

**Addis Ababa University, Medical Faculty**  
**School of Public Health**

**Fertility needs assessment among people living with HIV/AIDS in  
four Regional Hospitals, Addis Ababa.**

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## **List of Abbreviation**

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ART</b>	Antiretroviral Therapy
<b>ARV</b>	Antiretroviral
<b>CI</b>	Confidence interval
<b>FHAPCO</b>	Federal HIV/AIDS Prevention and Control Office
<b>FP</b>	Family Planning
<b>HAART</b>	Highly Active Anti Retroviral Therapy
<b>HIV</b>	Human Immune Deficiency
<b>IUD</b>	Intra Uterine Device
<b>MOH</b>	Ministry of Health
<b>MTCT</b>	Mother to Child Transmission
<b>NHAPCO</b>	National HIV/AIDS Prevention and Control Office
<b>OCP</b>	Oral Contraceptives Pills
<b>PID</b>	Pelvic Inflammatory Disease
<b>PLWHA</b>	People living with HIV/AIDS
<b>PMTCT</b>	Prevention of Mother –to-Child Transmission of HIV
<b>RH</b>	Reproductive Health
<b>RHB</b>	Regional Health Bureau
<b>SD</b>	Standard Deviation
<b>SPSS</b>	Statistical package for social sciences

<b>SSA</b>	Sub-Saharan Africa
<b>STD</b>	Sexual transmitted diseases
<b>USAID</b>	United States Agency for International Development
<b>ZMH</b>	Zewditu Memorial Hospital

## **Abstract**

**Back ground:** Despite the increased emphasis on ART and other health care services for HIV infected individual, issues of fertility and child bearing have received relatively little attention. In particular, little is known about actual fertility desire and determinants of fertility desires among HIV- infected women and men who are receiving ART. The desire of infected persons to have children in the future has significant implication for the transmission of HIV to sexual partners or newborns.

**Objective:** To assess fertility needs of people living with HIV/AIDS who were on ART in four Regional Hospitals of Addis Ababa.

**Methods:** The study was conducted in Addis Ababa from August 2009 to June 2010. It was a cross-sectional study supplemented by qualitative in-depth interview on a sample size of 444. Quota sampling technique was used to select the study participants. Data were entered and cleaned using EPI info version 3.4.3 and analyzed using SPSS version 15.0 for windows.

**Result:** Nearly half of the study subjects (46.2%), female 101(49.3%) and men104 (50.7%) desired to have children. Multivariate analyses indicate that those respondents who were married/ in relation and single were significant associated with desire for children (adjusted OR: 2.60, 95% CI: 1.47- 4.59) and (adjusted OR: 2.93, 95% CI: 1.47-5.85), respectively and those who had one child or none were also more likely to desire children than those who had two or more children (adjusted OR: 18.31, 95% CI: 10.17-32.96)

**Conclusion:** A substantial proportion of HIV-infected women and men receiving ART in the study would like to have children in the future. The fact that many HIV- infected adults desire to have children has important implication for the prevention of vertical and heterosexual transmission of HIV and the need of incorporating fertility- related counseling as well as advice regarding safe conception and child birth and services like PMTCT as appropriate, in to HIV treatment services

## 1. Introduction

The Human Immunodeficiency Virus (HIV) pandemic is one of the most serious health crises the world faces today (1). Globally, there were an estimated 33 million people living with HIV in 2007. Women account for half of all people living with HIV worldwide. An estimated 1.9 million people were newly infected with HIV in sub-Saharan Africa in 2007, bringing to 22 million the number of people living with HIV(2). In Ethiopia, the 2005 Demographic and Health survey estimated national adult HIV prevalence to be 1.4%, with infection levels highest in Gambela (6%) and Addis Ababa (4.7%). HIV prevalence in women was 1.9 % and that for men was 0.9 % and the female -to- male prevalence ratio was 1:2:1 (3).

The major mode of HIV transmission in Ethiopia is unprotected heterosexual intercourse which account for approximately 88% of new HIV infection. Mother-to-child transmission of HIV accounts for about 10% of cases and it also accounts for more than 90% of pediatrics AIDS (4). The majority of new infections occur in the reproductive age group of 15 -49 years old, which has negative implication for the future family (5).

Fertility issues for HIV positive men and women are becoming increasingly important. Advances in treatment such as Zidovuidine and other antiretroviral drugs have decreased transmission from infected mothers to their children to about 2% .Furthermore an effective therapies have improved the prognosis for women and female who get infected with HIV, these individuals are more frequently considering childbearing and parenthood (6).

Because the number of people is now growing with access and availability of ARV drugs, HIV is becoming a chronic disease. Sex and childbearing are central to the lives of almost everyone including PLWHA. The human right of HIV-positive men and women to decide whether and when to have the child must be fully accepted by effective programs (7).

## 1.1 Rationale of the Study

Results from the EDHS,2005 indicate that 1.4 percent of Ethiopian adults age 15-49 are infected with HIV(3). The fact that the majority of people living with HIV/ AIDS are in reproductive age and heterosexual and mother to child transmission being major modes of transmission, a better understanding of reproductive choice of PLWHA is important as the availability and accessibility of ART is improving in our country (8). In 2007, in Ethiopia, estimated number of people receiving ART was 90,000. Number of pregnant women with HIV who received ART for PMTCT was 4,888 (9). Despite the growing importance of fertility issues in PLWHA little is known about their actual fertility desire and its determinants and an accurate description of fertility desire among HIV positive is important to help infected individuals who desire to have children and such information can serve as a benchmark for incorporating fertility-related counseling and services like PMTCT as appropriate, in to HIV treatment services (6).

Fertility desire of PLWHA in Ethiopia is among those essential and critical issues which need study in wide range but still has not been studied as it required. The desire of infected individuals to have children has significant implication for vertical transmission of HIV. The current study is designed to gain insight into the assessment of fertility desire and its determinants. Thus, findings obtained from this study can be useful to respective bodies in providing information: for evaluation and strengthening the existing fertility related services like PMTCT, FP, and counseling and in designing new preventive strategies in particular in fertility related services for those hospitals like Ras Desta and Minilik II.

## **2. Literature review**

### **2.1 The role of HIV in fertility**

Little data are available to clarify the role of HIV in fertility. Researchers hypothesize both direct and indirect role of HIV in reducing fertility among PLWHA. Directly, because of the fear of having an orphan or transmission of HIV infection to the child may influence women to voluntarily terminate a pregnancy. D'ubaldo's team suggested the transfer of important nutrients through the placenta to the fetus will be impaired by HIV and it causes abnormal development of the embryo which can be possible explanations to spontaneous abortion. Indirectly, co-infections with another sexually transmitted disease may induce infertility in HIV positive women. Cervical abnormalities, early menopause, PID, and severe wasting are also among HIV complications that may lead to infertility in women (10).

In severely affected areas of Sub-Saharan Africa, one of the impact of HIV/AIDS on individual women and the populations at large is change in the fertility levels. To investigate this impact many studies have been done and have found that behaviors that have been largely influenced by AIDS education such as increased condom use, delayed on set of sexual relations, older age at first union, and fewer premarital sexual relations have driven down fertility rates. In societies with high HIV/AIDS prevalence rates behavioral influences may lead HIV positive couples to limit family size due to concerns about living orphans behind after an early death or transmitting infection to the child, though others may desire large family to ensure survival of children(10).

Biological mechanisms also influence fertility rates in PLWHA. HIV/AIDS may induce sterility, decrease in production of spermatozoa, decrease frequency of sexual intercourse, all contributing to declining fertility (11).

A study by researchers at Johns Hopkins School of Public Health examining the effect of the human HIV on fertility in reproductive age group (15-44), has indicated that women infected with HIV give birth to progressively fewer babies as they near the onset of frank AIDS (12).

## 2.2 A Desire for Children and its Determinants

HIV Cost and Service Utilization study in the United States which examined fertility desire of HIV positive men and women showed that 28% - 29% of HIV-infected men and women receiving medical care desire children in the future. HIV-Positive individuals, who desire children are younger, have fewer children and report higher rating of their physical functioning or overall health than their counterparts who do not desire children and yet desire for future childbearing is not related to measures of HIV progression. HIV-positive individuals who expect children are generally younger and less likely to be married than those who do not (6).

A study of 412 HIV infected women in Paris and south east of France from 1988-1993 found that the incidence of pregnancy decreased significantly from 20.4% before diagnosis to less than half (7.9%) after HIV diagnosis (13).

In Brazil, a cross-sectional study involving a sample of 533 women and 206 men attending STD/AIDS center was conducted to describe attitudes toward parenthood and to identify factors associated with the desire to have children among PLWHA. In contrast to previous studies conducted in developed countries, the study had shown that the desire to have children was more frequent among men than women by 50.1% of men than that of 19.2% of women. Male gender, younger age, having no children, living with 1-2 children, and being in a heterosexual partnership were independently associated with desire to have children (14).

The AIDS epidemic is reshaping the context within which people in SSA are making choices about their childbearing (15). In cross-sectional study, in prevalence and determinant of fertility desire among HIV infected women and men receiving ART in one of district hospital in South Africa result showed – Men were 2.6 times more likely to desire children than women. Younger age, fewer children, newer relationship independently associated with desire for future pregnancy and no association between partner's HIV status and fertility desire for women and men (16).

Another cross-sectional study in Cape Town, South Africa on fertility desire had shown that greater intentions to have children were associated with being male, having fewer children, living in informal settlement and use of ART. There were important gender differences in the determinants of future childbearing intentions, with being on HAART strongly associated with women's fertility intention (17).

Studies done in Nigeria showed that 68.4% of female and 53.8% of male respondents expressed desire for children. Among those desiring children, only 4.3% did not intend to bear any children in the future. Similarly a recent assessment of home based HIV care (HBC) project in Kenya found that over half of the HBC clients had been sexually active in the past year, and 20% desire children (18).

One study from Malawi showed that although women overall were less inclined to want children after receiving a diagnosis of HIV, women with no living children and with no children continued to desire children (19).

In 1984, the first evidence of HIV in Ethiopia was discovered. Since then, the disease has spread at an alarming rate, due to such factors as socio-economic vulnerabilities, cultural practices and gender disparity (20). In 2007, the estimated number of people living with HIV was 977, 394, including 64,813 children (21).

Across-sectional study on fertility desire was done among HIV-Positive women and men undergoing antiretroviral treatment by the year 2006 in Addis Ababa across all the six Public Hospitals' ART units. All women with HIV aged between 18 to 49 years, and men with HIV aged between 18 to 54 years were involved in the study. The result showed that 44.4% of female and 35.2% of males expressed a desire for having children. Respondent in the age group of 18 to 29 years were more likely than the older age groups to desire having children. Respondent who had no children were more likely to want having children than who had at least one child (5).

The use of antiretroviral therapy has modified the prognosis of HIV infection. As a result, many couples on which one of the partners is HIV positive have a strong desire for children(22). Assisted reproductive technologies (Self-insemination or assisted reproduction in case of infection in the female partner and assisted reproduction with processed sperm in case of infection in male partner), can assist serodiscordant couples in achieving pregnancy while at the

same time minimizing risk of HIV transmission to the uninfected partner .Most recent research is compelling, much more needs to be performed in order to establish the safety of these techniques and in addition, many ethical and legal issues need to be addressed (23).

### **3. Study objectives**

#### **3.1 General objective**

▶ To assess fertility needs of people living with HIV /AIDS who are on ART in four Regional Hospitals of Addis Ababa.

#### **3.2 Specific objectives**

1. ▶ To describe fertility desire among PLWHA who are on ART and follow up care
2. ▶ to identify factors that are associated with fertility needs among PLWHA who are on ART and follow up care.

## 4. Methodology

### 4.1 Study Area

The study was conducted in Addis Ababa, the capital city of Ethiopia. The city has a population of about 2,738,248 million, where 52.3% were females in 2007 (24). The adult HIV prevalence rate is 7.5 % (4). PLWHA who are ever started ART in the city since July 2003 were 36,380 out of which 26,982 are currently on follow up (25). In the city there are 5 regional hospitals which are under Addis Ababa Health Bureau (RHB). These are Zewditu, Yekatit 12, Minilik II, Ras Desta and Gandhi Memorial Hospital. The current study was conducted in all ART sites of four hospitals that provide ART for PLWHA. Gandhi Hospital was excluded from the study as it does not serve both sexes. During the study period 4691 males and 5530 females (a total of 10,221) PLWHA were receiving treatments in the selected ART unit

**Table1. General characteristics of hospitals selected for the study**

**Addis Ababa. 2010.**

<b>Facility Name</b>	<b>Hospital Type</b>	<b>Responsible</b>	<b>Approximate no of clients served in ARV treatment units</b>
Zewditu	Regional Hospital	RHB	<b>5249</b>
Yekatit 12	Regional Hospital	RHB	<b>2166</b>
Minilik 11	Regional Hospital	RHB	<b>1750</b>
Ras Desta	Regional Hospital	RHB	<b>1049</b>

**RHB= Addis Ababa regional health bureau**

## **4.2 Study period**

The study was conducted from August 2009 to June 2010.

## **4.3 Study design**

A cross-sectional study design using quantitative study supplemented by qualitative in- depth interview was employed.

## **4.4 Source and Study population**

### **4.4.1 The source population**

The source population was all adult PLWHA who were on ART and on follow up care at the ART clinic during the study period in Addis Ababa

### **4.4.2 The study population**

The study population was all adult PLWHA who fulfill the inclusion criteria during the study period in the selected four Regional Hospitals.

### **Inclusion criteria**

- ✓ People living with HIV/AIDS in the reproductive age group (18-49 for women and 18-54 for men) and who were on ART

### **Exclusion criteria**

- ✓ All PLWHA who were unable to hear, mentally disabled, seriously ill and those who were not in the given age group. Those who were not on ART were also excluded.

## 4.5 Sample size Determination

### 4.5.1 Quantitative method

The sample size was calculated using a proportion of 40.2% fertility desire which was obtained from a study in Addis Ababa with 5% marginal error and 95% confidence level. Then using these assumptions the sample size was calculated by applying the formula for single population proportion.

$$\begin{aligned}n &= \frac{(z_{\alpha/2})^2 p (1-p)}{d^2} \\ &= \frac{(1.96)^2(0.402*0.598)}{(0.05)^2} \\ &= 370 \text{ assuming } 20\% \text{ of non-response, we get } 370+74= 444\end{aligned}$$

n= the required sample size

P= assumed proportion of fertility desire

Z= standard score corresponding to 95% confidence interval

d= allowable marginal error

### 4.5.2 Qualitative method

In-depth interview with key informants HIV positive people who were on ART was conducted to supplement the quantitative study. Participants of an in-depth interview were those HIV positive people taking ARV drugs and those who did not participate in the quantitative study. Both male and female key informants were considered for the in depth interview. The selection of these people participating in an in depth interview was purposive. All 13 adherence supporters, PLWHA and on ART serving in four Regional Hospitals were interviewed.

## **4.6 Sampling Procedures**

### **4.6.1 Quantitative method**

Sample size was allocated based on the ART client population size in each hospital. All eligible persons were included in the study consecutively when they come for ART follow up. It was proportionally allocated to each sex 45.9% male and 54.1 % female. The proportionally allocated sample size for each hospital was 228, 94, 76, and 46 for Zewditu, Yekatit, Minilik II and Ras Desta Hospitals, respectively. The study participants were included until reaching the required sample size.

### **4.6.2 Qualitative method**

For the qualitative study all 13 adherence supporters living with HIV/AIDS, who are on ART and currently participating in teaching and supporting PLWHA in four Regional Hospitals were interviewed.

## **4.7 Data collection instrument**

Structured questionnaires were used to collect data. The questionnaires contained mainly close ended questions with few open ended questions that address information about socio-demography, period of follow up, fertility desire and intention, reasons for fertility desire, preparedness to prevent mother to child transmission. For in-depth interview an opened semi-structured questionnaire interview guide was used.

### **4.7.1 Pre-testing the questionnaire**

The structured questionnaires were pre-tested on the selected ART treatment site. During pre-testing the questionnaire was checked for its clarity, simplicity, understandability and coherency. The skip order of questions was also revised after pre-test.

### **4.7.2 Data collection**

The questionnaires were filled by the nurses who were working at ART clinic. Two days training were given to the data collectors and supervisors about confidentiality, respondents' right, informed consent, objective of the study, on techniques of the interview and filling in the questionnaire. One supervisor was assigned to supervise the data collection throughout the process. Completeness and accuracy of the collected data was checked on daily basis by PI. Questionnaires that were incomplete and inaccurate were returned back to data collectors to be filled again.

The in-depth interview was carried out by the principal investigator with one assistant who will tape record the interview. In-depth interview guide and field notes were used to record the relevant information. The interview was undertaken after quantitative part was completed. The in-depth interview took 15-20 minutes for each respondent.

## **4.8 Variables**

### **4.8.1 Independent or exposure variables**

- Socio demographic characteristics
- Number of alive children he/she has
- Duration on ART
- Knowledge that HIV can be transmitted from mother to child
- CD4 cell count

### **4.8.2 Dependent variable**

- Fertility desire.

## 4.9 Operational Definition

- ✚ Fertility: The ability to conceive and have children, the ability to become pregnant through normal sexual activity.
- ✚ PLWHA on follow up care – people who had at least one visit to the selected ARV treatment care for receiving ARV treatment.
- ✚ Desire for child/children – PLWHA on follow up care who need or would like to have children in the future

## 4.10 Data analysis

Collected data were entered using EPI info version 3.4.3 and analyzed using statistical package for social sciences (SPSS) version 15.0 statistical software. Errors related to inconsistency of data were checked and corrected during data cleaning. Fertility desire was described using univariate analysis such as frequency, percentage, tables, and graphs. Factors associated with fertility desire were analyzed using bivariate and multivariate analysis using logistic regression. Multivariate analysis was used to see the effect of confounding variables. Variables that were entered in to multivariate analysis were those variables which had significant association at significance level of 0.05 in the bivariate analysis.

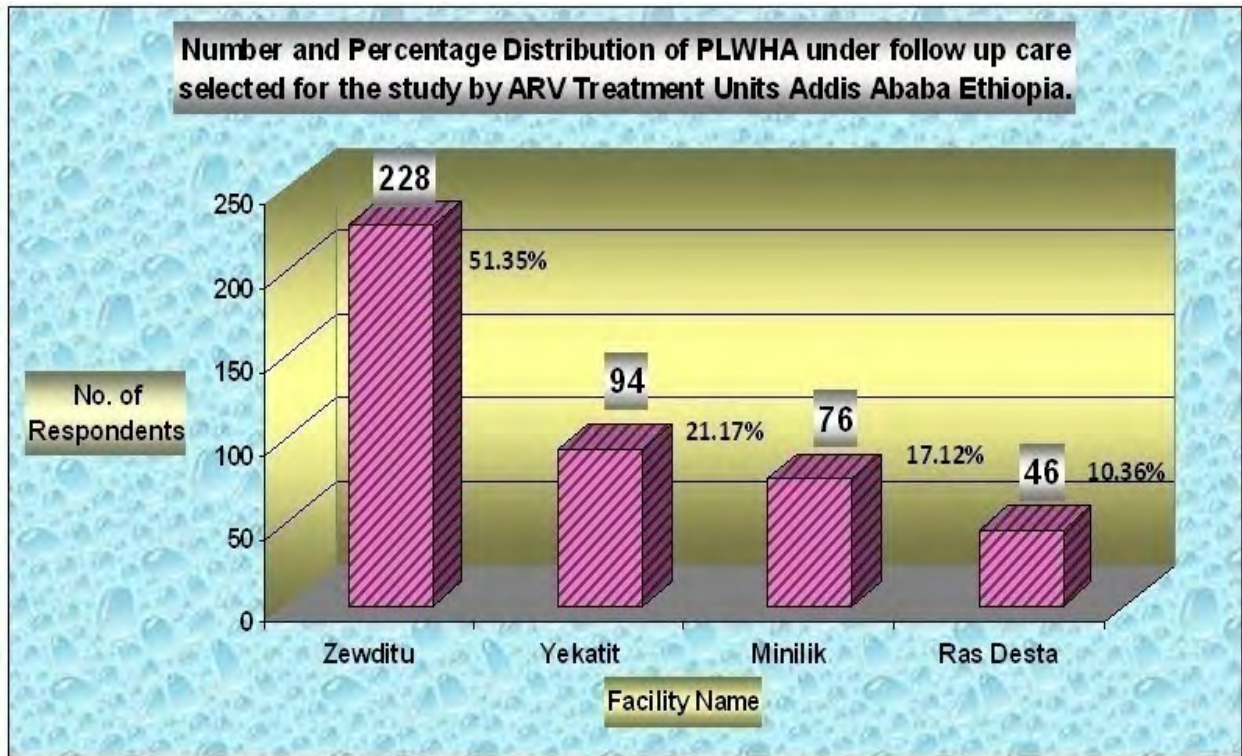
In qualitative data the entire audio taped interview was transcribed and translated to English .The translated transcript reviewed and examined thoroughly and categorized in to primary themes. Then the data reviewed and combined in to broader concepts. Finally the concepts were refined into major themes such as: desire to have children, effect of HIV and the community on desire to have children, knowledge on prevention of mother to child transmission and medication to prevent mother to child transmission.

## 4.11 Ethical consideration

Initially the study was approved by the IRB of the AAU Medical Faculty. A formal letter was written by the School of Public Health to AddisAbaba RHB requesting the permission to conduct the study in the selected hospitals. Moreover, verbal informed consent was obtained from each respondent. The interviewees were assured the confidentiality of their information and interview was held in private and without mentioning names.

#### **4.12 Dissemination and utilization of findings**

The finding was submitted to school of Public Health, Addis Ababa University. It will also be disseminated to all hospitals where the study was conducted. In addition, attempts will be made for publication in regional or international journals.



**Figure1. Number and Percentage distribution of PLWHA under follow up care selected for the study by ARV treatment units, Addis Ababa**

## **5. Results**

### **5.1 Quantitative Result**

#### **5.1.1 Socio-demographic characteristics of the respondents**

A total of 444 participants were included in the study. All 444 eligible clients seen in the ARV treatment units agreed to participate in the study, giving response rate of 100%. Of these 204 (45.9%) were males and 240 (54.1%) females. The mean ( $\pm$ SD) age of the respondents was 34.3( $\pm$ 5.5) years. Two hundred sixty nine (60.6%) of the participants had secondary education while 19 (4.3%) were illiterate. Three hundred sixty two (81.5%) were Orthodox followed by Protestant 51 (11.5%) and the other 23 (5.2%) and 5 (1.1%) were from Muslim and Catholic religion groups, respectively. Ethnically, the majority, 259 (58.3%) of the study subject were from Oromo, followed by Amhara 105 (23.6). With regard to occupation, 145 (32.7%) of the respondent were private employee, 97 (21.8%) were government employee, while 70 (15.8%) were unemployed. Two hundred fifty three (57.0%) of the respondents were married and/ in relationship. One hundred forty seven (33.1%) of the respondent had no children, while 240 (54.4%) and 57 (12.9%) had one to two and three or more children, respectively. (See table 2)

**Table2-Socio demographic characteristics of respondents at four Regional Hospitals, Addis Ababa, 2010. N=444**

<b>Characteristics</b>	<b>N(%)</b>
<b>Sex</b>	
Female	240(54.1)
Male	204(45.9)
<b>Age(years)</b>	
< 35	254(57.2)
≥ 35	190(42.8)
<b>Religion</b>	
Orthodox	362(81.5)
Protestant	51(11.5)
Muslim	23(5.2)
Others	8(1.8)
<b>Ethnicity</b>	
Oromo	259(58.3)
Amhara	105(23.6)
Tigray	43(9.7)
Gurage	29(6.5)
Others	8(1.8)
<b>Education</b>	
Illiterate	19(4.3)
Elementary school	65(14.6)
Secondary school	269(60.6)
Higher Education	91(20.5)
<b>Marital status</b>	
Married/in relationship	253(57.8)
Divorced/Widowed	112(25.2)
Single	79(17.8)
<b>Current occupation</b>	
private employee	145(32.7)
Government	97(21.8)
Unemployed	70(15.8)
Merchant	53(11.9)
House wife	42(9.5)
Daily laborer	26(5.9)
Others (House serevant,Students,Farmers)	11(2.6)
<b>Monthly income(in birr)</b>	
No income	114(25.7)
≤ 500	124(27.9)
500-1000	111(25.0)
>1000	95(21.4)

### **5.1.2 HIV related characteristics**

Three hundred fifty two (79.3%) of those who were married and/ in relationship have disclosed their sero status to their spouse or partner. Three hundred forty six (77.9%) of those who were married or in relation had partners who were HIV tested. Two hundred ninety (83.8%) have concordant partners. Recent CD4 count of less than 200 cells/mm<sup>3</sup> was reported by 88(19.8%) of the respondents. Three hundred thirteen (70.5%) of the respondents were on ART for less than 5 years and 131 (29.5%) of them for equal or more than 5 years. All respondents were receiving free ARV drugs from government health institution. (See table 3)

**Table 3-HIV related characteristics of respondents attending ARV units of four hospitals, A.A, 2010.**

Characteristics	N (%)
<b>Disclosure of serostatus to partner/spouse (n=444)</b>	
Yes	352 (79.3)
No	13 (2.9)
No partner	79 (17.8)
<b>Partner tested for HIV (n=444)</b>	
Yes	346 (77.9)
No	5(1.1)
I don't know	14 (3.20)
No partner	79 (17.8)
<b>Partner HIV result (n=346)</b>	
Positive	290(83.8)
Negative	56 (16.2)
<b>Recent CD4 count (mm<sup>3</sup>) (n=444)</b>	
< 200	88(19.8)
200-500	294(66.2)
> 500	62(14.0)
<b>Duration on ART/in years/ (n=444)</b>	
1-2	137(30.9)
3-4	176(39.6)
≥ 5	131 (29.5)

### **5.1.3 Sexuality and discussion on sexuality**

Two hundred forty (54.1%) respondents were sexually active during the past 6 months, of whom 189 (78.8%) used condom. Reason for not using condom were “I want to have a child” 46 (90.2%) and “my partner didn’t like it” 5 (9.8%). The most common reason for condom use was advice from health professionals 180 (40.5%) followed by to halt the increase of viral load 106 (23.9%).

Two hundred eighty (63.1%) of the respondents claimed to have been previously counseled/ discussed on personal issues such as sexuality, family planning and child bearing with ART providers. And out of which 111 (39.6%) felt that the issues were not adequately covered. One hundred sixty four (36.9%) of the respondents who had not discussed issues with ART provider (counselor), all showed interest to discuss in the future. (See table 4)

**Table4- Sexuality, condom use and discussion on sexuality among PLWHA attending ARV treatment units Addis Ababa, 2010. (N=444)**

<b>Characteristics</b>	<b>No</b>	<b>%</b>
<b>Sexually active within the past six months(n=444)</b>		
Yes	240	54.1
No	204	45.9
<b>Used condom within six months (n=240)</b>		
Yes	189	78
No	51	21.3
<b>Reason to use Condom *</b>		
To prevent pregnancy	106	23.9
My partner is negative	43	9.7
Health care provider Advice	180	40.5
To halt the increase of viral load	90	20.3
<b>Reason not to use condom within six months (n=51)</b>		
I want to have children	46	90.2
My partner did not like it	5	9.8
<b>Discussion about sexuality,child bearing (n=444)</b>		
Yes	280	63.1
No	164	36.9
<b>Provider adequately covered about sexuality child bearing,FP (n=280)</b>		
Yes	169	60.4
No	111	39.6

**\*Multiple responses**

### 5.1.4 Knowledge on mother to child transmission

A total of 437 (98.7%) of the study participants know that HIV can be transmitted from mother to child. Out of the 437, only 89 (20.5%) participants mentioned the three ways of MTCT: during pregnancy, delivery and through breast feeding. Four hundred eighteen (94.1%) of the participant know the availability of medication in prevention of mother to child transmission. Three hundred sixteen (75.6%) of them do not know the extent of HIV transmission from mother to child if the mother do not use any preventive medication. The major sources of information about mother to child transmission and prevention were mass media and health care providers, 369 (83.1%) and 323 (72.7%), respectively.

**Table5- Percentage distribution of MTCT and PMTCT related characteristics of PLWHA, Addis Ababa, 2010.**

<b>Characteristics</b>	<b>Number</b>	<b>%</b>
<b>HIV can transmit from MTC (n=444)</b>		
Yes	437	98.4
No	7	1.6
<b>Ways of transmission (n=437)</b>		
One way	94	21.2
Two ways	254	57.2
Three ways (pregnancy,delivery,breast feeding)	89	20
<b>Medication against to MTCT (n=444)</b>		
Yes	418	94.1
No	4	0.9
I don't know	22	5
<b>Extent of MTCT if no Preventive treatment(n=418)</b>		
All children infected	61	14.6
50% children infected	41	9.8
I don't know	316	75.6
<b>Information Source (multiple response)</b>		
Mass media	369	83.1
Health care provider	323	72.7
Friends	25	5.6
Home based care	3	0.7

### **5.1.5 Family Planning**

Out of 239 respondents who did not desire to have a child, 233 (97.4%) used contraception. Abstain and condom use were the major family planning methods used, 204 (4.9%), 184 (41.4%), respectively. The reasons given by all non users, was fear that family planning drugs may create complication with ARV treatment.

### **5.1.6 Fertility desire**

A total of 205 (46.2%) respondents expressed the desire for children, out of which 104 (50.7 %) were males. Eighty seven (42.2%) had desire to have one child while, 110 (53.4%), 9 (4.4%) had desire to have two and three or more, respectively. About one-fourth of the respondents preferred to have a child when they feel healthy. The association between fertility desire and different variables (socio demographic backgrounds and HIV related characteristics) were seen by bivariate analysis: Sex, education, monthly income, CD4 count, period (duration) on ART, knowing HIV can be transmitted from MTC showed no association with fertility desire. Whereas: age, marital status, number of alive children showed significant association with fertility desire. (See table 7)

In bivariate analysis respondents in age group <35 (OR: 2.18, 95% CI: 1.48- 3.22), being single (OR: 5.38, 95% CI: 2.85-10.14) and having one child or none (OR: 18.82, 95% CI: 10.84-32.67) were significantly associated with desire for children. Whereas, Sex, Education, Monthly income, duration on ART, CD4 count had no association. (See table 7)

**Table 7- Association of fertility desire by selected characteristics, Addis Ababa, 2010**  
(n=444)

Character tics	Fertility desire		Crud OR (95% CI)
	Yes (%)	No (%)	
<b>Sex</b>			
Male	104(51.0)	100(49.0)	1
Female	101(42.1)	139((57.9)	0.70 (0.48,1.01)
<b>Age</b>			
≥35	67(35.3)	123(64.7)	1
< 35	138(54.3)	116(45.7)	2.18 (1.48,3.22)*
<b>Education</b>			
Illiterate	7(36.8)	12(63.2)	1
Elementary	25(38.5)	40(61.5)	1.07 (0.37,3.09)
Secondary	128(47.6)	141(52.4)	1.56 (0.59,4.07)
Higher education	45(49.5)	46(50.5)	1.68 (0.61,4.65)
<b>Marital status</b>			
Divorced/Widowed	38(33.9)	74(66.1)	1
Single	58(73.4)	21(26.6)	5.38 (2.85,10.14)*
Married/in relation	109(43.1)	144(56.9)	1.47 (0.93,2.34)
<b>Monthly income</b>			
No income	50(43.9)	64(56.1)	1
≤ 500	61(49.2)	63(50.8)	1.24 (0.74,2.07)
501-1000	49(44.1)	62(55.9)	1.01 (0.60,1.71)
>1000	45(47.4)	50(52.6)	1.15 (0.67,1.99)
<b>Alive children</b>			
≥(2)	18(10.5)	154(89.5)	1
0 – 1	187(68.8)	85(31.3)	18.82(10.84,32.67)*
<b>CD4 count</b>			
<200	48(54.5)	40(45.5)	1
201-500	128(43.5)	166(56.5)	0.64(0.39,1.03)
>500	29(46.8)	33(53.2)	0.73(0.38,1.41)
<b>Start of ART</b>			
1-2	67(48.9)	70(51.1)	1
3-4	74(42.0)	102(58.0)	0.76(0.48,1.19)
≥5	64(48.9)	67(51.1)	0.99(0.62,1.61)
<b>Know MTCT</b>			
No	6(85.7)	1(14.3)	1
Yes	199(45.5)	238(54.5)	0.14(0.17,1.17)

\*Significant association at significance level of 0.05

All variables that showed associations at significance level of 0.05 in bi-variate analysis were entered to the multivariate analysis. In a multivariate analysis marital status and number of children had association with fertility desire. Both respondents who were married and single were significantly associated with desire for children (adjusted OR: 2.60, 95% CI: 1.47 - 4.59) and (adjusted OR: 2.93, 95% CI: 1.47-5.85), respectively. Respondents who had one child or none were more likely to desire children than who had two or more children (adjusted OR: 18.31, 95% CI: 10.17-32.96). (See table 8)

**Table 8- Association fertility desire by selected characteristics, among PLWHA under care in four regional Hospitals Addis Ababa, 2010. (n=444)**

Character tics	Fertility desire		Crud OR(95%CI)	Adjusted OR(95%CI)
	Yes (%)	No (%)		
<b>Age<sup>a</sup></b>				
≥35	67(35.3)	123(64.7)	1	1
<35	138(54.3)	111(45.7)	2.18 (1.48,3.22)*	1.59 (0.98,2.58)
<b>Marital status<sup>a</sup></b>				
Divorced/Widowed	38(33.9)	74(66.1)	1	1
Single	58(73.4)	21(26.6)	5.38(2.85,10.14)*	2.93 (1.47,5.85)*
Married/in relation	109(43.1)	144(56.9)	1.47(0.93,2.34)	2.60 (1.47,4.59)*
<b>Alive children<sup>a</sup></b>				
≥(2)	18(10.5)	154(89.5)	1	1
0- 1	187(68.8)	85(31.1)	18.82(10.84,32.67)*	18.31(10.17,32.96)*

\*significant association at significance level of 0.05

a= adjusted for age, marital status, alive children

## 5.2 Qualitative result

A total number of 13 respondents were interviewed, 3 of them were male and 10 were female. These were Adherence Supporters living with HIV and who were all on ART and serving in ART sites of four regional hospitals. Their age ranges from 24 to 45 years. Respondents' educational status varies from high school to diploma graduates, 12 of whom have children. Out of the 12 respondents 3 have their children after knowing their HIV status. One of the respondents has HIV positive child. And 6 of the respondents were married.

The in-depth interview was carried out by principal investigator with one assistant who recorded the interview. All the respondents agreed and showed interest to participate in the study after all the necessary information was given to them. Semi-structured questionnaire interview guide and field notes were used to record the relevant information. The interviews were conducted in a quiet and convenient place and took 15-20 minutes for each respondent.

### 5.2.1 Desire to have Children

Out of the 13 respondents, a total of 8 respondents reported for child desire in which all were female. All respondents who show a desire to have a child said they want only one more child except for one respondent who said she wants to have two children because she has none. The reason they gave differs from person to person and they mentioned their reason as follows: there is an opportunity to have sero-negative child, to continue their family line, to have someone to care for them at old age and during illness, to transfer their wealth, to give a sibling for their previous child.

Some of the Verbatim of the respondents were:-

*“I have a great desire to give birth since there are opportunities to have sero -negative child I have already sero-positive child. Beside that I do have supportive family”.*

27 years old female married and have one child

*“Yes I have a desire; I want to have one more child because I want to see again the copy of myself and I don’t want my child to be alone”.*

35 years old female widowed and have one child

*“I gave birth to one of my children after knowing my sero status and being on treatment and so I want to have one more child because children have to be there to transfer my wealth”.*

37 years old married and have two children

*“I want to have one more child because family line has to continue. It is necessary to have your own child; it is not the same as adapting somebody’s child”*

33 years old divorced and have one child

Almost all respondents who desire to have children reported that HIV has an effect on their desire of having children and described it as: the cd4 count and viral load has to be corrected, chance of getting HIV positive child, the challenge with breast feeding, health condition may get compromised were the reasons emphasized by them.

On the other hand, five out of thirteen respondents reported of not having the desire for children. Out of those three were male and two were female. These respondents put their reason as: have enough number of children, don’t have adequate income, fear of leaving a child without a parent, health might get compromised and chance of getting sero- positive child.

*“I have no desire. Currently I know and I am seeing the possibility of having HIV negative child. But I don’t want a child it is because I don’t have adequate income”*

45 years old male married have one child

*“No I don’t want to have more children because I do have enough of them. If I do so I may compromise my health, become stressful and may not able to take my medication.”*

40 years old female widowed have four children

*“No I have no desire because I do have enough children, “Besides, what if I gave birth to sero - positive child!”*

24 years old female married have two children.

### **5.2.2 Family planning use**

All five of the respondents who show no desire for a child are using FP. Two of the respondents were using combined method i.e. condom and inject able. One of the respondents is using condom and the other two respondents are abstained from sex. They also explained that FP is necessary to prevent pregnancy and to avoid cross infection and STDs.

*“Yes I am using condom because it prevents pregnancy, cross infection and STDs.”*

45 years male married with one child

*“I am using condom and inject able. I am using inject able to prevent pregnancy and condom for reinfection prevention.”*

24 years female married with two children

*“My husband is dead: I don’t have a partner, I am not using any FP method, and I am abstained from sex”*

40 years female widowed with four children

Those respondents who are using FP methods claimed that they are getting condom from ART clinic and inject able from the FP unit of a different place. All preferred to get the service in the same place where they are taking ARV drugs. And that it is advantageous in terms of time, economy (transport), and solving problems.

### 5.2.3 Knowledge about Mother to Child Transmission and Prevention

All respondents know that HIV can transmit from mother to child. The time of transmission was listed by almost all respondents as: during pregnancy, delivery, and breast feeding. By most respondents medication and follow up was emphasized as means of MTCT prevention. Some of the respondents also said that besides using medication and follow up there are other ways like knowing HIV status, consulting the provider when planning pregnancy, delivery in the health institution, exclusive breast feeding should be considered as means of MTCT prevention. All were confident with the treatment as it can reduce the transmission.

*“Yes it transmits during pregnancy, delivery and breast feeding. Follow up, medication and delivery in the health institution help in the prevention of MTCT transmission. I am confident about the medication as it can reduce transmission because we are seeing it practically.”*

40 years old widowed with 4 children

*“Yes it is during delivery and breast feeding. I don’t think it would transmit during pregnancy unless there is infection. To prevent MTCT there is medication and it is necessary to consult the doctor about CD4 count and health condition.”*

35 years old widowed with one child

*“Yes it is during delivery and breast feeding. To prevent MTCT transmission there should be follow up, precautions during delivery, exclusive breast feeding for six months and there is also medication.”*

27 years old married with one child

*“Yes it transmits during pregnancy, delivery and breast feeding. Follow up and medication are used to prevent MTCT. I can be a witness about the medication as it reduces transmission because I gave birth to sero- negative child being on medication.”*

37 years old married with two children

#### **5.2.4 Community on Desire to have Children**

All respondents said that the society believes that to have once own child and to continue family's line is mandatory in a person's life span. And everybody is expected to have a child after getting married. Six out of thirteen respondents revealed themselves in the community they are living and are involved in teaching whenever there is gathering like Edir, meetings in Kebele, participating in drama and advertizing on posters. All believed that the community has nothing to do on their desire to have/not to have a child. Seven of the respondents do not discuss about their sero status to the community because they believe there is still stigma and discrimination. They also claim that nothing has happened to them and their desire to have/not to have a child from the community only because they have not revealed themselves. But they are seeing how sero/positive children are discriminated in school and playing with other children. They also mentioned of hearing people saying "Positive parents are bringing additional positive children to the society", "Why is it necessary to give birth when they may not be able to provide for their children" and so on. So they concluded that community has an impact on their desire to have children.

#### **5.2.5 Discussion about Sero Status to Partner/Family**

All respondents discussed with their partners/families about sero status except for one who got separated with her partner before disclosure. Eleven out of thirteen discussed the situation with their families, out of which nine discussed to all family members and two to only selected family members. Two out of thirteen did not discuss to their family and their reasons were being the only child in the family or fear of stigma and discrimination. Those who discussed with a partner and family described the advantage as they get psychological support, nutritional support, economical support, advice/reminder to take medication on time, to take precaution to others, minimum of work load and get lots of love.

## 6. Discussion

The study found out that about half of the participants living with HIV/AIDS had a desire for children. Marital status and number of children were strong determinants of fertility desire.

The proportion of the present study population who desire children was higher than those reported in studies from developed nation. In study done in US, 28% of HIV positive men and 29% of women desired children (6). This finding is lower than the current study, which is 51.0% of men and 49.3% of women HIV positive individuals receiving care desired children. On the other hand it is lower than findings reported in other African counties. In study done in Nigeria, 68.4% of women and 53.8 % of men, HIV positive individuals receiving care desired children (18). These may be due to social cultural difference between these countries with Ethiopia and can also be explained by the fact that respondents our study subjects were within wide reproductive age limits because child bearing among Ethiopians to continue within much of their reproductive life span (18-49 for women and 18-54 for men) .Whereas in previous study it was restricted to less than 40 for women and less than 45 for men (6).

Previous study in Addis Ababa, Ethiopia, indicated a lower fertility desire (40%), whereas, in current study we found that a little bit higher fertility desire (**46.2%**) (5). This may be related to the trend change in awareness of people about mother to child transmission and prevention. It also suggests that fertility desires may change through time thus require ongoing attention as part of long-term care.

This is also supported by our qualitative findings. And two of the female respondents said:

*"I have a great desire to give birth since there are opportunities to have sero-negative child and I have already sero positive child".*

*"I gave birth to sero-negative child after knowing my sero status and being on treatment and so, I want to have one more child".*

The fact that nearly half of the HIV-infected adults desire and expect to have children has an important implication for the prevention of vertical and heterosexual transmission of HIV.

An important factor associated with desire in our study was marital status of the respondent. Both respondents who were married and single were more likely to desire children than their counterparts. Similar studies in US, Nigeria and in Addis Ababa, Ethiopia had also shown that those who were married or in relation were more likely to desire children (5, 6, 8). In the current study this can be due to the fact that 45.6% of married or in relation had no children. Unlike other studies, respondents who were single in our study had also desire for children. This may be related to the expected norms of Ethiopian society, where child bearing is considered as replacing oneself and continuation of generation. This finding also shows an implication for vertical as well as heterosexual transmission of HIV.

Number of children is also one of the factors associated with fertility desire. Those respondents who had one child or none were more likely to desire children than who had two or more children. This finding is also consistent with the result of previous studies in US, Brazil, Nigeria, Addis Ababa, having no children had positive association with child desire (5, 6, 8). This may be explained by the fact that those who had no children had strong desire for parenthood and desire children to achieve their social status by being a father or a mother. This was also supported by the qualitative study; those respondents with 0-1 child were more likely to desire children than those with two and more children. Two of female respondent said the following:

*“I will be happy to give birth because I want to replace my self”*

*“I want to have one more child because children have to be there to transfer my wealth and beside that I do not want my child to be alone”*

Despite the fact that 66.9% of the respondents had already one or more children, 46.2% of the study subjects desire for children which has a great implication for controlling vertical as well as heterosexual transmission.

In a study done in Addis-Ababa a population of 69.3% of women reported CD4 count less than 200 /mm<sup>3</sup> within the range recommended for ARV treatment and which is a reflection of high viral load and would result a high risk of vertical transmission for both a child and a partner as well (5).Whereas, in current study low CD4 count less than 200 /mm<sup>3</sup> was reported in 38.6 % of women this can be explained by the fact that the increased emphasis on ART and other health care services for HIV infected individuals. Even if the figure is low compered with previous study, it has an implication for controlling vertical as well as heterosexual transmission.

Withregard to counseling, the current study indicated that more than 60% of the respondents admitted to have been counseled or discussed on personal issue such as sexuality, FP, child bearing with ART providers. However, 40% of the respondents felt that the issues were not addecuately addressed.Even if the number of respondents counseled increased compared to previous study done in Addis Ababa (19.3%) (5),there is still a need for counseling to facilitate informed decision-making about child bearing and counseling on childbearing.

From the study we can conclude that a lot of attention must be given in fertility related conseling and services like PMTCT to halt the vertical transmission of HIV.

## 7. Strength and limitation of the study

### 7.1 Strength

- The study used qualitative method to supplement the result and also to explore factors that are not addressed by quantitative survey.
- It is one of the studies exploring fertility desire among HIV positive individuals on ART in Regional Hospitals of Addis Ababa including Minilik 11 and Ras Desta Hospitals which was not studied by previous study in Addis Ababa. It gives insight and helps to identify intervention areas to prevent HIV transmission for responsible body.

### 7.2 Limitations

- **Sample bias** - Study participants were recruited at visit to ARV treatment units thus more adherents are more likely to be enrolled.
- **Selection bias**- even if the sampling method is non random, the data collectors may select persons who can communicate with them easily.
- **Social desirability bias** - even though the data collectors were trained on confidentiality and respondents right and to read the consent form before they start an interview, the respondents might have given a desired answer by the counselor or health provider.

## 8. Conclusion and Recommendation

### 8.1 Conclusion

- The present study showed that a high number of HIV positive men and women desire children (46.2%).
- Sizable proportions of PLWHAs were actively involved in recent sexual activity.
- Reproductive decision in HIV positive individuals are not only by their HIV status but on different factors.
- In general those who desire children were those who have one child or none and both single and married/in relation.
- Large number of respondents felt that issues on reproductive health were not sufficiently addressed by counselors/care provider.
- Even if the adherence supporters are expected to be a figure, teach and support PLWHAs and the community and, there is a knowledge gap among them and some of them still don't disclose about their sero-status to their family neither to the community.

## 8.2 Recommendation

- There is a need for strengthening counseling on reproductive issues in providing adequate information on practicable reproductive options for individuals affected by HIV .This would help them in making an informed reproductive choice rather than risk taking.
- The issue of linking fertility related services like PMTCT, FP with HIV/AIDS intervention needs attention in safeguarding the health and welfare of PLWHAs and the potential child,for those hospitals with out the services.
- Stakeholders should give emphasis on recruiting adherence supporters and strengthening and upgrading of their knowledge.
- Responsible bodies and stakeholders should involve in strengthening HIV related services like RH counseling, PMTCT in already existing hospitals and the need for intervention for those without the service.
- Further studies should be conducted in the community and the issue should be also assessed from different community group's perspectives to come up with more representative findings.

## 9. Refernces

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## **10. Annexes**

### **10.1 Structured questionnaire (English version)**

#### **A. Study Informed Sheet**

**Addis Ababa university faculty of Medicine School of Public Health individual consent form for the study on fertility needs assessment in people living with HIV/AIDS who are on ART at \_\_\_\_\_ Hospital in Addis Ababa.**

My name is \_\_\_\_\_; I am working with the research team of Addis Ababa University. Hear at \_\_\_\_\_ Hospital ARV treatment unit we are interviewing men and women PLWHA on follow up care to evaluate their fertility needs. We believe that this study will help to bring change in fertility services for HIV positive people on ARV treatment.

We would like to assure you that your name will not be mentioned in the questionnaire and thus the information you provide will not be known to others. The study will not have any physical, social, and economic risk to the study participants except a very minimal psychological/emotional discomfort. You have full right to refuse to take part or to interrupt the interview at any time. But the information that you will give us is useful to achieve the objective of the study and will benefit the concerned body and policy makers to bring a change in fertility and service provision for HIV positive people on ARV treatment.

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

Name of the principal investigator – Tezeta Gossa Kinfemeskel

Address Addis-Ababa, Ethiopia

Phone No. 0911/ 228168

Email- Tezugossa at yahoo.com

For more information please contact Faculty of Medicine, IRB

Phone number

**B. Consent Form**

I the informed participant heard the information in the consent sheet and understood what is required from me and what will happen to me if I take part in the study .I understand that all information regarding me, like name and all answers given by me must not be transferred to the third party...I can also understand I can withdraw the study any time without giving a reason.

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

The participant

- 1. Agreed -----
- 2. Did not agree ----- End the interview and thank the respondent.

Interviewer Agreement

I certify that I have taken written consent from the respondent that she/he has agreed to participate in the study and I have confirmed the agreement is correct.

Interviewer Name -----Signature-----

Date-----Month-----2010.

Supervisor Name -----Signature-----

Date-----Month-----2010.

**PART 1- Socio-Demographic characteristics**

**QID-----**

No.	Questions	Categories
101	How old are you?	-----Years(age in completed years)
102	Sex of the respondent	Male-----1 Female-----2
103	What is your religion?	Orthodox-----1 Catholic----- 2 Muslim -----3 Protestant-----4 Others(specify)----89
104	What is your highest Education level you completed?	-----Grade completed Able to read and Write -----86 Unable to read and Write -----87 No response-----99 (specify)-----89
106	What is your Current Marital/relationship status?	Married-----1 Single-----2 Widowed-----3 Divorced-----4 Non married partner-----5 No response-----99

107	What is your total Monthly income?	<p style="text-align: center;">-----Eth. Birr</p> <p>No income-----1</p> <p>Don't know-----2</p> <p>No response----- 99</p> <p>Others (specify)-----89</p>
108	What is your current occupation	<p>Unemployed.....1</p> <p>Student.....2</p> <p>House wife.....3</p> <p>House servant.....4</p> <p>Daily laborer.....5</p> <p>Merchant.....6</p> <p>Sex worker.....7</p> <p>Government employee.....8</p> <p>Private employee.....9</p> <p>Others(specify).....89</p>

**PART 11- Information on Fertility desire and intention**

109	How many live births have you ever had in your life?	<p style="text-align: center;">-----Live births</p> <p>I did not give birth at all -----97</p> <p>I do not have any live birth-----98</p> <p>No response-----99</p> <p>Other(specify)-----89</p>
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110	How many a live children do you have now?	No of alive children----- Sons----- Daughters----- I do not have children at all-----97 I do not have alive children-----98 No response-----99 Other(specify)-----89
111	Would you like to have children in the future?	Yes-----1 No-----2 D don't know-----3 No response-----99 Other (specify)-----89
112	If the answer for Q 111 is yes, when do you prefer to have a child?	-----month -----years When I feel healthy-----7 When cd4 corrected-----8 As it happens-----9 Don't know-----98 No response-----99 Others(specify) -----89
113	If the answer for Q111 is yes, How many (more) children would you like to have in the future?	No of children desired----- None-----97 Don't know-----98 No response-----99 Others(specify)-----89

114	(If the answer for question 111 is no) why do not you want to have children in the future?	Have desired number of children -----1 Fear of mother to child HIV transmission Risk ----- -----2 Don't have adequate income to add another child----- -----3 Health care providers advise not to have Child----- -----4 Child bearing may further compromise mine/my partner's health-----5 No response-----99 Other(specify)-----89
115	Does your husband/wife/partner want to have a child in the future?	Yes-----1 No-----2 Don't know-----3 Don't have partner -----4 No response-----99 Other specify-----89

**PART III -Information FP use**

116	Have you (your partner) ever used family planning method before HIV diagnosis?	Yes-----1 No -----2 Don't remember-----3 Don't know-----4 No response-----99 Other specify-----89
-----	--	--

117	If yes for Q116 specify the method you/your partner used?	Abstained from sex-----1 Condom-----2 Pill (OCP)-----3 Inject able-----4 IUD -----5 Implant-----6 Tuba legation/Vasectomy-----7 No response-----99 Other(specify)-----89
118	Have you (your partner) ever used family planning method after HIV diagnosis?	Yes-----1 No-----2 Don't remember-----3 Don't know-----4 No response -----99
119	If yes for Q118 specify the method you/your partner used?	Abstained from sex-----1 Condom -----2 Pill(OCP)-----3 Inject able-----4 IUD-----5 Implant-----6 Tuba legation/ Vasectomy-----7 Others(specify)-----89

120	Are you/your partner using Family planning Methods currently (during the study period)?	Yes-----1 No-----2 I don't know-----3 No response-----99
121	If yes for question 120,specify the methods you are using	Abstained from sex-----1 Condom -----2 Pill(OCP)-----3 Inject able-----4 IUD-----5 Implant-----6 Tuba legation/ Vasectomy-----7 No response-----99 Others(specify)-----89
122	Why do you choose the current family planning method?	Health professionals advise-----1 Because it suites with my health-----2 From my friends experience/advise -----3 Other(specify)-----89
123	If the answer for Q 120 is no would you like to use family planning method in the future?	Yes-----1 No -----2 I don't know-----3 No response-----99 Others (specify)

124	If yes for question 123, specify the method you intend to use?	Abstained from sex-----1 Condom -----2 Pill(OCP)-----3 Inject able-----4 IUD-----5 Implant-----6 Tuba legation/ Vasectomy-----7 No response-----99 Others (specify)-----89
125	Where do you want to get the service	At ARV treatment units-----1 In government health-----2 In private clinics-----3 In counseling units-----4 Others(specify)-----89
126	If the answer for question 123 is no, why don't you want to use family planning?	Want to have a child-----1 Fear that family planning drugs may creat complication with ARV treatment-----2 I abstained from sex -----3 No response-----99 Others-----89
127	If you are using family planning methods did you disclose your serostatus to your family planning providers?	Yes-----1 No -----2 No response-----99 Other (specify)-----89

128	If the answer for the question 127 is no, why didn't you disclose your sero status to your FP provider?	I don't trust the provider .....1 I feared stigma and discrimination .....2 No response .....99 Others (specify) .....89
-----	---	---

**PART IV Information on MTCT and PMTCT**

129	Does HIV transmit from mother to child?	Yes .....1 No.....2 Don't Know.....3 No response .....4 Others .....89
130	If yes when does HIV transmission occur from mother to child	During pregnancy .....1 During labor .....2 Through breast feeding .....3 I don't know .....4 No response .....99 Other (specify) .....89
131	Is there any medication which helps to prevent mother to child HIV transmission?	Yes .....1 No .....2 Don't know .....3 No response .....99 Others .....89
132	How much do you think the risk of HIV transmission from mother to child if the mothers do not use any preventive medication?	All children born to infected mother acquire the infection -----1 About 50% children acquire the infection ----2 I don't know-----3 I don't know the exact figure -----4 No response-----99

		Other(specify)-----89
133	From where did you get the information about mother to child HIV transmission?	Mass media -----1 Health care provider-----2 From friends-----3 Home based care givers-----4 No response-----99 Other(specify)-----89
134	Do you think medication provided to reduce mother to child transmission actually reduce the transmission?	Yes .....1 No .....2 Don't know .....3 No response .....99 Other .....89

**PART V- Information on HIV/AIDS and treatment condition**

135	How many months/years since HIV diagnosis?	Before -----month-----or-----years Don't remember-----1 No response .....99 Others .....89
136	Did you start receiving ART treatment?	Yes .....1 No .....2 No response .....99 Others .....89
137	When did you start receiving ARV treatment?	Before -----month-----or-----years Don't remember-----1 No response-----99 Others .....89

138	Who cover the cost of the drug?	Myself .....1 Free access from GOV .....2 Covered by NGOs .....3 My parents/relatives .....4 No response .....99 Others .....89
139	How is your overall health condition after you start receiving ART?	Improved .....1 Not changed .....2 Deteriorated .....3 No response ..... 99 Others .....89
140	How much is your recent CD4 count?	
141	How long did you start receiving ARV treatment unit?	Before -----month-----or-----years Don't remember-----1 No response-----99 Others .....89
142	Did you get support from different communities?	Yes .....1 No .....2 No response.....99 Other .....89
143	From where did you get the support?	Relatives/neighbors and friends-----1 NGO'S-----2 GO's-----3 FB'Os-----4 Other(specify)-----89

144	If yes for question 142, what kind of support You get?	Money.....1 HBC(Home Based Care).....2 GO.....3 FB Os.....4 Others (specify).....89
145	Did your counselor /ART provider discuss about sexuality, child bearing and family planning?	Yes-----1 No-----2 No response-----99
146	Would you like to discuss with your counselor/ART provider about sexuality, child bearing and family planning?	Yes-----1 No-----2 Don't know-----3 No response-----4
147	If yes for question 145, did your counselor /ART provider adequately cover issues like child bearing, sexuality and family planning?	Yes-----1 No -----2 Don't know-----3 No response-----4 Other (specify)-----89

**PART VI- Information on reproductive characteristics**

148	Have you had sexual intercourse in the past six months?	Yes.....1 No.....2 No response .....99 Other (specify).....89
149	(If yes for Q148) have you used condom?	Yes.....1 No.....2 I don't remember .....3 No response.....99 Other (specify).....89
150	If yes for Q 149 how often?	Always.....1 Sometimes.....2 No response.....99
151	If the answer for question 149 yes, why do you use a condom?	To prevent pregnancy .....1 Because my partner HIV status in negative .....2 Health care providers advised me to use condom.-----3 To halt the increase of viral load-----4 No response .....99 Other (specify) .....89
152	If the answer for question 149 is No why did not you use a Condom?	I want to have children .....1 My partner did not like it .....2 No response .....99 Other .....89

153	Did you disclose your serostatus to your partner?	Yes .....1 No.....2 No partner.....3 No response .....99 Other (specify).....89
154	Does your partner have HIV tested?	Yes.....1 No.....2 No partner .....3 I don't know.....4 No response -----99 Other (specify)-----89
155	What was his/her test result?	Positive-----1 Negative-----2 I don't know-----3

**Thank You!**

## 10.2 ANNEX I (Amharic Version)

### ሀ. የጥናቱ መረጃ ቅፅ

በአዲስ አበባ ዩንቨርሲቲ የህክምና ትምህርት ክፍል የህብረተሰብ ጤና ትምህርት ዘርፍ ከኤች. አይ. ቪ. ቫይረስ ጋር የሚኖሩ በአዲስ አበባ- -----የፀረ ኤች. አይ. ቪ. ኤድስ የህክምና መስጫ ጣቢያ ተከታታይ ህክምና የሚያደርጉ ተጠቃሚዎች የመውለድ ፍላጎታቸውን ለማጥናት ቃለ መጠይቅ ለማድረግ የግለሰቦች ፈቃደኝነት መጠየቂያ ፎርም።

እኔ \_\_\_\_\_ ከአዲስ አበባ ዩንቨርሲቲ የጥናት ቡድን ጋር አብሬ እየሰራሁ ነው። አሁን በዚህ በ \_\_\_\_\_ የፀረ. ኤች. አይ. ቪ/ኤድስ ህክምና መስጫ ክፍል ተከታታይ ህክምና የሚያደርጉ ከኤች. አይ. ቪ. ቫይረስ ጋር የሚኖሩ ሰዎች የመውለድ ፍላጎታቸውን ለማጥናት ቃለ መጠይቅ እያደረግን ነው። ይህ ጥናት ከኤች. አይ. ቪ. ጋር ለሚኖሩና የፀረ. ኤች. አይ. ቪ. ኤድስ ህክምና ከትትል ለሚያደርጉ ሰዎች የወሊድ አገልግሎት አሰጣጥ ላይ ለውጥ ያመጣል ብለን እናምናለን። ስምዎ በዚህ መጠይቅ ውስጥ የማይጠቀስ መሆኑንና በቃለ መጠይቁ የሚሰጡንን መረጃ ሁሉ በሚሰጥር ተይዞ ለጥናት አገልግሎት ብቻ የሚውል መሆኑን ላረጋግጥልዎ እወዳለሁ። ይህ ጥናት ምንም ዓይነት አካላዊ፣ ኢኮኖሚያዊ፣ ማህበራዊ ችግሮችን አያስከትልም። ነገር ግን በጣም ባነሰ ሁኔታ የሰነድ አለመረጋጋት ሊያስከትል ይችላል። በዚህ ጥናት ላይ የመሳተፍ፣ ያለመሳተፍ ወይም በማንኛውም ወቅት ቃለ መጠይቁን የማቋረጥ ሙሉ ሙብት አለዎት። ነገር ግን እርስዎ በጥናቱ ተሳትፈው የሚሰጡን መረጃ ጥናቱን ውጤታማ ለማድረግ እና ጉዳዩን ለሚመለከታቸው አካላት ከኤች. አይ. ቪ. ቫይረስ ጋር ለሚኖሩ ሰዎች የወሊድ አገልግሎት አሰጣጥ ላይ ለውጥ ለማምጣት ጠቀሜታ አለው።

ስለጥናቱ ጥያቄ ካለዎት?

ከዚህ በታች በተጠቀሰው አድራሻ ዋና ተመራማሪውን ማግኘት ይቻላል።

ስም           ትዝታ ጎሳ ክንፈ.መስቀል

አድራሻ       አዲስ አበባ ዩንቨርሲቲ, አዲስ አበባ

የስልክ ቁጥር   0911/228168

E-mail        [Tezugossa@yahoo.com](mailto:Tezugossa@yahoo.com)

**ለ. የፍቃድኝነት ማረጋገጫ ቅፅ**

እኔ በጥናቱ ላይ እንድሳተፍ የተጠየቅኩ ከዚህ በላይ በጥናቱ መረጃ ቅፅ ላይ የተቀመጠውን ነገር በአግባቡ በመረዳት ከእኔ የሚጠበቀውን ሁሉ አወቁያለሁ። ከዚህም ሌላ በጥናቱ ላይ ተሳታፊ ቢሆን እኔ የምሰጣቸው መረጃዎች ለሶስተኛ አካል ተላልፈው እንደማይታወቁና የግለሰብ ስም እንደማይካተት ተረድቻለሁ። በተጨማሪም ጥናቱን የማልፈልገው ከሆነ በማንኛውም ሰዓት ያለምንም ምክንያት ማቆም ወይም ማቆም እንደምችልና በማቆሜም እኔ ወይም በተሰበኛ ክድርጅቱ በሚያገኙት አገልግሎት ላይ ምንም ዓይነት ተፅዕኖ እንደማይኖረው አወቁያለሁ።

በቃለ መጠየቁ ለመሳተፍ ፈቃድኛ ነዎት?

በጥናቱ ለመሳተፍ

1. ተስማምታለሁ

2. አልተስማምታለሁም   $\rightarrow$  አመቅጣኝ/ሽ ጨርሰሁ/ሽ

**የቃለ መጠየቅ አድራጊያ/ዋ ስምምነት**

ተሳታፊዎ በጥናቱ ላይ ለመሳተፍ ፍቃድኝነታን የሚገልፅ ስምምነት በፅሁፍ መልክ መወሰዴንና ስምምነቱም ትክክለኛ መሆኑን እገልጻለሁኝ።

የቃለ መጠየቅ አድራጊያ/ዋ ስም \_\_\_\_\_ ፊርማ \_\_\_\_\_

/ \_\_\_\_\_ / \_\_\_\_\_ / 2010 ዓ.ም

ቀን                      ወር

የተቆጣጣሪ/ዋ ስም \_\_\_\_\_ ፊርማ \_\_\_\_\_

/ \_\_\_\_\_ / \_\_\_\_\_ / 2010 ዓ.ም

ቀን                      ወር

በአዲስ አበባ ዩንቨርሲቲ የህክምና ትምህርት ክፍል የህብረተሰብ ጤና ትምህርት ዘርፍ ከኤች አይ ቪ ቫይረስ ጋር የሚኖሩና በአዲስ አበባ የፀረ ኤች አይ ቪ ኤድስ የህክምና መስጫ ጣቢያዎች ተከታታይ ህክምና የሚያደርጉ ወንዶችና ሴቶች የመውለድ ፍላጎታቸውን ለማጥናት የተዘጋጀ መጠይቅ፡

**ክፍል አንድ - መረጃ ስለ ማህበራዊ ሁኔታ**

ተ.ቁ	ጥያቄዎች	መልስ ሊሆኑ የሚችሉ ዝርዝሮች
101	አድሜዎ ስንት ነው?	----- አመት (እድሜ በሙሉ አመት ይገለፅ)
102	የታዎ ምንድነው?	ወንድ ---1  ሴት --- 2
103	ሐይማኖትዎ ምንድነው?	አርቶዶክስ --- 1  ካቶሊክ --- 2  ሙስሊም --- 3  ፕሮቴስታንት --- 4  ሌላ ካለ ይገለፅ -- 89
104	ተምረው ያጠናቀቁት ከፍተኛው የትምህርት ደረጃ ስንት ነው?	----- ክፍል ያጠናቀቀ  ማንበብና መፃፍ የሚችል ----- 1  ማንበብና መፃፍ የማይችል --- 2  መልስ የለም --- 99  ሌላ ካለ ይገለፅ ---- 89
105	ብሔርዎ/ዘርዎ ምንድነው?	አሮሞ --- 1  አማራ --- 2  ጉራጌ --- 3  ትግራይ --- 4

		ሌላ ካለ ይገለፅ ----- 89
106	በአሁኑ ወቅት የጋብቻ ሁኔታዎ እንዴት ነው?	ያገቡ --- 1  ያላገቡ --- 2  ባል/ሚስት የሞተባቸው --- 3  የተፋቱ --- 4  ያልተጋቡ ጥንዶች/የጾጻ ጓደኛ ያላቸው --- 5  መልስ የለም --- 99  ሌላ ካለ ይገለፅ --- 89
107	ጠቅላላ የወር ገቢዎ ስንት ነው?	----- የኢት. ብር  ገቢ የሌለው -- 1  አላውቅም ----2  መልስ የለም --- 99  ሌላ ካለ ይገለፅ ---- 89
108	በአሁኑ ወቅት ያሉበት የስራ አይነት ምንድነው?	ስራ የሌለው --- 1  ተማሪ --- 2  የቤት አመቤት --- 3  የቤት ሰራተኛ ---- 4  የቀን ሰራተኛ --- 5  ነጋዴ --- 6  የቡና ቤት ሰራተኛ --- 7  የመንግስት ሰራተኛ --- 8  የግል ሰራተኛ ----- 9

		መልስ የለም --- 99 ሌላ ካለ ይገለጹ --- 89
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**ክፍል ሁለት - መረጃ ስለ መውለድ ፍላጎት**

109	በእድሜዎ ምን ያህል ልጆች በህይወት ወልደዋል?	<p>----- በህይወት የተወለዱ ልጆች ቁጥር</p> <p>ምንም ልጅ አልወለድኩም --- 97</p> <p>ምንም በህይወት ያለ ልጅ አልወለድኩም ---98</p> <p>መልስ የለም --- 99</p> <p>ሌላ ካለ ይገለጹ ---- 89</p>
110	በአሁኑ ጊዜ ምን ያህል በህይወት ያሉ ልጆች አልዎት?	<p>----- በህይወት ያሉ የልጆች ቁጥር</p> <p>ወንድ --- ሴት ---</p> <p>ምንም ልጅ አልወለድኩም --- 97</p> <p>ምንም በህይወት ያለ ልጅ የለኝም --- 98</p> <p>መልስ የለም ---- 99</p> <p>ሌላ ካለ ይገለጹ -----89</p>
111	ለወደፊት ልጅ እንዲኖርዎት ይፈልጋሉ?	<p>አዎን --- 1</p> <p>አልፈልግም ----- 2</p> <p>አላውቅም ---- 3</p> <p>መልስ የለም ----- 99</p> <p>ሌላ ካለ ይገለጹ ---- 89</p>

112	ለጥያቄ ቁጥር 111 መልሱ አዎን ከሆነ መቼ ነው ልጅ መውለድ የሚፈልጉት?	ከ ---- ወራት ወይም --- አመት በኋላ  አላውቅም --- 98  መልስ የለም ----- 99  ሌላ ካለ ይገለፅ ---- 89
113	ለጥያቄ ቁጥር 111 መልሱ አዎን ከሆነ ምን ያህል (ተጨማሪ) ልጅ እንዲኖርዎ ይፈልጋሉ?	የልጆች ቁጥር -----  ምንም --- 97  አላውቅም ---- 98  መልስ የለም ----- 99  ሌላ ካለ ይገለፅ ---- 89
114	ለጥያቄ ቁጥር 111 መልሱ አልፈልግም ከሆነ ለምንድነው (ተጨማሪ) ልጅ መውለድ የማይፈልጉት?	የምፈልገውን ያህል ልጅ ስላለኝ --- 1  የኤች. አይ.ቪ. ኤድስ ከናት ወደ ልጅ መተላለፍን ፈርቼ ---2  ያለኝ የገቢ መጠን ተጨማሪ ልጅ ለማሳደግ ስለማይቻል ---- 3  የጤና ባለሙያዎች ልጅ መውለድ እንደሌለብኝ ስለሚመክሩኝ --- 4  ልጅ መውለድ የጤናዬን ሁኔታ ያባብስዋል ብዬ ፈርቼ ---- 5  መልስ የለም ----- 99  ሌላ ካለ ይገለፅ ---- 89
115	የትዳር/የጾታ ጓደኛዎ ልጅ እንዲኖራቸው ይፈልጋሉ?	አዎን --- 1  አትፈልግም/አይፈልግም --- 2  አላውቅም --- 3  የትዳር/የጾታ ጓደኛ የለኝም --- 4  መልስ የለም --- 99

	ሌላ ካለ ይገለጹ-----89
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**ክፍል ሶስት መረጃ ስለቤተሰብ ምጣኔ አጠባበቅ ምርመራና ፍላጎት**

116	የኤች .አይ.ቪ ኤድስ የደም ምርመራ ውጤትዎን ከማወቅዎ በፊት እርስዎ የትዳር /የጾታ ጓደኛዎ የቤተሰብ ምጣኔ አገልግሎት ተጠቅመው ያውቃሉ?	<p>አዎን -----1</p> <p>አልተጠቀምኩ --- 2</p> <p>አላስታውስም ---3</p> <p>አላውቅም --- 4</p> <p>መልስ የለም --- 99</p> <p>ሌላ ካለ ይገለጹ-----89</p>
117	ለጥያቄ ቁጥር 116 መልሱ አዎን ከሆነ የትኛውን የወሊድ መከላከያ አይነት ነበር የተጠቀሙት? (ከአንድ መልስ በላይ መመለስ ይቻላል)	<p>የግብረ ስጋ ግንኙነት አለማድረግ (መታቀብ)---1</p> <p>ኮንዶም -- 2</p> <p>የወሊድ መቆጣጠሪያ እንክብል --- 3</p> <p>በመርፌ የሚሰጥ የወሊድ መቆጣጠሪያ --- 4</p> <p>በማህፀን የሚገባ የወሊድ መቆጣጠሪያ----5</p> <p>በክንድ የሚቀበር----6</p>
118	የኤች አይ ቪ ኤድስ የደም ምርመራ ውጤትዎን ካወቁ በኋላ እርስዎ /የትዳር/የጾታ ጓደኛዎ የቤተሰብ ምጣኔ አገልግሎት ተጠቅመው ያውቃሉ?	<p>አዎን --- 1</p> <p>አልተጠቀምኩም ---2</p> <p>አላስታውስም -----3</p> <p>አላውቅም -----4</p> <p>መልስ የለም --- 99</p> <p>ሌላ ካለ ይገለጹ --- 89</p>

119	ለጥያቄ 118 መልሱ አዎን ከሆነ የትኛውን የወሊድ መከላከያ አይነት ነበር የተጠቀሙት? (ከአንድ መልስ በላይ መመለስ ይቻላል)	<p>የግብረ ስጋ ግንኙነት አለማድረግ (መታቀብ) --- 1</p> <p>ኮንዶም --- 2</p> <p>የወሊድ መቆጣጠሪያ እንክብል --- 3</p> <p>በመርፌ የሚሰጥ የወሊድ መቆጣጠሪያ --- 4</p> <p>በማህፀን የሚገባ የወሊድ መቆጣጠሪያ --- 5</p> <p>በክንድ የሚቀበር የወሊድ መቆጣጠሪያ --- 6</p> <p>መሃፀን ማስቋጠር /የዘር ፍሬን ማስቋጠር -- 7</p> <p>መልስ የለም --- 99</p> <p>ሌላ ካለ ይገለፅ --- 89</p>
120	አሁን ጥናቱ በሚካሄድበት ወቅት እርስዎ /የትዳር/የጾታ ጓደኛዎ የወሊድ መቆጣጠሪያ ይጠቀማሉ (እየተጠቀሙ ነው)?	<p>አዎን ---- 1</p> <p>አልጠቀምም ---- 2</p> <p>አላውቅም ---- 3</p> <p>መልስ የለም ----- 99</p> <p>ሌላ ካለ ይገለፅ ----- 89</p>
121	ለጥያቄ 120 መልሱ አዎን ከሆነ የትኛውን የወሊድ መቆጣጠሪያ አይነት ነው እየተጠቀሙ ያሉት? (ከአንድ መልስ በላይ መመለስ ይቻላል)	<p>የግብረ ስጋ ግንኙነት አለማድረግ (መታቀብ)---1</p> <p>ኮንዶም-----2 የወሊድ መቆጣጠሪያ እንክብል --- 3</p> <p>በመርፌ የሚሰጥ የወሊድ መቆጣጠሪያ ---- 4</p> <p>በማህፀን የሚገባ የወሊድ መቆጣጠሪያ ---- 5</p> <p>በክንድ የሚቀበር የወሊድ መቆጣጠሪያ --- 6</p> <p>መሃፀን ማስቋጠር /የዘር ፍሬን ማስቋጠር-- 7</p> <p>መልስ የለም -----99</p>

		ሌላ ካለ ይገለጹ -----89
122	ለምን አሁን በመጠቀም ላይ ያሉትን የወሊድ መቆጣጠሪያ መረጡ ?	የጤና ባለሙያዎች እንድጠቀም ስለ መከሩኝ --1  ለጤናዬ ይስማማኛል ብዬ -----2  ጓደኞቼ ሲጠቀሙበት አይቼ /በጓደኞቼ ምክር --3  መልስ የለም -----99  ሌላ ካለ ይገለጹ-----89
123	ለጥያቄ 120 መልሱ አልጠቀምም ከሆነ ለወደፊት የወሊድ መቆጣጠሪያ መጠቀም ይፈልጋሉ?	አዎን -----1  አልፈልግም-----2  አላውቅም-----3  መልስ የለም----99  ሌላ ላለ ይገለጹ--89
124	ለጥያቄ 123 መልሱ አዎን ከሆነ ለመጠቀም የሚፈልጉትን የወሊድ መቆጣጠሪያ አይነት ይግለጹ? (ከአንድ መልስ በላይ መመለስ ይቻላል)	የግብረ ስጋ ግንኙነት አለማድረግ (መታቀብ)---1  ኮንዶም-----2  የወሊድ መቆጣጠሪያ እንክብል-----3  በመርፌ የሚሰጥ የወሊድ መቆጣጠሪያ---4  በማህጸን የሚቀበር የወሊድ መቆጣጠሪያ--5  በክንድ የሚቀበር የወሊድ መቆጣጠሪያ ---6  ማህጸን ማስቋጠር/የዘር ፍሬን ማስቋጠር--7  መልስ የለም-----99  ሌላ ካለ ይግለጹ-----89
125	የቤተሰብ ምጣኔ አገልግሎቱን የት ማግኘት ይፈልጋሉ?	በፀረ ኤች አይ ቪ ኤድስ ህክምና መስጫ ጣቢያ--1  በመንግስት የጤና ተቋማት የቤተሰብ ምጣኔ

		<p>አገልግሎት መስጫ ጣቢያ ----- 2</p> <p>በግል የጤና ተቋማት -----3</p> <p>በምክክር አገልግሎት መስጫ ጣቢያ -----4</p> <p>ሌላ ካለ ይገለጽ-----99</p>
	<p>ለጥያቄ ቁጥር 123 መልሱ አልጠቀምም ከሆነ ለምንድን ነው የቤተሰብ ምጣኔ አገልግሎት የማይጠቀሙት?</p>	<p>ልጅ እንዲኖረኝ ስለምፈልግ-----1</p> <p>የወሊድ መቆጣጠሪያ መድሃኒቶች ከፀረ ኤች ኤይ ቪ ኤድስ መድሃኒቶች ጋር አይስማሙም ብዬ ፈርቼ -----2</p> <p>ከግብረ ስጋ ግንኙነት ስለ ታቀብኩ-----3</p> <p>መልስ የለም -----99</p> <p>ሌላ ካለ ይገለጽ -----89</p>
127	<p>የቤተሰብ ምጣኔ የሚጠቀሙ ከሆነ የኤች ኤይ ቪ ኤድስ የደም ምርመራ ውጤትዎን ለቤተሰብ ምጣኔ አገልግሎት ሰጪ ህኪምዎ አሳውቀዋል?</p>	<p>አዎን -----1</p> <p>አላሳውቅኩም-----2</p> <p>መልስ የለም-----99</p> <p>ሌላ ካለ ይገለጽ-----89</p>
128	<p>ለጥያቄ ቁጥር 127 መልሱ አላሳውቅኩም ከሆነ የኤች ኤይ ቪ ኤድስ የደም ምርመራ ውጤትዎን ለምን አላሳውቁም?</p>	<p>ስለማላምናቸው -----1</p> <p>ያገሉኛል ብዬ ፈርቼ -----2</p> <p>መልስ የለም -----99</p> <p>ሌላ ካለ ይገለጽ -----89</p>

**ክፍል 4 መረጃ ከእናት ወደ ልጅ የኤች አይ ቪ ኤድስ ስርጭትን እና መከላከልን በተመለከተ እውቀትና አመለካከት**

129	ኤች. አይ. ቪ ኤድስ ከናት ወደ ልጅ ይተላለፋል?	<p>አዎን -----1</p> <p>አይተላለፍም -----2</p> <p>አላውቅም -----3</p> <p>መልስ የለም-----99</p> <p>ሌላ ካለ ይገለጽ-----89</p>
130	ለጥያቄ 129 መልሱ አዎን ከሆነ መቼ /በምን ጊዜ ነው የኤች አይ ቪ ኤድስ ከእናት ወደ ልጅ የሚተላለፈው? (ከአንድ መልስ በላይ መመለስ ይቻላል)	<p>በእርግዝና ወቅት -----1</p> <p>በወሊድ ጊዜ -----2</p> <p>ጡት በማጥባት ጊዜ -----3</p> <p>አላውቅም -----4</p> <p>መልስ የለም -----99</p> <p>ሌላ ካለ ይገለጽ-----89</p>
131	የኤች አይ ቪ ኤድስ ቫይረስ ከእናት ወደ ልጅ እንዳይተላለፍ ለማድረግ የሚረዳ መድኃኒት (ህክምና) አለ?	<p>አዎን -----1</p> <p>የለም -----2</p> <p>አላውቅኩም-----3</p> <p>መልስ የለም-----99</p> <p>ሌላ ካለ ይገለጽ-----89</p>

132	በኤች አይ ቪ የተያዘች እናት ምንም መከላከያ መድሃኒት ሳትጠቀም ቫይረሱን ለልጅዋ የማያስተላልፍ እድል ምን ያህል ነው ብለው ያስባሉ?	<p>በኤች.አይ.ቪ የተያዘች እናት የምትወልዳቸው ልጆች በሙሉ በቫይረሱ ይጠቃሉ -----1</p> <p>ከምትወልዳቸው ልጆች ግማሽ ያህሉ በቫይረሱ ይጠቃሉ-----2</p> <p>አላውቅም -----3</p> <p>ምን ያህል እንደሆነ አላውቅም ግን ይተላለፋል-----4</p> <p>መልስ የለም -----99</p> <p>ሌላ ካለ ይገለጽ-----89</p>
133	የኤች አይ ቪ ኤድስ ከእናት ወደ ልጅ መተላለፍን በተመለከተ መረጃ ከየት ነው የሚያገኙት?	<p>ከመገናኛ ብዙሃን -----1</p> <p>ከጤና ባለሙያዎች-----2</p> <p>ከቤት ለቤት እንክብካቤ ሰጪዎች -----3</p> <p>ከጓደኞቹ -----4</p> <p>መልስ የለም -----99</p> <p>ሌላ ካለ ይገለጽ-----89</p>
134	ከእናት ወደ ልጅ የኤች አይ ቪ ኤድስ ቫይረስ እንዳይተላለፍ ለማድረግ የሚደረገው ህክምና የኤች አይ ቪ ኤድስ ቫይረስ ከእናት ወደ ልጅ መተላለፍን በእርግጠኝነት ይቀንሳል ብለው ያምናሉ?	<p>አዎን -----1</p> <p>አላምንም-----2</p> <p>አላውቅም-----3</p> <p>መልስ የለም-----99</p> <p>ሌላ ካለ ይገለጽ-----89</p>

ክፍል 5 ስለ ኤች አይ ቪ ኤድስ እና የህክምና ሁኔታ መረጃ

135	የኤች አይ ቪ ኤድስ ቫይረስ እንዳለብዎ ተመርምረው ካወቁ ምን ያህል ጊዜ ሆንዎት?	<p>-----ወር -----አመት</p> <p>አላስታውስም-----1</p> <p>መልስ የለም -----99</p> <p>ሌላ ካለ ይገለጹ-----89</p>
136	የፀረ ኤች አይ ቪ ኤድስ መድሃኒት መጠቀም ጀምረዋል?	<p>አዎን -----1</p> <p>አልጀመርኩም -----2</p> <p>መልስ የለም -----99</p> <p>ሌላ ካለ ይገለጹ-----89</p>
137	ለጥያቄ 136 መልሱ አዎን ከሆነ መቼ ነው የፀረ ኤች አይ ቪ ኤድስ መድሃኒት መጠቀም የጀመሩት?	<p>ከ-----ወራት-----አመት በፊት</p> <p>አላስታውስም-----1</p> <p>መልስ የለም -----99</p> <p>ሌላ ካለ ይገለጹ-----89</p>
138	የመድሃኒቱን ዋጋ ማነው የሚሸፍነው?	<p>እኔ ራሴ -----1</p> <p>ከመንግስት በነፃ የሚታደል -----2</p> <p>በእንክብካቤና ድጋፍ ሰጪ ድርጅቶች -----3</p> <p>ከቤተሰቦቼ/ዘመዶቼ -----4</p> <p>ሌላ ካለ ይገለጹ-----89</p>
139	በእርስዎ አመለካከት/ምዘና የፀረ ኤች አይ ቪ ኤድስ መድሃኒት መጠቀም ከጀመሩ ጀምሮ በአጠቃላይ የጤናዎ ሁኔታ እንዴት ነው?	<p>ተሻሽሎዋል -----1</p> <p>ምንም ለውጥ የለውም -----2</p> <p>እየተባባሰ ነው -----3</p> <p>መልስ የለም-----99</p>

		ሌላ ካለ ይገለጽ -----89
140	የቅርብ ጊዜ CD4 መጠንዎ ስንት ነው?	-----በቁጥር ይገለጹ አላውቅም -----97 መለስ የለም -----99 ሌላ ካለ ይገለጹ -----89
141	በዚህ የፀረ ኤች.አይቪ ኤድስ ህክምና መስጫ ጣቢያ ክትትል ሲያደርጉ ስንት ጊዜ ሆነዎት?	-----ወር-----አመት አላስታውስም ----- 1 መልስ የለም -----99 ሌላ ካለ ይገለጹ -----89
142	ከተለያዩ የህብረተሰብ ክፍሎች ድጋፍ ይደረግሎታል?	አዎን -----1 አይደረግልኝም -----2 መልስ የለም -----99 ሌላ ካለ ይገለጹ -----89
143	ለጥያቄ 142 መልሱ አዎን ከሆነ ድጋፉን ከየት ነው የሚያገኙት?	ከዘመዶቹ-----1 መንግስታዊ ክልሆኑ ተቋማት-----2 መንግስታዊ ከሆኑ ተቋማት-----3 መልስ የለም----99 ሌላ ካለ ይገለጽ -----89
144	ምን አይነት ድጋፍ ነው የሚያገኙት?	የገንዘብ-----1 የቤት ውስጥ እንክብካቤ-----2 የምክር-----3 የምግብና የጤና አገልግሎት-----4

		<p>መልስ የለም----99</p> <p>ሌላ ካለ ይገለጽ-----89</p>
145	<p>ከአማካሪዎ/ ከፀረ ኤች.አይ.ቪ ኤድስ ህክምና ሰጭ ሃኪምዎ ጋር ስለ ልጅ መውለድ እና የቤተሰብምጣኔ አገልግሎት ተወያይተው ያውቃሉ?</p>	<p>አዎን-----1</p> <p>አላውቀም-----2</p> <p>መልስ የለም -----99</p> <p>ሌላ ካለ ይገለጽ-----89</p>
146	<p>ከአማካሪዎ/ ከፀረ ኤች.አይ.ቪ ኤድስ ህክምና ሰጭ ሃኪምዎ ጋር ስለ ልጅ መውለድ እና የቤተሰብ ምጣኔ አገልግሎት መወያየት ይፈልጋሉ?</p>	<p>አዎን-----1</p> <p>አልፈልግም-----2</p> <p>አላውቅም -----3</p> <p>መልስ የለም -----99</p> <p>ሌላ ካለ ይገለጽ-----89</p>
147	<p>ለጥያቄ ቁጥር 145 መልሱ አዎን ከሆነ ከአማካሪዎ ጋር ስለ ልጅ መውለድና የቤተሰብ ምጣኔ አገልግሎት ጉዳዮች ላይ የሚያደርጉት ውይይት በቂ ነው?</p>	<p>አዎን-----1</p> <p>አይደለም -----2</p> <p>አላውቅም-----3</p> <p>መልስ የለም -----99</p> <p>ሌላ ካለ ይገለጽ-----89</p>

## ክፍል 6- መረጃ ስለ ስነ ተዋልዶ ሁኔታ

148	ባለፉት ስድስት ወራት የግብረ ስጋ ግንኙነት አድርገው ያውቃሉ?	<p>አዎን-----1</p> <p>አላደረኩም -----2</p> <p>መልስ የለም -----99</p> <p>ሌላ ካለ ይገለጽ-----89</p>
149	ኮንዶም ተጠቅመው ነበር?	<p>አዎን-----1</p> <p>አልተጠቀምኩም -----2</p> <p>አላስታውስም-----3</p> <p>መልስ የለም -----99</p> <p>ሌላ ካለ ይገለጽ-----89</p>
150	አዎን ካሉ ምን ያህል ጊዜ?	<p>ሁልጊዜ-----1</p> <p>አንዳንድ ጊዜ -----2</p> <p>መልስ የለም -----99</p> <p>ሌላ ካለ ይገለጽ-----89</p>
151	ለጥያቄ ቁጥር 150 መልሱ አዎን ከሆነ ኮንዶም የተጠቀሙት ለምንድነው?	<p>እርግዝናን ለመከላከል -----1</p> <p>የትዳር/የጾታ ጓዋደኛዬ ከኤች.አይቪ. ቫይረስ ነፃ ስለሆነች -----2</p> <p>የጤና ባለሙያዎች ኮንዶም እንድጠቀም ስለሚመክሩኝ-----3</p> <p>መልስ የለም-----99</p> <p>ሌላ ካለ ይገለጽ-----89</p>

152	ለጥያቄ ቁጥር 150 መልሱ አልተጠቀምኩም ከሆነ ለምንድ ነው ኮንደም ያልተጠቀሙት?	<p>ልጅ እንዲኖረኝ ስለምፈልግ -----1</p> <p>የትዳር/የጾታ ጓደኛዬ መጠቀም ስለማይፈልግ/ትፈልግ-----2</p> <p>መልስ የለም-----99</p> <p>ሌላ ካለ ይገለጽ-----89</p>
153	የኤች.አይ.ቪ ኤድስ የደም ምርመራ ውጤት ምን ለትዳር/ለጾታ ጓደኛዎ አሳወቀዋል?	<p>አዎን-----1</p> <p>አላሳወኩም----2</p> <p>የትዳር /የጾታ ጓደኛ የለኝም-----3</p> <p>መልስ የለም -----99</p> <p>ሌላ ካለ ይገለጽ-----89</p>
154	የትዳር/የጾታ ጓደኛዎ የኤች.አይ.ቪ ኤድስ የደም ምርመራ አድርገዋል?	<p>አዎን-----1</p> <p>አላደረጉም-----2</p> <p>የትዳር/የጾታ ጓደኛ የለኝም-----3</p> <p>አላውቅም -----4</p> <p>መልስ የለም-----99</p> <p>ሌላ ካለ ይገለጽ-----89</p>
155	ለጥያቄ 154 መልሱ አዎንም ከሆነ የኤች.አይ.ቪ ኤድስ የደም ምርመራ ውጤታቸው ምን ነበር?	<p>ፖዘቲቭ/ቫይረሱ ያለባቸው-----1</p> <p>ኔጋቲቭ/ከቫይረሱ ነፃ-----2</p> <p>አላውቅም-----3</p> <p>መልስ የለም-----99</p> <p>ሌላ ካለ ይገለጽ-----89</p>

### 10.3 Annex II In-depth Interview Guide (English Version)

#### A. study Informed Sheet

**Addis Ababa university faculty of Medicine School of Public Health individual consent form for the study on fertility needs assessment in people living with HIV/AIDS who are on ART at ----- Hospital in Addis Ababa.**

My name is \_\_\_\_\_, I m working with the research team of Addis Ababa university. Here at ----- Hospital ARV Treatment Unit we are interviewing men and women PLWHAs on follow up care to evaluate their fertility needs. We believe that this study would help to bring change in fertility and services for HIV positive people on ARV treatment. We would like to assure you your name will not be mentioned in the interview. I will use a tape recorder to ensure accuracy of the data collection but the information that you will give us will be kept confidential and will be used only for research purpose. The study will not have any physical, social, and economic risk to the study participants except a very minimal psychological/emotional discomfort. You have full right to refuse to take part or to interrupt the interview at any time. But the information that you will give us is useful to achieve the objective of the study and will benefit the concerned body and policy makers to bring a change in the fertility and service provision for HIV positive people on ARV treatment.

Do you have any Question?

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

Name of the principal investigator – Tezeta Gossa Kinfemeskel

Address Addis-Ababa, Ethiopia

Phone No. 0911/ 228168

Email- Tezugossa at yahoo.com

For more information please contact Faculty of Medicine, IRB  
Phone No.

**B. Consent Form**

I the informed participant heard the information in the consent sheet and understood what is required from me and what will happen to me if I take part in the study .I understand that all information regarding me, like name and all answers given by me must not be transferred to the third party...I can also understand I can withdraw the study any time without giving a reason.

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

The participant

- 1. Agreed -----
- 2. Did not agree ----- End the interview and thank the respondent.

Interviewer Agreement

I certify that I have taken written consent from the respondent that she/he has agreed to participate in the study and I have confirmed the agreement is correct.

Interviewer Name -----Signature-----

Date-----Month-----2010.

Supervisor Name -----Signature-----

Date-----Month-----2010.

## **Part 1-socio demographic information**

How old are you/age in completed years/\_\_\_\_\_

Sex \_\_\_\_

What is your marital status\_\_\_\_\_?

What is your current occupation\_\_\_\_\_?

What is the highest educational level you completed\_\_\_\_\_?

## **Part II -information on Fertility needs and in reproductive characteristics**

Do you have children?

- How many?
- Do you have children after knowing your sero status?
- How is their sero status?

How important is it for you to have/not to have more children?

What are some of the reasons for the way you feel about this?

Do you or your partner want to have children in the future?

If No \_\_ Why not?

If Yes \_\_ when?

How many (more) children do you want?

What effect if any, does HIV have on your desire to have or not to have more children?

How important are children in your community?

What effect if any, Does the community have on your desire to have or not to have (more) children?

### **Part III-Information on family planning use**

Do you use Family Planning?

If yes

What is the method that you are using?

How do you choose the current method?

How important is it for you and your partner to use or not to use family planning?

Where do you get the service? Where do you prefer to get the service?

What effect, if any, does HIV have on your demand to use or not to use family planning?

If you don't use FP, Why?

Have you ever discussed about your serostatus to your partner/ your family/Community?  
Why?

### **Part V- MTCT AND PMTCT**

What do you know about MTCT? Explain

What do you know about PMTCT and services explain?

Do you think/believe medication used to prevent MTCT of HIV reduce the chance of transmission? Explain

## 10.4 Annex-II (Amharic Version)

### ሀ. የጥናቱ መረጃ ቅፅ

በአዲስ አበባ ዩኒቨርሲቲ የህክምና ትምህርት ክፍል የህብረተሰብ ጤና ትምህርት ዘርፍ ከኤች. አይ. ቪ ቫይረስ ጋር የሚኖሩና በአዲስ አበባ-----የፀረ ኤች. አይ.ቪ/ ኤድስ ህክምና መስጫ ጣቢያ ተከታታይ ህክምና የሚያደርጉ ተጠቃሚዎች የመውለድ ፍላጎታቸውን ለማጥናት የተዘጋጀ የግለሰቦች የፍቃደኝነት መጠየቂያ ቅጽ።

ስሜ----- ይባላል። እኔ ከአዲስ አበባ ዩኒቨርሲቲ የጥናት ቡድን ጋር አብሬ እየሰራሁ ነው። አሁን በዚህ በ-----የፀረ ኤች. አይ. ቪ/ኤድስ ህክምና መስጫ ክፍል ተከታታይ ህክምና የሚያደርጉ ከኤች. አይ. ቪ ቫይረስ ጋር የሚኖሩ ሰዎች የመውለድ ፍላጎታቸውን ለማጥናት ቃለ መጠይቅ እያደረግን ነው። ይህ ጥናት ከኤች. አይ. ቪ ቫይረስ ጋር ለሚኖሩና የፀረ ኤች. አይ. ቪ ኤድስ ህክምና ከትትል ለሚያደርጉ ሰዎች የወሊድ አገልግሎት አሰጣጥ ላይ ለውጥ ያመጣል ብለን እናምናለን። ስምዎ በዚህ ቃለ መጠይቅ ውስጥ የማይጠቀስ መሆኑን ላረጋግጥልዎ እወዳለሁ። የመረጃ ስብሰባውን እርግጠኛ ለማድረግ የቴፕ ሪከርድ እጠቀማለሁ። ነገር ግን በቃለ መጠይቁ የሚሰጡ ማንኛውም መረጃ ሁሉ በሚስጥር ተይዞ ለጥናት አገልግሎት ብቻ ይውላል። ይህ ጥናት ምንም አይነት አካላዊ፣ ኢኮኖሚያዊ፣ ማህበራዊ ችግሮችን አያስከትልም። ነገር ግን በጣም ባነሰ ሁኔታ የሰነልቦና አለመረጋጋት ሊያስከትል ይችላል። እርስዎ በጥናቱ የመሳተፍ፣ ያለመሳተፍ እና በማንኛውም ጊዜ ቃለ መጠይቁን የማቋረጥ መብት አለዎት። ነገር ግን እርስዎ በጥናቱ ተሳትፈው የሚሰጡን መረጃ ጥናቱን ውጤታማ ለማድረግ እና ጉዳዩን ለሚመለከታቸው አካላት ከኤች. አይ. ቪ ቫይረስ ጋር ለሚኖሩ ሰዎች የወሊድ አገልግሎት አሰጣጥ ላይ ለውጥ ለማምጣት ጠቀሜታ አለው።

ስለጥናቱ ጥያቄ ካለዎት?

ከዚህ በታች በተጠቀሰው አድራሻ ዋና ተመራማሪውን ማግኘት ይቻላል።

- ስም           ትዝታ ጎሳ ክንፈመስቀል
- አድራሻ       አዲስ አበባ ዩኒቨርሲቲ, አዲስ አበባ
- የሰልክ ቁጥር   0911/228168
- E-mail        [Tezugossa@yahoo.com](mailto:Tezugossa@yahoo.com)

**ለ. የፍቃድኝነት ማረጋገጫ ቅፅ**

እኔ በጥናቱ ላይ እንደሳተፍ የተጠየቅኩ ከዚህ በላይ በጥናቱ መረጃ ቅፅ ላይ የተቀመጠውን ነገር በአግባቡ በመረዳት ከእኔ የሚጠበቀውን ሁሉ አወቁያለሁ። ከዚህም ሌላ በጥናቱ ላይ ተሳታፊ ቢሆን እኔ የምሰጣቸው መረጃዎች ለሶስተኛ አካል ተላልፈው እንደማይታወቁና የግለሰብ ስም እንደማይካተት ተረድቻለሁ። በተጨማሪም ጥናቱን የማልፈልገው ከሆነ በማንኛውም ሰዓት ያለምንም ምክንያት ማቆም ወይም ማቆም እንደምችልና በማቆሚያም እኔ ወይም በተሰበኛ ክድርጅቱ በሚያገኙት አገልግሎት ላይ ምንም ዓይነት ተፅዕኖ እንደማይኖረው አወቁያለሁ።

በቃለ መጠየቁ ለመሳተፍ ፈቃደኛ ነዎት?

በጥናቱ ለመሳተፍ

1. ተስማምታለሁ

2. አልተስማምታለሁም  አመቆግነህ/ሽ ጨርሰህ/ሽ

**የቃለ መጠየቅ አድራጊያ/ዋ ስምምነት**

ተሳታፊዎ በጥናቱ ላይ ለመሳተፍ ፍቃድኝነታን የሚገልፅ ስምምነት በፅሁፍ መልክ መወሰዴንና ስምምነቱም ትክክለኛ መሆኑን እገልጻለሁኝ።

የቃለ መጠየቅ አድራጊያ/ዋ ስም \_\_\_\_\_ ፊርማ \_\_\_\_\_

/ \_\_\_\_\_ / \_\_\_\_\_ / 2010 ዓ.ም

ቀን                      ወር

የተቆጣጣሪ/ዋ ስም \_\_\_\_\_ ፊርማ \_\_\_\_\_

/ \_\_\_\_\_ / \_\_\_\_\_ / 2010 ዓ.ም

ቀን                      ወር

በአዲስ አበባ ዩኒቨርሲቲ የህክምና ክፍል የህብረተሰብ ጤና ትምህርት ዘርፍ ከኤች.አይ.ቪ ቫይረስ ጋር የሚኖሩና በአዲስ አበባ የፀረ ኤች.አይ.ቪ/ኤድስ የህክምና መስጫ ጣቢያዎች ተከታታይ ህክምና የሚያደርጉ ወንዶችና ሴቶች የመውለድ ፍላጎታቸውን ለማጥናት የተዘጋጀ የውይይት መምሪያ፡፡

ክፍል 1 መረጃ ስለማህበራዊ ሁኔታ

- እድሜዎት ስንት ነው?
- ፆታ
- በአሁኑ ወቅት ያሉበት የጋብቻ ሁኔታ ምንድነው?
- በአሁኑ ጊዜ ስራዎት ምንድነው?
- ተምረው ያጠናቁት ከፍተኛ የትምህርት ደረጃ ስንት ነው?

ክፍል 2 መረጃ ስለ መውለድ ፍላጎት

- ልጆች አሉዎት? ምን ያህል?
- የኤች. አይ.ቪ ኤድስ እንዳለቦት ካዉ በኋላ የወለኩት ልጅ(ልጆች) አሎት? ስንት?
- ካሎት የደም ምርመራ ውጤታቸው ምን ነበር?
- እርስዎ/የትዳር ጓደኛዎ ለመውለድ ዕቅድ አላችሁ?
- ለእርስዎ (ተጨማሪ) ልጅ መውለድ/ያለመውለድ ምን ያህል አስፈላጊ ነው?
- ኤች.አይ.ቪ ኤድስ በእርስዎ የልጅ መውለድ ፍላጎት ላይ ምን ያህል ተፅዕኖ አለው?
- እርስዎ በሚኖሩበት ማህበረሰብ ውስጥ ልጅ መውለድ ምን ያህል አስፈላጊ ነው?
- በእርስዎ ልጅ መውለድ/ያለመውለድ ፍላጎት ላይ በማህበረሰቡ ያደረሰቦት ተፅዕኖ አለ?

ክፍል 3 መረጃ ስለቤተሰብ ምጣኔ ፍላጎትና ምርጫ

- የቤተሰብ ምጣኔ ተጠቃሚ ናት?
- አዎ ከሆነ
- ምን አይነት የወሊድ መከላከያ መጠቀም ይፈልጋሉ/እየተጠቀሙ ነው?
- የመረጡትን የወሊድ መከላከያ አይነት እንዴትና ለምን መረጡት?
- ለእርስዎና የትዳር ጓደኛ የቤተሰብ ምጣኔ መጠቀም/ያለመጠቀም ምን ያህል አስፈላጊ ነው?
- አገልግሎቱን ከየት ያገኛሉ? የት ቢያገኙ ይመርጣሉ?
- ኤች.አይ.ቪ የቤተሰብ ምጣኔ መጠቀም/ያለመጠቀም ፍላጎትዎ ላይ ተፅዕኖ አለው? ምን አይነት ተፅዕኖ?
- የቤተሰብ ምጣኔ ተጠቃሚ ካልሆኑ ለምን?
- በኤች.አይ.ቪ የደም ምርመራ ውጤትዎ ከትዳር/ፆታ/ ከቤተሰብዎ እንዲሁም ከህብረተሰቡ ጋር ተወያይተዋል? ለምን?
- ስለ ኤች.አይ.ቪ ኤድስ ከናት ወደ ልጅ ስርጭት ምን ያውቃሉ?
- ስለ ኤች.አይ.ቪ ኤድስ ከእናት ወደ ልጅ ስርጭት ስለ መከላከልና አገልግሎት ምን ያውቃሉ?
- ስለ ኤች.አይ.ቪ ከእናት ወደ ልጅ ስርጭት ለመከላከል የሚደረግ ህክምና የኤች.አይ.ቪ ኤድስን ስርጭት ይቀንሳል ብለው ያስባሉ? ለምን?