

**ADDIS ABABA UNIVERSITY**  
**COLLEGE OF HEALTH SCIENCES**  
**SCHOOL OF ALLIED HEALTH SCIENCES**  
**DEPARTMENT OF NURSING AND MIDWIFERY**

ASSESSMENT OF KNOWLEDGE, ATTITUDE AND PREVENTIVE PRACTICES TOWARDS SEXUALLY TRANSMITTED INFECTION AMONG ARSI NEGELLE KILTURE PREPARATORY SCHOOL STUDENTS WEST ARSI ZONE OROMIA, ETHIOPIA, 2016

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## **List of acronyms and abbreviations**

<b>AIDS</b>	Acquired immuno deficiency syndrome
<b>BSC</b>	Bachelor of Science
<b>CDC</b>	Centers for disease control and prevention
<b>EC</b>	Ethiopian calendar
<b>EDHS</b>	Ethiopian demographic health survey
<b>GC</b>	Gregorian calendar
<b>GH</b>	Genital herpes
<b>HBV</b>	Hepatitis B virus
<b>HHV</b>	Human herpes virus
<b>HIV</b>	Human immuno deficiency virus
<b>HPV</b>	Human papilloma virus
<b>HSV</b>	Herpes simplex virus
<b>MDG</b>	Millennium development goal
<b>MOH</b>	Ministry of Health
<b>MSC</b>	Master of Science
<b>NAAT</b>	Nucleic acid amplification test
<b>PCP</b>	Polymerase chain reaction
<b>PID</b>	Pelvic inflammatory disease
<b>SNNPR</b>	Southern nation nationalities and peoples region
<b>STI</b>	Sexually transmitted infection
<b>TB</b>	Tubercle bacilli
<b>UNAIDS</b>	United Nations Program on HIV/AIDS
<b>WHO</b>	World health organization

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## **Abstract**

**Background:** sexually transmitted infections (STIs) are a major global cause of acute illness, infertility, long-term disability and death with serious medical and psychological consequences of millions of men, women and infants. In America surveillance data showed that both young men and young women are heavily affected by STI but young women face the most serious long-term health consequences. Due to their high prevalence, particularly in developing settings, STIs result in substantial productivity losses for individuals and communities, particularly where the majority of the population is less than 40 years of age. The problem of reporting STIs in Ethiopia is generally thought to be similar with other developing countries.

**Objectives:** the objective of this study is to assess knowledge, attitude and preventive practices towards STIs among Arsi Negelle town preparatory school students.

**Methodology:** institutional based cross sectional quantitative study design was employed. A Proportionate Stratified random sampling technique was used and finally a total of 303 respondents were selected by using systematic random sampling method taking every 4<sup>th</sup> individual for both strata. Self-administered structured questionnaire which was primarily prepared in English language then translated to Amharic and Afan Oromo and retranslated back to English by translator in order to look for consistency of the questions after completely correcting a pretest was done on 5% of the sample at other preparatory school students two weeks prior to the actual data collection time and questionnaire was checked for completeness on daily basis.

**Result:** a total of 303 kulture preparatory school students participated in the study nearly the entire respondents had heard about STIs primarily from radio or TV. Only half (50.8%) of respondents had good knowledge about STIs and 54.5% of respondents were identified to have positive attitude towards STIs. From total participant 38.6% of them reported as they had history of sexual intercourse.

**Conclusion and recommendation:** most of respondents in this study had heard about STIs in one or another way however only slightly near half of respondents have good knowledge regarding the different types of STIs, causes, modes of transmission and method of prevention. This study had call for continued and strengthened health education to bring change in respondents bearing specifically focusing on how to overcome gender differences with respect to knowledge, attitude and preventive practices towards STIs.

# CHAPTER ONE

## 1. Introduction

### 1.1. Background of the study

The term sexually transmitted infection (STIs) is used to denote a variety of clinical conditions that are caused by pathogens which can be embraced and transmitted through sexual activity(1). STIs are transmitted predominantly through unprotected sexual contact, which includes vaginal, oral, and anal sex. Some of STIs can also be transmitted through childbirth or breastfeeding, as well as by sharing needles during injecting drug(2).

STIs are caused by more than 30 different kinds of pathogens including bacteria, virus, protozoa, and fungus. The common classical STIs include gonorrhoea, syphilis, chancroid, lymphogranuloma venereum, chlamydial infection, and trichomoniasis. STI can be generally recognized as ulcerative and non-ulcerative, and can be classified as curable and non-curable but preventable. The common curable STIs include gonorrhoea, syphilis, chlamydial infection, chancroid, trichomoniasis and lymphogranuloma venereum. STIs that are non-curable but preventable are the viral STIs that includes human immunodeficiency virus(HIV) ,human papilloma virus(HPV) ,hepatitis B virus and herpes simplex virus(HSV) (3,4).

The most serious health consequences of STI other than HIV tend to occur in men, women and newborn baby if there is delay in diagnosis and treatment of STI at an early stage of the disease. The long-term effect of STI is more common and serious in younger women when compared with older women or males. Complications that commonly happen in younger women include cancer, pelvic inflammatory disease (PID) resulting in infertility, chronic abdominal pain and associated maternal mortality. If left untreated, 55%-85% of women with PID have the chance to become infertile. An infection that occurs during pregnancy can produce chorioamnionitis, spontaneous abortions or premature birth. Genital infections that exist at delivery can result in maternal puerperal sepsis as well as neonatal and infantile infections (3,5,6).

World Health Organization (WHO) estimated new cases for the four common STIs to be 498.9 million, in the year 2008, which holds 105.7 million cases of *C. trachomatis*, 106.1 million cases of *N. gonorrhoea*, 10.6 million cases of syphilis, and 276.4 million cases of *T. vaginalis* in people

aged 15-49 annually. Out of this male victim accounts for 266.1 million (53%) while 232.8(47%) were female victim. The number of adults with one or more infection however is less than the sum of the four infections as some individuals have had multiple infections. There was also reported many millions of persistent viral STIs, including some 5 million new cases of HIV infections, Human Herpes Viruses (HHV), HPV and HSV. The annual occurrence of STIs, Including HIV, accounts for the loss of more than 51 million years of healthy life among men, women and children worldwide(4,7,8)

Globally, an estimated 35.3 (32.2–38.8) million people were living with HIV in 2012. There were an average of 2.3 (1.9–2.7) million new HIV infections globally, showing a 33% decline in the number of new infections from 3.4 (3.1–3.7) million in 2001(9).

It is estimated that nearly 1 million people contract STI every day worldwide. In Western Europe, 17 million new cases of curable STIs occur annually. Center for Disease Control and prevention (CDC) estimates that nearly 20 million new STI cases occur every year in America half among young people aged 15–24 years, accounting for almost \$16 billion in health care costs. In America surveillance data showed that signs of potential progress in reducing chlamydia and gonorrhea among young people aged 15–24 year. It is estimated that undiagnosed STIs cause 24,000 women to become infertile each year(2,6,10).

The year 2015 is target year in which the world is preparing for the broader process of setting Sustainable Development Goals, and a new goal to end the AIDS epidemic was already adopted by the UNAIDS Programme Coordinating Board in June 2014(11).

STIs are a major public health problem in most African countries on account of their frequency, their associated morbidity and mortality, their impact on maternal and infant health, as well as their economic cost. In developing countries, STIs account for 17% of economic losses (4,6,12). The total incidence of selected curable STI s for the WHO African regions was estimated to be 92.6 million for four STIs: with 8.3 million cases of *C. trachomatis*, 21.1 million cases of *N. gonorrhoea*, 3.4 million cases of syphilis and 59.7 million cases of *T. vaginalis*(7).

In Ethiopia in (2002/2003), the Integrated Disease Surveillance Team of the Ministry of Health (MOH) compiled 27,947 STI cases from all the regions in its routine quarterly report of 2002/03 however the problem of reporting STIs is thought to be similar to that of other developing countries(12).

## **1.2. Statement of the problem**

STIs represent the major global cause of acute illness, infertility, long-term disability and death with serious medical and psychological outcomes of millions of men, women and infants(7).

Worldwide, up to 4000 newborn babies become blind every year because of eye infections attributable to untreated maternal gonococcal and chlamydial infections. In women untreated gonococcal and chlamydial infections will result PID in up to 40% of cases one in four of these will ends with infertility. In pregnancy, untreated early syphilis resulted in a stillbirth rate of 25% and be responsible for 14% of neonatal deaths and an overall perinatal mortality of about 40%. Syphilis prevalence in pregnant women in Africa ranges from 4% - 15%.(13)

In Ethiopia currently, there is no systematic collection of surveillance data on STIs, despite of the routine syphilis tests for pregnant women in antenatal clinics which revealed the current national prevalence of 1.8%. Other STIs are routinely being reported to ministry of health (MOH) but are not included in a systematic surveillance system.(4,11)

However the 2011 Ethiopian Demographic Heath survey (EDHS) presented a self-reported prevalence of (STIs) and STI symptoms among women and men aged 15-49 years who ever had sexual intercourse in the past 12 months thus 4.6 % of women and 6.8% of men reported having STIs in the past 12 months and the highest prevalence was observed in female aged 15-19years and in male aged 20-24 years. 15.9 % of women and 11.6%t of men reported having had an abnormal genital discharge, and 7.8% of women and 4.5% of men reported having had a genital sore or ulcer in 12 months preceding the survey. These numbers are underestimates because respondents may be embarrassed or ashamed to admit having STIs.(14)

STI prevention and control activities have been neglected in Ethiopia until recently that CDC-Ethiopia is undertaking the program on expansion of HIV/AIDS, STI and TB Surveillance and expansion of laboratory services in Ethiopia as of 2003. Validation of the national STIs syndromic management algorithms and development of the national STIs syndromic management guideline and also development of the national training guideline on syndromic management of STIs were some of the major activities done so far regarding STIs(15).

Challenges in preventing and treating STIs in Ethiopia is attributed to the many barriers to adolescent-sensitive STI prevention services, including non-compliant treatment seeking

behaviors driven by the lack of health insurance or other inability to pay, lack of transportation to STI clinics, embarrassment with facilities and services designed for adults, and apprehensions about confidentiality, lack of sexual education to adolescents, gender-based inequalities which affects girls access to prevention and care services. Asymptomaticity of most of the STIs are another factor that leads to reduced health seeking behavior which in turn causes increased chance of being diseased, risking complications and possibly infecting others, (5,16)

Education and counseling of persons at risk, identification of asymptotically infected persons and of symptomatic persons unlikely to seek diagnostic and treatment services; effective diagnosis, treatment, and counseling of infected persons; evaluation and counseling of sexual partners of persons who are infected with STIs were pursued as helpful methods in awareness creation, prevention and control of spread of STI. (1,17)

Knowledge, attitude and preventive practice of students on STI has been extensively studied and most studies result showed good knowledge, attitude and preventive practices of respondents towards HIV/AIDS which they gained from different sources however they have poor knowledge, attitude and preventive practices regarding the characteristic features of the common STIs other than HIV (26, 27, 28, 29, and 32).

So this study assessed knowledge, attitude, and preventive practices of Arsi Negelle kulture preparatory school students towards the common STIs including HIV and identified the perceived gap between the current level of awareness and what it should be, as far as there is no prior study conducted in this area.

### **1.3. Significance of the study**

Preparatory schools comprises of individuals who are among age groups that are at a increased risk of contracting STI globally and specially becoming a paramount concern in developing countries like Ethiopia. So this study is intended to assess knowledge, attitude and preventive practices of preparatory school students.

#### ***The finding of this study is important for***

- The town health bureau by providing a base line data on gaps between dissemination of health information and students current level of awareness,the lived perception and preventive practice regarding STIs.
- Nursing researche the study can provide base line information regarding STI and can be used as a reference for the forthcoming researches.
- Heath policy makers it provides a baseline data which may help them in designing an interventional project and strategies towards prevention of STI in the study area.

## CHAPTER TWO

### 2. Literature review

#### 2.1. Introduction

The term STI refers to a variety of clinical syndromes caused by pathogens that can be acquired and transmitted through sexual activity. This group of infection remains the major global cause of acute illness, infertility, long-term disability and death with serious medical and psychological consequences despite of the development of advance in diagnosis and treatment(1,7,17).

There are more than 30 bacterial, viral and parasitic pathogens that have been identified to date that can be transmitted sexually. Most STIs are sub-clinical and asymptomatic, making them a hidden epidemic(4). Bacterial pathogen that causes STIs includes *Neisseria gonorrhoea*, *Chlamydia trachomatis*, *Treponema pallidum*, and *Haemophilus ducreyi* which cause gonorrhoea, chlamydia, syphilis and chancroid respectively. Viral pathogens that are causes STI comprises of human papillomavirus, herpes simplex virus, hepatitis B virus and HIV which causes Genital warts and cervical mainly-cancer, Genital herpes, Hepatitis B and AIDS respectively. Parasitic pathogens includes *Trichomonas vaginalis* which cause Trichomoniasis and *Phthirus pubis* which cause Pubic lice(18).

WHO estimates the total number of new cases of the four STI named syphilis, *Trichomonas vaginalis*, *Neisseria gonorrhoea*, and *C. trachomatis* to be 498.9 million each year in adults aged 15-49 years. Millions of viral sexually transmitted infections also occur annually, attributable mainly to HIV, human herpes viruses, human papilloma- viruses and hepatitis B virus With the largest proportion in the region of south and south-east Asia, followed by sub Saharan Africa, and Latin American and the Caribbean(7,13).

Nearly a million people acquire a STI including HIV every day. The presence in a person of other STIs such as syphilis, chancroid ulcers or genital herpes simplex virus infection greatly increases the risk of acquiring or transmitting HIV. New research suggests an especially potent interaction between very early HIV infection and other STIs. This interaction could account for 40% or more of HIV transmissions(13,19).

**Syphilis** is a genital ulcerative infectious disease caused by bacteria called *Treponema pallidum* which is solely a human pathogen and does not occur in other species. It has two forms primary

and secondary syphilis. The diagnosis of syphilis is confirmed by identification of *T. pallidum* on dark field examination of ulcer exudate or by a serologic test for syphilis performed at least 7 days after onset of ulcers. The primary mode of transmission occurs via sexual contact but can also spread by exposure to blood product and transferred in utero. Sexual transmission of *T. pallidum* is thought to occur only when mucocutaneous syphilitic lesions are present. The 2015 CDC STD treatment guideline supports the use of penicillin as preferred drug for treating all stages of syphilis(17,19).

**Gonorrhea** is caused by a gram negative bacteria called *Neisseria gonorrhoea* and spread through sexual contact or via vertical transmission during child birth. Urethral infections caused by *N. gonorrhoea* among men can produce symptoms that cause them to seek curative treatment soon enough to prevent sequel, but often not soon enough to prevent transmission to others. Among women, gonococcal infections are commonly asymptomatic or might not produce recognizable symptoms until complications like (e.g., PID) which commonly have occurred in chlamydia trachomatis. PID can result in tubal scarring that can lead to infertility and ectopic pregnancy. Culture and nucleic acid amplification test (NAAT) are available for the detection of genitourinary infection with *N. gonorrhoea* culture requires endocervical (women) or urethral (men) swab specimens. CDC recommends that all patients with gonorrheal infection also be treated for presumed co infection with chlamydia trachomatis. First line dual drug therapy is indicated on CDC STD treatment guideline 2015 which is ceftriaxone 250mg IM single dose plus azithromycin 1 gm po single dose(17,20).

**Trichomonas vaginalis (TV)** is a flagellated protozoan that is a parasite of the genital tract. In adults it is almost exclusively sexually transmitted. Due to site specificity, infection only follows intra vaginal or intra urethral inoculation of the organism. Some infected men have symptoms of urethritis, epididymitis, or prostatitis, and some infected women have vaginal discharge that might be diffuse, malodorous, or yellow-green with or without vulvar irritation ideally, all women presenting with abnormal vulvar or vaginal symptoms should be tested and the diagnosis of TV confirmed by identification of TV on cervical cytology. Among women, NAAT is highly sensitive, often detecting three to five times more *T. vaginalis* infections than wet-mount microscopy. Metronidazole 2gm a single dose or tinidazole 2gm a single is recommended for treatment(17,21).

**Chlamydia trachomatis** is the most common cause of curable bacterial STI worldwide. It manifests primarily as urethritis in males and endo cervicitis in females. Untreated chlamydial infection in man can cause epididymitis and proctitis. Though most women with Chlamydia infection are asymptomatic or have minimal symptoms, some develop salpingitis, endometritis, (PID), ectopic pregnancy and tubal factor infertility. Pregnant women infected with chlamydia can pass the infection to their infants during delivery, potentially resulting in neonatal ophthalmia and pneumonia. Chlamydia infections show a distribution similar to gonorrhoea infections and have a major role in infertility cases(20,22,23)

**Hepatitis B** infection is caused by hepatitis B virus (HBV) which can be either self-limited or chronic. The primary risk factors associated with infection among adolescents and adults are unprotected sex with an infected partner, multiple partners. No specific therapy is available for persons with acute hepatitis B; treatment is supportive. Persons with chronic HBV infection should be referred for evaluation to a provider experienced in the management of chronic HBV infection. Hepatitis B- vaccine was identified to protect against HBV infection which was tested in men who have sex with men in the USA(17,24).

**Herpes Simplex Virus** causes a chronic viral recurrent genital infection. It exists as two types, HSV1 and HSV2, which is distinguished by antigenic differences in their envelope proteins. Genital HSV-1 infection is associated with less severe disease and fewer symptomatic recurrences and subclinical shedding than genital HSV-2 infection HSV infection results in lifelong infection, which can be asymptomatic or present with recurrent lesions. Viral culture is the most frequently used routine diagnostic method but Polymerase chain reaction (PCR) has greater sensitivity than viral culture. There are currently three oral antiviral drugs licensed for the treatment of Genital Herpes. Acyclovir, a thymidine nucleoside analogue, was the first drug introduced to treat HSV. **HIV**; is a viral sexually transmitted infection which is asymptomatic over long periods of time; early signs can include fatigue, fever, night sweats. it takes two forms HIV- 1 and HIV-2. If left untreated it can end with full-blown AIDS. (17,25)

## **2.2. Knowledge of STI among students**

A study conducted in Gonder town at Fasiledess preparatory school showed that all students in the sample had heard about HIV/AIDS from different source. More than 80% of students were aware of the major modes of transmission of HIV and the use of condoms in preventing HIV infection.

However, only half of the students knew that currently, HIV/AIDS infection is incurable, and the chance of acquiring the disease through sexual contact with a „familiar“ person. There was also little misconception like HIV can be transmitted via mosquitoes bite. More female participants believed that HIV/AIDS was curable and that sexual contact with a „familiar“ person was risk-free. All students knew that AIDS is under the category of is STI. The same study reveals that poor knowledge of students concerning symptoms of common STIs other than HIV/AIDS, the increased risk of HIV infection associated with acquisition of other STIs and the impact of drugs abuse and alcohol for the spread of HIV and other STIs(26).

Similar study done at Hadiya zone, shone town indicates 295 (97.4%) of the respondents had heard about STI from various sources. About 57.10% of the respondents know Gonorrhoea among STIs next to HIV/AIDS. Majority of respondents 94.2 % were aware of sign and symptom of STI like, lower abdominal pain in females (13.31%), burning sensation on urination (74.82%), redness on genital area (7.94%), discoloration of urine (8.64%), Vaginal discharge in females (30.94%), urethral discharge in males (23.38%), menstrual abnormality in females (3.6%), impotency in males,( 0.71%) and scrotal swelling in males (17.62%). The study also showed that preventive practice were good in those who have good knowledge and attitude towards STI(27).When compared with the previous study in Gonder it showed respondents of this study had good knowledge of sign and symptom of STI other HIV/AIDS. These two studies are similar in terms of increased awareness of participants about HIV/AIDS when compared to other common STIs.

A study held on Turkish Cypriot high school adolescents revealed that majority of students (91.25%) stated that they had knowledge about STIs. However none of them mentioned parents or relatives as a source of information like in the other findings, and the remaining 8.75% of them did not have any knowledge at all. Unprotected sexual intercourse was recognized as the most frequent mode of infection transmission (92.67%), followed by blood transmission (72.10%), oral sex (39.72%), kissing (28.13%), and protected sexual intercourse (8.51%), respectively. The most known STI was AIDS (91.96%). The study identify that the number of male participants who had full information on STI was higher than female participants (28).This study also reveals similar finding like the previous two with regard to the knowledge of participants concerning STI in which most of study partakers have been informed about HIV and consider unprotected sexual intercourse as the main mode of transmission.

A study from Dar es Salaam, Tanzania by Kennedy D. Mwambete and Zephaniah Mtaturu investigated the Knowledge of sexually transmitted diseases among secondary school students. The result showed that about 99% of the students said they have had heard of STIs, while the rest said they have had never heard of them. Of the 304 students who managed to mention at least three STDs, 123 (40%) of them mentioned AIDS, candidiasis and gonorrhoea. It was also revealed that most students had poor knowledge on the symptoms associated with STIs.

With respect to mode of transmission of STI (77%) students mention some other ways of contracting the disease than sexual intercourse while (23%) were unable to mention other mode than sexual intercourse. Regarding vulnerability to STDs (79%) of students stated that females were more vulnerable to STDs compared to their male counterparts, while only (21%) said males were more vulnerable. The main reasons mentioned included anatomical structure (37.5%), sexual abuse (16%) and (2.5%) said differences in careers was the reason for vulnerability(29).

In this study participants had mentioned at least three STI though they can't clearly identify the clinical features of each STI. This obviously differs from the former studies by knowledge of STI other than HIV in which in almost all studies, students stated primarily HIV as STI unlike that of study at shone in which more than half of respondents mention gonorrhoea as STI.

Study conducted on debreberhan preparatory students showed that (17.5%) of rural and (82.5%) urban respondents have had heard about STI mainly through radio and television. With respect to acquaintance of sign and symptom 74.7% of respondents know at least one sign & symptoms of STIs but the remaining 25.3% didn't know any sign & symptom of STI at all. Regarding prevention of STI about 86.1% of respondents know prevention method of STI while the rest 13.5% didn't mention any prevention method of STI. 33% of participants perceived as STIs transmit through mosquito bite (30). This study showed that most of participants from urban area had knowledge of STIs concerning their common modes of transmission and ways of prevention which similarizes with other studies but when considering those from rural area they had a significant variation in terms of knowledge of STI when compared with previous studies.

Result of study carried out at Wolayita sodo showed that about 96.4% of respondents reported that they had heard STIs. With regard to modes of transmission most of the participants 96.7% stated that one can get STI through unprotected sex. 96.2% of students had reported that a person can be protected from STI through consistent use of condom, being faithful and abstaining(31).

Unlike the other previous studies this study showed that students had good knowledge of most of the common STI, their modes of transmission and preventive methods. This may be associated with level of education of students which are university students where as in the previous studies participants were preparatory and high school students.

A study in Nepal showed that majority of the students which accounts for about 96.6% boys and 86.6% girls had heard about HIV/AIDS. Syphilis is the second most commonly heard of disease with 58.33% and Hepatitis B (56.66%) is third. The least heard about disease is Trichomoniasis (11.66%). The study reveals that boys are more knowledgeable about STIs than girls, although more girls knew about Gonorrhoea and Hepatitis B than boys did. Most students knew that unsafe sexual contact was a major mode of transmission of HIV/AIDS (86.66%). Also familiar were blood transfusion (85.83%) and transplacentally modes (80%). Misconceptions still exist as evidenced by 15.83% choosing option(i.e. touching an infected person) as a mode of transmission(32). This study is also similar with most of the previous studies but it differs in terms of knowledge variation among male and female students which showed that males are more knowledgeable than females. This was suggested to be the result of males' behavior of discussing issues among friends.

A study conducted at Addis Ababa among 3543 high school adolescents' showed that only 634(17.9%) of respondents had knowledge about at least two sign and symptoms of STIs. It also reveals that majority of students had better knowledge regarding HIV. The study had identified that knowledge of STI symptoms was better in male when compared to females and among students who had literate mothers. Virtually one in 20 adolescents reported that they had symptoms of STIs in the past 12 months. Of these only 117(66.9%) look for treatment. Almost half of those who sought treatment were delayed after they observed the symptoms and most of them had stated that their reason for delayed treatment seeking was they don't even know what it is and most health institution working hours coincide with school hours(33) . This study like other studies conducted in the country or abroad showed that students had better knowledge about HIV when compared with other common STIs. This study focused on knowledge of symptoms of STI unlike more studies conducted on the topic which deals with many aspects of the disease like mode of transmission, preventive measure.

A study by Nsuami, M Jacques and Sanders investigate knowledge of high school students and the result showed that overall, 70.5% of respondents identified gonorrhoea and 54.1% identified chlamydia as infections that were transmitted sexually. Gonorrhoea and chlamydia were identified as curable by 65.7% and 49.9% of respondents, respectively. Less than one-half of males (43.4%) and 51.9% of females correctly indicated that STIs can be asymptomatic and 75.0% of males and 80.5% of females were aware that STIs could be prevented(34). In this study female students had slightly better knowledge regarding preventability of STI and chance of being asymptomatic when compared with male students which is quite different from finding of study in Nepal which had revealed dominance of male in level of knowledge regarding STI. Knowledge of students toward gonorrhoea mimics the finding of study in shone. This study differs from previous studies which showed raised awareness participants about HIV but in this study it is identified that students primarily states gonorrhoea and chlamydia as STI.

### **2.3. Attitude of STI among students**

A study conducted on Thai university students showed that 24.5% respondents believed that STIs are not dangerous because they can be cured. There was no significant difference between genders. Regarding the question if it's necessary to avoid a person who has contracted an STD because he or she can transmit it to other people, 62% of the students agreed. When being asked what do you most afraid of when having unprotected sex, 91.1% participants stated that contracting HIV was their greatest fear, next becoming pregnant 89.1% and finally contracting another STD 88.4%. Almost all of the students which accounts 96.6% participants stated that a person who believes that he or she has gotten an STI, but is unsure about the symptoms, should directly contact health personnel(35). In this study participants consider STI as non-dangerous as long as they can be cured unlike that of HIV. The study partakers also had attitude of isolating patients who had contracted STI and reported that they most feared of HIV whenever they had unprotected sex.

A study carried out at secondary schools in Ghana by Rondini and Krugu showed that 70.9 % of the males and 75 % of the female students were worried about and feared of HIV/AIDS. About the students' attitudes they had a significant barrier towards condom- use. The female students would not purchase condoms out of fear of being judged as "bad girls" and the male students claimed that they wouldn't accept a condom from a girl, because "the girls were not trusted(36).

This study reveals that most of female students as well as male students feared of HIV primarily. Regarding the preventive measure female students had reported that they had significant barrier in utilization of condoms. When compared with the study in Thai the participants in both study had increased level of fear against HIV other than the common STI but with respect to utilization of the preventive measure specially condom Thai university students had faced no barrier while that of Ghana students had a barrier to utilize condoms.

The result of a study conducted in Gonder showed that more than 30% of the students associated AIDS with an immoral life style and even recommended isolation of AIDS patients from those who are non-infected. Half of the students favored for screening of HIV and STIs. However; third of the students was not willing to visit infection prevention and control clinic following acquisition of STIs other than HIV/AIDS. More girls than boys believed that forbidding a commercial sex could control the spread of HIV and other STIs. The study also reveals that male students and those from high socio economic class have had more negative attitude towards STI but no association were identified between students' knowledge and their sex and socioeconomic background (26). Respondents in this study believed that people who contract HIV have had an immoral life style and they would prefer to isolate those who had the disease. Majority of female participants believe that prohibition of commercial sex work could overcome the spread of HIV. It is similar with the findings of study in Thai with respect to the participant's attitude towards isolating those who contract HIV to overcome the transmission. Like study conducted in Ghana participants of this study were mainly feared of HIV when having unprotected sex but it differs in the way that respondents consider those who contract the disease.

A study held at debreberhan revealed that more than half of students believe that there are both curable and non-curable forms of STI even though they cannot clearly identify between the two. Around 77.6 % of study partakers believe STI as a disease while the rest consider it as a curse. With respect to preventability of STI about 95.5 % of the respondents believe that they can be prevented. When answering to question on modes of transmission about 75.5 % of the participant's homosexual intercourse can transmit STI. The respondents were also asked concerning the impact of STIs and about 58% of the participants believe as it can causes social isolation and stigma(30). Just like studies in other countries participants of this study also believe that people with HIV had got isolation but unlike other studies partakers identified as there was both curable and non-curable STIs even though they can't put a clear distinction between the two

A study on college adolescent girls in urban Udipi Talik showed that, the participants had a positive attitude towards people living with HIV/AIDS. Around 85% of the students felt that they should have to help People living with HIV and not stop socializing or meeting them. The participants were believed that they could maintain a normal relationship but should be cautious to protect themselves(37). Unlike this study in most of previous studies the finding showed that isolation of diseased individual was believed as a means of controlling the spread of STI including HIV, so this study reveals that participants had a good attitude.

#### **2.4. Preventive practices of students**

A study conducted at shone preparatory school showed that around 41.58% of study participants had history of sexual intercourse. 50.40% of the participants undertake sexual intercourse with their boy or girl friends. From those who had sex 71.20% of students had used condoms while 28.80% didn't use condoms and majority of students who utilize condoms during sexual intercourse reported that they only used sometimes. Among those who had no history of sex before majority of them prefer to abstain till they married. 12.90% of study participants had history of STI and most of exposed students preferred to be treated at health institution. Most of respondents reported that they discussed about STI and 69.15 % of them preferred to discuss with their friends. The common cause for sexual engagement was reported to be Sexual desire by 44% of the respondents. 1.6% of respondents reported that they had sex with commercial sex workers (27). This study also showed that knowledge of the respondents was significantly associated with preventive practices of sexually transmitted infections. In this study most of participants prefer to use condoms when having sexual inter course even though they sometime use it.

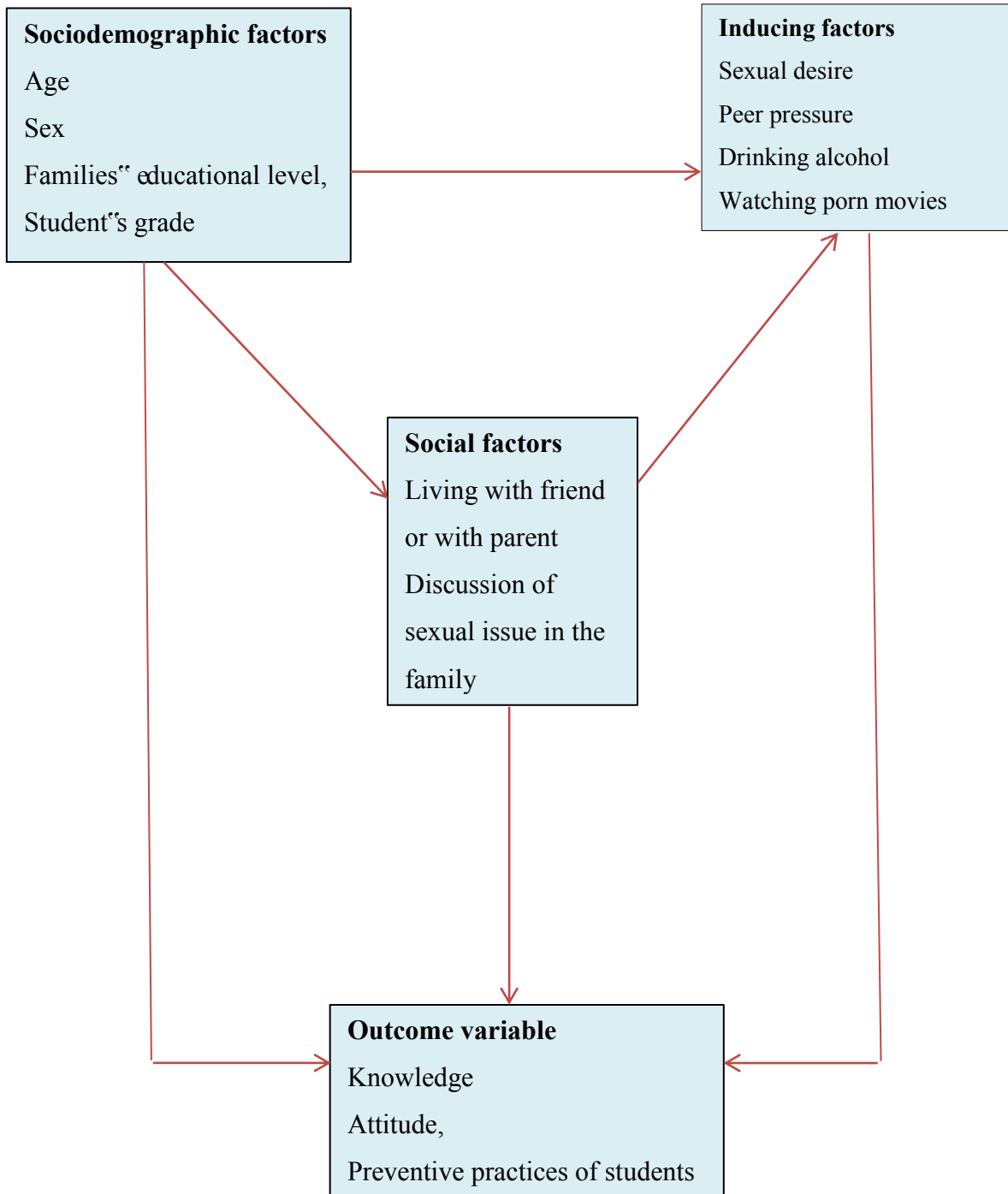
A study held at Bahrdar University showed that nearly all of the respondents had seen condom before and sixty three percent of them were confident to hold condom with their hand where as 80.5% of them were not confident enough to discuss about condom use by demonstration. About 22.5% of participants had history of unprotected sexual intercourse and 15.5% of the respondents had multiple sexual partners. 12.5% of the participants had reported that they had sex after drinking alcohol and watching porn videos and 2.8 % them had sex with commercial sex workers.(38) When we consider having unprotected sex this study showed slight decrement when compared with study at shone. The study in shone showed that sexual desire was the primary cause for engagement in sex while the study in Bahrdar University identified alcoholic intake.

A study in Kenya revealed that among the respondents 33.8% of them reported to have no experience of sexual intercourse while the remaining 66.2% of the participants had history of sexual intercourse. From those who had experienced sexual intercourse 72.8% of them indicated that they/their partners had used a condom during the last sexual intercourse mainly to prevent pregnancy than contracting any sexually transmitted infection despite of the fact that the remaining didn't utilize condom during sexual intercourse. The study indicated that 62% of the respondents who had experienced sex were at an increased risk(39). In terms of experience of sexual intercourse this study indicates that higher number of participants had under take sexual intercourse when equated with the previous two studies. With respect to utilization of condoms during sexual intercourse this study reveals better utilization of condom when compared with the study in shone and less utilized than study in bahr dar.

## **2.5. Conceptual frame work**

Knowledge, attitude and preventive practices of students towards STI were believed to be influenced by different factors like, gender based differences, age, families educational level, habit of sexual discussion among parents and students grade. Social stigma which are so often associated with STI, lack of sexual education among students, peer pressure, drinking alcohol, sexual desire and watching porn movies are also presumed to affect. The existing knowledge and attitude of students is also identified to modify preventive practices of students.

Accordingly students who are identified to have good knowledge, attitude and preventive practices have had reduced risk of contracting STI and they have healthy sexual life where as those who had poor knowledge and practices regarding the many aspects of the disease and those who perceive the severity of the disease as less compromising and have multiple barriers towards achieving the preventive practice will have increased risk of contracting STI. The more students are desired to comply with consistent use of condoms or other preventive measures the more likely that they would have less risk of experiencing the disease as well as serious outcomes of the disease.



**Figure 1** Conceptual framework constructed after reviewing different literatures (26, 27, 30, 35).

## **CHAPTER THREE**

### **3. Objective**

#### **3.1. General objective**

- To assess knowledge, attitude and preventive practices towards STI among Arsi Negelle Kilture preparatory school students, Oromia Ethiopia, 2016.

#### **3.2. Specific objective**

- To describe knowledge of students towards STIs
- To assess attitude of students towards STIs
- To identify preventive practices of students towards STIs

## **CHAPTER FOUR**

### **4. Methods and materials**

#### **4.1. Study area**

The study was conducted at Arsi Negelle Kilture preparatory school. Arsi Negelle is a town in south eastern part of Ethiopia. It is located in Mirab Arsi zone of Oromia region on the paved high way north of shashemene. It is named after its administrative center, Arsi Negelle part of west Arsi zone located in great rift valley, and it is bordered on the south by shashemene zuria, on the southwest by lake shala which separate it from shala, on the west southern nation nationalities and peoples region (SNNPR), on the north by east shewa with which it shares the shores of lake Abijatta and Langanno and on the east by Arsi zone.

The 2007 national census reported a total population for this woreda was 260,129 of whom 128,885 were men and 131,244 were women. Majority of residents of the town has Oromo ethnic group and speaks oromifa. The town is located 228km away from the capital city Addis Ababa (40). The town has around seven elementary school (4 private and 3 governmental), four high schools 3 private and 1 governmental) and two preparatory school (1 governmental and 1 private). (Towns education office)

#### **4.2. Study design and period**

Institutional based cross sectional quantitative study design was employed for this study from March 15-april 1.

#### **4.3. Source population and Study population**

The Source population for this study was all regular governmental preparatory school students at Arsi Negelle town registered at academic year of 2016. The study population includes all sampled students who are attending their education at Arsi Negelle kilture preparatory school.

#### **4.4. Inclusion and exclusion criteria**

##### **4.4.1. Inclusion criteria**

Regular Arsi Negelle Kilture preparatory school students who are available at the time of data collection were included in the study.

#### 4.4.2. Exclusion criteria

Regular Arsi Negelle Kilture preparatory school students those who are at leave for medical or social cases at the time of data collection and students attending their education in other preparatory school were excluded from the study.

#### 4.5. Sample size

Sample size for this study was determined by using formula for single population proportion by considering the following assumption; a 95% confidence level, 5% margin of error and prevalence of all outcome variables in previous study was seen and sample size was computed respectively then prevalence of variable that results in largest sample size was considered which is 39% (prevalence of knowledge) in study at Gonder  $p=0.39$  (26).

$$n = \frac{z_{\alpha/2}^2 p(1-p)}{d^2} \quad n = \frac{(1.96)^2 0.39(1-0.39)}{(0.05)^2} = 366$$

Since the total population is 1100 which is less than 10,000 the sample size was corrected using the following formula

$$n_f = \frac{n_o}{1+n_o/N} = \frac{366}{1+366/1100} = 275$$

Where  $n_f$  is final sample size,  $n_o$ =sample size from above formula and  $N$ =is total population which 1100. By adding 10% for the non-response rate the final sample size was = 303

**Where:**

$\alpha$  =the level of significance which can be obtained as 1-confidence level

$p$ = best estimate of population proportion

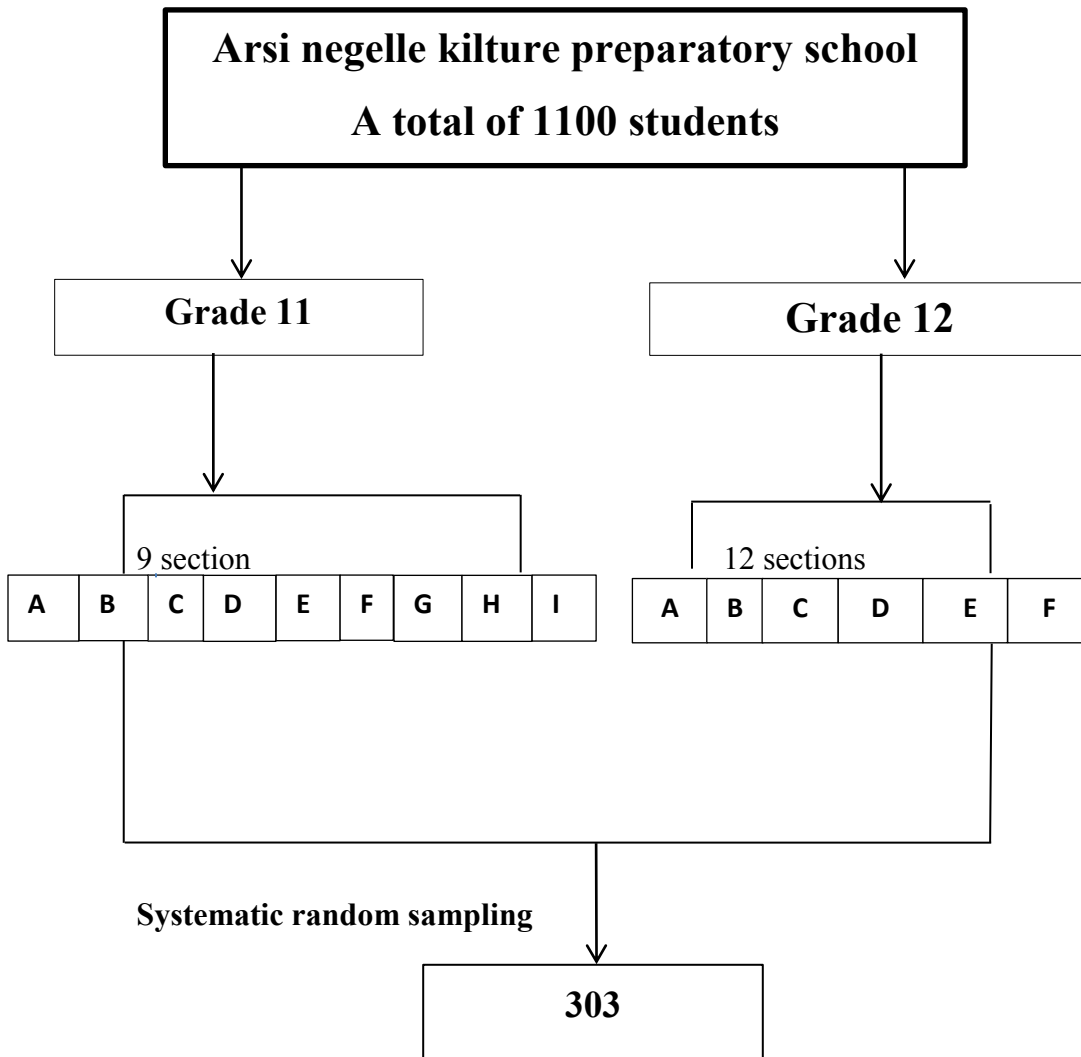
$d$  =maximum acceptable difference

$Z_{\alpha/2}$  = the value under standard normal table for a given value of confidence level

#### 4.6. Sampling technique

First students list was obtained from student's registration book for the academic year and stratified in to grades by assuming similarity in academic rank among students of the same grade. There are a total 1100 (690 from grade 11 and 410 from grade 12) students in Arsi Negelle kilture preparatory school and they were distributed in to 15 sections of which 6 section (A-F) for grade

twelve and 9 section (A-I) for grade eleven. Number of students among each section varies ranging from 65-85. The total calculated sample size was selected from all section by systematic random sampling method after computing k value for each strata and considering their identification number as frame of reference (Thus  $k=4$ ) for both strata.



**Figure 2** schematic presentation of sampling procedure

## **4.7. Data collection procedures and instrument**

### **4.7.1. Data collection instrument**

The study had employed a pretested and structured self administered questionnaire after adapting the question from different literature and making the necessary modification accordingly. The questionnaire was initially prepared in English language then translated to Amharic and Afan Oromo by a person who has good ability of the three languages and then re-translated back to English by other person to see for consistency. It comprises of four parts (1) Questions regarding Sociodemographics background of students, (2) Question concerning knowledge of students about STI (3) Question assessing attitude of students towards STI and (4) Question evaluating preventive practices of students. Questions for each item were adapted from previous studies conducted on related topic and the necessary modification had been made accordingly (26, 27, 30,35).

### **4.7.2. Data collection procedure**

Prior to the actual data collection the purpose of the study was clearly explained to the participants and their consent was obtained after signing on the consent form. Data was collected by using standardized self-administrated questionnaire.

## **4.8. Data quality control**

Three unemployed diploma holders in accounting who fluently speak both Amharic and Afan Oromo were recruited for data collection and two unemployed degree holders one in sociology and the other in economics who Knows the geographic area and available for full data collection time were selected for supervising. One day training for data collectors and supervisors was given on the entire process of data collection. Structured questionnaire was primarily prepared in English language then translated to Amharic and Afan Oromo which was then retranslated back to English by other person in order to look for consistency. The completed questionnaires were rechecked by the principal investigator to maintain the quality of data. A pretest was done on 5 % of the sample on students of other preparatory school two weeks prior to the actual data collection and the result was used to improve the wording, consistency and completeness of questions in the questionnaire. The data collection process was be supervised by supervisor on daily basis.

## 4.9. Study variables

### 4.9.1. Dependent variables

- Knowledge about STIs
- Attitude towards STIs
- Preventive practices towards STIs

### 4.9.2. Independent variables

- Age
- Sex
- Students grade
- Ethnic group
- Religion,
- Living with parents or with others,
- Families educational level

## 4.10. Data processing and analysis

The collected data was checked manually for completion and any incomplete data were sent back to the respondent and filled then the data was entered in to computer and edited, coded, cleaned, for consistency. The data was entered by using EPI data version 3.1. Software afterward it was exported to statistical package for social sciences (SPSS) version 20 software for analysis. Descriptive statistics was used to organize and summarize back ground variables like age, sex and other in a clear and concise way. The association between variables was measured and tested using bivariate logistic regression thus p-value less than 0.2 was considered to declare for multivariate logistic regression in which p-value  $< 0.05$  was considered as significant in all cases.

## 4.11. Operational definition

**Knowledge:** is the level of facts and understandings of students concerning STIs.

**Good knowledge** if students answer more than the mean score out of prepared knowledge questions

**Poor knowledge** if students answer less than the mean score out of prepared knowledge questions.

**Attitude:** is the way student's belief, thought and perceive about STIs.

**Good attitude** if students answer more than the mean score out of prepared attitude question

**poor attitude** if students answer less than the mean score out of prepared attitude question.

**Preventive practice:** refers for students experience regarding risky sexual behavior leading to STI and its prevention method.

**Good preventive practice:** If students answer more than the mean score out of prepared practice questions

**Poor preventive practice:** If students answer less than the mean score out of prepared practice questions.

#### **4.12. Ethical consideration**

Ethical clearance was obtained from Addis Ababa University College of health sciences, school of allied health sciences Ethical Review Board Prior to the actual data collection. A formal letter from the university was submitted to the town's education office, to Arsi Negelle kiture preparatory school and to all other concerned bodies to obtain their permission. All study participants was clearly informed about the purpose of study and assured that all data they offer us was confidential. All respondents had signed the informed consent form prior to participation.

#### **4.13. Dissemination of the result**

The final report of the study will be defended at Addis Ababa University College of health science, school of allied health science department of nursing and midwifery. The final document will be disseminated to Arsi Negelle kiltu re"e preparatory school, Oromia educational bureau and other concerned organizations working on adolescent health. The final report will also send to the scientific journal for publication.

## CHAPTER FIVE

### 5. Result

#### 5.1. Sociodemographic characteristics of respondents

A total of three hundred three kilture preparatory school students participated in the study with a response rate of 100%. The age of respondents ranges from 16-24years with mean age of 18.53 years and standard deviation of  $\pm 1.402$ . 181(59.7%) of respondents were male and resulted in a male to female ratio of 1.48:1. Among the respondents 146(48.2%) of them were followers of orthodox religion. Majority of respondents 204(67.3%) were Oromo in ethnicity. (Table: 1).

**Table 1** Sociodemographic characteristics of Arsi Negelle kilture preparatory school student's west Arsi zone, Oromia Ethiopia 2016

Variables	Category	Frequency(N)	Percentage (%)
Age	15-19	243	80.2
	20-24	60	19.8
Sex	Male	181	59.7
	Female	122	40.3
Religion	Orthodox	146	48.2
	Muslim	74	24.4
	Catholic	10	3.3
	Protestant	62	20.5
	Other	11	3.6
Ethnicity	Oromo	204	67.3
	Amara	65	21.5
	Tigre	12	4
	Wolayita	3	1
	Other	19	6.3
Grade of student	11	190	62.7
	12	113	37.3
With whom do you live	Parents or family	254	83.8
	Friends or friend in rent	26	8.6
	alone in rental home	15	5.0
	others	8	2.6
Do you have boy/girl friend	Yes	109	36.0
	no	194	64.0
Mothers level of education	No formal education	58	19.1
	Primary	100	33
	Secondary	84	27.7
	College and above	61	20.1
Fathers level of education	No formal education	34	11.2
	Primary	93	30.7
	Secondary	92	30.4
	College and above	84	27.7%

## 5.2. Knowledge of kilture preparatory school students about STIs

From total of 303 participants 298(98.3%) of them had heard about STIs and the source of information was 195(64.4%) from TV/radio, 194(64%) from school, 109(36%) from friends, 76(25.1%) from families and 11(3.6%) from other sources. When being asked to identify the different types of STIs 262(86.50%), 256(84.5%), 194(64.0%), 76(25.1%), 7(2.3%), 4(1.3%) had mentioned HIV, gonorrhoea, syphilis, chancroid, hepatitis-B and Hepatitis-C respectively. 10(3.3%) of respondents had mentioned TB as one of STIs erroneously.

Among the total 298(98.3%) respondent who had heard about STIs 265(88.9%) identified virus as a primary cause for STIs, 97(32.6%) bacteria, 25(8.4%) fungus, and there were also respondents who replied wrong answers like bad hygiene of women or men 73(24.5%), using unclean water 7 (2.3%) and sex during menstruation 54 (18.1%) as a cause for STIs. For the question can STIs transmit from person to person 302(99.7%) of respondents replied positively. From those who replied positively greater number 274(90.4%) mentioned sexual intercourse as a primary mode of transmission whereas blood transfusion was identified by 46.5% of the respondents. 25(8.3%) of respondents stated wrong answers like mosquito bite as mode of transmission (Table2). 214(70.6%) of respondents knows having one of STIs other than HIV can increase risk of acquiring HIV while 52(17.2%) don't know.

**Table 2** Modes of transmission and methods of prevention of STIs of kilture preparatory school students, Arsi Negelle town, west Arsi zone, 2016

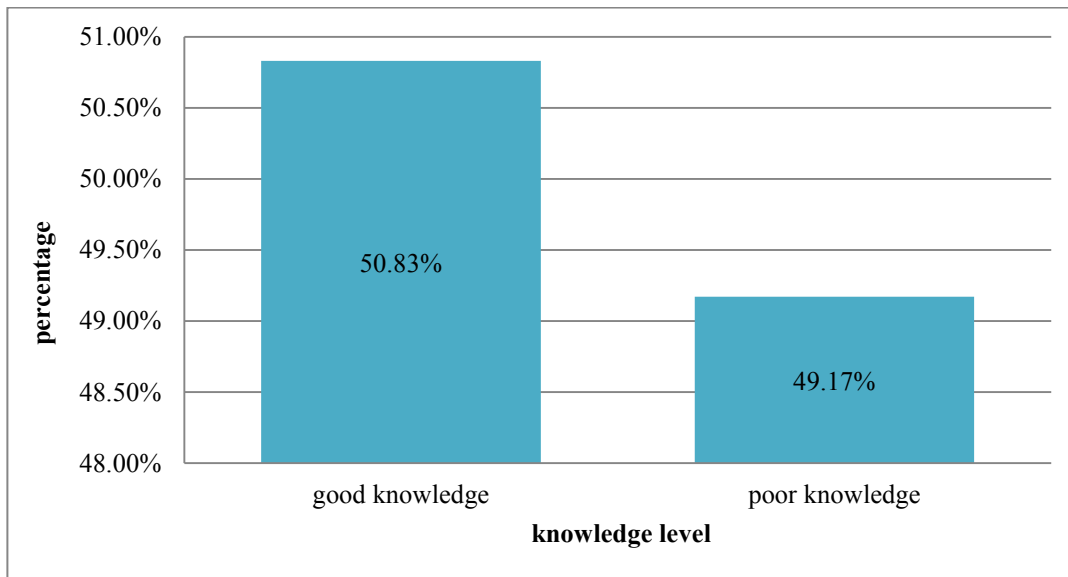
Variables	Response	Frequency (N)	Percent (%)
Do STIs transmittable	Yes	302	99.7
	No	1	0.3
What are the modes of transmission	Unprotected sex	274	90.7
	Blood transfusion	142	47
	Sharing needle	230	76.2
	Mother to child	178	58.9
	Mosquito bite **	25	8.3
	Sharing cloths **	23	7.6
Can we prevent STIs	Yes	302	99.7
	No	1	0.3
What are the prevention methods	Condom	259	85.8
	Abstinence	245	81.1
	Not eating with STIs patients **	7	2.3
	Not having multiple sexual partner	181	59.9
	Not receiving unscreened blood	213	70.5

® Excess number is due to possibility of more than one answer. \*\* were wrong answers mentioned by respondents

Majority of respondents 259(85.8%) mentioned condom as a primary method of prevention and some of respondents 7(2.3%) incorrectly mentioned that not eating with those who are infected with STIs can help us prevent the spread of the disease. Regarding the sign and symptoms of STIs 215(72.4%) respondents knew discharge from vagina or urethra, 169(56.9%) loss of body weight, 163 (54.9%) genital ulcers or open sores, 156(52.5%) itching of genital area, 135(45.5%) failure to urinate, 122(41.1%), 20(6.7%) lower abdominal pain as sign and symptom of STIs while 6(2%) of respondent replied that they don't know any sign and symptom of STIs.

From total respondents 173(64.1%), 112(41.5%), 143(53.0%), 79(29.3%), 92(34.1%), and 159(58.9%) knew that if STIs left untreated can ends with infertility, premature birth, stillbirth, ectopic pregnancy, miscarriage and cervical cancer respectively.

From total of 303 participants 154(50.8%) of them were knowledgeable about the common aspect of STIs. The mean score of respondents was 19.23 with SD of  $\pm 5.73$  and 8 being the minimum score where as 38 were maximum score.



**Figure 3** kilture preparatory school students level of knowledge about STIs, at Aarsi Negelle west arsi zone, 2016

### 5.3. Attitude of kilture preparatory school students towards STIs

Out of the total respondents that participated in the study 165(54.5%) of them had positive attitude while the rest 138(45.5%) had negative attitude about STIs. 233(76.9%) of respondents believes that people who had STI can't be easily identified in the community, 189(62.4%) of respondents

perceives that STIs are not dangerous as far as they can be treated, 69(22.8%) of respondents misperceive that isolating individuals with STIs can help prevent the spread of the disease. 230(75.9%) of respondents reflect as there are both cured and non-cured types of STIs and 245(80.9%) of them believes that STIs can transmit by other means than sex.(table 4)

**Table 3** Attitudes of respondents towards STI in Arsi Negelle town, west Arsi zone 2016.

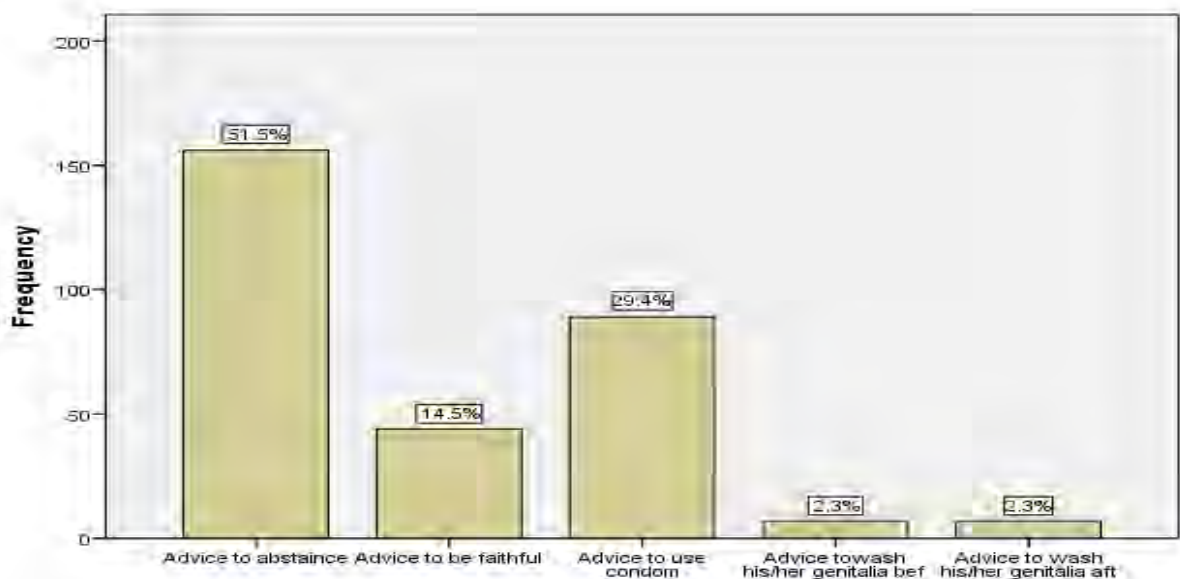
Variable	Frequency(N)	Percent (%)
Do you think patients with STIs are easily identified in the community		
Yes	70	23.1
No	233	76.9
Do you think sexually transmitted infections are not dangerous because they can be cured		
Yes	144	37.6
No	189	62.4
Do you think people who are infected with STI must get treatment		
Yes	282	93.1
No	21	6.9
Do you think young people should get information/ knowledge about STIs		
Yes	298	98.3
No	5	1.7
Do you think getting HIV and other STIs are more frustrating when having unprotected sexual intercourse		
Yes	279	92.1
No	24	7.9
A person who does not want to become infected with STI should use condom		
Yes	288	95
No	15	5
Do you believe isolating an individual who had STI can help prevent spread of the disease		
Yes	69	22.8
No	234	77.2
Do you think there are both cured and non-cured STI		
Yes	230	75.9
No	73	24.1
Do you think STIs can transmit by other means than sex		
Yes	245	80.9
No	58	19.1

#### 5.4. Preventive practices of kilture preparatory school students

From total of 303 study participants 117(38.6%) had reported as they had history of sexual intercourse whereas 186(61.4%) reported as they have no history of sexual intercourse. Among those who had performed sex previously 53(17.5%) of them perform with their boyfriend or

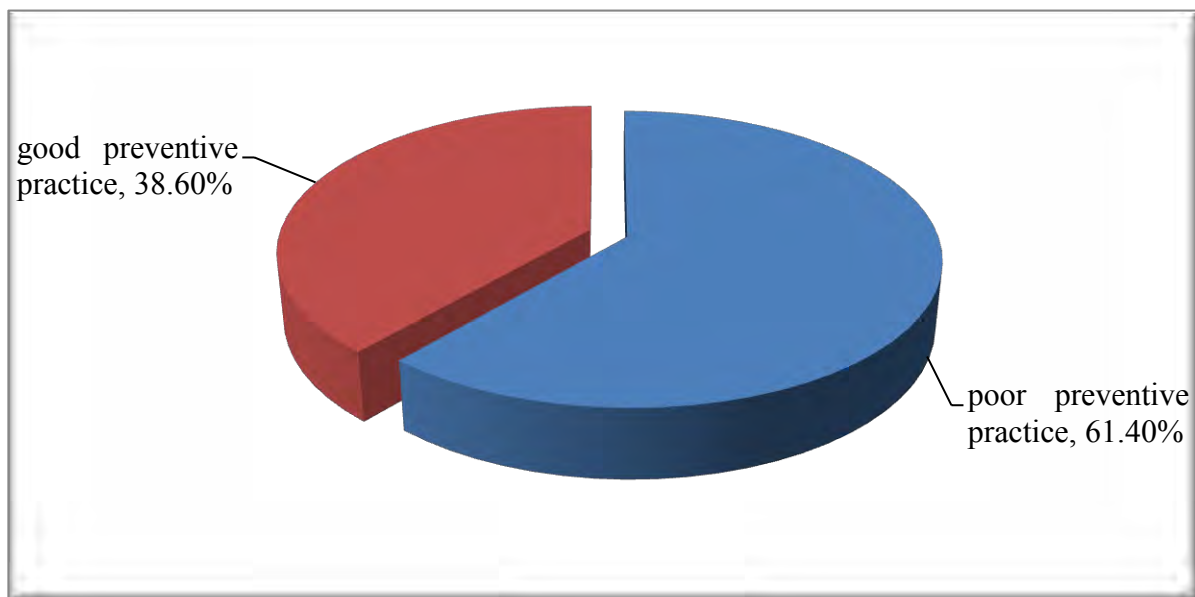
girlfriend, 42(13.9%) with their classmate and 22(7.3%) with other. Out of 117(38.6%) who encounter sexual intercourse 88(29%) of them had used condom while 29(9.6%) of them didn't use condom when having sex. From those who had utilized condom during sexual intercourse 36(11.9%) utilized always, 26(8.6%) usually and 26(8.6%) sometimes. 68(22.4%) of those who undertake sexual intercourse reported sexual desire as a primary cause to perform sex, 30(9.9%) peer pressure, 7(2.3%) drinking alcohol, 11(3.6) % watching porn movies and 1(0.3%) of them had reported other cause for undertaking sexual intercourse.

With respect to taking measure for individual who is vulnerable to STI 156 (51.5%) of respondents mentioned advising to abstain the individual as primarily measure ,7(2.3%) wrongly advice individual as to wash his/her genitalia prior to sex and 7(2.3%) advice to wash his/her after having sex (figure 3). With regard to discussing about STIs 275(90.8%) reported they had discussed about STIs while the remaining 28(9.2%) of them didn't discuss. From those who had discussed 225(81.8%) of them discuss with their friends, 37(13.5%) with their mother or father, 12(4.4%) with their sister or brother and 1(0.4%) of them discuss with other. 20(6.6%) of respondent reported as they had history of STIs from this 15(75%) of them treated at health institution, 4(20%) by traditional healer and 1(5%) treated at home with home remedies.



**Figure 4** kilture preparatory school student's practical measure for individual who are vulnerable, for contracting STIs in Arsi Negelle town, west arsi zone, 2016.

From total of 117 students who had history of sexual intercourse only 34(38.6%) of respondents had good preventive practice despite of the fact that the rest 54(61.4%) of respondent had poor preventive practice towards STIs.



**Figure 5** kilture preparatory school students levels of preventive practices towards STIs at Arsi Negelle town west arsi zone, 2016

### 5.5. Factors associated with knowledge of students towards STIs

In bivariate logistic regression, sex, living with whom status, mothers and fathers of student's educational status was identified to be candidate for multivariate logistic regression by considering **p-value** less than **0.2**. In multivariable logistic regression sex of respondent and students fathers' level of education were identified to have significant association with knowledge of respondents. Thus male students were 1.80 times more likely to have good knowledge about STIs than female students [**AOR**, (95%CI), 1.80(1.096, 2.967)]. Likewise respondents whose father had college and more educational level were 3.71 times more likely to have good knowledge about STIs than those whose father had no formal education[ **AOR**,(95% CI) 3.71 (1.539,8.950)](table 4)

**Table 4** Bivariate and multivariable logistic regression analysis result indicating factors associated with knowledge about STI among Arsi Negelle kilture preparatory school students, West Arsi zone, 2016

Variable	Category	Knowledge of students		COR (95%CI)	P- value	AOR (95% CI)	P- value
		Poor knowledge N (%)	Good knowledge N (%)				
Fathers level of education	No formal education	23(15.4%)	11(7.1%)	1		1	
	Primary	46(30.9%)	47(30.5%)	2.14(.936,4.877	.072	2.13(.916,4.969)	.079
	Secondary	45(45%)	47(30.5%)	2.18(.955,4.991)	.064	2.31(.991,5.398)	.053
	College & above	35(23.5%)	49(31.8%)	2.93(1.265,6.77 6)	.012	*3.71(1.539,8.950)	0.003
Sex	Male	82(55%)	99(64.3%)	1.47(.927,2.333)	.101	*1.80(1.096,2.967)	0.02
	Female	67(45%)	55(35.7%)	1		1	
	Total	149	154(100%)				

\*statistically significant association at p-value of <0.05

### 5.6. Factors associated with preventive practices of students

In bivariate logistic regression respondents father's and mother's level of education were declared to be candidate for multi variable logistic regression assuming p-value less than 0.2. In multi variable logistic regression mother's level of education were recognized to have significant association with respondent's preventive practices towards STIs.

As a result respondents whose mothers had no formal education were 78.8% less likely to have good preventive practice when compared with respondents whose mother had college and more educational level.[AOR, 95%CI .212(.050, .895)]

**Table 5** Bivarait and multivariable logistic regression analysis indicating factors associated with preventive practice of students towards STI among Arsi Negelle kilture preparatory school students, West Arsi zone, 2016

Variable	Category	Preventive practice		COR(95%CI)	p-value	AOR(95%C)	p-value
		Poor preventive practice	good preventive practice				
Fathers level of education	No formal education	10(18.5%)	2(5.9%)	.257(.042,1.573)	.142	.257(.042,1.57)	.142
	Primary	10(18.5%)	14(41.2%)	1.800(.501,6.463)	.367	1.8(.501,6.463)	.367
	Secondary	25(46.3%)	11(32.4%)	.566(.168,1.908)	.358	.566(.168,1.908)	.358
	College and above	9(16.7%)	7(20.6%)	1		1	
	Total	54(100%)	34(100%)				
Mothers level of education*	No formal education	18(33.3%)	5(14.7%)	.202(.053,.776)	.020	.212(.050,.895)	.035
	Primary	14(25.9%)	10(29.4%)	.519(.153,1.759)	.293	.485(.133,1.774)	.274
	Secondary	14(25.9%)	8(23.5%)	.416(.118,1.463)	.171	.413(.109,1.554)	.193
	College and above	8(14.8%)	11(32.4%)	1		1	
	Total	54(100%)	34(100%)				

\* Statistically significant association at p-value of <0.05

## CHAPTER SIX

### 6. Discussion

In this study 298(98.3%) of respondents had heard about STIs from different sources which was recognized to be almost similar with the finding of a study at shone town which was 295(97.4%), and it was relatively higher than a study held on Turkish Cypriot high school adolescents which revealed that 91.25% of students had heard about STIs from different sources the discrepancy in hearing about STIs may occurs due to increasing coverage of technology and information from time to time (27, 28).

With respect to knowledge of respondents about sign and symptoms of STIs the finding of this study revealed that 215(72.4%) of them were aware of the sign and symptoms of STIs which seems to be higher when compared with the finding of study at Addis Ababa which was 17.9% and a study at gonder which was 45.5% but the finding of this study was lower than a study at shone preparatory school which was 91.75%. The difference in knowledge of students about sign and symptoms of STI may be attributable to time gabs between the different studies and expansion of awareness creating programs and increased coverage of technologies. (26, 27, 33)

Considering the knowledge of students about the different types of STIs in the current study majority of respondents 262(86.5%) had mentioned HIV as STIs while only 7(2.3%) of respondents know that HB is categorized under STIs which was considerably lower than the finding of a study done at Nepal which showed 96.6% boys and 86.6% girls had mentioned HIV/AIDS and 56.66% Hepatitis-B as they are grouped under STIs the difference in the two study population may arises from difference in levels of civilization, growth and expanded coverage in technology and wide spread media coverage. (32)

In this study 99.7% of respondents stated that they can prevent themselves from contracting STIs which was in line with the finding of a study at Dar es Salaam, Tanzania in which 96% of students said they were able to protect themselves from contracting STIs the difference may be attributable to the time difference between this two studies.(29)

With regard to method of prevention the finding of this study showed that 259(85.8%) of students mentioned consistent use of condom as a primary method of prevention which is a bit lower than the finding of a study at Wolayita sodo university which had showed 96.2% of respondent had

mentioned condom as a primary method of prevention the variation may have resulted from difference in respondents level of education and habits of discussion about STIs. (31)

With respect to misconception about modes of transmission of STIs 25(8%) of respondents perceive that mosquito bite can transmit STIs when compared with the finding of study at debreberhan which showed 33% of participants perceived that STIs can transmit through mosquito bite thus the visible difference might result from dissimilarity in perceptions that is held in the two study settings in which the participants interact with. (30)

In answering the question about whether having one of the STIs can increase risk of contracting HIV 135 (74.6%) of male and 69(64.8%) of female respondents replied positively. When this finding is compared with the finding of a study at Gonder it is significantly higher in which 38.3% of female respondents and 38.4% of male respondents replied positively. The reason for this may be the time gaps between this two study and the social norms in which the students raised. (26)

In this study 45.5% of respondents had negative attitude which is significantly larger when compared with findings of study conducted at shone preparatory school which was 15.18% and study at Gonder which was 34%, this considerable variance in attitude may be attributable to the level of knowledge of students and other Sociodemographic factors. (26, 27)

In this study 117(38.6%) respondents reported as they had history of sexual intercourse from this 29 didn't utilize condom while the remaining used condom from those who used condom only 36(11.9%) of respondents exploit it properly and consistently when compared with study conducted at shone about 41.25% of the respondents have history of sexual intercourse, From those who had sex, 89(71.20%) had used condom and 36(28.80%) didn't use it. Among condom users 31(34.83%) utilize it always, though the finding of this study is a bit higher in utilizing condom larger number of respondents in study at shone utilize it always the discrepancy might result from difference in knowledge and attitude about STIs between the two population(27).

When we see the prevalence of STIs the finding of this study showed 20(6.6%) of respondents had history of STI from this 15(5%) of them treated at health institution whereas some of them 4(1.3%) treated by traditional healer when we compared with the finding of study at debreberhan in which 10.9% respondents had history of STIs of which 26.4% of them treated at home, 21(61.8%) treated at health institution. Nevertheless participants in the current study had low

knowledge level the prevalence was a bit lower than the study at debrebrehan this might be due to differences in magnitude of the problem in the two populations. (30)

In this study knowledge of respondents was recognized to have significant association with respondents fathers level of education and sex of respondents which is different from the finding of study at shone which showed significant association between respondents knowledge about STIs and preventive practices and attitude of respondents. This finding is in line with the finding of study done at debrebrehan in which father's level of education was identified to have significant association with students' knowledge towards STIs (27, 30)

### **6.1. Strength of the study**

- Even though the issue of confidentiality is a great deal in adolescent's age group the response rate was satisfactory.

### **6.2. Limitations of the study**

- Self-reported information is subjected to reporting errors, missed values & biases.
- Since the study touches sensitive issues the possibility of underestimation and under reporting cannot be excluded.
- Cross-sectional study design was employed for this study. This type of study design shows the exposure and outcome at the same point in time, so that we cannot formulate cause and effect relationship.

## **CHAPTER SEVEN**

### **7. Conclusion and recommendation**

#### **7.1. Conclusion**

Most of respondents in this study had heard about STIs in one or another way however only slightly near half of respondents have good knowledge regarding the different types of STIs, causes, modes of transmission and method of prevention. This is clearly revealed by the poor practices of majority of the respondents who had history of sexual intercourse. Male respondents in this study had poor preventive practice when compared with female.

More than half of study participants had positive attitude however still there was miss conception that an individual with STIs can be easily identified in the community and isolating this group of individual from the other community member can be helpful in controlling the spread of the disease.

The finding of this study had showed that there was strong association between knowledge about STIs and respondents fathers' level of education. Similarly sex of respondents was recognized as it affects the knowledge of students about STIs. Though not strong enough preventive practices of respondents were identified to have an association with respondent's mother's level of education.

Even though the respondents had poor preventive practices self-reported prevalence of STIs was identified to be lower this might be either due to lower magnitude of the problem or due an excluded underreporting.

#### **7.2. Recommendation**

***Based on the result of this study the following recommendations were forwarded***

The school administration should design strategies on how to build on the existing level of good knowledge, favorable attitude and better preventive practice. Administrative of the school should focus to address sexual issues regarding modes of transmission and methods of prevention among students via gender clubs and anti-HIV clubs.

The schools anti HIV and gender club had to strengthen female student's knowledge, attitude and preventive practice by designing proper health education on sexual and gender issues expressly focusing on preventive aspects.

Families of students has to develop habit of discussion in an open manner among their adolescent son and daughter about sexual issues and reproductive health which they may gathered from different source and even from their experiences.

Researchers have to look for factors that are associated with gender inequalities interms of knowledge, attitude and preventive practice towards STIs in the study area.

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## **Annex 1: Information Sheet and consent form**

Questionnaire Identification Number \_\_\_\_\_

My name is \_\_\_\_\_ I am working as data collector in the research conducted by Nega Degefa, who is conducting his research for the partial fulfillment of his Master's degree in pediatrics and Child Health nursing at Addis Ababa University. We are trying to assess Knowledge attitude and preventive practice of STI among Arsi Negelle preparatory school students. We are grateful for genuine information you provide

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**Name of the Sponsor:** Addis Ababa University

### **Introduction:**

This information sheet and consent form is prepared for kilture preparatory school students who will participate in this study to briefly explain about the study. You are welcomed to raise any question concerning the study prior to joining to take part in the study as well as after joining. The investigator is final year Masters Student from Addis Ababa University College of Health Science Department of Nursing and Midwifery.

### **Purpose**

The purpose of this study is to assess knowledge, attitude and preventive practice of STI among kilture preparatory school students of Arsi Negelle town.

### **Procedure**

Students that are selected by a systematic random sampling technique after they are being stratified in to grade will take part in the study. If you are willing to participate in this study, you

need to understand and say „yes“ on the agreement form. Subsequently, you they were given a questionnaire.

**Risk/ Discomfort**

There is no risk or discomfort imposed to you in participating in this study despite of spending 20-30 minute for responding the questions.

**Benefits** Being participating in this study may not provide you a direct benefit like incentive or payment however your genuine information will help us identify the gap in Knowledge, attitude and preventive practices towards STI which is useful in designing appropriate intervention.

**Confidentiality:**

The information collected from this study was kept confidential and all information that you provide will be collected anonymously with a code number assigned to it. In addition, it was not revealed to anyone except the principal investigator.

**Right to refuse or withdraw:**

You have full right to refuse from participating in this research. You are not forced to respond to some or all questions if you don“t want. You have also the full right to withdraw from this study at any time you wish.

**Consent form**

I undersigning this document, I am giving my consent to participate in the study entitled as “Assessment of knowledge, attitude and preventive practice of STI among Arsi Negelle kulture preparatory school students” I have been informed that the purpose of this study and participation in this study is entirely voluntarily. I have been told that my answers to the questions will not be given to anyone else and no reports of this study ever identify me in any way. I have also been informed that my participation or non-participation or my refusal to answer questions will have no effect on me. I understood that participation in this study does not involve risks. I understood that Nega Degefa is the contact person if I have questions about the study or about my rights as a study participant.

Do you have any question?

Do I have your agreement to proceed?

If yes continue, if no .Stop, Thank you

Name of study setting: \_\_\_\_\_

- Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- Data collector Name \_\_\_\_\_ Signature \_\_\_\_\_

- Supervisor's Name \_\_\_\_\_ Signature \_\_\_\_\_

## Annex 2 questionnaire English versions

### Part-1 Sociodemographics characteristics of respondents

s.no	Question	Response	Skip pattern
1.	Age	<input type="text"/>	
2.	Sex	1. Male 2. Female	
3.	What is your religion?	1. Orthodox 2. Muslim 3. Catholic 4. Protestant 5. Other(specify)	
4.	To which grade do you belong?	1. Grade 11 2. Grade 12	
5.	Do you have a boyfriend/girlfriend?	1. Yes 2. No	
6.	With whom do you live?	1. Parents or family 2. Friends or friend inrental home 3. Bymyselfinrentalhome 4. Others(specify)	
7.	To which ethnic group do you belong?	1. Oromo 2. Amara 3. Tigre 4. Wolayita 5. Other (specify)	
8.	What is the highest level of school your mother attended:	1. No formal education 2. Primary 3. Secondary 4. College and above	
9.	What is the highest level of school your father attended:	1. No formal education 2. Primary 3. Secondary 4. College and above	

**Part -2 questions regarding knowledge of study participants**

S.no	Question	Response	Skip pattern
10.	Have you heard about STI?	1. Yes 2. No	No skip to Q111
11.	From where have you received information on STI? (You can circle more than one alternative)	1. Friends 2. Family 3. School 4. Television/Radio 5. others (specify):	
12.	What are the possible “causes” of STI? (You can circle more than one alternative)	1. Bacteria 2. Virus 3. Fungus 4. Bad hygiene of women/man 5. Using unclean water 6. Sex during menstruation 7. don’t know 8. other (specify)	
13.	Which is sexually transmitted infection? (You can circle more than one alternative)	1. Tuberculosis 2. Gonorrhoea 3. Chancroid 4. Syphilis 5. HIV/AIDS 6. Hepatitis B 7. Hepatitis C 8. others (specify)	
14.	Can an individual get STIs from other who is infected with STIs?	1. Yes 2. No 3. Don’t know	No skip to Q115
15.	What are the common modes of transmission of STI? (You can circle more than one alternative)	1. Sexual intercourse 2. Blood transfusions 3. sharing needle 4. sharing clothes/things 5. Mosquito bite 6. Mother to child 7. don’t know 8. others (specify):	
16.	Can we prevent STIs?	1. yes 2. no 3. don’t know	No skip to Q117
17.	What are the common ways of preventing STI(You can circle more than one answer)	1. condom 2. not eating with those who have STI 3. abstinence 4. not having multiple sexual partners 5. not receiving unscreened blood	
18.	What are the signs and symptoms of sexually	1. abdominal pain	

	transmitted infections? ( <i>You can circle more than one alternative</i> )	<ol style="list-style-type: none"> <li>2. Discharge from penis/vulva</li> <li>3. itching in genital area</li> <li>4. Failure to urinate</li> <li>5. Loss of weight</li> <li>6. Pain during intercourse</li> <li>7. Genital ulcers or open sores</li> <li>8. Weakness</li> <li>9. don't know</li> <li>10. others (specify):</li> </ol>	
19.	Is it possible for an individual to have STIs other than HIV without having symptoms?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>3. Don't know</li> </ol>	
20.	What are complications of STIs if untreated? ( <i>You can circle more than one alternative</i> )	<ol style="list-style-type: none"> <li>1. Infertility</li> <li>2. Pre-mature birth</li> <li>3. Still birth</li> <li>4. Ectopic pregnancy</li> <li>5. Miscarriage</li> <li>6. Cervix cancer</li> <li>7. don't know</li> <li>8. others (specify)</li> </ol>	
21.	Do you know having one of STIs other than HIV can increase risk of acquisition of HIV	<ol style="list-style-type: none"> <li>1. yes</li> <li>2. no</li> <li>3. don't know</li> </ol>	

**Part-3** question regarding attitude of students

s. no	Question	Response ( <i>Circle on the appropriate number</i> )	Skip pattern
22.	Do you think patients with STIs are easily identified in the community?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>	
23.	Do you think sexually transmitted infections are not dangerous because they can be cured?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>	
24.	Do you think people who are infected with STI must get treatment	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>	
25.	If a person believes that he or she had gotten a sexually transmitted infection and is unsure about the symptoms he/she should directly contact health personal	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>	
26.	Young people should get information/knowledge about STIs in order to prevent these diseases	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>	
27.	A person who does not want to become infected with a STI should use condom when having sexual intercourse.	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>	

28.	Do you think getting HIV and other STIs are more frustrating than other consequences when having unprotected sexual intercourse?	1. Yes 2. No	
29.	Do you believe isolating an individual who had STI can help prevent the spread of the disease	1. Yes 2. No	
30.	There are both cured and non -cured STI?	1. Yes 2. No	
31.	Do you think STIs can transmit by other means than sex?	1. Yes 2. No	

**Part- 4** question concerning preventive practices of respondents

s. no	Question	Response	Skip pattern
32.	Do you have sexual intercourse in the past?	1. Yes 2. No	No skip to Q136
33.	With whom do you have sex	1. boy/girl friend 2. classmate 3. other(specify)	
34.	What forces you to undertake sexual intercourse	1. sexual desire 2. peer pressure 3. drinking alcohol 4. watching porn movies 5. other(specify)	
35.	Do you use condom when having sex?	1. Yes 2. No	
36.	How often do you use?	1. Always 2. Usually 3. Sometimes	
37.	What measures you take for a person who is vulnerable to STIs?	1. Advice to abstinence 2. Advice to be faithful 3. Advice to use condom 4. Advice to wash his/her genitalia before sex 5. Advice to wash his/her genitalia after sex	
38.	Do you discuss about STIs?	1. Yes 2. No	No skip to Q139
39.	With whom do you discuss?	1. Mother or father 2. Friends 3. Sister/brother 4. Other (specify)	
40.	Do you have any type of STI previously?	1. Yes 2. No	No skip Q140
41.	Where have you been treated?	1. at health institution 2. by traditional healers 3. at home 4. other( specify)	

**Annex 3: Information sheet and consent form (Amharic version)**

**የመረጃ ወረቀት**

የመጠይቅ መለያ ቁጥር -----

ስሜ -----ይባላል ነጋ ደገፋ በሚሰራው ጥናት ላይ የመረጃ ሰብሳቢነት ተግባር ይኖረኛል። ነጋ ደገፋ ጥናቱን በ ህፃናት ህክምና እና ክብካቤ ትምህርት ዘርፍ የማስተርስ ዲግሪ በከፊል ማሙያነት የሚያከብሩ ሲሆን የጥናቱ ዋና አላማ በግብረ ስጋ ግንኙነት የሚተላለፉ በሽታዎችን በተመለከተ የ አርሲ ነጌሌ ፕሪፓራቶሪ ተማሪዎች ያላቸውን እውቀት ፣ጠባይ እና አስቀድሞ የመከላከል የተግባር ልምምዳቸውን መገምገም ነው። ለምትሰጡን ትክክለኛ መረጃዎች ልባዊ ምስጋናችንን ለመግለፅ እንወዳለን ።

ጥናቱን በዋናነት የሚሰራው ፡ ነጋ ደገፋ

ስ.ቁ. 0921219662

ኢ. ሜይል ፡ derebneti@yahoo.com

የጥናቱ አማካሪ ስም ፡ ግሩም ሰብስቤ

የድጋፍ ሰጪው ተቋም ስም፡ አዲስ አበባ ዩንቨርሲቲ

**መግቢያ**

ይህ የመረጃ ወረቀት እና የስምምነት ፎርም የተዘጋጀው በ ጥናቱ ላይ ለሚሳተፉ ተማሪዎች ሲሆን አላማው በጥቂቱም ቢሆን ስለ ጥናቱ መረጃ መስጠት ነው። ጥናቱን በተመለከተ የትኛውንም አይነት ጥያቄ ጥናቱ ወሰጥ ከመግባታችን በፊትም ከገባንም በሐላም ማንሳት የቻላል። ጥናቱን የሚያከብሩ ሲሆን በ አዲስ አበባ ዩንቨርሲቲ የመጨረሻ አመት የማስተርስ ተማሪ ነው።

**አላማ**

የዚህ ጥናት አላማ በግብረ ስጋ ግንኙነት የሚተላለፉ በሽታዎችን በተመለከተ የ አርሲ ነጌሌ ፕሪፓራቶሪ ተማሪዎች ያላቸውን እውቀት ፣ጠባይ እና አስቀድሞ የመከላከል የተግባር ልምምዳቸውን መገምገም ነው።

**ቅደም ተከተል**

በመጀመሪያ ጥናቱ ላይ የሚሳተፉ ልጅና ተማሪዎች በዘፈቀድ ስርአት ይመረጣሉ ይህም የሚሆነው ተማሪዎቹ ተማሪዎቹ በየትምህርተ ክፍላቸው ከተመደቡ በሐላ ነው። እንግዲህ በዚህ ጥናት ላይ ለመሳተፍ ፍቃደኛ ከሆኑ በደንብ ከተረዱ በሐላ በስምምነት ቅፁ ላይ መስማማቱን ይግለጹ።ከዚህ በመቀጠል የመጠይቅ ወረቀቱ ለተማሪዎች ይታደላል።

**አደጋ/ አለመመቻት**

ጥናቱ ላይ በመሳተፋቹ የሚደርስባቸው ምንም አይነት አደጋ ወይም አለመመቻት አይኖርም ምንክልባት ከ 20-30 ደቂቃ የሚሆን ግዜያቸውን ከመሻማት በስተቀር።

**ጥቅም**

በዚህ ጥናት ላይ በመሳተፋቹ ምክኒያት የምታገኙት ቀጥተኛ የሆነ ጥቅም እንደ ክፍያ ወይም ማበረታቻ አይኖርም ነገር ግን የምትሰጡን ትክክለኛ መረጃ በግብረ ስጋ ግንኙነት የሚተላለፉ በሽታዎችን በተመለከተ የ አርሲ ነጌሌ ፕሪፓራቶሪ ተማሪዎች ያላቸውን እውቀት ፣ጠባይ እና አስቀድሞ የመከላከል የተግባር ልምምዳቸውን ክፍተት ለመለየት የረዳናል።

**ሚስጥራዊነት**

በዚህ ጥናት ላይ የሚሰበሰበው የትኛውም መረጃ ሚስጥራዊነቱ የተጠበቀ ነው እናም የምትሰጡን መረጃ የሚሰበሰበው ያለስም ነው የሚሰጠው ነገር ቢኖር የኮድ ቁጥር ብቻ ነው።ከዚህ በተጨማሪ መረጃውን ጥናቱን ከሚያኪያሂደው ሰው ውጪ ማንም አያየውም።

**ያለመሳተፍ ወይም የማቁዋረጥ መፍት**

በጥናቱ ላይ ያለመሳተፍ ሙሉ መፍታቹ የተጠበቀ ነው። ካልፈለጋቹ ለሙሉው ጥያቄ ወይም ለተወሰኑት መልስ አለመስጠት ትችላላቹ ከዚህ በተጨማሪ ከጥናቱ በየትኛውም ሰአት ማቁዋረጥ ትችላላቹ።

**የስምምነት ፎርም**

እኔ በዚህ ሰነድ ላይ ስፈርም በግብረ ስጋ ግንኙነት የሚተላለፉ በሽታዎችን በተመለከተ የ አርሲ ነጌሌ ፕሪፓራቶሪ ተማሪዎች ያላቸውን እውቀት ፣ጠባይ እና አስቀድሞ የመከላከል የተግባር ልምምዳቸውን መገምገም በተሰኘ ጥናት ላይ ለመሳተፍ መስማማቴን ለመግለፅ ነው። የዚህ ጥናት አላማ በግፅ የተነገረኝ ሲሆን በጥናቱ ላይ መሳተፍም ሙሉ በሙሉ ፍቃደኝነት የተመሰረተ መሆኑም ተነግሮናል።እኔ ለየትኛውም ጥያቄ የምመልሰው መልስ ለማንም እንደማይሰጥ እና የዚህ ጥናት ሀተታ እኔን በየትኛውም መልኩ የማይለይ መሆኑ ተነግሮናል። ተሳትፎዬ ወይም አለመሳተፌ አልያም በጥቅሉ እንቢ ማለቴ በኔ ላይ የሚያመጣው ምንም አይነት ተፅዕኖ አለመኖሩ ተነግሮኛል። ጥናቱ ላይ በመሳተፍ የሚደርስ ምንም አይነት አደጋ አለመኖሩ ተነግሮኛል።በጥናቱ ላይ የትኛውንም አይነት ጥያቄ ማንሳት ብፈልግ ማናገር ያለብኝ ሰው ነጋ ደገፋ መሆኑን ተረድቻለሁ።ጥያቄ ካላቹ።

በጥናቱ ላይ ለመሳተፍ ፍቃደኛ ነህ/ሽ

አዎን ከሆነ ቀጠል ፣አይደለሁም ከሆነ አመስግነህ እለፍ

ጥናቱ ሚኪያሂድበት ቦታ ስም -----

ቀን /-----/-----/-----

የመረጃ ሰብሳቢው ስም -----ፍርሚያ-----

የተቆጣጣሪው ስም -----ፍርሚያ

## Annex 4: Questionnaire Amharic version

**ክፍል 1** የተሳታፊውን ማንነት ዝርዝር መረጃዎች ለማወቅ የተዘጋጁ ጥያቄዎች

ተ.ቁ	ጥያቄ	መልስ	የሽግግር ንድፍ
1.	እድሜህ/ሽ ስንት ነው		
2.	ፆታ	1. ወንድ 2. ሴት	
3.	የምትከተለው ሃይማኖት ምንድነው ?	1. ኦርቶዶክስ 2. እስልምና 3. ካቶሊክ 4. ፕሮቴስታንት 5. ሌላ (ይጥቀሱ)	
4.	ስንተኛ ክፍል ተማሪ ነህ/ሽ	1. 11ኛ 2. 12ኛ	
5.	የፍቅር ጉዋደና አለህ/ሽ	1. አዎ 2. የለኝም	
6.	ከማ ጋር ነው ምትኖረው/ረው	1. ከቤተሰብ ጋር 2. ከጉዋደኛ ጋር 3. ለብቻዬን 4. ሌላ (ይጥቀሱ)	
7.	ብሄርህ/ሽ ምንድን ነው	1. ኦሮሞ 2. አማራ 3. ትግሬ 4. ወላይታ 5. ሌላ(ይጥቀሱ)	
8.	እናትህ የተከታተለችው ከፍተኛ የትምህርት ደረጃ ምንድን ነው	1. እልተማረችም 2. አንደኛ ደረጃ 3. ሁለተኛ ደረጃ 4. ኮሌጅ ና ከዛ በላይ	
9.	አባትህ የተከታተለችው ከፍተኛ የትምህርት ደረጃ ምንድን ነው	1. እልተማረም 2. አንደኛ ደረጃ 3. ሁለተኛ ደረጃ 4. ኮሌጅ ና ከዛ በላይ	

**ክፍል 2** የተሳታፊዎችን እውቀት የተመለከቱ ጥያቄዎች

ተ.ቁ	ጥያቄ	መልስ	የሽግግር ንድፍ
10.	በግብረሰጋ ግንኙነት ስለሚተላለፉ በሽታዎች ስምተው ያውቃሉ	1. አዎ 2. አላውቅ	አላውቅም ከሆነ ወደ ጥ.12 ይሂዱ
11.	መረጃዎቹን ከየት ነው ያገኙት (ከአንድ በላይ መልስ መመለስ ይቻላል)	1. ከጉዋደኞቼ 2. ከቤተሰብ 3. ከትምህርት ቤት 4. ከቴሌቪዥን/ራዲዮ 5. ሌላ(ይጥቀሱ)	

12.	በግብረ ስጋ ግንኙነት የሚተላለፉ በሽታዎች ምክኒያቶቻቸው ምንድነው(ከአንድ በላይ መልስ መመለስ ይቻላል)	<ol style="list-style-type: none"> <li>1. ባክቴሪያ</li> <li>2. ፈንገስ</li> <li>3. ቫይረስ</li> <li>4. አጉል የሆነ የሲቶች/ወንዶች የጤና አጠባበቅ</li> <li>5. ንፁህ ያልሆነ ዉሃ መጠቀም</li> <li>6. የወር አበባ ባለበት ወቅት ግብረሰጋ ግንኙነት መፈፀም</li> <li>7. አላውቅም</li> <li>8. ሌላ(ይጠቀሱ)</li> </ol>	
13.	የትኛው ነው በግብረ ስጋ ግንኙነት የሚተላለፍ በሽታ (ከአንድ በላይ መልስ መመለስ ይቻላል)	<ol style="list-style-type: none"> <li>1. የሳንባ ምች</li> <li>2. ጨብጥ</li> <li>3. ከርከር</li> <li>4. ቁጥኝ</li> <li>5. ጉበት ብግነት ቢ</li> <li>6. ጉበት ብግነት ሲ</li> <li>7. ኤች አይ ቪ</li> <li>8. ሌላ(ይጠቀሱ)</li> </ol>	
14.	አንድ ሰው የግብረ ስጋ ግንኙነት በሽታዎችን ከሌላ ሰው ሊይዘው ይችላል.	<ol style="list-style-type: none"> <li>1. አዎ</li> <li>2. አይደለም</li> </ol>	አይደለም ካሉ ወደ ጥ.16 ይሂዱ
15.	በግብረሰጋ ግንኙነት ለሚተላለፉ በሽታዎች ዋና ዋና መተላለፊያ መንገዶች ምንድናቸው (ከአንድ በላይ መልስ መመለስ ይቻላል)	<ol style="list-style-type: none"> <li>1. ግብረ ስጋ ግንኙነት</li> <li>2. ደም በመስጠት ተግባር</li> <li>3. መርፌ በጋራ መጠቀም</li> <li>4. ልብስ/እቃን በጋራ መጠቀም</li> <li>5. በወባ ትንኝ ንክሻ</li> <li>6. ከ እናት ወደ ልጅ</li> <li>7. ሌላ(ይጠቀሱ)</li> </ol>	
16.	በግብረ ስጋ ግንኙነት የሚመጡ በሽታዎችን መከላከል ይቻላል	<ol style="list-style-type: none"> <li>1. አዎ</li> <li>2. አይቻልም</li> <li>3. አላውቅም</li> </ol>	አይቻልም ካሉ ወደ ጥ. 18 ይሂዱ
17.	የተለመዱ መከላከያ መንገዶች ምንድናቸው (ከአንድ በላይ መልስ መመለስ ይቻላል)	<ol style="list-style-type: none"> <li>1. በግብረ ስጋ ግንኙነት የሚተላለፍ በሽታ ካለባቸው ሰዎች ጋር አለመመገብ</li> <li>2. መቆጠብ</li> <li>3. ብዙ የግብረሰጋ ግንኙነት ጉደኛ አለመያዝ</li> <li>4. ያልተመረመረ ደም አለመቀበል</li> </ol>	
18.	በግብረ ስጋ ግንኙነት የሚተላለፉ በሽታዎች ምልክቶች ምንድናቸው (ከአንድ በላይ መልስ መመለስ ይቻላል)	<ol style="list-style-type: none"> <li>1. የሆድ ህመም</li> <li>2. ከብልት ወይም ከማህፀን የሚወጣ ፈሳሽ</li> <li>3. በሽሽት አከባቢ ማሳከክ</li> <li>4. መሽገት አለመቻል</li> <li>5. የከብደተ መቀነስ</li> <li>6. ድካም</li> <li>7. በግብረሰጋ ግንኙነት ወቅት የሚሰማ ህመም</li> <li>8. የበሽሽት ቁስለት</li> <li>9. አላውቅም</li> <li>10. ሌላ(ይጠቀሱ)</li> </ol>	
19.	አንድ ሰው ኤች አይ ቪን ሳይካትት በግብረ ስጋ ግንኙነት የሚተላለፍ በሽታ ምልክቶቹ ሳይታዩ ሊኖርበት ይችላል	<ol style="list-style-type: none"> <li>1. አዎ</li> <li>2. አይችልም</li> <li>3. አላውቅም</li> </ol>	

20.	በግብረ ስጋ ግንኙነት የሚተላለፉ በሽታዎች ካልታከሙ ሊያስከትሉ ሚችሉት ጉዳት ምንድነው (ከአንድ በላይ መልስ መመለስ ይቻላል)	1. መካኒካል 2. ያለግዜው መውለድ 3. የህፃን ሞቶ መወለድ 4. ከማህፀን ውጪ እርግዝና 5. ማስወረድ 6. የማህፀን በር ካንሰር 7. አላውቅም 8. ሌላ(ይጥቀሱ)	
21.	ከ ኤች አይ ቪ ውጭ የትኛውም አይነት በግብረ ስጋ ግንኙነት የሚተላለፍ በሽታ ያለበት ሰው ለኤች አይ ቪ የመጋለጥ እድሉ ከፍተኛ ነው	1. አዎ 2. አይደለም 3. አላውቅም	

**ክፍል 3 የተማሪዎችን ጠባይ የተመለከቱ ትያቄዎች**

ተ.ቁ	ጥያቄ	መልስ	የሽግግር ንድፍ
22.	በግብረ ስጋ ግንኙነት በሚተላለፉ በሽታዎች የተያዙን ሰዎች ከመሀበረሰቡ ውስጥ በቀላሉ መለየት ይቻላል	1. አዎ 2. አይሆንም	
23.	በግብረ ስጋ ግንኙነት የሚተላለፉ በሽታዎች አደገኛ አይደሉም ምክኒያቱም መታከም ይችላሉ	1. አዎ 2. አይደለም	
24.	በግብረ ስጋ ግንኙነት የሚተላለፍ በሽታ የያዘው ሰው ግድ ህክምና የስፈልገዋል	1. አዎ 2. አይደለም	
25.	አንድ ሰው በግብረ ስጋ ግንኙነት የሚተላለፍ በሽታ ይዞኛል ብሎ ካመነ ስለ ምልክቶቹ እርግጠኛ ባይሆንም በቀጥታ የጤና ባለሙያ ማማከር አለበት	1. አዎ 2. አይሆንም	
26.	ወጣት ልጆች በግብረ ስጋ ግንኙነት ስለ ሚተላለፉ በሽታዎች መረጃ ወይም እውቀት ማግኘት አለባቸው ምክኒያቱም በሽታዎቹን ለመከላከል ይረዳሉ	1. አዎ 2. አይሆንም	
27.	በግብረ ስጋ ግንኙነት በሚተላለፉ በሽታዎች መያዝ የማይፈልግ ሰው በግብረ ስጋ ግንኙነት ወቅት ኮንዶም መጠቀም አለበት.	1. አዎ 2. አይደለም	
28.	ጥንቃቄ የሰጠው የግብረ ስጋ ግንኙነት በሚደረግ ወቅት በዋናነት የሚያስፈራህ/ሽ ምንድን ነው	1. በ ኤች አይ ቪ መያዝ 2. የልተፈለገ እርግዝና 3. በሌሎች በግብረ ስጋ ግንኙነት ሚተላለፉ በሽታዎች መያዝ 4. ሌላ (ይጥቀሱ)	
29.	በግብረ ስጋ ግንኙነት የሚተላለፍ በሽታ ያለባቸውን ሰዎች ማግለል(ለብቻቸውን ማድረግ) የበሽታውን ስርጭት ለመግታት ይረዳል	1. አዎ 2. አይደለም	
30.	በግብረ ስጋ ግንኙነት የሚተላለፉ በሽታዎች በህክምና ስለመዳናቸው ምን ያስባሉ	1. ሁሉም ይደናሉ 2. የሚደኑም የማይደኑም አሉ 3. ሁሉም አይደኑም 4. አላውቅም	
31.	በግብረ ስጋ ግንኙነት የሚተላለፉ በሽታዎች ከግብረ ስጋ ግንኙነት ውጪ በ ሌላ መንገድ ይተላለፋሉ	1. አዎ 2. አይደለም	

**ክፍል 4 የተማሪዎችን አስቀድሞ የመከላከል ልምድን የተመለከቱ ጥያቄዎች**

ተ.ቁ	ጥያቄ	መልስ	የሽግግር ንድፍ
32.	ከዚህ በፊት የግብረ ስጋ ግንኙነት ፈፅመህ/ሽ ታውቃለህ/ቂያለሽ	1. አዎ 2. አላውቅም	አላውቅም ከሆነ ወደ ጥ. 34 ይሂዱ
33.	ከማጋር ነው የፈፀሙት	1. ከፍቅረ ጉዋደኛዬ ጋር 2. ከ ክፍል ጉዋደኛዬ ጋር 3. ሌላ(ይጥቀሱ)	

34.	የግብረ ስጋ ግንኙነት እንድትፈፅም የገፋፋህ ምንድነው	<ol style="list-style-type: none"> <li>1. ወሲባዊ ፍላጎት</li> <li>2. የጉዋደኛ ግፊት</li> <li>3. መጠጥ</li> <li>4. የወሲብ ፊልም ማየት</li> <li>5. ሌላ(ይጥቀሱ)</li> </ol>	
35.	በግብረ ስጋ ግንኙነት በሚተላለፍ በሽታ የመያዝ እድል ያለው ሰው ቢያጋጥምህ/ሽ ምን አይነት እርምጃ ትወስዳለህ/ሽ	<ol style="list-style-type: none"> <li>1. እንዲቆጠብ እመክረዋለው</li> <li>2. እዲታመን እመክረዋለው</li> <li>3. ኮንዶም እንዲጠቀም እመክረዋለው</li> <li>4. ሀፍረተ ስጋውን/ዋን ከ ግንኙነት በኋላ እዲታጠብ እመክረዋለው</li> <li>5. ሀፍረተ ስጋውን/ዋን ከ ግንኙነት በፊት እዲታጠብ እመክረዋለው</li> </ol>	
36.	በግብረ ስጋ ግንኙነት ወቅት ኮንዶም ትጠቀሙሀል/ሻል	<ol style="list-style-type: none"> <li>1. አዎ</li> <li>2. አልተጠቀምኩም</li> </ol>	አልተጠቀምኩም ከሆነ ወደ ጥ.38 ይሂዱ
37.	ምን ያህል ጊዜ ተጠቅመሀል/ሻል	<ol style="list-style-type: none"> <li>1. ሁሉንም ጊዜ</li> <li>2. አብዛኛውን ጊዜ</li> <li>3. አንድ አንድ ጊዜ</li> </ol>	
38.	በግብረ ስጋ ግንኙነት ስለሚተላለፉ በሽታዎች ትወያያለህ/ሽ	<ol style="list-style-type: none"> <li>1. አዎ</li> <li>2. አልወያይም</li> </ol>	አልወያይም ከሆነ ወደ ጥ.40
39.	ከማን ጋር ነው ምትወያው/ዩው	<ol style="list-style-type: none"> <li>1. ከአባቴ/ከእናቴ ጋር</li> <li>2. ከጉዋደኞቼ ጋር</li> <li>3. ከ እህቴ/ከወንድሜ ጋር</li> <li>4. ሌላ(ይጥቀሱ)</li> </ol>	
40.	ከዚህ በፊት በየትኛውም አይነት በግብረ ስጋ ግንኙነት በሚተላለፍ በሽታ ተይዘው ያውቃሉ	<ol style="list-style-type: none"> <li>1. አዎ</li> <li>2. የለም</li> </ol>	የለም ከሆነ ጥ.40ን ይዘለሉ
41.	የት ሄደው ታከሙ	<ol style="list-style-type: none"> <li>1. በጤና ተቁዋም</li> <li>2. የባህል ሃኪም</li> <li>3. እቤት</li> <li>4. ሌላ(ይጥቀሱ)</li> </ol>	

## **Annex 5:** information sheet and consent form Afan Oromo version

Waraqaa oddefannoo

### **Lakk. Gaaffile addabaasu -----**

Maqqaan Koo.....jedhama. Hojjin Koo riisarchi naggaa dagaffaan hojaturrati oddefannoo sassaburatin hirmadhaa innis risarchi kana Kan hojattu barumsa mastarsii yuunivarsitti finfinneti hordoffa jiru xumurudhaaf gamissanis ta’u guutu waan qabuf risarchii matadureensa beekumsa, ilaalchaa fi muxanno dursani of irra dhowu baratotta waa’ee dhukkubota walqunnamti saallaatin daddarban qoo’aachu ta’a. Oddefanno sirrii nulaatanif galanni keenya guddadha.

**Qo’anno kana Kan geggesu:** Naggaa Dagaffaa

**Lakk. Bilb:** 0921219662

**Emaili:** [derebneti@yahoo.co](mailto:derebneti@yahoo.co)

**Goorssaan qo’anno kana:** Girum Sabsibbe (BSC MSC)

**Dhaabani gargaarsa kennu:** yuunivarsitti Addis Ababa

### **Galuumsa**

Waraqaa oddefanno kuni fi foormin waligalinsaa Kan qophayee baratotta preparatoriyi kiltu re’ee qoo’annorrati hirmatanifi innis baratotta waa’ee qoo’anichaa ilaalchisee oddefannoo gahaa kenna. Waa’ee qoo’anicaa ilaalchisee gaaffii kamiyyuu ta’uu yaroo barbaadan irrati kaasu akka danadessan issin hubachisu barbadnaa. Qoo’attan baratta maastarsii waggaa dhumaa yoo ta’uu innis yuunivarsitti finfinneeti barumsassa hordofee.

### **Kaayyoo**

Kayyoon qoo’anna kanna beekumsa, ilaalchaa fi muxanno dursani of irra dhowu baratotta waa’ee dhukkubota walqunnamti saallaatin daddarbani illala.

### **Iccitti**

Oddefannoon ykn deebin issin gaaffile dhiyatanif nuuf kenittan iccitin issa kan egamedha kannafis Waraqaa gaaffirrati maqaa kessan hinbarresitan. Deebin issin deebifan karaa kaminu ta’uu nama birratif iffa hin ta’uu.

### **Foormi walligaltee**

Anni dokumantti kanna gadi irrati gaafan mallatessu qoo'anna beekumsa ,ilaalchaa fi muxanno dursani of irra dhowu baratotta waa'ee dhukkubota walqunnamti saallaatin daddarban illaalchise admisifamurrati hirmachudhaaf walli galeen jirra. bu'aan qoo'annon Kun qabu sirriti naaf ibsamet jira kanaan achis qoo'anno kanarati hirmachun gutumman gututi feedhi dhuunfaa irrati akka hunda'uus natii himamet jirra. Deebin gaafilledhaaf anni laadhu nama birrati akka hin muldhanne naaf ibsamee jirra dabalataanis gabaaasa qo'anna kanarati wani enyumaako addabaasu hoomtu akka hinjirane bareen jirra. Qoo'anna kanarrati hirmachuun koo ykn hirmaachu dhisuun koo ykn yeroon barbaade addaan utuun koo midhaan narra geesissu hoomtu akka hinjirre beeken jirra. Nagгаа dagaffan nama gaaffi kamiyyu yoon qabbadhe isaa dhiyeesu akka ta'ee bareen jirra.

Qoo'anna kanaratti hirmachudhaaf waligalteertta

Eyyee yoo ta'ee itti fuufi lakki yoo ta'e galatoomi jedhi irra darbi

Maqaa dhabichaa qoo'annan itti adeemsifamu

Guyyaa -----/-------/-------/-------

Maqaa nama oddefannoo sassabu-----mallatoo-----

Maqaa too'atta -----mallatoo-----

## Annex 6: Questionnaire (Afan Oromo version)

### Kutaa: 1ffaa gaaffile enyuuma adda baasuf gaafataman

Lakk.	Gaaffi	Deebi	Akkataa cee'uumsaa
1.	Saala	1. Dhira 2. Durba	
2.	Uumri		
3.	Amantta kam hordafta	1. Ortodoksii 2. Muslimumma 3. kaatooliki 4. Protestaanti 5. Kanbirra(himi)	
4.	Kutta meeqa baratta	1. 11ffa 2. 12ffa	
5.	Hiriyya jaalala qabdda?	1. Eyyee 2. Lakki	
6.	Enyu wallin jirrata?	1. Hadhaaf abbako wallin 2. Hirriya wallin mana kirefadhe 3. Kophakoo kirefadhee 4. Kan birra (himi)	
7.	Sabnii kee maali?	1. Oromoo 2. Amaara 3. Tigree 4. Wallayitta 5. Kanbirra(himi)	
8.	Sadarkaan barrumsa guddan abbaan kee qaqqabe kami?	1. Hinbarranee 2. Sadarkaa tokkoffa 3. Sadarkaa lamaffa 4. Koolejif isa ol	
9.	Sadarkaan barrumsa guddan haatti kee qaqqabde kami?	1. Hinbarranee 2. Sadarkaa tokkoffa 3. Sadarkaa lamaffa 4. Koolejif isa ol	

### Kutaa: 2ffaa gaaffile beekumsa baratotta gaafatan

Lakk.	Gaaffi	Deebi	Akkataa cee'uumsaa
10.	Waa'ee dhukuboota walqunamtti saalaatin daddarban dhageese beekta?	1. Eye 2. Lakki	Lakki- gara G111tti cee'fi
11.	Oddefanno essa argatte (Deebi tokko ol laachun ni danda'amma)	1. Hirriyootarra 2. maatirra 3. mana baruumsarra 4. televizinni/radiyoorra 5. kan birra(himi)	
12.	Sababillen dhukubni walqunnamti	1. baakteriyya	

	saalla fidan maali? ( <i>Deebi tokko ol laachun ni danda'amma</i> )	<ol style="list-style-type: none"> <li>2. fangassi</li> <li>3. vaayrasi</li> <li>4. eegumsa fayya badda dubarti/dhirra</li> <li>5. bishaan qulqullu hintaane fayyadamu</li> <li>6. xurrilagurra osoo jirran walqunamti saalaa gochu</li> <li>7. hin beeku</li> <li>8. kan birra(himi)</li> </ol>	
13.	Dhukubni walqunamtti saallaatin daddarbu kami? ( <i>Deebi tokko ol laachun ni danda'amma</i> )	<ol style="list-style-type: none"> <li>1. Dhibbe soombba</li> <li>2. Coophxoo</li> <li>3. Murmurra</li> <li>4. Fanxoo</li> <li>5. Dhukubba eedissi</li> <li>6. Dhukubba tiruu B</li> <li>7. Dhukubba tiruu C</li> <li>8. Kan birra (himi)</li> </ol>	
14.	Dhukkubni walqunnamti saalla namarra namtti ni daddarbaa?	<ol style="list-style-type: none"> <li>1. Eeyee</li> <li>2. Lakki</li> <li>3. Hin beeku</li> </ol>	Lakki –gara G115tti cee’i
15.	Karraleen bekamoon ittin daddarban maal fa’i? ( <i>Deebi tokko ol laachun ni danda'amma</i> )	<ol style="list-style-type: none"> <li>1. Walqunnamti saallaatin</li> <li>2. Hoojii dhiga keenuttin</li> <li>3. Lilmoo walin fayadamu</li> <li>4. Uufatta ykn meeshale wallin fayadamu</li> <li>5. Bookke bussatin hiddamu</li> <li>6. Haadhaa gara daa’immati</li> <li>7. Hinbeeku</li> <li>8. Kanbirra(himi)</li> </ol>	
16.	Dhukubbota walqunnamti saallaatin daddarban duursanni ofirra dhurkun danda’amma	<ol style="list-style-type: none"> <li>1. Eeyye</li> <li>2. Lakki</li> <li>3. Hinbeeku</li> </ol>	Eeyye yoo ta’ee gara G.116ti darbi
17.	Karraleen bekkamoon dursanni ofirra dhurkuuf garggaan maal fa’i?	<ol style="list-style-type: none"> <li>1. koondomi fayadamu</li> <li>2. namotta dhukubba walqunamtti saallaatin dadarbanin qabaman wallin nyaachu dhisu</li> <li>3. walqunnamti saalarra dhorkamu</li> <li>4. hirriyaa walqunnamti saallaa baay’ee qabbachu dhisuu</li> <li>5. dhiiga hin qoratamnee fudhachu dhisuu</li> </ol>	
18.	Mallatooleen dhukubbota walqunnamti saallaatin daddarban maal fa’i? ( <i>Deebi tokko ol laachun ni danda'amma</i> )	<ol style="list-style-type: none"> <li>1. dhukubbi garraa</li> <li>2. dhangala’aa qaama saallati bahu</li> <li>3. hooqsisa naannoo qaaama saalaa</li> <li>4. fincaa’uu dadhabu</li> </ol>	

		5. uulfaatina qaamma hir'achu 6. dhukubbi yeroo walqunnamti saalaa 7. madda naanoo qaama saalla 8. dadhabii 9. hinbeeku 10. kanbirra(himi)	
19.	Namni tokko dhukuboota walqunnamti saallaatin daddarban osoo eedisi hin dabalatin mallatole osoo hin aargin qabbachu danda'aa	1. Eeyye 2. lakki 3. hinbeeku	
20.	Dhukubboni walqunnamti saallaatin daddarba yeroodhaan qoorsa yoo hi arganne maalgessisu danda'u( <i>Deebi tokko ol laachun ni danda'amma</i> )	1. Masenummaa 2. yeroodhaan dura dhalachu 3. du'aa dhalachuu 4. uulfa gadamessaan aalla 5. uulfa baasisu 6. kanseri gadamesssa gadaanna 7. hinbeeku 8. kanbirra(himi)	
21.	Dhukuba walqunnamti saalla kamiyu osoo eedisi hin dabalatin qabbachun carraa eedisidhaan qabamu akka dabalu beekta?	1. Eye 2. Lakki 3. Hin beeku	

**Kuttaa: 3ffaa** gaaffiwan illalcha baratotta gafachuf qopha'an

Lakk.	Gaaffi	Deebi	Akkatta cee'uumsa
22.	Namotta dhukubba walqunnamti saallaatin daddarbanin qabaman hawwasa kessaa salphaati addaan baasun ni danda'amma jette yaadda?	1. Eeyye 2. Lakki	
23.	Dhukubbonni walqunnamti saallaatin daddarban qoorssa waan qabanif haammaa mitti jettee yaadda?	1. Eeyye 2. Lakki	
24.	Namooni dhukubba walqunnamti saallaatin daddarbanin qabaman dirqamma qorssa argachu qabu jettee yaadda	1. Eeyye 2. Lakki	
25.	Namni tokkoo yoo dhukuba walqunnamti saallaatin daddarbuun qabamerra jedhe amane osoo mallatollen hin muldhanneyu ogeessa fayyaatin laalamu qabba	1. Eeyye 2. Lakki	
26.	Dargaggoni beekumsa waa'ee dhukuboota walqunnamti saallaatin daddarbu argachu qabu sababnissas akka offira dhogan gargaarra jettee amantta	1. Eeyye 2. Lakki	
27.	Namni dhukubba walqunnamti saallaatin daddarbun qabamu hi barbaadne yeroo walqunnamti saalla rawattu koondomi fayyadamu qaba	1. Eeyye 2. Lakki	
28.	Yeroo walqunnamti saalla oof egganoodhan aala raawatamuu HIV fi dhukuboota	1. Eeyye 2. Lakki	

	walqunnamtii saallaatin daddarban kan biro hunda calla nama soddachissa jette yaadda?		
29.	Namoota dhukubba walqunnamti saallaatin daddarbanin qabaman hawwassarra qophatti bassun daddarbinssa dhukubba dhowuf ni gargaarra jette amantta	1. Eeyye 2. Lakki	
30.	Dhukubonni walqunnamti saallaatin daddarban kan fayyanis kan hinfayinnes ni jiru	1. Eeyye 2. Lakki	
31.	Dhukubooni walqunnamti saallaatin daddarban namarra namti walqunnamti saallaatin aala karraa birratin daddarbu jette yaadda	1. Eeyye 2. Lakki	

**Kutaa:** 4ffaa gaaffiwan muuxanno dursanni oof irra dhowu barattotaa illaalan

Lakk.	Gaaffii	Deebi	Akkatta cee'umssa
32.	Kanaan dura walqunnamti saalla raawatte beekta	1. Eeyye 2. Lakki	Lakki –gara G133tti cee'ii
33.	Eenyu wallin gotte?	1. Hiriyya jaalala ko wallin 2. Hiriyya kutta koo wllin 3. Kan birra (himi)	
34.	Walqunnamti saalla akka gootan maaltu issin dirqissise?	1. Dhibba barbbacha walqunnamti saalla 2. Dhibba hiriyya 3. Dhugaatti 4. Fiilmi walqunnamti saalla laallu 5. Kanbirra (himi)	
35.	Yeroo walqunnamti saalla rawattu koondomi fayadamteertta?	1. Eeyye 2. Lakki	Lakki- gara G116tti cee'ii
36.	Hammam fayadamta	1. Yeroo hundaa 2. Irra caallati 3. Darbee darbee	
37.	Nama dhukubba walqunnamti saallaatin qabamuuf carraa guddaa qabu osoo si mudatte tarkaanfi akkami fudhatta?	1. Akka walqunnamti saallara dhorkamun goorssa 2. Akka amanamuun gorssa 3. Akka koondomi fayyadamun goorssa 4. Walqunnamti saallaatin dura qaama saalla akka dhikatun gorssa 5. Walqunnamti saallaatin booda qaama saalla akka dhiqatun gorssa	
38.	Waa'ee dhukubotta walqunnamti saallaatin daddarban ni mari'atta?	1. Eeyye 2. Lakki	Lakki- gara G139tti cee'ii
39.	Eenyuu wallin?	1. Haadha ykn abaakoo wallin 2. Hirriyoota koo wallin	

		3. Obbolessa ykn obboleti koo wallin 4. Kanbirra(himi)	
40.	Kanaan dura dhukubba walqunnami saallaatin daddrabun qabamtee beekta	1. Eeyye 2. Lakki	Lakki- G140 irra cee'i
6.	Essati yaalamtte?	1. Waajirra fayyati 2. Ogessaa aadda birrati 3. Mannati 4. Kanbirra (himi)	

**Declaration**

I the undersigned assure that this research thesis has not been presented in this or any other university and all sources of materials used for this proposal have been fully acknowledged.

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**Date:** -----

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This research thesis has been submitted to department of nursing and midwifery for approval.

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**Examiner:**

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Date -----