**CHAPTER ONE: INTRODUCTION**

**1.1. Background**

Ancient Egyptians have traced Youssef (1993), the use of condom back several thousand years around 1000 BC for protection of against disease. In the period of 100-200 AD, other evidence has been emerged about the use of condom in Europe. The condom has been comes from scene in cave paintings at Combarelles in France (Allen D 2006).There is also some evidence that condom was used in Imperial Roma (Himes.N.E.1936).

In 1500s, STID like, Syphilis spread across Europe. This epidemic problem caused to publish story of the condom. Gabrielle Fallopius described it a cover of linen he claimed to have invented to protect men against Syphilis (Langley L.L. 1973). In addition to r prevention of infection, condom recognized that it used for the prevention of pregnancy. The first improved condom made during this period (Fryer P.1965).

According to Fryer P. (1965), the word ‘condum’ published in a 1706 poem. It has also suggested that Condom was a doctor in the time of Charles II. It believed that he invented the device to help the king to prevent the birth of more illegitimate children (Lewis M.2000). During this time, condoms made out of animal intestines began to be available.

In the mid of1700s, trades in handmade condoms thrive in London and some shops where producing handbills (leaflets) and advertisements of condoms (Himes, N.E. 1936).

Gradually, the revolution of condom increased time to time with production material, shape etc. However, condom has been popular and well known after the second half of 1900s.

 The use of the condom increased strikingly in many countries following the recognition of HIV/AIDS in the 1980’s.

According to Idemyor (2003), AIDS (acquired immune deficiency syndrome) is a human tragedy. Since the epidemic began in the early 1980s, AIDS has caused more than 30 million deaths, and orphaned more than 14 million children worldwide. (Idemyor), further explain that, with no cure in sight, the AIDS-causing virus, Human Immune deficiency Virus (HIV), continues to spread around the world, causing more than 13,000 new infections each day. Idemyor estimated that by the end of 2003, 38 million people were living with HIV, including 2.1 million children who were under 15 years of age. Over 95 percent of these HIV cases occurred in developing countries of sub-Saharan Africa and South and Southeast Asia. This proportion is set to grow even more as infection rates continue to rise in countries where poverty, poor health systems, and limited resources are rampant. These existing problems have become obstacle for the prevention of HIV- AIDS.

Federal MOH (2007) report show that adult prevalence of HIV infection in Ethiopia was 2.1% and Projected number of PLWHA in SNNPR for 2008 was 141, 543, with female constituting 59 %.

Due to these facts, Government Organization (GOs), Non-Government Organization (NGOs)*,* Voluntary Organization (VO), etc work together to combat HIV/AIDS in Ethiopia using different mechanism.

One approach gaining support fighting HIV/AIDS these days is known as “ABC”; in which A stands for abstinence or delay of sexual activity, B for being faithful, and C for condom use.

The multi-sectorial HIV/AIDS Response Annual Monitoring & Evaluation Report (2008-2009) indicates that when condoms used correctly and consistently, they substantially reduce the risk of contracting HIV epidemic. However, as it was shown in this report that in the past, the number of condom distribution in Ethiopia was not more than half a million. The report also further explains about demand and supply of condoms that has dramatically increased. In 2001 Ethiopian fiscal year, the total number of condoms distribution had reached to 97 million.

Despite the fact that the distribution of condoms has been increasing from time to time, the spread of HIV ADIS does not stop. May be it is less awareness about HIV AIDS, condoms use and its benefit in many rural towns of Ethiopia. Religion and culture (norms) dominated the people in many rural towns.

Thus, this study focuses on the availability of condom and factors affecting its utilization in the rural town of Wondo Basha town. Wondo Basha town is located in southeast part of Ethiopia and 250 km away from the capital Addis Ababa. The rural town is a cash crops area where Coffee and Chat grow. The area is famous for having public recreation area called Wondo Gent Hot spring. Several peoples from all over the country come to visit this place.

 1.2**. Statements of the problem**

According to AIDS epidemic update (December 2007), the estimated number of deaths due to AIDS in 2007 was 2.1 million [1.9-2.4 million] Worldwide of which 76% occurred inSub-Saharan Africa. Declines in the past two years are partly attributable to the scaling up of antiretroviral treatment services. AIDS remains a leading cause of mortality worldwide and the primary cause of death in sub-Saharan Africa, illustrating the tremendous, long-term challenge that lies ahead for provision of treatment services, with the hugely disproportionate impact on sub-Saharan Africa ever clear.

The Ministry of Health (2004), reported that one of the impacts of HIV/AIDS is the fact that it causes high young mortality due to AIDS, which in turn has caused a significant reduction in life expectancy in the country. This report explains the average reduction in life expectancy in 2004 is 4.7 years and shall be expected to increase in subsequent years. This is because HIV/AIDS affects people during their most productive years, when they are responsible for the support and care of others; it carries profound social and economic repercussions for communities and societies. There is some evidence that cultural factors influence risk behavior and HIV infections in the multiethnic Ethiopian society.HIV infection and condom utilization rates were reported to vary among various ethnic and religious groups in different parts of the country.

In addition The Ministry of Health (2004), report put some evidence in addition to health risks, people living with HIV/AIDS face social and cultural barriers, including stigmatization, discrimination, and rejection from health-service providers, friends, and relatives. These barriers, often worsened by the concurrence of the HIV and tuberculosis epidemics, can affect their access to health and medical services, the quality of services they receive, and their daily livelihoods.

All these problems faced more in rural town than urban. They have no detail or more knowledge of HIV/AIDS protection methods like condom use. One of the instruments that protected STID is condom. The DHS found urban residents were much more likely to use a condom during potentially high-risk sex than rural residents were. Therefore, it might be increase the spread HIV/AIDS in different rural towns.

On the other hand, the public markets would activate at afternoon or night in most rural town of SNNPR. The market activity involves much movement of sellers and buyers came from different part of the rural areas. Weekly rural markets are major social gathering in Wondo Genet woreda. Market days are often a source of recreation, even if there is no business to conduct. Drinking on market days is a common and long established practice and may lead to casual unprotected sex. During the harvesting season, commercial sex workers move into market centers.

All these activities also showed in this study area. People has participated daily and weekly market program in Wondo Basha town. Market activities began at afternoon and continue up to at 3:00 o’clock of local time of the night. They sell chat, crops, and vegetables from their home gardens according to household needs, usually in the local market on a regular basis. Chat and alcohols have taken by most people in this area and young men have begun to invite women and girls for unwanted sex sexual advances while they travel to and from markets. They might not be used condom to protect STID or unwanted pregnancy.

Thus, to solve such problems the GOs and NGO (donors) tried to educate and distribute condom in different place in different time. However, there is still a gap on condom distribution due to different factors .But, there was no studies done in area selected to quantify the number of condoms available. Therefore, it is important to determine the availability of condom in the study area and various factors that affect its availability, and utilization of condom in the area under this study.

1.3**.** O**bjectives of the Study**

 1.3.1. General objectives

* The general objective of the study is to determine the availability of condom and factors affecting its utilization.

1.3.2. The Specific objectives are:

* The specific objectives are to determine the availabilities of condom and to identify factors affecting its utilization.

1.4. **Justification**

This study attempted to determine the availability of condom and factors affecting its utilization in the selected study area, in Sidama Zone, Wondo Genet woreda at Wondo Bash town. As it is crucial for prevention and control of HIV/AIDS, the availability of condom and utilization in the study area is unknown. Furthermore, there was no research done on the same topic in the study area as far as I have searched and checked different website. Thus, the outcome of this research is important for GOs and NGOs who works on prevention and control of HIV/AIDS.

**CHAPTER TWO: REVIEW OF THE LITERATURE**

 **2.1. CONCEPTUAL AND THEORETICAL LITERATURE**

According to Federal HIV/AIDS Prevention and Control office FMOH (July 2007), The HIV pandemic created an enormous challenge to the survival of humankind worldwide. With a national adult HIV prevalence of 2.1%, Ethiopia is one of the country is most severely hit by the epidemic.

Wilson,(2004);Shelton etal.,(2004);Stoneburnerand Low-Beer,(2004):Vermund,(1995);Chen et al.,(2007), have shown that having multiple sexual partners and having casual sexual partner increases the risk of being infected with HIV and other sexually transmitted infections. Other recent research Mishra et al., (2007) has shown that being faithful to one’s regular partner(s) can substantially reduce the risk of HIV infection .More recently; considerable attention has been paid to the roll of concurrent sexual partnerships and sexual networks in explaining widely varying levels of national and sub-national HIV prevalence. Halperin and Epstein, (2004); Kohler and Helleringer, (2006); Morris and Kretzschmar, (1997), it has been argued that having concurrent sexual partners in a dense sexual network increases the risk of HIV infection by allowing the virus to spread rapidly to others.

Kohler, Hans-Peter and Stephane Helleringer, (2006), and It has been argued that condom use, especially with casual, higher- risk sexual partners, can reduce the risk of HIV infection. The effect of condom use in the prevention of sexually transmitted infections has been demonstrated in prospective studies ,but cross-sectional data collected in national household surveys generally failed to find a negative association between condom use and HIV infection ( for example, Cameroon, Uganda, and Zimbabwe). In this survey, adults who reported using condom at last sex during the past year had higher prevalence of HIV.

In most countries where the HIV prevalence rate is high many people cannot afford to purchase condoms. Sexually active adults and teenagers must rely on condoms provided free or sold at a subsidized low price. Governments often supply and promote condoms, but many countries rely almost entirely on donations from outside agencies such as the UNFPA and the USAID.

 According The Futures Group International-Ethiopia (2000), Condom sales in Ethiopia increased from 700,000 in 1990 to 41.8 million in1999 the negative attitudes toward condom use persist.

Mulatu MS, Adamu R, Haile SI (2000),a psychosocial study of risk and preventive behavior among high school students concluded that greater condom acceptance was possible if attitudinal barriers (perceived reduction in sexual pleasure, promiscuity and distrust between partners) can be reduced .

Surur F. and Kaba M.(2000), deep-seated religious beliefs in the value of fertility, which consider condom use as sinful and unacceptable, may only gradually be overcome.

Kidane A, Banteyena H, Nyblade L (2003), fear of stigma continues to prevent private and public disclosure of HIV status and discussion of safer sex practices and the prevention of mother-to-child transmission, and the moral issue of HIV prevents many people from participating in prevention activities .

Surur F and Kaba M.(2000),Leaders of the Ethiopian Orthodox Church, the Islamic Affairs Supreme Council and the various missionary churches, have recently stepped up efforts to promote awareness and prevention of HIV/AIDS through open discussion and pilot projects although their impact remains to be evaluated. Studies are also urgently needed to determine whether condoms in the general population are used for disease control or for contraception.

 Galavotti C, Papas-DeLuca A. and Lansky A, (2001). Serial radio drama directed at youth and based on the successful Sabido method, which was launched in 2002, as well as several other community-based education programs that are being conducted using traditional methods such as drama, art and peer education are considered promising. The rural population, women, youth and illiterate people, in particular, need to be targeted for information, education and communication (IEC) efforts, and there is an urgent need to evaluate IEC programs.

In(Myer et al. 2002),South African study, carried out in 1998–1999, interviewed 554 men and women procuring condoms from 12 public health facilities in four regions of the country. Half of the respondents reported having used a condom during their last sexual encounter, while 34 percent reported having used a different contraceptive method. Only 16 percent had used both a condom and another method during their last sexual act. Increased level of schooling and prior instruction on condom use from health care providers was positively associated with use of dual methods. Both men and women concurred that the primary role of condoms was to protect against HIV and other STIs. Male and female respondents felt that either the man or the woman should make decisions about condoms and other contraceptives, but not both. Both sexes agreed that men made the final decision about condom use. Researchers suggest that there is a need for national and local policy to develop guidelines for promoting dual protection as part of primary care services.

**2.2. THEORETICAL LITERATURE OF THE CONDOM GAP**

Despite the increased emphasis on condom use that has accompanied the spread of HIV/AIDS, procuring and distributing a sufficient number of condoms to protect people against HIV and other STIs remains challenging. (Gardner 1999), One analyst found that 24 billion condoms per year are the minimum requirement to protect sexually active people against HIV/AIDS, while only 6 to 9 billion are actually used.

Shelton and Johnston (2001).Other experts estimated the need for an additional 1.9 billion condoms for all African countries to reach the level of provision of the six African countries that currently provide the highest level of condoms per man per year. Yet these countries—Botswana, Democratic Republic of Congo, Kenya, South Africa, Togo and Zimbabwe—provide an average of only 17 condoms per man per year (for men aged 15 to 59).

**2.3. THEORETICAL LITERATURE OF SOCIAL MARKETING AND**

 **INFORMAL DISTRIBUTION**

Condom availability is an essential part of preventing sexual transmission of HIV. Social Marketing techniques can both increase the sale of condoms and promote understanding of the need to use condoms properly. Free condom distribution may be a priority in many countries, particularly coupled with peer education targeted to commercial sex workers and other groups at increased risk. Careful efforts may be needed to work through religious group resistance to condom promotion and distribution.

Social marketing is one strategy that has greatly reduced the gap between the need for and the supply of condoms. Social marketing program is promoting the use of condoms through widespread communication campaigns combined with subsidies to reduce the price of condoms and efficient distribution networks to guarantee their availability. Even though many men say they do not like using condoms, condom use is increasing sharply since it is a primary strategy for AIDS prevention among people at risk. According to (World Bank Policy Research Report, 1997) condom sales through social marketing campaigns have risen dramatically in some countries, with tens of millions of condoms sold annually where there was hardly any condom use a decade ago. From 1991 to 1996, annual social marketing sales increased about five-fold in the African country of Ethiopia (to 21 million) and by nine times in the Latin American country of Brazil (to 27 million). A program that began in 1993 in Asia's Vietnam has typically doubled its sales each year, to 31 million by 1996."Social marketing campaigns have made condoms accessible and for the most part affordable, which were major barriers to use in the past," says Guy Stallworthy, director of technical services for Population Services International (PSI), a U.S.-based nonprofit organization that coordinates many of the world's largest condom social marketing campaigns. "People also have a better sense of personal risk. Awareness of AIDS is much higher now, and communication campaigns have shown that condoms are an effective solution."However, say Stallworthy and other experts, even more condoms need to be use in high-risk sex. Many factors affect the limited acceptance of condoms. An individual's knowledge, attitudes and awareness of risk are critical to condom use. The dynamics between sexual partners play a crucial role, such as whether the couple talks freely to each other about protection against disease and unwanted pregnancy, and whether sex is voluntary for both parties. The attitudes and pronouncements of parents, church leaders, peers, entertainment figures and political leaders shape community norms about condoms.

**2.4. SOCIAL AND BEHAVIORAL FACTORS OF CONDOM**

Even in the presence of social marketing programs, promoting the use of condoms, as a means of protection against HIV and other STIs is not always easy. Some religious doctrines, for example, oppose the use of condoms for any purpose. In addition, there is still a widespread lack of knowledge about condom effectiveness and proper use, and obstacles to procuring condoms, especially for young people. (Gardner 1999). Men, encouraged by their peers, are often resistant to condom use and opt to take sexual risks; women, hampered by traditional gender roles, find it difficult to discuss sex or ask for condoms, even when they know their health is at risk.

Wong et al.(2003),in Cambodia, which adopted a 100-percent condom policy, use of condoms among sex workers increased from 53.4 percent in 1998 to 78.1 percent in 1999. Yet one study in Cambodia found that female sex workers in Siem.

 Reap tended to use condoms with their clients but not their non-paying partners. In the latter case, their main reason for non-use of condoms was "love for their boyfriends".

Although obstacles to condom use exist, evidence of the effectiveness of both male and female condoms for HIV/STI prevention points to the need for continued condom promotion to contain the spread of HIV/AIDS.

**CHAPTER TRHEE: RESEARCH METHODOLOGY**

 **3.1. STUDY DESIGN**

The study design was facility based on non – probability sampling with individual interview method using as interview guide in the selected town communities. The study used purposive sampling for qualitative research. Under purposive sampling, the researcher used convenience-sampling methods, which is available at the time of data collection. In this case, the researcher used this technique to find the people easily.

 **3.2. DISCRIPTION OF THE STUDY AREA**

Wondo Basha (Chuko) town is found under Sidama Zone, Wondogent woreda. It is about 20 KM from the main town of the region Hawassa, it has about 18 kebele, and the total population of 121,020-.The study covers all condom outlets in the town. The livelihood of the area is farming and cash crops are growth. There are one HC, 5 private clinics and 2-Drug venders’ and1 Drug store in the rural town.

 **3.3. STUDY POPULATION**

All populations living in Wondo Basha who are supposed to engage in distribution of condom both Pharmaceutical and non-pharmaceutical Outlets like Kiosk, Bar, Hotel etc in the study area are the target of the study.

**3.4. SAMPLE SIZE AND SAPLING TECHNIQUE**

The total interviewed participant was 110.To complete the deigned research it was necessary to interviewed all traditional and pharmaceutical outlets, GOs (Government Organizations) and NGOs (Non-Governmental Organizations) were involved and participated in the study. Among the total participant 103 were traditional outlets, 3pharmaceutical outlets, 2GOs and 2NGO.

**3.5. OPRATIONAL DEFINITIONS**

 **Availability of Condom**: the presence of one dispenser (48 packs) of condom is available in the outlets.

 **Utilization of Condom:** using condoms for protect STI or for the use of family planning method at the time of sex when purchased from any outlet.

**Traditional Outlets:** It is an outlet or place, those found in different local place like Kiosk, Hotel, Bar.

**3.6. DATA COLLECTION: TOOLS AND PROCEDURES**

In order to generate information at traditional outlets and non-traditional (pharmaceutical oulets) was undertaken using structured questioner prepared in English based on the study components of condom availability and utilization. The instrument was translated into Amharic and interviewed (asked) the seller in the traditional outlet and the dispenser person on the Pharmaceutical outlets. The interviews were conducted by six data enumerators who completed 10thgrade from the local area with the help of principal investigator (PI) well oriented for one-day on method of data collection.

**3.7. DATA PROCECING ANALISIS**

After data collection, each questionnaire was checked manually for completeness. The data obtained from each study participant cleaned, edited accordingly and entered, and analyzed by using the SPSS version 15 software package. Once the survey data is fed in to SPSS 15 version, the different analytical techniques applied were descriptive statistics (such as percentages, frequencies, mean and standard deviations).Percentage comparison methods used to identify in which outlets has found condom and correlation analysis were employed to assess the existence and magnitude of associations between the independent variables. The availability of condoms distribution was analyzed and odds ratio with its 95% confidence interval was employed to determine the strength of associate.

**3.8. DATA QUALITY CONTROL**

Adjustments were made on the appropriateness of the data collectioninstrument based on the feedback of pretested questioner. The Pretest was done on eight traditional and pharmaceutical outlets in Wondo Kela, which wasfound near to Wondo Basha. Supervision was carried out on daily basis by the principal investigator to keep the quality of data. Then, all questionnaires collected from the data collectors and submitted to theprincipal investigators.

**3.9. ETHICAL COSIDERATION**

Ethical clearance was obtained from ethical committee of IGNOU postgraduate programs St.Marry’s University College and Wondo Genet Woreda office, Wondo Basha town administration office. The respondents were informed about the objective and purpose of the study and verbal consent was taken from each participant. They were also informed about the right not to participate in the study and the possibility of withdrawing from the study at any time. Personal privacy and dignity was respected. Confidentiality of the information was secured and collected anonymous. In order to generate information at household level, household level survey was undertaken using semi-structured interview.

**CHAPTER FOUR: RESULT AND DISCUSSION**

**4.1. Socio-Demographic Characteristics of the Respondents**

The response rate was 100%. The totals of 110 respondents were participated in this research. As shown in Table 1, near to or more than half 60(54.5%) of the study participants were between 15-29 years of age. The second majority were between 35 – 45 years of age which accounts for (42.7%) of the subject. In this study participant, 76(69.1%) were male and 34 (30.9%) were Female. Among the total respondents about 41(37.3%) were unmarried and more than half of it 69 (62.7%) were married. Almost 47% of the study participants were followers of Muslim religion. About 33(30%) of the respondents were followers of Orthodox religion. Concerning to educational status of the respondents 70(63.6) were illiterate.

 Table 1: Socio-Demographic characteristics of the respondents

|  |  |  |
| --- | --- | --- |
| Variables | N | % |
| 1.1.Age* 15-29
* 30-45
* 46 and above
 | 60473 | 54.542.72.7 |
| 1.2. Sex* Male
* Female
 | 7634 | 69.130.9 |
| 1.3.Marital status* Married
* Unmarried
 | 4169 | 37.362.7 |
| 1.4. Religion* Protestant
* Orthodox
* Muslim
* Catholic
* Advantest
 | 14334797 | 12.73042.78.26.4 |
| 1.5.Education* Illiterate
* Literate
 | 7040 | 63.636.4 |

**Source:** Filed work (May, 2011)

**4.2. The availability of condom Vs factor affecting Utilization**

The availability of condom study participants 76(71.8%) were interviewed in kiosk outlets and out of those participant 26(63.0%) had condom in their outlet. As shown in Table 2, 13(11.8%) of the study participants were interviewed in Hotel and only 8.7% had condom available in their hotel. About 4 (8.7%) of the study participant of pharmaceutical outlet (Drug store, Drug vendor and Government Health center responded the availability of condom in their warehouse. Almost less than 50% of the interviewed outlets have at least one brand of condom. About 64 (58.2%) of respondents has explained do not want to have any brand of condom in their traditional outlets. About 16(34.8%) of the interviewed outlets has non-brand condom from those of the listed one in the interview questioner. About 27.3% of the respondents had brand condom. Almost 58% of the total respondents were out of stock. Among the availability of all types of condom found in different outlets had about 28.2% were brand condoms and 12.7% were non-brand. 18(39.1%) of the respondents distributed or sold 1-5Packs of 3(15 pieces) of condom.

 Table 2. The availability of condom versus factors affecting of utilization

|  |  |
| --- | --- |
| Variables |  Availability |
| No (%) | Yes (%) |  Total N (%) |
| 2.1.Type of outlets* Kiosk
* Bar
* Hotel
* Drug vendor
* Drug Store
* NGO
* GO
* GHC
 |  50(78.1)3(4.7)9(14.1)0(0)0(0)1(1.6)1(1.6)0(0) |  29(63.0)5(10.9)4(8.7)1(2.2)2(4.3)2(4.3)2(4.3)1(2.2) |  71.87.311.80.91.82.72.70.9 |
| 2.2.Themostdistributedcondom(High sales)* Hiwot Trust Condom
* Sensation Ribbed
* Sensation Coffee
* Other
* Out of stock
 | 0(0)0(0)0(0)0(0)64(100) | 17(37.0)12(26.1)2(4.3)14(30.4)1(2.2) | 15.510.91.812.759.1 |
| 2.3.Number of condom distribution daily* 1-5 Packs of 3
* 6-10 Packs of 3
* 11-15 Packs of 3
* 16+packs of 3
* Out of stock
 | 0(0)0(0)0(0)0(0)64(100) | 18(39.1)13(28.3)4(8.7)11(23.9)0(0) | 16.411.83.61058.2 |
| 2.4.Factors affecting availability* Religion Factor
* Price factor
* other
 | 58(90.6)6(9.4)0(0) | 0(7.8)0(19.6)46(100) | 52.705.5041.80 |

**Source:** Filed work (May, 2011)

**4.3. Analysis of The result**

 **4.3.1. Association of Socio-demographic and variables with the Availability and**

 **Utilization of condom**

Out of 110 study subjects 46 of the participant has condom stock and 64 of the respondents not want to hold condom. Age, Sex, Marital status, Religion and Education had statistically significant association with the availability and utilization of condom study. Among the participant age between 15-29years are more likely to available or hold condom compared to 30-45years of age OR=1.2(95%CI=0.844-1.724). Females are more likely distribute or want to hold condom than Males interviewer [OR (95%CI) =1.6(0.851-3.030)].Unmarried participant is more likely better to distributed condom than married [OR (95%CI) =1.4(.786-2.633).

Table 3. The availability of condom assessed against Socio-Demographic factors and other selective Variables.

|  |  |  |
| --- | --- | --- |
|   Variable |  Availability | Odd Ratio(95%CI) |
| No | Yes |
| 3.1.Age* 15-29
* 30-45
 | 38(60.3%)25(39.7%) | 22(50.0%)22(50.0%) | 1.206(0.844 - 1.724)0 .794(0.519-1.213) |
| 3.2.Sex* Male
* Female
 | 40(63.5%)23(36.5%) | 34(77.3%)10(22.7%) | 0.8( 0.642-1.051)1.6(0.851-3.030) |
| 3.3.Marital status* Unmarried
* Married
 | 27(42.9%)36(57.1%) | 14(31.8%)30(68.2%) | 1.3(0.802-2.261)0.8(0.625-1.125) |
| 3.4.Religion* Christian
* Muslim
 | 24(38.1%)39(61.9%) | 36(81.8%)8(18.2%) | 0.4(0.330-0.657)3.4(1.767-6.562) |
| 3.5.Education* Literate
* Illiterate
 | 22(34.9%)41(65.1%) | 17(38.6%)27(61.4%) | 0.9(0.547-1.494)\*\*1.7(0.789-1.426) |
| 3.6.Current price opinion* Stock out
* Expensive
 | 63(100%)0(0%) | 26(59.1)18(40.9%) | 1.69(1.323-2.164) |

**Source:** Filed work (May, 2011)

**4.4. DISCUSSION**

In this study, it was found that traditional and nontraditional outlets does not have any types of condoms were 58.2% and 41.8% of respondents hold different types of condoms in their outlets. Based on the findings, it is necessary to increase awareness of condom availability in public use center. In (Advocates For Youth 1997) Washington study, an advocate for Youth National School Condom Availability Clearinghouse has found 418 public schools in the U.S that make condoms available to students.

## The study also showed most of the condom outlets did not want to hold condom for different reasons. Within the religion, the availability of condom in the study area 83% of Muslims does not want to hold condom. They believed that to hold condom is promoting sexual behavior among the community members. However, different studies have shown that distributing condom does not necessarily promote sexual activity.

## Guttmacher S, Lieberman L, Ward D, et al, (1997) a study of New York City's school condom availability program found a significant increase in condom use among sexually active students but no increase in sexual activity.

WHO (1993), review of studies on sexuality education found that access to counseling and contraceptive services did not encourage earlier or increased sexual activity. However, condoms are effective methods of protection HIV/AIDS, STD when used correctly, and consistently.

The Center for Disease Control and Prevention (CDC), (1993), defines consistent use of condoms as using a condom at every act of sexual intercourse. Correct use means using undamaged, unexpired condoms, using only water-based lubricants, careful opening of the package, correct placement and use throughout intercourse, and correct removal of the condom after ejaculation and the study shows condoms in the U.S. have shown less than a 2 percent breakage rate. Most breakage occurs due to incorrect use.

According to the increased emphasis on condom use that has accompanied the spread of HIV/AIDS, procuring and distributing a sufficient number of condoms to protect people against HIV and other STIs remains challenging. Gardner (1999) found that 24 billion condoms per year are the minimum requirement to protect sexually active people against HIV/AIDS, while only 6 to 9 billion are actually used.

Shelton and Johnston (2001) estimated the need for an additional 1.9 billion condoms for all African countries to reach the level of provision of the six African countries that currently provide the highest level of condoms per person per year. Yet countries such as—Botswana, Democratic Republic of Congo, Kenya, South Africa, Togo and Zimbabwe—provide an average of only 17 condoms per person per year (for men aged 15 to 59).

In the study finding, among traditional outlets like kiosk, Hotel, Grocery, etc 63% of Kiosk outlets hold condoms than Hotel and Grocery. This trained was showed people who wants condom would gate from this outlets because of near and easy to buy and use.

In the Demographic and Health Survey of 2000, (CSO and ORC Macro (2001) found urban residents were much more likely to use a condom during potentially high-risk sex than rural residents were. Discussions with young farmers in Hidi, Ada’a Liben confirm this general reluctance to use condoms, partly because they are not familiar with them. However, availability would appear to be less of an issue since they are for sale in shops in rural market centers (such as Hidi) or for free in some restaurants (for example, Endasselassie).

The result of this study showed among the total number 27(42.7%) of unmarried respondent did not want to hold condom in their outlets and 68.2% of married respondents has condom available in their outlets. Different studies show that married or unmarried people has practices to have more than one sex partner. Therefore, it might be increase the prevalence of HIV/AIDS and STD. In this case, the availability and utilization of condom fall in question.

(Mitike et al, 2002), the practice of multiple sexual partnerships varies between regions, sex and marital status. The Behavioural Surveillance Survey of 2002, conducted amongst different occupational groups, found one third of married respondents had extramarital sex. Discussions in the PLSs, particularly Ada’a Liben, suggest that extramarital affairs are relatively common in Oromia where both rural women and men have several concurrent relationships regardless of their marital status (known as Sanyo in Oromiffa). In contrast, in SNNPR, almost no married women have sexual partners other than their husbands (SNNPR Regional Health Bureau and Regional AIDS Secretariat, 2003). (Miz-Haseb Research Centre, 2004), although communities in Amhara and Tigray may not openly acknowledge multiple sexual relationships, they are widely practiced in secret. In Atsbi Wemberta, it is common for husbands to have several girlfriends (divorcees or widows), possibly as a sign of status or in the quest for more children; however, it is very uncommon for married women to have extramarital affairs.

Based on the study finding educational level of the respondent 65.1% of illiterate does not have any types of condom in their outlets.38.6% of literate participant hold at least one kind of condom. The availability of condom and utilization would depend on communities’ awareness and practice.

(Miz-Hasab Research Centre, 2004), Communities do not tend to associate their customary sexual practices with the risk of HIV infection since they are conducted within community norms, including inherent elements of trust.

According Mitike et al, 2002, to The behavioural Surveillance Survey found that that the vast majority of farmers perceived themselves to be at no or low risk of infection because ‘they trusted their partners and had no contact with infected people’ .

In most countries where the HIV prevalence rate is high many people cannot afford to purchase condoms. Sexually active adults and teenagers must rely on condoms provided free or sold at a subsidized low price. Governments often supply and promote condoms, but many countries rely almost entirely on donations from outside agencies such as the UNFPA and the U.S. Agency for International Development (USAID).

Availability of male condoms is only 9.65 condoms per man per year, with large variations from country to country. In 2008 Ethiopia, Cote d’Ivoire and Zambia received the fewest condoms per man from donors among the countries surveyed.”Yet HIV prevalence is declining in all these countries, probably due to (as far as we can tell) reduction in numbers of sex partners. When Uganda’s prev. rate fell from 15% to 5%, the median availability of male condoms was only 4.0.

The finding of this study has indicated that there is a condom gap in the study area by different reason. Such as the lack of awareness, different VOs do not work in the community, the religions problem by itself, Lack of condom donation (Free condom), and increasing brand condom price and so on.

All these problems have been obstacle of combating HIV/AIDS in area and people experienced sex without safe method. They have no detail or more knowledge of HIV/AIDS protection methods like condom use. One of the instruments that protected STID is condom. The DHS found urban residents were much more likely to use a condom during potentially high-risk sex than rural residents were. Therefore, it might be increase the spread HIV/AIDS in different rural towns.

**CHAPTER FIVE: SUMMARY, CONCULUSION AND RECOMONDATIONS**

 **5.1. SUMMARY**

This study has been undertaken in Wondo Bash town town, Wondo Genet Woreda in SNNPR. The focus of this study was determining the availability of condom and factors affecting its utilization with in the rural town.

The study design was facility based on non – probability sampling with individual interview method using as interview guide in the selected town communities.

All populations living in Wondo Basha who are supposed to engage in distribution of condom both Pharmaceutical and non-pharmaceutical Outlets like Kiosk, Bar, Hotel etc in the study area are the target of the study.All traditional and pharmaceutical outlets, GOs and NGOs were involved and interviewed in the study. The total interviewed participant was 110. Among the total participant 103 were traditional outlets, 3pharmaceutical outlets, 2GOs and 2NGO.

Structured questioner was prepared in English based on the study components of condom availability and utilization and interviewed (asked) the seller in the traditional outlet and the dispenser person on the Pharmaceutical outlets .After data collection, each questionnaire were checked manually for completeness. The data obtained from each study participant cleaned, edited accordingly and entered, and analyzed.

In this study finding, 57.1% of married outlets owner did not want to hold condom than unmarried. They had been assumed that it is one way of promoting sex in the community. According to Ethiopian Demographic and Health Survey (2000), Never-married young women, particularly those who have had sex, are much more likely to know about a source for condoms than those married. Therefore, the availability of condom has affected by marital status and it leads to minimize the utilization of condom.

In this study, we have observed price is another issue. Condom distributer like DKT Ethiopia has sold different brand condom by different price. On the other hand Government office distribute freely non-branded condom. According to the respondent, most people need branded condom however, it is expensive and cannot afford to hold brand condom. The choice of many condom users did not want to take free or non- brand condom. Based on this we can understand that there were condom use knowledge in the study area between the distributer and the user.

**5.2. CONCULUSION**

The result of this study revealed important findings with regarding to the study of condom availability and its utilization. The most important variables in this study were age, sex, marital status, education, religion and type of outlets. In each variable, it should be important to create awareness in different age groups and sex to have in their outlets for protection of STI. It is obvious that HIV/AIDS is not curable. Thus, people should use condom for the protection of STD and HIV/AIDS and helps to use as the purpose of family planning method .So, it is important to available condom in different outlets like school, public use canter (Kebele, HC, different government and non-government office, Kiosk, restaurant) and so on.

We can see many traditional outlets like kiosk in many rural areas. However, they did not want to hear about condom. In our study area out of the total kiosk owner 78.1% of the respondent did not have condom for different reasons. This limited or affected to utilization of condom.

On the other hand 65.1% of outlet owner were illiterate. Hence, they were not motivated to hold condom because of awareness and knowledge gap regarding condom importance for protection of HIV/AIDS and other STI.

According to Ethiopian Demographic and Health Survey (2005), in Ethiopia, knowledge of AIDS is widespread but not universal: 90 % of women 15-49 and 97 percent of men 15-49 have heard of AIDS. The finding of this research shows that there is knowledge gap to protect from HIV/AIDS by using Condom. Therefore, they have no interest to hold any type of condom.

In this study finding, 57.1% of married outlets owner did not want to hold condom than unmarried. They had been assumed that it is one way of promoting sex in the community. According to Ethiopian Demographic and Health Survey (2000), Never-married young women, particularly those who have had sex, are much more likely to know about a source for condoms than those married. Therefore, the availability of condom is affected by marital status and it leads to minimize the utilization of condom.

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The increasing awareness of HIV/AIDS in the population and increased accessibility of condoms have generally boosted preventive behaviors, although progress has been uneven and much less than what is needed to curb the epidemic. Although condoms offer a high degree of protection against HIV/AIDS, infection they cannot provide for “safe sex” in view of a 5-10% condom failure rate even with proper use Pinkerton SD, Abramson PR. (1997).

In general, the major problem of this study area is sexual harassment in the market place. Thus, it should be taken appropriate measurement to protect unwanted sex and pregnancy. It is the responsibility of every one to combat HIV/AIDS and STD.All the necessary tool should provide in the community at the right time, and place in this study area .Alongside, it should be conducted awareness creation on effective condom use and proper handling in the area.

**5.3. RECOMONDATIONS**.

The following recommendations are forwarding based on the finding.

* Strong advocacy, communication and awareness of condom are the key recommendation of this study.
* Community conversation should be facilitating by different religion leaders, VOs, NGOs and other influential community members on condom usage.
* Different types of condom should be available in community use centres.
* Public condom outlets should be prepared like Box in Main Street and schools.
* It is important to look for more accessible and effective ways of providing them the service and available and accessible with affordable cost, this very usefully contributes to alleviate and relieve them from the fear of buying condoms from other exposing place.
* The responsible Government office should organized HIV/AIDS clubs, association and community conversation who work at the time of market days in the town.

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 **Annex- I**

**PROFORMA FOR SUBMISSION OF M.A (RD) PROPOSAL FOR APPROVAL**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Address Dr. Degefa Tolossa

Of Guide

Name & Address Solomon Gebre Ginjina

Of the student P.o.Box 870, Hawassa

 Ethiopia. Enrolment No. 099122240

Date of Submission September 5,2011

Name of Study Center IGNOU Post Graduate Programs

 St.Marry’s University College

Name of Guide Dr. Degefa Tolossa.

Title Of the project The study of condom availability and

 Factor affecting its Utilization in Wondo

 Basha (Chuko) Town

Signature of the student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved/Not Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Annex II**

**1. INTRODUCTION**

Ancient Egyptians have traced Youssef (1993), the use of condom back several thousand years around 1000 BC for protection of against disease. In the period of 100-200 AD, other evidence has been emerged about the use of condom in Europe. The condom has been comes from scene in cave paintings at Combarelles in France (Allen D 2006).There is also some evidence that condom was used in Imperial Roma (Himes.N.E.1936).

In 1500s, STID like, Syphilis spread across Europe. This epidemic problem caused to publish story of the condom. Gabrielle Fallopius described it a cover of linen he claimed to have invented to protect men against Syphilis (Langley L.L. 1973). In addition to r prevention of infection, condom recognized that it used for the prevention of pregnancy. The first improved condom made during this period (Fryer P.1965).

According to Fryer P. (1965), the word ‘condum’ published in a 1706 poem. It has also suggested that Condom was a doctor in the time of Charles II. It believed that he invented the device to help the king to prevent the birth of more illegitimate children (Lewis M.2000). During this time, condoms made out of animal intestines began to be available.

In the mid of1700s, trades in handmade condoms thrive in London and some shops where producing handbills (leaflets) and advertisements of condoms (Himes, N.E. 1936).

Gradually, the revolution of condom increased time to time with production material, shape etc. However, condom has been popular and well known after the second half of 1900s.

 The use of the condom increased strikingly in many countries following the recognition of HIV/AIDS in the 1980’s.

According to Idemyor (2003), AIDS (acquired immune deficiency syndrome) is a human tragedy. Since the epidemic began in the early 1980s, AIDS has caused more than 30 million deaths, and orphaned more than 14 million children worldwide. (Idemyor), further explain that, with no cure in sight, the AIDS-causing virus, Human Immune deficiency Virus (HIV), continues to spread around the world, causing more than 13,000 new infections each day. Idemyor estimated that by the end of 2003, 38 million people were living with HIV, including 2.1 million children who were under 15 years of age. Over 95 percent of these HIV cases occurred in developing countries of sub-Saharan Africa and South and Southeast Asia. This proportion is set to grow even more as infection rates continue to rise in countries where poverty, poor health systems, and limited resources are rampant. These existing problems have become obstacle for the prevention of HIV- AIDS.

Federal MOH (2007) report show that adult prevalence of HIV infection in Ethiopia was 2.1% and Projected number of PLWHA in SNNPR for 2008 was 141, 543, with female constituting 59 %.

Due to these facts, Government Organization (GOs), Non-Government Organization (NGOs)*,* Voluntary Organization (VO), etc work together to combat HIV/AIDS in Ethiopia using different mechanism.

One approach gaining support these days is known as “ABC”; in which A stands for abstinence or delay of sexual activity, B for being faithful, and C for condom use.

The multi-sectorial HIV/AIDS Response Annual Monitoring & Evaluation Report (2008-2009) indicates that when condoms used correctly and consistently, they substantially reduce the risk of contracting HIV epidemic. However, as it was shown in this report that in the past, the number of condom distribution in Ethiopia was not more than half a million. The report also further explains about demand and supply of condoms that has dramatically increased. In 2001 Ethiopian fiscal year, the total number of condoms distribution had reached to 97 million.

Despite the fact that the distribution of condoms has been increasing from time to time, the spread of HIV ADIS does not stop. This might be related with people’s awareness about HIV AIDS, condoms use or inadequate distribution of condoms in rural Ethiopia.

Thus, this study focuses on the availability of condom and factors affecting its utilization in the rural town of Wondo Basha town. Wondo Basha town is located in southeast part of Ethiopia and 250 km away from the capital Addis Ababa. The rural town is a cash crops area where Coffee and Chat grow. The area is famous for having public recreation area called Wondo Gent Hot spring. Several peoples from all over the country come to visit this place.

1.2**. Statements of the problem**

According to AIDS epidemic update (December 2007), the estimated number of deaths due to AIDS in 2007 was 2.1 million [1.9-2.4 million] Worldwide of which 76% occurred in Sub-Saharan Africa. Declines in the past two years are partly attributable to the scaling up of antiretroviral treatment services. AIDS remains a leading cause of mortality worldwide and the primary cause of death in sub-Saharan Africa, illustrating the tremendous, long-term challenge that lies ahead for provision of treatment services, with the hugely disproportionate impact on sub-Saharan Africa ever clear.

The Ministry of Health (2004), reported that one of the impacts of HIV/AIDS is the fact that it causes high young mortality due to AIDS, which in turn has caused a significant reduction in life expectancy in the country. This report explains the average reduction in life expectancy in 2004 is 4.7 years and shall be expected to increase in subsequent years. This is because HIV/AIDS affects people during their most productive years, when they are responsible for the support and care of others; it carries profound social and economic repercussions for communities and societies. There is some evidence that cultural factors influence risk behavior and HIV infections in the multiethnic Ethiopian society.HIV infection and condom utilization rates were reported to vary among various ethnic and religious groups in different parts of the country.

In addition The Ministry of Health (2004), report put some evidence in addition to health risks, people living with HIV/AIDS face social and cultural barriers, including stigmatization, discrimination, and rejection from health-service providers, friends, and relatives. These barriers, often worsened by the concurrence of the HIV and tuberculosis epidemics, can affect their access to health and medical services, the quality of services they receive, and their daily livelihoods.

All these problems faced more in rural towns than urbans.They have no detail or more knowledge of HIV/AIDS protection methods like condom use. One of the instruments that protected STID is condom. The DHS found urban residents were much more likely to use a condom during potentially high-risk sex than rural residents were. Therefore, it might be increase the spread HIV/AIDS in different rural towns.

On the other hand, the public markets would activate at afternoon or night in most rural town of SNNPR. The market activity involves much movement of sellers and buyers came from different part of the rural areas. Weekly rural markets in the woredaare a major social gathering. Market days are often a source of recreation, even if there is no business to conduct. Drinking on market days is a common and long established practice and may lead to casual unprotected sex. Activities are heightened during the harvesting season, when money is available and commercial sex workers move into market centers.

All these activities also showed in this study area. People-men and women has participated daily and weekly market program in Wondo Basha town. Market activities began at afternoon and continue up to at 3:00 o’clock of local time of the night. They sell chat, crops, and vegetables from their home gardens according to household needs, usually in the local market on a regular basis. Chat and alcohols have taken by most people in this area and young men have begun to invite women and girls for unwanted sex sexual advances while they travel to and from markets. They might not be used condom to protect STID or unwanted pregnancy.

Thus,to solve such problems the GOs and NGO (donors) tried to educate and distribute condom in different place in different time. However, there is still a gap on condom distribution due to different factors .But, there was no studies done in area selected to quantify the number of condoms available. Therefore, it is important to determine the availability of condom in the study area and various factors that affect its availability, and utilization of condom in the area under this study.

**1.3. LITERATURE review**

According to Federal HIV/AIDS Prevention and Control office FMOH (July 2007), The HIV pandemic created an enormous challenge to the survival of mankind worldwide. With a national adult HIV prevalence of 2.1%, Ethiopia is one of the countries most severely hit by the epidemic.

A number of studies (Wilson,2004;Shelton et al.,2004;Stoneburnerand Low-Beer,2004:Vermund,1995;Chen et al.,2007), have shown that having multiple sexual partners and having casual sexual partner increases the risk of getting infected with HIV and other sexually transmitted infections. Other recent research (Mishra et al.,2007) has shown that being faithful to one’s regular partner(s) can substantially reduce the risk of HIV infection .More recently),considerable attention has been paid to the roll of concurrent sexual partnerships and sexual networks in explaining widely varying levels of national and sub-national HIV prevalence. (Halperin and Epstein, 2004; Kohler and Helleringer, 2006; Morris and Kretzschmar, 1997), it has been argued that having concurrent sexual partners in a dense sexual network increases the risk of HIV infection by allowing the virus to spread rapidly to others. *(Kohler, Hans-Peter and Stephane Helleringer.2006), and* It has been argued that condom use, especially with casual, higher- risk sexual partners, can reduce the risk of HIV infection. The effect of condom use in the prevention of sexually transmitted infections has been demonstrated in prospective studies ,but cross-sectional data collected in national household surveys generally failed to find a negative association between condom use and HIV infection ( for example, Cameroon, Uganda, and Zimbabwe). In this survey, adults who reported using condom at last sex during the past year had higher prevalence of HIV.

In most countries where the HIV prevalence rate is high many people cannot afford to purchase condoms. Sexually active adults and teenagers must rely on condoms that are provided free or sold at a subsidized low price. Governments often supply and promote condoms, but many countries rely almost entirely on donations from outside agencies such as the UNFPA and the USAID.

 According to paper prepared by united management Consultants (The Futures Group International-Ethiopia 2000), Condom sales in Ethiopia increased from 700,000 in 1990 to 41.8 million in1999 the negative attitudes toward condom use persist.

(Mulatu MS, Adamu R, Haile SI 2000),a psychosocial study of risk and preventive behavior among high school students concluded that greater condom acceptance was possible if attitudinal barriers (perceived reduction in sexual pleasure, promiscuity and distrust between partners) can be reduced .

(Surur F and Kaba M.2000), deep-seated religious beliefs in the value of fertility, which consider condom use as sinful and unacceptable, may only gradually be overcome.

(Kidane A, Banteyena H, Nyblade L 2003), fear of stigma continues to prevent private and public disclosure of HIV status and discussion of safer sex practices and the prevention of mother-to-child transmission, and the moral issue of HIV prevents many people from participating in prevention activities .

(Surur F and Kaba M.2000),Leaders of the Ethiopian Orthodox Church, the Islamic Affairs Supreme Council and the various missionary churches, have recently stepped up efforts to promote awareness and prevention of HIV/AIDS through open discussion and pilot projects although their impact remains to be evaluated. Studies are also urgently needed to determine whether condoms in the general population are used for disease control or for contraception

( Galavotti C, Papas-DeLuca A and Lansky A.2001), serial radio drama directed at youth and based on the successful Sabido method which was launched in 2002, as well as several other community-based education programs that are being conducted using traditional methods such as drama, art and peer education are considered to be promising. The rural population, women, youth and illiterate people, in particular, need to be targeted for information, education and communication (IEC) efforts, and there is an urgent need to evaluate IEC programs.

In(Myer et al. 2002),South African study, carried out in 1998–1999, interviewed 554 men and women procuring condoms from 12 public health facilities in four regions of the country. Half of the respondents reported having used a condom during their last sexual encounter, while 34 percent reported having used a different contraceptive method. Only 16 percent had used both a condom and another method during their last sexual act. Increased level of schooling and prior instruction on condom use from health care providers was positively associated with use of dual methods. Both men and women concurred that the primary role of condoms was to protect against HIV and other STIs. Male and female respondents felt that either the man or the woman should make decisions about condoms and other contraceptives, but not both. Both sexes agreed that men made the final decision about condom use. Researchers suggest that there is a need for national and local policy to develop guidelines for promoting dual protection as part of primary care services.

 **The Condom Gap**

Despite the increased emphasis on condom use that has accompanied the spread of HIV/AIDS, procuring and distributing a sufficient number of condoms to protect people against HIV and other STIs remains challenging. (Gardner 1999), One analyst found that 24 billion condoms per year are the minimum requirement to protect sexually active people against HIV/AIDS, while only 6 to 9 billion are actually used.

(Shelton and Johnston 2001).Other experts estimated the need for an additional 1.9 billion condoms for all African countries to reach the level of provision of the six African countries that currently provide the highest level of condoms per man per year. Yet these countries—Botswana, Democratic Republic of Congo, Kenya, South Africa, Togo and Zimbabwe—provide an average of only 17 condoms per man per year (for men aged 15 to 59)

  **Social Marketing and Informal Distribution**

Social marketing is one strategy that has greatly reduced the gap between the need for and the supply of condoms. Condom social marketing takes the form of programs that promote the use of condoms through widespread communication campaigns combined with subsidies to reduce the price of condoms and efficient distribution networks to guarantee their availability.

 **Social and Behavioral Factors**

Even in the presence of social marketing programs, promoting the use of condoms, as a means of protection against HIV and other STIs is not always easy. Some religious doctrines, for example, oppose the use of condoms for any purpose. In addition, there is still a widespread lack of knowledge about condom effectiveness and proper use, and obstacles to procuring condoms, especially for young people. (Gardner 1999). Men, encouraged by their peers, are often resistant to condom use and opt to take sexual risks; women, hampered by traditional gender roles, find it difficult to discuss sex or ask for condoms, even when they know their health is at risk. ``

(Wong et al.2003),in Cambodia, which adopted a 100-percent condom policy, use of condoms among sex workers increased from 53.4 percent in 1998 to 78.1 percent in 1999. Yet one study in Cambodia found that female sex workers in Siem Reap tended to use condoms with their clients but not with their nonpaying partners. In the latter case, their main reason for non-use of condoms was "love for their boyfriends"

Although obstacles to condom use exist, evidence of the effectiveness of both male and female condoms for HIV/STI prevention points to the need for continued condom promotion to contain the spread of HIV/AIDS.

**1.3. JUSTIFICATION**

For completion of the second degree, conducting a research is a crucial issue.Therefore, to get my second degree of rural development (MARD),I am motivated to conduct a research on selected topic. By then, I am expected to gain further knowledge on how to perform research activates and there was no study done on the same topic in the study area as far as I have searched Hawassa University library and different websites.

**2. OBJECTIVES**

**General objectives**

* **To determine the availability of condom and factors affecting its utilization.**
* **Specific objectives.**
* **To determine the availabilities of condom.**
* **To identify factors affecting the utilization of condom.**

**3. METHODOLOGY**

 **3.1. STUDY DESIGN**

The study design was facility based on non – probability sampling with individual interview method using as interview guide in the selected town communities. The study used purposive sampling for qualitative research. Under purposive sampling, the researcher used convenience-sampling methods, which is available at the time of data collection. In this case, the researcher used this technique to find the people easily.

 **3.2. COVERAGE (Universe)**

Wondo Basha (Chuko) town is found under Sidama Zone and Wondogent woreda.It is far about 20 KM from the main town of the region Hawassa and it has about 18 kebele and the total population of 121,020-.The study covers all condom outlets in the town. The subsistent livelihood of the area is farming and cash crops area. There are one HC, 5 private clinics and 2-Drug venders’ and1 Drug store in the area.

 **3.3. STUDY POPULATION**

All populations living in Wondo Basha who are suppose to engage to distribute condom both Pharmaceutical and non-pharmaceutical Outlets like Kiosk, Bar, Hotel etc in the study area.

**3.4. SAMPLE SIZE AND SAMPLING TECHNIQUE**

All traditional and pharmaceutical outlets, GOs and NGOs shall be interviewed. In case of GOs and NGOs, the focal person should be interviewed .In absence of this focal person shall be interviewed the person who have sufficient information about the topic. In other outlets as traditional outlets shall be interviewed the owner or seller (permanent workers) and in the pharmaceutical outlets the person who dispense on the counter shall be interviewed. However, their number will bedetermined at the end of data collection.

**3.5. variables of the study**

* Dependent variables
* Availability of condoms.
* Independent variables
* Educational status, age, sex, religion, price of condom Types of outlet, Type of Condom

**6. OPRATIONAL DEFINITIONS**

 Availability of Condom: the presence of one dispenser (48 packs) condom for sale.

**3.7. DATA COLLECTION: TOOLS AND PROCEDURES**

Structured questioner shall be prepared in English and be translated by local language (Sidamigna) and interviewed the seller in the traditional outlet and the dispenser person on the pharmaceutical outlets.

 Six data collectors who completed 10th grade shall be selected form the local area of the study area and provide by principal investigator shall give one-day training on method of data collection.

**3.8. DATA PROCECING ANALISIS**

The complete data shall be cleaned, coded and entered to the computer and the analysis will be done.Data will be analysis using SPSS version 13.0 soft ware and present, using frequency distribution and ODDs RATIO.**.**

**3.9. DATA QUALITY CONTROL**

A thorough training shall be given for data collectors, and the questioners will be pre test and the necessary correction will be done. Close supervision also will be done for data collectors.

**3.10. PRE TEST**

A pre test will be given on eight traditional and pharmaceutical outlets with WondoKela, which is found near to Wondobasha.

**4. ETHICAL COSIDERATION**

Ethical clearance will be taken from all concerned bodies. I.e. including office of IGNOU postgraduate programs St.Marry’s University College, Wondo genet woreda office, Wondobasha town administration office, and from each study participants.

 Informal consent will be obtained from individuals that are going to be involved in the study; explaining the purpose of the study that the study has no harm on them and their participation is very important and useful for this study and the participant will be with draw from the study.Finaly, all the information will be kept confidentially.

**5. DISSIMINATION OF THE RESULT**

This study will be presented IGNOU postgraduate programs St.Marry’s University College. Then, the copy of the study shall be distributed GOs and NGOs l who works on prevention of HIV/AIDS and family planning program in this area. Finally, the outcome of this study will be published on medical Journals of Ethiopia and will be use as source document for further study in rural presentation.

 **6. WORK PLAN**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activities No. | Tasks to be performed | Dates |  Personnel Assigned to Task | Remark |
| 1 | Preparparation ,Presentation for approval, and submission | 20 Aug,2011 – 30 Sep,2011 | PI |  |
| 2 | Recruit research assistants | 3,Oct,2011 | PI |  |
| 3 | Train research assistants | 5-6 Oct,2011 | PI |  |
| 4 | Pretest in the study | 7-12 Oct,2011 | DC |  |
| 5 | Data collection | 15 Oct- 22 October 2011. | PIDCSupervisor |  |
| 6 |  Data processing(Cleaning,Coding, Entry in to computers) | 25Oct-2 Nov,2011 | PIAssistant |  |
| 7 |  Analyze data and write report | 5-15Nov,2011 | DC, Secretary |  |
| 8 |  Summit over all completed dissertation paper | 30 Nov,2011 | Facilitator |  |

 Fig.1

Key:

* PI-Principal Investigator, DC-Data Collector.

**7. Cost of the Project**

|  |  |  |  |
| --- | --- | --- | --- |
| Category | Cost /Day | Number of days | Total cost |
| 1.ALLOWANCES A. Researcher(PI)* Environmental analysis.
* Fieldwork

 B. Research assistant C. Secretary D.Data collector2.Transportation Costs 3.Supples a. StationaryTotal 1+2+35%ContingencyGRAND TOTAL | 400/day 100/day60/day60/day100/day100/days | 1x2 = 2days 1x 30 = 30days10x5 = 50days 1x10 = 10 days10x6 = 60days10x3 =30days |  800.00  3000.00 3000.00 600.00 6000.00 3000.00  3,398.00 16,400.00 1,042.00 20,840.00  |

**8. CHAPTERIZATION**

The researcher thought to have about five chapters.

The first chapter shall be an introduction to the selected title of the present study. In this chapter, an attempt shall be made to describe the concept of Condom regarding to HIV/AIDS by the rural people. All the discussion points are included in this part.

Second chapter shall be the conceptual framework, research design (Methodology) of the present study, and explain the social and economic profile of sample taken for the present study.

The third chapter shall be presented the study of condom availability and its determinants factors in the rural town of Wondo Basha.

In chapter Four, discussion and elaboration shall reported briefly the study findings.

In chapter five, shall give the major findings of the present study and some workable suggestions for maximized condom availability in rural area.

 **Annex-III**

**TOOLS FOR DATA COLLECTION. INTERVIEV SCHEDULE FOR NON– traditional and PHARMACEUTICAL OUTLETS**

**Sub city\_\_\_\_\_\_\_\_\_\_\_\_ Kebele\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_ Code -------**

**PART ONE: Socio-Demographic Characteristics**

**Question.**

1. Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Sex \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 A) Male B) Female

3. Religion

 A) Protestant B) Orthodox C) Muslim D) Catholic E) Adventist C) Other

 4. Marital status

A) Unmarried B) married C) Divorced D) Widowed

5. Education level

 A) Literate B) Illiterate

 **PART II. Question related to Availability of condom**

 6. Type of outlet

 A) Kiosk B) Bar C) Hotel D) Drug Vendor E) Drug store

 7. Is condom available in your institution?

 A) No (skip to no Q.15) B) Yes

 8. If yes, what type of condom brand do you have?

 A) Hiwot trust Condom B) Sensation Ribbed C) Sensation Coffee

 D) Sensation Honey E) All F) Other (Specified\_\_\_\_\_\_\_\_\_\_\_\_\_\_).

 9. What type of condom brand do you sale mostly?

 (Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

10. How many condoms do you sale per day totally?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

11. What is the price of each condom pack?

 A) Hiwot trust Condom\_\_\_\_\_\_\_\_\_\_\_\_\_ C) Sensation Coffee\_\_\_\_\_\_\_\_.

 B) Sensation Ribbed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D) Sensation Honey\_\_\_\_\_\_\_\_\_.

 E) If other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. What is your opinion of the current price of condom?

 A) Cheap B) Medium C) Expensive

 (Please state about cost in your own side\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

13. Who is your source?

 A) NGO (specify---------------------B) GO C) Other whole seller

14. How do you contact the supplier when you need condom?

 A) I go to the supplier and buy the condom B) The supplier brings

 Condom by themselves C) if any (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. How often do you buy condom for your institution?

 A) Weekly B) Monthly C) More than a month D) Other (specify\_\_\_\_\_\_\_

16. How many condoms do you sale per day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17. If no, what is your reason?

 A) Religion factor B) the price of condom is expensive C) Other

 (specify\_\_\_\_\_\_\_

18. Have you faced condom shortage problem in the past?

 A) No (skip Q.No 19) B) Yes

 19. If yes, what was the reason? (specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

 20. If yes, how did you solve?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 21. Is there any factor that affects condom availability in your area?

Please state

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART TWO:-INTERVIEW SECHDULE FOR HEALTH INSTITUTION.**

**Sub city\_\_\_\_\_\_\_\_\_\_\_\_ Kebele\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_ Code -------**

1. Type of Institution

 A) Clinic B) Health Center D) Hospital

2. Do you teach on HIV/AIDS prevention and control methods?

 A) No B) Yes

3. How often do you teach? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Do you distribute condom in your institution?

 A) No B) Yes (If No skip Q.8.)

5. Who are your condom sources?

 A) NGO (specify---------------------B) GO (Specify\_\_\_\_\_\_\_) C) Other

 (Specify\_\_\_\_\_\_\_\_\_\_)

 6. How do you dispense (distribute) condom in your organization?

 A) Free B) Sold

 7. How many condoms do you distribute per month? \_\_\_\_\_\_\_\_\_

 8. If no, what is your reason?

 A) Religion factor B) the price of condom is expensive C) it is not

 Profitable

 9. Have you faced condom shortage problem in the past?

 A) No B) Yes

10. What was the reason? (specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

11. Is there any factor that affects condom availability in your area? Please state any factors---------------------------------------------------------------------------------------

**PART TRHEE :QUESTIONNAIRE FOR GO, NGO AND Vos. STAFF.**

Dear Sir/Madam,

I am conducted a study of condom availability and factors affecting its utilization in Rural area in Wondo Bash. In this context, I request you to kindly fill up this questionnaire and return to me at your earliest. I assure you that the information given by you will be kept confidential and will be used only to prepare my dissertation, which is a part, my dissertation for M.A in Rural Development of Indira Gandhi National Open University.

 Sincerely,

1. Name, Type and Address,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. How long have you been work on HIV/AIDS in this area?

 A) Less than one year

 B) 2-4 Years.

 C) Above 4 years

3. Do you teach the communities about HIV/AIDS?

 A) Yes B) No

4. What kind of teaching method do you used?

 A) Community conversation B) Disseminate different leaflets C)

 Organized youth clubs D) Other

5. Do you work on condom distribution in your project area?

 A) Yes B) No

6. How many condoms do you distribute in your area?

7. What is your distribution system? A) Free B) Sold

8. What is your source?

9. Are there any barriers on condom distribution in your distribution area?

10. Do you have any suggestion about condom distribution in the grass-root Level?

 **Annex-IV**

Table 1: Socio-Demographic characteristics of Wondo Basha (Choko) Town, Wondo Genet Woreda, Sidama zone, SNNP, Ethiopia, and April, 2011

|  |  |  |
| --- | --- | --- |
| Variable | N | % |
| 1.1.Age* 15-29
* 30-45
* 46 and above
 |  |  |
| 1.2. Sex* Male
* Female
 |  |  |
| 1.3.Marital status* Married
* Unmarried
* Widowed
* Divorced
 |  |  |
| 1.4. Religion* Protestant
* Orthodox
* Muslim
* Catholic
* Advantest
* Others
 |  |  |
| 1.5. Education* Illiterate
* Literate
 |  |  |

 Table 2. The availability of condom versus factors affecting utilization Wondo Basha Town,

 Wondo,Genet Woreda Sidama zone, SNNP, Ethiopia, May 2011.

|  |  |
| --- | --- |
| Variables |  Availability |
| No (%) | Yes (%) |  Total (%) |
| 2.1.Type of outlets* Kiosk
* Bar
* Hotel
* Drug vendor
* Drug Store
* NGO
* GO
* GHC
 |  |  |  |
|  2.2.Type of Brand1. Hiwot Trust Condom
2. Sensation Ribbed
3. All
4. Other
5. Out of stock(non)
 |  |  |  |
| 2.3.Themostdistributedcondom(High sales)1. Hiwot Trust Condom
2. Sensation Ribbed
3. Sensation Coffee
4. Other
5. Out of stock
 |  |  |  |
| 2.4.Number of condom distribution daily* 1-5 Packs of 3
* 6-10 Packs of 3
* 11-15 Packs of 3
* 16+packs of 3
* Out of stock
 |  |  |  |
| 2.5.Price* HTC 0.5-1birr
* S.R 1-2 birr
* S.C 1-2 birr
* Free of charge
* No sales
 |  |  |  |

Table 3. The availability of condom assessed against Socio-Demographic.

|  |  |  |
| --- | --- | --- |
|   Variable |  Availability |  Odd Ratio |
|  Yes |  No |
| Age |  |  |  |
| Sex |  |  |  |
| Marital status |  |  |  |
| Religion |  |  |  |
| Education |  |  |  |
| Types of Outlet |  |  |  |
| Price |  |  |  |
| Types of brand  |  |  |  |
| Most distribution Condom |  |  |  |
| Number of condom distr. |  |  |  |
| Source |  |  |  |
| Duration of refill |  |  |  |
| Factor affecting availability |  |  |  |