



COLLEGE OF MEDICINE AND HEALTH SCIENCE DEPARTMENT OF PUBLIC HEALTH
ASSESSMENT OF KNOWLEDGE, ATTITUDE AND PRACTICE TOWARDS VOLUNTARY
HIV TESTING AND COUNSELING AMONG PREPARATORY SCHOOL STUDENTS IN
WOLKITE TOWN GURAGE ZONE, SOUTH ETHIOPIA , JULY 2021

RESEARCH THESIS TO BE SUBMITTED TO WOLKITE UNIVERSITY, COLLEGE OF
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HEALTH PROGRAM

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Acronym

AIDS..... Acquired immune deficiency syndrome

ARV.....Anti-retroviral therapy

BSS.....Behavioral Surveillance survey

HIV..... Human immunodeficiency virus

MSP.....Multiple sexual partner

NGOs.....Nongovernmental organizations

PMTCT....prevention of mother to child transmission

NEPAID...New partnership for African Development

SNNPR....Southern Nations, Nationalities, people Region

SSA.....Sub Saharan Africa

STD.....Sexually transmitted disease

SPSS.....Statistical package for social sciences

PLWHApeople living with HIV AIDS

UNAIDSUnited Nation program on HIV AIDS

VCT.....Voluntary Counseling and testing

WHO.....World Health Organization

PIS..... Principal investigators

ED.....Emergency department

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Abstract

Background: VCT is the process by which an individual undergoes counseling enabling him or her to make an informed choice about being tested for HIV. This decision must be entirely the choice of the individual and he or she must be assured that the process will be confidential. This study aimed to assess the level of knowledge, attitude and practice of Voluntary Counseling and Testing (VCT) for HIV among Wolkite town preparatory school students in Gurage zone south Ethiopia

Methodology: A cross-sectional study was conducted in wolkite preparatory schools using systematic sampling technique from June to November (2021) . Self-administered questionnaire was used for data collection. Data was checked for completeness and accuracy, compiled summarized and analyzed by using SPSS 21, and results was presented by using graph and tables.

Result: Among 326 successfully completed respondents, 156 (47.9%) were males and 170(52.1%) were females. From 326 respondents 218 students know that HIV testing is given with counseling 218(66.9%) and voluntarily 234(71.8%) . All of the students 326(100%) heard about VCT. Regarding to practice toward VCT majority of the respondents 187(57.1%) not used VCT service,where as the rest 139(42.9%) were use VCT.

Conclusion: The finding of this study showed that all of students heard about VCT, but the attitude of voluntary test and counseling of HIV was very low among students of wolkite preparatory school.

Recommendation: Wolkite town district health office in collaboration with zonal heath office should create continued effort to maximize voluntary counseling and testing utilization in preparatory school students

Keyword: Voluntary Testing and counseling; Attitude; Knowledge; Practice

1.INTRODUCTION

1.1 Backgroud

1.1.1 Voluntary counseling and testing

VCT stands for voluntary counseling and testing, which is first available in 1995.it is the process by which an individual undergoes counseling enabling him or her to make an informed choice about being tested for HIV. This decision must be entirely the choice of the individual and he or she must be assured that the process will be confidential [1]

VCT is an effective strategy for facilitating behavioral change around both preventing HIV as well as getting early access to care and support(2) It is also instrumental in bringing about behavioral change, reducing unprotected sex and helping reduce the incidence of HIV and other STIs [2].

Since the young people are an important force for development, increasing VCT uptake would benefit not only the young people them selves but also determine the health of the future generation and sustainable economic development of the nation(3)

VCT gives clients an opportunity to confidentially explore their HIV risk and to learn their HIV test result VCT service can be provided free standing site or embedded within other facilities. Such as health center, work place setting and military service. The focus of counseling session is on risk assessment, risk reduction and linkage to care treatment and support(3)

Knowing the benefits of VCT, it is important to determine their awareness and utilization of VCT services, willingness to undergo and pay for VCT so that barriers can be identified and interventions can be planned to assess the knowledge, attitude and practice of Preparatory School students towards VCT service in Wolkite town preparatory school students in South Ethiopia

1.2 Statement of the problem

The first counseling and testing guidelines were published by the Federal Ministry of Health (FMOH) in 1996 and subsequently edited in 2002 and 2007 [4]. However, the availability of VCT services in Ethiopia has been uneven, and even when available, uptake has been relatively low [4]. Studies in different areas indicated that knowledge, attitude and practice of Preparatory School students towards VCT is low and its uptake is minimal. The low uptake was found to be associated with ignorance, fear of being positive, cost of VCT, inadequate number of VCT centers and stigmatization constituted major hindrances to acceptances of VCT for HIV [5].

There are reports on the awareness and uptake of VCT service among different study groups in the study area [6]. However, there are no studies conducted on the knowledge, attitude and practice of Preparatory School students towards VCT service. Interventions developed for general population may not be appropriate for Preparatory School students.

In order to develop the body of knowledge needed to develop interventions targeted to different category of people, it is necessary to study the overall KAP of Preparatory School students towards VCT in a variety of institutional settings.

The school environment offers great opportunity for HIV high-risk behaviors, including unsafe sex [7]. Preparatory School students are at risk because they tend to be sexually adventurous, often with multiple partners and do not consistently use condoms [8]. Moreover youths, students of tertiary level, constitute a significant proportion of persons affected by HIV and a good number of them are also sexually active..

Therefore, access to testing and counseling is the key for successfully implementing ART and avoiding re-infection and transmission by behavioral changes.

However, VCT is not available in most regions in Africa (9)..Almost a quarter of people living with HIV are under the age of 25.Young people ages 15-24represents 45% of all new HIV infections. In sub-Saharan Africa, nearly 3.3 million youth are living with HIV. Lack of information, skills, and access to services for youth is expected to fuel the epidemic (10).

The use of testing is globally is very low recent estimates based on VTC surveys in 12 high burden countries in sub- Saharan Africa indicate that just 12% of men and 10% of women in the general population have been tested for HIV and received the result, even in more developed countries about 20% to 30% of seropositive individual are unaware that they are HIV positive.

This means that most people living with HIV get testing and counseling only when they already have advanced clinical disease (11).

In Ethiopia; VCT for HIV is included as one of the strategy for HIV/AIDS prevention in HIV/AIDS policy. Yet very little is known about what influences VCT services. With in recent information the proportion of women and men who were tested for HIV and received the test results increased from 2% for women and men in 2005 to 20% for women and 21% for men in 2011, However HIV testing coverage remains unchanged between 2011 and 2016.

So to sum up with those studies we are intended to assess the knowledge. Attitude and practice towards VCT among Wolkite town preparatory school students in South Ethiopia

1.3 Significance of the study

This research will have effect on KAP of wolkite preparatory students who aware in VCT and take voluntary HIV testing will be increasing. This study subjected to young generation who are going to have new life so that assessing their knowledge attitude and practice of VCT will help the health professionals, family of the students , ministry of health, WHO , their sexual partner and student themselves to act on them to bring the desired behavioral change

Knowing their knowledge attitude and practice towards VCT will be important to give information for concerned body in order to create good awareness toward the VCT Further most. If we do in this area the study could be baseline information for other researchers who want to conduct further survey in the area and policy makers to do more on voluntary counseling and testing (VCT)

VCT is a cost effective intervention in high-prevalence settings and that it motivates a positive behavior change among both HIV-positive and HIV negative persons. The burden of handling HIV infections has increased to levels beyond the current capacity of health systems to cope with it.

VCT is increasingly recognized as importantly central to effective HIV/AIDS prevention and care efforts to combat the epidemic. The study has a significance use by identifying knowledge, attitude, and practice of VCT in HIV/AIDS among preparatory school students, which clearly show the gap and help all concerning body give consideration to reduce the mortality and prevalence of highly active age group due to HIV disease

2 LITERATURE REVIEW

Knowledge attitude and practice of Voluntary counseling and testing (VCT) is one among different approaches which have been implemented as an attempt to slow the spread of HIV infection and minimize its impact at the individual, family and society level(12). Voluntary counseling and testing (VCT) is recognized as one of the few potentially effective and affordable methods for reducing the transmission of HIV in developing countries (12).

Testing is more likely to be accepted when clients perceive their own risk and acknowledge behaviors placing them at increased risk, it is voluntarily and routinely offered, confidential and anonymous testing is available, alternative testing technologies are available and when providers & clients perceive VCT as HIV prevention means (14).

In most regions of Africa there is a wide spread perception that HIV testing offers little to the individual who tests positive (15) .some study tried to look into the level and factors associated with VCT by teachers working in Arsi Negele woreda, Oromo region, the overall magnitude of VCT uptake in this study is 400(58.7%) .(16)

2.1 Knowledge toward Voluntary HIV Testing and Counseling

A study done in Eastern Europe and Central Asia show that among 1.4 million people living with HIV/AIDS in the region at the end of 2017 ,73% were aware of their HIV status an increase from 69% in 2016(17).

Another study conducted in Nigeria among 260 students showed only 115 means about 68(59.5%) heard of VCT at least once prior to the study. Mass media and churches were highest source of information of VCT service (18).

A study conducted in Addis Ababa among high school student stated that 75.7% of the students were aware about voluntary HIV testing and counseling service (19).

According to this study which was done in Arsii Negele, 99.7% of respondents heard about the availability of confidential VCT Services and their major primary sources identified were mass media and health

On recently conducted study in Jimma teachers training college, all of respondents reported ever heard about VCT, and 83.3% responded knew from where service of VCT obtained., which may be related to increasing awareness of students towards VCT in study area. Majority 49.1% obtained information about VCT from health personnel, and 27% from radio. This may be due to mass medias are able to reach wide audience and can convey simple information and can be a powerful force for mass communication.

Majority (87.2%) of respondents were knowledgeable about VCT; due to increased health information in study area. Almost all 97.35% agreed that VCT service is necessary, and this implies higher learning institution students' awareness is increasing towards VCT (20).

The study done in Ambo university show that students information regarding VCT service 705 (94%) of them know about or have heard of VCT service from different source and the rest of the participants (6%) never hear any information about VCT. Regarding the beneficiary from being tested, 297 (39.5%) of the students were believed that HIV negative individuals are beneficiary. The majority, 465(62.0%) of the students were agreed that everybody who is sexually active needs VCT service. But 172(23.0%) of them believed only those suspected by medical personnel need VCT service. Seven hundred ten (94.7%) of the students were knew the location of VCT service area. (21).

2.2 Attitudes toward Voluntary HIV Counseling and Testing .

A study conducted in Nigeria among 260 students 127 (69.8%) students approved the necessity of counseling prior testing and 117 (64.3%) were ready to take positive results in good fate (22).

In Ethiopia, from a study done in Harar town Out of the total 720 study subjects 615 (85.4%) had intention of having VCT which was about 86% of male and 84.4% of female study subjects (13).Also from a study done among youth in Addis Ababa high school 86% were willing to have VCT (22).

According to a community-based study done in northwest Ethiopia, the level of knowledge about HIV/AIDS seems to be high among the study community. However, there are still wrong interpretation & misunderstanding about modes of transmission & preventive methods. Out of 992 study subjects residing in urban & rural kebeles 89.95% were aware that one could check his/her HIV status. However,less number of them i.e. 732(73.8%) knew about availability of VCT services (23).

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 (75%) had favorable response to VCT related statements.

Three fourth of subjects claimed to have an intention undergoing VCT, the main refusal for VCT was fear of positive test result (41.3%), perception once sero status as being confidentially negative (38.1%) and stigma associated with HIV/AIDS (25.4%). In similar study 164 (65.15) believe that knowing once sero-status through VCT would be better than not knowing (24).

Regarding attitude, it was revealed that people would have both negative and positive attitudes towards such an individual (88%). A study conducted Jimma teachers training college the Majority (89.3%) of respondents in current study agree VCT for HIV should be available for all individual who needs to know their status.

As the overall attitude score shows 86% of the students have positive attitude towards VCT. Less than half 42%, of respondents have ever been tested for HIV despite higher level of knowledge and positive attitude towards VCT among the study population, the major reasons for not tasting were 35.81% due to doubt about confidentiality if the result becomes HIV positive, and 30.05% due to fear of positive results itself (25).

According to the study which was done in Arsi Negele about 39(13.9%) were reported that unwilling to utilize VCT service due to lack of considering themselves as being at risk. Fear of stigma and discrimination associated with positive test result was reported by 115(40.9%) of teachers as a reason for not utilizing voluntary counseling and testing (VCT) service. Teachers who reported unavailability of the service nearby and considering the service as if it is not useful were account for 45(16.0) and 10(3.6) respectively (26).

Many of the respondents prioritized the primary importance of VCT for HIV and agreed for everybody 251(59.6%) to have the test followed by all adults 49(11.6%);

Eighty four (20%) of the respondents believed that if someone has tested HIV positive he/she should have to teach others about the condition followed by 78(18.5%) whom they preferred to seek medical help. Nearly eighty five percent of the respondents were willing to accept VCT for HIV, Two hundred and forty one (58.4%) of the respondents believed that a person would not necessarily accept VCT, unless he /she is planning marriage or to go abroad, in addition 02(24.2%) of the respondents said that HIV/AIDS has treatment,

2.3 Practice toward Voluntary HIV Counseling and Testing

In Eastern Europe and Asia, the overall number of annual HIV tests continue to increase the proportion of the tests among key populations is shrink ing , declining from 4.5% of all HIV tests conducted annually in 2010 to 3.2% in 2016(27).

Study from Ghana reported that, majority (81%) of the respondents indicated that they had heard of VCT. Of the 81% who knew about VCT, most (48%) of them had information through the mass media, and 11% had theirs through friends or peers The majority of them (70%) indicated that the uptake of VCT helps one to know one's HIV status.

The participants were of the view that once a person tested HIV positive, there would be a break of relationships (76%), friends (62%) and discrimination (90%). Also study indicate whether they would access VCT services if available, 40% said yes,. A few of the respondents (23%) had undergone VCT (30). A study conducted in Shangai show that among 2,690, only 62 (2.3%) had ever had HIV testing with 190 of them tested at VCT site (28).

The study conducted in Nigeria from 260 students only 48 (26.4%) students had taken HIV test at one time before the study. Majority (62.5%) of those who had been tested went for the screening just to know their HIV status. Premarital testing (18.8%) was the second commonest reason for taken an HIV test majority of the respondents (74.2%) were willing to go for VCT the common est. reason given was that they were not infected.

Trends of Voluntary HIV Testing and Counseling among Adolescents in Ethiopia, A study done in Ambo university show that among the total participants 504(67.2%) were used VCT

services but 246(32.8%) were never used VCT service. Among those who were tested for HIV, 48% of them to know their HIV status, 9% had multiple sexual partners and 7% had unprotected sex as their main reasons (29).

This study suggested that a much greater effort is needed to promote safer sex and to improve VCT knowledge and services among rural migrants particularly those who are engaging in risky behaviors (30). Young people are a critical focus for behavior-change programs. However, young people in different parts of the world face different kinds of risks and prevention programming must be designed accordingly (31).

As it is known that since VCT is available, the acceptance has increased and the service was gradually wide spread but different studies showed that for various reasons the acceptance of VCT varied among selected population group in a wide range.

3. OBJECTIVE

3.1 General objective

- To assess knowledge, attitude and practice towards voluntary HIV testing and counseling among Preparatory School students in Wolkite Town, Gurage Zone, South Ethiopia JULY 2021

3.2 Specific objective

- To Assess level of knowledge towards voluntary HIV testing and counseling among preparatory school student in Wolkite Town Gurage zone South Ethiopia July 2021
- To Assess the status of attitude toward voluntary HIV testing and counseling among preparatory school student in Wolkite Town Gurage zone South Ethiopia July 2021
- To determine level of practice of voluntary HIV testing and counseling among Preparatory School students in Wolkite Town Gurage zone South Ethiopia July 2021

4. METHODOLOGY

4.1 study area

The study was conducting in Wolkite town which is found in the south west of Addis Ababa. It is found between Addis Ababa and Jimma in Guragea zone in southern, nation, nationalities and people's regional state (SNNPRS) in Ethiopia. Wolkite Town has three kifle ketemas. It is located 158 km away from Addis Ababa. The estimated population number is above 75,000. The climatic condition of the town is Weyna Dega. The mean monthly temperature is 28-32 degree centigrade. The town has both postal and telephone service as well as 24 hour supply of electricity. The main language spoken in the town is Guragegna (Ethio-Semetic language). There is two functional governmental hospital in the town, which provides both curative and preventive services, which found 17 km away from wolkite in attat kebele and Wolkite university specialized teaching hospital in Gubre kebele. There is one university, one college, one preparatory school, three high schools from those one is private school. In preparatory there are 10 section in each Grade 11 and 12 .

4.2 study design & Period

Descriptive cross sectional study was conducted to assess knowledge attitude and practice towards Voluntary HIV counseling and testing among preparatory school students in Wolkite town Gurage zone South Ethiopia from June to November 2021.

4.3 Population

4.3.1 Source population

Preparatory school Students at wolkite town.

4.3.2 Study population

The study population was Regular Preparatory Students at wolkite town who will fulfill inclusion criteria.

4.4 Eligibility criteria

4.4.1 Inclusion criteria

Regular students of preparatory school

4.4.2 Exclusion criteria

Preparatory students who are non- respondent, ill and who are absent at the time of data collections

4.5. Sample size and sampling procedure

4.5.1 Sample size

A single population proportion formula, $[n = \frac{p(1-p)}{d^2}]$, is used to estimate the sample size to be included in the study some study tried to look into the level and factors associated with VCT by teachers working in Arsi Negele woreda, Oromo region, on knowledge attitude and practice toward VCT that 40.9% of the students said that they have heard about VCT, 58.7% of students had positive attitudes toward VCT and practice in this study is (13.9%). (16) . The total sample size was calculated by computing dependent variable, so we take the highest value of attitude toward VCT . Therefore, the marginal error is considered to be 0.05, with 95% confidence interval.

Based on these assumptions, a total sample size was calculated by using single population and will simplified using correction formula as following;

For attitude

$$n = \frac{Z_{\alpha/2}^2 \times P(1-P)}{d^2} = \frac{1.96^2 \times 0.587(1 - 0.587)}{0.05^2} = 372$$

Where: n= required sample size

$Z_{\alpha/2}$ = Z value at 95% CI [1.96]

P= estimated population proportion attitude [58.7%]

d = Margin of error tolerated is (0.05%)

Total number of preparatory students (N) =1568

Since the total number of study population is < 10,000 (N=1568) using the correction formula the Final sample size will:

$$\begin{aligned}n &= n_0 / (1 + n_0 / N) = 372 / \\ &= 372 / (1 + 372 / 1568) \\ &= 300\end{aligned}$$

By adding 10% for non-respondent = 300 + 30 = 330

Considering a 10% non-respondent rate, the final sample size of this study is

The total number of students in two class who were selected was 1568 which the regular students grade 11 were 720 and grade 12 were 848 students

4.5.2 Sampling Procedure

Systematic sampling method by using sample interval “k”

$$K = N/n$$

Where: n=Sample size of preparatory students

N=Total number of preparatory students

$$K = 1568/330 = 4.75 \approx 5$$

Therefore proportional allocation was as follow for each class

$$\text{Grade 11} = \frac{720}{1568} \times 330, n = 152$$

$$\text{Grade 12} = \frac{848}{1568} \times 330, n = 178$$

$$\text{Selected sample size in each class} = \frac{\text{total number of students in each section} \times \text{sample size of } x}{\text{total students in each grade}}$$

Grade	Section	Section	Section	Section	Section	section	section	Section	Secti	S
	A	B	C	D	E	F	G	H	I	J
11	16	16	14	15	16	17	16	15	14	13
12	19	18	18	17	17	17	17	16	18	21

Table 1

4.6 Study variables

- Knowledge
- Attitude
- Practice
- Socio demographic
- Age
- sex

4.6.3 Operational and Term definition

Counseling:- is dialogue between attained person, health services provider, social works, psychologies,client VCT and etc

Knowledge: facts information understanding skills person acquired through experience or education.

There are 6 questions which covered the basic knowledge about VCT each question assigned score of one for each correct response and 0 for each incorrect answer (12).

Good knowledge: when the respondents answered the question more than the mean score (2.71/6) (12).

Poor knowledge: the respondents answered the question less than the mean score (2.71/6) (12)

Attitude: -The feeling and beliefs of respondents with regard to VCT. There are 9 questions which covered the basic attitude about VCT, each question assigned score of one for each correct response and 0 for each incorrect answer (12).

Positive attitude: when the respondent favorably answered the question more than (4.5/14) of the mean value (12).

Negative attitude: when the respondent favorably answered the question less than (4.5/14) of the mean value (12).

Practiced/used/:- when respondents reported that they have ever undergone HIV tests at least once.

4.7 Data collection technique and tools

The data will be collected by using pre-tested Structured self-administered questionnaire will be adapted after review of different literatures in English and translated in to Amharic and back translated to English to check its consistency. It was designed in the way that collected information about all the relevant variables.. It includes socio demographic characteristics of voluntary counseling and testing, and also questions sought the knowledge, attitude and towards VCT

On standard evaluation tools from Voluntary Counseling and Testing HIV Knowledge Test contains 6 questions, Voluntary Counseling and Testing HIV Attitude Test (PUAT) contains 14 questions, 5 Practice test questions and 7 Socio demographic information(6). The data collection will be facilitating by school director; Teachers and principal investigators

4.7.1 Data quality control

The questionnaire will be prepared in English. Before the actual data collection, pretest will be conducted on 5 % of the sample size on wolkite town preparatory students to ensure the validity of the data collection tool and to standardize the questionnaire. The investigators will be closely follow up and frequent check the data collection process to ensure the completeness and consistency of the collected data.

4.8. Data analysis and interpretation

The data collected will be cleaned, coded and entered to computer with EPI info version 3.5.1 and later it will be exported to SPSS version 21 for analysis. Descriptive statistics will be computed and the result will be presented in tables and figures. Mean score will be computed to determine the knowledge attitude and practice towards VCT. Chi-square test will be done, and

95% Confidence interval for odds ratio and p value was used check the association between dependent and socio-demographic variables. P-value < 0.05 was considered as statistically significant.

4.9. Ethical considerations

Ethical clearance will be obtaining from Wolkite University, College of Medicine and Health Science, Research Review Ethical Committee. Then, the letter will taking to the wolkite preparatory school to obtain the permission to conduct the study. Then, distribute data for the study subjects from Wolkite University College Medicine and health science. Lastly, the medical directors directing these letters for the school director, teachers and to students. Then, principal Investigators (PIs) using lottery method the questionnaires will be distributed for volunteer and consented participants.

The study participants were informed either to participate or refuse in the study by putting the mark on the cover page of the questionnaire. Also the right of students not to answer will be respected. Question will be forwarding politely. All data's confidentiality will be preserved

4.9.1, Dissemination of result

The final result will be presented to Wolkite University, College of Medicine and Health Science, Department of Public Health after submitted in hard copy .The result obtained was disseminate d by using hard copies and soft copies to all concerned body

5 RESULT

5.1 Socio demographic characteristics of study participants

Among a total of 330 study participants, 326 (98.8%) complete the questionnaire. From 326 respondents, 156 (47.9%) were males and 170 (52.1%) were females. Out of which 150 (46%) were grade 11 and 176 (53.9%) were grade 12 students. Majority of the students 315 (96.6%) were single. Most of the respondents were orthodox follower 156 (47.9%) and Gurage, ethnicity 205 (62.9%)

Table 1: Socio demographic study participants in Wolkite Town November , 2021

variables	Characteristics	Frequency	Percentage%
Sex	Male	156	47.9
	Female	170	52.1
Age (in years)	characteristics	Frequency	Percentage%
	<20	268	82.2
	21-25	39	12
	>25	19	5.8
Marital status	characteristics	Frequency	Percentage%
	Single	308	94.5
	Married	16	4.9
	Divorced	1	0.3

	Others	1	0.3
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Age during marriage	characteristics	Frequency	Percentage%
	17	1	0.3
	18	2	0.6
	19	4	1.2
	20	2	0.6
	21	2	0.7
	21-25 and above	4	1.2
	characteristics	Frequency	Percentage%
Religion	Orthodox	150	46
	Muslim	112	34.4
	Protestant	45	13.8
	Catholic	14	4.3
	Others	5	1.5
	characteristics	Frequency	Percentage%
Ethnicity	Gurage	205	62.9
	Silte	50	15.3
	Amhara	30	9.2
	Oromo	24	7.4
	Hadiya	11	3.4
	Others	6	1.8

	Characteristics	Frequency	Percentage
Grade	11	150	46
	12	176	53.9

5.2 Knowledge of study participants

Two hundred eight (63.8%) of the study participants had good knowledge toward voluntary testing and counseling of HIV. However about 118(36.2%) of them had poor knowledge toward voluntary testing and counseling. Among 326 respondents 326 (100%) had heard about VCT. From those who heard about VCT the source where they heard were Television 132(40.5%), Radio 99(30.4%), Health institution and profession 5(16.1%), Magazine 20(6.1%), Friends 17(5.2%) and Neighbor 3(0.9%) respectively.

From 326 respondents more than half of students know that HIV testing was given with counseling 218(66.9%) and voluntarily 234(71.8%) respectively. However 108(33.1%) respondents didn't know HIV testing given with counseling and 92(28.2%) respondents also didn't know that HIV testing given with voluntarily.

Among 326 respondents 212(65%) students answered that they knew the place where VCT is provided but the rest 114 (35%) were not knew the place. According to respondents report prefer that VCT wich provided by; PHO 150(46%), physician 112(34.3%) and any trained counselor 64 (19.7%).

Table 2: Knowledge towards VCT among preparatory students in Wolkite Town November 2021

Knowledge Variable	Characteristics	Frequency	Percent (%)
Heard about VCT	Yes	326	100
	No	0	0
	Total	326	100
	Characteristics	Frequency	Percentage%
Source of information	Television	132	40.5
	Radio	99	30.4
	Health institution and profession	55	16.1
	Magazine	20	6.1
	Friends	17	5.2
	Neighbor	3	0.9
	Total	326	100
	Characteristics	frequency	Percentage
Hiv testing is given with counseling	Yes	320	98.2
	No	6	1.8
	Total	326	100
	Characteristics	frequency	Percentage
HIV testing is given	Yes	234	71.8
	No	92	

with voluntarily			28.2
	Total	326	100
	Characteristics	frequency	Percentage
know the place where VCT is provided	Yes	212	65
	No	114	35
	Total	326	100
	Characteristics	Frequency	Percentage
prefer VCT be given by;	PHO	150	46
	Physician	112	34.3
	Any trained counselor	64	19.7
	Total	326	100

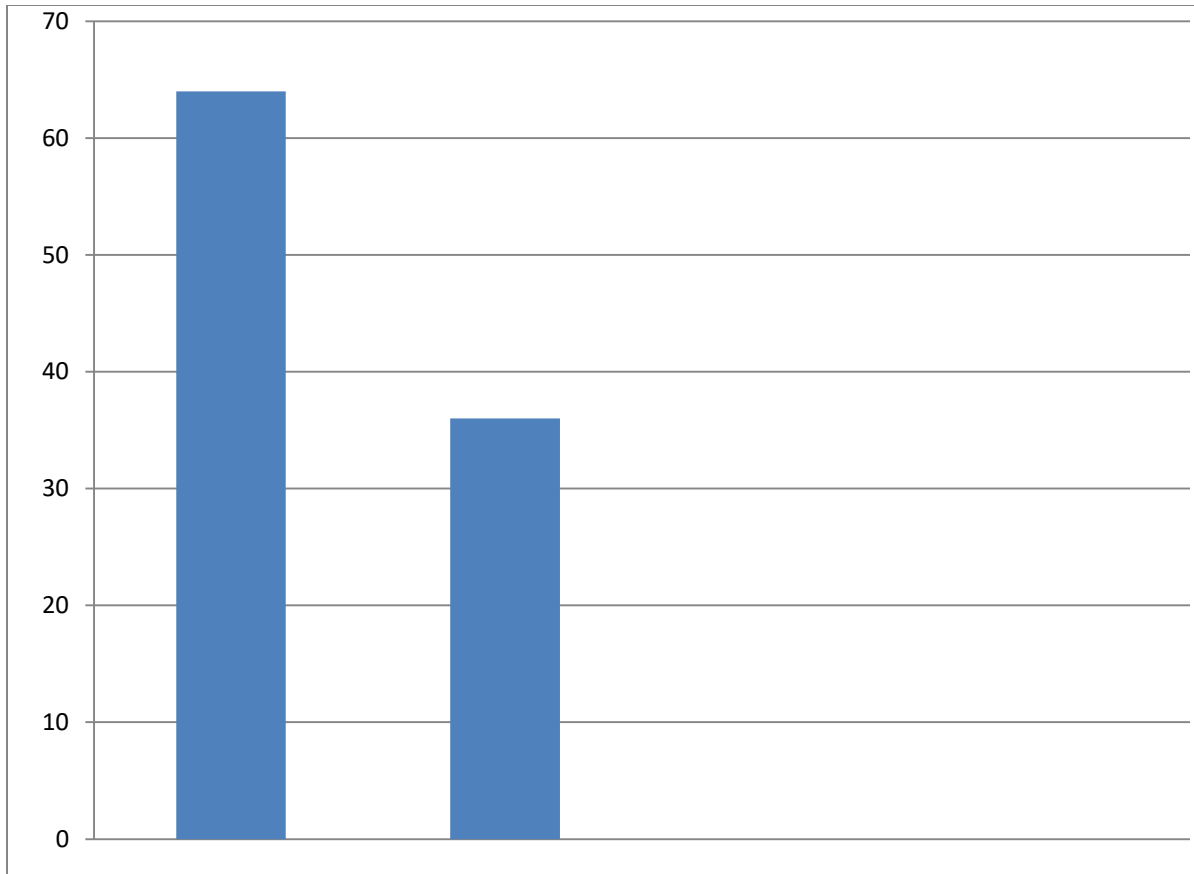


Figure 1: knowledge towards VCT Among preparatory students in Wolkite Town November 2021

5.3 Attitudes of students towards VCT.

A total of 14 questions were included to assess the attitude of the students about VCT, Where as the majority of, 257(78.8%), students know that VCT is necessary. Regarding to attitude of students 55.2% of positive attitude and 44.8% where negative attitude. So the mean value of attitude was 2.71.

Table 3: Attitude towards VCT among preparatory students in Wolkite Town November 2021.

Attitude Variable	Characterstics	Frequency	Percentage%
feel VCT necessary	Yes	257	78.8
	No	69	21.2

	Total	326	100
	Characterstics	Frequency	Percentage%
VCT is importance	Yes	257	78.8
	No	69	21.1
	Total	326	100
	Characterstics	Frequency	Percentage%
VCT lets you sure infected or not	Yes	257	78.8
	No	69	21.2
	Total	326	100
	Characterstics	frequency	Percentage%
HIV test in future reassure as Negative	Yes	282	86.5
	No	44	13.5
	Total	326	100
	Characterstics	Frequency	Percentage%
Is it important of knowing you are infected with HIV	Yes	291	89.3
	No	35	10.7
	Total	326	100

	Characterstics	Frequency	Percentage%
Is that helpful to know you are not infected	Yes	291	89.2
	No	35	10.8
	Total	326	100
	Characterstics	Frequency	Percentage%
HIV test provide safety for partner	Yes	291	89.2
	No	35	10.8
	Total	326	100
	Characterstics	Frequency	Percentage%
VCT alleviate anxiety	Yes	182	55.8
	No	144	44.2
	Total	326	100
	Characterstics	frequency	Percentage%
thinking getting HIV test in near future means;being test positive	Yes	44	13.5
	No	282	86.5
	Total	326	100
	Characterstics	Frequency	Percentage%
VCT is required for the ill	Yes	35	10.7

	No	291	89.3
	Total	326	100
	characterstics	frequency	Percentage%
Do you think VCT is only needed for HIV like symptom	Yes	87	26.7
	No	239	73.3
	Total	326	100
	Characterstics	frequency	Percentage%
Do you think couple should undergo VCT for HIV before marriage	Yes	145	44.5
	No	181	55.5
	Total	326	100

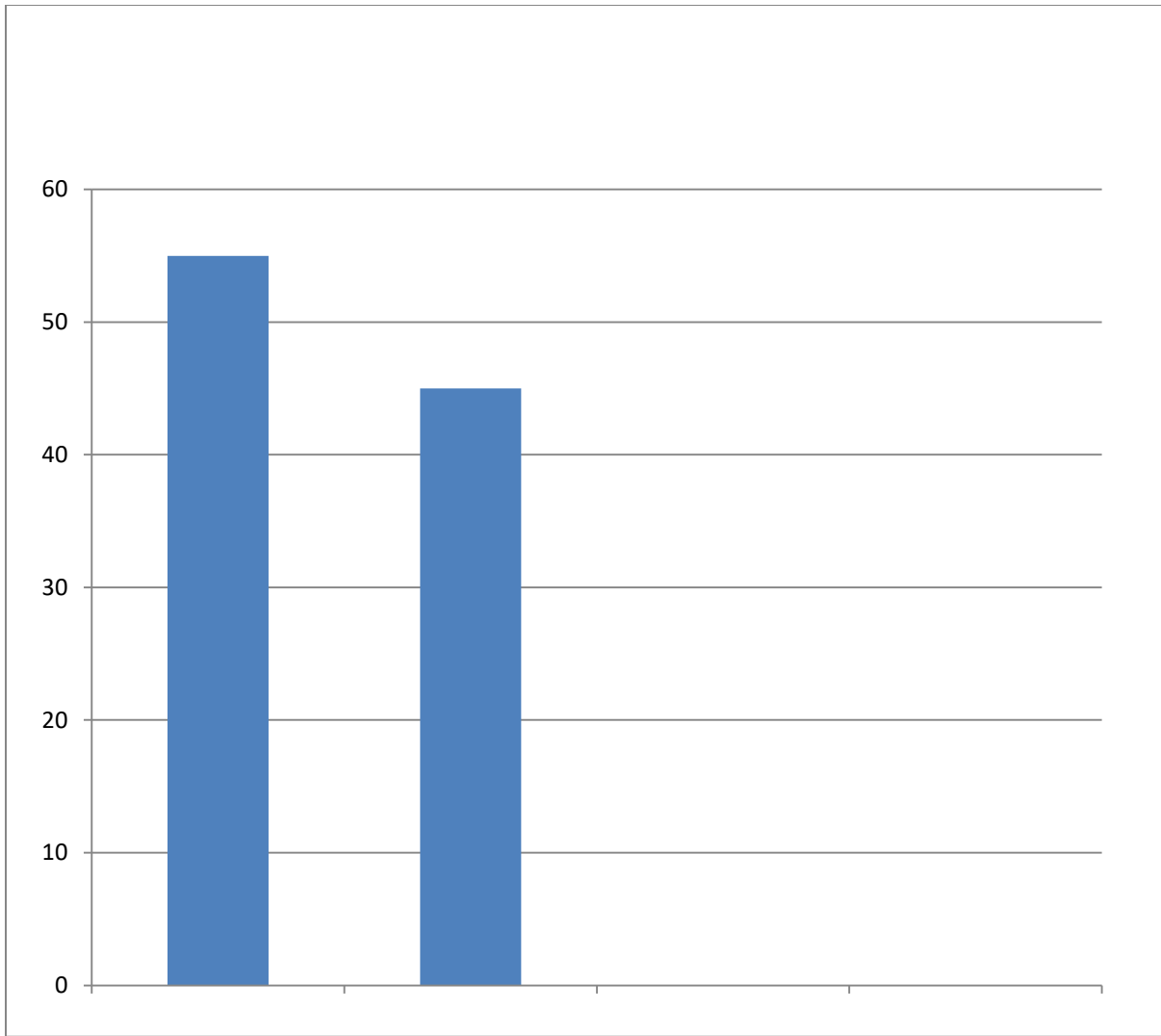


Figure 2: Attitude towards VTC among preparatory students in Wolkite Town November 2021

5.4 level of practice of study participants ,

Majority 187 (57.1%) of the respondents had not utilized VCT service, whereas the rest 139(42.9%) had used VCT. From those respondents who underwent VCT last time they practice was 1 year back 80(24.5%) and above 1 year 246(75.5%).

Table 4: practice towards VCT Among preparatory school students in Wolkite Town, November 2021

Variables	characterstics	frequency	Percentage
Students who had undergo VCT	Yes	139	42.9
	No	187	57.1
	Total	326	100
	characterstics	frequency	Percentage
If yes, last time who underwent VCT	1 year back	80	24.5

	Above 1 year	246	75.5
	Total	326	100
	characterstics	frequency	Percentage
Is it easy to reach to get VCT	Yes	212	65
	No	114	35
	Total	326	100
	Characterstics	frequency	Percentage
Are you sure to use VCTin future	Yes	186	57.1
	No	140	42.9
	Total	326	100
	Characterstics	frequency	Percentage
Reason for not willing to undergo	Fear of stress due to the virus	24	7.4

VCT	Fear of stigma by the society	29	8.9
	Lack of confidence on confidentiality	26	8
	Lack of knowledge	24	7.4
	Because it is expensive	5	1.5
	Had never had sexual intercourse	22	6.7
	Don't feel at risk	7	2.1
	Unavailability of service	3	0.9
	Total	140	42.9

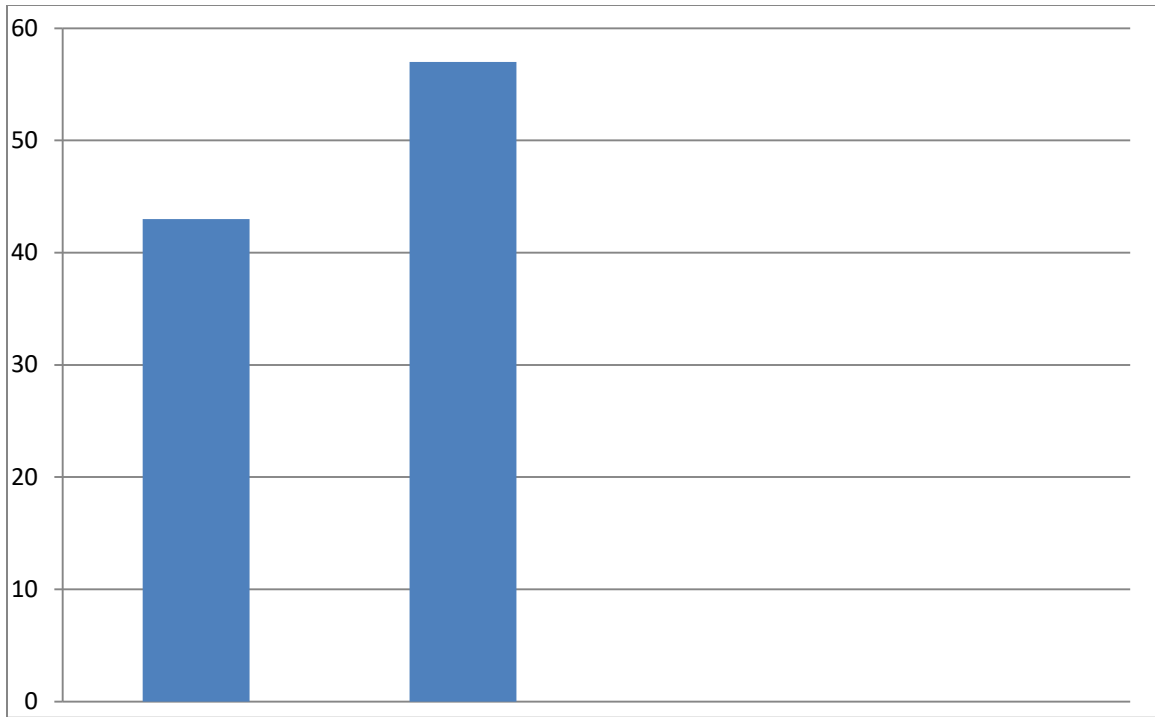


Figure 3: practice towards VCT Among preparatory students in Wolkite Town November 2021.

6 DISCUSSION

The study conducted on VCT of HIV among preparatory school students of wolkite town (64%) of the study participants had good knowledge toward voluntary testing and counseling of HIV which is lower than study conducted in Addis Ababa among high school student stated that 75.7% of the students were aware about voluntary HIV testing and counseling service, so the participants have better knowledge when we compare to our study participants. and our study was higher than the study conducted in Nigeria among 260 students showed about 68(59.5%) heard of VCT of HIV. The possible reason for this discrepancy could be due to variation of service on the study area and their variation of the study participants knowledge

According to this study more than half of the respondents were found to have positive attitude toward VCT (55.2%) which is lower than study conducted Jimma teachers training college (89.3%) of respondents in current study agree VCT for HIV. and higher than the study conducted among Mekele University students (35.1%) of the respondents agree the VCT service. The possible reason is due to attitude of respondents in time gap between the study areas [30]

On our Study conducted among preparatory school students of wolkite town the total participants (42.6%) of the respondents had practiced for VCT of HIV. This finding is higher than the study reported among high school student of Mizan 31.1% of the respondent were used the service (12) and less than study done in Ambo university students (67.2%) respondents were used VCT services (25). The possible reason is unwilling to practice of respondents on the study areas [30]

7 CONCLUSION AND RECOMMENDATIONS.

7.1 conclusion

The level of knowledge on VCT of wolkite preparatory student is 64% which is high while the level of attitude and practice is 55% and 57% respectively.. The finding of this study showed that all of students heard about VCT, but the attitude of voluntary test and counseling of HIV was very low among students of wolkite preparatory school.

7.2 Recommendation

- Wolkite town district health office in collaboration with zonal health office should create continued effort to maximize voluntary counseling and testing utilization in preparatory school students.
- Awareness creation should be made, and health professionals should enhance health education on the indication for using VCT and.
- Management bodies at preparatory school and stake holders should take responsibility of organizing youth and VCT of HIV clubs so as to address the gap on wolkite preparatory school students.
- Further study should be conducted

Limitation of the Study

The study doesn't show cause and effect relationship

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Appendix

Questioner

Section I - Socio-demographic characteristics

1. Sex A, Male B, Female
2. Age ____years
3. Marital Status A, Single B, Married C, Divorced D, Others specify_
4. If married, Age during marriage A, _____years B, I don't know
5. Religion A, Orthodox B, Muslim C, Protestant D, Catholic E, Others
6. Ethnicity A, Gurage B, Amhara C, Oromo D, Hadiya E, Silte
7. Grade A, 11 B, 12

Section II- knowledge related to VTC

- 1, Have you ever heard of voluntary HIV counseling and testing? A, Yes B, No
- 2, what is the source of information if the answer is yes? A, Radio B, Television C, Magazine
D, Health institution and profession E, Friend F, Neighbor
- 3, Do you know HIV testing is given with counseling? A, Yes B, No
- 4, Do you know HIV test is conducted voluntarily? A, Yes B, No
- 5, Do you know the place where VTC is provided? A, Yes B, No
- 6, By whom do you prefer VTC be given? A, By physician B, By Nurse C, By any trained counselor

Section III- Attitude related to VCT

1. Do you feel that VCT is necessary? A, Yes B, No
2. Getting VCT is important. A, Yes B, No
3. Do you think that getting an HIV VCT would let you know for sure Whether Or not you are infected with HIV? A, Yes B, No
4. Do you think that getting an HIV blood test in the near future would be reassuring if the test result is negative? A, Yes B, No
5. Is it important to know that you are infected with HIV? A, Yes B, No
6. Is it helpful that to know that you are not infected with HIV? A, Yes B, No
7. Do you think that getting HIV blood test would provide safety for you Partner? A, Yes B, No
8. Dose VCT help you to alleviate your anxiety? A, Yes B, No
9. Do you think that getting an HIV blood test in the near future might mean you would find out being test positive? A, Yes B, No
10. Do you think VCT is required only for the ill? A, yes B no
11. Do you think VCT is only needed for HIV like symptoms? A yes B no
12. If your response is no specify it ?.....
13. Do you think couple should undergo VCT for HIV before marriage? A yes B no
14. If your response is yes for #13 why?.....

Section IV- Practice related to VCT

1. Had you ever undergone VTC? A, Yes B No
2. If yes, when was the last time you underwent VCT? A, 1 year back B, Above 1 years
3. Is it easy to reach to get VCT? A, Yes B No
4. Are you sure to use VCT in the future? A, Yes B No
5. If not willing to undergo VCT, what will be your reason?

A, Fear of stress due to the virus

B, Fear of stigma by the society

C, Lack of confidence on confidentiality

D, Lack of knowledge

E, Because it is expensive

F, I had never had sexual intercourse

G, I don't feel at risk

H, Unavailability of service provider

I, I don't know H, No response

