

Addis Ababa University Medical Faculty
School of Public Health

**Assessment of voluntary HIV counselling and testing (VCT)
service Utilization among married couples in Gondar City,
North West Ethiopia**

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Acronyms

AAU	Addis Ababa University
AIDS	Acquired Immuno Deficiency Syndrome
AOR	Adjusted Odds Ratio
BCC	Behavioural change of communication
EDH	Ethiopian Demographic and Health Survey
FGD	Focus Group Discussion
Fhi	Family Health International
FMOH	Federal Ministry of Health
HAPCO	HIV/AIDS preventing and controlling organization
HIV	Human Immuno Deficiency Virus
IEC	Information education communication
IVCT	Individual voluntary counselling and testing
IRB	Institutional Review Board
KAP	Knowledge, attitude and practice
MF	Medical faculty
MDGs	Millennium Development Goals
MOH	Ministry of Health
OSSA	Organization of social service for AIDS
OR	Odds Ratio
SPSS	Statistical Package for Social Science/service solutions
SPH	School of Public Health
STIs	Sexual transmitted infection
VCT	Voluntary counselling and testing
WHO	World Health Organization

Abstract

Background: voluntary HIV counselling and testing (VCT) is one of the key strategies in the prevention and control of HIV/AIDS in Ethiopia. However, the utilization of VCT service particularly among married couples is very low in Gondar city. We therefore conducted this study to determine the prevalence, willingness and factors associated with VCT service utilization among married couples in Gondar city.

Methods: a population based cross sectional study employing both quantitative and qualitative research method was conducted between February and March 2010. A total of 846 married couples aged 18 years and above were sampled from 3 randomly selected kebeles. Data was collected on VCT service utilization and independent variables. Binary logistic regression (bivariate and multivariate analysis) was performed to determine the predictors of VCT service utilization among married couples.

Results: 838 married couples (1676 individuals) participated in the study with a response rate of 99.05 %. VCT use was higher among married women in the age group of 18-30 years and 31-40 years than married men. The major barriers to VCT service utilization among married couples were stigma, discrimination, fear of test results, partner rejection, and fear of marital breakage. However, 76.1% of married couples reported that they had willingness to use VCT.

Conclusion: the VCT service utilization among married couples in Gondar city was very low. In order to increase VCT service utilization, there should be particular attention on health education, home based VCT programs, pertinent media programs and community mobilization

1. Introduction

HIV/AIDS has remained a major threat to the world populations; it affects overall social, economical and political well being of humans. More than 60 million people have been infected with HIV and has killed 25 million people since it was first recognized in 1981. In 2007, about 33 million people were estimated living with HIV/AIDS and the number of people newly infected was 2.5 million while 2.1million people died of AIDS. At the end of 2007 a decline of HIV prevalence was reported as a result of impact of HIV programs (1, 2).

Most HIV infection in sub-Saharan Africa occurs due to hetro-sexual intercourse between couples in a relationship. Women who are infected by an HIV positive partner have risk of infecting their infants in turn. Despite their importance as a social context for sexual activity and HIV infection, couple relationships have not been given adequate attention. Studies done in various parts of Africa revealed that VCT is associated with reduced risk behaviours and lower rates of sero-conversion among sero-discordant heterosexual couples. Increased attention on couple-focused VCT services provides a high leverage HIV prevention intervention for African countries (3, 4).

According to the report of WHO; Sub-Saharan Africa takes a major problem of the epidemic at the end of 2007, there were about 23 million people estimated living with HIV, which contributes over 60% of the global total. The region remains most severely affected and currently the largest risk group for HIV/AIDS are Africans couples. In Kenya today the greatest risk of HIV transmission lied among married couples with a discordant rate of 40%. However, 80% of Kenyans do not know their HIV status and that of their partners (2, 3).

In Ethiopia according to the DHS 2005, married couples were with 0.3% concordant positive and discordant rate of 1.8%. However, most of these couples do not mutually know their HIV status and the VCT uptake among married couples in Ethiopia is very low (5). One of the effective HIV prevention strategies in the health care delivery is VCT. It has demonstrated effectiveness in reducing risk behaviours and HIV incidence. Despite the array of delivery approaches and the advantages of VCT uptake in Ethiopia is disappointingly low among married couples.

Furthermore, there is little information on VCT uptake among married couples and also on the factors that influences it. This study was aimed to know the prevalence, willingness and associated factors affecting utilization of VCT among married couples in Gondar city.

1.2. Rationale of the study

Experiences in Sub-Saharan Africa reveal that VCT for couples in particular have a great deal to current prevention efforts but numerous questions remain unresolved. Our understanding of sexual relations and risk reduction with sexual partners in Sub-Saharan Africa has not improved, because of the socio cultural impact. More research is needed on risk behaviours and risk preventions by men and women among married couples. It is particularly important to do behavioural research to identify strategies that married couples follow to deal with HIV risk and knowledge of personal sero-status (4).

In Ethiopia there are few studies conducted on why there are few number of clients and no strategies being tried to alleviate the problem particularly among married couples. If you try to see the risk of HIV in marriage; married women are most at risk with potential problems to their partner, their infants and families; and contributing to increase the burden of HIV/AIDS in Ethiopia; this creates also a gap in reaching the millennium development goal to decrease HIV incidence by the end of the target year 2015.

Thus it is justifiable to assess the extent of service utilization & factors associated to up take VCT among married couples.

2. Literature review

2.1. Benefit of Voluntary Counselling and Testing

Voluntary Counselling and Testing (VCT) is the process whereby an individual or couple undergoes counselling to enable him/her /them make an informed choice about being tested for HIV/AIDS. VCT helps to determine who requires care, treatment and support services for infected individuals. It also helps in prevention of transmission of the HIV infection and other STI'S to uninfected people. Additionally VCT can also stimulate discussion about HIV & AIDS and in-turn reduce stigma and discrimination and done with a two-proged approach confidentially. The service began in 1985. The goal of VCT service is to help couples to evaluate their own behaviour and its consequences. A negative test result offers the opportunity to recognize vulnerabilities and develop risk reduction plans to adopt safer behaviours. VCT is very much essential for married couples and their families are to benefit from interventions to prevent partners and mother to child transmission of HIV (5, 6.7).

Studies in developing countries reported that behavioural changes were gained after VCT with a range of indicators including condoms use, reduction in number of partners and STI incidence. For example in Uganda utilization of VCT was highly responsible for behaviour changes in condoms use with sexual partners (8).

Most African countries have developed strategic framework for HIV prevention activities focused on pre-marital and extramarital sexual behaviour, but in areas with high HIV prevalence the protective needs of married and cohabiting couples are just as great and often go unmet. One of the most challenging features of the AIDS epidemic in Africa is majority of those infected with HIV do not know their sero-status due to lack of knowledge about HIV and fear of stigma and discrimination (7, 9).

A study on behavioural survey of HIV/AIDS infection conducted in south west Ethiopia, Assosa, even though VCT service were available in the area, it was only 3.9%, whoever had HIV test in the past, provision of HIV testing and counselling to married couples and pregnant women was accepted by 89.2% and 84.5% but few people had got a test (10).

2.2. The Magnitude and significance of married couples VCT

In Africa, only less than 1% of couples tested for HIV (11). In Uganda, at VCT site, more than 70% of clients present individually, and most of these do not know the HIV status of their partners (12). While a house hold survey to assess risk perception and condoms use among married couples or cohabiting couples in Kwazulu-Natal, South-Africa revealed that a higher proportion of women than of men felt at risk of HIV infection from their partners (57% v/s 22%). Not surprisingly, perceived risk of HIV infection was strongly and positively associated with the women's belief that her partner was unfaithful (13).

In Kenya, couples constitute 8-10% of all clients at VCT centre at a major referral hospital (14). This is similar with the case of Ethiopia's as shown in a report on VCT centres in Addis Ababa run by Care international, it was indicated that out of the 2,179 clients who assessed VCT services, 9.4% were couples (15). In Mozambique's largest VCT sites only 5% were couples (16). By comparison, the needs of married and cohabiting couples have been neglected despite the fact that, in generalized HIV epidemics, many infections occur within marital and cohabiting unions because of either prior infection by one partner or infidelity (17).

Recent studies have showed that VCT is a cost effective intervention for reducing HIV related risk behaviours, particularly when applied to at risk couples. A study showed that VCT to be a very cost effective intervention in urban east African settings. The cost analysis was based on client infection status, sex, and whether VCT was received as an individual or as couple. VCT was estimated to avert 1,104 HIV-1 infections in Kenya and 895 HIV-1 infections in Tanzania during the year after receiving VCT (18).

In a recorded review of data on 2001-2004 in Addis Ababa, Kasahanchis health centre showed that sero-positive for HIV was higher among married couples tested than those who were not married (19). Although, VCT utilization is increasing, clients do not disclose results to partners according to a study done in Illubabor zone, Southwest Ethiopia (20). Moreover, among those who tested and got results perceived that their partner also have the same result according to a study done in behavioural survey in Uganda (21). In the case of Ethiopia it is very hard to know how much this problem contributes to the HIV epidemic and there are few studies conducted on the magnitude of the service for married couples.

2.3. Factors that affect VCT service utilization

The relation between perception of risk and sexual behaviour is complex and poorly understood, studies conducted in different cultures have associated HIV risk perception with a wide range of variables: number of sexual partners, knowledge of sexual partners, past sexual behaviour, fear of AIDS, discussing AIDS at home (22).

studies conducted in different settings indicated that sex, race, education, occupation and risk perception are the main determinant factors for seeking HIV testing (23,24). Various studies have shown that acceptance of VCT is influenced by knowledge about HIV transmission and prevention, knowledge about VCT, positive attitudes towards HIV testing and self perceived risk of HIV infection. A study on HIV voluntary counselling and testing service preference in rural Malawi among 868 women aged 15-34 years and 648 men aged 20-44 years revealed that knowledge about HIV/AIDS prevention, knowing someone with AIDS, knowing locations of a test site and perceived risk of HIV infection all had consistently significant association with VCT use for men and women (25). Another study which examined rates and predictors of self reported HIV testing in Uganda among married men aged 15-59, revealed that knowledge about a test site are associated with an increased likely hood of HIV testing (26).

A study regarding knowledge, attitude and practices on HIV/VCT in Kenya showed that VCT attendance was significantly influenced by knowledge about HIV/AIDS and literacy level but not sex (14). Another study in rural district of Malawi conducted among individuals seeking VCT revealed that, of 723 individuals who sought VCT the most common reason (50%) was recent knowledge of HIV/AIDS and desire to know their HIV status (27).

In a quantitative study conducted in Kenya, set out to establish factors that influence decisions to take up VCT with or without sexual partner; Individual clients ;25% male, 13% females tested alone to bring partner later. 19% females and 4% males tested alone for fear of abandonment by partner because of lack trust. Almost five times as many women said they took the test with partner for fear of violence if they declined (28).

Behavioural survey in Assosa revealed that 28.2% of the respondents among adult general population stated that they knew voluntary counselling and testing service were available in Assosa, however, only 3.9% ever had an HIV test. This study also showed 47.6% of respondents among the general population were aware of being involved in risk behaviours that make them at risk of getting to HIV infection. Females and some individuals who had a positive attitude to take VCT felt that they were at risk of infection (10).

2.4. Willingness to voluntary HIV counselling and testing (VCT)

A household survey on VCT in Zambia revealed that 37% expressed a willingness to be tested; however, only 9.4% actually came for a test (29). A study in rural Malawi in HIV/VCT preference revealed that among 868 women aged 15-34 and 648 men aged 20-44 years aware of HIV/AIDS 61% of women and 76% of men desired testing but only 11% of men and 7% of women had been tested (25).

Different studies conducted in Ethiopia revealed that high level of willingness to utilize VCT service. A study in North West Ethiopia showed that nearly 94% were willing to use the VCT services if made available free of charge, and 76.2% of respondents replied that they would pay for the VCT service while 23.8% were not in favour of paying for the service (30).

A community based study in Harar among 15-49 years revealed that 85.4% of the respondents have intention of having VCT (31). Another study in Jimma among the urban communities and its rural surrounding revealed 74.3% intend to use the VCT service if it is made available (32). However, the gap between the theoretical and actual practices was reported.

Generally, in developing countries including Ethiopia different factors influencing married couples' voluntary HIV counselling and testing (VCT) service utilization this is also tried to show influencing factors with conceptual frame work at page 19 (annex-i).

3. Objectives

3.1. General objective

- To assess voluntary HIV counselling and testing (VCT) service utilization among married couples in Gondar city

3.2. Specific objectives

- To determine the prevalence of VCT service utilization among married couples in Gondar city
- To identify magnitude of VCT service utilization of married couples in Gondar city
- To describe willingness to utilizing VCT service among married couples in Gondar city

4. Methods and materials

4.1. Study area

The study carried out in Gondar city, situated at altitude of 2100 to 2870 metres above sea level, and is located at 727 Km from Addis Ababa in the north-west of the country. According to the national housing and population census, the projected population of the city in 2009 is estimated to be 393,170 with male to female ratio of 1:1. Administratively the city comprises 12 kebeles. Currently it has one referral hospital and 4 health centres and 8 private clinics. North Gondar zone HAPCO with OSSA and FHI provides home based care service for those having HIV/AIDS by creating networking with north Gondar zone, woreda and kebele administrators.

4.2. Study design

The study was a community based cross-sectional study employing quantitative and qualitative research methods between February 21th and March 5th 2010. The quantitative research was supplemented by qualitative methods and data triangulation.

4.3. Source population

All married couples and cohabiting unions living with regular partner, in Gondar town.

4.4. Study population

The study population includes currently married couples and cohabiting unions, living with regular partner in randomly selected 3 kebeles.

4.4.1. Inclusion criteria.

All married/cohabiting unions; living together with regular partner in the study area for at least 12 months.

4.4.2. Exclusion criteria

Less than 18 years old married couples.

Those married couples unable to communicate for different reasons.

4.5. Sample size determination

The sample size will be determined using the formula for single population proportion.

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

Where:

n = the desired sample size and the design effect is 2

P = the proportion of VCT practices is not known, hence used 50%

Z $\alpha/2$ = Critical value at 95% confidence level of certainty (1.96)

d = the margin of error between the sample and the population is 5%

Based on the above formula, the assumption was to select couples at house hold level and the calculated sample size was 423 couples considering design effect and 10% non-response rates, the total sample size was 846 couples.

4.6. Selection Procedure

The study participants were married couples aged > 18 years and above, residing in Gondar city and who consented to participate in the study. Multistage sampling technique was used to select the study participants.

In the 1st stage, out of the total 12 kebeles in the city 3 kebeles were selected randomly. In the 2nd stage, to identify number of participants at households, census was conducted and list of married couples at households had been developed. Then households had been proportionally allocated by size and then the first house had been selected randomly with lottery method, then data were collected in the selected kebeles based on sampling frame with systematic random sampling. Each member of married couples per randomly selected households interviewed separately with separate interview questions. The interview held there after obtaining an informed consent (verbally) as well as written form from eligible clients.

4.7. Method of data collection

4.7.1. Data collection tool

a) The instrument used was standard Structured Questionnaire adapted from literatures of similar studies and taken from Carleton Ville study, august 1999. Language was translated from English to Amharic and back to English in order to maintain consistency.

Prior to the actual data collection, the questionnaire was pre-tested on 20 married couples at Teda town, which is located at 25 km away from Gondar city and the necessary modifications were incorporated. There were a total of 6 Data collectors (3 female & 3 male students of Gondar Teacher's College) and there were 2 diploma holder supervisors. Principal Investigator involved for the overall activities.

4.7.2. Qualitative part

Four FGDs consisting of 7-10 participants per group were conducted by principal investigator as moderator assisted by a note taker. Moderator (principal investigator) had explained the purpose of the study, and had obtained voluntary written consent prior to conducting the discussion. We used semi structured questionnaire with a FGD guide composed of predetermined topics including awareness to HIV/ADS/VCT services provided in the area, importance of VCT and utilization by married couples, socio cultural beliefs that influence VCT utilization. The FGDs were chosen among clients that were not included in the interview of quantitative data. The FGD participants were stratified by sex (women and men) aged > 18 and above. The information shared was recorded on audiotapes and notes taken. The data collected was transcribed with Amharic translated from Amharic to English and analysed manually according to the thematic way. The data was then supplemented with the quantitative findings.

4.8. Data quality control

It was measured through careful design, translation and retranslation.

Proper training of interviewer and supervisors and after training Pretesting was done.

Close supervision, proper handling of data.

Data entering was also done carefully by PI and experienced data clerks after cleaning of the data.

Subsequent to training of the data collectors as the spot prior to starting interviewing daily monitoring of the process by the supervisors and the chief investigator were done.

There was discussion on any kind of problem they faced in the process.

Data was checked for completeness, consistency and soundness by the principal investigator. Data was entered, stored Epi-6 and analyzed in to a computer using the SPSS version 11. The qualitative data, every FGD was transcribed on the day it was conducted.

4.9. Data processing and analysis

Data entry, cleaning and coding was performed using Epi-6 and SPSS version11 software and separate analysis was used for husbands and wives. To explain the study population in relation to relevant variables, frequencies and summary statistics were used. Associations between dependent and independent variables were analysed by using univariate and logistic regression and presented using odds ratios and confidence intervals. In determining the prevalence and factors associated with married couple VCT service use, purposefully only those study subjects who had partners at the time of the study and only one member of each couple randomly selected were included.

4. 10. Study variables

➤ **Dependent Variables/outcome variable**

- VCT utilization

➤ **Independent variables**

- Socio-economic variables
- Socio-demographic variables (age, religion, ethnicity, etc)
- Knowledge about (VCT, HIV transmission/ prevention)
- partner willingness to VCT
- Past sexual behaviour in the last 12 months
- Fears of knowing ones HIV status
- Stigma & discrimination
- Perceived risk of HIV infection in the last 12 months
- Source of information about VCT
- Important of couple VCT
- Health service factors (availability of service, confidentiality)

4.11. Operational definitions.

Adequate knowledge about HIV/AIDS: respondents scoring with average and above, regarding mode of transmission and prevention and correct conception of HIV/AIDS.

Adequate Knowledge about VCT: respondents with mean score and above of knowledge questions on VCT is considered as having adequate knowledge, If less than mean score inadequate.

Cohabiting union: couples in union as husband and wife without marriage.

Condom use: appropriate and consistent use of male condom during sexual intercourse

Confidential HIV testing: clients identifying information is linked to testing information but only client and provider know about it.

Counselling: confidential dialogue between a client and care provider aimed at enabling the client to come up with confidence and make personal decision related to HIV/AIDS

Discrimination +ve: individuals with above the average score of discrimination questions.

Married couples: with legal certificate or traditionally/religious and can cohabiting unions.

Risk perception of HIV/AIDS: attitude towards self exposure to HIV infection.

Stigma: negative feeling towards people with HIV/AIDS, intention to avoid people living with HIV/AIDS from social relationship.

Stigma +ve: individuals with above the average score of stigma questions.

VCT service Utilization: those married couples used VCT service and was measured at three levels (pre-test and post-test counselling plus receiving HIV test result). Or, participants considered complete if the participant received all 3 above either as a couple and/or individually

4.12. Ethical considerations

The research proposal was reviewed by Addis Ababa University Research Ethics committees. Clearance was obtained from Addis Ababa University, Faculty of Medicine and Institutional Review Board (IRB) before the start of data collection. Official letter of co-operation was written to concerned authority in respective study area from AAU/MF, School of Public Health. Then in turn responsible authority wrote official letter of co-operation to respective bodies and Kebele administrative offices in Gondar city. Before the interview each respondent was told about the aim of the study, the benefit from the study and about confidentiality. The research participants were also enrolled in the study after informed and written consent.

4.13. Dissemination of results

The thesis will be presented to the school of public health as partial fulfilment of Masters Degree in public health. After the research paper gets approved by the advisor and other responsible bodies of the SPH, FOM, of AAU, the study will be communicated to the Graduate Coordinator of SPH, MOH, Amhara Regional health bureau, North Gondar Zone Health Departments and to those governmental and non-governmental organizations those potentially could benefit from the study. The thesis will be submitted to review board journal.

5. Result

5.1. Description of the study participants/characteristic of the respondents

From a total of 846 married couples 838 (1676 individuals) were participated in the study. The response rate was 99.05%. Table: 1 illustrates the socio demographic characteristics of the respondents. About 8.1% of the respondents were in the age group of 18-24 years, 30.3% were in the age group of 25-31years, 18.0% were in the age group of 32-38 years, 20.3% were in the age group of 39-45 and 23.3% were in the age group of 45 and above.

Of the total respondents 263 (15.7%) were uneducated, 288 (17.2%) had education up to grade six, 199 (11.9%) were 7-8 grade, (398) 23.7% were 9 to 12 and 528 (31.5%) were diploma and above.

Regarding of the religion status of the respondents 1198 (71.5%) were orthodox, followers of Muslim religion were 387(23.1%) and 91(5.4%) were protestants. Of the total respondents majority 1076 (64.2 %) were Amhara, 360 (21.5%) Kimant and 240 (14.3%) Tgrian.

Concerning the monthly income of the respondents 197 (11.8%) reported that they had less than or equal to 150 Ethi-birr per month, 345 (20.6%) reported that they had monthly income of 151-500 Ethio-birr, 599 (35.7%) monthly income of 501-1000 Ethio-birr and 535 (31.0%) >1000 Ethio-birr monthly income at the time of survey.

Table: 1 socio demographic characteristics of the study subjects in Gondar city, 2010

Variable /characteristics	Male N=838 No (%)	Female N=838 No (%)	Total N=1676 No (%)
Age in year			
18-24	40 (4.8)	96 (11.5)	136 (8.1)
25-31	219 (26.1)	289 (34.5)	508 (30.3)
32-38	143 (17.1)	158 (18.9)	301 (18.0)
39-45	190 (22.7)	151(18.0)	341 (20.3)
above45	246 (29.4)	144(17.2)	390 (23.3)
Ethnicity			
Amhara	542 (64.7)	534 (63.7)	1076 (64.2)
Kimant	176 (21.0)	184 (22.0)	360 (21.5)
Tigrian	120 (14.3)	120 (14.3)	240 (14.3)
Religion			
Orthodox	600 (71.6)	598 (71.4)	1198 (71.5)
Muslim	195 (23.3)	192 (22.9)	387 (23.1)
Protestant	43 (5.1)	48 (5.7)	91 (5.4)
Education			
Uneducated	86 (10.3)	177 (21.1)	263 (15.7)
Grade 1-6	152 (18.1)	136 (16.2)	288 (17.2)
Grade 7-8	94 (11.2)	105 (12.5)	199 (11.9)
Grade 9-12	187 (22.3)	211 (25.2)	398 (23.7)
Diploma and above	319 (38.1)	209 (24.9)	528 (31.5)
Occupation			
Nongovernmental org.	45 (5.4)	21 (2.5)	66 (3.9)
Civil servant	310 (37.0)	243 (29.0)	553 (33.0)
House wife	---	312 (37.2)	312 (18.6)
Merchant	318 (37.9)	162 (19.3)	480 (28.6)
Private sector	165 (19.7)	100 (11.9)	265 (15.0)
Others(specify)			
Monthly income			
<150 Eth. Birr	25 (3.0)	172 (20.5)	197 (11.8)
151-500 Eth. Birr	125 (14.9)	220 (26.3)	345 (20.6)
501-1000 Eth. Birr	325 (38.8)	274 (32.7)	599 (35.7)
>1001Eth. Birr	363 (43.3)	172 (20.5)	535 (31.0)

5.2. Sexual History, Knowledge about transmission/prevention towards HIV/AIDS

Table: 2 illustrate the sexual history, knowledge of HIV transmission and prevention with attitude towards the respondents. A total of 290 (17.1%) respondents reported that they ever had multiple sexual experiences/extramarital sex prior to the survey. Of those who had multiple sexual experiences 192 (22.9%) were husbands and 98 (11.7%) were wives that they ever had more than one sexual partner prior to the survey. On the other hand those who had sexual experience out of 200 (68.9%) respondents 133 (18.3%) husbands and 67 (9.2%) wives were reported that they didn't use condoms at all, out of 7 (2.4%) of respondents 4 (44.4%) husbands and 3 (33.3%) wives were reported that they had used condoms always and out of 83 (28.6%) of the respondents 55 (53.9%) husbands and 28 (26.9%) wives were reported that they used condoms some times.

All respondents had heard of HIV/AIDS. However, only 818 (48.8%) and 850 (50.7%) had adequately identified the transmission and prevention HIV/AIDS, respectively. Of 818 (48.8%) of the respondents 338 (40.3%) husbands and 480 (57.3%) wives were able to know the transmission methods of HIV/AIDS. On the other hand, from a total of 858 (51.2%) respondents 500 (59.7%) husbands and 358 (42.7%) wives did not know mode of HIV transmission. On the one had 850 (50.7%) of the respondents 427 (51.0%) husbands and 423 (50.5%) wives were able to know the prevention methods of HIV/AIDS. While, from a total of 826 (49.3%) respondents 411 (49.0%) husbands and 415 (44.5%) wives did not know HIV/AIDS prevention methods.

During focus group discussion most discussants mentioned that they had heard about HIV/AIDS. But, the majority of the discussants didn't know the difference between HIV and AIDS. Most discussant mentioned that HIV is the other name of AIDS while few discussants said that HIV is before the start of sickness and AIDS was reported that when people got illness and fall to bed.

“A 25 years old female, Amharic teacher put the concept of HIV without sign and symptoms, while AIDS was reported with sign and symptoms” (at Azezo kebele, FGD).

For HIV transmission and prevention at FGDs majority of married men discussants and married women discussants mentioned that multiple sexual intercourse and some married men mentioned sharp instruments while few married women reported that HIV transmission of mother to child.

Stigmatizing and discriminating attitude towards HIV/AIDS

As shown in table: 2 of 940 (52.2%) respondents 459 (57.8%) husbands and 481 (60.6%) wives had stigmatizing attitude while the rest 648 (40.8%) of the respondents 335 (42.2%) husbands and 313 (39.4%) of wives had not. On the other hand, 947 (59.6%) of respondents 449 (56.9%) husbands and 498 (62.7%) wives had discriminating attitude and 275 (50%) of the respondents 345 (43.5%) husbands and 296 (37.3%) wives had not discriminating attitude. In FGDs some married men and women reported that the issue of stigma and discrimination as an outcome of positive result is difficult in working through a society.

„If my result is positive and my partner knows about it she will tell another's, besides I couldn't stand in front of my students face due to stigmatizing effect”
(35 years male high school teacher, Abizegi kebele)

Table: 2 Sexual-history after marriage, Knowledge, attitude and perception towards HIV/AIDS transmission and prevention among married couples in Gondar city, 2010

Variable	Male N=838 No (%)	Female N=838 No (%)	Total N=1676 No (%)
Ever had multiple sexual partner			
Yes	192(22.9)	98 (11.7)	290 (17.3)
No	646 (77.1)	740 (88.3)	1386 (82.7)
Condom used with multiple sexual partners(N=290)			
Never used	133(18.3%)	67 (9.2%)	200(68.9%)
Sometimes	55 (53.9%)	28 (26.9%)	83(28.6%)
Always	4 (44.4%)	3 (33.3%)	7(2.4%)
Heard about HIV/AIDS			
Yes	838 (100.0)	838 (100.0)	1676 (100.0)
No	-----	-----	-----
Knowledge on HIV transmission			
Adequate	338 (40.3)	480 (57.3)	818 (48.8)
inadequate	501 (59.7)	357(42.7)	858(51.2)
Knowledge on HIV prevention			
Adequate	427 (51.0)	423 (50.5)	850 (50.7)
Inadequate	411 (49.0)	415 (44.5)	826 (49.3)
Stigmatizing attitude			
Yes	459 (57.8)	481 (60.6)	940 (59.2)
No	335 (42.2)	313 (39.4)	648 (40.8)
Discrimination attitude			
Yes	449 (56.5)	498 (62.7)	947 (59.6)
No	345 (43.5)	296 (37.3)	641 (40.4)

5.3. Source of information on HIV/AIDS

Figure 1: shows those respondents who had awareness about HIV/AIDS. The source of information was health workers, media, pamphlets, neighbours, and partner discussion.

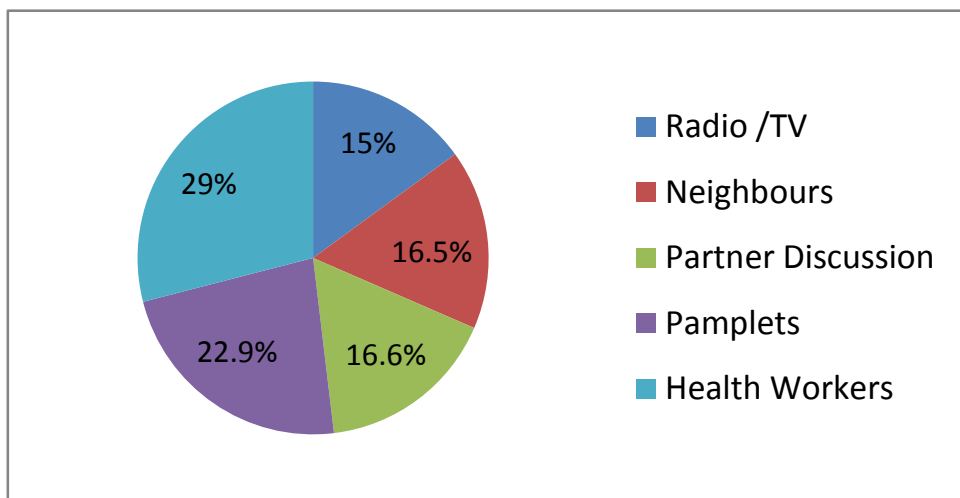


Fig: 1 Source of information on HIV/AIDS among Married Couples in Gondar city, 2010

5.4. Risk perception about HIV/AIDS

Of the total 138 respondents who reported that they had VCT 44 (44%) perceived to be at risk of getting infected, while 91(65.9%) did not perceive and 3 (2.2%) reported that they might be getting infected. Of those 251 who had VCT individually risk perceived were 59 (23.5%) and not perceived were 182 (72.2%) while 10 (4.0%) reported that might be getting infected.

5.5. KAP towards married couples VCT

Table: 3 show KAP on VCT. Of the total respondents majority 1588 (94.7%) heard about VCT. Of the 996 (62.2%) respondents 517 (65.1%) married men and 479 (60.3%) married women were with adequate knowledge and of 592 (37.3%) respondents 277 (34.9%) married men and 315 (39.7%) married women had not. Respondents were also asked about the importance of VCT, majority 1184 (74.6%) agreed that VCT is important of which 604 (76.1%) were married men and 580 (73.0%) were married women. In FGD, Most married men and women participants were unfamiliar with couple VCT with the exception of couple for HIV test results before marriage.

Of a total of 251 (15.8%) married couples ever had HIV test individually out of which 128(16.1%) husbands and 123(15.5%) wives were reported that they had individual VCT. And ever had HIV test as a couple were reported as 69 (8.2%).

Table 3: KAP & perception on VCT of the study subjects in Gondar city, 2010

Variable	Male N=794 No (%)	Female N=794 No (%)	Total N=1588 No (%)
Heard about VCT(N=1676)			
Yes	794 (94.7)	794 (94.7)	1588 (94.7)
No	44 (5.3)	44 (5.3)	88 (5.3)
Knowledge about VCT			
Adequate	517(65.1%)	479(60.3%)	996(62.7)
inadequate	277 (34.9%)	315(39.7%)	592(37.3)
Importance of VCT			
Agree	604 (76.1)	580 (73.0)	1184 (74.6)
Disagree	190 (23.9)	214 (27.0)	404 (25.4)
Ever had HIV test individually			
yes	128 (16.1)	123 (15.5)	251 (15.8)
No	666 (83.9)	671 (84.5)	1337 (84.2)
Ever had HIV test as a couple			
Yes	69 (8.7)	69 (8.7)	138 (8.7)
No	725 (91.3)	725 (91.3)	1450 (91.3)

5.7. Source of information for VCT

Of those respondents who had awareness on VCT, the main sources of information mentioned for VCT were health workers, neighbours, media, partner discussion and friends. This was also reported in most married men and women discussants under FGDs.

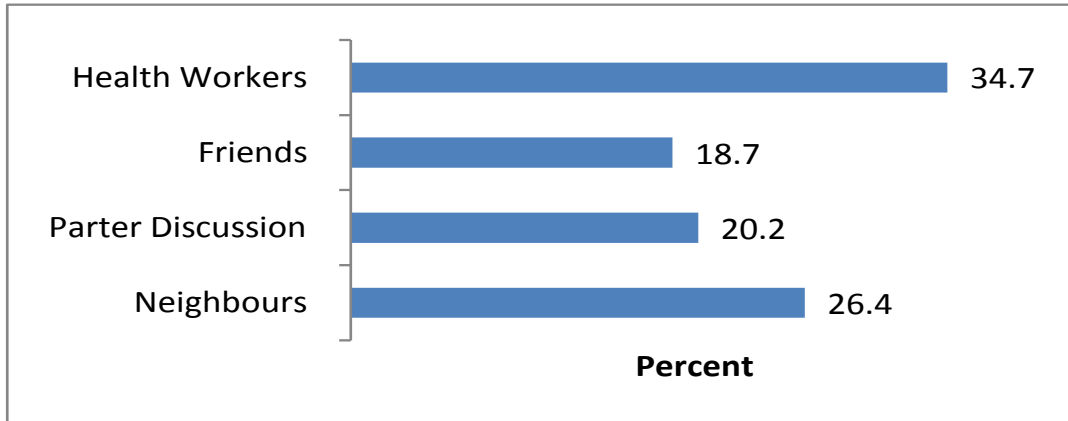


Figure: 2 Information source on VCT among married couples in Gondar city, 2010

5.8. Reason for HIV testing

The most cited reasons for HIV testing among married couples were to know self status (38.4%), to plan for future (31.9%), due to sickness (21.5%), to plan for birth testing for HIV (8.2%). And the most cited reasons to take IVCT among married couples were to know self status, to plan for future, due to pregnancy, due to partner in doubt were the main reasons.

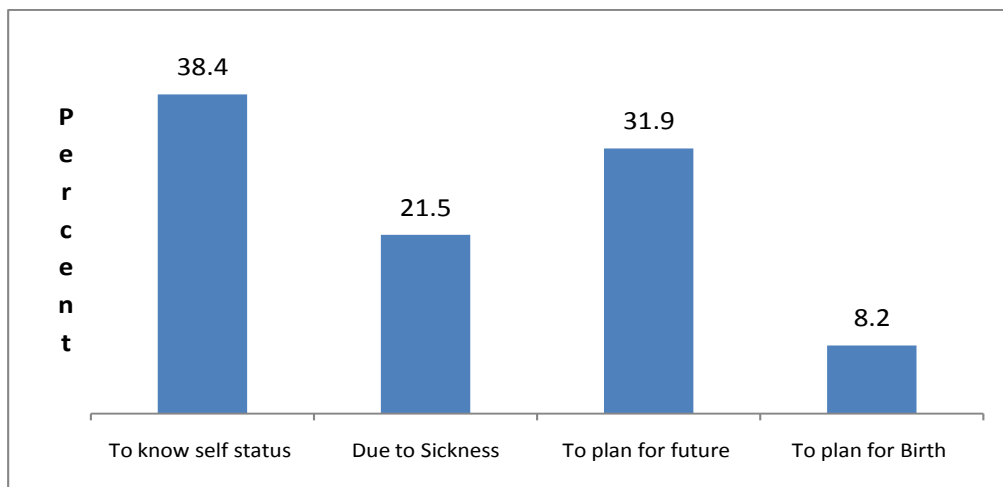


Figure: 3 Main Reasons to use VCT among married couples in Gondar city, 2010.

5.8.1. Reasons for not using VCT as a couple prior to the study

Respondents who had never been tested for HIV mentioned the following reasons: partner trust (27.4%), partner rejection (26.2%), fear of marital breakage (23.0%), fear of HIV result (15.6%), not known couple VCT service (7.9%). During FGD majority of male discussant reported that afraid of test results and some female discussants reported that partner influence to use couple VCT due to male’s previous sexual experience and fear of positive test results.

“Most men dislike VCT and when asked to use VCT considered as there is Unfaithfulness; men answered to their wives since we believed our marriage once why VCT is needed” (A 25 years old house wife, Ledeta kebele)

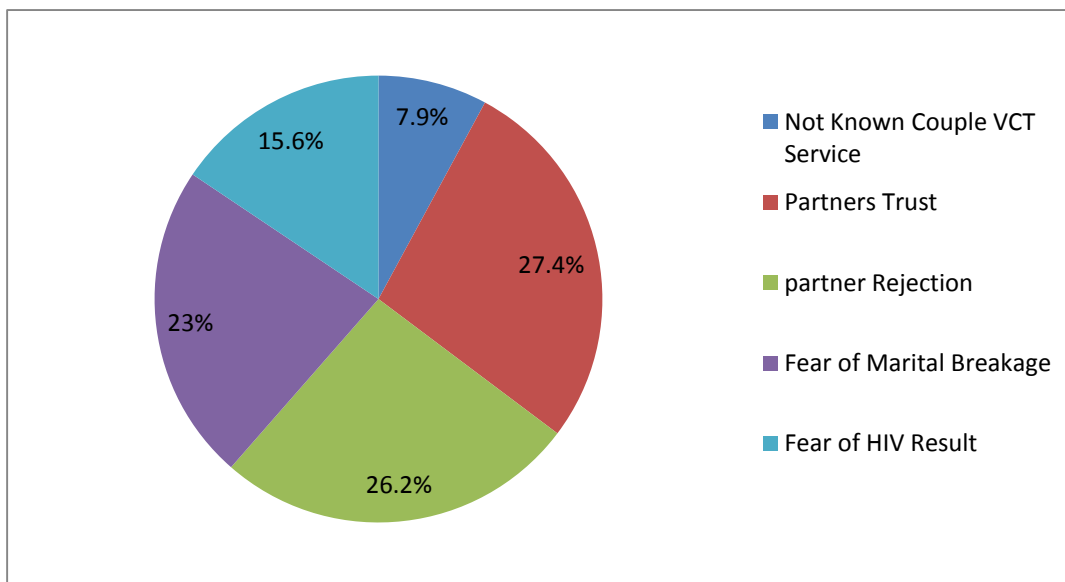


Figure: 4 Main reasons not to use VCT for married couples in Gondar city, 2010

5.9. Willingness to VCT, ways of getting HIV test result and service satisfaction

Table: 5 illustrate respondents’ willingness to undergo VCT and preference of getting test results. From the total of 1221 (76.1%) respondents 604 (76.1%) married men and 617 (77.7%) married women were reported that for willingness to have married couple VCT. During FGDs most married men and women agreed on the importance of married couple VCT.

“There might be infection of HIV either with violence or uncertain conditions due to this reason taking VCT is very much important for married couples with a regular steps” (A 29 years male trader , Abizegi kebele).

Concerning preference of getting test result, 1221 (77.0%) were preferred face to face testing and 296 (18.6%) of the respondents who had heard of VCT preferred secretary letters of ways of getting HIV test result and 52 (3.3%) preferred telephone, while 17 (1.1%) preferred to get test result by relatives. Regarding service satisfaction 194 (76.7%) were reported that they had satisfaction while, 59 (23.3%) were not satisfied due to privacy and confidentiality problems. And also some married men and women reported that there was a leakage of privacy and confidentiality on test result of individuals or couples by some health professionals. Due to this reasons some people liked to get VCT service at a distant area like Bihar Dar and other sites.

Table: 4 Willingness and ways of getting HIV test result and service satisfaction about VCT among married couples in Gondar city, 2010

variables	Male No (%)	Female No (%)	Total No (%)
Willingness for test (N = 1588)			
Yes	604 (76.1)	617 (77.7)	1221 (76.9)
No	190 (23.9)	177 (22.3)	367 (23.1)
Preferred way to get HIV test result (N = 1588)			
Face to face	625 (78.7)	598 (78.7)	1223 (77.0)
telephone	22 (2.8)	30 (3.8)	52 (3.3)
Secretive letter	138 (17.4)	158 (19.9)	296 (18.6)
by relatives	9 (1.1)	8 (1.0)	17 (1.1)
Satisfied for service (N = 253)			
Yes	107 (82.9)	87(70.2)	194 (76.7)
No	22 (17.1)	37(29.8)	59 (23.3)

5.10. Association of selected socio demographic variables with VCT service utilization

As illustrated in Table: 5 VCT service utilization for married men in the age group 18-30 and 31-40 were 3 and 2 times more likely to utilize VCT service than 41 and above years [AOR (95% CI)=2.81 (1.47,5.37)] and [AOR (95% CI) = 1.97(1.00,3.89)], respectively. Regarding of the income, the adjusted odds ratio showed that married men were more likely to utilize VCT service as income increases. But education and occupation didn't show significant association among married men with VCT service utilization.

Table 5: Associations of selected socio-demographic variables with VCT service utilization among married men in Gondar city, 2010

Variable	Received VCT service as a couple			
	Yes	Yes	COR (95% CI)	AOR (95%CI)
Age in years				
18-30	31	209	2.95 (1.55,5.60)	2.81(1.47,5.37)
31-40	23	217	2.11 (1.08,4.13)	
41and above	15	299	1.00	
Education				
Uneducated	11	67	1.00	
Grade 1-6	10	125	0.49 (0,20,1.21)	
Secondary and above	48	533	0.55 (0.27,1.11)	
Occupation				
Employed	31	271	1.364 (.829,2.243)	
Unemployed	38	454	1.00	
Monthly income				
<150 Eth. Birr	7	17	1.00	1.00
151-1000 Eth. Birr	32	392	0.990 (0.770,0.513)	0.23 (0.09,0.60)
>1001 and above	30	316	0.231 (.089,0.600)	0.27(0.10,0.73)

5.11. Association of selected socio demographic variables with VCT service utilization

As illustrated in Table: 6 VCT service utilization for married women in the age group 18-30 and 31-40 were 7.4 and 3.1 time more likely to utilize VCT service than 41 and above years [AOR (95% CI)=7.36 (2.61,20.77)] and [AOR (95% CI)=3.09(1.01, 9.44)], respectively. Under occupation married women with government employed were reported that 2 times more likely to utilize VCT service than unemployed [AOR (95% CI) =1.81(1.08, 3.01)]. Education and income level didn't show significant association for married women.

Table 6: Associations of selected socio-demographic variables with VCT service utilization married women in Gondar city, 2010

Variable	Received VCT service as a couple			
	Yes	No	COR (95% CI)	AOR (95%CI)
Age in years				
18-30	49	300	8.03(2.86,22.60)	7.36 (2.61,20.77)
31-40	16	229	3.44(1.13,10.44)	3.09 (1.01,3.01)
41 and above	4	196	1.00	1.00
Education				
Uneducated	9	150	1.00	
Grade 1-6	13	110	1.97 (.81,4.77)	
Secondary& above	47	465	1.68 (.804,3.508)	
Occupation				
employed	31	207	2.03(1.23, 3.35)	1.81 (1.08,3.01)
unemployed	38	517	1.00	1.00
Monthly income				
<=150 Eth. Birr	14	148	1.00	
151-1000Eth.Birr	35	430	0.86(.45,1.64)	
> 1001 and above	20	147	1.43 (.70,2.94)	

5.12. Association of selected variables (K, A) among married couples

Having multiple sexual partners did show a significant association in crude ratio for married men [COR (95% CI) =2.00 (1.19, 3.37)] but didn't show a significant association for married women. Perceived risk of HIV infection did show almost a similar statistical significance difference in the crude odds ratio for both husbands and wives of VCT service utilization.

Knowledge about HIV/AIDS transmission/prevention and about VCT didn't show significant association with VCT service utilization for married men and married women. Even though high proportion of married men and women reported that for willingness to have HIV testing and mentioned about VCT importance the practical approach for VCT was very low and this didn't show statistically significant association neither in the crude odds ratio nor in the adjusted odds ratio among married couples in Gondar city.

Individuals with stigmatizing attitude were less likely to utilize VCT service than who had not. Married men did show significant association of stigma with VCT service utilization of [COR (95%CI) = 1.76 (1.07, 2.90)] or [AOR (95% CI) = 1.67 (1.01, 2.75)], while married women had shown a significant association of [COR (95%CI) = 2.61(1.57, 4.32)] or [AOR (95%CI) = 2.36 (1.41, 3.95)].

Similarly, individuals with discriminating attitude were also less likely to utilize VCT service than who had no. Married men did show significant association of discrimination with VCT service utilization of [COR (95%CI) = 2.31 (1.39, 3.84)] or [AOR (95% CI) = 2.23 (1.34, 3.72)], while married women had shown a significant association of [COR (95%CI) = 2.08(1.27, 3.42)] or [AOR (95%CI) = 1.80 (1.09, 2.99)].

Table 7: Association of selected variables among married men in Gondar city, 2010

variable	Received VCT service as a couple			
	Yes	No	COR (95% CI)	AOR (95% CI)
Sex>1 partner				
Yes	25	160	2.00(1.19,3.37)a	1.88(0.87,4.07)
No	44	565	1.00	1.00
Risk perception				
Yes	28	210	1.67(1.01,2.77)a	1.08 (0.51,2.30)
No	41	515	1.00	1.00
Knowledge on HIV transmission				
Adequate	31	297	1.18 (0.72, 1.94)	
inadequate	38	428	1.00	
Knowledge on HIV prevention				
Adequate	44	373	1.67 (1.00,2.78)	
inadequate	25	352	1.00	
knowledge about VCT				
adequate	49	468	1.34(0.78, 2.31)	
inadequate	20	257	1.00	
Willingness for VCT				
Yes	56	548	1.38 (0.78, 2.59)	
No	13	177	1.00	
VCT prevents HIV spread				
Agree	54	550	1.14 (0.63, 2.07)	
Disagree	15	175	1.00	
Stigmatizing attitude				
Yes	31	428	1.00	1.00
No	38	297	1.76(1.07, 2.90)b	1.67 (1.01, 2.75)b
Discrimination attitude				
Yes	26	423	1.00	1.00
No	43	302	2.31 (1.39, 3.84)b	2.23(1.34, 3.72) b

a=adjusted for sexual variables only b=adjusted separately

Table 8: Association of selected variables among married women in Gondar city 2010

variable	Received VCT service as a couple			
	Yes	No	COR(95% CI)	AOR (95% CI)
Sex >1				
Yes	11	83	1.47 (0.74,2.91)a	0.92(0.38,2.22)a
No	58	642	1.00	1.00
Risk perception				
Yes	19	129	1.76(1.00,3.08)a	1.83(0.89,3.77)a
No	50	596	1.00	1.00
Knowledge about HIV transmission				
Adequate	47	419	1.56 (0.92,2.64)	
inadequate	22	306	1.00	
Knowledge about HIV prevention				
Adequate	43	365	1.63 (0.978, 2.703)	
inadequate	26	360	1.00	
knowledge about VCT				
Yes	45	434	1.26(0.75,2.12)	
No	24	291	1.00	
Willingness for VCT				
Yes	53	563	0.951 (0.53,1.70)	
No	16	162	1.00	
VCT prevents HIV spread				
Agree	53	526	1.24 (0.70, 2.23)	
Disagree	16	199	1.00	
Stigmatizing attitude				
Yes	27	455	1.00	1.00
No	42	270	2.61 (1.57, 4.32)b	2.36(1.41, 3.95) b
Discrimination attitude				
Yes	32	466	1.00	1.00
No	37	259	2.08 (1.27,3.42)b	1.80(1.09, 2.99)b

a=sexual variables adjusted separately

b=adjusted as other variables

6. Discussions

Discussion of main findings: the study found that under sexual history, of 290 (17.1%) respondents reported that they ever had multiple sexual experiences/extramarital sex. Despite the fact that, all respondents had heard of HIV/AIDS, only 818 (48.8%) and 850 (50.7%) had adequately identified the transmission and prevention methods of HIV/AIDS, respectively. Of the total respondents majority 1588 (94.7%) heard about VCT. However, of the 996 (62.2%) respondents 517 (65.1%) married men and 479 (60.3%) married women were with adequate knowledge and of 592 (37.3%) respondents 277 (34.9%) married men and 315 (39.7%) married women had not. The most cited reasons for HIV testing was to know self status while the most cited reasons for not having HIV test was partner trust and rejection. Respondents were also asked about the importance of VCT, majority 1184 (74.6%) agreed that VCT is important of which 604 (76.1%) were married men and 580 (73.0%) were married women. In FGD, Most married men and women participants were unfamiliar with couple VCT with the exception of couple for HIV test results before marriage. From the total of 1221 (76.1%) respondents 604 (76.1%) married men and 617 (77.7%) married women were reported that for willingness to have married couple VCT. However, there was high stigma and discrimination among married couples in Gondar city. The study also found that statistical significant association of some socio demographic variables with VCT service utilization.

Prevalence of VCT use among married couples

In this study it was found that the prevalence of VCT use among married couples in Gondar town was very low at only 8.2% and individual VCT use for married men was 15.4% and almost similar to married women IVCT prevalence which was 14.7%. This figure of married couple VCT is less from many African countries and the general couple prevalence finding of Addis Ababa (14, 15).

Previous sexual history like ever had sex, life time partner sexual contact in the past one year did show predictive effect on married men VCT use under the crude odds ratio but didn't show significant association for married women. There are reports that no association was found between uptake of HIV testing and HIV risk behaviours.

This was showed also with different studies that the relation between perception of risk and sexual behaviour is complex (22). This could be due to some limitation may have led to disclose sensitive behaviours such as sexual activities and married women might lack access of information. However in rural Zimbabwe, motivation for VCT was driven by knowledge and education rather than sexual risk (34).

Knowledge and perception on HIV/AIDS/VCT

Although most married men and women were familiar with HIV transmission and prevention and somewhat with VCT programme, this knowledge did not translate in to high VCT use. It could be also be an indicator of critical knowledge gaps on HIV including VCT among married couples. This finding is supported with qualitative study and the finding is almost similar to that of Gambela on behavioural survey of HIV/AIDS infection conducted in south west Ethiopia, Assosa and Malawi (10, 27).

The study also showed that married couples with stigmatizing and discriminating attitude were less likely utilizes VCT service than those who had not. According to the finding AIDS related stigmas and discrimination created barrier for VCT service utilization among married couples. Especially married men feared of testing for HIV because of stigma, men were worried of being labelled HIV infected because expressed fear of meeting familiar people in HIV testing clinics and preferred to test in distant clinics where they were not known by the people and staff. The finding was also supported with qualitative study and consistent to Sub Saharan Africa which shows AIDS related stigma are important barriers to VCT utilization (4, 25, and 27).

Knowledge on HIV /AIDS/VCT is necessary but not sufficient to address AIDS related stigmas (10, 27). Other interventions including public health activities, anti stigma campaigns; community mobilization; social activism; and use of mass media are needed to change societal beliefs about HIV/AIDS/VCT among married couples (25). Newer approaches including use of routine VCT integrated in health services, mobile VCT services, and home based VCT educations may increase VCT use among married couples.

The most cited reason for seeking married couples for HIV testing was to know self status, but this was perceived at late stages of the HIV infection.

While the most commonly cited reason for not utilizing married couples VCT was partner trust, partner rejection, fear of marital breakage, fear of HIV test result, and didn't know couple VCT services. Probably the above reasons could be due societal influence and stigmas and information inaccessibility. This was supported by qualitative study and almost in similar with a quantitative study conducted in Kenya and Uganda (28, 34).

Service area factors and preferences

The majority of the respondents preferred to be counselled by nurses, medical doctors, trained counsellor and religious leaders and preferred to hear their test result face to face. Regarding service satisfaction 194 (76.7%) were reported that they had satisfaction while, 59(23.3%) were not satisfied due to the leakage of confidentiality and privacy. The health system factors that influence VCT use among married couples were identified during the qualitative and quantitative studies. Confidentiality was a major issue among married couples, to the extent that many people would prefer to test for HIV in distant service areas. As had been reported in qualitative finds confidentiality is an important factor may reduce VCT utilization. Stigma and confidentiality are closely linked and the greater the stigma of a condition, the greater the need for confidentiality. The study finding suggests that there is strong stigma of HIV/AIDS in Gondar city.

Socio demographic factors

VCT service utilization for married men age group 18-30 and 31-40 years on adjusted odds ratio was 2.8 and 2 times more likely to utilize VCT service than 41 and above years old, respectively.

While married women in this age group were 7.4 and 3.1 time more likely to utilize VCT service than 41 and above years at adjusted odds ratio, respectively. This showed that older peoples 41 or more were less likely to use VCT than younger peoples.

Because of that some married couples being aged and with longer marital duration are more conservative and consider themselves without the risk HIV/AIDS. The finding was similar with that of Gambela and supported with FGD and a consistent study by Hutchinson and colleagues in Eastern Cape, South Africa (10, 35).

Willingness for HIV testing (VCT)

From the total of 1221 (76.1%) respondents 604 (76.1%) husbands and 617 (77.7%) wives were reported that for willingness to use VCT. The strongest motivation for HIV testing was the desire to know the HIV status and most married women were willing to test for HIV together with their partners. However, this willingness may not translate in to action because, society would consider a married couple going to a clinic for an HIV test as rather strange behaviour and suspected for extramarital sexual intercourse especially for married women. Although, most married couples were willing to testing for HIV, the fear of negative consequences including sexual denial may ultimately pose barrier of VCT use (25, 29). Nevertheless, married men strong desire to know their HIV status and their positive attitude to PMTCT and disclosure of HIV results can be used as a spring board for strategies that target men so as to increase their utilization of VCT. Further more attractive, for example, by improving confidentiality, privacy and extending home based VCT approaches may improve VCT service utilization. The finding also Supported with FGDs and a similar finding of Gambela and Jimma (10, 31and 32).

7. Strength and Limitations of the study

➤ Strength

- Married couples VCT is more effective than individual VCT in the prevention of HIV transmission of partner, newborn, family and other peoples. However, married couples VCT has been given little attention and almost no related studies have been conducted. Therefore, this study can be taken as a baseline for other studies.
- Presetting of the questionnaire and correcting accordingly and supervision of the data collectors through all possible means by the principal investigator was conducted.

➤ Limitations

- The study was conducted on 3 kebeles which covers only 25% of the city.
- The study was community based heavily relied on the self report by the respondents. This may have led to reporting bias because of the reluctance to disclose sensitive behaviours such as sexual activities. In addition recall bias may have occurred particularly with frequent occurring activities.
- The study may introduce social desirable bias during the interview because at one house husband and wife interviewed with male and female interviewer.
- Shortage of literatures, particularly studies on similar topics, could be mentioned as a limitation.

8. Conclusion

- The prevalence of married couple VCT service utilization in Gondar city was very low.
- Knowledge on HIV/AIDS transmission/prevention and VCT still needs high effort on health education programs and continual mass media information flow among married couples.
- Greater willingness was reported towards VCT service utilization among married couples but translation to practice is a crucial issue.
- There was a leakage of confidentiality and privacy in the service area due to this people tends to use VCT in distant areas, so confidentiality and privacy should be with great attention.
- Stigmatization and discrimination as outcome of positive results was a difficult issue throughout the society among married couples.
- The major barriers to VCT service utilization among married couples were due to stigma, discrimination, fear of test results, partner rejection, and fear of marital breakage.

9. Recommendations

Based on the research findings the following recommendations can be made

1. Frequent, clear and prioritized based access of information and programs are needed to increase VCT service utilization among married couples.
2. Needs multiple approaches on VCT service programs and great attention on confidentiality & privacy to promote married couples VCT service utilization.
3. Further evaluation of factors that hinder couples not to use VCT service should be conducted.
4. Stigma reduction strategies must be adopted at VCT sites and kebeles or at any residents.
5. Generally the VCT service utilization among married couples in Gondar city was very low. In order to increase VCT utilization, there should be particular attention on health education, home based VCT programs, and community mobilization programs.

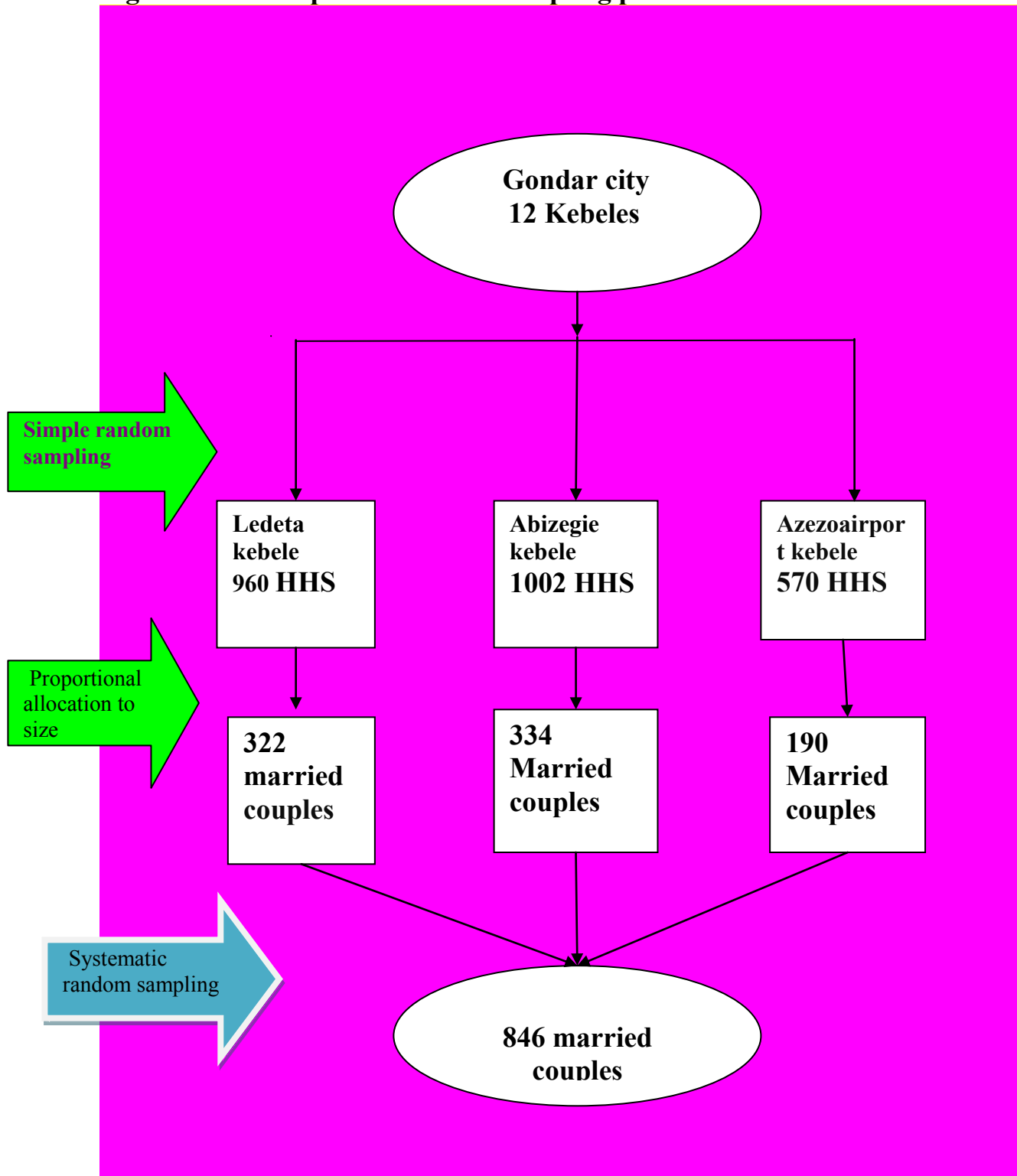
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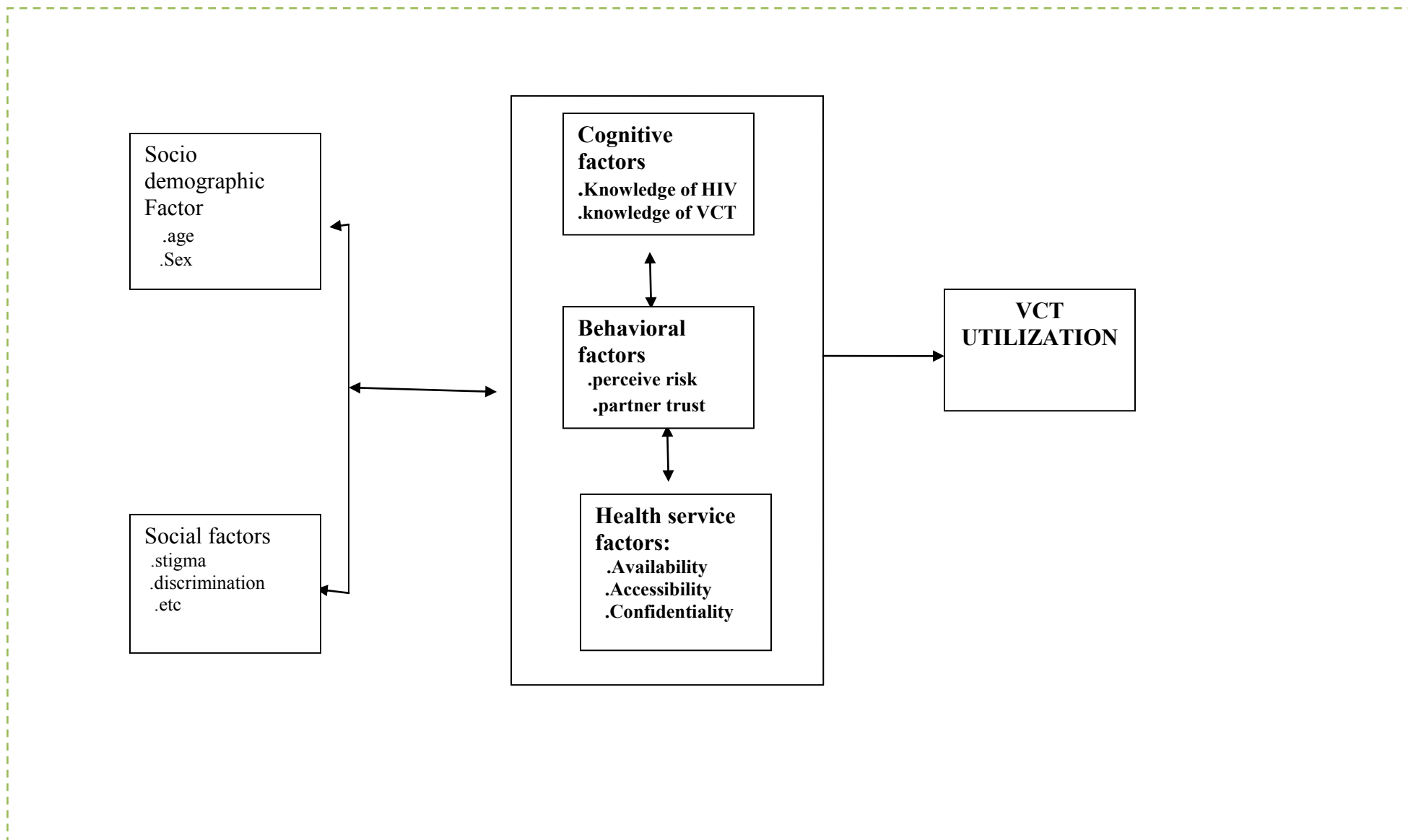
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Fig 5: Schematic presentation of sampling procedure



Annex: i- conceptual framework of factors that affect married couples VCT service utilization

Modified from married men VCT service utilization of Uganda, 2007(35)



Annex-III: Part one (IIIA) English version Questionnaire
ADDIS ABABA UNIVERSITY MEDICAL FACULTY
SCHOOL OF PUBLIC HEALTH
QUESTIONNAIRE FOR QUANTITATIVE STUDY

Instruction for Interviewer

The quantitative questionnaire has 4 sections with 47 questions. First You Will find the informed consent and make sure that all the stated sections and questions are present. Read (inform verbally) about the consent sheet and then get written consent for the interviewee before beginning the interview. Please circle the answers against the code numbers or write if stated otherwise on the space provided.

Information Sheet for quantitative questions

Good morning/afternoon. My name is _____.

We are doing a research on married couples VCT service utilization in Gondar city, under Addis Ababa University, Medical Faculty, School of Public Health. Its purpose is to identify factors that are associated with VCT service utilization among married couples. So, I am going to ask you some very personal questions that some people find difficult to answer. It may take 30-35 minutes. Answers are completely confidential, your name will not be written on this form and will never be used in connection with any of the information you tell me and there is no any risk except taking your time for interviewing. You do not have to answer any questions that you do not want to answer and you may end this interview at any time you want to. However, your honest answers to these questions will help us better understand about married couple VCT service utilization. We would greatly appreciate your helping. Would you be willing to participate? If yes _____ (1) continue, if No _____ (2) stop!

(Name and Signature of interviewer certifying that respondent has given informed consent verbally).

Name of interviewer _____

Signature _____

Date _____

CONSENT FORM

I the under signed have been informed that the interview is conducted to gather information about married couples voluntary HIV counseling and testing service utilization. The result of the study will help the government, health facilities, and nongovernmental organizations involved in improving VCT service utilization among married couples. I also agreed about confidentiality of the respondent to be at highest possible level.

Signature of the participant _____

Date _____

Name of data collector _____

Signature _____

Section 1: Socio-demographic characteristic questions

No,	Questions	Coding Categories	Skip to
101	Sex of the respondent	Male=1 Female=2	
102	Age in year (completed year)	Year _____	
103	How long is this marriage (partnership)?	Year _____	
104	Level of education	Uneducated-----1 Grade 1-6-----2 Grade 7-8-----3 Grade 9-12-----4 Diploma and above-----5	
105	What is your current occupation?	unemployed-----1 civil servant-----2 house wife-----3 merchant-----4 Private sectors-----5 Others (specify)-----21	
106	What is your religion?	Orthodox-----1 Muslim-----2 Protestant-----3 Others (specify)-----21	
107	To which ethnic groups do you belong?	Amhara -----1 kimant-----2 Tigre-----3 Others (specify)-----21	
108	What is your monthly income?	_____ Birr per month Do not know-----81 No response-----91	

Section -2: Sexual history of the study participants

No.	Questions	Coding Categories	Skip to
201	Have you ever had more than one partner at a time in the last 12 months?	Yes -----1 No -----2	
202	In the last 12 months, what kind of partner/s did you have? (interviewer: read out of the option)	Regular partner -----1 Mistresses-----2 Causal partners-----3 Other (specify)-----21	
203	Did you have sex in the last 6 months?	Yes-----1 No-----2----- No response-----91	Qes205
204	If yes; for Q203 with what kind of sexual partner did you have penetrative sex with? (read the options)	Regular partner-----1 Mistresses-----2 Causal partners-----3 Others(specify)-----21	
205	Do you use condoms with this regular partner?	Never-----1 Sometimes-----2 Always-----3 No response-----91	
206	If always or sometimes why do you use condoms?	To avoid pregnancy-----1 To avoid HIV transmission-----2 To avoid other STIs-----3 Pressure from partner -----4 Other(specify)-----21	

Section 3: knowledge, attitude and perception about HIV/AIDS

Q. No,	Questions	Coding categories	Skip to
301	Have you heard about HIV/AIDS?	Yes -----1 No -----2	
302	From which way of communication did you hear about HIV/AIDS? (do not read options, >1 answer is possible)	Radio/TV-----1 Neighbors-----2 Husband wife discussion at home---3 Posters/pamphlets-----4 Health institutions-----5 Others (specify)-----21	
303	What are the means of HIV transmissions? (read out the option, more than one answer is possible)	Through unsafe sex-----1 From mother to baby-----2 Sharing contaminated Instruments-----3 Infected blood -----4 Do not know-----81 Others (specify)-----21	
304	How people can avoid being infected with HIV/AIDS? (do not reoptions,>1 answer is possible)	Faithfulness to partners-----1 Using condoms-----2 Avoiding Sharp materials-----3 Do not know -----81 Others (specify)-----21	
305	How can you know if you or Somebody has HIV/AIDS? (do not read options, >1 answer is possible)	Simply by looking-----1 By health examination-----2 By traditional healer-----3 By counseling & testing-----4 Do not know-----81 Others (specify)-----21	

306	Do you think you might infect by HIV?	Yes-----1 No -----2----- May be-----3 Do not know-----81 No response-----91	Q308
307	Why do you think that you might infect by HIV? (do not read the option, more than one answer is possible)	Have you had more than one sexual partner -----1 Have you had sex without condom-----2 Have you had sexual intercourse with commercial sex worker -----3 Injuries with contaminated sharps Instruments-----4 Other (Specify) -----21	
308	Why do you think that you might not infected by HIV?(do not read the option, more than one answer is possible)	I have one faithful partner -----1 Did not share needle for injection-----2 I always use condom -----3 Others (specify) -----21	

Section -4: knowledge, willingness, perception and practices on VCT

No.	Questions	Coding Categories	Skip to
401	Have you heard about VCT?	yes-----1 No -----2-----	Q405
402	From where did you get the information ?(do not read the options, >1 answer is possible)	Neighbors-----1 Spouse-----2 Relatives-----3 Media-----4 HI-----5 Others(specifies)-----21	
403	Where is VCT service found?	Hospital-----1 Health center-----2 Private clinic-----3 Others-----21	
404	Do you know where you can get the service other than your area? (do not read options > 1 answer is possible)	Hospital-----1 Health center-----2 Family guidelines-----3 Private clinic-----4 Others(specify)-----21 Do not know-----81	

405	Please do not tell me the result to me; have you ever had VCT?	Yes-----1 No-----2-----	Q415
406	When did you test for HIV?	Before 12months -----1 Throughout 12 months-----2 Before 2 years and above----3 Do not know-----81	
407	Have you ever tested with a partner or (as a couple)	Yes-----1 No-----2-----	Q409
408	If yes; for Q407 how many times you did VCT?	Before 3 months-----1 Before 6 months-----2 Before 1 years -----3 Before 2 years and above----4 No response-----91	
408a	If, yes for Q407 what was the reason?	To know self status-----1 Due to sickness-----2 To plan for future-----3 To plan for birth-----4 Others(specify)-----21	

409	For what reason you did VCT individually?	To know self status-----1 To plan future life-----2 Pregnancy-----3 Others(specify)-----21	
410	Did you have counseling during HIV test?	Yes-----1 No-----2-----	Q416
411	When did you receive counseling? (read the options)	Before HIV test-----1 After HIV test-----2 Before & after HIV test-----3 Others (specify)-----21	
412	Were you satisfied for the services given?	Yes-----1 No-----2-----	Q414
413	What was the reason for being satisfied?(do not read the options,>1 answer is possible)	Warm reception-----1 Quick service-----2 Confidentiality-----3 Good privacy-----4 Referral for care & support-----5 Free service-----6 Breif counseling-----7 Other (specify)-----21	

414	If No for Q412 what was the reason?	No warm reception-----1 No confidentiality-----2 Lack of privacy-----3 Unbreif counseling-----4 Others (specify)-----21	
415	If No for Q405 what is the reason you did not have VCT before?(do not read options, more than one answer is possible)	Do not know where to get-----1 Partner self trust-----2 Afraid to get the result-----3 Partner refusal-----4 Fear of stigma-----5 Others(specify)-----21	
415a	If,Q407 the answer is No what was the reasonnot to take CVCT?	I don't know CVCT service-----1 Partner trust-----2 Partner rejection-----3 Marital breakage-----4 Fear of hearing the result-----5 Other(specify)-----21	
416	Who do you think benefits from testing? (interviewer: read out of the option)	HIV positive person-----1 HIV negative person-----2 Both HIV negative & HIV positive persons-----3 Do not know-----81	
417	If you have HIV test which way do you prefer to obtain the HIV test result? (read out of the option)	Face to face-----1 Telephone-----2 Secretary letter-----3 Relative/partner-----4 Others (specify)-----21	
418	Do you agree that VCT is important to prevent the transmission of HIV/AIDS?	Agree-----1 Disagree-----2----- Neutral-----81	Q420
419	What are the advantages?(do not read the options,more than one answer is possible)	Prevention of partner/others-----1 Knowing self-----2 Self care for future life-----3 Prevent mother to child transmission -----4 To planfuture life-----5 Other (specify)-----21	

420	When does person should have a test for HIV?(do not read options,>1 answer is possible)	During illness-----1 Before marriage-----2 In doupt-----3 Before & after mariage-----4 During pregnancy-----5 Others (specify)-----21 Do not know-----81	
421	Who do you think should go for HIV test?	Sex workers-----1 Partner of sex workers-----2 Those who want to marriage----3 Those with multiple partners----5 Others(specify)-----21	
422	By whom do you prefer to get VCT counseling(do not read options ,>1 answer is possible)	Physician-----1 Nurse-----2 Trained counselor-----3 Religious leaders-----4 Others specify-----21	
423	Are you willing to have VCT whether you had it before or not?	Yes-----1 No-----2	
424	If your result is positive for HIV, for whom would you tell about your test result? (read options, >1 answer is possible)	Your spouse-----1 Your family -----2 Your relatives -----3 Your religious leader-----4 Your friends-----5 Others (specify)-----21	
425	If your test is positive and prefers to disclose your HIV test result, the likely that might happen to you is? (read options, >1 answer is possible)	Neglected by family-----1 Marital breakage-----2 Neglected by friends-----3 Support from family-----4 Supported by relatives -----5 Support of spouse/sexual partners--6 Support of health professionals----7 Others (specify)-----21	

Annex iiiB. Information sheet Guide for FGDs

Good morning/good after noon, thank you for your coming here:

My name is _____ and my colleague is called _____

We come from AAU, MF of SPH. We are here today to discuss about voluntary HIV counseling and testing (VCT) service utilization and associated factors to use VCT among married couples, in Gondar city.

The aim of this study is to assess VCT service utilization among married couples in Gondar city. During the discussion some short questions will be asked about voluntary HIV counseling and testing. There will be a facilitator who will ask the group and the relevant questions about married couples VCT service utilization and related issues. Your answers will be tape recorded we are doing this so that we store the information for report writing or no to miss any points of the discussion and future use as reference.

This discussion will take 40-60 minutes. The information obtained from the study will be used to help improve VCT service utilization among married couples. All the data obtained will be kept strictly confidential. Your honest and genuine participation in responding to the questions prepared is very important and highly appreciated. If you agree to participate in this discussion you will join the FGD.

Would you be willing to participate?

If yes _____ (1) continue

If no _____ (2) thank and stop here.

Name and signature of the moderator certifying that respondent has given informed consent verbally.

Name of Moderator _____

Signature _____

Date _____

CONSENT FORM

I the under signed have been informed that the interview is conducted to gather information about married couples voluntary HIV counseling and testing service utilization. The result of the study will help the government, health facilities, and nongovernmental organizations involved in improving VCT service utilization among married couples. I also agreed about confidentiality of the respondent to be at highest possible level.

Participant's 1. Sex _____ age _____ signature _____ Date _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Name of moderator _____

Signature _____

Date _____

Guide Questions for FGDs

1. General issues and knowledge about HIV/AIDS

- 1.1. What is HIV/ AIDS?
- 1.2. What do you think the result of sexual partner of somebody who is HIV infected will be tested?
- 1.3. Who would like to tell us the difference between HIV and AIDS?

Probes:-

1. Would you explain further?
2. Would you give me an example?
3. Is there anything else?

2. Questions concerning HIV/VCT program

1. Have you heard of VCT?
 - Where?
 - By which media?
2. What do you think about testing for HIV/AIDS as married couples VCT?
3. Where do people go for VCT service in this area?
4. What is the benefit and harm of married couples' VCT?
5. Do you have the intention to ask your partner for VCT?
 - why?
 - why not?
6. What are the reasons for low service utilization of VCT by married couples?
7. Is there any service related barriers that could prevent VCT service utilization by married couples?

ክፍል ሀ-የአማርኛ መጠይቅ/ የአሜርኛ ትርጉም

አዲስ አበባ ዩኒቨርሲቲ ሕክምና ፋኩሊቲ የህብረተሰብ ጤና ክፍል

መጠይቁ 4 ክፍሎችና 47 ጥያቄዎች አሉት፡፡ ጥያቄዎችን ከመጀመሪያው በፊት የስምምነት መግለጫዎን ያግኙ፡፡ ይህን መጠይቅ ለመረጃ መስጠትና ለሌሎች ክፍሎችም በፊት ገቢዎንና ጥያቄዎች በትክክል መረጋቸውን ያረጋግጡ፡፡ መረጃ መስጠትና ለሌሎች ክፍሎችም በፊት ገቢዎንና ጥያቄዎች በትክክል መረጋቸውን ያረጋግጡ፡፡ መረጃ ለመስጠት በቅድሚያ የስምምነት መግለጫዎን ለመረጃ ሰጭ በጥሞና አንበው መስማማታቸውን በፊርማ ያረጋግጡ፡፡ ለእያንዳንዱ ጥያቄ መረጃ ሰጭ የሚሰጡት መልስ በጥያቄውና በመልሱ ረድፍ የሚገኘውን ቁጥር ያክብቡ፡፡

የስምምነት መግለጫ ቅጽ

ጤና ይስጥልኝ ስሜ _____ እባላለሁ፡፡

በአሁኑ ሰዓት በጎንደር ከተማ ባለትዳሮች የሚደርጉትን በበጎ ፈቃደኝነት ላይ የተመሰረተ የኤች አይቪ የምክርና የምርመራ አገልግሎት ላይ ያላቸውን የአገልግሎት አጠቃቀም የአዲስ አበባ ዩኒቨርሲቲ የህክምና ፋኩሊቲ የህብረተሰብ ጤና ክፍል ጥናት እያደረገ ይገኛል፡፡ የጥናቱ ዋና አላማ ባለትዳር የሆኑት የህብረተሰቡ ክፍሎች የሚደርጉትን በበጎ ፈቃደኝነት ላይ የተመሰረተ የኤች አይቪ የምክርና የምርመራ አገልግሎት ላይ ያላቸውን የአገልግሎት አጠቃቀም ለመጠቀም ተፅዕኖ ለያደርጉ የሚችሉ ምክንያቶችን ለማወቅና ለመጠቀም ነው፡፡ ስለዚህ ከ40-60 ደቂቃ ያህል የሚወስድ ጥያቄዎችን እጠይቃለሁ ነገር ግን ይህ ሲሆን ስምዎትም ሆነ ማንነትዎ ለገለፅ በሚችሉበት በመሆኑ ማስገባት እንደተጠበቀ ነው፡፡ እንዲሁም ጊዜዎትን ከመወሰድ በስተቀር የሚደርስው ጉዳት የለም፡፡ ለመመለስ ፈቃደኛ ያልሆኑበትን ማንኛውንም ጥያቄ አልመልስም ማለት ይችላሉ፡፡ በማንኛውም ሰዓት የጥያቄና መልሱን ሂደት ማቋረጥ ይችላሉ፡፡ ነገር ግን ለሚጠየቁት ጥያቄ የሚሰጡት እውነተኛ የሆነ ምላሽ በጎንደር ከተማ ያለውን የባለትዳሮች በፈቃደኝነት ላይ የሚደረግ የኤች አይቪ የምክርና የምርመራ አገልግሎት አጠቃቀም ላይ የበለጠ መረዳትን ይሰጠናል፡፡ በዚህ ጥናት ላይ ለመሳተፍ ፈቃደኛ ነዎት? ምላሹ አዎ ከሆነ _____ (1) መቀጠል ይችላሉ፡፡

ምላሹ ፈቃደኛ አይደለህም ከሆነ _____ (2) ጥያቄዎን ያቁሙ፡፡

መላሹ ጥያቄዎችን ለመመለስ ፈቃደኛ መሆኑን በቃል መግለፁን የሚያረጋግጥ

የጠይቁው ስም ና ፊርማ _____ ቀን _____

የሰምግነት ቅፅ

እኔ ስሜ ያልተገለፀው ከዚህ በታች የፈረምኩት ግለሰብ የሰጠሁት ቃለ ምልልስ በበጎ ፈቃደኝነት ላይ የተመሰረተ የባለ ትዳሮች የኤች አይቪ የምክርና የምርመራ አገልግሎት ላይ ያለውን የአገልግሎት አጠቃቀም በተመለከተ መረጃ ለመስጠት ሲሆን የጥናቱ ወጠክም የመንግስትና በዚህ ዘርፍ ለተሰማሩ ተቋማትና እንዲሁም ባለ ትዳሮች በበጎ ፈቃደኝነት የተመሰረተ የኤች አይቪ የምክርና የምርመራ አገልግሎት ላይ ያላቸውን የአገልግሎት አጠቃቀም ለማሻሻል እንዲረዱ ነው። በተጨማሪም የሰጠሁት መረጃ ማስገባት ፈፅሞ የተጠበቀ እንደሚሆን ተነግሮኝ ተስማማቻለሁ።

መረጃውን የሰጠው ሰው ፊርማ _____
መረጃው የተሰበሰበበት ቀን _____
መረጃውን የሰበሰበው ሰው ስም _____
ፊርማ _____

ክፍል:1- መሰረታዊ የግል መረጃዎች

ተ.ቁ	ጥያቄዎች	አሜሪካ መልሶች	ይለፉ
101	ፃታ ?	ወንድ----- -----1 ሴት----- -----2	
102	እድሜዎ ስንት ነው ?	በአመት _____	
103	ይህ ጋብቻ /ትዳርዎ ስንት ጊዜ ሆነው?	በአመት _____	
104	የትምህርት ደረጃዎ?	ያልተማረ/ች----- 1 1-6 ክፍል----- ---2 7-8 ክፍል----- ---3 9-12 ክፍል----- - 4 ዲፕሎማ ከዚያ በላይ -----5	
105	ስራዎት ምንድነው ?	የመንግስት ስራ የሌለው /ላት---1 ሲቪል የመንግስት ተቀጣሪ-----2 የቤት እመቤት----- 3 ነጋዴ----- -----4 የግል ድርጅት ቤት-----5 ሌላ ይገለጹ----- ---21	
106	ሃይማኖትዎ ምንድነው?	ኦርቶዶክስ----- ---1 እስላም----- -----2 ፕሮቴስታንት----- 3 ሌላ ይገለጹ----- ---21	
107	ከየትኛው ብሔረሰብ አባል ነዎት ?	አሜ----- -----1 ቅማንት----- ---2 ትግሬ----- -----3 ሌላ ይገለጹ----- ---21	
108	የእርስዎ የወር ገቢዎ ስንት ነው ?	ብር _____ አላወቀውም-----	

		81 ሜሊስ ያልሰጡ ----- 91	
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ክፍል: 2- የግብረሰጋ ግንኙነት አጠቃቀምን የሚመለከቱ ጥያቄዎች

ተ.ቁ	ጥያቄዎች	አሜሌታ ሜሊሶች	ይለፉ
201	ባለፉት 12 ወራት ከ1 በላይ የወሲብ ጓደኛ /ፍቅረኛ ኖሮዎት ያወቃል?	አዎ----- -----1 አያወቅም ----- 2-----	ወደ ጥያቄ 203
202	ባለፉት 12 ወራት ምን ዓይነት የወሲብ ጓደኛ ነበርዎት? (ሁሉን ምርጫ ያንበላቸው)	በትዳር የተሳሰሩት-----1 ወሽማ----- -----2 ጊዜያዊ ጓደኛ----- --3 ሌላ ካለ ይጠቀሱ----- 21	
203	ባለፉት 6 ወራት ግብረሰጋ ግንኙነት ፈፅመዋል?	አዎ-----1 አልፈፀምኩም-----2----- ----- ሜሊስ ያልሰጡ-----91	ወደ ጥያቄ 205
204	የግብረሰጋ ግንኙነት ከፈፀሙ ከምን ዓይነት የወሲብ ጓደኛ ጋር ነው የፈፀሙት? (ሁሉንም ምርጫ ያንበላቸው)	በትዳር የተሳሰሩት-----1 ወሽማ----- -2 ጊዜያዊ ጓደኛ-----3 ሌላ ካለ ይጠቀሱ-----21	
205	በትዳር ከተሳሰሩት /ቋሚ ጓደኛ ጋር እስከዛሬ በነበረው ግብረሰጋ ግንኙነት ኮንዶም ተጠቅመው ያወቃሉ?	ተጠቅመው አናወቅም-----1 አልፎ አልፎ-----2 ሁልጊዜ----- -3 ሜሊስ ያልሰጡ-----91	
206	እስከዛሬ በነበረው ግብረሰጋ ግንኙነት ከትዳር ከተሳሰሩት ጓደኛ ጋር ኮንዶም ተጠቅመው ከሆነ ምክንያቱን ይገለጹ?	እርግዝናለሁ-----1 ኤች አይቪ ለመከላከል-----2 ሌሎች የአባላዘር በሽታዎችን ለመከላከል-----3 እሱ/እሷ ስለምትፈልግ-----4 ሌላ ካለ ይገለጹ----- 21	

ክፍል: 3- ስለኤች አይቪ/ኤድስ እወቅትን፣ ለበሽታው የመገለጫ ማድረግ የሚመለከቱ ጥያቄዎች:

ተ.ቁ	ጥያቄዎች	አሜሌታ ሜሊሶች	ይለፉ
301	ኤች አይቪ/ኤድስ ተብሎ የሚጠራውን በሽታ ስምተው ያወቃሉ?	አዎን----- -----1 የለም----- -----2	
302	ስለ ኤች አይቪ/ ኤድስ መረጃ የሚገኙት ከየት ነው? (ምርጫዎን አያንበላቸው፡ ከአንድ በላይ ሜሊስ መላስ ይቻላል)	ሬዲዮ/ቴሌቪዥን -----1 ከጎረቤት----- -----2 ከባለተቤቱ ጋር በሚረገው ስለኤች አይቪ ወይይት-----3	

		በራሪ ፀሀፎች -----4 ከጠፍ ተቋማት-----5 ሌላ ይገለፅ----- ---21	
303	የኤች አይቪ ኤድስ መተላለፊያ መንገዶች ምንድን ናቸው? (ሁሉን ምርጫ ያንብብላቸው፡ ከአንድ በላይ መልስ መሞላስ ይቻላል)	በግብረሰጋ ግንኙነት----- -1 ከእናት ወደ ልጅ----- ---2 የተበከሉ ስለታም እቃዎችን በጋራ በመጠቀም----- -3 በተበከለ ደም----- -- 4 አላወቅም----- -----81 ሌላ ይገለፅ----- -----21	
304	አንድ ሰው ኤች አይቪ ኤድስን እንዴት መከላከል ይቻላል? (ምርጫዎን አያንብብላቸው፡ ከአንድ በላይ መሞላስ ይቻላል)	አንድ ለአንድ በመሰን----- 1 ኮንዶም በመጠቀም----- -----2 ስለታም እቃዎችን በጋራ አለመጠቀም--3 ሌላ ይገለፅ----- -----21 አወቀውም----- -----81	
305	እርስዎ ወይም ማንኛውም ሰው የኤች አይቪ ቫይረስ እንዳለበት እንዴት ማወቅ ይቻላል? (ምርጫዎን አያንብብላቸው፡ ከአንድ በላይ መልስ መሞላስ ይቻላል)	በአወን በመጫካት----- ---1 በጠፍ ምርመራ----- -----2 በባህል ህክምና አዋቂ ----- ---3 ምክር እናምራሚ አገልግሎት-----4 ሌላ ይገለፅ----- -----21 አላወቀውም----- -----81	
306	እስከ አሁን ባለው ጊዜ ለኤች አይቪ ኤድስ ልጋለጥ የምትችሉበት አጋጣሚ ይኖራል ብለው ያስባሉ?	አዎን----- -----1 የለም----- -----2----- ምናልባት----- -----3 አላወቀውም----- --81 መልስ ያልሰጡ----- -91	ወደጥያቄ 308
307	ልጋለጥ እችላለሁት የሚሰጡት ምክንያት ምንድን ነው? (ምርጫዎን አያንብብላቸው፡ ከአንድ በላይ መልስ መሞላስ ይቻላል)	ከአንድ ሰው በላይ የግብረሰጋ ግንኙነት ስለፈፀምኩኝ----- -----1 ያለ ኮንዶም የግብረሰጋ ግንኙነት ስለፈፀምኩኝ----- -2 በተበከሉ ስለታም እቃዎች ጉዳት ስለደረሰብኝ----- ----3	

		ሌላ ይገለጹ----- -----21	
308	አልተጋለጥኩኝም የሚሉበት ምክንያት ምንድን ነው? (ምርጫዎን አያንብላቸው፡ ከአንድ በላይ ሚሊዮን መላክት ይቻላል)	አንድ ለአንድ በታማኝነት ስለጸናሁኝ----- -----1 ሌላ ሰው በተወጋበት ሚሬ ተወግቼ አላወቅም----- -2 ሌላ ይገለጹ----- -----21	

ክፍል: 4- በፈቃደኝነት የተመሰረተ የኤች አይቪ የምክር እና የምርመራ አገልግሎት እውቀትን፣ ግንዛቤን፣ ፍላጎትን እና ተግባርን የሚጠብቁ ጥያቄዎች

ተ.ቁ	ጥያቄዎች	አሜሪካ መልሶች	ይለፉ
401	በፈቃደኝነት ስለሚደረግ የኤች አይቪ የምክር እና የምርመራ አገልግሎት ሰምተው ያውቃሉ?	አዎን----- --1 የለም----- -2 (ጥያቄዎን ያቁማ)	
402	በፈቃደኝነት ስለሚደረግ የኤች አይቪ የምክር እና የምርመራ አገልግሎት መረጃ የሚገኙት ከየት ነው? (ምርጫዎን አያንብላቸው፡ ከአንድ በላይ ሚሊዮን መላክት ይቻላል)	ከጎረቤት----- --1 ከባልተቤቱ----- 2 ከጓደኛዬ----- --3 ከሚያ----- -4 ከጠፍ ተቋማት-----5 ሌላ ይገለጹ----- 21	
403	በፈቃደኝነት የሚደረግ የኤች አይቪ የምክር እና የምርመራ አገልግሎት የሚገኘው የት ነው?	ሆስፒታል----- --1 ጠፍ ጣቢያ----- --2 የግል ክለኒክ----- --3 ሌላ ይገለጹ----- --21	
404	በፈቃደኝነት የሚደረግ የኤች አይቪ የምክር እና የምርመራ አገልግሎት የት የት ማግኘት ይቻላል? (ምርጫዎን አያንብላቸው፡ ከአንድ በላይ ሚሊዮን መላክት ይቻላል)	ሆስፒታል----- --1 ጠፍ ጣቢያ----- --2 ቤተሰብ ማህዳያ-----3 ሌላ ይገለጹ----- --21 አላወቅኩም----- -81	
405	የምርመራ ወጠኞችን ለማወቅ አልፈልግም ነገር ግን የኤች አይቪ ምርመራ አድርገው ያውቃሉ?	አዎን----- -----1 የለም----- -----2	ወደ ተ.ቁ 415

406	የምርመራ ወጠት ለማወቅ አልፎልግም ነገር ግን የኤች አይቪ ምርመራ በትዳር ከተሳሰሩት-ጋር አድርገው ያወቃሉ?	አዎን----- -----1 የለም----- -----2	
407	ምርመራ ያደረጉት መቼ ነበር?	ከጋብቻ በፊት----- -----1 ከጋብቻ በኋላ----- -----2 ከጋብቻ በፊት እና ከጋብቻ በኋላ-----3 አላወቀውም----- ---81	
408	ለጥያቄ ቁጥር 406 መለስ አዎ ከሆነ ምን ያህል ጊዜ የኤች አይቪ ምርመራ በትዳር ከተሳሰሩት-ጋር አድርገው ያወቃሉ?	1 ጊዜ----- -----1 2 ጊዜ----- -----2 3 ጊዜ----- -----3 በተከታታይ----- ----4 መልስ ያልሰጡ----- -91	
409	ምርመራ ያደረጉት ምክንያቱ ምን ነበር? (ከአንድ በላይ መለስ መመለስ ይቻላል)	እራስን ለማወቅ-----1 ስለወደፊቱ ለማቆም-----2 በእርግዝና ምክንያት-----3 ሌላ ይገለጻል----- 21	
410	የኤች አይቪ ኤድስ ምርመራ ባደረጉበት ጊዜ የምክር አገልግሎት ተሰጥቶታል ነበር?	አዎን-----1 የለም----- 2-----	ወደተ. ቁ416
411	የምክር አገልግሎት ተሰጥቶታል የነበረው መቼ ነው? (ለተጠየቀው ምርመራን እንዲያነብላቸው)	ምርመራውን ከማድረግ በፊት-----1 ምርመራ ካደረጉ በኋላ----- -2 ምርመራ ከማድረግ በፊትና በኋላ----3 ሌላ ይገለጻል----- -----21	
412	በተደረገልዎት የኤች አይቪ የምክር እና ምርመራ አገልግሎት አረከተዋል?	አዎ----- 1 የለም----- 2-----	ወደተ. ቁ414
413	በአገልግሎቱ የረከብት ምክንያት ምን ነበር? (ምርመራን አያንብላቸው፣ ከአንድ በላይ መለስ መመለስ ይቻላል)	ጥሩ የሆነ አቀባበል ስለነበር----- -1 ብዙ ሳልቆይ አገልግሎቱን ስላገኘሁ-----2 መከፈት ስለመጠበቅ----- --3 ብቻዬን በአንድ ክፍል ወስጥ አገልግሎቱ ስለተሰጠኝ----- -4	

		<p>እንክብካቤ እና እርዳታ ለማድረግ ተቋሞች ሪፈር ስለማድረግ-----5 አገልግሎቱ በነፃ ስለሚሰጥ----- 6 ግልፅ የሆነ የምክር አገልግሎት ስለተሰጠኝ----- -----7 ሌላ ይገለፅ----- -----21</p>	
414	<p>ለጥያቄ ቁጥር 412 መላሱ የለም ከሆነ በአገልግሎቱ ያልረከበት ምክንያት ምን ነበር? (ከአንድ በላይ መላስ መላስ ይቻላል)</p>	<p>ጥሩ የሆነ አቀባበል ስለአልነበር-----1 ሚሰጥ ስለማይጠቅ-----2 ብቻዬን በአንድ ክፍል ወስጥ አገልግሎቱ ስለአልተሰጠኝ-----3 የተሰጠው የምክር አገልግሎት ግልፅ አልነበረም----- -----4 ሌላ ይገለፅ----- -----21</p>	
415	<p>ለጥያቄ ቁጥር 405 መላሱ የለም ከሆነ የኤች አይቪ ምርመራ ያላደረጉበት ምክንያት ምንድነው? (ምርመራ አያንበላቸው፡ ከአንድ በላይ መላስ መላሰኩ ይቻላል)</p>	<p>አገልግሎቱ የት እንደሚገኝ ስለማለው--1 እራሴን እና ጓደኛዬን ስለማምን-----2 ወጠቱን ለማወቅ ስለማይረ-3 ጓደኛዬ ስለማይቀበለኝ----- -----4 ማለል ስለማይረ----- -----5 ሌላ ይገለፅ----- -----21</p>	
416	<p>የኤች አይቪ ምርመራ በማድረግ ሊጠቀሙ የሚችሉ እነማን ናቸው? (ምርመራ ይነበብላቸው)</p>	<p>የኤች አይቪ ቫይረስ ያለባቸው-----1 ከኤች አይቪ ቫይረስ ነፃ የሆነ-----2 አላውቀውም----- -----81</p>	
417	<p>የኤች አይቪ ምርመራ በያደርጉ እና ወጠቱን ማወቅ በፈልጉ በምን አይነት ሁኔታ መከሰት ይፈልጋሉ? (ለጠያቂው ምርመራ ይነበብላቸው)</p>	<p>በግንባር (ፊት ለፊት)----- -----1 በስልክ----- -----2 በሚጠራዊ ደብዳቤ----- -----3 በዘመድ ወይም በጓደኛ አሜካኝነት-----4 ሌላ ይገለፅ----- -----21</p>	
418	<p>የምክር እና ምርመራ አገልግሎት የኤች አይቪ ኤድስ ስርጭትን ለመከላከል ይጠቅሙል በሚሉ ሀሳብ ይስማሙ?</p>	<p>እስማማለሁ----- -1 አልስማማም----- 2----- ገለልተኛ----- -----81</p>	ወደተ. ቁ420
419	<p>የኤች አይቪ ምክር እና ምርመራ አገልግሎት ጥቅሙ ምንድን ነው? (ምርመራ አያንበላቸው፡ ከአንድ በላይ መላስ መላስ ይቻላል)</p>	<p>ቫይረሱ ለሌሎች እንዳይተላለፍ -----1 እራሴን ለማወቅ----- -----2 ለወደፊቱ ጥንቃቄ ለመወሰድ-----3 ከእናት ወደ ልጅ እንዳይተላለፍ-----4 ለወደፊቱ ለማቆም-----</p>	

		-5 ሌላ ይገለጹ----- -----21	
420	አንድ ሰው ኤች አይቪ ምርመራ ማድረግ ያለበት ማቼ ነው? (ምርመራን አያንብላቸው፡ ከአንድ በላይ ማዕስ መሞላስ ይቻላል)	ሲታመም----- -----1 ከጋብቻ በፊት----- -----2 እራሱን ከተጠራጠረ ----- 3 ከእርግዝና በፊት----- -----4 በእርግዝና ወቅት----- -----5 ሌላ ይገለጹ----- -----21 አላወቀውም ----- -----81	
421	የኤች አይቪ ምርመራ ማድረግ ያለበት ማን ነው? (ከአንድ በላይ ማዕስ መሞላስ ይቻላል)	ሴተኛ አዳሪዎች----- ---1 ከሴተኛ አዳሪዎች ጋር የግብረ ስጋ ግንኙነት የሚደርጉ----- 2 ትዳር ለመሞላረት የፈለጉ-----3 ከተለያዩ ሰዎች ጋር የግብረ-ስጋ ግንኙነት የፈጸሙ----- --4 ሌላ ይገለጹ----- -----21	
422	የኤች አይቪ ምርመራ የምክር አገልግሎት በማን በስጥዎት ይመርጣሉ? (ምርመራን አያንብላቸው፡ ከአንድ በላይ ማዕስ መሞላስ ይቻላል፡፡)	በሀኪም /በዶክተር----- 1 በነርስ----- -----2 በሰለጠኑ ምክር ሰጭ-----3 በሃይማኖት መሪ----- 4 ሌላ ይገለጹ----- -----21	
423	በፊቃደኝነት ላይ የተመሰረተ የኤች አይቪ የምክር እና ምርመራ ለማድረግ ፍላጎት አለዎት? (ለጠያቂው ከአሁን በፊት ምርመራ ላደረጉትም ሆነ ላላደረጉት ይጠቁ)	አዎን----- 1----- የለም-----2	ወደ ተ.ቁ 424
424	የኤች አይቪ ምርመራ አድረገው ቫይረሱ እንዳለብዎት ቢያወቁ ወጠኩዎን ለማን ይናገራሉ? (ምርመራን ያንብብላቸው ከአንድ በላይ ማዕስ መሞላስ ይቻላል)	ለባልተቤቱ----- --1 ለቤተሰቤ ----- ---2 ለቅርብ ዘመዶች-----3 ለሃይማኖት መሪዎች-----4 ለጓደኞች----- -----5 ሌላ ይገለጹ----- ---21	

425	<p>የኤች አይቪ የምርመራ ወጠቃ ሻይረሱ እንዳለብዎት ቢያሳይ እና ማነወቅ በፈልጉ ወጠቷ ምን ይሆናል ብለው ያስባሉ? (ምርመራን ያንብቡላቸው ከአንድ በላይ መልስ መሙላት ይቻላል)</p>	<p>ቤተሰቦቼ ያገለግላሉ----- -----1 ትዳሬ ይፈርሳል----- -----2 ጓደኞቼ ያገለግላሉ----- -----3 ቤተሰቦቼ እና ዘመዶቼ ድጋፍ ይሰጠኛሉ--4 ጓደኞቼ፣ ባልተቤቴድጋፍ ይሰጠኛሉ-----5 የጠቆና ባለሙያዎችድጋፍ ይሰጠኛሉ---6 ሌላ ይገለጹ----- -----21</p>	

ጊዜዎትን መብቀት በማድረግ ጥያቄዎችን ስለመላሱ ከልብ እናመሰግናል!!

የቡድን ወይይት የአሚኛ ማጠቃለያ

ክፍል-2:ለ የቡድን ወይይት መሠሪያ

ጠፍ ይሰጥልኝ ስሜ _____ እባላለሁ:፡፡ ጓደኛዬ ደግሞ _____ ይባላል/ትባላለች:፡፡

እኛ ዛሬ ከዚህ የተገኘው በአዲስ አበባ ዩኒቨርሲቲ የህክምና ፋኩሊቲ የህብረተሰብ ጠፍ ትምህርት ክፍል አሜሪካን ት በጎንደር ከተማ የህብረተሰብ ክፍል ለሆኑት የባለትዳሮች የበጎ ፈቃደኝነት የኤች አይቪ የምክርና የምርመራ አገልግሎት ላይ ያለውን የአጠቃቀም ለመጠቀም ተፅኖ የሚያመጡን ምክንያቶች በመወያየት መረጃ ለመስጠት ነው፡፡ የጥናቱ አላማ በጎንደር ከተማ ያሉትን የህብረተሰብ ክፍል የሆኑትን ባለትዳሮች በጋራ በበጎ ፈቃደኝነት ላይ የተመሰረተ የምክርና የምርመራ የአገልግሎት አጠቃቀም ሁኔታን ለማወቅ ነው፡፡

በወይይቱ ጊዜ ጥቂትና እጠር ያሉ ጥያቄዎችን ስለ የበጎ ፈቃደኝነት የኤች አይቪ የምክርና የምርመራ አገልግሎት አጠቃቀም በተመለከተ ይጠቁቃሉ፡፡ ይህን በተመለከተ ጥያቄዎቹን በበጎ ፈቃደኝነት ላይ የተመሰረተ የባለትዳሮች በጋራ ለማድረግ የኤች አይቪ የምክር እና የምርመራ አገልግሎት ጉዳይ ላይ የሚወያይ ሰው አለ፡፡ በወይይቱ ወቅት መልሶቻቸው በቴፕ ሪከርደር /በመቅረፅ ደምፍ/ ይቀዳሉ፡፡ ይህም በኋላ መረጃውን ለመጠቀም ለሌላ ጊዜ ለመረጃነት ለመጠቀም እንዲያመችና የእናንተን ደምፍ አንድም ሳይቀር መስጠት እንዲያስችለን ነው፡፡

ወይይቱ ከ40-60 ደቂቃ ለወስድ ይችላል ይህ የምትሰጠኛ መረጃ ባለትዳሮችን የበጎ ፈቃደኝነት የኤች አይቪ የምክርና የምርመራ አገልግሎት ተጠቃሚነት ለማሻሻል የሚዳ ሲሆን መሰጠቱ ፈፀሞ የተጠበቀ ነው፡፡ እንዲሁም ጊዜያዊ ስሜን በሰተቀር የሚደረገው ጉዳት የለም፡፡ ለዚህም የእናንተ ልባዊ ተሳትፎ እና ምላሽ ከፍተኛ ዋጋ አለው፡፡

ምላሹ አዎ ከሆነ _____ (1) ይቀጥሉ፡፡

ምላሹ ፈቃደኛ አይደለሁም ከሆነ _____ (2) አመለካኝው ከዚህ ያቁሙ፡፡

መላሹ ጥያቄዎቹን ለመመለስ ፈቃደኛ መሆኑን በቃል የተገለፀ ለመሆኑ የሚረጋግጥ የአወያዩ ስም ፊርማ

የአወያዩ ስም _____ ፊርማ _____ ቀን _____

የስምምነት ቅፅ

እኔ ስሜ ያልተገለፀው ከዚህ በታች የፈረምኩት ግለሰብ የሰጠሁት ቃለ ምልልስ በበጎ ፈቃድኝነት ላይ የተመሰረተ የባለ ትዳሮች የኤች አይቪ የምክርና የምርመራ አገልግሎት ላይ ያለውን የአገልግሎት አጠቃቀም በተመለከተ መረጃ ለመስጠት ሲሆን የጥናቱ ወጠክም የመንግስትና በዚህ ዘርፍ ለተሰማሩ ተቋማትና እንዲሁም ባለ ትዳሮች በበጎ ፈቃድኝነት የተመሰረተ የኤች አይቪ የምክርና የምርመራ አገልግሎት ላይ ያላቸውን የአገልግሎት አጠቃቀም ለማሻሻል እንዲረዳ ነው፡፡ በተጨማሪም የሰጠሁት መረጃ ማስገባቱን ፈፅሞ የተጠበቀ እንደሚሆን ተነግሮኝ ተስማምቻለሁ፡፡

- መረጃውን የሰጠው ሰው 1. ጻታ _____ እድሜ _____ ፊርማ _____ ቀን _____
2. _____
 3. _____
 4. _____
 5. _____
 6. _____
 7. _____
 8. _____
 9. _____
 10. _____

መረጃውን የሰበሰበው ሰው ስም _____
 ፊርማ _____

የቡድን ወይይት መሻሻ ጥያቄዎች

1. አጠቃላይ ኤች አይቪ/ኤድስ ዕውቀትን በተመለከተ

- 1.1. ኤች አይቪ/ኤድስ ምንድን ነው?
- 1.2. የአንድ ፍቅረኛ /የትዳር ጓደኛ በኤች አይቪ የተያዘ የምርመራ ወጠቱ ምን ሊሆን ይችላል ብለው ያስባሉ?
- 1.3. በኤች አይቪና በኤድስ ያለውን ልዩነት ማን ሊነግረን ይችላል?

2. በኤች አይቪና በበጎ ፈቃደኝነት ላይ የሚደረግ የምክርና ምርመራ አገልግሎት ፕሮግራም በተመለከተ የሚጠየቁ ጥያቄዎች

- 2.1. የበጎ ፈቃደኝነት የምክርና ምርመራ አገልግሎት ሲባል ስምተው ያወቃሉ
 - የት ?
 - በየትኛው ሚዲያ (የመገናኛ ዘዴ) ?
- 2.2. ባለትዳሮች በጋራ ለሚደረጉትና የኤች አይቪ/ኤድስ ምርመራን በተመለከተ ምን ታስባላችሁ?
- 2.3. ወደ የት በመሄድ ነው የዚህ አካባቢ ሰዎች የበጎ ፈቃደኝነት የምክርና የምርመራ አገልግሎት የሚገኙት?
- 2.4. ባለትዳሮች በጋራ የሚደረጉት የበጎ ፈቃደኝነት ምክርና ምርመራ ጥቅሙ ምንድን ነው? ጉዳቱስ?
- 2.5. ሃሳብ አልዎት? ባልተቤትዎን ስለ በጎ ፈቃደኝነት ምክርና ምርመራ ለመጠየቅ ፡ ፡ ለምን? ለምንድን ወ? .
- 2.6. በባለትዳሮች የሚደረገው የበጎ ፈቃደኝነት የምክርና የምርመራ አገልግሎት ተጠቃሚነት መቀነስ፣ ምክንያቱ ምንድን ነው ብለው ያስባሉ?
- 2.7. ባለትዳሮች የበጎ የምክርና ምርመራ አገልግሎት እንዳይጠቀሙ የሚደረግ የአገልግሎት ችግር አለ?

ጊዜያችሁን መጠየቅ በሚደረግ ይህን ጠቃሚ ሃሳባችሁን ስለሰጣችሁን ከልብ እናመላግናል፡፡