ADDIS ABABA UNIVERSITY COLLEGE OF HEALTH SCIENCE

SCHOOL OF PUBLIC HEALTH

CONSISTENT CONDOM USE AND ASSOCIATED FACTORS AMONG PEOPLE LIVING WITH HIV AIDS WHO ARE ON ART IN HOSANNA TOWN, ETHIOPIA, 2014

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A THESIS REPORT SUBMITTED TO THE SCHOOL OF PUBLIC HEALTH COLLEGE OF HEALTH SCIENCES ADDIS ABABA UNIVERSITY IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF PUBLIC HEALTH

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Approved by the examining board

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LIST OF ABBREVIATION

AIDS- Acquired Immune Deficiency Syndrome

AOR- Adjusted Odds Ratio

ART-Anti-Retroviral Therapy

CD4 - Cluster of differentiation 4

CI- Confidence Interval

COR- Crude Odds Ratio

EDHS- Ethiopian Demographic Health Survey

Epi-Info- Epidemiological Information

HAART-Highly Active Antiretroviral Therapy

HIV- Human Immune Deficiency Virus

OR- Odds Ratio

PLWHA- People living with HIV/AIDS

PMTCT- Prevention of Mother to Child HIV Transmission

SPSS- Statistical Package for Social Science

SD- Standard deviation

UNAIDS- Joint United Nations Program on HIV/AIDS

WHO- World Health Organization

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ABSTRACT

Background: The advent of antiretroviral treatment has contributed a lot in decline of HIV AIDS related morbidity and mortality. While ART enables people living with HIV to regain their sexual capability, new challenges to prevent HIV transmission to sero discordant partner and reinfection with new drug resistant virus have risen.

Objectives: To assess magnitude and factors associated with consistent condom use among People Living with HIV/AIDS who are on HAART in health institutions of Hosanna town.

Methods: Mixed methods research was conducted. The quantitative institutions based cross sectional design was followed by a qualitative in-depth interview. Using systematic random sampling method 394 individuals were selected and six in-depth interviews with PLWHA on ART coupled with three in-depth interviews with ART counselor were held using theoretical sampling**.** A structured pretested questionnaire and interview guide were used. EPI info, SPSS and open code softwares were used for analysis. Descriptive statistics, binary and multiple logistic regressions were computed.

Results: Consistent condom use among sexually active ART clients was 51.2 %(95% CI: 46.3, 56.1). Respondents who have been on ART for 12 to 24 months [AOR=0.26:95% CI 0.07, 0.93] and perceived that ART can reduce HIV transmission [AOR=0.18:95% CI 0.09, 0.35] were less likely to use condom consistently. Where as partner status being negative [AOR=2.45:95% CI 1.14, 5.35] was more likely to use condom. Qualitative findings also show that low risk perception to HIV, feeling of invulnerability and non disclosure of HIV status to maintain relationship influence consistent condom use among ART attendees.

Conclusion and recommendation: Consistent condom use among ART attendees was low. Perception that ART can reduce HIV transmission, duration of ART and partner status was predictors for consistent condom use. The study highlighted the need for ART programs to include follow up counseling that emphasize on consistent condom use with all partners irrespective of partner status, serostatus disclosure, partner testing and treatment optimisms.

1. BACKGROUND

1.1 Introduction

The emergence of the Human Immunodeficiency Virus (HIV) epidemic is one of the biggest public health challenges the world has ever seen in recent history. According to the joint united nation program on HIV/AIDS 35.3 (32.2–38.8) million people were living with HIV in 2012 worldwide, with 2.7 million being newly infected. The number of AIDS related deaths was 1.6 (1.4–1.9) million in 2012(1).

The burden of the epidemic continues to vary considerably between countries and regions. Sub-Saharan Africa remains most severely affected with nearly one in every twenty adults (4.9%) living with HIV and accounting for 69% of the people living with HIV worldwide(2). Sub-Saharan Africa is at the epicenter of the epidemic and continues to carry the full brunt of its health and socioeconomic impact(3).

Ethiopia is among the countries most affected by the HIV epidemic. Currently an estimated adult prevalence is 1.5% and people living with HIV is about 800,000 (3, 4). The most common mode of HIV transmission is heterosexual which accounts for 87% of infections. Another 10% of infections occur due to mother to child transmission (4, 5). In Ethiopia according to country progress report on HIV/AIDS response a total of 333,434 people had ever started ART and 249,174 adults were on ART by the end of 2011(3).

The initiation of antiretroviral therapy (ART) was a prevention strategy in reducing mortality and improving the quality of life of people living with HIV/AIDS. Today, antiretroviral therapy (ART) has become centeral part of HIV prevention and care (3). And as a result of the success of highly active antiretroviral therapy (HAART) in dramatically decreasing morbidity and mortality from HIV disease, many HIV-infected persons are now living longer, healthier, and more are having sexually active lives(6). While ART enables people living with HIV to regain their sexual capability, new challenges to prevent HIV transmission to sero discordant partner and reinfection with new drug resistant virus have risen(7)

Several studies have shown that access to ART has not led to significant risky sexual behavior among HIV-infected persons (8-12). However, some PLWHA are still engaged in unprotected intercourse, and hence the potential risk for HIV transmission will persists(13, 14). In light of these different findings this study examined condom use of PLWHA on ART.

1.2 Statement of the problem

Even though prevalence of HIV/AIDS has been decreased, HIV/AIDS continues to be a major global health importance. Unprotected sex among PLWHA on ART is a challenging issue in secondary HIV prevention. Condom use among PLWHA remains an important strategy for the prevention of acquiring drug resistant viral strains and infecting their sero-negative sexual partners.

Previous studies on condom use among ART attendees have provided evidence on low rates of condom utilization. None have reported a hundred percent consistent condom use among their participants. In Ethiopia, a study undertaken in Gondar reported that rates of consistent condom use were 50.2% among ART clients(15) and Addis Ababa 63.1%(14). Also, study conducted in Jimma town showed that among sexually active ART clients , condom use was 494 (90.14%), of which only 385 (70.3%) used condom always the remaining 163 (29.7%) used condom sometimes(16).

Considerable expansion of ART program in affected sub-Saharan African countries has occurred rapidly ahead of prevention interventions. Traditionally, the focus of HIV prevention efforts in most countries including Ethiopia was largely on people uninfected with HIV. Sexual risk practice of HIV infected persons did not receive due attention. Inconsistent use/not used of condom by PLWHA on ART will lead to further fuelling the HIV infection epidemic and re-infection with new drug resistant viral strains. The present study is intended to contribute to bridging the information gap.

1.3 Rationale of the study

In Ethiopia few studies were carried out to show the level of condom utilization and associated factors among PLWHA on ART. Those few previous studies were only cross sectional quantitative studies which fail to explore some factors but the current study using mixed methods both quantitative and qualitative so it may explore some factors which were not identified in previous studies. Therefore, this study will try to assess magnitude and factors affecting consistent condom use among PLWHA on ART. The study will contribute in filling the existing knowledge gap suggests interventions for increasing consistent condom use which in turn will help to reduce the spread and transmission of HIV.

2. LITRETURE REVIEW

2.1 Magnitude of Condom use among PLWHA on HAART

In both developed and developing countries hundred percent of condom use was not reported. For instance a study revealed that 73% of participants were used condoms when they last had sex in London(12). In Papua New Guinea study only 46% reported consistent condom use during intercourse with a regular partner in the last six months (17). Another study conducted in Vietnam of those who were sexually active during the previous 12 months, consistent condom use was reported by 41.3% among males and by 26.6% among females with regular partners(18).

Study done on Rates and Predictors of Consistent Condom-use among People Living with HIV/AIDS on Antiretroviral Treatment in Uganda revealed that 65% (70% of men and 61% of women) used condom consistently after initiating ART(13). Another study in Uganda showed there was only 30% consistent condom use among those who reported being sexually active(19). A study in Guatemala revealed that 81.7% and 87.3% of the patients reported always using a condom with their regular and casual sexual partner, respectively(20). Another longitudinal study done in Nigeria among 866 ART-experienced patients, condoms usage before treatment and at last clinic visits was 14.0% and 43.3% respectively(21)

2.2 Factor affecting condom use among PLWHA on HAART

Condom use depends on several factors which include socio demographic factors, behavioral factors, ART and related factors and counseling.

2.2.1 Socio demographic factors

2.2.1.1 Sex

Studies done in Nigeria show that male gender is associated with increased use of condom (7, 21). Another study in Kenya found that female ART patients were three times more likely to report inconsistent condom use than male patients on ART(22).

2.2.1.2 Educational status

Studies have proved that education is associated with increased consistent condom use in general. A study conducted in Italy, women with lower education reported that they have inconsistent condom use more frequently(23). In Ibadan, Nigeria educational attainment was significantly associated with condom use(7). Similar study done in Uganda consistent use of condom was more likely if PLWHA had secondary-or tertiary-level education(13). A higher level of education status was also observed to have had a positive impact on the use of condom among ART clients. Those with higher education level were 10% more likely to use condom as compared to the illiterate one in Gondar(15).

2.2.1.3 Marital status

Study undertaken in Italy higher rates of inconsistent condom use were observed in women having a stable relationship with an HIV-positive partner than in those engaged with an HIV-negative or an occasional partner(23). In Papua New Guinea study those who reported not being married engaged reported higher rates of consistent condom use compared with those who were married(17). In contrast to previous studies similar study conducted in Ibadan, Nigeria showed that patients who were in a union (19.7%) were about four times more likely to use condoms compared to those who were not in any union (5.6%)(7). Another study conducted in Gondar showed that there was significant association between marital status of respondents with condom use(15).

2.2.2 Behavioral factors

2.2.2.1 Sexual risky behaviors

A study conducted in Thailand found that participants who had a regular partner were 2.29 times more likely to engage in unprotected sex with any partners than those who were single or had no regular partner. A substantial number of HIV-infected patients were engaging in casual sex with commercial or non-regular partners and condoms were not always used with their partners, including their regular partners(24). Study in India showed that persons who had casual sex in the past 3 months had more than three times the odds of practicing inconsistent condom use compared to persons who did not have casual sex in the past 3 months thus placing their regular partners at potential risk of STIs or HIV re-infection(25). A research done in a Cambodian hospital, Phnom

Penh showed that most (61%) of HIV infected male patients were unaware of their risk for HIV infection through their sexual behaviors and these of HIV patients had high risk of sexual behaviors with sex workers and a low prevalence of condom use(26). In support of this a study done in Wales also shows from 76% of the study participants who were sexually active, 42% of them had causal (27).

2.2.2.2 Knowledge of partner HIV status

A study in London found that in those who had disclosed their HIV status, only knowledge of their partner's HIV status was significantly associated with condom use(12). Study in Italy reported that women declaring a sexual partner not aware about their HIV infection were more likely to use condoms inconsistently, when compared to partnerships with declared HIV status(23). Another study conducted in South Western Uganda revealed that knowledge of sero-status of partner influenced condom use with respondents more likely to report unprotected sexual intercourse when sero-status of partner was not known. Respondents who had sexual partners of unknown sero-status had an almost six-fold increase in the odds of unprotected sex compared to those partners who were known to be HIV negative. Overall, respondents with a partner of known sero-status (negative or positive) were less likely to report unprotected sexual intercourse at last sex compared to those with partners of unknown sero-status(28).

Another study in Uganda revealed that PLWHA who had a regular sex partner who was HIV-negative or whose HIV status was unknown were also significantly less likely to have used condom consistently(13). In contrast to this study done in kenya found that individuals with an HIV seronegative partner were more likely to use a condom at last sex(29) and study in Addis Ababa(14) also suggest similar finding.

2.2.2.3 Alcohol use

A study in India showed that husbands' alcohol use, anxiety, and depression resulted in unprotected sex(25). Another study in South Western Uganda revealed that any alcohol use in the past six months was associated with a three-fold increase in the odds of unprotected sex compared to no alcohol use(28).

2.2.3 ART and related factors

2.2.3.1 ART and risky sexual behavior

Several studies have shown that access to ART has not led to significant risky sexual behavior among HIV-infected persons (8-12). Meta analysis studies were conducted in developing countries and the finding in these studies showed that access to ART has not led to significant risky sexual behavior among HIV-positive individuals in developing country settings(9, 11). In support of this a study done in Kenya Mombasa indicated that ART was not perceived as a barrier to safer sex and in some cases led to decreased high-risk behaviors(10). In another study done in Uganda found that six months after initiating ART, the number of unprotected sex acts with a partner of known negative or unknown HIV status declined by 70%(30). However, some PLWHA are still engaged in unprotected intercourse, and hence the potential risk for HIV transmission will persists(13, 14).

2.2.3.2 Health status after intiation of ART

As a result of the success of highly active antiretroviral therapy (HAART) in dramatically decreasing morbidity and mortality from AIDS, many HIV-infected persons are now living longer, healthier, and more sexually active lives and ART improves the health and functional status of PLWHA(6). ART clients face greater challenges in maintaining safer sexual practices. Meta analyses revealed that a person on HAART who is feeling well prone to engage in unprotected sex(31).

2.2.3.3 Duration ofART

Study in Nigeria found that uptake of condom use increased with time, the longer the follow-up period, the higher the prevalence of condom use(7). Other Studies also reported an association between the duration on ART and reductions in sexual risk behaviors including unprotected sex (8, 30, 32). On the other hand study in uganda found that consistent use of condom by PLWHA were also significantly less likely to have used condom consistently if they had been on ART for 1-2 year(s)(13). Also study conducted in Kenya found that time on ART were important predictors of inconsistent condom use, with a trend showing that shorter ART use was significantly associated with inconsistent condom use(22).

2.2.3.4 Perception towards ART

ART is determinental for HIV transmission by suppressing plasma viral load to undetectable levels, but it does not mean that transmission risks are totally eliminated. Sexual transmission of HIV from an infected partner who was on ART with a repeatedly undetectable plasma viral load has been documented(33). But study conducted in New York among HIV infected male and female showed that a significant percentage (23%) of respondents practiced safer sex less often since new HIV treatments arrived(34).

2.2.4 Counseling

There is little that has been said on the relationship between counseling and possible influence on condom use of PLWHA on ART. ART related services factors like prevention, counseling and education strategies for HIV transmission risk reduction should be integral component and a priority of HIV management. However most counseling in HIV care services is directed toward treatment adherence. Sexual behavior was not a focus of the counseling(10). The quality of counseling offered to PLWHA on ART will influence the positive prevention. Health professional especially working as HIV care providers are important sources of information on HIV transmission and treatment(35).

3. OBJECTIVES

3.1 General objective:

- To assess magnitude of consistent condom use and associated factors among People Living with HIV/AIDS who intiated HAART in Hosanna town, Hadiya zone, 2014.

3.2 Specific objective:

- To determine magnitude of consistent condom use among PLWHA who are on HAART in Hosanna town.
- To identify factors associated with consistent condom use among PLWHA who are on HAART in Hosanna town.
- To explore barriers to consistent condom use among PLWHA who are on HAART in Hosanna town.

4. METHODS

4.1 Study area and study period

The study was conducted among ART attendees in Hosanna town which is located 232km South of Addis Ababa. According to the report of Central Statistics Agency, the 2007 national census estimated the population of the town is 100,528 by 2013 of which 51,019 are men and 49,019 are women. There are one hospital and four health centers in town. Among these the hospital and one health center provide ART service namely Nigist Elleni Mohammed Memorial Hospital and Hosanna Health center. The number of PLWHA ever enrolled, ever started and on ART in health instututions of the town is 3105, 1627 and 955 adults respectively in January 2014 according to health facilities report. Those who are on ART collected their treatment on monthly bases. The study was conducted from Febraruy 10 to March 12, 2014.

4.2 Study design

Mixed methods research including both qualitative and quantitative approaches was employed. The quantitative institutions based cross sectional design was followed by a qualitative in-depth interview.

4.3 Source population

People living with HIV/ AIDS who are taking ART in health institutions of Hosanna town.

4.4 Study population

PLWHA on ART who were randomly selected from the health institutions and those who fulfill inclusion criteria

4.5 Inclusion criteria

ART attendees above 18 years (cohabiting or marriage below the age of 18 is not legally supported)

ART attendees who have been on ART for at least 3 months

4.6 Exclusion criteria

1. Those are mentally ill
2. Those are unable to communicate verbally
3. Those patients who visit the clinic without their date of appointment due to illness or conditions

4.7 Sample size

For the first objective single population proportion formula was used. The assumption were by taking p-value from a research done in Addis Ababa which is 63.1% consistent condom use(14), 95% level of confidence and the marginal error to be 5 %(d).

$$n = \frac{Z^2 a/2 p(1-p)}{d2} = 358$$

Where,

n= the minimum sample size

Z= the desired level of confidence interval 95% (1.96)

P=the proportion of consistent condom use among PLWHA who are on ART (63.1%) from Addis Ababa public hospitals

d= margin of error 5% (0.05)

Finally after adding 10% non-response rates, the sample size became 394.

For the second objective sample size for two most important factors (partner refusal and desire to have children) were calculated using two population proportion which were 327 and 352 respectively but 394 was taken for the study

4.8 Sampling procedures

4.8.1 Quantitative sampling procedure

The sample was allocated proportionally to the number of clients on ART at each institution. The sampling frame was a list of ART attendees taken from registration book. A systematic random sampling method was used and every second client fulfilling the inclusion criteria was interviewed. This is demonstrated in figure 1below

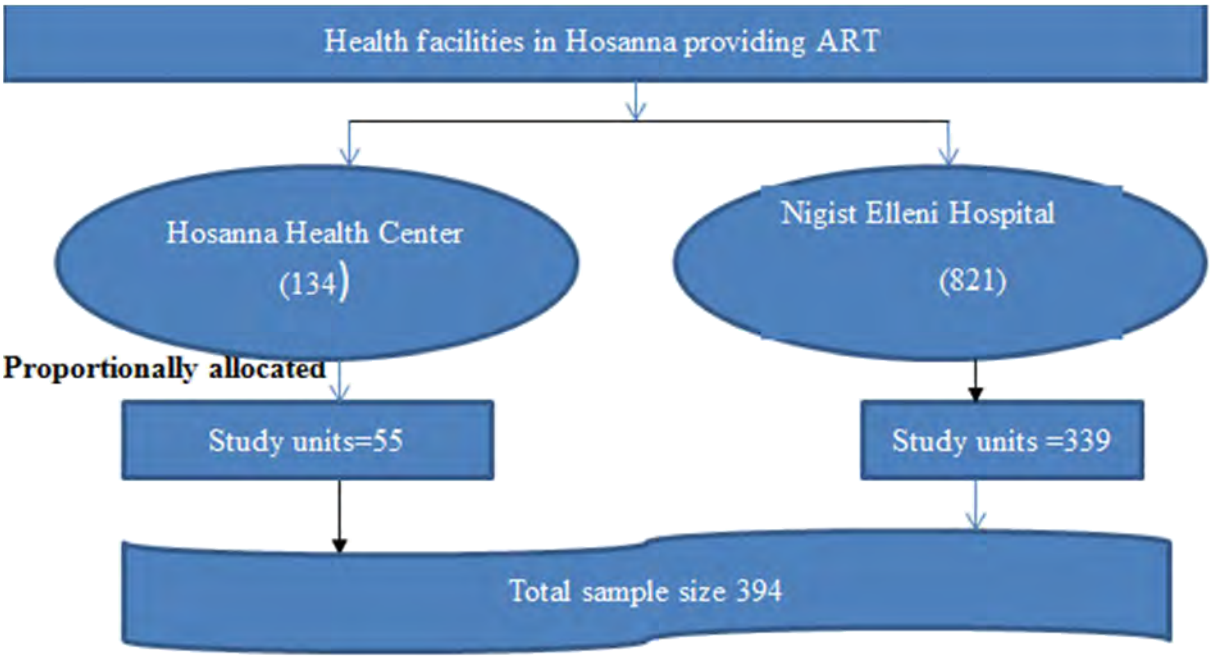

Figure 1: Schematic presentation of the sampling procedure to select study participant used in the study in Hosanna town, 2014

4.8.2 Qualitative sampling procedure

Using theoretical sampling method six in-depth interviews with PLWHA on ART, two in-depth interviews with ART counselors and one with adherence supporter were held.

4.9 Study Variables

4.9.1 The dependent variable

Consistent condom use

4.9.2 The independent variables

- **Socio-demographic characteristics** such as sex, age, religion, level of education, occupation, income, and marital status
- **Behavioral factors** such as risky sexual behaviour, knowledge of partner HIV status, disclosure of HIV status, fertility desire, discussion about condom use and alcohol.
- **ART and related factors** such as duration with HIV diagnosis, duration of ART perception towards ART, self-perception of health status after ART intiation, current CD4 count and member of HIV/AIDS association.
- **Counseling**

4.10 Operational definitions

Consistent condom use- Use of condom in every sexual encounter in the last three months

Unprotected sex- Sex without a Condom

Regular partners- Primary partner with who have an ongoing sexual relationship (husband/ wife).
Casual partners-Sexual partner with whomhave not met before having sex or with who have had only casual contact.

4.11 Data collection procedures

4.11.1 Quantitative data collection procedures

Data collection for quantitative study was carried out by pretested stuructured questionnaire. The questionnaire adopted with modification from related studies (13, 14) and EDHS(4). Before the data collection, the questionnaire was translated to Amharic. The data werecollected by 4 diploma nurses (2 male and two female) and supervised by one BSc Nurse who were working in the health institutions and by the principal investigator as well. Interviews were carried out by data collectors of the same sexin strictly private room which was prepared near to ART clinic**.**

4.11.2 Qualitative data collection procedures

In-depth interview was conducted among ART attendess and ART counselors. ART clients interviewed about their condom use practices and barriers to use condom. ART counselors also were interviewed for reasons non use of condom mentioned by their clients. During the interviews, ART counselors were also asked to narrate story that was very important to them in relation of condom use. The data were collected by the principal investigator and with note taker and tape recorder. For interview was an open-ended guiding questions were used. All the interviews were tape recorded and notes were also taken during the sessions. Finally, the principal investigator was transcribed the tape recorded information after each session then it was translated in to English.

4.12 Data quality control

The data collectors and supervisors were trained by the principal investigator for two days on purpose of the study, on interviewing techniques, content and meaning of question, recording and note taking. Also they were given information on ethical issues such as the need tomaintain confidentiality and obtain written consent from participants prior to data collection. Questionnaire was translated from English to Amharic and back to English as well to check for consistency. Prior to the actual data collection, the structured questionnaire was pre- tested in the ARV treatment units selected for the study and subjects who were involved in the pre-test were excluded from the study. The pre-test was done on 20 subjects which are about 5% of the total sample size. The questionnaire was then assessed for its clarity, length and completeness. Some skip patterns were then corrected and questions difficult to ask were restated. Then after the adjustment was done in the questionnaire and extra briefing was given to the data collectors and supervisors.

To insure the quality of the data, meetings were held between the principal investigator and data collectors. In addition, inspection for completeness and quality of data collection was carried out daily by the supervisor and principal investigator and detailed feedback was provided to data collectors.

4.13 Data Analysis procedures

4.13.1 Analysis of quantitative data

The collected data were entered into EPI INFO version 3.5.3 then exported to SPSS version 21.0 windows program.The data were cleaned to avoid any data entry errors and inconsistent entries. Some variables such as age, income, duration of knowing status, duration on ART and CD4 count were coded. Descriptive statistics, binary and multiple logistic regressions were computed.

Descriptive statistics were used to compute frequency, proportion, mean and standard deviation of study variable. In bivirate analysis association between consistent condom use and each of the factors were performed. The results were expressed in terms of odd Ratio (OR) and 95% confidence intervals (CI) and statistical significance was declared if the P-value is less than 0.05. The findings at this stage helped to identify important association. Bivariate analyses were first done and variables with P-value less than 0.2 in the bivariate analysis and those not significant but with previous evidence from literature review indicating possible association with consistent condom use were included for adjustment in the multivariate model after checking for the goodness fit test.

4.13.2 Analysis of qualitative data

The qualitative data from the interviews with ART clients and counselors were analyzed using content analysis. First the audio taped data and the detail notes were transcribed and translated into English by the principal investigator. The translated data were imported to Open Code to facilitate coding. Based on key concepts codes were assigned. As part of the analysis six categories were developed that showed the clear meaning of the findings and the single theme represents overall combined interpretation of the qualitative information. Finally, some of the reported statements by key informants and study participants were quoted. The results of the qualitative study were presented combined with the result of quantitative study.

4.14 Ethical consideration

Ethical clearance was obtained from Institutional Review Board (IRB) of School of Public Health College of Health Sciences Addis Ababa University. Official letter of co-operation from the University and Zonal Health Department are obtained. Accordingly, permission was obtained from medical director of hospital and head of health center. Written consent was obtained from each study participant. The confidentiality of clients' information was ensured, as names or any identifiers of study participants were not included in the data sheet. Before enrolling any of the eligible study participants, the purpose and the benefits and the confidential nature of the study was described and discussed for each participant. The discussions between the data collectors and the respondents were takes place privately and individually. Only those who gave written consent took part in the study.

4.15 Dissemination plan of results

The finding of the study will be submitted to School of Public Health, Addis Ababa University, Hadiya zone HIV/AIDS prevention and control office, Nigist Elleni Zonal Hospital and Hosanna Health Center and given to all responsible bodies. Additionally, the findings will be presented to different scientific communities and the manuscript will be send to different journals for publication.

5. RESULT

In this study, the results of quantitative part are complemented with the interpretations of the interviews. Categories such as facilitors for condom use, low risk perception of HIV, non disclosure of status to maintain relationship and disempowerment as detterant of condom use were representing the meaning of the qualitative findings. (See, Annex II).

5.1 Socio demographic characteristics of PLWHA who are on ART

A total of 392 ART clients were included in the study with the response rate of 99%. The majority of the respondents 337 (86%) were from Nigist Elleni Mohammed Memorial Hospital ARV treatment unit. Most of respondents 245(62.5%) were female. The mean age of the participants was 34.2 (+/- 7.4 SD) years, and 175(44.6%) of the respondents were in the age bracket of 25-34 years. Majority of the respondents were urban resident (83.4%). About 183 (46.7%) participants had attained primary education and 228(58.2%) married/cohabiting. More than half 230(58.7%) of respondents were protestants by religion followed by orthodox. Almost half 189(48.2%) of participants were self-employed. For 180(45.9%) respondents the average monthly income was less or equal to 500 Ethiopian birr. (Table-1 below)

Table 1: Socio demographic characteristics of PLWHA who are on HAART in health institutions of Hosanna Town, 2014 (n=392).

Variable	Frequency	Percent
Sex		
Male	147	37.5
Female	245	62.5
Age category (years)		
18-24	23	5.9
25-34	175	44.6
35-44	151	38.5
≥45	43	11.0
Place of residence		
Urban	327	83.4
Rural	65	16.6
Mean ± SD 34.23± 7.4		
Educational status		
No formal education	65	16.6
Primary	183	46.7
Secondary	101	25.8
More than secondary	43	11.0
Marital status		
Never married	27	6.9
Married /cohabiting	228	58.2
Divorced / Separated	53	13.5
Widowed	84	21.4
Religion		
Orthodox	110	28.1
Muslim	47	12.0
Protestant	230	58.7
*Other Christians	5	1.3
Occupation		
Employed at formal sector	67	17.1
Self employed	189	48.2
House wife	117	29.8
**Others	19	4.9
Family average monthly income(Eth. Birr)		
≤500	180	45.9
501-999	105	26.8
≥1000	107	27.3

*= seventh days of Adventist and catholic **=pensioner, students and unemployed

5.2 HIV/AIDS and ART related characteristics

Of the 392 respondents interviewed the majority 306(78.1%) had known their HIV status for more than two years and two third (66.6%) had received ART for more than two years. Three hundred sixty seven of participants (93.6%) perceived that their health was improved after initiation of ART. More than half of respondents 214(54.6%) perceived that ART can reduce HIV transmission. The majority of the respondents 317(80.9%) were never used condom before receving HIV test result. Current CD4 count greater than 350 cells /mm3 was reported by 240 (61.2%) of the respondents. Almost two third (65.3%) of participants were not member of HIV/AIDS association.

Table 2: Percentage distribution of respondents by HIV/AIDS and ART related characteristics in health institutions of Hosanna Town in 2014. (n=392)

Variable	Frequency	Percent %
Duration since knowing status(months)		
<12	49	12.5
12-24	37	9.4
>24	306	78.1
Duration on ART (months)		
<12	80	20.4
12-24	51	13.0
>24	261	66.6
Self-perception of health status after intiation of ART		
Improved	367	93.6
Same	22	5.6
Worsened	3	0.8
Perception that ART can reduce HIV transmission		
Yes	214	54.6
No	178	45.4
Condom use before testing HIV test		
Yes	75	19.1
No	317	80.9
How often (n=75)		
Always	5	6.7
Sometimes	70	93.3
Current CD4 count		
≤350	152	38.3
>350	240	61.2
Member of PLWHA association (n=217)		
Yes	136	34.6
No	256	65.3

5.3 Sexual behavior and condom use of PLWHA who are currently on ART

Of the 392 respondents interviewed, 217 (55.4%) respondents were sexually active i.e. they had engaged in sexual activity in the past three months. Almost all sexually active respondents had sex with only one sexual partner in the past three months. Among these participants 204(94.5%) had sex with regular spouse /cohabitant partner. Among sexually active 111(51.2%) of the respondents used condom consistently in the last 3 months, 13(6.0%) used condom inconsistently and 93 (42.8%) not used at all. Among those used condom in the last three months 120(96.8%) of respondents used condom in the last sexual intercourse and 48.4% condom use initiated by respondents themselves. The most common reason for condom use was to prevent pregnancy followed by prevents reinfection. This is also complemented by qualitative interviews

Facilitators of condom use after testing positive (see, Annex II)

Some qualitative interview participants explained a personal responsibility to use condoms to protect their partner and themselves from different infection and drug resistant virus. A married 35 years old male respondent who was living in a seroconcordant marriage said:

"*Condom prevents virus exchange and uses for family planning. For example my virus may be greater or smaller than her virus and my virus and her virus is different. So I use condom every time I have sex to prevent ourselves from different disease, drug adapted (to mean drug resistance) virus and pregnancy."*

One hundred sixty participants (76.7%) were discussing about using condoms and safe sex with their partner. In case of disclosure of their HIV sero-status to their partners, 204(94%) disclosed their status to their partner. The findings revealed that 137(63.1%) engaged in sexual activity with HIV positive partners, 27.6% engaged in sexual activity with HIV negative partners and 20(9.2%) engaged with sero status unknown partners. In this study 60 (27.6%) respondents were serodiscordant. Twenty one of participants (9.7%) used to drink alcohol during the last sexual intercourse.

Table 3: Sexual behavior and condom use of PLWHA on ART in health institutions of Hosanna Town, 2014.

Variable	Frequency	Percent (%)
Sexually active in the past 3 months (n=392)		
Yes	217	55.4
No	175	44.6
Relationship with partner(n=217)		
Regular spouse/cohabitant partner	205	94.5
Regular , non-cohabitant, boy/girlfriend	7	3.2
Casual contact	5	2.3
Condom use in the last three months(n=217)		
Consistently/always	111	51.2
Inconsistently/ sometimes	13	6.0
Never used at all	93	42.8
Condom use initiated by (n=124)		
Respondent	60	48.4
Partner	10	8.1
Mutual decision	54	43.5
Condom use in the last sexual intercourse(n=124)		
Yes	120	96.8
No	4	3.2
Reason for condom use (n=120)		
To prevent pregnancy	57	47.1
To prevent STI including HIV	48	39.7
To prevent reinfection	52	43.0
Partner HIV status is negative	39	32.2
Discussion about condom use and safe sex (n=217)		
Yes	160	73.7
No	57	26.3
HIV sero status disclosure to partner (n=217)		
Yes	204	94.0
No	13	6.0
Partner sero status with whom had sex in the last 3 months(n=217)		
Positive	137	63.1
Negative	60	27.6
unknown	20	9.2
Used to drink alcohol during the last sexual intercourse (n=217)		
Yes	21	9.7
No	196	90.3

5.4 Reasons for not using condom consistently by PLWHA who are on ART

Figure 2 below shows the common reason reported by respondents for their inconsistent use and not using condom were: 35.4% due to partner refusal, 32.2% due to assumption of no risk of infection, 18.8% due to wanted to have children, 16.7% due to respondents refusal, 7.3% due to fear to ask partner, 2.1% due to influence of alcohol and 2.1 % due to other factors.

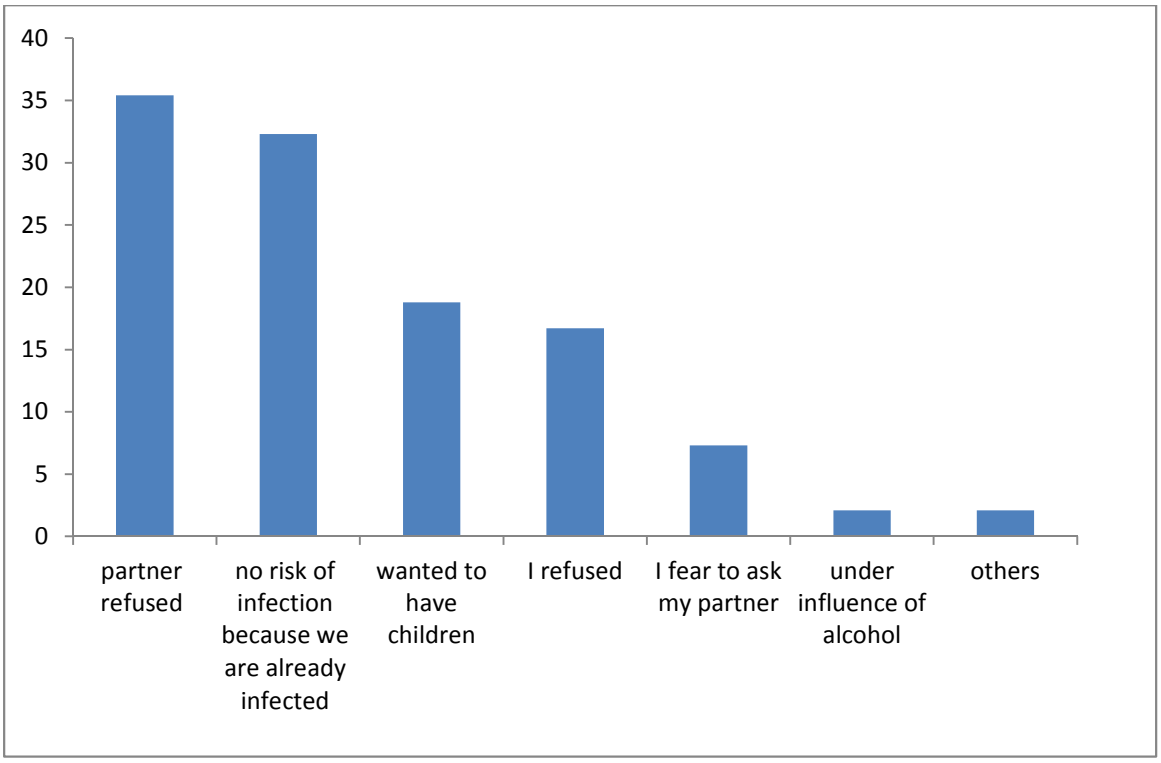

Figure 2: Reasons for not using condom in the last 3 months among respondents in health institutions of Hosanna Town, 2014. (n=106)

Low risk perception to HIV AIDS and feeling of invulnerability (see categories, Annex II)

ART clients who are in a sero-discordant relationship, if they stayeduninfected for a long time they think that they are not vulnerable for the HIV infection.

A Married, 27 years old female respondent said: *"We don't use condom because when we were tested, I am infected and he isn't. So when I told him to use condom from the counseling I got, he refused. He said "though we lived together, I am negative till now, so what is the use? God will protect me" because of this he doesn't want to use it, we don't use condom".*

In addition to the women, ART counselors mentioned that some serodiscordant clients do not use condom

She said "*.....there are some sero discordant couples; the man is reactive and the woman is negative or the woman is reactive and the man is negative. If these discordants take and use condoms, they can prevent HIV in addition to pregnancy, but they don't use it. They came to us being pregnant.*

Another female ART counselor from health center said***;*** "*...the husband is negative and his wife is reactive. When I counseled them he said "I am negative till now so what is the use to use condom? It has been two years since I knew it and I am still free."*

ART clients of HIV seroconcordant couples believed that once they have got HIV assume that there is no risk of infection and it is acceptable to have unprotected sex with their partner.
A divorced 30 years old female respondent said***:*** *"I don't use condom with my partner because both of us are reactive so what is the use to using condom".*

In addition to woman, ART counselor from health center said*: "The first reason is lack of awareness. Most of the clients don't like it. Plus they said "we have HIV, why do we use condom?" they are careless. They think "there is nothing more after all."*

Disempowerment as detterant of condom use *(*see categories, Annex II)

Almost all interviewed women were not using condom. Their partners refuse using condom.

A married 27 years old female respondent explained: "*I don't use condom with my husband. He refused. You see, he is negative, but tested only once. But when you looked at him, he is the one who seems patient than me. He has signs. That's why I told him not to have sex until he tested again and know himself. And also I told him, if you don't accept let's use condoms. But he drinks a lot at night and has sex by force. And he said different things that annoyes me. You know what, he even has another wife, I told him to leave me and live with her. So that I can take care of my children but he refused…..ehh….ehh (crying)."*

Non disclosure of HIV status to Maintain relationship (see categories, Annex II)

Non disclosure by ART clients often times associated with sex without condoms. ART clients who did not disclose their HIV status to their partner not use condom at all. Participants gave reason for not disclosing their HIV status to their spouse and for not using condoms just to maintain their relationship:

A *Married 40 year's old male* expressed fear of disrupting of marital relationship and possible separation from his wife if he disclosing his HIV status as follows:
"I have two wives. I always use condom with one of my wife. But I don't use with the other. Because I didn't tell her that I have HIV and I started to take the drug. I don't know whether she has HIV or not. I am afraid to tell her because of fear of marital relationship will break."

In addition to fear of marital relation disruption, a *Married, 35 years old man* feared bringing shame to his partner and concerned to her psychology said:

"I don't use condom because I am the only one who knows myself. My wife didn't take the test. I take the drug hiding from her. I am afraid to tell her. If I tell her, I know she will not be normal and it will be hard to conveince her. Because a lot of times I heard what she talks. She doesn't have positive attitude towards HIV patients. I used to hear what she talks about HIV patients with her neighbor are so I don't tell her."

5.5 Have children, number of children and desire of children

The table below showed that 193 (88.9 %) of the respondents had children among those 91(47.2%) had only one child. The nighty three (42.9%) respondents reported that desire to have children in future.

Table 4: Percentage distribution by having children, number of children and desire for children of respondents in health institutions of Hosanna Town, 2014.

Variable	Frequency	Percent
Have children (n=217)		
Yes	193	88.9
No	24	11.1
Number of children(n=193)		
1	91	47.2
2	38	19.7
≥3	64	33.2
Desire to have children(n=217)		
Yes	93	42.9
No	124	57.1

5.6 Counseling

More than half of 235 (59.9%) of respondents reported not receiving follow up counseling in the last three months. The most common type of received counseling was about drug adherence.

Table 5: Percentage distribution of respondents by ever received counseling and type of counseling in health institutions of Hosanna Town, 2014.

Variable	Frequency	Percent
Ever receive counseling in the last 3 months		
Yes	157	40.1
No	235	59.9
Type of received counseling		
To use condom	97	61.8
About drug adherence	118	75.2
About nutrition	17	10.8
*Others	8	5.1

*Others = included about sanitation and side effect of drug

5.7 Bivarate analysis

5.7.1Bivariate analysis of socio demographic characteristics and consistent condom use

As shown table 6 below the odds of consistent condom use among female respondents were less likely (COR= 0.49, 95% CI: 0.28 to 0.83)**.** Also**,** consistent use of condom by ART attendees was less likely if ART attendees below 34 years (COR= 0.45, 95% CI: 0.26 to 0.77).

Table 6: Bivariate analysis of socio demographic characteristics and consistent condom use in health institutions of Hossana Town, 2014. (n=217)

Variable	Consistent use of condom		COR(95%CI)
	Yes	No	
	Frequency (%)	Frequency (%)	
Sex			
Male	67(59.8%)	45(40.2%)	**1**
Female	44(41.9%)	61(58.1%)	***0.49[0.28,0.83]**
Age			
<34	41(40.6%)	60(59.4%)	***0.45[0.26, 0.77]**
≥34	70(60.3)	46(39.7%)	**1**
Education			
No formal education	12(41.4%)	17(58.6%)	0.37[0.13, 1.04]
Primary	51(51.5%)	48(48.5%)	0.56[0.24, 1.28]
Secondary	27(47.4%)	30(52.6%)	0.47[0.19, 1.16]
More than secondary	21(65.5%)	11(34.4%)	1
Marital status			
*Single	8(61.5%)	5(38.5%)	1
Married	103(50.5%)	101(49.5%)	0.64[0.20, 2.01]
Current occupation			
Employed at formal sector	23(52.3%)	21(47.7%)	1
Self employed	65(60.2%)	43(39.8%)	1.38[0.68, 2.79]
House wife	19(33.9%)	37(66.1%)	0.47[0.21, 1.05]
Others	4(44.4%)	5(55.6%)	0,73[0.17, 3.09]
Family monthly income			
≤500	35(50.7%)	34(49.3%)	0.86[0.45, 1.65]
501-999	33(47.8%)	36(52.2%)	0.77[0.40, 1,47
≥1000	43(54.4%)	36(45.6%)	1

*Single= included never married, divorced, separated and widowed

* Statistically significant factor P<0.05

5.7.2 Bivariate analysis of HIV/AIDS and ART related characteristics with consistent condom use

Table 7: below shows those respondents who had been on ART for 12 to 24 months were less likely use condom consistently than who were on ART for more than 24 months and participants who perceived that ART can reduce HIV transmission were less likely to use condom consistently.

Table 7: Bivariate analysis of HIV/AIDS and ART related characteristics with consistent condom use in health institutions of Hossana Town, 2014. (n=217)

Variable	Consistent condom use		COR(95%CI)
	Yes	no	
Duration since tested positive(months)			
<12	10(38.5%)	16(61.5%)	0.53[0.23, 1.25]
12-24	11(45.8%)	13(54.2%)	0.72[0.31, 1.71]
>24	90(53.9%)	77(46.1%)	1
Duration of ART (months)			
<12	20(48.8%)	21(51.2%)	0.75[0.37, 1.50]
12-24	11(33.3%)	22(66.7%)	***0.39[0.18, 0.87]**
>24	80(55.9%)	63(44.1%)	1
Perception that ART can reduce HIV transmission			
Yes	25(26.6%)	69(73.4%)	0.16[0.86, 0.28]
No	86(69.9%)	37(30.1%)	1
Condom use before testing HIV			
Yes	28(59.6%)	19(40.4%)	1
No	83(48.8%)	87(51.2%)	0.65[0.34, 1.25]
Current CD4			
≤350	37(52.1%)	34(47.9%)	0.94[0.54, 1.66]
>350	74(50.7%)	72(49.3%)	1
Member of PLWHA association			
Yes	37(54.4%)	31(45.6%)	1
No	74(49.7%)	75(50.3%)	0.83[0.47, 1.47]

* Statistically significant factor P<0.05

5.7.3 Bivariate analysis of sexual behavior of respondents with consistent condom use

Table 8 below showed as concerning about partners sero-status with whom the respondents had sex without using condom, 35% of respondents had history of sex with negative sero-status, 55.5 % with positive and 45% with unknown sero-status. Respondents who had sex with negative sero-status 2.3 times more likely use condom compared with positive serostatus.

Table 8: Bivariate analysis of sexual behavior of respondents with consistent condom use in health institutions of Hossana Town, 2014.

Variable	Consistent condom use		COR(95% CI)
	Yes	no	
Relationship with partner(n=217)			
Regular spouse/cohabitant partner	102(49.8%)	103(50.2%)	0.33[0.09, 1,25]
**Non -cohabitant	9(75.0%)	3(25.0%)	1
Condom use initiated by (124)			
My self	53(88.3%)	7(11.7%)	0.61[0.17, 2.19]
My partner	8(80%)	2(20%)	0.32[0.05, 2.04]
Mutual decision	50(92.6%)	4(7.4%)	1
Ever drunk alcohol during the last sexual intercourse (217)			
Yes	11(52.4%)	10(47.6%)	1.05[0.42, 2.57]
No	100(51.3%)	95(48.7%)	1
Discussion about condom use(217)			
Yes	108(67.5%)	52(32.5%)	1
No	3(5.3%)	54(94.7%)	0.03[0.01, 0.09]
HIV sero status disclosure to partner(217)			
Yes	107(52.5%)	97(47.5%)	1
No	4(30.8%)	9(69.2%)	0.40[0.12, 1.35]
Partner sero status with whom had sex in the last 3 months(217)			
Positive	61(44.5%)	76(55.5%)	1
Negative	39(65.0%)	21(35.0%)	***2.31[1.23, 4.34]**
unknown	11(55%)	9(45%)	1.52[0.59, 3.91]

* Statistically significant factor P<0.05

**Non-cohabitant = included boy/girlfriend and casual contacts

5.7.4 Bivariate analysis of fertility desire, and counseling with consistent condom use

Table 9 below shows as respondents who had one child were less likely to use condom consistently than those who had three or more children. Also participants who desired to have children in the future were less likely to use condom consistently than who did not desire to have children in the future.

Receiving follow up counseling had significant association with consistent condom use. Participants who did not received follow up counseling in the past three months less likely use condom consistently than those who received follow up counseling in the past three months.

Table 9: Bivariate analysis of fertility desire, and counseling with consistent condom use in health institutions of Hosanna Town, 2014.

Variable	Consistent condom use		COR(95%CI)
	Yes	no	
Have children (n=217)			
Yes	100(51.8%)	93(48.2%)	1
No	11(45.8%)	13(54.2%)	0.79[0.34, 1.84]
Number of children (n=193)			
1	38(41.8%)	53(58.2%)	***0.46[0.24, 0.83]**
2	23(60.5%)	15(39.5%)	0.98[0.43, 2.24]
≥3	39(60.9%)	25(39.1%)	1
Desire to have children (n=217)			
Yes	39(41.9%)	54(58.1%)	***0.52[0.30, 0.89]**
No	72(58.1%)	52(41.9%)	1
Ever received counseling in the last 3 months (n=217)			
Yes	59(60.2%)	39(39.8%)	1
No	52(43.7%)	67(56.3%)	***0.51[0.29, 0.88]**

* Statistically significant factor P<0.05

5.8 Multivariate analysis of consistent condom use with important variables

The logistic regression model after adjusting for other factors, results indicated statistically significant predictor factors to consistent condom use to be: duration of ART, perception that ART can reduce HIV transmission and partner status.

Respondents who had been on ART for 12 to 24 months were less likely use condom consistently than who were on ART for more than 24 months [AOR=0.26:95% CI 0.07, 0.93] and participants who perceived that ART can reduce HIV transmission were less likely to use condom consistently than those who perceived ART cannot reduce HIV transmission [AOR=0.18:95% CI 0.09, 0.35]. On the other hand, respondents who had sex with negative sero-status partner more likely use condom consistently [AOR=2.45:95% CI 1.14, 5.35] compared with positive serostatus.

Table 10: Multivariate analysis of consistent condom use with important variables in health institutions of Hosanna Town, 2014.

Predictors of consistent condom use		Consistent condom use		COR[95% CI]	AOR[95% CI]
		Yes Frequency (%)	No Frequency (%)		
Sex	Male	67(59.8)	45(40.2)	**1**	1
	Female	44(41.9)	61(58.1)	0.49[0.28, 0.83]	0.56[0.25, 1.22]
Age	<34	41(40.6)	60(59.4)	**0.45[0.26,0.77]**	0.80[0.37, 1.74]
	≥34	70(60.3)	46(39.7)	**1**	1
Education	No education	12(41.4)	17(58.6)	0.37[0.13, 1.04]	0.66[0.18, 2.46]
	Primary	51(51.5)	48(48.5)	0.56[0.24, 1.28]	0.97[0.36, 2.62]
	Secondary	27(47.4)	30(52.6)	0.47[0.19, 1.16]	0.63[0.22, 1.83]
	More than secondary	21(65.5)	11(34.4)	1	
Marital status	Single	8(61.5)	5(38.5)	1	1
	Married	103(50.5)	101(49.5)	0.64[0.20, 2.01]	0.37[0.08, 1.74]
Duration since of diagnosis	<12	10(38.5)	16(61.5)	0.53[0.23, 1.25]	0.31[0.05, 1.81]
	12-24	11(45.8)	13(54.2)	0.72[0.31, 1.71]	0.85[0.20, 3.58]
	>24	90(53.9)	77(46.1)	1	1
Duration on ART	<12	20(48.8)	21(51.2)	0.75[0.37, 1.50]	1.43[0.31, 6.70]
	12-24	11(33.3)	22(66.7)	**0.39[0.18,0.87]**	****0.26[0.07, 0.93]**
	>24	80(55.9)	63(44.1)	1	1
Perception that ART can reduce HIV transmission	Yes	25(26.6)	69(73.4)	**0.16[0.86,0.28]**	****0.18[0.09, 0.35]**
	No	86(69.9)	37(30.1)	1	1
Condom use before diagnosis	Yes	28(59.6)	19(40.4)	1	1
	No	83(48.8)	87(51.2)	0.65[0.34, 1.25]	0.69[0.30, 1.58]
Disclosure of HIV status	Yes	107(52.5)	97(47.5)	1	1
	No	4(30.8)	9(69.2)	0.40[0.12, 1.35]	0.28[0.05, 1.45]
Partner sero status	Positive	61(44.5)	76(55.5)	1	1
	Negative	39(65.0%)	21(35.0%)	**2.31[1.23,4.34]**	****2.45[1.14, 5.35]**
	Unknown	11(55%)	9(45%)	1.52[0.59, 3.91]	2.14[0.54, 8.43]
Desire to have children	Yes	39(41.9%)	54(58.1%)	**0.52[0.30,0.89]**	0.55[0.28, 1.08]
	No	72(58.1%)	52(41.9%)	1	1
Follow up counseling	Yes	59(60.2%)	39(39.8%)	**1**	1
	No	52(43.7%)	67(56.3%)	0.51[0.29, 0.88]	0.51[0.25, 1.01]

**AOR= shows significant association P<0.05

6. DISCUSSION

A total of 392 ART attendees participated in the study. Among sexually active of ART attendees 51.2 %(95% CI: 46.3, 56.2) used condom consistently in the last three months.The quantitative data complemented by the qualitative interviews showed that the consistent condom use of ART attendees was most hindered by low risk perception of HIV, feeling of invulnerability, desire to have children and non disclosure of status to maintain relationship.

Social desirability bias can be considered as limitation of the study. However, the use of same-sex data collectors, trained interviewers other than ART unit and discussion about the issue would have likely decreased this limitation. On the other hand, the use of in-depth interviews to complement the quantitative data can be reflected strength of the study. Quantitative data as well as indepth interview with ART attendees and counselors provides a full description of the research problem.

The reported prevalence of consistent condom use was similar with study done in Gondar which was 50.2 %(15). It was also inline with research done in Nigeria which was 48.8 %(7) and Papua New Guinea which which was 46%(17) but lower than studies done in Addis Ababa, Jimma and Uganda which was 63.1%(14), 78.9%(16), and 65%(13) respectevily. This variation could be because of study setting which affects sociodemographic characterstics and duration of being sexually active.

ART attendees who had been on ART for 12 to 24 months were less likely use condom consistently than who were on ART for more than 24 months. This is in line with the study done in Uganda PLWHA were also significantly less likely to have used condom consistently if they had been on ART for 1-2 year(s)(13). Another study conducted in Kenya found that time on ART were important predictors of inconsistent condom use with a trend showing that shorter ART use was significantly associated with inconsistent condom use(22). Eventhough ART duration below 12 months not statistically significant respondents who had been on ART for less than 12 months were less likely use condom consistently. This could be due to initially difficult to accept test result i.e. being positive and starting of treatment and adjusting them and modifying their sexual behaviors.

Consistent condom-use was found to be less likely among PLWHA on ART who perceived that ART can reduce HIV transmission. This is in line with study conducted in New York among HIV infected male and female(34). This could be due to Treatment Optimism which may lead to minimizing, discounting or discrediting the threat of HIV/AIDS(36). In contrast to this different studies have shown that access to ART has not led to significant risky sexual behavior among HIV-infected persons (8-12). This could be due to exposure to secondary prevention methods in their follow up period.

This study found that respondents who had sex with negative sero-status partner were more likely use condom consistently. This is consistent with a study done in Addis Ababa found that ART clients were most likely to use condoms if they thought their partner status is negative(12). Other study done in kenya found that individuals with an HIV-seronegative partner were more likely to use a condom at last sex(29). This result suggests that ART clients wanted to protect their HIV-negative partners. This also showed provision of strong counseling for serodiscordant partner in ART programs. In contrast to this a study in Uganda revealed that PLWHA who had a regular sex partner who was HIV-negative or whose HIV status was unknown were also significantly less likely to have used condom consistently. If the HIV-negative partner stayed uninfected for a long time for their partner they perceived that they are not susceptible for the infection. This was observed among HIV-negative men who negated to use condom with HIV-positive partners (7). This also supported by qualitative interview. This could be due to low HIV risk perception and feeling of invulnerablity.

The major reason mentioned not using condom consistently was partner refusal (35.4%) and assuming no risk of infection because of both partner already infected by HIV (32.2%). This finding was in line with study done in North shewa zone and Addis Ababa(14, 32). This is also supported by qualitative results. This is also could be due to low risk perception and lack of knowledge about reinfection.

7. STRENGTHS AND LIMITATIONS OF THE STUDY

7.1. Strengths

- Using mixed methods
- The study provides base line information for further research and a guide for program planners in the prevention of transmission and re-infection of HIV/AIDS among peoples

7.2. Limitations

- Self-reporting of condom-use that could have been affected by social desirability bias
- The cross-sectional design which cannot explain cause and effect relationship

8. CONCLUSIONS AND RECOMMENDATION

8.1 Conclusion

- Consistent condom use among ART clients was low.

- ART clients are more likely to use condom inconsistely when they perceived that ART can reduce HIV transmission and being on ART for12 to 24 months. ART clients were also more likely reported use of condom consistently when sero-status of partner is negative.

- There is low awareness of the fact that couples can remain discordant for some time with the HIV-negative partner still being at risk of infection.

- Low risk perception to HIV, feeling of invulnerability, wanted to have child, non disclosure to maintain relationship and disempowerment are barriers to use condom consistently among ART clients in the study area.

8.2 Recommendation

To policy maker or program planner

- The study highlighted the need for ART programs to include follow up counseling that emphasize on consistent condom use with all partners irrespective of partner status, serostatus disclosure and partner testing in every visit when clients come for their ART treatment.

To ART counselors

- Counseling should be strengthening for those who are on ART for short duration until they accept the condition and to practice safe sex.

- ART counselors should try to change clients' beliefs towards treatment optimism and explain it does not mean that transmission risks are eliminated totally.

- Raising awareness on the issue of HIV discordance among couples. Adapting specific interventions for discordant couples to help them maintain their discordant status by promoting preventive measures such as consistent condom use.

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ANNEXES

Annex I Conceptual framework

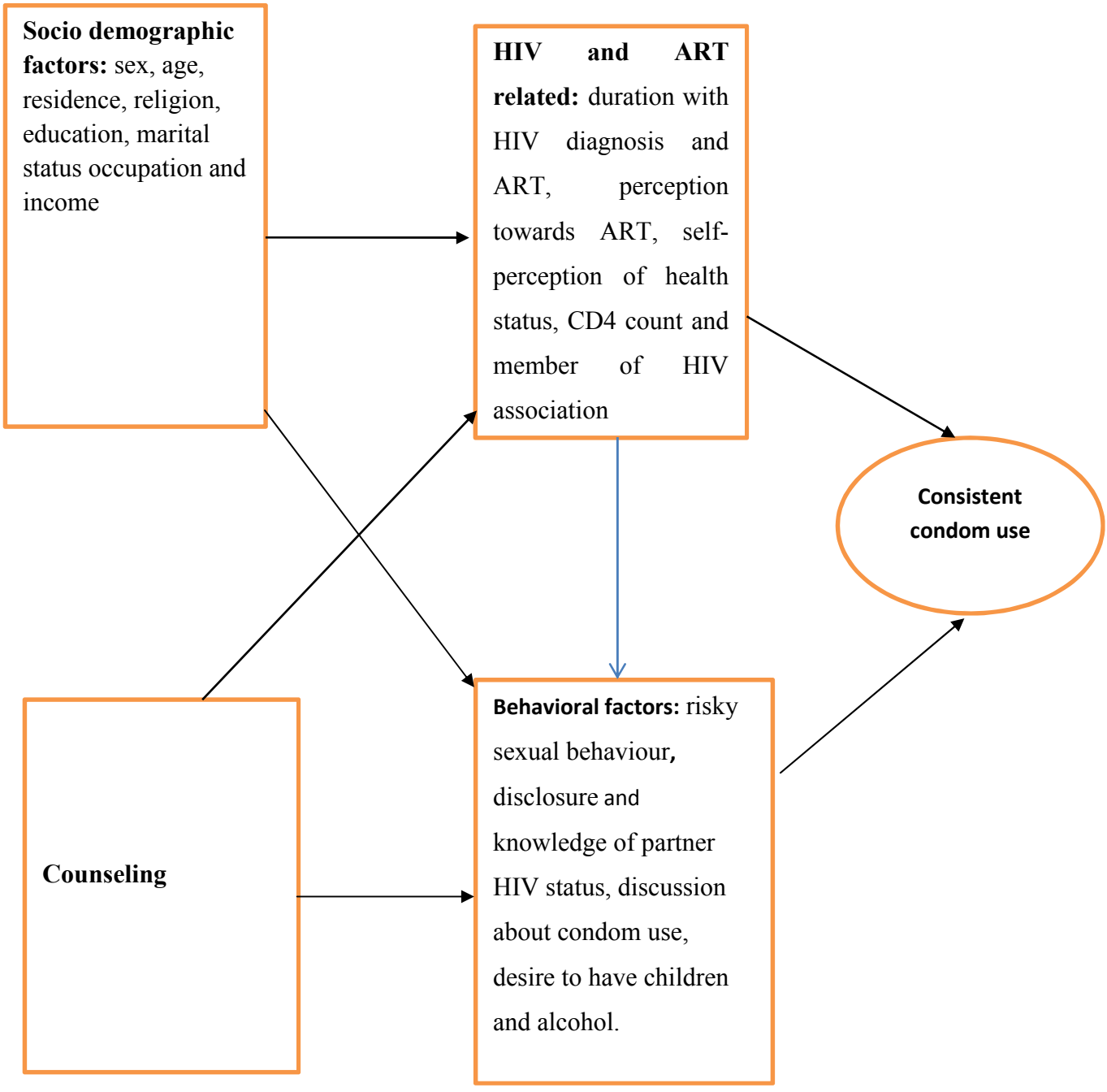

Fig 2: shows conceptual framework of consistent condom use and factors associated with it.

Annex II: The theme, categories and codes as identified from the qualitative data

Theme : consistent condom use hindered by feeling of invulnerability, low risk perception of HIV and non-disclosure of status to maintain relationship					
Categories	Facilitors for condom use after initiation of ART	Low risk perception of HIV	Non-disclosure of status to maintain relationship	Problem oriented counseling	Disempowerment
Codes	Benefit Uses	Feeling of invulnerability Selfishness Ignorance of care giver counseling Negligence Lack of awareness about reinfection Information gap Hopelessness	Concern for partner psychology Fear of marital discord Disgrace Fear Shame Embarrassment Hidden	Newly start treatment Tracing defaulter Lost follow up Problem	Feeling like adultery Forced sex

Annex III: Information Sheet and consent form (English version)

This Information Sheet and Consent Form are prepared for ART clients and eligible to participate in this Research Project in Hosanna town, Hadiya Zone.

Information sheet (English version)

Title of the study: Magnitude of condom utilization and associated factors among People Living with HIV/AIDS on HAART in Hosanna town, Hadiya zone, SNNPR, Ethiopia 2014.

Name of Principal Investigator: Tenaye Kebede

Name of the Organization: AAU, college of health science, School of Public Health.

Name of the Sponsor:

Introduction

This information sheet is prepared with the aim of determining magnitude of condom use and associated factors amongPLWHA on ART in Hosanna town, Hadiya zone. The research group includes the principal investigator, trained data collectors, supervisors and one advisor from AAU.

Purpose of the Research Project

The aim of this study is to assess magnitude and factors affecting consistent condom use among PLWHA on ART.

The study shows the gap of consistent condom use on ART clients which are a potential source of HIV infection. Therefore, the results of this study will be used to design appropriate intervention programs to address the low and /or inconsistent condom use among PLWHA on ART.

Procedure

The health facilities are providing ART services to PLWHA and you are one of the service customers. Therefore, you are randomly selected to be one of the study participants if you are willing to take part in this study and we kindly invite you to take part in the study. If you are willing to participate, we are so happy and we need you to clearly understand the aim of this study and to sign the consent form. Finally you are kindly requested to give your genuine response during the interviewee.

Benefits, Risk and /or Discomfort: By participating in this research project you may feel some discomfort in wasting your time (a maximum of 20 minutes). However, your participation is definitely important to identify the determinant factors for the low and/or inconsistent condom use by PLWHA on ART so as to design appropriate prevention strategy of HIV/AIDS in those who are already living with the virus and taking ART. There is no risk or direct benefit in participating in this research project.

Incentives/Payments for Participating: You will not be provided any incentives or payment to take part in this project.

Confidentiality: The information collected from you will be kept confidential and stored in a file, without your name by assigning a code number to it. And hence no report of the study ever identifies you.

Right to Refusal or Withdraw: You have the full right to refuse from participating in this research. You have also the full right to withdraw from this study at any time you wish.

Consent form

Good morning/afternoon. I am Tenaye kebede, final year MPH student from AAU, Collegeof Health Sciences, and School of Public Health to study the magnitude and factors associated with condom use among PLWHA on ART in Hosanna town, Hadiya zone. The research is under the supervision of AAU. I am interested to do this research because it is important to assess the magnitude and factors associated with condom use among PLWHA on ART.

You are randomly selected to the study participant. There are also other clients who are selected like you, so the information you are requested to provide is very important for further study and to design appropriate prevention strategy of HIV/AIDS.

The study questionnaire will take a maximum of 20 minutes to fill and it involves various intimate and private life questions and hence you are not requested to write your name so that no reports of the study will ever identify you. We would like to assure you that confidentiality will be kept throughout. Any way you have full right to participate or to discontinue at any time or not to participate in the study at all.

Are you willing to participate in the study? ☐Yes ☐No

If yes please sign…….signature

Thank you**!**

If you have any doubts or questions in future, you may contact the study investigator, Tenaye Kebede

Tele: +251_912-163-854Email: tenu.kebede@gmail.com

Data collectors name----------signature----------

Annex IV: **Questionnaire**: **English Version**

PART ONE- SOCIO-DEMPGRAPHIC CHARACTERISTICS

Number	**Questions**	**Response**
101	How old were you at your last birthday?	[____|____] Years
102	Sex of respondent	1. Male 2. Female
103	Place of residence	1. Rural 2. Urban
104	Health facility	1.Nigist eleni memorial hospital 2.Hosana health center
105	What is your educational status	1. Unable to write and read 2. Write and read 3. Completed grade----------
106	What is your religion? **IF RESPONDENT ANSWERS "CHRISTIAN," ASK"ARE YOU ORTHODOX, CATHOLIC, OR PROTESTANT?"**	1. Orthodox 2. Muslim 3. Protestant 4. Catholic 5. Other(specify)_____
107	What is your current occupation that is what kind of work you mainly do?	1. Government employee 2. Private employee/merchant 3. House wife 4. Daily laborer 5. Housemaid/servant 6. Student 7.Others(specify)_____ _____

108	What is your current Marital status?	1. Never married 2. Married 3. Cohabiting /Living together 4. Divorced 5. Widowed 6. Separated

Part II: ART and related factors

Number	Question	Response
201	How long is it since you tested positive for HIV/AIDS?	_____(months, years)
202	How long had it been since you have started ART?	_____(months, Years)
203	Respondents health status after intiation of ART	1.Improved 2.same 3.worsened
204	What do you perceive that ART can reduce HIV transmission?	1.Yes 0.No
205	Did you use condom before you know your HIV status?	1. Yes 0. No **(GO TO 207)**
206	If yes how frequently did you use condom?	1. Always 2. Sometimes(half)
207	Current CD4 count	----------
208	Are you member of HIV/AIDS association	1.yes 0.No

Part III: Behavioral factors and condom use

Number	Question	Response
301	Did you have sex in the past three months?	1. Yes 0. No
302	If yes with how many different people have you had sex with in the last three months?	[____|____] Number of people

Now let's talk about the sexual partners with whom you have had sex in the past three months. Please think of the 2 most recent sexual partners. Let's start with the partner with whom you have had sex with most recently.

		A. 1st Partner (most recent)	B. 2nd Partner
303	What is your relationship with this partner?	1=Regular, Spouse/cohabit. partner 2=Regular, non-cohabit. boy/girlfriend 3 = Casual contact 4 = Commercial sex worker 5 = Client who paid for sex	1=Regular, Spouse/cohabit. partner 2=Regular,non-cohabit. boy/girlfriend 3 = Casual contact 4 = Commercial sex worker 5 = Client who paid for sex
304	Did you use condom with in the last three months	1.Yes 0.No(**GO TO Q310)**	1.Yes 0.No(**GO TO Q310)**
305	If yes for Q305 how often did you use a condom with this partner:	1 Always 2 Sometimes	1 Always 2 Sometimes
306	The last time you had sexual intercourse with this partner, was a condom used?	1 Yes 2 No(**GO TO Q310)**	1 Yes 2 No(**GO TO Q310)**
307	If yes why	1.To prevent pregnancy 2.To prevent HIV and STI	1.To prevent pregnancy 2.To prevent HIV and STI

		3.To prevent reinfection 4.Pressurized by partner	3.To prevent reinfection 4.Pressurized by partner
308	Who initiated using the condom?	1 Myself 2 My partner 3 Mutual decision	1 Myself 2 My partner 3 Mutual decision
309	Why did you not use a condom?	1. My partner/s did not want to use a condom 2. My partner/s already had HIV 3. Sex doesn't feel the same with acondom 4. Didn't have a condom available 5. I fear to ask my partner to use condom 6. Thought my partner didn't have STI 7. Was drunk and didn't think of condom use 8.Wanted to have a child(own/partner) 9. Did not know condoms could reduce the risk of re-infection 10. Condom is against my religion 11. I didn't use because I am infected 12. Other(specify)_____	1. My partner/s did not want to use a condom 2. My partner/s already had HIV 3. Sex doesn't feel the same with a condom 4. Didn't have a condom available 5. I fear to ask my partner to use condom 6. Thought my partner didn't have STI 7. Was drunk and didn't think of condom use 8.Wanted to have a child(own/partner) 9. Did not know condoms could reduce the risk of re-infection 10. Condom is against my religion 11. I didn't use because I am infected 12.

		_____	Other(specify)_____ _____
310	Did you discuss about using condoms and safe sex with your partner?	1. Yes 0. No	1. Yes 0. No
311	What is/are the HIV sero status of the person/s with whom you had sex in the last 3 months?	1.Negative/s 2. Positive 3. Don't know	1.Negative/s 2. Positive 3. Don't know
312	Have you disclosed your sero status to your partner?	1. Yes 0. No	1. Yes 0. No
313	The last time you had sexual intercourse (with this other person), did you or this person drink alcohol?	1. Yes 0. No	1. Yes 0. No
314	IF YES: who was drunk?	1. Respondent only 2. Partner only 3.Both partner and respondent	1. Respondent only 2. Partner only 3.Both partner and respondent
315	Do you have children		1. yes 0. No(**GO TO Q318)**
316	If yes how many children do you have?		……
317	Did you want to have children in the future		1 yes 2 No

Part IV: Counseling related question

401	Have you ever received any follow up counseling in the last 3 months	1. Yes 2. No
402	If yes what type of counseling did you receive	1. To use condom 2. About Adherence 3. About Nutrition 4. Other specify----------
403	How would you rate the counseling you get	1.Very poor 2.Poor 3.Fair 4.Good 5.Very good

Interview Guide

Principal Investigator: Tenaye Kebede

Introduction: Self introduction, name and general affiliation.

Instructions to Interviewer

Let the respondent know how s/he was selected for the interview. Stress and verify comfort level with the interview, noting that for practical reasons such as the need to reduce fatigue, more than one meeting for the purpose of the interview may be necessary. Assure respondent of confidentiality, obtain written consent for the interview.

ESTIMATED TIME FOR THE DISCUSSION: 1 hours

Purpose of Interview

We are aware that Treatment with antiretroviral medications may suppress viral loads to undetectable level but not necessarily eliminate the risk of sexual transmission of HIV infection. PLWHA receiving ART are living longer, healthier and possibly more sexually active. Unprotected sex among HIV infected persons is of concern because of the risk of transmission to sero-discordant partners, or the risk of re-infection with new and/or drug resistant viral strains but consistent condom use minimize the risk of transmission. We are interested in knowing your views about factors influence condom use. We know that these questions are personal and sensitive, but we insist that, this conversation is confidential. It‘s quite normal for people living with HIV to engage in sex. I will not judge you based on your information, so I am asking you to be open and honesty in this conversation. It may not be easy for me to write all the conversation, so I am asking your approval so that I can tape record the conversation.

Interview Begins

I appreciate that you have taken time to participate in this research process which we know will greatly help us to understand about condom use and associated factor with it. The things we discuss are completely confidential. Anytime you need a break or not comfortable answering any question let me know.

Basic Information on the setting.

Date of interview _____

Time _____

Name of Interviewer_____

Interviewee references number_____

Introductory questions to put the client at ease:

Tell me a bit about your life history.

Probe:

Age_____

Sex _____ Marital status_____

Education level_____

For PLWHA on ART

Now I would like to ask about your condom use with your partner/s.

1. What do you know about condoms? Probe: Uses of condoms.

2. Do you use condoms with your partner/s?

Probe: Why or why not, How often, who initiate it

Give me an example of a time when you did not use condoms and an example of a time when you did use them.

3. Do you discuss condom use with your partners and who usually initiates the conversation

4. Could you describe to me the trend in condom use with your partners before you were diagnosed to have HIV, during the disease progression and now when you are healthier after starting ART?

5. Has ART affected your condom use practices? Explain.

FOR KEY INFORMANT(ART COUNSELERS)

1. What are the potential benefits of using condom?

2. What are the common reason /challenge listed by ART clients for not using condom?

Probe : Can you tell me a story that was very important to you

3. What are the different techniques you provide to support ART clients to use condom?

4. How you give counseling to ART clients to use condom

Annex IV Amharic version questionnaires

የውል ና ስምምነት ቅፅ

ደህና አደራቹ/ ዋላቹ. ስሜ..... ይባላል በአ.አ. ዩኒቨረሲቲ ጤና ሳይንስ ኮሌጅ የህብረተሰብ ጤና አጠባበቅ ት/ቤት ተማሪ ስሆን የምርምር ፕሮጀክቴን የኤች አይቪ መድሃኒት በሚወስዱ ሰዎች ላይ የኮንዶም አጠቃቀምን በተመለከተ እየሰራዉ እገኛለሁ። የምርምር ፕሮጀክቱ ዋና ዓላማው ኤች አይቪ የዓለም ወረርሽኝ በሆነበት ዘመን ከቫይረሱ ጋር የሚኖሩ ሰዎች በበሽታው ስርጭት ለይ ከፍተኛ አስተውፆ አላቸው። ስለዚህም የኤች አይቪ መድሃኒት በመውሰድ ላይ ያሉትን ሰዎች የኮንዶም አጠቃቀምን በተመለከተ የሚያደርጉት ጥንቃቄ ምን ደረጃ ላይ እንዳለ ለማጥናት ነው። የአይቪ መድሃኒት በሚወስዱ ሰዎች ላይ ያለ ኮንዶም የሚደረግ የግብረ-ስጋ ግንኙነት ከፍተኛ በመሆኑና ይህም ለኤች አይቪ ኤድስ፣ ለአባለዘር በሽታ፣ ላልተፈለገ እርግዝናና መድሃኒቱን ለሚፃረር ቫይረስ ስለሚያጋልጥ በኮንዶም አጠቃቀም ዙሪያ ያሉ ተጉዋዳኝ ምክንያቶችን መዳሰስ አስፈላጊ በመሆኑ ነው። የጥናቱ ግኝት ችግሩን ለመፍታት በተለይም ደግሞ ጥናት በሚካሄድበት ቦታ ትክክለኛ የሆነ የመፍትሔ አቅጣጫ ለመቅረፅ እንደ መነሻ መሠረት ያገለግላል።

አተገባበር፡ ይህ ጥናት ጸረ ኤች አይቪ መድሃኒት የሚወስዱ ሰዎችን የሚያካትት ሲሆን እናንተ የተመረጣችሁት በእጣ በመሆኑና በጥናቱ ላይ ይተባበሩናል ብለን ስላመንን ነው። እርሶ በዚህ ጥናት ለመሳተፍ ፈቃደኛ የሚሆኑ ከሆነ ተሳታፊ በመሆንዎ በጣም ደስተኞች ስንሆን እርስዎ የጥናቱን ዓላማ በግልፅ እንዲረዱና የስምምነት ውሉን እንዲፈርሙልን እንፈልጋለን። በዚህ መሠረትም በመረጃ ሰብሳቢዎቹ የሚጠየቁትን መጠይቅ በመመለስ እንዲተባበሩ በትህትና እንጠይቃለን።

ጥቅም/ጉዳት/አለመመቸት፡ እርስዎ በጥናቱ ተሳታፊ በመሆንዎ ጊዜዎን ሊያባክኑ ይችላሉ። መጠይቁን ለመሙላት ቢበዛ 20 ደቂቃ ይወስድብዎታል። ቢሆንም እንኳን የኤች አይቪ መድሃኒት የሚወስዱ ሰዎች የግብረ-ስጋ ግንኙነት ወቅት እራሳቸውን ለመጠበቅ የሚያደርጉት ጥንቃቄ ምን ደረጃ ላይ እንዳለ ማጥናት አስፈላጊ በመሆኑና የምትሰጡትም መልስ ወደፊት ለሚደረጉ ምርምሮችና የመከላከል ስልት ለመንደፍ ትልቅ አስተዋፆ ስለሚያደርግ ጊዜዎን ሰጥተው መተባበር ተገቢና አስፈላጊ ይሆናል። እርስዎ በዚህ ጥናት ተሳታፊ በመሆንም በቀጥታ ሊያገኙት የሚችሉት ጥቅም ባይኖርም የእርስዎ ተሳትፎ የኤች አይቪ መድሃኒት የሚወስዱ ሰዎች ኮንዶም አጠቃቀም ምን እንደሚመስል ለመለየት ይጠቅማል።

ጥቅማጥቅም፡ በዚህ ጥናት ተሳታፊ በመሆንዎ ምንም ዓይነት ማበረታቻ ወይም ክፍያ አይሰጥዎትም።

ምስጢራዊነት፡ ለዚህ የጥናት ፕሮጀክት የሚሰበሰበው መረጃ የግል ጉዳያችሁን ያካተተ በመሆኑ ማን ምን መልስ እንደሰጠ/ች ምስጥር እንዲሆን ጥንቃቄ ተደርግዎበታል። ለዚህም ሲባል በመጠይቁ ላይ ስምም ሆነ የመታወቂያ ቁጥር መጻፍ አይፈለግም።

ከጥናቱ ያለመሳተፍ ወይም የመቋረጥ መብት

በዚህ ጥናት ያለመሳተፍ መብትዎ ሙሉ በሙሉ የተጠበቀ ነው። ለጥያቄዎቹ በሙሉም ሆነ በከፊል መልስ አለመስጠት ይችላሉ። እንዲሁም በማንኛውም በፈለጉት ሰዓት ማንኛውንም መብትዎን ሳያጡ የማቋረጥ ሙሉ መብት አዎት።

ለመሳተፍ ፈቃደኛኖት.....1 አዎን ይፈርሙ ..... 2 አይደለም

የትኛውም ዓይነት ጥያቄ ካልዎት ከዚህ ቀጥሎ የተጠቀሱትን ግለሰብ ማግኘትና በማንኛውም ጊዜ መጠየቅ ይችላሉ።

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ክፍልአንድ፡አጠቃላይመረጃ

ተ.ቁ	መጠይቅ	አማራጭ
101	የተጠያቂው ፆታ	1. ወንድ 2. ሴት
102	በመጨረሻዉ ልደት በል ዕድሜህ/ሽ ስንት ነበረ?	/_____/
103	አሁን የሚኖሩበት የመኖርያ አድራሻዎ የት ነዉ?	1. ከተማ 2. ገጠረ
104	የትምህርት ደረጃዎ ስንት ነው?	1. ማንበብና መፃፍ እማልችል 2. ማንበብና መፃፍ የምችል 3. የትምህርት ደረጃ በክፍል.....
105	የምትከተለው/ይዉ ሐይማኖት ምንድነው?	1. ኦርቶዶክስ 2. እስላም 3. ፕሮቴስታንት 4. ካቶሊክ 5. ሌሎች ሐይማኖቶች.....
106	ስራህ/ሽ ምንድነው?	1. የመንግስት ስራ 2. የግል ስራ 3. የቤት እመቤት 4. የቀን ሰራተኛ 5. ነጋዴ 6. ሌሎች(ይግለጹ).....
107	የጋብቻ ሁኔታ	1. ያላገባ 2. ያገባ 3. አብረዉ የምኖሩ 4. የተፋታ/ች 5. ባሏ/ሚስቱ የሞተበት/ችበት
108	የወር ገቢህ/ሽ ስንት ነው? **ይገምቱ**	.....ኢት. ብር

ክፍል ሁለት፡ የኤች አይቪ መድሃኒት ና ተዛማች ጥያቄዎችን በተመለከተ

ተ.ቁ	መጠይቅ	አማራጭ
201	ኤች አይቪ በደምዎት ውስጥ እንዳለ ካወቁ ስንት ጊዜ ሆነዎት?	....
202	የኤች አይቪ መድሃኒት ከጀመሩ ስንት ጊዜ ሆነዎት?	.....
203	ባለፉቱ 3 ወራትውስጥ የጤና ሁኔታዎ እንዴት ነበረ	1. በጥሩ የጤና ሁኔታ ላይ እገኛለሁ 2. መካከለኛ 3. ህመምተኛ
204	የኤች አይቪ መድሃኒት ኤች አይቪ እንዳይተላለፍ ያደረጋል ብለዉ ያስባሉ?	1. አዎ 2. አላስብም
205	ኤች አይቪ በደምዎት ውስጥ እንዳለ ሳያወቁ ኮንዶም ይጠቀሙ ነበር?	1. አዎ 2. አልጠቀምም **ወደ ጥያቄ207**
206	ለጥያቄ 205 መልሶ አዎ ከሆነ ምን ያህል ጊዜ ኮንዶም ይጠቀሙ ነበር?	1. ሁልጊዜ 2. አብዛኛውን ጊዜ 3. አልፎ አልፎ 4. ጥቂት ጊዜ

		5. በጣም ጥቂት ጊዜ
207	በአሁኑ ሰዓት የCD4 መጠንህ/ሽ ስንት ነው ?	……
208	በአሁን ሰአት የኤች አይቪ ኤድስ ማህበረ አባል ነዎት?	1. አዎ 2. አይደለም

ክፍል ሶስት፡ የኤች አይቪ መድሃኒት የሚወስዱ ሰዎች የኮንዶም አጠቃቀም፣ የወሲብ ህይወታቸው እና ሌሎች ባህርያትን በተመለከተ

ተ.ቁ	መጠይቅ	አማራጭ
301	ባለፉቱ 3 ወራትውስጥ የግብረ-ሥጋግንኙነትፈጽመውያውቃሉ	1. አዎ 2. አይደለም **ወደ ጥያቄ 319**
302	ለጥያቄ 301 መልሶ አዎ ከሆነ ባለፉቱ 3 ወራትውስጥከምንያህልሰዎችጋርየግብረ-ሥጋግንኙነትፈጽመውያውቃሉ	----------ቁጥር

አሁን ባለፉቱ 3 ወራት ውስጥ የግብረ-ሥጋ ግንኙነት ስለፈጸሙት ስለ ወሲብጓደኛዎ እናዎራለን፡፡ አሁን በቅርቡ የግብረ-ሥጋ ግንኙነት ከፈጸሙት የወሲብ ጓደኛዎት እንጀምራለን

		የመጀመሪያ ወሲብ ጓደኛዎ	ሁለተኛ የወሲብ ጓደኛዎ
303	የጓደኝነትዎንዓይነትይግለጹ	1. መደበኛ ምስት/ባል 2. መደበኛ የወንድ/ሴት ጓደኛ 3. ድንገተኛየወሲብጓደኛ 4. ሴተኛ አዳሪ	1. መደበኛምስት/ባል 2. መደበኛየወንድ/ሴትጓደኛ 3. ድንገተኛየወሲብጓደኛ 4. ሴተኛአዳሪ
304	ባለፉቱ 3 ወራትውስጥ በነበረዎት የግብረ-ሥጋግንኙነት ኮንዶም ተጠቅመዋል	1. አዎ 2. አይደለም **ወደ ጥያቄ 311**	1. አዎ 2. አይደለም **ወደ ጥያቄ 311**
305	ለጥያቄ 306መልሶ አዎ ከሆነ አጠቃቀምዎት እንዴት ነበረ	1. ሁልጊዜ 2. አልፎአልፎ	1. ሁልጊዜ 2. አልፎአልፎ
306	በመጨረሻየወሲብግንኙነትዎጊዜኮንዶምተጠቅመዋል	1.አዎ 2.አይደለም **ወደ ጥያቄ 311**	1.አዎ 2.አይደለምወደጥያቄ 311
307	ለጥያቄ 308መልሶ አዎ ከሆነ ኮንዶምየተጠቀሙበትምክንያት/ቶችምንድነው/ናቸው	1. እረግዝናን ለመከላከል 2. HIV እና ልሎች የአበላዘር በሽታ ለመከላከል 3. በሌላ አይነት የኤች አይቪ ቫይረስ መያዝን ለመከላከል 4. በጓደኛዬ ተገድጀ 5. ሌላካለይጠቀስ……..	1. እረግዝናን ለመከላከል 2. HIV እና ልሎች የአበላዘር በሽታ ለመከላከል 3. በሌላ አይነት የኤች አይቪ ቫይረስ መያዝን ለመከላከል 4. በጓደኛዬ ተገድጀ 5. ሌላካለይጠቀስ……..
308	ኮንዶም እድትጠቀሙ የሚያሳስበዉ ማነዉ	1. ራሴ 2. ጓደኛዬ 3. ሁለታችንም	1. ራሴ 2. ጓደኛዬ 3. ሁለታችንም
309	ኮንዶምያልተጠቀሙበትምክንያት/ቶችምንድነው/ናቸው	1.ጓደኛህ/ሽኮንዶምመጠቀምስላልፈለገ/ች 2. ጓደኛህ/ሽፖዝቲቪስለሆነ/ች	1.ጓደኛህ/ሽኮንዶምመጠቀምስላልፈለገ/ች

		3.ኮንዶምመጠቀምየወሲብስሜትንስለሚቀይር 4. ኮንዶምስላላገኘን 5.ጓደኛዬንኮንዶምእንድንጠቀምለመጠየቅበመፍራት 6.ጓደኛዬየአባለዘርበሽታየለውምብዬስላሰብኩ 7.ጠጥተንስለነበርኮንዶምለመጠቀምአላሰብንም 8. ልጅእንዲኖረንበመፈለግ 9.ከዚህበኃላኮንዶምኤችአይቪንበይበልጥእንደሚከላከልስለማላውቅ 10.ኮንዶምበሐይማኖትተቀባይነትስለሌለው 11.አንዱስለተያዝኩኝኮንዶምአልተጠቀምኩም 12. ሌላካለይጠቀስ……..	2. ጓደኛህ/ሽፖዝቲቪስለሆነ/ች 3.ኮንዶምመጠቀምየወሲብስሜትንስለሚቀይር 4. ኮንዶምስላላገኘን 5.ጓደኛዬንኮንዶምእንድንጠቀምለመጠየቅበመፍራት 6.ጓደኛዬየአባለዘርበሽታየለውምብዬስላሰብኩ 7.ጠጥተንስለነበርኮንዶምለመጠቀምአላሰብንም 8. ልጅእንዲኖረንበመፈለግ 9.ከዚህበኃላኮንዶምኤችአይቪንበይበልጥእንደሚከላከልስለማላውቅ 10.ኮንዶምበሐይማኖትተቀባይነትስለሌለው 11.አንዱስለተያዝኩኝኮንዶምአልተጠቀምኩም 12. ሌላካለይጠቀስ……..
310	ስለኮንዶምናጥንቃቄስለተሞላበትወሲብከወሲብጓደኛዎትጋርይወያያሉ	1. አዎ 2. አንወያይም 3. በከፍል	1. አዎ 2. አንወያይም 3. በከፍል
311	ባለፉት 3 ወራትውስጥየወሲብግንኙነትአብረውየፈፀሙበትንሰውኤችአይቪሁኔታምንድነው	1. ነጌቲቪ 2. ፖዝቲቪ 3. አላውቅም	1. ነጌቲቪ 2. ፖዝቲቪ 3. አላውቅም
312	ቫይረሱበደመዎትውስጥመኖሩንለወሲብጓደኛዎገልጸነበር	1. አዎ 2. አልገለጽኩም	1. አዎ 2. አልገለጽኩም
313	በመጨረሻየወሲብግንኙነተዎጊዜ አልኮል ጠጥተሃል/ሽል ወይም ጓደኛዎ ጠጥቷል/ጠጥታለች	1. አዎ 2. አይደለም	1. አዎ 2. አይደለም
314	አዎን ከሆነ ማነዉ የጠጣዉ	1.ተጠያቂዉ 2. ጓደኛዉ/ዋ	1.ተጠያቂዉ 2. ጓደኛዉ/ዋ
315	ልጆች አለዎት?	1. አዎ 2. አይደለም	
316	ስንት ልጆች አለዎት?	……..	
317	ወደፊት ልጅ እንድኖሮት ይፈልጋሉ	1. አዎ 2.አልፈልግም	

ክፍል 4፡የምክርአገልግሎትንበተመለከተ

ተ.ቁ	መጠይቅ	አማራጭ
401	ባለፉቱ 3 ወራት ውስጥ የምክር አገልግሎት ተሰትዎት ነበር	1. አዎ 2. አልተሰጠም 3. አላስታዉስም
402	ለጥያቄ ቁጥር 501 መልሶ አዎ ከሆነ ስለ ምን ተሰትዎት	1. ስለ ኮንዶም 2. ስለ መድሃኒቱ ክትትል 3. ስለ ስነ ምግብ 4. ሌላ ካለ ይጠቀስ……..
403	በአጠቃላይ ስለ ኮንዶም አጠቃቀም እና ስለ ኮንዶም ጥቅም የተሰጥዎትን የምክር አገልግሎት እንዴት ያዩታል	1. በጣም ዝቅተኛ 2. ዝቅተኛ 3. አጥጋቢ 4. ጥሩ 5. በጣም ጥሩ

የቃለ መጠይቅ መመርያ

የጥናቱ ዋና ተመራማሪ፡ ጤናዬ ከበደ

መግቢያ፡ራስን ማስተዋወቅ እና ስም

የጥናቱ ገለፃ

በቅድምያ ተጠያቂው/ዋ እንዴት ለቃለ መጠይቁ እንድተመረጠ/ች ግልፅ ይሁን፡፡ ቃለ መጠይቁ ተጠያቂውን/ዋን ነፃነት የማይነካ መሆኑ በደንብ ያስረዱ፡፡የሚመልሱት መጠይቅ የግል ጉዳያቸውን ያካተተ በመሆኑ ማን ምን መልስ እንደሰጠ/ች ሚስጢር እንዲሆን ጥንቃቄ እንደተደረገ ለተጠያቂው/ዋ ያረጋግጡ፡፡

ውይይቱ የሚደረገው፡1 ሰዓት

የቃለ መጠይቁ ዓላማ

የኤች አይቪ መድሃኒት በሚወስዱ ሰዎች ላይ ያለ ኮንዶም የሚደረግ የግብረ-ስጋ ግንኙነት ከፍተኛ በመሆኑና ይህም ለኤች አይቪ ኤድስ፣ ለአባለዘር በሽታ፣ ላልተፈለገ እርግዝናና መድሃኒቱን ለሚፃረር ቫይረስ ስለሚያጋልጥ በኮንዶም አጠቃቀም ዙሪያ ያሉ ተጉዋዳኝ ምክንቶችን መዳሰስ አስፈላጊ በመሆኑ ነው፡፡ የጥናቱ ግኝት ችግሩን ለመፍታት በተለይም ደግሞ ጥናት በሚካሄድበት ቦታ ትክክለኛ የሆነ የመፍትሔ አቅጣጫ ለመቅረፅ እንደ መነሻ መሠረት ያገለግላል፡፡እናንተ ለዚህ ቃለ መጠይቅ የተመረጣችሁት ሙሉ ኢንፎርሜሽን ይሰጡናል ብለን ስላመንን ነው፡፡ እርሶ በዚህ ጥናት ለመሳተፍ ፈቃደኛ የሚሆኑ ከሆነ ተሳታፊ በመሆንዎ በጣም ደስተኞች ስንሆን እርስዎም ለሚጠይቁት ጥያቄ ትክክለኛውን መልስ በመመለስ እንዲተባበሩ በአክብሮት እንጠይቃለን፡፡ የምትመልሱት መልስ የግል ጉዳያችሁን ያካተተ በመሆኑ ማን ምን መልስ እንደሰጠ/ች ሚስጢር እንዲሆን ጥንቃቄ ተደርግዎሎታል፡፡ እርሶ የሚሰጡኝን መልስ ሙሉ በሙሉ እየፃፍኩ ለማውራት ስለሚያስቸግረኝ የምናደርገውን ቃለ ምልልስ በቴፕ እንድቀርፅ እንዲፈቅዱልኝ በትህትና እጠይቃለሁ፡፡

የቃለ መጠይቁ ጅማሬ

በዚህ ጥናት ለመሳተፍ ፈቃደኛ ስለሆኑ እጅግ በጣም ላመሰግነዎት እወዳለሁ፡፡ ከእርሶ ጋር የምናደርገው ቃለ ምልልስ ሙሉ በሙሉ ሚስጢር እንዲሆን ጥንቃቄ ተደርግዎሎታል፡፡ በቃለ መጠይቁ መሳተፍና ለሁሉም ጥያቄዎች መልስ መስጠት ለውጤቱ መስመር እጅግ አስፈላጊ ቢሆንም ለመጨረስም ሆነ በመካከል ለማቋረጥ ግዳጅም ሆነ ጫና የለብዎትም፡፡

ለቃለ መጠይቅ መሠረታዊ መረጃ

ቃለ መጠየቁ የተካሄደበት ቀን፡ _____

ቃለ መጠየቁ የተካሄደበት ሰዓት፡ _____

የጠያቂው ስም፡ _____

የተጠያቂው መለያ ቁጥር፡ _____

የመግቢያ ጥያቄ

ስለ ሕይወት ታሪክ/ሽ በመጠኑ ንግረኝ/ሪኝ

ዕድሜ፡ _____

ፆታ፡ _____ የጋብቻ ሁኔታ፡ _____

አድራሻ፡ _____ የሥራ ክፍል፡ _____

የትምህርት ደረጃ፡ _____

የመወያያ ነጥቦች

ሀ. ከባይረሱ ጋር ለሚኖሩ ሰዎች

1. ስለ ኮንዶም ምን ያዉቃሉ? ጥቅሙስ ምንድ ነዉ?
2. ኮንዶም ይጠቀማሉ? ከሆነ ለምን? ካልሆነ ለምን?
3. ኮንዶም የተጠቀሙበትን ና ያልተጠቀሙበትን ጊዜ ይነግሩኛል?
4. ስለ ኮንዶምና ጥንቃቄ ስለተሞላበት ወሲብ ከወሲብ ጓደኛ ጋር ይወያያሉ? ውይይቱን ቀድሞ ምጅሚረዉ ማን ነዉ?
5. የኮንዶም አጠቀቀምዎ ቫይረሱ በደምዎ ዉስጥ ከመገኘቱ በፊት፣በኃላ ና መድሀኒቱን ስዎስዱ ምን ይመስል ነበረ?
6. የፀረ-ኤች አይቪ መድሃኒት በኮንዶም አጠቃቀም ላይ ጫና አለው? አብራሩ

ለ. የፀረ-ኤች አይቪ መድሃኒት ከሚወስዱ ሰዎች ጋር ቅርበት ላላቸው ጤና ባለሞያዎች

1. ኮንዶም የመጠቀም አቢይ ጥቅሞች ምን ምን ናቸው?
2. የፀረ-ኤች አይቪ መድሃኒት የሚወስዱ ሰዎች ኮንዶም ላለመጠቀማቸው በተደጋጋሚ የተገለጸው አቢይ ምክንያት ምንድነው?
3. የፀረ-ኤች አይቪ መድሃኒት ለሚወስዱ ሰዎች ኮንዶም እንዲጠቀሙ ምን ዓይነት ዘዴ ትዘይዳላችሁ?
4. ከቫይረሱ ጋር ለሚኖሩ ሰዎች ኮንዶም እንዲጠቀሙ ምን ዓይነት የምክር አገልግሎት ይሰጣቸዋል?

አመሰግናለሁ