Addis Ababa University Collage of Health Science
School of Public Health

Willingness to home based HIV counseling and testing service among residents in Chagni town administration and Guangua wereda, West Amhara region

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SCHOOL OF GRADUATE STUDIES

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LIST OF ACRONYMS

AIDS	Acquire Immuno Deficiency Syndrome
ART	Anti Retroviral Therapy
CSA	Central Statistical Authority
DHS	Demographic health survey
EDHS	Ethiopian demographic health survey
FHI	Family Health International
FDRE	Federal Democratic republic of Ethiopia
FMOH	Federal ministry of health
HBVCT	Home Based Voluntary HIV Counseling and Testing
HIV	Human Immune Deficiency Virus
HAPCO	HIV/AIDS Prevention and Control Office
HCT	HIV counseling and testing
MOH	Ministry of health
NGO	Non-governmental organization
OI	Opportunistic infection
PLWHA	Peoples living with HIV/AIDS
PI	principal investigator
PITC	Provider initiative testing and counseling
PMTCT	Prevention of mother to child transmission
STI	Sexually transmitted infection
UNAIDS:	Joint United Nations Program on HIV/AIDS
VCT	Voluntary counseling and testing
WHO	World Health Organization

ABSTRACT

Introduction: HIV/ AIDS continue to be a major global health priority. HIV counseling and testing is a key strategic entry point to prevention, treatment, care and support services. But according to EDHS 2005 voluntary HIV counseling and testing utilization in Ethiopia is low; this means: people living with HIV get testing and counseling only when they already have advanced clinical disease. Assessing willingness of home based HIV counseling and testing service is essential for promoting, expanding and accessing HIV counselling and testing service to the community.

Objective: To assess willingness to home based HIV counseling and testing service among residents in Chagni town administration and Guangua wereda.

Methodology: Cross-sectional household survey both quantitative and qualitative methods was conducted from August 2010 to June 2011.

Result: A total of 480 study participants were included in the study with the response rate of 99.6%. Of the total respondents 243(50.6%) were females. The mean age of the respondents was 30 years (±sd 9). This study also indicated that 445(92.7%) the respondents were willing to undergo HIV counselling and testing at home. Multivariate analysis showed that study participants who ever had HIV test, participants who knew availability of VCT service in their locality and respondents who ever had sexual intercourse have statistically significant association with willingness to have HIV test at home. But only 190 (39.6%) respondents ever had HIV test. The main reasons of HIV test were to know self status and to plan future life, on the other hand the main reasons for not had HIV test were self and partner trust followed by fear to know results. Multivariate analysis showed that being married, individuals who had good knowledge about HIV/AIDS and individuals who had none stigmatizing and discriminating attitude were more likely to utilize VCT service.

Conclusion and Recommendation: Even though majority of the study participants were willing to undergo HIV counseling and testing at home, only few respondents ever had HIV test. Based on the finding BCC/IEC activities should be strengthened to promote VCT service utilization, to increase knowledge of HIV/AIDS and to reduce stigma and discrimination. Home based HIV counselling and testing should be implemented by wereda health office in collaboration with wereda HAPCO and other organizations working on HIV/AIDS by integrating to existing Health Extension Package.

1. INTRODUCTION

1.1 BACKGROUND

HIV/AIDS continues to be a major global health priority. Although important progress has been achieved in preventing new HIV infections and in lowering the annual number of AIDS related deaths, the number of people living with HIV continues to increase (1). The number of people living with HIV worldwide continued to grow in 2008, reaching an estimated 33.4 million. The continuing rise in the population of people living with HIV reflects the combined effects of continued high rates of new HIV infections and the beneficial impact of antiretroviral therapy. In 2008, an estimated 2.7 million new HIV infections occurred. It is estimated that 2 million deaths due to AIDS-related illnesses occurred worldwide in the same year (2). Sub-Saharan Africa remains the region most heavily affected by HIV, the number of people living with HIV in 2008 were 22.4 million i.e. 67% of HIV infections worldwide among these 1.9 million or 68% worlds new infection. Number of AIDS related deaths estimated to be around 72% of the world or 1.4 million (2). Like many sub Saharan countries, HIV/AIDS is one of the major factors which will adversely affect the development of Ethiopia. According to EDHS 2005 report adult HIV prevalence was 1.4% (3) . Other Antenatal Care based studies in Ethiopia showed that adult HIV prevalence in the same year was 3.5% (4). Based on the above two reports MOH and HAPCO estimate adult HIV prevalence in 2007, 2008, 2009, and 2010 were 2.1%, 2.2%, 2.3%, 2.4% respectively. In Amhara region the estimate reaches 2.9% (9.8% urban and 1.4% rural) in 2010 (5).

HIV counseling and testing (HCT) is a key strategic entry point to prevention, treatment, care and support services. This is critically important for individuals and couples to learn about their HIV status and make informed decisions about their future (6). The use of testing globally, however, is very low. Recent estimates based on surveys in 12 high-burden countries in sub-Saharan Africa indicate that a median of just 12% of men and 10% of women in the general population have been tested for HIV and received the results (7). This means that most people living with HIV get testing and counseling only when they already have advanced clinical stage of the disease. Concerns over the gap between needs and reality have led to urgent calls for dealing with expanding testing in developing countries (8).

Voluntary HIV counselling and testing (VCT) has strongly been promoted as essential in reaching universal access to HIV prevention, care, support and treatment, and the services have been scaled up in many low- and middle-income countries. However, access and uptake is still considered to be very low (9).

1.2 Significance of the study

In general low VCT uptake in Ethiopia (3); thus assessing factors affecting VCT service utilization and willingness to home based VCT service is important for tracing the community to home for prevention of new infection, treatment, care and support service. Even though some studies are conducted on VCT utilization in institutional based in different parts of Ethiopia but very little is known about HBVCT. Some studies in sub-Saharan Africa show that HBVCT increases HIV testing (volume of testing), increases acceptability of testing (10-12). Thus assessing willingness and utilizing HBVCT may increase the volume of VCT utilization, universal accessibility of the service and has the potential to stimulate intra-household and inter-generational communication about HIV and also fostering awareness and collective engagement at the level of entire communities.

2. Literature review

2.1 Importance of VCT service

Access to information on ones HIV status is human right as well as a public measures: people have the right to know their HIV status so they can protect themselves and others from infection improve their health care and plan for the future (13).

The main aims of VCT service are:

- To promote HIV prevention as a key public health goal
- To help reduce stigma, fear and anxiety around HIV/AIDS and to increase openness in the community. VCT can also offer counseling to close family and friends or help the client to talk to them.
- To proved an entry point for future support: early knowledge of HIV infection can help people seek appropriate medical and other support to help them cope better psychologically and medically with the infection.
- To help parents prevent transmission to baby(13).

2.2 Situation of VCT in Ethiopia

Voluntary HIV counseling and testing began during the early stage of the HIV epidemic. In Ethiopia, the first counseling and testing guidelines were published by the FMOH in 1996, the second national guidelines on VCT were developed in 2002 and the last currently in use in 2007 with the aim, standardizing testing protocols and training of counselors and supporting the expansions of counseling and testing service within the community outside health facilities. Target groups for VCT in the strategic framework for national response to HIV/AIDS in Ethiopia includes, all persons who seek HIV testing regardless of any previous risky behavior. Until 1994 E.C, the number of public health facilities providing VCT service was very low with most sites concentrated in Addis Ababa and other urban areas. As the time go VCT centers increased from 23 VCT centers in 1994 E.C to 170 in 1995, 525 in 1997 and 801 in 1998 E.C in the country. During 2004/2005 GC, 41,387 clients got VCT service while in 2005 the number of clients who received VCT rose to 367,006 (14-16). Whereas in 2008/09 HCT program has shown considerable improvement both in terms of service expansion as well as utilization; a total of 5.8 million people received HIV counseling and testing through 1,823 public and private health facilities (17).

Current HCT Service Delivery Models in Ethiopia

HCT services can be provided through the following four models of delivery:

I. Integrated services

Integrated services are provided in public, NGO and private health facility settings, as designated VCT units or under other programs, such as TB, STI, PMTCT, pediatrics, OI and ARV drug management.

II. Stand-alone services

Stand-alone counselling and testing services are provided at sites outside health facilities; sometimes linked with care and support services.

III. Outreach and mobile services

Outreach HCT services should be considered for special populations such as people in remote rural areas, pastoralists, refugees and prisoners. Outreach HCT can be provided in mobile vans or in other premises, such as kebeles, churches and schools. These services can be integrated with existing primary health care services. Mobile VCT should be linked to the nearest care and support organization through a strong referral system.

IV. Work place services

HCT services can be provided by trained practitioners in governmental agencies, NGO, and private sector institutions as part of comprehensive workplace HIV programs (6).

2.3 Determinants of VCT utilization

A study on factors affecting different professionals and community groups in North and South Gonder indicated that; socio demographic variable like age (15-19 years) associated with high acceptance of VCT (91.2%), availability of ART service also associated with acceptance of VCT (83.8%), willingness to tell a positive HIV test result and influence of others (religious leaders, community leaders, sexual partner and friends) have positive association on VCT acceptance. In this study knowledge, perceived benefit of HIV testing, perceived susceptibility and perceived seriousness didn't show any association on acceptance of VCT (18).

Other study in Amhara region on factors affecting utilization of VCT indicated that educational status secondary and above, marital status, sexual experience with multiple partners, knowledge of HIV/AIDS and age had significant association on utilization of VCT; whereas stigmatizing and discrimination attitude were less to utilize VCT service than those who had not such

attitude(19). According to FHI report on VCT and young people summary overview; the main barriers to VCT for young people were, availability and acceptability of VCT services, worries about confidentiality, inaccurate risk perception, and stigmatized by their families, friends and communities, perception of consequence of living with HIV, inadequate response for health care provider(20, 21).

2.4 Knowledge and attitude towards HIV/AIDS and VCT in Ethiopia

Knowledge of AIDS is widespread in Ethiopia; 90 percent of women 15-49 and 97 percent of men 15-49 have heard of AIDS. Similarly knowledge in Amhara: 87.9% women and 96.2% men have heard about HIV/AIDS. Education and wealth are directly related to both correct knowledge concerning common misconceptions and comprehensive knowledge of HIV/AIDS prevention and transmission (3). Study done in outreach VCT in Lasta district in Amhara Region indicated that 99.3% of participants heard about HIV and availability of VCT service. Their main sources of information were health professional 62% and community agents 40% (22). A study done in Mersa district, Amehara Region indicated that 100% of study participants heard about HIV/AIDS but only 45.8% know three prevention methods. More than 93% of respondents were aware one could check his /her HIV status; with main source of information health institution 88.2%, mass media 42.9% and 5.3% other source like PLWH (19). In the study conducted in North and South Gondar Administrative zones, North West Ethiopia, 79.8% of the males and 86.3% of the females were found to be willing to accept VCT; whereas 83.8% of the respondents were willing to be tested if ART were available (18).

2.5 VCT utilization and willingness to test in Ethiopia

According to the 2005 EDHS report, only 4% of females and 5% of males have tested in their life time. Similarly 1.8% women and 4% men in Amhara region have tested in their life. Among both women and men, the proportions ever tested are higher in those under age 30 than those age 30 and older. Among women participants who have ever had HIV test, 6.6% were never married, 29% ever had sex, 5.1% never had sex, 2.3% married/living together and 5.7% divorced/separated. Whereas among men 5.4% were never married, 17.6% ever had sex, 2.9% never had sex, 4.2% married/living together and 10.6% were divorced/separated (3). A study

conducted in Lasta district in Amehara Region on outreach voluntary counseling and testing 41.2% respondents know their HIV status (22). Whereas as study conducted in Mersa district shows 26.1% ever had HIV test. The study also reported that main reason of HIV testing were 50% pre-marital, 42.8% to know self status, 17.4% plan future life, 8% pregnancy, 5.8% traveling abroad and 5.1% to start ART (19). Study on factors contributing to voluntary counseling and testing (VCT) among youth in Dire Dawa reported that only 28.6% of respondents had VCT service before. Out of these, 74.4% utilize the service to know self and 10.6% for pre-marital reasons. About 90% the study participants desire to have VCT in the future. The reasons not to have VCT in the future in 48.3% respondents said due to fear of partner and 45% partner and self trust. Regarding to convenient time for VCT service delivery, 62.3% preferred weekends, 22% working hours and 15% after working hours(23).

3.6 Home based HIV counselling and testing and its functioning

Health at Home/Kenya nurses and counselors enter homes with hand-held devices that they use to enter data regarding the family's health, record test results, and document the physical location of the household to guarantee education, counseling and data collection follow-up. Any person identified as HIV-positive during counseling and testing will immediately be given an appointment for follow-up clinical care. In addition to reaching HIV-positive individuals and connecting them with the appropriate services, the program also helps those who test negative for HIV by teaching them about HIV/AIDS prevention and encouraging them to implement practices that will allow them to remain HIV-free(24).

"This initiative will result in hundreds of thousands of people being successfully tested for HIV and, if positive, being immediately referred into care and treatment," said Dr. Sylvester N. Kimaiyo, a program manager for the Health at Home/Kenya initiative. "We will not win the AIDS battle by waiting for people to come to our clinics, but only by taking HIV testing to people's homes in Africa. This same model can effectively test and treat millions throughout Africa"(24)

2.7 Willingness to home based HIV counseling and testing service

The plan to increase HIV testing is a cornerstone of the international health strategy against the HIV/AIDS epidemic, particularly in sub-Saharan Africa. According to study done on social inequality and HIV-testing: Comparing home and clinic based testing in rural Malawi showed that Home-based testing is not only dramatically increasing HIV-testing prevalence, but also associated with marked reductions in inequalities in the profile of testes. Unlike facility based VCT, HBVCT is not affected by variables of socio-demographic (education, sex, marriage and economic characteristics). In general this study reported that there are strong indications that home-based VCT can equalize access to testing across socioeconomic strata, marital status, or any other social characteristics that typically affect clinic use (10).

A study on evaluation of a home-based voluntary counselling and testing intervention in rural Uganda indicated that, a dramatic and statistically significant increase in uptake of HIV test result rate was observed in the home delivery intervention compared with the previous clinical based VCT service, percentage that agreed to receive their HIV test results increased from 10.0% in the year prior to the intervention to 36.7% of all age groups combined and 46% in those aged between 25 and 54 during the intervention year. Under the facility-based system, women between age 25 and 54 were 40% less likely to utilize VCT than men; but the gender gap in uptake was nearly eliminated by the home delivery intervention 44% vs. 49%, (11). Study on home based HIV counseling and testing in Zambia also showed that high acceptability was achieved when VCT was offered at home to all participants of a population-based survey, (76% of those expressing willingness to be tested). Acceptability of home based VCT was higher in rural compared to urban areas (83.6% vs. 70.7%). Home-based model appeared particularly acceptable to young people as indicated by the tenfold increase in the proportion ever tested for HIV among those aged 15-19 years in rural areas (from 3% to 25%) (12).

Study on feasibility, acceptability and cost of home-based HIV testing in rural Kenya showed that, of the total study participants 63.9% agreed to be visited by the counselors and 97.6% agree to be tested. HBVCT also is important to reduce logistical barriers to clients and the stigma associated with highly visible clinic contexts, it carries the potential to rapidly expand HIV testing coverage to populations in high risk settings. Qualitative data also suggested that counselors were surprisingly well received by the villagers, with substantial word of-mouth recruitment taking place over the course of the intervention period. Opportunities for repeat testing and disclosure by couples and family members were reported as unintended positive

effects of the intervention (25). Another study on Home-Based HIV testing and counselling in a Survey Context in Uganda on 33 clusters showed that, majority of both men and women agreed to be tested, on average, slightly more women (90 percent) than men (86 percent) in the age group between 20 and 49. The respondents who did not fully trust their partners, perceived the study as an opportunity to learn their individual status and in some cases that of their partner as well. The opportunity provided by the survey was new and welcome, especially for the women(26) .

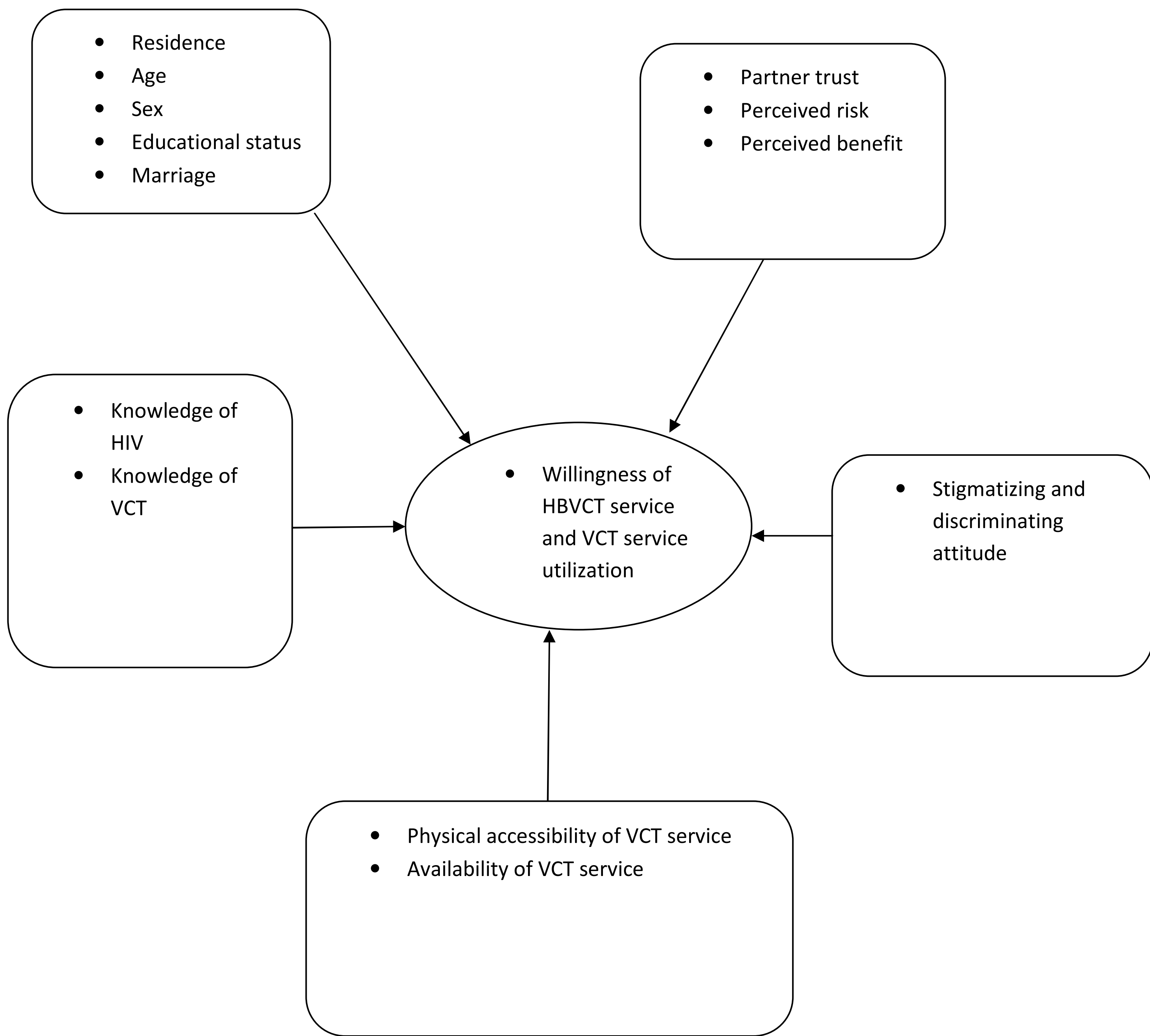

Fig. 1 Conceptual framework on factors influencing VCT service utilization and Willingness of HBVCT

3. OBJECTIVE

3.1 General objective

- To assess willingness of home based HIV counseling and testing among residents in Chagni town administration and Guangua wereda.

3.2 Specific objectives

- To assess magnitude of HIV counseling and testing utilization among residents in chagni town administration and Guangua wereda

- To assess factors affecting utilization of HIV counseling and testing service in Chagni town administration and Guangua wereda.

- To assess willingness of home based HIV counseling and testing service in Chagni town administration and Guangua wereda.

4. METHODOLOGY

4.1. Study Design

Cross-sectional household survey both quantitative and qualitative methods was conducted.

4.2 Study area and period

This study was conducted in Chagni town administration and rural Guangua wereda in Awi zone western part Amhara Region (505 km North West of Addis Ababa) from August 2010 to June 2011. The district has a total of 34 kebeles (three in Chagni town administration and 31 in rural Gangua wereda. Based on the 2007 National Census the projected population of the two districts in 2010/2011 is 54,721(27). Chagni town has 22 private health facilities and one (Chagni health center) public health facility, whereas rural Guangua wereda has the total of 21 private and 37 (30 health post and seven health center) public health facilities including drug venders. But only one urban and seven rural voluntary HIV counseling and testing sites in the district.

4.3 Study Population

4.3.1. Source Population

All adult individuals in the age group15-49 years in Chagni town and rural Guangua wereda were considered as the source population.

4.3.2. Inclusion and Exclusion Criteria

Inclusion: All adults from age 15 to 49 years reside more than six month in the study area

Exclusion: New comer in community lived below six months and seriously ill/ chronically ill unable to respond.

4.3.3 Sample Size Determination

The formula used for calculating the sample is a single population proportion formula:

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

Where; n=the desired sample size

p= willingness of home based HIV counseling and testing service was 76% (12).

Zα/2= critical value at 95% confidence level of certainty (1.96)

d= the margin of error between the sample and the population =4%

Using the above formula, sample size required was 438. Considering non response rate of 10%, the total sample size was 482.

4.3.4 Sampling Procedure

For Quantitative study/individual interview/ a cluster is arranged by wereda Health office based on distance of health facility and geographical proximity. Guangua wereda has nine cluster (31 kebele) whereas Chagni town three kebele (one cluster). Assuming that kebeles in a cluster is homogeneous, one kebele was selected from each cluster making a total of ten kebeles: from rural Guangua wereda nine kebeles (Yimali, Guhanaj, Gisayta, Anguay,Degera abo, Akeko, Kuli, Addis alem and Segadi) and one kebele from Chagni town (Chagni 01 kebele). Population to size allocation was used to allocate total numbers of households in each kebeles. Systematic sampling method was applied to select households in all kebeles. The sampling interval was calculated dividing total households to corresponding total households to be interviewed in each kebele. The first household for interview was selected using simple random sampling from household number i.e. given while Zithromax (Azithromycin) supplementation program in 2002 EC in the district. If there were more than one eligible person in the household one individual was selected using lottery method. In case of no eligible person was identified in household the next household in anti clockwise direction was included.

For qualitative study: Purposefully included two heads of health office (Guangua wereda and Chagni town administration health offices), two head of HAPCO, one VCT counselor, one ART nurse, two HIV related officer, three health extension worker, one kebele leaders and one community volunteers working in the study area were interviewed

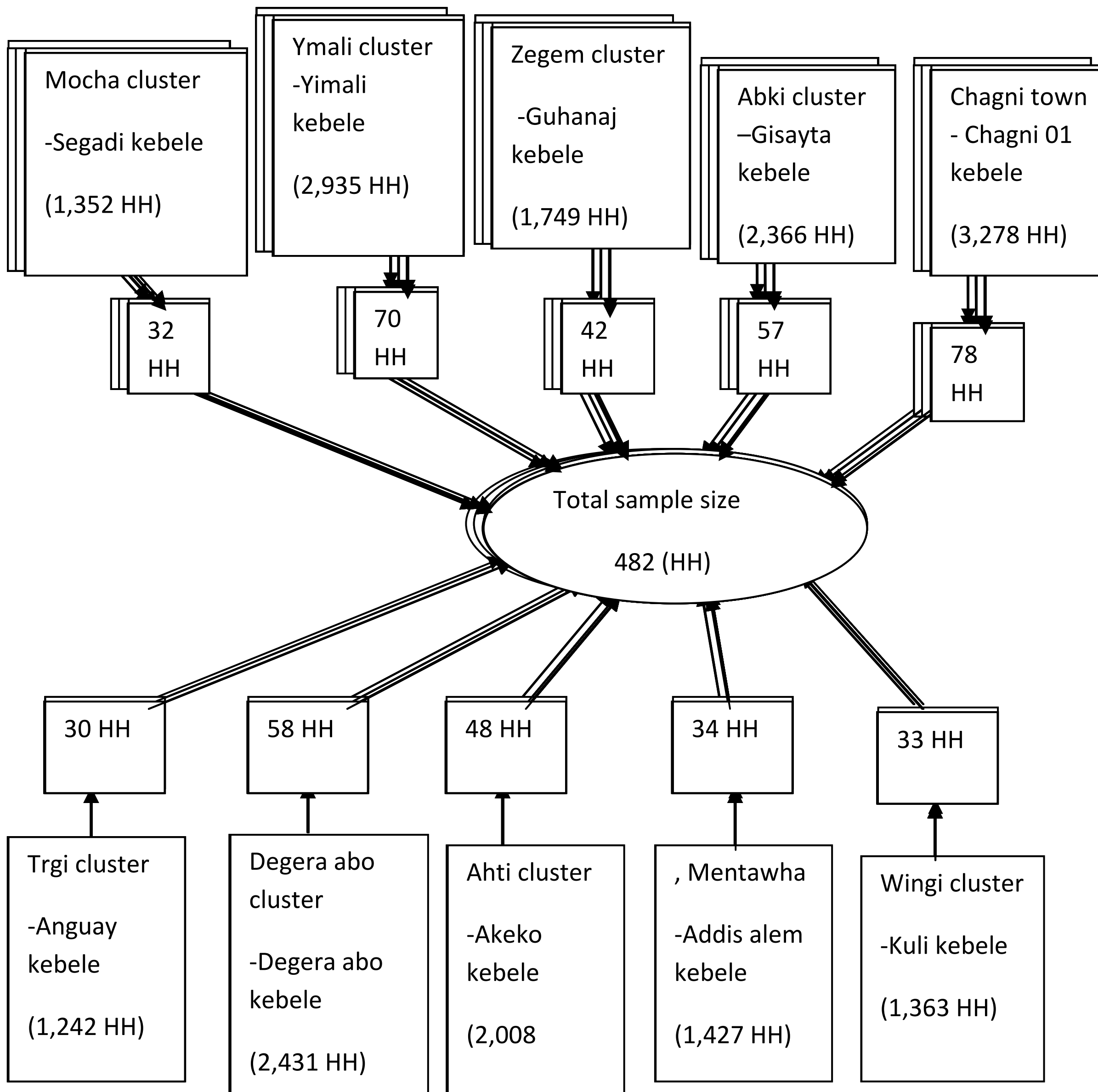

Fig. 2 Schematic presentation of sampling procedure for the selection of study units in Chagni town administration and Guangua wereda 2010/11

4.4 Data collection procedures

4.4. 1 Data collection instrument and pre-testing

For Quantitative study: The data for the quantitative study was collected using pre-tested interviewer administered structured questionnaire which has socio-demographic variables, HIV/AIDS related knowledge variables, VCT related knowledge and practice variables and HBVCT related variables. The questionnaire was prepared in English and translated to Amharic and it was checked for consistency by back translation to English. The instrument was adopted from different literatures developed for similar purpose by different authors and tools designed by various organizations.

For Qualitative study: In order to describe factors affecting utilization and willingness of home based HIV counseling and testing related variables were prepared for an in-depth interview.

Pre- test: Before the actual data collection, the quantitative part of questionnaires were tested on 10% of the total samples 48 adult individual in both urban and rural residents in Kosober i.e. 57 km, eastern part of Chagni and 5% of the collected data checked in each kebele before use of it on consistency by principal investigators.

4.4.2 Data collectors

Ten health extension workers who were employed in the study area for data collection and five diploma holder nurse supervisors were recruited to supervise the day to day data collection activity together with principal investigator. Two day training to data collector and supervisor on the objective of the study and how to interview, how to go from one household to another, how to select individuals from household, how to fill the questioner and handle questions asked by individual during interviewing were given by principal investigator. The supervisors collected qualitative data from respective study subjects.

4.4.3 Study Variables

Independent variables

- Socio-demographic variables (Age, sex, marital status, educational level, religion, occupation, and residence etc).
    - Social factors stigma and discrimination,

- Individual factors; sexual history, knowledge about HIV and VCT, perceived risk of HIV infection and
- Physical accessibility and availabilities of VCT the service.

Dependant variables

- willingness of HBVCT and VCT utilization

4.4.4 Data quality management

To keep the quality of the quantitative data the English version questionnaire was translated in to Amharic and then back to English to maintain its consistencies for actual data collection purpose with great emphasis given to local vocabularies. Detail training for data collectors and supervisors was given by the principal investigator and guiding information was given to them. Furthermore, the principal investigator and supervisors gave feedback and correction on daily basis for the data collectors on completeness, accuracy, and clarity of the collected data. And also principal investigator and supervisors cross cheeks 5% of collected data from each household.

4.4.5 Data processing and Analysis

For quantitative study: The collected data was entered in to EPI-INFO version 3.5.1and analyzed using SPSS version 15. Frequencies and graphs were used to describe variables. Stigmatizing and discriminating attitude of HIV/AIDS was assessed using scoring system, average score of attitude was taken after coding and scoring from a total of nine variables, so the average score of stigmatizing and discriminating attitude was 4 if the respondent scores four and above of attitude variables the respondent considered as stigmatizing and discriminating attitude the others were none stigmatizing and discriminating attitude. Crude and adjusted odds ratio with 95%CI were calculated to assess the effects of each independent variable on the outcome variables using multivariate logistic analysis were carried out and fit to the final model.

For qualitative study: The collected data were translated in to English by the principal investigator. Then responses were coded and categorized accordingly and analyzed thematically so as to supplement the quantitative findings.

4.5 Ethical clearance

Letter of ethical clearance was obtained from Institutional Review Board (IRB) of Addis Ababa University. Letter of permission was also obtained from the Chagni town administration health office, Guangua wereda health office. Verbal and written consent from selected individual in selected household was assured and anonymity and confidential of responses were kept.

Protection of research participant confidentiality: training on maintaining the confidentiality of collected information was given to data collectors. During the data collection time the privacy of individual was assured and the interview place was free from any disturbance.

4.6 Operational definition

Comprehensive knowledge about HIV/AIDS: Respondents were considered to have Comprehensively good knowledge about HIV/AIDS if they knew three HIV/AIDS prevention methods, (Namely abstinence, being faithful to one uninfected partner and condom use), being aware that a healthy looking person can have HIV, and had no any misconceptions (reject the following three incorrect statements about HIV/AIDS transmission namely HIV/AIDS can be transmitted through mosquito bites, by sharing meal and through breathing).

Discrimination: An action or treatment based on stigma and directed towards the stigma filed.

Stigmatizing and discriminating Attitude: Those respondents with mean score and above related to questions on HIV stigma and discrimination are considered as having stigmatizing and discriminating attitude and score less than mean are considered as none stigmatizing discriminating attitude.

Knowledge about VCT: Respondents answers above (50%) the Knowledge questions on VCT are considered as having Good Knowledge

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

VCT: A process by which an individual undergoes counseling to enable him/her makes informed choice about being tested voluntarily for HIV.

Willingness of HBVCT: readiness to undergo HIV test at home.

Home based voluntary HIV counseling and testing: Giving HIV counseling and testing service at home.

5 RESULTS

5.1 Socio-demographic characteristics of study subjects

A total of 480 study subjects were included in the study with response rate of 99.6%. Of the total 237(49.4%) were males and 243(50.6%) females. The mean age of the study subjects were 30 years (±sd 9). Majority of study participants 380(79.2%) were rural residents and 100(20.8%) urban residents. Concerning marital status more than half 309(64.4%) married at the time of survey. Regarding educational status 236(49.2%) were unable to read and write and 62(29.9%) grade nine to twelve. Most of study participants 432(90%) were Orthodox Christian by religion and 399(83.1%) agew by ethnicity. About 272(56.7%) of study subjects were farmers, 67(14%) student, 27(5.6) merchant, 38(7.9%) Jobless, 30(6.3%) daily laborer, 21(4.4%) Government/NGO employed, 20(4.1) house wives and 5(1.0%) private owner. Majority of study participants 276(57.5%) hadn't regular monthly income [See table 1].

Table 1 Socio- demographic characteristic of study subjects, in Chagni town administration and Guangua wereda, January, 2011**. (n=480)**

Characteristics(variables)	Number	Percent (%)
Sex		
Male	237	49.4
Female	243	50.6
Age		
15-24	140	29.1
25-34	177	36.9
35-49	163	34
Residence		
Urban	100	20.8
Rural	380	79.2
Marital status		
Single	112	23.3
Married	309	64.4
Divorced/Separated	37	7.7
Widowed	22	4.6
Educational status		
Unable to read & write	236	49.2
Able to Read and write	58	12
Grade 1-8	105	21.9
Grade 9-12	62	12.9
Above grade 12	19	4
Religion		
Orthodox Christian	432	90
Muslim	47	9.8
Protestant	1	0.2
Ethnic group		
Amehara	79	16.5
Agew	399	83.1
Oromo	2	0.4
Occupational status		
Government & NGO employed	21	4.4
Private org. owner	5	1.0
Daily laborer	30	6.3
House wife	20	4.1
Merchant	27	5.6
Student	67	14
Unemployed	38	7.9
Farmer	272	56.7
Monthly income in birr		
No any income	41	8.5
No regular monthly income	276	57.5
Less than 200 birr	41	8.5
200-1600 birr	122	25.5

5.2 sexual history and condom utilization

About 390(81.2%) reported ever had sexual intercourse prior to survey. Among those who had sexual intercourse 89(22.8%) had history of multiple sexual intercourse. Of those who had history of multiple sexual intercourse 29(32.6%) of respondents used condom. Among those who had history of condom utilization 19(65.5%) reported to use condom regularly where as 10(34.5%) use condom sometimes [see Table 2].

Table 2 Sexual history and condom utilization among study subjects, in Chagni town administration and Guangua wereda, January, 2011.

Characteristics(variables)	Number (percent)
History of sexual intercourse (n=480)	
Yes	390(81.2%)
No	90(18.8%)
History of sexual intercourse with multiple sexual partner(n=390)	
Yes	89(22.8%)
No	297(76.2)
No response	4(1.0%)
History of condom utilization with multiple sexual partner (n=89)	
Yes	29(32.6%)
No	59(66.3%)
No response	1(1.1%)
How often used condom with multiple sexual partner (n=29)	
Always	19(65.5%)
Sometimes	10(34.5%)

5.3 Knowledge attitude and risk perception of HIV/AIDS among study subjects

A total of 475(99%) of study subjects ever heard about HIV/AIDS. but only 211(44%) of study subjects had good knowledge (correctly respond the three HIV/AIDS prevention methods, (namely abstinence, being faithful to one uninfected partner and condom use), being aware that a healthy looking person can have HIV and had no any misconceptions (reject the following three

incorrect statements about HIV/AIDS transmission namely HIV/AIDS can transmitted through mosquito bites, by sharing meal and through breathing) the rest 269(56%) had poor knowledge about HIV/AIDS [see table 3]. Their source information on HIV/AIDS were 253(52.5%) health institution, 173(35.9%) media, 174(30.7%) neighbors, 114(23.7%) teachers, 72(14.9%) friends,43(8.3) family(father, mother, sister or brother), 15(3.1%) spouse and 6(1.2%) people living with HIV.

Stigmatizing and discriminating attitude of respondents towards HIV/AIDS was assessed using scoring system. Based on average score of attitude was taken after coding and scoring from a total 9 variables so the average score of stigmatizing and discriminating attitude was 4. Based on the above scoring only 165(34.4%) of study subjects had none stigmatizing and discriminating attitudes whereas 315(65.6%) still had stigmatizing and discriminating attitude [see table 3].

Table 3 Knowledge and risk perception of HIV/AIDS among study subjects, in Chagni town administration and Guangua wereda, January, 2011

Characteristics(variables)	Number (percent)
Heard about HIV/AIDS (n=480)	
Yes	475(99%)
No	5(1.0%)
Knowledge of HIV/AIDS (n=480)	
Knowledgeable	211(44%)
not knowledgeable	269(546%)
Perception of risk acquiring of HIV/AIDS (n=475)	
Yes	101(21.2%)
No	342(72%)
may be	26(5.5%)
I don’t know	6(1.3%)
Stigmatizing and discriminating attitude (n=480)	
No	165(34.4%)
Yes	315(65.6%)

Risk perception of HIV/AIDS among study subjects

About 101(21.2%) of study subjects perceived to be at risk of HIV infection, 26(5.5%) perceived may be at risk of HIV infection, 6(1.3%) didn't know and 342(72%) not perceived to be at risk of HIV infection. Among those who perceived at risk of HIV infection their main reasons were 58(12%) history of sharing contaminated sharps, 49(10.2%) ever had more than one sexual partner, 30(6.2%) ever had sex without condom, 8(1.7%) ever had sex with commercial sex workers and 3(0.6%) ever had blood transfusion. Of those who didn't perceive at risk of HIV infection, their main reasons were 208(43.2%) one faithful partner, 117(24.3%) didn't share any sharp, 74(15.4%) never had sexual intercourse, 32(6.6%) abstained from sex and 15(3.1%) always use condom [figure 3&4].

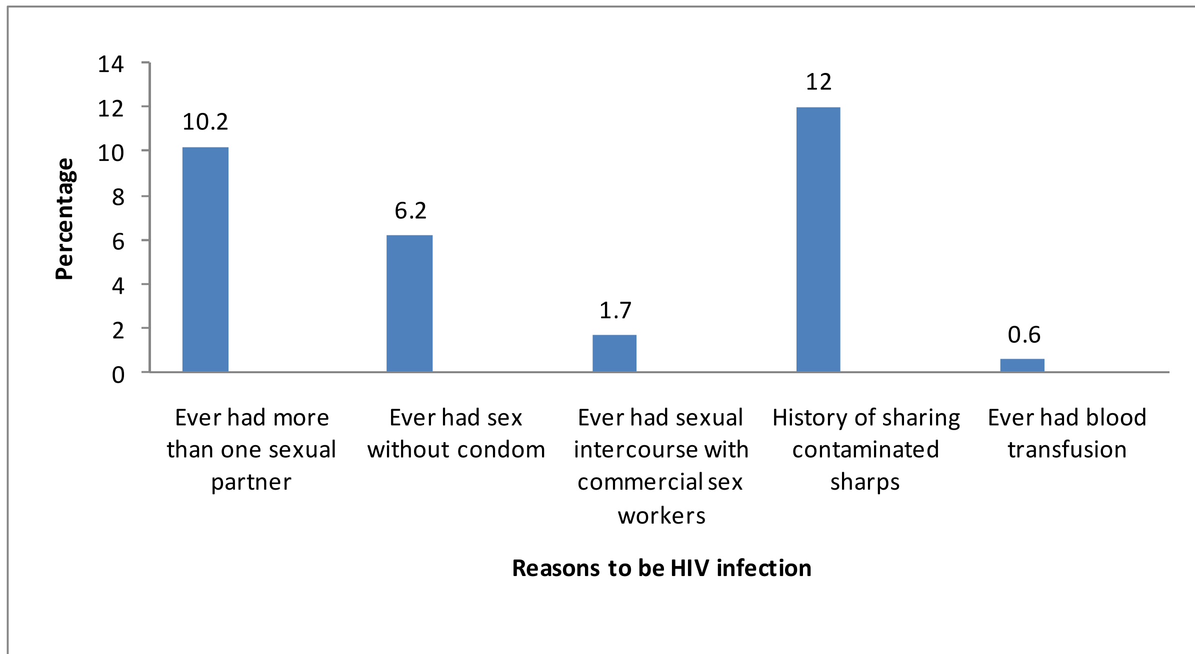

Figure 3 reasons of to be at risk of HIV infection reported by study subjects, in chagni town administration and Guangua wereda, January, 2011

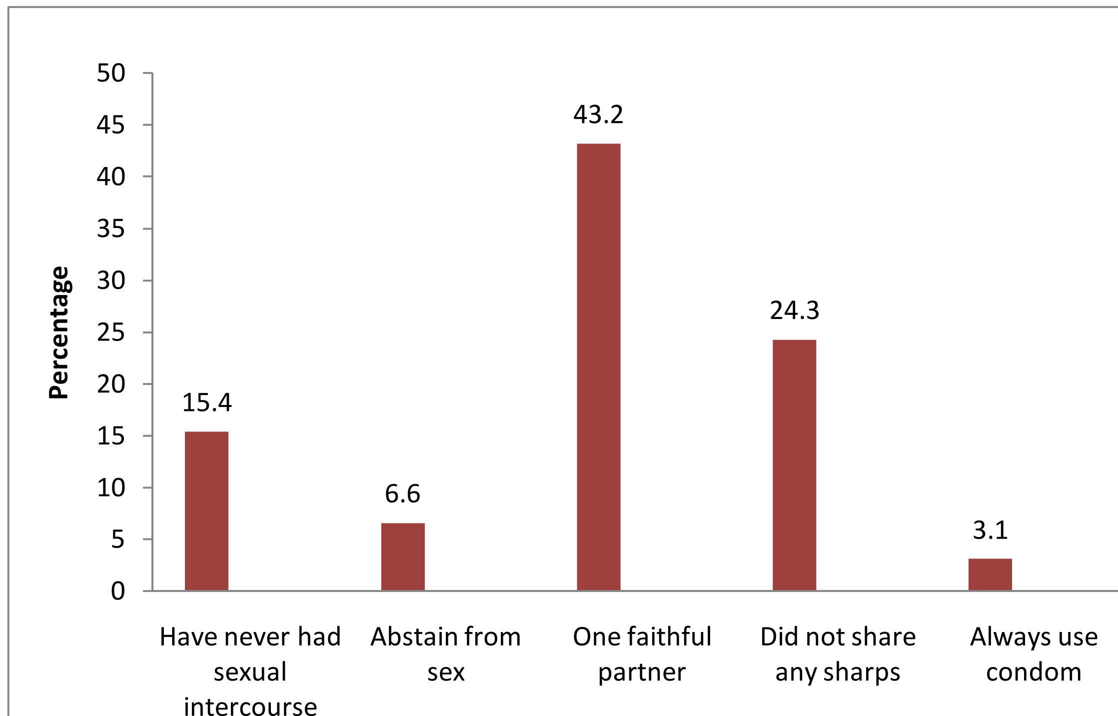

Figure 4 Reasons of not to be at risk of HIV infection reported by study participants, in chagni town administration and Guangua wereda, January, 2011

5.4 knowledge of VCT service

A total of 464(96.7%) study subjects ever heard about VCT. But only 110(22.9%) had good knowledge (correctly respond 50% of knowledge question of VCT) others 370(77.1%) had poor knowledge. The respondents also asked about the importance of VCT on prevention of HIV/AIDS, 454 (94.6%) agreed, while 9(1.9%) didn't agree.

Almost all 456(98.3%) of respondents knew availability of VCT service in their locality. Of those who knew availability of VCT service in their locality 109(22.7%) walk more than 30 minutes to reach VCT site where as 347(72.3%) walk less than 30 minutes. The respondents also asked about the place where VCT site is available in their locality, 335(73.5%) report health center, 76(16.6%) health post, and 42 (9.2%) mobile VCT and 3 (0.7%) private clinic [see Table 4 below].

Table 4 Knowledge and availability VCT service among study subjects in Chagni town administration and Guangua wereda, January, 2011

Characteristics(variables)	Fr (No)	Percent (%)
Heard about VCT (n=480)		
Yes	464	96.7
No	16	3.3
Knowledge of VCT (n=480)		
Good knowledge	110	22.9
poor knowledge	370	77.1
Importance of VCT service (n=464)		
Yes	454	94.6
No	10	2.1
Availability of VCT service in their locality (n=464)		
Yes	456	98.3
No	8	1.7
Place of VCT service in your locality (n=456)		
Health center	335	73.5
Private clinic	3	0.7
Health post	76	16.6
Mobile VCT	42	9.2
Time to reach VCT site (n=456)		
>30 minutes	109	22.7
<30 minutes	347	72.3

5.5 Source of information on VCT

The main source of information on VCT were 253(52.5%) health institution, 247(51.2%) community volunteers, 173(35.9%) media, 148(30.7%) neighbors, 114(23.7%) teachers, 72(14.9%) spouse, 72(14.9) friends, 43(8.9%) family, 40(8.3%) church, 8(1.7%) meeting and 6(1.2%) people living with HIV [see Fig 5].

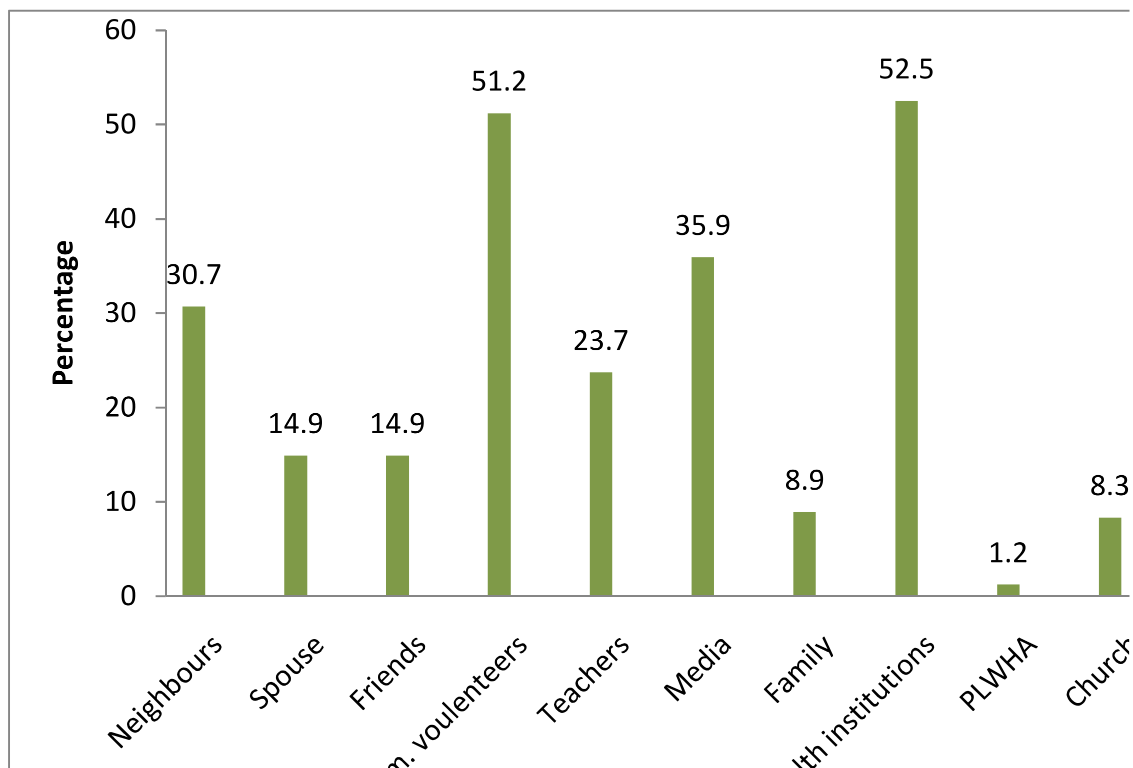

Figure 5 Source of information on VCT reported by study subjects, in Chagni town administration and Guangua wereda, January, 2011

5.6 Utilization of VCT service

A total of 190(39.6%) study subjects ever had HIV test. Of those who under gone HIV test 49(25.8%) had HIV test before three month of data collection period, 53(27.9%) before six month of data collection period and 88(46.3%) before one year of data collection period. Among those who had HIV test 126(66.3%) tested at mobile VCT, 53(27.9%) at health center, 10(5.3%) at health post and 1(0.5%) at work place. The respondents were also asked whether or not they had counseling while HIV test 185(97.4%) had counseling where as 5(2.6%) didn't have. Among those who had counseling 103(55.7%) had counseling before and after HIV test, 75(40.5%) only before HIV test and 7(3.8%) after HIV test [see Table 5].

Table 5 Utilization of VCT service among study participants, in chagni town administration and Guangua wereda, January 2011

Characteristics(variables)	Fr.(No)	Percent (%)
Ever had HIV test (n=480)		
Yes	190	39.6
No	290	60.4
When had HIV test (n=190)		
before three month	49	25.8
before six month	53	27.9
before one year	88	46.3
Place of HIV test (n=190)		
mobile VCT	126	66.3
health center	53	27.9
work place	1	0.5
health post	10	5.3
Have had counseling during HIV test (n=190)		
Yes	185	97.4
No	5	2.6
Time under gone counseling (n=185)		
before HIV test	75	40.5
after HIV test	7	3.8
Before and after HIV test	103	55.7

5.7 Reasons of HIV test

Among respondents who under gone HIV test, the main reasons reported for being tested were 164(34%) to know self status, 26(5.4%) to plan future life, 21(4.4%) ordered by health workers, 13(2.7%) due to pregnancy, 9(1.9%) for marriage and 6(1.2%) required for work where as reasons for not being tested were 105(21.8%) partner and self trust, 87(18%) fear to know result, 57(11.8%) didn't believe it will help, 42(8.7%) no near by the service, 14(2.9%) didn't know where to get the service, 14(2.9%) didn't know the existence of the service, 6(1.2%) partner refusal and 2(0.4%) fear of stigma [see Figure 6 & 7]

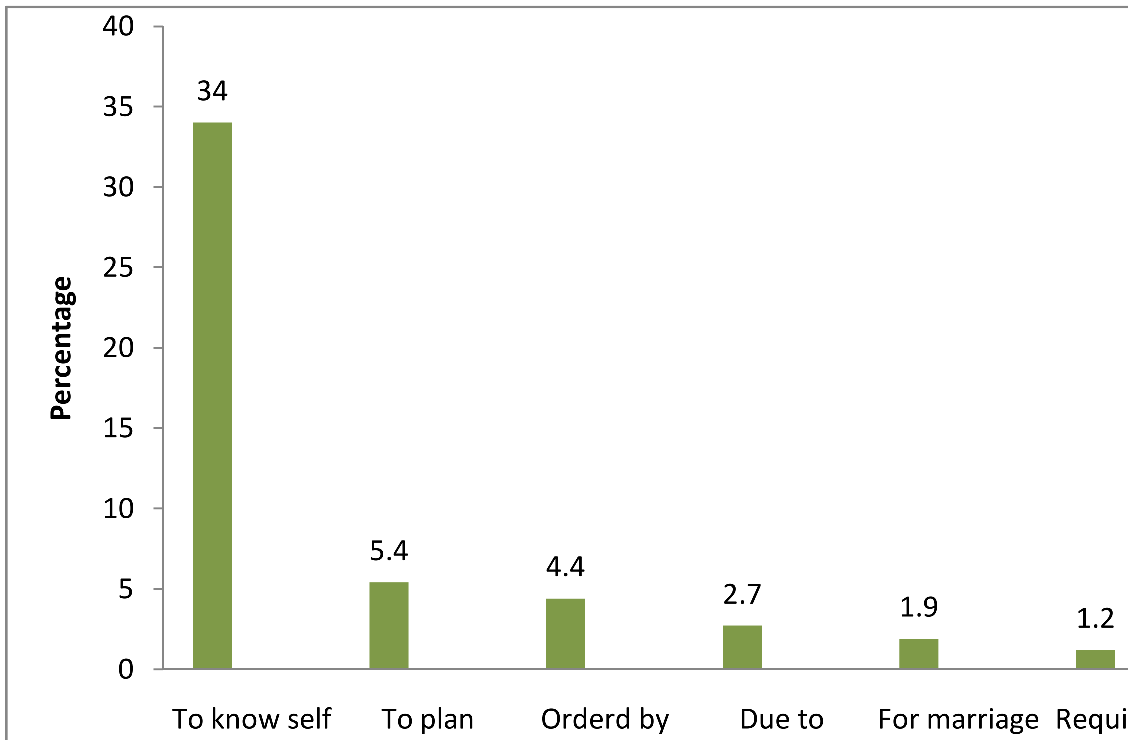

Figure 6 Reasons for being HIV tested among study subjects, in Chagni town administration and Guangua wereda, January, 2011

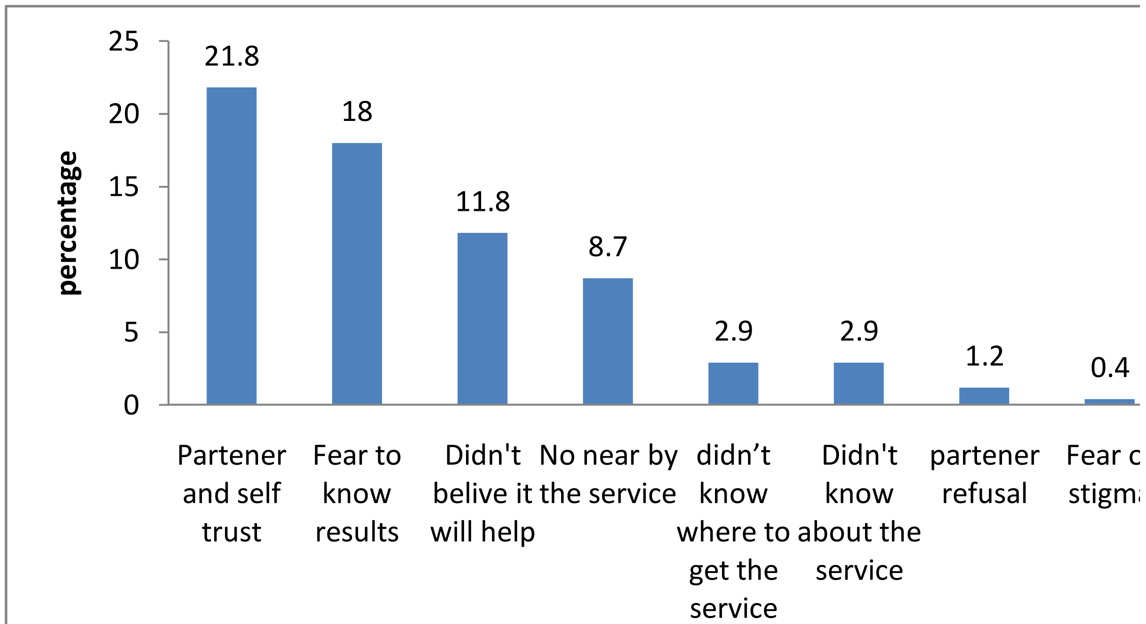

Figure 7 Reasons for not being HIV tested among study subjects, in Chagni town administration and Guangua wereda, January, 2011

5.8 Satisfaction of VCT service

The respondents also asked whether they were satisfied or not on VCT service, 185(97.4%) of the respondents were satisfied for the service where as 5(2.6%) were not satisfied. Among those who were satisfied their main reasons were 90(18.7%) said have quick service, 88(18.3%) confidentiality of the service, 62(12.9%) warm reception, 54(11.2%) free service, 48(10%) brief counseling, 38(7.9%) privacy of the service, 7(1.5%) referral for care and support service and 4(0.8%) ability of health care workers. For those who were not satisfied their main reasons were 5(1.0%) the counseling were not clear, 3(0.6%) no warm reception, 2(0.4%) long waiting time, 2(0.4%) lack of confidentiality, 1(0.2%) lack of privacy and 1(0.2%) no referral for care and support service.

Regarding preference of counselors 385(79.9%) study participants preferred physicians, 254(52.7%) nurses, 181(37.6%) trained health extension workers, 172(35.7%) trained counselors and 15(3.1%) others (religious leader, community leader and PLWH) [see Figure 8].

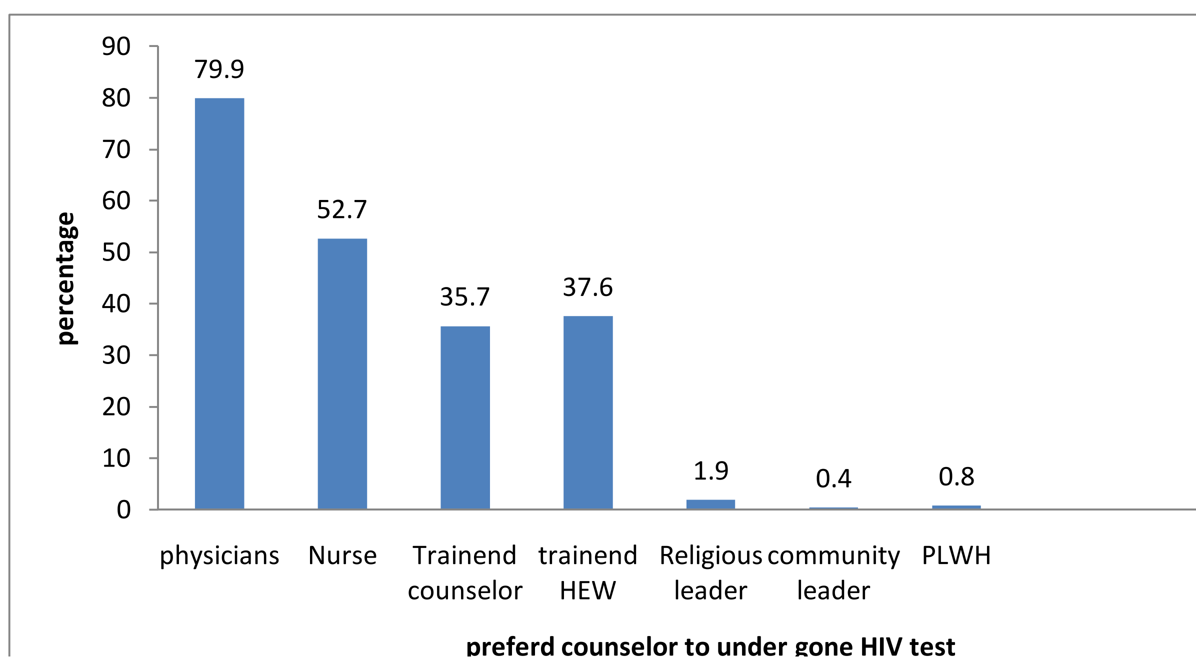

Figure 8 preferred counselor to under gone HIV test among study subjects, in Chagni town administration and Guangua wereda, 2011

5.9 Willingness to home based HIV counseling and testing service

Almost all, 445(92.7%) of the study participants were willing to HIV test at home if the service is available, and only 35(7.3%) were not. Of those who were willing to undergo HIV test at

home, 341(76.6%) study subjects preferred weekends and holy days as convenient time for HBVCT, 34(7.6%) normal working days and weekends, 32(7.2%) preferred normal working days and late afternoons, 33(7.4%) normal working days/hours and other 5(5.2%) prefer normal working hours including lunch hours.

Regarding to the advantages of HBVCT, 446(92.9%) of study subjects said, HBVCT has an advantage. Among those who said HBVCT has an advantage 360(74.7%) reported that HBVCT minimizes time, 329(68.3%) HBVCT makes easy to test all family members, 188(39%) HBVCT minimizes transport cost, 176(36.5%) HBVCT minimizes fear of medical staff in unfamiliar medical setting, 157(32.6%) HBVCT minimizes stigma and discrimination, 154(32%) HBVCT minimizes gender inequality of testing and 100(20.7%) HBVCT makes easy to disclose HIV sero status [see fig 9]. Of those who said HBVCT has not any advantage, their main reasons were 21(4.4%) HBVCT is not acceptable and 15 (3.1%) HBVCT not maintain confidentiality.

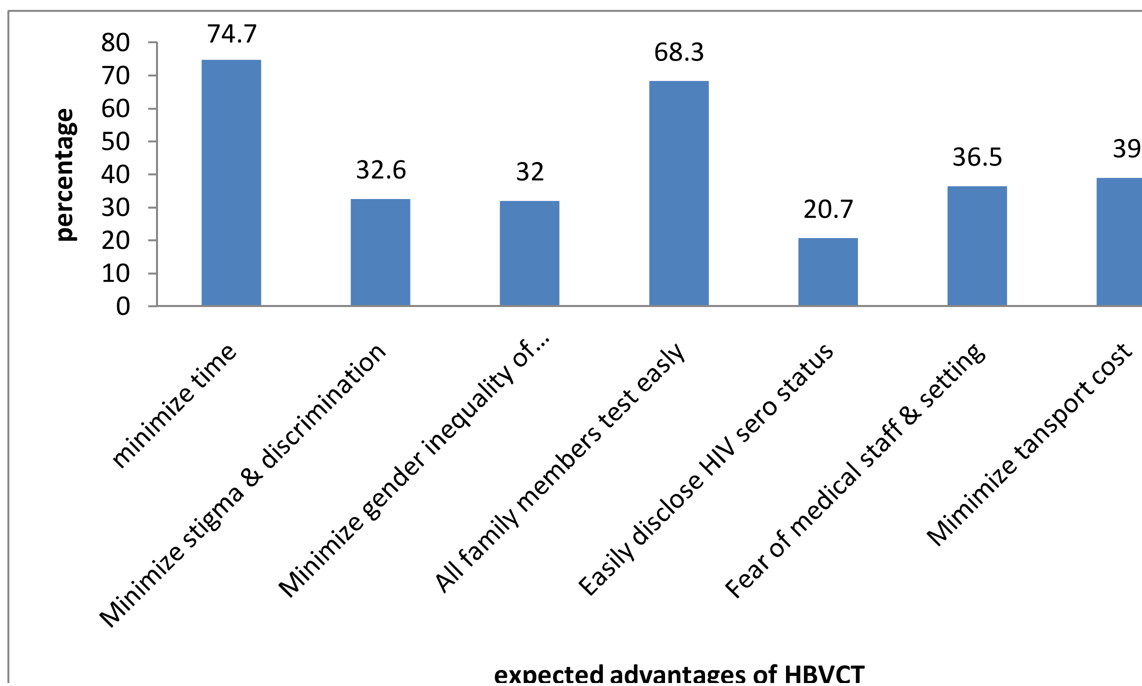

Figure 9 expected advantage of HBVCT reported by study participants, in Chagni town administration and Guangua wereda, January, 2011

The respondents also further asked about the most preferred place to have HIV test 277(57.7%) prefer house to house if available, 112(23.3%) prefer health center, 53(11%) prefer hospital, 31(6.5%) prefer mobile VCT and 7(1.5%) prefer work place.

5.10 Factors associated with VCT utilization.

As indicated in Table 6 being married shows statistically significant association with VCT service utilization, AOR (95% CI) =4.3(1.63, 11.46). Other socio-demographic variables (sex, educational status, age, residence, religion, ethnic group, occupational status and monthly income) didn't show statistically significant association with VCT service utilization (P>0.05).

Study participants with good knowledge about HIV/AIDS were also 3.74 times more VCT service utilizers than those who have poor knowledge AOR (95%CI) =3.74(2.52, 5.55). None stigmatizing and discriminating attitude also have statistically significant association, those who had none stigmatizing and discriminating attitude were 1.86 times more VCT service utilizers than those with stigmatizing and discriminating attitudes AOR (95%CI) =1.86(1.233, 2.794). Whereas perception of acquiring of HIV/AIDS, knowledge of VCT, availability of VCT service in their locality, distance of VCT service, history of sexual intercourse, history of multiple sexual intercourse and condom utilization while multiple sexual intercourse didn't show statistically significant association with VCT service utilization (P>0.05)

Table 6 Factors association with VCT service utilization among study participants in Chagni town administration and Guangua wereda, January, 2011

Characteristics	**Ever had VCT**		**Crude OR(95%CI)**	**Adjusted OR(95%CI)**
	yes	No		
Sex				
Male	99	138	1.198(0.765-1.869)	1.004(0.49-2.05)
Female	91	152	1	1
Education label				
Unable to read & write	74	162	**0.211(0.077-0.576)***	0.239(0.47-1.211)
Able to Read and write	24	34	**0.326(0.109-0.178)***	0.438(0.085-2.25)
Grade 1-8	50	55	0.42(0.148-1.188)	0.71(0.143-3.442)
Grade 9-12	29	33	0.406(0.137-1.204)	0.48(0.105-2.19)
Above grade 12	13	6	1	1
Marital status				
Single	44	68	2.346(0.983-5.597)	1.894(0.633-5.668)
Married	132	177	**2.703(1.197-6.105)***	**4.3(1.63-11.46)***
Divorced/Separated	8	29	1.359(0.401-4.613)	1.553(0.375-6.434)
Widowed	6	16	1	1
Stigmatizing and discriminating attitude				
No	85	80	**2.125(1.448-3.122)***	**1.856(1.233-2.794)***
Yes	105	210	1	1
Knowledge of HIV/AIDS				
Good knowledge	122	89	**4.052(2.75-5.97)***	**3.74(2.52-5.55)***
Poor knowledge	68	201	1	1
Perception of risk acquiring of HIV/AIDS				
Yes	37	64	2.891(0.325-25.696)	2.055(0.199-21.17)
No	241	201	3.5(0.4-30.347)	2.509(0.251-25.120)
May be	11	15	3.667(0.374-35.979)	1.797(0.156-20.712)
Don’t know	1	5	1	1

5.11 Factors associated with willingness to home based HIV counseling and testing

As indicated in Table 7 study participants who ever had sexual intercourse had statistically significant association with willingness to HIV test at home if the service was available with AOR (95% CI) =50.8(4.7-545). Those study subjects who ever had sexual intercourse had 50.8 times more willing to have HIV test at home than those don’t ever had sexual intercourse.

Study subjects who ever had HIV test also had statistically significant association with willingness of HIV test at home with AOR (95% CI) =4.3(1.45-12.97).

The respondents who knew availability of VCT service in their locality also had statistically significant association with willingness of HIV test at home with AOR (95% CI) =14(1.76-113.75).

Other variables like socio-demographic variable (age, sex, residence, marital status, level of education etc), knowledge of HIV/AIDS, Knowledge of VCT service, stigmatizing and discriminating attitude of HIV/AIDS, perception of acquiring HIV/AIDS, distance of VCT service didn't show significant association with willingness to HIV test at home (p>0.05).

Table 7 Factors associated with willingness to HIV test at home if the service is available among study subjects, in Chagni town administration and Guangua wereda, January, 2011

Characteristics	**Willingness of HIV test at home(if available)**		**Crude OR (95% CI)**	**Adjusted OR(95% CI)**
	yes	**No**		
Residence				
Urban	97	3	2.87(0.86-9.6)	0.15(1.45-32.98)
Rural	349	31	1	1
Age group				
15-24	118	22	0.24(0.099-0.58)	1.3(0.3-12.4)
25-34	172	5	1.5(0.48-4.96)	1.8(0.47-7.0)
35-49	156	7	1	1
Level of education				
Unable to read and write	223	13	3.2(0.8-12.5)	1.3(0.58-11.39)
Able to read and write	57	1	**10.7(1.0-109.9)**	1.7(0.09-31)
Grade 1-8	95	10	1.78(0.44-7.2)	2.8(0.35-22)
Grade 9-12	55	7	1.47(0.34-6.4)	3(0.37-26)
Above grade 12	16	3	1	1
Ever had sexual intercourse				
Yes	377	13	**8.8(4.2-18.5)**	**50.8(4.7-545)**
No	69	21	1	1
Ever heard about HIV/AIDS				
Yes	443	32	**9.2(1.5-57)**	0.39(0.28-5.5)
No	3	2	1	1
Ever had HIV test				
Yes	183	7	**2.7(1.14-6.3)**	**4.3(1.45-12.97)**
No	263	27	1	1
Availability of VCT service in your locality				
Yes	430	26	**16.5(3.9-69.9)**	**14(1.76-113.75)**
No	4	4	1	1

5.10 Summary results of in-depth interview

VCT service in perspective of accessibility, adequateness and utilization in the study area

Majority of qualitative respondents mentioned that *"Sometimes we can address VCT service to the community by mobile VCT with the support/help of some NGOS, while conducting huge public meeting, otherwise community uses health center as a common site."*

As mentioned by most of qualitative respondents working on HIV said that *"except some kebeles in our wereda VCT service is accessible, because currently there is VCT service in majority of health posts, in terms of utilization most of our community is willing to utilize VCT but still VCT service is not adequate"*

As mentioned by majority HIV/AIDS related care service providers and HIV related officers in the district *"most of the time those people who knew his/her HIV status (ever had HIV test) utilize VCT service again and again in the majority of meeting session instead of new cases. But most of the time people who are susceptible or most at risk group (those doubt themselves at risk of HIV infection) are not willing to test in most of meeting sessions."*

Usual reasons for using VCT service were:

The VCT counselor in the district said that "*Most of the time our community uses VCT service to know their status and sometimes awareness HIV/AIDS leads to VCT service utilization"*

The usual reasons for not using VCT service were:

As mentioned by majority HIV/AIDS related care service providers and HIV related officers in the district *"fear knowing their status, to hide themselves, fear the usual place/ provider/ are the main reasons for not using VCT services."*

And also a VCT counselor in the district said that *"Some cultural problems/ some misconceptions towards those peoples utilize VCT service/ eg most of the time those persons utilize VCT are considered as have sex with commercial sex workers or those with doubt themselves."*

View of Home Based HIV Counselling and testing

Almost all of in-depth interview participants were express their views by saying *"HBVCT is a noble idea, very interesting idea and good idea"*

Heads of health office and HAPCO said that *"We can achieve very good result if we implement it."*

One VCT counselor in the district said that "*a woman with multiple pregnancies without knowledge of her sero-status has two HIV positive children at the end. If we implement home based VCT we can address such type of problems to those communities with little knowledge of HIV/AIDS as well as for those live in the remotest and low/no health service coverage areas."*

Expected advantages and disadvantages of HBVCT

Advantages

The most cited expected advantages of HBVCT mentioned by majority of in-depth interview study participants were *"we might achieve better coverage and maximum utilization of VCT service, the service might be accessible for both sexes as well as for all family, it might prevent disclosure problems among couples and also it might be one way of educating the family on HIV/AIDS."*

As mentioned by VCT counselor and HIV related officers on in-depth interview "*if HBVCT is implemented stigma and discrimination might be minimized because all households are visited equally, all family members might be screened easily; especial for women because most of the times they can't go to health facility due to so many problems like work load in the household, cultural problems and economical dependency to her husband and also it might minimize social and economic impacts of HIV/AIDS in the district in perspective of early detection of HIV infection."*

ART nurse in the district said that *"if HBVCT is implemented linkage problem for treatment, care and support service for those who are HIV positives may be minimized as compare to existing facility based and mobile VCT service and also it is very nice to trace lost to follow up cases because currently it is difficult to trace lost follow up cases because of wrong address given by the patient while in registering in both VCT clinic as well as in chronic ART clinic. But if HBVCT is implemented it might prevent such problems by registering patients correct address while HIV counseling and testing as well as linking to chronic ART clinic"*

ART nurse in the district also said that *"if HBVCT is implemented it might make easy to give home based care, currently we face problems while conducting on home based care due to fear of stigma and discrimination unless similar chronic patients in their neighbor that are visited by health professionals, patients are not willing to have home based care or to be visited by health professionals. If HBVCT is implemented health professionals are expected to visit all households while conducting HBVCT, this might facilitate home based care."*

Disadvantages HBVCT

As mentioned by both heads of health office and HAPCO *"HBVCT may need additional personal and material cost"*

As VCT counselor said that "*if HBVCT is implemented, there might be provider work load and providers might also tired and negligent because majority of rural household are sparsely distributed."*

Risks of HBVCT on both counselor and community

Majority of in-depth participants said that, *"Due to poor knowledge there might be bad/ negative attitude towards health professional"*

One health extension workers said that, "*There might be bad reaction (rape) if the counselor is female"*

A VCT counselor said that *"There may be a consequence of family breakage and Unfaithfulness between the partners if discordance result is happened"*

6. DISCUSSION

In Ethiopia, there is low VCT service utilization according to EDHS 2005. This study has tried to assess willingness to undergo voluntary HIV counseling and testing at home, magnitude of VCT utilization, factors influencing VCT service utilization among individuals of age group 15-49 years in chagni town administration and Gangua wereda.

A very important finding of this study is that most (92.7%) respondents were willing to undergo HIV counselling and testing at home. This finding was high as compare to study done on home based HIV counselling and testing in Zambia, 79% of the study subjects were willing to undergo HIV test at home(12). But more or less this finding is comparable with the study done on feasibility, acceptability and cost of home based HIV counseling and testing in rural Kenya, 97.6% of the respondents agreed to be tested at home (25). And also this study was in line with the study done on home based HIV counselling and testing in Uganda ,90% of men and 86% of women were agree to HIV test at home(26). Qualitative results also support HBVCT *"HBVCT is a noble idea, very interesting idea and good idea"*

Study participants who ever had HIV test were more likely to be willing to have HIV test at home. This is probably due to respondents who ever had HIV test had good knowledge about HIV/AIDS than their counter parts, the other main reason could be, so as to disclose their HIV sero status by repeating HIV test at home with their partners as well as with their family. Other important finding in this study was, study participants who ever had sexual intercourse were more likely to be willing to have HIV test at home than their counter parts. This might be due to perceived risk of HIV infection. It is also very important opportunity for the district to trace HIV at risk population. The respondents who knew availability of VCT service in their locality also had statistically significant association with willingness to have HIV test at home. This is probably the respondents who knew availability of VCT service in their locality had better awareness on VCT service than their counter parts.

The most mentioned expected advantages of home based HIV counseling and testing were it minimizes time, it makes easy to test all family members, it minimizes transport cost, it minimizes fear of medical staff in unfamiliar medical setting, it minimizes stigma and discrimination, it minimizes gender inequality of testing and it makes easy to disclose HIV sero-status to their couples as well as to their families. These finding were somewhat supported by

the study done in rural Uganda, home based HIV counseling and testing; eliminate more or less gender inequalities of testing(11). Other study in Kenya also indicated that home based HIV counseling and testing can minimize stigma and discriminations and makes opportunities for repeat testing and disclosure their HIV sero-status to their couples and family members easily (25).

The in-depth interview respondents also supported the above finding by saying, *"we might achieve better coverage and maximum utilization of VCT service, the service might be accessible for both sexes as well as for all family, it might prevent disclosure problems among couples, stigma and discrimination might be minimized because all households are visited equally, all family members might be screened easily; especial for women because most of the times they can't go to health facility due to so many problems like work load in the household, cultural problems and economical dependency to her husband and also it might minimize social and economic impacts of HIV/AIDS in the district in perspective of early detection of HIV infection."*

Majority of study subjects, (76.6%) preferred weekends and holydays as convenient time for HBVCT. This might be due to majority of the community in the study area might be free at weekends and holydays.

In this study, less than half (39.6%) of study participants ever had HIV test. this result is comparable with study done in Lasta district in Amhara region 41.2% study participants ever had HIV test (22). But this figure is considerably very high as compare to EDHS 2005 report, only 5% of men and 4% of women in Ethiopia and 4% men and 1.8% of women in Amhara region were under gone HIV test in their life time(3). This huge increment from EDHS 2005 might be due millennium HIV campaign (2007-2008) mostly targeted to scale up of VCT service in the district as well as in the nation.

Married study subjects had higher VCT service utilization in this study. This finding was in line with other study done in Amhara region (19). This might be due to currently those individuals who are going to marry are requested to have HIV test before marriage in each districts as an obligation by kebele leader. The most cited reasons for seeking HIV testing in this study was to know self status followed by to plan future life. *This finding also supported by qualitative response "Most of the time our community uses VCT to know their status."*

As study revealed individuals who had good knowledge about HIV/AIDS were more likely to utilize VCT service than those who had poor knowledge of HIV/AIDS. This finding was in line with other similar study done in Amhara region (19).

The most cited reasons for not being tested for HIV were partner and self trust, fear of knowing HIV test results, didn't believe it will help and not near by the VCT service. The qualitative finding also supports this finding "*fear of knowing their status, to hide themselves, fear the usual place/ provider/ are the main reasons for not using VCT services.*"

Study subjects who had none stigmatizing and discriminating attitude were more likely to utilize VCT service than their counter parts. This study finding was in line with similar study done Amehara (19).

7. Strengths and Limitations of the study

Strength

- The use of both quantitative and qualitative methods of data collection enables us to have better information and supplement the quantitative findings.
- High response rate.
- Since there is no similar study conducted in the area (country), it can contribute a lot as baseline information for future studies.

Limitations

- Social desirability bias due to sensitive and personal question related to sexuality.
- Limitation of related literature to compare and discuss some of the findings.
- Because the data are cross-sectional, the direction of causal relationship between variables can't always be determined.

8. Conclusion

Taking the limitations in to consideration, this study has revealed some important findings related to willingness of Home based HIV counselling and testing service and some factors influencing VCT service utilization in chagni town administration and Guangua wereda. From these findings it is possible to conclude that:

- Majority of the study participants (92.7%) were willing to undergo HIV counseling and testing at home
- The respondents who ever had HIV test, participants who knew availability VCT service in their locality and respondents who ever had sexual intercourse were associated with willingness to have HIV counseling and testing at home.
- Majority of the study participants prefer weekends and holydays to undergone home based HIV counseling and testing.
- Even if 92.7% of the respondents were willing to undergo HIV counseling and testing at home, only 39.6% of the study subjects ever had HIV test in this study. This indicates that there is huge gap between the willingness and the utilization VCT service.

- Still more than half of (65.6%) the study participants had stigmatizing and discriminating attitude.
- Being married, individuals who had good knowledge about HIV/AIDS and individuals who had none stigmatizing and discriminating attitude were more likely to utilize VCT service.
- Majority of the study participants respond that their main reasons, for not being HIV test were partner and self trust followed by fear to know results.

9. Recommendations

Based on the findings the following recommendations are forwarded:

- BCC/IEC activities should be strengthened by wereda health office wereda HAPCO and other organizations working on HIV/AIDS, through health education to promote VCT service utilization, to increase knowledge of HIV/AIDS and to reduce stigma and discrimination.
- Home based HIV counselling and testing should be implemented by wereda health office, wereda HAPCO and other organizations working on HIV/AIDS by integrating to existing Health Extension Package. So as to:
    - Increase universal accessibility VCT service.
    - Stimulate intra-household and inter-generational communication about HIV/AIDS.
    - Reduce the gap between the willingness and utilization of VCT service.
- Other study should be conducted on feasibility and acceptability of HBVCT while implementing home based HIV counseling and testing in the study area.
- Home based HIV counseling and testing should be implemented at weekends and holydays so as consider participants needs and so as to get majority family members at home.

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Annex I Questionnaires English version

Annex II Study information sheet

Good morning/Good after noon I am-------------------working as a data collector of Chagni and Guangua wereda kebeles in this study, that run by Addis Ababa University School of Public Health. The purpose of this study is to assess determinate factors of VCT utilization and willingness of home based voluntary HIV counseling and testing service among adult (15-49 years) who reside in Chagni town and Guangua wereda. The information you give us could help to design appropriate, acceptable and accessible VCT program for the community. The study will be conducted through interview. There is some general and in-depth personal question but, no risk involved in participating the study; and the study not takes more than 20 minutes. Your answer is completely confidential; your name is not written on this form. If you don't want to answer any question you may end this interview at any time you want to. However your honest truth answer to this question will help as better understanding for our study problems and for future action.

Do you have any questions?

If you have any question you can contact the principal investigator at any time convenient for you using the following address:

Name: Bogale Tessema Phone number: 0913139977

Address: Addis Ababa, Ethiopia E-mail: boge_md@yahoo.com or tessema.boge@gmail.com

Now please tell me if you agree to participate in the interview.

If the Participant agrees then continue, if not stop.

Consent Form

I, the selected participant, heard the information in the study information sheet and understood the purpose, benefit, and what is required from me and what happen to me if I take part in the study. I understood that all the information regarding me, all answers given by me must not be transferred to the third party. I also understand that I can decide whether or not to take part in the study or even withdraw from the study at any time.

The participant Sign___________________________

Interviewer Name: ____________________________________ Sign:___________________

Part A. Socio demographic characteristics

NO	Questions and filters	Response coding Categorization	Skip	Code
101	Sex of the respondent	Male--1 Female---2		/-----/
102	Age in year (completed year)	Year /----------/		
103	Residence	Urban---1 Rural---2		/------/
104	What is your marital status?	Single--1 Married-- 2 Widowed--- 3 Separate / divorced----------- -------------------4 Other specify-------------------------------------5		/------/
105	What is the highest level of school you completed?	Unable to read & write----------------------------1 Able to Read and write----------------------------2 Grade 1-8--3 Grade 9-12---4 Above grade 12-----------------------------------5		/------/
106	What is your current occupation?	Government & NGO employed-----------------1 Private org owner----------------------------------2 Daily laborer---------------------------------------3 House wife---4 Merchant---5 Student--6 Jobless---7 Farmer--8 Others, specify------------------------------------9		/------/
107	What is your religion?	Orthodox Christian ------------------------------1 Muslim --2 Protestant---3 Catholic---4 Others specify-------------------------------------5		/------/
108	What is you ethnic group?	Amhara---1 Agew---2 Oromo---3 Shinash--4 Tigrie --5 Other specify --------------------------------------6		/------/
109	What is your monthly income?	Birr /------------/ I don't know---------------------------------------1 No response---------------------------------------2		/------/

Part B. Sexual History

No	Questions and filter	Response coding categories	Skip	Code
201	Have you ever had sexual intercourse?	Yes--1 No--2 No response ---------------------------------91	→ Part C	/-----------/
202	Have you had sexual inter course with multiple partners?	Yes--1 No--2 No response---------------------------------91	Part → C	/-----------/
203	Have you used condom with multiple sexual partners?	Yes--1 No--2 No response---------------------------------91	→ Part C	/-----------/
204	How often used condom with	Always---1		

	multiple sexual partners?	Sometimes-----------------------------------2 No response--------------------------------91		**/----------/**

Part C. Knowledge, attitude and perception about HIV/AIDS

No	**Questions and filter**	**Response coding categories**	Skip	**Code**
205	Have you heard about HIV/AIDS?	Yes---1 No--2	→ Q part D	/----------/ /----------/
206	From where did you hear about HIV/AIDS? (**Interviewer**: do not read out of the option circle if mention more than one answer is possible)	Neighbors -----------------------------------1 Spouse---------------------------------------2 Friends--------------------------------------3 community health volunteers---------------4 Teachers-------------------------------------5 Media--6 Family (father, mother, sister, brother, children)----------------------7 Health institutions----------------------------8 From PLWHA-------------------------------9 Others (specify)------------------------------		/-----------/ /-----------/ /-----------/ /-----------/ /-----------/ /-----------/ /-----------/ /-----------/ /-----------/
207	What are the means of HIV transmission? (**Interviewer**: read out of the option if circle agree more than one answer is possible)	Through un safe sex--------------------------1 From mother to baby -----------------------2 Sharing contaminated Sharp instrument---3 Infected blood transfusion-------------------4 Mosquito bite ---------------------------------5 Sharing meal----------------------------------6 Breathing--------------------------------------7 Do not know------- -----------------------88 Others (specify)-----------------------------		/-----------/ /-----------/ /-----------/ /-----------/ /-----------/ /-----------/ /-----------/ /-----------/
208	How people can avoid being infected with HIV/AIDS? (**Interviewer**: do not read out of the option circle if mention more than one answer is possible)	Abstinence from sex ------------------------1 Faith fullness to partners--------------------2 Using condom-------------------------------3 Avoid contaminated blood transfusion-----------------------------4 Avoiding sharing of sharp materials--------------------------------5 Avoid eating together------------------------6 Protect from mosquito bite-------------------7 Do not know------- -----------------------88 Others (specific)----------------------------		/-----------/ /-----------/ /-----------/ /-----------/ /-----------/ /-----------/ /-----------/ /-----------/ /-----------/
209	Do you think that someone who looks healthy could have HIV/AIDS?	Yes---1 No--2 Do not know--------------------------------88		/-----------/ /----------/
210	How can you know if you or somebody has HIV/AIDS? (**Interviewer**: do not read out of the option circle if mention more than one answer is possible)	Simply by looking----------------------------1 By physical examination of health personnel--------------------------------------2 Go to traditional healer/wizard -------------3 Go to counseling and testing service --------------------------------4 Do not know--------------------------------88 Other (specify)--------------------------------		/-----------/ /-----------/ /-----------/ /-----------/ /-----------/ /-----------/
211	Do you think you might infect by HIV?	Yes---1 No--2 May be---------------------------------------3 Do not know--------------------------------88	→ To Q 213	/-----------/ /-----------/ /-----------/

212	Why do you think that you might infect by HIV? (**Interviewer**: do not read out of the option circle if mention more than one answer is possible)	More than one Sexual partner---------------1 Have had sex without condom---------------2 Have had sexual intercourse with Commercial sex worker----------------------3 Injuries with contaminated sharps--- -------4 Blood transfusion-----------------------------5 Others (specify)----------------------------		/-----------/ /-----------/ /-----------/ /-----------/ /-----------/ /-----------/
213	Why do you think that you might not infect by HIV? (**Interviewer**: do not read out of the option circle if mention more than one answer is possible)	Have never made sexual intercourse--------1 Have abstained from sex---------------------2 One faithful partner--------------------------3 I didn't share contaminated sharps ---------4 I always use condom-------------------------5 Other (specify)-------------- --------------		/-----------/ /-----------/ /-----------/ /-----------/ /-----------/ /-----------/

Part D. Knowledge, attitude and perception about VCT

No	Questions and filter	Response coding categories	Skip	Code
214	Have you heard of voluntary HIV counseling and testing?	Yes---------------------------------------1 No--2 →	To Q 407	
215	From where did you get the information? (**Interviewer**: do not read out of the option circle if mention more than one answer is possible)	Neighbors ------------------------------------1 Spouse--2 Friends--3 community health volunteer----------------4 Teachers--------------------------------------5 Media---6 Family (father, mother, sister, brother, children)--------------------7 Health institutions---------------------------8 PLWH---------------------------------------9 Others (specify)------------------------------		/--------------/ /--------------/ /--------------/ /--------------/ /--------------/ /--------------/ /--------------/ /--------------/ /--------------/
216	Is VCT available in your area?	Yes---1 No--2		/--------------/
217	Where is the service located in your area?	Health center---------------------------------1 Private clinics--------------------------------2 Others (specify)------------------------------		/--------------/
218	How long in time did it take to get the service site in your locality by foot walk?	Hours _______________		/--------------/
219	Do you know where you can get the service other than your area? (**Interviewer**: do not read out of the option circle if mention more than one answer is possible)	Hospital---------------------------------------1 Health center---------------------------------2 Family guidelines---------------------------3 Private clinic----------------------------------4 Don't know---------------------------------88 Others (specify)----------------------------		/--------------/ /--------------/ /--------------/ /--------------/ /--------------/ /--------------/
220	Please don't tell me your result have you ever had VCT in the past?	Yes-------------------------------------1 No---------------------------------------2 →	Q 317	/--------------/
221	When did you test for	Before three month----------------------1 Before six month----------------------------2 Before one year ----------------------------3 I don't know-------------------------------88		/--------------/ /--------------/ /--------------/ /--------------/

222	What was the reason for having HIV test? (**Interviewer**: do not read out of the option circle if mention more than is possible	Voluntary--------------------------------------1 Ordered by health worker—-----------------2 Required for work----------------------------3 Required for visa-----------------------------4 Others (specify)-------------------------------		/--------------/ /--------------/ /--------------/ /--------------/ /--------------/
223	If voluntary for what reason? (**Interviewer**: do not read out of the option circle if mention more than one answer is possible)	To know self status--------------------------1 To plan future life----------------------------2 For marriage---------------------------------3 Pregnancy-------------------------------------4 For blood donation---------------------------5 Other (specify)------------------------------		/-------------/- /-------------/- /-------------/ /--------------/ /--------------/ /--------------/
224	Where did you take the test?	Mobile VCT---------------------------------1 Health center----------------------------------2 Work place------------------------------------3 Other specify ---------------------------------		/--------------/ /--------------/ /--------------/
225	Did you have counseling during HIV test?	Yes---------------------------------------1 No--2		/--------------/ /--------------/
226	When did you receive counseling? (**Interviewer**: read out of the option)	Before HIV test ------------------------1 After HIV test -------------------------2 Before and after HIV test -------------3 Other/specify-----------------------------		/--------------/ /--------------/ /--------------/
227	Did you satisfied for the services given?	Yes---1 No---2 →	Q316	/--------------/ /--------------/
228	What are the reasons was for satisfied? (**Interviewer**: do not read out of the option circle if mention more than one answer is possible)	Warm reception-----------------------------1 Quick service--------------------------------2 Confidentiality -------------------------------3 Privacy---4 Ability of health of health care workers--5 Referral for care and support---------------6 Free service----------------------------------7 Brief counseling------------------------------8 Others (specify)--------------------------		/--------------/ /--------------/ /--------------/ /--------------/ /--------------/ /--------------/ /--------------/ /--------------/
229	If No for Q314 what was the reason? (**Interviewer**: do not read out of the option circle if mention more than one answer is possible)	No warm reception---------------------------1 Long waiting time----------------------------2 Lack of confidentiality----------------------3 Lack of privacy-------------------------------4 The counseling given was not clear-------5 No referral for care and support-----------6 Other specify----------------------------------		/--------------/ /--------------/ /--------------/ /--------------/ /--------------/ /--------------/
230	If No for Q 301 what is the reason you did not have VCT before. (More than one answer is possible)	Do not know where to get-------------------1 Do not believe it will help------------------2 Partners and self trust------------------------3 Afraid to get the result-----------------------4 Do not know about it ------------------------5 Partner refusal--------------------------------6 No near by the service-----------------------7 Fear of stigma--------------------------------8 Cost of service--------------------------------9 I have no time------------------------------10 Others (specify)-----------------------------11		/--------------/ /--------------/ /--------------/ /--------------/ /--------------/ /--------------/ /-------------/ /--------------/ /--------------/
231	Do you think counseling is important for HIV testing?	Yes---------------------------------------1 No--2 Do not know----------------------------88		/--------------/ /--------------/
232	Who do you think benefits from testing?	HIV positive person-------------------------1 HIV negative person-------------------------2		/--------------/ /--------------/

	(Interviewer: Read out option)	For all humans----------------------------------3 Do not know---------------------------------88		/--------------/
233	Which method do you prefer if both methods are available?	Confidential testing------------------------1 Anonymous testing------------------------2 Other specify---------------------------------		/--------------/ /--------------/
234	If you have HIV test Which way do you prefer to obtain the HIV test result? (Interviewer: Readout option)	Face to face---------------------------------1 Telephone------------------------------------2 Secretary letter------------------------------3 Relative/ Partner ---------------------------4 Other (specify)----------------------------		/--------------/ /--------------/ /--------------/ /--------------/
235	Do you think that VCT is important to prevent the transmission of HIV/AIDS?	yes---------------------------------------1 No---2		/--------------/ /--------------/
236	What are the advantages? (**Interviewer**: do not read out of the option circle if mention more than one answer is possible)	Prevention of partners/others---------------1 Knowing self----------------------------------2 Self care for future life----------------------3 Prevent mother to child transmit ion------4 Choosing partner-----------------------------5 To plan future life----------------------------6 To start antiretroviral treatment------------7 Others (specify)----------------------------		/--------------/ /--------------/ /--------------/ /--------------/ /--------------/ /--------------/ /--------------/
237	When does person should have a test for HIV? (**Interviewer**: do not read out of the option circle if mention more than one answer is possible)	Any time--------------------------------------1 During illness---------------------------------2 Before marriage------------------------------3 During travel to abroad----------------------4 In doubt--5 Before/ During pregnancy------------------6 Other (specify)--------------------------------		/--------------/ /--------------/ /--------------/ /--------------/ /--------------/ /--------------/
238	Who do you think should go for an HIV/ AIDS test? (**Interviewer**: do not read out of the option circle if mention more than one answer is possible)	Sex workers-----------------------------------1 Partner of sex workers-----------------------2 Those to be married--------------------------3 Any one sexually active---------------------4 Those with multiple partners----------------5 Those who are sick---------------------------6 Others (specify)-------------------------------7		/--------------/ /--------------/ /--------------/ /--------------/ /--------------/ /--------------/
239	By whom do you prefer to get VCT counseling? (**Interviewer**: Read out of the option circle if mention more than one answer is possible)	Physician (Doctor)--------------------------1 Nurse---2 Trained counselor----------------------------3 Trained health extension worker-----------4 Religious leader-----------------------------5 Community leader---------------------------6 HIV/AIDS positive people------------------7 Others (specify)------------------ ----------		/--------------/ /--------------/ /--------------/ /--------------/ /--------------/ /--------------/ /--------------/
240	Are you willing to have VCT whether you had it before or not? (Interviewer: read this question for both tested and not tested)	Yes--1 No---2		/--------------/ /--------------/
241	Where would you go?	Government health institution having VCT center--1 Private health institution--------------------2 Waite until Mobile VCT counselor come-------------------------------3 Others (specify)------------------------------		/--------------/ /--------------/ /--------------/

PART F. Stigma and Discrimination

242	If your test is positive for HIV, would you tell for any of the following individuals about your test result? (**Interviewer**: please read all the option that apply more than one answer is possible)	Your spouse----------------------------------1 Your family----------------------------------2 Your sexual partners-------------------------3 Your relatives---------------------------------4 Your neighbor--------------------------------5 Your religious leaders----------------------- 6 Your community leader-------------------- 7 your employer's -----------------------------8 Your friends----------------------------------9 Others (specify)-----------------------------		/--------------/ /--------------/ /--------------/ /--------------/ /--------------/ /--------------/ /--------------/ /--------------/ /--------------/
243	If your tests is positive for HIV and prefer to disclose your HIV test result, how likely is it that the following might happen to you? (**Interviewer**: please read all the option that apply more than one answer is possible)	Neglected by family--------------------------1 Martial breakage-----------------------------2 Physical abuse by Spouse/ sexual partner-3 Neglected by friends-------------------------4 Increased emotional Support from family and relatives----------------------------------5 Increased emotional support from peers spouse/ sexual partners---------------------6 Increased emotional support----------------7 from health professionals Break up of sexual relationship------------8 Others (specify)-------------------------------		/--------------/ /--------------/ /--------------/ /--------------/ /--------------/ /--------------/ /--------------/ /--------------/

Part G: Willingness of home based HIV counseling and testing

No	Questions and filter	Response coding categories	Skip	Code
244	Do you agree if HIV counseling and testing service is assigned in house to house	Yes-----------------------------------1 No-------------------------------------2 Don't know-----------------------88		/--------------/ /--------------/
245	If HBVCT given do think has any advantage?	Yes-----------------------------------1 No-------------------------------------2	To →Q247	
246	What is the advantage of HBVCT? (**Interviewer**: please read all the option that apply more than one answer is possible)	It minimize time-------------------------1 It minimize stigma and discrimination- ---2 It minimize gender in equality---------3 All family members are test easily----4 It minimize transport cost---------------5 It helps easy to disclose HIV sero-status to the sexual partner/spouse / family member/------------------------6 It minimize fear of medical staff in unfamiliar medical settings-------------7 other specify---------------------------		/--------------/ /--------------/ /--------------/ /--------------/ /--------------/ /--------------/ /--------------/
247	Why do you think HBVCT has no any advantage? (**Interviewer**: please read all the option that apply more than one answer is possible)	It is not acceptable to me---------1 Because VCT site/health center/is close to my home------------------2 Confidentiality is not maintain---------3 giving blood at home is not acceptable me----------------------4 others-------------------------------		/--------------/ /--------------/ /--------------/ /--------------/
248	Are you willing to have HIV test if VCT service is given to your home?	Yes-----------------------------------1 No-------------------------------------2		/--------------/ /--------------/

249	What is your choice to have HIV test? If you want to test and in all place VCT service with skilled counselor are available	Hospital-----------------------------1 Health center----------------------2 House to house--------------------3 Work place-------------------------4 When mobile VCT provide ----5		/-------------/ /-------------/ /-------------/ /-------------/ /-------------/
250	Which time, you think, is convenient for HBVCT service delivery?	Normal working days/hours------1 Normal working days including lunch hours------------------------2 Normal working days and late afternoons (5 PM – 6PM)--------3 Normal working days and weekends---------------------------4 Weekends and holydays only----5 Others specify--------------------		/-------------/ /-------------/ /-------------/ /-------------/ /-------------/

In-depth interview

1. What looks like VCT service in your area? In perspective of Accessibility, utilization and adequateness
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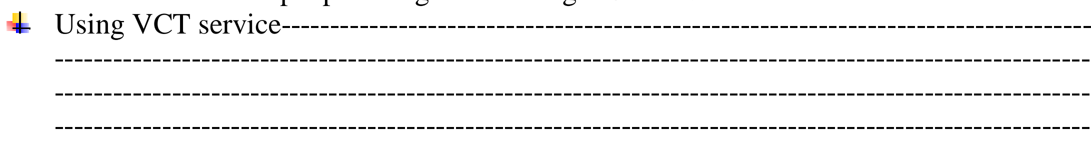
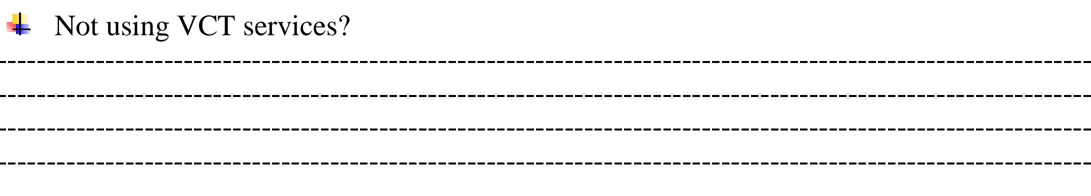
2. What are the usual reasons people using or not using VCT services?
   - Using VCT service--

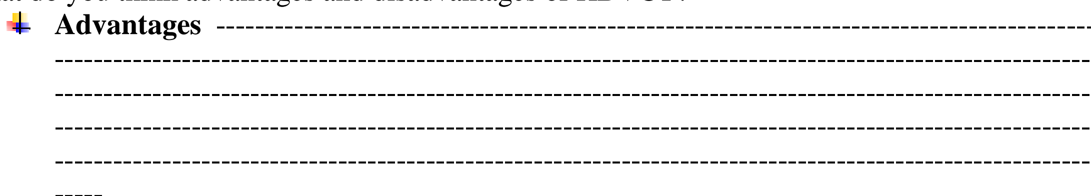


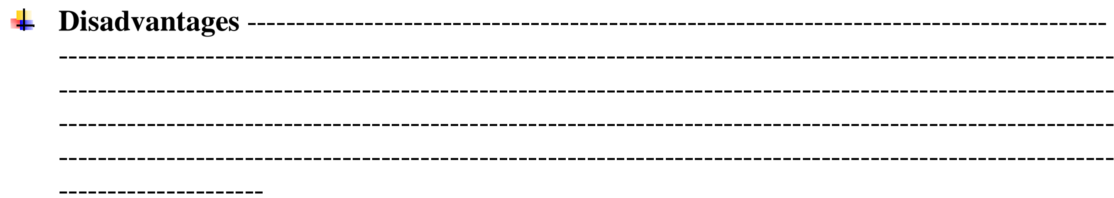
   - Not using VCT services?



3. What do you think VCT service is assigned to house to house?

   ----
4. What do you think advantages and disadvantages of HBVCT?
   - **Advantages** ---





- **Disadvantages** --

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5. Do you think HBVCT is socially acceptable and not disruptive?

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6. What are the risks of HBVCT? For both counselor and community
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Annex III. በአማርኛ የቀረበ የዳሰሳ ጥያቄ

በአዲስ አበባ ዩኒቨርሲቲ የህብረተሰብ ጤና ት/ክፍል

ሀ . የጥናቱ መግለጫ ፎርም

እደምን አደሩ/ዋሉ እኔ----------------- በአዲስ አባባ ዩንቨርስቲ በህብረተሰብ ጤና ት/ህርት ክፍል አማካኝነት ከቻግኒ ከተማ እና ጓንጓ ወረዳ ለሚካሄደዉ ጥናት መረጃ ሰብሳቢ ሆኘ የመጣሁ ሲሆን የጥናቱም አላማም፡-በበጎ ፈቃደኝነት ላይ የተመሰረተ የኤች አይቪ የምክር እና የምርመራ አገልግሎት ለመጠቀምና ላለመጠቀም ዋና ዋና ምክንያቶች ምን ምን እንደሆኑ እና አገልግሎቱ ቤት ለቤት ቢጥ ፍላጎትን በተመለከተ መረጃዎችን ከቻግኒ እና ጓንጓ ወረዳ ዉስጡ ከተመረጡ ቀበሌዎች ፣ቤቶች ከ 15-49 ዓመት ካሉ ወጣት ነዋሪዎች እሰበሰባለሁ፤ የሚሰጡኝም መረጃ አመቺ፣ ተቀባይነት ያለዉ እና ቅርብ የሆነ የኤች አይቪ የምክር እና የምርመራ አገልግሎት ለህብረተሰቡ እዲኖር ለማድረግ ያስችላል፡፡ጥናቱ የሚካሄደዉ በቃለ ምልልስ ሲሆን፤ አንድ አንድ ጠቅለል ያሉና እና ጥልቅ ሚሰጥራዊ የሆኑ ጥያቄዎችን ልጠይቀዎ እችላለሁ፤ ነገርግን እዚህ ጥናት ላይ በመሳተፎ ምንም አይነት ችግር አይደርስብዎትም፤ ከ20 ደቂቃ በላይም አልወስድብዎትም፤መልስዎም በሚስጥር የተጠበቀ ነዉ፤ስምዎም እዚህ ቅፅ አይፃፍም እና በማንኛዉም ጊዜ ጥያቄዎችን መመለስ ካልፈለጉ ማቆረጥ ይችላሉ፡፡ነገርግን እርስዎ የሚሰጡኝ ግልፅ እና እዉነተኛ የሆነ መልስ ያሉተን ችግሮች በደንብ አዉቀን ለወደፊቱ የተሻለ አገልገሎት ለመስጠት ይረዳናል፡፡

ስለጥናቱ ጥያቄ አለዎት?
ካለውት ጥናቱን በሃላፊነት የሚመራውን ከዚህ በታች በተጠቀሰው አድራሻ አግኝተው ማናገር ይችላሉ ፡፡
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አድራሻ ፤ አዲስ አበባ

አሁን በዚህ ጥናት ላይ ለመሳተፍ ፈቃደኛ ነዎት?

አዎን ---------------------------፡፡ ይቀጥሉ

ፈቅደኛ አይደ ለሁም----------------------------------፡፡ ያቁሙ

ለ . የፈቃደኝነት መግለጫ ፎርም

እኔ የጥናቱ ተካፋይ ከላይ በጥናቱ መግለጫ የተገለፀውን ሰምችያለሁ፤ የጥናቱን አላማና ጥቅም እንድሁም ከእኔ ምንእንደሚፈለግ ተረድችያለሁ፤ በተጨማሪም ማናኛውንም እኔን የተመለከተ መረጃ ወደ ሶስተኛ ወገን እንደማይተላለፍ እና በየትኛውም ጊዜ ጥናቱን አቋርጬ መውጣት እንደምችል ተገንዝብያለሁ፡፡

የጥናቱ ተካፋይ ፊርማ--

ፈቃደኝነቱ ያረጋገጠው መረጃ ሰብሳቢ ስም-----------------------------------
ፊርማ ----------------------
አመሰግናለሁ !!

ክፈል አንድ መሰረታዊ የግል መረጃዎቸ

ተ-ቁ	ጥያቄዎች	አማራጭ መልሶች	ይለፍ	ኮድ
101	ፆታ?	ወንድ--- -1 ሴት--- 2		/------/
102	የሚኖሩት የት ነዉ	ከተማ-- 1 ገጠር--- 2		/------/
103	እድዎ ስንት ነዉ?	በአመት--------------------		
104	የጋብቻ ሁኔታ?	ያላገባ/ች--- -1 ያገባ/ች--- 2 ባል/ሚስት የሞተባት/ችበት---------------------------- --3 የፈታ/ች-- 4 ሌላ ይግለፁ--- --		/------/
105	የትምህረት ደረጃዎ?	ማንበብ እና መፃፍ አይችልም--------------------- -----1 ማንበብ እና መጻፍ ብቻ ይችላል-------------------- ----2 ከ 1-8ኛ ክፍል-- --3 ከ 9-12 ኛ ክፍል------------------------------------- ---4 ከ 12 ኛ በላይ-- --5		/------/

106	ስራዎት ምንድነዉ?	የመንግስት/መንግስታዊ ያልሆነ ድርጅት/ሰራተኛ--------1 የግል ድርጅት ባለቤት ---------------------------------2 የቀን ስራ---3 የቤት እመቤት--4 ንግድ---5 ተማሪ--6 ስራአጥ---7 ገበሬ---8 ሌላ ይግለፁ--		/------/
107	ሀይማኖትዎ ምድን ነዉ?	ክርስትያን ኦርቶዶክስ-----------------------------------1 እስልምና--2 ክርስትያን ኘሮቴስታንት--------------------------------3 ሌላ ይግለፁ--		/------/
108	የየትኛዉ ብሄረሰብ ነዎት	አማራ---1 አገዉ--2 ኦሮሞ---3 ሽናሻ---4 ሌላ ይግለፁ--		/------/
109	የእረስዎ የወር ገቢዎ ስንት ነዉ?	ብር--- አላዉቀዉም--- መልስ ያልሰጡ--------------------------------------9 1		/------/

ክፍል ሁለት፡ የግብረስጋ ግንኙነትን እና የኮንገም አጠቃቀምን የሚመለከቱ ጥያቄዎች

ተ-ቁ	ጥቄዎች	አማራጭ መልሶች	ይለፍ	ኮድ
201	ግብረስጋ ግንኙነት አድርገዉ ያዉቃሉ?	አዎን--1 የለም--2 መልስ ያልሰጡ------------------------------------	ወደ ተ.ቁ 205	/------/

		-- 91		
202	ከአሁን የፆታ ጓደኛዎ ዉጭ ከሌላ ሰዉ ጋር የግብረ ስጋ ግንኙነት አድርገዉ ያዉቃሉ?	አዎን---1 የለም---2 መልስ ያልተሰጡ-------------------------------------91		/------/
203	በግንኙነት ጊዜ ኮዶም ተጠቅመዉ ያዉቀሉ?	አዎን---1 የለም---2 መልስ ያልተሰጡ-------------------------------------91	ወደ ተ.ቁ 205	/------/
204	ኮንደም መቸ መቸ ይጠቀማሉ?	ሁልጊዜ--1 አንዳ አንድ ጊዜ---------------------------------------2 መልስ ያልተሰጡ-------------------------------------91		/------/

ክፍል ሶስት ስለ ኤች አይቪ ኤድስ እዉቀትን፡ አመለካከትን፡ እዲሁም ለበሽታዉ የመጋለጥ እሳቤን የሚያመለክቱ ጥያቄዎች

ተ-ቁ	ጥያቄዎች	አማራች መልሶች	ይለፍ	ኮድ
205	ኤች አይቪ ኤድስ ተብሎ የሚጠራዉን በሽታ ሰምተዉ ያዉቃሉ?	አዎን---1 የለም---2	ወደ ተ.ቁ 214	/---------/
206	ስለ ኤች አይቪ /ኤድስ መርጃ የሰሙት/ያገኙት ከየትነዉ?(**ለጠያቂዉ፡ምረጫ ዉንእዳያነቡላቸዉ** ከተዘረዘሩት ዉስጥ ከጠቀሱ ያከብቡት ከአንድ በላይ መልስ መመለስ ይችላል)	ከጎረቤት---1 ከባሌ/ሚሰቴ---2 ከጓደኛ--3 ከህብረተሰብ ጤና ሃይላት-------------------------------4 ከመምህራን--5 ሬድዮ/ቴለቪዥ'ን---------------------------------------6 ከቤተሰብ(አባት፣ እናት፣ልጅ፣ወንድም፣እህት---------------7 ከጤና ተቋማት--8 ሌላ ይገለፅ---		/---------/ /---------/ /---------/ /---------/ /---------/ /---------/ /---------/ /---------/
207	የኤች አይቪ ኤድስ መተላለፊያ መንገዶች ምንድን ናቸዉ? (**ለጠያቂዉ፡ምረጫዉን እዲያነቡላቸዉ** ከተዘረዘሩት ዉስጥ ከጠቀሱ ያከብቡት ከአንድ በላይ መልስ መመለስ ይችላል)	ልቅ የሆነ ግብረስጋ ግንኙነት-----------------------------1 ከናት ወደ ልጅ---2 የተበከሉ ስለታም እቃዎችን በጋራ በመጠቀም-----------3 የተበከለ ደም ልገሳ-------------------------------------4 በትንኝ ንክሻ--5 በጋራ በመመገብ--6		/---------/ /---------/ /--------/ /---------/ /---------/ /---------/ /---------/ /---------/

		በትንፋሽ---7 አላዉቀዉም--88 ሌላ ይገለፅ---		
208	አንድ ሰዉ ከኤች አይቪ ኤድስ እንዴት መከላከል ይችላል? (**ለጠያቂዉ፡**ምረጫዉን **እዳያነቡላቸዉ** ከተዘረዘሩት ዉስጥ ከጠቀሱ ያከብቡት ከአንድ በላይ መልስ መመለስ ይችላል)	ከግብረስጋ ግንኙነት በመታቀብ-------------------------1 አንድ ለአንድ በመወሰን---------------------------------2 ኮዶም በመጠቀም---3 የተበከለ ደም ልገሳን በማስቀረት------------------------4 ስለታም እቃዎችን በጋራ አለመጠቀም-------------------5 በጋራ ምግብ አለመመገብ---------------------------------6 ከትንኝ ንክሻ መከላከል-----------------------------------8 አላዉቀዉም--88 ሌላ ይገለፅ--		/---------/ /---------/ /---------/ /---------/ /---------/ /---------/ /---------/ /---------/ /---------/
209	ጤነኛ የሚመስል ማንኛዉም ሰዉ ኤች አይቪ ቫይረስ ሊኖረዉ ይችላል ብለዉ ያስባሉ?	አዎን---1 የለም--2 አላዉቀዉም---88		/---------/
210	እርሰዎ ወይም ማንኛዉም ሰዉ ኤች/አይቪ ቫይረስ እዳለበት እነዴት ማወቅ ይቻላል? (**ለጠያቂዉ፡**ምረጫዉን **እዳያነቡላቸዉ** ከተዘረዘሩት ዉስጥ ከጠቀሱ ያከብቡት ከአንድ በላይ መልስ መመለስ ይችላል)	በአይን በመመልከት------------------------------------1 በጤና ባለሙያ በሚደረግ ምረመራ---------------------2 በባህል ህክምና አዋቂ/ጠንቋይ/---------------------------3 በኤች አይቪ ኤድስ የምክርና ምርመራ አገልግሎት----------4 አላዉቀዉም---88 ሌላ ይገለፅ---------------------------------------		/---------/ /---------/ /---------/ /---------/ /---------/
211	እስከ አሁን ባለዉ ጊዜ ለኤች አይቪ ኤድስ ልጋለጥ የምችልበት አጋጣሚ ይኖራለ ብለዉ ያስባሉ?	አዎን---1 የለም--2 ምናልባት--3 አላዉቀዉም---88	ወደ ተ.ቁ 214	/---------/
212	ልጋለጥ እችላለሁ የሚሉበት ምክንያት ምንድን ነዉ? (**ለጠያቂዉ፡**ምረጫዉን **እዳያነቡላቸዉ** ከተዘረዘሩት ዉስጥ ከጠቀሱ ያከብቡት ከአንድ በላይ መልስ መመለስ ይችላል)	ከአድ ሰዉ በላይ የግብረስጋግንኙነት ሰለፈፀምኩኝ---------1 ያለ ኮንደም የግብረስጋግንኙነት ሰለፈፀምኩኝ--------------2 ከሴተኛ አዳሪ ጋር ግብረስጋ ግንኙነት ሰለ ፈፀምኩኝ-------3 በተበከሉ ስለታማእቃዎች ጉዳት ስለደረሰብኝ----------		/---------/ /---------/ /---------/ /---------/ /---------/

		----4 የደም ልገሳ ስለተደረገልኝ-----------------------------------5 ሌላ ይገለፅ---		
213	አልተጋለተኩኝም የሚሉነት ምክንያት ምንድን ነዉ? (**ለጠያቂዉ፡**ምረጫዉን **እዳያነቡላቸዉ** ከተዘረዘሩት ዉስጥ ከጠቀሱ ያከብቡት ከአንድ በላይ መልስ መመለስ ይችላል)	የግብረስጋግንኙነት ፈፅሜ አላዉቅም-------------------------1 ከግብረስጋ ግንኙነት ስለታቀበኩኝ---------------------------2 አንድ ለአንድ በታማኝነት ሰለፀናሁኝ-----------------------3 ስለታም እቃዎችን በጋራ ተተቅሜ ስለማላዉቅ------------4 ሁሌ ኮዶም ሰለምጠቀም----------------------------------5 ሌላ ይገለፅ---		/---------/ /---------/ /---------/ /---------/ /---------/ /---------/

ክፍል አራት፡ በፍቃደኝነት የተመሰረተ የ ኤች አይቪ የምክር እና የመርመራ አገልግሎትን እዉቀትን፣ ግንዛቤን፣ ፍላጎትን፣ ተግባርን የሚመለከቱ ጥያቄዎች፡፡

ተ-ቁ	ጥቄዎች	አማራጭ መልሶች	ይለፍ	ኮድ
214	በፈቃደኝነት ሰለሚደረግ የኤች አይቪ የምክር እና የምርመራ አገልግሎት ሰምተዉ ያዉቃሉ?	አዎን--1 የለም--2	ወደ ተ.ቁ 242	/---------/
215	በፈቃደኝነት ሰለሚደረግ የኤች አይቪ የምክር እና የምርመራ አገልግሎትመረጃ ያገኙት/የሰሙት/ ከየት ነዉ? (**ለጠያቂዉ፡**ምረጫዉን **እዳያነቡላቸዉ** ከተዘረዘሩት ዉስጥ ከጠቀሱ ያከብቡት ከአንድ በላይ መልስ መመለስ ይችላል)	ከጎረቤት--1 ከባሌ/ሚስቴ---2 ከጓደኛ---3 ከህብረተሰብ ጤና ሃይላት-------------------------------4 ከመምህራን---5 ሬድዮ/ቴለቪዥን---6 ከቤተሰብ(አባት፣ እናት፣ልጅ፣ወንድም፣እህት------------7 ከጤና ተቋማት---8 ከኤች አይቪ ቫይረስ ጋረ ከሚኖሩ ሰዎች------------------9 ሌላ ይገለፅ---		/---------/ /---------/ /---------/ /---------/ /---------/ /---------/ /---------/ /---------/ /---------/
216	በፈቃደኝነት የሚደረግ የኤች አይቪ የምክር እና የምርመራ አገልግሎት በእረስዎ አከባቢ አለ?	አዎን ---1 የለም---2		/---------/
217	አገልግሎቱ የሚገኘዉ የት ነዉ?	ጤናጣቢያ---1 የግል ክሊኒክ---		/---------/

		---2 ሌላ ይገለፅ--		
218	አገልግሎት የሚሰጥበተን ቦታ ለመድረስ ምን ያህል ሰአት ይወስዳል?	በሰአት--		/---------/
219	በፈቃደኝነት የሚደረግ የኤች አይቪ የምክር እና የምርመራ አገልግሎት ከ አካባቢዎ ዉች የት የት ማግኘት ይችላል? (**ለጠያቂዉ፡ምረጫዉን እዳያነቡላቸዉ** ከተዘረዘሩት ዉስጥ ከጠቀሱ ያከብቡት ከአንድ በላይ መልስ መመለስ ይችላል)	ሆስፒታል--- -1 ጤናጣቢያ--- 2 ቤተሰብ መምርያ-- -3 የግል ክሊኒክ-- -4 አላዉቀዉም--- 88 ሌላ ይገለፅ--		/---------/ /---------/ /---------/ /---------/
220	የምርመራ ዉጤቶትን አይንገሩኝ፣ ነገርግን የኤች አይቪ ምርመራ አደርገዉ ያዉቃሉ?	አዎን-- ----1 የለም-- ---2	ወደ ጥ.ቁ 230	/---------/
221	ምርመራ ያደረጉት መቼ ነበር?	ከ 3 ወር በፊት--- ---1 ከ6 ወር በፊት-- -2 ከ 1 አመት በፊት--- ----3 አላዉቀዉም--- 88		/---------/
222	የኤች አይቪ ምርመራ ያደረጉበት ምክንያት ምንድን ነዉ? (**ለጠያቂዉ፡ምረጫዉን እዳያነቡላቸዉ** ከተዘረዘሩት ዉስጥ ከጠቀሱ ያከብቡት ከአንድ በላይ መልስ መመለስ ይችላል)	በፈቃደኝነት-- --1 በጤና ባለሙያ ሰለ ታዘዘልኝ--------------------------- --2 ስራ ለመቀጠር--- -----3 ወደ ዉጭ ሀገር ለመሄድ-------------------------------- ----4 ሌላ ይገለፅ--- ---		/---------/ /---------/ /---------/ /---------/
223	ምርመራ ያደረጉት በፈቃደኝነት ከሆነ ምክንያቱ ምን ነበር?(**ለጠያቂዉ፡ምረጫዉን እዳያነቡላቸዉ** ከተዘረዘሩት ዉስጥ ከጠቀሱ ያከብቡት ከአንድ በላይ መልስ	እራሴን ለማወቅ--- --1 ሰለወደፊቱ ለማቀድ-------------------------------------- --2 ትዳር ለመመስረት-- --3 በእርግዝና ምክንያት--------------------------------------		/---------/ /---------/ /---------/ /---------/ /---------/

	መመለስ ይችላል)	-4 ደም ለመለገስ--- -5 ሌላ ይገለፅ---		
224	ምርመራዉን ያደረጉት የት ነበር?	ተንቀሳቃሽ በፈቃደኝነት የሚደርግየኤች አይቪ የምክር እና ምርመራ አገልግሎት በሚሰጥበት ጊዜ-------------------1 ጤና ጣቢያ--- --2 ስራ ቦታ--- -3 ሌላ ይገለፅ---		/---------/
225	የኤች አይቪ ምርመራ ባደርጉበት ጊዜ የምክር አገልግሎት ተሰጠዎት ነበር?	አዎን-- --1 የለም-- --2		/---------/
226	የምክር አገልግሎት የተሰጠዎት መቼ ነበር? (**ለጠያቂዉ**፡ምረጫዉን **እዲያነቡላቸዉ** ከተዘረዘሩት ዉስጥ ከጠቀሱ ያክብቡት ከአንድ በላይ መልስ መመለስ ይችላል)	ምርመራዉን ከማድረጌ በፊት------------------------- -------1 ምርመራዉን ካደረጉ በኃላ-------------------------------- -----2 ምርመራዉን ከማድረግዎ በፊት እና በኃላ-------------------3 ሌላ ይገለፅ--------------------------------------		/---------/ /---------/ /---------/
227	በተደረገሎት የኤች አይቪ የምክር እና የምርመራ አገልግሎት እርክተዋል?	1. አዎን-- ----1 2. የለም--→ -2	ወደ ተ.ቁ 229	/---------/
228	በአገልግሎቱ የረኩበት ምክንያት ምድን ነዉ(**ለጠያቂዉ**፡ምረጫዉን **እዳያነቡላቸዉ** ከተዘረዘሩት ዉስጥ ከጠቀሱ ያክብቡት ከአንድ በላይ መልስ መመለስ ይችላል)	ጥሩ የሆነ አቀባበል ስለነበር----------------------------- ----1 ብዙ ሳልቆይ አገልግሎቱን ስላገኝሁ-------------------- ------2 ሚስጥር ስለሚጠበቅ------------------------------------- ----3 ብቻየን በንድ ክፍል ዉስጥ አገልግሎቱ ስለተሰጠኝ-----------4 እክብካቤ እና እርዳታ ለሚያደርጉተቋሞች ሪፈር ስለሚያደረጉ-----------5 አገልግሎቱ በነፃ ስለሚሰጥ------------------------------ ----6 ግልፅ የሆነ የምክር አገልግሎት ስለተሰጠኝ-----------------7 ሌላ ይገለፅ--- -		/---------/ /---------/ /---------/ /---------/ /---------/ /---------/ /---------/ /---------/
229	በአገልግሎቱያልረኩበት ምክንያት ምድን ነዉ?(**ለጠያቂዉ**፡ምረጫዉን	ጥሩ የሆነ አቀባበል ሰላነበር----------------------------- ---1 አገልግሎቱን ለማግኘት ብዙ ስአት ሰለሚወስድ-------		/---------/ /---------/ /---------/

	እዳያነቡላቸዉ ከተዘረዘሩት ዉስጥ ከጠቀሱ ያከብቡት ከአንድ በላይ መልስ መመለስ ይችላል)	-------2 ሚስጥር ስለሚጠበቅ--3 ብቻየን በንድ ክፍል ዉስጥ አገልግሎቱ ስላልተሰጠኝ--------4 የተሰጠኝ የምክር አገልግሎት ግልፅ ሰላልሆነ------------------5 እክብካቤ እና እርዳታ ለሚያደርጉተቋሞች ሪፈር ሰለማያደረጉ---6 ሌላ ይገለፅ---		/---------/ /---------/ /---------/
230	ለጥያቄ ቁጥር 220 መልሱ የለም ከሆነ የአች አይቪ ምረመራ ያላደረጉት ምክንያት ምንድን ነዉ?(**ለጠያቂዉ**:ምረጫዉን **እዳያነቡላቸዉ** ከተዘረዘሩት ዉስጥ ከጠቀሱ ያከብቡት ከአንድ በላይ መልስ መመለስ ይችላል)	አገልግሎት የትእደሚገኝ ሰለማላዉቅ-------------------------1 ይጠቅማል በዮ ሰለማላምን-----------------------------------2 እራሴንና ጓደኛየን ሰለማምን------------------------------3 ዉጤቱን ለማወቅ ስለምፈራ---------------------------------4 ሰለአች አይቪ/ኤደስ የምክርናእና የምርመራ አገልግሎት ሰለማላዉቅ?---5 ጓደኛዮ ሰለማይቀበለኝ------------------------------------6 አገልግሎቱን በቅረብ ሰለማላገኝ-----------------------------7 መገለልን ሰለምፈራ--8 ክፈያዉን መክፈል ሰለምፈራ----------------------------------9 ሌላ ይገለፅ---		/---------/ /---------/ /---------/ /---------/ /---------/ /---------/ /---------/ /---------/ /---------/
231	የምክር አገልግሎት ለኤች አይቪ ምርመር አስፈላጊ ነዉ?	አዎን--1 የለም---2 አላዉቀዉም--88		/---------/
232	የኤች አይቪ ምርመራ በማድረግ ሊጠቀሙ የሚችሉ እነማን ናቸዉ?(**ለጠያቂዉ**:ምረጫዉ ን **እዳያነቡላቸዉ**)	የኤች አየቪ ቫይረስ ላለባቸዉ------------------------------1 ከኤች አይቪ ቫይረስ ነፃ ለሆኑ-----------------------------2 ለሁሉም ሰዉ---3 አላዉቀዉም---88		/---------/ /---------/ /---------/
233	ሰለ ኤች አይቪ ምርመራ አሰጣጥን በተመለከተ	ሚሰጥራዊነቱየተጠበቀ የስም ምዝገባ ያለዉ------------------1		/---------/ /---------/

	የትኛዉን ይመርጣሉ?(**ለጠያቂዉ፡ምረጫዉን እዳያነቡላቸዉ**)	ስም ሳይመዘገብ በሚስጥራዊ ቁጥር ምዝገባ ያለዉ----------2 ሌላ ይገለፅ--		
234	የኤች አይቪ ምርመራ እና ዉጤቱን ማወቅ ቢፈልጉ በምንአይነት ሁኔት ማዎቅ ይፈልጋሉ?(**ለጠያቂዉ፡ምረጫዉን እዳያነቡላቸዉ**)	በገንባር ፊት ለፊት---1 በስልክ--2 በሚሰጠራዊ ደብዳቤ--3 በዘመድ ወይም በጓደኛ አማካኝነት---------------------------4 ሌላ ይገለፅ---		/---------/ /---------/ /---------/ /---------/
235	የኤች አይቪ ምክር እና ምርመራ አገልግሎት የኤች አይቪ/ኤደስ ስርጭትን ለመከላክል ይጠቅማል በሚል ሃሳብ ይሰማማሉ?	እስማማለዉ---1 አልስማማም---2		/---------/
236	የኤች አይቪ ምክር እና ምርመራ ጥቅሙ ምድን ነዉ? (**ለጠያቂዉ፡ምረጫዉን እዳያነቡላቸዉ** ከተዘረዘሩት ዉስጥ ከጠቀሱ ያከብቡት ከአንድ በላይ መልስ መመለስ ይችላል)	ቫየረሱን ለጓደኛም ሆነ ለሌላ እዳያስተላልፍ ይተረዳል-------1 እራሴን ለመጠበቅ--2 ለወደፊቱ ጥንቃቄ ለመዉሴድ---------------------------3 ከእናት ወደ ልጅ ቫይርሱ እዳይተላለፍ-----------------------4 ጓደኛን ለመምረጥ--5 ስለ ወደፊት ለማቀድ---------------------------------------6 ፀረ-ኤች አቪ መድሃኒት ለመጀመረ-------------------------7 ሌላ ይገለፅ--		/---------/ /---------/ /---------/ /---------/ /---------/ /---------/ /---------/
237	አንድ ሰው የኤች አይቪ ምርመራ ማድረግ ያለነት መቼ ነዉ?(**ለጠያቂዉ፡ምረጫዉን እዲያነቡላቸዉ** ከተዘረዘሩት ዉስጥ ከጠቀሱ ያከብቡት ከአንድ በላይ መልስ መመለስ ይችላል)	በማንኛዉም ጊዜ---1 ሲታመም--2 ከጋንቻ በፊት--3 ወደ ዉጭ ሀገር የሚሄድ ከሆነ-----------------------------4 እራሱን ከተጠራጠረ---------------------------------------5 ከእርግዝና በፊት/በኃላ--------------------------------------6 ሌላ ይገለፅ---		/---------/ /---------/ /---------/ /---------/ /---------/ /---------/
	የኤች አይቪ ምርመራ	ሴተኛ አዳሪዎች--		/---------/

238	ማድረግ ያለbት ማን ነዉ? (**ለጠያቂዉ**:ምረጫዉን **እዲያነቡላቸዉ** ከተዘረዘሩት ዉስጥ ከጠቀሱ ያከብቡት ከአንድ በላይ መልስ መመለስ ይችላል)	----1 ከሴተኛ አዳሪዎች ጋር የግብረስጋግንኙነት የሚያደረርጉ-----2 ትዳርለመመስረት የፈለጉ-------------------------------------3 ማንኛዉም ሰዉ በኤች አይቪ ሊያዝ የሚችል-----------------4 ማንኛዉም የግብረስጋ ግንኙነት የጀመረ--------------------5 ከተለያዮ ሰዎች ጋር የግብረ ስጋ ግኑኘነት የፈፀመ--------6 የታመመ ሰዉ---7 ሌላ ይገለፅ---		/---------/ /---------/ /---------/ /---------/ /---------/ /---------/
239	የኤች አይቪ ምክር እና ምርመራ አገልግሎት በማን ቢሰጥዎት ይመረጣሉ? (**ለጠያቂዉ**:ምረጫዉን **እዲያነቡላቸዉ** ከተዘረዘሩት ዉስጥ ከጠቀሱ ያከብቡት ከአንድ በላይ መልስ መመለስ ይችላል)	በሀኪም/ዶክተር--1 በነርስ---2 በሰለጠነ ምክር ሰጭ---------------------------------------3 የሰለጠነች ጤና ኤክስቴንሽን-----------------------------4 በሀይማኖት መሪ--5 በህብረተሰብ አመራሮች------------------------------------6 ኤች አይቪ/ኤድስ ጋር የሚኖሩ ሰዎች----------------------7 የምክር አገልግሎት አያስፈልግም-------------------------8 አላዉቀዉም---		/---------/ /---------/ /---------/ /---------/ /---------/ /---------/ /---------/ /---------/
240	በፈቃደኝነት ላይ የተመሰረተ የኤች አይቪ ምክር እና ምርመራ ለማድረግ ፍላጎትአለዎት? (**ለጠያቂዉ**:ከአሁንበፊት ምርመራ ላደረጉትም ሆነ ላላደረጉት ዪጠይቁ)	አዎን--1 የለም---2		/---------/
241	የትሄደዉ ለመዉሰድ ይፈልጋል? (**ለጠያቂዉ**:ምረጫዉን **እዲያነቡላቸዉ**)	አገልግሎቱ በሚገኝበት የመንግስት ጤና ተቋም-------------1 አገልግሎቱ በሚገኝበት መንግስታዊ ባልሆኑ ጤና ተቋም-------------------------------2 ጠንቀሳቃሽ የኤች አይቪ ምክር እና ምርመራ ለማድረግ የሚሰጡ ባለሙያዎች እስኪ መጡ እጠብቀለሁ--------------3 ሌላ ይገለፅ---		/---------/ /---------/ /---------/

ክፍል አምሰት መገለል እና መድሎን የሚያመለክቱ ጥያቄዎች

ተ-ቁ	ጥቄዎች	አማራጭ መልሶች	ይለፍ	ኮድ
242	የኤች አይቪ ምርመራ አድርገዉ ቫይረሱ እዳለብዎት ቢያዉቁ ዉጤትዎን ለማን ይናገራሉ? (**ለጠያቂዉ**፡ምረጫዉን **እዲያነቡላቸዉ**ከተዘረዘሩት ዉስጥ ከጠቀሱ ያከበቡት ከአንድ በላይ መልስ መመለስ ይችላል)	ለባለቤቱ--1 ለቤተሰቤ(እናት፣አባት፣ወድም፣እህት፣ልጅ)------------------2 ለፍቅር ጓደኛዮ---3 ለቅርብ ዘመዶቼ--4 ለጎረቤቶቼ---5 ለሀይማኖት አባቶቼ---------------------------------------6 ለህብረተሰብ መሪዎች-------------------------------------7 ለመስራቤት ቀጣሪዬ---------------------------------------8 ለጓደኞቼ--9 ሌላ ይገለፅ---		/---------/ /---------/ /---------/ /---------/ /---------/ /---------/ /---------/ /---------/ /---------/
243	የኤች አይቪ ምርመራ ዉጤትዎ አድርገዉ ቫይረሱ እዳለብዎት ቢያሳይ እና እርስዎምየኤች አይቪ/ኤድስ ቫይረስ እዳለበዎ በግልፅ ማሳወቅ ቢፈልጉ ዉጤቱ ምን የሆናል ብለዉ ያሴባሉ? (**ለጠያቂዉ**፡ምረጫዉን **እዲያነቡላቸዉ**ከተዘረዘሩት ዉስጥ ከጠቀሱ ያከበቡት ከአንድ በላይ መልስ መመለስ ይችላል)	ቤተሰቦቼ ያገሉኛል--------------------------------------1 ትዳሬ ይፈርሳል---2 በባልተቤት/በፍቅር ጓደኛዬ እደበደባለሁ-------------------3 ጓደኞቼ ያገሉኛል--4 ቤተሰቦቼ እና የቅርብ ዘመዶቼ የሞራል ድጋፍ ይሰጡኛል--5 ጓደኞቼ፣. ከባልተቤቴ/ከፍቅር ጓደኛዬ የሞራል ድጋፍ ይሰጡኛል---6 የጤና ባለሙያዎች የሞራል ድጋፍ ይሰጡኛል--------------7 የግብረ ስጋ ግንኙነት አቆማለሁ-------------------------8 ሌላ ይገለፅ---		/---------/ /---------/ /---------/ /---------/ /---------/ /---------/ /---------/ /---------/ /---------/

ክፍል ስድሰት ቤትለቤት የኤች የኤቪ የምክር እና ምርመራ አገልግሎት ፍላጎትን በተመለከተ የተዘጋጁ ጥያቄዎች

244	ቤትለቤት የኤች አይቪ	አዎን--		/---------

	የምክር እና ምርመራ አገልግሎት ቢሰጥዎ ይስማማሉ?	-1 የለም---2		/
245	ቤትለቤት የኤች አይቪ የምክር እና ምርመራ አገልግሎት ቢሰጥ ጠቀሜታ አለወ ብለዉ ያስባሉ?	አዎን---1 የለም---2	ወደ ተ.ቁ 247	/---------/
246	ቤትለቤት የኤች አይቪ የምክር እና ምርመራ አገልግሎት ቢሰጥዎ ምን ይጠቅማል ብለዉ ያስባሉ? (**ለጠያቂዉ፡ምረጫዉን እዲያነቡላቸዉ**ከተዘረዘሩት ዉስጥ ከጠቀሱ ያከብቡት ከአንድ በላይ መልስ መመለስ ይችላል)	ጊዜየን የቆጥብልኛል--1 መገለል እና መድሎን ይቀንሳል-------------------------------2 በሴት እና በወንድ መካከል ያለዉን የመመርመር ልዮነት ይቀንሳል--3 ሁሉም የቤተሰብ አባላት በቀላሉ ይመረመራሉ-------------4 የመጓጓጃ ወጭን ይቀንሳል----------------------------------5 በቀላሉ ዉጤቴን ለፍቅር ጓደኛዮ/ባልተቤቴ እና ለበተሰብ አባላት እድገልፅ ይረዳኛል-----------------------------------6 ከማለዉቀዉ ጤና ተቋም እና ባለሙያዎች የሚደርስብኝ ፍርሃትን ይቀንሳል---7 ሌላ ይገለፅ--		/---------/ /---------/ /---------/ /---------/ /---------/ /---------/ /---------/
247	ለምን ቤትለቤት የኤች አይቪ የምክር እና ምርመራ አገልግሎት ምንም ጠቀሜታ የለዉም አሉ?	ለኔ ቤት ለቤት ምርመራ ተቀባይነት የለዉም-----------------1 የኤች አይቪ የምክር እና ምርመራ አገልግሎት በቅርብ ስላለ--2 ምስጥሬ ስለማይጠበቅ--3 ቤት ደም መስጠት ተቀባይነት ሰለለዉ----------------------4 ሌላ ይገለፅ---5		/---------/ /---------/ /---------/ /---------/ /---------/
248	ቤትለቤት የኤች አይቪ የምክር እና ምርመራ አገልግሎት ቢሰጥዎ ለመመርመር ፍላጎት አለዎት?	አዎን---1 የለም---2 አላዉቀዉም---88		/---------/
249	የኤች አይቪ ምርመራ ለማድረግ ቢፈልጉ እና በሁሉም ቦታ ልምድ ያለላቸዉ እና የሰለጠኑ ባለሙያዎች ቢኖሩ የት መርመር ይፈልጋሉ?	ሆስቲታል---1 ጤና ጣቢያ---2 ቤት ለቤት---3 ስራ ቦታ---		/---------/ /---------/ /---------/ /---------

		--4 ተንቀሳቃሽ የኤች አይቪ የምክር እና ምርመራ አገልግሎት ለመስጠት ሲመጡ ---5		/
250	በምን ሰአት ቤት ለበቤትየኤች አይቪ የምክር እና ምርመራ አገልግሎት ቢሰጥዎ ይመርጣሉ? (**ለጠያቂዉ**፡ምረጫዉን **እዲያነቡላቸዉ** ከተዘረዘሩት ዉስጥ ከጠቀሱ ያከብቡት ከአንድ በላይ መልስ መመለስ ይችላል)	በስራ ሰአት--1 በስራ ሰአት ምሳሰአትን ጨምሮ---------------------------2 በስራ ሰአት እና ከስአት በኃላ(11-12)-----------------------3 በስራ ሰአት፣ ቅዳሜ እና እሁድ----------------------------4 ቅዳሜ/እሁድ እና በባህል ቀን ብቻ------------------------5		

ጥያቄዎችን ጨርሰናል ላደረጉልን ትብብር በጣም እናመሰግናለን፡፡