

Public Health Digest

FOCUS on HIV/AIDS, STIs and TUBERCULOSIS

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Quarterly P.H. Digest of the Ethiopian Public Health Association (EPHA)

Volume 5. No. 2

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Public Health Digest

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Objectives of this Digest

- Improve knowledge, and practices of public health professionals in the areas of HIV/AIDS, STIs and TB.
- Introduce latest research findings, best practices and success stories to the general public through public health practitioners, trainers, planners and researchers.
- Motivate health workers to engage themselves in operational studies through dissemination of abstracts from studies conducted by health professionals working in health units and training institutions

Target Audiences:

The target groups for the Digest are health professionals in general; and trainers in training institutions, public health practitioners at woreda health offices, in health centers and hospitals, in particular. This Digest will also be extended to non-health professionals who are interested on the subject on a demand-basis for free subscriptions.

Strategy:

Four thousand copies would be published quarterly. Distribution follows the modalities of other EPHA publications. In addition ,regional, zonal and woreda offices, institutions of the MoH & HAPCO branch offices serve as channels for distributing the Digest.

Acronyms

AIDS	Acquired Immuno Deficiency Syndrome
AOR	Adjusted Odds Ratio
APV	Anti Papillomovirus
ART	Anti Retroviral Therapy
ARV	Anti Retroviral
BCC	Behavioral Change Communication
CDC	Center for Disease Control
CD4	Cluster of Differentiation 4
COR	Crude Odds Ratio
DNA	Deoxyribonucleic Acid
EFETLTP	Ethiopian Felid Epidemiology and Laboratory training Program
EPHA	Ethiopian Public Health Association
FMoH	Federal Ministry of Health
HIV	Human Immune Deficiency Virus
IEC	Information and Education Communication
MCH	Maternal and Child Health
MDGs	Millennium Development Goals
MoH	Ministry of Health
NAR	National Agency for Research
NRTIs	Nucleoside Reverse Transcriptase Inhibitors
NNRTIs	Non Nucleoside Reverse Transcriptase Inhibitors
OR	Odds Ratio
PENTA	Pediatric European Network for Treatment of ADIS
PMTCT	Prevention of Mother to Child Transmission
RHB	Regional Health Bureau
RNA	Ribonucleic Acid
SPSS	Statistical Package for Social Science
STI	Sexually Transmitted Infection
TB	Tuberculosis
US	United States
WHO	World Health Organization
WRA	White Ribbon Alliance

Editorial

Each year, more than 500,000 women die from complications of pregnancy and childbirth. Indeed, in the developing world, pregnancy complications are a leading cause of death among women in their reproductive years. Most of these deaths, as well as many injuries and disabilities that often afflict women who survive pregnancy, are completely preventable. Yet, precious little progress has been made at the global level since 1985.

Fifteen years later, in 2000, the imperative to improve maternal health made it onto the global agenda at the United Nations (UN) Millennium Summit. At this largest-ever gathering of world leaders, 189 nations including Ethiopia committed to the Millennium Declaration 'a global partnership to fight extreme poverty'. The declaration was distilled down to eight Millennium Development Goals (MDGs), establishing time-bound targets to be achieved by 2015 in areas such as hunger, disease, gender equality and environmental sustainability.

The fifth MDG calls for improving maternal health by reducing maternal deaths by three-quarters and achieving universal access to reproductive health. The bad news is that the world is hardly any closer to reaching MDG 5 today than it was at the start of this process. The financial resources and political will needed to promote maternal health have been lagging for many predictable reasons. Among them is the fact that pregnancy starts with sex, and politics

of supporting sexual and reproductive health services still gives pause to too many decision-makers.

Several key global initiatives have sprung up in recent years to jumpstart the effort to make real progress toward achieving MDG 5. Their success will be measured in women's lives saved. And that will depend, in significant part, on how much longer it will take for governments as well as maternal and child health (MCH) advocates to reprioritize sexual and reproductive health services so that more women in the world's poorest countries can prevent unplanned, high-risk pregnancies and will not have to resort to unsafe abortions.

A maternal death is defined as one where a woman dies either while pregnant or within six weeks of pregnancy termination not related to accidental or incidental causes. The causes of maternal death and disability are well known and documented, and include severe bleeding, infection, complications of unsafe abortion, hypertensive disorders and obstructed labor.

By far, women in Sub-Saharan Africa are at greatest risk: Pregnancy-related death rates in Sub-Saharan Africa are twice those in South Asia and up to nine times those in Latin America and the Caribbean. Women in Sub-Saharan Africa are far more likely than in other parts of the world to die of pregnancy-related causes.

For every maternal death, approximately 30 more women suffer injuries that can be debilitating for life. Anemia, infertility and pelvic inflammatory disease are just a few of the possibilities. One of the most severe pregnancy-related conditions is obstetric fistula, in which pressure from the baby's head creates a hole between the mother's vagina and bladder or rectum. Without treatment, many afflicted women experience serious physical consequences, such as incontinence and infection, which can lead them to be ostracized by their families and communities because of their foul smell and because of their inability to become pregnant again. A maternal death is tragic not only because it is a waste of a life, but also because it is costly to the woman's family and community.

A newborn whose mother dies is 3-10 times more likely than one whose mother survives to die by the age of two. Indeed, the World Health Organization (WHO) views the survival of newborns as integrally linked to the survival of their mothers. In addition, a mother's death can have consequences for the older children she leaves behind. Often, girl children must step into the void to manage the household--for going to school and limiting their own futures. Indeed, a mother's death affects the entire family, including its income and productivity, which can affect the broader community in which they live.

The ways to prevent these deaths and disabilities are well understood, relatively simple and mostly low cost. Based on the evidence and drawing on the global consensus, recent studies tried to state the major ways to fighting the problem as:

- Family planning and other reproductive health services;
- Skilled care during and immediately following pregnancy and childbirth;
- Emergency obstetric care when life-threatening complications develop; and
- Immediate postnatal care for mothers and newborns.

Included in "other reproductive health services" are prevention and treatment of STIs and, notably, treatment of septic or incomplete abortion and the provision of safe abortion services consistent with individual country law. These interventions are widely accepted, even if not all receive equal attention or support.

Each year, unsafe abortion alone accounts for an estimated 70,000 maternal deaths and tens of thousands more injuries globally. The ways to prevent unsafe abortion and its consequences are no mystery: help women prevent an unintended pregnancy; provide women who are facing unintended or high-risk pregnancy and who wish to terminate their pregnancy access to safe abortion services; and where providing safe abortion services is not consistent with individual's economic status, treat women who are suffering from the complications of an incomplete or septic abortion with prompt, high-quality care. Indeed, research shows that up to one-third of all maternal deaths could be avoided, as various current studies notes, by "allowing women to delay motherhood, space births, avoid unintended pregnancies and unsafely performed abortions, as well as stop childbearing when they have reached their desired family size.

Updates

Two Health Research Methodology & Ethics Training were conducted

Two Health Research Methodology & Ethics Training were conducted 23rd of December 2010 to 1st Jan 2011 and 26th Jan-4th Feb.2011 Adigrat and Adama, respectively. The trainings were conducted with the overall objectives to enhance capacity of the RHBs and universities in research undertaking and motivate them to apply evidence based decision making to improve service delivery in the health sector.

During the training, the participants did gained a lot of knowledge based skills. In both cases, the training programs have

been conducted for 10 days each, in which the participants learn proposal writing, the different types of epidemiological study designs, selection of appropriate study designs, sample size calculation, sampling techniques, quantitative and qualitative research methods, data processing, analysis and interpretation, research ethics, communication and scientific writing. The delivery of the training program includes lectures, individual and group work, oral presentations, use of Epi Info and SPSS statistical software programs. This approach gave to the participants the opportunity to develop their problem solving and decision making skills related to the processes involved in health research design, planning and execution.

The purpose of this health research methods and ethics training program for the trainees was to assist participants to improve their understanding of, and capabilities in, the research design, planning and implementation processes. A key element of the training was to give trainees an opportunity to develop a research proposal that would be later on implemented by the trainees. At the end of the training program, the participants were expected to develop adequate research skills to:

- Describe different study designs and stages of the health research process;
- Identify and refine a health research problem;
- Describe purposes of a literature review and be able to conduct an adequate and relevant literature review for a research proposal;
- List number of key qualitative

and quantitative research approaches and methods and be able to select the most appropriate approach and methods to address a health research problem;

- Recognize ethical issues associated with the planning, conducting and reporting of health research involving human subject; and
- Develop a full research proposal including work plan and budget

EPHA awarded certificate for each of the training participants upon completion of the training for 10 days and giving post tests to gauge against the pre-test, in both sessions. Similar trainings will continue based on demands from the RHBs, zonal health offices, woreda offices of health, health centers, hospitals, health science training colleges, NGOs and the like.

The two trainings were conducted in collaboration with the CDC, FMOH, Mekele University, Regional Health bureaus and Tigray EPHA Chapter.

The 1st trainees comes from Tigray and Amhara RHB and Mekele University while the second were from Afar, Oromia, ,Somali, Benshangul Gumz & Gambella RHBs and universities.

*Source:- Ato Berhanu Legesse
Project Plan and Evaluation Coordinator, EPHA*



Field Epidemiology and Laboratory Training Program (EFELTP)

The Ethiopian Field Epidemiology and laboratory Training Program (EFELTP) is a two years Masters level competency-based training program in applied epidemiology

and public health that builds the capacity to strengthen the surveillance and response system in countries where they are implemented.

The ability of Ethiopia to respond to health emergencies and detect problems through proper surveillance system is largely limited. Inability to prevent and control epidemics and lack of skilled personnel including poor surveillance system in this regard are underscored by the Business Process Re-engineering of the MoH that has identified reduction of epidemic manifestations as one of the seven areas of focus.

EPHA is working closely with the Ministry of Health (MoH), Addis Ababa University School of Public Health and the US Centers for Disease Control and prevention (CDC) to be able to produce professionals in field epidemiology that are capable of handling

(emergency management including epidemic investigation and response and surveillance.



Leadership in Strategic Information (LSI) Training program

In 2009 EPHA has initiated a TB behavioral change communication project in only 3 hospitals, namely; Addis Ababa, Hawasa and Dire Dawa, with a support received by EPHA from the American Thoracic Association. Yet, compared to the magnitude of the TB problem in Ethiopia, a lot has to be done to implement all inclusive behavioral change communication in preventing and controlling Tuberculosis in the country.

Thus, it is worth intervening Tuberculosis prevention, side by

side with HIV and STI control program in 3-5 regions which are highly affected by Tuberculosis and expand eventually to other regions evaluating the impact of the TB/HIV component to be initiated in 2010 by the EPHA-CDC Project. In 2010, the health institutions will be identified based on need assessment to be done jointly with their respective RHBs. The RHB and the district health offices will be contacted and memorandum of understanding will be signed before initiating the project to ensure government ownership for sustained implementation. Then, capacity building activities on IEC-BCC will be implemented to disseminate TB prevention activities in hospitals.

*Source:- Ato Alemayehu Bekel,
Field Epidemiology and Laboratory Training Program Officer,
EPHA*



የጥናት ዉጤቶች

የሴተኛ አዳሪዎች የአልኮል መጠጥ ችግር ፤ ጥንቃቄ የጎደለው ወሲብ ና የአባላዘር በሽ ዎች ሁኔታ በኢትዮጵያ

በአ ላይ አለም፣ደረጀ ከበደ፣ጌትነት ምትኬ፣ ፍቅሬ ንቁስላሴ ና ውሰ ለማ

መግቢያ

በኢትዮጵያ በአጠቃላይ 2.6 ሚሊዮን ክፍሎች ነው። ልዩ የህብረተሰብ የሚሆነው ጎልማሳዉ የህብረተሰብ ክፍል በኤች.አይ.ቪ/ኤድስ ይጠቃል ተብሎ የሚገመት ሲሆን፤ በመቶኛ ሲሰላም ከ6 በመቶ በላይ ለኤች.አይ.ቪ የተጋለጠ(ፓዘቲቭ) ይሆናል ተብሎ ይ ሰባል። በሌሎች የአፍሪካ አገሮች ንደሚከሰተው ሁሉ በኢትዮጵያም ዋናው የኤች.አይ.ቪ/ኤድስ ቫይረስ የመተላለፊያ መንገድ ከተቃራኒ ያ ጋር ልቅ የሆነ የግብረ-ሥጋ ግንኙነት በማድረግ ነው። የቅድመ ወሊድ ህክምና ክትትል በሚያደረጉ ሴቶች ላይ በአዲስ አበባ በተደረገው ጥናት መሰረት የኤች.አይ.ቪ ስርጭት ከ15 በመቶ በላይ ሲሆን፤ ከፍተኛ የሆነ የኤች.አይ.ቪ ስርጭት የ የዉም ድሜያቸው ከ25 ዓመት በ ች በሆኑ ወጣት የህብረተሰብ ክፍሎች ነው። ልዩ የህብረተሰብ ቡድኖች (ክፍሎች) በተለይም ከፍተኛ የተጋላጭነት ባህሪ ያላቸው በሽ ውን በአጠቃላይ በህብረተሰቡ ውስጥ ለማሰራጨት ያላቸው ዕድል አሁንም በስፋት ንደቀጠለ ይገኛል። ሴት የቡና ቤት ሠራተኞች ለኤች.አይ.ቪ መስፋፋትና ስርጭት ንደ ዋና ተጋላጭ የህብረተሰብ ክፍሎች (ቡድኖች) ተደርገው ይወሰዳሉ። ይህም የሆነበት ምክንያት ከፍተኛ የሆነ የቫይረሱ ስርጭት በ ነዚህ ሴቶች ላይ በመ የቱና የቡና ቤት ሠራተኞችም በርካ የሆነ የወሲብ ግንኙነት ጓደኞች ስለሚኖራቸው ነው።

አዲስ አበባ በሚገኙ የጤና ተቋማት ውስጥ የህክምና ክትትል በሚያደርጉ የቡና ቤት ሠራተኞች ላይ በተደረገው ጥናት መሰረት የኤች.አይ.ቪ ስርጭት 73 በመቶ ሆኖ ተገኝቷል።

ከላይ በተጠቀሱትም ምክንያቶች የተነሳ በአገራችን ኤች.አይ.ቪ/ ኤድስን ለመከላከልና ለመቆጣጠር በቡና ቤት ሰራተኞች ላይ ከፍተኛ የሆነ ትኩረት በመስጠት ላይ ነው።

ህንድ አገር በቻክራቦርቲ በተደረገው ጥናት መሰረት ከፍተኛ የሆነ ድህነት ና የቤተ ሰብ ግጭት (ብጥብጥ) ሴቶችን ለቡና ቤት ሠራተኝነት የሚገፋፉ መሰረ ዊ መንስዔ ዎች መሆናቸውን በጥና ቸው አስፍረዋል። በአጠቃላይ በጥናቱ የተካተቱ አብዛኛዎቹ የአልኮል መጠጥ ሱሰኞች ወይም አልኮል ሁልጊዜ የሚጠጡ 81.1 ከመቶ ሲሆኑ፤ ከ ነሱም መካከል በግብረ-ሥጋ ግንኙነት ወቅት ሁልጊዜ ከንደም የሚጠቀሙት 1.1 ከመቶ ብቻ መሆናቸውን ጥናቱ ይጠቁማል።

በአልኮል ጠጪዎች ና በሱስ ተጠቃሚ ዎች ላይ የኤች.አይ.ቪ አደጋ ጎላ ብሎ የሚ ይ መሆኑ የ ወቀ ሲሆን፤ ንዲህ አይነቱም ሱስ ለመኪና አደጋ ፤ ለቤተሰብ ብጥብጥ፤ ለወንጀልና ለሌሎች ጥቃቶች የተጋለጡ አድርጓቸዋል። ምንም ንኳን የአልኮል መጠጥና ሌሎች ሱሰኞች በከንደም አጠቃቀም ላይ ያላቸውን አሉ ዊ ድርሻ በአደጋ አገሮች በጥልቀት የተጠና ቢሆንም ይህ አይነቱ ጠቃሚ ጥናት በኢትዮጵያ በጥልቀት አልተካሄደም። የቫይረሱን ስርጭት በተመለከተና ስለ አልኮል መጠጥ በጥቂቱ በኢትዮጵያ የተጠና ቢሆንም፤ በቁጥር ከፍተኛ ድርሻ ያለው የህብረተሰብ ክፍልን የአልኮል መጠጥ ችግር የዳሰሰ አይደለም።

ጥናቱ ዓላማ

ይህ ጥናት የተካሄደው በኢትዮጵያ በሚገኝ የቡና ቤት ሠራተኞች ላይ ጥንቃቄ የጎደለውን የግብረ-ስጋ ግንኙነት መጠን ለመዳሰስና ከዚህም ጋር የሚዛመዱ ጉዳዮችን ለምሳሌ የአልኮል አጠቃቀምን፣አልኮል የሚያስከትላቸውን ችግሮች ና የጫት አጠቃቀምን ሁኔ ለመዳሰስ ነው።

የጥናቱ ተሳ ፊዎች የአመራረጥ ሂደት

ይህ ጥናት ትኩረት ያደረገው ድሜያቸው ከ15-49 ዓመት ለሆኑ የቡና ቤት ወይም የሆቴል ሴት ሠራተኞችንና በቤት ውስጥ ወይንም በጎዳና ላይ በመቆም የሚሰሩ ሴተኛ- አዳሪዎችን ከሰባት የከተማ አካባቢዎች በመምረጥ ነው። ይህም የአመራረጥ ሂደት የተ ፈጸመው በተለያዩ ከተሞች ውስጥ ሴተኛ አዳሪዎች በሚገኙበት አካባቢ ከተለያዩ

መንግስት ዊና መንግስት ዊ ካልሆኑ ድርጅቶች ና ንዲሁም ሴተኛ-አዳሪ ከሆኑ ሴቶች ጋር በመተባበር ሴተኛ አዳሪዎች በብዛት የሰፈሩበትን አካባቢ በቀንና በማ ተንቀሳቅሶ በግምት ብዛ ቸዉንም በመመዝገብ ነበር። ምዝገባው ከተካሄደ በኋላም በተመረጡ ቦ ዎችና ሴተኛ አዳሪዎች በብዛት ባሉበት አካባቢዎች በብዛት ስራ የሚሰሩበትን ና ስራቸው ቀዝቀዝ የሚልበትን ሰዓት ለመመልከትና ለማገናዘብ የጊዜ ስብጥር 'Time-location cluster' ዘዴን በመጠቀም ተሳ ፊዎችን ለመጎብኘት ተ ሞክሯል።

የጥናቱ ተሳ ፊዎችን ለመምረጥ በወቅቱ የተገኙትን ሁሉ በመወሰድ (quota approach) ዘዴን በመጠቀም ነበር። ይህም ከተመረጡ ሆቴሎችና ቡና ቤቶች ከ ያንዳንዳቸው ኩል ወይም በቁጥር የተ ወሰነ ተሳ ፊን በመምረጥ ቃለ ምልልስ የማካሄድ ዘዴ ነው። ተሳ ፊዎች የሚገኙ ብት ቦ የተመረጠው በአጠቃላይ ለጥናቱ በተወሰኑ የተሳ ፊዎች ብዛትና በ ያንዳንዱ ሆቴልና ቡና ቤት ውስጥ የሚገኙ ሴተኛ-አዳሪዎችን ብዛት ከግምት ውስጥ በማስገባት ነበር። ነገር ግን በ ያንዳንዱ ከተመረጡ ቡና ቤቶችና

ሆቴሎች አካባቢ የሚጠበቀውን ያህል ሴተ ኛ-አዳሪዎችን ማግኘት ባለመቻሉ በቦ ው ለተገኙ ሴተኛ አዳሪዎች በሙሉ ቃለ ምልልስ ተደርጓላቸዋል። በአንፃሩም ብዙ ሴተኛ አዳሪዎች በተገኙበት ሆቴልና ቡና ቤት በቁጥር የተወሰኑ ተሳ ፊዎችን ብቻ በነሲብ ለመምረጥ ተችሏል። በጥናቱ ውስጥ በቤቶችና ጎዳና ላይ በመቆም የሚሰሩ ሴተኛ-አዳሪዎችን ለማካተት በወቅቱ የተገኙትን ሁሉ በመወሰድ (quota approach) ና ሴተኛ-አዳሪዎች በሚኖሩበት ቤቶችና የጎዳና አካባቢ ዎችን ተከትሎ በመሄድ 'Snowball Sampling' ዘዴን በመጠቀም የሚፈለገውን የጥናቱ ተሳ ፊዎች መጠን ለማካተት ተችሏል።

የመረጃው አሰባሰብ ሂደት

መረጃው የተሰበሰበው ደረጃውን በጠበቀ፣ ቀድሞ ኮድ በተደረገ ና የቅድመ ሙከራ ፍተሻ በአዲስ አበባ በተካሄደበት መጠይቅ ነው። ለጥናቱ በተመረጡ ክልሎችና አካባቢዎች ወንድና ሴት መረጃ ሰብሳቢ ዎች በተለያየ መስፈርት መሰረት ተ መርጠዋል።

የተመረጡት መረጃ ሰብሳቢዎችም ከፍተ ኛ ሁለተኛ ደረጃ ትምህር ቸውን ያጠናቀቁና ከዚህም በፊት በዳሰላ ጥናት የመረጃ አሰባሰብ ልምድ ያላቸው ናቸው። መረጃ ሰብሳቢዎች ወደ መረጃ አሰባሰቡ ሥራ ከመግባ ቸው በፊት የመረጃ ማሰባሰቢያ መጠይቅ ቅጾችን ንዴት መሙላትና ማጠናቀቅ ንዳለባቸው በቂ የሆነ ስልጠና ተሰጥቷቸዋል። መረጃ ዎች በትክክል መሞላ ቸውን ፤ ሙሉ በሙሉ መጠናቀቃቸውንና የጥያቄ ዎችን ተክ ይነት ለማረጋገጥ ቀኑን ሙሉ በወቅቱ ተቀጥረው የሚሰሩ ባለሙያዎች ነበሩ። አህዳዊና ሁለገባዊ የጥናቱ ዉጤት ትንተና የተሰራው SPSS በተባለ የኮምፒውተር አሰራር ስልት (ሶፍት ዌር) በመጠቀም ነበር። የጥናቱ መረጃ የተሰበሰበው ኤ.አ ከህዳር 2001 ስክ ግንቦት 2002 ነበር።

የጥናቱ ቃለ ምልልስ ከመደረጉ በፊት ባሉት አራት ሳምን ት ስለነበረው የተ ሳ ፊዎች የሱስ አጠቃቀም ሁኔ (ማለትም አልኮል መጠጥ፣ጫት ና የሌ ሎች ሱሶችን አጠቃቀም) ለመዳሰስ ተ ሞክሯል። የአልኮል መጠጥ ችግሮችን ለመቃኘት ማለትም CAGE (Cut down, Annoyed , Guilty and

Every morning drink) የሚሉት አራት አይነት ጥ ያ ቁ ዎች በመጠይቁ ተካተው ነበር። CAGE ማለት ከአራት ጥያቄዎች የተወሰደ ምህፃ ራ-ቃል ሲሆን፤ ነዚህም ጥያቄዎች

- 1ኛ. የመጠጥ ልምድዎን ለመተወ/ለማቋ ረጥ አስበዉ ያዉቃሉ?
- 2ኛ. መጠጥ በመጠጣትዎ ሰዎች ይነቅፍ ዎት ነበር?
- 3ኛ. መጠጥ በመጠጣትዎ ግብዝነት ይሰማዎት ነበር?
- 4ኛ. አዕምሮዎን ለማረጋጋት ሲሉ ሌሎች ሰዎች መጠጣት ሳይጀምሩ በጥዋቱ አልኮ ል መጠጥ ጠጥተው ያውቃሉ? የሚሉት ናቸዉ።

አውዳዊ የቃላት ትርጉም:

ጥንቃቄ የጎደለው ግብረ-ሥጋ ግንኙነት ማለት በዚህ ጥናት መሰረት ቃለ መጠይቅ ከተደረገበት ጊዜ ጀምሮ ባለፈው 12 ወራት ያለኮንዶም የግብረ-ስጋ ግንኙነት መፈፀም ማለት ነው። ሁል ጊዜ ኮንዶም አለመጠቀም በዚህ ጥናት ውስጥ ጥንቃቄ የጎደለው ወሲብ ተደርጎ ተቆጥሯል። በተጨማሪም በዚህ ጥናት ባለፉት 12 ወራት ውስጥ ከሴቶች ብልት የሚወጣ ፍሳሽ ወይም መጥፎ ሽ ክስተት መኖሩን በጥናቱ ለመዳሰስ ተሞክሯል። ተጨማሪና ተደራቢ ችግሮችን ከዋና ዋና ችግሮች ጋር ያላቸዉን አንድነትና ልዩነት ለማነፃፀር (Logistic Regression) የተባለውን የስ ትስቲክስ ዘዴ በጥናቱ የትንተና ወቅት ተግባራዊ ተደርጓል። ጥንቃቄ የጎደለው የተሳ ፊዎች ወሲባዊና የብልት ፍሳሽ ርክ በሞዴሉ ንደ ዋነኛ ተፈ ሽ ወይም ተለዋዋጭ ባህርያት (dependent variables) ተደርገው የተጠኑ ሲሆን፤ በተቃራኒው ም ፤ ድሜ ና የትምህርት ደረጃ ደግሞ ንደ ፈ ሽ ወይም ለዋጭ (independent variables) ባህርያት ሆነው በጥናቱ ይተዋል። አንዳንድ ጥናቶች ንደሚጠቁሙት ልዩ የሆኑ የህብረተሰብ ክፍሎች ወይም

ቡድኖች ለምሳሌ ሴተኛ-አዳሪዎች ከተለያዩ ወንዶች ጋር የግብረ-ስጋ ግንኙነት ስለሚያደርጉ ለተለያዩ የአባባዘር በሽ ዎችና ለኤች.አይ.ቪ/ኤድስ ተጋላጭነ ቸዉ ከፍተኛ ስለሆነ በሽ ዉን በአጠቃላይ ወደ ህብረተሰቡ ለማስራጨት ያላቸዉ ድል የጎላ ነዉ። ስለዚህ ለ ንዲህ አይነቱ የህብረተሰብ ክፍል ደግሞ ልዩ ትኩረት ያስፈልገዋል። አልኮል መጠጦች፤ ጫት ና ሌሎች ሱሶች ለኤች አይ.ቪ ኤድስና ለተለያዩ የአባባዘር በሽ ዎች ንደሚያጋልጡ የተለያዩ ጥናቶች ዘግበዋል።

የጥናቱ ዉጤት

በአጠቃላይ 2=487 ሴተኛ አዳሪዎች (ሴት የቡና ቤት ሠረተኞች) በጥናቱ ተሳትፈዋል። አብዛኛዎቹ (61%) ተሳ ፊ ዎች ከ20-29 ዓመት የዕድሜ ክልል ውስጥ የሚገኙ ሲሆን፤ 30 በመቶ የሚሆኑት ደግሞ ከ20 ዓመት በ ች የሚገኙ ወጣት ሴቶች ናቸው። የተሳ ፊ ዎች የትምህርት ደረጃ ያልተማሩ፤ የመጀመሪያ ደረጃ ትምህርት የተማሩ ና ሁለተኛ ደረጃ ትምህርት የተማሩ ተደርጎ የተከፋፈለ ሲሆን፤ የተሳ ፊ ዎች ስብጥር በሶስቱም ክፍሎች በቁጥር ተመሳሳይነት ያላቸው ሁኖ ተገኝቷል።

በአጠቃላይ በቁጥር ከፍተኛ (96.1%) የሚሆኑትም የአርቶዶክስ ክርስትና የሚሆኑ ተሳ ፊዎች ምንም የጋብቻ ሃይማኖት ተከ ዮች ናቸው። ያልፈፀሙ ሲሆን 86 በመቶ

ሰንጠረዥ2: .ኤ.አ 2003 የሴተኛ አዳሪዎች ማህበራዊና ዲሞግራፊያዊ ባህሪ ያት በኢትዮጵያ፤

የተሳ ፊዎች መሰረ ዊ ባህርያት	በቁጥርና በመቶኛ
ዕድሜ	
ከ15-19	755 (30.4)
ከ20-29	1=511 (60.8)
ከ30-39	166 (6.7)
ከ40-49	35 (1.4)
የትምህርት ደረጃ	
ምንም ያልተማሩ	913 (36.7)
አንደኛ ደረጃ	758 (30.5)
ሁለተኛ ደረጃና ከዚያ በላይ	816 (32.8)
የጋብቻ ሁኔ	
ያላገቡ (አግብተዉ የማያወቁ)	2=375 (95.5)
ያገቡ	9 (0.4)
ተለያይተው የሚኖሩ/የተፋቱ/ ወይም ባላቸው የሞተባቸው	83 (3.3)
ሃይማኖት	
አርቶዶክስ	2=148 (86.4)
ካቶሊክ	60 (2.4)
ፕሮቴስ ንት	55 (2.2)
ሙስሊም	176 (7.1)
ሌሎች	36 (1.4)
ድምር	2=487 (100)

ይህ ጥናት ከተደረገበት 12 ወራት በፊት ወደ 12 በመቶ የሚሆኑት ሴተኛ አዳሪዎች (የቡና ቤት ሠራተኞች) ጥንቃቄ የጎደለው የግብረ-ሥጋ ግንኙነት ንደፈፀሙ ሪፖርት አድርገዋል። ከ30 ዓመት በ ች ከሚገኙ ወጣት ሴት የቡና ቤት ሠራተኞች ይልቅ ከ30-49 ዓመት ባለው የ ድሜ ገደብ የሚገኙ ሴት የቡና ቤት ሠራተኞች ለከፍተኛ ጥንቃቄ የጎደለው ወሲባዊ ባህሪያት የተጋለጡ ሆነው ተገኝተዋል። ይህም በተስተካከለው የወ.ጤት መመዘኛ ነጥብ (Adjusted odds ratio) 95 በመቶ CI= 0.7 (0.51-0.98) ነበር።

ምንም አይነት አልኮል ከማይጠጡት ተ ሳ ፊዎች አንጻር ሲ ይ አልፎ አልፎ አልኮል የሚጠጡ ሴት የቡና ቤት ሠራተ ኞች ጥንቃቄ ለጎደለው ወሲብ ተ ጋላጭነ ችው በሁለት ጥፍ ንደሆነ የተስተካከለው የተጋላጭነት የወ.ጤት መመዘኛ ነጥብ (Adjusted odds ra- tio) 95% CI=2.06 (1.2.8-3.33) ለማየት ተችሏል። ነገር ግን በየቀኑና በየሳምንቱ አልኮል የሚጠጡ ተሳ ፊ ዎች (ሴተኛ-አዳሪዎች) ምንም አይነት አልኮል ከማይጠጡት አንጻር ሲ ይ ጥንቃቄ ለጎደለው ወሲብ ተ ጋላጭነ ችው ተመሳሳይ ሆኖ ተገኝቷል።

በCAGE የመጠይቅ ቅዎች መሰረት የአልኮል መጠጥ ችግር ውጤቱ ሲ ይ ጥንቃቄ ከጎደለው ወሲብ ጋር ከፍተኛ የሆነ ትስስር ንዳለው ጥናቱ ያሳያል። ምንም አይነት የCAGE ጥያቄዎችን መልስ ካልመለሱት ተሳ ፊዎች አንጻርም ሲ ይ ፤ አንድ መልስ የመለሱት ተ ሳ ፊዎች ጥንቃቄ ለጎደለው የወሲብ ተ ጋላጭነ ችው በ50% ንደሚጨምር በጥናቱ የተስተካከለው የተጋላጭነት ወ.ጤት መመዘኛ ነጥብ (Adjusted odds ratio' 95% CI= 1.48 (1.07- 2.05) ያሳያል። ይህም ውጤት በመጠይቁ ሁለት ወይም ከዚያ በላይ የCAGE ጥያቄ ዎችን መልስ ከመለሱት ጋር ተመሳሳይ የሆኑ የተጋላጭነት ባህሪ ነበራቸው። በዚህ ጥናት ጫት መጠቀም ጥንቃቄ ከጎደለው ወሲብ ጋር ምንም አይነት ቁርኝት አል የበትም። ነገር ግን ከሌሎች ሱሶች ጋር በተስተካከለው የተጋላጭነት የወ.ጤት መመዘኛ ነጥብ 'Adjusted odds ratio' 95% CI =1.65 (1.04- 2.61) የሚሆን ትስስር ይቷል።

ሰንጠረዥ3: .ኤ.አ 2003 የሴተኛ አዳሪዎች ማህበራዊና ዲሞግራፊያዊ ንዲሁም የግል ባህሪያት ጥንቃቄ ከጎደለው ወሲብ ጋር ያለው ትስስር በኢትዮጵያ

የተሳ ፊዎች መሰረ ዊ ባህሪያት	የጥናቱ ተሳ ፊ ዎች ብዛት	ናሙናዎች	ያልተስተካከለው የክስተቱ አመዛኝነት መጠን (COR)	የተስተካከለው የክስተቱ አመዛኝነት መጠን (AOR)
ዕድሜ				
ከ15-19 ዓመት	720	74 (10.3)	1.0	1.0
ከ20-29 ዓመት	1,413	146 (10.3)	1.00 (0.75, 1.35)	1.04 (0.77 1.41)
ከ30-49 ዓመት	160	47 (29.4)	3.63 (2.39, 5.51)	3.62 (2.36, 554)
የትምህርት ደረጃ				
ምንም ያልተማሩ	838	115 (13.7)	1.00	1.0
አንደኛ ደረጃ	702	84 (12.0)	0.86 (0.63, 1.16)	0.85 (0.62, 1.17)
ሁለተኛ ደረጃና ከዚያ በላይ	772	71 (9.2)	0.64(0.47, 0.87)	0.70 (0.50, 0.98)
የአልኮል መጠጥ አወሳሰድ				
ምንም የማይጠጡ	455	56 (12.3)	1.00	1.0
በሳምንት አንድ ጊዜ ያነሰ	167	35 (21.0)	1.89 (1.19, 3.01)	2.06 (1.28, 3.33)
በሳምንት አንድ ጊዜ ከዚያ በላይ የሚጠጡ	1,685	178 (10.6)	0.84 (0.61, 1.16)	0.91 (0.65, 1.28)
የአልኮል መጠጥ ችግር				
ምንም አይነት የመጠጥ ችግር ያላጋጠማቸው	967	96 (9.9)	1.00	1.0
በያንሰ አንድ ጊዜ ንጹን ችግር ያጋጠማቸው	618	84 (13.6)	1.43 (1.05, 1.95)	1.48 (1.07, 2.05)
ሁለት ጊዜና ከዚያ በላይ በከፍተኛ ሁኔ ችግሩ ያጋጠማቸው	727	90 (12.4)	1.28 (0.94, 1.74)	1.40 (1.02, 1.93)
የጫት አጠቃቀም ሁኔ				
ምንም ጫት የማይቅሙ	1,155	154 (13.3)	1.00	1.0
በሳምንት ከአንድ ጊዜ ያነሰ የሚቅሙ	103	8 (7.8)	0.55 (0.56, 0.95)	0.45 (0.20, 1.00)
በሳምንት ከአንድና ጊዜ በላይ የሚቅሙ	1,020	103 (10.1)	0.75 (0.56, 0.95)	0.75 (0.57,1.01)
ከጫት ሌላ ሱሶችን የሚጠቀሙ				
የለም	2,101	242 (11.5)	1.00	1.0
አዎን	211	28 (13.3)	1.18 (0.77,1.79)	1.65 (1.04, 2.61)
ጠቅላላ ድምር	2,312	270 (11.8)		

ጥናቱ ከተካሄደበት ጊዜ ጀምሮ ባለፉት 12 ወራት ውስጥ ከመቶ 5 የሚሆኑ ሴቶች በብል ችው ያልተለመደ መጥፎ ሽ ያለው ፍሳሽ ንደ ያቸዉ ሪፖርት አድርገዋል። በዚህ ጥናት መሠረት የተሳ ፊዎች የዕድሜ ሁኔ ከ ንደዚህ አይነቱ ክስተት ጋር ምንም አይነት ትስስር ንደሌለዉ ይቷል። ነገር ግን የትምህርት ሁኔ ከአባላዘር በሽ ዎች ምልክት ጋር አሉ ዊ ትስስር ንዳለው በጥናቱ ተገልጾአል። ይህም ትስስር ከ40-45 በመቶ በሚሆን አንደኛ ደረጃ ትምህርት ከተማሩት በ0.56 ና ሁለተኛ ደረጃ በተማሩት 0.59 ንደሚቀንስ በስ ትስቲክስ የትንተና ዘዴ የተስተካከለው የተጋላጭነት የዉጤት መመዘኛ ነጥብ (Adjusted odds ratio) ያሳያል።

ምንም አይነት አልኮል ከማይወስዱ ተሳ ፊዎች አንፃር ሲ ይ በየቀኑ አልኮል የሚጠጡ ተሳ ፊዎች (ሴት የቡናቤ ት ሠራተኞች) በሁለት ጥፍ ለአባላዘር በሽ የመጋለጥ (95% CI=2.50: 1.35-4.64) ድል አላቸው። በተመሳሳይ ሁኔ ሁለት ና ከዚያ በላይ የ (CAGE) ጥያቄዎችን የመለሱ ተሳ ፊዎችም (Adjusted odds ratio) 95%: Confidence interval)= 2.07

1.32-2.33) ለአባላዘር በሽ ዎች ተጋላጭነ ችው ንደሚጨምር ተገልጾአል። በሌላ መልኩ ደግሞ ጫት መቃምና ለሌሎች ሱሶች ተገዥ መሆን ከአባላዘር በሽ ተጋላጭነት ጋር ምንም አይነት ትስስር አል የም።

ማጠቃለያና የመፍትሄ ሀሳቦች

በዚህ የጥናት ውጤት መሰረት ከፍተኛ ቁጥር ያላቸው ሴተኛ- አዳሪዎች (ሴት የቡና ቤት ሠራተኞች) ጥንቃቄ የጎደለዉ ወሲባዊ ባህሪ ስላላቸዉ ለኤች.አይ.ቪ/ኤድስና ለተለያዩ የአባላዘር በሽ ዎች አደጋ ንደሚጋለጡ ሪፖርት አድርገዋል። ይህ አይነቱ የተጋላጭነት ባህሪ ደግሞ ከአልኮል መጠጥ ችግር ና የትምህርት ደረጃ ዝቅተኛ ከመሆን ጋር ከፍተኛ የሆነ ትስስር ንዳለው የጥናቱ ዉጤት በግልፅ ያሳያል።

ስለዚህ ንደመፍትሄ ሃሳብ ይሆን ዘንድ ሴተኛ አዳሪዎች ወደ ሴተኛ አዳሪነት የሚዳርገንቸዉ መንስዔዎችን በመለየት ለሴቶች ልዩ ትኩረት መስጠት ያስፈልጋል።

ይህ ጥናት ንዲሚጠቁመዉ ምንም አይነት የአልኮል መጠጥ ከማይጠጡ ሴተኛ አዳሪዎች ወይም የቡና ቤት ሠራተኞች አንፃር ሲ ይ በየቀኑ አልኮል መጠጥ የሚጠጡት ሴተኛ አዳሪዎች በሁለት ጥፍ ለኤች .አይ.ቪ/ኤድስና ለተለያዩ የአባላዘር በሽ ዎች የመጋለጥ ድል አላቸው።

የትምህርት ደረጃ ከአባላዘር በሽ ዎች ጋር አሉ ዊ ትስስር ንዳለው በጥናቱ ተጠቁሟል።

ንደመፍትሄ ሃሳብ ይሆን ዘንድ ሴተኛ አዳሪዎች ለሴተኛ አዳሪነት የሚዳርገንቸዉ መንስዔዎችን በመለየት ለሴተኛ አዳሪዎች ልዩ ትኩረት መስጠት ተገቢ ይሆናል።

በአዲስ አበባ ዉስጥ ከሳንባ ነቀርሳ አምጪ ተዋህስ ነፃ ከሆኑ ህሙማን የተወሰደ ተዋህስ ለመድሃኒት መቋቋም የሚያሳየዉ ተጋላጭነት

በካሱ ደስታ፣ ዳንኤል አስራት፣ እሸቱ ለማ፣ መቅደስ ገበየሁ እና ቢንያም ፈለቀ

መግቢያ

ከቅርብ ጊዜ ወዲህ መድሃኒትን የሚቋቋም የሳምባ ነቀርሳ በሽታ እየተስፋፋ መምጣቱ ለበርካታ ሃገራት ለብሔራዊ ሳምባ ነቀርሳ ቁጥጥር መርሃ-ግብር ስኬት ስጋት እየሆነ መጥቷል። በተለይም ዋነኛ ችግር የሆነዉ በሽታዉ የተለያዩ መድሃኒቶችን መቋቋም መቻሉ ነው። የተለያዩ መድሃኒቶችን የሚቋቋም ሳንባ ነቀርሳ ሲባል ለበሽታው ቁልፍ የሆኑ መሰረታዊ መድሃኒቶችን በተለይም አይሶናይዝድ (isoniazid) እና ሪፋምፒሲን (Rifampicin) የተሰኙ መድኃኒቶችን በቀላሉ መቋቋም መቻሉ ነው። የዳሰሳ ጥናት ዉጤቶች እንደሚያሳየዉ የነጠላ መድሃኒትን

መቋቋም የሚችል የሳንባ ነቀርሳ ተዋህስ ወደ 10 በመቶ በሚሆኑ የአፍሪካ ሃገሮች ታይተዋል። ከቅርብ ጊዜያት ወዲህ በርካታ የሳምባ ነቀርሳ መድሃኒቶችን መቋቋም የሚችሉ ባክቴሪያዎች ብቅ እያሉ ነው። ከነዚህም መድሃኒቶች መካከል አይሶናይዝድ፣ ሪፋምፒሲን፣ ፍሎይንክንሎን፣ አምሮግላይ ከላይድስ (አመኬያን፣ ከነማይሲን ወይም ኬፕሮማይሲን ወይም ሁለቱንም) መድሃኒቶችን የሚቋቋሙ የሳንባ ነቀርሳ በሽታዎች በቅርብ ጊዜ በስፋት እየታዩ ነው። የተለያዩ ጥምር መድሃኒቶችን የሚቋቋሙ የሳምባ ነቀርሳ በሽታዎች በተለያዩ የኢትዮጵያ አካባቢዎች መታየታቸዉ ከጀመረ ውሎ አድሯል። በኢትዮጵያ ውስጥ ካለው ተጨባጭ

አይሶናይዝድ፣ ከ2-20 በመቶ ስትሬፒቶማይሲን ከ14-15 በመቶ የሳንባ ነቀርሳ በሽታን የመላመድ ባህሪ እንዳላቸዉ መረጃዎች ይጠቁማሉ። የተለያዩ መድሃኒትን የሚቋቋም የሳምባ ነቀርሳ በሽታ 1.2 በመቶ ለህክምና ጀማሪ ህሙማን እና 12 በመቶ በነባር ህሙማን ወይም በተደጋጋሚ ህክምና በሚከታተሉ ህሙማን ላይ ታይቶ እንደነበር ሪፖርት ተደርጓል። የአክታ ጠብታ ለናሙናነት ወስዶ የሳንባ ነቀርሳ ተዋህስያትን በመመርመር (Drug Susceptibility Assay) መድሃኒትን የመቋቋም አቅም ለማወቅ የሚያስችል እና የአክታ ምርመራ ተደርጎ ተዋህሱ ያልተገኘባቸዉን ደግሞ በላብራቶር በማሳደግ (Culture Positive) የአክታ ናሙናን ሁኔታ የሚያሳይ መረጃ በኢትዮጵያ አናሳ ነው። የዘ.ሀ ጥናት ዓላማ ነገቲቭ/ነፃ የአክታ

ናሙናን በላብራቶር በማሳደግ ከሽተኞች የተወሰደ ናሙናን ለፀረ-ተዋህሱ የሚሰጡ መድሃኒቶችን የመላመድ ሁኔታን ለማወቅና እነዚህም ህሙማን መድሃኒት የተላመደ የሳንባ ነቀርሳ ተዋህስ ምንጭ እንደሆኑና እንዳልሆኑ ለማወቅ ነበር። **የጥናቱ ዘዴ** እድሜያቸዉ 15 ወይም ከዚያ በላይ የሆኑ፣ በሳንባ ነቀርሳ የሚጠረጠሩ እና በሽታቸዉ ታዉቆ ህክምና ከጀመሩና ካልጀመሩ በጥናቱ ለመሳተፍ ፍቃደኛ የሆኑ 297 ጉልማሳ ሰዎች መካከል ሦስት ተከታታይ የአክታ ናሙናዎች ማለትም በጠዋት የተወሰደ የአክታ ጠብታ (Morning sputum) እና ሌላ ጠብታ (spots) ተሰብስቦ ነበር። ሁሉም ናሙናዎች አዲስ አበባ በሚገኘው ቅዱስ ጳውሎስ የሳምባ ነቀርሳ ስፔሻላይዝድ ሆስፒታል ውስጥ ዜይህል ኔልሰን (Ziehl-Neelsen) በተባለው የመንከሪያ/የማቅለሚያ ዘዴ ተፈትሽዉ እንዲጣሩ ተደርጓል።

ከእያንዳንዱ ህሙማን ሪፖርትና ነገቱ ብቻ የአክታ ጠብታ ናሙናዎች በተናጠል ተወስደው በተለምዶ ተዋህሱን ለማሳደግ የምንጠቀምበትን 0.6 በመቶ የሚሆኑ ሶድየም ፐሮቪቲና ግላይስሮል ይዘታ ባለው ኮንቪንሽናል ሎውንስቲዩን ጀንሰን ኤግ ስላንት ሚዲያ (Conventional Lowenstein Jenstn egg slant medium) በመጠቀም ነበር። በቀጣይም በኮንቪንሽናል ዘዴ የተገኙትን ሁሉንም የፖዘቲቭ ካልቸሮች (Ziehl-Neelsen) የተሰኘውን የመንከሪያ (የማቅለሚያ) ዘዴ በመጠቀም የAFBን መኖር እንዲረጋገጥ ተደርጓል። የረቂቅ ተዋህሲያንን (Mycobacterium) የመለየት ስራ የተሰራው የጥገኛ ተዋህሳት ሥነ-ቅርፅን (Colonial morphology)፣ የእድገት ጊዜን (Growth time) እና የስነ-ህይወት ኬሚካላዊ የሙከራ ደረጃን (Standard Biochemical test) በመጠቀም ነበር።

የመድሃኒት አቅም ማጣት (drug susceptibility) ሙከራ የተሰራው የሎውንስቲዩን ጀንሰን ኤግ ስላንት ሚዲያም በመጠቀም የነገቱ ብቻ ጠብታ

ናሙና (n=37) እና ከፖዘቲቮች ደግሞ (n=36) በምጥጥን (Proportionate) በመወሰድ ነበር። የመድሃኒቶችን አቅም ማጣት ለመፈተሽ ጥቅም ላይ የዋሉት አይሰናይዝድ (0.2 ug/ml)፣ ሪፋምፒሲን (2 ug/ml)፣ ኢትሃምሎቶል (5ml g/ml) እና ስትራፕቶማይሲን (4 ug/ml) የተባሉት መድሃኒቶች ነበሩ። የመድሃኒት አቅም ማጣት ውጤት ማብራሪያ የተሰጠውም በተመሳሳይ ቀን ሲሆን፤ እድገቱ የታየው የኬንትና የኩቢክን መሰረታዊ መለኪያ ዘዴን በመጠቀም ነበር። የካልቸርና የአቅም ፍተሻ ሙከራ ጥራትን ለመጠበቅ የሳንባ ነቀርሳ ተዋህሳዩን H₃₇ RV (ATCC 27294) ቅንጣቶች ከፍተኛ አስተዋጽኦ ነበራቸው።

የመረጃ ማስገባትና የትንተና ሂደትን ለመተግበር SPSS የተሰኘውን የኮምፒዩተር የስራ ስልት በመጠቀም ነበር። በተገኙ ውጤቶች መካከል ሊኖር የሚችለውን ጉልህ ልዩነትንና ትስስርን ለመፈተሽ Chi-square ወይም Fisher's Exact Test በመጠቀም ሲሆን፤ የP-Values<0.05 በስታስቲካል ስልት ጉልህ

ሚናም ከግምት ገብቷል። ጥናቱ የተላመደ አንድ ተሳታፊ ወይም 2.7 በህክምና ፋኩልቲ የፍቃድ ሰጪ ኮሚቴ ተቀባይነት ከማግኘቱ ባሻገር በአዲስ አበባ ዩኒቨርሲቲ አካዳሚክ ኮሚሽን ፋኩልቲ ቀርቦ የጥናት ፍቃድ ማረጋገጫ አግኝቷል።

የአክታ ናሙና ተወስዶ በነገቱ ብቻ ጠብታ (smear negative) ከተሰራላቸው 37 የሳምባ ነቀርሳ ህሙማን መካከል 11/37 (29.8 በመቶ) የሚሆኑት ለተፈተሹት ማንኛውም አይነት መድሃኒት እንደሚቋቋም ታወቋል። ሠንጠረዥ አንድን ይመልከቱ። አንድ አይነት መድሃኒትን ብቻ (mono-resistant) የመቋቋም አቅም የታየው በዘጠኝ (24.3 በመቶ) የሳንባ ነቀርሳ ናሙና ሲሆን፤ መድሃኒቱም ስትራፕቶማይሲን ነበር።

በአስራ አንድ (29.7 በመቶ) የሳንባ ነቀርሳ ናሙና ውስጥ ስትራፕቶማይሲን የተባለውን መድሃኒት ከበሽታው ጋር የመላመድ አቅም እንዳለው በቅንጣቶች ፍተሻ ተደርጎበታል። እያንዳንዱን ማለትም የአይዘናይዝድ፣ የኢታምሎቶል እና የሪፋምፒሲን መድሃኒቶችን

የተላመደ አንድ ተሳታፊ ወይም 2.7 በመቶ ነበር። ልዩ ልዩ መድሃኒቶችን (ሁለትና ከዚያ በላይ) የመቋቋም አቅም ያለው የሳንባ ነቀርሳ በሽታ ደግሞ 05/37 (13.5 በመቶ) በሚሆኑ ቅንጣቶች (strains) ላይ ታይቶ ነበር። በተጨማሪም አይኤንኤች እና ሪፋምፒሲን የተባሉ የመድሃኒት አይነቶችን መቋቋም የማይችል ቅንጣት (strains) በጥናቱ አልተገኘም ነበር። በሠንጠረዥ አንድ እንደሚታየው መድሃኒት የተላመደ የሳንባ ነቀርሳ ደግሞሽና አካሄድ እንዲሁም ከተለዩ የሳንባ ነቀርሳ ህሙማን መካከል በአክታ ናሙናዎች በፖዘቲቭና ነገቱ ብቻ ጠብታ ምንም አይነት ስታትስቲካዊ ጉልህ ልዩነት አልታየም።

ሠንጠረዥ 1:- በአዲስ አበባ ቅዱስ ጳውሎስ የሳምባ ነቀርሳ ስፔሻላይዥና ሆስፒታል መድሃኒትን መቋቋም የሚችል የሳምባ ነቀርሳ በሽታን አምጪ ተህዋስ በነገቲቭና ፖዘቲቭ ጠብታ መለየት

መድሃኒት የመቋቋም ሁኔታ	የሳምባ ነቀርሳ ረቂቅ ተዋህስኖች መለየት			ፒ-ቫሊዉ
	የነገቲቭ ጠብታ ናሙና	የፖዘቲቭ ጠብታ ናሙና	ጠቅላላ	
ማንኛውንም መድሃኒት መቋቋም	11(29.8)	9(25.0)	20(27.4)	0.92
አንድ መድሃኒት ብቻ መቋቋም				
አይሰርይዥናን	-	-	-	
ሪፋምፕሲን	-	-	-	
ኢታምቡልን	-	1 (2.8)	1 (1.4)	1.00
ስትሪፕቶማይሲን	9 (24.3)	5 (13.9)	14(19.2)	0.52
ልዩ ልዩ መድሃኒትን መቋቋም				
አይሰናይዥና	1(2.7)	3 (8.3)	4(5.5)	0.62
ሪፋምፕሲን	1(2.7)	1(2.8)	1(1.4)	0.97
ኢታምፕቶል	1(2.7)	8(22.2)	2(2.7)	0.48
ስትሪፕቶማይሲን	11(29.7)		19(26.0)	0.76
ብዙ መድሃኒቶችን የሚቋቋም				
አይሰናይዥናና ስትሪፕቶማይሲን	4 (10.8)	3 (8.3)	7 (9.6)	0.94
አይሰናይዥና፣ ስትሪፕቶማይሲን እና ኢታምቡል	1 (2.7)	-	1 (1.4)	0.97

ማጠቃለያ

ይህ ጥናት የሳምባ ነቀርሳ ህመማንን (የነገቲቭ ናሙናዎችን) በካልቸር የምርመራ ዘዴ በመጠቀም ህክምና ያልተደረገላቸው አዳዲስ የሳምባ ህመማንን መጠን መለየት የሚያስችል ጠቃሚ መረጃን ይሠጣል።

በአክታ ናሙና በሽታ አምጪዉ ተህዋስ ያልተገኘባቸው ህመማን ልክ እንደ ናሙናዉ ፖዘቲቭ እንደሆኑ መድሃኒቱን የተላመደ ተህዋስ ሊኖራቸው እንደሚችል በጥናቱ ለማየት ተችሏል።

The Issue

Key global Initiatives on Prevention of Maternal Death

Dying in pregnancy and childbirth has become virtually unheard of in industrialized countries, so much needless maternal death persists in the developing world. There are many explanations. For years, and still to some extent, women's lives have been seen as expendable. Historically, women have had few advocates, representatives in government or other ways to be heard at the country level. Pregnancy is not a disease and therefore governments have not seen

it as a problem to be solved. And fundamentally, perhaps, some of the most effective interventions to reduce maternal mortality involve sex and the politics of sex. Most women do want to have children at some point in their lives. However, so many possess neither the power nor the means to time, space and limit their pregnancies to optimize their and their family's health and well-being.

In response, maternal health activists are working through several global initiatives to bring about significant increases in financial support and promote effective, high-impact interventions. These collective efforts are designed to better organize and mobilize grassroots support; improve the quality of the data and information about the problem and solutions; increase

coordination and accountability at the governmental and global levels; and strengthen advocacy at the national, regional and global levels. Some, however, are more comprehensive in their approach than others.

White Ribbon Alliance for Safe Motherhood (WRA)

This NGO based in Washington, DC, was founded in 1999 as "an international coalition of individuals and organizations formed to promote increased public awareness of the need to make pregnancy and childbirth safe for all women and newborns" in developing and developed countries. WRA is leading a grassroots movement to raise awareness, generate support and inspire leadership, including the likes of Sarah Brown, wife of United Kingdom Prime

Minister Gordon Brown. Indeed, Sarah Brown's involvement with WRA led her to supplement the effort with her own global initiative, the Maternal Mortality Campaign, to marshal new sources of funding and recruit prominent new voices to the cause.) Earlier this year, WRA and CARE, an Atlanta-based humanitarian NGO, launched "Mothers Day Every Day" in the United States. This campaign is cochaired by Donna Shalala, Secretary of the Department of Health and Human Services under the Clinton Administration, and Ann Veneman, Executive Director of UNICEF, and is designed specifically to raise consciousness and support in the United States for achieving MDG 5 and to attract some unusual suspects to the cause.

The cost of winning over unusual suspects such as Veneman, who has generally ignored the sexual and reproductive health agenda while at the helm of UNICEF and former U.S. Global AIDS Ambassador Mark Dybul, who has been overtly hostile, has been that WRA remains weak with respect to making the links between maternal and reproductive health.

WRA does endorse universal access to family planning as one of the high-impact interventions for reducing maternal mortality, but it is circumspect about the role of unsafe abortion as a proximate cause of maternal deaths and is silent about the importance of access to safe abortion services.

Countdown 2015 This initiative started in 2005 and is managed by member governments, insti-

tutions and individuals with a special interest in MDG 5, as well as MDG 4 (which aims to reduce child mortality by two-thirds by 2015 from its 1990 level). The main purpose of Countdown is to track progress and use evidence to inform decision-making and to increase and better direct resources at the country level toward achievement of these MDGs. Countdown is looking at a broad array of indicators for measuring progress toward MDGs 4 and 5. Unmet need for family planning services is one of those measures, but the extent of unsafe abortion, admittedly difficult to measure, is not.

Partnership for Maternal, Newborn and Child Health

The Partnership was formed in 2005 and its secretariat is

housed at WHO. Its board and general membership include international agencies (World Bank, UNICEF, United Nations Population Fund and WHO) as well as donors, developing country governments and civil society organizations. Its purpose is to accelerate progress toward achievement of MDGs 4 and 5 by raising the prominence of the issues, advocating for resources and improving accountability--all with an emphasis on a "continuum of care" model.

This model emphasizes the importance of linking care and services starting before pregnancy and continuing through childbirth, infancy and early childhood. Earlier this year, the Partnership did officially embrace MDG 5 in its entirety, at least conceptually, though it is not yet clear what the breadth and

depth of the Partnership's work will be concerning the reproductive health target.

Women Deliver This global advocacy initiative was launched in 2007, 20 years after the first international conference to promote safe motherhood was held in Nairobi. Family Care International served as the secretariat for the earlier safe motherhood initiative and now is the host organization for Women Deliver.

Its individual and institutional members span 115 countries. Women Deliver works to strengthen local advocacy with clear, compelling messages. Its perspective is to "situate maternal survival firmly in the context of broader recognition of women's importance to families, communities and nations, making the argument that investing

in women's well-being makes sound economic sense and is a human rights imperative

Maternal Health Task Force

This project is just getting off the ground this year. It is being coordinated by the NGO known as Engender Health and is fully supported by the Bill and Melinda Gates Foundation. The Task Force works closely with stakeholders in related fields, but is dedicated specifically to promoting maternal health.

Its primary focus is on the scientific and programmatic challenges to reduce maternal mortality and morbidity. The scope of the issues and interventions that the Task Force will examine still remains to be seen.

Although the issue of sexual and reproductive health and rights is so fundamental it deserved an MDG of its own, it is also true that it is so fundamental that virtually none of the eight MDGs can be achieved without investing in it. This is especially the case when it comes to attaining gender equity (MDG 3), reducing child mortality (MDG 4), improving maternal health (MDG 5), combating HIV and AIDS (MDG 6) and ensuring environmental sustainability (MDG 7).

"Achieving universal access to reproductive health" did not make it into the MDGs explicitly, however, until the 2005 World Summit at the UN. At that time, it was incorporated into MDG 5 as one of the two targets for achieving maternal health.

This development marked an important breakthrough, because donors and recipient countries around the world have been modeling their own funding and programmatic priorities in accordance with meeting the MDGs.

unlike his predecessor, President Barack Obama has pledged to join the rest of the global development community and align U.S. development assistance with the MDGs. The fact that reproductive health at least is now included explicitly in the MDG construct is important as the United States begins to transition in its approach to development. It is also highly significant that this president and Secretary of State Hillary Rodham Clinton very strongly and clearly support family planning aid, access to safe abortion

services where permissible and related reproductive health care in their own right. Equally important, they recognize the positive impact this array of services has on women's health, improved pregnancy outcomes and the greater educational and economic opportunities that accompany women's ability to control their own fertility.

Yet, some key decision-makers and advocates in the United States and at the global level remain hesitant to speak the whole truth about the interdependence of maternal health and sexual and reproductive health.

Most of the reluctance likely stems from the residual negative politics perpetrated by the previous U.S. administration, even around family planning. An honest acknowledgment of the toll that unsafe abortion has taken and continues to take in women's lives and health is evidently even more untouchable.

Schisms between maternal health and reproductive health advocates are not limited to the global scene. They have cropped up over the years involving the politics of the U.S. family planning program, too. On the domestic side, however, the MCH community is actively advocating at least for sound family planning policies because they recognize and assert how key this is in improving maternal and child health .

In sum, decision-makers in developing and developed countries alike are awakening to the fact that progress toward improving maternal health at the global level is lagging behind all seven other MDGs.

A new momentum behind global advocacy efforts may result in the resources and political commitment needed to make a difference. In fact, as recently as early April , UN member states including the United States took some important steps forward. The UN Commission on Population and Development negotiated and adopted a resolution that prioritizes maternal mortality and morbidity and reproductive health overall as increasing emphasis is placed on strengthening health systems.

And, for the first time, an inter-governmental statement recognizes both the integral role that achieving sexual and reproductive health and rights plays in accomplishing the MDGs in general, and endorses the importance of attaining universal access to reproductive health to improve maternal health in particular.

The global financial crisis presents a difficult challenge in marshalling the necessary resources to adequately address global health and development needs. Yet, it is precisely because resources are scarce that they must be used wisely and efficiently in a way that serves both humanitarian and economic development goals. Investing in saving women's lives fits this bill. It is time to remember the forgotten MDG 5.

And it is past time for governments and MCH advocates in particular to remember that MDG 5 cannot be achieved without acknowledging, funding and committing to sexual and reproductive health services.

Source:-

Highlights on Prevention, Care and Support

Causes of Heavy Menstrual Bleeding

All of women and girls at reproductive age, from time to time, experience what they feel is unusually heavy bleeding during their menstrual periods. Fortunately, most often what we think is abnormal uterine bleeding is not excessive enough to be diagnosed as menorrhagia. How do you know when bleeding during your period is abnormally heavy? The easiest way to know if you are experiencing menorrhagia is to take note of how often you need to change your pad or tampon. If your period is heavy enough to require changing more often than every one or two hours, or if you have a period that lasts more than a full week, you may be experiencing menorrhagia. The most common causes of menorrhagia or heavy menstrual bleeding are:

1. A **hormonal imbalance** during adolescence or menopause is the most common cause of heavy menstrual bleeding. During adolescence after girls have their first periods, and for several years before the onset of menopause when menstruation ceases, their hormone levels are fluctuating which often leads to excessive uterine bleeding during their periods. It's often possible to treat menorrhagia caused by hormonal imbalances with birth control pills or other hormones.

2. Uterine **fibroid tumors** are another very common cause of excessive menstruation. It's important to understand that fibroid tumors are usually benign (non-cancerous) tumors that often occur in the uterus of women during their thirties or

forties. While the cause of uterine fibroid tumors is unclear, it is clear that they are estrogen-dependent. Several surgical treatments are available for treating fibroid tumors of the uterus including myomectomy, endometrial ablation, uterine artery embolization, and uterine balloon therapy, as well as hysterectomy. Non-surgical pharmacological treatments for fibroid tumors include GnRH agonists, oral contraceptives, androgens, RU486 (the abortion pill), and gestrinone.

Some women find natural progesterone to be an effective treatment for uterine fibroid tumors. Often, when symptoms are not severe or troublesome, a "wait and see" approach is taken.

Once menopause sets, uterine fibroid tumors typically shrink and disappear without treatment.

Cervical polyps are small, fragile growths that begin in either the mucosal surface of the cervix, or the endocervical canal and protrude through the opening of the cervix. The cause of cervical polyps is not clear; however, they are often the result of an infection and many times associated with an abnormal response to increased estrogen levels or congestion of the blood vessels located in the cervix. Women most commonly affected by cervical polyps are those over the age of twenty who have had children.

A simple outpatient office procedure that removes the growth, along with antibiotics,

is the usual treatment for cervical polyps.

Endometrial polyps are typically non-cancerous, growths that protrude from the lining of the uterus. The cause of endometrial polyps is unclear, although they are often associated with an excess of estrogen following hormone treatment or some types of ovarian tumors. Treatments for endometrial polyps include hysteroscopy and D&C. A pathology lab will evaluate endometrial polyps for cancer following removal.

Source:-

Definitions of Medical Terms Related to HIV/AIDS, STIs and TB

Dear readers, this section is believed to provide easily consumable meanings and definitions of medical terms specifically related to HIV/AIDS, STIs and TB. The editors of this digest believe this section would enlighten readers with such medical terms with simple and comprehensible language and support their daily routines.

Viral Core: Typically a virus contains an RNA (ribonucleic acid) or DNA (deoxyribonucleic acid) core of genetic material surrounded by a protein coat. As related to HIV: Within HIV's envelope is a bullet-shaped core made of another protein, p24, that surrounds the viral RNA. Each strand of HIV RNA con-

tains the virus' nine genes. Three of these (*gag*, *pol*, and *env*) are structural genes that contain information needed to make structural proteins.

The *env* gene, for example, codes for gp160, a protein that is later broken down to gp120 and gp41. See Surrogate Marker.

Wild-Type Virus: The original type of HIV, unchanged by having developed any resistance to antiretroviral drugs. Also, 1. The prevalent type of a virus in the host population before genetic manipulation or mutation; 2. virus that is isolated from a host as

Genital wart:

A wart in the moist skin of the genitals or around the anus. Genital warts are due to a human papillomavirus(HPV). The HPVs, including those that cause genital warts, are transmitted through sexual contact. HPV can also be transmitted from mother to baby during childbirth. Most people infected with HPV have no symptoms, but these viruses increase a woman's risk for cancer of the cervix. HPV infection is the most common sexually transmitted disease in the US. It is also the leading cause of abnormal PAP smears and pre-cancerous changes of the cervix in women. There is no cure for HPV infection, although anti-viral medications can reduce outbreaks and topical preparations can speed healing. Once contracted, the virus can stay with a person for life. Also called condyloma acu-

minatum, condylomata.

Clinical Latency:

The state or period of an infectious agent, such as a virus or bacterium, living or developing in a host without producing clinical symptoms. As related to HIV infection: Although infected individuals usually exhibit a period of clinical latency with little evidence of disease, the virus is never truly latent. Even early in the disease, HIV is active within lymphoid organs where large amounts of virus become trapped in the FDC network. Surrounding germinal centers are areas rich in CD4+ T cells. These cells increasingly become infected and viral particles accumulate both in infected cells and as free virus. See also CD4 (T4) or CD4+ Cells; Lymphoid Organs.

Fusion Mechanism :

Fusion is an integral step in the process whereby HIV enters cells. Researchers have found that in addition to the primary receptor, the CD4 molecule, other cofactors, such as CCR5 and CXCR4 are needed in order for HIV to fuse with the membranes of the immune system cells.

Lipodystrophy: A disturbance in the way the body produces, uses, and distributes fat. Lipodystrophy is also referred to as buffalo hump, protease paunch, or Crixivan potbelly. In HIV disease, lipodystrophy has come to refer to a group of symptoms that seem to be related to the use of protease inhibitor and NRTI drugs. How protease inhibitors and NRTIs may cause or trigger lipodystrophy is not yet known. Lipodystrophy symptoms involve the loss of the thin layer of fat under the

skin, making veins seem to protrude; wasting of the face and limbs; and the accumulation of fat on the abdomen (both under the skin and within the abdominal cavity) or between the shoulder blades. Women may also experience narrowing of the hips and enlargement of the breasts. Hyperlipidemia and insulin resistance are frequently associated with lipodystrophy. Also called lipodystrophy syndrome, pseudo-Cushing's syndrome.

Source :-

Invitation

Dear readers,

Ethiopian Public Health Association as usual Respectfully calls readers of this PH Digest to send your valuable suggestions and comments which significantly makes difference on the quality of the Digest. Likewise the editors solicit researchers and health professionals to provide your research endeavors which will play key roles in providing substantial and up-to-date information for those who are engaged in safekeeping of the public health.

Glossary

- Adjusted Odds Ratio (AOR):- በስ ትስቲክስ የጥናት ስልት መሰረት ሌሎች ክስተቶችን በመቀነስ የተስተካከለ የተጋላጭነት የወጤት መመዘኛ ነጥብ ማሳያ ዘዴ ነዉ
- Coexist :- የጎንዮሽ በሽታ
- Cases :- ጥናቱ የሚደረግባቸው ክፍሎች
- Controls :- በጥናቱ ናሙና ከተካተቱት ቡድኖች የሚገኙ ውጤቶችን ለማነፃፀር የሚያገለግል የጥንቱ አንዱ ክፍል
- Confidence Interval :- የማስተማመኛ ዘዴ
- Confidence Level (CL):- የእርግጠኝነት ደረጃ
- Crude Odds Ratio (COR):- በስ ትስቲክስ የጥናት ስልት መሰረት ሌሎች ክስተቶችን በመቀነስ ያልተጣራ የተጋላጭነት የወጤት መመዘኛ ነጥብ ማሳያ ዘዴ ነዉ
- Dependent Variables:- ተፈ ሽ ወይም የተለዋዋጭነት ባህሪ
- Drug resistant መድሐኒት የመቋቋም አቅም
- Drug Susceptibility :- መድሐኒት ያለመስማማት ችግር
- Ethical Clearance:- ስነምግባር የተሞላበት ጥናት ስለመሆኑ ማረጋገጫ ሰነድ
- Epi-info:- ለጤና ነክ ጥናቶች የተዘጋጀ ፕሮግራም
- Independent Variables:- ለችግሩ ፈ ሽ /መንስኤ/ ወይም የለዋጭነት ባህሪ
- Logistic Regression:- ተደራቢ ችግሮች ከዋናዉ ችግር ጋር ያላቸውን አንድነትና ልዩነት ለማነፃፀር የሚጠቅም የስታስቲክ ስልት ነው።
- Negative Correlation :- የተገላቢጦሽ ትስስር

- Mono resistant:- አንድ አይነት መድሐኒት የመቋቋም አቅም
- Mycobacterium:- ረቂቅ ተህዋሲያን
- Odds ratio:- ያልተስተካከለ የወጤት መመዘኛ ነጥብ
- Proportion:- ምጥጥን
- Positive Association :- ቀጥተኛ ትስስር
- Qualitative Study:- የአይነት ወይም የሀተታዊ የመረጃ አሰባሰብ ዘዴ
- Quota Approach:- በወቅቱ የተገኙትን ሁሉ እንደ ናሙና የመውሰድ ዘዴ
- Ratio:- ስብጥር
- Random sampling:- በነሲብ የጥናት ተሳ ፊን የመምረጥ ስልት።
- Sampling techniques:- የናሙና አወሳሰድ ዘዴ
- Single population proportion:- ነጠላ የህዝብ ምጥጥን
- Smear Negative :- ነፃ የአክታ ምርመራ ውጤት
- Snowball Sampling :- ተሳታፊዎቹ የተገኙበትን አካባቢ ተከትሎ የመሄድ ዘዴ
- Spots:- የአክታ ጠብታ
- Standard Biochemical test:- መደበኛ የስነህይወት ኬሚካላዊ የሙከራ ደረጃ
- Statistical Package for Social Scince (SPSS):- የኮምፒውተር ፕሮግራም
- Strains:- ቅንጣቶች
- Time Location Cluster :- የጊዜ ስብጥር ዘዴ
- Two population proportion:- ለሁለት የጥናት ቡድኖች የሚያገለግል የህዝብ ምጥጥን
- Variable:- ተለዋዋጮች
- Voluntery Counseling and Testing (VCT):- በበጎ ፈቃደኝነት ላይ የተመሰረተ የአች.አይ.ቪ. የደም ምርመራ

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