

ADDIS ABABA UNIVERSITY
FACULTY OF MEDICINE
DEPARTMENT OF COMMUNITY HEALTH

THE ROLE OF VOLUNTARY YOUTH IN HIV/AIDS
PREVENTION, CARE AND SUPPORT IN ADDIS ABABA

BY:

TADESSE AMERA (B.Sc.)

Advisor: Fikre Enquoselassie (PhD)

A THESIS SUBMITTED TO THE SCHOOL OF GRADUATE STUDIES OF
ADDIS ABABA UNIVERSITY IN PARTIAL FULFILMENT OF THE
REQUIREMENTS FOR THE DEGREE OF MPH IN DEPARTMENT OF
COMMUNITY HEALTH FACULTY OF MEDICINE

FEBRUARY 2007
ADDIS ABABA, ETHIOPIA

ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES

THE ROLE OF VOLUNTARY YOUTH IN HIV/AIDS PREVENTION, CARE
AND SUPPORT IN ADDIS ABABA

BY

TADESSE AMERA, B. Sc.

DEPARTMENT OF COMMUNITY HEALTH,
FACULTY OF MEDICINE ADDIS ABABA UNIVERSITY

Approved by the Examining Board

Dr. Fikre Enquoselassie
**Chairman, Department
Graduate Committee**

Dr. Fikre Enquoselassie
Advisor

Dr. Michael Dejene
Examiner

This research thesis is dedicated to my friends,
Emiru Yohannes and Samson Seyoum,
for with out their intervention in my life I couldn't reach here.

Acknowledgement

First and for most, I would like to express my deepest gratitude to my advisor, Dr. Fikre Enquoselassie, for his unreserved effort in advising me from the inception to the development of the proposal and until the final processes of this study.

I acknowledge Mr. Mirgissa Kaba for his willingness to provide me a valuable information and reference materials which were really very useful.

I am also very grateful to the Ethiopian Public Health Association and CDC for financing this research.

My heart felt thanks goes to my friend Alemu Tesfahun for assisting me in looking for literatures and assisting me in the use of statistical software especially EPI Info and SPSS.

I would also like to thank the youth who helped me in the data collection and my colleagues for assisting me in supervising the data collection process. I also acknowledge the voluntary youth groups and their members who participated in this research.

The libraries of the department of community health, WHO and AIDS resource center also deserve special thanks for providing me the necessary literatures and relevant information for the successful accomplishment of this project.

Finally I would like to acknowledge the community health department for all the supports during my study period.

Table of Contents

Contents	Pages
1. Acknowledgment	I
2. Table of content.....	II
3. List of tables.....	III
4. List of Acronyms.....	IV
5. Abstract.....	V
6. Introduction and Background.....	1
7. Statement of the Problem.....	2
8. Literature Review.....	4
9. Objectives of the study.....	9
10. Methodology.....	10
11. Ethical considerations.....	15
12. Dissemination of findings.....	16
13. Results.....	17
14. Discussion.....	36
15. Strength & Limitation of the study	40
16. Conclusion and Recommendation	41
17. References.....	43
18. Annexes	
Annex 1- English Questionnaire.....	46
Annex 2- Amharic Questionnaire.....	54

List of Tables	Page
Table1: Socio-demographic characteristics of Voluntary youth, Addis Ababa 2006	18
Table2: Socio-demographic characteristics of parents of volunteers, Addis Ababa 2006	20
Table3: The role of voluntary youth in HIV/AIDS prevention, care and support, Addis Ababa 2006	21
Table4: Status of voluntary youth in HIV/AIDS prevention, care and support, Addis Ababa	23
Table5: Voluntary youth members' awareness about their groups' (organizational) activities, Addis Ababa 2006	25
Table6: Volunteers' perception on how they are seen by others, Addis Ababa 2006	27
Table 7: Supports obtained by voluntary youth groups in HIV/AIDS prevention, care and support, Addis Ababa	28
Table8: Socio-demographic factors associated with peer/public education activity, Addis Ababa 2006	30
Table9: Socio-demographic factors associated with home based care activity, Addis Ababa 2006	32
Table10: Factors affecting the role of voluntary youth associated with peer/public education activity, Addis Ababa 2006	33
Table11: Factors affecting the role of voluntary youth associated with drama show activity, Addis Ababa 2006	34
Table12: Factors affecting the role of voluntary youth associated with music play activity, Addis Ababa 2006	35

List of Acronyms

AIDS: Acquired Immunity Deficiency Syndrome

BSS: Behavioral Surveillance Survey

CDC: Center for Disease Control

CI: Confidence Interval

EPHA: Ethiopian Public Health Association

FAO: Food and Agriculture Organization

FHI: Family Health International

HAPCO: HIV/AIDS Prevention and Control Office

HIV: Human Immunity Deficiency Virus

HSDP: Health Sector Development Program

IEC: Information, Education and Communication

KAP: Knowledge, Attitude and Practice

MOH: Ministry Of Health

NAC: National AIDS Council

NGO: Non-Governmental Organization

OR: Odds Ratio

PLWHA: People Living With HIV/AIDS

STD: Sexually Transmitted Diseases

STI: Sexually Transmitted Infections

UN: United Nations

UNICEF: United Nations International Children's Emergency Fund

VCT: Voluntary Counseling and Testing

WHO: World Health Organization

ABSTRACT

Background: AIDS is the leading killer among the sexually active section of the population in Sub-Saharan Africa. Ethiopia is also one of the countries with high prevalence of HIV/AIDS. Lack of awareness and misconceptions contributed to high risk behavior that lead to the spread of HIV/AIDS. While young people are among the most vulnerable groups to HIV infection, they are also the most promising agents of behavior change. If behavior change is to be effective, it should involve the youth itself in the generation of appropriate messages.

Objective: The study was designed to assess the role of voluntary youth in HIV/AIDS prevention, care and support in Addis Ababa.

Method: Four hundred and twenty two voluntary youth were selected systematically from the list of 40 youth groups working in HIV/AIDS prevention, care and support in the 10 sub-cities of Addis Ababa. A structured and pre-tested self administered questionnaire was used for data collection

Results: The result showed that 76.0% of the voluntary youth in HIV/AIDS prevention care and support were active in peer/public education; 45.3% of them were involved in condom distribution and 45.0% were involved in home based care and support. The majority of the respondents (84.8%) indicated that NGOs were supporting their activities, 34.6% said that governmental organizations were supporting them; and 12.5% said religious organizations were supporting them. Conflict among group members (48.6%) and financial constraint (47.4%) were, however, among the main challenges faced by the volunteers.

Conclusion & Recommendation: Majority of the volunteers in HIV/AIDS prevention, care and support were active in playing their role in their groups. Most of them were also willing to continue their volunteerism and advise their friends; and also they envisioned volunteerism for their future career. However a special training in conflict management and a better support from government and religious organizations should be given to these volunteers so that volunteers can play effective role in HIV/AIDS prevention, care and support.

Keywords: HIV/AIDS, Voluntary, Youth group, Prevention, Care and Support

1. Introduction

1.1 Background

Globally, HIV/AIDS is now treated as an economic crisis and not merely a health problem. Successful HIV/AIDS interventions under such circumstances require actions as broad as the epidemic itself and intense enough to respond effectively to the level reached by the epidemic (1). AIDS is the leading killer among the sexually active section of the population in sub-Saharan Africa. Ethiopia has the sixteenth highest prevalence of HIV/AIDS and the third largest number of people living with HIV/AIDS (PLWHA), after South Africa and India (1).

Lack of awareness and misconceptions by the public about HIV/AIDS might have contributed to the spread of the disease. In addition, lack of access to information, education and counseling about the disease also contribute to continued high-risk behaviors. To date, the only protection against infection with the disease is to modify behavior pattern in order to minimize risk (2). There is, therefore, global consensus on speeding up action against HIV/AIDS to mitigate the impact of the epidemic as rapidly as possible. However, there are no common blueprints on how to organize and manage accelerated HIV/AIDS prevention, care and support programs to be followed by countries. In Ethiopia, HIV/AIDS program implementation process involves a high degree of the learning-by-doing approach, which capitalizes on positive lessons learned further to speed up action against HIV/AIDS (1).

In a survey conducted in 2002 in Addis Ababa, respondents aged between 14 and 30 years had relatively higher knowledge of mode of HIV/AIDS transmission. Despite their knowledge of the main mode of transmission, the survey revealed that a significant number of the respondents have negative attitude towards HIV/AIDS patients (2). While youth are among the most vulnerable

groups to HIV infection, they are also the most promising agents of behavior change. If behavior change is to be effective, it should involve the youth itself in the generation of appropriate messages and should also address socio-economic and cultural realities that influence sexual behavior (3).

Those working to prevent the spread of HIV/AIDS and mitigate its impact increasingly recognize the links between HIV/AIDS, youth, and poverty. Developing institutions that bring together youth for economic advancement also help prevention, care and support efforts. When youth belong to an organization that helps them and provides opportunities, they better avoid risky behaviors, including those that might lead to HIV/AIDS. However, recent reviews of adolescent livelihoods programs have found that relatively few efforts explicitly link youth livelihoods activities and HIV/AIDS prevention, care and support; and few programs have been well-documented or rigorously evaluated (4, 5).

1.2 Statement of the problem

In the Ethiopian HIV/AIDS prevention, care and support programs, voluntary youth groups are playing an important role in collaboration with the government and NGOs. However the profession of volunteer management/administration is a relatively young profession. Volunteers cannot fully and successfully contribute to an organization without visibility and management attention from the paid staff and the organization. According to King and Safrit, Volunteers contribute much, in areas such as giving their time, knowledge, skill, and teaching, but coordination, motivation and management are needed (6). In addition young people do better when surrounded by adults who care about them, make them feel worthwhile, value their ideas and involvement (7). If such economic, social and cultural factors are not conducive to them,

voluntary youth groups will be forced to leave their voluntarism and even they will be exposed to depression and suicide. A study in Vietnam also reported instances of parental criticism and false accusation had led youth to drink insecticides (7).

According to the national assessment of anti AIDS clubs in Ethiopia, even if it was indicated that 70% of the members disseminate AIDS information to the community, 28% serve in care and support and 9% engaged themselves in condom distribution; 49% indicated that they do not have “Terms of Reference” on what they were supposed to do, only 45% indicated that they have financial reporting system and 15% also indicated the existence of conflicts among their members (8). It was also indicated that most anti-AIDS clubs do not have clear objectives, plans, strategies, capacity, structure, rules and regulations and resources. As a result members often come and stay for a while and then leave the club (7, 8).

Most studies were conducted on in school anti-AIDS clubs and little has been said about out-of-school voluntary youth groups in HIV/AIDS prevention, care and support. The very nature of the establishment of in school anti-AIDS clubs and the guidance and regular follow up they obtain from the school administrations makes them different from out of school voluntary youth groups. The problems faced by in school anti-AIDS clubs may not, therefore, be similar to that of out of school voluntary youth groups in HIV/AIDS prevention care and support.

Therefore, this study aims to assess information on the role of out of school voluntary youth groups involved in HIV/AIDS prevention, care and support in Addis Ababa and indicate the possible factors that influence the role of these youth so that it can assist for the strengthening of those youth groups. Moreover, this study will provide a base line data for further studies.

2. Literature Review

2.1 Global Situations and Trends of HIV/AIDS

The HIV pandemic that started over twenty years ago is still extremely dynamic and growing worldwide. Globally, 37.8 million people are living with HIV/AIDS (9). Sub Saharan Africa (with only 10% of the total world population) is carrying the burden of 80% of the World's HIV infection and AIDS cases (10). Currently the spread is fastest in Asia and Eastern Europe. About 8000 people are dying every day from AIDS and more than 6000 young people contract the virus each day. Young people (15-24 years old) account for half of all new HIV infections (9). UNAIDS estimates that 40 million people currently live with HIV/AIDS, and the number of deaths by the year 2010 is likely to exceed 65 million (11). Since the beginning of the pandemic, the resources needed to successfully meet the challenges of slowing the spread of new infections and effectively treating and caring for those infected or affected by HIV/AIDS exceed the resources that governments and donors have made available (12).

AIDS is increasingly recognized in developing countries as a serious concern for socio-economic development as a whole. Its impact is seen in families and community structures and relationships; and in sectors of education, employment, health care, social welfare, agriculture, the judiciary and human rights (13). The UN acknowledges also the prevention of HIV infection to be the core of the national, regional and international response to the epidemic. Prevention, care, support and treatment for those infected and affected by HIV/AIDS are mutually reinforcing elements of an effective response and to be integrated in comprehensive approach to combat the epidemic (14).

Despite great progress in development of antiretroviral therapy in industrialized countries, treatment remains unaffordable in most developing countries for the majority of the affected people (13) and the progress in getting antiretroviral drugs to HIV/AIDS victims in Sub-Saharan Africa has been slow (15). Since no vaccine or cure is available for AIDS, the only feasible mechanism for prevention and control of HIV/AIDS is intensifying information, education and communication strategies for behavioral change, particularly targeting the young people (16, 17). Moreover, in order to reduce the gap between knowledge and behavioral change towards the prevention of HIV/AIDS, intensive, extensive and sustainable IEC activities through all possible media, materials and methods, should be planned, tested, implemented and evaluated (18, 19). Linking of HIV/AIDS prevention with care and support could improve the effectiveness and cost-effectiveness of the programs (5).

2.2 The Ethiopian Situation

In 2004, it was estimated in Ethiopia that 1.5 million people were living with HIV/AIDS of which 817,000 are women and 96,000 are children under the age of 14. The national HIV prevalence rate was estimated to be 4.4% and this is a staggering number to cope with a resource poor country. Given the size of the population and the magnitude of the damage already inflicted, it will take Ethiopia a number of years to see noticeable declines in prevalence and incidence reduction (20). Recent reports indicate that the highest prevalence of HIV/AIDS in Ethiopia is also observed in the age groups 15 to 24 (21).

The government of Ethiopia has been steadfast in its response to the epidemic. In 1985, prior to the first laboratory diagnosis of HIV in Ethiopia, the government established a national

HIV/AIDS task force within the Ministry of Health. In 1987-89 short and medium term plan were drawn out to respond to the budding epidemic. As the epidemic began to spread the government responded by issuing a national AIDS policy, the strategic framework and the establishment of multi-sectoral and broad based National AIDS Council (NAC) and the secretariat, which evolved to the current HIV/AIDS Prevention and Control Office (HAPCO) (10). However, the HIV-prevention coverage is extremely low in Ethiopia. In 2003, only one in ten pregnant women was offered services for preventing mother-to-child HIV transmission, and an even smaller proportion of adults aged 15-49 years had access to voluntary counseling and testing (9).

Several KAP studies on HIV/AIDS/STDs have revealed a marked discrepancy between knowledge, and high risk behavior scores (22, 23). Majority (95%) of the population have adequate knowledge about methods of HIV/AIDS prevention (24, 25). BSS 2002 has also indicated that the existence of misconception about HIV/AIDS was high irrespective of the level of knowledge (17, 26). A community based study conducted in Western Ethiopia has also revealed that safe sex is less practiced as compared with the observed level of knowledge of transmission and prevention of HIV/AIDS (27).

Because of the high vulnerability of Ethiopian youth, as in other sub-Saharan countries, the Federal Democratic Republic of Ethiopia Ministry of Youth, Sports and Culture gave a grate emphasis on youth and HIV/AIDS to be included in the national youth policy as a strategy (28). In the effort to curb the course of the pandemic, the role that youth is playing is substantive. Peer education is one behavioral change strategy that has been used in many areas of public health including HIV/AIDS. Several studies showed that HIV/AIDS peer-education results in changes in knowledge, attitude and practice of target groups. This also resulted in increased attendance in

STI and VCT services (11). School and non-school based anti-AIDS clubs are one of the modalities of facilitating HIV/AIDS peer education. The increasing number of anti-AIDS clubs in Africa was considered as an important development in halting the spread of HIV/AIDS in Africa (29).

Formation of anti-AIDS clubs throughout Ethiopia was found to have engaged the youth population. Such clubs have been mushrooming particularly in schools to contribute to the prevention endeavors through sensitization and creation of awareness about HIV/AIDS among the youth population in particular and the general public at large (8). However, only 4.5% of these clubs indicated that they got financial support, 40.9% indicated that they got material support and 54.5% got training support (30).

A study indicated that among other organizations 83% of AIDS information provided to the community was by anti AIDS clubs. Although some religious leaders are suspicious about anti AIDS clubs in fear of promotion of condoms, communities as well as parents have gradually developed trust and acceptance towards anti AIDS clubs. Furthermore, it was learned that communities, the government and political leaders have been providing support to anti AIDS clubs although the extent may vary from place to place. It was, reported that 46% of the anti-AIDS club members were supported by government organizations, 10% by NGOs and 15% by religious organizations (8). In the same study (8) 12.4 % of the anti-AIDS club members said that they got financial support, 35.4% said that they got material support and 36.8% said that they got training support.

However, due to a lack of sufficient training most of the members of anti-AIDS clubs lack the skill, experience and knowledge to disseminate information related to HIV/AIDS and other STIs.

The lack of specific guidelines from concerned bodies has also aggravated these problems. The deficiencies of leaders in terms of skills and experience as well as the lack of revenue were also reported as the main problems (30). This study has also shown that the performance of anti-AIDS clubs was getting weaker and one of the main reasons for this was poor attendance of club members (30).

3. Objectives

3.1 General Objective

To assess the role of voluntary youth in HIV/AIDS prevention, care and support in Addis Ababa.

3.2 Specific Objectives

1. To describe HIV/AIDS prevention, care and support activities of voluntary youth.
2. To assess the extent of the involvement of voluntary youth in HIV/AIDS prevention, care and support.
3. To describe the support given to voluntary youth in HIV/AIDS prevention, care and support.
4. To assess the factors influencing the role of voluntary youth in HIV/AIDS prevention, care and support.

4. METHODOLOGY

4.1 Study Setting

A cross-sectional study was conducted in Addis Ababa voluntary youth from January to December 2006.

Addis Ababa, the capital city of Ethiopia, has a total population of 3,363,114 living in 10 sub-cities and 99 kebeles (the lowest administration unit, which constitutes a population of 5,000 to 7,000 dwellers). Population density is about 5140 inhabitants /Km². About 32% of the population is below 15 years old (31). The main cause of morbidity and death are communicable diseases that could be prevented through the intervention of primary health care activities; TB, HIV/AIDS and nutritional problems are assumed to have greater importance (32).

4.2 Study Population

4.2.1 Sample Size

The Source population included all members of out of school voluntary youth groups working in HIV/AIDS prevention, care and support.

The number of volunteers to be included in the study (participants) was determined using single population proportion formula.

$$n = \frac{(Z\alpha/2)^2 p (1-p)}{d^2}$$

Where, $(Z\alpha/2)$ = Reliability coefficient

n = Sample size

p = 50% this is because similar studies are difficult to find and

taking the assumption that 50% of the voluntary youth are active in HIV/AIDS prevention, care and support after their training.

d = assumed marginal error (5%)

$$n = \frac{(1.96)^2 (0.50) (0.50)}{(0.05)^2} = 384$$

10 % non-response rate was added to the final sample size. Accordingly,

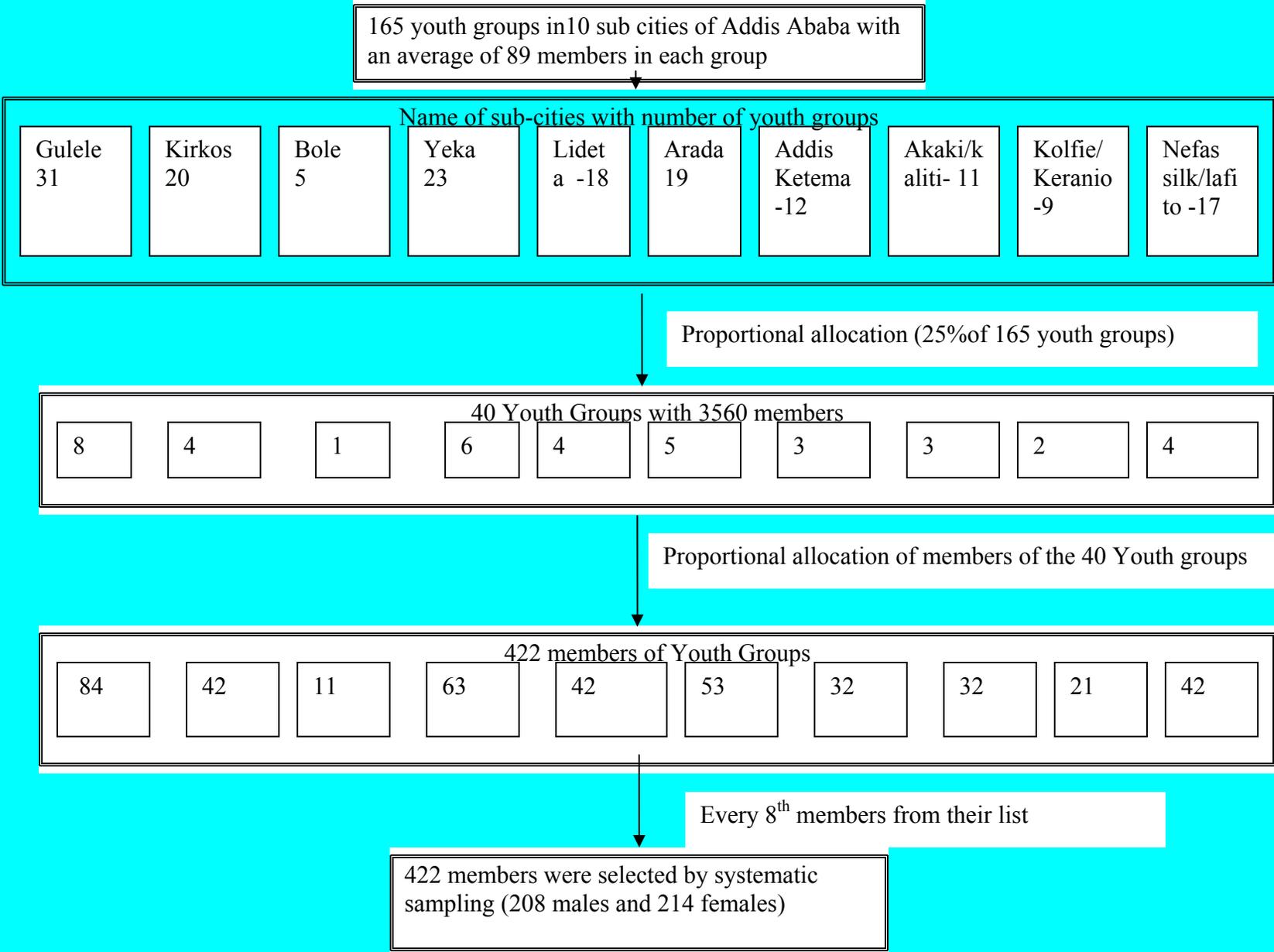
$$n = 384 + 10/100(384) = 384 + 38 = 422$$

Therefore the final sample size was **422 volunteers** working in HIV/AIDS prevention, care and support.

4.2.2 Sampling Procedures

According to the list obtained from Health Communication Partnership and cross-checked in the ten sub-city HAPCOs, there were 165 voluntary youth groups working in HIV/AIDS prevention, care and support. The total number of volunteer were 14, 627 (7,989 males and 6,618 females). Twenty five percent of voluntary youth groups from each sub-city (40 youth groups) were randomly selected by proportional allocation to size. Systematic sampling method was used from the list of members of the selected youth groups in order to select the 422 study subjects. The selection of males and females was intended to be equal in proportion and 208 males and 214 females participated in the study.

Fig 1. Sampling frame of the study subjects in Addis Ababa



4.3 Data collection

4.3.1 Data Collection tools

A self administered questionnaire was developed by referring different literatures and modifying according to the objectives of this study. The questionnaire has three parts which enabled to collect information on socio-demographic variables, the role of voluntary youth in HIV/AIDS prevention, care and support and the factors affecting the role of these voluntary youth. The self administered questionnaire was used because the study participants were able to read and write.

Ten days before the data collection, the questionnaire was pre-tested in 19 voluntary youth (4.5% of the sample size) who were members of one of the youth groups which was not included in the main data collection. It was, therefore, checked for its clarity and some corrections were made.

4.3.2 Operational Definition

1. Voluntary: - Youth who involve themselves willingly in HIV/AIDS Prevention, Care and Support.
2. Youth group:- Legally registered or unregistered out of school groups of people in the range of 15 to 29 years old.
3. Prevention: - A proactive process that empowers individuals and systems to meet the challenges of HIV/AIDS events and transmissions by creating and reinforcing conditions that promote healthy behaviors and lifestyles.

4. Care & Support: - an approach that improves the quality of life of patients and their families facing the problem associated with HIV/AIDS, through the prevention and relief of suffering by means of treatment of pain and other problems, physically, psychosocially and spiritually.

4.3.3 Data Collectors

Ten data collectors (one for each sub-city) who were 12th grade complete youth and who were not members of the voluntary youth groups under study were selected. Five supervisors (one for two sub-cities) who were sanitarians and health officers were also selected.

The selected data collectors and supervisors were trained for two days on the concepts and contents of the questionnaire, ethical considerations, instruction of the questionnaire, data collection procedure and coding.

4.3.4 Data collection procedure

The selected youth groups in each sub-city were contacted with a formal letter written from the Community Health Department of Addis Ababa University and asked for the list of the voluntary youth in each group. The study participants were selected systematically (every 8th member) from the separate list of male and female volunteers. The leaders of the youth groups arranged appointments and the data collectors met the study participants at their office. The study participants were also asked for verbal consent (ethical consideration). As the verbal consent was obtained instructions were given, the data were filled by individual volunteers within 20 minutes and returned to the data collectors.

4.3.5 Variables

Dependent Variable

- **Prevention role**
- **Care and support role.**

Independent Variables

- **Socio-demographic variables:** Age, Sex, education, Ethnicity, religion, Marital status, Community's Perception and families' Perception
- **Economic Variables:** Family income, Family employment, Self income, Self employment

4.4 Data Processing

Data were entered in to EPI info software version 6 and data analysis was conducted with SPSS software version 11 for windows. Frequency distribution, percentages, and odds ratio with 95% confidence interval were calculated to ascertain the association between dependent and independent variables as appropriate.

4.5 Ethical Considerations

Ethical clearance/approval was first obtained from the Ethical Review Committee of Department of Community Health, Medical Faculty, Addis Ababa University. The voluntary youth groups were communicated through formal letters obtained from Addis Ababa University Medical Faculty. In addition, each participant was told about the aim of the study and was requested for his/her verbal consent and willingness to give the required information. Data was collected after their full consent and their confidentiality was kept by not mentioning their names in any communications.

4.6 Dissemination of findings

The result will be submitted to the Department of Community Health, Medical Faculty of Addis Ababa University and to Ethiopian Public Health Association

The findings of this study will be disseminated to Youth groups, Addis Ababa Health Bureau, HAPCO, MOH, UNICEF and WHO. The findings will also be disseminated to different organizations that have contributions to improve the role of voluntary youth groups in HIV/AIDS Prevention, care and Support. It will also be ready for publication to journals.

5. Results

5.1 Socio-demographic characteristics of voluntary youth in HIV/AIDS Prevention, Care and Support

All of the 422 (100%) study subjects from 40 youth groups have participated in the study. As shown in Table 1, the age distribution of 204(49.5%) of the study subjects were males and 208 (50.5%) study subjects were females. The *mean ± Standard Deviation* of the ages was 20.7 ±3.0 for males and 19.6 ±3.2 for females, median ages being, 20 and 19 years for males and females respectively ranging 15-29 years. Majority (45.7%) of the males was in the age group 20-24 and majority (54.7%) of the females was in the age group 15-19 years old. The majority (82 %) of the volunteers; 83.2 % of the males and 80.8% of the females were above grade 9.

Concerning ethnicity, 95 (45.7%) of the males and 116 (54.2%) of the females were Amhara; 24 (11.5%) of the males and 27 (12.6%) of the females were Guragie; 52 (25%) of the males and 43 (20.1%) of females were Tigre.

Majority of the volunteers, 166 (79.8%) of the males and 191 (89.3%) of the females were Orthodox Christianity followers, 14 (6.7 %) of the males and 7 (3.3%) of the females were Muslims and the rest were other Christianity followers. The majority of the volunteers (86.5%) were single at the time of the study, whereas 44 (10.4%) of the volunteers (with equal number of males and females) were married; and 8 (3.8%) males and 5 (2.3%) females were divorced or separated.

Majority of the volunteers, 120 (57.7%) of the males and 154 (72%) of the females were dependent on their families (unemployed) while the others earn money by working at government or private companies. About 55% of the respondents were currently living with their parents; about 27% were living with single parent (most of them with their mothers) and about 14% were living with their relatives, friends, spouses or alone.

Table1. Socio-demographic Characteristics of Voluntary Youth, Addis Ababa, 2006

Variables	Male (N=208)	Female (N=214)	Total (N=422)
Age in years(15-29)	204 (49.5%)	208 (50.5%)	412 (100%)
Mean± SD	20.67± 2.959	19.59 ± 3.204	
Median	20	19	
Range	15-29	15-29	
Educational Level			
Less than grade 7	15 (7.2%)	9(4.2%)	24 (5.7%)
Grade 7-8	20 (9.6%)	32(15%)	52 (12.3%)
Grade 9-12	104 (50%)	126 (58.9%)	230 (54.5%)
Grade 12 +	69 (33.2%)	47 (22%)	116 (27.5%)
Ethnicity			
Amhara	95 (45.7%)	116 (54.2%)	211 (50%)
Guragie	24 (11.5%)	27 (12.6%)	51 (12.1%)
Oromo	52 (25.0%)	43 (20.1%)	95 (22.5%)
Tigre	19 (9.1%)	14 (6.5%)	33 (7.8%)
Other	18 (8.7%)	14 (6.5%)	32 (7.6%)
Religion			
Catholic	6 (2.9%)	2 (0.9%)	8 (1.9%)
Muslim	14 (6.7%)	7 (3.3%)	21 (5%)
Orthodox	166 (79.8%)	191 (89.3%)	357 (84.6%)
Protestant	13 (6.3%)	9 (4.2%)	22 (5.2%)
Other	4 (1.9%)	10 (4.7%)	14 (3.2%)
Marital Status			
Single	178 (85.6%)	187 (87.4%)	365 (86.5%)
Married	22 (10.6%)	22 (10.3%)	44 (10.4%)
Separated/Separated	8 (3.8%)	5 (2.3%)	13 (3.1%)
Occupation			
Unemployed	120 (57.7%)	154 (72%)	274 (64.9%)
Civil servant	6 (2.9 %)	5 (2.3%)	11 (2.7%)
Private employee	47 (22.6%)	32 (15%)	79 (18.7%)
Other	35 (16.8%)	23 (10.7%)	58 (13.7%)
Currently Living			
With mother & father	114 (54.8%)	116 (54.2%)	230 (54.5%)
With father	5 (2.4 %)	8 (3.7%)	13 (3.1%)
With mother	47 (22.6%)	55 (25.7%)	102 (24.2%)
With relatives/friends	13 (6.3 %)	10 (4.7%)	23 (5.5%)
With spouse	7 (3.4%)	8 (3.7%)	15 (3.6%)
Alone	10 (4.8%)	9 (4.2%)	19 (4.5%)
Others	12 (5.7%)	8 (3.8%)	20 (4.7%)

5.2 Socio-Demographic Characteristics of Parents

Table 2 illustrates the socio-demographic characteristics of the parents of volunteers. About 9.7% of the fathers compared to 22.5% of the mothers had no formal education; whereas 26.3% of the fathers completed grade 12 as compared to only 11.8% of the mothers and majority (54.5%) of the mothers were unemployed (housewives) whereas 35.5% of the fathers were civil servants.

Majority (41.7%) of the fathers of volunteers had a monthly income of 300 Birr and above as compared to the monthly income of the mothers who earn 300 Birr and above which accounts only 18.7%. Most of the mothers (36%) were dependent on the income of their husbands as compared to only 0.9% of the fathers who were dependent on the income of their wives.

Table2. Socio-demographic characteristics of parents of volunteers, Addis Ababa, 2006

Variables	Male (N=208)	Female (N=214)	Total (N=422)
Fathers' Level of Education			
Can not read & write	14 (6.7%)	27 (12.6%)	41 (9.7%)
Can read & write	49 (23.6%)	49 (22.9%)	98 (23.2%)
Grade 1-6	24 (11.5 %)	18 (8.4%)	42 (10%)
Grade 7-12	65 (31.3%)	65 (30.4%)	130 (30.8%)
Diploma and above	31 (14.9 %)	27 (12.6%)	58 (13.7%)
Other	25 (12%)	28 (13.1 %)	53 (12.6%)
Mothers' Level of Education			
Can not read & write	50 (24%)	45 (21%)	95 (22.5%)
Can read & write	56 (26.9%)	49 (22.9%)	105 (24.9%)
Grade 1-6	37 (17.8%)	44 (20.6%)	81 (19.2%)
Grade 7-12	40 (19.2%)	51 (23.8%)	91 (21.6%)
Diploma and above	16 (7.7%)	12 (5.6%)	28 (6.6%)
Other	9 (4.3%)	13 (6.1 %)	22 (5.2%)
Fathers' Occupation			
Civil Servant	72 (34.6%)	78 (36.4%)	150 (35.5%)
Private Employee	57 (27.4%)	44 (20.6%)	101 (23.9%)
Trader	17 (8.2%)	24 (12.2%)	41 (9.7%)
Other	62 (29.8%)	68 (31.8%)	130 (30.8%)
Mothers' Occupation			
Civil Servant	41 (19.7%)	40 (18.7%)	81 (19.2%)
Private Employee	15 (7.2%)	16 (7.5%)	31 (7.3%)
Trader	19 (9.1%)	22 (10.3%)	41 (9.7%)
Unemployed	113 (54.3%)	117 (54.7%)	230 (54.5%)
Other	20 (9.6%)	19 (8.9%)	39 (9.2%)
Fathers' Monthly Income			
Less than 100 Birr	14 (6.7%)	12 (5.6%)	26 (6.2%)
100-199 Birr	18 (8.7%)	19 (8.9%)	37 (8.8%)
200-299 Birr	32 (15.4%)	26 (12.1%)	58 (13.7%)
300 Birr & above	85 (40.7%)	91 (42.5%)	176 (41.7%)
Lives with income of wife	3 (1.4%)	1 (0.5%)	4 (0.9%)
Other	56 (26.9%)	65 (30.4%)	121 (28.7%)
Mothers' Monthly Income			
Less than 100 Birr	20 (9.6%)	16 (7.5%)	36 (8.5%)
100-199 Birr	18 (8.7%)	15 (7 %)	33 (7.8%)
200-299 Birr	22 (10.6%)	17 (7.9%)	39 (9.2%)
300 Birr & above	33 (15.9 %)	46 (21.5%)	79 (18.7%)
Lives with income of husband	72 (34.6%)	80 (37.4%)	152 (36%)
Other	43 (20.7%)	40 (18.7%)	83 (19.7%)

5.3 The Role of Voluntary Youth in HIV/AIDS Prevention, Care and Support

As the major roles being played (shown in Table 3) in HIV/AIDS prevention, care and support, 163 (78.4%) males and 158 (73.8%) females were involved in peer/public education; 97 (46.6%) males and 94 (43.9%) females were involved in condom distribution; 133 (63.9%) males and 146 (68.2%) females were involved in drama show; 118 (56.7%) males and 122 (57.0%) females were involved in music plays and 87 (41.8%) males and 103 (48.1%) females were involved in home based care.

Table3. The Role of Voluntary Youth in HIV/AIDS prevention, care and Support Addis Ababa, 2006

Main Activities		Male (N=208)	Female (N=214)	Total (N=422)
Peer/Public Education	Yes	163(78.4%)	158(73.8 %)	321(76%)
	No	45(21.6%)	56(26.2%)	101(24%)
Condom Distribution	Yes	97(46.6%)	94(43.9%)	191(45.3%)
	No	111(53.4%)	120(56.1%)	230(54.7%)
Drama	Yes	133(63.9%)	146(68.2%)	279(66.1%)
	No	75(36.1%)	68(31.8%)	142(33.9%)
Music	Yes	118(56.7 %)	122(57%)	240(56.9%)
	No	90(43.3%)	92(43%)	181(43.1%)
Home based care	Yes	87(41.8%)	103(48.1%)	190(45 %)
	No	121(58.2%)	111(51.9%)	231(55%)

5.4 Status of Voluntary youth in HIV/AIDS prevention, care and support

Among the volunteers, 154 (36.4%) didn't get regular training on the role they are playing in their voluntary groups; 95 (22.5%) indicated that they didn't have enough knowledge and experience for the role they are playing in their group activities; 78 (18.4%) didn't envision their volunteerism for their future career.

Financial benefit was obtained for the role being played by 91 (21.6%) of the volunteers; however 331 (78.4%) of the respondents indicated that they don't receive financial benefit for the role they were playing in their voluntary youth groups.

Concerning the question asked if a friend requested them for advice to be a volunteer, 57 (13.5%) of them replied that they don't advise their friends to be volunteers whereas 365 (86.5%) replied that they would advise their friends to be volunteers in HIV/AIDS prevention, care and support.

Table4.Status of Voluntary youth in HIV/AIDS prevention, care and support, Addis Ababa 2006

Variables	Male(N=208)	Female(N=214)	Total(N=422)
Regular Training on the role being played			
Yes	134 (64.4%)	134 (62.6%)	268 (63.6%)
No	74 (35.6%)	80 (37.4%)	154 (36.4%)
Enough knowledge and experience on the role			
Yes	145 (69.7%)	154 (72%)	299(70.9%)
No	49 (23.6%)	46 (21.5%)	95 (22.5%)
Envisioning voluntarism for future career			
Yes	169 (81.3%)	175 (81.8%)	344 (81.6%)
No	39 (18.8%)	39 (18.2%)	78 (18.4%)
Financial benefit for the role being played			
Yes	48 (23.1%)	43 (20.1%)	91 (21.6%)
No	160 (76.9%)	171 (79.9%)	331 (78.4%)
Advise a friend to be volunteer			
Yes	178 (85.6%)	187 (87.4%)	365 (86.5%)
No	30 (14.4%)	27 (12.6%)	57 (13.5%)

5.5 Voluntary youth members' awareness about their groups' (Organizational) activities

An assessment, if the volunteer members know their group (organizational) activities was also done in this study. About the existence of group strategic plan (mission, vision and goals), only 4 (0.9%) indicated that their groups didn't have strategic plan; and 17 (4.0%) didn't know if their groups had strategic plan or not. Seventy four (17.5%) of the respondents indicated that their groups don't have financial report and auditing; 69 (16.4%) indicated that their groups didn't have regular reporting system of the activities performed; and 136 (32.2%) indicated that there was no follow up of their performance by other institutions. Moreover 367 (87.0%) indicated that their groups had regular monitoring and evaluation of group activities; however 55 (13.0%) indicated that their groups didn't have regular monitoring and evaluation of their activities.

Conflict among groups was indicated existent by 205 (48.6%) of the respondents; 85 (41.3%) indicated that the conflicts occurred were threatening their groups to disintegrate; and 140 (68.3%) knew members who quit because of the conflicts.

Among the main challenges faced by the youth groups, 200(47.4%), with equal number of males and females, indicated that finance was their main challenge, 72 (17.1%) of the volunteers indicated that their main challenge was bad attendance of group members and 94 (22.3%) indicated that their main challenge was lack of means of communication like telephone and transportation.

Table5. Voluntary youth members' awareness about their groups' (Organizational) activities, Addis Ababa 2006

Variables	Male(N=208)	Female(N=214)	Total(N=422)
Group strategic plan			
Yes	201 (96.6 %)	200 (93.5%)	401 (95%)
No	3 (1.4%)	1 (0.5%)	4 (0.9%)
Don't know	4 (1.9%)	13 (6%)	17 (4 %)
Financial report and auditing of the group			
Yes	177 (85.1%)	171 (79.9%)	348 (82.5%)
No	31 (14.9%)	43 (20.1%)	74 (17.5%)
Regular reporting system			
Yes	179 (86.1%)	174 (81.3%)	353 (83.6%)
No	29 (13.9%)	40 (18.7%)	69 (16.4%)
Follow up of performance by other institutions			
Yes	139 (66.8%)	147 (68.7%)	286 (67.8%)
No	69 (33.2%)	67 (31.3%)	136 (32.2%)
Regular monitoring and evaluation			
Yes	178 (85.6%)	189 (88.3%)	367 (87%)
No	30 (14.4%)	25 (11.7%)	55 (13%)
Conflict among group members			
Yes	112 (53.8%)	93 (43.5%)	205 (48.6%)
No	96 (46.2%)	121 (56.5%)	217 (51.4%)
Conflicts threatening to disintegrate groups			
Yes	49 (23.6%)	36 (16.8%)	85 (41.3%)
No	63 (30.3 %)	58 (27.1%)	121 (58.7%)
Members quit because of conflicts			
Yes	78 (37.5%)	62 (29 %)	140 (68.3%)
No	33 (15.9%)	32 (15 %)	65 (31.7%)
Main Challenges of the groups			
Financial	100 (48.1%)	100 (46.7%)	200 (47.4%)
Bad attendance of members	31 (14.9%)	41 (19.2%)	72 (17.1%)
Lack of communication	57 (27.4%)	37 (17.3%)	94 (22.3%)
Don't know	15 (7.2%)	20 (9.3%)	35 (8.3%)
Others	5 (2.4%)	16 (7.5%)	21 (5%)

5.6 Volunteers' perception on how they were seen by others

In relation to the consideration of different organizations about the relevance of voluntary youth role, 37 (8.8%) of the respondents indicated that NGOs don't consider the youth role as relevant; 72 (17.1%) of the respondents indicated that governmental organizations don't consider the youth role as relevant; 68 (16.1%) of the respondents indicated that their parents don't consider their role as relevant; 27 (6.4%) indicated that their volunteer friends don't consider their role as relevant and 101 (23.9%) indicated that their friends who are not volunteers don't consider their role as relevant.

Concerning membership, the majority (49.8%) reported that their groups accept volunteers by application. About 78% of the respondents reported that they have plans to continue as volunteers and most (86.5%) of the respondents reported that they have regular meetings. In the assessment of whether their communities became more aware about HIV/AIDS because of the voluntary youth involvement, 48 (11.4%) of the volunteers indicated that the community does not become more aware because of their involvement and 64 (15.2%) of the volunteers didn't know whether their community became more aware about HIV/AIDS because of their involvement.

The impression of 38 (9.0%) of the volunteers about their group performance this year compared to the last couple of years was indicated as it was getting weaker; and 10 (2.4%) of the volunteers did not expect their group activities to be stronger in the next years.

Table6. Volunteers' perception on how they are seen by others, Addis Ababa 2006

Main Activities	Male(208)	Female(214)	Total(N=422)
NGOs' consideration of Youth role as relevant			
Yes	190 (91.3%)	195 (91.1%)	385 (91.2%)
No	18 (8.7%)	19 (8.9%)	37 (8.8%)
Government Organizations' Consideration of youth role as relevant			
Yes	167 (80.3%)	183 (85.5%)	350 (82.9%)
No	41 (19.7 %)	31 (14.5%)	72 (17.1%)
Parents' consideration of youth role as relevant			
Yes	168 (80.8%)	186 (86.9%)	354 (83.9%)
No	40 (19.2%)	28 (13.1%)	68 (16.1%)
Friends' Consideration of Youth role as relevant			
Yes	194 (93.2%)	201 (93.9%)	395 (93.6%)
No	14 (6.7%)	13 (6.1%)	27 (6.4%)
Friends' (not volunteers) consideration of Youth role as relevant			
Yes	160 (76.9%)	161 (75.2%)	321 (76.1%)
No	48 (23.1%)	53 (24.8%)	101 (23.9%)
Respondents' Plan to continue as a volunteer			
Yes	164(78.8%)	167 (78%)	331 (78.4%)
No	13 (6.3 %)	15 (7 %)	28 (6.7%)
Don't Know	31 (14.9%)	32 (15%)	63 (14.9%)
Respondents' regular involvement in group activities			
Yes	193(92.8%)	196 (91.6%)	389 (92.2%)
No	15 (7.2%)	18 (8.4%)	33 (7.8%)
Members' regular involvement in group activities			
Yes	178(85.6%)	180 (84.1%)	358 (84.8%)
No	30 (14.4%)	34 (15.9%)	64 (15.2%)
Communities' recognition of HIV/AIDS because of Youth involvement			
Yes	157 (75.5%)	153 (71.5%)	310 (73.5%)
No	18 (8.7%)	30 (14%)	48 (11.4%)
Don't Know	33 (15.7%)	31 (14.5%)	64 (15.2%)
Expectation of strong group activities for the next year and beyond			
Yes	170 (81.7%)	173 (80.8%)	343 (81.3%)
No	6 (2.9%)	4 (1.9%)	10 (2.4%)
Don't know	32 (15.4%)	37 (17.3%)	69 (16.4)
Membership Criteria			
By application	112 (53.8%)	98 (45.8%)	210 (49.8%)
By Selection	47 (11.5%)	49 (22.9%)	96 (22.7%)
No criteria	24 (11.5%)	34 (15.9%)	58 (13.7%)
Others	25 (5.9%)	33 (15.4%)	58 (13.7%)
Respondent's impression about the group performance			
Stronger	151 (72.6%)	150 (70.1%)	301 (71.3%)
Weaker	21 (10.1%)	17 (7.9%)	38 (9%)
The same	5 (2.4%)	14 (7.9%)	19 (4.5%)
Don't know	31 (14.9%)	33 (15.4 %)	64 (15.2%)

5.7 Factors affecting the role of Voluntary youth in HIV/AIDS prevention, Care and Support

As indicated in Table7 bellow, different supports obtained from different organizations were assessed and 276 (65.4%) of the volunteers indicated that they don't get support from governmental organizations; 64 (15.2%) of the volunteers indicated that they don't get support from NGOs and 369 (87.5%) of the volunteers indicated that they don't get support from religious organizations. In line with the type of support they obtain, 170 (41.7%) of the volunteers indicated that their groups do not get financial support, 143 (33.9%) of the volunteers indicated that their groups do not get material support and 122 (28.9%) of the volunteers indicated that their groups do not get training.

Table7. Supports obtained by voluntary youth groups in HIV/AIDS Prevention, Care and Support, Addis Ababa 2006

Variable	Male (N=208)	Female (N=214)	Total (N=422)
Government's Support			
Yes	76(36.5%)	70(32.7%)	146(34.6%)
No	132(63.5%)	144(67.3%)	276(65.4%)
NGO's Support for youth group			
Yes	177(85.1%)	181(84.6%)	358(84.8%)
No	31(14.9%)	33(15.4%)	64(15.2%)
Religious Organization's Support			
Yes	28(13.5%)	25(11.7%)	53(12.5%)
No	180(86.5%)	189(88.3%)	369(87.5%)
Financial aid for groups			
Yes	124(59.6%)	122(57%)	246(58.3%)
No	78(37.5%)	92(43%)	170(41.7%)
Material Support for groups			
Yes	140(67.3%)	139(65%)	179(66.1%)
No	68(32.7%)	75(35%)	143(33.9%)
Training Groups			
Yes	153(73.6%)	147(68.7%)	300(71.1%)
No	55(26.4%)	67(31.3%)	122(28.9%)

5.8 Socio-Demographic factors associated with peer/public education activity of voluntary youth

The socio-demographic variables of the voluntary youth were compared to their role in peer/public education as indicated in table 8. Among the socio-demographic variables, sex, religion, ethnicity and level of education of the volunteers were not significantly associated with their role in peer/public education. However, the volunteers who were between ages of 20-24 years were more active in peer/public education by 2.5 times than those who were between ages of 25-29 years (OR=2.5 95%CI 1.1-5.7). The volunteers who were single were also more active in peer/public education by 6.0 times than those who were divorced/separated (OR=6.0 95% CI 1.3-27.8). Volunteers who were employed were, however, less likely to involve themselves in peer/public education than the others (OR= 0.3 95% CI 0.1-0.8).

Table8. Socio-Demographic factors associated with peer/public education activity of voluntary youth, Addis Ababa 2006

Characteristics	Peer/Public Education		Crude OR(95%CI)	Adjusted OR(95%CI)
	Yes	No		
Sex				
Male	163	45	1.28(0.82-2.01)	1.18(0.72-1.95)
Female	158	56	1.00	1.00
Age Group				
15-19	146	53	1.34 (0.68-2.62)	1.46(0.62-3.44)
20-24	133	31	2.08 (1.02-4.35)*	2.47(1.06-5.73)*
25-29	33	16	1.00	1.00
Religion				
Christians	292	95	0.59 (0.20-1.75)	0.89(0.28-2.86)
Others	29	6	1.00	1.00
Ethnicity				
Amhara	159	52	0.89 (0.49-1.63)	0.91(0.48-1.74)
Oromo	72	23	0.92 (0.46-1.83)	0.98(0.47-2.05)
Others	90	26	1.00	1.00
Marital Status				
Married	31	13	2.04 (0.58-7.27)	4.66(0.90-24.12)
Single	283	82	2.96 (0.97-9.05)	6.03(1.31-27.80)*
Divorced/Separated	7	6	1.00	1.00
Level of Education				
<Grade 8	59	17	0.91 (0.45-1.83)	0.85(0.37-1.95)
Grade 9-12	170	60	0.74 (0.43-1.27)	0.61(0.31-1.18)
Grade12+	92	24	1.00	1.00
Current Occupation				
Unemployed	214	60	0.84 (0.41-1.71)	0.78(0.35-1.75)
Employed	60	30	0.47 (0.21-1.03)	0.34(0.14-0.83)*
Others	47	11	1.00	1.00
Currently Living With				
With father and mother	180	50	1.10 (0.60-2.03)	0.66(0.30-1.45)
With single parent	82	33	0.76 (0.39-1.47)	0.47(0.20-1.10)
Others	59	18	1.00	1.00

*P<0.05

**P<0.005

5.9 Socio-Demographic factors associated with home based care activity of voluntary youth

As indicated in Table 9, Volunteers who were grade 8 and less were more active in home based care by 2.6 times than volunteers who were above grade 12 (OR= 2.6. 95% CI 1.3-5.3).However, the volunteers' sex, age group, religion, ethnicity, marital status, occupation and with whom they were living did not show significant association.

Table9. Socio-Demographic factors associated with home based care activity of voluntary youth, Addis Ababa 2006

Characteristics	Home based care		Crude OR(95%CI)	Adjusted OR(95%CI)
	Yes	No		
Sex				
Male	87	121	0.78 (0.53-1.14)	0.73(0.47-1.12)
Female	103	111	1.00	1.00
Age Group				
15-19	88	111	0.76 (0.25-3.74)	0.55(0.24-1.27)
20-24	72	92	0.751 (0.407-1.423)	0.60(0.27-1.32)
25-29	25	24	1.00	1.00
Religion				
Christians	174	213	0.55 (0.24-1.24)	0.65(0.26-1.63)
Others	16	19	1.00	1.00
Ethnicity				
Amhara	96	115	1.00 (0.61-1.68)	0.93(0.54-1.63)
Oromo	42	53	0.96 (0.53-1.73)	0.955(0.51-1.80)
Others	52	64	1.00	1.00
Marital Status				
Married	26	18	1.73 (2.07-14.54)*	1.73(0.75-17.14)
Single	163	202	9.68 (1.25-7.53)*	8.52(0.98-74.42)
Divorced/Separated	1	12	1.00	1.00
Level of Education				
<Grade 8	41	35	1.99 (1.11-3.58) *	2.59(1.26-5.32)*
Grade 9-12	106	124	1.45 (0.92-2.29)	1.74(0.99-3.04)
Grade12+	43	73	1.00	1.00
Current Occupation				
Unemployed	117	157	0.65 (0.37-1.15)	0.53(0.28-1.02)
Employed	42	48	0.76 (0.39-1.48)	0.63(0.30-1.35)
Others	31	27	1.00	1.00
Currently Living With				
With father and mother	100	130	0.92 (0.55-1.55)	0.74(0.392-1.41)
With single parent	55	60	1.10 (0.62-1.96)	0.87 (0.43-1.76)
Others	35	42	1.00	1.00

*P<0.05

**P<0.005

5.10 Factors Affecting the Role of Voluntary Youth associated with their peer/public education activity

Factors affecting the role of voluntary youth were compared with their involvement in peer/public education and the results indicated that those volunteers who got training support were more active in peer/public education by 1.8 times than who did not get training (OR=1.8 95% CI 1.1-2.9). However, government, NGOs and religion supports, and financial and material supports did not show significant association with the involvement of volunteers in peer/public education.

Table10. Factors Affecting the Role of Voluntary Youth associated with their peer/public education activity, Addis Ababa 2006

Characteristics	peer/public education		Crude OR (95% CI)	Adjusted OR (95% CI)
	Yes	No		
Government Support				
Yes	119	27	1.17 (0.98-2.65)	1.33 (0.783-2.24)
NO	202	74	1.00	1.00
NGO Support				
Yes	275	83	1.30 (0.71-2.36)	1.29 (0.71-2.36)
No	46	18	1.00	1.00
Religion Support				
Yes	47	6	2.72 (1.13-6.56)*	2.32 (0.92-5.89)
No	274	95	1.00	1.00
Financial Support				
Yes	194	52	1.44 (0.92-2.33)	1.23 (0.76-1.99)
No	127	49	1.00	1.00
Material Support				
Yes	219	60	1.47 (0.93-2.33)	1.17 (0.70-1.94)
No	321	101	1.00	1.00
Training Support				
Yes	239	61	1.91 (1.19-3.06)*	1.75(1.07-2.87)*
No	82	40	1.00	1.00

**

* P< 0.05

p<0.005

5.11 Factors Affecting the Role of Voluntary Youth associated with their drama show activity

Volunteers who got religious organizations support were more active in drama show by 2.2 times than those who did not get support (OR =2.2. 95% CI 1.1-4.7) and the volunteers who got training support were more active in drama show by 1.8 times than those who were not trained (OR=1.8. 95% CI 1.2-2.9). However, government and NGOs support as well as financial and material support did not show significant association (Table11.)

Table11. Factors Affecting the Role of Voluntary Youth associated with their drama show activity, Addis Ababa 2006

Characteristics	Drama		Crude OR (95% CI)	Adjusted OR (95% CI)
	Yes	No		
Government Support				
Yes	99	47	1.12 (0.73-1.72)	0.91 (0.58-1.45)
NO	180	96	1.00	1.00
NGO Support				
Yes	240	118	1.30 (0.75-2.26)	1.31 (0.76-2.28)
No	39	25	1.00	1.00
Religion Support				
Yes	42	11	2.13 (1.06-4.27)*	2.24(1.07-4.72)*
No	237	132	1.00	1.00
Financial Support				
Yes	162	84	0.97 (0.65-1.46)	0.84 (0.54-1.32)
No	117	59	1.00	1.00
Material Support				
Yes	188	91	1.18 (0.77-1.80)	1.06 (0.66-1.69)
No	91	52	1.00	1.00
Training Support				
Yes	210	90	1.79 (1.16-2.77)*	1.84(1.16-2.91)*
No	69	53	1.00	1.00

* P< 0.05

** p<0.005

5.12 Factors Affecting the Role of Voluntary Youth associated with their music play activity

As indicated in Table 12, volunteers who had religious organizations support were more active in music plays than those who did not have (OR=2.0 95% CI 1.0-3.9). However, Government and NGOs support, as well as material and training supports were not significantly associated with volunteers' involvement in music plays.

Table 12. Factors Affecting the Role of Voluntary Youth associated with their music play activity, Addis Ababa 2006

Characteristics	Music		Crude OR (95% CI)	Adjusted OR (95% CI)
	Yes	No		
Government Support				
Yes	89	57	1.29 (0.86-1.94)	1.08 (0.69-1.68)
No	151	125	1.00	1.00
NGO Support				
Yes	203	155	0.96 (0.56-1.64)	0.95 (0.55-1.64)
No	37	27	1.00	1.00
Religion Support				
Yes	38	15	2.09 (1.11-3.94)*	2.01(1.02-3.96)*
No	202	167	1.00	1.00
Financial Support				
Yes	130	116	0.67 (0.45-0.99)*	0.62(0.40-0.96)*
No	110	66	1.00	1.00
Material Support				
Yes	157	122	0.93 (0.62-1.40)	1.00 (0.64-1.60)
No	83	60	1.00	1.00
Training Support				
Yes	176	124	1.29 (0.84-1.96)	1.44 (0.92-2.26)
No	64	58	1.00	1.00

*P< 0.05

** p<0.005

6. Discussion

The main objective of this study was to assess the role of voluntary youth in HIV/AIDS prevention, care and support. As shown in the results, 76% of the respondents were active in peer/public education to raise the awareness level of their communities and friends. This result was a bit higher than the study conducted in the national assessment in Ethiopia which accounts 70% (8).

From the logistic regression analysis of demographic factors in relation to peer/public education, marital status of volunteers showed strong association. Unmarried volunteers were more active in peer/public education by about 6 times more likely than those who were divorced or separated (OR=6.0. 95% CI 1.3-27.8). The wider confidence interval in this result could be as a result of the small number of volunteers who were married as well as those who were divorced or separated. On the other hand employed volunteers were less likely to be active in peer/public education than others (OR=0.3. 95% CI 0.1-0.8). The possible reason for this could be because of their engagement in their business and lack of time for the volunteer activity in peer/public education. Among the voluntary youth who were acting in HIV/AIDS prevention, care and support, 45.3% of the respondents were involved in condom distribution which was significantly higher than the national assessment (9%) (8). This could be because of the involvement of the out of school clubs in serving the larger community.

The voluntary youth who got religious organizations support were more active in drama show by about 2 times than who didn't get support from religious organizations (OR=2.2 95% CI 1.1-4.7) and the voluntary youth who got training support were also more active in drama show by about 2 times than those who were not supported in training (OR=1.8 95% CI 1.2-2.9).

The proportion of voluntary youth involved in home based care (care and support) in this study was 45% which was a bit higher than that of the study conducted by Hailegnaw Eshete (8) which accounts 28%. This could be because the study subjects in this study were acting in the wider community where more people who needed care and support were available and it could also be because of the difference in time. In this study, the volunteers who were grade 8 and less were more active in home based care by 2.6 time than those who were above grade 12 (OR=2.6. 95% CI 1.3-5.3).

In line with the status of voluntary youth, 70.9% of the respondents said that they have enough knowledge for the role they are playing which is similar (72.4%) to the study conducted by Mesganaw (30). For a question “would you advise a friend to be a volunteer?”, majority (86.5%) of the respondents answered that they will and 81.6% of the volunteers have also indicated that they envision volunteerism for their future career. This shows that one of the main factors which motivated these youth to be volunteers in HIV/AIDS prevention, care and support could be planning to develop their skills in relation to their future career.

Among the volunteers in the study, 95% indicated that they knew their groups had strategic plans and 82.5 % indicated that they knew that their groups had financial report and auditing of their groups' accounts. This indicates that the group (Organizational) activities were well communicated to members and the higher proportion might be because of the legal procedures which obliges the out of school youth groups to prepare strategic plans, financial and activity reports for their licenses to be renewed on time.

Conflict among members was one of the threatening factors for most voluntary youth group members. As shown in the results, 48.6% of the respondents in this study indicated that there was conflict among their group members which was higher than (15%) the study of Hailegnaw (8). About 41% of the respondents in this study also indicated that the conflicts were threatening their groups to disintegrate and 68.3% knew members who quit volunteerism because of conflicts.

In the assessment of challenges faced by volunteers, 47.4% of the study subjects reported that financial constraints as the main challenge which was similar (59%) to the national assessment (8). But the study of Mesganaw indicated bad attendance of members (88.2%) as the main challenge which was only 17.1% in this study (30).

The respondents' impression about their groups showed that their current performance is getting better (71.3%), weaker (9%) and the same (4.5%) as previous performances which was similar to the study in school anti AIDS clubs which was 68.1%, 14.3% and 5.5% respectively (30).

Majority, 82.9% of the respondents indicated that government organizations considered the role of voluntary youth as relevant which was only 68.5% in the national assessment (8). The consideration of NGOs taking the youth role in HIV/AIDS prevention, care and support as relevant was 91.2%, which was also only 67.2% in the national assessment (8). The less percentage in the national assessment could be because of the mixed study involved both in school and out of school Anti AIDS Clubs.

The support of governmental organizations, NGOs and religious organizations; and the types of support they provide for the voluntary youth groups was also assessed as the main factor affecting the role of voluntary youth in HIV/AIDS prevention, care and support. Regarding this, 34.6% of

the respondents knew that governmental organizations were supporting them; 84.8% knew that NGOs were supporting them and 12.5% knew that religious organizations were supporting them. The support from governmental organizations, NGOs and religious organizations in the national assessment, however, were 46%, 10% and 15% respectively (8). The possible reason for higher support from non-governmental organizations than that of governmental and religious organizations could be because NGOs were working in collaboration with voluntary youth groups to conduct their HIV/AIDS prevention, care and support activities in the community.

Among the factors affecting voluntary youth; financial, material and training supports were also assessed and the result showed the availability of financial support in 58.3% of the respondents; that of material support in 66.1% and training support in 71.1% of the respondents. This result indicated a better support than that of the study by Mesganaw (30) which was 4.5%, 40.9% and 54.8% for the financial, material and training supports respectively. The national assessment result was also 12.4%, 35.4% and 36.8% for financial, material and training supports respectively (8). The regression analysis in this study also showed the voluntary youth who got training supports were more active in peer/public education by 1.8 times than those who did not get training support; which in a way indicated that the training given to the volunteers motivated them to be more involved in peer/public education (OR=1.8 95% CI 1.1-2.9).

7. Strengths and Limitations of the Study

7.1 Strength of the study

The involvement of 100% (422) of the intended study participants can be indicated as one strength of this study.

The use of self-administered questionnaire minimizes interviewer bias which can be indicated as the second strength.

7.2 Limitation of the study

The shortage of similar studies both nationally and internationally, as far as the knowledge of the principal investigator is concerned, was one of the main limitations of this study.

This study can be used as a base line for further studies; however it may not be representative of the national voluntary youth role and it may not be used to generalize the national status because of the fact that it focused only on the volunteers in Addis Ababa.

This study considered only the perspectives of voluntary youth and their groups. It didn't, however, consider the perspectives of communities, NGOs, governmental and religious organizations which could also provide us another picture.

8. Conclusion and Recommendation

8.1 Conclusion

The main activities of voluntary youth in HIV/AIDS prevention, care and support were identified and the extent of their involvement was also assessed. As per the findings of this study, the activities that the voluntary youth were acting are peer/public education, condom distribution, drama show, music plays and home based care.

Among the supports from different organizations that the voluntary youth obtained; the support from NGOs was higher followed by governmental and religious organizations, which were minimal. The support was given to the voluntary youth as financial support, as material support and in the form of training. The factor that was influencing peer/public education was training support. The support from religious organizations was, however, a common factor which showed association in influencing both drama show and music plays. On the other hand training support was found to be an influential factor for drama show.

8.2 Recommendation

Based on the study results the following are recommended.

- Voluntary youth groups should be given adequate training on conflict management.
- The support from governmental and religious organizations should be strengthened
- Today's youth are tomorrow's adult people; there should, therefore, be a plan on how to manage volunteers and link volunteerism with their future career.
- A similar study which also considers the perspective of communities, NGOs, governmental and religious organizations is recommended to be conducted.

9. Reference

1. Okubagzhi, Gebreselassie, Singh and Surijit : Establishing an HIV/AIDS program in developing countries : the Ethiopian experience, AIDS volume 16(12) 16 August 2002 PP. 1575-1586
2. Mehret Yerdaw, Teshome Nedi and Fikre Enqoselassie: Assessment of Awareness of HIV/AIDS among selected Target Groups in and around Addis Ababa, Ethiopia; African Journal of Reproductive Health, Vol.6 No.2, August 2002 PP. 30-38.
3. Cherryl Walker: FAO Corporate Document Repository, Uganda-The socio-economic impact of HIV/AIDS on rural families; FAO Sub-regional office, Harare, 2002.
4. Duraisamy P. et al: Costs and financial burden of care and support services to PLHA and households in South India; AIDS Care Volume 18 No.2, February 2006, pp. 121-127
5. Rosen: Youth Livelihoods and HIV/AIDS 2001: www.fhi.org
6. Jeff King & Dale Safrit: Extension agents' perceptions of volunteer management; Journal of Extension June 1998 volume 36 No.3, www.joe.org
7. Asian Development Bank Final Report: HIV/AIDS prevention among youth; Vietnam, 14 October 2005.
8. Hailegnaw Eshete: National Assessment of Anti-AIDS Clubs in Ethiopia: UNICEF, HAPCO, EPHA; Addis Ababa, October 2003.
9. UNAIDS. 2004 report on global HIV/AIDS epidemic; 4th global report; Geneva, 2004.
10. National HAPCO. Ethiopian Strategic Plan for intensifying Multi-Sectoral HIV/AIDS Response; Federal MOH Addis Ababa, 2004
11. UNAIDS. 2002 report on the global HIV/AIDS epidemic; Geneva, 2002

12. Helen Epstein et al. HIV/AIDS prevention guidance for reproductive health professionals in developing country settings; The population council and UNFPA; New York , 2002
13. KIT and SAfAIDS. Facing the challenges of HIV/AIDS; a gender-based response; ISBN: 906832635x; 3rd edition; Royal Tropical Institute; South Africa, 1998
14. Global Crisis-Global Action. UN Special Session Declaration of Commitment on HIV/AIDS; New York, June 2001.
15. Erik Assadourian et al. State of the world, Redefining global security; The World Watch Institute; Washington, 2005
16. Hailegnawn Eshete and Sahlu Teferra. The progress of HIV/AIDS in Ethiopia. Ethip. J. Health Dev. 1996; 10(3) : 179-190
17. Bfekadu Sedeta. Assessment of perceived barriers behavioral change towards the prevention of HIV/AIDS in Bahirdar town, Northwest Ethiopia; June 2004
18. UNAIDS. Communications framework for HIV/AIDS, 1999, Switzerland, Geneva, pp.9-88
19. Policy and Human Resource Development. Health Sector Review. Addis Ababa, 1996, pp. 46-77.
20. MOH. Guidelines for use of antiretroviral drugs in Ethiopia, Addis Ababa, 2003. PP.1-81
21. MOH. AIDS in Ethiopia, 5th ed., Addis Ababa, June2004.
22. Central statistics authority-Ethiopia and ORC Macro USA; Ethiopia Demographic and Health survey; Calverton; Maryland, U.S.A. May 2001
23. Solomon Gebre. Sexual behavior and knowledge of AIDS and other STDs; A survey of senior high school students, Ethip. J. Health Dev. 1990; 4(2)
24. Tafa Negussie. Sexual activity of school youth and their knowledge and attitude about STDs

- and HIV/AIDS in Southern Ethiopia. *Ethiop. J. Health Dev.* 1998; 12(1): 17-22
25. Kora Anteneh, Haile Mesfin Sexual behavior and level of awareness on reproductive health among youth , evidence from Harar, Eastern Ethiopia. *Ethiop. J. Health dev.* 1999; 13(2): 107-113
26. MOH. HIV/AIDS Behavioral Surveillance Survey (BSS); Addis Ababa 2002;
27. Negash Yayeh, Gebre Betemariam, Benti Daniel, Bejiga Mebratu; A community based study on KAP of HIV/AIDS in Gambela town, Western Ethiopia. *Ethiop. J. Health Dev.* 2003; 17(3): 205-213
28. Federal Ministry of Youth, Sports and Culture. National Youth Policy; Addis Ababa, 12 March 2004.
29. MOH. AIDS in Ethiopia, 4th ed., Addis Ababa, October 2000.
30. Aina Mesganaw. An Assessment of Anti-HIV/AIDS clubs in UNICEF assisted Elementary Schools in Ethiopia; UNICEF, Addis Ababa, September 2005.
31. Addis Ababa City Finance and Economic Development Bureau, Addis Ababa City Administration Population Profile; Addis Ababa, June 2006
32. Addis Ababa city administration Health Bureau: Addis Ababa city administration Health Sector Development Program-HSDP; a five year plan 1997/1998-2001/2002, May 1998.

10. Annexes

Annex 1. English Questionnaire

Questionnaire Number _____

Name of Youth Group _____

Introduction and consent

INFORMED CONSENT

Hello. My name is _____ and I am part of a team of people who are carrying out a study on “*The Role of Voluntary Youth Groups in HIV/AIDS Prevention, Care and Support*”: A Cross-sectional Study in Addis Ababa (Show a copy of letter from AAU). We would very much appreciate your participation in this survey. I would like to give you a self administered questionnaire and it will take you about 15 minutes. Your answers will remain confidential, and we will not be taking down your name or address, so your answers will be anonymous.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this study since your views are important.

At this time, do you want to ask me anything about the survey?

May I give you the questionnaire?

Start time: _____ End time: _____ Date ____/____/____

Respondent Agrees To Be

Interviewed _____ 1

Name of Data Collector _____

Respondent Does Not Agree To Be

Interviewed _____ 2

Signature _____

Name of Supervisor _____ **Signature** _____

Part one: Socio-demographic variables.

No.	QUESTIONS	ALTERNATIVE ANSWERS	SKIP TO	Code
Q101	Sex of the respondent	1. Male 2. Female		
Q102	What is your age in year?	1. ___ ___ Year		
Q103	What is your religion?	1. Orthodox 2. Catholic 3. Protestant 4. Muslim 5. No religion 99. Others (Specify) _____		
Q104	To which ethnic group do you belong?	1. Amhara 2. Guragie 3. Oromo 4. Tigre 99. Other (Specify) _____		
Q105	What is your current marital status?	1. Single 2. Married 3. Divorced 4. Separated 5. Widowed		
Q106	What is the highest level of school you have reached?	1. < Grade 7 2. Grade 7-8 3. Grade 9-12 4. Grade 12+	If not 12+, please skip to Q108	
Q107	If you are grade 12+, what is your highest level of education?	1. Still learning in college 2. Have certificate 3. Have diploma 4. Have degree 99. Other (Specify) _____		
Q108	What is your current Occupation?	1. Family dependent 2. Civil Servant 3. Private employee 4. Trader 99. Other(Specify) _____		
Q109	With whom are you currently living?	1. With father and mother 2. With father 3. With mother 4. With relatives or friends 5. With Spouse 6. Alone		

Q110	What is your Father's level of education?	<ol style="list-style-type: none"> 1. Can not read and write 2. Can read and write 3. Grade 1-6 4. Grade 7-12 5. Diploma and above 99. Other (Specify) 		
Q111	What is your mother's level of education?	<ol style="list-style-type: none"> 1. Can not read and write 2. Can read and write 3. Grade 1-6 4. Grade 7-12 5. Diploma and above 99. Other (Specify) 		

Q112	What is your father's occupation?	<ol style="list-style-type: none"> 1. Civil Servant 2. Private employee 3. Trader 99. Other(Specify) 		
Q113	What is your mother's occupation?	<ol style="list-style-type: none"> 1. Civil Servant 2. Private employee 3. Trader 4. House wife 99. Other(Specify) 		
Q114	What is your father's monthly income?	<ol style="list-style-type: none"> 1. Less than 100 Birr 2. 100-199 Birr 3. 200-299 Birr 4. 300 Birr and above 5. Lives with the income of the mother 99. Other (Specify) 		
Q115	How much is your mother's monthly income?	<ol style="list-style-type: none"> 1. Less than 100 Birr 2. 100-199 Birr 3. 200-299 Birr 4. 300 Birr and above 5. Lives with the income of the father 99. Other (Specify) 		
Q116	Is there radio in your house?	<ol style="list-style-type: none"> 1. Yes 2. No 		
Q117	Is there Television in your house?	<ol style="list-style-type: none"> 1. Yes 2. No 		
Q118	How long has your youth group been since its establishment?	<ol style="list-style-type: none"> 1. less than one year 2. one year 3. Two years 4. Three years 5. Greater than three years 		
Q119	How long have you been as a volunteer in HIV/AIDS prevention, care and/or support?	<ol style="list-style-type: none"> 1. less than one year 2. one year 3. Two years 4. Three years 5. Greater than three years 		
Q120	How have you been first informed about volunteerism in HIV/AIDS prevention,	<ol style="list-style-type: none"> 1. From peers 2. From mass media 		

	care and support?	3. From family 4. From schools 99. Others (Please specify)		
--	-------------------	------------------------------------------------------------------	--	--

Part Two: The role of voluntary youth groups

Q201	What is the main activity of your group?	<ol style="list-style-type: none"> 1. Peer/public education 2. condom distribution 3. Drama 4. Music 5. Home based care 6. Other(please specify) 	
Q202	What is your involvement in the role of the group?	<ol style="list-style-type: none"> 1. Peer/public education 2. condom distribution 3. Drama 4. Music 5. Home based care 6. Other(please specify) 	
Q203	What are the criteria to be a member of your group?	<ol style="list-style-type: none"> 1. By application 2. By selection from a member 3. No criteria 4. Other(please specify) 	
Q204	Which part of the community do you serve?	<ol style="list-style-type: none"> 1. All 2. Youth 3. Schools 4. People living with HIV/AIDS 5. Others (Please specify) 	
Q205	Do you think the community considers HIV/AIDS as a major problem because of your involvement?	<ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 	
Q206	What is your impression about the performances of your group this year compared to the last couple of years?	<ol style="list-style-type: none"> 1. It is getting stronger 2. It is getting weaker 3. It is the same 4. I don't know 	
Q207	Do you have regular meetings?	<ol style="list-style-type: none"> 1. Yes 2. No 	
Q208	Do NGOs consider your role as relevant?	<ol style="list-style-type: none"> 1. Yes 2. No 	
Q209	Do government organizations consider your role as relevant?	<ol style="list-style-type: none"> 1. Yes 2. No 	
Q210	Do your parents consider your role as relevant?	<ol style="list-style-type: none"> 1. Yes 2. No 	
Q211	Do your friends consider your role as	<ol style="list-style-type: none"> 1. Yes 	

	relevant?	2. No	
Q212	Do your friends who are not involved in HIV/AIDS prevention, care and support consider your role as relevant?	1. Yes 2. No	
Q213	Do you think your youth group will be active for the next year and beyond?	1. Yes 2. No 3. I don't know	
Q214	Do you have a plan to continue as a volunteer in your group for the next year and beyond?	1. Yes 2. No 3. I don't know	
Q215	Do you involve in the activities of your group regularly?	1. Yes 2. No	
Q216	Do other members of your group involve in the activities of the group regularly?	1. Yes 2. No	

Part Three: Factors affecting the role of voluntary youth

Q301	Who gives support for your group?			
Q301.1	Government	1. Yes	2. No	
Q301.2	NGOs	1. Yes	2. No	
Q301.3	Religious organizations	1. Yes	2. No	
Q302	What type of support do you get?			
Q302.1	Financial	1. Yes	2. No	
Q302.2	Material	1. Yes	2. No	
Q302.3	Training	1. Yes	2. No	
Q303	How is the support from religious organizations?	1. Encouraging 2. Discouraging 98.I don't know		
Q304	Which religious group does not totally support your activities?	1. Orthodox 2. Catholic 3. Protestant 4. Muslim 5. All supports 99.Others (Please specify)		
Q305	Do you get regular training on the role you are playing in your group?	1. Yes 2. No	If not please skip to Q307	
Q306	How long to the training you got	1. ___ days 2. ___ months		
Q307	Do you think you and your group members have enough knowledge and experience for the role you are playing in the fight against AIDS?	1. Yes 2. No 98. I don't know		
Q308	Do you envision relevance in your volunteerism for your future career?	1. Yes 2. No		
Q309	Do you get financial benefit for the role you are playing in your group?	1. Yes 2. No		
Q310	If a friend asks you to be a volunteer as you are, will you advice him to proceed?	1. Yes 2. No		
Q311	Does your group have strategic plan (Mission, Vision and goals)?	1. Yes 2. No 98. I don't know		
Q312	Does your group have a financial reporting and auditing system?	1. Yes 2. No		
Q313	Does your group have a regular reporting system of activities performed?	1. Yes 2. No	If not Please skip to Q315	
Q314	If so, to whom are you reporting?	1. HAPCO 2. NGOs 3. Youth network 99.Others (Please specify)		
Q315	Is there follow up about your performance from other institutions?	1. Yes 2. No	If not please skip to Q317	
Q316	If so, who is following your activities up?	1. HAPCO		

		2. NGOs 3. Youth network 99.Others(Please specify)		
Q317	Is there regular monitoring and evaluation of your group activities?	1. Yes 2. No		
Q318	Is there conflict among your group members?	1. Yes 2. NO	If not please skip to Q321	
Q319	Is the conflict among the group members threatening the group to disintegrate?	1. Yes 2. No		
Q320	Do you have members who quit from your group because of conflicts?	1. Yes 2. No		
Q321	What is the main challenge faced by your group?	1. Financial 2. Bad attendance by group members 3. Means of communication 4. Lack of up-to-date material 5. I don't know 99.Other(Please specify)		

Annex2. Amharic Questionnaire

፳፻፲፱ ስርዓት

1. የሆኑትን ስራዎች ለማድረግ ማዘጋጀት
2. ስራዎችን ለማድረግ ማዘጋጀት ለማድረግ ማዘጋጀት ለማድረግ ማዘጋጀት
3. ስራዎችን ለማድረግ ማዘጋጀት ለማድረግ ማዘጋጀት ለማድረግ ማዘጋጀት
4. ስራዎችን ለማድረግ ማዘጋጀት ለማድረግ ማዘጋጀት ለማድረግ ማዘጋጀት

¾SÖÄp IØ _____

¾"x f Tlu\ eU _____

¾f" <" <p" ðnÉ SÖ¾mA pî

¾Ø"~ a" ¯ LT [u] >? < y= >?Ée" uSÿLYM' YzÃ[c< ò` ¾T>•\f"" u?}cx%o|t"" <" uS"ÿvÿw" uSÄÑö LÃ ¾}cTl ¾"x f
Tlu^f T>" [u] ¾T>M Ø" f >Ç=e >uv "eØ uT"H@É LÃ ÁK u<É" >vM "":

u²=I Ø" f " <eØ wfd}ñ UeÒ" <" Yö ÁK " <:: >G<" [^d<G< ¾UfVK<f" SÖÄp [c×,%EKG<:: ÄIU SÖÄp [eÿ 2@ Åmn
Ä"eÉv,%EM:: uSÖÄI LÃ eT<G<" >É^h<G<" Siö >fÖ¾IU:: uSJ'<U ¾UfcÖ<f SMe uT"—<U SMÿ< Y[""] } Ò`
uÓM u}ÁÁ² SMÿ< >ÄÑKêU::

ÄI Ø" f uSK< ðnÄ" f LÃ ¾}SW[] uSJ'< SSKe ¾TfðMÑ<f" ØÁo >KSSKe f<LL<G<:: J•U Ó" u²=I Ø" f SX}ó<G<
u×U ÖnT> uSJ'< S<K< uS<K< [^AUfd}ñ }eó [^Ä`ÒK":

eK²=I Ø" f SÖ¾p ¾UfðMÑ<f ØÁo >L<G<;

SÖÄI" Mex<G<"

¾}ËS[uf c¯ f _____ ÁKkuf e¯ f _____ k" _____

SÖÄI" KSS<L f

SÖÄI" KSS<L f

ðnÄ— "t" < _____ 1

ðnÄ— >ÄÄK<U _____ 2

¾S[í cwdu=" < eU _____ ò`T _____

¾}q×x]" < eU _____ ò`T _____

jōM ›"É Tlu[cv© SÖÄq<

j^ l.	SÖÄq<	›T^B SMf<	ÄKñ	çÉ
101	¾SLg< ïl	1. "É 2. c?f		
102	°ÉT@-f U" ÁIM" "<	Sf		
103	¾U" ùÁT•f }ÿüÄ '•f	1. *„Éje 2. „K=i 3. -a}@ei" f 4. S<eK=U 5. ùÁT•f ¾K"U 99. K?L "K ÄÓKè _____ _____ _____		
104	wH@[cw- U"É" "<	1. ›T^ 2. Ñ<^Ñ@ 3. *aV 4. fÓ_ 99. K?L ŸJ' ÄÓKè _____ _____		
105	¾Öw% G<'@!-	1. ÄÑv/< 2. ÄLÑv/< 3. ¾ðl/< 4. u)KÁ¾ xll ¾T>•\l 5. ¾V)uf/vf		
106	Ÿö}—< ¾fUI' f Ä[!-f e" f" "<	1. < 7— jōM 2. Ÿ7-8— jōM 3. Ÿ9-12 jōM 4. Ÿ12— jōM uLÄ	Ÿ12— jōM uLÄ "MJ"< "Ä ØÁo 108 ÄKñ	
107	Ÿ12— jōM uLÄ ŸJ'< Ÿö}—< ¾fUI' f Ä[!-f U" ÁIM" "<	1. ¾çK?l }T] 2. c'+ðŸ?f ÄK"</Lf 3. Ç=-KAT ÄK"</Lf 4. Ç=Ó] ÄK"</Lf 99. K?L ŸJ' ÄÓKè _____		
108	Y^•f U"É" "<	1. ¾u?}cw ØÑ— 2. ¾S"Öef c^}— 3. ¾ÓM }kx] 4. 'ÖÉ 99. K?L ŸJ' ÄÓKè _____		
109	›G<" ù¾Ä ÄK<f YT" Ö" "<	1. Ÿ" f" ›vf Ö' 2. Ÿ›vf Ö' 3. Ÿ" f Ö' 4. Ÿ²SÉ "ÄU ŸÖÄ— Ö' 5. ŸT>ef/ŸvM Ö' 6. Kw% 99. K?L "L ÄÑKè _____		
110	¾›vf- ¾fUI' f Ä[! U" ÁIM" "<	1. T"uw" Síö ¾TÄ<M 2. T"uw" Tíö ¾T><M 3. Ÿ1-6— jōM 4. Ÿ7-12 5. Ç=-KAT" Ÿ²=Á uLÄ 99. K?L ŸJ' ÄÓKè _____		

Ÿ [^] I.	SÓAq<	Ÿ ^T B SMf<	ÁKñ	çÉ
111	¾ ^u f-¾ ^f U ⁱ f Á ⁱ U ^o ÁIM ^o <	1. T ^u w ^o Siö ¾ ^T f<M 2. T ^u w ^o Siö ¾ ^U f<M 3. Ÿ1-6— jöM 4. Ÿ7-12— jöM 5. Ç=KAT ^o Ÿ ² =Á uLÄ 99. K?L ŸJ ^o ÁÓKè _____ _____		
112	¾ ^v f- Y [^] U ^o É ^o <	1. ¾ ^S Öef W [^])— 2. ¾ ^Ó M }kx] 3. 'ÖÉ 99. K?L ŸJ ^o ÁÓKè _____ _____		
113	¾ ^u f- Y [^] U ^o É ^o <	1. ¾ ^S Öef W [^])— 2. ¾ ^Ó M }kx] 3. 'ÖÉ 4. ¾ ^u ?f }Su?f 99. K?L ŸJ ^o ÁÓKè _____ _____		
114	¾ ^v f-¾ ^u N ^u = U ^o ÁIM ^o <	1. Y100 w ^o Á'c 2. Ÿ1@-199 w ^o 3. Ÿ200-299 w ^o 4. 3@@ w ^o Ÿ ² =Á uLÄ 5. uT>ef N ^u = ¾ ^T >}ÇÁ\ 99. K?L ŸJ ^o ÁÓKè _____ _____		
115	¾ ^u f-¾ ^u N ^u = U ^o ÁIM ^o <	1. Y100 w ^o Á'c 2. Ÿ1@-199 w ^o 3. Ÿ200-299 w ^o 4. 3@@ w ^o Ÿ ² =Á uLÄ 5. uvM N ^u = ¾ ^T >}ÇÁ\ 99. K?L ŸJ ^o ÁÓKè _____ _____		
116	uu? ^u kG< "eØ [@ÉÁ >K"	1. >- 2. ¾ ^u KU		
117	uu? ^u kG< "eØ ,K?y=" >K";	1. >K 2. ¾ ^u KU		
118	¾ ^o x ^f Tlu [^] <G< Ÿ}SW[] U ^o ÁIM ^o Ÿ ² ? J ^o <	1. Ÿ ^o É ^o Sf u ^u k 2. > ^o É ^o Sf 3. G<Kf ^o Sf 4. Zef ^o Sf 5. ŸZef ^o Sf uLÄ		
119	u ² = Tlu ^o <eØ u ^o NA ðnÄ— ŸJ ^o < U ^o ÁIM ^o Ÿ ² ? J ^o -f	1. Ÿ ^o É ^o Sf u ^u k 2. > ^o É ^o Sf 3. G<Kf ^o Sf 4. Zef ^o Sf 5. ŸZef ^o Sf uLÄ		
120	eK?< >Ä y= >?Ée SYLYM ^o }jw ^o u? ^o ÉÖö uTÉ[Ö ² <}Á eK u ^o NA ðnÄ ^o f KSÉS]Á Ÿ ² ? } ^o Éf >I	1. YÖÄ TM < 2. ŸS ^o N ^o — w ² <H" 3. Ÿu?}cw 4. ŸfU ⁱ f u?f 99. K?L ŸJ ^o ÁÓKè _____		

iōM G<Kf ¼"x f Tlu^f T>"

Ÿ^ I.	SŌÄqç	ŸT^B SMfç	ÄKñ	çÉ
201	¼Tlu^G< a" a" }Ōv^f U"E" "†"<			
201.1	Ÿ%o KŸ%o/Qw[]cu<" Te)T	1. Ÿ- 2. ŸÄÄKU		
201.2	ç"ÉU Tc^Uf			
201.3	É^T-ç" Td¼f	1. Ÿ- 2. ŸÄÄKU		
201.4	S²=n T²ŌÉf	1. Ÿ- 2. ŸÄÄKU		
201.5	¼u?f Ku?f Ÿ"jw"u?	1. Ÿ- 2. ŸÄÄKU		
202	uTlu^G< "eŌ Ÿ"e- ¼T>d]ñf uU" }Ōv" "eŌ" "<			
202.1	Ÿ%o KŸ%o/Qw[]cu<" Te)T	1. Ÿ- 2. ŸÄÄKU		
202.2	ç"ÉU Tc^Uf	1. Ÿ- 2. ŸÄÄKU		
202.3	É^T-ç" Td¼f	1. Ÿ- 2. ŸÄÄKU		
202.4	S²=n T²ŌÉf	1. Ÿ- 2. ŸÄÄKU		
202.5	¼u?f Ku?f Ÿ"jw"u?	1. Ÿ- 2. ŸÄÄKU		
203	¼Tlu^G< ŸvM KSJ" ¼T>%oK"< Ÿ"Éf" "<	1. uTSMY%o 2. ¼Tlu^G< ŸLf uT>ÄÄ"Ñ<f UMSL 3. U"U TTEÁ Seð" f ¼KU 99. K?L ŸJ' ÄÖKè		
204	¼f—"<" ¼lw[]cw iōM" "< ¼U"ÑKÓK<f	1. G<K<"U 2. "x~" 3. fUI" f u?,"ç" 4. ŸŸ?ç ŸÄy= zÄ[e Ō" Ÿw[]< ¼T>^f" 99. K?L ŸJ' ÄÖKèf		
205	Ÿ"uUie}LMñf SM°:if U;"Áf Qw[]cu< Ÿ?ç ŸÄ y= Ÿ?Ée" Ÿ"Á fMp ,Ō" SIO" ,LDM wK"< ÄevK<"	1. Ÿ- 2. ŸLewU 98. ŸL"<pU		
206	¼Tlu^G< ¼²=I "Sf ŸðiiU "Kñf "Sif Ō" c="ii" Ÿ"Éf ÄSKY~iM	1. ¼Ō"Ÿ[] "< 2. ¼ÇYS" "< 3. Ÿ"É "Áf" "< 98. T"ÇÄ" ŸMçMU		
207	Tlu^G< sT> ¼J' ¼ewcv Ÿ²? ŸK"<	1. Ÿ- 2. ¼K"<U		
208	S"Ōei© ÁMJ"< É"Ÿ,ç ¼Ä"Ÿ" T>" ŌnT" "< wK"< ÄevK<"	1. Ÿ- 2. ŸÄeu<U		
209	S"Ōei© ¼J"< É"Ÿ,ç ¼Ä"Ÿ" T>" ŌnT>" "< wK"< ÄevK<"	1. Ÿ- 2. ŸÄeu<U		
210	"Lðç- ¼Ä"Ÿ" T>" ŌnT>" "< wK"< ÄevK"	1. Ÿ- 2. ŸÄeu<U		
211	uTlu^G< "eŌ ÄK< ŌÄ™ç- ¼Ä"Ÿ" T>" ŌnT>" "< wK"< ÄevK<	1. Ÿ- 2. ŸÄeu<U		
212	u?ç ŸÄ y= Ÿ?Ée SYLYM Ÿ"jw"u?" ÉŌð Tlu^f" ¼TÄX}ñ ŌÄ™ç- ¼Ä"Ÿ" T>" ŌnT>" "< wK"< ÄevK<"	1. Ÿ- 2. ŸÄeu<U		
213	Tlu^G< KT>kØK<f "Sif ¼Ō"Ÿ[] }Xfö Ä"çM wK"< ÄevK<	1. Ÿ- 2. ŸLewU 3. SÑSf ŸMçMU		
214	KT>kØK"< "Sf" Ÿ²=ÁU uLÄ uTlu" - "eŌ uuŸA ðnÄ" f KSKÖM ŸpÄçM"	1. Ÿ- 2. ŸLkÉY<U 3. SÑSf ŸMçMU		
215	uTlu` - Ÿ"pepc? "eŌ usT>f Ÿ¼)d]ñ" "<	1. Ÿ- 2. ŸÄÄKU		
216	KKÄç ¼Tlu" - ŸLf uTlu\ Ÿ"pepc? "eŌ usT>f Ÿ¼)d]ñ" "<	1. Ÿ- 2. ŸÄÄKU		

iõM Zef u"x f Tlu^f LÄ ÄK< " <Ý@ " <e×@ }ê!-<

Ÿ^ I.	SÖAq<	ŸT^B SMf<	ÄKñ	çÉ
301	KTlu^G< ÉÖð ¼T>ÄÄ' Ó T" " <;	1. S"Öef 2. S"Öe@ ÄMJ< É'í, < 3. ¼ÄT•f É'í, < 99. K?L "K ÄÓKè _____		
302	ÉÖð ¼T>ÄÄ' Ñ<L<G< "M U" " Ä'f ÉÖð ÄÄ' Ñ<L†%EM;	1. ¼Ñ"²w 2. ¼T)@)ÄM 3. ¼eMÖ" 99. K?L "K ÄÓKè _____		
303	YÄT•f É'í, < ¼UüÑ-<f ÉÖð U" ÄSeLM;	1. ¼T>Äu[] " < 2. ¼T>ÄÇjU " < 98. jL" <pU		
304	ü"penc?<G<" U"U ¼TÄÄÖð ¼f-< ¼ÄT•f É'í f " <;	1. *, Éje 2. ", K=i 3. -a)@ei" f 4. S<eK=U 5. G<K<U ÄÄÖðK< 99. K?L "K ÄÓKè _____		
305	uTlu^G< uT>d)ñuf ¼ü"penc? Sej u¼Ñ>²?< eMÖ" ÄÑ—K<;	1. >- 2. jLÑ"U	eMÖ" "LÑ-< "Ä 307—" < ØÄo ÄKñ	
306	KU" ÄIM Ñ>²? WMØ"AM;	1. _____k" 2. _____"		
307	Ÿ?< >Ä y= Ÿ?Ée" KS"Öf ü"e-" ¼Tlu' - >L f um ü" <kf >K" wK" < ÄevK<;	1. >- 2. jLewU 98. jL" <pU		
308	¼uÑÄ ðnÄ" f >ÑMÖKÄf K"Äðf¼Y^ Sej- >e)ü" Ä"ü"Ä wK" < ÄevK<"	1. >- 2. jLewU 98. jL" <pU		
309	uTlu' -f " <eØ uT>Y" ~f T>" ¼N"²w ÉÖð ÄÑ— K<;	1. >- 2. jLÑ"U		
310	ÖÄ— ü"Ä'e- uÑÄðnÄ— MG<" u=M-f G<" wK" < ÄSjüM;	1. >- 2. jMSjü" <U		
311	Tlu^G< S] °pÉ /jM°ç' ^°Ä' " LT/ >K" <;	1. >- 2. ¼K" <U 98. jL" <pU		
312	Tlu^G< ¼óÄ"e jþ' f" ¼*Ç=f jþ' f >K" <;	1. >- 2. ¼K" <U		
313	Tlu^G< sT> ¼J' ¼>ðüU jþ' f ÄÄ' ÖM;	1. >- 2. jÄÄ' ÖU	"LÄjÑ "Ä 315— ØÄo ÄKñ	
314	"K" < KT" " < jþ' f ¼UÄ' Ñ<f;	1. K?< >Ä y= Ÿ?Ée SÝLYÄ" Sq×ÖjÄ 2. S"Öe@ LMJ< É'í, < 3. K"×, < @f- j 99. K?L "K ÄÓK< _____		
315	>ðit<G<" u)SKY) uK?KA< É'í, < jffM ÄÄjÖL<%EM;	1. >- 2. jÄÄjÖU	¼TÄÄjÖ YJ' "Ä 317—" < ØÄo ÄKñ	
316	¼T>ÄjÖ YJ' T" < jffM ¼T>Ä' Ñ<;	1. ¼?< >Ä y= Ÿ?Ée SÝLYÄ" Sq×ÖjÄ 2. S"Öe@ ÄMJ< É'í, < 3. ¼"×, < @f- j 99. K?L "K ÄÓK< _____		
317	¼Tlu^G<" }Öv^f u)SKY) sT> jffM" ÖUÑT jÄ' ÖL<G<;	1. >- 2. ¼KU		

318	uTlu^G< "eØ Óß,ç }Ye}"< Á"<nK<;	1. >- 2. ¾KU	YK?K "Á 321—"< ØÁo ÁKñ	
319	Óßf }Ye,, ŸJ' Tlu" KTö[e >eÓ,,f 'u`";	1. >- 2. >M'u U		
320	uÓß~ Uj"Áf ŸTlu` ¾"Ö< >vLf >K<;	1. >- 2. ¾K<U		
321	Tlu^G< ÁKuf ^{ah} <Ó` U"É" "<;	1. ¾Ñ"²w 2. ¾>vLf usT>'f >KSÑ-f 3. ¾SÑ"— " ¾S í T×f 98. >L"<pU 99. K?L "K ÁÓKè _____		

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 for the thesis have been duly acknowledged.

Name Tadesse Amera

Signature _____

Place Addis Ababa

Date of Submission _____

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

Name Dr. Fikre Enquoselassie

Signature _____

Date _____