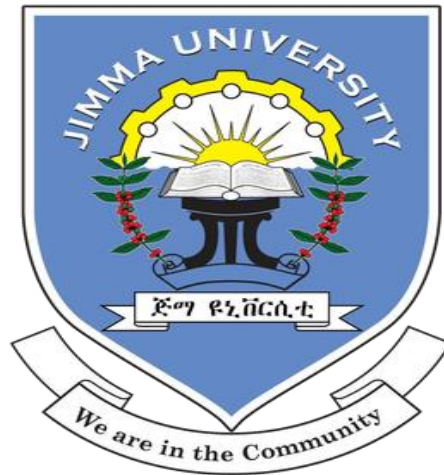


**ASSESSMENT OF COVID-19 SELF-PROTECTIVE PRACTICES AND ASSOCIATED  
FACTORS AMONG SECONDARY SCHOOL STUDENTS IN JIMMA TOWN, JIMMA,  
OROMIA, ETHIOPIA**



**BY: GENZEBIE TESFAYE**

**A THESIS REPORT SUBMITTED TO THE DEPARTMENT OF HEALTH, BEHAVIOR  
AND SOCIETY, FACULTY OF PUBLIC HEALTH, JIMMA UNIVERSITY IN PARTIAL  
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## **ACRONYMS**

Centers for Disease Control and Prevention

CDC

Coronavirus disease 2019

COVID-19

Health Belief Model

HBM

Low- and middle-income countries

LMIC

Acute Respiratory Syndrome Coronavirus

SARS-CoV-2

World Health Organization

WHO

## **ABSTRACT**

**Background:** School students are one of the vulnerable groups to coronavirus (COVID-19) due to different factors (such as crowding) which can potentially increase the risk of transmissions of this virus. Thus, school students could play a crucial role in the prevention and the spread of this disease. However, evidence is lacking regarding COVID-19 self-protective practices and associated factors among school students.

**Objectives:** To assess COVID-19 self-protective practices and associated factors among secondary school students in Jimma town.

**Methods:** A school-based cross-sectional study was conducted in Jimma town, Oromia, Ethiopia, from May 25 to June 10, 2021. The total sample size was 634 who were randomly selected from both public and private secondary schools. Self-administered questionnaires were used to collect the data. The data were cleaned, and entered into, and analyzed using SPSS 21.0 statistical software package. Composite index (after adjusted the score adjusted to 0-50 score) was computed for each dimension and constructs for the health belief model. Descriptive statistics such as proportion and mean were computed to describe the findings and linear regression was used to identify predictor of self-protective behavior.

**Results:** In this study, the four most mentioned symptoms of COVID-19 by respondents were fever (96.7%), dry cough (89.6%), difficult breathing (86.3%), and sore throat (83.9%). Most of the participants (95.8%) knew that COVID-19 spreads through respiratory droplets, (90.3%) direct contact with contaminated hands (87.2%) kissing or greetings (95%) handshaking, and (93.2%) crowded area. Almost all (96%) know that the use of facemask prevents COVID-19. Similarly, 96.4% of the participants know that avoiding touching eyes, nose, and mouth before washing hands is one way of preventing the method of COVID-19 and 93.1% of the respondents also know that keeping a physical distance is also the other mechanism to prevent the disease. For multidimensional knowledge, the score the highest mean was recorded for knowledge of ways COVID-19 preventive and safety practices (mean=46.0, possible value=0-50), and the lowest mean knowledge score was observed for knowledge of ways of transmissions or spread of the coronavirus (mean=25.6, possible value=0-50). The mean score for overall knowledge was found to be 31.2 (SD=8.6). Likewise, the mean score for perceived vulnerability, severity, benefits, barriers, self-efficacy and school support were 33.4, 31.7, 43.1, 16.2, 33.4, and 25.5, respectively. On the other hand, COVID-19 self-protective measure was not optimal (mean 25.5), indicating a huge gap. Perceived benefits ( $\beta=0.348$ ,  $p=0.000$ ), self-efficacy ( $\beta=0.080$ ,  $p=0.036$ ), and perceived school support ( $\beta=0.360$ ,  $p=0.000$ ) independently predicted increased self-care practices. Conversely, perceived vulnerability ( $\beta=-0.339$ ,  $p=0.000$ ) and maternal education are associated with negative or decreased self-care practices.

**Conclusions:** Despite knowledge of the disease (COVID-19), transmissions and preventive measures were quite high, the level of adherence to self-protective behaviors was unsatisfactory. Maternal education, perceived susceptibility, self-efficiency, perceived benefits, and school support to COVID-19 self-protective practice were factors significantly affecting the practice of COVID-19 self-protective measure among secondary school students.

**Keywords:** Self-protection practices, COVID-19, secondary school students, Jimma, Ethiopia



## **CHAPTER ONE: INTRODUCTION**

### **1.1. Background**

The World Health Organization (WHO), on December 31, 2019, received a report of the presence of unknown causes of pneumonia disease in Wuhan, China. Later, this disease was defined as a novel Coronavirus disease and further declared as a public health emergency of international concern by January 30, 2020. The novel virus was renamed by the International Committee on Taxonomy of Viruses, as severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) that causes the 2019 Coronavirus disease (COVID-19) [1,2].

It is an emerging respiratory infection and is known to cause illnesses ranging from the common cold to severe acute respiratory syndrome. It spreads from human to human through droplets and direct contact. A person infected with the COVID-19 virus might be asymptomatic or develop progress flu-like symptoms such as fever, runny nose, sneezing, or sore throat; vomiting, diarrhea, nausea, chest tightness, palpitations, dry cough, tiredness, and shortness of breath. Immediate medical attention is advised when severe symptoms including persistent chest pain or pressure, the difficulty of breathing, confusion, and bluish face or lips arises [1-4]. For instance, about 80% of reported cases in China had mild to moderate disease, 13.8% had severe disease and 6.1% were critical [4-6]. Current estimates suggest a median incubation period from five to six days for COVID-19, with a range from one to up to 14 days [5,6]. There has been evidence about the virus spreading while the carrier (infected person) is not showing any symptoms [2,5].

In response to the declaration of the global pandemic on 11 March 2020, prevention methods were adopted by countries around the world [2,5,7]. The public was instructed by the WHO to seek information about COVID-19 solely from well-trusted sources (e.g. national public health authorities) and to practice protective measures, including social distancing, hand hygiene, and refraining from touching the eyes, nose, and mouth with unwashed hands [7] and vaccination [8]. Likewise, in response to the pandemic, Ethiopia has swiftly implemented several public health measures, including partial lockdown to stop the transmission and prevent the spread of the virus (e.g. school/university closure, enforcement of social distancing, virtual working policy in some sectors, avoidance of crowded places, restrictions of movements, banned social gatherings

promotion of frequent hand washing and respiratory hygiene, closing borders, mandatory 14 days quarantine for international travelers, and also declared a state of emergency [9-11].

Closure of schools was one of the safety measures adopted by countries in the world, to prevent and stop the spread of the coronavirus. More than 26 million students are affected by school closures due to the coronavirus. Consequently, school feeding programs for around 1 million children across multiple regions of the country have stopped [12]. However, through gradual assessment and as the impact of the COVID-19 is likely to say over an extended period, the government decided to re-open school by ensuring COVID-19 safety protocol. Among the safety protocol to be implemented in school included; maintaining physical distance both in the classroom and outside the classroom; reducing student size per class; consistent use of facemask, frequent handwashing with soap and water; regular screening for any symptoms of COVID-19, regular health education, cleaning and disinfection, adequate ventilation spacing of desks or grouping of children if required and availability necessary resources such as reminder, water, soap and sanitation facilities [12].

## **1.2. Statement of the Problem**

The COVID-19 pandemic is a challenging global burden for all continents and both for developed and developing countries' healthcare systems, social, economic, and psychological well-being of humanity. Low- and middle-income countries (LMIC) are profoundly affected because of deficient medical equipment and fundamental supplies for victims that result in a disastrous loss of life [13]. As of August 28, 2021, COVID-19 affected over 221 countries and territories with over 250,000,000 confirmed cases and over 5,000,000 deaths [14]. In Ethiopia, till this date (August 28, 2021), there were 303,171 COVID-19 cases and 4,618 deaths [14] with a case fatality of 1.5%. Besides the prevalence of cases and deaths, it has a huge impact on countries' wellbeing. For example, it resulted in increased health care costs, unemployment, reduction in remittances, food insecurity, loss of income, school absenteeism, etc [13].

Countries around the world are taking broad public health and social measures, including the closure of schools, to prevent the spread of the COVID-19 [5,11,15]. However, schools are an important part of the infrastructure where the highest segment of the population spends time. It

provides safe, supportive learning environments for students and employs teachers and other staff. Schools also provide critical services including school meal programs and social, physical, behavioral, and mental health services. Thus, COVID-19 transmission in schools is associated with community transmission. Reducing transmission in schools is a shared responsibility. Among the safety protocol to be implemented in school included; maintaining physical distance both in the classroom and outside the classroom, reducing student size per class; consistent use of facemask, frequent handwashing with soap and water; regular screening for any symptoms of COVID-19, regular health education and availability necessary resources such as reminder, water, soap and sanitation facilities [5,11,15].

From a public health perspective, deciding to re-open schools should be guided by a risk-based approach, taking into consideration the risk and existing preventive facilities at the local level, the capacity of educational institutions to adapt their system to operate safely; the impact of school closures on educational loss, equity, general health and wellbeing of children; and the range of other public health measures being implemented outside school. Decisions on full or partial closure or reopening should be taken at a local administrative level, based on the local level of transmission of COVID-19 and the local risk assessment, as well as how much the reopening of educational settings might increase transmission in the community, where a major school outbreak emerged after school reopening, highlights the potential for spread within crowded school environments when limited precautionary measures (masks and physical distancing) are taken. Moreover, ensuring school communities, particularly students' readiness in terms of their knowledge about the diseases, access to preventive resources, and self-care practices are essential [11,12,15].

Although several actions were implemented, the actions and requirements should be reviewed and put in place to prevent further spread of COVID-19 in schools and into the community; and to ensure the safety of children and school staff while at school. Existing evidences indicated that young children are often asymptomatic carrier of the coronavirus and as a result, they can spread the virus to the family members and community members without manifesting clinical symptoms [5,6,12]. This sustains the invisible transmission of the virus in the community. Therefore, young people, especially those who are in the school environment are relevant for

COVID-19 prevention and control. However, there is little evidence available regarding students' adherence to the COVID-19 prevention measures and associated factors. Moreover, for better implementation of COVID 19 prevention measures at schools, it is critical to assess students' adherence to the preventive measures and the determinant factors. Thus, this study was aimed to assess secondary school student adherence with COVID-19 self-protective and safety measures among secondary school students in Jimma town, Ethiopia.

## **CHAPTER TWO: LITERATURE REVIEW**

### **COVID-19 Self-protective and safety measures**

Coronavirus disease was declared a public health emergency of international concern by January 30, 2020. The virus was renamed by the International Committee on Taxonomy of Viruses, as severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) that causes the 2019 Coronavirus disease (COVID-19) [1-5]. COVID-19 is an emerging respiratory infection and is known to cause illnesses ranging from the common cold to severe acute respiratory syndrome. COVID-19 is known to spread from human to human through droplets and direct contact (2)].

In response to the declaration of a global pandemic the public was instructed by the WHO to seek information about COVID-19 solely from well-trusted sources (e.g. national public health authorities) and to practice protective measures, including social distancing, hand hygiene, and refraining from touching the eyes, nose, and mouth with unwashed hands. Social distancing, or physical distancing, is the practice of allowing enough space between individuals to reduce the spread of disease. During the COVID-19 pandemic, the U.S. Centers for Disease Control and Prevention (CDC) and WHO recommend keeping at least 6 feet (2 meters) of space and wearing a face mask in indoor public spaces and outdoors where there is a high risk of COVID-19 transmissions, such as at a crowded event, and schools [5, 7,15]. Hands hygiene is hand washing with soap and water and alcohol-based hand sanitizer that contains at least 60% alcohol. Which is the simplest method that is effective in terms of cost with its importance in preventing the transmission of microorganisms and infection. Proper hands hygiene practice stands out to be one of the measures of reducing transmission of disease. Cleaning and disinfecting frequently touched surfaces can help reduce the risk of illness. This includes frequently touched items such as doorknobs, faucets, keyboards, tablets, and phones. Stay home if sick. As of February 2021, vaccinations have been initiated in several countries around the world [8]. To control the spread of infections, it is important to facilitate vaccinations for people without symptoms, the research and development of therapeutic agents, and the examination of treatment methods for those affected by the virus [5,15]. The availability of safe and effective vaccines for people ages 12 years and older and subsequent decreases in COVID-19 cases, hospitalizations, and deaths mark progress against COVID-19 [8]. Yet, the most effective way of dealing with the outbreak of

COVID-19 currently is for people to control their behavior and transform their lifestyles, like using face masks liberally, staying home as much as possible etc.[15].

## **2.1. Knowledge, and self-protective practice**

Adoption of appropriate and recommended safety measures is an effective tool to prevent the infection and spread of the COVID-19 virus [7,15,16]. The majority of the COVID-19 prevention strategies such as avoidance of gatherings and handshaking, wearing of face mask, and staying at home are crucial though it is against the norm of the society in many communities. To adopt these preventive measures, society must clearly understand the disease and develop new behavior to prevent this deadly virus [7,15,16]. Available evidence strongly recommends that the individuals including students are required to strictly adhere to an overall package of the prevention and control measures that can limit the spread of COVID-19 [15,17,18]). However, studies indicated that self-protective practices were diverse among the general public and students as well. Accordingly, in India one study reported 83% had adequate knowledge of COVID-19, and nearly 80% followed appropriate practices regarding COVID-19 [19], and one study in China among school students indicated that awareness rates about COVID-19 were 70.1%–99.5% and approximately 96% of them washed hands in certain situations, while 85.6% of them washed hands after coughing or sneezing [20]; 75.9% good knowledge in university students in Ethiopia [21]; and one review (Ethiopia), the prevalence of overall knowledge, attitude, and practice about coronavirus in Ethiopia are 61.78%, 72.39%, and 52.83%, respectively [22].

According to a study in Jimma university medical centers visitors at early stage Covid-19 outbreak Multidimensional (symptoms, risk factors and prognosis, transmission modes, and preventive methods) analysis of knowledge of COVID-19 indicated that 41.7% and 41.3% of JUMC visitors were moderately and highly knowledgeable, respectively [23]. Different studies show that knowledge of the cause of COVID-19 (93%), its main clinical symptoms (>90%), the main modes of transmission (89%), the main preventive measures (>90%) [24, 25]. A study done on the quarantine population in the Tigray region, Ethiopia showed that the mean knowledge score was 8.73(±2.64). Less than half,42.9% of the study participants were knowledgeable [26].

Another community-based study also reported only 68(10.7%) had good preventive behavior for COVID-19 in Ethiopia [27].

## **2.2. Perceived vulnerability, severity, and self-efficacy COVID-19**

Studies indicated a varied range of perceptions regarding perceived vulnerability, and susceptibility to COVID-19. The term vulnerability is defined as “the characteristics and circumstances of a community, system or asset that make it susceptible to the damaging effects of a hazard”. One study reported that forty-five percent (44.8%) of the respondents were above the mean score, and they perceived themselves susceptible to COVID-19 infection. In this study, 77.2% were had moderate risk perception and 22.8% were had high-risk perception [28]. In a study conducted in Ethiopia, the overall adherence level of the community towards the recommended safety measures of COVID-19 was 44.1%. Self-efficacy, perceived benefits, perceived barriers and perceived susceptibility of COVID-19 were important predictors that influenced the adherence of the community to COVID-19 preventive behaviors [29]. Cross-sectional studies in America, 50% of study participants have perceived the risk of COVID-19 [30]. In a worldwide cross-sectional study across the ten sampled countries, risk perception was varied between 4.78 and 5.45 [31]. Regarding to the perceived severity of COVID-19 infection, 572 (83.7) participants have perceived severity of COVID-19 infection [32] and a similar study elsewhere showed, a high Proportion of the respondents have perceived the seriousness of COVID-19 [33]. Study in Egypt and China, most participants were believed that COVID-19 is life-threatening, so any member of the family has the risk of infection, whereas 80% of respondents were believed that COVID-19 severely harms health [34,35]. An online study in Ethiopia generally depicted those perceptions of vulnerability, severity, and efficacy towards COVID-19 preventive behaviors were low, though the study addressed the general public and its implications student population is limited [36].

## **2.3. Perceived school support/safety**

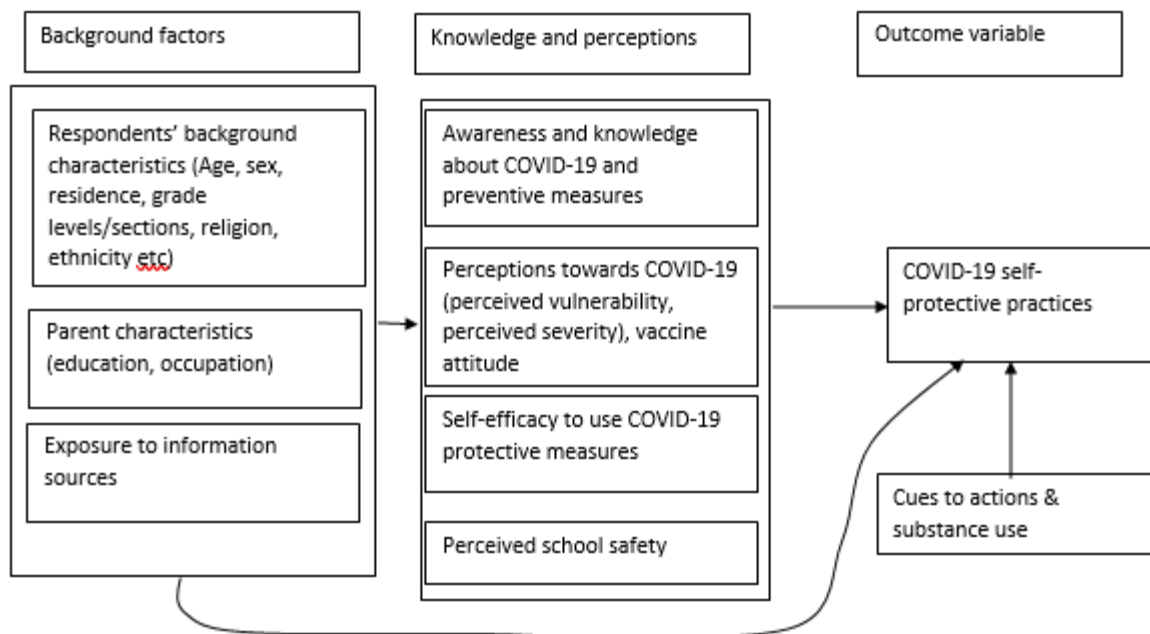
Schools provide safe, supportive learning environments for children and adolescents and employ teachers and other staff, which also provide critical services, including social, physical, behavioral, and mental health services for children [37]. Counter measures against the spread of COVID-19 have become an urgent issue in educational settings, where many group activities are necessary. Educators are key to preventing the spread of COVID-19 in educational settings

[12,15]. Perceived school safety measures will assess the extent to which the student feels that necessary support facilities and resources are readily available to them and perceive that the school environment is safe to them [12]. The COVID-19 pandemic led many jurisdictions to close in-person school instruction for several months or the entire 2020 to 2021 academic year [12,15, 38]. Data from individual countries and several studies suggest that children under the age of 18 years represent about 8.5 % of reported cases, with relatively few deaths compared to other age groups [39]. Returning to school has taken on new meaning and a new set of worries for parents and other caregivers during the age of coronavirus disease 2019 (COVID-19). Schools must now balance the educational, social, and emotional needs of their students along with the health and safety of students and staff amid the evolving COVID-19 pandemic [12]. To create a COVID-19 safe environment, necessary resources should be available to school students, and regular promotion of health behaviors should be conducted at the school level including enforcement of recommended protocol which includes physical distancing at school (in and outside classroom 1meter); avoiding gathering in large groups or in close proximity when in lines, when leaving the school and in their free time, and use of face masks in school settings. In fact, children aged 5 years and under are not recommended to wear face masks and for children between six and 11 years of age, a risk-based approach should be applied to the decision to use a mask. Children and adolescents 12 years or older should follow the WHO recommendations and national mask use guidelines for adults and teacher and support staff, [12]. Moreover, ventilation strategies for ensuring adequate ventilation in classrooms are important considerations for COVID-19 control and WHO highly recommends proper ventilation and air conditioning in the context of COVID—19 along with hygiene and daily safety practices at school. Moreover, environmental cleaning measures to limit exposure include educating everyone in the school about prevention of COVID-19, including appropriate and frequent hand hygiene, respiratory etiquette, symptoms of COVID-19 and what to do when one feel sick; offer regular updates as the pandemic evolves; counter rumors and misleading information through messaging and communication. [12, 40, 41]. Few studies explored the degree of school responsiveness to COVID-19. The review of evidence generally appears, that there is limited evidence regarding school students' perceptions and self-protective practices, particularly in Ethiopia.



## **2.4. Conceptual framework of the study**

This study is guided by Health Belief Model (HBM). HBM is one of the most commonly used behavioral models and it proposes that preventive health behavior is influenced by five factors: perceived barriers to making the recommended response, perceived benefits to making the response, perceived susceptibility to the health threat, perceived severity of the threat, and cues to action [42]. Accordingly, people take action if they believe that they are susceptible to a disease condition, that it has potentially serious consequences, that the recommended action would reduce the severity of the condition or their susceptibility to it, and that the barriers to taking action are outweighed by the benefits. Within the HBM, cues to action are triggers that activate a person's readiness to change health-related behaviors, and self-efficacy is a person's confidence in his ability to change those behaviors [42,43]. In addition to the main constructs of the HBM model other factors such as awareness of the knowledge of the diseases and preventive measures, exposure to information, and the several support factors can affect the peoples' response to take action [12, 42,43]. The HBM is chosen as a conceptual framework for several reasons. First, the constructs of the model are highly relevant for risk communication and conceptualization of perceptions of severity and vulnerability which are important motivator for behavioral change or adaption of risk protective behaviors. Second, given that the coronavirus are emerging outbreak, public education efforts are mostly focusing on increasing perceptions of vulnerability to the disease; severity or consequences due to the diseases together with perceptions of self-efficacy and benefits of taking actions [42,43]. Therefore, considering these factors, HBM best fits to guide the present study process.



**Figure 1. Conceptual framework of the study**

## 2.5. Significance of the Study

In addition to fulfilling the academic requirement of the researcher, the result of the study will have significant implications for the COVID-19 response program, particularly to risk communication and community engagement efforts at the different levels such as zonal and school levels. The finding will help identify gaps among school students and the school environment regarding COVID-19 preventive efforts, which is crucial evidence for strengthening COVID-19 response activities in school communities and enhancing the COVID-19 safety program through designing and implementing appropriate strategies to reduce the transmission of the pandemic. The study will also contribute to the growing body of literature on corona virus as we will get into literature via publication on a scientific journal. Thirdly, this study could serve as a source document or reference material for researchers who are interested undertake a further study on the related topic.

## **CHAPTER THREE: OBJECTIVES**

### **3.1 General Objective**

To assess adherence to COVID-19 self-protective practices and associated factors among secondary school students in Jimma town, Jimma, Oromia, Ethiopia, 2021

### **3.2 Specific Objectives**

- To determine knowledge related to COVID-19 among secondary school students in Jimma town, Jimma, Oromia, Ethiopia, 2021
- To determine perceived threat to COVID-19 (perceived vulnerability, & perceived serious) among secondary school students in Jimma town, Jimma, Oromia, Ethiopia, 2021
- To determine self-efficacy towards adherence to COVID-19 protective measures, Jimma, Oromia, Ethiopia, 2021
- To assess perceived school safety/support in terms of access to necessary resources and facilities, Jimma, Oromia, Ethiopia, 2021
- To assess adherence to COVID-19 safety and self-protective measures among secondary school students in Jimma town, Jimma, Oromia, Ethiopia, 2021
- To identify factors associated with the adherence to COVID-19 safety and self-protective measures among secondary school students in Jimma, Jimma, Oromia, Ethiopia, 2021

## CHAPTER FOUR: METHOD AND MATERIALS

### 4.1. Study setting and period

This study was conducted in Jimma town, Jimma, Oromia regional state, Ethiopia, from May 25 to June 10, 2021. Jimma town is the largest city in south-western Oromia. It is located 350 km away from the Addis Ababa at latitude and longitude of 7°40'N 36°50'E / 7.667°N 36.833°E, respectively. Based on the data from the Central Statistical Agency in 2007, this town has an estimated total population of 159,009 of whom 80,897 were males and 78,112 were females [44]. In the town, there were 14 secondary schools (8 private and 6 public schools) with a total number of 10,720 students.

### 4.2. Study design

A school-based cross-sectional study was conducted to assess secondary school students' adherence to COVID-19 self-protective and associated factors among secondary schools.

### 4.3. Population

**Source population:** The population includes all secondary school (both public and private) students grade 9-12 enrolled in school in the regular program during the 2013 E.C academic year in Jimma town.

**Study populations:** The study population was the actual study participants, who sampled from the source population to take part in the study, which was 634 respondents.

**Inclusion criteria:** All students attending secondary schools in the regular program (private and public, grade 9-12) during the study period.

**Exclusion criteria:** Students who were absent from school during the study period.

### Sample Size

The sample size was determined using a single population proportion formula,  $n = \frac{(z_{\alpha/2})^2 p(1-p)}{d^2}$  based on the following assumptions:

Where;

**n**= the minimum sample size

**P**: the proportion of school students who exercise appropriate self-care practices towards COVID-19. Due to lack of similar study from similar context, 50% expected level of self-protective practice was assumed as it gives the maximum sample size.

**d:** marginal error of 5% was used.

**Z  $\alpha/2$ :** standard normal score at a 95% confidence interval, which is 1.96

$$n=(1.96)^2*0.5(1-0.5)/(0.05)^2=384$$

A design effect of 1.5. This gives the minimum sample size of 576. Considering 10% non-responsive the total sample size was 634.

#### **4.4. Sampling Technique**

Study participants sampled as follows: First, all secondary schools (grades 9-12) in Jimma town were listed down based on the information from the Jimma town education office. The list was included both public and private which was active during the second semester of the 2013 E.C academic year. Then, these schools were stratified into two; public schools and private schools. Then, half of the public schools (3 out of 6) and 3 of the private schools (3 out of 8) were randomly selected from each cluster. The number of schools was decided considering available resources and in such a way that it ensures representations. Following this, the total sample size was proportionally allocated to each selected school based on student size. Within each selected school, the further proportional allocation was done by grade levels. Finally, an updated list of students was obtained from each grade and the actual study participants were selected using a simple random sampling technique. The selected respondents were approached for consent and participation in the study.

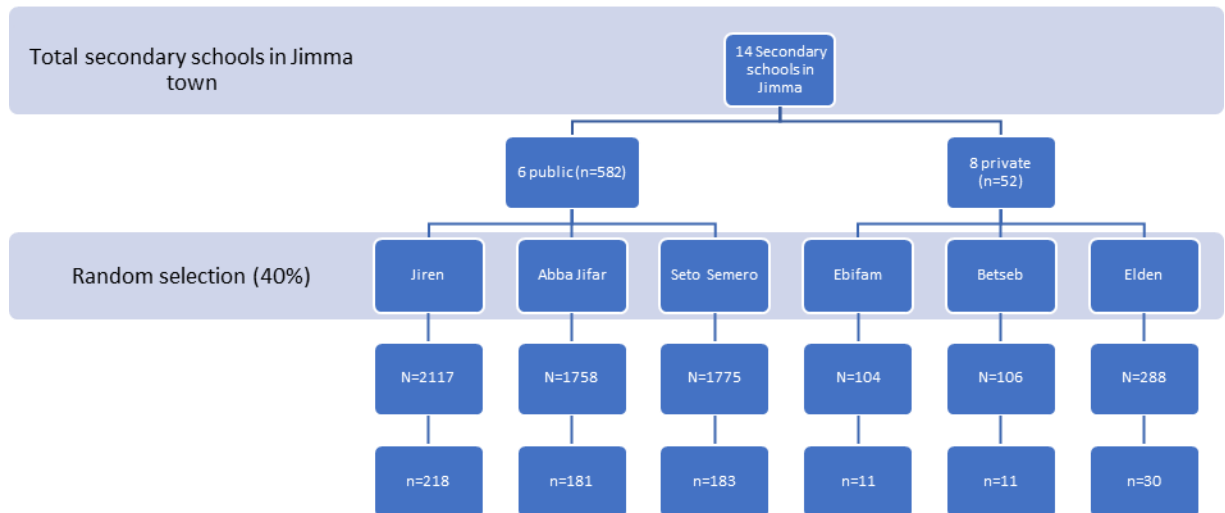


Figure 2: sampling procedure

## 4.5. Variables

### 4.5.1. Dependent variable

Adherence to COVID-19 self-protective practices

### 4.5.2. Independent variables

- **Socio-demographic characteristics:** Age, sex, marital status, educational level, the study class, family occupation, religion etc.
- Knowledge: About COVID-19 and its preventive measures
- Perceived threat: Perceived susceptibility and severity
- Perceived barrier and perceived benefit
- Self-efficacy, cues to action
- Perceived school support /school resources
- Others: substance use, experience/knowing someone infected with COVID 19

### 3.6. Data collection instrument

The data was collected using a structured questionnaire adapted through an extensive review of relevant literature, and COVI-19 safety and self-protective guidelines and resources [12, 15, 23, 35,36]. The questionnaire was prepared in English language and then translated into Amharic and Afan Oromo languages as respondents are expected to be diverse in language ability. The questionnaire consisted of different parts.

Part I is consisting of the respondent's (school students) background information such as age, sex, etc. The second section captures exposure knowledge related to COVID-19 (causes, symptoms, transmission, prevention practices, and vulnerable groups) on the Yes/No format. The third part assessed perception towards COVID-19, namely perceived vulnerability, perceived seriousness.

Self-protective practice (part IV): The students were asked about their experiences over the past seven days with hand washing. Using face masks, avoidance of shaking hands, overcrowded places, physical proximity while walking/greeting. And the fifth part of the questionnaire assesses perceptions towards self-efficacy. The sixth section contains a questionnaire designed to assess the perceived barriers to the practice of preventive measures for COVID-19 at school. Section VII contains items related to perceived school support and safety and is used to assess school COVID-19 safety facilities such as availability of necessary materials or sources (latrine, water facilities, hand washing facilities, soap, etc.). This part of the questionnaire is designed according to WHO school safety guidelines and protocol in the context of COVID-19. Section eight contained items used to assess the perceived benefit of safety measures to prevent COVID-19 infection. Finally, additional items were included to assess students' behavior as well as perception regarding the COVID-19 vaccine.

The tool was pretested on 5% of the sample in similar school in Jimma town (not included in study), and necessary revisions were made based on the result of the pretest. Before collecting the data, the questionnaire was reviewed by advisors. The comments were included to improve the clarity of the statement and grammatical and typographical errors.

### **3.7. Data collection methods**

The data was collected through the self-administrated method, assisted by data collectors and coordinators in each school. In each school, the principal investigator was closely worked with the school director and school teachers who then facilitates the data collection process including accessing students' lists, preparing sampling frames, recruiting selected respondents, and administering the questionnaire. Before, filling out the questionnaire, adequate orientation,

instructions, and guidance were provided to each respondent by data collectors assigned to each school. In addition, the data collector was providing support and assistance while the respondents were filling the question such as clarifications of terms if needed. In the end, the data collector checked the consistency and completeness of the questionnaire and took actions, as needed (e.g., return to the questionnaire to the respondent for clarifications and corrections).

**Data collectors and supervisions:** Experienced data collectors (bachelor holders) who are fluent in two languages (Amharic and Afan Oromo) were recruited to facilitate the data collection process. Two days of training was given to data collectors on the study purpose, objectives, sampling methods, recruitment of respondents, and questionnaire. The principal investigator was closely supervising the data collections and the supervisors were also provided overall guidance and supervision to ensure the quality of the data.

### **3.8. Measurements**

**Knowledge related to COVID-19:** Knowledge about COVID-19 and its preventive measures was assessed using multi-dimensional knowledge items; comprising knowledge of symptoms of COVID-19 (8 items); knowledge of the mode of transmissions and risk factors (17 items), and knowledge prevention and safety practices (7 items) [12, 15, 23, 35,36]. Each was addressed as yes and no format, scored as yes (=1) and no (=0) and a separate summative score was computed separately for each dimension and the overall score was computed by summing up the items together, with the higher the score indicating the higher the knowledge level and vice versa.

**COVID-19 self-care practices:** Self-care practice (refers to use of recommended COVID-19 self-protective and safety measures in school context) (42,43) was assessed in a comprehensive way using fifteen items on rating scale as always (3), sometimes (2), and never (1) for desirable healthy practices relevant for COVID-19 prevention and safety considering the last seven days before the survey [12, 15, 23, 35,36]. To compute the overall comprehensive practices, all the items were summed up yielding a probable sum score of ranged from 15 to 45, with the higher score indicating the higher comprehensive self-care practices and vice versa.



**Perceived vulnerability and severity:** The perceived vulnerability (refers to one's perception of the risk or the chances of contracting a COVID-19) (42,43) was assessed using seven items on three points scale (Disagree =0; not sure=1 and agree =2) and perceived severity (refers to an individual's belief about the seriousness of contracting COVID-19 or the severity of the consequences if one acquires it) was assessed using seven items on a similar rating scale. Then, the score for each construct was computed separately by summing up the item (possible score value, 0 to 14, with a higher score, indicating the higher perceived vulnerability and severity and vice versa.

**Perceived self-efficacy:** Perceived self-efficacy (refers to the level of a person's confidence in his or her ability to successfully perform a behavior) (42,43) to exercise COVID-19 protective measures was measured using seven items rated as low (1), moderate (2), and high (3). To compute the composite score, the items were summed up with a possible range of 7 to 21, with the higher the score indicating the higher self-efficacy and vice versa [12].

**Perceived school support/safety:** Perceived school safety (the perceptions that the school environment is safe to protect oneself from COVID-19) (42,43) measure has assessed the extent to which students feel that necessary support facilities and resources are readily available to them and perceive that the school environment is safe to them [12]. A total of 20 items was administrated to the respondents using a rating scale as always (=3), sometimes (=2), and never (=1). The perceived school support score was computed by summing up the items making a range of possible value scores 20 to 60. The higher the score indicates the higher perceived support and vice versa.

**Perceived barriers:** Perceived barriers (refers to a person's feelings on the obstacles to performing a recommended health action) (42,43) were measured by using thirteen questions with a three-point scale rated as 0=disagree, 1=not sure, and 2=Agree. Accordingly, the probable sum score of overall perceived barriers to the COVID-19 prevention measure was ranged from 0 to 26, with the higher the score indicating the higher the perceived barriers and vice versa.

**Perceived benefits:** Perceived benefits (the desire to avoid illness and the belief that a behavior can prevent the illness) (42,43) were measured by using nine questions with a three-point scale rated as, 0=Disagree, 1=not sure, and 2=Agree. Accordingly, the probable sum score of overall perceived benefits to the COVID-19 prevention measure was ranged from 0 to 18, with the higher the score indicating the higher the perceived barriers and vice versa.

**Cues to actions:** Cues to action was measured by using three items with “yes, and no” response options. Accordingly, the probable sum score of cues to actions for the COVID-19 prevention measure was ranged from 0 to 3. Cues to actions item were computed by summing up the item’s response value.

**Vaccine attitude:** Vaccine attitude was measured by using three questions with “yes, and no” response options. Accordingly, the probable sum score of overall vaccine attitude to the COVID-19 prevention measure was ranged from 0 to 3.

### **3.9. Data processing and Analysis**

After the data collection, data were checked manually for its completeness and further cleaning work was performed as required to ensure quality, accuracy, consistency, and completeness. Then, it feeds into Statistical Package for Social Science (SPSS) software version 23 to analyze data. Descriptive statistics were used to describe and summarize the findings, and then, the results were expressed as frequency, percentage, mean and standard deviation as appropriate. A simple linear logistic regression model was used to identify candidate variables with a P-value < 0.05 for multiple linear regression. Then, to identify, independent predictors of self-protective behavior multiple linear regression analysis was performed and a p-value of less than 0.05 was used to declare statistical significance. 95% CI was used to show the degree of association between the independent and response categories of respondents. To visualize the relationship between a significant variable to an outcome variable smoothing graph was done using stata 12 version.

### **3.10. Data quality assurance and control**

The questionnaire was prepared in English language and then translated into Amharic and Afan Oromo languages as respondents are expected to be diverse in language ability. This would contribute to improved quality of responses by the respondents. The tool was pretested on 5% of the sample in secondary school in similar context and necessary revisions were made based on the result of the pretest. In addition, reliability analysis was done for each construct of HBM and the Cronbach alpha found to be above 0.72 for constructs. Before collecting the data, the questionnaire was reviewed and approved by advisors. The comments were included to improve the clarity of statement, and grammatical and typographical errors. After the data collection, data checked manually for its completeness and further cleaning work was performed as required to ensure quality, accuracy, consistency, and completeness.

### **3.11. Ethical considerations**

The study was received and approved by ethics review committee of institute of health, Jimma University. Permission was obtained from each school included in the study and Jimma town education office. Each respondent was explained about the purpose of the study and informed consent was obtained from each respondent.

### **3.12. Dissemination of the findings**

The final report of the study will be submitted to the department of health, behavior and society and Jimma town education office. It will be published in peer reviewed scientific journal and presented in scientific forums when opportunity arise.

## CHAPTER FIVE: RESULTS

### Sociodemographic Characteristics of Participants

Five hundred seventy-six respondents participated in this study, which made a response rate of 90.8%. Table 1 presents the socio-demographic characteristics of the participants. Accordingly, 296 (51.4%) of participants were female. The age of the participants was ranged from 14-22 years old, with a mean age of 16.3 (SD±1.4) years. Regarding religion, the majority 225(39.1%) them were orthodox. Almost all 538 (93.4%) participants were single. Regarding educational status, the majority 139 (24.1%) of students' mothers attended primary school. Similarly, nearly one-fourth of participants' fathers had attended secondary school (Table 1).

Table 1: Socio-demographic characteristics of the study participant, Jimma town, June 2021

Variable	Categories	Frequency	Percent
Sex	Male	280	48.6
	Female	296	51.4
Age	14-18 years	460	79.9
	19-22 years	116	20.1
Religion	Orthodox	225	39.1
	Muslims	209	36.3
	Others (Protest, catholic)	142	24.7
Marital status	Single	538	93.4
	Others (Divorce, widowed)	38	6.6
Mothers' occupation	Government employ	123	21.4
	Private employ	138	24.0
	Housewife	246	42.7
	Famers	50	8.7
	Others (not alive)	19	3.3
Fathers' occupation	Government employ	194	33.7
	Private	247	42.9
	daily laborer	22	3.8
	Famers	67	11.6

	Others (alive)	46	8.0
Mother education	No formal education	113	19.6
	Primary (1-6)	139	24.1
	Junior secondary (7-8)	119	20.7
	Secondary school (9-12)	114	19.8
	University degree and above	91	15.8
Fathers' educations	No formal education	55	9.5
	Primary (1-6)	88	15.3
	Junior secondary (7-8)	89	15.5
	Secondary school (9-12)	139	24.1
	technical vocation/diploma	113	19.6

### Source of information about COVID-19

The electronic media such as television (88.9%), and social media (41.5%) were the primary source of information, followed printed materials (21.9%) and radio (17.7%), health workers (15.1%), teacher (10.2%), parents (10.8%), and friends/family members (4.2%) (Fig 3a). The average source of information was 2.2 (SD=1.5), meaning on average the respondents received COVID-19 related information from two sources. And majority of the respondents were exposed to two sources, one source and three sources, which accounts 38.9%, 33.3% and 14.6%, respectively (Fig 3b).

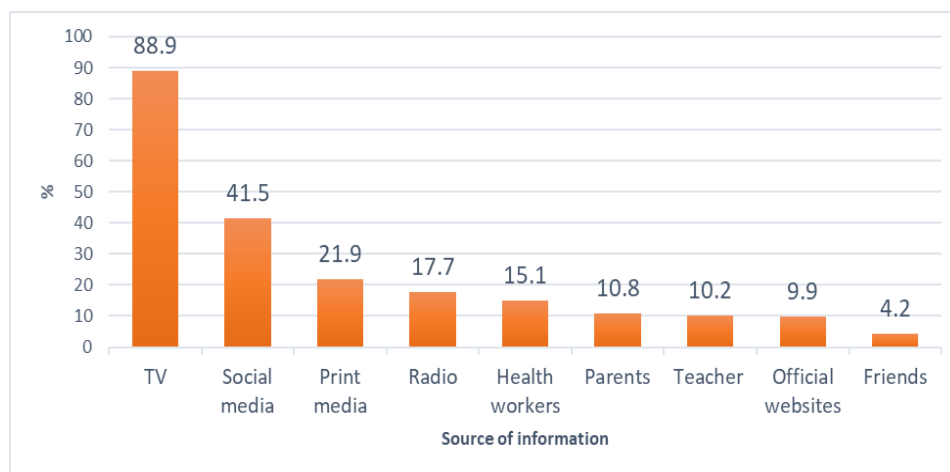


Fig 3a. Sources of information for COVID-19, Jimma town, June 2021

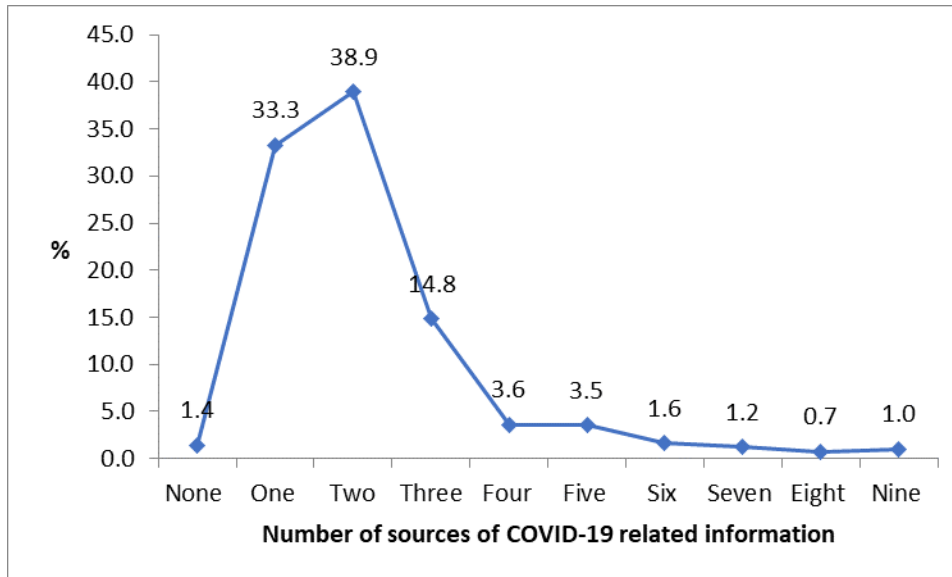


Fig 3b. Sources of information for COVID-19, Jimma town, June 2021

### Knowledge of participants about COVID-19

Table 2 shows the study participants' knowledge of symptoms of the disease, methods of prevention, and transmission of COVID-19 infection. The four most mentioned symptoms by respondents were fever (96.7%), dry cough (89.6%), difficult breathing (86.3%), and sore throat (83.9%). Most of the participants (95.8%) know that COVID-19 spreads through respiratory droplets, (90.3%) direct contact with contaminated hands, (87.2%) kissing or greetings, (95%) handshaking, and (93.2%) crowded areas. Almost all (96%) know that the use of facemask prevents COVID-19. Similarly, 96.4% of the participants know that avoiding touching eyes, nose, and mouth before washing hands is one way of preventing method of COVID-19 and 93.1% of the respondents also know that keeping a physical distance of at least 2 meters is also the other mechanism to prevent the disease (Table 2).

Table 2: Knowledge of participants about COVID-19 self-Protective practice among secondary school students, Jimma town, June 2021

	Knowledge items	Frequency	Percent
Knowledge of symptoms	Fever	557	96.7
	Dry cough	516	89.6
	Difficult breathing	497	86.3
	Sore throat	483	83.9
	Weakness	297	51.6
	Body ache	196	34.0
	Joint pain	156	27.1
	Diarrhea	58	10.1
Knowledge of transmission of the coronavirus	Through respiratory droplets	552	95.8
	Direct contact with contaminated hands,	520	90.3
	Young people like you are not at high risk of getting COVID-19	470	81.6
	Transmit if there is close contact between people	468	81.3
	Transmit by air (airborne)	350	60.8
	I don't know	15	2.6
Knowledge of risk factors for transmissions	Hand shaking	547	95.0
	Crowded area	537	93.2
	Persons infected with COVID-19, but has no symptoms cannot transmit the virus to others (reversed)	504	87.5
	Kissing or greetings	502	87.2
	Touching our eyes without having cleaned their hands first	476	82.6
	Inadequately ventilated spaces	415	72.0
	Sharing tables/chairs with other students	234	40.6
	Exchange or sharing educational materials such as pen, pencil, books	159	27.6
	Touching our nose without having cleaned their hands first	138	24.0
	Sharing food or drinking	100	17.4
	Touching mouths without having cleaned their hands first.	93	16.1
	Sharing toilet	80	13.9
	Knowledge of prevention method	Avoiding touching eyes, nose, and mouth before washing hands	555
Use facemask		553	96.0
Not shaking hands		542	94.1
Washing hands frequently with soap and water		541	93.9

Keeping a physical distance of at least 2 meters	536	93.1
Cleaning hands using alcohol-based hand rub	523	90.8
Avoid going to crowded places such as bus stations, markets, religious places, sports	503	87.3

### Multidimensional Knowledge Summary Statistics

After the score was adjusted to 0-50, for comparisons, the mean score was computed for each knowledge dimension and overall score as well (Table 3). Accordingly, the highest mean was recorded for knowledge of ways COVID-19 preventive and safety practices (mean=46.0) and the lowest mean knowledge score was observed for knowledge of ways of transmissions or spread of the coronavirus (mean=25.6). The mean score for overall knowledge was found to be 31.2 (SD=8.6).

Table 3. Multidimensional mean knowledge score, related to COVID-19, Jimma town, June 2021

Multidimensional knowledge related to COVID-19	Mean	Std. Deviation	Possible score
Knowledge of symptoms	27.1	10.7	0.0-50.0
Knowledge of ways of transmissions	25.6	9.4	0.0-50.0
Knowledge of prevention methods	46.0	9.9	0.0-50.0
Overall knowledge	31.2	8.6	0.0-50.0

### Adherence to COVID-19 Self-Protective Practices

Half of the participants, 293(50.9%) always washed their hands frequently with soap and water or alcohol-based hand rub, and 307(53.3%) avoided touching eyes, nose, and mouth before they washed my hands. Those who avoided touching eyes, face, nose, and mouth directly accounted for 286 (49.7%), and 288(50%) avoided shaking hands with others. Furthermore, 399(69.3%) of the participants were covering their cough using the bend of their elbow or a tissue. On the other hand, 193 (33.5%) of the participants never shared cups, food, or drinks with others students. Approximately, 205(35.6%) always maintained physical distancing of at least 1 meter while in the classroom and 250(43.4%) outside the classroom. Moreover, 374(64.9%) always used facemasks in transportation such as school buses, and 217(37.7%) of the participant always



avoided going to crowded places in schools such as sports, student gatherings. Half (50%) of the participants were avoided shaking hands for greetings, but 406(70.5%) of them never used face masks in the classroom. Nearly half (51.5%) of the participants always stayed at home when they were sick or had a common cold (Table 4). Figure 4 shows the distributions of self-protective practice scores (possible value:15-45) by the respondents. The mean score was 33.7 (SD=5.2)

Table 4: Adherence to Covid-19 Self-Protective Practices, among secondary school students, Jimma town, June 2021

<b>Self-care practice during the seven days before the survey</b>	<b>Never n(%)</b>	<b>Sometimes n(%)</b>	<b>Always n(%)</b>
1. Wash hands frequently with soap and water or uses an alcohol-based hand rub	57 (9.9)	226 (39.2)	293 (50.9)
2. Avoided touching eyes, nose, and mouth before washing hands	53 (9.2)	216 (37.5)	307 (53.3)
3. Not touch your face, eyes, nose, and mouth	87 (15.1)	203 (35.2)	286 (49.7)
4. Avoided shaking hands for greetings	124 (21.5)	164 (28.5)	288 (50.0)
5. Covered cough using the bend of the elbow or a tissue	41(7.1)	136 (23.6)	399 (69.3)
6. Shared cups, food, or drinks with other students (reversed)	193 (33.5)	203 (35.2)	180 (31.3)
7. Maintained physical distancing of at least 1 meter while in the classroom	154(26.7)	217(37.7)	205(35.6)
8. Maintained physical distancing of at least 2 meters while outside the classroom	132(22.9)	194(33.7)	250(43.4)
9. Used facemasks in transportation such as school buses	49(8.5)	153(26.6)	374(64.9)
10. Avoided going to crowded places in schools such as sports, student gatherings	177(30.7)	182(31.6)	217(37.7)
11. Used face masks in the classroom	406(70.5)	130(22.6)	40(6.9)

12. Seat alone on one seat in classroom	168(29.2)	147(25.5)	261(45.3)
13. Staying at home when you were sick or had a common cold or flue	127(22.0)	153(26.6)	296(51.4)
14. Carefully disposing of tissue disposable items in a closed bin	100(17.4)	124(21.5)	352(61.1)
15. Share what they learn about preventing COVID-19 with family and friends	77(13.4)	171(29.7)	328(56.9)

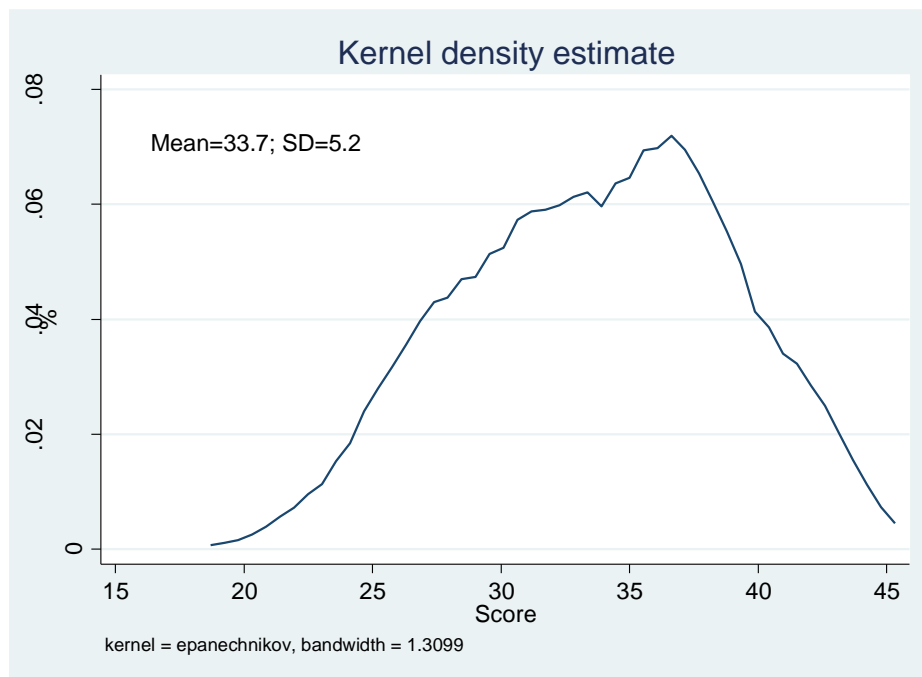


Figure 4. Distributions of self-protective practice score (possible value:15-45), among secondary school students, Jimma town, June 2021. As displayed in the figure the density of knowledge score was found to be higher around the mid-point whereas a few portions of the respondents scored towards both extremities,

### Perceived vulnerability and severity towards COVID-19

Table 5 depicts the perception of the respondents regarding COVID-19 susceptibility to and its severity. Most (90.6%) of the respondents believed that COVID-19 infection is a severe disease and 93.2% of them believed that COVID-19 is a dangerous disease. Nearly one-fourth of the (31.3%) participants were felt that they likely to get COVID 19 at school and 63.9% of them

were perceived as less likely to acquire COVID-19 at school. More than two-thirds (71.9%) of them believed that COVID-19 is an extremely harmful disease to their family. Only 14.2% of them believed that there is no COVID-19 disease and more than half (55%) of the participants thought that COVID-19 is a severe disease for young people. When asked whether they would get COVID-19 infection at school, about 57% responded that they will get COVID-19 infection at school. Approximately, 40.8% of them believed that they are at risk for getting COVID-19 because they are a school-going student. The majority of the respondents (61.6%) thought that it is less likely to acquire COVID-19 as they are young (Table 5).

Table 5: Perceived vulnerability and severity towards COVID-19 among secondary school students, Jimma town, June 2021

Items	Yes (agree)		No (Disagree/no sure)	
	N	%	N	%
<b>Perceived vulnerability</b>				
No matter what I do, I'm likely to get COVID at school	180	31.3	396	68.8
In many aspects, I am less likely to acquire COVID-19 at school (reversed)	368	63.9	208	36.1
Do think you will get a COVID-19 infection at school?	330	57.3	246	42.7
Do you think you are at risk for getting COVID-19 because you are a school-going student?	235	40.8	341	59.2
Do you think it is less likely to acquire COVID-19 as you are young?	355	61.6	221	38.4
Only old people are susceptible to COVID-19 (reversed)	463	80.4	113	19.6
<b>Perceived severity</b>				
COVID-19 has had a serious impact on my school performance	393	68.2	183	31.8
Do you believe that COVID-19 infection is a severe disease?	522	90.6	54	9.4
Do you think that COVID-19 is a dangerous disease?	537	93.2	39	6.8
Do you believe that COVID-19 is an extremely harmful disease to your family?	414	71.9	162	28.1
I think that there is no COVID-19 disease	82	14.2	494	85.8
Do you think that COVID-19 is a severe disease for young people like you?	317	55.0	259	45.0
I am afraid of COVID-19 because people may discriminate me if I get it	110	19.1	466	80.9
I don't care about this disease and I attend my school activities like before	424	73.6	152	26.4

## Perceived barriers and benefits to perform COVID-19 self-protective practice

Regarding perceived barriers to performing preventive measures, nearly half of the respondents got difficulty finding water and soap at school and 68.8% of them have difficulty getting hand sanitizer in school. Uncomfortable to wear a mask, disappointed by friends for wearing a facemask, difficulty to keep physical distance and avoiding the cultural handshaking, and hugging relatives or friends were barriers to following the preventive measures against COVID-19 infection (Table 6).

Table 6: Perceived barriers to performing COVID-19 self-Protective practice among secondary school students, Jimma town, June 2021

Items	Yes (agree)		No (Disagree/no sure)	
<b>Perceived barriers</b>				
It is difficult to find water and soap at school	306	53.1	270	46.9
Wearing a facemask is unnecessary	79	13.7	497	86.3
It is difficult to get hand sanitizer in school.	396	68.8	180	31.3
I don't know how to wear a face mask	53	9.2	519	90.1
Wearing a face mask makes me look unattractive	97	16.8	479	83.2
Facemask is uncomfortable to wear, and cause suffocations	229	39.8	347	60.2
My family cannot afford to provide me with facemask regularly	64	11.1	512	88.9
I cannot stop shaking hands because my relationships with people become affected	106	18.4	470	81.6
I cannot keep physical distancing because my school is crowded	179	31.1	394	68.4
I would feel disappointed by my friends for wearing a facemask	240	41.7	336	58.3
There is no anyone motivate me to wear a facemask	80	13.9	496	86.1
There is no anyone motivates me to wash my hands regularly.	89	15.5	487	84.5
There is no anyone motivate me to keep physical distance	105	18.2	471	81.8
<b>Perceived benefits</b>				
I believe that hand washing is helpful for me to prevent myself from COVID-19	465	80.7	111	19.3
I believe that social distancing is helpful for me to prevent myself from COVID-19	479	83.2	97	16.8
I believe facemask prevents me from getting COVID-19 infections	470	81.6	106	18.4
When I use a facemask, I feel a sense of responsibility to protect my families and communities	465	80.7	111	19.3
Facemask use is helpful to protect others from the virus	503	87.3	73	12.7
I believe that avoiding overcrowding places is helpful for me to prevent myself from COVID-19	445	77.3	131	22.7
I believe that stopping shaking people's hands is helpful for me to prevent myself from COVID-19	444	77.1	132	22.9
I trust the messages my government provides about the pandemic	399	69.3	177	30.7
I believe that washing my hands after coughing or sneezing, or doing something is helpful to cure myself and my family.	471	81.8	105	18.2

### Self-efficacy of the participants about COVID-19 self-Protective practice

Table 7 displays the frequency of various self-efficiency of the participants. Nearly half (51.2%) of the participants had high confidence to washing hands frequently with soap and water or using alcohol-based hand rub kills the virus that causes COVID-19. Approximately 59.9% of participants had high confidence in maintaining social distancing to prevent infection with coronavirus. Half (49.8%) of the participants had high confidence in avoiding touching eyes, nose, and mouth to prevent infection with coronavirus. Further, 50.2% of the respondents had the confidence to cover their cough/sneezing using the bend of their elbow or a tissue to prevent the spread of coronavirus. One-third (33.2%) of the participants had high confidence to maintain at least a 1meter distance between themselves and another student to prevent infection with coronavirus. 54.9% of them had high confidence that you can always use a face mask while going to school (Table 7).

Table 7 Self-efficiency of the participants about COVID-19 self-Protective practice among secondary school students, Jimma town, June 2021

Self-efficiency		Low		moderate		High	
1	How much you are confident in washing hands frequently with soap and water or using alcohol-based hand rub kills the virus that causes COVID-19	56	9.7	225	39.1	295	51.2
2	How much you are confident that maintaining social distancing can prevent infection with coronavirus?	34	5.9	197	34.2	345	59.9
3	How much you are confident in avoiding touching eyes, nose, and mouth to prevent infection with coronavirus?	53	9.2	236	41.0	287	49.8
4	How much you are confident in covering your cough/sneezing using the bend of your elbow or a tissue to prevent the spread of coronavirus?	27	4.7	260	45.1	289	50.2
5	How much you are confident to seek for fever, cough, and difficulty breathing, seeking medical care early help to manage COVID-19?	31	5.4	212	36.8	333	57.8
6	I can maintain at least a 1-meter distance between yourself and another student to prevent infection with coronavirus in school	63	10.9	322	55.9	191	33.2
7	How much you are confident that you can always use facemask while going to school.	58	10.1	202	35.1	316	54.9

### **Cues to actions**

As indicated in table 8, a minority (35.4%) of the students had seen people who get sick from the coronavirus and 29% of the students' relatives or family members have acquired the coronavirus. Almost all of the students' parents remind them how to protect themselves from the coronavirus while they go to school (Table 8).

Table 8: Cues to actions regarding COVID-19, Jimma town, June 2021

Items		<b>Frequency</b>	<b>Percentage</b>
Have you ever seen a person who gets sick from the coronavirus?	No	372	64.6
	Yes	204	35.4
Did any of your relatives or family member acquire the corona virus?	No	409	71.0
	Yes	167	29.0
Do your parents remind you how to protect yourself from the corona virus while you go to school?	No	57	9.9
	Yes	519	90.1

### **Perceived school support to adhere to the COVID-19 preventive measures**

Table 9 displays the frequency of perceived school support to self-Protect COVID-19 among secondary school students. Below one-fourth (17.9%) of the students were always crowded when they enter and leave the school and nearly the first quarters (25.7%) of staff and students can move through common spaces without crowding or physical contact. Approximately, 45% of participants were always minimized physical contact and close, face-to-face interactions and 22% of the students have always had a physical distancing from other students. More than half (53.6%) of the participants were used visual cues (floor markings, posters, etc.) to promote physical distancing (Table 9).

Table 9: Perceived school support to self-Protect COVID-19 among secondary school students, Jimma town, June 2021

Items	Never		sometimes		Always	
1 Students are crowded when they enter and leave the school (reversed)	151	26.2	327	56.8	98	17.0
2 Staff and students can move through common spaces without crowding or physical contact.	103	17.9	325	56.4	148	25.7
3 Physical contact and close, face-to-face interactions are minimized students are spread out as much as possible	51	8.9	266	46.2	259	45.0
4 Physical distancing is practiced by students	145	25.2	304	52.8	127	22.0
5 Visual cues (floor markings, posters, etc.) are in place to promote physical distancing	122	21.2	145	25.2	309	53.6
6 Student gatherings (e.g. events that bring staff and students together outside of regular learning activities) are avoided	140	24.3	168	29.2	268	46.5
7 There is no health school club work on COVID-19 (reversed)	285	49.5	93	16.1	198	34.4
8 Hand cleaning facilities are available and accessible throughout the school and well maintained	122	21.2	245	42.5	209	36.3
9 Signs to remind students to practice regular hand hygiene and good cough etiquette	91	15.8	163	28.3	322	55.9
10 Learning spaces are arranged to maximize the space available and to minimize people directly facing one another	76	13.2	123	21.4	377	65.5
11 My school give attention to the practice of precautionary measures for the COVID-19 pandemic in the school	85	14.8	164	28.5	327	56.8
12 General cleaning and disinfecting is done every day	406	70.5	96	16.7	74	12.8
13 The school's ventilation system is serviced and operating w	489	84.9	46	8.0	41	7.1
14 There are an active daily Health Check for students	210	36.5	170	29.5	196	34.0
15 Parents and students are made aware of their responsibilities in COVID prevention	95	16.5	149	25.9	332	57.6
16 Students are reminded to stay home when they are sick	150	26.0	290	50.3	136	23.6
17 Staff wear masks when conducts classroom and outside classroom	160	27.8	267	46.4	149	25.9
18 Masks are available for those who have forgotten theirs	307	53.3	171	29.7	98	17.0
19 There is educational material at school to guide students practice COVID-19 preventive measures	203	35.2	185	32.1	188	32.6
20 There is health education at school on COVID-19 preventive measures	165	28.6	261	45.3	150	26.0

### Attitude and willingness for COVID-19 vaccine

Table 10 displays the frequency of vaccine attitude about COVID-19 among secondary school students. More than three-fourth (84.5%) of the participants have the willingness to receive the COVID19 vaccine if it is available for them. Nearly three-fourths (76%) of the students'

participants have a plan to get the COVID19 vaccine and 75.2% of the respondent have a trust for the COVID-19 vaccine safety (**Table 10**).

Table 10: Vaccine attitude about COVID-19 self-Protective measure among secondary school students, Jimma town, June 2021

<b>Vaccine attitude</b>		<b>Frequency</b>	<b>Percentage</b>
Are you willing to receive the COVID19 vaccine if it is available to you?	No	89	15.5
	Yes	487	84.5
Do you have a plan to get the COVID19 vaccine?	No	138	24.0
	Yes	438	76.0
Do you trust the COVID19 vaccine is safe?	No	143	24.8
	Yes	433	75.2

### **Substance use practices**

As indicated in Table 11, the majority (96.2%) of the respondents were didn't smoke a cigarette. Only 4.9% of the students were chewing chat and 5% of the students were drinking alcohol (Table 11).

Table 11: Substance use, secondary school students, Jimma town, June 2021

<b>Substance use</b>		<b>Frequency</b>	<b>Percentage</b>
Smoke cigarette	No	554	96.2
	Yes	22	3.8
Chew chat	No	548	95.1
	Yes	28	4.9
Drink alcohol	No	547	95.0
	Yes	29	5.0

### **Mean, median, and range of possible values**

After the score was adjusted or standardized to 0-50 for comparisons, the mean and median value for the HBM constructs and other variables are computed and the result is shown in figure 5. Accordingly, the highest mean score was observed for knowledge of transmissions or spread of the coronavirus (46.0) followed by perceived benefits (mean=43.1) of self-protective measures.



However, the lower mean score was recorded perceived barriers, reflecting those students were less perceived the barriers to take recommended actions against COVID-19.

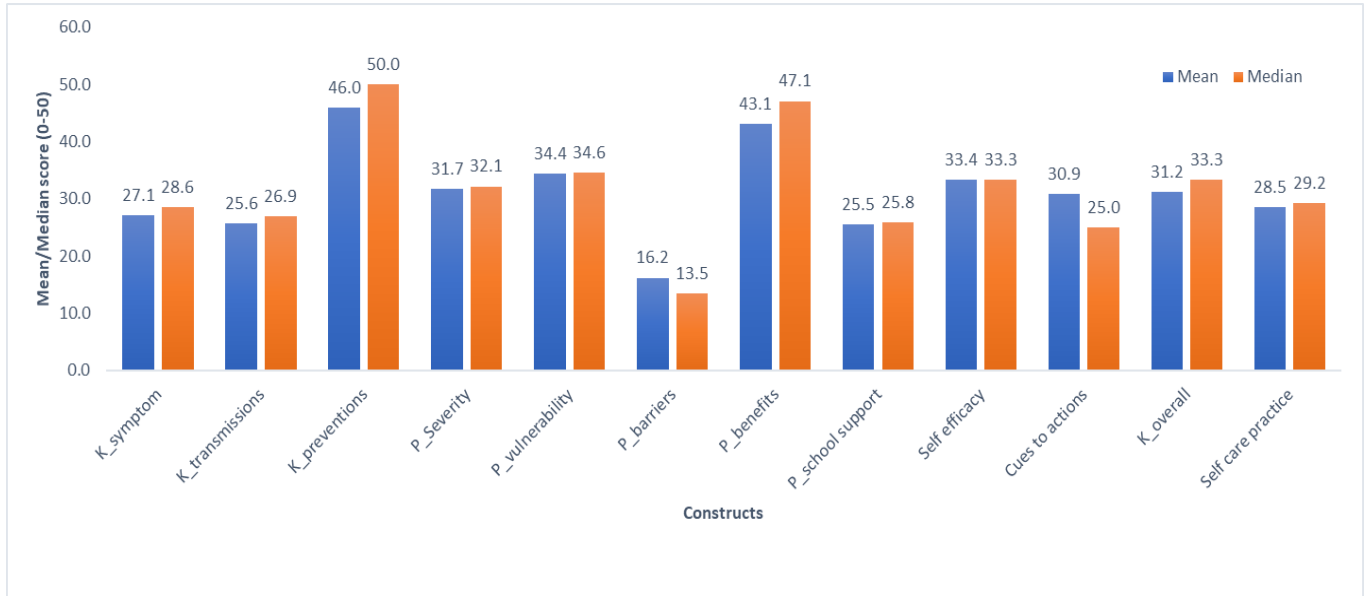


Figure 5. Summary statistics (mean and median) for HBM constructs and related variables, Jimma town, June 2021

### Correlation matrix among constructs of HBM and related variables

The correlation among constructs of HBM and other variables is shown in table 13. Accordingly, except for the source of knowledge, knowledge of mode transmissions of COVID-19, perceived severity, and perceived barriers, all the constructs were significantly correlated to self-protective practices ( $p < 0.05$ ). However, perceived vulnerability and cues to action were negatively related to self-reported protective practices (table 12).

Table 12. Correlation matrix among key study variables, secondary school student, Jimma town, June 2021

Variables	Correlations												
	Source infor	K.Symptoms	K.ransmisions	K_preventions	P.Severity	P.Vulnerability	P.Barriers	P.Benefits	P.school support	Self-efficacy	Cues to action	Overall.K	Practice
Source infor													
K.Symptoms	0.342**												
K.ransmisions	0.176**	0.401**											
K_preventions	0.240**	0.402**	0.498**										
P.Severity	0.073	-	-	-									
P.Vulnerability	-	0.059	0.036	0.001	0.071								
P.Barriers	0.023	0.015	-	-	0.029**	0.160**							
P.Benefits	-	-	-	-	-	-	-						
P.school support	0.067	0.017	0.048	0.094*	0.022	0.012	0.228*						
Self-efficacy	0.173**	0.085*	0.219**	0.289**	0.107*	0.041	-	0.201**					
Cues to action	-	-	0.087	-	-	0.028	-	0.045	0.402**	0.185**			
Overall.K	0.099*	0.059	*	0.032	0.051	0.028	-	0.110**	0.095 <sup>c</sup>	-	-		
Practice	0.073	0.086*	0.064	0.092*	0.113**	-	-	0.077	-	0.006	0.042		
	0.130**	0.129**	0.141**	0.184**	-	0.055	-	0.077	-	0.006	0.042	0.184**	
	0.299**	0.719**	0.886**	0.731**	0.085*	0.055	-	0.245**	0.021	0.096*	0.184**	0.095*	
	0.052	0.085*	0.049	0.123**	-	-	-	0.280**	0.160**	0.343**	-	0.060	0.095*
					0.040	0.184**	0.081						

\*\* . Correlation is significant at the 0.01 level (2-tailed).  
\* . Correlation is significant at the 0.05 level (2-tailed).

### Factors associated with the Adherence to COVID-19 self-Protective Practice among Secondary School Students

To identify factors associated with COVID-19 self-protective practice among secondary school students, a simple linear regression was done for each variable to identify potential predictor variables in multiple linear regression (Table 13). Of these variables which were examined individually, only nineteen variables were significantly associated with self-care practices ( $p < 0.05$ ) and were taken to multiple linear regression analysis.

Table 13: Bivariate analysis of factors associated with COVID-19 self-care behaviors among secondary school students, Jimma town

Variables	B	P-value	95% CI	
			Lower Bound	Upper Bound
Respondents' background				
Age of respondents	-.619	.000	-.924	-.315
Grade	-.337	.087	-.723	.049
Sex (M/F)	.986	.023	.139	1.834
Religion of respondents				
Orthodox	1.638	.000	.776	2.500
Muslim	-1.398	.002	-2.276	-.521
Others	-.358	.476	-1.345	.629
Marital status				
Single	.298	.733	-1.416	2.012
Others	-.298	.733	-2.012	1.416
Parents' background				
Mother occupation				
Housewife	.354	.419	-.506	1.214
Farmer	-3.153	.000	-4.643	-1.664
Government employ	.196	.711	-.842	1.234
Private	.662	.192	-.334	1.657
Others	.311	.798	-2.072	2.693
Father occupations				
Government employ	-.293	.522	-1.193	.607
Private	.930	.033	.073	1.786
Daily worker	1.541	.173	-.676	3.758
Farmer	-1.569	.020	-2.890	-.248
Others	-.784	.327	-2.353	.785
Mother education				
No formal education	-2.804	.000	-3.976	-1.633
Primary	-1.008	.046	-1.999	-.016
Junior secondary	.929	.082	-.119	1.978

Secondary education	1.577	.004	.517	2.638
University degree	.474	.425	-.692	1.640
Others	1.675	.102	-.333	3.684
Father education				
No formal education	-2.362	.001	-3.797	-.926
Primary	-.008	.990	-1.190	1.175
Junior secondary	.462	.441	-.715	1.638
Secondary education	.073	.885	-.921	1.068
Technical and vocational	.880	.106	-.189	1.949
Others	-.057	.924	-1.218	1.105
Knowledge dimension				
Source of information	.180	.211	-.102	.462
Knowledge of symptom of COVID-19	.294	.042	.011	.577
Knowledge of transmissions of COVID-19	.103	.242	-.070	.277
Knowledge of prevention of COVID-19	.540	.003	.184	.896
Overall knowledge	.120	.022	.018	.223
Perceptions				
Perceived severity	-.106	.332	-.320	.108
Perceived vulnerability	-.391	.000	-.562	-.219
Perceived barriers	-.081	.053	-.163	.001
Perceived Benefits	.493	.000	.354	.632
Perceived school support	.148	.000	.073	.222
Self-efficacy	.661	.000	.513	.809
Cues to actions	-.338	.147	-.796	.120
Substance use				
Cigarette use	-.916	.418	-3.136	1.303
Chat use	-.135	.894	-2.114	1.844
Alcohol use	-1.427	.150	-3.369	.516

### Predictors of COVID-19 self-care behaviors: adjusted analysis

In the final model, only perceived vulnerability, perceived benefits, perceived school support, self-efficacy, mother education (no formal education) and mother education (Primary education) remained significant predictors of adherence to COVID-19 self-protective practices at a 95% confidence level and p- the value of 0.05. Accordingly, the perceived vulnerability was negatively associated with self-protective practices: a unit increase in perceived vulnerability score would decrease adherence to self-protective practices by an average of 0.339 (p=0.000, 95%CI: -0.503-0.176). However, perceived benefits, perceived school support, and perceived self-efficacy were positively associated with self-care practices; a unit increase perceived benefits, perceived school support, and self-efficacy would increase adherence to self-protective practice by an average of 0.348 (p=0.000, 95%CI: 0.187 - 0.509), 0.080 (p=0.036, 95%CI: 0.005-0.155), and 0.360 (p=0.000, 95%CI: 0.191-0.529), respectively. Figure 6 displays the local polynomial smoothing to visualize the relationship between dependent and independent variables, which indicates a clear positive and negative (perceived vulnerability) relationship.

Table 14: Predictors of adherence to COVID-19 self-protective behaviors among secondary school students, Jimma town Jimma, June 2021.

Variables	Crude				Adjusted			
	B	P-value	95.0%CI		B	P-value	95.0%CI	
			Lower	Upper			Lower	Upper
1. Knowledge of symptoms	0.294	0.042	0.011	0.577	0.383	0.058	-0.014	0.780
2. Knowledge of prevention and safety practices	0.540	0.003	0.184	0.826	0.180	0.493	-0.336	0.696
3. Perceived vulnerability	-0.391	0.000	0.562	-0.219	-0.339	0.000	-0.503	-0.176
4. Perceived barriers	-0.081	0.050	-0.163	0.001	0.040	0.317	-0.039	0.120
5. Perceived benefits	0.493	0.000	0.354	0.632	0.348	0.000	0.187	0.509
6. Perceived school support	0.184	0.000	0.073	0.222	0.080	0.036	0.005	0.155
7. Self-efficacy	0.661	0.000	0.513	0.809	0.360	0.000	0.191	0.529
8. Overall knowledge	0.120	0.022	0.018	0.223	-0.147	0.133	-0.339	0.045
9. Age in completed years	-0.619	0.000	-0.924	-0.315	-0.311	0.053	-0.627	0.005
10. Sex	0.986	0.023	0.139	1.834	0.610	0.146	-0.214	1.435
11. Religion (Orthodox)	1.638	0.000	0.776	2.500	0.326	0.529	-0.692	1.345
12. Religion (Muslim)	-1.398	0.002	-2.276	-0.521	-0.219	0.684	-1.273	0.835
13. Mother occupation(farmer)	-	0.000	-4.643	-1.664	-	0.260	-2.730	0.739

14. Father occupation (private job)	3.153	0.930	0.033	0.073	1.756	0.995	0.316	0.471	-0.544	1.176
15. Father occupation (farmer)	-	1.569	0.020	2.890	-0.248	1.343	0.080	-0.160	-	2.847
16. Mother education (No formal education)	-	2.804	0.000	-3.976	-1.633	-	0.000	-4.015	-	1.267
17. Mother education (Primary education)	-	1.008	0.046	-1.999	-0.016	-	0.032	-2.206	-	0.098
18. Mother education (Secondary education)	1.577	0.004	0.517	2.638	-	0.162	0.771	-1.255	0.931	-
19. Father education (No formal education)	-	2.362	0.001	-3.797	-0.926	-	0.548	-1.903	1.011	0.446

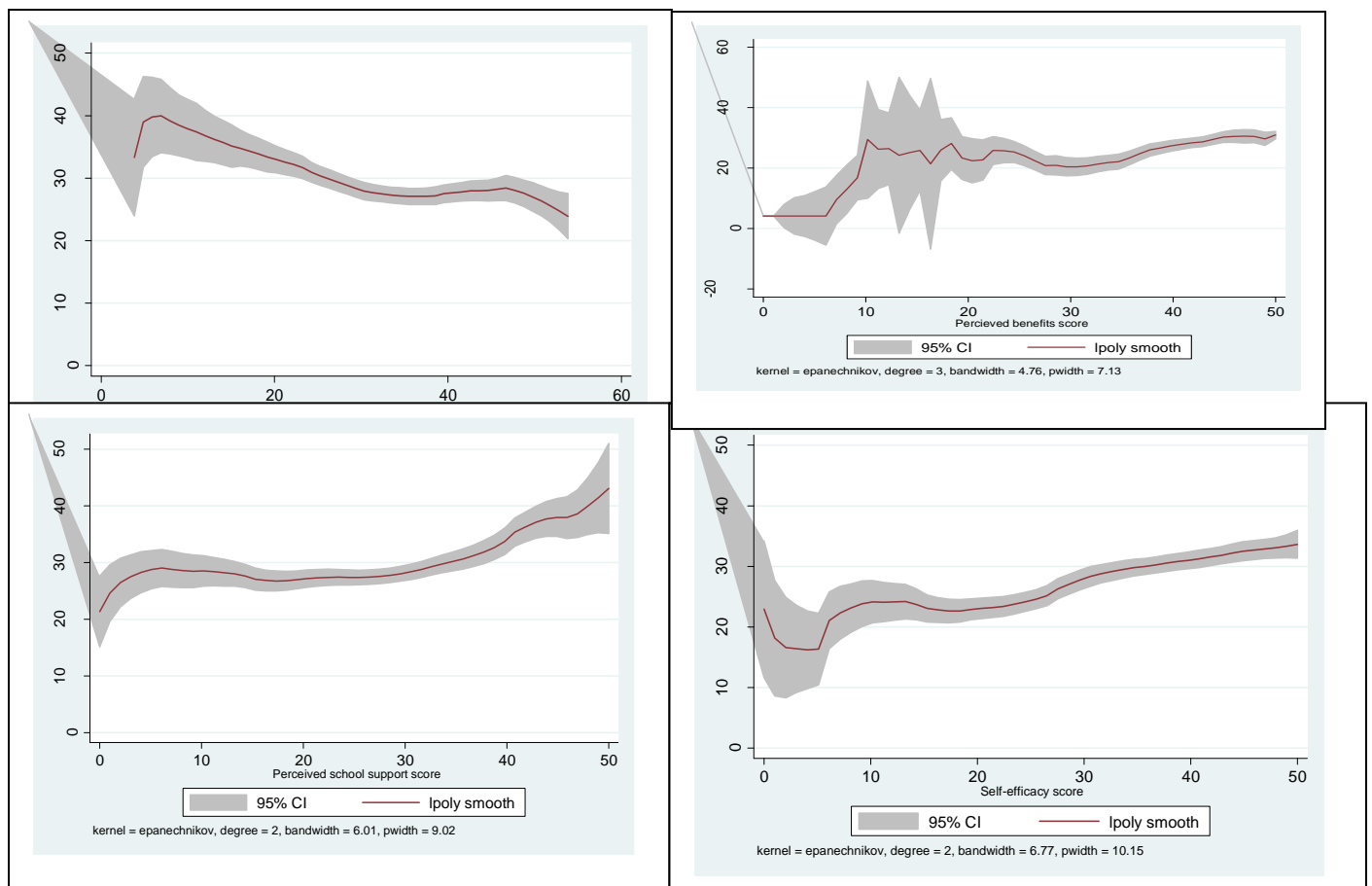


Figure 6: Local polynomial smoothing to visualize the relationship between the dependent and independent variable, Jimma, 2021. The graphs (except for perceived vulnerability) indicate that increased self-efficacy, perceived school support, and perceived benefits were positively associated with increased self-protective practices.

## **CHAPTER SIX: DISCUSSION**

Understanding school students' perceptions and awareness of the COVID-19 and adherence to its preventive measures are crucial steps towards planning and conducting effective risk communication and school community engagement in establishing a safe school environment about COVID-19 [12,15,45]. This study assessed adherence to COVID-19 self-protective practice and associated factors among secondary school students in Jimma town.

To this end, all study participants were familiar with COVID-19 suggesting that awareness of the outbreak of COVID-19 was quite high among school students. Accurate understanding and recognition of the classical signs and symptoms of the COVID-19 are crucial for motivating the students to adopt appropriate self-care practices and adherence to recommended measures [5, 7,15,45]. In this study, it seemed that knowledge of symptoms of COVID-19 was very high among the secondary school students-especially fever, dry cough, experiencing difficulty breathing and sore throat was well-recognized by the study participants which is consistent with reports elsewhere [1-7]. Indeed, previous studies were conducted in the general public and they might not represent school students. This high recognitions of the symptom of the COVID-19 illness has great implication to promoting self-protective behavior and care seeking behavior because COVID-19 risk communication and behavioral change programs can easily build on it. Moreover, the current knowledge of symptoms of COVID-19 was found to be higher when compared to some studies in Ethiopia which could be due to the differences in the study periods and they are also difference in the study populations [23]. A study in China and Tanzania also reported similar findings of people's ability to recognize COVID-19 by its main symptoms [46-48]. In relation to sources of information about COVID-19, electronic media, especially Television, was the major sources of information followed by social media. This could have an important implications and significance regarding the choice of most accessible media to reach young people. Thus, risk communication and behavioral changes efforts should maximize the use of Television and social to disseminate messages and inform the public. On the other hand, the fact friends and school teachers did not contribute much to the sources of information about COVID-19 efforts should be made to engage school teachers and peers as source of information and messengers.

Evidence has already documented that the COVID-19 virus spread from infected person to non-infected person mainly via respiratory droplets and contacts with contaminated surfaces (3,9–11). Consistent with these facts, the present study indicated that knowledge of the route of transmissions of the virus was universal among school students as 95.8% and 90.3% correctly identified that the COVID-19 virus spread by respiratory droplets and direct contact with contaminated hand surfaces, respectively. The present finding is higher than the knowledge of the participants in other countries [49]. Interestingly, 60.8% of respondents reported COVID-19 virus could be spread by air-borne aerosols which are still higher than the study done in Malaysia in which only 41.2% of the study participants knew that the COVID-19 virus is air-borne [49]. This suggests that school-based COVID-19 education requires addressing the common mode of transmission of the virus.

This study also documented that knowledge of risk factors increasing exposure to corona virus is also high. For instance, knowledge of handshaking, attending crowded areas, kissing or greetings and touching hands eyes without having cleaned their hands first as a risk for COVID-19 infections was quite high among the respondents. However, there were gaps in knowledge of risk factors such as poor ventilations, sharing tables/chairs with other students, exchange or sharing educational materials such as pens, pencils, and books. Thus, school-based COVID-19 should consider integrating specific messages on risk factors for acquiring COVID-19 including the possibility of getting it through exchanging materials such as school materials. The COVID-19 virus can be transmitted from asymptomatic people as well [5,7,15]. In support of this evidence, the majority (87.5%) of the study population also mentioned that persons infected with COVID-19, but have no symptoms can transmit the virus to others. This is higher knowledge than the study done in China and Malaysia [46,49] which may be due to the current population being students.

Regarding knowledge of COVID-19 protective and safety measures, generally, the respondents were well aware of self-protective measures currently recommended by the WHO. More specifically, avoiding touching eyes, nose, and mouth before washing hands, using a facemask, not shaking hands, washing hands frequently with soap and water, keeping a physical distance of



at least 1 meter, and cleaning hands using alcohol-based hand rub was above ninety percent, indicating the secondary students had good knowledge of COVID-19 protective strategies. In fact, overall knowledge (mean =31.2, possible value 0-50) was not satisfactory. Indeed, one study in Ethiopia reported a lower level of overall knowledge on COVID-19 [23].

The present study also assessed respondents' perceptions based on the construct of the health belief model, namely perceived vulnerability, severity, barriers, benefits, and self-efficacy. According to the health model, for an individual to actively perform the behavior, one should hold a belief that he/she is vulnerable to the disease; and the disease is severe (serious); the belief that perceived benefits of taking recommended actions are effective and helpful to avert the situation (threat) and barriers to taking actions is low [42,43]. In the current study, overall perceptions of vulnerability to COVID-19 infections (mean=34.4) and perceptions of severity (mean=31.7) seem not optimal to activate perceptions of threat that can motivate respondents for actions. This might be reflecting that those young people did not have a strong belief that COVID-19 is relevant and consequential to them. Some early studies in Ethiopia also reflected those perceptions of threat (vulnerability and severity) to COVID-19 were low [50,51]. Most (90.6%) of the respondents believe that COVID-19 infection is a severe disease and 93.2% of them believed that COVID-19 is a dangerous disease. More than two-thirds (71.9%) of them believe that COVID-19 is an extremely harmful disease to their family. A study comparing Hong Kong and the United Kingdom reported that those who perceived disease severity as "high were more likely to adopt COVID-19 infection as a severe disease [52].

However, it is important to realize that risk perception is a complex process greatly influenced by many factors including such as individuals' beliefs and perceptions, wider socio-cultural system, environmental and political conditions, geographic locations, contextual factors, and individual daily experiences [53-56]. However, perceptions of benefits were relatively high (mean=43.1) which indicates that those school children were correctly appreciated or recognized the effectiveness of COVID-19 preventive measures. Interestingly, perceived barriers against implementing the protective measures were low (mean=16.2). This implies that school students think that using COVID-19 health behaviors is not hard to them. This could be an opportunity to

for risk communications to promote the preventive measures. However, in relation to this self-efficacy, the personal confidence to take the recommended actions looks not optimal (mean=33.4).

From a practical point of view, school-related public health measures to prevent and minimize calls for addressing the conditions and risk factors that could contribute to the transmission of COVID-19 in school settings and families. This requires ensuring access to preventive resources, and educational aids, and continuous education, and monitoring the adherence to school COVID-19 protocol, and generally the school should be supportive to students. In this study, we found that perceived school support was not optimal as perceived by the students (mean =25.5, maximum 50). This shows a huge gap in terms of ensuring access to adequate resources needed for COVID-19 preventions such as water, educational reminder, visual aids, and ensuring classroom facilities so that it could be COVID-19 sensitive.

Concerning the practice of self-care exercise, strict adherence to preventive packages was non-existent among the study population as the proportions of respondents who properly exercised appropriate self-care practice was below 60% in many cases. For instance, critical preventive measures such as the use of facemasks in the classroom were extremely low; about 70% of the respondent said that they never use facemasks while they are in the classroom. Other measures such as seating alone (one person per chair), maintaining physical distancing, handwashing practices were quite low. Overall (mean=33.7, max 50), the user adoption of COVID-19 safety and preventive practices among secondary school students was not satisfactory. This may contribute to the transmission of the virus among school communities and spread to families and larger community members. These might suggest that the school did not pay adequate attention to ensure COVID-19 school safety protocol or those young people might be reluctant to use preventive measures. The finding is inconsistent with the expectation that enforcement of school COVID-19 protocol is in place. Those young people should practice possible preventive strategies to protect themselves and others from infection by washing hands or using an alcohol-based rub frequently and not touching the face, practicing physical distancing where possible, and self - isolate if they start to show symptoms such as fever, tiredness, dry cough, shortness of breath, sore throat, and body aches [1-7]. The school program and COVID-19 task forces should

seriously promote appropriate self-protective behaviors among school students to combat the pandemic.

In principle, knowledge about coronavirus disease (COVID-19), symptoms of the disease, methods of prevention, the transmission of COVID-19 infection will increase prevention practice of individuals and they might be implementing the key messages of the guideline such as wearing a facemask, proper handwashing practices [5,7,15]. Inconsistent with this reality, the present study did not find significant associations between knowledge of the diseases and self-protective behaviors. This confirms the notion that knowledge is not a sufficient condition for behavioral change [42]. This calls for the need to go beyond information dissemination and build a knowledge base to influence and address other factors that could affect the adherence to self-protective measures. However, the study found that perceived benefits, self-efficacy, and perceived school support were positively significantly associated with the adherence to COVID-19 self-Protective practice among secondary School Students in Jimma town. This suggests that strengthening COVID-19 education to enhance perceptions of benefits, build higher self-efficacy along with establishing a safe and supportive school environment is crucial to promote self-protective behaviors among school students. Study participants who reported better school support to protect themselves from COVID-19 had higher better self-reported prevention practices as compared to their counterparts. This is an important finding and implications for policy and practices, calling for the need to strengthen access to facilities, services, and COVID-19 support infrastructure in the school. However, inconsistent with the health belief assumptions perceptions of vulnerability were negatively associated with self-care practices which may be due to defense motivations by those young people. This issue needs further research to investigate why and how the higher perceived vulnerability was associated with decreased self-care practices.

Unexpectedly, respondents' mother education level was negatively associated with decreased self-care practices among corresponding students. This is against the general expectation that better-educated families could teach about their health behaviors including how to prevent COVID-19. This issue also needs greater attention and research on how parents influence and shape COVID-19 behaviors among school students. This might be because educational

attainment is often used as a proxy measure of socioeconomic status. And mothers who have higher educational levels have a better understanding of COVID-19 protective methods and they might be teaching their students about protective measures of COVID-19.

### **STRENGTHS AND LIMITATIONS OF THE STUDY**

**Strength:** This study assessed secondary school students' perceptions and adherence to COVID-19 self-protective behaviors based on a theoretical framework (health belief model) and additional constructs such as school support dimensions. This study can contribute to build up the growing body of evidence around COVID-19 self-protective practices among high school students in Ethiopia. Which contributes its own impute for policymakers as well as for other researchers on the controlling of the distribution of this pandemic.

**Limitation:** The study did not include qualitative methods and other techniques such as observation and future studies may consider a qualitative approach triangulated with the observation of school environments to assess the degree of school supports about COVID-19 prevention and safety protocol. In addition, school-based studies are lacking for meaningful comparisons of the findings from the present study.

## **CHAPTER SEVEN: CONCLUSION AND RECOMMENDATION**

### **7.1. CONCLUSIONS**

In this study, despite knowledge of the disease (COVID-19), transmissions and preventive measures were quite high, the level of adherence to a comprehensive package of self-protective behaviors was unsatisfactory as the mean value for overall self-care practices was not that high. Likewise, perceptions of vulnerability and severity towards the disease (COVID-19) were also not optimally high among the study population. Perceptions of benefits of recommended COVID-19 protective measures were widespread and perceptions of barriers to taking actions were not perceived to be high. Other factors such as self-efficacy, and perceived school were not universal. Of the variables included in the current study, only perceptions of vulnerability perceived benefits, self-efficacy, and perceived school support were significantly associated with COVID-19 self-protective practice. On the other hand, maternal education is significantly associated with decreased self-protective practices among the respondents which is calling for the need to segment school students according to parental background factors for effective health education.

### **6.2 RECOMMENDATION**

Based upon the findings the following recommendations are made:

- ✓ The COVID-19 task force at the different levels, especially school, education sector, Jimma town, and Jimma zone should work towards increasing access to resources, facilities and necessary supports to needed for self-care practices. This includes distributing educational materials in school, enforcing school COVID-19 safety protocol, encouraging, motivating, and reminding students to adhere to recommend safety measures while in school and outside school.
- ✓ As perceptions of threat, and self-efficacy was positively contributed to better self-care practices, COVID-19 risk communication activities via different channels such as school clubs, social media, and mass media required to include optimal fear-arousal messages along with self-efficacy building messages.
- ✓ The COVID-19 response by the concerned body (task force, school, and health office) should also target parents in risk communication activities to encourage them to educate and remind their school-going children about COVID-19 and how to protect themselves.

- ✓ Local health officials should consider baseline levels of perception and knowledge in the populations as well as ongoing sensitization to maintain self-protective practices among school children and parents as well
- ✓ Schools should seize every opportunity to remind their students of handwashing; covering noses, and mouths, especially when sneezing and coughing. Thus, school teachers and the COVID-19 teams should provide tailored education and information for their students and parents as well
- ✓ Further studies, especially qualitative investigations are needed to explore some of the factors that could influence the level of adherence to self-protective behaviors, and salient determinant factors

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**APPENDIX A**  
**Research Questionnaires for Secondary School Students**  
**JIMMA UNIVERSITY**  
**Faulty of Public Heath**  
**MSc Program of Department of Health, Behavior & Society**

**Dear Respondents:**

The purpose of this study is to investigate on “**Adherence to Covid-19 Self-Protective And Safety Measures Among Secondary School Students In Jimma Town**” This study is conducted and will be used only for the intended purpose as authorized by the Jimma University. Thus, your ideas and comments are highly honored and kept confidential.

Your response is highly valuable to the study. Hence, I humbly request you to fill the questionnaire carefully and to the best of your knowledge in all regard. You should choose the answer you think is correct according to your understanding. The quality and quantity of information you provide determines the ultimate reliability of the study. The study is reviewed and approved by Jimma University, faculty of public health.

Thank you in advance for your cooperation and prompt response!

For more information, contact as with the below contact addresses:

Genzebie Tesfaye

Cell phone: 0917807776

E-mail: genzebetesfaye6@gmail.com

Please indicate your agreement and consent to participate in study by signing here  
 date \_\_\_\_\_

**Part I. Socio demographic characteristics**

QID	Question	Response
1.	Write name of your school?	_____
2.	Type of school?	A. Public B. Private
3.	What is your grade level?	_____
4.	What is your age in completed years?	_____
5.	Sex:	A. Male B. Female
6.	What is your religion?	A. Orthodox B. Muslim C. Protestant D. Catholic E. Others (specify) _____
7.	Your current marital Status	A. Single B. Married C. Divorced
8.	What is your MOTHER's main occupation?	A. Government employee B. Private employee C. Daily laborer D. Farmer E. Other _____
9.	What is your FATHER's main occupation?	A. Government employee B. Private employee C. Daily laborer D. Farmer E. Other _____ F. Not alive
10.	What is highest education level your MOTRHER's attended?	A. Not attended formal school B. Primary (1-6) C. Junior secondary (7-8) D. High school (9-12) E. Technical vocational/diploma F. University degree and above G. Not alive
11.	What is highest education level your FATHER's attended?	A. Not attended formal school B. Primary (1-6) C. Junior secondary (7-8) D. High school (9-12) E. Technical vocational/diploma F. University degree and above G. Not alive
12.	Do you have History of chronic illness?	A. Yes B. No C. I don't know

**Part II: COVID-19 awareness and knowledge**

QID	Question	Response
1.	What is your main source of Information about COVID-19 disease?	A. Television B. Teachers C. Parents D. Written educational materials such as poster in schools E. Radio F. Friends/peers G. Internet-official websites H. Internet-social media (Face book, twitter, YouTube etc) I. Health workers
2.	What are the main clinical symptoms of COVID-19? (Many response is possible)	A. Fever B. Fatigue C. Dry cough D. Muscle pain E. Sore throat F. Diarrhea G. Difficulty breathing H. Body weakness I. Other
3.	Young people like you are not at high risk of getting COVID-19	A. True      B. False      C. I don't know
4.	How Corona virus spreads from infected person to uninfected person? (multiple responses is possible)	A. Through respiratory droplets when cough, sneeze, speak, sing or breathe he B. Direct contact with contaminated hands, fomite, surfaces, etc) C. Transmit by air (airborne) D. Transmit if there is a close contact between people E. I don't know F. Other (specify) _____
5.	G. Which of the followings conditions are possible route for the transmission of the corona virus?	1. Crowded area 2. inadequately ventilated spaces 3. Hand shaking 4. Kissing for greetings 5. Exchange or sharing educational materials such as pen, pencil, books etc 6. Sharing food or drinking 7. Sharing tables/chairs with other students 8. Sharing toilet 9. Touching our eyes without having cleaned their hands first 10. Touching our nose without having cleaned their hands first 11. Touching mouths without having cleaned their hands first.
6.	Persons infected with COVID-19, but has no symptoms cannot transmit the virus to others	A. Yes B. No C. Don't know
7.	How one can protect themselves from the COVID-19? (Select all that applies)	A. Use facemask B. Not shaking hands C. Avoiding touching eyes, nose and mouth before washing hands D. Keeping physical distance of at least 2 meter E. Washing hands frequently with soap and water F. Cleaning hands using alcohol-based hand rub G. Avoid going to crowded places such as bus stations, market, religious places, sports

### Part III: Perceptions on COVID-19 vulnerability and severity

For following questions, please indicate (tick) your personal opinion using as “YES” , NO or NOT SURE	Indicate your level of agreement by making “X” under category		
	Yes	No	Not sure
1. Do you believe that COVID-19 infection is severe disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you think that COVID-19 is a dangerous disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. No matter what I do, I’m likely to get COVID at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you think getting COVID-19 infection is a serious disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you believe that COVID-19 has serious consequences on your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. In many aspects, I am less likely to acquire COVID-19 at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I believe that COVID-19 has serious consequences on my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you believe that COVID-19 is extremely harmful disease to your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I think that there is no COVID-19 disease.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you think that COVID-19 is severe disease for young people like you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I don’t have friends or family who are vulnerable to the virus.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Do think you will get COVID-19 infection at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you think you are at risk for getting COVID-19 because you are a school going student?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you think it is possible that you will get COVID-19 infection while at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you think it is less likely to acquire COVID-19 as you are a young?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. High school students are so young and can’t get COVID-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I think only old people are susceptible to COVID-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I think you will be infected if there is infected student in the same class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I afraid COVID-19 because people may discriminate me if I gets it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I don’t care about this disease and I attend my school activities like before	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I feel disturbed when I think about coronavirus disease.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I believe that COVID-19 is extremely harmful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I think that COVID-19 is severe disease for young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. COVID-19 has serious impact on my school performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Part IV: Self-protective practices

During the last 7 days of your school, how often did you usually have practiced the following practices to protect yourself from the corona virus infections	Indicate your level of agreement by making “X” under category		
	Always	Sometim es	Never
1. Not touch your face, eyes, nose and mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Shared cups, eating utensils, food or drinks with others students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Maintained physical distancing of at least 1meter while in classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Maintained physical distancing of at least 2 meter while in outside classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Used facemasks in transportation such as school buses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Used public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. avoided going to crowded places in schools such as sports, student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



gatherings			
8. Used face masks in classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. avoided touching eyes, nose and mouth before I washed my hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. wash your hands frequently with soap and water or using alcohol-based hand rub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. avoided shaking hands for greetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Seat alone on one seat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Staying at home when you was sick or had a common cold or flue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Covered your cough using the bend of your elbow or a tissue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Carefully disposing tissue disposable items in closed bin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Share what you learn about preventing COVID-19 with your family and friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Received education in the school about prevention of COVID-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part V: Self-efficacy**

For the following questions, please indicate your level confidence	High	Moderate	Low
1. How much you are confident to washing hands frequently with soap and water or using alcohol-based hand rub kills the virus that causes COVID-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How much you are confident maintaining social distancing can prevent infection with coronavirus ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How much you are confident avoiding touching eyes, nose and mouth prevent infection with coronavirus ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How much you are confident to Covering your cough/sneezing using the bend of your elbow or a tissue prevent spread of coronavirus ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How much you are confident to for fever, cough and difficulty breathing, seeking medical care early help to manage COVID-19 ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. How much you are confident to you have the resource (water, soap) to wash your hands frequently with water and soap to prevent myself from COVID-19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I can maintain at least 2 meter distance between myself and anyone to prevent infection with coronavirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. How much you are confident that you can always use facemask while going to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part VI: Perceived barriers to the practice of preventive measures for COVID-19 at school**

	To what extent the following factor affected your ability to protect yourself from COVID-19 infection at your school	Yes	Not sure	No
1.	It is difficult to find water and soap at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	No mask is distributed at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Wearing facemask is unnecessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	It is difficult get hand sanitizer in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	I don't know how to wear a face mask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Wearing a face mask makes me look unattractive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Facemask is uncomfortable to wear, cause suffocations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	My family cannot afford to provide me facemask regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	I cannot stop shaking hands because my relationships with people become affected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	I cannot keep physical distancing because my school is crowded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	I would feel disappointed by my friends for hand hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	I would feel disappointed by my friends for wearing facemask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	There is no anyone motivate me to wear a facemask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	There is no anyone motivate me to wash my hands regularly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	There is no anyone motivate me to keep physical distance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part VII: Perceived school support and safety**

In your school ....	Always	Sometimes	Never
1. students are not crowded when they enter and leave the school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Staff and students can move through common spaces without crowding or physical contact.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Physical contact and close, face-to-face interactions are minimized .Students are spread out as much as possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. There is 2 meters of space available between students from different learning groups when together for extended periods of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Physical distancing is practiced by students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Visual cues (floor markings, posters, etc.) are in place to promote physical distancing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Face masks are worn in accordance with the Health and Safety Guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Student gatherings (e.g. events that bring staff and students together outside of regular learning activities) are avoided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. There is no health school club work on COVID-19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Hand cleaning facilities available and accessible throughout the school and well maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Signs to remind students to practice regular hand hygiene and good cough etiquette	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Learning spaces are arranged to maximize the space available and to minimize people directly facing one another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. My school give attention to practice of precautionary measures for the COVID-19 pandemic in the school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. General cleaning and disinfecting is done every day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. The school's ventilation system is serviced and operating well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. There are an active Daily Health Check for students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Parents and students are made aware of their responsibilities in COVID prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Students are reminded to stay home when they are sick.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Staff wear masks when conducts classroom and outside classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Masks are available for those who have forgotten theirs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. There is no educational materials at school to disseminate messages related to COVID-19 and preventive measures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. There is no educational material at school to guide students practice COVID-19 preventive measures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. There is no health education at school on COVID-19 preventive measures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part VIII: Perceived benefits of safety measures to prevent COVID-19 infection**

	Items	Agree	Not sure	Disagree
1.	I believe that hand washing is helpful for me to prevent myself from COVID-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	I believe that social distancing is helpful for me to prevent myself from COVID-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	I believe facemask prevents me from getting COVID-19 infections I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	When I use facemask I feel a sense of responsibility to protect my families and communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Facemask use is helpful to protect others from the virus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	I believe that avoiding from overcrowding place is helpful for me to prevent myself from COVID-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	I believe that stop shaking people's hand is helpful for me to prevent myself from COVID-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	I don't trust the messages my government provides about the pandemic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	I believe that washing my hands after coughing or sneezing, or doing something is helpful to cure myself and my families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part XI: Additional questions**

Questions	Responses
1. Are you willing to receive COVID19 vaccine if it is available to you?	1.Yes 0. No
2. Do you have a plan to get COVID19 vaccine?	1.Yes 0. No
3. Do you trust the COVID19 vaccine is safe?	1.Yes 0. No
4. Do you smoke cigarette?	1.Yes 0. No
5. Do you chew chat?	1.Yes 0. No
6. Do you drink alcohol?	1.Yes 0. No
7. Have you ever seen a person who get sick from corona virus ?	1.Yes 0. No
8. Did any of your relative or family member acquired corona virus?	1.Yes 0. No
9. Do your parents remind you how to protect yourself from corona virus while you go to school?	1.Yes 0. No
10. Do you your school enforce use of facemask while you go to school?	1.Yes 0. No
11. Do you your school enforce use of facemask while you are in classroom?	1.Yes 0. No
12. Do you your school enforce use of facemask while you are outside classroom?	1.Yes 0. No

**KUTA 1 AMALOOTAA SAB-UMATAA VAYIRASII KORONAA**

Lakk.	Gaffi	Deebii
1.	Maqaa mana barumsa keessan bareessaa	1.Kana motuma 2.kana dhunfaa
2.	Gosa mana barumsa	
3.	Sadarkaan barumsaa keessan meeqa?	_____
4.	Wagoota darban keessatti umuriin keessaan meeqa?	_____
5.	Saala	1. Dhiira 2. Durba
6.	Amantaan keessan maali?	1. Ortodokssii 3. protestaantti 2. musliima 4. katolika 5. kana bira ibsu
7.	Haali gaa' ilaa amma qabdan	1. Qeenxee 2. kan fuudhe/heerumte 3. diggameera
8.	Hojiin dursaa haadha keetii maali?	1. Hojjetaa mootummaa 2. Hojjetaa dhunfaa 3. hojjetaa humnaa guyyaa guyyaa 4.qote bulaa 5.kana bira__ 6. lubbuun hin jiranu
9.	Hojiin dursaa abbaa keetii maali?	1.Hojjetaa mootummaa 2. Hojjetaa dhunfaa 3. hojjetaa humnaa guyyaa guyyaa 4.kan biroo 5.qote bula 6. lubbuun hin jiranu

10.	Barumsi ol'aanaan haati kee baratte maali?	<ol style="list-style-type: none"> <li>1. barumsa idilee hin baranne</li> <li>2. kutaa 1-6</li> <li>3. sadarkkaa 2ffaa (7-8)</li> <li>4. barumsa ol'aanaa (9-12)</li> <li>5. ogummaa teeknikaa/dipilooma</li> <li>6. digrii yunivarstiifi isaa ol</li> <li>7. lubbuun hin jiran</li> </ol>
11.	Barumsi ol'aanaan abbaan kee barate maali?	<ol style="list-style-type: none"> <li>1. barumsa idilee hin baranne</li> <li>2. kutaa 1-6</li> <li>3. sadarkkaa 2ffaa (7-8)</li> <li>4. barumsa ol'aanaa (9-12)</li> <li>5. ogummaa teeknikaa/dipilooma</li> <li>6. digrii yunivarstiifi isaa ol</li> <li>7. lubbuun hin jiran</li> </ol>
12.	Seenaa dhukubaa isin irra ture qabdu?	<ol style="list-style-type: none"> <li>1. Eeyyee qaba</li> <li>2. lakkii hin qabu</li> <li>3. hin beeku</li> </ol>

## KUTAA 2: BEEKUMSAA FI XIYYEEFFANNOO VAYIRASII KOORANAA

Lak	Gaafii	Deebii
1.	Wayee dhukuba koronaa vayi rasii ilaalchisee odeeffanoon kee san maali ?	<ol style="list-style-type: none"> <li>1) Teleeviziina</li> <li>2) Barsiistota</li> <li>3) Maatiwwan</li> <li>4) Meeshaalee barumsaa akka poostaraa barreeffaman</li> <li>5) Raadiyoonii</li> <li>6) Hiri'oota</li> <li>7) Midiyaalee hawaasummaa</li> <li>8) Midiyaalee hawaasummaa(feesbuukii' tiyutarii,yutubi fikkf)</li> <li>9) Hojjetoota Fayyaa</li> </ol>
2.	Mallattoleen akka kilinikaatti inni guddaan coovid 19 maali? (deebi baayyeen ni danda'ama)	<ol style="list-style-type: none"> <li>1) guba (oo'ina)</li> <li>2) dadhabbina</li> <li>3) Qufa'uu Gogaa</li> <li>4) dhukkuba Hirree</li> <li>5) dhukkuba qoonqoo</li> <li>6) teechisuu</li> <li>7) Rakkooafuura baasu</li> <li>8) dadhabbina qaamaa</li> <li>9) kan biroo(ibsaa) _____</li> </ol>
3.	Dargagoonni akka keesani C COVID-19n qabamuuf balaa ol'aanaa irra miti	<ol style="list-style-type: none"> <li>1) Dhugaadha</li> <li>2) Soba</li> <li>3) Ani hin beeku</li> </ol>

4.	Dhukubni vayirasii koronaa nama qabame irraa gara nama hin qabamnetti akkamitti darba?(deebi baayyeen ni danda'ama)	1) qufq'aan ;yammuu axxiiffatan; yammuu dubatan;yammuu sirbanu;ykn yammuu afuura baasanu karaa qaama afuuri bahuun 2)Harkoolee 3) qileessan dabarsuu (qileessa irraa dhalateen) 4) walitti dhufeenyi cimaa namoota geddutti yoo jiraate dabarsaa 5) ani hin beeku Kan biroo (Ibsaa) _____
5.	Haala itti dardarban keessaa isaan kamtu dadabarsuuf karaadha ?	1) fullee fuula fayyadamuu 2) harkaan wal tutuquu dhisuu 3) harka dhiqachuun dura ija funyaani fi afaan tuquu hanbbisuu 4) walirra fageenya qaamaa yoo bicate meetira 2 wal irraa fagaachuu 5) harka saamunaaf bishaaniin dedeebi'nii dhiqachuu 6)susukuumu harkaa alkoolii irratti bu'uureeffame fayyadamuun harka qulquleessuu 7) akka atoobisii iddoo bashananaa; gabaa iddoole Am Antaa iddoolee Ispoortii iddoo walcinqe deemu irraa of eeguutu irra jira
6.	Dhukubni vayirasii koronaa nama qabame irraa gara nama hin qabamnetti akkamitti darba?(deebi baayyeen ni danda'ama)	1) Dhugaadha 2) Soba 3) Ani hin beeku
7.	Namni tokko Coovid -19 irraa of eeguf akkamitti of irraa ittisuu danda'u? (kan ilaalatu hunda filadha)	1) fullee fuula fayyadamuu 2) harkaan wal qabuu dhisuu 3) harka dhiqachuun dura ija funyaani fi afaan tuquu hanbbisuu 4) walirra fageenya qaamaa yoo bicate meetira 2 Wal irraa fagaachuu 5) harka saamunaaf bishaaniin dedeebi'nii dhiqachuu 6)susukuumu harkaa alkoolii irratti bu'uureeffame fayyadamuun harka qulquleessuu 7) akka atoobisii iddoo bashananaa; gabaa iddoole am Antaa iddoolee Ispoortii iddoo walcinqe deemu irraa of eeguutu irra jira

**Kutaa 3: Xiyyeeffannoo ifa bahumsaa fi ulfaatina COVID-19 Irra jiran**

Gaafiwwan itti Aananiif mee ‘eeyyee;Lakkii ykn itti amanamummaa irraa hin qabukan jedhuun fayadamuun ilaalcha dhunfaa keesan (mallattoo godha)	Ramaddii jalatti“X” gochuun sadarkaa wal taiinsaa agarsiisaa		
	Eeyyee	Lakkii	Hin beku
1. COVID-19 tiin dhukuba cimaadha jettanii yaadduu?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. dhukuba COVID-19 tiin Sodhachessa jettanii yaadu?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Rakko tokko you mana barumsa keessatti wa’ee dhukuba kana ni cinqene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Dhukkubina kuna baayee cimaa fi nama yaddesu dha ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Dhukkubina kuna baayee cimaa fi nama yaddesu fi rakkoo jirenyaa nati fidaa ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Baratooni gara mana barumsaa deemanu waan ta’aniif balaa COVID-19 tiin qabamuu ifa baheera jettanii ni yaadu?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Dhukkubina kuna baayee cimaa fi nama yaddesa fi rakkoo jirenyaa nati fidaa ?oni gara mana barumsaa deemanu waan ta’aniif balaa COVID-19 tiin qabamuu ifa baheera jettanii ni yaadu?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Mana barumsaatiin ala yammuu taatanitti dhukubaCOVID-19tiin qabamuun kan danda’amu isinitti fakkaata?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Dargaggeessa ta’uu keesan irraan kan ka’e carraan COVID-19tiin qabamuu gadi bu’aadha jettanii ni yaadduu?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Dhukuba korana saxalame hirayaa ykn matii hinqabu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. mana barumsaa keessattii dhukkubaa kanana naqaba ma jete yaadaa			
12 mana barumsa dadebee’a barachun kootiin dhukuba kanana naqabama jite yaadaa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. mana barumsaa keessattii dhukkubaa kanana naqaba jite yadaa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Dargaggeessa ta’uu keesan irraan kan ka’e carraan COVID-19tiin qabamuu gadi bu’aadha jettanii ni yaadduu?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Baratoota sadarka lamaffaa fi dargagootata’uu kessanane qabamuu gadi bu’aadha jettanii ni yaadduu?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Akka yadaa kootiti managodota tu qabama jidhen yaadaa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Dhukubani kuni matiif dhukubaa cimma dha	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Sodaa dhukkubaa kanaa sodadhu ani dhukuba kananaa yooni qabame namani nara fagachusatti	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Wa’ee Dhukkubini kana homa natii hin fakkatu mana barumsa kessattis akkuma durati barada rakoo nati hinfidhnee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Wa’ee Dhukkubini kuna yeroo yaduu baayeen jeqamaa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Dhukkubini kuna baayee namaa hubaa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Akka yadaa kootiti managodota tu qabama jidhen yaadaa	<input type="checkbox"/>	<input type="checkbox"/>	
24 Mana barumsa keessatti rakkoo cimmaa ni fidaa	<input type="checkbox"/>	<input type="checkbox"/>	

**KUTAA 4 : BARUMSOOLEE OF IRRAA ITTISUU**

Mana barumsaa keessan guyyoolee dhuma 7 keessatti ofii keessan infeekshinoota	Ramaddii jalatti“X” gochuun
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vayirasii koronaa irraa of ittisuuf yaroo amamiif muxxannoo itti ananu ni caraqtu ture?	sadarkaa wal taiinsaa garsiisaa		
	Yeroo hunda	Yeroo tokko tokko	Lakkii Hin jiru
1. Fuula,ija,funyaan fi afaan keessan hin tuqina.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Kubbaayyaa. meeshaalee nyaata nyaata ykn dhugaatii namoota biro waliin fayadamtan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Yeroon kutaa keessa jirutti yoo bicate meetira 2 walirraa fageenya qaamaa eegaa turtaniirtu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Yeroon kutaa keessa alatti yoo bicate meetira 2 walirraa fageenya qaamaa eegaa turtaniirtu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. maaksii ni fayadamu Kan akka awutoobisii mana barumsaa geejiba namoota keesatti maaksii ni fayadamu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. geejiba namootatini ni fayadamta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. maneen akka ispoortii walgahii barattootaa jiranu keessatti gara iddoo wal cinqetti deemu irraa of ittiftuu /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Mana barumsa keessattii maaksii ni fayadamu.			
9. Harka keessan dhiqachuun dura ija:- : funyaan fi afaan keessan tuquu irraa of ittiftuu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Harka koo saamunaa fi bishaaniin dedeebisuun dhiqachuu ykn fayidaa alkoolii irratti hundaa'een susukkumuu harkaa nifayadamuu .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Harkaan wal qabachuu irraa of qusataniirtuu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Taa'umsa tokko irratti ijoolee tokkoon tachisu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Yeroo qofa fi mata siindhukuba mana keessatti hinturtu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Yeroo qofatanafi hatifatana harka keessanif fi softi ni fayadamtu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. kusaa kosii cufamaa keesatti wantoota gataman (guwaantota) of eegannoon ni gattuu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. barumsa dhukuba of irraa itisuu baratan maatifi hiri'oota keesaniif ittiin geessuu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Mana keesatti argamaan hundaaf wayee of irraa ittisuu COVID-19 ni Barsiiftuu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### KUTAA 5: TATAFFII DHUNFAA

Gaafilewwan itti aananiif meeitti amanamummaa keessan ibsa	Ramaddii jalatti“X” gochuun sadarkaa wal taiinsaa garsiisaa		
	olanaa	Gaddi gallessa	Gadi
1. harka irra dedeebinbishaanifi saamunaadhan dhiqachuu ykn saanitaayizarii alkooliin makameen qulquleessuun hagam vayirasii koronaa ni ajeesa jet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ija, Funyaani fi afaan tuquu irraa ofeegutiin fageenya keesan eegun hagam dhukuba vayirasii koronaa irraa na'eega jetanii itti amantu.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



3. yaroo qafaatanii fi axxiiffattan hirree harkaatiin ykn sooftiin afaanifii funyaan keessan qabachuun keessaan hagam koronaa irra of eeguu keessaanitti amantu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. gargaarsa yaalmaa sadarkaa duraa oo'inaaf,qufaaf, fi rakkoo afuura qunnamuuf dhukuba. COVID-19 too'achufni danda'ama jettanii ni amantu.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. harka irra dedeebinbishaanifi saamunaadhan dhiqachuu ykn makameen qulquleessuun hagam vayirasii koronaa ni ajeesa			
6. ani yoo xiqate anaa fi nama biro jedduutti walirraa fageenyi meetirri 2 akka jiraatu gochuun dhukuba koronaa of irraa ittisa.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7gara mana barumsaa yamuu demuu maaksii fuulaa yaroo hunda ni gootaa hagam ofitti amanta.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 harka irra dedeebinbishaanifi saamunaadhan dhiqachuu ykn saanitaayizarii alkooliin makameen qulquleessuun hagam vayirasii koronaa ni ajeesa jet			

**KUTAA 6: MANA BARUMSAA DHUKUBA KORONAA ITTISUUF TATTAA FI GOCHUUF XIYEEFFANNOON**

MANA BARUMSAA KEESSATTI DHUKUBA KORONAA ITTISUUF TATTAafi GOCHUUF XIYEEFFANNOON QABDANU	Eyyee	Nashakkaa	Mittii
1. Dhimooni itti Aananu hagam mana barumsaa keesatti dhukuba koronaa irraa akka of irraa hin itifne isin dhorkeera..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Bishaanifi saamunaa argachuun cimaadha.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. maaksiin fuulaa mana barumsaa keesatti hin raabsamu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. maaksiin fuulaa fayidaa hin qabu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. sanitaayizarii harkaa mana barumsaa keessatti argachuun cimaadha.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. maaksii fuulaa akkamitti akka godhamu hin beeku.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. maaksii fuulaa gochuun koo bareedina koo ni hirisa.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. maaksii fuulaa gochuun waan na sodaachisuuf tola naaf hin kenu..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. maatiin koo qarshii waan hin qabneef yeroo hunda maaksii fuulaa naaf hin kenanu.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. sababni namoota waliin harkaan wal qabuunnagaa wal gaafachuu dhabuun koo walitti dhufeenyi qabu akka addaan hin cineefi .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Sababni Walirraa fageenya qaamaa koo hin eegneef mani barumsaa waan waan wal cinqee jiruufi.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. haala eegumsa qulqulina harkaa hiri'oota kootitiin abdi kutuutu natty dhagahama.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. maaksii fuulaa gochuu dhabuu hiri'oota kootitiin abdi kutuutu natty dhagahama.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. maaksii fuulaa akkaan godhuuf kan najajjabeessu eenyuyyu hin jiru.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. .harka koo irra dedeebin akkaan dhiqadhuuf kan najajjabeessu eenyuyyu hin njiru	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**KUTAA 7: XIYEEFFANOO FAYYUMAA FI GARGAARSA MANA BARUMSAA**

MANA BARUMSAA KESSANIIN	Yero o hund a	Alatokk o tokkoo	gongu maa
1. Baratooni mana barumsaatii yamuu bahaniifi galanu of hin eeganu.			
2. hawaasni mana barumsaa fi barattooni fayidaa waliinitiif yammuu socho'aan wal tutuquu qaamaa wal hin cingineeni.			
3. wal tutuquun qaamafi waliti dhiyeenyi walitti dhufeenyi fuullee yamuu hiratu baratooni haala danda'ameen walirraa fagaatu.?			
4. namooni adda addaa barnoota barsiisuuf sasaabaman sa'aa dheeraaf yaroo dabarsanuttii namoota gidduutimeetira 2 eeguf eddoon gahaa ta'e jira. ?			
5. barattooni walirraa fageenya qaamaa eeguun mirkaneessani hojii irra ni oolchuu?			
6. mallattoon ilaalchaa /mallattooleen lafarraa (walalii ): postarooni fi kkf walirraa fageenya qaamaa eeguf iddoo barbaachisaatti ni argamu.?			
7. maaksiin fuulaa yammuu godhamu haala danbii of eegannoo fi fayyaatini?			
8. Walgahiin baratoota fakeenyaf ayyaanoni Hawaasa mana barumsichaa fi baratoota walitti fidanua deemsa barumsa edileetiin ala jiranu dhowwamaniiru?			
9. wirtuun fayyaa dhukuba vayirasii koronaa irratti hojetu hin jiru?			
10. mooraa bana barumsaa hunda keesatti dhiyeesi gahaan qulqulini harkaa ittiin eegamu iddoo barbaadamu irratti ni argama akasumas haala gaarin qabamaniru.?			
11. Baratooni walitti aansuun qulqulina harka isaani fi haala Sirriin qufa'uuf mirkaneessanii hojii irra akka oolchaniif malattooleen yaadachiisanu ni jiru?			
12. Iddoolee barumsaaf ta'an sirreessun iddoo duwwa Adabalataa uumun tokko tokko irratti dabalammu u Mataa hirisuun jira?			
13. mana barumsaatti tarkaanfiin of eegannoo dursaa weerara vayirasii koronaa baratooni akka hojiira olchani f xiyeeffannoon ni kenamaa ?			
14. Qulqulini waliigalaafi hojiin vayirasicha keemikaalan qulquleessuu guyyaa guyyaan ni godhamaa?			
15. Sistamiin qileensa qorisiisu(ventiretariin)mana barumsi Chaa ni haaromfamaa ykn ni hojatamaa?			

16. haali fayyaa baratoota damaqinaan guyya guyyaan ? ni sakata'amaa?			
17. yamuu mana barumsaatti baratanu maatiin keessan akkamitti vayirasii koronaa akka ofirraa ittisuu danda'anu ni yaadachiiftuu?			
18. baratooni yamuu dhukubsatanutti manatti akka turanuuf yaadachiifni godhamu ni jira ?			
19. Hawaasni mana barumsichaa kutaa keessattis ta'ee kutaan ala yaroo barsiisanutti maaksii fuulaa ni godhaTu?			
20. Hawaasni fi barattooni mana barumsichaa maaksii fuula isaani yoo irraffatan basin ala nikennamaafi?			
21. mana barumsaa keessatti wayee Vayirasii korona ilaalchisee ergaa karoolee of irraa ittisuu dabarsuuf Meeshaaleen kanaaf ta'anu hin jiranuu?			
22. karaalee dhukuba koronaa of irraa ittisuuf hojii irra olchuuf akka dandeesisuuf meeshaan barsiisuuf ta'u hin jiruu?			
23. Wa'ee dhukuba koronaa barumsa fayyaa hin kenamu?			

## KUTAA 8 : VAYIRASII KORONAA OF IRRAA IYTTISUUF

### HUBANNOO OF EEGANNOO FI TARKAANFI

<b>GAFFILEE ARMANA GADII IYTTISUUF HUBANNOO OF EEGANNOO FI TARKAANFI</b>		waliigaleera	Nana shakkaa	Walii hin Galle
1.	Qulqulina harkaatiin dhukuba koronaatiin akkan hin qaba Mneef akkan of irraa ittise nan amana			
2.	Fageenya hawaasummaa koo eegun dhukuba koronaatiin akkan hin qabamneef akkan of irraa ittise nan amana.			
3.	maaksii fuulaa gochuun koronaatiinakkan hin qabamneef akkan of irraa ittise nan amana.			
4.	maaksii fuulaa taroon godhutti maatii koo fi hawaasa naannoo koo dhukuba koronaa irraa ittisuun itti gaafatamumaa koo akkan bahadhetti nati dhagahama.			
5.	maaksii fuulaa gochuun koo namoota kaan koronaa irraa eeguf ni fayada.			
6.	Iddoo wal cinqe deemuu dhaabu kootiin koorona irraa na eegera jedheen amana.			
7.	Nagaa wal gaafachuuf jedhee namoota waliin harka wal qabachuu dhiisuun koo dhukuba kooronaa narra ittiseera jedheen amana			
8.	wayee dhukuba koronaa ilaalchisee odeeffannoo motumaan kenu hin amanu.			
9.	eegan qufaa'e fi axiiffadhe booda ykn eegan hojii hojedheen booda harka koo dhiqachuun anaafi maatiiKoo akka fayisu nan amana.			

## KUTAA 9: GAAFIWAN DABALATA

GAAFII		DEEBII	
1	Talaallin dhukuba kooronaa yoo siif dhiyaate fudhachuuf Hayamamaadha?	1. Eeyy	0. Miti
2	Talaalii dhukuba koronaa fhudhachuuf karoora ni qabda?	1. Eeyy	0. Miti
3	Talaallin dhukuba koronaa fayyummaan isaa kan eegameedha jettee ni amanta?	1. Eeyy	0. Miti
4	Tabboo ni xuuxa?	1. Eeyy	0. Miti
5	Jimmaa ni qamataa?	1. Eeyy	0. Miti
6	Dhugaatii alkoolii (nama macheessu) ni dhugda?	1. Eeyy	0. Miti
7	nama koronaan qabamee dhukubsate jiru argitee beektaa?	1. Eeyy	0. Miti
8	Hiri'aa dhihoon kee ykn miseensi maatii koronaan qabamaniiru?	1. Eeyy	0. Miti
9	Maatiin kee yammuu gara mana barumsaa deetiuhaala kamiin koronaa irraa of ittisuu akka dadeessu siyaadachiisu (sitti himu)?	1. Eeyy	0. Miti
10	yammuu gara mana barumsaa deemtu mani barumsichaa maaksii fuula akka gootuf sidirqisiisaa?	1. Eeyy	0. Miti
11	kutaa mana barumsaa keessa yammuu jirtutti mani barumsichaa maaksi fuulaa akka gootuf sidirqisiisuu?	1. Eeyy	0. Miti
12	kutaa keetiin ala yamuu deemtu mani barumsichaa maaksii fuulaa akka gootuf sidirqisiisaa?	1. Eeyy	0. Miti

## ATTOMII NUUF GOOTANIIF BAYYEE SINGALATEESSINA

**ሲብራሪት ደረጃ ትምህርት ቤት ተማሪዎች የምርምር መጠይቆች**

**የህብረተሰብ ጤና ፋካልቲ**

**የጤና፣የባህሪ እና የህብረተሰብ የMSc ፕሮግራም**

**ውድ መልስ ሰጪዎች**

የዚህ ጥናት ዓላማ በጅምር ከተማ በሚገኙ የሲብራሪት ደረጃ ተማሪዎች መካከል ከኮሮና ቫይረስ ራስን-የመከላከያ እና የደህንነት እርምጃዎችን አስመልክቶ መመርመር ነው። ሀሳቦችዎ እና አስተያየቶችዎ በጣም የተከበሩ እና በሚስጥር የተያዙ ናቸው። የእርስዎ መልስ ለጥናቱ ከፍተኛ ዋጋ ያለው ነው። ስለሆነም መጠይቁን በጥንቃቄ እና በሁሉም ረገድ በአውቀትዎ እንዲሞሉ በትኩረት እንዲያደርጉዎታለሁ። እንደ እርሶ ግንዛቤዎ ትክክል ነው ብለው የሚያስቡትን መልስ መምረጥ አለብዎት። የሚሰጡት መረጃ ጥራት እና ብዛት የጥናቱን የመጨረሻ አስተማማኝነት ይወስናል። ጥናቱ በጅምር ዩኒቨርሲቲ የህብረተሰብ ጤና ፋካልቲ ተገምግሞ ፀድቋል።

ስለትብብርዎ እና ፈጣን ምላሽዎ አስቀድሜ አመሰግናለሁ!  
ለተጨማሪ መረጃ ከዚህ በታች ባሉት አድራሻዎች ያነጋግሩኝ።

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ፊሪማ \_\_\_\_\_ ቀን \_\_\_\_\_

**ክፍል 1 የኮሮና ቫይረስ ስነ-ምግባር ባህሪዎች**

ተ.ቁ	ጥያቄ	ምላሽ
1.	የትምህርት ቤትዎ ስም ይጻፉ?	_____
2.	የትምህርት ቤትዎ ዓይነት ምንድን ነው?	ሀ. የግል ለ. የመንግስት
3.	ስንተኛ ክፍል ናት?	_____
4.	በለፈው ዓመት እድሜው ስንት ነበር?	_____
5.	ጾታ	ሀ. ወንድ ለ. ሴት
6.	ሃይማኖትዎ ምንድን ነው?	ሀ. ኦርቶዶክስ ለ. ሙስሊም ሐ. ፕሮቴስታንት መ. ካቶሊክ ሠ. ሌሎች (ይግለጹ)
7.	የትዳር ሁኔታ ይግለጹ	ሀ. ያላገባ ለ. ያጋባ/ጅ ሐ. የተፋታ
8.	የእናትህ ዋና ሥራ ምንድን ነው?	ሀ. የመንግስት ሰራተኛ ለ. የግል ሰራተኛ ሐ. ገበሬ መ. የቤት አመቤት ሠ. ሌላ _____ ረ. በሕይወት የሌላችኛ
9.	የአባትህ ዋና ሥራ ምንድን ነው?	ሀ. የመንግስት ሰራተኛ ለ. የግል ሰራተኛ ሐ. የጉልበት ሰራተኛ መ. ገበሬ ሠ. ሌላ _____ ረ. በህይወት የለም

10.	እናትህ የተማረችበት ከፍተኛ የትምህርት ደረጃ ደረጃ ምንድን ነው?	ሀ. መደበኛ ትምህርት አልተማረችም ለ አንደኛ ደረጃ (1-6) ሐ. መካከለኛ ሁለተኛ ደረጃ (7-8) መ. ሁለተኛ ደረጃ (9-12) ሠ. የቴክኒክ ሙያ / ዲፕሎማ ረ. የዩኒቨርሲቲ ዲግሪ እና ከዚያ በላይ ሸ. በሕይወት የለችም
11.	የአባት ከፍተኛ የትምህርት ደረጃ ምንድን ነው?	ሀ. መደበኛ ትምህርት አልተማረም ለ. አንደኛ ደረጃ (1-6) ሐ. መካከለኛ ደረጃ (7-8) መ. ሁለተኛ ደረጃ (9-12) ሠ. የቴክኒክ ሙያ / ዲፕሎማ ረ. የዩኒቨርሲቲ ዲግሪ እና ከዚያ በላይ ሸ. በሕይወት የለም
12. 1	የነቀርሳ በሽታ ታመህ ያቃሉ ?	1. አዎ 2. አይ 3. አላውቅም

**ክፍል II- የኮሮና ቫይረስ ግንዛቤ እና እውቀት**

ተ. ቁ	ጥያቄ	መልስ
1	ስለ ኮሮና ቫይረስ ምንነት እና ዋና የመረጃ ምንጭ ምንድን ነው?	ሀ) ቴሌቪዥን ለ) አስተማሪዎች ሐ) ወላጆች መ) እንደ ፖስተር ያሉ የተፃፉ የትምህርት ቁሳቁሶች ሠ) ሬዲዮ ረ) ጓደኞች / እኩዮች ሸ) የታወቁ አጋጣሚዎች በይነመረብ ቀ) በይነመረብ-ማህበራዊ፣ ሚዲያ ልዩ ስብከት፣ ትዊተር፣ ዩቲዩብ ወዘተ በ) የጤና ሰራተኞች
2	የኮሮና በሽታ ዋና ዋና ምልክቶች ምንድን ናቸው? ( ከአንድ በላይ መልስ ይቻላል)	ሀ) ትኩሳት ለ) ድካም ሐ) ደረቅ ሳል መ) የጡንቻ ህመም ሠ) የጉሮሮ ህመም ረ) ተቆማጥ ሸ) የመተንፈስ ችግር ቀ) የሰውነት ድካም በ) ሌላ(ይግለጹ) _____
3	እንደ አንተ አይነት ወጣቶች ለኮሮና ቫይረስ በጣም ተጋላጭ አይደሉም	ሀ) እውነት ነው ለ) ውሸት ሐ) እኔ አላውቅም
4	የኮሮና ቫይረስ ከበሽተኛ ወደ ጤነኛ ሰው እንዴት ይተላለፋል? (ከአንድ በላይ ይቻላል)	ሀ) በሚስሉበት፣ በሚያስነጥስበት፣ በሚናገርበት፣ በሚዘፈንበት ወይም በሚተነፍስበት ጊዜ በመተንፈሻ አካላት ጠብታዎች በኩል ለ) በተበከሉ እጆች ፣ በበር እጅታ ፣ ከወለል ፣ ወዘተ ጋር ቀጥተኛ ግንኙነት ሐ) በአየር ማስተላለፍ (በአየር ወለድ) መ) በሰዎች መካከል የጠበቀ ግንኙነት ካለ ያስተላልፉ ሠ) እኔ አላውቅም ረ) ሌላ (ይግለጹ) _____
5	ከሚከተሉት ሁኔታዎች የትኞቹ ለኮሮና መተላለፍ መንገዶች ናቸው?	ሀ) በተጨማሪ ቦታ ለ) በቂ አየር በሌለበት ቦታ ሐ) እጅ በመጨባበጥ

		<p>መ)ለሰላምታ በመሳሳም</p> <p>ሠ)የፎርም መሳሪያዎችን በጋራ በመጠቀም</p> <p>ረ)ምግብ እና መጠጥ በጋራ በመጠቀም</p> <p>ሸ)ወንበር እና ጠረጴዛ በጋራ ከሌላ ተማሪ ጋር በመጠቀም</p> <p>ረ)መገዳጃ በት በጋራ በመጠቀም</p> <p>በ) እጅን ከመታጠብም በፊት ዓይኖችን ከነካን</p> <p>ተ) እጅን ከመታጠብም በፊት ዓፈንጫችንን ከነካን</p> <p>ገ) እጅን ከመታጠብም በፊት ዓፋችንን ከነካን</p>
6	ምልክት የማያሳይ የኮረና ቫይረስ የተያዘ ሰው ቫይረሱን አያስተላልፍም	ሀ)አው ለ)አይ ሐ)አላቅም
7	አንድ ሰው እንዴት እራሱን ከኮረና ቫይረስ መከላከል ይችላል	<p>ሀ)የፊት ጭንብል በመጠቀም</p> <p>ለ) በእጅ ባለአለመጨባበጥ</p> <p>ሐ)እጅን ከመታጠብም በፊት ዓይኖችን ፣አፍንጫን ፣ አፍን መንካት በማስወገድ</p> <p>መ) አካላዊ ርቀትን ቢያንስ 2 ሜትር በመጠበቅ</p> <p>ሠ) እጅን በሳሙና እና በውሃ በተደጋጋሚ በመታጠብ</p> <p>ረ) በአልኮል የእጅ ማዕጃ ማሻሻት እጅን በማጽዳት</p> <p>ሰ)ሰው በሚበዛበት ቦታ እንደ አውቶቡስ መናፈሻዎች፣ ገበያ፣ ሀይማኖታዊ ቦታዎች፣ ስፖርቶች ወደ ቦታዎች ከመሄድ በመቆጠብ</p>

**ክፍል III በ ኮረና ቫይረስ ተጋላጭነት እና ክብደት ላይ ያሉት ግንዛቤዎች**

ለሚከተሉት ጥያቄዎች እባክዎን “አዎ” ፣ አይ ወይም እርግጠኛ አለመሆንን በመጠቀም የግል አስተያየትዎን (ምልክት ያድርጉ)	በምድቡ ስር “X” በማድረግ የስምምነትዎን ደረጃ ያመልክቱ		
	አዎ	አይ	እርግጠኛ አይደለሁም
22. የኮረና በሽታ ከባድ በሽታ ነው ብለር ታስባለህ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. የኮረና በሽታ አደገኛ በሽታ ነው ብህላ ትገምታለ ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. ምንም ባደርግ በትምህርት ቤት በኮረና ልያዝ እችላለሁ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. በኮረና በሽታ መየያዝ በጣም ጎጂ ነው ብለህ ታምናለህ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. በኮረና በሽታ በቀጣይ ሂወቴ ከባድ ችግር ያስከትላል ብለህ ታምናለህ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. በእኔ ግምተት በትምህርት ቤት ውስጥ በኮረና የመያዝ እድል በጣም ዝቅተኛ ነው ብዬ አምናለሁ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. እደኔ ኮረና በሽታ በቀጣይ ሂወቴ ከፍተኛ የዋላ ችግር ያስከትላል ብዬ አምናለሁ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. እደኔ ግምት ኮረና የሚባል በሽታ የለም	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. ኮረና እንዳንተ ላሉ ወጣቶች ከባድ በሽታ ነው ብለህ ታስባለህ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. ለቫይረሱ ተጋላጭ የሆኑ ጋደና ወይን ቤተሰብ የለኛም	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. የኮረና በሽታ በት/ቤት እያዛለው ብለህ ታስባለህ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. ትቤ/ት ተመላልሰክ በመማርክ በኮረና እያዛለው ብለክ ታስባለህ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. ትቤ/ት ውጥ በኮረና እያዛለው ብለክ ታስባለህ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. ወጣት በመሆኑክ በኮረና የመያዝ እድልክ ዝቅተኛነው ብለክ ታስባለህ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. የሁለተኛ ደረጃ ተማሪዎች በጣም ወጣት በመሆናቸው በኮረና አይያዙም	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. እንደኔ ግምት ጎላማሳዎች ናቸው ለኮረና ተጋላጭ የሆኑት	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. ኮረና ለቤተሰብክ እጅግ በጣም ከባድ በሽታ ነው ብለክ ታስባለህ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. እንደኔ ግምት በአንድ ክፍል ውስጥ በበሽታው የተያዘ ተማሪ ካለ በበሽታው እያዛለው	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. በኮረና መያዝ የምፈራራበት ምክንያት በበሽታው ከተያዘኩኝ ሰዎች ስለሚያገሉኝ ነው	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. ስለዚህ በሽታ ምንም ግድ የለኝም እንደቀድሞ ነው ትምህርቴን እየተርኩ ያለውሁት	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42. ሰለኮረን ባሰቡኩኝ ቁጥር እረበሻላ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. ኮረና ባጣም ኩፍ በሽታ ብዬ አማናው	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. ኮረና ለማጥፋት ከባድ በሽታ ነው ብዬ እገምታል	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. ኮረና በትምህርት ውጤታማነት ላይ ከፍተኛ ጫና ያመጣል	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ክፍል አራት፡-፤ ራስን የመከላከል ልምዶች**

ባለፈው ሰባት ቀናት የትምህርት ቤት ቆይታ በምን ያህል ጊዜ የሚከተሉትን ልምዶች እራስህን ከኮረና ቫረስ ለመከላከል ተግባራዊ ታደርግ ነበር?	በምድቡ ስር “X” በማድረግ የስምምነትዎን ደረጃ ያመልክቱ		
	ሁሉም	አንዳንድ ጊዜ	በጭራሽ
1. ፊት፣ን፣ዐይንህን፣አፍንጫህን እና አፍህን አትንካ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ከባያዎች፣የመመገቢያ ዕቃዎች፣ምግብ ወይም መጠጦች ከሌሎችጋር አትጋራ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. በክፍል ውስጥ እያለሁ ቢያንስ 2 ሜትር አካላዊ ርቀትን መጠበቅ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ከክፍል ውጪ እያለሁ ቢያንስ 2 ሜትር አካላዊ ርቀትን መጠበቅ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. እንደ የትምህርት ቤት ባሉ አውቶቡሶች በመጓጓዣ ውስጥ ጭምብሎችን መጠቀም	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. የህዝብ ትራንስፖርት ተጠቅመህል	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. ሰው በሚበዛበት ቦታ በትምህርት ቤት እንደ እስፖርት የተማሪዎች ዝገጅት ቦታዎች ባለመሄድ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. የፊት ጭንብል በክፍል ውስጥ ማድረግ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. እጆትን ሳይታጠቡ ዓይንን፣አፍንጫን እና አፍን ያለመንካት	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. እጅ በተደጋጋሚ በሳሙና እና ውሃ መታጠብ ወይም በአልኮል በሳይንተይዘር ማጽዳት	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. ለሰላምተ የእጅ መጨባበት ማስቀረት	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. በአንድ ወንበር ለብቻ መቀመጥ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. ሲታመሙ ወይም ጉንፋን ሲይዝ በቤት መቀመጥ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. ሲያሰሉ በእጅ ክርኖን ወይም በሶፍት መሸፈን	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. በተዘጋ ማጠራቀሚያ ውስጥ ሶፍት የተጠቀሙበትን እቃዎች / ጓንቶችን / የሚጣሉነገሮችን በጥንቃቄ ማስወገድ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. ስኮረና በሽታን መከላከያ የተማሩትን ለቤተሰብዎ እና ለጓደኞችዎ ለትምህርት ቤቱ ማጋራት	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. ስለኮረና መከላከያ በትምህርት ቤት ትምህርት ሲሰጥ ተከታትለህል	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ክፍል አምስት፡ የራስ-ውጤታማነት**

ለሚከተሉት ጥያቄዎች እባክዎን የእርስዎን በራስ መተማመን ደረጃ አሳይ	በምድቡ ስር “X” በማድረግ የስምምነትዎን ደረጃ ያመልክቱ		
	ከፍተኛ	መካከለኛ	ዝቅተኛ
1. እጃችን በተደጋጋሚ በውሃና ሳሙና መታጠብ ወይም በአልኮል እና ሳይኒታይዘር ማጽዳት ኮረና የሚያስከትለውን ቫይረስ ይገለጻል ብለው ምን ያህል ይተማመናሉ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ማህበራዊ ርቀት መጠበቅ ኮረና ቫይረስ በሽታ/ ኢንፌክሽን ይከላከላል ብለው ምን ያህል ማመናሉ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. አይኖ አፍንጫዎ እና አፍን ባለመንካቶ ከኮረና በሽታ ከላከላል ብለው ምን ያህል ይተማመናሉ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. በሚሳሉበትን በሚያስነጠሱበት ጊዜ በእጅ ክርኖን ወይም በሶፍት መሸፈኛን ከኮረና ሰለመከላከሉ ምን ያህል ይተማመናሉ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. ለትኩሳት ለሳል እና ለመተንፈሻ ችግር የህክምን እርዳታ ቅድሚያ ማግኛት ኮረና ቫይረስን በሽታን ለማከም እንደሚረዳ ምን ያህል ይተማመናሉ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. ለራሱ መገለልገያዎች በውሃና በሳሙና እጆትን በመታጠብ እራሱትን ከኮረና እንደሚከላከል ምን ያህል ይተማመናሉ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. እኔ በትንሹ 2 ሜትር ርቀት በእኔና በሌላ ሰው መካከል በመጠበቅ ከኮረና በሽታ አከላከላለሁ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



8. ወደ ትምህርት ቤት ስቴሆድ የፍት ጭንብል ሁልጊዜ አድርገዋል ምን ያህል እርግጠኛ ናት

**ክፍል ስድስት: በትምህርት ቤት የኮረና መከላከያ ተግባራዊ ለማድረግ መሰናክሎች አስመልክቶ ያሉት ግንዛቤ**

የሚከተሉትን ጉዳዮች ምን ያህል ራስህ በትምህርት ቤት ከኮረናአራስህን እንዳትከላከል አግዶህ	አው	እርግጠኛ አይደለሁም	አይ
1. ውሃና ሳሙና በትምህርት ቤት ወስጥ ማግኘት ከባድ ነው	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. የፊት ጭንብል በትምህርት ቤት ምውስጥ አይከፋፈልም	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. የፊት ጭንብል ጥቅም የለውም	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. የእጅ ሳይኒታይዘር በትምህርት ቤት ውስጥ ማግኘት ከባድ ነው	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. የፊት ጭንብል እንዴት ማድረግ እናዳለብኝ አላውቅም	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. የፊት ጭንብል ማድረግ ውበቱን ይቀንሳል	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. የፊት ጭንብል ማድረግ ስለሚያፍኝ ምቹት አይሰጠኝም	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. ቤተሰቦቼ ገንዘብ ስለሌላቸው ሁሉ ጊዜ የፊት ጭንብል አይሰጡኝም	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. የእጅ መጨባበጥን ያላቆምኩት ምክንያት ከሰዎች ጋር ያለኝን ግንኙነት እንዳያበላሽ ብዬ ነው	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. አካላዊ ርቀቴን የማልጠብቅበት ምክንያት ትምህርት ቤት ውስጥ መጨናነቅ ስለሆነ ነው	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. በጋደኞቹ የእጅ ንጽህና አጠባበቅ ተስፋ መቁረጥ ይሰማኛል	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. በገደኞቹ የፊት ጭንብል አለማድረጋቸው ተስፋ መቁረጥ ይሰማኛል	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. የፊት ጭንብል እንዳደርግ የሚያበረታታኝ ምንም ነገር የለም	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. እጅን በተደጋጋሚ እንድታጠብ የሚያበረታታኝ ምንም ዓይነት ነገር የለም	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. አካላዊ ርቀቴን እድጠብቅ የሚያበረታታኝ ምንም ነገር የለም	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ክፍል ስባት፤ የትምህርት ቤት ድጋፍ እና ደንነት ግንዛቤ**

በእርስ ትምህርት ቤት	ሁል ጊዜ	አንዳንዴ	ፊፅሞ
1. ተማሪዎች ከትምህርት ቤት ሲወጡና ሲገቡ አይጨናነቁም			
2. የትምህርት ቤቱ መሀበረሰብ እና ተማሪዎች በጋራ መጠቀሚያ ሲንቀሳቀሱ በተጨናነቀ አካላዊ ንኪኪ ነው			
3. አካላዊ ንኪኪና ቅርበት ፊት ለፊት ግንኙነት ሲቀንስ ተማሪዎች በተቻለ መጠን ይራራቃሉ			
4. የተለያዩ ሰዎች የትምህርታዊ ስብሰባዎች ለረዝም ሰዓት በሚያሳልፉበት ጊዜ በሰዎች መካከል 2 ሜትር ለመጠበቅ ባይሆን ቦታ አለ			
5. ተማሪዎች አካላዊ ርቀት መጠበቅን ተጋባሪዎቹ ያደርጋሉ			
6. የእይታ ምልክቶች ወይም የወለል ምልክቶች ፖስተሮች አካላዊ ርቀትን ለመጠበቅ በተገቢው ቦታ ይገኛሉ			
7. የፊት ጭንብል ሲያደርጉ በጤና እና ደንነት ደንብ መሰረት ነው			
8. የተማሪዎች ስብሰባ ለምሳሌ በአሎች የትምህርት ቤት መሀበረሰብ እና ተማሪዎች የሚገናኙት ከመደበኛው የትምህርት መረሀ ግብር ውጭ ያሉት ተከልክለዋል			
9. በትምህርት በኮረና ላይ የሚሰራ የጤና ክብብ የለም			
10. የእጅ ንጽህና መጠበቂያ በትምህርት ቤት ጊቢ ውስጥ ሁሉ በበቂ አቅጣጫ በተገቢ ቦታ እንዲሁም በጥንቃቄ ተይዞባል			
11. ተማሪዎች በተከታታይ የእጃቸውን ንጽህና እንዲጠብቁ እና በአግባቡ ማሳል ተግባራዊ እንዲያደርጉ ለማሳደግ ምልክቶች አሉ			
12. የመማሪያ ቦታዎች በማስተካከል ተጨማሪ ክፍት ቦታ በመፍጠር እና የህዝብን አንዱ በአንዱ ላይ መደራረብ መቀነስ			
13. በትምህርት ቤት የኮረና ወረርሽኝ ቅድመ ጥንቃቄ እርምጃዎች ተማሪዎች እንዲተገብሩ ቱኩረት ይሰጣል			
14. ጠቅላላ ጽዳት እና የቫይረሱ በኬሚካል የማጽዳት ስራ በየቀኑ ይደረጋል			
15. የትምህርት ቤት አየር ማቀዝቀዣ ሲስተም ይጠገናል ወይም ይሰራል			

16.	የተማሪዎች የጤንነት ሁኔታ በአየለቱ በንቃት ከትትል ይደረጋል			
17.	ቤተሰብ እና ተማሪዎች ኮረናን ለመከላከል የራሳቸውን ሀላፊነት እንዲያውቁ ተደርጋል			
18.	ተማሪዎች በሚታመሙበት ጊዜ በቤት እንዲቆዩ ማስታወስ			
19.	የትምህርት ቤቱ ማህበረሰብ በክፍል ውስጥም ሆነ ከክፍል ውጭ በሚያስተምሩበት ጊዜ የፊት ጭንብል ያደርጋሉ			
20.	የፊት ጭንብል የራሳቸውን ረስተው ልዋጭ ይሰጣቸዋል			
21.	ስለኮረና በተመለከተ መከላከያ መንገዶች መልእክት ለማስተላለፍ በትምህርት ቤት ውስጥ የማስተማሪያ መሳሪያ የለም			
22.	ስለኮረና መከላከያ መንገዶች በተግባር ለመረጋት እንዲያስችል በትምህርት ቤት ውስጥ የማስተማሪያ መሳሪያ የለም			
23.	ስለኮረና መከላከያ መንገዶች አስመልክቶ የጤና ትምህርት ይሰጣቸዋል			

**ክፍል ስምንት ፤ ኮረናን ለመከላከል የጥንቃቄ እርምጃዎች ጥቅም ና ግንዛቤ**

አይነቶች		እስማማለው	አርግጠኛ አይደለውም	አልስማማም
10.	የእጅ ንፅፅር በኮረና በሽታ እናዳልያዝ እንደተከላከልኩኝ አምናለው			
11.	ማህበራዊ ርቀትን በመጠበቅ በኮረና በሽታ እናዳልያዝ እንደተከላከልኩኝ አምናለው			
12.	የፊት ጭንብል በማንድም በኮረና በሽታ እንደተከላከልኩኝ አምናለው			
13.	የፊት ጭንብል በማድረግ ግዜ ቤተሰቤንና የአካባቢ ማህበረሰብ በመከላከል ሀላፊነቴን የተወጣው ስሜት ይሰማኛል			
14.	የፊት ጭንብል ማድረግ ሌሎችን ከኮረና ለመከላከል ይጠቅማል			
15.	ወደ ተጨናነቀ ቦታ ባለመሄድ ከኮረና ተከላክሎልኛል ብዬ አምናለው			
16.	ለሰላምታ የሰዎችን እጅ ባለመጨበጥ ከኮረና ተከላክሎልኛል ብዬ አምናለው			
17.	መንግስት ስለወረርሮች የሚሰጠው መረጃ አላምንም			
18.	ካሳሉኩና ከአስገጠሱኩ በዋላ ወይም ስራ ከሰራው በዋላ እጅን መታጠቤ እኔና ቤተሰቤን ያድነናላ ብዬ አምናለው			

**ክፍል ዘጠኝ፤ ተጨማሪ ጥያቄዎች**

የሚከተሉትን ተጨማሪ ጥያቄዎች አዎ ወይም አይ በማለት መልስ		መልስ	
1	የኮረና ከትባት ቢቀርብል ለመከተብ ፍቃድኝ ነህ	1.አዎ	0.አይ
2	የኮረና ከትባት ለመከተብ እቅድ አለህ	1.አዎ	0.አይ
3	የኮረና ከትባት ደንብ የተጠበቀ ነው ብለክ ታምናለክ	1.አዎ	0.አይ
4	ሲጋራ ታጨሳለክ	1.አዎ	0.አይ
5	ጫት ትቅማለክ	1.አዎ	0.አይ
6	አልኮል መጠጥ ትጠጣለክ	1.አዎ	0.አይ
7	በኮረና ተይዞ የታመመ ሰው ዐይተ ታውቃለክ	1.አዎ	0.አይ
8	ያንተ የቅርብ ጋደኛ ወይም የቤተሰብ አባል በኮረና ተይዘዋል	1.አዎ	0.አይ
9	ቤተሰብክ ወደ ትምህርት ቤት ስትሄድ እንዴት አራሱን ከኮረና መከላከል እንዳለኩክ ያሳስቡህል ይነግርህል	1.አዎ	0.አይ
10	ወደትምህርት ቤት ስትሄድ ትምህርት ቤቱ የፊት ጭንብል እንድታረግ ያስገድድህል	1.አዎ	0.አይ
11	ስትማር በክፊል ውስጥ እያለክ ትምህርት ቤቱ የፊት ጭንብል እንድታደርግ ያስገድዳሉ	1.አዎ	0.አይ
12	ከክፍል ውጭ ስትሆን ትምህርት ቤቱ የፊት ጭንብል እንድታደርግ ያስገድዳሉ	1.አዎ	0.አይ

**ስለተባበሩን እናመሰግናለን**

## Declaration

I, the undersigned, declare that this thesis is my original work, has not been presented for a degree in this or any other university, and that all sources of materials used for the thesis have been full acknowledged

Name of the student Genzbie Tesfaye

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of the Institution: - jimma University Institute of Health

This thesis has submitted for examination with mine approval as University advisor

Name of advisory

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## Approval of internal examiner

As member of the board of examiners of the MPH thesis report open defense, we certified that we have read and evaluated the thesis report prepared by Genzbie Tesfaye and examined the candidates report. We recommended that the report to be accepted for implementation and further action as fulfilling the thesis requirements for the degree of Master of public health in health promotion and health Behavior.

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