ADDIS ABABA UNIVERSITY

SCHOOL OF GRADUATE STUDIES

AN ASSESEMENT OF KNOWLEDGE AND PERCEIVED BARRIERS TO UNDERGO VOLUNTARY HIV COUNSELING AND TESTING

(THE CASE OF YOUNG ADULTS IN HOSSANA TOWN)

BY ABIOT SIMEON

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College of Education

Department Of Psychology

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AN ASSESEMENT OF KNOWLEDGE AND PERCEIVED BARRIERS TO UNDERGO VOLUNTARY HIV COUNSELING AND TESTING

(THE CASE OF YOUNG ADULTS IN HOSSANA TOWN)

A THESIS SUBMITTED TO THE SCHOOL OF GRADUATE STUDIES

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BY

ABIOT SIMEON

July, 2007

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List of Acronyms

AIDS: Acquired Immune Deficiency Syndrome

ART: Antiretroviral Therapy

ARV: Antiretroviral

CRDA: Christian Relief and Development Association

FGD: Focus Group Discussion

FMH: Federal Ministry of Health

GWH: Gender and Women's Health

HAPC: National HIV/AIDS Prevention and Control Office

HIV: Human Immunodeficiency Virus

HPC: Population Survey in Hosanna

HZHO: Hossana Zone Health Office

IEC: Information, Education and Communication

MOH: Ministry of Health.

MTCT: Mother –To-Child Transmission

NAC: National AIDS Council

OIs: Opportunistic Infections

OSSA: Organization of Social Services for AIDS

PLWHA: People Living with HIV/ AIDS

SAT: South Africa AIDS Trust

SNNPR: Southern Nations, Nationalities and People Region

STI: Sexually Transmitted Infection

TB: Tuberculosis

UNAIDS: United Nations Program on AIDS

VCT: Voluntary Counseling and Testing

WHO: World Health Organization

Abstract

The study was designed to assess the knowledge of young adults in Hossana town on voluntary HIV counseling and testing services and perceived barriers to undergo voluntary HIV counseling and testing. A descriptive survey method was employed. A Stratified random sample of 350 young adults aged 15-49 was selected, 50.3% of them male and 49.7% females and administered self-administered questionnaire. Apart from this, data were gathered from VCT Counselors, HIV Secretariat office managers, Youth HIV Co-coordinators, Anti-AIDS Club Co-coordinators, community leaders and HIV-positive young adults using focus group discussion and face-to- face interview. Both quantitative and qualitative procedures were used.

The finding showed that young adults in Hossana town have adequate knowledge to undergo VCT and feeling that they need to undergo VCT when they intend to be married and to go abroad, stigma and discrimination if they are positive and lack of care and support for HIV infected were the major barriers to undergo VCT.

Hence it is concluded that, even if young adults in Hossana have adequate knowledge on VCT services, due to perceived barriers the majority did not undergo VCT.

Depending on the results, sensitization of young adults to participate on VCT and establishment of effective care and support system for the infected were recommended.

CHAPTER ONE

Introduction

The Human Immuno Deficiency Virus has created a world health crisis that poses threat to humanity. According to the sixth report "AIDS in Ethiopia", in 2005 an estimated total of 1,320,000 people were living with HIV/AIDS. An estimated 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. AIDS accounted for an estimated 34% of all young adult death 15 – 49 in Ethiopia and 66.3% of all young adult death 15 – 49 in urban Ethiopia in 2005.Knowledge of one's HIV status plays a critical role in modifying behavior either to remain uninfected or to prevent infecting current or future partners. To this end, Voluntary Counseling and Testing (VCT) is a successful pivotal intervention for HIV/AIDS prevention and care. According to recently released document, HIV/AIDS in Ethiopia (2006) 6 th ed. , HIV Counseling and testing (VCT) coverage is still low with only 5% of the general population 15-49 years of age being ever tested. Hence, this study focused on the assessment of the Knowledge of Young adults (15-49 years) towards Voluntary HIV counseling and testing services and Perceived barriers that hinder to undergo voluntary HIV counseling and testing among young adults in Hosanna town.

1.1 Statement of the problem

HIV/AIDS became a major public health problem nowadays. According to recently released document (UNAIDS/WHO, 2006), an estimated 39.5 million people were living with HIV in 2006. Two third (63%) of adults

and children with HIV globally lives in sub-Saharan Africa and almost three quarters (72%) of all adult and children death due to AIDS occurred in sub-Saharan Africa. According to the same report (UNAIDS/WHO, 2006), in Sub-Saharan Africa 24.7 million adults and children were infected with HIV in 2006.

According to recently released document, HIV/AIDS in Ethiopia (2006) 6 th ed., in 2005, an estimated total of 1,320,000 people were living with HIV/AIDS in Ethiopia: 634,000 were living in rural areas, and 686,000 in urban areas. Furthermore, the same document shows 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. AIDS also accounted for an estimated *34%* of all young adult death 15 - 49 in Ethiopia and 66.3% of all young adult death 15 – 49 in urban Ethiopia.

Misconception and inadequate knowledge about HIV transmission among the youth in Ethiopia are common. In addition, data on the rate of infection for youth aged 5 – 18 is almost non-existent, with few cases of HIV/AIDS having been officially reported for this age group. Up until now, only a small percentage of those with HIV/AIDS have had access to reliable Voluntary HIV counseling and testing services. As there is no cure for HIV /AIDS, Voluntary HIV counseling and testing remains a key strategy to control the spread of HIV and to provide support to those who are positive (FDRE MOH ,2002).

Beside, according to recently released document, HIV/AIDS in Ethiopia (2006) 6 th ed., only 5% of the general population aged 15-49 knows their HIV status. Therefore, the purpose of this research is to assess the knowledge of VCT services and perceived barriers to undertake voluntary HIV counseling and testing among young adults (15-49 years) in Hosanna town.

In order to address the major purpose of the study, the research would try to answer the following basic questions.

1. How adequate is the knowledge of young adults towards Voluntary HIV Counseling and Testing (VCT) services?
2. What are the perceived barriers associated with the Willingness among young adults to participate in Voluntary HIV Counseling and Testing Services?
3. What is the attitude of young adults to undergo VCT?

1.2 Objectives.

1.2.1 General Objectives

The general objective of this study is to assess the knowledge of VCT services and perceived barriers to undergo Voluntary HIV Counseling and HIV Testing among young adults (15-49) in Hosanna town.

1.2.2 Specific Objectives

1 - To assess the knowledge of young adults on Voluntary HIV Counseling and Testing services.

2 - To assess information on the mode of HIV transmission And method of prevention.

3. - To identify perceived barriers associated with young adults to participate in Voluntary HIV Counseling and Testing services.

4 - To explore the attitude of young adults to undergo VCT.

5. - To make possible suggestions on how to enhance /promote positive attitude among young adults so that they can participate in VCT activities.

1.3 Significance of the Study.

Currently HIV/AIDS has become an important issue all over the world. As I mentioned previously, AIDS accounted for an estimated 34% of all young adult death 15 – 49 in Ethiopia and 66.3% of all young adult death 15 – 49 years in urban Ethiopia in 2005. This group of population is sexually active, engages in high risky sexual behaviors and had highest HIV prevalence in 2005.Likewise, in 2005 only 5% of the general population aged 15-49 knows their HIV status in Ethiopia. Assessing the young adults (15-49 years) knowledge towards Voluntary HIV Counseling and Testing services and identifying the major barriers which hinder them from accessing VCT services plays a vital role in designing intervention programs related to VCT and this in turn plays an important role in the prevention and control of HIV epidemic among young adult.

It is important to find out what people know about VCT services and what the perceived barriers in participating VCT are. This knowledge will help to identify strategies in improving availability and accessibility of VCT services so that people may utilize them. Improved utilization of VCT services will decrease the rate of HIV infection among young adults.

HIV testing and counseling is now recognized as a priority in national HIV programmes because it forms the gateway to HIV/AIDS prevention, care, treatment and support interventions.

Therefore, the study will contribute in the following ways:

1. It serves as baseline data for those who are working and intend to work with young adults in teaching them about the danger of HIV/AIDS.
2. It provides insights for youth officials and concerned bodies in their effort to facilitate and Plan VCT issues.
3. It provides relevant data for policy makers and planners to express the rate at which HIV affects the productive force of the country by considering relevant parameters.

1.4 Delimitation of the Study.

This study is delimited to Hosanna town with special focus on young adults (15 – 49 years old) .The rationale behind why the study was delimited to this group is that most young adults are sexually active , engage in high risky sexual behaviors and have highest HIV prevalence. Also it is delimited to this area because **firstly**, recently released document, HIV/AIDS in Ethiopia (2006) 6 th ed. point out that HIV/AIDS epidemic situation in SNNPR, Oromia and Addis Ababa is worse than other regions. Together, they accounted for **86.6%** of all PLWHA, **85.3%** of new infections, **87.9%** of new AIDS cases, and 88.2 % of AIDS deaths that occurred in Ethiopia in 2005. **Secondly**, the area is suitable for the study as I have been living and working there for a long time.

The scope of this study was geographically delimited to the region of SNNPR particularly Hosanna town because of time and financial constraints.

1.5. Operational Definition.

Acquired Immunodeficiency Syndrome (AIDS): A collection of Symptoms and infections resulting from the depletion of the immune system.

Counseling: an interaction in which the counselor (helper) offers Another person(s) the time, attention, respect necessary to explore discover and clarify ways of living more resourcefully (WHO, 2002).

Human Immuno Deficiency Virus (HIV): Internationally accepted Name for the Virus which causes AIDS.

HIV Testing: The process by which blood or body fluids are analyzed for the presence of antibodies or antigens produced in response to HIV.

Young adults: Individuals aged between 15 and 49 who are sexually active, engaged in high risky sexual behaviors and have highest HIV prevalence.

Knowledge: Respondents who correctly identify services of VCT.

Voluntary HIV Counseling and Testing (VCT): confidential dialogue between the client and the counselor to enable the person to cope with stress and to make personal decisions related to HIV/AIDS (FDRE MOH, 2002).

Perceived barriers: reasons that young adults consider as main Factors for not undergoing voluntary HIV counseling and testing.

Chapter Two
Review of Literature

2.1. Global Aspects of HIV/AIDS.

For more than two decades now, the acquired immune deficiency syndrome and its etiological agent, the Human Immunodeficiency Virus (HIV/AIDS) has been a growing challenge that affects all segments of global population.

The first case of Acquired Immune Deficiency Syndrome (AIDS) were detected in homosexual men in the United States in 1981.But its ethologic agent Human Immune –deficiency Virus (HIV) was identified two years later, in 1983 (Flemming and Johiro 1997). As regarded to the extensive spread of HIV, it appears to begin in the late 1970s and 1980s in America, Australia, and Western Europe .Since then, HIV/AIDS is widely spreading through the world (Green and Mccreaner, 1989). In the past two years, the number of people living with HIV increased in every region of the world. The most striking increase has occurred in East Asia and in Eastern Europe and Central Asia, where the number of people living with HIV in 2006 was over one fifth (*21*%) higher than in 2004 (UNAIDS WHO , 2006). The most explosive growth of the pandemic occurred during the middle of the 1990s, especially in sub-Saharan Africa (WHO, 2004). HIV/AIDS is a major global health emergency, affecting all regions of the world, causing millions of deaths and suffering to millions more.

Today an estimated 39.5 million people are living with HIV. From this total figure, 37.2 million adults, 17.7 million woman and 2.3 million children under 15 years are living with HIV. An estimated 4.3 million adults and children were newly infected with HIV and among adults 15 years and older, young people accounted for 40% of new HIV infections.

Globally, unprotected sexual intercourse between men and women is the predominant mode of transmission of the virus (UNAIDS WHO, 2006)

According to World Health Organization report (WHO, 2003), in sub-Saharan Africa, HIV/AIDS has become the leading cause of mortality and the single most important contributor to the burden of disease among productive life for adults aged 15–59 years. Similarly, UNAIDS WHO (2006) sub-Saharan Africa continues to bear the brunt of the global epidemic. Two thirds (63%) of all adults and children with HIV globally live in sub-Saharan Africa. Almost three quarters (72%) of all adult and child deaths due to AIDS occurred in Sub-Saharan Africa: 2.1 million of the global total of 2.9 million. Overall sub-Saharan Africa is a home to an estimated 24.7 million adults and children infected with HIV.

The spread of the pandemic has been accelerated by a variety of factors, including widespread poverty, gender inequality, and health systems weakened by pressures such as the large external debt loads of states (WHO, 2003).

Effectively tackling HIV/AIDS is the world's most urgent public health challenge. Already, the disease has killed more than 20 million people. Although it has seemed a familiar enemy for much of the last 20 years, the global HIV/ AIDS pandemic is now beginning to be seen for what it is: a unique threat to human society, whose impact will be felt by future generations A comprehensive HIV/AIDS strategy links prevention, treatment, care and support for people living with the virus (WHO, 2004).

Promising developments have been seen in recent years in global efforts to address the AIDS epidemic, including increased access to effective treatment and prevention programs. However, the number of people living with HIV continues to grow, as does the number of deaths due to AIDS. Access to treatment and care has greatly increased in recent years. Through the expanded provision of antiretroviral treatments an

estimated two million life years were gained since 2002 in low and middle income countries. In sub- Saharan Africa alone some 790,000 life years have been gained and in Latin America, where wide –scale treatment provision began earlier, some 834,000 life years have been gained since 2002. Treatment is the difference between life and death for the millions of people who are HIV-positive but they are currently denied access to antiretroviral medications (UNAIDS WHO, 2006).

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 percent 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 voluntary counseling and testing is routinely offered, such as programmes for prevention of mother-to-child transmission, 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 (UNAIDS, 2000).

Since scientists first identified the Human Immuno Deficiency Virus as the cause of AIDS in 1983, there have been many remarkable research achievements related to the disease and many people have benefited. Twenty years ago there was little effective treatment; today there is a range of antiretroviral drugs that dramatically improve patients' quality of life and chances of survival (WHO, 2004).

People living with HIV but benefiting from the latest medical developments can hope to lead normal lives in many respects: the use of combination chemotherapy with antiretroviral agents (ARVs) renders AIDS a chronic and treatable disease (WHO, 2003).

The HIV/AIDS epidemic is complex problem that having a devastating impact on communities and families worldwide. Each country requires many tools in order to turn the tide of this epidemic. VCT is one tool that is primarily a prevention intervention. It also serves as an entry to care and support services for infected persons (CDC, 2003).

2.2 HIV/AIDS in Ethiopia.

Ethiopia is one of the sub-Saharan African countries where the HIV/AIDS infection is rampant. The HIV Virus appears to have been introduced in Ethiopia in 1984 or the year before. The first HIV testing in Ethiopia was carried out in 1982, and no infection was revealed in the urban population until 1984.The first two HIV sero -positive samples were detected in 1984 while testing a collection of sera from 167 hospital patients in Addis Ababa. AIDS pandemic, because of its total outcome, create feeling of fear and resentment, moral breakdown accompanied by ideas of guilt and punishment is initial response to the disease. Stigmatization, Ostracism, and discrimination will exacerbate the already heavy stress the victim has developed (FDERE MOH, 1996). Many of these problems may be minimized or solved through counseling the infected and affected individuals. Though HIV counseling is a basic instrument in behavior change, prevention and control of the spread of HIV/AIDS, it is the most neglected and least developed in Ethiopia. And yet there is a great need for counseling service in Ethiopia (Yusuf, 2004).

According to recently released document, HIV/AIDS in Ethiopia (2006) 6 th ed., in 2005 an estimated 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. According to this report an estimated 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. The same document shows, AIDS accounted for an estimated 34% of all young adult deaths 15-49 in

Ethiopia and 66.3% of all young adult deaths 15-49 in urban Ethiopia (FMH HAPCO, 2006).

There are many factors that promote the spread of the disease including the presence of sexually transmitted infections, gender inequality, multiple sexual partners, prostitution, men with disposable income, alcohol, unsafe blood transfusion, and transmission from infected mother to her fetus/child during pregnancy and breast-feeding. HIV/AIDS epidemics may reduce the achievement of Millennium development goals and targets.

The urban epidemic is at an unacceptably high prevalence level of 10.5%; prevalence of behavioral indicators such as condom use are not at optimal levels; counseling and testing coverage is still low with only 5% of the general population 15-49 years of age being ever tested; ART has been accessed by only 13% of those who need ART; and only 0.8% of HIV infections among births to HIV positive mothers was averted in 2005/6 through PMTCT programs (FMH HAPCO, 2006).

2.3 HIV Counseling In Ethiopia.

According to FDRE MOH (2002), HIV counseling in Ethiopia began in the late 1980s with service expanding throughout the 1990s. Similarly, FDRE MOH (2003), until 1998, HIV testing was done mainly in public (government) health institution. After issuance of the National HIV/AIDS policy many counseling and testing flourished in private sectors and as well as in non –governmental organizations (AIDS support organizations) .This further expand the opportunity or access for HIV testing and counseling for the community.

According to recently released document, HIV/AIDS in Ethiopia (2006) 6 th ed., the annual report for Ethiopian fiscal year 1998 (July 1, 1997 – June 30, 1998 E.C.) indicated that a total of 564,351 VCT clients received services; of these, 13.7% were HIV positive (15.7% among females and 11.6% among males). A total of 52,428 pregnant women

were tested for HIV; of these, 4,172 (8%) tested HIV positive. By the end of July, 2006, 45,595 patients had ever started on ART at 132 facilities across the country. Out of these, 35,460 were on treatment currently and 18,384 were enrolled in the first six months of 2006. The same document pointed out , the national and rural HIV prevalence for Ethiopia has stabilized while the urban epidemic reveals a slow and gradual decline following peaks in prevalence in 1998-2000 for national, 1999- 2001 for rural, and 1997-98 for urban areas .

Ministry of Health has prepared national guidelines on voluntary counseling and testing. According to NAC (2001), the purpose of the guidelines is to standardize the training and also help the expansion of the counseling and testing services within the community out side the health facilities.

According to FDRE MOH (2002), many people with HIV in Ethiopia do not know they are infected up until now, only a small percentage of those with HIV/AIDS have had access to reliable voluntary counseling and testing services. As there is no cure for HIV/AIDS, voluntary HIV counseling remains a key strategy to control the spread of HIV and to provide support to those who are positive.

2.4 The Concept of Counseling.

Counseling may be defined as an interaction in which the counselor (helper) offers another person(s) the time, attention respect necessary to explore, discover and clarify ways of living more resourcefully. In the context of HIV/AIDS, counseling is confidential dialogue between a client and a counselor aimed at enabling the client to cope with stress and make personal decision related to HIV/AIDS (WHO, cited in FHI, 2002)

Edwin as cited in Shertzer and Stone (1980) had defined counseling as a process by which client is helped to feel and behave in a more personally satisfying manner through interaction with the counselor, who provides

information and reaction which stimulate the client to develop behavior and which also enable the client to deal more effectively with him/her environment.

Patterson as cited in Shertzer and Stone (1980) has defined counseling by exclusion, or by designating what a thing is not.

He said counseling **is not**

A. Giving information , though information may be given in counseling

B. Giving advice, suggestion or recommendation

C. Influencing attitudes, beliefs, or behavior by means of persuading, leading, or convincing, no matter how indirectly, subtly, or painlessly.

D. Influencing, behavior by admonishing, warning, threatening or compelling without the use of physical force or coercion.

E. Interviewing, while interviewing is involved.

Therefore, based on the above points one can realize that no one has the right to tell clients what is best for them. So the client has to decide what is good for him/her. Generally, from the above discussion, it is clear that what counseling is not. On the other hand, one should briefly understand the nature of counseling or what counseling is .

Patterson furtherly describe that the nature of counseling is to be found in the following characteristics.

1. Counseling is concerned with influencing voluntary change of behavior on the part of client.
2. The purpose is to provide (individual tight to make choice) conditions that facilitate voluntary behavior change.
3. As in all relationship limits are imposed on counselee.
4. Conditions facilitating behavioral change are provided through interview.

5. Listening is present in counseling, but not all counseling is listening.
6. The counselor understands clients qualitatively.
7. Counseling is conducted in privacy and discussion is confidential.

From this point of discussion ,it is clear that counseling is an interaction and a process between a client and a counselor that take place in private, though confidential dialogue, through which counselees (clients) are helped to define goals, make decisions, and solve problems related to personal, social, psychological, educational...

According to Dr.Yusuf (1996), Counseling by its nature transcends from simple advisement, interview, persuasion, coercion and informing to the more meaningful helping relationship between two individuals for effecting a voluntary behavior change. By the same author the concept of tradition of " Modern " counseling services in Ethiopia is limited mainly to the following settings : higher institute , secondary schools, youth center family guidance association of Ethiopia, counseling centers of HIV/AIDS and other settings such as rehabilitation center and orphan age.

SAT (2003) suggests Counseling includes:

- Establishing helping relationships with clients
- Having conversations that have a purpose
- Listing attentively to clients
- Helping clients to tell their story
- Giving clients correct and appropriate information
- Helping clients make informed decisions
- Helping clients recognize and build on their strength
- Helping clients develop a positive attitude to life

Similarly, SAT (2003) suggests Counseling does not include:

- giving advice
- making decisions on the behalf of clients
- judging clients
- interrogating clients
- blaming clients
- preaching or lecturing to clients
- making promises that you can not keep
- imposing your own beliefs on clients
- arguing with clients

2.5 The Concept of Voluntary HIV Counseling and Testing (VCT).

Before the introduction of voluntary counseling and testing, HIV testing has been carried out by different bodies for variety of reasons (Allen et al., 1999.). Blood transfusion centers, for instance, perform HIV testing to ensure an infected blood supply; physicians in health institutions use the test result to aid in patient management and to investigate the manifestation of HIV infection, and surveillance program test for HIV to determine the magnitude of the epidemic in a given risk group or geographic area.

The concept of voluntary HIV counseling and testing is relatively recent introduction to the medical and psychological literature. The World Health Organizations defines Voluntary HIV counseling and testing as confidential dialogue between the client and the counselor aimed at creating an enabling environment for the person (client) to cope with stress and to make personal decisions related to HIV/AIDS (WHO,2002). Furthermore, Counseling in VCT has involved the dialogue between counselor and client, emphasized safe behavior, provided support for behavioral change and been neutral or even dissuasive in respect of the client's decision to be tested.

According to Allen and his colleagues Allen et al.(1999) , VCT is the setting of information exchange between a provider and a client that is aimed at helping the individual reach an appropriate decision about HIV testing and acts on it. The counseling process often includes a discussion of medical and life style issues grounded on the individuals concerns, fears, and values related to reproductive and sexual health.

Voluntary counseling and testing is not simply providing information about HIV/AIDS for an individual and then drawing blood from him/her and testing for the presence of HIV. It is interactive processes whereby an individual or couples undergo professional counseling services to enable the client(s) make an informed choice about being tested. This decision is entirely the choice of the individual/s and he /she/they will be assured that the process is confidential (Boswell and Baggaley, 2002)

Voluntary HIV counseling and testing (VCT) is an HIV prevention intervention which gives the client an opportunity to confidentially explore his or her HIV risks and through it clients learn their HIV status (CDC, 2003).

Counseling, both before and after the test, and a risk reduction plan are the key features that distinguish VCT from other HIV testing services.

Similarly, FDRE MOH (2003) suggests that HIV/AIDS counseling is different or unique because of:-

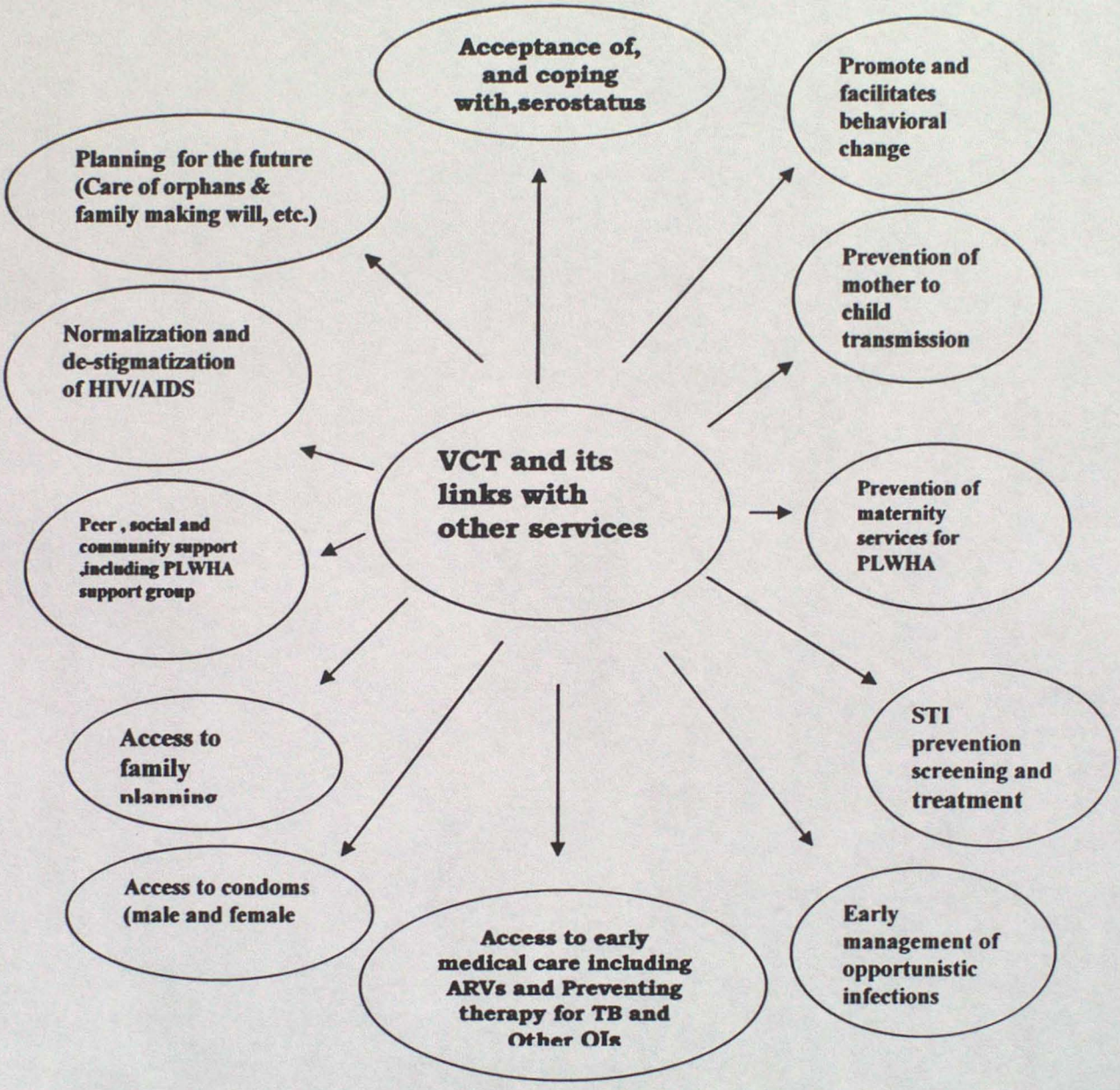
- The nature of infection and disease requires some unique procedures and skills. It focuses on the prevention, coping behaviors, caring and support aspects.
- The ability to provide HIV test results to clients and managing their reaction and also managing the reaction of parents and family members are the concern of HIV/AIDS counseling.
- It requires explicit discussion of sexual practice and death.

Dr.Yusuf (2003) describes that HIV/AIDS counseling requires some of the basic counseling skills as other type of counseling ,but the nature of HIV/AIDS as a central subject makes HIV unique .It includes additional theoretical as well as strategies taken from preventive and crisis counseling required for coping, care and support and HIV patients.

VCT is an essential component of comprehensive HIV/AIDS program .It is from the foundation of VCT that other prevention, care and support services emerges .It is designed to be a brief and focused intervention. With practice, each of the two sessions can be accomplished in 15 to 20 minutes (sessions with HIV positive clients will take longer) (CDC, 2003).

From the above discussion, it is indicated that HIV counseling involve some of the basic counseling skill, but the nature of HIV/AIDS makes HIV counseling "Unique" from other counseling activities.

VCT as an entry point for prevention and care



Source: VCT: UNAIDS Technical update, May 2000

2.6 Objectives of Voluntary HIV Counseling and Testing (VCT)

According to Ethiopian National Guidelines (FDRE MOH, 2002), the objectives of Voluntary HIV Counseling and Testing (VCT) as follows:

- To provide information on the mode of HIV transmission and to help those who wish to consider HIV testing, make a decision about whether or not to be tested and to provide support following the testing.
- To provide information on the increased risk of HIV transmission associated with other sexual transmitted infectious, and give referrals for sexual transmitted infection examination and treatment.
- To provide information on increased risk of opportunistic infections including tuberculosis associated with HIV infection.
- To provide family planning information and referrals for women of child bearing age who are infected or at high risk of HIV infection.
- To provide referrals to HIV positive and high risk HIV negative persons for necessary medical, preventive and psycho-social services and home based care in the community.

According to UNAIDS (2001), the goals of VCT

1. Prevention of HIV transmission

- From positive tested people to untested or negative partners
- From positive tested mother to child.

2. Prevention of HIV acquisition

-By negative tested people from positive or untested partners

3. Early and appropriate uptake of service.

- **For positive-tested people**
  - **Medical care** (including ARV therapy, treatment of OIs, prevention of OIs (opportunistic infections) and HIV-associated infections and screening for HIV- associated infections and tumors.
  - **Family planning** (including counseling about reproductive choices)
  - **Emotional care** (including individual, couple and family support)
  - **Counseling for positive living** (nutrition, ongoing counseling, disclosure issues and identification of safety network)
  - **Social support**
  - **Improved coping and planning for the future**
  - **Legal advice**
- **For negative-tested people**
  - Emotional care
  - Family planning (including counseling about reproductive choices)
  - Improved coping and planning for the future

4. Societal benefits

- Normalization of HIV
- Challenging stigma
- Promoting awareness
- Supporting human rights

5. Counseling for adherence

- Adherence to ARVs (antiretroviral) and preventive therapies
- Coping with adverse effects Counseling about adherence in MTCT interventions

Similarly, FDRE MOH (2003) suggests the goals of HIV /AIDS counseling as:

- To provide support and referral to those infected and affected by HIV ,through helping the infected individuals ,families and friends
- To prevent HIV infection

2.7 Elements of VCT

VCT typically consists of a pre-test counseling session with a trained counselor, the sero test it self, and post-test session in which individuals are counseled on behavior to ensure they remain uninfected (if they test negative) or avoid infecting others (if positive).

According to FDRE MOH (2002) VCT is a process by which an individual voluntarily under goes HIV/AIDS testing. Similarly, FHI (2003) describes that the gold standard for VCT follows a regiment of pre-test counseling, testing (voluntarily) and post-test counseling .In short, a look at the above points helps in understanding VCT as a process involving HIV counseling and testing.

2.7.1 Process of Voluntary HIV Counseling and Testing (VCT)

UNAIDS (2000b) suggests that counseling as part of VCT ideally involves at least two sessions-pre-test and post test counseling. Further more, UNAIDS (2000b) point out that more session can be offered before or after the test or during the time the client writing for test result. Also, according to

FDRE MOH (2003), the counseling process of VCT services consists two sessions, pre-test and post test counseling.

2.7.2 Pre test counseling

FHI (2003) suggest that pre test counseling include providing the reading materials before clients enter a group of private sessions with a counselor and at this session the client may ask why they want to be tested and about their behavior which they think that may put them at risk of HIV infection. Further more, FHI (2003) pre –test counseling, which occurs before client's blood is tested for HIV antibodies, conducted to:

- Review a clients risk of infection
- Explain test and clarity of it's meaning
- Explain the limitation of test result and caution the client about potential measure of result .(e.g. to understand that a negative result remains negative only as long as no new exposure to risk occur.
- Help the client think about possible relations to the test result and whom to inform.
- Help the client understand why the test is needed and make a decision about the test.
- Address the matter of whom to tell about your test result
- Discuss the importance of telling your sexual partner(s) if you are positive

Similarly, FDRE MOH (2003) describes pre-test counseling is an HIV/AIDS counseling before some one has HIV test. These initial components of intervention session include:

- Introduction and orientation
- Assess risk
- Explore options for reduction of risk
- Test preparation

- Informed consent

Further more, FDRE MOH (2003) describes the aims of pre-test counseling as;

- To ensure that any decision to take the test is fully informed and is prepared to take the test based on an understanding of the personal , medical and implication of the test (positive result)
- To assist the client in understanding and identifying his/ her personal risk and to support the client in exploring options for risk reduction.
- To provide the necessary preparation for the test result. Such preparation is vital in that clients or patients who have been prepared for a positive result are to face that result much more equitably.

2.7.3 Post- test counseling

As the name indicates post-test counseling is offered after HIV test result is available and it should be always offered whether the result is positive or negative.

UNAIDS (2000b) and FDRE MOH (2002) suggest that the main goal of post-test counseling session is to help client understand their test results and initiate adaptation to their sero status.

Similarly, FDRE MOH (2003) indicates that the aim of post test counseling is to:-

- Provide emotional support
- Prevention of further transmission of HIV/AIDS

In general from the above discussion it is indicated that post-test counseling sessions including informing the client his/her results, check understanding of result providing emotional support depending up on the result, the client may need to be helped with the need for a required and possible behavior change.

2.8 Benefits of Voluntary HIV Counseling and Testing (VCT

VCT counseling aims to help young adults evaluate their own behavior and its consequences. A negative test result offers the opportunity to recognize vulnerabilities and develop risk-reduction plans to adopt safe behaviors. Young people who test HIV-positive can receive referrals for care and have opportunities to discuss and understand what their HIV status means and what responsibilities they have to themselves and others as a result (WHO, 2002).

According to FDRE MOH (2003), the benefits of voluntary counseling and testing include:

1. **Benefit to the Individual**
    - Empowers uninfected person to protect him/herself from HIV
    - Assists infected person to protect others and live positively
    - Offers the opportunity for treatment and of HIV infection
    - Offers the opportunity for treatment or preventive therapy for opportunistic infections
2. **Benefit to the couple and family**
    - Supports safer relationship enhance faithfulness
    - Encourages family planning and treatment to help prevent mother to child transmission
    - Allows the couples/family to plan for the future
    - Creates a healthy communication environment to talk about HIV/AIDS and STI
    - Strengthen the support system for the client from family
3. **Benefit for the community**
    - Generates optimisms as large numbers of persons test HIV negative. Even in the higher prevalence areas the majority (70% or more) will test negative .Most people assume the

opposite so there is a sense of fear, hopelessness and helplessness.

- Reduce stigma as more persons go public about having HIV
- Serve as a link for the development of care and support service
- Reduce transmission and changes the tide of the epidemic

According to CDC (2003), the purpose of HIV/AIDS counseling is to:

- help clients cope with the emotions and challenges they face when:
  - they are worried about being infected with HIV
  - they have found out that they are infected with HIV
  - they are affected by AIDS in their family or among their friends
- Help clients avoid infection or re-infection with HIV
- Help clients who are living with HIV to make choices and decisions that will prolong their life and improve their quality of living

Similarly, FDRE MOH (2003) suggest HIV/AIDS counseling operates at two levels of prevention

- **Primary prevention aims to keep people from becoming infected.** Counseling plays a crucial role in helping people to identify their own risk behaviors, explore options for reducing their risk and negotiate a risk reduction plan that is realistic and feasible.
- **Secondary prevention aims to prevent people infected with HIV from transmitting the Virus further.** with proper counseling ,care and support people with HIV may avoid feeling alienated from society and therefore feel more accountable to it , adopting practice that minimize the risk of infecting others.

According to CDC (1994), by helping clients learn their HIV serostatus and creating a personalized HIV risk reduction plan, VCT can provide the information and support necessary to change risky behaviors that could lead to HIV infection or transmission. With this regard UNAIDS (2001) suggest several supportive benefits of knowing one's HIV status. This includes:

The main concerns for those who test seropositive are:

- Social support (including material and financial support)
- Access to and provision of condoms
- Medical care (earlier access to appropriate medical care and preventive therapies)
- Emotional support and adjustment/coping, ongoing emotional support from counseling services, spiritual services, traditional medical services, partners, families, and community
- Sharing HIV status (with partner, family, or close friend)
- Peer support (from peer-support groups, post-test clubs and advocacy)
- Future planning (making plans for their future and that of their dependants, including making a will)
- Access to interventions to prevent MTCT (including infant feeding counseling , ARV interventions and special antenatal care)
- Family-planning services (including termination of pregnancy services where legal and safely available)

2.9 Challenges of Voluntary HIV Counseling and Testing

HIV/AIDS presents many challenges to communities, families, and individuals. Some people may feel hopeless and think that knowing their sero status cannot help them or their communities. They may assume that more people are infected than is actually the case. Many people are only aware of those in their community who are ill with AIDS and are not aware of those who are HIV –infected and living healthy and productive. Often AIDS education and awareness programs appear to focus on the physical suffering, disease, and symptoms associated with the end stage of AIDS (CDC, 2003).

The maturity of the epidemic may have an important impact on outcomes. This is particularly true for uptake and return rates. In areas where the epidemic is new, ignorance, denial and stigma may be more closely associated with HIV testing than in countries where the epidemic is better established.

Countries where the epidemic is mature may also be experiencing a great impact from HIV in terms of morbidity and mortality and other sequelae such as rising numbers of orphans. These visual and practical consequences of HIV may be important in determining how people perceive their own risk of infection, and hence their willingness to undergo VCT (UNAIDS, 2001)

2.10 Role of VCT

HIV counseling plays two important roles: preventing HIV infection by promoting behavior change and providing psycho-social support to people infected and affected by HIV (FHI 2003).

Another role of VCT is its potential in the prevention of mother to children transmission of HIV by either enabling the sero-positive women to make informed decisions about whether or not to have children or to

provide antiretroviral with modifying infant feeding practices. PMCT under taking can reduce HIV transmission from mother to child to 10% or less (FHI, 2003).

Similarly, FDRE MOH (2003) suggests that through VCT individuals gain knowledge on their HIV. Most who are not infected with HIV become ambassadors for HIV prevention through reducing their risk and encouraging partners, family members and friends to assess VCT depends on the availability of care and support to the person. According to UNIDS (2000), VCT has a vital role to play within a comprehensive range of measures for HIV Prevention and care, and should be promoted. The potential benefits of VCT 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 aware options for prevention of MTCT feed and motivation to initiate or maintain safer sexual behaviors. Other benefits include safer blood donation.

VCT is now acknowledging effective strategies for HIV prevention. HIV testing through VCT is essential for access to AIDS care. Knowledge of HIV status helps HIV-negative individuals make specific decision to reduce risk and increase safer sex practices so they can remain disease-free. For those who are HIV-infected, knowledge of their status allows them to better protect their sexual partners, to access treatment for HIV disease, and to plan for their future. Generally, these roles fulfilled the following points (FHI, 2003):

- Giving information about HIV/AIDS to the client and their partner
- Encouraging preventing behaviors.
- Helping HIV positive client and those close to them cope with the diagnosis.

- Discussing the decisions that need to be made, according to the client life circumstance.
- Referring clients to appropriate treatment and care services (FHI, 2003)

According to UNAIDS (2000b) VCT has been shown to have a role in both HIV prevention and for people with HIV infection, as an entry point to care. VCT provides people with an opportunity to learn and accept their HIV serosttus in a confidential environment with counseling and referral for on going emotional support and medical care. People who have been tested seropositive can benefit from earlier appropriate medical care interventions to treat and/or prevent HIV associated illness. Pregnant women who are aware of their seropositive status can prevent transmission to their infants .The knowledge of HIV sero status can help people to make decisions to protect themselves and other from infection.

Similarly, WHO (2004) suggest VCT service is the key entry point to prevention service in population at risk and care and support for people living with HIV/AIDS. It also strengthens prevention efforts, encourages infected people to avoid on-going transmission to others, and motivates those who are uninfected to remain so through risk reduction strategies. Furthermore, WHO (2004) indicates that VCT can lead to reduction in the number of sexual partner or increased condom use and fewer sexually transmitted infections.

2.11 Barriers to Undergo VCT

From the moment scientists identified HIV and AIDS, social responses of fear, denial, stigma and discrimination have accompanied the epidemic. Discrimination has spread rapidly, fuelling anxiety and prejudice against the groups most affected, as well as those living with HIV or AIDS. It is understood that HIV and AIDS are as much about social phenomena as they are about biological and medical concerns. Even if VCT is becoming

increasingly available in many countries, most of the people are still reluctant to be tested, and their reluctance is the result of barriers of VCT.

Across the world, the global epidemic of HIV/AIDS has shown itself capable of triggering responses of compassion, solidarity, and support, bringing out the best in people, their families, and communities. But, the disease is also associated with stigma, repression and discrimination, as individuals affected (or believed to be affected) by HIV have been rejected by their families, their loved ones and their communities. Stigma is a powerful tool of social control. Stigma can be used to marginalize, exclude and exercise power over individuals who show certain characteristics. While the societal rejection of certain social groups like homosexuals, injecting drug users, and sex workers may predate HIV/AIDS, the disease has, in many cases, reinforced this stigma (http://www.avert.org/subaadults.htm.)

According to UNAIDS (2000) in some area even though VCT service has been established people are reluctant to attend for counseling and testing. This may be because of denial and of the stigma and discrimination that people who test sero positive may face and lack of perceived benefits of testing.

Similarly, according to UNAIDS (2000b), there are several societal and delivery associated factors like.

- Stigma(societal factors) current events
- Community mobilization
- Methods of reporting /confidentiality
- Availability of treatment
- Simple rapid testing/same day test
- Poor quality of services

Like wise, FDRE MOH (2003) suggest the following as barriers to VCT

- **Stigma:** - HIV is stigmatized in many places, and HIV infected people may experience social rejection and discrimination. Fear of rejection or stigma is common reasons for declining testing.
- **Lack of perceived benefits:** - In poor high-prevalence area, many people do not want VCT .They may be afraid that little help will be available to them if they learn they are infected, and therefore, it is better not to know their HIV status.
- **Poor access to clinical care and support:** - Individuals may be reluctant to have HIV test if the care and support services for the infected people are poor and inaccessible.
- **High cost of VCT**
- **Geographical inaccessible VCT sites**
- **Poor quality standards of counseling and testing**

Similarly, UNAIDS (1999) suggest some barriers to VCT in the developing world:

- Widespread fear of taking an HIV test
- Potential for increased violence, loss of security, discrimination and isolation as activities result of sharing information about HIV seroposivity
- Scarce economic resources and competing priorities.
- Lack of access to drug therapies, and psychosocial and clinical care.

Stigmatizing attitudes among the society towards persons living with HIV/AIDS is one of the stumbling blocks for people not to access voluntary counseling and testing. In a national survey of adults in the United States, for example, Herek and his associates found that 38% of the respondents expressed their concern about stigma if they tested HIV positive and 44% of the clients who expressed this concern indicated that stigma influences their decisions to undergo HIV testing (Herek et al,

cited in Kalichman and Simbayi, 2003). Similarly, a study conducted in the same nation by Stall and his colleagues on homosexuals revealed that two out of about AIDS related stigma and this was a decisive factor in their decisions not to undergo voluntary HIV counseling and testing(Stall et al., cited in Solomon et al., 2004).

UNAIDS (2000b) suggests the following for the VCT services to be effective

- The location and working hours should reflect the need of clients
- Counseling sessions need to be monitored to ensure the quality of counseling
- Informed consent of client is sought
- A referral system should be developed
- Counselor need adequate training and on-going support and supervision to ensure that they give good-quality counseling and can cope with their stresses and avoid burnout.

According to UNAIDS (2001), many approaches to HIV prevention and care require people to know their HIV status. The importance of voluntary counseling and testing (VCT) has brought about the wider promotion and development of VCT services. However, since the majority of countries where HIV has a major impact are also the poorest, the lack of resources has meant that VCT is often still not widely available in the highest-prevalence countries.

The other barriers include VCT has not been implemented on a large scale in many low-income communities and countries, including those hardest hit by the epidemic. Reason is that the standard model of VCT is expensive and difficult to implement, as it requires substantial infrastructure, time and trained staff. Another reason is the fact that the uptake of VCT has been low where there are disincentives to learning of one's status. Denial, stigma, and discrimination as well as lack of access

to treatment, care, and support are obstacles in scaling up testing and counseling (WHO, 2002)

In general , a look at the above discussion indicate that even if VCT services are available, people are still reluctant to be tested so to solve this problem the service should be effective.

2.12 Acceptance of VCT

According to WHO (2005), HIV testing and counseling is now recognized as a priority in national HIV programmes because it forms the gateway to HIV/AIDS prevention, care, treatment, and support interventions. In many countries, young peoples actively seek VCT.

Many studies showed the acceptance of VCT. For example in Uganda, utilization of VCT was highly responsible for behavioral change in condom use with causal sexual partners (FHI, 2003).In another cohort study conducted on 3120 individuals in Nairobi Kenya, Tanzania and Trinidad, unprotected sexual intercourse declined by 35% and 25% among men and woman VCT recipients, respectively. But, in the control arm in which clients received only health education a reduction in unprotected sex occurred, but was les pronounced resulting in 15% and 17% decline by men and women respectively (Helen, J.2001)

Similarly, study done in Addis Ababa shows that all 640 (100%) of studied subjects agreed that pre-marital VCT is important prevention of hetro sexual HIV transmission . Among the respondents, (93.6%) Planning for the future, (87.5%) planning to have a child, (86.35%) were some of the reasons give of VCT utilization for pr-marital VCT users (Habte D.2003)

Chapter Three
Methodology and Design of the Study

The main purpose of this study was to assess the knowledge and perceived barriers of young adults (15-49) on voluntary HIV counseling and testing in Hossana town.

To accomplish this purpose descriptive survey research method was employed.

3.1 Source of Data

Data were obtained from young adults (15 – 49 Years), Counselor of VCTs, HIV Secretariat office managers, Youth HIV Co-ordinators, Anti-HIV Club Co-coordinators, community leaders and HIV-positive young adults through questionnaire, interview and focus group discussion.

3.2 Sample Population and Sampling Techniques

Sample Population

According to HPC (2005 projection), Hossana town has a total population of 56,698 (27,803 male and 28,895 female) in four *kifleketema* (newly formed district level local administrative unit); *kifleketema* 01 has 11,986(5,779 male and 6207 female), *Kifleketema* 02 has 15,635 (7,749 male and 7,886 female) ,*Kifleketema* 03 has 14,076(6,781 male and 7,295 female) and *kifleketema* 04 has15,001 (7,494 male and 7,507 female) persons. The number of young adults (15-49 years) in the town was 27,780 (13,752 male and 14,028 female).

In the town ,there are one Hospital, one health center one clinic, two VCT centers (one in the Hospital and the other in the health center) and one ART center all run by the government. In the private sector there are one VCT center and four clinics (of which two are higher clinics).

According to the recently released document (FMH HAPCO, 2006), the HIV/AIDS prevalence of Hosanna was 3.1% in 2006. Similarly, according to HZHO (2006), 3819 clients (1949 male and 1870 female) were tested HIV/AIDS in 2006; 286 were positive (109 male and 177 female).

Sampling Techniques

A sample of 350 (176 male and 174 female) young adults participated in the study. A stratified random sampling technique was used to select the sample participants of the research. Accordingly, four *kebeles* (the smallest urban administrative sub-unit) were selected randomly from each *Kifleketema* (One from each). Based on their proportion from *kebeles* of respective *kifleketema,* 74, 96, 87 and 93 young adults were randomly included from *Kifleketema* 01, *Kifleketema* 02, *Kifleketema* 03, and *Kifleketema* 04, respectively. Furthermore, Counselor of VCT center, HIV Secretariat office manager, Youth HIV Co-coordinators, Anti-AIDS Club Co-coordinators, community leaders and HIV-positive young adults were selected using purposive sampling techniques to obtain appropriate and relevant information. Similarly, two focus group discussion participants were included using convenient method. For the two groups of participants' selected , eight young adults from the four *kifleketemas*, two Anti-AIDS club co-coordinators, two community leaders , two HIV positive young adults and two counselors were selected for the focus group discussion (two groups having 8 participants each).

3.3 Instruments and Procedures of Data Collection

Instruments

To get sufficient information for the study, the researcher used the following three types of data collection instruments. These were **questionnaire, interview** and **focus group discussion.**

1. Questionnaire

The questionnaire was prepared in English and translated to Amharic so that the respondents understand the matter easily. The researcher, with the help of two professional translators who have BA degree in language majoring in English and minoring in Amharic and two MA students who are doing their MA in counseling and measurement and evaluation did the translations. Most of the questionnaire items were adapted from previous studies related to Voluntary HIV counseling and testing (Andargachew, 2006).

The questionnaire has six parts (76 in number and items are close - ended and open ended). The questionnaire consists of items related to background information, knowledge of HIV/AIDS transmission and prevention, sexual history, knowledge about VCT, VCT attitude and perceived barriers to VCT.

Pilot Study

Before implementation, the instruments were given to seven judges, who were asked to determine the appropriateness of each item. The four judges included VCT counselor, two MA students specialized in counseling psychology and measurement and evaluation, and one experienced and qualified instructor in AAU, educational psychology department. The judges gave their suggestion and comments on important issues not included in the questionnaire and on items that need improvement. On the bases of these suggestions and comments, necessary improvements were made on the instrument.

The instrument was translated into Amharic and administered to 48 young adults randomly selected from the four study *kifleketems* in Hosanna town (12 young adults from each *Kifleketema*). The Cronbach alpha reliability showed that both scales were reliable with α coefficients 0.76 for the attitude scale and 0.813 for the perceived barrier scale.

Based on the result of the pilot study, improvements were made and the appropriate instrument that fit the intended purpose of the study was administered.

2. Interview

To get information from Counselor, HIV Secretariat office managers, Youth HIV Co-coordinators, Anti-HIV Club Co-coordinators, community leaders and HIV-positive young adults, semi-structured interview guide was prepared. The interview guide mainly focused on issues of awareness about HIV transmission and prevention, HIV/AIDS preventive strategies, availability of VCT center and major constraints to provide service, factors that influence the young adults to seek HIV testing and measure taken to overcome the problems. The researcher did all of the individual interviews privately and the interviews were tape-recorded. The information obtained using interview was used to substantiate the young adult response of questionnaire.

3. Focus Group Discussion

The third data collection instrument was FGD. Two focus group discussion participants were included using convenient method. For the two groups of participants selected, eight young adults from each *kifleketema*, two Anti-AIDS club co-coordinators, two community leaders, two HIV positive young adults and two counselors were selected. (Two groups having 8 participants each). Seven leading questions were prepared for FGD. The purpose of the focus group discussion were to obtain in-depth information on the knowledge, attitude, perception and practice about HIV/AIDS and VCT, to have an insight on the VCT services, the benefits of VCT , and to identify perceived barriers that influence the young adults not to seek VCT. The FGD were chaired by the researcher for 2 hrs.

Procedures in Data Gathering

The researcher collected letter of recommendation from Psychology Department and contacted concerned authority. Afterwards, the researcher introduced the purpose and objective of the study and got legal permission for collecting all necessary data.

Four assistant researchers (2 male and 2 female) who had previous experience of data collection were recruited. They were given half day training on how to administer the questionnaire. The questionnaire was distributed to 385 young adults (15-49 years) and 350 questionnaires were filled correctly and returned.

Semi-structured interview was held through directing and probing their response by the researcher. The researcher recorded the interview response. Finally, the researcher held the focus group discussion and recorded the necessary information.

3.4 Method of data analysis

Depending on the nature of collected data, different statistical techniques were employed.

For the close - ended and open-ended questionnaire, the data obtained was quantified into simple frequency counts and percentage.

The descriptive statistics including means, standard deviation and percentage and Analysis of variance (ANOVA) was used for attitude items.

The descriptive statistics including means, standard deviation and percentage and inferential statical test (Chi-square) were used for the perceived barriers items.

In all the above cases, the existing differences were tested for statistical significance at 0.05 level to tolerate errors that occur due to chance.

CHAPTER FOUR

Result of the Study

4.1. Data Analysis from young adults questionnaire

4.1.1. Socio Demographic Profile

Table 1 below shows that, the socio demographic characteristics of the study subjects of 350 individuals, 176(50.3%) male and 174(49.7%) are female. The mean age of the study was 24.7 years, with the age range of 15-49 years. Among the respondents, majority of them are in the age intervals 15-30, 164(46.9 %), the 31-40, 116(33.1 %) and the rest 41-49, 70 (20%). Most of them were Protestants 126(36%), followed by Orthodox Christians 109(31%) , followed by Catholic 71(20.3%) and Muslim 23 (6.6%).With respect to their educational level ,13(3.7%) were illitrate,40(11.4%) had primary education, 135(38.6%) had secondary education , 162(42%) had tertiary education and above. As to the marital status 256(73.1%) were unmarried, 40(11.4%) were married, 36(10.3%) were widowed and 18(5.1 %) were divorced/separated. Regarding their occupation, those who were employed account for 139(39.7%), followed by students and unemployed 159 (45.4%) and 52 (14.9%), respectively. Among the respondent family status, 5 (1.4%) were living with father alone, 43(12.3%) were living with mother alone, 150(42.9%) were living with both parents, 55 (15.7%) were living alone and 37(10.6%) with siblings. Regarding their HIV status, 47(13.4) were HIV positive sero status, 54(15.4%) were HIV negative sero status and the rest 249(71.2%) didn't know their HIV sero status.

Table1: The Socio-Demographic Characteristics of Respondents

Variables	Categories	Frequency	Percentage
Sex	Male	176	50.3 %
	Female	174	49.7 %
Age	15-30	164	46.9 %
	31-40	116	33.1%
	41-49	70	20 %
Religion	Orthodox	109	31.1%
	Protestant	126	36 %
	Muslim	23	6.6 %
	Catholic	71	20.3 %
Marital Status	Married	40	11.4 %
	Unmarried	256	73.1 %
	Divorced/Separated	18	5.1 %
	Widowed	36	10.3 %
Occupation	Employed	139	39.7 %
	Unemployed	52	14.9 %
	Student	159	45.4 %
Educational Level	Illiterate	13	3.7 %
	Primary (Grades 1-8)	40	11.4 %
	Secondary (Grades 9-10/12)	135	38.6 %
	Tertiary (Above grades 10/12)	162	46.3 %
Family Status	Father alone	5	1.4 %
	Mother alone	43	12.3 %
	Both Parents	150	42.9 %
	Siblings	37	10.6 %
	Live alone	55	15.7 %
HIV Status	Positive	47	13.4 %
	Negative	54	15.4 %
	I don't know	249	71.2 %

4.1.2 Result on Knowledge about HIV/AIDS

Table 2 Source of Information about HIV/AIDS

Source of Information on HIV/AIDS	Number	Percent
Family	54	15%
Friends	40	11%
Mass Media	268	76%
Health Worker	87	24%
Health Institution	28	8%
Others	7	2%

As presented in table 2 the study confirmed that the main source of information about basic facts on HIV/AIDS for 268 (76%) participants was from mass media, 87 (24%) from Health Worker, 54 (15%) from family, and 40 (11%) from friends.

Table 3 Knowledge of the study subject on the Mode of HIV Transmission and Prevention Methods.

No	Variables	Categories	Number	Percent
1	**Awareness about HIV/AIDS**	**Total**	**350**	
		Yes	350	100 %
		No	-	-
2	**Mode of transmission of HIV/AIDS**		**350 ****	
	Know three routes of transmission		344	98.2 %
	Unprotected Sex		339	96.9 %
	Through infected blood		295	84.3 %
	Trough infected needle		291	83.1 %
	Mother to child transmission		236	67.4 %
3	**Mode of prevention of HIV/AIDS**		**350 ****	
	Know three prevention method		341	97.4 %
	Abstain from Sex		317	90.5 %
	Being faithful to one's uninfected partner		337	96.2 %
	Using condoms		241	68.8 %
	Using infected needles		227	64.8 %
4	**Can mother with HIV/AIDS transmit the Virus to her new born child through breast feeding**	**Total**	**350**	
		Yes	288	82.3 %
		No	25	7.1 %
		I don't now	37	10.6 %
5	**HIV Virus can be transmitted by mosquito**	**Total**	**350**	
		Yes	28	8 %
		No	275	78.6 %
		I don't now	47	13.4 %
6	**Is HIV/AIDS curable?**	**Total**	**350**	
		Yes	86	24.6 %
		No	264	75.4 %

**** Multiple Responses**

Table 3 presents that concerning the knowledge of HIV/AIDS transmission and prevention methods. Among these 344 (98.2 %) respondents knew the ways of transmission and 341 (97.4 %), knew the prevention of HIV/AIDS. Among these most of the respondents who know the major ways of transmission; 339 (96.9 %) said through

unprotected sex, 295 (84.3 %) said through infected blood, 291 (83.1 %) said through infected needles, and 236 (67.4 %) said mother to child transmission. The respondents knew the prevention of HIV/AIDS; 337 (96.2 %) were being faithful to one's uninfected partner, 317 (90.5 %) abstaining sex, 241 (68.8 %) were using condoms, and 227 (64.8 %) were using infected needles. Among the respondents 288 (82.3 %) know that HIV/AIDS is transmitted from infected mother to child through breast-feeding, 62 (17.7 %) reported do not know. Concerning the curability of HIV/AIDS, 264 (75.4 %) of the respondents believed that HIV/AIDS is not curable, 86 (24.6 %) believed that HIV/AIDS is curable and forwarded the following approaches; ART (antiretroviral therapy), Pray to GOD, Holy water and one to one as a main solution.

4.1.3 Results on Sexual History

Table 4 Sexual practice

No	Variables	Categories	Number	Percent
1	**Previous sexual contact**	**Total**	**350**	
		Yes	232	66.3 %
		No	118	33.7 %
2	**Age of first sexual intercourse**	**Total**	**232**	
		≤ 15	27	11.6 %
		16 – 20	131	56.5 %
		21 – 25	52	22.4 %
		26 – 30	15	6.5 %
		> 30	7	3 %
3	**Sexual intercourse within the last one year**	**Total**	**350**	
		Yes	49	14 %
		No	301	86 %
4	**Number of sexual partners in the last one year**		**49**	
	- One Partner		38	77.6 %
	- Two or more Partners		11	22.4 %
5	**Subjects condom use**	**Total**	**49**	
		Yes	27	55.1 %
		No	22	44.9 %
6	**Frequency of condom use**	**Total**	**27**	
		Always	17	63 %
		Most of the time	2	7.4 %
		Sometimes	8	26.8 %
7	**Method of protecting HIV/AIDS**		**350**	
	- Abstinence		118	33.6 %
	- Using condom		201	57.4 %
	- Being faithful to one		31	9 %
8	**Chance of infected with HIV virus**	**Total**	**350**	
		Low	204	58.3 %
		Moderate	27	7.7%
		High	18	5.1 %
		I do not know	101	28.9 %
9	**Reasons of infected with HIV**		**45**	
	- Multiple sexual partners		10	22.2 %
	- Sexual contact without Condom		30	66.7 %
	- Sexual contact with HIV positive person		5	11.1 %

The result of the data in table 4 shows out of 350 respondents 232 (66.3 %) reported that they had previous sexual contact and 118 (33.7 %) had

no sexual contact previously. The highest and the lowest age for the first sexual intercourse of the respondents are 13 and 33 respectively. The mean age of respondent's age of first intercourse is 19.99 years. Among those who had sexual contact, the majority 131 (56.5 %) of respondents had their first experience of sexual intercourse between the age of 16 and 20. Among those who had sexual contact during the last one year, 38 (77.6%) had one sexual partner and 11 (22.4 %) had more than one sexual partner. Concerning the respondents who had sexual contact in the last year, 27 (55.1 %) used condoms and 22 (44.9 %) report never using condoms. Furthermore, about frequency of condom use 17 (63 %) used condom always, 2 (7.4 %) most of the time and 8(26.8 %) used condom sometimes.

Regarding ways of protecting HIV virus, 118 (33.6 %) were abstaining from sexual contact, 201 (57.4 %) were using condoms and 31 (9 %) were being faithful to one. Concerning the chance of getting HIV virus, 204 (58.3 %) of the respondents had low chance, 27 (7.7 %) moderate, 18 (5.1 %) high and 101(28.9%) didn't know. Among the total respondents who had moderate or high chance of getting HIV virus, 10 (22.2 %) had multiple sexual partners, 30 (66.7) had sexual contact with out condom and 5 (11.1 %) had sexual contact with HIV positive person were the major reason given by respondent.

4.1.4 Result on Knowledge (awareness) about VCT

Table 5 Knowledge (awareness) of the study subject Related to VCT

No	Items	Categories	Number	Percent
1	Awareness about VCT services	Total	350	
		Yes	350	100 %
		No	-	-
2	Know about the availability of VCT Centers	Total	350	
		Yes	317	90.6 %
		No	33	9.4 %
3	Source of information about the availability of VCT centers	Total	350**	
		Family	17	4.9 %
		Friends	30	8.6 %
		Anti-AIDS club	144	41.1 %
		Health Institutions	266	76 %
		Health workers	139	39.7 %
		Others	4	1 %
4	Know about the benefits of VCT services	Total	350	
		Yes	337	96.3 %
		No	13	3.7 %

** Multiple Responses

As presented in table 5, all the respondents 350 (100 %) reported that they are aware of Voluntary Counseling and Testing services. Among the total respondents, 317 (90.6 %) knew about the availability of institutions, which offer VCT service in their locality, and 33 (9.4 %) did not know. Regarding the source of information about the availability of VCT centers, the majority of the respondents, 266 (76 %) were Health institutions, 139 (39.7 %) were Health workers, 144 (41.1 %) were Anti-AIDS clubs, 30 (8.6 %) were friends and 17 (4.9 %) families were identified as the source of information about the availability of VCT centers. A relatively high number 337 (96.3 %) reported that they are aware of the benefits of VCT services and 13 (3.7 %) did not know.

Table 6 Perception and practice towards HIV testing of the study subject

		Categories	Number	Percent
1	**Believe that every body has right to test HIV**	**Total**	**350**	
		Yes	346	98.9 %
		No	4	1.1 %
2	**Previous HIV test**	**Total**	**350**	
		Yes	101	28.8 %
		No	249	71.2 %
3	**Voluntarity of HIV test**	**Total**	**101**	
		Voluntarily	32	31.6 %
		Requested	69	68.4 %
4	**Ready to tell others result of the test**	**Total**	**350**	
		Yes	83	23.7 %
		No	267	76.3 %
5	**Choice of counselor**		**350**	
	- Trained counselor		66	18.9 %
	- Trained nurse		91	26 %
	- Trained physician		164	46.8 %
	- Religious man		29	8.3 %
6	**Time when one has to be Tested**		**350 ****	
	- At any time		236	67.4 %
	- When feeling sick		14	2.8 %
	- Before marriage		57	16.3 %
	- When exposed to HIV		23	6.6 %
	- During pregnancy		20	5.7 %
7	**Person find out whether he/she has HIV/AIDS**		**350**	
	- Go to counseling and testing center		315	90 %
	- By medical check-up		5	1.4 %
	- I don't know		30	8.6 %

		Number	Percent
8	**Reasons to use VCT services**	**101**	
	- Marriage	41	40.6 %
	- To protect partner	21	20.8 %
	- To know HIV status	6	5.9 %
	- To go abroad	30	29.7 %
	- To protect the child	3	3 %
9	**Perceived barriers not to use VCT service**	**249**	
	- Lack of knowledge about the benefits of VCT Services	6	2.4 %
	- Inability to deal with stress of being positive	84	33.8 %
	- Fear of stigma and discrimination if tested positive	128	51.4 %
	- Lack of confidentiality and trustfulness of service providers	18	7.2%
	- Doubt about the confidentiality of VCT service	6	2.4 %
	- Unavailability of ART drug	3	1.2 %
	- Others (abstinence , No time)	4	1.6 %
10	**Measure a person would take if she/he is found HIV positive**	**350 ****	
	- Abstain from sex	68	19.4 %
	- Look for medical care and counseling	218	62.3 %
	- Start using condom	34	9.7 %
	- Avoid risk of HIV behaviors	84	24 %
	- Kill my self	13	3.7 %
	- Will limit to one	45	12.9 %
	- Other	4	1.1 %

** **Multiple Responses**

Table 6 presents perception and practice on HIV testing of young adults. Regarding the idea that every one has the right to test HIV, majority of the respondents, 346 (98.9 %) said yes, every person has the right to be tested and some of the respondents, 4 (1.1 %) did not know that every one has a right to be tested.

Concerning to know HIV status, 101 (28.8 %) were aware of their HIV status and 249 (71.2 %) did not check their HIV status. Among the respondents, who had HIV test, 32 (31.6 %) reported that they checked their HIV status voluntarily, 69 (68.4 %) when requested to have HIV test.

Regarding the readiness to tell others about the HIV test result, 83 (23.7 %) of them are ready to tell others about their HIV test result and 267 (76.3 %) did not want to disclose the result to any body.

Concerning by whom they prefer to get pre/post test counseling, 164(46.8 %) replied by physician, followed by trained counselor 66 (18.9 %), 91 (26%) nurse and 29 (8.3 %) prefer religious man.

Regarding time one has to be tested, 236 (67.4 %) believed that the testing should be any time, 14(2.8%) were at the time when feel sickness, 57 (16.3 %) were respond before marriage, 23 (6.6 %) were reported when exposed to HIV and 20 (5.7 %) were respond during pregnancy.

Concerning how to find out whether infected or not by HIV/AIDS, around 315 (90 %) of the respondents mentioned that go to voluntary counseling and testing center, 5(1.4 %) were with medical check-up and 30 (8.6 %) did not know.

Regarding to the reasons to use VCT services, among the respondents who had previous HIV test, 41(40.6 %) were marriage, 30(29.7 %), were to go abroad ,21(20.8%) were to protect partner from being infected and 6 (5.9 %) were to know their HIV status.

Among those who did not check their HIV status, the majority 128 (51.4 %) were fear of stigma and discrimination if tested positive, 84 (33.8 %) were inability to deal with stress of being positive, 18 (7.2%) lack of confidentiality and trustfulness of service providers and 6 (2.4 %) were replied doubt about the confidentiality of VCT services.

When asked about what measure that person should take after knowing the presence of HIV in his/her blood, 68(19.4%) reported abstain from sex, 218 (62.3 %) said that look for medical care with HIV counseling, 34 (9.7 %) said should start using condoms, 84(24 %) were replied that they would be careful of avoiding risk taker behaviors, 13 (3.7 %) said kill himself and 45 (12.9 %) said limit himself to one.

In the open-ended questions, young adults were asked about VCT services, major perceived barriers to undergo VCT and to suggest possible solutions for perceived barriers.

Concerning to VCT services, 94.5 % have enough information about VCT services offered at VCT centers. Further more, perceived barriers that influence young adult not to undergo VCT, the majority of the respondents 95.6% responded feeling that they need to get tested when they intend marriage and to apply Visa, fear of stigma and discrimination if tested positive and lack of care and support.

With regarding to possible intervention strategies, to minimize these factors they suggests, establishments of organization that organize HIV infected peoples and participate them to educate others, community level (house to house) initiation to have HIV test and provide mobile VCT.

4.1.5 Descriptive and Inferential Statistics

1. Results on Attitude towards VCT

Table 7: Percentage Distribution, Means and standard Deviation of young adults Responses to the attitude Items

Items	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Mean	Standard deviation
1	2.6	3.7	5.4	24.9	63.4	4.4286	0.94204
2	2.3	3.4	3.4	20.0	70.9	4.5371	0.89413
3	5.4	2.9	9.4	28.3	54.0	4.2257	1.09069
4	2.3	7.1	10.6	26.9	53.1	4.2143	1.04200
5	7.1	4.9	10.0	23.4	54.6	4.1343	1.21203
6	11.4	9.7	18.3	22.3	38.3	3.6629	1.36914
7	38.9	10.9	6.0	14.6	29.7	2.8543	1.72755
8	8.0	10.3	7.1	20.6	54.0	4.0229	1.32186
9	3.1	3.7	5.7	24.3	63.1	4.4057	0.97884
10	3.1	5.7	7.7	19.4	64.0	4.3543	1.05177
11	39.4	33.7	14.3	8.9	3.7	2.0371	1.10808
12	4.3	6.3	7.7	22.3	59.4	4.2629	1.11491
13	6.6	10.9	12.6	22.9	47.1	3.9314	1.27389
14	2.9	1.1	4.0	20.9	71.1	4.5629	0.85999

As presented in Table 7 above, majority of the respondents replied that VCT plays a significant role in the prevention and control of HIV, to plan future life, to avoid worry and stress. Likewise the largest of the respondents indicate that the stigma and discrimination has a negative impact on HIV testing.

For attitude items, which ask their readiness to be tested, most of the respondents were willing to under go voluntary HIV counseling and testing, if the result is confidential. Majority of the respondents didn't want to get tested if their test result turns out to be positive and also

didn't want to disclose the result to anybody. Similarly, more than four-fifth of the respondents showed that they did not want to be tested because people isolate the HIV patient. Young adult's response also indicated that people who should be tested for HIV are not only those who are at high risk.

Majority of the respondents showed that all people who should get HIV blood test depends on their own willingness and VCT is not effective if testing is not accompanied with education and counseling.

Finally, a very small proportion of the respondents (12.6%) indicated that they would be willing to be tested if ART would be available.

In this attitudinal items the observed sample mean (55.62) greater than the average mean (35), this indicate that young adults have positive attitude towards voluntary HIV counseling and testing.

Difference in attitude due to Sex, Age and Education

In order to describe the attitude of young adults, the descriptive and inferential statistics were done by the function of sex, age and education.

Table 8: **One- way ANOVA test on the attitude towards VCT by Sex, Age and Education**

		N	Mean	Std. Deviation	F	Sig.
Sex	**Male**	176	54.6761	5.94957	0.156	0.693
	Female	174	54.4195	6.21130		
	Total	350	54.5486	6.07373		
Age	**15-30 Years**	164	55.5793	5.40391	5.049	0.007
	31-40 Years	116	53.9828	6.12618		
	41-49 Years	70	53.0714	7.05531		
	Total	350	54.5486	6.07373		
Education	**Illiterate**	13	52.9231	5.54469	5.877	0.001
	Primary (1-8 Grade)	40	53.5988	5.94223		
	Secondary Grade 9-10/12	135	54.8741	6.15282		
	Tertiary (Above Grade 10/12)	162	57.8250	5.36794		
	Total	350	54.5486	6.07373		

The ANOVA revealed that no significant difference was observed for the variable Sex, F= 0.156, P >0.05. This suggests that male and female young adults were not different in their attitudes towards VCT.

On the other hand, statically significance difference was observed for the variable of **Age**, F= 5.049, p < 0.01 and **education**, F= 5.877, p < 0.01.This result indicates that age and education differentiate the attitude of young adults towards VCT.

Thus, the mean score difference among young adults belonging to ages show that as the age increase, the attitude towards VCT decrease.

The mean score difference among young adults belonging to illiterate, primary, secondary and tertiary shows that as the education level increase, the attitude towards VCT also increases.

2. Results from perceived barriers to under go VCT

Table 9: Percentage distribution, Means and Standard deviation of young adults responses to the perceived barriers items.

Items	Not Important	Less Important	Important	Very Important	Mean	Standard deviation
1	69.5	17.7	4.4	8.4	1.5181	0.92057
2	45.4	32.9	12.9	8.8	1.8514	0.95778
3	4.9	15.9	38.6	40.6	3.1286	0.85179
4	45.0	29.7	18.5	6.8	1.8715	0.94589
5	50.2	30.5	10.1	9.2	1.7831	0.96363
6	2.5	8.9	42.6	46.0	3.3200	0.74203
7	69.5	19.7	4.4	6.4	1.4779	0.85225
8	45.4	32.9	13.7	8.0	1.8434	0.94376
9	45.2	30.9	19.7	4.2	1.8353	0.89409
10	11.4	6.9	39.1	42.6	3.2086	0.72959
11	53.0	28.7	10.7	7.6	1.6988	0.90787
12	2.9	15.7	39.7	41.7	3.1829	0.79809
13	5.1	16.0	38.3	40.6	3.1200	0.85806
14	10.0	11.7	40.3	38.0	3.0857	0.95670
15	68.7	19.7	6.0	5.6	1.4859	0.84290
16	47.4	34.5	12.9	5.2	1.7590	0.86961
17	49.0	33.3	12.9	4.8	1.7349	0.86254
18	53.9	32.9	8.0	5.2	1.6466	0.83979

As presented in table 9 percentage distribution of young adults response to the perceived barrier measuring tools showed that among the total 18 factors (barriers) assumed to be preventing untested young adults from having VCT, only six were rated as " important" or "Very important" by the majority of the young adults.

Several young adults rated the other twelve as "less important" or "Not important". Mean value for each perceived barriers also indicated that only those six items rated as "important" or "Very important" by a greater percentage of the respondents had mean value greater that the average mean value.

Table 10: Chi-square test for observed frequency distribution of young adults response (N=249)

Items	Chi-Square	df	sig
1	4.831	3	0.185
2	8.430	3	0.038
3	108.542	3	0.000
4	15.659	3	0.001
5	82.484	3	0.000
6	165.538	3	0.000
7	44.124	3	0.000
8	39.948	3	0.000
9	54.020	3	0.000
10	109.313	3	0.000
11	2.807	3	0.422
12	132.896	3	0.000
13	92.382	3	0.000
14	104.526	3	0.000
15	2.936	3	0.402
16	40.719	3	0.000
17	1.104	3	0.776
18	3.000	3	0.392

To test whether the observed frequencies for rating of the items were significant or not and to identify the important barriers, a chi-square test was computed for each item. Results indicated that item 1, 11, 15 17 and 18 were not significant, the remaining highest frequency for each item were found to be significant.

Based on the chi-squire test, the following six items were identified as significance to barriers for the majority of the respondents to access VCT service.

- Feeling that I need to get tested when I intend to get married and to go abroad.

- Fear of stigma and discrimination if tested positive
- Lack of effective care and support services for the infected
- Fear of worry and stress if tested positive.
- Family reluctance to accept a positive result
- Feeling of hopelessness if tested positive

4.2 Qualitative Results

4.2.1 Focus Group

With regard to knowledge of young adults in Hossana town about HIV/AIDS transmission and prevention, all participants agreed that they have adequate knowledge. Furthermore, all participants in the two groups agreed that unprotected sexual intercourse with HIV infected person is the main route of HIV transmission in Hossana town among young adults. Concerning HIV prevention strategies most participants supported avoidance of sex before marriage.

"Let alone the young adults, small child in the pre-school knows the transmission and prevention methods of HIV/AIDS" [30-year- VCT counselor]

With regard to young adult's knowledge about VCT services, as health personals and leaders made an efforts, they agreed that young adults know the benefits of VCT services.

All the people who participated in the focus group discussion; think the following as perceived barriers of young adults in Hossana for not undergoing VCT:

- Previous risk sexual behaviors
- Fear of being positive
- Low coverage of VCT services
- VCT services are provided only in the morning
- Distance of VCT centers
- Stigma and discrimination

- Feeling of HIV testing when they intend to get married and to go abroad.
- Lack of care and support for HIV infected.
- Lack of professional ATR counselor

"Young adults in Hossana town do no want to disclose their positive HIV status, because of a number of potential risks for the individual Including loss of economic support, blame, abandonment , discrimination, and disruption of family relation ship". [21 – years focus group participant]

Similarly, the focus group participants propose the following solutions for perceived barriers of young adult;

- Education and encouragement to have HIV test.
- Avoid stigma and discrimination
- Religious leaders, School principals and administrators should be an example by having HIV test
- Establishment of Mobile VCT in market place, in churches, in school...etc.
- By arranging panel discussion and workshop program.

With regard to VCT services offered at VCT centers, all participants agreed that in government VCT centers there is only one room for both giving counseling and taking samples, at the same time VCT centers located just in the main gates. As the result of this, most young adults do not feel comfortable to have HIV test.

Regarding ART drug, all participants believed that the government provides the drug sufficiently, but they suggest some problems encountered in using it. They are:

- Lack of trained counselor
- Limited to only one place
- Withdraw ART drug and start holly water
- Inadequate knowledge of how to use ART drug.

4.2.2 Interview Results

Counselor of the VCT's, HIV Secretariat office manager, Youth HIV Co-coordinator, Anti-HIV Club Co-coordinator, community leader and HIV-positive young adults were interviewed by the researcher. Accordingly, the young adults have sufficient knowledge on the mode of transmission and prevention of HIV/AIDS. Moreover, young adults in Hossana town know the benefit of VCT services

With regard to VCT services given to young adults ,the Counselor of the VCT's, HIV Secretariat office manager confirmed that there are no permanent Counselor , lack of adequate training for the counselor, shortage of reagents, unsuitable VCT centers site , uncomfortable VCT room, and lack of permanent laboratory technician to give these services.The counselors express the problems of VCT centers as;

- Sites of counseling rooms are near the main gate.
- Lack of adequate waiting area
- Absence of on going counseling
- Absence of regular refreshment program
- Financial problem (in non-governmental VCT)
- No well co-ordinated activities.

"Large number of HIV testing occurs only during wedding seasons and at time of visa application" [30- years female VCT counselor]

Concerning the perceived barriers that influence young adults from using VCT services:

- In a large scale Stigma and discrimination
- Lack of care and support for HIV
- Fear of positive result and its impact.
- Lack of perception of sexual risk behaviors

- Feeling that they get testing when they intend to get married and apply Visa.

Beside these, all interviewers confirmed that majority of young adults' reason for VCT related with:

- Pre-marital HIV testing (Mandatory to religious marriage)
- Visa application

Further more, all interviewers suggest the following strategies regarding perceived barriers:

- Educate the young adults to reduce stigma and discrimination
- Expansion of care and support system
- Giving consistent refreshment trainings for counselors
- Enhance on going counseling.
- Establish additional VCT centers (especially Mobile VCT)
- Establishment of organizations for HIV infected peoples and make them to teach others.

CHAPTER FIVE

Discussion

The impact of HIV /AIDS goes beyond public health concerns because it primarily affects young adult population in the productive and reproductive age groups and, as such, in its endemic stage, undermines the social and economic structure of developing countries. To this end, VCT is one of those approaches that are adopted at the national level for HIV/AIDS prevention and control. Even if VCT is one approach for the prevention and control of HIV/AIDS, according to FMH HAPCO (2006), its coverage is still low (5%) among the general population (15-49 years).Thus this study tried to asses the knowledge and perceived barriers of young adults (15-49 years) to under go voluntary HIV counseling and testing in the study area.

Knowledge of the study participants about HIV/AIDS (Transmission and Prevention)

The finding of the study revealed that knowledge of the participants about HIV/AIDS was high. All the participants (100%) replied that they were aware of HIV or a disease called AIDS. Regarding the source of information about HIV/AIDS to young adults, 76% mass media, 24 % health workers, 15% families and (8%) health institutions have accounted. Concerning the knowledge of HIV/AIDS transmission and prevention method, the result of the study showed high awareness about HIV/AIDS transmission and prevention methods (98.2% know three routs of HIV/AIDS transmission and 97.4% of the respondents know three common prevention methods of HIV/AIDS). Although the knowledge of HIV transmission and prevention seems to be higher among the respondents, still there are some misunderstanding about mother to child HIV/AIDS transmission and curability of HIV/AIDS. The finding of this study revealed that (17.7%) respondents didn't know that HIV/AIDS

could be transmitted from mother to child through breast feeding and 24.6 % believe AIDS is curable with religious affairs such as praying, holy water... etc.

Sexual practice of the study participants about HIV/AIDS

The result of the study showed that the majority of the respondents (56.5%) start sexual intercourse in the age between 16-20 years. In addition, from the respondents who had sexual intercourse during the last one year, 77.6% had reported that they had one sexual partner and 22.4% had two or more sexual partners during the last one year. This figure does not go along with the results of the studies conducted by Turner et al (1988) cited in Johnson (1993). Turner's study indicated that 60% had sexual relations with more than two partners. This discrepancy may be the result of religion situation in Hossana.

Concerning the subjects Condom use, the finding showed that among the respondents who had sexual intercourse during the last year, 55.1% use condom and 44.9% didn't use. Like wise, among the respondents who use condom, 63%use it always and 26.8% use sometimes. Regarding the chance of being infected with HIV/AIDS, the result indicated that among the respondents that had a chance of being infected, 66.7% was due to sexual contact without condom and 22.2 % multiple sexual partners.

Knowledge of the study participants about VCT

People need to have access to voluntary counseling and testing so they can find out about their HIV status and thus make the most of interventions for prevention and care. HIV testing and counseling provides essential knowledge and support. Knowledge of HIV status helps HIV-negative individual make specific decision to reduce risk behaviors and increase safer sex practice so they can remain disease free. For those who are HIV-positive, knowledge of their status allows them to better protect their sexual partners, to access treatment for HIV disease and plan for their future. The result of this study indicates that

knowledge of the respondents about VCT services was high. The majority of the respondents (90.6%) responded that they were aware of the availability of VCT service in their locality.

With regard to the benefits of VCT, the study also indicated that the majority of the respondents felt that the service is beneficial. According to UNAIDS (2000b), the knowledge of HIV status can help people to make decision to protect themselves and others from infection. The result of this study indicated that 28.8 % of the respondents know their HIV status and 71.2% didn't know .In addition to this the majority of the respondents who ever test, know their status when they are requested to have a test instead of voluntarily.

Regarding the reason of respondents to have HIV test, this study showed that 40.6% for pre-marital HIV testing and 29.7% for going abroad and only 5.9% for knowing their HIV status.

According to UNAIDS (2000), in some area even though VCT services have been established, people are reluctant to counseling and testing. This may be because of denial, stigma and discrimination that people who test serous positive may face and lack of perceived benefits of testing. Similarly FDRE MOH (2003) suggested that although VCT become increasingly available in Ethiopia, many people are still reluctant to be tested. This reluctance to VCT may be due to factors such as stigma, lack of perceived benefits, poor access to clinical care and support and poor quality standard of counseling and testing. In view of this fact, even if they know the availability of VCT services in their area, the result of this study showed that the majority of the respondents had not checked their HIV status. The reason is not different from the above-cited findings. The result of this study showed that, the main reasons were fear of stigma and discrimination if tested positive (51.4%), followed by inability to deal with stress of being positive (33.8%). Furthermore, the result of the study indicated only 2.4 % because of lack of knowledge

about the benefits of VCT services. The focus group participants also point out, previous risk sexual behaviors, fear of being positive, low coverage of VCT services, half day provision of VCT services, distance of VCT centers, stigma and discrimination, feeling of HIV testing when they intend to get married and to go abroad, lack of care an support for HIV infected and lack of professional ATR counselor as perceived barriers.

According to GWH (2004), disclosure is an important pubic health goal for a number of different reasons. First, disclosure may motivate sexual partners to seek testing, change behaviors and ultimately decrease transmission of HIV. Second, disclosure of HIV status increase opportunities for social support, improved access to necessary medical care including antiretroviral treatment, increase opportunities to disclose and implement HIV risk reduction with partners and increase opportunities to plan for the future.

In this regard, the present study indicated that 267 (76.3 %) were not ready to disclose their HIV status, and 83 (23.7 %) were ready to disclose.

Attitudes of Young adults towards VCT

The present study also indicated that young adults have positive attitude towards VCT. Furthermore, attitudes towards HIV testing and socio-demographic variables, age, sex and education result indicated that there was no statistically significant difference among sex variable, but had significant difference in age and education variables.

Perceived barriers of young adults towards VCT

According to FDRE MOH (2003), although VCT is becoming increasingly available in Ethiopia, many people are still reluctant to be tested. This reluctance is due to barriers to VCT: such as stigma, lack of perceived benefits, poor access to clinical care and support, poor quality standard of counseling and testing.

This research indicated that only **28.8%** among the respondents had undergone prior HIV testing and counseling. Furthermore, the result showed that though young adults have adequate knowledge, most of them (71.2%) were reluctant to undergo voluntary HIV counseling and testing. Among the eighteen perceived barriers assumed to explain young adults reluctance to undergo voluntary HIV counseling and testing only six were found to be determinant.

They are

- Feeling that I need to get tested when I intend to get married and to go abroad.
- Fear of stigma and discrimination if tested positive
- Lack of effective care and support services for the infected
- Fear of worry and stress if tested positive.
- Family reluctance to accept a positive result
- Feeling of hopelessness if tested positive

Feeling that I need to get tested when I intend to get married and to go abroad.

One of the predominant reason of young adults lack of success to use VCT services was feeling that they need testing when they intend to get married and for Visa application. In this study, **46.0%** and **42.6%** rated this factor as "Very important" and "important" respectively.

Fear of stigma and discrimination if tested positive

One of the reasons for young adults failure to use voluntary HIV counseling services was fear of stigma and discrimination of a positive result. Of the total respondents who haven't had prior HIV testing, 42.6 rated this factor as "Very important" and the other 39.1 as "important". A survey conducted on Kenya and Uganda youth, similarly revealed that together with other factors, stigma and discrimination played an important role for adolescents' reluctance to undergo VCT (Horizons, 2001)

Lack of effective care and support services for the infected

In this study, 41.7 and 39.7 percent of the respondents perceives lack of effective care and support as "Very important" and "important" respectively. In line with this finding, in the study by Van Dyk and Van Dyk (2003), 86% of the participants reported that knowing one's HIV status or going for VCT is not advisable for someone if there are no treatment options available. These respondents felt that to know one's HIV positive status without any possibility of follow up, care and support services would only cause depression, despair and death (Van Dyk and Van Dyk, 2003). A local study conducted by Mengesha and Yohannis (2006) similarly revealed that absence of community support was negatively associated with VCT acceptance.

Fear of worry and stress if tested positive

The other reason for young adults not undergo VCT was fear and worry of a positive result. Among the total respondents who haven't had prior HIV testing, 40.6% and 38.6% of them rated as "Very important" and "important" barriers respectively. This was also confirmed by exploratory survey conducted by the Horizons on Kenyan and Ugandan youth displayed that fear of a positive result was one of the important prevailing factors preventing untested youth from accessing the program (Horizon, 2001). Similarly, In a study of commercial sex workers in South Africa, who were willing to be tested monthly for HIV, majority of the respondents replied that if their test result turns out to be positive, they would cause them stress and depression (Morar and Ramjee, cited in Van Dyk and Van Dyk , 2003)

Family reluctance to accept a positive result

The other barrier that dissuades young adults from not accessing VCT is family reluctance to accept a positive result. 40.6% and 38.3% of the participants who haven't had prior HIV testing rated this barrier as "Very important" and "important" respectively.

Feeling of hopelessness if tested positive

Together with other social and psychological barriers, fear of feeling hopeless if one tested positive is one of the obstacles that young adults' reluctance to access VCT service .In the present study, 38 and 40.3 percent of the respondents rated this barrier as "Very important" and "important "respectively

From focus group discussion, the most commonly mentioned barriers almost by all of the participants were;

- Feeling that I need to get tested when I intend to get married and to go abroad.
- Fear of stigma and discrimination if tested positive
- Lack of effective care and support services for the infected

HIV positive discussants shared their experience that because of being HIV positive, they were forced to leave their house, which was previously rented for them for many years and discriminated from social services.

Chapter Six

Summary, Conclusion and Recommendations

In this chapter, a summary of the major findings of the study, conclusion drawn on the basis of the findings and recommendations that are expected to be helpful are presented.

6.1 Summary

The main purpose of this study was to assess the knowledge and Perceived barriers of Hossana town young adults (15-49 years) to undergo voluntary HIV counseling and testing .To this end, the following three basic questions were raised.

1. How adequate the knowledge of young adults towards Voluntary HIV Counseling and Testing (VCT) services?
2. What are the perceived barriers associated with the willingness among young adults to participate on Voluntary HIV Counseling and Testing Services?
3. What is the attitude of young adults to undergo VCT?

In order to accomplish this, descriptive survey methodology was employed. Data were obtained through questionnaire from young adults (15-49 years), interview from HIV Secretariat office manager, Youth HIV Co-coordinator, Anti-HIV Club Co-ordinators, community leaders and HIV-positive young adults and through focus group discussions with young adults and coordinators. The data were tabulated, analyzed and interpreted using descriptive and inferential statistics. The information gathered through focus group discussions was summarized qualitatively.

Based on the data obtained the following major findings are summarize as follows.

- **The majority of young adults (15-49):**
  - Get information about HIV/AIDS from mass media.
  - Knew the ways of HIV/AIDS **transmission** and **prevention** methods, (98%) and (97%) respectively.
  - Get information about the availability of VCT from **Health institutions.**
  - Knew the benefits of HIV services.
  - Did not have previous HIV test.
- **The attitude of young adults towards VCT was positive.**
  - There was no significant difference for sex
  - Significant difference was observed for age and education i.e. the higher the educational background, the better attitude towards HIV testing.
- **The significance perceived barriers to undergo VCT among young adults (15-49) were:**
  - Feeling that I need to get tested when I intend to get married and to go abroad.
  - Fear of stigma and discrimination if tested positive
  - Lack of effective care and support services for the infected
  - Fear of worry and stress if tested positive.
  - Family reluctance to accept a positive result
  - Feeling of hopelessness if tested positive

6.2 Conclusion

Depending on the major findings of the study, the following main conclusions were drawn.

- The knowledge of young adult about HIV/AIDS transmission and prevention is high. Like wise, most of young adults, **(96.3%)** knew the benefits of VCT services and **(90.6%)** knew the

availability of VCT centers in their locality, however; Majority of young adults had not undergo voluntary HIV counseling and testing.

- In addition to adequate knowledge of VCT services, young adults have positive attitude towards VCT. Regarding to attitudes among variables such as sex, age and education, there are significance difference by variable education and age group. But there is no significance difference by variable sex.
- Feeling that I need to get tested when I intend to get married and to go abroad, fear of stigma and discrimination if tested positive, lack of effective care and support services for the infected, fear of worry and stress if tested positive, family reluctance to accept a positive result and feeling of hopelessness if tested positive were major perceived barriers associated with the willingness of young adults to participate in VCT.

In View of this the following recommendations were suggested

6.3 Recommendation

In the light of the findings of the study, it is reasonable to recommend the following points:

A). For Short-term Recommendation

- Strengthen net works (in schools, in market place, in work places, in religious congregation) to encourage young adults participation on VCT.
- Consistent VCT campaign should be offered.
- IEC need to be intensified to reduce the stigma that prevails in the town.
- Involving influential community and religious leaders in VCT services to enhance social acceptance of VCT.

- Equipped VCT centers with adequate trained staff and equipments
- Exhaustive education, workshop, panel discussion for significant peoples like religious leaders, youth co-coordinators and other influencing bodies to increase people's awareness on the negative consequence of stigma and discrimination.

B). For Long-term Recommendation

- Since the present study is just an initial step towards exploring perceived barriers to undergo VCT among young adults in Hossana, there is a need for large scale or similar studies to consolidate much needed empirical evidence on factors that impact the use of VCT services.
- Training of VCT and ART counselors should be guaranteed.
- Efforts need for scale-up the coverage of mobile VCT (rapid HIV test) in churches, mosques, schools, and market places.
- Adequate HIV positive client follow up and support scheme should be designed to ensure the continuity and efficacy of VCT services.

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APPENDICES

Appendix A

ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES
DEPARTMENT OF PSYCHOLOGY

Questionnaire to be filled by Young Adults

Dear respondents;

The objective of this questionnaire is to assess the knowledge of Young adults in Hossana town on Voluntary HIV counseling and testing services and their perceived barriers to undergo Voluntary HIV counseling and testing. While some of these questions may address topics that you feel personal, it is very important that you provide honest response. Your responses are also important as you are the user of Voluntary HIV counseling and testing services.

Therefore, you are kindly requested to fill in the questionnaires correctly. All your responses will be kept in absolute confidentiality. Moreover your response will not be used for any other purpose. You are therefore kindly requested to be honest and frank in your response as this will have direct bearing on the success of the research. You will not be held responsible for the research out comes.

N.B.: Writing your name is not necessary. **Thank you.**

The Researcher

Part I. Personal Profile/Background/

Instruction: Show your response by putting (√) mark.

1. Sex : Male ☐ Female ☐
2. Age : _____ Years
3. Religion
   ☐ Catholic ☐ Protestant ☐ Orthodox ☐ Muslim
   Other(specify) _____
4. Marital status
   ☐ Single ☐ Divorced /Separated ☐ Widowed ☐ Married
   Other (specify) _____
5. Occupation ☐ employed ☐ unemployed ☐ Student
   Other (specify) _____

6. Educational level

☐ Illiterate ☐ Grade 1 - 8 ☐ Grade 9 - 12 ☐ above 12 grades

Other (specify) _____

7. Do you live with?

☐ Father alone ☐ Mother alone ☐ Both parents ☐ Siblings alone

☐ Live alone ☐ Other(specify) _____

8. What is your HIV status? ☐ Positive ☐ Negative ☐ I don't know

Part II. Knowledge about HIV/AIDS (Transmission, Prevention)

Instruction: Show your response by putting (√) mark.

1. Have you ever heard of HIV or disease called AIDS?

☐ Yes ☐ No

2. If your answer is Yes to question no 1, from where did you get the information about HIV/AIDS? Please put a tick mark where appropriate.

☐ Family ☐ Friends ☐ Mass Media (Radio, TV etc...)

☐ Health worker ☐ Health Institutions

Other(specify) _____

3. How does HIV/AIDS transmit ? Please tick more than one response where appropriate.

☐ Unprotected sexual intercourse with an infected partner

☐ Mother to child ☐ Transfusion of infected blood

☐ Body contact greeting

☐ Sharing of sharp needle with some one who is HIV infected.

Other (specify) _____

4. Can mother with HIV/AIDS transmit HIV Virus to her new born child through breast feeding ?

☐ Yes ☐ No ☐ I don't know

5. HIV Virus can be transmitted by mosquitoes ?

☐ Yes ☐ No ☐ I don't know

6. Can HIV/AIDS be cured?

☐ Yes ☐ No

7. If yes, please write the type of medicine? _____

8. How can people protect themselves from getting HIV/AIDS .Please tick more than one response where appropriate.

☐ By abstinence ☐ By being faithful to one

☐ By using condom

☐ By avoiding to sharp used needle with some one who is HIV infected

Other (specify) _____

9 . In your view which of the following ways of HIV transmission is the most important cause of HIV infection in our Country ?

☐ Sexual intercourse ☐ Mother to child

☐ Transfusion of infected blood ☐ Body contact greeting

☐ Sharing of sharp needle with some one who is HIV infected

Part III. Sexual History

Instruction: Show your response by putting (√) mark.

1. Did you start sexual intercourse?
   ☐ Yes ☐ No
2. If your answer for question no 1 is yes, at what age you had sex first?
   _____
3. Have you engaged in risky sexual behaviors in the past one year?
   ☐ Yes ☐ No
4. If your answer for question no 3 is yes, how many sexual partners did you have Sexual contact ?
   ☐ One ☐ Two ☐ Three Partner
   ☐ More than Three Partner ☐ Hard to count
5. Do you use condom in your sexual intercourse?
   ☐ Yes ☐ No
6. If Yes, How often do you use condom?
   ☐ Always ☐ Most of the time ☐Sometime
7. How do you protect yourself from HIV?
   ☐ By abstinence ☐ By being faithful to one
   ☐ By using Condom Other (specify) _____
8. How is your chance of getting infected with HIV Virus?
   ☐ Low ☐ Moderate ☐ High
9. If your answer is Moderate or high, what are the reasons?
   ☐ I had multiple sexual partner ☐ I had sexual contact without condom
   ☐ I had sexual contact with HIV positive person ☐ I don't know
   Other (specify) _____

Part IV. Knowledge (awareness) about Voluntary HIV Counseling and Testing

Instruction: Show your response by putting (√) mark.

1. Have you ever heard of Voluntary HIV Counseling and Testing services?
   ☐ Yes ☐ No
2. Do you know any institutions, which provide VCT services in your locality?
   ☐ Yes ☐ No
3. If your answer is Yes to question no 2, from where did you get the information about the availability of Voluntary HIV Counseling and Testing services? Please put a tick mark where appropriate.
   ☐ Family ☐ Friends ☐ Anti-AIDS club ☐ Work place
   ☐ Mass Media (Radio, TV etc...) ☐ Health worker
   ☐ Health Institutions Other (specify) _____
4. Have you ever been told about the benefit of HIV testing ?
   ☐ Yes ☐ No

5. How can a person find out whether he/she has HIV/AIDS?
   - ☐ By going to VCT center
   - ☐ By medical check-up
   - ☐ I don't know
   - Other(specify) _____

6. Do you believe that every body has the right to test HIV/AIDS ?
   - ☐ Yes
   - ☐ No

7. In your opinion under what condition should any person go to VCT center for HIV/AIDS testing ?
   - ☐ At any time
   - ☐ When feeling sick
   - ☐ Before marriage
   - ☐ When accidentally exposed to HIV
   - ☐ During pregnancy
   - Others (specify) _____

8. Did you have HIV test so far? ☐ Yes ☐ No

9 . Was it voluntarily done or were you requested to have a test?
   - ☐ Voluntarily
   - ☐ Requested

10. If you have been tested what was your reason for testing?
   - ☐ Marriage
   - ☐ To protect the partner
   - ☐ To know my HIV status
   - ☐ To protect the child (for female only)
   - ☐ To go abroad
   - ☐ No response
   - Other (specify) _____

11. If you have not taken HIV test so far what the perceived barriers are for not undertaking HIV test ? Please put tick mark on all your responses.
   - ☐ Lack of knowledge about the benefits of VCT services
   - ☐ Inability to deal with stress of being positive
   - ☐ Fear of stigma and discrimination if tested positive
   - ☐ Lack of Confidentiality and trustfulness of service providers
   - ☐ Doubt about the confidentiality of VCT services
   - ☐ Unavailability of ART drug
   - Other (specify) _____

12. What do you do if you are HIV positive sero status? Please put a tick mark where appropriate.
   - ☐ Abstain from sex
   - ☐ Look for medical care and counseling
   - ☐ Start Use condom
   - ☐ Avoid risky sexual behaviors
   - ☐ kill my self
   - ☐ I will limit my self to one.
   - Other (specify) _____

13. If you are HIV positive sero statuses to whom do you tell your HIV status?
   - ☐ Your spouse
   - ☐ Sexual partner/s
   - ☐ Family
   - ☐ To nobody
   - Other(specify) _____

14. Whom do you prefer to give VCT services?
   - ☐ Trained Counselor
   - ☐ Trained Nurse
   - ☐ Trained Physician
   - ☐ Religious man
   - Other (specify) _____

Part V. Attitudes towards Voluntary HIV counseling and Testing (VCT)

Instruction: Statements regarding attitudes to voluntary HIV testing and counseling are listed below .Therefore you are sincerely requested to rate how you feel about the Statements on the five point scale.

5. **If you strongly agree (SA) with the statements give 5**
4. **If you Agree (A) give 4**
3. **If you are unable to decide (UD) give 3**
2. **If you Disagree (D) give 2**
1. **If you strongly disagree (SD) give 1**

NO	Statement	Response Categories				
		1 (SD)	2 (D)	3 (UD)	4 (A)	5 (SA)
1	VCT plays a significant role in the prevention and control of HIV					
2	Knowing One's HIV status helps to plan one's future life					
3	VCT is not effective if testing is not accompanied with education and Counseling					
4	Knowing One's HIV status helps to avoid worry and stress					
5	Whatever the result will be , I want to undergo VCT					
6	I will make HIV/AIDS test if and only if the result is confidential					
7	People who need to get tested are those who are at high risk					
8	I prefer not to know my HIV status if it turns out to be positive					
9	I don't want to undergo HIV testing because people isolate HIV patient.					
10	I will go to VCT when HIV testing is mandatory					
11	If ART would be available, I would be willing to be tested					
12	That all people who should get HIV blood test and counseling depends on their own willingness.					
13	If my HIV status is Positive, I do not want to disclose to any one.					
14	Stigma and discrimination has negative impact on VCT services.					

Part VI Perceived barriers to undergo Voluntary HIV counseling and Testing (VCT)

Below the perceived barriers that young adults (15 – 49 years) in Hosanna town feel important not accessing VCT services are presented. Each perceived barriers is provided with 4 alternatives (1 ,2 ,3 , 4) .read each item (Statement) carefully and rate whether they are **Very Important, Important, Less Important or Not Important**. Show your response by putting "X" mark on the space provided after each item. The correspondence between the number and their descriptions is as follows:

4. Very Important
3. Important
2. Less Important
1. Not Important

NO	Perceived barriers	Alternatives			
		1	2	3	4
1	Absence of near by VCT services				
2	Lack of perception of sexual risk behaviors				
3	Fear of worry and stress if tested Positive				
4	Deep fear and isolation on the part of affected people				
5	No encouragement from family / friend to undergo VCT				
6	Feeling that I need to get tested when I intend to get married and to go abroad				
7	Confidentiality and trustfulness of service providers				
8	Doubt about the confidentiality of VCT services				
9	Lack of knowledge about the benefits of VCT services				
10	Fear of stigma and discrimination if tested positive				
11	VCT services should not be offered at convenient time for all				
12	If there are no effective care and support services for peoples who test HIV positive				
13	Absence of family who accept a positive result				
14	Fear of feeling hopelessness if tested positive				
15	Fear of losing job opportunity if tested HIV positive				
16	Unavailability of ART drug				
17	Absence of open discussion about VCT				
18	Lack of encouragement for Young adults in the town to under go VCT				

Part VII. *Open ended questions*

Instruction: Please give your opinion to the following questions.

1. What are the Major services offered at Voluntary HIV Counseling and Testing centers?
    1. .....
    2. .....
    3. .....
    4. .....
    5. .....
    6. .....
2. Do you think you have enough knowledge and information on VCT services?

    .....

    .....

    .....
3. What are the Major Perceived barriers to undergo voluntary HIV Counseling and Testing in your locality? .....

    .....

    .....

    .....

    .....
4. In Your opinion, how could these barriers be solved?

    .....

    .....

    .....

Appendix B

በአዲስ አበባ ዩኒቨርሲቲ
የድህረ ምረቃ ትምህርት መርሃ ግብር
ሳይኮሎጂ ትምህርት ክፍል

ከ 15 — 49 ዓመት ባሉ ሰዎች የሚሞላ መጠይቅ

የተከበራችሁ መላሾች;

የዚህ መጠይቅ ዓላማ በሆሳዕና ከተማ በሚገኙ ዕድሜያቸው ከ 15 - 49 ዓመት የሆኑ ሰዎች በፈቃደኝነት ላይ የተመሰረተ የኤች አይ ቪ ምክርና የደም ምርመራ አገልግሎት ያላቸውን ግንዛቤ በተመለከተ እና የኤች. አይ. ቪ የምክርና የደም የምርመራ አገልግሎት ተጠቃሚ እንዳይሆኑ እንቅፋት በሆኑ ምክንያቶች ላይ ጥናትና ምርምር ለማካሄድ ነው:: ከነዚህ ጥያቄዎች መካከል ጥቂቶቹ የግል ጉዳዮችን የሚመለከቱ ቢሆኑም እርስዎም የኤች. አይ. ቪ የምክርና የደም የምርመራ አገልግሎት ተጠቃሚ በመሆንዎ ጥናቱን የተሳካ ለማድረግ ግልፅና እውነተኛ ምላሽ ይስጡ::

ስለዚህ ይህንን መጠይቅ በትክክል እንዲሞሉ በትህትና እጠይቃለሁ:: የተሰጡ ሃሳቦች ለሌላ ለማንኛውም ዓላማ ሳይውሉ በጥንቃቄ በሚስጥር ይጠበቃሉ:: የጥናቱ ስኬታማነት የሚወሰነው በማገኘው መረጃ ስለሆነ ለጥያቄዎቹ በሙሉ በታማኝነትና በግልፀኝነት ምላሽ ይስጡ :: ለጥናቱ ውጤትም ኃላፊነት የለብዎትም::

ማሳሰብያ: ስምዎን መፃፍ አያስፈልግም ለትብብርዎ አመሰግናለሁ !

.

ክፍል አንድ. አጠቃለይ ግለሰባዊ መረጃ

መመሪያ : መልሶን የ (√) ምልክት በማድረግ ያሳዩ

1. ፆታ : ወንድ ☐ ሴት ☐
2. ዕድሜ : .....ዓመት
3. ኃይማኖትዎ ምንድነው ?
   ☐ ካቶሊክ ☐ ፕሮቴስታንት ☐ ኦርቶዶክስ ☐ ሙስሊም
   ሌላ (ይጠቀስ) .....
4. የጋብቻ ሁኔታ
   ☐ ያላገባ ☐ የተፋታ/ ተለያይቶ የሚኖር ☐ ባል/ሚስት የሞተበት
   ☐ ያገባ ሌላ (ይጠቀስ) .....
5. የስራ ሀኔታ ☐ ስራ ያለው ☐ ስራ የሌለው ☐ ተማሪ
   ሌላ (ይጠቀስ) .....
6. የትምህርት ደረጃ
   ☐ ያልተማረ ☐ ከ 1- 8ኛ ክፍል ☐ ከ 9-12ኛ ክፍል ☐ ከ12ኛ ክፍል በላይ
   ሌላ (ይጠቀስ) .....
7. ከማን ጋር ነው አብረው የሚኖሩት
   ☐ ከአባት ጋር ☐ ከእናት ጋር ☐ ከአባትና ከእናት ጋር ☐ ብቻዎን
   ☐ ከእህትና ወንድምዎ ጋር ሌላ (ይጠቀስ) .....
8. የኤች አይ ቪ የምርመራ ውጤትዎ ምንድን ነው ?
   ☐ ፖዘቲቭ ☐ ኔገቲቭ ☐ አልተመረመርኩም

ክፍል ሁለት. የኤች አይ ቪ ኤድስ መተላለፊያ መንገድና መከላከያውን በተመለከተ መመሪያ : መልሶን የ (√) ምልክት በማድረግ ያሳዩ

1. ስለ ኤች አይ ቪ ወይም ስለ ኤች አይ ቪ ኤድስ በሽታ ሰምተው ያውቃሉ?
   ☐ አዎን ☐ አልሰማሁም
2. ለተራ ቁጥር ጥያቄ 1 መልሶ አዎን ከሆነ ከየት ሰሙ? እባክዎ የ (√) ምልክት በማድረግ ምላሽዎን ይስጡ
   ☐ ከቤተሰብ ☐ ከጓደኛ ☐ ከህዝብ መገናኛ (ሬድዮ,ቲቪ)
   ☐ ከጤና ባለሙያ ☐ ከጤና ድርጅት
   ሌላ (ይጠቀስ) .....
3. ኤች አይ ቪ ወይም ኤድስ እንዴት ይተላለፋል? ከአንድ በላይ ምላሽ መስጠት ይቻላል
   ☐ ልቅ በሆነ የግብረ ስጋ ግኑኝነት ☐ ከእናት ወደ ልጅ
   ☐ በቫይረሱ የተበከለ ደም በመለገስ ☐ በመሳሳምና በመጨባበጥ
   ☐ ስለታም ነገሮችን በኤች አይ ቪ ቫይረስ ከተበከለ ሰው ጋር በጋራ በመጠቀም
   ሌላ (ይጠቀስ) .....
4. ኤች አይ ቪ ወይም ኤድስ የያዛት እናት ኤች አይ ቪ ቫይረስን ጡት በማጥባት ወደ ልጇ ልታስተላልፍ ትችላለችን ?
   ☐ አዎን ☐ አታስተላልፍም ☐ አላውቅም
5. የኤች አይ ቪ ቫይረስ በወባ ትንኝ አማካኝነት ከአንድ ሰው ወደ ሌላ ሰው ሊተላለፍ ይችላልን ? ☐ አዎን ☐ አይተላለፍም ☐ አላውቅም
6. ከኤች አይ ቪ ኤድስ በሽታ መዳን ይቻላልን?
   ☐ አዎን ☐ አይቻልም
7. መዳን ከተቻለ, እባክዎ የመድኃኒቱን ዓይነት ይጥቀሱ ? .....
8. ሰዎች በኤች አይ ቪ ኤድስ እንዳይያዙ እራሳቸውን እንዴት መከላከል ይችላሉ? ከአንድ በላይ ምላሽ መስጠት ይቻላል.
   ☐ በመታቀብ ☐ አንድ ለአንድ በመወሰን
   ☐ ኮንደም በመጠቀም
   ☐ ስለታም ነገሮችን በኤች አይ ቪ ቫይረስ ከተበከለ ሰው ጋር በጋራ ባለመጠቀም
   ሌላ (ይጠቀስ) .....
9. በእርሶ እይታ ከሚከተሉት የኤች አይ ቪ መተላለፊያ መንገዶች መካከል በኢትዮጵያ ዋነኛ የኤች አይ ቪ ኤድስ በሽታ መተላለፊያ ምክንያት የትኛው ይመስሎታል ?
   ☐ የግብረ ስጋ ግኑኝነት ☐ ከእናት ወደ ልጅ
   ☐ በቫይረሱ የተበከለ ደም መለገስ ☐ መሳሳምና መጨባበጥ
   ☐ ስለታም ነገሮችን በኤች አይ ቪ ቫይረስ ከተበከለ ሰው ጋር በጋራ መጠቀም

ክፍል ሦስት. ስነ ወሲብን በተመለከተ.

መመሪያ : መልሶን የ (√) ምልክት በማድረግ ያሳዩ

1. የግብረ ስጋ ግኑኝነት ጀምረዋል?
   ☐ አዎን ☐ አልጀመርኩም
2. መልስዎ አዎን ከሆነ ሲጀምሩ ዕድሜዎ ስንት ዓመት ነበር? .....
3. ባለፈው አንድ ዓመት ውስጥ ለህይወትዎ አስጊ የሆነ ወሲባዊ ግኑኝነት ፈጽመው ያውቃሉ ? ☐ አዎን ☐ አልፈፀምኩም
4. ለጥያቄ ተራ ቁጥር 3 መልስዎ አዎን ከሆነ ባለፈው አንድ ዓመት ውስጥ ከስንት ሰዎች ጋር የግብረ ስጋ ግኑኝነት ፈጽመዋል?
   ☐ ከአንድ ☐ ከሁለት ☐ ከሶስት
   ☐ ከሶስት በላይ ☐ መቁጠር ያዳግታል
5. በግብረ ስጋ ግኑኝነት ጊዜ ኮንደም ይጠቀማሉ ?
   ☐ አዎን ☐ አልጠቀምም

6. ኮንደም የሚጠቀሙ ከሆነ ኮንደም የሚጠቀሙት
   ☐ ሁል ጊዜ ☐ አብዛኛውን ጊዜ ☐አልፎ አልፎ
7. እራስዎን ከኤች አይ ቪ ኤድስ እንዴት ይከላከላሉ ?
   ☐ በመታቀብ ☐ አንድ ለአንድ በመወሰን ☐ ኮንደም በመጠቀም
   ሌላ (ይጠቀስ) .....
8. በኤች አይ ቪ ቫይረስ የመያዝ ዕድልዎ ምን ያህል ነው?
   ☐ ዝቅተኛ ☐ መካከለኛ ☐ ከፍተኛ
9. የጥያቄ ተራ ቁጥር 9 መልሱ መካከለኛ ወይም ከፍተኛ ከሆነ ምክንያቱ ምንድን ነው?
   ☐ ብዙ የወሲብ ጓደኞች ስለነበሩኝ
   ☐ ያለ ኮንደም የግብረ ስጋ ግኑኝነት ስለፈፀምኩ
   ☐ ሌላ ሰው በተወጋበት መርፌ ስለተወጋሁ
   ☐ ኤች አይ ቪ ፖዘቲቭ ከሆነ ሰውጋር የግብረ ስጋ ግኑኝነት ስለፈፀምኩ
   ☐ አላውቅም ሌላ (ይጠቀስ) .....

ክፍል አራት. በፈቃደኝነት ላይ የተመሰረተ የኤች አይ ቪ ምክርና የደም ምርመራ አገልግሎት ግንዛቤን በተመለከተ

መመሪያ : መልሶን የ (√) ምልክት በማድረግ ያሳዩ

1. በፈቃደኝነት ላይ ስለተመሰረተ የኤች አይ ቪ ምክርና የደም ምርመራ አገልግሎት ሰምተው ያውቃሉ ?
   ☐ አዎን ☐ አላውቅም
2. በአካባቢዎ በፈቃደኝነት ላይ የተመሰረተ የኤች አይ ቪ ምክርና የደም ምርመራ አገልግሎት የሚሰጥ ማንኛውም ተቋም መኖሩን ያውቃሉ ?
   ☐ አዎን ☐ አላውቅም
3. ለጥያቄ ተራ ቁጥር 1 መልሶ አዎን ከሆነ በፈቃደኝነት ላይ የተመሰረተ የኤች አይ ቪ ምክርና የደም ምርመራ አገልግሎት መኖሩን ከየት ሰሙ ? እባክዎን የ √ ምልክት በማድረግ ምላሽዎን ይስጡ
   ☐ ከቤተሰብ ☐ ከጓደኛ ☐ ከፀረ ኤድስ ክበብ
   ☐ ከስራ ቦታ ☐ ከህዝብ መገናኛ (ሬድዮ,ቲቪ) ☐ ከጤና ባለሙያ
   ☐ ከጤና ድርጅት ሌላ (ይጠቀስ) .....
4. ስለ ኤች አይ ቪ የደም ምርመራ ጥቅም ሰምተው ያውቃል?
   ☐ አዎን ☐ አልሰማሁም
5. አንድ ሰው ኤች አይ ቪ ቫይረስ በውስጡ እንዳለበት እንዴት ሊያረጋግጥ ይችላል?
   ☐ የኤች አይ ቪ ምክርና የደም ምርመራ በማድረግ ☐ አላውቅም
   ☐ የጤና ምርመራ በማድረግ ሌላ(ይጠቀስ) .....
6. ማንኛውም ሰው የኤች አይ ቪ የደም ምርመራ ማድረግ መብት እንዳለው ያምናሉ?
   ☐ አዎን ☐ አላምንም
7. በእርስዎ ዕምነት ማንኛውም ሰው በምን ዓይነት ሁኔታ ላይ እያለ ወደ ኤች አይ ቪ ምክርና የደም ምርመራ አገልግሎት ወደሚሰጥበት ማዕከል መሄድ አለበት ?
   ☐ በማንኛውም ጊዜ ☐ የህመም ስሜት ሲሰማው ☐ ከጋብቻ በፊት
   ☐ በድንገት ለኤች አይ ቪ ቫይረስ የተጋለጠ ሲመስለው
   ☐ በእርግዝና ወቅት(ለሴቶች ብቻ)
   ሌላ (ይጠቀስ) .....
8. የኤች አይ ቪ የደም ምርመራ አድርገው ያውቃሉ? ☐ አዎን ☐ አላደረኩም
9. የኤች አይ ቪ የደም ምርመራ ያደረጉት በእርስዎ ፈቃድ ነው ወይስ ምርመራውን እንዲያደርጉ ተጠይቀው ነው ?
   ☐ በፈቃደኝነት ☐ በተጠየኩት መሠረት

10. የኤች አይ ቪ የደም ምርመራ አድርገው ከሆነ የተመረመሩበት ምክንያት ምንድን ነው?
    - ☐ ጋብቻ
    - ☐ ፍቅረኛዬን ከቫይረሱ ለመከላከል
    - ☐ ውጭ ሀገር ለመሄድ
    - ☐ የራሴን የኤች አይ ቪ ሁኔታ ለማወቅ
    - ☐ የቫይረሱን ወደ ልጅ መተላለፍ ለመከላከል (ለሴቶች ብቻ)
    - ☐ ምላሽ የለም
    - ሌላ (ይጠቀስ) .....

11. የኤች አይ ቪ የደም ምርመራ እስከአሁን ድረስ ካላደረጉ ምርመራውን እንዳያደርጉ የከለከለዎት እንቅፋቶች ምንድን ናቸው ? እባክዎን የ √ ምልክት በማድረግ ምላሾን ይስጡ
    - ☐ ስለ ኤች አይ ቪ የደም ምርመራ ጥቅም በቂ ዕውቀት አለመኖር
    - ☐ ኤች አይ ቪ ፖዘቲቭ በመሆን ምክንያት የሚመጣውን ጭንቀት በመፍራት
    - ☐ ኤች አይ ቪ ፖዘቲቭ በመሆን ምክንያት የሚመጣውን መገለልና መድሎ በመፍራት
    - ☐ የአገልግሎት ሰጭዎች ታማኞችና ሚስጥር ጠባቂዎች አለመሆን
    - ☐ የኤች አይ ቪ የደም ምርመራ አገልግሎት ሚስጥራዊነት አለመጠበቅ
    - ☐ የፀረ- ኤች አይ ቪ ኤድስ መድኃኒት በስፋት አለመሰራጨት
    - ሌላ (ይጠቀስ) .....

12. የኤች አይ ቪ ቫይረስ በደምዎ ውስጥ ቢኖር ምን ያደርጋሉ?
    - ☐ ከወሲብ መታቀብ
    - ☐ ህክምናና የምክር አገልግሎት ማግኘት
    - ☐ ኮንደም መጠቀም
    - ☐ ልቅ ከሆነ የግብረ ስጋ ግኙኝነት ራስን መጠበቅ
    - ☐ ራስን መግደል
    - ☐ በአንድ መወሰን
    - ሌላ (ይጠቀስ) .....

13. ኤች አይ ቪ ፖዘቲቭ ቢሆኑ ውጤትዎን ለማን ይናገራሉ?
    - ☐ ለትዳር/ፍቅር ጓደኛ
    - ☐ ለወሲብ ጓደኛ
    - ☐ ለቤተሰብ
    - ☐ ለማንም አልናገርም
    - ሌላ (ይጠቀስ) .....

14. በፈቃደኝነት ላይ የተመሰረተ የኤች አይ ቪ ምክርና የደም ምርመራ አገልግሎት ማን ቢሰጥዎ ይመርጣሉ ?
    - ☐ የሰለጠነ ምክር ሰጪ
    - ☐ የሰለጠነ ነርስ
    - ☐ የሰለጠነ ሀኪም
    - ☐ የሃይማኖት መሪ
    - ሌላ (ይጠቀስ) .....

ክፍል አምስት. በፈቃደኝነት ላይ የተመሰረተ የኤች አይ ቪ የምክር አገልግሎትና የደም ምርመራን አመለካከት በተመለከተ

በፈቃደኝነት ላይ የተመሰረተ የኤች አይ ቪ የምክር እና የደም ምርመራን አመለካከት የሚመለከቱ ዓረፍተ ነገሮች ከዚህ በታች ተዘርዝረዋል

1. ሙሉ በሙሉ የሚስማሙበትን - 5
2. የሚስማሙበትን -..... 4
3. ለመወሰን ያስቸገሮትን - 3
4. የማይስማሙበትን -..... 2
5. ሙሉ በሙሉ የማይስማሙበትን - 1

ስለተሰጣቸው በሠንጠረዥ ረድፎች ከተቀመጡት መካከል የመረጡትን ሃሳብ በተሰጠው ቁጥር ያመልክቱ

ተ.ቁ	ዓረፍተ ነገር	የመልሶቹ ረድፍ				
		1	2	3	4	5
1	የኤች አይ ቪ የምክርና የደም ምርመራ አገልግሎት የቫይረሱን ስርጭት ለመቀነስ እንዲሁም ለመግታት ከፍተኛ ጠቀሜታ አለው					
2	የራስን የኤች አይ ቪ ሁኔታ/የምርመራ ውጤት/ ማወቅ ለወደፊት ህይወት አስፈላጊውን ጥንቃቄ ለማድረግ ይረዳል					
3	የኤች አይ ቪ የደም ምርመራ ከኤች አይ ቪ ምክርና ትምህርትጋር ካልታገዘ ውጤታማ ሊሆን አይችልም					
4	የራስን የኤች አይ ቪ ሁኔታ/የምርመራ ውጤት/ ማወቅ ከሃሳብና ከጭንቀት ያላቅቃል					
5	ውጤቱ ምንም ቢሆን በፈቃደኝነት ላይ የተመሰረተ የኤች አይ ቪ የደም ምርመራ ማድረግ እፈልጋለሁ					
6	የኤች አይ ቪ የደም ምርመራ የማደርገው የምርመራው ውጤት ሚስጥራዊነት የሚጠበቅ ከሆነ ብቻ ነው					
7	የኤች አይ ቪ የምክርና የደም ምርመራ ማድረግ ያለባቸው ለቫይረሱ የተጋለጡ ሰዎች ናቸው					
8	የኤች አይ ቪ የደም ምርመራ ውጤት ፖዘቲቭ ከሆነ ውጤቱን ባልሰማ እመርጣለሁ					
9	በኤች አይ ቪ የተጠቁ ሰዎችን ህብረተሰቡ ስለሚያገላቸው የኤች አይ ቪ የደም ምርመራ ማድረግ አልፈልግም					
10	የኤች አይ ቪ የደም ምርመራ የማደርገው መመርመሬ ግዴታ ሲሆን ብቻ ነው					
11	የፀረ-ኤች አይ ቪ መድኃኒት በብዛት ቢሰራጭ ኖሮ ለመመርመር ፈቃደኛ እሆን ነበር					
12	ማንኛውም ሰው የኤች አይ ቪ ምክርና የደም ምርመራ ማግኘት ያለበት በራሱ ተነሳሳሽነት መሆን አለበት					
13	የኤች አይ ቪ ቫይረስ በደሜ ውስጥ ከተገኘ ውጤቱን ለማንም ሰው ማሳወቅ አልፈልግም					
14	አድሎና መገለል በፈቃደኝነት ላይ በተመሰረተ የኤች አይ ቪ ምክርና የደም ምርመራ አገልግሎት ላይ ተፅዕኖ ያደርጋል					

ክፍል ስድስት: ዕድሜያቸው ከ 15 — 49 ዓመት የሆኑ ሰዎች በፈቃደኝነት ላይ የተመሰረተ የኤች አይ ቪ ምክርና የደም ምርመራ አገልግሎት እንዳያገኙ እንቅፋት የሚሆኑትን ምክንያቶች በተመለከተ

ከዚህ በታች ከ15-49 ዓመት ያሉ ሰዎች በፈቃደኝነት ላይ የተመሰረተ የኤች አይ ቪ ምክርና የደም ምርመራ አገልግሎት እንዳያገኙ እንቅፋት ናቸው የሚሏቸው ምክንያቶች ተዘርዝረዋል:: ለእያንዳንዱ ምክንያት አራት አማራጮች ተሰጥተዋል :: እያንዳንዱን ምክንያት በጥንቃቄ ካነበቡ በኋላ ከአራት አማራጮች አንዱን ብቻ በመምረጥ የ "X" ምልክት በማድረግ መልስ ይስጡ :: የአማራጮቹ መግለጫ እንደሚከተለው ነው::

4. በጣም ወሳኝ ምክንያት ነው
3. ወሳኝ ምክንያት ነው
2. በመጠኑ ምክንያት ነው
1. ምክንያት አይደለም

ተ.ቁ	ምክንያት	አማራጮች			
		1	2	3	4
1	ነፃ የኤች አይ ቪ የምክር አገልግሎት እና የደም ምርመራ የሚሰጥባቸው ተቋማት በቅርብ አለመገኘት				
2	ለኤች አይ ቪ ቫይረስ ስለሚያጋልጡ ባህርያት በቂ ግንዛቤ/ዕውቀት/ አለመኖር				
3	ቫይረሱ በደሜ ውስጥ ከተገኘ የሚያስከትለውን ጭንቀትና ስቃይ ስለምፈራ				
4	በቫይረሱ የተጎዱ ሰዎች ያላቸው ፍርሃትና መገለል				
5	የኤች አይ ቪ የምክር አገልግሎት እና የደም ምርመራ ለማድረግ የሚያበረታታኝ ጓደኛ/ቤተሰብ/ ስለሌለኝ				
6	የኤች አይ ቪ የደም ምርመራ የማደርገው ላገባና ውጭ ሀገር ለመሄድ ሳስብ ነው ብዬ ስለማስብ				
7	የአገልግሎት ሰጭዎች ታማኞችና ሚስጥር ጠባቂዎች አለመሆን				
8	የኤች አይ ቪ የደም ምርመራ አገልግሎት ሚስጥራዊነት አለመጠበቅ				
9	በፈቃደኝነት ላይ የተመሰረተ የኤች አይ ቪ ምክር እና የደም ምርመራ ጥቅም ግንዛቤ ስለሌለኝ				
10	የኤች አይ ቪ ቫይረስ በደሜ ውስጥ ከተገኘ መገለልና መድሎ ይደርስብኛል ብዬ ስለምፈራ				
11	የኤች አይ ቪ የደም ምርመራ አገልግሎት ለሁሉም በሚመች ሰዓት አለመሰጠቱ				
12	ለኤች አይ ቪ ተጠቂዎች አስፈላጊው ድጋፍና ዕገዛ ስለማይደረግ				
13	ቫይረሱ በደሜ ውስጥ ከተገኘ ይህን አምኖ የሚቀበል ቤተሰብ ስለሌለኝ				
14	የኤች አይ ቪ ቫይረስ በደሜ ውስጥ ከተገኘ የመኖር ተስፋ አናሳ ስለሆነ				
15	የኤች አይ ቪ ኤድስ ተጠቂ ከሆንኩ ወደፊት ስራ የመቀጠር ዕድል አይኖረኝም ብሎ ስለምፈራ				
16	የፀረ-ኤች አይ ቪ ኤድስ መድሃኒት በስፋት አለመሰራጨት				
17	ስለ ኤች አይ ቪ የምክር እና የደም ምርመራ አገልግሎት ግልጽ ውይይት ስለሌለ				
18	ከ15-49 ዓመት ያሉ ሰዎች በፈቃደኝነት ላይ የተመሰረተ የኤች አይ ቪ ምክር እና የደም ምርመራ አገልግሎት ተጠቃሚ እንዲሆኑ በቂ ቅስቀሳ ስለማይደረግ				

ክፍል ሰባት. ክፍት ጥያቄዎች

መመሪያ: የሚከተሉትን ጥያቄዎች ካነበቡ በኋላ ተገቢውን መልስ ይስጡ.

1. በፈቃደኝነት ላይ የተመሰረተ የኤች አይ ቪ ምክርና የደም ምርመራ ማዕከል የሚሰጠውን ዋና ዋና አገልግሎቶች ይጥቀሱ ?

   1. .....
   2. .....
   3. .....
   4. .....
   5. .....

2. ስለ በፈቃደኝነት ላይ የተመሰረተ የኤች አይ ቪ ምክርና የደም ምርመራ አገልግሎት በቂ ዕውቀት/ ግንዛቤ / አለኝ ብለው ያስባሉ ? ግንዛቤ ካልዎት ያልዎትን ግንዛቤ ይግለፁ ? .....

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3. በአካባቢዎ የሚታዩ ዋና ዋና የኤች አይ ቪ ምክርና የደም ምርመራ አገልግሎት ተጠቃሚ እንዳይሆኑ የሚያግድዎ እንቅፋቶች ምንድን ናቸው ?

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4. በራስዎ አስተያየት እነዚህ እንቅፋቶች እንዴት ይፈታሉ ?

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Appendix C

ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES
DEPARTMENT OF PSYCHOLOGY

Focus group Discussion.

The objective of this focus group discussion is to collect relevant information of young adults in Hossana town on voluntary HIV counseling and testing services and their perceived barriers to undergo voluntary HIV counseling and testing. The task of the group member in the focus group discussion is to focus collectively on questions posed by the researcher and actively participate in the discussion. All your comments and ideas will be kept in absolute confidentiality. You will not held responsible for the research out comes.

Therefore, you are kindly requested to give your genuine ideas.

Thank you for taking the time to participate in the discussion

Answer the following questions briefly.

1. Would you tell us the knowledge of young adults in Hossana town on the transmission and prevention of HIV/AIDS?
2. Can you tell us the knowledge of young adults in Hossana town on VCT services?
3. What are the major Perceived barriers of young adults to undergo voluntary HIV Counseling and Testing in Hossana town?
4. What strategies do you need to create awareness among young adults regarding to VCT and to solve perceived barriers that limit young adults from VCT?
5. What is your general suggestion about VCT services that offered at VCT centers in Hossana?
6. What is the availability of ART drug in Hossana town and the problems encountered on using it?
7. In your opinion what is the status of HIV / AIDS among young adults in Hossana town?

Appendix D

በአዲስ አበባ ዩኒቨርሲቲ
የድህረ ምረቃ ትምህርት መርሃ ግብር
ሳይኮሎጂ ትምህርት ክፍል

የትኩረት ቡድን ውይይት

የዚህ ውይይት ዓላማ በሆሳዕና ከተማ በሚገኙ ዕድሜያቸው ከ 15 — 49 ዓመት ያሉ ሰዎች በፈቃደኝነት ላይ ስለተመሰረተ የምክርና የደም ምርመራ አገልግሎት ያላቸውን ግንዛቤ በተመለከተ እና በፈቃደኝነት ላይ በተመሰረተ የምክርና የደም ምርመራ እንዳያደርጉ እንቅፋት በሆኑ ምክንያቶች ላይ አስፈላጊ የሆነ መረጃ ለመሰብሰብ ነው:: በዚህ ቡድን የታቀፉ አባል ከአጥኚው ለሚቀርቡ ጥያቄዎች ትኩረት በመስጠት በንቃት በውይይቱ ላይ መሳተፍ ይጠበቅበታል::የሚሰነዘሩ አስተያየቶችና ሃሳቦች በሙሉ በሚስጥር ይጠበቃሉ:: ለጥናቱ ውጤትም ኃላፊነት የለብዎትም::

ስለዚህ ያልዎትን ሃሳብ በግልጽ እንዲሰጡ ትብብርዎን እጠይቃለሁ::

ጊዜዎን ሰውተው በውይይቱ ላይ ተሳታፊ ስለሆኑ አመሰግናለሁ !

የሚከተሉትን ጥያቄዎች ሰፋ ባለ መልኩ ይመልሱ

1. በሆሳዕና ከተማ የሚገኙ ዕድሜያቸው ከ15-49 ዓመት የሆኑ ሰዎች ስለ ኤች አይ ቪ ኤድስ መተላለፊያና መከላከያ መንገድ ያላቸው ግንዛቤ ምን ይመስላል ?
2. በሆሳዕና ከተማ የሚገኙ ዕድሜያቸው ከ15-49 ዓመት የሆኑ ሰዎች ስለ በፈቃደኝነት ላይ ስለተመሰረተ የኤች አይ ቪ ምክርና የደም ምርመራ አገልግሎት ያላቸውን ግንዛቤ ያብራሩ ?
3. በሆሳዕና ከተማ የሚገኙ ዕድሜያቸው ከ15-49 ዓመት የሆኑ ሰዎች በፈቃደኝነት ላይ የተመሰረተ የኤች አይ ቪ ምክርና የደም ምርመራ እንዳያደርጉ የሚከሏቸውን ዋና ዋና ምክንያቶች /እንቅፋቶች/ ምን ምን ናቸው ?
4. በሆሳዕና ከተማ የሚገኙ ዕድሜያቸው ከ15-49 ዓመት የሆኑ ሰዎችን የኤች አይ ቪ ምክርና የደም ምርመራን ግንዛቤ እንዴት ማሳደግ እንችላለን? የኤች አይ ቪ የደም ምርመራ እንዳያደርጉ የሚከሏቸውን እንቅፋቶችን ለመፍታት ምን መደረግ አለበት ?
5. በሆሳዕና ከተማ በሚገኙ የኤች አይ ቪ ማዕከላት የሚሰጡትን አገልግሎት በተመለከተ ያላችሁ አጠቃላይ አስተያየት ምንድነው ?
6. የፀረ ኤች አይ ቪ ኤድስ መድኃኒት ስርጭትን በተመለከተ እና በተጠቃሚዎች ዙሪያ ያለውን ችግር ይግለጹ ?
7. በዕርስዎ ዕይታ የ ኤች አይ ቪ/ኤድስ ስርጭት ሁኔታ በሆሳዕና ከተማ እንዴት ነው ?