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Assessment of knowledge attitude and practice with regard to AIDS hotline service among preparatory school students in Addis Ababa.

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ABBREVATIONS

1.	AAU	Addis Ababa University
2.	AIDS	Acquired Immuno- Deficiency Syndrome
3.	ARC	Aids Resource Center
4.	ARH	Adolescent Reproductive Health
5.	ART	Anti Retroviral Treatment
6.	BCC	Behavior change communication
7.	BSS	Behavioral Surveillance Survey
8.	FGAE	Family Guidance Association Ethiopia
9.	FGD	Focus group discussion
10.	HIV	Human immune virus
11.	IEC	Information Education Communication
12.	IOM	International Organization of Migration
13.	KAP	Knowledge Attitude and Practice
14.	NGO	Non Government Organization
15.	OR	Odds Ratio
16.	OSSA	Organization Social Service Association
17.	PMTCT	Prevention of mother to child transmission
18.	SD	Standard Deviation
19.	SRH	Sexual and Reproductive Health
20.	STD	Sexually transmitted diseases
21.	STI	Sexually transmitted infection
22.	VCT	Voluntary Counseling and Testing
23.	WHO	World Health Organization

1. Summary

Young peoples specific needs of sexual and reproductive information and service remained poorly understood or served in most of the countries of the world. These days; however, since young people SRH problems are becoming serious public health issues in many countries the needs of specific youth friendly SRH services for young people have gained attention.

A cross sectional descriptive survey through a self administered anonymous and structured questionnaire was conducted from March 2007- April 2007 in randomly selected preparatory schools found in Addis Ababa. Students who are in grade 11 and 12 were included to determine their knowledge, attitude and practice with regard to AIDS hotline counseling service.

In this study 805 participants filled out a structured and pre tested questionnaire. Focus group discussion also conducted with two groups (male and female) students selected from Anti AIDS club members both in governmental and non governmental schools prior to the quantitative data collection in order to know any information which may be essential for the preparation of the questionnaire as well to supplement the findings of quantitative result.

Among the respondents 424 (52.8%) were male and the mean age (±SD) of respondents was 16.98 (±1.2) years. Six hundred ninety seven (86.7%) of the participants reported that they knew about the existence of AIDS hotline counseling services and 211 (30.2 %) used the service of whom 118 (56.0%) were males and 93 (44.0%) were females and the major reason for calling was facts such as ways of HIV/AIDS transmission and related facts.

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Most of the respondents 161 (89.9%) who used AIDS hotline counseling service said that they have positive attitude towards the service and 13 (7.2%) of participants do not agree with this idea, among study participants who have used this service 178 (99.4%) reported that hotline is convenient service for young school adolescents since it is accessible, toll free, and confidential. In this study participants said that school adolescents are having difficulties to use HIV/AIDS related information and counseling services situated at health institutions with different reasons and the presence of anonymous and toll (charge) free HIV related information and counseling service will create better opportunity. Generally, this study revealed that majority of the participants are aware about AIDS hotline counseling service and majority of the participants who used this service have positive attitude, therefore it is worth expanding this new approach as a means in order to address adolescents' health related problems.

2. Introduction

Human immune virus/ Acquired Immuno- Deficiency Syndrome is one of the worst epidemics human being has ever faced. It has spread further, faster and is expanding its horizon with more catastrophic long term effects than any other disease (1, 2). Every six seconds, someone around the world is infected with HIV/AIDS, like the plague that swept Europe in the middle ages, AIDS is devastating entire contents (2). Its impact has become an overwhelming obstacle to development (1). Sub Saharan Africa remains the worst affected region of the world with one in five adults across southern Africa now are HIV infected. In countries such as Botswana and Swaziland, Adults prevalence is approaching 40%. In many areas AIDS is raising decades of progress made in human development as young productive people die, households fail in to poverty and the costs of the epidemic continuous to ever mount (1).

Ethiopia is one of the countries hardest hit by HIV/AIDS epidemic in sub-Saharan Africa (3). Currently 1.5 million people are living with HIV/AIDS and the highest HIV prevalence still occurs among youths in the age group 15-24, the adjusted HIV prevalence in 2004 being 4.4% among which 12.6% and 2.6% were in urban and rural area, respectively(4).

Ethiopia's youth accounts for about 34% of the total population of the country. Youths are exposed to various risks such as early marriage, early pregnancy, Sexually transmitted diseases including HIV, unemployment, drug abuse and crimes (5). Adolescence is an age group that undergoes through physical emotional mental and social changes that places young people life at high risk as a result significant number of young people are exposed to risky sexual practice(6).

In Ethiopia young people lacked adequate earlier information, education and sound guidance on sexual and reproductive health issues. Young peoples' SRH service utilization is found to be low. In Ethiopia a study conducted in selected regions showed that only 6.7% and 2.4% ever visiting the existing health institutions received SRH and VCT services respectively and this is mainly due to lack of specific and youth friendly health facility that meets the needs of young people (7).

Reproductive and sexual health services can play an important role in both health promotion and prevention. However in many countries such services are inaccessible, inappropriate or unaffordable to young people. A study conducted in South Africa showed that many such health services are either physically inaccessible or have working hours that prevent easy access for youth. Staff attitudes ranging from judgmental to treating adolescents' requests for services with hostility, to denying them services also has impact on adolescent utilization of services (8).

Reproductive health programs should offer information and relevant services to adolescents because young people have the need and the right of having quality reproductive health services. Even though, ARH needs are immense adolescents face many barriers like lack of knowledge of reproductive anatomy and physiology, how pregnancies or STI occur, how to prevent them and where to obtain protection (9).

The hotline services were introduced in Ethiopia by OSSA (a local NGO working on HIV/AIDS prevention and support) in 1995. Moreover, since 2004 Family Guidance Association-Ethiopia and Hiowt-Ethiopia both local NGOs, have been providing the hotline services in Addis Ababa focusing on reproductive health and HIV/AIDS.

National AIDS Resource Center (ARC) "WEGEN AIDS HOTLINE" has been in operation since December 2004 and it can be reached from any landline telephone in the country by

dialing 952. Trained counselors are on duty from 8:00 a.m. to 12:00 p.m, Monday through Saturday (10). The National AIDS hotline in Ethiopia is working on AIDS counseling and information provision since 2 years. However there is limited knowledge available about how much hotlines are being utilized by different segment of the population at the community level. Hence, the aim of this study is to describe knowledge attitude and practice about AIDS hotline counseling services.

3. Literature Review

3.1 Background

The total number of world population is estimated to be 6.15 billion out of which 1.2 billion are adolescents, which implies more than one out of six people in the planet are adolescents. Great majority (85%) of them is living in developing countries and in sub-Saharan Africa one in four African is an adolescent. The estimated total population of the 42 African countries that lies south of Sahara is 610 million of which approximately 20% (120) million are adolescents. With an overall population growth rate of 2.7% in sub-Saharan Africa, it is projected that this adolescent population will double in the next 25 years. Studies also showed that in Ethiopia the adolescent population is estimated to be one third of the total population (8, 11, 12,13).

World Health Organization reports that the highest rate of STI occurs among 20-24 years old, followed by adolescents age 15-19 years. Young girls are at even higher risk, largely due to earlier onset of sexual activity. In developed world two thirds of reported STI cases occur among men and women under the age of 25 years. In developing countries the proportion is

even higher and about one half of all HIV infections occur among men and women of 24 years and younger (14, 15).

Adolescence is the time when many young people experience critical and life defining challenges such as their first sexual experience, marriage, pregnancy and parenthood as sexual activity begins in adolescence for the majorities of people in many countries before the age of 15 years. Adolescent sexual behavior is important not only because of the possible reproductive outcomes, but because risk sexual behavior is associated with sexually transmitted infections such as HIV/AIDS (16).

Early initiation of sex poses health risks for both young women and men, most young adults who enter in to a sexual relationship for the first time do not use any form of contraception. Unprotected sex also exposes the young to sexually transmitted infections (17). Adolescent sexuality is still taboo in many places and this left adolescents without the information and counseling they need. They get their first information about sexuality from their peers whose views are often inaccurate and based on rumors and personal experiences (18).

Physiological factors that put many adolescents at increased risk for STI include: a general sense of invulnerability, the desire to try new experiences and willingness to take risks including changing sexual partners often or having a partner who has multiple partners. In addition many adolescents lack knowledge of STI that contributes to risk taking behavior, find it difficult to use condom consistently and correctly, or lack communication and negotiation skills making condom use difficult. Social and programmatic factors include limited access to family planning/ STI services, inconvenient clinics hours or locations lack of confidentiality,

trained clinic staffs or staff members with negative attitudes about adolescent sexual activity and contraceptive use and inability to negotiate safer sex practices (19).

Adolescents want accesses to educational programs and services however, more than two thirds of them in Mongolia said that they do not get enough information on STI/HIV and pregnancy prevention and that they health facility where they cannot get RH services and counseling based on their specific most adolescents get information from inaccurate sources and have insufficient knowledge (20).

Reproductive health problems of young people in Ethiopia are multifaceted and interrelated that is child bearing begins at early age and as aresult, 45% of the total births in the country occur among adolescent girls and young women. Sexual violence and commercial sex work have also become common phenomenon among young girls. As a result, adolescents have become primary victims of HIV/AIDS crises that has spread through out the country which is evidenced by a large proportion of new HIV infection which is occurring in young people under 25 years of age in the country. In general, young people are at risk of RH problems which are aggravated by poor socio economic environment (13).

The Ethiopia 2002 BSS revealed that about 33% of the younger out of school youth and more than 25% of in school youth had had sex by the time they were 15 years old (21). Adolescent sexuality and reproductive health KAP survey found that the average age for girls to start sexual intercourse is 15.4,15.2,14.9 years for Addis Ababa, Debreziet and Nazeret, respectively and 86% of the respondents stated that boys start sexual intercourse as early as the ages between 15-16 years (22).

3.2 Hotlines as a BCC intervention

Hotlines are a relatively newcomers among Public Health Education service, which is a specialized telephone service that provides effective way to listen to and counsel caller, disseminate information and refer callers to services and resources for further help. Hotlines first appeared in the United States of America in the 1960s to facilitate access to social service by traditionally underserved populations. Hotlines expanded to high income countries in the 1970s. By the early 1980s when HIV/AIDS emerged hotlines were already well established as a means of communications and offering support since they were considered to provide accurate information to many people quickly and anonymously (23).

Hotline programs provide advice related to sexual and reproductive health, suicide prevention, drug abuse and violence and offer education, counseling and referral to services. They often discuss sexuality in a positive, nonjudgmental tone; hotline callers clarify their values, attitudes and behavior in decision-making, negotiation and communication skills. They can increase awareness, knowledge and self-esteem; combat myths and fears regarding sex, pregnancy, sexually transmitted infections (STIs) and HIV/AIDS; reinforce media messages; and encourage as well as support sustained behavior change (24).

Like mass media and interpersonal communication, hotlines have the ability to reach large number of people and yet can offer personalized interaction. In addition hotlines, provide a means to enhance self efficiency for target audiences to seek information that could lead to positive changes in behavior (25).

Hotlines that answer calls with an automated message provide consistent and accurate messages and give information 24 hours a day and on weekends and holidays. If the hotline provides

numbered choices for health messages, these choices should be advertised as part of the hotline promotion to ensure that callers receive the information they need with minimal hassle (26).

Even if hotlines have excellent recorded truck, expansion of this approach in to low and middle income countries practiced only with in the past decade. In countries of Asia even if limited telephone infrastructure is there, the rapid growth of mobile cellular phone may create better opportunity (23). Recognizing the vital role hotlines play in bringing about behavioral change, a considerable number of developing countries have adapted this innovation. Hotlines are being practiced in South Africa, Nigeria, Mozambique, Ghana, Uganda, Kenya, Zambia, Guatemala, Trinidad and Tobago, the Philippines, India and others in their fight against HIV pandemic (27).

3.3 Hotlines in Ethiopia

Hotlines in Ethiopia have been established by three organizations over the years: Amongst these, OSSA hotline is the most mature with ten years of experience but its coverage is limited to Addis Ababa and it is not toll free (28).

FGAE hotline mainly focuses on reproductive health issues with supplemental HIV/AIDS information was established in 2004. Like that of OSSA, it is only open during standard business hours, Monday to Friday and limited in its coverage to Addis Ababa. Unlike OSSA, their 919 number is toll free (29). Hiwot Ethiopia's hotline predominantly works on youth reproductive and sexual health with additional HIV/AIDS information, its coverage is limited to Addis Ababa and the service is toll free and has been functional since 2004 (30).

International Organization of Migration hotline focuses on migrants and trafficking of people and it provides a variety of service including cultural and psychological counseling for victims of illegal migration and trafficking.

The National ADIS Resource Center (ARC) established a National hotline in Ethiopia in 2004. It is toll-free from any landline in the country. It works from Monday to Saturday for 16 hours, 8:00am - 12:00pm. The main objective of ARC hotline is to empower Ethiopians to know their HIV status and for those who are HIV negative to protect themselves from contracting HIV, to promote healthy positive living among those infected and affected by disease by providing up-to date information on: HIV/AIDS, including VCT, PMTCT, ART, care and support, STIs and opportunistic infection and refer callers to where services could be accessed (27).

3.4 Advantages of hotlines

Ensuring confidentiality can reduce the barriers between youth and information, especially when youth do not feel comfortable seeking advice from friends or families. Anonymity allows youth to ask questions they may not pose face-to-face with counselors or peer educators etc (26).

Compared with facility-based counseling and small-group discussion, providing information via hotlines and radio programs can potentially reach youth at a relatively lower cost. Where printing costs are high, these programs can be an alternative to information, education and communication (IEC) materials. They cost the user little or nothing, which is particularly relevant to youth, who often cite cost as a barrier to seeking services (26).

The Family Planning Association of Uganda, for example, set up a hotline for youth outside normal working hours because callers said they would rather talk after 9 P.M. when their parents have gone to bed. Convenient times for youth vary depending on the target population. After-school hours are necessary, for instance, if the program is trying to reach in-school adolescents (26).

The Sahabat Remaja (Friends of Youth) hotline in Indonesia found that youth are more comfortable with hotline counseling by peers (26).

In Uganda, peer counselors of the Youth Sexual and Reproductive Health Project hotline may escort callers to services at the University Hospital. Clinic exit interviews revealed that up to 35 percent of youth receiving STI treatment and counseling on unwanted pregnancy at Youth Centers in Uganda heard about the service through a radio program. The Joven a Joven hotline in Mexico City has formed relationships with psychiatric services, counseling and domestic violence centers, and reproductive health clinics to refer callers who need additional help (26).

3.5 Clients of hotlines

Although talking about Sexual and Reproductive hotline in India is not specifically targeted at youth, approximately 60% of callers are between 15 and 25 years old (26).

In South Africa majority of callers (45%) are between 15- 19 year followed by 20-29 years old age group (38 %) in Dec.2000. Callers age profile in Trinidad and Tobago is highest among 10-19 years, majority of callers in Philippines are 10-20 years and in India 18-35 years of age. Callers analysis in South Africa between July 2000-2003 showed age profile of callers changed, that is proportion of 15-19 year olds halved between the first and last periods from 44% to 23% (31). The study conducted in Addis Ababa found out that the callers age range of 25(20.4%) of participants lies 14-18year, 32(26.2%) were lies 19-23years, 48(39.3%) were under the age range of 20-24 years and the rest 17(13.9%) constitutes above 24 years (32).

The majority of callers are men (60%) in South Africa. The ratio of male to female callers is relatively close in Trinidad and Tobago; where in India 80 % of callers are men. In South Africa department of health survey of HIV/AIDS awareness among commuters using public transport indicated that there is high penetration of the notion that a hotlines service could be contacted

for HIV /AIDS information. Seventy five percent of respondents indicated they new of such service, of those who knew 56% mentioned the national toll free AIDS hotline and 11% indicated that they had made use of a helpline service (31).

3.6 Information source

In South Africa analysis of source of hotline number in Aug.2000 showed that pamphlets (30%) and posters (8%) were important media. In India more than one third of callers say that though they heard about hotlines through advertisement, they were motivated to call when a friend recommended that they do so (23). In South Africa analysis of call trend from 2000-2003 showed source of information from which callers become aware of the hotline were condom packaging which include the number for the hotline and a red ribbon logo and news papers, the next most reported sources of information were pamphlets (17%), television and radio (11%) (31). In Addis Ababa assessment of AIDS hotline services revealed that sources of information on the existence of hotline AIDS counseling are 36 (29.5%) TV/radio, 68 (55.7%) friends, 18 (14.8%) news papers magazines and leaflets were mentioned (32).

3.7 Reasons for calling the hotlines

In South Africa analysis of the reasons for callers made during three different time periods prior to the switch to call-center technology the primary concerns were HIV/AIDS transmission, symptoms and other basic information about the virus, condoms other STIS and HIV testing . In Trinidad and Tobago callers questions generally fall in to four categories. Like the needs of person living with HIV/ AIDS for eg. disclosure issues, maternal to child transmission of HIV. General information like testing, mode of HIV transmission and questions centered on human rights ethical and legal issues, and about unhealthy abusive relationships and

related social concerns like rape, domestic violence (23). A case study of population services international in India on Saadhan HIV/AIDS hotline showed large proportion of callers claimed they had completed secondary high schools. The most common questions relate to modes of HIV/AIDS transmission followed by questions on sexuality and inquires regarding diagnosis of HIVAIDS (24).

Evaluation of Dutch AIDS information hotline an investigation of information needs and satisfaction of callers revealed 44% telephone calls addressed personal risk of HIV transmission, 30% of calls addressed HIV transmission in general, 20% addressed questions on HIV testing and 10% requested an information package. Male and female callers had different information needs Male callers asked more questions about personal risk of HIV transmission or HIV transmission in general than female callers. Information needs were also related to callers educational background higher educated callers asked more questions about HIV testing, where as lower educated callers more often requested an information package (25).

Assessment of the utilization of a state AIDS/STD hotline by persons with and without HIV infection and their information needs revealed that 760 (10.6%) callers reported being infected with HIV and 6450(89.4%) revealed that they were either free of the infection or were not aware of their HIV status. The analysis of telephone inquiries to the NJ AIDS/STD hotline by the type of requested information received from callers with HIV and those free of the virus. Almost half (42.5%) of the callers who did not report having the infection inquired about testing site location for HIV, 97.0% of the callers who considered themselves infected with the virus asked about other information like legal issues treatment and support group information. The callers who did not report having HIV infection were significantly more likely to seek specific information about prevention than the self reported HIV positive persons (33).

The findings obtained in the Assessment of HIV/AIDS hotline services in A.A revealed that the major concern of callers stated as 65(53.3%) for general information on HIV/AIDS, 36(29.5%), for counseling and 17(13.9%) for referral and 4(3.3%) constitutes others. The same study found out that 62(50.8%) of callers had strong positive attitude, 48(39.3%) had positive attitude, 12(9.8%) had negative attitude towards the hotline counseling service besides 81(74.3%) study participants stated that busy line is the main problem in using the service (32).

Generally, the existing reproductive health services are not accessed by adolescents due to operational barriers like inconvenient hours of operation and/ or location the facilities being at neighborhood or far. Adolescents are mostly economically dependent, that unless special fee schedule are designed to make services free or affordable their access would be reduced (34). It is the newer approach that counseling through anonymous line without the physical presence of both the counselor and caller that the present study intended to assess by in school youth survey.

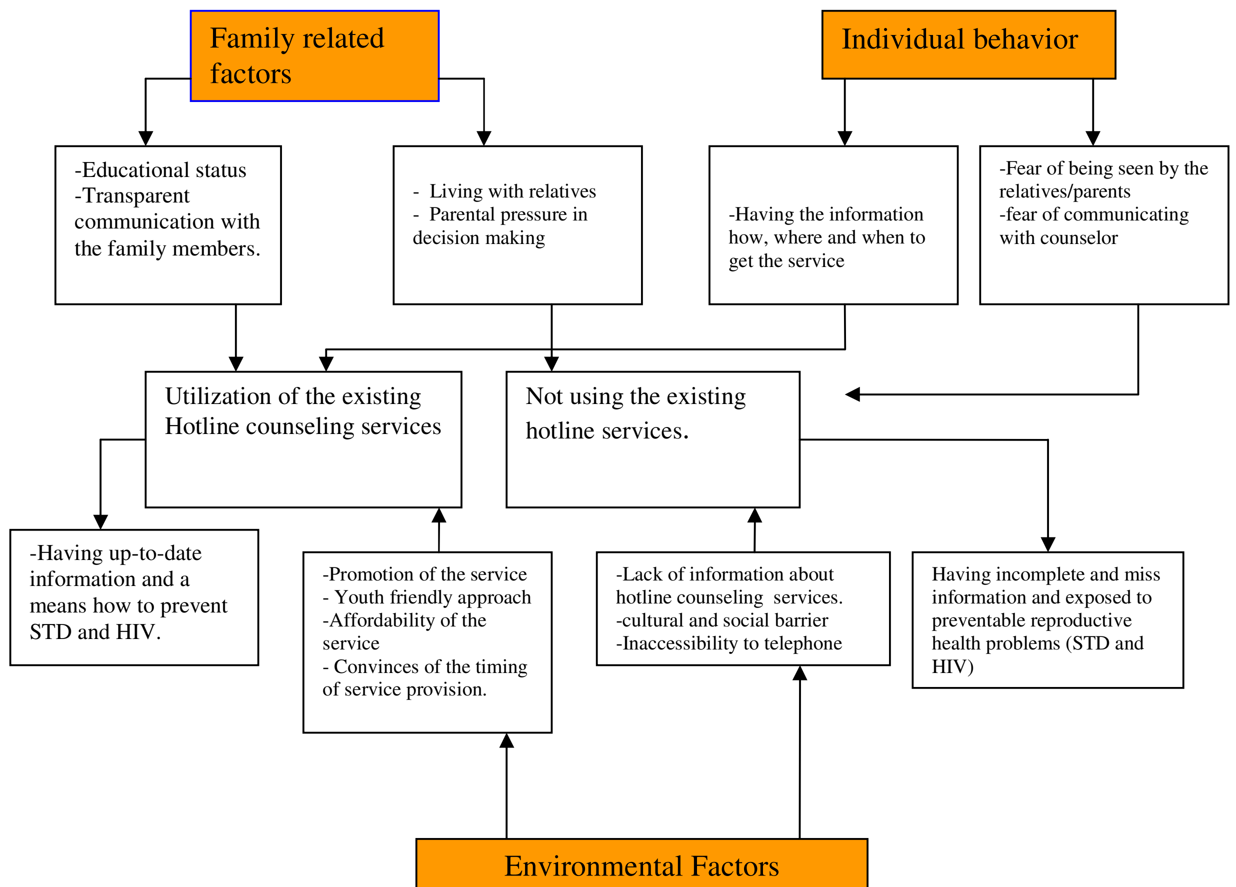

Fig .3. Conceptual framework

4. Objectives

General objective: To assess knowledge attitude and practice with regard to AIDS hotline service and to describe information need among preparatory school students in Addis Ababa.

Specific objectives

1. To assess the knowledge of preparatory school students about AIDS hotline counseling service.
2. To asses the attitude of preparatory school adolescents towards the AIDS hotline counseling service.
3. To determine the practice of preparatory students in using the AIDS hotline counseling service.
4. To describe information need of the preparatory school students in relation to the current counseling service provided by the AIDS hotline counseling service.

5. Methods and Materials

5.1 Study area and period

The study was conducted in Addis Ababa the capital city of Ethiopia which comprises 10 sub cities and 100 kebels. There are 39 preparatory schools in the city that have 11 and 12 grades and the total number of students in preparatory schools 2004/05 academic year is 12,583. Study period was from September 2006- July 2007

5.2 Study design

Descriptive cross-sectional study design was used.

5.3 Source population

All preparatory students in Addis Ababa enrolled in 2006/07.

5.4 Study population

All preparatory day time students in eight selected schools.

5.4 Sample size and sampling

5.4.1 Sample size

The sample size was determined by an assumption of 50% prevalence of knowledge about the existence of hotline counseling service since there was no previous similar study giving any particular outcome to be within 5% marginal error and 95% confidence interval of certainty (alpha= 0.05). Based on this assumption the actual sample size for the study computed using single population proportion formula as indicated below.

n= (zα/2)2 p (1- P) /d2

Where n= sample size

(zα/2)2 = critical value =1.96

p= prevalence rate of knowledge about the existence of hotline counseling service =50%

d= precision (marginal error) 0.05 thus the sample size will be

n= (1.96)2(0.5*0.5) / (0.05)2

By adding 10% non response rate it will

= 384.16+38.6

= 422.

Since multi stage sampling technique used by considering the design effect 2 the total sample size became 844.

5.4.2 Sampling procedure

Multi stage sampling technique was used for selection of schools and students

Selection of schools

1. All high schools identified by name and category as government and non government
2. High schools were stratified by ownership in to government and non government.
3. Non government high schools were stratified as mixed, girls only and boys only then the schools were selected at random from each category.

Selection of sections

1. The total number of students found in each school were taken and proportional sample size calculated for each so as to give the total sample size.($n/N = nj/Nj \rightarrow nj=Nj*n/N$ (see table 1)
2. The same procedure is used to make proportional sampling of male and female students in each school.($nj=Nj*0.138$)
3. The number of respondents calculated for each school is divided equally in to two grades 11 and 12.
4. From each grade one section was selected randomly. Students from the selected section were chosen randomly by lottery method assembled in a room and made fill out the questionnaire in the presence of data collectors.

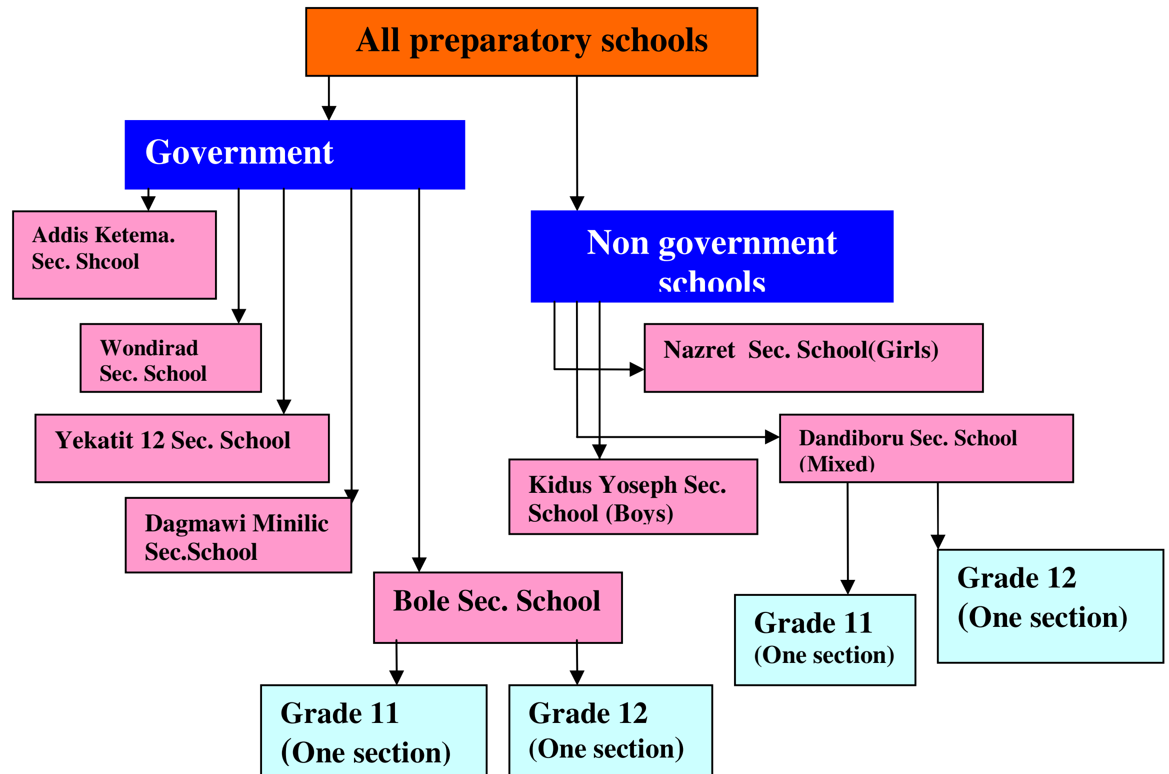

Fig. 1 Schematic presentation of sampling procedure.

Table 1. **Calculated sample size for each school using proportional sampling according to the population size of each school.**

No	School name	Population size			Sample size		
		Male	Female	Total	Male	Female	Total
1	Wondirad	433	438	871	61	61	122
2	Nazret		356	356		50	50
3	Minilik	608	505	1113	84	70	154
4	Bole	544	439	983	75	60	135
5	Dandiboru	258	208	466	34	29	63
6	Yekatit 12	653	523	1176	90	72	162
7	Addis ketema	561	385	946	78	54	132
8	Kidus Joseph	193		193	26		26

5.4.3 Data collection tools and procedures

A structured self administered questioner was developed to be filled by the students. The questionnaire was pre-tested in different schools and with similar background as the target group.

Six data collectors and two supervisors were trained and facilitated the data collection. The investigator and additional one supervisor insured the data quality with close supervision of data collection process.

Students who were selected to fill the questionnaire were assembled in a separate room and completed the questionnaire. All information filled was anonymous and there was no personal identification of the participants to insure confidentiality and reliability of data filled.

Qualitative data:

Focus group discussion was conducted using semi structured questions before the quantitative survey in order to explore ideas which can be important for the development of questionnaire as well to complement findings of the quantitative data by detailed discussions with some students. A total of four focus group discussions disaggregated by sex and type of school were conducted using semi structured open ended questionnaires in order to provide more insight in to the complex pattern of sexual behavior. The principal investigator moderated the discussions of the female groups while a male supervisor who was trained by the principal investigator moderated that of male groups. One male and one female assistant were also trained to organize the focus group discussions and handle the tape recording and note taking. Each session was recorded and the principal investigator together with moderators and note takers transcribed the tape after each sessions. Although diverse opinions were expressed with in each group transcription was done and consistent them that are directly related to the objectives of this study.

5.4.4 Measurement Variables

Dependent Variables: Knowledge, Attitude, Practice

Independent variables: socio demographic characteristics, sexual behaviors and Information need.

5.4.5 Data quality Management

A structured questionnaire was primarily prepared in English then converted to Amharic then after complete correction it was converted to English in order to look for consistency of the questions. Pre test was done prior to survey and questions which needed clarification were

revised and used for the final survey. Training was given for data collectors and supervisors and daily the data was revised for completeness accuracy and clarity by the supervisors and principal investigator.

5.4.6 Data entry and analysis:

The collected data was manually checked for completeness and data was entered using epi6 statistical software and exported to SPSS 13.0 coded, cleaned and processed finally the results were present using the findings, frequency tables and figures.

Qualitative result was transcribed translated and presented with the findings.

5.4.7 Ethical considerations:

Ethical clearance was sought from AAU, Faculty of Medicine, Department of Community Health and consent gained from the school administrations and participant students. All information gained during data collection was confidential that is there was no any personal identification which is left on the questionnaire. After the completion of the data collection a briefing on AIDS hotline counseling services and any related questions were entertained .Results will be communicated to the existing hotlines, AAU and abstract will be send for publications after the completion of the study.

Operational definitions of terms

Hotlines- Also known as (help lines) are phone lines set up to take calls about specific topics

Knowledge of AIDS hotline counseling service- Is being aware of on the existence, the number used to dial and the payment needed to use the service of AIDS hotline counseling.

Attitude - Is the study subjects opinion, or ideas towards AIDS hotline counseling service.

Practice - is the overt behavior, habit or customs of person. A study subjects who have knowledge about hotline counseling service and who have ever use AIDS hotline counseling service for the purpose of information or seeking counseling service.

Information need - The main concern of the callers to get accesses in to the hotline services.

Sexual health- Physical, mental and emotional issues related with sexuality.

Encouraging - Giving support and help to the efforts done in prevention of HIV/AIDS transmission.

General information related with HIV- Magnitude, ways of HIV transmission, social support for AIDS cases related issues.

Hotline counseling service users- Those participants who ever tried to call to hotline services.

Accessible to telephone service: Is individuals' ability to have phone use whenever they need, without spending money to go where facility is available.

Income is considered low- when monthly family income is below 1000 birr.

Income is considered medium- when monthly family income is above 1000 birr

6. Result

6.1 Qualitative Data result

Four FGD disaggregated by sex of participants was conducted at government and nongovernmental schools, two FGD each separated with respective sex differences and 8 students were included in each sub group.

All of the students participated in the qualitative study were aware of the existence of AIDS counseling service given at health institutions and other organizations working on VCT, however almost half of the participants were able mention that they are familiar with hotline counseling services. Few the discussants said that they have heard about Hiwot Ethiopia and the rest all stated Wogen AIDS hotline counseling service and the common sources of information about the existence of AIDS hotline counseling is Mass media, friends and health institutions.

Commenting on the concern of AIDS hotline counseling services all discussants agreed that information in relation to HIV/AIDS transmission, prevention and VCT as well as referral services are the main targets of the existing hotline services. Moreover, one third of female discussants perceived that contraceptive and sexual relationship related information and counseling services is included in the same hotline.

Most of the students who were aware on the existence of Wogen AIDS hotline counseling service they were able to mention the number (952) used to dial and all agreed that it is toll

free from any landline telephone. Regarding the service hours almost all perceived that Wogen AIDS hotline service is given for 24 hours.

In relation to hotline counseling service utilization no discussant has mentioned using other hotlines than Wogen AIDS hotline service and few students explained that they have used Wogen AIDS hotline counseling service and they complain that there is a need for repeated trial to get contact with the counselor because of busy number. One of the discussants said that "I have tried to call them, but no one was able to pick up the phone"

Participants who have contacted with the counselors were asked to know their attitude towards the service and most of them have positive attitude towards the service, and they mentioned it is friendly and easy accessed by students.

Those discussants who have used WOGEN AIDS hotline counseling stated their main concern was general information related with HIV/AIDS transmission and prevention. One of the participants said that "I and my friends were argued about the transmission of HIV in eating raw meat and we tried to contact Wogen for more information", and few were able to mention there is a need of information in related with contraceptive and sexual relation issues. Almost all discussants concluded that hotline counseling is essential for young people to use by listing the benefits of anonymous hotline counseling service. The service is accessible without payment, no need to expend time to go to the facility where counseling and information is available and their families will not know the situation this is because, number of students do not have transparent discussion concerning sexual related issues with in the family. One of male discussant said that "Even if we young adolescents have special interest to know the physiologic change in our body and sexual related matters we could only make

discussion with in the peer group otherwise it is very difficult to raise the issue in the family since in our setup such issues usually not discussed transparently with in the family that may hinder youngsters to obtain the right information therefore, the presence of anonymous counseling and information service beyond HIV/AIDS will create good opportunity".

Concerning the most important areas of health problems majorities of the participants pointed out that Alcohol and drug use is becoming very common even lower grade students are involved and repeated social events at schools they mentioned 'Parties' conducted outside the school compound in which students are more interested to join theses events usually acts as a media for entry point to test and adopt alcohols and drugs therefore such issues if addressed may reduce risk of HIV/AIDS besides sexual relation guidance and reproductive health issues related with contraception is better be addressed in the anonymous hotline counseling service. Focus group discussions result that pointed out involvement of school adolescents in using Alcohol and drug use helped the issue to be incorporated in the questionnaire in order to see the concern at school level.

6.2 Quantitative data result

A total of 805 students were included in the study of whom 424 (52.8%) male and 380 (47.2%) were females. Seven hundred sixty (94.5) of respondents were under the age range of 15-19 and the rest 44 (5.5%) were in the age range of 20-24.The mean age of study participants is ($\pm$SD) of respondents was 16.98 ($\pm$1.2) years. The majority 769 (95.6%) were single and 661 (82.3%) were Orthodox Christians. Socio demographic characteristics of the students are given in table 2.

Table 2. **Socio demographic characteristics of preparatory students, in Addis Ababa, 2007**

Characteristics	Total n (%)
Age (n=804)	
15-19	760 (94.5)
20-24	44 (5.5)
Marital Status (n=804)	
Never married	769 (95.6)
Married	33 (4.1)
All others	2 (0.3)
Fathers educational status (n=803)	
Primary and below	159 (19.8)
Junior level	90 (11.2)
High school level	104 (13)
higher education level	400 (49.8)
do not know	50 (6.2)
Mothers Educational status (n=803)	
Primary and below	246 (30.7)
Junior level	63 (7.8)
High school level	144 (17.9)
Higher education level	295 (36.8)
Do not know	55 (6.8)
Religion (n=804)	
Orthodox	661(82.3)
Muslim	119 (14.8)
All others	24 (2.9)
Telephone access (n=803)	
Yes	773 (96.2)
No	30 (3.8)
Living with (n=804)	
Both parents	510 (63.4)
Mother only	115 (14.5)
Father only	41 (5.1)
Relatives	77 (9.5)
others	61 (7.5)
Pocket money (n=802)	
Yes	505 (63.0)
No	297 (37.0)

Regarding the common information source that is used by the respondents 731 (90.0%) said that television, 687 (84.6%) mentioned radio, 175 (21.6%) reported internet service, others accounts 24 (3.0%).

Respondents that are able to get pocket money from their family were 505 (63.0%) while 297 (37.0%) were not getting pocket money.

Great Majority 773 (96.2%) of participants responded that they have accesses to any type of phone and the rest 30 (3.8%) of the participants said that they are not able to access phone.

Among students who are able to access to telephone service, 662 (85.6%) can access landline phone at household level, 297 (38.4%) reported that they are able to use mobile phone, 248 (32.8%) have mentioned they are accessible to use public phone.

Regarding sexual behavior related question only 778 students were responded and out of these respondents 120 (15.3%) of them ever had sexual contact in whom 78 (65%) are males and almost above fifty percent of sexually active individuals did not use condom at sexual debut. See table 3.

Table 3. **Sexual behavior of preparatory students in Addis Ababa, 2007**

Characteristics	Total n (%)
Sexual contact (n=788)	
Yes	120 (15.3)
No	668 (84.7)
Age at first sexual contact(n=118)	
Less than15 years	15 (12.7)
At 15 years	26 (22.0)
Greaterthan15years	77 (65.3)
Number of sexual partners(n=118)	
One	75 (63.5)
More than one	29 (24.6)
No sexual partner	14 (11.9)
Condom use at sexual debut (n=118)	
Yes	55 (46.6)
No	63 (53.4)
Reasons not to use condom at sexual debut (n=38)	
I trust my partner	13 (34.3)
partner refusal	4 (10.5)
didn't think it is necessary	5 (13.2)
I drunk Alcohol	7 (18.5)
used other contraceptive	3 (7.8)
I wasn't interested to use	6 (15.7)
Ways of HIV prevention method used by students (n=743)	
abstinence	623 (83.8)
condom	71 (9.8)
do not know	1 (0.001)
faithfulness	38 (5.1)
nothing	10 (1.3)
HIV risk perception (n=785)	
yes	186 (23.6%)
no	599 (76.4)

Knowledge of hotline services

Seven hundred eighty three (97.3%) of the respondents said that they know about the existence of HIV/AIDS counseling service of whom 719 (89.4%) mentioned counseling service given at health institutions, 697 (86.6%) reported hotline counseling service and 551 (68.5%) mentioned NGO as a service for HIV/AIDS counseling and information and the rest 45 (5.6%) said others. Among respondents who heard about hotline services 649 (93.1%) mentioned Wogen AIDS hotline service.

Concerning the knowledge of study subjects regarding the types of service given at the existing hotlines, 625 (89.6%) responded HIV/AIDS, 349 (50.0%) said reproductive health and 257 (36.8%) reported sexual related issues.

The major source of information about Wogen AIDS hotline counseling service identified by the students: mass media (Radio/TV) by 538 (82.8%), friends by 193 (29.7%) news papers and magazines by 146 (22.4%), leaflets by 83 (12.7%), NGO working on HIV by 72 (11.1%), School mini media by 60 (9.2%).

Among the total students who have heard about the existence of AIDS hotline counseling service 455 (70.0%) were able to mention the number used to dial to Wogen AIDS hotline the others 175 (26.9%) were not able to mention the number correctly and the rest did not answer this question.

Regarding knowledge of the students about the working hours of the Wogen AIDS hotline counseling 53 (8.2%) mentioned the exact service hours, while 543 (83.6) did not exactly know the service hours of Wogen AIDS hotline the rest did not respond for this question.

Five hundred forty six (84.1%) of the respondents said that the service of Wogen AIDS hotline is free from any land line telephone and 76 (11.7%) did not know whether it is free or not. The others 27 were not answered this question.

Multivariate analysis was done for determinations of associations between knowledge of hotline counseling and information service and students age those participants under 20-24 age category were less knowledgeable about AIDS hotline counseling service than others with (Adjusted OR=0.448, 95%CI=0.23, 0.85).

Table 4. **Knowledge among preparatory school students on the existence of AIDS hotline services by selected variables in Addis Ababa March, 2007**

Characteristics	Knowledge of hotline		Crude OR (95% CI)	Adjusted OR (95% CI)
	Yes n (%)	**No n (%)**		
School type (n=805)				
Government	372(46.2)	299 (37.1)	1	1
Non-Government	80 (10.0)	54 (6.7)	1.19 (0.81,1.74)	0.99 (0.66,1.15)
Sex (n=804)				
Male	244 (30.2)	180 (22.4)	1	1
female	209 (25.9)	173 (21.5)	0.89 (0.67,1.18)	0.84 (0.63,1.23)
Age (n=804)				
15-19	436(54.2)	324 (40.2)	1	1
20-24	15 (2.0)	29 (3.6)	**0.38 (0.20,0.72)**	**0.44 (0.23,0.85)** *
Marital status (n=804)				
Never married	435 (54.2)	336 (41.7)	1	1
Married	16(2.0)	17 (2.1)	0.72 (0.36,1.45)	0.85 (0.51,1.72)
Living with (n=804)				
Both parents	293 (36.4)	217 (27.0)	1	1
Single parent	89 (11.1)	67 (8.5)	0.98 (0.68,1.4)	1.05 (0.72,1.52)
Other	70 (8.6)	68 (8.4)	0.76 (0.52,1.12)	0.91 (0.61,1.35)
Income (n=804)				
Low	104 (13.0)	92(11.4)	1	1
Medium	348 (43.3)	260 (32.3)	1.18 (0.85,1.63)	0.99 (0.69,1.42)
Father's educational status(n=803)				
Primary and below	102 (12.8)	105 (13.0)	1	1
Junior and High school	107(13.3)	87 (10.9)	1.24 (0.84,1.83)	1.12 (0.73,1.72)
Higher Education	242 (30.0)	160 (20.0)	1.54 (1.10,2.16)	1.17 (0.75,1.82)
Mother's Educational status (n=804)				
Primary and below	150 (18.6)	151(18.7)	1	1
Junior and High school	115 (14.4)	91(11.3)	1.28 (0.89,1.83)	1.15 (0.77,1.73)
Higher Education	186(23.2)	111(13.8)	1.68 (1.22,2.33)	1.14 (0.94,2.28)
Pocket money(n=802)				
Yes	290(36.2)	215(26.8)	1	1
No	162(20.2)	135(16.8)	0.89 (0.67,1.18)	1.01 (0.74,1.37)

Hotline counseling service Utilization

Among study participants who responded that they know hotline counseling service 211 (30.2%) used hotline counseling services out of whom 118 (56.0%) were males and 93 (44.0%) were females and the rest 486 (69.8%) never used counseling service from hotlines. Out of all callers who tried to use the service of Wogen AIDS hotline 179 (94.2%) were able to contact with the counselor while the rest 11 (5.8%) did not.

Concerning the type of hotline that study participants have used 190 (90%) used Wogen AIDS hotline 14 (6.6%) used FGAE, 6 (2.8%) used Hiwot hotline service, and one person called to OSSA.

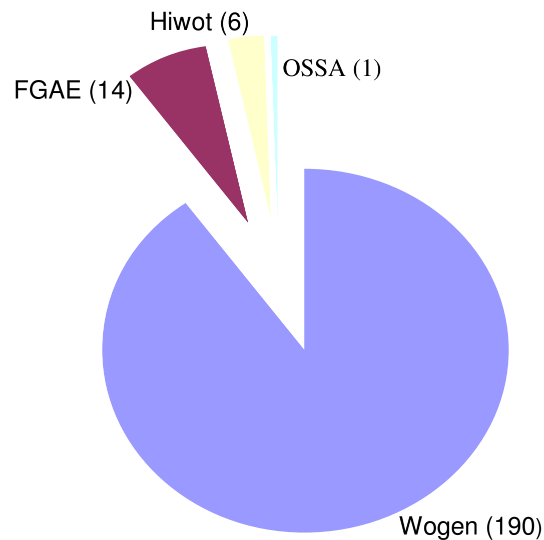

Fig.1. Hotline service utilization among students in Addis Ababa, 2007

Among all callers who have tried to make call to AIDS hotline service 179 (94.2%) of callers were able to contact with the counselors and the rest 11 (5.8%) of the callers failed to contact the counselor.

There was statistically significant difference between students from higher family income and low family income in relation to hotline counseling service. Utilization is low among students from higher family income (OR=0.56; 95% CI=0.36,0.85) in multivariate analysis by controlling for possible social demographic characteristics, on the other hand hotline counseling service utilization is less common among participants who are sexually active (OR=0.53; 95%CI=0.33,0.84) see table 5.

Table 5. **AIDS Hotline counseling service utilization among preparatory school students by selected variables in Addis Ababa March, 2007**

Characteristics	**Used hotline**	**Crude OR (95% CI)**	**Adjusted OR (95% CI)**

	Yes n (%)	No n (%)		
School type (n=645)				
Government	183 (28.5)	353 (54.7)	1	1
Non-Government	28 (4.3%)	81 (12.5)	0.67 (0.42,1.06)	0.75 (0.45,1.25)
Sex (n=645)				
Male	118 (18.3)	221 (34.3)	1	1
Female	93 (14.4)	213 (33)	0.82 (0.58,1.14)	0.87 (0.61,1.23)
Age (n=645)				
15-19	204 (31.6)	412 (63.8)	1	1
20-24	7 (1.0)	22 (3.4)	0.64 (0.27,1.53)	0.45 (0.17,1.14)
Marital status (n=645)				
Never married	200 (31)	418 (64.8)	1	1
Married	11 (1.7)	16 (2.4)	1.14 (0.65,3.15)	1.13 (0.48,2.68)
Living with (n=645)				
Both parents	126 (19.5)	286 (44.3)	1	1
Single parent	48 (7.4)	75 (11.6)	1.45 (0.95,2.20)	1.32 (0.84,2.07)
Other	37 (5.7)	73 (11.3)	1.15 (0.73,1.80)	1.09 (0.67,1.76)
Income (n=645)				
Poor	68 (9.48)	91 (14.1)	1	1
Medium	143 (4.5)	343 (53.2)	0.56 (0.38,0.81)	**0.56 (0.36,0.85**) *
Father's Educational Status				
(n=645)	56 (8.6)	108 (16.7)	1	1
Primary and below	51 (7.9)	111 (17.3)	0.87 (0.56,1.40)	0.91 (0.54,1.53)
Junior and High school	104 (16.2)	215 (33.3)	0.93 (0.63,1.39)	1.21 (0.72,2.04)
Higher Education				
Mother's Educational Status				
(n=645)	81 (12.5)	154 (23.8)	1	1
Primary and below	58 (8.9)	112 (17.4)	0.98 (0.65,1.49)	1.14 (0.71,1.86)
Junior and High school	72 (11.2)	168 (26.2)	0.82 (0.55,1.19)	0.85 (0.51,1.44)
Higher Education				
Pocket money (n=645)				
Yes	136 (21.1)	277 (42.9)	1	1
No	75 (11.6)	157 (24.3)	0.97 (0.69,1.37)	0.82 (0.56,1.20)
Phone use (n=645)				
Yes	201 (31.2)	426 (66.0)	1	1
No	10 (1.5)	8 (1.2)	2.65 (1.03,6.81)	0.82 (0.56,1.20)
Sexual contact (n=634)				
Yes	45 (7.1)	50 (8.0)	**1**	1
No	165 (26)	374 (58.9)	**0.49 (0.31,0.76**)	**0.53(0.33,0.84**)*
Risk perception (n=630)				
Yes	56 (8.8)	96 (15.2)	1	1
No	153 (24.2)	325 (51.5)	0.80 (0.55,1.18)	0.82 (0.56,1.20)

Attitude towards Wogen AIDS hotline counseling Service

Among individuals who have contacted Wogen AIDS counselors 143 (80.0%) of them responded that they have received the information or counseling service that they desire, 11 (6.1%) of the respondents responded that they have not received the desired information or counseling, 25 (13.9%) of the respondents weren't sure about whether they have received the desired information or counseling.

One hundred sixty eight (93.8%) said that the counseling service were encouraging, 5 (2.9%) responded that the counseling service were not encouraging 6 (3.3%) were not sure whether the counseling session were encouraging.

One hundred thirty five (75.4%) of the respondents said that the counseling and information service they got made them to have better feeling, 26 (14.5%) of them were not sure and 18 (10.1%) of the participants responded that counseling session did not affect their feeling.

Eighty seven (48.7%) of the participants who ever used Wogen AIDS hotline counseling service said that the session encouraged them to have VCT, and 70 (39.1%) mentioned counseling service did not initiate them to take blood test and the rest 22 (12.2%) were not sure about it.

Majority 150 (83.8%) of the respondent said that they were able to get sufficient information they need by using Wogen AIDS hotline counseling 14 (7.8%) mentioned they did not get sufficient information and 15 (8.4%) were not sure about it.
Most of the respondents 161 (89.9%) of used AIDS hotline counseling service said that they have positive attitude towards the service and 13 (7.2%) of participants disagree with this

idea, the rest 5 (2.7%) were not sure about this idea. Logistic regression were analyzed to determine the association between attitude and socio demographic characteristics and wider confidence interval is noted due to smaller number of respondents who have negative attitude.

Information Need

Concerning the information need of respondents who have used Wogen AIDS hotline counseling service, 118 (62.1%) said general information on HIV/AIDS, 39 (20.5%) mentioned VCT related information, 32 (16.8%) HIV/AIDS prevention related facts, 14 (7.3%) responded they are living with HIV, 25 (13.1%) constitutes others.

Respondents were also requested about the most important health related problems for which they need to get hotline counseling services and 119 (62.6%) said sexual health related facts, 109 (57.3%) said Alcohol and drug use, 77 (40.5%) said family planning and related information, 12 (6.3%) mentioned others.

Regarding respondents suggested services of which it is convenient to address the problems that they raised, hotline by 132 (69.4%), health institutions by 61 (32.1%), Mass media by 98 (51.5%), others 12 (6.4%).

Majority of the respondent 178 (93.6%) who ever used hotline services suggested that hotline counseling and information service is essential for young adolescents in their age and the suggested timing of the service which is comfortable to use by school students 95 (50.0%) mentioned week ends, 51 (26.8%) preferred working days and out of working hours, 28 (14.8%) mentioned working day and working hours the rest 16 (8.4%) constituted by others.

7. Discussion

This study tried to gather different information about hotline counseling services from adolescents on the hope that it will help to show their awareness and utilization about the existing hotline services and how to make it more accessible so as to serve this target group better.

Among all study subjects 120 (15.3%) were sexually active and majority 65% of them are males. These figures are higher than the data obtained by HIV/AIDS behavioral surveillance survey indicator for in school youth in Addis Ababa that is 11.2% for males and 2.0% for females (21) this may show that prevalence of sexual act is becoming common at school level that needs due attention.

With regard to age at first sexual contact students in this study reported that they start sexual act in their early age as 34.7% of sexually active students involved in sexual act at the age of 15 years and below which is relatively higher with the one reported in BSS 2002 where more than 25% of in school youth had had sex by the time they were 15 years old already. This could indicate that students are involved in sexual practice and factors like Alcohol and drug use in different social events that was raised during FGD may have contribution.

Concerning HIV/AIDS prevention practice abstinence became the choice of majorities followed by condom use and faithfulness and this showed still number of students are practicing unsafe sex this situation may be associated with lack of transparent discussion with in the family and lack of friendly health services that help young school students to develop safe sexual behavior.

Awareness about HIV/AIDS counseling services given at health institution is found high in this study which is consistent with the study done in Addis Ababa among high school students

that is 92.1%. This is probably related with high media coverage on HIV related issues and school Mini media activities that create better opportunity for school youth.

Despite the shorter duration of project implementation knowledge of students in relation with hotline counseling service found to be very high, and almost all of the students who aware about this service had reported Wogen AIDS hotline. This is probably associated with Wogen AIDS hotline is the only national hotline service which gives 18 hours free service with in a day and it is accessible from every corner of the country. Similarly in South Africa health survey 75% of respondents indicated that they knew hotline counseling services and 56% of them mentioned the national hotline (31).

Information source that respondents were aware about the AIDS hotline counseling services showed majorities 538 (82.8%) mentioned Mass media followed by friends 193 (29.7%) this is may be explained by higher accessibility to media use and peer discussions among young adolescents. The above result has similar finding with the study conducted in Addis Ababa which revealed Mass media and friends are the common source of information (32), similarly in India more than one third of callers said that they heard about hotlines through advertisement (23).

In the present study both qualitative and quantitative findings showed that the main focuses of Wogen AIDS hotline stated by study subjects is HIV/AIDS. However, considerable number of respondents were not exactly clear with the possible information and counseling service that they could get in using Wogen hotline this condition may associated with insufficient information released. Almost half of respondents were mentioned exactly the number 952 and they knew that the service is free from any land line telephone.

Respondents age has significant association with knowledge of hotline counseling (Adjusted OR=0.44, 95%CI=0.23-0.85) in that older age group have been less knowledgeable than the younger one this may be attributed to the smaller sample size of older group in the study subjects.

Among study participants who were aware about hotline counseling services 211 (30.2%) tried to call to the existing hotlines and 179 (94.2%) of study subjects contacted with counselor and the rest were not because of busy line. Utilization is relatively higher among study subjects as compared to other countries this may be associated with students are usually interested to know the details of HIV/AIDS transmission and prevention information that may be discussed for academic purpose. However, DHS data in South Africa showed only 11% of study subjects who knew the service had made use of hotline services this is due to variation in these study populations (32).

When we see callers profile the present study prevailed that male contribution is high which is consistent with the study done in South Africa (32). It is the younger age group of study participants who used the hotline counseling services this may be due to older students may have alternative information source. The above finding is consistent with the data obtained in the study which is conducted in Addis Ababa that showed the majority of callers are at the age range of below 24 years old similarly in India callers analysis found out 60% of callers are between 15-25 years old.

Hotline counseling service utilization was more common among a member of low income earner family than high income earners (OR=0.56; 95%CI=0.36, 0.85). Higher family income may determine alternative information access and service use from different sources other than hotlines. Hotline counseling service utilization is significantly low among students who are sexually active than who are not sexually active (OR=0.53; 95%CI=0.33,0.84) this may be

associated with even if young adolescents are involved in risky sexual behavior they may have fear to disclose that they are involved in such activities.

Majority of the respondents 161 (89.9%) who have used Wogen AIDS hotline counseling service said that they have positive attitude towards hotline counseling services, during FGD discussants mentioned the advantages of using AIDS hotline counseling in relation with confidentiality, toll free service and accessibility issues. This finding is consistent with the data obtained in the study which is done in Addis Ababa that showed more than ninety percent of participants had positive attitude towards hotline counseling service (32). In the present study 178 (99.4%) of participants who used this service suggested that hotline counseling service is helpful for school adolescents in their age and weekends are the most convenient timing for students to use the service. Convenient times for youth vary depending on the target population. After-school hours are necessary, for instance, if the program is trying to reach in-school adolescents (26).

Regarding the type of information need of callers found in this study the major call concern was general information about HIV/AIDS followed by VCT related queries. The above result may be explained by students are interested to get additional clarities related to HIV/AIDS that is discussed in school for academic purposes. The result is similar with the study conducted in Addis Ababa that revealed more than half of respondents were concerned about general information related with HIV followed by counseling (32). Besides study participants were also assessed to know their suggestion regarding youth problems that could be addressed by hotline counseling: sexual relation and associated guidance and Alcohol and drug related issues suggested by majority of participants.

8. Strength of the study

- Combination of both qualitative and quantitative method helps to supplement the findings each other.
- Since it is one of the few studies conducted in the set up it will provide basic information for those who are interested.
- Qualitative study was conducted prior to quantitative survey and this was helpful for the development of questionnaire in searching the concern of adolescents at school level like alcohol, drug use and sexual relation matters.

9. Limitation of the study

- Absence of similar studies to compare the findings.
- Presence of incompletely answered questionnaire

10. Conclusion

- Given the newness of the approach in our set up awareness regarding AIDS hotline information and counseling service among students is high.
- Students have positive attitude towards Wogen AIDS hotline counseling service and majority mentioned that the service is helpful especially for adolescents since it is accessible, anonymous and easy to use.
- The FGD results shows majority of the study participants have agreed that alcohol and drug use is becoming common that makes students vulnerable for HIV/AIDS and STD therefore it is better to address these problems through anonymous hotline counseling.

- Students have mentioned different health related issues like Alcohol and drug use Sexuality and reproductive health issues that can be better addressed by anonymous hotline especially for adolescents since it is accessible and easy to be used by students.
- As the results showed both in the quantitative and qualitative part even if majority of the participants were aware in the existence of the national hotline service the specific services given at this center is not clearly understood by the students.
- The findings in this research showed that even if there is a need to use the service of Wogen AIDS hotline, the line is busy and repeated trial is necessary this may discourage students to seek the service.

11. Recommendations

- The current ongoing promotion by "Wogen" AIDS hotline should give emphasis about the range of services that people could get in using AIDS hotline counseling service.
- Programs working on young people health should consider the most important problems like drug and alcohol use of school adolescents that is identified in this research to be considered in any ways.
- Hotline program implementers may use the findings of this study in order to strengthen the service with school youths' perspective to revise the timing of service provision in order to create more accessibility which is recommended by most of the participants that is during the week ends.
- Integration of related services like HIV/AIDS with reproductive health issues in the existing hotline services should be considered to address the need of school adolescents.
- The existing Anti AIDS clubs and school Mini Medias should be used as an alternative to mass media in promoting hotline counseling services for school youths.

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ANNEXSES

ANNEX.1

Preparatory School students enrolled in each sub city at government schools in 2004/05

Zone	Grade 11		Grade 12		Total		
	Male	**Female**	**Male**	**Female**	**Male**	**Female**	**Total**
Addis Ketema	**375**	**222**	**339**	**163**	**714**	**385**	**1099**
Akaki Kaliti	**96**	**58**	**88**	**333**	**184**	**91**	**275**
Arada	**326**	**301**	**307**	**204**	**633**	**505**	**1138**
Bole	**283**	**260**	**283**	**179**	**566**	**439**	**1005**
Gulele	**827**	**520**	**786**	**473**	**1613**	**993**	**2606**
Kirkose	**276**	**225**	**276**	**189**	**552**	**414**	**966**
Kolfe-keranio	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Lideta	**84**	**83**	**139**	**69**	**223**	**152**	**375**
Nifas silk lafto	**246**	**179**	**186**	**121**	**432**	**300**	**732**
Yeka	**155**	**116**	**142**	**92**	**297**	**208**	**505**
Total	**2668**	**1964**	**2546**	**1523**	**5214**	**3487**	**8701**

ANNEX.2

Preparatory School students enrolled in each sub city at non government schools in 2004/05

Zone	**Grade 11**		**Grade 12**			**Total**	
	Male	**Female**	**Male**	**Female**	**Male**	**Female**	**Both**
Addis Ketema	**0**	**108**	**0**	**91**	**0**	**199**	**199**

Akaki Kaliti	**93**	**81**	**89**	**93**	**182**	**174**	**356**
Arada	**253**	**422**	**238**	**365**	**491**	**787**	**1278**
Bole	**69**	**77**	**93**	**87**	**162**	**164**	**326**
Gulele	**115**	**301**	**106**	**204**	**221**	**505**	**726**
Kirkose	**158**	**67**	**130**	**34**	**288**	**101**	**389**
Kolfe-keranio	**64**	**53**	**44**	**43**	**108**	**96**	**204**
Lideta	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Nifas silk lafto	**24**	**29**	**0**	**0**	**24**	**29**	**53**
Yeka	**114**	**133**	**51**	**53**	**165**	**186**	**351**
Total	**890**	**1271**	**751**	**970**	**1641**	**2241**	**3882**

ANNEX.3

Addis Ababa University

Faculty of Medicine

Department of Community Health

Questionnaire for the assessment of knowledge, attitude and practice of Preparatory School students, with regard to AIDS hotline counseling service and their information need in Addis Ababa.

001 = Questionnaire Identification number

002= City Addis Ababa

003= Region Addis Ababa

004= Site All preparatory schools

For use with students of Grade 11-12

High school students

A.A 2007

Verbal consent form before conducting data collection

Introduction: my name is ____________________ I am working on a thesis under the title "Assessment of knowledge attitude and practice with regard to AIDS hotline counseling among preparatory high school students and their information need". Though I am doing it as partial fulfillment of Masters in public health the result will be used as a baseline source of information for further study therefore, I am going to politely ask you to fill this questionnaire by yourself. It includes very personal questions that some people find difficult to answer. Your answers are completely confidential. Your name will not be written on this form, and you will never be used in connection with any of the information you give me. You don't have to answer any question that you don't want to answer and you may stop filling the form any time you want to. However, your honest answers to these questions will help us better understand what people think, say and do with regard AIDS hotline counseling. We would greatly appreciate your help in responding to these questions. The survey will take about 20 minute to fill this questionnaire.

Would you be willing to participate? 1. Yes Continue

2. No Stop

Thank you,

Questionnaire Identification number------

1) Part one School Identification

S.no	Questions	Response	Code
001	School name		I1

Put circle on your responses for choices given and write your response for those open ended questions.			
002	Schools type	1.Government 2. Private	I2
003	Grade of the student	1.11th 2.12th	I3
004	Date	-----/------/----	I4

2) Part two: Socio demographic characteristics

No	Question	Possible response	Skipping	code
005	Age	__________		D1
006	sex	1.M 2. F		D2
007	Religion	1. Muslim 2.Orthodox Christian 3.Protestant 4. Catholic 5.Other		D3
008	Marital status	1.Single 2. Marred 3. Separated 4. Divorced 5. Widowed		D4
009	Whom do you live with?	1.Both parents 2.Mother's only 3.Father's only 4.Relatives 5. Others please specify____________________		D5
010	How do you rate your family's economic status	1. Poor 2. Medium 3. Rich 4. Do not know		D6
011	Educational status of your father	1. Illiterate 2. Read and write 3. 1-6years 4. 7-8years 5. 9-12 years 6. 12+1 year 7. 12+2 year 8.>12+2 years 9. Don't know		D7

012	Educational status of your mother	1. Illiterate 2. Read and write 3. 1-6years 4. 7-8years 5. 9-12 years 6. 12+1 years 7. 12+2 years 8.>12+2 years 9. Don't know		D8
013	Are you accessible to use telephone(If your answer is no skip to Q.11)	1. yes 2. No		D9
014	Which type of telephone you are able to use?	1. Personal cell phone 2. Land line at home level 3. Public phone 4. Other (More than one answer is possible)		D10
015	Pocket Money	1. Yes___ 2. No____		D11

3) Part Three: Knowledge on AIDS hotline counseling

S. No.	Question	Possible response	Skipping	code
016	Have you ever heard about HIV/AIDS counseling service?(If your answer is no skip to part seven)	1. Yes 2. No		K1
017	If yes for Q.16 where does HIV/AIDS counseling service being given?	1. At health institutions 2. Through telephone counseling service 3. NGOS working on HIV/AIDS 4. Other_________		K2
018	Do you know about hotline counseling services targeting health related problems?(If your answer is no skip to part seven)	1. Yes 2. No		K3
019	What are the target areas of the existing hotline services in Ethiopia	1. HIV/AIDS 2. reproductive health 3. sexual health 4. Others please specify_________		
020	Have you ever heard about Wogen AIDS counseling	1.Yes 2. No		K4

	service?			
021	If your answer is yes for Q.14, from where did you get the information?	1. TV/Radio 2. News paper Magazines 3. Leaflet 4. Friends 5. School Mini Media 6. NGOS working on HIV/AIDS 7.Other please specify___		
022	What is the phone number you use to get access to Wogen AIDS hotline counseling?	_________		K5
023	The service hours of Wogen AIDS hotline counseling service is given for ----- hours	_______		K6
024	How much it costs you to call to AIDS hotline counseling service?	_______		K7

4) Part four Utilization of AIDS Hotline counseling

025	Have you ever used any hotline service?(if your answer is no skip to part seven)	1. Yes ___ 2. No____		P1*
026	If your answer is yes for Q.25 Which hotline center did you use? (if your answer is 4 skip to Q. 28)	1.Family Guidance Association 2.Hiwot Ethiopia 3.Organization for social service for AIDS(OSSA) ____ 4.Wogen AIDS talk line_____ (More than one answer is possible)		P2*
027	Have you ever used Wogen AIDS hotline counseling service? (if your answer is no skip to part seven)	1. Yes__ 2. No___		P3

028	How many times you have called to wogen AIDS hotline counseling service?	______________		
029	If your answer is yes for Q28 Did you able to contact with the counselor?	1. yes 2. no		P4
030	What are the most common health related issues that wogen AIDS hotline is emphasizing?	1. HIV/AIDS 2. Reproductive Health 3. Sexual health 4. Other please specify_______________		P5

5) Part five Attitudes of the clients towards the HIV/AIDS hotline counseling using the given scaling put a tick (✓) for each of your choices

1. Strongly disagree 2.disagree 3.Agree 4.Strongly agree 5. Not sure

NO	Variable	Possible response	Skipping	Code
031	I have received the desired information and counseling that I expect.	1___ 4___ 2___ 5___ 3___		A1
032	Counseling was fascinating and encouraging	1___ 4___ 2 ___ 5___ 3___		A2
033	counseling sessions make me fell good	1___ 4__ 2___ 5__ 3___		A3

034	The AIDS hotline counseling stimulate me to take HIV blood test	1__ 4__ 2__ 5__ 3___		A4
035	Generally I have a positive attitude towards AIDS hotline counseling services.	1____ 4__ 2___ 5__ 3		A5
036	I have received sufficient information that I need	1__ 4__ 2__ 5___ 3__		A6
037	I have a felling of dislike talking with the hotline counselor.	1___ 4__ 2___ 5__ 3____		A7

6) Part six Information need

No.	Variable	Possible response	skipping	code
038	If you have ever used the helpline service for what purpose did you use?	1. General information related with HIV/AIDS 2. AIDS prevention counseling 3. HIV testing 4. Living with AIDS 5. Other		F1
039	What type of health problems you think is better be addressed by hotline counseling? (More than one answer is possible)	1.Family planning and other related issues 2. Drug and Alcohol use 3.Sexual education Partner relation		F2

		guidance 4.Information and education on STD and HIV/AIDS 5.Others please specify __________		
040	In what way you like the information /counseling service is better provided to you? (More than one answer is possible)	1.Institution based 2.Through mass media 3.Through hotline counseling 4. Other________		F3
041	Do you think that AIDS hotline counseling is relevant and important for younger people in your age?	1.Yes 2.No____		F4
042	Which time is preferable to you to get hotline counseling	1.Weekdays and working time_____ 2.Weekdays and extra working hours_____ 3.Weekends______ 4.Others_____		F5

7) Part seven sexual Behaviors

043	Do you ever have sexual contact?	Yes_____ No_______		S1
044	If your answer is Yes for Q.23 How old were you when you had your first sexual intercourse?	______		*S2
045	How many sexual partner you have had In the past one year	One ____ More than one		S3
046	Did your first sexual intercourse were protected? (Were you used condom?)	Yes________ No__________		S4
047	If your answer is no for question 46 why you were not able to use condom?	1. I thrust my partner 2. Partner refusal		

		3. did not think it was necessary 4. I drunk alcohol 5. used other contraceptive 6. I did not like to use condom 7. other please specify		
048	What type of method now you are using to be protected of HIV?AIDS	_____		
049	Did you ever think that you are at risk of contracting HIV?	1.Yes 2.No______ 3.Don't know______		S6

ANNEX- 4

ADDIS ABABA UNIVERSITY

GRADUATE PROGRAMM

DEPARTEMENT OF PUBLIC HEALTH

FOCUS GROUP GUIDE FOR CLIENTS (CODE 02)

1. Do you know about AIDS hotline counseling?
2. What do you know about AIDS hotline counseling?
3. What are the major sources of information that is known to promote the AIDS hotline counseling service?

4. What is the importance of AIDS hotline counseling?

5. What are the major problems faced in accessing AIDS hotline counseling service?

6. What are the most important health related problems that should be addressed through hotline services?

7. What other (service) means do you think is relevant to address HIV related problems for younger people in your age?

ANNEX 5

Addis Ababa University

Faculty of Medicine

Department of community Health

A Questionnaire prepared to collect data on knowledge, attitude and practice with regard to AIDS hotline counseling service and information need of preparatory school students in Addis Ababa.

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