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**DETERMINANTS OF HIV-VCT ACCEPTANCE IN
GONDAR TOWN, NORTHWEST ETHIOPIA: A CASE
CONTROL STUDY.**

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Acronyms

| | |
|--------|--|
| AIC | AIDS Information Center |
| AIDS | Acquired Human Immunodeficiency Syndrome |
| ART | Anti-Retroviral Therapy |
| CI | Confidence Interval |
| CSA | Central Statistical Authority |
| DHS | Demographic and Health Survey |
| ELISA | Enzyme Linked Immuno-Sorbent Assay |
| FGAE | Family Guidance Association of Ethiopia |
| HIV | Human Immunodeficiency Virus |
| MOH | Ministry of Health |
| OR | Odds Ratio |
| PLWHA | People Living With HIV/AIDS |
| PMTCT | Prevention of Mother to Child transmission of HIV/AIDS |
| SD | Standard Deviation |
| STIs | Sexually Transmitted Infections |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| VCT | Voluntary Counseling and Testing |
| WHO | World Health Organization |

Summary

Background: HIV/AIDS has become the most devastating global epidemic the world has ever faced. Early knowledge of HIV infection is now recognized as a critical component in controlling the spread of HIV infection and, for people with HIV infection, as an entry point for treatment, care and support.

Objective: To identify the determinants of HIV-VCT acceptance in Gondar town, Northwest Ethiopia.

Methods: The study design was case-control, where the cases are those who accepted VCT and the controls are those who did not accept VCT. A total of 115 cases and 230 controls from Gondar town were included in the study. The data was summarized and organized using tables and texts. Associations between different exploratory variables and outcome variable (VCT acceptance) was made using odds ratio with confidence intervals. Multiple logistic regressions were used to show the impact of different determinants for VCT acceptance by controlling different confounders at the same time. P-value less than 5% was considered significant.

Results: VCT acceptance was about seven times (OR = 6.91, 95% CI 1.21, 39.52) more likely to occur among unmarried than those who were divorced, separated and/or windowed. VCT acceptance was less likely (OR = 0.03, 95% CI 0.01, 0.15) to occur among students than those who were employed.

VCT acceptance was about 4.75 times (OR = 4.75, 95% CI 1.05, 21.45) more likely to occur among those ever had sex than their counterparts. Those who had self-perceived risk and had knowledge of HIV/AIDS prevention methods were about 6 times (OR = 6.08, 95% CI 1.89, 19.54) and 21.12 times (OR = 21.12, 95% CI 6.38, 69.95) more likely to accept VCT than their counterparts respectively. VCT acceptance were less likely (OR = 0.03, 95% CI 0.01, 0.14) and (OR = 0.03, 95% CI 0.00, 0.42) to occur among those know that a healthy-looking person can have the virus and those had knowledge of STIs respectively than their counterparts.

As to the problems related with VCT, those didn't know friends response was about 19 times (OR = 19.08, 95% CI 4.73, 77.00) more likely to occur among VCT acceptors than their counterparts, while didn't trust confidentiality of VCT services was less likely (OR = 0.19, 95% CI 0.06, 0.62) to occur among VCT acceptors than non-acceptors. VCT acceptance was less likely (OR = 0.06, 95% CI 0.02, 0.25) to occur among those said no change in relation to HIV positive partner than those said gradually separated.

Conclusions and recommendations: Those unmarried, had initiated sex, self-perceived risk, knowledge of HIV/AIDS prevention methods and don't know friend's response are more likely to accept VCT. Being a student, those know that a healthy-looking person can have the virus and those had knowledge of STIs are less likely to accept VCT. Those had problems of don't trust confidentiality of VCT service and those have intention of no change in relationship to HIV positive partner are less likely to accept VCT. Efforts to promote VCT require education about the benefits of testing to students and women in particular and all groups of individuals in general and organizing VCT service to make more acceptable to different groups of people is recommended.

Key words: VCT-acceptance, Determinants of VCT, Gondar Town, Northwest Ethiopia.

1. Introduction

An estimated 38.6 million (33.4 million - 46.0 million) people worldwide were living with HIV at the end of 2005. An estimated 4.1 million (3.4 million - 6.2 million) became newly infected with HIV and an estimated 2.8 million (2.4 million - 3.3 million) lost their lives to AIDS. Overall, the HIV incidence rate is believed to have peaked in the late 1990s and to have stabilized subsequently, notwithstanding increasing incidence in several countries (1).

The estimated national HIV prevalence in 2005 was 3.5% (3% among males and 4% among females). The estimated prevalence in urban areas was 10.5% and in rural areas 1.9%. In 2005, it was estimated that a total of 1, 320, 000 people were living with HIV/AIDS. Of the total, 634, 000 were living in rural areas and 686, 000 in urban areas. It was estimated that in 2005, a total of 137, 500 new AIDS cases. 128, 900 new HIV infections (353 a day) including 30, 300 HIV positive births, and 134, 500 (368 a day) AIDS deaths including 20,900 in children (<15 years) occurred. It was estimated that there were a total of 744, 100 AIDS orphans ages 0 - 17. HIV/AIDS accounted for 32% of the estimated 141, 000 TB cases. The estimated total number of persons requiring ART in 2005 was 277, 800 (including 43, 100 children). AIDS accounted for an estimated 34% of all young adult death 15 - 49 in Ethiopia and 66.3% of all young adult deaths 15 - 49 in urban Ethiopia (2).

Voluntary HIV counseling and testing is the process whereby an individual or couple undergoes counseling to enable him/her/them to make an informed choice about being tested for HIV. This decision must be entirely the choice of the individual/s and he/she/they must be assured that the process will be confidential (3).

HIV testing and counseling have been recognized as necessarily linked since the first HIV-linked immunosorbent assay (ELISA) tests become available for the identification of HIV infection in the mid-1980s. Pre-test and post-test counseling were seen as crucial for the testing process because of the seriousness of the news of HIV infection for people receiving a positive result. Additionally, the process of pre-test counseling was designed

to ensure that those tested were sufficiently informed about the testing process and the potential consequences: counseling made informed consent possible and ensured that people were not tested on a coercive manner. People with HIV needed the support of post-test counseling in order to manage disclosure and cope with living with HIV. This counseling included the provision of information on preventing the infection of partners and families in the future and on decision-making about pregnancy (4).

HIV voluntary counseling and testing provides people with an opportunity to learn and accept their HIV serostatus in a confidential environment with counseling and referral for ongoing emotional support and medical care. It has been shown to have a role in both HIV prevention and, for people with HIV infection, as an entry point to care. People who have been tested seropositive can benefit from earlier appropriate medical care and interventions to treat and/or prevent HIV-associated illness. Pregnant women who are aware of their seropositive status can prevent transmission to their infants. Knowledge of HIV serostatus can also help people to make decisions to protect themselves and their sexual partners from infection (5).

People have a right to know their HIV status, and testing and counseling should be widely accessible through innovative, ethical and practical models of delivery. High priority should be given to scaling-up HIV testing and counseling to maximize the opportunities to reach those with HIV infection or at high risk (6).

Offering HIV testing and counseling should become standard practice wherever they are likely to enhance the health and well-being of the individual. The objective is to enable the greatest possible number of people to benefit from the ever-improving treatment, care and prevention options and realize their right to the highest attainable standard of health care. Mandatory HIV testing is neither effective for public health purposes nor ethical, because it denies individuals choice, and violates principles such as the right to health, including the right to privacy and the ethical duties to obtain informed consent and maintain confidentiality (7).

As access to antiretroviral treatment is scaled up in low and middle income countries, there is a critical opportunity to simultaneously expand access to HIV prevention, which continues to be the mainstay of the response to the HIV epidemic. Without effective HIV prevention, there will be an ever increasing number of people who will require HIV treatment. Among the interventions which play a pivotal role both in treatment and in prevention, HIV testing and counseling stands out as paramount. The current reach of HIV testing services remains poor: in low and middle income countries only 10 per cent of those who need voluntary counseling and testing, because they may have been exposed to HIV infection, have access to it. Even in settings in which VCT is routinely offered, such as programs for PMTCT, the number of people who avail themselves of these services remains low in many countries. The reality is that stigma and discrimination continue to stop people from having an HIV test (8).

A number of counseling and testing (VCT) service delivery models are being used to expand entry points to HIV testing and to promote testing as a more routine practice. Expanding a number of models will help more people learn their HIV status and benefit from prevention, care and treatment services. The models are designed to reach different target groups and achieve goals. One testing model may provide an entry point to clinical care for those living with HIV/AIDS, while another may help PMTCT, and yet another may serve as HIV prevention tool for the general population. Counseling and testing models include stand-alone, integrated, quasi-integrated, private sector, mobile and home-based. Each has strengths and weaknesses and should be implemented appropriately to suit the targeted populations and regions. In most cases, a combination of models is appropriate to maximize coverage and improve the accessibility and acceptability of counseling and testing services (9).

In Ethiopia, HIV counseling service began in the late 1980's with service expanding throughout the 1990's (10). Currently there are 488 Voluntary, Counseling and testing (VCT) centers in Ethiopia (11).

2. Literature review

Studies in Africa report that VCT is associated with reduced risk behaviors and lower rate of sero-conversion among sero-discordant heterosexual couples (12). Although still in its early stage, the VCT program, especially in conjunction with ART and if used by both partners and married couples, promises to become a major tool in breaking the silence about HIV/AIDS and reducing both multi-partner sex and vertical transmission by strengthening trust in the health service (13 - 15).

Cohort studies have also demonstrated that many infected persons decrease behaviors that transmit infection to sex or needle sharing partners once they are aware of their positive status (16 - 18). And HIV infected persons who are unaware of their infection don't reduce risks behaviors (19).

In 1991 a study conducted in Kinshasa (Congo) demonstrated a marked increase in condom use among couples from less than 5% to 70% following the HIV-VCT intervention (20). Another study in Rwanda reported an increase in ever condom use before VCT intervention from only 7% to 16% in HIV sero-negative women and 35% in HIV sero-positive women (21). In Uganda analysis of data from 3000 clients receiving HIV-VCT at the AIDS Information Centre (AIC) revealed a substantial reduction in risk behaviors at 3 and 6 months following the intervention (22).

Acceptance of HIV testing is reportedly lower when clients have not been tested previously and are fearful of their ability to cope with their test results. A pilot study done in rural village of Tanzania, among the 245 village residents who were offered VCT, 137 (55.9%) volunteered to participate and received both pre-test counselling and HIV testing (23). Studies conducted in west, east, and South Africa and Thailand in antenatal clinics revealed the median overall acceptability of VCT was 69% (Range 33%-95%) (24).

A study on HIV testing attitudes, AIDS stigma, and voluntary HIV counseling and testing in a black township in Cape Town, South Africa was conducted in 2003. Comparisons on attitudes toward VCT, controlling for demographics and survey venue, showed that individuals who had not been tested for HIV and those tested but who did not know their

results held significantly more negative testing attitudes than individuals who were tested, particularly people who knew their test results. Compared to people who had been tested, individuals who were not tested for HIV demonstrated significantly greater AIDS related stigmas; ascribing greater shame, guilt, and associated disapproval to people living with HIV. Knowing test results among those tested was not related to stigmatized beliefs (25).

A study done in 2003 among Tanzanian primary school teachers, teachers who: were aged between 21 to 30 years, had easy access to HIV testing services, had a partner with tertiary education, and perceived their health status positively were significantly more likely to have tested for HIV. Teachers who had tested for HIV were significantly less likely: to perceive that it is not necessary to test for HIV in absence of vaccine or cure for HIV/AIDS; to support that only people who suspect that they are HIV infected should test for HIV; and to believe that HIV infected people are likely to die quicker if they are tested for HIV and be informed about their positive results (26).

A study done in 2000 in Harar, Ethiopia revealed more than three-fourth (85.4%) of the study subjects within the age group 15 – 49 years claimed to have an intention of having VCT. Condom use, not initiating sexual practice, and positive attitude towards VCT were positive predictors for intention of having VCT (27). Another study done in 2003 among newly married couples in Addis Ababa showed that 55% of study subjects reported having had pre-marital HIV testing. The main reason given for not having HIV testing was that the interviewees didn't feel at risk of acquiring HIV/AIDS. Individuals of both sexes who had frank discussion as a couple about HIV were found to be more likely to have pre-marital HIV testing (adjusted ORs 10.96, 95% CI 3.7 to 33.3 for men and 7.78, 95% CI 2.86 to 20.0 for women) (28).

A study was conducted in North and South Gondar administrative zones in 2004 to assess factors that affect VCT acceptance. In this study the age range from 15 - 19 years was found to be positively associated with VCT acceptance ($p < 0.01$). Results of the behavioral variables showed the effect of others (friends, families, religious leaders, and couples) were found to have statistically very significant effect towards VCT acceptance ($p < 0.001$). The absence of community support was found to be negatively associated with

VCT acceptance ($p < 0.01$). The availability of ART was found to have positive association with acceptance of VCT ($p < 0.001$) (29). In 2005 a study done among pregnant women attending antenatal care at Armed Force Hospitals in Addis Ababa indicated that VCT acceptance was higher among better educated, married, higher income women and women whose husbands live at home (30).

3. Rationale of the study

The fight against HIV/AIDS has been one of the most challenging public health activities worldwide during the last two decades; developing countries such as Ethiopia were heavily challenged due to limited capacities to cope with such a devastating epidemic (31).

VCT, voluntary counselling and testing refers to the process of giving people professional counselling before and after the HIV-test. The process helps people prepare for and understand their test results. Those who test negative can learn ways to avoid becoming infected, and those who are positive can learn how to live longer, healthier lives and prevent transmission to others. In this way, VCT offers an important entry point to early prevention, care and support (32).

In many parts of the world most severely affected by HIV/AIDS, fewer than one in ten people with HIV know that they are infected. This widespread ignorance of HIV status is the direct result of poor access to HIV testing, or serious problems with its delivery and uptake. In such settings, the lost opportunities for providing care and for strengthening prevention efforts are enormous (7).

The demography and health survey of Ethiopia in 2005 (DHS) revealed that, among adult population age 15 - 49, only 4 percent of women and 6 percent of men have been tested for HIV at some time (33). The ongoing extension of the network of VCT centers and HIV laboratories (that include the involvement of the private sector health facilities in VCT activities) and improvements in the general health services can increase coverage of the wider population at risk of HIV infection once more counselors can be upgraded, employed and supported with test kits in the regions and rural areas (13).

According to the 2002 HIV/AIDS Behavioral Surveillance Survey of Ethiopia there were very few of the study participants reported ever having taken an HIV test. With the exception of uniformed services, amongst whom 20% had been tested, in other groups less than 11% had ever been tested for HIV. Qualitative data revealed that the majority of

people had not taken HIV tests because of high costs, fear of stigma and lack of VCT services (34).

However in comparison to other countries there is lack of information regarding the most important determinant factors for the acceptance of HIV-VCT services that is believed to be one of the best strategies for prevention and control of HIV/AIDS and care and support of already infected people. Gondar is one of the big towns in region 3, where urban adult prevalence of HIV is 15.5% in 2004/5 (35). The result of this study will help to plan and implement targeted educational interventions and to design appropriate HIV-VCT services.

4. Objective

General objective

- To identify the determinants of HIV-VCT acceptance in Gondar Town, Northwest Ethiopia.

Specific objectives

- To determine the association of sociodemographic characteristics with VCT acceptance.
- To determine the association of high risk sexual behaviors and self-perceived risk, with VCT acceptance.
- To determine the association of knowledge and attitudes towards HIV/AIDS transmission and prevention and STIs, with VCT acceptance.
- To determine the association of knowledge and attitude towards VCT and ART, and stigma, with VCT acceptance

5. Methods

5.1. Study design

The study design was unmatched case-control.

5.2. Study area

The study was conducted in University of Gondar hospital and Gondar Health center. Both the hospital and the health center have HIV-VCT services and they have about 30 and 10 clients per day respectively. In 2002 the prevalence of HIV in Gondar town was 15.1% (36). In the town there are five VCT Centers: University of Gondar Hospital, Gondar Health Centre, Family Guidance Association of Ethiopia, Gondar Army Hospital and Berhan Tesfa Higher Clinic.

5.3. Study population

5.3.1. Definition of cases and controls

Cases were any apparently healthy individuals within the age group 15 – 49 years, who come to VCT services by themselves to undergo Voluntary Counseling and Testing in June 2006 for any reason other than marriage and visa application, and residence of Gondar town for at least six months.

Controls were any apparently healthy individuals within the age group 15 – 49 years, who did not ever accept VCT service and didn't have an intention to accept VCT in the next one month and residence of Gondar town for at least six months.

5.3.2. Sample size

The sample size was calculated using the formula below:

$$n_1 = \frac{[Z_{\alpha/2} \sqrt{(1+1/r) p (1-p)} + Z_{\beta} / r \sqrt{p_1 (1-p_1) + p_2 (1-p_2)}]^2}{(p_1 - p_2)^2}$$
$$P = \frac{p_1 + r p_2}{1 + r}$$

Where n_1 = the sample size of cases

P = Pooled estimate of p_1 and p_2

P_1 = estimated exposure among cases

P_2 = estimated exposure among controls

r = ratio of n_1 to n_2

The following considerations and assumptions were taken. The proportion of condom use among cases and controls were 38.7 and 23.2 respectively from previous study. In a study to assess factors related to VCT among 15 - 49 years urban community in Ethiopia there was significant association between VCT acceptance and condom use (27). The minimum detectable OR of 2.1, a 95% level of confidence, and a power of 80% were assumed. An allocation ratio of cases and controls ($n_1 : n_2$) 1:2 were taken. These assumptions gave a sample size of 115 for cases and 230 for controls.

5.3.3. Sampling procedure

For the cases eligible clients from University of Gondar hospital and Gondar health center VCT centers were included. From University of Gondar hospital and Gondar health center 71 and 44 cases were selected respectively according to the proportion of clients served in the institutions. Every eligible client was included consecutively until the sample size satisfies. The clients in both VCT centers were different groups of people: those motivated themselves to know their HIV status and those want to know

their HIV status for marriage and visa application to go abroad. There were also clients referred from physicians for diagnosis and treatment. Therefore it was difficult to apply probability sampling procedure to select cases.

For the controls both outpatient and inpatient visitors and attendants in the University of Gondar Hospital were included. Every eligible patient attendant and/or visitor was included in the study consecutively until the sample size satisfies. Controls were selected from Hospital patient attendants and/or visitors in order to make the cases and controls comparable. Since large numbers of subjects were found in the Hospital the controls were selected by non-probability sampling method.

5.3.4. Data collection procedure

A pre-tested and structured questionnaire was used for data collection for both cases and controls. The questionnaire was prepared in English and translated to Amharic and then back to English to check for its consistency.

Two nurses working as counselors and two nurses working in the ward were involved in data collection. It was not feasible to collect data from controls by counselor nurses from VCT centers since they were busy. Those nurses working in the ward have experience of counselling for testing HIV for patients in the ward. In addition extensive training was given for both data collectors together to get similar skill of data collection from cases and controls. Pre-test was done in FGAE VCT center for cases and in Gondar health center attendants for controls. After pre-test, an amendment on of the questionnaire was done and the questionnaire was duplicated for the actual study. The principal investigator supervised the data collection.

The cases were interviewed by two counselor nurses working in the respective VCT centers and the controls by the nurses working in the hospital. The cases were interviewed during the waiting time before taking the pre-test counselling service on working days and working hours.

The controls were interviewed during weekends and in the evenings of working days. Because it was only in this period visitors were allowed to visit patients in the Hospital. Data collection for both the cases and controls were taking place during the same period, in June 2006.

5.3.5. Study variables

The outcome variable is VCT acceptance. The explanatory variables are sociodemographic characteristics, high risk sexual behaviors and self perceived risk, knowledge and attitude towards HIV/AIDS transmission and prevention methods, STIs, VCT and ART, and stigma towards PLWHA.

Operational definitions

VCT: is the process by which an individual undergoes counselling enabling him/her to make an informed choice about being tested for HIV (10).

VCT accepters: are individuals who voluntarily came for VCT services in Gondar town for any reason other than marriage and visa application during June 2006.

Self-perceived risk: Acknowledging ones own risk of acquiring HIV.

Knowledge on HIV/AIDS transmission: knowing the following transmission routs and concepts; used utensils, blood transfusion, one of the vertical routs, not transmitted by eating together and by mosquito bite.

Knowledge on HIV/AIDS prevention: knowing all three prevention methods namely abstinence, be faithful and consistent and correct condom use

5.3.6. Data processing and analysis

The data was entered and analyzed using SPSS version 10.0. The data was summarized and organized using tables and texts. Associations between different exploratory variables and outcome variable (VCT acceptance) was made using odds ratio with confidence intervals. Multiple logistic regressions were used to show the impact of different determinants for VCT acceptance by controlling different confounders at the same time. P-value less than 5% was considered significant.

5.4. Ethical considerations

Ethical clearance was obtained from Addis Ababa University Medical Faculty ethical committee and University of Gondar Research and Publication Office. During the interview, each individual was told about the aim and on the possible benefit of the study. Informed oral consent was obtained from each respondent. The result was confidential and the secrecy of the respondents was kept because of the anonymity of the data collection. All respondents were offered health education on the benefits of VCT after the interview.

6. Results

A total of 345 subjects were interviewed in the month of June 2006 in the University of Gondar hospital and Gondar health center. Among them 115 were VCT acceptors (cases) and 230 were VCT non-acceptors (controls). Almost half of the study subjects are female both in cases (53%) and controls (49%). The mean (\pm SD) age of the cases was 26.0 ± 9.2 years, while that of the controls was 24.6 ± 7.1 years. More than half of both cases (54.4%) and controls (59.1%) are in the age range of 15 to 24 years. Over half of both cases (55.7%) and controls (61.7%) have never married. Most of the respondents both in cases and controls are Orthodox Christian (86.1% Vs 74.3% in cases and controls) and Amhara (93.0% in both). The educational statuses of most of cases (78.3%) and controls (81.3%) are secondary and tertiary level. Only one-third (30.4%) of cases and controls are employed. Sociodemographic characteristics of the study subjects are presented in table 1.

Table 1: Socio-demographic characteristics of study subjects, Gondar Town, Northwest Ethiopia, June 2006.

| Variables | VCT acceptors no. (%) | VCT non-acceptors no. (%) |
|-----------------------------|----------------------------------|--------------------------------------|
| Sex | | |
| Female | 61 (53%) | 113 (49%) |
| Male | 54 (47%) | 117 (51%) |
| Age | | |
| 15 - 24 | 62 (54.4%) | 136 (59.1%) |
| 25 - 34 | 38 (33.3%) | 68 (29.6%) |
| 35 - 49 | 14 (12.3%) | 26 (11.3%) |
| Marital status | | |
| Never married | 64 (55.7%) | 142 (61.7%) |
| Married or living together | 19 (16.5%) | 83 (36.1%) |
| Divorced/separated/windowed | 32 (27.8%) | 5 (2.2%) |
| Religion | | |
| Orthodox | 99 (86.1%) | 171 (74.3%) |
| Muslim | 12 (10.4%) | 57 (24.8%) |
| Protestant | 4 (3.5%) | 2 (0.9%) |
| Ethnicity | | |
| Amhara | 107 (93.0%) | 214 (93.0%) |
| Tigrie | 8 (7.0%) | 16 (7.0%) |
| Educational Status | | |
| No formal education | 15 (13.0%) | 21 (9.1%) |
| Primary | 10 (8.7%) | 22 (9.6%) |
| Secondary | 72 (62.6%) | 149 (64.8%) |
| Tertiary | 18 (15.7%) | 38 (16.5%) |
| Occupation | | |
| Student | 14 (12.2%) | 101 (43.9%) |
| Unemployed | 66 (57.4%) | 59 (25.7%) |
| Employed | 35 (30.4%) | 70 (30.4%) |

About 79.1% of cases and 49.6% of controls had initiated sex, and 52.2% of cases and 44.5% of controls had sex in the last 12 months. About 25%, 11.7%, and 5% of cases had multiple sexual partners, having sex with commercial sex workers, and having sex with non-regular partners respectively while only 1% of controls had multiple sexual partners, having sex with commercial sex workers, and having sex with non-regular partners. About 30% of cases and 17.8% of controls used condom in their last sex. About 65.2% of cases and 28.7% of controls perceive the risk of infection with HIV (Table 2).

Table 2: Sexual behavior and unsafe sex in last 12 months of study subjects, Gondar Town, Northwest Ethiopia, June 2006.

| Variables | VCT acceptors no. (%) | VCT non-acceptors no. (%) |
|----------------------------|----------------------------------|--------------------------------------|
| Had initiated sex | | |
| Yes | 91 (79.1%) | 114 (49.6%) |
| No | 24 (20.9%) | 116 (50.4%) |
| Have sex in last 12 months | | |
| Yes | 60 (52.2%) | 101 (44.5%) |
| No | 55 (47.8%) | 126 (55.5%) |
| Multiple sexual partners | | |
| Yes | 15 (25.0%) | 1 (1.0%) |
| No | 45 (75.0%) | 100 (99.0%) |
| Commercial sexual partner | | |
| Yes | 7 (11.7%) | 1 (1.0%) |
| No | 53 (88.3%) | 100 (99.0%) |
| Non-regular sexual partner | | |
| Yes | 3 (5.0%) | 1 (1.0%) |
| No | 57 (95.0%) | 100 (99.0%) |
| Condom use in last sex | | |
| Yes | 18 (30.0%) | 18 (17.8%) |
| No | 42 (70.0%) | 83 (82.2%) |
| Self-perceived risk | | |
| Yes | 75 (65.2%) | 66 (28.7%) |
| No | 40 (34.8%) | 164 (71.3%) |

All the cases and controls had knowledge of HIV/AIDS. Most of the cases (87.8%) and the controls (82.2%) know somebody who is HIV infected or died of HIV/AIDS and about 58.3% of cases and 61.3% of controls know a friend or a relative who is HIV infected or died of HIV/AIDS. For the transmission methods of HIV/AIDS about 68.7% of cases and 70.4% of controls had knowledge of all the non-sexual methods namely sharing needles, unscreened blood transfusion and vertical transmission from HIV positive mother to the fetus.

Almost all cases and controls know sharing needle (96.5% for both cases and controls) and unscreened blood transfusion (98.3% Vs 99.1% cases and controls) will transmit HIV/AIDS. As to the vertical transmission of HIV/AIDS from HIV positive mother to the fetus most had the knowledge of HIV transmission during pregnancy (79.1% Vs 76.5% for cases and controls), labor and delivery (89.6% Vs 92.2% for cases and controls), and breast feeding (92.2% Vs 85.7% for cases and controls).

For the prevention methods of HIV/AIDS about 80% of cases and 21.7% of controls had knowledge of all the three methods of prevention namely correct and consistent condom use, be faithful and abstinence altogether. With regard to each methods of HIV/AIDS prevention 82.6% of cases and 56.1% of controls, 97.4% of cases and 37.8% of controls, and 96.5% Of cases and 57.4% of controls had knowledge of correct and consistent condom use, be faithful, and abstinence respectively.

Most of the cases and controls had the knowledge that mosquito bit (87.8% Vs 87.0% for cases and controls) and eating together with HIV positive individual (94.8% Vs 92.6% for cases and controls) will not transmit HIV. About 13% of cases and 47.4% of controls know that a healthy-looking person can have the virus. Almost all of the cases and controls had the knowledge of STIs (93% Vs 98.3% of cases and controls).

Almost all of the cases and controls had knowledge of VCT (100% Vs 97% for cases and controls), VCT use (94.8% Vs 94.3% for cases and controls) and had positive attitudes towards VCT (99.1% Vs 98.7% for cases and controls). Most of the cases (86.1%) and controls (82.6%) knew someone who had undergone VCT. The following problems associated with VCT were mentioned by the respondents: difficult to cope living as HIV positive (60% Vs 77.8% for cases and controls), fear of stigma (67.8% Vs 90% for cases and controls), don't know partners response (43.5% Vs 9.6% for cases and controls) and don't trust confidentiality of VCT services (24.3% Vs 54.3% for cases and controls) (Table 3).

Table 3: Knowledge about HIV/AIDS transmission and prevention methods, STIs, and VCT of study subjects, Gondar Town, Northwest Ethiopia, June 2006.

| Variables | VCT acceptors no. (%) | VCT non-acceptors no. (%) |
|---|----------------------------------|--------------------------------------|
| Know HIV infected/died | | |
| Yes | 101 (87.8%) | 189 (82.2%) |
| No | 14 (12.2%) | 41 (17.8%) |
| Know HIV infected/died friend/relative | | |
| Yes | 67 (58.3%) | 141 (61.3%) |
| No | 48 (41.7%) | 89 (38.7%) |
| Have knowledge of HIV/AIDS Transmission | | |
| Yes | 79 (68.7%) | 162 (70.4%) |
| No | 36 (31.3%) | 68 (29.6%) |
| Knowledge of HIV/AIDS Prevention | | |
| Yes | 92 (80.0%) | 50 (21.7%) |
| No | 23 (20.0%) | 180 (78.3%) |
| Healthy looking person may be HIV infected | | |
| Yes | 15 (13.0%) | 109 (47.4%) |
| No | 100 (87.0%) | 121 (52.6%) |
| Knowledge of STIs | | |
| Yes | 107 (93.0%) | 226 (98.3%) |
| No | 8 (7.0%) | 4 (1.7%) |
| Knowledge of VCT use | | |
| Yes | 109 (94.8%) | 217 (94.3%) |
| No | 6 (5.2%) | 13 (5.7%) |
| Attitude towards VCT | | |
| Positive | 114 (99.1%) | 227 (98.7%) |
| Negative | 1 (0.9%) | 3 (1.3%) |
| Know who had undergone VCT | | |
| Yes | 99 (86.1%) | 190 (82.6%) |
| No | 16 (13.9%) | 40 (17.4%) |

About 89.6% of cases and 89.1% of controls replied that they will be closer and/or no change in relation if their partner turned to be positive for HIV. Almost all the cases and controls have the knowledge of ART (99.1% Vs 98.7% for cases and controls) and have positive attitudes towards ART (94.8% Vs 95.7% for cases and controls).

Comparison of cases and controls with regard to sociodemographic variables is shown in table 4. There was no significant difference between cases and controls with regard to sex, age, ethnicity and educational status. Unmarried individuals were less likely to accept VCT than those divorced, separated and/or widowed (OR = 0.07, 95% CI 0.02, 0.20). Similarly married individuals were less likely to accept VCT than those divorced, separated and/or widowed (OR = 0.04, 95% CI 0.01, 0.11). Orthodox Christians were more likely to accept VCT compared to Muslims (OR = 2.75, 95% CI 1.35, 5.70). Students were less likely to accept VCT (OR = 0.28, 95% CI 0.13, 0.58) and an unemployed are more likely to accept VCT (OR = 2.24, 95% CI 1.26, 3.97) compared to those employed (Table 4).

The associations between sexual behavior and self-perceived risk with VCT acceptance were assessed. In this univariate analysis have sex in the last 12 months had shown no significant association with VCT acceptance. VCT acceptance were about 3.86 times (OR = 3.86, 95% CI 2.30, 6.48) and 4.66 times (OR = 4.66, 95% CI 2.89, 7.52) more likely to occur for those had initiated sex and self-perceived risk respectively than their counterparts.

Table 4: Sociodemographic and sexual behavior factors associated with VCT acceptance, Gondar Town, Northwest Ethiopia, June 2006.

| Variables | VCT acceptors no | VCT non-acceptors no | OR (95% CI) |
|-----------------------------|---------------------|-------------------------|--------------------|
| Sex | | | |
| Female | 61 | 113 | 1.17 (0.73, 1.88) |
| Male | 54 | 117 | 1 |
| Age | | | |
| 15 - 24 | 62 | 136 | 0.85 (0.39, 1.84) |
| 25 - 34 | 38 | 68 | 1.04 (0.45, 2.38) |
| 35 - 49 | 14 | 26 | 1 |
| Marital status | | | |
| Never married | 64 | 142 | 0.07 (0.02, 0.20)* |
| Married or living together | 19 | 83 | 0.04 (0.01, 0.11)* |
| Divorced/separated/windowed | 32 | 5 | 1 |
| Religion | | | |
| Orthodox | 99 | 171 | 2.75 (1.35, 5.70)* |
| Muslim | 12 | 57 | 1 |
| Ethnicity | | | |
| Amhara | 107 | 214 | 1.00 (0.42, 2.41) |
| Tigrie | 8 | 16 | 1 |
| Educational Status | | | |
| No formal education | 15 | 21 | 1.57 (0.58, 4.27) |
| Primary | 10 | 22 | 1.48 (0.72, 3.04) |
| Secondary | 72 | 149 | 1.51 (0.63, 3.58) |
| Tertiary | 18 | 38 | 1 |
| Occupation | | | |
| Student | 14 | 101 | 0.28 (0.13, 0.58)* |
| Unemployed | 66 | 59 | 2.24 (1.26, 3.97)* |
| Employed | 35 | 70 | 1 |
| Had initiated sex | | | |
| Yes | 91 | 114 | 3.86 (2.30, 6.48)* |
| No | 24 | 116 | 1 |
| Self-perceived risk | | | |
| Yes | 75 | 66 | 4.66 (2.89, 7.52)* |
| No | 24 | 110 | 1 |

*Significant association

As shown in table 5, there were no association between VCT acceptances and knowing someone HIV infected or died of HIV/AIDS, knowledge of HIV/AIDS transmission methods, and knowledge and positive attitudes towards VCT. VCT acceptance was significantly lower in those who know that a healthy-looking person can have the virus (OR = 0.17, 95% CI 0.09, 0.30) and in those who had knowledge of STIs (OR = 0.24, 95% CI 0.07, 0.80) than their counterparts respectively. Those had knowledge of HIV/AIDS prevention methods were more likely to accept VCT than those had not (OR = 14.40, 95% CI 8.28, 25.06).

Table 5: Knowledge about HIV/AIDS transmission and prevention methods, STIs, and VCT associated with VCT acceptance, Gondar Town, Northwest Ethiopia, June 2006.

| Variables | VCT acceptors no | VCT non-acceptors no | OR (95% CI) |
|---|-----------------------------|---------------------------------|----------------------|
| Know HIV infected/died | | | |
| Yes | 101 | 189 | 1.57 (0.82, 3.01) |
| No | 14 | 41 | 1 |
| Know HIV infected/died friend/relative | | | |
| Yes | 67 | 141 | 0.88 (0.56, 1.39) |
| No | 48 | 89 | 1 |
| Have knowledge of HIV/AIDS Transmission | | | |
| Yes | 79 | 162 | 0.92 (0.57, 1.50) |
| No | 36 | 68 | 1 |
| Knowledge of HIV/AIDS Prevention | | | |
| Yes | 92 | 50 | 14.40 (8.28, 25.06)* |
| No | 23 | 180 | 1 |
| know that a healthy-looking person can have the HIV | | | |
| Yes | 15 | 109 | 0.17 (0.09, 0.30)* |
| No | 100 | 121 | 1 |
| Knowledge of STIs | | | |
| Yes | 107 | 226 | 0.24 (0.07, 0.80)* |
| No | 8 | 4 | 1 |
| Knowledge of VCT use | | | |
| Yes | 109 | 217 | 1.09 (0.40, 2.94) |
| No | 6 | 13 | 1 |
| Attitude towards VCT | | | |
| Positive | 114 | 227 | 1.51 (0.16, 14.65) |
| Negative | 1 | 3 | 1 |
| Know who had undergone VCT | | | |
| Yes | 99 | 190 | 1.30 (0.70, 2.44) |
| No | 16 | 40 | 1 |

*Significant association

The study subjects were asked about the problems associated with VCT use. Difficult to cope with HIV positive and fear of stigma and discrimination were mentioned less among VCT acceptors (OR = 0.43, 95% CI 0.26, 0.70 and OR = 0.23, 95% CI 0.13, 0.42 respectively). Don't know friend's response is mentioned more among VCT acceptors (OR = 7.27, 95% CI 4.10, 12.91), while don't trust the confidentiality of VCT services were less mentioned among VCT acceptors (OR = 0.27, 95% CI 0.16, 0.45). When they were asked about their response if their partner turned to be positive for HIV, the VCT acceptors were more likely to practice no change in relationship compared to non-acceptors (OR = 2.92, 95% CI 1.20, 7.15). Knowledge and attitudes towards ART had no significant association with VCT acceptance (Table 6).

Table 6: Association of problematic reasons for not using VCT, stigma and discrimination, with VCT acceptance, Gondar Town, Northwest Ethiopia, June 2006.

| Variables | VCT acceptors no | VCT non-acceptors no | OR (95% CI) |
|--------------------------------|-----------------------------|---------------------------------|---------------------|
| Difficult to cope with HIV+ | | | |
| Yes | 69 | 179 | 0.43 (0.26, 0.70)* |
| No | 46 | 51 | 1 |
| Fear stigma and discrimination | | | |
| Yes | 78 | 207 | 0.23 (0.13, 0.42)* |
| No | 37 | 23 | 1 |
| Don't know friends response | | | |
| Yes | 50 | 22 | 7.27 (4.10, 12.91)* |
| No | 65 | 208 | 1 |
| Don't trust confidentiality | | | |
| Yes | 28 | 125 | 0.27 (0.16, 0.45)* |
| No | 87 | 105 | 1 |
| Response to HIV + partner | | | |
| More closer | 39 | 170 | 0.48 (0.21, 1.11) |
| No change | 49 | 35 | 2.92 (1.20, 7.15)* |
| Gradually separated | 12 | 25 | 1 |
| Know ART | | | |
| Yes | 114 | 227 | 1.51 (0.16, 14.65) |
| No | 1 | 3 | 1 |
| Attitudes towards ART | | | |
| Positive | 109 | 220 | 0.83 (0.29, 2.33) |
| Negative | 6 | 10 | 1 |

*Significant association

Finally, the multivariate logistic regression, which allows relating the log odds of the binary outcome variable to a set of explanatory variables, was applied as shown in table 7. All the explanatory variables that had significant association in the univariate analysis and some sociodemographic variables like age and education were included in the multivariate logistic regression model.

As shown in table 7, VCT acceptance was about seven times (OR = 6.91, 95% CI 1.21, 39.52) more likely to occur among unmarried than those who were divorced, separated and/or widowed. VCT acceptance was less likely (OR = 0.03, 95% CI 0.01, 0.15) to occur among students than those who were employed.

VCT acceptance was about 4.75 times (OR = 4.75, 95% CI 1.05, 21.45) more likely to occur among those had initiated sex than their counterparts. Those who had self-perceived risk and had knowledge of HIV/AIDS prevention methods were about 6 times (OR = 6.08, 95% CI 1.89, 19.54) and 21.12 times (OR = 21.12, 95% CI 6.38, 69.95) more likely to accept VCT than their counterparts respectively. VCT acceptance were less likely (OR = 0.03, 95% CI 0.01, 0.14) and (OR = 0.03, 95% CI 0.00, 0.42) to occur among those know that a healthy-looking person can have the virus and those had knowledge of STIs respectively than their counterparts.

As to the problems related with VCT, those didn't know friends response was about 19 times (OR = 19.08, 95% CI 4.73, 77.00) more likely to occur among VCT acceptors than their counterparts, while didn't trust confidentiality of VCT services was less likely (OR = 0.19, 95% CI 0.06, 0.62) to occur among VCT acceptors than non-acceptors. VCT acceptance was less likely (OR = 0.06, 95% CI 0.02, 0.25) to occur among those said no change in relation to HIV positive partner than those said gradually separated.

Table 7: Multivariate logistic regression analyses of selected variables on VCT acceptance, Gondar Town, Northwest Ethiopia, June 2006.

| Variables | Coefficient (β) | Standard error of (β) | Odds ratio (OR) | 95% confidence interval |
|---|-----------------|-----------------------|-----------------|-------------------------|
| Age | | | | |
| 15 - 24 | 0.27 | 0.79 | 1.31 | (0.28, 6.19) |
| 25 - 34 | 1.06 | 1.24 | 2.89 | (0.26, 32.70) |
| 35 - 49 | | | | 1 |
| Marital status | | | | |
| Never married | 1.93 | 0.89 | 6.91 | (1.21, 39.52)* |
| Married or living together | -2.11 | 1.21 | 0.12 | (0.01, 1.29) |
| Divorced/separated/windowed | | | | 1 |
| Religion | 0.56 | 0.67 | 1.76 | (0.47, 6.54) |
| Educational status | | | | |
| No formal education | 2.39 | 1.49 | 10.87 | (0.59, 202.12) |
| Primary | -0.59 | 0.97 | 0.56 | (0.08, 3.74) |
| Secondary | -1.07 | 1.15 | 0.34 | (0.04, 3.25) |
| Tertiary | | | | 1 |
| Occupation | | | | |
| Student | -3.52 | 0.81 | 0.03 | (0.00, 0.15)* |
| Unemployed | -1.64 | 1.02 | 0.20 | (0.03, 1.43) |
| Employed | | | | 1 |
| Ever had sex | 1.56 | 0.77 | 4.75 | (1.05, 21.45)* |
| Self-perceived risk | 1.81 | 0.60 | 6.08 | (1.89, 19.54)* |
| Knowledge of HIV/AIDS prevention methods | 3.05 | 0.61 | 21.12 | (6.38, 69.95)* |
| know that a healthy-looking person can have the virus | -3.46 | 0.77 | 0.03 | (0.01, 0.14)* |
| Knowledge of STIs | -3.59 | 1.39 | 0.03 | (0.00, 0.42)* |
| Difficult to cope with HIV+ | -0.94 | 0.67 | 0.39 | (0.11, 1.4) |
| Fear stigma & discrimination | -0.50 | 0.67 | 0.61 | (0.16, 2.27) |
| Don't know friends response | 2.95 | 0.71 | 19.08 | (4.73, 77.00)* |
| Don't trust confidentiality | -1.69 | 0.61 | 0.19 | (0.06, 0.62)* |
| Response to HIV + partner | | | | |
| More closer | -0.19 | 0.88 | 0.83 | (0.15, 4.67) |
| No change | -2.75 | 0.68 | 0.06 | (0.02, 0.25)* |
| Gradually separated | | | | 1 |

*Significant association

7. Discussion

VCT has a vital role to play within a comprehensive range of measures for HIV/AIDS prevention and support, and should be encouraged. The potential benefits of testing and counseling for the individual include improved health status through good nutritional advice and earlier access to care and treatment/prevention for HIV related illness; emotional support; better ability to cope with HIV related anxiety; awareness of safer options for reproduction and infant feeding; and motivation to initiate or maintain safer sexual and drug related behavior. Other benefits include safer blood donation (37).

In this study there is no significant association between sex and VCT acceptance. The same finding is obtained in another study done in Gondar (29). This finding is encouraging in a situation where women are more affected by HIV/AIDS and there is gender inequality. There is also no significant association between ethnicity and VCT acceptance.

Although the age group between 15 and 19 is the most affected group by HIV/AIDS in Ethiopia which has the highest prevalence of HIV infection (38), there is no significant association between age and VCT acceptance in this study. This finding indicates all age groups utilized VCT despite risk difference on age. This finding is not supported by the study conducted in North and South Gondar Administrative zones in 2004 (29) that revealed the age range from 15 - 19 years was found to be positively associated with VCT acceptance ($p < 0.01$).

The result of the present study in univariate analysis showed unmarried individuals were less likely to accept VCT than those divorced, separated and/or widowed (OR = 0.07, 95% CI 0.02, 0.20). Similarly married individuals were less likely to accept VCT than those divorced, separated and/or widowed (OR = 0.04, 95% CI 0.01, 0.11). When the confounders are controlled VCT acceptance was about seven times (OR = 6.91, 95% CI 1.21, 39.52) more likely to occur among unmarried than those who were divorced, separated and/or widowed. This could be explained by the previous wrong perception that only single individuals are affected by HIV/AIDS but not the case now. Otherwise it

is difficult to explain these findings since PMTCT services are not addressed by this study.

The univariate analysis revealed that VCT acceptance was 2.75 times (OR = 2.75; 95% CI 1.35, 5.70) more likely to occur among Orthodox Christians than Muslims. However, when the confounders are controlled, there is no significant difference of VCT acceptance between Orthodox Christians and Muslims (OR = 1.76, 95% 0.47, 6.54).

This study demonstrated that educational status didn't show significant association with VCT acceptance both in univariate and multivariate analysis. This finding is consistent with study conducted in North and South Gondar Administrative zones in 2004, in which the association between acceptance of VCT and educational level was not found to be significant (29).

VCT acceptance was less likely (OR = 0.03, 95% CI 0.01, 0.15) to occur among students than those who were employed in adjusted logistic regression. This could be explained by low sexual exposure and low self-risk perception of students since they are young.

The multivariate analysis revealed that VCT acceptance was about 6 times (OR = 6.08, 95% CI 1.89, 19.54) more likely to occur among those who had self-perceived risk for HIV/AIDS than counterparts. This finding is consistency with a study done in Tanzania in 2003 that revealed self-perceived risk was significantly associated with testing for HIV (26). The same finding is also obtained in Addis Ababa (28). This indicates the seriousness of the problem in Ethiopia where self-perception of risk is very low in almost all target groups, even in those practicing risky behavior (34). So we need to educate people to perceive themselves that everybody is at high risk of HIV infection.

The multivariate analysis revealed that VCT acceptance was about 18 times (OR = 18.26, 95% CI 6.10, 54.68) more likely to occur among those who had knowledge of HIV/AIDS prevention methods. This could be explained by those practiced all the prevention methods are confident to be tested and those didn't practice one or more of the prevention methods want to be tested to know their serostatus.

VCT acceptance were less likely (OR = 0.03, 95% CI 0.01, 0.14) and (OR = 0.03, 95% CI 0.00, 0.42) to occur among those know that a healthy-looking person can have the virus and those had knowledge of STIs respectively than their counterparts. This perception of healthy looking person may be HIV infected indicates a good knowledge of HIV. This perception prevents those apparently healthy individuals to be tested for HIV due to fear of positive results for HIV. The same is true that if an individual knew STIs, he/she probably has the knowledge of relationship between HIV and STIs. So they may have the fear of positive result.

This study showed that there is no significant association between VCT acceptance and knowledge and attitude of VCT. There is also no significant association between VCT acceptance and knowledge and attitude towards ART. These indicate that knowledge and attitude doesn't necessarily bring about practice of the desired behavior.

As to the problems associated with VCT acceptance, the difficulty to cope with HIV positive is not significantly associated with VCT acceptance (OR = 0.39, 95% CI 0.11, 1.4) in multivariate analyses. This finding is inconsistent with a study done in Tanzania in 2003. The study revealed the perception of HIV infected people are likely to die quicker if tested and get informed about their positive results was significantly associated with testing for HIV (26).

There is no significant association between VCT acceptance and fear of stigma and discrimination when the confounders are controlled. This is inconsistent with a study in South Africa. Compared to people who had been tested, individuals who were not tested for HIV demonstrated significantly greater AIDS related stigma; ascribing greater shame, guilt, and social disapproval to people living with HIV (25).

As to the problems related with VCT, those didn't know friends response was about 19 times (OR = 19.08, 95% CI 4.73, 77.00) more likely to occur among VCT acceptors than their counterparts, while didn't trust confidentiality of VCT services was less likely (OR = 0.19, 95% CI 0.06, 0.62) to occur among VCT acceptors than non-acceptors. This finding indicated the importance of including partners in VCT services. The distrust of

VCT services by non-acceptors indicate the need of working hard to get the trust of the people. The quality of VCT centers should be assured.

VCT acceptance was less likely (OR = 0.06, 95% CI 0.02, 0.25) to occur among those said no change in relation to HIV positive partner than those said gradually separated. This indicates the intention of VCT acceptor's stigma attitude towards HIV positive partners. Although people fear stigma and discrimination, people themselves have stigma attitudes.

The internal validity of the study was assured. Both the cases and the controls were taken from the health institutions. The data collectors were nurses who have the experience of counselling. In addition extensive training was given for data collectors and supervision was done by the principal investigator. The possibility of under-reporting and recall bias in this study cannot be ruled out. Sensitive issues like AIDS and information on personal matters like sexual practices are normally kept secret. In addition the controls couldn't remember and report some of the exposure variables in the same extent like the cases. It was not feasible to use probability sampling to select cases and controls. Therefore I am reservation to generalize the finding to the population where the sample was taken. However; in analytical study like case-control the priority is to get valid result that will be generalized by descriptive study.

8. Conclusion and recommendation

Conclusion

- Unmarried subjects are more likely to accept VCT than those divorced and/or separated and/or widowed
- Students are less likely to accept VCT than those employed
- Those had initiated sex are more likely to accept VCT than their counterparts
- Those had self-perceived risk for HIV/AIDS are more likely to accept VCT than those didn't have
- Those had comprehensive knowledge of HIV/AIDS prevention methods are more likely to accept VCT than those didn't have
- Those know that a healthy looking person can have HIV are less likely to accept VCT than those don't know
- Those have knowledge of STIs are less likely to accept VCT than those don't have
- Those have problems of don't know friends response are more likely to accept VCT than those didn't have
- Those have problems of don't trust confidentiality of VCT centers are less likely to accept VCT than those didn't have
- Those have intention of no change in relationship if their partner turns to be HIV+ are less likely to accept VCT than those didn't have

Recommendation

- Efforts to promote VCT require education about the benefits of testing to students and women in particular and all groups of individuals in general.
- Organizing VCT service to make more acceptable to different groups of people.
- Counseling should include partners of an individual

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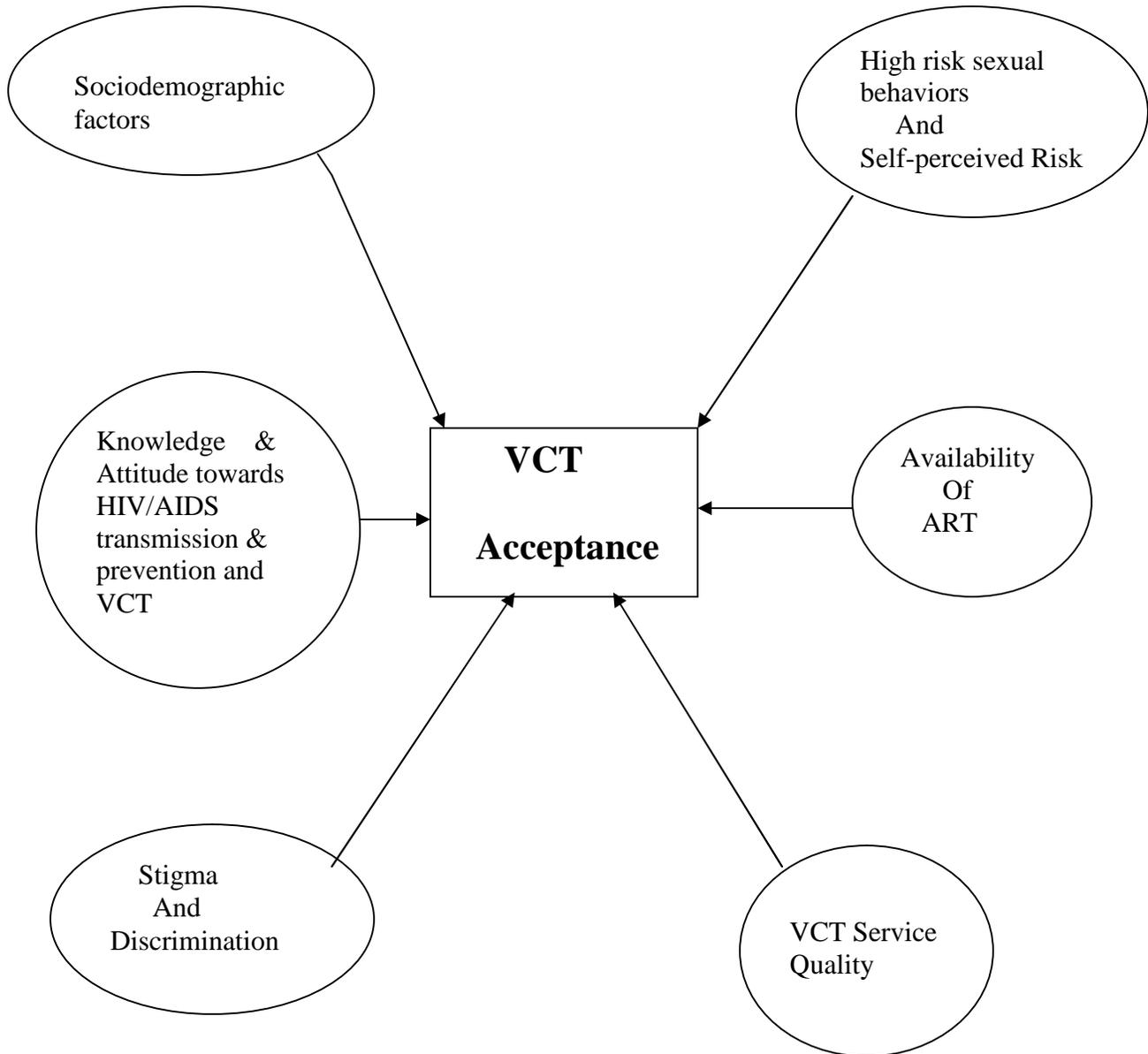
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10. Annexes

Annex 1: Conceptual framework

Fig 1: Conceptual framework for determinants of VCT acceptance.



Annex 2: English questionnaire

Addis Ababa University, Faculty of Medicine

Department of Community Health

Questionnaire for Assessment of Determinants of HIV-VCT Acceptance in Gondar Town, Northwest Ethiopia, 2006.

001. Questionnaire identification No. /___/___/___

002. Study participants: 1. VCT acceptors 2. VCT non-acceptors

Introduction

"My name is _____ I am working for AAU, MF, DCH. We are interviewing people here in Gondar town in order to find out information about determinants of HIV-VCT acceptance. I am going to ask you some very personal questions that some people find difficult to answer. Your answers are completely confidential. Your name will not be written on this form, and will never be used in connection with any of the information you tell me. You don't have to answer any questions that you don't want to answer, and you may end this interview at any time you want to. However, your honest answers to these questions will help us better understand the different factors for accepting and not accepting HIV-VCT acceptance. We would greatly appreciate your help in responding to this survey. The survey will take about 20 to 30 minutes to ask the questions. Would you be willing to participate?"

(Signature of interviewer certifying that informed consent has been given verbally by respondent)

003. Interviewer name: _____ Signature: _____

004. Date of interview: _____/_____/_____

Checked by supervisor: Signature _____ Date _____/_____/_____

Section 01: Socio-demographic characteristics

| No. | Questions | Coding categories | Skip to |
|-----|---|---|---------|
| 101 | Record sex of the respondent | Female-----1 Male-----2 | |
| 102 | How old were you at your last birth day? | Age in completed years (...../.....) Don't now.....88 No response.....99 | |
| 103 | What religion are you? | Orthodox.....1 Muslim.....2 Protestant.....3 Catholic.....4 Others (specify).....5 No response.....9 | |
| 104 | To which ethnic group do you belong? | Amhara.....1 Tigray.....2 Oromo.....3 Others (specify).....4 No response.....9 | |
| 105 | What is the highest level of education you completed? | Don't read and write.....1 Read and Write.....2 Grade 1-6.....3 Grade 7-12.....4 Above grade 12.....5 No response.....9 | |
| 106 | What is your current occupation? | Jobless.....1 Daily laborer.....2 Government employer.....3 Merchant.....4 Soldier.....5 Driver.....6 Housewife.....7 | |

| | | | |
|-----|---|--|--|
| | | Others (specify).....8 No response.....9 | |
| 107 | What is your total monthly income? |ETB per month No income.....111 Don't know.....888 No response.....999 | |
| 108 | How long have you lived here in Gondar? | No. of years..... Less than on year.....11 Don't know.....88 No response.....99 | |

Section 02: Marriage and live-in partnership

| No. | Questions | Coding categories | Skip to |
|-----|--|--|---|
| 201 | Have you ever been married? | Yes.....1 No.....2 No response.....9 | Q203 Q203 |
| 202 | How old were you when you first married? | Age in completed years (...../.....) Don't now.....88 No response.....99 | |
| 203 | Are you currently married or living with a man/woman with whom you have a sexual relationship? | Currently married, living with spouse.....1 Currently married, living with other sexual partner.....2 Currently married, not living with spouse or other sexual partner.....3 Not married, living with sexual partner.....4 Not married, not living with sexual partner.....5 No response.....9 | Q301 Q301 Q301 |
| 204 | If married: Men: Do you have more | Yes.....1 No.....2 | |

| | | | |
|--|---|-------------------|--|
| | than one wife? Women: Does your husband have other wives? | No response.....9 | |
|--|---|-------------------|--|

Section 03: Sexual history and condom use

| No. | Questions | Coding categories | Skip to |
|-----|--|--|----------------------------|
| 301 | Have you ever had sexual intercourse? | Yes.....1 No.....2 No response.....9 | Q701 Q701 |
| 302 | At what age did you first have sexual intercourse? | Age in years (...../.....) Don't now.....88 No response.....99 | |
| 303 | Have you had sexual intercourse in the last 12 months? | Yes.....1 No.....2 No response.....9 | |
| 304 | For women: Think about the male sexual partners you have had in the last 12 months? For men: Think about the female sexual partners you have had in the last 12 months? How many were: -Your spouse(s) or live-in sexual partners ("Regular" partners) | Regular [.... /....] Don't know.....88 No response.....99 | |

| | | | |
|--|---|--|--|
| | <p>-"Commercial" (partners with whom you had sex in exchange for money)</p> <p>-Sexual partners that you are not married to and have never lived with and didn't pay ("Non-regular" partners) - don't include current spouse(s) or live-in sexual partners.</p> | <p>Commercial [.... /....]</p> <p>Don't know.....88</p> <p>No response.....99</p> <p>Non-regular [.... /....]</p> <p>Don't know.....88</p> <p>No response.....99</p> | |
|--|---|--|--|

Section 04: Sexual history; regular partners

| No. | Questions | Coding categories | Skip to |
|-----|---|--|--|
| 401 | Had sex with regular partner during past 12 months | <p>Didn't have sex with regular partner during past 12 months</p> <p style="text-align: right;">—————→</p> | Q501 |
| 402 | Think about your most recent regular sexual partner. How many times did you have sexual intercourse with this person over the last 30 days? | <p>No. of times (...../.....)</p> <p>Don't now.....88</p> <p>No response.....99</p> | |
| 403 | The last time you had sex with a regular partner; did you and your partner use a condom? | <p>Yes.....1</p> <p>No.....2</p> <p>Don't remember.....8</p> <p>No response.....9</p> | <p>Q405</p> <p>Q501</p> <p>Q501</p> |
| 404 | Who suggested using a condom that time? | <p>Myself.....1</p> <p>My partner.....2</p> | |

| | (circle one) | Joint decision.....3 No response.....9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------|---|---|-----------------|-----|------------------------|---------------|----------------|---|---------------|---|-----------------|------------------|------------------|---|-----------------|---|---|--------------------------|---|---|------------------------------|---|---|--------------------|---|---|------------|---|---|------------|---|---|-------------|---|---|--|
| 405 | Why didn't you and your partner use a condom that time? (circle all answers mentioned) | <table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Not available</td> <td>1</td> <td>2</td> </tr> <tr> <td>Too expensive</td> <td>1</td> <td>2</td> </tr> <tr> <td>Partner objected</td> <td>1</td> <td>2</td> </tr> <tr> <td>Don't like them</td> <td>1</td> <td>2</td> </tr> <tr> <td>Used other contraceptive</td> <td>1</td> <td>2</td> </tr> <tr> <td>Don't think it was necessary</td> <td>1</td> <td>2</td> </tr> <tr> <td>Didn't think of it</td> <td>1</td> <td>2</td> </tr> <tr> <td>Other.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Don't know</td> <td>1</td> <td>2</td> </tr> <tr> <td>No response</td> <td>1</td> <td>2</td> </tr> </tbody> </table> | | Yes | No | Not available | 1 | 2 | Too expensive | 1 | 2 | Partner objected | 1 | 2 | Don't like them | 1 | 2 | Used other contraceptive | 1 | 2 | Don't think it was necessary | 1 | 2 | Didn't think of it | 1 | 2 | Other..... | 1 | 2 | Don't know | 1 | 2 | No response | 1 | 2 | |
| | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Not available | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Too expensive | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Partner objected | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Don't like them | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Used other contraceptive | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Don't think it was necessary | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Didn't think of it | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Don't know | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No response | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 406 | In general, with what frequency did you and your regular partner(s) use a condom during the past 12 months? | <table border="1"> <tbody> <tr> <td>Every time.....</td> <td>1</td> </tr> <tr> <td>Almost every time.....</td> <td>2</td> </tr> <tr> <td>Sometimes.....</td> <td>3</td> </tr> <tr> <td>Never.....</td> <td>4</td> </tr> <tr> <td>Don't know.....</td> <td>8</td> </tr> <tr> <td>No response.....</td> <td>9</td> </tr> </tbody> </table> | Every time..... | 1 | Almost every time..... | 2 | Sometimes..... | 3 | Never..... | 4 | Don't know..... | 8 | No response..... | 9 | | | | | | | | | | | | | | | | | | | | | | |
| Every time..... | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Almost every time..... | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sometimes..... | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Never..... | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Don't know..... | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No response..... | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Section 05: Sexual history; commercial partners

| No. | Questions | Coding categories | Skip to | | | | | | |
|----------------------------|--|---|----------------------------|--|----------------|----|------------------|----|--|
| 501 | Had sexual intercourse with commercial partner in last 12 months | Didn't have sexual intercourse with commercial partner in last 12 months → | Q601 | | | | | | |
| 502 | Think about your most recent commercial sexual partner. How many times did you have sexual intercourse with this person over the last 30 | <table border="1"> <tbody> <tr> <td>No. of times (...../.....)</td> <td></td> </tr> <tr> <td>Don't now.....</td> <td>88</td> </tr> <tr> <td>No response.....</td> <td>99</td> </tr> </tbody> </table> | No. of times (...../.....) | | Don't now..... | 88 | No response..... | 99 | |
| No. of times (...../.....) | | | | | | | | | |
| Don't now..... | 88 | | | | | | | | |
| No response..... | 99 | | | | | | | | |

| | days? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------|--|---|---|-----|----|---------------|---|---|---------------|---|---|------------------|---|---|-----------------|---|---|--------------------------|---|---|------------------------------|---|---|--------------------|---|---|------------|---|---|------------|---|---|-------------|---|---|--|
| 503 | The last time you had sex with a commercial partner; did you and your partner use a condom? | Yes.....1 No.....2 Don't remember.....8 No response.....9 | Q505 Q601 Q601 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 504 | Who suggested condom use that time? (circle one) | Myself.....1 My partner.....2 Joint decision.....3 No response.....9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 505 | Why didn't you and your partner use a condom that time? (circle all answers mentioned) | <table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Not available</td> <td>1</td> <td>2</td> </tr> <tr> <td>Too expensive</td> <td>1</td> <td>2</td> </tr> <tr> <td>Partner objected</td> <td>1</td> <td>2</td> </tr> <tr> <td>Don't like them</td> <td>1</td> <td>2</td> </tr> <tr> <td>Used other contraceptive</td> <td>1</td> <td>2</td> </tr> <tr> <td>Don't think it was necessary</td> <td>1</td> <td>2</td> </tr> <tr> <td>Didn't think of it</td> <td>1</td> <td>2</td> </tr> <tr> <td>Other.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Don't know</td> <td>1</td> <td>2</td> </tr> <tr> <td>No response</td> <td>1</td> <td>2</td> </tr> </tbody> </table> | | Yes | No | Not available | 1 | 2 | Too expensive | 1 | 2 | Partner objected | 1 | 2 | Don't like them | 1 | 2 | Used other contraceptive | 1 | 2 | Don't think it was necessary | 1 | 2 | Didn't think of it | 1 | 2 | Other..... | 1 | 2 | Don't know | 1 | 2 | No response | 1 | 2 | |
| | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Not available | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Too expensive | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Partner objected | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Don't like them | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Used other contraceptive | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Don't think it was necessary | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Didn't think of it | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Don't know | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No response | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 506 | In general, with what frequency did you and your commercial partner(s) use a condom during the past 12 months? | Every time.....1 Almost every time.....2 Sometimes.....3 Never.....4 Don't know.....8 No response.....9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Section 06: Sexual history; non-regular non-paying partners

| No. | Questions | Coding categories | Skip to |
|-----|---|---|-------------|
| 601 | Had non-regular non-paying sexual partner | Didn't have non-regular non-paying sexual partner during last 12 months → | Q701 |

| | during last 12 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------|--|---|---|-----|----|---------------|---|---|---------------|---|---|------------------|---|---|-----------------|---|---|--------------------------|---|---|------------------------------|---|---|--------------------|---|---|------------|---|---|------------|---|---|-------------|---|---|--|
| 602 | Think about your most recent non-regular non-paying sexual partner. How many times did you have sexual intercourse with this person over the last 30 days? | No. of times (...../.....) Don't now.....88 No response.....99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 603 | The last time you had sex with a non-regular non-paying partner; did you and your partner use a condom? | Yes.....1 No.....2 Don't remember.....8 No response.....9 | Q605 Q701 Q701 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 604 | Who suggested using a condom that time? (circle one) | Myself.....1 My partner.....2 Joint decision.....3 No response.....9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 605 | Why didn't you and your partner use a condom that time? (circle all answers mentioned) | <table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Not available</td> <td>1</td> <td>2</td> </tr> <tr> <td>Too expensive</td> <td>1</td> <td>2</td> </tr> <tr> <td>Partner objected</td> <td>1</td> <td>2</td> </tr> <tr> <td>Don't like them</td> <td>1</td> <td>2</td> </tr> <tr> <td>Used other contraceptive</td> <td>1</td> <td>2</td> </tr> <tr> <td>Don't think it was necessary</td> <td>1</td> <td>2</td> </tr> <tr> <td>Didn't think of it</td> <td>1</td> <td>2</td> </tr> <tr> <td>Other.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Don't know</td> <td>1</td> <td>2</td> </tr> <tr> <td>No response</td> <td>1</td> <td>2</td> </tr> </tbody> </table> | | Yes | No | Not available | 1 | 2 | Too expensive | 1 | 2 | Partner objected | 1 | 2 | Don't like them | 1 | 2 | Used other contraceptive | 1 | 2 | Don't think it was necessary | 1 | 2 | Didn't think of it | 1 | 2 | Other..... | 1 | 2 | Don't know | 1 | 2 | No response | 1 | 2 | |
| | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Not available | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Too expensive | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Partner objected | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Don't like them | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Used other contraceptive | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Don't think it was necessary | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Didn't think of it | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Don't know | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No response | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 606 | In general, with what frequency did you and your non-regular non-paying partner(s) use a condom | Every time.....1 Almost every time.....2 Sometimes.....3 Never.....4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | |
|--|----------------------------|-------------------|--|
| | during the past 12 months? | Don't know.....8 | |
| | | No response.....9 | |

Section 07: Knowledge, opinion and attitudes towards HIV/AIDS and STIs

| No. | Questions | Coding categories | Skip to |
|-----|--|---|---------|
| 701 | Have you ever heard of HIV or the disease called AIDS? | Yes.....1 No.....2 No response.....9 | |
| 702 | Do you know any one who is infected with HIV or who has died of AIDS? | Yes.....1 No.....2 Don't know.....8 No response.....9 | |
| 703 | Do you have a close relative or close friend who is infected with HIV or has died of AIDS? | Yes, a close relative.....1 Yes, a close friend.....2 No.....3 Don't know.....8 No response.....9 | |
| 704 | Can people protect themselves from the HIV virus by using a condom correctly every time they have sex? | Yes.....1 No.....2 Don't know.....8 No response.....9 | |
| 705 | Can a person get the HIV virus from mosquito bites? | Yes.....1 No.....2 Don't know.....8 No response.....9 | |
| 706 | Can people protect themselves from the HIV virus by abstaining from | Yes.....1 No.....2 Don't know.....8 | |

| | | | |
|-----|---|--|--|
| | sexual intercourse? | No response.....9 | |
| 707 | Can people protect themselves from the HIV virus by having one uninfected faithful sex partner? | Yes.....1 No.....2 Don't know.....8 No response.....9 | |
| 708 | Can a person get the HIV virus by sharing a meal with someone who is infected? | Yes.....1 No.....2 Don't know.....8 No response.....9 | |
| 709 | Can a person get the HIV virus by getting injections with a needle that was already used by someone else? | Yes.....1 No.....2 Don't know.....8 No response.....9 | |
| 710 | Can a person get the HIV virus by having unscreened blood transfusion? | Yes.....1 No.....2 Don't know.....8 No response.....9 | |
| 711 | Do you think that a healthy looking person can be infected with HIV, the virus that causes AIDS? | Yes.....1 No.....2 Don't know.....8 No response.....9 | |
| 712 | Can a pregnant woman infected with HIV/AIDS transmit the virus to her unborn child? | Yes.....1 No.....2 Don't know.....8 No response.....9 | |
| 713 | Can a pregnant woman infected with HIV/AIDS transmit the virus to her | Yes.....1 No.....2 Don't know.....8 | |

| | | | |
|-----|--|--|--|
| | new born child during birth? | No response.....9 | |
| 714 | Can a woman with HIV/AIDS transmit the virus to her newborn child through breastfeeding? | Yes.....1 No.....2 Don't know.....8 No response.....9 | |
| 715 | Have you ever heard of diseases that can be transmitted through sexual intercourse? | Yes.....1 No.....2 Don't know.....8 No response.....9 | |
| 716 | Have you had a genital discharge during the past 12 months? | Yes.....1 No.....2 Don't know.....8 No response.....9 | |
| 717 | Have you had a genital ulcer/sore during the past 12 months? | Yes.....1 No.....2 Don't know.....8 No response.....9 | |

Section 08: Personal risk perception for HIV/AIDS

| No. | Questions | Coding categories | Skip to |
|-----|---|---|---|
| 801 | Do you think you can get the virus? | Yes.....1 No.....2 Don't know.....8 No response.....9 | Q804 Q804 Q804 |
| 802 | What are your chances of getting infected with HIV? | Moderate.....1 High.....2 Don't know.....8 No response.....9 | |
| 803 | If the answer is moderate | I had multiple sexual partners.....1 | |

| | | | |
|-----|---|---|--|
| | or high, what are the reasons? | I had sexual contact without condom.....2 I had injection with unsterile needle.....3 I had sexual contact with HIV positive person.....4 Other (specify).....5 Don't know.....8 No response.....9 | |
| 804 | If your response is NO to Q801, what are the reasons? | I trust my sexual partner.....1 I always use condom.....2 No injection with unsterile needle.....3 Don't know.....8 No response.....9 | |

Section 09: Knowledge, opinion and attitudes towards VCT and ART

| No. | Questions | Coding categories | Skip to |
|-----|--|--|---|
| 901 | Have you ever heard of HIV voluntary counseling and testing? | Yes.....1 No.....2 Don't know.....8 No response.....9 | Q908 Q908 Q908 |
| 902 | What is the source of information if the answer is yes? | Mass media.....1 Health institution.....2 Friends.....3 Neighbors.....4 Others (specify).....5 | |
| 903 | Have you ever told about the benefit of HIV testing | Yes.....1 No.....2 No response.....9 | |
| 904 | Do you think VCT is important? | Yes.....1 No.....2 | |

| | | Don't know.....8 No response.....9 | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-----|----|---|---|---|--------------------------------------|---|---|---------------------------------------|---|---|----------------------------------|---|---|--------------|---|---|--------------|---|---|---------------|---|---|--|
| 905 | Do you know someone who had been tested for HIV virus? | Yes.....1 No.....2 No response.....9 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 906 | Which problems do you think associate with VCT? | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 15%; text-align: center;">Yes</th> <th style="width: 15%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>• Inability to deal with Stress of being positive</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>• Fear of rejection by the Community</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>• Uncertainty about Partners reaction</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>• Non respect of Confidentiality</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>• Other.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>• Don't know</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>• No response</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table> | | Yes | No | • Inability to deal with Stress of being positive | 1 | 2 | • Fear of rejection by the Community | 1 | 2 | • Uncertainty about Partners reaction | 1 | 2 | • Non respect of Confidentiality | 1 | 2 | • Other..... | 1 | 2 | • Don't know | 1 | 2 | • No response | 1 | 2 | |
| | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | |
| • Inability to deal with Stress of being positive | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| • Fear of rejection by the Community | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| • Uncertainty about Partners reaction | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| • Non respect of Confidentiality | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| • Other..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| • Don't know | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| • No response | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 907 | If your friend turns out to be positive for HIV, what will be your response? | I would be more closer.....1 I would slowly withdraw.....2 No change.....3 Don't know.....8 No response.....9 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 908 | Do you know the existence of ARV drugs? | Yes.....1 No.....2 No response.....9 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 909 | Do you think ARV is important for PLWHA? | Yes.....1 No.....2 No response.....9 | | | | | | | | | | | | | | | | | | | | | | | | | |

Annex 3: Amharic questionnaire.

በአዲስ አበባ ዩኒቨርሲቲ ሕክምና ፋካልቲ
የሕብረተሰብ ጤና አጠባበቅ ትምህርት ክፍል

በጎንደር ከተማ በፈቃደኝነት ላይ የተመሰረተ የኤች አይ ቪ ምክርና ምርመራ አቀባበልን
ለተመለከተ ጥናት የተዘጋጀ መጠይቅ

001. የመጠይቁ መለያ ቁጥር _____ / _____ / _____

002. የጥናቱ ተሳታፊዎች

1. በፈቃደኝነት ላይ የተመሰረተ የኤች አይ ቪ ምክርና ምርመራ የተቀበሉ
2. በፈቃደኝነት ላይ የተመሰረተ የኤች አይ ቪ ምክርና ምርመራ ያልተቀበሉ

መግቢያ

ሰላምታ። ስሜ _____ ይባላል። እኔ እዚህ የምገኘው አዲስ አበባ ዩኒቨርሲቲን በመወከል በጎንደር ከተማ በፈቃደኝነት ላይ የተመሰረተ የኤች አይ ቪ ምክርና ምርመራ አቀባበልን ለተመለከተ ጥናት መረጃዎችን ለመሰብሰብ ነው። አሁን ግላዊ የሆኑና ላንዳንድ ሰዎች ለመመለስ የሚከብዱ ጥያቄዎችን እጠይቀዎታለሁ።

የሚሰጡት መረጃ ሚስጥርነቱ ሙሉ ለሙሉ የተጠበቀ ነው። መጠይቁ ላይ የርሰዎን ስም የሚገልፅ ማንኛውም አይነት ነገር አይጠቀስም ወይም አይያያዝም፤ በመጠይቁ ወቅት የማይፈልጉትን ማንኛውንም አይነት ጥያቄ መተወ ወይም በማንኛውም ሰዓት መጠይቁን ማቋረጥ ይችላሉ።

ሆኖም ግን እርሰዎ የሚሰጡን እውነተኛ መረጃ ወደፊት በፈቃደኝነት ላይ የተመሰረተ የኤች አይ ቪ ምክርና ምርመራ ለመቀበልና ላለመቀበል ተፅዕኖ የሚያደርጉ ሁኔታዎችን ለማወቅ ጠቃሚ ይሆናል። ለዚህ ጥናት ለሚያደርጉልን ትብብር ምስጋናችን ከልብ የመነጨ ነው። መጠይቁ ከ እስከ ደቂቃ ሊወስድ ይችላል። ስለዚህ በመጠይቁ ለመሳተፍ ፈቃደኛ ነዎት?

(የጥናቱን ተሳታፊ ሙሉ ፈቃደኝነት ያረጋገጠው የጥናቱ መረጃ ሰብሳቢ ፊርማ)

003 መረጃ ሰብሳቢ ስም _____ ፊርማ _____

004 መጠይቁ የተካሄደበት ቀን _____ / _____ / _____

ያረጋገጠው ተቆጣጣሪ ፊርማ _____ ቀን _____ / _____ / _____

ክፍል አንድ፡ አጠቃላይ የግለሰብ መረጃ

| ተቁ | ጥያቄ | መልሶች | ይለፍ |
|-----|---|---|-----|
| 101 | የተጠያቂው ፆታ | ሴት-----1 ወንድ-----2 | |
| 102 | በቅርብ ልደትዎን ሲያከብሩ እድሜዎ ስንት ነበር? (እድሜዎን ካላወቁ ይገምቱ) | እድሜ በአመት (...../.....) አላወቅም-----88 መልስ የለም-----99 | |
| 103 | ሀይማኖተዎ ምንድን ነው? | ኦርቶዶክስ-----1 እስልምና-----2 ፕሮቴስታንት-----3 ካቶሊክ-----4 ሌላ (ይገለፅ)-----5 መልስ የለም-----9 | |
| 104 | ከየትኛው ብሄር/ብሄረሰብ ነዎት? | አማራ-----1 ትግራ-----2 ኦሮሞ-----3 ሌላ (ይገለፅ)-----4 መልስ የለም-----9 | |
| 105 | ያጠናቀቁት ክፍተኛ የትምህርት ደረጃ ስንት ነው? | አልተማርኩም-----1 ማንበብና መጻፍ ብቻ-----2 ከ1-6ኛ ክፍል-----3 ከ7-12ኛ ክፍል-----4 ከ12ኛ ክፍል በላይ-----5 መልስ የለም-----9 | |
| 106 | መደበኛ ስራዎ ምንድን ነው? | ስራ የሌለው-----1 የቀን ስራተኛ-----2 የመንግስት ስራተኛ-----3 ነጋዴ-----4 ዎታደር-----5 | |

| | | | |
|-----|-------------------------|--|--|
| | | ሾፌር-----6 የቤት እመቤት-----7 ሌላ (ይገለፅ)-----8 መልስ የለም-----9 | |
| 107 | የግል የወር ገቢዎ በብር ስንት ነው? |የኢትዮጵያ ብር የግል ገቢ የለኝም-----1111 አላወቅም-----8888 መልስ የለም-----9999 | |
| 108 | ጎንደር ከተማ ለምን ያህል ጊዜ ኖሩ? |ዓመት ከአንድ ዓመት ያነሰ-----11 አላወቅም-----88 መልስ የለም-----99 | |

ክፍል ሁለት፦ የጋብቻና የጓደኛ ሁኔታ

| ተቁ | ጥያቄ | መልሶች | ይለፍ |
|-----|---|---|-------------------|
| 201 | አግብተው ያወቃሉ? | አዎ-----1 አግብቶ አላወቅም-----2 መልስ የለም-----9 | 203 203 |
| 202 | ለመጀመሪያ ጊዜ ሲያገቡ እድሜዎ ስንት ነበር? | እድሜ በአመት (...../.....) አላወቅም-----88 መልስ የለም-----99 | |
| 203 | አሁን አግብተዋል ወይም ከወንድ ወይም ከሴት ጓደኛዎ ጋር ነው የሚኖሩት? | አግብቻለሁ፣ ከባለቤቴ ጋር ነው የምኖረው-----1 አግብቻለሁ፣ ከጓደኛዬ ጋር ነው የምኖረው-----2 አግብቻለሁ፣ ለብቻየ ነው የምኖረው-----3 አላገባሁም፣ ከጓደኛዬ ጋር ነው የምኖረው-----4 አላገባሁም፣ ለብቻየ ነው የምኖረው-----5 | 301 301 301 |

| | | | |
|-----|---|---|---|
| | | መልስ የለም-----9 | → |
| 204 | <u>ላገቡ:</u> <u>ወንድ:</u> ካንድ በላይ ሚስት አለዎት? <u>ሴት:</u> ባለቤትዎ ሌላ ሚስት አላቸዉ? | አዎ-----1 የለኝም-----2 መልስ የለም-----9 | |

ክፍል ሶስት፦ የግብረ ስጋ ግንኙነት በተመለከተ

| ተቁ | ጥያቄ | መልሶች | ይለፍ |
|-----|--|--|----------------|
| 301 | የግብረ ስጋ ግንኙነት ፈፅመዉ ያዉቃሉ? | አዎ-----1 ፈፅሜ አላዉቅም-----2 መልስ የለም-----9 | 701 701 |
| 302 | ለመጀመሪያ ጊዜ የግብረ ስጋ ግንኙነት ሲያደርጉ እድሜዎ ስንት ነበር? | እድሜ በአመት (...../.....) አላዉቅም-----88 መልስ የለም-----99 | |
| 303 | ባለፉት 12 ወራት ጊዜ ውስጥ የግብረ ስጋ ግንኙነት ፈፅመዉ ያዉቃሉ? | አዎ-----1 ፈፅሜ አላዉቅም-----2 መልስ የለም-----9 | |
| 304 | <u>ለሴቶች:</u> ባለፉት 12 ወራት ጊዜ ውስጥ የነበሩዎትን የወንድ የግብረ ስጋ ግንኙነት ጓደኛዎትን ያስታዉሱ፤ <u>ለወንዶች:</u> ባለፉት 12 ወራት ጊዜ ውስጥ የነበሩዎትን የሴት የግብረ ስጋ ግንኙነት ጓደኛዎትን ያስታዉሱ፤ | | |

| | | |
|---|--|--|
| <p>ብዛታቸው ስንት ነበር?</p> <p>-ባለቤትዎ ወይም መደበኛ ጓደኛዎ፦</p> <p>-በገንዘብ ልወወጥ የተመሰረቱ ጓደኛዎ፦</p> <p>-ድንገተኛ ጓደኛዎ (ክላይ ከተገለፁት ወጭ የሆነ)፦</p> | <p>ብዛት [...../.....]</p> <p>አላወቅም-----88</p> <p>መልስ የለም-----99</p> <p>ብዛት [...../.....]</p> <p>አላወቅም-----88</p> <p>መልስ የለም-----99</p> <p>ብዛት [...../.....]</p> <p>አላወቅም-----88</p> <p>መልስ የለም-----99</p> | |
|---|--|--|

ክፍል አራት፦ የግብረ ስጋ ግንኙነት፣ መደበኛ ጓደኛ ጋር

| ተቁ | ጥያቄ | መልሶች | ይለፍ |
|-----|--|--|-------------------------|
| 401 | ባለፉት 12 ወራት ጊዜ ውስጥ ከመደበኛ ጓደኛ ጋር የግብረ ስጋ ግንኙነት የፈፀሙ | ባለፉት 12 ወራት ጊዜ ውስጥ ከመደበኛ ጓደኛ ጋር የግብረ ስጋ ግንኙነት የፈፈሁ | → 501 |
| 402 | የቅርብ ጊዜ መደበኛ ጓደኛዎን ያስታውሱ፣ ባለፉት ሰላሣ ቀናት ውስጥ ስንት ጊዜ ያህል የግብረ ስጋ ግንኙነት ፈፅመዋል? | ብዛት [...../.....] አላወቅም-----88 መልስ የለም-----99 | |
| 403 | ለመጨረሻ ጊዜ ከመደበኛ ጓደኛዎ ጋር የግብረ ስጋ ግንኙነት ሲፈፀሙ ኮንዶም ተጠቅማችኋል? | አዎ-----1 አልተጠቀምንም-----2 አላስታውስም-----8 መልስ የለም-----9 | → 405 → 501 → 501 |
| 404 | ኮንዶም የመጠቀም ሐሳብ ያቀረበዉ ማን ነዉ? (አንድ መልስ ይስጡ) | እኔ-----1 ጓደኛየ-----2 ሁለታችንም-----3 | |

| | ያስታውሱ፣ ባለፉት ሰላሳ ቀናት ውስጥ ስንት ጊዜ ያህል የግብረ ስጋ ግንኙነት ፈፀመዋል? | መልስ የለም-----99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 503 | ለመጨረሻ ጊዜ በገንዘብ ልወወጥ ከተመሰረተ ጓደኛዎ ጋር የግብረ ስጋ ግንኙነት ሲፈፀሙ ከንደም ተጠቅማችሁኋል? | አዎ-----1 አልተጠቀምንም-----2 አላስታውስም-----8 መልስ የለም-----9 | →505 →601 →601 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 504 | ከንደም የመጠቀም ሓሳብ ያቀረበዉ ማን ነዉ? (አንድ መልስ ይስጡ) | እኔ-----1 ጓደኛየ-----2 ሁለታችንም-----3 መልስ የለም-----9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 505 | ከንደም ያልተጠቀማችሁበት ምክንያተ ምንድን ነዉ? (ሁሉንም መልስ ያክብቡ) | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;"><u>አዎ</u></th> <th style="width: 20%; text-align: center;"><u>የለም</u></th> </tr> </thead> <tbody> <tr><td>ስለማይገኝ</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>ወድ ስለሆነ</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>ጓደኛየ ስለተቃወመ</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>ከንደም ስለማንወድ</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>ሌላ የወሊድ መቆጣጠሪያ</td><td></td><td></td></tr> <tr><td>ስለተጠቀምን</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>አስፈላጊ መስሎ ስላልታየን</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>አላሰብንበትም</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>ሌላ (ይገለፅ).....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>አላወቅም</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>መልስ የለም</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table> | | <u>አዎ</u> | <u>የለም</u> | ስለማይገኝ | 1 | 2 | ወድ ስለሆነ | 1 | 2 | ጓደኛየ ስለተቃወመ | 1 | 2 | ከንደም ስለማንወድ | 1 | 2 | ሌላ የወሊድ መቆጣጠሪያ | | | ስለተጠቀምን | 1 | 2 | አስፈላጊ መስሎ ስላልታየን | 1 | 2 | አላሰብንበትም | 1 | 2 | ሌላ (ይገለፅ)..... | 1 | 2 | አላወቅም | 1 | 2 | መልስ የለም | 1 | 2 | |
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| ወድ ስለሆነ | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ሌላ (ይገለፅ)..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| አላወቅም | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| መልስ የለም | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 506 | ባጠቃላይ የከንደም አጠቃቀማችሁ ለምን ያህል ጊዜ ነበር? | ሁል ጊዜ-----1 ብዙውን ጊዜ-----2 አንዳንዴ-----3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 601 | ባለፉት 12 ወራት ጊዜ ውስጥ መደብኛ ካልሆነ ጓደኛ ጋር የግብረ ስጋ ግንኙነት የፈፀሙ | ባለፉት 12 ወራት ጊዜ ውስጥ መደብኛ ካልሆነ ገደኛ ጋር የግብረ ስጋ ግንኙነት ያልፈፀሙ | → 701 |
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| 603 | ለመጨረሻ ጊዜ መደብኛ ካልሆነ ጓደኛዎ ጋር የግብረ ስጋ ግንኙነት ሲፈፀሙ ኮንደም ተጠቅማችኋል? | አዎ-----1 አልተጠቀምንም-----2 አላስታውስም-----8 መልስ የለም-----9 | → 605 → 701 → 701 |
| 604 | ኮንደም የመጠቀም ሐሳብ ያቀረበዉ ማን ነዉ? (አንድ መልስ ይስጡ) | እኔ-----1 ጓደኛየ-----2 ሁለታችንም-----3 መልስ የለም-----9 | |
| 605 | ኮንደም ያልተጠቀማችሁበት ምክንያተ ምንድን ነዉ? (ሁሉንም መልስ ያክብቡ) | <u>አዎ</u> <u>የለም</u> ስለማይገኝ 1 2 ወድ ስለሆነ 1 2 ጓደኛየ ስለተቃወመ 1 2 | |

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| | | ስለተጠቀምን | 1 | 2 | |
| | | አስፈላጊ መስሎ ስላልታየን | 1 | 2 | |
| | | አላሰብንበትም | 1 | 2 | |
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| | | አላወቅም | 1 | 2 | |
| | | መልስ የለም | 1 | 2 | |
| 606 | ባጠቃላይ የኮንደም አጠቃቀማችሁ ለምን ያህል ጊዜ ነበር? | ሁልጊዜ----- | 1 | | |
| | | ብዙውን ጊዜ----- | 2 | | |
| | | አንዳንዴ----- | 3 | | |
| | | በጭራሽ----- | 4 | | |
| | | አላወቅም----- | 8 | | |
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| ተቁ | ጥያቄ | መልሶች | ይለፍ |
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| 701 | ኤች አይ ቪ ወይም ኤድስ ስለሚባል በሽታ ሰምተዉ ያዉቃሉ? | አዎ-----1 አልሰማሁም-----2 መልስ የለም-----9 | |
| 702 | በኤች አይ ቪ የተያዘ ወይም በኤድስ ህይወቱ ያለፈ ሰዉ ያስታዉሳሉ? | አዎ-----1 አላስታዉስም-----2 አላወቅም-----8 መልስ የለም-----9 | |
| 703 | በኤች አይ ቪ የተያዘ ወይም በኤድስ ህይወቱ ያለፈ የቅርብ ዘመድ ወይም ገደኛ አለዎት? | አዎ የቅርብ ዘመድ-----1 አዎ የቅርብ ጓደኛ-----2 የለኝም-----3 አላወቅም-----8 | |

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| | | መልስ የለም-----9 | |
| 704 | ሰዎች ሁልጊዜ የግብረ ስጋ ግንኙነት ሲሚራዕሙ ኮንደም በትክክል በመጠቀም ከኤች አይ ቪ ቫይረስ ከመያዝ ይከላከላሉ? | አዎ-----1 አይከላከሉም-----2 አላውቅም-----8 መልስ የለም-----9 | |
| 705 | በወባ ትንኝ መነደፍ ኤች አይ ቪ ቫይረስ ወደ ሰው ያስተላልፋል? | አዎ-----1 አያስተላልፍም-----2 አላውቅም-----8 መልስ የለም-----9 | |
| 706 | ሰዎች የግብረ ስጋ ግንኙነት ከመፈጸም በመቆጠብ ከኤች አይ ቪ ቫይረስ ከመያዝ ይከላከላሉ? | አዎ-----1 አይከላከሉም-----2 አላውቅም-----8 መልስ የለም-----9 | |
| 707 | ሰዎች አንድ ከኤች አይ ቪ ቫይረስ ነጻ የሆነች ታማኝ ጓደኛ በመያዝ ከኤች አይ ቪ ቫይረስ ከመያዝ ይከላከላሉ? | አዎ-----1 አይከላከሉም-----2 አላውቅም-----8 መልስ የለም-----9 | |
| 708 | ከኤች አይ ቪ ቫይረስ ጋር ከሚኖር ሰው ጋር አብሮ መመገብ ኤች አይ ቪ ቫይረስ ያስተላልፋል? | አዎ-----1 አያስተላልፍም-----2 አላውቅም-----8 መልስ የለም-----9 | |
| 709 | ሌላ ሰው በተጠቀመበት መርፌ መጠቀም ኤች አይ ቪ ቫይረስ ያስተላልፋል? | አዎ-----1 አያስተላልፍም-----2 አላውቅም-----8 መልስ የለም-----9 | |
| 710 | ያልተመረመረ ደም መውሰድ ኤች አይ ቪ ቫይረስ | አዎ-----1 አያስተላልፍም-----2 | |

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| | ያስተላልፋል? | አላውቅም-----8 መልስ የለም-----9 | |
| 711 | ጤነኛ የሚመስል ሰው በኤች አይ ቪ ቫይረስ የተያዘ ይመስለዎታል? | አዎ-----1 አይመስለኝም-----2 አላውቅም-----8 መልስ የለም-----9 | |
| 712 | በቫይረሱ የተያዘች ወይንም ኤድስ የያዛት ነፍሰጡር ቫይረሱን ወደ ፅንሱ የምታስተላልፍ ይመስለዎታል? | አዎ-----1 አይመስለኝም-----2 አላውቅም-----8 መልስ የለም-----9 | |
| 713 | በቫይረሱ የተያዘች ወይንም ኤድስ የያዛት ነፍሰጡር በዎሊድ ጊዜ ቫይረሱን ወደ ህፃኑ የምታስተላልፍ ይመስለዎታል? | አዎ-----1 አይመስለኝም-----2 አላውቅም-----8 መልስ የለም-----9 | |
| 714 | በቫይረሱ የተያዘች ወይንም ኤድስ የያዛት ሴት ጡት በማጥባቷ ቫይረሱን ወደ ህፃኑ የምታስተላልፍ ይመስለዎታል? | አዎ-----1 አይመስለኝም-----2 አላውቅም-----8 መልስ የለም-----9 | |
| 715 | በግብረ ስጋ ግንኙነት ስለሚተላልፍ በሽታ ሰምተዉ ያውቃሉ? | አዎ-----1 አልሰማሁም-----2 አላውቅም-----8 መልስ የለም-----9 | |
| 716 | ባለፉት አስራ ሁለት ወራት ጊዜ ዉስጥ ከብልት የሚወጣ ፈሳሽ ነበረዎት? | አዎ-----1 አልነበረኝም-----2 አላውቅም-----8 | |

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| | | መልስ የለም-----9 | |
| 717 | ባለፉት አስራ ሁለት ወራት ጊዜ ውስጥ የብልት ቁስል ነበረዎት? | አዎ-----1 አልነበረኝም-----2 አላውቅም-----8 መልስ የለም-----9 | |

ክፍል ስምንት፡- ስለ ኤች አይ ቪ ኤድስ በሽታ የመጋለጥ ግላዊ እሳቤ

| ተቁ | ጥያቄ | መልሶች | ይለፍ |
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| 801 | ኤች አይ ቪ ቫይረስ ሊይዘኝ ይችላል ብለው ያስባሉ? | አዎ-----1 አላስብም-----2 አላውቅም-----8 መልስ የለም-----9 | 804 804 804 |
| 802 | በቫይረሱ የመያዝ ዕድለዎ ምን ያህል ነው? | ዝቅተኛ-----1 መካከለኛ-----2 ከፍተኛ-----3 አላውቅም-----8 መልስ የለም-----9 | |
| 803 | መልሰዎ መካከለኛ ወይም ከፍተኛ ከሆነ ምክንያታዎ ምንድን ናቸው? (ሁሉንም መልስ ያክብቡ) | ካንድ በላይ የወሲብ ገደኞች ስለነበሩኝ--1 ያለኮንደም የግብረ ስጋ ግንኙነት ስለፈጸምኩ-----2 ባልተቀቀለ መርፌ ስለተወጋሁ-----3 ኤች አይ ቪ ፖዘቲቭ ከሆነ ሰው ጋር የግብረ ስጋ ግንኙነት ስለፈጸምኩ-----4 ሌላ (ይገለፅ)-----5 አላውቅም-----8 መልስ የለም-----9 | |
| 804 | ለጥያቄ 801 መልሰዎ አላስብም ከሆነ ምክንያታዎ | የግብረ ስጋ ግንኙነት ማድረግ ስላልጀመርኩ-----1 | |

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| | ምንድን ነው? (ሁሉንም መልስ ያክብቡ) | ባለቤቱን ወይም ገደኛዬን አምናለሁ-----2 | |
| | | ሁልጊዜ ኮንደም ስለምጠቀም-----3 | |
| | | በተበከለ መርፌ ስለማልጠቀም-----4 | |
| | | ሌላ (ይገለፅ)-----5 | |
| | | አላውቅም-----8 | |
| | | መልስ የለም-----9 | |

ክፍል ዘጠኝ፡- ስለበፍቃደኝነት ላይ የተመሰረተ የኤች አይ ቪ የምክር አገልግሎት ምርመራና የዕድሜ ማራዘሚያ መድሀኒት ግንዛቤና አመለካከት

| ተቁ | ጥያቄ | መልሶች | ይለፍ |
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| 901 | በፍቃደኝነት ላይ የተመሰረተ የኤች አይ ቪ የምክር አገልግሎትና ምርመራ ሰምተዉ ያዉቃሉ? | አዎ-----1 | |
| | | አልሰማሁም-----2 | →908 |
| | | አላውቅም-----8 | →908 |
| | | መልስ የለም-----9 | →908 |
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| 902 | ለጥያቄ 901 መልሱ አዎ ከሆነ ከየት ነዉ የሰሙት? | ከሬዲዮ፣ ከቴሌቪዥን፣ ከጋዜጣ-----1 | |
| | | ከጤና ባለሙያ/ጤና ድርጅት-----2 | |
| | | ከጓደኛ-----3 | |
| | | ከጎረቤት-----4 | |
| | | ሌላ(ይገለፅ)-----5 | |
| 903 | ስለበፍቃደኝነት ላይ የተመሰረተ የኤች አይ ቪ የምክር አገልግሎትና ምርመራ ጥቅም ሰምተዉ ወይም ተነግሮዎት ያዉቃል? | አዎ-----1 | |
| | | አልሰማሁም-----2 | |
| | | መልስ የለም-----9 | |
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| 904 | በፍቃደኝነት ላይ የተመሰረተ የኤች አይ ቪ የምክር አገልግሎትና ምርመራ ጠቃሚ ነዉ ብለዉ ያስባሉ? | አዎ-----1 | |
| | | አላስብም-----2 | |
| | | አላውቅም-----8 | |
| | | መልስ የለም-----9 | |

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| 905 | <p>በፍቃደኝነት ላይ የተመሰረተ የኤች አይ ቪ የምክር አገልግሎትና ምርመራ ያደረገ ሰው ያስታወሳሉ?</p> | <p>አዎ-----1 አላስታወስም-----2 መልስ የለም-----9</p> | |
| 906 | <p>በፍቃደኝነት ላይ የተመሰረተ የኤች አይ ቪ የምክር አገልግሎትና ምርመራ ጋር ተያይዘው የሚመጡ ችግሮች ምንድን ናቸው? (ሁሉንም መልስ ያክብቡ)</p> | <p style="text-align: center;"><u>አዎ</u> <u>የለም</u></p> <ul style="list-style-type: none"> • ከበሽታው ጋር አብሮ በመኖር የሚመጡ ጭንቀቶችን መቋቋም አለመቻል-----1 2 • ብህብረተሰቡ መገለልን መፍራት-----1 2 • የጓደኛን አቋም በርግጠኝነት አለመው-----1 2 • ሚስጢርን አለመጠበቅ--1 2 • ሌላ ይገለፅ..... 1 2 • አላውቅም-----1 2 • መልስ የለም-----1 2 | |
| 907 | <p>ጓደኛዎ ኤች አይ ቪ በደሙ ውስጥ ቢገኝበት የርሰዎ መልስ ምንድን ነው?</p> | <p>የበለጠ እቀርባለሁ-----1 ቀስ በቀስ እርቀዋለሁ-----2 ምንም ለውጥ አይኖርም-----3 አላውቅም-----8 መልስ የለም-----9</p> | |
| 908 | <p>የኤች አይ ቪ ኤድስ የዕድሜ ማራዘሚያ መድሀኒት መኖሩን ያውቃሉ?</p> | <p>አዎ-----1 አላውቅም-----2 መልስ የለም-----9</p> | |
| 909 | <p>የዕድሜ ማራዘሚያ መድሀኒት ከኤች አይ ቪ ኤድስ ጋር ለሚኖሩ ሰዎች ጠቃሚ ነው ብለው ያስባሉ?</p> | <p>አዎ-----1 አላስብም-----2 መልስ የለም-----9</p> | |

Declaration

I the undersigned, declare that this thesis is my original work, has never been presented in this or any other university, and that all resources and materials used herein, have been duly acknowledged.

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