DETERMINANTS OF WILLINGNESS TO USE PRE-EXPOSURE PROPHYLAXIS FOR HIV PREVENTION AMONG **FEMALE SEX** WORKERS IN JIMMA TOWN SOUTH WEST ETHIOPIA

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A RESEARCH THE SUBMITTED TO JIMMA UNIVERSITY FACULTY OF PUBLICHEALTH DEPARTMENT OF EPIDEMIOLOGY; IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR MASTERS OF PUBLIC HEALTH IN EPIDEMIOLOGY (MPHE),

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Abstract

Background:. Oral pre-exposure prophylaxis (Pr EP) of HIV infection is the use of antiretroviral (ARV) drugs by people who do not have HIV infection in order to prevent the acquisition of HIV among that population group with substantial risk. The medication proven safe and effective currently approved for Pre ep in healthy adults at risk of acquiring HIV infection is the fixed-dose combination of Tenofovir Disoproxil Fumarate (TDF) and Emtricitabine (FTC) in a single daily dose.

Objective: To identify determinants of willingness to use pre-exposure prophylaxis for HIV prevention among female sex workers in Jimma town, south west Ethiopia, 2022

Methods and materials: A facility-based case control study was conducted on 328 female sex workers from which 109 were case and 228 were control. The study population was sero-negative female sex workers visiting health facility to receive service packages designed for female sex workers. This study was conducted Jimma town from April 15 to July 20, 23022. The questionnaire was developed based on predetermined variables after reviewing relevant references. Data were entered into EPI-data version 4.6. In addition, the data to SPSS statistical package version 23.0 for analysis. Binary logistic regression analysis was used to identify the determinant of willingness. All determinants having p-value < 0.25 in the binary analysis were included in multivariate logistic regression models. Finally, variables with odd ratio greater than 1 and with p<0.05 were considered statically significant.

Results: Willingness to use pre exposure prophylaxis (PrEP) was associated with having tested for HIV in the last 3months with AOR. 6.65(95% CI 2.27, 19.51). Not having perceived stigma towards, taking pre exposure prophylaxis,, with {AOR 53.04 and 95% CI (10.10, 246.96)}. Female sex workers with no fear of drug side effect were more likely to use pre ep with,{ AOR of 6.57(95%CI 1.81, 23.88)} and female sex workers who have good family relation were more likely to have willingness to use with AOR of 19.17(95% CI 5.07,72.50).

Conclusion and recommendation: In this study fear of drug side effect, family relation, perceived stigma and having HIV test in the last three months were significantly affect the willingness of female sex workers (FSWs) to use pre-exposure. Based on the finding of this study it is recommended that health facilities should provide health education for female sex workers on drug side effects, benefit of frequent HIV testing, and promote frequent HIV testing as recommended by world health organization. Women, child affair offices, and other faith-based organizations should work on building good family relations.

Key words; Pre exposure prophylaxis, female sex workers, key population

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ABBREVIATIONS/ACRONYMS

AIDS-Acquired Immunodeficiency Syndrome

CDC –Center for Disease Control

FDA- Food and Drug Administration

FDAUS-United States Food and Drug Administration

FDRE-Federal Democratic Republic of Ethiopia

FMOHE-Federal Ministry of Health

FSW-Female Sex Worker

FTC-Emtricitabine

HIV-Human Immunodeficiency Virus

KP-key Population

PLHIV- People living with HIV

Pr Ep-Pre exposure Prophylaxis

TDF-Tenofovir Disoproxil Fumarate

UNAIDS-Joint United Nations Program on HIV/AIDS

WHO-World health organization

RNB-Renminbi

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Chapter1. Introduction

Background

An estimated 35.3 million people globally are living with HIV(1). A number of prevention methods are available, from condoms to male circumcision, prevention of mother-to-child transmission to clean needles, but to date these have not been sufficient to stop the epidemic(2). Advances in biomedical interventions to prevent HIV offer great promise in reducing the number of new infections across sub Saharan Africa, particularly among vulnerable populations such as female sex workers(3)

Pre-exposure prophylaxis (PrEP), with the use of antiretroviral agents by HIV-negative individuals before potential exposure to HIV to prevent transmission, has been proven to be efficacious in the reduction of HIV transmission in clinical trials in certain populations, such as men who have sex with men (MSM), heterosexual men and women and injection drug users(4)

Offering pre exposure prophylaxis (PrEp) is one of the six HIV prevention pillars adopted by Ethiopia, and also one of the commitment to reduce new adult HIV infections by 50% by 2020 and ending AIDS as a public health threat by 2030(5).

Oral pre-exposure prophylaxis (PrEP) of HIV infection is the use of antiretroviral (ARV) drugs like Tenofovir Disoproxil Fumarate and Emtricitabine by people who do not have HIV infection in order to prevent the acquisition of HIV(6). It is one of the biomedical prevention methods that came in to practice very recently for public use, that will have significant impact to further decrease the transmission of HIV among those population group with substantial risk(7). Pre-exposure prophylaxis (PrEP) has emerged as a promising strategy for preventing the transmission of HIV(8).

In 2014, the World Health Organization (WHO) recommended offering PrEP to men who have sex with men (MSM). On the basis of further evidence of the effectiveness and acceptability of pre-exposure prophylaxis(Pr EP) in 2015, the WHO subsequently broadened the recommendation to include all population groups at substantial risk of HIV

infection(6).Special concern is given to, female sex workers who experience an extraordinary high risk of acquiring HIV globally(9).

Pre-exposure prophylaxis for HIV prevention has evolved significantly over the years where the clinical trials have demonstrated the efficacy of oral pre exposure prophylaxis (Pr EP). And the field is scaling-up implementation (10).The medication proven safe and effective, and currently approved by food and drug administration (FDA) for Pre exposure prophylaxis in healthy adults at risk of acquiring HIV infection, is the fixed-dose combination of Tenofovir Disoproxil Fumarate (TDF) and Emtricitabine (FTC) in a single daily dose(11)

One of the critical components of whether people choose to use pre-exposure prophylaxis (Pr EP) or another HIV prevention tool is their perception of their own risk. People who perceive them-selves to be at risk and seek out pre-exposure prophylaxis (Pr EP) are likely to benefit from it. Others who are unaware of, or who think they are not at risk, are unlikely to take action to protect them-selves from HIV(12).

1.2 Problem statement

Pre-exposure prophylaxis (PrEP) is the first biomedical drug that has been proved efficient in HIV prevention among the populations that are at a high risk of HIV acquisition. Based on this fact, the United Nations General Assembly's 2016 Political Declaration on HIV and AIDS committed to provide three million people at higher risk of HIV infection with pre exposure (Pr EP) by 2020. However, by the end of 2017 only 350,000 people have ever taken pre exposure prophylaxis (Pr EP)(13). Evidences from different researches have shown that willingness to use pre exposure prophylaxis among female is relatively high. For example, the study conducted in China showed (69%) proportion of surveyed female sex workers were willing to use Pr EP for HIV prevention(14)

Several African countries have adopted the WHO Pr EP policy and launched Pr EP almost very early and some are late. Kenya is one of the late countries to adopt and implement in May 2017 as part of her comprehensive HIV prevention among populations at risk of HIV and only 53,291 female sex workers enrolled to pre exposure prophylaxis against a target of 500,000 by 2020(15). The other African county which adopt early is Uganda with the coverage of estimated 21,500 members of key population have accessed oral pre exposure prophylaxis(Pr EP)(16). On the other hand, according to the study conducted in Zimbabwe,

majority of female sex workers (FSWs) (89%) was willing to use Pr EP to reduce their risk of contracting HIV infection(17). According to report from ministry of health of Ethiopia pre exposure service was launched in all region but only 6 regions are actively providing pre exposure service in 300 health facilities in both governmental and NGOs. In Ethiopia among estimated 165,000 female sex workers (FSW), only 10,000 ever started pre exposure prophylaxis. Oromia region is one of the six regions which are actively providing pre exposure prophylaxis with the coverage of 3513 among estimated 45,0000 female sex workers live in the region so far since the service is launched. Whereas, the report from Jimma town shows among 3821tested negative and registered only 415FSW 10.8% the population ever started pre exposure prophylaxis (Pr EP)

The commonly mentioned factors affecting willingness to use pre exposure prophylaxis (Pr EP) include effectiveness, fear of drug side effects, and cost to buy the drug. The pre exposure prophylaxis acceptability declined as hypothetical effectiveness decreased and potential side-effects increased(18). The success of Pre EP will be dependent on behavioral variables such as intentions to use it, acceptability, and demographic constructs of Pr EP use(19). Without intervening to increase pre ep up take it is difficult to achieve the UNAIDS target for 2025 which is decreasing to fewer than 500,000 annual new infections from current estimated 1.7 million new infections(20). As in 2020, key populations (sex workers and their clients, gay men and other men who have sex with men, people who inject drugs, transgender people) and their sexual partners accounted for 65% of HIV infections globally(21)

In Ethiopia, as pre exposure prophylaxis service is new initiative no amble studies conducted and documented which reveals the determinants of willingness to use pre exposure prophylaxis and suggest the solution so far. Therefore, determinants of willingness to use pre exposure prophylaxis were not well known in the study area. Thus, this health facility based case control study aimed to assess the determinants of willingness to use pre exposure prophylaxis among female sex workers and forward possible solutions.

1.3 Significance of the Study

This study tries to assess the determinants of willingness to use pre exposure prophylaxis among female sex workers in Jimma town. The study findings add to the body of knowledge on determinants of pre exposure prophylaxis. In addition, supposed to fill the information gap for decision for health facilities, NGOs and other concerned bodies, for providing important opportunities in research and programming to improve the welfare of female sex workers and used to design strategies for the uptake of pre exposure prophylaxis.

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Chapter2. Literature review

2.1 Factors associated with the willingness to use pre-exposure prophylaxis among female sex workers

2.1.1 Socio demographic characteristics

The study conducted in Uganda showed that, female sex workers those with no formal education, and participants who had attained tertiary education were nearly twice as likely to say they were willing to use pre exposure prophylaxis. when Compared with to participants who had attained secondary education were 1.72 times as willing to use PrEP, and those with primary education were 1.61 times more willing to use PrEP(16). Another study conducted in China showed that female sex workers registered as urban residents were more willing than those registered as rural residents to use pre exposure prophylaxis (PrEP) (14). The same study revealed that FSWs those with a monthly income of 5000+ RMB(721USD)or 36,092ETB were more willing to use pre exposure prophylaxis (pre ep) than those at lower income levels(14). According to the study conducted in Kenya, pre exposure prophylaxis up take was the highest (41%) amongst the younger population ages (18-25year) than the older age. The never married populations were utilized than married, and there was variation in utilization of pre exposure prophylaxis from place to place or residence, among female sex workers. Among those who were living in town area, 88% of them had used PrEP when compared to those who resided in the rural area(15). Another study conducted in Kenya showed that young women reporting primary education complete were more likely to report intention to use PrEP compared to those with primary incomplete(22).

2.1. 2 Knowledge, beliefs & attitudes about HIV/AIDS and perceived stigma

According to the study conducted in China on willingness to use pre exposure prophylaxis(prep) among female sex workers (FSW) showed that participants with knowledge of HIV and AIDS and those intent to Know HIV/AIDS were express their willingness to use pre exposure prophylaxis(PrEP)(10)..Another study conducted in China showed that increased acceptability of PrEP was associated with better HIV/AIDS knowledge(24)According to the study done India and Asia pacific for HIV prevention, social stigma has continued to be the major barrier for accessing effective services. PrEP-related stigma, such as the label of promiscuity attached to PrEP users, has been reported to be the

societal-level barrier for PrEP access(25,26)another study conducted in Uganda showed that FSWs were apprehensive about accessing oral pre exposure prophylaxis (PrEP) tablets because they felt that it would be equated to seeking treatment for HIV by the community(27).

2.1.3. HIV risk perception reason for testing and medical condition

According to the study conducted in Gahanna, perceiving oneself to be at risk of HIV infection was associated with a doubling of the likelihood of being willing to use pre exposure prophylaxis(pre compared to those who did not perceive themselves to be at risk (16). The study conducted in Malawi revealed that pre exposure prophylaxis (PrEP) interest was high among all perceived risk levels 78% among those with high-perceived risk was 62%. When compared with among women reporting no perceived risk(28).Finding from the study conducted in Gahanna revealed that female sex workers that having tested for HIV in the past 6 months was associated with a 13% increase in likelihood of being willing to use pre exposure prophylaxis(PrEP) than those did not tested in last six months(16).

According to the result from the study done in China majority of female sex workers of (85.9%) ever heard about pre exposure prophylaxis were willing to use pre exposure prophylaxis (pr Ep) than those did not ever heard(23). The study conducted on willingness of female sex workers to use pre exposure prophylaxis for HIV prevention in, China showed that, the majority were concerned about the side effects of PrEP(89.5%) (14). On other hand the study conducted on pre exposure prophylaxis use among female sex workers in India showed that majority of female sex workers who were not willing to use pre exposure prophylaxis were due to fear of the drug side effect(29) which show us drug side effect is one of the barrier to use pre exposure prophylaxis(PrEp). The study conducted in china showed that female sex workers (31.6%)concerned about objections from family to use pre exposure prophylaxis(14).. Another study done in China showed that the impact from family affect the willingness to use pre exposure prophylaxis(24).Another study conducted in Uganda showed that Couples could be seen prioritizing and drawing upon their relationship as they negotiated these expectations.(27)

2.2 Conceptual framework

This study used a conceptual framework in understanding the determinants of willingness to use pre exposure prophylaxis. The independent variables in this study are socio demographic characteristics of the FSWs, knowledge behavior and awareness of HIV, drug related factors, socio cultural factors and health care and service provision factors shown in (figure 1) below. An assessment of how they affect willingness to use pre exposure prophylaxis or the dependent variable was assessed through administration of a relevant questionnaire. This conceptual framework was adapted from, Res Palliat Care,which is conducted in china ,Guure C,32020 conducted in Ghanna.

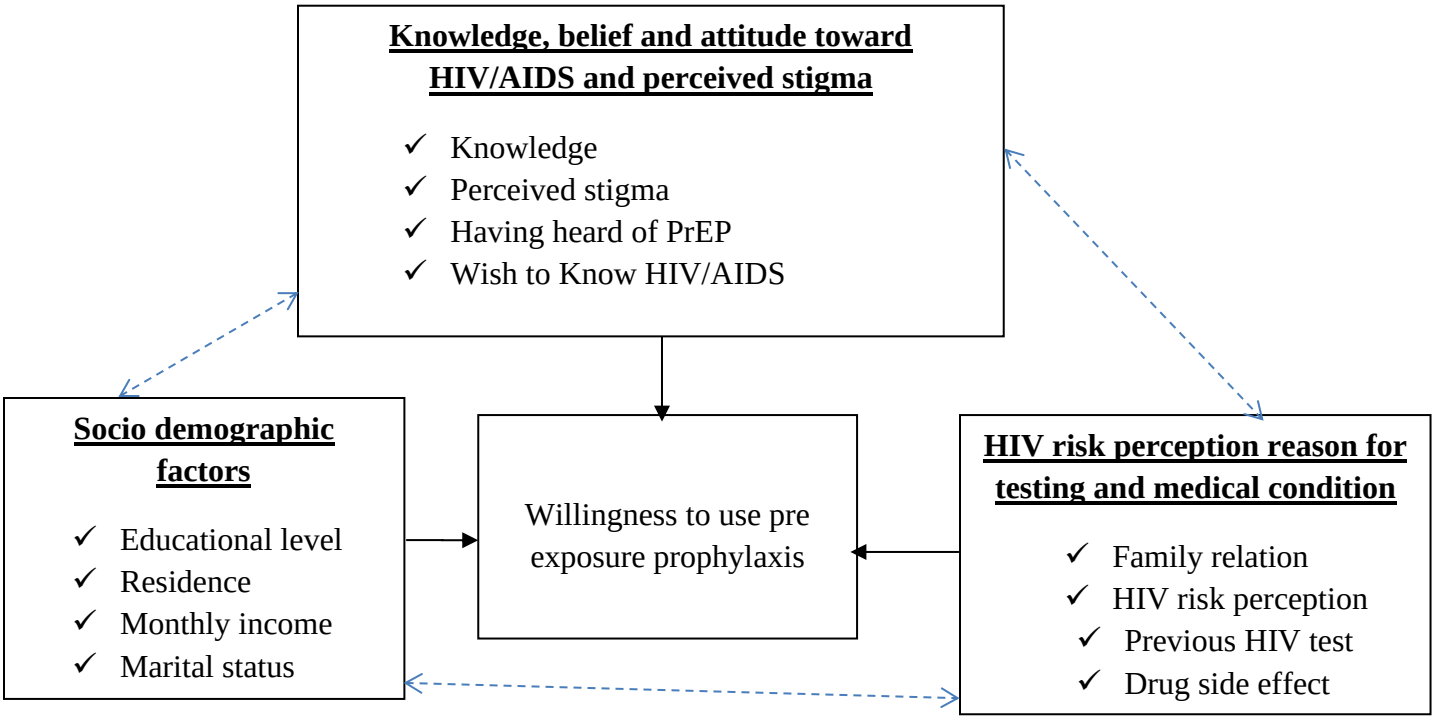

Figure 1: Conceptual framework of willingness to use pre exposure prophylaxis among female sex workers in Jimma town 2022 (source should be mentioned here)

Chapter3. Objectives

3.1 General Objective

To identify the determinants of willingness to use pre-exposure prophylaxis for HIV prevention among female sex workers in Jimma town, south west Ethiopia, 2022

3.2 Specific objectives

- To determine factors related to Knowledge, belief attitude toward HIV/AIDS and perceived stigma on willingness to use pre exposure among female sex workers.
- To determine factors related to socio demographic factors of female sex workers that determine willingness to use pre exposure prophylaxis.
- To identify factors related HIV risk perception reason for testing and medical condition that determines willingness to use pre exposure prophylaxis.

Chapte4. Methods and materials

4.1 Study area and period

This study was conducted in Jimma Town, Oromia Regional State, which is 345 km far from Addis Ababa to the southwest part of the country. In the town, there are different health facilities: four health centers, one general hospital and one specialized hospital serving population in the town and the surrounding districts. Currently **key population (KP) clinic** is functional and pre exposure prophylaxis provided **in one general hospital and in the two-health center** (Shenen Gibe General Hospital Jimma health center and Jimma Higher2 health center) in which the study was conducted. The town is divided in to 3 Woreda or Higher and 13 Kebeles .The total projected population of the town in 2022 is 130,254(30). The town has 5 hospitals (2 governmental and 3 private), 4 governmental Health centers and 16 Private clinics. The estimated number of female sex worker living in Jimma town is 3821.

This study was conducted from December 15, 2021-July 20, 2022

4.2 Study design

Since the willingness to use pre exposure prophylaxis is low, unmatched facility-based case, control study was conducted to identify the determinants of willingness to use pre exposure prophylaxis.

4.3 Population

4.3.1 Source population

All female sex workers who live in Jimma town

4.3.2 Study population

Cases: All HIV sero-negative female sex workers **ever started pre exposure prophylaxis** and live in Jimma town. **Control**s: All sero-negative female sex workers who **did not ever started pre exposure prophylaxis** and live in Jimma town.

4.4 inclusion and exclusion criteria

4.4.1Inclusion criteria

Case:- Female sex workers who are sero-negative visit health facility for routine service packages (condom provision, Sexual transmitted infection screening and treatment HIV test)and ever started pre exposure prophylaxis was included in the study.

Control:- Female sex workers who are sero negative visit health facility to receive routine service package and did not ever started pre exposure prophylaxis were included during the study period.

4.4.2 Exclusion criteria

Case; Female sex workers who were sero negative pre exposure who are critically ill and who have hearing problem were excluded.

Control; Female sex workers who were ill and who had hearing problem were excluded.

4.5 Sample size determination and sampling technique

4.5.1 Sample Size determination

Sample size was calculated by using the double population formula by using the following assumption

- ✓ 95% two side confidence interval,
- ✓ 80% power
- ✓ 2:1 control to case ratio
- ✓ Percentage of control exposed (77%)
- ✓ Odd ratio(2.9)
- ✓ Percentage of case exposed (90.4%)

The sample size calculated using Epi-Info version 7.2.0 stat calc.Based on this risk factor with highest sample size is knowledge of HIV, which is **312**. By adding 10% of non-response rate, it is equal to 343. Therefore, the sample size was 343.(see table 1)

Table 1 Sample size of willingness to use pre-exposure prophylaxis for HIV prevention and associated factors among female sex workers in Jimma town, south west Ethiopia, 2022.

s.n	Variable	CI	Power	%Case exposed	Control to case Ratio	AOR	%Control exposed	Sample size			Reference
								Case	control	Total	
1	Wish to Know HIV/AIDS	95 %	80%	85.2%	2	2.46	70%	101	201	302	(14)
2	Ever heard of pre exposure	95 %	80%	78.2%	2	2.59	58%	71	141	212	(23)
3	Knowledge of HIV	95 %	80%	90.4%	2	2.8	77%	104	208	312	(24)

4.5.2 Sampling technique

Since it is difficult to get all the study population in the study period **convenience sampling technique** was employed. And the sample taken from each facility proportionally allocated based on the number of sero negative female sex workers mapped and registered in respective health facilities i.e.(Jimma health center ,Jimma Higher 2 and Shanan gibe general hospital). According to the data found in Jimma town office HIV care and prevention department the total number of female sex workers mapped and registered in Jimma town is 3821. Among these 1523 mapped under Jimma health center hence the sample allocated at Jimma health center was 127 from which case was 44 and control was 83. The number of female sex workers mapped under shaman gibe general hospital 1132 the sample allocated is 97 among these 32 was case and 65 were control. About 1166 mapped under Jimma H2 health center with the sample of 104 from which 33 and 71 were case and control respectively.

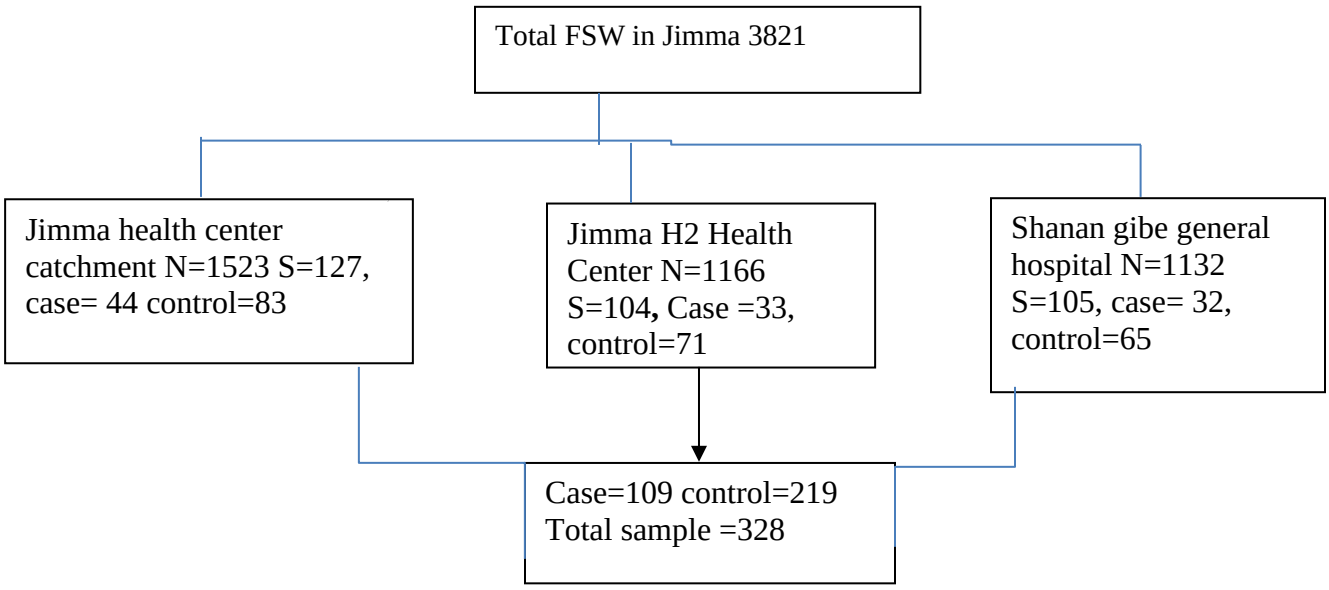

Figure 2 Sampling technique of willingness to pre exposure prophylaxis among female sex workers in Jimma town from April to July

4.6 Data collection procedures

A structured questionnaire was prepared by reviewing relevant references. Data were collected through face-to-face interviews. Two health officers three Bsc Nurses one environmental from which three of them were data collectors and three supervisors were took part in data collection and supervision, respectively.

4.7 Study variables

Independent variables

- Socio- demographic characteristic such as
  - ✓ Educational level
  - ✓ Monthly income
  - ✓ Residence
  - ✓ Age
  - ✓ Marital status
- HIV/AIDS related Knowledge, belief and attitude toward HIV/AIDS and perceived stigma
  - ✓ HIV/AIDS Knowledge
  - ✓ Perceived stigma
  - ✓ Having heard of Pr EP
  - ✓ Wish to Know HIV/AIDS
- HIV risk perception reason for testing and HIV medical condition
  - ✓ Family relation
  - ✓ HIV risk perception
  - ✓ Previous HIV test
  - ✓ Fear of drug side effect

Dependent variable

- Willingness to use pre exposure prophylaxis

4.8 Operational definitions

Knowledge: was measured by **12 knowledge questions** related to information towards HIV/AIDS in yes or no format. The correct answer was given" 1”and” 0” given incorrect and do not know. The total score was computed out of 12 marks (with range of 0-12), those who score the mean and above were have **good knowledge** whereas those who score below the mean value have **poor knowledge**.

Perceived Stigma:-Is measured by 4 perceived stigma questions, related to information towards use of pre exposure prophylaxis. In strongly agree, Agree, Neutral, disagree and strongly disagree format. Strongly agree and agree was given "1" and considered as correct answer and neutral disagree and strongly disagree was given "0" and considered incorrect answer and the total score was computed out of 4 marks. With a range of (0-4), those who score above the mean and above were have perceived stigma whereas those who score below the mean value have no perceived stigma.

Drug Side effect –any person experiences one of the symptoms (nausea, nightmare and head ache) following taking pre-exposure medication.

Previously tested; female sex workers who are tested for HIV in the last six months

HIV risk perception; female sex workers who understand that he is at risk of acquiring HIV

Having heard of Prep; female sex workers who ever heard about pre exposure prophylaxis from any source

Willingness to use pre exposure prophylaxis:-the female sex workers who were ever started and using pre exposure prophylaxis are considered as having willingness to pre exposure.

4.9 Data analysis procedures

Before entry, the collected data checked, for completeness, then, coded and entered in to Epi-Data version 4.6, and finally exported to SPSS version 23.0 statistical software for analysis. The data were cleaned for inconsistencies and missing values. Descriptive statistics computed for continuous variables using mean and standard deviation (SD) while for categorical variables, frequency distribution and cross tabulation and summary measures computed and the result presented in table. Binary logistic regression analysis was used to the determinant of willingness. All determinants having p-value < 0.25 in the binary analysis were included in multivariate logistic regression models to manage the effect of confounder. Finally, the degree of association presented in the adjusted odd ratio with 95% confidence interval. All test was two sided and $p<0.05$ was considered statically significant.

4.10 Data quality management

To assure the quality of the data, pre tested data collection tool was used. Training was given for supervisors and data collectors for two days. A pretest was done on 5% of study population at Jimma family guidance clinic. Two-day training was provided for data collectors and supervisors on how to approach, extract information, and understand the questionnaire. Supervisors and principal investigator conduct close supervision once a day to check the integrity of the data. Daily feedback also provided to the data collector.

Every day, 10% of the collected data were reviewed and cheeked for and relevance by the supervisor and principal investigator. The questionnaires prepared in English and translated to local language (Amharic and Afan Oromo) since majority of participants communicate with Amharic and Afan Oromo language and finally translated back to English to maintain consistently.

4.11 Ethical consideration

A letter of ethical clearance obtained from Jimma University public health faculty, ethical clearance committee. Discussion held with officials down in the organizational hierarchy of Town health office (from town health office to the concerned health facility). Respondents were informed on the nature and purpose of the survey and verbal consent were asked Confidentiality was reassured and participants were made aware that there were not any adverse consequence to their refusal to participate.

4.12Dissemination plan

The findings of the study presented to Jimma University public health faculty, department of Epidemiology. In addition, it disseminated to relevant organizations and bodies that can make use of the study, including Jimma town health office and CDC Oromia. The result of this study also will make to publish to the article in peer-reviewed journal.

Chapter 5: Results

5.1 Sociodemographic characteristics related factors of female sex workers

A total of 328 female sex workers from which 109 case and 228 control were interviewed and the mean age of the cases and control were 30.8 and 27.3 years, respectively. The response rate was 96%. Majority of the case were young adult 62(56.9%), and that of the controls was 137(62.6%) young adults. Regarding the educational level of almost above half of the case was 56(51.4%) secondary and above. Majority of the control 182(83.1%) were primary and lower and the place of birth of the majority of the case 90(82.6%)was urban and above half 124(56.6%) of the control were born in rural Above half of the cases 61 (56.0%) gain >3001 monthly while nearly half of the controls 102(47.0%) gain 500-1500ETB monthly.

Table 2 Demographic characteristics of female sex worker in Jimma town 2022

Characteristics	Category	Case	Control	Total
Age	15–24 (Young)	19(17.4%)	79(36.1%)	98(29.9%)
	25–34 ((Young adult)	62(56.9%)	137(62.6%)	199(60.7%)
	40-65 (Middle aged)	28(25.7%)	3(1.4%)	31(9.5%)
Educational Level	Primary	53(48.6%)	182(83.1%)	235(71.6%)
	Secondary and above	56(51.4%)	37(16.9%)	93(28.4%)
Marital status	Single	52(47.7%)	124(56.6%)	176(53.7%)
	Married	3(2.8%)	15(6.8%)	18(5.5%)
	Widowed	6(5.5%)	84.3%)	14(4.3%)
	Separated	5(4.6%)	34(11.9%)	39(11.9%)
	Divorced	43(39.4%)	38(17.4)	819(24.7%)
Monthly income	500-1500ETB	15(13.8%)	102(47.0%)	117(35.9)
	1501-3000ETB	33(30.3%)	69(31.5%)	102(31.1%)
	>3001	61(56.0%)	46(21.0%)	107(32.8%)
Place of birth	Urban	90(82.6%)	124(56.6%)	214(65.2%)
	Rural	19(17.4%)	95(43.4%)	114(34.8%)
Having children	Yes	47(43.1%)	68(59.1%)	115(35.1%)
	No	62(56.9%)	151(68.9%)	213(68.9%)

5.2 HIV risk perception, reason for testing and medical condition related factors

Almost all cases 109(100%) and majority of the controls 189 (86.3%) were have HIV risk perception. Majority of cases were having good family relation contrary to this majority of the controls 179(81.7%) were have bad family relation. High proportion of cases 87(79.8%) had test in the last 3months whereas majority of controls 168(76.7%) were had test within 6 months and above. Majority of the cases 99(90.8%) were not reported that they fear drug side effect but majority of the controls179 (81.7%) were reported that they fear drug side effect.

Table 3 HIV risk perception reason for testing and medical condition related factor of willingness to use pre exposure prophylaxis in Jimma town 2022

Characteristic	Category	case	Control	Total
Previous HIV test	Less than3months	87(79.8%)	51(23.3%)	138(42.1%)
	Six months and above	22(20.2%)	168(76.7%)	190(57.9%)
Fear of drug side effect	Fear drug side effect	10(9.2%)	179(81.7%)	189((57.6%)
	No fear drug side effect	99(90.8%)	40(18.3%)	139(42.4%)
Family relation/social support	Good	85(68%)	40(32%)	125(38.1%)
	Bad	24(22%)	179(81.7%)	203(61.9%)
HIV risk perception	Has risk perception	109(100%)	189(86.3%)	298(90.9%)
	Has no risk perception	0(0%)	30(13.7%)	30(9.1%)

5. 3 HIV/AIDS-related Knowledge, belief and attitude toward HIV/AIDS and perceived stigma

Among the participants majority of cases 82(75.2%) self-reported having a good HIV/AIDS knowledge, 108(99.1%) of the case wish to access HIV/AIDS knowledge, and 105(96.3%) of cases believe that HIV AIDS is serious and 109(100%) heard about pre exposure to prevent HIV infection 94(86.2%) of cases had nondiscriminatory attitude toward HIV positive individuals. Majority of the controls 113(51.6%) had poor HIV knowledge, about 168(76.7%) were responded that they wish to access HIV knowledge .The high proportion of the controls 205(93.6%) were believe that HIV is serious .Majority of the controls 129(58.9%) had nondiscriminatory attitude towards people living with HIV. Among all control respondents'

majority 186(84.9%) responded that they had perceived stigma and majority 212(96.8%)heard about Pre exposure prophylaxis.

Table 4 HIV/AIDS-related Knowledge, belief and attitude toward HIV/AIDS and perceived stigma

Characteristic	Category	case	Control	Total
HIV Knowledge	Good knowledge	82(75.2%)	106(48.4%)	188(57.3%)
	Poor knowledge	27(24.8%)	113(51.6%)	125(38.1%)
Wish to access knowledge of HIV/AIDS	Yes	108(99.1%)	168(76.7%)	276(84.1%)
	No	1(0.9%)	51(23.3%)	52(15.9%)
Is AIDS serious	Yes	105(96.3%)	205(93.6%)	310(94.5%)
	No	4(3.7%)	14(6.4%)	18(5.5%)
Worried about family members infected with HIV	Yes	82(75.2%)	129(58.9%)	211(64.3)
	No	27(24.8%)	90(41.1%)	117(35.7%)
Perceived stigma	Have perceived stigma	6(5.5%)	186(84.9%)	192(58.5%)
	Have no perceived stigma	103(94.5%)	33(15.1%)	136(41.5%)
Attitude toward HIV/AIDS patients	Discriminatory	10(9.2%)	69(31.5%)	79(24.1%)
	Hard to say	5(4.6%)	21(9.6%)	26(7.9%)
	Non-discriminatory	94(86.2%)	129(58.9%)	223(68%)
Having heard of pre ep	Yes	109(100%)	212(96.8%)	321(97.9%)
	No	0(0%)	7(3.2%)	7(2.1(%)

5.4 Results of test for significance bivariate analysis

In bivariate analysis education level, monthly income, family relation/social support, previous HIV test, , knowledge of HIV/AIDS and perceived stigma were significantly associated with willingness to use Pre exposure prophylaxis at p-value of 0.25. All variables associated with willingness to use pre exposure prophylaxis in bivariate analyses were included in a multivariate logistic regression model.

5.5 Determinants of willingness to use pre exposure prophylaxis

To evaluate any predictors for willingness to use pre-exposure prophylaxis of independent variable educational level, perceived stigma, knowledge of HIV/AIDS, previous HIV test, monthly income, fear of drug side effect and family relation multivariate analyses were done after adjusted for other risk factors. It is found that perceived stigma drug side effect family relation and previous HIV test were independent factors associated with willingness to use pre-exposure prophylaxis. The study showed that those tested in the last 3months were 6.95 times will to use pre-exposure prophylaxis than those tested longer than 6months, with p-value of 0.001, AOR. 6.65(95% CI 2.27, 19.51). Female sex workers, ingness, than those who have perceived stigma, with p-value 0.000, AOR 53.04 and 95%CI (10.10, 246.96). Female sex workers, who have no fear of drug side effect, were 6.66 times more likely to use pre exposure prophylaxis than those have fear of drug side effect. With p-value of .000, AOR of 6.66(95%CI 1.81, 23.88) and female sex workers those who have good family relation were 23.82 times more likely have willingness to use pre exposure prophylaxis than those who have bad family relation with p-value of 0.000,AOR of 19.17(95% CI 5.07,72.50).

Table 5 Bivariate and multivariate analysis of determinants of willingness to use pre exposure prophylaxis among female sex workers in Jimma town2022

Characteristics	Category	Case	control	COR,95%CI	P-value	AOR,95%CI	P-value
Educational Level	Primary	53(48.6%)	182(83.1%)	1			
	Secondary and above	56(51.4%)	37(16.9%)	5.197(3.10,8.71)	.000	0.31(0.23,1.15)	.079
	Total	109(100%)	219(100%)				
Monthly income	500-1500ETB	15(13.8%)	102(47.0%)	1			
	1501-3000ETB	33(30.3%)	69(31.5%)	3.25(0.16,0.61)	.001	0.42(0.10,1.90)	0.26
	>3001	61(56.0%)	46(21.0%)	.111(.057,.215)	.000	1.24(0.22,6.94)	0.81
	Total	109	219				
Previous HIV test	<3months	87(79.8%)	51(23.3%)	13.03(7.42, 22.87)	.000	6.95(2.32,20.88)	0.001*
	>Six months	22(20.2%)	168(76.7%)	1			
	Total	109	219				
Fear of drug side effect	Yes	10(9.2%)	179(81.7%)	1			
	No	99(90.8%)	40(18.3%)	44.30 (21.24,91.41)	.000	6.66(1.81,23.88)	0.004*
	Total	109	219				
Family relation/social support	Good	85(68%)	40(32%)	15.85(8.98,27.97)	.000	23.82(5.88,96.45)	0.000*
	Bad	24(22%)	179(81.7%)	1			
	Total	109	219				
HIV Knowledge	Good knowledge	82(75.2%)	106(48.4%)	3.24(186, .514)	.000	0.71(0.23,2.21)	0.900
	Poor knowledge	27(24.8%)	113(51.6%)	1			
	Total	109	219				
Perceived stigma	Yes	6(5.5%)	186(84.9%)				
	No	103(94.5%)	33(15.1%)	96.76(39.24,238.59)	.000	53.04(10.01,246.96)	0.000*
	Total	109	219				

Note;-* shows variable which are determents of willingness.

Chapter 6: Discussion

In this case-control study 328 female sex workers interviewed which consists 109 cases and 219 controls By recruiting 328 subjects to determine the predictors of willingness to use pre exposure prophylaxis among female sex workers in Jimma town.

The finding of this study showed that female sex workers who have been tested in the last 3 months were 6.95 times more likely willing to use pre-exposure prophylaxis than those who have been tested in longer than 6 months and above. This finding is supported by the study conducted in Gahanna which revealed that female sex workers th having tested for HIV in the past 6 months was associated with a 13% increase in likelihood of being willing to use pre exposure prophylaxis(Pr EP), than those did not tested in last six months(16). The difference in time of test is probably due to different countries use different schedules and strategies depending on their level of development and HIV prevalence for HIV testing(31). Both studies confirmed the concept that those recently tested have high tendency to use pre exposure prophylaxis than those had HIV test in longer period than six months.

The finding of this study showed that female sex workers who do not fear drug side effect were 6.66 times more likely to use pre exposure prophylaxis than those who fear drug side effect. This finding is similar to the finding of study conducted in China on willingness of female sex workers to use pre exposure prophylaxis for HIV prevention which showed that the majority (89.5%) of those do not will to use pre exposure prophylaxis were concerned about the side effects of pre exposure prophylaxis(14). This study has also similar finding with another study conducted in India which revealed that majority of female sex workers do not will to use pre exposure prophylaxis were due to fear of drug side effect(26)

The finding of this study showed that female sex workers who have no perceived stigma were53.04 times more likely to use pre exposure prophylaxis when compared to those who have perceived stigma and it is strongly suggested that perceived stigma or being considered as HIV positive among the commercial sex workers and their sexual partners. This factor is strongly associated with low willingness to use pre exposure prophylaxis. This is similar to the finding of the study done on understanding, the issues around use of oral pre exposure prophylaxis among female sex workers in India and Asia pacific for HIV prevention. Social stigma has continued to be the major barrier for accessing effective services. FSWs were

apprehensive about accessing oral Pre exposure prophylaxis tablets because they felt that, the community would equate it to seeking treatment for HIV. And this finding also supported by the research conducted in China on Predictors of willingness to use HIV pre-exposure prophylaxis among female sex workers which revealed that majority of the respondents those claim to have perceived stigma were less likely will to use pre exposure prophylaxis(32).

The finding from this study revealed that female sex workers those who have good family relation have a tendency of willing to use pre-exposure prophylaxis 23.82 times higher than those who have bad family relation. This finding is contrary to the study conducted in China. That showed poor family relationships are associated with increased (Pr EP) acceptability(27). But the finding from the study conducted in United states of America, On HIV pre-exposure prophylaxis engagement among adolescent men who have sex with men, that showed good parent-adolescent communication about HIV and sexual health could increase adolescent men having sex with men (AMSM)engagement with PrEP and enhance pre exposure prophylaxis adherence(33). In other word it is believed that a good family relationship would contribute to pre exposure prophylaxis (PrEP) acceptability, as some studies have shown that intimate and/or marital relationships were integral to willingness or adherence to pre exposure prophylaxis (PrEP) use(27)Further study will be recommended to explore this difference with more details.

Strength and limitation of the study

Limitation

First, because the providers conducted the interview, the clients or female sex workers respond in favor of their service providers by hiding their genuine practice. And the results may be biased due to a desire of the interviewer to provide socially acceptable answers. Even though this was minimized by providing, training for data collectors and assigning trained supervisors. Second since the sample technique connivance, it may lack representativeness

Chapter 7: Conclusion and Recommendations

Conclusion

In summary, this study has provided with useful insights on factors affect the willingness to use pre exposure prophylaxis among female sex workers. So according to this study the concern about the side effects of pre exposure prophylaxis drugs, the impact from family, perceived stigma and previous HIV test history were significantly affect the willingness of FSWs to use pre exposure prophylaxis

Recommendations

1. Health facilities should provide health education for female sex workers on drug side effects and reassure them.

2. Health facilities should teach the community about the benefit of frequent HIV testing and promote frequent HIV testing as recommended by world health organization.

3.Women and child affair offices and other faith-based organizations should work on building good family relations.

4. Health facility should educate the community and female sex workers on pre exposure prophylaxis drug utilization related perceived stigma reduction.

5. Further Community based cross-sectional study will be recommended Since this study is facility based and only focused on determinants and couldn't address all the factors regarding willingness to use pre exposure prophylaxis due to different constrains.

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Annex

Questioner for determinants of willingness to use HIV pre exposure prophylaxis

001 Questionnaire identification number _____

002 Town _____

003 Region _____

004 Facility_____

Introduction: "My name is..... I'm working for..... We're interviewing people here in Oromia region Jimma town in _____Hospital /Health center in order to find out about determinants Willingness to use pre exposure prophylaxis Have you been interviewed in the past few weeks __yes__ No Tell them you cannot interview them a second time, thank them, and end the interview. If they have not been interviewed before, continue:

Confidentiality and consent: "I'm going to ask you some very personal questions that some people find difficult to answer. Your answers are completely confidential. Your name will not be written on this form, and will never be used in connection with any of the information you tell me. You do not have to answer any questions that you do not want to answer, and you may end this interview at any time you want to. However, your honest answers to these questions will help us better understand what people think, say and do about certain kinds of behaviors. I would greatly appreciate your help in responding to this study. The study will take about 15 minutes to ask the questions. Would you be willing to participate?"

(Signature of interviewer certifying that informed consent has been given verbally by respondent)

Result codes: Completed 1; Respondent not available 2; Refused 3; partially completed 4; Other 5.

005. INTERVIEWER: Code [____|____] Name_____

006. DATE OFINTERVIEW: __\ ____ \ _____

CHECKED BY SUPERVISOR: Signature _____

Section 1: Sociodemographic characteristics

No.	Questions and filters	Coding categories		Skip to
Q101	How old were you at your last birthday?	In years{ }		
Q102	Have you ever attended school?	Yes No	1 2	If no **Q105**
Q103	What is the highest level of school you completed?	Primary Secondary College University No formal education	1 2 3 4	
Q104	Whatisyourcurrentmarital status?	Single(nevermarried) Married/living with a partner Widowed Separated Divorced	1 2 3 4 5	
Q105	How long have you lived here in Jimma?	{____}		
Q106	Did you do sex work before coming to this community?	Yes No	1 2	
Q107	Where were you born?	Urban Rural	1 2	
Q108	Do you have children?	Yes No		
Q109	How much do you earn monthly in Ethiopian Birr?	{_____}		

Section 2: Knowledge, opinions, and attitudes HIV/AIDS

No.	Questions and filters	Coding categories		Skip to
Q201	Have you ever heard of HIV or the disease called AIDS?	Yes No No response	**1** 2 3	
Q202a	Do you know anyone who is infected with HIV or who has died of AIDS?	Yes No Don't know	**1** 2 3	
Q202b	Do you have a close relative or close friend who is infected with HIV or has died of AIDS?	Yes ,a close relative Yes ,a close friend No No response	**1** 2 3 4	
Q203	Can people protect themselves from HIV the virus that causes AIDS by using a condom correctly every time they have sex?	Yes No Don't know No response	**1** 2 3 4	
Q204	Can a person get HIV from Mosquito bites?	Yes No Don't know No response	**1** 2 3 4	
Q205	Can people protect themselves from HIV by having one uninfected faithful sex partner?	Yes No Don't know No response	**1** 2 3 4	
Q206	Can people protect themselves from the HIV virus by abstaining from sexual intercourse?	Yes No Don't know No response	**1** 2 3 4	
Q207	Can a person get HIV by sharing a meal with someone who is infected?	Yes No Don't know No response	**1** 2 3 4	
Q208	Can a person get HIV by getting injections with a needle that was already used by someone else?	Yes No Don'tknow Noresponse	**1** 2 3 4	
Q209	Do you think that a healthy-looking Person can be infected with HIV/, The virus that causes AIDS?	Yes No Don'tknow Noresponse	**1** 2 3 4	
Q210	Can a pregnant woman infected With HIV or AIDS transmit the virus to her unborn child?	Yes No Don't know No response	**1** 2 3 4	

Q211	What can a pregnant woman do to reduce the risk of transmission of HIV to her unborn child?	Take medication (antiretroviral) 1 Other_____ Don't know 1 2 No response 1		
Q212	Can a woman with HIV/AIDS transmit the virus to her new-born Child through breastfeeding?	Yes No Don't know No response	**1** 2 3 4	
Q213	Is it possible in your community for someone to get a confidential test to find out if they are infected with HIV? By confidential mean that no One will know the result if you don't want them to know it.	Yes No Don't know No response	**1** 2 3 4	
Q214	I don't want to know the result but have you ever had an HIV test?	Yes No No response	**1** 2 3 4	
Q215	Did you voluntarily undergo the HIV test, or were you required to have the test?	Voluntary required No response		
Q216	Please do not tell me the result, but did you find out the result of your test?	Yes No No response		
Q217	When did you have your most Recent HIV test?	Within the past 1month Within the past 3month Within the past 6 month Morethan1years Don'tknow Noresponse		
Q218	Do you think AIDS is serious	Yes No Don't know No response		
Q2019	Have you worried about family members infected with HIV	Yes No Don't know No response		
Q2020	Do you wish to access knowledge of HIV/AIDS	Yes No Don't know No response		
Q2021	What is your attitude toward HIV/AIDS patients	Discriminatory Hard to say Non-discriminatory Don't know No response		

Section 3HIV/AIDS risk behaviors

No.	Questions and filters	Coding categories		Skip to
Q301	During the last 4 weeks How often have you had drinks containing alcohol?	Every day At least once a week Less than once a week or never Don't know No response	1 2 3 88 99	
Q302	How often do you take an alcohol before sex?	Always Some times Never Don't know No response	1 2 3 88 99	
Q303	Some people have tried a range of different types of substance. Which of the following, if any, have you tried?	Khat Shishaa Never	1 2 3	
Q304	Now I'd like to ask you some questions about your sexual partners... At what age did you first have sex?	Ageinyears[__] Don't remember Noresponse99	88	
Q305	Among all of your partners in the last seven days(one week),how many were partners who you had sex with in exchange for money?	Payingclients[__] Don'tknow Noresponse 99		
Q306	NON-PAYING PARTNERS :Partners You have sex with who do not give you money in exchange for sex	Non-payingpartners[__] DON'TKNOW 88 NORESPONSE 99		

Q307	With how many *different* sexual Partners in total have you had sex during the last seven days(one week)?	Numberinlast7days[__] Don'tknow 88 Noresponse 99		
Q308	Have you ever heard of diseases that can be transmitted through Sexual intercourse?	YES NO NORESPONSE		
Q309	Can you describe any symptoms Of STDs in women?.....Any others?	Yes No Abdominalpain12 Genitaldischarge1 Foulsmellingdischar1 Burningpainonurinatio1 Genitalulcers/sores1 Swellingsin groin area1 Itching 1 2 Othe_____ 1 Noresponse 1 2		
Q310	Can you describe any symptoms of STDs in men?..... Any others?	Yes No Genitaldischarge1 Burningpainonurination 1 Genital ulcers/sores1 Swellings in groin area1 Other_____1 No response 1 2		
Q311	Have you had a genital discharge during the past12months?	YES NO DON'TKNOW NORESPONSE		
Q312	Have you had a genital ulcer/sore during the past12months?	YES NO DON'TKNOW NORESPONSE		

Section 4HIV/AIDS risk perception

No.	Questions and filters	Coding categories	Skip to

Q401	I am at high risk of getting HIV	Strongly agree Agree Neutral Disagree Stronglydisagree		
Q402	I have a responsibility to contribute to HIV prevention efforts by using Pr EP	Strongly agree Agree Neutral Disagree Stronglydisagree		
Q403	I think Pr EP drugs make me safer, away from HIV	Strongly agree Agree Neutral Disagree Stronglydisagree		
Q404	I think I would be less worried about HIV infection if I were on Pr EP	Strongly agree Agree Neutral Disagree Stronglydisagree		
Q405	I worry about the side effects of Pr EP	Strongly agree Agree Neutral Disagree Stronglydisagree		
Q406	I'm worried that other FSW know I'm taking Pr EP	Strongly agree Agree Neutral Disagree Stronglydisagree		
Q407	I worry that other people will discriminate me when they know I am on Pr EP	Strongly agree Agree Neutral Disagree Stronglydisagree		
Q408	I worry that other people will think I'm HIV positive if I take Pr EP	Strongly agree Agree Neutral Disagree Stronglydisagree		
Q409	I find it hard to take Pr EP every day	Strongly agree Agree Neutral Disagree Stronglydisagree		

Q410	If I disclose that I'm on Pr EP, my long-term sex partner(s)will be comfortable with it	Strongly agree Agree Neutral Disagree Stronglydisagree		
Q4 11	I have family members/peers to encourage me take Pr EP properly	Strongly agree Agree Neutral Disagree Stronglydisagree		
Q4 12.	I would take Pr EP if I know family member/FSWs who is currently taking it	Strongly agree Agree Neutral Disagree Stronglydisagree		

Section5Knowledge, opinion andattitudespre exposure prophylaxis

No.	Questions and filters	Coding categories		Skip to
Q501	Did you ever heard about pre exposure prophylaxis?	Yes No	1 2	
Q502	How do you mainly get information about pre exposure prophylaxis? (tick all that apply)	Health care worker Newspapers and magazines School education Television Social Media (e.g. Face book, twitter etc.)	1 2 3 4	
Q503	What are the benefits of taking pre exposure prophylaxis? (tick all that apply)	Prevent HIV infection Prevent other STI Prevent pregnancy Other	1 2 3	
Q504	If pre exposure prophylaxis is safe and effective how likely would you use it?	Absolutely probably Not Sure Probably not Absolutely not	1 2 3 4 5	
Q505	What are the reasons making you not use pre exposure? (Tick all that apply)	Side effects Pill Burden I'm not aware of Pr EP Stigma(people will think I'm HIV positive) I use condoms correctly Fear of family member	1 2 3	

Section 1: Sociodemographic characteristics

No. Lakk.	**Gaaffiileefi calaltuu**	**Gareen hiruu**		**Gara itti aanutti darbi**
Q101	Umuriin kee meeqa?	Waggootaan [ ]		
Q102	Mana barumsaa galtee barateettaa?	Eeyyee Lakkii	1 2	**Yoo lakkii ta'e Q105**
Q103	Sadarkaa barnootaa guddichi ati irra geesse maali?	Sad.1ffaa Sad 2ffaa Kolleejjii Yuniivsrsiitii	1 2 3 4	
Q104	Haalli gaa'ila kee yeroo ammaa akkami?	Qarree Hiriyaa duuka kan jiraatu Kan du'aan gargar ba'e Kan gargar ba'e Kan seeraan hiike	1 2 3 4 5	
Q105	Jimma keessa hammam jiraatte?	{____}		
Q106	Ituu hawaasa kanatti hinmakamin honii koorniyaa hojjetteettaa?	Eeyyee Lakkii	1 2	
Q107	Bakkii dhaloota ke eessatti dhalatte?	Magaalaa Baadiyyaa	1 2	
Q108	Ijoollee qabdaa?	Eeyyee Lakkii		
Q109	Galiinke ji`a qr.Itoophiyaatiin hammam ?	{_____}		

Section 2: Knowledge, opinions, and attitudes HIV/AIDS

No.	Questions and filters	Coding categories		Skip to
Q201	Waa'ee dhukkuba HIV yookiin AIDS-ii jedhamuu dhageessee beektaa?	Eeyyee Lakkii Deebiin hinjiru	**1** 2 3	
Q202a	Nama dhukkuba AIDS-iin qabame yookiin ittiin du'e beektaa?	Eeyyee Lakkii Hinbeeku Deediin hinjiru	**1** 2 3	
Q202b	Fira yookaan hiriyaa dhukkuba AIDS_iin qabame yookiin du'e qabdaa?	Eeyyee fira dhiyoo Eeyyee hiriya dhiyoo Deebiin hinjiru	**1** 2 3 4	
Q203	Namoonni kondomii sirriiti fayyadamuudhaan vaayirasii HIVisa dhukkuba AIDS fidu ofirraa dhowwuu nidanda'uu?	Eeyyee Lakkii Hinbeeku Deediin hinjiru	**1** 2 3 4	
Q204	Namni ciniinnaa bookeetiin HIV-iin qabamuu danda'aa?	Eeyyee Lakkii Hinbeeku Deediin hinjiru	**1** 2 3 4	
Q205	Namni hiriyaa saalaa dhukkuba irraa bilisa ta'e waliin niraachuun AIDS_ii irraa of eeguu danda'aa?	Eeyyee Lakkii Hinbeeku Deediin hinjiru	**1** 2 3 4	
Q206	Namoonni of dhowwuudhaan vaayirasii HIV irraa of eeguu nidanda'uu?	Eeyyee Lakkii Hinbeeku Deediin hinjiru	**1** 2 3 4	
Q207	Namoonni nyaata dhukkubsataa HIV faana nyaachuun dhukkubichaan qabamuu dnda'uu?	Eeyyee Lakkii Hinbeeku Deediin hinjiru	**1** 2 3 4	
Q208	Namoonni lilmoo namoonni biroo ittiin waraanntan fayyadamuun qabamuu danda'uu?	Eeyyee Lakkii Hinbeeku Deediin hinjiru	**1** 2 3 4	
Q209	Namoonni fayyaalessa fakkaatan vaayirasii HIVn qabamuu danda'u jettee niyaaddaa?	Eeyyee Lakkii Hinbeeku Deediin hinjiru	**1** 2 3 4	

Q210	Dubartiin ulfaa dhibee HIVn qabamte daa'ima garaa jirutti dabarsuu hindandeessii?	Eeyyee Lakkii Hinbeeku Deediin hinjiru	**1** 2 3 4	
Q211	Dubartiin ulfaa dhibee HIVn qabamte daa'ima garaa jirutti aka hindabarreef maal gochuu dandeessi? .	1. Qorichxa yaalaa fudhachuu 2.kan biraa 3.hinbeeku 4 deebiin hinjiru		
Q212	Dubartiin dhibee HIV n qa bamte karaa aannan harmaatiin dhibee kana daa'imatti dabarsuu dandeessii?	Eeyyee Lakkii Hinbeeku Deediin hinjiru	**1** 2 3 4	
Q213	Namni tokko hawaasa kee keessatti qorannoo HIV iccitiidhaan gochuu danda'aa?	Eeyyee Lakkii Hinbeeku Deediin hinjiru	**1** 2 3 4	
Q214	Bu'aa qorannoo dhaga'uu hinfedhu; haata'u malee qorannoo HIV gootee beektaa?	Eeyyee Lakkii Hinbeeku Deediin hinjiru	**1** 2 3 4	
Q215	Fedhii keetiin qorannoo HIV gootee beekta moo akka gootuuf dirqamteeti?	Fedhiidhaan Gafatamee Deebiin hinjiru		
Q216	Natti hinhimin garuu bu'a qorannoo keetii barteettaa?	Eeyyee Lakkii Hinbeeku Deediin hinjiru		
Q217	Yeroo dhiyoo qorqannoo dhiiga ati gootee yoom?	Do n't know No response JI'a 1n dura Ji'oota 3n dura Ji'oota 6n dura Waggaa 1n dura hinbeeku deebiin hinjiru		
Q218	AIDSiin cimaa/hamaadha jettee njiyaaddaa?	Eeyyee Lakkii Hinbeeku Deediin hinjiru		
Q2019	Waa'ee micseensa maatii AIDSiin qabamee niyaaddoftaa?	Eeyyee Lakkii Hinbeeku Deediin hinjiru		
Q2020	Waa'eeHIV/AIDSii hubannoo argachuu nifeetaa?	Eeyyee Lakkii Hinbeeku Deediin hinjiru		
Q2021	Ilaalchi ati dhukkubsatoota AIDS tiif qabdu maal?	Qoodu Dubbachuuf rakkisaa Qooduu dhiisuu		

		hinbeeku Deebii hinqabu		

***Section 3*HIV/AIDS risk behaviors**

No.	Questions and filters	Coding categories		Skip to
Q301	Torbanoota aafran darban keessatti dhugaatii alkoolii qabu dhugded beektaa?	Guyyaa hunda Yoo xinnaate torbanitti altokko Torbanitti altokkoo gadi yookiin tasuma hinbeeku deebiin hinjiru	1 2 3 88 99	
Q302	Utuu saal-quunnamtii hinraawwatttin hammam alkoolii fudhatta?	Yeroo hunda darbee darbee tasuma hinbeeku debiin hinjiru	1 2 3 88 99	
Q303	Namoonni tokko tokko waan araada qabsiisu adda addaa niyaalu. Yoo yaalteetta ta'e isa kami?	Shishaa Never "kihaat" shiishaa tasuma	1 2 3	
Q304	Amma waa'ee michoota waliin saal_quunnamtii geggeessitun si gaafadha. Yeroo jalqaba saal-quunnamtii geggeessite umuriin kee meeqa?	Waggaadhaan [] hinyaadadhu deebii hinqabu	88	
Q305	Guyyoota torba darban keesatti michoota kee meeqatu siif kaffalaa ture?(kaffaltii saal-quunnamtii)	hinbeeku deebii hinqabu		
Q306	Michoota saal-quunnamtii kaffaltii malee	Michoota tola raawwatan { } Hinbeeku Deebiin hinjiru		

Q307	Guyyoota torba darban keessatti namoota meeqa duuka saalquunnamtii raawwatte?	Lakkoofsaan [ ] hinbedku deebiin hinjiru		
Q308	Waa"ee dhukkuboota saalquunnamtiin daddarbankii dhageessee beektaa?	Eeyyee Lakkii Deebiin hinjiru 9		
Q309	Mallattoolee dhukkuboonni saalaa dubartoota irratti agarsiisan ibsuu dandeessaa?	Eeyyee Lakkii Dhukkubbii garaa Dhangala'aa qaama hormaataa Dhangala'aa foolii badaa Miira gubaa naannoo qaama saalaa Madaa naannoo qaama saalaa Mudaammuddiin dhiita'uu hooqsisaa deebiin hinjiru		
Q310	Mallattoolee biroo dhukkuboota saalaa dhiirota irratti mul'atan ibsuu dandeessaa?	Eeyyee Lakkii Dhangala'aa qaama saalaa Gubaa naannoo qaama saalaa Dhiita'uu naannoo mudaammuddii Mammadaa'uu qaama saalaa Kan biroo Deebiin hinjiru		
Q311	Ji'oota 12n darban keessatti dhangala'aan qaama saalaa si mudatee beekaa?	Eeyyee Lakkii Hinbeeku Deebiin hinjiru		
Q312	Ji'oota 12n darban keessatti qaamni saalaa kee si madaa'ee beekaa?	Eeyyee Lakkii Hinbeeku Deebiin hinjiru9		

Section 4HIV/AIDS risk perception

No.	Questions and filters	Coding categories		Skip to
Q401	Carraan HIViif saaxilamuu koo guddaadha.	Stronglydisagree Eeyyee Lakkii Hinbeeku Deebiin hinjiru		
Q402	Sagantaa ittisa dursaa HIV keessatti hirmaachuuf itti gaafatamummaan qaba?	Stronglydisagree Eeyyee Lakkii Hinbeeku Deebiin hinjiru		
Q403	Qorichoonni sagantaa ittisa dursaa HIV irraa bilisa na taasisu.	Eeyyee Lakkii Hinbeeku Deebiin hinjiru		
Q404	Sagantaa ittisa dursaa HIV keessatti hirmaan waa'ee AIDS yaadda'uu hinqabu.	Baay'een waliigala Waliin gala Bilisa Walii hingalu Baay'isee walii hingalu		
Q405	Miidhaan cinaa sagantaa ittisa dursaa na yaaddessa.	Baay'een waliigala Waliin gala Bilisa Walii hingalu Baay'isee walii hingalu		

Q406	Hojjetoon mana buna akkan qoricha kana fudhadhu narrate baru jedheen yaada`aa	Baay'een walkigala Waliin gala Bilisa Walii hingalu Baay'isee walii hingalu		
Q407	Namoonni akkan ittisa dursaa fudhataa jiru yoo baran na qoodu jedheen yaadda'a.	Baay'een waliigala Waliin gala Bilisa Walii hingalu Baay'isee walii hingalu		
Q408	Namoonni yoon sagantaa ittisa dursaa keessatti hirmaadhe akkan HIVn qabametti nayaaduu danda'u jedheen yaadda'a.	Baay'een waliigala Waliin gala Bilisa Walii hingalu Baay'isee walii hingalu		

Q409	Sagantaa ittisa dursaa kanatti yeroi hunda hirmachuun natti ulfaata.	Baay'een waliigala Waliin gala Bilisa Walii hingalu Baay'isee walii hingalu		
Q410	Akkan sagantaa ittisa dursaatti hirmaadhu yoon ifa godhe michuun/hiriyaan koo itti gammada.	Baay'een waliigala Waliin gala Bilisa Walii hingalu Baay'isee walii hingalu		
Q4 11	Miseensonni maatii/hiriyoon akkan sagantaa ittisa dursaatti hirmaadhu na jajjabeessan jiru.	Baay'een waliigala Waliin gala Bilisa Walii hingalu Baay'isee walii hingalu		

Q4 12.	Akka miseensi maatii sagantaa ittisa dursaatti hirmaatan barraan anis nan hirmaadha.	Baay'een waliigala Waliin gala Bilisa Walii hingalu Baay'isee walii hingalu		

Section5 ***Knowledge, opinion and attitudes pre exposure prophylaxis***

No.	**Questions and filters**	**Coding categories**		**Skip to**
Q501	Waa'ee sagantaa ittisa dursaa dhageessee beektaa?	Eeyyee Lakkii	1 2	

Q502	Akkamiin odeeffannoo waa'ee ittisa dhibee dursaa dhaga'uu dandeessa? Filannoowwan kennamanitti mallattoo itti godhi.	Hojjetaa eegumsa fayyaa Dubartoota hojjetoota fayyaa saalaafi hiriyootaafi shaampiyoonota Maatiifi hiriyoota Raadiyoo Gaazexaa Magaazinoota Karaa mana barumsaa Facebook Tuwiitera	1 2 3 4	
Q503	Faayidaawwan ittisa dursaa dhibeetti hirmaachuu maali?	Ittisa dhibee HIV Dhukkuboota saalaa kan biroo ittisui Ulfa ittisuu Kan birooo	1 2 3	
Q504	Yoo sagantaan ittisa dursaa dhibee milkaa'ina argate hammam fayyadamaa sagantaa kanaa taata?	Guutummaa guutuutti Tarii Naa hingalle Tarii miti Guutummaa guutuutti miti	1 2 3 4 5	

Q505	Sababoonni akka ati sagantaa ittisa dursaa dhibeetti hinhirmaanne sigodhan maali?	Miidhaa cinaa Qoodiinsa Kopha-galeessa ta'uu Tajaajilli adda cituu Rakkoo dawaa ittisa ulfaa Dawaa ittisa ulfaa yeroo dheeraaf fudhachuu Sagantaan ittisa dursaa dhibee hospitaalota dhi'ootti argaman keessaa dhabamuu Waa'ee ittisa dursaa hubannoo hinqabu Kondomii sirriittan fayyadama Maatii koo nan sodaadha	1 2 3	

<u>የኤች አይ ቪ ቅድመተ/ላጭነት መከላከያ መዳኒት እንዳይጠቀሙ የሚያደርጉ ተግዳሮቶችመጠይቅ</u>።።

001. የመጠይቅመለያቁጥር_____

002. ከተማ_____

003. ክልል_____

004. ተቋም_____

መግቢያ፡-

“እኔስሜ_____እባላለው።እኔ የምሰራው _____ነው።ለማወቅበኦሮሚያክልልጅማከተማ _____ሆስፒታል

/ጤናጣቢያበቅድመኤችአይቪመከላከያመዳንትየመጠቀምፍላጎትተግዳሮቶችንለማወቅየተለያዩሰዎችንእየጠየቅንነው።

በዝህ ሣመንት ውስጥ እዝ ጊቢውስጥ ተጡቀው ያውቃሉ አዎ_____ አይ _____ከተጠየቅ ለሁለተኛ ጊዜ

ተ.ቁ	ጥያቄዎችእናማጣሪያዎች	የኮድምድቦች	ዝለል

መጠየቅ ስለማይችሉ አመስግናቸው እና ቃለምልልሱን ዝጋ አልተጠየቅ ቃለመጠየቄን ከመጀመሬ በፊት

ሚስጥራዊነትእናስምምነት፡-

“አንዳንድሰዎችለመመለስየሚከብዷቸውንአንዳንድየግልጥያቄዎችንልጠይቅህነው።የእርስዎመልሶችሙሉበሙሉሚስጥራዊናቸው።ስምህበዚህቅጽላይአይጻፍም፣እናከምትነግረኝከማንኛውምመረጃጋርበተያያዘፈጽሞጥቅምላይአይውልም።መመለስለማትፈልጋቸውጥያቄዎችመልስመስጠትአይጠበቅብህም፣እናይህንቃለመጠይቅበምትፈልግበትጊዜማቆምትችላለህ።ነገርግን፣ለእነዚህጥያቄዎችየሰጡትታማኝመልስሰዎችስለአንዳንድአይነትባህሪያቶችምንእንደሚያስቡ፣እንደሚናገሩእናእንደሚያደርጉትየበለጠእንድንረዳይረዳናል።ለዚህጥናትምላሽለመስጠትስለተባበሩንበጣምአደንቆታለሁ።ጥናቱጥያቄዎቹንለመጠየቅ 15 ደቂቃያህልይወስዳል።ለመሳተፍፈቃደኛት ኖት? ”

የጠያቂውፊርማበመረጃላይየተመሰረተስምምነትምላሽሰጪበቃላትመሰጠቱንየሚያረጋግጥ

የውጤትኮዶች:ተጠናቅቋል 1; ተጠሪአይገኝም 2; እምቢ 3; በከፊልየተጠናቀቀ 4; ሌላ 5.

005. የጠያቂ፡ኮድ [_____|____] ስም_____

006. የቃለመጠይቁቀን: __\ ____ \ _____

በተቆጣጣሪ ተረጋገጠ፡ፊርማ _____

ክፍል 1: የሶሺዮዲሞግራፊባህሪያት

ጥ101	በመጨረሻውልደትህስንትአመትሽነበር?	እድሜበአመት ( )		
ጥ102	ትምህርትቤትገብተሽታውቃለህ?	አዎ አይ	1 2	
ጥ103	ያጠናቀቅሽው የትምህርትደረጃስንትነው?	መለስተኛ ሁለተኛደረጃ ኮሌጅ ዩኒቨርሲቲ	1 2 3 4	
ጥ104	አሁንያለሽበትየትዳርሁኔታምንይመስላል?	ያላገባ ያገባ/ከፍቅረኛጋርየሚኖር ባልየሞተባት ተለያይተው የሚኖሩ የተፋታ	1 2 3 4 5	
ጥ105	እዚህበጅማ ከተማ ውስጥምንያህልጊዜኖረዋል?	( )		
ጥ106	ወደዚህማህበረሰብከመምጣትሽበፊትየወሲብስራሰርተሻል?	አዎ አይ		
ጥ107	የትነውየተወለድሽው?	ከተማ ገጠር		
ጥ108	ልጆችአሉሽ?	አዎ አይ		
ጥ110	በኢትዮጵያብርወርሃዊገቢምንያህልነው?	(----------)		

ክፍል 2፡ በኤችአይቪ/ኤድስ በተመለከተ ያሎት እውቀት፣አስተያየቶችእናአመለካከቶች

ተ.ቁ	ጥያቄዎችእናማጣሪያዎች
ጥ201	ስለኤችአይቪወይምኤድስስለተባለውበሽታሰምተሽታውቅያለሽ?

ጥ202a	በኤችአይቪየተያዘወይምበኤድስየሞተሰውታውቲያለሽ?
ጥ202b	በኤችአይቪየተያዘወይምበኤድስየሞተየቅርብዘመድወይምየቅርብጓደኛአለሽ?
ጥ203	ሰዎችየግብረሥጋግንኙነትበፈጸሙጊዜሁሉከንዶምንበትክክልበመጠቀምኤድስንከሚያመጣውቫይረስራሳቸውንመጠበቅይችላሉ?
ጥ204	አንድሰውበወባትንኝንክሻኤችአይቪሊይዝይችላል?
ጥ205	ሰዎችታማኝየወሲብጓደኛበመያዝ ራሳቸውንከኤችአይቪመከላከልይችላሉ?
ጥ206	ሰዎችከጾታዊግንኙነትበመታቀብከኤችአይቪቫይረስራሳቸውንመጠበቅይችላሉ?
ጥ207	አንድሰውበኤችአይቪከተያዘውሰውጋርምግብአብረው በመመገብ በኤችአይቪመያዝይችላል?
ጥ208	አንድሰውሌላሰውየተጠቀመበትንመርፌበመጠቀምበኤችአይቪመያዝይችላል?
ጥ209	ጤናማየምትመስል አንድሰውበኤችአይቪሊኖርባትይችላል?
ጥ210	ነፍሰጡርሴትሊበከልይችላል በኤችአይቪወይምኤድስለልጃታስተላልፋለች?
ጥ211	ኤችአይቪ/ኤድስ ያለባት ሴት ጡት በማጥባት አዲስ ለተወለደች ልጇ ቫይረሱን ማስተላለፍ ትችላለች?

ጥ213	በእርስዎ ማህበረሰብ ውስጥ አንድ ሰው በኤች አይ ቪ መያዙን ለማወቅ ሚስጥራዊ ምርመራ እንዲያደርግ ይቻል ይሆን? ሚስጥራዊ በሆነ መልኩ ውጤቱን እንዲያውቁት ካልፈለጉ ማንም ሰው አያውቅም ማለት ነው.
214	ውጤቱን ማወቅ አልፈልግም ግን የኤችአይቪ ምርመራ አድርጋችሁ ታውቃላችሁ?
215	በፈቃደኝነት የኤችአይቪ ምርመራ ወስደዋል ወይንስ ምርመራውን እንዲያደርጉ ተገደዱ?
216	እባክህ ውጤቱን አትንገረኝ ፣ ግን የፈተናህን ውጤት አግኝተሃል?
217	መቼነውየቻልከው የቅርብጊዜየኤችአይቪምርመራ?
218	ኤድስ ከባድ ነው ብለው ያስባሉ
219	በኤችአይቪ ስለተያዙ የቤተሰብ አባላት ተጨንቀዋል
220	ስለ ኤችአይቪ/ኤድስ እውቀት ማግኘት ትፈልጋለህ
221	ለኤችአይቪ/ኤድስ ታማሚዎች ያለህ አመለካከት ምንድነው?

ክፍል 3 የኤችአይቪ/ኤድስስጋትባህሪዎች

ቁጥር	ጥያቄዎችእናማጣሪያዎች	የኮድምድቦች	ይዝለሉ
301	ባለፉት 4 ሳምንታትውስጥምንያህልጊዜአልኮልየያዙመጠጦችጠጥተዋል?	1.በየቀኑ 2.ቢያንስበሳምንት 3.አንድጊዜ በሳምንትከአንድጊዜያነሰወይ ምበጭራሽ አላውቅም መልስየለም	
302	ከወሲብበፊትምንያህልጊዜአልኮልትጠጣለህ?	ሁሌም አንዳንድጊዜ በጭራሽ አላውቅም መልስየለም	
303	አንዳንድሰዎችየተለያዩአይነትንጥረነገሮችንሞክረዋል።ከሚከተሉትውስጥየትኛውንሞክረዋል?	ጫት ሺሻ	

		በጭራሽ	
304	አሁንስለወሲባዊአጋሮችህአንዳንድጥያቄዎችንልጠይቅህእፈልጋለሁ... ለመጀመሪያጊዜየፆታግንኙነትየፈጸሙትበስንትዓመታቸውነው?	ዕድሜበዓመታት[__] አታስታውስ ምላሽ የለም99	
305	ባለፉትሰባትቀናት (አንድሳምንት) ውስጥከነበሩትአጋሮችዎመካከልስንቶቹነበሩበገንዘብምትክወሲብየፈፀ ሙዋቸው?	ደንበኞችንበመክፈልላይ[__] አላውቅም 88 ምላሽየለም 99	
306	የማይከፍሉአጋሮች፡አጋሮች ለወሲብምትክገንዘብከማይሰጡህጋርወሲብትፈጽማለህ	ክፍያየማይፈጽሙአጋሮች[__] አላውቀውም 88 መልስየለም 99	
307	ስንትየተለያዩወሲባዊጋር በአጠቃላይአጋሮችባለፉትሰባትቀናት (አንድሳምንት) ውስጥየግብረሥጋግንኙነትፈጽመዋል?	የመጨረሻዎቹ7 ቀናት[__] አላውቅም 88 ኖሬስፖንስ 99	
308	ሊተላለፉስለሚችሉበሽታዎችሰምተውያውቃሉ ወሲባዊግንኙነት?	አዎ 1 ቁጥር 2 መልስየለም	
309	ማንኛውንምምልክቶችመግለጽይችላሉ በሴቶችላይየአባላዘርበሽታዎችን መግለፅ ይችላሉ? ሌሎችአለ?	አዎ አይ የሆድህመም 12 የሴትብልትፈሳሽ 12 ሽታ ያለው ፈሳሽ 12 በሽንት ጊዜ ማቃጠል የብልትመቁሰል እብጠት የብልትአካባቢማሳከክ ሌላ _ ምላሽየለም 1212	
310	በወንዶችላይየአባላዘርበሽታምልክቶችንመግለጽይችላሉ? ሌሎችአለ?	አዎ አይ የብልትፈሳሽ 12 ማቃጠልየህመም የብልትቁስሎች/ቁስሎች12 በጉበትአካባቢእብጠት 12 ሌላ 12 ምላሽየለም 12	
311	ባለፉት 12 ወራትውስጥየጸታብልትፈሳሾችነበሩዎት?	አዎ 1 ቁጥር 2 አታውቁም 8 ምላሽየለም 9	

312	ባለፉት 12 ወራትውስጥየብልትቁስለት/ቁስልአጋጥሞዎታል?	አዎ 1 ቁጥር 2 አታውቁም 8 መልስየለም	

ክፍል 4 የኤችአይቪ/ኤድስስጋትግንዛቤ

ቁጥር	ጥያቄዎችእናማጣሪያዎች	የኮድምድቦች	ይዝለሉ
401	በኤችአይቪየመያዝተጋላጭነኝ	በጣም እስማማለው እስማማለው አስታየት የለኝም በጣም አልስማማም አልስማማም	
402	የቅድመመከላከያመዳኒትበመጠቀምኤችአይቪንለመከላከልበሚደረገውጥረትየበኩሌንአስተዋፅኦየማድረግሃላፊነትአለብኝ	በጣም እስማማለው እስማማለው አስታየት የለኝም በጣም አልስማማም አልስማማም	
403	የቅድመመከላከያመዳኒትከኤችአይቪ ነፃ ያደርገኛል።	በጣም እስማማለው እስማማለው አስታየት የለኝም	

		በጣም አልስማማም አልስማማም	
404	የቅድመመከላከያመዳኒትብጠቀምበኤችአይቪ እያዛለው ከሚል ጭንቀት እገላገላለው	በጣም እስማማለው እስማማለው አስታየት የለኝም በጣም አልስማማም አልስማማም	
405	የቅድመመከላከያመዳኒትየጎንዮሽጉዳትንእፈራለው	በጣም እስማማለው እስማማለው አስታየት የለኝም በጣም አልስማማም አልስማማም	
406	ሌሎችሴትኛአዳሪዎችያውቁብኛልብዬእፈራለው።	በጣም እስማማለው እስማማለው አስታየት የለኝም በጣም አልስማማም አልስማማ	

		ም	
407	ሌሎች ሰዎች ያገሉኛል ቢዬ እፈራለው	በጣም እስማማለው እስማማለው አስታየት የለኝም በጣም አልስማማም አልስማማም	
408	ሌሎች ሰዎች ኤችአይቪ ተጠቂ ነው ብለው ያስቡኛል ቢዬ እፈራለው።	በጣም እስማማለው እስማማለው አስታየት የለኝም በጣም አልስማማም አልስማማም	
409	በየእለቱ መዳኒቱን መውሰድ ይከብደኛል።	በጣም እስማማለው እስማማለው አስታየት የለኝም በጣም አልስማማም አልስማማም	
410	ራሴን ካጋለጥኩ የረጅ ጊዜ ደንበኛዬ በሃሣቤ ይስማማል ቢዬ አስባለው	በጣም እስማማለ	

		ው እስማማለ ው አስታየት የለኝም በጣም አልስማማ ም አልስማማ ም	
411	ጓደኞቼ /ቤተሰቦቼ ያበረታቱኛል	በጣም እስማማለ ው እስማማለ ው አስታየት የለኝም በጣም አልስማማ ም አልስማማ ም	
412	የስራ ጓደኞቼ /ቤተሰቦቼ ከወሰዱ እኔም እወስዳለው	በጣም እስማማለ ው እስማማለ ው አስታየት የለኝም በጣም አልስማማ ም አልስማማ ም	

ክፍል 5 እውቀት፣አስተያየትእናአመለካከትየተጋላጭነትመከላከል

ቁ	ጥያቄዎችእናማጣሪያዎች	የኮድምድቦች	ይዝ

ጥር				ለሉ
501	ስለኤችአይቪቅድመተጋላጭነትመከላከያሰምተውያውቃሉ?	አዎ አይ		
502	መረጃውን ያገኘሽው ከማን ነው	የጤናአጠባበቅሰራተኛ ከጋዜጣ ሬዲዮ መጽሔቶች የትምህርትቤትቴሌቪዥን ማህበራዊዲረገፅያ (ለምሳሌ Facebook, twitter ወዘተ.)		
503	የቅድመመከላከያመዳነትመውሰድጥቅሙምንድነው	የኤችአይቪመከላከልሌሎችየአባላዘርበሽታዎችንመከላከልእርግዝናንመከላከል ሌሎች		
504	የቅድመመከላከልመድሃኒትውጤታማእናጉዳትያሌለውከሆነእንዴትሌትወስደውትችላለህ;	በትክክት ምናልባት እርግጠኛአይደለውም ምናልባትላልጠቀም እችላለው በፍፁምአልጠወምም		
505	የቅድመመከላከያመዳሃኒትንየማትጠቀምበትምክንያቶችምንሊሆን ይችላል?	የጎንዮሽጉዳቶች መገለል ስለቅድመተጋላጭነትፕሮፊላክሲስመገለልአላውቅም (ሰዎችኤችአይቪፖዘቲቭነኝብለውያስባሉ) ኮንዶምበትክክልእጠቀማለሁ። የቤተሰብአባልንመፍራት		