Addis Ababa University

College of Health Science

School of Public Health

Assessment of Knowledge and Service Utilization for Common Sexually Transmitted Infections among adults in Shakiso District, Guji Zone, Oromia Regional State.

By:

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Addis Ababa, Ethiopia

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TABLE OF CONTENTS

Contents

LIST OF TABLES

ACRONYMS

AAU: Addis Ababa University

AIDS: Acquired immuno deficiency syndrome.

BSS: Behavioral Surveillance Survey.

BCC: Behavioral Change Communication

COMH: Community Health.

CDC: Centers for Disease Control and Prevention

CI: Confidence Interval.

DALY: Disability Adjusted Life Years.

EDHS: Ethiopian Demographic Health Survey

HIV: Human Immuno Deficiency Virus.

IEC: Information, Education and Communication.

IRB: Institutional Review Board.

KM: Kilometers.

LGV: Lympho granuloma venereum.

MOH: Ministry of health.

OR: Odds Ratio

PI: Principal Investigator.

RTI: Reproductive Tract Infection.

STIs: Sexually Transmitted Infections.

STD: Sexually Transmitted Disease.

SNNP: Southern Nation and Nationality People

U.S: United States of America

WHO: World Health Organization.

ABSTRACT

Back ground

Sexually Transmitted infections (STIs) are among the most common causes of illnesses in the world and their public health importance is high in developing countries. They are the commonest causes of healthy life years lost among women of 15-49 years in Africa. In Ethiopia,there is little information regarding the incidence and prevalence of STIs. According to Federal HIV/AIDS prevention and control office report of 2006, adult prevalence of syphilis 2.7% was only known. Similarly, study on the level of knowledge and STI service utilization pattern involving the whole reporductive age group in the community at large is minimal.

Objective : This study was conducted to determine the level of knowledge and service utilization for common STIs among 15-49 years of adult women and men in Shakiso District.

Methods

A cross sectional community based descriptive study was conducted using interviewer administered questionnaire in Shakiso District on a sample of 845 adult women and men selected for study through multistage sampling technique. In this study the quantitative part was sumplemented with a qualitative study. With regard to measurement of knowledge level on STIs, scoring system of each knowledge question was considered. The STI magnitude was estimated from self reported STIs symptoms. A pre tested questionnaire was filled by trained data collectors and checked on daily basis for completeness and consistency. The data was analyzed using SPSS version 16 soft ware and descriptive, bivariate and multivariate analysis were made. Here logestic regression model was used to determine independent predictor of outcome variables.

Result: A total of 845 participants [385(45.6%) males and,460(54.4%) females] were included in the study with a mean age of 27.7(SD=8.2). Of 784 (92.7%) who heard of common STIs, only 20.8% (63.8% of males,36.2% of females) of them had good comprehensive knowledge (COR= 2.24;95%CI,1.57-3.2). In a multivariate analysis having good comprehensive knowledge was associated with formal education at all level (P-value $\leq$ 0.002). Self reported magnitude of STIs symptoms ranged from 4.6-6.9%. Having history of premarital sexual intercourse was statistically significant with occurrence of self reported STIs syndromes according to multivariate logestic regressions (Adjusted OR 2.5;95%CI=1.46-4.3). Most respondents (96.7%) have got treatment for STIs. Qualitative and quantitative findings revealed that, fear of quarreling with partners, failure to get cure easily,stigma and affordability (lack of money) related issues were factors or barriers for STIs service utilization.

Conclusion: Low level of comprehensive knowledge on STIs and increament of STIs magnitude in comparison to other studies in the country were identified in the study

Recommendation: IEC and BCC strategies should be considered as top priority to create awareness among communities inorder to prevent and control STIs transmission.

1 INTRODUCTION

1.1 BACK GROUND

Sexually transmitted infections remain a public health problem of major importance both in developed and developing countries. The public health importance is high in developing countries where access to treatment and diagnosis is in adequate, limited or not at all present (1). The World Bank has estimated that STIs, excluding HIV, are the second commonest cause of healthy life year lost by women in the 15-44 age groups in Africa, responsible for some 17% of the total burden of the disease (2).

STIs are important for three reasons, because of their magnitude, their potential for causing serious complications and their linkage with HIV/AIDS. For sexually transmitted infections to be in an increasing trend different factors are responsible to play a role (1). These are:

1. Many more people live in or travel to large cities and they are often separated from their families which will make them liable for STIs as the result of unprotected sexual practices.
2. Many people become sexually active before marriage and this increases their likely hood of exposure to STIs
3. The impact of drug resistance which will play a role for the continuation of transmission cycle.
4. Low level of awareness about STI will make individuals not to practice preventing methods
5. Lack of behavioral change among sexually active individuals is responsible for the occurrence of STIs.

In order to apply prevention and control strategies for STIs knowing about the level of knowledge of the communities on STIs and service utilization pattern is important. Study done in the rural Kilimanjaro, Tanzania depicted that low STI knowledge has been shown to be connected with unsafe sex practices and HIV (3). On the other hand, in low income countries, STIs often go undiagnosed and untreated due to lack of knowledge and/ or non availability of health care facilities. Little emphasis on educational and other efforts to prevent infection

occurring in the first place is one of the common reasons why STI control programmes often fail in low income countries (4).

Shakiso District which is one of the districts found in Guji zone having a population of 141,421 and 3 functional governmental health centers and 20 health posts currently rendering different health services for the communities at large. Even though there are STI services available in the area there is limited information in terms of its magnitude and level of knowledge of the sexually active age group and these have its'own impact in the practice of STIs prevention and control strategies.Therefore, as far as evidence is concerned no study was available in the district on level of knowledge and service utilization for common STIs. So this study intends to determine the prevalence and assess the level of knowledge and service utilization for common STIs among 15-49 years of women and men .

1.2 Statement of the problem

Sexually Transmitted infections (STIs) are among the most common causes of illness in the world and have far reaching health, social and economic consequences. It is estimated that over 340 million new cases of curable STI, i.e syphilis, gonorrhea, chlamydia and trichomoniasis, occur every year throughout the world in men and women aged 15-49 years,with the largest proportion in the region of South and South East Asia, followed by sub- Saharan Africa**,**which is about 69 million, and Latin America and the Caribbean (5). Globally STIs constitute a huge health and economic burden, especially for developing countries where they account for 17% of economic losses caused by ill health (4)

These Sexually transmitted infections (STIs) include not only the common classical STIs (gonorrhea, syphilis, Chancroid and lymphogranuloma venereum) but also about 20 infections often referred to as "second generation" sexually transmitted infections caused by bacterial, viral, parasitic, protozoal and fungal agents (6). STIs can be recognized as ulcerative and non-ulcerative or can be classified as curable and incurable. The common curable STIs are gonorrhea, Chlamydia infection, syphilis, chancroid, trichomoniasis, lymphogranuloma venereum and l. donovanis (7).

The main mode of transmission responsible for the occurrence of STI is through unprotected penetrative sexual intercourse. Other modes of transmission include: mother to child, blood transfusions, or other contact with blood or blood products (8). In developing countries demographic factors (a large young population which is sexually active), urban migration with accompanying sociocultural changes, migration and displacement (labour, wars, natural catastrophes), increase in levels of prostitution through economic hardship, multiple and concurrent sexual partnerships, lack of access to effective and affordable STI services, high prevalence of antimicrobial resistance for some pathogens are considered as underlying factors responsible for high prevalence of STIs (4).

Drug and alcohol use, risky sexual behaviors, and other risk factors are common among adolescent offenders, which increase the likelihood of contracting STDs, indicating a need for expansion of risk reduction and substance abuse prevention and treatment services for these youths (9). Deficit in knowledge has an impact for the occurrence of sexually transmitted

infections and one of the studies in Tanzania clearly depicted that low STI knowledge has been shown to be connected with unsafe sex practices and HIV (3).

Little is known about the occurrence of STIs during early African history. According to Egyptian, Greek, Roman and Arab writings and drawings, gonorrhea may have been endemic in Africa for more than 2,000 years. Less is known about syphilis, which may have been present in East Africa before the 16th century. The early history of both infections in Ethiopia is obscure. It is likely that STIs became endemic first during the Middle Ages in the emperors' camps, or mobile capitals, one of the characteristic features of historical Ethiopia. These camps appear to have been more conducive to the spread of STIs than the conservative rural communities, since they reportedly harbored an institution related to prostitution (7).

On the other hand, currently in Ethiopia there is little information on the incidence and prevalence of STIs issues other than HIV. However the problem is almost similar to other developing countries. According to MOH, Federal HIV/AIDS prevention and control office report of 2006, adult prevalence of syphilis was 2.7%. But there is no actual information or estimate on other STIs in Ethiopia. Estimates for STIs tend to be higher than the figures suggest in national reports. There is increasing evidence that a large proportion of STIs are asymptomatic and most symptomatic patients seek treatment from traditional healers, pharmacist, drug vendors shops and market places, where reporting is not the standard practice (8).

There are effective treatments available for certain STIs (antibiotics can cure gonorrhea, for example), the majority of people infected with STIs do not know they are infected and so do not seek treatment. Furthermore, the viruses that cause AIDS and herpes, unlike bacterial infections, cannot be eliminated entirely once a person becomes infected (10).Even when symptoms exist, the social stigma associated with STIs in virtually every society contributes to their under-detection. Shame, stigmatization or both lead many affected individuals to seek treatment outside established health care systems, whether with traditional healers, self-treatment using alternative or over-the-counter remedies, or through other avenues -- or to not seek treatment at all. In almost all nations, more STIs are treated in the private than public health sector (11).

Similarly according to different literatures early healthcare-seeking behavior for STIs could be facilitated through improving one's basic knowledge regarding STIs, changing sexual behavior and creating a social support environment for early care-seeking(12). Otherwise delays in seeking and obtaining diagnosis and treatment can allow for continued transmission and the greater probability of adverse sequelae. An understanding of health seeking behavior or utilization of the service is therefore important if STIs control programs are to be effective (13).

But in Ethiopia to date, community based survey on major sexually transmitted infections and service utilization that particularly give due attention on assessing the level of knowledge is minimal and majority of the study related to STIs knowledge focused on the area of the school, health facility and in high risk group. Similarly study assessing level of comprehensive knowledge of the communities on STIs was not done in the country. Knowing about the level of knowledge on STIs and service utilization pattern for STI in the general community based population is important for STI control strategies. At the same time in the zone no study was conducted and documented on the issue of sexually transmitted infection. Shakiso is also one of the districts in the zone where people from any corner of country move to it in search of work in the gold mine and increase risk of STIs that further facilitate the spread of HIV infection. Absence of evidence based information will end in difficulty to carry out appropriate intervention for the communities at large. Therefore this study is intended to explore about the level of knowledge and service utilization for major STIs among 15-49 years of people in Shakiso district found in zone. Lastly designing strategies based on the identified findings will be possible.

2. LITERATURE REVIEW

Global STIs situation

Sexually transmitted infections (STIs) are among the world's most common diseases, with an annual incidence exceeded only by diarrheal diseases, malaria, and lower respiratory infections. Every day nearly 1 million people acquire a new STI (14).

Sexually transmitted diseases (STDs) are also among the most common infections in the United States. According to national estimates for 1996, more than 15 million new STD cases occur each year. However, the annual STD incidence among young Americans is not known, even though 15–24-year-olds represent 25% of the sexually experienced population aged 15–44 (15).

Even excluding HIV, STIs are consistently among the most common conditions leading to health care visits. In all nations, but particularly in developing countries, where up to 80% of curable STIs occurs, of which adolescents and young adults constitute the highest rate, STIs result in substantial productivity losses for individuals and communities. In developing countries, STIs are among the leading causes of disability adjusted life years (DALYs) lost for women of reproductive age, exceeded only by maternal causes and HIV (14).

The 1999 estimate of curable STIs in North America and Western Europe includes 14 millions and 17 millions new cases respectively. Similarly of the Global estimated new cases of curable STIs among adults; syphilis, Gonorrhea, Chlamydia, and trichomoniasis comprise 12, 62, 92, and 174 millions respectively (16). On the other hand estimated prevalence of curable STI among adults in 1999 revealed that 3 millions in North America,18.5 million in Latin America and the Caribbean, and 32 million in Sub-Saharan Africa making global total prevalence of 116.5 millions by considering the situation in other remaining countries(5). The highest rates of STIs are generally found in urban men and women in their sexually most active years, that is, between the ages of 15 and 35. On average, women become infected at a younger age than men (5).

Chlamydia:

Chlamydia is a common cause of pelvic inflammatory disease with subsequent risk for infertility (5). In Western Pacific, studies amongst pregnant women have shown a prevalence rate that ranges from of 5.7% in Thailand up to 17% in India (17, 18). In Europe, study conducted in

1990s revealed prevalence of Chlamydia infection amongst pregnant women ranges from 2.7% in Italy to 8% in Iceland, with low prevalence and incidence rates in the Nordic countries (19, 20, 21, 22, 23, 24,25).

Prevalence studies from Latin America and Caribbean, show rates from 1.9% amongst teenager in Chile, 2.1% amongst pregnant women in Brazil, and 12.2% amongst attendees of family planning clinics in Jamaica (5). In Africa in 1990, studies amongst pregnant women have revealed a prevalence rate from about 6% in Tanzania to 13% in Cape Verde (5).

Gonorrhea

In the Western Pacific the highest estimated prevalence rates for gonorrhea (3% or greater) are found in Cambodia and Papua New Guinea In other countries, estimated rates are below 1%. In Africa, prevalence rates of gonorrhea have shown rates amongst pregnant women as low as 0.02 in Gabon, 3.1% in Central African Republic and 7.8% in South Africa (5). Another Study conducted amongst patients with urethral/vaginal discharge or dysuria showed a prevalence rate for gonorrhea of 5.7% in Benin, 8.4% in Tanzania and 17.1% in Malawi (5).

Syphilis

In the Western Pacific, relatively high syphilis prevalence rates are found in Cambodia (4%), Papua New Guinea (3.5%) and the South Pacific (8%). In the eastern Mediterranean Region, in 1997, the highest syphilis prevalence rate amongst pregnant women was reported by Djibouti (3.1%), followed by Morocco (3.0%) and Sudan (2.4%).Amongst blood donors, the highest prevalence was seen in Morocco (1.3%), followed by Qatar (1.1%). In Africa, syphilis prevalence rates amongst pregnant women vary from 2.5% in Burkina Faso to 17.4% in Cameroon (5).

Trichomoniasis

Trichomoniasis prevalence rates amongst pregnant women in Latin America and Caribbean in the 1990s ranges from 2.1% in Brazil, 3.6% in Barbados, 8% in Nicaragua and 27.5% in Chile.

Prevalence studies amongst pregnant women in Africa show rates from 9.9% in Central African Republic to 41.4 in South Africa. Few prevalence studies have been conducted amongst men. Recently, a study in Malawi shows a prevalence of 20.8% with symptomatic men and 12.2% with asymptomatic (5).

Chancroid

No estimates of **Chancroid** were made using the methodology developed for other STDs. Poor understanding of the epidemiology and natural history of the disease and the absence of a good test make it difficult to estimate prevalence and duration of infection. The genital ulcers produced by Chancroid are a major risk factor for HIV transmission, and the incidence of Chancroid varies greatly between countries and regions. For example, in Swaziland and Kenya, 44% and 62% respectively of genital ulcers were diagnosed as Chancroid in STD clinics in 1980. In western Algeria, Chancroid is the most common STD observed and the primary cause of genital ulcer disease. In India, in 1989, Chancroid represented 26% of all reported STDs. In most industrialized countries Chancroid has become a rare disease (26). Cohort study which was done in South west Uganda using the collected serum from a rural adult (15-54 years) population revealed a prevalence rate of H.ducreyi 9.8% and 7.3% for males and females respectively (27).

Sexually transmitted infections magnitude using self reported symptoms

One of the studies done in urban slums of Tirupati town, Andhra pradesh, among reproductive age women revealed prevalence of RTI/STI based on symptoms was found to be 35.7%. The most common RTI/STI symptom was vaginal discharge comprising 21.3% (28).Another comparative study among women of reproductive age in the rural and urban areas of Bareilly district showed 16.29% of women suffered from STDs/RTI during the period starting from age of marriage to the date of survey (29). Study in the rural Bangladesh among 12-45 age group revealed 19% of them had been suffering from STD (30). In India study done among women in Punjab showed 28% reported problems of RTI/STI (31).

Study among Ghanaian women in Accra revealed 18.5% of the respondents had at least one STI symptoms. Similarly study among 15-24 years of Ghanaian women who were sexually experienced, 12% self reported a history or symptoms of STI (32, 33). Study in rural South Africa among women aged 15-49 showed 24.9% were infected on any given day with at least one of Trichomonas vaginalis, Neisseria gonorrhoeae, Chlamydia trachommatis or treponema pallidum (34).

Sexually transmitted infections in Ethiopian context

The ecology of STIs in Ethiopia has become more complex and reveals many characteristics of risk behavior and STI transmission reported from other endemic areas in developing countries. In spite of the high prevalence of STIs in Ethiopia, relatively little epidemiological research has been carried out on their prevalence and incidence. The problem of reporting STIs in Ethiopia is generally thought to be similar to that of other developing countries. During a national review meeting on STIs in 2003, a total of 451,686 cases of STIs were reported from all regions except SNNPR for the period 1990-1994 E.C. (1997/98-2001/02 G.C.). In addition, in 1995 E.C. (2002/2003), the Integrated Disease Surveillance Team of the Ministry of Health compiled 27,947 STI cases from all the regions in its routine quarterly report of 2002/03 (7)

.

Community based survey of sexually transmitted disease syndromes in Adami-Tulu District of East Shoa Zone among 2240 individuals aged 12-49 years showed that two weeks prevalence of reported STI syndromes (urethral discharge in males and genital ulcers in both sexes) was 2.5%, while the other estimate of the magnitude of STI syndromes (urethral discharge in males, genital ulcers in both sexes, vaginal discharge in female, fever and lower abdominal pain in female) was 3.3%. Study also revealed that STI syndromes were more seen in the rural residents than urban dwellers, i.e. 48 (3.4%) and 8 (1.0 %) respectively. Around 4.4 % of males reported STI symptoms compared to 1.2% in females (35).

Ethiopian Demographic Health Survey conducted in 2005 showed that about 2 percent each of women and men who have ever been sexually active had an STI and/or STI symptoms in the 12 months prior to the survey (36). Similarly EDHS 2011 showed 3% of women and 2% of men reported having had an abnormal genital discharge (37).

One study in rural Ethiopia of Butajira among young adults revealed 3.9% had at least one symptom of STI in the past 12 months (38). Another study among high school students in Addis Ababa also showed 4.9% having symptoms of STI (39). Unpublished community based study in the age group 15-49 in Amhara Region, Sekota district showed of the sexually active respondents 2.5% of them reported as they encountered STI symptoms during 12 months prior to the survey (40).

Knowledge on major STIs

Community based survey on knowledge, attitude and practices regarding sexually transmitted infections in a rural district of Pakistan from key informant interviews and focus group discussion showed that there was little awareness regarding causes and prevention of sexually transmitted infections in the community (41).

A cross-sectional study including all individuals aged 15-44 years from rural Kilimanjaro, Tanzania which was aimed to investigate the level of knowledge of different categories of sexually transmitted infections and their impact on practice of risky sexual behaviors and HIV transmission revealed that over all, only 38.6% (590/1528) of participants were knowledgeable about STI. Similarly lack of knowledge of STI complication was associated with having two or more sexual partners in the past 4 weeks. With regard to knowledge of STI symptoms 845 (55.3%) and 711 (46.5%) of the respondents explained genital ulcers and copious smelly vaginal discharge respectively. This study also showed that abstinence, condom use and one faithful partner were considered as preventive measure by 57.4%, 52%, and 38.7% of individuals respectively (3).

A cross-sectional population based study done on knowledge of STI among women aged 15 to 49 years in a rural district of Vietnam showed that of the 1805 respondents, 78% did not know any symptoms of STI, 50% could not identify any cause of STI, 59% did not know that STI can be prevented. Similarly, the study revealed that 76.5% and 55.9% of women correctly mentioned about ways of STI transmissibility and the necessity of partner treatment respectively. On the other hand only 16.3% of women considered Gonorrhea and/ or Syphilis as curable disease (42).
A cross-sectional survey conducted to determine the levels of awareness and practices regarding sexually transmitted infections (STIs) in a rural district of Sindh-pakistan showed that only 36 (31%) males or females knew symptoms of STIs like vaginal discharge, discharge from urethra and back pain (43).

One of the studies which was aimed to determine knowledge, attitude and practice and prevalence of sexually transmitted diseases (STDs) including HIV, in a community residing in remote, rural Lesotho particularly among adult women, men and youth showed that high

prevalence of STDs and HIV infection in a population characterized by low levels of knowledge about STD/ HIV. Similarly, this study revealed knowledge about STDs among interviewed youths were limited only with 33 (22%) (44). Another field survey conducted in the district of Rajshahi of Bangladesh among 500 ever married male house hold heads aged 15-64 years showed that 45.2% have no any idea about STDs. A small percentage of men know any symptoms of STDs. 19.4% know only one symptom, 18.4 percent know any two symptoms and only 7.6 percent know three or more symptoms (45).

Study done to identify factors and determinants affecting the accessibility and utilization of condoms in relation to HIV/ AIDS prevention in urban, semi urban and rural areas of Ethiopia among the general adult population in the reproductive age group 15-49 years of age revealed that about 87% of the study population were aware of diseases transmitted by sexual intercourse and were able to mention the name of at least one STD. Syphilis (42%), HIV/ AIDS (38%) and Gonorrhea (17%) were the three common and spontaneously mentioned STDs (46).

According to behavioral surveillance survey (BSS) 2005 study in pastoralist area of Afar and Guji, Oromia Regional State among 15-59 years of age on STIs knowledge revealed 78.7% of male and 30.3% of female had heard of STIs. Of those a significant proportion could not mention any symptoms of STIs in women (46.5% male and 50.6% female respondents). Similarly this study clearly depicted that respondents were more aware of male STI symptoms than female and male respondents were more aware of symptoms in men than in women (47). Behavioral survey among the general population in Asosa, Ethiopia showed that 758 (85.8%) heard about different types of sexually transmitted infections. Those mentioning all symptoms of STI in women were 64 (7.2%) (48). Study done among in school and out school youth in North Gondar showed that only 1138(67.7 %) had comprehensive knowledge of HIV/ STI prevention (49).

STI service utilization and factors

Health promotion programmes worldwide have long been based on idea that providing knowledge about causes of ill health and choices available will go a long way towards promoting a change in individual behavior, towards more beneficial health seeking behavior. However there is a growing recognition in both developed and developing countries, that providing education

and knowledge at the individual level is not sufficient in itself to promote a change in behavior (50). In the control of sexually transmitted infection service utilization has a big role. Different studies done in different areas showed service utilization pattern and factors for it.

One of the studies conducted among women in Punjab, north west India, showed that among women who reported problems of RTI/STI, more than half (55%) have not sought treatment (becoming silent without seeking advice).Those who obtained treatment approached private health sectors(39%) (31).Similarly study in Nepal among female sex workers depicted that of those who visited sexual health clinic (66.3%), two-third (66.6%) consulted private clinic. Based on the in-depth interview made with the female sex workers; stigma and discrimination, male doctors and feeling of embarrassment, harassments, exploitation (cost wise), fear of recognition, lack of privacy and confidentiality were reported as barriers to the utilization of sexual health services (51).

Study in Sun sari district in eastern Nepal, done on factors influencing women's use of health services for sexually transmitted infections, of the participants who experienced STIs symptoms 60% reported a history of home medication because of fear that information about their infection might be disclosed. Women's use of health service is again influenced by their knowledge, perceptions and beliefs about the causes and mode of transmission of STIs, their status in society, and social taboos on discussion about sexual issues (52).

One of the literatures in Pakistan with regard to health service utilization pointed out that, the utilization of a health care system, public or private, formal or informal, may depend on socio-demographic factors, social structures, level of education, cultural beliefs and practices, gender discrimination, status of women, economic and political systems environmental conditions and the disease pattern and health care system itself (53). Study among adolescents in Sri Lanka showed that lack of confidentiality, youth friendliness and accessibility of available services were found as barriers in reaching the adolescent needs (54).

Study in Laos involving six district revealed that, long waiting time (in 20%), inconvenient location of the clinic (50%), not knowing where to get the services needed, and negative attitudes among health care providers were the main barriers identified to STI service use (55). Study in Vietnam with regard to time of delay until seeking STI care, of those women reporting delay before first seeking care, 82% delayed by greater or equal to 7 days. Women with lower education and from rural or remote areas waited significantly longer before first seeking care than those with higher education and from urban areas (12).

Sexually transmitted infections and health seeking behavior study among Ghanaian women in Accra depicted that only 35% of the women with STI symptoms sought and received care or advice. The identified reasons for not seeking care were because the symptoms were not considered to be serious (40.2%) and because the cost of receiving care was unaffordable (23.3%) (32). Another study involving adolescents' views of and preferences for sexual and reproductive health services in Burkina Faso, Ghana, Malawi and Uganda showed that, the proportion of adolescents with STIs that did not seek any care were more than two-thirds in Ghana, about half in Malawi and just under half in Uganda but in Burkina Faso most of youths having STI obtained some care. In Ghana, Malawi and Uganda, among those who obtained treatment, clinics, hospitals or doctors were much more likely to be the source contacted (56). Study in Hiabisa district of South Africa among rural women 15-49 years showed that, of those infected with STI symptoms, 98% of symptomatic women did not seek care (34).

According to survey conducted among youth in Butajira, rural Ethiopia, of the sexually active who also reported having had STI symptoms in the last 12 months 48.3% had not sought treatment from any source. The health care providers in the area reported that the stigma associated with premarital sexual activities, the shamefulness of having STIs, and a perceived lack of confidentiality and uneasiness with the public health services were impediments to treatment seeking in the area. Fear of being noticed by a familiar individual was also perceived barrier to health care seeking among youths (38).

Study among high school students in Addis Ababa showed that of those having symptoms of STIs 66.9% sought treatment. Similarly, half of those who sought treatment delayed seeking treatment for some time after they observed the symptoms. Identified reasons for delay were health professionals not friendly (65%), ashamed (61.7%), lack of money (56.7%), disease was not that much serious (18.3%). Similarly, reasons for not seeking treatment were also health professionals not friendly (81%), ashamed (72.4%), did not have money (70.7%), may meet people whom they know (53.4%), and disease was not that much serious (in 31%) (39). According to the Ethiopian demographic health survey 2011 of those with STI symptoms only 34% of women and men sought care from a clinic, hospital, or health professional (37).

In general from all the reviewed literatures it is difficult to know about the level of knowledge on STIs and service utilization among the communities residing in the district having gold mining area and on the other hand reviewed literatures revealed that no study conducted to assess the comprehensive level of knowledge of the communities on STIs, rather majority made assessment on level of knowledge on STIs symptoms, and some other assessed the knowledge level in relation to listing the name of different STIs and also whether they heard about STIs or not. So the issue of comprehensive knowledge was not answered. On the hand service utilization for STIs and the magnitude of STIs syndromes in the district having gold mining area, where people from different corner of the country move to it, were not well known. Therefore this study is intended to assess the level of knowledge (comprehensive) and service utilization among 15-49 years of adult men and women in Shakiso District.

Conceptual frame work

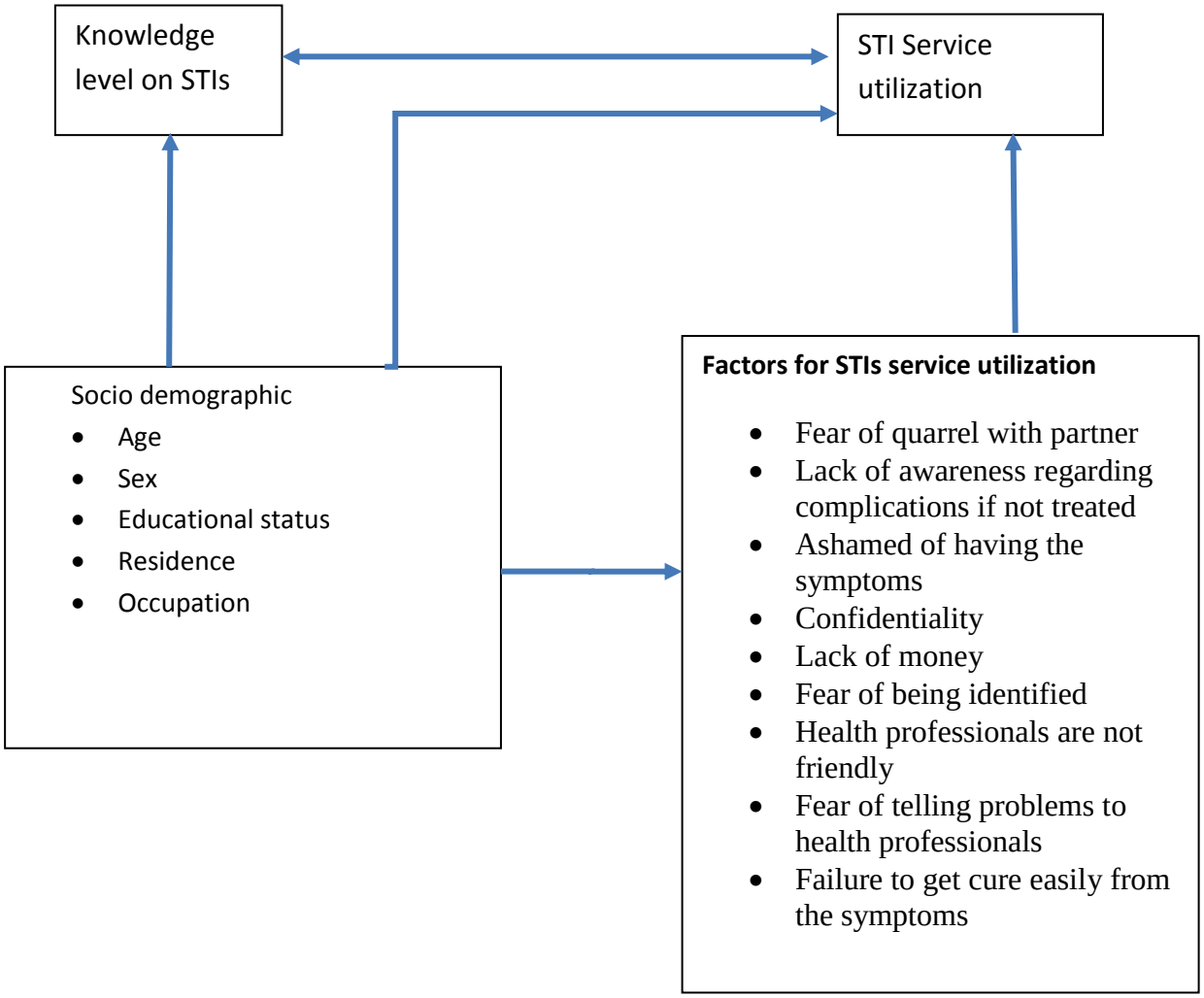


Figure: conceptual frame work for level of knowledge and STIs service utilization.

By principal investigator (because of absence of relavent source)

3 Objectives

3.1 General objective

To determine the prevalence and assess the level of knowledge and service utilization for common Sexually Transmitted Infections (STIs) among 15-49 years of adult men and women in Shakiso District.

3.2 Specific objectives

1 To assess the level of knowledge about common STIs among 15-49 years adult men and women in Shakiso District.

2 To estimate the prevalence (magnitude) of common STI syndromes among 15-49 years adult men and women in Shakiso District.

3 To assess level of service use and factors associated with service utilization for common STIs by 15-49 years adult men and women in Shakiso District.

4 Methods and materials

4.1 Study area and period

The study was conducted from February to June, 2013 in Shakiso Woreda, Guji Zone, Oromia Region, south Ethiopia. Shakiso Woreda is one of the 15 woredas found in the Zone. It has got 20 rural and 5 urban kebeles with 2005 E.C projected total population of 141,421. There were three functional health centers, 20 health posts in the woreda owned by the government rendering services. Five rural and two town kebeles were considered as area of study.

4.2 Study design

A community based cross-sectional descriptive study was conducted using interviewer administered questionnaire. Additionally qualitative research methods including focus group discussions (FGDs) and in-depth interview were held to supplement the quantitative data.

4.3 Population

4.3.1 Source population

All individuals residing in kebeles of Shakkiso District (adults 15-49 years) during the study period.

4.3.2 Study population

All individuals aged 15-49 years (reproductive age group) in selected kebeles of the district were considered as the study population and one eligible individual at the selected households was used as sampling unit.

4.4 Sample size and sample technique

4.4.1 Sample size

Sample size determination was done using the sample size formula for single proportion of cross sectional studies. From the reviewed literature the magnitude of STIs in rural communities by self report was 3.9%. Taking this proportion and margin of error 2% sample size was

$$N = \frac{(Z\alpha/2)^2\, pq}{D^2}$$

Where

D = degree of precision = 0.02 (2%)

Zα/2 = critical value = 1.96

P = the proportion of STI syndromes, STI syndromes in Shakiso district was also assumed to be 3.9%.

q= 1-p

p= 0.039

q= 0.961

$$N = \frac{(1.96)^2 \times 0.039 \times 0.961}{(0.02)^2}$$

N = 360

But using the proportion of STI service utilization the sample size **n** was 384

Where

D = degree of precision = 5% (0.05)

Zα/2 = critical value = 1.96

P = the proportion of STIs service utilization, study in rural Ethiopia showed 51.7% (38).Using this proportion the possible maximum sample size was found to be

$$N = \frac{(1.96)^2 \times 0.517 \times 0.483}{(0.05)^2}$$

Because of multi stage nature of the study a design effect of 2 was considered and non response rate assumed to be 10% and confidence level 95% then the sample size were 384x2= 768 + 76.8 (non response rate)

N = 768+ 76.8 = 845 (This sample size was considered for the study)

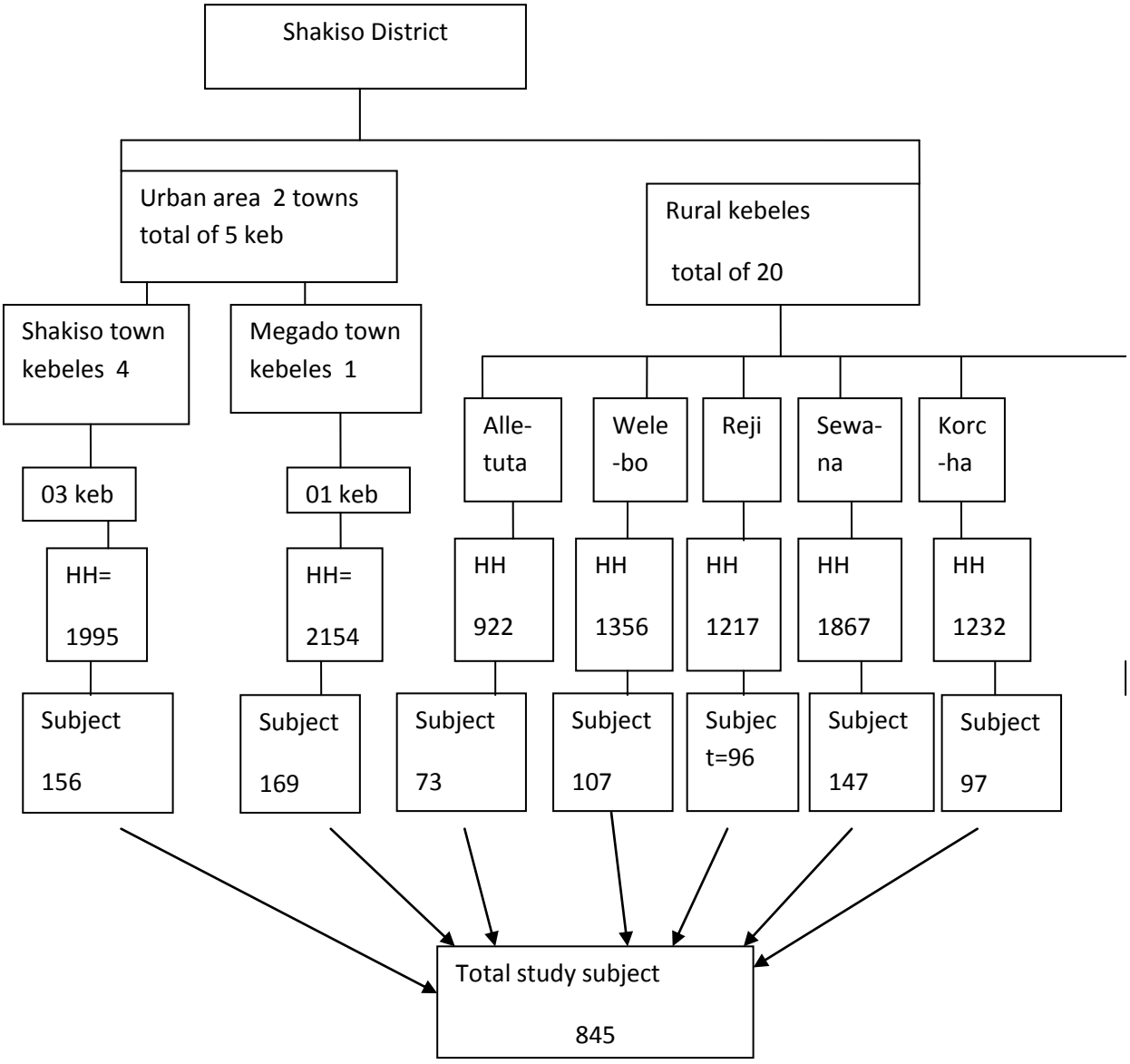
4.4.2 Sampling technique and procedure

There are 25 kebeles situated in the district. Of these 20 are categorized under the rural and the rest 5 under urban. As the result of its heterogeneity the district was first stratified in to rural and urban kebeles. The second step was selection of 2 and 5 kebeles from urban and rural strata respectively by simple random sampling technique. In order to get the sampling unit, house-holds were considered in the next step. Therefore, from each kebele, using systematic sampling technique, house-holds were selected. Proportional allocation of the sampling unit for each kebele was considered based on the population they have and there after one randomely selected,

of eligible members in the house-hold was interviewed until the attainment of the sample size. Figure (1).

Here the sample included every 12th house-hold with a random start, until the attainment of total individuals that were assigned for each kebeles. The total numbers of house holds and proportionally allocated samples to kebeles were considered in order to include every 12th house-hold.

Figure (1) **Schematic presentation of sample**



4.4.3 Inclusion criteria:

All individuals with the age 15-49 years and volunteer to participate after understanding the objectives of the study were included.

4.4.4 Exclusion criteria:

Individuals below the age of 15 and above 49 years were excluded and those with mental disorder were not included. On the other hand those who were severely ill and not able to respond appropriately at the time of interview were not considered for the study.

4.5 Data collection

Both quantitative and qualitative data collection methods were used.

4.5.1 Quantitative data

A structured questionnaire was prepared first in English and then translated in to the regional language of "Afan Oromo" and similarly for the participants who speak Amharic only, translation to Amharic was considered. To ensure the consistency, questionnaire was translated back to English. Similarly the questionnaire was pre tested with only 2 % of the sample in one non participating neighbouring kebele found in the district during the data collectors training period and correction of one question was made. The questionnaires had different parts based on the objectives of the study. It included socio demographic characteristics, issues to assess knowledge on STIs symptoms, prevention and transmission and pattern of STI service utilization and factors for service utilization.

Five grade 12 completed and seven health extension workers, totally 12 interviewers capable of speaking both "Afan Oromo" and "Amharic" were recruited. Four nurse supervisors from health professionals having clinical background were recruited.

Interviewers and supervisors were trained for 3 days separately on basic skills of interviewing, selection of households and study participants using training manual. Supervisors ensured completeness and consistency of the collected data on a daily basis. Principal investigator also checked the collected data by conducting supervision daily. Data were collected in March and April 2013.

4.5.2 Qualitative data

Semi structured questionnaire was prepared in English and translated to Afan Oromo. To complement the quantitative data 5 focus group discussions and six in-depth interviews were held. Selection of the participants for focus group discussions was purposive. The FGD members included married male group, married female group, non married female group, non married male group and health professionals group other than health extension workers were selected both from government and private institution. The FGD participants were 8-10 for each group. With regard to in depth interview other than those individuals in the community, head of health center was interviewed to explore more information on the issues related to STIs service utilization and magnitude of STIs among facility attendants.

Focus group discussions and in depth interviews were moderated by the principal investigator and two assistants where, one of them took notes, while the other recorded the information with a tape recorder.

4.6 Data collection procedure

The pre tested questionnaire was used by the interviewer to collect information from study participants. After training, data collectors started collection of data after obtaining informed consent from each study subject.The interview was performed privately at the respondents' home. Study subjects were given codes and no names were written on the questionnaire.

Repeat visits were done for those who were not at home.For those who didn't give response the next house holds were visited and data was collected. One enumerator collected information from 10-12 study participants on a daily basis. At the end of the day all questionnaires were checked for completeness and consistency by the supervisors and principal investigator. Following completion of quantitative data qualitative data was collected.

4.7 Measurement

Knowledge of STIs was assessed using questionnaires prepared on STI symptoms particularly with the syndrome, prevention and methods of transmission of STIs and also with regard to partner treatment and prevention. For knowledge, each right response was given a score of 1, while a wrong or do not know response was scored 0. Therefore total expected score ranged from 1-19.

Knowledge score which is - less than half of the items (of the 19 items) in the questionnaire was considered as poor knowledge, while knowledge score greater than or equal to half was considered as having good knowledge (3). The identification of STI syndromes at the community level for this study was based on respondents'self report of the STIs symptoms. No clinical examination was performed.

4.8 Variables

4.8.1 Dependent variable

Level of knowledge on STIs and STI service utilization

4.8.2 Independent variables

Socio demographic characteristics like age, sex, marital status, educational status, residence, occupation and income.

Factors for service utilization: lack of knowledge regarding health problems occurred if not treated, lack of money, fear of quarelling with the regular partner, confidentiality, ashamed of having the symptoms, fear of telling problems to health professionals, fear of individual whom they know, health professionals are not friendly and failurity of getting cure easily from the symptoms.

4.9 Data analysis

The collected data were edited and entered using EPI info version 3.5.1 and analyzed using SPSS version 16. Frequencies and percentages were used to describe the study participants interms selected independent variables. Descriptive statistics such as mean, median and standard deviations were used to describe the study population. Odds ratio with 95 % confidence interval was calculated to determine the association between dependent variables and some selected independent variables.

Logistic regression model was used to determine independent predictors of outcome variables (level of STIs knowledge and STIs service utilization). But for the relation between STIs service utilization and some selected independent socio demographic characteristics like occupation, residence, sex, age and educational status crude odds ratio and adjusted odds ratio were not calculated,since those who didn't get the service were only 2 individuals.

Concerning qualitative data, focus group discussions and in depth interviews were recorded by tape and the notes from all the discussions were transcribed for the retrieval of information. By organizing all issues raised at the time of discussions independently (thematic approach) the analysis of qualitative data was performed.

4.10 Data quality management

English questionnaire was translated to Oromiffa and Amharic and back translated to English to ensure consistency. The translated version of the questionnaire was pre tested and amendments (particularly with regard to income) were made before data collections. Three days intensive training was given for data collectors and supervisors. The supervisors and principal investigator checked data during and after collection for completeness and consistency. Any ambiguity or mistake was corrected on the spot

4.11 Operational definitions

Common STIs: Are parts of sexually transmitted infections that are also called classical STIs, including Gonorrhea, Syphilis, Chancroids, LGV, Chlamydial infection, trichomoniasis and can be cured.

STIs syndrome: Are simply a group of the symptoms of which a patient complains and elicits sexually transmitted infections. It involves the commonly encountered ones like: urethral discharge, genital ulcer, vaginal discharge, lower abdominal pain in women, inguinal bubo, scrotal swelling and neonatal conjunctivitis. Here the issue of neonatal conjunctivitis will not be considered in this study.

Knowledge on sexually transmitted infections: Individuals who are aware about sexually transmitted infection symptoms, prevention, transmission and also about partner treatment.

Good comprehensive knowledge on STIs: Those who scored greater than or equal to half of the items (out of the 19 items) in the questionnaire.

Poor comprehensive knowledge on STIs: Those who scored less than half of the items in the questionnaire.

Good attitude towards the over all health services: Those who scored above the mean with four likert scale type of statements prepared to assess the over all health services in the district.

STI service utilization: Study participant who report as experiencing STI symptoms within the last 12 months period and get services from any source.

4.12 Ethical consideration

Ethical clearance was obtained from Institutional Review Board (IRB) of College of Health Sciences, Addis Ababa University. A formal letter was written from School of Public Health to the zonal health and zonal administrative offices. The two zonal offices wrote an official letter to their respective offices at Shakiso district, since the study was a community based one. Thereafter an official letter was written to the kebele administrative bodies and they understood about the study.

Informed written consent was taken from the individual respondents that their right, confidentiality and privacy were kept and they can stop an interview at any step in case of inconvenience. During the interview, each study participant was informed about the aim of the study and on the possible benefits and side effects (if any).The name of the participant was not included on the questionnaire; instead a numerical code was used.

The study participant involved those with the age 15-49 and due attention was taken as to how to collect data from those below the age of 18. For the adolescents between 15 & 18 years consent was taken from the parents and relatives and additionally consent was also taken from this group. The interview was done privately for each participants.

The focus group discussion was carried in a convenient place and the audio tape recording procedures was made only after getting informed consent from the discussants.

4.13 Dissemination of the results

Results was submitted to the School of Public Health, Addis Ababa University and presented orally. It will be communicated to Guji Zone Health Office, Shakiso Health Office, Oromia Regional Health Bureau and Ministry of Health. It will also be tried to be published in a peer reviewed journal.

5 Results

5.1 Socio demographic characteristic of the study subject

All study participants (845) responded to the questionnaire making the response rate (100%). Male and female participants constitute 385 (45.6%) and 460, (54.4%) respectively. The mean (±SD) and median ages of the respondents were 27.7 (± 8.2) and 27 years, respectively. Most of the respondents were married 624 (73.8%), Protestant Christians 384 (45.4%), house wive 257 (30.4), educated to primary level 267(31.6%) and Oromos by ethnicity 571(67.6%). Of the total study participants 520 (61.5%) and 325 (38.5%) were residing in rural and urban areas, respectively. (Table 1)

Table 1 : Socio-demographic characteristics of study subjects, Shakiso District, June 2013

Socio-demographic characteristics	Frequency n= 845	%
Sex		
Male	385	45.6
Female	460	54.4
Age		
15-19	149	17.6
20-24	159	18.8
25-29	207	24.5
30-34	122	14.4
35-39	111	13.1
40-44	59	7.0
45-49	38	4.5
Marital status		
Never married	181	21.4
Married	624	73.8
Divorced/widowed/separated/cohabiting partner	40	4.7
Religion		
Protestant	384	45.4
Orthodox	277	32.8
Muslim	145	17.2
Wakefeta	39	4.6

Cont.....

Socio-demographic characteristics of the study subjects, Shakiso District, June 2013

Socio-demographic characteristic	Frequency n= 845	%
Ethnicity		
Oromo	571	67.6
Amhara	103	12.2
Gedio	85	10.1
Gurage	33	3.9
Wolayita	27	3.2
Others	26	3.1
Educational status		
Unable to read & write	249	29.5
Read & write only	48	5.7
Primary (1-6)	267	31.6
Junior secondary (7-8)	139	16.4
High school (9-10)	89	10.5
More than high school	53	6.3
Occupation		
Farmer	190	22.5
Merchant	164	19.4
Government employee	28	3.3
House wives	257	30.4
Student	113	13.4
Local gold miner	48	5.7
Private employee	18	2.1
Daily labourer	12	1.4
Others	15	1.8
Residence		
Rural	520	61.5
Urban	325	38.5
Income		
No income	281	33.3
Less than 100	19	2.2
100-299	67	7.9
300-499	94	11.1
500 and above	284	33.6
Others	85	10.1
I don’t know	15	1.8

Note: No income indicated those who don’t have income by their own.

With regard to monthly income of an individual, 284 (33.6%) of the respondents got around 500 ETB and above while 281 (33.1%) didn't have income, of which 162 (57.7%), 119 (42.3%) used money from husband/wives and family for their expenditure respectively. (Table 1)

5.2 Sexual behaviour

Of the total 662 (78.3%) individuals who were married, divorced, widowed and married but live in different places 186 (28.1%) had history of sexual intercourse prior to their marriage. Similarly out of 183 (21.7%) who were not married and have cohabiting partner 62 (33.9%) already engaged in sexual intercourse before marriage. The mean age of first sexual intercourse was at 18.3 years with SD ± 2.9 and the median age was 18 years. When disaggregated by sex, a greater proportion of males than females had ever had sexual intercourse before their marriage in both situations (69.7% versus 30.2%). Bivariate analysis for the non married group showed that, male respondents were more likely to have had sexual intercourse than females prior to marriage (COR= 2.40; 95%CI =1.25-4.62). Similarly, for the married group male respondents were more likely to have had intercourse before marriage (COR= 4.87; 95% CI= 3.376-7.028).

5.3 Knowledge about common sexually transmitted infections (excluding HIV/AIDS)

As indicated in table 2 most of the respondents with the age of 15-49 years 784 (92.8%) had heard of common STIs, whereas 61 (7.2%) didn't know or heard about it. Of those who have not heard, 53(86.8%) were females. The major source of information for those who had heard about common STIs were Radio/TV (51.7%), health workers (44%), teachers (38.6%), Friends (21.7%) and parents (18.8%) where more than one sources were common. The names of at least one common Sexually Transmitted Infections were described by 691(88.1%) respondents of which 355 (51.4%) and 336 (48.6%) were male and female respectively (with COR= 0.293; 95% CI= 0.178-0.484), here male was considered as referent. Among those who have heard of the disease, 93(11.8%) of them were not able to mention its name, but they simply know by the name STIs or with local language of "Abalazer beshita" in Amharic and "dukuba dira" in Oromiffa. On the other hand with the exception of Gonorrhoea, less than 40% were able to name common STIs: Gonorrhoea 677 (86.4%), Syphilis 309 (39.4%), Chancroid 211 (26.9%), trichomoniasis 1(0.1%) and Lymphogranuloma venereum 34 (4.3%). Concerning the knowledge about STIs symptoms of 784 individuals who heard, 742 (94.6%) of them know one or more symptoms. Two or more STIs symptoms were described by 523 (70.5%) individuals, of which

288(55.1%) and 235 (44.9%) were male and female respectively with COR= 2.215 and 95% CI= 1.599-3.069. STIs symptoms mentioned were burning pain on urination by 649 (87.5%) followed by urethral discharge 370 (49.9%), genital ulcer 217 (29.2%), genital itching 131 (17.7%), profuse and offensive vaginal discharge 83 (11.2%), swollen glands 53 (7.1%), lower abdominal pain and fever 39 (5.3%) and scrotal swelling by 36 (4.9%) respondents.

Concerning the modes of transmission of STIs majority of the respondents 757 (96.6%) described unprotected sexual practices but mother to child transmission during pregnancy was mentioned only by 27 (3.4%) of the respondents. However there were respondents who mentioned certain misconceptions like urinating towards the moon 86 (11%), sharing of cloths 60 (7.7%), sitting on warm stone 47 (6%), urinating towards the sun 41 (5.2%) and others 21(2.7%).Others constitute urinating at area where the dog urinate, sexual intercourse in the presence of sunlight, using the same latrine along with the infected individuals. Those who failed to know totally about STIs transmission were only 8(1.02%).

Of those who heard about STIs, 754 (96.2%) belief that it can be prevented. Despite this only about half were able to mention abstinence 405 (53.7%), using condom correctly every time during sex 372 (49.3%) and staying faithful to the partner 386 (51.2%) as a preventive measure. Respondents who mentioned as they knew health problems or complications occurred in the absence or not getting early treatment for STIs were 697(88.9%). But with the exception of mentioning death 617(88.5%) the ability to mention others was very low. Infertility, urethral stricture, chronic abdominal pain, congenital syphilis, gonoccocal infection of the conjunctiva, cervical cancer and ectopic pregnancy were described by 202 (29%), 79 (11.3%), 44 (6.3%), 33 (4.7%), 19 (2.7%), 16 (2.3%) and 6 (0.9%) respondents respectively. The importance of partner treatment was known by 760 (96.9%) respondents. Of those who know about partner treatment 448(58.9%) correctly explained that treatment must be given immediately (during the same period with the partner). Over all, only 163 (20.8%) of the participants had good knowledge about STIs (including name of STIs, STIs symptoms, prevention, transmission and time of partner treatment) with the mean and median score of STIs knowledge was 6.6 and 6 respectively (from the 19 items). Of those who had good knowledge 104 (63.8%) of them were male and 59 (36.2%) were female with a statistically significance difference between male and female with COR=2.24, 95% CI=1.57-3.2 (bivariate analysis). While including knowledge of

STIs complications the mean score from the total of 27 items used for knowledge assessment was also only 7.9.Bivariate analysis on table 3 showed that having good knowledge on STIs was observed more among urban than rural communities (COR=1.72; 95%CI=1.21-2.44).Similarly more good knowledge was also observed among government employe (COR=5.88; 95%CI= 2.5-13.57) and local gold miner (COR=2.73; 95%CI=1.36-5.49). According to multivariate analysis statistical significance was observed between level of knowledge on STIs and formal education (p-value = ≤ 0.002) and similarly with local gold miner (AOR=2.18; 95%CI= 1.019-4.6) (Table 4).

Table 2: Knowledge of common STIs among those aged 15-49 years, Shakiso District, June 2013.

Variables	Frequency	percentage
Heard about common STIs (other than HIV/AIDS), n= 845		
Yes	784	92.8
No	61	7.2
Common STIs known by the respondents (n = 784)		
Gonorrhoea	677	86.4
Syphilis	309	39.4
Chancroids	211	26.9
Trichomoniasis	1	0.1
Lympho granuloma venereum	34	4.3
Symptoms/syndrome of STIs mentioned (n= 742)		
Burning pain on urination	649	87.5
Urethral discharge	370	49.9
Genital ulcer	217	29.2
Genital itching	131	17.7
Profuse and offensive vaginal discharge	83	11.2
Swollen glands	53	7.1
Lower abdominal pain and fever	39	5.3
Scrotal swelling	36	4.9
Modes of transmission correctly cited (n= 784)		
Unprotected sexual practice	757	96.6
Mother to child	27	3.4
Modes STIs prevention known by respondents (n= 754)		
Abstinence	405	53.7
Using condom correctly every time during sex	372	49.3
Staying faithful for partner	386	51.2
Time of partner treatment mentioned (n= 760)		
Only when symptomatic	311	40.9
Immediately during his/her treatment time	448	58.9
After a month	1	0.1
Complication of common STIs mentioned (n= 697)		
Death	617	88.5
Urethral stricture	79	11.3
Infertility	202	29
Chronic abdominal pain	44	6.3
Gonoccal infection of the conjunctivae	19	2.7
Cervical cancer	16	2.3
Congenital syphilis	33	4.7
Ectopic pregnancy	6	0.9
Others (changed to virus & damage of genital area)	14	2.01

NB: Total is more than **n** because of multiple response

Table 3: Selected socio-demographic characteristics and level of knowledge on STIs, Shakiso District, June 2013.

Variables	Knowledge on STIs		Crude OR(95%,CI)
	Poor knowledge %	Good knowledge %	
Sex			
Male	273(72.4)	104(27.6%)	2.247(1.57-3.2)*
Female	348(85.5)	59(14.5%)	1.00
Education			
No education	240(92)	21(8%)	1.00
Primary	305(79.8)	77(20.2%)	2.885(1.73-4.81)*
Secondary	63(56.2%)	49(43.8%)	8.8(4.9-15.9)*
More than secondary	13(44.8%)	16(55.2%)	14.06(5.97-33.14)*
Residence			
Rural	402(82.7)	84(17.3%)	1.00
Urban	219(73.5)	79(26.5%)	1.726(1.218-2.44)*
Marital status			
Never married	131(76.6)	40(23.4)	1.00
Married	472(81.2)	109(18.8)	0.75(0.5-1.14)
Divorced/widowed/separated/cohabite	18(56.2)	14(43.8)	2.54(1.16-5.5)
Age			
15-24	237(81.7)	53(18.3)	1.00
25-34	232(77.3)	68(22.7)	1.3(0.87-1.96)
≥35	152(78.4)	42(21.6)	1.2(0.78-1.94)
Occupation			
Farmer	150(81.5)	34(18.5)	1.00
Merchant	109(70.3)	46(29.7)	1.86(1.12-3.09)*
Government employe	12(42.9)	16(57.1)	5.88(2.55-13.57)*
House wife	205(92.3)	17(7.7)	0.36(0.19-0.67)
Student	83(77.6)	24(22.4)	1.27(0.709-2.29)
Local gold miner	29(61.7)	18(38.3)	2.73(1.36-5.49)*
Others	33(80.5)	8(19.5)	1.070(0.45-2.52)

Table 4: Multivariate Logistic Regressional Analysis of selected socio-demographic characteristics and level of knowledge on STIs, Shakiso District, June 2013.

Variables	Knowledge on STIs		Crude OR(95%,CI)	Adjusted OR(95%,CI)
	Poor knowledge %	Good knowledge %		
Sex				
Male	273(72.4)	104(27.6%)	2.247(1.57-3.2)	1.41(0.87-2.2)
Female	348(85.5)	59(14.5%)	1.00	1.00
Education				
No education	240(92)	21(8%)	1.00	1.00
Primary	305(79.8)	77(20.2%)	2.885(1.73-4.81)	2.5(1.45-4.3)*
Secondary	63(56.2%)	49(43.8%)	8.8(4.9-15.9)	7.68(4.02-14.6)*
More than secondary	13(44.8%)	16(55.2%)	14.06(5.97-33.14)	7.16(2.07-24.7)*
Residence				
Rural	402(82.7)	84(17.3%)	1.00	1.00
Urban	219(73.5)	79(26.5%)	1.726(1.218-2.44)	1.13(0.73-1.7)
Occupation				
Farmer	150(81.5)	34(18.5)	1.00	1.00
Merchant	109(70.3)	46(29.7)	1.86(1.12-3.09)	1.3(0.7-2.37)
Government employe	12(42.9)	16(57.1)	5.88(2.55-13.57)	1.6(0.45-5.83)
House wive	205(92.3)	17(7.7)	0.36(0.19-0.67)	0.43(0.19-0.96)
Student	83(77.6)	24(22.4)	1.27(0.709-2.29)	0.79(0.4-1.57)
Local gold miner	29(61.7)	18(38.3)	2.73(1.36-5.49)	2.18(1.01-4.6)*
Others	33(80.5)	8(19.5)	1.070(0.45-2.52)	0.53(0.2-1.4)

Note * indicate significant findings

5.4 Reported symptoms of STIs

Among the total interviewed (845) study participants, 61(7.2%) reported that they had had at least one symptom of STIs in the past 12 months. Of these 36 (59%) were males and 25 (41%) were females. Similarly of the 61 respondents, 49 (80.3%) reported painful urination, 29 (47.5%) had urethral discharge, 23 (37.7%) had profuse and offensive vaginal discharge, 14 (23%) reported genital ulcer and also 12 (19.7%), 5 (8.2%), 3(4.9%), 3(4.9%) reported genital itching, scrotal swelling, swollen glands and lower abdominal pain respectively (Table 5).The majority of the respondents(61)reported multiple symptoms. Most of the individuals who reported STIs symptoms were married 46(75.4%) and from the rural 45 (73.8%) community.

Table 5: Distribution of respondents by self reported STIs symptoms/syndromes, Shakiso district, June 2013.

Reported STIs syndrome or symptoms(n= 845)	Frequency	Percent
Painful urination	50	5.9
Urethral discharge	29	3.4
Profuse & offensive vaginal discharge	23	2.7
Genital ulcer	14	1.7
Genital itching	12	1.4
Scrotal swelling	5	0.6
Swollen glands/inguinal bubo	3	0.4
Lower abdominal pain and fever	3	0.4

Note. N = 845 were taken just to see prevalence from total respondents who got chance to be interviewed. Additionally there were more than one symptoms in an individual.

Based on the syndrome classification of STIs, the prevalence estimates obtained were 39 (4.6%) by considering urethral discharge and genital ulcer .But when considering urethral discharge, genital ulcer and profuse vaginal discharge the estimates were 58 (6.9%) (Table 5).

On bivariate analysis the relation between sex and self reported STIs were not statistically significant with (crude OR of 1.53; 95%CI= 0.9-2.6). Similarly no statistical significance observed between residence and self reported STIs (Table 6). But premarital sex was statistically significant with the occurrence of self reported case of STIs for the non married group with

(COR=17.49; 95% CI=2.15-141.74) and also for the married group more self reported STIs case seen among those having premarital sex by the bivariate analysis (Table 6).Similarly crude bivariate analysis showed that being in the age 45-49 years (COR=3.78;95% CI=1.45-9.8) was statistical significance with self reported STIs symptoms (Table 6).After adjusting for multivariate logistic regression, being in the age group 45-49 years and premarital sexual intercourse were statistically significant with self reported STIs (Table 7).

Table 6: Selected socio demographic characteristics and other variables among individuals who reported STIs syndrome, Shakiso district, June 2013.

Variables	STIs case		Crude OR(95%,CI)
	Yes (%)	No (%)	
Sex			
Male	36(9.8%)	330(90.2%)	1.532(CI,0.9-2.6)
Female	25(6.6%)	351(93.4%)	**1.00**
Residence			
Rural	45 (9.7%)	421(90.3%)	1.73(0.96-3.137)
Urban	16(5.8%)	260(94.2%)	**1.00**
Ever had sex(married group)			
Yes	23(12.9%)	155(87.1%)	1.96(1.09-3.5)*
No	28(%)	370(93%)	**1.00**
Ever had sex(not married group)			
Yes	9(14.5%)	53(85.5%)	17.49(2.15-141.74)*
No	1(1%)	103(99%)	1.00
Age			
15-24	19(6.9%)	253(93.1%)	**1.00**
25-34	24(8.5%)	260(91.5%)	1.24(0.66-2.33)
35-44	11(7.3%)	139(92.7%)	1.07(0.49-2.31)
45-49	7(21.9%)	25(78.1%)	3.78(1.45-9.8)*
Educational status			
No education	25(10.2%)	221(89.8%)	**1.00**
Primary	31(8.6%)	329(91.4%)	0.83(0.47-1.44)
Secondary	5(4.7%)	102(95.3%)	0.43(0.16-1.16)
More than secondary	0	29(100%)	----------
Marital status			
Unmarried	10(6.1%)	154(93.9%)	**1.00**
Married	46(8.4%)	500(91.6%)	1.41(0.69-2.87)
Divorced/widowed/separated/cohabiting	5(15.6%)	27(84.4%)	2.8(0.9-8.9)
Occupation			
Farmer	24(13.3%)	156(86.7%)	1.78(0.9-3.4)
Merchant	7(4.9%)	137(95.1%)	0.59(0.23-1.47)
Government employe	1(3.6%)	27(96.4%)	0.42(0.05-3.36)
House wife	16(8.0%)	185(92%)	**1.00**
Student	4(3.9%)	98(96.1%)	0.47(0.15-1.45)
Local gold miner	5(10.6%)	42(89.4%)	1.37(0.47-3.96)
Others	4(10%)	36(90%)	1.28(0.4-4.06)
STIs knowledge			
Poor knowledge	50(8.6%)	529(91.4 %)	**1.00**
Good knowledge	11(6.7%)	152(93.3%)	0.76(0.38-1.50)

Table 7: Multivariate Logistic Regressional Analysis of selected socio demographic characteristics, other variables and self reported STIs syndrome, Shakiso district, June 2013.

Variables	STIs case		Crude OR(95%,CI)	Adjusted OR(95%,CI)
	Yes (%)	No (%)		
Age				
15-24	19(6.9%)	253(93.1%)	1.00	1.00
25-34	24(8.5%)	260(91.5%)	1.24(0.66-2.33)	1.21(0.64-2.28)
35-44	11(7.3%)	139(92.7%)	1.07(0.49-2.31)	0.97(0.45-2.13)
45-49	7(21.9%)	25(78.1%)	3.78(1.45-9.8)*	3.59(1.35-9.5)*
Premarital sexual intercourse				
Yes	32(13.3%)	208(86.7%)	2.50(1.47-4.25)*	2.49(1.46-4.25)*
No	29(5.8%)	473(94.2%)	1.00	1.00

5.5 Service utilization for sexually transmitted infections

Among the respondents who reported STIs symptoms 30 (49.2%) complained that, the symptom was severe. As the result of symptoms, 25 (41%) failed to perform their usual work. Majority 59 (96.7%) of the respondents who reported symptoms got services of which 36 (61%) of them were males and 23 (39%) were females. Most of individuals who reported symptoms 27 (45.8%) had their first treatment from private clinic followed by government health institution 26 (44.1%) (Table 8).

Table 8: Service used area for STIs among 15-49 years surveyed who got treatment for symptoms, Shakiso district, June 2013.

Variable n= 59	Frequency	percent
Self treated	2	3.4
Government institutions	26	44.1
Private clinic	27	45.8
Private pharmacy/drug vender	2	3.4
Traditional healer	2	3.4

The median days that the respondents stayed with symptoms before receiving first treatment were 15. Only 19 (32.2%) went to the first service providing area for STIs earlier than or within 7 days. The majority 40 (67.8%) delayed in seeking services for STIs (54.2% waited from 1-4 weeks, and 13.5 % waited for greater than one month).The time of searching the first STIs service providing area ranged from 2 to 150 days from the onset of symptoms (mean = 23.92).Presence of good treatment in 20 (33.9%) of the respondents was the most important reason for receiving services from the first treatment source followed by good reception in 14 (23.7%).Here of the 14 who received their first treatment because of good reception 9(64.3%)of them were used private clinic. After receiving services from the first treatment source 22 (37.3%) of them received additional treatment from the government health institutions while the rest 37 (62.7%) did not. Not getting cure was the reason for receiving additional treatment from the government health institutions in 20 (90.9%) of the respondents and additional treatment received within the range of 7-120 days (mean=49.5 and median = 30 days) after the first treatment.

Of the total 21 individuals who did not visit government health institution for treatment, the major reasons described were long waiting hours 7(33.3%), fear of being identified 6(28.6%), long distance from the living area 5(23.8%) and no drug by 3(14.3%) respondents. On the other hand lack of money since husband was not around, health professionals not confidential, high cost and health professionals not friendly were also mentioned by 1(4.8%) individual each.

Among the two individuals (both females) who did not seek treatment from any source the most important reasons for not receiving treatment were feeling of guilty/ ashamed of telling problems to health workers and lack of money described by one and two of them respectively.

5.6 Respondents' perception about health services for STIs

Of those who heard about STIs, 747 (95.3%) perceived that health centres were the major health service provider for STIs in the district followed by hospital in 299 (38.1%) and private clinic in 270 (34.4%). Most 730 (93.1%) perceived the health centre as the cheapest for STIs treatment. Majority of the respondents perceived that public health facilities in the district as accessible (691; 88.1%), accepted (694; 88.5%) and satisfactory (675; 86.1%) for the people with the age 15-49 years (Table 9).

Table 9 : Perception of 15-49 years respondents regarding health services for STIs in Shakiso district, June 2013.

Variable (n= 784)	Frequency	percent
Health services area perceived as best available for STIs		
Health centre	747	95.3
Hospital	299	38.1
Private clinic	270	34.4
pharmacy	47	6
Other	42	5.4
Health services area perceived as the cheapest for STIs treatment		
Health centre	730	93.1
Hospital	169	21.6
Private clinic	29	3.7
Pharmacy	3	0.4
Other	15	1.9
Perceived accessibility of the available services		
Accessible	691	88.1
Not accessible	82	10.5
Don't know	11	1.4
Perceived acceptability of the service		
Acceptable	694	88.5
Not acceptable	76	9.7
Don't know	14	1.8
Perceived satisfaction for the services		
Satisfactory	675	86.1
Not satisfactory	83	10.6
Don't know	26	3.3

5.7 Respondents' attitude about health services for STIs

Likert scale type of statement were used to assess perceptions of individuals regarding health services in the district (two statements for perceptions towards health professionals, two about the available health services and two about barriers to the utilization of health services). Generally four statements were used to see the over all attitudes towards health services for STIs and the other two were used to see attitude with regard to barriers for STIs services.

Among the respondents who heard about STIs 675 (86.1%) of them had a good attitude towards the over all health services in the district with a mean score of 15.9(SD= 1.9). The attitude of the respondents about convenience of timing of health services and its suitability for confidential use scored a mean of 7.9(SD= 1.03) and 696(88.7%) scored above mean indicating presence of good attitude towards it. Attitude about reception of health professionals and health professionals keep the health related secrets indicate a mean score of 8.09(SD= 1.09). Eventhough the attitude of the respondents towards health services in the district was good their perceptions of considering barriers to use the available health services were high with a mean score of 4.14 (SD= 1.27) (here less mean indicate high barriers).

5.8 Respondents' health service choice or preferences for STIs

The most preferred qualities of STIs services mentioned were confidentiality by 504 (64.3%) respondents followed by services of friendly with health care providers in 260 (33.2%). Similarly the majority of the respondents in this conducted study preferred services of separate STIs clinic for those with the age 15-49 years (455; 58%), ones near their residential area (628; 80.1%), and cost of services provided for STIs to be free of charge (344; 43.9%). Three hundred one (38.4%) of the respondents preferred reproductive age group of any sex and age for providing STIs services and also 254 (32.4%) preferred a reproductive age group individuals with same sex and age.

5.9 Qualitative findings

These qualitative findings included those from focus group discussion and in depth interview. Five groups each of them containing eight to ten members making total of 43 individuals participated in the discussions. Similarly 6 individuals including one head of health centre were involved in in-depth interview. Majority of the focus group discussion participants were male (55.8%) and had primary level education (55.1%) (Table 10).In depth interview participants, 3

(50%), 2 (33.3%) and 1(16.6%) were primary, illiterate and above secondary by educational status respectively. On the other hand 5 (83.3%) participants of the in depth interview were males.

Table 10: Socio demographic characteristics of focus group discussion participants, Shakiso district, June 2013.

Socio demographic profile	Frequency	Percent
Age		
15-24	16	37.2
25-34	16	37.2
35-44	5	11.6
45±	6	13.9
Sex		
Male	24	55.8
Female	19	44.2
Educational status		
No education	5	11.6
Primary	25	58.1
Secondary	5	11.6
More than secondary	8	18.6

Sexually transmitted infections situation in district

Majority of the focus group discussion and in depth interview participants described that STIs is a major health problem and concerns in the district. One of the not married male focus group discussion participants said that:

"*Once upon a time I went to private health facility to get treatment for illness other than STIs and heard while health professionals there complaining about the burden of STIs case among their clinic attendants.*"

Health professional focus group discussion participants highly agreed that as the result of gold mining people from different corner come to the district and even those residing in the district were out of their home in search of gold and when got money, make sexual contact with sex workers in the *shet* "name of local gold mining area in the rural" and acquire STIs. Two participants from private facilities explained problems and burden of STIs seen in terms of rough estimation of 20% from their total clinic attendance (not from analyzed and summarized data but simply estimation from the case they saw in their facilities) and also described attention given for other STIs is minimal compared to HIV/AIDS.Therefore, need for attentions of health professionals and other responsible body. Health centre head who participated in depth interview also explained STIs were included under major cause of morbidity in their facility and showed total case seen in their facilities, in 2003 Ethiopian Calendar out of 8539 OPD attendant 160(1.87%) of them were diagnosed as STIs syndrome and similarly in 2004,114(1.89%) STIs cases from 6019 outpatient department attendant were seen. One male from focus group and one female from in depth interview had experienced STIs before. Some of the focus group discussion and in depth interview participant agreed that male and those residing in the rural are affected more because they go out of home and lack awareness respectively.

Majority of focus group and in depth interview participants explained the economic impact of the disease in terms of payment for the services. Therefore, they expressed that it is health concern that needs attention.

Knowledge on STIs

Majority of the focus group and in depth interview participants have heard about STIs and Gonorrhoea is commonly known and some mentioned syphilis and chancroid. With the exception of few participants most of the unmarried females' focus group were not able to mention different type of common STIs. But almost all focus group and in depth interview participants know the local name (yewendi beshita and dukuba dira).

Burning pain during urination and genital discharge were the commonly mentioned symptoms of STIs during the discussion and in depth interview. The married female focus group discussants and unmarried male discussants were in difficulty to explain symptoms seen in opposite sex and because of this during discussion " male group said it is better to discuss symptoms seen in female with female group and the same things is true for unmarried male groups". On the other hand, there were participants who faced total difficulty of explaining symptoms. Genital ulcer was mentioned by some participants. One married male and one married female group discussion participants described a sign by which they know case of STIs: *"Whitish discolouration seen over the cloth of an infected person as the result of leakage of discharge on it"by married female participants and "encircling of flies at the genital area by married male".*

Almost all of the participants discussed as unprotected sexual practice (like not using condom during sex with non regular partner) was the most STIs transmission method.

One of the married male focus group participants described "Failure to use condom during sexual intercourse with non regular partner is common among rural communities".

Certain misconceptions were also mentioned by some of the participants. Misconceptions were: Making sexual intercourse "**inside**" the sun during the mid day even with the one who don't have STIs totally, jumping and urinating at area where the dog urinate, urinating at area where infected person urinate via vaporization (by one of female in depth interview participants) and wearing of not well dried cloths (most non married female group mentioned this).

Half of the in depth interview participants clearly mentioned the whole preventive method (Abstinence, becoming faith-full and condom use). Condom utilization was not mentioned by majority of female focus group discussion participants. The others like abstinence and faithfulness were mentioned by the majority of the focus group discussion participants. The participants in both situations agreed that treatment is a must to prevent further transmission of STIs.

Service utilization for STIs

Discussants in almost all focus group and in depth interview emphasized that majority of infected individuals in their localities got treatment from the health institutions, but there were some who agreed that medicine from traditional healers were used for complete cure.

One discussant from married male group and also one from non married male mentioned that "the medicine given by health professionals made STIs causing agent to be accumulated and remain silent in body part without giving cure but when traditional medicine is taken it removes that accumulated agents via diarrhoea and vomiting and finally give total cure".

Private facilities were commonly used by the affected individuals and next to this government were also used according to the discussion of the participants.

Factors affecting service utilization for common STIs

Most of the discussants agreed that; those affected by STIs use services in the majority of time but there were only few who didn't use it.

The factors mentioned were:

Fear of quarrel with the regular partner, most of the time people who reside in the urban hide each other than those in the rural area. *One discussant from married male*

group said that the "affected individuals made theft by being out of home, therefore fear disintegration among the families".

Fear of showing, telling his or her problems to health professionals. Health professionals' focus group discussion participants said that "when younger people come to the facility rather than speaking their problems they start to rub or simply touch their hair".

Awareness problems, fear of confidentiality by health professionals and becoming shame or shy of having the symptoms were mentioned as barriers for service utilization. Similarly, lack of money particularly true among the females, fear of being seen by the person whom they know and sometimes failure to get cure from the symptoms easily due to resistance were commonly mentioned by the majority of in depth interview and focus group discussion participants.

With regard to service provider preference most of the participants agreed that any health professional can render services for the sick, but some said that STIs case should be treated by health professionals of the same age and sex group so that they can tell their problem without any problems.

6: Discussion

The main purpose of this study was to determine the prevalence and assess the level of knowledge and service utilization for common STIs among both sex categories of 15-49 years. The response rate in this study was 100% .This was possible because of training and strict supervision which made data collectors to inform and convince respondents based on the written consent form. Revisit was also made for those who were not at home during data collection. Similarly since woreda administrator and woreda health office wrote a support letter to each kebele, influential at kebele also described clearly about the purpose of study to the community.

This study showed that about 92.8% heard about common STIs which is nearly comparable with that of study done in urban, semi urban and rural part of Ethiopia 87% and a little higher than behavioural survey among general population in Asosa 85.8% and pastoralist area of Afar and Guji in 78.7% of male and 30.3% of female (46,48,47). This difference may be due to age distribution which includes 15-59 as in case of pastoralist and also locality difference which affect the knowledge of the study subject. Even though multivariate logestic regression was not done for it, the bivariate analysis indicated that the knowledge of female in terms of listing STIs name was significantly low with (COR of 0.293;95% CI = 0.178-0.484). Similarly listing two or more STIs symptoms were more in male than females with bivariate analysis (COR= 2.2; 95% CI, 1.59-3.06). This was also true in study conducted in Addis Ababa (39).Focus group discussant among the non married female group clearly elicited similar things. The possible reasons could be females were disadvantageous in terms of getting information because in most of the time they are highly engaged in house working and don't get chance of discussing with other.

The overall comprehensive knowledge on common STIs was very low (20.8%) even lower than the study done in rural Kilimanjaro, Tanzania which was 38.6% (3). The finding was comparable with the study done in a rural community of Lesotho 22% (44).Even though it is difficult to compare since their knowledge assessment depends only on naming or listing two STIs symptoms, this study showed lower knowledge than the study in Butajira (less than38%) and nearly comparable with the study in Addis Ababa (17.9%) (38,39). Low attention in comparison to HIV/AIDS which is evidenced by little information on the incidence and prevalence may be the possible reason for comprehensive knowledge to be very low in this study (4,8).On bivariate

analysis more males than females had good knowledge with (COR= 2.247;95%CI, 1.57-3.2) and similarly those residing in urban had good knowledge with (COR= 1.72;95% CI, 1.218-2.44). Multivariate analysis showed statistical significance between knowledge status on STIs and level of formal educations (P-value ≤0.002). The possible explaination may be during their formal education individuals can get access to different literatures and possibly can hear from the teachers as it was described by this study around 38.6% of the study participants got information from teachers. According to multivariate logestic regression becoming local gold miner was statistically significant with knowledge status on STIs (Adjusted OR of 2.18; 95% CI= 1.019-4.6). This may be due to access to information as the result of money they got. Generally the knowledge status on describing STIs complication was very low. As it was evidenced by the majority of focus group discussants death was commonly mentioned while mentioning infertility and urethral discharge was only by 29% and 11.3% respectively. The percentages of others were even lower than this. This is comparable with that of study in Tanzania as infertility was described by 26.6% of respondents (3).

This study showed that the prevalence of self reported STIs in the district during the 12 months period ranged from 4.6-6.9%.This is comparable with the study done in Addis Ababa 4.9% (39) but higher than the study done in Sekota 2.5%,Adami Tulu 2.5-3.3%, EDHS 2005 2% and EDHS 2011 2%.The possible reason for the prevalence to be on the higher side in comparison to the studies in other areas may be due to high mobility of people from different corners of the country to the district for gold mining and those in the district also went out of home in search of gold. For sexually transmitted infections to be in an increasing trend moving out of home can be possibly a factor (1). Focus group discussion participants also described its magnitude as high as 20%, but the prevalence in this study may be under estimated, because according to focus group discussants there was hiding or failure to report, which was commonly true among the urban communities. The possible explanations for under estimation of prevalence in this study according to the expectation were the asymptomatic nature of STIs and social stigma in the society (8, 11).

Though bivariate analysis showed no significance, of those who reported at least one symptom, more male 59% than females (41%) were affected and similarly of the reported more rural communities (73.8%) and married group (75.4%) were affected. This is comparable with the

study done in Butajira and Adami Tulu (35,38).Focus group discussants who said failure to use condom during sexual intercourse with non regular partner is common among rural communities supported this. According to multivariate logestic regression being in the age of 45-49 years and self reported STIs symptoms were statistically significant (Adjusted OR of 3.59; 95% CI= 1.35-9.5). This age group may have multiple sexual partners "jalaf jalto", which is a tradition legitimizing extramarital affairs in marriage, in comparisons to other age groups which are responsible for high prevalence (4). The higher prevalence in this district in comparison to other study areas need the attention of all responsible and stakeholders to target the area to bring about behavioural change via IEC/BCC strategies. Here in this study having premarital sex was statistically significant with STIs occurrence (Adjusted OR of 2.49;95% CI=1.46-4.25).In reality becoming sexually active before marriage increases the likeli hood of exposure to STIs (1).

Out of the individuals who reported STI symptoms, majority (96.7%) had services for it. This is encouraging and also comparable with that of study in Sekota District (40). But higher than study in Butajira, Addis Ababa, Ghana and even above EDHS (38,39,32,37).The possible reason may be because of mining there are many private health facilities in the study area including in the rural.The majority 45.8% had got their first treatment from the private clinic.This finding is comparable with study in Punjab, North West India (31) and different literatures revealed a large part of STIs care and treatment are more in private than public (11,38).Focus group discussants also agree with this and good reception by health professionals and confidentiality were among the reasons.

Among those who got the services majority 40 (67.8%) of them were delayed in seeking services for STIs which was also true in other studies done in Vietnam 82% and Addis Ababa nearly in half of them (12, 39).Delay in seeking services has a great contributions for further transmissions of disease and ending up in complications of sexually transmitted infections which high lights as to seriousness of conditions which need due attentions.

The most important barriers or factors for not seeking treatment according to quantitative data were feeling of guilty or ashamed of telling problems to health workers and lack of money but detailed focus group discussions and in depth interview revealed fear of quarrel with regular partners and failure to get cure from the symptoms which is almost unique to this study. The other barriers or factors have similarity with other studies done elsewhere in Sri lank, Sun sari

district in eastern Nepal, Butajira and Addis Ababa (54, 52, 38, 39), these were: lack of awareness regarding the complications if not treated, fear of confidentiality by health professionals, shame or shyness of having symptoms, fear of being seen by persons whom they know.

With regard to perceptions, health centres were perceived as affordable and major health service provider area by the respondents. This is comparable with study in Butajira (39).This study also showed separate STIs clinic is preferred by the majority of the respondents in the presence of confidentiality and friendly services. But because of the stigma it is preferable to integrate with other services

7 Strength and limitations of the study

7.1 Strength of the study

The response rate of the study participants in the area was good enough.

This study incorporated questionnaires tested in other study area and also the questionnaires were pretested in the field at time of data collection training period.

The study conducted was community based one that touched sensitive issues.

The study used both qualitative and quantitative data collection methods.

7.2 Limitations of the study

Majority of the respondents did not give clear information on their income status (some said I don't have, some said only my husband knows and some didn't give reliable data).This made it difficult to determine its effect on STIs service utilization.

The study includes sensitive issues, therefore there may be under reporting of STI symptoms particularly in the urban areas and also as the result of asymptomatic nature of STIs in female.

Difficult to establish any causal relationship since it was a cross sectional study.

8: Conclusions and Recommendations

8.1: conclusions

Low level of comprehensive knowledge were identified by considering naming of different types of common STIs, STIs symptoms, STI transmission, prevention and when to treat partners. Similarly knowledge level on the area of STIs complications clearly depicted that majority simply said death which is the last sequelae of all problems. Otherwise, those who mentioned different complications were very low. On the other hand, considering condom utilization as preventive method was known by less than half of the study participants.

The prevalence of self reported STIs symptoms were more than other studies in the countries though it was under reported according to the estimation of health professionals' focus group discussion and discussants from other groups and in depth interview.

Though the majority of study participants who reported STIs symptoms got treatment, delay for treatment was a challenging issue which played role for the burden of disease distributions.

Fear of quarrelling among the partners, failure to get cure easily were pointed out in this study in addition to stigma and affordability related issues as factors or barriers for STIs service utilization.

8.2: Recommendations

Comprehensive knowledge of the communities has to be improved in order to prevent and control sexually transmitted infections through designing appropriate and well organized IEC and BCC strategies targeting reproductive age group of both sex categories. These might include:

Health education messages about STIs has to be provided widely through using posters, leaflets and different brochures which need the involvement of regional health bureau and zone health office.

Mini media at the area of social gathering has to be established widely in different parts of the community (need the involvement of woreda health office and zone health office).

To avert the occurrence of STIs symptoms in the area, issue of mainstreaming as in the case of HIV/AIDS prevention and control should be considered and condom promotion particularly targeting those who are out of their home and coming to the district in search of gold mine.

The consideration of continuous counselling for STIs case by incorporating issue of confidentiality and friendly services is important to bring change for delay in seeking treatment and factors of service utilization.

Involvement of private sectors for disease prevention and control should be given due attentions

Focal person who coordinate STIs prevention and control program has to be assigned. This needs the involvement of regional health bureau to design structures for it.

Further research targeting local gold miner will be needed to assess distribution of STIs and determining factors for it. Additionally determining factors for STIs among the community will be an area to be assessed in the district.

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10 Annexes

A: English version questionnaire

Questionnaire to be used in the community based survey of level of knowledge on STIs and STI service utilization in Shakiso district.

Name of the District _____

Kebele identification number _____

House identification number _____

Respondents ID number _____

Name of the interviewers _____

Signature _____

Date_____

Result code for questionnaire

1 : Completed

2 : In completed

Addis Ababa University, Medical Faculty, School of Public Health respondent's consent form.

Information sheet:

The study includes all individuals with the age of 15-49 (Reproductive age group) years living in Shakiso district and aimed to assess their level of knowledge on major STIs and pattern of STI service utilization.

My name is _____, I am one of the data collectors from Addis Ababa University, College of Health Sciences, School of Public Health. I would like to inform you that you and I will have a short discussion concerning the survey. Before starting discussion, I need your genuine attention carefully while I am reading about the purpose and general conditions of the study, so that you will tell me whether you agree or disagree to participate in the study.

The purpose of the study is to assess the level of knowledge on STIs and STIs service utilization and its' factors among 15-49 years age in Shakiso district and to communicate the study result with concerned bodies. The survey will be conducted through face to face interview. It will take 40-45 minutes to complete. It might involve some very personal life and intimate questions but the information you give us will help in designing appropriate interventions to be conducted at the community level. Any information you give us will be kept confidential and will not be told or shown to other person. In short except for the purpose of study it will never disclosed to the third party. Your name will not be written anywhere in the questionnaire but simply a code number will be used.

During the report of the study, only summarized information from the total participant will be appeared in the document. The interview is voluntary. Your participation, non participation or refusal to respond to some questions or interruption from the study is possible at any time and will not cause any effect on your future career or life. However, we hope that you will participate fully in this survey since your views are important.

If you have any questions or doubt with regard to this study you can immediately ask the interviewer or later the principal investigator whose telephone number is 0912093776 and even Addis Ababa University, Medical Faculty Institution Review Board with telephone number _____

Consent

Is the information given to you clear? If so:

Do you agree to participate? 1 Yes /continue 2 No/ discontinue

Thank you!

Name of the interviewer confirmed the consent _____

Signature_____

Addis Ababa University, Medical Faculty, School of Public Health respondent's consent form for parent's of youths 15-18

Information sheet:

The study includes all individuals with the age of 15-49 (Reproductive age group) years living in Shakiso district and aimed to assess their level of knowledge on major STIs and pattern of STI service utilization.

My name is _____, I am one of the data collectors from Addis Ababa University, Medical Faculty, School of Public Health. We need to get the consents of their parents to include youths of age 15-18 years in this study. I would like to inform you that your son/daughter and I will have a short discussion concerning the survey. Before starting discussion, I need your genuine attention carefully while I am reading about the purpose and general conditions of the study, so that you will tell me whether you agree or disagree that your son/daughter to participate in the study.

The purpose of the study is to assess the level of knowledge on STIs and STIs service utilization and its' factors among 15-49 years age in Shakiso district and to communicate the study result with concerned bodies. The survey will be conducted through face to face interview. It will take 40-45 minutes to complete. It might involve some very personal life and intimate questions but the information that your son/daughter give us will help in designing appropriate interventions to be conducted at the community level. Any information he/she give us will be kept confidential and will not be told or shown to other person. In short except for the purpose of study it will never disclosed to the third party. His/her name will not be written anywhere in the questionnaire but simply a code number will be used.

During the report of the study, only summarized information from the total participant will be appeared in the document. The interview is voluntary. His/her participation, non participation or refusal to respond to some questions or interruption from the study is possible at any time and will not cause any effect on his/her future career or life. However, we hope that he/she will participate fully in this survey since his/her views are important.

If you have any questions with regard to this study you can immediately ask the interviewer or later the principal investigator whose telephone number is 0912093776 and even Addis Ababa University, Medical Faculty Institution Review Board with telephone number----------

Consent

Is the information given to you clear? If so:

Do you agree for your son/daughter participation? 1 Yes /continue 2 No/ discontinue

Thank you!

Name of the interviewer confirmed the consent _____

Signature_____

Addis Ababa University, Medical Faculty, School of Public Health respondent's consent form for youths 15-18.

Information sheet:

The study includes all individuals with the age of 15-49 (Reproductive age group) years living in Shakiso district and aimed to assess their level of knowledge on major STIs and pattern of STI service utilization.

My name is _____, I am one of the data collectors from Addis Ababa University, Medical Faculty, School of Public Health. We need to get the consents of their parents to include youths of age 15-18 years in this study. Though your parents gave us the consent, it is your right to decide to participate/not to participate in this study. So, before starting discussion, I need your genuine attention carefully while I am reading about the purpose and general conditions of the study, so that you will tell me whether you agree or disagree to participate in the study.

The purpose of the study is to assess the level of knowledge on STIs and STIs service utilization and its' factors among 15-49 years age in Shakiso district and to communicate the study result with concerned bodies. The survey will be conducted through face to face interview. It will take 40-45 minutes to complete. It might involve some very personal life and intimate questions but the information you give us will help in designing appropriate interventions to be conducted at the community level. Any information you give us will be kept confidential and will not be told or shown to other person. In short except for the purpose of study it will never disclosed to the third party. Your name will not be written anywhere in the questionnaire but simply a code number will be used.

During the report of the study, only summarized information from the total participant will be appeared in the document. The interview is voluntary. Your participation, non participation or refusal to respond to some questions or interruption from the study is possible at any time and will not cause any effect on your future career or life. However, we hope that you will participate fully in this survey since your views are important.

If you have any questions with regard to this study you can immediately ask the interviewer or later the principal investigator whose telephone number is 0912093776 and even Addis Ababa University, Medical Faculty Institution Review Board with telephone number ___

Consent

Is the information given to you clear? If so:

Do you agree to participate? 1 Yes /continue 2 No/ discontinue

Thank you!

Name of the interviewer confirmed the consent _____

Signature_____

Annex A. Questionnaire

I Socio-demographic characteristics

No	Questions	Response categories &coding	Skip to
101	Sex of the respondent	Male = 01 Female = 02	
102	How old are you?	_____ years Don't know = 88 No response = 99	
103	What is your marital status?	Never married = 01 Married = 02 Divorced = 03 Widowed = 04 Married but living in different places = 05 Cohabiting partner = 06 Others (specify) _____ No response = 99	
104	What is your religion?	Orthodox = 01 Protestant = 02 Muslim = 03 Wakefeta = 04 Others (Specify) _____ No response = 99	
105	To what ethnic group do you belong?	Oromo = 01 Amhara = 02 Gedio = 03 Others (Specify) _____	
106	What is your educational status?	Unable to read and write =01 Able to read and write = 02 Elementary School (1-6) = 03 Junior secondary (7-8) = 04 High School (9-10) = 05 Preparatory (11-12) = 06 College (10^{+}) = 07 College and university (with 12^{+}) = 08 ?	
107	What is your main occupation?	Farmer = 01 Merchant = 02 Government employee = 03 House wife =04 Student = 05 Local gold miner = 06 Private employee = 07 Commercial sex worker = 08 Daily laborer = 09 Retired civil servant = 10	

		Others (specify) _____ No response = 99	
108	What is your residential area?	Rural = 01 Urban = 02	
109	What your monthly personal income in Birr /if not, in kind?	No income = 0 Less than 100 = 01 100 - 299 = 02 300 – 499 = 03 500 and above = 04 Others (specify) _____ Don't know = 88 No response = 99	

II. Sexual History

No	Questions	Response categories &coding	Skip to
201	Have you ever had sexual intercourse? (for not married)	Yes = 01 No = 02 Don't know = 88 No response = 99	If 02/88/99 →Next part (3)
202	Have you ever had sexual intercourse before marriage? (for married)	Yes = 01 No = 02 Don't know = 88 No response = 99	If 02/88/99→Next part (3)
203	At what age did you first have that sexual intercourse?	_____ in years Don't know = 88 No response = 99	

III. Knowledge about major sexually transmitted infections, symptoms, modes of transmissions, prevention methods and complications if not treated.

No	Questions	Response categories &coding			Skip to
301	Have you heard of the common diseases other than HIV that can be transmitted through sexual intercourse?	Yes = 01 No = 02 Don't know = 88 No response = 99			If 02/88/99 → say thank you.
302	What was the source of information? . . . . any others? Circle all his/her answers.	Health workers = 01 Radio/Television = 02 Leaflets/brochures = 03 Teachers = 04 Agricultural development agents = 05 Friends/relatives = 06 Parents/Family = 07 Religious leaders = 08 Influential community leaders(Aba geda) = 09 Social gathering = 10 Partner = 11 Don't know = 88 No response = 99 Others (specify) _____			
303	Can you tell me the name of these common sexually transmitted infections other than HIV? . . . . any others? (Circle all his/her answers)	Gonorrhea = 01 Syphilis = 02 Chancroids = 03 Trichomoniasis = 04 Lymphogranuloma venereum=05 I don't know = 88 No response = 99	Yes	No	
304	Do you know the symptoms/syndromes they present?	Yes = 01 No = 02 Don't know = 88 No response = 99			If 02/88/99 →308
305	Please tell me their symptoms . . . . any others? (Circle all his/her answers)	Urethral discharge = 01 Burning pain on urination = 02 Genital ulcer/sores = 03 Scrotal swelling = 04 Swollen glands/inguinal bubo = 05 Genital itching = 06 Profuse and offensive vaginal discharge = 07 Lower abdominal pain and fever = 08	Yes	No	

		Others(Specify)_____ No response = 99			
306	During the last 12 months did you have these symptoms/syndromes?	Yes = 0 No = 02 Don't know = 88 No response = 99			If 02/88/99 →308
307	Which symptom/syndrome did you have? . . . . any others? (Circle all his/her answers)	Urethral discharge = 01 Painful urination = 02 Genital ulcer = 03 Scrotal swelling 04 Swollen glands /inguinal bubo =05 Profuse and offensive vaginal discharge = 06 Lower abdominal pain and fever = 07 Genital itching = 08 Others (Specify) _____ No response = 99	Yes	No	
308	How can someone acquire STIs? . . . . any others? (Circle all his/her answers)	Urinating towards the moon = 01 Having unprotected sexual practice =02 Sharing of cloths = 03 Sitting on worm stone = 04 From mother to child during pregnancy = 05 Urinating towards the sun = 06 Others (Specify) _____ Don't know = 88 No response = 99	Yes	No	
309	Do you belief that STIs are preventable?	Yes = 01 No = 02 Don't know = 88 No response = 99			If 02/88/99 →311
310	How STIs can be prevented? . . . . any others? (Circle all his/her answers)	Abstinence = 01 Using condom correctly ever time during sex = 02 Staying faithful for the partner = 03 Others (Specify)_____ Don't know = 88 No response = 99	Yes	No	
311	Did you know health	Yes = 01			02/88/99

	problems or complications can they develop, if not get early treatment or no treatment at all?	No = 02 Don't know = 88 No response = 99			→313
312	Please tell me some of them . . . . any others? (Circle all his/her answers)	Urethral stricture = 01 Chronic abdominal pain = 02 Infertility = 03 Ectopic pregnancy = 04 Cervical cancer = 05 Gonococcal infection of the conjunctiva = 06 Congenital syphilis = 07 Death = 08 Don't know = 88 No response = 99	Yes	No	
313	For the one with STIs, Do you know that his/her partner treatment is important?	Yes = 01 No = 02 Don't know = 88 No response = 99/			If 02/88/99 →Part 4
314	When do you think that treatment is recommended for his/her partner?	Only when symptomatic =01 Immediately during his/her treatment time (at the same time) =02 Don't know = 88 No response = 99	Yes	No	

IV. STIs service utilization

No	Questions	Response categories &coding	Skip to
401	If response to question No 306 is yes (01) How the severity of the symptoms?	Very mild = 01 Mild = 02 Moderately sever = 03 Very sever = 04 No response = 99	
402	If response to question No. 306 is yes	Yes = 01 No = 02	

	Did the symptom prevent you from performing your usual work?	No response = 99	
403	If response to question No 306 is yes Did you seek advice or treatment from any source?	Yes = 01 No = 02 Don't know = 88 No response = 99	02/88/99→ 412
404	From where did you seek advice or treatment? (Circle all his/her answers)	Self treatment = 01 Government health institutions = 02 Private clinic/Hospital = 03 Private pharmacy/ Drug shop/rural drug vender = 04 Local drug injectors = 05 Traditional healer = 06 Others (Specify) _____ Don't know = 88 No response = 99	
405	If treatment is received from more than one treatment source from which did you receive the first treatment?	Self treatment = 01 Government health institutions = 02 Private clinic/Hospital = 03 Private pharmacy/drug shop/rural drug vender = 04 Local drug injectors = 05 Traditional healer = 06 Others (Specify) _____ Don't know = 88 No response = 99	
406	How many days and months did you have the symptom before you receive the first	Day _____ = 01 Months _____ = 02 Don't know = 88 No response = 99	

	treatment?		
407	What was the most important reason for receiving treatment from the first treatment source?	I know the treatment = 01 Treatment is good = 02 Reception is good = 03 Maintain data confidentiality = 04 Maintain privacy = 05 Short distance = 06 Short waiting time = 07 Cost is cheaper = 08 No charge = 09 Consultation is good = 10 Others (Specify) _____ No response = 99	
408	After you received treatment from the first treatment source, have you received additional treatment from government health institutions	Yes = 01 No = 02 Don't know = 88 No response = 99	02/88/99 →411
409	After how many days and/or months of receiving the first treatment, have you visited government institutions?	Day _____ = 01 Months _____ = 02 Don't know = 88 No response = 99	
410	What was the most important reason for receiving additional treatment from government health	Did not get cure = 01 No charge = 02 Referred = 03 Others(specify) _____ Don't know = 88	

	institution?	No response = 99	
411	For the respondents whose response to question 404 is not option 02 what was the reason for not receiving treatment from there (government health institutions)?	No drugs = 01 Health professionals are not confidential = 02 Long waiting hours = 03 No STI services = 04 High cost for services = 05 Fear of persons whom knows = 06 Health professionals are not friendly = 07 Others (specify) _____ Don't know = 88 No response = 99	
412	If response to question 403 is no, what is your most important reason for not receiving any treatment?	Thought symptom is incurable = 01 Symptom is not serious = 02 Thought getting well from symptom without treatment = 03 Don't know where to go = 04 No effective treatment is available = 05 Was ashamed/feel guilty telling my problem to a health worker = 06 Lack of money = 07 Lack of time = 08 Long distance = 09 Afraid of meeting people whom I know = 10 Others (Specify) _____ Don't know = 88 No response = 99	

V. Sexually Transmitted Diseases and Health service utilization

No	Questions	Response categories &coding	Skip to
501	In which of the following health institutions do you think people of your age get health services for a STIs?	Hospital = 01 Health center = 02 Private clinic = 03 Pharmacy/drug shop/ rural drug vender = 04 Traditional healer = 05 Local injector = 06 There is no health services that provides services for those in the reproductive age so easily = 07	
502	Which health institution do you think are affordable for the people of your age?	Hospital = 01 Health center = 02 Private clinic = 03 Pharmacy/drug shop/ rural drug vender = 04 Traditional healer = 05 Local injector = 06 There is no health services that provides services for those in the reproductive age so easily = 07	
503	Do you think the health services provided for STIs are accessible for the people of your age?	Yes = 01 No = 02 I don't know = 88 No response = 99	
504	Do you think the health services provided for STIs is accepted by the people of your age?	Yes = 01 No = 02 Don't know =03 No response = 99	
505	Do you think the health services	Yes = 01 No = 02	

	provided for STIs are satisfactory for the people of your age?	Don't know = 88 No response = 99	
Questions 506 -511 are statements about health services for STIs, we want to know your attitude towards this statement			
506	Health services are suitable for secret use by the reproductive age group for STIs	Extremely agree = 01 Agree = 02 Neither = 03 Don't agree = 04 Extremely don't agree = 05	
507	Health professional have good reception for people of you age?	Extremely agree = 01 Agree = 02 Neither = 03 Don't agree = 04 Extremely don't agree = 05	
508	Health professional keep the health related secrets of the reproductive age group confidentially	Extremely agree = 01 Agree = 02 Neither = 03 Don't agree = 04 Extremely don't agree = 05	
509	People (reproductive age group) of your age are shy to seek health services for STIs	Extremely agree = 01 Agree = 02 Neither = 03 Don't agree = 04 Extremely don't agree = 05	
510	People (reproductive age group) of your age refrain from using health services from fear of being seen by parents or others who	Extremely agree = 01 Agree = 02 Neither = 03 Don't agree = 04 Extremely don't agree = 05	

	know them		
511	The timing of health services are convenient for people (reproductive age group) of your age	Extremely agree = 01 Agree = 02 Neither = 03 Don't agree = 04 Extremely don't agree = 05	

VI. Reproductive age group (15-49 years) health services choice for STIs

No	Questions	Response categories &coding	Skip to
601	What qualities do you think should health services for the reproductive age group with STIs should fulfill?	Friendly services = 01 Confidentiality = 02 Accessibility = 03 Cheap = 04 Proximity to residential area = 05 Others (Specify) _____ Don't know = 88 No response = 99	
602	How do you think the health services for the people (reproductive age group) of your age with STIs should be organized?	At health institutions along with others as before =01 In a separate STIs clinic for reproductive age group (15-49 years) = 02 Don't know = 88 No response = 99	
603	Who do you think should provide the health services for the people (reproductive age group) of your age with STIs?	A reproductive age group individual with same age and sex =01 A reproductive age group of any sex = 02 An adult professional of any sex = 03 An adult professional of the same sex = 04 Any professional can give the services = 05	

604	Where do you think should a health services for the people (reproductive age group) of your age with STIs should be situated?	Closer to your house = 01 Far from your residential area = 02 Indifferent =03 Others (Specify) _____	
605	What do you think should be the cost of health services for the people (reproductive age group) of your age with STIs	Free = 01 Special discount = 02 Previous price = 03 Others (specify)_____	

Annex: Semi structured questionnaire for qualitative data collection (FGD)

Guide line for Focus group discussion.

The focus group discussion participant will reach 8-10 in number. The discussion will be expected to be moderated by the principal investigator and the first assistance will take a note. The second assistance will manage the tape recorder.

Introduction

Good morning please! First of all I want to thank you all of you for your being volunteer to come here to participate in group discussion. My name is Negash Sime. I came from Addis Ababa University, Medical faculty, School of public health. I am here today to have a discussion with you all on the issue of sexually transmitted infections. The discussion will take one and half an hour. There is no right and wrong answers. So you will be expected to participate in the discussion without any call. Don't hesitate to express your feeling, because information from you will have an input for the study.

In order to not miss any points of the discussion, I will be using a tape recorder. Therefore I will expect speaking one at a time, so that the tape recorder can pick everything. I would like to confirm you that, all comments and information given by you are confidential and used for research purpose only. Your name will not be recorded for confidentiality purpose. At the last I want to thank you all of you again for participation in the discussion.

1 : Is STI really your concern/ problems ? Why?

- Health impacts
- Social and economic impacts
- Interaction with HIV/AIDS

2 : Do STIs symptoms known by you and also by the community residing in your area ?

- Discuss on the area of its' symptoms.

3: How STI can be transmitted?

- Unprotected sexual intercourse
- From infected mother to child during pregnancy
- Receiving infected blood and blood product
- Discuss different ways known by community

4 : How STI prevented ?

- Abstinence
- Mutual faithfulness
- Condom use

5 : Is there any infected individuals in your area?

6 : Where do these infected individuals use services?

- Health institution
- Traditional healer

7 : What are the barriers for STIs service utilization?

- Perceived severity of illness
- Lack of knowledge of where to get services
- Ashamed of having the symptoms
- Confidentiality
- Un availability of STI services
- Symptoms are not serious
- Health professionals are not friendly

Additional semi structured questions for health professionals focused group discussion

8 : Do people of reproductive age come to your health institutions ?

9 : What are the commonly prevalent STIs in your health institution ?

10: Is there any STI service program in your health institution ? Discuss about the issue of drug availability.

11: When people of reproductive age group come to your health institution with STIs, how is the attitude of health professionals in handling these problems?

12 : What type of professionals do people of reproductive age usually prefer? Discuss in terms of sex, age,

Semi structured questionnaire for in depth interview

Guide line for in depth interview

Hello please! I am _____ and I came from Addis Ababa University, Medical faculty, School of public health to work for thesis research project on STIs in collaboration with the University. I am going to ask you some very personal questions that some people find difficult to answer. But your participation is very important in the process of making important decision

with regard to the study .In order not to miss any information; I will be using a tape recorder for research purpose only. Any information given by you are confidential and your name will not be written in any place. If you don't understand the questions to be raised, you can ask clarification. The interviews will take_____.

Questions format

1: Do you heard of STIs? Please tell me some of them
2: From where do get information? Probe
3: How can someone infected with STIs? Probe
4: what symptoms and prevention method do you know?
5 : Are STIs important in your district ?
6 : What makes it important in the district ? Probe
7: Who do you think severely affected by the infection? Probe
8 : From where did the infected individuals get help when they acquired infection ?
9 : Is there any infected individuals who did not utilize the services ? Why? Probe
1o : Please tell me what people say about STI services ? probe

Now I am asking you about your personal life experience, please tell me in detail.

1 : Have you ever had STIs before
2 : What sexual behavior predisposed you to be infected ? Probe
3 : Have you used STI services for the infection ?
4: From where did you get the services ?
5 : If not what is the reason ? Probe
Additional point of interview with the head of health facilities
1 : Do you tell us the trend of STIs in your health facilities? Probably 1-2 years trend at the facility level.

Annexes B : ‘Oromiffa’ version questionnaires.

Aanaa Shaakkisotti waa’ee beekumsa namaa fi itti fayyadama tajaajilaa dhukkuba sabquunamtiin dadarban irratti jiru ilaalchise qo’annoo gaggeeffamuuf gaafiwwan qophaa’ani.

Maqaa aanaa_____

Lakkofsa ganda ittiin adda baafatani_____

Lakkofsa mana kan ittiin adda baafatani_____

Lakkofsa deebi kennaa/tu_____

Maqaa ragaa guuraa/ gaafataa_____

Mallattoo_____

Guyyaa_____

Koodii guutamiinsa uunkaa gaaffiwwanii

1 : Guutudha.

2 : Guutuu ta’uu dhabuu.

Yunivarisitti finfinneetti, barnoota kutaa fayyaa hawaasaa, gaafi fi deebii gaggeesutti oso hinseenini uunkaa mirkanneefannaa fedhii hirmaattotaa qo'annoon irratti gaggeefamu.

Uunkani gaaffii qo'annichaaf qophaa'e kuni ummata aanaa shaakkisoo umurii 15-49 jiraniif kan oolu ta'ee sadarkaan beekumsaa dhukkuboota subquunamtiin dadarban irratti akkasumas fayyadamni tajaajilaa maali akka fakkaatu qo'achuuf kan kaayyofate ta'uu isaati.

Maqaan kiyya _____ jedhama. Yunivarisitti finfinnetti kutaa barnoota fayyaa hawaasatti qo'annoo aanaa kana keessatti gaggeeffamuuf akka ragaa walitti qabaatti kan hojjadhuudha. Waa'ee qo'annoo gaggeeffamuu ilaalchisee anaa fi si jidduutti marii gabaabaa akka taasisuu barbaadu sini hubachiisa. Oso mariitti hinseenin dura waa'ee kaayyoo fi waliigala qo'annichaa ilaalchise yeroon sidubbisu, sirriitti qalbii guutudhan akka nadhaggeeffatu hawwaa isa kanaan booda qo'annicha irratti hirmaachuf waligaluu fi waligaluu dhabuu keenya naaf ibsita.

Kaayyoon qo'annoo kanaa sadarkaa beekumsaa fi fayyadama tajaajilaa hawaasa umuriin 15-49 aanaa Shaakkiso keessa jiruu dhukkuboota sabquunamtiin dadarban irratti qabu maali irra akka jiruu fi isa kanasi qaama ilaalatuuf bu'aa isaa ibsuudhan tarkaanfi akka fudhatan taasisuu ta'a.Qo'annoon kuni kan gaggeeffamu wali fuullee taa'uudhan bifa gaafidhaan ta'a. Inni kunisi xumuruudhaf daqiiqaa 40-45 ni fudhata. Jechooti gaaffii kunisi gaaffiwwani iccitii jireenya nama dhuunfaa ofi keessatti kan hamate ta'uu ni danda'a. Haata'u malee ragaani fi oddeeffannoon isini irraa arganu xumura qo'annoo irratti gama qaama ilaalatuun hawaasa keessatti murtee sirrii rakkoo jiru hiikko itti kennuuf barbaachisu gubbaatti kan qarqaaru ta'a. Ragaan isini nuuf kenitani icciitin isaa ni eeggama akkasumas nama birootti hinhimamusi hinmuldhiffamusi. Karaa gabaabadhan kaayyoo qo'annoon ala gonkuma nama biroof dabarfame hinkennamu. Maqaan keessan illee iddo tokkotuyu hinbarreeffamu. Koodii qofatu guutama.

Gabaasni qo'annoo yina dhiyaatu raga qindaayaa hirmaattoota hunda irraa walitti deebi'e qofatu dokumanti keessatti akka dhiyaatu ta'a. Gaaffiin si wajjiin gaggeeffamu fedhii irratti kan hundaayedha. Hirmaachu fi hirmaachu dhabuun kee akkasumas gaaffiwwaniifi deebi kennuu diduun ykn qixxeedhan yeroo barbaadetti addaan kutuunisi ni danda'ama. Akkasi gochuu keetiin jireenya kee fuunduraa irratti miidhan sirratti taasifamu gonkuma hinjiru. Haata'u malee yaadni sirraa arganu baayee barbaachisaa fi murteessaa waan ta'eef qo'annoo kana irratti akka atti hirmaachu dandeechu abdii guddaa niqabna.
Qo'annoo irratti gaaffii ykn wanti isini quuqu yo jiraate ragaa walitti qabaa batalumatti gaafachuun ni danda'ama ykn qaama kallattiidhan qo'anno kana gaggeessu lakkoofsa bilbilaa 0912093776 n gaafachuun kan danda'amu yo ta'u, gama biraatinisi boordi yunivarisitti qo'annoo kana ilaaluu danda'u lakk bilbilaa_____ kanaan dubbisuun guutudhan nidanda'ama.
Oddeefannoon isini kenname ifaa? Yo ifa ta'e
Qo'annoo irratti hirmaachudhafi hayamamaadha?
Eeyyeni / itti fufi
Miti / dhaabi Galatooma!
Waligaltee kana kan mirkanneefate maqaa ragaa guuraa _____.
Mallattoo_____

Yunivarisitti finfinetti, kutaa barnoota fayyaa hawaasaa uunkaa hayama maatii hirmaattoota umuriin isaani 15-18 ta'aniif oso gara gaafitti hinseenin ittiin mirkannaayu.

Uunkani gaaffii qo'annichaaf qophaa'e kuni ummata aanaa shaakkisoo umurii 15-49 jiraniif kan oolu ta'ee, sadarkaan beekumsaa dhukkuboota subquunamtiin dadarban irratti akkasumas fayyadamni tajaajilaa maali akka fakkaatu qo'achuuf kan kaayyofate ta'uu isaati.

Maqaan kiyya _____ jedhama. Yunivarisitti finfinnetti kutaa barnoota fayyaa hawaasatiin qo'annoo aanaa kana keessatti gaggeeffamuuf akka ragaa walitti qabaatti kan hojjadhuudha. Dargaggoota umuriin isaanii 15-18 jiru qo'annoo kana keessatti hamachiisudhafi hayama maatii isaanii argachuun nibarbaachisa. Qo'annoo ilaalchisee ilma/intala kee waliin marii gabaabaa nigaggeesina. Oso mariitti hinseenin dura waa'ee kaayyoo fi waliigala qo'annichaa ilaalchise yeroon sidubbisu, sirriitti qalbii guutudhan nadhaggeeffachuudhan ilmi / intali kee qo'annoo irratti hirmaachuu akka danda'ani fedhiidhan hayamamaa ta'uu fi ta'uu dhabuu keessan naaf ibsitu.

Kaayyoon qo'annoo kanaa sadarkaa beekumsaa fi fayyadama tajaajilaa hawaasa umuriin 15-49 aanaa Shaakkiso keessa jiruu dhukkuboota sabquunamtiin dadarban irratti qabu maali irra akka jiru beeku fi bu'aa qo'annoosi qaama ilaalatuf dabarsu ta'a. Qo'annoon kuni kan gaggeeffamu wali fuullee taa'uudhan bifa gaafidhaan ta'a. Isa kanasi xumuruudhaf daqiiqaa 40-45 ni fudhata. Jechooti gaaffii kanaasi gaaffiwwani iccitii jireenya nama dhuunfaa ofi keessatti kan hamate ta'uu ni danda'a. Haata'u malee ragaani fi oddeeffannoon ilma/intala keessan irraa argamu xumura qo'annoo irratti gama qaama ilaalatuun hawaasa keessatti murtee sirrii rakkoo jiru hiikko itti kennuuf barbaachisu gubbaatti kan qarqaaru ta'a. Oddeefannoon inni / isheen nuuf kennu / kennitu icciitin isaa ni eeggama, akkasumas nama birootti hinhimamusi hinmuldhiffamusi. Karaa gabaabadhan kaayyoo qo'annoon ala gonkuma nama biroof dabarfame hinkennamu. Maqaan isaa / ishee iddo tokkotuyu hinbarreeffamu. Koodii qofatu guutama.

Gabaasni qo'annoo yina dhiyaatu ragaa qindaayaa hirmaattoota hunda irraa walitti deebi'e qofatu dokumanti keessatti akka dhiyaatu ta'a. Gaaffiin gaggeeffamu fedhii irratti kan hundaayedha. Hirmaachu fi hirmaachu dhabuun isaa /ishee akkasumas gaaffiwwaniifi deebi kennuu diduun ykn qixxeedhan yeroo barbaadanitti addaan kutuusi ni danda'u. Akkasi gochuu isaatiif / isheetiif jireenya isaa /ishee fuunduraa irratti miidhan irratti taasifamu gonkuma hinjiru. Haata'u malee yaadni isaa/ishee irraa arganu baayee barbaachisaa fi murteessaa waan ta'eef qo'annoo kana irratti akka hirmaachu danda'an abdii guddaa niqabna.
Qo'annoo irratti gaaffii ykn wanti isini quuqu yo jiraate ragaa walitti qabaa kan ta'e batalumatti gaafachuun ni danda'ama ykn qaama kallattiidhan qo'anno kana gaggeessu lakkoofsa bilbilaa 0912093776 n gaafachuun kan danda'amu yo ta'u, gama biraatinisi boordi yunivarisitti qo'annoo kana ilaaluu danda'u lakk bilbilaa_____ kanaan dubbisuun guutudhan nidanda'ama.
Oddeefannoon isini kenname ifaa? Yo ifa ta'e
Qo'annoo irratti intalli/ilmi keessan akka hirmaatu/hirmaattu hayamamaadha ?
Eeyyeeni / itti fufi
Miti / dhaabi
Galatooma!
Waligaltee kana kan mirkanneefate maqaa raga guuraa _____.
Mallattoo_____.

Yunivarisitti finfinetti, kutaa barnoota fayyaa hawaasaa, uunka hayamummaa dargaggoota umuriin isaanii 15-18 ta'aniif oso gara gaafitti hinseenin ittiin mirkannaayu.

Uunkani gaaffii qo'annichaaf qophaa'e kuni ummata aanaa shaakkisoo umurii 15-49 jiraniif kan oolu ta'ee, sadarkaan beekumsaa dhukkuboota subquunamtiin dadarban irratti akkasumas fayyadamni tajaajilaa maali akka fakkaatu qo'achuuf kan kaayyofate ta'uu isaati.

Maqaan kiyya _____ jedhama. Yunivarisitti finfinnetti kutaa barnoota fayyaa hawaasatiin qo'annoo aanaa kana keessatti gaggeeffamuuf akka ragaa walitti qabaatti kan hojjadhuudha. Dargaggoota umuriin isaanii 15-18 jiranu qo'annoo keessatti hirmaachisudhaf hayamummaa/fedhii maatii isaanii argachuun murteessadha. Hayama maatii kee irraa arganusi qo'annoo irratti hirmaachu fi hirmaachu dhabuun mirgi murteessummaa kan keeti. Oso mariitti hinseenin dura, waa'ee kaayyoo fi waliigala qo'annichaa ilaalchise yeroon sidubbisu, sirriitti qalbii guutudhan nadhaggeeffachuudhan hirmaachu akka dandeessu fedhiidhan hayamamaa ta'uu fi ta'uu dhabuu kee naaf ibsita.

Kaayyoon qo'annoo kanaa sadarkaa beekumsaa fi fayyadama tajaajilaa hawaasa umuriin 15-49, aanaa Shaakkiso keessa jiruu dhukkuboota sabquunamtiin dadarban irratti qabu maali irra akka jiru beeku fi bu'aa qo'annosi qaama ilaalatuuf dabarsu ta'a. Qo'annoon kuni kan gaggeeffamu wali fuullee taa'uudhan bifa gaafidhaan ta'a. Isa kanasi xumuruudhaf daqiiqaa 40-45 ni fudhata. Jechooti gaaffii kanaasi gaaffiwwani iccitii jireenya nama dhuunfaa ofi keessatti kan hamate ta'uu ni danda'a. Haata'u malee ragaani fi oddeeffannoon isini irraa argamu xumura qo'annoo irratti gama qaama ilaalatuun hawaasa keessatti murtee sirrii rakkoo jiru hiikko itti kennuuf barbaachisu gubbaatti kan qarqaaru ta'a. Oddeefannoon/ragaan nuuf kenitani icciitin isaa ni eeggama, akkasumas nama birootti hinhimamusi, hinmuldhiffamusi. Karaa gabaabadhan kaayyoo qo'annoon ala gonkuma nama biroof dabarfame hinkennamu. Maqaan keessan iddo tokkotuyu hinbarreeffamu. Koodii qofatu guutama.

Gabaasni qo'annoo yina dhiyaatu, ragaa qindaayaa hirmaattoota hunda irraa walitti deebi'e qofatu dokumanti keessatti akka dhiyaatu ta'a. Gaaffiin gaggeeffamu fedhii irratti kan hundaayedha. Hirmaachu fi hirmaachu dhabuun kee akkasumas gaaffiwwaniifi deebi kennuu diduun ykn qixxeedhan yeroo barbaadetti addaan kutuunisi ni danda'ama. Akkasi gochuu keetiin jireenya kee fuunduraa irratti miidhan sirratti taasifamu gonkuma hinjiru. Haata'u malee yaadni sirraa arganu baayee barbaachisaa fi murteessaa waan ta'eef qo'annoo kana irratti akka atti hirmaachu dandeechu abdii guddaa niqabna.
Qo'annoo irratti gaaffii ykn wanti siquuqu yo jiraate ragaa walitti qabaa kan ta'e batalumatti gaafachuun ni danda'ama ykn qaama kallattiidhan qo'anno kana gaggeessu lakkoofsa bilbilaa 0912093776 n gaafachuun kan danda'amu yo ta'u, gama biraatinisi boordi yunivarisitti qo'annoo kana ilaaluu danda'u lakk bilbilaa_____ kanaan dubbisuun guutudhan nidanda'ama.
Oddeefannoon siif kenname ifaa? Yo ifa ta'e
Qo'annoo irratti hirmaachudhafi hayamamaadha?
Eeyyeni / itti fufi
Miti / dhaabi Galatooma!
Waligaltee kana kan mirkanneefate maqaa ragaa guuraa _____.
Mallattoo_____.

I. Ragaa waligalaa

Lakk	Gaafiwwan	Deebi fi koodii	Irra utaali/ ce'i
101	Saala/ korniyaa gaafatamaa/tuu	Dhiira = 01 Dubarti/Dubra = 02	
102	Waggaa/Umuriin Dhaloota keessani meeqa ?	Waggaa_____ Hinbeeku = 88 Deebi homaa hinkenine = 99	
103	Haala fuudha fi heerumaa	Hinfuune/hinheerumne = 01 Fuudheera/ Heerumeera = 02 Hiiken jira = 03 Najalaa duute jirti/ du'eera = 04 Fuudhen jira garuu gari gara jiraana = 05 Kan nawaliin jiraattu/tu michuu niqaba = 06 Kan biraa (ibsi)_____ Deebii homaa hinkenine = 99	
104	Amantaan hordoftani isa kami ?	Ortodoksii = 01 Pirotestaanti = 02 Islaama = 03 Waaqefataa = 04 Kan biraa (ibsi)_____ Deebi homaa hin kenine = 99	
105	Sabni kee maali ?	Oromoo = 01 Amaara = 02 Geedi'oo = 03 Kan biraa / ibsi_____	
106	Sadarkaa baruumsa keetii	Dubbisuu fi barreessuu hin danda'u =01 Dubbisuu fi barreessuu ni danda'a = 02 Kutaa 1-6 = 03 Kutaa 7-8 = 04 Sadarka 2^{ffaa}(9-10) = 05 Qophaa'ina (11-12) = 06 Kolleejii (10^{+}n warra seenan) =07 Kolleejii fi yunivarisitii (kutaa 12 xumuran kan seenan) = 08	
107	Hojiin kee ijoon maali ?	Qonnaan bulaa = 01 Daldalaa = 02 Hojii mootummaa = 03 Haadha manaa = 04 Barataa = 05	

		Albuuda qotuu fi baasuu = 06 Hojii dhuunfa irratti qaxarame hojjachaan jira = 07 Dubartoota mana bunaa/ daldala sabquunamtii irratti hirmaatu = 08 Hojjataa guyyaa = 09 Soorama kan bahe = 10 Kan biraa (ibsi)_____ Deebii homaa hinkenine = 99	
108	Idoon jireenya keetii eessa ?	Baadiyyaa = 01 Magaala = 02	
109	Galiin ke ji'aan meeqa ? yo akkasitti hinbeekne waan argatuuni	Galii homaa hinqabu = 0 100 gadi = 01 100 – 299 = 02 300 -499 = 03 500 fi sani oli = 04 Kan biro (ibsi)_____ Hinbeeku = 88 Deebii homaa hinkenine = 99	

II. Waa'ee seenaa waliquunamtii saalaa.

Amma dhimma dhuunfa kan ta'e waa'ee waliquunamtii saalan wantoota waliqabatan isini gaafadha. Kanaaf deebii dhugaa ta'e amantaan akka naaf kenitani isini gaafadha. Yaadadhaa waraqaa kana irratti maqaan keessan gonkuma hin ibsamu/ hin barreeffamu.

Lakk	Gaafiwwan	Deebi fi koodi	Irra utaali /ce'i
201	Quunamti saalaa gootee beektaa? (warra hin heerrumne/hinfuune)	Eeyyeeni = 01 Lakki godhe hinbeeku = 02 Hinbeeku = 88 Deebii homaa hinkenine = 99	02/88/99 Yo ta'e Gara $\rightarrow 3^{ffaa}$
202	Gaa'elaan dura quunamtii saalaa taasiste jirta? (warra heerumani / fuudhaniif qofa)	Eeyyeni = 01 Lakki godhe hinbeeku = 02 Hinbeeku = 88 Deebii homaa hinkenine = 99	02/88/99 Yo ta'e Gara $\rightarrow 3^{ffaa}$
203	Waggaa meeqa irratti quunamti saalaa yeroo duraaf taasiste	Waggaa_____ Hinbeeku = 88 Deebii homaa hinkenine = 99	

III. Dhukkuboota sabquunamtiin darban irratti mallattoo isaanii, haala ittiin tatamsa'innaa, ittisaa fi miidhaa fidani irratti hubannoo fi beekumsa jiru

Lakk	Gaafiwwan	Deebi fi koodii			Irra utaali/ ce'i
301	HIV/AIDSiidhan ala waa'ee dhukkuboota gurguddoo sabquunamtii saalatiin dadarban dhageesse beekta ?	Eeyyeni = 01 Lakki dhagaye hinbeeku = 02 Hinbeeku = 88 Deebii homaa hinkenine = 99			02/88/99 yo ta'e →gal atoma
302	Oddeeffannoo kana eessa dhageessani? … kan biro ? Deebii kennamu hundaa irratti mari'i ykn Jala buti	Oggeeyyii fayyaa = 01 Raadiyoo/Televizhiina = 02 Barreeffamoota xixinnoo/broocharoota = 03 Barsiisota = 04 Hojjattoota misoomaa = 05 Michuu / fira irraa =06 Maatii = 07 Dursitoota amantaa = 08 Dursitoota ummataa beekkamoo kan ta'an (Aba gadaa) = 09 Waligahiiwwan = 10 Hadha manaa /abba manaa ykn michuu tiya irraa = 11 Hinbeeku = 88 Deebii homaa hinkenine = 99 Kan biroo (ibsi)_____			
303	HIV/AIDSiidhan ala dhukkuboota gurguddoo sabquunamtii saalatiin dadarbani maqaa isaanii natti himuu dandeessa ? …… kan biroo ? Deebii kennamu hundaa irra mari'i ykn jala buti.	Cobxo = 01 Fanxo = 02 Abba seeruu = 03 Traayikomoniyaasisi = 04 Liimpho giranuloma veneriimi = 05 Hinbeeku = 88 Deebii homaa hinkenine = 99	Ee	La	
304	Mallattoowwan dhibeen kunneen fidan/muldhisan beektaa ?	Eeyyeni = 01 Lakki hin beeku = 02 Hinbeeku = 88 Deebii homaa hinkenine = 99			02/88/99 → 308
305	Mee mallattoowwan isaanii natti himi ? …. Kan biro ? Deebii kennamu hundaa irra	Dhangala'a qaama saalaa keessaa = 01 Yeroo fincaani fincaa'ani nama	Ee	La	

	mari'i ykn jala buti	gubuu = 02 Madaa qaama saalaa irra = 03 Iitaa kolaa qaama saalaa irra = 04 Iitaa naanno qaama saalaa =05 Naanno qaama saalaa nama hooksiisuu = 06 Dhangala'a gadaameessa keessa bahu kan foolee badaa fi baayee ta'e = 07 Dhukkuba garaa handhuuraa gadii ykn dhukkuba garaa naannoo gadi'anuu fi oo'a =08 Kan biraa (ibsi)_____ Deebii homaa hin kenine =99			
306	Turtii ji'oota 12 n darban kana keessatti mallattoowwan kunniin isini irratti muldhatee beeka?	Eeyyeen = 01 Lakki muldhate hin beeku = 02 Hinbeeku = 88 Deebii homaa hinkenine = 99			02/88/99 → 308
307	Mallattoowwan kamitu isini irratti muldhatee ture ? …. Kan biro Deebii kennamu hunda irra mari'I ykn jala buti	Dhangala'a qaama saalaa keessaa = 01 Yeroo fincaani fincaa'ani akka malee nama dhukkubu/ gubuu = 02 Madaa qaama saalaa irra = 03 Iitaa kolaa qaama saalaa irra = 04 Iitaa naanno qaama saalaa =05 Dhangala'a gadaameessa keessa bahu kan foolee badaa fi baayina qabu jiraachu = 06 Dhukkuba garaa handhuuraa gadii ykn dhukkuba garaa naannoo gadi'anuu fi oo'a =07 Naanno qaama saalaa nama hooksiisuu = 08 Kan biraa (ibsi)_____ Deebii homaa hin kenine =99	Ee	La	
308	Namoolen dhukkuba qaama saalaa kanaan akkamitti qabamu danda'u ? …..kan biro Deebi keennamu hunda irra mari'I ykn jala buti	Addeesatti garagaruudhan fincaanudhaan = 01 Quunamti saalaa ofi eegannoo hinqabne gaggeesudhaan = 02 Uffata waliin fayyadamuudhan = 03	Ee	La	

		Dhakaa oo'aa irra taa'udhan =04 Haadharraa gara daa'imaatti yeroo ulfaa = 05 Aduutti garagaruudhan fincaa'uu = 06 Kan biro (ibsi)_____ Hinbeeku = 88 Deebi homaa hinkenine = 99			
309	Dhukkuboota qaama saalaa kana ittisuun nidanda'ama jette amantaa ?	Eeyyeni = 01 Lakki hin amanu = 02 Hinbeeku = 88 Deebii homaa hinkenine = 99			02/88/99 → 311
310	Dhukkuboota qaama saalaa kanneen akkamiin ittisani ? ….kan biro ? Deebii kennamu hunda irra mari'I ykn jala buti	Quunamtii saalaa taasisuu dhabuudhan ykn quunamti saalaa irra ofiqusachuudhan =01 Yeroo quunamti saalaa hunda kondomii sirriitti fayyadamudhan = 02 Waliif amanamaa fi tokkoof tokko ta'uudhan = 03 Kan biro (ibsi)_____ Hinbeeku = 88 Deebii homaa hinkenine = 99	Ee	La	
311	Dhukkubooni quunamti saalatiin darban yoo dafanii hinyaalamini ykn guutumaan guututti oso hin yaalamini yoo hafan miidhaa isaan fidan beektaa ?	Eeyyeni = 01 Lakki miidha fidan hinbeeku = 02 Hinbeeku = 88 Deebii homaa hin kenine = 99			02/88/99 → 313
312	Mee miidhaa fidan kanneen natti himi …. Kan biro ? Deebii kenname hunda irra mari'i ykn jala buti	Dhiphina tubboo fincaani =01 Dhukkuba garaa yeroo dheeraf turu = 02 Maseenummaa = 03 Ulfa gadaamensaan alaa = 04 Kaansarii gadaamensaa = 05 Dhukkuba ijaa kan daa'imaa = 06 Fanxoo hadharra gara daa'imaatti darbu = 07 Du'a = 08 Hinbeeku = 88 Deebii homaa hin kenine = 99	Ee	La	

313	Nama dhukkuba sabquunamtii saalan darbuun qabamee haati/abba/ manaa akkasumas hiriyaan isaa /ishee yaalamuun barbaachisa akka ta'e beekta ?	Eeyyeni = 01 Lakki hinbeeku = 02 Hinbeeku = 88 Deebii homaa hin kenine = 99			02/88/99 → 4ffaa
314	Yaalamuun haadha/abba/ manaa akkasumas hiriyyaa yoom barbaachisa jette yaada	Yoo mallattoo agarsiiste/se qofa = 01 Yeruma/ wagguma inni /ishen yaalamtu oso hinturini = 02 Hin beeku = 88 Deebii homaa hin kenine = 99	Ee	La	

IV. Itti fayyadama tajaajilaa dhukkuba sabquunamtiin darbaniif ilaalchise

Lakk	Gaafiwwani	Deebi fi koodii	Irra utaali/ ce'i
401	Deebiin gaafii lakk 306 eeyyeeni (01) yoo ta'e ulfinni mallattoo maali fakkaata	Baayee salphaadha = 01 Salphaadha = 02 Ulfinni isaa jiddu galeessa = 03 Baayee hamaadha = 04 Deebii homaa hin kenine = 99	
402	Deebiin gaafii lakk 306 eeyyeni (01) yoo ta'e mallattoon dhibee hojii kee idilee hojjachuurraa sidhoorke ?	Eeeyyeni = 01 Lakki hindhoorkne = 02 Deebii homaa hinkenine = 99	
403	Deebiin gaafii lakk 306 eeyyeni (01) yoo ta'e, tajaajila gorsaa ykn yaalinsaa idduma ta'eera argateerta?	Eeeyyeni = 01 Lakki hin arganne = 02 Hin beeku = 88 Deebii homaa hinkenine = 99	02/88/99→ 412
404	Tajaajila gorsaa ykn yaalinsaa eessarraa argatani ? Deebii kennamu hundaa irra mari'i ykn jala buti	Ofii kiyyaa qorsa bitadhee ofi yaaleni jira = 01 Dhaabbilee fayyaa mootummaa irraa = 02 Kiliinika / Hospitaala dhuunfa irraa = 03 Faarmaasii/mana kuusaa qorichaa/mana qoricha baadiyyaa kan dhuunfa irra = 04 Baadiyyaa keessatti ta'e iddo birratti warra limmee waraanani irraa = 05 Fayyistoota aadaa = 06 Kan biro (ibsi)_____ Hin beeku = 88 Deebi homaa hinkenine = 99	
405	Yaaliinsi iddoo tokkoo oli irra	Ofii kiyyaa qorsa bitadhee ofi yaaleni	

	fudhatame yoo jiraate yaaliinsa duraa eessa argatan	jira = 01 Dhaabbilee fayyaa mootummaa irraa = 02 Kiliinika / Hospitaala dhuunfa irraa = 03 Faarmaasii/mana kuusaa qorichaa/mana qoricha baadiyyaa kan dhuunfa irra = 04 Baadiyyaa keessatti ta'e iddo birratti warra limmee waraanani irraa = 05 Fayyistoota aadaa = 06 Kan biro (ibsi)_____ Hin beeku = 88 Deebi homaa hinkenine = 99	
406	Oso yaaliinsa marsaa duraaf hin argatini guyyoota fi ji'oota meeqafi mallattoon isini irratti muldhachaa ture ?	Guyyaa _____ = 01 Ji'a _____= 02 Hin beeku = 88 Deebii homaa hinkenine = 99	
407	Iddoo marsa duraaf gorsa /yaaliinsa irra argatani biraa akka yaalinsa/ gorsa argatan sababni guddaani isini taasise maali ?	Yaaliinsa isaa waanani beekufi = 01 Yaalinsi achii dansaadha = 02 Simannaan dansaadha = 03 Icciitii raga ni eegu = 04 Waan dhuunfaa namaa dhoksaadhan qabachuu isaanii = 05 Dheerini isaa xinnoo ta'uu isaa/fagoo miti = 06 Nama hintursiisani / yeroon turti xinno ta'uu = 07 Gatiin rakkasa ta'uu = 08 Homaa nama hin kaffalchiisani =09 Gorsi isaani dansaadha =10 Kan biro (ibsi)_____ Deebii homaa hin kenine = 99	
408	Erga yaaliinsa iddoo marsaa duraa irraa fudhateen booda yaaliinsa dabalataa dhaabbilee fayyaa mootummaa irraa fudhatee jirta ?	Eeyyeni = 01 Lakki hinfudhanne = 02 Hin beeku = 88 Deebii homaa hin kenine = 99	02/88 /99→ 411
409	Marsaa duraaf yaaliinsa erga fudhataniin booda guyyoota ykn ji'oota meeqan booda dhaabbilee fayyaa mootummaa bira dhaqxani ?	Guyyaa _____ =01 Ji'a _____ =02 Hin beeku = 88 Deebii homaa hin kenine = 99	
410	Yaaliinsa dabalataa dhaabbilee fayyaa mootummaa irraa akka fudhatan sababni isini taasise maali ?	Fayyuu waan hindanda'iniifi = 01 Nama hinkaffalchiisani = 02 Waan garasi ergamneefi = 03 Kan biro (ibsi)_____ Hin beeku = 88	

		Deebii homaa hin kenine = 99	
411	Gaaffii 404 irratti deebiin isaanii warra filannoo 02 hin taaneef, sababni guddaani fi murteessani yaaliinsa dhaabbilee fayyaa mootummaa irraa akka hin arganne isaani taasise maali ?	Qorichi hinjiru = 01 Oggeeyyiin fayyaa icciitii hin eegani = 02 Sa'aa dheera nama tursiisu = 03 Tajaajilli dhibee qaama saalaaf kennamu hin jiru = 04 Gatiin tajaajilaaf gaafatamu guddaadha = 05 Sodaa namani beekuu = 06 Oggeeyyin fayyaa ofitti nama hindhiyeesani (akka hiriyaatti) = 07 Kan biroo (ibsi)_____ Hin beeku = 88 Deebii homaa hinkenine = 99	
412	Deebini gaaffii 403 Lakki yoo ta'e, sababni guddaan yaaliinsa ykn gorsa tokkollee akka hinfudhane isini taasise maali ?	Mallattoon dhibee hinfayyu/hinyaalamu jedhee waan yaadefi = 01 Mallattoon baay'ee ulfaataa waani hinturinifi = 02 Yaaliinsa tokko malee mallattoo dhibee irraa nagaa ni argadha jedhee waan yaadefi = 03 Bakka deemu waan hin beeknefi = 04 Qorichi sirriitti fayyisu waan hin jirreefi = 05 Rakkoo kiyya oggeeyyii fayyaatti himuufi waan saalfadheefi / qaana'eefi = 06 Hanqina maallaqaa = 07 Hanqina yeroo = 08 Dheerina lafaa/ fageenya = 09 Namooleen beekuun wali argu danda'a jechuun sodaachuu = 10 Kan biroo (ibsi)_____ Hin beeku = 88 Deebii homaa hin kenine = 99	

V. **Dhukkuboota sabquunamti saalatiin darbanii fi itti fayyadama tajaajila fayyaa**

Lakk	Gaaffiwwani	Deebi fi koodii	Irra utaali/ ce'i
501	Dhaabbileewwan fayyaa kamiin keessatti namooleeni umuriin isaani akka keessanii tajaajila fayyaa	Hospitaala = 01 Buufata fayyaa = 02 Kiliinika dhuunfa = 03	

	dhukkuboota sabquunamtiin darbaniif argachuu danda'ani jettanii yaadani ?	Faarmaasii/ mana kuusaa qorichaa/mana qoricha baadiyyaa dhuunfaa = 04 Fayyistoota aadaa = 05 Baadiyyaa fi iddoo biraatisi waraantoota limmee = 06 Tajaajilli fayyaa hinjiru keessattuu warra umuriin isaani hormaata keessa jiruuf akka salphaatti tajaajila kan kennu hin jiru = 07	
502	Dhaabbilee fayyaa kamiinitu namoolee umuriin isaani akka keessani ta'uufi danda'amaadha jettani yaadani ?	Hospitaala = 01 Buufata fayyaa = 02 Kiliinika dhuunfa = 03 Faarmaasii/ mana kuusaa qorichaa/mana qoricha baadiyyaa dhuunfa =04 Fayyistoota aadaa = 05 Baadiyyaa fi iddoo biraatisi waraantoota limmee = 06 Tajaajilli fayyaa hinjiru keessattuu warra umuriin isaani hormaata keessa jiruuf akka salphaatti tajaajila kan kennu hin jiru = 07	
503	Tajaajilli fayyaa dhibee sabquunamtii saalatiin darbuuf namoolee umuriini isaani akka keessan ta'eef kennamu dhaqabamaadha jettanii yaadani ?	Eeyyani = 01 Lakki = 02 Hin beeku = 88 Deebii homaa hinkenine = 99	
504	Tajaajilli fayyaa dhibee sabquunamtii saalatiin darbuuf kennamu namoolee umuriini isaani akka keessan ta'aniin fudhatama argatee jira jettani yaadu ?	Eeyyani = 01 Lakki = 02 Hin beeku = 88 Deebii homaa hinkenine = 99	
505	Tajaajilli fayyaa dhibee sabquunamtii saalatiin darbuufi kennamu namoolee umuriini isaani akka keessani ta'aniif quubsadha jettani yaadu ?	Eeyyani = 01 Lakki = 02 Hin beeku = 88 Deebii homaa hinkenine = 99	

Gaafiin 506-511 Tajaajila fayyaa dhibeewwani sabquunamti saalan darbuufi ta'ee, naanno kanatti ilaalcha keessani kan kanaan waliqabate jiru beekuu barbaana.

Lakk	Gaafiwwan	Deebi fi koodii	Irra utaali/ ce'i
506	Tajaajilli fayyaa warra umuriin isaani hormaata keessa jiruuf itti fayyadama	Baay'ee wali nugalcha= 01 Wali nugalcha = 02	

	icciitii dhibeewwan sabquunamti saalan darbaniif mijaawadha.	Homaa keessa hin jiru = 03 Wali nu'i hin galchu = 04 Baayee wali nu'i hingalchu = 05	
507	Oggeeyyiin fayyaa namoolee umuriin isaani akka keessan ta'eefi simannaa gaarii qabu	Baay'ee wali nugalcha= 01 Wali nugalcha = 02 Homaa keessa hin jiru = 03 Wali nu'i hin galchu = 04 Baayee wali nu'i hingalchu = 05	
508	Oggeeyyiin fayyaa wantoota dhoksaa fayyaan waliqabatan kan warra umuriin isaani hormaata keessa jiruu icciiti ni eegu	Baay'ee wali nugalcha= 01 Wali nugalcha = 02 Homaa keessa hin jiru = 03 Wali nu'i hin galchu = 04 Baayee wali nu'i hingalchu = 05	
509	Namooleen umuriin isaani akka keessanii ykn umurii hormaata keessa jirani tajaajila fayyaa dhibee sabquunamtii saalan darbaniif fayyadamuuf ni sodaatu ykn itti hin tolu	Baay'ee wali nugalcha= 01 Wali nugalcha = 02 Homaa keessa hin jiru = 03 Wali nu'i hin galchu = 04 Baayee wali nu'i hingalchu = 05	
510	Namooleen umuriidhan akka keessani tajaajila fayyaa fayyadamuurraa duubati ofi niqabu, kunisi sodaa maatii ykn namoolee biro isaani beeku irra kan madduudha	Baay'ee wali nugalcha= 01 Wali nugalcha = 02 Homaa keessa hin jiru = 03 Wali nu'i hin galchu = 04 Baayee wali nu'i hingalchu = 05	
511	Yeroon tajaajilli fayyaa namoolee umurii hormaataa keessa jiranuuf itti keennamu mijaawadha	Baay'ee wali nugalcha= 01 Wali nugalcha = 02 Homaa keessa hin jiru = 03 Wali nu'i hin galchu = 04 Baayee wali nu'i hingalchu = 05	

VI. Warra umurii hormaataa keessa jiruuni filannoo tajaajila fayyaa dhukkuba sabquunamtii saalan darbuufi

Lakk	Gaafiwwani	Deebi fi koodii	Irra utaali/ ce'i
601	Warra umuriin isaani hormaata keessa ta'ani dhukkuba sabquunamti saalan darbu qabaniifi tajaajilli fayyaa qulqullina akkamii guutachuu qaba jettani yaadu?	Tajaajila hiriyummaa/michummaa =01 Icciitii = 02 Dhaqabbiitii = 03 Rakasa = 04 Naanno jireenyatti dhiyaachu = 05 Kan biro(ibsi)_____ Hin beeku = 88 Deebii homaa hin kenine = 99	
602	Tajaajilli fayyaa warra umuriini isaani akka keessani hormaata keessa ta'ee dhukkuba sabquunamti saalatiin darbu	Dhaabbilee fayyaa keessatti kan biroo waliini akkuma duriitti = 01 Kiliinika dhibee sabquunamtii saalan	

	qabaniifi akkamitti qindaayuu malani Jettani yaadu ?	darbu warra umuriin 15-49 jiranuuf kobaatti itti yaalan mijeesudhan =02 Hinbeeku = 88 Deebii homaa hinkenine = 99	
603	Warra umuriin isaanii akka keessan hormaata keessa jiraate dhukkuba sabquunamti saalan darbuun qabamaniif tajaajila fayyaa eenyutu kennu qaba jettani yaadu ?	Nama umurii hormaataa keessa jiraate ta'ee saala fi umuriidhan waliqixa fi wali fakkaata kan ta'een = 01 Umurii hormaataa keessa ta'e saala fedhe yoo ta'esi = 02 Oggeessa nama guddaa ta'ee saali isaa kan fedhesi yoo ta'e = 03 Oggeessa nama guddaa ta'ee saalan wali fakkaataa ta'uu qabu = 04 Oggeessa kan ta'e tajaajila kennu nidanda'a = 05	
604	Tajaajilli fayyaa warra umuriin isaanii akka keessani hormaata keessa ta'ee dhukkuba sabquunamtii saalatiin darbu qabaniif eessatti argamu qaba jettani yaadu ?	Dhiyeenya mana kee biratti = 01 Iddoo jireenya kee irraa fagoo irratti =02 Yaada hunda ala =03 Kan biro (ibsi)_____	
605	Gatiin tajaajila fayyaa warra umuriin isaanii akka keessani hormaata keessa jiraate dhukkuba sabquunamti saalan darbu qabaniif akkam ta'uu qaba jettan yaadu ?	Bilisa = 01 Bifa addaatiin gatii hirdhate = 02 Gatuma duriin = 03 Kan biro (ibsi)_____	

Appendix Oromiffa version semi structured questionnaire for qualitative data collection (focus group discussion)

Gareen marii waliini kan waan tokko irratti xiyyeeffate yina gaggeeffamu haala ittiin durfamani

Gareen marii waan tokko irratti xiyyeeffate miseensota 8-10 ta'an niqaba. Mariin qo'ataa duraatiin kan qindaayuu fi dursamu ta'e, gargaarani tokko ajanda marii kan qabu yo ta'u kan lamataa ammo waraabbii teepidhaan gaggeeffamu kan hoogganu ta'a.

Seensa

Akkami bultani ? Duraan durse marii irratti hirmaachudhaf fedhiidhan asitti argamuu keessaniif isini hundumaan galatooman jedha. Maqaan kiyyasi ---------- kan dhufesi yunivarisitti finfinneetti, kutaa barnoota fayyaa hawaasaa irraa yoo ta'u wanti hardha asitti akkan argamu nataasise isini waliin waa'ee dhukkuba sabquunamtii saalan darbu irratti marii gaggeesudhafi. Mariinisi sa'aa tokkoo fi walakkaa nifudhata. Deebiin kennamu kuni sirriidha kuni ammo sirrii moti kan jedhamu hinjiru. Kanaaf waamicha maqaa keessanii oso hin eegini akka hirmaachu dandeechan isini irra ni eeggama. Wanta isinitti dhagayame ibsachuudhaf duubati jechuu hinqabdani. Sababbiin isaasi oddeefannoon /ragaan isini irra argamu qo'annoo kanaaf cicoolee guddaa waan ta'eefi.

Wanti marii keessatti ka'e hundi akka najala hin hafneefi sagalee keessan teepidhaan niwaraabna. Kanaaf marii keessatti yeroo tokkotti nama tokkotu dubata. Akkasi yoo ta'e waan hunda waraabuun ni danda'ama. Wanti asitti isini mirkanneessuu barbaadu odeefannoon ykn ragaan isini nuuf kennitani icciitiin isaa ni eeggama, akkasumas faayidaa qo'annoo qofaaf oola. Maqaan keessani illee icciitii eegudhaf jedhame hin galmaayu.
Dhumarratti irra deebidhan hirmaana keessaniif galatoomaan jedha.

Qabxilee marii

1: Dhugumaan dhukkubni sabquunamti saalan darbu rakkoo fayyaa keessani ? Maaliif ?

- Rakkoo fayyaa inni fidu
- Rakkoo hawaasummaa fi diinagde dhaqabsiisu
- HIV/AIDSii waliin quunamti qabu.

2 : Mallattoowwan dhukkuba sabquunamti saalan darbu isinii fi ummata naannoo keessani jiraatuni nibeekkama ?

- Mallattoowwan irratti mari'adha.

3 : Dhukkubni qaama saalaa kuni akkamitti darba ?

- Quunamti saalaa ofi eegannoo hinqabneeni
- Haadha dhibeen qabamte irraa gara daa'imaa yeroo ulfaa.
- Dhiiga dhibeedhan faalame fudhachuudhani.
- Gama biraatiin haala ittiin darbu kan ummataan beekkamu irratti mari'adha.

4 : Dhukkuba sabquunamti saalaan darbu akkamitti ittisuun danda'ama ?

- Quunamti saalaa taasisuu dhabuu(ofi qusachuu)
- Walii amanamaa fi tokkoof tokko ta'uudhan
- Kondoomi fayyadamu.

5 : Namni dhibee kanaan qabame naanno keessan jira ?

6 : Warri dhibeedhan qabamani tajaajila eessa fayyadamu ?

- Dhaabbilee fayyaa
- Fayyistoota aadaa

7 : Fayyadama tajaajila dhukkuba sabquunamtii saalan waliqabatee jiru irratti wantooti murteesso ta'ani maali?

- Haala ulifina dhibee itti ilaalan/ itti fudhatani
- Hanqina beekumsaa iddo tajaajila itti argatani
- Mallattoo qabaachudhan qaana'uu
- Icciitii
- Tajaajilli dhukkuba sabquunamti saalan darbuuf ta'u jiraachu dhabuu.
- Mallattoon ulfaataa ta'uu dhabuu isaa
- Oggeeyyiin fayyaa akka hiriyaa/ michuu ta'uu dhabu

Qabxiilee marii dabalataa garee marii oggeeyyii fayyaa waliini kan waan tokko irratti xiyyeeffate

8 : Namooleen umurii hormaataa keessa jiranu gara dhaabbilee fayyaa keessani ni dhufu?

9 : Dhukkuboota sabquunamti saalan darban keessa isa kamitu baldhinaan dhaabbilee fayyaa keessani keessatti muldhata?

10 : Tajaajilli dhukkuba sabquunamti saalan darbaniif akka sagantaatti dhaabbilee fayyaa keessani keessatti kennamu jira ? Jireenya qorichaa irratisi mari'adha.

11 : Namooleen umurii hormaataa keessa jiran dhukkuba sabquunamti saalan darbaniin gara dhaabbilee fayyaa keessan yoo dhufani ilaalchi oggeeyyii fayyaa rakkoo kana furuuf jiru maali fakkaata ?

12 : Namooleen umurii hormaataa keessa jiranu baldhinaan oggeeyyii akkamii fedhu/ filatu ?

Mari'adha haala waggaatiin, saalan (korniyaa).

Semi structured questionnaire for indepth interview.

Gaafii ykn marii gadi fageenyaa gaggeesufi haala ittiin durfamani.

Akkami jirtu ? Ani _____ jedhama, kanani dhufesi yunivarisitti finfinnee, kutaa barnoota fayyaa hawaasaa irraa ta'e , qo'annoo dhukkuba sabquunamtii saalani darbuu ilaalchise gaggeesuuf ta'a. Qo'annoon kunisi qindoomina yunivarisitichaa waliin hojjatama.

Anni amma gaafiwwan tokko tokko kan waan dhuunfa ilaalatu kan namooleen tokko tokko deebisuuf rakkatan sigaafadha. Hirmaanan kee baayee nafayyada, keessatu qo'annoon waliqabate murtee faayyida qabeessa ta'e taasisuudhaf. Oddeefannoon/ Ragaan naaf kennitani tokkollee akka najala hin hafneef sagalee keessan teepidhan niwarraabadha. Inni kunisi qo'annoodhaf qofa ta'a. Oddeefannoon naaf kenitan icciitiin isaa ni eeggama, akkasumas maqaan keessani iddoo tokkotu hinbarreeffamu. Gaafiwwan ka'uu danda'ani yoo hin hubatini ibsa gaafachuuni nidanda'ama. Gaafinisi daqiiqa _____ ni fudhata.

Gaafiwwani

1 : Dhukkuba sabquunamtii saalan darbu ilaalchise dhageesse beeta? Mee hanga ta'e maqaa isaani natti himi.

2 : Eessaa dhageesse?

3 :Namni tokko dhukkuba qaama saalatiin akkamitti qabama ?

4 : Mallattoo dhukkuba qaama saalaa kami fa'a beekta? Akkasumas haala ittisa isaa kami fa'a beekta ?

5 : Aanaa keessani keessatti dhukkubni sabquunamti saalan darbu rakkoo guddaadha jettuu ?

6 : Rakkoo guddaa akka ta'u maaltu taasise?

7 : Dhibee kanaan akka malee warri midhaman isaan kami?

8 : Namoolen dhibee kanaan qabamani eessaa gargaarsa argatu?

9 : Namni dhibee kanaan qabamee tajaajila hin argatini jira? Maaliif ?

10 : Tajaajila dhukkuba sabquunamti saalaaf gaggeeffamu ilaalchise wanta ummanni jedhu mee natty himi.
Amma waa'ee dhuunfa keetii siin gaafadha, kanaaf maalo sirriitti gadi fageenyan natti himi

1 : Dhukkuba qaama saalatiin qabamtani beektani kanaan dura?
2 : Amala akkamiitu dhibee kanaaf akka saaxilamtani isini taasise ? sirriitti gaafadhu.
3 : Dhibichaaf tajaajila fayyadamtani jirtanii ?

4 : Eessaa tajaajila argatani ?

5 : Yoo hin argatini maaliif ?

Qabxii dabalataa itti gaafatamaan buufata fayyaa gaaffatamu

1 : Waggaa 1-2 kanneen keessatti dhukkubni sabquunamti saalan darbu buuffata fayyaa keessani keessatti maali akka fakkaatu natty himuu dandeessa ?

Annex C: (Questionnaire – Amharic Version)

በሻኪሶ ወረዳ ውስጥ የአባላዘር በሽታ ስርጭትን በአባላዘር በሽታ ላይ ያለውን ግንዛቤና ለአባላዘር በሽታ ያለውን የአገልግሎት አጠቃቀም ለማጥናት የተዘጋጀ መጠይቅ፡-

- **የወረዳው ስም** _____
- **የቀበሌ መለያ ቁጥር** _____
- **የቤቱ መለያ ቁጥር** _____
- **የመልስ ሰጪው ቁጥር** _____
- **የመጠይቅ አቅራቢው ስም** _____
- **ፊርማ** _____
- **ቀን** _____

የውጤት ኮድ

1. **ሙሉ በሙሉ ተሞልቷል** ☐
2. **በከፊል ተሞልቷል** ☐

በአዲስ አበባ ዩኒቨርስቲ የህብረተሰብ ጤና ትምህርት ክፍል ቃለ መጠይቅ ከመደረጉ በፊት የተሳታፊዎች ፈቃደኝነት ማረጋገጫ ቅጽ፡፡

ይህ መጠይቅ በሻኪሶ ወረዳ ውስጥ የሚኖሩ ዕድሜአቸው ከ15 እስከ 49 ዓመት የሚሆኑ ሰዎችን የሚመለከት ሲሆን በወረዳ ውስጥ ያሉት ሰዎች በዋና ዋና የአባላዘር በሽታዎች ላይ ያላቸውን የእውቀት ደረጃና ለአባላዘር በሽታ የአገልግሎት አጠቃቀምን በተመለከተ ለማጥናት የተዘጋጀ መጠይቅ ነው፡፡

እንደምን አደሩ/ዋሉ?

የእኔ ስም _____ ይባላል፡፡ አሁን በሻኪሶ ወረዳ ውስጥ በአዲስ አበባ ዩኒቨርስቲ የህብረተሰብ ጤና ትምህርት ክፍል ስር ለሚደረግ ምርምር የመረጃ ሰብሳቢ ሆኜ እየሰራሁ ነው፡፡ ጥናቱን በተመለከተ አጭር ውይይት እናደርጋለን፡፡ ከውይይት በፊት ግን ስለ ጥናቱ ዓላማና አጠቃላይ ሁኔታ ሳነብልዎት በጥሞናና ጥንቃቄ በተሞላበት ሁኔታ ያድምጡኝና በጥናቱ ውስጥ በፈቃደኝነት መሳተፍ መፈለግ አለመፈለግዎን ይግለፁልኝ፡፡

የጥናቱ ዓላማ በሻኪሶ ወረዳ ውስጥ ዕድሜያቸው ከ15-49 ዓመት ለሆኑት በአባላዘር በሽታዎች ላይ ያላቸውን የዕውቀት ደረጃ፤ ለአባላዘር በሽታ የአገልግሎት አጠቃቀምንና ለአጠቃቀም መንስኤ በሆኑት ነገሮች ዙሪያ ጥናት በማድረግ ለሚመለከታቸው ክፍሎች መረጃ መስጠት ነው፡፡ ጥናቱ የሚከናወነው ፊት ለፊት ቃለ መጠይቅ በማድረግ ነው፡፡ ለመጨረስም ከ40-50 ደቂቃ ሊወስድ ይችላል፡፡ ቃለ መጠይቁ ምናልባት ምስጢርና የግል ጉዳይን የሚመለከቱ ጥያቄዎችንም ሊያነሣ ይችላል፡፡ ነገር ግን ከእርስዎ የምናገኘው ትክክለኛ መረጃ በጥናታችን መጨረሻ ለተገኙት ችግሮች አስፈላጊውን እርምጃና መፍትሔ በህብረተሰብ ዘንድ ለመቅረፅ ይረዳናል፡፡ ማንኛውም የሰጡት መረጃ ምስጥራዊነቱ የተጠበቀ ነው፡፡ ለማንም ሰው አይነገርም፣ አይሰጥም ለጥናቱ ዓላማ ካልሆነ በስተቀር ለ3ኛ ወገን አይገለፅም፡፡ በቃለ መጠይቁ ስምዎ አይመዘገብም፡፡ ነገር ግን ኮድ ብቻ ነው የምንጠቀመው፡፡

ጥናቱ ሪፖርት ሲደረግም በዶክመንት ውስጥ የሚገኘው ከአጠቃላይ ሰው የተወሰደው መረጃ በተጠቃለለ ሁኔታ እንዲቀመጥ ተደርጎ ነው የሚታየው፡፡ ቃለ መጠይቁ ደፈቃደኝነት ላይ የተመረኮዘ ነው፡፡ መሳተፍ፣ አለመሳተፍ አንዳንድ ጥያቄዎችን አለመመለስ ከጥናቱ እራስን በማንኛውም ሰዓት ማግለል ይቻላል፡፡ ይህንን በማድረግዎ በወደፊት ህይወቶ ላይ ምንም ዓይነት ጉዳት አይመጣም፡፡ ይሁንና የእርስዎ ሃሳብ በጣም አስፈላጊ ስለሆነ በዚህ ጥናት ላይ ይሳተፉሉ ብለን ሙሉ ተስፋ እናደርጋለን፡፡

ጥናቱን በተመለከተ ጥያቄ ካለዎት ወዲያውኑ መጠይቅ አቅራቢውን ወይም ዘግይተው ከሆነ ተመራማሪውን በስልክ ቁጥር ---------- ወይም የአዲስ አበባ ዩኒቨርሲቲ ሪቪው ቦርድን በስልክ ቁጥር 0115 538734 መጠየቅ ይችላሉ፡፡

በዚህ ጥናት ውስጥ ለመሳተፍ ፈቃደኛ ነዎት?

1. አዎ/ቀጥል/ይ ☐ 2. ፈቃደኛ አይደለሁም/አቁም/ሚ ☐

አመሰግናለሁ!!

ስምምነቱን ያረጋገጠው ቃለ መጠይቅ አቅራቢ ስምና ፊርማ

_____ _____ _____

አዲስ አበባ ዩኒቨርሲቲ የህብረተሰብ ጤና ትምህርት ክፍል ቃለ መጠይቅ ከመደረጉ በፊት እድሜያቸው ከ15-18 ዓመት ለሆኑ ተሳታፊዎች የወላጆቻቸውን ፈቃደኝነት ማረጋገጫ ቅጽ፡-

ይህ መጠይቅ በሻኪሶ ወረዳ ውስጥ የሚኖሩ ዕድሜአቸው ከ15 እስከ 49 ዓመት የሚሆኑ ሰዎችን የሚመለከት ሲሆን በወረዳ ውስጥ ያሉት ሰዎች በዋና ዋና የአባላዘር በሽታዎች ላይ ያላቸውን የእውቀት ደረጃና ለአባላዘር በሽታ የአገልግሎት አጠቃቀምን በተመለከተ ለማጥናት የተዘጋጀ መጠይቅ ነው፡፡

እንደምን አደሩ/ዋሉ?

የእኔ ስም _____ ይባላል፡፡ አሁን በሻኪሶ ወረዳ ውስጥ በአዲስ አበባ ዩኒቨርስቲ የህብረተሰብ ጤና ትምህርት ክፍል ስር ለሚደረግ ምርምር የመረጃ ሰብሳቢ ሆኜ እየሰራሁ ነው፡፡ ከ15-18 ዓመት የሚሆናቸው ወጣቶችን በጥናቱ ውስጥ ለማካተት የወላጆችን ፈቃደኝነት ማግኘት ያስፈልጋል፡፡ ጥናቱን በተመለከተ እኔና ልጅዎ አጠር ያለ ውይይት እናደርጋለን፡፡

ከዚህ በፊት ግን ከዚህ ቀጥሎ የማነብሎትን የጥናቱን ጥቅምና አጠቃላይ ሁኔታ በርጋታ ያድምጡኝና ልጅዎ በጥናቱ ውስጥ በፈቃደኝነት መሳተፍ እንዲችል/እንድትችል መፈለግ አለመፈለግዎን ይግለፁልኝ፡፡ የጥና ዓላማ በሻኪሶ ወረዳ ውስጥ ዕድሜያቸው ከ15-49 ዓመት ለሆኑት በአባላዘር በሽታዎች ላይ ያላቸውን የዕውቀት ደረጃ ለአባላዘር በሽታ የአገልግሎት አጠቃቀምንና ለአጠቃቀም መንስኤ በሆኑት ነገሮች ዙሪያ ጥናት በማድረግ ለሚመለከታቸው ክፍሎች መረጃ መስጠት ነው፡፡ ጥናቱ የሚከናወነው ፊት ለፊት ቃለ መጠይቅ በማድረግ ነው፡፡ ለመጨረስም ከ40-50 ደቂቃ ሊወስድ ይችላል፡፡ ቃለ መጠይቁ ምናልባት ምስጢርና የግል ጉዳይን የሚመለከቱ ጥያቄዎችንም ሊያነሣ ይችላል፡፡ ነገር ግን ከልጅዎ የምናገኘው ትክክለኛ መረጃ በጥናታችን መጨረሻ ለተገኙት ችግሮች አስፈላጊውን እርምጃና መፍትሔ በህብረተሰብ ዘንድ ለመቅረጽ ይረዳናል፡፡ ልጅዎት የሰጠን/የሰጠችን ማንኛውም መረጃ ሚስጥራዊነቱ የተጠበቀ ነው፡፡ ለማንም ሰው አይነገርም፤ አይሰጥም፡፡ ለጥናቱ ዓላማ ካልሆነ በስተቀር ለ3ኛ ወገን አይገለጽም፡፡ በቃለ መጠይቁ የልጅዎት ስም አይመዘገብም፡፡ ነገር ግን ኮድ ብቻ ነው የምንጠቀመው፡፡ ጥናቱ ሪፖርት ሲደረግም በዶክመንት ውስጥ የሚገኘው ከአጠቃላይ ሰው የተወሰደው መረጃ በተጠቃለለ ሁኔታ እንዲቀመጥ ተደርጎ ነው የሚታየው፡፡ ቃለ መጠይቁ ፈቃደኝነት ላይ የተመረኮዘ ነው፡፡ የልጅዎት መሳተፍ አለመሳተፍ አንዳንድ ጥያቄዎችን አለመመለስ ከጥናቱ እራስን በማንኛውም ሰዓት ማግለል ይቻላል፡፡ ይህንን ስላደረገ/ስላደረገች በወደፊት ህይወቱ/ህይወቷ ላይ ምንም ዓይነት ጉዳት አይመጣም፡፡ ይሁንና የእርሱ/የእርሷ ሃሳብ በጣም አስፈላጊ ስለሆነ በዚህ ጥናት ላይ ይሳተፋል/ትሳተፋለች ብለን ሙሉ ተስፋ እናደርጋለን፡፡

ጥናቱን በተመለከተ ጥያቄ ካለዎት ወዲያውኑ መጠይቅ አቅራቢውን ወይም ዘግይተው ከሆነ ተመራማሪውን በስልክ ቁጥር ---------- ወይም የአዲስ አበባ ዩኒቨርስቲ ሪፌው ቦርድን በስልክ ቁጥር 0115 538734 መጠየቅ ይችላሉ፡፡

የተሰጠዎት መረጃ ግልፅ ነው? ከሆነ

ልጅዎት በጥናቱ እንዲሳተፍ/እንድትሳተፍ ፈቃደኛ ነዎት?

1. አዎ/ቀጥሉ ☐ 2. ፈቃደኛ አይደለሁም/አቁም/ሚ ☐

አመሰግናለሁ!!

ስምምነቱን ያረጋገጠው ቃለ መጠይቅ አቅራቢ ስምና ፊርማ

_____ _____ _____

በአዲስ አበባ ዩኒቨርስቲ የህብረተሰብ ጤና ትምህርት ክፍል ቃለ መጠይቅ ከመደረጉ በፊት እድሜያቸው ከ15-18 ዓመት ለሚሆን ተሳታፊዎች ፈቃደኝነታቸውን ማረጋገጫ ቅጽ፡-

ይህ መጠይቅ በሻኪሶ ወረዳ ውስጥ የሚኖሩ ዕድሜአቸው ከ15-49 ዓመት የሚሆን ሰዎችን የሚመለከት ሲሆን በወረዳ ውስጥ ያሉት ሰዎች በዋና ዋና የአባላዘር በሽታዎች ላይ ያላቸውን የእውቀት ደረጃና ለአባላዘር በሽታ የአገልግሎት አጠቃቀምን በተመለከተ ለማጥናት የተዘጋጀ መጠይቅ ነው፡፡

እንደምን አደርክ/ሽ?

የእኔ ስም ---------- ይባላል፡፡ አሁን በሻኪሶ ወረዳ ውስጥ በአዲስ አበባ ዩኒቨርስቲ የህብረተሰብ ጤና ትምህርት ክፍል ስር ለሚደረግ ምርምር የመረጃ ሰብሳቢ ሆኜ እየሰራሁ ነው፡፡ ከ15-18 ዓመት የሚሆናችው ወጣቶችን በጥናቱ ውስጥ ለማካተት የወላጆችን ፈቃደኝነት ማግኘት ያስፈልጋል፡፡ ነገር ግን ወላጆችህ/ወላጆችሽ በዚህ ጥናት ውስጥ እንድትሳተፍ/ፊ ቢፈቅዱም ለመሳተፍ ወይም ላለመሳተፍ መወሰን የራስህ/ሽ መብት ነው፡፡ ስለዚህ ከውይይት በፊት ግን ስለ ጥናቱ ዓላማና አጠቃላይ ሁኔታ ሳነብልህ/ሽ በጥሞናና ጥንቃቄ በተሞላበት ሀኔታ አድምጠኝ/ጭኝ እና በጥናቱ ውስጥ በፈቃደኝነት ለመሳተፍ መፈለግህን/ሽን ግለጽልኝ/ጭልኝ፡፡

የጥናቱ ዓላማ በሻኪሶ ወረዳ ውስጥ ዕድሜያቸው ከ15-49 ዓመት ለሆኑት በአባላዘር በሽታዎች ላይ ያላቸውን የዕውቀት ደረጃ ለአባላዘር በሽታ የአገለግሎት አጠቃቀምንና ለአጠቃቀም መንስኤ በሆኑት ነገሮች ዙሪያ ጥናት በማድረግ ለሚመለከታቸው ክፍሎች መረጃ መስጠት ነው፡፡ ጥናቱ የሚከናወነው ፊት ለፊት ቃለ መጠይቅ በማድረግ ነው፡፡ ለመጨረስም ከ40-50 ደቂቃ ሊወስድ ይችላል፡፡ ቃለ መጠይቁ ምናልባት ምስጢርና የግል ጉዳዩን የሚመለከቱ ጥያቄዎችንም ሊያነሣ ይችላል፡፡ ነገር ግን ካንተ/ቺ የምናገኘው ትክክለኛ መረጃ በጥናታችን መጨረሻ ለተገኙ ችግሮች አስፈላጊውን እርምጃና መፍትሔ በህብረተሰብ ዘንድ ለመቅረጽ ይረዳናል፡፡ ማንኛውም የሰጠኸው/ሽው መረጃ ምስጥራዊነቱ የተጠበቀ ነው፡፡ ለማንም ሰው አይነገርም አይሰጥም፡፡ ለጥናቱ ዓላማ ካልሆነ በስተቀር ለ3ኛ ወገን አይገለፅም፡፡ በቃለ መጠይቁ ስምዎ አይመዘገብም፡፡ ነገር ግን ኮድ ብቻ ነው የምንጠቀመው፡፡

ጥናቱ ሪፖርት ሲደረግም በዶክመንት ውስጥ የሚገኘው ከአጠቃላይ ሰው የተወሰደው መረጃ በተጠቃለለ ሁኔታ እንዲቀመጥ ተደርጎ ነው የሚታየው፡፡ ቃለ መጠይቁ ፍቃደኝነት ላይ የተመረኮዘ ነው፡፡ መሳተፉ አለመሳተፉ አንዳንድ ጥያቄዎችን አለመመለስ ከጥናቱ እራስን በማንኛውም ሰዓት ማግለል ይችላሉ፡፡ ይህንን በማድረግህ በወደፊት ህወትህ/ሽ ላይ ምንም ዓይነት ጉዳት አይመጣም ይሁንና የአንተ/ቺ ሃሳብ በጣም አስፈላጊ ስለሆነ በዚህ ጥናት ላይ ትሳተፋለህ/ሽ ብለን ሙሉ ተስፋ እናደርጋለን፡፡

ጥናቱን በተመለከተ ጥያቄ ካለህ/ሽ ወዲያውኑ መጠይቅ አቅራቢውን ወይም ዘግይተው ከሆነ ተመራማሪውን በስልክ ቁጥር ---------- ወይም የአዲስ አበባ ዩኒቨርሲቲ ሪቪው ቦርድን በስልክ ቁጥር 0115 538734 መጠየቅ ይችላሉ፡፡

በዚህ ጥናት ውስጥ ለመሳተፍ ፈቃደኛ ነህ/ሽ?

1. አዎ/ቀጥል/ይ ☐ 2. ፈቃደኛ አይደለሁም/አቁም/ሚ ☐

አመሰግናለሁ!!

ስምምነቱን ያረጋገጠው ቃለ መጠይቅ አቅራቢ ስምና ፊርማ

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Annex C

I. አጠቃላይ መረጃ

ቁጥር	መጠይቆቹ	ኮድና መልሶቻቸው	ዝለል
101	የተጠያቂው ጾታ	ወንድ …….01 ሴት……02	
102	እድሜዎ ስንት ነው?	በሙሉ ዓመት----/----/-------ይፃፍ…..01 አላውቀውም……..88 ምንም መልስ አልሰጥም……99	
103	የጋብቻ ሁኔታ	አላገባሁም……..……01 አግብቻለሁ……..…02 ተፋትቻለሁ……..…..03 ሞታብኛለች/ሞቶብኛል……04 ተለያይተን ነው የምንኖረው እንጂ አግብቻለሁ……..05 አብራኝ/የምትኖር/ሚኖር ጓደኛ አለኝ……06 ሌላ ካለ ይጠቀስ ……. ምንም መልስ አልሰጡም…….99	
104	የሚከተሉት ሃይማኖት የትኛው ነው?	ኦርቶዶክስ……..01 ፕሮቴስታንት…….02 እስልምና……03 ዋቄፈታ……04 ሌላ ካለ ይጠቀስ…….. ምንም መልስ አልሰጥም…….99	
105	ብሔረሰብ	ኦሮሞ……01 አማራ……02 ጌድኦ……03 ሌላ ካለ ይጠቀስ…….	
106	የትምህርት ደረጃ	መፃፍና ማንበብ አልችልም……01 መፃፍና ማንበብ እችላለሁ……..…02 አንደኛ ደረጃ (1-6ኛ ክፍል)……....03 መለስተኛ ሁለተኛ ደረጃ (7-8ኛ ክፍል)……..04 ከፍተኛ ሁለተኛ ደረጃ (9-10ኛ ክፍል)……05 መሰናዶ (11-12ኛ ክፍል)……06 ኮሌጅ 10ኛ ክፍል ጨርሰው የገቡ……..07	

		ኮሌጅ እና ዩኒቨርሲቲ 12ኛ ክፍል ጨርሰው የገቡ……...08	
107	ዋና ሥራዎት ምንድን ነው?	ግብርና……..01 ንግድ……02 የመንግስት ሥራ…….03 የቤት እመቤት ……..04 ተማሪ……...05 የወርቅ ቆፋሪ……06 ከግል ስራ ተቀጥሬ ነው የምሠራው……..07 ሴተኛ አዳሪነት……..08 የቀን ሠራተኛ……...09 ጡረተኛ……10 ሌላ ካለ ይጠቀስ…… ምንም መልስ አልሰጡም……99	
108	የተጠያቂው የመኖሪያ ስፍራ	ገጠር……01 ከተማ……02	
109	የወር ገቢዎ በኢትዮጵያ ብር ሲካልሆነ በዓይነት	ገቢ የለኝም ……..0 ከ100 ብር በታች……..01 ከ100-299 ብር……02 ከ300-499 ብር ……03 500 እና ከዚያ በላይ ……04 ሌላ ካለ ይጠቀስ…… አላውቅም ……88 ምንም መልስ አልሰጡም……..99	

II. የግብረ ሥጋ ግንኙነትን የተመለከቱ መጠይቆች

ቁጥር	መጠይቆች	ኮድና መልሶቻቸው	ዝለል
201	የግብረ ሥጋ ግንኙነት አድርገው ያውቃሉ? (ላላገቡት)	አዎ……...01 አድርጌ አላውቅም……...02 አላውቅም……88 ምንም መልስ አልሰጡም……99	02/88/99 ከሆነ ወደ ክፍል 3
202	ከጋብቻ በፊት የግብረ ሥጋ ግንኙነት አድርገው ያውቃሉ? (ላገቡት)	አዎ……..……...01 አድርጌ አላውቅም……02 አላውቅም……88 ምንም መልስ አልሰጡም….99	02/88/99 ከሆነ ወደ ክፍል 3

203	ለመጀመሪያ ጊዜ ግንኙነቱን ሲያደርጉ እድሜዎ ስንት ነበር?	------/------ በሙሉ ዓመት ይፃፍ አላውቀውም.....88 ምንም መልስ አልሰጡም.....99	

III. ስለ አባላዘር በሽታዎች ምልክት የመተላለፊያ፣ የመከላከያ መንገዶችና እንዲሁም ካልታከሙ ስለሚያመጣው ጉዳት ያለው ግንዛቤ

ቁጥር	መጠይቆች	ኮድና መልሶች			ዝለል
301	ከኤች.አይ.ቪ ኤድስ ውጭ በግብረ ሥጋ ግንኙነት ስለሚተላለፉ ዋና ዋና የአባላዘር (የወንድ/የሴት) በሽታዎች ሰምተው ያውቃሉ?	አዎ.....01 ሰምቼ አላውቅም.....02 አላውቅም.....88 ምንም መልስ አልሰጡም....99			02/88/99 ከሆነ say thank you
302	ከየት ነው የሰሙት? ..... ሌላስ? (የሚሰጡት መልሶች በሙሉ ይከበቡ)	ከጤና ባለሙያዎች.....01 ሬድዮ/ቴሌቪዥን.....02 በራሪ ወረቀቶች.....03 ከአስተማሪዎች.....04 ከግብርና ልማት ሠራተኞች....05 ከጓደኞች/ዘመዶቼ.....06 ከወላጆቼ.....07 ከሃይማኖት መሪዎች.....08 ወሳኝ የህብረተሰብ መሪዎች (አባ ገዳ).....09 ከስብሰባዎች.....10 ከባለቤቴ/ጓደኛዬ.....11 አላውቅም.....88 ምንም መልስ አልሰጡም....99 ሌላ ካለ ይጠቀስ.....			
303	ከኤች.አይ.ቪ ኤድስ ውጪ		አዎ	አይደለም	

	የነዚህን ዋና ዋና የአባላዘር (የወንድ/የሴት) በሽታዎች ስማቸውን ሊነግሩኝ ይችላሉ? ……. ሌላስ? (የሚሰጡት መልሶች በሙሉ ይከበቡ	ጨብጥ……01 ቂጥኝ/ውርደ……..02 ክርክር……03 ትራይኮመንያስስ…….04 የብልት አካባቢ እብጠት/ፍርንቲት……05 አላውቅም (ስማቸውን)…….88 ምንም መልስ አልሰጡም……..99			
304	የነዚህን በሽታዎች ምልክቶቻቸውን ያውቃሉ?	አዎ……01 አላውቃቸውም……..02 አላውቅም……...88 ምንም መልስ አልሰጡም……..99			02/88/99 ከሆነ ወደ 308
305	ምልክቶቻቸውን እስኪ ይንገሩኝ? ……. ሌላስ? (የሚሰጡት መልሶች በሙሉ ይከበቡ)	የብልት ፈሣሽ…….01 ሽንት በሚሸናበት ጊዜ ማቃጠል..02 የብልት ላይ ቁስለት…….03 የቆለጥ/የዘር ፍሬ ማበጥ…….04 የብልት አካባቢ እብጠት/ፍርንቲት…05 የብልት አካባቢ ማሳከክ……06 ብዛትና ሽታ ያለው የማህፀንፈሣሽ…07 የታችኛው የሆድ ክፍል ህመምና ትኩሳት……..08 ሌላ ካለ ይጠቀስ……. ምንም መልስ አልሰጡም…...99	አዎ	አይደለም	
306	ባለፉት 12 ወራት ውስጥ የእነዚህ በሽታዎች ምልክቶች ታይተውበት ያውቃሉ?	አዎ……01 ታይተውብኝ አያውቁም……..02 አላውቅም……88 ምንም መልስ አልሰጡም……99			02/88/99 ከሆነ ወደ 308
307	የትኞቹ ምልክቶች ታይተውበት		አዎ	አይደለም	

	ነበር? ……ሌላስ? (የሚሰጡበት መልሶች በሙሉ ይከበቡ)	የብልት ፈሣሽ……..01 ሽንት በሚሸናበት ጊዜ ማቃጠል……..02 የብልት ላይ ቁስል……03 የቆለጥ/የዘር ፍሬ ማበጥ……..04 የብልት አካባቢ እብጠት/ፍርንቲት…..05 ብዛትና ሽታ ያለው የማኅፀን ፈሣሽ…06 የታችኛው የሆድ ክፍል ህመምና ትኩሳት……07 የብልት አካባቢን ማሳከክ……08 ሌላ ካለ ይጠቀስ…… ምንም መልስ አልሰጡም……99			
308	ሰዎች በአባላዘር (የወንድ/የሴት) በሽታ እንዴት ሊያዙ ይችላሉ? ….. ሌላስ? (የሚሰጡት መልሶች በሙሉ ይከበቡ)	ወደ ጨረቃ ዞሮ በመሸናት……01 ልቅ ግብረ ሥጋ ግንኙነት በማድረግ…02 ልብስን በጋራ በመጠቀም……..03 ከጋለ ድንጋይ ላይ በመቀመጥ……04 ከእናት ወደ ልጅ በእርግዝና ጊዜ……05 ወደ ፀሐይ ዞሮ በመሸናት……06 ሌላ ካለ ይጠቀስ……... አላውቅም…..……..88 ምንም መልስ አልሰጡም……99	አዎ	አይደለም	
309	የአባላዘር (የወንድ/የሴት) በሽታዎችን መከላከል ይቻላል ብለው ያምናሉ?	አዎ ……01 አላምንም……..02 አላውቅም……88 ምንም መልስ አልሰጡም……..99			02/88/99 ከሆነ ወደ 311
310	እንዴት መከላከል ይቻላል?		አዎ	አይደለም	

	.....ሌላስ? (የሚሰጡት መልሶች በሙሉ ይከበቡ)	የግብረ ሥጋ ግንኙነት ባለማድረግ/በመታቀብ.....01 ኮንዶምን በትክክልና ሁል ጊዜ በመጠቀም.....02 በመተማመንና አንድ ለአንድ በመወሰን.....03 አላውቅም.....88 ምንም መልስ አልሰጡም.....99 ሌላ ካለ ይጠቀስ.....			
311	የአባላዘር (የወንድ/የሴት) በሽታዎች በወቅቱ ካልታከሙ ወይም ሳይታከሙ ከቀሩ ሊያስከትሉ የሚችሏቸው የጤና ችግሮች እንዳሉ ያውቃሉ?	አቶ .....01 አላውቃቸውም.....02 አላውቅም.....88 ምንም መልስ አልሰጡም.....99			02/88/99 ከሆነ ወደ 313
312	እነዚህን ችግሮች እስኪ ንገሩኝ? .....ሌላስ? (የሚሰጡት መልሶች በሙሉ ይከበቡ)	የሽንት ቱቦ ጥበት.....01 ለረጅም ጊዜ የሚቆይ የሆድ ህመም....02 መካንነት.....03 ከማህፀን ውጪ እርግዝና.....04 የማህፀን ካንሠር.....05 የህፃናት ዓይን ህመም.....06 ከእናት ወደ ልጅ የሚተላለፍ ውርዴ/ቂጥኝ.....07 ሞት.....08 አላውቅም.....88 ምንም መልስ አልሰጡም.....99 ሌላ ካለ ይጠቀስ.....	አዎ	አይደለም	
313	የአባላዘር በሽታዎች ላለባቸው		አዎ	አይደለም	02/88/99

	ከነሱ በተጨማሪ የባለቤታቸው/ጓደኛቸው መታከም አስፈላጊ እንደሆነ ያውቃሉ?	አዎ……..……01 አስፈላጊነቱን አላውቅም……...02 አላውቅም……88 ምንም መልስ አልሰጡም…….99			ከሆነ ወደ ክፍል 4
314	ለባለቤታቸው/ጓደኛቸው ህክምናው መቼ መሰጠት አለበት ብለው ያምናሉ?	ምልክት ሲኖራቸው ብቻ……01 ወዲያው እርሱ/እርሷ ህክምና በሚወስዱበት ወቅት (አንድ ላይ)…….02 አላውቅም……88 ምንም መልስ አልሰጡም……..…99 ሌላ ካለ ይጠቀስ……..	አዎ	አይደለም	

IV. ለአባላዘር በሽታዎች አገልግሎት አጠቃቀምን በተመለከተ

ቁጥር	መጠይቆች	ኮድና መልሶች	ዝለል
401	ለጥያቄ 306 መልስዎት አዎ ከሆነ የበሽታው ምልክቶች ያስከተለብዎ የህመም ወይም የስቃይ ደረጃ ምን ይመስላል?	በጣም ቀለል ያለ……..……01 ቀለል ያለ……..……02 መካከለኛ የሆነ ……03 ከፍተኛ……04 በጣም ከፍተኛ……..05 ምንም መልስ አልሰጡም…….99	
402	ለጥያቄ 306 መልሶዎት አዎ ከሆነ የነበርዎት ምልክት የተለመደ ስራዎን ከመስራት ከልክልዎት ነበርን?	አዎ……..……01 የለም አልከለከለኝም……02 ምንም መልስ አልሰጡም……99	
403	ለጥያቄ 306 መልስዎት አዎ ከሆነ ምክር ወይንም ህክምና ከየትም ሥፍራ ለማግኘት ሄደው ነበር?	አዎ ……..01 አልሄድኩም……..……..02 አላውቅም……88 ምንም መልስ አልሰጡም……99	02/88/99/ከሆነ ወደ 412
404	ከወዴት ነበር ምክር ወይንም ህክምናውን ያገኙት? (የሚሰጡት መልሶች ሁሉ ይከበቡ)	መድኃኒት ገዝቼ ራሴን አክሜአለሁ…01 ከመንግስት ጤና ድርጅት……02 ከግል ክሊኒክ/ሆስፒታል……...03 ከግል ፋርማሲ/የመድኃኒት መደብር/የገጠር መድኃኒት	

		ቤት……04 ከመንደር መርፌ ወጊ……05 ከወደ ባህል ህክምና……06 ሌላ ካለ ይጠቀስ…….. አላውቅም……88 ምንም መልስ አልሰጡም……99	
405	ህክምና የወሰዱት ከአንድ ሥፍራ በላይ ከሆነ የመጀመሪያውን ህክምና የወሰዱ ከየት ነው?	መድኃኒት ገዝቼ ራሴን አክሜአለሁ…..01 ከመንግስት ጤና ድርጅት……..02 ከግል ክሊኒክ/ሆስፒታል……03 ከግል ፋርማሲ/የመድኃኒት መደብር/የገጠር መድኃኒት ቤት ……04 ከመንደር መርፌ ወጊ……05 ከወደ ባህል ህክምና……06 ሌላ ካለ ይጠቀስ…….. አላውቅም……..88 ምንም መልስ አልሰጡም……..99	
406	የነበርዎትን ምልክት ካስተዋሉ ወይም ህመሙ ከጀመርዎት ከምን ያህል ጊዜ በኋላ ነው የመጀመሪያውን ህክምና የወሰዱት?	ቀን……01 ወር……02 አላውቅም/አላስታውስም……88 ምንም መልስ አልሰጡም……..99	
407	ከመጀመሪያው የህክምና መስጫ ቦታ ህክምና የወሰዱበት ዋነኛ ምክንያት ምንድነው? አንድ ዋነኛ ምክንያት ብቻ ይገለፅ	ህክምናውን ስለማውቀው ……..01 ህክምናው ጥሩ ስለሆነ……02 አቀባበላቸው ጥሩ ስለሆነ……03 ሚስጥር ስለሚጠብቁ……..04 ሲያክሙ ብቸኝነትን ስለሚጠብቁ…..05 ቅርብ ስለሆነ……..06 ህክምናውን ለመስጠት ብዙ ስለማያስጠብቁ……07 ከሌሎች ሲወዳደር አነስተኛ ገንዘብ ስለሚከፈልበት……08 ህክምናው ነፃ ስለሆነ……09 ጥሩ ምክር ስለሚሰጥ……10 የሀኪሞች የሙያ ችሎታ ጥሩ ስለሆነ…11 ሌላ ካለ ይጠቀስ……..	

		ምንም መልስ አልሰጡም……99	
408	ከመጀመሪያው የህክምና ሥፍራ ህክምና ወይንም ምክር ካገኙ በኋላ ተጨማሪ ህክምና ከመንግስት የጤና ድርጅት ወስደዋልን?	አዎ……..01 አልወሰድኩም……..02 አላውቅም/አላስታውስም……88 ምንም መልስ አልሰጡም……..99	02/88/99 ከሆነ ወደ 411
409	የመጀመሪያውን ህክምና ከወሰዱ ከምን ያህል ጊዜ በኋላ ወደ መንግስት ጤና ድርጅት ሄደው ተጨማሪ ህክምና ወሰዱ?	ቀን……01 ወር……02 አላውቅም/አላስታውስም……..88 ምንም መልስ አልሰጡም……99	
410	ተጨማሪ ህክምና ከመንግስት የጤና ተቋም የወሰዱበት ዋነኛ ምክንያት ምንድን ነው?	ስላልዳንኩ……01 ህክምናው ነፃ ስለሆነ……02 በሪፈራል ምክንያት (ስለተላኩ)……03 ሌላ ካለ ይጠቀስ…….. አላውቅም……88 ምንም መልስ አልሰጡም……99	
411	ለጥያቄ ቁጥር 404 መልሶቻቸው ምርጫ 02 ላልሆነ (ከመንግስት ጤና ድርጅት ላልሆኑ በሙሉ) ከዚያ (ከመንግስት ጤና ድርጅት) ህክምና ያልወሰዱበት ምክንያት ምን ነበር?	መድኃኒት እዚያ ስለሌለኝ……01 የጤና ባለሙያዎቹ ሚስጥር ስለማይጠብቁ……02 ህክምናውን ለመስጠት ረጅም ሰዓት ስለሚያስጠብቁ……..03 ለአባላዘር በሽታ የህክምና አገልግሎት ስለሌለ……04 ለአገልግሎት (ህክምና) የሚከፈለው ገንዘብ ትልቅ ስለሆነ……05 የሰው ፍራቻ በተለይ የማውቀው…….06 የጤና ባለሙያዎች እንደ ጓደና ሆነው ስለማይቀርቡ……07 ሌላ ካለ ይጠቀስ…….. አላውቅም……88 ምንም መልስ አልሰጡም……99	
412	ለጥያቄ 403 መልስዎት የትም አልሄድኩም ወይንም ህክምና ከየትም ሥፍራ አልወሰድኩም ከሆነ ህክምና ያልወሰዱበት ዋነኛ ምክንያት ምንድን	ምልክቱ ህክምና ስለሌለው/ስለማይድን…….01 ያስከተለብኝ ህመም ቀላል ስለሆነ……....02 ምልክቱ ያለህክምና ይጠፋል ብዬ ስላሰብኩ……...03	

	ነው?	ህክምና የሚሰጥበትን ቦታ ስለማላውቅ……04 በዚህ አካባቢ ጥሩ ህክምና ስለሌለ……..05 ችግሬን ለጤና ባለሙያዎች ማዋየት ስላስፈራኝ ወይንም ስለፈራሁ……06 ገንዘብ ስላልነበረኝ……...07 ህክምና መስጫ ቦታ እሩቅ ስለሆነ……08 የማውቃቸው ሰዎች ይገጥሙኛል ብዬ በመፍራት……..09 ሌላ ካለ ይጠቀስ…… አላውቅም……88 ምንም መልስ አልሰጡም……99	

V. የአባላዘር በሽታዎችና የጤና አገልግሎት አጠቃቀም

ቁጥር	ጥያቄዎች	መልሶችና ኮዶች	ይለፉ
501	በእርስዎ የዕድሜ ክልል ያሉት ሰዎች ከየትኛው የጤና ድርጅት ለአባላዘር በሽታዎች የጤና አገልግሎት ያገኛሉ ብለው ያስባሉ?	ሆስፒታል……..01 ጤና ጣቢያ……02 የግል ክሊኒክ……..03 ፋርማሲ/የመድኃኒት መደብር/የገጠር መድኃኒት ቤት ……04 ከወደ ባህል ህክምና……05 ከመንደር መርፌ ወጊ……06 ዕድሜያቸው ከ15-49 ላሉት በቀላሉ አገልግሎት የሚሰጣቸው የጤና አገልግሎት የለም……..07	
502	በእርስዎ የዕድሜ ክልል ላሉት የትኛው የጤና ድርጅት ከዋጋ አቅም አንፃር ይቻላል ብለው ያስባሉ?	ሆስፒታል……..01 ጤና ጣቢያ……02 የግል ክሊኒክ……..03 ፋርማሲ/የመድኃኒት መደብር/የገጠር መድኃኒት ቤት ……04 ከወደ ባህል ህክምና……05 ከመንደር መርፌ ወጊ……06 ዕድሜያቸው ከ15-49 ላሉት በቀላሉ አገልግሎት የሚሰጣቸው የጤና አገልግሎት	

		የለም……..07	
503	ለአባላዘር በሽታዎች የሚሰጠው የጤና አገልግሎት በርስዎ የዕድሜ ክልል ላሉት ተደራሽነት አለው ብለው ያምናሉ?	አዎ……..01 አላምንም……02 አላውቅም……..88 ምንም መልስ አልሰጡም…….99	
504	ለአባላዘር በሽታዎች የሚሰጠው የጤና አገልግሎት በርስዎ የዕድሜ ክልል ባሉት ሰዎች ዘንድ ተቀባይነት አለው ብለው ያምናሉ?	አዎ……01 አላምንም……02 አላውቅም……88 ምንም መልስ አልሰጡም…….99	
505	ለአባላዘር በሽታዎች የሚሰጠው የጤና አገልግሎት በርስዎ የዕድሜ ክልል ላሉት በቂ ነው ብለው ያምናሉ?	አዎ……..01 አላምንም……02 አላውቅም……88 ምንም መልስ አልሰጡም…….99	

ከ506-511 ያሉት ጥያቄዎች ለአባላዘር በሽታዎች ስለሚሰጠው የጤና አገልግሎት በተመለከተ የእርስዎን አመለካከት ለማወቅ የተዘጋጀ

ቁጥር	መጠይቆች	ኮዶችና መልሶች	ዝለል
506	ዕድሜያቸው ከ15-49 ያሉት ሰዎች ለአባላዘር በሽታዎች ይጠቀሙት ዘንድ የጤና አገልግሎት ለሚስጥር የተመቸ ነው፡፡	በጣም እስማማለሁ……..01 እስማማለሁ……02 ከምንም አይደለሁም……03 አልስማማም……04 በጣም አልስማማም……05	
507	በእርስዎ የዕድሜ ክልል ላሉት ሰዎች የጤና ባለሙያዎች ጥሩ አቀባበል አላቸው	በጣም እስማማለሁ……..01 እስማማለሁ……02 ከምንም አይደለሁም……03 አልስማማም……04 በጣም አልስማማም……05	
508	ዕድሜአቸው ከ15-49 ዓመት ላሉት ጤና ነክ ሚስጥራዊ ጉዳያቸውን የጤና ባለሙያዎች በሚስጥር ይይዙታል፡፡	በጣም እስማማለሁ……..01 እስማማለሁ……02 ከምንም አይደለሁም……03 አልስማማም……04 በጣም አልስማማም……05	
509	በዕርስዎ የዕድሜ ክልል ያሉት ሰዎች ለአባላዘር	በጣም እስማማለሁ……..01	

	በሽታዎች የጤና አገልግሎትን ለመጠቀም ይፈራሉ ወይንም ይቆጠባሉ፡፡	እስማማለሁ……02 ከምንም አይደለሁም……03 አልስማማም……04 በጣም አልስማማም……05	
510	በርስዎ የዕድሜ ክልል ያሉት ሰዎች በቤተሰብ ወይንም በሌሎች በሚያውቋቸው መታየትን ከመፍራት የተነሣ የጤና አገልግሎትን ከመጠቀም ይቆጠባሉ፡፡	በጣም እስማማለሁ……01 እስማማለሁ……02 ከምንም አይደለሁም……03 አልስማማም……04 በጣም አልስማማም……05	
511	የጤና አገልግሎት የሚሰጥበት ጊዜ ወይንም ወቅት በርስዎ የዕድሜ ክልል ላሉት ሰዎች የተመቸ ነው፡፡	በጣም እስማማለሁ……01 እስማማለሁ……02 ከምንም አይደለሁም……03 አልስማማም……04 በጣም አልስማማም……05	

VI. ለአባላዘር በሽታዎች ዕድሜያቸው ከ15-49 ዓመት ያሉት የጤና አገልግሎት ምርጫን በተመለከተ

ቁጥር	መጠይቆች	ኮዶችና መልሶች	ዝለል
601	ዕድሜያቸው ከ15-49 ዓመት ሆነው የአባላዘር በሽታዎች ላለባቸው የጤና አገልግሎት ምን ዓይነት ጥራትን ማሟላት አለበት ብለው ያስባሉ?	ጓደኛዊ አገልግሎት ……01 ሚስጥራዊነት……..02 ተደራሽነት……03 መርከስ/የዋጋ ቅናሽ……..04 ለመኖሪያ ሥፍራ የቀረበ……..05 ሌላ ካለ ይጠቀስ……... አላውቅም……..88 ምንም መልስ አልሰጡም……99	
602	በርስዎ የዕድሜ ክልል ሆነው የአባላዘር በሽታ ላለባቸው የጤና አገልግሎት እንዴት መቀናጀት አለበት ብለው ያስባሉ?	እንደ ቀድሞ በጤና ድርጅት ሆኖ ከሌሎች ጋር በማቀናጀት……01 ለብቻ የአባላዘር ክሊኒክ ዕድሜያቸው 15-49 ለሆኑት……..02 አላውቅም……...88 ምንም መልስ አልሰጡም……99	
603	በእርስዎ የዕድሜ ክልል ሆነው የአባላዘር በሽታ ላለባቸው የጤና አገልግሎት ማን መስጠት	ዕድሜ ከ15-49 ዓመት ክልል ውስጥ ሆኖ በተመሳሳይ ፆታና ዕድሜ ……01	

	አለበት ብለው ያስባሉ?	ዕድሜ ከ15-49 ዓመት ክልል ውስጥ ሆኖ ማንኛውም ያታ……..02 አዋቂ ባለሙያ ሆኖ ማንኛውም ያታ……..03 አዋቂ ባለሙያ ሆኖ በተመሳሳይ ያታ……..04 ማንኛውም ባለሙያ አገልግሎት መስጠት ይችላል……..05	
604	በርስዎ የዕድሜ ክልል ሆነው የአባላዘር በሽታ ላለባቸው የጤና አገልግሎ የት ጋር መሆን አለበት ብለው ያስባሉ?	በአንተ ቤት አቅራቢያ……..01 ከአንተ መኖሪያ ስፍራ ራቅ ብሎ…….02 ከምንም አይደለሁም……03 ሌላ ካለ ይጠቀስ……	
605	በርስዎ የዕድሜ ክልል ሆነው የአባላዘር በሽታ ላለባቸው የጤና አገልግሎት ዋጋ ምን መሆን አለበት ብለው ያስባሉ?	ነፃ……..01 ለየት ያለ ቅናሽ……02 የድሮ ዋጋ……03 ሌላ ካለ ይጠቀስ……..	

Annex: - Semistructured questionnaire for qualitative data collection

1. **ለውይይት ቡድኑ የሚረዳ መመሪያ/ (ፎከስ ግሩፕ ዲስከሽን)**

በአንዱ የውውይት ቡድን ከ8-10 የሚሆኑ ተሳታፊዎች ይኖራሉ፡፡ ዋናው ተመራማሪ ውይይቱን የሚመራ ሲሆን አንድ ሰው ውይይቱ በሚደረግበት ወቅት ማስታወሻ እንዲይዝ ይደረጋል፡፡ በተጨማሪ አንድ ሌላ ሰው ደግሞ ቴፕ ሪከርደሩን ይቆጣጠራል፡፡

መግቢያ

እንደምን አደራችሁ/ዋላችሁ? በመጀመሪያ ደረጃ እዚህ ድረስ በመምጣት በውይይታችን ላይ በፍቃደኝነት ለመሳተፍ ስለወሰናችሁ ሁላችሁንም ላመሰግን እወዳለሁ፡፡ እኔ ነጋሽ ስሜ እባላለሁ፡፡ የመጣሁትም ከአዲስ አበባ ዩኒቨርሲቲ የህብረተሰብ ጤና አጠባበቅ ክፍል ሲሆን የመጣሁበት ምክንያትም ዛሬ ከናንተ ጋር የአባላዘር በሽታዎችን በተመለከተ ውይይት ለማድረግ ነው፡፡ ውይይቱ አንድ ሰዓት ተኩል ሊፈጅ ይችላል፡፡ በውይይታችን ጊዜ ትክክልና ስህተት የሚባል መልስ የለም፡፡ ስለዚህ ምንም የስም ጥሪ ሳይደረግ ሁላችሁም በውይይቱ መሳተፍ አለባችሁ፡፡ ሃሳባችሁን ለመግለፅ ምንም ወደኋላ እንዳትሉ፡፡ ምክንያቱም ከናንተ የሚገኘው መረጃ ለጥናቱ ትልቅ ግብዓት ነው፡፡

ሃሳባችሁ ምንም እንዳያመልጠኝ ድምፃችሁ በቴፕ ይቀዳል፡፡ በምትናገሩበት ጊዜ ሳትደራርቡ ቢሆን ይመረጣል፡፡ አንድ ሰው ሲናገር ሌሎቻችሁ ታዳምጣላችሁ፡፡ እዚህ ላይ አንድ ነገር ላረጋግጥላችሁ እወዳለሁ፡፡ የምትሰጡት ማንኛውም ሃሳብ ከጥናቱ ባለፈ ለሌላ ነገር አይውልም፡፡ በምስጢርም ይጠበቃል፡፡ ስማችሁም አይመዘገብም፡፡ በመጨረሻም በውይይቱ ላይ በመሳተፋችሁ በድጋሚ ላመሰግናችሁ እወዳለሁ፡፡

የመወያያ ነጥቦች

1. እውነት የአባላዘር በሽታ የጤና ችግራችሁ ነውን? ለምን?
    - የጤና ችግሮች
    - ማህበራዊና ኢኮኖሚያዊ ተፅዕኖዎች
    - ከኤች አይ ቪ/ ኤይድስ ጋር ያለው መተጋገዝ
2. የአባላዘር በሽታዎች ምልክት በናንተና በናንተ አካባቢ በሚኖሩ ማህበረሰብ ዘንድ ይታወቅልን?
    - በደንብ በዚህ በምልክቶች ዙሪያ ተወያዩ
3. የአባላዘር በሽታዎች እንዴት ይተላለፋሉ?
    - ልቅ ግብረ ሥጋ ግንኙነት
    - በእርግዝና ወቅት በበሽታው ከተያዘች እናት ወደ ልጅ
    - የተበከለ ደምና የደም ውጤት በመውሰድ
    - በአካባቢ አንድ ሰው በዚህ በሽታ ሊያገበት በሚችለው መንገድ ዙሪያ ተወያዩ፡፡
4. የአባላዘር በሽታን እንዴት መከላከል ይቻላል?
    - በመታቀብ
    - በመተማመን እና አንድ ለአንድ በመወሰን
    - ኮንደም በመጠቀም
5. በአካባቢያችሁ በአባላዘር በሽታዎች የተያዘ ሰው አለን?
6. እነዚህደ በበሽታው የተያዙ ሰዎች አገልግሎቱን የት ነው የሚጠቀሙት?
    - ጤና ድርጅት
    - ከወደ ባህላዊ ህክምና
7. ለአባላዘር በሽታ አገልግሎትን ከመጠቀም አንፃር አደናቃፊ የሚባሉ ነገሮች ምንድን ናቸው?
    - የህመሙን ክብደት ያዩበት እይታ
    - አገልግሎትን ከየት እንደሚያገኙ የዕውቀት ማነስ
    - ምልክቱን ሲያዩ ከማፈር/መጨነቅ የተነሣ
    - ሚስጥራዊነት
    - ስለ አባላዘር በሽታ አገልግሎት አለመኖሩ
    - የበሽታው ምልክቶች ከባድ አለመሆናቸው
    - የጤና ባለሙያዎች እንደ ጓደኛ አለመሆናቸው

ለጤና ባለሙያዎች የቡድን ውይይት ተጨማሪ መወያያ ነጥቦች

8. ዕድሜያቸው ከ15-49 ዓመት ያሉት ወደናንተ የጤና ድርጅት ይመጣሉን?
9. በጤና ድርጅታችሁ ውስጥ በዋናነት የሚታየው የአባላዘር በሽታ የትኛው ነው?
10. በጤና ድርጅታችሁ ለአባላዘር በሽታዎች የሚሆን የአገልግሎት ፕሮግራም አለ?
    - በመድኃኒት መኖር ዙሪያም ተወያዩ
11. ዕድሜያቸው ከ15-49 ዓመት ያሉት በአባላዘር በሽታዎች ወደናንተ ጤና ድርጅት ሲመጡ ይህንን ችግር ከመፍታት ከመያዝ አንፃር የጤና ባለሙያዎች አመለካከት ምን ይመስላል?
12. ዕድሜያቸው ከ15-49 ዓመት ያሉት ምን ዓይነት የጤና ባለሙያዎችን ይመርጣሉ?
    - በጾታ በዕድሜና በመሳሰሉት ዙሪያ ተወያዩ

የኢንዴፕዝ ኢንተርቪው ጋይድ ላይን (ጠለቅ ላለው ውይይት መመሪያ)

እንደምን አደራችሁ/ዋላችሁ? እኔ ነጋሽ ስሜ እባላለሁ የመጣሁትም ከአዲስ አበባ ዩንቨርሲቲ የህብረተሰብ ጤና ክፍል ነው። አሁን እየሠራሁ ያለሁት በአባላዘር በሽታዎች ላይ ሲሆን ከአዲስ አበባ ዩኒቨርስቲ ጋር በመተባበር ነው። አሁን የምጠይቆት ሚስጥራዊ የሆኑ የግል ጉዳይን የሚመለከቱ ጥያቄዎች ሊሆኑ ይችላሉ። ምንአልባትም ለመመለስ ሊቸገሩ ይችላሉ ይሆናል። ነገር ግን የሚሰጡኝ ሃሳብ ለጥናቱ በጣም ወሳኝ ስለሆነ እንዲተባበሩኝ እፈልጋለሁ። ከሚሰጡኝ ሃሳብ ውስጥ ፍሬ ነገሩ እንዳያመልጠኝ ድምጾት በቴፕ ይቀዳል። ከጥናቱ አላማ ውጪ ሃሳብዎ ለሌላ አገልግሎት አይውልም። የሚሰጡኝ መረጃ በሙሉ ሚስጥራዊነቱ የተጠበቀ ነው። እንዲሁም ስምዎት በዚህ ወረቀት ላይ በማንኛውም ሥፍራ አይፃፍም። ያልተረዱት ነገር ካለ በጥያቄ ውስጥም ማብራሪያ መጠየቅ ይቻላል። ቃላ መጠይቁ ከ 30 - 40 ደቂቃ ሊወስድ ይችላል።

መጠይቆች

1. ስለ አባላዘር በሽታዎች ሰምተው ያውቃሉ? እስኪ የተወሰኑትን ስማቸውን ይንገሩኝ?
2. ከየት ነው ስማቸውን የሰሙትን?
3. አንድ ሰው እንዴት ነው በአባላዘር በሽታዎች ሊያዝ የሚችለው?
4. ምን አይነት የአባላዘር በሽታዎች ምልክትና መከላከያ ዘዴ ያውቃሉ?
5. በዚህ ወረዳ የአባላዘር በሽታዎች ዋና ችግሮች ናቸው?
6. ምንድነው በዚህ አካባቢ እነርሱን ዋና ችግር የሚያደርጋቸው?
7. በዚህ በሽታ በጣም የሚጠቁት እነማን ናቸው?
8. በአባላዘር በሽታዎች ሰዎች ሲታመሙ ከየት ነው ምክር ወይም የህክምና እርዳታ የሚያገኙት?
9. በአባላዘር በሽታዎች ተይዘው ምክር ወይም የህክምና እርዳታ ያላገኙ አሉን? ለምን?
10. ለአባለዘር በሽታዎች በሚሰጠው አገልግሎት ዙሪያ ሰዎች የሚሉትን አስቲ እባክዎትን ይንገሩኝ?

ከዚህ በመቀጠል ደግሞ ስለግል ህይዎትዎ እጠይቀዎትአለሁና በዝርዝር ይንገሩኝ።

1. ከዚህ በፊት በአባላዘርዕ በሽታ ተይዘው ያውቃሉ?
2. የትኞቹ የማይገቡ ፀባያት ናቸው ሊያጋልጡዎት የቻሉት
3. ለበሽታው የምክር ወይም የህክምና አገልግሎት ተጠቅመዋልን?
4. ካልተጠቀሙ ምክንያቱ ምንድን ነው?

ለጤና ጣቢያ ኃላፊ ተጨማሪ መጠይቅ

በጤና ድርጅት የአባላዘር በሽታዎች ስርጭት እንዴት እንደሆነ ሊነግሩኝ ይችላሉ?

ቢቻል ከ 1- 2 ዓመት ያለው የበሽታ ስርጭት ሁኔታ

Curriculum Vitae

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1 IDENTIFICATION

- Ethiopian by nationality; Gender – Male, working at Guji Zone health office since September 2003

2 EDUCATIONAL BACKGROUND

a) Education

- BSC in Public Health, Jimma University (2000-2003GC)
- Comprehensive Nursing (diploma level), Gonder College of Medical Science (currently university), (November 1991-March1994 GC).

b) Teaching experience and position

- Director of Juniour Nursing School (January 1998- August 2000 GC)
- Thought different nursing courses during the same period.

c) Short term training and work shop

- Took training on research methods for 2 weeks at Adama town
- Participated in different work shop pertaining to health programs particularly in the area of Surveillance, Nutrition, Health care financing at Adama

3 Work experience and position

Facility and woreda level

- April 1994- January 1996 worked at health center level
- February 1996 – December 1997 GC worked both at health center and woreda level

Zonal level

- September 2003 – November 2005 Head of Guji Zone Health office
- November 11/2005-April 2007 health service program coordinator in the zone.
- May 2007 – 2012 Head of Guji zone Health office
- During my all working experience I engaged in different Planing , Supervision, monitoring and evaluation activities.
- Worked as STOP team members of WHO for one month in area of Surveillance related with polio eradication initiative

4 Research experience

- Though it was not published Idid one research in Jimma University during my undergraduate study.

CURRICULUM VITAE

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1. IDENTIFICATION

- Ethiopian by nationality; holds an academic rank of Associate professor at Addis Ababa University, College of Health Sciences, School of Public Health since 2000; Gender – Male

2. EDUCATIONAL BACKGROUND

a) Education

- PhD in public health, Addis Ababa University (2005-2009)
- Master of public Health (MPH), Addis Ababa University, Faculty of Medicine (AAU-FOM), (1993-95 GC).
- Medical Doctor (MD), AAU-FOM, Addis Ababa, Ethiopia (1984-90).

b) Teaching experience and positions

- Dean and Head of the School of Public Health (March 2009 to April 2012)
- Member and Secretary of Faculty Research and Publication Committee & Institutional Review Board, Faculty of Medicine (2005 - 2009)
- Thought different courses and served several committees at national as well as at AAU
- Advised and supervised over 35 graduate students in areas of public health and social science research.

c) Short term training and workshops

- Took different courses including qualitative methods at Johns Hopkins University, 2003, 2004, 2005, and 2008. Short term training in Nairobi, Berlin and Johannesburg
- Participated in several international and national workshops and seminars
- Worked as a general practitioner in different capacities including in a health centre, hospital and refugee camps

3. RESEARCH EXPERIENCE AND TEACHING MATERIAL DEVELOPMENT

Publications

- Published over 25 articles in international and national peer reviewed journals, prepared teaching materials including 2 books and 4 modules for undergraduate students. Produced 3 national reports, all of them on HIV and prepared one national strategic communication plan

Research Projects (major national involvements)

- Principal investigator of the first and second round National BSS (Behavioural Surveillance Survey) on HIV/AIDS/STIs in Ethiopia in collaboration stakeholders (2002-2003 and 2004- 2007)

4. CONSULTANCY AND COMMUNITY SERVICES

- Served as a consultant for many projects including for MOH,WHO,FHI, ICOMP, SARDP ,CDC ,UNFPA, GTZ, Save the children UK, etc
- Served as secretary and vice president of Ethiopian Public Health Association
- Serving as chairperson of the EPHA's IRB (2009 to date

Declaration

I the under signed, declare that this thesis is my original work and has not been presented for a degree in this or other University, and all sources of materials used for this thesis have been fully acknowledged.

Name of student: Negash Sime

Signature_____

Date of submission_____

Place_____

This thesis has been submitted with my approval as University advisor

Name of Advisor: Getnet Mitike (MD,MPH,PhD)

Signature_____

Date_____

Place_____