________________		
803	How is HIV/AIDS transmitted? (Check all that apply)	Sexual intercourse ______________ 1 Mother to child _________________2 Transfusion of infected blood _____3 By sharing sharps _______________4 (Blade, Needle, etc) Others (specify)________________ Don't know ___________________88		
804	Do you think you can get HIV/AIDS?	Yes _________________ 1 No _________________ 2→ 806 No response __________99→ 806		
805	If yes, specify reasons.	Sexual intercourse----------------1 Sharing sharps---------------------2 Don't know-------------------------88 No response-----------------------99 Other(Specify)_----------------------- _________________________________		
806	If no, Why?	Married(one to one)---------------1 I believe God-----------------------2 I use condom----------------------3 Other (specify)--------------------4 No response-----------------------99		

807	How can people prevent themselves from getting HIV/AID?	Avoid Sex/Abstinence ____________________ 1 Avoid multiple Sexual Partner (one to one) ____ 2 Using condom ___________________________ 3 Avoid sharing sharps ______________________4 Using sterile/disposable needles______________5 Others (specify) ___________________________ Don't know ____________________________88		
808	Can a person get AIDS by working next to person with AIDS?	Yes---------------- 1 No----------------- 2 Don't know--------8 No response---------9		
809	If Yes, How?	By breathing---------------------1 By touching----------------------2 Other (specify)---------------- Don't know--------------------88 No response-------------------99		
810	If No, Why?	AIDS is not transmitted by breathing---------1 AIDS is not transmitted by touching---------2 Don't know--------------------------------------88 No response------------------------------------99		
811	Have you personally made any change in your sexual behavior to avoid getting AIDS?	Yes------------- 1 No-------------- 2 Don't know--------88 No response--------99		
812	If Yes (811) How?	Don't drink------------------1 Don't chew khat------------2 One to one------------------3 Use condom------------------------4 I usually go to church-------------5 Other Specify-----------------		
813	If the answer is No(811) Why?	I don't think I will have AIDS--------------1 I believe God---------------------------------2 Don't know---------------------------------88 No response------------------------------ -99		
814	Do you know	Yes _____________ 1		

	diseases that are transmitted sexually other than HIV/AIDS?	No ______________2 No response _____99		
815	If Yes , mention?	Gonnoria-------------------1 Syphilis---------------------2 Chancriod-----------------3 LGV--------------------------4 Other-------------------------		
816	Did you have any STDS in the past one year?	Yes _____________ 1 No ______________2 No response _____99		
817	If Yes ,have you treated?	Yes-----------------------1 No------------------------2 No response-------------99		
818	If No, Why?	There is no clinic/hospital nearby-------------1 I don't have money-----------------------------2 I use local treatment---------------------------3 Don't know---------------------------------------4 No response------------------------------------99		

This is the end of interviewee: Thank you
Signature-----------------
Date---------------------

ANNEX 2

English FGD Guide

Introduction

Good morning; welcome to our group discussion, I am Aseresash Demissie ,I came from Addis Ababa university (note taker introduce him/his self) we are here today to discuss about the sexual relationship which was practiced in your community and the method of prevention which we take to prevent HIV/AIDS. All comments, both positive and negative are welcome. We would like to have many points of view. We want this to be a group discussion, so we expect all of you to participate in the discussion. We will use a tape recorder and please speak one at a time in order the tape recorder can pick up everything. We would like to confirm to you that all your comments are confidential and used for research purpose only. Are you willing to participate the discussion? Thank you for your willingness

Focus group Discussion Guide

- Is HIV/AIDS a problem in your community?
- Who are most affected?
- Why do you think they are affected most?
- Are sex workers common in your community?
- Who are they?
- Who are their clients?
- Who have multiple sexual relations in your area?
- What kind of sexual relationships are contributing most to HIV/AIDS Transmission in this area? Why?
- Are there Categories of men/women who are known to have many sexual partners?
- What Categories are they?
- Who do they have sex with and why?
- Do married men /women go to other women/men? And why?
- Is polygamy common in your area? Why?
- What do people do to protect themselves from HIV/AIDS?
- Does people know Condoms?
- What is the greatest obstacle to condom use?
- Do women ask their partner to use condom?
- Do male /female go to Town frequently?
- If yes. Do they pass the night there?
- Do you think male may visit Commercial Sex worker/ other women in the Town?
- Do you think women may visit male in the town?

In-depth Interview

- Is all your client s willing to use condom?
- What is the reason?
- How do you encourage them?
- Do you keep condom at all time ?
- Which clients are most difficult to persuade to use condom?
- Which clients are easier?
- Who is your client?
- Who are frequent client?
- Do all client pay money?
- Why do you think married men visit CSW?
- Which age group are frequent client Why ?

ANNEX 3

በጅማ ዙሪያ ባሉ ገበሬ መህበራት ስለተለያዩ ወሲባዊ ባህርያትና የኮንዶም አጠቃቀማቸውን በተመለከተ የቀረበ መጠይቅ

001 የመጠይቁ መለያ ቁጥር
002 ከተማ ጅማ
003 ክልል ኦሮሚያ
004 መጠይቁ የሚደረግበት ልዩ ቦታ-----------------

መግቢያ

ሥሜ ----------ይባላል ኤች አይቪ ኤድስ ሊተላለፍባቸው የሚችሉ የተለያዩ ባህርያትን በአካባቢያችሁ እንዳለ ለማጥናት ነው የመጣሁት:: ስለዚህ የምጠይቀትን ጥያቄ እንዲመልሱልኝ በትህትና እጠይቃለሁ::

አሁን የግል ባህሪዎን የተመለከተ ጥያቄዎችን አቀርባለሁ: በመጠይቁ ላይ ስምዎ ወይም የእርስዎን ማንነት የሚገልፅ ማንኛዉም አይነት ነገር አይጠቀስም:: በመጠይቁ ወቅት መመለስ የማይፈልጉትን ማንኛውንም አይነት ጥያቄ መተው ወይም በማንኛውም ሰዓት ማቋረጥ ይችላሉ:: ሆኖም ግን የሚሰጡት መረጃ ወደፊት ስለበሽታው ለሚደረገው ማንኛውም ዓይነት ክትትል ጠቀሜታው የጎላ ስለሆነ በቅድሚያ ለሚያደርጉልን ትብብር ምሥጋናችን ከልብ የመነጨ ነው:: መጠይቁ ከ20-30 ደቂቃ ሊወስድ ይችላል::በዚህ ጥናት ላይ መሳተፍ ይችላሉን? መልሱ አዎ ከሆነ ወደ ሚቀጥለው ገፅ እለፍ:አልፈልግም ከሆነ አመስግነህ መጠይቁን አቋርጥ

ፈቃደኝነቱን ያረጋገጠው መረጃ ሰብሳቢ ፊርማ-------------------------

የመረጃ ሰብሳቢው የጉብኝት ሰሌዳ

	ጉብኝት1	ጉብኝት 2	ጉብኝት 3
ቀን			
መረጃ ሰብሳቢ			
ውጤት			

ውጤት የተጠናቀቀ=1 ተጠያቂው አልተገኙም =2.
የተቃወመ=3 በከፊል ተመልሷል =4

005 የመረጃ ሰብሳቢው መለያ ቁጥር(----/----) ስም-------------------------
006 መጠይቁ የተካሄደበት ቀን-------------------
የተቆጣጣሪው ፊርማ------------------ሥም----------------ቀን-------------

ማሳሰቢያ
እያንዳንዱመጠይቅ በዚህ ሁኔታ ይሞላ
- የተጀመረበት ሰዓት----------------
- ያለቀበት ሰዓት -------------------

ክፍል አንድ አጠቃላይ የግለሰቡ መረጃ

ተ.ቁ	መጠይቅ	መልስ	እለፍ	ኮድ
101	የተጠያቂውን ፆታ ሳትጠይቅ ሙላ	ወንድ-------------------1 ሴት--------------------2		
102	ባለፈው የልደት ቀንዎን ሲያከብሩ ስንት አመትዎ ነበር	------------ዕድሜ በሙሉ ዓመት		
103	ሐይማኖትዎ ምንድር ነው	ኦርቶዶክስ------------------1 ፕሮተስታንት---------------2 ካቶሊክ------------------------3 ሙስሊም--------------------- 4 ሌላ (ይገለፅ)------------------5		
104	የየትኛው ብሄረሰብ አባል ኖት	አማራ--------------------1 ኦሮሞ--------------------2 ዳውሮ--------------------3 ጃንጀሮ-------------------4 ከፍቾ----------------------5 ሌላ(ይገለፅ)---------------6		
105	ያጠናቀቁት ከፍተኛ የትምህርት ደረጃ ስንት ነው?	ክፍል 1-6-------------1 ክፍል 7-12------------2 መንበብና መዓፍ-------------3 ምንም ያልተማረ--------------------99		
106	አጠቃላይ የቤተሰቡ የወር ገቢ ስንት ነው?	-----------------ኢ.ት.ብር ምንም ገቢ የለም-------------1 አላውቅም----------------------88 መልስ የለም----------------------99		
107	ሥራዎ ምንድር ነው?	ገበሬ---------------------------------1 የቀን ሠራተኛ---------------------2 የመንግስት ሠራተኛ-------------3 የቤት እመቤት---------------------4 ነጋዴ----------------------------------5 ተማሪ-----------------------------------6 ሾፌር----------------------------------7 ሥራ አጥ-------------------------------8 ሌላ--------------------------------------9		
108	የት ነው የሙኖሩት?	ጅማ ከ5-10 ኪ.ሜ----------------1 ጅማ ከ11-20 ኪ፣ሜ--------------2		
109	እዚህ አከባቢ ለምን ያህል ጊዜ ኖረዋል?	--------------ዓመት አላውቅም-------------88		

		መልስ የለም---------99		
110	ባለፉት 12 ወራት ለወር ያህል ከቤቶ ርቀው ሄደው ያውቃሉ?	አዎ----------------1 አልሄድኩም--------------2 አላውቅም-----------------88 መልስ የለም---------------99		
111	በ ሳምንት ስንት ጊዜ ከተማ ይወጣሉ	------------------ቀን አላውቅም-----------------88 መልስ የለም---------------99		
112	መጠጥ ጠጥተው ያውቃሉን?	አዎ--------------1 አልጠጣም---------2		
113	አዎ ከሆነ ከጠጡ በኋላ ምን ያደርጋሉ	አሠራለሁ -----------------------1 የሴት ጓደዬ ጋ እሄዳለሁ------2 አላውቅም----------------------88 ሌላ ካለ ይገለጽ---------------3 መልስ የለም-------------------99		
114	አልጠጣም ከሆነ ለምን?	ስለማልወድ-------------------1 ስጠጣ ስለሚያመኝ-----------2 ገንዘብ ስለሌለኝ----------------3 መልስ የለም-------------------99 ሌላ ካለ ይጠቀስ--------------4		
115	ጫት ቅመው ያውቃሉን	አዎ---------------1 አልቅምም---------2		
116	አዎ ከሆነ ከቃሙ በኋላ ምን ያደርጋሉ	እሠራለሁ --------------------------1 መጠጥ እጠጣለሁ ---------------2 ሴት ጓደኛዬ ጋ እሄዳለሁ---------3 አላውቅም-------------------------88 መልስ የለም-----------------------99 ሌላ ካለ ይገለጽ----------------4		
117	በሳምንት ስንት ጊዜ ይቅማሉ?	---------------ቀን አላውቅም------------88 መልስ የለም---------99		
118	አልቅምም ከሆነ ለምን?	ጫት ስለማልወድ---------------1 ስለሚያመኝ----------------------2 ገንዘብ ስለሌለኝ-------------------3 ሌላ ካለ ይጠቀስ------------------4 አላውቅም--------------------------88 መልስ የለም----------------------99		
119	ሲጋራ ያጨሳሉን?	አዎ----------------------1 አላጨስም----------------2 መልስ የለም-------------99		
120	ሌላ ሰውነት ማነቃቂያ ይወስዳሉን?	አዎ------------------------1 አልወስድም----------------2 መልስ የለም----------------99		

ክፍል 2፤የጋብቻና አብረው ስለሚኖሩት ጋደኛ የቀረበ መጠይቅ

ተ.ቁ	መጠይቅ	መልስ	እለፍ	ኮድ
201	በአሁን ሰዓት በትዳር ወይም እንደባልና ሚስት እየኖሩ ነው?	አሁን በትዳር ላይ ነኝ አብረን እየኖርን ነው-------------1 አሁን በትዳር ላይ ነኝ ግን አብረን አንኖርም-----------------2 ትዳር የለኝም ግን ከጓደኛ ጋር እኖራለሁ -------------3 ትዳር የለኝም ለብቻዩ ነው የምኖረው--------------------------4 መልስ የለም----------------------99		
202	ከዚህ በፊት ትዳር ይዘው ያውቃሉን	አዎ---------------------1 አልያዝኩም------------2 መልስ የለም-----------99		
203	መጀመሪያ ትዳር ሲይዙ እድሜዎ ስንት ነበር?	---------------ዓመት አላውቅም-----------88 መልስ የለም----------99		
204	በለ ትዳር ከሆኑ ለወንድ: ሌላ ሚስት አሎት ለሴት : ሌላ ባል አሎት	አዎ------------------1 የለኝም---------------2 መልስ የለም--------99		
205	በአሁን ወቅት ባለትዳር ከልሆኑ ያሉበት ሁኔታ? ምርጫው ይነበብ እና አንዱን ምረጥ	ባለቤቷ/ቱ የሞተባት/በት----------1 የፈታች/የፈታ----------------------2 የተለያዩ----------------------------3 ፍፁም ያላገባ/ች--------------------4 መልስ የለም------------------------99		
206	የባለቤትዎ እድሜ	-----------ዓመት አላውቅም------------88 መልስ የለም----------99		
207	የባለቤትዎ ሥራ	ይጠቀስ------------ አላውቅም--------88		
208	የባለቤትዎ ዘር	አንድ አይነት------------1 የተለያዩ ----------------2 መልስ የለም-------------99		

ክፍል 3: የግብረ ሥጋ ግንኙነትን በተመለከተ አይነትና ብዛት

አሁን በጣም የግል የሆነ ጥያቄ እጠይቆታለሁ ምንአልባት ለመመለስ ይከበዶት ይሆናል ነገር ግን ቀደም ብዬ እንደነገርኮት በፍፁም በሚስጢር ይያዛል::

ተ.ቁ	መጠይቅ	መልስ	እለፍ	ኮድ
301	የግብረሥጋ ግንኙነት ፈፅመው ያውቃሉን?	አዎ---------------------1 አላደረኩም------------2 መልስ የለም----------99		
302	ለመጀመሪያ ጊዜ የግብረ ሥጋ ግኑኝነት በስንት ዓመት ጀመሩ	ዕድሜ በ ዓመት(----/----) አላውቅም----------88 መልስ የለም---------99		
303	ባለፈው 12 ወራት የግብረሥጋ ግንኙነት አድርገዋልን?	አዎ-----------------1 አላደረኩም----------2 መልስ የለም---------99		
304	ስንት ሚስት አሎት ስንት ባል አሎት	በቁጥር------------- መልስ የለም----------99		
305	ለሴት ተጠያቂ ባለፉት 12 ወራት የግብረሥጋ ግንኙነት ከነበረዎት ወንዶችን ያስታውሱ ለወንድ ባለፉት 12 ወራት የግብረሥጋ ግንኙነት ከነበረዎት ሴቶችን ያስታውሱ የትዳር ወይም የመደበኛ የግብረሥጋ ግንኙነት ጓደኛ ብዛት ስንት ነው? በገንዘብ ክፍያ የፈፀሙት የግብረሥጋ ግንኙነት ጓደኛ ብዛት ስንት ነው ከመደበኛ ወይም ከጋብቻ ወይም ከገንዘብ ክፍያ ውጪ የፈፀሙት የግብረሥጋ ጓደኛ ብዛት ስንት ነው? የትዳርና ሌላ የግብረሥጋ ጓደኛ አይቆጠርም::	አለኝ--------------1 የለኝም------------2 ሀ፣ መደበኛ (---/---) አላውቅም----------88 መልስ የለም-------99 ለ፣ በገንዘብ (------/-----) አላውቅም-------------88 መልስ የለም----------99 ሐ፣ ከመደበኛ ወይም ከገንዘብ ክፍያ ውጪ በቁጥር(------/------) አላውቅም------------88 መልስ የለም--------99		

ክፍል 4፡ የግብረሥጋ ግንኙነት ከ መደበኛ ጋደኛ ጋር

ተ.ቁ	መጠይቅ	መልስ	እለፍ	ኮድ
401	305ን ተመልከት ባለፉት 12 ወራት ውስጥ ከመደበኛ ጓደኛ ጋር የግብረሥጋ ግንኙነት ነበሮት?	አዎ------------1 አልነበረኝም----2		
402	በቅርቡ ስለነበረ መደበኛ የግብረሥጋ ጓደኛ ያስታውሱ ከዚህ ሰው ጋር ምን ያህል ጊዜ የግብረሥጋ ግንኙነት አደረጉ	በቁጥር (--/--) አላውቅም------88 መልስ የለም 99		
403	በመጨረሻ ጊዜ ከመደበኛ የግብረሥጋ ጓደኛ ጋር ግንኙነት ሲፈጽሙ ኮንዶም ተጠቅመዋል?	አዎ----------1 አልተጠቀምኩም---2 አላውቅም-------88 መልስ የለም-----99	405	
404	ኮደምን ለመጠቀም ሃሳቡን ያቀረበው ማን ነው?	እኔ እራሴ---------1 ጓደኛዬ -----------2 አብረን ነው የወሰነዉ ---------3 አላውቅም------------88 መልስ የለውም---99		
405	ኮንዶም ከልተጠቀማችሁ ምክንያቱ ምንድነው?	ስለማናገኝ ----------------1 ውድ ስለሆነ ---------------2 ሰለማይመችን ----------------3 ስለማናምንበት ----------------4 አንወድም------------------------5 ቶሎ ይበጠሳል-------------------6 አንድ ለ አንድ ነን--------------7 ስሜት ስለሚቀንስ--------------8 ሌላ (ይጠቀስ) -------------------9 አላውቅም-----------------------88 መልስ የለም-------------------99		
406	ከመደበኛ የግብረሥጋ ጓደኛዎ ወይም ባለቤትዎ ጋር ባለፉት 12 ወራት ኮንዶም አጠቃቀማችሁ እንዴት ነው?	ሁል ጊዜ-----------------1 አብዛኛውን ጊዜ----------2 አንዳንድ ጊዜ--------------3 ምንም ጊዜ------------------4 አላውቅም-------------------88 መልስ የለም----------------99		

ክፍል 5: በገንዘብ ልውውጥ ስለሚደረግ የግብረሥጋ ግንኙነት በተመለከተ

ተ.ቁ	መጠይቅ	መልስ	እለፍ	ኮድ
501	ጥያቄ 305 ተመልከት ገንዘብ በመስጠት ወይም በመቀበል የግብረሥጋ ግንኙነት አድርገዋልን?	አዎ----------------1 አላደረኩም---------2		
502	ካደረጉ ቦታው የት ነው?	እዚሁ መንደር ውስጥ----------1 ከተማ ---------------------------2 አላውቅም-----------------------88 መልስ የለም-------------------99		
503	በቅርቡ በገንዘብ ክፍያ ስላደረጉት የግብረሥጋ ግንኙነት ያስቡ ባለፉት 30 ቀናት ከዚህ ሰው ጋር ስንት ጊዜ ግንኙነት ፈፀሙ	በቁጥር (---/---) አላውቅም----------88 መልስ የለም-------99	602	
504	በመጨረሻ ጊዜ በገንዘብ ክፍያ ባደረጉት የግብረሥጋ ግንኙነት ወቅት ኮንዶም ተጠቅመዋልን?	አዎ---------------------1 አልተጠቀምኩም------2 አላውቅም--------------88 መልስ የለም-----------99	505	
505	ኮንዶም ለመጠቀም ሃሳቡን ያመጣው ማነው?	እኔ እራሴ-----------------1 ጓደኛዬ---------------------2 ሁለታችንም---------------3 አላውቅም-----------------88 መልስ የለም--------------99		
506	ኮንዶም ከልተጠቀማችሁ ምክንያቱ ምንድ ነው?	ስለማናገኝ ----------------1 ውድ ስለሆነ ---------------2 ሰለማይመችን ----------------3 ስለማናምንበት ----------------4 አንወድም------------------------5 ቶሎ ይበጠሳል-------------------6 አንድ ለ አንድ ነን--------------7 ስሜት ስለሚቀንስ--------------8 ሌላ (ይጠቀስ) -------------------9 አላውቅም------------------------88 መልስ የለም--------------------99		
507	ባለፉት 12 ወራት በገንዘብ ክፍያ የግብረሥጋ ግንኙነት ባደረጉበት ወቅት ኮንዶም አጠቃቀማችሁ እንዴት ነበር?	ሁል ጊዜ-----------------1 አብዛኛውን ጊዜ----------2 አንዳንድ ጊዜ--------------3 ምንም ጊዜ-----------------4 አላውቅም-------------------88 መልስ የለም----------------99		

ክፍል 6: መደበኛ ጓ ደኛ ያልሆነ ወይም ከገንዘብ ክፍያ ውጪ የተደረገ የግብረሥጋ ንኙነትን በተመለከተ

ተ.ቁ	መጠይቅ	መልስ	እለፍ	ኮድ
601	ጥያቄ 305 ተመልከት መደበኛከልሆነ ወይም በገንዘብ ክፍያ ውጪ የተደረገ የግብረሥጋ ግንኙነት ነበሮት?	አዎ-------------------1 አልነበረኝም-----------2		
602	ከደረጉ ቦታው የት ነው/	አዚሁ መንደር ውስጥ------------1 ከተማ------------------------------2		
603	በቅርቡ ከመደበኛ ውጪ ወይም በገንዘብ ክፍያ ውጪ የግብረሥጋ ግንኙነት ያደረጉትን ያስቡ ከዚሁ ሰው ጋር ባለፉት 30 ቀናት ስንት ጊዜ ግንኙነት አደረጉ	በቁጥር (--/--) አላውቅም---------------88 መልስ የለም-----------99		
604	በቅርቡ ከመደበኛ ጓደኛ ውጪ ወይም በገንዘብ ክፍያ ውጪ ባደረጉት የግብረሥጋ ግንኙነት ወቅት ኮንዶም ተጠቅመዋልን?	አዎ------------------1 አልተጠቀምኩም----2 አላውቅም------------88 መልስ የለውም-------99	605	
605	ኮነዶም ለመጠቀም ሃሳቡን ያመጣው ማን ነው?	እኔ እራሴ-----------------1 ጓደኛዬ----------------------2 ሁለታችንም---------------3 መልስ የለም--------------99		
606	ኮንዶም ከልተጠቀማችሁ ምክንያቱ ምንድነው?	ስለማናገኝ ----------------1 ውድ ስለሆነ ---------------2 ሰለማይመቸን ----------------3 ስለማናምንበት ----------------4 አንወድም------------------------5 ቶሎ ይበጠሳል-------------------6 አንድ ለ አንድ ነን--------------7 ስሜት ስለሚቀንስ--------------8 ሌላ (ይጠቀስ) -------------------9 አላውቅም------------------------88 መልስ የለም--------------------99		
607	ባለፉት 12 ወራት ከመደበኛ ጓደኛ ውጪ ወይም በገንዘብ ክፍያ ውጪ ባደረጉት የግብረሥጋ ግንኙነት ወቅት ኮንዶም አጠቃቀማችሁ እንዴት ነበር?	ሁል ጊዜ-----------------1 አብዛኛውን ጊዜ----------2 አንዳንድ ጊዜ--------------3 ምንም ጊዜ-----------------4 አላውቅም-------------------88 መልስ የለም----------------99		

ክፍል 7:ኮንደምን በተመለከተ የቀረበ መጠይቅ

ተ.ቁ	መጠይቅ	መልስ	እለፍ	ኮድ
701	ስለ ኮንዶም ሰምተው ያውቃሉን?	አዎ----------------------1 አልሰማሁም-----------2	አቋርጥ	
702	ኮንዶም የሚወሰድበትን ቦታ ያውቃሉን	አዎ----------------------1 አላውቅም----------------88 መልስ የለም-------------99		
703	ከየት ቦታ እንደሚወስዱ ይግለፁ	ሱቅ----------------------------1 ፋርማሲ-----------------------2 ገበያ----------------------------3 ክሊኒክ-------------------------4 ቤተሰብ መምሪያ--------------5 ጤና ጣቢያ---------------------6 ሌላ--------------------------------7 መልስ የለም--------------------99		
704	ኮንደምን ለመውሰድ ምን ያህል ጊዜ ይወስድቦታል?	ከአንድ ሰዓት በታች----------1 ከአንድ ሰዓት በላይ-------------2 አላውቅመ---------------88 መልስ የለም-------------99		
705	ኮንደምን በፈለጉ ጊዜ ሁሉ ያገኛሉን	አዎ--------------------1 አላገኝም---------------2 መልስ የለም-----------99		
706	ኮንደም ኤች አይቪ ኤድስን መከላከል ይችላልን?	አዎ-------------------1 አይችልም-------------2 አላውቅም--------------88 መልስ የለም-----------99		
707	ኮንደም እርግዝናን መከላከል ይችላልን?	አዎ--------------------1 አይችልም-------------2 አላውቅም--------------88 መልስ የለም-----------99		

ክፍል 8: ስለ ኤድስ በሽታ እውቀትና አመለከከትን የተመለከተመጠይቅ

ተ.ቁ	መጠይቅ	መልስ	እለፍ	ኮድ
801	ኤድስ የተባለ በሽታ እንዳለ ሰምተዋልን?	አዎ--------------------1 አልሰማሁም-----------2 →	መጠይቁ ይቁም	
802	ከየት ሰሙ	ከ ጤና ባለሙያ-----------------1 ከ ሬዲዮ---------------------------2 ከቴሌቪዢን ---------------------3 ከጓደኛ------------------------------4 ሌላ(ይገለጽ)----------------------5		
803	ኤች አይቪ እንዴት ይተላለፋል?	በግብረሥጋ ግንኙነት----------------1 ከእናት ወደ ልጅ----------------------2 በደም ልውውጥ----------------------3 በምላጭ-----------------------------------4 ሌላ ከለ ይጠቀስ------------------------5 አላውቅም------------------------------88 መልስ የለም------------------------99		
804	ኤች አይቪ የሚይዙት ይመስሎታልን?	አዎ-----------------------1 አይመስለኝም-------------2 አላውቅም------------------88 መልስ የለም---------------99		
805	አዎ ከሆነ በምን?	በግብረሥጋ ግንኙነት-------------1 በተበከለ መርፌ--------------------2 አላውቅም--------------88 መልስ የለም-----------99		
806	አይመስለኝም ከሆነ እንዴት?	አንድ ለአንድ ስለተወሰንኩ------------1 እግዚአብሄር ስለሚጠብቀኝ-----------2 ኮንደም ስለምጠቀም-------------------3 ሌላ ካለ ይጠቀስ----------------------4 መታቀብ---------------------------5 -------------------		
807	ሰዎች እራሳቸውን ከኤች አይቪ እንዴት ይከላከላሉ?	በመታቀብ-------------------1 አንድ ለአንድበመወሰን------2 ኮንዶም በመጠቀም------------3 ከስለታም ነገር እራስን መጠበቅ----4 በአዲስ መርፌ መጠቀም-------------5 ሌላ ካለ ይጠቀስ----------------------6 አላውቅም------------------------------88 መልስ የለም---------------------------99		
808	አብሮ በመሥራት ኤች አይቪ የሚተላለፍ ይመስሎታል?	አዎ-------------------------1 አይመስለኝም--------------2 አላውቅም--------------------88 መልስ የለም-----------------99		
809	አዎ ከሆነ እንዴት?	በትንፋሽ ---------------------1 በንኪኪ ----------------------2 ሌላ ካለ ይጠቀስ-------------3 አላውቅም--------------------88		

810	*አይመስለኝም ከሆነ ለምን?*	*መልስ የለም-----------------99* *ኤድስ በንኪኪ ስለማይተላለፍ--------1* *ኤድስ በትንፋሽ ስለማይተላለፍ-------2* *አላውቅም-------------------------------88* *መልስ የለም--------------------------99*		
811	*በእርሶ በኩል ከኤች አይቪ ለመከላከል የወሰዱት የባህሪ ለውጥ አለ ወይ?*	*አዎ-----------------------1* *የለም--------------------2* *አላውቅም----------------88* *መልስ የለም------------99*		
812	*አዎ ከሆነ ምን ምን ናቸው?*	*መጠጥ ትቻለሁ-----------------1* *ጫት ትቻለሁ ------------------2* *አንድ ለአንድ ተወስኛለሁ------3* *ኮንደም እጠቀማለሁ------------4* *ቤተክርስቲያን አዘወትራለሁ---5* *ሌላ ካለ ይጠቀስ--------------*		
813	*መልሱ የለም ከሆነ ምክንያቱ ምንድን ይመስሎታል?*	*ኤድስ አይዘኝም ብዬ ስለምገምት-----1* *እግዚአብሄር ይጠብቀኛል--------------2* *አላውቅም-------------------------------88* *መልስ የለም--------------------------99*		
814	*ከ ኤች አይቪ ሌላ በግብረሥጋ ግንኙነት የሚተላለፍ በሽታ ያውቃሉን?*	*አዎ-----------------------1* *አላውቅም---------------88* *መልስ የለም-----------99*		
815	*አዎ ከሆነ ምን ምን ያውቃሉ*	*ቂጥኝ ---------------------1* *ጨብጥ--------------------2* *ከርክር---------------------3* *ባቡሌ-----------------------4* *ሌላ ------------------------5*		
816	*814 የተመለሰውን ታክመው ያውቃሉን?*	*አዎ---------------------1* *አላውቅም---------------88* *መልስ የለም-----------99*		
817	*አላውቅም ከሉ መክንያቱ ምን ይመስሎታል?*	*በአቅራቢያ ሀኪም ስለሌለ-------------1* *ገንዘብ ስለሌለኝ-------------------------2* *የአበሻ መድሀኒት ስለተጠቀምኩ ---3* *አላውቅም ------------------------------4* *መልስ የለም----------------------------99*		

ይህ የመጠይቁ ማጠቃለያ ነው:: ጊዜውን መስዋት አድርገው ስለመለሱልኝ አመስግናለሁ:ሳደረጉልኝ ትብብር ሳላደንቆት አላልፍም::

የጠያቂው ፋርማ-------------------------

ቀን-------------------------

ANNEX 4

የቡድን ውይይት

1. ኤች አይቪ ስለሚባለው በሽታ ምን ያህል ያውቃሉ?
2. ኤች አይቪ ምን ያህል አሳሳቢ ይመስሎታል?
3. ለምንስ አሳሳቢ የሆነ ይመስሉታል
4. ኤች አይቪ ኤድስ እንዴት ይተላለፍል?
5. ምን አይነት የግብረሥጋ ግንኙነት ኤች አይቪ አድስን ያመጣል ብለው ይገምታሉ? ለምን?
6. ከወንዶች ወይም ከሴቶች መሀከል ብዙ የሴት ወይም የወንድ ጓደኛ ያላቸው በአካባቢያችሁ አሉን? በምን ዕድሜ ክልል ያሉ ናቸው?
7. በአካባቢያችሁ እንደ ሴተኛ አዳሪ የሚተዳደሩ ሴቶች አሉን ? ካሉ የት ነው የሚሰሩት በምን ሙያ ላይ ተሰማርተዋል?
8. በአካባቢያችሁ አች አይቪ ኤድስን ለመከላከል ምን ይደረጋል?
9. በአካባቢያችሁ ኰንዶም ይታወቃልን ?

- ኰንዶምን ላለመጠቀም ትልቁ ችግር ምን ይመስለታል?
- ህ/ሰቡ ኰንዶምን እንዲጠቀም ምን መደረግ አለበት?
- ሴቶች ኰንዶም ወንዱ እንዲጠቀም የሚናገሩ ይምስሎታል?
- በአካባቢያችሁ ያሉ ወንዶች ወይም ሴቶች ከተማ አዘውትረው ይሄዳሉን?
- ከሄዱስ የማደር አጋጣሚ ይኖራቸዋልን ?
- ካደሩስ ሴተኛ አዳሪዎችን ወይም ሌላ ሴት የመጎብኘት አጋጣሚ ይኖራል ብለው ይገምታሉን?

  ሴቶችስ ከተማ ካደሩ ሌላ ወንድ ጋ የመሄድ አጋጣሚ ይኖራል ብለው ይገምታሉን?

ለሴተኛ አዳሪዎች በተናጠል የቀረበ መጠይቅ

- ደንበኞቾዎ ሁሉ ኮንደምን የመጠቀም ፍላጎት አላቸውን?
- ለምን ይመስሎታል?
- በእርሶ በኩል እንዴት አድርገው ጓደኛዎ ኮንደም እንዲጠቀም ያደርጋሉ?
- እርሶስ ሁሌ ኮንደም አጠገቦዎ ያኖራሉን?
- ኮንደም ለመጠቀም የሚያስቸግሩ የትኞቹ ደንበኞች ኛቸው?
- ኮንደም ለመጠቀም የማያስቸግሩ የትኞቹ ደንበኞች ናቸው?
- አብዛኛውን ጊዜ እናንተን የሚጎበኙ እነማን ናቸው?
- ደንበኞች ሁሉ ገንዘብ ይከፍላሉን?
- ባለትዳር ወንዶች እናንተ ጋ ይመጣሉን?
- አዎ ከሆነ ለምን ይመስሎታል?
- በየትኛው የዕድሜ ክልል ያሉ ወንዶች የዘወትር ደንበኛ ናቸው?
- ለምን?

DECLARATION

I THE UNDERSIGNED, SINOR MPH STUDENT DECLARE THAT THIS THESIS IS MY ORIGINAL WORK IN PARTIAL FULFILMENTS FOR THE REQUIREMEMENTS FOR THE DEGREE OF MASTER OF PUBLIC HEALTH.ALL THE SOURCES OF THE MATERIALS USED FOR THIS THESIS AND ALL PEOPLE AND INSTITUTIONS WHO GAVE SUPPORT FOR THIS WORK ARE FULLY ACKNOEWELEDGED

NAME ASRESASH DEMISSIE

SIGNATUR*E*--------------------------------------

PLACE OF SUBMISSION *DEPARTEMENT OF COMMUNITY HEALTH, MEDICAL FACULTY* ***ADDIS ABABA UNIVERSITY***

DATE OF SUBMISSION---

THIS THISIS WORK HAS BEEN SUBMITTED FOR EXAMINATION WITH MY APPROVAL AS UNIVERSITY ADVISOR.

Dr. MESGANAW FANTAHUN _______________________

ADVISOR`S NAME