



Assessment of Knowledge, Attitude and Practice towards VCT, among Jimma Teachers Training college Students, Jimma town Oromia region, Southwestern Ethiopia, 2014.

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ABSTRACT

HIV/AIDS is a disease of the human immune system caused by infection with human immune deficiency virus (HIV). According to Ministry of Health, in Ethiopia the highest prevalence of HIV is seen in the age group 15-24 years. VCT is internationally acknowledged as essential strategic for HIV prevention and also entry point to AIDS care. Voluntary counseling and testing is vitally important and one of the national strategy to control HIV/AIDS epidemics especially among young adults. To assess knowledge, attitude and practice toward HIV voluntary counseling and testing among students of Jimma Teachers Training College, in Jimma town, Oromia regional, state south western Ethiopia. A cross sectional study was conducted at Jimma teacher training college from February 10-12, 2014. The students were selected by simple random sampling after; proportion allocation to the streams and departments was done by taking the stream and departments as strata. Data was collected by using structured self administered questionnaire, Data was compiled, summarized and analyzed manually using scientific calculator, results were presented using graph and tables. A total of 281 students participated in the study, 151(53.7%) were females, 130(46.3%) were between 20-24 years of age. 200(71.2%) were from rural and 90(33.8%) were Muslim, majority 235(83.63%) were Oromo and more than half 170(60.5%) were single. All 281 (100%) of respondents reported ever heard about VCT, majority 138(49.1%) obtained information from health personnel, 245 (87.2%) were knowledgeable about VCT. Two hundred seventy four 274(97.35) agreed that VCT service is necessary, 39(14%) have negative attitude towards VCT. One hundred forty eight (52.7%) not utilized VCT, and the reason was, 53(35.81%) due to doubt about confidentiality, and 45(30.05%) due to fear of positive results. Majority of the respondents were knowledgeable and favorable attitude towards VCT, however more than half of them have not under gone VCT. A well equipped counseling service is necessary. It needs to have professional persons who are experienced in guiding and counseling students, to encourage students to pre-test counseling, HIV test uptake and post test counseling.

Key Words: KAP, HIV Voluntary Counseling and Testing, Students

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ABBREVIATION

AIDS: Acquired Immune Deficiency Syndrome; **CDC:** Center for Disease Control and prevention **FMOH:** Federal Ministry Of Health; **HIV:** Human immunodeficiency virus; **JTTC:** Jimma Teachers Training College; **KAP:** Knowledge, Attitude and Practice; **STD:** - Sexually Transmitted Disease **UNAIDS:** United Nations program on AIDS; **UNICEF:** United Nations Children's Education Funds **WHO:** World health organization; **VCT:** Voluntary Counseling and Testing

INTRODUCTION

Background information

HIV/AIDS is a disease of the human immune system caused by infection with human immune deficiency virus (HIV). HIV is transmitted primarily via unprotected sexual intercourse (1) prevention of HIV infections primarily through safe sex and needle exchange programs is key strategy to control the spread of the disease. (2). HIV/AIDS has spread rapidly through the world. Statistics from the UNAIDS and WHO in 2012 reported that the number of people living with HIV at the end of 2011 were 34 million and about half of them do not know their status. The region of sub-Saharan Africa carries the greater burden of epidemics. In 2011 there were an estimated 1.8 million new HIV infections in sub-Saharan Africa, compared to 2.4 million new infections in 2001 (5). Despite encouraging progress in reducing the new infection, the total number of new HIV infection remains high. About 2.5 million new infection reported in

2011 (3,4, 5).Ethiopia is one of sub-Saharan African countries, which face an epidemic among sub group and geographic areas, with an estimated over all HIV prevalence rate of 1.4% (6). VCT stands for voluntary counseling and testing, which is first available in 1995. It is a process that is under taken when a person wants to find out if they are infected with HIV. Because it is voluntary, a person who thinks they might have HIV decides on their own, whether they want to have the test done. VCT of HIV/AIDS is efficient internationally recognize approach for people to find out their HIV status at VCT center. It has become one of the most effective and popular ways of diagnosing people who may have exposed to the virus or who have been infected. VCT is an important tool for preventing the spread of HIV especially in community where the epidemic is wide spread. It allows adolescents to find out their HIV status in order to evaluate their behavior and its consequences (7). VCT clinics usually have 45 minute counseling sessions that provide information about HIV/AIDS and the testing process, it provides confidential and non judgmental environment for people who want to know their HIV status (7).Though most people who take the advantage of VCT service find that they are not infected with HIV and this help them to reduce their risk of infected encourage colleagues to use VCT service, as well as usually the people miss understand the real of VCT center service.Testing for HIV is the gateway to treatment care and prevention. It is often used as to refer both as testing and counseling services (8).

STATEMENT OF PROBLEM

Since the first case of HIV/AIDS was reported in 1981 infection has grown to pandemic proportion, resulted in us estimated about 65 million deaths. And an estimated 34 million people were living with HIV at the end of 2010. Teens and adult, particularly adults and young women continue to be at the center of the epidemics. An estimated 2.7 million people worldwide were newly infected with HIV in 2010 and 390.000 children were newly infected with HIV in 2010; 30% fewer than the peak of 560.000 annual new infection children, In 2002 and 2003. Since 2001, annual HIV incidence has fallen in 33 countries, 22 of them in sub-Saharan Africa. However incidence is accelerating in Eastern Europe and central Asia. After having slowed in the early 2005 and new infections are on the rise in the Middle East and North Africa. The number of AIDS related data worldwide is steady decreasing from peak of 2.2 million in 2005 to an estimated 1.8 million in 2010. However between 2001 and 2010 AIDS related deaths increased more than 11 fold in eastern Europe and central Asia (about from 7800 to 90000). In the Middle East and North Africa AIDS related mortality also increased by 60% (4). Important reasons of estimate elsewhere, particularly in sub-Saharan Africa where 2/3 of all people infected with HIV live in.Although this region contains little more than 12% of all the world population. HIV/AIDS has caused immense human suffering in the continent, the most obvious effect of this crisis has been illness and death. But the impact of epidemic has certainly not been confined to the health sector, house hold, schools, work places and economies has also been badly affected. During 2010 alone an estimated 1.2 million adult and children died as result of AIDS related illness in sub-Saharan Africa (9). Since the beginning of the epidemic more than 15 million Africans have died as result of from AIDS related illness. In all heavily affected countries the HIV/AIDS epidemic is adding additional pressure on the health sector. As the epidemic matures the demand for care for those live with HIV rises as does the toll of AIDS on health worker (10.11). Ethiopia is one of the sub-Saharan African countries that mostly affected by epidemic of HIV/AIDS. In Ethiopia at the end of 2006, estimated of 1,319.000 male and 729.000 females were living with HIV/AIDS in the countries (12). VCT is internationally acknowledged as essential strategic for HIV prevention and also entry point to AIDS care. HIV counseling and testing encourages individuals to learn their HIV status. Reduce their HIV risk and provides them with appropriate linkage to care treatment and supportive services. There are several models of HIV testing and counseling that are used indifferent settings> (12) VCT gives clients an opportunity to confidentially explore their HIV risk and learn their HIV status. VCT service can be provided in free standing sites or embedded in other facilities such as health center, work place and military services (12). The target audience is individual who are interested in knowing their HIV status and learn how to reduce the risk. The focus of the counseling and support increased attention on VCT service provides a high prevention intervention for African countries (13). In Ethiopia, since the national guideline were last published in 2007. New information as well as evidence based best practice have become available to make counseling and testing more effective and accessible, creating a need to service to increase access and improve quality more effectively (14). The use of testing globally, is very low, recent estimates based on VCT surveys in 12 high burden countries in sub-Saharan Africa indicate that amid ant of 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 sero positive individual are un awarded 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 (15).

SIGNIFICANCE OF THE STUDY

HIV is a serious health problem costing the lives of many people's. The number of peoples living with HIV/AIDS rose from around 8 million in 1990 to 34 million at the end of 2011. As of 2012 UNAIDS global HIV/AIDS burden report, 34 millions peoples living with HIV/AIDS globally, about half do not know their status. It is a serious problem in the entire sub Saharan Africa including Ethiopia. While the epidemic has stabilized in the past decade, the HIV/AIDS was continued to be major development challenges in Ethiopia. In 2010 approximately 1.5 Ethiopians living with HIV AIDS and adult prevalence rate was estimated to be 1.5 percent in 2011. Globally more than half of HIV occurs in people between the ages of 15 and 24 years. According to Ministry of Health, in Ethiopia the highest prevalence of HIV is seen in the age group 15-24 years. Voluntary counseling and testing is vitally important and one of the national strategy to control HIV/AIDS epidemics especially among young adults (9, 16, 17, 18, 19). So it is unquestionable to assess continually the KAP of young adults towards VCT. Many studies have been undertaken regarding young adults KAP towards the HIV from different part of the country; however they are insufficient, when compared with the impact of HIV on this productive force of nation. Even though studies have been conducted on young adults' sexual activity and HIV/AIDS, few of them focused in particular on the KAP of young adults regarding the VCT. Since the study groups are part of the population which is highly vulnerable to HIV, studies have shown that having knowledge and using of VCT is essential to prevent HIV transmission among this group. However studies suggest that the utilization VCT is very low and there is an information gap among this group. Hence the investigator felt it is necessary to take up a study to assess the KAP towards VCT among students of Jimma Teachers Training College, in Jimma town, Oromia regional state. The information from this study may assist police maker to give attention towards planning and implementing effectively in designing or improving quality of VCT services for young adults. The studies also provide information for other researcher wanted to conduct further study on this area. Also the finding was used as a secondary base line data for future study conducted regarding knowledge, attitude and practice of voluntary counseling and testing in the local area or other parts of the country.

LITERATURE REVIEW

Although HIV/AIDS is Global epidemic, the majority of people living with HIV/AIDS are Sub Saharan Africa, Thirty eight million people living with HIV worldwide in 2006. Sub Saharan Africa is a home for 25 million people living with HIV/AIDS. Globally 2.1 million people died of AIDS. The new report reflects improved and expanded epidemiological data analysis that present a better understanding of the global epidemic. This new data and advance in methodology have resulted in substantial revisions from previous estimate, while the global prevalence of HIV infection that percentage of people infected with HIV has reported (11, 20). Ethiopia as part of sub-Saharan Africa is not exception to the pandemic HIV/AIDS is the leading cause of morbidity and mortality among adults. According to data from FMOH of Ethiopia and CDC in Ethiopia estimated national adult HIV prevalence rate was 3.2 and 1.2 urban and rural areas, respectively. The total number of PLWHA was about 1.32 million (12). The deadly HIV/AIDS epidemic continues to affect most productive part of the population. HIV counseling and testing is a key strategic entry point, treatment, care and support service, where people learn how they are infected and are helped to understand the implication of their HIV status and make informed choices for the future. 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 (9). Study of knowledge attitudes and practices of voluntary HIV counseling and testing (VCT) among rural migrants was conducted in Shangai, among 2,690 participants, 78% reported having had life time sexual inter course with 41.3% of single reporting sexual intercourse, 9.2% having had multiple sexual partners in the past years, only 195 of participants always using condoms where as 61.6% did not use in their sexual act in the past month. Eighty percent know HIV infection was diagnosed through blood test. Forty six percent had heard of VCT ever before, but only 3.5% felt that they were likely to be HIV- infected know of in the future and only 62 (2.3%) had ever had HIV testing with 190 of them tested at VCT site. Genders, working venue, multiplexes partner ships and knowledge at VCT were independently correlated with having had HIV testing. This study suggested that a much greater effort is melded to promote safer sex and to improve VCT knowledge and services among rural migrants particularly those who are engaging in risky behaviors (21). 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/peers. The majority of them (70%) indicated that the uptake of VCT helps one to

know one's HIV status. Twenty-one percent (21%) of them indicated that it would help individuals who were tested HIV positive to seek medical attention. Regarding attitude, it was revealed that people would have both negative and positive attitudes towards such an individual (88%). About 65% of respondents felt people would regard those who went for VCT as promiscuous; 49% thought people would assume such individuals were HIV positive and point fingers. With respect to social status, 91% did not think those who go for VCT would lose their social status. Also in this study respondents were asked to indicate how they would want their VCT results communicate to them. Sixty-eight percent (68%) of them preferred to receive it face-to-face, 25% said through secretive letter, and 7% wanted the results sent through their e-mail address, The majority stated that they would want their family members to know. This was followed by sexual partner, no body, and close friends. 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 (22). 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. However, 127 (69.8%) students approved the necessity of counseling prior testing and 117 (64.3%) were ready to take positive results in good fate. At least one out of every four students had begun to be sexually active with in the last three months. Preceding the study 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. This study highlights the need to step up efforts to increase the students' awareness of VCT, deepen their knowledge and create the right attitude towards VCT through the mass media and religious bodies. Teaching on HIV/AIDS and VCT should also be incorporated in to the school curriculum (23). Study conducted in Malawi among students of two nursing colleges reported that 42% of students indicated that they had heard from the church/funeral meetings and 25% mentioned friends as the main source of information on VCT. According to this study there were five main findings: first, that almost all student nurses were aware of VCT. Secondly, that fear of stigmatization, discrimination and disclosure of one's sero status were the main barriers for students' access to VCT services. Third, that prevention of getting infected and infecting others were the greatest benefits of knowing one's HIV status. Fourth, most students were worried about acquiring HIV infection during the course of their nursing career development in the clinical are due to lack of protective wear in the hospitals. Fifth, a good proportion (68%) had ever been tested prior to the study and 79% had the desire to be tested(24). In Ethiopia study conducted among Mekele University students. Majority 145(35.1%) of the respondents preferred the VCT service to be given in youth clubs followed by Government Institutions 105(25.4%), and these could be because of the free service given at the youth club and the cheap payment in Government hospitals and fear of stigma and discrimination. 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%) who m 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. According to this study also female respondents were found to have more knowledge as compared with the male respondents and similarly year II students were having significant association, also the statistical analysis done on whether the socio-demographic characteristics of the respondents were associated with the behavior/practice of VCT for HIV, and no significant associations were found. Finally study reported, one of the main factors influencing VCT for HIV was consequences of the test result that might lead in to stigma and discrimination leading to depression and hopelessness (25). Study conducted among students of DebreBirhan Teachers Training College, reported that 95.1% and 81.84% knows a place one can obtain VCT. About 51.35% and 25.6% of respondents reported that major source of information was health workers and radio. Majority 82.4% of respondents were knowledgeable about VCT; Al most all 97.3%, agreed that VCT service is necessary. Majority 75.68% have favorable attitude towards VCT. Only one-third, 35.19% of respondents have ever been tested despite higher level of knowledge and favorable attitude, and the reason was 47.25 fear of positive result and 36.11% fear of being seen by others at the service site (26). In one study conducted in Sekaworeda, 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 attitude statements. Three fourth of the subjects claimed to have an intention undergoing VCT, the main refusal for VCT was fear of positive test result (41.3%), perception once serostatus as being confidentially negative (38.1%) and stigma associated with HIV/AIDS (25.4%). In similar study 164 (65.15) believe that knowing once serostatus through VCT would be better than not knowing (27).

CHAPTER THREE OBJECTIVES

General objective

To assess knowledge, attitude and practice toward HIV voluntary counseling and testing among students of Jimma Teachers Training College, in Jimma town, Oromia regional, state south western Ethiopia

Specific objectives

- To determine knowledge level of students towards VCT
- To identify the attitude of students towards VCT
- To assess personal factors influencing utilization VCT service
- To assess the VCT utilization rate.

METHODS AND MATERIALS

Study area and period

The study conducted in Jimma teacher training college from February 10-12, 2014, which is found in Jimma town. Jimma town is found in Jimma zone, Oromia regional state, and it is a capital of Jimma zone. It located at about 346 Km towards south west of capital city, Addis Ababa. According to the 2007 census of Oromia region population size of urban Kebeles, it has a population of 120,960 (Males are 60,824 and Females are 60,136), 30,751 housing units and 32, 191 households. It has 2 woreda and 13 Kebeles, and. The climate of Jimma town was woynadaga, with annual rainfall of 3700 mm and altitude of 1500 - 17000 above sea level.

The college was established in 1961 as a teacher training institution (TTI) and upgraded as teacher training college (TTC) in 1988. It has the area of 183.600m². The college has on delivering training teachers by four streams these are natural sciences, Social science, language and physical education (Sport science) for three years by diploma level. The total number of students in college for 2013/2014 academic year is 2264 out of that 777 are graduating class.

Study design

Across sectional study was conducted to assess knowledge, attitude and practice towards HIV voluntary counseling and testing.

4.3. Population

4.3.1 Source population

All students attending their education in Jimma teacher training college in the academic year of 2013/2014.

Study population

Study population were all year three (graduating class) students, for the indicated academic year in JTTC, by assuming staying long period can brings more exposure to the utilization of VCT.

Sample size and sampling techniques

Sample size determination

The sample size was calculated by using the statistical sample size determination formula, based on 50%

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

of population prevalence.

$$N = \frac{(1.96)^2 0.5(1 - 0.5)}{(0.05)^2} = 384$$

- **n**=total study population
- **z_{α/2}**= level of significant which is 1.96
- **p**= prevalence which is population proportion 0.5
- **d** = margins of error which is 0.05

Since our source population is less than 10,000, which are 777 we use the correction formula as follows.

$$n_f = \frac{384}{1 + \frac{384}{777}} = 256$$

Where,

- n_f = final sample size
- n = total study population which is 384
- N = source of population which is 777

With 10% Of non response rate the final sample size was 281.

Since our technique is proportion allocation to the departments used as follow;

$$\text{natural sciences} = 281 \times \left(\frac{410}{777}\right) = 148$$

$$\text{social sciences} = 281 \times \left(\frac{195}{777}\right) \approx 71$$

$$\text{sport sciences} = 281 \times \left(\frac{86}{777}\right) \approx 31$$

$$\text{language} = 281 \times \left(\frac{86}{777}\right) \approx 31$$

Sampling techniques

Proportion allocation to the streams was done by taking the streams as strata. Then the streams were stratified into the departments and simple random sampling technique was used to select among the departments strata, and respondents in respective section. The final sample size was distributed proportionally to each selected departments based on the number of students population they have. Finally the students were selected by simple random sampling from those selected departments sections.

Study variables

Dependent variables

- Knowledge
- Attitude
- Practice

Independent variables

- Age
- Sex
- Religion
- Ethnicity
- Sexual practice
- Educational status

Data Collection instruments and procedures

For data collection, self administered structured questionnaire that can address the objective of the study was adapted in English, through reviewing different literatures and previous similar studies. Two data facilitators and one supervisor, among year four nursing students, were recruited, after they get proper training and orientation by principal investigator for one day, on how to record and refill data on the structured questionnaire.

Data processing and analysis

Data was compiled, summarized and analyzed manually on prepared tall sheet and using scientific calculator, finally obtained results were represented using graphs and tables.

Data quality assurance

Before actual data collection the questionnaire was pretested on 5% of sample size students randomly selected among students of Rift valley University College by considering similar backgrounds. Based on the response rate some or total modifications was done on some questions those trouble respondents. Also appropriate training was given for data collectors, to enable them to have common understanding on the objectives of the study and each of the questions in the questionnaire. Therefore, the personal variations on interpretation of the questions were minimized. Data collection process was supervised by one recruited supervisor. In addition to these principal investigators will give on site supervision and technical assistance during the period of data collection. Before starting the actual data

collection process brief explanations were given for respondents to avoid any ambiguity and misunderstanding.

Ethical consideration

Formal letter was obtained from Jimma University department of nursing and was brought to college administrative bodies to proceed with the study. The objective of the study was described to the college management body, verbal consent was obtained from the students and confidentiality and accountability was maintained.

Limitation of the study

- ❖ Limitation of this study is the respondents may not give response as required.
- ❖ Recall bias

Operational definitions and Definitions of terms

Counseling – is dialogue between attained person, health services provider, social works, psychologists, etc and client

Knowledge: There are 16 questions which covered the basic knowledge about the VCT and HIV/AIDS; each question assigned score of one for each correct response and 0 for each incorrect answer.

Good Knowledge: when the respondents answered more than 60% of knowledge questions correctly.

Poor knowledge: when the respondents scored less than 60%

Attitude: There are 10 questions regarding the attitude towards the VCT; it assigned score of one for each favorable response and 0 for each unfavorable response.

Positive Attitude: when respondents, favorably answered more than 60% of questions for attitudes.

Negative Attitude: when respondents, unfavorably answered more than 60% of questions for attitudes.

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

Discrimination – treating a person (s) differently, usually wanted that other.

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

Pre-test counseling – counseling before test is done.

Post-test counseling – counseling after testing has been done.

Stigma– bad reputation that something has because more people disapprove of it usually unfairly

VCT– the process by which an individual undergoes counseling to enable him/her to make an informed choice to be tested for HIV

Dissemination of the final report

After the data analysis and interpretation, appropriate recommendation will be made and the result will be submitted to Jimma University, college of public health and medical science, department of nursing, CBE office, and other concerned bodies.

RESULTS

Sociodemographic characteristics of respondents

A total of 281 students participated in the study, making response rate of 100%, 151(53.7%) were females, and, 130(46.3%) male, 130(46.3%) were between 20-24 years of age. Two hundred (71.2%) were from rural, 90(33.8%) were Muslim and Orthodox accounts for 90(32.02%). Regarding Ethnicity of the respondents majority 235(83.63%) were Oromo, Amhara accounts 35(12.45%).

More than half 170(60.5%) were single and 61(21.71%) were engaged to be married. (Table 1)

Table 1: Distribution of respondents by socio demographic characteristics, Jimma Teacher training college, 2014.

Characteristics		Frequency n=281	Percent
Sex	Male	130	46.3%
	Female	151	53.7%
Age group in year	15-19	72	25.6%
	20-24	130	46.3%
	25-30	64	22.8%
	>30	15	5.3%
Place of birth (residence)	Urban	81	28.8%
	Rural	200	71.2%
Religion	Orthodox	90	32.0%
	Muslim	95	33.8%
	Protestant	75	26.7%

	Waqqeffate	16	5.7%
	Others	5	1.8%
Ethnicity	Oromo	235	83.6%
	Amhara	35	12.5%
	Other	11	3.9%
Marital status	Single	170	60.5%
	Married	50	17.8%
	Engaged to be married	61	21.7%

Knowledge about VCT and source of information VCT among Jimma teacher training college, 2014
Knowledge about HIV among Jimma teacher training college, 2014

Finding of the study showed that awareness about HIV was high, all(100%) of the respondents identified that unsafe sexual intercourse was the mode of transmission for HIV/AIDS infection, and 189(67.3%) identified that trans placental (mother to child) transmission of HIV/AIDS.

Two hundred sixty (92.5%) ever know Prevention methods, and all 260(100%) of them knew Abstinence, and 150(57.7%) identified faithfulness for one partner. (Table 2)

Table 2: Distribution of respondent's by knowledge in transmission and prevention of HIV/AIDS among Jimma teacher training college, 2014

Variables		Frequency	Percent
Mode of transmission*	Un safe sexual intercourse	281	100%
	Trans placental	189	67.3%
	Blood transfusion	188	66.9 %
	Sharing of sharp material	242	86.1%
	Total	281	100%
Ever know Prevention methods	Yes	260	92.5%
	No	21	7.5%
	Total	281	100%
Known Prevention methods*	Abstinence	260	100%
	Be faithful	150	57.7%
	Condom use	234	90%
	Total	281	100%

**more than one answer is possible*

Knowledge about VCT

All 281 (100%) of respondents reported ever heard about VCT, 194 (69%) identified that VCT should be done to starting new relationship, 183(65.1%) for both HIV positive and negative person, and 34(12.1%) responded incorrectly VCT used only for those who have HIV like symptoms, 234(83.3%) responded that knew from whereservice of VCT obtained. (Table 3)

Table 3: Distribution of respondents by knowledge about the advantage of VCT among Jimma Teacher training college, 2014

Variables		Frequency n=281	Percent
Ever heard about VCT		281	100%
Importance of VCT*	Only for HIV positive	53	18.9%
	For both HIV positive and negative person	183	65.1%
	To prevent mother to child transmission	119	42.3%
	To starting new relation ship	194	69.0%
	Only for those who have HIV like symptoms	34	12.1%
	For those who needs to know their self status	143	50.9%
	To have marriage	193	69.7%
	Total	281	100%
Ever know place of VCT service	Yes	234	83.3%
	No	47	16.7%
	Total	281	100%

**more than one answer is possible*

Source of information about VCT in Jimma teacher training college ,2014

Regarding major source of information about VCT majority 138(49.1%) obtained information from health personnel, and 76(27%) from radio. (Table 4)

Table 4: Distribution of respondent’s by source of information about VCT, in Jimma teacher training college 2014

Variables *	Frequency n=281	Percent
Radio	76	27.0%
TV	28	10.0%
School	31	11.0%
Health Workers	138	49.1%
Other	8	2.9%
Total	281	100%

**more than one answer is possible*

Knowledge status

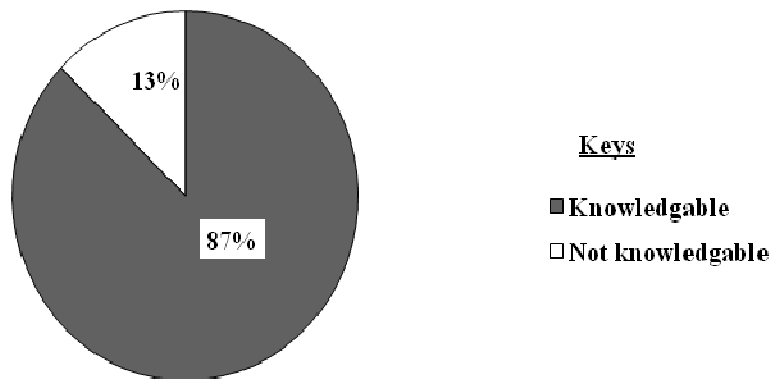


Figure 1: distribution of respondents by knowledge score towards VCT, in Jimma teacher training college 2014 (n=281).

As the overall knowledge score sum shows 245 (87%) of respondents were knowledgable about VCT. (Error! Reference source not found.)

Attitude towards VCT in Jimma teacher training college 2014 (n=281)

Two hundred seventy four (97.35) agreed that VCT service is necessary, 251 (89.3%) not acceptthat HIV test is only for the ill, 251 (89.3%) agree VCT for HIV should be available for all individual needs to know their status, regarding others statement of attitude, 238(84.6%), 220(96.1%), 244 (86.8%) and 218(77.58%) accept that couples should undergo HIV test before marriage, blood test should be done to know oneself status, VCT is necessary for starting newrelationship and necessary for pregnant women respectively, 238(49.5%),223(79.4%) and 248 (87.5%) not agree that VCT is only designed for those who are risk of acquiring HIV infection, VCT is necessary only for those who have HIV like symptoms and VCT is nothing to do for HIV preventionrespectively. (Table 5)

Table 5: Distribution of respondents by attitude towards VCT, in Jimma teacher training college 2014 (n=281)

Attitude Statement	Agree		Neutral		Disagree	
	No	%	No	%	No	%
VCT is necessary	274	97.3	3	1.1	4	1.42
HIV test is only for the ill,	17	6.1	13	4.6	251	89.3
VCT for HIV should be available for all individual needs to know their status.	251	89.3	18	6.4	12	4.3
Couples should undergo HIV test before marriage.	238	84.6	38	13.5	5	1.8
Blood test should be done to know oneself status	270	96.1	3	1.1	8	2.8
VCT is only designed for those who are risk of acquiring HIV infection.	20	7.1	23	8.2	238	49.5
VCT is necessary for starting new relation ship	244	86.8	30	10.7	7	2.5
VCT necessary for pregnant women	218	77.58	45	16.0	18	6.4
VCT is necessary only for those who have HIV like symptoms	41	14.6	17	6.0	223	79.4
VCT is nothing to do for HIV prevention	7	2.5	28	10.0	248	87.5

ATTITUDE SCORE

As the overall attitude score sum shows 242 (86%) of students have positive attitude and 39(14%) have negative attitude towards VCT. (Error! Reference source not found.)

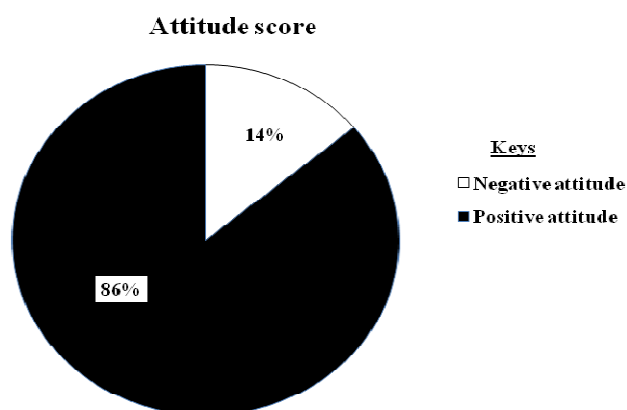


Figure 2 distribution of respondents by attitude score towards VCT, in Jimma teacher training college 2014 (n=281).

Practice towards VCT

One hundred forty eight (52.7%) not utilized VCT, and the reason was, 53(35.81%) due to doubt about confidentiality, and 45(30.05%) due to fear of positive results. (Table 6)

Table 6: Distribution of respondent's by utilization of VCT, in Jimma teacher training college 2014

Variables		Frequency N=281	Percent
Utilized VCT	Yes	133	47.3
	No	148	52.7
	Total	281	100%
Reason for not having HIV test	Doubt about confidentiality	53	35.8
	Don't know where services is given	17	11.5
	Fear of positive result	45	30.4
	Fear of stigma and discrimination by peer	23	15.5
	Don't know the benefit of VCT	10	6.7
	Total	148	100

Distribution of respondents by reported measure after tests results ,in Jimma teacher training college,2014

Concerning measures to be taken after HIV test result, 96(34.2%) reported they will take care themselves, and 55(19.6%) reported they will use condom after negative test result, 106 (37.7%) they will have medical follow up and 30 (10.6%) reported they will commit suicide. (Table 7)

Table7:Distribution of respondent’s by reported measure after test results, in Jimma teacher training college 2014

Variables		Frequency N=281	Percent
Reported measures to be taken after negative HIV test result	Take care of my self	96	34.2
	Use of condom	55	19.6
	I will have one sex partner	61	21.7
	Abstinence	69	24.6
	Total	281	100%
Reported measures to be taken after positive HIV test result	Commit suicide	30	10.6
	No marriage	51	12.2
	Condom use	70	24.9
	Abstinence	24	8.54
	Medical follow up	106	37.7
	Total	281	100%

DISCUSION

All of respondents reported ever heard about VCT, and 83.3% responded knew from where service of VCT obtained. The results of this study is higher when compared to study conducted among students of DebreBirhan Teachers Training College, which reported that 95.1% ever heard about VCT and comparably 81.84% knew place whereone can obtain VCT service (26). Also this finding was higher when compared to study conducted on students of nursing school in Ghana which reported 81% ever heard about VCT (22), 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. In line with study done in DebreBirhan, 51.35% and 25.6% of respondents reported that major source of information was health workers and radio respectively (26). In contrary to these study conducted in Malawi reported that 42% of students indicated that they had heard from the church/funeral meetings and 25% mentioned friends as the main source of information on VCT (24). Another study conducted in Nigeria, Mass media and churches were highest source of information of VCT. 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 (23).

Majority (87.2%) of respondents were knowledgeable about VCT; this finding is higher when compared to DebreBirhan study which reported 82.4%, which may be due to difference in sample size between two studiesmay due to increased health information in study area(26).

Almost all 97.35% agreed that VCT service is necessary, also similarly study from DebreBirhan reported 97.3%, and this implies higher learning institution students’ awareness is increasing towards VCT(26). Majority (89.3%) of respondents in current study agree VCT for HIV should be available for all individual who needs to know their status, lower results was reported among Mekele University students which was 57.6% agree that everybody to have test(25). As the overall attitude score shows 86% of the students have positive attitude towards VCT, lower results was reported compared with study from Debra Bran, which was a 75.68% respondent had favorable attitude towards VCT(26).This may be due to difference in awareness between this two study areas and improvement in health intervention currently.

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 confidentialityif the result becomes HIV positive, and 30.05% due to fear of positive results itself. Comparable result was reported from study conducted in local area in Sekachokersaworeda government employers which, 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%)(27).

Similarly study from DebreBirhan reported about one-third, 35.19% of respondents have ever been tested despite higher level of knowledge and favorable attitude, and the reason was 47.25% fear of positive result and 36.11% fear of being seen by others at the service site(26). Similar finding was reported that only 23% participants had undergone VCT, among participants of study from Ghana (22). About 37.7% of respondents believed that if someone has tested HIV positive they will have medical follow up and 10.6% reported they will commit suicide. Lower finding was reported from study conducted in Mekele, which reported that about 19.5% reported they will seek medical care, however comparably 9.5% preferred to commit suicide(25).

However from study conducted in Nigeria, 64.3% were ready to take positive results in good fate (23). Difference is may be due to difference in risk perception of HIV and difference in awareness, which may be due to increased awareness creation activity in the study area.

CONCLUSIONS

From finding of this cross sectional study about Knowledge Attitude and Practice of JTTC the following conclusion was drawn.

Despite high knowledge and favorable attitude towards VCT, more than half of the respondents do not under gone HIV test. Fear of positive result, and doubt about confidentiality, by a significant number of respondents as reason for not tested for HIV.

Considerable proportion reported that they were not ready to accept if the test result was positive, and significant number of students reported they will commit suicide as a measure after positive results.

RECOMMENDATIONS

Based up on the results of the study the following forwarded to concerned body

- College administration and reproductive health clubs in the college, should have to work on a strong behavioral change communication (BCC) based two-way through facilitating, communication strategies including continuous discussions, dialogues, panel discussions, and persuasions and individual counseling, which involved professional persons (health workers) who are experienced in guiding and counseling students, to encourage students on HIV test uptake. This is because most of the students have favorable attitude towards VCT.
- Voluntary HIV testing service also needed. College administrative body should have to work in collaborative with nearby health institution to make VCT service available in the college campus or nearby. Service should be well equipped counseling service with professionals who are experienced in guiding and counseling students, to encourage students to pre-test counseling, HIV test uptake and post test counseling.
- College administration and Organization worked on HIV/AIDS related services should have to encourage student clubs like anti AIDS club inside of the college to maintain -increasing student awareness towards VCT.
- Further study should be conducted to assess significant factors to encourage students to go for HIV testing in addition to knowledge VCT and attitude towards VCT.

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