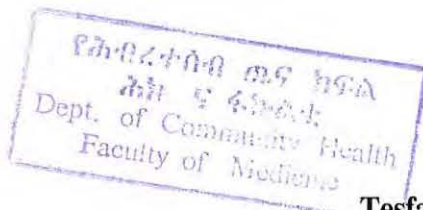


CHILD PROSTITUTION
IN
BAHIR-DAR TOWN, ETHIOPIA



BY

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THESIS PRESENTED TO THE SCHOOL OF GRADUATE STUDIES

ADDIS ABABA UNIVERSITY

IN PARTIAL FULFILMENT OF THE REQUIREMENT
FOR THE DEGREE OF MASTER OF PUBLIC HEALTH

December, 1998

ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES

Child prostitution in Bahir Dar

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Acknowledgement

I am very grateful to Dr. Yemane Brehane my advisor for providing me with very valuable and timely advice from the development of the research protocol to the completion of the thesis.

I am also very grateful to Ato Fikre Enquessilasie and Dr. Salma Elreedy for their unreserved and very valuable contribution to my thesis work. The contribution of Dr. Mesfin Kassaye is also appreciated.

The Austria Development co-operation is acknowledged for funding my thesis research. Special thanks also goes to the department of community health, Medical Faculty, Addis Ababa University for material assistance during the thesis work.

Special thanks and appreciation is given to all Commercial sex-workers who participated in the study with out whom it was impossible to prepare this thesis. My gratitude also goes further to data collectors who committed to work with me under difficult circumstances and unfavourable time.

I am very grateful to my wife Aselefech Yaregal for her continuous encouragement and for her tolerance of my frequent absence from home in preparing the thesis.

Last but not least I would like to thank colleagues from West Gojjam zonal health department (especially Dr. Mekonnen Aycheluhim), Bahir-Dar special zone office (especially Ato Debasu Mengistu) and Kebele officials and community health agents in Bahir-Dar town. W/t Baki Asfaw is acknowledged for her secretarial assistance.

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Abbreviation

AIDS Acquired Immunodeficiency Syndromme.

CSW Commercial Sex Worker.

HIV Human Immunodeficiency Virus.

STD Sexually Transmitted Diseases.

Eth. Ethiopia

USD United States Dollar

Dedication

This thesis is dedicated to my parents:

Ato Ayalew Wassie and the late W/o Amahush Melesse.

Abstract

In Ethiopia, very little is known about prostitution in general and about child prostitution in particular. The purpose of this research is to determine the magnitude of child prostitution and to identify factors associated with and problems of child prostitution. A cross-sectional study design was utilized. Data were collected using structured questionnaire. Data entry and analysis was done using Epi Info version 6 statistical software. A total of 650 commercial sex workers were interviewed. Eighty eight (13.5%) were below the age of 18 years at the time of data collection and 268(41.2%) at the time of joining prostitution. Poverty, disagreement with family and peer influence were the major reasons reported for prostitution. Child prostitutes were more likely to have STDs than adult prostitutes [OR=1.68; (95% C.I.) 0.95,2.96]. Condom use was poor among child prostitutes compared to adult prostitutes [OR=1.67; (95% C.I.) 0.97,2.87]. Child prostitutes were likely to be victim of physical violence [OR= 1.93; (95% C.I.) 1.18,3.15] and sexual violence [OR=2.20; (95% C.I.) 1.36,3.35] compared to adult prostitutes. More child prostitutes observed having the ambition to rejoin their family. It is recommended that strategies need to be developed to rescue child prostitutes from on-job violence, to minimize entry in prostitution and to establish a rehabilitation program for those interested to discontinue prostitution. Further study is required to more deeply understand the cause and effect of child prostitution.

Introduction

Prostitution is defined as indiscriminate sexual intercourse for gain in money or in kind(1). A prostitute is a woman who habitually offers her body for prostitution(1). The legality of prostitution in Ethiopia is controversial: both the penal code of Ethiopia and rule of venereal diseases' proclamation do not make it illegal(2).

A minor (a child) is defined by both the Ethiopian civil code, Article 198, and the Child's Right Convention as a person of either sex who has not attained the full age of 18 years(3,4). Based on the above definitions, a female who practices prostitution before the age of 18 is taken as a child prostitute. However, the Ethiopian civil code, Article 581, defines the legal age at first marriage to be 15 years for females and 18 years for males (3).

Ethiopia has incorporated the United Nation's convention on the Rights of the Child into its law(2). Article 34 of the convention states that children below the age of 18 should get protection from sexual exploitation that may arise from involving them in prostitution and pornography (4).

The role of prostitutes in the transmission of sexually transmitted diseases(STDs) is widely recognised(5). The onset of HIV/AIDS epidemic has generated renewed interest in the lives of prostitutes(6). Sex work is an important social problem in Ethiopia, particularly in major urban centres(7). The number of females practising multi-partner sexual contact in the capital city, Addis Ababa, is estimated by different studies to be one out of five adult females(7) and 7.1% of all adult females(8). Prostitutes below 18 years were observed to account for 17.1% of the total prostitutes in the bars and hotels of Zeway and Meki towns(9).

Prostitution is a serious social problem that places the persons involved at a higher risk of sexually transmitted diseases including the deadly disease HIV/AIDS, unwanted pregnancy, violence and substance abuse(7,8,10,11). These problems have also been seen during case studies of child prostitution and clients of child prostitutes in Addis Ababa(12-14).

In Ethiopia, very little is known about prostitution in general and about child prostitution in particular. The purpose of this research is to determine the magnitude of child prostitution and the factors associated with it and the problems of child prostitution by comparing child prostitutes with adult prostitutes.

Literature Review

The existence of child prostitution have been indicated in a number of studies and reports from Ethiopia and elsewhere(8,15-20). These studies, however, did not emphasise on quantifying the magnitude of the problem. A study from urban Thailand showed that 12% of the prostitutes were below 18 years at the time of interview(21). The same study also showed that, depending on their origin, 28-46% of prostitutes started commercial sex before the age of 18 years(21).

In Addis Ababa, the majority of the prostitutes (48.8%) are illiterate(8). In Merkato area of Addis Ababa, a considerable proportion of the child prostitutes, about 52%, were reported to be school dropouts(11).

Poverty and lack of financial support are the main reasons for being a prostitute in 57-70% of child prostitutes in central urban areas of Sudan and Merkato areas of Addis Ababa (11,22). Marital disharmony and family disintegration are other major reasons accounting for a considerable proportion of prostitution(10). Similar observations have been made in Asian countries such as Thailand and Nepal(18,21). About 50-70% of child prostitutes, in Addis Ababa and the urbans of Sudan, had rural origin before joining the occupation(13,22).

In Africa, adolescent fertility is strongly associated with high rates of abortion, child abandonment, still births, infant and maternal mortality and morbidity. It is also an important factor in school dropout among females which, in many instances, results in teenage prostitution due to lack of choice(23).

Frequent alcohol consumption and chewing khat lead prostitutes into addiction(10). In Ethiopia, 66.6% of child prostitutes in Merkato area, Addis Ababa, were found using at least one substance(11). Increased drug use among prostitutes has been documented elsewhere(6).

Both sexual and physical violence are reported to occur more frequently among child prostitutes compared to adults. This is believed to be due the lack of experience in effective negotiation with their clients(11-14,22).

Sexually transmitted diseases are among the potentially deadly risks in the occupation. The prevalence of STDs among prostitutes in Ethiopia ranges from 32% in Bahir-Dar(15) to 66% in Addis Ababa(7). Among Bahdi sex workers, in Nepal, one study revealed that 70% suffered from STDs(18). HIV infection rate among sex workers in Ethiopia ranges from 22 to 44% in bar girls and females in red light houses, respectively. Its prevalence was two-fold in those who had another STDs compared to those who did not(16).

Prostitutes are known to be exposed to an increased risk of acquiring sexually transmitted diseases and unwanted pregnancy. In Addis Ababa, one fifth of the prostitutes reported pregnancy in three years period(8). However, the use of condom against STDs and unwanted pregnancy is very poor in Sub-Saharan Africa, particularly among teenage prostitutes(7,11,13,23).

Because of social stigma and their poor financial status, it is extremely difficult for prostitutes to change their occupation once they are into it(6). Thus, the majority of prostitutes, for the above reasons, remain in prostitution indefinitely(6).

General and Specific Objectives

General objective

To describe the status of child prostitution in Bahir- Dar town.

Specific objectives

To determine the magnitude of child prostitution.

To identify factors associated with child prostitution.

To describe problems of child prostitution.

Methods

Study design

The study utilized a cross-sectional design.

Study area

The study was carried out in Bahir-Dar, a town located on the South coast of Lake Tana. It is the capital of the Amhara National State. Bahir-Dar is located about 565 kilometres North West of Addis Ababa. Administratively, the town is divided into 17 kebeles (the smallest administrative unit in urban areas) and has a population of about 113,000 according to the 1994 national census(24). Bahir-Dar is one of the large towns of Ethiopia and it is therefore assumed that prostitution is likely to be widespread.

Source and study population

The source population for the study was all female commercial sex workers in the bars and hotels of Bahir-Dar town. The study population was the same as the source population and it was identified in bars or hotels based on the following criteria:

I. Inclusion criteria

A female who is working in a bar or a hotel and who is involved in commercial sex work.

II. Exclusion criteria

1. A female who is working in a bar or a hotel but who is not involved in commercial sex work.
2. A female who is the owner of a bar or a hotel was excluded due to her socio-economic status. Therefore, the study population was all female commercial sex workers in the bars and hotels of Bahir-Dar town except for bar or hotel owners.

Sample size estimation

The required sample size (n) was estimated using the sample size calculation formula for a single proportion. That is:

$$n = \frac{(Z_{\alpha/2})^2 P(1-P)}{\Delta^2} \quad (25).$$

- ◆ Where p (0.17), the guessed value for the true proportion, is the proportion of child prostitutes reported from a survey of child prostitution done in two rural towns of Ethiopia(9).
- ◆ $\alpha(0.05)$ is the level of significance.
- ◆ $Z_{\alpha/2}$ (1.96) is the normal critical value for the selected 95% level of confidence to estimate the proportion of child prostitutes from population of prostitutes in the bars and hotels.
- ◆ $\Delta(0.03)$ is the margin of error that could be made in estimating the proportion at the 95% level of confidence.

So that given: $\text{Alpha}(\alpha) = 0.05$
 $Z_{\alpha/2}$ for $(\alpha = 0.05) = 1.96$
 $P(\text{proportion}) = 0.17$
 $\Delta(\text{margin of error}) = 0.03$

The sample size $n = \frac{(Z_{\alpha/2})^2 P(1-P)}{\Delta^2}$
 $n = \frac{1.96^2(0.17)(0.83)}{0.03^2} = 603$

To this sample was added a 10% potential non-response contingency. This made the final sample size 663. The available number of prostitutes in the bars and hotels of Bahir-Dar town was also estimated. It appeared likely that the number of prostitutes in the town would not be large enough to conduct a sample survey. Therefore, a census survey was conducted and all female commercial sex workers in the bars and hotels of the town were identified and included in the study except the owners. Even though there was no random sampling from larger population, this group of prostitutes can be assumed as to be representative of the population of prostitutes working in bars and hotels in other urban centres of Ethiopia.

ETHICAL CONSIDERATIONS

- . Ethical clearance was obtained from Addis Ababa University.
- . To maintain confidentiality of obtained data, the name and address of the interviewee were not recorded in the questionnaire.
- . Permission from local authority was obtained.
- . Informed consent was obtained from individual respondents.
- . Advice was given to those who report of medical and social problems during interview by data collectors.

Data collection

A letter was obtained from the city council to all Kebele offices asking for their co-operation in the data collection process. In response to this letter, each Kebele office assigned a community health agent to work with the research team. A list of bars and hotels was obtained from the registry of the city council. They were identified by the survey team with the help of the community health agents of the respective kebeles.

Because of the sensitivity of the issue, female nurses with at least five years of experience were selected for data collection. They were given training for five days on how to use the questionnaire, on their role in the study, and on the procedures

to be followed during data collection. In the first three days, the training was conducted through lectures, discussions and role play. On the fourth day, they conducted the pre-test on prostitutes in the bars and hotels of Dangela town. After the pre-test, on the fifth day, the final discussion was carried out to amend the identified problems based on the experiences gained during the pre-test. Throughout the training period, the data collectors were briefed about the need for anonymity in the study and that it will not be possible to trace back the respondents following the interview. Thus, interviewers were instructed to take the highest possible care during the interview sessions to record responses correctly and completely.

In this study, the outcome of interest is child prostitution. This was measured based on age reported by prostitutes at the time of joining prostitution and at the time of data collection. The information on both attributes and problems were obtained from prostitutes using a questionnaire. A structured questionnaire was used for data collection. Most questions were close-ended. The questionnaire was first developed in English and then translated into Amharic, which is the local language of the study area and also the national language of Ethiopia. Translation was checked by another person who understands both languages. The questionnaire was pre-tested on prostitutes in Dangela, a town which is about 80 kilometres away from the study site. The necessary amendments were made before the actual data collection took place.

Data collectors were introduced to a bar or a hotel by the community health agent. Once data collectors were introduced, they described the general purpose of the study and explained why the information was needed. Interviews were conducted after obtaining informed consent from the person being interviewed. At the end of the individual interview, advice was given on some important health problems such as prevention of sexually transmitted diseases and condom use. Data collectors made repeated visits in case a commercial sex worker was not available during the first visit. Data collection was carried out in June 1998 in the evening hours (between 4:00 P.M. to 10:00 P.M.). Supervision was conducted by the principal investigator. Questionnaires were distributed to data collectors on a daily basis and the completed questionnaires were collected on the same day by the investigator for timely edition of the data and for timely feedback. The investigator was available in the data collection area at all times for on-site consultation.

Data analysis

Data were processed using EPI Info version 6 statistical software. The steps followed in the analysis were the following.

1. Descriptive analysis:

- To determine the proportion of child prostitutes (a) at the time of starting prostitution, and (b) at the time of data collection.
- To determine the distribution of studied variables among the study subjects.

2. Bivariate analysis:

Bivariate analysis was done using a case-control analysis approach, with child prostitutes as cases and adult prostitutes as controls. The differences between child and adult prostitutes in socio-demographic characteristics and family history were investigated using chi-square test. The association of variables (namely the reasons for joining prostitution, problems in prostitution and life styles of prostitution, and the ambition given by prostitutes) with child prostitution were investigated using odds ratio and confidence intervals.

Operational definitions

Physical violence is defined as coercive physical act against a prostitute.

Sexual violence is defined as any forceful act by a male person to have penetrative sex with a prostitute.

Completed rape is defined as penetrative sex with a prostitute by force

Attempted rape is defined as a forceful attempt by a male person to have penetrative sex with a prostitute.

STDs is defined as any sexually transmitted diseases except HIV/AIDS.

Commercial sex workers(CSWs) is used interchangeably with prostitute.

Results

A total of 650 commercial sex workers were interviewed in 207 bars and hotels. Their age at the time of the study ranged from 14 to 40 years with a mean(SD) of 20.75(3.72) years. Eighty eight (13.5%) of them were below the age of 18 years. The age of prostitutes at the time of joining prostitution ranged from 10 to 33 years with a mean(SD) of 18.59(2.99) years. Two hundred sixty eight(41.2%) prostitutes were below the age of 18 years when joining the occupation. The median duration of working as a commercial sex worker was 12 months. Seventy(10.8%) have worked in prostitution for more than four years. The average duration of prostitution life is about two years. Among all prostitutes, 35.4% send money to their family. Only 14.8% reported that the amount of money they get is satisfactory for them.

The majority of the prostitutes were followers of the Orthodox Christian (99.4%) and they were from the Amhara ethnic group (96.8%).

About 50% of prostitutes were illiterate. Some 10% of them have attended secondary school. There was no statistically significant difference between child and adult prostitutes in educational background by the time they joined the occupation. Three hundred eighty two(58.8%) were never married. Statistically significant difference in the marital status existed between child and adult prostitutes. Child prostitutes

were more likely to be never married, and adult prostitutes were more likely to be divorced ($p < 0.001$). About 30% of the prostitutes originally came from urban areas. The proportion was similar both for child and adult prostitutes. Two hundred ninety six (45.5%) of prostitutes were house maid prior to this occupation. Statistically significant differences on prior occupation were seen between child and adult prostitutes. Child prostitutes were more likely to be students and unemployed living with family while adult prostitutes were more likely to be housewives ($p < 0.001$) (Table 1).

Table 1. Socio-demographic characteristics of prostitutes at the time of joining prostitution, Bahir-Dar town, Ethiopia 1998. n = 650

Characteristics	Child(n=268) No.(%)	Adult(n=382) No.(%)	Total(n=650) No.(%)	p-value*
Education				
Illiterate	140(52.2)	182(47.6)	322(49.5)	
Read & write	23(8.6)	26(6.8)	49(7.5)	
≤4 grade	25(9.3)	40(10.5)	65(10.0)	
5-8 grade	64(23.9)	85(22.3)	149(22.9)	
≥ 9 grade	16(6.0)	49(12.8)	65(10.0)	0.06
Marital status				
Never married	187(69.8)	195(51.0)	382(58.8)	
Divorced	67(25.0)	157(41.1)	224(34.4)	
Others**	14(5.2)	30(7.9)	44(6.8)	0.001
Origin				
Urban	82(30.6)	110(28.8)	192(29.5)	
Rural	186(69.4)	272(71.2)	458(70.5)	0.68
Occupational status(n=640)				
House maid	125(47.2)	173(46.1)	298(46.6)	
Student	58(21.9)	45(12.0)	103(16.1)	
Unemployed with family	27(10.2)	45(12.0)	72(11.3)	
House wife	12(4.5)	44(11.7)	56(8.8)	
Unemployedwith relative	16(6.0)	11(2.9)	27(4.2)	
Others	27(10.2)	57(15.2)	84(13.1)	0.001

* p-value is the value of chi-square test.

** widowed, separated and deserted

Two hundred fifty seven (39.5%) of the prostitutes came from a family living in marital union. At least one parent died for 254(39.1%) of prostitutes. Statistically significant difference in parental marital status was observed between child and adult prostitutes ($p < 0.01$). Of the 634 subjects who answered, 153(24.1%) of prostitutes rated their family economic status as good or very good.. There was no statistically significant difference in family economic status between child and adult prostitutes as rated by study subjects. The majority (61%) are in the first to third birth order for their mothers and there was no statistically significant difference between child and adult prostitutes (Table 2). Five hundred forty five (83.8%) prostitutes have less than 4 alive sisters and 526(80.9%) have less than 4 alive brothers at the time of data collection. This was similar for child and adult prostitutes.

Table 2. Family history of prostitutes at the time of joining prostitution, Bahir Dar town, Ethiopia 1998. n = 650

Backgrounds	Child(n=268) No.(%)	Adult(n=382) No.(%)	Total(n=650) No.(%)	p-value*
Parental marital status				
Married in union	115(42.9)	142(37.2)	257(39.5)	
Divorced	42(15.7)	65(17.0)	107(16.5)	
Either died	91(34.0)	163(42.7)	254(39.1)	
Separated	20(7.4)	12(3.1)	32(4.9)	0.01
Family economic status(n=634)				
Very bad	65(24.6)	91(24.6)	156(24.6)	
Bad	49(18.6)	80(21.6)	129(20.3)	
Fair	86(32.6)	110(29.7)	196(30.9)	
Good	37(14.0)	65(17.6)	102(16.1)	
Very good	27(10.2)	24(6.5)	51(8.0)	0.29
Birth order				
1 st - 3 rd	158(59.0)	237(62.4)	395(61.0)	
4 th - 6 th	86(32.0)	111(29.2)	197(30.4)	
7 th - 11 th	24(9.0)	32(8.4)	56(8.6)	0.68

* p-value is the value of chi-square test.

Both child and adult prostitutes gave similar reasons for being prostitute. Poverty was the most common cause of prostitution reported (72.9%) by child and adult prostitutes. However, adult prostitutes were more likely to give poverty as a reason for prostitution compared to child prostitutes with OR(95% C.I.) of 0.67(0.47,0.97). Child prostitutes were more likely to join prostitution due to disagreement with family as compared to adult prostitutes with OR(95% C.I.) of 1.72(1.08,2.72). Peer influence was also more likely to join prostitution for child prostitutes compared to adult prostitutes with OR(95% C.I.) of 2.07(1.21,3.57). There was no statistically significant difference between child and adult prostitutes for reasons of joining prostitution other than those explained above (Table 3).

About 80% of the prostitutes had had their first coitus before the age of 18 years and 23.3% had had their first coitus before the age of 15 years. The mean(SD) age at first coitus was 15.70(2.46) years.

Three hundred thirty eight (52.0%) prostitutes have reported that they had close relation with a woman working in prostitution before they join this occupation. However, only 25.1% had adequate knowledge pertaining to the prostitution life before they join the occupation.

Table 3. Reported reasons for joining prostitution at the time of entry to the occupation, Bahir Dar town, Ethiopia 1998. n = 650

Reasons	Child(n=268)		Adult(n=382)		Total(n=650)	
	No. (%)	No. (%)	No. (%)	No. (%)	OR(95% C.I.)	
Poverty						
Yes	183(68.3)	291(76.2)	474(72.9)		0.67(0.47,0.97)	
No	85(31.7)	91(23.8)	176(27.1)			
Hating being maid						
Yes	43(16.0)	61(16.0)	104(16.0)		1.01(0.64,1.57)	
No	225(84.0)	321(84.0)	546(84.0)			
Disagreement with family						
Yes	51(19.0)	46(12.0)	97(14.9)		1.72(1.08,2.72)	
No	217(81.0)	336(88.0)	553(85.1)			
Peer influence						
Yes	39(14.6)	29(7.6)	68(10.5)		2.07(1.21,3.57)	
No	229(85.4)	353(92.4)	582(89.5)			
Marital disharmony						
Yes	16(6.0)	35(9.2)	51(7.8)		0.63(0.32,1.21)	
No	252(94.0)	342(90.8)	594(91.4)			
Parental loss						
Yes	17(6.3)	26(6.8)	43(6.6)		0.93(0.47,1.83)	
No	251(93.7)	356(93.2)	607(93.4)			
Failure in school						
Yes	13(4.9)	21(5.5)	34(5.2)		0.88(0.40,1.88)	
No	255(95.1)	361(94.5)	616(94.8)			
Aspiration for urban life						
Yes	6(2.2)	9(2.4)	15(2.3)		0.95(0.30,2.95)	
No	262(97.8)	373(97.6)	635(97.7)			

Prostitutes have encountered different problems in prostitution life. Child prostitutes were more likely to have STDs than adult prostitutes though not significant statistically OR(95% C.I.) of 1.68(0.95,2.96). Child prostitutes were more likely to be victims of physical violence with OR(95% C.I.) of 1.93(1.18,3.15) and also were more likely to be victims of sexual violence with OR(95% C.I.) of 2.20(1.36,3.35) compared to adult prostitutes. For other problems there were no statistically significant differences between child and adult prostitutes(Table 4). Few prostitutes reported financial inadequacy and labour exploitation as problems.

Table 4. Major problems encountered in prostitution life at the time of data collection, Bahir-Dar town, Ethiopia 1998. n=650

Problems	Child(n=88)		Adult(n=562)		Total(n=650)	
	No. (%)	No. (%)	No. (%)	No. (%)	OR(95% C.I.)	
Pregnancy						
Yes	6(6.8)	57(10.1)	63(9.7)		0.65(0.24,1.64)	
No	82(93.2)	505(89.9)	587(90.3)			
STD						
Yes	22(25.0)	93(16.5)	115(17.7)		1.68(0.95,2.96)	
No	66(75.0)	469(83.5)	535(82.3)			
Physical violence						
Yes	39(44.8)	166(29.6)	205(31.5)		1.93(1.18,3.15)	
No	48(55.2)	394(70.4)	445(68.5)			
Sexual violence						
Yes	46(52.9)	189(33.8)	235(36.2)		2.20(1.36,3.35)	
No	41(47.1)	371(66.2)	415(63.8)			
Hunger						
Yes	7(8.0)	40(7.1)	47(7.2)		1.13(0.44,2.76)	
No	81(92.0)	522(92.9)	603(92.8)			
Psychological insult						
Yes	13(14.8)	90(16.0)	103(15.8)		0.91(0.46,1.77)	
No	75(85.2)	472(84.0)	547(84.2)			
Disease(unspecified)						
Yes	20(22.7)	126(22.4)	146(22.5)		1.02(0.57,1.80)	
No	68(77.3)	436(77.6)	504(77.5)			

The most highly consumed substance was alcohol. No difference in alcohol use was seen between child and adult prostitutes. Cigarette smoking, khat consumption and multiple substance use was higher among child prostitutes though not statistically significant (Table 5). There were two drug users who were adult prostitutes.

Table 5. Substance use by prostitutes at the time of data collection, Bahir Dar town, Ethiopia 1998. n = 650

Substance	Child(n=88)		Adult(n=562)		Total(n=650)	
	No. (%)	No. (%)	No. (%)	No. (%)	OR(95% C.I.)	
Alcohol						
Yes	64(72.7)	397(70.6)	461(70.9)		1.09(0.64,1.87)	
No	24(27.3)	165(29.4)	189(29.1)			
Cigarettes						
Yes	5(5.7)	18(3.2)	23(3.5)		1.82(0.57,5.44)	
No	83(94.3)	544(96.8)	627(96.5)			
Khat						
Yes	18(20.7)	88(15.7)	106(16.3)		1.4(0.76,2.56)	
No	70(79.5)	474(84.3)	544(83.7)			
Alcohol, cigarettes, and khat						
Yes	4(4.5)	13(2.3)	17(2.6)		2.01(0.54,6.83)	
No	84(95.5)	549(97.7)	633(97.4)			
None						
Yes	24(27.3)	155(27.6)	179(27.5)		0.59(0.34,1.01)	
No	64(72.2)	407(72.4)	471(72.5)			

The types of frequently served clients were asked during the survey. About 43 % reported government employees as their clients, followed by merchants reported by 261(40.2%) of prostitutes. Students were found to be clients of both child and adult prostitutes. No statistically significant differences were observed on the type of clients served by child and adult prostitutes (Table 6). Only two girls reported that they have also foreigner clients.

The weekly average minimum and maximum number of clients are 1.01 and 2.86 respectively. The average payment for brief sexual intercourse was Eth. Birr 7.30 whereas the average payment for overnight sexual service was Eth. Birr 23.07. The mean minimum monthly income was Eth. Birr 60.96 and the mean maximum monthly income was 120.90. The monthly weighted average income of prostitutes was 90.93 Eth. Birr (at the study time, 1 Eth. Birr = 0.14 USD).

Table 6. Most frequent clients of prostitutes at the time of data collection, Bahir Dar town, Ethiopia 1998.

n = 650

Clients	Child(n=88)		Adult(n=562)		Total(n=650)	
	No. (%)	No. (%)	No. (%)	No. (%)	OR(95% C.I.)	
Government employees						
Yes	32(36.4)	248(44.1)	280(43.1)		0.72(0.44,1.99)	
No	56(63.6)	314(55.9)	370(56.9)			
Merchants						
Yes	31(35.2)	230(40.9)	261(40.2)		0.79(0.48,1.29)	
No	57(64.8)	332(59.1)	389(59.8)			
Drivers						
Yes	26(29.5)	160(28.5)	186(28.6)		1.05(0.62,1.78)	
No	62(70.5)	402(71.5)	464(71.4)			
Soldier						
Yes	9(10.2)	71(12.6)	80(12.3)		0.79(0.35,1.72)	
No	79(89.8)	491(87.4)	570(87.7)			
Students						
Yes	4(4.5)	23(4.1)	27(4.2)		1.12(0.32,3.55)	
No	84(95.5)	539(95.9)	623(95.8)			

Condom use rate reported by prostitutes ranged from "never use" to "regular use". Three hundred twenty nine (50.6%) prostitutes reported regular use of condom. Proportionally, a higher number of child prostitutes reported never use of condoms or use only sometimes compared to adult prostitutes though this was not statistically significant with OR(95% C.I.) of 1.67(0.97,2.85)(Table 7).

Table 7. Condom use rate among prostitutes at the time of data collection, Bahir-Dar town, Ethiopia 1998.

n = 650

Frequency of use	Child(n=88)	Adult(n=562)	Total(n=650)	OR(95% C.I.)
	No.(%)	No.(%)	No.(%)	
Never use/sometimes	25(28.4)	108(19.2)	133(20.5)	
Frequently/always	63(71.6)	454(80.8)	517(79.5)	1.67(0.97,2.85)

With regard to their future ambition or plan, the three most common plans reported by prostitutes were to have married life by 257(39.5%), to run their own business by 235(36.2%) and to re-join their family by 66(10.2%). There are still few reported to continue as prostitute. Child prostitutes were more likely want to rejoin their family compared to adult prostitutes with OR(95% C.I.) of 5.47(3.0,9.98). Child prostitutes were also more likely to continue education compared to adult prostitutes though the difference not significant statistically with OR(95% C.I.) of 1.94(0.96,3.85). Adult prostitutes were more likely want to run their own business compared to child prostitutes with OR(95% C.I) of 0.44(0.25,0.77) (Table 8).

Table 8. Future ambition/plan reported by prostitutes at the time of data collection, Bahir Dar town, Ethiopia 1998.

Future plan	Child(n=88)		Adult(n=562)		Total(n=650)	
	No. (%)	No. (%)	No. (%)	No. (%)	OR(95% C.I.)	
Married life						
Yes	27(30.7)	230(40.9)	257(39.5)		0.64(0.38,1.07)	
No	61(69.3)	332(59.1)	393(60.5)			
Run own business						
Yes	19(21.6)	216(38.4)	235(36.2)		0.44(0.25,0.77)	
No	69(78.4)	346(61.6)	415(63.8)			
Rejoin to family						
Yes	26(29.5)	40(7.1)	66(10.2)		5.47(3.0,9.98)	
No	62(70.5)	522(92.9)	584(89.8)			
Continue education						
Yes	14(15.9)	50(8.9)	64(9.8)		1.94(0.96,3.85)	
No	74(84.1)	512(91.1)	586(90.2)			
To be maid servant						
Yes	1(1.1)	10(1.8)	11(1.7)		0.63(0.03,4.96)	
No	87(98.9)	552(98.2)	639(98.3)			
Continue as prostitution						
Yes	3(3.4)	18(3.2)	21(3.2)		1.07(0.24,3.98)	
No	85(96.6)	544(96.8)	629(96.8)			
No plan						
Yes	5(5.7)	54(9.6)	59(9.1)		0.57(0.19,1.54)	
No	83(94.3)	508(90.4)	591(90.9)			

Discussion

Before further discussing the results, I would like to offer some details on the less likely of alternative explanations for the findings.

In addition to the survey being a census survey, maximum efforts were made to include all prostitutes in the bars and hotels by making repeated visits to reduce selection bias. The majority of questions in the questionnaire were close-ended to reduce subjectivity in recording the answers. It is hoped that anonymity would help the prostitutes to be honest with their answers and minimize information bias. Recall bias was controlled by limiting the questions, which require to recall, to the current events or to the events of only one year back. To reduce interviewer and respondent bias (information bias), the intention to compare child with adult prostitutes was not revealed.

This study has shown the presence of 13.5% and 41.2% of child prostitutes in the bars and hotels of Bahir-Dar town at the time of data collection and at the time of joining prostitution, respectively. The proportion of child prostitutes in the bars and hotels of Bahir-Dar town is found to be substantial, especially at the reported time of joining the occupation. A similar proportion, 12% at the time of interview and 28-46% at the time of joining prostitution, of child prostitutes from urban Thailand was reported (21).

An average duration of prostitution life is about two years. This finding was lower than the average duration of prostitution life reported for commercial sex

workers in the bars of Addis Ababa (2.7 years and 3.1 years in 1989 and 1990 respectively) (7,8,). The shorter duration of prostitution life in this study compared to other studies(7,8) could be due to the effect of HIV/AIDS epidemic. The monthly weighted average income (Eth. Birr 90.93) of prostitutes is lower than the minimum government wage(Eth.Birr 105.00). An earlier study pointed out that the money earned barely covered day to day expenditures, leaving nothing to save for payment of medical treatment or life security (10). The average monthly earnings estimated for three towns (Nazareth, Assela, Addis Ababa) ranged from Eth. Birr 57.9 to 116.0 (10). This is in conformity with our findings.

Even though no statistically significant difference was observed as to the educational background of child and adult prostitutes, a lower proportion of child prostitutes attained grade nine and above. On average, the minimum age required to attain this level of education is 15 years. This might explain the lower proportion of child prostitutes for high school attainment.

There is a tendency for child prostitutes to join the occupation directly from student life than adult prostitutes. This might imply that school drop-out could be a contributing factor for child prostitution. Proportionally, more child prostitutes were unemployed living with relatives than adult prostitutes whereas being a housewife was higher for the adult prostitutes immediately before joining the occupation. Living with relatives might be the risk factor for children to be a prostitute. Being a housemaid was the most common prior occupation both for child and adult prostitutes. This indicates that prostitution is not the first choice for women under difficult circumstances.

The study area is known for early marriage(26). In this study, for those who were married, the age at first marriage was below 18 years for 90% of the cases. In spite of these findings, a high proportion of prostitutes are never married in general and a higher proportion of never married are observed among child prostitutes compared to adult prostitutes. This seems to go against the general understanding that early marriage is one of the reasons for child prostitution in particular and for prostitution in general(10).

No difference was seen for the origin of child and adult prostitutes. However, the urban setting is contributing more to prostitution proportionally when compared to the population composition of urban versus rural categories of the region(24).

A significant difference was observed in parental marital status between child and adult prostitutes. A higher proportion of the child prostitutes came from families living in marital union.

No difference was observed between child and adult prostitutes for birth order, family size and family economic status. For both child and adult prostitutes, only about 24% rated their family economic status as good or very good. The main reason for joining prostitution was poverty for both child and adult prostitutes. This is in agreement with their report of their family economic status. Even though a higher proportion of adult prostitutes reported that poverty was the reason for joining prostitution, poverty was still the leading cause reported by child prostitutes for joining prostitution.

Disagreement with family and peer influence as reasons for joining prostitution were found to be significantly associated with child prostitutes compared to adult prostitutes. This is in conformity with a previous study in Ethiopia(10). These two factors could be easier targets for interventions, compared to interventions to alleviate the deep rooted poverty in the families.

Though not statistically significant, a higher proportion of child prostitutes identified contracting STDs as a problem compared to adult prostitutes. This is in agreement with the low condom use rate reported by child prostitutes compared to adult prostitutes, though this difference was also not statistically significant. The low condom use rate and the high reported problems of STDs among child prostitutes might imply that awareness about STDs in general and HIV/AIDS in particular is low among child prostitutes, in addition to the low negotiation skills of the child prostitutes to convince their clients who refuse to use condom. The desire of clients to have unprotected sex with child prostitutes than adult prostitutes could be one cause of sexual and physical violence in relation to condom use. Very young girls are perceived by the clients to be free of HIV and other STDs (18,27) and the lack of power of child prostitutes to negotiate effectively with their clients on condom use which, in most cases, will expose them to the risk of violence has been reported elsewhere(18). In a study in Addis Ababa, the prevalence of HIV-1 infection among female commercial sex workers with a history of STDs was found to be double that of a similar group but with no history of STDs(16). Children's immature bodies are more likely to suffer abrasions during sex, making them increasingly vulnerable to HIV infection(27). The higher reported rate of

problems of STDs among child prostitutes in this study and their biological immaturity for sex (27) is likely to put them at a higher risk of HIV/AIDS infection than adult prostitutes.

Child prostitutes were found to be victims of both sexual and physical violence more than adult prostitutes. Nonetheless, it is still a problem for adult prostitutes. From this finding, one might consider the occupation as being at risk for violence. However, given that they work in the same occupation and under similar conditions as adult prostitutes, such a higher rate of violence against child prostitutes can not be simply due to the nature of the occupation. The small, weak body and the less life experience of child prostitutes might explain these differences of violence rate. Other studies have also shown that violence is a problem of child prostitution(11-14).

There was no statistically significant difference between child and adult prostitutes concerning substances use. This might be due to the small sample size. Otherwise, for all types of substances considered, a higher proportion of child prostitutes seemed to be using the substances. In a study of health related problems of adolescents by Solomon(28), substances use among female adolescents was much lower than the finding observed in this study but similar finding was reported among child prostitutes from Merkato area, Addis Ababa(11). One of the problems associated with prostitution is addiction to substances like alcohol and khat(10).

A significantly higher proportion of child prostitutes reported their ambition to rejoin their family compared to adult prostitutes. This might be an indication that they end-up in the occupation as a result of an immature decision due to temporary problems or due to the influence of peers.

Limitations of the study

1. The sample size was relatively small to allow for a thorough comparison of the different factors between child and adult prostitutes.
2. Generalizability to all commercial sex workers in Bahir-Dar may be limited since the study was conducted only on prostitutes in the bars and hotels.
3. There may be an under reporting of health and social problems since measurement was based on self reports.

Conclusions

1. The magnitude of child prostitution in the bars and hotels of Bahir-Dar is fairly high.
2. Child prostitutes are more victimized than adult prostitutes.
3. A significant proportion of prostitutes have the desire either to change their occupation or to rejoin their family.

Recommendations

1. Establish counselling services for prostitutes to enhance their negotiation skills with clients so as to minimize violence and to maximize condom use.
2. Rehabilitation strategies need to be developed for child prostitutes who want to change their occupation and rejoin their family.
3. Promote public awareness program to prevent prostitution, particularly child prostitution.
4. Conducting a survey with a large sample size is recommended in order to evaluate further the problems of child prostitutes.

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Questionnaire for female sex workers in hotels and bars.

General information

The purpose of this study is to assess factors related to adolescent prostitution and its outcome. The information in this questionnaire will be kept strictly confidential. Your name and address will not be recorded or identified. In addition to this, only the research group will have access to the information you give. This questionnaire will be filled only if you agree to take part in the study. The study results will be used to address issues related to adolescent prostitution and to recommend preventive measures and possible life style options. Thus I would like to ask you to give your genuine response to the questionnaire.

Thank you!

1. Age in completed years _____

2. Religion

1. Orthodox Christian

2. Muslim

3. Others specify _____

3. Ethnicity

1. Amhara 2. Agew

3. Tigre 4. Others specify _____

4. Educational status

1. Illiterate 2. Read and write only

3. Regular school, completed grade _____

5. Origin of birth

1. Rural 2. Urban

6. If your origin was rural, why do you come to the town? *

1. _____

2. _____

7. How many alive brothers _____ sisters _____ do you have?.

8. Your order of birth in the family _____

9. Marital status

1. Single 2. Divorced

3. Widowed 4. Separated 5. Deserted wife

10. If you were married, what was your age at first marriage _____ in years.

11. Age at first sexual intercourse _____ in years

12. Parental marital status

1. Single 2. Married in union 3. Divorced

4. Widowed 5. Separated

13. If the answer for the above question is married in union what was the situation at home?

1. Very bad 2. Bad 3. Fair

4. Good 5. Very good

14. If the answer for the above question is other than married in union with whom were you living

- 1. Father only 2. Father and step mother
- 3. Mother only 4. Mother and step father
- 5. Others specify _____

15. The economic capacity of your family to feed and dress and to support you for adult life establishment.

- 1. Very bad 2. Bad 3. Fair 4. Good 5. Very good

16. How long have you been working in hotels and bars _____ years/months.

17. What is your main sources of income?

- 1. Wage 2. Commercial sex
- 3. Others specify _____

18. How long have you been working as commercial sex worker _____ years/months.

19. What was your age when you had started commercial sex work _____

20. How did you join CSW? _____

21. What did you know about CSW before you start it?

- 1. _____
- 2. _____

22. Did you have close relation to women/girl who was working in CSW before you started ?

1. Yes 2. No

23. What work did you do before you start commercial sex work?

24. What was your main reason to be commercial sex worker

25. Have you been getting pregnant since last Easter?

1. Yes 2. No

26. What was the outcome of the pregnancy

1. Abortion {#}____ 2. Live birth {#}_____
3. Still birth {#}____ 4. Currently pregnant

27. Have you been experiencing sexually transmitted disease since last Easter?

1. Yes 2. No

28. How frequent do you use condom to protect yourself from sexually transmitted diseases.

1. Never 2. Sometimes
3. Usually 4. Always

29. Where did you get medical treatment for the last episode of STD ?

1. Drug shop 2. Village injector 3. Self medication
4. Private clinic 5. Government health institution 6. Not treated
7. Others specify_____

30. Do you consume alcohol
1. Yes 2. No
31. Do you consume drug/ hashish
1. Yes 2. No
32. Do you smoke cigarette
1. Yes 2. No
33. Do you chew khat
1. Yes 2. No
34. Have you been physically abused in the last one year?
1. Yes 2. No
35. If the answer to the above question is yes, who did it
1. The client 2. The bar/hotel owner
 3. Others specify _____
36. Have you been experiencing sexual violence since last Easter?
1. Yes, 2. No
37. If the answer to the above question is yes, what type of sexual violence was it ?
1. Completed rape 2. Attempted rape
 3. Others, specify _____
38. Who are your most common clients?
- _____

39. On average what number of clients do you serve
1. Daily, minimum ____ maximum ____
 2. Weekly, minimum ____ maximum ____
40. On average what amount of money do you make from
1. Short term _____
 2. Overnight _____
 3. Monthly: minimum ____ maximum ____
41. Do you give proportion of earning from CSW to the owner, manager or pimps
1. Yes 2. No
42. What additional work do you do for the bar or hotel
1. Drink service 2. Food service
 3. Food preparation 4. Bed making
 5. Others, specify _____
43. What amount of money do you get for your additional work on monthly bases _____
44. Do you send money to your family
1. Yes 2. No
45. Is the money you get fulfilled you financial need
1. Yes 2. No
46. What is good about your job as commercial sex worker? List all:
- _____
- _____
- _____

47. What is not good about your job as commercial sex worker?

List all:

48. What is/are your plan/s for the future?

Thank you again answering the above questions. See you!

Interviewer Name _____

Interviewing Date _____

ሆተል ቤትና ቡና ቤት ለሚሰሩ ሴቶች አዳራሾች የተዘጋጀ

መጠይቅ

ስለጥናቱ አጠቃላይ መግለጫ

ይህ ጥናት የሚካሄደው ወጣት ሴቶች አዳራሾችን ለዚህ ሥራ የሚዳርጉባቸውንና በስራው ላይ የሚያጋጥማቸውን ችግር ለመረዳት ነው። መጠይቁ የሚሞላው አንቺ በጥናቱ ለመሳተፍና እስተዋዎ ለማድረግ ፈቃደኛ ከሆነሽ ብቻ ነው። በመጠይቁ የሚሰበሰቡ መረጃ በሚስጥር የሚጠበቅ ሲሆን ለዚህም እንዲያመኑ ተብሎ ለመጠይቁ መልስ የሰጡ ሰዎች ስም እና አድራሻ በመጠይቁ ላይ አይመዘገቡም። ሆኖም የምትሰጧቸውን መረጃ ከሚያጠናው ሱድን ውጭ ማንም የማይሰጡ ስልጣን የለሁም።

የጥናቱ ውጤት የሚያገለግለው፤

1. ወጣቶችን ወደዚህ ስራ የሚያስገባቸውን ችግር ለይቶ በማወቅ መከላከያ ዘዴውን ለመጠቀም
2. በስራው የተሰማሩትን ጤናቸውን በተሻለ ሁኔታ ለመጥበቅ የሚያስችላቸውን መንገድ ለመቀየስ
3. አማራጭ የኑሮ ሁኔታ ለመጠቀም ነው።

ስለዚህ ለሚቀርበው ጥያቄ ትክክለኛውን መልስ በመስጠት እንድትተባበሩን እንጠይቃለን። ለማድረግላን ትብብር በቅድሚያ እናመሰግናለን።

1. እድሜ (መሉ ለመታ ይመዝገብ) _____

2. ሐይማኖት
1. ለርቶዶክስ
 2. እስላም
 3. ሌላ ከሆነ ይገለጹ _____

3. ብሔረሰብ
1. አማራ
 2. አገው
 3. ትግራ
 4. ሌላ ከሆነ ይገለጹ _____

4. የትምህርት ደረጃ
1. ማህይም
 2. ማንበብና መጻፍ ብቻ
 3. ወደዘፍ ትምህርት ለጀመረ ያጠናቀቀችው ክፍል _____

5. ያደግሽበት ቦታ

1. ከተማ
2. ገጠር

6. ያደግሽው ገጠር ከሆነ ለምን ወደ ከተማ መጣሽ?

7. በሕይወት ስንት _____ ወንድም _____ እሀት አሉሽ?

8. በቢተሰብ በልደት ቅደም ተከተል ስንተኛ ልጅ ነሽ? _____

9. የጋብቻ ሁኔታ

1. ያላገባኝ
2. አግብታ የረታኝ
3. ባሏ የሞተባት
4. ከባሏ ጋር ተለያይታ የቀረኝ
5. የተሰደደኝ ሚስት

10. አግብተሽ ከነበር የመጀመሪያሽን ስታገቢ የስንት አመት ልጅ ነበርሽ?

11. ለመጀመሪያ ጊዜ ከወንድ ጋር ግንኙነት ስታደርገ የስንት አመት ልጅ ነበርሽ? _____

12. የወላጆቻሽ የጋብቻ ሁኔታ

1. ያላገባ/ኝ
2. በትዳር ያሉ
3. የተፋቱ
4. ባል ወይም ሚስት የሞተባቸው
5. ለየብቻ የሚኖሩ

13. የላይኛው ጥያቄ መልስ በትዳር ያሉ ከሆነ በቤት ውስጥ የነበረው ሁኔታ

1. በጣም መጥፎ
2. መጥፎ
3. መካከለኛ
4. ጥሩ
5. በጣም ጥሩ

14. የላይኛው ጥያቄ መልስ በትዳር ያሉ ከሚለው ውጭ ከሆነ አንኝ ከማን ጋር ትኖሪ ነበር

- | | |
|---------------------------|--------------------|
| 1. ከአባቴ ጋር | 2. ከአባቴና ከእንጅራ አካቴ |
| 3. ከእናቴ ጋር | 4. እናቴና የእንጅራ አባቴ |
| 5. ከሌላ ጋር ከነበር ይገለፅ _____ | |

15. ቢተሰባኹን አንኹን ለመመገብ፣ ለማልባስና አስረላገውን የመቋቋሚያ ድፊፍ ለማድረግ ያላቸው አቅም?

1. ረዕሞ አይቻሉም
2. ደካማ ነው
3. መሀከለኛ ነው
4. ጥሩ ነው
5. በጣም ጥሩ ነው

16. በአጠቃላይ ቡና ቤትና ሆቴል ቤት ለምን ያህል ጊዜ ሰርተዋል? _____
አመት/ወራት

17. ዋና የገቢ ምንጭኑ ምንድን ነው?

1. ደመወዝ
2. ከወንድ ጋር በሚደረግ ግንኙነት የሚገኝ ገንዘብ
3. ሌላ ካለ ይገለፅ _____

18. በሴትኛ አዳሪነት ስራ ምን ያህል ጊዜ ሰርተዋል? _____ አመት/ወራት

19. የሴትኛ አዳሪነት ስራ ስትጀምሩ የሰነት አመት ነበርን? _____

20. ይህንን ስራ እንዴት ልትጀመሩ ቻልን? _____

21. ይህንን ስራ ከመጀመርዎ በፊት ስለሰሩት የምታውቁት ምን ነበር?

22. ወደዚህ ስራ ከመግባትዎ በፊት በዚህ ስራ የምትተዳደር ሴት ጋር የትርብ ትውውቅ ወይም ግንኙነት ነበረን?

1. አዎ
2. አልነበረኝም

23. ይህን ስራ ከመጀመርዎ በፊት ሌላ ምን ስራ ትሰሩ ነበር? _____

24. ይህን ስራ እንዴትጀምረው ያደረገሽ ዋና ምክንያት ምንድን ነው?

- 1.
- 2.
- 3.
- 4.

25. ከአለፈው አመት ፋሲካ ወዲህ የአርገዝና ችግር አጋጥሞኛል?

1. አዎ
2. አላጋጠመኝም

26. የእርግዝናው ውጤት ምን ነበር?

- 1. ጡርጃ ስንት _____
- 2. በሀይወት ተወለደ _____
- 3. ሞቶ ተወለደ _____
- 4. አሁንም በእርግዝና ላይ ነው

27. ከአለፈው አመት ፋሲካ ወዲህ የአባለዘር በሽታ ይዞሽ ያውቃል?

- 1. አዎ
- 2. አልያዘኝም

28. የአባለዘር በሽታን ለመከላከል የኮንዶም አጠቃቀምን በተመለከተ

- 1. ተጠቅሜ አላውቅም
- 2. አልፎ አልፎ አጠቀማለሁ
- 3. ብዙ ጊዜ አጠቀማለሁ
- 4. ሁልጊዜ አጠቀማለሁ

29. በመጨረሻ ለአጋጠሙሽ የአባለዘር በሽታ የት ታከምሽ?

- 1. መድሐኒት ቤት
- 2. የመንደር መርፌ ወጊ ጋ
- 3. አራሴ መድሐኒት ገዝቼ ወለድሁ
- 4. ግል ክሊኒክ
- 5. መንግስት ጤና ድርጅት
- 6. አልታከምሁም
- 7. ሌላ ካለ ይገለፅ _____

30. አላኮል ትጠጥላለሽ

- 1. አዎ
- 2. አለጠጣም

31. መድሐኒት ወይም ሐሻሽ ትጠቀሚያለሽ?

- 1. አዎ
- 2. አልጠቀምም

32. በጋራ ታጨሽያለሽ

- 1. አዎ
- 2. አላጨሰም

33. ጫት ትቅሚያለሽ

- 1. አዎ
- 2. አልቅምም

34. በአለፈው አንድ አመት ጊዜ ውስጥ ድብደባ አጋጥሞቼል

- 1. አዎ
- 2. አላጋጠሙኝም

35. የላይኛው ጥያቄ መልስ ገጥሞኛል ከሆነ የደበደበሽ ማን ነው?

1. ደንበኛሽ
2. የቡና ቤቱ ባለቤት
3. ሌላ ከሆነ ይገለጹ _____

36. ባለፈው አንድ አመት የግዳጅ ወሲብ አጋጥሞሽ ያውቃል?

1. አዎ
2. አያውቅም

37. የላይኛው ጥያቄ መልስ አጋጥሞኝ ያውቃል ከሆነ የግዳጁ ሁኔታ እንዴት ነበር?

1. በግዳጅ ወሲብ ተፈጅሞብኛል
2. በግዳጅ የወሲብ ሙክራ ተደርጎብኛል
3. ሌላ አይነት ከሆነ ይገለጹ _____

38. ብዙ ጊዜ የምታስተናግጻቸው ደንበኞቻሽ እነማን ናቸው። በቅደም ተከተል ቢዘረዘሩ

1. _____
2. _____
3. _____
4. _____

39. በአማካኝ ስንት ደንበኛ ታስተናግጻለሽ?

1. በቀን፤ ዝቅተኛ _____ ከፍተኛ _____
2. በሳምንት፤ ዝቅተኛ _____ ከፍተኛ _____

40. በአማካኝ የምታገኘው ገንዘብ

1. ከጊዜያዊ ግንኙነት _____
2. ከአዳር _____
3. በወር - ዝቅተኛ _____ ከፍተኛ _____

41. ከወንድ ጋር በምታደርገው ግንኙነት ከምታገኘው ገንዘብ ለባለቤቱ፤ ለኃላፊው ወይም ለደላላ የምትከፍደው አለሽ?

1. አዎ
2. የለኝም

42. በሆቴሉ ሌላ ምን ተጨማሪ ስራ ትሰራለሽ?

1. የመጠጥ መስተንግዶ
2. የምግብ መስተንግዶ
3. ምግብ ዝግጅት
4. አልጋ ማንጠፍ
5. ሌላ ካለም ይገለጹ _____

43. በዚህ ተጨማሪ ስራ በወር ምን ያህል ገንዘብ ታገኘሃለሽ? _____

44. ለቤተሰቦቻችን ገንዘብ ትልቅ ገቢ ሲያስገኝ?

- 1. አዎ
- 2. አልሁም

45. የምታገኘው ገንዘብ የሚያስፈልግሽን ለማሟላት ያስቸልሻል?

- 1. አዎ
- 2. አያስቸልገም

46. በዚህ ስራ ያገኘሽው ጥሩ ነገር ምንድን ነው ?

በሙሉ ይዘርዘር _____

47. በዚህ ስራ ላይ ያጋጠመሽ መጥፎ ነገር ወይም ቅግር ምንድን ነው?

በሙሉ ይዘርዘር _____

48. ለወደፊትህ ምን ለማድረግ አስበሻል? _____

የመረጃ ሰብሳቢው ስም _____

ቀን _____

DECLARATION

I, the undersigned, declare that this thesis is my work and that all sources of material used for this thesis have been duly acknowledged.

Name Dr. Tesfaye Ayalew

Signature  _____


Place Department of community health

Date of submission December 1998

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

Name Dr Yemane Berhane

Signature

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