

ASSESSMENT OF KNOWLEDGE, ATTITUDE AND PRACTICE ON HIV VOLUNTARY COUNSELING AND TESTING AMONG NEJO PREPARATORY SCHOOL STUDENTS, NEJO, WEST WOLLEGA, OROMIA, ETHIOPIA

BY: Dr. NAOL HAILU

IJSER

**A RESEARCH PAPER TO BE SUBMITTED TO SCHOOL OF MEDICINE,
INSTITUTE OF HEALTH, JIMMA UNIVERSITY, IN THE PARTIAL
FULFILLMENT OF THE REQUIREMENT FOR THE DEGREE OF
DOCTOR OF MEDICINE**

IJSER

**ASSESSMENT OF KNOWLEDGE, ATTITUDE AND PRACTICE ON HIV
VOLUNTARY COUNSELING AND TESTING AMONG NEJO
PREPARATORY SCHOOL STUDENTS, NEJO, WEST WOLLEGA,
OROMIA, ETHIOPIA**

BY: NAOL HAILU

**(MEDICAL
INTERN)**

IJSER

ADVISOR:

BELETE HABTE (MD, INTERNIST)

IJSER

ABSTRACT

Background: AIDS is a chronic infectious disease which is caused by Human Immunodeficiency Virus (HIV). HIV slowly attacks the immune system, the body's defense against infection, leaving an individual vulnerable to a variety of other infections and certain malignancies which eventually cause death. There are various options in reducing the spread of this pandemic such as voluntary counseling and testing, antiretroviral therapy and education for behavioral change.

Objective: To assess the knowledge, attitude & practice on HIV Voluntary Counseling & Testing among Nejo Preparatory School students.

Methods: A cross-sectional quantitative study was conducted from July 30 to August 20, 2018 in Nejo Preparatory School. The data was analyzed using SPSS version 20. The results are presented using numbers, percentages and tables. Associations were checked and taken significant when p value is < 0.05.

Result: A total of 300 students were involved in the study of which 177 were male and 123 female. Most of the students were Oromo in ethnicity (266/88.7%) and followers of Protestant religion (81%). 293 (97.7%) students know about HIV/AIDS, of these 291 (97%) claimed that unsafe sex is a mode of transmission while 258 (86%) of the students stated sharing contaminated sharp materials as a mode of transmission. Majority (250/83.3%) of the students have heard about VCT of these 116 (38.7%) preferred to get the service at hospitals. Of those who did not have access to the service, 214 (71.3%) are willing to have HIV test if VCT is easily accessible.

Conclusion: This study demonstrated that almost all of the participants heard about HIV/AIDS and most of them are aware of means of transmission. Most of the participants are also aware of VCT and have test for HIV if VCT is easily accessible.

ACKNOWLEDGEMENT

First and foremost, I would like to thank GOD without whom my whole life is impossible. In particular, my sincerest gratitude goes to my advisor Dr.Belete Habte; who has made this paper educative, real and experience sharing. Last but not least, my thanks go to my family who helped me as always with their encouraging ideas in this research paper.

IJSER

TABLE OF CONTENTS

Abstract	I
Acknowledgement	II
Table of contents.....	III
List of tables.....	IV
List of abbreviations.....	V
Chapter One Introduction.....	1
1.1. Background.....	
1.2 Statement of the problem	2
1.3 Significance of the study.....	4
Chapter Two Literature review	5
Chapter Three Objective	8
3.1 General Objective.....	8
3.2 Specific Objectives.....	8
Chapter Four Methods and Materials	9
4.1 Study area and period.....	9
4.2 Study design.....	9
4.3 Population	9
4.4 Sample size determination and sampling technique	9
4.5 Data collection and Measurement	9

4.5.1	
Variables.....	10
4.5.2	
4.5.3.....Data analysis and processing.....	11
4.5.4 Ethical consideration	11
4.5.5 Limitation of the study	11
4.5.6 Dissemination of final report.....	11
Chapter Five Result.....	11
Chapter Six Discussion.....	17
Chapter Seven Conclusion & Recommendation.....	19
Annex I References	20
Annex II Questionnaire.....	21

LIST OF TABLES

Table 1: Distribution of socio demographic characteristics among Nejo Preparatory School students, Nejo town, West Wollega, Oromia ,Ethiopia ,August 2018.....13

Table 2: Distribution of knowledge towards HIV and VCT among Nejo Preparatory School students, Nejo town, West Wollega, Oromia ,Ethiopia ,August 2018.....14

Table 3: Association between knowledge of HIV and socio demographic variables among Nejo Preparatory School students, Nejo town, West Wollega,Oromia ,Ethiopia ,August 2018.....14

Table4:Association between knowledge of VCT and socio demographic variables among NejoPreparatory School students,Nejotown, West Wollega Oromia ,Ethiopia ,August 2018 15

Table 5: Association between knowledge of HIV and socio demographic variables among Nejo Preparatory School Students, Nejo town, West Wollega, Oromia ,Ethiopia ,August 2018.....16

LIST OF ABBREVIATIONS

ART:Anti RetroViral Therapy

CBE:Community Based Education

FMOH:Federal Ministry Of Health

HIV:Human ImmunoDeficiency Virus

PLWHA:People Living With HIV/AIDS

USAID:United States Agency For International Development

VCT:Voluntary Counseling and Testing

WHO:World Health Organization

CHAPTER ONE

Background Information

Acquired Immunodeficiency syndrome (AIDS) is a chronic infectious disease of immune system caused by human immune deficiency virus (HIV). HIV slowly attacks the immune system leaving an individual vulnerable to various infection and certain malignancies, AIDS is the final stage of HIV infection during which the total infection and concerns frequently arise (1).

Without a cure now it is in its 4th decade, AIDS is a cause of serious public health concern in the world. Estimates indicate that over 37 million people worldwide are infected with HIV. More than half of all new infection occurs in 15-24 years old (2).

Today HIV/AIDS is jeopardizing the existence of community in the world, mostly in Africa. Three quarter deaths occur in a Sub-Saharan African. The real fact is that the prevalence of HIV is increasing because most HIV patients are living longer due to effective ART. Rather the incidence is decreasing due to better prevention (3).

There are various options for reducing this pandemic: Voluntary Counseling and Testing (VCT), Anti Retro Viral Therapy (ART) and education for behavioral change are the major ones. VCT is used to reduce this pandemic by making people know their HIV status. Models need to be expanded to testing in ANC, sexually transmitted infections clinics; inpatient wards as well as freestanding clients initiated testing centers (4).

It is encouraging now a days that ministry of health proposed the criteria to screen patients who come to health facilities that include all under 5 age children, long truck drivers, commercial sex workers, all patients aged 15-24 and other patients at risk. It helps to diagnose early HIV infection and start on HAART.

1.2 Statement of the problem

According to UNAIDS nearly 12 million young people in the world (15–24 years of age) are living with HIV and AIDS; and more than 7000 young people become infected with HIV every day. Young people have limited access to information and services. In particular, young girls and young women are more biologically vulnerable to HIV infection than are mature women and men ; 60% of these young people are adolescents between 14–19 years.(5)

The prevalence of HIV and AIDS amongst adolescents in Ethiopia is 4.8%. Some studies attribute the high prevalence of HIV and AIDS amongst the youth to poor understanding of the sources of transmission, lack of relevant knowledge; attitudinal problems and unfriendly services for adolescents(5)

HIV pandemic is a major threat to adolescents; understanding how to prevent transmission is the first step to avoid infection. This is especially important for adolescents and the youth who in 2008, accounted for 40% of new HIV infections worldwide. Comprehensive and correct knowledge of HIV amongst this group is still unacceptably low in most countries(5)

Ethiopia is one of countries with the highest incidence of HIV and AIDS in sub-Saharan Africa. The first two people were diagnosed with AIDS in 1986 and since then the country has had many deaths due to AIDS. The point prevalence estimate in 2007 showed that the number of people living with HIV and AIDS was 977,394 and of these 578,018 (59%) were females. The national adult HIV prevalence in the same year was estimated to be 2.1%, of which 7.7% was from urban and 0.9% from rural areas. According to the 2006 AIDS report in Ethiopia, people between 15–24 years had the highest prevalence of HIV, 5.6%(5)

HIV counseling and testing have been identified as the key entry point to prevention, care, treatment and support services, where people learn whether they are infected, and are helped to understand the implications of their HIV status and make informed choices for the future. Currently, most people remain unaware of their HIV status for various reasons. However, with the development of affordable and effective medical care for people living with HIV, the demand for testing has rapidly increased, creating an urgent need to improve access and quality of service. (5)

VCT is a process in which individuals or couples undergo counseling to enable them to make informed choices about being tested for HIV. The decision to be tested must be entirely that of the couple or individual being tested. HIV counseling and testing have been identified as the key to prevention, care, treatment and support services. Following counseling and testing, people learn whether or not they are infected and are helped to understand the implications of their HIV status and make informed choices for the future. Because of increased demand, the development of affordable and effective medical care for people living with HIV is urgently needed so as to improve access and quality of service (5)

VCT is recognized as one of the few potentially effective and affordable methods for reducing the transmission of HIV in developing countries. According to the UNAIDS report, there is very little information on VHCT services and young people. As the same UNAIDS report states, in many areas with high prevalence rates, young people, especially women, are at a high risk of HIV infection and yet they often have no access to VHCT services. The report describes the general vulnerabilities of young people to HIV and, in particular, the vulnerability of young women. Nonetheless, this has not been translated into increasing utilization of VCT services. (5)

1.3 Significance of the study

Since the study groups are part of the population and these are highly vulnerable to HIV, this study aimed to assess the knowledge, attitude and practice on HIV voluntary counseling and testing. Therefore, this study is going to be a supplement for all related studies that will be done in the future concerning this issue there by contributing to public health preventive measures in combating the pandemic.

IJSER

CHAPTER TWO. LITERATURE REVIEW

While headline screams of global pandemic the development of recent years actually suggests something rather different. HIV has reached every corner of the globe. It continues to spread disproportionately fast in marginalized population in many countries; So all populations should remain vigilant against it.

The deadly HIV/AIDS epidemic continues to affect most productive part of the population. The study includes set of questions posed to youth groups about awareness.

Study conducted in London among African community showed that in community based HIV VCT services would be acceptable to African communities in London, but also identified barriers to uptake. HIV related stigma, concerns about confidentiality and doubts the ability of community based services to maintain professional standards of care. Workshop participants highlighted three key requirements to ensure feasibility which consists Efficient referral for newly diagnosed, locally appropriate testing algorithm and A training program for VCT Counselor (6).

Another study conducted in Nigeria among 260 students showed only 115 (68.2%) of students were aware of VCT and with 68 (59.5%) living heard of it at least once prior to the study. Mass media and churches were highest source of information on VCT service could be obtained knowledge of what entails was also low. However, 127 (69.8%) students approved the necessity of counseling prior testing and 117 (64.3%) were ready to take positive results in good fate. At least one out of every four students had begun to be sexually active within the last three months. Preceding the study only 48 (26.4%) students had taken HIV test

at one time or other before the study. Majority 162

.5% of those who had tested went for screening just to know their status. Majority of the respondents, of the respondents, 74.2%, were not willing to go for VCT. The commonest reason given was that they were certain they were not infected. (7).

Similar studies conducted in Israel showed that high proportion of all age know about HIV/AIDS ranging about 85%. Finding in Ethiopia showed that 96% of the study population knows about HIV/AIDS. (7).

Ethiopia as part of sub-Saharan African is no exception to the pandemic. HIV/AIDS is now the leading cause of morbidity and mortality among adults. According to data from Federal Ministry of Health of Ethiopia (FMOH) and communicable disease control (CDC) in Ethiopia the estimated national adult HIV prevalence rate was 3.2 and 1.2 urban and rural areas, respectively. The total number of PLWHA was about 1.32 million (8)

In Ethiopia, a study conducted in Addis Ababa showed that a total of 640 individuals (320 male and 320 female) who attended civil marriage in Addis Ababa municipality were enrolled in the study. 55% of the study subject reported having had HIV testing and among those who didn't have HIV testing (284), 63% of them claimed to wish to have HIV testing, but not had it for some reason. The main reason given by this group was that they do not feel to be at risk of HIV infection, despite their risky behavior. (8)

In one study conducted in Seka Woreda Jimma Zone, south west Ethiopia, 252 government workers (172 male and 480 female) were involved. Majority of the

respondents 175% had favorable responses to VCT related attitude statements. Three fourth of the subjects claimed that to have an intention of undergoing VCT. The main refusal for VCT was fear of positive test results (41.3%) perception ones sero status as being confidentially negative (38.1%) and stigma associated with HIV/AIDS (25.4%) in similar study 164 (65.1%) believe that knowing ones sero-status through VCT would be better than not knowing. (9)

In one study done among Mizan high school students; Benchi Maji Zone, South West Ethiopia almost all respondents 325 (98.8%) had heard about HIV/AIDS but their sources of information varied. The study respondents have got information about HIV/AIDS; 123 (37.4%) were from school, 65 (19.8%) were from radio, 78 (23.7%) were from TV and 48 (14.6%). Regarding study participants' knowledge on the routes of HIV/AIDS transmission like unprotected sexual intercourse, transfusion of infected blood and blood products, transmission from infected mother to child and sharing of infected blades, needles and unsterilized medical equipment. Those who listed all four correct were graded as "Excellent" knowledge, 3 correct as "Good", 2 correct as "Fair" and only one correct as "Poor".

Out of the total study participants, only 24.3% had excellent knowledge, (51.4%) had good knowledge, 20.1% had fair knowledge and 2.7% of them were poor knowledge on the routes of transmission of HIV. (10).

Intesting HIV ensuring confidentiality is essential. The right in confidentiality is recognized by UN Convention.

CHAPTER THREE

CHAPTER THREE

3.OBJECTIVES

3.1 General Objective

- To assess knowledge, attitude and practice on HIV voluntary counseling and testing among Nejo Preparatory school students.

3.2 Specific objectives

1. To Measure knowledge level on VCT
2. To identify the attitude of the student on VCT
3. To assess personal factors that influence practice of VCT
4. The knowledge, attitude and practice of utilization of VCT
5. To measure the VCT utilization rate.

CHAPTER FOUR

4.METHODOLOGY

4.1 Study area and period

The study was conducted at Nejo town from July 30 to August 20, 2018 in Nejo Preparatory School. Nejo town is found in West Wollega Zone, Oromia Regional State and is located at about 500 km West of the capital city, Addis Ababa. According to the 2005 census it has a population of 19,887 out of which 9,811 are men and 10,076 are women. It has a Woynadega type of climate with an altitude of 1,821 m above sea level.

Nejo Preparatory School is the only preparatory school in the town and it was established in 2006 EC and it has about 1500 students.

4.2 Study design

A cross-sectional study was conducted at Nejo Preparatory School from July 30 to August 20, 2018.

4.3 Population

4.3.1 Source population

- All students of Nejo Preparatory School.

4.3.2 Study population

- All Grade 12 Nejo Preparatory School students who were available on the study period.

4.4 Sample size determination and sampling technique

All grade 12 students who were available on the study period at the school to collect their transcripts and voluntary to participate were included. They are 300 students.

4.5 Measurement

4.5.1 Variables

Dependent	Independent
-Knowledge	-Age -Sex
-Attitude	-Sexual practice
-Practice-VCT-Ethnicity	

4.6 Data collection

4.6.1 Data collection instruments

A structured questionnaire was used to collect data that is prepared in English.

4.6.2 Data collectors

The data collector involved myself and my friends who are university graduate and can explain the importance of the research.

4.7 Ethical consideration

- Permission for doing research was requested using letter from CBE Office
- The objective of the study was described and informed consent was obtained from the study subject prior to data collection and participation was on voluntary basis.

4.8 Limitation

Only grade 12 students who were collecting their transcript were available in the school while others were on vacation.

4.9 Data Analysis and Processing

Data was compiled, summarized and analyzed using Computer; SPSS v20.

4.10 Dissemination of the final report

The data was analyzed, interpreted and after appropriate recommendation; it was submitted to School Of Medicine, CBE Office, Advisor and Nejo Preparatory School.

CHAPTER FIVE

RESULT

In Nejo Preparatory School there were a total of 1500 students and all grade 12 students who were available at school on the study period to collect their transcript and volunteer were included in the study of which 177 were male and 123 female giving a male to female ratio of 1.4:1. About 93.7% of the students were between the ages of 18 - 20 yrs. Most of the students were Oromo in ethnicity (266/88.7%) followed by Gurage(6.7%).Protestant is the most common religion accounting for 81% followed by Orthodox(12.3%).[table 1]

Concerning knowledge of HIV/AIDS almost all students 293 (97.7%) know about HIV/AIDS of these 291(97%) of them claimed that unsafe sex is the mode of transmission, while 258(86%) of the students stated sharing contaminated sharp materials as a mode of transmission. Others claimed that both unsafe sex & sharing contaminated materials accounts 231(77%) & unsafe sex and mother to child .during pregnancy accounts51 (16.7%). Regarding high risk age for HIV/AIDS, 107 (35.7%) of the students thought that all age groups are at high risk while 103(34.3%) of them agreed that the age group 20 - 24 years is at higher risk. [Table 3]]

Most of the students (250/ 83.3%) heard about VCT, of these students 132(44%) of them got the information from television and 106 (35.3%) from radio.

About 241 (80.3%) of the respondents know about the meaning of VCT but only 144 (48%) had HIV testing voluntarily, among them 126 (42%) received their result.

Regarding the reasons for being tested, 32 (10.7%) of them had been requested by health professional after having an illness and the other 32 (10.7%) said that it was because that they were at risk of7 acquiring the disease.

Concerning the place of preference to have VCT 116 (38.7%) preferred hospitals and 57 (10%) preferred health centers.

Fear of the result and stigma associated with HIV/AIDS & fear of result and never had sex were the major factors that prevented the respondents from having HIV test accounting for 59 (19.7%) & 36 (12%) respectively. And 14 (4.7%) responded that they do not want the test yet.

Most of the students (214/71.3%) are willing to have HIV test if VCT is easily accessible, 103 (34.3%) prefer face to face to know the result and 78 (26%) prefer confidentiality to know the result by the physician.

IJSER

Table 1: Distribution of socio demographic characteristics among Nejo Preparatory School Students, Nejo town, West Wollega, Oromia ,Ethiopia ,August 2018

Socio demographic characteristics	Respondents	Percentage
Sex		
-Male	177	59.0
-Female	123	41.0
Total	300	100
Religion		
Protestant	243	81
Orthodox	37	12.3
Muslim	12	4
Catholic	3	1
Other	5	1.7
Total	300	100
Ethnicity		
Oromo	266	88.7
Gurage	20	6.7
Amhara	10	3.3
Tigre	1	0.3
Others	3	1

Total	300	100
-------	-----	-----

Table 2: Distribution of knowledge towards HIV and VCT among Nejo Preparatory School Students, Nejo town, West Wollega, Oromia ,Ethiopia, August 2018

Variable		Response
		No (%)
Knowledge of HIV	Knowledgeable	293(97.7)
	Not knowledgeable	7(2.3)
Knowledgeable of VCT	Knowledgeable	241(80.3)
	Not knowledgeable	59(19.7)

Table 3: Distribution of knowledge towards mode of transmission of HIV among Nejo Preparatory School Students, Nejo town, West Wollega, Oromia, Ethiopia, August 2018

Mode of transmission	Number	Percent
Unsafe sex	291	97%
Contaminated sharp materials	258	86%
Mother to child transmission	51	16.7%
Both unsafe sex & Sharp materials	231	77%

Both unsafe sex & mother to child transmission	51	16.7%
--	----	-------

Table 4: Association between knowledge of VCT and socio demographic variables among Nejo Preparatory School students, Nejo town, West Wollega, Oromia ,Ethiopia ,August 2018

Variable		VCT knowledge		
		yes	No	P value
Sex	Male	149	28	P=0.01
	Female	92	31	
Religion	Protestant	210	33	P=0.03
	Orthodox	19	18	
	Muslim	7	5	
	Catholic	2	1	
	Other	0	5	
Ethnicity	Oromo	216	50	P=0.01
	Gurage	15	5	
	Amhara	8	2	
	Tigre	1	0	
	Other	2	1	

	Total			
--	-------	--	--	--

Table 5: Association between knowledge of HIV and socio demographic variables among Nejo Preparatory School Students, Nejo town, West Wollega, Oromia ,Ethiopia ,August 2018

Variable		HIV knowledge		
		Yes	No	P value
Sex	Male	175	2	P=0.01
	Female	118	5	
	Total			
Religion	Protestant	243	0	P=0.46
	Orthodox	35	2	
	Muslim	8	4	
	Catholic	2	1	
	Other	5	0	
	Total			
Ethnicity	Oromo	261	5	P=0.01
	Guraghe	19	1	
	Amhara	10	0	
	Tigre	1	0	
	Other	2	1	
	Total			

CHAPTER SIX DISCUSSION

The study demonstrated that the knowledge of HIV/AIDS in the Nejo Preparatory School was 97.7%. This result is comparable to the finding that in Ethiopia 96% of the study population knows about HIV/AIDS and is also comparable to knowledge of HIV/AIDS among Mizan High School students (98.8%). There is significant association ($p < 0.05$) between ethnicity, sex and knowledge of HIV/AIDS. But no association was found between knowledge of HIV and religion ($p > 0.05$).

Concerning the knowledge of VCT the study also showed that 80.3% of the students know about VCT, which is higher than in Nigerian study conducted among 260 students only 68.2% of the students were aware of VCT.

The study also showed that 83.3% of the students have information about VCT that is mainly gained from television 44.0% and from radio 35.3%.

The study also confirmed that males are more knowledgeable than females about VCT. 84% of male have knowledge of VCT while 75% of female are aware of it.

The study also added that most of the students know about HIV means of transmission like unprotected sexual intercourse 39.7%, sharing of contaminated sharp materials 24.7%, and mother to child during pregnancy.

The study also showed that the knowledge of age at high risk of HIV acquisition is 15-24 (52%), which is comparable to the national adult prevalence which is 15-24.

Fear of result and stigmas associated with HIV/AIDS 19.7% and fear of result and never had sex 12.0% are the major factors prevented them from having HIV test, which is less comparable with result of study done in Seka Woreda, Jimma zone, main refusal for VCT was fear of positive results 41.3%, confidentially being negative 38.1% and stigma associated with HIV /AIDS 25.4%.The study also showed that the students are volunteer to test for HIV(71.3%) if test is easily accessible especially in hospital 38.7% and most of them prefer face to face to know their result.

IJSER

CHAPTER SEVEN

CONCLUSION & RECOMMENDATION

7.1 Conclusion

This study demonstrated that almost all of the participants heard about HIV AIDS and most of them are aware of means of transmission. Most of the participants are also aware of VCT and have test for HIV if VCT is easily accessible.

7.2 Recommendation

VCT Service should be available in public standing points like schools and Education must be given frequently by health professionals for students about HIV and VCT.

Studies should also be done in the community to assess the knowledge, attitude and practice of VCT.

IJSER

REFERENCES

- 1 .CDCto useapublichealthreportingdefinitionforHIV/AIDScopyrightto AIDS2007.
- 2.WHO/UNAIDSglobaloverviewonHIV/AIDSepidemicsDecember,2007 1:4-15.
- 3 .Sub-Saharan African increasing access to HIV testing and counseling while rewordhumanright August, 2007
- 4.WHO/AIDS issue guidance informed VCT May 2007
- 5.Knowledgeof,and attitudestowards,VoluntaryHIV Counsellingand Testing services amongst adolescent high schoolstudents inAddis Ababa,Ethiopia.
- 6.Seerwraw W, Prost A HIV/VCT for African community London learning experience for Kenya
- 7.Ikechebchi,UndifewG. KAPof VCT for HIV/AIDSamong under graduates inpolytechnicinsoutheast NigeriaNigerJaur,Jul– Sept,2006;15(3):245-9
- 8.Shabir I, Habte D. Assessment of premarital HIV testing and counseling, determinates of VCT service in Addis AbabaEth.Journal of health development 2006, 20(1):18-23
- 9.MolaYirsaw,YonasShiferaw,MeseleBezabih.HIV/AIDSrelated knowledge and determinants of VCT among governmental employee residing in Seka town,Jimma Zone, southwest Ethiopia. Eth. Jour of health science Jan 2005; 15(1): 63-6.
- 10.AssessmentofKnowledge,AttitudeandPracticetowardsVoluntaryHIV TestingandCounsellingamongMizanHighSchoolStudentsBenchiMaji Zone,SouthwestEthiopia

Part II knowledge questions concerning HIV/AIDS

2.1 Do you know about HIV/AIDS?

a. yes b. No

2.2.1 Is HIV curable? a. yes b. no

2.2.2 Is HIV treatable? a. Yes b. no

2.2.3 Is HIV preventable? A. yes b. no

2.2 If yes, to question 2.1 do you know the mode of transmission?

a. yes b. No

2.3 If yes, to question No 2.2 which mode of transmission do you know?

a. Unsafe sexual intercourse

b. Sharing contaminated sharp material

c. Mother to child during pregnancy

d. Mosquito bite

e. Living together

f. Others (specify)

2.4 Which age group do you think is at high risk for HIV/AIDS

a. All age groups c. 20-24

b. 15-19 d. 24 and above

Part III Question on voluntary counseling and testing

3.1 Have you heard about voluntary counseling and testing?

a. Yes b. No

3.1.1 If yes to question 3.1 what is your source of information?

a. Radio

d. Newspaper/Magazine

b. TV

e. Others (specify)

c. health worker

3.2 Do you know the meaning of voluntary counseling and testing?

a. Yes b. No

3.2.1 If yes to Q No 3.2 have you ever had HIV test voluntarily?

a. Yes b. No

3.2.2 If yes to Q No 3.2.1 did you receive the result?

a. Yes b. No

3.2.3 If yes, to Qno 3.2.1 why were you tested for HIV?

a. Requested by health professional after I had illness b. I was at risk of acquiring the disease

c. Need to know my HIV status for different reason like marriage risky behavior

d. Requested by magesi committee (for visa)

e. Others (specify)

3.3 Where do you prefer to go for voluntary counseling and testing service?

a. Hospital b. Health center

c. private clinic

3.4 If you have never tested for HIV, what factors prevented you from having HIV test?

a. Fear of result

b. Stigma associated with HIV/AIDS

c. No access of the service d. Cost

e. Service provider attitude

f. Peer influence

g. Don't feel at risk

h. Never had sex

i. Do not want to have test yet j. Belief

k. Other (specify) _____

3.5 Would you have test if voluntary counseling and testing service is easily accessible?

a. Yes b. No

3.5.1 If yes to Qno 3.5 how would you like to know the result?

a. face to face

b. Confidentially know the result by the physician

c. Anonymously/ without a name

IJSER