KNOWLEDGE, ATTITUDE AND PRACTICE TOWARDS SEXUALLY TRANSMITTED INFECTIONS AND CONDOM UTILIZATION AMONG DAILY LABORERS ENGAGED IN THE CONSTRUCTION SECTOR IN LAGA TAFO AREA, OROMIA REGIONAL STATE, ETHIOPIA

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A THESIS SUBMITTED TO THE SCHOOL OF GRADUATE STUDIES OF ADDIS ABABA UNIVERSITY IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF PUBLIC HEALTH

JUNE 2017

ADDISA ABABA, ETHIOPIA

ADDIS ABABA UNIVERSITY

COLLEGE OF HEALTH SCIENCES

SCHOOL OF PUBLIC HEALTH

Knowledge, Attitude and Practice towards sexually transmitted infections and condom utilization among daily laborers engaged in the construction sector in Laga Tafo Area, Oromia Regional State, Ethiopia

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ACKNOWLEDGEMENTS

I would like to thank the Addis Ababa University School of Public Health for approval of this title to assess KAP towards STIs and condom utilization among daily laborers engaged in construction sector and financial support.

My deepest gratitude and sincere appreciation goes to my advisor Dr. Wakgari Deressa for his unreserved advice, constructive comments and invaluable help from the very beginning of proposal development to the end of this thesis work.

I am grateful for the staffs of Laga Tafo Laga Dadi Town Health Office for their co-operation, willingness and all rounded support.

My thanks also go to all data collectors, supervisors and respondents for their active participation and cooperatives.

The librarians and computer lab staffs of the School of Public Health at Addis Ababa University deserve special thanks for providing me relevant literatures and internet access.

Last but not least, I would like to take this opportunity to express my deepest gratitude and respect to my father and mother, for their Lion share to the success in my academic career, both morally and materially.

ABBREVIATIONS/ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
CCD	Country Club Development
CSA	Central Statistical Agency
EDHS	Ethiopian Demographic and Health Survey
GUD	Genital Ulcer Disease
HIV	Human Immunedeficiency Virus
HSV	Herpes Simplex Virus
KAP	Knowledge Attitude and Practice
MPH	Master of Public Health
MTCT	Mother-to-Child Transmission
NGOs	Non Governmental Organizations
OPD	Out Patient Department
PEP	Post-Exposure Prophylaxis
PLHIV	People Living with Human Immune deficiency Viruses
PI	Principal Investigator
PICHT	Provider Initiative Counseling and HIV Testing
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
WHO	World Health Organization

ABSTRACT

Background: Sexually Transmitted Infections (STIs) are a group of infections transmitted through unsafe sexual intercourse. Promotion of condom use is the simplest and cost effective strategies for preventing sexually transmitted diseases. However, condom utilization among adults in Ethiopia is not satisfactory.

Objectives: To assess knowledge, attitude and practice towards sexually transmitted infections and condom utilization among daily laborer adults in the construction sector.

Methods: A cross sectional study was conducted in June 2016 to may 2017 among daily laborers engaged in construction sector in the Laga Tafo area. Study participants were selected by systematic random sampling. Data was collected by standardized quastionare and enter by Epi info. By using SPSS version 21.1 data were analyzed in bivariate and multivariate logistic regression.

Results: A total of 364 daily laborers were participated in the study. According to the recent study 245(67.3%) and 285(78.3%) of respondents were knowledgeable about STIs and condom use respectively. Incase of attitude towards STIs and condom use more than half of study participants had favorable attitude towards STIs and condom use.

Only 165(48.2%) sexually active participants were ever used condom during sexual intercourse. Of which ever used condom 109 of them consistently used condom with in the past six months. Among currently sexually active respondents the rate of self reported STD was 10.7%.
Respondents those who do not chew khat before sexual intercourse 0.122 time less likely to have history of STIs (AOR=0.122, 95% CI :(0.053, 0.280). Participants those who do not have formal education 0.062 times less likely to use condom than those who were completed secondary and above [AOR = 0.062, 95% CI, (0.021, 0.181)).

Conclussion and recommendation: Though of large proportion of study participants were having awareness on STIs and condom use; majority of them practicing risky sexual practice. There was a gap between knowledge on STIs and sexual behavior of respondents. Therefore, health education program aimed at bringing behavioral change should be planned and implemented.

1. Introduction

1.1. Background

Sexually Transmitted Infections (STIs) are a group of infectious diseases transmitted through unsafe sexual intercourses and resulting in curable and incurable diseases (1). According to the World Health Organization(WHO) 2011 report globally each year about 499 million new cases of curable STI (gonorrhea, Chlamydia, syphilis and trichomoniasis) occur and about 536 million people are likely to be living with incurable Herpes Simplex Virus type 2 (HSV-2) infections. Every day more than one million people acquire sexually transmitted infections. The highest percentage of the infections occur in developing countries such as South and South East Asia, followed by Sub Saharan Africa, Latin America and Caribbean (2).

Acquired Immuno Deficiency Syndrome (AIDS) is one of the Sexually Transmitted diseases (STDs) with significant morbidity and mortality. During 1998 annually one million people die of AIDS related illnesses in sub-Sahara Africa. But gradually death related to Human Immunedeficiency Virus (HIV) has continuously decreased as free antiretroviral therapy has begun to be more widely available in the region (3).

In spite of the fact that there was a prominent turn down of new infections rate in the region; the epidemic continues to be most severe in southern Africa (3).

The newly infected HIV cases decreased in number in some countries comparedto others. Of the 33 countries with reduced HIV incidence, 22 of them are in the sub –Saharan African countries including Ethiopia. In these countries HIV incidence has been reduced by more than 25% between 2001 and 2009 (3). The total number of newly infected HIV in Sub Saharan Africa has dropped by more than 26% from 2.6 million in 1997 to 1.9 million in 2010 (3). By the end of 2010, it was reported that among the 34 million people living with HIV globally 68% of them belong to Sub Sahara Africa, a region only with 12% global population. Moreover it is important to note that about 1.8 million HIV/AIDS related deaths and 2.7million new infections of HIV viruses including 390,000 among children of which 70% of new infections were residing sub Saharan Africa during the same period (3).

Ethiopia is one of the countries seriously affected by HIV/AIDS in the world. In 2013 there were about 793,700 people living with HIV including 200,300 children and 45,200 AIDS related deaths as well as about 898,400 AIDS Orphans in Ethiopia(4). According to the 2011 Ethiopian Demographic Health Survey (EDHS),HIV prevalence among adults was estimated at 1.5 % (5).

Unsafe sex is thought to be the most significant risk factor for AIDS, disability and death in developing countries as well as in developed countries (6). There are many intervention strategies that decrease the risk and the problems of STIs. These are condom use, socio-behavioral interventions, blood screening, Prevention Mother-to-Child Transmission (PMTCT), male circumcision, Post-Exposure Prophylaxis (PEP) and Clinic-based symptomatic STI case management. Of these interventions consistent and proper condom use is one one of the least expensive, most cost-effective method to prevent sexually transmitted infections and unwanted pregnancy.Consistent and correct use of Latex condoms significantly reduces the risk of STIs (7).

The laboratory test indicated that male and female condoms offer significant protection against HIV and other STIs as well as unintended pregnancy. Condoms meant for male are estimated to be 90% effective in reducing HIV transmission while condom meant for female are 94% effective (8).

Even though condom use is least expensive and most cost effective intervention, the coverage of intervention is low in Ethiopia. According to 2011 EDHS report only 47 % of female and 15% male aged 15-49 who had multiple sexual partner in the past 12 months reported the use condom during their last intercourse (5).

A study conducted in 2007 in Kombolcha Town of Amhara Regional State in Ethiopia on 420 migrant daily laborers showed that only 57.9% of sexually active respondents had experience of

condom use, but only 34.9 were consistent condom users. And also most of the study participants had poor knowledge on HIV/AIDS and sexual behavior (9).

Although the government of Ethiopia has been implementing different strategies to prevent STIs, the problem has persisted in the country. Therefore, the aim of this study is toassess the Knowledge, Attitude and Practice (KAP) towards STIs and condom utilization among daily laborers engaged in the construction sector.

1.2. Statement of the Problem

Lack of awareness on STIs and condom use are risk factors for exposing an individual to unsafe sexual practice that may result in curable and incurable STIs. Globally every day more than 1 million people acquire new STIs. Each year about 499 million of curable STI new cases as well as about 536 million people are likely to be living with incurable Herpes Simplex Virus type 2 (HSV-2) infections (2). Especially in developing countries STIs prevalence is high, particularly where majority of the population are under 40 years of age (10). Sub-Saharan African countries are the most highly affected region by HIV epidemic. At the end of 2011 the HIV infection prevalence among adults of Sub Saharan African countries was 5%. According to the 2011 EDHS findings, Ethiopia is one of Sub SaharanAfrican countries with high HIV prevalence among adults which was 1. 5% (3).

There are still gaps on awareness of STIs and condom utilization in Ethiopia among adults 15-49 years. According to the 2011 EDHS report only 23.9% young females and 34.2% males between 15-24 years correctly identified ways of preventing the sexual transmission of HIV (limiting number of partner, not sharing sharp materials and non exposing to blood and blood products) (5). And 47% women and 15.5% men between 15 to 49 years of age report that they used condom when they had sexual intercourse with multi partner in the past 12 months (4).

As the study on theassessment of risky sexual behavior for HIVAIDS among male daily laborers in Amhara Regional State in 2007 indicated that only 57.9% of sexually active respondents had experience of condom use, but only 34.9 were consistent condom users (9).

Laga Tafo Laga Dadi Town is newly established Town Administration where many construction activities takes place. As a result many daily laborers migrate to the town from different parts of

the country to get job opportunity with different health status and risky sexual behavior. According to Laga Tafo Laga Dadi town Administration health office 2008.E.C. annual report almost half of patients who were either Provider Initiating Counseling HIV Testing (PICHT) positive or diagnosed and treated by syndromic approach for other STDs at Out Patient Department (OPD) were daily laborers (11).

Although some studies were carried out to show the level of knowledge, attitude and practice towards condom use among different section of the population in other parts of the country but no research has been undertaken ondaily laborer (both male and female) in the construction sector of Laga Tafo Laga Dadi town.

Thus, this study aimed to assess the KAP of daily laborers towards STI and condom utilization to fill the information gaps and design the strategies to prevent STIs and promote safe sexual practice in the study setting and the country at large.

1.3. Significance of the study

Despite the efforts of the government of Ethiopia to prevent the health problems related to STIs by implementing different strategies, the problem has persisted in the country.

Moreover According to the report of Laga Tafo Laga Dadi town Administration health officealmost half of patients who were either Provider Initiating Counseling HIV Testing (PICHT) positive or diagnosed and treated by syndromic approach for other STDs at Out Patient Department (OPD) were daily laborers.

As a result it is important to conduct further study on the KAP towards STIs and condom use among daily laborers engaged in construction sector to design effective and appropriate prevention and control strategies in the construction sector. Furthermore, the result can be used to strengthen the existing programs working towards 100% condom use and to create awareness of daily laborers on the way of STIs prevention and control.

Beside these this assessment may initiate similar large scale studies which can generate reliable evidence relating to KAP towards STIs and and condom use among construction daily labor.

2. Literature Review

2.1. Sexually Transmitted Infection and Condom Use

2.1.1. Sexually Transmitted Infections

Sexually transmitted infections are collection of infections that are mainly transmitted through sexual contact which may results curable and incurable infections. Even though etiology of treatable STDs involves a number of pathogens the disease occur mainly in four syndromes (genital ulcer, urethral discharge, vaginal discharge and lower abdominal pain) (12).

Internationally the maximum rates of STIs are commonly found in urban men and women in their sexually most active years, that is, between the ages of 15 and 35 however women become infected at younger age. The highest new infection occurred in the region of south and Southeast Asia, followed by Sub Saharan Africa and Latin America and Caribbean. Independently being severe disease in their own right, STIs enhance sexual transmission of HIV infection and vice versa (13). The existence of an untreated STD (ulcerative and non ulcerative) can raise the probability of both acquiring and transmission of HIV infection by a factor of up to 10 (2).

Following the flare -up of HIV epidemic in 1981, the number of people living with HIV increased at incredible rate for more than the past three decades (14). Since then about 75million of people have been infected with HIV viruses and 36 million people have died by AIDS related illness and it is estimated that 6,300 individuals are infected with HIV every day worldwide (7).

According to 20th international AIDS conference in 2013 report, internationally about 35.3million of peoples were living with HIV, including 3.3 of children and there were 2.3 million of new infections including 260,000 children. About 95% of new cases were residing in low and middle income countries (7). The prevalence rate of HIV among adults (the percentage of people aged 15 – 49 who were infected) globally was 0.8 percent. This means around 1% of the adult world population is infected with the virus. Young people are highly affected by the epidemic. Globally, on average 2500 young people (15-24) years of age get infected with HIV every day and 80 percent of these are in the Sub Saharan Africa (14).

Sub-Saharan Africa is highly affected Region, where two-third of all People Living with HIV (PLHIV) was residing including 88 percents of the worlds HIV positive children. In 2012 an estimated 1.6 million of people newly infected were residing in Sub Saharan African countries which are 95% of global new infection and about 80 percent of young people infected with HIV(7). The prevalence of HIV among young men and young women in sub Saharan Africa were 1.4% and 3.3% respectively which explain that young people's are vital population for rotating the wave of epidemic (14).

Ethiopia is one of sub Saharan Africa countries which are highly affected by HIV epidemic. In 2013, there were about 793,700(716,300-893,200) people living with HIV, including 200,300 children. And also there were approximately 45,200AIDS related deaths in 2013 and about 898,400 (770,700 – 1,048,500) AIDS orphans in the same year (4).

According to the 2011 EDHS report the prevalence of HIV among adults (15 -49years of age) was 1.5% which was almost twice high among adult females (1.9%) compared to males (1.0%). The prevalence of HIV infection varies by age which is the highest in females in the age group 30-34 years compared to 35-39 years in male. The prevalence among young females (ranging 15-17 years of ages) was two to six folds higher than in men in the same age group (5). The prevalence also varies among urban and rural context. The urban areas showing a seven fold higher HIV prevalence compared to rural areas (4.2% versus 0.6%). The HIV epidemic in Ethiopia is becoming more prevalent in urban areas and along major transport corridors (4).

Young age groups (15-24 years of age) population in Ethiopia highly suffered from HIV infections. In 2012, the percentage of young people living with HIV virus was 2.3%. According to Country progress report on the HIV response in 2014, young age groups (15-24 years of age) women and men who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission were 23.9% and 34.2% respectively.

However, 0.4% female and 3.5% male at adult age groups (15-49 years of age) have had sexual intercourse with more than one partner in the last 12 month which may expose them to the risk of HIV infection (4).

The safe sex practice among Ethiopian adult age group was low according to 2011 EDHS report which indicated 47% male and 15.5% adult age groups (15-49 years of age) were reported that they use condom when they had more than one sexual partner during their last intercoursein the past 12 months. Generally majority of adult age groups do not have awareness about HIV infection (5).

In view of the fact that there is no cure or vaccine available for HIV infected person, reducing risk behavior of people is vital to tackle the epidemic. To control the risk of HIV infection a number of strategies have been adopted which can be utilized individually or in a combination. Condom use, socio behavioral intervention, blood screening, mother to child transmission, male circumcisions and Post exposure prophylaxes are strategies adopted to tackle the epidemic (7).

2.1.2. Condom Use

Condom is one of the least expensive and most cost effective methods for preventing sexually transmitted infections that pass through genital contact. Consistent and correct use of condoms importantly reduces the risk of transmission of HIV and other STIs. There are condoms for both men and women. Male and female condoms are the only barrier methods that give dual protection. This means that male and female condoms give significant protection against both HIV and other STIs and unintended pregnancy (8).

Since 2000, peoples in most countries continue to practice safe sexual behavior. The awareness about prevention of HIV infection has risen among young people; proportion of 15-24 year olds who have had sex prior to their 15 years is decline, condom use has risen amongst people with multiple sexual partners (15). Globally About 49 percent of females at young age group (15-24) years of age know that using condom helps to protect HIV infection compared to 74 percent of young males (7).

Even though there are signs of rise in risky sexual behavior in several countries. Current data indicates considerable increase in the number of sexual partners in some countries (Burkina Faso, Congo, Cote d'Ivoire, Ethiopia, Gabon, Guyana, Rwanda South Africa, Uganda, the United Republic of Tanzania and Zimbabwe), as well as a decline in condom use(in Cote d'Ivoire, Niger, Senegal and Uganda (15).

In the Ethiopian context, about 47 percent of women and 15.5 percent of men at adult age group (15-49) report as they use condom during sex with their more than one sexual partner in the past 12 months sexual intercourse (4).

Even though many governments and nongovernmental international organizations are investing in HIV prevention interventions to prevent sexual transmission of HIV infection, the pandemic of HIV infection continue all over the world (7). Due to this reason I want to assess the knowledge, attitude and practice of condom utilization among Adult age group to prevent sexual transmission of HIV infection.

2.2. Knowledge and Attitude towards STIs and condom use

Internationally about 49 percent of females at young age group (15-24) years of age know that using condom helps to protect HIV infection compared to 74 percent of young males (7). Even though Sub-Saharan Africa is at high HIV epidemic Region, recent surveys in several countries in Sub-Sahara Africa have detected decrease in condom use and an increase in number of sexual partners (15).

The four Sub-Sahara African countries namely; Burkina Faso, Ghana, Malawi and Uganda national surveys report on knowledge of correct condom use and consistency of use of condom among adolescents indicate that in Burkina Faso, Ghana and Uganda adolescents who have seen the demonstration of condom use are 2 to 5 times as likely as those who have not awareness of condom use .The percentage of consistent condom use for the past three month prior to survey was 38% in Burkina Faso, 47% in Ghana, 20% in Malawi and 36% in Uganda (16).

A study carried out in South Africa among 146 female and 60 male North university students, majority of participants (90%) have awareness about condom and its use. However, one third of participants reported that they never used condom and 35.5% of them always use condom during their sexual intercourse as well as 8.5% of participants irregularly use it in the past three months. The most common error of condom use is unawareness on the time of putting on and taking off condom. According to this study about half study participants were know the correct time of putting on and taking off condom (17).

According to the study done in Democratic republic of Congo on knowledge, attitudes about and practice of condom use for reducing HIV infection among Goma University students report that majority of study population (99%) know about of condom as well as 96% of them know where that condoms gained or sold. And also more than half of participants know the use condom and how to condom use properly. But about 71% study population reported that they had unprotected

sex. Even though Gomo university student have had awareness about condom, how to condom use as well as uses of condom, due to religious and cultural belief barrier they couldn't translate to practice. For this reason consistent condom utilization of Gomo university student was low (18).

According to 2011 EDHS report 47.0% female and 15.5% male percentage of adults aged 15-49 who had more than one sexual partner in the past 12 months report use of condom during their last intercourse (5).

The cross sectional survey conducted in Ethiopia in Kombolcha Town among migrant daily laborers out of 420 study participants more than 36.2% of them were sexually active. Out of the sexually active respondents, 43.4% and 55.9% admitted practicing sex with multiple sexual partners and commercial sex workers respectively. However, 57.9 of sexually active respondents had experience of condom use, only 34.9 were consistent condom users which indicate that the prevalence of high risk sexual behaviors among the study population was high since there was a gap on knowledge about HIV/AIDS and sexual behavior of respondents (9).

2.3. Factors associated with STIs and condom use

Many factors determine the prevalence of sexually transmitted infections and condom utilization. According to four Sub Sahara African countries namely; Burkina Faso, Ghana, Malawi and Uganda National survey report, the major determinants of consistent condom use are age, residence, education, life style and exposure to mass media. Even though the majority adolescents of three countries have good awareness about condom use, but still consistent condom utilization of these country was low (16).

Another study conducted on Latino immigrant Day Laborers & HIV report that, sex with commercial sex workers, inconsistent condom use, and having sex under the influence of

alcohol, chat or drugs are common factors that determine the prevalence of sexually transmitted infections among daily laborers (19).

According to a cross sectional study conducted on 2013in Bahir Dar City, Amhara Regional State North West Ethiopia by Mekibib Kassa1, Eleni Tesfaye2 and Zelalem Alamrew on risky sexual behavior among big construction enterprise workers; report that the prevalence of risky sexual behavior among construction workers was 44.9%(20). The exposure of female construction workers were four times than males. However, the prevalence of risky sexual behavior was 44.9%. The prevalence may be different in independent predicators of risky sexual behavior such as sex, educational level, marital status, age at first sexual intercourse, presence of current sexual partner and casual sex (20).

2.4. Conceptual Framework on KAP towards STI and condom utilization

This study has used a comprehensive conceptual framework developed to visualize the concept of studies regarding knowledge, Attutude and practice (KAP) towards sexually transmitted infection and condom use. The details of the framework displayed in figure 1 below. The arrows in the diagram show interactions between the variables most of the factors are interrelated to each other. As depicted in the diagram risk of STI and condom use affected by sexual behavior, non sexual behavior and social environment of an individual (Figure 1).

Conceptual framework on KAP towards STI and condom utilization

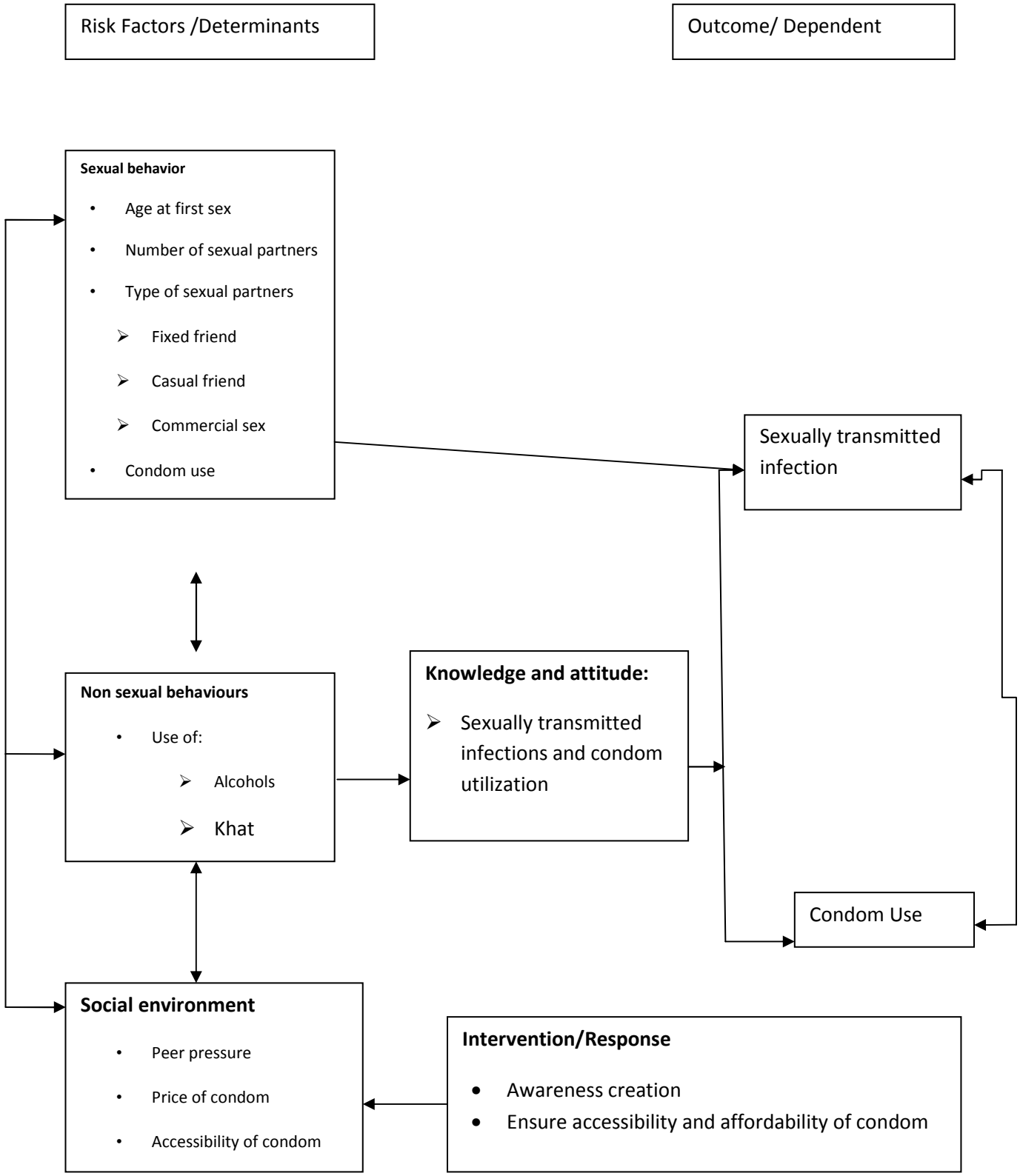


Figure 1: Conceptual framework showing KAP towards STI and condom utilization.

3. Objectives

3.1. General Objectives

The main objective of the study is to assess the knowledge, Attitude and Practice towards sexually transmitted infections and condom utilization among daily laborers engaged in the construction sector Laga Tafo area in Oromia Special Zone, Oromia Regional State, Ethiopia.

3.2. Specific Objectives

- To assess the knowledge about sexually transmitted infections among daily laborers engaged in the construction sector in Laga Tafo area.
- To assess the knowledge about condom use among daily laborers engaged in the construction sector in Laga Tafo area.
- To assess the attitude towards sexually transmitted infections among daily laborers engaged in the construction sector in Laga Tafo area.
- To assess the attitude towards condom use among daily laborers engaged in the construction sector in Laga Tafo area.
- To determine self-reported prevalence of sexually transmitted infections among daily laborers engaged in the construction sector in Laga Tafo area.
- To determine self-reported prevalence of condom use among daily laborers engaged in the construction sector in Laga Tafo area.
- To determine factors associated with prevalence of sexually transmitted infections among daily laborers engaged in the construction sector in Laga Tafo area.
- To determine factors associated with prevalence of condom use among daily laborers engaged in the construction sector in Laga Tafo area.

4. Methods

4.1. Study design

A cross-sectional quantitative study design was applied to assess the knowledge, Attitude and Practice towards STIs and condom utilization among daily laborers engaged in the construction sector.

4.2. The study area and period

The study was conducted in Laga Tafo Laga Dadi Town Administration which is located 22 kms away in North Eastern of Addis Ababa, in the Oromia Special Zone. According to the 2007 population and housing Census of Ethiopia the Town had an etimated population of 42,744 of whom 18,752 were male and 23,992 female. The ethnic groups residing in the Town were 74.6% Oromo and 12% Amhara, while the rest of the ethnic groups made up 13.4% of population. Regarding religion, the majority of the inhabitants were Orthodox Christianity (78%) while 5 % were Muslim and 15% Protestants. With an area of 2431 hectares the Town has two kebeles namely, laga Tafo (01 kebele) and Laga Dadi (02 kebele).

According to the 2008.E.C. Laga Tafo Laga Dadi Town Administration Town Health Office annual report sexually transmitted infection was the fifth among the top ten diseases at OPD next to acute upper respiratory infection, non-bloody diarrheal disease, acute febrile illness and trauma injury and fracture. Almost half of patients who were either PICHT positive or diagnosed and treated with syndromic approach for STDs at OPD were daily laborer adults(11).

This town is newly established as a Town Administration by urbanization policy in which many construction activities take place. According to labor and social affairs office 2008 E.C. annual reports approximately there were about 14,780 daily laborers residing and engaged in different sectors. About 80% of them were engaged in construction sector. Most of them were migrated from different parts of the country to get job opportunity. There were different construction sites, but the most commonly known in Laga Tafo Kebele include; Country Club Development (CCD) Real Estate construction site, Roseta Real Estate construction site and 140 Construction site. Only within these three construction sites there were 6,784 daily workers. This study was

conducted from June, 2016 to may, 2017 in Laga Tafo area of Oromia special zone where vast construction activities take place.

4.3. Source Population

All daily laborers residing in Laga Tafo Kebele were the source population.

4.4. Study Population

The study population was daily laborers engaged in the construction sectors in the Laga Tafo area at the time of the study and those who fullfilled the inclusion criteria.

4.5. Inclusion and Exclusion Criteria

4.5.1. Inclusion criteria

The study participants included in this study were daily laborers hired temporarily or paid daily in the construction sectorin the Laga Tafo area.

4.5.2. Exclusion criteria

Those Daily laborers who work in other sectors rather than construction sector and those who were participated in pretest were excluded.

4.6. Sample size determination

The required sample size for the study was determined by using proportion formula considering the following assumption

$$n = \frac{(Z_{\alpha/2})^2 pq}{d^2} \qquad n = \frac{(1.96)^2 0.651 \times 0.349}{(0.05)^2} \qquad n = 350$$

Where; n= Sample size

P=proportion of condom utilization 34.9%(9).

d=desired precision (5%)

Zα /2= 95 % confidence (1.96)

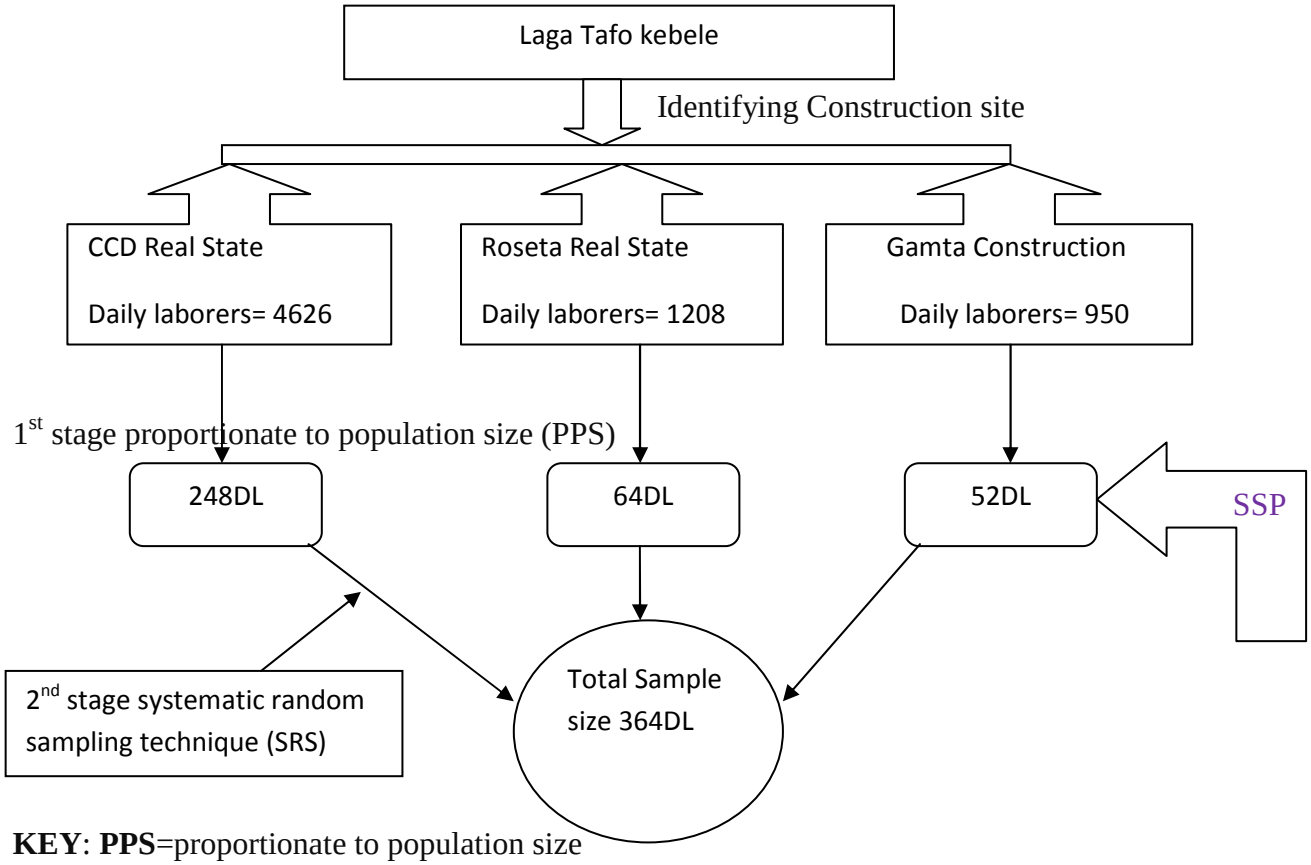
Since the study population was less than 10,000, sample studywas taken from relatively small population (6784) the needed minimum study sample were obtained from the above estimate by making some adjustments

$$n = \frac{n}{1 + \frac{n}{N}} \qquad n = \frac{349}{1 + \frac{349}{6784}} \qquad n = 333$$

Then by adding 10% non response rate the final sample sizewas =367.

4.7. Sampling technique

In Laga Tafo area there were three large construction sites that include Country Club Development (CCD) Real Estate construction site, Roseta Real Estate Construction Site and Gamta Construction Site. To carry out sampling process first construction sites with target respondents were identified with respective of their total population from kebele administration and labor and social affairs offices. The total 364 samples were distributed to all the three construction sites in the area proportionate to their population size and then allocated the required sample size to each construction site (Figure 2).



KEY: **PPS**=proportionate to population size

SRS= Systematic random sampling

SSP= Sampled study participant

Figure 2 .Schematic representation of sampling procedures among daily laborers engaged in construction sector in Laga Tafo area May, 2017.

The study participants were selected using systematic random sampling from total daily laborers engaged in the construction sector. The sampling interval was R=6784/364=19, so that the first 19'n participants were selected randomly, then every 19^{th} participants was chosen until required sample size attained.

4.8. Study Variables

4.8.1. Dependent variables

- Condom utilization
- Sexually transmitted infections

4.8.2. Proximate Variable

- Knowledge about condom use
- Attitude towards condom use
- Knowledge about STIs
- Attitude towards STIs

4.8.3. Independent variables

- Sex and age
- Religion and ethnicity
- Marital status and educational status.

4.9. Data Collection

4.9.1. Data collection tool and personnel

After review of relevant literatures and previous studies standard structured questionnaire that can satisfy the objectives of the study were adopted from the Ethiopian demographic health survey. The questionnaire has three parts namely, socio-demographic characteristics of the study participants, knowledge about condom and sexually transmitted infections as well as questions related to sexual practice and attitudes. Questionaires were originally developed in English and then translated to Afan Oromo and Amharic versions.The questionnaire was checked for its consistency and then translated back to English by different individuals.And then back to English by another person who wasfluent speaker of both languages to ensure validity. The first draft of

the questionnaire was prepared and submitted to advisors for valuable comments before developing its final version.

Six diploma nurses who were not currently employed were used as data collectors and one health science degree holder was employed to supervise the data collection activities.

4.9.2. Quantitative data collection method

The data was collected by six nurses hired temporarly. Each data collectors filled six questionnaires per day. Generally data collection was taken 10 days.

4.10. Operational definition

Knowledge about STI:-It was measured using a series of 21 knowledge questions about STIs. Those who scored below the average (mean score=16.39) were considered as not knowledgeable and those who scored above the mean score were taken as knowledgeable.

Knowledge about Condom: -It was measured using six questions about condom.Participants who scored below the average (mean score=5.6) were taken as not knowledgeable otherwise participants are considered as knowledgeable.

Attitude towards STIs: -Study subjects who have scored above average (mean score=2.6) for the 3 quastions were taken as having a favorable attitude otherwise they are considered as having unfavorable attitude.

Attitude towards condom use: Study subjects those who have scored above average (mean score=2.4) for the three questions were considered as having favorable attitude otherwise notfavorable.

Condom utilization: Those who utilize condom consistently in the past during sexual intercourse except with marital partner.

Daily laborer: - a person who engaged in heavy, unskilled, labor based activities on daily basis to earn money.

4.11. Method of data quality assurance

The quality of data was assured through careful design, translation and retranslation and pretesting of the questionnaire, proper training of the data collectors and supervisor. It was monitored frequently both in field and during data entry that was all completed questionnaire was examined for its completeness and consistency during interview and at the end of each day. Data entry was done carefully by the principal investigator after cleaning of data.

Two days training for data collectors and supervisor on the objective of the study, how to fill the questionnaire and handle questions asked by study participants during interviewing was given by principal investigator.

The pretest was carried out on daily laborers in similar setting in lega tafo kebele with the study participants by considering 5% of the total sample size. Appropriate modifications were made after discussion with supervisor and data collectors. The correction was took place before starting the actual data collection process.

The supervisor had reorient the data collectors each day before data collection and supervised them in the field by going with them.Moreover the supervisor also cross checked the completeness of the questionnaire at the end of each day for all data collectors. The principal investigator also had checked the activities of the supervisor and data collectors randomly on daily basis.

4.12. Data management and analysis

After data collection, each questionnaire was checked and coded separately and data was cleaned and entered in to the computer software EPI –info version 7 statistical packages for editing and analysis. Coding of different variables was also carried out before analysis especially by using computer soft ware SPSS program version 21.1. Double entry of about 5% of the data was made by two data clerks to minimize errors and analysis done by using SPSS version 21 statistical software package. The descriptive analysis such as proportions, percentages, measures of central tendency and measure of dispersion were used as necessary.

Logistic regression was applied to find the relationship between outcome variable and independent variable. Crude logistic regression was used to see relationship between one independent variable with outcome at time and adjust logistic regression was used to see relationship between many independent variables with outcome variable after controlling confounding factors. Variables in binary screening found at p-value ≤ 0.25 further considered into multiple logistic regressions to avoid unstable estimate and to describe the independent predictor factor of risky STIs and condom utilization.

Finally, adjusted Odds ratio (AOR) was used for checking the association factors of STIs and condom utilization while controlling other variables. The significance level was defined (cut-off point) as a p-value of less than 0.05. The result presented in tables and charts.

4.13. Ethical clearance

Ethical clearance for the proposed research was obtained from School of Public Health, Addis Ababa University ethical committee. Letters of support were also received from Oromia Health Bureau and other relevant organizations in the study area. Informed verbal consent was obtained from the respondents. Similarly the respondents were informed the purpose of the study that it would contribute the necessary information for policy makers and other concerned bodies to look after the intervention of sexual practice among daily laborers. They were also informed that all information obtained from them would be kept confidential and was meant only for the purpose of the study. Privacy was also assured during the interview as some study questions are related to sensitive issues and an interviewer hadbeen informed that he or she had the right to either decline or involve in the study.

4.14. Dissemination of Results

The result of the study will be presented to School of Public Health, College of Health Sciences, Addis Ababa University as part of Master of Public health thesis, Oromia Regional Health Bureau and Laga Tafo Laga Dadi Town Health Offices, and Non-Governmental Organizations (NGOs) working in this area; further attempt will be made to publish it on national and international scientific journals.

5. Results

5.1. Socio- demographic characteristics of the study participants

A total of 364 daily laborers interviewed in the study. Among which 197 (54.1%) were males and 167(45.9%) were females. The highest proportion (45.9%) of respondents were with in the age group of 20- 24 years considered as youth, with least proportion 2.5% being 40years and above.The mean age of participants was 25±5.5 SD years.With regard to the marital status of respondents more than half of them were single, nearly one third of them were married and the rest were divorced. Assessment of their educational status indicated that 121(33%) of them did not attend formal education; while 151(41.5%) respondents have completed secondary school (grade 9-12) and above and the rest 92(25.3) of respondents attended primary school. Regarding to their Religion the majority of respondents 227(62.4%) were followers of Orthodox Christianity followed by Protestant 66(18.1%) and Muslim 51(14%) followers respectively. The monthly income earned by the majority of respondents 283(77.7%) were within the rangesof 586 to 1650 birr (Table1).

Table1. Socio-demographic characteristics of daily laborers engaged in construction sector in Laga Tafo Area of Oromia Special Zone Surrounding Finfine, 2017

Variable	Number	Percent
Sex	197	54.1
Male	167	45.9
Female		
Age	21	
15 to 19year	167	5.8
20 to 24year	113	45.9
25 to 29year	33	31.0
30 to34year	21	9.1
35 to 39year	9	5.8
40 to 44year		2.5
Religion		
Orthodox	229	62.9
Protestant	64	17.6
Muslim	51	14.0
Catholic	12	3.3
Other Specify	8	2.2
Ethnicity		
Amhara	173	47.5
Oromo	147	40.4
Wolieta	12	3.3
Tigre	26	7.1
Other specify	6	1.6
Educational level		
No formal education	121	33.2
Primary (grade 1 to 8)	92	25.3
Secondary and above	151	41.5
Marital Status		
Single	190	52.2
Married	107	29.4
Divorced	67	18.4
Monthly income		
Less than 585Birr	36	9.9
586 to 1650Birr	283	77.7
1651 to 3145Birr	24	6.6
Don't respond	21	5.8
Total	364	100.0

5.2. Knowledge of respondents about STIs and condom utilization

The result obtained with regard to the overall Knowledge of study participants about STIs indicated that 245(67.3%) of respondents were knowledgeable about STIs (Table 2).

When we look in detail the results of the study with regard to the Knowledge of respondents about STIs 361(99.2%) respondents have heared about STIs and HIV/AIDS. And additionally three fourth of the respondents also indicated that they know syphilis and gonorrhea.

The knowledge on STI's mode of transmission was assessed and the result revealed that all participants know that unsafe sexual intercourse being the mode of transmission, while other possible mode of transmissions like contamination with blood and blood products, sharing a sharp materials, and vertically (mother to child) were also known by 199(54.7%), 357(98.1%) and143(39.3%) respectively. Significant portion of 39.9% participants did not know the vertically (mother to child) route of STIs (Figure 3).

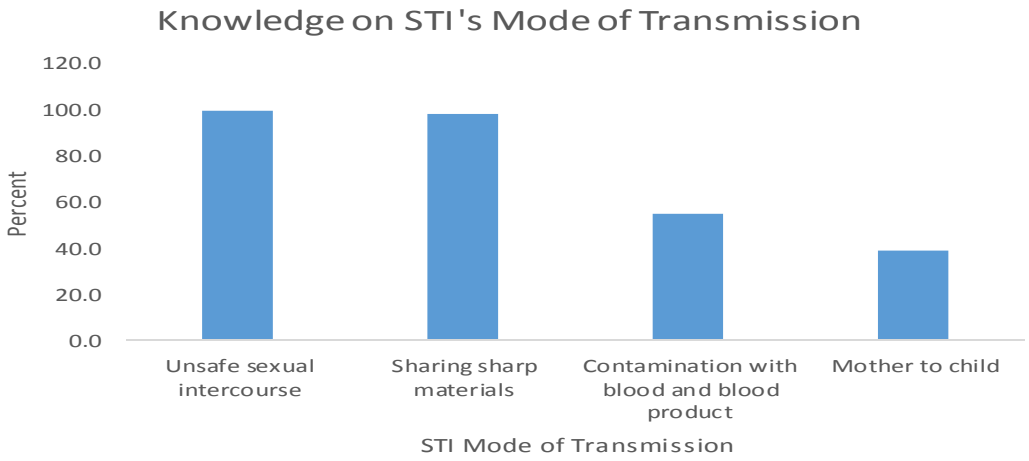


Figure 3 .Knowledge of STI's mode of transmission among daily laborers engaged in construction sector in Laga Tafo area, May, 2017.

Regarding the sign& symptoms of STDs 82 (22.5%) don't know how STDs manifest, while the rest 241(77.5%) mentioned at least one or more of the following STDs symptoms like; urethral or vaginal discharge, dysuria, genital ulceration or itching and pain during sexual intercourse.

Coming to the knowledge of prevention method, among the total 364 participants362 (99.5%) were know at least one preventive method. Among the preventive methods; 362(99.5%) participants were know consistent condom use, while 354(97.3%) and 338(92.9%) know abstinence and faithful respectively for prevention (Figure 4).

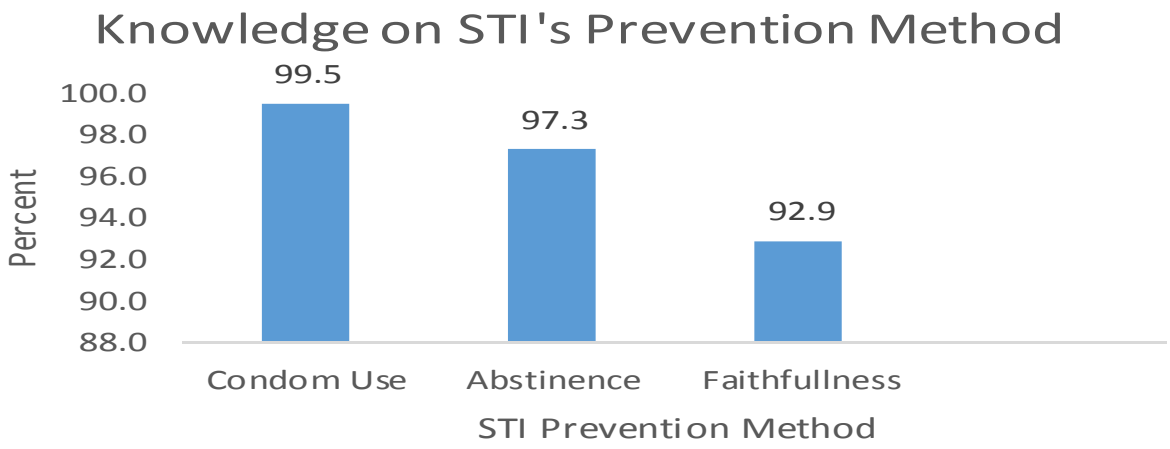


Figure 4 .Knowledge of STI's prevention method among daily laborers engaged in construction sector in Laga Tafo area, May, 2017.

Assessment of study participants response for questions devised to measure their knowledge about condom showed that 285(78.3) were knowledgeable about condom (Table 2). As they scored above the average (mean score=5.6). All study participants were generally familiar about condom. Out of the 347 participants who know the uses of condom, 328(94.5%) of them said that it is used to prevent all types STIs. Concerning its safety 29(8.0%) of them don't know condom's having expire date while 15(4.1%) even believe that single condom can be reused. About 321(88.2%) of them know the importance of checking for any leak before using condom.

Table 2: Distribution of knowledge of study participants STI mode of transmission, sign and symptoms and prevention methods and condom use by gender, Laga Tafo area, Oromia Special Zone Surroundig Finfine, 2017

Variables categories		Gender		Total
		Male, n (%)	Female, n (%)	N (%)
Mode of Transmission				
Unsafe Sexual intercourse		197 (54.1 %)	164(45.1%)	361(99.2%)
Contaminated with blood and blood product		85 (23.4 %)	80(22.0%)	165(45.3%)
Common sharing sharp materials		197 (54.1%)	159(43.7%)	356(97.8%)
Moher to child		79(21.7%)	64(17.6%)	143(39.3%)
Prevention Methods				
Consistent condom use		195(53.6%)	164(45.1%)	359(98.6%)
Faithful		182(50.0%)	153(42.0%)	335(92.0%)
Abstinence		188(51.6%)	163(44.8%)	351(96.4%)
Sign and Symptom				
Discharge from penis or vulva		132 (36.3%)	124(34.1%)	256(70.3%)
Genital ulcer/open sores		138(37.9%)	128(35.2%)	266(73.1%)
Pain during intercourse		136(37.4%)	126(34.6%)	262(72.0%)
Itching genital area		130(35.7%)	123(33.8%)	253(69.5%)
Burnng sensation during urination		139(38.2%)	126(34.6%)	265(72.8%)
STI knowledge	Knowledgeable	130(35.7%)	115(31.6%)	245(67.3%)
	Not knowledgeable	67(18.4%)	52(14.3%)	119(32.7%)
Condom Use Knowledge	Knowledgeable	158(43.4)	127(34.9%)	285(78.3%)
	Not knowledgeable	39(10.7%)	40(11.0%)	79(21.7%)
Total				**364**

5.3. Attitude of respondents towards STIs and condom use

Regardless of participants' knowledge about both STIs and condom, the study assessed respondents' attitudes towards STIs and condom use. According to the result; among the total 364 participants 362(99.4%) believe that all STIs are preventable. Concerning the handling or special care for STD patients,336(92.3%) participants in general disagree on the need of isolating the patients.Furthermore291(92.3%) of participants mainlyagree that STI patient should disclose their status.In general the study found that the majority of 231(63.5) study participants had favorable attitude towards STIs (Table 3).

Regarding respondents attitudes towards condom use the result in a nutshell showed that the majority of respondents 272(74.7%) were have favorable attitude towards condom use (Table 3). As to The effect of condom use on sexual pleasure 260 (71.4%) respondents believe that condom use doesn't affect the pleasure during sexual intercourse, while the rest 28.6% believe that it decreases the pleasure. In relation to their confidence on the effectiveness of condom in preventing HIV and other STIs most of the respondents 83% generally agree on its efficacy.

Table 3: Distribution of Attitude of study participants towards STIs and condom use among daily laborers engaged in construction sector, Laga Tafo Area, Oromia Special Zone Surrounding Finfine, 2017.

S.No	Variables & categories		No.	%
1	**Attitude towards STI**	**Unfavorable**	133	36.5
		Favorable	231	63.5
2	**Attitude towards Condom use**	**Unfavorable**	92	25.3
		Favorable	272	74.7
		Total	**364**	**100.0**

5.4. Respondents sexual behavior and history of STIs

A total of 342 (93.9%) of them had history of sexual intercourse prior to survey.Of those who were sexually active 133(38.9%) of them engaged in first sexual practice before the age of 20 years. About 62.9% of sexually active study participants were at least two or more sexual partners in their life time. During the survey time 218(59.2%) participants were claiming to have at least two sexual partners. Regarding to their frist sexual partner about 37.7% study participants had with their casual partners followed by 17% with their regular partners (Table 4).

The previous history of STIs status was assessed and only 39 of the participants were self reported that they had previously infected by sexually transmitted diseases and treated in healthy facility (Table 4).

Their experience, adherences, motivation and drawbacks anticipated in using condom were assessed and the result revealed that out sexually active participants only 165 (48.2%) of them were ever used condom. But only 109 sexually active study participants used condom for every sexual intercourse with in the past six months (Table 4). But only 53 individuals were used condom during their 1st sexual intercourse. During their recent sexual intercourse no more than 149 of them have used condom.

The main factors that led respondents to use condom were also analysed and 160 (97%) participants were used condom for preventing HIV infection as well as 135 (81.8%) and 131 (79.4%) participants were used for preventing pregnancy and all STIs respectively. In contrast respondents were asked about the reason behind for not using condom in their previous sexual activity. In this regard it was found that lack of awareness 160(80.4%), 139 lack of accessibility, difficulty to afford 70(35.2%), lack of interest 74(20.3%), condoms makes sex less enjoyable104 (52.3%), condoms cause itching 24 (6.6%), trusting partner 206(96.7%), religion 37(18.6%) and partners unwillingness or lack of interest 4(2%) were some of the reasons given for not using condom

Table 4: Distribution of respondents' sexual behavior and history of STIs among daily laborers engaged in construction sector, Laga Tafo Area, Oromia Special Zone Surrounding Finfine, 2017.

Variables & categories		No.	%
Ever had sex (n=364)	No	22	6.0
	Yes	342	94.0
No. of lifetime sexual partners (n=342)	One	107	31.3
	Two or more	229	67.0
	Refused	6	1.7
Age at first sex (n=342)	<20	133	38.9
	20+	209	61.1
Ever had STD (n=342)	No	304	88.9
	Yes	38	11.1
Ever used Condom (n=342)	No	177	51.7
	Yes	165	48.3
Frequency of Condom use during the past six months(n=165)	Always	109	66.1
	Most of time	47	28.5
	Some time	9	5.5

5.5. Habits that risks for STIs and influences adherence to condom use

Factors affecting proper and consistent condom use and increasing risk of STI were assessed. Concerning alcoholic drinking; 219(60.2%) had ever drunken and all of them also have ever drunken in the past 6 months. With regard to frequency of drinking in the last 6months; most of them, 134(59.6%) had drunken less frequently, while 76(33.8%) most frequently, and 11(5.4%) always used to drink for the past 6months. Concerning their last time of drinking, 184(81.8%) of the 225 have drunken within the last 3 weeks.Out those who ever drunk alcohol, 54.4% had ever drunken before sexual intercourse of which three fourth of them did not use condom. With the frequency of drinking alcohol before sex, 11 (5.4%) used to drink always before every sexual intercourse, while 73(36.1%) do it most of the time, and 118(58.4%) participants sometimes had drunken before intercourse.

Other than alcohol, chewing khat was assessed among the participants, and 163(44.8%) of them were ever chewing khat.Among these 89 of them chews occasionally,58 chews frequently, and 16 individualschews daily in the last 6months.

Chewing khat In relation to the timing of sexual intercourse 117(32.1%) participants had history of chewing before sexual intercourse during the past six months.Regarding the frequency of chewing before sex in the last six months only 23(6.3%) respondents chew khat always, while 52(14.3%) chew most of the time, and the rest occasionally.

Another factor that affects proper and consistent condom use and increasing risk of STI is peer pressure. In this regard among the total 342 participants who had sexual practice 158 (46.2%) had sexual intercourse by peer pressure (i.e.without agreement). It was a usual event for 6 individuals, more frequent for 15 and sometimes for 137 in the last sixmonths.

5.6. Factors associated with condom use among daily laborers

Logistic regression analysis was carried out in order to determine the association that exist among condom use and different exposure variables. As the result showed that there was a significant association among condom use with sex and educational level of respondents. In this regard Condom use was significantly associated with male sex in bivariate analysis. Male respondents were two times more likely to utilize condom than females, AOR=2.551, 95% CI :(1.214, 5.359). Similarly the study also found that there was association between condom use and educational level of respondents. Respondents who do not have formal education 0.062 less likely to use condom than those who complete secondary and above (AOR= 0.062, 95 % CI= (0.021, 0.181). Both crude and adjusted Odds ratios of consistent condom use among different exposure variables (Table 5).

Table 5: Association of different variables with condom use among daily laborers engaged in construction sector in Laga Tafo Area, Oromia Special Zone Surrounding Finfine, 2017.

Variables & Categories		Condom use		Crude Odd Ratio			Adjusted Odd Ratio		
		Yes	No	COR	95% CI		AOR	95% CI	
					LL	UL		LL	UL
Sex	Male	100(50.8%)	97(49.2%)	1.618	1.065	2.457	2.551	1.214	5.359
	Female [RC]	65(38.9%)	102(61.1%)	1.00			1.00		
Educational level	No formal education	21(17.4%)	100(82.6)	0.101	0.056	0.180	0.062	0.021	0.181
	Primary (Grade 1-8)	42(45.7%)	50(54.3)	0.404	0.237	0.688	0.285	0.118	0.687
	Secondary and above [RC]	102(67.5%)	49(32.5)	1.00			1.00		
Marital status	Single	99(52.1%)	91(47.9%)	.830	.474	1.455			
	Married	79(73.8%)	28(26.2%)	.270	.142	.517			
	Divorced [RC]	29(43.3)	38(56.7%)	1.00			1.00		
Knowledge about STI	Not knowledgeable	51(30.9%)	131(65.8%)	.652	.554	1.340			
	Knowledgeable [RC]	68(34.2)	114(69.1%)	1.00			1.00		
Knowledge about Condom	Not knowledgeable	30(18.2%)	49(24.6%)	.680	.408	1.133			
	Knowledgeable [RC]	135(81.8%)	150(75.4%)	1.00			1.00		
Attitude towards STI	Favorable	114(69.1%)	117(58.8%)	1.567	1.015	2.419	1.343	0.666	2.709
	Unfavorable[RC]	51(30.9%)	82(41.2%)	1.00			1.00		
Attitude towards condom utilization	Favorable	123(74.5%)	149(74.9%)	.983	.611	1.580	0.996	0.458	2.163
	Unfavorable[RC]	42(25.5%)	50(25.1%)	1.00			1.00		
Drinking alcohol before sex	No	13(17.8%)	14(9.6%)	2.043	.905	4.612	1.6	0.585	4.378
	Yes [RC]	60(82.2%)	132(90.4%)	1.00			1.00		
Khat chewing habit before sex	No	107(64.8%)	94(47.2%)	2.061	1.349	3.148	2.432	0.912	6.488
	Yes [RC]	58(35.2%)	105(52.8%)	1.00			1.00		

RC=Reference Category, LL=Lower Limit, UL=Upper Limit, CI=Confidence Interval

5.7. Factors associated with risks of STIs among daily laborers

The logistic regression analyses show that STIs was having a statistically significant association with sex, educational level and chewing chat before intercourse. Male respondets were 0.318 less likely to have history of STI than females (AOR=0.318, 95% CI :(0.137, 0.738). Daily laborers those who complete primary education were eight times more likely to have history of STIs than those who join secondary and above (AOR=8.590, 95% CI :(1.730, 42.647). Respondents who do not chew khat before sexual intercourse were 0.122 times less likely of having history of STIs than those who khat before sexual intercourse (AOR=0.122, 95% CI :(0.053, 0.280) (Table 6).

In this study daily laborers' religion, ethnicity, knowledge about STIs, knowledge about condom, attitude towards STIs and condom use, drinking alcohol before intercourse and monthly income were not having a statistically significant association with history of STIs and condom utilization.

Table 6: Bivariate & multivariate analysis of factors associated with risk of STIs among daily laborers in Laga Tafo Area, Oromia Special Zone Surrounding Finfine, 2017

Variables & Categories		STD		Crude Odd Ratio			Adjusted Odd Ratio		
		Yes	No	COR	95% CI LL	UL	AOR	95% CI LL	UL
Sex	Male	15(38.5%)	182(56.0%)	0.491	0.248	0.971	0.318	0.13	0.738
	Female[RC]	24(61.5%)	143(44.0%)	1.00			1.00		
Educational level	No formal education [RC]	28(71.8%)	93(28.6%)	22.43	5.221	96.36	22.48	5.03	100.30
	Primary (Grade 1-8)	9(23.1%)	83(25.5%)	8.078	1.705	38.27	8.59	1.73	42.647
	Secondary and above[RC]	2(5.1%)	149(45.8%)	1.00			1.00		
Marital status	Single [RC]	20(51.3%)	170(52.3%)	1.853	0.61	5.632			
	Married	15(38.5%)	92(28.3%)	2.568	0.814	8.098			
	Divorced[RC]	4(10.3%)	63(19.4%)	1.00			1.00		
Knowledge about STI	Not knowledgeable	16(41.0%)	103(31.7%)	1.499	0.76	2.958			
	Knowledgeable[RC	23(59.0%)	222(68.3%)	1.00			1.00		
Knowledge about Condom	Not knowledgeable	28(71.8%	68(20.9%)	1.485	0.704	3.134			
	Knowledgeable[RC	11(28.2%)	257(79.1%)	1.00			1.00		
Attitude towards STI	Favorable [RC]	24(61.5%)	207(63.7%)	0.912	0.46	1.807			
	Unfavorable	15(38.5%)	118(36.3%)	1.00			1.00		
Attitude towards condom utilization	Favorable [RC]	24(61.5%)	248(76.3%)	0.497	0.248	0.994	0.59	0.26	1.322
	Unfavorable	15(38.5%)	77(23.7%)	1.00			1.00		
Drinking alcohol before sex	No	8(20.5)	27(14.4%)	1.539	0.64	3.701			
	Yes [RC]	31(79.5%)	161(85.6%)	1.00			1.00		
Khat chewing habit before sex	No	12(30.8%)	235(72.3%)	0.17	0.083	0.35	0.122	0.05	0.28
	Yes [RC]	27(69.2%)	90(27.7%)	1.00			1.00		

RC=Reference Category, LL=Lower Limit, UL=Upper Limit, CI=Confidence Interval

6. Discussion

The study has tried to assess the knowledge, attitude and practice among daily laborers towards sexually transmitted infections and condom utilization among daily laborers engaged in the construction sector.Because of lack of similar studies on the same study population, we made some comparisons with other studies whenever appropriate.

The result of the present study revealed that 361(99.2%) of respondents were heard about STI. This finding was higher when compared with similar with the study conducted in Kombolcha Town, Amhara Region in 2007 which was 76.7% (9). This may be due to the difference between study area interms of access to information with regard to STIs. As an example we can see that the number of FM radios available in kombolcha and the surrounding of Finfine (Laga Tafo).

Additionally all of study participants were knows as STIs are transmitted through unsafe sexual intercourse. This finding is in agreement with a study done among floriculture daily laborers in Holeta Town in 2013 by Adane kebede which was 98.1% of floriculture daily laborers were know that HIV is transmitted through unsafe sexual intercourse(21).

The study indicated that 362(99.4%) study participants were know the prevention method of STIs. Figure in this study is similar compared with the study done among floriculture daily laborers in Holeta Town in 2013 by Adane kebede which was 99.1%(21).

The result of the study with regard to knowledge about condom and condom use indicate that 78.3% of daily laborers in the study area were knowledgeable about condom. All respondents knew what condom was and almost similar results were obtained in other study settings and in a different section of the population. In a similar fashion the reason behind knowledge of daily laborers about condom and condom use may be attributed to the efforts of the Ethiopian

government and Non-governmental organizations (NGOs) to propagate about condom and condom use.

Assessment of their knowledge about condom showed that all of participants were ever heard about condom. The figure on awereness of condom were relatively similar when compared with other studies conducted By Endris Belay on Assessment of risky sexual behavior for HIV/AIDS among male daily laborers in Kombolcha Town on awareness of the daily laborers on condoms which was 98.7 respondents were ever heard about condom(9).

The recent study revealed that 345 (94.8%) study subject knew the uses of condom. The finding is higher when compared with the study done in the Democratic Republic of Congo with different study subject which was 52%. (18). The reason for this difference could be that the the study period was too old.

Regarding respondents attitudes towards condom use the result in a nutshell showed that the majority of respondents 272(74.7%) had favorable attitude towards condom use. As to The effect of condom use on sexual pleasure 260(71.4%) respondents believe that condom use doesn't affect the pleasure during sexual intercourse, while the rest 28.6% believe that it decreases the pleasure. In relation to their confidence on the effectiveness of condom in preventing HIV and other STIs most of the respondents 83% generally agree on its efficacy. Even though, it was difficult to get a comparable data on daily laborers construction workers attitude towards condom use but some studies provided data on some of the elements I used to measure attitude towards condom use. In this regard a study conducted on Goma university students in DRC reported that Thirty-two (23%) of the participants felt that condoms reduced pleasure and implied a lack of trust. Forty-eight (35%) stated that condoms can tear, 11 (8%) said that with condom use there is a loss of pleasure, and 15 (11%) did not know of any associated disadvantages with condom use(18).

Other important issue related to attitudes towards condom use. According to this study result 260(71.4%) participants were believe that condom doesn't affect the pleasure during sexual intercourse, while the rest 28.6% believe that it decreases the pleasure. This result is higher when compared with the study done in Kenya in which was (69.0%; 318) respondents disagreed to the fact that condoms inconvenience sex. This may be due to study period and set up(22).

Concerning sexual behavior among daily laborers the findings of the present study indicate that 342(**93.9**) of them had history of sexual intercourse and 39(10.7%) of the participants were self reported that they had history of previously infected by sexually transmitted diseases. Figure in this study is almost similar compared with the study done in Kombolcha Town which was 54(12.7%) of study participants were self reported that they had also the history of had history of previously attacked by sexually transmitted diseases(9).

Among the currently sexually active respondents, only 165 (48.2%) 88 (57.9%) had experience of condom use during intercourse, of whom only 109(31.9%) of them were found to use condom consistently with in past six months. This finding lower than the study conducted at Amhara Regional State, kombolcha Town in 2007 which was 57.9% sexually active respondents were had history of condom use and only 34.9% were found to use condom consistently.

The possible suggestion for the discrepancy can be due to study population difference. The study conducted at Kombolcha Town was conducted on only male daily laborers. Since the female condom not easly available on the market majority of female couldn't got it. So the recent study included female participants.

In the present study; among 341 respondents who had history of intercourse only 165 (48.2) of them had ever used condom, while only 43 individuals used condom during their 1st sexual intercourse.This result is higher when compared with the study done among floriculture daily laborers in Holeta Town in 2013 by Adane kebede which was35.6% study participants were ever used condom and also 10.96% of them use it during their first time sexual intercourse. The educational status of study participants and the Town effort regarding to implementing STI prevention strategy may make the difference(21).

Sex and educational level were found that factors statistically significant association with condom use. Males respondent were 2.5 more likely to use condom than female respondents AOR=2.551, 95% CI :(1.214, 5.359). This may due to lack accessibility of female condom on the market. The study participants those who do not have formal education were 0.062 less likely to use condom than those who have completed secondary and above (AOR= 0.062, 95 % CI= (0.021, 0.181). The main reason for discrepancy was due knowledge barrier regarding to condom use.

Sex, educational level and chewing khat before intercourse were found that factors statistically significant association with history of having STIs. Males respondents were 0.318 less likely to have history of STIs than females (AOR=0.318, 95% CI :(0.13, 0.73). This is may be due females were socially and biologically more vurnelable for STIs. Study participants those who were have no formal education 22.48 times more likely to have history of STIs (AOR=22.48, 95% CI :(5.03, 100.30). This is may be due to lack of knowledge how to practice safe sexual intercourse. Study participants those who do not chew khat before sexual intercourse were 0.122 times less likely of having history of STIs than those who did it (AOR=0.122, 95% CI :(0.053, 0.280). This is due to substance abuse they do not utilize condom during intercourse.

This finding was higher when compared with the study done in Kombolcha Town which was the prevalence of self reported STIs among khat chewers were 47.6% as compared to 32.4% for non-chewers (9). This may be due to the difference between study population awareness to disclose their status and access to information and health service accessiblity with regard to STIs.

Illiterate daily workers were 0.062 less likely utilize condom than literate one (AOR= 0.062, 95 % CI= (0.021, 0.181). This result was higher when compared with the study conducted in Holata Town among floriculture daily laborers which was 11 to 12 less likely practice prevention. This may due to study area set up which means the recent study area was more closure to Addis Ababa where majority of population have awareness about prevention practice(21).

7. Strengths and limitations of the study

7.1. Strengths

- ✓ Use of contextually adopted standardized questionnaire.
- ✓ Use of face to face interviews during data collection to reduce non response rate

7.2. Limitations

- ✓ The study did not incorporate qualitative methods that enable triangulation of the generated information.
- ✓ The lack of studies with similar methodological approach and study subjects to compare and discuss some of the findings
- ✓ There was a possibility of recall biases during determination of some sexual behavior.
- ✓ Under reporting of STIs prevalence

8. Conclusions

The study was carried out to assess knowledge, attitude and practice towards sexually transmitted infections and condom utilization among daily laborers engaged in the construction sector. In spite of the limitations of the present study, it is possible to conclude that this study has shown that majority of respondents were have knowledge about sexually transmitted infections and condom use.

The overall knowledge of study participants about STIs indicated that 245(67.3%) and 285(78.3%) of respondents were knowledgeable about STIs and condom use respectively. Incase of attitude about condom more than half of study participants were have favorable attitude towards STIs and condom use.

Even though; knowledge about sexually transmitted infections and condom use is high among daily laborers there were gaps on prevention practice which was evidenced by only 48.2% of respondents ever used condom and consistent condom use among respondents was 29.9%. The rate of self reported sexually transmitted diseases is high among currently sexually active respondents (10.7%).

The assessment of factors that affecting consistent condom use and risk of STIs show that sex and educational level are significantly associated($p<0.05$) proper and consistent condom use while sex, Educational level and chewing chat before intercourse in another hand significantly associated($p<0.05$) with history of STIs.

Respondents those who do not chew khat before sexual intercourse 0.122 time less likely to have history of STIs (AOR=0.122, 95% CI :(0.053, 0.280). Participants those who do not have formal education 0.062 times less likely to use condom than those who were completed secondary and above [AOR = 0.062, 95% CI, (0.021, 0.181)).

However of large proportion of study participants were having awareness on STIs and condom use; majority of them practicing risky sexual practice. There was a gap between knowledge on STIs and sexual behavior of respondents.

9. Recommendations

The findings from this study indicate that daily laborers are practicing risky sexual practices that demands both short and long term interventions. Therefore, based on the main findings the following recommendations are forwarded:

- ✓ Enhance condom promotion activities using different approaches like youth clubs, community volunteers, peer groups discussion and work place condom distribution.

- ✓ Strengthening information, education and communication (IEC) activities in Continuous and organized manner to minimize the gap between knowledge and condom use practice.

- ✓ Effective community conversation and Peer education policy need to be set for daily laborers towards sexually transmitted disease and condom use.

- ✓ Ministry of Health ,Oromia health Bureau, Oromia investment office should have an integrated emphasis to strength daily laborers knowledge, attitude and practice towards sexually transmitted infections and condom use by facilitating peer education and community conversation about sexually transmitted disease and condom use.

- ✓ Governmental, non-governmental and other bilateral organizations those working on STIs interventions should support daily laborers in construction sector in order to developing their life skills to utilize condom.

- ✓ Promote the use of condom by ensuring it's available and accessibility for all those who want to use it and strengthening sustainable education towards STIs prevention.

- ✓ Peer education relating to Knowledge, attitude and practices towards sexually transmitted infections and consistent condom use should be strengthened in reaching daily laborers in construction sectors.

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11. ANNEXES

Annex I: Participant Information sheet and informed consent form in English

My name is _____. I am working as a data collector to assess knowledge, attitude and practice towards condom utilization among adult construction daily laborers of in Laga Tafo kebele with Chimdi Mulissa who is studying for his Master's degree at Addis Ababa University. I kindly request you to lend me your attention to explain you about the study and being selected as the study participant.

1. **QUESTIONNAIRE IDENTIFICATION DATA**
    001. QUESTIONNAIRE IDENTIFICATION NUMBER _____
    002. REGION: **Oromiya**
    003. Town: **Laga Tafo**

2. TITLE OF THE RESEARCH PROPOSAL:

ASSESSMENT OF KNOWLEDGE, ATTITUDE AND PRACTICE TOWARDS SEXUALLY TRANSMITTED INFECTIONS AND CONDOM USE AMONG DAILY LABORER ENGAGED IN CONSTRUCTION SECTOR IN LAGA TAFO AREA IN OROMIA SPECIAL ZONE, OROMIA REGIONAL STATE, ETHIOPIA.

3. PURPOSE OF THE STUDY:

The purpose of this study is to determine level of awareness; attitude and practice towards condom utilization and to design sexually transmitted infection reduction strategies among adult construction daily laborers as well as to write a thesis for a partial fulfillment of Masters in Public Health (MPH).

4. PROCEDURE AND DURATION OF THE STUDY:

The study will be conducted through interview. I will be interviewing you using a questionnaire to provide me with pertinent data that is helpful for the study and I will fill the questionnaire by interviewing you. The interview will take approximately thirty minutes, so I kindly request you to spare me this time for the interview.

5. BENEFITS AND RISK:

The risk of being participating in this study is very minimal, but only taking few minutes from your time. There would not be any direct payment for participating in this study. But the findings from this research may reveal important information for the local heath planners.

6. CONFIDENTIALITY:

The information you will provide us will be confidential. There will be no information that will identify you in particular. The findings of the study will be general for the study partipants and will not reflect anything particular of individual persons. The questionnaire will be coded to exclude showing names. No reference will be made in oral or written reports that could link participants to the research.

7. RIGHTS:

Your participation in this study is voluntary and you have the right to declare to participate or not in this study. If you decide to participate, you have the right to withdraw from the study at any time and this will not label you for any loss of benefits which you otherwise are entitled. You do not have to answer any question that you do not want to answer.

8. CONTACT ADDRESS OF PRINCIPAL INVESTIGATOR (PI)

In any case if you need any information you can contact the investigator by the following address.

Name	Address	Telephone & postal address	Email
Chimdi Mulissa (PI)	Addis Ababa University	0912161060 0970239514	Chimdimulissa141@gmail.com

9. DECLARATION OF INFORMED VOLUNTARY CONSENT:

I have clearly understood the purpose of the research, the procedures, benefit and the risks, issues of confidentiality, the rights of participating and the contact address of investigator for any of unclear questions. I have been given the opportunity to ask questions for things that may have been unclear. I was informed that I have the right to withdraw from the study at any time or not to answer any question that I do not want. Therefore, I declare my voluntary consent to participate in this study with my initials as indicated below.

Signature of participant: _____ Date: _____

Signature of data collector: _____ Date: _____

Annex II: Questionnaires of English Version

Instruction: - the following are interview questions in order to assess knowledge, attitude and practice towards condom utilization, please give your honest and truthful answer to each question from the indicated choices

1. Socio-demographic Characteristics of Respondents

No	Questions	Alternative and code	Skip to	Code
001	Sex	1. Male 2. Female		
002	How old are you?	_____year		
003	What is your religion?	1. Orthodox 2. Muslim 3. Protestant 4. Catholic 5. Others (specify)		
004	To which ethnic group do you belong?	1. Oromo 2. Amhara 3. Southern, nation, nationalities and peoples 4. Tigre 5. Other (specify)		
005	What is the highest education level you have completed?	1. Can't read and write 2. Can read and write 3. Grade 1-8 4. Grade 9-12 5. Certificate 6. Diploma		

		7. Degree 8. Other (specify)		
006	What is your current marital status?	1. Single 2. Married 3. Divorced		
007	When did you get married?	1. Age in year…… 2. Do not know		
008	What is your current monthly income?	1. Less than 500 2. 500-1000 birr 3. 1000-1500birr 4. 1500 birr and above 5. I do not know 6. No response		

2. Knowledge of STI and condom use

No	Questions	Alternative	Code	
			1	2
009	Have you ever heard about STIs?	2 ⟶ 013	Yes	No
010	If yes, which is /are sexually transmitted infections?	**1.** HIV/AIDS	Yes	No
		2. Hepatitis Virus	Yes	No
		3. Syphilis	Yes	No
		4. Gonorrhea	Yes	No
		5. Chlamydia	Yes	No
		6. Herpes	Yes	No
		7. I don't know		
011	Do you know the possible causes of STIs?		Yes	No
012	What are possible causes of STIs?	**1.** Bacteria	Yes	No
		2. Virus	Yes	No
		3. Fungus	Yes	No
		4. I don't know		
013	Do you know the transmission routes of STIs?		Yes	No
014	What are transmission routes of STIs?	**1.** Sexual intercourse	Yes	No
		2. Blood and blood products	Yes	No
		3. Sharing sharp materials	Yes	No
		4. Sharing clothes	Yes	No
		5. Mother to child	Yes	No
		6. I don't know		

015	Do you know the prevention Methods of STIs?		Yes	No
016	What are the methods of STI preventions?	**1.** consistent condom use	Yes	No
		2. faithful sex partner	Yes	No
		3. abstinence	Yes	No
		4. I don't know		
017	Do you know the signs/symptoms of STDs?		Yes	No
018	What are signs/symptoms of STDs?	**1.** Lower abdominal pain	Yes	No
		2. Discharge from penis/Vulva	Yes	No
		3. Itching from genital area	Yes	No
		4. Burning sensation during urination	Yes	No
		5. Pain during intercourse	Yes	No
		6. Genital ulcers /open sores	Yes	No
		7. Swelling around genital area	Yes	No
		8. Blood in urine	Yes	No
		9. Failure to urinate	Yes	No
		10. Denied	Yes	No
019	Have you heard about condom?		Yes	No
020	Which types of condom do you know?	**1.** Male condom		
		2. Female condom		
		3. Both condoms		
		4. I don't know		
021	Do you know the uses of condoms?		Yes	No
022	What are the uses of condoms?	**1.** Avoid HIV/AIDS only	Yes	No
		2. Avoid all STIs	Yes	No
		3. I don't know		

023	Do you know that condom has expiry date?		Yes	No
024	Can't be re-used single condom?		Yes	No
025	Should a condom be checked for leaks and holes before using it?		Yes	No

3. Attitude towards STIs and condom use

No	Questions	Alternative and code	Skip to	Code
026	Being a daily laborer makes you high risk for STI.	1. Strongly agree 2. Agree 3. No sure 4. Disagree 5. Strongly disagree		
027	STI patients should disclose their status	1. Strongly agree 2. Agree 3. Not sure 4. Disagree 5. Strongly disagree		
028	STI infected person should be isolated	1. Strongly agree 2. Agree 3. Not sure 4. Disagree 5. Strongly disagree		
029	Education about STIs can reduce risk of STI	1. Strongly agree 2. Agree 3. Not sure 4. Disagree 5. Strongly disagree		

030	All STI can be Cured	1. Strongly agree 2. Agree 3. Not sure 4. Disagree 5. Strongly disagree		
031	STI Can be prevented	1. Strongly agree 2. Agree 3. Not sure 4. Disagree 5. Strongly disagree		
032	Condom use decrease sexual pleasure.	1. Strongly agree 2. Agree 3. No sure 4. Disagree 5. Strongly disagree		
033	Condoms is effective for prevention of HIV/AIDS and other STI	1. Strongly agree 2. Agree 3. No sure 4. Disagree 5. Strongly disagree		
034	Condom should be unrolled before being put on the penis	1. Strongly agree 2. Agree 3. No sure 4. Disagree 5. Strongly disagree		

4. Sexual practice and condom use

No	Questions	Alternative	Code	
			1	2
035	Have you ever had sexual intercourse?	2 ⟶ 037	Yes	No
036	At what your age you had your first sexual intercourse?	Age in year_____		
037	With whom did you have your first sexual intercourse?	1. Wife /Husband		
		2. Commercial sex worker		
		3. Casual partner		
		4. Regular partner		
		5. No response		
038	In your lifetime, approximately with how many different partners have you had sex?	1. One		
		2. Two and more		
		3. Denied		
039	In the past SIX months, approximately with how many different partners have you had sex?	1. One		
		2. Two and more		
		3. Denied		
040	How many partners do you have currently?	1. One		
		2. Two and more		
		3. Denied		
041	When did you have sex for the last time?	1. Less than three week		
		2. Past one month		
		3. Past three month and more		
		4. Refuse /forget		
042	Have you ever had STD?	2 ⟶ 043	Yes	No

043	If your answer for Q034 is yes what measure have you taken?	1. I visit health facility		
		2. I took traditional medicine		
		3. Did nothing		
		4. Other specif_____		
044	When did you have had STD test?	1. Past one month		
		2. Past three month		
		3. Past six month and more		
		4. Denied		
045	Has a doctor or nurse ever told you have STD?		Yes	No
046	Which type of STD you had?	1. Syphilis	Yes	No
		2. Gonorrhea	Yes	No
		3. Chlamydia	Yes	No
		4. Herpes	Yes	No
		5. Genital warts	Yes	No
		6. Trichominas	Yes	No
		7. Hepitits	Yes	No
		8. HIV	Yes	No
		9. Denied		
047	If you haven't tested at health facility which sign and syptoms you exprienced?	1. Lower abdominal pain	Yes	No
		2. Discharge from penis/Vulva	Yes	No
		3. Itching from genital area	Yes	No
		4. Burning sensation during urination	Yes	No
		5. Pain during intercourse	Yes	No
		6. Genital ulcers /open sores	Yes	No

		7. Swelling around genital area	Yes	No
		8. Blood in urine	Yes	No
		9. Failure to urinate	Yes	No
		10. I don't know	Yes	No
048	Have you ever used condom?	1 ⟶ 050	Yes	No
049	If No, what was your reason?	1. Lack of awareness		
		2. Lack of accessibility		
		3. Unaffordable		
		4. Lack of interest		
		5. Makes sex less enjoyable		
		6. condoms cause itching		
		7. Due to religious faith		
		8. I trust my partner		
		9. Denied		
050	Did you use condom at your first intercourse?		Yes	No
051	In the past six months, did you use a condom when you had sex?		Yes	No
052	How often did you use condom in the past six months?	1. Always		
		2. most of time		
		3. some time		
		4. never		
053	Did you use a condom during your last intercourse?		Yes	No
054	What motivated you to use condom?	1. prevent STI	Yes	No
		2. To prevent HIV	Yes	No

		3. To prevent pregnancy	Yes	No
		4. Partner support for condom use	Yes	No
055	Have you ever drunk alcohol?	2 ⟶ 056	Yes	No
056	If yes, have you ever drunk alcohol before intercourse?		Yes	No
057	If yes, how often have you drunk alcohol before intercourse?	1. Always		
		2. Most of the time		
		3. Sometimes		
		4. Denied		
058	In the past six month did you drink alcohol?		Yes	No
059	If yes how often did you drink?	1. Always		
		2. Most of the time		
		3. Sometimes		
		4. Denied		
060	When have you drunk alcohol for the last time?	1. Past one month		
		2. Past three month		
		3. Past six month and more		
		4. Denied		
061	Have you ever chew khat?	2 ⟶ 062	Yes	No
062	If yes, have you ever chew khat before intercourse?		Yes	No
063	If yes, how often have you chew khat before intercourse?	1. Always		
		2. Most of the time		
		3. Sometimes		
		4. Denied		
064	In the past six month did you chew khat?		Yes	No

065	If yes how often did you chew khat?	1. Always		
		2. Most of the time		
		3. Sometimes		
		4. Denied		
066	When have you chew khat for the last time?	1. Past one month		
		2. Past three month		
		3. Past six month and more		
		4. Denied		
067	Have you ever encountered pressure from your friends to have sexual intercourse	1 ⟶ 063	Yes	No
068	If yes, how often did you have intercourse by your peer pressure influence?	1. Always		
		2. Most of the time		
		3. Sometimes		
		4. Denied		

Annex III: Participant Information sheet and informed consent form in Afan Oromo

Fuula Odeefannoo hirmaatotaa fi fedhiin hirmaachuuf heeyyamuu mirkaneessuu

Maqaa koo _____ jedhama. Ani qorannoo dafqaan bultootni ganda laga xafoo dhukkuba nafa saalaa fi kondomii irraatti beekumsa, ilaalcha fi muuxxannoo isaan qaban adda baasuf godhamu irratti akka odeeffannoo sassaabaatti Obbo cimdii Mul'isaa nama yunbarsiitii finfinneetti digirii isaa lammaffaa baratu waliin hojjechaan jira. Akkan waa'ee qorannoo kanaa fi filamuu keessan ibsuuf xiyyeeffannoo isin naaf kennitaniif isin galateeffadha.

1. **Ragaalee gaafannoo adda baasan**
   001. lakka addaa gaafannoo _____
   002. Naannoo : **Oromiya**
   003. Magaala: **Laga xaafoo**
2. **Mata dureen piroposaalii qoranichaa:**

   Biyya Itoophiyaa, Godina addaa oromiyaa Nannawaa finfinneetti; Xiinxala Beekumsa, Ilaalcha fi muxxannoo dafqaan bultootni ganda laga xaafoo kondomii fi dhukkuboota nafa salaa irraatti qaban gaggeessuu.

3. **Kaayyoo Qorannichaa**:

   Kaayyoon qorannoo kanaa beekumsa, ilaalchaa fi muuxxannoo dafqaan bultootni dhukkuboota nafa saalaa fi kondomii irraatti qaban adda baasuufi tarsiimoo tattamsa'ina dhukkuboota nafa saalaa dafqaan bultoota irraa ittisaan kalaquuf akkasumas oogummaa digirii lammaffaa guutachuuf qorannoo barreessuu dha.

4. **Toftaa fi yeroo qorannoon kun fudhatu.**

   Gaafannoo dhimma kanaaf qophaa'e fayyadamuun gaafiwwan isin gaafadhuuf deebiin isin kennitan qorannoo kanaafi gaafannoo akkan gutuu gargaara**.** Gaaffin kun daqiiqaa 30 ni fudhataa.kaanaafu yeroo kana akka naaf kennitan kabajaan isin gaafadha.

5. Faayidaa fi Midhaa

Midhaan qorannoon kun isin irraan gahuu danda'u baay'ee xiqqaa dha; innis yeroo keessan muraasa fudhachuu isaati.Kaffaltiin kallattiin kafalamu jiraachuu baatuus qorannoon kun karoora baastoota fayyaa haawasaa foyeessuf akka itti fayadaman gargaara.

6. Iccitti eegu:

Qoranno kana irraatti fedhii keessaniin hirmaatu waan ta'eef hirmaachuuf fedhii qabaachuu fi dhabuu keessan mirkaneessuuf mirga qabdu. Yoo hirmaachuuf murteessitan, yeroo barbaadanitti dhaabuuf mirga qabdu kanaafis faayiidaa isin addatti yoo hirmaachuu dhiistan dhabdan hin jiru.Gaaffii deebisuu hin feene hundaa deebisuu dhiisuu dandeessu.

7. Odeefannoo qorataa

Odeeffannoo kam illee yoo barbaadan teessoo armaan gadii kanaan qoraticha quunnamuu dandeessu.

Maqaa	Teessoo	Bilbilla	Emeeli
Cimdii Mul'isaa (Qo.)	Finfinnee	0912161060	Chimdimulissa141@gmail.com

8. Fedhiin hirmaachuuf heeyyamuu mirkaneessuu:

Kaayyoo, tooftaa, faayidaa fi miidhaa qoranichaa akkasumas dhimma iciitii fi mirga hirmaatotaa fi gaaffii ifa hin taaneef teessoo qoratichaa sirriitti hubadheera. Gaaffii naaf hin gale gaafachuufis carraan naaf kennamee jira. Yeroon barbaadetti qoranicha akkan addaan kutuu fi gaaffii deebii kennuufii hin feene akkan dhiisuuf mirga qabu natti himameera. Kanaafuu, fedhiin qoranicha keessatti hirmaachuuf heeyyamuu koo mallattoo koon armaan gaditti nan mirkaneessa.

Mallattoo hirmaataa : _____ Guyyaa : _____

Mallattoo odeeffannoo funaanaa: _____ Guyyaa: _____

Annex IV: Questionnaire Afaan Oromoo Version

Ajaja: -Gaaffannoon gaaffileewwan armaan gadii beekumsa, ilaalcha fi itti fayyadama kondomii dafqaan bultootni qaban xiinxaluufi, tokko tokko gaafilleef deebii amanamaa fi dhugaa ta'e fillannoowwan kennaman keessaa akka kennitan kabajaan isin beeksifna.

I. Gaaffiwwan Ragaa bu'uuraa hirmaataa/ttuu ilaallatan

Lakk	Gaaffilee	Filachiisaa	Filannoo
001	Saala	1. Dhiira 2. Dhalaa	
002	Umurii	Waggaa _____	
003	Amantaa	1. Oortodoksii 2. Muusiliima 3. Pirootestantii 4. Kaatolikii 5. Kan biroo (adda baasi)	
004	Sabummaa	1. Oromoo 2. Amaraa 3. Sabaa fi sablammoota uummatoota kibbaa 4. Tigiree 5. Kan biroo (adda baasi)	
005	Sadarkaa olaanaan barnootaa hangami?	1. Barreessuu fi dubbisuu kan hin dandeenyaa 2. Barreessuu fi dubbisuu kan danda'u 3. Kutaa 1-8 4. Kutaa 9-10 5. Kutaa 11-12	

		6. Ragaa kan qabu 7. Diploomaa 8. Digirii 9. Kan biroo (adda baasi)	
006	Haala gaa'ila	1. Qeenxee 2. fuudhe/ heerume 3. Nan hike	
007	Umurii kee waggaa meeqaatti fuute ykn heerumte?	1. Umurii baraan ____ 2. Hin beeku 3. Deebii hin kennine	
008	Galiin ji'aan argattan	1. Qarshii 500 gad 2. Qarshii 500-1000 3. Qarshii 1000-1500 4. Qarshii 1500 fi isaa ol 5. Hin beeku 6. Deebii hin kennine	

II. Gaaffilee beekumsa dhukkuboota nafa saalaan fi kondomiin wal qabatan

Lak	Gaaffilee	Filachiisaa	Lakka addaa	
			1	2
009	Kanaan dura waa'ee dhukkuboota nafa salaa dhageessee beektaa?	2 ⟶ 013	Eyyee	Lakki
	Eeyyee yoo jettee, isa kamtu dhukkuba nafa saalati?	1. HIV/AIDS	Eyyee	Lakki
		2. Vaayirasii tiruu	Eyyee	Lakki
		3. Coophxoo		
		4. Fanxoo		
		5. Kilamidiyaa		
		6. Herpesii		
011	Sababoota Dhukkuba nafa saalaa dhageesse beektaa?	7.	Eyyee	Lakki
012	Dhukkuboota nafa saalaaf kan sababa ta'uu danda'uu isa kami?	1. Baakteriyaa	Eyyee	Lakki
		2. vaayirasii	Eyyee	Lakki
		3. Fangasii	Eyyee	Lakki
		4. Hin beeku	Eyyee	Lakki
013	Karaalee dhukkubooni nafa saalaa ittin daddarban beektaa?		Eyyee	Lakki
014	Karalee dhukkubooni nafa saalaa ittin daddarban isaan kamii?	1. walqunamtii saalaa	Eyyee	Lakki
		2. dhiiga kennuu ykn fudhachuu	Eyyee	Lakki
		3. waantota qara qabanin	Eyyee	Lakki
		4. uffata waliin fayyadamuu	Eyyee	Lakki
		5. haadha irraa daa'immatti	Eyyee	Lakki

		6. hin beeku		
015	Maloota dhukkuboota nafa saalaa ittiin ittisan beektaa?	7.	Eyyee	Lakki
016	Maloota dhukkuboota nafa saalaa ittisan kami?	1. Kondomii fayyadamuu	Eyyee	Lakki
		2. Waliif amanamuu	Eyyee	Lakki
		3. Qunnamtii saalaa lagachuu	Eyyee	Lakki
		4. hin beeku		
017	Mallattolee dhukkuboota nafa saalaa beektaa?	5.	Eyyee	Lakki
018	Mallattolee dhukkuboota nafa saalaa isa kam?	1. Dhukkubbii garaa gara gadii	Eyyee	Lakki
		2. Dhangala'aa badaa qaama saalaa keessaa ba'uu	Eyyee	Lakki
		3. Nafa saalaa hooksisuu	Eyyee	Lakki
		4. Yeroo fincanii miraa gubuu	Eyyee	Lakki
		5. dhukkubbiii yeroo qunnamtii saalaa	Eyyee	Lakki
		6. Qaama saalaa irraatti madaa	Eyyee	Lakki
		7. Dhiitoo naannnoo nafa saalaa	Eyyee	Lakki
		8. Dhiiga fincaan keessatti	Eyyee	Lakki
		9. Fincaa'uu dadhabuu	Eyyee	Lakki
		10. Deebii hin kennine		
019	Kanaan dura waa'ee kondomii dhageessee beektaa?	2 ⟶ 021	Eyyee	Lakki
020	Gosa kondomii kam beekta?	1. Kondomii dhiiraa	Eyyee	Lakki
		2. Kondomii dhalaa	Eyyee	Lakki
		3. Kondomii gosa lamaanuu	Eyyee	Lakki
		4. Deebii hin kennine		

021	Faayidaa kondomii ni beektaa?	5.	Eyyee	Lakki
022	Faayidaan kondomii maalii?	1. HIV qofa ittisuuf	Eyyee	Lakki
		2. Dhukkuboota nafa saalaa ittisuuf	Eyyee	Lakki
		3. Deebii hin kennine		
023	Kondomiin akka guyyaa tajaajilaa qabu ni beektaa?		Eyyee	Lakki
024	Kondomii tokko yeroo tokkoo oliif fayyadaa?		Eyyee	Lakki
025	Kondomiin akka yaasuu fi uraa qabu osoo itti hin fayyadamiin dura mirkaneessuun barbaachisaadhaa?		Eyyee	Lakki

III. Gaaffilee Ilaalcha Itti fayyadama kondomii fi dhukkuboota nafa saalaan wal qabatan

Lakk	Gaaffilee	Filachiisaa	Filannoo
026	Dafqaan bulaan ta'uun dhukkuboota walqunnamtii saalaan dhufaniif nama saaxila jettee ni yaaddaa?	1. Cimseen deeggara 2. Nan deeggara 3. Hubannoo hinqabu 4. Hindeeggaru 5. Cimseen morma	
027	Namni dhukkuba nafa saalaa qabu waa'ee fayyummaa isaa dhoksuu hinqabu	1. Cimseen deeggara. 2. Nan deeggara 3. Hubannoo hinqabu 4. Hindeeggaru 5. Cimseen morma	
028	Namni dhukkuba nafa saalatiin qabame namoota kuunirraa adda bahuu qaba	1. Cimseen deeggara. 2. Nan deeggara 3. Hubannoo hinqabu 4. Hindeeggaru 5. Cimseen morma	
029	Waa'ee dhukkuba nafa saalaa irratti barnoota kennuun saaxilamummaa ni hir'isa.	1. Cimseen deeggara. 2. Nan deeggara 3. Hubannoo hinqabu 4. Hindeeggaru 5. Cimseen morma	
030	Dhukkubootni nafa saalaa hunduu fayyuu ni danda'u	1. Cimseen deeggara. 2. Nan deeggara 3. Hubannoo hinqabu 4. Hindeeggaru 5. Cimseen morma	

031	Dhukkuboota nafa saalaa hundaa ittisuun ni danda'ama.	1. Cimseen deeggara. 2. Nan deeggara 3. Hubannoo hinqabu 4. Hindeeggaru 5. Cimseen morma	
032	Kondomiin feedhii quunnamtii saalaa ni hir'isa	1. Cimseen deeggara. 2. Nan deeggara 3. Hubannoo hinqabu 4. Hindeeggaru 5. Cimseen morma	
033	Kondomiin HIV/AIDS fi dhukkuboota nafa saalaa biroo ni ittisa.	1. Cimseen deeggara. 2. Nan deeggara 3. Hubannoo hinqabu 4. Hindeeggaru 5. Cimseen morma	
034	Kondomiin qaama saala dhiiraa irraatti osoo hin godhamiin marsaan isaa hiikamuu qaba.	1. Cimseen deeggara. 2. Nan deeggara 3. Hubannoo hinqabu 4. Hindeeggaru 5. Cimseen morma	

IV. Gaaffilee qunnamtii saalaan fi Itti fayyadama kondomiin walqabatan

Lak	Gaaffilee	Filachiisaa	Filannoo	
			1	2
035	Qunnamtii saalaa raawwattee beektaa?	2 ⟶ 037	Eeyyee	Lakki
036	Walqunnamtii saalaa yeroo jalqabaaf umrii waggaa meeqaatti raawwatte?	Umrii waggaadhaan……	Eyyee	Lakki
037	Yeroo jalqabaa walqunnamtii saalaa eenyu waliin raawwatte?	1. Haadha manaa		
		2. daldaalaa fedhii saalaa		
		3. Nama tasa ittiin walbarte		
		4. Jaalaalleekee		
		5. Deebii hin kennine		
038	Umurii kee kana keessatti hiriyoota qunnamtii saalaa waliin raawwatte meeqa qabda?	1. Tokko		
		2. Lama fi sanaa ol		
		3. Deebii hin kennine		
039	Ji'oota ja'an darban keessatti tilmaamaan hiriyoota kee meeqa waliin qunnamtii saalaa raawwatte?	1. Tokko		
		2. Lama fi sanaa ol.		
		3. Deebii hinkennine		
040	Yeroo ammaa kana hiriyoota walqunnamtii saalaa meeqa qabda?	1. Tokko		
		2. Lamafi sanaa ol		
		3. Deebii hinkennine		
041	Walqunnamtii saalaa yeroo dhumaaf	1. Torbee sadii asitti		

	yoom raawwatte?	2. Ji'a darbe		
		3. Ji'oota sadiifi sanaa ol		
		4. Deebii hinlaanne		
042	Kanaan dura dhukkuba nafa saalaan qabamtee beektaa?	2 ⟶ 043		
043	Gaaffii lakk.037irratti deebiin kee eeyyee yoo ta'e tarkaanfii maalii fudhatte?	1. Mana yaalattin ilaalame		
		2. Qorichoota aadaan fudhadhe		
		3. Homaayyuu		
		4. Deebii hin kennine		
044	Dhukkuboota nafa saalaaf yoom qoratamte.	1. Ji'a darbe keessa		
		2. Ji'oota sadan darban		
		3. Ji'oota ja'an darbanii fi Sanaa ol	Eyyee	Lakki
		4. Deebii hin kennine		
045	Ogeessi Fayyaa dhukkuba nafa saalaa qabaachuu kee sitti himeeraa?			
046	Dhukkuboota nafa saalaa keessaa kamtu si qabe ture?	1. Fanxoo		
		2. Cophxoo		
		3. Chlamydia		
		4. Herpes		
		5. Genital Warts		
		6. Trichomonas		

		7. Hepititis		
		8. HIV		
		9. Deebii hin kennine		
047	Yoo mana yaalaatti hin qoratamne ta'e mallattoo akkamii ofirratti argite?	1. Dhukkubbii garaa gara gadii		
		2. Dhangala'aa qaamaa saalaa keessaa ba'u		
		3. Nafa saalaa hooqsisuu		
		4. Yeroo fincaan fincaa'u miira gubuu		
		5. Dhukkubbii yeroo walqunnamtii saalaa		
		6. Madaa'uu qaama saalaa		
		7. Dhiitoo naannoo nafa saalaa		
		8. Dhiiga fincaa'uu		
		9. Fincaa'uu dadhabuu		
		10. Deebii hin kennine		
048	Kondomiitti gargaaramtee beektaa?	1 ⟶ 050		
049	Lakki yoo jette sababiin isaa maalii?	1. Hubannoo dhabuu		
		2. Kondomii argachuu wan hin dandeenyeef		
		3. Kondomii bitachuu wan hin dandeenyeef		
		4. Fayyadamuuf fedhii hin qabu		
		5. Kondomiin fedhii saalaa hir'isa		
		6. Kondomiin miira nama hooksisuu qaba		
		7. Kondomii fayyadamuu amantaan na daangessa		

		8. Hiriyaa koo waanin amanuuf		
		9. Deebii hin kennine		
050	Yeroo jalqabaaf quunnamtii saalaa yeroo raawwatte kondomii fayyadamtee?	1. Eeyyee 2. Lakki		
051	Ji'oottan darban kana keessa yommuu qunnamtii saalaa raawwattu, kondomii fayyadamtee?			
052	Ji'oottan ja'an darban kana keessa kondomii hammamiif fayyadamte?	1. Yeroo hunda		
		2. Yeroo hedduu		
		3. Darbee darbee		
		4. Hin fayyadamne		
053	Yeroo dhumaaf yommuu qunnamtii saalaa raawwatte kondomii fayyadamtee?			
054	Kondomii akka fayyadamtuuf maaltu si kaka'umsa sitti uume?	1. Dhukkuboota nafa saalaa ittisuuf		
		2. HIV ittisuuf		
		3. Ulfa ittisuuf		
		4. Garagaarsa hiriyaa akkan gargaaramuuf		
		5. Deebii hin kennine		
055	Dhugaatii alkoolii dhugdee beektaa?	2 ⟶ 056		
056	Eyyee yoo jette, quunnamtii saalaa raawwachuun dura dhugaatii alkoolii dhugdee beektaa?			
057	Eeyyee yoo jette, si'a meeqaaf quunnamtii saalaa raawwachuun dura dhugaatii alkoolii dhugde?	1. Yeroo hundaa		
		2. Yeroo baay'ee		

		3. Darbee darbee		
		4. Deebii hin kennine		
058	Ji'oota jahan darban keessatti alkoolii dhugdee beektaa?			
059	Eeyyee yoo jette si'a meeqaaf ture?	1. Yeroo hundaa		
		2. Yeroo baay'ee		
		3. Darbee darbee		
		4. Deebii hin kennine		
060	Dhugaatii alkoolii yeroo dhumaatiif yoom dhugde?	1. Ji'a darbe keessa		
		2. Ji'oota sadan darban		
		3. Ji'oota ja'an darbanii fi Sanaa ol		
		4. Deebii hin kennine		
061	Caatii qamaatee beektaa?	2 ⟶ 062		
062	Eeyyee yoo jette, walqunnamtii salaa dura qamaatee beektaa?			
063	Eeyyeen yoo jette, si'a meeqaaf walqunnamtii saalaa raawwachuun dura qamaate?	1. Yeroo hundaa		
		2. Yeroo baay'ee		
		3. Darbee darbee		
		4. Deebii hin kennine		
064	Ji'oota jahan darban keessatti caatii qamaatee beektaa?			
065	Eeyyeen yoo jette, yeroo meeqaaf qamaate?	1. Yeroo hundaa		
		2. Yeroo baay'ee		
		3. Darbee darbee		
		4. Deebii hin kennine		

066	Yeroo dhumaatiif caatii yoom qamaate?	1. Ji'a darbe keessa		
		2. Ji'oota sadan darban		
		3. Ji'oota ja'an darbanii fi Sanaa ol		
		4. Deebii hin kennine		
067	Walqunnamtii saalaa akka raawwattuuf dhiibbaan karaa hiriyoota kee sirratti godhamee beeku jiraa?	1 ⟶ 063		
068	Eeyyee yoo jette, si'a meeqaaf dhiibbaa hiriyoota keetiin walqunnamtii saalaa raawwatte?	1. Yeroo hundaa		
		2. Yeroo baay'ee		
		3. Darbee darbee		
		4. Deebii hin kennine		

Annex V: Participant Information sheet and informed consent form in Amharic

ስሜ _____እባላለሁ፡፡ በለገጣፎ ቀበሌ ውስጥ የሚኖሩትን የቀን ሠራተኞች በአባላዘር በሽታና በኮንዶም አጠቃቀም ላይ ያላቸውን ክህሎት ፣አመለካከት እና ተግባራት የሚደረገውን ጥናት ላይ እንደ ማስረጃ ሰብሳቢ ከአቶ ጭምዲ ሙልሳ የ2ኛ ድግሪ ተማሪ አዲስ አባባ ዩንቨርስቲ ጋር እየሰራሁ ነው ፡፡ ስለ ጥናቱ እና ለጥናቱ ስለ መመረጦን እንድያብራራሎት ስለሰጡኝ ትኩረት አስቀድሜ አመሰግናልሁ ፡፡

1. **የመጠየቁ መለያ**

001. የመጠየቁ መለያ ቁጥር _____

002. ክልል: ኦሮሚያ

003. ከተማ: ለገ ጣፎ

2. **የጥናቱ ሃሳብ እቅድ**

በኢትዮጲያ አዲስ አበባ ዙሪያ በምትገኘዉ በኦሮሚያ ልዩ ዞን በለገጣፎ ቀበሌ ውስጥ የሚኖሩትን የቀን ሠራተኞች በአባላዘር በሽታና በኮንዶም አጠቃቀም ላይ ያለቸውን ክህሎት፤ አመለካከትና ተግባራትን መገምገም ነው ፡፡

3. **የጥናቱ ዓላማ**

የዚህ ጥናት ዓላማ በለገጣፎ ቀበሌ ውስጥ የምኖሩት የቀን ሰራተኞች በአባላዘር በሽታና በኮንደም አጠቃቀም ላይ ያላቸውን ክህሎት፤ አመለካከትና ተግባራት ለመለየትና የአባላዘር በሽታን ስርጭት ለመግታትና የኮንደም አጠቃቀምን ለመጨመር እስትራቴጂ ለመንደፍ እንዲሁም የ2ኛ ድግሪ ሙያ ለማሟላት ጥናትን መፃፍ ነው ፡፡

4. **የጥናቱ ዘዴና የሚወስደዉ ግዜ**

ለዚህ ጉዳይ የተዘጋጀውን መጠየቅ በመጠቀም ለምንጠይቃቸው ጥያቄዎች የምትሰጡን መልስ የዚህን ጥናት መጠይቅን እንድንሞላ ይረዳናል ፡፡ ይህ መጠይቅ 30 ደቂቃ ይወስዳል ፤ ስለዚህ ይህንን ጊዜ እንድሰጡን በአክብሮት እጠይቃለሁ፡፤

5. የጥናቱ ጥቅምና ጉዳት

ይህ ጥናት የሚያደርስባችሁ ጉዳት በጣም ጥቂት ነው ። እርሱም ካላችሁ ግዜ ጥቂቱን መውሰዱ ነው ። ለዚህ በቀጥታ የሚከፈሎት ክፍያ ባይኖርም ጥናቱ ለእቅድ አውጪዎች የህብረተሰቡን ጤናን ለማሻሻል እንዲጠቀሙ ይረዳቸዋል ።

6. **ምስጢርን መጠበቅ**

በዚህ ጥናት ላይ በፍላጎት ስለምትሳተፉ ፣ፍላጎት እንዳላችሁና እንደሌላችሁ ማረጋገጥ አለባችሁ።። ለመሳተፍ ከወሰኑ በምትፈልጉበት ግዜ እና ሰዓት ለማቋረጥ መብት አለዎት ። ባለመሳተፍ በልዩነት የምታጡት ጥቅም የለም። መመለስ የማትፈልጉትን ጥያቄ ሁሉ ላለመመለስ ይችላሉ።።

7. የተመራማሪ ማስረጃ ፡-

ማንኛውንም ማስረጃ ከፈለጉ ከዚህ በታች ባለው አድራሻ ተመራማሪውን ማግኘት ይችላሉ ።

ሥም	አድራሻ	ስልክ	ኢ-ሜል
ጭምዲ መሳ	አዲስ አበባ	09 12 16 10 60	Chimdimulissa141@gmail .com

8. በፍላጎት ለመሳተፍ ፈቃደኝነትን ማረጋገጥ

የጥናቱ ዓላማ ፣ዘዴ ፣ ጥቅምና ጉዳት እንዲሁም የሚስጥር ጉዳይና የተሳታፊዎች መብት በተጨማሪም ግልፅ ያልሆኑትን ጥያቄዎች ለመጠየቅ የተመራማሪውን አድራሻ በአግባቡ ተረድቻለሁ ። ያልገባኝን ጥያቄ ለመጠየቅ እድል ተሰጥቶኛል ።በፈለኩት ሰዓት ጥናቱን ማቋረጥና መልስ መስጠት ያልፈለኩበትን ጥያቄ ላለመመለስ መብት እንዳለኝ ተረድቻለሁ ። ስለዚህ በፍላጎቴ ጥናቱ ውስጥ ለመሳተፍ ፍቃደኛ መሆኔን ከዚህ በታች በፊርማዬ አረጋግጣለሁ ።

የተሳታፊ ፊርማ _____ቀን _____

የማረጃ ሰብሳቢ ፊርማ _____ ቀን_____

Annex VI: Questionnaire Amharic Version

ትዕዛዝ ፤ ከዚህ በታች ያሉትን የመጠይቅ ጥያቄዎች የለገጣፎ ቀበሌ የቀን ሰራተኞች በአባላዘር በሽታና ኮንደም አጠቃቀም ላይ ያላቸውን ክህሎት አመለካከትና ተግበራት ለመገምገም ስለሚረዱን ለእያንዳንዳቸዉ ጥያቄ ትክክለኛዉንና አሳማኝ ምላሽ ከተሰጡት አማራጮች እንድትሰጡን በአክብሮት እንጠይቃለን ::

I. የተሳታፊ ማረጃ የሚመለከት ጥያቄ

ኮድ	ጥያቄ	አማራጭ	ምርጫ
001	ፆታ	1. ሴት 2. ወንድ	
002	እድሜ	ዓመት	
003	እምነት	1. ኦርቶዶክስ 2. ሙስሊም 3. ፕሮቴስታንት 4. ካቶሊክ 5. ሌላ	
004	ብሔር	1. ኦሮሞ 2. አማራ 3. የደቡብ ህዝቦችና ብሄር ብሄረሰቦች 4. ትግሬ 5. ሌላ	
005	የትምህርት ደረጃ	1. ማንበብና መፃፍ የማይችል 2. ማንበብ መፃፍ የሚችል 3. 1 – 8 ክፍል 4. 9- 12 5. ሰርተፍኬት 6. ዲፕሎማ 7. ድግሪ 8. ሌላ	
006	የትዳር ሁኔታዎ	1. ላጤ 2. አግብቻለሁ 3. ፈትቻለሁ	
007	አገብቶ ከሆነ በስንት ዓመት ነዉ ወደ ትዳር ህይት የገቡት	እድሜ በዓመት.....አላውቅም	
008	የወር ገቢዎት	1. 500 ብር 2. 500-1000 ብር 3. 1001-1500 ብር 4. 1500 ብር በላይ 5. መልስ አልሰጥም	

II. ከአባላዘር በሽታ ጋር የተያያዙ የክሎት ጥያቄዎች

ኮድ	ጥያቄ	አማራጭ	ኮድ	
			1	2
009	ስለ ኣባለዘር በሽታ ሰምተዉ ያዉቃሉ?	2 ⟶ 013	አዎ	አይ
	መልሰዎት አዎ ከሆነ የትኛው የአባላዘር በሽታ	1. ኤች አይቪ ኤድስ	አዎ	አይ
		2. የጉበት ቫይረስ	አዎ	አይ
		3. ቂጥኝ	አዎ	አይ
		4. ጨብጥ	አዎ	አይ
		5. ክላሚዲያ	አዎ	አይ
		6. ሄርፒስ	አዎ	አይ
		7. መልስ አልሰጥም		
011	የአባለዘር በሽታ ምክንያቶች ያዉቃሉ?	8.	አዎ	አይ
012	ለአባላዘር በሽታ ምክንያት የሚሆኑት የትኞቹ ናቸው	1.ባክቴሪያ	አዎ	አይ
		2.ቫይረስ	አዎ	አይ
		3.ፈንገስ	አዎ	አይ
		4.አላዉቅም		
013	የአባላዘር በሽታ የመተላለፍያ መንገዶች ያዉቃሉ?			
014	የአባላዘር በሽታ የመተላለፍያ መንገድ የትኛው ነው	1. ግብረስጋ ግኑኝነት	አዎ	አይ
		2. ደም በመውሰድ	አዎ	አይ
		3. ስለታማ እቃዎችን በጋራ በመጠቀም	አዎ	አይ
		4. ልብስን በጋራ መጠቀም	አዎ	አይ
		5. ከእናት ወደ ልጅ	አዎ	አይ

		6. አላዉቅም		
015	የአባላዘር በሽታ መከላከያ ዘዴዎች ያዉቃሉ?	7.		
016	የአባላዘር በሽታ መከላከያ ዘዴ የትኛው ነው	1. ኮንደም መጠቀም	አዎ	አይ
		2. መወሰን	አዎ	አይ
		3. መታቀብ	አዎ	አይ
		4. አላዉቅም		
017	የአባላዘር በሽታ ምልክቶች ያዉቃሉ?	5.		
018	የአባላዘር በሽታ ምልክት የትኛው ነው	1. የሆድ በታች ህመም	አዎ	አይ
		2. ከብልት ፈሳሽ መፍሰስ	አዎ	አይ
		3. ብልት አካባቢ ማሳከክ	አዎ	አይ
		4. በሽንት ጊዜ የማቃጠል ስሜት	አዎ	አይ
		5. በግኑኝነት ጊዜ ህመም	አዎ	አይ
		6. የብልት መቁሰል	አዎ	አይ
		7. ብልት አካባቢ ማበጥ	አዎ	አይ
		8. ደም የተቀላቀለበት ሽንት	አዎ	አይ
		9. መሽናት አለመቻል	አዎ	አይ
		10. መልስ አልሰጠም		
019	ከዚህ በፊት ስለ ኮንዶም ሰምተዉ ያዉቃሉ?	2 ⟶ 021	አዎ	አይ
020	የትኛዉን ዓይነት?	1. የወንድ ኮንዶም	አዎ	አይ
		2. የሴት ኮንዶም	አዎ	አይ
		3. ሁለቱም	አዎ	አይ
		4. አላቅም		
021	የኮንዶም ጥቅም ያዉቃሉ?			

022	**የኮንዶም ጥቅም ምንድን ነው ?**	1 **ኤች አይ ቪ ኤድስን ለመከላከል**	**አዎ**	**አይ**
		2 **የአባላዘር በሽታን ለመከላከል**	**አዎ**	**አይ**
023	**ኮንዶም የአገልግሎት ጊዜ እንዳለ ያዉቃሉ**		**አዎ**	**አይ**
024	**አንድን ኮንዶም ከአንድ ግዜ በላይ መጠቀም ይቻላል ብሎ ያስባሉ?**		**አዎ**	**አይ**
025	**ኮንዶም ከመጠቀም በፊት ቀዳዳ እንዳለውና እንደሌለዉ ያረጋግጣሉ?**		**አዎ**	**አይ**

III. ከአባላዘር በሽታ ጋር የተያያዘ የአመለካከት ጥያቄዎች

ኮድ	**ጥያቄ**	**አማራጭ**	**ምርጫ**
026	**ቀን ሰራተኛ መሆን ለአባላዘር በሽታ ያጋልጣል**	1. **አጥብቄ እደግፋለሁ** 2. **እደግፋለሁ** 3. **ግንዛቤ የለኝም** 4. **አልደግፍም** 5. **አጥብቄ እቃወማለሁ**	
027	**በአባላዘር በሽታ የተጠቃ ሰው የጤናው ሁኔታ መደበቅ የለበትም**	1. **አጥብቄ እደግፋለሁ** 2. **እደግፋለሁ** 3. **ግንዛቤ የለኝም** 4. **አልደግፍም** 5. **አጥብቄ እቃወማለሁ**	
028	**በአባላዘር በሽታ የተያዘ ሰው ከሌላ ሰው መገለል አለበት**	1. **አጥብቄ እደግፋለሁ** 2. **እደግፋለሁ** 3. **ግንዛቤ የለኝም** 4. **አልደግፍም** 5. **አጥብቄ እቃወማለሁ**	
029	**ስለ አባላዘር በሽታ ማስተማር ተጋላጭነትን ይቀንሳል**	1. **አጥብቄ እደግፋለሁ** 2. **እደግፋለሁ** 3. **ግንዛቤ የለኝም** 4. **አልደግፍም** 5. **አጥብቄ እቃወማለሁ**	

030	የአባላዘር በሽታ ሁሉ በህክምና መዳን ይችላሉ	1. አጥብቄ እደግፋለሁ 2. እደግፋለሁ 3. ግንዛቤ የለኝም 4. አልደግፍም 5. አጥብቄ እቃወማለሁ	
031	የአባላዘር በሽታ ሁሉ መከላከል ይችላል	1. አጥብቄ እደግፋለሁ 2. እደግፋለሁ 3. ግንዛቤ የለኝም 4. አልደግፍም 5. አጥብቄ እቃወማለሁ	
032	ኮንዶም የወሲብ ስሜትን ይቀንሳል	1. አጥብቄ እደግፋለሁ 2. እደግፋለሁ 3. ግንዛቤ የለኝም 4. አልደግፍም 5. አጥብቄ እቃወማለሁ	
033	ኮንዶም መጠቀም አች አይ ቪ እና ሌሎች የአባላዘር በሽታን ይቀንሳል	1. አጥብቄ እደግፋለሁ 2. እደግፋለሁ 3. ግንዛቤ የለኝም 4. አልደግፍም 5. አጥብቄ እቃወማለሁ	
034	ኮንዶም የወንድ ብልት ላይ ከመደረጉ በፊት ጥቅሉ መፈታት አለበት	1. አጥብቄ እደግፋለሁ 2. እደግፋለሁ 3. ግንዛቤ የለኝም 4. አልደግፍም 5. አጥብቄ እቃወማለሁ	

IV. የግብረ ስጋ ግንኙነትና የኮንዶም አጠቃቀም ጋር የተያያዘ ጥያቄ

ኮድ	ጥያቄዎች	አማራጮች	ምርጫ	
035	ግብረ ስጋ ግንኙነት አድርጎ ያውቃሉ?	2 ⟶ 037	አዎ	አይ
036	በስንት አመቶት ያታዊ ግኑኝነት ጀመሩ?	እድሜ በአመት----------		
037	ለመጀመሪያ ግዜ ያታዊ ግኑኝነት ከማንጋር ነዉ ያደረጉት?	1. ከትዳር ጓደኛዬጋር		
		2. ከሴተኛ አዳሪ ጋር		
		3. በድንገት ከማይታቅ ሰውጋር		

		4. ከቋሚ ደንበኛ ጋር		
		5. መልስ አልሰጥም		
038	በህይወት ዘመኖት ከስንት ሰው ጋር ፆታዊ ግኑኝነት አድርጓል?	1. አንድ		
		2. ሁለት እና ከዛበላይ		
		3. መልስ አልሰጥም		
039	ባለፉት ስድስት ወር ከስንት ሰዉ ጋር ፆታዊ ግኑኝነት አድርጓል?	1. አንድ		
		2. ሁለት እና ከዛበላይ		
		3. መልስ አልሰጥም		
040	በአሁኑ ወቅት የግብረ ስጋ ጓደኛ ስንት አሎት ?	1. አንድ		
		2. ሁለትና ከዛ በላይ		
		3. መልስ አልሰጥም		
041	ለመጨረሻ ግዜ ፆታዊ ግኑኝነት ያደረጉት መቼ ነዉ?	1. ከሶስት ሣምንት ወዲህ		
		2. ከአንድ ወር በፊት		
		3. ከሶስት ወርና ከዛ በፊት		
		4. መልስ አልሰጠም		
042	ከዚበፊት በአባላዘር በሽታ ተይዞ ያዉቃሉ?	2 ⟶ 043	አዎ	አይ
043	ለቁጥር 037 አዎ ካሉ ምን ዓይነት እርምጃ ወሰዱ?	1. ህክምና		
		2. የባህል መዳኒት ወሰድኩ		
		3. ምንም		
		4. መልስ አልሰጥም		
044	ጤና ድርጂት ከታዩ ምርመራዉን ያደረጉት መቼ ነዉ?	1. ባለፈዉ ወር		
		2. ከሦስት ወር በፊት		
		3. ከስድስት ወር በፊት		
		4. መልስ አልሠጠም		
045	ዶክተሩ/ሯ የአባላዜር በሽታ እንዳለቦት ነግሮታል?		አዎ	አይ
046	ቤየትኛዉ የአባላዜር በሽታ ነዉ የተጠቁት?	1. ቂጥኝ	አዎ	አይ

		2. ጨብጥ	አዎ	አይ
		3. ክላሚዲያ	አዎ	አይ
		4. ሄርፔስ	አዎ	አይ
		5. የብልት ኪንታሮት	አዎ	አይ
		6. ትራኮሚናስ	አዎ	አይ
		7. የጉበት ቫይረስ	አዎ	አይ
		8. ኤች.አይ.ቪ	አዎ	አይ
		9. መልስ አልሰጠም		
047	በጤና ተቋም ካልታዩ የትኛዉ ምልክት ነዉ የታየቦት?	1. የታችኛዉ ሆድ ህመም	አዎ	አይ
		2. ከብልት የሚፈስ ፈሳሽ	አዎ	አይ
		3. ብሊት አከባቢ የማሳከክ ስሜት	አዎ	አይ
		4. ሽንት ሲሸኑ የማቃጠል ስሜት	አዎ	አይ
		5. በግኑኝነት ግዜ የህመም ስሜት	አዎ	አይ
		6. የብልት መቁሰል	አዎ	አይ
		7. ብልት አከባቢ ማበጥ	አዎ	አይ
		8. ደም የቀላቀለ ሽንት	አዎ	አይ
		9. መሸናት አለመቻል	አዎ	አይ
		10. መልስ አልሰጠም		
048	ኮንዶም ተጠቅሞ ያቃለ?	1 ⟶ 050	አዎ	አይ
049	አይ ካሉ ምክንያቱ ምንድ ነዉ?	1. ግንዛቤ ማጣት	አዎ	አይ
		2. የኮንዶም አቅርቦት ማጣት	አዎ	አይ
		3. መግዛት አለመቻል	አዎ	አይ
		4. ለመጠቀም ፍላጎት የለኝም	አዎ	አይ
		5. ኮንዶም እርካታን ይቀንሳል	አዎ	አይ
		6. ኮንዶም የማሣከክ ስሜት ዓለዉ	አዎ	አይ
		7. ኃይማኖቴ ይከለክለኛል	አዎ	አይ

		8. ጓደኛዬን አምናለሁ	አዎ	አይ
		9. መልስ አልሰጠም	አዎ	አይ
050	የመጀመሪያ ጊዜ ፆታዊ ግኑኝነት ሲያደርጉ ኮንዶም ተጠቅመዉ ነበር?		አዎ	አይ
051	ባለፉት ስድስት ወራት ፆታዊ ግኑኝነት ሲያደርጉ ኮንዶም ተጠቅመዉ ነበር?		አዎ	አይ
052	ባለፉት ስድስት ወራት ለምንያህል ግዜ ኮንዶም ተጠቅሟል?	1. ሁልግዜ		
		2. አብዛኛዉን ግዜ		
		3. ዓልፎ ዓልፎ		
		4. አልተጠቀምኩም		
053	ለመጨረሻ ግዜ ፆታዊ ግኑኝነት ሲያደርጉ ኮንዶም ተጠቅመዉ ነበር?		አዎ	አይ
054	በኮንዶም እንዲጠቀሙ ያነሣሣዎት ምንድ ነዉ?	1. የአባለዘር በሽታን ለመከላከል	አዎ	አይ
		2. ኤች.አይ.ቪ ለመከላከል	አዎ	አይ
		3. እርግዚናን ለመከላከል	አዎ	አይ
		4. ጓደኛዬን ለመተባበር	አዎ	አይ
		5. መልስ አልሰጠም		
055	የአልኮል መጠጥ ጠጥቶ ያዉቃሉ?	2 ⟶ 056	አዎ	አይ
056	አዎ ካሉ, ፆታዊ ግኑኝነት ከማረጎት በፊት የአልኮል መጠጥ ጠጥቶ ያዉቃሉ?		አዎ	አይ
057	አዎ ካሉ, ጠጥተዉ ስንት ግዜ ፆታዊ ግኑኝነት አድርገዋል?	1. ሁልግዜ		
		2. አብዛኛዉን ግዜ		
		3. ዓልፎ ዓልፎ		
		4. መልስ አልሰጠም		
058	ባለፉት ስድስት ወራት የአልኮል መጠጥ ጠጥተዎ ነበር?		አዎ	አይ
059	አዎ ካሉ ለምንያህል ግዜ?	1. ሁልግዜ		
		2. አብዛኛዉን ግዜ		
		3. ዓልፎ ዓልፎ		

		4. መልስ አልሰጠም		
060	ለመጨረሻ ግዜ የአልኮል መጠጥ የጠጡት መቼ ነበር?	1. ባለፈዉ ወር		
		2. ከሦስት ወር በፊት		
		3. ከስድስት ወር በፊት		
		4. መልስ አልሠጠም		
061	ጫት ቅመዉ ያዉቃሉ?	2 ⟶ 062	አዎ	አይ
062	አዎ ካሉ ከየታዊ ግንኙነት በፊት ቅመዉ ያዉቃሉ?		አዎ	አይ
063	አዎ ካሉ ለምንያህል ግዜ ቅመዉ የታዊ ግንኙነት አድርገዋል?	1. ሁልግዜ		
		2. አብዛኛዉን ግዜ		
		3. ዓልፎ ዓልፎ		
		4. መልስ አልሰጠም		
064	ባለፉት ስድስት ወራት ዉስጥ ጫት ቅመዋል?		አዎ	አይ
065	አዎ ካሉ ለምንያህል ግዜ?	1. ሁልግዜ		
		2. አብዛኛዉን ግዜ		
		3. ዓልፎ ዓልፎ		
		4. መልስ አልሰጠም		
066	ለመጨረሻ ግዜ ጫት የቃሙት መቼ ነዉ?	1. ባለፈዉ ወር		
		2. ከሦስት ወር በፊት		
		3. ከስድስት ወር በፊት		
		4. መልስ አልሠጠም		
067	የታዊ ግንኙነት እንድያደርጉ ከጓደኞት ግፊት ተደርጎቦት ያዉቃል	1 ⟶ 063	አዎ	አይ
068	አዎ ካሉ ለምንያህል ግዜ በጓደኞት ግፊት የታዊ ግንኙነትአድርገዋል?	1. ሁልግዜ		
		2. አብዛኛዉን ግዜ		
		3. ዓልፎ ዓልፎ		
		4. መልስ አልሰጠም		

11. Questions used for evaluation of knowledge about STI and Condom use

I. Knowledge of STIs

Participants those who answer the following questions beyond mean average were knowledgeable about STIs

1. If ever heard about STI
2. Know that HIV/AID is sexually transmitted infection
3. Know that Hepatitis Virus is sexually transmitted infection
4. Know that Syphilis is sexually transmitted infection
5. Know that Gonorrhea is sexually transmitted infection
6. Know that Chlamydia is sexually transmitted infection
7. Know that Herpes is sexually transmitted infection
8. Know that STIs are transmitted by unsafe sexual intercourse
9. Know that STIs are transmitted by contamination of blood and blood products
10. Know that STIs are transmitted by common sharing sharp materials
11. Know that STIs are transmitted mother to child during pregnancy and breast feeding
12. Know that that STIs prevented by consistent condom use
13. Know that that STIs prevented by Abstinence
14. Know that that STIs prevented by having faithfull sexual partners
15. Know that Lower abdominal pain is a sign and symptom of STIs
16. Know that Discharge from penis/Vulva is a sign and symptom of STIs
17. Know that Itching from genital area is a sign and symptom of STIs
18. Know that Burning sensation during urination is a sign and symptom of STIs
19. Know that Pain during intercourse is a sign and symptom of STIs
20. Know that Genital ulcers /open sores is a sign and symptom of STIs
21. Know that all STIs are preventable

II. Knowledge of condom use

Participants those who answer the following questions beyond mean average were knowledgeable about condom use

1. If ever heard about condom
2. Know the uses of condom
3. Know that condom prevent all STIs
4. Know that condom has Expirey date
5. Know that a single condom can not be re used
6. Know that condom should be checked for leaks and holes before using it

11.1. Questions used for evaluation of Attitude towards STIs and Condom use

I. Attitude towards STIs

Participants those who answer the following questions beyond mean average were have favorable attitude towards STIs

1. If the participant strongly agree or agree with idea of STIs patients should disclose their status
2. If the participant strongly disagree or disagree with idea of STI infected person should be isolated
3. If the participant strongly agree or agree with idea of all STI are preventable.

II. Attitude towards Condom use

Participants those who answer the following questions above mean average were have favorable attitude towards condom use

1. If the participant strongly disagree or disagree with idea of condom use decrease sexual pleasure.

2. If the participant strongly agree or agree with idea of condoms is effective for prevention of HIV/AIDS and other STIs.

3. If the participant strongly disagree or disagree with idea of condom should be unrolled before being put on the penis.

Declaration

I, the under signed, declared that this is my original work, has never been presented in this or any other University, and all the resources and material used for the thesis, have been fully acknowledged.

Name of the student: Chimdi Mulissa

Signature _____

Date, **June 9, 2017**

Place_____

Date of submission _____

Approval of the primary Advisor

This thesis has been submitted for examination with my approval as university **Supervisor**.

Name of the primary advisor: Dr. Wakgari Deressa

Signature _____

Date._____