

ADDIS ABABA UNIVERSITY
FACULTY OF MEDICINE
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**ASSESSMENT OF FACTORS AFFECTING HIV VOLUNTARY COUNSELING AND TESTING
UPTAKE AMONG BAHIR DAR UNIVERSITY STUDENTS, BAHIR DAR TOWN.**

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LIST OF ACRONYMS

AAU - Addis Abeba University

ANC – Antenatal Care

ART - Anti Retroviral Therapy

BSS – Behavioral Sentinel Survey

BDU – Bahir Dar University

CHWs- Community Health Workers

DALY - Disability-Adjusted Life Year

DHS - Demographic and Health Survey

EPHA - Ethiopian Public Health Association

FoM – Faculty of Medicine

FP – Family Planning

HCT- HIV Counseling and Testing

IEC/BCC – Information Education Communication/ Behavioral Change Communication

MoH - Ministry of Health

OI – Opportunistic Infections

PLWHA - People Living With HIV/AIDS

PLHA – Persons Living With AIDS

PMTCT – Prevention of Mother-To-Child Transmission

SPH – School of Public Health

UNAIDS - United Nations Programme on HIV/AIDS

USA- United States of America

VS – Versus

VCT- Voluntary Counseling and Testing

WHO- World Health Organization

ABSTRACT

Since the first case of AIDS was recognized in America in 1981, HIV/AIDS has spread rapidly throughout the world. Different studies showed that a great proportion of people living with HIV/AIDS do not know that they carry the virus making VCT service underutilized. However, the reasons for young people for not taking VCT services are not well known. Moreover, University students fall within the most sexually active and high HIV risk group. This study tried to assess the reasons why Bahir Dar University students prefer to or not to take HIV test.

This study was conducted from March - April 2008 among Bahir Dar University undergraduate students to assess the factors affecting voluntary counseling and testing uptake. The study design was descriptive cross-sectional. Stratified random sampling was applied to select samples. A standardized questionnaire was used after pre-test to collect quantitative data. Data entry and analysis was done using SPSS.

A total of 360 students participated in the study of whom 255 were males. Majority (90.6%) were within the age range of 18 to 23 years. The mean age was $21.26(\pm \text{sd } 1.987)$. Most of the respondents (95.3%) were single. The study revealed that 38.6% of the study participants had undergone HIV test. Stepwise multivariate analysis showed that being female, second year or above, starting sexual intercourse and knowledge about VCT location were positively associated likelihood of having had HIV testing. Respondents with stigmatizing attitude were less likely to utilize the service.

The study shows that stigma still plays a major role as a barrier for utilization of HIV testing services. The University should intensify activities pertaining to curbing stigma and discrimination so that the willingness of students for HIV counseling and testing could be paralleled with actual use of HIV testing.

1. INTRODUCTION

1.1 Background

Currently, Ethiopia is classified as a country with a generalized HIV/AIDS epidemic (1). The first evidence of Human Immuno Deficiency Virus (HIV) in Ethiopia was found in 1984, and the first AIDS case was detected in 1986.

The HIV/AIDS policy of Ethiopia was formulated by the Ministry of Health (MOH) and adopted by the Council of Ministers in 1998 (2). This created an enabling environment for HIV/AIDS prevention and control. The priority interventions in the policy and being implemented by the country include: Information Education Communication/ Behavioral Change Communication (IEC/BCC), Voluntary Counseling and Testing (VCT) and others. From these, VCT which is the focus of this research is the entry point to other activities.

According to Demographic Health Survey(DHS 2005), among the adult population aged 15-49 in Ethiopia, 4 percent of women and 6 percent of men have been tested for HIV at some time in their life, which is very low (3). Thus, it is important to examine factors that motivate, or deter, individuals from seeking HIV testing. These determinant factors are expected to differ from sub population to sub population. The identification of the factors affecting the uptake of VCT has an impact on prevention and control of HIV/AIDS. Eventhough studies relating to willingness and utilization of VCT are done among pregnant women, adult population, and others, little was done targeting university students in the Ethiopian setting. University students are among the most HIV exposed groups due to their age and style of living. This study was performed to assess factors affecting VCT uptake among Bahir Dar University students. This information could serve as basis for policy formulation on the current VCT uptake.

1.2. Statement of the problem

Less than 1% of adults aged 15-49 years are accessing VCT services in the 73 low- and middle-income countries most affected by AIDS(4). The proportion is highest in countries worst affected by the epidemic. VCT is vastly underutilized, particularly in poor countries, where the current overall coverage is estimated to be less than 1% to 10% of those at risk for HIV (5). In a population-based survey in Tanzania, 7% of women and 12% of men reported ever having received an HIV test (6).

According to BSS round two report in Ethiopia, only 9.3% and 13% of in school youths and out of school youths had undergone HIV test respectively (7). Even though there are no local studies done on undergraduate students in relation to VCT uptake, DHS 2005 Ethiopia indicated that the proportion who tested and received results for VCT in the age group 20-24 years was 6.7% which is very low (3).

Millennium AIDS campaign in Ethiopia (MAC-E) phase II which was conducted from February to August 2007 had 53% achievement on HIV counseling and testing (HCT) (8). Additionally, Amhara Region had an achievement of 51% of the planned which is not an acceptable performance. The expansion of access to Anti Retroviral Therapy (ART) and Opportunistic Infections (OI) management will not succeed unless the role played by counseling and testing as a gateway to effective treatment is intensified by reaching many people.

2. LITERATURE REVIEW

2.1. Global and Ethiopian magnitude of HIV/AIDS

Since the first case of AIDS was recognized in America in 1981, HIV/AIDS has spread rapidly throughout the world. Joint UNAIDS and WHO statistics in December 2007 show that the number of people living with HIV totaled 33.2 million. An estimated 2.5 million were newly infected with HIV and an estimated 2.1 million lost their lives to AIDS. Although these estimates are lower than those published in the AIDS epidemic update- 2006, the number of people living with HIV is still huge (9).

Sixty eight percent of all persons infected with HIV are living in Sub-Saharan Africa—22.5 million. In this region, an estimated 1.7 million adults and children became infected with HIV in 2007, more than in all other regions of the world combined. The 1.6 million AIDS deaths in Sub-Saharan Africa represent 76% of global AIDS deaths (9).

The total number of people living with HIV/AIDS (PLWHA), according to the latest single point estimate for HIV/AIDS 2007 in Ethiopia is close to one million (977,394) making HIV prevalence of 2.1% i.e. 7.7% for urban and 0.9% for rural (10). The number of new infections and AIDS deaths for 2007 is 125,528 (about 344 per day) and 71,902 respectively. Amhara Region with HIV prevalence of 2.7% has a total of 318,291 PLWHA in the year 2007 which is more than 30 % of the load of the country. In the Region, the prevalence of HIV among urban population is 9.9%. Regarding Bahir Dar Town, according to the sixth MOH AIDS report of 2006, Antenatal (ANC)-based HIV Sentinel Surveillance results for 2002, 2003 and 2005 show the prevalence of HIV/AIDS to be 20.5%, 19% and 13.3% respectively (11).

2.2. Definition of VCT

HIV counseling has been defined as “a confidential dialogue between a person and a care provider aimed at enabling the person to cope with the stress and make personal decisions related to HIV/AIDS.” VCT is the process by which an individual undergoes counseling to enable him/her to make an informed choice about being tested for HIV. This decision must be entirely the choice of the individual and he or she must be assured that the process will be confidential (12).

VCT is not only a key component of both HIV prevention and care programmes, but is the gateway to both prevention and care. In order to respond effectively to options for each, it is preferable for one to know one’s serostatus. The development of increasing numbers of effective and accessible medical and supportive interventions for PLWHA means that VCT services are being more widely promoted and instituted(13).

There are three types of HIV testing in Ethiopia i.e. Client-initiated or voluntary counseling and testing, provider-initiated testing and counseling and mandatory HIV screening. There are different models that are used by VCT services [14]:

- I.** Freestanding: Facilities set up solely to provide VCT service.
- II.** VCT services integrated with other health services (such as outpatient clinics, FP etc).
- III.** VCT services provided within already established non- health institution and facilities (like youth club, youth or communities centers, church halls, schools etc).
- VI.** Mobile: Out reach VCT services.

2.3. Uses of VCT

VCT alleviates anxiety, increases clients' perception of their vulnerability to HIV, promotes behavior change, facilitates early referral for care and support and assists in reducing stigma in the community (15). Moreover, knowledge of HIV status helps HIV negative individuals make specific decisions to reduce risk so that they can remain disease free. For those who are HIV infected, knowledge of their status allows them to take action to protect their sexual partners, to access treatment, and to plan for the future. Testing of pregnant women is especially important so that action can be taken to consider Prevention of mother-to-child transmission (PMTCT) (3).

In Sub-Saharan Africa, VCT is a cost-effective method of reducing high-risk sexual behavior and preventing HIV transmission. A large multicenter study conducted in Kenya, Trinidad, and Tanzania demonstrated that VCT reduced unprotected sexual contact with a non primary partner by 35% among men and 39% among women (16). It has been estimated that VCT offered to 10000 Tanzanians would avert 895 HIV infections at a cost of \$346 per infection averted and \$17.78 per DALY saved (17).

Because pretest and posttest counseling are offered to individuals who test either HIV positive or HIV negative, there is an opportunity for individualized intervention to discuss risky and safer behaviors and ways to modify risky behavior patterns thereby curbing the spread of HIV infection (18). Most studies involving couples in Africa show that knowledge of HIV test results promotes behavior change and reduces transmission (19). With the expansion of access to ART and OI management, the role counseling and testing as a gateway to effective treatment has grown dramatically.

2.4. Determinants of VCT uptake

The failure to use HIV testing services by significant numbers of individuals at risk for HIV can be attributed to a number of factors, both on individual as well as societal level. For example, among high-risk individuals in the United States of America (USA), reasons given for failing to be tested include fear of learning that they are HIV-positive (25%); belief that they are unlikely to have been exposed to HIV (18%), and belief that they are HIV-negative (13%). Other barriers to HIV testing include perceived stigma and fear of discrimination if sero-positive, concerns over privacy and the issue of who has access to information about one's HIV status (20).

According to a study done among Canadians to assess factors associated with HIV testing, results indicated that those at risk are more likely to be tested (21). Another study done in Massachusetts revealed that teens who have had multiple sexual partners and who do not believe condoms are effective in preventing transmission were most likely to have been tested (22).

Among sexually active American adolescents it was found that 35% did not believe or did not know that the HIV test results were kept in confidentially [23]. A study done among youth in Hong Kong indicated that factors independently associated with voluntary HIV testing were age and having had sex with multiple partners (24).

According to a research done in Jamaica, less than half of students (41.8%) reported having been previously tested for HIV (25). In addition to fear, students in the that study reported not having an HIV test since they believed that they were not at risk of contracting HIV nor infected with the virus. However, HIV testing was not associated with condom use or number of sex partners.

Another study done in London showed that HIV testing was significantly associated with age and previous sexually transmitted infection diagnosis among women; and additionally, nationality, education, employment, and self perceived risk of acquiring HIV among men (26).

According to a research done among youth aged 14-25 years in Malawi, young people go to VCT mainly to know their HIV status and the availability of VCT services. The provision of VCT services by peers motivate young people to access VCT and some people do not access VCT services due to fears of being HIV positive and poor attitudes towards the health service providers (27).

In a study done among University students in India, the US and South Africa, the main reasons for not having been tested for HIV were low perceived susceptibility and fear of being HIV positive (28). Another study done in Northern Nigeria to examine the predictors of readiness for HIV testing among young people found that knowledge about HIV prevention, knowledge about a source for VCT and perceived risk are strong predictors (29). Another study done in Botswana among students from secondary schools and tertiary institutions showed that willingness to test for HIV infection was negatively associated with being sexually active and having a number of partners (30).

Another study conducted in Ugandan urban youth discovered that 81% had ever heard about VCT, with health talks as main source of information (51%). Only 28% had ever taken the HIV test; of whom 68% felt pre test counseling had been adequate (31).

According to a study done among rural Zimbabwean cohort, motivation for VCT uptake was driven by knowledge and education rather than sexual risk (32). A similar study done among Ugandan men indicated that knowledge about AIDS, a history of paying for sex, spousal communication about HIV prevention, secondary or higher education, and neighborhood knowledge of a test site were associated with an increased likelihood of HIV testing (33). A study done among Zimbabwean adults indicated that self-perceived risk and high-risk behavior were positively associated with initial willingness but not with actual use (34).

A study done among Kamuzu College of nursing students in Malawi showed that fear of stigmatization, discrimination and disclosure of one's sero status were the main barriers for students' access to VCT services. Additionally, it indicated that prevention of getting infected and infecting others were the greatest benefits of knowing one's HIV status (35).

Another study done among different community and professional groups in South Gonder Administrative Zone, Ethiopia, found that 92.3%, 96.1% and 56% of BSC nurse students, teacher's training students and hospital health staffs, respectively, were willing to accept VCT (36). In the same study, availability of ART and absence of community support was found to be positively and negatively associated with acceptance of VCT, respectively. Another study in Gonder, North Ethiopia also revealed that those who had self-perceived risk and knowledge of HIV/AIDS prevention methods were more likely to accept VCT than their counterparts (37).

A community based study in North West Ethiopia showed that 89.8% of respondents were aware that one could check his /her HIV status, and 73.8% knew about the availability of the service and the majority, 98.2 % stated that VCT is necessary (38).

Behavioral survey in Assosa revealed that 28.2% of the respondents among adult general population stated that they knew VCT services were available in Assosa, however, only 3.9% ever had an HIV test. Females and individuals who had a positive attitude to take VCT felt that they were at risk of infection (39).

According to BSS 2005 only 9.3% of in school youth had undergone an HIV test. Experience of having had an HIV test was statistically significantly different between males and females on bivariate analysis in favor of females (7).

A study done in North Wollo Zone among 15-49 years of age showed that being in age group 20-29, married, educational level of secondary and above, sexual experience with multiple partners, perceived risk for HIV infection, and those who had knowledge about HIV/AIDS and VCT were more likely to utilize service(40). This study also revealed that individuals with discriminating and stigmatizing attitude, and age group 30-39 were less likely to utilize service.

Another study conducted in Jijiga, Ethiopia among youth revealed that being female, older youth, educational level of secondary and above grade and sexually active youth were more likely to be tested (41). This study also reported that the main reason for VCT utilization was to know self (61.6%) and have not had HIV test yet because they are afraid to get the result.

2.5. University students and behavior towards HIV and VCT

University students fall within the most sexually active and high HIV risk group (42). This review of studies on sexual behavior of students in Sub-Saharan Africa indicates high prevalence rates of sexual intercourse and infrequent use of condoms with significant proportions of adolescents having two or more lifetime sexual partners. Majority of undergraduates are in their late teens and early twenties. Most of them live away from home in school hostels. These arrangements weaken parental control and supervision of students' activities. They are often exposed to influences that encourage casual sexual relationships (43).

University campuses constitute a potentially fertile breeding ground for HIV/AIDS (44). They bring together in close physical proximity, devoid of systematic supervision a large number of young adults at their peak years of sexual activity and experimentation. Combined with the ready availability of alcohol, together with divergent levels of economic resources, these circumstances create a very high risk environment from an AIDS perspective. Factors such as peer pressure, lack of maturity, and alcohol and drug use put college students at risk for HIV infection (45).

Additionally, according to a paper concerning universities in South and Western Africa, the prevailing "culture" of university campuses— the unspoken assumption that "this is the way things happen here, these patterns of behavior are acceptable in our circumstances" — appears to be ambivalent about, or even open to, sugar daddy practices, sexual experimentation, prostitution on campus, unprotected casual sex, gender violence, multiple partners, and similar high-risk activities (46).

According to a study done among University students in India, the US and South Africa, one fifth of the American and South African participants, but only 10% of the Indian students admitted having had an HIV test (28). A similar study done among undergraduates in a polytechnic in southeast Nigeria revealed that 26.4% of students had taken an HIV test at one time or another before the study (47)

This study was directed at identifying factors affecting VCT uptake among university students. In doing so, the study has established the prevalence of uptake of VCT among the students. The information generated by the research is expected to be useful for the formulation and implementation of HIV prevention activities, especially VCT at campus setting and for the wider youth.

2.6. Stigma and discrimination

Discrimination refers to any form of distinction, restriction, or exclusion a person may encounter because of an inherent personal characteristic (48). Stigma creates, and is reinforced by social inequality. It has its origins deep within the structure of society as a whole and in the norms and values that govern everyday life. It causes some groups to be devalued and ashamed and others to feel that they are superior (49).

AIDS-related stigma and discrimination have serious individual and public health ramifications that contribute to a reluctance to be tested for HIV and to disclose positive test results to partners, poor treatment adherence, and increased risk of disability and drug resistance (50). One study found that utilization of VCT services is positively associated with lower levels of HIV/AIDS stigma (51). Another study indicated that compared to people who had been tested, individuals who were not tested for HIV demonstrated significantly greater AIDS related stigmas; ascribing greater shame, guilt, and social disapproval to people living with HIV(52).

Students tend to associate strong stigma with HIV/AIDS. Even where there may be no overt discrimination against them, HIV-positive individuals may experience subtle forms of prejudice. As a result, it is difficult for those who are willing to do so to come out publicly about their HIV status. This has contributed to the absence of clearly identified PLWHA groups on university campuses (46). An investigation at the University of Botswana found significant negative attitudes toward the disease and towards those affected: "There were fears expressed regarding eating and working with infected students" (53). (Conceptual framework is attached)

2. OBJECTIVE

2.1 General objective

To assess the factors affecting voluntary counseling and testing uptake among undergraduate Bahir Dar University students.

2.2 Specific objectives

1. Assess knowledge and attitude of students towards VCT and HIV/AIDS.
2. Explore the prevalence of HIV testing.
3. Assess Willingness of students for utilizing VCT service.
4. Identify demographic and other factors associated with VCT uptake.

4. METHODOLOGY

4.1. Study area

The study area, Bahir Dar University, is found in Bahir Dar Town. Bahir Dar Town which is the capital of Amhara Regional State is located in Northwest Ethiopia about 563 kilometers from Addis Ababa. It has an estimated population of 160,603 of whom 75,901 are males and 84,702 females (54). The Town is subdivided into 17 Kebeles. In the Town, there is one government hospital, 3 health centers, one health station and one Regional Research Laboratory (55).

Bahir Dar University is one of the 21 public universities in Ethiopia (56). The University was inaugurated on May 6, 2000 after the two fraternal institutions of higher learning namely, Bahir Dar Polytechnic Institute and Bahir Dar Teachers College were merged. The University has a total of 11,821 undergraduate students. There are four faculties i.e. Education, Business & Economics, Law and Technology faculties.

4.2. Study population

All undergraduate students for the academic year 2007/2008 in Bahir Dar University were taken as study population. Students who were in the extension and post graduate programs were not included in the study. Those students who were unable to see were excluded from the study since the questionnaire was self administered.

4.3. Study design: A cross-sectional study was conducted from March - April 2008. The study applied quantitative methods.

4.4. Study variables

Some of the variables used were the following:-

Dependent variable: HIV testing status

Independent variables:

- Socio-demographic variables: age, sex, religion, ethnicity, academic year and marital status.
- Knowledge and Attitude about HIV/AIDS and HIV counseling and testing
- Stigma and discrimination
- Sexual behavior

4.5. Sample size

The sample size was determined considering an outcome estimate of HIV testing uptake. According to the HIV/AIDS behavioral surveillance survey of 2005 Ethiopia, 9.3% of in school youths had undergone an HIV test (7). This group was taken with the assumption that it is close to and representative of the group of undergraduate students.

Using 3 % margin of error and 95% confidence interval of certainty ($\alpha = 0.05$) as assumption, the actual sample size for the study was computed using one- sample population proportion formula as indicated below. Population correction was not used since the study population was more than 10,000.

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

Where, n = Sample size, Z_{α}^2 = Critical value = 1.96
P = proportion of being tested = 0.093,
1-P = proportion of not being tested = 0.907, d (marginal error) = 0.03

$$n = \frac{(1.96)^2 (0.093 \times 0.907)}{(0.03)^2} = 360$$

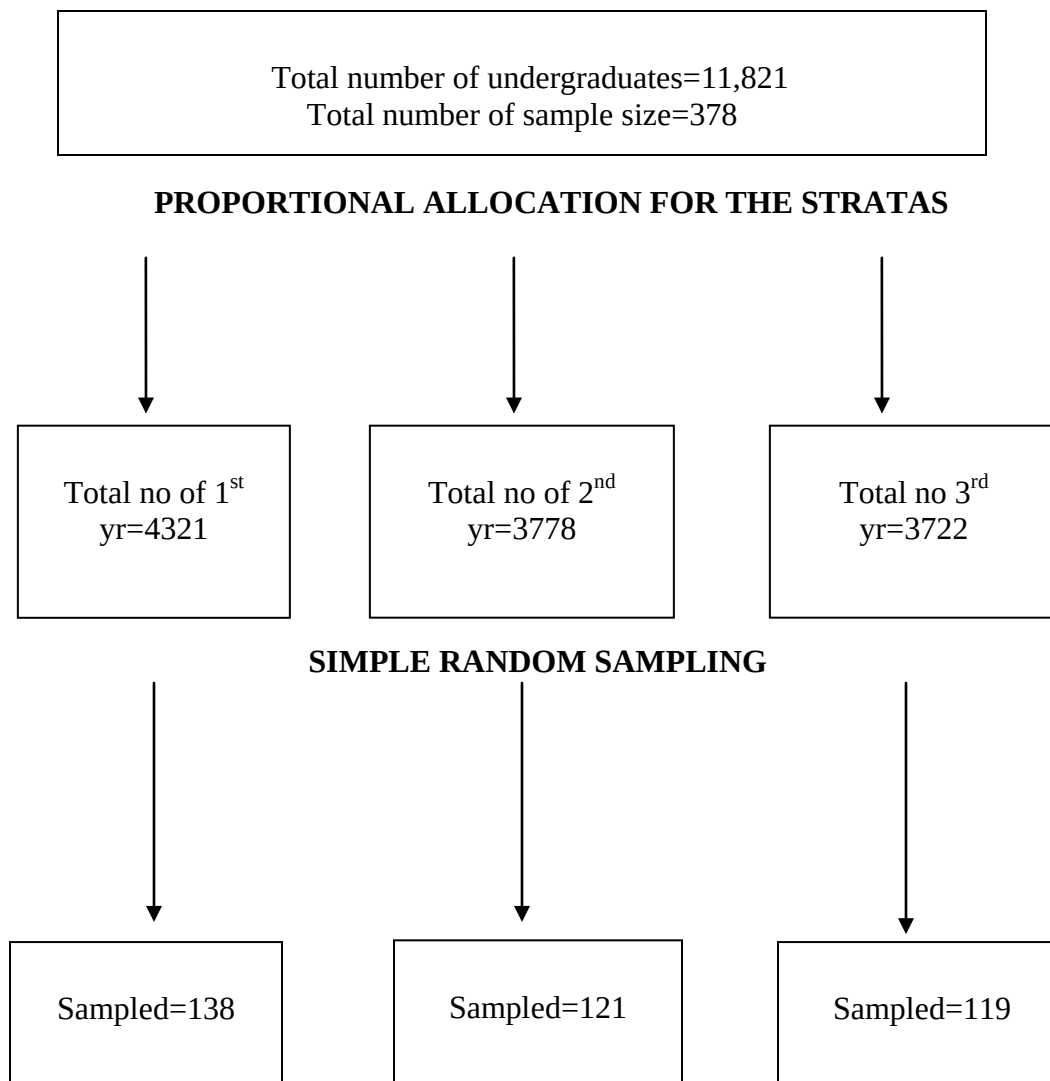
Adding 5% non-response rate,

Total sample size = 360 + 18 = 378 respondents.

4.6. Sampling technique

To come up with the respondents, stratified simple random sampling was used. Enumerated list of all the regular students was secured from the registrar of the University in each of the academic years and used as sampling frame. Then proportional allocation was carried out for each of the academic years i.e. year 1, 2 and 3. Simple random sampling using lottery method was used to draw samples from each of the respective academic years.

Fig 1 Schematic presentation of the sampling method



4.7. Data collection tools and procedure

A191-item self administered questionnaire adapted from the BSS and other relevant literatures measuring a variety of demographic factors, HIV-related knowledge, attitudinal and behavioral items was used. Almost all of the questions in the questionnaire were close-ended. The questionnaire was anonymous and this helped to reduce embarrassment and the potential bias of the respondents giving socially acceptable answers. Data collectors and supervisors were recruited and trained. The English version of the questionnaire was translated into Amharic for easy understanding by the respondents. Prior to the main fieldwork, a pilot test (pre-test) was conducted using twenty-five students from the University. The students who were involved in the pretest were excluded from the main study and were characteristically similar to the respondents. The test was used for identifying any problems and omissions as well as to check time spent in responding thereby improving the precision and reliability. Following the analysis of the pilot study data, ambiguous or unclear questions were either rephrased or removed. Three hundred seventy eight questionnaires were administered to the students after explaining the nature and anonymity of the survey, and assuring confidentiality of the personal responses.

4.8. Data quality

To ensure data quality consistency was checked by translating the Amharic version back to English. Data were checked for completeness daily by the investigator and incompletely filled questionnaires were returned to the respondents so that they fill it in full. Additionally, a pre-testing was conducted to maximize the quality of data. Training was also given to the data collectors which enabled them to help the respondents fill the questionnaire without ambiguity in consistent way.

4.9. Operational and concept definition of terms

Anonymous HIV Testing: Clients' identifying information is not linked to testing information.

Counseling: Confidential dialogue between a client and care provider aimed at enabling the client to cope with stress and make personal decision related to HIV/AIDS.

Confidential HIV Testing: Client's identifying information is linked to testing information of the client.

Comprehensive knowledge about HIV/AIDS: Respondents were considered to have comprehensive knowledge about HIV/AIDS if they were both knowledgeable about the three HIV/AIDS prevention methods and had no incorrect beliefs about HIV transmission

Knowledge about HIV prevention: Respondents were considered to be knowledgeable about HIV prevention if they correctly identified the three main ways to prevent HIV transmission: abstinence, being faithful to one uninfected partner and condom use.

Misconception about HIV/AIDS: Respondents are considered to have misconceptions about HIV/AIDS transmission and prevention if they agreed incorrectly to any of the following three statements about HIV/AIDS: a mosquito bite can transmit HIV, sharing a meal with someone who is HIV positive can transmit HIV, HIV can be transmitted by breathing.

Knowledge about VCT: Those who score greater than the mean score of 18 are considered to be knowledgeable about VCT and those who score less than the mean score are taken as not knowledgeable.

Knowledge about the location of VCT: Those who mentioned all the four locations of VCT are taken as knowledgeable about VCT location. The choices include can we get VCT service in hospitals? Can we get VCT service in health centers? Can we get VCT service in FGAE? Can we get VCT service in private clinics?

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

HIV tested: Any body who had undergone HIV test regardless of the duration

Married: Currently in union.

Media: Radio/Television

Risk perception of HIV/AIDS: Attitude towards perceiving themselves as susceptible to HIV infection.

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

Stigmatizing Attitude: The number of indicators are six, namely, not willing to share meal with a person infected with HIV, not willing to give care to a female relative patient, not willing to give care to a male relative patient, not willing to buy food from an HIV infected food seller/shop keep, want to keep secret the sero-status of an HIV infected household member, If a student has HIV, but is not sick, should he or she be allowed to continue attending school? Those respondents with mean score and above related to questions on HIV related stigma are considered as having stigmatizing attitude and those who score less than mean are considered as not having stigmatizing attitude.

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

Willingness: readiness to undergo to VCT.

4.10. Data Entry and Processing

The questionnaires were checked for completeness and consistency by the principal investigator. The questionnaires were classified as unfilled, partially incomplete, item missed and complete. Totally unfilled and partially filled formats were excluded from the analysis. Fully completed questionnaires were coded and entered. The investigator with the data clerk entered the coded questionnaire into Statistical Package for Social Sciences (SPSS) Version 13.0 program. Few inconsistencies were corrected during data entry. About 72(20%) of the questionnaire were double entered to verify accuracy of data entry and no discrepancies were noted. Data clean up was performed by running frequencies of each variable and sorting to check for accuracy, outliers, and consistencies and missed values.

4.11. Data analysis

SPSS was used for data analysis. Univariate and bivariate statistical analyses were employed. During the analysis, frequencies of different variables were determined, and chi square test performed on some selected variables. Odds ratios were calculated to determine the strength of associations of selected variables. Scoring system was used to assess knowledge of respondents about HIV/AIDS, VCT and stigma and discrimination. Every correct answer was given one point while a wrong answer and "Don't Know" were given zero point. Descriptive statistics were used to summarize data. Multiple regressions were also used to explain predictors of current practices. Logistic regression analysis was also made to check whether the results of descriptive summaries and multiple regressions were consistently predicting specific variables. The results were illustrated in the form of frequency tables and depicted graphically in order to give a quick glance of the variables.

4.12. Ethical considerations

Before the study began, ethical clearance was obtained from the IRB of the School of Public Health of Addis Ababa University. Institutional consent was also obtained from the Bahir Dar University after communicating with formal letters from the SPH, AAU. Informed consent was obtained from respondents before they filled questionnaires. Specifically, respondents were informed about the objectives of the study and that their participation was purely voluntary and they were free to decline or withdraw at any time in the course of the study. So only those were willing were included in the study. They were also assured that the information provided whether orally or in writing would be used only for research purpose and would therefore be strictly anonymous and dealt with confidentially.

4.13. Result dissemination

Presentation of the finding will be undertaken at SPH, AAU. Then the thesis report will be submitted to SPH, Bahir Dar University and EPHA and publication in peer reviewed national and international journals will be attempted.

5. RESULTS

5.1. Demographic characteristics of the respondents

A total of 378 self-administered questionnaires were distributed for 378 undergraduate students. Eighteen students did not return the completed questionnaire and were excluded from analysis resulting in a response rate of 95%. Two hundred fifty five out of 360 respondents (70.8%) were males, while 105 out of 360 respondents (29.2%) were females. Of the total respondents, 163(45.3%), 163(45.3%) and 34(9.4%) were within the age group of 18-20, 21-23 and >24 years respectively. The mean age of the study respondents was 21.26($\pm$ sd 1.987); 21.39($\pm$ sd 2.12) years for males and 21.94($\pm$ sd 1.586) years for females. Most of the respondents (95.3%) were singles (Table1).

Regarding the academic year of respondents, 135(37.5%), 117(32.5%) and 108(30%) were from first, second and third batches, respectively. Most of the respondents were Amhara by ethnicity (58.9%), followed by Tigre (19.7%), Oromo (13.1%) and others (8.3%). Almost three quarter (72.5%) of the respondents were Orthodox Christians. Muslims, Protestants and other religion followers were 14.2%, 11.7% and 1.7% respectively (Table1).

Regarding the educational status of the father of the respondents, 82.8 %, 7.2 % and 10 % of the fathers were 8th grade or below, 9th- 12th, and above 12th grade respectively. On the mother side, 93.1 %, 3.3 % and 3.6 % of the mothers of respondents were 8th grade or below, 9th- 12th, and above 12th grade respectively (Table 1).

Table1. Demographic characteristics of the study participants, BDU, Mar. 2008 (n=360)

<u>Variable</u>	<u>Frequency (n)</u>	<u>Percentage (%)</u>
Sex		
Male	255	70.8
Female	105	29.2
Total	360	100
Age		
18-20	163	45.3
21-23	163	45.3
>24	34	9.4
Total	354	100
Academic year		
First	135	37.5
Second	117	32.5
Third	108	30
Total	360	100
Ethnicity		
Amhara	212	58.9
Tigre	71	19.7
Oromo	47	13.1
Others	30	8.3
Total	360	100
Religion		
Orthodox	261	72.5
Islam	51	14.2
Protestant	42	11.7
Others	6	1.7
Total	360	100
Marital status		
Single	343	95.3
Married	14	3.9
Divorced	3	0.8
Total	360	100
Educational status of father		
Only able to read and write	139	38.6
Unable to read and write	92	25.6
1-8	67	18.6
9-12	26	7.2
>12	36	10
Total	360	100
Educational status of mother		
Unable to read and write	198	55
Only able to read and write	101	28.1
1-8	36	10
9-12	12	3.3
>12	13	3.6
Total	360	100

5.2. Sexual history of the study subjects

One hundred forty two (39.4 %) of the respondents, 118 (46.3%) males and 24(22.9%) females reported to have ever had sexual intercourse (Table 2). Comparatively, males are 2.9 times more likely to be sexually active than females ($\chi^2 = 16.1$, $P=0.000$, $CI=1.732, 4.879$). Sexual activity increases with academic year, being at its lowest for first year students and at its highest for final year students ($OR=1.872$, $P=0.017$, $CI=1.116, 3.141$) (Table 2).

Of those who had sexual experience, 77 (54.2%) reported that they had more than one sexual partner. One hundred six (74.6%) of those who had more than one sexual partner reported that they had used condom. Of those who had used condom, 63 (59.4 %) reported that they had used condom always, while 43(40.6%) had used condom sometimes (Table 2).

Table2. Distribution of the respondents by sexual history, BDU, Mar. 2008

Items	Sex of the students	
	Male	Female
Ever had sex (n=360)		
Yes	118(46.3%)	24(22.9%)
No	137(53.7%)	81(77.1%)
Ever had sex with multiple sexual partners (n=142)		
Yes	69(58.47%)	8(33.33%)
No	49(41.53%)	16(66.67%)
Ever used condom (n=142)		
Yes	94(79.66%)	12(50%)
No	24(20.34%)	12(50%)
Frequency of using condom (n=106)		
Always	56(59.57%)	7(58.33%)
Sometimes	38(40.43%)	5(41.67%)

5.3. Sources of Information on HIV/AIDS and Knowledge about HIV/AIDS

All of the respondents have heard of HIV/AIDS. Three hundred eleven (86.4%) of the respondents were knowledgeable about the 4 ways of transmission of HIV/AIDS (unsafe sex, from mother to children, sharing contaminated sharp instrument and infected blood transfusion while 49(13.6%) are less knowledgeable. Regarding the knowledge of respondents about the three ways of prevention of HIV/AIDS (abstinence from sex, faithfulness to partner and using condom) 315 (87.5%) were knowledgeable. Majority of the respondents 343(95.3%) did not report misconceptions about HIV/AIDS (a mosquito bite can transmit HIV, sharing a meal with someone who is HIV positive can transmit the infection, HIV can be transmitted by breathing). Additionally, two hundred ninety nine (83%) of the respondents had comprehensive knowledge about HIV/AIDS (Table3).

Table 3 Knowledge of study participants about HIV/AIDS, BDU, Mar. 2008(n=360)

Items	Frequency	Percent %
Knowledge about HIV transmission		
Knowledgeable	311	86.4
Not knowledgeable	49	13.6
Knowledge about HIV prevention		
Knowledgeable	315	87.5
Not knowledgeable	45	12.5
Misconception about HIV/AIDS		
Present	17	4.7
Absent	343	95.3
Comprehensive knowledge about HIV/AIDS		
Knowledgeable	299	83
Not knowledgeable	61	17

Regarding sources of information on HIV/AIDS, most of the respondents 344(95.6 %) mentioned mass media as a source of HIV/AIDS related information followed by schools 302(83.9 %) and health institution 272(75.6 %), (Figure 2).

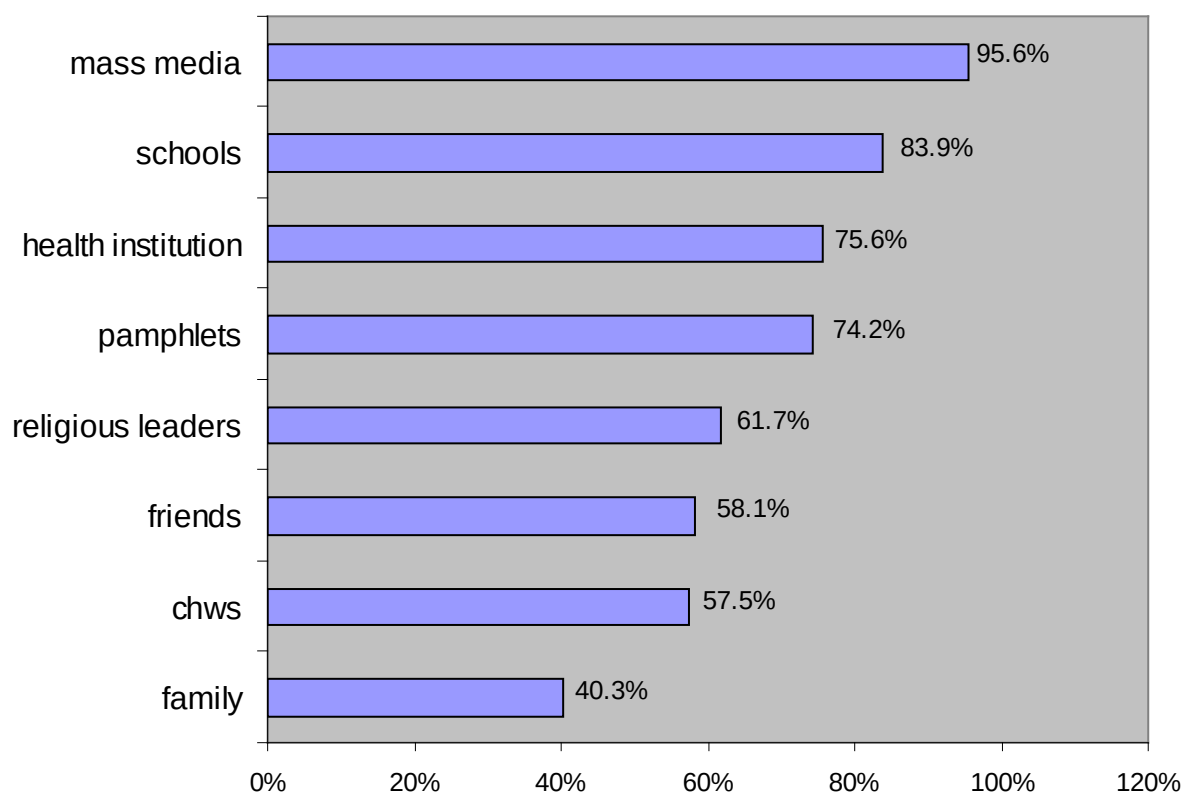


Fig 2 Sources of information for HIV/AIDS, BDU, Mar. 2008.

* result of multiple answer question

5.4. Personal perception of risk of HIV infection.

One hundred fifty seven (43.6%) of the respondents consider themselves as being at risk of HIV/AIDS infection for a variety of reasons and 203(56.4%) of the respondents didn't perceive themselves to be at risk of HIV/AIDS infection. Of those who perceived risk, 93(59.2%), 81(51.6%), 79(50.30%), 30(19.1%) and 10(6.8%) mentioned contaminated sharp object injury, having multiple sexual partners, making sexual intercourse without condom, sexual intercourse with prostitute and contaminated blood transfusion as their reasons for being at risk, respectively(Figure 3).

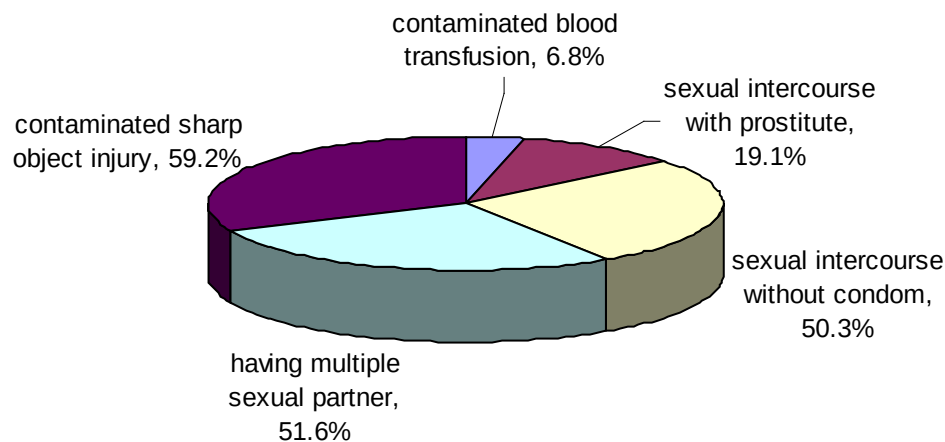


Fig 3 Reasons for considering oneself at risk for HIV, BDU, Dec.2007

* result of multiple answer question

Among those respondents who perceived being at no risk of HIV/AIDS infection, reasons including never having sex, abstaining from sex, being under one-to-one faithful relationship, not sharing sharp materials and using condom were mentioned by 169(8.25%), 150(73.9%), 32(15.7%), 142(69.9%) and 18(8.9%) of the respondents, respectively.

5.5. Source of information for VCT and knowledge about VCT

All of the respondents (100%) have heard of VCT. The most common source of information was mass media 322 (89.4%) followed by health institution 305(84.4%), teacher 160(44.4%), friends 129(35.8%), family 85(23.6%) and others (16.7%) in descending order (Figure 4).

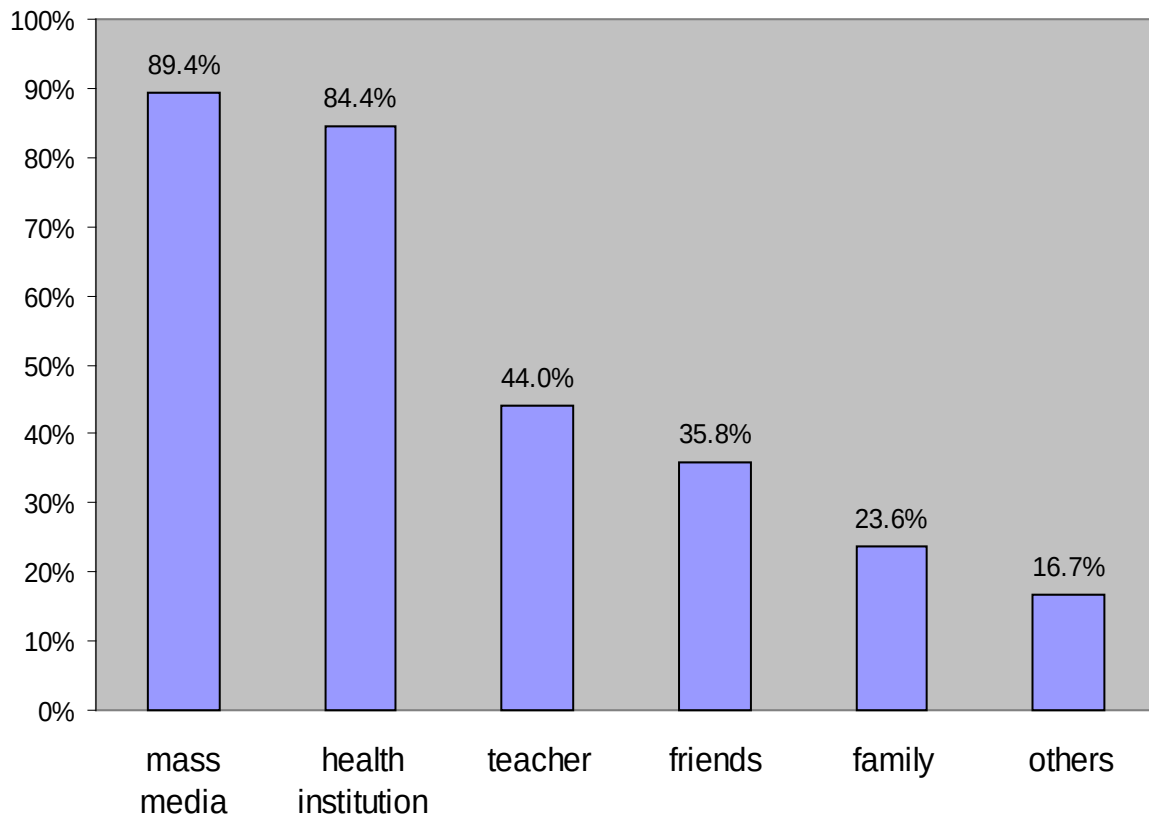


Fig 4 Sources of information for VCT, BDU, Mar. 2008.

* result of multiple answer question

Two hundred forty five (68.1%) respondents were knowledgeable about VCT answering at least 19 of the 21 score questions (those who score greater than the mean score of 18 were considered to be knowledgeable about VCT) (Table 4).

Table 4 Knowledge about VCT along with academic year, BDU, Mar. 2008

Academic year	Knowledge about VCT		Total
	Not knowledgeable	Knowledgeable	
First	69(51.1%)	66(48.9%)	135(100%)
Second	25(21.4%)	92(78.6%)	117(100%)
Third	21(19.4%)	87(80.6%)	108(100%)
Total	115(31.9%)	245(68.1%)	360(100%)

5.6. Perception on benefits of VCT

Nearly all of the respondents (99.2%) stated that counseling is important in undertaking VCT. Three hundred seven respondents(85%), 21(5.8%) and 28(7.8%) claimed both HIV positive and negative persons, HIV negative persons and HIV positive persons respectively would benefit from VCT(Figure 5).

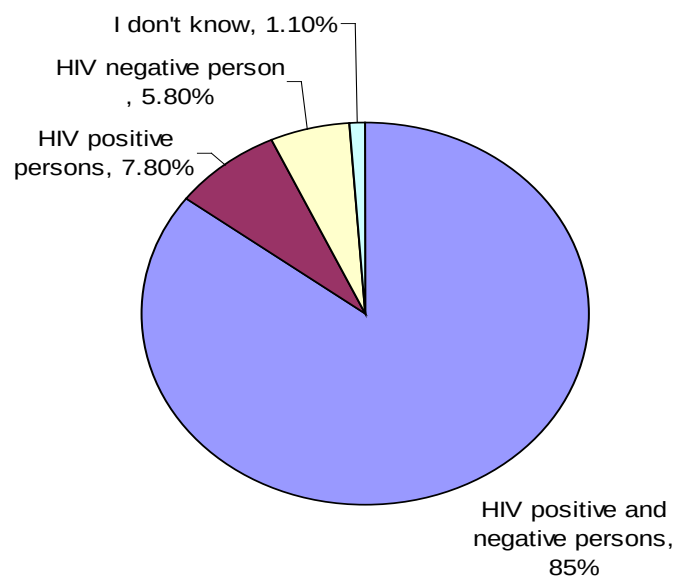


Fig 5 Response to the question who do you think benefits from HIV testing?
BDU, Mar. 2008.

With regard to perceived benefits of VCT, 356(98.9%) said it is important to know one's HIV status followed by to take self care, to avoid transmission of HIV/AIDS, to prevent mother-to-child transmission of HIV/AIDS, to plan for future life, to start ART and to choose one's partner in order of 342(95%), 341(94.7%), 309(85.8%), 300(83.3%), 283(78.6%) and 259(71.9%), respectively.

5.7. Practice of VCT

One hundred thirty nine (38.6%) of respondents had undergone an HIV test. The proportion of females tested was 47.6 % while it was 34.9 % for males. Majority of those who had HIV test (96.4%) had undergone the HIV test on voluntary basis. Almost all voluntarily tested respondents (99.2%) took the test for the purpose of knowing their HIV status. Experience of having had an HIV test was statistically significantly different between males and females on bivariate analysis. Amongst those who had been tested, 96.4% were tested on a voluntary basis. The majority (70%) had their most recent HIV test within the previous year, 13.7%-before 1-2 years, 6.4%-before 3 years and 10%-before unknown duration (Figure 6).

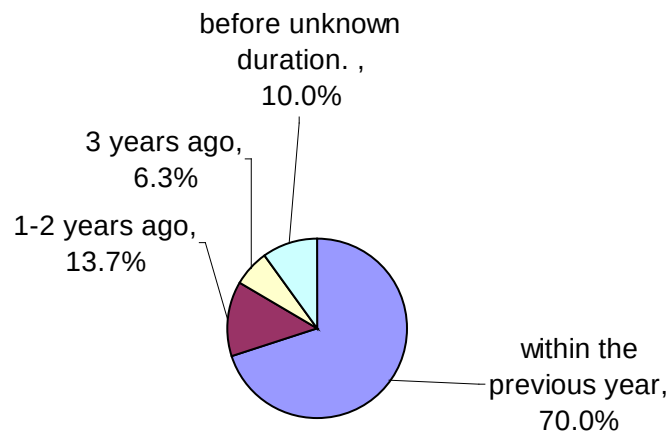


Fig 6 Onset of HIV testing among those who have been tested for HIV, BDU, Mar. 2008

Most of those who were tested (82%) took the test in a health center. Almost all of those who were tested (99.3%) had been given counseling service. Most of those who have been tested (71.7%) stated that they were provided with counseling both before and after testing, while 22.5% and 5.7% were given only pretest or post test counseling, respectively.

5.8. Satisfaction with the VCT service

One hundred twenty seven of those who have ever had VCT (91.4%) stated that they were satisfied with the HIV counseling and testing service they had been offered. The main mentioned reasons for being satisfied included clear counseling 97(76.4%), warm reception 97(76.4%) and free service 80(63.0%)(Figure 7).

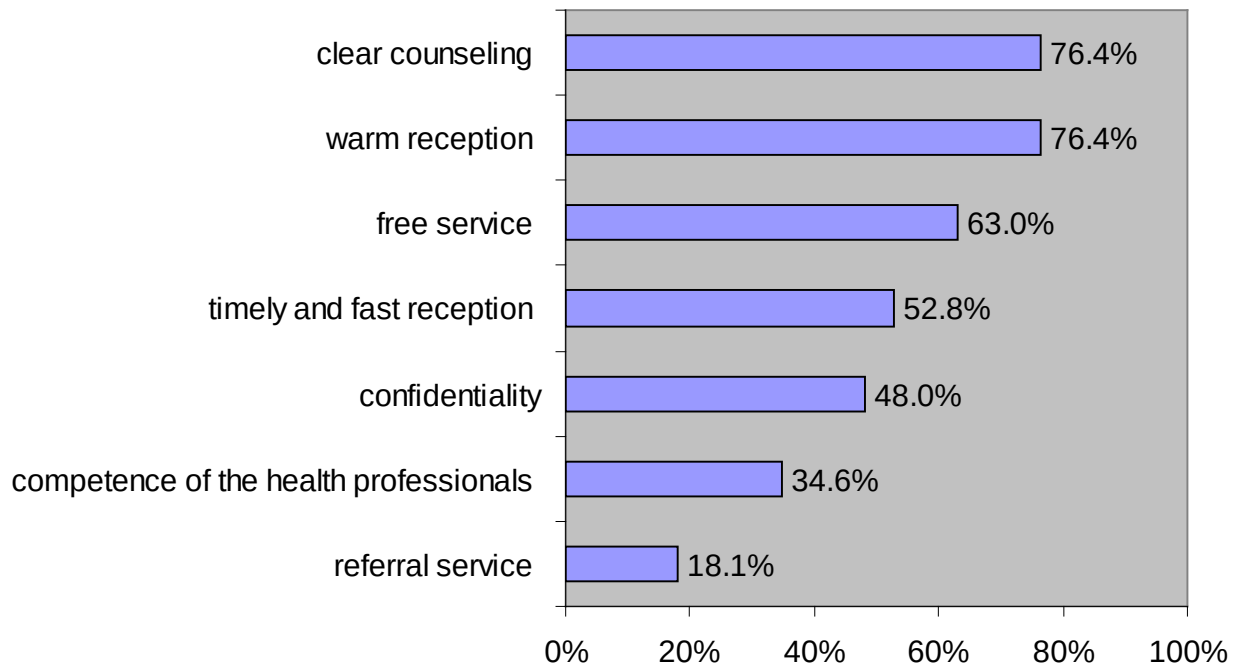


Fig 7 Reasons for being satisfied with VCT service among those who had been satisfied for HIV, BDU, March 2008.

* result of multiple answer question

Reasons for not being satisfied reported by those who have not tested include long waiting time(50%),lack of warm reception(41.7%), lack of separate room (41.7%), incompetence of health professionals (33.3%), unclear counseling(25%) and lack of confidentiality(20%).

5.9. Reasons for not taking HIV test and Respondents' counselor choice by profession

The most common reason for not taking VCT stated by respondents were perceived less/no risk(51%) followed by fear of stigma(34.4%), trusting oneself or partner(21.7%), and unavailability of the service nearby(3%)(Figure 8).

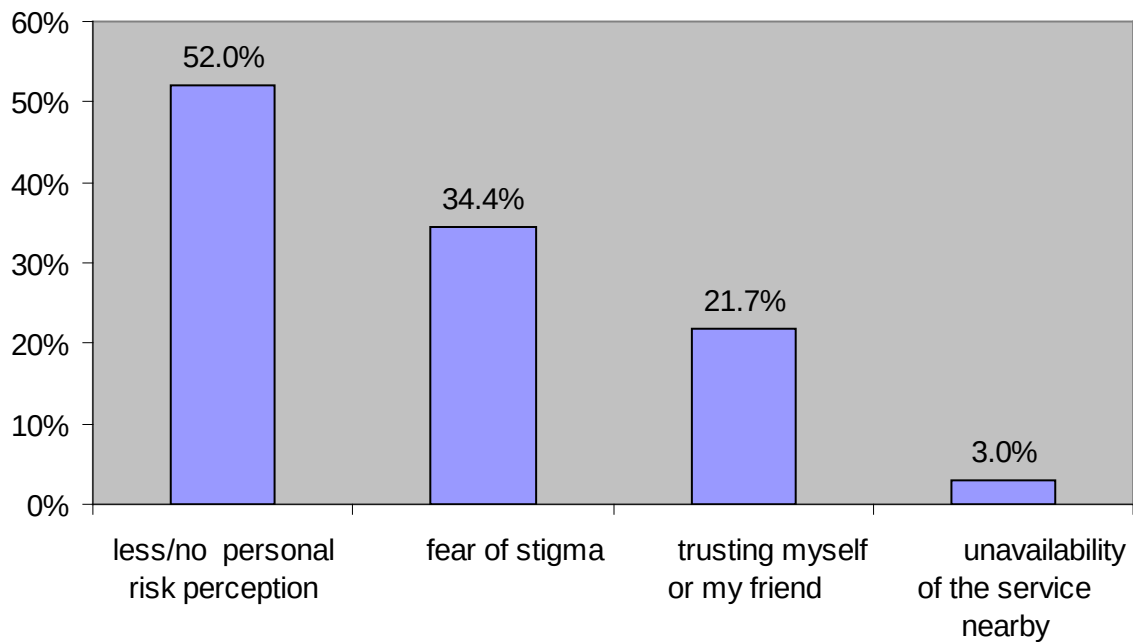


Fig 8 Reasons for not taking HIV testing among those who have been tested for HIV, BDU, Mar. 2008.

* result of multiple answer question

Regarding preference of counselors, 299 (83%) preferred General Practitioner (GP) followed by trained counselor (66%), HIV positive people (46%) and religious leaders (45%).

5.10. Willingness to VCT and Preference of VCT methods

As Table 5 illustrates, three hundred thirty six of the respondents (93.3%) reported willingness to be tested. Of those who were willing, the majority 233 (69.34%) liked to be tested in government health institutions, 41(12.2%) in private health institutions and 12 (2.4%) in NGO health institutions (Table 5).

Two hundred nine respondents (58.1%) were willing to pay for VCT services. Of those who were willing to pay for the service, 67.5% reported that up to 10 Eth Birr is a reasonable fee, the rest said that they can pay more than 10 Eth Birr (Table 5).

Concerning preference of testing methods, 219 (60.8%) preferred anonymous testing while 129(35.8%) and 12(3.3%) preferred confidential and open type of testing for HIV, respectively. Two hundred eighty seven (79.7%) of the respondents preferred face-to-face way of getting HIV test result, while 47(13.1%), 15(4.2%) and 11(3.1%) preferred secretive letter, telephone and relative/partner, respectively (Table 5).

Regarding convenient time for testing, 88(24.4%) of the respondents preferred morning time from 8.30-12.30 a.m, 19(5.3%) preferred afternoon 1.30-5.30 p.m. and 253(70.3%) opted for any time (Table 5).

Table 5 Respondents' willingness to undergo VCT and preference of VCT service method and other preferences, BDU, Mar. 2008.

Characteristics	Frequency	Percent (%)
Willing to be tested (n=360)		
Yes	336	93.3
No	24	6.7
Preferred health institution to undergo VCT (n=336)		
Government health institution	233	69.34
Private health institution	62	18.44
NGO health institution	41	12.22
Willing to pay for VCT service (n=360)		
Yes	209	58.1
No	151	41.9
Amount to pay for VCT service (n=209)		
Up to 10 Birr	141	67.47
More than 10 Birr	68	32.53
Preferred testing method (n=360)		
Anonymous testing	219	60.8
Confidential linked testing	129	35.8
Open type	12	3.3
Preferred ways to get the HIV test result (n=360)		
Face to face	287	79.7
Secretive letter	47	13.1
Relative/partner	15	4.2
Telephone	11	3.1
Preferred time of service(n=360)		
Any time	253	70.3
Morning time from 8.30-12.30 A.M	88	24.4
Afternoon 1.30-5.30 P.M	19	5.3

5.11. Stigma and discrimination

When respondents were asked to whom they would tell their HIV status if the result of the test turned to be positive, 69.4%, 58.2% and 8.3% of the respondents said they would tell to wife/husband/fiancé/ee, family and no one, respectively (Figure 9).

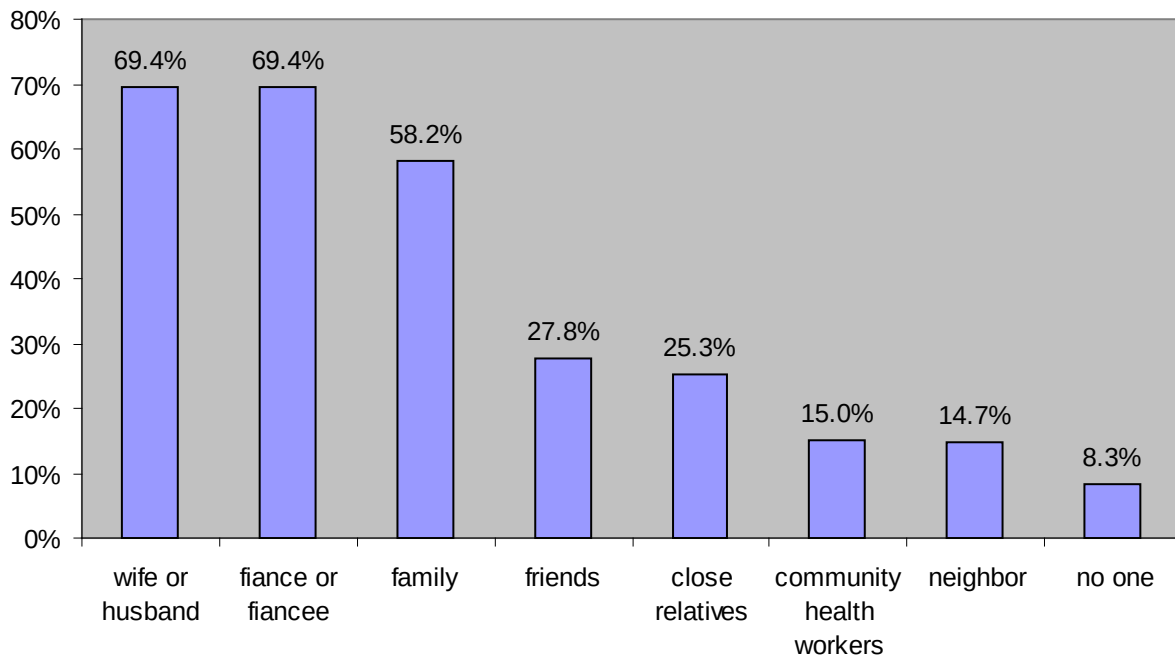


Fig 9 Willingness to share positive HIV result among students, BDU, Mar. 2008.

* result of multiple answer question

Fifty six respondents (15.5%) had stigmatizing attitude against PLWHA and three hundred four respondents (84.4%) had accepting attitude towards PLWHA.

5.12. Association of demographic variables with VCT uptake (model 1)

As shown in Table 6, females were found to be 1.9 times more likely to have undergone HIV test than the male counterparts [AOR (95%CI) = 1.9 (1.8, 3.2)]. In terms of marriage, those married were also 4 times more likely to utilize VCT service than the unmarried [AOR (95%CI) = 3.9 (1.4, 11.5)]. Regarding academic year, second year or above students were 2.5 times more likely to have undergone HIV test than first year students [AOR (95%CI) = 2.5 (1.4, 4.3)].

Those with age group of greater than 24 years have higher probability of testing, but this increase was not significant at the 5% level. Moreover, religion and ethnicity did not show statistically significant difference with VCT uptake in bivariate and multivariate analysis.

Table 6 Association of demographic variables with VCT uptake, BDU, Mar. 2008(n=360) (model 1).

Characteristics	Had VCT No	Yes	Crude OR (95%CI)	Adjusted OR (95%CI)
Sex				
Female	55	50	1.7 (1.1,2.7)*	1.9(1.8,3.2)*
Male	166	89	1	1
Marital status				
Married	6	13	3.7(1.4,9.9)*	3.9 (1.4,11.5)*
Not married	215	126	1	1
Academic year				
Second year or above	151	74	1.9(1.2,2.9)*	2.5(1.4,4.3)*
First year	70	65	1	1
Age group				
18-20	102	61	1	1
21-23	100	63	0.8(0.4,1.6)	0.6 (0.2,1.3)
>24	19	15	0.9 (0.5,1.7)	0.9(0.4,2.1)
Religion				
Muslim	35	16	1.5(0.8,2.7)	1.3(0.7,2.5)
Christian	186	123	1	1
Ethnicity				
Amhara	121	91	1.6(1.0,2.4)	0.8 (0.5,1.3)
Others	100	48	1	1

5.13 Association of knowledge and VCT uptake (model 2)

As shown in Table 7, those respondents who were knowledgeable about VCT location were 1.8 times more likely to have undergone VCT than those who were not knowledgeable [AOR (95%CI) = 1.8 (1.1, 2.8)]. Furthermore, those respondents who ever had sex were 2 times more likely to have undergone VCT [AOR (95%CI) = 2.1 (1.4, 3.3)]. Those who had accepting attitude towards PLWHA were 2 times more likely to have undergone HIV test than those with stigmatizing attitude [AOR (95%CI) = 2.1 (1.1, 4.2)]. Knowledge about HIV transmission and VCT did not show significant association with having undergone VCT.

Table 7 Association of knowledge, sexual intercourse and stigma/discrimination with VCT uptake, BDU, Mar. 2008(n=360) (model 2).

Characteristics	Had VCT		Crude OR (95%CI)	Adjusted OR (95%CI)
	No	Yes		
Knowledge about VCT location				
Knowledgeable	87	73	1.7(1.1,2.6)*	1.8(1.1,2.8)*
Not knowledgeable	134	66	1	1
Ever had sex				
Yes	72	70	2.1(1.4,3.2)*	2.1(1.4,3.3)*
No	149	69	1	1
Stigma and discrimination				
Accepting attitude	178	126	2.3(1.2,4.5)*	2.1(1.1,4.2)*
Stigmatizing attitude	43	13	1	1
Knowledge about HIV transmission				
Knowledgeable	190	121	1.1 (0.6,2.0)	0.9 (0.5,1.7)
Not knowledgeable	31	18	1	1
Knowledge about VCT				
Knowledgeable	147	98	1.2(0.8,1.9)	1(0.6,1.7)
Not knowledgeable	74	41	1	1

5.14 Association among variables that showed association in model 1 & 2(model 3)

As indicated in tables 6 and 7, model 1 and model 2 have revealed that knowledge about VCT location, ever having sex, being female, being second year and above, being married and having accepting attitude towards PLWHA increases the odds of having undergone VCT.

As shown in Table 8, stepwise logistic regression which is the combination of the two models showed that those who were knowledgeable about the location of VCT were about two times more likely to have undergone HIV test than those who were not knowledgeable [AOR (95%CI) = 1.9 (1.2, 3.2)]. Those who had an accepting attitude towards PLWHA were also two times more likely to have undergone HIV test than those who had stigmatizing attitude[AOR (95%CI) = 2.2 (1.1, 4.3)]. Second year or above respondents were nearly three times more likely to have undergone HIV test than the first years. Moreover, this step wise logistic regression also showed that those who ever had sex [AOR (95%CI) =2.6(1.6, 4.4)] or were of female sex [AOR (95%CI) = 2.6(1.6, 4.4)] were 2.5 more likely to have undergone HIV test than their counter parts (Table 8).

Table 8 Stepwise logistic regression of variables that were significant in adjusted odds ratio of model 1 and 2, BDU, Mar. 2008(n=360).

Characteristics	Had VCT		Crude OR (95%CI)	Adjusted OR (95%CI)
	No	Yes		
Knowledge about VCT location				
Knowledgeable	87	73	1.7(1.1,2.6)*	1.9(1.2,3.1)*
Not knowledgeable	134	66	1	1
Stigma and discrimination				
Accepting attitude	178	126	2.3(1.2,4.5)*	2.2(1.1,4.3)*
Stigmatizing attitude	43	13	1	1
Marital status				
Married	6	13	3.7(1.4,9.9)*	2.8(0.9,8)
Not married	215	126	1	1
Academic year				
Second year or above	151	74	1.9(1.2,2.9)*	2.8(1.7,4.5)*
First year	70	65	1	1
Ever had sex				
Yes	72	70	2.1(1.4,3.2)*	2.6(1.6,4.4)*
No	149	69	1	1
Sex				
Female	55	50	1.7 (1.1,2.7)*	2.6(1.6,4.4)*
Male	166	89	1	1

6. DISCUSSION

The study tried to assess factors affecting VCT uptake and knowledge and practice regarding HIV/AIDS and VCT among Bahir Dar University students. The response rate of the study was 95% which is higher than the response rate of a similar study conducted among undergraduates in southeast Nigeria which was 70 % (47). This may be due to care and close supervision undertaken during questionnaire administration and retrieval.

University students seem to be generally aware of the existence of HIV/AIDS, basic facts about its transmission and VCT. This is supported by our study finding which revealed that majority were knowledgeable about HIV transmission and prevention which is greater than in school youth awareness in BSS II (8). Media was found to be the highest source of information on HIV/AIDS and VCT. The result supports the programmatic significance of media as a conveyor of information. Similar finding was indicated in other studies (40, 47). This may be due to better accessibility to mass media, like radio compared to the rural areas (since BSS includes rural areas).

The study revealed that 38.6% of the respondents had undergone HIV test. This figure is higher than those indicated in other studies (7, 40). But higher figures were reported from another study among nursing students in Malawi (35). This may be due to the health related educational background of the study respondents. It is important to note that although the proportion of university students reporting HIV testing was higher than the general Ethiopian population and in school youths (3, 7), the reported levels of testing were still too low to serve as an effective HIV prevention intervention.

Majority of those who had undergone HIV test (96.4%) took the test on voluntary basis. Almost all voluntarily tested respondents (99.2%) took the test for the purpose of knowing their HIV status. Similar findings were reported in other studies (40, 47).

The predominant reason for not being tested was less/no personal risk perception (51%) followed by fear of stigma. Similar finding was observed in a study done in Kenya (15). But another study done in Guraghe zone, Ethiopia indicated that the main reason for not being tested was anxiety about the result (57). In order for programs promoting HIV testing to be effective, persons must be able to accurately assess their HIV risk. Yet respondents do not generally regard themselves as being seriously at risk of HIV infection as confirmed by the finding that revealed only 43.6% of the respondents consider themselves as being at risk of HIV/AIDS. Similarly, a survey at the University of Ghana found that only 45 % considered themselves to be at risk of contracting the disease (46).

Through stepwise multiple logistic regression by controlling for the effect of other variables, academic year and sex of the respondents showed statistically significant association with VCT uptake. Respondents with second year and above were more likely to utilize VCT than those who were in the first year. This may be due to the higher possibility that respondents with second or above years of study could have more access to VCT information in the University. Married ones and females were more likely to use VCT. This finding agrees with a study done in Jamaica among adults that revealed that females and married persons were more likely to report previous HIV testing (58). Similar finding exists in other studies (7, 41). This higher figure among married may partially be due to the premarital HIV testing that is being widely practiced nowadays.

According to this study, 46.3% of the males have ever had sexual intercourse which is comparatively lower than a study among Turkish university students which revealed the frequency of sexual intercourse among male students to be 61.2 %(59). Sexual activity increases according to the academic year, being at its lowest for first year students and at its highest for final year students. The same finding was reported in study done in University of Ghana (46). In the regression analysis engagement in sexual intercourse was associated with higher VCT utilization. However, having multiple sexual partners and using condom were not associated with VCT. This study is in agreement with other studies (7, 25, 58) but inconsistent with some studies (30, 40). These discrepancies may be due to the different methodologies used but most studies point to the fact that sexual intercourse is associated with HIV testing.

The majority of the students perceive knowing one's HIV status while a study done among nurse students in Malawi indicated that the majority of them perceive prevention of transmission of HIV infection as the greatest benefit of knowing one's HIV serostatus(35).

The study revealed that students who were knowledgeable about VCT location were more likely to utilize VCT service than those who were not. Similarly studies done among youth in Nigeria & Ugandan men also indicated that knowledge about source for HIV testing was associated with an increased likelihood of HIV testing (29, 33). This entails the need to intensify the activities to create awareness about where to get VCT service rather than only concentrating on facts about HIV and VCT.

However, knowledge about HIV transmission and knowledge about VCT did not show association with HIV testing. The reason for the lack of association among these variables in this study could be due to the low number of study respondents who were not knowledgeable about HIV transmission and VCT.

This study also revealed that individuals with stigmatizing attitude were less likely to utilize VCT service than those who had an accepting attitude. This could be due to the fact that HIV-associated stigma is taken as significant barrier which makes individuals less eager to seek for VCT (59). This finding agrees with a study done in Kersa Town, Ethiopia among adults which indicated that individuals with stigmatizing and discriminating attitude were less likely to utilize VCT service than those who had not such attitude (40). Similar finding was also reported in South Africa (52). Majority (91.7%) reported that they would tell someone if they tested positive. This hypothetical disclosure scenario is better when compared to study in South Africa (61).

Regarding preference of counselors' qualification, the most preferred was physician, followed by trained counselor and HIV positive people. Similar findings were indicated in other studies (40, 57). This shows that including people living with HIV/AIDS as part of the intervention may be beneficial in achieving higher uptake of VCT.

With regard to VCT service delivery time, majority of the respondents preferred any time. The same finding was observed in study done in Mersa Town, Ethiopia (40). This underlines the need to provide VCT services even beyond the normal working hours like in the evening.

In this study majority of the respondents (93.3%) were willing to go for VCT in the future. Similar findings exist in study done in Mersa Town of Harbu district, Ethiopia (40). Slightly lower percentage of willingness to VCT was found in study done in North Ethiopia and Nigeria (37, 38 and 47). Even though willingness to be tested amounted to be 93.3% but the proportion of students who were already tested was only 38.6%. This indicates that willingness of respondents for HIV counseling and testing wasn't paralleled with actual use of HIV testing by Bahir Dar University students.

Generally, the study revealed that longer stay in university, starting sexual intercourse and knowledge about VCT location were positively associated with higher likelihood of having undergone HIV testing, while respondents with stigmatizing attitude were associated with lower likelihood of having undergone HIV testing. Therefore, activities should be tailored to tackling stigma and discrimination comprehensively so that this major barrier to HIV testing can be addressed.

7. STRENGTHS AND LIMITATIONS OF THE STUDY

Strength of the study

- Pretest was done and necessary corrections were made.
- High response rate of 95%.

Limitations of the study

- Even though the study was anonymous, since the study addresses sensitive issues some sort of social desirability bias is unavoidable.
- The study was cross sectional; therefore it is difficult to know whether the exposure or the outcome occurred first.

8. CONCLUSION

The study tried to assess knowledge and attitude towards HIV/AIDS and VCT and factors associated with voluntary counseling and testing uptake among Bahir Dar University undergraduate students. From the study findings, the following conclusions are drawn.

- All of the respondents have heard about HIV and VCT.
- The more students stay in the University, the more the likelihood of getting tested for HIV.
- Females were more likely to be tested than males.
- Those who didn't undergo HIV test had lesser knowledge about the location of VCT compared to those who took the test.
- Engaging in sexual intercourse was associated with higher likelihood of HIV testing.
- Stigma and lack of knowledge on the location of VCT are the greatest barriers for the students to access VCT.
- The majority of the students perceive knowing one's HIV status and taking self care as the greatest benefits of knowing one's HIV serostatus.

9. RECOMMENDATIONS

Based on the findings of the study, the following recommendations are forwarded

- The University should intensify activities pertaining to curbing the stigma and discrimination so that the willingness of students for HIV counseling and testing could be paralleled with actual use of HIV testing. .
- Since uptake of HIV testing is disproportionately lower in male students, the university should target these groups more.
- Health education programs on benefits of VCT and other relevant topics that are being undertaken by anti HIV/AIDS movement members through drama and entertainment should be intensified.
- Further study needs to be conducted to evaluate the effectiveness of VCT among the University students who were tested in changing their sexual behavior.

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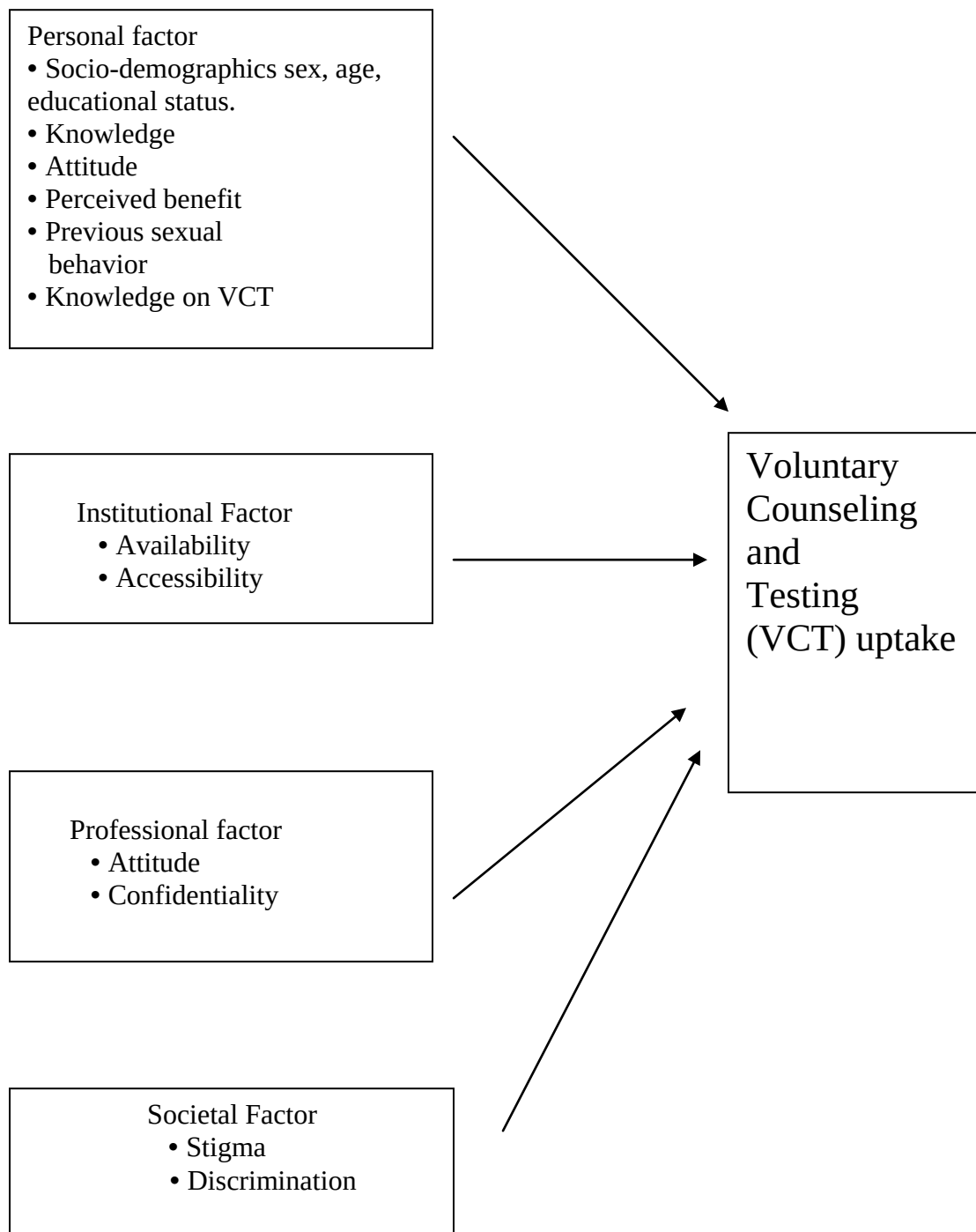
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7. ANNEXES

ANNEX 1: CONCEPTUAL FRAMEWORK OF VOLUNTARY COUNSELING AND TESTING (VCT)



Annex 2. Structured English Questionnaire For Quantitative study Addis Ababa University Medical Faculty Department of Community Health

Introduction and Consent Form

My name is _____. I am a master of public health student in Addis Ababa University..

The purpose of this study is to assess factors affecting uptake of HIV voluntary counseling and testing among Bahir Dar University students. The research is done for partial fulfillment of master's degree in public health.

The study will be conducted through self administered questionnaire. I am asking you to spend about 30 minutes of your time to fill the questionnaire. The finding of the study will be made available for policy makers and relevant bodies so that they can use it for better planning & intervention of HIV prevention activities in Ethiopia. The study involves some general and in depth personal questions. You will not get direct benefit by participating in the study. Your answer is completely confidential, your name is not required to be written on this form and will never be used in connection with any of the information you tell me. You have a full right to participate throughout, or to discontinue at any time, or never participate in the study.

We would greatly appreciate your help in responding to these questions.

Would you be willing to participate in the study?

If yes _____ (1) continue

No _____ (2) Thank and stop

Address Tel. 0911783350

E-mail nebe2made2@yahoo.com

Part I. Socio demographic characteristics

NO	Questions and filters	Response coding Categorization	Skip
101	Sex of the respondent	1. Male 2. Female	
102	Age in year (completed year)	/---/	
103	Batch(years of study)	1. First 2. Second 3. Third	
104	What is your martial status?	1. Single 2. Married 3. Other specify-----	
105	Do your father and mother live together?	1. Yes 2. Divorced 3. One of them alive 4. Both of them not alive	
106	What is your parents' educational status?	A. Your father 1. Illiterate 2. Read and write (but not formal education) 3. The highest grade completed __ If University write 12+year __ B. Your mother 1. Illiterate 2. Read and write 3. The highest grade completed __ If University write 12+year __	
107	What is your family size with you?	__	
108	Place of original residence	Region-----	
104	What is your religion?	1. Muslim 2. Orthodox Christian 3. Protestant 4. Catholic 5. Others specify	
105	To which ethnic group do you belong?	1.Amhara 2.Tigray 3. Oromo 4. Other specify-----	

Part II. Sexual History

No	Questions and filter	Response coding categories	Skip to
201	Have you ever had sexual intercourse?	1. Yes 2. No----- →	Q301
202	Have you had sexual inter course with multiple partners?	1. Yes 2. No----- →	Q301
203	Have you used condom with multiple sexual partners?	1. Yes 2. No----- →	Q301
204	How often used condom with multiple sexual partners?	1. Always 2. Sometimes	

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

No	Questions and filters	Response coding categories	Skip to																														
301	Have you heard about HIV/AIDS?	1. Yes 2. No																															
302	From where did you hear about HIV/AIDS?	<table><thead><tr><th></th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>1.Radio/Television-----</td><td>1</td><td>2</td></tr><tr><td>2.Nighbours-----</td><td>1</td><td>2</td></tr><tr><td>3.Pamphlets/ poster-----</td><td>1</td><td>2</td></tr><tr><td>4.Community health workers-----</td><td>1</td><td>2</td></tr><tr><td>5.Health institutions-----</td><td>1</td><td>2</td></tr><tr><td>6.School -----</td><td>1</td><td>2</td></tr><tr><td>7.Family (father, mother, sister, brother, children)</td><td>1</td><td>2</td></tr><tr><td>8. Friends -----</td><td>1</td><td>2</td></tr><tr><td>9. Others (specify)-----</td><td>21</td><td></td></tr></tbody></table>		Yes	No	1.Radio/Television-----	1	2	2.Nighbours-----	1	2	3.Pamphlets/ poster-----	1	2	4.Community health workers-----	1	2	5.Health institutions-----	1	2	6.School -----	1	2	7.Family (father, mother, sister, brother, children)	1	2	8. Friends -----	1	2	9. Others (specify)-----	21		
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303	What are the means of HIV transmission?	<table><thead><tr><th></th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>1.Through unsafe sex-----</td><td>1</td><td>2</td></tr><tr><td>2. From mother to baby -----</td><td>1</td><td>2</td></tr><tr><td>3. Sharing contaminated sharp instrument---</td><td>1</td><td>2</td></tr><tr><td>4. Infected blood transfusion-----</td><td>1</td><td>2</td></tr><tr><td>5. Mosquito bite -----</td><td>1</td><td>2</td></tr><tr><td>6.Sharing meal-----</td><td>1</td><td>2</td></tr><tr><td>7.Breathing-----</td><td>1</td><td>2</td></tr><tr><td>8. Do not know-----</td><td>81</td><td></td></tr><tr><td>9. Others (specify)-----</td><td>21</td><td></td></tr></tbody></table>		Yes	No	1.Through unsafe sex-----	1	2	2. From mother to baby -----	1	2	3. Sharing contaminated sharp instrument---	1	2	4. Infected blood transfusion-----	1	2	5. Mosquito bite -----	1	2	6.Sharing meal-----	1	2	7.Breathing-----	1	2	8. Do not know-----	81		9. Others (specify)-----	21		
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304	How people can avoid being infected with HIV/AIDS?	Yes No 1. Abstinence from sex -----1 2 2. Faith fullness to partner-----1 2 3. Using condom-----1 2 4.Avoid unscreened blood transfusion-----1 2 5. Avoiding sharing of sharp materials-----1 2 6.Avoid eating together-----1 2 7.Protect from mosquito bite-----1 2 8. Do not know-----81 9. Others (specific)----- 21	
305	Do you think that some one who looks healthy could have HIV/AIDS?	Yes-----1 No-----2 Do not know-----81	
306	How can you know if you or some body has HIV/AIDS?	Yes No 1. Simply by looking-----1 2 2. By physical examination of health personnel- 1 2 3. Go to traditional healer/wizard -----1 2 4. Go to counseling and testing service -----1 2 5. Other (specify)----- 1 2 6. Do not know-----81	
307	Do you think you might be infected by HIV?	Yes-----1 No-----2 May be-----3 Do not know-----81	→ Q309
308	Why do you think that you might be infected by HIV?	Yes No 1.More than one Sexual partner-----1 2 2. Have had sex with out condom-----1 2 3. Have had sexual intercourse with-----1 2 Commercial sex worker 4. Injuries with contaminated sharps -----1 2 5. Blood transfusion-----1 2 6. Others (specify)-----1 2	
309	Why do you think that you might not be infected by HIV?	Yes No 1.Have never made sexual intercourse-----1 2 2. Have abstained from sex-----1 2 3. One faithful partner-----1 2 4 .Did not share needle for injection-----1 2 5. I always use condom-----1 2 6.Other (specify)-----1 2	

Part IV. Knowledge, Willingness, perception and Practices on VCT

No	Questions and filters	Response coding Categorization	Skip
401	Have you heard of voluntary HIV counseling and testing?	Yes-----1 No-----2	
402	From where did you get the information?	Yes No 1.Neighbors -----1 2 2.Spouse-----1 2 3.Friends-----1 2 4.Relatives-----1 2 5.Teachers-----1 2 6.Media-----1 2 7.Family (father, mother, sister, brother, children) 1 2 8.Health institutions-----1 2 9.Others (specify)-----1 2	
403	Is VCT available in your university or around?	Yes-----1 No-----2 →	Q406
405	How long in time did it take you to get to the service site by foot walk?	Hours _____	
406	Do you know where you can get the service other than your area?	Yes No 1.Hospital-----1 2 2.Health center-----1 2 3.Family guidance-----1 2 4.Private clinic-----1 2 5.Others (specify)-----21 6. Don't know-----81	
407	Please do not tell me the result have you ever had VCT in the past?	Yes-----1 No-----2 →	Q417

408	When did you test for HIV?	1.Before three months-----1 2.Before six months-----2 3.Before one year -----3 4.Before two years-----4 5.Before three years-----5 6.Before four years-----6 7.Don't know-----81																									
409	What was the reason for having HIV test?	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>1.Voluntary-----</td> <td>1</td> <td>2</td> </tr> <tr> <td>2.Ordered by health worker-----</td> <td>1</td> <td>2</td> </tr> <tr> <td>3.required for work-----</td> <td>1</td> <td>2</td> </tr> <tr> <td>4.Required for visa-----</td> <td>1</td> <td>2</td> </tr> <tr> <td>5.Others (specify)-----</td> <td>1</td> <td>2</td> </tr> </table>		Yes	No	1.Voluntary-----	1	2	2.Ordered by health worker-----	1	2	3.required for work-----	1	2	4.Required for visa-----	1	2	5.Others (specify)-----	1	2							
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410	If voluntary for what reason?	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>1.To know self status-----</td> <td>1</td> <td>2</td> </tr> <tr> <td>2. To plan future life-----</td> <td>1</td> <td>2</td> </tr> <tr> <td>3. For marriage-----</td> <td>1</td> <td>2</td> </tr> <tr> <td>4. Pregnancy-----</td> <td>1</td> <td>2</td> </tr> <tr> <td>5. For blood donation-----</td> <td>1</td> <td>2</td> </tr> <tr> <td>6. To start treatment-----</td> <td>1</td> <td>2</td> </tr> <tr> <td>7.Other (specify)-----</td> <td>21</td> <td></td> </tr> </table>		Yes	No	1.To know self status-----	1	2	2. To plan future life-----	1	2	3. For marriage-----	1	2	4. Pregnancy-----	1	2	5. For blood donation-----	1	2	6. To start treatment-----	1	2	7.Other (specify)-----	21		
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411	Where did you take the test?	-----																									
412	Did you have counseling during HIV test?	Yes-----1 No-----2 	Q414																								
413	When did you receive counseling?	Before HIV test -----1 After HIV test -----2 Before and after HIV test -----3 Other/specify-----21																									
414	Were you satisfied for the services given?	Yes-----1 No-----2 	Q416																								

415	What was the reason for being satisfied?	Yes No 1.Warm reception-----1 2 2.Quick service-----1 2 3.Confidentiality -----1 2 4.Privacy-----1 2 5. Professionalism of health care workers-----1 2 6. Referral for care and support-----1 2 7. Free service-----1 2 8.Brief counseling-----1 2 9. Others (specify)-----1 2	
416	If no for Q413 what was the reason?	Yes No 1.No warm reception-----1 2 2.Long waiting time-----1 2 3.Lack of confidentiality-----1 2 4.Lack of privacy-----1 2 5.Expense -----1 2 6.The counseling given was not clear -----1 2 7.No referral for care and support -----1 2 8. Professionalism of health care workers-----1 2 9.Others (specify	
417	If No for Q 407 what is the reason you did not have VCT before.	Yes No 1. Do not know where to get-----1 2 2. Do not believe it will help-----1 2 3. Partners and self trust-----1 2 4. Afraid to get the result-----1 2 5 .Do not know about it -----1 2 6. Partner refusal-----1 2 7. No near by the service-----1 2 8. Fear of stigma-----1 2 9. Cost of service-----1 2 10. Others (specify)-----1 2	
418	Do you think counseling is important for HIV testing?	Yes-----1 No-----2 Do not know -----81	
419	Who do you think benefits from testing?	HIV positive person-----1 HIV negative person-----2 Both HIV positive and negative persons-----3 Do not know-----81	

420	Which method of testing you prefers if both types are available?	Confidential linked testing-----1 Anonymous testing-----2 Others (specify)----- 21																															
421	Would you be willing to pay for VCT services?	Yes-----1 → No-----2	Q423																														
422	How much do you want to pay for VCT services?	-----Birr																															
423	If you have HIV test Which way do you prefer to obtain the HIV test result?	Face to face-----1 Telephone-----2 Secretary letter-----3 Relative/ Partner -----4 Other (specify)-----21																															
424	Do you agree that VCT is important to prevent the transmission of HIV/AIDS?	Agree-----1 Disagree-----2 → Neutral-----3	Q426																														
425	What are the advantages?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>1.Prevention of partners/others-----1</td> <td></td> <td>2</td> </tr> <tr> <td>2.Knowing self-----1</td> <td></td> <td>2</td> </tr> <tr> <td>3.Self care for future life-----1</td> <td></td> <td>2</td> </tr> <tr> <td>4.Prevent mother to child transmission-----1</td> <td></td> <td>2</td> </tr> <tr> <td>5.Choosing partner-----1</td> <td></td> <td>2</td> </tr> <tr> <td>6.To plan future life-----1</td> <td></td> <td>2</td> </tr> <tr> <td>7.To start antiretroviral treatment-----1</td> <td></td> <td>2</td> </tr> <tr> <td>8.Others (specify)-----1</td> <td></td> <td>2</td> </tr> </tbody> </table>		Yes	No	1.Prevention of partners/others-----1		2	2.Knowing self-----1		2	3.Self care for future life-----1		2	4.Prevent mother to child transmission-----1		2	5.Choosing partner-----1		2	6.To plan future life-----1		2	7.To start antiretroviral treatment-----1		2	8.Others (specify)-----1		2				
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7.To start antiretroviral treatment-----1		2																															
8.Others (specify)-----1		2																															
426	When does person should have a test for HIV?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>1.Any time----- 1</td> <td></td> <td>2</td> </tr> <tr> <td>2.During illness-----1</td> <td></td> <td>2</td> </tr> <tr> <td>3.Before marriage-----1</td> <td></td> <td>2</td> </tr> <tr> <td>4.During travel to abroad-----1</td> <td></td> <td>2</td> </tr> <tr> <td>5.In doubt-----1</td> <td></td> <td>2</td> </tr> <tr> <td>6.Before pregnancy-----1</td> <td></td> <td>2</td> </tr> <tr> <td>7.During pregnancy-----1</td> <td></td> <td>2</td> </tr> <tr> <td>8.Other (specify)----- 1</td> <td></td> <td>2</td> </tr> <tr> <td>9. Do not know-----81</td> <td></td> <td></td> </tr> </tbody> </table>		Yes	No	1.Any time----- 1		2	2.During illness-----1		2	3.Before marriage-----1		2	4.During travel to abroad-----1		2	5.In doubt-----1		2	6.Before pregnancy-----1		2	7.During pregnancy-----1		2	8.Other (specify)----- 1		2	9. Do not know-----81			
	Yes	No																															
1.Any time----- 1		2																															
2.During illness-----1		2																															
3.Before marriage-----1		2																															
4.During travel to abroad-----1		2																															
5.In doubt-----1		2																															
6.Before pregnancy-----1		2																															
7.During pregnancy-----1		2																															
8.Other (specify)----- 1		2																															
9. Do not know-----81																																	

427	Who do you think should go for an HIV/ AIDS test?	Yes No 1.Sex workers-----1 2 2.Partner of sex workers-----1 2 3.Those to be married-----1 2 4.Any one at risk-----1 2 5.Any one sexually active-----1 2 6.Those with multiple partners-----1 2 7.Those who are sick-----1 2 8.Others (specify)-----1 2 9. Do not know-----81	
428	By whom do you prefer to get VCT counseling?	Yes No 1.Physician (Doctor)-----1 2 2.Nurse-----1 2 3.Trained counselor-----1 2 4.Religious leader-----1 2 5.Community leader-----1 2 6.HIV/AIDS positive people-----1 2 7.No need of counselors-----1 2 8. Others (specify)-----1 2	
429	Are you willing to have VCT whether you had it before or not?	Yes-----1 No-----2 →	Q431
430	Where would you go?	Government health institution having VCT center--1 NGOs health institution having VCT center-----2 Private health institution having VCT center-----3	
431	In your opinion what time is convenient for VCT service delivery?	Morning from 8:30am-12: 30am-----1 After noon---1: 30pm- 5:30pm-----2 Any time-----3 Others (specify)----- 21	

PART IV. Stigma and Discrimination

501	If your testis positive for HIV, would you tell for any of the following individuals about your test result?	Yes No 1.Your spouse-----1 2 2.Your family-----1 2 3.Your sexual partners-----1 2 4.Your relatives-----1 2 5.Your neighbor-----1 2 6.Your religious leaders-----1 2 7.Your community leader-----1 2 8.your employers-----1 2 9.Your friends-----1 2 10.Others (specify)----- 1 2	
502	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?	Yes No 1.Neglected by family-----1 2 2.Martial breakage-----1 2 3.Physical abuse by -----1 2 Spouse/ sexual partner 4.Neglected by friends-----1 2 5.Increased emotional-----1 2 Support from family and relatives 6.Increased emotional support from peers spouse/ sexual partners—1 2 7.Increased emotional support-----1 2 from health professionals 8.Break up of sexual-----1 2 relation ship 9.Others (specify)----- 1 2	
503	Would you be willing to share a meal with a person you knew had HIV ?	1. YES 2. NO 3. DON'T KNOW	
504	If a relative of yours became ill With HIV, the virus that causes AIDS, would you be willing to care for him in your household?	1. YES 2. NO	

505	If a student has HIV but is not sick, should he or she be allowed to continue attending school?	1. YES 2. NO	
506	If a relative of yours became ill With HIV, the virus that causes AIDS, would you be willing to care for him in your household?	1. YES 2. NO	
507	If a teacher has HIV but is not sick, should he or she be allowed to continue teaching in school?	1. YES 1 2. NO 2	
508	If you knew a shopkeeper or food seller had the HIV virus, would you buy food from them?	1. YES 1 2. NO 2	
509	If a member of your family became ill with HIV, the virus that causes AIDS, would you want it to remain secret?	1. YES 2. NO	

Thank you for your cooperation.

Annex 5. Structured Amharic questionnaire For Quantitative study

በአዲስ አበባ ዩኒቨርሲቲ የህክምና ፋክሊቲ የህብረተሰብ ጤና ትምህርት ክፍል በባህርዳር ዩኒቨርሲቲ ተማሪዎች ላይ በበጎ ፈቃደኝነት ላይ የተመሰረተ የኤች አይ ቪ የምክር እና ምርመራ አገልግሎት ላይ የላቸዉን የአገልግሎት አጠቃቀም እንዲሁም አገልግሎቱን ለመጠቀም የሚያስችሉ ምክንያቶችን ለማጥናት የተዘጋጀ መጠይቅ

እኔ ነብዩ ሕሩይ እባላለሁ። እርስዎ ዘንድ የመጣሁት በአዲስ አበባ ዩኒቨርሲቲ የህክምና ፋክሊቲ የህብረተሰብ ጤና ክፍል በባህርዳር ዩኒቨርሲቲ በሚካሄደው የሁለተኛ ዲግሪ የመመረቂያ ጥናት የሚያገለግል መጠይቅ እንዲሞሉልኝ ትብብረዎትን ለመጠየቅ ነው። አንዳንድ የጤና እና ማህበራዊ የሆኑ ጥያቄዎችን በመጠይቁ ላይ ተካተዋል። መጠየቁን ለመመላት ከ20 አስከ 30 ደቂቃ ሊፈጅብዎት ይችላል። የጥናቱ አላማ በበጎ ፈቃደኝነት ላይ የተመሰረተ የኤች አይ ቪ የምክርእና ምርመራ አገልግሎት አጠቃቀምን ለመገምገም እና የመፍትሄ ሀሳቦችን ለሚመለከተው ክፍል ለማቅረብ ነው።

እርሶዎ የሚሰጡት መረጃና አስተያየት ከጥናቱ አገልግሎት ውጪ ለማንም ሶስተኛ አካል በምንም ሁኔታ አይገለጽም። ሥምዎን መመላት አያስፈልገዎትም። ከእርስዎ የምናገኘው ትክክለኛ መረጃ በጥናታችን መጨረሻ ማወቅ ለምንፈልገው ውጤት ከፍተኛ ጠቀሜታ አለው። ይህን መጠይቅ ለመመላት ፍቃደኛ ነዎት?

- ☐ አዎን
- ☐ አይደለሁም

ማንኛውም ከጥናቱ ጋር የተያያዙ ጥያቄዎች ካለዎት በዚህ አድራሻ ሊያገኙን ይችላሉ።

ነብዩ ሕሩይ ስልክ 0911783350

ክፍል አንድ፡ መሰረታዊ የግል መረጃዎች

ተ.ቁ	ጥያቄዎች	አማራጭ መልሶች	ይለፍ	ኮድ
101	ጅታ?	ወንድ----- 1 ሴት ----- 2		/----/
102	እድሜህ/ሽ ስንት ነው?	በአመት -----		/----/
103	የስንተኛ አመት ተማሪ ነህ/ሽ?	አንደኛ-----1 ሁለተኛ-----2 ሶስተኛ -----3		/----/ /----/ /----/
105	የጋብቻ ሁኔታ?	ያላገባ/ች-----1 ያገባ/ች-----2 ባል/ሚስትየሞተባት/ችበት-----3 የፈታ/ች-----4 ሌላ ይገለፅ-----5		/----/ /----/ /----/ /----/ /----/
106	እናትህ/ሽ እና አባትህ/ሽ አብረው ይኖራሉ?	ሀ/ አዎ ለ/ ተፋተዋል ሐ/አንዳቸው ሙተዋል መ/ሁለቱም ሙተዋል		/----/ /----/ /----/ /----/
107	የቤተሰብህ/ሽ የትምህርት ደረጃ?	1) የአባት ማንበብ እና መጻፍ አይችልም/ትችልም -----1 ማንበብ እና መጻፍ ብቻ ይችላል/ትችላለች-----2 ከ1-8ኛ ክፍል-----3 ከ9-12ኛ ክፍል-----4 ከ12ኛ ክፍል በላይ-----5 2) የእናት ማንበብ እና መጻፍ አይችልም/ትችልም -----1 ማንበብ እና መጻፍ ብቻ ይችላል/ትችላለች-----2 ከ1-8ኛ ክፍል-----3 ከ9-12ኛ ክፍል-----4 ከ12ኛ ክፍል በላይ-----5		/----/ /----/ /----/ /----/ /----/ /----/ /----/ /----/ /----/ /----/ /----/ /----/ /----/ /----/
108	የቤተሰብህ/ሽ አባላት ቁጥር ምን ያህል ነው?	-----		
109	የመጣህ/ሽበት አካባቢ የት ነው?	ሀ/ ክልል-----		
110	ሀይማኖትህ/ሽ ምንድን ነው?	እስልምና-----1 ክርስቲያን ኦርቶዶክስ----- 2 ክርስቲያን ፕሮቴስታንት----- 3 ካቶሊክ----- 4 ሌላ ካለ ይገለፅ----- --21		/----/ /----/ /----/ /----/
111	የየትኛው ብሄረሰብ አባል ነህ/ሽ ?	አማራ----- 1 ትግራ-----2 ኦሮሞ----- 3		/----/ /----/

	ሌላ ካለ ይገለጽ-----	21	/---/
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ክፍል ሁለት: የግብረሰጋ ግንኙነትን እና የኮንደምአጠቃቀምን የሚያመለክቱ ጥያቄዎች

ተ.ቁ	ጥያቄዎች	አማራጭ መልሶች	ይለፍ	ኮድ
201	የግብረሰጋ ግንኙነት አድርገህ/ሽ ታውቃለህ/ያለሽ?	አዎን -----1 አላውቅም-----2 →	ወደተ.ቁ 301	/----/ /----/
202	ከአሁኑ የፆታ ጓደኛህ/ሽ ወጭ ከሌላ ስዉ ጋር የግብረ ስጋ ግንኙነት አድርገህ/ሽ ታውቃለህ/ይያለሽ?	አዎን -----1 አላውቅም-----2 →	ወደተ.ቁ 301	/----/ /----/
203	በግንኙነት ጊዜ ኮንደም ተጠቅመህ/ሽ ታውቃለህ/ሽ?	አዎን-----1 አላውቅም-----2 →	ወደተ.ቁ 301	/----/ /----/
204	ግብረ ስጋ ግንኙነት ጊዜ ኮንደም መቸ መቸ ትጠቀማለህ/ሚያለሽ?	ሁልጊዜ -----1 አንዳንድ ጊዜ-----2		/----/ /----/

ክፍል ሶስት: ስለ ኤች አይቪ ኤድስ እዉቀትን፣አመለካከትን ፣እንዲሁም ለበሽታዉ የመጋለጥ እሳቤን የሚያመለክቱ ጥያቄዎች ::

ተ.ቁ	ጥያቄዎች	አማራጭ መልሶች	ይለፍ	ኮድ
301	ኤች አይ ቪ ኤድስ ተብሎ የሚጠራውን በሽታ ስምተህ/ሽ ታውቃለህ/ሽ?	አዎን-----1 አላውቅም-----2		/----/ /----/
302	ስለ ኤች አይ ቪ/ኤድስ መረጃ ያገኘህ/ሽዉ ከየት ነዉ?(ከአንድ በላይ መልስ መምረጥ ይችላል)	አዎ የለም 1. ሬዲዮ/ቴሌቪዥን-----1 2 2. ከጎረቤት -----1 2 3. በራሪ ፀሁፎች-----1 2 4. ከሕብረተሰብ ጤና ሀይላት-----1 2 5. ከጤና ተቀማት-----1 2 6 ከትምህርት ቤት-----1 2 7. ከቤተሰብ(አባትአናት ወንድም አህት ልጅ -----1 2 8. ከጓደኛ-----1 2 9. የሐይማኖት አባቶች-----1 2 9. ሌላ ካለ ይገለጽ -----21		/----/ /----/ /----/ /----/ /----/ /----/ /----/ /----/ /----/

303	የኤች አይቪ ኤድስ መተላለፊያ መንገዶች ምንድን ናቸው?(ከአንድ በላይ መልስ መምረጥ ይችላል)	አዎ የለም 1 በግብረ ስጋ ግንኙነት----- 1 2 2 ከእናት ወደ ልጅ -----1 2 3 የተበከሉ ስለታም እቃዎችን በጋራ በመጠቀም-----1 2 4 በተበከለ ደም ልገሳ -----1 2 5 በትንኝ ንክሻ -----1 2 6 በጋራ በመመገብ-----1 2 7 በትንፋሽ-----1 2 8 አላዉቀዉም -----81 9 ሌላ ካለ ይገለፅ -----21		/----/ /----/ /----/ /----/ /----/ /----/ /----/ /----/
304	አንድ ሰው ኤች አይ ቪ ኤድስን እንዴት መከላከል ይችላል?(ከአንድ በላይ መልስ መምረጥ ይችላል)	አዎ የለም 1 ከግብረ ስጋ ግንኙነት በመታቀብ-----1 2 2 አንድ ለአንድ በመወሰን-----1 2 3 ኮንዶም በመጠቀም-----1 2 4 አስፈላጊ ካልሆነ በስተቀር የደም ልገሳን-----1 2 ባለመስጠት 5 ስለታም እቃዎችን በጋራ ባለመጠቀም-----1 2 6 በጋራ ምግብ ባለመመገብ-----1 2 7 ከትንኝ ንክሻ በመከላከል-----1 2 8 ሌላ ካለ ይገለፅ-----21 9 አውቀውም-----81		/----/ /----/ /----/ /----/ /----/ /----/ /----/ /----/
305	ጤነኛ የሚመስል ማንኛውም ሰው የኤች አይ ቪ ቫይረስ ሊኖረው ይችላል ብለህ/ሽ ታስባለህ/ተስቢያለሽ?	አዎን-----1 የለም-----2 አላዉቀዉም-----81		/----/ /----/ /----/
306	አንተ/አንቺ ወይም ማንኛውም ሰው የኤች አይ ቪ ቫይረስ እንዳለበት እንዴት ማወቅ ይቻላል? (ከአንድ በላይ መልስ መምረጥ ይችላል)	አዎ የለም 1 በአይን በመመልከት-----1 2 2 በጤና ባለሙያ በሚደረግ ምርመራ-----1 2 3 በባህል ህክምና አዎቂ (በጠንቋይ)-----1 2 4 በኤች አይ ቪ ኤድስ ምክር እና ምርመራ-----1 2 አገልግሎት 5 ሌላ ካለ ይገለፅ-----21 6 አላዉቀዉም----- 81		/----/ /----/ /----/ /----/ /----/ /----/
307	እስከ አሁን ባለዉ ጊዜ ለኤች አይ ቪ ኤድስ ልጋለጥ የምችልበት አጋጣሚ ይኖራል ብለህ/ሽ ታስባለህ/ሽ?	አዎን-----1 የለም-----2 ምናልባት ----- 3 አላዉቀዉም-----81	ወደተ.ቁ 309	/----/ /----/ /----/ /----/
308	ልጋለጥ እችላለሁ የምትልበት/ይበት ምክንያት ምንድን ነው ? (ከአንድ በላይ መልስ መምረጥ ይችላል)	አዎ የለም 1 ከአንድ ሰው በላይ የግብረ ስጋ ግንኙነት ስለ-----1 2 ፈፀምኩኝ 2 ያለ ኮንዶም የግብረስጋ ግንኙነት ስለፈፀምኩኝ-----1 2 3 ከሴተኛ አዳሪ ጋር የግብረስጋ ግንኙነት-----1 2 ስለፈፀምኩኝ 4 በተበከሉ ስለታም እቃዎች ጉዳት ስለደረስብኝ-----1 2 5 የደም ልገሳ ስለተደረገልኝ-----1 2		/----/ /----/ /----/ /----/ /----/

		6. ሌላ ካለ ይገለፅ -----21		/----/
309	ለኤች አይ ቪ. ኤድስ አልተጋለጥኩኝም የምትልበት/ይበት ምክንያት ምንድን ነው? (ከአንድ በላይ መልስ መምረጥ ይችላል)	አዎ የለም 1. የማብረስጋ ግንኙነት ፈጽሜ አላዉቅም -----1 2 2. ከግብረስጋ ግንኙነት ስለታቀብኩ-----1 2 3. አንድ ለአንድ በታማኝነት ስለፀናሁ-----1 2 4. ሌላ ሰው በተወጋበት መርፌ ተወግቼ አላዉቅም--1 2 5. በኮንዶም ስለምጠቀም----- 1 2 6. ሌላ ካለ ይገለፅ----- 21		/----/ /----/ /----/ /----/ /----/ /----/

ክፍልአራት :በፈቃደኝነት የተመሰረተ የኤች አይ ቪ/አድስ የምክር እና የምርመራ አገልግሎትን

እዉቀትን ፣ግንዛቤን ፣ፍላጎትን እና ተግባርን የሚያመለክቱ ጥያቄዎች፡፡

ተ.ቁ	ጥያቄዎች	አማራጭ መልሶች	ይለፍ	ከድ
401	በፈቃደኝነት ስለሚደረግ የኤች አይ ቪ የምክር እና የምርመራ አገልግሎት ስምተህ/ሽ ታውቃለህ/ቂያለሽ?	አዎ -----1 አላውቅም -----2	ወደ ተ.ቁ 402	/----/ /----/
402	በፈቃደኝነት ስለሚደረግ የኤች አይቪ የምክር እና የምርመራ አገልግሎት መረጃ ያገኘህ/ሽው ከየት ነው?(ከአንድ በላይ መልስ መምረጥ ይቻላል)	አዎ የለም 1. ከጎረቤት-----1 2 2. ከባለቤቱ -----1 2 3. ከጎደኛዬ-----1 2 4. ከዘመዶቼ -----1 2 5. ከመምህር----- 1 2 6. ከሜዲያ/ሬድዮ፣ጋዜጣ፣ቴሌቭዥን/ -----1 2 7. ከቤተሰብ(አባት እናት ወንድም እህት)-----1 2 8. ከጤና ተቋማት-----1 2 9. ሌላ ካለ ይገለፅ -----21		/----/ /----/ /----/ /----/ /----/ /----/ /----/ /----/
403	በፈቃደኝነት የሚደረግ የኤች አይቪ የምክር እና የምርመራ አገልግሎት በዩንቨርሲቲው ወይም አካባቢ አለ?	አዎ----- 1 የለም-----2	ወደ ተ.ቁ 406	/----/ /----/
404	አገልግሎቱ የሚገኘው የት ነው?	ጤና ጣቢያ----- 1 የግል ክሊኒክ-----2 ሌላ ካለ ይገለፅ-----2		/----/ /----/ /----/
405	አገልግሎት የሚሰጥበት ቦታ ለመድረስ ምን ያህል ስአት ይወስዳል?	በሰአት-----		
406	በፈቃደኝነት የሚደረግ የኤች አይቪ የምክር እና የምርመራ አገልግሎት የት የት ማግኝት ይቻላል? (ከአንድ በላይ መልስ መምረጥ ይችላል)	አዎ የለም 1. ሆስፒታል----- 1 2 2. ጤና ጣቢያ-----1 2 3. ቤተሰብ መምሪያ-----1 2 4. የግል ክሊኒክ -----1 2 5. ሌላ ካለ ይገለፅ -----21 6. አላዉቀዉም-----81		/----/ /----/ /----/ /----/ /----/ /----/
407	የኤችአይ ቪ ምርመራ አድርገህ/ሽ ታውቃለህ/ያለሽ?	አዎ-----1 አላውቅም-----2	ወደ ተ.ቁ 417	/----/ /----/
408	ምርመራ ያደረክ/ሽው መቶ ነበር?	1. ከ3ወር በፊት-----1 2. ከ6ወር በፊት-----2 3. ከ1አመት በፊት-----3 4. ከ2አመት በፊት-----4 5. ከ3አመት በፊት-----5 6. ከ4አመት በፊት-----6 7. አላዉቀዉም-----81		
409	የኤች አይቪ ምርመራ ያደረክበት/ሽበት ምክንያት ምን ነበር ? (ከአንድ በላይ መልስ መምረጥ ይችላል)	አዎ የለም 1. በፈቃደኝነት ----- 1 2 2. በጤና ባለሙያ ስለታዘዘልኝ-----1 2 3. ስራ ለመቀጠር-----1 2 4. ወደ ዉጭ ሀገር ለመሄድ----- 1 2 5. ሌላ ካለ ይገለፅ-----21		/----/ /----/ /----/ /----/ /----/
410	ምርመራ ያደረከው/ሽው በፈቃደኝነት	አዎ የለም		

	ከሆነ ምክንያቱ ምን ነበር? (ከአንድ በላይ መልስ መምረጥ ይቻላል)	1. እራስን ለማወቅ-----1 2 2. ስለወደፊት ለማቀድ-----1 2 3. ትዳር ለመመስረት-----1 2 4. በእርግዝና ምክንያት-----1 2 5. ደም ለመሰጠት-----1 2 6. መድሀኒት ለመጀመር-----1 2 7. ሌላ ካለ ይገለጽ-----21		/-----/ /-----/ /-----/ /-----/ /-----/ /-----/ /-----/
411	ምርመራውን ያደረገው/ሽው የትነበር?	ጤና ጣቢያ-----1 ሌላ ይገለጻል-----21		/-----/ /-----/
412	የኤች አይቪ ኤድስ ምርመራ ባደረግበት/ሽበት ጊዜ የምክር አገልግሎት ተሰጥቶህ/ሽ ነበር?	አዎን-----1 የለም-----2	ወደ ተ.ቁ 414	/-----/ /-----/
413	የምክር አገልግሎት ተሰጦህ/ሽ የነበረው መቸ ነው ?	1. ምርመራውን ከማድረግ በፊት-----1 2. ምርመራ ካደረግ በኋላ-----2 3. ምርመራ ከማድረግ በፊትና በኋላ-----3 4. ሌላ ካለ ይገለጻል-----21		/-----/
414	በተደረገልዎት የኤች አይቪ የምክር እና ምርመራ አገልግሎት ረክታህ/ሻል?	አዎን-----1 አልረካሁም-----2	ወደ ተ.ቁ 416	/-----/ /-----/
415	በአገልግሎቱ የረካህ/ሽበት ምክንያት ምን ነበር? (ከአንድ በላይ መልስ መምረጥ ትችላለህ/ያለሽ)	አዎ የለም 1. ጥሩ የሆነ አቀባበል ስለነበረ-----1 2 2. ብዙ ሳልቆይ አገልግሎቱን ስላገኝሁኝ-----1 2 3. ሚስጥር ስለሚጠበቅ-----1 2 4. ብቻዬን በአንድ ክፍል ውስጥ አገልግሎቱ ስለተሰጠኝ-----1 2 5. የጤና ባለሙያዎች ችሎታ-----1 2 6. እንክብካቤ እና እርዳታ ለሚያደርጉ ተቋሞች ሪፈር-----1 2 7. ስለሚያደርጉ 8. አገልግሎቱ በነፃ ስለሚሰጥ-----1 2 9. አገልግሎቱን በቅርብ ስለማላገኝ-----1 2 10. ሌላ ካለ ይገለጻል-----21		/-----/ /-----/ /-----/ /-----/ /-----/ /-----/ /-----/ /-----/ /-----/
416	በአገልግሎቱ ያልረካህ/ሽበት ምክንያት ምን ነበር? (ከአንድ በላይ መልስ መምረጥ ትችላለህ/ያለሽ)	አዎ የለም 1. ጥሩ የሆነ አቀባበል ስላልነበር-----1 2 2. አገልግሎቱን ለማግኘት ብዙ ሰአት ስለሚወስድ-----1 2 3. ሚስጥር ስለማይጠበቅ-----1 2 4. ብቻዬን በአንድ ክፍል ውስጥ አገልግሎቱ ስለተሰጠኝ-----1 2 5. ክፍያዬ ስለበዛብኝ-----1 2 6. የተሰጠው የምክር አገልግሎት ግልፅ ስላልነበረ-----1 2 7. እንክብካቤ እና እርዳታ-----1 2 8. ለሚያደርጉ ተቋሞች ሪፈር ስለማያደርጉ 9. የጤና ባለሙያዎች ችሎታ ማነስ-----1 2 10. ሌላ ካለ ይገለጻል-----21		/-----/ /-----/ /-----/ /-----/ /-----/ /-----/ /-----/ /-----/ /-----/
417	ለጥያቄ ቁጥር 407 መልሱ የለም(ከዚህ በፊት ምርመራ አድርገህ/ሽ ማታውቅ ከሆነ) ከሆነ የኤች አይቪ ምርመራ ያላደረግበት/ሽበት ምክንያት ምንድን ነው? (ከአንድ በላይ መልስ መምረጥ ትችላለህ/ያለሽ)	አዎ የለም 1. መገለጻን ስለምፈራ-----1 2 2. አገልግሎቱ የት እንደሚገኝ ስለማላወቅ-----1 2 3. ይጠቅማል ብዬ ስለማላምን-----1 2 4. እራሴን እና ጓደኛዬን ስለማምን-----1 2 5. ወጤቱን ለማወቅ ስለምፈራ-----1 2 6. ስለ ኤች አይቪ/ኤድስ የምክር እና ምርመራ አገልግሎት ስለማላወቅ 7. ተጋልጫለሁ ብዬ ስለማላስብ-----1 2 8. አገልግሎቱን በቅርብ ስለማላገኝ-----1 2 9. መገለጻን ስለምፈራ-----1 2 10. ክፍያዬን መክፈል ስለማልችል-----1 2 11. ሌላ ካለ ይገለጻል-----21		/-----/ /-----/ /-----/ /-----/ /-----/ /-----/ /-----/ /-----/ /-----/ /-----/
418	የምክር አገልግሎት ለኤች አይቪ ምርመራ አስፈላጊ ነው?	አዎን-----1 አይደለም-----2 አልወቀደም-----81		/-----/ /-----/ /-----/
419	የኤች አይቪ ምርመራ በማድረግ ሊጠቀሙ የሚችሉ እነማን ናቸው?	የኤች አይቪ ቫይረስ ያለባቸው-----1 ከኤችአይቪ ቫይረስ ነፃ የሆኑ-----2 የኤች አይ ቪ ቫይረስ ያለባቸው እና ከቫይረሱ ነፃ የሆኑ-----3 አላወቀደም-----81		/-----/ /-----/ /-----/ /-----/

420	የኤች አይ ቪ ምርመራ አገልግሎት አስጣጥን በተመለከተ የትኛውን አሰራር ትመርጣለህ/ላለሽ?	ሚስጥራዊነቱ የተጠበቀ የስም ምዝገባ _____1 ስም ሳይመዝገብ በሚስጥራዊ ቁጥር ምዝገባ _____2 ሌላ ካለ ይገለጽ _____21		/----/
421	ለኤች አይ ቪ የምክር እና ምርመራ አገልግሎት ክፍያ ቢኖረው ለመክፈል ፍላጎት አለህ/ሽ?	አዎን _____1 የለም _____2	ወደ ተ.ቁ 423	/----/ /----/
422	ምን ያህል መክፈል ትፈልጋለህ/ያለሽ?	_____ ብር		
423	የኤች አይ ቪ ምርመራ ብታደርግ/ኒ እና ወጤቱን ማወቅ ብትፈለግ/ኒ በምን አይነት ሁኔታ መስማት ትፈልጋለህ/ያለሽ?	በግንባር (ፊተ ለፊት) _____ 1 በስልክ _____ 2 በሚስጥራዊ ደብዳቤ _____3 በዘመድ ወይም በጓደኛ አማካኝነት _____4 ሌላ ካለ ይገለጽ _____21		/----/ /----/ /----/ /----/ /----/
424	የኤች አይ ቪ ምክር እና ምርመራ አገልግሎት የኤች አይ ቪ ኤድስ ስርጭትን ለመከላከል ይጠቅማል በሚለው ሀሳብ ትስማማለህ?	አስማማለሁ _____1 አልስማማም _____2 ገለልተኛ ነኝ _____81	ወደ ተ.ቁ 426	/----/ /----/
425	የኤች አይ ቪ ምክር እና ምርመራ ጥቅሙ ምንድን ነው? (ከአንድ በላይ መልስ መምረጥ ይቻላል)	አዎ የለም 1. ቫይረሱን ለጓደኛም ሆነ ለሌሎች እንዳይተላለፍ ይረዳል _____ 1 2 2. እራሱን ለማወቅ _____1 2 3. ለወደፊቱ ጥንቃቄ ለመወሰድ _____ 1 2 4. ከእናት ወደ ልጅ ቫይረሱ እንዳይተላለፍ _____1 2 5. ጓደኛን ለመምረጥ _____1 2 6. ስለወደፊት ለማቀድ _____1 2 7. የእድሜ ማራዘሚያ መድሀኒት ለመጀመር _____1 2 8. ሌላ ካለ ይገለጽ _____21		/----/ /----/ /----/ /----/ /----/ /----/ /----/
426	አንድ ሰው የኤች አይ ቪ ምርመራ ማድረግ ያለበት መቼ ነው? (ከአንድ በላይ መልስ መምረጥ ይቻላል)	አዎ የለም 1. በማንኛውም ጊዜ _____1 2 2. ሲታመም _____ 1 2 3. ከጋብቻ በፊት _____ 1 2 4. ወደ ወጭ ሀገር የሚሄዱ ከሆነ _____1 2 5. እራሱን ከተጠራጠረ _____1 2 6. ከእርግዝና በፊት _____ 1 2 7. በእርግዝና ወቅት _____1 2 8. ሌላ ካለ ይገለጽ _____1 2 9. አላውቀውም _____ 81		/----/ /----/ /----/ /----/ /----/ /----/ /----/
427	የኤች አይ ቪ ምርመራ ማድረግ ያቀበት ማን ነው? (ከአንድ በላይ መልስ መምረጥ ትችላለህ/ያለሽ)	አዎ የለም 1. ሱተኛ አዳሪዎች _____ 1 2 2. ከሱተኛ አዳሪዎች ጋር የግብረ ስጋ ግንኙነት _____1 2 3. ትዳር ለመመስረት የፈለጉ _____1 2 4. ማንኛውም በኤች አይ ቪ ሊያዝ የሚችል _____1 2 5. ማንኛውም የግብረ ስጋ ግንኙነት የጀመረ _____1 2 6. ከተለያዩ ሰዎች ጋር የግብረ ስጋ ግንኙነት _____1 2 7. የታመመ ሰው _____1 2 8. ሌላ ካለ ይገለጽ _____21		/----/ /----/ /----/ /----/ /----/ /----/
428	የኤች አይ ቪ ምርመራ የምክር አገልግሎት በማን በሰጥህ/ሽ ይሻላል? (ከአንድ በላይ መልስ መምረጥ ትችላለህ/ያለሽ)	አዎ የለም በሐኪም /በዶክተር _____1 2 በነርስ _____1 2 በሰለጠነ ምክር ስጭ _____1 2 በሀይማኖት መሪ _____1 2 በህብረተሰብ አመራሮች _____1 2 ከኤች አይ ቪ ኤድስ ጋር የሚኖሩ ሰዎች _____1 2 የምክር አገልግሎት አያስፈልገኝም _____1 2 ሌላ ካለ ይገለጽ _____21 አላውቀውም _____81		/----/ /----/ /----/ /----/ /----/ /----/
429	ከዚህ በፊት ብትመረመር/ሪም ባትመረመር/ሪም በፈቃደኝነት ላይ የተመሰረተ የኤች አይ ቪ የምክር እና ምርመራ ለወደፊቱ ለማድረግ ፍላጎት አለህ/ሽ?	አዎን _____1 የለኝም _____2	ወደ ተ.ቁ 431	/----/ /----/
430	የት ሄደህ/ሽ ለመመርመር	አገልግሎቱ በሚገኝበት የመንግስትጤና ተቋም _____1		

	ትፈልጋለህ/ያለሽ?	አገልግሎቱ በሚገኝበት መንግስታዊ ባለሆኑ ድርጅቶች ጤና ተቋም-----2 አገልግሎቱ በሚገኝበት የግል ጤና ተቋም-----3 ሌላ ይገለፅ-----21		/-----/
431	በአንተ/በአንቺ አመለካከት የኤች አይ ቪ የምክር እና የምርመራ አገልግሎት በየትኛው ሰዓት ቢሰጥ አመቺ ነው?	ጣት 2.30-6.30-----1 ከሰዓት ከ7.30-11.30-----2 በማንኛውም ጊዜ-----3 ሌላ ካለ ይገለፅ -----21		/-----/

ክፍል አምስት: መገልገል እና መድሎን የሚያመለክቱ ጥያቄዎች

ተ.ቁ	ጥያቄዎች	አማራጭ መልሶች	ይለፍ	ከድ
501	የኤች አይ ቪ ምርመራ አድርገህ/ሽ ቫይረሱ እንዳለብህ/ሽ ብታውቅ/ቂ ወጤትህ/ሽን ለማን ተናገራለህ/ሽ?(ከአንድ በላይ መልስ መምረጥ ትችላለህ/ያለሽ)	አዎ የለም 1. ለባለቤቴ----- 1 2 2. ለቤተሰቤ (አባት/እናት ወንድም አህት ልጅ)-----1 2 3. ለፍቅር ጎደኛዬ-----1 2 4. ለቅርብ ዘመዶቼ -----1 2 5. ለጎረቤቶቼ -----1 2 6. ለሀይማኖት መሪዎች----- 1 2 7. ለሕብረተሰብ መሪዎች -----1 2 8. ለጓደኞቼ ----- 1 2 9. ሌላ ካለ ይገለፅ ----- 21		/-----/ /-----/ /-----/ /-----/ /-----/ /-----/ /-----/ /-----/ /-----/
502	የኤች አይቪ የምርመራ ወጤትህ/ሽ ቫይረሱ እንዳለብህ/ሽ ቢያስይ እና አንተም/ቺም የኤች አይቪ ኤድስ ቫይረስ እንዳለብህ/ሽ በግልፅ ማሳወቅ ብትፈልግ/ጊ ምን ይገጥመኛል ብለህ/ሽ ታስባለህ/ቢያለሽ -(ከአንድ በላይ መልስ መምረጥ ትችላለህ/ያለሽ)	አዎ የለም 1. ቤተሰቦቼ ያገሉኛል-----1 2 2. ትምህርቴ ላይ ችግር ይፈጠራል-----1 2 3. ከባለቤቴ ወይም በፍቅር ጓደኛዬ እደበደባለሁ ---1 2 4. ጓደኞቼ ያገሉኛል -----1 2 5. ቤተሰቦቼ እና የቅርብ ዘመዶቼ የሞራል ድጋፍ ይሰጡኛል -----1 2 6. ከጓደኞቼ፣ ከባለቤቴ፣ ወይም ከፍቅር ጓደኛዬ የሞራል ድጋፍ አገኛለሁ-----1 2 7. የጤና ባለሙያዎች የሞራል ድጋፍ ይሰጡኛል-----1 2 8. የግብረሰጋ ግንኙነት አቆማለሁ -----1 2 9. ሌላ ካለ ይገለፅ -----21		/-----/ /-----/ /-----/ /-----/ /-----/ /-----/ /-----/ /-----/ /-----/
503	ከኤች አይ ቪ ጋር ከሚኖር ጋር አብረህ/ሽ አብሮ ለመብላት ፍቃደኛ ነህ/ሽ?	1.አዎ -----1 2.አይደለሁም -----2		/-----/ /-----/
504	የዘመድህ/ሽ አባል ቢታመም/ብትታመም እንክብካቤ ለመስጠት ፍቃደኛ ነህ/ሽ?	1.አዎ -----1 2.አይደለሁም -----2		/-----/ /-----/
505	አንድ ተማሪ ኤች አይ ቪ በደሙ ቢገኝ (ግን ኤድስ ደረጃ ያልደረሰ ቢሆን)እንዲማር ሊፈቀድለት ይገባል?	1.አዎ -----1 2.አይገባም -----2		/-----/ /-----/
506	አንድ ተማሪ ኤች አይ ቪ በደሙ ቢገኝ (ግን ኤድስ ደረጃ ያልደረሰ ቢሆን) እንዲያስተምር ሊፈቀድለት ይገባል?	1.አዎ -----1 2.አይገባም -----2		/-----/ /-----/

