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**FACULTY OF MEDICINE**  
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**Assessment of HIV/AIDS and related risk behavior of commercial sex workers in  
licensed non-brothels establishments of Awassa town, Southern Nation Nationality  
People's Regional State**

**By**

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## **List of Abbreviation**

- ARV M** – Antiretroviral Medication
- AIDS** - Acquire Immune Deficiency Syndrome
- ANC** – Antenatal Care
- BCC** – Behavioral Change Communication
- BSS** – Behavioral Surveillance Survey
- CI** – Confidence Interval
- CSWs** – Commercial Sex Workers
- DCH** – Department of Community Health
- EPI - 6-** Epi-Info Software Package, Version 6
- FCSWs** – Female Commercial Sex Workers
- FGD** – Focus Group Discussion
- HAPCO** - National HIV/AIDS Prevention and Control Office
- HIV** – Human Immune Deficiency Virus
- HPV** – Human Papilloma Virus
- IDI** – In-depth Interview
- IEC** – Information Education and Communication
- MOH** – Ministry of Health
- NGOs** – Non-Governmental Organizations
- OR** – Odd Ratio
- SPSS** – Statistical Package for Social Science
- STDs** – Sexual Transmitted Diseases
- STI** - Sexual Transmitted Infections
- SNNPR**-Southern Nation Nationality Peoples Regions
- SD** – Standard Deviation
- TOT** – Training of Trainer
- UNAIDS**- United Nations Joint Programme on HIV/ AIDS
- USA** – United States of America
- VCT** – Voluntary HIV Counseling and Testing

## ABSTRACT

**Background :** The global AIDS epidemic is one of the greatest challenges facing our generation. It is unique in human history in its rapid spread, its extent and the death of its impact. The available information on HIV prevalence shows the rapid spreading trend of infection among the general population of Ethiopia in general, and among sex workers in particular. Survey conducted in several cities over the past four years have documented high rates of HIV infection among CSWs. Infection levels are above 65.70% in CSWs in Baherdar and Nazareth.

**Objective :** To assesses HIV/AIDS and related risk behavior of commercial sex workers in Awassa town, Southern Nation Nationality People's Regional State.

**Method :** Quantitative cross-sectional study design was applied from October – December 2004. The study population were all CSWs working in the licensed non-brothel establishments in Awassa town which is determined by random sampling method. The sample size required for this study was determined using the formula for estimating single population proportion and a total of 374 CSWs were used. Data entry and analysis was conducted using EPI-6 and SPSS.

**Result :** The knowledge of the sex worker about HIV/AIDS indicate that 244 (65.2%) know all mode of prevention, 137 (36.6%) had no incorrect beliefs and 167 (44.7%) had comprehensive knowledge. Concerning alcohol and drug use, 355 (94.92%) of the sex workers had consumed drinks containing alcohol in the previous four weeks. Out of the total alcohol drunker 212 (59.72%) and out of the total condom breakage 64 (59.81%) were identified in the age group 20-24 years. Condom use with paying clients from previous September on ward indicate that 344 (92%) had used condom consistently. During this time, 107 (28.6%) condom breakages and 29 ( 7.75%) condom slippage were occurred among the sex worker.

**Discussion :** The comprehensive knowledge and knowledge scores of the sex worker indicate that increasing awareness . During recent sex 124 ( 33.16%) of the sex worker and 159 (42.5%) of the clients were intoxicated indicating cigarette smoking , hard liquor, beer and wine consumption had association with female intoxication. Similarly, drinking hard liquor had association with condom breakage. Moreover, increasing number of consistent condom user, condom breakage and slippage were identified compared with previous study. The actual participation of sex workers putting on condom on clients penis was low. There is a need to have more attention to the actual participation of sex worker.

**Conclusion :** There is wide gap between knowledge about HIV/AIDS and perceived risk of infection. There is also increasing clients involvement in asking condom use and putting on while the sex workers were not. Knowledge regarding factors associated with condom breakage was low and the proportion of condom breakage was high. This was due to the fact that poor knowledge about perceived risk of HIV/AIDS/STDs infection and increased involvement of sex worker in the younger ages (20-24 years) in alcohol and drug use.

## I. BACKGROUND INFORMATION

The global AIDS epidemic is one of the greatest challenges facing our generation. It is unique in human history in its rapid spread, its extent and the death of its impact. In 2003, an estimated 4.8 million people (range: 4.2-6.3 million) became newly infected with HIV. This is more than in any one year before. Today, some 37.8 million people (range:34.6-42.3 million ) are living with HIV, which killed 2.9 million (range: 2.6 - 3.3 million) in 2003, and over 20 million died since the first case of AIDS were identified in 1981 <sup>(1)</sup>.

Sub Saharan Africa has just over 10% of the worlds population, but is home to close to two thirds of all people living with HIV (range: 23.1-27.9 million). In 2003 alone, an estimated 3 million people (range: 2.6-3.7 million) in the region become newly infected, while 2.2 million (range: 2.0-2.5 million) died of AIDS. Among young people 15-24 years of age, 6.9 % of women (range: 6.3-8.3% ) and 2.1% of them (range: 1.9-2.5 %) were living with HIV by the end of 2003 <sup>(1)</sup>.

African women are being infected at an earlier age than men, and the gap in HIV prevalence between them continues to grow. At the beginning of the epidemic in Sub Saharan Africa, women living with HIV were vastly out number by men. But today, there are, on average, 13 infected women for every 10 infected men in 2002. The difference between infection levels is more pronounced in urban areas, with 14 women for every 10 men, than in rural areas, where 12 women are infected for every 10 men <sup>(1)</sup>.

HIV transmission is not a random event. The spread of the disease is profoundly influenced by the surrounding social, economic and political environment. Once people are struggling against this adverse conditions, they are vulnerable to being infected by HIV. This is true for women's increased risk which is a reflection of gender inequalities. This means that for many women including married women, their male partners sexual behavior is the most important risk factors where women are more physically susceptible to HIV infection than men <sup>(1)</sup>.

Data from a number of studies indicate that male-to-female transmission during sex is about two times as likely to occur as female-to-male transmission, if no other sexually transmitted infections are present. Moreover, young women are biologically more susceptible to infection than older women before menopause. This trend of transmission of the epidemic is at an alarming rate affecting the new generation which tomorrow's become leaders, thinkers and decision makers <sup>(1)</sup>.

Strategies to fight against HIV/AIDS pandemic should focus on population considered as at high risk such as people with multiple partners, the commercial sex workers, the drug users who share needles should be targeted to identify the root cause of this epidemic <sup>(2)</sup>.

AIDS has the potential to create severe economic impacts in many countries. A World Bank study on the economic impacts of AIDS in Africa including Ethiopia concluded that the macro economic-impact of AIDS could be significant. This is because AIDS will affect the health sector by increasing the number of people seeking services and health care for AIDS patients which is more expensive than routine health care services <sup>(16)</sup>.

The AIDS pandemic not only strains the already strained economic and social systems of the country, but also diverts the financial and human resources from rehabilitation of its infrastructure and productive enterprises. Women, especially sex workers, are at the center of the epidemic because of the cultural and social-economic factors that make them especially vulnerable to HIV/AIDS <sup>(1)</sup>.

Epidemiological analysis reveals that HIV has been rapidly spreading from the individuals practicing high risk behavior to the general population. The commercial sex workers are one of the most important of this high risk group. Because in almost every country commercial sex workers comprise focal point of the epidemic as women who provide sex for many men, infections can easily be communicated among them.

They are also the victims of discrimination, trafficking, legal persecution and societal ambivalence as well as one of the first occupational groups to become heavily infected

and from them the infection pass back to their clients and in to the general women, men and children. Because of their large number of sex partners and also because of the high prevalence of other sexual transmitted disease among them which farther increase the risk of HIV transmission <sup>(2)</sup>.

In Africa heterosexual transmission is by far the predominant mode of HIV transmission. Unsafe injection in health care setting are believed to be responsible for around 2.5% of all infections. Recently, it has been suggested that unsafe medical injections account for most HIV transmission in the region. However, a recent thorough review of the evidence concluded that, while a serious issue, unsafe injections are not common enough to play a dominant role in HIV transmission in Sub -Saharan Africa including Ethiopia <sup>(1)</sup>.

HIV probably started to spread in Ethiopia in the early 1980s. The first sera found to be positive for HIV antibodies date back to 1984, and the first AIDS case were diagnosed in Addis Ababa hospital in 1986. The available information on HIV prevalence shows the rapid spreading trend of the infection among the general population of Ethiopia in general, and among sex workers in particular.

HIV/AIDS spreading trend among CSWs of Ethiopia was even faster than that of the general population. In Addis Ababa, less than 1% of sex workers tested HIV positive in 1985. HIV prevalence was already 24.7% among sex workers of Addis Ababa in 1989. Outside of Addis Ababa, information on HIV prevalence among CSWs is available from 19 sites in 1988 and ranged from 5% to 38%, and in 1998,17% of sex workers tested across 22 sites was HIV positive <sup>(10)</sup>.

Survey conducted in several cites over the past four years have documented high rates of HIV infection among CSWs. Infection levels are above 65.70% in CSWs in Baherdar and Nazareth. These survey also illustrate the rapid increase in infection that take place. In Metu, HIV prevalence among CSWs rose from 5.4% in 1988 to 36.3% in 1990 <sup>(17)</sup>.

Strategies to fight against HIV/AIDS pandemic should focus on the populations considered as at high risks such as sex workers who have little power to negotiate for their protection in sexual intercourse and are not able to effectively utilize the correct strategies for HIV/AIDS prevention rather than targeted to the general population because of the difficulty to evaluate impact of this intervention since the risk of HIV infection is not randomly distributed in the general population <sup>(2)</sup>.

The significance of the study will be to break the cycle of neglect which affect commercial sex workers in their life span and across generations, it is essential to undertake action-oriented research, to provide the missing information that would enable commercial sex workers to make informed choices and to improve the quality of their lives. Given the growing dimensions of HIV/AIDS, they have often been stigmatized and blamed for "causing" HIV/AIDS and other STDs. They have frequently been identified as "reservoirs of infection" or as "vectors of transmission" to their male partners (clients) and their offspring.

There fore, this study will help to identify HIV /AIDS and related risk behaviors of commercial sex workers, as they were a marginalized group. There was also limited information on the important area of prostitute sexual behavior, risk perceptions and practices, and this study sought for this needed information.

## II. LITERATURE REVIEW

### 2.1. Global situation of HIV/AIDS

HIV/AIDS has confronted many countries as one of their severest local problems. The depopulation of rural areas and migration to work in cities has led to the disruption of family structures, commercialization of sexual relationships and an increase in infection. Commercial sex work constitutes a socio-economic issue that many scholars of human behavior tend to shy away from for reasons ranging from subjective sentiments to strict observation of ethics or morals. Although considered a dirty profession by many reputable scholars and scientists, prostitution lends itself to be a fascinating, perplexing and bewildering field of social relations <sup>(1)</sup>.

Throughout Sub-Saharan Africa in general, heterosexual intercourse is the predominant mode of HIV transmission. The result is a growing AIDS burden among women due to discrimination that girls face in both educational institutions and the family, occupational segregation into low paying clerical and service jobs and lack of access to technical assistance, training and credit. All these forced women to end up in commercial sex work for survival. People who engaged in unprotected sex with many partners such as prostitutes and their clients were especially at high risk. Today, many young women rely on prostitution or sex work for economic survival <sup>(1)</sup>.

Report on HIV epidemics in Africa identified commercial sex workers as a group whose sexual behavior (multiple partners and unprotected sex) made them at risk of infection. Recent studies show evidence of continuing increase in HIV infection in this population. The male clients of female sex workers constitute another core group for HIV transmission, but the characteristics of this subset of the population is almost unknown <sup>(2)</sup>.

They are important group, however since they play a role as vectors for HIV transmission, linking female sex workers to the general population of women (wives and

girlfriends) assumed to have a lower prevalence. Effort to reduce transmission of HIV infection within the male client group might therefore have a considerable impact in showing the spread of HIV <sup>(2)</sup>.

According to the World Bank Report from Mexico, less than one percent of sex workers and less than one percent of the adult population are infected with HIV. Moreover, the probability of transmission of infection to a female from a single act of penetrative sex with an infected male partner is less than one percent and the probability of transmission to male from penetrative sex with an infected female is less than 0.1 percent <sup>(1)</sup>.

In response to ever increasing economic deprivation, informal economies associated with crime, sex work, and drugs emerged and rapidly expanded. The economic situation of women deteriorated and domestic and international trafficking of women in the sex trade increased. In addition, sex work became less covert and more visible in public venues. Age at first sex has dropped and a more permissive attitude to multiple sex more common <sup>(3)</sup>.

Study in Ethiopia indicate that, amongst those FSWs who Knew/remembered the age at which they first had sex, 90.8% reported that they were  $\leq$  19 year old. Worryingly, 49.9% reported that they were  $\leq$  15 years old. Age when respondents first received money for sex ranged from 10 to 40 years old. A small group of FSWs (8.2%) started to sell sex when they were  $\leq$  15 years old. The most commonly mentioned reasons for becoming a sex worker were financial problems (36%), divorce /separation(18.4%) and disagreement with people they lived with (18.4%) <sup>(4)</sup>.

Interviews and observations suggest that the behavior of many health care providers towards sex workers reflect negative social attitudes toward marginalized populations and affects both the quality of care that is provided and sex workers willingness to approach public health care facilities, female sex workers consistently described differences in their interaction with the physicians according to whether the providers were aware of the type

of work that preformed. One informant described observing a physician who was examining another sex worker by using a pen to avoid touching her <sup>(3)</sup>.

## **2.2. Drug use**

The use of both licit and illicit drugs has often been linked with sexual behaviours In many societies drinking is traditionally associated with dating, courtship or making sexual contacts. Many drinking locales are identified as singles' bars, gay bars and bars frequented by male or female prostitutes. Drugs such as cannabis (marijuana), cocaine and crack are also associated with sexuality. The connection between drugs and sex, as emphasized by Soloman and Andrews is complex <sup>(5)</sup>.

Drug effects are influenced by pharmacology, the characteristics of the user and by the context in which drug use occurs. The association between sexual behavior and drugs is akin to the association between alcohol and crime. It is commonplace and relatively easy to demonstrate some form of link, but very difficult to prove the existence of any particular causal relationship. Central to the drugs/sex connection is the concept of "disinhibition". This has been defined as "activation of behaviors normally suppressed by various controlling influences" <sup>(5)</sup>.

Alcohol and a variety of other drugs are associated with sex for social, psychological and physiological reasons. Unwanted pregnancies and sexually transmitted diseases have been linked with the disinhibiting effects of psychoactive drugs. Several recent studies have indicated that the use of alcohol or illicit drugs is associated with "unsafe" sex. This connection has been partially confirmed by several recent studies, though with rather conflicting results <sup>(5)</sup>.

"A literature search for estimates of female drug users who were also prostitutes uncovered a range from about 30% to about 70%. Conversely, there was a reported range from about 40% to about 85% with regard to the proportion of prostitutes who were drug users". Weisberg concluded that many young prostitutes use illicit drug and alcohol. She

further noted that: "Estimates of juvenile prostitutes who use drugs at work range from about one fifth to two-thirds" <sup>(5)</sup>.

Several studies have indicated that many prostitutes are heavy drinkers and that illicit drug use, though not necessarily intravenous use, is commonplace in the sex industry. Bars and other licensed premises are often important locations for prostitute contact. This, as noted by Morgan Thomas (op. cit.), is an important reason for relatively high levels of alcohol use noted by some studies of the sex industry <sup>(5)</sup>.

Study made in Mexico, 50% reported consuming alcohol every day for the four weeks prior to the administration of the survey. This high percentage is indicative of the fact that bars owners pay sex workers a commission per unit of beverage consumed by both herself and her client since the more the alcohol consumed, the higher the payment, the incentive to drink is extremely high <sup>(6)</sup>.

Study conducted in Ethiopia, 79% of the FSWs had consumed drinks containing alcohol in the previous four weeks. This subgroup of respondents was asked about the frequency of their drinking; 72% of them reported regular alcohol use and about 33% reported that they drank alcohol everyday. More than half (56.1%) of the regular alcohol users were based in hotels or bars, 36% of them were home-based and the rest (7.9%) were street-based. Amongst the FSWs who drank any alcohol during the previous four weeks, the highest levels of regular alcohol use were found amongst FSWs in Awassa (89.7%) and Nazareth (88.5%); the smallest proportion of regular alcohol users (44.3%) was found amongst FSWs in Addis Ababa. Overall, 52.2% of the respondents had ever used a drug. The most commonly mentioned drug was khat (51.7%), followed by shisha (8.8%) and hashish (1.2%) <sup>(4)</sup>.

Research from another country with both HIV and crack problems- the United States- indicates that crack use may be as closely associated with HIV as injection drug use due to its association with high-risk sexual behaviors. There is also conflicting evidence about the effects of intoxication from drugs and alcohol during sex work on the ability of sex

works to negotiate safer sex practices, with some studies fiddling an impact and some not<sup>(7)</sup>.

It was hypothesized that the association between crack and HIV would hold true in south Africa as well. Previous research suggested that crack users are compelled to maintain higher client volumes to ensure adequate income, increasing the chances of exposure to HIV. Additionally, the compulsion of addiction might lead to a willingness to engage in unsafe sexual practices in exchange for more money, and anecdotal evidence from street sex workers interviewed in the past indicates that this is indeed the case. It was also suggested that addicted sex workers are less likely to bother to clean themselves between clients and generally suffered from diminished hygiene, which could have an impact on HIV transmission. Crack users were also viewed as more reckless in their client choice and more likely to be raped, thus having a greater chance of suffering violent intercourse that could lead to blood-to-blood contact<sup>(7)</sup>.

Since many of the men who patronize crack- using sex workers also use the drug, the effects on their sexuality are also relevant. Sex workers interviewed stated that crack made men more violent. It led to impotence, with the resulting frustration sometimes ending in violence, including rape, once an erection was achieved. It was also suggested that men on crack found it difficult to achieve orgasm, which meant sexual sessions could be prolonged, leading to increased wear and tear on the sex worker<sup>(7)</sup>.

Study conducted in three South African Cities, Client volumes were tied to drug use. Only 16 percent of those women who had less than 10 clients a week used hard drugs, while 43 percent of those who had more than 20 clients a week had a drug habit. There is a significant relationship between use of hard drugs and high-client volumes, with about half of the nonusers having 10 clients a week or less, and 44 percent of the users having more than 20 clients per week. Clearly, a drug habit requires greater client numbers in order to fund the addiction<sup>(7)</sup>.

There is a significant relationship between the number of years spent in sex work and hard drug use, with women in the business for more than 4 years being more than twice

as likely to use hard drugs as women who have entered the field in the last year. This suggests that drug use is adopted as a coping mechanism to deal with the work, and eventually becomes an important reason for staying in the business <sup>(7)</sup>.

### **2.3. Knowledge of STI symptom**

The occurrence of STI in an individual is an indicator of unprotected sexual activity that increase the chance of acquiring another STI including HIV. The epidemiological determinants of STI and HIV infection are similar because both infections predominantly result from risky sexual behavior. STI promote the spread of HIV in the community, or instance men with Gonococcus Urethritis have eight times higher concentration of the virus in their semen than men without it. This increases the probability of infection in their partners. Similarly, women with Vaginosis have large number of CD4 cells in the vagina resulting high chance of acquiring HIV infection <sup>(8)</sup>.

People with higher number of sex partners are at increased risk of HIV and other STIs. Epidemiological models explain the persistence of bacterial infections in population in terms of the transmission on of infection and sex workers are considered a part of sexually transmitted disease. However, in areas marked by high prevalence of other STIs and wide spread heterosexual transmission, risk for STIs, including HIV infection tend to be extraordinarily high for sex workers <sup>(3)</sup>.

Study conducted in Lesotho 2002, the prevalence of other STDs was high; 16% of sex workers reported vaginal discharge in the past 12 months and 9 % reported a genital ulcer. Overall, 26 % reported having had STD symptom in the past year, knowledge related to HIV was relatively low, with only 41 % of the respondents responding correctly to all three prevention methods. 82 % of the sex workers had comprehensive knowledge about AIDS. 60 % of sex workers were aware of the availability of confidential HIV testing; however, actual rates of testing were low (27 %) <sup>(9)</sup>.

Study conducted in Ethiopia indicates that, 4.9% of the FSWs reported having had STIs (genital discharge or ulcer/sore). FSWs who had experienced an STI during the previous 12 months were asked what treatment they had received. In general, 83.5% of the FSWs had sought medical care from health service institutions. Actions mentioned other than treatment included: stopping sexual activities at the time when symptoms were present (20.8%); seeking advice from peers/friends about the symptoms (19.2%); and seeking advice/medicine from a private pharmacy (14.9%). About one in ten (9.2%) of the FSWs with a history of STI sought advice/medicine from a traditional healer or took traditional medicine they had at home <sup>(4)</sup>.

Concerning general knowledge about STIs, most FSWs (95.3%) had heard of STIs. For STI in women, the most commonly mentioned symptoms were genital discharge, followed by burning pain on urination and foul smelling discharge. For STI in men, genital discharge was also the most commonly mentioned symptom, followed by burning pain on urination and genital ulcers/sores <sup>(4)</sup>.

## **2.4. Knowledge about HIV/AIDS**

The vast majority (98.2%) of FSWs had heard of HIV or AIDS. About 70% of FSWs said that they knew someone who was infected with HIV or had died of AIDS. Amongst this group of respondents, 7.0% said it was a close relative and 21.9% said it was a close friend; 65.4% said it was neither a close friend nor a relative <sup>(4)</sup>.

FSWs were asked various questions relating to mother-to-child transmission of HIV. The majority of respondents (83.6%) knew that a woman who was HIV positive could transmit the virus to her unborn child. Amongst this subgroup, the majority (85.1%) knew that a woman with HIV could transmit the virus to her newborn child through breast-feeding <sup>(4)</sup>.

Respondents who were aware that HIV could be transmitted to an unborn child were asked what actions a pregnant woman could take to reduce mother-to-child transmission

of HIV. Only 9.5% of FSWs who were asked this additional question said that the woman could take antiretroviral (ARV) medication. Other responses given by the FSWs were abortion (13.9%), nothing could be done (36.6%) and don't know (21.0%). Results indicate that most respondents had no idea that it was possible to reduce mother-to-child transmission during pregnancy <sup>(4)</sup>.

Amongst FSWs, 66.7% identified all three major methods for preventing HIV/AIDS. The majority (85.5%) of FSWs knew that correct and every time use of a condom when having sex was one of the three ways to prevent HIV/AIDS. Faithfulness with one uninfected partner and abstinence were mentioned as prevention methods against HIV/AIDS by 80.1 and 79.3% of FSWs, respectively. However, for FSWs, consistent condom use to reduce the risk of contracting HIV is the only appropriate primary prevention method <sup>(4)</sup>.

Overall 89.7% of the FSWs had at least one misconception. Over half (53.4%) of the respondents believed that mosquito bites could spread HIV. Moreover, 23.2% of FSWs believed that sharing a meal with a person who is infected with HIV could transmit the virus. Another 23.1% of the FSWs did not think that a healthy looking person could be infected with HIV. With regard to local (country-specific) misconceptions, about 77 and 53% of respondents, respectively, thought that HIV could be acquired by eating raw eggs laid by a chicken that had swallowed a used condom or by eating raw meat prepared by a person infected with HIV. Another 20% of the FSWs believed that people could protect themselves from HIV by drinking local hard liquor or by eating hot pepper (*berbere/mitmita*) <sup>(4)</sup>.

## **2.5. Condom use**

Each day people become infected with HIV virus world wide; a large portion of which are infected through unprotected sex with commercial sex workers. While condoms are an effective defense against the transmission of HIV and other sexually transmitted infections, large numbers of sex workers are not using them with their clients. This is

because, sex workers are willing to take the risk because clients are willing to pay more to avoid condoms. Panel data set from Mexico, it was estimated that the CSWs received a 23 percent premium for unprotected sex from the clients who requested not use condom<sup>(6)</sup>.

These results suggest that the current supply side policies aimed at educating sex workers about risk and empowering them is insufficient to significantly increase condom use. Rather, complementary intervention aimed at reducing the demand for not using condoms are needed<sup>(6)</sup>.

Bhave et.al (1995) in a study of Bombay sex workers present anecdotal evidence showing that the fear of a loss in income is one of the most important factors determining sex workers from using condoms, even after they are made aware of HIV /AIDS and role that condoms play in preventing it. If the compensating differential is large, it would suggest that HIV/AIDS interventions among sex workers may need to find ways of devising incentives to counter the possibility of lowered earning while actively educating clients and sex workers about the dangers of not using condoms<sup>(10)</sup>.

There fore, understanding the size of compensating differential could adversely impact our ability to prevent the transmission of the disease. It was found that sex workers face a 43.7% loss in the average prices they charge by using condoms. This strong disincentive against practice safe sex practices can have a substantial adverse impact in preventing the spread of HIV/AIDS<sup>(10)</sup>.

FSWs were asked about their awareness of and accessibility to condoms. Nearly all FSWs knew about male condoms. Even amongst those respondents who had never used condoms ( $n = 182$ ), 83% said that they had heard of them. The majority of FSWs (99.3%) said that they knew where they could obtain male condoms; the most commonly mentioned sources were shops (87.8%), bars/hotels (57.2%), pharmacies (45.2%), health centers/hospitals (31.7%) and family planning centers (20.4%)<sup>(4)</sup>.

According to 95.9% of FSWs, male condoms were available at locations close to (i.e. <30 min away from) their living or work places. At the time of the interview, the number of condoms in the possession of each FSW ranged from nil (23.8%) to 402 condoms (one person), with a median of three condoms. Less than half of the FSWs (43.6%) had heard of female condoms. Overall, slightly higher proportions of street-based FSWs (59%), and FSWs in Dire Dawa (56.3%) and Addis Ababa (51.5%) had heard of female condoms <sup>(4)</sup>.

Results relating to condom use were encouraging; 91.6% of FSWs had used a condom the last time they had sex with a paying client. Findings were also positive with respect to the level of influence the FSWs had on condom use; 95.3% of those who used a condom were involved in the decision to use the condom (suggested by FSW in 52% of cases and as a joint decision by FSWs and clients in 43.3% of cases). Disaggregating condom use by FSW category showed that 93.9% of the home-based FSWs as compared with 98.6% of hotel/bar- and street-based FSWs had used a condom the last time they had sex with a paying client. Level of condom use by FSWs at the last sexual encounter with a paying client also showed some differences between the various cities; 100% of FSWs in Dire Dawa but only 80.2% of FSWs in Bahir Dar reported last-sex condom use <sup>(4)</sup>.

Nevertheless, 27.1% of FSWs reported that they did not use a condom the last time they had sex with a non-paying partner; a further 17.5% of FSWs did not remember/respond to the question. The three most common reasons given for not using a condom at the last sexual encounter with a non-paying partner were: trusting the partner (42.2%), partner objection (22.4%) and use of other contraceptives (12.9%). Although only 55.4% of FSWs used a condom with their non-paying partner at the last sexual encounter, 92.3% of them were involved in the decision to use the condom <sup>(4)</sup>.

Consistent use of condoms was also high amongst FSWs. Most FSWs (90.8%) had used condoms with all paying clients during the previous 30 days; moreover, 70.5% of FSWs had consistently used condoms with their non-paying partners during the previous 12 months. Home-based FSWs had used condoms with paying clients less consistently than their hotel/bar- or street-based counterparts (87.8 vs. 94.8%, respectively). There was

regional variation in the consistent use of condoms with paying clients; consistent use was highest among FSWs in Dire Dawa (98.6%) and least among those in Liben-Borena (78.0%) <sup>(4)</sup>.

Respondents who had not used condoms with their most recent partners ( $n = 137$ ) were asked whether they had ever used male condoms; 36.5% said they had used condoms previously. During the previous 12 months, 9.7% of FSWs reported that one or more of their sexual partners had forced them to have sex without their consent. Moreover, 13.5% of the respondents reported that they had been forced to have sex with an unknown person at sometime in their lives <sup>(4)</sup>.

AIDS has been called a disease of behavior. If more people avoided risky sexual behavior—by using condoms or abstaining from sex except within a monogamous relationship—they could avoid contracting sexually transmitted infections (STIs) such as AIDS. Data on sexual behavior are scarce and may be unreliable because the topic can be sensitive. Nevertheless, the existing data provide some evidence about the need for condoms among both the married and the unmarried. As mentioned, *Population Reports* estimates that at least 24 billion condoms should be used every year by men ages 15 to 59, based on data from 68 sources and studies worldwide <sup>(11)</sup>.

In Ethiopia during the last decade, condom use has become an important part of public health efforts to prevent new case of infection with HIV as well as other STIs in Ethiopia. Condom use was witnessed to be increasing in this country from Sept/Aug 2000/01 (7.5%) - Sept/Aug 2002/03 (16.2%), only in 12 months (Sept/Aug 2002/03) a total of 66,296,491 condoms were distributed by MOH and NGOs <sup>(12)</sup>.

Most people's behavior concerning condoms is unlikely to change, however, unless social norms change (74). In some cultures powerful norms about masculinity discourage condom use and encourage sexual risk-taking by men, such as visiting commercial sex workers (CSWs) and having multiple sex partners. Some people may think, wrongly, that they face little or no risk. Others may avoid condoms because they distrust them or dislike their image <sup>(11)</sup>.

Of course, more people would use condoms if they were more accessible and promoted more but access and promotion are not enough. As the need for condom use and for attention to safe sexual relationships has grown, issues of trust, negotiation, and communication between partners are becoming increasingly important for programs to address <sup>(11)</sup>.

Due to gender inequality, women have less power than men—prevents many women from using condoms or even discussing their use with a sex. In general, when women are dependent on men, it is more difficult for them to protect their own reproductive health. For example, in East and Central Africa women who believe that their husbands are infected with HIV still agree to sex without condoms because having children is important to their status in the family and community. A study among Thai women found that, in order to be a "good woman" in Thai society, a wife must accept that her husband can have multiple sex partners even though she cannot do so herself <sup>(11)</sup>.

Negotiating condom use can be difficult for many women, married or unmarried. In Ghana young unmarried women in focus groups often said that negotiating condom use was "hopeless." As one woman said, "The man is already poised for action. I am in his grip and he will do as he pleases" . In a Ugandan survey only one-quarter of respondents said that it is acceptable for a married woman to ask her husband to use condoms compared with two-thirds who said that an unmarried woman can ask. CSWs may be better able to negotiate condom use with men because the discussion can be unemotional <sup>(11)</sup>.

Many people who are actually at risk of contracting HIV/AIDS or another STI think that they face little risk and thus have little motivation to use condoms. For example, in Georgetown, Guyana, where 25% of the adult population is infected with HIV, 40% of CSWs said they did not think that they were at risk <sup>(11)</sup>.

For some people the risks of AIDS appear vague and distant and thus not worth worry compared with the inconvenience and loss of sexual pleasure that they associate with condoms. In South Africa, for example, gold miners who had unprotected sex with CSWs

typically perceived the risk of developing AIDS some time in the future as less real and thus much smaller than the large risks they faced in their jobs every day <sup>(11)</sup>.

Condoms provide highly effective protection against HIV infection when used correctly with every act of intercourse. All 10 cohort studies conducted through 1995 that evaluated condom use among heterosexual couples showed that consistent condom use protected against HIV <sup>(11)</sup>.

The most convincing evidence of condom effectiveness comes from studies of HIV-discordant couples—couples in which one partner is infected with HIV and the other is not. Studies of such couples have found low risks of HIV infection among consistent condom users. In three recent studies infection rates were less than 1% per year among consistent condom users . A multi country European study of 256 HIV-discordant couples followed for an average of 20 months found that not one infection occurred among such couples using condoms during every sex act <sup>(11)</sup>.

Widespread and consistent use of condoms could reduce the number of people infected with HIV enough to slow the spread of HIV/AIDS . Condoms may help prevent AIDS over the long term not only by blocking transmission of HIV but also by protecting against other STIs. People with STIs, particularly those that cause genital ulcers—chancroid, genital human papillomavirus (HPV), herpes simplex, and syphilis—are two to seven times more likely to become infected with HIV than people who do not have STIs <sup>(11)</sup>.

Since the 1970s studies of typical use have demonstrated that condoms provide some protection against gonorrhea, syphilis, and chlamydia. For example, consistent condom use probably reduces the risk of chlamydia and gonorrhea infection by about 60% to 80%. One study found that condoms reduce the risk of trichomoniasis by about 30%. Condoms offer less protection against herpes, the genital wart virus HPV implicated in cervical cancer, and other STIs that can be transmitted through skin-to-skin contact between parts of the body not covered by condoms <sup>(11)</sup>.

People often use condoms inconsistently or incorrectly. Many, but not all, studies of why condoms fail have found that inconsistent or incorrect use are even more likely causes of failure than impaired judgment from alcohol or drug use <sup>(14)</sup>

Many couples do not use condoms every time they have intercourse. In Bangladesh, for example, only about 60% of married men who said that they were using condoms for contraception used them at every act of intercourse. A 1990 analysis of US women found that only 46% of married women and 42% of never-married women who used condoms for contraception reported consistent use. Consistency of use may vary by the type of relationship, with more consistent use in high-risk relationships <sup>(11)</sup>.

Incorrect use of condoms also results in pregnancies and infections. In the same US study incorrect use accounted for about one-fourth of unwanted pregnancies. Breaks or tears can result from incorrect use such as unrolling the condom before putting it on, trying to put on the condom with the rolled rim held toward the body rather than away from it, snagging the condom with fingernails or rings, and reusing condoms. Other poor practices allow unprotected contact—starting intercourse and then withdrawing to put on the condom, or not holding the condom rim while withdrawing after ejaculation, allowing the condom to slip off and spill semen <sup>(11)</sup>.

Most studies report that condoms break less than 2% of the time during vaginal intercourse or withdrawal from the vagina, with a range among studies from less than 1% to 13%. Anal intercourse typically puts greater stress on the condom. Nevertheless, in three of four studies breakage rates for anal intercourse were 2.1% or less; the range in the four studies was 1.6% to 7.3% <sup>(11)</sup>.

Studies report that condoms slip off the penis completely in about 1% to 5% of acts of vaginal intercourse and slip down the penis without falling off in 3% to 13% . Rates of slippage during anal intercourse range from less than 2% to 21% <sup>(11)</sup>.

A forgotten or misused condom does not always lead to pregnancy. A woman is fertile only a few days in each menstrual cycle; her chances of pregnancy from any one act of sexual intercourse on a random day have been estimated to average between 2% and 4% .

In a survey, US women reported 443 condom breaks resulting in 19 pregnancies—one pregnancy for every 23 breaks, or 4.3 pregnancies per 100 condom breaks <sup>(11)</sup>.

Not all kinds of condom breaks are equally risky, depending on the amount of exposure to semen and vaginal fluids. Breaks that occur while the condom is being put on are no risk as long as the user notices the break and substitutes a new condom. Studies report that 24% to 65% of breaks occur before intercourse.

Nor do most exposures to the risk of infection lead to actual infection. For example, the chances of becoming infected with HIV from a single unprotected sexual exposure have been estimated variously at less than 1 in 1,000 to greater than 1 in 10, depending on whether the transmission is male to female, female to male, or male to male, and whether the exposed person has genital ulcers <sup>(11)</sup>.

Condom breakage rates differ markedly among couples. One study found that married men broke condoms more often with their girlfriends than with their wives. Breakage is concentrated among a minority of users. In a study involving six volunteers testing new and aged condoms, one man accounted for almost half of all condom breaks. In a retrospective study of 41 Nevada, US, commercial sex workers, one woman accounted for more than 40% of all condom breaks <sup>(11)</sup>.

Other studies, but not all, have found that inexperienced users break condoms more often than experienced users. In general, older married couples who have used condoms for some time and other couples who are strongly motivated to avoid pregnancy are the most effective users, as is true for most contraceptive methods <sup>(11)</sup>.

Insufficient vaginal lubrication may contribute to condoms breaking—a problem that could often be remedied by longer sexual foreplay. Some men's preference for "dry sex," reported in parts of Africa, may contribute to breakage . Using lubricated condoms or appropriate lubricants with condoms can help reduce breakage <sup>(11)</sup>.

Lubricants used with latex condoms must not contain oil, however. Mineral or vegetable oils in a lubricant substantially increase the risk of breakage because oils weaken latex in

five minutes or less. These oils are found in common products such as petroleum jelly, skin lotion, and cooking oil. Many people use these products to lubricate condoms <sup>(11)</sup>.

Products that contain water rather than oil—for example, glycerin, egg white, and *K-Y Jelly*—do not damage latex. Neither do spermicidal jellies or foams, which double as lubricants and may provide extra protection but may cause irritation if used several times a day. Some of the safe lubricants are hard to find or expensive in some places, however. Programs can help by identifying inexpensive, easily obtained materials that people could safely use as lubricants <sup>(11)</sup>.

Condoms are reliable, but current technology does not enable manufacturers to produce condoms that are all completely free from defects. Condoms should be manufactured and tested in accord with established standards to assure high quality. Because production cannot be perfectly uniform, however, these standards permit a small percentage of sampled condoms to fail each test. Also, care must be taken at every stage of the journey from factory to consumer to ensure that condoms do not deteriorate significantly during storage and transportation. If poor-quality condoms are distributed, people suffer, money is wasted, and the image of condoms is hurt <sup>(11)</sup>.

In many countries condoms have become more available in the past decade. Still, condoms are not always available to all who need and want them. In some countries it may actually be more difficult than in the past to meet demand because demand has grown. In Africa shortages of condoms have been reported in many countries, including Algeria, Botswana, Uganda, and Zimbabwe. Uganda, for example, faced an acute shortage of condoms in late 1998. The projected annual need for condoms was 10 million based on 1994 levels of demand, but annual demand has risen to 30 million, according to a national AIDS program official <sup>(11)</sup>.

Asian countries also have faced shortages of condoms. In India the National AIDS Control Organization reports that domestic production of condoms is sufficient to meet increasing demand. Even so, a survey in Agra District, Uttar Pradesh, found that only 29% of ever-married women who currently used condoms had a regular source of

supplies during the previous three months; 59% had an irregular supply; and 12% received no condoms. In China some rural areas have not been receiving adequate supplies from the government. In Bangladesh shortages hampered condom distribution in 1995 <sup>(11)</sup>.

The more outlets for condoms, the better the access. In most countries condoms are distributed through a variety of channels—including social marketing, commercial sales in pharmacies and other retail outlets, and distribution by governments, NGOs, and employers. Finding new ways to provide condoms helps reach new groups of potential users. Also, making condoms more available raises their visibility and makes them more familiar to people, helping to overcome taboos <sup>(11)</sup>.

Having a communication strategy is key to effective condom promotion. The best strategy follows a model of behavior change, is based on research that identifies appropriate audiences and the messages that will move them, and uses a variety of mutually reinforcing media to depict models of healthy sexual behavior and to provide specific cues to action—for example, "buy condoms" <sup>(11)</sup>.

Communication based on a proven model of behavior change can influence people's health behavior, including condom use. An influential model of health behavior change, the Stages of Change Theory, developed by James O. Prochaska and colleagues from the field of psychotherapy, consists of five stages, as people first become aware of a new behavior and then go through a gradual process of adopting it <sup>(11)</sup>.

Condom promotion campaigns among CSWs have had impressive results. For example, in Congo, a 3-year project in Kinshasa that provided free condoms and counseling to 531 HIV-negative sex workers increased the percentage who always used condoms from 11% to 52% after 6 months and to 68% after 36 months. The biggest obstacle was that many customers refused to use condoms. In Bali, Indonesia, an education and condom distribution program among CSWs and their managers increased knowledge of HIV/AIDS and other STIs and raised rates of condom use from 18% to 75% of sex acts in one study area and from 29% to 62% in the other <sup>(11)</sup>.

While condom use may seem a simple matter, in fact skill is needed. Many men do not know how to use condoms. The result can be embarrassment, loss of erection, or condom breakage, and thus even giving up on condoms entirely. Young people, particularly, need to be confident about their ability to use condoms before they need them. Both counseling and sex education programs can inform young people and train them in the negotiation and communication skills needed for consistent and effective use <sup>(11)</sup>.

Programs often have approached condom counseling by focusing on building women's skills in negotiating and communicating with men. Programs also need to focus directly on changing men's behavior toward condoms, since they have more power in most relationships and, in any case, are the ones who use condoms. Counseling couples together or both the man and the woman separately often can be important. Counseling can take many forms, including peer counseling, small-group counseling, reaching out to community groups, and particularly reaching high-risk group <sup>(11)</sup>.

## **2.6. Objective**

### **2.6.1. General objective**

To assesses HIV/AIDS and related risk behavior of commercial sex workers in licensed non-brothel establishment of Awassa town, Southern Nation Nationality People's Regional State.

### **2.6.2. Specific objectives**

- ☞ To examine comprehensive knowledge of CSWs about HIV/AIDS .
- ☞ To establish the patterns of condom use and the availability of condom in protection against HIV/AIDS among commercial sex workers.
- ☞ To know the prevalence of sexual behavioral practices that place commercial sex workers at high risk for becoming infected with HIV.
- ☞ To measure the prevalence of drug use ( alcohols and khat ) among the commercial sex workers and their clients.

## **3. Methodology**

### **3.1. Study area**

This study was conducted in Southern Nation Nationalities People's Regional State of Awassa town, a study area which is known by diverse cultural constituents and socio-economic benefit. Awassa is central town of the regional state, located 270 km from Addis Ababa which is administratively divided into 20 kebeles and has a population of 69,169 <sup>(18)</sup>.

### **3.2. Study design and period**

Quantitative cross-sectional study design is applied from October – December 2004 to investigate HIV/AIDS and related risk behavior of the commercial sex workers which was complemented with a qualitative study.

### **3.3. Source population**

The source population are all CSWs age 15-49 existing in the SNNPR that were at particularly at high risk of increase vulnerability for HIV and which influence the direction and dynamics of the overall epidemic.

### **3.4. Study population**

The study population are CSWs working in the licensed non-brothel establishments in Awassa town which was determined by random sampling method, after having the list of sampling frame which constitute different component of stratification such as bars, hotels and night clubs.

### 3. 4.1. Inclusion

Inclusion criteria used for female CSWs who are working in a bars/hotels and night clubs and involved in commercial sex work during the study period.

### 3. 4.2. Exclusion

Exclusion criteria identify female who were working in the bars, hotels and night clubs but not involved in commercial sex work and ownership of the establishment.

## 3.5. Sample size determination

The sample size required for this study was determined using the formula for estimating single population proportion. To find the prevalence of HIV/AIDS risky behavior for the study group using population proportion, individual variables such as comprehensive knowledge about HIV/AIDS , condom and drug use were used as indicators for the risky behavior, which was already available in the previous study <sup>(4)</sup>.

Sample size was determined for the study assuming 43.8% consistent condom use ( for the region). Using 95% confidence interval, 5% absolute precision and 5% non-response rate. Using the formula:

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

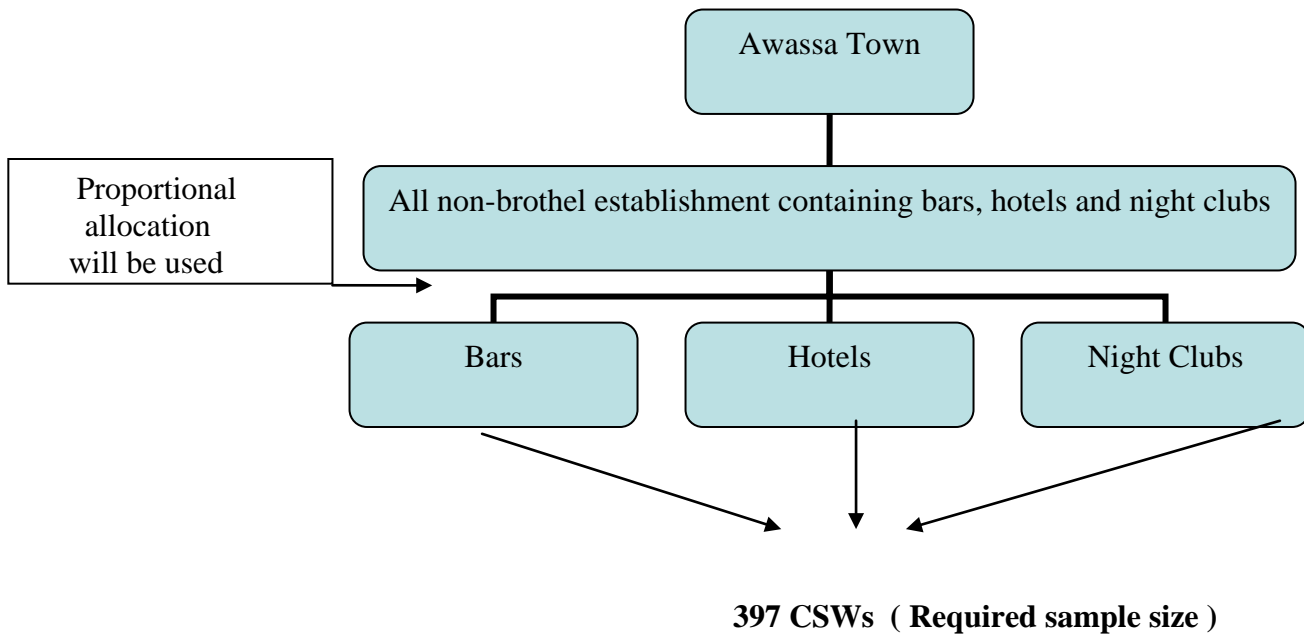
Total sample size of 397 CSWs were used for this study population group.

### 3.6. Sampling method

The sampling method employed to select study participants for this cross sectional study is simple random sampling technique, here this methods helps to specify the sampling unit ( the licensed non-brothels establishments ).

A sampling frame was used containing the list of licensed non-brothel establishments in Awassa town. A total of 100 establishments ( sampling unit ) were selected randomly using a lottery method from the total, assuming that four CSWs would be available in each establishment in order to obtain the total sample size.

**Figure 1. Sampling procedure for selection of licensed non-brothel establishments**



### 3.7. Method of data collection

Quantitative data was collected for this study by trained data collectors who are 12 grade complete with possible experience in data collection in previous similar studies. A

standard questionnaire that addresses all important variables were prepared and pre-tested in Awassa town among CSWs. During this time, 25% of the determined sample size were included for pre-testing. After the pre-testing, comments were included in the questionnaire and experiences were obtained how to proceed in the final data collection

Besides, data collectors were given training for five days on how to use the questionnaires, on their role in the study and on the procedures to be followed during data collection. During pre-test, discussion was carried out to amend the identified problems based on the experience gained during the pre-test. Thus, interviewers were instructed to make the highest possible care during interview session to record response correctly and completely.

Concerning structure of questionnaire, close ended for quantitative and open ended for qualitative study design used. The questionnaires were first developed in English and then translated in to Amharic, which was the common language of the study subject.

A self administered questionnaire was preferred for this study dealing with sensitive issues to minimize social desirability bias and interviewer distortion that often limit the use of face-to-face interviews. The wording and sequence of the questions was designed in such a way that logical flow of ideas ( from general to specific, from impersonal to personal, and from easy to difficult questions) was maintained.

To ensure standard (uniform) transformation of information, supervisors and the principal investigator were around to respond to questions that may arise from misunderstanding or doubts. The investigator tried his best to avoid incompletely filled questionnaires and/or implausible answer that may cause misunderstanding. Instruction, questions and response categories were coded in different font size or style to facilitate easily differentiation. Supervision was conducted by the principal investigator during data collection for timely edition of the data and feed back

### **3.8. Qualitative study**

The qualitative study is designed to compliment the quantitative study and to address factors that could not be assessed using the cross sectional study design and issues culturally considered to be sensitive.

Therefore, there was a need for in-depth probing on the context in which risky sexual behavior occur in this population. Focus group discussions ( FGD ) and key informant interviewers were conducted to gain insight into the context in which CSWs participate in risky sexual behaviors and identify suggestions for feasible intervention to address them.

#### **3.8.1. *In-depth interviewing***

After quantitative data collection, 6 CSWs ( two from each establishments) were selected using a “ snow ball ” methods for in depth interviewing. These sex workers were selected from the licensed non-brothel establishments that are not included in the cross-sectional study.

The in-depth interview was conducted using semi-structured questionnaires, containing of culturally sensitive sexual risky behavior by the principal investigator. An interview was held in private place, where there was no interruption and well maintained privacy. Then, the discussions was tape recorded and Manu scripted using local language after obtaining the verbal consent from the participant.

#### **3.8.2. *Focus group discussion***

The discussion was held in the home of one FGD participant. Snacks and drinks were provided during the discussion, which lasted approximately 50 minutes and recorded on audiotapes. The investigator moderated the discussion in the local language using different item discussion guide. The participants freely and actively expressed their idea and fleeing about culturally sensitive sexual issues, and useful in formations were

obtained. The selection of key informants was by identifying CSWs working for long periods in the locality and in the sex work using a convenience methods.

### **3.9. Study variable**

**3.9.1. Independent variables:** Socio-demographic variables such as age, religion, education, ethnicity, family economic status, age at sex, age at marriage, knowledge about HIV/AIDS and STDs, alcohol and drug use were included.

**3.9.2. Dependent variables:** Outcome variable such as consistent condom use, condom breakage, condom slippage were included.

### **3.10. Operational definition**

**Bars:** An establishment where alcohol drinks and/or food are served. This definition limits bars to those establishment that do not provide accommodation.

**Comprehensive knowledge about HIV/AIDS :** If the respondent knows about the four methods of HIV/AIDS prevention and with out any misconception.

**Commercial sex workers:** Women who prostitute themselves in licensed non-brothel establishments for money.

**Condom breakage :** Breaking of a condom during sexual intercourse.

**Condom slippage :** Slipping off a condom from a penis completely during the process of intercourse or removal of the penis.

**Consistent condom use :**Using condoms at every sexual intercourse.

**Hotel :** An establishment where food and drinks are served for clients; rooms for accommodation are also available. To meet the needs of differing clients, hotels range from small low cost establishments to large five star buildings.

**Night clubs :** Establishments where alcohol drinks available for sale with a few rooms available for accommodation. Their difference from hotels and bars are service are provided in mid-night.

**‘No incorrect belief’:** which consists of only three of the misconceptions.

**Non-brothel establishment :** Any establishment such as bars, restaurants, hotels and the like, where alcohol drink are selling and female sex workers are working.

**Regular sexual partner :** spouse or co-habiting sex partner.

**Risky sexual practice :** Sexually active adults who have sexual contact history with casual partner, multiple partners, commercial sex worker or experiencing unprotected sex.

### **3.11. Data processing (Data entry and cleaning)**

The questionnaires were checked for completeness and consistency by the principal investigator. The questionnaires were classified as unfilled, partially incomplete, item missed and completed. Totally unfilled and partially filled formats were excluded from the analysis. Fully completed and completed with few missing items were coded. The investigator with the clerk entered the coded questionnaire in to EPI Info version 6 statistical package.

Few inconsistencies were corrected during data entry. About 25% of the questionnaire were double entered to verify accuracy of data entry and no discrepancies were noted. Data clean up was performed by running frequencies of each variable to check for accuracy, outliers, and consistencies. Then, the data was transported in to statistical packages for social sciences (SPSS) version 9.05 programe.

In this study the reliability coefficient (alfa) was found to be 0.77 indicating the composition of the questionnaires is able to assess the knowledge of the sex workers.

### **3.12. Data analysis**

The data entry and analysis was conducted using EP1-6 and SPSS alternatively as required. Crude and adjusted odds ratio and logistic regression analysis were determined

by entering the dependant and independent variable based on research hypothesis using statistical program. The significance of association was assessed using 95 % confidence interval .

To see the relative effects of independent variables on the dependent variable, cross tabulation was done to determine whether any association exist. Then, logistic regression analysis was carried out for those indicate association using SPSS version 9.05. This was done to control for the effects of possible confounding factors upon current practice of sex worker.

### **3.13. Ethical consideration**

The study did not involve any experiment on human population subjects. As witness, this study has obtained ethical clearance from Addis Ababa University, Ethical Committee, Southern Regional State Health Bureau and Sidama Zone City Government before enrolling any of the eligible study participants, and the purpose and the benefit of the study was discussed with each commercial sex workers.

Ethically, informed consent of the respondent should be obtained first. To this end, the right of the respondents to refuse to answer for few or all questions were respected. The interview was conducted in a way that it would not violate their privacy and confidentiality of information. Thus, names and address of the interviewees are not be recorded in the questionnaire.

### **3.14. Communication of the result**

The outcome of study will be disseminated to Community Health Department, Medical Faculty of Addis Ababa University, Southern Nation National people's Health Bureau and Action-Aid Ethiopia.

## 4. RESULT

### 4.1. Socio-demographic characteristic

All 397 (100%) selected subjects were not responded for the questioner. Only 374 (94.21%) of the female CSWs responded to the questioner with a non response rate of 5.79 %. Among the respondents 372 (99.5%) were from hotels while the others were from bars. The age of the respondents ranged from 15 to 28 years with a mean 20.60 and SD 2.38. The largest percentage 222 (59.4%) comprise age group 20 - 24. Out of the total respondents 259 (69.25 %) borne and grew in town. The majority 320 (85.6%) of the respondent are literate. Among the literate, 219 (58.56%) attended elementary to junior secondary school and 98 (26.2%) attended above junior secondary school. The religion and ethnic composition constitute 260 (69.5%) Orthodox Christian and 124 (33.16%) Amahara ( Table 1 ).

The working hours of this licensed non-brothels establishments range from 6:00 - 24:00 pm during the night. Majority 263 (70.3%) are working from 6:00 – 20:00 pm while the rest 111(29.7%) were working at the end of the night (21:00 – 24:00 pm). Perceived family economic status shows that 134 (35.83%) of the respondent's family background to support and grow them was poor and below that. During the time of the study, 13 reasons were identified to join this profession by the respondent; 174 (46.5%) disagreement with the family, 106 (28.3%) financial problem, 56 (15%) death of parent, 43 (11.5%) family divorce and 13 (3.5%) personally chosen this work ( Table 1 ).

**Table 1**

**Socio-demographic and reproductive history of female CSWs in licensed non-brothels establishments, Awassa town, 2005.**

Variables	n = 374	Percent
AGE		
15 - 19	122	32.6
20 - 24	222	59.4
25 - 29	30	8
EDUCATION ( n = 320 )		
Pre-elementary	3	0.9
Elementary incomplete	117	36.6
Elementary complete	102	31.9
Secondary incomplete	69	21.6
Secondary complete	29	9.0
RELIGION		
Orthodox	260	69.5
Protestant	45	12
Muslim	45	12
Catholic	19	5.1
Others	5	1.3
ETHNICITY		
Amhara	124	33.2
Oromo	92	24.6
Welayta	63	16.8
Gurage	36	9.6
Sidama	23	6.2
Others	36	9.6
REASON TO JOIN THIS WORK		
Disagreement with family	174	46.5
Financial problem	106	28.3

Table 1 Continued ...

Death of parent	56	15
Family divorce	43	11.5
Personally chosen	13	3.5
Others	25	6.7
LENGTH OF CAREER AS CSW		
Less than one year	51	13.6
1 - 2 years	203	54.3
3 - 4 years	106	28.3
5 - 8 years	14	3.7
AGE AT FIRST SEX		
5 - 9	1	0.3
10 - 14	61	16.3
15 - 19	308	82.4
20 - 24	4	1.1
MARRIAGE		
Yes	136	36.4
No	238	63.6
AGE AT MAIRRAGE ( n = 136 )		
5-9	1	0.74
10-14	25	18.38
15-19	104	76.47
20-24	6	4.41
ABORTION		
Yes	95	25.4
No	279	74.6
INCOME PER MONTHS ( n = 226 )		
< 250 Eth. Bir.	104	46
251 - 500 Eth. Bir.	116	51.3
> 750	6	2.7

The minimum age at sex and marriage was 8 and maximum was 20 and 21 years respectively ( Table 1 ). Among the participant, 136 (36.36%) had been married before starting commercial sex, and 85 (22.73%) of them had history of 1 to 4 child birth. Out of the total respondents 95 (25.4%) has 1 to 3 abortions in which 67 (70.53%) attended family planning. Among the family planning users, 42 (62.69%) one, 19 ( 28.36%) two and 6 ( 8.96%) had three abortions.

The time of stay as the sex workers ranges from two weeks to 8 years with mean 2.1 and SD 1.26 . Majority 203 (54.3%) stay 1-3 years. Three hundred twenty five (86.9%) sex workers know their most frequent client. And this finding mirrors that 226 (60.4%) merchants, 224 (59.9%) government employees, 214 (57.2%) drivers, 129 (34.5%) teachers and also less frequent number of health professionals, students and daily laborers were their clients. Monthly income of the respondent range from 90 to1200 Eth. Birr. with a mean 271.2 and S.D 144.536 ( Table 1 ). Sixty two (16.58%) of the sex workers support their children, friends and /or family from the money they obtained .

## **4. 2. Knowledge on STDs**

Knowledge of the respondents about signs and symptoms of STDs were assessed using 6 questions (Table 2). Out of the total respondents, 284 (75.94%) sex worker know at least one of the sign indicated in the question while the rest 90 (24.06%) do not know any one of them. Among the sign and symptom, burning pain on urination is responded more than fifty percent 209 (55.9%) followed by foul smelling discharge 186 (49.7%) and abdominal pain responded the least 52 (13.9%).

Concerning previous sexual history, 66 (17.65%) of the respondent exposed to STDs. Among this, 64 (97%) of the sex worker had sign of genital discharge. Thus, 28 (42.42 % ) attending treatment in government, 31 ( 46.97% ) in private institution, 13 ( 19.7%) in traditional healers and 6 ( 9.09%) by self medication. During sexual intercourse, 237 (63.37%) of the sex workers inspect clients penis for the presence of any sign of infection for STDs.

**Table 2**

**The association between previous knowledge of STDs and consistent condom use among female CSWs working in the licensed non-brothels establishments, Awassa town, 2005.**

Variables	Frequency		Consistent condom use	
	n = 374		Crude OR (95% CI)	Adjusted OR (95% CI)
	Yes	No		
Abdominal pain				
Yes	40	12	0.27(0.13 – 0.58) **	0.34(0.14 - 0.86) **
No	298	24	1	1
Genital discharge				
Yes	93	19	0.34(0.17 – 0.68) **	0.39(0.16 - 0.95) **
No	245	17	1	1
Foul smelling discharge				
Yes	171	15	1.43(0.72 – 2.88)	4.67(1.71 - 12.78) **
No	167	21	1	1
Burning pain on urination				
Yes	188	21	0.9(0.45 – 1.8)	1.75(0.68 - 4.49)
No	150	15	1	1
Genital ulcers/sores				
Yes	152	21	0.58(0.29 – 1.17)	0.41(0.16 - 1.04)
No	186	15	1	1
Swelling in groin area				
Yes	77	16	0.37(0.18 – 0.75) **	0.48(0.18 - 1.26)
No	261	20	1	1

\*\* - indicates significant association with consistent condom use

### 4. 3. Knowledge on HIV/AIDS

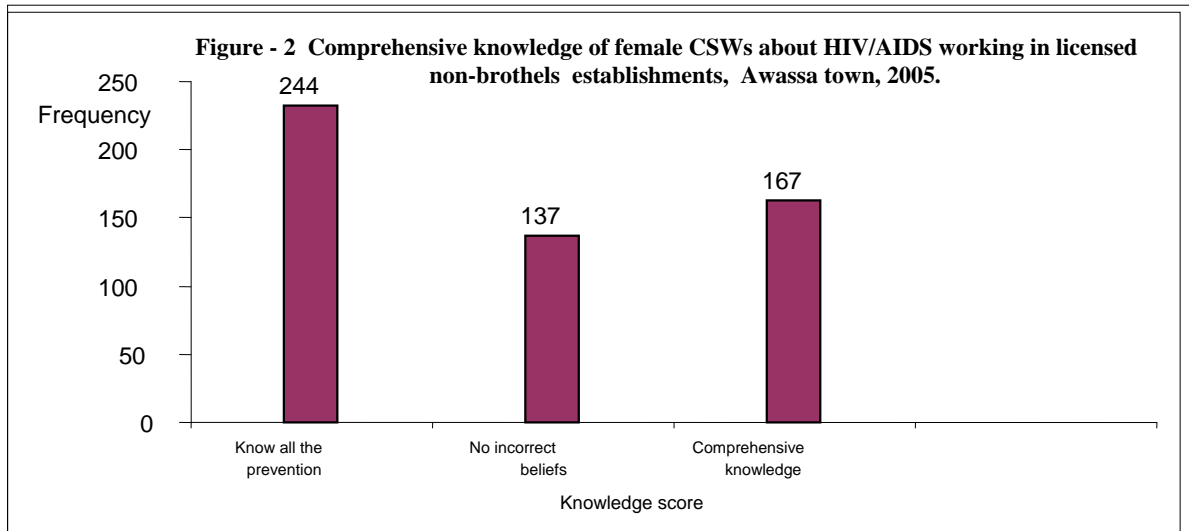
Almost all 369 (98.7%) of the respondents have the knowledge that HIV/AIDS is an infectious disease. The risky perception indicates that 28 (7.5%) low, 69 (18.4%) moderate and 114 (30.5%) have higher chance of getting HIV/AIDS infection. Knowledge about HIV/AIDS transmission was assessed using 7 questions. Out of the total sex workers, 245 (65.5%) were able to answer all the 7 questions. Among this question, unprotected multiple sexual partner responded higher and breast feeding responded least ( Table 3).

**Table 3**

**Knowledge of female CSWs about HIV/AIDS transmission who are working in licensed non-brothels establishments , Awassa town, 2005.**

Variables	n = 374	Percent
Unprotected multiple sexual practices	370	98.9
Sharing infected needle and syringes	361	96.5
Sharing infected teeth brush	326	87.2
Blood donation from infected person	323	86.4
Through abortion	285	76.2
Mother to child transmission in womb	286	76.5
Through breast feeding	275	73.5

Knowledge about HIV/AIDS prevention was assessed using 3 questions. Accordingly, always use of condom 338 (90.4%), stay faithful to one another 297 ( 79.4%) and abstain from sexual activities 285 ( 76.2% ) were responded. Assessment of knowledge of the sex workers indicate that 244 (65.2%) know all the three methods of prevention, 137 ( 36.6%) had absent of incorrect belief and 167 (44.7% ) had comprehensive knowledge, i.e., if the respondents know about the three methods of HIV/AIDS preventions and with out any misconception which is known as comprehensive knowledge (Figure2)



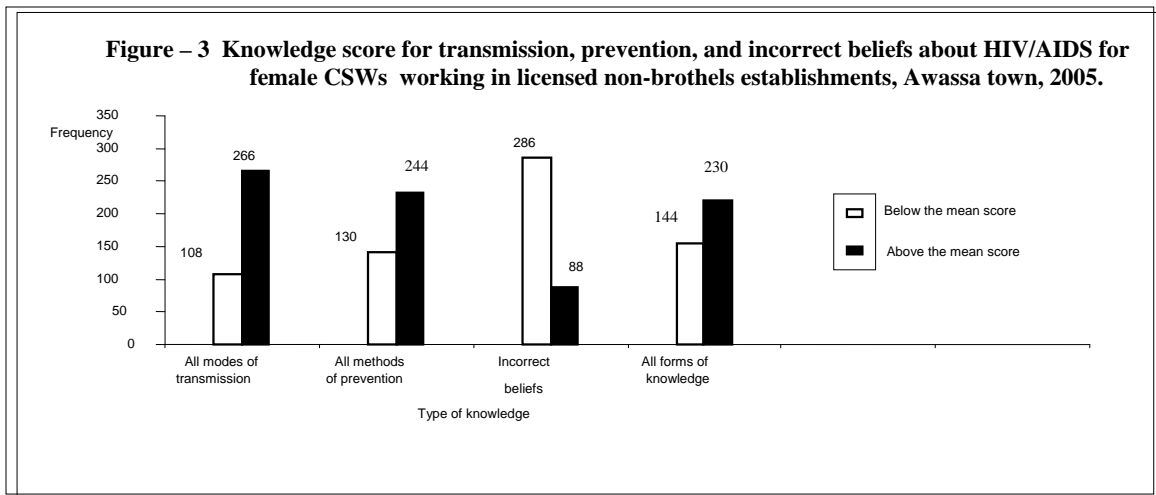
Similarly, myths and misconception were assessed using 8 variables. Out of the total CSWs 237 (63.4%) had the knowledge of at least one of the incorrect belief. Healthy individual couldn't have HIV/AIDS and mosquito bit could transmit HIV/AIDS responded higher, i.e, 152 (40.6%) and 106 (28.3%) respectively and hand shaking responded 3 (0.8%) (table 4).

**Table 4**

**Myths and misconception of female CSWs who are working in licensed non-brothels establishments, Awassa town, 2005.**

Variables	Frequency n = 374	Percent
Shaking hands of infected person	3	0.8
Eating together with infected person	7	1.9
Infection could be transmitted through the bites of mosquito	106	28.3
Infection could be transmitted from eating un cooked eggs from a chicken that swallow a condom	79	21.1
Drinking local hard liquor or eating hot pepper could protect infection	28	7.5
Health looking person couldn't have HIV/AIDS infection	152	40.6
Infection could be transmitted through sharing of utensils and toilets	15	4
Infection could be transmitted through breathing, coughing and sneezing	11	2.9

Assessment of knowledge score for all mode of transmission, prevention and incorrect beliefs indicates a mean of 9.48 and SD 2.38 with minimum 2 and maximum score of 16. The knowledge score for mode of transmission and prevention indicates a mean of 8.41 and SD 2.03 with minimum 1 and maximum score of 10. This finding indicate that, taking the mean score for cut point for knowledgably of the respondent; 230 (61.5%) of CSWs had knowledge about HIV/AIDS. Thus, the reliability coefficient (Beta) indicate that more than 0.75 showing the questionnaires were able to assess the knowledge of the respondents(Figure 3).



#### 4. 4. Alcohol and drug use

Over all, 355 (94.92%) of the sex workers had consumed drinks containing alcohol in the previous four weeks. This sub group of the respondents were asked about the frequency of alcohol consumption indicating 251 (70.7%) every day, 25 (7.04%) 2-3 day per week, 39 (11%) at least once per week, 14 (3.94%) less than one per week and the rest 26 (7.32%) were regular ( every day ) if available alcohol drinkers.

Out of the total alcohol drinkers, more than fifty percent 212 (59.72%) and out of the total condom breakage 64 (59.8%) were identified in the age group 20-24 years (Table 5). During recent sex, drugs were also highly used in this age group.

Different social reasons were identified for alcohol and drug use. Consequently, 315 (84.2%) for enjoyment and 192 (51.3%) for stress relief were the main reason for alcohol consumption. During recent sex, 124 (33.2%) of the sex workers and 159 (42.55%) of the clients were intoxicated (Table 5).

**Table 5**  
**Risky sexual behavior of female CSWs in licensed non-brothels establishments, Awassa town, 2005.**

Variables	Age			
	n = 374			
	15 - 19	20 - 24	25 - 29	All age
Alcohol consumption	115(32.39%)	212(59.72%)	28(7.89%)	355(94.92%)
Female intoxication	41(33.06%)	72(58.07%)	11(8.87%)	124(33.16%)
Male intoxication	58(36.48%)	87(54.72%)	14(8.8%)	159(42.51%)
Consistent condom use	114(33.73%)	198(58.58%)	26(7.69%)	338(90.37%)
Condom breakage	36(33.65%)	64(59.81%)	7(6.54%)	107(28.6%)
Condom slippage	10(34.48%)	18(62.07%)	1(3.45%)	29(7.75%)

Result of statistical analysis related to drug use indicates that cigarette smoking ( OR=2.33, CI=1.38-3.96), hard liquor (OR=3.08, CI=1.23-7.68), beer ( OR = 8.17, CI=1.82-36.73), wine consumption ( OR=2.67, CI=1.42-5.00 ) have significant association with female intoxication (Table 6).

**Table 6**

**The association between alcohol and drug use with respect to female intoxication among CSWs in licensed non-brothels establishments, Awassa town, 2005.**

Variable	Frequency		Female intoxication	
	n = 374		Crude OR (95% CI)	Adjusted OR (95% CI)
Cigarette	Yes	No		
Yes	55	54	2.89(1.82 – 4.61) **	2.33(1.38 - 3.96) **
No	69	196	1	1
Khat				
Yes	102	184	1.66(0.97 – 2.85)	0.96(0.53 - 1.76)
No	22	66	1	1
Shisha				
Yes	1	0	3.03(2.62 – 3.51) **	454(0.0 - 1.45)
No	123	250	1	1
Hard liquor				
Yes	17	9	4.25(1.83 – 9.85) **	3.08(1.23 - 7.68)**
No	107	241	1	1
Beer				
Yes	122	221	8(1.88 – 34.12) **	8.17(1.82 - 36.73)**
No	2	29	1	1
Wine				
Yes	28	24	2.75(1.52 – 4.98) **	2.67(1.42 - 5.00)**
No	96	226	1	1
Ariki				
Yes	1	0	3.03(2.62 – 3.51) **	241(0.0 - 7.49)
No	123	250	1	1
Draft				
Yes	4	9	0.89(0.27 – 2.96)	1.24(0.32-4.86)
No	120	241	1	1

\*\* - indicates significant association with female intoxication

#### **4. 5. Condom use, sexual practice and opinion**

Female CSWs were asked to rank their chance of becoming infected with HIV/AIDS ( as no chance, low, moderate and low chance ) based on their past sexual and other risk behaviors. Many female commercial sex workers 121 (32.4%) didn't know the chance of contracting HIV infection while 42 (11.2%) responded no chance of getting infection. The rest 211 (56.4%) sex workers responded from low to higher chance of getting infection including moderate chance.

Sex workers were asked about the last day sexual practice; comparatively 299 (79.9%) of the respondents have had one clients while others had 2-3 clients. The number of sexual act per the last day sexual inter course ranges 1-5 within mean 2.45 and SD 0.91. Three hundred thirty two (88.77%) of sex worker had made 2-3 sexual acts. During this time 66 (17.7%) and 163 (43.7%) condom use asked by the clients and the sex worker respectively while 144 (38.6%) was joint decision (Table 7).

Attitude of the sex workers towards putting on condoms onto their clients penis show that only 119 (31.8%) sex workers had put on condom on client penis (Table 7). The predominantly mentioned reason for their refusal is reported due to the fact that they were 58 (37.4%) ashamed of the act of putting the condoms onto male penis.

Moreover, almost all 362 (96.8%) of the sex worker see the way clients put on condoms into their penis when the light was on and 361 (96.5%) of them practicing vaginal douching after each sexual intercourse. More over, 327 (87.4%) of the sex worker made sex in laying position. Over all, no sex was made other than vagina. Though, there was quite number of interest to make sex other than vagina.

**Table 7**

**Sexual practice and condom use of female CSWs in licensed non-brothels establishments, Awassa town, 2005.**

Variables	n = 374	Percent
CONDOM USE IN THE LAST DAY OF SEX WORK		
Yes	373	99.7
No	1	0.3
NUMBER OF SEX MEN IN THE LAST DAY OF SEX WORK		
One	299	79.9
Two	71	19
Three	4	1.1
NUMBER OF SEX ACT IN THE LAST DAY OF SEX WORK		
One	54	14.4
Two	144	38.5
Three	134	35.8
Four and above	42	11.2
WHO ASK CONDOM IN THE LAST DAY OF SEX WORK		
He	66	17.7
Me	163	43.7
Joint decision	144	38.6
WHO PUT ON CONDOM IN THE LAST DAY OF SEX WORK		
He	155	41.6
Me	119	31.9
Joint decision	99	26.5

Table 7 continued . . .

REASONS NOT TO PUT ON CONDOM IN THE LAST DAY OF WORK ( n = 155 )		
He didn't ask me for it	101	65.2
I am ashamed of it	58	37.4
I didn't know how to put on	5	3.2
I don't like to use condom	2	1.3
SEE CLIENT PENIS WHEN THE LIGHT WAS ON		
Yes	362	96.8
No	12	3.2
CHECKED CLIENT PENIS FOR STDs		
Yes	237	63.4
No	137	36.6
USED MEDICINE DURING THE LAST DAY OF SEX		
Yes	33	8.8
No	341	91.2
VAGINAL WASHING		
Yes	361	96.5
No	13	3.5
SEX IN LAYING POSITION DURING THE LAST DAY OF SEX		
Yes	327	87.4
No	47	12.6

Condom use among paying clients indicate that, from previous September on word 338 (92.37%) (Table 5) and during last day sexual intercourse 373 (99.7%) were used condom consistently.

Knowledge on condom breakage and slippage were assessed and it was found that 338 (90.37%) of the respondent know putting condom on not well erected penis leads to condom slippage and 307 (82.1%) know unrolled condom leads condom breakage.

From previous September on wards condom breakage was observed among 107 (28.6%) (Table 5) of the respondent ; 91 (85.0%) felt during sexual intercourse, 10 (9.4%) of them told by the client and the rest 6 (5.6) observed at the end of sexual intercourse. Among the total respondent who had condom breakage 77 (71.96%) had changed. Thus different reasons were identified by the respondent for not changing the condom. Meanwhile, similarly condom slippage was identified among 29 (7.8%) of the respondent (Table 5). Sixteen (55.2%) felt during sexual intercourse, 3 (10.3%) told by the client and 10 (34.5%) retained in the vagina.

**Table 8**

**The association between alcohol and drug use with respect to consistent condom use and condom breakage among female CSWs in licensed non-brothels establishments, Awassa town, 2005.**

Variable	Frequency		Consistent condom use		Condom breakage			
	N = 374		Crude OR ( 95% CI)	Adjusted OR (95% CI)	Yes	No	Crude OR ( 95% CI)	Adjusted OR ( 95% CI)
	Yes	No						
<b>Cigarette</b>								
Yes	98	11	0.93(0.44 – 1.96)	1.65(0.72-3.78)	36	73	1.46(0.89 – 2.37)	1.19(0.69-2.06)
No	240	25	1	1	67	198	1	1
<b>Khat</b>								
Yes	252	34	0.17(0.04–0.73) **	0.17(0.04-0.76)**	83	203	1.39(0.79 – 2.43)	1.12(0.62-2.04)
No	86	2	1	1	20	68	1	1
<b>Shisha</b>								
Yes	1	0	1.12(1.1 – 1.14) **	1211(0.0-7.8+87)	1	0	3.66(3.1 – 4.3) **	310(0.0-9.87)
No	337	36	1	1	102	271	1	1
<b>Hard liquor</b>								
Yes	20	6	0.31(0.12–0.84) **	0.26(0.09-0.78)**	13	13	2.87(1.28 – 6.4) **	2.64(1.13-6.19)**
No	318	30	1	1	90	258	1	1

Table 8 continued . . .

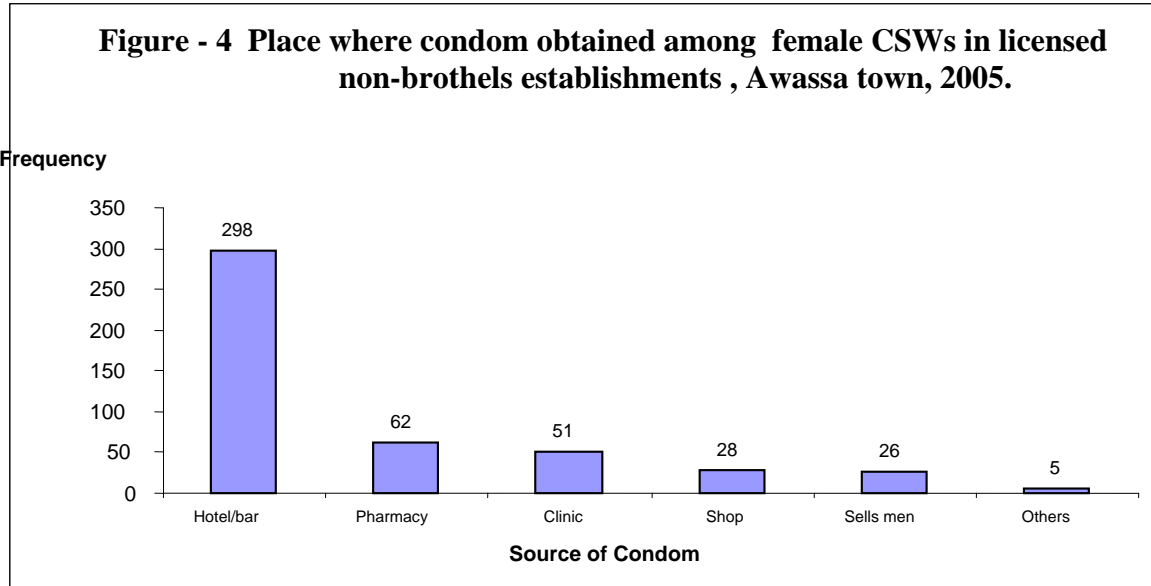
Beer								
Yes	307	36	0.89(0.86–0.93) **	0.001(0-3.6)	99	244	2.74(0.93 – 8.0)	2.65(0.88-7.95)
No	31	0	1	1	4	27	1	1
Wine								
Yes	48	4	1.32(0.45 – 3.91)	1.68(0.55-5.15)	17	35	1.3(0.71 – 2.5)	1.27(0.66-2.42)
No	290	32	1	1	86	236	1	1
Ariki								
Yes	1	0	1.1(1.1 – 1.14) **	968(0.0-6.19)	0	1	1.38(1.3 – 1.47) **	0.01(0.49-5.9)
No	337	36	1	1	103	270	1	1
Draft								
Yes	12	1	1.29(0.16 – 10.2)	1.32(0.16-11.04)	5	8	1.68(0.54 – 5.25)	1.69(0.49-5.9)
No	326	35	1	1	98	268	1	1

\*\* - indicates significant association

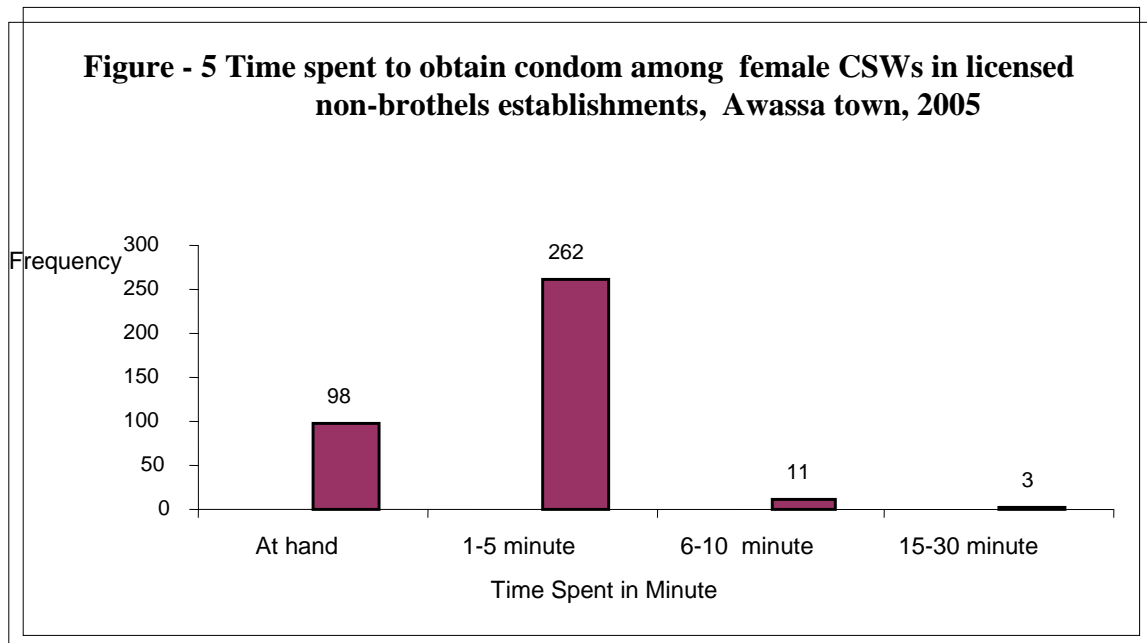
Results from the mentioned statistical analysis shows that hard liquor ( OR=2.64, CI=1.13-6.19) has significant association with condom breakage. Khat (OR=0.17, CI=0.04-0.76) and hard liquor ( OR=0.26, CI=0.09-0.78) has significant association with consistent condom use (Table 8). Abortion ( OR=2.23, CI=1.02-4.86) had significant association with condom slippage.

During recent sex work, use of medication and different lubricant was assessed. Out of the total respondents, 33 (8.8%) of them used drug inserted in to vagina and 9 (2.4%) respondent use lubricants such as cream, lotion and oil. Cream was used most frequent.

Concerning sources of condom, 298 (79.7%) of the sex workers obtain condom from establishments ( hotel and/or bar ) while the rest obtain from pharmacy, clinic, shop and peddler (Figure 4). The most frequent used condom among the sex workers are Hiwot Condom constituting 356 (95.2%) followed by Fantastic Condom 39 (10.4%).



Time spent to obtain condom ranges from nil to 30 minute. The majority of 262 (70.1%) require 1 – 5 minute (Figure 5). Moreover, findings in this study indicate that 275 (73.5%) checked the expire date of condom and 311 (83.2%) the sex workers know condom exposed to sun light could easy broken during sexual intercourse.



## **4. 6. Qualitative report**

### **4. 6.1. Focus group discussion**

A focus group discussion was conducted among six female CSWs age ranging 18-22 years. During observation, the sex workers were living in a small 2x3m<sup>2</sup> size room in situation where their beds, day and night cloths, feeding and kitchen equipments were all together showing how bad their living condition was.

Based on my previous appointment, I gave them my greet to all the participants. Then I asked their willingness to participate in focus group discussion. After I had the informed consent, we had started discussion on issue related to sexual practice that could not be addressed by quantitative study.

During the time of interview, I had got good time when the sex workers were in coffee and khat ceremony. The discussion was started by asking questions related to social issue. After we had made good conversation to open group discussion, economic problem is identified as main reason to join this life.

During the time of joining this life, most of the sex workers were not informed the catastrophic effects of HIV/AIDS and STDs and condom use. However, consistent condom use has been practiced among them after a while. In addition, previously there was an intention of some individual to make sex with out condom by giving advance payment. Now a day, sex workers are well informed about the risky of HIV/AIDS.

Concerning condom use, the sex workers told me that, “ One gay, the one who want over overnight sex paid for the sex worker 50.00 Eth. Birr. and took her to the bed room. During sexual encounter, the client made a trice knowingly cracking and tearing the condom at the tip and the sex worker fortunately recognized the fake and she cried to call the police to get support “ as reported.

Similarly another gay who paid 80.00 Eth. Birr. for the sex worker for over night sex made a cheating to make sex with out condom by removing the properly inserted condom. And even some others were forced them to make sex by the time of menses. In another focus group discussion, “ the sex worker complained that after the client had taken to the bed room they were asked them to make anal and oral sex providing advance payment but they didn’t agree with them ” as reported.

During focus group discussion and in depth interview, the sex workers gave their experience about condom use by telling that, “ breaks or tears of condom can results from incorrect use; such as, unrolling the condom before putting it on, trying to put on the condom with the rolled rim held to ward the body rather than away from it, snagging the condom with fingernails or rings, and reusing condoms. Other poor practices allow unprotected contact-starting intercourse and then withdrawing to put on the condom, or not holding the condom rime while withdrawing after ejaculation, allowing the condom to slip off and spill semen “.

#### **4. 6.2. In-depth interview**

During in depth interview, sex worker who was grown in Shashemene town whose family was merchant and the main reason to join in this work was disagreement with the family said that, one day by the time of prostitution, gentle old gay come with motor cycle and invited me two beers. By the time we made through discussion about life.

After a while, he asked me to make causal sex by paying 80.00 Eth. Birr. I agreed and went to the bed room. There after, he request to make sex with out condom by telling me, he had nine children, wife and had never sex other then his wife while indirectly telling me that he had no HIV/AIDS. Immediately, I am agreed the request by replying that I am HIV/AIDS positive girl. Then, he was frustrated and immediately his penis was collapsed and unable to make sex. Finally, I was returned to home.

Another sex worker told me that, she had sexual partner who provided support in financial and social affairs. Her sexual history indicates that consistent condom use with

paying clients and with out condom with partner in a love affair, knowing that condom use with paying clients protects 100% from HIV/AIDS. Through the discussion, it is learnt that most of the sex workers are not happy to stay in this work and all of them regretted for the mistake that they did when first they joined in this life. It is possible to say that, they will return back to their family once again they get the chance.

## 5. Discussion

In this study, the age of the respondents ranges from 15-28 years comprising the largest 222 (59.4%) age group 20-24 years. Similar study conducted in Awassa indicate that high proportion of this age group identified while the respondents age group ranging from 15-49 years <sup>(4)</sup>. This variation in this age group was occurred due to the fact that flooding of more sex workers in response to ever increasing economic deprivation and emergency of informal economic associated with sex work <sup>(3)</sup>.

Moreover, education has also significant association with working hours. The literate 263 (70.3%) sex workers are attending in the regular working hours and the illiterate are involved in the night clubs, which expose them to risky sexual behavior indicating significant association with alcohol consumption.

All sex worker identify reasons to join this life. One hundred seventy four (46.5%) had disagreement with family, 106 (28.3%) had financial problem, 56 (15%) had death of parents and 13 (3.5%) had been personally chosen to be sex worker indicating significant variation compared with previous finding (18.4%, 36%, 18.4% and 14% respectively) <sup>(4)</sup>. In this study, disagreement with the family were responded more compared with the previous study indicating there is diverse personal and social factors responsible for flooding of the young girls in to this profession other than financial problem <sup>(4)</sup>.

Among the participants, 136 (36.4%) had been married before starting sex work and 95 (25.4%) have had abortion indicating increasing in the proportion of marriage and abortion compared with the study conducted by Alemayehu Admassu 2004 (30.1% and 14.6%) respectively <sup>(14)</sup>. This is due to the increasing of poverty which lead a young girls to early marriage in order to solve the financial problem of the family. On the contrary, due to the absent of true love, this conditions leads in increased divorce and due to unstable partners relationship increased in abortion rate.

Knowledge of the respondents about sign and symptom of STDs indicates that burning pain on urination 209 (55.9%), foul smelling discharge 186 (49.7%) and genital ulcers/sores 173 (46.3%) were responded, indicating increased response about previous knowledge of signs and symptoms compared with the previous finding ( 48.5% for burning pain on urination, 44% foul smelling discharge and 29% genital ulcers /sores )<sup>(4)</sup>.

The result of this study indicate that those who have previous knowledge about STDs are consistent condom user . Moreover, education has significant association with awareness to ward checking clients penis to check the existence of any sign and symptom of STDs during sexual encounter (OR=3.58, CI=1.97 – 6.53).

Virtually, all 369 (98.7%) of the respondents have the knowledge that HIV/AIDS is infectious disease. Out of the total sex worker 244 (65.2%) have the knowledge of prevention which is consistent with finding of previous study (66.7%)<sup>(4)</sup>. This finding also identifies that increasing level of awareness were identified for each method of prevention compared with previous study<sup>(14, 15)</sup>.

The knowledge score for this research finding show increasing value indicating 237 (63.4%) of the sex worker know at least one misconception, 244 (65.2%) know all the three prevention methods and 167 (44.7%) had comprehensive knowledge compared with the previous finding (89.7%, 66.7% and 23.7% respectively)<sup>(4)</sup>. This is due to the fact that increased in intervention activities conducted by government, NGOs and other civil society.

In this study, 244 (65.2%) of the respondents are identified all (three) major method of prevention for HIV/AIDS indicating 338 (90.4%) correct and every time use of condom when having sex, 297 (79.4%) faithfulness with one uninfected partners and 285 (76.2%) abstinence were responded indicating all most similar finding with previous study<sup>(4)</sup>.

Concerning myths and misconceptions, this finding indicates that almost all the respondents have at least one misconception. Which is higher proportion compared with previous study 89.7% <sup>(4)</sup>. Here after there is a need to address all components of myths and misconceptions through increasing awareness creation. Because there is a significant variation of knowledge scores among the individual variables in this and previous study <sup>(4)</sup>.

Concerning alcohol and drug use, 355 (94.92%) of the sex workers have consumed drunk containing alcohol in the previous four weeks. 251 (70.7%) were every day drunker indicating higher proportion compared with 2002 BSS ( 79% vs 33%) <sup>(4)</sup> and even higher compared with the finding in Mexico (50%)<sup>(13)</sup>. Where as similar proportion of drug use (khat) is identified. The main reason for alcohol and drug use; 315 (84.2%) enjoyment and 192 (51.2%) stress relief were identified <sup>(4)</sup>.

During recent sex, 124 (33.2%) of the sex workers and 159 (42.5%) of the clients were intoxicated indicating cigarette smoking, hard liquor, beer, and wine consumption had an effect on female intoxication. Similarly, alcohol use has association with condom breakage. This is due to alcohol found to be difficult to achieve orgasm, which meant sexual sessions prolonged, leading to increased wear and tears of condom and sex organ <sup>(5,7)</sup>.

The study indicates that 369 (98.7%) of the sex workers know HIV /AIDS was infectious disease. The risk perception also indicate that 28 (7.5%), 69 (18.4%) and 114 (30.5%) had low, moderate and high chance of getting HIV /AIDS infection respectively indicating improved level of risky perception compared with previous finding (16.4%, 15.6%, 16.7% respectively) <sup>(4)</sup>. However, there is a need to work more to reduce the gap created on knowledge and risky perception observed in this study.

From last September on wards, condom breakage is observed among 107 (28.6%) of the respondents; 91 (89.2%) felt during sexual intercourse, 10 (9.8%) told by the client and the rest 6 (5.9%) observed at the end of sexual act. Among the total respondents who had

condom breakage, 77 (75.5%) had changed the broken condom indicating in increasing awareness in using condom. Similarly, condom slippage was identified among 29 (7.75%) of the respondents indicating higher rate of breakage and slippage were observed compared with the finding of Alemayehu Admassu 2004 (18.7% and 5.7%)<sup>(14)</sup>. This was due to the fact that alcohol and drug (specially hard liquor) had significant association with condom breakage which is highly prevalent in this study<sup>(14)</sup>.

In this study, 373 (99.7%) of the sex worker used a condom consistently during the last day of sexual encounter with paying clients. During this time, 163 (43.7%) and 144 (38.6%) condom use were asked by the sex worker and either of them (agreed) respectively indicating difference with the finding of BSS 2002 (52% and 43.3%)<sup>(4)</sup>. This was because, quit number of clients 66 (17.7%) have had involved in asking condom use during the time of sexual encounter indicating male increased awareness and getting responsible for the live of them and sex partner.

Actual participation of the sex worker putting on condom on client penis is assessed and it was found that 119 (31.9%) sex workers, 155 (41.6%) clients and 99 (26.5%) joint decision were made. This indicate that, out of the total 163 (43.7%) sex worker who ask condom use, only 119 (31.9%) were involved in putting condom on client penis showing more 155 (41.6%) clients involving in putting on condom<sup>(4)</sup>. There fore, there is a need to give more attention to the actual participation of the sex worker in putting male condom on to their clients penis and their attitude towards doing so.

One hundred fifty six (41.7%) similar proportion with Alemayehu Admassu 2004 (38.2%) of the sex worker were actually reported that they had never tried to put on condom on to male penis<sup>(14)</sup>. The predominant reason, I am not asked to do so 101 (65.2%) and I am ashamed 58 (37.4%) were recorded which was contrary to the previous finding (the predominate reason was I am ashamed of it 55.4%)<sup>(14)</sup> indicating there is a need for further study on the sexual practice of sex worker and clients on condom use. However, there was encouraging finding, 362 (96.8%) of the sex workers expressed their positive attitude towards watching client penis how they put condoms while the light was

still on and similarly 361 (96.5%) of them practice vaginal washing at the end of each sexual intercourse <sup>(4)</sup>.

Knowledge on condom breakage and slippage were assessed and it was found that 338 (90.4%) of the respondent know putting condom on not well erected penis lead to condom slippage and 307 (82.1%) know unrolled condom leads condom breakage. Moreover, finding in this study also indicate that 275 (73.5%) of the sex worker checked the expire date of condom and 311 (83.2%) them know that condom exposed to sun light could easily broken during sexual encounter indicating majority of the sex worker had enough knowledge about condom <sup>(4, 14, 15)</sup>.

The most identified condom sources 298 (79.7%) were hotels / bars and the least are pharmacy 62 (16.6%) and shop 28 (7.5%). Which indicate inverse relation to the finding of BSS 2002 (hotels/bars 57.2%, shops 87.8% and pharmacy 45.2%) <sup>(4)</sup>. This is due to fact that hotels and bars were provided with condom by different NGOs and due to the emerging sells of condom at the get of the establishment by different salesmen (peddlers). This indicates that better condom marketing, i.e, the more the outlets for condom ( distributing condom through a variety of channels), the better the access. Meanwhile, provide way condom reach new groups of potential users by making condoms more available raising their visibility and making them more familiar to the people, helping to overcome taboos and increasing in awareness in condom utilization <sup>(11)</sup>.

Similarly, provision of hotels and bars with condom facilitate 96.3% of the sex work to get condom at hand up to 5 minute indicating a great progress compared with the finding of 95.9% of them require up to 30 minute <sup>(4)</sup>.

## **6. Strength and Limitation**

### **6.1. Strengths**

- ☞ It is cheap and efficient method and it also avoid selection bias.
- ☞ In an attempt to keep the validity and reliability; a pre- testing was done and appropriate analysis was employed and finding in this study were compared with other studies in Ethiopia and other countries of the world.
- ☞ Checks were built into the questionnaire to validate response obtained. Also, the study procedures adopted were standardized and made uniform for all respondent. To improve the quality of data collected, anonymity and confidentiality of information obtained were ensured throughout the duration of the study.
- ☞ This thesis tried to assess areas related to risky sexual behavior which hadn't sufficient attention by pervious researchers. Thus, the finding can be used as base line information for other researchers.
- ☞ To deal with cultural sensitive sexual issues, this research tried to get relatively reliable results by complementing the quantitative study with qualitative.
- ☞ Logistic regression was used to control the possible confounding factors in order to assess the relative effect of independent variables.

### **6. 2. Limitations**

- ☞ There could be a possibility of social desirability biases in responding their cultural sensitive sexual issues and information obtained on the socio-cultural and demographic characteristic could be changed over a time, not reflecting the true pictures.
- ☞ There could be a possibility of recall biases during determination of event related to risky sexual behavior occurring in the past and there will be potential biased conclusions regarding the temporal sequence of risk factors and outcome variable of interest.

- ☞ High non-response rate as results of community fatigue due to repeated exposure to similar study conducted by NGOs having good financial resource. Where by, there is no adequate incentive in this study and the information in the study variables required are culturally sensitive and time consuming.
- ☞ Financial problem to include all the sex workers in this study other than the non brothels establishments.

## 7. Conclusion

Reason were identified for the sex workers to join this life. It was found that different personal and social factors were identified in addition to financial problem. The relationship between educational status and working time indicates that; as education level increases involvement in working through out the night decreases, decreasing in an exposure to the risky sexual behaviors.

There was a variation in knowledge score for HIV/AIDS within and between the different mode of transmission, prevention and misconception. Thus, mode of prevention scored higher and misconception the least. There was a great gap between knowledge about HIV/AIDS and perceived risky of infection about HIV/AIDS, even with the different level of perceived risky of infection.

Education play a role in awareness creation in helping the sex worker to identify the prevalence of any sign and symptom of STDs during sexual intercourse. Moreover, those who had previous knowledge about any one of the sign and symptom were identified consistent condom user. This practice of consistent condom use were more pronounced in this study than the previous.

Most of the sex workers were not informed the catastrophic effect of HIV/AIDS and STDs and condom use before they join in this work. However, consistent and proper utilization had been well practiced among them after a while following the intervention activities conducted by different organization which improve the perceived risk of infection about HIV/AIDS and STDS.

Among the respondents, the age group 20-24 was highly exposed to alcohol, drug and condom breakage. Cigarette, hard liquor, beer and wine use were responsible for female intoxication while khat chewing was not. Moreover, khat and hard liquor users were

identified for consistent condom user. Hard liquor users were exposed to condom breakage and khat chewers were not. This was due to the fact that khat had negative effect on female intoxication while hard liquor had positive.

There was an increased involvement of clients in asking condom use and putting on condom in their penis indicating increased awareness in condom utilization. While the sex workers were less, due to the existence of different social and cultural reason. Meanwhile, consistent condom use well practical among the sex worker unless otherwise they were forced or cheated to make sex without condom by the clients and they were intoxicated with alcohol and/or drug.

Knowledge regarding factors associated with condom breakage and slippage were low and the proportion of condom breakage was high compared with other studies. Therefore, there is a need to exert much efforts in this area in order to help sex workers and clients to use their condoms not only consistently but also effectively. Moreover, there was a desire of male clients to have risky sexual encounter other than vaginal was reported to be high, where as, the actual participation of the sex worker seemed to be negligible.

## 8. Recommendation

1. HIV/AIDS prevention programs should address possible risky factors such as alcohol and drug use and their impact on consistent condom use, condom breakage and slippage among sex workers and their clients.
2. Reproductive health service (condom provision, treatment on STDs and VCT) should be made available near to CSWs residential areas to reinforce health promotion behaviors. And also there should be social and psychological care and support given to the sex workers and to their dependents, who are infected with and/or affected by HIV/AIDS.
3. Improved adolescent reproductive health through the provision of education on sex and sexuality and improve the awareness of the parents to provide adequate social and psychological support for their children and how to solve family disagreement
4. Target oriented, audience specific, appropriate and consistent IEC/BCC campaign should be designed to address the diverse information needed for those who are working in the prostitution and joining to this life.
5. Educational curricula should include subject about HIV/AIDS while taking in to consideration the importance of informal education given through print and mass media.
6. TOT should be organize to selected female CSWs on family life skills negotiation and bargaining skill with their clients on condom use.
7. Condom promotion activities should be mounted using social marketing strategies that are adopted to the local, social, economic and cultural sensitivities of the country.
8. A club or an association of females CSWs with a vision of transforming in the developmental activities and an intermediate goal of capacity building should be organized.
9. Establish local advocacy coalition team which composed of the government and non government organization, and the victim (FCSWs) representatives which undergo advocacy campaign on the harmful effect of commercial sex so that the sex worker reach voluntary decision and to enforce policy maker to formulate relevant law and regulation

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## ANNEX – I - Quantitative Questionnaires

**Questionnaire to be used in a study to determine the magnitude of HIV/AIDS and related risky behavior of commercial sex workers and their client in Awasa town, SNNPR.**

### INTRODUCTION

Hello, I am----- I am here to enroll and interview eligible study participants, and fill in questionnaires forms. I am glad to inform you that you are one of the eligible study participants, and you are chosen to take part in this study. I am also delighted to tell you that. I am really value your participation, as your individual contribution to the study out put and private, your honest and genuine response will highly be appreciated and credited, as it will help to make realistic analysis and to propose very practical suggestions. However, it is up to you to decide whether to participate in this study or not. I will definitely admire and respect what so ever your decision will be. I would also like to inform you that your name and the name of the establishment you work at will not be written any where in this paper. All information you are giving will not be divulged to any one.

**Would you like to participate in this research?**

1. Yes                      2. No                      3. Reason -----

(-----)

( Signature of interviewer for certifying informed consent verbally)

Date of Interview-----

Respondent ID number-----

Interviewers code No.-----

N.B-Please fill on each answer sheet as follows

Time of start of Interview -----

Time of start of interview-----

Interview may take round about 30 minutes

## Section- I - Socio -demographic background

I would like to remind you again that some of the following questions might be sensitive and personal; however, they are very important to the research. If you don't understand any of the questions please ask me for clarification. Now, I am asking you some questions regarding you socio economic background .

No.	Questions	Coding Categories	Skip to
101	In what month and year were you born ?	_____ years.	
102	Where were you borne ?	1. Urban 2. Rural	
103	Where were you grownup ?	1. Urban 2. Rural	
104	Have you attend education ?	1. Yes 2. No	Q106
105	What is the highest level of school you completed ?	1. Pre-elementary 2. Elementary school incomplete 3. Elementary school complete 4. Secondary school incomplete 5. Secondary school complete 6. Other specify -----	
106	What religion are you following ?	1. Orthodox 2. Muslim 3. Protestant 4. Catholic 5. Others specify -----	
107	What ethnic group do you belong ?	1. Amhara 2. Oromo 3. Sidama 4. Wolyta	

		5. Gurage 6. Other specify-----																			
108	What was parental occupation status before being CSW <sub>s</sub> ?	1. Farmer 2. Daily laborers 3. Civil servant 4. Trader 5. Other specify -----																			
109	The economic capacity of your family to feed, dress and support your adult life ?	1. Very good 2. Good 3. Fair 4. Bad 5. Very bad																			
110	What was your reason for being commercial sex worker ?	<table style="width: 100%; border: none;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>1. Financial problem</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>2. Death of parents</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>3. Divorce or separation of parents</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>4. Disagreement with whom you live</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>5. Other specify -----</td> <td></td> <td></td> </tr> </tbody> </table>		Yes	No	1. Financial problem	1	2	2. Death of parents	1	2	3. Divorce or separation of parents	1	2	4. Disagreement with whom you live	1	2	5. Other specify -----			
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2. Death of parents	1	2																			
3. Divorce or separation of parents	1	2																			
4. Disagreement with whom you live	1	2																			
5. Other specify -----																					
111	How long have you been working as commercial sex worker ?	_____ years.																			
112	Are you supporting any one ?	<table style="width: 100%; border: none;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>1. Children</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>2. Parents</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>3. Others specify -----</td> <td></td> <td></td> </tr> </tbody> </table>		Yes	No	1. Children	1	2	2. Parents	1	2	3. Others specify -----									
	Yes	No																			
1. Children	1	2																			
2. Parents	1	2																			
3. Others specify -----																					
113	On average what amount of money did you make from ?	1. Monthly . minimum income_____																			
		. maximum income_____																			
		2. Others specify -----																			

## SECTION – II - Sexual and reproductive history of CSWs

I would like to remind you again that some of the following questions might be sensitive and personal; however, they are very important to the research. If you don't understand any of the questions please ask me for clarification. Now ,I am asking you some questions regarding you sexual and reproductive history .

No.	Questions	Coding Categories	Skip to
201	Have you ever been married ?	1. Yes 2. No	Q203
202	If you were married, what was your age at first marriage ?	_____ years.	
203	Have you ever given birth to a child ?	1. Yes 2. No	Q205
204	If "yes " how many children do you have currently ?	_____ children.	
205	What was your age at first sexual intercourse ?	_____ years.	
206	Have you ever had an abortion ?	1. Yes 2. No	Q208
207	If "Yes", how many abortion did you have ?	_____ abortion.	

208	Who are most common clients ?		<b>Yes</b>	<b>No</b>	
		1. Merchants	1	2	
		2. Civil servant	1	2	
		3. Teacher	1	2	
		4. Drivers	1	2	
	5. Other specify -----				
209	Do you use oral contraceptives ?				
		1. Yes			
		2. No			

**SECTION - III - Knowledge, opinions and attitudes on  
HIV/AIDS and STD<sub>s</sub> among CSWs**

I would like to remind you again that some of the following questions might be sensitive and personal; however, they are very important to the research. If you don't understand any of the questions please ask me for clarification. Now ,I am asking you some questions regarding you knowledge, opinions and attitudes on HIV/AIDS and STD<sub>s</sub> .

No.	Questions	Coding Categories	Skip to
301	Can you describe any symptoms of STD <sub>s</sub> in women ?		<b>Yes</b> <b>No</b>
		1. Lower abdominal pain	1 2
		2. Genital discharge	1 2
		3. Foul smelling discharge	1 2
		4. Burning pain on urination	1 2
		5. Genital ulcers /sores	1 2
		6. Swellings in groin area	1 2
	7. Other specify -----		
302	Do you inspect clients penis for the sign of STDs ?		
		1. Yes	
		2. No	

303	Have you had a previous history of STDs ?	1. Yes 2. No		Q307																								
304	If “ yes “, have you had genital discharge ?	1. Yes 2. No																										
305	Have you diagnosed with sexually transmitted diseases in the previous years? , If “yes”, which one of the following are ?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>1. Syphilis</td> <td>1</td> <td>2</td> </tr> <tr> <td>2. Gonorrhoea</td> <td>1</td> <td>2</td> </tr> <tr> <td>3. Cancroids</td> <td>1</td> <td>2</td> </tr> <tr> <td>4. Other specify -----</td> <td></td> <td></td> </tr> </tbody> </table>		Yes	No	1. Syphilis	1	2	2. Gonorrhoea	1	2	3. Cancroids	1	2	4. Other specify -----													
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3. Cancroids	1	2																										
4. Other specify -----																												
306	Have you had a genital ulcer /sore during the past 12 months ?	1. Yes 2. No																										
307	Did you do any of the intervention following the last time you had a genital ulcer /sore or genital discharge ?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>1. Took medication from government hospital</td> <td>1</td> <td>2</td> </tr> <tr> <td>2. Took medication from government health center</td> <td>1</td> <td>2</td> </tr> <tr> <td>3. Took medication from private Clinic</td> <td>1</td> <td>2</td> </tr> <tr> <td>4. Took medication from private pharmacy</td> <td>1</td> <td>2</td> </tr> <tr> <td>4. Took medication from traditional healers</td> <td>1</td> <td>2</td> </tr> <tr> <td>5. Took medication I had at home</td> <td>1</td> <td>2</td> </tr> <tr> <td>6. Other specify -----</td> <td></td> <td></td> </tr> </tbody> </table>		Yes	No	1. Took medication from government hospital	1	2	2. Took medication from government health center	1	2	3. Took medication from private Clinic	1	2	4. Took medication from private pharmacy	1	2	4. Took medication from traditional healers	1	2	5. Took medication I had at home	1	2	6. Other specify -----				
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5. Took medication I had at home	1	2																										
6. Other specify -----																												

308	Do you know HIV/AIDS is infectious disease ?	1. Yes 2. No		
309	What was your chances of getting infected with HIV ?	1. No chance 2. Low chance 3. Moderate chance 4. High chance 5. Do not know		
310	Which way of transmissions of HIV/AIDS do you know ?		<b>Yes</b>	<b>No</b>
		1. Unprotected multiple sexual practices	1	2
		2. Sharing infected syringe and needles	1	2
		3. Sharing infected teeth brush	1	2
		4. Blood donation from infected person	1	2
		5. Through abortion		
		6. Mother to child transmission in womb	1	2
		7. Through breast feeding	1	2
		8. Other specify -----		
311	Which way of preventions of HIV/AIDS do you know ?		<b>Yes</b>	<b>No</b>
		1. Abstain from sexual activities	1	2
		3. Stay faithful to one another	1	2
		4. Always use of condom	1	2
		5. Other specify -----		

312	Taking in to consideration the following myths and misconception, HIV/AIDS could be transmitted through ?		Yes	No
		1. Shaking hands of infected person	1	2
		2. Eating together with infected person	1	2
		3. Infection could be transmitted through the bites mosquito	1	2
		4. Infection could be transmitted from eating un cooked eggs from a chicken that swallow condom	1	2
		5. Drinking local hard liquor or eating hot pepper could protect infection	1	2
		6..Health looking person couldn't have HIV/AIDS infection	1	2
		7. Infection could be transmitted through sharing of utensils and toilets	1	2
		8. Infection could be transmitted through breathing, coughing and sneezing	1	2
		9. Other specify -----		

#### **SECTION - IV- Drug use practice among CSWs**

I would like to remind you again that some of the following questions might be sensitive and personal; however, they are very important to the research. If you don't understand any of the questions please ask me for clarification. Now ,I am asking you some questions regarding you drug use practice

No.	Questions	Coding Categories	Skip to																																	
401	Have you consumed drunk containing alcohol during the last 4 weeks ?	1. Yes 2. No	Q403																																	
402	During the last 4 weeks how often have you had drunk containing alcohol ?	1. Every day 2. At least once a week 3. Less than once a week 4. Two to three time per week 5. Every day if available																																		
403	Some people have tried a range of different types of dugs. Which of the following drug used by CSWs during last night sexual intercourse ?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>1. Cigarette</td> <td>1</td> <td>2</td> </tr> <tr> <td>2. Khat</td> <td>1</td> <td>2</td> </tr> <tr> <td>3. Shisha</td> <td>1</td> <td>2</td> </tr> <tr> <td>4. Benzene</td> <td>1</td> <td>2</td> </tr> <tr> <td>5. Hard liquor</td> <td>1</td> <td>2</td> </tr> <tr> <td>6. Beer</td> <td>1</td> <td>2</td> </tr> <tr> <td>7. Wine</td> <td>1</td> <td>2</td> </tr> <tr> <td>8. Ariki</td> <td>1</td> <td>2</td> </tr> <tr> <td>9. Tella</td> <td>1</td> <td>2</td> </tr> <tr> <td>10. Other specify -----</td> <td></td> <td></td> </tr> </tbody> </table>		Yes	No	1. Cigarette	1	2	2. Khat	1	2	3. Shisha	1	2	4. Benzene	1	2	5. Hard liquor	1	2	6. Beer	1	2	7. Wine	1	2	8. Ariki	1	2	9. Tella	1	2	10. Other specify -----			
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404	Reason for drug use during the last night sexual intercourse ?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>1. Acceptance</td> <td>1</td> <td>2</td> </tr> <tr> <td>2. Curiosity</td> <td>1</td> <td>2</td> </tr> <tr> <td>3. Enjoyment</td> <td>1</td> <td>2</td> </tr> <tr> <td>4. Sociability</td> <td>1</td> <td>2</td> </tr> <tr> <td>5. Health</td> <td>1</td> <td>2</td> </tr> <tr> <td>6. Stress relief</td> <td>1</td> <td>2</td> </tr> <tr> <td>7. Religious custom</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	1. Acceptance	1	2	2. Curiosity	1	2	3. Enjoyment	1	2	4. Sociability	1	2	5. Health	1	2	6. Stress relief	1	2	7. Religious custom	1	2										
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6. Stress relief	1	2																																		
7. Religious custom	1	2																																		

		8. Sex Boosting 1 2 9. Free pressure 1 2 10. Other specify -----	
405	Did you intoxicated in the last night ?	1. Yes 2. No	
406	Did your client intoxicated in the last night ?	1. Yes 2. No	
407	Some people have tried injected drugs, have you used injected drugs in the last ( recent ) sexual intercourse ?	1. Yes 2. No	

### SECTION - V - Sexual history of male client

Now I am going to ask you very personal questions may be it is had to answer, however as I told you earlier it will extremely be confidential. The following questions would be about your sexual (practices ) behavior and your clients in this relationship .

No.	Questions	Coding Categories	Skip to
501	Have you ever used condom ?	1. Yes 2. No	
502	How do you use condom with all paying clients since September 2004 ?	1. Always 2. Most of the time 3. Occasionally 4. Never used condom	

503	What was the method of condom use with all paying clients since September 2004 ?	<p style="text-align: right;"><b>Yes    No</b></p> 1. Just before insertion                    1      2 2. Just before ejaculation                1      2 3. From the beginning to the end        1      2 4. Other specify -----	
504	What was the reason behind for non use of condom with all paying clients since September 2004 ?	<p style="text-align: right;"><b>Yes    No</b></p> 1. Not available                            1      2 2. Too expensive                            1      2 3. Not comfortable                        1      2 4. Partner objected                        1      2 5. In a hurry                                 1      2 6. Embarrassed to ask for                1      2 7. I trust my partner                       1      2 8. I was drink                                1      2 9. Due to lack of knowledge about condom 10. If reduce my sexual pleasure        1      2 11. Others specify -----	
505	The last time you had sex with a client, did you and your client use a condom ?	1. Yes 2. No	Q509
506	Did you encounter the sex with out condom with a casual clients ?	1. Yes 2. No	

507	Did you encounter the sex with out condom with a steady clients ?	1. Yes 2. No	
508	Did you encounter the sex with out condom with partners in love affair ?	1. Yes 2. No	
509	How many men had you sex with during the last working day ?	_____ men.	
510	What type of sex was provided for the clients in the last night sexual intercourse ?	1. Never 2. He has an interest 3. Anal 4. Vaginal and anal sex 5. Oral sex 6. Others specify -----	
511	Did you used condom on such sexual practice ?	1. Yes 2. No	
512	How many sexual acts did you encounter during your last working day ?	_____ sexual acts.	
513	With what frequency did you and all your clients	1. Every time	

	use condom over the last 30 days of sexual intercourse ?	2. Some time 3. Never																
514	Who suggested condom use in the last night sexual intercourse ?	1. Exclusively the client 2. Exclusively the sex worker 3. Joint decision																
515	Have you had any incident of condom breakage with your clients since September 2004 ?	1. Yes 2. No																
516	How did you learn about condoms breakage /slippage ?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>1. I felt it during the sex</td> <td>1</td> <td>2</td> </tr> <tr> <td>2. I was told by clients</td> <td>1</td> <td>2</td> </tr> <tr> <td>3. I checked the condom after the sex</td> <td>1</td> <td>2</td> </tr> <tr> <td>4. Other specify -----</td> <td></td> <td></td> </tr> </tbody> </table>		Yes	No	1. I felt it during the sex	1	2	2. I was told by clients	1	2	3. I checked the condom after the sex	1	2	4. Other specify -----			
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1. I felt it during the sex	1	2																
2. I was told by clients	1	2																
3. I checked the condom after the sex	1	2																
4. Other specify -----																		
517	Did you changed broken condom ?	1. Yes 2. No	Q521															
518	If “ No “, why you did not change the broken condom ?	1. He refused to change 2. It was last condom 3. We were about to finishing the sex 4. Other specify -----																
519	Have you had any incident of condom slippage with your clients since September 2004 ?	1. Yes 2. No																

520	How did you learn about it's slippage ?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>1. I felt it during the sex</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>2. I was told by clients</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>3. It was retained in the vagina</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>4. I checked the condom after the sex</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>5. Other specify -----</td> <td></td> <td></td> </tr> </tbody> </table>		Yes	No	1. I felt it during the sex	1	2	2. I was told by clients	1	2	3. It was retained in the vagina	1	2	4. I checked the condom after the sex	1	2	5. Other specify -----			
	Yes	No																			
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4. I checked the condom after the sex	1	2																			
5. Other specify -----																					
521	Did you changed the slipped condom ?	<p style="text-align: center;">1. Yes</p> <p style="text-align: center;">2. No</p>	Q525																		
522	If " No ", why you did not changed the slipped condom ?	<p>1. He refused to change</p> <p>2. It was last condom</p> <p>3. We were about to finishing the sex</p> <p>4. Other specify -----</p>																			
523	During last day sexual intercourse, did you repeatedly used any condom ?	<p style="text-align: center;">1. Yes</p> <p style="text-align: center;">2. No</p>																			
524	Did all of the sexual acts you perform with condoms in the last night were in lying position ?	<p style="text-align: center;">1. Yes</p> <p style="text-align: center;">2. No</p>																			
525	If "No", did you perform any of the sexual acts in a standing position ?	<p style="text-align: center;">1. Yes</p> <p style="text-align: center;">2. No</p>																			

## SECTION - VI – Awareness and attitude toward condom use

I would like to remind you again that some of the following questions might be sensitive and personal; however, they are very important to the research. If you don't understand any of the questions please ask me for clarification. Now, I am asking you some questions regarding awareness, attitude and practice towards condom.

No.	Questions	Coding Categories	Skip to																		
601	Do you think putting a condom on to partially erected penis could cause its slippage ?	1. Yes 2. No																			
602	Do you think trying to put unrolled condom on to a penis could cause its breakage ?	1. Yes 2. No																			
603	Who puts on the condom to your clients penis ?	1. Me 2. He 3. Joint decision	Q605																		
604	If you did not put on a condom to your clients, what was the reason ?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>1. I am ashamed of it</td> <td>1</td> <td>2</td> </tr> <tr> <td>2. I didn't know how to put on</td> <td>1</td> <td>2</td> </tr> <tr> <td>3. I don't like to use condom</td> <td>1</td> <td>2</td> </tr> <tr> <td>4. They didn't ask me for it</td> <td>1</td> <td>2</td> </tr> <tr> <td>5. Other specify -----</td> <td></td> <td></td> </tr> </tbody> </table>		Yes	No	1. I am ashamed of it	1	2	2. I didn't know how to put on	1	2	3. I don't like to use condom	1	2	4. They didn't ask me for it	1	2	5. Other specify -----			
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2. I didn't know how to put on	1	2																			
3. I don't like to use condom	1	2																			
4. They didn't ask me for it	1	2																			
5. Other specify -----																					
605	Do you watch your male client the way how he puts on a condom when light is on ?	1. Yes 2. No																			

606	When did condom was put on the penis ?	<p style="text-align: right;"><b>Yes No</b></p> 1. Light is on                    1     2 2. Light is off                    1     2 3. As he like                      1     2 4. Other specify -----	
607	During the last day of sexual intercourse, did you use vaginal inserted drug ?	1. Yes 2. No	
608	During the last day of sexual intercourse, did you applied cream on condom ?	1. Yes 2. No	<b>Q610</b>
609	If “ Yes “, which one of the following were used ?	1. Oil 2. Cream 3. Lotion 4. Soap 5. Other specify -----	
610	Did you wipe / wash off your clients penis after the end of sexual intercourse ?	1. Yes 2. No	
611	What type of condoms did you use?	<p style="text-align: right;"><b>Yes No</b></p> 1. Hiwot condom                1     2 2. I don't remember            1     2 3. Other specify -----	

612	Have you ever checked for expiry date of condom?	1. Yes 2. No																						
613	How long does it take you to obtain a condom close to your house or to where you work ?	----- minute.																						
614	Where did the condoms buy from ?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>1. Establishments (hotel / bar )</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>2. Pharmacy</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>3. Clinic</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>4. Market</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>5. I don't know</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>6. Other specify-----</td> <td></td> <td></td> </tr> </tbody> </table>		Yes	No	1. Establishments (hotel / bar )	1	2	2. Pharmacy	1	2	3. Clinic	1	2	4. Market	1	2	5. I don't know	1	2	6. Other specify-----			
	Yes	No																						
1. Establishments (hotel / bar )	1	2																						
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3. Clinic	1	2																						
4. Market	1	2																						
5. I don't know	1	2																						
6. Other specify-----																								
615	Do you think condom, which exposed to sun light could break easily?	1. Yes 2. No																						
616	Did you have any condom on your hand now ?	1. Yes 2. No																						

ይህ መጠይቅ ሴተኛ አዳሪዎችን ለሌች. ለይ. ቪ. ለድስ ? ? ? ? ?

?? ?? ???? ?????? ?? ?? ????? ? ?

### መግቢያ

ጤና ይሰጣልኝ። \_\_\_\_\_ እግሩ። ለዚህ ለብሬሽ ያህሉት ምክንያት ለዚህ ጥናት ወስጥ መሳተፍ የሚችሉ ሰዎችን በጥናቱ ወስጥ ለማሳተፍ ቃለመጠይቅ ለማድረግ መጠይቁንም ለመመላት ነው። ለገዥም ለዚህ ጥናት ወስጥ ተሳታፊ እንድትሆኑ መመሪያዎን ለማግኘት ለጥም ደስተኛ ነኝ። ለዚህ ጥናት ወስጥ በመሳተፍ ለምታበረከኸው ስፍተኛ አስተዋጽኦንም ከበሬታ እንዳለኝ እገልጻለሁ። ለዚህ መጠይቅ ወስጥ ከተሳተፉት ጥያቄዎች መካከል ጥቂቶቹ የግል ገዳይሽንና ስሜትሽን የሚመለከቱ ቢመስሉም ለምትሰጡኝ እውነተኛና ተሳግረ መልስ ግን አድናቆትና ከበሬታ አለኝ። ምክንያቱም ይህን ለማድረግ ጥናቱ ወጤታማ እንዲሆንና ጠቃሚ መደምደሚያው ላይ እንዲደርስ ይረዳል። ስምሽም ሆነ የምትሰጡት ቦታ እና አድራሻ ለዚህ መጠይቅ ወስጥ የትም ቦታ እንደሚያጠቃሰና መጠይቆቹም አስከ መጨረሻው ሚስጥር ሆነው እንደሚተሩ እገልጻለሁ።

### ለዚህ ጥናት ለመሳተፍ ፍቃደኛ ነሽ?

1) አዎ /-----/    2) አይደለም /-----/    2.1) ምክንያት /-----/

የድርጅቱ ስም /-----/

የተሳታፊው መለያ ቁጥር /-----/

የጠያቂው መለያ ቁጥር /-----/ ስም /-----/ ፊርማ /-----/

የሰጥርሻይዙኔ መለያ ቁጥር /-----/ ስም /-----/ ፊርማ /-----/

መጠይቁ የተሞላበት ቀን /-----/

መጠየቁ የጀመረበት ሰዓት /-----/    ያበቃበት ሰዓት /-----/

የድርጅቱ ሥራ መጀመሪያ ሰዓት/-----/    የሥራ ግብደታ ሰዓት/-----/

መጠይቁ 45 ደቂቃ አካባቢ ይፈጸዳል።

እያንዳንድ ጥያቄ የግል ጉዳይንና ስሜትን የሚመለከት ሊሆን ይችላል። ሆኖም ግን ለጥያቄዎቹ የምትሰጡ መልስ ለዚህ ጥያቄ በጣም አስረገጧል መሆኑን ልንልጽልሽ አወዳለሁ። ያልገባሽ ጥያቄ ካለ እንዲብራራልሽ ጠይቁኝ። ከዚህ ቀጥሎ የምጠይቅሽ ጥያቄዎች የግል ሁኔታሽን የሚመለከት ነው።

**ክፍል አንድ**

ተ.ቁ.	ጥያቄዎች	አማራጭ መልሶች	ወደ
101	እድሜሽን ስንት ነው ?	----- አመት ነው	
102	የተወለድ ስታሽ የተ ነው ?	1. ስተግ 2. ገጠር	
103	የደግሸው የተ ነው ?	1. ስተግ 2. ገጠር	
104	ፈይል ቶጠረሽ ወይም ት/ቤት ገብተሽ ታውቁደላሽ ?	1. አይ ተምፈደላሁ 2. አልተማርኩም	T106
105	ስተማርሽ ምን ያህል ስተምህርት ገፍተሻል ?	1. መሠረተ ተምህርት ( ቲስ ት/ቤት ) 2. 1ኛ ደረጃ ያጠናተተ 3. 1ኛ ደረጃ ያጠናተተ 4. ሁለተኛ ደረጃ ያጠናተተ 5. ሁለተኛ ደረጃ ያጠናተተ 6. ከዚህ ሌላ ካለ ይጠቀስ -----	
106	ሃይማኖትሽ ምንድ ነው?	1. ለርቶዶክስ 2. አስልምና 3. ኻይቲስታንት 4. ካቶሊክ 5. ከዚህ ሌላ ካለ ይጠቀስ -----	
107	ብሔረሰብሽ ምንድን ነው?	1. አግሬ 2. ለሮሞ 3. ሲዳሞ 4. ወላይታ 5. ጉራጌ 6. ከዚህ ሌላ ካለ ይጠቀስ -----	

108	<p>የቤተሰብን መተዳደር      ለገዢ ይህንን      ሥራ      ከመደመርሽ      በፊት ምን ያህል      ነው?</p>	<ol style="list-style-type: none"> <li>1. ግብርና</li> <li>2. የቀን ሠሪተኛ</li> <li>3. የመንግስት ሠሪተኛ</li> <li>4. ነጋዴ</li> <li>5. ከዚህ ሌላ ካለ ይጠቀስ _____</li> </ol>																			
109	<p>የቤተሰብን      የገዢ ደረጃ      ለገዢ      ለማሳደግ ምን      ያህል ነው?</p>	<ol style="list-style-type: none"> <li>1. በጣም ጥሩ</li> <li>2. ጥሩ</li> <li>3. በጣም</li> <li>4. ዝቅተኛ</li> <li>5. በጣም ዝቅተኛ</li> </ol>																			
110	<p>ወይን ሥራ      ለመግባት      ምን ያህል      ምን ያህል ነው?</p>	<table border="0"> <tr> <td></td> <td>አዎ</td> <td>አይደለም</td> </tr> <tr> <td>1. የገንዘብ ችግር</td> <td>1</td> <td>2</td> </tr> <tr> <td>2. የቤተሰብ በጥጥ መለየት</td> <td>1</td> <td>2</td> </tr> <tr> <td>3. የቤተሰብ መለየት</td> <td>1</td> <td>2</td> </tr> <tr> <td>4. ከቤተሰብ ጋር ባለመግባት</td> <td>1</td> <td>2</td> </tr> <tr> <td>5. ከዚህ ሌላ ካለ ይጠቀስ _____</td> <td></td> <td></td> </tr> </table>		አዎ	አይደለም	1. የገንዘብ ችግር	1	2	2. የቤተሰብ በጥጥ መለየት	1	2	3. የቤተሰብ መለየት	1	2	4. ከቤተሰብ ጋር ባለመግባት	1	2	5. ከዚህ ሌላ ካለ ይጠቀስ _____			
	አዎ	አይደለም																			
1. የገንዘብ ችግር	1	2																			
2. የቤተሰብ በጥጥ መለየት	1	2																			
3. የቤተሰብ መለየት	1	2																			
4. ከቤተሰብ ጋር ባለመግባት	1	2																			
5. ከዚህ ሌላ ካለ ይጠቀስ _____																					
111	<p>በሌተኛ አዳጅት ለምን      ያህል ገዢ      ሰርተኛ?</p>	<p>ሰ _____ አመት</p>																			
112	<p>በዚህ ሥራ ለገዢ      ለሌላ ግን      ታስተዳዳሪዎ      ስ?</p>	<table border="0"> <tr> <td></td> <td>አዎ</td> <td>አይደለም</td> </tr> <tr> <td>1. ልጅቸኝ</td> <td>1</td> <td>2</td> </tr> <tr> <td>2. ቤተሰብሽ</td> <td>1</td> <td>2</td> </tr> <tr> <td>3. ከዚህ ሌላ ካለ ይጠቀስ _____</td> <td></td> <td></td> </tr> </table>		አዎ	አይደለም	1. ልጅቸኝ	1	2	2. ቤተሰብሽ	1	2	3. ከዚህ ሌላ ካለ ይጠቀስ _____									
	አዎ	አይደለም																			
1. ልጅቸኝ	1	2																			
2. ቤተሰብሽ	1	2																			
3. ከዚህ ሌላ ካለ ይጠቀስ _____																					
113	<p>በሌተኛ ገዢ ምን      ያህል ነው?</p>	<ol style="list-style-type: none"> <li>1. በወር ተገኝ ገዢ _____          ተገኝ ገዢ _____</li> <li>2. ከዚህ ሌላ ካለ ይጠቀስ _____</li> </ol>																			

# ክፍል ሁለት

ተ.ቁ.	ጥያቄዎች	አማራጭ መልሶች	ውደ															
201.	አግብተሽ ነበር ?	1. አዎ አግብቻለሁ 2. አላገባሁም	<b>T203</b>															
202.	አመጫዎ ገቢ ጋብቻሽን ስታደርገ አድግሽ ስገት ነበር?	----- አመት ነው																
203	ልዩ ወልደሰል ?	1. አዎ ወልደያለሁ 2. አልወለድኩም	<b>T205</b>															
204	ከወለድሽ ለሁን ስገት ልዩቸ ለሉሽ ?	----- ልዩቸ																
205	አመጫዎ ገቢ ገቢ ሥጋ ግንኙተ ስትፈጽሟ አድግሽ ስገት ነበር ?	----- አመት ነበር																
206	ጽንሰ አሰጠርደሽ ታውቋለሽ?	1. አዎ አሰጠርደያለሁ 2. አላሰጠርደኩም	<b>T208</b>															
207	ስገት ጽንሰቸን አሰጠርደሻል?	----- ጽንሰቸን																
208	በዚህ ሥራሽ የዘወተር ደንብናቸሽ አነግን ናቸው?	<p>አዎ አይደለም</p> <table border="0"> <tr> <td>1. ነጋዴ</td> <td>1</td> <td>2</td> </tr> <tr> <td>2. የመንግስት ሠራተኛ</td> <td>1</td> <td>2</td> </tr> <tr> <td>3. መምህር</td> <td>1</td> <td>2</td> </tr> <tr> <td>4. ሸፈር</td> <td>1</td> <td>2</td> </tr> <tr> <td>5. በዚህ ሌላ ህሳ ይጠቀሱ</td> <td>-----</td> <td></td> </tr> </table>	1. ነጋዴ	1	2	2. የመንግስት ሠራተኛ	1	2	3. መምህር	1	2	4. ሸፈር	1	2	5. በዚህ ሌላ ህሳ ይጠቀሱ	-----		
1. ነጋዴ	1	2																
2. የመንግስት ሠራተኛ	1	2																
3. መምህር	1	2																
4. ሸፈር	1	2																
5. በዚህ ሌላ ህሳ ይጠቀሱ	-----																	
209	የወሊድ መቶሳጠርያ ተጠቀመሽ ታውቋለሽ?	1. አዎ አወቃለሁ 2. አላወቅም																

## ክፍል ስድስት

ተ.ቁ	ጥያቄዎች	አማራጭ መልሶች	ወደ
301	<p>በግብረ ሥጋ ግንኙነት የሚተላለፉ በሽታዎችን የተኞቹን ምልክቶች ታወቁያለሽ ?</p>	<p>1. የሆድ ህመም 2. ከብልት የሚወጣ ፈሃሽ 3. ከብልት ውስጥ የሚወጣ ሺታ ያለው ፈሃሽ 4. በመሸኛ ብልት ላይ የሚቃጠል ሰሜት 5. በብልት ላይ የመቄሰል እና የማዠት ምልክት 6. በብልት ለካቢ የማጠጥ ምልክት 7. ከዚህ ሌላ ካለ ይጠቀስ -----</p>	<p>አዎ አይደለም</p> <p>1 2 1 2 1 2 1 2 2 1 2</p>
302	<p>በግብረ ሰጋ ግንኙነት ጊዜ የተቃራኒ ጾታ ብልት በበሽታ መያዝ ለሰውነትን ተመላኪያለሽ ?</p>	<p>1. አዎ አመለካከት 2. አልመለከትም</p>	
303	<p>ከዚህ በፊት በግብረ ሰጋ ግንኙነት አማካኝነት የሚተላለፉ በሽታዎች ተይዘሽ ታወቁያለሽ ?</p>	<p>1. አዎ ተይዥለው 2. አልተይዘኩም</p>	T307
304	<p>ከተያዘሽ ከብልት ፊት የሚወጣ ፈሃሽ ነበረ ?</p>	<p>1. አዎ ነበር 2. አልነበረም</p>	
305	<p>በበሽታ ከተያዘሽ በየትኛው ነበር ?</p>	<p>1. ተጠኝ 2. ጨብጥ 3. ከርከር 4. ከዚህ ሌላ ካለ ይጠቀስ -----</p>	<p>አዎ አይደለም</p> <p>1 2 1 2 1 2</p>

306	<p>ባለቶ 12</p> <p>ወራቶች ወሰጥ ከብልት ላይ የመቀሰል ወይም የግዥት ፖለቲካ ታይቶብሽ ነበር ?</p>	<p>1. አዎ አይቻለሁ 2. አሳዩህም</p>		
307	<p>ሳገደሽው ህመም ህክምና የት ነው የወሰድሽው ?</p>	<p>1. በመንግስት ሆስፒታል 2. በመንግስት ጤና ጣቢያ 3. የግል ክሊኒክ 4. የግል መድሃኒት ቤት 5. የባህል ሕክምና 6. ከቤት በነበረኝ መድሃኒት 7. ከዚህ ሌላ ህላ ይጠቀስ _____</p>	<p>አዎ አይደለም</p> <p>1 2 1 2 1 2 1 2 1 2 1 2</p>	
308	<p>ሌቶ አይ ቪ /አድስ ተሳሳፊ በሽታ መሆኑን ታወቁዋል ?</p>	<p>1. አዎ አውቃለሁ 2. አላውቅም</p>		
309	<p>በዚህ ሥራ ላይ በሌችሎ ቪ. የመያዝ አድልሽ ምን ያህል ነው ?</p>	<p>1. አልያዝም 2. ዝቅተኛ 3. መካከለኛ 4. አፍተኛ 5. አላውቀውም</p>		

310	የተጻፉት		አዎ	አይደለም
	<p>የሌቲቲቲቲ መተላለፊያ መገንደቻ ታውቋለህ ?</p>	<p>1. ከተለያዩ ሰዎች ጋር ጥንቃቄ የገደለው የግብረሥነት ግንኙነት ግድረግ 2. መርፈና ሲርገኛ ቢጋራ መጠቀም 3. የጥርስ ብድሽ ቢጋራ መጠቀም 4. ከሰው በተለገሰ ደም አማካኝነት 5. ጽንሰ ስርዓት 6. በአርግገና ጊዜ ከአናት ወደ ፅንሰ 7. የእናት ጡት በማጥጥት 8. ከዚህ ሌላ ካለ ይጠቀስ -----</p>	<p>1 1 1 1 1 1 1</p>	<p>2 2 2 2 2 2 2</p>
311	<p>የተጻፉት የሌቲቲቲቲ መተላለፊያ ዘይታዩ ታውቋለህ ?</p>	<p>1. የግብረ ሰጋ ግንኙነት አላግድረግ 2. ከተለያዩ ወንዶች ጋር ግንኙነት አግድረግ መቀጠል 3. ሆሳ ጊዜ ከገደም መጠቀም 4. ከዚህ ሌላ ካለ ይጠቀስ -----</p>	<p>1 1 1</p>	<p>2 2 2</p>
312	<p>ሌቲቲቲቲ ከሚከተሉት በየተጻፉት መገንደቻ ይተላለፋል?</p>	<p>1. በእድል በመጥጣት ይተላለፋል 2. ከሌድስ ህመምተኛ ጋር አብሮ በመጠጣት ይተላለፋል 3. በወጣ ተገኝ አማካኝነት ይተላለፋል 4. ከገደም የጥጠኛ ደር ጥሬ አገዳጅ በመመገብ ይተላለፋል 5. አልታዩ በመጠጣት እና በርባሬ በመጠጣት መከላከል ይቻላል 6. ጤናማ የሚመስል ሰው ሌቲቲቲቲ ሊኖረው አይችልም 7. ቢጋራ የቤት አቃዎችን እና ሽንት ቤት በመጠቀም በሽታው ይተላለፋል 8. በተገደብ በማስገመገም እና በማገልገል በሽታው ይተላለፋል 9. ከዚህ ሌላ ካለ ይጠቀስ -----</p>	<p>1 1 1 1 1 1 1 1</p>	<p>2 2 2 2 2 2 2 2</p>

### ክፍል አፋፋ

ተ.ቁ.	ጥያቄዎች	አማራጭ መልሶች	ወደ																																	
401.	ባለፉት 4 ሣምንታት አልኮል ጠጥተሽ ነበር ?	1. አዎ ጠጥቻለሁ 2. አልጠጣሁም	T403																																	
402.	ጠጥተሽ ከሆነ መ□ ነው ?	1. በየቀኑ 2. በሣምንት አንድ ቀን 3. በሣምንት ከአንድ ቀን ያነሰ 4. በሣምንት ከሁለት እስከ ሶስት ቀን 5. አንደተኛ ሁል ጊዜ																																		
403.	በቀርብ አደገበኛሽ ጋር ባደረግሽው የተቃራኒ ጾታ ግጥኝነት ምን ምን ሱስ አምጧል ንጥረ ነገር ተጠቅመሻል ?	<table border="0"> <thead> <tr> <th></th> <th>አዎ</th> <th>አይደለም</th> </tr> </thead> <tbody> <tr><td>1. ሲጋራ</td><td>1</td><td>2</td></tr> <tr><td>2. ጫት</td><td>1</td><td>2</td></tr> <tr><td>3. ሺሻ</td><td>1</td><td>2</td></tr> <tr><td>4. ቤጊሊን</td><td>1</td><td>2</td></tr> <tr><td>5. ዘመናዊ አረቄ</td><td>1</td><td>2</td></tr> <tr><td>6. ቢፍ</td><td>1</td><td>2</td></tr> <tr><td>7. ወይን</td><td>1</td><td>2</td></tr> <tr><td>8. ባህላዊ አረቄ</td><td>1</td><td>2</td></tr> <tr><td>9. ጠላ</td><td>1</td><td>2</td></tr> <tr><td>10. ከዚህ ሌላ ካለ ይጠቀስ -----</td><td></td><td></td></tr> </tbody> </table>		አዎ	አይደለም	1. ሲጋራ	1	2	2. ጫት	1	2	3. ሺሻ	1	2	4. ቤጊሊን	1	2	5. ዘመናዊ አረቄ	1	2	6. ቢፍ	1	2	7. ወይን	1	2	8. ባህላዊ አረቄ	1	2	9. ጠላ	1	2	10. ከዚህ ሌላ ካለ ይጠቀስ -----			
	አዎ	አይደለም																																		
1. ሲጋራ	1	2																																		
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4. ቤጊሊን	1	2																																		
5. ዘመናዊ አረቄ	1	2																																		
6. ቢፍ	1	2																																		
7. ወይን	1	2																																		
8. ባህላዊ አረቄ	1	2																																		
9. ጠላ	1	2																																		
10. ከዚህ ሌላ ካለ ይጠቀስ -----																																				
404.	በጊዜው የሱስ አምጧል ንጥረ ነገሮችን ለመጠቀም የገፋፋሽ መክንያቱ ምንድን ነው ?	<table border="0"> <thead> <tr> <th></th> <th>አዎ</th> <th>አይደለም</th> </tr> </thead> <tbody> <tr><td>1. ለመወደድ</td><td>1</td><td>2</td></tr> <tr><td>2. ለጥንቃቄ</td><td>1</td><td>2</td></tr> <tr><td>3. ለመዝናናት</td><td>1</td><td>2</td></tr> <tr><td>4. ለግንባራዎች ነጭ</td><td>1</td><td>2</td></tr> <tr><td>5. ለጤና ችግር</td><td>1</td><td>2</td></tr> <tr><td>6. ጭንቀት ለማስወገድ</td><td>1</td><td>2</td></tr> <tr><td>7. በሃይማኖት ምክንያት</td><td>1</td><td>2</td></tr> <tr><td>8. ተቃራኒ ጾታን ለመሃብ</td><td>1</td><td>2</td></tr> <tr><td>9. በጓደኛ ተጽኖ</td><td>1</td><td>2</td></tr> <tr><td>10. ከዚህ ሌላ ካለ ይጠቀስ -----</td><td></td><td></td></tr> </tbody> </table>		አዎ	አይደለም	1. ለመወደድ	1	2	2. ለጥንቃቄ	1	2	3. ለመዝናናት	1	2	4. ለግንባራዎች ነጭ	1	2	5. ለጤና ችግር	1	2	6. ጭንቀት ለማስወገድ	1	2	7. በሃይማኖት ምክንያት	1	2	8. ተቃራኒ ጾታን ለመሃብ	1	2	9. በጓደኛ ተጽኖ	1	2	10. ከዚህ ሌላ ካለ ይጠቀስ -----			
	አዎ	አይደለም																																		
1. ለመወደድ	1	2																																		
2. ለጥንቃቄ	1	2																																		
3. ለመዝናናት	1	2																																		
4. ለግንባራዎች ነጭ	1	2																																		
5. ለጤና ችግር	1	2																																		
6. ጭንቀት ለማስወገድ	1	2																																		
7. በሃይማኖት ምክንያት	1	2																																		
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10. ከዚህ ሌላ ካለ ይጠቀስ -----																																				

405	በተርብ ከተቃራኒ ጾታ ጋር ፈጽመኛው በነበረ ግንኙነት ለክረሽ ነበር ?	1. አዎ ለክረረያህ 2. አልሠከርኩም	
406	በተርብ ከተቃራኒ ጾታ ጋር ፈጽማችሁት በነበረ ግንኙነት ደገበኛሽ ለክሮ ነበር ?	1. አዎ ለክሮ ነበር 2. አልሠከረም	
407	በተርብ ከተቃራኒ ጾታ ጋር ፈጽመኛው በነበረ ግንኙነት በደም ሥር የሚወለድ ንጥረ ነገር ተጠቅመኛ ነበር ?	1. አዎ ተጠቅሜ?ሁ 2. አልተጠቅም?ም	

**ክፍል አምስት**

ተ.ፈ.ቁ.	ጥያቄዎች	አማራጭ መልሶች	ወደ
501.	ስዚህ በሬት ኮንሮም ተጠቅመኛ ታወቀያለሽ ?	1. አዎ ተጠቅሜያሁ 2. አልተጠቅምኩም	
502.	በገንዘብ በምትፈጽሟቸው የተቃራኒ ጾታ ግንኙነቶች ከመስከረም ወዲህ የኮንሮም አጠቃቀምሽ እንዴት ነበር ?	1. ሁል ጊዜ 2. አብዛኛውን ጊዜ 3. አንዳንድ ጊዜ 4. ምንም ጊዜ አልተጠቅምኩም	
503.	በገንዘብ ከምትፈጽሟቸው የተቃራኒ ጾታ ግንኙነቶች ከመስከረም ወዲህ የኮንሮም አጠቃቀምሽ ሂደቱ እንዴት ነበር ?	<p style="text-align: right;">አዎ አይደለም</p> 1. ግንኙነት ከመጀመሪያቸን በሬት 1      2 2. የእርካታ ፈሳሽ ከመፍሰሱ በሬት (የዘር ፍሬ) 1      2 3. ከመጀመርያው እስከ መጨረሻው 1      2 4. ስዚህ ሌላ ካለ ይጠቀስ -----	

504	<p>ከመስከረም ይኖር በገንዘብ ለምትረጸግዎታል የግብር ሥነ ግንኙነቶች ኮንዶም ያልተጠቀሙት ምክንያቱ ምንድን ነው ?</p>	<p>አዎ አይደለም</p> <ol style="list-style-type: none"> <li>1. የኮንዶም አለመኖር 1 2</li> <li>2. የዋጋ ወደ መሆን 1 2</li> <li>3. አመቺ ባለመሆን 1 2</li> <li>4. ደገበኛዎች ባለመፈለግ 1 2</li> <li>5. ቸኩላን ስለነበር 1 2</li> <li>6. ኮንዶም መጠቀሙ ስለሚከለክል 1 2</li> <li>7. ደገበኛዎች ስለማምነው 1 2</li> <li>8. ጠጥን ስለነበር 1 2</li> <li>9. የኮንዶም አጠቃቀም ስለማንችል 2</li> <li>10. እርካታችንን ስለሚተንበን 1 2</li> <li>11. ከዚህ ሌላ ካለ ይጠቀስ _____</li> </ol>	
505	<p>ለመጨረሻ ጊዜ ባደረጋችሁት የግብር ሥነ ግንኙነት ያለ ኮንዶም ተጠቅማችሁ ነበር ?</p>	<ol style="list-style-type: none"> <li>1. አዎ ተጠቅመናል</li> <li>2. አልተጠቅምኝም</li> </ol>	T509
506	<p>ያለኮንዶም የተገኘነው ለመጀመሪያ ጊዜ ከመጣ ወንድ ጋር ነው ?</p>	<ol style="list-style-type: none"> <li>1. አዎ ነው</li> <li>2. አይደለም</li> </ol>	
507	<p>ያለኮንዶም የተገኘነው ተመልሶ ከመጣ ወንድ ጋር ነው ?</p>	<ol style="list-style-type: none"> <li>1. አዎ ነው</li> <li>2. አይደለም</li> </ol>	
508	<p>ያለ ኮንዶም የተገኘነው የፍቅር ወዳጅ ስለሆነ ነው ?</p>	<ol style="list-style-type: none"> <li>1. አዎ ነው</li> <li>2. አይደለም</li> </ol>	
509	<p>ለመጨረሻ ጊዜ የግብር ሥነ ግንኙነት ባደረግሽበት ቀን ስለነት ወንዶች ነበር የተገኘነው ?</p>	<p>ከ _____ ወንዶች ጋር</p>	
510	<p>መጨረሻ ጊዜ ባደረግሽበው የግብር ሥነ ግንኙነት ከተለመደው የተቃራኒ ጾታ ግንኙነት ወጪ የተኖቹን ለደርጋችኋል ?</p>	<ol style="list-style-type: none"> <li>1. አላደረግኝም</li> <li>2. እሱ ለማድረግ ፍላጎት ነበረው</li> <li>3. በቂጥ</li> <li>4. በብልት እና በቂጥ</li> <li>5. በእኛ</li> <li>6. ከዚህ ሌላ ካለ ይጠቀስ _____</li> </ol>	

511.	ከተለመደው ወጪ ለረፀምሰው የተቃራኒ ጾታ ግንኙነት ኮንዶም ተጠቅማችኋል ?	1. አዎ ተጠቅመናል 2. አልተጠቅምንም																			
512.	መጨረሻ ጊዜ ባደረግሰው የግብር ሥነ ግንኙነት ስንት ጊዜ ግንኙነት አድርጋችሁ ?	----- ጊዜ																			
513.	ባለፉት 30 ቀናት ውስጥ አደገባችሁ ጋር የኮንዶም አጠቃቀምን አንዴ ተገኝተዋል ?	1. ሁልጊዜ 2. አንዳንድ ጊዜ 3. አልተጠቅምንም																			
514.	ለመጨረሻ ጊዜ ለረፀምሰው የግብር ሥነ ግንኙነት ግን ነው ቀደም ኮንዶም አንድ ተጠቅመው የጠየቁ ?	1. አሉ 2. አሏቸው 3. ሁለታችንም																			
515.	ከመስከረም ወዲህ ከተጠቅምሽባቸው ኮንዶም ሙከራ የረገደ ነበር ?	1. አዎ ነበር 2. አልነበረም 3. ናፀም አልተጠቅምኩም																			
516.	ኮንዶም መፈንዳቱን አንዴ ተገኝተዋል ?	<table border="0"> <tr> <td></td> <td>አዎ</td> <td>አይደለም</td> </tr> <tr> <td>1. በግንኙነት ወቅት ታወቀኝ</td> <td>1</td> <td>2</td> </tr> <tr> <td>2. ደገባችኋል ነበረኝ</td> <td>1</td> <td>2</td> </tr> <tr> <td>3. የተቀደመውን ኮንዶም አይፈንዳል</td> <td>1</td> <td>2</td> </tr> <tr> <td>4. ከዚህ ሌላ ካለ ይጠቀሱ -----</td> <td></td> <td></td> </tr> </table>		አዎ	አይደለም	1. በግንኙነት ወቅት ታወቀኝ	1	2	2. ደገባችኋል ነበረኝ	1	2	3. የተቀደመውን ኮንዶም አይፈንዳል	1	2	4. ከዚህ ሌላ ካለ ይጠቀሱ -----						
	አዎ	አይደለም																			
1. በግንኙነት ወቅት ታወቀኝ	1	2																			
2. ደገባችኋል ነበረኝ	1	2																			
3. የተቀደመውን ኮንዶም አይፈንዳል	1	2																			
4. ከዚህ ሌላ ካለ ይጠቀሱ -----																					
517.	የረገደውን ኮንዶም በአደስ ኮንዶም ቀየራችሁ ?	1. አዎ ተይረኝ 2. አልተይረኝም	T521																		
518.	ለምን ነበር ያልተቀየሩት ?	<table border="0"> <tr> <td></td> <td>አዎ</td> <td>አይደለም</td> </tr> <tr> <td>1. አሉ አምባ በማለቱ</td> <td>1</td> <td>2</td> </tr> <tr> <td>2. የመጨረሻ ኮንዶም በመሆኑ</td> <td>1</td> <td>2</td> </tr> <tr> <td>3. አዳጋለሁ ( አርካታ )</td> <td>1</td> <td>2</td> </tr> <tr> <td>4. ላይ ስለነበርን</td> <td></td> <td></td> </tr> <tr> <td>4. ከዚህ ሌላ ካለ ይጠቀሱ -----</td> <td></td> <td></td> </tr> </table>		አዎ	አይደለም	1. አሉ አምባ በማለቱ	1	2	2. የመጨረሻ ኮንዶም በመሆኑ	1	2	3. አዳጋለሁ ( አርካታ )	1	2	4. ላይ ስለነበርን			4. ከዚህ ሌላ ካለ ይጠቀሱ -----			
	አዎ	አይደለም																			
1. አሉ አምባ በማለቱ	1	2																			
2. የመጨረሻ ኮንዶም በመሆኑ	1	2																			
3. አዳጋለሁ ( አርካታ )	1	2																			
4. ላይ ስለነበርን																					
4. ከዚህ ሌላ ካለ ይጠቀሱ -----																					
519.	ከመስከረም ወዲህ ከተጠቅምሽባቸው ኮንዶም ሙከራ ሙሉ ሙሉ ተገኝቶ የወለቀ ነበር ?	1. አዎ ነበር 2. አልነበረም																			

520	የኮንዶሚኒየም ቁልፍ ተገቢነት ማረጋገጫ ለማድረግ የሚያስፈልጉትን ነገሮች ያውቁ ?	<table border="0"> <tr> <td></td> <td>አዎ</td> <td>አይደለም</td> </tr> <tr> <td>1. በግንኙነት ወትት ታወቅኝ</td> <td>1</td> <td>2</td> </tr> <tr> <td>2. ደንበኛዬ ነገረኝ</td> <td>1</td> <td>2</td> </tr> <tr> <td>3. ብልጽ ወስጥ በመቀረቱ</td> <td>1</td> <td>2</td> </tr> <tr> <td>4. አልጋው ላይ ወደቆ በማየቴ</td> <td>1</td> <td>2</td> </tr> <tr> <td>5. ከዚህ ሌላ ካለ ይጠቀስ -----</td> <td></td> <td></td> </tr> </table>		አዎ	አይደለም	1. በግንኙነት ወትት ታወቅኝ	1	2	2. ደንበኛዬ ነገረኝ	1	2	3. ብልጽ ወስጥ በመቀረቱ	1	2	4. አልጋው ላይ ወደቆ በማየቴ	1	2	5. ከዚህ ሌላ ካለ ይጠቀስ -----			
	አዎ	አይደለም																			
1. በግንኙነት ወትት ታወቅኝ	1	2																			
2. ደንበኛዬ ነገረኝ	1	2																			
3. ብልጽ ወስጥ በመቀረቱ	1	2																			
4. አልጋው ላይ ወደቆ በማየቴ	1	2																			
5. ከዚህ ሌላ ካለ ይጠቀስ -----																					
521.	ቁልፍ ተገቢነት በወለቀው ኮንዶሚኒየም ፋንታ ሌላ አዲስ ተጠቀሚያ ?	<table border="0"> <tr> <td>1. አዎ ተጠቀሚያል</td> <td></td> <td></td> </tr> <tr> <td>2. አልተጠቀምኝም</td> <td></td> <td></td> </tr> </table>	1. አዎ ተጠቀሚያል			2. አልተጠቀምኝም			T525												
1. አዎ ተጠቀሚያል																					
2. አልተጠቀምኝም																					
522.	ለምን ነበር ሌላ አዲስ ኮንዶሚኒየም ያልተጠቀሚኝሁት ?	<table border="0"> <tr> <td></td> <td>አዎ</td> <td>አይደለም</td> </tr> <tr> <td>1. ደንበኛዬ አምቢ በማለቱ</td> <td>1</td> <td>2</td> </tr> <tr> <td>2. የመጨረሻ ኮንዶሚኒየም በመሆኑ</td> <td>1</td> <td>2</td> </tr> <tr> <td>3. አየጨረሰን ስለነበር</td> <td>1</td> <td>2</td> </tr> <tr> <td>4. ከዚህ ሌላ ካለ ይጠቀስ -----</td> <td></td> <td></td> </tr> </table>		አዎ	አይደለም	1. ደንበኛዬ አምቢ በማለቱ	1	2	2. የመጨረሻ ኮንዶሚኒየም በመሆኑ	1	2	3. አየጨረሰን ስለነበር	1	2	4. ከዚህ ሌላ ካለ ይጠቀስ -----						
	አዎ	አይደለም																			
1. ደንበኛዬ አምቢ በማለቱ	1	2																			
2. የመጨረሻ ኮንዶሚኒየም በመሆኑ	1	2																			
3. አየጨረሰን ስለነበር	1	2																			
4. ከዚህ ሌላ ካለ ይጠቀስ -----																					
523.	በመጨረሻ ባደረጋቸው የግብር ሥነ ምግባር ስለገደብ ጊዜ በላይ ደግሞ የተጠቀሚኝሁት ኮንዶሚኒየም ነበር ?	<table border="0"> <tr> <td>1. አዎ ነበር</td> <td></td> </tr> <tr> <td>2. አልነበረም</td> <td></td> </tr> </table>	1. አዎ ነበር		2. አልነበረም																
1. አዎ ነበር																					
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524.	በመጨረሻ በኮንዶሚኒየም ባደረጋቸው የግብር ሥነ ምግባር ስለገደብ ጊዜ በላይ ተጋደረኝ ነበር ?	<table border="0"> <tr> <td>1. አዎ ተኝተን ነው</td> <td></td> </tr> <tr> <td>2. አይደለም</td> <td></td> </tr> </table>	1. አዎ ተኝተን ነው		2. አይደለም																
1. አዎ ተኝተን ነው																					
2. አይደለም																					
525.	ቆይታ የፈጠራ የተጠቀሚኝሁት የግብር ሥነ ምግባር ነበር ?	<table border="0"> <tr> <td>1. አዎ ነበር</td> <td></td> </tr> <tr> <td>2. አልነበረም</td> <td></td> </tr> </table>	1. አዎ ነበር		2. አልነበረም																
1. አዎ ነበር																					
2. አልነበረም																					

## ክፍል ስድስት

ተራቁ	ጥያቄዎች	አማራጭ መልሶች	ውደ																		
601.	በደንብ ባልቀመ ብልተ ላይ ኮንዶም ማጥለቅ ኮንዶም ተንሸራቶ ሊወልቅ አንደሚችል ታውቂያለሽ ?	<ol style="list-style-type: none"> <li>1. አዎ አውቃለሁ</li> <li>2. አላውቅም</li> </ol>																			
602.	የተፈታ (የተዘፈነ) ኮንዶም በወገድ ብልተ ላይ ማጥለቅ ሊቀደው አንደሚችል ታውቂያለሽ ?	<ol style="list-style-type: none"> <li>1. አዎ አውቃለሁ</li> <li>2. አላውቅም</li> </ol>																			
603.	ለደገባናን ኮንዶም ያጠለቀው ማን ነው ?	<ol style="list-style-type: none"> <li>1. አኒ</li> <li>2. አሉ</li> <li>3. ሁለታችንን በጋራ</li> </ol>	T605																		
604.	አንድ ለደገባናን ኮንዶምን ያጠለቀሽሽላት ምክንያቱ ምን ነው ?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">አዎ</th> <th style="width: 20%; text-align: center;">አይደለም</th> </tr> </thead> <tbody> <tr> <td>1. ስለሚያሳዩረረኝ</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>2. ኮንዶም ማጥለቅ ስለማላውቅ</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>3. በኮንዶም ማድረግ ስለማልፈልግ</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>4. አንዳጠልቀሽሽ ስልጠየቀኝ</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>5. ስዚህ ሌላ ህላ ጭቀስ _____</td> <td></td> <td></td> </tr> </tbody> </table>		አዎ	አይደለም	1. ስለሚያሳዩረረኝ	1	2	2. ኮንዶም ማጥለቅ ስለማላውቅ	1	2	3. በኮንዶም ማድረግ ስለማልፈልግ	1	2	4. አንዳጠልቀሽሽ ስልጠየቀኝ	1	2	5. ስዚህ ሌላ ህላ ጭቀስ _____			
	አዎ	አይደለም																			
1. ስለሚያሳዩረረኝ	1	2																			
2. ኮንዶም ማጥለቅ ስለማላውቅ	1	2																			
3. በኮንዶም ማድረግ ስለማልፈልግ	1	2																			
4. አንዳጠልቀሽሽ ስልጠየቀኝ	1	2																			
5. ስዚህ ሌላ ህላ ጭቀስ _____																					
605.	የወገድ ደገባናን መብራቱ አየብራ አያላ ኮንዶም አንዴት አንደሚያጠልቅ ለይተሽ ነው ?	<ol style="list-style-type: none"> <li>1. አዎ አይቻለሁ</li> <li>2. አላየሁም</li> </ol>																			

606	የወንድ ደንበኛን መግቢያ ነው ከንጹህነት የሚያጠልቀው ?	<table border="0"> <tr> <td></td> <td>አዎ</td> <td>አይደለም</td> </tr> <tr> <td>1. መብራቱን አበርቶ</td> <td>1</td> <td>2</td> </tr> <tr> <td>2. መብራቱን አጥፍቶ</td> <td>1</td> <td>2</td> </tr> <tr> <td>3. በተመቸው ጊዜ</td> <td>1</td> <td>2</td> </tr> <tr> <td>4. ከዚህ ሌላ ካለ ይጠቀስ _____</td> <td></td> <td></td> </tr> </table>		አዎ	አይደለም	1. መብራቱን አበርቶ	1	2	2. መብራቱን አጥፍቶ	1	2	3. በተመቸው ጊዜ	1	2	4. ከዚህ ሌላ ካለ ይጠቀስ _____						
	አዎ	አይደለም																			
1. መብራቱን አበርቶ	1	2																			
2. መብራቱን አጥፍቶ	1	2																			
3. በተመቸው ጊዜ	1	2																			
4. ከዚህ ሌላ ካለ ይጠቀስ _____																					
607.	የመጨረሻ የግብር ሥነ ግንኙነት ባደረግሽበት ተንብላልት የሚገባ የሐሰት መደገፍት አይተጠቀምሽ ነበር ?	<ol style="list-style-type: none"> <li>1. አዎ አይተጠቀምሽ ነበር</li> <li>2. አልተጠቀምሽም</li> </ol>																			
608	ቅዳሽ ተብቻቸው የተጠቀሱት ከንጹህ ነበር ?	<ol style="list-style-type: none"> <li>1. አዎ ነበር</li> <li>2. አልነበረም</li> </ol>	T610																		
609	ተብቻቸው ተጠቀሱት ከሆነ ምን ለይነት ቅዳሽ ነበር የተጠቀሱት ?	<table border="0"> <tr> <td></td> <td>አዎ</td> <td>አይደለም</td> </tr> <tr> <td>1. ዘይት</td> <td>1</td> <td>2</td> </tr> <tr> <td>2. ጭቃ ቅዳሽ (ክሬም)</td> <td>1</td> <td>2</td> </tr> <tr> <td>3. ፈሳሽ ቅዳሽ (ሎሽን )</td> <td>1</td> <td>2</td> </tr> <tr> <td>4. ግመና</td> <td>1</td> <td>2</td> </tr> <tr> <td>5. ከዚህ ሌላ ካለ ይጠቀስ _____</td> <td></td> <td></td> </tr> </table>		አዎ	አይደለም	1. ዘይት	1	2	2. ጭቃ ቅዳሽ (ክሬም)	1	2	3. ፈሳሽ ቅዳሽ (ሎሽን )	1	2	4. ግመና	1	2	5. ከዚህ ሌላ ካለ ይጠቀስ _____			
	አዎ	አይደለም																			
1. ዘይት	1	2																			
2. ጭቃ ቅዳሽ (ክሬም)	1	2																			
3. ፈሳሽ ቅዳሽ (ሎሽን )	1	2																			
4. ግመና	1	2																			
5. ከዚህ ሌላ ካለ ይጠቀስ _____																					
610.	በአያንዳንዱ የግብር ሥነ ግንኙነት ግብር ብልታችሁን ተታጠባችሁ ?	<ol style="list-style-type: none"> <li>1. አዎ ተጠባል</li> <li>2. አልተጠባንም</li> </ol>																			
611.	ምን ለይነት ከንጹህ ነበር የተጠቀሱት ?	<table border="0"> <tr> <td></td> <td>አዎ</td> <td>አይደለም</td> </tr> <tr> <td>1. ህይወት ከንጹህ</td> <td>1</td> <td>2</td> </tr> <tr> <td>2. አላስታውሰንም</td> <td>1</td> <td>2</td> </tr> <tr> <td>3. ከዚህ ሌላ ካለ ይጠቀስ _____</td> <td></td> <td></td> </tr> </table>		አዎ	አይደለም	1. ህይወት ከንጹህ	1	2	2. አላስታውሰንም	1	2	3. ከዚህ ሌላ ካለ ይጠቀስ _____									
	አዎ	አይደለም																			
1. ህይወት ከንጹህ	1	2																			
2. አላስታውሰንም	1	2																			
3. ከዚህ ሌላ ካለ ይጠቀስ _____																					

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613	የተጠቀሙት ኮንዶሙን ለማግኘት ምን ያህል ገዢ ይፈቅዳችኋል?	----- ገዢ ይፈቅዳል																						
614	ኮንዶሙን ከየተነገሩ የገዢዎች ?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">አዎ</th> <th style="width: 20%; text-align: center;">አይደለም</th> </tr> </thead> <tbody> <tr> <td>1. ከመጠጥ በት</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>2. ከፍርግሳ</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>3. ከክሊኒክ</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>4. ከገዢ</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>5. አላውቅም</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>6. ከዚህ ሌላ ካል ይጠቀስ -----</td> <td></td> <td></td> </tr> </tbody> </table>		አዎ	አይደለም	1. ከመጠጥ በት	1	2	2. ከፍርግሳ	1	2	3. ከክሊኒክ	1	2	4. ከገዢ	1	2	5. አላውቅም	1	2	6. ከዚህ ሌላ ካል ይጠቀስ -----			
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## **Annex - II - Qualitative Questionnaire Guide**

Discussion guide for FGD and IDI for CSWs working in licensed non-brothels establishments.

Title of the study : -----

Name of moderator : -----

Name of rap-porter : -----

Date : ----- Time taken -----

Code number of tape record : -----

### **Section – I – Background information**

- Age
- Educational status
- Previous marital status
- Reason for CSWs
- Family occupational status
- Length of stay in this work
- Money earned during sexual intercourse

### **Section - II - Knowledge, opinions and attitude on HIV/AIDS and STDs**

- Knowledge about STDs
  - Description of sign and symptom
  - Inspection of clients penis for the sign of STDs
  - Previous exposure status to STDs
- Do you know HIV/AIDS is infectious disease ( level of understanding about risky perception
  - What is the chance of getting HIV infection
  - Which way of transmission do you know
  - Which way of prevention do you know
  - Which of the following myths and misconception do you know

### **Section – III - Drug use practice**

- What are drugs used and for how long
- Reason for the use of this drug
- The sexual practice after using khat, hashish and alcohol
- Alcohol intake and losing one's own control over the use of condom
- The practice of using khat, hashish and watching pornographic videos to the interest to drink more alcohol and to practice risky sexual behavior
- Level of intoxication during last sexual intercourse

### **Section – IV – Sexual history of CSWs**

- Did you ever use condom
- What was the practice of condom use with paying clients and partners
- During the last time sexual intercourse what was
  - The practice of condom use in general
  - The practice of condom use in love affair
  - Causal sex practice in the absence of condom
  - Emotional forget on condom use
  - Denial of HIV existence during the last time sexual intercourse
- What are your most common clients
- Who suggest condom use during last sexual intercourse
- What are sexual practice other than vaginal and the practice of condom use
- What was the incidence of condom breakage and slippage
- How did you learn about condom breakage and slippage
- What kind of sexual position did you prefer
- What was your payment in relation to the type of sexual acts

### **Section – V – Awareness and attitude toward condom use**

- What are events or cultural malpractice that are relevant in the creation of high-risk setting
- Do you think putting condom on partially erected penis cause its slippage
- Do you think putting unrolled condom on to a penis could cause its breakage
- Who puts on condom to your clients
- Reason for not put on condom
- Do you watch your male clients the way how he puts on a condom when the light is on/off
- What was the personal hygiene practice at the beginning and at the end of sexual intercourse
- What did you know about the type, expire date, source of condom, and distance travel to obtain condom

- Which type of intervention did you know

### **Annex - III - Summary of Major Research Finding**

**Objective 1** To examine comprehensive knowledge of CSWs about HIV/AIDS .

This research finding indicate 245 (65.5%) of the sex worker know all mode of transmission, 244 (65.2%) know all methods of prevention and 137(36.6%) had no incorrect beliefs indicating 167 ( 44.7%) had comprehensive knowledge.

**Objective 2** To establish the patterns of condom use and the availability of condom in protection against HIV/AIDS among commercial sex workers.

Condom use with paying clients from September on ward and during the last day sexual encounter 344 (92%) and 373(99.7%) respectively. The participation of the sex worker in asking condom use 163 ( 43.7%) and putting on condom on clients penis 119( 31.9%) was found and it was very low compared with previous study. The provision of condom indicate that 96.3% of the sex worker get condom within 5 minute improve in it's provision compare with the previous finding. Which was needed up to 30 minute for 95.9% of the sex workers to get the condom.

**Objective 3** To know the prevalence of sexual behavioral practices that place commercial sex workers at high risk for becoming infected with HIV.

During focus group discussion and in-depth interview there was sexual behavioral practices that place the sex worker at high risky of becoming infected with HIV/AIDS. This was due to the fact that there was an interest of the client to make sex other than vagina and even some others had made sex knowingly by removing condom during sexual act and by making hole in the condom

**Objective 4** To measure the prevalence of drug use ( alcohols and khat ) among the commercial sex workers and their clients.

Overall, 355 ( 94.92%) of the sex worker had consumed drinks containing alcohol in the previous four weeks. It was identified that 251(70.7%) of them were every day drinker. During recent sex 124 (33.16%) of the sex worker and 159 (42.5%) of the clients were intoxicated indicating cigarette smoking, hard liquor, beer and wine consumption had association with female intoxication. Similarly drinking hard liquor (OR=2.64, CI=1.13-6.19) were the identified reason for condom breakages.

## **Annex - IV - Declaration**

I, the undersigned, declare that this thesis is my original work, has not been presented for a degree in this or another university. All sources of materials used for this thesis has been fully acknowledged.

Name: Asamnew Abayneh (Bsc.)

Signature: \_\_\_\_\_

Place: Addis Ababa, Ethiopia

Date of submission: July, 2005

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

Name: Dr. Alemayhu Worku (PHD)

Signature: \_\_\_\_\_

