ADDIS ABABA UNIVERSITY

COLLEGE OF HEALTH SCIENCES

SCHOOL OF PUBLIC HEALTH

ACCEPTANCE OF INDEX CASE HIV TESTING AND COUNSELING AMONG HIV PATIENTS UNDER OSSA CARE AND SUPPORT OUTLETS AND ZEWDITU MEMORIAL HOSPITAL, ADDIS ABABA

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ABBREVIATION

- AARHB: Addis Ababa Regional Health Bureaue
- AAU: Addis Ababa University
- AAUSPH: Addis Ababa University School of Public Health
- AIDS: Acquired Immune Deficiency Syndrome
- ART: Anti Retro Viral Syndrome
- C&S: Care and Support
- EDHS: Ethiopian Demographic and Heath Survey
- EFY: Ethiopian Fiscal Year
- ICHCT: Index Case HIV Counseling and Testing
- ICT: Index Case Testing
- ID: Identification
- HIV: Human Immune Deficiency Virus
- HSDP: Health Sector Development Program
- HTC: HIV Counseling and Testing
- OSSA: Organization for Social Services for AIDS
- PLHIV: People Living with HIV
- PLWHA: People Living with HIV/AIDS
- UNAIDS: Joint United Nations Programme on HIV/AIDS
- VCT: Voluntary HIV Counseling and Testing

BIOGRAPHICAL SKETCH

I was born on June 22, 1982 in Hawassa town of the Southern region. I attended my primary and secondary school in Tabor elementary and junior school, and Tabor comprehensive secondary high school in Hawassa, respectively. I am married. I was graduated from Haromaya University in Public Health in 2004. I am recently working in CDC Ethiopia as program coordinator for HIV Counseling and Testing.

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I would like to express my deepest gratitude to my Advisor Prof. Getnet Mitike for his dedication, understanding and technical support to make this work a reality. My appreciation goes to Dr. Tekeste Kebede for his advice. Also, my friend Birru Shigut is highly appreciated for his advice and technical support. I thank Zewditu Memorial hospital and OSSA Addis Ababa for providing support to conduct this study. My special appreciation also goes to CDC Ethiopia. I thank Dr Aster and all staff in Zewditu Hospital ART Unit. I am thankful to Sr Blen Fekadu and Ato Biratu Feyissa in OSSA Addis Ababa for their continuous support during the field work. Participants of this study are highly acknolowdged. My Special gratitude is to uncle John (Yohannes), my Beloved wife Bethelhem and my two sons Fareas and Barkot who continuously supported and encouraged me in all steps to finalize my thesis work.

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SUMMARY

Background: HIV Counseling and Testing is one of the effective means for prevention of the spread of HIV infection. Partners and family members of PLHIVs are at higher risk for HIV infection. Thus, studying the acceptance of index case HTC and disclosure is important to improve the service.

Objectives: This study aims to identify barriers to disclose HIV status by index clients and factors predict the acceptance of ICHTC.

Methods: A cross-sectional study was conducted in Zewditu Memorial hospital and OSSA care and support outlet. A facility based systematic random sampling was followed to select 452 HIV positive individuals. Descriptive and inferential stastics wre usedto assess factors associated with acceptance of index case HTC and disclosure of HIV sero status.

Result: The level of disclosure to main sexual partner was 56%. PLHIVs who had no sexual partner than spouse [OR: 8.15; 95% CI, 2.06-32.19] and had positive attitude to index case HTC [OR: 2.55; 95% CI, 1.63-4.0] were more likely to disclose their status. Index clients whose family and partner accepted HTC were 64% and 73%, respectively. Disclosure of status to family [OR: 2.40; 95% CI, 1.54-3.74] and friends [OR: 2.06; 95% CI, 1.19-3.57], being knowledgable [OR: 2.19; 95% CI, 1.39-3.44] and non-regular partnership [OR: 3.86; 95% CI, 1.68-8.83] were positively associated with acceptance of ICHTC. Nondisclosure to main sexual partner was protective to acceptance HTC.

Conclusion and recommendation: Disclosure of self status, positive attitude to HTC, initiation for testng and being knowledgeable were factors influenced acceptance of HTC. Poor knowledge on HIV and risk assessment and negative attitude to ICHTC were barriers to disclosure. Intervention should prioritize mutual disclosure of HIV status, make clear understanding on HIV and its risks, benefits of ICHTC and develop positive attitude to ICHTC.

1. INTRODUCTION

1.1.Background

Ethiopia is among the Sub-Saharan countries most affected by HIV/AIDS. The adult HIV prevalence rate was 1.5%, and an estimated 759,338 million people living with HIV. Most new infections in sub-Saharan Africa occur via heterosexual transmission and with long term relationship of discordant partners. In Ethiopia, HIV prevalence among cohabiting couples is higher in urban area (10.9%), of whom about 72% of the cohabiting couples are discordant (1),(2).

Knowing ones sero-status through HTC is an important step to adopt safer sexual behavior. It enables HIV positive people protect their partners from acquiring HIV. Index case HTC is promoted to enhance safer sexual behavior and to encourage disclosure to sexual partner. Also, it is an important prevention strategy to increase the impact of treatment, therefore, improves adherence and brings behavior change. Prevention of new HIV infection is essential in order to avert future care and treatment costs.

The HIV/AIDS situation in Ethiopia continues to be characterized by mixed epidemic with significant heterogeneity across geographic areas and population groups. According to the 2011 EDHS, the HIV prevalence rate in Addis Ababa is 6.0% the highest rate next to Gambela regionl state (6.5%). HIV prevalence by residence type is 4.2% in urban vs. 0.6% in rural and prevalence by gender is 1.9% for women vs. 1.0% for men.

1.2.Statement of the problem

The HIV sero negative partners of PLHIVs, children whose parents with HIV, and family of index clients are at higher risk of contracting HIV. To reduce risk of HIV transmission, partners and family of index cases would need to know their HIV sero status. Therefore, partners and family who become HIV positive will link to care and support services and start treatment if they qualify. Those who remain HIV negative will get appropriate counseling on risk reduction. Once diagnosed, HIV sero positive individuals have to disclose their status to their partner and family, so to alert them for HIV testing. Discordant HIV result is one of the main risk factors for new

HIV infection among partners/cohabited couples. Majority of couples doesn't mutually know their HIV status and doesn't take measures to minimize risky sexual behaviors.

Yet, little is known about factors associated with index cases to disclose their HIV sero positive status to initiate HTC to their partner and family in Addis Ababa. Little is known about factors influence and barriers to index case HTC among PLHIVs to reach their partner and family with HTC. This study assesses factors affecting the acceptance of index case HTC by PLHIVs and disclosure of sero positive status to partners and family members.

2. LITERATURE REVIEW

In Ethiopia, linear increase was observed in the number of people living with HIV (PLHIV). In particular, there was an increase from 580,919 to 666,147 for PLHIV ever enrolled in HIV/AIDS care, from 333,434 to 379,190 for ever started, and from 247,805 to 274,708 for currently on ART between 2011 and 2012 (3).

Focus to HIV infected rather than an uninfected people is an efficient, targeted prevention approach. Only HIV positive individuals can transmit HIV infection. One HIV positive person is involved in each case of HIV transmission. Women, children, and negative partners are most at risk for HIV/AIDS.

Traditional prevention efforts focused to change risk behaviors of negative individuals to prevent the transmission HIV. In order to create significant impact on slowing the spread of the epidemic, prevention efforts must also include individuals living with HIV (4).

Study findings in East Africa showed, less than 10% of HIV sero-positive individuals know their partners' status and only about 20% of HIV discordant couples know that they are living in a discordant relationship (5).

Lack of knowledge of partner HIV status poses an increased risk of HIV transmission to the uninfected partners and may lead to unprotected sex. In a study conducted in Uganda, at baseline 7% of married adults that were in sero-discordant marriages and in half of these the men were HIV-positive were followed for transmission of HIV. Among those with HIV-positive spouses, the age-adjusted HIV incidence in women was twice that of men whereas, among those with HIV-negative spouses, the incidence in women was less than half that of men (6).

Studies showed HIV disclosure to sexual partners is important step to prevent HIV. Disclosure was associated with reduced risk of HIV transmission from 18% to 41%. Ongoing counseling to

support PLHIVs to disclose their status is crucial to prevent transmission of HIV to partners and family (7),(8).

Study findings showed that disclosure may reduce the transmision of HIV by raising awareness of risky behaviors. Status disclosure is an issue to be addressed for better HIV prevention and treatment. In one study conducted in Nigeria, disclosure was higher among individuals who were married, had anticipation of partner's support, knowledge of partner's sero-status and within monogamous family. The disclosure rate to main sexual partner was 50.9% from the total 637 interviewed PLWHAs (9).

Another study on 293 HIV-discordant couples in Uganda, 80.9% disclosed their HIV positive results and facilitated HIV counseling to their partner. Disclosure did not differ significantly by sex, age, education or occupation of the HIV infected partners. Disclosure rates were significantly higher in couples in which the male partner was HIV-positive (10).

Study conducted on 360 PLHIVs in North Ethiopia, 93.1% had disclosed to main current sexual partner and 73.1% had disclosed to one of their families. Prior discussion, previous knowledge of partner’s status, smooth relation with partner, regular use of condom and prior disclosure to other family members affected disclosure positively (11).

Index case HIV testing is key strategy in preventing new HIV infections. ICHTC is when counselors identify the index client and offer HTC to partner and family through the index client. Index clients can be HIV positive individuals at HTC centeres and PLHIVs enrolled in treatment, care and support services (11).

In nine studies reviewed on partner counseling and referral services (PCRS), a range of one to eight partners were identified per index case. A mean of 67% of identified partners were found and notified of their potential exposure to HIV, and 63% of those notified were tested. Of those tested, 20% were HIV positive. (12).

HCT was offered to 2373 household members of 730 PLHIVs on ART in one study in Uganda. 99% accepted HTC. HIV prevalence among household members was 7.5%. The common barrier to testing cited by household members was having no perceived risk of infection. Of the 120 spouses of HIV-positive index participants starting ART and living in the households, 99% had never been tested for HIV and 52 (43%) were HIV-positive (13). In another study conducted in Uganda, of 148 spouses of index clients tested, 69 were HIV negative, giving an HIV sero discordance rate of 46.6% (14).

Among a cohort of couples in Kenya, Tanzania, and Trinidad in which one or both partners were HIV positive, the proportion of participants reporting unprotected intercourse with their primary partner decreased from 81% to 40% for male study participants and 92% to 30% for female study participants after disclosure and nearly one year of follow-up (15).

Preventive interventions with HIV positive than negative individuals are likely to have a greater impact on HIV transmission for an equivalent input of cost, time, resources. A change in the risky behavior of an HIV positive person will on average and in almost all affected populations, have a much bigger effect on the spread of the virus that an equivalent change in behavior of a negative person (16).

In northern Malawi, study on sexual networks and HIV infection, the probability that partners of HIV index clients could be traced and that they would consent to HIV testing and counseling was high and varied by partner type. HIV prevalence ranged from 48.1% to 66.7% among the partners who were tested (17).

In Addis Ababa, 2002-2009 data in OSSA and Zewditu model VCT centers, 2363 couples in relationship were tested for HIV. The findings showed 36% were concordant positive, 27.1% were male positive female negative and 36.9% were female positive male negative discordant results. It is noted more couples in relation have discordant than concordant positive result (18). This finding calls for intervention to prevent transmission of HIV to uninfected partner.

3. OBJECTIVES

3.1. General objective

This study aims to identify barriers to disclose HIV status by index clients and factors predict the acceptance of ICHTC by PLHIVs.

3.2. Specific objective

- To identify barrier to disclose HIV sero status to partner and family of index clients
- To identify factors that predict the acceptance of ICHTC by PLHIVs to their partner and family

4. METHODS

4.1.Study area

This study was conducted in Zewditu Memorial hospital and OSSA care and support outlets in Addis Ababa. Zewditu Memorial hospital is selected as it is one of the hospitals with the highest number of PLHIVs and the pioneer to start chronic HIV care in Ethiopia. Organization for Social Services for AIDS (OSSA) is also home grown organization that provides care and support program to PLHIVs in health facility and at community level in Addis Ababa since 1992.

4.2.Study design

A facility based cross-sectional study was conducted with a quantitative design. Structured questionnaires were administered by interviewers & used to collect primary data from care and support beneficiaries in OSSA service outlets and ART unit of Zewditu Memorial hospital in Addis Ababa.

4.3.Source population

All PLHIVs residing in Addis Ababa constitutes the source population of the study.

4.4.Study population

All HIV positive individuals 15 years or above and getting clinical, care and support services at Zewditu Memorial hospital and OSSA in Addis Ababa, Ethiopia.

4.5.Study participants

PLHIVs (index clients) reported having either regular sexual partner regardless of their marital or partnership status or living together with family members selected from the study population. Respondents were interviewed about their socio-demography, sexual history, HIV status disclosure, initiation and acceptance of HTC by their partner and family members. For respondents whose family and partners accepted HTC were cross checked on medicalrecords.

4.6.Inclusion and exclusion criteria

PLHIVS who reported to be coupled(partnered) and/or living together with other household members coming for chronic HIV treatment, care and support services to Zewditu Memorial hospital and OSSA care and support service outlets.

4.6.1. Inclusion criteria

PLHIVs that live at least with one household member and /or with partners in the range of age from 15 to 59 years.

4.6.2. Exclusion criteria

Index clients who had psychiatric problem and PLHIVs who were less than 15 and over 59 years of age were excluded. In the report of EDHS 2011, the trend of HIV prevalence decreases with age. The prevalence after fifty years is lower than the national average HIV prevalence. Also, seniors are less active sexually. However, exclusion of participants over fifty nine years might limit this study. The number of HIV/AIDS cases among older people is growing currently.

4.7.Sample size determination

Sample size was calculated based on the rate of acceptance of index case HIV testing that is 22% from the report of OSSA care & support program of Adama branch. Thus, the sample size for this purpose is calculated assuming 22% of PLHIVs accept ICHCT, disclosed their status and initiate their family for testing, with 95% confidence interval and margin of error 4%. Considering 10% non-response rate to the calculated sample size, the total of 453 PLHIVs are targeted for this study.

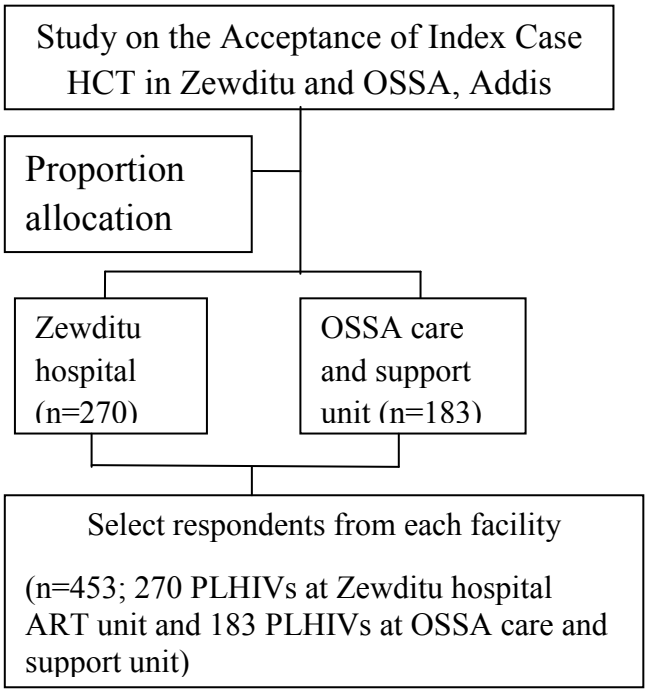
$$N = \frac{(Z_{\alpha/2})^2 P(1-P)}{d^2} = 453$$

To select the study participants, systematic random sampling with sampling interval of 3 was employed. The sampling technique used is mainly for calculation of magnitude. Yet, index clients who disclosed their HIV status were compared with those who didn't disclose status. The sample size in each group was adequate to conduct these comparisons. Likewise, index clients whose partners and family accepted HTC were compared with those whose family didn't accept HTC.

4.8.Sampling procedures

Number of PLHIVs provided with a minimum of one care service by AAOSSA was 4,477 in 2012. PLHIVs ever enrolled, ever started and currently on ART in Zewditu Memorial hospital are 8700, 5942 and 5300 respectively.

Sampling procedure at Zewditu Memorial hospital and OSSA



Brief description of the steps taken on selecting study participants

- At Zewditu Memorial hospital and OSSA care and support outlets, Support letters from AAUSPH and IRB clearance of AARHB were shown to the facility head, and ART manager for facilitation of study activity.
- PLHIVs coming for care, treatment or support were asked about whom they are living with
- To select the study participants, systematic random sampling with sampling interval of 3 was employed among those found eligible. Their consent was oobtained and the interview was conducted.
- Replacement technique was used until the respondent rate reached 100%.

4.9.Study variables

4.9.1. Dependent variables

- The main outcomes were disclosure of HIV status and acceptance of ICHTC by partner and family.

4.9.2. Independent variables

- Socio demographic characteristics of PLHIVs
- Sex
- Knowledge
- Family size
- Number of child
- Number of family size
- Sexual behavior
- Attitude towards HIV counseling & testing
- Stigma/discrimination
- Income
- Importance of HCT

4.10. Data collection instrument

The questionnaires developed in English and then translated into Amharic and translated back into English for accuracy and consistency.

The Amharic translation was checked by a panel of experts for consistency of meaning and use of appropriate language. The experts were health professionals from OSSA and Zewditu Memorial hospital. The data collection instrument was pre-tested in OSSA care and support outlet which wasn't part of the actual survey before field work.

An interviewer administered questionnaires were used to interview index clients at the two facilities. An informed consent was obtained from each individual participated in the study.

4.11. Data collection

Two nurse data collectors were recruited based on their previous experience in conducting interviews and involvement in similar studies. There was one day training of the data collectors, which included ethical and human subject's protection, introduction of the purpose of the study, refreshing interviewing techniques, familiarizing with the data collection instruments, and standardization of data collectors. The data were collected from the two health facilities 15 June to 15 July 2013.

4.12. Training of data collectors and pre-testing

Four data collectors and two supervisors were recruited and received one day training before data collection.

4.13. Data quality control

Data collectors were trained to ensure they fully understood the procedures of the data collection and the questionnaire. The data collection instrument was pre-tested. Lessons learned during the pre-test were used to revise the tool and procedures. There were two supervisors. They ensured procedures were followed strictly. Also, the principal investigator supervised the data collection.

4.14. Operational definitions

Index client: People diagnosed with HIV and attending chronic continuum of care and support services in health facilities and at community level

Index case testing: 'targeted testing' refers to HIV Testing and Counseling(HTC) service providers visiting the home of people diagnosed with HIV and offering HIV counseling and testing to their sexual partner and other family members

Couple: individuals who are currently married or engaged or in steady relationship or those that are widowed/separated in the past 6 months

Acceptance: when an index client welcome testing of their family (household members) and when consent of the index client obtained

Disclosure: When one partner shares his or her HIV status with another partner or any other person, this is referred to as disclosure.

Knowledge: The respondents in this study will be considered as knowledgeable when they score above 50% of the questions on knowledge, section III of the questionnaire

Positive Attitude (perceived benefit): PLHIVs who heard about index case testing (ICT) and think ICT is important to their partner and family will be considered with positive attitude (perceived benefit)

Mutual disclosure: When two or more partners share their HIV status with one another.

Partner notification: When an authorized individual in a health facility or health system shares a person's HIV test result with that person's partner, or partners, in order to protect the health of that partner.

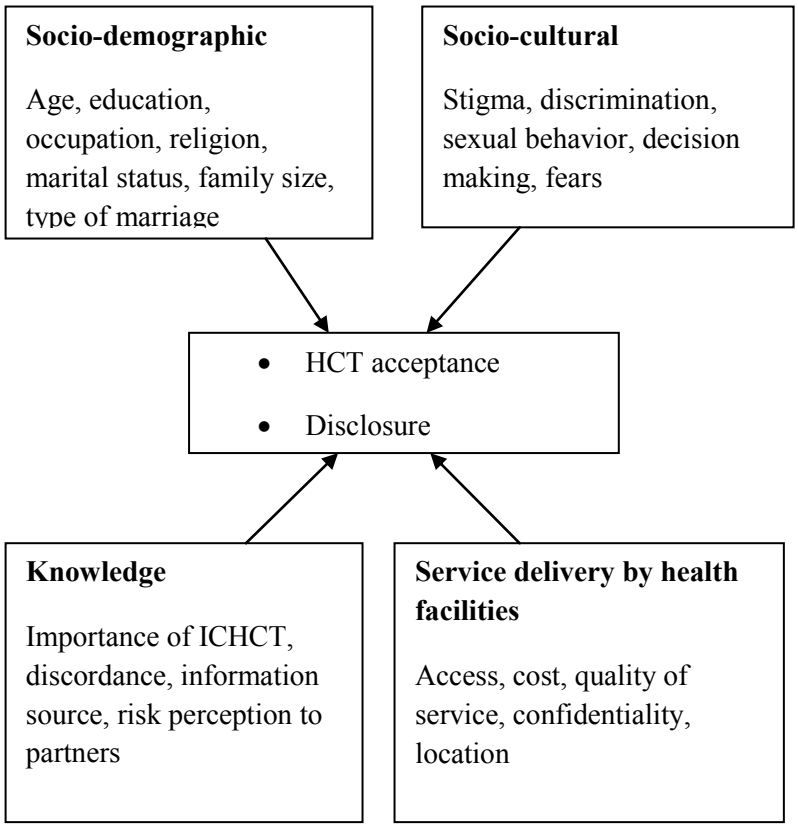
Confidentiality: means that, except in extreme circumstances, the identity of the client is never revealed to any other person.

4.15. Data processing and analysis

All survey data were entered into Epi Info™7. The investigator wnsured the data enterance was timely. Entered data were checked for errors and corrected. Further analysis was conducted using SPSS-16 after cleaning the data.

A descriptive and inferential statistics used. In the logistic regression models, the odds ratio, or likelihood of an index cliets to disclose their status to their partners and family members were estimated, and also barriers and predictors for the acceptance, initiation and utilization of ICHTC by PLHIVs were analyzed.

4.16. Conceptual frame work



4.17. Ethical Clearance

Request for ethical clearance submitted to IRB of AAU and AARHB. Respondents were protected and no confidential or potentially identifiable information were collected, released or published as part of this study.

Informed consent was taken from all individuals participated in the study. They were provided adequate information about the purpose of the study. All information obtained during the study were kept classified. Data kept locked during the data collection process. The data analyzed as group data and not individual person. Names weren't recorded or linked to the results of the survey. No one outside of the study team had access to any of the information collected and the

team members signed Data Confidentiality Agreement Statement. The report is finalized and all paper notes including the list which contained the codes assigned to each person were shredded.

4.18. Potential use of study findings

Better understanding of factors influence disclosure HIV status & acceptance of ICHTC is important for targeted testing intervention. This might increase HTC utilization by vulnerable groups and potentially decrease HIV transmission among partners and family of PLHIVs.

The study result is intended to improve HTC service utilization by partners and family of PLHIVs and to prioritize intervention on identified factors and barriers of disclosure and acceptance of HTC.

4.19. Dissemination of the results

The finding of this study will be submitted to Addis Ababa University, School of Public Health. The thesis will also be submitted to Addis Ababa City Administration Health Bureau, OSSA and Zewditu Memorial hospital. Taking a due consideration and responsibility of maintaining the ethical use of data and dissemination of reports the findings of this study will be published in peer reviewed journals as needed.

5. RESULT AND DISCUSSION

5.1. BASELINE SOCIO DEMOGRAPHIC CHARACTERISTICS OF THE STUDY POPULATION

Four hundred fifty two PLHIVS whose age ≥15 year, who had partner or at least live with one household member, who came to Zewditu Memorial hospital and OSSA service outlets were interviewed from June15 to July 15, 2013. The response rate was 100%; replacement was used. The mean (±SD) age of the respondents was 39(±8.4) year, 26% and 47% were between 15-34 and 35-44, respectively. Age of sixty one (61) respondents was missing, they didn't know their age. Socio-demography other than age and date of marriage were used to cross check their inclusion. Respondents who didn't fulfill the inclusion criteria were replaced. Out of 452 PLHIVs 73% (330) were females, 36.9% (167) were married, 36.3% (164) were widowed, 14.4% (65) were never married, 6.4% (29) were partnered and 6.0% (27) were divorced. Regarding their education, 35.2 %(382) had no primary education, 34.5% (156) had elementary and junior (1-8), 22.1% (100) had secondary (9-12) and 8.2% (37) had higher education, showed

in Table 1. The mean (±SD) age at first marriage was 22.5(±6.5). The majority 45.8% were private employees. Most respondents 49.1% didn't know their monthly income.

Table 1: Socio-demographic characteristics of HIV positive respondents, OSSA care and support outlets and Zewditu Memorial hospital, Addis Ababa, August 2013

Variables	Number	Percents
Sex		
Male	122	27.0
Female	330	73.0
Total	452	
Age of the respondents (391)		
15-24	8	2.0
25-34	95	24.3
35-44	185	47.3
45-54	83	21.2
> 55	20	5.1
Total	391	
Mean	39.1	
+ SD	8.4	
Mean age of Males	41.4	
Mean age of Females	38.2	
Marital status		
Never married	65	14.4
Married	167	36.9
Partnered	29	6.4
Widowed	164	36.3
Divorced	27	6.0
Total	452	
Age when first get married (n=262)		
15-24	160	61.1
25-34	88	33.6
35-44	14	5.3
Total	262	
Mean	22.5	
+ SD	6.5	
Religion		
Orthodox	333	73.7
Muslim	70	15.5

Protestant	47	10.4
Catholic	2	0.4
Total	452	
Educational status		
Illiterate	130	28.8
Read and write	29	6.4
Elementary & junior (1-8)	156	34.5
Secondary (9-12)	100	22.1
Higher education	37	8.2
Total	452	
Occupational status		
Jobless	83	18.4
Merchant	67	14.8
House wife	51	11.3
Government employee	44	9.7
Private employee	207	45.8
Total	452	
Monthly income		
≤500.00	108	23.9
500-1000.00	47	10.4
>1000.00	75	16.6
Not Known	222	49.1
Total	452	
Number of children (n=369)		
1-2	253	68.6
≥3	116	31.4
Total	369	
Type of marriage (n=364)		
Monogamous	350	96.2
Polygamous	14	3.8
Total	364	

5.2. ATTITUDES OF INDEX CLIENTS TOWARD S HIV COUNSELING AND TESTING

Four hundred forty five (99%) index clients answered they think HIV counseling and testing is important to partners and family members. Regarding the responses given to the importance of HTC, 82.5% (373) were very important, 8.4% (38) were important, 7.5% (34) were somewhat important, and 1.5% (7) was not important.

Two hundred and seven (64%) of respondents replied their partner may be free from HIV infection, one hundred and sixteen (36%) replied they don't think their partners are free. Regarding confidentiality, three hundred sixty two (82%) answered health workers keep information confidential, eleven (2.5%) answered don't keep information confidential and sixty nine (15.6%) weren't sure about it.

5.3. AWARENESS OF INDEX CLIENTS ON HIV KNOWLEDGE RELATED ISSUES

Four hundred forty seven HIV positive clients (98.9%) replied a person can only find out if s/he has HIV by getting tested for HIV and 1.1% (5) replied can find by simply looking.

Regard to multiple responses given on how PLHIVs can protect their partner and family from HIV, 48.8% (337) were avoiding sharing sharps, 28.7% (198) were avoiding sex, 17.7% (122) were using condoms and 4.9% (34) were avoiding any physical contact. Two hundred twenty nine (50.7%) respondents are knowledgeable based on their score on questions that assess knowledge and two hundred twenty three (49.3%) had poor knowledge.

Table 2: Multiple answers* to the questions which assess knowledge of index clients, OSSA care and support outlets and Zewditu Memorial hospital, Addis Ababa, August 2013

HIV/AIDS related questions	Number	Percent
Heard Counseling and testing service provision to partners and household members of PLHIVs	351	18.1
Healthy looking person can be infected by HIV	407	21.0
HIV can be prevented	367	19.0
A person with HIV can't be cured	157	8.1
Partners of index clients can have different HIV test result	331	17.1
Aware of support system available in health facilities for couples with different HIV test result	324	16.7
Total	**1937**	

Multiple answer*: correct answers given by each of the interviewee to the six questions in the table

5.4. HIV STATUS DISCLOSURE

Three hundred ninety nine (88%) index clients had disclosed their HIV sero-status. Concerning the level of disclosure, 49.1% (196) had disclosed to family members, 27 % (52) had disclosed to partner only, 11.5% (46) had disclosed to friends, 8.3% (33) had disclosed to family and friends, and 18.1% (72) had disclosed to partners family members and friends, as shown in Table 3 below.

Table 3: HIV disclosure by index clients in OSSA care and support outlets and Zewditu Memorial hospital, Addis Ababa, August 2013

HIV disclosure by index clients	Number of respondents	
	Yes	Percent
Index clients not disclosed their status to their partner	108	23.9
Index clients who disclosed their status		
Partner	52	13.0
Family member	196	49.1
Friends	46	11.5
Partner and family	33	8.3
All	72	18.1
Total	399	
Multiple reasons for not disclosing status to partner by index clients		
Fear stigma and discrimination	87	43.1
Fear divorce or separation	56	27.7
Partner knows her/his status	12	5.9
Partner not interested to discuss about testing	14	6.9
Partner has same result with me	25	12.4
No reason to disclose my status to partner	8	4.0
Total	202	
Multiple reasons to benefit associated with disclosing HIV status to partner		
	105	17.1
Prevent HIV transmission	248	40.3
Avoid stress	208	33.8
Improve adherence support to ART	54	8.8
Initiate household members for HTC	615	
Total		

Responses given as regard to benefits associated with disclosing HIV status to partner, 40.3% (248) were avoid stress, 33.8% (208) were improve adherence support to ART, 17.1% (105) were prevent HIV transmission, and 8.8% (54) were initiate family members for HTC (Table 3).

The rest ninety eight (44%) index clients hadn't disclosed their status to their partner. The reasons for not disclosing HIV status, 43% (87) were fear of stigma and discrimination, 28% (56) were fear of divorce or separation, 12% (25) were think partner had same result, 7% (14) were partner not interested to discuss about testing, 6% (12) were partner knows her/his status, and 4% (8) were no reason to disclose status to partner (Table 3).

Table 4: Steps the index clients (PLHIVs) will take if they know that their partners are negative

Steps index clients will take if they know their partners are negative	Number	Percent
Abstain from all sexual activity	129	39.9
Decrease frequency of sexual activity	50	15.5
Use condom consistently	144	44.6
Total	**323**	

FACTORS ASSOCIATED WITH DISCLOSURE BY INDEX CLIENTS

Respondents who had no sexual partnership than spouse or cohabiting partner were 8 times more likely to disclose their HIV status when compared to those who had sexual partnership in addition to spouse or cohabiting partner (OR: 8.15; 95% CI, 2.06-32.19),Table 5.

Table 5: Factors associated with HIV status disclosure among index clients in OSSA care and support outlets and Zewditu Memorial hospital, Addis Ababa, August 2013

Variables	Disclosure of HIV status to sexual partner		Crude OR [95% CI]	Adjusted OR [95% CI]
	Yes (%)	No (%)		
Educational status				
Illiterate	102(29.7)	28(25.9)	0.90(0.50-1.60)	
Read and write	19(5.5)	10(9.3)	0.47(0.19-1.11)	
Elementary & junior (1-8)	125(36.3)	31(28.7)	1.00	
Secondary (9-12)	73(21.2)	27(25.0)	0.67(0.37-1.21)	
Higher education	25(7.3)	12(11.1)	0.51(0.23-1.14)	
Total	344	108		
Knowledge				
Yes	184(53.5)	45(41.7)	0.65(0.42-1.02)	
No	160(46.5)	63(58.3)		
Total	344	108		
Positive Attitude				
Yes	94(27.3)	55(50.9)	2.56(1.64-4.00)*	**2.55(1.63-4.00)***
No	250(72.7)	53(49.1)	1.00	
Total	344	108		
Partnership				
Regular partner	48(23.3)	20(34.5)	1.00	
Non regular partner	158(76.7)	38(65.5)	0.23(0.23-2.30)	
Total	206	58		
Partnership				
Other sexual partnership to spouse/cohabiting partner	81(28.2)	26(33.8)	1.00	1.00
No sexual partnership than spouse/cohabiting partners	206(71.8)	51(66.2)	22.6(3.04-168.7)	**8.15(2.06-32.19)***
Total	287	77		

Age				
15-24	3(1.0)	5(5.2)		
25-34	78(26.4)	18(18.8)	1.34(0.76-2.35)	
35-44	134(45.3)	51(53.1)	1.00	
45-54	65(22.0)	18(18.8)	1.37(0.74-2.53)	
≥55	16(5.4)	4(4.2)	1.52(0.48-4.77)	
Total	296	96		
Type of marriage				
No first marriage/partnership	206(71.8)	48(62.3)	1.00	
First marriage/partnership	81(28.2)	29(37.7)	1.54(0.91-2.60)	
Total	287	77		
Variables	**Non-disclosure of HIV status to sexual partner**		**Crude OR [95% CI]**	**Adjusted OR [95% CI]**
	Yes (%)	**No (%)**		
Knowledge				
Yes	45(41.7)	184(53.5)	1.00	1.00
No	63(58.3)	160(46.5)	1.66(1.02-2.70)*	**1.62(1.01-2.62)***
Total	108	344		
Positive Attitude				
Yes	55(50.9)	250(72.7)	1.00	1.00
No	53(49.1)	94(27.3)	2.69(1.64-4.41)*	**2.84(1.76-4.58)***
Total	108	344		

***P<0.05**

Respondents who had positive attitude to ICT were nearly three times more likely to disclose their status to their main sexual partner when compared to those who didn't have positive attitude to index case testing (ICT) (OR: 2.55; 95% CI, 1.63-4.0),Table 5.

Index clients who had poor knowledge about HIV/AIDS were 1.62 times more likely to nondisclose HIV status to their sexual partners (OR: 1.62; 95%CI, 1.01-2.62). Similarly, those who had negative attitude to ICHTC were 2.84 times more likely for nondisclosure of HIV status to their sexual partners in compared to who had positive attitude to ICHTC (OR: 2.84; 95%CI, 1.76-4.58), Table 5.

Knowledge of partner HIV status, regular use of condom, educational status, income and type of marriage as monogamous or polygamous had no significant relationship with disclosure of status to main sexual partner.

Table 6: Association of disclosure to acceptance of HTC among index clients in OSSA care and support outlets and Zewditu Memorial hospital, Addis Ababa, August 2013

Variables	Disclosure of HIV status to sexual partner		Crude OR [95% CI]	Adjusted OR [95% CI]
	Yes (%)	No (%)		
Family member HTC acceptance				
Yes	235(68.3)	44(40.7)	1.00	1.00
No	109(31.7)	64(59.3)	0.55(0.32-0.94)*	**0.57(0.33-0.96)***
Total	344	108		
Partner HTC acceptance				
Yes	221(64.2)	41(38.0)	1.00	1.00
No	123(35.8)	67(62.0)	0.47(0.26-0.85)*	**0.57(0.34-0.96)***
Total	344	108		
Initiations of family members				
Yes	280(81.4)	57(52.8)	1.00	1.00
No	64(16.6)	51(47.2)	0.34(0.19-0.61)*	0.40(0.23-0.67)
Total	344	108		
Initiations of partners				
Yes	213(61.9)	48(44.4)	1.00	
No	131(38.1)	60(55.6)	1.54(0.83-2.88)	
Total	344	108		

*p<0.05

Positive association was seen between non-acceptance and disclosure of HIV sero-status. Non-acceptance of HTC by partners of index clients had protective effect on disclosure of HIV status to sexual partner by index clients (OR: 0.57; 95% CI, 0.34-0.96). Likewise, non-acceptance of HTC by family of index clients had negative effect on disclosure of status (OR: 0.57; 95%CI, 0.33-0.96). There is no association between initiation and disclosure of HIV status (Table 6).

5.5. PREFERENCE OF INDEX CLIENTS WHERE THEIR FAMILY GET COUNSELING AND TESTING

The preferences made by index clients where their family get HTC, 45.2% (245) were GO health institutions, 28.4% (154) were non-GO institutions,19%(103) were private health institutions and the rest 3.5% (19) were at home.

5.6. INITIATION AND ACCEPTANCE OF HTC BY PARTNERS AND FAMILY MEMBERS OF INDEX CLIENTS

Family members of two hundred seventy nine (73%) PLHIVs had been ever tested for HIV, family of seventy five (20%) had never been tested for HIV, and 28(7%) respondents didn't know whether their family members had been tested.

Partners of two hundred sixty two (64.2%) PLHIVs had ever tested, partners of ninety eight (24%) PLHIVs had never been tested and forty eight (12%) didn't know about their partner testing.

Two hundred sixty one (64%) PLHIVs had initiated their partner for HTC, one hundred and forty three (35%) didn't initiate and the rest four didn't respond.

Three hundred and thirty seven (74.6%) index clients had ever initiated their family members for HTC and the rest one hundred and four (23%) had never initiated family for HTC (Table 10).

Table 7: Initiation of HIV testing and counseling to partners and family members by index clients in Zewditu Memorial hospital and OSSA Addis Ababa, 2013

ICT(Index case HIV counseling & testing) related practice	Number of respondents	
	Yes	Percent
Initiated current partner to HIV counseling and testing	261	57.7
Initiated family members to HIV counseling and testing	337	74.6
Index client whose partners ever tested for HIV	262	58.0
Index client whose family members ever tested for HIV	279	61.7
Reason to initiate ICT		
Prevent transmission of HIV	119	32.0
Told by health worker	132	35.5
To know status of partner	36	9.7
To know status of family member	62	16.7
Requested by partner	11	3.0
Requested by family member	12	3.2
Preference		
Total	372	
Decision maker regard to partners testing		
Myself	184	73.0
My partner	36	14.3
Together	32	12.7
Total	252	
Frequency of index client partners testing for HIV		
Every three month	122	56.7
Every six month	73	34.0
Every one year	20	9.3
Total	215	

FACTORS THAT PREDICT THE ACCEPTANCE OF HTC BY PARTNERS OF PLHIVS

Non-disclosure of self status by index clients had protective effect on the acceptance of HTC by their partner [OR: 0.10; 95%CI, 0.03-0.34]. Partners of index clients who had disclosed their

HIV status to family were 2.4 times more likely to accept HTC when compared to partners of the index clients who hadn't disclosed their status [OR: 2.4; 95% CI, 1.54-3.74].

Partners of index clients who were knowledgeable were two times more likely to accept HTC when compared to partners of the index clients who had poor knowledge on HIV and risk assessment [OR: 2.19; 95% CI, 1.39-3.44]. Negative attitude on HTC by index clients had protective effect on the acceptance of HTC [OR: 0.17; 95% CI, 0.03-0.76]. Partners of PLHIVs in non-regular relation were more likely to accept HTC than those who were in regular relationship [OR: 3.86; 95% CI, 1.68-8.83], Table 12.

Table 8: Factors associated with acceptance of HTC by partners of index clients in OSSA care and support outlets and Zewditu Memorial hospital, Addis Ababa, August 2013

Variables	Acceptance of ICT		Crude OR [95% CI]	Adjusted OR [95% CI]
	Yes	No		
Disclosed to partner				
Yes	138(42.7)	16(12.4)	1.00	1.00
No	185(57.3)	113(87.6)	0.19(0.10-0.35)*	**0.10(0.03-0.34)***
Total	323	129		
Disclosed to family members				
Yes	233(72.1)	67(51.9)	1.00	**2.40(1.54-3.74)***
No	90(27.9)	62(48.1)	2.40(1.54-3.74)*	
Total	323	129		
Disclosed to friends				
Yes	96(29.7)	22(17.1)	2.06(1.19-3.57)*	**2.06(1.19-3.57)***
No	227(70.3)	107(82.9)	1.00	1.00
Total	323	129		
Educational status				
Illiterate	88(27.2)	42(32.6)	1.00	
Read and write	18(5.6)	11(8.5)	0.78(0.31-1.95)	
Elementary & junior (1-8)	119(36.8)	37(28.7)	1.54(0.88-2.67)	
Secondary (9-12)	73(22.6)	27(20.9)	1.29(0.70-2.39)	
Higher education	25(7.7)	12(9.3)	0.99(0.43-2.34)	
Total	323	129		
Knowledge				
Yes	163(50.5)	41(31.8)	2.19(1.39-3.44)*	**2.19(1.39-3.44)***
No	160(49.5)	88(68.2)	1.00	1.00
Total	323	129		
Attitude				
Yes	318(98.5)	112(86.8)	1.00	1.00
No	5(1.5)	17(17.2)	0.10(0.03-0.31)*	**0.17(0.03-0.76)***
Total	323	129		
Partnership				
Regular partner	172(84.7)	24(39.3)	1.00	1.00
Non regular partner	31(15.3)	37(60.7)	8.55(4.30-17.12)*	**3.86(1.68-8.83)***
Total	203	61		

Age				
15-24	3(1.1)	5(4.3)	0.24(0.04-1.21)	
25-34	74(26.7)	22(19.1)	1.35(0.73-2.49)	
35-44	132(47.7)	53(46.1)	1.00	
45-54	55(19.9)	28(24.3)	0.79(0.44-1.43)	
≥55	13(4.7)	7(6.1)	0.75(0.26-2.20)	
Total	277	115		

*p<0.05

5.7. DISCUSSION

Nearly three fold (73%) of the study participants were females. It might be the proportion of females enrolled for HIV care is higher than males in Addis Ababa (20, 21). Forty five (45%) percent of the respondents are within 35-44 years of age, it might be HAART improved survival and increase in life expectancy (22, 23).

The finding of this study, disclosure at least to one person was 88% that was comparable to the study made in in Jimma which was 94.5% (24).

Our finding 56% of respondents disclosed HIV status to their sexual partner was comparable to the study made in Nigeria and Addis Ababa, which were 51% and 60.5%, respectively (25). The disclosure to partner in this study is less than what reported from Kemissie district, North Ethiopia (93.1%) and Jimma (90.8%) (24). Participants in this study were both from clinical setup and community HIV care outlets. Partner notification and HTC services in community outlets are less foused. This might affected the level of HIV disclosure to partner.

The lower rate of disclosure to partner in the current study is due to lack of positive attitude, poor knowledge about HIV and its risk assessment. Although knowledge and opinion don't necessarily predict behavior, poor knowledge and negative attitude were barriers for disclosure HIV status in this study.No sexual partnership than spouse or cohabiting partner had influenced disclosure. Index clients with no sexual partner than spouse may think they aren't source of infection to the household. Probably, they are more confident to disclose their status since they have low fear of accusation of infedility.

In this study, HIV infection at an early age of 15-24 years had no association with delayed disclosure. Clients who disclosed their status at an early age were knowledgable and had positive attitude as they received follow up counseling by care givers. In contrary to this study, there were

finding from Uganda, the length of time and age in HIV care and support services were associated with disclosure (26, 27).

Our finding showed there was no association among regular or non-regular partnership and disclosure of own status to sexual partner. This was in contrary to study made in South Africa and other study (28, 29).

Though, they weren't associated with disclosure, regular use of condom, income and education are useful for disclosing status to sexual partner in our study. Respondents with regular use of condom, secondary and high level of education were able to disclose their own status more frequently.

Our study showed 44% nondisclosure rate to spouse/partner. The magnitude is comparable to nondisclosure of HIV status by positive women in Dare Selam Tanzania. It showed that HIV positive women were less likely to disclose if they were cohabiting and had low wage employment. In contrary, income had no significant association with disclosure in our study (30).

This study found the most two common reasons for nondisclosure were stigma/discrimination and fear of divorce/separation. Studies in Sub-Saharan Africa showed the common barriers of disclosure were fear of abandonment, rejection, separation and discrimination (31, 32, 33& 34). Yet, in our study, majority of index clients who disclosed their status received psychological support from their partner, adherence supporters and voluntary care givers.

In contrary to what is reported in DHS Ethiopia 2011, in this study 64% partners and 73% family of index clients accepted HTC. This discrepancy might be due to difference in the study population. However, partners and family of index clients have ongoing risk of HIV. They need more regular testing than the general population (35).

Our finding showed disclosure and positive attitude influenced acceptance of HTC. Nondisclosure to partner and non-initiation of partner were barriers for acceptance of HTC. In this study, education has no association with non-acceptance of testing by partners and family of index clients. Knowledge and perception about the benefits of HTC were major predictors HIV testing among TB patients in North West Ethiopia (36). STI patients who agreed HTC is important were more willing to accept HTC in Addis Ababa (37).

This study was limited by fact that it relied on self-report, and therefore it is subject to recall and reporting bias. The effect of social desirability bias is the other limitation of this study. The respondents of the study were HIV positive index clients who came for HIV care services to hospital and community service outlets. Other constraint of this study was age group above 59 year wasn't included. This study was conducted in Zweditu hospital and OSSA service outlets in Addis Ababa, therefore, the result should be interpreted and used cautiously.

6. CONCULUSION AND RECOMMENDATION

6.1. Conclusion

Although the majority of the index clients disclosed their result at least to one person, disclosure rate to main sexual partner was low. Lack of knowledge on HIV related issues and risk assessment, negative attitude to ICHTC were identified barriers of HIV status disclosure.

On the other hand, having no sexual partnership other than spouse or cohabiting partner was positively associated with disclosure of HIV status to main sexual partner.

In this study, the two most common reasons for non-disclosure of HIV status were stigma and discrimination and fear of divorce or separation.

Disclosure of HIV status to family members and friends were factors that affected the acceptance of HTC positively. Non-disclosure of HIV status to sexual partner was protective to acceptance of HTC. Besides, considerable number of partners and family of index clients did not accept HTC as this was cross-checked in the medical record and the registery book.

Negative attitude to ICHTC by index client was identified barrier for the acceptance of HTC. Being knowledgeable on HIV and its risk assessment had positively affected index clients to bring their partner and children for HTC.

In summary, failure to disclose self-status, lack of knowledge and negative attitude to ICHTC by PLHIVs were the major barriers for the acceptance of ICHTC by their partners and family.

Therefore, intervention should prioritize mutual disclosure, make clear understanding on benefits of HTC and develop positive attitude to ICHTC. Also, index clients need follow up until they

improve their knowledge further on HIV and its risk assessment and bring partner and family for HTC.

6.2. Recommendation

Based on the present finding from this study, the following recommendations are made:

- Intervention should prioritize mutual disclosure of HIV status, make clear understanding on benefits of HTC and develop positive attitude to ICHTC
- Promotion upon initiation of partners and family to take HTC by index client is important
- Efforts should be strengthened to increase knowledge and bring attitudinal change to benefits of ICHTC thus to increase disclosure and acceptance of HTC among index clients
- During follow up visit for chronic HIV care, health workers should work to address major barriers for acceptance of ICT such as non-disclosure, lack of knowledge, negative attitude and non-initiation of partners & family

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ANNEX I: INFORMATION SHEET

Hello my name is _____. I'm here to collect information for a research study that will be carried out to improve the acceptance of HIV counseling and testing among household members and partners of PLHIVs. This study is being done by a researcher supported by AAU, School of Public Health. Much isn't known about barriers and factors affecting the acceptance of HIV counseling and testing among PLHIVs to initiate testing to their partners and household members in Addis Ababa, Ethiopia and we hope to identify and fill in the gaps with this study. We are asking you to be in this study because you are PLHIV and you came seeking a health service to this health facility.

You are free to join in this research study or not and you and you can withdraw at any time. If you do not join, you will not lose any health care services that you expect to get apart from this study. As part of the study we will ask you a number of questions which will take about 20 minutes. During the interview some of the questions ask about your past and current sexual life and HIV associated issues. We remind you that you can choose not to answer any of them that you wish – for any reason.

You will get no direct benefit from being a part of this study. But helping to carry out this research has a chance to tell us a lot about the circumstances of index case HV counseling and testing and help to identify factors influencing & barriers associated with the service. In addition, all what we have talked about today will be kept confidential. To keep the information confidential, no personal information that could be used to identify you, will be written and a code will be used instead of your name. Once the data collection time is over this list will be destroyed and there will be no means to relate the code to your name.

If you need any further information about the study or if there is anything that is not clear, please contact the peer investigator, Mr. Haileyesus Abraham in Addis Ababa University School of Public Health at Mob Tel. 0911 385246.

ANNEX II: CONSENT FORM

Consent form

I have been informed about the study and clearly understood the objective of the study.
Therefore, I here approve my consent with my signature to take part in the study.

1. Yes _____. Go to the next page after signature of the participant or witness.

2. No _____.Acknowledge and stop.

Name and signature of participant or witness

Signature_____ Date _____

ANNEX III: QUESTIONNAIRES IN ENGLISH VERSION

Identification: Region_____ Sub city _____ Kebele_____

Part I – Socio demographic characteristics

No	Variables	Response	Skip
100	Sex of the respondent	Male 1 Female 2	
101	How old were you at your last birthday? (record age in completed years)	[___] [____] years Do not know 99 Rural 2	
102	How long have you been living continuously in the current residence?	[___] [____] years Always (since birth) 95	
103	What is your religion?	Orthodox Christian 1 Muslim 2 Protestant 3 Catholic 4 Other 5	
103.1	If other, please specify	_____	
104	Currently, with whom do you live?	Alone 1 Partner 2 Children 3 Relative 4 Partner and children 5 Children & relative 6 Partner, children & relative 7	
105	How many children do you have?	One 1 Two 2 Three 3 >3 4	
106	Can you read and write?	No 1 Yes 2	
107	What is your educational status?	Illiterate 1 Read and write 2 1-4 3 5-8 4 9-10 5 11-12 6 >12 7	
108	Can your spouse/partner read and write?	No 1 Yes 2	
109	What is the educational status of your spouse/partner?	Illiterate 1 Read and write 2 1-6 3 7-8 4 9-12 5 12^{+1}-12^{+2} 6 $>12^{+2}$ 7	

No	Variables	Response			Skip
110	Current occupation	Jobless 1 Merchant 2 House wife 3 Government employ 4 Private business 5			
111	On average how much is your monthly income?	≤500.00 1 500-1000.00 2 ≥1000.00 3 I don't know 4			
112	Does your household have the following equipments?		No =1	Yes=2	
		Radio	1	2	
		Television	1	2	
		Mobile telephone	1	2	
		Land line telephone	1	2	

Part II- Marital Status, sexual history and condom use

No	Variables	Response	
200	What is your current marital status?	Never married 1 Married 2 Partnered 3 Widowed 4 Divorced 5 Separated 6	If 1 go to 300 If 3 go 201 If 4-6, go to 202
201	How old were you when you first get married or start living with a man (woman)?	|____|____| Year Not Sure 98	
202	How do you describe the type of your current marriage: monogamous or polygamous?	Polygamous 1 Monogamous 2	
203	Is this your first marriage or partnership?	No 1 Yes 2	
204	Are you the first spouse/partner for your spouse/partner?	No 1 Yes 2	
205	How long ago did you marry or start living with your current spouse/partner?	[_____] [_____] months [_____] [_____] Years	
206	Have you been separated because of disagreements with your partner since you got married?	No 1 Yes 2	If 1, skip Q 209
207	Currently, do you have other spouse/ sexual partner other than the one you are living with?	No 1 Yes 2	
208	How old is your recent partner?	Ten or more years older than you 1 Less than ten years older than you 2 Ten or more years younger than me 3 Less than ten years younger 4	

209	When was the last time you had sex?	Days ago [____] 1 Weeks ago [____] 2 Months ago [____] 3 Never had 4	
210	With what kind of sexual partner did you have sex?	Regular partner 1 Non regular partner 2	
210.1	Have you ever discussed condom use with your partner?	No 1 Yes 2	
211	Have you ever used condom during sexual intercourse with your partner/s?	No 1 Yes 2	
212	Did you use condom while having sex in the last 12 months?	No 1 Yes 2	
213	With whom did you use condom during sexual intercourse; (Multiple answer allowed)		
214	How regularly did you use condom during sexual intercourse with spouse/cohabiting partners?	Never 1 Sometimes 2 Always 3	If 3, go to Qn218
215	How regularly did you use condom during sexual intercourse with NON-spouse/cohabiting partners?	Never 1 Sometimes 2 Always 3	
216	What is the main reason you used condom during sexual intercourse with spouse/cohabiting partners?	To avoid pregnancy 1 To Prevent HIV transmission 2 To avoid other STIs 3 Pressure from Partner 4	
217	What is the main reason you used condom during sexual intercourse with NON-spouse/cohabiting partners??	To avoid pregnancy 1 To Prevent HIV transmission 2 To avoid other STIs 3 Pressure from Partner 4	
218	If **never** or not using **always**, what was the main reason for not using condom with spouse/cohabiting partner?	Not available 1 Too expensive 2 Partner refused 3 Do not like it 4 Trust partner 5 Ashamed to buy condoms 6 Using another form of contraceptive 7	

	1-No	2-yes
Spouse/cohabiting partners	1	2
Other Regular partners	1	2
Commercial sex worker	1	2
Casual partner	1	2

Part III- knowledge about HIV/AIDS and risk assessment (risk perception)

No	Variables	Response	Skip
300	Do you think a healthy looking person can be infected with HIV?	No 1 Yes 2	
301	Can HIV be prevented?	No 1 Yes 2	
302	Can a person with HIV be cured?	No 1 Yes 2	
303	How can a person find out if he/she has HIV/AIDS?	Simply by looking 1 Getting tested for HIV 2 Others 3	
303.1	If other, please specify	_____	
304	How can PLHIVs can protect their partner and family from getting HIV/AIDS	Avoiding sex 1 Avoiding sharing sharps 2 Using sterile needle 3 Using condom 4 Avoiding any physical contact 5 Others 6	
304.1	If others, please specify	_____	
305	Do you think partner of index client can have different HIV test result?	No 1 Yes 2 I do not know 99	

Part IV-KAP towards HIV counseling and testing and disclosure to partners and household of PLHIVs

No	Variables	Response	Skip
400	Have you heard about HIV testing and counseling service provision to partners and family members PLHIVs?	No 1 Yes 2	If 1, skip Q 402
401	Do you think testing is important to partners and family members of PLHIVs?	Yes 1 No 2	
402	Where did you get information about HTC service provision to partners and family of PLHIVs?	Family 1 Friends 2 Mass media 3 Health workers 4 Other 5	
402.1	If others, please specify	_____	
403	How important is HIV testing and counseling to partners PLHIVs?	Very important 1 Important 2 Somewhat important 3 Not important 4	
404	Have you ever initiated your current partner for HIV testing & counseling?	No 1 Yes 2	If 1, skip 408
405	Have you ever initiated your family members for HIV testing & counseling?	No 1 Yes 2	If 1, skip 408
406	What was the reason to initiate HIV testing to your current partner or other family?	Prevent transmission of HIV 1 Told by health worker 2 To know status of partner 3 To know status of family members 4	

No	Variables	Response	Skip
		Requested by partner 5 Requested by family members 6	
407	Have your partner ever tested for HIV?	No 1 Yes 2 Not know 3	If 1, got to Q411
408	Where do you prefer your partners or family get HIV tested and counseled?	Government health institution 1 Non –governmental institution 2 Private health institution 3 PLWHA association 4 Home 5	
409	Who made the decision to have the test for your partner?	Myself 1 My partner 2 Together 3	
410	How frequently your partner gets testing for HIV?	Every month 1 Every three month 2 Every 6 month 3 Every Year 4 Never had test 5	
411	Have your family members ever tested for HIV?	No 1 Yes 2 Not know 3	If 1, go to Q 414
412	How frequently your family members get testing for HIV?	Every month 1 Every three month 2 Every 6 month 3 Every Year 4 Never had test 5	
413	If you knew that your partner is HIV negative would you disclose your status to your partner?	No 1 Yes 2 Am not sure 3	
414	If you knew that your partner is HIV negative, what steps would you take to prevent your partner from becoming HIV positive?	Abstain from all sexual activity 1 Decrease frequency of sexual activity 2 Use condom consistently 3	
415	Did you disclose your HIV^+ status to your partner?	No 1 Yes 2	If 1, skip Q416
416	Whom did you disclose your HIV^+ status?	Partner 1 Family members 2 Friends 3 partner & family 4 all 5	
417	Would you disclose your HIV status to your household members?	No 1 Yes 2 Not sure 3	
418	What was the reason for not disclose status to the partner?	Fear of stigma & discrimination 1 Fear of divorce and separation 2 My partner knows her status 3 My partner not want discuss about testing 4	

No	Variables	Response	Skip
		My partner has same result with me 5 I have no reason to disclose my status to partner 6	
419	What benefit do you think disclosure have to partners and family members	Prevent HIV transmission 1 Avoid stress 2 Improve adherence support to ART 3 Help household know their individual sero status 4	
420	Are you aware of any support system that is available in health facilities or elsewhere for partners/couple's with different HIV results?	No 1 Yes 2 I'm not sure 3	

Part V-Factors associated with service delivery

	Variables	Response	skip
500	Would you be willing to take your spouse/partner or family for testing & counseling to the nearby facility?	No 1 Yes 2 Not sure 3	
501	Do you trust health workers keep the information that you gave them confidential?	No 1 Yes 2 Not sure 3	
502	Do you think that your partner might not have HIV infection?	No 1 Yes 2	

ANNEX (ቅጥያ) IV: የመረጃ ቅፅ

ጤና ይሥጥልኝ! ሥሜ _____ ይባላል:: ዛሬ እዚህ የተገኘሁት ቫይረሱ በደማቸው ውስጥ ለተገኘ ሠዎች ቤተሰብና ለትዳር አጋሮቻቸው ለሚሰጥ የኤች.አይ.ቪ (HIV) ምርመራና የምክክር አገልግሎት ዙሪያ ለሚደረግ ጥናት መረጃ ለመሰብሰብ ነው:: ይህ ጥናት እየተካሄደ ያለው በ አዲስ አበባ ዩኒቨርሲቲ በመሃበረሰብ ጤና ሣይንስ የት/ት ክፍል ድጋፍ እና ጥናቱን እያከናወነ በሚገኝ ተመራማሪ አማካኝነት ነው::
በክልላችን አዲስ አበባ ብሎም በሃገራችን ኢቲዮጲያ ቫይረሱ በደማቸው ውስጥ ላለ ሠዎች ቤተሰብና ለትዳር አጋሮቻቸው ስለሚሰጥ የኤች.አይ.ቪ (HIV) ምርመራና የምክክር አገልግሎት፣ ቫይረሱ በደማቸው ውስጥ ባለ ሠዎች ዘንድ ሥላለለው ተቀባይነት: እንዲሁም በዚህ የምርመራ አይነት ላይ ተጽኖ መፍጠር ሥለሚችሉ ሁኔታዎች ብዙ አይታወቅም:: በዚህም ጥናት አማካኝነት እነዚህን ተጽኖ ፈጣሪ ምክኒያቶች ለመለየትና ክፍተቶቹን ለይቶ ለመቅረፍ እንደሚቻል እናምናለን:: የዚህ ጥናት ተሳታፊ እንዲሆኑ የጠየቅንዎ ወደዚህ የጤና ድርጅት የህክምና አገልግሎት ፈልገው ሥለመጡ እና እንዲሁም ቫይረሱ በደምዎ ውሥጥ ያለ በመሆኑ ነው::
በዚህ የምርምር ጥናት ለመሳተፍ ወይንም ላለመሳተፍ የእርስዎ ውሳኔ ሲሆን በማንኛውም ሰዓት ተሳትፎዎን መግታት ይችላሉ:: በዚህ ጥናት ባይሳተፉ እንኩዋን ማግኘት የሚፈልጓቸው ከጥናቱ ጋር ያልተያያዙ የጤና አገልግሎቶችን ያገኛሉ:: ከዚህ ጥናት ጋር በተያያዘ ባጠቃላይ ወደ 20 ደቂቃ ሊወስዱ የሚችሉ ልዩ ልዩ ጥያቄዎችን እንጠይቆታለን:: በቃለ መጠይቁ ወቅት የተወሰኑት ጥያቄዎች ሥላለፈውና አሁን ሥላለው የግብረ-ሥጋ/ወሲባዊ ልምዶ እንዲሁም ከኤች.አይ.ቪ(HIV) ጋር ሊያያዙ ስለሚችሉ ባህሪያትና ሁኔታዎችን የሚጠይቁ ይሆናሉ:: ማናቸውንም መመለስ የማይፈልጉዋቸውን ጥያቄዎች አለመመለስ እንደሚችሉ ይህም በርሶ ፈቃድ ላይ የተመሰረተ መሆኑን ለማስታወስ እንወዳለን::

በዚህ ጥናት በመሳተፍዎ የሚያገኙት ቀጥታ ጥቅም አይኖርም:: ነገር ግን እርስዎ በዚህ ጥናት ተሳትፎ ማድረጎ ቫይረሱ በደማቸው ውስጥ ላለ ሠዎች ቤተሰብና ለትዳር አጋሮቻቸው ሥለሚሰጥ የኤች.አይ.ቪ(HIV) ምርመራ አጠቃላይ ሁኔታ ለማወቅና፣እንዲሁም ከአገልግሎቱ ጋር በተያያዘ መልኩ ተፅኖ ሊፈጥሩ ሥለሚችሉ ዝርዝር ሁኔታዎች ለመረዳት ያስችላል:: በተጨማሪም በዛሬው እለት የምንወያየው ሁሉ በሚስጥር የሚጠበቅ ይሆናል:: ሚስጥርነቱ የተጠበቀ እንዲሆን ለማድረግ ማንነትዎን መለየት የሚያስችሉ ማናቸውንም መረጃ አንጠይቆትም:: በተጨማሪም በሥምዎ ምትክ ኮድ የምንጠቀም ይሆናል:: የዚህ ጥናት መረጃ የሚሰበሰብበት ጊዜ እንዳበቃ ይህ ቅጽ የሚወገድ ይሆናል:: የሰጠንዎ ኮድ ከስምዎ ጋር የሚዛመድበት ምንም ዓይነት መንገድ አይኖርም::

ሥለዚህ ጥናት ማወቅ የሚፈልጉት ተጨማሪ መረጃ ካስፈለግዎ ወይንም ግልፅ ያልሆነሎት ጉደይ ካለ በ አዲስ አበባ ዩኒቨርሲቲ የማኅበረሰብ ጤና ሣይንስ አማካኝነት ዋና የጥናቱን ዓስተባባሪ (አቶ ኃይለየሱስ አብረሃምን) ማነጋገር ይቻላል:: ሥልክ ቁጥራቸውም 0911385246 ነው::

ANNEX (ቅጥያ) V: በጥናቱ ለመሳተፍ የሚደረግ ሥምምነት ማረጋጫና የቃለመሃላ ቅጽ

በጥናቱ ለመሳተፍ የሚደረግ ሥምምነት ማረጋገጫና የቃለመሃላ መስጫ ቅጽ

ሥለዚህ ጥናት አላማ በቂ ገለጻ ተሰቶኛል፡፡ እንዲሁም የጥናቱ አላማ ግልጽ ሆኖልኛል:: ሥለዚህም በዚህ ጥናት ለመሳተፍ ቃለ መሃላ ማድረጌን በዚህ ቅጽ ላይ በተመለከተው የፊርማ ሥፍራ ላይ በመፈረም የምሳተፍ መሆኔን አረጋግጣለሁ::

1. አዎ በቃለ-መጠይቁ እሳተፋለሁ _____::ከተሳታፊው ፊረማ በሁዋላወደ ቀጣይ ገጽ ይሂዱ::
2. በቃለ-መጠይቁ አልሳተፍም _____::አመ ስግነው ይጨ ርሱ::

የተሳታፊው ወይንም የምስክሩ ፊርማ

ፊርማ _____ ቀን _____

ANNEX VI: የአማርኛ መጠይቅ

የአማርኛ መጠይቅ

ኢድራሻ: ክልል_____ ክፍለ ከተማ_____ ቀበሌ_____

ክፍል I –ማህበራዊ እና ሥነ-ህዝባዊ ባህሪያት

ቁጥር	መለኪያ	ምላሽ	ዝለል
100	ጾታ	ወንድ 1 ሴት 2	
101	የትውልድ ዘመን?	[___] [____] ዓም አላውቀውም 99	
102	በአሁኑ የመኖሪያ ስፍራዎ በተከታታይ ለምን ያክል ጊዜ ቆዩ?	[___] [____] አመት ከውልደት አንስቶ 95	
103	ኃይማኖትዎ ምንድ ነው?	ኦርቶዶክስ ክርስቲያን 1 ሙስሊም 2 ፕሮቴስታንት 3 ካቶሊክ 4 ሌላ 5	
103.1	ኃይማኖትዎ ሌላ ከሆነ እባኮ ይግለፁት	_____	
104	የሚኖሩት ከማን ጋር ነው ?	ለብቻ 1 ከባለቤቴ/ተጓዳኜ 2 ከልጆቼ 3 ከዘመድ 4 ከባለቤቴ እና ከልጆቼ 5 ከልጆቼ እና ከዘመድ 6 ከባለቤቴ፤ልጆቼ እና ዘመድ 7	
105	ምን ያክል ልጅ አልዎት?	አንድ 1 ሁለት 2 ሶስት 3 ከሶስት በላይ 4	
106	ማንበብና መፃፍ ይችላሉ?	እችላለሁ 1 አልችልም 2	
107	የትምህርት ደረጃዎ ምን ያክል ነው?	ያልተማረ 1 ማንበብ/መፃፍ የሚችል 2 1-4 3 5-8 4 9-10 5 11-12 6 >12 7	
108	ባለቤትዎ ማንበብና መፃፍ ይችላሉ?	አይችሉም 1 ይችላሉ 2	

ቁጥር	መለኪያ	ምላሽ			ዝለል
109	የባለቤትዎ ትምህርት ደረጃ ምን ያክል ነው?	ያልተማረ 1 ማንበብ/መፃፍ የሚችል 2 1-6 3 7-8 4 9-12 5 12^{+1}-12^{+2} 6 >12^{+2} 7			
110	ስራዎ ምንድ ነው?	ስራ አጥ 1 ነጋዴ 2 የቤት እመቤት 3 የመንግስት ሰራተኛ 4 የግል ተቀጣሪ 5			
111	አማካይ ወራዊ ገቢዎ ምን ያክል ነው?	≤ 500.00 1 500-1000.00 2 ≥ 1000.00 3 አላውቅም 99			
112	የሚከተሉት የመገናኛ መሳሪያዎች በመኖሪያ ቤትዎ ውስጥ ይገኛሉን?		አዎ=1	አይገኝም=2	
		ራዲዮ	1	2	
		ቲቪ	1	2	
		ሞባይል ስልክ	1	2	
		የመስመር ስልክ	1	2	

ክፍል II- የጋብቻ ሁኔታ: ወሲባዊ ባህሪ እና ኮንደም አጠቃቀም

ቁጥር	መለኪያ	ምላሽ	ዝለል
200	የጋብቻ ሁኔታዎ ምን ይመስላል?	አላገባሁም 1 አግብቻለሁ 2 ባላገባም ከተጓዳኜ አብሬ እኖራለሁ 3 ባለቤቴ ሞቱዋል 4 ፈትቻለሁ 4 ባገባም ተለያይተናል 5	ምላሽ 1 ከሆነ: ወደ ቁ 209 ይሂዱ
201	ለመጀመሪያ ጊዜ ከባለቤትዎ/ተጓዳኝዎ ጋር ጋብቻ ሚፈጽሙ/አብሮ መኖር ሲጀምሩ እድሜዎ ምን ያክል ነበር?	[____] [____] ዓመት አላስታውስም 98	
202	የጋብቻ ሁኔታዎን እንዴት ይገልጹታል?	ከአንድ በላይ ባል/ሚስት 1 አንድ ባለቤት/ተጓዳኝ 2	
203	አሁን ያሉበት ጋብቻ/ግንኙነት የመጀመሪያዎ ነው?	አይደለም 1 አዎ ነው 2	
204	ለትዳር አጋርዎ/ተጓዳኝዎ የመጀመሪያ ተጓዳኝ ነዎት?	አይደለሁም 1 አዎ ነኝ 2	
205	ከባለቤትዎ/ተጓዳኝዎ አብሮ መኖር ከጀመሩ ሥንት ጊዜ ሆነ?	[_____] [_____] ወራት [_____] [_____] ዓመታት	
206	ከባለቤትዎ/ተጓዳኝዎ ጋር አብረው ሲኖሩ ሳይስማሙ ቀርተው ተለያይተው ያውቃሉ?	አላውቅም 1 አዎ አውቃለሁ 2	
207	ከባለቤትዎ/ተጓዳኝዎ ሌላ ወሲባዊ ግንኙነት ዓሎት?	የለኝም 1 አዎ አለኝ 2	

208	ከባለቤትዎ ጋር በምን ያክል አመታት ይበላለጣሉ?	≥10 ዓመት ታላቄ ነው/ናት 1 <10 ዓመት ታላቄ ነው/ናት 2 ≥10 ዓመት ታናሼ ነው/ናት 3 <10 ዓመት ታናሼ ነው/ናት 4	
209	በቅርቡ ግብረ ሥጋ ግንኙነት ካደረጉ ምን ያክል ጊዜ ሆነዎት?	ከቀናት በፊት [____] 1 ከሣምንታት በፊት [____] 2 ከወራት በፊት [____] 3 በጭራሽ አልፈፀምኩም 4	ምላሽ 4 ከሆነ: ወደ ቁ. 300 ይሂዱ
210	ግብረ ሥጋ ግንኙነት የፈፀሙት ከማን ጋር ነው?	ከባለቤቴ/ተጓዳኜ 1 ከቐሚ ባለቤቴ/ተጓዳኜ ውጭ 2	
	ከባለቤትዎ/ተጓዳኝዎ ጋር ሥለ ኮንደም አጠቃቀም ተወያይተው ያውቃሉ?	አላውቅም 1 አዎ አውቃለሁ 2	
211	በግብረ ሥጋ ግንኙነት ወቅት ባለቤትዎ/ተጓዳኝዎጋር ኮንደም ተጠቅመው ያውቃሉ?	አላውቅም 1 አዎ አውቃለሁ 2	
212	ባለፉት 12 ወራት ውሥጥ የግብረ ሥጋ ግንኙነት ሲያደርጉ ኮንደም ተጠቅመው ነበር?	አልተጠቀምኩም 1 አዎ ተጠቅሜያለሁ 2	
213	በግብረ ሥጋ ግንኙነት ወቅት ኮንደም የተጠቀሙት ከማን ጋር ነበር? (ከአንድ በላይ መመለስ ይቻላል)	1-ዓይደለም / 2-ዓዎ ከትዳር አጋር/ዓብሮ ከሚኖር የወሲብ ተጓዳኝ: 1 / 2 ከሌላ ቐሚ የወሲብ ተጓዳኝ: 1 / 2 ከሴተኛ አዳሪ: 1 / 2 ከአጋጣሚ የፆታ አቻ: 1 / 2	
214	በግብረ ሥጋ ግንኙነት ወቅት ከባለቤትዎ /ተጓዳኝዎ ጋር ምን ያክል ጊዜ ኮንደም ተጠቅመዋል?	ጭራሽ አልተጠቀምኩም 1 አልፎ አልፎ 2 ሁል ጊዜ 3	ምላሽ 3 ከሆነ: ወደ ቁ.218 ዝለል
215	በግብረ ሥጋ ግንኙነት ወቅት ቐሚ ካልሆነ/ች የወሲብ ተጓዳኝዎ ጋር ባለማቐረጥ ለምን ያክል ጊዜ ኮንደም ተጠቅመዋል?	ጭራሽ አልተጠቀምኩም 1 አልፎ አልፎ 2 ሁል ጊዜ 3	ምላሽ 3 ከሆነ: ወደ ቁ.218 ዝለል
216	በግብረ ሥጋ ግንኙነት ወቅት ከባለቤትዎ/ተጓዳኝዎ ጋር ኮንደም የተጠቀሙበት ዋነኛው ምክንያት ምንድ ነው?	ዕርግዝናን ለመከላከል 1 ኤች.አይ.ቪን ለመከላከል 2 የአባላዘር በሽታን ለመከላከል 3 ከትዳር አጋር ጫና የተነሳ 4	
217	በግብረ ሥጋ ግንኙነት ወቅት ቐሚ ካልሆነ/ች የወሲብ ተጓዳኝዎ ጋር ኮንደም የተጠቀሙበት ዋናው ምክንያት ምንድ ነው?	ዕርግዝናን ለመከላከል 1 ኤች.አይ.ቪን ለመከላከል 2 የአባላዘር በሽታን ለመከላከል 3 ከተጓዳኝ ጫና የተነሳ 4	
218	ኮንደም ሁል ጊዜ ወይንም በጭራሽ የማይጠቀሙ ከሆነ፣ ያልተጠቀሙበት ዋናው ምክንያት ምንድ ነው?	ኮንደም ስለማይገኝ 1 ዋጋው ውድ ሥለሆነ 2 ባለቤቴ/ተጓዳኜ ሥላልተስማማ/ች 3 መጠቀም ሥለማልወድ 4 ባለቤቴ/ተጓዳኜን ሥለማምነው 5 መግዛት ስለሚያሳፍረኝ 6 ሌላ የቤተሰብ ምጣኔ ስለምጠቀም 7	

ክፍል III- ሥለ ኤች.አይ.ቪ ግንዛቤና ሥለበሽታው ተጋላጭነት

ቁጥር	መለኪያ	ምላሽ	ዝለል

ቁጥር	መለኪያ	ምላሽ	ዝለል
300	ጤናማ አቻም ያለው ሰው በ ኤች.አይ.ቪ ሊያዝ ይችላል የሚል እምነት አለህ?	የለኝም 1 አዎ አለኝ 2	
301	ኤች.አይ.ቪን መከላከል ይቻላል?	አይቻልም 1 መከላከል ይቻላል 2	
302	ኤች.አይ.ቪ የያዘው ሰው ከኤች.አይ.ቪ ሊድን ይችላል?	አይችልም 1 ሊድን ይችላል 2	
303	አንድ ሠው በ ኤች.አይ.ቪ መያዙን እንዴት ማወቅ ይችላል?	በመመልከት 1 የደም ምርመራ በማድረግ 2 ሌላ 3	
303.1	ሌላ የሚል ምላሽ ከሰጡ ዕባክዎ ይግለጹት	_____	
304	ኤች.አይ.ቪ በደማቸው ያለ ሠዎች የትዳር አጋሮቻቸውንና ቤተሰባቸውን በቫይረሱ እንዳይያዙ እንዴት መከላከል ይችላሉ?	ከግብረ ሥጋ ግንኙነት በመታቀብ 1 ሥለታማ እቃዎችን ባለመጠቀም 2 በግኙኝነት ወቅት ኮንደም በመጠቀም 3 አካላዊ ንክኪን በማስወገድ 4 ሌላ 5	
304.1	ሌላ የሚል ምላሽ ከሰጡ ዕባክዎ ይግለጹት	_____	
305	ኤች.አይ.ቪ በደማቸው ያለ ሠዎች የትዳር አጋሮች ከኤች.አይ.ቪ ነፃ ሊሆኑ ይችላሉ?	አይችሉም 1 ሊሆኑ ይችላሉ 2 አላውቅም 99	

ክፍል IV- ሥለ ኤች.አይ.ቪ ምርመራና የምክክር አገልግሎት ግንዛቤ እና ውጤትን ሥለ መግለጽ

ቁጥር	መለኪያ	ምላሽ	ዝለል
400	የኤች.አይ.ቪ ምርመራና የምክክር አገልግሎት ቫይረሱ በደማቸው ውስጥ ላለ ሠዎች ቤተሰብና የትዳር አጋር እንደሚሰጥ ሠምተው ያውቃሉ?	አልሰማሁም 1 አዎ ሠምቻለሁ 2	ምላሽ1 ከተሰጠ፣ ቁ. 402ን ዝለል
401	የኤች.አይ.ቪ ምርመራና የምክክር አገልግሎት ቫይረሱ በደማቸው ውስጥ ላለ ሠዎች ቤተሰብና የትዳር አጋሮች ጠቃሚ ነው?	ጠቃሚ አይደለም 1 አዎ ጠቃሚ ነው 2	
402	ቫይረሱ በደማቸው ውስጥ ላለ ሠዎች ቤተሰብና የትዳር አጋሮች ሥለሚደረግ የኤች.አይ.ቪ ምርመራ ከየት ሠሙ?	ከቤተሠብ አባላት 1 ከጎደኛ 2 ከመገናኛ በዙሃን 3 ከጤና ባለሙያ 4 ሌላ 5	
402.1	ሌላ የሚል ምላሽ ከሰጡ ዕባክዎ ይግለጹት	_____	
403	የኤች.አይ.ቪ ምርመራና የምክክር አገልግሎት ቫይረሱ በደማቸው ላለ ሠዎች ቤተሰብና የትዳር አጋሮች ምን ያክል ጠቃሚ ነው?	በጣም ጠቃሚ ነው 1 ጠቃሚ ነው 2 በተወሰነ መልኩ ጠቃሚ ነው 3 ጠቃሚ ዓይደለም 4	
404	የትዳር ዓጋርዎ የኤች.አይ.ቪ ምርመራ ዕንዲያደርጉ አነሳስተው ያውቃሉ?	አላውቅም 1 አዎ ዓውቃለሁ 2	ምላሽ 1ከሆነ፣ ቁ. 406ን ዝለል
405	የቤተሠብ አባላትዎ የኤች.አይ.ቪ ምርመራ ዕንዲያደርጉ አነሳስተው ያውቃሉ?	ዓላውቅም 1 አዎ ዓውቃለሁ 2	ምላሽ 1 ከሆነ፣ ቁ. 406ን ዝለል
406	ለትዳር ዓጋርዎ/ ለቤተሰብ አባላትዎ የኤች.አይ.ቪ ምርመራ ያነሳሱበት ምክንያት ምን ነበር?	የኤች.አይ.ቪን ሥርጭት ለመከላከል 1 ከጤና ባለሙያዎች ሥለተነገረኝ 2 የባለቤቴን ውጥት ለማወቅ 3 የቤተሠቤን ውጥት ለማወቅ 4 ከባለቤቴ ሥለተጠየኩ 5 ከቤተሠቤ ሥለተጠየቅኩ 6	

ቁጥር	መለኪያ	ምላሽ		ዝለል
407	የትዳር ዓጋርዎ/ተጓዳኝዎ የኤች.አይ.ቪ ምርመራ አድርገው ያውቃሉ?	አያውቁም አዎ ያውቃሉ አላውቅም	1 2 3	ምላሽ 1 ከሆነ ቁ. 409 እና 410 ይዘለል
408	የትዳር ዓጋርዎና የቤተሰብ አባላትዎ የኤች.አይ.ቪ ምርመራ የሚያደርጉበት ቦታ የት ቢሆን ይመርጣሉ?	በህዝብ ጤና ድርጅት በኤንጂኦ ክሊኒክ/ጤና ድርጅት በግል ክሊኒክ/ጤና ድርጅት በቫይረሱ የተያዙ ባቐቐሙት ማኅበር በቤት	1 2 3 4 5	
409	የትዳር ዓጋርዎ/ተጓዳኝዎ የኤች.አይ.ቪ ምርመራ ካደረጉ፣እንድያደርጉ የወሰነው/ያነሳሳው ማነው?	እኔ ባለቤቴ/ተጓዳኜ በጋራ ነው የወሰንነው	1 2 3	
410	የትዳር ዓጋርዎ በየሥንት ጊዜ የኤች.አይ.ቪ ምርመራ ደግመው ያደርጋሉ?	በየወሩ በየሦስሥት ወሩ በየስድስት ወሩ በየዓመቱ	1 2 3 4	
411	ከትዳር ዓጋርዎ ሌላ የቤተሰብ አባለትዎ የኤች.አይ.ቪ ምርመራ አድርገው ያውቃሉ?	አያውቁም አዎ ያውቃሉ አላውቅም	1 2 3	ምላሽ 1 ከሆነ ቁ. 412 ይዘለል
412	የቤተሰብ አባላትዎ የኤች.አይ.ቪ ምርመራ በየሥንት ጊዜው ደግመው ያደርጋሉ?	በየወሩ በየሦስሥት ወሩ በየስድስት ወሩ በየዓመቱ	1 2 3 4	
413	የትዳር ዓጋርዎ/ተጓዳኝዎ ከኤች.አይ.ቪ ነፃ መሆናቸውን ቢያውቁ ቫይረሱ በደምዎ ውስጥ መኖሩን ይገልጹላቸዋል?	አልገለፅላቸውም አዎ ገልጽላቸዋለሁ እርግጠኛ አይደለሁም	1 2 3	
414	የትዳር ዓጋርዎ/ተጓዳኝዎ ከኤች.አይ.ቪ ነፃ መሆናቸውን ካወቁ፣ በቫይረሱ እንዳይያዙ ለማድረግ ምን እርምጃ ይወስዳሉ?	ከግብረ ሥጋ ግንኙነት መታቀብ ግንኙነት አዘውትሮ አለማድረግ ያለማቐረጥ ኮንደም መጠቀም	1 2 3	
415	የ ኤች.አይ.ቪ ቫይረስ በደምዎ ውስጥ መኖሩን ለሌላ ሰው ገልጸው ያውቃሉ?	አልገለፅኩም አዎ ገልጫለሁ	1 2	ምላሽ ቁ.1 ከሆነ ቁ. 416 ይዘለል
416	የኤች.አይ.ቪ ቫይረስ በደምዎ ውስጥ መኖሩን ለማን ገልጸዋል?	ለባለቤቴ/ተኝዳኜ ለቤተሠብ አባላት ለሽደኞቼ ለባለቤቴ እና ለቤተሠብ አባላት ለሁሉም	1 2 3 4 5	
417	የኤች.አይ.ቪ ቫይረስ በደምዎ ውስጥ መኖሩን ለባለቤትዎ/ለቤተሰብዎ የመግለጽ ፍላጎት ነበርዎት?	አልነበረኝም አዎ ነበረኝ እርግጠኛ ዓይደለሁም	1 2 3	
418	የኤች.አይ.ቪ ቫይረስ በደምዎ ውስጥ መኖሩን ለባለቤትዎ/ተጓዳኝዎ ያልገለጹበት ምክንያት ምን ነበር?	ዓድልዎ እና መገለልን ፍራቻ ፍቺን/መለያየትን ፍራቻ የትዳር ዓጋሬ ውጤቱ/ዋን ሥላወቀ ሥለኤች.አይ.ቪ ለመወያየት ስላልፈለገ/ች ተመሳሳይ ውጤትይኖረናል በሚል ውጤቴን ለመግለጽ አሳማኝ ምክንያት ስላጣሁ	1 2 3 4 5 6	
419	የኤች.አይ.ቪ ቫይረስ በደምዎ ውስጥ መኖሩን ለባለቤትዎ/ተጓዳኝዎ መግለጹ ምን ጥቅም ያስገኛል ብለው	ቫይረሱ እንዳይሰራጭ ይከላከላል ጭንቀትን ያስወግዳል	1 2	

ቁጥር	መለኪያ	ምላሽ	ዝለል
	ያስባሉ?	ህክምና እርዳታ ፍላጎትን ይጨምራል 3 የቤተሰብ አባላት እንዲመረመሩ ያነሳሳል 4	
420	የተለያየ የኤች.አይ.ቪ ውጤት ያላቸው በጋብቻ የተሳሰሩ ጥንዶች በጤና ድርጅቶች ውስጥ ድጋፍ እንደሚሰጣቸው ያውቃሉ?	አላውቅም 1 አዎ አውቃለሁ 2 እርግጠኛ አይደለሁም 3	

ክፍል V- የኤች.አይ.ቪ ምክክር እና የምርመራ አገልግሎት አሠጣጥ መጠይቅ

ቁጥር	መጠን/መለኪያ	ምላሽ	ዝለል
500	ባለቤትዎና ቤተሰብዎ የኤች.አይ.ቪ ምርመራ እንድያደርጉ በአቅራቢያዎ ወደ ሚገኝ የጤና ድርጅት ሊወስዱዋቸው ፈቃደኛ ኖት?	ፈቃደኛ ዓይደለሁም 1 ፈቃደኛ ነኝ 2 እርግጠኛ አይደለሁም 3	
501	የጤና ባለሙያዎች የገለጹላቸውን የግል ሚስጢር ይጠብቃሉ የሚል እምነት አለዎት?	አይጠብቁም 1 እዎ ይጠብቃሉ 2 እርግጠኛ አይደለሁም 3	
502	የትዳር ዓጋርዎ ከ ኤች.አይ.ቪ ነጻ ሊሆኑ ይችላሉ ብለው ያምናሉ?	አላምንም 1 አዎ አምናለሁ 2	

DECLARATION

I, the undersigned, declare that this is my original work and has never been in this or any other university and that all source of materials used for the thesis and individuals contributed for it have been fully acknowledged.

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