SCHOOL OF PUBLIC HEALTH

Assessment of Magnitude, Barriers and Outcomes Related with HIV Serostatus Disclosure among ART Users, In Addis Ababa ART Providing Health Facilities

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ACRONYMS

AIDS- Acquired Immunodeficiency Syndromes

ART- Anti-retroviral Therapy

CPR- Contraceptive Prevalence Rate

DHS-Demographic and Health Survey

EPI-Expanded program of Immunization

FGD-Focus group Discussion

HAART- Highly Active Anti-retroviral Therapy

HIV- Human Immunodeficiency virus

IMR- Infant Mortality Rate

MMR- Maternal Mortality Ratio

MOH- Ministry of Health

NGOs- Non-Governmental Organizations

SPSS- Statistical Package for Social Science

STIs- Sexually Transmitted Infections

TFR- Total Fertility Rate

VCT- Voluntary Counseling and Testing

ABSTRACT

Background:-

Disclosure of HIV Serostatus to sexual partner and other individuals is important in prevention of new HIV infection transmission especially in developing countries and helps to initiate early treatment and in order to obtain appropriate support from sexual partners, family members and the whole community at large.

Objective:-

The aim of the study was to identify the magnitude, barriers and outcomes associated with HIV serostatus disclosure among ART users in Addis Ababa ART providing health facilities to their sexual partners and to significant others.

Study Design:-

Facility based quantitative cross-sectional study was conducted from April-2009 to May- 2009 in Addis Ababa ART providing health facilities using structured questionnaires among ART receiving clients who were married or who were in cohabiting sexual relation with their sexual partners and living together at the time of their initial VCT. Quantitative study was supplemented by qualitative study among ART receiving clients who were involved in PLWHA organizations.

Result:-

In the study 341 study participants who were married in legal way and who were not married in legal way (cohabiting) at the time of their initial VCT were involved in the study. Among them 157(46%) were male study participants and 184(54%) of them were female study participants. Total disclosure rate was 88.3 (89% for males and 87.5% for females). Bivariate and multivariate analysis identified factors associated with disclosure of HIV serostatus to sexual partners includes: Living with sexual partners in legal marital relationship, living with sexual partners within the same household, smooth marital relationship with sexual partner, having sexual partner whose HIV serostatus was positive and discussing with sexual partner about HIV and VCT before HIV diagnosis were identified factors for disclosing HIV serostatus to sexual partners COR 2.737(1.360, 5.430) and AOR 3.572(1.399, 9.122), COR 2.745 (1.336, 5.64), COR 4.608(2.311,9.191) and AOR 5.263(2.360, 11.740) , COR 4.991(2.002, 12.440) and AOR 8.024(2.807, 22.935), COR 5.341(1.820,15.672), COR 6.604(2.224, 19.607) at the 95% CI respectively). Barriers and dalliance for disclosure of HIV serostatus identified were: fear of loss of support from sexual partners (9.4%), not having enough time to discuss with their sexual partner about their HIV serostatus (7.9%) and sexual partner may get anger (6.2%) were some of identified reasons among other identified reasons. Reassurance by disclosed individuals, obtaining support from people, being annoyed by disclosed people; being threatened and beaten by their sexual partners were some of the outcomes associated with disclosing HIV serostatus.

Conclusion:-

Even if the disclosure rate of the study is encourage as it is compared with developing countries still significantly proportion of peoples did not disclose their HIV serostatus immediately and not disclose until know and were found engaged in unprotected sexual activity which could hamper strong effort made to prevent new HIV transmission to sexual partners.

1. INTRODUCTION

HIV/AIDS is a Pandemic which has great impact on social, economic, and political problem situation of countries. The estimated number of persons living with HIV worldwide in 2007 was 33.2 million [30.6–36.1 million]. Every day, over 6800 persons become infected with HIV and over 5700 persons die from AIDS, mostly because of inadequate access to HIV prevention and treatment services. The global prevalence of HIV infection (percentage of persons infected with HIV) is remaining at the same level, although the global number of persons living with HIV is increasing because of ongoing accumulation of new infections with longer survival times, measured over a continuously growing general population; there are localized reductions in prevalence in specific countries; a reduction in HIV-associated deaths, partly attributable to the recent scaling up of treatment access. (1)

Sub-Saharan Africa remains the most affected region in the global AIDS epidemic. More than two thirds (68%) of all people HIV-positive live in this region where more than three quarters (76%) of all AIDS deaths in 2007 occurred. It is estimated that 1.7 million [1.4 million–2.4 million] people were newly infected with HIV in 2007, bringing to 22.5 million [20.9 million–24.3 million] the total number of people living with the virus. Unlike other regions, the majority of people living with HIV in sub-Saharan Africa (61%) are women. (1)

In most of the countries in East Africa adult HIV prevalence is either stable or has started to decline. The latter trend is most evident in Kenya, where the HIV epidemic has been declining amid evidence of changing behavior. Besides behavioral change, mortality of people infected with HIV several years ago has also contributed to the declines in prevalence. (1)

Single point Ethiopian HIV prevalence estimate indicated that in the year 2007 adult population prevalence HIV was 2.1% (1.7% in male and 2.6% in female). HIV prevalence estimated in urban population was at 7.7% (6.2% in males and 9.3% in females). Where as the corresponding estimated HIV prevalence among rural population was 0.9% (0.7% in male's and1.1% in females). In the same year 977,394 adult persons were estimated to be living with HIV/AIDS, 125,528 new infections, 71,902 deaths and 258,264 PLWHA needs ART. There were estimated

number of 75,420 HIV positive pregnancies and 14,128 HIV positive births from the pregnancies. According to Single point estimate there were a total of 64,813 children living with HIV/AIDS, 10,825 AIDS death and 898,350 were AIDS Orphans. Single point HIV prevalence estimate for Addis Ababa in 2007 according to the report was 7.5% (6% males and 8.9% in female). In the region their were 156,577 adult HIV positive patients, 6,223 HIV positive pregnant women and 808 annual HIV positive births, 7,993 adult death due to AIDS and 41,433 people needs ART. (2)

HIV/AIDS is a growing threat on effort made for economic growth and poverty reduction. The disease causes wide-ranging social, economical, political and individual crisis. HIV/AIDS is primarily a public health problem and chronic infectious disease. Its implication for health sector mainly in terms of care and support and recently in demand for HAART. Ethiopian Health Sector Strategic plan has noted to prevent and control HIV/AIDS by increasing awareness of the population and bring about positive behavioral change; avoid stigma and discrimination; and enhance care and support provided by the community to HIV positive individuals. (3)

HIV/AIDS-related stigma affects self-esteem, mental health, access to care, providers' willingness to treat people with HIV, violence, and HIV incidence. Interventions to reduce stigma are therefore crucial for improving care, quality of life, and emotional health for people living with HIV and AIDS. HIV/AIDS-related stigma has been specifically identified as a domestic policy challenge that must be addressed to reduce the number of new HIV infections, and eliminating stigma is a crucial element of global efforts .(4)

UNAIDS identifies a number of key factors that would ensure human right principles are applied appropriately during HIV/AIDS testing. This principles includes information, link to treatment, care and services and the absolute confidentiality of medical information; that testing process need to address "the implication of positive test result" including access to treatment and care, the reduction of HIV/AIDS related stigma and discrimination .(5)The availability and use of antiretroviral drugs is crucial in reducing AIDS morbidity and mortality, in slowing down the spread of disease, reducing fatalistic attitude and promoting healthy living choice .(6)

HIV prevention is individual choice a person makes whether or not to prevent, and/or minimize risk of HIV infection, including the choice whether or not to abstain from sex and /or use condom. HIV prevention measures could be considered as the structure or environmental factors influencing the extent to which people are in position to make choice. These factors ranges from basic things such as access to condom, and information, to broader issue of inequalities, stigma and discrimination impending individual choice and the extent to which available services are accessible .(8)Testing for HIV is a starting point for any intervention, may it be prevention, care or support, including psychosocial support and access to anti-retroviral therapy. (7)

One of the major challenges in HIV/AIDS care in developing countries is acceptance and disclosure of a positive HIV status by PLWHA. Denial and non-disclosure of HIV status hinders prevention efforts as well as access to treatment, care and support for PLWHA.
The integrated community/home-based care program (ICHC) was effective in improving acceptance and disclosure of the HIV-positive status by PLWHA in the program. PLWHA in the ICHC program did not find disclosure of their status difficult, and had disclosed their positive HIV status to more people than those who were not in any program. PLWHA in the integrated community/home-based care program not only disclosed their positive HIV status within their family network and households, but also disclosed to the community in general, support group, religious groups and other social networks. (8)

According to the Ethiopian DHS 2006 16 % of women and 30% of men have compressive knowledge about HIV/AIDS prevention and transmission. Knowledge and belief about HIV/AIDS could affect how people treat those they new living with HIV. (9)

Significance of this study was to identify different factors which might contribute patients on ART to disclose their serostatus to their sexual partners and to significant others and positive and negative out comes occurred related with disclosing their serostatus. Taking appropriate interventions on identified factors (to bring positive change) related with non-disclosure and negative and positive outcomes associated with disclosure HIV serostatus to married or cohabiting sexual partners contributes in prevention and control of HIV/AIDS in the community

where new HIV infection transmission mostly occurs heterosexually in this sub-group of population.

2. LITERATURE REVIEW

Ethiopia, located in the North Eastern part of Africa, lies between 3 and 15 degrees north latitude with a total area of around 1.1 square kilometers (10). The current population of the country is approximately 77 million, of which 84% live in the rural area (11). Population structure of the country is young dominating like that of other developing countries. About 43.5% of population comprises those under the age 15 and 59 years and 51.9% between the age of 15 and 59 years and only 4.6% age beyond 60 years and above.(12) The country is one of the least developed countries in the world with an estimated percapita income US $100. (13)

Ethiopia has poor health status relative to other low income countries. This is largely attributed to preventable infectious disease and nutritional deficiencies. Infectious and communicable disease accounts for about 60-80% of the health problems in the country (3). Primary health service coverage; including private facilities, EPI coverage, IMR, MMR ,TFR, life expectancy at birth, CPR among married women was 98.1%, 72.6%, 77per 1000,673per 100,000 live birth, 5.4, 48 years for males and 50 years for female and respectively (11).

Widespread poverty along with general low income level of the population, low education level, inadequate access to clean water and sanitation facilities and poor access to health service have contributed to high burden of ill-health in the country. Average life expectancy at birth is also low at 48 year and further expected to decline if present HIV rate continues (12). The major reproductive health problems faced by young population in the country are gender inequality, early marriage, female genital cutting, unwanted pregnancy, closely spaced pregnancy, unsafe abortion and STIs including HIV/AIDS respectively. (13)

Many Ethiopian adult lack accurate knowledge about the way in which HIV virus can and can not be transmitted. Only 51% of women and 69% of men know that a healthy-looking person can have and transmit the virus that causes AIDS. In Ethiopia the mean number of sexual partner for both men and women increase with higher among urban than rural residents. The mean number of life time partner among women is higher in Addis Ababa (2.3). Among men, the highest numbers of life sexual partner were reported in Gambela (5.7) and Addis Ababa (4.8 partners) respectively. (9)

It is estimated that 70-80% of global HIV transmission occurs between infected person and their sexual partner trough unprotected sexual intercourse may be homosexual or heterosexual intercourse. The most common mode of HIV transmission is heterosexual inter course. Steps to reduce sexually acquired HIV infection are: abstaining from sex, reducing number of sexual partners, using condom consistently and correctly, avoiding sex with multiple sexual partner and getting STIs treatment (14).

DHS data analysis from 1739 Zambian Women, 540 Zambian men, 1176 Rwandan women, and 606 Rwandan men had indicated, it was estimated that 55.1% to 92.7% of new heterosexually acquired HIV infections among adults in urban Zambian and Rwanda occurred with in sero-discordant marital or cohabiting relationship. In contrary the study analysis indicated higher rate of condom use among non-cohabiting partners. (15) In Ethiopia according to 2005 DHS report from over 2,674 cohabiting couples were tested for HIV, 98% of both couple were free for HIV. The majority of the remaining couples 1.8% of the total 2.1% are sero-discordant. This finding clearly indicated there is unmet need for VCT service oriented towards couples, because most of these couples do not mutually know their HIV status. (9)

HIV voluntary counseling and testing (VCT) services provide a critical entry point to both HIV/AIDS prevention and care and support of infected individuals with the availability of improved intervention to reduce mother-to-child transmission, increased access to anti-retroviral drugs, and effective prophylactic treatment of opportunistic infections. For HIV positive individuals during the post-test counseling the client is counseled regarding to avoid additional exposure to virus, providing early referral for medical services, avoid re-exposure to STIs, maintain good weight through good diet, join PLWHA organizations, and education and counseling on family planning and encourage partner notification .(14)

Notified partner can choose whether to be tested, and if not tested or if found to be uninfected can receive counseling about practicing safer sexual behavior to avoid future exposure. If, however they found to be infected, they can seek early medical treatment and practice behavior that helps to reduce HIV transmission to others. (16) A cross-sectional study conducted in Mettu

and Gore town in the year 2004 among 42 HIV positive women have indicated 69% of women reported that they had shared their test result with their sexual partner and 31% of women had not shared the test result with their partner and condom use was found to be high among couple who had disclosed their serostatus than those who did not disclosed. (17) Study which was conducted among 129 HIV-positive patients regarding sexual risk behavior at Urban Clinic in Santiago, Dominican Republic in 2006 had indicated that 72.8% of sexually active patients used condoms more frequently, 21.7% used condom with the same frequency and 5.4% used condom less often. Among sexually active study participants those of who believed that their partner did not have HIV were much more likely to report using a condom at their last sexual encounter than those who did not know their partners HIV status. (18) Study which was done in Dare Salaam, Tanzania on predictors of HIV-1 serostatus disclosure among HIV infected pregnant women had indicated that women's who have fewer than six life time sexual partners or knowing someone with HIV/AIDS were more likely to disclose to their sexual partners. (33) The pattern of condom utilization and disclosure following HIV might not be the same for males and female sexual partners after their HIV test result. Study conducted in South Africa regarding self-disclosure of HIV serostatus in recently diagnosed 69 sexually active patients with HIV had indicated 78% had not disclosed their HIV serostatus to their sexual partners and 46% had no knowledge of their sexual partner serostatus. Compared to those who disclosed to non disclosed their serostatus, those who did not disclosed were more likely males and to have not used condom in last sexual activity have multiple sexual partner, used alcohol heavily and frequent sexual activity. (19)

Studies indicated fewer than 1 in 5 people at the risk have access to prevention information and service for HIV/AIDS prevention services. (20) HIV positive individuals who are not on ART they may be medically eligible for ART service currently, or not. They are likely to have complete information on ART and/or misconception about who is eligible, side effects, and use. Stigma and issue of disclosure are also key challenges for these individuals. (21) In the year 2000 study conducted in Botswana on the effect of HIV related stigma among 122 patients receiving anti-retroviral therapy indicated that 94% of patients reported keeping their HIV-status from their community, while 69% withheld this information from their family. Twenty-seven percent of patients said that they feared loss of employment as result of their HIV status. Forty

percent of patients reported that they delayed getting tested for HIV; of these, 51% cited fear of positive test result as the primary reason for delay in seeking treatment which was often due to HIV-related stigma. (22)

Early treatment with ART delay the appearance of clinical symptoms and also the knowledge of one's serostatus leads to personal protection (safe intercourse, personal injecting device etc…) above all it leads to a protection of contacts: spouse, sexual partner co-drug users. (23) Quantitative study which was conducted among 31 HIV-positive mothers in Johannesburg, South Africa regarding HIV serostatus disclosure had indicated virtually all women (93.5%) had told at least one person (usually a partner), most voluntarily within a week of the test result. For most mothers, voluntary disclosure was driven by desire to ensure adequate infant care and avoid vertical mother-to-to child transmission. (24) Study which was conducted in West Africa in the year 2003 about post-partum condom use among couples have indicated partner of HIV infected women were more likely to be tested for HIV before resuming sexual activity than partner of HIV-negative women to protect themselves from infection may due to knowledge of partner HIV-positive serostatus. (24) Study which was conducted from 1997-2004 in Barbados to determine self-disclosure of HIV serostatus among 129 post parturient women had indicated that 40(28.8%) women had self disclosed their status to other people including their current sex partner. Those women who had disclosed their HIV status were more likely to use condom during all sexual intercourse, less likely to have had subsequent pregnancy from a different sexual partners, were more likely to have a partner who had been tested for HIV, and were themselves more likely to be attending HIV Clinic for follow-up care compared to those who did not disclose. (25) Study conducted in Jimma have indicated that disclosure of HIV status was associated with knowing partner HIV status, advanced disease stage, low negative self image , residing in the same household with the partner, and discussion about HIV testing prior to seeking service. (26)

Disclosure is one of the eligibility criteria for receiving ART. A PLWHA must inform at least one person in their family of their HIV serostatus. People who disclose their serostatus are more likely successful in term of adherence and a reliable support system. (16)

Stigma surrounding HIV/AIDS prevents both adults and children from talking honestly about HIV prevention and care. Stigma also prevents them from talking about illness, death and sexuality. (27) Study conducted regarding about HIV-related knowledge, stigma and willingness to disclose HIV serostatus in China among 4,208 rural-to-urban migrants had indicated that 70% of respondents were willing to disclose their HIV status if they were HIV positive. Willingness to disclose was negatively associated with misconception about HIV transmission and stigma. (28)

Failure to uphold various rights in laws polices and practice adds to the barrier that poor men and women face in accessing service and information adopting health behavior. Millions of women have no power to challenge their rights and mechanisms for redress are rare. (20) According to international conference on AIDS 2004 held in Bangkok, Thailand 2004 report regarding rates, barriers and outcomes of HIV disclosure among women's had indicated disclosure rate were higher among USA (42-100%) than women in developing countries (16-86%). The lowest rate of disclosure was reported among women in developing countries in context of ANC 16.7%-32%. Barriers to disclosure identified during the report were accusation of infidelity, abandonment, discrimination, and violence. Disclosure related violence range between 0.4%-4 percent in USA based studies and 14.6-3.5% in developing countries studies. The highest rate of violence was reported among women tested in ANC clinic. (33) Study which was conducted in Barbados among post parturient HIV infected women about self-disclosure about their serostatus indicated among women who did not disclose their HIV status to any body 30% gave fear of stigmatization as the reason for non-disclosure, while 23 did not disclose their status as they feared abnormal reaction from their current sex partner and possible violence directed at them. (25) Studies indicated that women attending free-standing voluntary HIV testing and counseling clinic were more likely to disclose their HIV status to their sexual partner than women who were tested in the context of their antenatal care. Barrier to disclose their seostatus were found in study were fear of accusation, discrimination and violence. Between 3.5%-14.6 percent of women reported experiencing violent reaction from partners following disclosure of their HIV-serostatus. (29)

Creating enabling environment and protecting the right of people living with HIV/AIDS and their families will enable the infection and affected to live with dignity and responsibility and will limit the spread of virus. (30) Study done on predictors of HIV-1 serostatus disclosure among HIV-infected pregnant women in Tanzania had indicated that prevalence of disclosure to a partner ranged from 22% within two month to 40% after nearly 4 years. Women's were less likely disclose to a sexual partners if they were cohabiting, had low wage employment, had previous disclosure to a female relative or reported ever-use of modern contraceptive method. Disclosure to a female relative was predicted by knowing more than two individuals with HIV/AIDS, full economic dependency on their partners. (29) Study conducted in a resource-limited setting in the Niger delta of Nigeria regarding rate pattern and barrier of disclosure indicated among 187 HIV positive patients 144(77%) did disclose their serostatus. Among the disclosed married respondents were more likely to disclose their HIV positive serostatus. Expectation of economic, spiritual, emotional, and social support was the reason for their disclosure. (31) Study which was conducted in Mali and Burkina Faso had indicated that disclosure rate for male was 72.1% and for female was 79.9% and result of bivariate and multivariate analysis indicated respondents who were in cohabiting with their partners were more likely disclose their status to their sexual partners. (35) Study finding which was done in Gore and Mettu town had indicated women who had smooth relation with there partner are more likely disclose their serostatus to their partners. (17) A cross-sectional study conducted in Jimma University specialized hospital in clinical service among HIV positive married individuals indicated that 94.5% disclosed their test result to at least one person and 90.8% disclosed to their current main partner. From those who have disclosed their serostatus 14.2% of disclosure was delayed and 20.6% did not know their partner HIV status. Among who did not disclose, 54% stated their reason non-discloser was fear of negative reaction from partners. Among those disclosed 5% have negative reaction from their partner 80.3% of them reported their partner reacted supportively to disclosure of HIV serostatus. In the study identified factors not for disclosure were partner may get anger (20.4%), fear of separation (17.3%), partners may be afraid catching HIV from individual, no enough time to discuss (6.1%) fear of physical abuse (5.1%), fear of murder (4.1%) and fear of break of confidentiality (3.1%). (26)

HIV positive individuals like other community member likely influenced by media, community leaders, family members and peers.(21) Study done on139 HIV positive gay recruited from an AIDS Clinical Trial Unit at Midwestern University from 1998-2000 in USA regarding disclosure of positive HIV serostatus by men who have sex with men to families and friends over time had indicated that friends were disclosed to more often than family, but that at any point in time after diagnosis the relative risk of being disclosed to was not statistically significant. In the study neither gender of the family member or friend, race, age at the time of disclosure, nor the age of the participants at the time of disclosure significantly influenced disclosure rate over time. (34) Study conducted in a resource-limited setting in the Niger delta of Nigeria regarding rate, pattern and barriers of HIV serostatus disclosure among 187 sero-positive patients indicated, 144(77%) had disclosed their HIV serostatus while 43 (23%) had not. Result showed that the patients had disclosed their HIV serostatus to: parents (22.3%), sibling (9.7%), pastors (27.8%), friends (6.3%), family members (10.4%) and sexual partners (23.6%). Females are more likely (59.7%) to disclose their serostatus compared with males (40.3%). The barriers for the disclosure found in the study were fear of stigmatization, victimization, fear of confidents spreading the news of their status and fear of accusation of infidelity and abandonment($p=0.002$). (31) Getting people to discuss openly about HIV/AIDS is an important intervention has impact on family's, communities and Nation as whole in reduction of stigma. (27) Stigma reduction among these influences is important step to reduce barriers, disclosure and service seeking and increasing safer sex practices. (21) Study conducted in Gore and Mettu town have indicated that barrier for disclosure among non-disclosed includes: fear of abandonment 31.3%, fear of stigma and rejection (25%), fear of shaming family (12.5%) and fear of accusation of infidelity (6.2%). (17) Study conducted in Jimma had indicated that individuals who lives in the same household with their sexual partners, prior discussed with their partner about HIV, were found more likely to disclose their serostatus more likely than their counter partners with odds ratio 9.25, 3.8 respectively. Study participants had no prior knowledge of partner HIV serostatus were less likely disclose their HIV serostatus as compared with who had knowledge of partner HIV serostatus with OR 0.02.

HIV test positive result may suddenly 'transform' a healthy individual in to a disease individual, and the emotional burden of such discovery breeds anguish, depression and despair. It may also

result in negative social effect, a break from work environment and some times from families. Most of all, there is a potential stigmatization if situation become known, which can lead to serious consequences at live of orphans and widows as well as other family member. (32 and 27) Cross-sectional study which was conducted in Jimma had indicated that of 127 respondents who anticipated negative reaction from their partners, 13.4% faced adverse out comes of disclosure; the rest 86.6% received support and understanding from partners. Of 459 individuals who anticipated supportive out comes, 96.3% received support and assurance from their partners. 41.9% anticipated that their partner would be supportive while 46.4% of partners were supportive after disclosure. (26) Cross-sectional study finding of Gore and Mettu town had indicated that 62.5% women who have not disclosed their test result to their sexual partner due to the fear of their sexual partner (fear of abandonment, rejection and accusation of infidelity). Of those women who had disclosed their HIV serostatus 24.1% of respondents reported negative outcomes following their status disclosure. Following disclosure all women were blamed and their partner felt sad for the result tested with out their consent. (17)

3. OBJECTIVE

3.1. General Objective:

- ✓ To assess the magnitude, barriers and outcomes related to HIV serosatus disclosure among ART users in Addis Ababa

3.2. Specific Objectives:

- ✓ To assess socio-demographic characteristics of ART users
- ✓ To assess psychosocial, medical and sexual characteristics of ART users
- ✓ To determine magnitude of HIV serostatus disclosure among ART users
- ✓ To identify barriers related to serostatus disclosure among ART users
- ✓ To identify outcomes on ART users following HIV serostatus discloser

4. METHODOLOGY

4.1. Study Area and Period

The study was conducted in Addis Ababa Regional State ART providing health facilities from April-2009 to May 27-2009.According to health and health related indicator report of Ethiopia (1999 E.C), the total population of Addis Ababa was 3,059,000. There were 9 hospitals and 24 health centers under MOH. In the region there were 159 VCT centers providing HIV test and in the year 1999 total of 316,178 clients visited the centers among them 37, 746 were found HIV positive and there were 47 ART providing health facilities including Private and NGOs health facilities. From this 27 health centers and 9 hospitals were under MOH, 3 NGOs hospitals and 1 private hospital. In the region there were 52,036 clients were ever enrolled for ART. Among them 31, 852 had ever started ART and 22,885 were currently using ART.

4.2. Study Design

The study design was facility based cross-sectional design using data collected through a quantitative approach supplemented by a qualitative focus group discussion.

4.3. Source Population

All men and women who were married or who were in cohabiting sexual relation and receiving ART in all Addis Ababa governmental ART providing health facilities were source population for quantitative study was considered because high rate of unmeet need for VCT and high sero-discordance rate in this subgroup of population which mostly contributes new HIV infection. All married or cohabiting women and men who were involved as members in Addis Ababa PLWHA organizations and using ART were considered as source population for qualitative study.

4.4. Study Population

All married men and women in the selected health facilities who were currently using ART for quantitative study and all PLWHA members married and currently using ART in selected PLWHA organization for qualitative study were considered as source population.

4.5. Inclusion and Exclusion Criteria

Inclusion Criteria

ART users in Addis Ababa health facilities, who were willing to participate in the study ,who were married or had cohabiting sexual relation with their partners for at least 6 months and above duration at the time of their initial HIV test period and whose age was 18 years and above were included in the study.

Exclusion Criteria

ART users in Addis Ababa health facilities who were not married or who had no cohabiting sexual prater at the time of their initial HIV test period and age below 18 years and who refused to participate in the study were excluded from the study.

4.5. Study Subjects

Study subject for quantitative study were clients who were currently on ART in selected health facilities providing ART service, clients who were married or who were in cohabiting sexual relation and using ART. For qualitative study PLWHA member in selected PLWHA organization who were married and using ART currently were considered for the study as study subjects.

4.6. Sample Size Determination

The sample size was determined using the formula for single Population proportion.

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

Where:

n = the desired sample size for the cross-sectional survey

Z= percentiles of standard normal distribution corresponding to 95% confidence level

P= disclosure rate of HIV serostatus by HIV-positive individuals (UNAIDS 2004 report Thailand)

d= marginal error between sample and population which was taken as 5%

The calculated sample size was considered 360 by considering HIV disclosure rate of 69 % of Gore and Mettu study and a non-response rate of 10% (was assumed due to disclosure of HIV is sensitive issue) added 360 was desired sample sizes for the study which was conducted.

4.7. Sampling Procedure

Simple random sampling procedure was used to select governmental ART providing health facilities. Two MOH health centers and 4 MOH hospitals were selected by proportion allocation based upon number of clients flow (from whole ART receiving clients approximately 70-75% percents receive ART in governmental Hospital and 30-35 percent in Governmental Health Centers from governmental health facilities). The selected health facilities were: Zewditu Memorial Hospital, Minilik Hospital, St. Paule Hospital, St. Peter Hospital, Lideta Health Center and Gulele Health Center. Systematic random sampling procedure was used to select study subjects from the selected health facilities by taking every other ART receiving client and only participants who were interested in the study were interviewed for quantitative study. Purposeful sampling procedure was used to select PLWHA organization ("Tesfa Gohe", "Mekdim", "Yetseyone Mengedegnoch" and "Negem Lela Kegen") and key informants and members of the PLWHA organization using ART were selected for qualitative studies in order to assess PLWHAs in different geographical localities because PLWHAs in different localities might have different disclosure experiences and socio-demographic characteristics. PLWHA organizations were selected after having the list from PLWHA organizations coordinating organization.

4.8. Data Collection

4.8.1. Instruments

A questionnaire was adopted from review of different studies (International Conference Healed in Bangkok, Thailand on rate barriers and outcomes related with HVV serostatus disclosure; 2004, Jimma 2007 study on disclosure of HIV serostatus, Gore and Mettu 2005 study on disclosure of HIV serostatus etc…) which had met the study objectives. The developed questionnaires were first adopted in English were translated in to Amharic and back in to English and checked the consistency. Then the prepared questionnaire was pre-tested in 3% of the study subjects who were not included in the selected ART providing health facilities. Data collecting health professionals working in the ART clinic who do follow up visit were selected from selected health institutions and they were given orientation on data collection by the principal investigator. The responsibility of the data collectors was to fill questionnaires after obtaining verbal consent from the study subjects. For the Qualitative part four FGD at four PLWHA organization centers was conducted among volunteer participant of PLWHA members. For the

FGD structured questioner was used to guide the session. Four FGD group were arranged to conduct FGD. From the four FGD groups two FGD groups were for males and two FGD groups were for female's group FGD session. Again from male group and female group each were divided according to age (18 years-30 years and 30 years and above). For the discussion one health professional was involved to conduct the discussion in presence of principal investigator.

4.8.2. Data Collection Technique

Data collection was done in selected ART providing health facilities during the normal working hours after having consent from each respondent who was on ART. FGD session was conducted in PLWHA organization in privacy meeting room inside PLWHA organizations meeting hall.

4.9. Data Quality Assurance

Data was collected using pre-tested questioners by trained health professionals and regular follow-up was carried out during data collection period by principal investigator and collected data was checked for completeness, clarity and consistency by the principal investigator during period of data collection. The collected data cleaned before the analysis. Structured questioner was used to conduct FGD and the information provided by the respondents was tape recorded.

4.10. Analysis Procedure

Data was analyzed using chi-square test to identify level of statistical significance associated factors with disclosure of HIV serostatus for further stastical analysis. Multi-varate logistic regression analysis was used to identify independently related factors to HIV serostatus disclosure to their sexual partner using SPSS Version-11 program. Descriptive statistics was calculated to determine rate of disclosure and disclosure outcomes. Bivariate analysis was used to determine the presence of statistical significant association between dependent and independent variables. For qualitative study focus group discussion was transcribed word by word and translated in to English and then triangulated with quantitative study for the discussion.

4.11. Study Variables

Dependant Variable

HIV serostatus disclosure

Independent Variables

Independent variables includes: Socio demographic characteristics like:- age, sex, income, education, religion, marital status, occupation, place of residence, number of sexual partner, duration of relation ship with the sexual partner, sexual relationship with the partner, sexual partner relationship, discussion about HIV matter with the sexual partner, partner reaction following HIV serostatus disclosure, HIV status of sexual partner, stage of the disease of the respondent, stigma, social support, type of HIV counseling and etc.

11.12. Ethical Considerations

Formal letter was obtained after the approval of the proposal by Ethical Committees of, Medical Faculity, Addis Ababa University and School of Public Health, Addis Ababa Regional Health Bureau also had reviewed the plan and had written a formal letter for the health institutions in order to have appropriate support during data collection period. After obtaining support from health facilities head personals after provision of support letter provided by the regional Health Bureau and introduction of the objectives of the study appropriate support was obtained to conduct the study in the facilities. The head of the facility after introducing with data collectors who had close contact with ART users with the principal investigator orientation was given to data collectors on objective of the study and procedures of data collection by the principal investigator. Before patient interview verbal consent was obtained from each individual who was involved in the study by the data collectors. Also participants were informed about the purpose of the study and the study was based on their willingness to participate in the study and all questions were asked. Participants were fully informed that if they were not willing to participate they had the full right not to be involved in the study and their willingness not to participate in the study might not affect their medical treatment.

4.13. Dissemination of the Result

The study findings will be disseminated to the school of public health, to Addis Ababa Regional Health Bureau, PLWHA organizations and to Ethiopian Public Health Association.

5. RESULT

5.1 Socio-demographic Characteristics of the Respondents

A total of 341 ART users were involved in the study making response rate of 94.7%. Among them157 (46%) were male and the remaining 184(54%) were female ART user study participants. Majority of the study respondents and their sexual partner were in age group 30-34 (23.2%) and 35-39 (23.8%) year respectively. Approximately half of respondents 163(47.8%) were Amahara by their ethnicity which were followed by Oromo 94(27.6%). One hundred and eighty-five (54.3%) of the respondents and 176(51.6%) of their sexual partner were attended up to secondary schooling. The great majority 247(72.4%) of respondents were Orthodox by their religion and housewives by their occupation 94(27.6). One-fourth 88(25.8%) of the respondents and 103(30.2%) of their sexual partner had no monthly income when they were done HIV test (see table 1 below and table 2 on page 83)

Approximately three-forth 260(76.2%) of respondents were married legally at the time of their initial HIV-test and the rest 81(23.8%) were not married legally with their sexual partner. Two hundred-eighty one (82.4%) of the respondents were living inside Addis Ababa were as the remaining 57(16.7%) were living outside Addis Ababa when they had done HIV-test and 299(87.7%) and 42(12.3%) of their partner were living inside Addis Ababa and outside Addis Ababa respectively during that time. The great majority 275(80.8%) of respondents were living inside the same household and had duration of sexual relation five years and above 185 (54.3%) with their sexual partner (see table 1 one below and table 2 on page 83)

Among 157 male and 184 female 140(89.17%) male and 161(87.5%) female respondents had disclosed their HIV serostatus to their sexual partners. Respondents whose age were 50 years and above were found the one with the highest disclosure rate 15(93.7%) and those of whose age 25-29 years were found the one with the lowest disclosure rate 51(80.9%) as compared with the others. The highest disclosure rate in age group 50 and above might be due to increased duration in marital relationship had contributed to share sensitive information with their sexual partner. Respondents whose educational level was Diploma were found the one with the lowest in disclosure rate 39(79.5%) as compared with the others. Respondents whose occupation was government employee and who had no monthly income were found the one with the highest rate

of HIV serostatus disclosure in relation to other respondents with the rate of disclosure 59(92.1%) and 79(89.9%) respectively. Respondents Who were married legally 237(91.15%) and living together with their sexual partner in the same household 250(90.9%) were found to be more likely to disclose their HIV serostatus to their sexual partner as compared with those who were not in legal marital relationship and residing in different household at the time of their initial HIV test with OR 2.737(1.380, 5.430) and 2.745(1.336, 5.641) respectively at the 95% CI. The reason for high disclosure rate in this situation might be due to their marital condition was based up on partner mutual interest and limited tendency to shift to other sexual partner to obtain support. Respondents who had sexual relation duration of five year and above with their sexual partners disclosed in the highest rate 170(91.8%) as compared with the others and the lowest rate of disclosure was for marital relation duration 2 to 4 years 54(80.5%) (See table 1 below, 2 on page 83 and table 8 on page 30)

Table 1. Socio-Demographic Characteristics of ART Using Clients, In Addis Ababa ART Providing Health Facilities, May 2009

Variable (n=341)	Frequency	Percent (%)	HIV Serostatus Disclosure f (%)
Sex			
Male	157	46	140(89.2)
Female	184	54	161(87.5)
Age of Respondent			
19-24	20	5.9	17(85)
25-29	63	18.5	51(40)
30-34	79	23.2	70(88.6)
35-39	77	22.6	71(92.2)
40-44	54	15.8	49(90.8)
45-49	32	9.4	28(87.5)
50 and above	16	4.7	15(93.25
Ethnicity			
Oromo	94	27.6	86(91.5)
Amahara	163	47.8	147(90.2)
Tigre	38	11.1	29(76.2)
Gurage	36	10.6	29(80.6)
Others	10	2.9	10(100)
Educational Status			
Illiterate	24	7.0	22(91.7)
Could Read & Write	27	7.9	22(81.4)

Primary Schooling	50	14.7	43(86)
Secondary Schooling	185	54.3	169(91.3)
Diploma Graduate	49	14.4	39(79.5)
Degree Graduate	4	1.2	4(100)
Post Graduate & above	2	0.6	2(100)
Religion of Respondent			
Orthodox	247	72.4	221(89.5)
Muslim	41	12	34(82.9)
Catholic	9	2.6	7(77.7)
Protestant	43	12.6	39(90.7)
Others	1	0.3	1(0%)
Employment Status			
Government Employee	64	18.8	59(92.1)
NGOs-employee	27	7.9	19(70.3)
Private Organization Employee	77	22.6	70(90.9)
Merchant	53	15.5	46(86.7)
Housewife	94	27.6	84(93.3)
Other	26	7.6	23(88.4)
Monthly Income(n=337)			
<500 Birr	116	34.2	102(87.9)
500 Birr and above	135	39.8	118 (87.4)
Has no Monthly Income	88	25.9	79(89.8)
Marital Relation of respondent			
Legally Married	260	76.2	237(91.1)
Not Legally Married	81	23.8	64(79)
Usual Place of Residence During VCT			
Inside Addis Ababa	281	83.3	260(88.9)
Outside Addis Ababa	57	6.7	48(84.2)
Respondent Residing In the same Household with Sexual partner			
Yes	275	80.8	250(90.9)
No	65	19.2	51(78.4)
Duration of Sexual Relation With Sexual Partner			
Less than 1 year	29	8.5	5(86.2)
1-2 year	60	17.6	52(86.7)
2-4 year	67	19.6	54(80.5)
5 years and above	185	54.3	170(91.8)

5.2 Health, Health Related Condition and Sexual Characteristics of Respondent and Sexual Partner.

Among 341 ART users who were interviewed for the type of HIV test that they had under taken during their initial HIV test the majority 238(70.2%) of them had identified their HIV serostatus by the routine HIV test and the great majority 282(82.7%) had initiated their ART when their CD4-count was less than 200 and most of them had one sexual partner 285(83.6%), use alcohol 138(40.5%) and 142(41.6%) of them were none-substance users. Tow-hundred-fifty five (75.9%) of them had smooth relationship with their sexual partners just before HIV diagnosis and the remaining 81(24.1%) of them had no smooth relationship with their sexual partner just before the test. Respondents who had undertaken HIV test through peer-counseling and provider initiative counseling, who had single sexual partner and who were none-substance users were found to have high rate of HIV serostatus disclosure as compared with the others with disclosure rate of 6(100%) and 71(95%) ,253(88.8%) and 127(89.4%) respectively. Respondents who had smooth marital relationship 237(92.9%) just before HIV-test and whose sexual partner HIV serostatus was HIV-positive 127(95.4%) were found more likely to disclose with OR of 4.608 (2.311, 9.111) and 4.991(2.002, 12.440) at 95% CI their HIV serostatus to their sexual partners than those who did not had smooth marital relation and whose sexual partner HIV serostatus was unknown at the time of their initial HIV-diagnosis to the respondents (see table 2 below and able 8 on page 30)

Table 3. Respondents Health Related and Sexual Characteristics, Who Were ART Users in Addis Ababa ART Providing Health Facilities, May 2009.

Variables (n=341)	**Frequency**	**Percent**	**HIV Serostatus Disclosure f (%)**
Type of VCT Service Undertaken(n=339)			
Routine HIV Test	238	70.2	204(85.4)
VCT Service During ANC	21	6.19	19(90.5)
Provider Imitative Counseling	74	21.8	71(95.9)
Peer Counseling	6	1.8	6((100)

CD4-Count When Beginning ART			
<200	282	82.7	252(89.3)
200-349	53	15.5	43(81.1)
350-499	5	1.5	5(100)
500 and Above	1	0.3	1(100)
Number of Sexual Partners			
During VCT			
1	285	83.6	253(88.8)
2	34	10	30(88.2)
3	15	4.4	13(86.7)
4	4	1.2	3(75)
5 and Above	3	0.9	2(66.7)
Substances Used by Respondent			
During VCT			
Alcohol	138	40.5	122(88.4)
Chat	55	16.1	48(87.2)
Cigarette	6	1.8	4(66.7)
None	142	41.6	127(89.4)
Relation Ship With Sexual Partner			
Before VCT(n=336)			
Had Smooth Relation	255	76	237(92.9)
No Smooth	81	24	60(74)
Sexual Partner HIV Serostatus			
During VCT			
HIV-Positive	133	39	127(95.5)
HIV-Negative	56	16.4	51(91)
Unknown HIV Serostatus	152	44.6	123(80.9)

5.3 Reasons for Non-disclosure of HIV Serostatus to Sexual Partner.

From 341 respondents majority 270(79.2%) were willing to disclose their HIV serostatus before their HIV-diagnosis for their sexual partners but after their HIV diagnosis slightly large number of them had disclosed 301(88.3%) their HIV serostatus to their sexual partners. Among those

who had disclosed their status to their sexual partners 207(68.8%) disclosed immediately, 43 (14.2%) of them disclosed within one week and one month period and 21 (7%) of them within one-two month period following their initial HIV diagnosis. Most of those who had disclosed their HIV serostatus to their sexual partner disclosed for the reason to make their sexual partner to be examined and protect them 143(47.5%) and to prevent HIV-virus transmission to their partners 87(28.9%). Among the disclosed one hundred thirty-four (39.2%) respondents had not disclosed their HIV-diagnosis immediately 94(27.56%) after their VCT and 40(11.7%) of them did not disclosed until now to their spouse due to different reasons. From them 99(27%) of them had not disclosed their HIV-diagnosis immediately or until now to their sexual partner due to fear of loss of support 32 (9.4%) from sexual partner, not having enough time 27 (7.9%) to discuss their HIV-diagnosis test result with their sexual partners, sexual partner may get anger 21(6.2%) and fear of accusation of infidelity 19(5.6%) were among some of major reasons which were identified for dalliance in disclosure and non-disclosure (see table shown below).

Table 4. Reasons for Disclosure and Non-disclosure of HIV Serostatus to Sexual Partner, In Addis Ababa ART Providing Health Facilities, May 2009

Variables (n=341)	Frequencies	Percent
Willingness to Disclose HIV-serostatus To Sexual Partner (n=341)		
Yes	270	79.2
No	71	20.8
Disclosure of HIV-serostatus to Sexual Partner (n=341)		
Yes	301	88.3
No	40	11.7
Reason for Disclosing HIV-serostatus To Sexual Partners(n=301)		
To prevent HIV transmission To Sexual Partner	87	28.9
In order to make Sexual Partner To Be Examined and Protect Himself	143	47.5
To Prevent HIV Transmission To New Born	16	5.3

To Obtain Support From Sexual Partner	32	10.6
Other Reasons	23	7.6
Duration of HIV serostatus Disclosure To Sexual Partner(n=301)		
Immediately After VCT	207	68.8
Within One Week & 1 Month	43	14.3
Within One Month-2 Month	21	7
Within 2 Month and 7 Month	14	4.7
Within 7-12 Month	9	3
Within 1-2 years	2	0.7
Within 2-4 Years	2	1
Within 4 Years and Above	3	0.9
Reasons for Not Disclosing Immediately HIV serostatus to Sexual Partners(n=129)		
Health Professionals Not Given Information To Disclose	11	8.5
Fear of Accusation of Infidelity	19	14.8
Sexual Partner Violence	12	9.3
Have no Worry for Sexual Partner	4	3.1
Sexual Partner May Get anger	21	16.2
Sexual Partner May be afraid of Disease Transmission	3	2.3
No Enough Time to Discuss Disease Condition	27	20.9
Fear of Loss of Support From Sexual Partner	32	24.8

5.4 Main Reasons for Disclosure to Significant Others and Health Problem Occurred Following Disclosure

From 341 ART users interviewed for disclosing their HIV serostatus to significant others 311(91.2%) had disclosed to at least one individual and the remaining 30(8.8%) had not disclosed to any body else. Among those who had disclosed their HIV serostatus to at least one significant others sister, brother, close friend and mother were the leading one to be disclosed their status comprising 112(32.8%), 86(25.2%), 86(25.2%) and 81(23.8%) respectively. Their main reasons for not disclosing to all of significant others or not disclosing for at lest one individual includes fear of discrimination by people 129(37.8%), having no importance to

disclose to other people 88(25.8%) were among the major reasons identified. Among the respondents who had disclosed their HIV-diagnosis result to at least one person including their sexual partner 143(98.6%) had developed depression related problem (See the figure Shown below and table 5 on page 84)

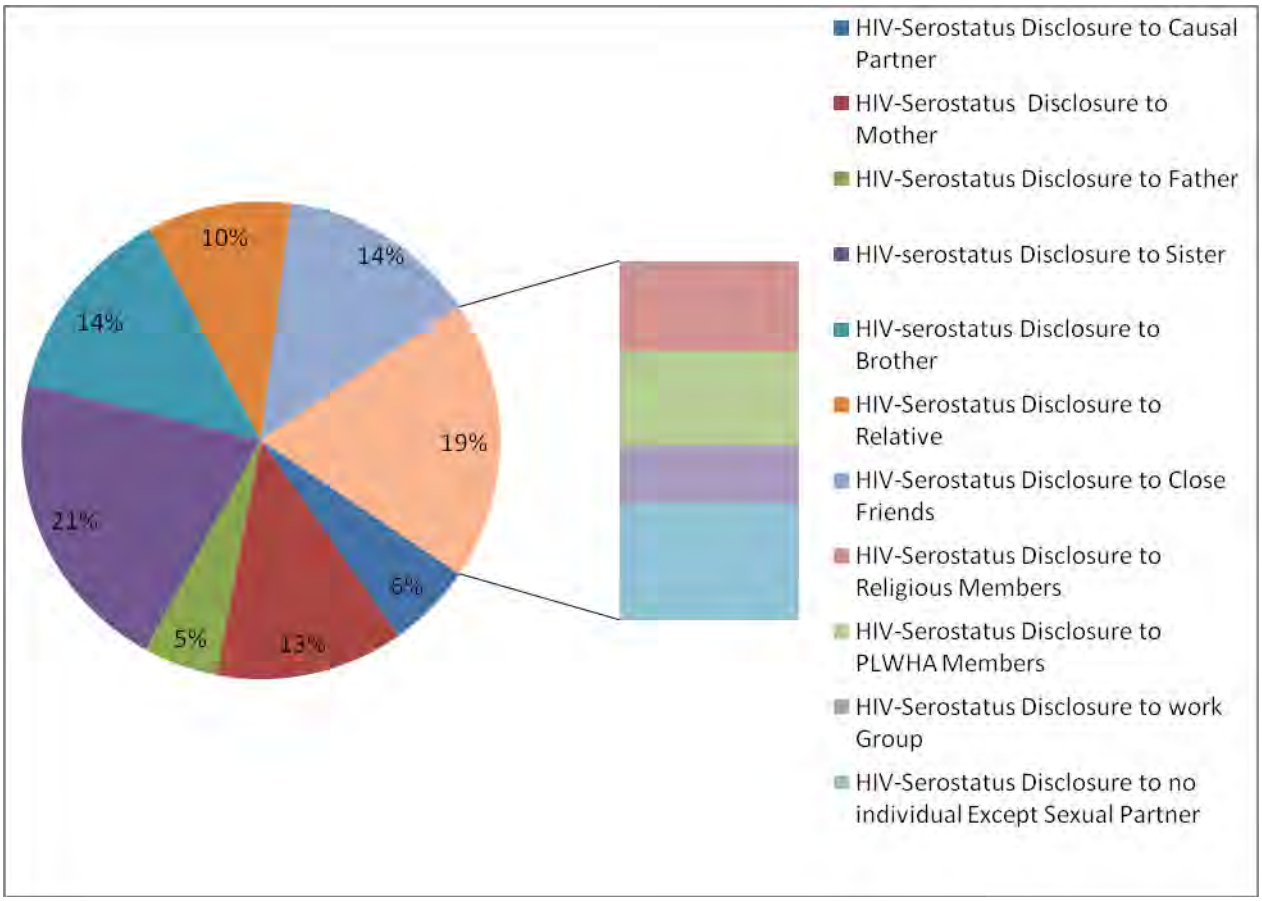

Figure 1. HIV Serostatus Disclosure to Significant Others among ART User Clients, In Addis Ababa ART Providing Health Facilities, May-2008

5.5 Behavioral Changes Following HIV Serostatus Disclosure and Partner Discussion about HIV Related Topics and VCT before HIV Diagnosis

Among 301 respondents who had disclosed their HIV serostatus at different time 24(7.9%) of them had engaged in sexual activity before they had disclosed their HIV serostatus to their sexual partners and 48(15.9%) of them were condom users before their HIV test and 206(68.4) of them started to use condoms immediately after disclosing their serostatus to their sexual partners. From those of who had not disclosed (40) their HIV serostatus to their sexual partners

6(15%) were condom users before their HIV test. Their main reasons for the utilization of condoms after disclosing their HIV-diagnosis by disclosed to their partner was to prevent HIV virus transmission to their sexual partner 133(39%) and to prevent future pregnancy 57(16.7%). Ninety-seven respondents who had disclosed their HIV serostatus but not using condoms their main reasons for not using condoms following their HIV serostatus disclosure were in order to have additional children 15(11.3%), because their sexual partner was HIV-positive 11(11.3%), religious prohibition 11(11.3%) and another different reasons 54(55.6%) were found to be their main reasons. About 191(56%) and 190(55.7%) of the respondents respectively had not discussed about HIV related topics and about VCT with their sexual partner before their HIV test. From 301 respondents who had disclosed their HIV serostatus 108 (35.9%) and 113(37.5%) of them had only discussed with their sexual partners about HIV-related topics and VCT before HIV test with COR 5.341(1.820, 15.672) and 6.604(2.224, 19.607) at 95% CI respectively. While among the 40 non-disclosed respondents seven (17.5%) of them only had discussed with their sexual partners about HIV-related topics and VCT before HIV test with their sexual partners and the remaining did not had discussed (see table 6 on page 85)

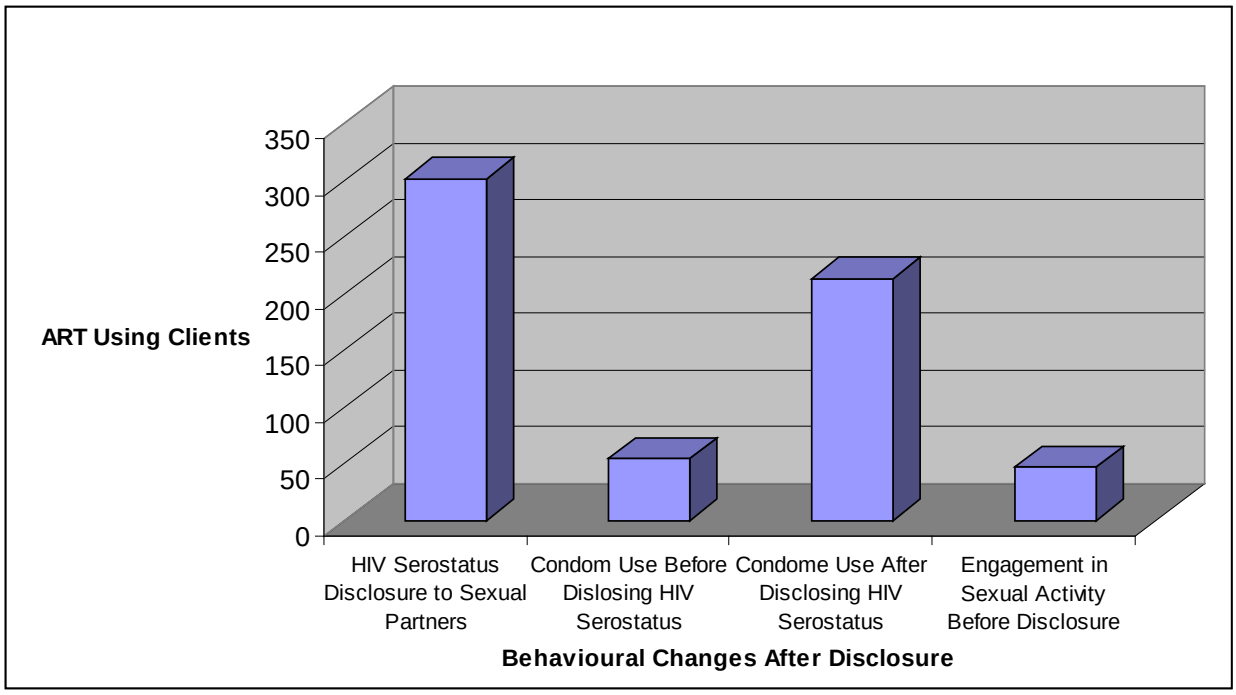

Figure 2. Behavioral Changes following HIV Serostatus Disclosure among ART Users In Addis Ababa ART Providing Health Facilities, May 20

5.6 Outcomes Following HIV Serostatus Disclosure to Sexual Partner and Other People

Among 341 respondents who were asked about different reactions encountered following their HIV-diagnosis disclosure to their sexual partners and individuals 332(97.1%) of them had got support from at lest one person for whom they had disclosed their diagnosis. Most of them got support from their sexual partners 65.4% followed by their family members 40.5% and Very few 5.9% of them had got support from their neighbors. After being known HIV serostatus of the respondents from 340 respondents 70(20.5%) were annoyed by people and from 337 respondents 141(41.3%) said the individual who had known their HIV serostatus cried when they had disclosed their HIV-status for them. Among 340 respondents who had disclosed their HIV serostatus 45(13.2%) of respondents said people who had known their HIV-status were talking to stop usual relation with them and from 339 interviewer 50(14.7%) said peoples have left away after they had known their HIV-diagnosis. Among 338 respondents 32(9.4%) of their sexual partner had threatened them and approximately 14(4.1%) of them were beaten by their sexual partners after they had disclosed their HIV serostatus to their sexual partners (see table 4 below t)

Table 4. Outcomes Following HIV Serostatus Disclosure to Sexual Partner and Other People, by the ART Receiving Clients, in Addis Ababa ART Providing Health Facilities, May 2009

Variables	Yes		No	
	Frequency	**Percentage**	**Frequency**	**Percentage**
Supportive Reaction From Sexual Partner(n=301)	222	73.3	79	26.3
Supportive Reaction From Family Members	138	40.5	203	59.5
Supportive Reaction From Relatives	48	14.1	293	85.9
Supportive Reaction From Neighbors	20	5.9	321	94.1
Supportive Reactions From Working Environment	26	7.6	315	92.4
Supportive Reaction From Friends	62	18.2	279	81.8
Supportive Reaction From Others	26	7.6	315	92.4
Annoyance Following HIV Serostatus	70 141	20.5 41.5	270 196	79.5 57.6

Respondent Confusion Following HIV Serostatus Disclosure to People(n=340)	45	13.3	295	86.7
People Want to Leave following Disclosure(340)	128	37.5	187	54.8
Sexual Partner Worry About His/her HIV HIV-Serostatus Following Disclosure(n=340)	50	14.7	289	85.3
People Left away After Knowing Serostatus (n=339)	32	9.5	306	90.5
Threatened By Sexual Partner Following Disclosure(n=338)				

Table number 5 below indicates independently related factors associated with HIV serostatus disclosure to the sexual partners. There are six independently related factors associated with HIV serostatus disclosure to the sexual partner. The factors which identified were: marital relation with the sexual partner, residing with the sexual partner inside the same household, smooth relationship with sexual partner, sexual partner HIV serostatus, discussion with partner about HIV related topics and VCT before HIV diagnosis and partner HIV serostatus before the diagnosis of HIV serostatus of the respondent. Analyzed and identified values for each of the factor depicted below.

Table 8. Multivariable Associations between Selected Factors and HIV Serostatus Disclosure among ART Receiving Clients, in Addis Ababa ART Providing Health Facilities, May 2009

Variables	**Disclosure Rate**			
Marital Relationship with Partner	**Disclosed**	**Not-Disclosed**	**COR**	**AOR**
Legally Married	237	23	2.737(1.360, 5.430)*	3.572(1.399, 9.122)*
Not Legally Married	64	17	1	
Total	301	40		
Residing Inside the Same Household				
Yes	250	25	2.745(1.336, 5.641)*	0.820(0.284, 2.366)
No	51	14	1	
Total	301	49		
Relationship with Sexual Partner				
Had smooth Relationship	237	18	4.608(2.311, 9.191)*	5.263(2.360, 11.74)*
Had no Smooth Relationship	60	21	1	
Total	297	39		
Sexual Partner HIV Serostatus				
HIV-Positive	127	6	4.991(2.002,12.440)*	8.024(2.807, 22.93)*
HIV-Negative	51	5	2.405(0.881, 6.561)	2.966(0.870, 10.11)
Unknown HIV Serostatus	123	9	1	
Total	301	20		
Discussion about HIV Related topics before HIV test				
Yes	108	7	5.341(1.820,15.672)*	1.342(0.153, 11.79)
No	167	24	2.404(1.009, 5.752)*	1.165(0.195, 6.958)
I Don't Remember	26	9	1	
Total	301	40		
Discussion about VCT before HIV test				
Yes	113	7	6.604(2.224,19.607)*	6.452(0.729, 57.08)
No	166	24	2.83(1.167, 6.861)*	4.33(0.721, 26.063)
I Don't Remember	22	9	1	
Total	301	40		

* Indicates Significant Factors Associated With HIV Serostatus Disclosure to Sexual Partner.

5.7 Stigma I ndicating S ituations Oc curred A fter HIV-Diagnosis and Following H IV-Serostatus Disclosure.

Among 341 respondents asked about whether they were abused verbally in the previous three months the vast majority of the respondents had never abused verbally after they had disclosed their HIV

Diagnosis to individuals (which ranges from95.3%-85.9percentage). The largest number of the interviewer 325(95.3%) who never abused verbally said people did not song offensive song when they pass near by the people and the minimum number 293(85.9%) of respondents who had never abused verbally said people did not blamed them because of their HIV status. From those of who had abused verbally 48(14.1%) of interviewer said they were blamed for their HIV-serostatus one-two times, several times or most of the times during in previous three months is the maximum figure and the minimum figure for those who were abused verbally said people song offensive song when they pass by near the people (See table 9 on page 87).

5.8 Respondent Self Perception Following HIV-Diagnosis

Regarding interviewer perception about them selves following HIV-diagnosis within the previous three months the great majority of respondents said they never had any one of the mentioned feelings listed on the table. The great number of them 248(83.3%) up to 246(72.5%) had never perceived them selves as they had brought a lot of trouble to their family. The remaining maximum number 95(27.9%) up to 57(16.7%) minimum number of interviewed had perceived themselves at least one or two times, several times or most of the time as indicated in the table had conceived self perceptions like: They had felt shamed of having the disease 20.8%, they felt they had brought a lot of trouble to their families 23.2%, they had felt worthless 20.8%, they felt they were no longer a person 20.2%, and they felt they did not disserve to live 16.7% (See table 10 on page 88).

5.9 Social Stigmatization Situation Following HIV-Serostatus Disclosure by Respondents

Concerning social stigmatization following HIV sero-status disclosure like that of interviewer perception about themselves following their HIV diagnosis slightly large number 317(93%) - 302(88.6%) of respondents had never any of the listed type of social isolation with in the previous three months as depicted in the table. The vast majority of respondents 317(93%) said

their friend never stopped being their friend from the listed social isolation type in the previous three months. From the social isolation types mentioned maximally 39(11.4%) interviewer said either people who had known their HIV status cut down visiting them or people ended usual relationship with them and minimally 24(7%) respondents said some one stopped from being their friends for one-two times, several times or most of the times in the previous three months (See table 11 on page 88).

5.10. FGD RESULT

There were four FGD groups used to assess HIV serostatus disclosure, reasons for disclosure and non-disclosure of HIV serostatus to sexual partners and significant others by ART users in PLWHA organization who were living inside Addis Ababa. The FGD Result flinging is indicated below:

HIV Serostatus Disclosure to Sexual Partners

Female FGD study participants most of them had disclosed their HIV serostatus to their sexual partners except one study participant. Their reasons which they had given for the disclosure of their HIV-serostastu to their sexual partners as they had mentioned includes the following: Personal health protection, due to advice given by counselors to disclose to their sexual partners, to make sexual partner to know his/her status and to get support from sexual partner, in order to have healthy child, due to health condition deterioration of their sexual partners were the mentioned reasons for their disclosure of their HIV-serostatus to their sexual partners. The disclosure experience mentioned by some of the study participants was stated in the following ways:

A female participant asked if she was willing to disclose her serostatus before the test and whether she had disclosed to her sexual partner said, “I had intention to notify my sexual partner before HIV test to my partner and I have notified him. I have made known my HIV-serostatus because when I married him I had no other sexual partner except him but we have not done VCT together before we married. After 3 month of delivery I had informed to my sexual partner and after that he has took VCT and has found him self as HIV-positive. The reason that I have tolled my sexual partner was in order to make him know his HIV serostatus and each of us to care for one another”. Another respondent who had notified her sexual partner after two years after VCT said,” I was following my husband condition to disclose my HIV diagnosis. When skin lesion started to appear on his body, I disclosed my status to him and I informed him to make him to be examined for HIV. Before disclosing my HIV serostatus my partner was asking me to know about the type of medication that I was using but I made hidden HIV medication as medication which is taken for the liver disease”.

On the other hand male FGD participants all of them who were involved in the study had disclosed their HIV serostatus to their sexual partners and they have given different reasons for disclosing their HIV serostatus to their sexual partners. Among the reasons that they had mentioned were: in order to get support from their sexual partner, not wanting to hide the disease condition from sexual partner which may distract their future life, health condition deterioration were some of the reasons mentioned. Some male FGD participants mentioned their disclosure experience like this: A study participant who was living away from his wife before and started to live with his wife explained his disclosure experience said, “I was not living with my wife together before HIV-test. I was living in military site. When I separated from military, my health condition was not good. After separation from military, I have been admitted for 2 months in military hospital. During that time, my doctor had advised me to have VCT. However, I tolled for him that before that I need to discuss the condition with my wife and I left to my home and started to asked my questions her like: what will you do if such and such kind of thing could happen on you? Directly after that I Said” you need to have HIV test and know your status”. During that time, she was sick and her both legs were paralyzed. After that both of us visited VCT center and identified our selves as HIV-positive”. Another male respondent from FGD participant asked the same type of question and said, “I had known my HIV-status when I was admitted hospital for operation when blood sample was taken for examination before operation and following my operation I have notified to my family members including my wife in order to get support from them”.

The only female FGD participant who had not shared her status to any body from the FGD participants and recently diagnosed for HIV and has not shared her serostatus to any body else including her sexual partner explained her reason for non-disclosure said, “My mother is HIV-positive and I am the one who takes care for her. My mother tolled me to go to PLWHA organization and to be involved in their member. When I met them I have tolled to the organization members that I have mother whose HIV serostatus is positive. Hearing this information from me, they tolled me to do HIV test. I have accepted their advice, tested for HIV, and found my self as HIV- positive. Following that I have notified to no body including to my sexual partner because I found it is difficult thing to tell to my husband because I feel I am right person”.

HIV Serostatus Disclose Family Members

Disclosed family members by FGD participants includes: children's, mother, father, brother, sister and stepson. From FGD participants some of them had disclosed to all family members and some of them had not disclosed to one or two of their family members and they had given different reason for disclosure and non-disclosure of their HIV serostatus to their family members. Reasons which were given by female participants were the following ones: -because of questions rose in relation to their disease condition by their family members, because of love of family members, in order to live healthy and happy life, to obtain care and support from family members and to grow children appropriately. Reasons which were mentioned for not disclosing for their family members by the female study participants include: Family members may disseminate their HIV diagnosis result to other people, people may isolate if they know their HIV serostatus, family members may be disturbed if they knew their HIV-status, family members may die are some of the reasons mentioned by the respondents.

Disclosure experiences to family members by the some of FGD participants and their reason for disclosure non-disclosure to family members were mentioned by some of the participants in the following way: A female respondent who was examined for HIV with out her knowledge by her husband said, "After two months when my health condition has improved I have disclosed my HIV-status to my child who get support from me. I did not want to be known my HIV-status to my family members but they have known my status when we had marital disharmony between me and my husband which was created in relation to notification of HIV test result to him". Another female participant who had examined in 1996 and on ART for the last 5 years said, "I have disclosed to my sister and brother because I wanted to live for at least one day beautiful and healthy so that I can grow my children appropriately because I have lost my husband". A participant who had disclosed after 5 months her status to her sister said, "I have disclosed my status to my sister because if I am sick she is the one who could take care for me and she will take me to health facility. I have not disclosed my status to my brothers because he may disseminate my HIV status to other people and people may know my status & at the end they may isolate me.

Like female respondents some male respondents had disclosed their HIV serostatus to all family members and others disclosed to some of their family members. They have different reasons for disclosing and not disclosing their HIV serostatus to their family members. The reasons which were mentioned for the disclosure includes: To gain support and enforce family member to have HIV-test, desire to live, because health condition of the respondent was not good. Male respondents also had not disclosed not willing to disclose their HIV serostatus to their family members due to different reasons which they had mentioned includes: The time when they had done HIV-test was not good because of discriminations and lack of knowledge about HIV.

Some of the male respondents stated their HIV-disclosure experiences and non-disclosure to their family members like in the following manner: A man who have disclosed initially to his sexual partner after 6 months of his HIV diagnosis noted his reason for disclosure for some of his family members as, "I had very close relation ship with my families during my HIV test period. My mother and father were not around me during that time. I was living with my elder brother inside Addis Ababa and I had disclosed him in the third month after my diagnosis. I disclosed him my HIV status because putting as secret my status has no meaning. I have disclosed my test result in order to gain support and enforce him to have HIV test". A male participant who had known his HIV status when he has gone to hospital and waited for 6 years before disclosure to his families shared his disclosure noted as, " I have not informed my HIV serostatus for 6 year for my mother, my sisters and brothers. I have waited for this duration of time because their was discrimination and lack of knowledge about HIV during that time".

HIV Serostatus Disclosure to Friends

Male and female respondents who were asked regarding disclosure and non-disclosure of their HIV serostatus to their friends had given different reasons for disclosure and non-disclosure of their HIV status to their friends had given the following reasons. Among the reasons that they had given for disclosing their HIV serostatus were the following: To gate support from friends, to get advice from their friends for the health problem they had, to get care from friends, in order to protect their friends from HIV-infection. Some of study participants had given their disclosure experiences in the following ways: A female respondent who had known her status 6 years back asked about whether she had disclosed her status to her friend said, "When I was 4 month

pregnant I have noticed I am HIV positive I first informed my friend my status. I have tolled her because she may take me to health facility". A male respondent in the beginning who had not disclosed his status in the former living residence said, "Initially I have not disclosed my status to any body. But after I have changed my living residence to "Entoto" and studied the new environment and noticed people who were living in the area and found them as people with the same kind of problem like me and I have decided to disclose to my new friend in that living environment in three to four month following the diagnosis and disclosed him because he is my close friend and I obtain support from him incase I am sick".

Disclosure of HIV Serostatus to Religious Leaders

Almost all male and female respondents had disclosed their HIV serostatus to their religious leaders except one female FGD participant. The reasons that they had disclosed their HIV-serostatus to their religious leaders includes :- In order to create marital harmony which was destructed related with the disease situation, because religious leaders had given responsibilities to take care for the sick peoples, religious centers gives great chance for survival and they are places to obtain reassurances, notifying religious leaders is one of precondition to baptize were reasons for their disclosure to their religious leaders and one female respondent had not disclosed yet now because she had not disclosed to her husband.

From the FGD participants some of them who had shared their disclosure experiences to FGD participants in the following manner: A female participant who had disclosed her HIV serostatus after 6 month of her initial diagnosis to her husband and separated from her husband currently in relation to the disease condition said, "I have disclosed my status to my husband after 6 month and he had not accepted my result and he was not willing to live with me. I tolled my religious leader to create marital agreement between us". A male Participant had noted his disclosure experience and reasons for the disclosure in the following way as, "Before expansion of VCT service like the present condition religious affiliation areas were very important advice giving centers and praying areas for us and they had given very important benefits. The benefits that we had got were they served as transitional time because before we have started ART. At that time we were very stressful because we only think about death and a person who had well religious belief has great chance for survival and gives reassurance for us". Additionally pointing the

importance of disclosing HIV status to prominent religious leader who were gifted from God said, “God is father for every body and if there is great problem not told for any body is tolled to God through praying. There are some religious leaders who have especial gift from God. We have no alternation at that time, and we share our problems to them. At that time they were reassuring us and their reassurance has contributed for our being alive now”.

Outcomes of HIV serostatus Disclosure to Sexual Partners, Family and Other Peoples

Following HIV serostatus disclosure male and female study participants had experienced positive and negative out comes in relation to their HIV serostatus disclosure to sexual partners and other peoples. Among the out comes mentioned by female respondents includes: Obtained support from family members, obtained respection and love and accepting the test result from positive side from sexual partner were some of the positive outcome associated following HIV-serostatus disclosure.

Female respondents who had disclosed their HIV serostatus had experienced some of the following negative outcomes in relation to disclosing their HIV serostatus: individual who had disclosed cried, loss of consciousness, personal disturbance, people started to stop eating food together, sexual partner separation, mistreatment by people, discrimination by people were the reasons mentioned by respondents.

Some of the discussed pointes raised in relation to outcomes of HIV-disclosure to individual’s by FGD participants were stated in the following manner: A women who wanted to tell her family said, “I have tolled my diagnosis to my brother and then he said to me if I am alive you can get your medication if I die you could not get your medication and you and your child could live .He also supports me. Disclosing to family member has importance that other family member is initiated to do examination and people could support us. After disclosing, I had got continuous support from them and helped me to be healthy. During the last 5 years, all people who had known my status have given respection and love to me”. A respondent who did not wanted to disclose initially her status to her mother but disclosed said, “For me it was not good to tell my status to my mother because she could not tolerate difficult situations. But latter I have tolled her but my mother stopped eating the food that I had prepared and I disliked such kind of

discrimination". My mother after knowing my test result she did not give love as previous time because she has lack of understanding about HIV". One study participant noted about no importance of disclosing many people said, "Telling for people is not easy. When I first tolled to people, I totally disturbed my self. I did not know what I am going to do. Especially telling to many people cause loss of our mind (people who did not understand us harm us)". Male respondents also stated their positive and negative out comes of their HIV-disclosure like had noted the following points: Reassurance from family member, encouragement from family member, family member become anger, accepting the test result from positive side, stigma and discrimination, hate of disclosed individuals were the negative and positive outcomes related with disclosing HIV status disclosure to individuals. Some of the outcomes discussed by the respondents were the following: A participant who had disclosed his HIV status after 7 day to the whole community said, "After informing my status to religious leader and my spouse I informed to the whole community who live around me and the community accepted my advise and community around the whole taken VCT because they did not expected me that I would acquire HIV. Following my disclosure for one-week stigma and discrimination situation happened on me. People did not drink on the same cup with me and isolation me on meeting". A participant who had disclosed after understanding his brother felling regarding questions raised for him regarding HIV after 3 years said, "After understanding the response for the questions regarding HIV which I raised was good for me I had disclosed my status to him. After knowing my status he said to me being along for 3 years you harmed yourself and he asked me why you did not tell me? Following that I became very happy and disclosed my status to PLWHA members and teach people about HIV in media and express my self by wearing t-shirt".

6. DISCUSSION

The objective of the study was to determine magnitude of HIV serostatus disclosure and to identify socio-demographic factors associated with HIV serostatus disclosure to sexual partners among ART users in Addis Ababa ART providing health facilities. Also the study tray to identify outcomes following HIV serostatus disclosure to sexual partners and significant others.

In the study 341 participant were interviewed and among them 157(46%) were male and the remaining 184(54%) were female study participants. Majority of the study respondents and their sexual partner were in age group 30-34(23.2%) and 35-39(23.8%) respectively. Three hundred and thirty one (88.3%) of the study subjects had disclosed their HIV serostatus and 40(11.7%) had not disclosed their HIV serostatus to their sexual partner. One hundred and forty male and one hundred and sixty-one female respondents had disclosed their HIV serostatus to their sexual partners among 157 male and 184 female study subjects (disclosure rate of 89% and 87.5% respectively). Total rate of disclosure in this study higher than disclosure rate study done in Gore and Mettu[17], which was 69% but slightly lower than study conducted in Jimma[26] which was 90.8%. The high rate of disclosure as compared to Gore and Mettu might be due to the reduction in stigmas and discrimination in current situation. The rate of disclosure as compared with the disclosure rate of developing countries (16-86%) is high according to AIDS report held in Bangkok[29], Thailand, 2004. The high rate of discloser in this study as it is compared with developing countries may be due to the reason as mentioned above.

Sixty-four (18.8%), 27(7.9%), and 94(27.6%) of respondent were government employee, NGOs-employee and housewives by their occupation respectively. Government employees were found the one with the highest rate of disclosure 92% and employees of NGOs were found the one with the lowest rate of disclosure 70.3% as compared with other occupational status. The highest rate of respondent sexual partner for whom their partner had disclosed their HIV status were housewife 95.8% by their occupation and the lowest rate of disclosure was for sexual partner whose occupation was employee of NGOs 78.9%. This small rate of disclosure among NGO employee might be due to the mobile nature of their work could possibly made them either to live separately from their partners or not to have enough time to discuss their HIV serostatus

with their sexual partners which subsequently lead to low disclosure rate of their HIV serostatus to their sexual partners.

Two hundred and sixty respondents were living in legal marital relationship with their sexual partners at the time of their initial VCT and among them higher percentage 237(91.1) had disclosed their HIV serostatus to their sexual partners but from 81 respondents who were living together with their sexual partner in non-legal marital relation ship only 64(79) of respondents had disclosed their HIV serostatus to their sexual partners after their initial HIV test. When disclosure rate for those who were living together with their sexual partner in legal marital relationship compared to those who were living in non-legal marital relation ship, respondents in legal marital relationship were more likely disclosure their HIV serostatus to their sexual partner with COR 2.737(1.380, 5.430) and AOR 3.572(1.399, 9.122) at the 95% CI. This study finding is consistent with a study which was conducted in Tanzania[33] in which case women in cohabiting sexual relationship were found less likely disclose their HIV serostatus to their sexual partners (Prevalence of disclosure to sexual partner ranged from 22% within 2 months to 40% after nearly 4 years) and the study finding conducted in Niger Delta [31]of Nigeria women who were married found high rate of disclosure 77% their HIV serostatus then non-married women. But the study finding is inconsistent with the study conducted in Mali and Burkina Faso[35] among 154 men and 164 women who were living together in marital or cohabiting sexual partner relation disclosure to sexual partner for both male and female was strongly associated with living together in cohabiting sexual partner. Two hundred and seventy-five respondents were living together with their sexual partner in the same household and among them 90.9% disclosed their HIV-serostatus. While, from 65 respondents who were living in different household 78.4% of them had disclosed their HIV serostatus to their sexual partner. When this finding was analyzed statically respondents residing in the same household were found to be more likely to disclose their HIV serostatus to their sexual partner as compared with those who were residing in different household with COR 2.745(1.336, 5.641) at 95% CI. The possible explanation for the high rate of disclosure of HIV serostatus in this situation is living inside the same household facilitates open communication and discussion between sexual partners about sexual and reproductive matters. This study finding is also consistent with the study finding which was conducted in Jimma[26].

In the study individuals who were tested in routine VCT services were found to be the one with the lowest rate of disclosure 85.7% followed by VCT service in ANC services 90.4%, provider initiative counseling 95.9% and the highest rate of disclosure was for the one who had under gone test in peer-counseling 100%. When we compared the rate of HIV serostatus disclosure of respondents who were diagnosed trough ANC service of our finding with that of disclosure rate of ANC with that of developing countries according to 2004 International conference on AIDS held in Bangkok[29] the rate of disclosure in this finding is high. When compared with study conducted in Barbados[25] women who attend free standing(routine VCT) service were more likely disclose their HIV serostatus as compared with women who attend VCT service in ANC and this finding is opposite with current study.

From 341 respondents 258 who had single sexual partners and among them 253(88%) disclosed and those of 56 who had multiple sexual partner and 48(85.7%) of them had disclosed their HIV serostatus to their sexual partners (almost nearly similar rate of disclosure). The result when compared with study conducted in Darussalam Tanzania[33] in which case women's with fewer number of less than six sexual partners were more likely disclose their status to their sexual partners. In addition, study conducted in South Africa[19] also indicated study participants with multiple sexual partners were less likely to disclose their HIV serostatus to their sexual partners (non-disclosure of HIV serostatus associated with having more than two sexual partner with OR=2.03, 95% CI=1.11, 3.68). This variation in disclosure as compared to Tanzanian and South African setting might be due to variation in study participants or the study participants in Tanzanian situation done their HIV diagnosis during ANC follow up and study done in South Africa involved those who were recently diagnosed for HIV infection.

One hundred thirty-eight respondents were user of substances and among them 122(88.4%) had disclosed their HIV serostatus to their sexual partner and from 203 non-users of substances 179(88%) of them had disclosed their HIV serostatus to their sexual partners which indicates similar rate of disclosure for users of subsistence and non-user of substance. However, one study conducted in South Africa[19] indicated there is high rat of disclosure among those with single sexual partner and those who did not consume alcohol heavily. This variation in study finding may be due to study participants in our study may not be heavy alcohol drinkers or some

unknown reasons. Among 255 who had smooth relationship with their sexual partner before HIV-test 237(92%) of them had disclosed as compared with 60(74%) out of 81 who had no smooth relation with their sexual partner before HIV-test COR of 4.608(2.311, 9.191) and AOR 5.263(2.360, 11.740) at the 95% CI. The possible explanation for the high rate disclosure will be partners who had harmonious relation may have unrestricted chance of communicating health related issues with their sexual partners to support each other. This study finding is also consistent with the study which was conducted in Gore and Mettu[17] in which case 80% of respondent who had smooth relation with their sexual partner disclosed their HIV seostatus but 65.5% of those who had no smooth relation with their sexual partner only had discloser their serostatus to their sexual partners.

Among the whole study participants 191(56%) and 190(55.7%) respondents respectively had not discussed about HIV related topics and about VCT with their sexual partner before their HIV-test. From 115 respondents who had discussed about HIV related topics 108 (93.9%) had disclosed their HIV serostatus to their sexual partner and from 191 who had not discussed with their sexual partner about HIV related topics 167(87.5%) had disclosed their HIV serostatus to their sexual partners with COR of 5.341(1.820, 15.672) and among 120 respondents who had discussed with their sexual partner about VCT before their HIV-test 113(94%) of them had disclosed their serostatus to their sexual partners. Among 190 those who had not discussed with their sexual partners about VCT before HIV-test 166 (87.3%) of them had disclosed their HIV-serostatus to their sexual partners with COR 6.604(2.224, 19.607) at the 95% CI. This finding indicates that communicating with sexual partners about health related issues has impact in bringing positive behavioral change.

Reasons for Disclosing HIV Serostatus to Sexual Partners

From 301(88.3%) of women who had disclosed their 143(47.3%) of them had disclosed their HIV serostatus to make their partner to be examined and protect him, 87(28.9%) to prevent virus transmission to their sexual partners and 16(5.3%) of them disclosed to prevent virus transmission to new born and 32(10.6%) disclosed to obtain support from their partners and other reasons 23(7.6%). FGD study finding had also identified some of similar type of result for disclosing HIV serostatus to sexual partners and among the reasons mentioned by the

respondents was to get support from sexual partners, in order to have healthy child, in order to make sexual partner to be examined and protect them. This study finding for the reason of disclosing their HIV serostatus is at most similar with various studies conducted. Study conducted in Johannesburg[24], South Africa regarding HIV serostatus disclosure had indicated most mothers voluntarily disclose their HIV serostatus in order to insure adequate infant care and to avoid vertical mother-to-child hood transmission of HIV. Another study which was conducted from 1997-2004 in Barbados[25] had also indicated that women who had disclosed their HIV-serostatus were found to use condoms during all sexual activity, less likely to have subsequent pregnancy from different sexual partners more likely to have partner tested for HIV and themselves more likely HIV clinic as compared with none-disclosed.

Among respondents who had disclosed their HIV-status to their sexual partners, 68.8 % of them had disclosed their HIV serostatus immediately to their sexual partners. The remaining ones disclosed their status at different times: 14.3% disclosed within one week-one month, 12.7 % within one month-12 months and 5.4 % of them disclosed after one year. Their main reasons for dalliance and non-disclosure were: fear of loss of support from sexual partner (9.4%), having no enough time to discuss disease condition with sexual partner (7.9%), sexual partner may get anger (6.2%), fear of accusation of infidelity (5.6%), sexual partner violence (3.5%) and health professionals had not given information to notify sexual partner (3.2%) were among major ones. When the magnitude of dalliance for disclosure compared with that of Jimma[26] study finding it is high may be due to fear loss of support and lack of time to discuss the disease condition with their sexual partners. And the reasons mentioned for non-disclosing HIV serostatus were also mentioned in study conducted in Niger delta[31] of Nigeria and International conference held in Bangkok[29], Thailand in 2004. Cross-sectional study finding of Gore and Mettu[17] town had indicated that 62.5% women who have not disclosed their test result to their sexual partner due to the fear of their sexual partner (fear of abandonment, rejection and accusation of infidelity).

HIV Serostatus Disclosure to Significant Others

From 341 ART users interviewed for disclosing their HIV serostatus to significant others 311(91.2%) had disclosed to at least one individual and the remaining 30(8.8%) had not disclosed to any body else. Among those of who had disclosed their HIV serostatus to at least one significant others sisters, brothers, close friends and mothers are the leading one to be disclosed comprising 112(32.8%), 86(25.2%), 86(25.2%) and 81(23.8%) respectively. Among 311 who had disclosed to significant others, females were found the one with high disclosure rate 54.4%. Their disclosure rate for mothers, fathers, PLWHA organizations, religious members, sisters, relatives, close friends is high as compared with males which range from 70.4% maximum disclosure rate for mothers up to minimum disclosure rate for their brother 54.7%.

Reasons for Non-Disclosure to Significant Others

The main reasons for not disclosing to all of significant others or not disclosing for at lest one individual includes fear of discrimination by people 129(37.8%), having no importance to disclose to other people 88(25.8%) are some of the major reasons identified. Also qualitative study finding among other reasons mentioned by FGD participants had also identified similar type of reasons for not disclosing HIV serostatus by the respondents which includes: Dissemination of their HIV serostatus to other peoples, fear of isolation by people if their HIV serostatus is known by people and the time of diagnosis of their HIV diagnosis was not good because of discrimination and lack of knowledge about HIV were among the reasons mentioned by the respondents. When the study disclosure rate for their family members compared with that of study conducted in Botswana[22] respondents who disclosed for their sisters were 32.8% and when the disclosure rate as compared with that of Barbados it also approximate disclosure magnitude to other peoples was 28% and 30% of them in the study did not disclose their HIV-serostatus to any body due to fear of stigmatization by people. When this disclosure rate compared with Nigeria it is also some how similar to disclosure rate 22% for their parents and identified barriers for non- disclosure in the study was HIV related stigmatizations among other reasons for non-disclosure.

Disclosure Outcomes

Among those who had disclosed their 222(73.7%) had got support from their partners, 212(70.1%) were reassured by their partners and other peoples, 234(77.1%) were annoyed, 31(10.2%) of them being threatened and 12(3.9%) of them were beaten by their counter partners respectively. Qualitative study finding had also identified some of similar type of outcomes related with HIV serostatus disclosure to sexual partners and other peoples. Among the out comes this were the following ones: The respondents obtained support from family members, they had obtained respection and love and acceptance of the test result from positive side were the positive outcomes associated with disclosing their HIV serostatus to peoples and the negative out come associated with disclosing their HIV serostatus to people include(individual for whom their HIV serostatus disclosed cried, loss of consciousness by respondents, personal disturbances, people started to stop eating food, sexual partner separation, mistreatment by people and discrimination by people were negative outcomes related with disclosure.

From the disclosed 48(15.9%) of respondents were condom users before their HIV serostatus disclosure and following HIV serostatus disclosure 206(68.5%) of them started to use condom for different reasons as compared with the non-disclosed (ones 6 (15%) use before disclosure and 7 (17.9%) after disclosure). When we compared condom use for disclosed and non-disclosed study subjects condom utilization for those who had disclosed increased by 53% while for non-disclosed only by 2.9%.This finding indicates the necessity of disclosure following HIV diagnosis to sexual partners to enhance HIV prevention efforts.

Among 341 study participants 133(39%) had HIV-positive sexual partner, 56(16.6%) had HIV-negative sexual partner and the remaining 152(44.5%) of the respondent did not know their sexual partner HIV serostatus and 27(20.3%), 11(19.6%) and 16(10.5%) of respondents respectively found to be condom users before their HIV test but after the test and disclosure 92(69%) of whose partner is HIV-positive, 34(61%) whose partner is HIV-negative and 87(57%) whose sexual partner serostatus were unknown started to use condom during sexual activity. The increased utilization of condom following HIV diagnosis might be due to being responsible to protect their sexual partners and to prevent additional virus transmission to their sexual partner due to their awareness and behavioral change. As compared with study conducted in Dominican

Republic[18] condom utilization in the study participant with unknown sexual partner HIV seros tatus was found lower this may be due to giving less attention to prevent their partner from HIV infection or might be other reasons for not using condoms.

From 156 males and 184 female respondents 104(66.6%) males and 109(59.2%) female respondents started to use condoms from 89% males and 87.5% females disclosed. The rate of disclosure and condom utilization for males and female respondent is not statically significant but discloser rate of HIV serostatus was some how by 1.5% greater for males than female respondents but condom utilization for the male is by 7.4% higher than female respondents. This large percentage discrepancy in utilization of condom following disclosure might be due to low negotiating power of women in reproductive matters in the community as compared with men. When this figure compared with South Africa HIV serostatus disclosure rate and condom utilization for male respondents is higher than females in few percents than South African[19] study but it is not statically significant.

7. STRENGTH and LIMITATION of the STUDY

Strength of the study: was the quantitative study was supplemented by qualitative study and the data was collected by individuals who had close contact with ART receiving clients.

Limitation of the Study: Information was collected through interview so that respondent may have social desirability bias so that those of who had not disclosed their status may be considered as disclosed respondent which would finally result in decreased disclosure rate. The study also had not considered ART clients in Private health facilities due to problems associated with unwillingness of respondents in private health facilities to be involved in the study which result in problem in generalization.

8. CONCLUSION and RECOMMENDATIONS

8.1. CONCLUSION

The Magnitude of disclosure in the study was 88.3% and disclosure rate for male and female was not that much different and the disclosure rate is promising as compared with other developing countries. Living together in legal marital relationship, living together inside the same household with sexual partner, having smooth marital relation ship, discussing with sexual partners about HIV related topic and about VCT and knowing partner HIV serosatats were factors associated with disclosing HIV serostatus to sexual partners. Respondents who had marital relation duration of five years and above with sexual partners before HIV test were the one with the highest disclosure rate as compared with others.

Individuals who were tested in routine VCT services were the one with the lowest disclosure rate as compared with other type of HIV test and respondents whose CD4 count level was below 200 when they begin ART were the one with high disclosure rate than others. Individuals who had sexual partner whose HIV serostatus was known and HIV-positive were found more likely disclose their HIV serostatus to their sexual partners as compared with others. Individuals who had disclosed their HIV serostatus to their sexual partners were found the one who had developed depressive problems as compared with individuals who had not disclosed their HIV serostatus to individuals including their sexual partners.

Among those who had disclosed their HIV serostatus to their HIV seostatus 39.3% of their HIV-serostatus disclosure was delayed and non-disclosure of HIV serostus to sexual the main reasons for dalliance of disclosure to their sexual partners were fear of loss of support, having no enough time to discuss the disease condition with their sexual partners and fear of anger to their sexual partners were some of the reasons identified.

The great majority respondents (91.1%) of were disclosed their HIV serostatus to at lest one individual and very few (8.8%) number of them had not disclosed their serostatus to any body else. The main reasons for not disclosing HIV serostatus for not disclosing for those who need to be disclosed was stigmatization following disclosure 37.8%.

Following HIV serostatus disclosure majority (73.3%) of them were supported by their sexual partners and 70.1% of them were reassured by their sexual partners. Among the disclosed some of them had experienced negative reaction by their sexual partners 10.2% of them were annoyed and 3.9% of them were beaten by their partners. Before HIV-diagnosis approximately 85% of disclosed and non-disclosed were non-condom users and following disclosure condom utilization for the disclosed increased up to 69% and for non-disclosed condom utilization was only increased by approximately 2% from the initial rate. The large proportion of condom users among the disclosed were found the one whose sexual partner HIV-status was notified and positive 69% and the lowest rate of condoms utilization was for those who did not know their sexual partner serostatus 57%.

8.2. RECOMMENDATIONS

In order to increase disclosure Rate from Current Situation the following things should be done

- Encouraging sexual relation with sexual partners to be under legalized way and discouraging sexual relationship which is outside legal ways which hinders HIV serostatus disclosure to sexual partner.
- Educating peoples about the importance of communicating about HIV-related topics and VCT during health education session in order to pull people to VCT service and to promote HIV serostatus disclosure to their partners
- Eliminating HIV serostatus disclosure delaying and causing non-disclosure situation to sexual partners and significant others which may increase HIV virus transmission to their sexual partners through health education.
- Encouraging condom utilization after VCT test in order to protect sexual partner and themselves from new strain HIV infection of the individual especially those who did not know their sexual partner HIV serostatus.
- Stigmatization was one of the factors for non-disclosing HIV serostatus to individuals and it should be avoided in order to increase disclosure rate to enhance HIV prevention and control effort.

9. REFERENCES

1. UNAIDS. 2007 Report on the Global AIDS Epidemic, seventh Global report
2. Ethiopian Ministry of Health and Federal HIV/AIDS prevention and control office: single point HIV prevalence estimate. Addis Ababa, Ethiopia, 2007.
3. Federal Ministry of Health: Health Sector Strategic Plan. Addis Ababa, Ethiopia; September 2005.
4. Institute of Medicine, 2001; Joint United Nation Programme on HIV/AIDS (UNAIDS), 2001;Henery J. Kaiser Family Foundation, 2002; klein et al, 2002
5. UNAIDS/WHO. Policy statement HIV testing (http:// data.unaids.org)
6. HHS/CDC-Ethiopia: A partner ship to combat HIV/AIDS. Addis Ababa, Ethiopia; 2004.
7. AIDS Legal Network: HIV testing: An effective prevention measure? ; September 2006
8. International Nursing Review. Acceptance and disclosure of HIV status through integrated community/home based care program in South Africa 2007-Dec; vol 54 (issue $): pp391-397.
9. Central Stastical Agency of Ethiopia and Measure ORC Macro Caver ton, Maryland, USA Ethiopian Demographic and Health Survey: HIV/AIDS related Knowledge, Attitude and behavior. Addis Ababa, Ethiopia; 2005
10. Central Statistical Authority 1994. The 1994 GC Population and Housing Census of Ethiopia: Analytical Report Addis Ababa, Ethiopia.
11. Federal Democratic republic of Ethiopia Ministry of Health: Health and Health related Indicator. Addis Ababa, Ethiopia; November, 2007.
12. World Population Reference Bureau: World Population Data sheet, 2004; page 1-6
13. World Bank, report 2004. Ethiopia: A country status Report on Health and Poverty, Draft Report number 28963-Ethiopia.
14. Family Health International. A Reference Guide for Counselors and Trainers: HIV voluntary counseling and testing; May 2003
15. Dunkle KR, Stephenson R, Karita E, et al, New Heterosexually transmitted HIV infection in married or cohabiting couples in Urban Zambia and Rwanda: An analysis of Survey and clinical data. www.thelancet.com; volume 371, June, 2008

16. U.S. Department of Health and Human Service. Public health services. Center for Disease Prevention and Control: HIV Partner Counseling and Referral Services Guidance's. USA; December 1998
17. Deribe Ke, Lingerh W, Dejene Y. Determinants and Outcomes of Disclosing HIV-sero positive Status to Sexual Partners among Women in Mettu and Gore town, Illbabor Zone South west Ethiopia. Ethiopian. J. Health Dev. 2005; 19(2).
18. Sears.D, Cabrera.C, Mejia F, et al. Sexual Risk Behavior among HIV-positive patients at an Urban Clinic in Santiago, Dominican Republic. AIDS Care, February 2008; 20(2): 191-197
19. Olley B, Seedant S, Stein DJ. Self-Disclosure of HIV serostatus in Recently Diagnosed Patients with HIV in South Africa. Africa Reproductive Health, 2004; (8): 71-76
20. WHO Global Program on AIDS. Policies and principles for prevention and care of Sexually Transmitted Diseases, September 1994.
21. AIDS Resource Center, Johns Hopkins University Blooming School of Public Health. Ethiopia National ART Strategic Communication Frame work. Addis Ababa< Ethiopia; March 2005
22. Wolfe W.R, Weiser S.D, Bangsberg D.R., et al,. Effect of HIV-related Stigma Among an early sample of Patients receiving antiretroviral therapy in Botswana**.** Addis Care, November 2006; 18(8): 931-933.
23. Bennett R, Erinc.C A. HIV and AIDS, testing, screening and confidentiality; 1997.
24. Varga C.A, Sherman G.G, Jones S.A. HIV-disclosure in the context of Vertical Transmission. HIV-Positive Mothers in Johannesburg, South Africa. AIDS Care, November 2005;18(8):952-960
25. KumarA, Waterman I, Kumari G. Prevalence and Correlates of HIV serostatus Disclosure: A Prospective Study among Infected postpartuient women in Barbados**.** AIDS patient care and STDs, October 1, 2006; 20(100: 724-730
26. Deribe K, Woldemicheal Ki, Wondafrash M, et al. Disclosure experience and associated factors among HIV Positive Men and Women in clinical Service Users in Southwest Ethiopia. http://www.biomedcentral.com/1471-2438/8/81
27. USAIDS/FHI 2002 Report on the impact of HIV/AIDS on the lives of Orphaned Children and their Guardians. Zimbabwe; 2002

28. Yang.H, Li.X, Stanton B, et al. HIV related knowledge, Stigma, and willingness to disclose: A mediation analysis. AIDS, Care, October 2006: 18(7): 717-724

29. Medley A, Garica-Moreno C, Mc Gill S. Rates, Barriers and outcomes of HIV serostatus Disclosure among women in Developing Countries: Implication for prevention of mother-to child transmission programs. Bulletin WHO 2004; 82:299-307

30. National HIV/AIDS Prevention and Control Office and Federal Ministry of Health: Ethiopian Strategic Plan for Integrating Multicultural HIV/AIDS Response. Addis Ababa, Ethiopia; December 2004

31. CI Akani MBBS, O Erhabor. Rate pattern of HIV serostatus disclosure in a resource-limited setting in Niger delta of Nigeria**.** Tropical Doctors, 2006; 36: 87-89.

32. Bennett R, A.Erinc C. HIV and AIDS testing, screening and confidentiality, 1997: page number 1-285.

33. Gretchen A, Fawzis S, Mary C ,et al. Predictors of HIV-1 serostatus disclosure: a prospective study among HIV-infected pregnant women in Dare salaam, Tanzania. AIDS. 15(14): 1865-1874, september2001.

34. Juliannen M. Serovich, PhD, Anna J. Esbensen, PhD, Tina L. Mason, Ph.D. Disclosure of HIV serostatus by men who have sex with men to family and friends over time.

3.5. C.Ndiaye, C. Boileau, M.V. Zunzuneqei,etal: Related factors influencing HIV-serostatus Disclosure in Patients Receiving HAART in West Africa. Worled health and population: Volume 10. No. 32009

9. ANNEX

Annex-I. Structured English Version of questionnaires

1. Questions regarding Socio-demographic Characteristics of ART using Clients

Ser. No.	Question	Coding Categories	Code	Skip
1.1	What is your living address?	Sub-city---------		
		Kebele----------		
1.2	Sex	Male	1	
		Female	2	
1.3	How old are you?	19-24	1	
		25-29	2	
		30-34	3	
		35-39	4	
		40-44	5	
		45-49	6	
		50 and above	7	
1.4	How old is your sexual partner?	19-24	1	
		25-29	2	
		30-34	3	
		35-39	4	
		40-44	5	
		45-49	6	
		50 and above	7	
1.5	What is your ethnicity?	Oromo	1	
		Amhara	2	
		Tigre	3	
		Guraghe	4	
		Others specify_____	5	
1.6	What was your education	Illiterate	1	

	Level dur ing Your HIV/AIDS test period Test Period?	Read and Write with out no schooling	**2**	
		Primary schooling	**3**	
		Secondary schooling	**4**	
		Diploma graduate	**5**	
		Degree graduate	**6**	
		Post graduate and Above	**7**	
1.7	**What w as you r s exual partner ed ucational l evel during your V CT test period?**	Illiterate	**1**	
		Read and Write with out no schooling	**2**	
		Primary schooling	**3**	
		Secondary schooling	**4**	
		Diploma graduate	**5**	
		Degree graduate	**6**	
		Post graduate and Above	**7**	
1.8	**What is your religion?**	Orthodox	**1**	
		Muslim	**2**	
		Catholic	**3**	
		Protestant	**4**	
		Others Specify_____	**5**	
1.9	**What was your employ ment status during HIV test period?**	Government employee	**1**	
		NGOs-employee	**2**	
		Private organization employee	**3**	
		Merchant	**4**	
		Housewife	**5**	
		Others Specify_____	**6**	
1.10	**What w as you r sexual partner**	Government employee	**1**	
		NGOs-employee	**2**	

	employment status during HIV test period?	Private organization employee	**3**	
		Merchant	**4**	
		Housewife	**5**	
		Others Specify_____	**6**	
1.11	**What was your monthly income during your HIV test period?**	< 250 Birr	**1**	
		250-499 Birr	**2**	
		500-749 Birr	**3**	
		750-999 Birr	**4**	
		1000-1249 Birr	**5**	
		1250-1499 Birr	**6**	
		1500-1699Birr	**7**	
		1700-2000 Birr	**8**	
		2000 and above Birr	**9**	
1.12	**What was your sexual partner monthly income during your HIV test period?**	< 250 Birr	**1**	
		250-499 Birr	**2**	
		500-749 Birr	**3**	
		750-999 Birr	**4**	
		1000-1249 Birr	**5**	
		1250-1499 Birr	**6**	
		1500-1699Birr	**7**	
		1700-2000 Birr	**8**	
		2000 and above Birr	**9**	
1.13	**What was your marital duration with your sexual partner before HIV test period?**	Married and living with legal relation	**1**	
		Not married legally but living together	**2**	

1.14	**What w as you r u sual Place of re sidence d uring HIV test period?**	Inside Addis Ababa	**1**	
		Outside Addis Ababa	**2**	
1.15	**What w as you r s exual partner us ual pl ace of residence during HIV test ?**	Inside Addis Ababa	**1**	
		Outside Addis Ababa	**2**	
1.16	**were you l iving i n the same hou se hol d w ith your sexu al p artner during HIV test period?**	Yes	**1**	
		No	**2**	
1.17	**What was d uration of your r elation with you r sexual partner R until HIV test period?**	Less than one year	**1**	
		1-2 year	**2**	
		2-4 year	**3**	
		5 years and above	**4**	

Part 2. Questions R egarding Psychosocial, m edical a nd sexu al ch aracteristics of the respondents

Ser. No.	Question	Coding Categories	Code	Skip
2.1	**When Did you have Done HIV test**_____			
2.2	**What w as t he type of V CT service you H ad u nder t aken during HIV diagnosis?**	Routine VCT	**1**	
		VCT at ANC	**2**	
		Provider initiated VCT service	**3**	
		VCT by peer counselor	**4**	
2.3	**When have you begun ART treatment** _____			

2.4	**What w as you r CD4 count when you begin A RT i f you know it?**	<200	**1**	
		200-349	**2**	
		350-499	**3**	
		500 and above	**4**	
2.5	**How many sexual partners did you have when you ha ve don e HIV test?**	1	**1**	
		2	**2**	
		3	**3**	
		4	**4**	
		5 and above	**5**	
2.6	**Did you u se w hich s ubstance during your H IV di agnosis period?**	Alcohol	**1**	
		Chat	**2**	
		Cigarette	**3**	
		None	**4**	
2.7	**Had you s mooth r elation w ith your p artner b efore H IV taste?**	Yes	**1**	
		No	**2**	
2.8	**What was your Sexual Partner**	HIV-positive	**1**	
		HIV-Negative	**2**	
		Unknown HIV serostatus	**3**	

3. Questioners Regarding HIV status Disclosure among HIV Positive ART Users

Ser. No.	Question	Coding Categories	Code	Skip
3.1	**Did you have willing to disclose your HIV status when you have done VCT**	**Yes**	**1**	
		No	**2**	
3.2	**Have you disclosed your HIV serostatus to your sexual partner?**	Yes	**1**	
		No	**2**	**3.5**
3.3	**Why you disclosed you HIV serostatus to your sexual partner**	To prevent Virus transmission	**1**	
		To make partner to be examined and know his status	**2**	
		To prevent virus transmission to new born	**3**	
		To gain support from partner	**4**	
		Other reason_____	**5**	
3.4	**If you had disclosed your HIV serostatus when have you disclosed?**	Immediately after VCT test result	**1**	
		After one week of test result	**2**	
		Within 1 week & 1 month	**3**	
		With in 1 month- 2 month	**4**	
		With in 2 months- 7 month	**5**	

		7-12 month	**6**	
		1-2 years	**7**	
		2-4 years	**8**	
		4 years and above	**9**	
3.5	**Why you di d not disclosed your s tatus imme diately or until now?**	Health professionals not informed me to notify my partner	**1**	
		Disease not transmitted through sexual contact	**2**	
		Fear of accusation of infidelity	**3**	
		Fear of sexual partner violence	**4**	
		Not worried for sexual partner	**5**	
		Sexual partner may get angry	**6**	
		Not to make partner fearful	**7**	
		No sufficient time to discuss disease condition with partner	**8**	
		Loss of support from partner	**9**	
3.6	**For w hom h ave you d isclosed your H IV t est resu lt exc ept your sexual partner**	Causal partner	**1**	
		Mother	**2**	
		Father	**3**	
		Sister	**4**	
		Brother	**5**	
		Relatives	**6**	

		Close friends	**7**	
		Religious members	**8**	
		PLWHA members	**9**	
		Others _____	**10**	
3.7	**Why you have not disclosed to any body mentioned above or to the whole in dividuals w ho need to be disclosed ?**	Fear of abandonment by people	**1**	
		Fear of discrimination	**2**	
		Fear of job loss	**3**	
		Fear of loss of usual support from religious people	**4**	
		Fear of loss of friends	**5**	
		No importance to disclose to people	**6**	
		Other Reasons_____	**7**	
3.8	**Did you develop d epression after disclosure?**	yes	**1**	
		no	**2**	
3.9	**Have you engaged i n s exual intercourse b efore d isclosing your s erostatus t o you r s exual partner?**	Yes	**1**	
		No	**2**	
		I don't remember	**3**	
3.10	**Did you u se con doms b efore HIV test ?**	Yes	**1**	
		No	**2**	
3.11	**Did you h ave us ed c ondoms immediately f ollowing you r HIV st atus d iagnosis b efore disclosure?**	Yes	**1**	
		No	**2**	
		Not remember	**3**	
3.12	**Why you did use condom**	To prevent pregnancy	**4**	
		To prevent virus transmission to partner	**5**	

		Not wanted additional child	**6**	
		Other reasons	**7**	
3.13	**Why not used condoms**	Partner was HIV positive	**1**	
		Need of child	**2**	
		Use of decrease satisfaction	**3**	
		Religious prohibition	**4**	
		Other Reasons	**5**	
3.14	**Have you ever t alked ab out HIV/AIDS rel ated t opics w ith your partner before VCT?**	Yes	**1**	
		No	**2**	
		I did not remember it	**3**	
3.15	**Have you ever t alked ab out VCT with your sexual partner before your HIV test result?**	Yes	**1**	
		No	**2**	
		I did not remember it	**3**	

4. Questions regarding sexual Partner Reaction following HIV serostatus disclosure

Ser .No.	Question	Coding Categories	Code	Skip
4.1	**What was your sexual partner reaction encountered following your H IV seros tatus disclosure?**	From God	1	
		Supportive reaction from sexual partner	2	
		Supportive reaction from family members	3	
		Supportive reaction from relatives	4	

		Supportive reaction from neighbors	5	
		Supportive reaction from work environment	6	
		Supportive reaction from friends	7	
		Others _____	8	
4.2	**Had you got reassurance from the p artner, friends, fam ily, neighbors, relatives, w orking environment and friends?**	Often got reassurance	1	
		Some got reassurance	2	
		Got no reassurance	3	
4.3	**From whom have you got reassurance?**	partner	1	
		friends	2	
		family	3	
		neighbors	4	
		relatives	5	
		friends	6	
		Working environment	7	
		Others _____	8	
4.4	**Are you a nnoyed by pe ople after d isclosing your H IV serostatus?**	Yes	1	
		No	2	
4.5	**Are you c onfused f ollowing disclosing you r H IV serostatus?**	Yes	1	
		No	2	
		Do not remember	3	
4.6	**When you had di sclosed you r**	Yes	1	

	HIV ser ostatus d id t he individual you di sclosed you r serostatus cried	No	2	
4.7	**Had any body that had known your s erostatus talked ab out leaving usual relation ship?**	Yes	1	
		No	2	
4.8	**Had you r s exual partner worried a bout hi s/her ow n HIV serostatus f ollowing disclosure of you r H IV t est result?**	yes	1	
		No	2	
		I don't know	3	
4.9	**After you r H IV se rostatus disclosure had an y body left away from you?**	Yes	1	
		No	2	
4.10	**Had you r s exual p artner after disclosure threatened you?**	Yes	1	
		No	2	
4.11	**Had you r par tner be aten you following Disclosure of serostatus?**	Yes as more often	1	
		Beaten as usual	2	
		No he has not beaten till know	3	
4.12	**Had your partner yelled at you following d isclosing you r serostatus?**	Yes	1	
		No	2	

5. Questions Used to assess HIV/AIDS Stigma Situation

How often did the following event happen because of your HIV status?

0= Never 1= one of twice 2= Several Times 3= Most of the times

Ser.No.	Question	Coding Categories	Code			
5.1	**Are you abused verbally af ter disclosing HIV /AIDS t est resu lt to p eople?/*Asked For disclosed only/***	Some one scolded me	0	1	2	3
		Some one insulted me	0	1	2	3
		I was blamed for my HIV status	0	1	2	3
		I have told that I have no future	0	1	2	3
		I was told that God is punishing me	0	1	2	3
		I was called bad names	0	1	2	3
		Some one mocked me when I pass by	0	1	2	3
		People song offensive song when I pass by	0	1	2	3
5.2	**How d o you perceive your self by h aving H IV virus i n you r blood?**	I felt completely worthless	0	1	2	3
		I felt shamed of having this disease	0	1	2	3
		I felt that I am no longer a person	0	1	2	3
		I felt that I brought a lot of trouble to my family	0	1	2	3
		I felt that I did not deserve to live	0	1	2	3
5.3	**How you experienced an y one o f s ocial isolation?**	People cut done visiting me	0	1	2	3
		People ended relation with me	0	1	2	3
		A friend would not chat with me	0	1	2	3
		Some one stopped being my friend	0	1	2	3
		People avoid me	0	1	2	3

Qualitative Questionnaires

1. Have you Disclosed Your HIV Serostatus to Your Sexual partner? Why you have disclosed? Why you have not disclosed?
2. Have you disclosed your HIV Serostatus to your family members? Why you have disclosed? Why you have not disclosed?
3. Have you Disclosed Your HIV Serostatus to Your Friends? Why you had disclosed? Why you have not disclosed?
4. Have you disclosed your HIV serostatus to Religious Leaders? Why you have disclosed? Why you have not disclosed?
5. What had happened following Your HIV Serostatus Disclosure to your sexual partner, Family and Other People?

ANNEX II

ክፍል 1. ኢኮኖሚያዊና መህበራዊ ጉዳዮች የሚመለከት የመጠየቅ ክፍል/መልሱን የክበቡ /ባዶ ቦታውን ይሙሉ/

ተራ.ቁ	ጥያቄ	አማራጭ መልሶች	ለመልሶች የተሰጡ መለያ ቁጥሮች	የሚዘለሉ ጥያቄዎችን ጠቋሚ
1.1	የመኖሪያ አድረሻዎ የት ነው?	ክፍለከተማ.....		
1.2	ፆታ	ወንድ	1	
		ሴት	2	
1.3	የእርሶ እድሜ ስንት ነው?	ከ19-24 ዓመት	1	
		ከ25-29 ዓመት	2	
		ከ30-34 ዓመት	3	
		ከ35-39 ዓመት	4	
		ከ40-44 ዓመት	5	
		ከ45-49 ዓመት	6	
		ከ50 ዓመትና ከዛ በላይ	7	
1.4	የእርሶ ወሲብ ጓደኛ እድሜ ስነት ነው?	ከ19-24 ዓመት	1	
		ከ25-29 ዓመት	2	
		ከ30-34 ዓመት	3	
		ከ35-39 ዓመት	4	
		ከ40-44 ዓመት	5	
		ከ45-49 ዓመት	6	
		ከ50 ዓመትና ከዛ በላይ	7	
1.5	ብሔረሰቦ ምንድነው?	ኦሮሞ	1	
		አማራ	2	

		ትግሬ	3	
		ጉራጌ	4	
		ሌላ ይጠቀስ _____	5	
ተራ.ቁ	**ጥያቄ**	**አማራጭ መልሶች**	**ለመልሶች የተሰጡ መለያ ቁጥሮች**	**የሚዘለሉ ጥያቄዎችን ጠቋሚ**
1.6	የእርሶ የትምህርት ደረጃ የኤች.አይ.ቪ.ኤድስምርመራ ባደረጉበት ጊዜ ምን ነበር?	ያልተማሩ	1	
		ማንበብና መጻፍ ብቻ	2	
		1ኛ ደረጃ (1-6)	3	
		2ኛ ደረጃ (7-12)	4	
		ዲፕሎማ ምሩቅ	5	
		ዲግሪ ምሩቅ	6	
		ድህረ መረቃ እና ከዛ በላይ	7	
1.7	የእርሶ የወሲብ ጓደኛ የትምህርት ደረጃ እርሶ የኤቺ.አይ.ቪ. ኤድስ ምርመራ ባደረጉት ጊዜ ምን ነበር?	ያልተማሩ	1	
		ማንበብና መጻፍ ብቻ	2	
		1ኛደረጃ (1-6)	3	
		2ኛ ደረጃ (7-12)	4	
		ዲፕሎማ ምሩቅ	5	
		ዲግሪ ምሩቅ	6	
		ድህረ ምረቃ እና ከዛ በላይ	7	
1.8	የእርስዎ ኃይማኖት ምንድን ነው?	ኦርቶዶክስ	1	
		መስሊም	2	
		ካቶሊክ	3	
		ፕሮቴስታንት	4	
		ሌላ (ይጠቀስ)	5	

		_____		
1.9	የእርዎ የስራ ሁኔታ የኤች.አይ.ቪ.ኤድስ ምርመራ ባደረጉበት ጊዜ ምን ነበር?	የመንግስት ሰራተኛ	1	
		መንግስታዊ ያልሆኑ ድርጅቶች ሠራተኛ	2	
		የግል ድርጅት ሠራተኛ	3	
		ነጋዴ	4	
		የቤት እመቤት	5	
		ሌላ (ይጠቀስ) _____	6	
ተራ.ቁ	**ጥያቄ**	**አማራጭ መልሶች**	**ለመልሶች የተሰጡ መለያ ቁጥሮች**	**የሚዘለሉ ጥያቄዎችን ጠቋሚ**
1.10	የእርስዎ የወሲብ ጓደኛ የሥራ ሁኔታ የኤች.አይ. ቪ ምርመራ ባደረጉበት ጊዜ ምን ነበር?	የመንግስት ሠራተኛ	1	
		መንግስታዊ ያልሆኑ ድርጅቶች ሠራተኛ	2	
		የግል ድርጅት ሠራተኛ	3	
		ነጋዴ	4	
		የቤት እመቤት	5	
		ሌላ (ይጠቀስ)	6	
1.11	የእርስዎ የግሎ የወር የገቢ መጠን የኤች.ኤ.ቪ ኤድስ ምርመራ ባደረጉበት ጊዜ ምን ያህል ነበር?	<250 ብር በታች	1	
		250-499 ብር	2	
		500-749 ብር	3	
		750-999 ብር	4	
		1000-1249 ብር	5	
		1250-1499 ብር	6	
		1500-1699 ብር	7	

		1700-2000 ብር	8	
		2000 ብር በላይ	9	
		ሌላ_____ _____	10	
1.12	የእርስዎ የወሲብ ጓደኛ የወር ገቢ መጠን የኤች. አይ.ቪ. ኤድስ ምርመራ ባደረጉት ጊዜ ምን ያህል ነበር?	<250 ብር በታች	1	
		250-499 ብር	2	
		500-749 ብር	3	
		750-999 ብር	4	
		1000-1249 ብር	5	
		1250-1499 ብር	6	
		1500-1699 ብር	7	
		1700-2000 ብር	8	
		2000 ብር በላይ	9	
		ሌላ _____	10	
1.13	የእርስዎ የግብረ ስጋ ጓደኛ የኤች.አይ ቪ ምርመራ ባፈረጉበት ጊዜ ምን ዓይነት ግንኙነት ነበር?	ተጋብቶ በህጋዊ ደረጃ የሚኖር	1	
		ሳይጋባ አንድ ላይ የሚኖር	2	
1.14	የእርስዎ መደበኛ የመኖሪያ አድራሻ የኤች.አይ.ቪ ኤድስ ምርመራ ባደረጉበት ወቅት የት ነበር?	አዲስ አበባ ውስጥ	1	
		ከአዲስ አበባ ውጪ	2	
1.15	የእርስዎ የወሲብ ጓደኛ የኤች.አይቪ ኤድስ ምርመራ ባደረጉበት ወቅት የት ነበር?			
1.16	እርስዎ የኤች.አይ.ቪ ኤድስ ምርመራ ባደረጉበት ጊዜ ከወሲብ ጓደኛ ጋር አንድ ቤት ውስጥ ይኖሩ ነበር?	አዎን	1	
		አይደለም	2	

1.17	እርስዎ የኤች.አይ .ቪ. ኤድስ ምርመራ ከማድረጎ በፊት ከወሲብ ጓደኛዎ ጋር ምን ያህል ጊዜ አሳልፈው ነበር	1 ዓመት በታች	1	
		1-2 ዓመት	2	
		2 ዓመት በላይ-4 ዓመት	3	
		5 ዓመትና ከዛ በላይ	4	

ክፍል 2 ስነልቦናዊ ማህበራዊና የጤና እና ወሲብ ሁኔታዎችን የሚመለከት መጠይቅ ክፍል

ተራ.ቁ	ጥያቄ	አማራጭ መልሶች	ለመልሶች የሰጡ መለያ ቁጥሮች	የሚዘለሉ ጥያቄዎችን ጠቋሚ
2.1	መቼ ነበር የኤች.አይ.ቪ. ምርመራ ያደረጉት ወር/ዓ.ም. _____			
2.2	የኤች.አይቪ. ምርመራ ባደረጉበት ወቅት የተደረገው የምርመራ አገልግሎት ምን ዓየነት ነበር?	መደበኛየምርመራአገልግሎተት	1	
		በአርግዝና ክትትል ላይ የተደረገ የምርመራ አገልግሎት	2	
		የጤና ሙያተኞች በየራሳቸዉ ጊዜ መጥተው ያደረጉት የምርመራ አገልግሎት	3	
		አቻ ለአቻ የሚደረግ የምርመራ አገልግሎት	4	
2.3	የፀረ ኤች.አይ.ቪ. መድኃኒት መጠቀም የጀሩት መቼ ነበር? _____			
2.4	እርሶ የኤቼ.አይ.ቪ.ምርመራ አድርገው የፀረኤ.ችቪ. መድኃኒት መጠቀም	<200	1	
		200-349	2	
		350-499	3	

	ሲጀምሩ CD4 ቁጥር ምን ህል ነበር?	500 እና ከዛ በላይ	4	
2.5	እርሶ የኤች. አይ ቪ ምርመራ ባደረጉበት ወቅት ምን ያህል የወሲብ ጓደኛ ነበሮት?	1	1	
		2	2	
		3	3	
		4	4	
		5ና ከዛ በላይ	5	
2.6	የኤች አይ ቪ ምርመራ ባደረጉበት ወቅት ከነዚህ ነገሮች ውስጥ የትኞቹን ይጠቀሙ ነበር?	አልኮል	1	
		ጫት	2	
		ሲጋራ	3	
		ሌሎች (ይጠቀስ)_____	4	
2.7	እርሶ ኤች አይ ቪ ምርመራ ከማድረጎ በመፊ ከወሲብ ጓደኛ ጋ የተረጋጋ /የተስተካከለ/ ግንኙነት ነበር ወይ?	አዎ ነበረኝ	1	
		አይ አልነበረኝም	2	
2.8	የእርሶን የወሲብ ጓደኛ የኤች. አይ. ቪ.. ኤድስ ምርመራ ባደረጉበት ጊዜ የምርመራ ወጤቱ ምን ነበር?	ደሙ ውስጥ ቫይረስ ነበር	1	
		በደ ሙ ውስጥ ቫይረስ የለውም	2	
		የኤች.አይ.ቪ የምርመራ ውጤት አይታወቅም	3	

ክፍል 3 የጥናቱ ተሳታፊ የወሲብ ባህሪያት የኤች.አይ.ቪ. ቫይረስ በደም ውስጥ ስለመኖር ማሳወቅና ኤች.አይ.ቪ. አድስን ለመከላከል የሚደረግ ውይይት የሚመለከት ክፍል

ተ.ቁ	ጥያቄ	አማራጭ መልሶች	ለመልሶች የተሰጡ መለጠያ ቁጥሮች	የሚዘለሉ ጥያቄዎች ጠቋሚ
3.1	እርሶ የኤች.አይ.ቪ. ኤድስ ምርመራ ከመመርመርዎ በፊት ለወሲብ ጓደኛዎ ማሳወቅ ይፈልጉ ነበር?	አዎ	1	
		አይደለም	2	
3.2	እርሶ የኤች.አይ.ቪ ኤድስ የምርመራ ውጤትዎን ለወሲብ ጓደኛዎት አሳውቀዋል?	አዎ	1	
		አይደለም	2	ይዘለል ወደ 3.5
3.3	ለምን ሲለ ነበር እርስዎ የኤች.አይ.ቪ ምርመራ ውጤትዎን ለወሲብ ጓደኛዎ የገለፁት? **<u>ለመልሱ ተገቢነት 2.8 ይመልከቱ</u>**	ቫይረሱ ወደ ጓደኛ ላለማስተላለፍ	1	
		ጓደኛዬ እራሱን ተመርምሮ እንዲያውቅ እና እራሱን እንዲጠብቅ	2	
		በሽታው ወደፊት ለሚወለደው ልጅ እንዳይተላለፍ	3	
		ከጓደኛ ድጋፍ ለማግኘት	4	
		ሌላ ይጠቀስ _____	5	
3.4	እርሶ የኤች.አይ.ቪ ኤድስ የምርመራ ውጤት ለወሲብ ጓደኛዎ ያሳወቁት ከሆነ መች ነበር ያሳወቁት?	ከኤች አይ ቪ ኤድስ ምርመራ በኋላ ወድያውኑ በእለቱ	1	ይዘለል ወደ 3.6
		ከምርመራ ውጤት በኋላ በአንድ ሳምንት	2	
		ከአንድ ሳምንት እስከ አንድ ወር	3	
		ከ1 ወር እስከ 2 ወር ባለው ጊዜ ውስጥ	4	
		ከ2 ወር እስከ 7 ወር ባለው ጊዜ ውስጥ	5	
		ከ7 ወር እስከ አንድ አመት	6	

		ባለው ጊዜ ውስት		
		ከአንድ ዓመት - 2 ዓመት	7	
		ከ2 ዓመት - 4 ዓመት	8	
		ከ4 ዓመትና ከዛ በላይ	9	
3.5	ለምን ሲሉ ነበር የምርመራ ውጤቱን ወዲያውኑ በዕለቱ ለወሲብ ንደኛዎ ያልገለፁት? ወይንም እስካሁን ምንም ያላሳወቁት?	የጤና ሙያተኞች ለወሲብ ንደኛዎ እንድገልፅ ስላልነገሩኝ	1	
		በሽታው በግብረ ስጋ ግንኙነት እንደሚተላለፍ ስለማላውቅ	2	
		ቃል ኪዳን ያፈርሳል ተብዬ ስለምወቀስ	3	
		የወሲብ ንደኛዬ ይደበድበኛል ብዬ ስለፈራሁ	4	
		ለወሲብ ንደኛዬ ስላልተጨነኩ	5	
		የወሲብ ንደኛዬ ስለሚቆጣ	6	
		የወሲብ ንደኛዬ በሽታው ወደኔ ይተላለፋል ብሎ እንዳይፈራ	7	
		በቂ ጊዜ ለውይይት ስላልነበረኝ	8	
		ከወሲብ ንደኛዬ ድጋፍ የማጣ ስለመሰለኝ	9	
3.6	ለማን ነበር ከእነዚህ ከተጠቀሱት ውስጥ የኤች. አይ.ቪ. የምርመራ ውጤት አሳውቀው የነበረው?	መደበኛ ላልሆነ የወሲብ ንደኛ	1	
		ለእናት	2	
		ለአባት	3	
		ለእህት	4	
		ለወንድም	5	
		ለዘመድ	6	
		ለቅርብ	7	
		ለሃይማኖት አባላት	8	
		ለኤች.አይ.ቪ ማህበራት አባላት	9	
		ለስራ ባልደረባ	10	

3.7	በተራ ቁ. 3.6 ከወሲብ ጓደኛዎ ውጪ የምርመራ ውጤት ያልገለፁበት በምን ምክንያት ነበር?	ሰዎችቭ እኔን ከመርዳት ይርቁኛል ብዬ	1	
		ሰዎች ያገሉኛል ብዬ ስለፈራሁ	2	
		ስራ የማጣ ስለመሰለኝ	3	
		የሃይማኖት ቤተሰቦች የወትሮ ግንኙነት የሚተዉ ስለመሰለኝ	4	
		ጓደኞቼን የማጣ ስለመሰለኝ	5	
		ለሰዎች መግለፅ ጥቅም የለውም ብዬ ስለተገነዘብኩ	6	
3.8	እርስዎ ለወሲብ ጓደኛዎ የምርመራ ውጤት ካሳወቁ በኋላ የመጨነቅ ስሜት ተፈጥሮቦታል ወይ? **3.2 ይመልከቱ**	አዎ	1	
		አይደለም	2	
3.9	እርሶ ኤች አይ ቪ ኤድስ የምርመራ ውጤት ለወሲብ ጓደኛዎ ሳይገልፁ የግብረ ስጋ ግንኙነት ፈፅመው ነበር?	አዎ	1	
		አይደለም	2	
3.11	ኤች.አይ.ቪ ኤድስ የምርመራ ውጤት ማሳወቅ በኋላ ኮንዶም ወዲያውኑ መጠቀም ጀምረው ነበር? <u>የገለፁት ብቻ ይጠየቁ</u>	አዎን	1	
		አይደለም	2	ይዘለል ወደ 3.13
		አላስታውሰውም	3	
3.12	ለምን ሲሉ ነበር ኮንዶምን ወዲያው የተጠቀሙት	እርግዝናን ለመከላከል	1	
		ቫይረሱን ወደጓደኛ ላለማስተላለፍ	2	
		ሌላ ተጨማሪ ልጅ ስላልፈለኩኝ	3	

		ሌላ (ይጠቀስ) _____	4	
3.13	ለምን ሲሉ ነበር ኮንዶምን ያልተጠቀሙት? **<u>ገልፀው ያልተጠቀሙት ብቻ ይግለጹ</u>**	ጓደኛዬ የበሽታው ተጠቂ ስለሆነ መጠቀም አሁን ዋጋ ስለማይኖረው	1	
		ልጅ ለመውለድ ስለፈለኩኝ	2	
		ኮንዶም መጠቀም የወሲብ ስሜት ስለሚቀንስ	3	
		ሃይማኖቴ ስለማይፈቅድ	4	
		ሌላ (ይጠቀስ)	5	
3.14	ከወሲብ ጓደኛ ጋር ከስርሶ ኤች አይ ቪ ኤድስ የደም ምርመራ በፊት ከኤች አይ ቪ ኤድስ ጋር ተዛማጅ ጉዳዮችን ተወያይታችሁ ታውቁ ነበር?	አዎን	1	
		አይደለም	2	
		አላስታውሰውም	3	
3.15	ከወሲብ ጓደኛ ጋር ከስርሶ ኤች አይ ቪ ኤድስ የደም ምርመራ ውጤት በፊት ስለ ኤች አይ ቪ የደም ምርመራ በተመለከተ ተወያይታችሁ ታውቁ ነበር?	አዎን	1	
		አይደለም	2	
		አላስታውስም	3	

ክፍል 4፡- የጥናቱ ተሳታፊ የኤች አይ ቪ የደም የምርመራ ውጤቱን ለወሲብ ጓደኛ እና ለሰዎች ካሳወቁ በኋላ የተፈጠሩ ክስተቶች ለማወቅ የሚያስችሉ መጠይቆች /የምርመራ ውጤቱን ላሳወቁ ሰዎች ብቻ የሚጠየቅ/

ተራ.ቁ	ጥያቄ	አማራጭ መልሶች	ለመልሶች የተሰጡ መለያ ቁጥሮች	የሚዘለሉ ጥያቄዎችን ጠቋሚ
4.1	የእርሶ የወሲብ ጓደኛ /ሌላም/ የእርሶን የኤች አይ ቪ ኤድስ የደም የምርመራ ውጤት ከገለፁት በኋላ ተፈጥረው የነበሩ ሁኔታዎች ከእነዚህ ውስጥ ነበረ?	የመደገፍ ሁኔታ ከወሲብ ጓደኛ ተደርጓል	1	
		የመደገፍ ሁኔታ ከቤተሰብ አባላት ተደርጎ ነበር	2	
		የመደገፍ ሁኔታ ከቤተዘመድ በኩል ተደርጎ ነበር	3	
		የመደገፍ ሁኔታ ከጎረቤት በኩል ተደርጎ ነበር	4	
		የመደገፍ ሁኔታ ከስራ ባልደረባ ተደርጎ ነበር	5	
		የመደገፍ ሁኔታ ከጓደኛ በኩል ተደርጎ ነበር	6	
		ሌላ ይጠቀስ _____	7	
4.2	የእርሶን የኤች አይ ቪ ኤድስ የምርመራ ውጤት ከታወቀ በኋላ ማፅናናት ከወሲብ ጓደኛ፤ ከቤተሰብ፤ ከጓደኞች፤ ከስራ ቦታ ያገኙት ሁኔታ እንዴት ነው?	ብዙን ጊዜ ያፅናናሉ	1	
		አንዳንድ ግዜ ያፅናናሉ	2	
		ምንም አያፅናኑም	3	
4.3	ከማን ነው የበለጠ መፅናናት የሚያገኙት?	ከእግዚአብሔር	1	
		ከወሲብ ጓደኛ	2	

		ከቤተሰብ	3	
		ከጎረቤት	4	
		ከዘመድ	5	
		ከጓደኛ	6	
		ከስራ ባልደረባ	7	
		ሌላ ይጠቀስ _____	8	
4.4	እርሶ የኤች አይ ቪ ኤድስ የምርመራ ውጤት ካሳወቁ በኋላ ሰዎች አበሳጭተዎታል?	አዎን	1	
		አይደለም	2	
		አላስታውስም	3	
4.5	እርሶ የኤች አይ ቪ ኤድስ የደም የምርመራ ውጤት ለሰዎች ከገለፁ በኋላ መደነጋገር/ ማፈር በእርስዎ ተከስቶ ነበር?	አዎን	1	
		አይደለም	2	
4.6	እርሶ ኤች አይ ቪ ኤድስ የምርመራ ውጤት የገለፁለት ሰው አልቅሶ ነበር?	አዎን	1	
		አይደለም	2	
4.7	እርሶ የኤች አይ ቪ ኤድስ የደም ምርመራ ውጤት የገለፁለት/ የተረዳ ግለሰብ ከእርሶ ጋር የነበረው መደበኛ ግንኙነት ለማቋረጥ ሲናገር ሰምተህ ነበር?	አዎን	1	
		አይደለም	2	
4.8	የእርሶ የወሲብ ጓደኛ ስለራስ ኤች አይ ቪ ደም ውስጥ	አዎን	1	
		አይደለም	2	

	መኖር ተጨንቆ /ተጨንቃ ነበር?	አላውቅም	3	
4.9	የእርሶን የኤች አይ ቪ ኤድስ የደም ምርመራ ውጤትን ሰዎች ማወቅን ተከትሎ እርሶን ጥሎ የሸሸ ግለሰብ አለ ወይ?	አዎን	1	
		አይደለም	2	
4.10	የእርሶ የወሲብ ጓደኛ እርሶ የኤች አይ ቪ ኤድስ የደም ምርመራ ውጤት ካሳወቁ በኋላ አስፈራርቷል?	አዎን	1	
		አይደለም	2	
4.11	የእርሶን የኤች አይ ቪ ኤድስ የደም ምርመራ ውጤትን ለወሲብ ጓደኛ ማሳወቅን ተከትሎ በወሲብ ጓደኛ ተደበደቡ/በጎይል ተጠቁ?	አዎን	1	
		አይደለም	2	

ክፍል 5 የጥናቱ ተሳታፊ የኤች አይ ቪ ኤድስ የምርመራ ውጤት ማሳወቁ በኋላ የደረሰ መገለልን ለማወቅ የሚረዱ መጠይቆች

ለምን ያህል ግዜ የሚከተሉት ክስተቶች ለኤች አይ ቪ ኤድስ ምርመራ ውጤት ማሳወቅ ጋር በተገናኘ መንገድ ባለፉት 3 ወራት ውስጥ ተከስቷል፡፡

0= ፈፅሞ አልተከሰተም 2= በርከት ላሉ ጊዜያት

1=አንድ ግዜ ወይም ሁለቱ 3= አብዛኛውን ጊዜያት

ተራ.ቁ	ጥያቄ	አማራጭ መልሶች	ለመልሶች የተሰጡ መለያ ቁጥሮች			
5.1	እርሶ የኤች አይ ቪ ኤድስ የደም ምርመራ ውጤት ለሰዎች ከገለፁ በኋላ ከወትሮው በተለየ መንገድ ሰዎች ሰድቦ፤ ጎድቶ፤ አውኮ እና አጎሳቁሎ ያውቃል? **<u>የምርመራ ውጤቱን ለገለፁት ብቻ የሚጠየቅ</u>**	ሰዎች ወቅሰው ያውቃሉ	0	1	2	3
		ሰዎች ሰድበው ያውቃሉ	0	1	2	3
		እኔ በበሽታ ምክንያት ተነቅፌአለሁ	0	1	2	3
		እኔ ምንም አይነት ተስፋ እንደሌለኝ ተነግሮኛል	0	1	2	3
		እኔን እግዚአብሐየር እየቀጣ እንዳለ ያወራሉ	0	1	2	3
		እኔ መጥፎ ስም ተሰጥቶኛል	0	1	2	3
		በሰዎች አጠገብ ሳልፍ ሰዎች አላግጠውብኛል	0	1	2	3
		እኔ በመንገድ ሳልፍ ሰዎች ከእኔ በሽታ ጋር የሚገናኝ ዘፈን ዘፍነዋል	0	1	2	3
5.2	አንተ/አንቺ በእርስዎ ደም ውስጥ የኤች አይ ቪ ቫይረስ በመኖሩ ራስህን /ራስሽን እንዴት	እኔ እራሴን ፈፅሞ ዋጋ እንደሌለኝ ይሰማኛል	0	1	2	3
		እኔ የበሽታው ተጠቂ ስለሆንኩ ኃፍረት ይሰማኛል	0	1	2	3

	ትመለከታለህ/ትመለከቻለሽ? **<u>የገለፁትና ያልገለፁት የሚጠየቁት</u>**	እኔ ወደፊት ሰው እንደማልሆን ይሰማኛል	0	1	2	3
		እኔ ለቤተሰብ ብዙ ችግር /መከራ እንዳመጣሁ ይሰማኛል	0	1	2	3
		እኔ መኖር እንደማይገባኝ ይሰማኛል	0	1	2	3
5.3	ከእነዚህ ውስጥ አንተ /አንቺ የኤች አይ ቪ ኤድስ በሽታ ተጠቂ በመሆንም የገጠመም የማህበራዊ መገለል የቱ ነው? **<u>የምርመራ ውጤቱን ለገለፁት ብቻ የሚጠየቅ</u>**	ሰዎች እኔን መጠየቅ አቁመዋል	0	1	2	3
		ሰዎች ከእኔ ጋር ያላቸውን ግንኙነት አቁመዋል	0	1	2	3
		የእኔ ጓደኞች ከእኔ ጋር እንደወትሮው አያወሩም	0	1	2	3
		አንዳንድ/ሁሉም ጓደኞች ጓደኝነት አቁመዋል	0	1	2	3
		ሰው ከእኔ ሸሹ	0	1	2	3

የቡድን ውይይት የሚመለከት የመጠይቅ ክፍል

1. **የእርሶን የኤች አይ ቪ ኤድስ የምርመራ ውጤት ለወሲብ ጓደኛዎ አሳውቀዋል?**
   ለምን ሲሉ ነበር ያሳወቁት? ለምን ሲሉ ነበር ያላሳወቁት?

2. **የእርሶን የኤች አይ ቪ ኤድስ የምርመራ ውጤት ለቤተሰብ አሳውቀዋል?**
   ለምን ሲሉ ነበር ያሳወቁት? ለምን ሲሉ ነበር ያላሳወቁት?

3. **የእርሶን የኤች አይ ቪ ኤድስ የምርመራ ውጤት ጓደኛዎ አሳውቀዋል?**
   ለምን ሲሉ ነበር ያሳወቁት? ለምን ሲሉ ነበር ያላሳወቁት?

4. **የእርሶን የኤች አይ ቪ ኤድስ የምርመራ ውጤት ለሃይማኖት አባትዎ አሳውቀዋል?**
   ለምን ሲሉ ነበር ያሳወቁት? ለምን ሲሉ ነበር ያላሳወቁት?

5. **የእርሶን የኤች አይ ቪ ኤድስ የምርመራ ውጤት ማሳወቅ ተከትሎ ከወሲብ ጓደኛ፤ ከቤተሰብ ወይንም ከሌሎች ሰዎች በኩል የደረሰቦ ሁኔታ ምን ነበር?**

ANNEX III

9.4. Lists of Table

Table 2. Socio-Demographic Characteristics of ART User Clients Sexual Partner, In Addis Ababa ART Providing Health Facilities, May 2009.

Variables	Frequency	Percent	HIV Serostatus Disclosure f(%)
Age of sexual Partner (n=341)			
19-24	21	6.2	17(81)
25-29	64	18.8	56(87.5)
30-34	68	19.9	62(91.2)
35-39	81	23.8	74(91.4)
40-44	58	17	50(86.2)
45-49	29	8.5	26(89.7)
50 and above	20	5.8	16(80)
Educational Level of Sexual Partner During VCT (n=341)			
Illiterate	32	9.4	28(87.5)
Could Read and Write	25	7.3	20(80%)
Primary Schooling	54	15.8	49(90.7)
Secondary Schooling	176	51.6	156(88.6)
Diploma Graduate	39	11.4	37(94.8)
Degree Graduate	13	3.8	10(77)
Post Graduate and above	2	.6	1(50)
Employment Status of Sexual Partner During VCT (340)			
Government Employee	58	17	49(84.4)
NGOs-employee	19	5.6	15(78.9)
Private Organization Employee	85	24.9	74(87)
Merchant	48	14.1	40(83.4)
Housewife	96	28.2	92(95.8)
Others	34	10	30(88.2)
Sexual Partner Usual Place of Residence During VCT (n=341)			
Inside Addis Ababa	299	87.7	266(88.9)
Outside Addis Ababa	42	12.3	35(83.45)

Table 5. HIV Serostatus Disclosure to Significant Others by ART User Clients and Reason for Non-Disclosure, in Addis Ababa ART Providing Health facilities, May 2009

Variables (n=341)	Frequency	Percent
HIV Serostatus Disclosure to other People Except main sexual Partner		
Causal Sexual Partner	37	10.9
Mother	81	23.8
Father	32	9.4
Sister	132	32.8
Brother	86	25.2
Relatives	62	18.2
Close Friends	86	25.2
Religious Members	30	8.8
PLWHA Members	32	9.4
Work Groups	19	5.6
Disclosed to None	39	11.4
Reasons for Not Disclosing to People	31	9.1
Fear of Abandonment by People	129	37.8
Fear of Discrimination by People	10	2.9
Fear of Loss of Jobs	7	2.1
Fear of Loss of Usual Relation With Religious People	38	11.1
Fear of Loss of Friends	88	25.8
Because of No Importance of Disclosing to People	38	11.1
Other Reasons		

Table 6. ART Users Safe Sexual Practices and Their Reasons for Utilization of Condoms and Discussion about VCT and HIV Related Topics, Who were in Addis Ababa ART Providing Health Facilities, May 2009

Variables	Frequency	Percent	HIV Serostatus Disclosure f(%)
Respondent Condom Use Before Disclosure of Their Status (n=341)			
Yes	54	15.8	48(88.9)
No	287	84.2	253(88.1)
Respondent Engagement in Sexual Activity Before Disclosure to Sexual Partner (n=340)	47	13.8	24(51)
Yes	293	86.2	276(94)
No			
Condom Utilization Immediately Following Disclosure (n=340)	213	62.6	206(96.7)
Yes	127	37.4	95(74.8)
No			
Reasons for Condom Use After HIV Serostatus Disclosure to partner (n=206)	57	27.6	
To Prevent Pregnancy	133	64.6	
To Prevent HIV- Virus transmission to Sexual partner	8	3.9	
Not to have Additional chilled	8	3.9	
Other Reasons	11	11.2	
Reasons for Not Using Condoms Following disclosure (n=97)	15	15.5	
Because Sexual Partner was HIV-Positive	6	6.1	
In Order to Have Additional Child			
Condom Use Decrease Sexual Satisfaction	11	11.2	
Due to religious Prohibition	54	55.6	
Other Reasons			
Discussion With Sexual Partner about HIV Related topics Before VCT (n=338)	115	37.7	
Yes	191	56	
No	35	10.3	
I Don't Remember it			
Discussion With Sexual Partner about VCT Before HIV-test (n=341)	120	35.2	
Yes	190	55.7	
No	31	9.1	
I Don't Remember it			

Table 7. Behavioral Changes in Relation with Sexual Partner HIV Serostatus by ART Users, In Addis Ababa ART Providing Health Facilities, May 2009

Variables (n=341)	**Frequency**	**Percent**
Condom Use Before HIV Serostatus Disclosure	48	15.9
Disclosed (n=301)	6	15
Not Disclosed (40)		
		68.5
	206	17.9
Condom Use After HIV Serostatus Disclosure	7	
Disclosed (n=301)		
Not Disclosed (40)		
	17	20.3
Condom Utilization Related with Sexual Partner HIV Serostatus	11	19.6
HIV-positive Sexual Partner (n=133)	16	10.5
HIV-Negative Sexual Partner (n=56)		
Sexual Partner With Unknown Serostatus (n=152)	104	66.6
	109	59.2
Condom Utilization Related With Sex of Respondent		
Male (n=140)		
Female (161)		

Table 9. Stigma Indicating Situation Occurred After HIV-Diagnosis and Following HIV-Serostatus Disclosure, by ART Receiving Clients, in Addis Ababa ART Providing Health Facilities, May 2009

Variables	Frequency	Percent
ome One Scolded Me		
Never	305	89.4
Once or Two wise	26	7.6
Several Times	6	1.8
Most of the Times	4	1.2
Someone Insulted me		
Never	293	85.9
Once or Two wise	31	9.1
Several Times	11	3.2
Most of the Times	6	1.8
Blamed for His/her HIV Status		
Never	310	90.9
Once or Two Wise	18	5.3
Several Times	9	2.6
Most of the Times	4	1.2
People Talked about God Punishing me		
Never	297	87.1
Once or Two Wise	21	6.2
Several Times	17	5
Most of the Time	6	1.8
People Call me on Bad Name		
Never	294	86.2
Once or Two Wise	24	7
Several Times	19	5.6
Most of the Time	4	1.2
Mocked by People		
Never	315	92.4
Once or Two Wise	16	4.7
Several Times	7	2.1
Most of the Time	3	0.9
People Song Offensive Song		
Never	325	95.3
Once or Two Wise	9	2.6
Several Times	5	1.5
Most of the Time	2	0.6

Table 10. ART Receiving Client Self Perception Following HIV-Diagnosis, in Addis Ababa ART Providing Health Facilities, May 2009

Variables	Frequency	Percent
I Felt Completely Worthless		
Never	246	72.1
Once or Two Wise	47	13.8
Several Times	33	9.7
Most of the Time	15	4.4
Felt Shamed by Having the Disease		
Never	272	79.8
Once or Two Wise	41	12
Several Times	21	6.2
Most of the Time	7	2.1
I Felt I am no Longer a Person		
Never	262	76.5
Once or Two Wise	36	10.6
Several Times	35	10.3
Most of the Time	8	2.3
I felt I Brought a Lot of Problem to Family		
Never	284	83,3
Once or Two Wise	28	8.2
Several Times	21	6.2
Most of The Time	8	2.3

Table 11. Social Stigmatization of ART Using Clients, in Addis Ababa ART Providing Health Facilities, May 2009

Variables	Frequency	Percent
People Cut Visiting		
Never	302	88.6
Once or Two Wise	26	7.6
Several times	10	2.9
Most of the Time	3	0.9
People Stopped Relationship		
Never	316	92.8
Once or Two Wise	13	3.8
Several Times	11	3.2
Most of the Time	1	0.3
A Friend Would not Chat With me		
Never	317	93
Once or Two Wise	16	4.7
Several Times	7	2.1
Most of the Time	1	0.3
Some one Stopped Being my Friend		88.9
Never	303	5.6
Once or Two wise	19	4.1
Several Times	14	1.5
Most of the Time	5	100
Total	341	

DECLARATION

DECLARATION
I the undersigned, declare that this is my work and that all sources of material used for this thesis have duly acknowledged.

Name Aklilu Koyira

Signature_____

Place_____

Date of submission_____

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

Name Dr. Adamu Addissie

Signature_____

Date_____