TITLE: **ESTABLISHING SOCIO-CULTURAL FACTORS INFLUENCING HEALTH SEEKING BEHAVIOUR OF STI INFECTED WOMEN OF REPRODUCTIVE AGE IN KISII NYANZA PROVINCE KENYA**

AUTHOR: **ONCHONG'A RICHARD NYAKUNDI**

REG. NO: **H32/2219/2006**

SUPERVISOR: **PROF. ANNA KARANI**

LECTURER SCHOOL OF NURSING SCIENCES

UNIVERSITY OF NAIROBI

A RESEARCH PROPOSAL SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF BACHELOR OF SCIENCE IN NURSING DEGREE OF THE UNIVERSITY OF NAIROBI

DATE: **JULY, 2010**

DECLARATION

I Onchong'a Richard Nyakundi hereby declare that this research proposal is my original work and that it has not been produced or presented any university, college or any other learning institution for the award of a degree or for examination purposes.

Signature.....

Date.....26/7/2010.....

Name: Onchong'a Richard Nyakundi

H32/2219/2006

Contact: 0723963119

CERTIFICTE OF APPROVAL

This proposal has been submitted for award of degree of Bachelor of sciences in Nursing in University of Nairobi with my approval as University supervisor.

Signature.....

Date.....

Prof. Anna Karani

Lecturer, School of Nursing Sciences.

DEDICATION

I dedicate this study to Mr. Mogaka Daniel of the Ministry of Water and Irrigations,Nairobi.

ACKNOWLEDGEMENT

My greatest gratitude goes to my mentor, Anne Greene and Mr.Mogaka Daniel, both of whom supported me both materially and morally to the success of this work.

I also extend my gratitude to the school of Nursing sciences and the University of Nairobi at large for both guidance and resource assistance.

The entire teaching staff, particularly Prof. Anna Karani, was quite helpful for close guidance to the success of this work.

I also appreciate the help of my classmates who actually helped in much of typing. My friend Antony Maina was particularly very helpful.

I appreciate the support of my wife, Judy Kwamboka, for the moral support she gave me during the long period of carrying out this great task.

LIST OF ABBREVIATIONS

STI-Sexually Transmitted Infections

VD-Venereal Disease

USA-United States of America

WHO-World Health Organization

RTIs- Reproductive Tract Infections.

STDs –Sexually Transmitted Diseases

MOH-Ministry of Health

CDC-Centre for Disease Control

HPV-Human Pappilomavirus

OPERATIONAL DEFINITIONS

Sociocultural factors-They involve all the factors in the social setting and cultural background that affect one`s life in general and health in particular.They influence one`s attitude towards health seeking.

Health seeking behavior-Personal actions to promote optimal wellness, recovery and rehabilitation (Nursing Outcome Classification, 2009)

Stigmatization-Is the act of disapproving or condemning someone for what has happened to him/her. It usually involves branding or blaming one for the problem he/she has got.

Illness behavior-All those activities designed to recognize and explain symptoms after one feels ill (Sara, 2009)

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EXECUTIVE SUMMARY

Sexually Transmitted Infections are common infections among women of reproductive age. The health seeking behavior associated with STIs has been explored to some extent, but associated socio-cultural factors have been a great hindrance. This to clients seeking help to late when the symptoms are unbreakable or when threatened to die and the interventions are not then greatly helpful.

This will be a descriptive study aimed at finding out the socio-cultural factors influencing health seeking behavior of women of the reproductive age, infected with STIs in Kisii Central District Nyanza Province, Kenya.

The study will involve a study population of 302 women aged 15 and 49 years who will be seeking health care due to sexually transmitted infections. This will be carried out in Kisii level 5 Hospital in Kisii Central District.

Permission and authority to carr out the study will sought from the Ministry of Health, the district Commissioner of Kisii District where the study will be carried out and the Ministry of Education.

Data will be collected using structured questionnaires by two trained research assistants under the supervision of principal investigator. Informed consent will be sought from the respondents and the information collected treated with great confidentiality as requires the sensitivity of sexuality matters. The respondents will only be identified by use of codes.

Analysis of data collected will be done using statistical programme for social sciences (SPSS). Data and computer software will be presented in form of charts, charts and graphs. The study results will be helpful in recommending ways of improving medical intervention to STIs infected women as early as possible for proper treatment and prevention of complications.

The study will take 8 months with a budget of Ksh. 103,444.

CHAPTER ONE

1.0 INTRODUCTION

Sexually Transmitted Infections are infections that are spread primarily through person-to-person sexual contact of any type (WHO, 2007).While in the past these illnesses have mostly been referred to as sexually transmitted diseases(STDs) or venereal disease(VD), in recent years the term STI has been preferred as it has a broader range of meaning; a person may be infected and may potentially infect others without showing signs of disease (www.wikipedia.com,2009)

Many STIs are treatable, but effective cure is lacking for others such as HIV, HPV and Hepatitis B and C. Even gonorrhea, once easily cured, has become resistant to many of the older traditional antibiotics. According to the centers for disease control and prevention(CDC), there are 15million cases of sexually transmitted diseases reported annually in the United States. There are more than 25 diseases transmitted through sexual activity (www.wikipedia.com,2010)

The WHO recognizes more than 30 different sexually transmissible bacteria, viruses and parasites. Several STIs, in particular HIV and syphilis, can also be transmitted through mother to child during pregnancy and childbirth and through blood products and tissue transfer

(www.who.int.2007).

STDs affect men and women of all backgrounds and economic levels. CDC estimates that 19million new infections occur each year, almost half of them among young people aged 15 and 24 years. Despite the fact that STDs are extremely widespread and add an estimated $14.76 million to the nation health care costs each year, most people in the US remain unaware of the risk and consequences of all but the most prominent STD-HIV, the virus that causes AIDs (WHO, 2007).

According to 1999 WHO estimates (WHO, 2007), 340million new cases of curable STIs (syphilis, gonorrhea, Chlamydia and trichomonas) occur annually throughout the world in adults aged 15-49 years. In developing countries, STIs and their implications rank in the top 5 categories for which adults seek health care.

1.1 PROBLEM STATEMENT

STIs are a major public health problem especially in developing countries. They are highly prevalent among pregnant women in Africa causing significant maternal and prenatal morbidity. STIs and other RTIs have been associated with a number of adverse pregnancy outcomes, including abortion, stillbirths, preterm delivery; low birth weight, postpartum sepsis, neonatal pneumonia, neonatal blindness and congenital infections .They have also shown to facilitate transmission of HIV (Msuya, et al, 2009).

STDs are more than just an embarrassment. They are a serious health problem and can cause permanent damage such as infertility and even death (WHO, 2010). Adolescents and young adults are the age groups at the greatest risk for acquiring STD. Approximately 19million new infections occur each year, almost half of them among people aged 15-24 years (www.medicinet.com).

1.2 STUDY JUSTIFICATION

There is barely any research that has been done in the area. It is suggestible that many people are reluctant to seek health care when infected with an STI.

Many women have suffered adverse STI effects due to failure or late seeking of health care. This subject is important in creating awareness and overcoming obstacles that hinder health seeking and finding ways of assisting those infected with STIs to seek treatment early and in right facility.

The trends and the observations from the STI related issues pose a serious health problem that calls for deeper exploration. This is particularly important for information, communication and education regarding early recognition and prompt care seeking for STIs to be developed with consideration given to the possibility of tailoring message to specific groups (Malta et al, 2007)

The knowledge of the factors hindering health seeking will enable caregivers develop adequate plans for overcoming them and ensuring quality care is given to all regardless of any existing beliefs, taboos and misconceptions.

1.3 OBJECTIVES

1.3.1BROAD OBJECTIVE

To establish socio-cultural factors influencing health seeking behavior of STI infected women of reproductive age in Kisii, Nyanza province, Kenya.

1.3.2 SPECIFIC OBJECTIVE

1. To identify cultural factors affecting health seeking behavior of STI infected women.

2. To establish the social status of STI infected women.

3. To establish the education level of STI infected women.

4. To recommend corrective measures of intervening based on study findings

1.4 VARIABLES

Independent variables

Age

Marital status

Education level

Dependent variable

Beliefs

Taboos

Attitude of health care workers

Economic status

Religion

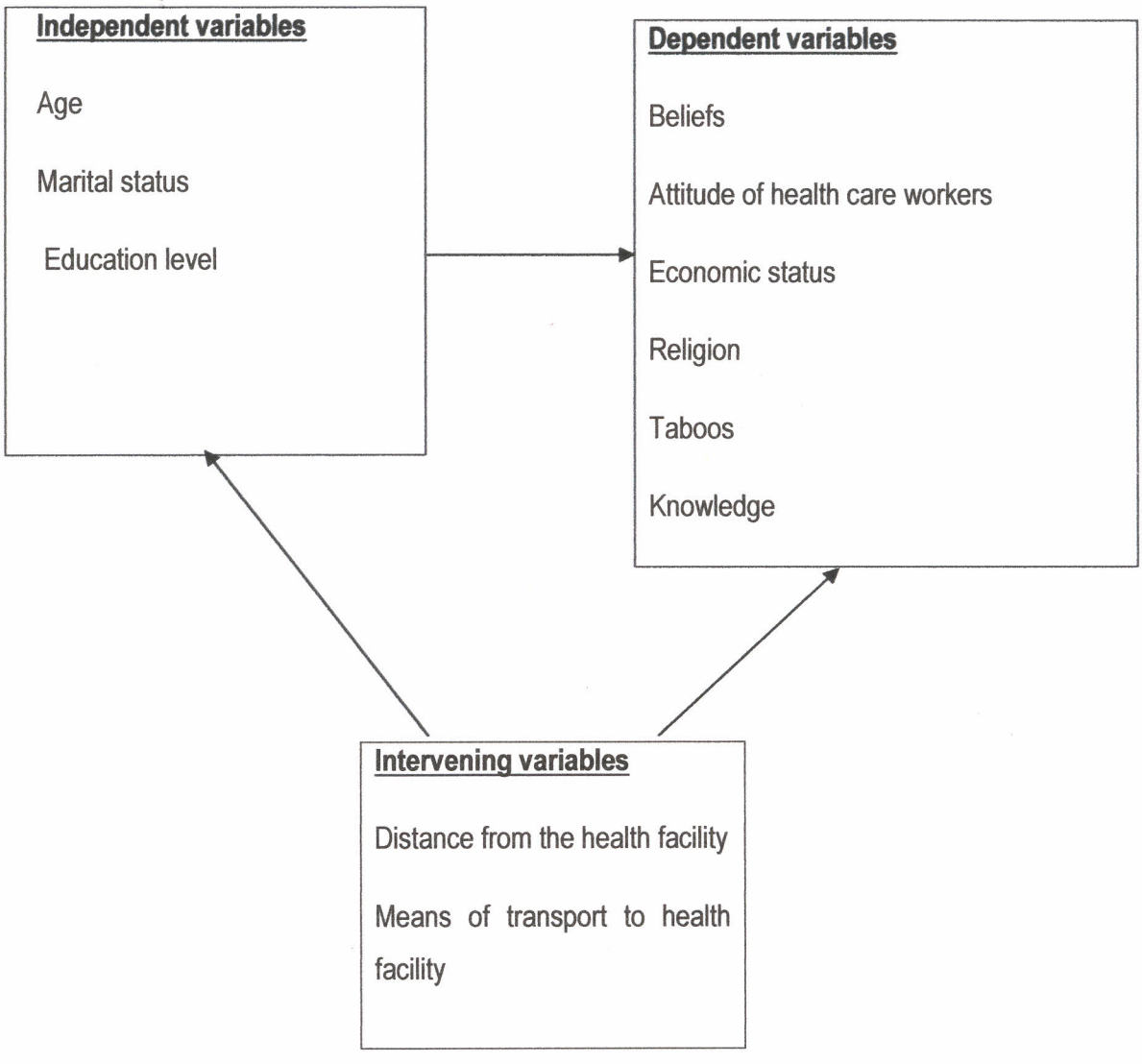
Level of knowledge

Intervening variables

Distance from the health facility

Means of transport to health facility

1.5 THEORETICAL FRAMEWORK



1.6 HYPOTHESIS

Socio-cultural factors influence the health seeking behavior of women of reproductive age, infected with sexually transmitted diseases.

1.7 STUDY QUESTIONS

1. Which cultural factors influence health seeking behavior of STI infected women?

2. What is the health seeking behavior of women with STIs?

3. What is the health care giver's attitude towards STI infected women?

4. How do those who seek health care benefit?

5. What is the quality of health care offered to STI infected women in the area?

6. How informed are the women of reproductive age a regards STIs?

2.0 CHAPTER TWO: LITERATURE REVIEW

In defining health seeking behaviour, Sarah Mackian describes all those things humans do to prevent disease and to detect disease in asymptomatic stages (Sara, 2009). In contrast, illness behavior refers to all those activities designed to recognize and explain symptoms after one feels ill, and sick role behavior refers to all those activities designed to cure diseases and restore health after a diagnosis has been made.

The relationship between health behavior and STDs must take into account the fact that STDs continue to be diseases of great stigma and emotional responses and subsequent behavior not seen with other diagnoses. Health behavior with regard to seeking information about STDs- diagnoses and prevention- may be modified by individual's perception that doctors, counselors and other health authorities are moral **judges rather than medical advisors only** (www.std.services.on.net.2008)

Despite the so called "revolution" in sexual attitudes and behaviors over the last 30 years, STDs remain the most stigmatizing diseases to acquire. Because STDs are associated with 'promiscuity' or 'immoral conduct' persons infected with STDs are often denied entry into the sick role and may be treated as **criminals to be punished instead of sick people to be helped** (www.std.services.on.net.2009)

Internationally, stigma prohibits HIV/AIDS identification, prevention and care. This was observed in an interview with 106 persons in urban centre in Eastern China, some known to have engaged in stigmatized risk acts (sex workers, STD clinic patients) and some vulnerable for stigmatization fears to influence health-seeking behavior. This focused on community norms, values, beliefs and emotional and behavioral reactions to HIV/STD stigmatization related events (Lieber E, 2005). Strategies reported to avoid stigmatization include avoiding HIV/STD knowledge, avoiding healthcare professionals, particularly in a public setting.

In Brazil, an estimated 12million people are infected with an STI per year. One barrier to effective STI control is the increased prevalence of asymptomatic disease. However, even persons who experience symptoms often do not seek or delay seeking appropriate diagnostic and treatment services (Malta et al, 2007).

In a qualitative study to explore health- seeking behaviour for STI and HIV among female sex workers in Vietnam, women's decision to seek STI treatment and HIV testing was found to be influenced by the complex interplay of personal risk perceptions and social relationships and community discourse (Ratliff,

2007). Their decision to seek care in health facilities and HIV testing was hampered by the high costs of treatments, judgmental attitudes of service providers and a lack of information on testing services most symptoms of the genital tract.

According to Dr.Nihar (Nihar, 2009), providing education and knowledge at individual level is not sufficient in itself to promote a change in behavior. Factors promoting good health are not solely in the individual, they also have a more dynamic collective, interactive element. He says, understanding of social capital and proper understanding of health-seeking behavior could reduce delay to diagnosis, improve treatment compliance and improve health promotion strategies in a variety of context. In his review of Sara Mackian's work, he extracts that status of women, social age and sex, social economic household resources, education level, marital occupation, marital status, economic status, cultural propriety, economic costs of care treatment, travel time, type and severity of illness, geographical distance and physical access, perceived quality and so many are the determinants of health seeking (Nihar, 2009).

McGraw Hill (1990) describes that changes in human behavior and ecology, including socioeconomic factors and related *economic development policies, the population explosion and demographic transition,* rural-urban migration, war and attendant socio-cultural disruption all have led to epidemic increase in STDs.

In a population- based survey held among 1929 adults in 4 poor areas in Nairobi, 318 of whom had STD-related complains, detailed information was gathered about all actions to seek care for the most recent complaint. Voeten HA (2002) describes that 19% of the 159 men and 35% of 159 women had not sought care, mainly because the symptoms were not considered severe (30%) or disappeared (23%) or because they had no money (21%) of those who sought care, most went to private clinics (43% of men, 38% of women), followed by government/ special STD clinic (14% and 26%), mission clinics (13 and 14) and pharmacies (3 and 6). The rest sought care in the informal sectors (traditional healers, street vendors, self care). The main reason for choice of providing was convenience i.e. being nearby location (29%), followed by an assumed quality of care (19%) and affordability (11%) (Voeten et al, 2002).

In another study carried out in Nairobi to examine patterns of health-seeking behavior and related behavior or individuals, women's knowledge about health in general and STIs in particular was poor. A major gender difference in delay of health seeking for STIs was observed -5 days for men Vs 14 days for women (Fonck et al, 2002).

In a cross- sectional study of consecutive new STI cases presenting at the Thyolo STI clinic, Malawi, 498 new clients were recorded. Zachariah R and Nkhoma W (2002) describe that 53% of the clients had taken some form of medication before coming to the STI clinic, the most frequent alternative source being the traditional healers (37%). The medium reported time with STI symptoms before coming to the STI clinic was 14 days (range 2 days to 4 years.)

According to the World Bank estimates, STIs, excluding HIV, are the second commonest causes of healthy life years lost by women in the 14-44 age groups in Africa, responsible for some 17% of the total disease burden (World Bank, 2004).

In a study carried out in Agra, India, the prevalence of RTIs and STDs was found to be 35.2%, with nearly twice in rural areas (49%) as compared to their urban counterparts (27%). Approximately half of the symptom positive women were in the age group of 24-34 years in both rural and urban areas. Prevalence was maximum in women having 1 or 2 (25% in rural, 32% in urban). Prevalence was also found to be higher in illiterate women (61%) and also more in rural illiterate (72%) than urban ones (50%) (Nandan et al, 2009).

Fonck et al (2001) outlines that, lack of awareness about the need to receive prompt treatment, the lack of STD services in the Nairobi area and the lack of finances, particularly among women, are all possible reasons that people in the study delayed seeking treatment.

In Nairobi, Kenya, over a quarter of people with STI related complaints reported did not seek care at all. Most clients wait approximately one week after the appearance of STD symptoms to seek treatment at a health clinic, according to a survey of 471 men and women attending a public STD clinic. Furthermore, once they receive a referral for STD treatment, women wait longer than men to attend an STD clinic for follow-up treatment (29 days vs. 23 days) (Fonck et al, 2001).

In a study to determine factors influencing health-seeking behavior of women with STIs symptoms in Accra, Ghana, seeking care was associated with increased by high wealth index and presence of the offensive odour.Income level on its own did not affect health seeking behavior .Wealth index is the most significant determinant of a woman having STI symptoms and seeking care(Adanu et al,2008)

CHAPTER 3: METHODS AND MATERIALS

3.1 PURPOSE OF THE STUDY

The study will be used to describe Socio-cultural factors affecting health seeking behavior of STIs infected women of reproductive age in Kisii.

3.2 STUDY DESIGN

The study will be a descriptive study aimed at exploring socio-cultural factors affecting health seeking behavior of STIs infected women of reproductive age in Kisii. It will employ both qualitative and quantitative descriptions.

3.3 STUDY AREA

The study will be carried out in Kisii in Nyanza province. It is about 500km from Nairobi, the capital of Kenya and about 5 hours drive. It is a town setting and the main business center of the Gusii community, well known for *amatoke* (bananas) and local vegetables.

It has an approximate population of 500,000, most of who have migrated there for business and others have settled their residence in the town. It is a fast growing town especially many people having migrated there from where they had settled, following the post-election violence in 2007.

Kisii level 5 Hospital is the largest government Hospital in the region situated within the town and it serves quite a vast population.

3.4 INCLUSION CRITERIA

- All women who have suffered from an STI and aged 15-49 years.
- All women who have sought help due to an STI.
- All women who consent to the study.

3.5 EXCLUSION CRITERIA

- Those women who don't consent to the study.
- Those women who are psychologically impaired.

- Very sick clients.

3.6 STUDY POPULATION

The Kisii central district is majorly the home of Gusii people but other ethnic groups have migrated there for business activities, work and education. It is mainly a business centre ranging from small scale to large scale trade.

Being an urban setting, with a high degree of anonymity, many people are known to practice irresponsible sexual behavior, including commercial sex. The rate of unemployment is also alarming among young people.

3.7 SAMPLE SIZE DETERMINATION

A non-probabilistic sampling will be used to get the desired sample size. Records of the health reproductive department indicated that 1360 women reported were treated on STI. This is part of the total 5080 that had a reproductive problem in the year 2009.

The sample size will be determined using the Fischer`s formula(Fischer et al,2008)

$N=Z^2P\ (1-P)/D^2$

Whereby;

N=the desired sample size

Z=the standard normal deviate (1.96 corresponding to 95% confidence interval)

P=the proportion in the target group with certain characteristics (1360 out of 5080)

D=degree of accuracy desired (0.05)

N= (1.96)2(0.27) (1.0-0.73)/ (0.05)2

N=3.8416*0.27*0.73/0.0025

N=302

302 is the minimum sample size that will be used in the study

3.8 STUDY TOOL

A structured questionnaire will be used to interview. English and Kiswahili will be used depending on the respondents' ability to use the language.

3.9 JUSTIFICATION OF DATA COLLECTION TOOL

The principal investigator will collaborate with the Kisii level 5 Hospital staff, STI/AIDS department. Uniform recruitment and data collection procedures will ensure reliable access to STI infected women without any hindrance to their medical care. The research team will not have any influence on the client responses to the study or lead them to a preconceived outcome or general observance. Female research assistants will be trained for effective handling of the victim who will give informed consent to their participation.

3.10 STUDY TOOL PRE-TEST

10 STI infected women in Kenyatta National Hospital will take part in the interview with structured questionnaires. This will ensure quality as well as giving way to necessary modification of the study tool.

3.11ETHICAL CONSIDERATION

Approval will be sought from the research ethics committee at KNH. Informed consent will be obtained from the women (and families in case of minors).Participants will be let to know the objectives and procedures of the study for their agreement, objection or withdrawal from the study at any time. They will be informed of any risks as well as problems that might be associated with their participation in the study. Special permission to use tape recorders will be sought from the informants. Any information collected from them (orally or in writing) will be handled with maximum confidentiality and for the purpose of research only.

3.12 DATA MANAGEMENT

Hand delivery of questionnaires to respondents by the research assistants. Respondents advised to fill in the questionnaires individually to minimize bias. Translation of the questions by research assistants, if need be, will be done. Then the data will be processed as follows:

3.12.1 Sorting data

Numbering and ordering of questions for clustering.

3.12.2 Quality checks

Screening of data for completeness and consistency will be done. The coding and entering data into the computer will be verified. Spoilt and incomplete questions will not be valid for use.

3.12.3 Coding

Codes will be put in the questions. This will call for the help of statistician who will guide the research assistants in the process.

3.12.4 Data analysis

Data will be analyzed using the statistical package for social sciences (SPSS). This will involve data entry, verification, validation and output in the form of frequency distribution tables, pie charts and bar graphs. Significant tests will be done using the t-test and the chi-square.

3.13 REPORT WRITING

A report will be written and handed in to my supervisor in the school of nursing sciences, University of Nairobi as part of an examination in partial fulfillment of a degree in Nursing. The programme of the planned activities will be demonstrated using the Ghant chart.

3.14 DISSEMINATION

The report will be forwarded for consideration in relevant scientific peer review journals.

4.1. TIME FRAME

ACTIVITY CODE	ACTIVITY	WEEKS
01	Proposal development	8
02	Literature review	8
03	Questionnaire development	8
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4.2. GHANT CHART

The dates of the planned activities demonstrated using the Ghant chart

ACTIVITY	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
Proposal development								
Literature review								
Questionnaire development								
Raining research assistants								
Study tools pretesting								
Review of data collection tools								
Data collection								
Analysis of data & report writing								
Presentation of results								
Feedback to the community								
Defending the proposal								

4.3. BUDGET

ITEM	UNIT	QUANTITY	UNIT COST KSHS.	TOTAL COST KSHS
STATIONERY.				
Foolscaps	Reams	3	800	2,400
Duplicating papers	Reams	1	700	700
Ball pens	Pieces	20	20	400
Pencils	Pieces	20	20	400
Sharpener	Pieces	10	20	200
Rubber	Pieces	20	10	200
Stapler &staples	Pieces	2	300	600
Folders	Pieces	8		1,100
Flash disk (USB) 2GB	Pieces	2	3000	6,000
SUBTOTAL				**12,000**
PERSONNEL TRAINING.				
Research assistants wages	Days	25	300	7,500
Lunch allowances	Days	25	1500	37,500
Travelling allowances				10,000
Principle investigator allowances	Days	25	500	12,500
Statistician pay	Days	2		8,000
SUBTOTAL				**75,500**
SERVICES.				
Proposal typing	Pages	40	10	400
Proposal printing.	Pages	40	5	200
Photocopying	copies	80	3	240
Proposal binding.	Booklets	3	100	300
Report typing	Pages	20	10	200
Report printing	Pages	20	5	100
Report binding	Booklets	1	100	100
Computer project hire.		3days	5000	5,000
SUBTOTAL				**6,540**
TOTAL				**94,040**
Miscellaneous Expense	**10%TOTAL**			**9,404**
GRAND TOTAL.				**103,444**

APPENDIX I.

ONCHONG'A RICHARD N,
UNIVERSITY OF NAIROBI,
SCHOOL OF NURSING SCIENCES,
P.O BOX 19676-00202,
NAIROBI, KENYA.

TO THE DISTRICT COMMISSIONER,
KISII CENTRAL DISTRICT,
P.O BOX
KISII, KENYA.

Dear Sir/Madam,

RE:PERMISSION TO CONDUCT A RESEARCH ON ESTABLISHING SOCIOCULTURAL FACTORS AFFECTING HEALTH SEEKING BEHAVIOROF STI INFECTED WOMEN

I am a fourth year Bachelor of Science in Nursing (BScN) student at the University of Nairobi. I am required to conduct a research for the partial fulfillment of my degree course. I have chosen to conduct my research at Kisii central District, particularly at Kisii level 5 hospitals.

I therefore extend a kind request for your permission and assistance to carry out this noble exercise. Your support will be highly appreciated. I have attached my research proposal and a copy of my student identification card. Thank you in advance.

Yours faithfully,

Onchong'a Richard N.

APPENDIX II: PERMISSION TO CONDUCT A RESEARCH IN KISII CENTRAL DISTRICT, NYANZA, KENYA:

ONCHONG'A RICHARD N,
UNIVERSITY OF NAIROBI,
SCHOOL OF NURSING SCIENCES,
P.O BOX 19676-00202,
NAIROBI, KENYA.

THE CHAIRMAN,
KENYATTA NATIONAL HOSPITAL,
RESEARCH ETHICS COMMITTEE,
P.O BOX
NAIROBI, KENYA.

Dear Sir/Madam,

RE: PERMISSION TO CONDUCT A RESEARCH IN KISII CENTRAL DISTRICT, NYANZA, KENYA

I am a fourth year student at the university of Nairobi pursuing a degree in Nursing (BScN). The partial fulfillment of my degree, I am required to conduct a research which I would liked to carry in Kisii central district. The study topic is establishing socio-cultural factors influencing health seeking behavior of STI infected women of reproductive age in Kisii, Nyanza province, Kenya.

Your permission and assistance will be highly appreciated. Thanks in advance.

Yours faithfully,

Onchong'a Richard N

APPENDIX III: CONSENT TO PARTICIPATE IN A RESEARCH

You are asked to take part in a research study that is voluntary. You are informed of what the study involves for you to make decision of whether to participate or not. You are at liberty to ask questions on any issue relating to the study including but not limited to benefits, risks as well as your rights. You obtain a copy of this informed consent.

So far, no stressors, discomforts or risks are identified. You are allowed to withdraw at any time or stage of study, even without explanation.

Confidentiality will be highly upheld as requires the law. Your participation is voluntary. Your identity enclosed and identity will only be by codes. The study outcomes will be published.

QUESTIONS:

----------, a research assistant has discussed with me the information about the research and has fully responded to my query. For further inquiry, I will contact him on----------or Onchong'a Richard at cell----------

I hereby agree to participate in this study. I have been given a copy of this form and I have read it.

Sign----------date----------

Research assistant----------date----------

Investigator's signature----------date----------

APPENDIX IV: QUESTIONNAIRE

1.0 BIOGRAPHIC DATA

1.1 Age in years.....

1.2 Marital status

a) Single
b) Married
c) Widowed
d) Separated
e) Divorced

1.3 Number of children

a) None

b) If yes, how many?

1.4 level of education

a) Primary

b) Secondary

c) University/ college

1.5 Are you employed?

a) Yes

b) No

1.6 If yes, specify what you do.....

1.7 Who do you stay with?

a) Husband

b) Children

c) Friend

d) Other relative

1.8 If friend/ other relatives, specify sex.

a) Male

b) Female

1.9 Is she/he an adult?

a) Yes

b) No

1.0 Do you drink?

a) Yes

b) No

1.11 What is your religion?

a) Catholic

b) Protestant

c) Muslims

d)Seventh-Day Adventist

d) Others

2.0 SEEKING MEDICAL INTERVENTION

2.1 How long did you take to seek medical attention?

a) Immediately you noticed symptoms
b) When you thought you had been infected

c) Within 24 hours of symptoms

d) 1-2 days of symptoms

e) A week after the symptoms

f) More than 2wks after the symptoms

2.2 Why did you seek medical attention?

a) I was in pain

b) The symptoms were too embarrassing

c) A friend/ relative advised me

d) I wanted to

2.3 Where did you seek help first?

a) Medical clinic

b) Herbalist

c) Religious advisor

d) Pharmacists

e) Other

2.4 Did you tell your husband/ sex partner?

a) Yes

b) No

2.5 If no, state why?.....

2.6 How far is the nearest healthy facility?

a) <2km

b) 2-5km

c) 5-10km

d) >10km

2.7 How do you access the healthy facility?

a) On foot

b) Bodaboda

c) Public vehicle (Bus, Matatu)

d) Personal car.

2.8 Do you think you delayed seeking medical care?

a) Yes
b) No

2.9 If yes, why.....

2.10 What do you feel about sexually transmitted infections (STI)

a) Embarrassment
b) Threat
c) Just like other illness
d) Curse
e) Others.

3.0 COMMUNICATION WITH HEALTH CARE PROVIDER.

3.1 In the institution you received medical attention, who did you see first?

a) A nurse
b) A doctor
c) A counselor

3.2 What was the gender of the health care giver?

a) Male
b) Female

3.3 What was the reaction of the health care giver?

a) Understanding
b) Shock
c) Contempt
d) I did not notice any reaction

3.4 What was your feeling towards the health care giver?

a) Comfort
b) Misunderstanding

c) Discriminated

d) Unease

3.5 Did you feel like you benefited from seeking medical attention?

a) Yes

b) No

3.6 Did you undergo any medical examination?

a) Yes

b) No

3.7 If yes, were you comfortable with the examination?

a) Yes

b) No

3.8 Were you told what disease you were suffering from?

a) Yes

b) No

3.9 What did you feel about yourself in relation to the disease?

a) Guilty or self blame

b) Depressed

c) Anxious

d) No major issue

3.10 Will you readily make use of the medicines you received?

a) Yes

b) No

3.11 What do most people in your community feel about sexually transmitted infections?

a) Contempt

b) Is immorality

c) Understanding

d) Don't care

3.12 Will you advise others to seek medical attention early when they suffer from a sexual transmitted disease?

a) Yes
b) No

3.13 What is your view of the medical services offered in the health facility you visited?

a) Excellent
b) Very good
c) Good
d) Fair
e) Poor

3.14 Did you feel the services were affordable?

a) Yes
b) No