

ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCES
DEPARTMENT OF NURSING AND MIDWIFERY

**ASSESSMENT OF ETHICAL BELIEFS TOWARDS HIV/AIDS PATIENTS AMONG
NURSING STUDENTS IN ADDIS ABABA UNIVERSITY, ETHIOPIA**

By: Dereje Chala Diriba (BSc.)

**A thesis submitted to the School of Graduates Studies of Addis
Ababa University in partial fulfillment of the requirements for the
degree master's of science in Adult Health Nursing, Department of
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June, 2011 G.C.
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Advisor: Sr. Atsede Feleke (RN, BScN, MSN)

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List of Abbreviations and Acronyms

AAU	Addis Ababa university
ABPSHA	Attitude, Beliefs, and Practice survey of HIV and AIDS
AIDS	Acquired Immuno Deficiency Syndrome
ANA	American Nurses Association
AOR	Adjusted Odds Ratio
ART	Anti Retroviral Treatment
CEP	Continuing Education Program
COR	Crude Odds Ratio
ENA	Ethiopian Nurses Association
HAPCO	HIV/AIDS Prevention and Control
HIV	Human Immunodeficiency Virus
ICN	International Council of Nurses
IRB	Institutional Review Board
MOH	Ministry of Health
NYSAC	New York State AIDS Confidentiality.
PWA	People With AIDS
PI	Principal Investigator
SA	South Africa
SPSS	Statistical Package for Social Science
US	United States
UNAIDS	Joint United Nations Program on HIV/AIDS
WHO	World Health Organization

Abstract

Background: Ethical issues associated with Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome are challenging and complex because of beliefs about disease, stigma surrounding the epidemic, lack of knowledge and fear of human immunodeficiency virus/Acquired immunodeficiency syndrome. Pillars of ethical principles; autonomy, beneficence, non maleficence and justice guide the delivery of health care. No nursing students in the United States and 11.5 % of South Africa held beliefs that were fully supportive of the ethical standards of practice in the context of human immunodeficiency virus/Acquired immunodeficiency syndrome.

Objective: To assess the ethical beliefs of nursing students towards HIV/ AIDS patients in Addis Ababa, Ethiopia from October 2010 to April 2011.

Methods and materials: An institution based cross sectional study design was used from October 2010 to April 2011. Samples of 210 of nursing students were recruited by proportionate systematic random sampling technique. Questions were pretested and collected by self administration method. The collected data was controlled and cleaned properly for consistency and entered into Epi info version 3.5.1 software and transferred to SPSS version 15.0 for analysis. Results were presented using frequency table and appropriate graphs. Finally, binary and multinomial logistic regression was used to predict the outcome variables and control the confounding factors.

Results: 11.9% of respondents were fully supportive, 22.9% were partially supportive and 65.2% were non supportive of the ethical standards of nursing practice towards human immunodeficiency virus/Acquired immunodeficiency syndrome patient. There was significant association between history of care at non-clinical setting (Crude odds ratio=2.07) and having family died of AIDS, and support on ethical standards.

Conclusions: A staggering proportion of nursing students in Addis Ababa University had beliefs about human immunodeficiency virus/Acquired immunodeficiency syndrome patient's care that do not reflect the inherent ethical standards of nursing practice. History of giving care for HIV/AIDS at non-clinical setting, respondents from rural area, having history family died of HIV/AIDS, and who didn't belief admission of Acquired Immunodeficiency Syndrome patients to separate room affects the support of ethical standards.

Recommendation: Mentoring experiences about complex ethical issues related to HIV/AIDS patient care should be given by clinical instructors; so that they can be committed to the ethical standard beliefs related to HIV/AIDS patient care.

Key words: ethical beliefs, HIV/AIDS, nursing students

CHAPTER ONE

1. Introduction

1.1. Background

Ethical beliefs are beliefs of an opinion or conviction of what is right or wrong, good or bad, fair or unfair and responsible or irresponsible. Ethics makes sound of morality. Ethical beliefs related to Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) are most emphasized on an opinion of what is right or wrong, good or bad, fair or unfair during provision of health care by students or by any professions pertaining HIV/AIDS on prevention, control, testing, and treating HIV/AIDS patients. Ethical issues associated with HIV/AIDS are challenging and complex because of beliefs about HIV/AIDS, stigma surrounding the epidemic, lack of knowledge and fear of HIV/AIDS (1, 2).

Four fundamental Hippocrates oath pillars of ethical principles generally guide delivery of health care. Those are autonomy (right to self-determination), beneficence (acting in the best interest of patient), non-maleficence (do not harm your patient), and justice (fairness and equal distribution of care). Ethical principles should guide policy formulation and implementation in HIV/AIDS health policy. There should be no infliction of harm on people, including those living with HIV/AIDS or suspected of it. Although the ethical principles are useful guidelines that help to focus discussion, they cannot be mechanically or rigidly applied. Those above ethical principles are developed and reflected by World Health Organization (WHO), International Council of Nurses (ICN) and American Nurses Association (ANA). Those associations recommend that every health care of individual should follow the principles of health ethics (2, 3, 4).

Nurse is responsible to know and understand current legislation relating to practice, communicate with others in a way that demonstrates respect and sensitivity; uphold the ethical code, philosophy, value and norms of the profession and conduct oneself in a “professional and refined” manner. Since nursing students are expected to be a nurse in their future career, the students should be aware of the ethical aspects in health care thoroughly (2, 3).

The ethical issues relating to confidentiality and partner notification within the context of HIV infection are complex. The right of the individual to confidentiality can be in conflict with the right of the partner to be protected from the risk of infection. Confidentiality is essential to prevent discrimination. On the other hand, the seriousness of the threat to the health of unsuspecting third parties resulted in the debate on informing people at risk, also known as ‘partner notification’. Informed consent is based on the Western notion of autonomy that patients have the right to know about their illnesses and make decisions about their health (5, 6).

According to total ethical belief score, most of nursing were not fully supportive on ethical standards of nursing practice. According to study done in United States (US) and South Africa (SA) by the year 2009, as the total ethical beliefs score ranked, 0% (n = 0) of nursing students in the US held beliefs that were fully supportive of the ethical standards of practice in the context of HIV and AIDS, and only 23.7% (n = 47) were supportive, whereas 76.3% (n = 151), held beliefs that were not supportive of the ethical standards of nursing practice. In contrast, 11.5% (n = 15) of nursing students from SA were fully supportive while 43.5% (n = 57) were supportive of the ethical standards of nursing care (2).

Proper nursing practice by fully supportive on ethical standards related to HIV/AIDS prevention and treatment may lead to proper achievement. If nursing care is to be delivered in an ethical

manner that promotes the human rights of all persons, it is critical for nursing education to help students self-assess their attitudes and beliefs, and critically appraise their practice environments. It is important to recognize that the attitudes or beliefs held by these student participants does not necessarily equate to a clinical practice that is unethical. My personal experience and some individuals said, students disclose and did not keep the patients HIV status when they practice.

Improper practicing and not fully supportive on ethical principles may lead to decrease in prevention and treatment of HIV/AIDS and perhaps increases prevalence of HIV/AIDS. Among all nurses, including nursing students, the clinical application of ethical principles may be influenced by personal experience, culture, knowledge, educational level and attitudes related to HIV/AIDS. Ethical beliefs are very subjective and individualized, yet most ethical views are shaped by the views of societal majority (7, 8).

Inappropriate practice of ethical principles related to HIV/AIDS might lead to stigma and discrimination. African countries, like Tanzania, have been criticized for failing to recognize human rights abuses against people living with HIV. Discrimination, which hastens spread of the disease forcing it underground, is found even among medical personnel who discloses patient information without consent or refuse to treat patients with HIV/AIDS (9).

Patient's negative interactions with health care providers can have important implications for the health and health care of HIV-positive individuals. As study carried out in Cameroon by the year 2004 on HIV positive individuals, showed that a majority of participants had perceived discrimination in their interactions with health care providers when getting treatment for HIV. HIV disclosure to one's main partner was reported by 86.3% of women, but conversely only 46% knew their partner's serostatus. Regarding sexual behavior with one's main partner during the

previous three months, 47.4% only had safe sex, 17.6% had engaged in unsafe sex at least once and 35.0% declared abstinence with their main partner (10, 11).

An ethical principle practice properly is mandatory because HIV/AIDS challenges and prevalence still exists in Ethiopia. The HIV/AIDS challenges for development, as it has a seven year decrease in life expectancy and a greatly reduced work force. As estimate sample survey conducted by the year 2008, HIV prevalence has declined to about 3.2% from 4.7% in urban areas. As another estimation done on 2007, an estimate of the percentage of adults (aged 15-49) living with HIV/AIDS in 2010 will be 2.10% (12).

1.2. Statement of the problem

Ethics of care is the most mandatory on provision of health care. Malpractice of ethics related to HIV/AIDS may be related with many impacts on disease prevention, control and treatment. Disclosures of HIV status can damage the privacy of persons living with HIV/AIDS and have other negative consequences such as stigma, discrimination, violence, and social isolation. Breaches of confidentiality pertaining serostatus of an individual and nurses who have poor attitudes toward HIV/ AIDS tend to negatively impact patient care (13). Encouraging sero-positive people to voluntarily disclose their serostatus has been promoted as a key component of HIV prevention (10).

As exploratory study conducted on 12 nursing students in Korea by a year 2009, only 4 of them said, Informed consent of treatment resolves the patient's curiosity and when any issue arises, it protects the position of the medical treatment and procedure. And the other study done on ethical beliefs on 198 nursing students in United states and on 136 nursing students in South Africa nearly 40% of the participants were willing, in certain circumstances, to test a patient for HIV

without the patient's knowledge or informed consent (SA: 39.4%, n = 52; US: 39.9%, n = 79), in SA the majority of students (53%, n = 70) were likely to disagree with this statement. In regards to routine testing of healthcare workers for HIV, South African participants were less likely to support this practice (43.9%, n = 87) than participants in the United States (62.6%, n = 124). In US, around 43.9%, (n = 87) of nursing students and in South Africa, around 36.4%, (n = 48) of nursing students were likely to support routine screening of patients upon admission to the hospital. This reveals that nursing students those who will test a patient for HIV without the patient's knowledge or informed consent were high, which may lead to decrease the person's willingness to attend HIV test (2, 7).

The study done in US and SA on confidentiality showed, in the United States, an increased number of participants (51.5%, n = 102) believed sexual partners of patients with HIV or AIDS should be notified of the patient's status, even without the patient's permission, whereas only 6.6% (n = 13) agreed that relatives of patients with HIV or AIDS should be notified of the patient's HIV status. Whereas in the South Africa were willing to breach patient confidentiality and inform both relatives (21.2%, n = 28) and sexual partners (26.0%, n = 34) of a patient's HIV serostatus without the patient's consent (2).

The same study conducted in United States and South Africa on the ethical beliefs revealed that 0% of the 198 nursing students in the US had beliefs that were fully supportive of the nursing standards of ethical practice regarding caring for HIV-positive persons, while only 11.5% of the South African participants were fully supportive. Despite their identified lack of training in HIV and AIDS, nursing students in South Africa were much more willing to protect patient confidentiality than nursing students in the United States. This indicates that 100% of US nursing

students and 88.5% of South Africa nursing students were not fully supportive by ethical standards (2).

As study conducted in Hawassa Referral Hospital on HIV/AIDS pts revealed, disclosing serostatus of patient leads to 24.6% abandonment, 55% anger, 56.8% blame, 27.7% stigma, 15.8% Violence and 14.3% break in relationship (24).

With a diagnosis of HIV/AIDS, the ethics involved in maintaining the patient's right to confidentiality, self determination and informed consent are critical. With ethical foundations for nursing practice introduced and developed in nursing profession, it is important to evaluate the current beliefs and practices of nursing students in order to improve the clinical practices of these future healthcare providers. Without consideration of ethical principles related to HIV/AIDS, the multitude actions during prevention, control, testing and treating may be meaningless.

1.3. Significance of the study

Since there were no study conducted related to this topic in our country, this study is useful to assess if ethical beliefs related to HIV testing, informed consent, serostatus disclosure, confidentiality, benefiting and treating fairly HIV/AIDS patients among nursing students in Addis Ababa University are reflective of the ethical values and guidelines relevant to nursing practice in our country. The study will also assess the factors those affects the student's ethical beliefs while giving care for HIV/AIDS patients. The study will also give clues for nurse educators, nurse care provider, and HIV/AIDS patient care giver and policy makers to consider the ethical principles in detail depending on the finding of the study.

CHAPTER TWO

2. Literature review

Ethics is the branch of philosophy that systematically and formally examines good and evil, the rightness and wrongness of human acts, the logic used in ethical arguments, and the assumptions upon which ethical decisions are based (19). The ANA Code of Ethics for Nurses with Interpretive Statements provides the framework for ethical decision making in nursing. The Code is based on the belief that nursing encompasses the promotion and restoration of health, the prevention of illness and the alleviation of suffering (20).

Nursing students' beliefs and attitudes related to HIV and AIDS are not congruent with the ethical principles guiding nursing. To facilitate support for the ethical principles of nursing in the context of HIV and AIDS, nursing students need guided experiences to assess personal attitudes and beliefs about HIV and AIDS and direct care opportunities to destigmatize the epidemic in order to meet the ethical standards of nursing practice (2). Nurses should endeavour as much as possible, individually and collectively, to advocate for and work toward eliminating social inequities through the ethical endeavours (21).

It is an ethical, legal and professional responsibility of nurses to care for persons with HIV/AIDS disease. Four fundamental Hippocrates Oath pillars of ethical principles for health care generally guide the ethical delivery—autonomy, beneficence, non-maleficence, and justice (1, 2).

Concerning autonomy, it is an individual's right to self-determination wherein the patient is made aware of all the possible risks and benefits of all performed procedures and interventions,

and in a free and voluntary nature makes an informed decision. Respecting the autonomy of an individual is a value of independent of particular circumstances. Kant argued that respect for autonomy flows from the recognition that all persons have unconditional worth, and each has the capacity to determine his or her own destiny. To violate a person's autonomy is to treat that person merely as a means to an end, in accordance with one's own goals and purposes without any recognition of his or her goals, values, and intended ends. To reject that individual's goals and objectives or to restrict that individual's freedom to act on those goals and purposes is a failure to respect his or her autonomy (10). According to UNAIDS on human rights, individuals have the capacity and right to make choices and decisions about their bodies (33, 35).

As exploratory study done in Korea by the year 2009, only 4 nurses said “Informed consent of treatment resolves the patient’s curiosity and when any issue arises, it protects the position of the medical treatment and procedure. When a problem occurs then, the patient can bring up legal suit. Nurses felt that these incongruent perceptions appeared to be at the root of many misunderstandings during the process of informed consent in Korea. Out of 12 nurses’ asked for perception of their role in informed consent, 6 of them said “We do not know the details of the operation, we hesitate because we might use wrong words or provide misleading information that can cause confuse to the patient.” (22). As other investigation done in US and SA, nearly 40% of the participants were willing to test a patient for HIV without the patient’s knowledge or informed consent. The Canadian study demonstrated that some participants felt that HIV testing should occur even without patient consent, as in the case of needle stick injuries, and further supported HIV testing as part of routine blood work for patients (32).

Regarding HIV testing, recognizing serostatus of HIV is very necessary for health professionals. As study showed for the beliefs to be tested for HIV in US and SA, South Africa students are likely to have been tested for HIV (36.9%, n = 48), and when tested, test positive 6.9% (n = 9). South African participants were likely to have provided care to individual with HIV or AIDS away from their student nurse responsibilities and experienced the death of a family member or friend due to HIV or AIDS. In regards to routine testing of healthcare workers for HIV, students in the US 62.6% (n = 124) and 43.9% (n = 87) in SA were support the testing for HIV (2).

Pertaining disclosure of information, confidentiality and partner notification within the context of HIV infection is complex. The right of the individual to confidentiality can be in conflict with the right of the partner to be protected from the risk of infection. Confidentiality is essential to prevent discrimination. On the other hand, the seriousness of the threat to the health of unsuspecting third parties resulted in the debate on informing people at risk, also known as 'partner notification'. In order to give holistic care, professional nurses must have access to all available information necessary to deliver quality nursing care while assuring and maintaining the client's confidentiality. According to New York State's AIDS Confidentiality Law (NYSAC) encourage voluntary, confidential testing; limit the risk of discrimination and harm to an individual's interest in privacy; assure that HIV related information is not improperly disclosed; and provide rules for the handling of HIV related information. All health care practitioners must follow the parameters established by this law (10, 26).

Uys believes that the enforcement of strict confidentiality laws undermine the control of HIV disease by establishing an environment of secrecy leading to blame, denial, suspicion and rejection (21). However, the Code of Ethics for Nurses with Interpretative Statements explicitly states, 'privacy and confidentiality are basic rights in our society. Safeguarding those rights, with

respect to an individual's personal health information, is our ethical and legal obligation as health care providers" (22, 24). UNAIDS declaration on confidentiality said that people have a right to keep confidential any information which is highly personal and the divulgence of which could be detrimental for them, including information about their HIV/AIDS status (33). Health care providers may also be permitted disclose a patient's HIV infection to person's at risk of infection without legal penalty (34).

A descriptive study in US and SA about confidentiality demonstrates that in US, 51.5% (n = 102) believed sexual partners of patients with HIV or AIDS should be notified of the patient's status, even without the patient's permission, where as only 6.6% (n = 13) agreed that relatives of patients with HIV or AIDS should be notified of the patient's HIV status where as in SA around (21.2%, n = 28) and sexual partners (26.0%, n = 34) of a patient's willing to breach HIV serostatus without the patient's consent. When they asked as it was nurse's responsibility to notify sexual partners of the patient's HIV status, US participants who agreed were 22.7% (n = 45) where as in SA were around to 21.4% (n = 28). The American Nurses Association's position statements repeatedly indicate that nurses must protect an individual's right to privacy and decision-making with regards to disclosure of their HIV status (2).

As study done in Hawassa Referral Hospital the year 2009 on HIV/AIDS patients, 132 (40%) were received kindnesses, 85 (25.8 %) neutral get positive outcome. The negative outcome of sero-status disclosure leads to abandonment 81 (24.6%), anger 181 (55%), blame 187 (56.8%), stigma 91 (27.7%) and break up in the relations (24).

Regarding distributive justice, the burdens and benefits of HIV/AIDS policy should be distributed equitability among the population. No groups or individuals should be discriminated against in

the context of HIV/AIDS. All peoples and groups should be treatment fairly and equally. Medical ethics enforces that health professionals must treat, to the best of their ability all persons seeking their medical attention without discrimination and prejudice based on the origin or nature of the patient's illness including HIV/AIDS (33).

The environment of HIV/AIDS care is necessary on the process of HIV/AIDS treatment. According to study done in US and SA, 13.1% (n = 26) of American nursing students and 4.1% (n = 6) of nursing students in the South Africa felt that the rooms/beds of HIV-positive individuals should be clearly marked to inform hospital workers of the patient's HIV status. Around 54.4% (n = 108) of American and 17.6% (n = 23) of SA nursing students said, the charts of HIV-positive patients should be clearly marked, in order to notify hospital staff (2).

As study conducted in US and SA, 0% in the United States and 11.5% (n = 15) in South Africa nursing students held beliefs that were fully supportive of the ethical standards of practice in the context of HIV and AIDS. About 23.7% (n = 47) in US and 43.5% (n = 57) in SA were supportive of ethical standard where as 76.3% (n = 151) in US and 45% (n = 59) in held beliefs that were not supportive of the ethical standard practice by total ethical belief measure (2).

Many factors affect ethical principles application while giving care for HIV/AIDS patient. An attitude toward HIV/AIDS is one of the factor which affect ethical beliefs. The general attitudes of nurse students towards HIV and AIDS and people with HIV/AIDS in general are fearful and negative. About one-third of the students (35%) said they had no fears of being in contact with a person with HIV/AIDS. Over half (55%) were not worried about their family or friends being in contact with a person with HIV/AIDS (1). As study conducted in China on nursing students'

attitudes toward HIV/AIDS by the year 2006, the means of the empathy and avoidance items were 30.7%, and 48.6% respectively (19).

As study conducted in three countries revealed, the overall score for nursing students' general attitude towards HIV/AIDS patients was 3.3. Nursing students who knew someone with HIV/AIDS showed more positive attitudes than those who did not (10).

Gender and cultural difference affects the application of ethical principles. As study conducted in USA by the year 1998, male were significantly more inclined with mean of (2.62 ± 0.97) , whereas (3.20 ± 1.12) in female protect rights of spouse/sexual partner of HIV/AIDS (27). As other study done in Hong Kong, male have higher ethical standard than females (29).

Religion played an important role in affecting ethical attitudes, however, its effect varied with different types of religions; Christianity was found to be most favorable to higher ethical standards. Religion which preaches retributive justice may provide stronger incentive for believers to behave morally (26). Considering education, individual with a higher level of education tended to demonstrate higher ethical sensitivity. Practice more unethical with a graduate degree (29-30).

2.1. Conceptual framework

To specify the basic ethical principles application, diverse dimensions were selected from a theoretical framework whose psychometric qualities had been tested in a previous study. This model is specifically aimed to study ethical principles beliefs related HIV/AIDS care. Many factors may influence the application and beliefs of ethical principles while giving care for HIV/AIDS by considering nursing standard. The following indicate the conceptual framework of factors those affect ethical beliefs and application with ethical beliefs outcome.

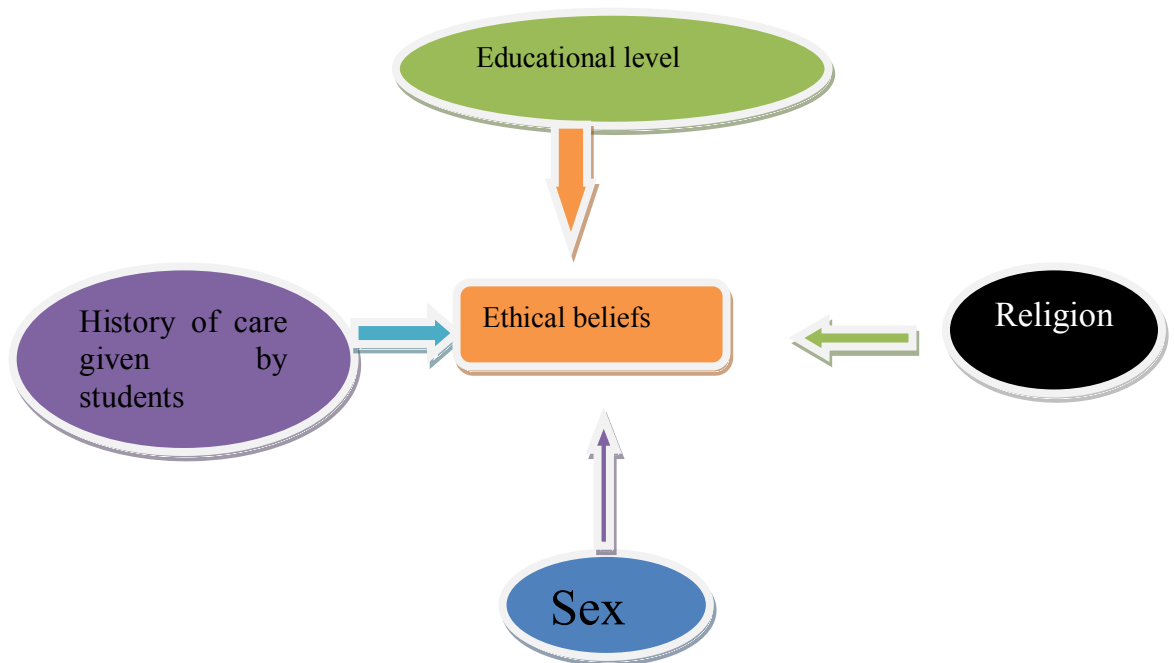


Figure 1. Modified conceptual framework on factors which affect ethical beliefs appli while giving care (Blondeau et al., 2004).

CHAPTER THREE

3. Objectives

3.1. General objective

To assess the ethical beliefs of nursing students towards HIV/ AIDS patient in Addis Ababa University from October 2010 to April 2011.

3.2. Specific objectives

1. To assess nursing student's belief related to autonomy of a person for HIV test and care in Addis Ababa University
2. To assess the student's belief related to benefiting the HIV/AIDS patient in Addis Ababa University
3. To identify factors that affect student's ethical beliefs in Addis Ababa University.

CHAPTER FOUR

4. Methods and Materials

4.1. Study Area

The study was conducted in Addis Ababa University College of health sciences Department of Nursing and midwifery (formerly Haile Selassie I University) which is found in Addis Ababa city. It was originally named "University College of Addis Ababa" at its founding, and then renamed for the former Ethiopian emperor Haile Selassie I in 1962, receiving its current name in 1975.

Although the university has six of its seven campuses within Addis Ababa (the seventh is located in Debre Zeit), it also maintains branches in many cities throughout Ethiopia, leading to the claim of being "the largest university in Africa." The government assigns qualified students to this university as assign to others upon completion of preparatory program for regular students from secondary school and competent diploma holder for continuing education program.

A University encompasses three schools, two colleges, three institutes, five faculties and one research and publication studies. Department of nursing and midwifery is one of the program which enroll 383 students by regular and extension programs and earns Bachelor of Science for undergraduate and master of nursing for master's students under college of health sciences. The department has been providing learning and teaching activities at Black lion and St. Paul hospitals. At current the department has 2nd and 3rd year extension, 1st, 2nd, 3rd year regular and 1st and 2nd year postgraduate students.

4.2. Study period

The study was conducted in Addis Ababa University College of health sciences department of Nursing and midwifery on nursing students from October 2010 to April 2011.

4.3. Study design

Institution based quantitative descriptive study method with a cross-sectional study was used.

4.4. Population

4.4.1. Source population

The source populations for this study were all nursing students in Addis Ababa University.

4.4.2. Study population

The study populations include all randomly selected nursing students from 2nd, 3rd year regular and extension, and master of nursing students in Addis Ababa University.

4.5. Inclusion and exclusion criteria

4.5.1. Inclusion criteria

All regular and extension undergraduate students and all postgraduate nursing students in Addis Ababa University, department of nursing and midwifery were included in the study.

4.5.2. Exclusion criteria

First year nursing students, since they didn't take introduction to professional nursing and Ethics course, students who were not present during data collection were not included in the study.

4.6. Sample Size

To determine the sample size, the following assumptions were made. The proportion of nursing students who supported on ethical issues related to support HIV/AIDS patients was 43.5% which was taken from study conducted in South Africa (2). Marginal error between sample size and population parameter of 5%, and 95% confidence level, and 10% non- response rate was considered.

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

Where: **n**- estimated sample size

p- The proportion of success population (0.435) from study conducted in South Africa.

d- Margin of error- 0.05

Z $\alpha/2$ = value of standard normal distribution corresponding to a significance level of alpha (1.96 for a two-sided test at the 0.05 alpha level)

Accordingly,

$$n = \frac{(1.96)^2 \times (0.435 \times 0.565)}{(0.05)^2} = 378$$

Since the study population is less than 10,000 which is 383, I applied finite sample size correction formula as:

$$n_f = \frac{n}{1 + n/N}$$

Where n_f . Final sample size

n- Calculated sample size

N= total study population

$$n_f = \frac{378}{1 + 378/383}$$

$$= 191 + 19 \text{ (non- response rate)}$$

$$n_f = \underline{210}$$

4.7. Sampling Technique

A proportionate to sample size with systematic random sampling technique was employed to select individual study participant. List of regular and extension nursing students who were enrolled both as undergraduate and postgraduate program who were going to be included in the study was taken from the respective coordinator of nursing unit and programs, then the selection of 210 study participants were performed. Sampling was performed by entire sections and program by calculating equal proportion to sample size. About 16 second and 31 third year regular, 56 second and 72 third year extension undergraduate students were recruited. Around 19 first year and 16 second year postgraduate students were selected to participate on the study.

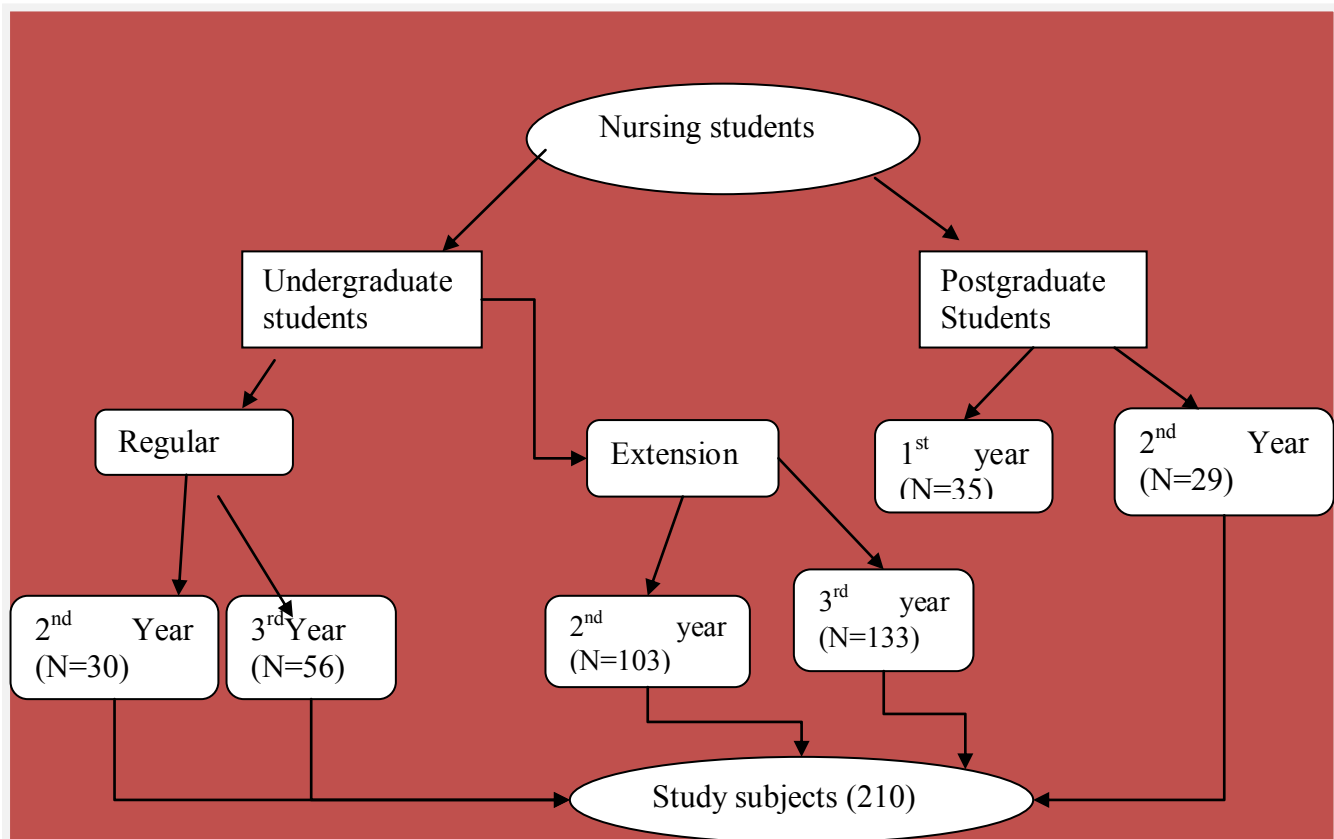


Figure 2. Schematic presentation of sampling procedure to select study participants in AAU, 2011.

4.8. Data collection Tools

A semi-structured questionnaire was prepared by the investigator based on UNAIDS Model Questionnaire for Attitudes, Beliefs, and practices survey about HIV and AIDS (ABPSHA) based on the study objectives. The questionnaire contains socio-demographic characteristic, beliefs about testing, confidentiality, beneficence, non-maleficence, justice and environment of care and factors affecting application of ethical principles while giving care for HIV/AIDS patients which was prepared in English language then translated to Amharic language for ease of use. Eight Likert-type questions from the “Beliefs” part of the survey specifically assessed the participants’ beliefs about testing, confidentiality, beneficence, non-maleficence and disclosure, and environment of care was used as instrument.

4.9. Data collection procedure

Data was collected by self administered questionnaire. The questionnaires were distributed for selected students in the class in the form of exam and the data collector closely followed the collection of filled questionnaire.

One data collector was recruited from experienced data collector who was qualified as nurse diploma. One day training was given for her focusing on the objective of the study, value of collecting the actual data and ways of data collection and data handling. The questions were discussed one-by-one on unclear sentence and words. Every day the data collected were checked for consistency and packed and given to principal investigator.

4.10. Measurement Variables:

4.10.1. Dependent variable:

Ethical beliefs of nursing students towards HIV/AIDS patients

4.10.2. Independent variables:

Socio-demographic characteristics like sex, age, home town, religion, ethnicity, level of education of nursing students.

4.11. Data Processing and Analysis

The data were first coded by giving ID Number, edited, and filtered. The data were entered and cleaned by using Epi Info version 3.5.1 soft ware, and after clearance, the data was exported to statistical package for social science (SPSS) soft ware package version15.0 for analysis. Frequency count, percentages and statistical significance were done in data analysis process and one-way tables, graphs were used for data presentation. On ethical beliefs, the options were given as likert scale which was offered the following value: strongly agree/ agree =3, neutral =2 disagree/strongly disagree 1. The significant of association were considered if P-value <0.05 at 95% confidence interval. Bivariate and multivariate logistic regression was used to predict the outcome variables and control the confounding factors.

4.12. Data quality control

Pre-test: Pre-test was conducted on 10% of estimated sample size at Wollega University 2nd and 3rd year undergraduate regular and weekend nursing students were selected by systematic random sampling method. The collected data was checked for questions clarity, consistency, statistical analysis were performed by Epi Info version 3.5.1 and SPSS version 15 and necessary amendment were taken depending on feedback from respondents.

The collected data were packed and submitted to principal investigator daily by data collector. All filled questionnaires were checked daily for completeness, clarity and consistency by the

principal investigator and fully uncompleted data were discarded. Data was entered and analyzed carefully.

4.13. Ethical Considerations

Ethical clearance was obtained from Institutional Review Board (IRB) of Addis Ababa University, College of Health sciences, department of Nursing & Midwifery. Official letter was written to nursing unit, evening and postgraduate program coordinators. Participants were informed that privacy and confidentiality will be maintained. At individual level, necessary information was given for sampled study participant on information sheet and informed consent was obtained prior to their participation.

The study subjects were informed that the study process will have no harm to them and confidentiality will be maintained for their anonymity. Any study participants who were not willing to be included in the study were not forced to be included in the study.

4.14. Dissemination of the results

After the finding of the study presented at department of Nursing and Midwifery and necessary comments will be offered. Then, study will be disseminated to the policy makers in Ministry of Health (MOH), Ethiopian Nurses Association (ENA), HIV/AIDS Prevention and Control Office (HAPCO), Addis Ababa University Department of Nursing and Midwifery library and other governmental and non-governmental organizations those has been working on HIV/AIDS. It will be also present on professional seminars.

4.15. Operational Definitions

Ethics: - Student's systematic and formal examination of good and evil, the rightness and wrongness of human acts, the logic used in ethical arguments related to HIV/AIDS.

Ethical beliefs: Beliefs of ethical principles and standard applications while providing care, doing test of HIV, and respecting confidentiality of patient information.

- Fully supportive of the ethical standards: 24 ethical beliefs score
- Supportive of the ethical standards: 20-23 ethical beliefs score
- Non-supportive of the ethical standards: 8-19 ethical beliefs score

Ethical issue: Problem related to ethical principles for decision making.

Ethical standards: Standards of ethical principles that promote values in nursing practice related to HIV/AIDS care

Nursing students: - Both undergraduate and postgraduate students who were enrolled as nursing students under department of nursing and midwifery.

Privacy: - Right of individual to limit access by others to some aspects of their person, including health information.

Professional codes: A framework of ethical decision making in nursing profession.

CHAPTER FIVE

5. Results

5.1. Socio-demographic characteristics of the respondents

The socio-demographic characteristics of respondents are shown in table 1. A total of 210 nursing students were participated in this study, showing the response rate of 95.71%. The majority of the respondents were female 130 (64.7%), while male constitutes 71 (35.3%). The mean age of all respondents was 29.71 ± 7.54 (SD) years. Regarding religion of the respondents, they follows orthodox Christian 119 (59.2%) followed by protestant 54(26.9%).

Pertaining to the ethnicity of the respondents, almost half of them was Amhara 100 (49.8%) followed by Oromo 40 (19.9%), where as Gurage takes about 25 (12.4%). The majority of the study participants 140 (69.7%) came from urban and 61 (30.3%) from rural area when they were asked for their home town. Regarding their marital status, about half of study respondents were single (never married) 104 (51.7%) while married respondents accounts around 93 (46.3%).

The majority of the study participants 167 (83.1%) were undergraduate students and most of the respondents 123 (61.2%) follow continuing Education Program (CEP) by extension program and about 1/3rd attended as regular program. Most of the respondents were third year which were 119 (59.2%) where as 49 (24.4%) were second year and about 34(16.9%) were postgraduate studies master of science in nursing students, of which 19 (9.4%) and 15 (7.5%) were first and second year students. Regarding occupation of the evening program students, most of them 84 (68.3%) were government employees, while those working non government organization (NGO) constitutes 22(17.9%).

Table 1: Percentage distribution of socio-demographic characteristics of respondents, Addis Ababa University, 2011

<i>Demographic</i>	<i>Characteristic</i>	<i>Number (%)</i>
<i>Sex</i>	<i>Male</i>	71 (35.3)
	<i>Female</i>	130(64.7)
<i>Age</i>	<i>Mean(range)</i>	29.71 (34) years
<i>Religion</i>	<i>Orthodox</i>	119 (59.2)
	<i>Protestant</i>	54 (26.9)
	<i>Muslim</i>	23(11.4)
	<i>Catholic</i>	2 (1.0)
	<i>Others</i>	3(1.5)
<i>Ethnicity</i>	<i>Oromo</i>	40 (19.9)
	<i>Amhara</i>	100 (49.8)
	<i>Tigre</i>	18 (9.0)
	<i>Gurage</i>	25 (12.4)
	<i>Others</i>	18 (9.0)
<i>Home town</i>	<i>Urban</i>	140 (69.7)
	<i>Rural</i>	61 (30.3)
<i>Marital status</i>	<i>Single (never married)</i>	104 (51.7)
	<i>Married</i>	93 (46.3)
	<i>Divorced</i>	4 (2.0)
	<i>Widowed</i>	0 (0)
<i>Program</i>	<i>Regular</i>	78 (38.8)
	<i>Continuing education (extension)</i>	123(61.2)
<i>Year of education</i>	<i>Undergraduate 2nd year</i>	49 (24.4)
	<i>Undergraduate 3rd year</i>	118 (59.2)
	<i>Postgraduate 1st year</i>	19 (9.4)
	<i>Postgraduate 2nd year</i>	15 (7.5)

<i>Day occupation of extension students</i>	<i>Government employee</i>	84 (68.3)
	<i>Non-government organization employee</i>	22 (17.9)
	<i>Private worker</i>	16 (13.0)
	<i>Others</i>	1 (.008)
<i>HIV status of participant</i>	<i>Never tested</i>	30 (14.9)
	<i>Positive</i>	3 (1.75)
	<i>Negative</i>	165 (96.5)
	<i>Prefer not to disclose</i>	4 (2.3)
<i>Has a family member or friend ever died of HIV/AIDS?</i>	<i>Yes</i>	91 (45.3)
	<i>No</i>	110 (54.7)

Regarding personal history of HIV testing, most of the respondents were likely to have been tested for HIV (85.1%, n=171) and the result was negative for 165 (96.5%). Majority of study participants, 110 (54.7%) did not have any family member or friend ever died from HIV/AIDS while around 91 (45.3%) were not. [Table 1]

86 (42.8%) of the respondents were like to provide care for individual with HIV/AIDS in a non-clinical setting as nursing students responsibilities and about 115 (57.2%) hadn't provided care for HIV/AIDS patients in non-clinical setting. [Table 1]

5.2. Testing, patient's autonomy, beneficence, non-malificence and justice beliefs

Different beliefs related to ethical standards were observed from the respondents. About 183 (91.0%) were like to support routine screening of patients for HIV upon admission to the hospital, while 18 (9.0%) of the respondents were not. Out of all respondents, 24 (12.4%) strongly disagree and disagree, and 154 (76.6%) agree and strongly agree with the idea of all health care workers should be routinely tested for HIV. [Table 2]

Increased number of participants 142(70.6%) strongly agree/agree and 20 (10.0%) had neutral belief that HIV/AIDS testing should be routinely performed as a part of admission process for all patients. If the result of the test is positive, almost most of students 193 (96.0%) were willing to care for HIV/AIDS patients. [Table 2]

When the participants asked for willing to breach patient's confidentiality and inform relatives pertaining patient's status, majority of the respondents 126(62.7%) didn't agree, and 58 (28.9%) believed the patient's HIV/AIDS status notification for relatives even without patients informed permission. When asked if it was nurse's responsibility to notify sexual partners or boyfriend or girl friend of the patient's HIV status, around 80 (39.8%) disagree and almost half of them agree with the statement. [Table 2]

About 89(43.3%) of study subjects were likely to disagree, and about half of respondents 102 (50.7%) were willing, in certain circumstances, to test a patient for HIV without the patient's knowledge or informed consent. 124(61.7%) respondents thought disclosing of HIV/AIDS patient's information including sero-status as necessary under natural condition; however, 77 (38.3%) students did not support this statement. They disclose the information for the purpose of: ***“Providing psychosocial alert; prevent the transmission to others, to start ART drugs, to save life of the public, to get better management as well as to protect health professions from infection.”***

Table 2. Beliefs of students about testing, patient's autonomy, beneficence, non-maleficence and justice in Addis Ababa University, 2011

Question	Response	Number (%)
Beliefs about testing		
All health care workers should be routinely tested for HIV/AIDS?	Strongly DA/disagree	25 (12.4)
	Neutral	22 (10.9)
	Strongly agree/agree	154 (76.6)
There are circumstances where it is appropriate to test a patient for HIV/AIDS without the patient's knowledge or permission	Strongly DA/disagree	87 (43.3)
	Neutral	12 (6.0)
	Strongly agree/agree	102 (50.7)
HIV/AIDS testing should be routinely performed as part of the admission process for all patients (n=201)	Strongly DA/disagree	39 (19.4)
	Neutral	20 (10.0)
	Strongly agree/agree	142 (70.6)
Beliefs about confidentiality, justice and disclosure		
Relative of patients with HIV/AIDS should be notified of patient's HIV status, even without the patient's permission (n=201)	Strongly DA/disagree	126 (62.7)
	Neutral	17 (8.5)
	Strongly agree/agree	58 (28.9)
Nurses have the responsibility to notify sexual partners or boyfriend/girl friend of the patient's HIV status (n=201)	Strongly DA/disagree	80 (39.8)
	Neutral	17 (8.5)
	Strongly agree/agree	104 (51.7)
All HIV/AIDS patients should be considered as all other patients without discrimination (n=201)	Strongly DA/disagree	9 (4.5)
	Neutral	4 (2.0)
	Strongly agree/agree	188 (93.5)
Beliefs about the environment of care		
The rooms/beds of patients with HIV/AIDS should be clearly marked so hospital workers will know the patients status (n=201)	Strongly DA/disagree	106 (52.7)
	Neutral	13 (6.5)
	Strongly agree/agree	82 (40.8)
The charts of patients with HIV/AIDS should be clearly marked so clinic/hospital workers will know the patients status (n=201)	Strongly DA/disagree	77 (38.3)
	Neutral	11 (5.5)
	Strongly agree/agree	113 (56.2)

Note: DA: Disagree

Pertaining HIV/AIDS patients environments care, the majority of the respondents 147 (73.1%) did not believe HIV/AIDS patient should be admitted to separate room whereas minority 54

(26.9%) of them were believe it. Almost half (52.7%) of the respondents, disagree with the idea of the rooms/beds of patients with HIV/AIDS should be clearly marked so hospital workers will know the patient's status while 82 (40.8%) agree with the statement. This number increased to 113 (56.2%) when asked if the charts of these patients should be clearly marked for the same reason. About 77 (38.3%) disagree with this idea. [Table 2]

When participants were asked for distributive justice, increased number of participants 188 (93.5%) were agree with the idea of all HIV/AIDS patients should be considered as all other patients without discrimination whereas 9 (4.5%) were not.

Majority of the respondents (89.6%, n=180) respect the preference and choice of the AIDS patient's for health care. They respect the self-determination (autonomy) of the patient for any health care. But, some of the study participants (10.4%, n=21) do not respect the preference of patient's for health care because of risk of transmission during care of the patient.

More than two-third of participants 141 (70.1%) and one third of them 60 (29.9%) said yes and no respectively for thinking of all health care or health care decision related to HIV/AIDS is based on informed consent.

The respondents choose respecting the choice of the patient (autonomy) by telling the benefit and risk of that recommended care, giving time to think over the issue (s), advice and counsel wisely to take the presented informed consent, explicitly explaining the advantage and disadvantage of the recommended care and report the condition to nurse head if the patient refused to take care.

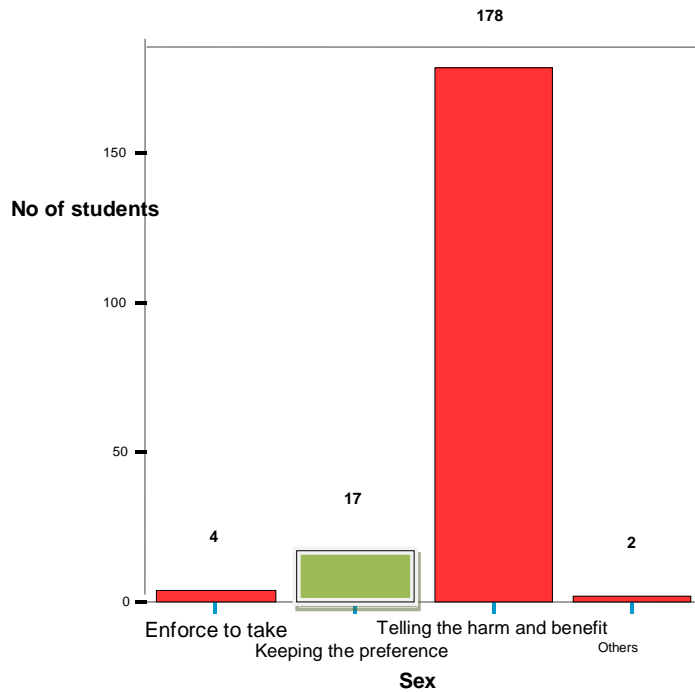


Figure 3. The possible decisions of students to Anti Retroviral Treatment refusal by patients in Addis Ababa University, 2011

The majority of the respondents, 178 (88.6%) attempts to tell the harms and benefit of taking Anti retroviral treatment (ART) drugs to assist patients choice which outweighs and 17 (8.5%) of them keep the choice or the decision of the patient if the patient is refused to take anti retro-viral treatment (ART) drugs while they are giving nursing care,. They preferred to tell and convince the advantage and disadvantage of drugs as shown in figure 3.

About 144 (71.6%) of nursing students supported the benefits of patients should get the priority but 57 (28.4%) believed that priority of the patients should not be given while giving care.

Almost nearly all participants, 195 (97%) believed that maintaining of patient without harm (non-maleficence) is necessary but minority of them 6 (3.0%) were not.

“Total ethical beliefs score” measured the degree to which the participants’ testing, beneficence, distributive justice, confidentiality and environment of care beliefs were supportive of ethical principles guiding nursing and health care. The range of possible scores was 8-24 with a score of 24 indicating that a participant was fully supportive; a score between 20 and 23 indicated that a participant was partially supportive and a score of 8-19 indicated that a participant held beliefs that were not supportive of the ethical standards of nursing practice in the context of HIV/AIDS patient care. Accordingly, 11.9% (n=24) of nursing students were fully supportive, 22.9% (n=46) were partially supportive and 65.2% (n=131) were non supportive of the ethical standards of nursing practice. Regular students were more likely support health care workers should be routinely tested for HIV than continuing education students (81.7 % Vs 76.6%).

Table 3. Support for the ethical standards of professional nursing practice among nursing students in Addis Ababa University, 2011

Category	Belief score	Number of students (n)	Percent (%)
Non-supportive of the ethical standards of nursing practice	8-19	131	65.2
Supportive of the ethical standards of nursing practice	20-23	46	22.9
Fully supportive of the ethical standards of nursing practice	24	24	11.9

5.3. Logistic regression analysis of socio- demographic characteristics related to supportive on ethical standards among nursing students

A binary logistic regression analysis indicated that there was a significant association between history of giving care for HIV/AIDS in non-clinical setting and supportive on ethical standards with P- value of 0.014 [COR 2.071, 95% CI 1.160, 3.696]. Students who came from rural area [P-value =0.046 [COR= **0.515**, 95% C.I. **0.268, 0.989**] was found to be 0. 515 times non-supportive of ethical standards. But no variables were showed association by multinomial logistic regression [Table 4]

Table 4. Logistic regression analysis of socio- demographic characteristics related to support ethical standards among nursing students, 2011

Variable	Ethical beliefs		COR (CI)	AOR (CI)
	Supportive	Non-supportive		
Sex				
Male	22	49	1.00	1.00
Female	55	75	1.633(.886, 3.011)	1.453(.726, 2.910)
Home town				
Urban	60	80	1.00	1.00
Rural	17	44	0.515(0.268, 0.989)*	0.809(0.389, 1.683)
Educational status				
Undergraduates	63	104	0.865(0.408, 1.834)	0.668(.250, 1.785)
Post graduates	14	20	1.00	1.00
Program				
Regular	29	53	0.809(0.452, 1.449)	0.855(0.396, 1.843)
CEP	18	71	1.00	1.00
History of care at non-clinical setting				
Yes	41	44	2.071(1.160, 3.696)*	1.828(0.981, 3.407)
No	36	80	1.00	1.00

*significant association

** Adjusted for variables

Table 5. Logistic regression analysis of family history, ethical principles related to supportive on ethical standards among nursing students, 2011

Variable	Ethical beliefs		COR (CI)	AOR (CI)
	Supportive	Non-supportive		
Ever tested for HIV				
Yes	64	108	0.729(0.330, 1.614)	0.731(0.307,1.742)
No	13	16	1.00	1.00
Have family died of AIDS				
Yes	43	47	2.072(1.163,3.693)*	1.739 (0.923, 3.275)**
No	34	77	1.00	1.00
Willing to care for HIV/AIDS patient				
Yes	75	118	1.907(0.375,9.696)	1.679 (0.277,10.195)
No	2	6	1.00	1.00
Respect the preference of HIV/AIDS patient				
Yes	66	114	0.526(.212, 1.306)	0.525(0.194,1.418)
No	11	10	1.00	1.00
Believe of HIV/AIDS patient to admit in separate room				
Yes	6	48	1.00	1.00
No	71	76	7.474 (3.014,18.535)*	6.668 (2.651, 16.776)**
Belief of care depending on ethical code				
Yes	75	119	1.576 (.298, 8.329)	2.652(.450,15.628)
No	2	6	1.00	1.00

*significant association

** Adjusted for variables

Students who do have family died of HIV/AIDS were 2.072 times more ethical than who hadn't. Respondents who didn't belief admission of HIV/AIDS patients to separate room were 7.474 times ethical than others. Those factors were associated by binary and multinomial logistic regression test. [Table 5]

5.4. Factors affecting ethical principles application on HIV/AIDS patient care among nursing students

Regarding care based on professional ethical codes, majority of them 194 (96.5%) believed about provision of health care should depend on professional ethical codes and principles. The respondents forwarded as many factors can affect self-determination of the patient. Most of the respondents 147 (73.1%) said fear of discrimination, 32 (15.9%) said lack of information about HIV/AIDS, and 8 (4.0%) said pressure from health professionals.

60(29.9%) of the respondents thought confidentiality of an individual information can be affected by thinking for the greatest benefit, 57 (28.4%) affected by desire of health profession to disclose, and about 47 (23.4%) thought as breach unintentionally to third people.

Pertaining factors affecting fair distribution of resources (distributive justice), 89 (44.3%) of them said owing to economic status, 64 (31.8%) attitude related to HIV/AIDS, and some respondents (12.4%) said knowledge about distributive care can affect the fair distribution of resources and care related to HIV/AIDS.

The majority of the respondents 92 (45.8%) said educational level, 52 (25.9%) culture while 40 (19.9%) said religion can affect care of patient by considering ethical principles. Majority of female respondents believed educational level can affect ethical principles consideration while providing care for patients.

CHAPTER SIX: DISCUSSION

As the knowledge of the investigator, this study is among the first attempt to address the beliefs related to ethical standards while providing care for HIV/AIDS patients. But it may not have appropriate comparison due to lack of similar study conducted in Ethiopia.

Pillars of ethical principles include autonomy; beneficence, non-maleficence, and justice generally guide delivery of health care. Proper nursing practice by fully supportive on ethical standards related HIV/AIDS prevention and treatment may lead to proper achievement (2).

This study used 210 participants to assess the ethical beliefs held by nursing students towards HIV/AIDS care. A total of 201 respondents were respond to all questions. In this study, 70.6% of the respondents supported routine screening of all hospitalized patients as part of the admission process. This is high when compared with study done in South Africa and US, which were 36.4% and 43.9% strongly agree/agree respectively. Despite significant evidence that routine testing of all hospitalized patients for HIV has no effect up on admission (2).

This study found out that, 86 (42.8%) of the respondents were like to provide care for individual with HIV/AIDS in a non-clinical setting as nursing students responsibilities. This figure was high when compared with United States students' (12.6%) and less when compared with South Africa students (62.6%) (2). The majority of this study participants, 91 (45.3%) did have family member or friend died of HIV/AIDS while as similar study conducted in SA and US revealed, 72.5% SA and 9.6% US participants had a family member or friend died of HIV/AIDS. This is less when compared with SA and high than US participants.

This study revealed that, 154 (76.6%) strongly agree/agree with screening sero-status of all health care workers for HIV/AIDS. As other study conducted in SA and US, about 43.2% and 62.6% in SA and US nursing students respectively strongly agree/disagree with the idea of all health care workers should be routinely screened for HIV/AIDS. This indicated that nursing students in Addis Ababa University strongly support the screening of all health professionals for HIV/AIDS when compared with both countries.

As this study investigated, almost most of the respondents, 96.0% were willing to care for HIV/AIDS patients. They didn't fear to care for AIDS patients. As study done in China reported, 1/3 of the students (35%) said they had no fears of being in contact with a person with HIV/AIDS (19). As qualitative study done in Hawassa, respondents said –“The health providers do not treat a person suspected with HIV and AIDS. They ask his relatives to take him home and take rest there. They told them that there is no point of bringing such a patient to hospital.” (31). UNAIDS declared that health professionals must treat, to the best of their ability all persons seeking their medical attention without discrimination and prejudice based on the origin and nature of illness, including HIV/AIDS (33). When we compare with study done in Hawassa and China, most of them were more likely to give care for AIDS patients, but some students were not congruent with UNAIDS declaration.

The beliefs of this study participant with regard to testing of patients for HIV without informed consent, almost half 102 (50.7%) agree with an idea. New York State's AIDS Confidentiality Law (NYSAC) encourage voluntary, confidential testing; limit the risk of discrimination and harm to an individual's interest in privacy (10, 26). Informed consent is based on the Western

notion of autonomy that patients have the right to know about their illnesses and make decisions about their health (5, 6).

As study conducted in Korea, 1/3 of participants said Informed consent of treatment resolves the patient's curiosity and when any issue arises, it protects the position of the medical treatment and procedure. As other investigation done in US and SA, nearly 40% of the participants were willing to test a patient for HIV without the patient's knowledge or informed consent (2). UNAIDS declared that individuals have capacity and right to make choice and decisions about their bodies (33).

When we compare this study with other studies, they were congruent with study done Korea, but when compared with SA and US, they were more likely interested to test the patient for HIV without consent of the patient at certain circumstances; and when compared with UNAIDS declaration, respondents in this study were not respect the autonomy of the patient for testing.

The result of this study indicates that more than 2/3 of respondents 141 (70.1%) thought of all health care or health care decision related to HIV/AIDS is based on informed consent. This indicates that some students were not support on informed consent for health care decisions. But they prefer convincing and counseling of the client to give informed consent if they refused. While giving care if the patients refused to take ART drugs, they mostly preferred to tell the harms and benefit of taking and not taking.

This study indicated that, 58 (28.9%) of the respondents agree with the idea of relative with of patients HIV/AIDS should be notified of patient's HIV status, even without the patient's permission. As respondents forwarded, disclosure may benefit the patient because to protect

others and seek treatment services if they perceive that their right to confidentiality will be maintained.

UNAIDS declared that people have a right to keep confidential any information which is highly personal and divulgence. Health care providers may also be permitted to disclose a patient's HIV infection to persons at risk of infection without legal penalty (33-34). Breach to confidentiality leads to a violation of an individual's autonomy and an act of non-maleficence, there could be considerable negative consequences manifested by as social ostracism (exclusion), and marginalization acts health care provider. When breach of confidentiality occurs, patients are likely to feel betrayed resulting in distrust of the health care system. Effective health care is achieved if confidentiality kept (24).

As similar study conducted in SA and US demonstrates, 6.6% of US and 21.2% of SA students were likely agree with the relatives of patients with HIV/AIDS should be notified of the patient's status, even without the patient's permission (2). When compared with this study, participants were more likely to disclose the sero-status of the patients to relatives of the patients.

As survey revealed by this study, about 104 (51.7%) believed nurse's have responsibility to notify sexual partners or boyfriend or girlfriend of the patient's HIV status. As other study conducted in US and SA revealed, 22.7% US and 21.4% SA respondents believed nurse's has responsibility to notify sexual partners of the patient's HIV status (2). This reveal that nursing students AAU were more likely support nurse's had responsibility to notify sexual partners than students in US and SA.

Respecting the autonomous of an individual is a value of independent of particular circumstances. Kant said respect for autonomy flows from the recognition that all persons have unconditional worth, and each has the capacity to determine his or her own destiny (10). UNAIDS declaration some students did not keep the choice and preference of the patients and whereas most of them respect. In this study, majority of the respondents 89.6% respect the preference and choice of the AIDS patient's for health care. When compared with UNAIDS declaration, some students didn't keep the choice and preference of the patients.

Pertaining distributive justice, 188 (93.5%) respondents were agree with an idea of all HIV/AIDS patients should be considered as all other patients without discrimination. According to ANA, the nurse should be follow equality on distribution of care and resources for patients and UNAIDS declared the burdens & benefits of HIV/AIDS should be distributed equally and fairly among the population. When we compare with both organizations declaration, some students not adhered with standards even though most of them agree with distributive justice for care.(33)

This study found that, beliefs about environment of HIV/AIDS patients care was 56.2% pertaining separation of chart of the patient from others and 52.7% disagree with separation of patients' room/beds. As study done in SA and US by the year 2009 revealed, around 54.4% of American and 17.6% of SA nursing students preferred the charts of HIV-positive patients should be clearly marked, in order to notify hospital staff. About 74.8% of American and 89.3% of South African students disagree separation of patient's beds/room, but respondents in this study disagree. This revealed that students in AAU believed separation of room/beds of the patient for care.

This study concluded that, 11.9% of students were fully supportive, 22.9% (n=46) supportive and 65.2% (n=131) were non supportive of the ethical standards of nursing practice; when rated for total ethical beliefs score. As study done in US and SA, none and 11.5% were fully supportive, 23.7% and 43.5% partially supportive and 76.3% and 45.0% non-supportive of the ethical standard practice in US and SA respectively (2). When compared with study, students in AAU, a little bit more likely fully ethical supportive with South African and high with American students. Participants in this study were less likely supportive of the ethical standards when compared with both countries.

There were no associations between sex, education status and program of the respondents, but there were association with history of care at non-clinical setting and being rural by home town were non non-supportive with beliefs of ethical standards. As other study done in Hong Kong, male have higher ethical standard than females, individual with higher level of education were more ethical and graduate students were unethical (29). There were incongruent with this study.

Limitations and strengths of the study

Strengths

1. Selection of the study participant was done by random sampling method.
2. The study tried to address all aspects of ethical issues

Limitations

1. Participants may have been rushed and not fully contemplated on the questions
2. The study didn't include both qualitative and quantitative study design.
3. Lack of literature materials

CHAPTER SEVEN

Conclusions

A staggering proportion of nursing students in Addis Ababa University had beliefs that do not reflect the inherent ethical standards to care HIV/AIDS patients. They were more likely fully supportive of ethical standards. Even though most students were willing to provide care for HIV/AIDS patient, they were not willing to give care at non-clinical setting.

Most of respondents were not congruent with respecting the choice of patients for health care. Students thought that fear of discrimination, exclusion, lack of information and pressure from health professional. They disclose the patient's information for the greatest benefit. Most respondents gave priority for the patients benefit and believed to care patient without any harm.

History of giving care for HIV/AIDS at non-clinical setting, respondents from rural area, having family history died of HIV/AIDS, and who didn't belief admission of HIV/AIDS patients to separate room affects the support of ethical standards.

CHAPTER EIGHT

Recommendations

Based on the findings of this study the following recommendations are forwarded:-

1. Mentoring experiences about complex ethical issues related HIV/AIDS patient care should be given for students by clinical instructors; so that they can be committed to the ethical standard beliefs related to HIV/AIDS patient care.
2. To self-assess beliefs related to HIV testing, confidentiality, and environment of care, guided clinical experiences and exposure to HIV/AIDS patients care should be given.
3. Formal and informal education and training are required for students to increase the knowledge related code of ethics and ethical principles especially to care for patients with discriminating and stigmatized diseases.
4. Further study is needed to investigate the attitudes and beliefs of nursing students related to HIV/AIDS patients care.

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Annexes

Addis Ababa University
College of health sciences
Department of Nursing and Midwifery

Assessment of ethical beliefs towards HIV/AIDS patients among nursing students in Addis Ababa University, Ethiopia, 2010/11.

Annex I. Information sheet

Dear respondent,

You are invited to participate in a research study to be conducted by MSc student at Addis Ababa University, College of health science, Department of nursing and midwifery. Please read the following statement and ask any unclear questions before you agree to participate.

1. **Topic:** Assessment of ethical beliefs towards HIV/AIDS patients among nursing students in Addis Ababa University, Ethiopia.

2. **Objective of the study;** To assess ethical beliefs held by nursing students towards HIV/AIDS patients in Addis Ababa University, Ethiopia. The information you provide will help us better understand what nursing students have ethical beliefs towards HIV/AIDS patients. We would greatly appreciate your help in responding to this question. The results of the study would hopefully serve as an important input to intervention programs that aim at improving HIV testing; ethical aspects emphasis and how application of ethical principles applied in the process of HIV testing and care of HIV/AIDS patients can be influenced.

3. **Participation procedure and guide line**
 - a. The information you provide will be kept completely anonymous. That is, your name will not be on any of the forms.
 - b. It will take about 30 minutes to complete the survey.
 - c. The questions are written in English and it is self administered questionnaire to be filled by you.

4. Participation benefits and risks

- a. Your participation in this study does not involve risks that are greater than those you experience in your daily life. Any information you give me will be maintained confidentially.
- b. You also may experience some benefits from participating on this project this benefit might be positive feelings from helping an important research study.
- c. No incentive will be given for participating in this study.

5. **Right to refuse or withdraw:** your participation is volunteer and there is no penalty for you not wanting to participate. This means that you are free to stop at any point or to choose not to answer any particular question or all the questions.

6. **Right as a participant:** you have a right to have any questions about this research project answered. Please direct any question to **Dereje Chala**.

7. Agree to participate

Yes _____

No _____

Signature _____

Date _____

**I thank you in advance for taking your time to respond to my questions!*

Annex II. Consent form

I, the undersigned have been informed that the purpose of this particular research project is to study ethical beliefs related to HIV/AIDS among nursing students in Addis Ababa university. I have been informed that I am going to respond to this question by answering what I know concerning the issue. I have been informed that the information I give will be used only for the purpose of this study; my identity, the information I give will be kept confidentially. I have also been informed that I can refuse to participate in the study or not to respond to questions I am not interested. Furthermore, I have been informed that I can stop responding to the questions at any time in the process.

Based on the above information I agree to participate in the research voluntarily with the hope of contributing (on behalf of one) to the effort of knowing ethical beliefs related to HIV/AIDS among nursing students.

Signature: _____ Date: _____

Address of investigator

Name: - Dereje Chala

Addis Ababa University Master of Adult Health nursing student

Cell phone: - +251-913-34-26-27

E-mail:- derejechala@yahoo.com

Annex III. English version questionnaire

PART I. SOCIO-DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENTS

Read the following questions and ENCIRCLE or write your appropriate answer for each question.

No.	Questions & filters	Coding categories
Q101.	Sex	1. Male 2. Female
Q102.	Age	_____ in years
Q103.	Religion	1. Orthodox 2. Muslim 3. Protestant 4. Catholic 89. Others/specify _____
Q104.	To which ethnic group do you belong?	1. Oromo 2. Amhara 3. Tigre 4. Gurage 89. Others (specify) _____
Q105	From where area you came (home town)?	1. Urban 2. Rural
Q106.	Marital status	1. Never married (single) 2. Married 3. Divorced 4. Widowed
Q107	Program (in AAU)	1. Regular 2. Continuing education program
Q108	Year of education? (in Addis Ababa University)	1. University 2 nd year. 2. University 3 rd year. 3. Postgraduate 1 st year. 4. Postgraduate 2 nd year.

Q109.	What is your day occupation? (For extension students only)	<ol style="list-style-type: none"> 1. Government employee 2. Non government employee 3. Private worker 4. Others (specify)_____

PART II. QUESTIONS ON BELIEFS, PATIENT'S AUTONOMY, BENEFICENCE, NON-MALIFICENCE AND JUSTICE.

For the following questions, read and ENCIRCLE your answer.

Q110	Have you ever tested for HIV?	<ol style="list-style-type: none"> 1. Yes 2. No
Q111	If yes, what was your result?	<ol style="list-style-type: none"> 1. Positive 2. Negative 3. Prefer not to disclose
Q112	Do you like to support routine screening of patients for HIV upon admission to the hospital?	<ol style="list-style-type: none"> 1. Yes 2. No
Q113	Have you ever provided care for someone with HIV/AIDS in a non-clinical setting?	<ol style="list-style-type: none"> 1. Yes 2. No
Q114	Do you have any family member or friend ever died of HIV/AIDS?	<ol style="list-style-type: none"> 1. Yes 2. No
Q115	Do you agree that all healthcare workers should be routinely tested for HIV/AIDS?	<ol style="list-style-type: none"> 1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
Q116	There are circumstances where it is appropriate to test a patient for HIV without the patient's knowledge or permission.	<ol style="list-style-type: none"> 1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree

Q117	Do you think disclosing of HIV/AIDS information including sero-status is necessary?	1. Yes 2. No
Q118	If your answer of the above Q17 is yes, what is/are the purpose(s)?	_____ _____
Q119	Nurse's have responsibility to notify sexual partners or boyfriend or girl friend of the patient's HIV status?	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
Q120	HIV/AIDS testing should be routinely performed as part of the admission process for all patients.	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
Q121	If test result for HIV is positive, are you willing to care for the patient?	1. Yes 2. No
Q122	If your answer for the above Q21 is no, why?	_____ _____
Q123	Relatives of patients with HIV/AIDS should be notified of the patient's HIV status, even without the patient's permission.	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
Q124	Do you respect prefer of HIV/AIDS patients for health care?	1. Yes 2. No
Q125	If your answer for the above Q24 is no, why?	_____ _____
Q126	Do you think that all health care or health care decision related to HIV/AIDS is based on informed consent?	1. Yes 2. No

Q127	If patient is refused to take any recommended care, what do you do?	_____
Q128	Do you believe that HIV/AIDS patient should be admitted to separate room?	1. Yes 2. No
Q129	If HIV/AIDS patient refused to take Anti Retroviral Treatment (ART) drugs, what you will do?	1. Enforce to take 2. Keeping the choice of the patient 3. Telling the harms and benefit 89. If other specify_____
Q130	The rooms/beds of patients with HIV/AIDS should be clearly marked so hospital workers will know the patient's status.	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
Q131	The charts of patients with HIV/AIDS should be clearly marked so clinic/hospital workers will know the patient's status.	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
Q132	All HIV/AIDS patients should be considered as all other patients without discrimination.	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
Q133	Do you think that maintaining of HIV/AIDS patient's benefits should get priority while giving care?	1. Yes 2. No
Q134	Do you support the idea that maintaining the patient without harm is necessary?	1. Yes 2. No

Part IV. Questions on factors affecting ethical principles application on HIV/AIDS patient care.

For the following questions, read and ENCIRCLE or write briefly your answer.

Q135	Do you believe that providing health care depending on professional ethical code is necessary?	<ol style="list-style-type: none"> 1. Yes 2. No
Q136	What do you think factors affecting self-determination of an individual for HIV test?	<ol style="list-style-type: none"> 1. Fear of discrimination 2. Fear of ostracize (exclude). 3. Lack of information 4. Pressure from health professional. 5. Pressure from partner (s) 89. others/ specify _____
Q137	What do you think factors affecting confidentiality related to HIV and AIDS?	<ol style="list-style-type: none"> 1. Thinking for greatest benefit. 2. Desire of health profession to disclose. 3. Enforcement from family or partner. 4. Breach unintentionally to third person. 89. Others/specify _____
Q138	What do you think factors affecting fair distribution of resources and care related to HIV and AIDS?	<ol style="list-style-type: none"> 1. Economic status 2. Educational status 3. Knowledge 4. Attitude related to HIV/AIDS 5. Culture 6. Mal behavior of the patient. 89. Others/specify _____
Q139	What factors do you think that will affect care of HIV/AIDS patients by considering ethical principles?	<ol style="list-style-type: none"> 1. Religion 2. Gender 3. Culture 4. Educational level 5. Age 89. Others/specify _____

አድስ አበባ ዩኒቨርሲቲ
ጤና ሳይንስ ኮሌጅ
የነርስና አዋለጅ ትምህርት ክፍል

Annex IV. Amharic version information sheet

**ሀ. የመረጃ ወረቀት
የተከበሩ መላሽ**

በአድስ አበባ ዩኒቨርሲቲ ጤና ሳይንስ ኮሌጅ የነርስና አዋለጅ ትምህርት ክፍል ለማስትራት ድግሪ የምሰራ ጥናት ላይ ለመሳተፍ ተገብዞህል/ሽል። ከዚህ በታች የተጻፉትን ዓረፍተ ነገሮች በማንበብ ግልጽ የልሆነ ነገር ከለ በመጀመርያ ጠይቅ/ቂ።

1. የጥንቱ ሪዕስ: በአድስ አበባ ዩኒቨርሲቲ የነርስ ተማሪዎች ለHIV/AIDS በሽተኛ የላቸውን የሥነ-ምግባር እምነት ጥነት
2. አለማ: በአድስ አበባ ዩኒቨርሲቲ የነርስ ተማሪዎች ለHIV/AIDS በሽተኛ የላቸውን የሥነ-ምግባር እምነት ለመጥነት። አንተ ወይም አንቺ የምትስጠው/ጨፈ መረጃ የነርስ ተማሪዎች ለHIV/AIDS በሽተኛ የላቸውን የሥነ-ምግባር እምነት ለማወቅ የግዛል።
3. የተሳትፎ ሂደትና መመርያ
 - ሀ. ስምህን/ሽን መጻፍ አይጠበቅብህም/ሽም እንዲሁም የምትሰጠኝ/ጨኝ መረጃ በምስጥር ል።
 - ለ. ሞልተህ/ሽ ለመሬ ረስ እስከ 30 ደቂቃ ልወስድብህ/ሽ ይችላል።
 - ሐ. ጥያቄው በአማሪኛ ተገቢ እና ለአንተ ወይም ለአንቺ በረስህ/ሽ እንድሞላ ይሰጠሃል/ይሰጥሻል።
4. መሳተፍ ለ ቅምና ጉደት

በዚህ ጥናት በመሳተፍህ/ሽ ከሌላ ተለ የምደርስብህ/ሽ የለም። ማንኛውም የምትሰጠኝ/ጨኝ መረጃ በጥብቅ የተያዘ ይሆናል። በዚህ ጥናት በመሳተፍህ/ሽ የምርምር ጥናቶች ለወደፊት ተሳታፊ ህንድትሆን/ኝ ይረዳሃል/ሻል። በዚህ ጥናት ተሳታፊ ስለሆንክ/ሽ ምንም አይነት ክፍያ አይከፈልህም/ሽም።
5. የአለመሳተፍ ወይም የማቋረጥ መብት

ተሳትፎህ በፍቃደኝነት ላይ የተመሰረተ ስለሆነ አለመሳተፍ ብትፈልግ/ጊ ምንም አይነት ቅጣት የለም። ይህ ማለት በጥናቱ የትኛውም ሰዓት ለይ ተሳትፎህን/ሽን የማቆም ወይም ደግሞ ለልፈለከው/ሽው ትያቁ መልስ የአለመስጠት ሙሉ መብት አለህ/ህ ማለት ነው።
6. ተሳታፊ መብት

ምንም አይነት ጥያቄ ከለህ/ሽ በማንኛው ጊዜ ጥናት አስኬጁን መጠየቅ ትችላለህ/ሽ።
7. ለመሳተፍ ቃ ነህ/ሽ?

አዎ _____ ርማ _____ ቀን _____
አይደለውም _____

ስለ ተሳትፎህ/ሽ አማሳግናለሁ።

Annex V. Amharic version consent form

ለ. የስምምነት ቅጽ

በአድስ አበባ ዩኒቨርሲቲ የነርስ ተማሪዎች ለHIV/AIDS በሽተኛ የላቸውን የሥነ-ምግባር እምነት ጥነት

እኔ ከተች የፈራምኩት የዚህ ጥናት ወና አላማ የነርስ ተማሪዎች ለHIV/AIDS በሽተኛ የላቸውን የሥነ-ምግባር እምነት ለማጥናት እንደሆነ ተገልጻልኛል። ለእነዝህም ጥያቄዎች ስለ ጉደዩ የማውቀውን መልስ ብቻ እንድመልስምና የምስጢረኝ መረጃ ለጥናቱ ብቻ እንደምወል ተናግሮኛል። በተጨማሪ የኔ መንነትና የምስጢረኝ ሚስጥራዊነት እንደሚጠበቅ ተናግሮኛል። በተጨማሪም ፍቀደኛ ካልሆንኩ አለመሳተፍ እንደምችል ወይም ደግሞ ለልፈለኩት ጥያቄ መልስ አለመስጠት እንደምችል ተናግሮኛል። ከዝያም በላይ ለጥያቄዎች በሂደቱ የትኛውም ሰዓት ላይ ከልፈለኩ መልስ መስጠቴን መቆም እንደምችል ተገልጻልኛል።

ከለይ በተፃፈው ስምምነት ላይ በመመሥራት በነርስ ተማሪዎች ላይ ስለ HIV/AIDS በሽተኛ የላቸውን የሥነ-ምግባር እምነት ለማወቅ በሚደረገው ጥናት የራሴን አስታዋጽ ለማድረግ በጥናቱ ለመሳተፍ ፍቀደኛ መሆኔን እገልጻለሁ።

ፊርማ _____ ቀን _____

የአጥኚው አድራሻ

ስም: ለ ላ

በአድስ አበባ ዩኒቨርሲቲ የጓልማሶች ጤና ነርስ የማስተራት ድግሪ ተማሪ

ስል ቁ C: 0913342627

ኢ. ሜል: derejechala@yahoo.com

Annex VI. Amharic version questionnaire

የመጠይቅ ጥያቄዎች

ል 1- መለሹ ማሸበራዊ እና ግል መራጃዎች ከታች የሉትንን አነብብክ/ሽ በኋላ ለእያንዳንዱ ጥያቄ ትክክለኛ የምትላውን/ይውን መልስ አክብብበት/ቢበት ወይም ትክክለኛውን መልስ ዓፍ/ፊ።

ተ.ቁ	መጠይቆች	አማራጮች
01	<input type="checkbox"/> መለሹ የታ	1. ወንድ 2. ሴት
02	<input type="checkbox"/> እድሜ	----- አመት
03	ሐይማኖት	1. ኦርቶዶክስ 2. ሙስሊም 3. ፕሮተስታንት 4. ከቶልከክ 89. ሌላ ከለ ይግለጹ----- -----
04	የትውልድ ቦታ	----- ክልል/ከተማ
05	ብሔርህ/ሽ ምንድ ነው?	1. አሮሞ 2. አማራ 3. ትግሬ 4. <input type="checkbox"/> ራ 89. ሌላ ከሆነ ይግለጹ----- -----
06	የጋብቻ ሁኔታ	1. <input type="checkbox"/> ለ 2. <input type="checkbox"/> ብ 3. <input type="checkbox"/> ታ/ች 4. የሞተባት/ችበት 89. ሌላ ከለ ይግለጹ -----
07	የቀን ስራህ/ሽ ምንድ ነው? (ለማታ ተማሪዎች ብቻ)	1. ተማሪ 2. የመንግስት ሰራተኛ

		3. መንግስተዊ የልሆና ድርጅት 4. <input type="checkbox"/> ል ሠራተኛ 89. ሌላ ከሆነ ይግለጹ -----
08	ያትምህርት ፕሮግራም በአ.አ.ዩ	1. መ <input type="checkbox"/> በኛ 2. የተከታታይ ትምህርት
09	ለትምህርት ክፍት አከበቢ መጣ/ሽ?	1. ከተማ 2. <input type="checkbox"/> ር
10	በ አ.አ. ዩ. የስንተኛ አመት ተማሪ ነህ/ሽ?	1. 1 ^ኛ አመት 2. 2 ^ኛ አመት 3. 3 ^ኛ አመት 4. <input type="checkbox"/> ሀረምራቃ 1 ^ኛ አመት 5. <input type="checkbox"/> ሀረምራቃ 2 ^ኛ አመት

ል 2. ስለ በሽተኛዎ. በራስ የመወሰን፣ ከነርስ እንክብካቤ ስለ ምያገኘ ቅም፣ በሽተኛን በለመጉዳት እና ሚዛናዊ የሆኑ እንክብካቤ ለሁሉም በሽተኛ በመስጠት ለይ የለቸዉን እምነት በተመለከተ

ተ. ቁ	መጠይቆች	አማራጮች
11	<input type="checkbox"/> HIV ምርመራ አድርገህ/ሽ <input type="checkbox"/> ታ <input type="checkbox"/> ቃለህ/ሽ?	1. አዎ 2. አላደረሁም
12	ለ <input type="checkbox"/> ቁ ተ.ቁ. 11 መልስህ/ሽ አዎ ከሆነ ወጤቱ ምን ነበር?	1. ፖዘቲቭ 2. ኔጋቲቭ 3. መናገር አልፈልገም
13	በሽተኞች በሆስፒታል <input type="checkbox"/> አንድተኙ በም <input type="checkbox"/> ረ <input type="checkbox"/> <input type="checkbox"/> HIV ምርመራ እንድያደርጉ ታበረታታለህ/ቻለሽ ወ <input type="checkbox"/> ?	1. አዎ 2. አለበራታታም
14	ከጤና ተቋማት ወጪ ለHIV/AIDS በሽተኛ አስፈላጊዉን ድገፍ አድርገህ/ሽ ታ <input type="checkbox"/> ቃለህ/ሽ?	1. አዎ 2. አለዉቅም
15	በ HIV/AIDS ተይዞ የሞተ ዘመድ አለህ/ሽ?	1. አዎ 2. የለኝም
16	<input type="checkbox"/> ጤና ባለሙያዎች በየግዜዉ የ HIV/AIDS ምርመራ ማድረግ አለባቸዉ:::	1. በጣም አልስማማም 2. አልስማማም

		3. ምንም ማለት አልቸልም 4. እስማማለሁ 5. በጣም እስማማለሁ
17	ከበሽተኛ <input type="checkbox"/> ቃ <input type="checkbox"/> ወ <input type="checkbox"/> በሽተኛ <input type="checkbox"/> ሳ <input type="checkbox"/> ቅ <input type="checkbox"/> HIV ምርመራ መ <input type="checkbox"/> ረ <input type="checkbox"/> ተ <input type="checkbox"/> ቢ የምሆንበት ሁኔታ ይኖራል።	1. በጣም አልስማማም 2. አልስማማም 3. ምንም ማለት አልቸልም 4. እስማማለሁ 5. በጣም እስማማለሁ
18	<input type="checkbox"/> በሽተኛውን የHIV ምርመራ <input type="checkbox"/> ቢት ለሌላ ሰው ማሳወቅ ተገብ ነው ብለህ ታምናለህ/ታምኝየለሽ?	1. አዎ 2. አለምንም
19	ከለይ ለተጠቀሰው ጥያቄ መልስህ/ሽ አዎ ከሆነ ጥቅሙ ምንድነው ብለህ/ሽ ታምናለህ/ሽ?	-----
20	በ <input type="checkbox"/> ሙ <input type="checkbox"/> ስ <input type="checkbox"/> HIV ቫ <input type="checkbox"/> ረ <input type="checkbox"/> ስ ለተ <input type="checkbox"/> ሸ <input type="checkbox"/> ሰ <input type="checkbox"/> ወ <input type="checkbox"/> ቅ <input type="checkbox"/> ር <input type="checkbox"/> ነርሶች መንገር አለባቸው ብለህ/ሽ ታስባለህ/ሽ?	1. በጣም አልስማማም 2. አልስማማም 3. ምንም ማለት አልቸልም 4. እስማማለሁ 5. በጣም እስማማለሁ
21	ለምርመራ <input type="checkbox"/> ሙ <input type="checkbox"/> ሰ <input type="checkbox"/> ቢት HIV ፖዘትቪ ከሆነ አስፈላጊውን እንክብካቤ ለመስጠት ዝግጁ ነህ/ሽ?	1. አዎ 2. አይደለሁም
22	ከለይ ለተጠቀሰው ጥያቄ ተ.ቁ. 21 መልስህ/ሽ አይደለም ከሆነ ምክንያትህ ምንድነው?	-----
23	<input type="checkbox"/> ለበሽተኛ <input type="checkbox"/> ቃ <input type="checkbox"/> በሽተኛው ዘመዶች <input type="checkbox"/> በሽተኛውን ወ.ጤት ማወቅ አለባቸው ብለህ/ሽ ትስማማለህ/ምያለሽ?	1. በጣም አልስማማም 2. አልስማማም 3. ምንም ማለት አልቸልም 4. እስማማለሁ 5. በጣም እስማማለሁ
24	<input type="checkbox"/> HIV/AIDS ህሙሙን ለህክምና እንክብካቤ <input type="checkbox"/> ለ <input type="checkbox"/> ታቸውን ትጠብቀለህ/ሽ?	1. አዎ 2. አልጠብቅም

25	ከለይ ለተጠቀሰው ጥያቄ ተ.ቁ. 24 መልስህ/ሽ አልጠብቅም ከሆነ ምክንያትህ ምንድነው?	-----
26	መንኛ <input type="checkbox"/> ም ለ HIV/AIDS በሽተኛ <input type="checkbox"/> ም <input type="checkbox"/> ለ <input type="checkbox"/> የጤና እንክብካቤ ወይም ወሳኔ በሽተኛውን መንገር አለበት ብለህ/ህ ታምናለህ/ሽ?	1. አዎ 2. አለምንም
27	HIV/AIDS በሽተኛ የምያስፈልገውን እንክብካቤ አለረግም ወይም አልወስድም ከለ/ች ምን ተረጋለህ/ሽ?	-----
28	<input type="checkbox"/> HIV/AIDS በሽተኞች በሆስፒታል ተኝተው ስተከሙ የብቻ ክፍል ልሰጣቸው ይገባል ብለህ/ህ ታምናለህ/ሽ?	1. አዎ 2. አለምንም
29	HIV/AIDS በሽተኛ እድሜ መራዘም ያመድኳት አልወስድም ከለህ/ች ምን ታራገለህ/ግያለሽ?	1. አስገድደለሁ 2. <input type="checkbox"/> እሱ/ሷን ፍላጎት አጠብቃለሁ 3. ጉድቱንና ጥቅሙን እነግረዋለሁ/ታለሁ 4. ሌላ ከለ ይግለጹ----- ----- -----
30	ጤና በለሞያዎች የበሽተኛውን ሁኔታ በቀላሉ እንድያወቁ የበሽተኛው ክፍል/አልጋ ለብቻ መሆን አለበት::	1. በጣም አልስማማም 2. አልስማማም 3. ምንም ማለት አልችልም 4. እስማማለሁ 5. በጣም እስማማለሁ
31	ጤና በለሞያዎች የበሽተኛውን ሁኔታ እንድያወቁ የበሽተኛው ከርድ ተለይቶ መቀመት አለበት ብለህ/ሽ ታስባለህ/ሽ?	1. በጣም አልስማማም 2. አልስማማም 3. ምንም ማለት አልችልም 4. እስማማለሁ 5. በጣም እስማማለሁ
32	HIV/AIDS በሽተኛ የለ አድሎ እንደሌሎቹ በሽተኛ መተየት አለባቸው::	1. በጣም አልስማማም 2. አልስማማም 3. ምንም ማለት አልችልም 4. እስማማለሁ 5. በጣም እስማማለሁ

33	HIV/AIDS በሽተኛዎች ሕክምና ስየገኙ ጠቀሜተው መጀመሪያ ትኩረት መግኘት አለበት ብለህ/ሽ ታስባለህ/ሽ?	1. አዎ 2. አለምንም
34	HIV/AIDS በሽተኛ የሰጉደት መጠበቅ አለብን የምል ሀሰብ ትደግፋለህ/ሽ?	1. አዎ 2. አለምንም

ል 3.ለ ለ HIV/AIDS በሽተኛ ስለምገገግ እንክብካቤ የሥነ-ምግባር መርሆችን አጠቃቀም የምወስኑ ሁኔታዎችን በተመለከተ

ተ. ቁ	መጠይቆች	አማራጮች
35	ለ HIV/AIDS በሽተኛ እንክብካቤ ስደረግ የሞያው ሥነ-ምግባር ለይ የተኮረ መሆን አለበት ብለህ/ሽ ታምናለህ/ሽ?	1. አዎ 2. አለምንም
36	አንድ ሰው በረሱ የ HIV ምርመራ ለመገኘት እንደይወስን የምያደርጉ ምክንያት/ምክንያቶች ምንድነው/ናቸው ብለህ/ሽ ታስባለህ/ሽ? <input type="checkbox"/>	1. <input type="checkbox"/> ታወቅብኛል የምል ፍራቻ 2. መገለል በመፍረት 3. በቂ መራጃ አለመግኘት 4. በጤና በለመያዎች/ሙያ በምደረግ ጫና 5. በ <input type="checkbox"/> ኛ በምደረግ ጫና 89. ሌላ ከለ ይግለጹ----- -----
37	<input type="checkbox"/> HIV/AIDS በሽተኛ የግል ሁኔታ እንደይጠብቅ የምያደርጉ ምክንያት/ምክንያቶች ምንድነው ብለህ/ሽ ታስባለህ/ሽ? <input type="checkbox"/>	1. ለብዙሃኑ በማሰብ 2. በጤና በለመያዎች/ሙያ የግል ፍለጎት 3. በቤተሰብ ወጪም በቅር <input type="checkbox"/> ኛ ጫና 4. ስ <input type="checkbox"/> ቁ ለሶስተኛ አካል መናገር 89. ሌላ ከለ ይግለጹ----- -----
38	ለHIV/AIDS በሽተኛ የምደረጉ አገልግሎት በእኩልነት እንደይሰጥ የምየረጉ ምክንያት/ምክንያቶች ምንድነው/ናቸው ብለህ/ሽ ታስባለህ/ሽ? <input type="checkbox"/>	1. የኑሮ ሁኔታ 2. የትምህርት ደረጃ 3. <input type="checkbox"/> አውቀት ደረጃ 4. ለHIV/AIDS በሽተኛ ቀና የልሆነ አመለካከት 5. ባህል

		<p>6. የሀብት እጥረት</p> <p>7. <input type="checkbox"/> በሽተኛዎች የማይመኝ ገቢ <input type="checkbox"/></p> <p>89. ሌላ ክስ ይግለጹ-----</p> <p>-----</p> <p>-----</p>
39	<p>በሥነ-ምግባር መርሆች በመወሰን ለ HIV/AIDS በሽተኞች እርዳታ እንደይደረግ የምያደርጉ ሁኔታዎች ምንድናቸዉ ብለህ/ሽ ታስባለህ/ሽ? <input type="checkbox"/></p>	<p>1. ሐይማኖት</p> <p>2. ፆታ</p> <p>3. ባህል</p> <p>4. የትምህርት ደረጃ</p> <p>5. <input type="checkbox"/> አጠቃላይ ደረጃ</p> <p>6. ህ <input type="checkbox"/> ሜ</p> <p>89. ሌላ ክስ ይግለጹ-----</p> <p>-----</p>