

**DEPARTMENT OF COMMUNITY HEALTH
CFACULTY OF MEDICINE
ADDIS ABABA UNIVERSITY**

**MAGNITUDE OF AND FACTORS ASSOCIATED WITH
MALE CONDOM USE AND FAILURE RATE AMONG
COMMERCIAL SEX WORKERS OF BAHIR DAR TOWN
LICENSED NON-BROTHEL ESTABLISHMENTS,
ETHIOPIA.**

**By
Alemayehu Admassu (MD)**

**THESIS SUBMITTED TO THE FACULTY OF MEDICINE
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DECLARATION

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

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Signature _____

Place Addis Ababa

Date of Submission April 29, 2004.

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

Dr. Mesfin Adisse

Advisor's Name

signature

DEDICATION

I would like to dedicate this thesis research to those unborn Rwandan children who were killed during the 1994 genocide while they were in their mothers' womb, and to those small children who had already been born but did not understand the reason why they were not allowed to live.

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OPERATIONAL DEFINITIONS

1. Condom breakage– Breaking of a condom during the process of an intercourse.
2. Commercial Sex Workers– Women who prostitute themselves in licensed non–brothel establishments.
3. Condom slippage– Slipping off a condom from a penis completely during the process of an intercourse or removal of the penis.
4. Condom use – Performing an entire process of an intercourse (Vaginal, anal or oral) by putting on a male condom onto a penis.
5. Consistent condom use–Using condoms at every sexual intercourse from September 11/2003 (Ethiopian new year) to December 11/2003.
6. Hiwot condom– A male latex condom widely used in Ethiopia; its direct translation is “life condom”.
7. Kebele –The list administrative office in urban Ethiopia, it is meant urban dwellers association.
8. Licensed–Being registered by the responsible government office and having legal license for which the possessor of the non-brothel establishment pay tax.
9. Non–Brothel establishment– Any establishment such as bars, restaurants, hotels and the like, where alcohol drinks are selling and female sex workers are serving or working.

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ABBREVIATIONS

A.A–Addis Ababa

AIDS–Acquired Immunodeficiency Virus

ANC–Antenatal Care

BSS–Behavioral Surveillance Survey

CI–Confidence Interval

CSWs–Commercial Sex Workers

FGAE–Family Guidance Association of Ethiopia

HIV–Human Immunodeficiency Virus

IDIs–In–Depth Interviews

MOH–Ministry of Health

NGOs–Non Governmental Organizations

OR–Odds Ratio

SPSS–Statistical Package for Social Science

STIs–Sexually Transmitted Infections

ABSTRACT

Introduction: The most predominantly practiced HIV prevention strategy in Ethiopia is the “ABC” approach. However, only the ‘use condom’ approach can practically be applied to sex workers. If condoms used consistently and properly, and don’t break or slip off during sexual intercourse, they prevent the users from acquiring HIV infection and reduce its transmission and slow the spread.

Objective: To assess the pattern of condom use and their effectiveness, and related factors.

Methodology: Study design was mainly a cross-sectional quantitative study, complemented with a qualitative study, an in-depth interview.

Results: A total of 369 CSWs were interviewed. The proportion of CSWs who consistently used condoms for three months and who put condoms onto their male clients’ penis at their last sexual intercourse was found to be 85.6% and 35.8%, respectively. Using condoms for contraception purpose had significant statistical association with consistent condom use behavior of sex workers (OR=6.6, 95%CI, 2.3–18.9). The prevalence of condom breakage and slippage at the last sexual intercourse were found to be 4.4%, and 1.5%, respectively. Prolonged sexual intercourse was the only factor believed by almost all IDI participants to cause condom breakage. Trying to continue sexual intercourse after ejaculation and starting sex before a penis being erected properly were believed by IDI participants to cause condom slippage.

Discussion: Our consistent condom use finding was grossly similar with that of 2002/BSS finding (85.6% vs. 90.2%). Higher proportion of consistent condom users was observed among Bahir Dar sex workers compared to other study findings like that of Mathias et al

1998 (85.6% vs. 40%). The statistical association between consistent condom use and condom use for contraception purpose was also observed in Mathias et al 1998 research (65.3% among condom users vs. 24% among non-users, $p < 0.001$)

Conclusion: This study has demonstrated both high proportion of consistent condom use and an encouraging participation of CSWs in putting on condoms to their clients.

Keywords: Consistent condom use, Condom breakage, Condom slippage, Commercial sex workers, licensed non-brothel establishments, Non-vaginal sex.

INTRODUCTION

The first recognized cases of the Acquired Immune Deficiency Syndrome (AIDS) occurred in the summer of 1981 in America (1). Currently, a total of 40 million people are living with Human Immunodeficiency Virus (HIV) globally. Only in 2003, a total of 5 million people were newly infected with HIV and 3 million deaths were occurred (2).

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 cases were diagnosed in Addis Ababa hospitals in 1986 (3). The available information on HIV prevalence shows the rapidly spreading trend of the infection among the general population of Ethiopia in general, and among sex workers in particular. In Addis Ababa, the major urban area, HIV prevalence increased among antenatal clinic (ANC) attendees tested from 4.6% in 1989 to 17.8% in 1996. Out of Addis Ababa, in 1991, a median of 5% of ANC attendees tested in Dire Dawa town and Metu town were HIV positive. In 2000, the median HIV prevalence among attendees in 17 sites was 11.9% with the range of 0.7% in Gambo in Oromia Region to 20.8% in Bahir Dar in Amhara region (4).

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 (4). HIV prevalence was already 24.7% among sex workers of Addis Ababa in 1989 (3). 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 (4).

Despite the rapidly spreading of HIV/AIDS epidemic many people still practice risky sexual behavior even when they know that using condoms (a barrier method) correctly and consistently, and abstaining from sex except within a monogamous relationship could avoid contracting sexually transmitted infections such as HIV/AIDS. The barrier methods used to prevent HIV infection are the same methods used to prevent other sexual transmitted infections and pregnancy. Latex and plastic condoms are included among the barrier methods.

Intact latex condoms provide a continuous mechanical barrier to HIV and other sexually transmitted infections (STIs). A recent laboratory study indicated that latex and the new polyurethane condoms are the most effective mechanical barrier to fluid containing HIV-sized particles (0.1 μ m in diameter) available (5). Therefore, condoms block contact with the HIV and have nearly 100% effectiveness when used correctly and consistently. According to many studies, male condoms reduce the risk of contracting HIV as much as 10,000-fold (6). However, in some cultures powerful norms about masculinity discourage condom use and encourage sexual risk-taking by men such as visiting commercial sex workers and having multiple sex partners. Although, more condom use would reduce rates of HIV infection and slow the spread of AIDS, condom use could be affected by different factors.

People may know little about condoms and those who know about condoms may dislike

them, may not afford them or may not even obtain them easily. Others believe, wrongly, that they face little or no risk of pregnancy or STIs. Even if people use condoms, the effectiveness of the condoms depends on the skill level and experience of the users. It is the misuse of the condom, rather than poor condom quality, which accounts for the majority of breakage and slippage (6). 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 (7).

Heterosexual anal intercourse might be practiced for many reasons, including pleasure, curiosity, preventing pregnancy, preserving virginity or avoiding contact with menstrual blood. Survey data from both developed and developing countries show that between 10% and 50% of sexually active adolescents and adults in the general population have engaged in heterosexual anal intercourse. Most of these individuals do not use condom to protect themselves from disease. Having unprotected receptive anal sex presents more risk of sexual HIV transmission for women than does unprotected vaginal intercourse (8). Sexual practices such as anal intercourse may put greater stress on condoms. 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%. Rates of slippage during anal intercourse range from less than 2.9% to 21% (7).

African women are considerably more likely to be infected with HIV than men. Among young people aged 15–24, women were found to be two-and-a-half times as likely to be

HIV infected as their male counterparts, according to six recent national surveys (9). This was then the reason why this thesis research gave attention to sex workers who predominantly included in this age group and who can not practice abstinence and limit their sexual relationship to one partner, except using the barrier methods, in order to prevent themselves from acquiring HIV infection. Therefore, it was quite reasonable when the decision to assess the practice of consistent condom use and its failure rate among sex workers was made.

LITERATURE REVIEW

Global situations of HIV/AIDS and condom use

HIV/AIDS has spread with ferocious speed. It continues to grow, as some 14,000 people worldwide become newly infected each day. AIDS has already killed more than 20 million people worldwide. More than 40 million other people are today living with HIV infection, almost half of whom are women and a full third are young people aged 15-24. AIDS is the leading cause of death in sub-Saharan Africa, the fourth leading killer worldwide, and HIV the cause of AIDS, continues to spread in every corner of the glob (6).

Sub-Saharan Africa remains by far the region worst-affected by the HIV/AIDS epidemic. In 2003, an estimated 26.6 million people in this region were living with HIV, including the 3.2 million who became infected during the past year. AIDS killed approximately 2.3 million people in 2003 (6).

Such serious HIV infection spread can be avoided if for all people everywhere to be given the information, education, skills and full access to the ways they need to protect themselves and others. Male condoms are an essential component of such efforts and expanding and improving condom promotion and distribution as well as developing the skill to use them effectively are absolutely vital to success in the fight against the spread of AIDS.

A person who reports knowing about condoms may not know much about them, including

how to use them correctly. In Gujarat, India, a study in 1997 reported that only 15% of respondents knew that condom should not be reused, and only 7% knew not to use an oil-based lubricant with latex condom (7).

The promotion and distribution of condoms have increased significantly since the onset of AIDS. In the year following the 1986, U.S. Surgeon General's report which stated that latex condoms should be used to prevent AIDS, condom sales, the best indicator of condom use, rose by 20 percent. By the year 1990s, consumers purchased more than 450 million condoms per year (10).

Worldwide, people use an estimated 6 billion to 9 billion condoms each year. To protect fully against STIs, however, an estimated 24 billion condoms should be used. Most of the need for condoms is among sexually active unmarried men. Their estimated need accounts for 71% of the total number of condoms required, at least 17 billion (7).

Country situations of HIV/AIDS and condom use

Urban HIV infection prevalence rates continue to be high at 13.7% while the HIV prevalence rate for rural areas remains relatively low at 3.7%. The number of persons living with HIV/AIDS in 2001 in Ethiopia is estimated at 2.2 million, including 2 million adults and 200,000 children. Approximately 10% of these or 219,400 are full blown AIDS cases. The highest prevalence of HIV is seen in the group 15-24 years of age, representing "recent infections".

Physical, psychological, and social attributes of adolescence make young people particularly vulnerable to HIV and other STIs. Gender differences in patterns of HIV infection among young people vary substantially around the world. Where heterosexual transmission of HIV dominates, often more young women are infected than young men (9). Young women are believed to be at higher risk of acquiring HIV and other STIs than men of the same age group. AIDS cases report of the Disease Prevention and Control Department of Ministry of Health showed that the number of females infected between 15 to 19 years is much higher than the number of males of the same age group. The discrepancy may be attributable to earlier sexual activity among young females and the fact that they often have older partners (11).

The risk of becoming infected with HIV during unprotected sex is two to four times greater for a woman than for a man. Male-to-female transmission is more likely because during vaginal intercourse a woman has a larger surface area of her genital tract exposed to her partner's sexual secretion than does a man. Also, HIV concentration is generally higher in a man's semen than in a woman's sexual secretion (9).

Women in general, commercial sex workers in particular are at greater risk of acquiring HIV and other STIs. There are multiple compelling reasons to consider sex workers to be at even higher risk than non-sex workers of the same age group. Commercial sex workers are commonly join their sex work at young age and expose them selves to major risk factors of HIV and other STIs. Median age at which commercial sex workers of Addis Ababa began

their sex work was 17–19 years old (3). Because commercial sex is both a source of income as well as a means of living for sex workers, they usually tend to have sex with high risk men, and higher number of sexual partners than other women of their age group. The mean number of clients of commercial sex workers of Addis Ababa was found to be 2.19 during their last working day, with 10% of sex workers having had four clients or more (3).

Because of these factors, the prevalence of both STIs and HIV seems to be higher in this core population. Health center based prevalence study of past/current syphilis and HIV among sex workers of Addis Ababa found to be 52.4% and 73%, respectively. Genital symptoms were common among these commercial sex workers: 77% complained about at least one episode of genital discharge requiring treatment in the past year (mean: 3.2 episodes), and 41.4% complained of genital ulcer (mean: 2.2 ulcers) (3). Therefore, it was reasonable to consider sex workers as an important core group for HIV/STI transmission in urban Ethiopia where urban HIV prevalence is high.

The occurrence of STI in an individual is an indicator of unprotected sexual activity that increases 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, for instance men with Gonococcal 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 in high chance of acquiring HIV infection (12).

Most persons with overt genital discharge, lesions, and pain are high likely to seek medical care, but those who transmit infection usually are among the minority who are infected but asymptomatic or who do not understand the implication of their symptoms and thus do not seek medical attention spontaneously. In addition to this, early in the course of infection women are more likely than men to have sub-clinical infections or minor, nonspecific symptoms– a situation that can result in delayed diagnosis (13).

In both cases of symptomatic and asymptomatic, condoms provide highly effective protection against HIV infection and some other STIs when used correctly with every act of intercourse.

Widespread and consistent use of condoms could reduce the number of people infected with HIV and slow the spread of HIV/AIDS. However, a health center based study showed that only 40% of CSWs of Addis Ababa using condoms in more than 95% of sexual acts with clients (3). Condoms may help prevent AIDS over the long term not only by blocking transmission of HIV but also by protecting against other STIs. One study estimated that preventing or curing 100 cases syphilis in a high-risk group would prevent 109 new HIV infections as well as more than 4100 new cases of syphilis in the following 10 years (7).

The most predominantly practiced HIV prevention strategy in Ethiopia is the “ABC prevention strategy”: Abstinence, Be faithful to one partner, or if A and B can not be

achieved– use Condoms. This strategy is focused on risk avoiding and risk reducing approaches among which components like delaying initiation of sexual intercourse, mutual faithfulness, and selection of low–risk partners are included (14). However, it is not possible to implement all the three components of the “ABC prevention strategy” in the case of sex workers, as the first two components of this strategy contradict the nature of their business. Thus, only the ‘use condoms’ approach can practically be applied to this disadvantageous group of population. This reality seems to be understood even by the sex workers too. Sex workers who participated in the qualitative study of the 2002/BSS mentioned that condoms were the most important preventive method for them, and they did not mention abstinence or faithfulness (15).

Since there is no vaccine against HIV, and treatments do not cure the disease completely, the widespread condom use is one of the major means of curbing AIDS epidemic. Therefore, the need for condoms is becoming increasingly urgent. During the last decade, condom use has become an important part of public health efforts to prevent new cases of infection with HIV as well as other STIs in Ethiopia. Condom use was witnessed to be increasing in Ethiopia from Sept/Aug 2000/01 (7.5%) – Sept/Aug 2002/03 (16.2%), only in twelve months (Sept/Aug2002/03) a total of 66,296,491 condoms were distributed by MOH and NGOs (16).

Until recently, most commercially available condoms were manufactured from latex (“rubber” condoms), which is also predominantly used in our country, while about 5%

were made from the intestinal caecum of lambs (“natural skin,” “natural membrane,” or “lamb skin” condoms). Natural membrane condoms may not offer the same level of protection against STIs as latex condoms since they contain small pores that may permit passage of viruses, including hepatitis B virus, herpes simplex virus, and HIV. New condoms manufactured from polyurethane are thinner and stronger than those manufactured from latex, provide a less constricting fit, are more resistant to deterioration, and may enhance sensitivity (10).

The male latex condom, a thin sheath placed over the glans and shaft of the penis, acts as a physical barrier. Among barrier contraceptive methods, the male latex condom provides the most effective protection of the genital tract and is thus the most effective method for preventing STIs (10). To be effective a condom must be worn on the penis during the entire time that the sex organ is in contact with the partner’s genital area, anus, or mouth. Care must be taken that the condom is on before vaginal, anal, or oral penetration, and that it does not slip off or break. 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 are some of the poor sexual practices that allow unprotected contact (7).

Insufficient vaginal lubrication may contribute to condom breakage - a problem that often be remedied by longer sexual foreplay. Using lubricated condoms or appropriate lubricant with condoms can help reduce breakage. Lubricant 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 found in common products such as petrolatum jelly, skin lotion, and cooking oil. Many people use these products to lubricate condoms. Products that contain water rather than oil, for example, glycerin, egg white, and K-Y jelly do not damage latex condom. Because vaginal medications (example, for yeast infection) often contain oil-based ingredients that can damage latex condom, clients who are using such drugs should be advised to remain abstinent, or use plastic condoms until the medication is fully completed and the infection is cured (7).

There are studies like that of Mathias Aklilu's, health center based study, and the 2002/BSS which tried to estimate the proportion of consistent condom use among the population of sex workers. Estimation of the proportions of condom breakage/slippage that might affect the purpose of consistent condom use, and the possible factors associated with condoms breakage/slippage has not been assessed sufficiently yet, however. Therefore, it was quiet justifiable to strive in order to get data that inform us how often the sex workers get exposed to condoms breakage/slippage, and whether they are aware of the risk factors associated with condoms breakage/slippage, so that it would be possible to design effective prevention strategy. This thesis research, therefore, intended to estimate the extent of condom frailer among sex workers in a view to filling this gap.

OBJECTIVES

General objective

To assess condom related awareness and attitude, and to determine the pattern of and effectiveness in condom use among commercial sex workers of licensed non-brothel establishments of Bahir Dar town.

Specific objectives

1. To determine the prevalence of and factors associated with consistent condom use among the sex workers of Bahir Dar town licensed non-brothels.
2. To determine the prevalence of and factors associated with condoms breakage and slippage among sex workers of Bahir Dar town licensed non-brothels.
3. To estimate the proportion of sex workers who get involved in putting condoms onto their clients penis.

METHODOLOGY

Methodology of the quantitative study

Study design

The study designed for this thesis research was mainly a cross sectional quantitative study which was complemented with a qualitative study design (in-depth interviews).

Study area

The study was conducted in Bahir Dar, which is the capital city of Amhara Regional State. It is located about 563 km north–west of Addis Ababa on the main road to Gonder. It has more than 160,000 inhabitants.

The fact that reporting of the highest HIV prevalence (23.4 %) among pregnant women, tested in health center, was the major reasons to select Bahir Dar as the study area for this thesis research.

Source population

The source population of this thesis research was considered to be all commercial sex workers working in licensed non–brothel establishments found in Bahir Dar town.

Study population

Commercial sex workers of any age group, from randomly selected licensed non-brothel establishments, and residing in Bahir Dar town by the time of the data collection process were considered to be the study population. Therefore, it was tried to trace all the sex workers working in the randomly selected licensed non-brothel establishments during the data collection process.

The reason why it was refrained to include all categories of commercial sex workers was the fact that sampling frame was a requirement to apply simple random sampling technique. Inclusion of street prostitutes, prostitutes of brothels, and non-licensed non-brothel establishments in this study required to conduct senses in order to have their list so that it can be used as sampling frame. And going through such procedure was found to be unfeasible due to the scarce financial resource available.

Sample size

Sample size was determined using single population proportion formula ($n = Z^2 \alpha / 2 P (1-P) / d^2$), with an assumption of non-response rate of 5%. During this calculation, prevalence of condom breakage/slippage rate among sex workers of Bahir Dar Town (P) was assumed to be 50% in order to get larger sample size so that findings would be more reliable. Absolute precision (d) and Z score for 95% CI were assumed to be 5%, and 1.96, respectively. Thus, the calculated sample size using this formula was found to be four hundred four.

Sampling method

The sampling method used to select study participants for this cross sectional study was simple random sampling technique. In order to apply this method there was a need of specifying the sampling unit first, and in our case it was the licensed non-brothel establishments.

Since having a sampling frame is another important prerequisite to apply the simple random sampling method, it was required to have the list of all licensed non-brothel establishments of Bhir Dar town. And this registration list was obtained from Bahir Dar Town Administrative Office. The list of the non-brothel establishments revealed that about 184 non-brothel establishments were registered as being licensed and actively involved in the business. The registration list contained information such as whom the non-brothel establishments belonged to (owners' name), their address (kebele and house number), and types of the non-brothels (bar, hotel, etc.). However, despite all these information, it was felt that they were inadequate to trace the sampled non-brothels easily unless information regarding their names was included. Having the name of each non-brothel establishment thought to help the data collectors to trace them easily or to be helped by any bystander who knows their address. Therefore, identification of the name of each establishment was achieved by contacting and consulting community health agent of each respective kebele offices.

A total of hundred one non-brothels were selected randomly using a lottery method from the total of one hundred eighty four licensed non-brothel establishments, assuming that four sex workers would be available in each establishment, in order to attain the total

sample size.

Data collection

The structured questionnaire which was prepared in English translated to Amharic so that it can be used for data collection. The Amharic version questionnaires were, therefore, used to collect data on socio–demographic characteristics and sexual practice of the sex workers. This, in fact, helped both the interviewees and interviewers understand the questions and communicate easily, and thereby ensured the quality of the collected data.

A team comprising of three midwives, two from Family Guidance Association of Ethiopia (FGAE) Bahir Dar branch clinic and one from Felege Hiwot Hospital, and a physician from the same hospital were hired as data collectors and supervisor, respectively. The three main reasons why skilled female medical personnel hired as data collectors were the fact that some of the questions were culturally sensitive, the fact that all of the study participants were females, and that they have good experience in interviewing people. All the members of the data collecting team had lived in Bahir Dar town for more than four years.

Arranging three days training for the data collecting team followed the hiring process. During the training, the team was briefed on the pre–designed questionnaires, data collecting techniques, and possible challenges during interview. Following the training, the team had left for Woreta town (about 50 km north of Bahir Dar on the main road to Gonder) to pre–test the questionnaires.

Interview results of the pre-testing, opinions and observations of the data collecting team was discussed after coming back to Bahir Dar. Based on the out come of the discussion, the most convenient time and place for interviewing the sex workers were decided to be the night hours and the non-brothel establishments, respectively. It was also learnt that some of the questions were hardly understood or given them different interpretation than it was intended to be. Some of the sequential arrangements and articulation of the questions were also observed to create confusion among the interviewees. Thus, changes in the context of some of the questions and pattern of their flow were made.

Data Analysis

The information collected using the Amharic version questionnaires were coded and double data entry was made in order to ensure data quality.

A total of three hundred eighty one sex workers were contacted and eight of them refused to participate in the study (response rate of 97.9%). Four sex workers were excluded from the analysis due to the incompleteness of their questionnaires. In the end a total of three hundred sixty nine responses of the sex workers were analyzed.

Frequencies of some variables were calculated, Chi-Squire test was used to ensure whether an observed association was statistically significant or not, and Odds Ratio was used both to assess an association and measure the strength of the association between any two variables. All variables which were thought to be associated with an outcome variable were

analyzed using univariate logistic regression first and then were tested in a single model including all of them. Only those variables that maintained their associations with the outcome variable in multiple logistic regressions were considered to have statistical significance.

Methodology of the qualitative study

The qualitative study was designed to compliment the cross-sectional study design. Its major purpose was to address factors that could not be assessed using the cross-sectional study design (size of penis, duration of sex, etc.), and factors that were considered to be culturally sensitive (types of sexual intercourses, position used, etc.). In-depth interviews (IDIs) were used to collect the qualitative data. Study participants were sex workers of Bahir Dar town licensed non-brothel establishments.

At the end of the data collection process of the quantitative study, ten sex workers were selected using a “snow ball” selection method for the in-depth interviews. These sex workers were selected from licensed non-brothel establishments that were not included in the quantitative study. The first sex worker was chosen by a young bar owner who understood the purpose of the in-depth interview and wanted to contribute to the outcome of the study.

The interviews were conducted by the investigator. The in-depth interviews were made using semi structured guideline. During each in-depth interview the same flow of order of

discussion was tried to follow, and it was discussed whether factors like size of a penis and duration of sexual intercourse had ever been considered by the sex workers to be the possible risk factors for condoms breakage/slippage. Other culturally sensitive questions dealing with the types of sexual intercourses (anal, oral, etc), and the positions used during sexual intercourses were some of the points included in the discussion during the in–depth interview.

The interviews were tape recorded after obtaining verbal consent from the participants. The in–depth interviews were conducted in places where there were no interruptions, and privacy was also well maintained.

The IDIs had been transcribed into the local language, Amharic, before the data were analyzed. The record, the transcriptions, and the final summary were used for the write up. The results of the qualitative study are presented separately from that of the quantitative study so that the results in each section corresponded clearly with their intentions to be achieved.

ETHICAL CLEARANCE

Ethical clearance was obtained from the Medical Faculty of Addis Ababa University.

Before enrolling any of the eligible study participants, the purpose and the benefit of the study had been discussed with each sex worker. The discussions between the data collectors and the commercial sex workers were taken place, as far as possible, privately and individually. Only those who were consented and proved their willingness to take part in the study were enrolled and interviewed. The promised anonymity of the interviewees was respected both during the interview as well as through out the study period.

RESULTS

Results of the quantitative study

Socio-demographic characteristics

The age of the study participants ranged from 14 to 36 years, while their mean and median ages were 19.9 and 20 years old, respectively, ± 3 years. The great majority of the sex workers (90.7%) were between the ages of 15–24. Three hundred sixty one sex workers (97.8%) were followers of the Orthodox Christian Church. Almost equal proportion of the respondents (97.3%) belonged to Amhara ethnic group. More than half of the respondents (53.4%) had attended school. Among these school attendees, 70.1% were at the level of elementary school and 24.9% were at the level of secondary school (tab.1).

Among the study participants, one hundred eleven (30.1%) had been married before starting commercial sex, and 64 of them gave past history of childbirth. Among those who gave birth, forty-five sex workers (70.3%) possessed one child by the time of the interview. A total of fifty-four (14.6%) respondents had past history of abortion (tab.1).

Almost half of the respondents (51.0%) brought up in countryside. However, it was only 2.4% of the respondents who actually started their sex work at the countryside. Over half of the sex workers (57.7%) reported to had been working as a sex worker for less than twenty-four months (< 24 months) (tab.1).

The amount of money charged for an over night sex at the last sexual intercourse was

ranged from 0 (free of charge) up to 150 Ethiopian Birr (1\$=8.5 ETB by the time this data was collecting), the most frequently charged amount of money was 50 ETB, the mean and the median charge was 47.70 and 40 ETB, respectively, \pm 24 ETB.

Awareness of sex workers regarding HIV/AIDS and condom

Almost all the interviewed sex workers (99.7%) were aware of HIV transmission through vaginal sex, and almost equally large proportion of sex workers (97.3%) were also aware of the capability of male condom to prevent such vaginal transmission (tab.2).

Almost two-third of the respondents (64.8%) believed that HIV could be transmitted through anal sex. However, it was not all the commercial sex workers who believed HIV to be transmitted through anal sex were also aware of its possible prevention through condoms use. It was 77.0% of those who believed HIV to be transmitted through anal sex were also aware of its possible prevention by using condoms (tab.2).

Male condoms were not, actually, perceived by all of the interviewed commercial sex workers as a means of protecting an individual from acquiring HIV infection during sexual intercourses. Some of the respondents, 14.4%, reported male condoms to carry HIV. Almost equally large proportion of sex workers, 13.3%, reported that they hadn't had a clear understanding whether to categorize condoms as free of or contaminated with HIV (tab.2).

TABLE 1:

Socio-demographic characteristics of sex workers of licensed non-brothels, Bahir Dar, 2003.

Variables	n=369	Percent
Age		
15-19	181	49.0
20-24	154	41.7
≥ 25	34	9.2
Ethnicity		
Amhara	359	97.3
Othes	10	2.8
Religion		
Orthodox Christians	361	97.8
Others	8	2.2
Education		
Never attended	172	46.6
Attended	197	53.4
Elementary incomplete	114	57.9
Elementary complete	24	12.2
Secondary incomplete	42	21.3
Secondary complete	7	3.6
Other specify	10	5.0
Duration of sex work		
Less than a year	131	35.5
One year	82	22.2
Two years	92	24.9
Three years and above	64	17.4
Brought up		
Rural	187	51.0
Addis Ababa	14	3.8
Towns other than A.A	166	45.2
Sex work started		
Rural	9	2.4
Towns other than A.A.	360	97.5
Married before		
Yes	111	30.1
No	258	69.9
Child birth		
Yes	64	17.3
No	305	82.7
No. children (n=64)		
No	12	18.8
One	45	70.3
≥ Two	7	11.0
Abortion		
Yes	54	14.6
No	315	85.4

However, the contradicting finding was that forty nine of the total fifty three commercial sex workers (92.5%) who believed condoms to carry HIV, and forty three of the total forty nine commercial sex workers (87.8%) who said not to have a clear understanding whether condoms were free of or contaminated with HIV, reported that they had been using condoms consistently for the past three months.

Other aspects of awareness of the sex workers, such as expiry date of condoms, were also assessed. One fifth of the interviewed commercial sex workers (20.3%) were not aware of condoms to expire after a pre-defined period of time. Fifty-seven of the two hundred ninety three sex workers (19.5%), who claimed to have the awareness that condoms could expire, had never checked the expiry date of the condoms they used (tab.2).

Awareness of the sex workers regarding factors that are well known to cause condom breakage was also assessed. Among the assessed risk factors, application of oil-based lubricants on condoms and having sex while being using vaginal drugs prescribed for vaginal infections were included. During this analysis it was showed that very small proportion of sex workers were aware that oil (7.6%), creams (7.9%), lotions (8.4%), and vaginal drugs (6.8%) to cause condom breakage (tab.3).

TABLE 2:

HIV transmission/prevention awareness of sex workers of licensed non-brothels, Bahir Dar, 2003.

Variables	n=369	Percent
HIV vaginal transmission		
Yes	368	99.7
I don't know	1	0.3
Condom prevent vaginal transmission		
Yes	359	97.3
No	9	2.7
HIV anal transmission		
Yes	239	64.8
No	7	1.9
I don't know	123	33.3
Condom prevent anal transmission (n=239)		
Yes	184	77.0
No	36	15.1
I don't know	19	7.9
Condom source of HIV		
Yes	53	14.4
No	267	72.4
I don't know	49	13.3
Condoms could expire		
Yes	294	79.7
No	75	20.3
Checked for expiry date (n=293)		
Yes	236	80.5
No	57	19.5

Majority of the sex workers (86.9%) reported that completely unrolling of condoms before putting the condoms onto penis could cause their breakage. And almost equally large proportion of sex workers (87.5%) believed that putting on a condom on to a partially erected penis could cause its slippage (tab.3).

TABLE 3:
Condoms' breakage/slippage related awareness of sex workers of licensed non-brothels of Bahir Dar 2003.

Variables	n=369	Percent
Unrolled condom break		
Yes	319	86.9
No	13	3.5
I don't know	35	9.5
Vaginally inserted drugs break condom		
Yes	25	6.8
No	69	18.7
I don't know	275	74.5
Oil break condom		
Yes	28	7.6
No	43	11.7
I don't know	297	80.7
Creams break condoms		
Yes	29	7.9
No	84	22.8
I don't know	255	69.3
Lotions break condoms		
Yes	31	8.4
No	77	20.9
I don't know	261	70.7
Partially erected penis cause slippage		
Yes	323	87.5
No	11	3.0
I don't know	35	9.5

Attitude and practice of sex workers

One hundred twenty one of the total 338 sex workers (35.8%) who at least used one condom at their last sexual intercourses witnessed that they were asked by one of their male clients to have sex other than vaginal. However, only five of them (4.2%) were complied with their male clients' suggestion of having sex other than vaginal. Two of these

five sex workers practiced sex other than vaginal without condoms (tab.4), and one of the three condoms used by the remaining three sex workers broke while having the sex other than vaginal.

During the analysis of the attitude of the sex workers towards putting on condoms onto their clients' penis, it was found that one hundred forty one (38.2%) sex workers had never tried to put on condoms onto any of their male clients' penis (tab.4). The predominantly mentioned reason for their refusal was reported to be due to the fact that they were ashamed of the act of putting the condoms onto males' penis.

However, three hundred thirty one sex workers (89.7%) expressed their positive attitude towards watching their male clients the way how they put on condoms onto their penis while the light was still on. It was also identified that some of the male clients preferred the condoms they wear being put on by the sex workers themselves. Two hundred five sex workers (55.6%) were witnessed that they had been asked, at least once, to put on condoms onto their clients' penis during the last three months. And 72.1 % of these sex workers reported to comply with their male clients' suggestion (tab.4).

Of the total three hundred thirty eight condom users at the last sexual intercourses, one hundred twenty one sex workers (35.8%) reported to put on condom onto their male clients penis (tab.4). And almost all of these sex workers (98.3%) reported to put on all the condoms they used onto their clients' penis while the light was still on.

TABLE 4:

Attitude and practice of the sex workers towards sexual practices other than vaginal & putting on condoms to male clients, Bahir Dar, 2003.

Variables	n=369	Percent
Condoms being put on		
Exclusively by clients	141	38.2
Exclusively by CSWs	15	4.1
Either of us	213	57.7
CSWs' reasons for not putting on (n=141)		
I am ashamed	77	55.4
I don't like it	25	18.0
I am not asked to do it	33	23.7
Other	4	2.9
Watching clients while light is on		
Yes	331	89.7
No	38	10.3
Clients desired being put on condoms		
Yes	205	55.6
No	164	44.4
CSWs complied with clients' desire (n=205)		
Yes	147	72.1
No	57	27.9
Clients' suggestion for non-vaginal sex at the last sex (n=338)		
Yes	121	35.8
No	217	64.2
CSWs agreement for non-vaginal sex at the last sex (n=121)		
Yes	5	4.2
No	115	95.8
Condoms used during non-vaginal sex at the last sex (n=5)		
Yes	3	60.0
No	2	40.0
Condoms put on by CSWs at the last sex (n=338)		
Yes	121	35.8
No	217	64.2

Proportion of consistent condom users

The majority of the sex workers, three hundred sixteen (85.6%), reported that they had been using condoms consistently for the past three months. It was tried to compare this

finding with that of the proportion of sex workers who used condoms at the last sexual intercourse only. And the proportion of sex workers who reported to use condoms at their last all sexual intercourses was found to be grossly equal to that of the proportion of consistent condom users. Three hundred twenty five commercial sex workers (88.1%) reported to use condoms at their last all sexual intercourses.

The remaining forty-four (11.9%) sex workers had at least one sexual intercourse without condom at the last sexual intercourse. The two most commonly given reasons for not using condoms at the last sexual intercourse were; male clients' objection (27.3%), and considering male clients to be free of risk (25.0%).

Among the forty four non-condom users, thirty one (70.5%) was not used condoms in all sexual intercourses, and the remaining thirteen (29.5%) were not used condom at least once during their last sexual intercourse. The proportion of sex workers who had not used condoms in all sexual intercourses was found to be smaller among educated group than sex workers of the non-educated group, (45% vs. 91.7%, OR=0.07, 95%CI 0.01–0.41). In this case education (without considering the level) found to have a protective effect on the behavior of sex workers of not using condoms at all.

It was also tried to see whether those commercial sex workers who had claimed to use condoms consistently were really used condoms at their last all sexual intercourses. During this analysis it was found that very significant proportion of the consistent condom users 94.6%, (OR=19.88, 95%CI 9.45–41.84), reported to use condoms in all sexual intercourse

at their last working day.

Factors associated with consistent condoms use

During the univariate analysis, socio–demographic factors like marriage and childbirth found to have statistically significant association with consistent condom use behavior of the sex workers, OR=0.42, 95%CI 0.22–0.77 and OR=0.40, 95%CI 0.20–0.78, respectively. However, it was failed to maintain these associations during the multivariate logistic regression analysis (tab.5).

TABLE 5:

Association between socio–demographic factors and consistent condom use behavior of sex workers of Bahir Dar, 2003.

Variables	Consistent use (%)	OR (95% CI) Univariate	OR (95% CI) Multivariate
Age			
≤ 20	221 (86.0%)	1.00	1.00
≥ 21	94 (87.9%)	1.17 (0.60–2.32)	1.68 (0.80–3.52)
Place of grow up			
Rural	158 (85.4%)	1.00	1.00
Urban	156 (87.6%)	1.21 (0.66–2.22)	1.00 (0.51–1.99)
Education			
Yes	171 (87.2%)	1.13 (0.62–2.07)	1.17 (0.60–2.31)
No	145 (85.5%)	1.00	1.00
Marriage			
Yes	85 (78.7%)	0.42 (0.22–0.77)	0.50 (0.24–1.04)
No	231 (89.9%)	1.00	1.00
Child birth			
Yes	47 (75.8%)	0.40 (0.20–0.78)	0.53 (0.24–1.19)
No	269 (88.8%)	1.00	1.00
Abortion			
Yes	45 (84.9%)	0.85 (0.38–1.93)	0.90 (0.38–2.11)
No	271 (86.9%)	1.00	1.00
Duration of sex work			
< 1 year	117 (89.3%)	1.00	1.00
≥1 year	199 (85.0%)	0.68 (0.35–1.32)	0.67 (0.33–1.34)

The most commonly used mode of contraception in the past three months by the sex workers were injectable hormones (46.1%), followed by condoms (33.6%), and pills (11.4%). Almost 9% of the sex workers had not been using any contraception for the past three months. Condom use as a means of contraception method was found to have statistically significant association with consistently condom using behavior of sex workers, OR=6.61 (95%CI 2.32–18.86) (tab.6).

TABLE 6:
Association between awareness/attitude and consistent condom use behavior of sex workers of Bahir Dar Town, 2003.

Variables	Consistent use (%)	OR (95% CI) Univariate	OR (95% CI) Multivariate
Condom prevents HIV			
Yes	308 (86.8%)	0.53(0.11–2.65)	2.14 (0.34–13.38)
No	7 (77.8%)	1.00	1.00
Condoms source of HIV			
Yes	49 (92.5%)	1.00	1.00
No	224 (84.5%)	0.45 (0.15–1.30)	0.47 (0.15–1.47)
Condoms put on exclusively by			
Clients	113 (82.5%)	1.00	1.00
Either of us	203 (89.0%)	1.72 (0.94–3.16)	1.95 (0.99–3.82)
Sex without condom			
I do mind	298 (86.9%)	1.47(0.48–4.55)	2.22 (0.53–9.25)
I don't mind	18 (81.8%)	1.00	1.00
Condom use for contraception			
Yes	117 (96.7%)	6.61(2.32–18.86)	12.36 (2.90–52.81)
No	199(81.6%)	1.00	1.00

Proportion of condoms breakage/slippage

Among the three hundred sixteen consistent condom users, fifty-nine sex workers (18.7%) reported to had had at least one episode of condom breakage for the past three months. Although there was no high incident of condom slippage as that of condom breakage,

eighteen consistent condom users (5.7%) had at least one incident of condom slippage during the mentioned period of time.

A total of eight hundred forty sexual intercourses had been taken place on the last working day of the sex workers (tab.7). The mean number of sexual intercourse was found to be 2.28 ± 0.88 , with 7.3% of sex workers having had four or more sexual intercourses. Larger proportion of the sexual intercourses, seven hundred fifty two (89.5%), was reported to had been done with condoms (tab.7). The most commonly used male condoms during these sexual intercourses were “Hiwot latex condoms”. More than half of the condom users, two hundred twenty three sex workers (66.2%), reported to use Hiwot condoms during their last sexual intercourses.

Thirty-three condoms broke at the last sexual intercourses. Thus, the prevalence of condom breakage among the total seven hundred fifty two condoms used during the last sexual intercourses was found to be 4.4% (tab.7).

A total of thirty sex workers faced incidents of condom breakage at the last sexual intercourse. The great majority (86.7%) had changed the broken condoms with new ones. Only four sex workers did not change the broken condoms. The incidents of the condom breakage were recognized by 26 sex workers (86.7%), and other three sex workers were told about the condoms’ breakage by their male clients.

The proportion of condoms which slipped completely off the penis at the last sexual

intercourses was not, actually, as high as the proportion of the condoms that broke at the last sexual intercourses. Of the seven hundred fifty two condoms used during the last sexual intercourses only eleven (1.5%) were slipped completely off the penis (tab.7). Even in these cases, eight of the ten sex workers changed the condoms which slipped completely off, and the incidents of the condom slippage were recognized by five sex workers. The other five sex workers were either told by their male clients or the condom remained in their vagina.

TABLE 7:
Condoms breakage/slippage at the last sexual intercourses among sex workers of Bahir Dar, 2003.

Variables	n=752	Percent
Sexual intercourses (n=840)		
With condoms	752	89.5
Without condoms	88	10.5
Condom's breakage		
Yes	33	4.4
No	719	95.6
Condoms' slippage		
Yes	11	1.5
No	741	98.5

Factors associated with condoms breakage/slippage

The condoms which were broken during the last sexual intercourses showed to have a statistically significant association with application of vaginally inserted or applied drugs, OR=33.78 (95%CI, 3.40–335.92) during the univariate analysis. The other three factors which showed to have statistically significant association with condom breakage during the univariate analysis were the desire of male clients' to have sex other than vaginal, OR=0.33

(95%CI, 0.15–0.72), using condoms as a means of contraception, OR=0.19 (95%CI, 0.05–0.63), and the type of condoms being used at the last sexual intercourse, OR=0.43 (95%CI, 0.18–0.99). However, all these factors lost their significance when they were put together with other factors and analyzed using multivariate logistic regression model (tab.8).

TABLE 8:
Factors associated with condom breakage among sex workers of Bahir Dar, 2003.

Variables	Condom breakage (%)	OR (95% CI) Univariate	OR (95% CI) Multivariate
Non–vaginal sex suggestion			
Yes	18(14.9%)	0.33(0.15–0.72)	2.72 (0.68–10.86)
No	12 (5.5%)	1.00	1.00
Vaginal drugs use			
Yes	3(75.0%)	33.78 (3.40–335.92)	2.04 (0.07–60.73)
No	27(8.2%)	1.00	1.00
Condom use for contraception			
Yes	3 (2.5%)	0.19(0.05–0.63)	0.56 (0.10–2.94)
No	27(12.3%)	1.00	1.00
Condom opened with fingernail			
Yes	1 (2.5%)	0.12(0.01–0.93)	0.16 (0.02–1.39)
No	14 (17.9%)	1.00	1.00
Condoms put on unrolled			
Yes	2 (40.0%)	4.81(0.74–31.34)	6.74 (0.61–74.05)
No	14 (12.2%)	1.00	1.00
Condoms' type			
Hiwot condom	15 (6.7%)	0.43(0.18–0.99)	0.31 (0.08–1.22)
Other	10 (14.5%)	1.00	1.00

Those sex workers who reported to had had condom slippage for the past three months also found to have higher percentage of condom slippage during their last sexual intercourse (24% vs. 1.6%, OR=19.2, 95%CI, 5.37–68.65). It was also tried to look at other variables that might be statistically associated with condom slippage. The statistical analysis did not show any significant statistical association with any of the factors included in the analysis,

however (tab.9)

TABLE 9:
Factors associated with condom slippage among sex workers of Bahir Dar, 2003.

Variables	Condom slippage (%)	OR (95% CI) Univariate	OR (95% CI) Multivariate
Condom put onto partially erected penis			
Yes	0 (0.0%)	1.01 (0.00–3.2)	0.001(0.0–4.47)
No	5 (4.3%)	1.00	1.00
Condom put on after unrolling			
Yes	0 (0.0%)	0.002 (0.01–1.9)	0.004(0.0–8.31)
No	5 (4.3%)	1.00	1.00
Sex in lying position			
Yes	9 (3.1%)	0.74(0.15– 3.52)	0.07(0.01–1.00)
No	2 (4.2%)	1.00	1.00
Sex other than vaginal			
Yes	5 (4.1%)	1.52(0.45–5.07)	0.68(0.07–7.04)
No	6(2.8%)	1.00	1.00
Type of condom			
Hiwot condom	7 (3.1%)	1.09(0.22–5.35)	1.40(0.12–16.93)
Others	2 (2.9%)	1.00	1.00
Slippage incidents in three months			
Yes	6 (24.0%)	19.20(5.37–68.65)	26.1(1.99–342.4)
No	5 (1.6%)	1.00	1.00

RESULTS OF THE IN-DEPTH INTERVIEW

During the in–depth interviews, it was discussed that majority of the clients had been using condoms. However, some of those who had not been using condoms were trying to attain their interest of having sex without condoms by offering the sex workers payment higher than the usual and by being generous in inviting them drinks they prefer to have.

” I don’t have any difficulty in recognizing those (clients) who want to have sex without condom. Such clients do not mind about the money they pay you. They do not even mind about the drinks they invite you.” said one of the interviewed commercial sex workers.

Other clients who did not want to use condoms tried to force the commercial sex workers to comply with their suggestion of having sex without condoms by intimidating or beating them after they get in to the bedroom.

“They don’t tell us that they want to have sex without condoms before we get in to the bedroom. When we are ready for sex they start to tell us that they prefer to have sex without condom or they do the first sex with condom and then, they want to have the rest without condom. When we refuse them they try to intimidate or beat us. But we usually cry to get help from our friends or the owners. And we usually succeed to escape by doing this. Those who want to have sex without condom must be positive ones; otherwise they wouldn’t ask us to have sex without condom. They know that we are prostitutes.” said one of the interviewed sex workers.

The other group of clients who did not want to use condoms rather tried to cheat the commercial sex workers by making whole on the condom using their fingernails or tried to put it off any time in the process of the sexual intercourse. One of the interviewed commercial sex workers said, *“Those who want to cheat us refuse to put on their condom while we are looking at them or while the light is still switched on. They think that such refusal will enable them to break the condom they put on by their fingernails.”*

The majority of the interviewed sex workers preferred to put on condoms onto their male clients' penis. By putting on condoms to their clients, they claimed to feel safe as they would avoid the possibility of being cheated by those clients who did not want to use condom.

“The reason why I put on condoms to them is not because I like to do it or not. I do it just for the sake of my self or my life. When I put them on I will be sure and confident about it. And I will be delighted.”

In some cases when sex workers were not allowed to put on condoms to their clients, or clients refused to put on their condoms while the light was still on, the majority of the interviewees reported to check whether their male clients really put the condoms on or not.

“Even if they want to wear their condoms after switching off the light, I will let them do it but I will also make sure whether they really put on the condom or not by touching their sexual organ.” said one of the interviewees. *“If they don't want to wear condoms while the light is on, I will let my self put them on the condoms and check it with my hand if I put it on properly or not.”* said the other interviewed sex worker.

Almost all of the commercial sex workers who participated in the in-depth interviews said that they could recognize the incidents of condom breakage during sexual intercourses. The two most frequently mentioned ways of recognizing such incidents were listening to the sound they give when they break and the change the sex workers sense or feel during the sexual intercourse following the condom's breakage. One of the interviewed sex workers expressed the way how she usually recognizes condom breakage by saying, *"I don't think we do sex because we have the sexual desire to do it. It is only because it is our source of income or business. Therefore, it is up to us to give attention to the sound it (the condom) gives when it gets break. Besides, the sex with and without condom has different feeling."*

Duration and position of sexual intercourses and size of a penis were believed by the commercial sex workers to cause condoms breakage. The most frequently mentioned risk factor to cause condoms breakage, almost by all participants of the in-depth interviews, was duration of the sexual intercourse. The interviewed commercial sex workers believed that the longer the sexual intercourse, the larger the probability that the condom would break. Two explanations were mentioned why prolonged sexual intercourse cause condoms' breakage. One of the explanations mentioned by the interviewed sex workers was the fact that the condom get thinner and thinner as the time interval of the sexual intercourse prolongs. And the second mentioned explanation was the fact that the condom gets dry as the time interval of the sex prolongs. Big size penis and positions other than horizontal (standing and bowing down positions) were the other factors which were believed by some of the interviewed sex workers to cause condom breakage.

During the in–depth interviews, the two most frequently mentioned factors to causes condoms’ slippage were trying to continue sexual intercourse after ejaculating, and starting sexual intercourse before a penis being erected properly.

“When the male’s sex organ erected it increases in its’ size so that the condom will fit it easily. But following the ejaculation it gets shrink. This is the time when condoms usually slip off.” said one of the interviewed commercial sex worker. *“Trying to put on a condom on to a sexual organ of a man which didn’t erect properly is one of the causes of condom slippage during sexual intercourse. Those who chew kat face such problem.”* said the other interviewed commercial sex worker.

Most of the interviewed commercial sex workers were also witnessed that the male clients usually demand for sex other than vaginal, among which anal sex, oral sex, and masturbation were included. The most frequently demanded types of non–vaginal sex by the male clients were anal and oral sex. Although, the sex workers commonly refused to comply with such clients’ suggestions, the male clients were trying to convince the sex workers by offering them higher payments.

“Yes, they ask us to have sex other than vaginal. The type of sex they want to have is both oral and anal. They try to convince us by giving us higher payment. For example, if he first agrees to pay me fifty birr he will suggest raising it to one hundred birr.” said one of the interviewees. *“He was a foreigner, he gave me money and we went together. After we entered into the bedroom he asked me to suck his sexual organ by saying, suck... suck. When I said, no suck... no suck, he got angry. Then I said please...please.... sex*

condom...sex condom. Then he said business.... business. I told him, no business.... no business. Then he got angry. Then I said shower... shower. He agreed and started to take off his clothes. Then I escaped.” said the other.

DISCUSSION

Although, determination of the proportion of consistent condom users was based on self-report of the sex workers and there was still the possibility of recall biases, this study has demonstrated a remarkably high proportion of consistent condom users among sex workers of licensed non-brothel establishments of Bahir Dar town. The proportion of commercial sex workers who had been using condoms consistently for the past three months found to be grossly consistent with that of 2002 BSS finding (85.6% vs. 90.2%). However, when our consistent condom use finding (85.6%) was compared with that of the proportion of consistent condom users of Addis Ababa sex workers, there is an obvious significant increment in the proportion of condom users. The 1998 study showed that only 40% of the Addis Ababa sex workers reported using condoms in more than 95% of sexual acts with male clients (3).

The proportion of sex workers who used condom at the last all sexual intercourse (88.1%) was also compared with the result of the 1993 behavioral survey done in 5 cities in Ethiopia. This survey showed that the condom use with non-regular sexual partner at the last sexual encounter was 47.9 % for men and 47.1 % for women (4). Even in this case, there was still higher proportion of condom users among the sex workers of Bahir Dar town at the last sexual intercourse than that of the average condom users finding of the 1993 behavioral survey (88.1% vs. 47.5%).

The observed higher proportion of consistent condom users among sex workers of licensed

non-brothel establishments of Bahir Dar town could be taken as evidence that there is a decline in risky sexual behavior of the couples (the sex workers/the male clients) over time. Such over time decline in risky sexual behavior was also observed among other sub groups of population too. The assessment made in sexual behavior changes among male factory workers of two HIV/AIDS cohort study sites in Ethiopia showed that there was a decline in risky sexual behaviors of study participants between the first and the fourth follow up visits (between 1997 and 1999 calendar year), proportion of males reporting recent casual sex (from 17.5% to 3.5%, $p<0.001$), sex with CSWs (from 11.2% to 0.75%, $p<0.001$), and genital discharge (from 2.1% to 0.6%, $p=0.004$) (17).

The only factor that maintained its statistical association with consistent condom use, both during univariate and multivariate logistic regression, was found to be the type of contraception that had been used by sex workers. Using condoms as a means of contraception method was showed to have statistically significant association with consistent condom using behavior of the sex workers (96.7% vs. 81.6%, OR=6.61, 95%CI 2.32–18.86). This finding showed that the odds of consistent condom use among condom users for contraception were more than six times higher than among non-condom users for contraception.

This finding was also similar with that of the study conducted in 1998 (Mathias Aklilu et al) among sex workers of Addis Ababa. Mathias' study showed that women who had used condoms for contraception to have a much more regular use of condoms compared with non-condom users, (65.3% were using condoms with more than 95% of sexual acts with

clients vs. 24.1% for non-condom users, $p < 0.001$) (3). Results from a recent cross-sectional observation study from Zimbabwe also suggested that dual contraception method users do not use condoms as consistently as those who use only condoms for dual protection against pregnancy and sexual transmitted infections (14). The reason why the sex workers were using voluntarily any one method of contraception was the fact that pregnancy was their challenge to be worried about. It is then reasonable to think that sex workers who do not use other contraception method than that of condoms are high likely to adhere to the condom use at every sexual intercourse.

The prevalence of condom breakage at the last sexual intercourse was found to be 4.4%. 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 % (7). Although the finding of condom breakage prevalence of this thesis research was slightly higher than that of the most usual study finding reports (Prevalence of less than 2%), it was still within the range of other study finding reports (from less than 1% to 13%). The prevalence, in our case, was rather found to be almost at the lower range of other study finding reports.

Condom breakage prevalence of less than 1% or 1 break in 100 acts of sexual intercourse has been reported in experienced users. In one prospective study of female sex workers in Nevada brothels, where law requires condom use, demonstrated high condom proficiency. Of 353 condoms used by the sex workers during the study, none broke and none fell off during intercourse (10). The fact that more than 90% of the interviewees, in our case, were

not aware that vaginal drugs and oil-based lubricants could cause condom breakage, it would not be possible to expect them to use their condoms effectively as that of the Nevada's sex workers.

The prevalence of complete condoms slippage was found to be 1.5%. Other studies report that condoms slip off the penis completely in about 1% to 5% of acts of vaginal intercourse. The prevalence of condom slippage in our case was also within the range of other study finding reports. The proportion of condoms which slipped completely off the penis at the last sexual intercourses was not, actually, as high as that of the proportion of the condoms broke (4.4% breakage vs. 1.5% slippage). Lower proportion of condom slippage was also observed among consistent condom users in the past three months (18.7% breakage vs. 5.7%slippage).

The two important factors that were mentioned to be associated with condom slippage during the in-depth interview were putting condoms onto partially erected penis and continuing sex after ejaculation. It is logical that both partially erected penis and penis which has already ejaculated cannot fit the size of the condom, therefore, it is high likely to slip off the penis.

Although, this thesis research did not categorize the term "sex other than vaginal" as receptive anal sex, oral sex, or others, due to the cultural sensitiveness of the issue, 35.8% of those who at least used one condom during their last sexual intercourses reported to be asked by one of their last male clients to have sex other than vaginal. The actual response

of the sex workers to comply with such suggestion was observed to be very low, however. It was only 4.2 % or 5 of the 121 sex workers were agreed to have sexual intercourse other than vaginal. All the ten participants of the in–depth interviews reported that they had never agreed to have sex other than vaginal. This study finding is strengthening the lower non-vaginal sex prevalence finding of the quantitative study (4.2%).

Survey data from both developed and developing countries show that between 10% and 50% of sexually active adolescents and adults in the general population have engaged in heterosexual anal intercourse (8). Although, these survey findings seemed to be consistent with that of the proportion of male clients suggestion to have sex other than vaginal (35.8%), the proportion of the actual practice of non–vaginal sex was only 4.2% which, of course, less than that of the lower range of the survey findings in other countries.

Although it was not statistically significant, the very embarrassing finding observed was that 2 of the 5 of sex workers who agreed to have sex other than vaginal practiced the non–vaginal sex without condom. A higher proportion of non–condom use during receptive anal sex was observed in other studies too. In studies conducted in the developing world, approximately 70% to 90% of people engaging in heterosexual anal intercourse report never or inconsistently using condoms during the practice. The same pattern of lower condom use for anal sex has been documented in U.S. studies. Low level of condom use for heterosexual anal sex are explained in part by concerns that male condoms are more likely to break or slip off during anal sex than during vaginal sex (8). These concerns seem to be true when one of the three condoms used by the three sex workers during the non–

vaginal sexual intercourses did break while the prevalence of condom breakage at the last sexual intercourse was only 4.4%.

The 2002/BSS conducted in seven urban cities, including Bahir Dar town, showed that 91.6% of the female sex workers had used condom the last time they had sex with a paying client. In this study the level of influence the female sex workers had on condom use was also assessed; 95.3% of those who used condom were involved in the decision to use the condom (suggested by female sex worker in 52% of cases, and as a joint decision by female sex workers and clients in 43.3% of cases)(15). Although, these findings are encouraging since they indicate the level of influence of the sex workers on condom use, our thesis research findings would complement the 2002 BSS findings since it gave more attention to the actual participation of the sex workers in putting male condoms onto their clients' penis and their attitude towards doing it.

More than one third of the respondents (38.2%) were actually reported that they had never tried to put on condoms onto their male clients penis, and their predominant reason was the fact that they get ashamed of the act of putting condoms onto the penis of their clients. The very encouraging finding, however, was that 89.7% of the sex workers expressed their positive attitude towards watching their male clients the way how they put on their condoms while the light was still on.

More than half (55.6%) of the interviewed sex workers were witnessed that they had been asked, at least once, to put on condom onto their clients' penis during the past three

months, and 72.1 % of these sex workers reported to comply with their male clients' suggestion.

The proportion of sex workers who put on condoms onto their male clients' penis at their last sexual intercourse was 35.8 %, and almost all of these sex workers (98.3%) reported to put on all the condoms they used onto their clients' penis while the light was still on. And the majority of the sex workers (86.4%) responded that even those condoms that had been put on by the clients themselves reported to have been worn while there was light.

These findings show both active participation of the sex workers and their positive attitude towards putting on condoms onto their male clients' penis. Thus, these findings together with that of the 2002/BSS finding would give better understanding of the sex workers participation in using condoms.

STRENGTHS AND LIMITATIONS

Strengths

1. The strength of this thesis research was that it tried to assess areas which hadn't had sufficient attention by previous researchers. Thus, most of the study findings can be used as base line information to other researchers.
2. Even though it tried to deal with culturally sensitive sexual issues, it tried to get relatively reliable results by complementing the quantitative study with qualitative.

Limitations

1. There was a possibility of recall biases during determination of consistent condom use during the past three months.
2. Since the findings of this thesis research were based on self-response of the sex workers, the findings might be affected.
3. The other major weakness of this study was the fact that it did not try to categorize the term "sex other than vaginal" to its different components like anal, oral or other possible types of non-vaginal sex.

CONCLUSIONS

This thesis research has demonstrated the gradual increment of the proportion of sex workers who consistently use condoms. It has also demonstrated that the desire of sex workers to participate actively in the process of putting on condoms onto their male clients' penis is encouraging. However, their knowledge regarding factors associated with condom breakage was low and the proportion of condom breakage was not negligible. So, there is a need to work hard in this area in order to help sex workers use their condoms not only consistently but also effectively.

Although the desire of male clients to have risky sexual intercourse such as sex other than vaginal was reported to be high, the actual participation of the sex workers seemed to be low. But the knowledge of the sex workers was also proved to be low regarding possible transmission of HIV through anal sexual intercourse.

RECOMENDATIONS

1. HIV/AIDS prevention programs should also address possible risk factors of condom breakage and slippage so that people are not only trying to use condoms consistently but also effectively.
2. HIV/STIs prevention programs should give greater emphasis to the stigmatized and hidden sexual practices such as receptive anal sex. And the idea that only vaginal HIV transmission causes AIDS should be addressed.
3. Further research should be conducted in order to have clear picture of anal, oral, and other types of non–vaginal sexual intercourses so that a clear understanding of the problem would be achieved.

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Questionnaire to be used in a study to determine the magnitude of and factors associated with condom use and failure rate among commercial sex workers of Bahir Dar Town licensed brothers, Ethiopia.

INTRODUCTION

Hello, I am _____ I am here to enroll and interview eligible study participants, and fill in questionnaire 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 output is very significant. Although some of the questions are sensitive 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 _____ 2.1 No _____ 2.2 Reason _____

[The interviewer's signature in either of the given spaces certifies the verbal informed consent of the respondent]

Date _____

Respondent ID Number _____

Interviewers code No. _____

This interview may take round about 30 minutes.

SECTION I. Socio-economic 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 your socio-economic background.

No	Questions	Coding categories	Skip to	Code
101	How old are you?	_____		
102	Where did you bring up?	In rural area 1 In Addis Ababa 2 Towns other than Addis Ababa 3		
103	Have you ever attended school?	Yes 1 No 2	If (2) skip to Q. 105	
104	If "Yes", what was your highest level of school achievement?	Pre-elementary 1 Elementary incomp. 2 Elementary comp. 3 Secondary incomp. 4 Secondary comp. 5 Other specify 6		
105	What is your religion?	Orthodox 1 Muslim 2 Protestant 3 Catholic 4 Other specify 5		
106	What ethnic group do you belong to?	Oromo 1 Amhara 2 Tigre 3 Other specify 4		
107	Have you ever been married?	Yes 1 No 2		
108	Have you ever given birth to a child?	Yes 1 No 2	If (2) skip to Q.110	
109	If "Yes", how many children do you have currently?	Nothing 1 One 2 Two 3 Three 4 Four and above 5		
110	Have you ever had an abortion?	Yes 1 No 2	If (2) skip to Q.112	

111	If "Yes", how many abortions did you have?	One Two Three Four and above	1 2 3 4		
112	How long have you been working as a CSW?	< 1 year 1 year 2 years 3 years ≥4 years	1 2 3 4 5		
113	Where did you first start this job?	In rural area In Addis Ababa Towns other than Addis Ababa	1 2 3		

SECTION II. Awareness and attitude

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 your awareness and attitude towards condom.

No	Questions	Coding categories	Skip to	Code
201	Do you think HIV could be transmitted through vaginal sex?	Yes No I don't know	1 2 3	If (2) or (3) skip to Q. 203
202	If "Yes", do you think condom could prevent this transmission?	Yes No I don't know	1 2 3	
203	Could condoms themselves be source of HIV transmission?	Yes No I don't know	1 2 3	
204	Do you think condoms could expire?	Yes No	1 2	If (2) skip to Q. 206
205	Have you ever checked for expiry date of a condom?	Yes No	1 2	
206	Do you think a condom, which exposed to sunlight could break easily?	Yes No I don't know	1 2 3	
207	Do you think putting a condom on to partially erected pens could cause its slippage?	Yes No I don't know	1 2 3	

208	Do you think trying to put unrolled condom on to a penis could cause its breakage?	Yes No I don't know	1 2 3		
209	Do you think vaginally inserted or applied drugs could break condoms?	Yes No I don't know	1 2 3		
210	Do you think application of oil on to condoms could cause their breakage?	Yes No I don't know	1 2 3		
211	Do you think application of creams on to condoms could cause their breakage?	Yes No I don't know	1 2 3		
212	Do you think application of lotions on to condoms could cause their breakage?	Yes No I don't know	1 2 3		

No	Questions	Coding categories	Skip to	Code
213	Who puts on the condom to your clients?	Exclusively themselves Exclusively myself Either of us	1 2 3	If (2) and (3) skip to 215
214	If you have never put on a condom to your clients, why you do not put on a condom to them?	I am ashamed of it. I don't like to put on They don't ask me for it Other specify	1 2 3 4	
215	Do you think you would mind watching your male client the way how he puts on a condom while light is on?	Yes No	1 2	
216	Would you mind having sex with out a condom with any one of your male clients?	Yes No	1 2	
217	Do you think HIV could be transmitted through anal sex?	Yes No I don't know	1 2 3	If (2) or (3) skip to Q.301
218	If "Yes", do you think condom could prevent this transmission?	Yes No I don't know	1 2 3	

SECTION III. Sexual practice since Ethiopians' New Year (Sept.1995)

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 your sexual practice since September 11/2003.

No	Questions	Coding categories	Skip to	Code
301	What have you been using for your birth control since Sept. 11/2003?	Pills 1 Injections 2 Condoms 3 Nothing 4 Other specify 5		
302	Have you had sex with out a condom with any one of your male clients since Sept. 11/2003?	Yes 1 No 2 I don't remember 3		
303	Have you had any incident of condom breakage since Sept. 11/2003?	Yes 1 No 2 I have never used 3		
304	Have you had any incident of complete condom slippage since Sept. 11/2003?	Yes 1 No 2 I have never used 3		
305	Have you been asked by any one of your clients to put on a condom to his penis since Sep 11/2003?	Yes 1 No 2	If (2) skip to Q.401	
306	If "Yes", did you comply with his suggestion?	Yes 1 No 2		

SECTION IV. Sexual practice at the last working day

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 your sexual practice during your last working day.

No	Questions	Coding categories	Skip to	Code
401	How many men had you sex with during your last working day?(Write the frequency)		
402	How many sexual acts did you encounter during your last working day? (Write the frequency)	_____		

403	Did any of the sexual acts you encounter was with out a condom?	Yes No	1 2	If (2) skip to Q.410	
404	Did you perform the sex without condom with a casual client?	Yes No	1 2		
405	Did you encounter the sex without condom with a steady client?	Yes No	1 2		
406	Did you encounter the sex with out condom with a non-paying client?	Yes No	1 2		
407	Why did you perform the sex with out condom?	Client's objection Higher payment offer Expensiveness of the condoms' price Considering the client to be free of risk Other specify	1 2 3 4 5		
408	Did you perform the sex without condom at all sexual intercourses?	Yes No	1 2	If (1) skip to Q.441	
409	If "No" how many times did you have the sex without condom? (Write the frequency)			
410	What type of condoms did you use?	Hiwot condom I don't remember Other specify	1 2 3		
411	Who did bring the condoms you used?	Client himself Myself Routinely kept in the bed rooms Other specify	1 2 3 4		
412	Where did the condoms buy from?	The brothel Pharmacy Kiosk I don't know Other specify	1 2 3 4 5		

No	Questions	Coding categories	Skip to	Code
413	Did you put on any of the condoms you used to your male client?	Yes 1 No 2	If (2) skip to Q.420	
414	If "Yes", did you put on these condoms to your client while light was on?	Yes in all cases 1 Only in some cases 2 No in all cases 3		
415	Did you check for the expiry date of the condoms?	Yes in all cases 1 Only in some cases 2 No in all cases 3		
416	Did you try to open any of the packages of the condom with your teeth?	Yes 1 No 2		
417	Did you try to open any of the packages of the condom with your fingernail?	Yes 1 No 2		
418	Did you put any of the condoms you used on to partially erected pens?	Yes 1 No 2		
419	Did you try to put any of the condoms you used after unrolling it completely?	Yes 1 No 2		
420	Did your client put on any of the condoms you used?	Yes 1 No 2	If (2) skip to Q.422	
421	Did he put on the condoms while the light was still on?	Yes in all cases 1 Only in some cases 2 No in all cases 3		
422	Did any of the condoms you use have broken?	Yes 1 No 2	If (2) skip to Q. 427	
423	How many of the condoms you used have been broken? (Write the number)	_____		
424	How did you learn about its breakage?	I felt it during the sex 1 I was told by the client 2 I checked the condom after the sex 3 Other specify 4		
425	Did you change the broken condom?	Yes 1 No 2	If (1) skip to Q.427	
426	If "No", why you did not change the broken condom?	He refused to change 1 It was our last condom 2 We were about to finish the sex 3 Other specify 4		
427	Did any of the condoms you use was slipped completely off?	Yes 1 No 2	If (2) skip to Q.432	
428	How many of the condoms you used were slipped off? (Write the number)	_____		

429	How did you learn about its slippage?	I felt it during the sex I was told by the client It remained in my vagina It was found in the bed Other specify	1 2 3 4 5		
430	Did you put a new condom after the slippage?	Yes No	1 2	If (1) skip to Q.432	
431	If "No" why you did not put on a new condom?	He refused It was our last condom We were about to finish the sex Other specify	1 2 3 4		
432	Did you repeatedly use any one of the condoms?	Yes No	1 2		
433	Were you on vaginally inserted or applied drugs during your last working day?	Yes No	1 2		
434	Did you lubricate any of the condoms you used?	Yes No	1 2	If (2) skip to Q. 436	
435	If "Yes", what kind of lubricant did you use?	Oil Cream Lotion Soap Other specify	1 2 3 4 5		
436	Did all of the sexual acts you perform with condoms were in lying position?	Yes No	1 2	If (1) skip to Q. 438	
437	If "No", did you perform any of the sexual acts in a standing position?	Yes No	1 2		
438	Have you been asked by any one of your client to have sex other than vaginal?	Yes No	1 2	If (2) skip to Q. 441	
439	If "Yes", did you comply with his suggestion?	Yes No	1 2	If (2) skip to Q. 441	
440	If "Yes", did you do it with a condom?	Yes No	1 2		
441	How much did you charge your client for the overnight sex? (write the amount of the money)	_____			

Interview completed at _____

ይህ መጠይቅ ኮንዶም ተጠቃሚ የሆኑ የሴተኛ አዳሪ ቁጥርና የሚፈነዳና የሚወልቁ ኮንዶሞችን መጠንና ምክንያቶች ለማወቅ የተዘጋጀ ነው።

መግቢያ

ጤና ይስጥልኝ። _____ እባላለሁ። እዚህ አብሬሽ ያለሁት በዚህ ጥናት ውስጥ መሳተፍ የሚችሉ ሰዎችን በጥናቱ ውስጥ ለማካተት ቃለመጠይቅ ለማድረግ መጠይቁንም ለመሙላት ነው። አንቺም በዚህ ጥናት ውስጥ ተሳታፊ እንድትሆኒ መመረጥሽን ስገልፅልሽ በጣም ደስተኛ ነኝ። በዚህ ጥናት ውስጥ በመሳተፍ ለምታበረክቺው ከፍተኛ አስተዋፅኦም ከበሬታ እንዳለኝ እገልፅልሻለሁ። በዚህ መጠይቅ ውስጥ ከተካተቱት ጥያቄዎች መካከል ጥቂቶቹ የግል ጉዳይሽንና ስሜትሽን የሚመለከቱ ቢመስሉም ለምትሰጪኝ እውነተኛና ተአማኒ መልስ ግን አድናቆትና ከበሬታ አለኝ። ምክንያቱም ይህን በማድረግሽ ጥናቱ ውጤታማ እንዲሆንና ጠቃሚ መደምደሚያም ላይ እንዲደርስ ይረዳል። ይህም ሁሉ ሆኖ ግን በዚህ ጥናት ለመሳተፍ ወይም ላለመሳተፍ የመወሰን መብቱ ያንቺ ነው። ውሳኔሽ የትኛውም ቢሆን ለውሳኔሽ ከበሬታ አለኝ። ስምሽም ሆነ የምትሰረበት ቦታ እና አድራሻሽ በዚህ መጠይቅ ውስጥ የትም ቦታ እንደማይጠቀስና መጠይቆቹም እስከ መጨረሻው ምስጥር ሆነው እንደሚቀሩ እገልፅልሻለሁ።

በዚህ ጥናት ለመሳተፍ ፍቃደኛ ነሽ?

1) አዎ _____ 2.1) አይደለሁም _____ 2.2 ምክንያት _____

(ከተተውት ክፍት ቦታዎች በአንደኛው ላይ የሚያርፈው የጠያቂው ፊርማ የተጠያቂውን በጥናቱ

ላይ የመሳተፍ፣ ያለመሳተፍ ውሳኔ ያሳያል)

ቀን _____
የተሳታፊው መለያ ቁጥር _____
የጠያቂው መለያ ቁጥር _____
መጠይቁ የጀመረበት ሰዓት _____
መጠይቁ 30 ደቂቃ አካባቢ ይፈጃል።

ክፍል 1

አንዳንድ ጥያቄ የግል ጉዳይሽንና ስሜትሽን የሚመለከት ሊሆን ይችላል። ሆኖም ግን ለጥያቄዎች የምትሰጠው መልስ ለዚህ ጥናት በጣም አስፈላጊ መሆኑን ልገልጽልሽ እወዳለሁ። ያልገባሽ ጥያቄ ካለ እንዲብራራልሽ ጠይቁኝ። ከዚህ ቀጥሎ የምጠይቅሽ ጥያቄዎች የግል ሁኔታሽን የሚመለከት ነው።

ተ.ቁ	ጥያቄዎች	ምርጫ ቅደም ተከተል	ወደ ጥያቄ ይሂዱ	መልስ
101	ዕድሜሽ ስንት ነው? (በቁጥር ይጻፍ)			
102	ዕድገትሽ የት ነው?	ገጠር 1 አዲስ አበባ 2 በሌሎች ከተማ 3		
103	ፊደል ቆጥረሽ ወይም ት/ቤት ገብተሽ ተምረሽ ታውቁያለሽ?	አዎ ተምራያለሁ 1 አልተማርኩም 2	(2) ከሆነ ወደ ጥ.105 ይሂዱ	
104	ከተማርሽ ምን ያህል በትምህርትሽ ገፍተሻል?	ቁስ ት/ቤት 1 1ኛ ደረጃ ያላጠናቀቀ 2 1ኛ ደረጃ ያጠናቀቀ 3 2ኛ ደረጃ ያላጠናቀቀ 4 2ኛ ደረጃ ያጠናቀቀ 5 ከዚህ ሌላ ይጠቀስ 6		
105	ሃይማኖትሽ ምንድነው?	ኦርቶዶክስ 1 እስልምና 2 ፕሮቴስታንት 3 ካቶሊክ 4 ከነዚህ ሌላ ይጠቀስ 5		
106	ዘርሽ ምንድ ነው?	ኦሮሞ 1 አማራ 2 ትግሬ 3 ከነዚህ ሌላ ይጠቀስ 4		
107	አግብተሽ ታውቁያለሽ?	አዎ አግብቻለሁ 1 አላገባሁም 2		
108	ልጅስ ወልደሽ ታውቁያለሽ?	አዎ ወልጃለሁ 1 አልወለድኩም 2	(2) ከሆነ ወደ ጥ.110 ይሂዱ	
109	ከወለድሽ አሁን ስንት ልጆች አሉሽ?	ምንም 1 አንድ ልጅ 2 ሁለት ልጅ 3 ሦስት ልጅ 4 አራትና ከዚያ በላይ 5		
110	ፅንሰንስ አስወርደሽ ታውቁያለሽ ?	አዎ አስወርጃለሁ 1 አላስወረድኩም 2	(2) ከሆነ ወደ ጥ.112 ይሂዱ	
111	ካስወረድሽ ስንት ፅንሶችን ነጠር ያስወረድሺው?	አንድ 1 ሁለት 2 ሦስት 3 አራትና ከዚያ በላይ 4		
112	በሴተኛ አዳሪነት ምን ያህል ጊዜ ሰርተሻል?	ከአንድ ዓመት በታች 1 አንድ ዓመት 2 ሁለት ዓመት 3 ሦስት ዓመት 4 አራትና ከዚያ በላይ 5		

113	ሴተኛ አዳሪነት የጀመርኸው የት ነው?	ገጠር	1		
		አዲስ አበባ	2		
		በሌሎች ከተማ	3		

ክፍል 2

አንዳንድ ጥያቄ የግል ጉዳይሽንና ስሜትሽን የሚመለከት ሊሆን ይችላል። ሆኖም ግን ለጥያቄዎቹ የምትሰጪው መልስ ለዚህ ጥናት አስፈላጊ መሆኑን ልገልፅልሽ እወዳለሁ። ያልገባሽ ጥያቄ ካለ እንዲብራራልሽ ጠይቂኝ። ከዚህ ቀጥሎ የምጠይቅሽ ጥያቄዎች ስለኮንዶም ያለሽን ግንዛቤና አመለካከት የሚመለከት ነው።

ተ.ቁ	ጥያቄዎች	የምርጫ ቅደም ተከተል	ወደ ጥያቄ ይሂዱ	መልስ
201	ኤች .አይ. ቪ በግብረ ሥጋ ግንኙነት ይተላለፋል ብለሽ ታስቢያለሽ?	አዎ ይተላለፋል 1 አይተላለፍም 2 አላውቅም 3	(2) እና (3) ከሆነ ወደ ጥ.203 ይሂዱ	
202	ይተላለፋል ካልሽ፡ ኮንዶምን በመጠቀም ኤች. አይ. ቪን መከላከል የሚቻል ይመስልሻል?	አዎ ይቻላል 1 አይቻልም 2 አላውቅም 3		
203	ኮንዶም ራሱ በኤች.አይ.ቪ ለመያዝ ምክንያት ሊሆን ይችላል?	አዎ ይችላል 1 አይችልም 2 አላውቅም 3		
204	ከእሽጉ ያልወጣ ኮንዶም ያገልግሎት ጊዜው ሊያበቃ ይችላል ብለሽ ታስቢያለሽ?	አዎ ይችላል 1 አይችልም 2	(2) ከሆነ ወደ ጥ. 206 ይሂዱ	
205	የምትጠቀሚውን ኮንዶም የአገልግሎት ጊዜውን መጨረስ አለመጨረሱን አረጋግጠሽ ታውቂያለሽ?	አዎ አረጋግጣለሁ 1 አላረጋግጥም 2		
206	ለፀሐይ የተጋለጠ ኮንዶም በቀላሉ ሊፈነዳ ይችላል ብለሽ ታስቢያለሽ?	አዎ ይፈነዳል 1 አይፈነዳም 2 አላውቅም 3		
207	በደንብ ባልቆመ የወንድ ብልት ላይ የተደረገ ኮንዶም በቀላሉ ወልቆ ይወድቃል ብለሽ ታስቢያለሽ?	አዎ ይወልቃል 1 አይወልቅም 2 አላውቅም 3		
208	ሙሉ በሙሉ የተፈታን ኮንዶም በወንድ ብልት ላይ ማጥለቅ ኮንዶሙን እንዲፈነዳ ምክንያት ሊሆን ይችላል ብለሽ ታስቢያለሽ?	አዎ ሊሆን ይችላል 1 ምክንያት አይሆንም 2 አላውቅም 3		
209	በብልት የሚከተቱ የሐኪም መድኃኒቶች ኮንዶሙን ያፈነዳዋል ብለሽ ታስቢያለሽ?	አዎ ይፈነዳዋል 1 አያፈነዳውም 2 አላውቅም 3		
210	የምግብ ዘይት የተቀባ ኮንዶም በግብረ ሥጋ ግንኙነት ወቅት ይፈነዳል ብለሽ ታስቢያለሽ?	አዎ ይፈነዳል 1 አይፈነዳም 2 አላውቅም 3		
211	ጭቃ ቅባት (ክሬም) የተቀባ ኮንዶም በግብረ ሥጋ ግንኙነት ወቅት ይፈነዳል ብለሽ ታስቢያለሽ?	አዎ ይፈነዳል 1 አይፈነዳም 2 አላውቅም 3		

ተ.ቁ	ጥያቄዎች	የምርጫዎች ቅደም ተከተል	ወደ ጥ.ይሂዱ	መልስ
212	ፈሳሽ ቅባት (ሎሽን) የተቀባ ኮንዶም በግብረ ሥጋ ግንኙነት ወቅት ይፈነዳል ብለሽ ታስቢያለሽ?	አዎ ይፈነዳል 1 አይፈነዳም 2 አላውቅም 3		
213	አንቺጋ ለሚመጡ ወንዶች ማነው ኮንዶም የሚያጠልቅላቸው?	ሁሉም እራሳቸው 1 ሁሉም እኔ 2 ወይ እኔ ወይ አነሱ 3	(2) እና (3) ከሆነ ወደ ጥ.215 ይሂዱ	
214	ሁሉም እራሳቸው ከሆኑ የሚያጠልቁት፡ ለምንድነው አንቺ ማጥለቅ የማትፈልገው?	ያሳፍረኛል 1 ያስጠላኛል 2 ስላማይጠይቁኝ 3 ከነዚህ ሌላ ይጥቀሱ 4		
215	ደንበኛሽ ኮንዶምን እንዴት አድርጎ እንደሚያጠልቀው መብራት ሳይጠፋ ብትመለከቸው ቅር ይልሻል?	አዎ ቅር ይለኛል 1 ቅር አይለኝም 2		
216	ከየትኛውም የወንድ ደንበኛሽ ጋር ቢሆን ያለኮንዶም የግብረሥጋ ግንኙነት ብታደርገህ ቅር ይልሻል?	አዎ ቅር ይለኛል 1 ቅር አይለኝም 2		
217	በመቀመጫያ በኩል የሚደረግ የግብረ ሥጋ ግንኙነት ኤች. አይ. ቪ. ሊያስተላልፍ ይችላል ብለሽ ታስቢያለሽ?	አዎ ይተላለፋል 1 አይተላለፍም 2 አላውቅም 3	(2) እና (3) ከሆነ ወደ ጥ.301 ይሂዱ	
218	ይተላለፋል ካልሽ በዚህ መንገድ ሊተላለፍ የሚችልን ኤች. አይ. ቪን በኮንዶም መከላከል የሚቻል ይመስልሻል?	አዎ ይቻላል 1 አይቻልም 2 አላውቅም 3		

ክፍል 3

አንዳንድ ጥያቄ የግል ጉዳይሽንና ስሜትሽን የሚመለከት ሊሆን ይችላል። ሆኖም ግን ለጥያቄዎቹ የምትሰጧቸው መልስ ለዚህ ጥናት በጣም አስፈላጊ መሆኑን ልገልፅልሽ እወዳለሁ። ያልገባሽ ጥያቄ ካለ እንዲብራራልሽ ጠይቁኝ። ከዚህ ቀጥሎ የምጠይቅሽ ጥያቄዎች በዚህ በአዲሱ ዓመት ስለነበረሽ የግብረ ሥጋ ግንኙነት ነው።

ተ.ቁ	ጥያቄዎች	የምርጫ ቅደም ተከተል	ወደ ጥ. ይሂዱ	መልስ
301	ከመስከረም ወዲህ እየተጠቀምሽ ያለው የወሊድ መቆጣጠሪያ ምንድነው?	ፒልስ 1 መርፌ 2 ኮንዶም 3 ምንም አልጠቀምም 4 ከነዚህ ሌላ ይጥቀሱ 5		
302	ከመስከረም ወዲህ ያለኮንዶም የተገናኘሽው ደንበኛ ነበር?	አዎ ነበር 1 አልነበረም 2 አላስታውስም 3		
303	ከመስከረም ወዲህ ከተጠቀምሽባቸው ኮንዶሞች መካከል የፈነዳ ነበር?	አዎ ነበር 1 አልነበረም 2 ፍፁም አልተጠቀምኩም 3		

ተ.ቁ	ጥያቄዎች	የምርጫዎች ቅደም ተከተል	ወደ ጥ.ይሂ.ዱ	መልስ
304	ከመስከረም ወዲህ ከተጠቀምሽባቸው ኮንዶሚኒየም ስራዎች መካከል ሙሉ በሙሉ ተንሽራቶ የወለቀ ነበር?	አዎ ነበር 1 አልነበረም 2 ፍጹም አልተጠቀምኩም 3		
305	ከመስከረም ወዲህ ኮንዶሚኒየም እንድታጠልቁለት የጠየቀሽ ወንድ ነበር?	አዎ ነበር 1 አልነበረም 2	(2) ከሆነ ወደ ጥ. 401 ይሂ.ዱ	
306	አንቺስ እሺ ብለሽ በሃሳቡ ተስማማሽ?	አዎ ተስማማሁ 1 አልተስማማሁም 2		

ክፍል 4

አንዳንድ ጥያቄ የግል ጉዳይሽንና ስሜትሽን የሚመለከት ሊሆን ይችላል። ሆኖም ግን ለጥያቄዎቹ የምትሰጧቸው መልስ ለዚህ ጥናት በጣም አስፈላጊ መሆኑን ልገልጸልሽ እወዳለሁ። ያልገባሽ ጥያቄ ከሌለህ እንዳብራራልሽ ጠይቁኝ። ከዚህ ቀጥሎ የምጠይቅሽ ጥያቄዎች በመጨረሻ ቀን ስለነበረሽ የግብረ ሥጋ ግንኙነት ነው።

ተ.ቁ	ጥያቄዎች	የምርጫዎች ቅደም ተከተል	ወደ ጥ.ይሂ.ዱ	መልስ
401	ለመጨረሻ ጊዜ የግብረ ሥጋ ግንኙነት ባደረግሽበት ቀን ከስንት ወንዶች ጋር ነበር የተገናኘሽው? (ቁጥሩን ይጻፉ)	-----		
402	በዚያች ዕለት ስንት ጊዜ የግብረ ሥጋ ግንኙነት ፈጸምሽ? (ቁጥሩን ይጻፉ)	-----		
403	ካደረግሻቸው የግብረ ሥጋ ግንኙነት መካከል ያለ ኮንዶሚኒየም የተገናኘሽው ነበር?	አዎ ነበር 1 አልነበረም 2	(2) ከሆነ ወደ ጥ.410 ይሂ.ዱ	
404	ያለኮንዶሚኒየም የተገናኘሽው ለመጀመሪያ ጊዜ ከመጣ ወንድ ጋር ነው?	አዎ ነው 1 አይደለም 2		
405	ያለኮንዶሚኒየም የተገናኘሽው ተመላልሶ ከመጣ ወንድ ጋር ነው?	አዎ ነው 1 አይደለም 2		
406	ያለኮንዶሚኒየም የተገናኘሽው ገንዘብ ከማይክሩልሽ ወዳጅሽ ጋር ነው?	አዎ ነው 1 አይደለም 2		
407	ለምን ነበር ያለኮንዶሚኒየም የግብረ ሥጋ ግንኙነት ያደረግሽው?	እምቢ በማለቱ 1 ጨምሮ ስለከፈለኝ 2 የኮንዶሙ ዋጋ ወድ ስለሆነ 3 በሽታ የለበትም ብዬ ስላሰብኩ 4 ከነዚህ ሌላ ይጠቀስ 5		
408	ያለ ኮንዶሚኒየም የተገናኘሽው በሁሉ የግብረ ሥጋ ግንኙነት ወቅት ነው?	አዎ ነው 1 አይደለም 2	(1) ከሆነ ወደ ጥ. 441 ይሂ.ዱ	

ተ.ቁ	ጥያቄዎች	የምርጫዎች ቅደም ተከተል	ወደ ጥ.ይ.ሂ.ዱ	መልስ
409	በሁሉም ካልሆነ፣ ያለ ኮንዶም የተገናኘሽው ስንት ጊዜ ነው? (ቁጥሩን ይጻፉ)	-----		
410	ምን ዓይነት ኮንዶም ነበር የተጠቀማችሁት?	ሕይወት ኮንዶም 1 አላስታውስም 2 ከዚህ ሌላ ይጠቀስ 3		
411	የተጠቀማችሁበትን ኮንዶም ያመጣው ማን ነው?	ደንበኛዬ 1 እኔ ራሴ 2 መኝታ ክፍላችን የተቀመጠ 3 ከዚህ ሌላ ይጠቀስ 4		
412	ኮንዶሙ ከየት ነበር የተገዛው?	ከመጠጥ ቤቱ 1 ከፈርማሲ 2 ከዮስክ 3 አላውቅም 4 ከዚህ ሌላ ይጠቀስ 5		
413	ከተጠቀማችሁበት ኮንዶሞች መካከል አንቺ በእጅሽ ለደንበኛሽ ያጠለቅሽለት ነበር?	አዎ ነበር 1 አልነበረም 2	(2) ከሆነ ወደ ጥ.420 ይሂዱ	
414	ኮንዶሙን ያጠለቅሽለት መብራቱ ሳይጠፋ ነበር?	አዎ ሁሉንም 1 አንዳንዱን ብቻ 2 ሁሉንም በጨለማ 3		
415	ከማጥለቅሽ በፊት የኮንዶሙን የአገልግሎት ማብቂያ ጊዜውን ተመልክተሽ አጣርተሻል?	አዎ የሁሉንም 1 የአንዳንዱን ብቻ 2 አላጣራሁም 3		
416	የኮንዶሙን እሽግ በጥርስሽ ለመቅደድ ሞክረሻል?	አዎ ሞክራለሁ 1 አልሞክርኩም 2		
417	የኮንዶሙን እሽግ በጥፍርሽ ለመቅደድ ሞክረሻል?	አዎ ሞክራለሁ 1 አልሞክርኩም 2		
418	ከተጠቀማችሁበት ኮንዶሞች መካከል በደንብ ባልቆመ ብልት ላይ ያጠለቅሽው ኮንዶም ነበር?	አዎ ነበር 1 አልነበረም 2		
419	ከተጠቀማችሁበት ኮንዶሞች መካከል ሙሉ በሙሉ ፈተሽ በደንበኛሽ ብልት ላይ ለማጥለቅ የሞከርሽው ኮንዶም ነበር?	አዎ ነበር 1 አልነበረም 2		
420	የወንድ ደንበኛሽ እራሱ ያጠለቀው ኮንዶም ነበር?	አዎ ነበር 1 አልነበረም 2	(2) ከሆነ ወደ ጥ.422 ይሂዱ	
421	ኮንዶሙን ያጠለቀው መብራቱን ሳይጠፋ በፊት ነበር?	አዎ ሁሉንም 1 አንዳንዱን ብቻ 2 ሁሉንም መብራቱን አጥፍቶ 3		
422	ከተጠቀማችሁበት ኮንዶሞች መካከል የፈነዳ ኮንዶም ነበር?	አዎ ነበር 1 አልነበረም 2	(2) ከሆነ ወደ ጥ.427 ይሂዱ	
423	ስንት ኮንዶም ፈነዳባችሁ? (ቁጥሩን ይጻፉ)	-----		

ተ.ቁ	ጥያቄዎች	የምርጫዎች ቅደም ተከተል	ወደ ጥ.ይ.ሂ.ዱ	መልስ
424	የኮንዶሙን መፈንዳት እንዴት ነበር ያወቅሽው?	በግንኙነት ወቅት ታወቀኝ 1 ደንበኛዬ ነገረኝ 2 ኮንዶሙን አይቼ 3 ከነዚህ ሌላ ይጠቀስ 4		
425	የፈነዳውን ኮንዶም በአዲስ ኮንዶም ቀየራችሁት?	አዎ ቀየርነው 1 አልቀየርነውም 2	(1) ከሆነ ወደ ጥ. 427 ይሂዱ	
426	ለምን ነበር ያልቀየራችሁት?	እምቢ ብሎ 1 የመጨረሻያ ኮንዶም በመሆኑ 2 እየጨረስን ስለነበር 3 ከነዚህ ሌላ ይጠቀስ 4		
427	ከተጠቀማችሁበት ኮንዶም መካከል ቁልቁል ተንሸራቶ የወደቀ ኮንዶም ነበር?	አዎ ነበር 1 አልነበረም 2	(2) ከሆነ ወደ ጥ. 432 ይሂዱ	
428	ቁልቁል ተንሸራቶ የወለቀው ኮንዶም ስንት ነበር? (ቁጥሩን ይጻፉ)	-----		
429	የኮንዶሙን ቁልቁል ተንሸራቶ መውለቅ እንዴት ነበር ያወቅሽው?	በግንኙነቱ ወቅት ታወቀኝ 1 ደንበኛዬ ነገረኝ 2 ብልቱ ውስጥ በመቅረቱ 3 አልጋው ላይ ስለወደቀ 4 ከነዚህ ሌላ ይጠቀስ 5		
430	ቁልቁል ተንሸራቶ በወለቀው ኮንዶም ፋንታ ሌላ አዲስ ተጠቀማችሁ?	አዎ ተጠቀምን 1 አልተጠቀምንም 2	(1) ከሆነ ወደ ጥ. 432 ይሂዱ	
431	ለምን ነበር ሌላ አዲስ ኮንዶም ያልተጠቀማችሁት?	ደንበኛዬ እንቢ በማለቱ 1 የመጨረሻያ ኮንዶሙ በመሆኑ 2 እየጨረስን ስለነበር 3 ከነዚህ ሌላ ይጠቀስ 4		
432	ከአንድ ጊዜ በላይ ደግማችሁ የተጠቀማችሁት ኮንዶም ነበር?	አዎ ነበር 1 አልነበረም 2		
433	የመጨረሻ የግብረ ሥጋ ግንኙነት ባደረግሽበት ቀን በብልት የሚገባ የሐኪም መድኃኒት እየተጠቀምሽ ነበር?	አዎ እጠቀም ነበር 1 አልጠቀምም 2		
434	ቅባትስ ቀብታችሁ የተጠቀማችሁት ኮንዶም ነበር?	አዎ ነበር 1 አልነበረም 2	(2) ከሆነ ወደ ጥ. 436 ይሂዱ	
435	ቀብታችሁ ተጠቅማችሁ ከሆነ ምን ዓይነት ቅባት ነበር የቀባችሁት?	ዘይት 1 ጭቃ ቅባት (ክሬም) 2 ፈሳሽ ቅባት (ሎሽን) 3 ሳሙና 4 ከነዚህ ሌላ ይጠቀስ 5		
436	በኮንዶም የተገናኛችሁት የግብረ ሥጋ ግንኙነት በሙሉ አልጋ ላይ ተጋድማችሁ ነበር?	አዎ ተኝተን ነው 1 አይደለም 2	(1) ከሆነ ወደ ጥ. 438 ይሂዱ	

ተ.ቁ	ጥያቄዎች	የምርጫዎች ቅደም ተከተል	ወደ ጥ.ይሂ.ዱ	መልስ
437	ቆማችሁ የፈጸማችሁት የግብረ ሥጋ ግንኙነት ነበር?	አዎ ነበር 1 አልነበረም 2		
438	ከብልትሽ ሌላ በተለየ መንገድ ልገናኝሽ ያለሽ ወንድ ነበር?	አዎ ነበር 1 አልነበረም 2	(2) ከሆነ ወደ ጥ. 441 ይሂ.ዱ	
439	የጠየቀሽስ ካለ በሃሳቡ ተስማማሽ?	አዎ ተስማማሁ 1 አልተስማማሁም 2	(2) ከሆነ ወደ ጥ. 441 ይሂ.ዱ	
440	በሃሳቡ ከተስማማሽ የግብረ ሥጋ ግንኙነቱን በኮንዶም ነበር ያደረግሽው?	አዎ በኮንዶም ነበር 1 አልኮንዶም ነበር 2		
441	በመጨረሻ ቀን የነበረው ደንበኛሽ ለአዳር የከፈለሽ ስንት ብር ነው? (የገንዘቡን መጠን ይጻፉ)	-----		

መጠይቁ ያለቀበት ሰዓት _____