INDIRA GANDHI NATIONAL OPEN UNIVERSITY SCHOOL OF SOCIAL WORK

ASSESSMENT OF HIV/AIDS AND RELATED RISK BEHAVIORS OF COMMERCIAL SEX WORKERS: THE CASE OF WOREDA 06 ADAMA TOWN, OROMIA NATIONAL REGIONAL STATE

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DECLARATION

I hereby declare that the dissertation entitled *ASSESSMENT OF HIV/AIDS AND RELATED RISK BEHAVIORS OF COMMERCIAL SEX WORKERS: THE CASE OF WOREDA 06 ADAMA TOWN, OROMIA NATIONAL REGIONAL STATE* submitted by me for the partial fulfillment of the MSW to Indra Gandhi National Open University,(IGNOU) New Delhi is my own original work and has not been submitted earlier, either to IGNOU or to any other institution for the fulfillment of the requirement for any other program of study. I also declare that no chapter of manuscript in whole or in partial is lifted and incorporated in this report from any earlier work done by me or other.

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CERTIFICATE

This is to certify that Mr. ---------- student of MSW from Indira Gandhi National Open University, New Delhi was working under my supervision and guidance for his project work for the course **MSWP-001**.

His project work entitled *ASSESSMENT OF HIV/AIDS AND RELATED RISK BEHAVIORS OF COMMERCIAL SEX WORKERS: THE CASE OF WOREDA 06 ADAMA TOWN, OROMIA NATIONAL REGIONAL STATE*

Which he is submitting, is his genuine and original work.

Place:

Signature ----------

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Date:

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Operational Definition

Areke: Strong local alcohol made by distillation system.

Bar/ Hotel: An establishment where drinks and/or food are served.

Consistent condom use: Utilization of a condom during every sexual encounter.

Female sex workers: A female who sells sex for money or goods

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

Region: Ethiopia is divided into nine nations - nationalities based regional states and two federal city administrations (Addis Ababa and Dire Dawa).

Risk behavior: - Type of activities were predisposing to HIV/AIDS and other STIs that includes alcohol drinking, sex without condom, involving in commercial sex activity.

Risky sex: Unprotected sex (without a condom) with a non-regular partner

Shisha: A mixture of ingredients that is smoked though a water-filled pipe.

Street-based sex workers: Women who sell sex directly on the streets. They actively solicit clients and are picked up from the street.

Substances: stimulants that include khat (Catha edulis), shisha, hashish (marijuana) and alcohol.

Tella: Locally brewed beer with an alcohol content of 5 to 10 percent

Town: the capital of a woreda and zone administration, it has its own local government.

Woreda: The smallest unit of administrative division of a zone managed by a local government, equivalent to a district.

Zone: A subdivision of a region with varying political and legal recognition as well as authority. A zone is divided into woredas.

List of Acronyms

AIDS - Acquire Immune Deficiency Syndrome
ART – Antiretroviral therapy
CSWs – Commercial Sex Workers
DCSW – Direct commercial sex workers
EDHS - Demographic and Health Survey
FDER Federal Democratic Ethiopian Republic
FGD - Focus Group Discussion
FMOH - Federal Ministry of Health
FSWs – Female Sex Workers
HCT - HIV/AIDS Counseling and Testing
HIV – Human Immune Deficiency Virus
IDCSW- Indirect commercial sex workers
KM - Kilo Meter
MARPs- Most At Risk Populations
MSWE - Masters of social work education
MTF - Male To Female
STI - Sexual Transmitted Infections

ABSTRACT

Background: The emergence of the HIV epidemic is one of the biggest public health challenges that the world has ever seen in recent history. In the last three decades HIV has spread rapidly and affected all sectors of society- young people and adults, men and women, and the rich and the poor. It has a devastating impact on people in developing countries and inevitably the epidemic has been affecting many of the programs

Objective: to assesses HIV/AIDS and related risk behaviors of CSWs in woreda 06, Adama town of Oromia Regional National State.

Method: This study has used qualitative research design which was planned to examine the nature of commercial sex workers, experiences and their social condition. Qualitative method particularly direct observation of commercial sex workers at their living and working areas, interview and focus group discussion were took place.

Result: the age of the respondents is ranged from 18 to 33 years. The knowledge of the sex workers, who have participated in the study, related to HIV/AIDS indicated that (100%) know all mode of transmission and prevention methods. Concerning alcohol and drug use all of the sex workers had consumed drinks containing alcohol in the previous four weeks.

Discussion: The comprehensive knowledge of the CSWS indicate that increasing awareness related to STIs and HIV/AIDS. During recent sex most of them and their clients were intoxicated indicating cigarette smoking; hard Liquor, beer and wine consumption had associated with unsafe sex practice which put them prone to STIs and HIV/AIDS infections. Moreover, consistent condom user, condom breakage and slippage were identified by this study.

Conclusion: commercial sex worker have enough knowledge related to STIs and HIV/AIDS facts but there is little practice to safer sex. There were many risky sexual practices between commercial sex workers and their clients.

CHAPTER ONE INTRODUCTION

1.1 Background

The emergence of the HIV epidemic is one of the biggest public health challenges that the world has ever seen in recent history. In the last three decades HIV has spread rapidly and affected all sectors of society- young people and adults, men and women, and the rich and the poor. It has a devastating impact on people in developing countries and inevitably the epidemic has been affecting many of the programs of the country. It is important to recognize HIV/AIDS is not only as health related issue but also as a problem that has significant impact on social and economy of a given country. (FDRE country progress report on HIV response, 2012, p.1)

Most of the severely affected countries, especially in the African continent, are already seeing significant reversals in development indicators due to the HIV pandemic. Since HIV/AIDS is commonly understood to be a medical or public health problem, it is becoming clear that, in terms of its causes and consequences, the pandemic is deeply embedded in the social, political, and economic processes that shape the development of nations. Accordingly, successful responses to the pandemic depend not only on the development of medical treatment and behavior change, but also on political will, cultural understanding, and the achievement of broader development goals (Archana Kaushik, MSWE 001, p.41)

Sub-Saharan Africa is at the epicenter of the epidemic and continues to carry the full brunt of its health and socioeconomic impact. Ethiopia is among the countries most affected by the HIV epidemic. Another important source of HIV prevalence data in the general population is the Ethiopian Demographic and Health Survey (EDHS). Results from the 2005 EDHS indicate that 1.4% of Ethiopian adults age 15-49 were

infected with HIV. Data for 2011 EDHS shows a prevalence of 1.5%. For both men and women HIV prevalence levels rise with age, peaking among women in their early to mid 30s and among men in their late 30s. The age patterns suggest that young women are particularly vulnerable to HIV infection compared with young men.

This is due to HIV infection is transmitted more easily, sexually, from men to women; lack of education and illiteracy among women; cultural beliefs regarding the role of women in the family and society; and lack of economic power of the women. All these factors influence the relative vulnerability of women, and decrease their access to means of prevention and support in the face of HIV/AIDS. (FDRE Country Progress Report on HIV Response, 2012, p.13.)

1.2. Statement of the problem

The global AIDS epidemic is one of the greatest challenges facing our generation. It is unique in human history in its rapid spread, its extent and the death of its impact. There were about 34 million adults and children living with HIV/AIDS in 2012 and over 8 million people were receiving ART in low and middle income countries. However, over 7 million people who are eligible for ART still have no access to treatment. (Oromia Health Bureau, 2013, p. 4)

Most of the deaths attributed to HIV/AIDS were because of inadequate access to HIV prevention and treatment services. It disproportionately affects youth generation which is almost half of the global population and leaves countries, communities, and households without productive people. Therefore its impact is not limited only to health problem (FDRE country progress report on HIV response, 2012, p.19.)

In 52 countries, more than 1 percent of all adults carry the virus. Globally the AIDS pandemic has claimed more than 18 million lives since it was first detected in the early 1980s. The pandemic is most severe in sub-Saharan Africa, with 24.5 million people infected with HIV in the region. Quite naturally with an infection which is predominantly sexually transmitted, there is a socio-economic impact as it makes ill and finally kills people in the prime producing age groups. HIV pandemic remains the most serious of infectious disease challenges to public health. There is still neither a vaccine nor cheap, assured and effective treatment for HIV/AIDs. With most illness and death concentrated in the 15-50 age groups, the disease deprives countries, communities, and households of their strong productive people (Oromia Health Bureau,2013.P. 5.)

The estimated number of persons living with HIV worldwide in 2007 was 33.2 million. Every day, over 6800 persons become infected with HIV and over 5700 persons die from AIDS, mostly because of inadequate access to HIV prevention and treatment services (. More than two thirds (68%) of all people HIV-positive live in this region and more than three quarters (76%) of all AIDS deaths in 2007 occurred in the same region. It is estimated that 1.7 million people were newly infected with HIV in 2007, bringing to 22.5 million the total number of people living with the virus in this year**.** Clearly, Africa, and in particular Sub-Saharan Africa, is at present in the "eye of the storm" (Oromia health bureau, 2013, p .2.)

According to HIV epidemics identified in Africa, commercial sex workers as a group whose sexual behavior (multiple partners and unprotected sex) made them at risk of infection. Recent studies show evidence of throughout all of Sub-Saharan Africa in general that heterosexual intercourse is the predominant mode of HIV

transmission. The gender inequality results a growing AIDS burden among women due to discrimination that girls face in both educational institutions and the family, occupational segregation into low paying clerical and service jobs and lack of access to technical assistance, training and credit. All these forced women to end up in commercial sex work for survival. People who engage in unprotected sex with many partners such as commercial sex workers and their clients were especially at high risk. Today, many young women rely on prostitution or sex work for economic survival (John-Peter Cools, Fact sheet, 2008, P. 7.)

The feminization of the AIDS epidemic is becoming more visible in most developing countries. For instances, in Mozambique the overall rate of HIV infection among young married women (15 %) is twice that of boys of their age. In most sub-Saharan 1 out of every 9 women are HIV+, in South and South East Asia women are at a 5 times greater risk than men of contracting HIV. More over in many of the developing countries new infections are raising rapidly among married women (AIDS in Ethiopia six reports, 2010 p. 2o).

The male clients of female sex workers constitute another core group for HIV transmission, but the characteristics of this subset of the population are almost unknown. They are important group, however since they play a role as vectors for HIV transmission, linking female sex workers to the general population of women (wives and girlfriends) assumed to have a lower prevalence. Effort to reduce transmission of HIV infection within the male client group might therefore have a considerable impact in showing the spread of HIV (FMOH 2012 p. 19.).

Demographic, occupational, behavioral, and social factors place people at various risks for contracting HIV. Certain population segments are at higher risks of contracting HIV because of their sex, mobility,

economic and social vulnerabilities. The frequently cited most-at-risk population (MARP) groups in Ethiopia include female sex workers (FSWs), youths (people 14 to 24 years old), truck drivers, uniformed men, migrant workers, and day laborers. (Debabe A., 2009 p.13). In Adama town, the capital city of Oromia, there are many commercial sex workers, daily laborers and long truck drivers those who are categorized under most at risk population because of the town is commercial center of the country.

1.2.1 Basic Research questions

1. Do commercial sex workers have knowledge gap related to STIs and HIV/AIDS?
2. Why do commercial sex workers being drugs dependants?
3. Does substance abuse increase vulnerability to STIs and HIV/AIDS infection?

1.3 Objective of the study

The aim of this study was to investigate behaviors of commercial sex workers since they have occupied great portion of community of woreda 06 of Adama town.

1.3. 1 General objective

The main objective of this study is to assesses HIV/AIDS and related risk behaviors of commercial sex workers in woreda 06, Adama town of Oromia Regional National State.

1 .3.2 Specific objectives

- To examine comprehensive knowledge related to HIV/AIDS of CSWs.
- To assess condom use practice among commercial sex workers.
- To know the sexual behavioral practices that place Commercial sex workers at high risk for becoming infected with HIV.
- To assess the prevalence of drugs use (alcohols and khat) among the commercial sex workers.

1.4 Universe of the study

The universe of the study would consist of all commercial sex workers live and work in woreda 06 of Adama town at study period. Woreda 06 of Adama town is the most hot spot woreda known at woreda, town, regional and national levels. The CSWs those who participated in this study were those who work in the establishments like hotels, bars, restaurants and night clubs. There is day to high turnover related to the number of the commercial sex workers since they are mobile part of community so that exact number is unknown.

CHAPTER TWO REVIEW OF LITERATURE

2.1 Global Situation of HIV/AIDS

With rapidly increasing proportion of HIV positive people, there is risk of transmission to the uninfected population, if precautions are not taken. This also implies a growing cost of care and treatment of a constantly increasing number of infected persons over longer periods of time, in terms of providing antiretroviral drugs. In this regard it may be noted that in developed nations of North America, Europe and Australia HIV has become a chronic ailment like diabetes, thanks to accessibility and affordability of antiretroviral therapy. (FMOH, 2012 p. 21)

HIV transmission is not a random event. The spread of the disease is profoundly influenced by the surrounding social, economic and political environment. Once people are struggling against these adverse conditions, they are vulnerable to being infected by HIV (John-Peter Cools, Fact sheet, 2008, P. 10.)

The transmission from men to women is fairly well understood. Semen from an infected man contains HIV that is most likely associated with infected lymphocytes. HIV introduced into the vagina must make its way into the lymphatic to initiate viral reproduction. Small breaks in the linings of vagina are presumed to be portals of entry to the lymphatic. Women are more susceptible to infection than men after a single exposure to HIV (Gracious Thomas, MSW 001 P.110).

Report on HIV epidemics in Africa identified commercial sex workers as a group whose sexual behavior (multiple partners and unprotected sex) made them at risk of infection. Recent studies show evidence of continuing increase in HIV infection in this population. The male clients of female sex workers constitute another core group for HIV

transmission, but the characteristics of this subset of the population is almost unknown (Gracious Thomas, MSW 001 P.110.).
Commercial sex work, one of the major risk factors for acquisition of HIV and other STIs for MTF transgender persons is CSW. As with HIV infection in this population, it is difficult to ascertain the exact prevalence of CSW in MTF transgender persons, although studies have estimated the prevalence rate to be as high as 44% globally (FDRE Country Progress Report on HIV Response, 2012, p.1)

Economic necessity is one of the reasons that MTF transgender persons engage in CSW. Many MTF transgender persons come from economically disadvantaged backgrounds. This combination of existing poverty combined with the difficulty finding and securing steady employment leads many MTF transgender persons to CSW. When engaging in CSW, the majority of these women are the receptive partners during unprotected anal intercourse a high-risk sexual behavior (George G, 2007, P.19).

2.2 HIV/AIDS situation in Ethiopia

The first evidence of HIV/ epidemic in Ethiopia was dictated in 1984. HIV/AIDS has become a major public health concern, leading the government of Ethiopia to declare a public health emergency in 2002. According to EDHS 2013 estimate, the national adult HIV prevalence is 1.3% with women disproportionately infected (1.7% compared to 0.9% in men). Prevalence is also markedly higher in urban area (3.5%) compared to 0.5% rural area. The urban/rural prevalence for women was 4.6% and 0.7% respectively. Ethiopia's burden of HIV/AIDS is enormous: number of adults and children living with HIV/AIDS in 2013 is estimated at one million (Oromia Health Bureau, 2013 p. 4)

In the early stages of the epidemic, HIV prevalence increased rapidly, initially among high risk groups like CSWs, men in uniform and long distance truck drivers. Most of the HIV surveys, therefore, were focused on these well-recognized risk groups in major urban centers. However, the data generated did not provide much information on what was happening in the general population. Based on available research and survey data, the first systematic national report on HIV was produced in 1996. This synthesis report documented a progressive rise of HIV prevalence from 1% in 1989 to 5.2% in 1996, indicating a generalized epidemic. The findings showed that the epidemic steadily increased, then reached a plateau and seemed to decline. This observation was more evident with the expansion of ANC sentinel sites to more geographic areas that yield more representative data compared to earlier years. (Debabe A., 2009; P. 19)

2.3 HIV/AIDS situation in Oromia

Oromia is Ethiopia's largest region existed at the center of the country. Geographically all other region should pass this region to address the capital city, Addis Ababa. According to the Ethiopian Demographic and Health Surveys of 2011, HIV prevalence rate 1.0% in Oromia region while it is 5.5 in capital city Addis Ababa. Based on 2013 estimate the regional HIV prevalence is 0.8% of which 2.0% is urban and 0.6% is rural. The estimated number of people living with HIV in the region is 207,203 of which 117,356 are in need of antiretroviral treatment (ART). Most people living with HIV or at risk for HIV do not have access to prevention, care and treatment. (Oromia Health Bureau, 2013 p. 4)

2.4 Adama Town HIV/ AIDS Situation

Adama town is the second largest city of Ethiopia next to Addis Ababa. The migration of the commercial sex workers to Adama town was driven by geographical location of the town, which is the town existed at the main road of Addis Ababa to Djibouti and it is a stop-over for many long distance truck drivers to export and import the commodity to all foreign countries throughout the year. This condition created attraction for the migration of the commercial sex workers since they got many clients during the day and night.

In addition to this the town serves as the center of meeting and training as well as recreation to both federal government and Oromia regional state. The mobility of many populations to this town has created conducive situation for the existence of many commercial sex workers there.

According to evidence taken from town health HIV/AIDS prevention and control office the town prevalence rate of 2013 is 4.8. This number is greater than hot spot urban prevalence rate in Ethiopia in the same year which is 3.5%.

In conclusion, the Government of Ethiopia has identified populations who are most-at risk and/or highly vulnerable populations (MARPs) to HIV infection. A MARP is defined as a group within a community with an elevated risk for HIV, often because group members engage in some form of high risk behavior; in some cases the behaviors or HIV sero-status of their sex partner may place them at risk. Available data indicate that sero-discordant couples, sex workers, men in uniformed services, long-distance truckers, mobile workers and cross border populations are among most-at-risk populations. Percentage of sex workers reached with HIV prevention program 42.3% and Percentage of sex workers living with HIV 25% in 2009. Data on at risk-population-groups indicate higher prevalence of HIV compared to the

general population. A study among sex workers in Amhara region revealed a prevalence of 11.6% to 37.0% which was considerably higher than the national urban population prevalence (Federal Democratic Republic of Ethiopia Country Progress Report on HIV/AIDS Response, 2012 p. 15.)

CHAPTER THREE

Study Design and Methodology of the Research

3.1. Study Area

The study was conducted in Adama town, which is the capital East Shoa zone of Oromia Regional National State and is some 100 KM East of the capital Addis Ababa. Woreda 06 is the hot spot area where commercial sex workers work and live. According to census conducted in 2010 the number of households was 36,513, and the total population of the town was estimated to be 254,107 of which the number of male was 129221 and female was 124,886.

There are about 20,000 people live in woreda 06 as to census conducted in 2010. Among these people 65 %(13,000) of them are females and the rest 35 %(7,000) are males. The socioeconomic status of this community is categorized under economically poor woreda; because most of the community members who live in this area are illiterate and low-income. Many people who live here get their income from selling of local drinking alcohol like Arake and tela. Most of the females live in this woreda earn their income from commercial sex work. This woreda is the hot spot area of the town, where many commercial sex activities are taken place every day. They win their daily bread in sex practice.

This study was being assessed to clearly indicate CSWs situation in the study area and to suggest means of averting such critical problem of the study area.

3.2 Study design

This study has used qualitative research design which was planned to examine the nature of commercial sex workers, experiences and their

social condition. Qualitative method particularly direct observation of commercial sex workers at their living and working areas, interview and focus group discussion were took place. The study was being applied to investigate HIV/AIDS and related risk behaviors of the commercial sex workers.

3.3 Sampling

In this study the researcher proposed to take sample size of 12 commercial sex workers from woreda 06 which is the most hot spot woreda of Adama town. Since the study design was qualitative, including many participants might result constraints of time and financial resource so that the number of the participants was limited to 12. This study considers its participants from the commercial sex workers of the town /woreda 06 who have satisfied the following criteria.

- Those who are working in the bars, hotels, and/or night club.
- Those whose age range is between 18 and 45.
- Those who live and work in preferred woreda 06.
- Those who have willingness to participate.

3.3.1 Sampling method

This study employed non probability sampling technique. Purposive sampling technique was used to select participants of the research due to complex nature of the problem of the issue. It was based on the presumption that with good judgment one can select the sample units that are satisfactory in relation to one's requirements. A common strategy of this sampling technique is to select cases that are judged to be typical of the population, in which one is interested, assuming that errors of judgment in the selection will tend to counterbalance each other.

3.4 Data collection: tools and procedures

3.4.1. Interview Schedule

One method of collecting data for this study was in-depth interview. The interview questioners was being prepared to assess socio economic back ground, their knowledge and practice to STIs and HIV as well as to address their risk behaviors of the target group. One interview per participant guided by open ended question and close ended question have being conducted with voluntary participants who full fill the inclusion criteria and confirmed their consent to participate. The in-depth interview was conducted using semi-structured questionnaires containing of culturally sensitive sexual risky behavior by the principal investigator. The Interview was being conducted in private place, where there was no interruption and well maintained privacy.

3.4.2. Focus group discussion schedule

The discussion was being held in the establishments, where one participant lives and works. The investigator moderates the discussion in the local language using different items discussion guide. The participants freely and actively expressed their idea and feeling about culturally sensitive sexual issues. The selection of key informants was by identifying CSWs, those who can give extra time to participate in this discussion. Based on the preset criteria, the participants were being selected to participate in the discussion.

3.4.3 Observation schedule

Observation involved systematic watching of people and circumstances to find out about risky sexual behavior and interaction in natural environments. The major advantage of observation of this study was the possibility to relate what commercial sex workers said or reported

to what they actually practiced. Related to this method many events were observed and analyses accordingly. The researcher has used non participatory observation as one of the methods to collect data by presenting at the woreda 06 where most commercial sex workers live and work. This observation schedule was being took place during the day time and night time to understand real lives of this target group.

3.5 Data processing and analysis

The first step in data analysis was a critical examination of the processed data in the form of frequency distribution. This analysis was made with a view to draw meaningful and precise inferences and generalizations. After all data collection methods were completed, the data was being verified, edited and arranged serially. The data putted in systematic manner based on the question used in the above methods to explore the interviewees' knowledge, behavior and practice

3.6 Ethical Considerations

The study was employing the consent of participants based on objectives, procedures and confidentiality, benefits and possible risks. It was the right of the participants to withdraw any time, or refuse to answer any question in the research process. The study ensured the all pieces of information collected from participants to be used only for academic purpose to prepare MSW project.

CHAPTER FOUR

Data Analysis and Presentation

In this chapter analysis of the detail finding and socio-economic background of the study participants were presented. All study participants are female since all of them selected from female sex workers.

4.1 Socio-demographic characteristics of the study subjects.

The target population of this study was commercial sex workers of Adama town, woreda 06, who were there in this study area during data collection. A total of 12 respondents with a response rate of 100 % were enrolled and participated in the study. The socio-demographic characteristics of the respondents are mentioned below.

As it was indicated below in Table 1 of this study, the age of the respondents is ranged from 18 to 33 years. The largest percentage belongs to 18-22 which comprises 5(41.66%) followed by 28-33 which comprises 4(33.3%) and the least age group belongs to 23 – 27 which consists of 3(25%). All of the respondents are literate. According to the data that was collected from them, 4 (33.3%) attended elementary school, 3 (25%) attended junior secondary school and the rest 5(41.7) attended high school. Of the respondents 7(58.3) of them are orthodox religion followers, 3(25%) of the respondents worship Muslim religion, 1(8.3%) protestant and the rest 1(8.3%) follower of catholic. The ethnic group composition constitutes Amhara 4 (33.3%), Oromo 3(25%), and Tigre 2(16.7%) and the rest 3(25%) belongs to Gurage, Wolaita, Kembata.

Among 12 respondents 2(16.6%) of them have come from families that have potential to take care, feed, dress and support them when they gown up, 6(50%) have explained that their families had no capacity, while the rest 4(33.3%) of them explained that their families had little capacity to feed, to educate, support and dress them when they grown up.

As regards to their feedback, they joined commercial sex activity for three main reasons that were identified by the study participants. According to participants 3 (25%) of them expressed that they have joined to this business activity because of financial problem. 2(16.67) of them expressed that they faced divorce or deaths of the families so that they have dropped out from school and started this business to support themselves economically, 2(16.67%) of them have mentioned that they were forced by unwanted pregnancy that they encountered at high school. The rest five of them have mentioned various reasons such as divorced with husband, disagreement with parent or relative, personal choice, peer pressure and unplanned life.

Concerning the overall period of working as commercial sex workers, all of the respondents were in the business from 3-9 years. The largest number of the participants that comprised 6(50%) stayed in the business for 3-5 years that was followed by 5(41.67%) from 6-8 years and the least 1(8.3%) existed in the system from 9-11 years. Out of 12 participants, 4(33.3%) had the history of marriage in their lives. The rest 8 haven't married but used to have boyfriends. The age at first marriage ranges from 16 to 21 years. 4(33.3%) of the respondents gave birth and have 1 or 2 children. The age of first sexual intercourse ranges from 14 years to 18 years. According to interview that was conducted of the

participants 5(41.66%) of them have conducted abortion more than two times while 2(16.67%) have conducted abortion one time. They have used different methods to conduct abortion. Some of them conducted abortion by sacking tools while some of them made abortion by drugs were given from health facilities.

With regards of commercial sex workers clients, all of them (100%) mentioned that their clients are from various parts of community members such as long distance truck drivers, public servants who come for meeting from various towns of Ethiopia, young people living with families, adult men in marriage, daily laborers, and Bajaj drivers. The above mentioned community segments are the clients of all the study participants.

Table 1: Socioeconomic back ground of the respondents.

S/N	Variables of socioeconomic back ground	N=12	Percentage
1	Age group		
	18-22	5	41.6
	23-27	3	25.0
	28-33	4	33.3
2	Education		
	Elementary	4	33.3
	Junior	3	25.0
	High school	5	41.6
3	Religion		
	Orthodox	7	58.4
	Muslim	3	25.0
	Catholic	1	8.3
	Protestant	1	8.3

4	Ethnic group		
	Oromo	3	25.0
	Amhara	4	33.3
	Tigre	2	16.7
	Others	3	25.0
6	Reason of join the business		
	Financial problem	3	25.0
	Death or divorce of family	2	16.6
	Un wanted pregnancy	2	16.6
	Other reasons	5	41.7
7	Duration of work as CSW		
	3-5 years	6	50.0
	6-8 years	5	41.7
	9-11 years	1	8.1
8	Marriage status		
	Yes	4	33.3
	No	8	66.7

Source: My own survey September 2014

4.2 KNOWLEDGE ABOUT STIS AND HIV/AIDS

As it was indicated below in Table 2 of this study, concerning the general knowledge of participants related to STIs and HIV/AIDS were assessed and their responses were discussed as follows.

Knowledge of the respondents about signs and symptoms of STIs were assessed by open ended question. 4(33.3%) of them mentioned common sign and symptoms of STIs. These are: Lower abdominal pain, Genital discharge, and Foul smelling discharge, burning pain on urination, Genital ulcers /sores and Swellings in groin area. 5(41.7%) of them revealed three of the common signs

and symptoms and the rest 3(25%) have mentioned two common sign and symptom of the STIs. Burning sensation during urination is common symptom all respondents mentioned well.

Concerning the issue that sex workers are vulnerable to be infected by STIs and HIV/AIDS, all of the study participants know that having more than one sexual partners has a risk of infection.

Among the respondents 7(58.3%) of the respondents inspected clients penis well before they apply condoms. 5(41.7%) of participants inspected clients penis sometimes. STIs Prevalence rate among participants in the past 12 months were assessed. Of the study participants 2(16.7%) have genital ulcer and followed by 1(8.3%) vaginal discharge history of STIs. General prevalence of STIs among study participants are 3(25%). All participants 12(100%) have being diagnosed and tested STIs in the last 12 months at health facilities by the coupon they have been issued by Organization for social service for AIDS(OSSA) and Mekdam national association those working against STIs and HIV/AIDS.

All study participants 12 (100%) know correctly the ways of HIV/AIDS transmitted from infected person to uninfected one. 8(66.7%) clearly mentioned the main three modes of HIV transmission. These are: unsafe sex practice, sharing of blood contacted instruments and transmission from mother to child, 4(33.3%) mentioned clearly two modes of HIV/AIDS transmission.

The entire respondents 12 (100%) have enough awareness related to HIV/AIDS prevention method even though they do not practice well. Of the respondents 3(25%) of them listed ABC method properly, which comprised of abstinence, be faith full and condom

use. Out of the total respondents 7(58.33%) of them well described about two methods of HIV/AIDS prevention that included be faith full and condom use and the rest 1(8.3%) mentioned one method, which was condom use properly.

Table 2: knowledge of study participants relate to STIs and HIV/AIDS

S/N	Variable	N =12	Percent
1	Knowledge about sing and symptom of STIs		
	Mentioned all signs and symptoms of STIs	4	33.3
	Mentioned two signs and symptoms of STIs	5	41.7
	Mentioned one sign and symptom	3	25.0
2	Inspect clients' penis before condom application		
	All ways inspect clients' penis before condom application	7	58.3
	Sometimes inspect clients' penis before condom application	5	41.7
3	Mode of HIV/AIDS transmission		
	Mentioned three modes of transmission	8	66.7
	Mention two modes of transmission	4	33.3
4	HIV/AIDS prevention method		
	Mentioned three prevention methods	8	66.7
	Mentioned two prevention methods	3	25.0
	Mentioned one method	1	8.3

Source: My own survey September 2014

4.3 Substance use among CSWs

As it was indicated in Table 3 of this study, the experiences of respondents with regard to substance use were assessed by this study; all study participants 12(100%) had the history of alcohol consumption in previous four weeks. They were asked about frequency of alcohol consumption. Of the total respondents 7(58.33%) consumed alcohol every day, 3(25%) consumed two or three days per week and the rest 2(16.7%) depend on their income. 5(41.66%) of the study participants sometimes drink alcohol too much. The rest 7(58.3%) drink much alcohol but not beyond their capacity. Among five participants, who drink too much, 3(25%) of them engage in sexual activity without appropriate condom use. The rest 2(16.7%) of them do not know what they do during the night either sleep on road or in the bars.

Out of the entire respondents 8 (66.7%) of them have the history of in appropriate condoms use when they drink much alcohol or beyond their capacity which they feel themselves as a suicide after alerted. The rest 4(33.3) do not drink too much or do not engage in sexual action if they drink much.

The study participants were asked the reason why they drink much of alcohol. Different reasons were listed among the hard dunkers. Consequently, 5(41.7%) of them have been drunk for enjoyment, 5 (41.7%) of them for stress relief and 2(16.6%) of them as a result of developed drinking habit.

With regard to the response of the study participants on the issue related to drinking alcohol too much, all of them are alcohol consumers and know that as it affects appropriate condom use.

They have expressed well that drinking too much alcohol before sexual intercourse can negatively affect the decision to use condom. Even if both sexual partners made agreement to use condoms before drinking time, both of them do not use it correctly.

All respondents 12 (100%) have the history of drugs use. 5(41.7%) use kchati, shisha and cigarette. 3(25%) of them use kchati and shisha. The rest 4(33.3%) of them use only kchati. The study participants were asked about the purpose of drugs use, 4(33.3%) of them use drug for enjoyment, 2(16.7%) of them use drugs by peers pressure, 3(25%) of them to stay long time in the night, 2(16.7%) to resist pain or harm condition including cold weather, the rest 1(8.3) to cope with the location. The respondents were also asked use of drugs at sexual intercourse and the responses they have given were similar to the above elucidated analysis.

The study participants were asked about controlling their clients sexual activity after drug use, 9(75%) of them said that they could able to control the overall activity of their clients, 3(25) of them sometimes unsuccessful to control all in all activity of their clients.

The responses of the study participants showed that there are the chances to be infected by STIs and HIV/AIDS when they took substances before sexual intercourse. All study respondents have expressed that as taking drugs before sexual intercourse was negatively affected appropriate condom use.

Table 3: Alcohols and drugs use among study participants

S/N	Variables of drugs use among CSW	N=12	Percent
1	Frequency of alcohol consumption		
	Every day	7	58
	Two or three day per week	3	25
	Depend on situation	2	16.7
2	Drink alcohol and condom use		
	Drink and in appropriate condom use	8	66.7
	No drink too much or drink much and do not involve sexual intercourse	4	33.3
3	Reason of much alcohol drink		
	For enjoyment	5	41.67%
	Stress relief	5	41.7
	For habit	2	16.7%
4	Type of substance used among study participants		
	Kchati, shisha and cigarette	5	41.7
	Kchati and shisha	3	25.0
	Use only kchati	4	33.3
5	Purpose of drug use		
	For enjoyment	4	33.3
	Stay long time during the night	3	25.0
	Peers pressure	2	16.7
	Resist pain, and harm condition	2	16.7
	Cope situation	1	8.3
6	Control sexual activity of the client after drugs use	9	75

Source: My own Survey September, 2014

4.4 Practice of condom use among CSWs

It is known that appropriately condom use is the alternative less method among commercial sex worker to prevent themselves from STIs and HIV/AIDS infection. This study focused on condom use prevalence among commercial sex workers since it is the only method which prevents STIs and HIV/AIDS transmission among multiple sexual partners.

The study participants were asked the consistence use of condoms. As it was indicated below in Table 4 of this study, among the study participants 3(25%) never have sex without condom with all paying clients and non paying clients (baluka). 4(33.3%) have sex with condom with all paying clients and without condom with boyfriend (baluka). The rest 5(41.7%) depend on situation, usually they do not have sex without condoms but sometimes they have sex without condoms with high paid clients and with boyfriend. The 9 respondents who engage in sex without condom were asked the reason, 2(16.7%) need trust from their boyfriends. 3(25%) clients paid high cost without condom use. 4(33.33%) of them they don't pay attention to use of condom for their common clients or the person who paid much Birr. Among 11 participants, who had conducted sexual intercourse on the last business day, with paying clients 10(83.3%) used condom correctly. All participants (100%) know that they are vulnerable than other section of community.

The study participants were asked about who puts condom on the clients' penis 6(50%) of them all ways they put condoms by themselves, 4(33.3%) sometimes they put condom and the rest

2(16.67) depend on the clients to put condoms on clients penis by themselves. The respondents who all ways do not put condom on their clients' penis listed, 2(16.7%), client who need condoms put by himself, 2(16.7%) forget that it is their role, the rest 2(16.7%) encountered slippage of condom most of the time. (Table 4)

Sex workers were asked about the types of sexual practice they have provided during their last business day; 4(33.3%) had vaginal, anal and oral sex. 3(25%) had vaginal and anal sex. 3(25%) had vaginal and oral sex. The rest 2(16.7%) had only vaginal sex. 10(83.3%) respondents used condoms on various type of sexual action while the rest 2(16.7%) did not use condom for sexual actions. These who haven't used condoms on last day sexual intercourse listed the reasons. One respondent gained high payment and the other had sex with her boy friend.

Regarding the breakage of condom use, of 12 study participants 4(33.3%) encountered condom breakage. 3(25%) of them had changed condoms while the sex activity is ongoing, the rest 1(8.3%) of them under stood condom breakage at the end of sexual intercourse. The report showed that consistence condom breakage existed during anal sex.

Table 4: show condom use among CSWs

S/N	Variable	N=12	Percent
1	Condom use among CSW		
	Always condom use with paying client And with their boyfriends.	3	25.0
	Condom use with all paying clients and without condom with their boy friend	4	33.3
	Depend on situation most of times use condom rarely without condom to get high money	5	41.7
2	Put condoms on clients penis		
	Always put by them selves	6	50.0
	Sometimes put by them selves	4	33.3
	RARELY PUT CONDOMS BY THEM SELVES	2	16.7
3	Last day types of SEXUAL PRACTICE		
	Vaginal , anal and oral	4	33.3
	Vaginal and anal	3	25.0
	Vaginal and oral	3	25.0
	Only vaginal	2	16.7
4	Condom breakage		
	Yes	4	33.3
	No	8	66.7

Source: My own survey **September, 2014**

4.5 Observation Analysis

Observation was taken place in woreda 06 of Adama town, at hot spot area to watch real live situation at the occasion of commercial sex workers chewing kchat and smoking cigarette, drinking alcohol, waiting street based clients and etc being in their peer group or lonely.

The time before noon; the commercial sex workers stay together and take a rest. More than four or five commercial sex workers live and sleep together in morning time. Most of them were observed they had their breakfast at 10:00 am or at 11:00am. At this time some of them have drunk alcohol with their breakfast in little amount.

In the morning at 10:30 or 11:00am some of them visited clinics because of physical harm they had phased from their clients during the night time. Some of them were observed when they asked money from their peers because of they had finished their money over time or lack business on the day before the observation day.

As per the observation conducted in woreda 06 of commercial sex workers, the available time to chewing kchat and taking drugs like cigarette smoking as well as inhaling shisha is 2:00pm to 4:30 pm. During this time they came together and sat in group of five to eight sex workers. Some groups consist of male, who are the boy friend of them. There is no private drug including kchat, cigarette

and shisha rather they use them together commonly. Someone who has money buys the substance in sufficient amount for the group members or anyone who has earlier purchased substance brought it to use together.

During chewing kchati, commercial sex workers shared their experiences that related to their clients behaviors. They advice each other how to easily they can handle their clients who have hard behaviors. They also talked about the business they had gotten the day before or two day before. They do not respect each other or other person even though they are sitting together and sharing common substances from each other. Some of them were observed while they were insulting each other because of minor issue or issue related to their clients.

During the afternoon, at about 4:30pm, all commercial sex workers visited beauty salon or they started decoration. They were observed while they decorated each other or while they visited beauty salon together. Most of them stayed about 30 minutes to 40 minutes on the decoration process. They changed all the clothes they have put on before and changed their shoes and etc. The decoration standard depends on the place where they work. The commercial sex workers who work in large bars and hotels were checked before they entered the hotel by the gatekeepers. Those who work at small bars and hotel or local drinking house as well as those who work on street also decorate themselves to attract clients.

The observation provided opportunity to understood commercial sex workers those who work based on street. This part of sex workers live in rented house being a group of three to six or there are some who live with parents. Regularly, at 6:30pm in the evening they start to appear beside the road. It was observed that

they were stood in different manner from other community members by holding small hand bags. They were alert looked side by side while they were standing. Some clients came and discussed with someone they have chosen in secrete and taken them to bed room. There was also observed when some of them have been taken by cars or motor bikes to other woreda even to other towns.

Some of them rented beds daily that demands 100 Birr from the woreda dwellers. These bed rooms existed at residential room or at local drinking kiosk covered by sheath cloth. During the day time someone who has rented the bed waited the clients there. Male partner who need short commercial sex activity visited the villages of this woreda and selected any one he likes.

Other observation was done during the drinking time from 5:00pm to 8:00pm. The drinking houses were colored by red light, which differentiate the house from others. As observation was done in this woreda 06, the drinking house of this area served more commercial sex workers rather than other community parts. During this night time some commercial sex workers drink alcohol with their peers, some of them drink with their clients and some of them drink alone in local drinking house, bars and hotel were visited. According to observation conducted in this woreda, most part of drinking houses was occupied with commercial sex workers and with their clients. At 8:00pm in the evening, some commercial sex workers have already drunk about 12 to 15 bottles of beer. At the same time some of them satisfied with alcohol and started dances with their clients.

It was confirmed that commercial sex workers who were observed at chewing kchat also observed at drinking alcohol. During the night time in bars, hotels or local drinking house some commercial

sex workers were fighting each other as a result of too much drinking.

4.6 Focus Group Discussion Analysis

A total of three respondents have participated in Focus Group Discussions (FGDs) which were conducted in woreda 06 at national hotel. In this part of the study convenient sampling was used considering inaccessibility and in-depth information could obtain from key-informants. Many issues related to commercial sex business, commercial sex business risk behavior, knowledge related to STIs and HIV/AIDS, condom use practice, substance abuse as well as other issues were discussed well.

All the FGDs discussants have had enough awareness related to STIs and HIV/AIDS. All of the discussants knew the impact of HIV/AIDS and they said that it is a major health and development problem. They considered that HIV/AIDS has been affecting the productive age group of the society especially most at risk population such as commercial sex workers and their clients as well as anyone who engages in unsafe sex.

They have discussed on the relationship between other STIs and HIV/AIDS. They expressed that the sign and symptoms of STIs are aggravating factors to transmit HIV/AIDS. All of them know that they are the most at risk group than other community members.

Respondent code 09, who is 21 years old, explained that: *"We female sex workers are victims of the STIs and HIV/AIDS, since all ways we have engaged in sex activity with more than two clients each day. I remember one day I had sex with about five clients to*

get enough money. Five days next to this day I was become sick and I visited clinic and got treatment."

Other respondent whose code 04 has explained her knowledge related to STIs and HIV/AIDS. She said *"These infections are not similar to other communicable disease which transmitted from person to person through air or other things rather it transmitted through unsafe sexual intercourse, sharing of blood contacted instruments like medical instruments and from mother to child. We have learned about STIs and HIV/AIDS during peer education facilitated by Organization for social services AIDS (OSSA) charity organization work on this issue. We got coupon from these organizations that work on the issue to get STIs diagnosis and treatments monthly as well as HCT at every three months. We got IEC/BCC materials on these issues from the organizations at every months or two months"*

In addition to this she expressed about the perception of her clients. She said *"awareness creation about condoms use is very important to all community part. Some clients came from their families for some personal purpose or business purpose to Adama town. When such like people visited commercial sex worker they attempted to convince commercial sex workers to have sex without condoms. They present themselves that they are the responsible person of a family or a community and tell her that they do not want to use condoms. Such person share infection from commercial sex workers and distribute it among the all community members."*

The other issue raised during focus group discussion was issue related drugs use among commercial sex workers. Drugs abuse is common among commercial sex workers and attempted to address why they are dependent on the drugs.

One respondent whose code 07 expressed her response related to drugs use when she participated on focus group discussion. She said *"Most of the time I use kchat and smoking cigarette from 1:30pm to 4:00pm with all my friends. Then after, I consumed too much alcohol to reduce the effect of kchat and smoking. I consumed too much alcohol beyond my capacity. Sometimes I engaged in sexual activity which is not safe from STIs and HIV/AIDS infection. Even though I decided sometimes not to consume drugs and alcohol, my clients or my peers influenced me to conduct this with them. I know that I am a person verge to be dying from my risk behavior but I couldn't control myself."* In addition to this she expressed that why most of the time they depend on substances. She said *"Most of the time we chew kchat to change the mood, to pass the day time and to stimulate our selves which help us to keep alert and strong during the night time. After chewing kchat it is must to drink alcohol to minimize the effects of kchat." She called this* **'***chabsi***'** *by commercial sex workers language means something which minimize the efforts of other things. She said "Sometimes we use substance to participate in peer group life. It is our only socialization agent. Since we use this day to day we couldn't separated from this action. Most of us do not have money on the day we haven't get business since we finished what gained immediately."*

Other respondent whose code 04 expressed her experiences related to drinking alcohol. She said "I drink more than 20 liters of tella per four hours. I never go to urination until I drink about 10 liters of it. I drink lonely without boy friend or other peers because of they do not want to traditional drink like tella, instead they choose to drink like beers and traditional alcohol like arake. Sometimes I

sleep on the road unless someone who knows me take me to my home. When I sleep on the road I never remember what took place during the night*" In addition, she expressed that she is HIV/AIDS positive. "To talk honestly substance use negatively affects appropriate condoms use. Always we know that condoms use is the only method we should to keep ourselves from STIs and HIV/AIDS infection but we forget when we took too much substance. Some time when I have sex after substance use I feel that I am using condom but not. Even if I know that I am not using condoms, I take it as easy.*

The study participant, with code 07 has expressed her experiences related to her condoms use practice to other focus group participant members. As I have observed and understood from this group discussion substance abuse results in appropriate condom use. She said *"Always I use condoms with all paying clients whether new clients or usual clients but I do not use condoms with my boy friend. Once upon a time I have used condoms with my previous boy friend for about one year. One day one of my peers has discussed with him on the issue he uses condom with me. He attempted to aware her that the benefit is common for both of us. She told him that it is not important to use condoms between boyfriend and girl friend. Then my boy friend stopped the sexual relation he had with me slowly. At the end he started sexual relationship with her and became her boy friend. Since I used to love that boy I was angry at her. After six months I have got other boy friend that I am with him currently. I don't use condoms with him since I fear him that might disconnect the relation he has with me."*

Other Focal Group Discussion participant with 04 also shared her experiences related to condoms use at the beginning time of her sexual business. She said *"I never forget my first day, when I*

engaged in sexual work industry. I came from rural area to get money from sexual business but I haven't had any knowledge how to negotiate safer sex with clients. My first customer had told me that he should not use condom with me since I am fresh sex worker. I had sex with him without condom. The next day I told to my peer what he had told me about condom use. Then my peer told me that he had bear false. After two days I have experienced serious pain. One of my peers took me to clinic, where I got medical diagnosis and treatments. I told to the health personnel that I have history of unsafe sex. Then he told me that I was infected by STIs and this is precipitating factors of HIV/AIDS transmission."

In addition to this she has reported that she had phased on new client who refused to have sex with condom. Then he accepted her idea and used. During the sexual time she felt that there is abnormality. When she visited the condom it was already filled with blood and pus. Then she cried loudly her peers reached and helped her. They told him that he should visit clinic by coupon given from the organization work on MARPs. She said that inspection of client penis is very important.

CHAPTER FIVE

DISCUSSION AND CONCLUSION

5.1 Discussions

In Ethiopia, there is information on HIV/AIDS spreading in most at risk population. To examine this issue, this study was designed and conducted with the aim of assessing risky sexual behaviors of commercial sex workers which make them prone to be infected by STIs and HIV/AIDS. This study gives important information regarding the risk behaviors of the commercial sex workers.

The age of the respondents ranged from 18 to 33 years. The largest percentage belongs to 18-22 age bracket which composes 5(41.66%) ,followed by 26-30 which composes 4(33.3%) and the least age group belongs to 21 – 25 which composes 3(25%). Similar study conducted in Awassa town indicates that high proportion of 20-24 age group were identified while the respondents age group ranging from 15-28years (Asamnew A. 2005)

The education level did not limit female to join commercial sex activity. According to other studies both educated and non educated can engaged in commercial sex industry but in this study all participants were educated from elementary to high schools. Similar study conducted in Awassa town showed literate rate among commercial sex workers was 85.6%. This variation in literacy rate was occurred due to the fact that flooding of more educated girls are engaging in sex industry in response to ever increasing economic deprivation after graduation of formal education or increasing number of school year to year both at urban and rural areas.

This study identified three main reasons of commercial sex worker to join this profession. 3(25%) of the respondents mentioned financial problem to adjust with modern life as the main reason of joining sex industry business. 2(16.7%) of the respondents joined the business followed by the death or divorce of family, 2(16%) were because of unwanted pregnancy they encountered. The rest of 5(41.7%) have mentioned various reasons that consisted of peer pressure, disagreement with family, divorced with husband, personal choice and unplanned life which enforced them to join the sex business industry.

Under this study, knowledge of commercial sex workers related to STIs and HIV/AIDS were assessed, the results showed that there is no gap of knowledge related to these infections among commercial sex workers who participated in the study. 4(33.3%) of them mentioned common sign and symptoms of STIs. These are lower abdominal pain, genital discharge, and foul smelling discharge, burning pain on urination, Genital ulcers or sores and Swellings in groin area. The rest 8(66.7%) have mentioned two or three of the common signs and symptoms of STIs. Burning sensation during urination is common sign and symptom all respondents mentioned well. Similar study conducted in Awassa town indicated respondent rate of burning sensation (44%). And other study conducted in Ethiopia showed that general knowledge about STIs, most FSWs (95.3%) had heard of STIs. For STI in women, the most commonly mentioned symptoms were genital discharge, followed by burning pain on urination and foul smelling discharge. For STI in men, genital discharge was also the most commonly mentioned symptom, followed by brining pain on urination and genital ulcers/sores. (Asmnew A. 2005)

FGD discussant mentioned that the knowledge of commercial sex workers related to STIs and HIV/AIDS are increased because of many awareness programs implemented by Non-Governmental Organizations such as Family Guidance Association Ethiopia, Pro Pride, Organization for Social Services for AIDS (OSSA), and Governmental Organizations particularly Woreda Administration. STIs Prevalence rate among participants in the past 12 months were assessed. Among the study participants 2(16.7%) have genital ulcer and followed by 1(8.3%) vaginal discharge history of STIs. General prevalence of STIs among study participants are 3(25%). This is almost the same prevalence rate of study conducted in 2009, which was 26 % reported having had STIs symptom in the year, (Debabe A., 2009)

All participants (100%) have being diagnosed and tested STIs as medical checkup in the last 12 months at health facilities using the coupon they have been provided by charity organizations working against STIs and HIV/AIDS without seen sign and symptoms of STIs. This showed improvements as study conducted in Ethiopia in 2006, which show 83.5% of the FSWs, who were infected by STIs had sought medical care from health service institutions (Genet M., 2006).

This study identified practice gap among the study participants on issues related to STIs/HIV and condom use rather than knowledge gap. Study conducted in Awassa showed that those who have previous knowledge about STIs are consistent condom user. In this study, the reasons of practice gap related to condom use were studied. Two main reasons were identified. These were highly paid money without condoms use and respect of common clients as well

as boyfriends. It was similar with study conducted among Bombay sex workers, which presented anecdotal evidence showing that the fear of a loss in income is one of the most important factors determining sex workers from using condoms, even after they are made aware of HIV /AIDS and role that condoms play in preventing it (Banza B. 2000).

This study identified that all respondents (100%) know correctly the ways of HIV is transmitted from infected person to uninfected one. 7(58.33%) clearly mentioned the three main modes of HIV transmission. These are unsafe sex practice, sharing of blood contacted instruments and transmission from mother to child. They clearly mentioned three roots HIV transmitted from mother to child which are through placenta, at pregnancy time, through birth canal during delivery and during feeding breast milk. The study conducted in 2006 showed knowledge of commercial sex workers relating to mother-to-child transmission of HIV. The majority of respondents (83.6%) knew that a woman who was HIV positive could transmit the virus to her unborn child. Amongst this subgroup, the majority (85.1%) knew that a woman with HIV could transmit the virus to her newborn child through breastfeeding (Genet M., 2006)

All of the study participants 12(100%) reported that they use condoms constantly but some occasions were mentioned when they miss condom use. Among the study participants 3(25%) never have sex without condom with all paying clients and non paying clients (baluka). 4(33.3%) have never sex without condom with paying clients and do not use condom with their boyfriend (baluka). The rest 5(41.66%) depend on situation, usually they do not have sex without condoms but sometimes they have sex

without condoms due to much money has been paid by some clients to have sex without condom.

The FGD discussants expressed that most commercial sex workers do not use condom with their boyfriends and sometimes do not use condom to respect common clients as well as when they got enough money. Competition among each other related to respecting clients or boyfriends was also raised as the reason not to use condom.

Nine respondents who engaged in sex without condom were asked the reasons, 2(16.7%) need trust from their boyfriends. 3(25%) high pay to do sex without condom. 4(33.3) weather the client is common client or he pays much Birr. Among 11 participants, who conducted sexual intercourse with paying clients on the last day, 10(83.3%) used condom correctly. This study identified that there is no improvement relating to condom use with all paying clients. Study conducted in 2009 showed that most FSWs (90.8%) had used condoms with all paying clients during the previous 30 days; moreover, 70.5% of FSWs had consistently used condoms with their non-paying partners during the previous 12 months.

This study found that all respondents 12 (100%) knew that they have high chance of infection than other community members. The participants of FGD have mentioned well that they are a risky group part of community even they called themselves a person at verge to die because of their risk behaviors in which they engaged in unsafe sexual intercourse by taking too much alcohol or other drugs. Other study conducted in Georgetown, Guyana, where many adult populations are infected with HIV, 40% of CSWs said they did not think that they were at risk (Robert G., 2008 p. 23)

The condoms breakage or slippages related directly with alcohol or drugs in take. The study respondents mentioned alcohol or drugs in take help them to resist any unfavorable condition which they may phase during the night time. The side effect of these drugs makes them to simplify about condoms use issue in appropriate manner.

This study found that all study participants (100%) had the history of alcohol consumption in previous four weeks. They were asked about frequency of alcohol consumption. 7(58.33%) consumed alcohol every day, 3(25%) consumed two or three days per week the rest 2(16.67%) depend on their income. Other study conducted in Ethiopia, 79% of the FSWs had consumed drinks containing alcohol in the previous four weeks. This subgroup of respondents was asked about the frequency of their drinking; 72% of them reported regular alcohol use and about 33% reported that they drank alcohol every day. (Genet M. 2006) Other similar Study made in Mexico, 50% reported consuming alcohol every day for the four weeks prior to the administration of the survey. This high percentage is indicative of the fact that bars owners pay sex workers a commission per unit of beverage consumed by both herself and her client since the more the alcohol consumed, the higher the payment ,the incentive to drink is extremely high (Martin P.). The prevalence of alcohol use among this study participants' was the result of modern drink habit which increased with urbanization and globalization.

This study found that drinking alcohol has direct relationship with unsafe sex practice among commercial sex workers. Several recent studies have indicated that the use of alcohol or illicit drugs is

associated with "unsafe" sex. This connection has been partially confirmed by several recent studies, though with rather conflicting results. (Debabe A., 2009).

All respondents (100%) had the history of drugs use. 5(41.66%) use kchati, shisha and cigarette. 3(25%) use kchati and shisha. The rest 4(33.3%) use only kchati. The study participants were asked purpose of drugs use, 4(33.3%) use drug for enjoyment, 2(16.67%) use drugs by peers pressure, 3(25%) to stay long time in the night, 2(16.67%) to resist pain or harm condition including cold weather condition and the rest 1(8.3%) to change mood .

5. 2. Conclusion

This study has focused on assessing the risk behaviors of commercial sex workers which put them at high chance to be infected by STIs and HIV/AIDS. This study confirmed that commercial sex worker have enough knowledge related to STIs and HIV/AIDS facts. This awareness was created by various charity organization works on most at risk population. There was little gap between knowledge about HIV/AIDS and perceived risk of infection about HIV/AIDS, even with the different level of perceived risk of infection. Most respondents expressed well the modes of transmission, risk factors, prevention and controlling methods of these infections.

Practicing safer sex among commercial sex workers still not addressed. The commercial sex workers depend on amounts of money they got to use condom or not to use it. The respondents expressed their experiences that they do not use condom when the clients pay much amount of money. In addition to the above fact

commercial sex workers do not use when they were forced or cheated to make sex without condom by the clients and they were intoxicated with alcohol and/or drug.

Commercial sex workers became drugs dependants to change the mood, to resist hardship they face in their business like cold weather condition, pain during sexual intercourse, and to be peer member. When commercial sex workers took over dose substances they couldn't control sexual activity of their clients. Some time halve of them do not use condom appropriately after drink too much alcohol and there was a time when some of them stayed on the road throughout the night time. This shows that drugs use increase vulnerability of STIs and HIV/AIDS infection. The chains of the infection enter the whole community member through the clients of commercial sex workers.

As the respondents of the study have mentioned, some clients of commercial sex workers do not need to have safer sex even if him responsible person of his family or his community. There is knowledge gap or no attention among the clients of commercial sex workers since they enforced commercial sex workers to have sex without condoms which is risk to transmit STIs and HIV/AIDS.

There were many risky sexual practices between commercial sex workers and their clients. Therefore, there would be a possibility of rapid spreading of HIV infection among most at risk population and other general population since CSWs clients are person who are in marriage, students, young population live with parents and etc. This might re increase incidence rate of the infection unless concerned body takes precaution.

5.3. Suggestion

1. HIV/AIDS prevention programmes should address possible risky factors such as alcohol and drug use and their impact on consistent condom use, condom breakage and slippage among sex workers and their clients.
2. The liquor, bars and hotel owners should participate in the programmes of HIV/AIDS prevention among most at risk population by reducing their enforcement which encourages commercial sex workers not to drink beyond their capacity and always remind and encourage the CSWs to use condom consistently and properly.
3. Constantly work on improved adolescent reproductive health through the provision of education on sex and sexuality and improve the awareness of the parents to provide adequate social and psychological support for their children and how to solve family disagreement.
4. Condom promotion and distribution should not focused only on most at risk population but also to the whole community members since male in marital status, students and youth live with parents are involved in sexual activity with commercial sex workers. To curve the problem of sex without condom that has been demanded by the clients of commercial sex workers need strong awareness creation to all community members.
5. A club or an association of females CSWs with a vision of transforming in the developmental activities and an intermediate goal of capacity building as well as which protect the rights of commercial sex workers are required be organized.
6. It is vital to establish local advocacy coalition teams which composed of the Government Organizations and Non Government organizations, and the victim (FCSWs) representatives which

undergo advocacy campaign on the harmful effects of commercial sex so that the sex workers to make voluntary decision and to enforce policy makers to formulate relevant low and regulation to facilitate conducive working condition in development against sex industry to make them productive and self supportive citizen.

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Question for Interview schedule

INTRODUCTION

Hello, I am Geleta Amenu and I am student of MSW at IGNOU, which is hosted by St Mary University. I am here to study HIV/AIDS and related risk behavior of commercial sex workers. I am really value your participation, as your individual contribution to the study output and genuine response will highly be appreciated and credited, as it will help to make realistic analysis and to propose very practical suggestions. However, it is up to you to decide whether to participate in this study or not. I will definitely admire and respect what so ever your decision will be. I would also like to inform you that your name and the name of the establishment you work at will not be written anywhere in this paper.

Would you like to participate in this research?

1. Yes------ 2. No ---------

Section I socioeconomic back ground of the respondents

1 when were you born? _____ Year

2. Have you attend basic education? A. Yes--------- B. No----------if yes, what is the highest level of school you have completed? A. Elementary---- B. Junior school. --------. C. Secondary School ----------D. Collage ------

3. What religion do you follow? A. Orthodox-------B. Muslim -------

C. Protestant----------D. Catholic---------- E. Others specify ------

4. What ethnic group do you belong? A. Amhara ----------B. Oromo-------

C. Tigre---------- D. Other specify---

5. The economic capacity of your family to feed, dress and support your adult life? ----------

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6. What was your reason for being commercial sex worker? ----------
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---------.

7. How long have you been working as commercial sex worker? ----------
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8. Are you supporting any one dependant on you? A. Yes-----B No------- if yes whom**?** A. Children -------B. Parents --------C. Others specify ----

9. What was your age at first sexual intercourse? ----------

10. Have you ever been married? 1. Yes---------B. NO----------

11. Have you ever given birth? A. Yes-------B. No----------

12. Have you ever had an abortion? A .Yes-------- B. No----------

13. If "Yes", how many and where did you make? ----------

14. Who are most common clients of you? ----------

SECTION -II knowledge of CSWs related to STIs and HIV/AIDS

1 Can you describe any symptoms of STIs in women? Yes---- NO------- If yes lists them? ----------
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2 Do you inspect clients' penis for the sign of STIs? A. Yes -----B. No------ If no why----------

3 .Have you had a previous history of STIs? A. Yes -----B. No------

4. Have you diagnosed with sexually transmitted diseases in the previous years? ----------

5. Have you had a genital ulcer /sore during the past 12 months?

A. Yes----------B. No----------

6. Did you do any of the intervention following the last time you had a genital ulcer /sore or genital discharge? A. Yes------ B. No---- If yes what you have done----------
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7. What was your chance of getting infected with HIV? ----------
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8. Which way of transmissions of HIV/AIDS do you know? ----------
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10 Which way of preventions of HIV/AIDS do you know ?----------
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SECTION - III- Drug use practice among CSWs

1 Have you consumed drunken containing alcohol during the last 4 weeks? A. Yes ----B. No----- if yes with whom? ----------
---

2 During the last 4 weeks how often have you had drunk containing alcohol? A. Every day--------B. At least once a week----C. Less than once a week----- D. Two to three times per week------ E .Every day if available--------

3. Do you drink alcohol to much? Yes---------- No----------
If yes, do you engage in sexual activity after drinking too much? ----------
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4. If you engage in sexual activity after hard drink, how do you use condom appropriately? ----------
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5.If you do not use condom appropriately, how you can prevent your selves from STIs and HIV/AIDS?----------

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6. Why do you drink too much? A. since my clients offers me-------

B. To remove depression----------C. To keep social life with my peers---------- D. I have habit to drink ----------

7. Do use you any drug? A. yes----------.B. No----------

8. If yes what types of the drug do you use most of the time?----------

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9.why do you use drug most of the time ?----------

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10. Reason for drug use during the last night sexual intercourse?----------

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11.Do you control sexual action of your clients when you use drugs? A. yes ----------B No ----------

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12. Did you intoxicated in the last night? A. Yes-------- B. No-------

SECTION - IV – Condom use among CSW

1. Have you ever used condom? A. Yes -------B. No-------

2. Do you use condom with all paying clients? Yes----------B. No----------

3. If No, What was the reason behind for non use of condom with all paying clients ----------

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4. Who put condom on client's penis? Me ----------my client---------

5. If you did not put on a condom to your clients, what was the reason? -
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6. Did you encounter the sex without condom with your boyfriend? A. Yes -----B. No----if yes why? ----------
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7. What type of sex was provided for the clients in the last night sexual intercourse? ----------
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8. Did you use condom on such sexual practice? A. Yes------B. No--If no why----------
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9. Have you had any incident of condom breakage with your clients since September 2014? A. Yes------B. No--------

10. Did you change broken and slippage condom if you encountered? A. Yes----------B. No----------

11. If "No ", why you did not change the broken or slippage condom? -----
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Questions for FGD

Good morning! All of you .Well come to our group discussion. I would like to express my gratitude feeling to you for the reason you have given me your time to participate in group discussion. My name is Geleta Amenu and I am student of MSW. I am here today to discuss about the HIV/AIDS and related risk behavior of commercial sex workers. The discussion will be taken one-to-one. There is no right or wrong answer. All comments, both positive and negative, are well come, I would like to have many points of view. I want this to be a group discussion, so you need not wait for me to call on you. I will record word by word your idea so that I ask you to discuss your idea without hesitate to express your idea.

a. What do you know basic facts about STIs and HIV/AIDS? Mention

i. Mode of transmission do you know
ii. ii. Prevention methods do you know

b. Now day do you think HIV/AIDS is a major health problem? Explain your idea.

c. How do you consider commercial sex business and STIs/HIV infections?

d. Why CSWs use substances like kchat, alcohol, cigarette and etc together?

e. How do you see substance use with safe sex?

f. What factors do make commercial sex workers not to use condoms consistently and correctly?

DECLARATION

I hereby declare that the dissertation entitled *ASSESSMENT OF HIV/AIDS AND RELATED RISK BEHAVIORS OF COMMERCIAL SEX WORKERS: THE CASE OF WOREDA 06 ADAMA TOWN, OROMIA NATIONAL REGIONAL STATE* submitted by me for the partial fulfillment of the MSW to Indra Gandhi National Open University,(IGNOU) New Delhi is my own original work and has not been submitted earlier, either to IGNOU or to any other institution for the fulfillment of the requirement for any other program of study. I also declare that no chapter of manuscript in whole or in partial is lifted and incorporated in this report from any earlier work done by me or other.

Place: Signature: ----------

Date: Enrolment No----------

Name ----------

Address----------
