

ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES

**SEXUAL BEHAVIOR OF MARRIED MILITARY PERSONNEL:
DOES DUTY LOCATION MATTER?**

BY
WOZAM TESFAY, B.Sc.

**A THESIS TO BE SUBMITTED TO THE SCHOOL OF
GRADUATE STUDIES OF ADDIS ABABA UNIVERSITY IN
PARTIAL FULFILMENT OF THE REQUIRMENTS FOR THE
DEGREE OF MASTER IN PUBLIC HEALTH**

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Advisor: Professor Yemane Berhane (MD, MPH, PhD)

APRIL 2005

ADDIS ABABA, ETHIOPIA

DECLARATION

I, the under signed, declare that this is my original work has never been presented in this or any other university and that all the source material used for the thesis have been duly acknowledged

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Place Addis Ababa

Date of submission _____

This thesis has been submitted for examination with my approval as a university advisor:

Name _____

Signature _____

Date _____

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ABSTRACT

BACK GROUND Due to the nature of their job military personnel is highly mobile and posted away from their family for extended period of time. As result personnel who are on active military service may be exposed to undesirable sexual behaviors.

OBJECTIVES:

The objective of this study was to assess the relationship between duty location and sexual behavior of married military personnel.

METHODS: This is a comparative cross-sectional study conducted among military personnel in Tigray. Data were collected using self administered questionnaire and FGD from married military personnel

RESULTS:

Military personnel stationed away from their spouses were more likely to have extra-marital sex than those who were living together with their spouses, adjusted odds ratio is 2.14(1.40, 3.27)

Conclusion: Military personnel posted away from their spouse are likely to be engaged in sexually risk behaviors thus appropriate sexual health package including condom promotion and regulation of commercial sex industry need to be strengthened.

1 STATEMENT OF THE PROBLEM

At the end of 2003 over 38 million peoples in the world are living with HIV/AIDS and 4.8 million peoples newly infected with HIV/AIDS with 2.9 million HIV deaths. Sub Saharan Africa has 25 million peoples living with HIV/AIDS, There are three million newly infected with HIV and 2.2 million HIV deaths (1). The national Adult HIV prevalence in 2003 was 4.4%, of which 12.6% is urban and 2.6% rural. The 2003 HIV prevalence is higher among women (5.0%) than men (3.8%), and higher in urban (12.6%) than in rural population (2.6%). The 2003 estimate of PLWHIVA is 1.5 million, including 96,000 children. There were 197,000 new infections, 98,000 new AIDS cases, and 90,000 AIDS deaths (2). Several factors place men and women in military service at increased risk of HIV infection. First most military personnel are in the age group at greatest risk of HIV infection namely the sexually active age group. Second these predominantly young persons are typically posted to location away from their homes and families for extended period of time, Freed from the strictures of their normal social environments may engage in risk behaviors as a means of reliving the tension of loneliness including use of drugs and unprotected sex with female sex worker (3). The following quote explains that:

“IF you wanted to spread a sexually transmitted disease, you would take thousands of young men away from their families isolate and give them easy access to alcohol and commercial sex then to spread the disease around the country, you would send them home every once in a while to their wives and girlfriends”(4)

In many countries, HIV infection is much higher in the armed forces than it is in the general population. Statistics are hard to come by, partly because some militaries

cannot afford to or do not want to test, and partly because of the national security issue involved. In Thailand, where the government aimed a massive 100% condom campaign at the whole country, HIV infection among soldiers drooped from 12% to fewer than 3% in 1988(5).

Estimates during the late 1990s for Africa include 40-60% of Angolan soldiers (2.8% of the adult population), 10-25% in Congo (Brazzaville) (6.4% of the adult population, (6), 4.6% in Eritrea (2.8% of the adult population), 15-30% in Tanzania (8.1% of adult population) and 50% in Zimbabwe (25% in general population) (7).

In Cambodia in 1999, 12-17% of the armed forces were estimated to be HIV positive, compared with 3.7% of the general population (8). Morocco has HIV infection rate of 3 in 10,000 in the adult population and 2% in the army. The incidence of other STIs in its armed force fell from a peak of over 5,000 cases a year in 1987 to 3,000 by 1996 (9). In Ethiopia, recent unpublished data from Ministry of National Defense National behavior surveillance survey suggest that the HIV prevalence among Ethiopian military recruits is approximately 6%.(10) And in the prevalence study on 72,000 urban and rural male army recruits suggests in the urban recruits prevalence of HIV were 7.2% while the rural were 3.8%(11)

Ethiopia is among the countries highly affected with HIV/AIDS and the defense forces of Ethiopia are part of the population who are affected with this epidemic. The impact of the epidemic on the over all preparedness of the military like loss of highly trained officers, lack of efficient military leadership, commanding officers and lack of effective supportive staff(12). Sexually risk behaviors in the military could have multiple effects one is contracting infectious disease like HIV/AIDS by him/her self and craves the

organization's trained personnel and its effect on his or her family dying from the disease and leaving the child orphaned(12).

Among the factors perpetuate sexually risk behavior; is the practice of posting personnel far from their families for long period of time (13). This study aims to answer the question does the duty location affect the sexual behavior of the married military personnel.

2 LETREATUER REVIEW

Social theories and models see individual behavior embedded in their social and cultural context. Instead of focusing on psychological process as the basis for sexual behavior, it tends to be social norms, relationships that create the meaning and determinants of behavior and behavioral change (14).

In Youndi Cameroon a study on the relationship between mobility, sexual behavior and HIV infection in urban population showed HIV prevalence of 7.6% among who had away from home for period longer than 31 days and prevalence among those who had been away from home for less than 31 days in the year was 3.4%. The association between men mobility and HIV apparently related to risky sexual behavior and remaining significant after controlling other variables (14).

Migrants and mobile people are exposed to unique pressures, constraints and living environment when separated from their families and spouse or regular partner. They may feel anonymous and feel freed from social norms that guided their behavior in their family, community and culture. Lonely people away from home may be especially susceptible to peer pressure. Those factors may provoke people to take risks and engaged in behaviors that would not have engaged in at home (15).

High rate of HIV infection are often found in civilian populations living near military installations or are associated with the movement of soldiers. In navy ports and garrisons far from towns, soldiers often have a limited choice of partners. Many men

from the same company are likely to have sex with the same women over a period of time; when that company is replaced, the new soldiers have intercourse with the same women. Even if only a small number of soldiers or their partner have HIV at the beginning of the process, unprotected sex and sharing of partners will soon cause to spread(16).

Studies from across the world shows that most men go through a period in which they have more than one sexual partner. Up to a third of men in their late teens and early twenties has more than this figure is even higher for soldiers in Belgium ⁽¹⁷⁾ Chile⁽¹⁸⁾, France⁽¹⁹⁾ Netherlands⁽²⁰⁾.

However, soldiers in Slovakia reports less sex than in civilian life and anecdotal evidence suggests the same is true elsewhere in Eastern Europe and in some other countries. Peruvian career soldiers claim that ordinary soldiers work too hard to have sex, while lower ranking officers have more opportunity. Filipino career soldiers in their thirties also believe that soldiers have less sex “Camp rules are very strict on that matter” (21).

The perception many be true or reflect their relative age, but both Peruvian and Filipino career soldiers were aware of where sex workers can be found and how much they charge, indicating that there is at least some interaction between soldiers and prostitutes. Mean while Filipino officers believe there is no difference between civilian and soldiers in the amount of sex they have, though they may have more sexual partners. “If you are away from your family, you tend to look for outlet or substitute” (21).

It is commonly understood that military personnel are generally young, sexually active people imbued to wards high-risk behavior compared to general public. By virtue of the nature of their work, which involves a large degree of mobility and long period of staying away from their families, they engage in high-risk behaviors that expose them to STI and HIV/AIDS. Furthermore; aside from having new recruits who are usually younger age group and therefore most at risk of contracting HIV; military camps and barracks often attract commercial sex workers (CSWs) thus increasing vulnerability. When this health risk is high enough, it can be seen as significant threat to the preparedness of the military to carry out its function (22).

Study in Nigeria naval personnel shows that 88.1%of the total 480 respondents had had multiple sexual partners with life time partner ranging from 1 to 40 with a mean of 5.1 during six months preceding the study. Older respondents (aged 45 years and above) reported significantly more sexual contacts with female sex workers than others.

A behavioral survey of knowledge attitude and practice of Nigerian army shows that nearly one fifth (17.4%) of respondents reported having more than one sexual partnership 12 month prior to the study. A high proportion of men than women in the Nigerian military reports two or more sexual partners. Non-officers seem more likely to report more than one sexual partner than officers. Age and education do not seem to have linear association with the number of sexual partner (22).

Rate of HIV positivity among suspected and tested in different institution of Ethiopian defense force from 1989-2000 in five hospitals among 3583 patients tested for HIV

infection 22.7 (64%) turned out to be positive of these 71.1% were males and 22.8% were female. Five years summery (1988-1992) of serology test of suspected HIV infection at armed force general hospital (AFGH) total number of tested people 4895 positives were 3044 and negative 1851. Screening tests in Mekele from August 23 to 30-2000 showed that the rate of infection among soldiers were 7.3% Screening were done to enroll soldiers and civilians to Defense engineering college (23).

In the behavioral surveillance survey (BSS) Ethiopia conducted in Jun 2002 among members of Ethiopian defense forces in the Northern and Eastern fronts 85.2% of the uniformed service had been sexually active 12 month prior to the study. Among sexually active Air force 63% had regular partner 21.0 % reported commercial partner and 22% reported non regular partner with whom they had had sexual relation for less than 12 months. Among those who had been sexually active 63.5% of ground force and 20.8 %of air force respondents reported havening more than one sexual partner 12 months prior to the study. Among the married uniformed services respondents 52.7% of ground force and 10% of the air force respondent had had extramarital sex 12 month prior to the study (24).

Of the ground forces respondent with non-regular partner 20% used condoms during most recent sexual encounter and only 15% used condoms consistently. In all groups of uniformed service alcohol was consumed regularly (at least once a week) by 22.5 %.(FHI Ethiopia, BSS on members of defense force of Ethiopia 2002) (24).

The evidences presented so far are highly suggestive of high rate of sexually risk behaviors among the military. However the issue of duty location and sexual behavior had not been addressed directly in Ethiopia. Thus, this study aims to provide useful evidence in shaping policy formulation that takes into account the sexual well being of the military personnel.

3 OBJECTIVES

GENERAL OBJECTIVES

To assess the relationship between duty location and sexual behavior among married military personnel

SPECIFIC OBJECTIVES

- Determine sexual behavior of married military personnel.
- Determine the association between sexual behavior and duty location.
- Identify other factors that determine sexual behavior.

4: METHODOLOGY

The study design

This was a comparative cross-sectional study to assess the association between duty location and sexual behaviors among married military personnel. The study was supplemented by qualitative method to gain insight to the context in which sexual behaviors occur.

Study population

The study population was drawn from two sites. Quantitative study was conducted in the northern part of Ethiopia (Tigray) that has relatively large number of military personnel deployed. The study population was members of ground force deployed in the northern part of Ethiopia (army one). Military personnel residing in two camps in Addis Ababa were used for the qualitative component of the study.

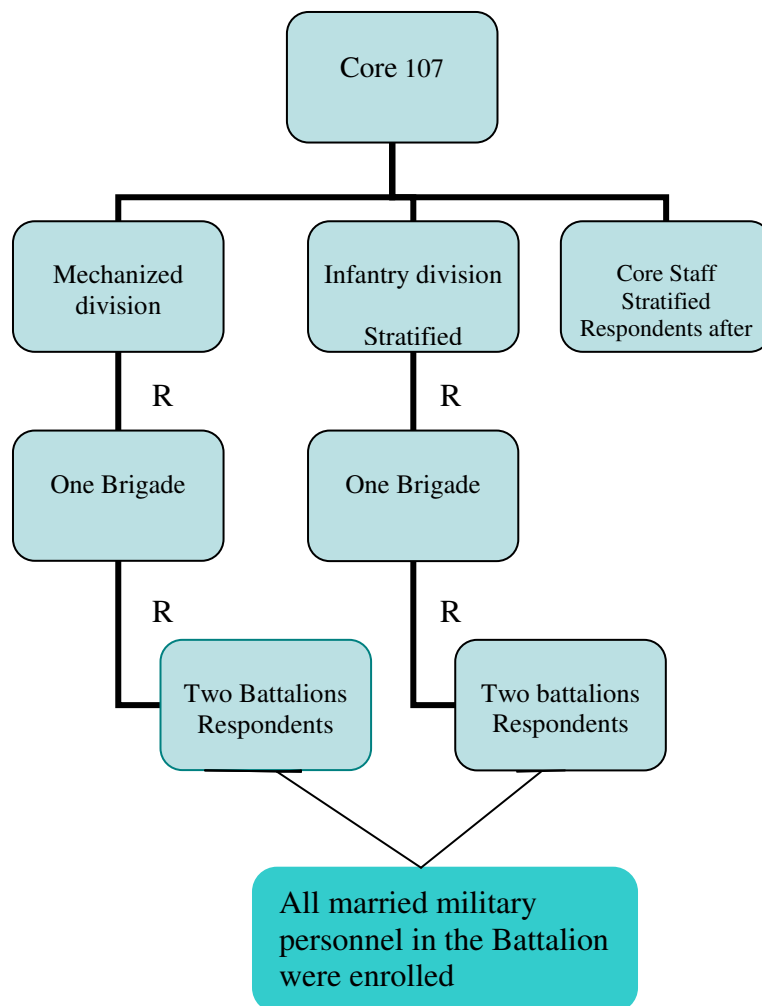
Sample size determination

Sample size were determined based on the assumption of 50% prevalence of sexually risk behaviors with level of significance α 0.05 & taking the ratio of exposed to non exposed 1:1. The sample size for exposed 182 and for unexposed 182 total 364. Since multi stage sampling is going to be used the sample will be multiplied by design effect of 2 the total sample size were 728.

Sampling procedure

To insure that all divisions are given a fair chance of selection a multi stage sampling procedure were implemented. Sampling was done in four stages in each division. In the

first stage two divisions and one staff department will be selected randomly using sampling frame at the core statistics office. At the second stage two clusters from each division, which is Brigade, were selected randomly. The third stage involves random selection of two Battalions from the Brigades selected at second stage. The smallest unit of study is the Battalion selected from two Brigades and the core staff. One Battalion contains approximately 1000 individuals proportionate sample allocation were used.



Data collection

Standardized and Pre tested self administered questionnaires was delivered to the selected respondents. Written detailed explanation on how to fill the questionnaire and written consent form were provided on the first page of the questionnaires. Locked wooden boxes were prepared in the nearby health post to collect the response. The same procedures were followed for the core staff. The questionnaires used were adopted from BSS Ethiopia with some modification for the purpose of this study. The questionnaires was divided into socio-demographic characteristics such as work conditions, year of service frequency of annual live, perceived susceptibility to HIV/AIDS and sexual behavior were assessed.

Instrument; - Standardized pre-tested self-administered questionnaires from BSS Ethiopia with both Amharic and English version were used. The data collection was took place from November –December 2004. The principal investigator was in the near buy health post delivering the questionnaires to the respondents and collecting envelopes that were putted collecting box situated at the health post in the infantry and mechanized divisions; in the core staff the questionnaires were delivered to their offices and the collecting box were situated in the office of the core health command collecting the envelopes were done with in the same day. The respondents were not allowed to discuss with their friends but in some places due to the constraint of educational level some of the respondents were discuss with their friends.

The qualitative component

A total of 6 FGD were done in December-August 2004. Out of which 3 of them were done in Tigray and the remaining were conducted in two selected camps in Addis Ababa. Each FGD has 6 participants and the FGDs were arranged based on the rank and sex of military personnel. The three ranks i.e. higher officers, junior officer and non-officers ranked soldiers were interviewed among each sex. All the interviews were conducted in Amharic by the investigator.

The focus group discussants were married military personnel both away from family and living with their family. The group composition would contain ranks and sex each focus group discussion will have the same rank and sex. Moderator of the discussion was used discussion guides and the discussion was recorded using audio tape recorder.

Data quality

Pre testing the questionnaires; proper explanation on how to fill the data on the first page of the questionnaire, care full preparation and clarity of the questioner were maintained the data quality.

Main variables

Exposure / independent: Away from spouses for at least 6 months dichotomized as Yes/No.

Dependent: sexual behavior dichotomizes into High risk and not high risk.

Operational definitions

Away from their spouse: - Military personnel who are away from their spouses for at least 6 months.

High risk sexual behavior: -are behaviors like, practicing extra marital sex and unprotected sex

Extra marital sex: - Any sexual relation other than the spouse of the individual.

Perception of safe sex:- understanding on what safe sex means to the individual

.Multiple sexual partnership: - Having more than one sexual partner

Commercial sexual partner: - Partner with whom sex was exchanged for money.

None regular partner: - Sexual partner who is not a spouse or live-in, and was not paid

Regular partner: - includes spouse and live-in sexual partner

Data analysis

Data entry was done using Epi-info version 6, data was cleared by frequency tables and data analysis were done using SPSS version 10. The association between duty location and sexual behavior were determined by calculating Odds ratio and 95% confidence interval. Potential confounding variables were controlled by using a logistic regression analysis.

Ethical considerations

The ethical clearance was obtained from Faculty of Medicine Addis Ababa University ethical committee. Permission was obtained from the concerned bodies of Ministry of National defense.

Explanation of the purpose of the study stating the importance of participating in the study was given to the core commands, down to the hierarchy and the respondents. Participation in to the study was strictly on voluntary basis. In addition brief explanation on how to complete the questionnaires and assurance of confidentiality of the information that he or she provides were given to the respondents together with the questionnaire. Informed consent was also demonstrated by voluntary return of questionnaires in a sealed collection box.

RESULTS

Demographic characteristics of the study population

A total of 686 married military personnel were responded with none response rate of 5.8%. The study population was predominantly male (98%), and young; with a median age of 31 (SD 5.7), ranging from 18-57 years. The largest percentage, 428(62.4%) belonged to the 28-37 age groups (Table1). Of the respondents 267(38.9%) had primary school education, 234(34%) had secondary school education, 178(25%) had high school education and only 7(1%) had college diploma and degree.

The service year of the study population ranges from 1-33 with median service year 7 years. Nearly half of the respondents, 321(46%) were student before recruited in the army and 277(40.4%) were farmers (Table 1). Among the respondents 254(37%) were private soldiers, 241(35%) with non officer ranks, 173(25%) and 18(2.6%) junior officer and senior officers respectively. In terms of religion orthodox represents 542(79.0%), 94(13.7%) Muslim and 32(4.7%) were protestant (Table 1).

The distribution of the respondents in the three army structures were 389(56.7%) from the infantry division, 172(25%) from the core staff and 125(18.2%) from the mechanized division.

212 (31%) of the respondents had reported their frequency of visit to their family as once per two years and 420(61%) once per year. Large number of the respondents 366(53.4%) had been away from their family or posted away and 320(46.6%) live with their spouses

Table 1: Socio-Demographic Characteristics and sexual behavior of military Personnel, 2004

	Number	Percent
Age(years)		
18-27	139	20.2
28-37	428	62.3
38-57	119	17.3
Total	686	100
Religion		
Orthodox	542	79.1
Muslim	94	13.7
Catholic	14	2.0
Protestant	32	4.7
Others	4	0.5
Total	686	100
Level of education		
Primary school	267	38.9
Secondary school	412	60.0
College diploma\degree	7	1.1
Total	686	100
Personnel living away from their spouse		
Yes	366	53.4
No	320	46.6
Total	686	100
Job status		
Infantry	389	56.7%
Mechanized	125	18.2%
Core staff	172	25.1%
Total	686	100%

Sexual behavior of the study population

Among the military personnel 228(33.2%) had extra marital sex and 458(66.8%) had no extra marital sex practice (Table 2). Of the respondents who had extra marital sex 39(17.5%) was sex with commercial sex workers; 108(47.4 had sex with non regular partner (Figure 1).

All respondents have heard of male condom, 649(94.6%) reported ever use of condom and 684(99.7%) had news where they could be obtain condom. Those who new where to obtain condom 414 (60%) of the respondents had obtained from the army center, 274(54%) from the squad health worker and 366(49%) had from the clinic.

Among the respondents who had extra marital sex 131(57.3%) had used condom consistently with both csw and non regular sexual partners; 92(40.3%) had used condom occasionally and only 5(2.2%) had never used condom both with commercial sex workers and non regular sexual partners.

Of the respondents who had sex with non regular partners 106(56.1%) had used condom consistently; 77(40.8%) had used occasionally and 6(3.2%) had never used condom with this non regular sexual partner.

Among the respondents who had had sex with commercial sex workers 91(75.8%) was used condom consistently; 27(22.5%) used occasionally and 2(1.7%) had never used condom with the commercial sex workers (Figure2).

Table 2: Sexual and other characteristics of military personnel, 2004

		Number	Percent
Extra marital sex			
	Yes	228	33.2
	No	458	66.8
	Total	686	100
Perception on safe sex			
	having only one sexual partner	464	68.10
	condom use	143	20.90
	Abstain from sex	45	6.60
	not to have sex with csw	29	4.20
	others	5	0.70
	Total	686	100
Information about male condom			
	Yes	686	100
	No	0	-
	Total	686	100
Ever condom use			
	Yes	649	94.6
	No	37	5.4
	Total	686	100
Sex with out condom in the last sexual contact			
	Yes	82	12.00
	No	604	88.00
	Total	686	100
Substance use			
Khat	Yes	56	8.20
	No	630	91.80
	Total	686	100
Hashish	Yes	1	0.15
	No	685	99.85
	Total	686	100
Cigarette	Yes	263	38.30
	No	423	61.70
	Total	686	100
Drug use			
	Yes	0	-
	No	686	100
	Total	686	100

Figure 1: Type of Extra marital sex practice among military personnel, 2004

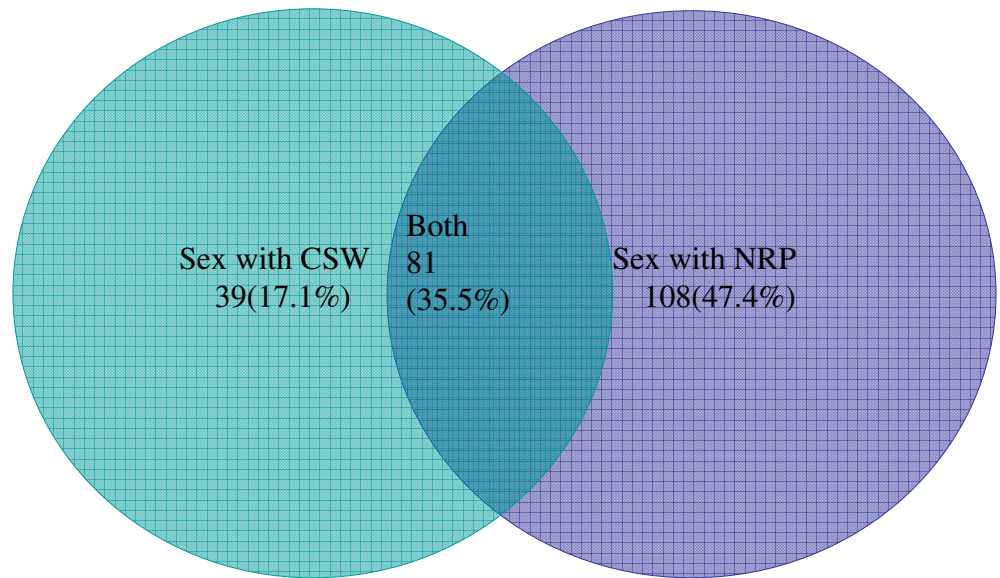
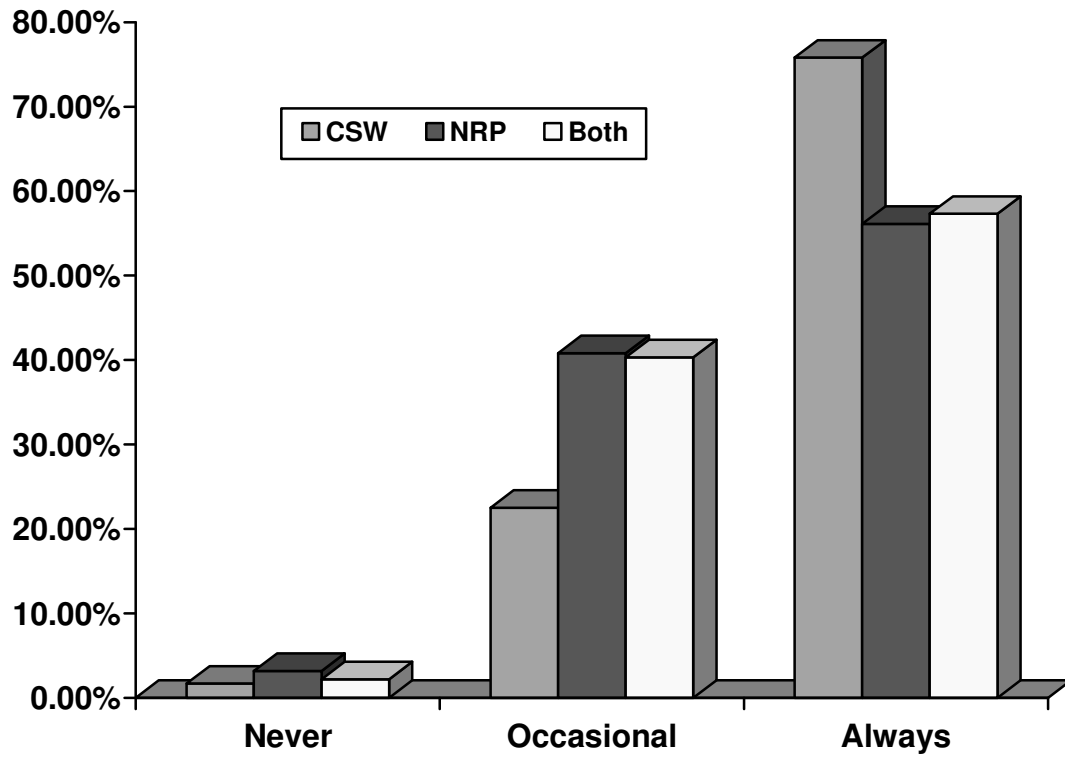


Figure 2: Pattern of condom use among military personnel who had extra marital sex, 2004



Of the total 366(53.3%) soldiers who were posted away, 152(41.5%) had practiced extra-marital sex. Respondents who were away from their spouses were more likely to practice extra-marital sex than those who were living together with their spouses and significantly associated with the adjusted odds ratio of 2.14(1.40, 3.27) when it was analyzed using step wise logistic regression the association between being away and practice of extra marital sex remained significant. (Table 3)

Table 3: Association of duty location and other variables with practice of extramarital sex of the military personnel 2004

	Extra marital sex		Crude odd ratio
	Yes	No	95% CI
Away from their spouse			
Yes	152	214	2.28(1.61,3.23)
No	76	244	1.00
Socio demographic			
Age			
18-27	110	29	1.00
28-37	75	353	0.81(0.49,1.34)
38—57	14	105	0.51(0.24,1.06)
Education			
Primary Scholl	62	205	1.00
Secondary Scholl	56	356	0.52(0.34,0.79)
College diploma/degree	0	7	0.00(0.00,2.68)
Job before joining the army			
Student	42	279	1.00
Farmer			1.71(1.11,2.78)
Merchant	58	219	
	12	39	2.04(0.93,4.44)
Daily laborer	3	20	1.00(0.22,3.76)
Government employee	3	11	1.81(0.38,7.42)

Respondents who were non officer ranked soldiers had less extra marital sex practice than the private soldiers, the association was significant $OR=0.58(0.37, 0.90)$. Even though the association was not significant officers had less extra marital sex practice than the private soldiers; $OR= 0.46 (0.14, 1.49)$. (Table 5)

Table 4: Association of other variables with practice of extramarital sex of the military personnel, 2004

	Extra marital sex		Crude OR(95%CI)
	Yes	No	
Away from their spouse			
Yes	152	214	2.28(1.61,3.23)
No	76	244	1.00
Length of stay away			
<one month-4-6 months	31	316	1.00
6month-one year	20	112	1.82(0.95,3.46)
1-5 years	44	84	5.34(3.08,9.27)
>5 years	23	56	4.19(2.18,8.04)
Frequency of visit to their family			
1-4weeks to1-3 months	8	34	1.00
Once in 6 months	5	7	3.04(0.62,14.99)
once per year	71	349	0.86(0.36,2.12)
once per 2 years	34	178	0.81(0.32,2.09)
Job related characteristics			
Service			
1 -10 years	93	361	1.00
11-20 years	17	149	0.44(0.25,0.79)
21+	8	58	0.54(0.23,1.21)
Rank			
Private soldiers	202	39	1.00
None officer ranked soldiers	15	158	0.02(0.01,0.04)
Officers	2	16	0.02(0.00,0.1)

Table 5: logistic regression model results

	Extra marital sex		Crude OR(95%CI)	Adjusted odds ratio(95% CI)
	Yes	No		
Away from their spouse				
Yes	152	214	2.28(1.61,3.23)	2.14(1.40, 3.27)
No	76	244	1.00	1.00
Rank				
Private soldiers	202	39	1.00	1.00
None officer ranked soldiers	15	158	0.02(0.01,0.04)	0.58(0.37,0.90)
Officers	2	16	0.02(0.00,0.1)	0.46(0.14,1.49)

*** Model contains Age, Education, Job before joining the army, Rank, Length of stay away from their spouse, Frequency of visit, service, and Being away from their spouse.

*** Entry criteria to the model were 0.05 and 0.1 removal from the model.

FINDING OF THE FGD

Most of the discussants said that the social norms and culture that the military personnel have had before they become a soldier was strong enough to protect them from being involved in sexual risky behaviors such as practicing multiple sexual partners, visiting commercial sex workers and practicing unsafe sex. These behaviors were described in two situations. One when they were with in the society or before become a soldier and the second after they become a member of national defense force. Their behaviors when they were with in the community were reserved in different sexual risky behaviors and that was because of the strong social norms and family control. However when they become a soldier the social norms and family control were not as that of in the general society. Their behavior was completely different in most of the military personnel. This was due to the relatively lose cultural influence that they acquired after they become a soldier and this condition favors them to do what they want to do with out restriction and to be involved in sexual risky behaviors. One discussant said “the social norms that made as reserved when we were in our family/ community now being a member of defense force these norms are no more our concern”

As a result of this the reservedness in practicing sexual risky behaviors were small as the same time the military personnel were involved in different sexual risky behaviors so that having multiple sexual partner, taking to much alcohol drinks and visit commercial sex worker are not considering as a bad but sign of modern military personnel. One discussant termed this as “*arada*”.

One female junior officer discussant said “Looking in to the overall sexual behavior of the soldier there is a difference in male and female most of the time the female soldiers are more concerned about their family and they are different in looking in to their future so that women soldiers are at better step (reserved) in practicing sexual risky behaviors.”

The junior officer ranked male discussants said that the institutional norms that the military personnel have had before become a member of national defense force. That was the regulation they had when they were EPRDF army was strong enough to restrict these sexual risky behaviors. Even though it was not absolute such sexual risky behaviors were not such considerable. These strong regulation mechanisms were not premising to practice sexual risky behaviors so that the practice of too much alcohol taking, visiting commercial sex worker and multiple sexual partners were condemned. But now as a member of national defense force practicing these sexual risky behaviors become common one and considered as a good behavior.

Their sexual behaviors were influenced with different situations one thing the alcohol taking behavior. Too much alcohol taking is a common phenomenon that results in practicing so many sexually risk behaviors. If they get drunk they practiced unsafe sex and just forget to use condom that they were used to when they were not drunk. Visiting csw and unprotected sex are an inevitable consequence of alcohol taking for the military personnel.

One discussant explains this as follows “With in the military institutions there is a wide health education practice so that we can have knowledge on risk sexual behaviors and others. As a result the soldiers had improved a lot in knowledge however the capacity to improve behavior based on knowledge starts to diminish when we take too much alcohol drinks”. This condition becomes worst during the salary time soldiers start to rush to towns and too much alcohol taking, visiting night clubs finally practicing unprotected sex and others. There were one saying that discussant coated as “Two days attacking and twenty eight days preventing”. As the result of this saying the moment they get their salary they start to walk out their camps and practicing these sexually risk behaviors until their pocket permits them.

The other thing which had an influence on their sexual behavior was their age group. Most of the soldiers are young especially these who are recruited after 1990s this young age and lose social norms together leads them to practice sexually risk behaviors.

One discussant said “I can say that militarism is not necessarily a killing profession but there is a wide belief that I am going to die why should I worry about tomorrow I have to live today this hopeless belief again leads to have too much alcohol drink and practice of sexual risky behavior”

There was a wide range of filling of hopelessness when they were assigned in remote front areas. Concern about what will happen to them in the near future is highly prevalent although the situation was peaceful at the time of interview. There was one

saying most of the military personnel used “I am going to die tomorrow in the front so why should I care for the future I have to enjoy today”. As the result of this the military personnel especially these who are in the front area practice sexual risky behaviors. Due to the nature of the profession most of the soldiers are settled in remote front areas together with this the heavy trainings and the war condition puts them in a stressful situation and practicing sexual risky behaviors is considered as an easy thing.

This feeling of hopelessness becomes worst when the soldiers were in war; the majority of the soldiers said as a result they completely forgotten maintaining their families ties (wife, children)and engaged in multiple sexual partnerships to the extent of having other sexual partner even having children on their assignment sites. The sexual risky behaviors are not occurring only during war conditions but they become more overt as observed during Ethio_Eritria war. Every soldier was practicing multiple sexual partner, visiting commercial sex workers. Too much alcohol drinks finally practicing unsafe sex. The concern to their family was completely forgotten even large number of the soldiers was divorced.

Most of the time the settlement of the soldiers is far from the towns at borders of the country. Staying long period of time in the borders, too much trainings, Heavy jobs and filling of homesickness together results in very stressful situations. This stressful situation leads them to fell hopeless and finally involve in sexual risky behaviors. The impact of being away from their family on the military personnel was great. Due to the nature of the profession most of the soldiers are settled away from their family and

stayed for a long period of time. This event will lead them to a stress full situation and build sexual tension. So the practice of multiple sexual partnerships is more in these who are away from their family. One female discussant had coated this event as follows

“I have witnessed this condition while I was in the front one soldier who established regular partner in the camp where he was posted was visited by his spouse (a mother of his children) she caught him while he was with his other sexual partner, that was the worst condition. There are plenty of military personnel doing the same thing”. This event can be compared with the married military personnel and the single once. The married military personnel have to share their money for their spouse and children so they will not have enough money to practice these sexual risky behaviors whereas the single military personnel had nothing to share so their salary will spend only for their use. At least the married one think about their family but this condition remains true until they stay with their family or near to their family. However married soldiers if they go away even for short period of time they tend to practice multiple sexual partners and other sexual risky behaviors.

One discussant exemplify this event a follows “when I was single I used to have alcohol drinks visit night clubs and buy sex but now when I become married my wife and my children are expecting me to give them money and so on. So I started to be reserved from all those things”. But the difference in practicing sexual risky behavior is very small. The only difference between the married and single once is; the married once practice in a hidden way while the single once make it overt. Best example was during the war

most of the soldiers in the front had sexual partner other than their spouse in all the front area and at the same time having children in those areas.

New movements from place to place had been affected the sexual behavior of military personnel especially during the Ethio_Eretria war there was a mass movement of soldiers to the front area. As the same time there was a mass movement of commercial sex worker towards the military barracks this all condition bring much influence on the sexual behavior of the military personnel.

In general the qualitative and quantitative component of this study reveals; of the 686 respondents 366(53.4%) had been posted away from their spouses and 320(46.6%) lived together with their spouse. Of the soldiers who were posted away 91(24.8%) had practiced extra-marital sex; In addition to this on the qualitative component of this study; most of the discussant had noted that being away from their spouses were the prominent reason for being involved in sexual risky behaviors.

Military personnel who had stay away from their spouse for six month-one year were more likely to practice extra marital than those who stay less than six months; OR=2.58(1.18, 5.63), those who stayed away from their spouse for one –five years had practiced more extra marital sex than those who stayed for less than six months and the association were significant with odds ratio of 5.19(2.33, 11.55) Military personnel stayed away from their spouse for greater than five years had practiced more extra marital sex than those who were stayed for less than six months and the association were significant with the odds ratio of 3.94(1.57,9.88). The qualitative component also reveals the same results; being away for long period of time has contributed to the

sexual risky behaviors of military personnel specially these who are posted in remote front areas.

Military personnel who had visited their spouse once per year were prone to practice extra marital sex than those who had visited their spouses in less than six months; 0.31(0.10, 0.95). When the length of stay away, frequency of visit to their spouses and practice of extra marital sex were analyzed using step wise logistic regression the association was remained significant.

Together with the quantitative results the qualitative component reveals; Age, educational status, rank, service in the army and job before joining the army have not contribute much for the practice of extra marital sex of the military personnel.

Discussion

Overall 366(53.3%) of the respondents were posted away from spouses, and 228(33.2%) of the respondents had reported extra marital sex in the last six months. Respondents who were posted away from their spouses were more prone to have extra-marital sex than those who were living together; adjusted odds ratio of 2.14(1.40, 3.27). 82(12%) of the respondents had reported sex without condom in the last sexual contact during the six month prior to the study.

Regardless of the assumption being made about the nature of sexual behavior among military personnel there are very limited evidence based on hard data. Although the association between duty location and sexually risk behavior of military personnel has been recognized elsewhere, we have no data from Ethiopia. This study thus contributes to broadening the understanding of the sexual behavior of married military personnel, which in turn will assist in designing appropriate interventions that better protect married soldiers from unprotected sex and HIV infection. In addition since this study has both the qualitative and quantitative data the results may be strong to develop some interventions. The other strength is that this study tries to address the military personnel who were settled in remote front areas and in the capital Addis Ababa so that enables to have a broader understanding of the situation.

The use of self-administered questionnaire has been regarded as a limitation for this study. Although originally assumption was made that the military is literate and could easily complete the questionnaire observations during the study casted some doubt

over that. The level of literacy at the lower rank is probably weak and not permissible to administer such questioners; this may affect the quality of the data.

Nearly one third 228(33.2%) had extra marital sex; Fifty three percent of the respondents had been posted away from their families Of whom 152(41.5%) had practiced extra-marital sex; This could be because the soldiers spent long period of time away from their spouses and this may leads them to build sexual tension and separation from their spouses favors to develop sexually risk behaviors. Being away from their spouses remained significant after controlling other variables; so posting away from their spouses had contributed a lot in practicing extra marital sex. The result of this study could be compared with the that of the BSS Ethiopia on uniformed services reported as 52.7% of the married ground force members and 10.7% of the air forces had extra marital sex 12 month prior to the study; And study on the Nigerian naval personnel which were 92% of the study subjects experienced at least one transfer away from their spouse and of the respondents who had ever been transfer 85.2% had reported sex with csw than those who had not (23.2%).

More than half of the respondents who had extra marital 57.3% had used condom consistently with both csw and non regular sexual partners; 92(40.3%) had used condom occasionally. This could show that large number of military personnel was practicing protected sex when they had extra marital sex; this may attribute to the prevention method undertaken brings desirable effect even though we need to advance it.

Of the respondents who had sex with non regular partners 56.1% had used condom consistently; 40.8%) had used occasionally. Among the respondents who had had sex with commercial sex workers 75.8% was used condom consistently; this shows that the military personnel were more care full when they had sex with csws.

The pattern of condom use among the study population is quit similar with the study of BSS Ethiopia on uniformed services; reported as of the ground force members who had sex with non regular partner 78% used condom in the last sexual contact and 66% used consistently. Amongst the respondents who had sex with commercial sex workers 91% used condom in the last sexual contact and 80% used consistently.

Despite that almost all of the respondents had heard about HIV; their risk perception was not reveled the same strength as they had been informed about HIV. Their response to question on the chance of contracting HIV/AIDS were 39.8% of respondents perceived them selves to be at no risk, 22.6% were at great risk of contracting HIV; 20.2% were at moderate risk and 17.4% were at small risk. The results of this study reveled better perception of risk of HIV than that of the BSS Ethiopia on uniformed services and the study on Nigerian military concerning HIV and STIs on 2002 showed 66% of the military personnel perceived them selves as no risk; 62.8% perceived them selves as no risk respectively; this could be due to the advancement of the information and prevention actions on HIV/AIDS that the military personnel had than the year 2000.

On question of perception of safe sex large number of respondents 67.6% were reported their perception to have only one sexual partner; 20.8% as using condom; While their perception showed as desirable one the results of sexually risk behaviors were contradictory; this could be the difference between perception, attitude and practice that they had.

Sexual behavior of the military personnel was affected by different situation. Among these being away from their family for long period of time, alcohol taking behaviors and the mass movement during the war time as well as the migration of commercial sex workers towards the military barracks play a major role.

The nature of the profession by itself force the military personnel to stay long period of time away from their family and together with this during the war time there were wide range of feeling of hopelessness resulted in involving in multiple sexual risky behaviors. These results were similar with that of the study in Nigerian naval personnel 2004 which coated this event with one joke "sailors are supposed to have children in each port of visit". The main reasons for the practice of sexually risk behaviors in military personnel were that one posting away the military personnel; they feel that their age is shorter than the other peoples because of the war condition they had and their assignment area. As the result of this the military personnel especially these who are in the front area practice sexual risky behaviors wildly. This was not different in both married and single military personnel even the married once practice multiple sexual partnerships when they moved away from their family. This supports the quantitative component of this study

which comes up with the same results; that the soldiers being away from their family were practice extra marital sex more with significant association.

The second one was the alcohol taking behaviors. Among soldiers who were in the front especially in war zones too much alcohol taking behavior were common phenomena. When soldier had received their salaries the first thing they want to do was to go to the near by towns taking alcohol; visiting night club and finally practicing unprotected sex.

The common expression for this event were “Two days attacking and twenty eight days preventing” they just spent their money by visiting commercial sex workers, taking too much alcohol drink and so on with in two days of the salary. Until they remained with empty pocket that is with in these two days of full pocket they practiced these sexually risk behaviors more. These results were similar with that of the study in Nigerian naval personnel 2004 that expresses this event as “participation in sexually risk behaviors is unenviable consequences of alcohol taking.” the quantitative component of this study did not come up with the association of alcohol taking and sexually risk behaviors. However in the qualitative component the role of alcohol taking becomes a major one.

The frequency of visit that the soldiers had were small and were not regularly given so this condition by it self leads the military personnel to practice sexually risk behaviors in order to reduce the sexual tension that was build as a result of staying away for long period of time.

Conclusion

In aggregate, both quantitative and qualitative findings of this study indicate the odds of engaging in extra marital relationship including commercial sex workers is twice greater among married military personnel posted away from their spouses.

Recommendation

- 1 Strengthen condom promotion
- 2 Strong context-specific and effective BCC aiming at sustainable behavioral change in the military, including consistent and correct condom use.
- 3 Emphasis on maintaining family life. Example shortening tours of duty away from home and finding ways of helping soldiers to bring their families as closer as possible together.
- 4 To develop strong regulation against sex industry around camps
- 5 Permit annual leave as regular as possible

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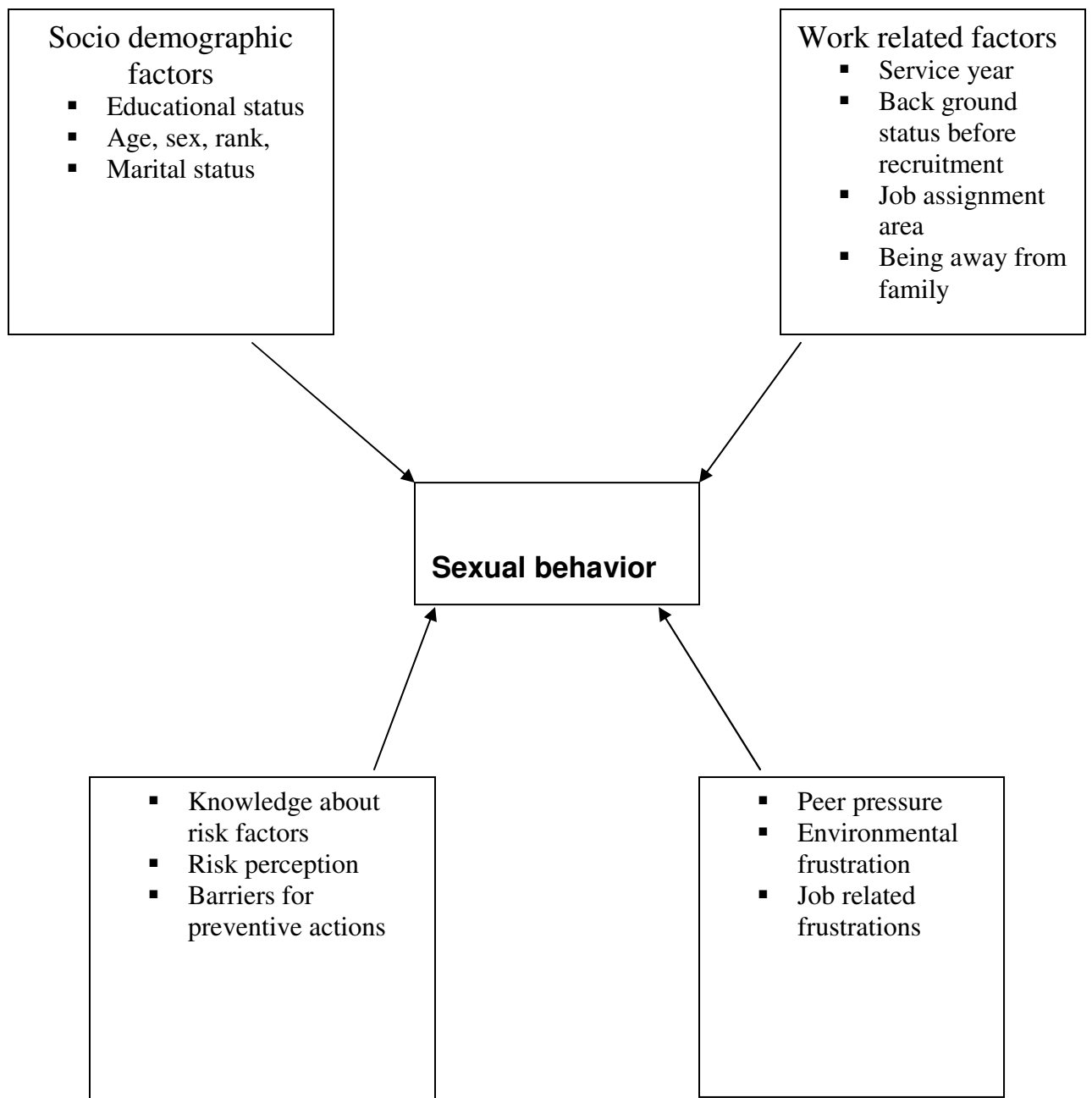
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Annex 1

Factors that affect the sexual behavior of married military personnel

Contextual frame work



Annex 2

ADDIS ABABA UNIVERSITY DEPARTMENT HAVE COMMUNITY HEALTH FACULTY OF MEDICINE

DETERMINEING THE EFFECT OF DUTY LOCATION ON SEXUAL BEHAVIOR OF MARRIED MILITARY PERSONNEL.

001 Command_____

002 Front_____

003 Site_____

Name of camp_____

Introduction

My name is Lieutenant Wozam Tesfay I am a Masters of public health (MPH) student of Addis Ababa university faculty of medicine department of community health. I am here to study the relation ship of duty location on sexual behavior of married military personnel. The purpose of this study is to generate information necessary for the planning of appropriate possible intervention and to see over all sexual behavior of married military personnel. I am studying this on Army one core 107 infantry, mechanized, divisions as well as core staff and at Addis Ababa selected camps. There fore your honest and genuine participation by responding to the questions is highly appreciated.

Some of the questions are very personal questions that some people find them difficult to answer. Your answers are completely confidential. Your name will not be written on this form, and will never be used in connection with any of the information you tell me. Participation by answering the questions that I am going to provide you is strictly on voluntary base. How ever your honest answer to the question will help me for better understanding of what people think, say and do about certain kinds of behaviors.

I would greatly appreciate your help in responding to this study. Your willingness to respond to the study will be expected by voluntary return of the posta to the prepared box.

THANK YOU

Section 1: Socio Demographic Characteristics

S.No	Questionnaire	Response	Code
101	Sex of respondent	1. Male 2. Female	
102	In what month and year were you born?	Month [] Year []	
103	How old were you at your last birthday?	Age in completed years[]	
105	What is your religion?	1. Orthodox 2. Catholic 3. Protestant 4. Muslim 5. No religion 6. Others	
106	What is the highest level of school you completed?	1. Primary 2. Secondary 3. Higher 4. College diploma and degree	
108	For the past Six-month how often have you had drinks containing alcohol?	1. Every day 2. At least once a week 3. Less than once a week 4. Never	
110	Some people have tried a range of different drugs, which of the following, if any, have you tried?	1. Khat Yes_____ No_____ 2. Shisha Yes_____ No_____ 3. Hashish Yes_____ No_____	
111	How often did you use these substances? (Alcohol, khat, hashish, shisha)	1. Every day 2. Every one hour 3. At least once a week	
112	Some people have tried injecting drugs using syringes. Have you injected drugs in the last 6 months? (Drugs injected for medical purpose or treatment of un illness are not count)	1. Yes 2. No	

Section 2: Work related characteristics

201	What was your job before joining the army?	<ol style="list-style-type: none"> 1. Student 2. Government employee 3. Trader 4. Farmer 5. Daily laborer 6. Unemployed 7. Others(specify) 	
202	How much do you earn in Ethiopian Birr?	<ol style="list-style-type: none"> 1. Per month_____ 2. Per year_____ 	
203	What is your current rank?	<ol style="list-style-type: none"> 1. Senior officer (from major to rank of General) 2. Junior officer (from second lieutenant to captain) 3. Private soldier 4. Other rank (non officer ranks) 	
204	How long have you served in the army?	Year [] Months[]	
205	What is your current military position?	<ol style="list-style-type: none"> 1. No responsibility 2. Squad leader 3. Platoon leader 4. Company command or staff 5. Battalion command or staff 6. Brigade command or staff 	
206	For how long do you work here?	Year [] Month [] Less than months[]	

Section 3 sexual experiences

S.N	Questionnaire	Response	Code
301	How old were you when you first married	Age in years _____ 88 don't know 99 No response	
302	Are you currently married or living with women whom you have a sexual relation ship?	1 Currently married living with spouse 2 Currently married living with other sexual partner 3 Currently married, not living with spouse or any other sexual partner	
303	In the last 6 months have you been away from your family?	1 Yes 2 No	
303	Do you have more than one wife?	1. Yes 2. No 99 No response	
304	If you are not living with your family for how long do you stay away from family?	1 <1 month 2 1 to 3 months 3 4 to 6 months 4 6 month to 1 year 5 1 to 5 years 6 >5 years	
305	Do you have children?	1. Number of children _____ 2. If no children write 00 _____	
306	Does your spouse/partner live with you or does he/she live somewhere else?	1 With me 2 Somewhere else	
307	Frequency of visit to your spouse or partner	1 1 to 4 weeks 2 1 to 3 months 3 Once in 6 months 4 Once in a year 5 Once in two years	

Section 4: Sexual history: number and type of partners

S.N	Questionnaire	Response	Code
401	Have you had sexual intercourse in the last 6 months	1 Yes 2 No	
402	Think about the sexual partner you have had in the last 6 months what is the relationship with person? Your spouse (s) or live in sexual partner (“regular partner”)	Regular_____ 88 don’t know 99 No response	
403	“Commercial”(partner with whom you had sex in exchange for money)	Commercial____ 88 don’t know 99 No response	
404	Sexual partner that you are not married to and have ever lived with and did not pay (“non-regular partner”)	Non regular_____ 88 don’t know 99 No response	
405	Think about your most recent regular sexual partner. How many times did you have sexual intercourse with this person in the last 30 days (Regular partner includes spouse or live in sexual partner)	Number of times_____ 88 don’t know 99 No response	
406	The last time you had sex with this regular partner did you and your partner use a condom?	1. Yes 2. No (skip to Q408) 88 don’t know 99 No response	
407	Who suggested condom use that time?	1. Myself 2. My partner 3. Joint decision 88 don’t know 99 No response	
408	Why not you and your partner did not use condom? • Tick the answer that you choose	Yes No • Not available • Partner objected • Don’t like them • Used other contraceptives • Didn’t think it was necessary • Other (specify)_____	
409	With what frequency did you and all of your partner(s) use a condom during the past 30 days?	1. Every time 2. Almost every time 3. Some times 88 don’t know 99 No response	

Section 4: Sexual history: number and type of partners

410	Is there any thing a person can do to avoid or reduce their chance getting infected with HIV, the virus that causes AIDS?	<ol style="list-style-type: none"> 1. Yes 2. No 99 don't know 	
411	What kind of thing can a person do to avoid getting HIV?	<ol style="list-style-type: none"> 1. Prayers 2. No sex at all 3. Sticking to one sexual partner 4. No sex with prostitutes 5. No sex with casual partner 6. Avoid blood transfusion 7. Avoid injection with contaminated needles and sharing shaving blades 8. Avoid kissing 9 Others specify_____ 	
412	What does "safe sex" mean to you?	<ol style="list-style-type: none"> 1. Abstain from sex 2. Use condom 3. Have only one sex partner who has no other partner 4. Avoid sex with prostitutes 5. Avoid sex with casual partner 6. Other specify_____ 	
413	What are your chances of getting AIDS?	<ol style="list-style-type: none"> 1. No risk at all 2. Small 3. Moderate 4. Great 5. Don't know 	
414	Why do you think that you have no risk or only a small chance of getting AIDS?	<ol style="list-style-type: none"> 1. Practice safe sex 1 Abstain from sex 2 Avoid multiple sexual partner 3 Avoid sex with prostitutes 4 Avoid sex with casual partner 5 Ensure safe blood transfusion 6 Use condom every time I have sex 7 Avoid kissing 8 Other specify_____ 	
415	Since you have heard of AIDS, have you changed your behavior to prevent getting AIDS?	<ol style="list-style-type: none"> 1. Yes 2. No 99 don't know 	
416	If yes, what did you do?	<ol style="list-style-type: none"> 1. Didn't start sex 2. Stopped sex 3. Starting using condom 4. Restrict sex to one partner 5. Reduce number sex partner 6. Other specify_____ 	

Section 5 Non-regular, non-commercial sexual partner

S.N	Questionnaire	Response	Code
501	Think about your most recent non-regular, non-commercial sexual partner. How many times did you have sexual intercourse over the last 30 days?	Number of times _____ 88 don't know 99 No response	
502	The last you had sex with this non-regular non-commercial partner did you use condom?	1. Yes 2. No (skip to Q 504) 88 don't know 99 No response	
503	Who suggest condom use that time?	1 Myself (skip to Q 405) 2 My partner (skip to Q 405) 3 Joint decision (skip to Q 405) 88 don't know (skip to Q 405) 99 No response	
504	Why didn't you and your partner use condom?	<p style="text-align: right;">Yes No</p> <ul style="list-style-type: none"> • Not available • Partner objected • Don't like them • Used other contraceptives • Didn't think it was necessary • Other (specify) _____ 	
505	With what frequency did you and your entire commercial partner use condom during the past 30 days?	1 Every time 2 Almost every time 3 Some times 88 don't know 99 No response	

Section 6 Sexual history: Commercial partner

S.N	Questionnaire	Responses	Code
601	Think about your most recent commercial sex partner. How many times did you have sexual intercourse with in the last 30 days?	Number of times____ 88 don't know 99 No response	
602	The last time you had sex with this commercial partner, did you and your partner use condom?	1. Yes 2. No (skip to Q 604) 88 don't know 99 No response	
603	Who suggest condom use that time?	1 Myself 2 My partner 3 Joint decision 88 don't know 99 No response	
604	Why didn't you and your partner use a condom that time?	<p style="text-align: right;">Yes No</p> <ul style="list-style-type: none"> • Not available • Partner objected • Don't like them • Used other contraceptives • Didn't think it was necessary • Other (specify)_____ 	
605	With what frequency did you and your entire commercial partner use condom during the past 30 days?	1 Every time 2 Almost every time 3 Some times 88 don't know 99 No response	

SECTION 7: CONDOM USE

S.N	Questionnaire	Response	Code						
701	Have you and your sexual partner ever use condom?	1. Yes (skip to Q 703) 2. No 88 don't know 99 No response							
702	Have you ever heard of condom	1. Yes 2. No							
703	Do you know of any place or person from which you can obtain condom?	1 Yes 2 No 99 No response							
704	Which place or person do you know where you can obtain condom?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td colspan="3"> <ul style="list-style-type: none"> ▪ Shop ▪ Pharmacy ▪ Market ▪ Hospital ▪ Army cente ▪ Clinic ▪ Family planning center ▪ Bar/Hotel ▪ Peer educator ▪ Friend ▪ Other (specify) </td> </tr> </table>		Yes	No	<ul style="list-style-type: none"> ▪ Shop ▪ Pharmacy ▪ Market ▪ Hospital ▪ Army cente ▪ Clinic ▪ Family planning center ▪ Bar/Hotel ▪ Peer educator ▪ Friend ▪ Other (specify) 			
	Yes	No							
<ul style="list-style-type: none"> ▪ Shop ▪ Pharmacy ▪ Market ▪ Hospital ▪ Army cente ▪ Clinic ▪ Family planning center ▪ Bar/Hotel ▪ Peer educator ▪ Friend ▪ Other (specify) 									
705	How frequent do you obtain condom?	1. Every time I need 2. Once per week 3. Twice per week 4. Once per month 88 don't know 99 No response							
706	During the last 6 months, did you ever have sexual intercourse with out using condom with commercial sexual partner or other sexual partner who you have never lived with and are not married to?	1. Yes 2. No 88 don't know 99 No response							
707	For those, who use condom why did you start using condom?	1. Due to change of sexual partner 2. Because I started sexual intercourse with commercial sex worker 3. To prevent HIV/AIDS 4. To prevent STIs 5. Others (specify) 99 No response							

708	How long is it since you started using condom?	1. Less than 3 months 2. 3 months 3. 3-6 months 4. 6-12 months 5. 1-2 years 6. More than 2 years 99 No response	
709	When you compare your frequency of using condom during sexual intercourse with the last 6 months back	1. No change 2. It is more now 3. It is less now 4. I didn't use 99 No response	
710	If the frequency at which you use condom now compared with that of last year is more, what do you think is the reason for this? (More than one answer is possible)	Reason Yes No -Because I live separated from my wife (my regular partner) -Because I am suspicious about sexual behavior of my sexual partner -Because I visit commercial sex worker - Because I understood it is beneficial _ Others (specify)	

711	If the frequency at which you use condom now compared with that of last year is less than or no change, what do you think is the reason for this? (More than one answer is possible)	<table border="1"> <thead> <tr> <th data-bbox="737 199 1133 233">Reason</th> <th data-bbox="1143 199 1203 233">Yes</th> <th data-bbox="1344 199 1390 233">No</th> </tr> </thead> <tbody> <tr> <td data-bbox="651 275 672 302">•</td> <td data-bbox="743 275 867 308">Marriage</td> <td data-bbox="1149 275 1166 302">1</td> <td data-bbox="1351 275 1367 302">2</td> </tr> <tr> <td data-bbox="651 317 672 344">•</td> <td data-bbox="743 317 894 350">Abstinence</td> <td data-bbox="1149 317 1166 344">1</td> <td data-bbox="1351 317 1367 344">2</td> </tr> <tr> <td data-bbox="651 359 672 386">•</td> <td data-bbox="743 359 1138 392">Remain faithful to one partner</td> <td data-bbox="1187 359 1203 386">1</td> <td data-bbox="1388 359 1404 386">2</td> </tr> <tr> <td data-bbox="651 401 672 428">•</td> <td data-bbox="743 401 1268 434">My current sexual partner didn't like it</td> <td data-bbox="1256 401 1273 428">1</td> <td data-bbox="1458 401 1474 428">2</td> </tr> <tr> <td data-bbox="651 443 672 470">•</td> <td data-bbox="743 443 959 476">Lack of condom</td> <td data-bbox="1240 443 1256 470">1</td> <td data-bbox="1458 443 1474 470">2</td> </tr> <tr> <td data-bbox="651 485 672 512">•</td> <td data-bbox="743 485 1192 518">Lack of knowledge of condom use</td> <td data-bbox="1240 485 1256 512">1</td> <td data-bbox="1458 485 1474 512">2</td> </tr> <tr> <td data-bbox="651 527 672 554">•</td> <td data-bbox="743 527 1133 560">Frequent breakage of condom</td> <td data-bbox="1240 527 1256 554">1</td> <td data-bbox="1458 527 1474 554">2</td> </tr> <tr> <td data-bbox="651 569 672 596">•</td> <td data-bbox="743 569 1203 602">Condom reduce my sexual pleasure</td> <td data-bbox="1240 569 1256 596">1</td> <td data-bbox="1458 569 1474 596">2</td> </tr> <tr> <td data-bbox="651 611 672 638">•</td> <td data-bbox="743 611 1133 644">Others (specify)_____</td> <td></td> <td></td> </tr> </tbody> </table>	Reason	Yes	No	•	Marriage	1	2	•	Abstinence	1	2	•	Remain faithful to one partner	1	2	•	My current sexual partner didn't like it	1	2	•	Lack of condom	1	2	•	Lack of knowledge of condom use	1	2	•	Frequent breakage of condom	1	2	•	Condom reduce my sexual pleasure	1	2	•	Others (specify)_____		
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712	Why don't you use condom at all?	<table border="1"> <thead> <tr> <th data-bbox="808 657 911 690">Reason</th> <th data-bbox="1214 657 1274 690">Yes</th> <th data-bbox="1430 657 1476 690">No</th> </tr> </thead> <tbody> <tr> <td data-bbox="699 699 721 726">•</td> <td data-bbox="743 699 932 732">Not beneficial</td> <td data-bbox="1240 699 1256 726">1</td> <td data-bbox="1458 699 1474 726">2</td> </tr> <tr> <td data-bbox="699 741 721 768">•</td> <td data-bbox="743 741 1002 774">Not easily available</td> <td data-bbox="1240 741 1256 768">1</td> <td data-bbox="1458 741 1474 768">2</td> </tr> <tr> <td data-bbox="699 783 721 810">•</td> <td data-bbox="743 783 1219 816">I am married and I have faithful wife</td> <td data-bbox="1256 783 1273 810">1</td> <td data-bbox="1458 783 1474 810">2</td> </tr> <tr> <td data-bbox="699 825 721 852">•</td> <td data-bbox="743 825 1295 858">Decided to be faithful to my sexual partner</td> <td data-bbox="1256 858 1273 886">1</td> <td data-bbox="1458 858 1474 886">2</td> </tr> <tr> <td data-bbox="699 900 721 928">•</td> <td data-bbox="743 900 1203 934">Condom reduce my sexual pleasure</td> <td data-bbox="1256 900 1273 928">1</td> <td data-bbox="1458 900 1474 928">2</td> </tr> <tr> <td data-bbox="699 942 721 970">•</td> <td data-bbox="743 942 911 976">I don't know</td> <td data-bbox="1240 942 1256 970">1</td> <td data-bbox="1458 942 1474 970">2</td> </tr> </tbody> </table>	Reason	Yes	No	•	Not beneficial	1	2	•	Not easily available	1	2	•	I am married and I have faithful wife	1	2	•	Decided to be faithful to my sexual partner	1	2	•	Condom reduce my sexual pleasure	1	2	•	I don't know	1	2												
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