ADDIS ABABA UNIVERSITY
FACULTY OF MEDICINE
DEPARTMENT OF COMMUNITY HEALTH

Assessments of HIV/AIDS related knowledge among window of hope population in Kombolcha town, South Wello Zone, Amhara Regional State.

BY

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A thesis submitted to the school of graduate studies of Addis Ababa University in partial fulfillment of the requirements for the degree of Masters of Public Health in the Department of Community Health.

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ASSESSMENTS OF HIV/AIDS RELATED KNOWLEDGE AMONG WINDOW OF HOPE POPULATION IN KOMBOLCHA TOWN, SOUTH WELLO ZONE, AMHARA REGIONAL STATE.

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DEDICATION

This paper is dedicated to my lovely Mother who payed all forms of sacrifices to the success in my life.

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S.No.	TABLE OF CONTENTS	PAGE

LIST OF TABLES

.

LIST OF FIGURE

LIST OF ANNEXES

,

LIST OF ABBREVIATIONS

AAC	Anti AIDS Club
AAU	Addis Ababa University
ABC	Abstienance, Be faithful to one partner and Condom
AIDS	Acquired Immuno Deficiency Syndrome
CDC	Center for Disease Control
CI	Confidence Interval
FLE	Family Life Education
FP	Family Panning
HIV	Human Immuno Deficiency Virus
KAP	Knowledge, Attitude and Practice
OR	Odds Ratio
PLWHA	People Living With HIV/AIDS
POP	Population
SD	Standard Deviation
SMM	School Mini Media
STI	Sexually Transmitted Infections
SPSS	Stastical Package for Social Science
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nation Population Fund
USA	United State of America
VCT	Voluntary Counseling and Testing
YRHC	Youth Reproductive Health Club

ABSTRACT

Fortunately most young people are not infected with HIV/AIDS. Infact during early adolescents HIV rate are the lowest of any period during the life cycle. The challenge is to keep them this way .Yet, it is also young people who often beers the greatest hope of changing the course of HIV/AIDS epidemic if they are given the tools and support to do so.

In Ethiopia information on the knowledge and attitude about HIV/AIDS and related issue among this early adolescents is scanty. This study aimed to asses the knowledge of HIV/AIDS and factors that influence students knowledge and attitude.

A cross-sectional study using self-administered questionnaire was carried out among randomly selected students in five general primary schools in Kombolcha town South Wello Zone of Amhara Regional State during November 2004 to January 2005. A total of 600 students (309 male and 291 female) 10 to 14 years old attending grade 5 to 8 were enrolled in the study. Four hundred and thirty seven (73 %), and 404 (67 %) of the respondents were knowledgeable about HIV/AIDS mode of transmission and prevention methods respectively and 98(16.3%) of them had also comprehensive knowledge on HIV/AIDS. About 430(72 %) of them had positive attitude towards AIDS patient, AIDS orphan and PLWHA. Four hundred and ten (68.3%) and 450(75.8%) replied that they discussed about HIV/AIDS with their parents and peers, respectively. Only 41 (6.1%) of the students perceived their susceptibility to HIV/AIDS.

Students in higher grade level, Christians, those who discussed with their peers, and who got information from mass media source [OR=2.69(1.59,4.55), [OR=2.12(1.23,3.63)], [OR=1.88(1.11,3.19)] and [OR=1.75(1.10,2.79)] respectively had significant association with mode of transmission knowledge. Similarly respondents in higher grade level, Christians, and who got information from mass media source [OR=1.60(1.02,2.52)], [OR=2.02(1.01,3.39)] and [OR=1.76(1.12,2.75)] respectively had significant association with prevention method knowledge. Being old age [OR=2.01(1.22,3.29), urban residence [OR=1.92(1.10,3.35), Christians affiliation

[OR=3.39(2.07,5.54)], those from medium [OR=5.42(2.49,11.80)] and low [OR=3.37(1.66,6.84)] perceived family economic status respectively and mass media source of information [OR=1.57=(1.01,2.44)] had significant association with Students positive attitude. It was also concluded that students knowledge on the mode of transmission and prevention method were moderate and majority of participants did not show discriminatory and stigmatized attitude. Strengthening the current HIV/AIDS education going on in the school, sustaining the non-discriminatory attitude through strengthening the on going message are recommended.

Key words: Early adolescents, HIV/AIDS, transmission, prevention, attitude, perceived susceptibility, Kombolcha, South Wello, Amhara and Ethiopia.

1.INTRODUCTION

AIDS (Acquired Immuno-Deficiency Syndrome) is unique in human history in its rapid spread, its extent and the depth of its impact. Since the diagnosis of first AIDS case in 1981, the world has struggled to come to grips with its extraordinary dimension (1). The catastrophic impact of HIV (Human Immuno Deficiency Virus) infection on mankind needs no highlighting. The sheer magnitude of the problem, coupled with the lack of any effective vaccine or chemotraphy, and certainty of painful death following infection, easily make it one of the most devastating health problem that man kind have ever faced (2).

In 2003, an estimated 4.8 million people become newly infected with HIV. Today, 37.8 million people are living with HIV, which killed 2.9 million in 2003, and over 20 million since the first cases of AIDS were identified in 1981(2).

Sub-Saharan Africa is the hardest hit region in the world and has just over 10% of the world's population, but is home to close to two-thirds of all people with HIV-some 25 million (1,3) .In 2003 alone, an estimated 3 million people in the region become newly infected, while 2.2 million died of AIDS (1). The epidemic in Africa is fueled by ignorance of the disease, lack of access to prevention, inadequate treatment and care services, stigma and discrimination. A number of other factors may help explain why HIV has hit Africa especially hard. Among these are the high incidence of STIs (sexually transmitted infections), large refugee population, and seasonal labor migration by men, the active commercial sex industry, and cultural practices that allow for multiple sexual partners (1,

3). Further, a young population aged under 16 in most countries characterizes the continent. This provides a huge pool of young people moving into the sexually active age group and requiring intensive sexual and reproductive health information and services. They are indeed the “window of hope” for Africa‘s future provided that they can maintain their HIV- negative status. (4).

Fortunately, most young people are not infected. Infact, during early adolescences HIV rate are the lowest of any period during the life cycle. The challenge is to keep them this way (5). Yet, it is also young people who often beers the greatest hope of changing the course of HIV/AIDS epidemic if they are given the tools and support to do so (6).

Age –related data regularly show the lowest level of AIDS cases for boys and girls between the age of 5 and 14. The low occurrences of AIDS among those aged 5-14 has led to children and early adolescents in this age range being regarded as constituting a “window of hope”(7).

Ethiopia is one of the most seriously affected countries in the world. The highest prevalence of HIV is seen in the group 15 to 24 years of age; representing “recent infection”(8). It is widely believed that the HIV epidemic began in Ethiopia around 18 years ago. The first evidence of HIV infection in Ethiopia was discovered in serological samples collected in 1984 and was followed by the first reported cases of AIDS in 1986 (9,10).

The national adult HIV prevalence in Ethiopia in 2003 to be 4.4%, of which 12.6% is urban and 2.6% rural and higher prevalence is higher among women (5.0%) than men (3.8%). The 2003 estimate of PLWHA (people living with HIV/AIDS) is 1.5% million, including 96,000 children. There were also 197,000 new infections, 98,000 new AIDS cases, and 90,000 AIDS deaths in the adult population in 2003. A total of 128,000 HIV-positive pregnancies and an estimated 35,000 HIV-positive births occurred. Among children aged 0-14 years, there were 35,000 new infections, 25,000 new AIDS cases and 25,000 new AIDS deaths. A total of 4.6 million children under 17 in the country are estimated to be orphans for different reasons, of which 537,000 were due to AIDS (11).

In Ethiopia children between the age of 5 and 14 represent few cases of AIDS; they are the " window of hope"(8). Study conducted in the North West Ethiopia on the prevalence of HIV in the " window of hope " age group showed that only two of the 141(1.4%) sera showed a positive result, one being from a 10- year old male, and the other from a 12-year old female (12). On the other hand, several studies in different parts of Ethiopia among the youth and adult population showed that sexual practices started under the age of 15 with the mean age and standard deviation of (SD) of 16 $\pm$ 2.14years with out anticipating the risk of acquiring HIV/AIDS (13-17).

Information on the knowledge and attitude about HIV/AIDS and related issue in early adolescent in Ethiopia is scanty. Although various surveys have been done to assess knowledge of HIV/AIDS in the country, most of these studies were conducted in the age groups of 15 years and above. This indicates that there is a need to have information on

knowledge of HIV/AIDS among early adolescent population for curbing future epidemic in the country. Thus in order to generate information whether they have proper knowledge on HIV/AIDS basic facts and its related issue this cross-sectional study was conducted among this early adolescents in primary schools. This early adolescents are chosen for this study because it is the age at which key events occur that define the transition from childhood to adult hood, puberty and sexual initiation and they are the one which regularly visit pornographic films in under ground video center which make them vulnerable to HIV/AIDS.

The information obtained from this study is believed to provide insight into the knowledge of HIV/AIDS in these early adolescents. It will also contribute to the careful design of initiatives that are targeted to address this group of population in promoting effective education for the students in the school.

2. LITERATURE REVIEW

2.1. EARLY ADOLESCENT IN PRIMARY SCHOOL: THE WINDOW OF CONCERN.

The rationale for a multi-sectoral approach arises from the recognition that HIV/AIDS requires integrated responses to break the cycle of poverty and gender inequality that is at the center of its spread. The education sector figures prominently within this newly emerging multi-sectoral approach. There are various reasons for this. Firstly, children and early adolescents between the ages of 5 and 14 have the lowest HIV prevalence rate of all population age group, since they did not get infected at birth and are generally not yet sexually active. This means that focusing on forming / changing the attitudes, skills and behavior of the children and early adolescents can have a potential pay-off. Secondly children and early adolescences in this age group are still in the formative stages of their lives, which mean that their health and social behavior can be influenced (18).

School-age children and early adolescences thus contribute to the “ window of hope” for many countries, and education system provides opportunity for working with this age group since, in many of the countries, they spend at least a few years of their lives in school and education before they reach the peak vulnerable years will protect them, and this protection will be reinforced by early training that promotes healthy life styles and avoidance of risk behaviors (18,19).

Youth 15 to 24 years old also represent a second window. This high-risk group, which accounts for some 60 % of all new infections in many countries, is also the one where

ignorance remains dangerously high and where education efforts can yield maximum result (20).

UNFPA (United nation population fund) espouses a “life skill” approach to education .A life skills-based curriculum can enable young people to challenge harmful gender norms, resist peer pressure and critically asses mass-media stereotypes (21).

The introduction of Population Family life Education (POP/FLE) in the informal education curricula at the primary and secondary level represents a significant departure from traditional educational philosophy and practice .The teaching of courses related to sustainable development, courses in reproductive health, STD including HIV/AIDS, human sexuality, marriage and the family etc were relegated to the backburner, so to speak (22).

The first trial in introducing POP/FLE in secondary schools curriculum was attempted in the middle of 1980s. This involved identification of POP/FLE themes and introducing them into the curricula via carrier subjects already existing in the curricula of the times. This is because introducing independent population related course into the curricula would overload the already strained one (23).

POP/FLE contributes to improving the quality of basic education since it introduces contents, which have direct relevance to learners. It also emphasizes participatory education, which facilitates learning. POP/FLE influences gender attitudes, responsible

behavior and the development of self-esteem. It have an objective to create awareness and positive attitude on health including reproductive health, human rights including reproductive rights and gender issues. The linkage between reproductive health rights of women such as, employment, education, socio-economic status; gender equity and equality; protection against HIV/AIDS infection, environment, the importance of basic education of young people , particularly girls ; the elimination of gender –based violence and harmful traditional practices will form part of the POP/FLE(23).

An effective school-based HIV/AIDS and life skills education programme can have a strong impact, as it will reach a large proportion of children, in the age group that there are still HIV/AIDS free (24, 25).

For boys and girls education has been proven to provide protection against HIV infection. A basic education has a general preventive impact: it can inform children and youth and equip them to make decisions concerning their own lives, bring about long term behavioral change, and give them the opportunity for economic independency. However still millions of young people, even in badly affected countries, are ignorant or have misconceptions about the disease (25).

In many cultures early adolescents are not considered as being sexually active even though they often may be .As a result information and services may be withheld from them. Health provider and other potential sources of support may discourage their

questions or lack adequate training to deal with them appropriately .AS a result of these barriers , misconceptions about reproductive health bound –as can be seen by the large numbers of young people who still harbor misconceptions about HIV/AIDS(21).

Although teachers are believed to be important sources of information on sexual and reproductive health issue for primary school students major gaps in knowledge about HIV/AIDS among early adolescent exist at the primary school level (26).

2.2. KNOWLEDGE ABOUT HIV/AIDS BASIC FACTS AND SOURCE OF INFORMATION

AIDS is an illness characterized, according to CDC (center for disease control) criteria, as the presence of antibody to HIV and a T4 cell less than 200/µl of blood, or the presence of HIV and certain opportunistic infections including diseases that affect both the body and brain (27). No drug offers cure and most of the people living with the virus can not afforded and will not receive those antiretroviral drugs that offer them some temporary improved quality of life (28).

Knowledge and information are the first lines of defense for young people. In Sub-Saharan Africa, only 8% of out of-school youth and slightly more in – school youth have access to prevention education. The equivalent figure for Eastern Europe and Central Asia are 3% of out –of-school youth and 40% of in-school youth; and for the Caribbean and Latin America, 4% and 38% respectively. One global study showed that 44 out of 107 countries did not include AIDS in their school curricula (1).

A study conducted on knowledge about STD/AIDS awareness and sexual behavior among high school students in Rio de Janeiro, Brazil and China showed that all students heard about AIDS and television was the most frequent source of information (97%)on AIDS for Brazil students (29,30,31). Another Study done among Chinease adolescents in Hong Kong revealed that nearly 10% of the participant agreed that there is a vaccine for AIDS (31).

All respondents in China and 97.9% and 99.2% of students in Tanga and Same region in Tanzania and 85% of students in Kaborola district, Uganda, showed that HIV/AIDS is a dangerous/fatal disease with no cure was known (30,32,33 and 34).

In Tanzania 93.8% in Tanga and 95.6% students in Same region were aware that any one can be infected by HIV/AIDS, regardless of age or sex and 71.0% and 66.1% of the respondents were aware that a healthy looking person could carry HIV and over 80% of all respondents in Kabalou district, Uganda knew that many HIV – sero positive persons look quite healthy (30,34).

However 33% of students in rural schools were ignorant of this and AIDS is a curse from God and impossible to avoid was reported by 46% of the students and mosquito bite was the cause of HIV/AIDS is reported by 98.4% of respondents in a study done in Riruta province of Kenya (35,36). Primary school learners in South Africa also reported that only 45% of respondent knew that the HIV virus could be passed on even when the persons looks and feels healthy (37).

2.3. KNOWLEDGE ON MODE OF TRANSMISSION AND PREVENTION METHOD OF HIV/AIDS

HIV has been isolated from a number of body fluids including blood, semen, vaginal secretions, saliva, breast milk, tears, urine, serum, cerebrospinal fluid, alveolar fluid and organs for transplantation. The major modes of transmission are sexual, parentral and perinatal. Studies have revealed that the best way to protect against HIV infection is sexual Abstienance, followed by mutual monogamous sexual relationship (38,39,40). The third alternative preventive method is use of condom when the above to preventive methods are impractical (28). The key to preventing HIV/AIDS is to stop the transmission of HIV virus before it enters the human body (27).

A survey report conducted on AIDS awareness among school children in China India, USA (United State of America) and different countries of Africa showed that knowledge about how HIV/AIDS is transmitted was very varied. Sexual intercourse, injecting drug use /needle sharing, blood transfusion, perinatal transmission were known as potential sources of HIV/AIDS transmission (30-47).

Study in Hanoi and USA revealed that most students were aware of the inability of casual or social contact to transmit HIV (41,44). Also, only about half the students in Hanoi knew that someone who looked healthy could pass on HIV and an additional 30% were unsure (41).

Proper use of condoms, sexual Abstienance, having sex with a single trusted partner, avoiding common use of sharp instruments and avoiding to receive blood were also reported for prevention method of HIV/AIDS (17, 32-35,45, 47).

But there were many misconception and wrong knowledge on other issues. Mosquito bites as dangerous source of HIV/AIDS infection, donating blood, sharing drinking cups, chopsticks, cigarettes, toilet seats, swimming pools, coughing or sneezing, hugging an infected person and shaking hands were reported as a means of transmission of HIV/AIDS and avoiding people with HIV/AIDS, good hygiene and not sharing drinking cups and chopsticks were all mentioned as steps to take to prevent HIV/AIDS (30,31,34, 42, 45, 47).

2.4. ATTITUDE TOWARDS AIDS PATIENT, AIDS ORPHAN AND PLWHA

In countries all over the world, there are well-documented cases of people with HIV/AIDS being stigmatized, discriminated against and denied access to services on the ground of their sero-status. At work, in education, in the health care and in the community, people may lack the education to understand that HIV/AIDS cannot be transmitted through everyday contact and they may not know that infection can be avoided by the adoption of relatively simple precautions. This lack of awareness can lead people to stigmatize and discriminate against those infected, or presumed to be infected with HIV/AIDS (48).

In a study conducted in India for example 36 % of respondents in one study felt it would be better if infected individuals killed themselves and deserve their fate. Further more, in the same study, 34 percent of respondents said they would not associate with people with AIDS, while about one-fifth stated that AIDS was a punishment from God (49).

Two studies conducted in Uganda found that community members were sometimes unwilling to provide care and social support to people with AIDS because of fear of transmission, the stigma associated with AIDS, and judgmental attitude (50).

In some cases children whose parents have died of AIDS are taunted by others. At school. Children orphaned by AIDS are more likely than other orphans to encounter stigma and ostracism. Children leave school because they are discriminated against, are psychologically distraught, or cannot pay the school fees (6,51).

Negative responses and attitudes towards PLWHA and AIDS orphan are strongly linked to general levels of knowledge about AIDS and HIV and, in particular, to the causes of AIDS and routes of transmission (49).

These stigmatization and discriminatory attitude were observed in several studies among primary school children and the finding were people with HIV should be kept out of school and remain at home or in the hospital, unwilling to do volunteer work with AIDS patients, would end their friendship if the friend had AIDS, a family member with HIV should move out of the family home, hesitation with regard to free mixing of such

individuals in public, do not want to allow learners with AIDS in the school with other learners and prefer not to sit in a class near an HIV positive student and would not shake hands with an HIV –positive person if they knew about his or her disease (30,37,41,44, 52).

A KAP (Knowledge, Attitude and Practice) study conducted in Tanga and Same region Tanzania revealed that 25.8% and 7.8% respectively have pity and sympathy felling towards people with HIV/AIDS (32,33), but respondent in Same region claimed that 62.6% feel pity and 42.6% feel fear feeling towards people with HIV/ AIDS (33).

A study conducted among 15-17 years old Iranian students revealed that forty nine percent of the students would be compassionate to an infected person and thirty percent of students would feel apathetic towards the HIV Positive people (52).

2.5.DISCUSSION ABOUT HIV/AIDS WITH PARENTS, PEERS AND PERCEIVED SUSCEPTIBILITY TO HIV/AIDS

Early adolescence is a period of life typically occurring between the age of 10 and 14 years, in which they under go rapid physical, cognitive and social transformation. It is a formative period in which they explore a variety of personal and social issues. Since decisions made during this interval can affect subsequent life. It is important that they have to be given the proper support during this time (53).

Children in primary schools and adolescents receive very little help from their parents or other adults about sexual and reproductive health issues. There is almost no communication about these matters in the home. Being left to grapple with them on their own, young people turn to one another –in school and out of school-for information, standards and some modicum of guidance. This aspect of the peer culture replaces the support that otherwise responsible adults fail to provide (54).

Peer education has been a component of HIV/AIDS prevention effort for the last decade. Young people are often more comfortable to discuss such matters as HIV/AIDS and sex with peer educators and counselors than outsider or authority figures. As a Jamaican student put it “our thoughts are basically the same and I feel much better discussing the subject of sex with my peers”(22).

A study conducted in Rio de Janeiro, Brazil showed that 30% of them reported having no dialogue about either about sex or AIDS with their parents (30). Similar study done among Chinease adolescents in Hong Kong reported that 85% of adolescents had rarely or never discussed HIV and AIDS with friends (31).

A KAP study conducted in Tanga and Same region in Tanzania revealed that 63.7% and 50.4% of students claimed that they talk about HIV/AIDS with their parents and 85.8% and 86.1% with their peers (32,33).

A study done among primary school students in South Africa showed that forty percent of the learners did not think that their age could get HIV/AIDS, while 28% were unsure (36). Another study conducted in Tanzania revealed that 11.7% of the participant feel that they are at high risk of getting HIV/AIDS, 25% feel they have a very low risk, while 53.1% feel that they are not at risk at all (35). A study conducted in Hanoi revealed that a large proportion of students thought that they are unlikely to become infected with HIV. Infact, among them there was a significant number who were certain that they would never get HIV (41).

Generally knowledge about HIV and AIDS is centered on disseminating information about the mode of transmission, means of prevention, and behavior that enhance susceptibility. Attitude typically concern not only the over all attitude towards the disease, but encourage tolerance and understanding of those that have been affected by HIV. From an early age, early adolescents must learn not to stigmatize and discriminate. They should also be informed about their own human rights, and should learn the importance of respecting the human rights of others. Parents, schools, youth and sports clubs, etc, should encourage young people to discuss HIV/AIDS and the issue, surrounding it and provide them with appropriate and realistic message. Educational and entertainment programmes aimed at young people should carry anti-stigma and anti-discrimination message (18,55).

3.OBJECTIVE

3.1. GENERAL OBJECTIVE

To asses the level of HIV/ AIDS knowledge among window of hope population in Kombolcha town, South Wello Zone of Amhara Regional State.

3.2 SPECIFIC OBJECTIVES

1. To asses knowledge about HIV/AIDS mode of transmission among window of hope population students.
2. To asses knowledge about prevention method of HIV/AIDS among window of hope population students.
3. To assess the attitude of the students towards AIDS patient, AIDS orphan and PLWHA.
4. To asses factors which influence their knowledge and attitudes towards HIV/AIDS.

4. METHODOLOGY

4.1.STUDY DESIGN

A cross- sectional study design based on standardized quantitative data collection method was carried out to assess the level of knowledge among window of hope population.

4.2 STUDY AREA

The study was conducted in general primary schools in Kombolcha town, South Wello Zone of Amhara Regional State. South Wello Administrative Zone is one of the 11 Zones in the Amhara National Regional State, which is located in the Northeastern part of Ethiopia. North wello and North Gonder in the North, North Showa in the South, Afar and Oromia on the East and East Gojjam in the West bound it.

Administratively, the Zone is divided to 18 woredas. Based on the 1994 National Population and Housing census of Ethiopia, the population of the Zone as projected for the year 2004/2005 is 2,746,950 for which male accounts 49.3% and female 50.7% with 1 to 0.97 male to female ratio (56). About 88.4% of the total population lives in rural areas depending on traditional rain fed agriculture, where as 11.6% are urban dwellers. The physical health service coverage of the Zone was 42.2% in the year 2004/2005 (57).

Kombolcha town is one of the 18 woredas in the South Wello Zone located at 23 Kilometer away on the eastern side from the main town of the Zone, Dessie. It is located 377 kilometers on North East of Addis Ababa and about 503 kilometers from BahirDar

town, the capital of Amhara Regional State. The town is subdivided into 12 kebeles and has a council that is responsible for political and administrative affairs. There were 61, 816 people living in the town during the year 2004/2005 G.C. (57). According to the report of woreda education office there were 6 –kindergartens, 3- basic, 5 -general primary schools, 1- secondary school, 1- vocational and technical school and one industrial college, one agriculture college, one agriculture research institute and one poultry center. There were different industries in the town like textile, steel and metal, meat and beer.

4.3. SOURCE AND STUDY POPULATION

The source population was students in age group 10 to 14 years old in 5-general primary schools attending 5^{th} to 8^{th} grade in Kombolcha town enrolled for the academic year of 2004/2005. Students 10 to14 years old, who are the late age group among window of hope population attending 5^{th} to 8^{th} grade from the randomly selected class rooms in 5-general primary schools in Kombolcha town formed the study population.

4.3.1. Inclusion criteria: All students enrolled in the year 2004/2005 age 10 to14 Years.

4.3.2. Exclusion criteria: Students enrolled in the year 2004/2005 ages below 10 years and above 14 years old and students who are unable to read and hear.

4.4. SAMPLE SIZE

The sample size was determined using a formula for estimating a single population proportion.

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

The following assumption was made to obtain the minimum sample size required for the study.

P= The proportion of students with correct knowledge of HIV/ AIDS mode of transmission and prevention method was estimated to be 0.5 since such type of study was not conducted so far in this age group of the population in the study area.

$Z\alpha/2^2 = \alpha = 0.05$ will be 95% of confidence $= 1.96$

d = the margin of error was taken to be 0.05.

$$n = \frac{(1.96)^2 \times 0.5(1-0.5)}{(0.05)^2} = 384$$

Since, the source populations were less than 10,000 we used an infinite population formula to obtain a sample, which is

$$n = \frac{n_o}{(1 + n_o/N)}$$

$$n = \frac{384}{(1+384/1234)} = 293$$

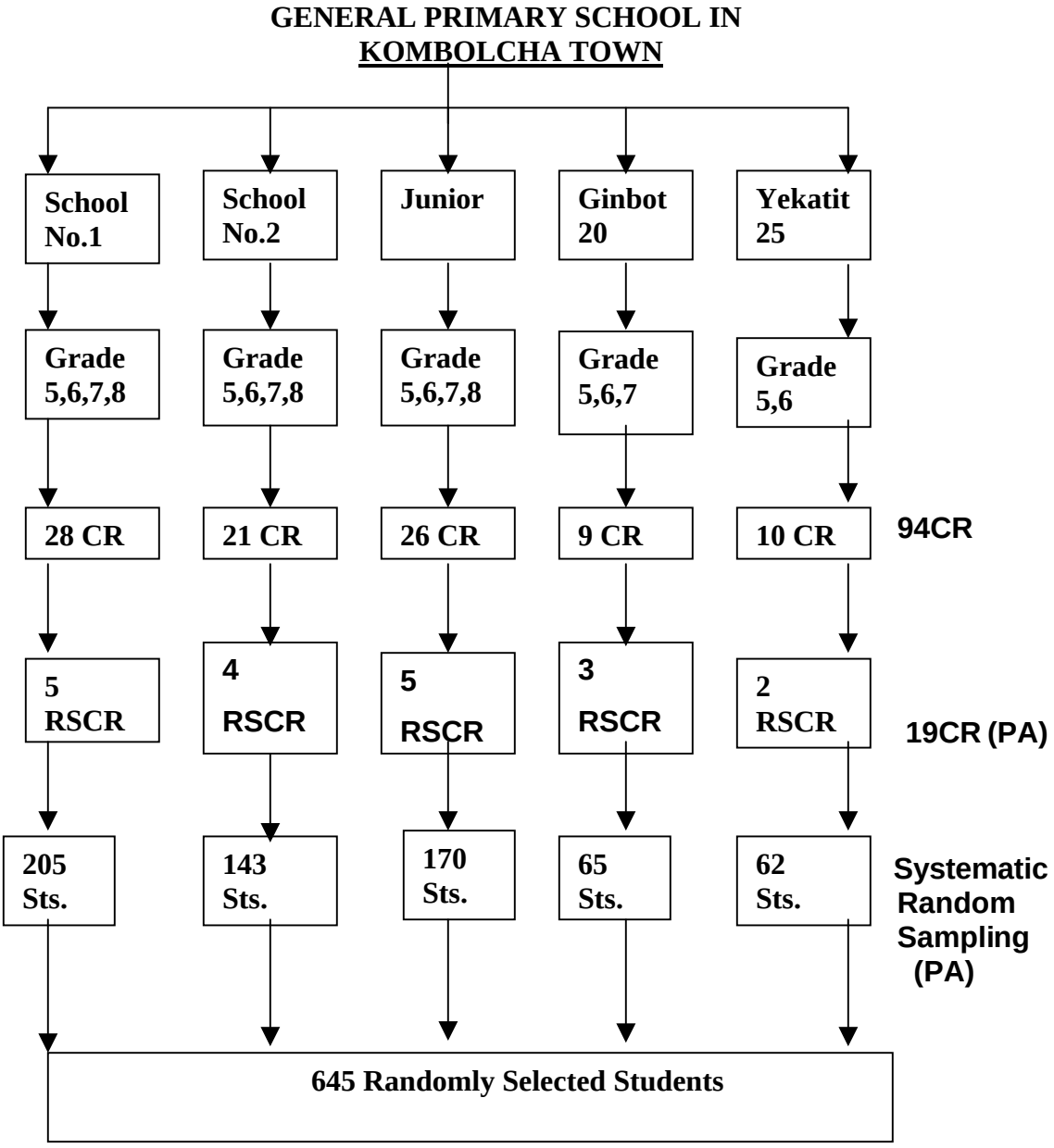
Design effect=2 was also taken since multi stage sampling technique was employed to obtain a sample size of 586.

To allow for possible non-response due to refusal or absenteeism during the actual survey, we increased the sample size by 10% to get a final sample size of 645 students of 10 to 14 years old.

4.5. SAMPLING PROCEDURES

A study used multi stage sampling techniques (Figure-1). The total 5^{th} to 8^{th} grade general primary schools in the town were stratified by grade. Then from all schools and grade 19 classrooms out of a total of 94 were selected randomly on the ground of proportionate allocation to size. Then, Sampling fraction was allocated based on proportionate allocation to their size for each grade and schools. Then using student list as a sampling frame 645 eligible study participants were selected from the randomly selected classrooms using systematic random sampling technique by dividing the total number of eligible students (S) by the required sample size (s). The number “K” obtained by dividing S/s =K was used to identify the interval among students from the sampling frame .A random number was drawn to identify the first student, which was used as a starting point to select study subjects.

Figure –1.Schematic representation of sampling procedures



KEY: CR=Classroom.
RSRC = Randomly Selected Classroom
Sts. =Students
PA=proportionate allocation.

4.6. DATA COLLECTION INSTRUMENTS

The data collection instrument was an anonymous closed-ended self-administered questionnaire. The questionnaire was developed after a review of relevant literature. A number of questions that could address the objectives of the study were gathered and adapted from previous similar studies and other relevant materials. The questions were grouped and arranged according to the particular objectives of the study. Then the first draft of the questionnaire was produced and submitted to the advisors and colleagues for comments. Valuable comments were taken from these individual to improve quality of instruments.

After extensive revision, the final version of the English questionnaires comprising 78 multiple-choice items was developed for the study. The questionnaire comprised 13 items on socio-demographic characteristics, 13 items on knowledge of HIV/AIDS and related issue, 7 items on discussion about HIV/AIDS with parent and peers, 7 items on source of information about HIV/AIDS, 3 items on willingness to learn about HIV/AIDS in the future, 2 items on perceived susceptibility, 11 items on knowledge of mode of transmission of HIV/AIDS, 9 items on knowledge of prevention method of HIV/AIDS, 11 items on attitude towards AIDS orphan, AIDS patient and PLWHA and 2 dummy questions for the purpose of evaluating the respondent whether they can respond correctly what they know so far[See annex-II].

4.6.1 RECRUITMENT AND TRAINING

Five-health workers fluent in Amharic language were selected from the health and education office of Kombolcha town woreda. They were responsible for organizing and facilitating the collection of data with principal investigator. Training was given for these facilitators for two days before the pretest and for a day after the pretest by the principal investigator. The training includes briefing on the general objectives of the study, discussing the content of the questionnaire one by one and the type of information needed to answer during data collection process, the methodology of the study in relation to reaching the intended goal and more importantly to ensure confidentiality. The training was given in the form of discussion.

4.6.2 PRE-TESTING

Pretesting of the translated Amharic version questionnaire was carried out to ensure its consistency and clarity in one of the general primary school located in Dessie town, which is 23 kilometer away from the study area with a population supposed to have a similar soicio-demographic characteristic with people of the study area. The questionnaire and interview guideline were pretested on 60 students in which 20 students assisted with transparency, 20 students left to fill the questionnaire by themselves, and 20 students were also assisted to fill themselves assisted by the supervisor by reading of each questions. The result of the pretest was discussed with the facilitators and principal investigator. Some corrections and modifications were made on the questionnaire and those student who were assisted by the facilitators by reading were found that they filled the questionnaire relatively better based on the

instruction provided compared to the other. Finally the principal investigator and the facilitators reach to the decision that the actual data collection to take place in such manner.

4.6.3.DATA COLLECTION

Data collection took place from November/2004 to January/2005. One day prior to the actual data collection the school masters were gathered by the district education office and the principal investigator and discussed on the over all process for the smooth and successful accomplishment of the study and to decide the data collection time**.** On the day of data collection the schoolmasters and principal investigator told the randomly selected students to come early in the morning to school.

The randomly selected students gathered in one class room and sitting arrangements of the students in order not to copy the response of one from one another made and instruction for the students told to do these and teachers were assigned to assist in the over all data collection process. Finally the trained facilitator distributed and read the questionnaire to the students using microphone, and transported the compiled questionnaire from the school. The survey conducted in one day and the same time. Survey completion required duration of one hour. When finished, students were told to put their completed questionnaire in the prepared cartoon box. The principal investigator made the overall supervision and coordination of the data collection.

4.7.DATA QUALITY ASSURANCE

The questionnaire, which was originally developed in English, was translated to Amharic language, and back translated to English by another individual who has the same language ability so as to ensure its consistency and pretested after which relevant changes and modifications were made with the input from the pretesting. Facilitators properly trained on the whole data collection process. Although questionnaire was self-administered, study participants were assisted through reading by the facilitators. The principal investigator followed the whole data collection process. Data was edited and cleared before analysis.

4.8.STUDY VARIABLES

4. 8.1. INDEPENDENT VARIABLES

- Socio-demographic factors like sex, age, grade, religion, residence, parental status, living arrangements, paternal occupation, maternal occupation, paternal educational status, maternal educational status and perceived family economic status.
- Discussion with the parents and peer friends about HIV/AIDS.
- Source of information about HIV/AIDS.
- Willingness to learn about HIV/AIDS in the future
- Perceived susceptibility to HIV/AIDS

4.8. 2. DEPENDENT VARIABLES

- Knowledge on mode of transmission of HIV/AIDS.
- Knowledge on prevention methods of HIV/AIDS.
- Attitude towards PLWHA, AIDS orphan and AIDS patient.

4. 9. OPERATIONAL DEFINITION

- **Window of hope population:** Early adolescent students who are in the late window of hope population group aged 10-14 years old.
- **Knowledge:** awareness or understanding of basic facts about HIV/AIDS.
- **Knowledgeable:** those study participants who scored points equal to and more than the mean score out of the ten and nine items transmission and prevention questions.
- **Not-knowledgeable:** those study participants who scored less than the mean score out of the ten and eight items transmission and prevention questions.
- **Comprehensive knowledge about HIV/AIDS:** Respondents were considered to have comprehensive knowledge about HIV/AIDS if they knew about the three HIV/AIDS prevention method and had no misconception about HIV-transmission.
- **Misconception:** Responses other than the basic facts for HIV/AIDS mode of transmission or prevention method.
- **Attitude:** The perception or outlook of the study group towards AIDS orphan, AIDS patient and PLWHA.

- **Positive attitude:** those study participants who had positive outlook towards AIDS orphan, AIDS patient, PLWHA and who scored points equal to and more than the mean score out of the nine items attitude questions.
- **Negative attitude:** those study participants who had negative outlook towards AIDS orphan, AIDS patient, PLWHA and who scored less than the mean score out of the nine items attitude questions.
- **Stigmatization attitude:** Those students who have negative feeling towards AIDS patient, AIDS orphan and PLWHA in relation to social interaction.
- **Non-Stigmatization attitude:** Those students who didn't have negative feeling towards AIDS patient, AIDS orphan and PLWHA in relation to social interaction.
- **Perceived susceptibility:** Perceived possibility of contracting HIV/AIDS or infected by HIV/AIDS.
- **HIV/AIDS orphan:** Children who have lost both or either of his /her parents due to HIV/AIDS.
- **Community sources of information:** those study participants who obtain information about HIV/AIDS from health worker, parent, PLWHA, YRHC (Youth Reproductive Health Club), sister/brother and religious leader.
- **School source of information:** those study participants who obtain information about HIV/AIDS from AAC (Anti AIDS Club), teacher, SMM (School Mini-Media), peer friends and text.
- **Mass-media source of information:** those study participants who obtain information about HIV/AIDS from television/radio.

4.10.DATA PROCESSING AND ANALYSIS

Data were coded and entered into EPI INFO version 6.2 software program, and finally analyzed using SPSS 11.0 window version soft ware package by the principal investigator. Data analysis includes all summary statistics to describe the study population in relation to the relevant variables. To determine the knowledge of the respondents for each knowledge question on the transmission, prevention and misconception; one point was given for correct response and zero point for incorrect and I don't know response. The mean score was calculated and it was 8.24 and 6.37 from a total score of ten and nine for transmission and prevention respectively. Accordingly, study participants who score less than the mean score were considered "NOT-KNOWLEDGEABLE" and those who scored points equal to and more than the mean score were categorized under "KNOWLEDGEABLE".

Similarly, for the attitude of the respondent for each positive response one point was given and zero point for negative response. The mean score was calculated and it was 7.32, from total score of nine. Participants who scored less than the mean score were categorized under "NEGATIVE '' attitude and those who scored points equal to and more than the mean score were categorized under "POSITIVE" attitude. The scores were cross –tabulated using chi-square test to look for an association between the variable. Odds ratio was also used to look for strength of association of selected variables. Logistic regression was applied to control confounding and to asses the effects of each explanatory variable on the outcome variables using SPSS 11.0-window version soft ware.

5. ETHICAL CONSIDERATION

Before the fieldwork, ethical clearance was obtained from the Facility of Medicine AAU (Addis Ababa University). Then, officials at different levels in the Amhara Region and South Wello Zone and Kombolcha town were communicated through formal letters from the Department of Community Health, Faculty of Medicine, and AAU.

The schools willingness to participate in the study was discussed with officials of all the schools. Each school parent teacher joint committee was communicated on the nature and purpose of the study. A letter with introduction of the study, method of data collection and confidentiality was attached to the cover page of the questionnaire. Response to the survey was anonymous. Participants were also informed that they had full right to discontinue or refuse to participate in the study. Respondents gave informed verbal consent. Finally, the respondents dropped the completed anonymous questionnaire in the collection box.

6.RESULT

6.1. SOCIO-DEMOGRAPHIC CHARACTERISTICS

A total of 645 early adolescents participated in the study. However, 45 students didn't appropriately fill the questionnaires thus excluded from analysis, making the response rate 93 %. Out of the total 600 respondents, 309(51.5%) were males and 291(48.5%) were females. The mean (sd) age of the respondents was 12.75(± 1.12) ranging from 10 and 14 years.

The Majority of the respondents 518 (86.3%) were residing in urban areas while the rest 82 (13.7%) were students coming from rural areas. Three hundred and seventy seven (62.8%) of the respondents were Muslims and the rest 215 (35.8%) and 8 (1.3%) were followers of Orthodox Christian and protestant religion, respectively. Majority of the respondents, 577(96.2%), were Amhara by ethnicity and one hundred and fifty (25.0%) respondents were grade 5, 164(27.3%) were grade 6, 141 (23.5%) were grade 7 and the remaining 145 (24.2%)were attending grade 8. Three hundred and fifty three (58.8%) of the respondents lived with their mother's and father's and 335 (55.8%) of the respondents were from perceived medium economic status of the family (Table1).

Both parents were alive for the majority, 442 (73.7 %), of the students. One hundred and twenty eight (21.3%) and 102 (17.0%) of respondents respectively had able to read and write mother and father .One hundred and forty one (23.5%) of respondents father were government employee, 113(18.9%) of respondents didn't gave a response on their father occupation and 293 (48.9%) respondents mother's were housewife (Table 2).

Table-1. Socio-demographics characteristics of the respondents in Kombolcha town, South Wello Zone, April /2005. (n=600)

Variables		Number	Percent
Sex			
	Male	309	51.5
	Female	291	48.5
Age			
	10-12	223	37.1
	13-14	377	62.8
	Mean (sd)	12.75(±1.12)	
Residence			
	Urban	518	88.3
	Rural	82	13.7
Religion			
	Muslim	377	62.8
	Orthodox Christians	215	35.8
	Protestentant	8	1.3
Ethnicity			
	Amhara	577	96.2
	Tigirie	14	2.3
	Other	9	1.5
Grade			
	5-6	314	52.3
	7-8	286	47.6
Living arrangements			
	Both Mother and Father	353	58.8
	Only Father	90	15.7
	Relatives	39	6.7
	Only Mother	34	5.7
	Sister/Brother	21	3.5
	Grand parents	20	3.3
	Step Mother/Father	16	2.7
	Child care center	13	2.2
	Step Father/Mother	11	1.8
	0ther	3	0.5
Perceived Family Economic Status			
	Very rich	22	3.7
	Rich	91	15.2
	Medium	335	55.8
	Poor	82	13.7
	Very poor	22	3.7
	I didn't know	32	5.3
	No response	16	2.7

Table-2.Parental socio-demographics characteristics of the respondents, Kombolcha town, South Wello Zone. April /2005.

Variables		Number	Percent
Parental Status (n=600)			
	Both father and mother alive	442	73.7
	Only mother alive	89	14.8
	Only father alive	36	6.0
	Both dead	27	4.5
	No response	6	1.0
Maternal education (n=600)			
	Unable to read and write	95	15.8
	Able to read and write	128	21.3
	1-6 grade	106	17.7
	7-12 grade	83	13.8
	12+1(certificate)	31	5.2
	Diploma/degree	23	3.8
	I didn't know	72	12.0
	No response	62	10.3
Paternal education (n=599)			
	Unable to read and write	63	10.5
	Able to read and write	102	17.0
	1-6 grade	102	17.0
	7-12 grade	76	12.7
	12+1 (certificate)	29	4.8
	Diploma/degree	59	9.8
	I didn't know	86	14.4
	No response	82	13.7
Paternal occupation (n=599)			
	Government employee	141	23.5
	Merchant	105	17.5
	Farmer	92	15.4
	Daily laborer	57	9.5
	Factory worker	36	6.0
	Pension	28	4.7
	Employed in private work	20	3.3
	Other	7	1.2
	No response	113	18.9
Maternal occupation (n-599)			
	House wives	293	48.9
	Merchant	88	14.7
	Government Employee	55	9.2
	Farmer	29	4.8
	Factory Worker	23	3.8
	Daily Laborer	18	3.0
	Pension	8	1.3
	House maid	8	1.3
	Employed in private work	7	1.2
	No response	70	11.7

6.2. KNOWLEDGE ABOUT HIV/AIDS AND RELATED ISSUES

All respondents have heard about HIV/ AIDS, and 556 (92.7%) and 527 (87.8%) of the respondents replied that HIV/AIDS was a transmittable and preventable disease respectively. Four hundred and sixty one (76.8%) of them respond that HIV/AIDS has no cure or vaccine, and respondents were also asked who could get HIV/AIDS the majority of respondents 456 (76.0%) replied that any body could get HIV/AIDS, 284(47.3%) commercial sex worker, 159(26.5%) youth, 127(21.2%) heavy truck driver, children 83(13.8%), adult 76(12.7%) and I don't know response was given by 27(4.5%) of respondents

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Four hundred and sixty two (77.0%) of students said that a healthy looking person could have HIV /AIDS. Majority, 591 (98.5%), of the study population reported that a person with HIV could be identified by blood examination, physical examination, 3(0.5%) and 6(1.0%) didn't know how it could be identified.

About 99.3%(596) of the respondents replied that HIV/AIDS is a dangerous /serious disease. The reason they mentioned were since it had no medicine by 545(91.4%), no cure 442(74.2%), those who have the virus can not be distinguished by naked eye 270(45.3%), and who can get it die by 253(42.4%). Five hundred and one (83.5%), 415(69.2%), 356(59.4%), and 330(55.1%), of the respondents did not know AIDS orphan, any body who died of AIDS, PLWHA and AIDS patient respectively.

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6.3.KNOWLEDGE ON HIV/AIDS MODE OF TRANSMISSION AND PREVENTION METHOD

Four hundred and eighty seven (81.2%) of the students replied that a healthy looking person infected with HIV virus could transmit the disease. Regarding the knowledge on HIV /AIDS modes of transmission among the correctly mentioned mode of transmission by the respondents included: sharing unsterile sharp instrument 567 (94.5%), unsafe sexual practice 567(94.2%) and using unscreened blood for transfusion 548(91.3%) Table-3

Students had also misconceptions about a range of social or environmental mode of transmission, the most prevalent being mosquito bite 237 (39.5%), sharing swimming pool 163 (27.2%), sharing toilet 109(18.2%) Table-3.

Generally 437(72.8%) of students are knowledgeable on the correct mode of transmission where as the rest 163(27.2%)respondents are not knowledgeable.

Respondent's knowledge about the prevention measures from HIV/AIDS on the basis of identifying the most important measure's among the following known type of preventive measure showed that the highest proportions of students 443(73.8%) were aware of avoiding sharing contaminated /unsterile sharp instrument, abstaining from sex 419(69.8%), condom use 409(68.2%) Table-4.

Some of the respondents had also misconceptions on the prevention method's of HIV, which included avoiding mosquito bite 189(31.5%) and public swimming pool 169 (28.2%)(Table-5). Generally, 404(67.3%) of students are knowledgeable on the

preventive method where as the rest of 193(32.2%) are not knowledgeable on the prevention method of HIV/AIDS. In this study 98(16.3%) of respondents had comprehensive knowledge about HIV/AIDS where as the majority 502(83.7%) of respondents had no comprehensive knowledge about HIV/AIDS.

Knowledge on HIV/AIDS mode of transmission had shown significant association with religion grade, peer discussion and source of information. Those respondents who were from Christian's affiliation were more knowledgeable than Muslim's [OR= 2.12(1.23,3.63)], and those students from the highest-grade level were more knowledgeable than the lowest grade [OR=2.69(1.59,4.55)] and those students who discussed with their peers were more knowledgeable than who didn't discussed [OR=1.88(1.11, 3.19)] and those students whose mass media source of information were more knowledgeable than community and school sources [OR=1.75(1.10,2.79)] Table-5.

Knowledge on HIV/AIDS prevention method were significantly associated with religion, grade and source of information. Those respondents in the highest-grade level were more knowledgeable than the lowest grade [OR=1.60(1.02,2.52)], those students who were from Christian affiliation are more knowledgeable than Muslim [OR =2.02(1.21,3.39)] and those students whose source of information were from mass media are more knowledgeable than community and school sources [OR=1.76(1.12,2.75)]. The result is presented on table-6.

Table_3.Response for mode of transmission of HIV/AIDS by window of hope population, in Kombolcha town, South Wello Zone, April/2005(n=600)

Mode of transmission		Number	Percent
Sharing unsterile sharp instrument			
	Yes	567	94.5
	No	33	5.5
Unsafe sexual intercourse			
	Yes	565	94.2
	No	35	5.8
Using HIV infected or unscreened blood for transfusion?			
	Yes	548	91.3
	No	52	8.7
Pregnant woman infected with HIV /AIDS transmit the Virus to her unborn child			
	Yes	506	84.3
	No	94	15.7
Mosquito bites			
	Yes	237	39.5
	No	363	60.5
Coughing and Sneezing			
	Yes	182	30.3
	No	418	69.7
Sharing public swimming			
	Yes	163	27.2
	No	437	72.8
Sharing toilet			
	Yes	109	18.2
	No	491	81.8
Eating a meal with some one who is infected with HIV			
	Yes	83	13.8
	No	517	86.2
Shaking hands with HIV infected person			
	Yes	68	11.3
	No	532	88.7

Table_4.Response for prevention method of HIV/AIDS by window of hope population, in Kombolcha town, South Wello Zone, April/2005

Prevention method		Number	Percent
Avoiding Sharing unsterile sharp instrument (n=600)			
	Yes	443	73.8
	No	157	26.2
Abstaining from sexual intercourse (n=600)			
	Yes	419	69.6
	No	181	30.2
Condom use (n=600)			
	Yes	409	68.2
	No	191	31.8
Having one uninfected faithful sexual partner (n=600)			
	Yes	369	61.5
	No	231	38.5
Avoiding from Mosquito bite (n=600)			
	Yes	189	31.5
	No	411	68.5
Avoiding sharing toilet (n=600)			
	Yes	137	22.8
	No	463	77.2
Avoiding using unscreened blood for transfusion (n=599)			
	Yes	376	62.7
	No	223	37.2
Avoiding public swimming? (n=599)			
	Yes	169	28.2
	No	430	71.7
Avoiding sharing a meal with an infected person with HIV / AIDS (n=599)			
	Yes	105	17.5
	No	494	82.3

Table-5.HIV/AIDS mode of transmission knowledge among window of hope population by selected variable, Kombolcha town, South Wello, APRIL- 2005.

Variables	Mode of transmission		OR (95% C.I.)	
	Knowledgeable	Not knowledgeable	Crude	Adjusted
Age (n=600)				
10-12	89	50	1	1
13-14	348	113	1.73((1.13, 2.65)	.98(0.57,1.70)
Religion (n=600)				
Christian	180	43	1.95(1.29,2.97)	**2.12(1.23,3.63)***
Muslim	257	120	1	1
Grade (n=600)				
5-6	197	117	1	1
7-8	240	46	3.10(2.06,4.66)	**2.69(1.59,4.55)***
Parent discussion (n=600)				
Yes	313	97	1.72(1.16,2.54)	1.37(0.81,2.31)
No	124	66	1	1
Peer discussion (n=600)				
Yes	353	102	2.51(1.66,2.54)	**1.88(1.11,3.19)***
No	84	61	1	1
Source of information Mass- media (n=600)				
Yes	321	89	2.30(1.58,3.34)	**1.75(1.10,2.79)***
No	116	74	1	1
Community (n=600)				
Yes	364	126	1.46(.93,2.28)	.90(0.50,1.61)
No	73	37	1	1
School Source (n=600)				
Yes	386	129	1.99(1.23,3.21)	.98(0.51,1.87)
N0	51	34	1	1
Maternal education (n=466)				
Illiterate	158	65	1	1
Primary	80	26	1.27(0.72,2.22)	1.31(0.73,2.34)
Secondary and above	111	26	1.76(1.02,3.04)	1.04(0.53,2.02)

*Significant

*Adjusted for age, religion, grade, parent discussion, peer discussion, source of information and maternal education.

Table-6.HIV/AIDS prevention method knowledge among window of hope population by selected variable, Kombolcha, South Wello, April-2005.

Variable	Prevention		OR (95% C.I.)	
	Knowledgeable	Not knowledgeable	Crude	Adjusted
Grade (n=597)				
5-6	193	120	1	1
7-8	211	73	1.79(1.24,2.58)	**1.60(1.02,2.52)***
Religion (n=597				
Christians	168	54	1.83(1.24,2.58)	**2.02(1.21,3.39)***
Muslim	236	139	1	1
Parent discussion (n=597)				
Yes	289	120	1.53(1.05,2.23)	0.96(0.58,1.58)
No	115	73	1	1
Peer discussion (n=597)				
Yes	320	133	1.72(1.14,2.56)	1.27(0.75,2.14)
No	84	60	1	1
Source of information Mass-media (n=597)				
Yes	295	112	1.95(1.36,2.8)	**1.76(1.12,2.75)***
No	109	81	1	1
School-source (n=597)				
Yes	357	156	1.80(1.12,2.8)	1.15(0.59,2.09)
No	40	37	1	1
Paternal education (n=428)				
Illiterate	111	53	1	1
Primary	65	36	0.86(0.49,1.50)	0.98(0.57,1.69)
Secondary and above	121	42	1.38(0.83,2.29)	1.15(0.64,2.06)

*Significant

*Adjusted for grade, religion, parent discussion, peer discussion, source of information (mass media, school) and paternal education.

6.4.ATTITUDE TOWARDS AIDS PATIENT, AIDS ORPHANS AND PLWHA

The attitudes of students towards AIDS patient, AIDS orphan and PLWHA were also assessed. Accordingly, majority of the students 579(96.5%) replied that they were willing to help an HIV/AIDS patient, 551(91.8%) were willing to learn with an AIDS orphan in the same class. The result is presented in table-7.

Four hundred and forty two (73.7%) of students replied that they didn't disagree PLWHA to keep their status secret from the community. Their felling towards PLWHA were also asked about 532 (88.7%) of students replied that they feel sympathy, the rest 21(3.5%) bother them, 17 (2.8%) hatred, 16(2.7%) will give care and support and 14(2.3%) disgust them.

Generally, 430(71.7%) of students had positive attitude and 169(28.2%) of student had negative attitude towards AIDS patient, AIDS orphan and PLWHA. Knowledge score of transmission and prevention were highly and significantly associated with positive attitude (p-value<0.005).

Respondents attitude were significantly associated with age, grade, residence, religion, peer discussion, perceived family economic status and source of information. Older age had positive attitude than younger [OR=2.01(1.22,3.29)], those who reside in urban had positive attitude than their rural counterpart [OR= 1.92(1.10,3.35)], Christians had positive attitude than Muslim [OR = 3.39(2.07,5.54)], those students from perceived medium and low family economic status had positive attitude than rich

[OR=5.42(2.49,11.80) and OR=3.37(1.66,6.84)] respectively and those students whose mass media source of information were more knowledgeable than community and school sources [OR=1.57(1.01,2.44)] Table-8.

Table_7.Response for attitude towards AIDS patient AIDS orphan and PLWHA, by window of hope population in Kombolcha town, South Wello Zone,April/2005.

Attitude		Number	Percent
Willing to help a person diseased with AIDS (n=600)			
	Yes	597	96.5
	No	21	3.5
Willing to learn with an AIDS orphans in the same class (n=600)			
	Yes	551	91.8
	No	49	8.2
Teacher with HIV but not sick should be allowed to continue teaching in the school (n=600)			
	Yes	543	90.5
	No	57	9.5
Stop being friends to HIV/AIDS orphan (n=600)			
	Yes	516	86.0
	No	84	14.0
Shaking hands of an HIV positive person (n=600)			
	Yes	461	76.8
	No	139	23.2
Sitting in a classroom with student living with HIV (n=600)			
	Yes	434	72.3
	No	166	27.7
Eating together with an HIV positive person (n=600)			
	Yes	415	69.2
	No	185	30.8
Buying food from a shopkeeper or food seller who had HIV virus (n=600)			
	Yes	345	57.5
	No	255	42.2
Student with an HIV but not sick should be allowed to continue attending school (n=599)			
	Yes	549	91.5
	No	50	8.3

Table-8.Attitude towards AIDS patient, AIDS orphan and PLWHA among window of hope population by selected variable, Kombolcha, South Wello ZoneApril/2005.

Variable	Attitude		OR (95% C.I.)	
	Positive	Negative	Crude	Adjusted
Age (n=599)				
10-12	74	64	1	1
13-14	356	105	2.93(1.93,4.46)	**2.01(1.22,3.29)***
Grade (n=599)				
5-7	195	118	1	1
8-9	235	51	2.79(1.88,4.15)	1.62(1.00,2.62)
Residence (n=599)				
Urban	384	133	2.26(1.36,3.75)	**1.92(1.10,3.35)***
Rural	46	36	1	1
Religion (n=599)				
Christians	187	36	2.84(1.84,4.40)	**3.39(2.07,5.54)***
Muslim	243	133	1	1
Peer discussion (n=599)				
Yes	341	113	1.90(1.25,2.88)	1.59(0.99,2.56)
No	89	56	1	1
Source of information Mass-media (599)				
Yes	316	93	2.26(1.56,3.28)	**1.57(1.01,2.44)***
No	114	76	1	1
School (599)				
Yes	375	139	1.47(0.96,2.31)	0.99(0.55,1.77)
No	55	30	1	1
Perceived family economic Status (n=551)				
Rich	69	44	1	1
Medium	235	99	1.51(0.95,2.42)	**5.42(2.49,11.80)***
Poor	93	11	5.39(2.47,11.99)	**3.37(1.66,6.84)***

*Significant

*Adjusted for age, grade, residence, religion, peer discussion, source of information (mass-media, school) and perceived family economic status

6.5.SOURCES OF INFORMATION AND WILLINGNESS TO LEARN ABOUT HIV /AIDS IN THE FUTURE

The sources of information about HIV/AIDS are presented in Figure-2. The most frequently mentioned sources of information were television/radio 410(68.3%), health worker (62.5%) and AAC 369(61.5%).

Five hundred six (84.3%) of the respondents replied that they had learned about HIV/AIDS in their class room/school. Among the respondents who reported about HIV/AIDS education in a class room/ school, 366 (72.3%) said that they were thought by teachers, 145(28.7%) YRHC, 268 (53.0%) health worker, 206 (40.7%)School mini-media (SMM), 154 (30.4%) peer friend, 154 (30.4%) PLWHA, 274 (26.3%) AAC and 1(0.2%) no response. Eighty-three (16.4%) of respondent replied that information obtained from the school about HIV/AIDS was more than sufficient, 133 (26.3%) very sufficient, 133 (26.3%)sufficient, 102(20.2%) satisfactory, 45 (8.9%)fairly satisfactory and 10(2.0%) didn't know.

Five hundred and seventy two (95.3%) of the respondent said that there was AAC in their school. Among these respondent only 152 (26.6%) were members of the club. The reasons mentioned for not membershipness of the school AAC were, not interested by two hundred and thirteen (50.7%), didn't know the existence of the club 98(23.3%), shortage of time to participate in the club 60(14.3%), being members of other club 22(5.2%), told that the club was full 21(5%), and 6 (1.2%) family prevented them to participate in the school AAC.

Five hundred and eighty seven (97.8%) of the respondents reported that they are willing to learn about HIV/AIDS. Among these respondents the majority 441(75.1%) wanted to learn in the future by health workers, AAC 395(67.3%), PLWHA 332(56.2%), television 320 (54.5%), radio 286(48.7%), teacher 282(48.0%), parent 279(47.5%), YRHC 236 (40.2%), school mini-media 236(40.2%)and 2(0.3%) by other. They also reported that they prefer information about HIV /AIDS in the future to reach to them 428 (72.9%) by drama, 381 (64.9%) lecture, 380(64.7%) discussion, 325(55.4%) song, 181(30.8%) leaflet and 155(26.4%) poster.

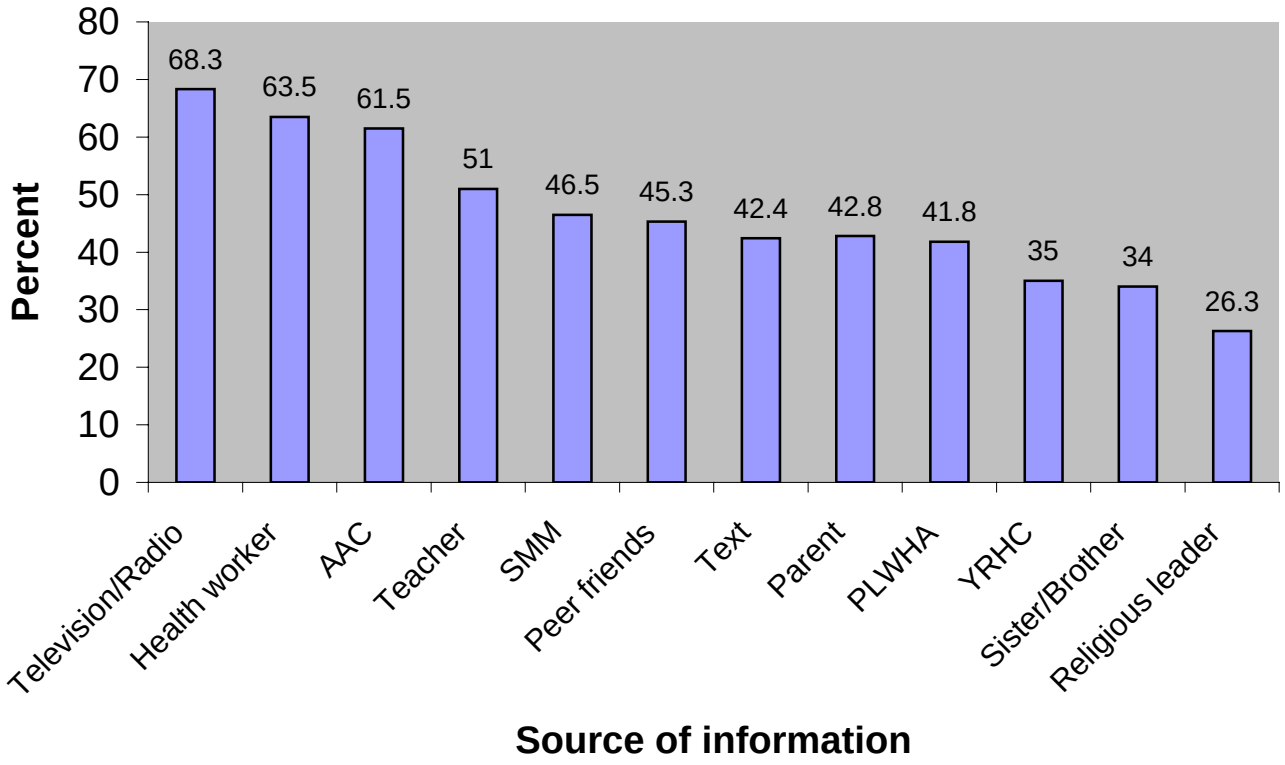

Figure-2. Source of information for HIV/AIDS among window of hope population in Kombolcha town, South Wello Zone. April /2005.

6.6. DISCUSSION WITH PARENT AND PEERS ABOUT HIV/AIDS

Four hundred and ten (68.3%) of the respondents, 50.2% males and 49.7% females, replied that they discussed about HIV/AIDS with their parents. Among from 190(31.6%) respondents who didn't discuss with their parents shyness (38.9%), being child (29.5%), not comfortable (14.2%) and discussion prohibited (9.5%) were the reason mentioned. Among the respondents who discussed with their parents, 286 (69.8%) said that they discussed with their mother and father, 70 (17.1%) with mother only, 36(8.5%) with father only and 18(4.4%) with other relatives. One hundred and ninety five (47.5%) and 215 (52,4%) of the respondents, respectively, reported that their parent and themselves initiated the discussion**.**

Four hundred and fifty five (75.8%) of respondents, 50.3% males and 49.7% females, replied that they discussed about HIV/AIDS with their peers. Among from 145(24.2%) respondents who didn't discussed with their parents shyness 60(41.4%), being child 52 (35.9%), not comfortable 55 (37.9%), prohibited 14(9.7%) and other reason 7 (4.7%) were the main reasons mentioned by the participants.

Among the respondents who discussed about HIV/AIDS with their peers were also asked with which sex did they discussed, 235(51.6%) replied that they discussed with both sex, 128 (28%) with girls only and 92 (20.2%) with males only.

6.7.PERCIVED SUSCEPTIBILITY TO HIV/AIDS

Participants opinion / attitude were asked about their perceived susceptibility to HIV/AIDS the result indicated that only 41 (6.8%) perceived possibility of contracting the disease HIV/AIDS and the rest 252 (42.0%) and 307(51.2%), respectively, said they could never been contracting the disease HIV/AIDS and were not sure. Among who reported they could never been contracting the disease the main reason given include 280 (71.4%) will abstain from sex until they get married, 170 (67.5%)will not share sharp instrument, 151(59.9%) will not make contact with blood, 72(28.6%) will keep away from HIV/AIDS infected person, 41(16.3%) are being children, 29(11.5%), HIV/AIDS is not as difficult as people think 29(11.5%) and they will be careful by 3 (1.2%) of respondents.

7.DISCUSSION

This study gives an important information regarding the knowledge of window of hope population on HIV/AIDS mode of transmission, prevention methods, attitude towards AIDS patient, AIDS orphan and PLWHA and the factors that influence their knowledge and attitude.

All students included in the study heard about HIV/AIDS. This might be due to the intensive effort made by the mass media and health worker in the area in particular and in the country in general. This finding is also consistent with a study conducted among school adolescents in Rio de Janeiro Brazil and China (29,30). HIV /AIDS is a transmittable and a preventable disease with no cure and vaccine is very well known by majority of the respondents. These indicate that students already understood these basic facts of HIV/AIDS.

For hundred and sixty two (77.0%) of the respondents also said that a healthy looking person could have HIV/AIDS. This is also consistent with a study done in Tanzania and South Africa in which more than 70 % of students knew a healthy looking person could have HIV/AIDS (32,33, 35,37).

Majority of study participants were aware that a person with HIV/AIDS could only be identified by blood examination. This knowledge may come due to the great awareness and sensitizations conducted for VCT by the local health worker and mass media. Similarly most of the respondents are aware that the dangerousness/seriousness of the

disease HIV/AIDS. This finding is also comparable with a study done among school children in China, Tanzania and South Africa (30,32,33,35 and 37). The reasons mentioned by the respondents were also similar with a study conducted in Tanzania (32,33). This shows that these early adolescents are very much aware about the seriousness of HIV/AIDS and it may be related to the information that is widely disseminated through different media and the gravity of the problem that HIV is affecting more and more people in the area and the country at large.

Most of our study subjects didn't know AIDS orphan, AIDS patient and PLWHA. This may be very low despite the existing problem and it maybe due to the fear of stigma and discrimination that those who had been affected and infected by the disease may not publicize their sero-status to the community and respondents lack the opportunity to know them very well.

Most of the respondent correctly mentioned the mode of transmission of HIV/AIDS, which were sharing unsterile sharp instrument, unsafe sexual practice, using unscreened blood for transfusion and perinatal transmission. This finding is also consistent and comparable with similar studies conducted in China, India, United States of America, Tanzania, Nigeria and Ethiopia (30-35, 41- 47).

On the prevention aspect not sharing sharp instrument, abstinence from sex, condom use, avoiding using unscreened blood and having one faithful sexual partner, is very

well known by more than sixty percent of our study population. This finding is also consistent with another study done in Ethiopia, Tanzania and Uganda (17,32-35, 45,47).

Misconceptions on ways of transmission and prevention method were common among the study population. This similar finding is also reported in Tanzania, Uganda and India (30,31, 34, 42, 45, 47) and only few of the respondents had comprehensive knowledge on HIV/AIDS. This shows that misconception among this early adolescents are wide spread and it indicate that still there must be great effort to be done to equip the students with the correct knowledge of transmission and prevention method and during addressing knowledge misconceptions must be considered to equip them with appropriate comprehensive knowledge on HIV/AIDS.

On a more positive note, majority of our study participants displayed non-stigmatized attitude towards AIDS patient, AIDS orphan and PLWHA. This finding is also consistent with a study done in Hanoi, North India and Nigeria in which 57 to 90% of respondents had also non-stigmatize attitude (41,42, 52). This result is somewhat surprising and it also reflects the impact of the message about HIV/AIDS undertaken by the health worker and mass media to avoid stigma and discrimination.

Stigmatized attitude were also found among in our study participants. These findings were also seen in another studies (30,35,41,44,52). This shows that misconception about HIV/AIDS is there among early adolescents. This stigma and discrimination

attitude poses serious obstacles to confront the epidemic and indicate that a need to put an effort to improve the attitude of students.

Majority of the respondents were in favor of PLWHA should not keep their sero- status secrete from the community. In contrast to similar study done in Africa in which only 25.8% and 7.8% of respondent felt sympathy, five hundred and thirty two (88.7%) of our study participants had sympathy felling towards PLWHA.This feeling should be welcomed from the humanitarian point of view (32,33).

This favoring and sympathy feeling may come due to the current massive effort made by health worker, mass-media and PLWHA themselves to encourage those affected by the disease to revealed their sero status to teach the community and the care and support to be given by their families, friends and community.

For students transmission knowledge peer discussion were found to be among the identified determinant factors. This might show that those who discussed with their peers friends may have a better knowledge because of free exchange of idea among themselves even if their knowledge is the same from one another unless they had taken special training on how to communicate with each other. Age was also found to be one of the determinant factors for students positive attitude. This might be also those in older age group may have a good judgment in relation to the real situation compared to the younger one.

Besides age, residence and perceived family economic status were found to be among the identified determinant factors for influencing attitude of students. This might be explained also Students who lived in the urban area may gain anti-stigma and anti-discrimination education through television. Those who were from perceived medium and low family economic status students might interact more with out side environments and their socialization will provide them a good opportunity to have positive attitude.

In addition to the above mentioned factors being Christianity by religion, becoming in the higher grade level and obtaining information from mass-media were also the factor for their better knowledge of transmission, prevention and positive attitude towards AIDS patient, AIDS orphan and PLWHA. This could be explained that those students who are Christians may be allowed by their parents to attend freely the extra curricular activities like AAC, YRHC and Anti-HIV/AIDS message may be delivered through children/youth Sunday school programme in the church. Students knowledge about HIV/AIDS mode of transmission and prevention method will increases as their educational level increases and it also implies that the role of formal education in the knowledge of HIV/AIDS for this early adolescents may be beyond doubt. Mass media may impart message about HIV/AIDS frequently and in sustainable manner than other source of information.

The most common source of information for their knowledge about HIV/AIDS was television/radio (68.3%), health worker (62.5%). This finding is also similar with a study done in china (30). This is also an encouraging finding, which shows the media, health

worker have played a great role in the provision of information and education on matter related to HIV/AIDS even if mass media had no specially designed programme for this early adolescents. In several countries like Uganda (58), religious leader are the prominent in HIV/AIDS education in communities unfortunately this not the case in this study they were the least mentioned source that was only 26.3% of respondents received information through this channel. This suggests that religious leader didn't make this group a target for HIV/AIDS education in relation to religion. As religion emphasizes that sex should only takes place within marriage this message reinforce the prevention and control of HIV/AIDS epidemic so such an important source of information should be tapped.

Even if they are not major source of information for HIV/AIDS to the students AAC, teacher and school mini-media presents major opportunities for delivering messages that can be tailored to meet the needs of students at different age groups and situation, especially the proximity to the students knowledge and contact make the teacher above all as an essential part of HIV/AIDS education.

Five hundred and eighty seven (97.8%) of students were willing to learn about HIV/AIDS in the future. This finding is also consistent with study done in China (38, 39). This is an interesting and promising finding that they are eager to know more about HIV/AIDS in the future. Since they are good captive audiences teaching them will benefit to safeguard themselves from the disease and they will also impart their knowledge to the community, which as a result contribute a lot to curb the epidemic in

the country. Health workers, AAC and PLWHA are the most preferred media students want to be taught in the future. Drama and lectures are also the preferred way in which information about HIV/AIDS to reach to them.

Four hundred and ten (68.3%)of respondents discussed about HIV/AIDS with their parents. This finding is in consistent with a study done in Tanzania (32,33) but in contrast to a study done in Chinease Hong Kong Brazil in which only 15 to 30% of the respondent discussed with their parents (29,30). Really if this early adolescent talk with their parents, this is an encouraging finding that shows discussion about HIV/AIDS issue between parents and children are becoming no more a cultural taboo rather it shows much a question of survival issue.

Four hundred and fifty five (75.8%) of the respondent also said that they discussed the issue of HIV/AIDS with their peers. This finding is also consistent with a study done in Tanga and Same region in Tanzania (32,33). It must be encouraged and strengthened because peers can exchange HIV/AIDS information freely and comfortably as a result it influences their knowledge and attitude.

Regarding their perceived susceptibility to HIV/AIDS 6.8% replied that they can be contracted by the disease HIV/AIDS, 42.2% were certain that they would never get HIV and 51.2% of students claimed that they were not sure. This finding is also consistent with a study done in Africa and Hanoi (35,36,41). The perceived susceptibility to HIV/AIDS infection is underestimated and it implies that their knowledge is superficial

and they are not in a position to protect themselves from the disease. So this needs to be reinforced through the clear understanding that any one can be susceptible even children and this must be stressed during delivering message to this group. Even if they had low perceived susceptibility to HIV/AIDS their self-efficacy is also reflected in the reason they gave for the never likelihood of becoming infected with HIV. This were Abstienance from sex until they get married, not sharing sharp instrument, no contact with blood were the most common reason the students cited. The reasons given abstinence from sex and not sharing sharp instrument should be encouraged and strengthened through skill training.

Finally the implication of the study is clear that the significant association, which emerged from this research, should be considered during designing the program to this population. For example HIV/AIDS message transferred through mass media targeting the general population will not have the same input and effectiveness for this early adolescents; rather HIV/AIDS message should be designed to target this group of population and include culturally relevant and appropriate example.

8. STRENGTH AND LIMITATION OF THE STUDY

8.1.STRENGTH OF THE STUDY

- This study tries to asses the level of understanding of the basic facts of HIV/AIDS among window of hope population, which is very scarce in our country.
- All school in the study area with grade 5 to 8 included in the study.
- The study conducted on the same day and time in all schools avoids the possibity of information contamination.
- Even if the data collection instrument was self-administered facilitator assisted study participants by reading each questionnaires.

8.2. LIMITATION

This study subjects to the following limitation

- Sexual practice of the study subjects is not assessed in this study.
- Some HIV/ AIDS knowledge questions were not incorporated.
- Lack of qualitative data to supplement the quantitative data.

9. CONCLUSIONS

Based on the result obtained and taking into account the limitations described above the following conclusions are forwarded.

- The vast majority of respondents had good knowledge on the basic facts of HIV/AIDS and Student's knowledge on the correct HIV/AIDS mode of transmission and prevention method is moderate.
- Though knowledge of mode of transmission and means of prevention of HIV/AIDS by the student is moderate, still worrying misconception prevail pertaing to the route of transmission as a result they had low comprehensive knowledge about HIV/AIDS.
- Majority of students did not show stigmatization attitude towards AIDS patient, AIDS orphan and PLWHA.
- Television/radio and health worker are the most utilized sources of information.
- Majority of the students are willing to learn in the future about HIV/AIDS.
- There is an encouraging start of discussion about HIV/AIDS among early adolescents between their parents and peers.
- Low perceived susceptibility to HIV /AIDS.
- Religion, grade, source of information, discussion with peer friends, age, residence and perceived family economic status are the factors identified in this study which determine their knowledge on mode of transmission, prevention method of HIV/AIDS and attitude towards AIDS patient, AIDS orphan and PLWHA.

10.RECOMMENDATION

1. The current effort, which is going on in the school to educate the students on HIV/AIDS using different media, must be strengthened to keep up sustainable their knowledge and to equip them with the good attitude and skills to protect them selves against HIV/AIDS in the future.

2. The non-stigmatization attitude should be sustained by strengthen the ongoing information education communication activities.

3. Schools should collaborate and develop a regular program for PLWHA who are willing to publicize their sero- status in order to educate school children.

4. Intervention in the schools on Peers education approach is helpful to provide them a necessary skill how to communicate with each other and to exchange correct information among each other and sensitize the parent on open communication between them selves and their children.

5. Larger and detailed study should also be carried out on this population and future researcher should address their sexual practice and consider multiple data source, in –and out of school window of hope population from urban and rural areas to extend the generizability of the findings

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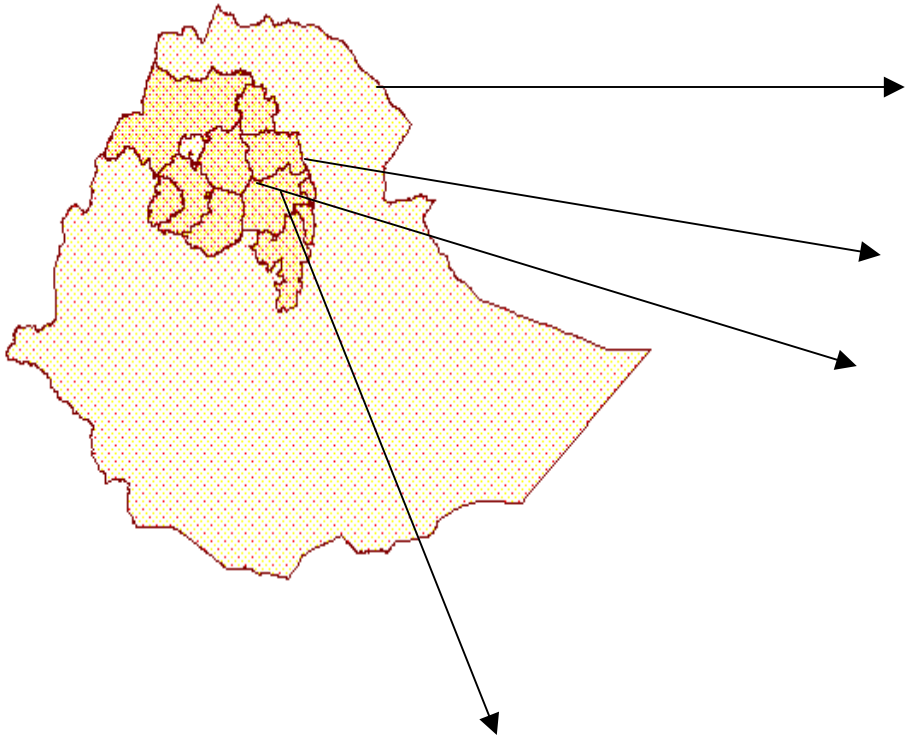
12. Annex –I. Map of study area (South Wello Zone and Kombolcha town)

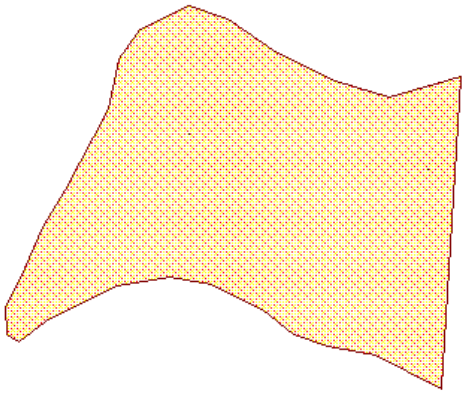


Map of Ethiopia

Map of Amahara Regional State

Map of South Wello

Map of Kombolcha town (study area)



ANNEX-II. English Version Questionnaire

ADDIS ABABA UNIVERSITY FACILITY OF MEDICINE

DEPARTMENT OF COMMUNITY HEALTH

Questionnaire on Assessment of HIV/AIDS and Related Knowledge among window of hope population.

Students self Reporting Questionnaire

Dear Students

To ensure the health development of children and adolescent, the understanding of the major health problems of this group of population is important. In line with this a study is proposed to asses the knowledge of HIV /AIDS and related issue among the school children of 5th to 8th grade students The purpose of this study is to generate information on knowledge of the students towards HIV /AIDS. You are chosen to participate in this study randomly using a lottery method.

In order to effectively attain the goal, we are kindly asking you for your generous response to the questions. There is no need to put your name on the questionnaires .No individual response will be reported. It is your full right to participate or refuse in the study. If you don't want to participate in the study you can put the questionnaires on the table upside down and you are requested to sit down on your chair until the others finish. But your honest participation will have a great contribution. So please take a few minute to answer the questions. If there is any thing that requires clarification please don't hesitate to ask the facilitator for clarification.

Do you wish to participate in the study?

☐ Yes, I want to participate in the study (please go to the next page)

☐ No, I don't want to participate. (Stop)

THANK YOU VERY MUCH!!

IDENTIFICATION

DATE OF INTERVIEW_____ **CODE NUMBER** _____

REGION _____ **ZONE** _____ **WOREDA/TOWN**_____

SCHOOL CODE _____

QUESTIONNAIRE

NAME OF SCHOOL (write in full) _____

SECTION _____

PART _ I. SOCIO DEMOGRAPHIC BACK GROUND OF THE PARTICIPANTS

S.NO	QUESTION	ALTERNATIVE CHOICE OF RESPONSE (CIRCLE THE ANSWER)	CODE
1o1	Sex	1.Male 2.Female	/---/
102	How old are you?	____Years	/---/
103	Place of Residence	1.Urban 2.Rural	/---/
104	What is your religion	1. Orthodox 2. Muslim 3. Protestant 4. Catholic 77. Other, please specify---------	/---/
105	To which ethnic group do you belong?	1.Amhara 2.Tigirie 3. Oromo 4.Guragie 77.Other, please specify-------	/---/
106	Which grade are you?	1.Grade 5 2.Grade 6 3. Grade 7 4.Grade 8	/---/
107	Do your parent alive?	1.Both mother and father alive 2.Mother only alive 3.Father only alive 4.Both dead 99.No response	/---/
108	With whom do you currently live?	1.Both Mother and Father 2.Father Only 3.Mother Only 4.Relatives 5.Grand parents 6. Sister /Brother 7.Step father and mother 8.Step mother and father	/---/

		9.Child care center 77.Other, please specify	
109	What is the occupation of your father?	1.Government employee 2.Factory worker 3.Merchant 4. Employed in private work 5.Daily laborer 6. Farmer 7.Pension 77.Other, please specify------ 99.No response	/---/
110	What is the occupation of your mother?	1.Government employee 2.Factory worker 3.House wife 4.Employeed in private work 5.Daily laborer 6.Maid servant 7.Farming 8.Pension 77.other, please specify---------- 99.No response	/---/
111	What is your father's educational status?	1.Unable to read and write 2.Only able to read and write 3.Grade 1 up to 6 4.Grade 7 up to 12 5.Grade 12+1 6.Diploma / Degree level 88.I don't know 99.No response	/---/
112	What is your mother's Educational status?	1.Unable to read and write 2.Only able to read and write 3.Grade 1 up to 6 4.Grade 7 up to 12 5. Grade 12+1 6.Diploma / Degree level 88.I don't know 99.No response	/---/
113	How do you perceive your family status (comparing to your neighbors)?	1.Very rich 2.Rich 3.Medium 4.Poor 5.Very poor 88. I don't know 99. No response	/---/

THE FOLLOWING ARE QUESTIONS ABOUT HIV /AIDS. PLEASE TRY TO ANSWER ALL THE QUESTIONS.

PART _ II KNOWLEDGE ABOUT HIV/AIDS

201	Have you Heard about HIV/AIDS?	1.Yes 2.No	/---/
202	Who can get HIV/AIDS? (More than one answer is possible)	1.Only children 2.Only young people 3.Only adults 4.Any body 5.Commercial sex worker 6.Heavy truck driver 88.I don not know 77.Other, please specify ------	/---/ /---/ /---/ /---/ /---/ /---/ /---/
203	Can a healthy looking person have HIV?	1.Yes 2.No 3.I am not sure 88.I do not know 99.No response	/---/
204	How can should be identified a person who had HIV in his / her body?	1.Blood examination 2.Physical appearance 88.I don't know 99.No response	/---/
205	Is HIV/AIDS a dangerous /serious problem?	1.yes (Skip to Q. 206) 2.No (Skip to Q.207) 88.I do not know (Skip to Q.207) 99. No response (Skip to Q.207)	/---/ /---/ /---/
206	If yes, why it is dangerous/ serious? (More than one answer is possible)	1.Because, there is no medicine 2.Because, those who get it die 3.Because, you can not distinguish those who are infected by the naked eye 4. Because, it cannot be cured.	/---/
207	Do you know some one who has died of AIDS?	1.Yes, I know 2.No, I do not know 3.I am not sure 99.No response	/---/
208	Is HIV /AIDS a transmittable disease?	1.Yes 2.No 88.I don't know 99.No response	/---/
209	Can HIV /AIDS be Prevented?	1.Yes 2.No 88.I don't know 99.No response	/--/

210	Does HIV /AIDS have a cure or vaccine?	1.Yes 2.No 88.I don't know 99.No response	/---/
211	Do you know children who had lost either one or both of their parents due to HIV /AIDS?	1.Yes, I know 3.I am not sure 88. I don't know 99.No response	/---/
212	Have you ever seen AIDS Patient?	1.Yes 3.I am not sure 88. I don't know 99. No response	/---/
213	Do You know a person living with HIV virus?	1.Yes, I know 3. I am not sure 88.I don't know 99. No response	/---/

PART __III. DISCUSSION WITH THE PARENT AND PEER

301	Do you talk /discuss about HIV /AIDS with your parent?	1.Yes (Skip toQ.NO.302) 2.No (Skip toQ.NO.304)	/---/
302	If your response to que. No .301 is yes who initiate the discussion	1.My parent 2.My self 77.Other, please specify ----	/---/
303	If your response to que. No .301 is yes to whom do you do you discuss with?	1.With Mother only 2.With Father only 3.Both, mother and father 77. Other, please specify -------	/---/
304	If your response to que. No .301 is no What is the reason? (More than one answer is possible)	1.You feel shy 2.You are too young 3.It is forbidden 4. You do not feel comfortable 77.Other please specify----- 99.NO response	/---/ /---/ /---/ /---/ /---/ /---/
305	Do you discuss about HIV /AIDS with your peer friends?	1.Yes (Skip toQ.NO.306) 2.No (Skip toQ.NO.306)	/---/
306	If you discuss with your friends what is the sex of them you discuss with?	1.Girls only 2.Boys only 3.Both Girls and Boys	/---/
307	If your response to que. No .305 is no What is the reason? (More than one answer is possible)	1.You feel shy 2.You are too young 3.It is forbidden 4. You do not feel comfortable 77.Other please specify-----	/---/ /---/ /---/ /---/ /---/

PART _IV SOURCE OF INFORMATION ABOUT HIV/AIDS

401	What are your sources of information about HIV /AIDS? (More than one answer is possible)	1.Talking with Peer 2.Anti–Aids club 3.Parents /Family 4.Teacher 5.Brother/Sister 6. Television/Radio 7. Health-Worker 8. Religious leader 9. Youth reproductive health club 10 School mini media 11. Text book 12. PLWHA 77. Other, please specify----------	/---/ /---/ /---/ /---/ /---/ /---/ /---/ /---/ /---/ /---/ /---/ /---/ /---/
402	Have you ever been learning about HIV /AIDS in your classroom and school?	1. Yes (skip to Q. No .403) 2. No (Skip to Q.No 405) 66.I did not remember (Skip to Q.No 405)	/---/
403	If your response to que. No .402 is yes by whom do you have been taught in the school and class room? (More than one answer is possible)	1.Teacher 2.Youth Reproductive health club 3. Health worker 4. School mini media 5.Friends 6.PLWHA 7. Anti-AIDS club 99.No response 77.Other please specify	/---/ /---/ /---/ /---/ /---/ /---/ /---/ /---/ /---/
404	How much sufficient was the information and education you obtained about HIV /AIDS in the school or in the class?	1.More than sufficient 2. Highly sufficient 3. Sufficient 4. Fairly sufficient 5.Insufficient 88. I don not know	/---/
405	Is there Anti AIDS club in your school?	1.Yes (skip to q. NO406) 2.No (Skip to Q.No501) 88.I do not know (Skip to Q.No501)	/---/
407	If there is Anti-AIDS club in your school are you a member of Anti –AIDS club?	1.Yes (skip to Q.No 501) 2.No (skip to Q.No407)	/---/
408	If your response to que. No .405 is No, Why you are not a member?	1.You don not want to be a member 2.You did not knew the existence of the club 77.Other please specify-----	/---/

PART V _WILLINGNESS TO LEARN ABOUT HIV /AIDS IN THE FUTURE

501	Are you willing to learn about HIV /AIDS in the future?	1.Yes (Skip to Que. .502) 2.No (Skip to Que .601)	/---/
502	By whom do you want to be taught about HIV /AIDS in the future? (More than one answer is possible)	1.Parent 2.PLWHA 3.Heath worker 4.Teacher 5. Anti AIDS club 6.School mini media 7.Youth Reproductive health Club 8.Radio 9.Television 77. Other, Please Specify----------	/---/ /---/ /---/ /---/ /---/ /---/ /---/ /---/ /---/ /---/
503	How do you prefer information related to HIV /AIDS be communicated to you in the future? (More than one answer is possible)	1.Song 2.Drama 3.Lecture 4.Discussion 5.Leaflet 6.Poster 77.Other, please specify ----------	/---/ /---/ /---/ /---/ /---/ /---/ /---/

PART _VI. PERCEIVED SUSCEPTIBILITY TO HIV/AIDS

601	Can you be infected by HIV /AIDS?	1.Yes (skip to 701) 2.Never, I did not (skips to 602) 3.I am not sure (skip to 701)	/---/
602	If your response to que. No .601 is never, what could be the reason? (More than one answer is possible)	1.You are too young to get HIV /AIDS 2.HIV problem is not bad as people think 3.You did not share unsterile sharp instrument 4.You did not have contact with blood 5. You keep away from people with HIV/AIDS 6.You will abstain from sex until you get married 77. Other, Please Specify----------	/---/ /---/ /---/ /---/ /---/ /---/ /---/

PART-VII KNOWLEDGE ABOUT MODE OF TRANSMISSION OF HIV /AIDS

701	Can a person get HIV from Mosquito bites?	1.Yes 2.No 88.I don't know 99. No response	/---/
702	Can a person get the HIV virus from sharing toilet	1.Yes 2.No 88.I don't know 99. No response	/---/
703	Can a person get the HIV virus from sharing public swimming?	1.Yes 2.No 88.I don't know 99. No response	/---/
704	Can a person get the HIV by eating a meal with some one who is infected?	1.Yes 2.No 88.I don't know 99. No response	/---/
705	Can a person get the HIV by shaking hands with an infected person?	1.Yes 2.No 88.I don't know 99. No response	/---/
706	Can HIV be transmitted by coughing and Sneezing?	1.Yes 2.No 88.I don't know 99. No response	/---/
707	Can HIV /AIDS be transmitted by sharing unsterile sharp instrument?	1.Yes 2.No 88.I don't know 99. No response	/---/
708	Can HIV/AIDS be transmitted by using HIV infected or unscreened blood for transfusion?	1.Yes 2.No 88.I don't know 99. No response	/---/
709	Can a person get the HIV by doing unsafe sexual intercourse?	1.Yes 2.No 88.I don't know 99. No response	/---/
710	Can a pregnant woman infected with HIV /AIDS transmit the Virus to her unborn child?	1.Yes 2.No 88.I don't know 99. No response	/---/

711	Can a person looking healthy transmit HIV /AIDS?	1.Yes 2.No 88.I don't know 99. No response	/---/
712	Which one of the following is the Source for carbohydrates?	1.Honey 2.Meat 3.Egg 4.Green pepper	/---/
713	Which one of the following is the Major means of transmission of Tuberculosis?	1.Flies 2.Mosquitoes 3.Coughing and sneezing 4.Sahking hands	/---/

PART VIII KNOWLEDGE ABOUT PREVENTION METHOD OF HIV/AIDS

801	Can people protect themselves from avoiding from Mosquito bite?	1.Yes 2.No 88.I don't know 99. No response	/---/
802	Can people protect themselves from HIV/AIDS by avoiding sharing a meal with an infected person with HIV / AIDS?	1.Yes 2.No 88.I don't know 99. No response	/---/
803	Can people protect themselves from HIV by avoiding sharing toilet?	1.Yes 2.No 88.I don't know 99. No response	/---/
804	Can people protect themselves from HIV by avoiding public swimming?	1.Yes 2.No 88.I don't know 99. No response	/---/
805	Can people protect themselves from HIV by abstaining from sexual intercourse?	1.Yes 2.No 88.I don't know 99. No response	/---/
806	Can people protect themselves from HIV by having one uninfected faithful sexual partner?	1.Yes 2.No 88.I don't know 99. No response	/---/
807	Can HIV /AIDS be prevented by using condom?	1.Yes 2.No 88.I don't know 99. No response	/---/

808	Can people protect themselves from HIV by avoiding sharing unsterile sharp instrument like blade, syringe and needle?	1.Yes 2.No 88.I don't know 99. No response	/---/
809	Can people protect themselves from HIV by avoiding using unscreened blood for transfusion?	1.Yes 2.No 88.I don't know 99. No response	/---/

PART –IX. ATTITUDE TOWARDS AIDS ORPHAN, AIDS PATIENT AND PLWHA

901	Would you Stop being friends to some one if either one or both of his /her parents died due to HIV /Aids?	1.Yes, I will stop 2.No, I did not Stop 99 No response	/---/
902	Are you willing if those orphans learn with you in the same class?	1.yes 2.No 99. No response	/---/
903	Are you willing to help a person diseased with AIDS?	1.yes 2.No 99. No response	/---/
904	Do you sit in a classroom with an HIV positive student (student living with HIV)?	1.Yes 2. No 99. No response	/---/
905	Do you eat together with an HIV positive person if you know his /her HIV status?	1.Yes, I will eat 2. No 99. No response	/---/
906	Do you shake hands with an HIV positive person if you know his /her HIV status?	1.Yes, I shake 2. No, I don't shake 99. No response	/---/
907	Would you buy food from a shop keeper or food seller who had HIV virus?	1.Yes 2.No 99. No response	/---/
908	If a student with an HIV but not sick should be allowed to continue attending school?	1.Yes 2.No 3.I am not sure 99. No response	/---/
909	If a teacher with HIV but not sick should be allowed to continue teaching in the school?	1.Yes 2.No 99. No response	/---/
910	Do you think that PLWHA should keep their status secret to the community?	1.Agree 2.Disagree 99.No response	/---/

911	What is your feeling towards people with HIV /Aids?	1.Hatered 2. Disgusted 3.sympathy 4.They bother you 77. Other, Please specify ---	/---/

THAT IS THE END OF THE QUESTION. THANK YOU VERY MUCH FOR YOUR COOPERATION AND SCARIFYING YOUR TIME!!!!

አባሪ.3 በአዲስ አበባ ዩኒቨርስቲ በህክምና ፋክልቲ

የተስፋ መስኮት ለሆነው የህብረተሰብ ክፍል የኤችአይቪ ኤድስን እውቀት ለመዳሰስ የተዘጋጀ መጠይቅ

በራሳቸው በተማሪዎች የሚሞላ መጠይቅ

<u>ውድ ተማሪዎች</u>

ህጻናትና ወጣቶች ጤናማ ሆነው እንዲገኙ ለማድረግ አሁን ያሉትን አንኳር የጤና ችግር አረዳዳቸውን ማወቅ በጣም ጠቃሚ ነው ። ከዚህ ጋር በተያያዘ መልኩ ከ5ኛ እስከ 8ኛ ክፍል ትምህርት ለምትከታተሉ ተማሪዎች በኤች አይቪ ኤድስ ዙሪያ ስላላችሁ እውቀት ለመረዳት ይህ ጥናት ተዘጋጅቷል። የጥናቱም አላማ ተማሪናች በኤች አይ ቪ ኤድስ ላይ ስላላቸው ዕውቀት መረጃ ለማግኘት ታቅዶ ነው ። በመሆኑም እናንተ በዚህ ጥናት ላይ እንድታሰተፉ በነሲብ ወይም በዕጣ ተመርጣችኋል ።

የጥናቱ አላማ ስኬታማ ለማድረግ ለጥያቄው መልስ እንድትሰጡን በትህትና እንጠይቃለን ። በቅጹ ላይ ስማችሁን መጻፍ አያስፈልግም ።በግል የምትሞሉት መልስም ለማንም ሰው አይቀርብም ወይም ሪፖርት አይደረግም ።ጥናቱ በፈቃደኝነት ላይ ተመስርቶ የሚከናወን ሲሆን ማንኛውም ተማሪ በጥናቱ ላይ ያለመሳተፍ መብትም አለው ። በጥናቱ መሳተፍ የማትፈልጉ ወረቀቱን ከላይ ወደ ታች ገልብጣችሁ በጠረጴዛው ላይ አስቀምጡት። ነገር ግን ሌሎች መጠይቁን ሞልተው እስከሚጨርሱ ባለህበት/ባለሽበት ወንበር ላይ ተቀምጣችሁ እንድትቆዩ ትጠየቃላችሁ ። ነገር ግን የአንተ / የአንች ቅን ተሳትፎ በጥናቱ ላይ ትልቅ ድርሻ እንዳለው ተገንዝበውልን ።በመሆኑም ይህንን ቅጽ ለመሙላት ጥቂት ደቂቃዎችን መስዋአት አድርጉልን ።ማብራሪያ የሚያስፈልገው ጉዳይ ከለ አስተባባሪውን መጠየቅ ይቻላል ።

ታዲያስ ! በጥናቱ ለመሳተፍ ፈቃደኛ ነህ/ሺ ?

1.አዎ = ወደሚቀጥሉት ገጾች ይሸጋገሩ

2.አይደለሁም (አቁሙት)

በጣም እናመሰግናለን !!!!

መለያ

መጠይቁ የተሞላበት ቀን---------- የኮድ ቁጥር ----------

የት/ቤቱ ኮድ ----------

ክልል----------ዞን----------ወረዳ/ከተማ----------

መጠይቅ

የትምህርት ቤትህ/ሽ ስም (ሙሉ ስሙን ይጻፉ) ----------
ሴክሽን ----------

ክፍል 1 የጥናቱ ተሳታፊዎች አጠቃላይ ማህበራዊ መረጃዎች

ተራ ቁ.	ጥያቄ	የመልስ አማራጮች (መልስ የሆነውን በመክበብ መልሱት)	ኮድ
101.	ጸታ	1. ወንድ 2. ሴት	/--/
102.	እድሜህ /ሽ ስንትነው?	---------- ዓመት	/---/
103.	የመኖሪያ ቦታህ የት ነው?	1.ከተማ 2.ገጠር	/--/
104.	የየትኛው ሀይማኖት ተከታይ ነህ /ህ ?	1.ኦረቶዶክስ 2.እስልምና 3.ፕሮቴስታንት 4.ካቶሊክ 77.ሌላ ፡ ከለ ይጠቀስ----------	/---/
105.	የየትኛው ብሄር አባል ነህ ?	1.አማራ 2.ትግሬ 3.ኦሮሞ 4.ጉራጌ 77. ሌላ ከለ ይጠቀስ----------	/---/
106.	የስንተኛ ክፍል ተማሪ ነህ/ ሽ ?	1. 5ኛ ክፍል 2. 6ኛ ክፍል 3. 7ኛ ክፍል 4. 8ኛ ክፍል	/----/
107	ወላጆችህ/ሽ በህይወት አሉ ወይ ?	1. እናት አባት በህይወት አሉ 2. እናት ብቻ በህይወት አሉ 3. አባት ብቻ በህይወት አሉ 4. ሁለቱም ወላጆችህ/ሽ በህይወት የሉም 99. መልስ የለኝም	/----/
108	በአሁኑ ወቅት ከማን ጋር ትኖራለህ/ሽ?	1. ከእናትህ/ሽ/ ና አባትህ/ሺ.ጋር 2. ከአባትህ/ሺ. ጋር 3. ከእናትህ/ሺ. ጋር 4. ከዘመድ ጋር 5. ከአያቶችህ /ሺ.ጋር 6. ከእህትህ/ ሺ.ወይምወንድምህ/ሺ. ጋር 7.ከእንጀራ አባትና ከወላጅ እናት ጋር 8.ከእንጀራ እናትና ከወላጅ አባት ጋር 9. ከህጻናት ማሳደጊያ 77. ሌላ ከለ ይጠቀስ----------	/---/
109	የወላጅ አባትህ/ሽ ስራ ምንድን ነው?	1. የመንግስት ሰራተኛ 2. የፋብሪካ ሰራተኛ 3. ነጋዴ	/----/

		4. በግል ስራ የሚተዳደሩ 5. በግለሰብ ተቀጥረው የሚሰሩ 6. የቀን ሰራኛ 7. ገበሬ 8. ጡረታ 77. ሌላ ከሆነ ይጠቀስ-----	
110	የወላጅ እናትህ/ሽ ስራ ምንድን ነው?	1. የመንግራት ሰራተኛ 2. የፋብሪካ ሰራተኛ 3. የቤት እመቤት 4. በግለሰብ ስራ ተቀጥረው የሚሰሩ 5. የቀን ሰራተኛ 6. በሰው ቤት ተቀጥራ የምትሰራ 7.በግብርና ስራ 8. ጡረታ 77. ሌላ ከሆነ ይጠቀስ----------	/----/
111	የወላጅ አባትህ/ሽ የትምህረት ደረጃ እስከ ስንተኛ ነው ?	1. ማንበብና መጻፍ የማይችሉ 2. ማንበብና መጻፍ ብቻ የሚችል 3. ከ1-6 ክፍል ድረስ ውስጥ ተምሯል 4. ከ7-12 ክፍል ድረስ ውስጥ ተምሯል 5. 12ቲ1 6.በዲፕሎማ/ድግሪ ደረጃ ተምሯል 88. .አላውቅም 99.መልስ የለም	/----/
112	የወላጅ እናትህ/ሽ የትምህርት ደረጃ ስንተኛ ነው ?	1. ማንበብና መጻፍ የማይችሉ 2. ማንበብና መጻፍ ብቻ የሚችል 3. ከ1-6 ክፍል ድረስ ውስጥ ተምሯል 4. ከ7-12 ክፍል ድረስ ውስጥ ተምሯል 5.12ቲ1 6.በዲፕሎማ/ድግሪ ደረጃ ተምሯል 88.አላውቅም 99.መልስ የለም	/----/
113	በአንተ/ችአስተሳሰብ የቤተሰቦችህ/ሽ የኑሮ ሁኔታ (ከጎረቤቶቻችሁ ጋር ስታወዳድረው እንደኑት ታየዋለህ/ ሽ ?)	1.በጣም ኃብታም 2.ኃብታም 3.መካከለኛ 4.ድኃ 5.በጣም ድኃ 88.አላውቅም 99.መልስ የለም	/----/

የሚቀጥሉት ጥያቄዎች ኤችአይቪ ኤድስን አስመልክቶ ስለሆነ ሁሉንም ጥያቄዎች ሙሉ ለሙሉ ይመሉሷቸው

ክፍል 2 ስለኤች አይ ቬ/ ኤድስ ያለ እውቀት

201.	ስለኤች አይ.ቪ/ኤድስ ሰምተህ/ሽ ታውቃለህ ?	**1. አዎ ሰምቻለሁ** **2. አልሰማሁም**	/--/
202.	ኤችአይ.ቪ ኤድስ ማንን ሊይዝ ይችላል ? (ከአንድ በላይ መልስ መስጠት ይቻላል)	**1. ህጻናትን ብቻ** **2. ወጣቶችን ብቻ** **3. አዋቂዎችን ብቻ** **4. ማንኛውንም ሰው** **5. ሴተኛ አዳሪዎችን** **6. የከባድ መኪና ሹፌሮችን** **88.አላውቅም** **77. ሌሎች ከሉ ይጠቀስ----------**	/----/ /----/ /----/ /----/ /----/ /----/ /----/ /----/
203.	ጤነኛ መስሎ የሚታይ ሰው ኤችአይ.ቪ ኤድስ ቫይረስ ሊኖረው ይችላል ?	**1. አዎ** **2. አይኖረውም** **3. እርግጠኛ አይደለሁም** **88. አላውቅም** **99.መልስ የለኝም**	/----/
204.	አንድ ሰው የኤችአይቪ ቫይረስ በሰውነቱ ውስጥ እንዳለበት እንደት ማወቅ ይቻላል ?	**1.የደም ምርመራ በማድረግ** **2.ሰውነቱን ወይም አከሉን በማየት** **88.እንደት ማወቅ እንደሚቻል አላውቅም** **99.መልስ የለኝም**	/----/
205.	ኤች አይ.ቪ ኤድስ አሳሳቢ ወይም አደገኛ የጤና ችግር ነውን ?	**1.አዎ (ወደ ጥያቄ ቁጥር 206ተሸጋገር/ሪ)** **2.አይደለም (ወደ ጥያቄ ቁጥር 207 ተሸጋገር/ሪ)** **3.እርግጠኛ አይደለሁም (ወደ ጥያቄ ቁጥር 207 ተሸጋገር/ሪ)** **88. አላውቅም (ወደ ጥያቄ ቁጥር 207 ተሸጋገር/ሪ)** **99.መልስ የለኝም (ወደ ጥያቄ ቁጥር 207 ተሸጋገር/ሪ)**	/----/
206.	መልስህ/ሽ ለ204ኛው ጥያቄ አወን ከሆነ ለምን አሳሳቢ /አደገኛ ሆነ ? (ከአንድ በላይ መልስ መስጠት ይቻላል)	**1.መድኃኒት ስሌለው** **2. በሽታው የያዛቸው ስለሚሞቱ** **3.በቫይረሱ የተያዙትን በዐይን መለየት ስለማይቻል** **4.ከበሽታው መዳን ስለማይቻል**	/----/
207.	በኤችአይቪ ኤድስ ምክንያት የሞተ የምታውቀው/ቂው ሰው አለን ?	**1.አወ አውቃለሁ** **3.እርግጠኛ አይደለሁም** **88.የለም አላውቅም** **99.መልስ የለኝም**	/---/
208.	ኤችአይቪ ኤድስ ተላላፊ በሽታ ነውን?	**1.አወ** **2.አይደለም** **88.አላውቅም** **99.መልስ የለኝም**	/--/
209.	ኤችአይቪ / ኤድስን መከላከል ይቻላል ?	**1.አወ** **2.አይቻልም** **88.አላውቅም 99.መልስ የለኝም**	/---/

210.	**ኤችአይቪ ኤድስ መድሀኒት ወይም መከላከያ ክትባት አለውን?**	**1. አዎ** **2. የለውም** **88. አላውቅም** **99. መልስ የለኝም**	**/----/**
211	**በኤችአይቪ/ኤድስ ምክንያት አባቱን ወይም እናቱን ወይንም ሁለቱን ወላጆቿን የሞቱባቸው / ያጡ ልጆች ታውቃለህ/ሺ ?**	**1. አዎ** **3. እርግጠኛ አይደለሁም** **88. አላውቅም** **99.መልስ የለኝም**	**/---/**
212	**በኤችአይቪ ኤድስ ምክንያት የታመመ ስው አይተህ ታውቃለህ ?**	**1. አዎ** **3.እረግጠኛ አይደለሁም** **88.አላውቅም** **99.መልስ የለኝም**	**/---/**
213	**ከኤች አይ.ቪ/ኤድስ ቫይረስ ጋር አብሮ የሚኖር ሰው ታውቃለህ ?**	**1. አዎ አውቃለሁ** **3. እርግጠኛ አይደለሁም** **88. አላውቅም** **99.መልስ የለኝም**	**/---/**

ክፍል 3.ከወላጅና ከአቻ ጓደኛህ/ሽ ጋር በኤችአይ ቪ ኤድስ ዙሪያ ስለሚደረግ ውይይት

301	**ስለ ኤችአይ.ቬ /ኤድስ ከወላጆችህ/ሺ ጋር ትወያያለህ/ሽ /ትነጋገራለህ ?**	**1. አዎ(ወደ ጥያቄ 302 ተሸጋገር/ሪ)** **2.አልወያይም(ወደጥያቄ 306 ተሸጋገር/ሪ)**	**/----/**
302	**የ301ኛውጥያቀ መልስህ/ሽ አዎ ከሆነ ውይይቱን ማን ያነሳዋል**	**1. ቤተሰቦችህ/ሽ** **2. እራስህ/ሽ** **77. ሌላ ከለ ይገለጽ----------**	**/----/**
303	**የ301ኛው ጥያቀ መልስህ/ሽ አዎ ከሆን ከማንጋር ትወያያለህ /ሽ?**	**1. ከእናትህ/ሽ ጋር** **2. ከአባትህ/ሽ ጋር** **3.ከእናትህ/ሽና ከአባትህ /ሽ ጋር**	**/----/**
304	**የ301ኛው ጥያቄ መልስህ/ሽ ስለ ኤችኤ.ቪ/ኤድስ ከወላጆችህ/ሽ ጋር አልወያይም ከሆነ ምክንያቱ ምንድን ነው ?**	**1. ስለምትፈራ** **2. በጣምልጅ በመሆንህ** **3. የተከለከለ በመሆኑ** **4. ምኞት ስለማይሰማህ/ሽ** **77.ሌላ ከለ ይጠቀስ----------**	**/----/**
305	**ስለ ኤች.አይ.ቬ/ኤድስ ከአቻ ጓደኞችህ/ሽ ጋር ትወያየለህ/ሽ ?**	**1.አዎ እወያያለሁ (ወደ ጥያቄ ቁጥር 306 ቂሸጋገር/ሪ)** **2.አልወያይም (ወደ ጥይቄ ቁጥር 307 ተሸጋገር/ሪ)**	**/----/**
306	**ከአቻ ጓደኞችህ /ሽ ጋር የምትወያይ ከሆነ ጾታችው ምንድን ነው?**	**1. ልጃገረዶች** **2. ወንዶች** **3.ወንዶችም ልጃገረዶችም**	**/----/**

307	የ305ኛው ጥያቄ መልስህ/ሽ ምላሹ አልወያይም ከሆን ምክንያቱ ምንድን ነው?	1. ስለምታፍር/ሪ 2. በጣም ልጅ ስለሆንክ/ሽ 3. የተከለከለ በመሆኑ 4. ስለማይመችህ/ሺ 77.ሌላ ከለ ይጠቀስ----------	/----/

ክፍል 4 ስለ ኤች አይ ቪ አድስ የመረጃ ምንጭ

401.	ስለ ኤችአይ ቪ /ኤድስ መረጃ /ትምህርት የምታገኘው ከምንድን ነው ? (ከአንድ በላይ መልስ መስጠት ይቻላል)	1. ከአቻ ጓደኞችህ/ሽ ጋር መወያየት 2. ከጸረ-ኤድስ ክበብ 3. ወላጆችህ/ቤተሰቦችህ 4. ከመምህርህ/ሺ 5. ከእህትህ/ሽ/ ከወንድምህ/ ሺ 6. ከቲሌቭዝን/የሬዲዮ 7. ከድራማ 8. ከጤና ባለሙያዋች 9. ከሃይማኖት መሪዋች 10. ከወጣቶች ስነ ተዋልዶ ክበብ 11. ከት/ቤት ሚኒሚዲያ 12. ከመጻህፍት 13. ከቫይረሱ ጋር ከሚኖሩ ሰዋች 77. ሌላ ከለ ይጠቀስ----------	/----/ /----/ /----/ /----/ /----/ /----/ /----/ /----/ /----/ /----/ /----/ /----/ /----/ /----/
402	በትምህርት ቤትህ ወይም በክፍልህ /ሽ ውስጥ ስለ ኤች አይ ቪ ኤድስ ተምረህ ታውቃለህ ?	1.አዎ (ወደ ጥያቄ ቁጥር403 ተሸጋገር/ሪ) 2.የለም(ወደ ጥያቄ ቁጥር 405 ተሸጋገር/ሪ)) 66. አላስታውስም(ወደ ጥያቄ ቁጥር 405 ተሸጋገር/ሪ)	/----/
403	መልስህ ለ402ኛው ጥያቄ አዎ ከሆነ ማን ነበር ያስቀማረህ / ሽ ? (ከአንድ በላይ መልስ መስጠት ይቻላል)	1. መምህርህ 2.የወጣቶች የስነ-ተዋልዳ ክበብ 3. ጤና ባለሙያ 4. የት/ቤት ሚኒሚድያ 5. ጓደኞችህ 6. ከቫይረሱ ጋር የሚኖሩ ሰዋች 7. ፀረ-ኤድስ ክበብ 99. ምላሽ የለኝም 77. ሌላ ከለ ይጠቀስ----------	/----/ /----/ /----/ /----/ /----/ /----/ /----/ /----/ /----/
404.	ከት/ቤት ወይም ክፍል ስለ ኤችአይቪ /ኤድስ ያገኛኸው ትምህርት/መረጃ ምን ያህል በቂ ነበረ ብለህ ታስባለህ/ሪ ?	1.ከበቂ በላይ 2.በጣም በቂ 3.በቂ 4.አጥጋቢ 5.ምንም አይልም 88.አላውቀውም	/----/

405	**በት/ቤትህ/ሽ ጻረ ኤድስ ክበብ አለን?**	**1.አዎ (ወደ ጥያቄ ቁጥር 406 ይቀጥሉ)** **2.የለም(ወደጥያቄ ቁጥር 501 ተሸጋገር/ሪ)** **88.አላውቅም(ወደ ጥያቄ ቁጥር 501 ተሸጋገር/ሪ)**	**/----/**
406	**በትምህርት ቤትህ /ሽ የፀረ-ኤድስ ክበብ ከለ የክበቡ አባል ነህ/ሽ ?**	**1.አዎ(ወደጥያቄ ቁጥር 501 ተሸጋገር/ሪ)** **2.አይደለሁም(ጥያቄ ወደ ቁጥር 407 ተሸጋገር/ሪ)**	**/----/**
407	**ለ406ኛው ጥያቀ መልስህ/ሽ አይደለሁም ከሆነ ለምን የክበቡ አባል አልሆንክም/ሺም?**	**1.አባል መሆን ስለማትፈላግ/ጊ** **2. የክበቡን መኖር ስለማታውቅ/ቂ** **99. መልስ የለኝም** **77.ሌላ መልስ ከለ ይጠቀስ----------**	**/----/**

ክፍል 5-ለወደፊቱ ስለ ኤች ኤይ ቪ /ኤድስ ለመማር /ለማወቅ ያለ ፍላጎት

501	**ለወደፊቱ ስለ ኤች.አይ.ቪ / ኤድስ ለመማር / ለማወቅ ፍላጎት አለህ /ሽ ?**	**1.አዎ(ወደ ጥያቄ ቁጥር 502 ተሸጋገር/ሪ)** **2.የለኝም(ወደ ጥያቄ ቁጥር 601 ተሸጋገር/ሪ)**	**/----/**
502.	**ለወደፊቱ ስለ ኤች.ኤይ. ቪ ኤድስ ማን እንዲያስተምርህ/ሽ ትፈልጋልህ ?** **(ከአንድ በላይ መልስ መስጠት ይቻላል)**	**1. ወላጆችህ** **2. ከባይረሱ ጋር የሚኖሩ ሰዎች** **3. ጤና ባለሙያ** **4. መምህርህ** **5. ፀረ- ኤድስ ክበባት** **6. የት/ቤት ሚኒሚድያ** **7. የወጣቶች ስነተዋልዶ ክበብ** **8. ሬዲዮ** **9. ቴሌቭዝን** **77. ሌላ ከለ ይጠቀስ ----------**	**/----/** **/----/** **/----/** **/----/** **/----/** **/----/** **/----/** **/----/** **/----/** **/----/**
503	**ወደፊት ኤችአይ.ቪ/ኤድስ ጋር የተያያዘ ትምህርት/መረጃ እንዴት ብትማር / ቢደርስህ ትፈልጋለህ ?** **(ከአንድ በላይ መልስ መስጠት ይቻላል)**	**1. በመዝሙር** **2. በድራማ** **3. በመማር** **4. በውይይት** **5. በራሪ ወረቀት** **6. በፖስተር** **77. ሌላ መልስ ከለ ይገለጽ**	**/----/** **/----/** **/----/** **/----/** **/----/** **/----/** **/----/**

ክፍል- 6 በኤች.አይ.ቪ/ኤድስ ስለመጠቃት - ያለ ግንዛቤ

601	በኤች.አይ.ቪ./ኤድስ ልትጠቃ/ቂ ትችላለህ/ሽ ?	1. አዎ (ወደ ጥያቄ ቁጥር 701 ቂሽ,ጋገር/ሪ) 2.በምንም ሁኔታ አልጠቃም (ወደ ጥያቄ 602 ቂሽ,ጋገር/ሪ) 3.እርግጠኛ አይደለሁም(ወደ ጥያቄ ቁጥር 701 ተሽ,ጋገር/ሪ)	/---/
602	የ601ኛው ጥያቀ መልስህ/ሽ በምንም ሁኔታ አልጠቃም የሚል ከሆነ ምክንያቱ ምንድን ነው ? (ከአንድ በላይ መልስ መስጠት ይቻላል)	1.በጣምልጅበመሆንህ/ሽ 2.የኤችአይ.ቪ/ኤድስችግርሰዎችእንደሚያስቡት ባለመሆኑ 3. ንጽህናቸው ያልተጠበቀ ስለታም ነገሮችን በጋራ ሰለማትጠቀም/ሚ 4. ከደም ውጤት ጋር ንክኪ ስለሌህ/ሽ 5. ኤችአይ.ቪ/ኤድስ ካላችው ሰዎች ስለ ምትርቅ/ቂ 6.እስከምታገባ/ቢ ድረስ ወሲብ ስለማትፈጽም/ሚ 77. ሌላ ከለ ይጠቀስ ----------	/---/ /---/ /---/ /---/ /---/ /---/ /---/

ክፍል 7 ስለ ኤችኣይቪ ኤድስ መተላለፊያ መንገድ እውቀትን በተመለከተ

701	ሰወች በወባ ትንኝ ንክሻ ኤች አይቪ ቫይረስ ሊይዛቸው ይችላል ?	1. አዎ 2. አይችልም 88. አላውቅም 99.መልስ የለኝም	/----/
702	ሰወች መፀዳጃ ቤትን በጋራ በመጠቀም ኤችአይቪ ቫይረስ ሊይዛቸው ይችላል ?	1. አዎ 2. አይችልም 88. አላውቅም 99.መልስ የለኝም	/----/
703	ሰወች ዋና ቦታዋችን በጋራ በመጠቀም ኤችአይቪ ቫይረስ ሊይዛቸው ይችላል ?	1. አዎ 2. አይችልም 88. አላውቅም 99.መልስ የለኝም	/----/
704	ሰወች በኤድስ ቫይረስ ከተያዘ ሰው ጋር ምግብ ቢመገቡ ቫይረሱ ሊይዘቸው ይችላል ?	1. አ 2. አይችልም 88. አላውቅም 99.መልስ የለኝም	/----/
705	ሰወች በኤድስ ቫይረስ ከተያዘ ሰው ጋር እጅ ለእጅ ቢጨባበጡ ቫይረሱ ሊይዛቸው ይችላል ?	1. አዎ 2. አይችልም 388. አላውቅም 99.መልስ የለኝም	/----/
706	ኤችአይቪ ኤድስ በመሳል ወይም በማስነጠስ ሊተላለፍ ይችላል ?	1. አዎ 2. አይችልም 88. አላውቅም 99.መልስ የለኝም	/----/
707	ንጽህናቸው ያልተጠበቀ ስለታም መሳሪያዋችን በጋራ በመጠቀም ኤችአይቪ ኤድስ ሊተላለፍ ይችላል ?	1. አዎ 2. አይችልም 88. አላውቅም 99.መልስ የለኝም	/----/

708	በቫይረሱ የተበከለን ደም ወይም ያልተመረመረን ደም ለዝውውር በመጠቀም ኤችአይቪ ኤድስ ሊተላላፍ ይችላል ?	**1. አዎ** **2. አይችልም** **88. አላውቅም** **99.መልስ የለኝም**	/----/
709	ሰወች ጥንቃቄ የጎደለው የግብረ-ስጋ ግኑኝነት ቢፈፅሙ ኤች አይ ቪ ቫይረስ ሊይዛቸው ይችላል ?	**1. አዎ** **2. አይችልም** **88. አላውቅም** **99.መልስ የለኝም**	/---/
710	ኤች አይ ቪ ቫይረስ ያለባት እርጉዝ እናት ወደ ፅንሱ ልታስተላልፍ ትችላለች ?	**1. አዎ** **2. አትችልም** **88. አላውቅም** **99.መልስ የለኝም**	/---/
711	ከቫይረሱ ጋር የሚኖር ጤነኛ የሚመስል ሰው ኤች አይ ቪ ቫይረስን ሊያስተላልፍ ይችላልን ?	**1. አዎ** **2. አይችልም** **88. አላውቅም** **99.መልስ የለኝም**	/----/
712	ከሚከተሉት ምግቦች ውስጥ ኃይል ሰጭ የሆነው የትኛው ነው?	**1.ማር** **2.ስጋ** **3.እንቁላል** **4.ቃሪያ**	/----/
713	የሣንባ- ነቀርሳ በሽታ ዋነኛ መተላለፊያ መንገድ የሆነው የትኛው ነው ?	**1.ዝንቦች** **2.ትንኞች** **3.በማሳልና በማስነጠስ** **4.እጅ ለእጅ በመጨባበጥ**	/----/

ክፍል 8 የኤችአይቪ ኤድስ መከላኪያ መንገድ እውቀትን በተመለከተ

801	ሰወች የወባ ትንኝ ንክሻን በማስወገድ ኤድስን መከላከል ይችላሉ ?	**1. አዎ** **2. አይቻልም** **88. አላውቅም** **99.መልስ የለኝም**	/----/
802	ሰወች አብሮ ምግብ በመብላት ኤድስን መከላከል ይችላሉ ?	**1. አዎ** **2. አይቻልም** **88. አላውቅም** **99.መልስ የለኝም**	/----/
803	ሰዋች መፀዳጃ ቤትንና በጋራ መጠቀምን በማስወገድ ኤድስን መከላከል ይችላሉ ?	**1. አዎ** **2. አይቻልም** **88. አላውቅም** **99.መልስ የለኝም**	/----/
804	ሰዋች የዋና ቦታዋችን በጋራ መጠቀምን በማስወገድ ኤድስን መከላከል ይችላሉ ?	**1. አዎ** **2. አይቻልም** **88. አላውቅም** **99.መልስ የለኝም**	/----/
805	ሰዋች ከግብረ-ስጋ ግንኙነት ፈጽሞ ባለማድረግ /ተአቅቦ በማድረግ ኤች አይቪን መከላከል ይችላሉ ?	**1. አዎ** **2. አይቻልም** **88. አላውቅም** **99.መልስ የለኝም**	/----/

806	ሰዋች በአንድ ታማኝና ጤነኛ የግብረ-ስጋ ግንኙነት ጓደኛ በመወሰን ራሳቸውን ከኤችአይቪ መከለከል ይችላሉ ?	**1. አዎ** **2. አይቻልም** **88. አላውቅም** **99.መልስ የለኝም**	/---/
807	ኮንዶም በመጠቀም ኤች አይቪን መከላከል ይቻላል ?	**1. አዎ** **2. አይቻልም** **88. አላውቅም** **99.መልስ የለኝም**	/----/
808	ንጅህናቸው ያልቂጠበቀ ስለታም መሳሪያዋችን (እንደ ምላጭ ሲሪንጅና መርፊ) የመሳሰሉቱን በጋራ መጠቀምን በማስወገድ መከላከል ይቻላል ?	**1. አዎ** **2. አይቻልም** **88. አላውቅም** **99.መልስ የለኝም**	/----/
809	በኤችአይቭ የተበከለን ደም ወይም ያልተመረመረን ደም ለዝውውር መጠቀምን በማስወገድ ኤችአይቪ / ኤድስን መከላከል ይቻላል ?	**1. አዎ** **2. አይቻልም** **88. አላውቅም** **99.መልስ የለኝም**	/----/

ክፍል -9 በኤች አ ይ ቪ / ኤድስ ምክንያት እናትና፡አባት ያጡ ሕጻናት ኤድስ ህሙማን እና ከቫይረሱ ጋር ለሚኖሩ ሰዋች የሚኖር ዝንባሌ

901	በኤች.ኤይ.ቪ/ኤድስ ምክንያት አባቱን ወይም እናቱን ወይንም ሁለቱን ወላጆቿን ካጣ/ከሞተበት ልጅ ጋር ጓደኛ መሆንህን ታቂርጣለህ ?	**1. አዎ** **2. አላቂርጥም** **99.መልስ የለኝም**	/----/
902	በኤች ኤይ.ቪ/ኤድስ ምክንያት አባቱን ወይም እናቱን ወይንም ሁለቱን ወላጆቿን ያጡ/የሞተባቸው ልጆች ከአንተ ጋር አንድ ክፍል ውስጥ አብረውህ ቢማሩ ፈቃደኛ ነህ?	**1.አና** **2.አይደለሁም** **.እርግጠኛ አይደለሁም** **99.መልስ የለኝም**	/----/
903	በኤችአይ ቪ ኤድስ የታመመን ሰው ለመርዳት ፈቃደኛ ነህ ?	**1. አወ** **2. አይደለሁም** **99.መልስ የለኝም**	/----/
904	በክፍል ውስጥ ኤችኤይቪ ፖዘቲቭ ከሆነ ወይም ከቫይረሱ ጋር ከሚኖር ተማሪ ጋር ጎን ለጎን ትቀመጣለህ/ሽ?	**1. አወ እቀመጣለሁ** **2. አልቀመጥም** **99.መልስ የለኝም**	/----/
905	ኤች አይ ቪ ፖዘቲቭ ከሆነ ወይም ከቫይረሱ ጋር ከሚኖር ሰውጋር አብረህ/ሽ ትመገባለህ/ሽ ?	**1. አወ እበላሉሁ** **2. አልበላም** **99.መልስ የለኝም**	/----/
906	ኤች አይ ቪ ፖዘቲቭ ከሆነ ወይም ከቫይረሱ ጋር ከሚኖር ሰውጋር እጅለእጅ ትጨባበጣለህ/ሽ ?	**1. አወ እጨብጠወለሁ** **2. አልጨብጠውም** **99.መልስ የለኝም**	/----/

907	**አንድ ባለ ሱቅ ወይም ምግብ የሚሸጥ ሰው ኤችአይቪ ቫይረስ ያለበት መሆኑን ብታውቅ /ቂ ምግቡን ትገዙታላችሁ ወይ ?**	**1. እገዛዋለሁ 2. አልገዛውም 99.መልስ የለኝም**	**/----/**
908	**በኤችአይቪ ቫይረስ የተያዘ ነገር ግን ያልታመመ ተማሪ ትምህርቱን እንዲከታተል መፈቀድ አለበት ?**	**1. አዎ 2. የለበትም 99.መልስ የለኝም**	**/----/**
909	**በኤችአይቪ ቫይረስ የተያዘ ነገር ግን ያልታመመ አስተማሪ የማስተማሩን ስራ እንዲቀጥል መፈቀድ አለበት ?**	**1. አዎ 2. የለበትም 99.መልስ የለኝም**	**/----/**
910	**ከቫይረሱ ጋር የሚኖሩ ሰዎች ማንነታቸውን ወይም ከቫይረሱ ጋር እንደሚኖሩ ለህብረተሰቡ መደበቅ አለባቸው ብለህ ታምናለህ/ሽ ?**	**1. እሰማማለሁ 2. አልሰማማም 99.መልስ የለኝም**	**/----/**
911	**ኤችአይ.ቪ/ኤድስ ስላለባችው ሰዎች ያለህ ስሜት ምንድን ነው?**	**1. ጥላቻ 2. ትጸየፋቸዋለህ 3. ታዝንላቸዋለህ 4. ያስጨንቁሀል 77. ሌላ ከለ ይጠቀስ----------**	**/---/**

መጠይቁ ከዚህ ላይ ያልቃል :: ለትብብራችሁና ጊዚያችሁን መስዋአት በማድረጋችሁ በጣም እናመሰግናለን !!!

Annex-IV. DECLARATION

I,the undersigned , declared that this is my original work, has not been presented for degree in this or any other univeristy and that all sources of materials used for this thesis has been fully acknowledged.

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Date of submission_____

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

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Siginature _____