

HIV POSITIVE DISCLOSURE EXPERIENCE FOR FAMILY AND ASSOCIATED FACTORS AMONG ADULT ART SERVICE USERS, IN MEJENG ZONE, GAMBELLA REGIONAL STATE, SOUTH WEST ETHIOPIA, 2018: FACILITY BASED CROSS SECTIONAL STUDY



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HIV Positive Disclosure experience for family and associated factors among adults service users in Majeng zone Gambella Regional state, 2018: facility based cross sectional study

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Abstract

Background: The HIV/AIDS epidemic in the world continues to pose a threat to the lives of its people. Globally 36.7 million people were living with HIV/AIDS in 2016 in which 1.8 million people became newly infected with HIV. One million people died from AIDS-related illnesses. About 34.5 million were adults, 17.8 million women (15+ years), and 2.1 million children <15 years.

Disclosure is an important public health goal for a number of different reasons. First, disclosure may motivate sexual partners to seek testing, change behavior and ultimately decrease transmission of HIV. Thus, status disclosure especially to family member is one of the major areas that should be addressed in HIV prevention & control. Therefore, the study is aimed to determine the magnitude of HIV positive status disclosure and associated factors among adult ART service users in Majeng zone Gambella regional state.

Method: A facility based cross sectional study among ART service users was employed to conduct among a sample of 332 people living with Human Immunodeficiency Virus from March 1 – 26/2018 in all Majeng zone Governmental Health Facility ART clinics center. A pre-tested structured questionnaire was employed to obtain the necessary information for this study. After collected, data was edited, coded, and entered in to Epi data software version 3.1, where it was cleaned and verified by double entry. Then it was exported and analyzed, by SPSS statistical package for social science version 23.0. After Descriptive analysis, bivariate logistic regression analysis was used. P - Value less than 0.25 were candidate variables for multiple binary logistic regression analysis. Odds ratios at 95% confidence intervals and P- value 0.05 were used to determine the degree of association between dependent and independent variables

Result: - A total of 332 ART users were participated in the study with response rate of 99.99%. The majority (93.4%) disclosure their HIV positive status to family member. Those individual who were married were less likely disclose their HIV positive status to family member than those who were single (AOR=0.112(0.021-0.603). Individual who were influenced by other undergo HIV test were more likely disclose their HIV positive status than who were not influenced by others (AOR=3.28(1.119-9.620). Those who had prior discussion with anyone to undergo HIV test were more likely to disclose HIV positive status than those who did not discuss with others (AOR=3.837(1.499-9.821).

Conclusion and recommendation: - High level of HIV disclosure noted in this study is encouraging. Having Prior discussion to undergo HIV test have important to disclose HIV positive status, put emphasis on increasing awareness in the community on the impact of stigma and discrimination. Existing Information Education Communication (IEC) interventions on HIV/AIDS should be strengthened at individual and community levels in order to reduce negative partner reaction following disclosure

Keywords;- HIV/AIDS, discloser experience Majeng zone, Ethiopia.

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Abbreviation

AIDS:	Acquired Immunodeficiency Syndrome
ART:	Anti-Retroviral Therapy
BSc:	Bachelor of Science
CHW:	Community Health Worker
EDHS:	Ethiopian Demographic and Health Survey
HAART:	Highly Active Anti-Retroviral Therapy
HAPCO:	HIV/AIDS Prevention and Control Organization
HIV:	Human Immunodeficiency Virus
ICAP:	International Center for AIDS care and treatment program
AIDS:	acquired immune deficiency syndrome
JU:	Jimma University
MPH:	Masters in Public Health
NGO:	Non-Governmental Organization
PLWHIV:	People living With human immune virus
RH:	Reproductive Health
PMTCT	prevention of mother to child transmission
SNNPR:	Southern Nations, Nationalities and Peoples Region
SPSS:	Statistical Package for Social Studies
UNAIDS:	United Nations HIV/AIDS Program
UNFPA:	United Nation's Fund for Population Agency
USAID:	Unite States Agency for International Development
VCT:	Voluntary Counseling and Testing

WHO: World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND

The HIV/AIDS epidemic in the world continues to pose a threat to the lives of its people. Globally 36.7 million people were living with HIV/AIDS in 2016 in which 1.8 million [1.6 million–2.1 million] people became newly infected with HIV. 1 million people died from AIDS-related illnesses. About 34.5 million were adults, 17.8 million women (15+ years), and 2.1 million children <15 years(1).

Global prevalence (the percent of people ages 15-49 who are infected) has leveled since 2001 and was 0.8% in 2016 HIV primarily affects those in their most productive years; a third of new infections are among young people (ages 15-24)(2).

Eastern and Southern Africa is home to more than half (53%) of all people living with HIV, as well as more than half of the children living with HIV (62%). Despite the significant impact, new infections in the region have declined by 29% since 2010. Almost all of the region's nations have generalized HIV epidemics that, their national HIV prevalence is greater than 1%. In eight countries, 10% or more of adults are estimated to be HIV-positive. South Africa has the highest number of people living with HIV in the world (7.1 million). Swaziland has the highest prevalence in the world (27.2%)(2).

The HIV/AIDS epidemic in Ethiopia continues to pose a threat to lives of its people. According to the projected 2016 single point HIV prevalence estimate report, the National adult HIV prevalence was 1.18 %. This estimate also showed, about 718,500 people were living with HIV in Ethiopia in 2016; in which 433,763 are females and the rest 284,737 are males about 27,288 people became newly infected with HIV and 19,743 people were Annual AIDS deaths.(3)

According to the projection estimation report by regional data Gambella was the second highest prevalence next to Addis Ababa by 4 % to 4.9% respectively the projection also estimate that about 11,463 people were living with HIV in 2016; in which 6,866 are female and 4,597 are male about 800 people became newly infected and 572 people were annual AIDS death (3).

The prevention and control of HIV infection depends on the success of strategies to prevent new infections and treat currently infected individuals. HIV testing and counseling serves as both a

critical prevention and treatment tool in the control of the HIV epidemic. Within HIV testing and counseling programs, emphasis is placed on the importance of HIV status disclosure among HIV-infected clients, particularly to their sexual partners and family member(4).

Disclosure is an important public health goal for a number of different reasons. Disclosure may motivate sexual partners to seek testing, change behavior and ultimately decrease transmission of HIV(4).

Disclosure of an HIV-positive status and testing sexual partners of people living with HIV continues to be a challenge due to a number of fears HIV-positive individuals faces, including stigma, intimate partner violence, or fear of the relationship ending. Although partner notification is important for identification of people living with HIV, linking them to care and to enhance retention and adherence in care and treatment it is also necessary to identify uninfected persons engaged in HIV-discordant partnerships to prevent HIV transmission(5).

Disclosure of HIV status to sexual partners is an important prevention goal given emphasis by many organizations in their protocols for HIV testing and counseling (6). Disclosure offers a number of important benefits to the infected individual and to the general public. Disclosure of HIV test results to sexual partners leads to less anxiety and increased social support among many women (7). Disclosure is also crucial to the individual's health in today's context of accelerated highly active anti-retroviral treatment use, to gain social and emotional support, to ensure proper adherence to treatment and better therapeutic efficacy (8)

Level of Disclosure among studies ranges from about 46 % in HIV positive to 94 %((8),(9)). Disclosure for the HIV infected individual could result in negative outcomes, including anger, yelling, rejection, physical violence (8), loss of economic support, blame, abandonment physical and emotional abuse, discrimination and disruption of family relationships (10).

Governmental or non-governmental working in HIV/AIDS prevention and control will appropriate training to build the capacity of community-level care providers and counselors provided to ensure disclosure and testing of family members. Systematic disclosure support and demand creation among partners and children of HIV positive mothers to be implemented by a network of trained Case Managers (CM) and Adherence Supporters (AS) working in ART sites in priority SNU(11).

1.2 Statement of the problem

Studies have shown that most HIV-positive people disclose their HIV diagnosis to their significant other their spouse or partner within a few days of learning their status. One approach to disclosure

that some HIV positive people follow is to only tell people who come in direct contact with their bodily fluids, such as blood, semen or vaginal secretions(12).

Disclosure rates in high prevalence regions need to be evaluated and improved drastically in a timely manner as HIV disclosure may be a key factor in reducing the risk of acquiring new infections, adherence to ARTs, and practice of safe sexual behaviors. While maintaining open communication is fundamental in the management of the HIV and AIDS epidemic, disclosure of HIV sero-status among family members remains a significant challenge(13).

The impacts and outcomes of HIV-disclosure are wide-ranging. Negative outcomes include: rejection, abuse, violence, stigma and discrimination. Positive outcomes include: more high quality social support, stronger family cohesion and relationships, reductions in anxiety and depression, and improvements in physical health. Most studies found more positive outcomes than negative ones, particularly over the long term. Furthermore, the majority of people who have disclosed reported little to no regret post-disclosure(14).

Disclosure has received much attention in the literature concerning HIV/AIDS. HIV disclosure or non-disclosure is a complex phenomenon. There are various issues influencing the decision making and process of disclosure. The experiences of the person living with HIV who decides to disclose or not to disclose are also diverse. The choice of disclosure Or non-disclosure is a reflection of how each HIV-positive person experiences and deals with HIV/AIDS in their everyday life(15).

Disclosure can have a significant impact on adherence to medical regimens; reduce HIV transmission, access to support services, reductions in mental health symptoms and effective adaptation to living with HIV(16).

Disclosure provides many important benefits to the infected individual and to the public. It motivates sexual partners to seek HIV testing, change behavior and ultimately decrease transmission of HIV. For instance, women who disclose their status to their partners may be more likely to participate in prevention of mother to child transmission (PMTCT) programs. By adequately addressing the emotional, social, and practical sequel of her positive status, she may be more willing to adopt and maintain health behaviors such as cessation of breastfeeding or adherence to treatment regimens(16).

Yet, only few studies conducted in Ethiopia have examined disclosure of HIV clients (male or female) on how reasons for disclosure and nondisclosure may differ from one to the other of the one disclosing, and the nature of the relationship to the recipient of disclosure.

Thus, there is need to understand factors associated with disclosure of HIV positive status among PLHIV using ART, with a view of suggesting measures for increasing the rates of disclosure. Therefore, the study is aimed to determine the magnitude of HIV positive status disclosure and associated factors.

1.3 Significance of the study

Identifying why PLWHA may or may not decide to disclose their HIV status is important if interventions that seek to promote safe disclosure decisions, positive disclosure outcomes and secondary prevention of HIV are to be effective. Furthermore, understanding the reasons for disclosure and nondisclosure and how these reasons may differ depending on the one of disclosure may be essential for tailoring intervention strategies.

Despite this tangible fact, risky without disclosure of HIV status is common among people with HIV. The control of HIV infection depends on the success of strategies to prevent new infections and treat currently infected individuals. Hence, investigating into this crucial issue and analyzing the possible factors that could affect disclosure is vital to salvaging Ethiopia from this catastrophic pandemic disease. And will help explore relevant information that decision makers and managers will address the problem and in turn will contribute a lot in achieving a goal “zero new infection”.

The findings of this study may provide important information for the concerned body (for both governmental and nongovernmental organization) to plan important intervention to improve the service provision and to achieve changes in the disclosure concerns.

The study can also be used as a base for recommendations on how to improve the disclosure status, which could also contribute to the already existing body of knowledge on the status disclosure concerns.

CHAPTER TWO

LITERATURE REVIEW

2.1 Disclosure of HIV status

Disclosure is an important public health goal for a number of different reasons. First, disclosure may motivate sexual partners to seek testing, change behavior and ultimately decrease transmission of HIV. In addition, disclosure has a number of potential benefits for the individual including increased opportunities for social support, improved access to necessary medical care including antiretroviral treatment, increased opportunities to discuss and implement HIV risk reduction with partners, and increased opportunities to plan for the future(4).

The study in Uganda revealed among the people who had disclosed, 80% had family member and 60% of PLHIV with sexual partners had disclosed to them(17).

A cross-sectional study done on HIV disclosure status and factors among adult HIV positive patients in a secondary health facility in North-Eastern Nigeria, indicate that preferred choice of persons to disclose HIV status to by the respondents was their spouses (36.8%). Other female family relatives were next in the preferential choice, mothers (18.7%)> mothers (18.7%), and sisters (13.5%)(18).

A study in Jimma, among HIV positive men and women clinical service users on disclosure experience and associated factors showed 94.5% of PLHIV indicated that they have disclosed their result to at least one individual and 90.2% to their current main partner. However, of those who disclosed 14.2% had sex with their partner before telling their result to their partner. According to Jimma study, respondents reported disclosing their sero status most frequently to main partners (90.8%) followed by relatives (33.2%), mother (14.9%), friends (14.2%), father (9.1%), neighbors (6.8%), children (6%), other family members (4.7%) and religious leaders (4.4%)(19)

In a study done at Hawassa University Referral Hospital, on HIV positive status disclosure to sexual partner among women attending ART clinic; More than 58% of the women with regular partner knew HIV status of their partner of which 7.1% of their sexual partner were HIV negative. Nearly ninety two (92.2%) of the respondents disclosed their HIV positive status to anyone; while 85.7% disclosed to their sexual partner. Among women with regular sexual partner, 87.3% disclosed their status to their sexual partner(10).

2.2 Reasons for Disclosure

According to Jimma study among who have disclosed to others; 41.9% anticipated that their partner would be supportive while 46.4% of partners were supportive after disclosure. Moreover 27.7% anticipated their partner would assure them and in actual terms 38.4% received assurance from their partners(19).

In the study at Hawassa university referral hospital, the first individual to whom the respondents disclosed their HIV test result was to sexual partner, which accounted 75.4%; while more than 57% of the women next disclosed to their family members(10).

A study in Woldia hospital listed the main reasons for disclosure. individuals who disclose their HIV sero-positive status to sexual partners and the reason listed by the participants for their disclosure was to get support from sexual partner and to benefit sexual partner to get medical care. On the other hand, the frequently listed reason by individuals who didn't disclose their HIV sero-positive status to sexual partner was perceived lack of communication skill to disclose(20).

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2.2.1 HIV Test Related reason

Study in Axum governmental health facilities Reasons for non-disclosure among those respondents who did not disclose their HIV positive results to their partner/parents/family were "fear of stigma and rejection" (94.4%), "fear of breach of confidentiality"(61.1%), "fear of shaming to family"(45.8%), "fear of divorce/ separation" (6.9%), "fear of accusation of infidelity" (6.9%)(21).

According to study in Mekelle hospital the main reasons mentioned by the women to disclose their status were the influence in due by another HIV positive individual (31.8%) and seeking support from their partner (26.4%). Whereas, on the contrary, the main reason for not disclosing their status was fear of separation (22.8%). Over half of the women (53%) haven't recognized any person who discloses his/ her HIV status to the community(22).

According to the study in Jimma reasons for non-disclosure among those respondents who did not disclose their test results to their partner were "my partner might get angry with me" (20.4%), "fear of separation/divorce" (17.3%), "my partner might be afraid of catching HIV from me" (16.3%), "not to worry partner"(9.2%), "fear of accusation of infidelity" (7.1%), "fear of being labeled a bad

person" (6.1%), "no enough time to discuss because my partner works in other place" (6.1%), "fear of physical abuse" (5.1%), "fear of murder" (4.1%), "fear of breach of confidentiality" (3.1%) (19). According to a study in Kemise district, Amhara National Regional State,, reasons that these individuals did not want to tell their HIV positive status were fear of stigma and discrimination (32%), Fear of divorce (32%), Fear of Physical abuse (16%) Fear of accusation of infidelity (12%) Fear of confidentiality (8%)(9).

Study in West Showa Zone, Reasons for non-disclosure among those respondents who did not disclose their test results to anyone included fear of stigma and discrimination (84.5%), fear of accusation of infidelity (79.6%), fear of confidentiality (74.0%) and fear of abandonment (10.2%). Whereas the common reasons for non-disclosure of their sero status to their partner were fear of accusation of infidelity (79%), fear of confidentiality (69.8%), fear of stigma (67%) and fear of abandonment (20.9%)(23).

2.2.2 ART Related reason

A study in Jimma revealed individuals who live in the same house with their partner were 9.2 times more likely to disclose to their partner compared to those who do not live in the same house. Nearly four times as many respondents who reported prior discussion about HIV testing disclosed to their partners in compared to those who reported not having a prior discussion about HIV. Knowledge of the HIV status of one's partner was also associated with partner disclosure. Respondents that reported not knowing their partner's HIV status were 98% less likely to disclose to a partner in comparison with those who did know their partner's status(19).

A study in Uganda indicated that respondents who were more than 25 years of age, who were not married and those who had less than 2 sexual partners in the last 12 months were more likely to disclose their HIV positive status. Respondents who had initiated ART, who received post-test counseling and ongoing counseling at every clinic visit, who tested at voluntary testing and counseling clinic and those who were post-test counseled as a couple were more likely to disclose. Regarding Community factors the respondents who had ever seen PHA publicly disclose, and those who had never witnessed mistreatment of PHA were more likely to disclose their HIV status. Similarly perceiving PHA as mixing freely with other people, and that PHA are discriminated, labeled or laughed at were not significantly associated with disclosure(24).

2.3 Other Factors associated with disclosure

According to another study conducted in Jimma university hospital on effect of access to ART on stigma, disclosure concern was shown to be significantly higher among treatment naïve cases than those taking ART and there was a statistically significant association between duration of knowing sero-status and disclosure(25)

A study in Uganda indicated that respondents who were more than 25 years of age, who were not married and those who had less than 2 sexual partners in the last 12 months were more likely to disclose their HIV positive status. Respondents who had initiated ART, who received post-test counseling and ongoing counseling at every clinic visit, who tested at voluntary testing and counseling clinic and those who were post-test counseled as a couple were more likely to disclose. Regarding Community factors the respondents who had ever seen PHA publicly disclose, and those who had never witnessed mistreatment of PHA were more likely to disclose their HIV status. Similarly perceiving PHA as mixing freely with other people, and that PHA are discriminated, labeled or laughed at were not significantly associated with disclosure (57)

A study in Jimma revealed individuals who live in the same house with their partner were 9.2 times more likely to disclose to their partner compared to those who do not live in the same house. Nearly four times as many respondents who reported prior discussion about HIV testing disclosed to their partners in compared to those who reported not having a prior discussion about HIV. Knowledge of the HIV status of one's partner was also associated with partner disclosure. Respondents that reported not knowing their partner's HIV status were 98% less likely to disclose to a partner in comparison with those who did know their partner's status (26)

In the study conducted in Hawassa University, women who were in cohabiting relationship were less likely to disclose their HIV positive status to their sexual partner than those married. Women who did not know HIV status of their sexual partners were less likely to disclose their HIV positive status than the reference group and women who had been on ART for more than one year were more likely to disclose their HIV positive status than their counter parts(22)

2.3 Conceptual Frame work

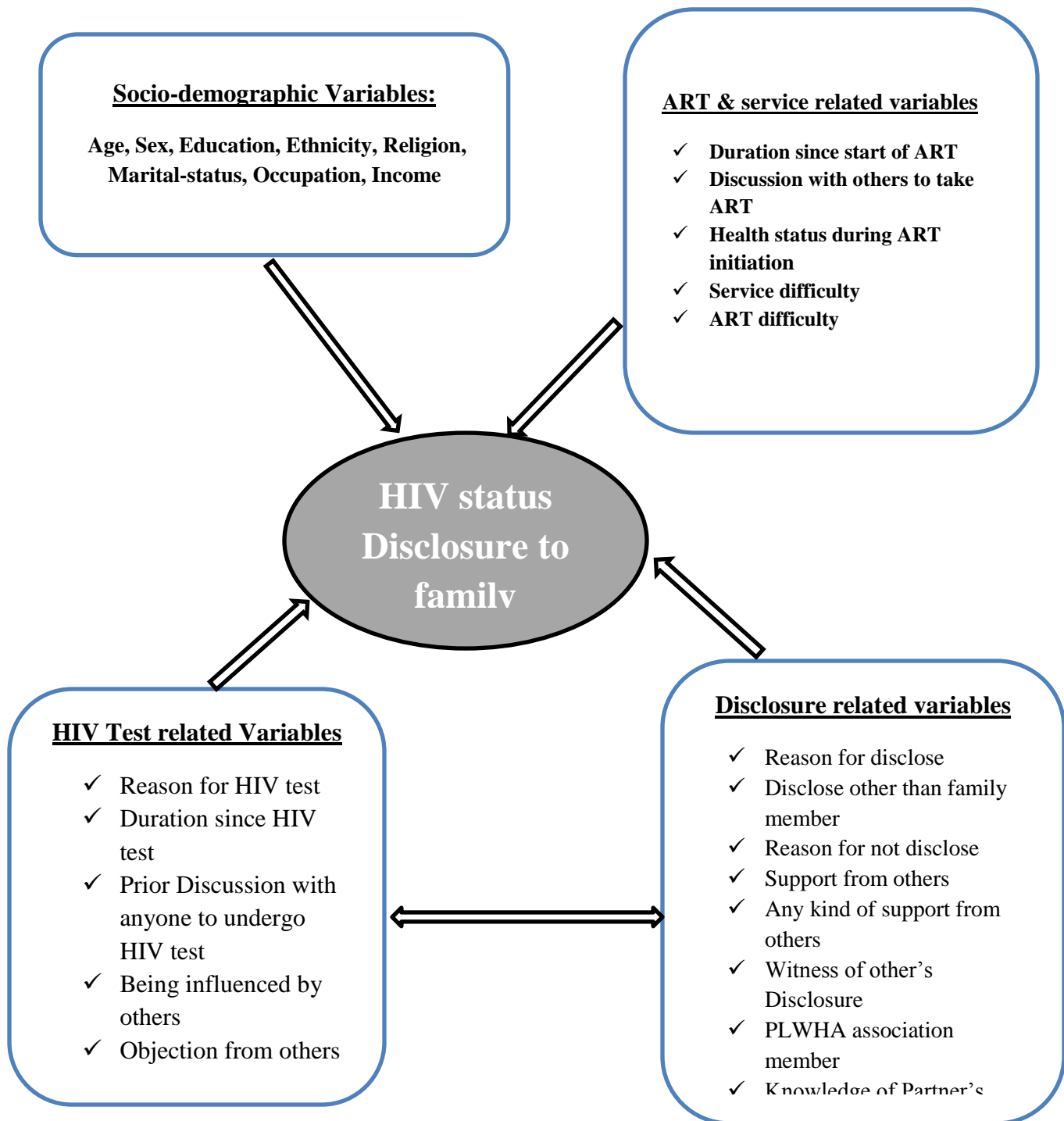


Figure 1 Conceptual framework of the study magnitude and factor associated with HIV positive status disclosure to family among HIV positive adults in Majeng zone Gambella regional state south west Ethiopia march 2018.

The conceptual framework is constructed by principal investigator based on findings of other's literature that have been referred. The framework shows the relationship of Independent variables to each other and to dependent variable (disclosure to family). Socio-demographic variables affect directly HIV test related variables which in-turn affect ART related variables and disclosure to family member. Disclosure related variables affect HIV test, while it also affect ART related variables partially and disclosure to family member fully.

CHAPTER THREE

OBJECTIVE

3.1 General objectives

- To assess magnitude and factors associated with HIV positive status disclosure to family member among HIV positive adults attending in Majeng zone Governmental Health facilities, Gambella regional state Ethiopia.

3.2 Specific objectives

- To determine the magnitude of HIV status disclosure to family member.
- To assess factors associated with HIV status disclosure to family member.

CHAPTER FOUR

METHODS AND MATERIAL

4.1 Study area and period

The study was conducted in Gambella region, Majeng zone in ART service delivery institutions. Majeng zone is one of the three zones of Gambella region, located 633 km southwest of Addis Ababa. Administratively the zone comprises two woredas and total population of 87374 of whom 44561 (51%) are male which is projected from 2007 census conducted by central statistics agency (CSA). Of the total population in the district, 12451 were children under 5 years and 22804 are women in child bearing (15-49years) age. The primary health service coverage of the zone is 82.6% and majority 75% (65667) of the population lives in the rural areas. There are four functional health centers and one primary Hospital in the zone. Of this, the Hospital and the two health centers are providing ART service. The zone shares boundaries with Agnuwa zone of the region in the southern and western part and with SNNP region in north and eastern part. The HIV/AIDS situation in Gambella region is different from that of the national data. According to the national HIV/AIDS related estimate and projections for Ethiopia, Gambella region prevalence of HIV infection in 2015 was 1.1% among the adult and 4 % among all age group population. Data collection was executed from March 1-26, 2018 at all ART service provider in governmental health facility in Majeng zone Gambella regional state south west Ethiopia.

4.2 Study design

Facility based cross sectional study among ART service users was conducted from March 1 – 26/2018 in all Majeng zone Governmental Health Facility ART clinics center

4.3 Source population

All HIV positive adults who attend ART service in Majeng zone Governmental Health facilities.

4.4 Study population

HIV positive adults who attend ART service in Majeng zone Governmental Health facilities that fulfill the eligibility criteria.

Inclusion and Exclusion Criteria

Inclusion criteria

- Who had family member
- Individual live in Majeng zone

Exclusion criteria

- Not able to speak verbally
- Who are too sick or admitted to health institution

4.5 Sample size determination

Sample size was determined by using a single population proportion formula since we did not find any study that addressed similar target population, which considers the proportion of HIV positive disclosure status variable, study done in kemise Northeast Ethiopia to be 73.1% (23), with marginal error of 5% at 95% confidence interval. Then by adding 10% non-response rates, the final sample size was calculated to be 332(Table1)

$$n = (Z\alpha/2)^2 p(1-p) / d^2 = (1.96)^2 * 0.731(1-0.731) / (0.05)^2 = 302$$

Where: P= Expected Proportion of PLWHA disclosure of HIV status to family =73.1%

d = margin of error (5%)

Z $\alpha/2$ = standard normal variable at 95% confidence level (1.96). Adding 10 % non-response rate

Final sample size = 332

TABLE 1 Independent variable for sample size determination for specific objective by using Epi info version 7

Variable	Power	% outcome in un-exposed	CI	OR	Total
prior discussion about HIV and testing	80	88.9	95%	7	256
Relation with partner before test	80	86.7	95%	4.06	300

4.6 Sampling technique

All three (two health center and one rural Hospital providing ART service) found in the Zone was included in the study. The number of study units were assigned to all health facilities was using

proportional allocation to size based on the total number of PLWHA attending ART clinic for ART use.

Systematic random sampling was employed to select and approach each study subjects from every selected institution. The sampling fraction (K^{th}) was calculated for each health institution based on their monthly PLWHA flow (Table 2)

TABLE 2 Monthly PLWHIV flow among adult ART service users in Majeng zone, Gambella regional state, south west Ethiopia March 2018

Health institution	Monthly PLWHA flow	Sample size	K^{th}
Metti health center	811	173	4 th
Dunchi health center	173	36	4 th
Kumi primary hospital	576	123	4 th

This gives (K^{th}) of all selected health institution approximately four. So, 4th PLWHA coming for ART use was included until the allocated number of study subjects for each institution is reached. At the start of data collocation among the first four ART service visitors the first respondent was selected by lottery method.

If the study subject comes again for follow-up and not eligible he/she was not included in the study; and the next immediate coming PLWHA was interviewed for the study. The selected study subjects refused to participate in the study was considered as non-respondent.

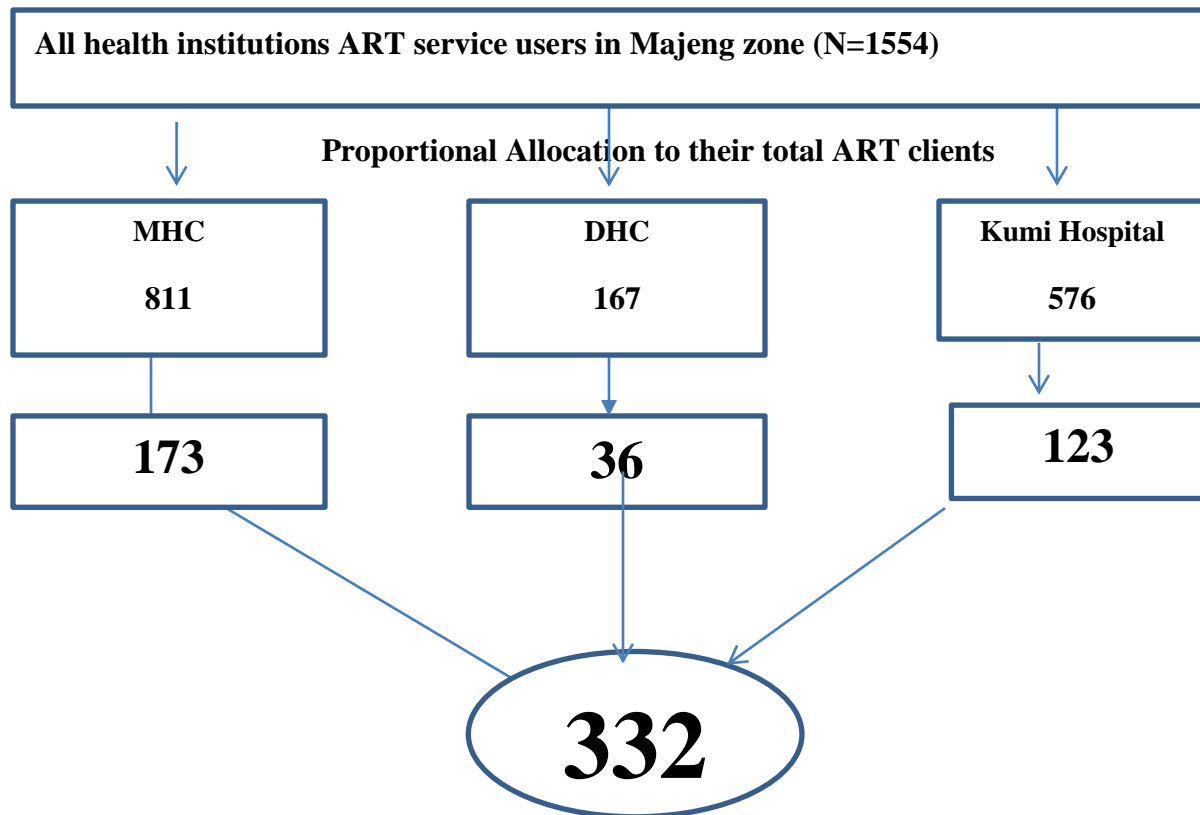


Figure 2 schematic presentation of sampling procedure for the selection of study units in ART users attending art clinics in Majeng zone, Gambella regional state, south west Ethiopia March 2018

4.7 Study Variables

Dependent variable

- ❖ HIV disclosure status to family member

Independent variables

Socio-demographic Variables:

- ❖ Age, Sex, Education, Ethnicity, Religion, Marital-status, Occupation and monthly Income

HIV Test related Variables:

- ❖ Duration since HIV test, Discussion to make test, Being influenced by others and Objection from others

ART related variables:

- ❖ Duration since start of ART, Discussion with others to take ART, Health status during ART initiation and Mistreatment by others

Disclosure related variables:

- ❖ Discloser to family, discloser other than family member, reasons for disclose and not disclose Support from others, PLWHA membership and Knowledge of Partner's status

4.8 Operational Definitions

The operational definitions were adapted from different literatures (18, 19 and 21) and modified accordingly to the local context.

- ❖ Disclosure: - The act of informing HIV status of an infected person to family member.
- ❖ Family member: - Any person who is either of father, mother, sister, brother, daughter or son of someone else; irrespective of whether they live together or not and more contact with family
- ❖ Sexual partner:- Is a person with whom one engages in sexual acts within past one year and perceived by the respondent as boy/girl friend or spouse; irrespective of whether they are married or not; and also irrespective of whether they live in the same house or not.
- ❖ Friend: - Somebody with no blood relationship, but who have good social, cultural & economic relationship & trust with each other.
- ❖ Relative: - Anyone out of family member who is perceived of having blood relationship or ties.
- ❖ Difficulty: - Any condition for ART user that causes problem, trouble, or situation that is hard to endure.
- ❖ Mistreatment: - It is any act of treating or considering somebody badly or cruel behaviors towards them especially by making them suffer physically.
- ❖ Support: - Any social or economic or psychological or financial help or assistance.
- ❖ Influence: - Act of affecting somebody's thinking or actions by means of argument or persuading to do or accept something.
- ❖ Objection:- A feeling or expression of opposition about what will be done or planned

4.9 Data collection instrument

A pretested structured interviewer administered questionnaire was used to collect the data which was developed after reviewing relevant literatures and related studies (18, 19 and 21). The questionnaire was initially prepared in English and then translated in to Amharic language then back translated to English by independent language experts accordingly necessary modifications was made. The questionnaire contains six parts which include socio-demography, HIV test related, ART and service related, disclosure related, disclosure in related to ART and family related.

4.10 Data Collection Method

The interview was made immediately after clinic visit is conducted by the supervisor, to keep the confidentiality of the information given by the interviewees. Trained Counselors who can speak the local languages (Majeng) and Amharic language working in ART clinic was selected for data collection.

4.11 Data Quality Control

To assure the data quality, data collection tool was prepared after intensive reviewing of relevant literatures and related studies. Initially the questionnaire was prepared in English then translated to Amharic and back to English by different individuals who had good ability of both languages. Before the actual data collection, the questionnaire was pre-tested on 10% (PLWHA) of the total sample size outside the study area, the purpose of the pre-testing was to ensure that the respondents are able to understand the questions and to check the wording, logic and skip order of the questions in a sensible way to the respondents. Amendments were made accordingly after pre-testing. Training was given for both data collectors by the principal investigator. Trained employed for each three health institution one clinical nurse graduates and one trained counselor totally three clinical nurse and three trained counselor (speak Majeng language) who are work in the ART clinics was recruited for data collection. Two BSC nurse supervisors for all selected health institution was also recruited and participated throughout the data collection. For data collectors and supervisors training was given by the principal investigator to make them familiar with the data collection tool on objective of the study, discussing contents of the questionnaire and issues of maintaining confidentiality.

The Principal investigator and supervisors have the responsibility of coordinating the overall data collection process and discussing about the purpose of the study with data collectors. Based on the

willingness of study participants and after informed consent was obtained from each respondent, interviewer started face to face interview using pre-tested questionnaire to collect the data. Finally completed questionnaires were returned to the supervisors.

4.12 Data processing & analysis

After collected, data was edited, coded and entered in to Epi data software version 3.1, where it was cleaned and verified by double entry. Then it was exported to and analyzed, by SPSS statistical version 23.0 .Descriptive data analysis was carried out to check the level of missing value presence of influential outlier. Magnitude of HIV positive status disclosure and reasons for disclosing HIV positive status was determined. A bivariate logistic regression model was used to identify associated factors for disclosure of HIV positive status. P-value less than 0.25 used to identify candidate variables for multiple binary logistic regression analysis. Multiple binary logistic regression analysis was carried out to see independent effect of each variable on the outcome. Odds ratios at 95% confidence intervals and P- value 0.05 were used to determine the degree of association between dependent and independent variables in the multiple logistic regression model.

4.13 Ethical Consideration

The study obtained Ethical clearance from ethical committee of institute of Health, Jimma University. Permission was obtained from Regional, zonal health Bureau, all Health institutions and organizations working on HIV/AIDS. After discussion of the purpose of the study the data collectors and counselors working in the ART clinic For all participants, the aim of the study was explained and reassured that their responses be used only for research purposes and remain confidential. Similarly after clear discussion about the purpose of the study made informed consent was obtained from each study subjects while the study subjects right to refuse was also respected. To assure the confidentiality of study subject's response, writing their names or any identification in the questionnaire was not required.

4.14 Dissemination of the Study Result

The final result of this study will be presented to Jimma University and disseminated to Gambella regional health bureau, HAPCO office, ICAP Gambella branch, and all Health facility which participated in this study, and other concerned governmental and nongovernmental organization. Effort will also be made to publish this finding in peer reviewed scientific journals.

CHAPTER FIVE

RESULTS and DISCUSSION

5.1 Socio-Demographic Characteristics of the Respondents

A total of 332 ART users were participated in the study with response rate of 99.99%. Regarding Socio demographic characteristics of the study population, 181(54.5%) were females and. The mean (+SD) age of the study participant was 33.9 (± 7) years.(Table 1).

Among participant 131 (39.5%) of the respondents were Majeng ethnic group. Concerning marital status, 121(36.4%) were married and 70(21.1%) were single

Majority of the respondents reported that belong to protestant and Orthodox religious group 160(48.2%) and 144(43.4%) respectively. Regarding education one hundred thirty nine (41.9%) were illiterate (Table 3).

TABLE 3 Socio-Demographic characteristics of ART users attending ART clinics in Majeng Zone, Gambella Regional state, south west Ethiopia; March 2018

Variable	Variable description	Number	Percent
Age	15-24	20	6
	25-34	167	50.3
	35-44	112	33.7
	45-54	33	9.9
Sex	Male	151	45.5
	Female	181	54.5
Ethnicity	Majeng	131	39.5
	Kefa	64	19.3
	Shekecho	36	10.8
	Oromo	39	11.7
	Amhara	37	11.1
	Others	25	7.5
Marital status	Married	121	36.4
	Other	141	42.5
	Single	70	21.1
Number of children	None	95	28.6
	One	131	39.5
	Two and above	106	31.9
Religion	Protestant	160	48.2
	Orthodox	144	43.4

Education	Muslim	28	8.4
	Illiterate	139	41.9
Occupation	Primary	51	15.4
	Secondary	60	18.1
	Higher Education above diploma	82	24.7
	Government employed	56	16.9
	Merchant	42	12.7
	Daily laborer	60	18.1
	House wife	80	24.1
	Farmer	67	20.2
Estimated Monthly income Ethiopian birr	Other	27	8.1
	Less than or equal to 500 birr	187	56.3
	501-999	89	26.8
	>1000	56	16.9

Marital status (divorced, separated and widowed)*

5.2 HIV test related variables of the respondents

Respondents being influenced by others to undergo HIV test, 153(46.1%) people were influenced by others to undergo HIV test while 179(53.9%) were not, from those influenced by other 29(19%) were influenced by family member, 27(17.6%) sexual partner 14(9.2%) friends, 71(46.4%) health professional and 12(7.8%) were by relatives. Regarding whether the respondents made prior discussion with anyone to undergo HIV test, 244(73.5%) were made prior discussion and the 88(26.5%) did not (Table 4).

TABLE 4 HIV test related variable of the respondent among adult service user in Majeng zone Gambella regional state south west Ethiopia march 2018

Variable	Frequency	Percent
Influenced by anyone to undergo HIV test		
Yes	153	46.1
No	179	53.9
Those influenced by any one(N=153)		
Family member	29	19
Sexual partner	27	17.6
Friends	14	9.2
Health professional	71	46.4
Relatives	12	7.8
Prior discussion with anyone to undergo HIV test		
Yes	244	73.5

No	88	26.5
From those prior discussion (N=244)		
Family member	41	16.8
Sexual partner	33	13.5
Friends	13	5.3
Relative	16	6.6
Health professional	141	57.8
Reason to made HIV test		
PICH	152	45.8
VCT	89	26.8
Because of sickness(for diagnosis)	91	27.4

5.3 ART and service related Variables of the respondents

Regarding duration of starting ART 91(27.4%) were less than or equal to two years and higher majority of respondent 241(72.6%) were >2 years. Respondents were asked whether they have been admitted to any Health institution when they started ART 51(15.4%) of the respondents replied yes, while the rest more proportion 281(84.6%) replied no. Among study subjects participated in this study 177(53.3%) faced service related difficulty and 155(46.7%) were no any service related difficulties (Table 5).

TABLE 5 ART and service related variable of the respondent among ART service user in Majeng zone, Gambella regional state, and south west Ethiopia march 2018(N=332)

Variable	Frequency	(%)
Duration of start ART		
≤2 years	91	27.4
>2 years	241	72.6
Admitted to any health institution when starting ART		
Yes	51	15.4
No	281	84.6
service related difficulty		
Yes	177	53.3
No	155	46.7
Seen by some one while taking ART		
Yes	118	35.5
No	214	64.5
ART difficulty		
Yes	147	44.3

No

185

55.7

Among all the study subjects participated in this study 129(38.9%) discussed at least with someone about starting ART other than Health professional and 203(61.1%) did not.

From those who discussed with others, 57(44.2%) respondents were with their family member, 45(34.9%) with their sexual partner, 22(17.1%) with their friends and the rest 5(3.9%) with others relative (Figure 3).

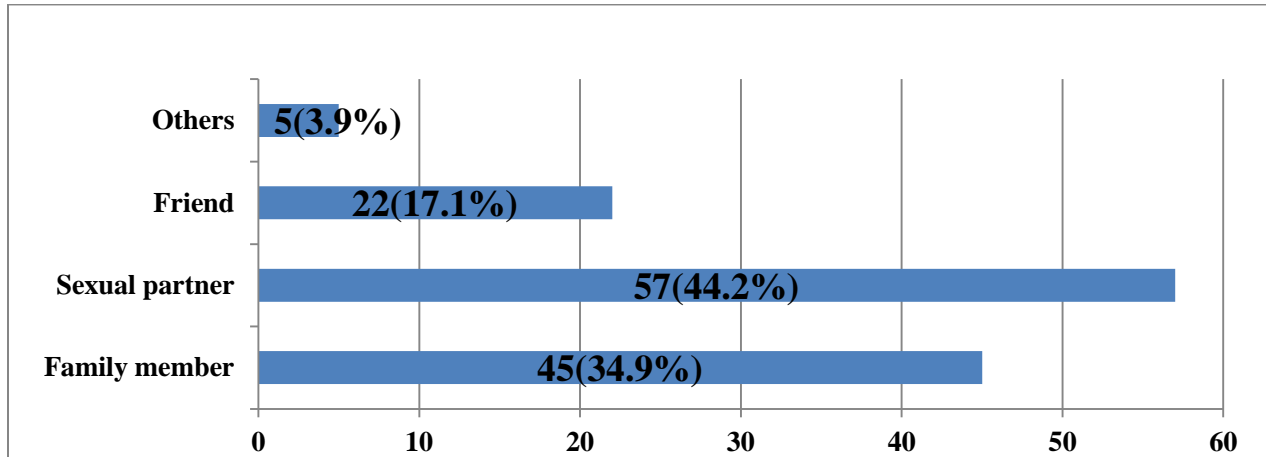


FIGURE 3 discussed with someone other than health professional among adult ART service user in Majeng zone Gambella regional state south west Ethiopia March 2018(N=129)

5.4 Disclosure related variables of the respondents

From the total of 332 study subjects the majority 310(93.4%) disclosed their status for their family member and while the remaining 22(6.6%) didn't disclose to family member. (Figure 4)

And also among 323 participant disclose to any one from those respondent disclose for first time 186(57.6%) for their family member, 87(26.9%) sexual partner, 30(9.3%) friend, 11(3.4%) for relative and 9(2.8%) for others (Table 6).

Disclose HIV Status to Family Member

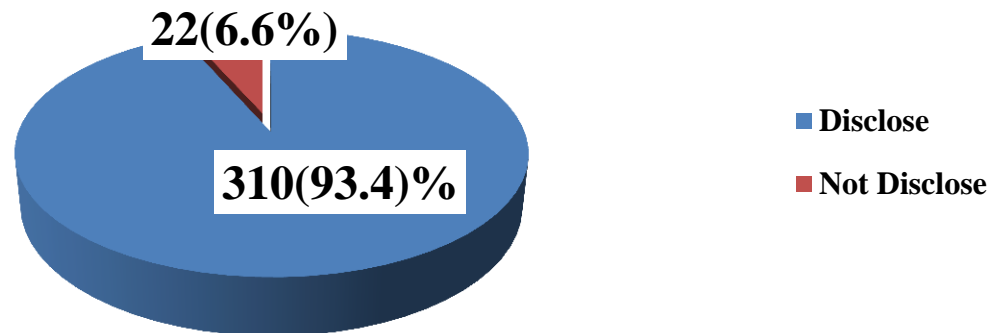


FIGURE 4 disclose HIV status to family member among ART service users in Majeng zone, Gambella regional state, and south west Ethiopia March 2018

Regarding disclosure other than family member, 86(25.9%) were disclosed their status to their sexual partner, 132(39.8%) to their friends, 89(26.8%) to their relatives, 16(4.8%) to others and 9(2.7%) for no one (figure 5).

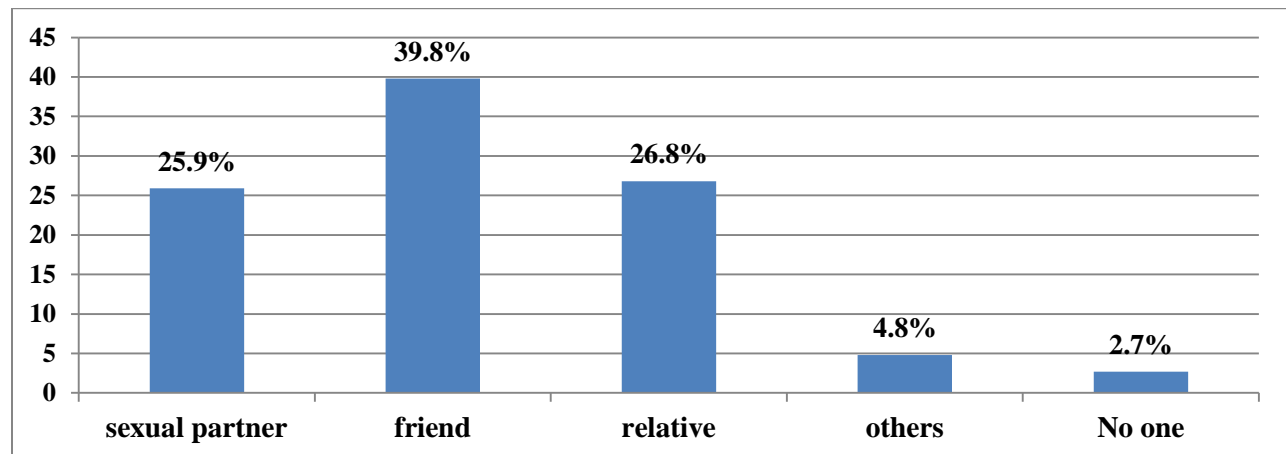


Figure 5 HIV Discloser status other than family member among ART service users in Majeng zone, Gambella regional state south west Ethiopia March 2018

Although reasons were given by participants who have disclosed their status to family member; hence four most categories of reasons are asked for respondent. 123(39.7%) were to get support and help, 103(33.2%) were HIV prevention, 34(11%) relationship ties and 50(16.1%) Other miscellaneous reasons (table6).

Reasons for non-disclosure those respondents who did not disclose their HIV positive status to their family member 15(68.2%) were fear of rejection, 5 (22.7%) fears of stigma and discrimination and 2(9.1%) were fear of privacy. From those don't disclose HIV positive status asked if they have future plan to disclose. The majority 20(90.9%) of respondents did have any plan disclose and 2(9.1%) didn't have (Table 6).

TABLE 6 reasons for disclosing and non-reason disclosing among adult ART service users in Majeng zone, Gambella regional state, and south west Ethiopia march 2018

Variable	Frequency	Percent
Reasons for disclosing to family member (n=310)		
To receive support	123	39.7
HIV prevention	103	33.2
Relationship ties	34	11
Other or miscellaneous reasons	50	16.1
Reasons for not disclosing to family member(n=22)		
Fear of rejection	15	68.2
Fear of stigma	5	22.7
Fear of privacy	2	9.1
Future plan to disclose (N=22)		
Yes	20	90.9
No	2	9.1
When Disclose HIV status for the first person(n=323)		
Before ART initiation	55	17
After ART initiation	268	83
To whom disclose HIV status first (n=323)		
Family member	186	57.6
Sexual partner	87	26.9
Friends	30	9.3
Relatives	11	3.4
Other	9	2.8

Regarding whether the study participants got any kind of support from others 255(76.8%) of all the 332 respondents got support from others and 77(23.2%) did not.

From the total respondents 175(52.7%) were PLHIV association members. among total respondent 241(71.7%) responded they know other person using ART and 91(27.4%) didn't know. From those

67(27.8%) were told to him, 51(21.2%) were heard from others, 84(34.9%) were saw while taking ART and 39(16.2%) were by other.

The respondents lastly were asked whether they have made sexual intercourse after HIV test but before disclosure and 19(5.7%) respondents did it, while 271(81.6%) did not & 42(12.7%) did not respond (Table 7).

TABLE 7 respondent get any kind of support from others and PLWHIV association member among ART service users in Majeng zone, Gambella regional state, south west Ethiopia march 2018

Variable	Frequency	%
Any kind of support from others (N=332)		
Yes	255	76.8
No	77	23.2
Those any kind of support from others(N=255)		
Family member	99	38.8
Sexual partner	53	20.8
Friends	27	10.6
Relatives	13	5.1
Health professional	42	16.5
Other	21	8.2
Faced any form of mistreatment from others because of people are aware of yore status(N=332)		
Yes	76	22.9
No	256	77.1
PLWHIV association member(N=332)		
Yes	175	52.7
No	157	47.3

5.5 Factors associated with disclosure to family member

On the bivariate analysis disclosure to family member was associated with marital status, ART related difficulty, influenced by other undergo HIV test, prior discussion to undergo HIV test, support from others, service related difficulty, , PLWHA membership.(Table8)

TABLE 8 on bivariate variables factors associated with disclosure to family member among ART users in Majeng zone, Gambella regional state, south west Ethiopia March 2018

Variable	Discloser to family member		P-value	Crud OR (95% CI)
	Yes (%)	No (%)		
Marital status				
Married	119(38.4%)	2(9%)	0.11	0.13(0.27-0.632)*

Other	129(41.6%)	12(54.5%)		0.71(0.280-1.854)
Single	62(20%)	8(36.6%)		1
Art related difficulty				
Yes	142(45.8%)	5(22.7%)		1
No	168(54.2%)	17(77.3%)	0.043	0.35(0.125-0.967)
Influenced by anyone to undergo HIV test				
Yes	148(47.7%)	5(22.7%)	0.03	3.10(1.118-8.629)*
No	162(52.5%)	17(77.3%)		1
Prior discussion to undergo HIV test				
Yes	234(75.5%)	10(45.4%)	0.04	3.67(1.535-8.892)*
No	76(24.5%)	12(54.6%)		1
Service related difficulty				
Yes	170(54.9%)	7(31.8%)		1
No	140(45.1%)	15(68.2%)	0.047	0.384(0.152-0.969)*
Any kind of Support from other				
Yes	242(78.1%)	13(59)	0.049	2.46(1.010-6.008)*
No	68(21.9%)	9(41%)		1
PLWHA association member				
Yes	168(54.2%)	7(31.9%)	0.063	2.53(1.006-6.391)*
No	142(45.8%)	15(68.1%)		1

5.6 Multiple Logistic regressions

Variables that are finally associated with status disclosure to family member by multiple logistic regressions are marital status, being influenced by others to HIV test and Prior discussion to undergo HIV test (Table 10).

TABLE 9 Factors associated with HIV positive status among ART users attending ART clinics in Majeng zone, Gambella regional state, south west Ethiopia March2018

Variable	Discloser to family member		Crud OR(95%CI)	P-value	AOR(95%CI)
	Yes	No			
Marital status					
Married	119(38.4%)	2(9%)	0.13(0.27-0.632)	0.06	0.09(0.018-0.50)**
Others	129(41.6%)	12(54.5%)	0.71(0.280-1.854)		
Single	62(20%)	8(36.6%)	1		
Influenced by anyone to undergo HIV test					
Yes	148(47.7%)	5(22.7%)	3.11(1.118-8.629)	0.026	3.28(1.119-9.620)**
No	162(52.5%)	17(77.3%)	1		
Prior discussion to undergo HIV test					
Yes	234(75.5%)	10(45.4%)	3.67(1.535-8.892)	0.005	3.84(1.499-9.821)**
No	76(24.5%)	12(54.6%)	1		

Concerning marital status those who were single more likely to disclose HIV positive status to their family member than who were married (AOR=0.09(0.018-0.50). those individuals influenced by others to undergo HIV test were more likely disclose to family member than who were not influenced by others (AOR=3.28(1.119-9.620)In contrary, respondents who discussed with to undergo HIV test were more likely to disclose to family member than those who did not (AOR=3.837(1.499-9.821) (Table 9).

CHAPTER SIX

DISCUSSION

The current study focuses on HIV positive disclosure experience for family and associated factors among adult art service users, in Majeng zone, Gambella regional state, south west Ethiopia.

From the study subjects 54.5 % were females. This may be because the number of females who were getting service was higher than males in the health center. Similar to other studies, most of the study subjects were in the younger age group which is due to the fact that HIV affects younger ages.

The general level of disclosure in this study was, around 93.4% disclosed to family member. This is somewhat agree with study done in Kemise District, Northeast Ethiopia which was 73.1 % (9); but it is higher than study conducted in in Jimma university specialized hospital (52.1%) (19) and Axum health facilities, Northern Ethiopia (35.2%)(21). These differences might be due to socio-cultural and economic variations among the study population. The other possible explanation for variation could be, in the former studies the study population comprised population from the same study site, whereas in this study although the all of the study population are from Majeng zone,

In this study discloser status was high, this might due to having a good relationship with family disclosing to family may lead to strong relationship, Family is likely concerning about the future, giving emotional support and Family can be a good source of support.

This study showed that only 6.6% of individuals did not disclose to family member. The reasons given for nondisclosure were fear of rejection, fear of stigma, fear of privacy and fear of self-blame. This is in agreement with other studies in Uganda, Jimma and Tanzania ((22),(27) , (28)).

In this study people who were single more likely to disclose their HIV positive status to their family member than those married (AOR=95%CI, 0.09(0.018-0.50). This is in agreement with other studies in Hawassa (10). One possible explanation for this is a difference in sense of responsibility. In one study, HIV positive individuals reported that they had a greater sense of responsibility to disclose toward partners with whom there was a shared long term emotional relationship. As a person stays long time with partner, this sense of responsibility will be higher (29). In contrast to this study finding, a research in Uganda showed people who were not married were more likely to

disclose their HIV positive status (24). The variation could be due to Socio economic and cultural variation surrounding the respondents of different study area.

The odds of who were Being influenced by others to undergo HIV testing were three times more likely disclose than those who were not influenced by others AOR= 3.28(1.119-9.620) was others significantly associated with disclosure to family member. This might help individuals to anticipate a partner's reaction and would give them an opportunity to raise the issue again and disclose their result. Similar findings have been reported in other studies ((30),(31),).

The odds of who were Prior discussion with anyone to under HIV test were four times more likely disclose than who were not made prior discussion with anyone AOR=3.84(1.499-9.821).This is in agreement with studies elsewhere in metu and gore town(27) and jimma university specialized hospital south west Ethiopia (16) Communicating one's partner prior to HIV testing is a key point in that it might help individuals to anticipate a partner's reaction and would give them an opportunity to raise the issue and disclose their result; in this case disclosure may be easily discussed between partners since it was already started before testing.

Discussing things about HIV testing and HIV test result with family facilitated disclosure of HIV positive result to sexual partner and others. This might have helped individuals to be strong and disclose their result to their partner. This may be because sharing ideas with family members gave strength for individuals spiritually as well as mentally, so that they can anticipate and accept the outcomes following disclosure and disclose their HIV status.(9)

Limitation of the Study

Limitation

- Because this study deals with too personal and sensitive issues getting real answer may in some instances be difficult
- Sample size inadequate
- Using ART care provider might result some bias
- Missed relevant variables that are either barrier or facilitator of disclosure

CHAPTER SEVEN

CONCLUSION AND RECOMMENDATIONS

7.1 Conclusion

High rate of HIV disclosure noted in this study is encouraging. Having Prior discussion to undergo HIV test have important to disclose HIV positive status to family member, having open communication about HIV/AIDS important to fights against HIV/AIDS, to put emphasis on increasing awareness in the community on the impact of stigma and discrimination have important to disclose HIV positive status. There is a need therefore, to explore factors which are hindering successful and timely disclosure of HIV sero status in the area. .

Marital status, being influenced by others to HIV test and prior discussion undergo HIV test variables were significantly associated with HIV positive status disclosure to family member.

7.2 Recommendations

This study is relevant and identified the extent of HIV positive status disclosure and its outcomes. The result has positive implication in the prevention of HIV transmission which could be applied in HIV control interventions in similar settings. Based on the results effectively addressing issues of disclosure was recommended to encourage disclosure and cope with negative reactions after disclosure in PLHIV. Moreover, currently existing Information Education Communication (IEC) interventions on HIV/AIDS should be strengthened at individual and community levels in order to reduce negative partner reaction following disclosure.

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Annex

Annex Questionnaire (English version)

Informed Consent

Dear Respondent:

My name is _____ I am working in research team of Jimma University, institution of Health Department of epidemiology. I am here to study about HIV disclosure experience and associated factors among adult service user in majeng zone Gambella regional state Health institutions and you are chosen to participate in this study. You are selected and included in the study as part of the sample population to complete the questionnaire designed by the researcher.

The information obtained in this study will be used only for research purposes to generate important information HIV status disclosure to identify the determinant factors which are used to improve the service provision and to achieve changes in the service utilization for prevention and control of HIV/AIDS as a general.

The study will involve various personal and sexual issues of individuals. In order to attain this study objectives your good will and kindly participation is needed. Confidentiality is strictly protected and none of your response will be reported separately. Therefore, there is no need to write your names or House ID numbers on these questionnaires. It is your right to participate or to refuse in this study. And you can drop any individual question or the whole questionnaire. But your participation and contribution in the study is very important to come up with important findings which may help local health planners to intervene the problem locally. So please take a few minutes to answer to the questions.

Do you have any opinion regarding this study?

Do you agree to participate in this study?

Yes, continue No, thank you!

Questionnaire code number _____

Name of the data collector _____ Sign _____ Date _____

Name of the supervisor _____ Sign _____ Date _____

PART I. Socio-demographic and Personal Information

S.N	Questions	Responses and coding	Skip to
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Q101	Age	_____years	
Q102	Sex	1. Male 2. Female	
Q103	Permanent address	1. Majeng zone 2. Out of Majeng zone	
Q104	Ethnicity	1. Majeng 2. Oromo 3. Amara 4. Kefa 5. Shekecho 6. Other,	
Q105	Marital Status	1. Married 2. Single 3. Widowed 4. Separated 5. Divorced	
Q106	Number of Children you have?	1. None 2. One 3. Two and above	
Q107	Religion	1. Muslim 2. Protestant 3. Orthodox 4. Catholic 5. Others	
Q108	Educational status	1. Illiterate 2. primary (1-8) 3. Secondary (9-12) 4. higher education above diploma	
Q109	Occupation	1. Government Employee 2. Merchant 3. Daily laborer 4. house wife 5. farmer 6. Others,	

Q110	Estimated Monthly income	_____ Birr	
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Part II: - HIV Test related questions

S.N	Questions	Responses and coding	Skip to
Q201	Why have you made HIV test?	<ol style="list-style-type: none"> 1. PICTH 2. VCT 3. Because of Sickness(For diagnosis) 4. Premarital preparation 5. Travel/Visa 6. Other, specify _____ 	
Q202	Have you been influenced by anyone to undergo HIV test?	<ol style="list-style-type: none"> 1. Yes 2. No _____ 	Q204
Q204	If yes, by whom? (Multiple responses possible)	<ol style="list-style-type: none"> 1. family member 2. sexual partner 3. Friend 4. Health professional 5. Relative 6. Other, specify _____ 	
Q205	Have you made prior discussion with anyone to undergo HIV test?	<ol style="list-style-type: none"> 1. Yes 2. No _____ 	Q301
Q206	If yes, with whom? (Multiple responses possible)	<ol style="list-style-type: none"> 1. Family member 2. sexual partner 3. Friend 4. relatives 5. health professional 6. Other, specify _____ 	
Q207	If yes, what was the	1.They encourage you	

	response?	2.They object you 3. Neutral (No response)	
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Part III: - ART and Service-Related Questions

S.N	Questions	Responses and coding	Skip to
Q301	When did you start ART?	1. <=2 years 2. >2years	
Q302	Have you been admitted to any health institution just when you start ART?	1. Yes 2. No	
Q303	Have you discussed with anyone about starting ART other than health professionals?	1. Yes 2. No_____	Q305
Q304	If yes, with whom? (Multiple responses possible)	1. Family member 2. sexual partner 3. Friend 4. Other,	
Q305	Are there any service related difficulties that you have ever faced?	1. Yes 2. No	
Q306	Have you ever seen by someone whom you don't want to disclosed while you are taking ART?	1. Yes 2. No_____	Q313

Q308	What ART related difficulties have you ever faced? (Multiple responses Possible)	<ol style="list-style-type: none"> 1. Yes 2. No 	
------	---	---	--

Part IV: - Disclosure related questions

S.N to	Questions	Responses and coding	Skip to
Q401	Have you disclosed your HIV status to your current family member? (If applicable)	<ol style="list-style-type: none"> 1. Yes 2. No 	
Q402	To Whom have you disclosed your HIV status other than your family member? (Multiple responses possible)	<ol style="list-style-type: none"> 1. sexual partner 2. Friend 3. Relative 4. others 5. no one 	
Q403	If you have disclosed your HIV status to your family member, what are the reasons to disclose? (disclosed)	<ol style="list-style-type: none"> 1. To receive support 2. HIV prevention 3. Relationship ties 4. Other or miscellaneous reasons 5. Don't know 	
Q404	If you haven't disclosed your status to your family member, what are reasons for not disclosing?	<ol style="list-style-type: none"> 1. fear of rejection 2. fear of stigma 3. fear of privacy 4. fear of self-blame 5. we have no such discussion 6. don't know 	
Q405	Do you have a plan to disclose your status? (For those who haven't disclosed for anyone)	<ol style="list-style-type: none"> 1. Yes 2. No 	
Q406	When have you disclosed	<ol style="list-style-type: none"> 1. Before ART initiation 	

	your status first?	2. After initiation of ART	
Q407	To whom have you disclosed your status first?(who disclose for family and others than family)	<ol style="list-style-type: none"> 1. Family member 2. sexual partner 3. Friend 4. Relative 5. Other 	
Q408	Do you obtain any kind of support from any one ?	<ol style="list-style-type: none"> 1. Yes 2. No_____ 	Q413
Q409	If yes, from whom?	<ol style="list-style-type: none"> 1. Family member 2. sexual partner 3. Friend 4. Relative 5. Health professionals 6. Other 	
Q410	Have you faced any form of mistreatment from others because people are aware of your status?	<ol style="list-style-type: none"> 1. Yes 2. No 	
Q411	Are you in PLWHA association member?	<ol style="list-style-type: none"> 1. Yes 2. No 	

Part V: - Disclosure in relation to ART use

S.N	Questions	Responses and coding	Skip to
Q501	Do you know any other person using ART?	<ol style="list-style-type: none"> 1. Yes 2. No_____ 	601

Q502	How did you know that they are taking ART?	<ol style="list-style-type: none"> 1. Told to you 2. Heard from others 3. Saw while swallowing the ART 4. Others 	
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Part VI: - family relation question

S.N	Questions	Responses and coding	Skip to
Q601	Do you know your current any family member HIV status?	<ol style="list-style-type: none"> 1. Yes 2. No_____ 	Q604
Q602	If yes, what was the result?	<ol style="list-style-type: none"> 1. Positive 2. Negative 3. No Response 	
Q603	Is he/she ART user?	<ol style="list-style-type: none"> 1. Yes 2. No 	
Q604	Have you made sexual intercourse after HIV Test but before disclosure? (For those who have disclosed)	<ol style="list-style-type: none"> 1. Yes 2. No 	

Annex Questionnaire (Amharic version)

መግቢያ

ደህና ነዎት! ስሜ-----ይባላል። እኔ በጅም ዩኒቨርሲቲ በህብረተሰብ ጤና እና በህክምና ሳይንስ ኮላጅ እየተካሄደ ላለው ዋና-ታዊ ዳሰሳ መረጃ ሰብሳቢ ነኝ። የፀረ-ኤች አይ ቪ መድሃኒት የሚጠቀሙ ከኤች አይ ቪ ጋር የሚኖሩ ሰዎች በሻይረሱ መያዛቸውን ለሌሎች ይገለጻሉ ወይ? የሚለውንና ተያያዥ ጉዳዮችን ለማጥናት ሲሆን እርስዎ በጥናቱ ላይ እንዲሳተፉ ተመርጠዋል። የዚህ ዋናት አላማም እራስን ከመግለጽ ጋር የተያያዙ ጉዳዮችን ለማጥናትና የህክምና አሰጣጡን ወደ ተሻለ ደረጃ ለማሻሻል ብሎም ኤች አይ ቪን ለመቆጣጠርና ለመግታት የሚረዱ ጠቃሚ መረጃ ለማግኘት ነው። ይህንን አላማ ለማሳካት ለተዘጋጁት ዋናዎች የሚሰጡን እውነተኛ እና ትክክለኛ መለስ በጣም ጠቃሚ ስለሆነ በቅድሚያ ልናመሰግንዎት እንወዳለን።

ሚሰጥርን የመጠበቅና የፈቃደኝነት መግለጫ

በቅድሚያ አንዳንድ ሰዎችን ለመመለስ ሊያስቸግራቸው የሚችሉ በጣም የግል የሆኑ ዋናዎችን መጠይቁ ማካተቱንና የምንጠይቅዎ መሆኑን እንገልጻለን።

ሆኖም የሚሰጡንን ማንኛውንም አይነት መልሶች በሚሰጡር እንደሚያዙና ስምዎን ወይም የእርስዎን ማንነት የሚገለጽ ማንኛውም አይነት ነገር እንደማይጻፍ በጣም ለረደዱን እንፈልጋለን። ስለዚህ ስምዎ ከሰጡን መሌሶች ጋር ፈጽሞ እንደማይያዝና ለባለቤትዎ ሆነ ለማንም ሰው ስምዎ ፈጽሞ ሊገለጽም ሆነ ሊታወቅ አይችልም። በመጠይቁ ወቅት መመለስ የማይፈሉትን ማንኛውንም አይነት ዋናዎች መተው ወይም በማንኛውም ሰዓት ማቋረጥ ይችላሉ። ነገር ግን ለዋናዎቹ የሚሰጡን የእርስዎ መሌሶች የህክምና አሰጣጡን ወደ ተሻለ ደረጃ ለማሻሻል ብሎም ኤች አይ ቪን ለመቆጣጠርና ለመግታት የሚረዱ ጠቃሚ መረጃ ለማግኘት ይበለጥ እንድንችል ይጠቅመናል። ስለሆነም በቅድሚያ ለሚያደርጉሉን ትብብር ምስጋናችን ከልብ የመነጨ ነው። መጠይቁ ከ20 እስከ 30 ደቂቃ ሊወስድ ይችላል።

በዚህ ዋናት ላይ ለመሳተፍ ፈቃደኛ ነዎት?

አዎ _____

አይደለሁም / ከሆነ አመሰግኪ/ሽ እለፍ/ሽ _____

የመጠይቁ መለያ ቁጥር _____

የጠያቂው ስም _____


መጠይቁ የተሞላበት ቀን _____ ፊርማ _____ የሱፐርቫይዘር ስም _____ ቀን _____ ፊርማ _____

ክፍል 1: መሠረታዊ የሆኑ የማህበራዊ እና የግል መረጃዎችን የሚመለከቱ ዋናዎች

ተ.ቁ	ጥያቄዎች	አማራጭ መልሶች	ይለፍ (ቀጥሎ)
Q101	እድሜ	_____ አመት	
Q102	ጾታ	1. ወንድ 2. ሴት	
Q103	ቋሚ አድራሻ	1. መጀንግ ዞን 2. መጀንግ ዞን ወ.ጨ.	
Q104	ብሔር	1. መጀንግ 2. አማራ 3. ሐሮሞ 4. ከፋ 5. ሸክቸ 7. ላሊ _	
Q105	የጋብቻ ሁኔታ	1. ያገባ 2. ያሊገባ 3. ባሎ/ ሚስቱ የሞተ 4. የተለያዩ 5. የፈታ/የፈታች	
Q106	የሌጆች ብዛት	1. ምንም 2. አንድ 3. ሁለት እና በላይ	
Q107	ሀይማኖት	1. ሙስሊም 2. ኦርቶዶክስ 3. ካቶሊክ 4. ፕሮቴስታንት 5. ላሊ ካለ(ይገለፅ)	
Q108	የትምህርት ደረጃ	1. ያልተማረ 2. አንደኛ ደረጃ(1-8 ክፍል) 3. 2ኛ ደረጃ(9-12 ክፍል) 4. ዲፕሎማ ና ከዛ በላይ	
Q109	ስራ	1. ተቀጣሪ ሰራተኛ 2. ነጋዴ 3. የቀን ሰራተኛ 4. የበት አመበት 5. ገበሪ	

		5.ለላ ካለ (ይገለፅ)_____	
Q110	ግምታዊ ወርሃዊ ገቢ በኢትዮጵያ ብር	_____ ብር	

ክፍል 2፡ ከHIV ምርመራ ጋር የተያያዙ ጥያቄዎች

ተ.ቁ	ጥያቄዎች	አማራጭ መልሶች	ይለፍ (ቀጥሎ)
Q201	ለምን የኤች አይ ቪ ምርመራ አደረጉ?	<ol style="list-style-type: none"> 1. በፈቃዳኝነት ሊይ የተመሰረተ የኤች አይ ቪ የምክር እና የምርመራ አገልግሎት 2. በጤና አገልግሎት ሰጪ አማካኝነት የምክር እና የኤች አይ ቪ የምርመራ አገልግሎት 3. በበሽታ አማካኝነት የተደረገ ምርመራ 4. ለጋብቻ ዝግጅት 5. ለገዛ/ሽዛ 6.ለላ ካለ (ይገለፅ)_____ 	
Q202	የኤች አይ ቪ ምርመራ ለማድረግ በለላ ሰው ተገፋፍተዋል?	<ol style="list-style-type: none"> 1. አዎ 2. አይ_____ 	Q204
Q203	አዎ ከሆነ በማን? (ብዙ መለስ ይቻላል)	<ol style="list-style-type: none"> 1. በቤተሰብ አባል 2. በፍቅር/በትዳር ጉደኛ 3. በጓደኛ 4. በጤና ባለሙያ 5. በዘመዴ 6. ለላ ካለ (ይገለፅ)_____ 	
Q204	የኤች አይ ቪ ምርመራ ለማድረግ ከለላ ሰው ጋር ተወያይተዋል ክብር?	<ol style="list-style-type: none"> 1. አዎ 2. አይ  	Q301
Q205	አዎ ከሆነ ከማን ጋር? (ብዙ መለስ ይቻላል)	<ol style="list-style-type: none"> 1. የቤተሰብ አባል 2. የፍቅር/የትዳር ጓደኛ 3. ጓደኛ 4. ዘመዴ 5. የጤና ባለሙያ 6. ላሊ ካለ(ይገለፅ)_____ 	
Q206	አዎ ከሆነ ምላሹ ምን ነበር?	<ol style="list-style-type: none"> 1. እሺታ/ደጋፍ 2. ተቃዋሚ 3. ምንም መልስ አለነበረም 	

ክፍል 3፡ ከፀረ-ኤች አይ ቪ መዳሀኒት እና የጤና ተቋም ጋር የተያያዙ ጥያቄዎች

ተ.ቁ	ጥያቄዎች	አማራጭ መልሶች	ይለፍ (ቀጥሎ)
Q301	የፀረ-ኤች አይ ቪ መዳሀኒት መቼ ጀመሩ?	1. ሁለት እመት አና ከዛ በታች 2. ሁለት እመት አና ከዛ በላይ	
Q302	የፀረ ኤች አይቪ መዳሀኒት ሲጀምሩ በማንኛውም የጤና ተቋም ተኝተዉ ነበር?	1. አዎ 2. አይ	
Q303	ከጤና ባለሙያ ወጪ ስለ ፀረ- ኤች አይ ቪ መዳሀኒት መጀመር ተወያይተዉ ነበር?	1. አዎ 2. አይ_____	Q305
Q304	አዎ ከሆነ ከማን ጋር? (ብዙ መሌስ ይቻላሉ)	1. የቤተሰብ አባሌ 2. የፍቅር/የትዳር ጓደኛ 3. ጓደኛ 5. ላሊ ካለ (ይገለፅ)_____	
Q305	ከጤና ሰጪ ተቋምም ሆነ ባለሙያ ጋር የተያያዘ ያጋጠሞት ችግር አለ?	1. አዎ 2. አይ	
Q307	ኤች አይ ቪ በደሞት ወሰጥ እንዳለ መንገር የማይፈሌጉት ሰዉ የፀረ-ኤች አይ ቪ መዳሀኒቶችን ሰዉጡ እርሶን አይተዉ ያዉቃሉ?	1. አዎ 2. አይ_____	Q308
Q308	ከፀረ-ኤች አይ ቪ መዳሀኒት እና ህክምና ጋር በተያያዘ ያጋጠሞት ችግር አለ?	1. አዎ 2. አይ	


ክፍል 4- ኤች አይ ቪ እንዳለብዎት ከመግለፅ ጋር የተያያዙ ጥያቄዎች

ተ.ቁ	ጥያቄዎች	አማራጭ መልሶች	ይለፍ (ቀጥሎ)
	ኤች አይ ቪ እንዳለብዎት ለቤተሰብ ሃባሎ ገልፀዋሉ? (ለሚመለከታቸው ብቻ)	1. አዎ 2. አይ	
Q402	ከቤተሰብ ሃባሎ ወጪ ኤች አይ ቪ እንዳለብዎት ለማን ገልፀዋሉ? (ብዙ መልስ ይቻላል)	1. የፍቅር/ትዳር ጓደኛ 2. ጓደኛ 3. ዘመዴ 5. ሌላ ካለ 5. ለማንም አልገለፅኩም	
Q403	ቢያንስ ለአንድ ሰዉ ኤች አይ ቪ	1. ድጋፍ ለማግኘት	

	እንዳለብዎት ከገለጹ ለመግለፅዎ ምክንያትዎ ምንድናቸዉ (ምክንያትዎን ከገለጹለት ሰዉ ጋር ይዘርዘሩ)	2. ኤች አይ ቪ ለመከላከል 3. ለጥብቅ ግኑኝነት 4. ለተለያዩ አይነት ምክንያት 5. ምክንያት አላቅም	
Q404	ከቤተሰብ ሃባሎ ኤች አይ ቪ እንዳለብዎት ካልገለጹ ምክንያትዎ ምንድናቸዉ? ለሚመለከታቸዉ ብቻ)	1. አለመቀበል ፍራቻ 2. መጥፎ ስም ፍራቻ 3. አለመወቀስን ፍራቻ	
Q405	ኤች አይ ቪ እንዲለብዎት ለመግለፅ እቅድ አለዎት? (ለማንም ለገለጹት ብቻ)	1. አዎ 2. አይ	
Q406	ለመጀመሪያ ጊዜ ኤች አይ ቪ እንዳለብዎት የገለጹት መቼ ነበር? (ለገለጹት ብቻ)	1. ከፀረ-ኤች አይ ቪ መድሃኒት በፊት 2. ፀረ-ኤች አይ ቪ መድሃኒት ከጀመሩ በኋላ	
Q407	ለመጀመሪያ ጊዜ ኤች አይ ቪ እንዳለብዎት የገለጹት ለማን ነበር? (ለገለጹት ብቻ)	1. ለቤተሰብ አባሌ 2. ለፍቅር/የትዳር ጓደኛ 3. ጓደኛ 4. ዘመዴ 5. ለሌላ	
Q408	ከሌሎች የተለያዩ እርዳታና እገዛ ያገኛሉ?	1. አዎ 2. አይ_____	410
Q409	አዎ ከሆነ ከማን?	1. ከቤተሰብ አባሌ 2. ከፍቅር/የትዳር ጓደኛ 3. ከጓደኛ 4. ከዘመዴ 5. ከጤና ባለሙያ 6. ለሌላ	
Q410	ሰዎች ኤች አይ ቪ እንሰብሆ በማወቃቸዉ ያጋጠመሆ ያልተገባ ተግባር አለ? (ለገለጹት ብቻ)	1. አዎ 2. አይ	
Q411	ከ ኤች አይ ቪ ጋር የሚኖሩ ሰዎች ማህበር አባል ነዎት?	1. አዎ 2. አይ	Q501

ክፍል 5፣ የፀረ- ኤች አይ ቪ መድሃኒት ና ከኤች አይ ቪ ጋር መኖርዎን ከመግለፅ ጋር የተያያዙ ጥያቄዎች

ተ.ቁ	ጥያቄዎች	አማራጭ መልሶች	ይለፍ (ቀጥሎ)
Q501	የ ፀረ- ኤች አይ ቪ መዴሀኒት	1.አዎ	

	የሚጠቀም ሌላ ሰው ያውቃል?	2.አይ 	Q601
Q502	የፀረ- ኤች አይ ቪ መድሀኒት ተጠቃሚ መሆናቸውን እንዴት አወቁ?	<ol style="list-style-type: none"> 1. ነግረውኝ ነዉ 2. ከሌሎች ሰምቼ 3. መድሃኒቱን ሲወሰዱ አይቼ 4. ላሊ ካለ (ይገለፅ) 	

ክፍል 6፡ የቤተሰብ ሃሳል ጋር የተመለከቱ ጥያቄዎች

ተ.ቁ	ጥያቄዎች	አማራጭ መልሶች	ይለፍ (ቀጥሎ)
Q601	የቤተሰብ ሃሳሉ ኤች አይ ቪ መኖር አለመኖሩን ያውቃል?	<ol style="list-style-type: none"> 1. አዎ 2. አይ _____ 	Q604
Q602	አዎ ከሆነ ወጤቱ ምንዴነዉ?	<ol style="list-style-type: none"> 1. ኤች አይ ቪ አለ 2. ኤች አይ ቪ የለም 3. ጥያቄዉ ይለፈኝ 	
Q603	የቤተሰብ ሃሳሉ ውስጥ የፀረ- ኤች አይ ቪ መድሀኒት ተጠቃሚ አለ?	<ol style="list-style-type: none"> 1. አዎ 2. አይ 	
Q604	ከኤች አይ ቪ ምርመራ በኋላ ኤች አይ ቪ እንዳለብዎት ሳይናገሩ የግብረ-ሰጋ ግንኙነት ፈፀመዋሉ?	<ol style="list-style-type: none"> 1. አዎ 2. አይ 	