



ASSESSMENT OF KNOWLEDGE, ATTITUDE AND PRACTICE OF WOLLEGA UNIVERSITY EXTENSION PHARMACY STUDENTS TOWARDS HIV VOLUNTARY COUNSELLING AND TESTING, WEST ETHIOPIA

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ABSTRACT

Background: Voluntary Counseling and Testing is one of the main strategies to prevent and control HIV/AIDS. It is an entry point for other care and support services, which gives clients an opportunity to know their HIV status through confidential environment and plan for their future. In Ethiopia, voluntary counseling and testing service has been operational since 1980s. In Nekemte VCT service was started in 1995 in one hospital. Hence, this study has been conducted to assess Knowledge, Attitude and Practice (KAP) of Voluntary, Counselling and Testing (VCT) among extension pharmacy students of Wollega University. **Methods:** This study employed based cross sectional survey design. Questionnaire was used as a data collection method. Data was analyzed manually and the findings were presented in frequency tables and graphs. **Result:** The total 220 students participated in the study and from this 58.18% were single, 41.82% were married 0.4% was single respectively. With regard to their age 128% and 41.8% were male and female respectively. Regarding respondents Belief of the respondents regarding the importance of HIV testing and counseling majority of male respondents 88.3 responded as it is important. On the other hand 11.7% percent of the male respondents responded as voluntary counseling and testing is not important. 88.5% female respondents indicated their belief as voluntary counseling is important. Regarding respondents knowledge of the existence voluntary counseling and testing health facilities and places majority of female respondents 87.5% responded as they know where it exists. **Conclusion:** Based on the above major finding of the study, the following conclusions were drawn. In order to control the spread of HIV people's knowledge, attitude and practice towards HIV counseling and testing should change. **Recommendation:** It was revealed in the study that some of the students lack knowledge of voluntary counseling and testing. Therefore, all the concerned body should provide a continuous counseling and awareness raising program on students' knowledge of voluntary HIV counseling and testing.

KEYWORDS: Knowledge, Attitude, Practice, HIV Testing, Wollega University.

1. INTRODUCTION

1.1 Background of the Problem

Voluntary counseling and testing service is an opportunity for clients to learn their HIV status through confidential environment. It is becoming an important area of HIV prevention and control. VCT provides an entry point for care and support and social services. Voluntary counseling and testing has two major objectives, these are: to enable clients to cope with issues

related to HIV/AIDS and to facilitate positive living behavior.^[6,7,8]

1.2. History of Voluntary Counseling and HIV Testing

Counseling and testing for HIV was first started in USA in 1985, at that time little was known about the prevalence of HIV/AIDS and its natural history. The counseling service was designed to help persons to cope

with the consequences of positive test and interpret the meaning of positive and negative results.^[5]

The severity and magnitude of HIV/AIDS epidemic has been known since 1987 and HIV counseling and testing service was expanded in the United States. Every person visiting a clinic for sexually transmitted infections, family planning, childbirth and substance abuse were counseled and tested to reduce their risk for HIV transmission.^[5]

1.3. Benefits of Voluntary Counseling and HIV Testing Service

As stated above, VCT has a significant role in HIV prevention and provide an entry point for care and support for HIV positive individuals. It provides people with an opportunity to learn and accept their HIV status in a confidential environment. Those who tested positive can benefit from earlier appropriate medical care and interventions to prevent or treat HIV-associated illnesses. For pregnant women, knowing their sero status can prevent HIV transmission to their infants. Knowledge of HIV status can also help people to make decision to protect themselves and their sexual partners from infection.^[10]

Benefits of VCT to Individuals

VCT empowers the uninfected persons to protect themselves from becoming infected with HIV. It assists infected persons to protect others, to live positively and offers the opportunity for treatment of opportunistic infections associated with HIV and if there is a need to give anti retroviral treatment.^[10,11]

Benefits of VCT to Family

VCT Supports safer relation ships; enhances faithfulness between partners and encourage family planning and treatment to help prevent mother to child HIV transmission. It also motivates the couples to plan for the future.^[10,11]

Benefits of VCT to the Community

VCT generates optimism as large numbers of persons test HIV-negative; impacts community norms (testing, risk reduction, discussion of status, condom use) and reduce stigma and discrimination. In addition, it is important for the mobilization of the community for appropriate response.^[10,11]

Statement of the problem

A number of counseling and testing service delivery models are being used in different settings. Expanding the number of models will help more people learn their HIV status and benefits for prevention, care and treatments services.

The major counseling and testing models include: Stand alone, integrated, quasi-integrate, home based, mobile and private sector. There is no best approach or model for counseling and testing. Each has strength and

limitations and should be implemented appropriately to suit the target population.^[12]

A rapid HIV test has helped VCT programs overcome one of their main problems patients' failures to return for test results. Using ELISA, VCT clients may wait at least 72 hours for their results. In this case, many clients tested do not return for their test results. In settings where service utilization has been low, introducing rapid tests has increased access to VCT services significantly. This is because rapid tests allow same day notification of results.^[14] The national effective, time saving, they don't require highly skilled personnel or sophisticated equipment.^[7]

UNAIDS/WHO encourage the use of rapid tests so that results are provided in a timely fashion and can be followed up immediately with a first posttest counseling session for both HIV-negative and HIV- positive individuals.^[13]

1.4. Quality of VCT

Setting up VCT and ensuring quality that will create demand is a considerable challenge. In counseling, perhaps more than in any other area of service provision, service quality determines outcome. Poor quality counseling can result in misunderstanding and even resistance to behavior change. Counselors need adequate training and ongoing support and supervision to ensure that they give good quality counseling and can cope with their workload.^[7] Hence counselors should take counseling training, and to decrease burnout supportive supervision should be conducted regularly. Refresher training is also very important for counselors to improve their counseling skill.^[7]

Presence of separate room for counseling and well ventilated waiting area is important because TB infection is commonly associated with HIV and people with reduced immunity are particularly vulnerable to tuberculosis infection.^[8] According to the national guideline, VCT sites should use the national standard recording and reporting formats as well as manuals for counseling so that the reports can be understood and communicated easily.^[8]

The minimum standard set by WHO for VCT service delivery are the following:

- The organization should have written policy on HIV testing which should be followed by all the staff members and which reflects national laws and WHO guidelines for rapid testing.
- It should offer provider-initiated HIV testing to antenatal clients, patients of STIs, injection drug users, and tuberculosis patients.
- HIV testing should only be conducted with informed consent (voluntarily).
- Confidentiality of test results should be respected in a way that only health care providers with a direct

role in managing the person being tested have access to the results on a need-to-know basis.

- The counseling process should aim at maintaining a positive health attitude, reducing the risk of HIV transmission, preventing MTCT, correcting misunderstandings, and verifying that the counseling is understood. Counseling should be conducted by specifically trained individuals in an environment that ensures privacy.
- When appropriate, the VCT setting should make referrals to community-based services and other care settings, ensuring continuity of care and support.^[15]

1.5. Voluntary Counseling and Testing Service (VCT) in Ethiopia

Voluntary counseling and testing service in Ethiopia has been started since late 1980th in the capital city, Addis Ababa. Initially the service was given by few governmental health institutions, later expanded through out the country. In 1990th several training programs were conducted by FMOH and other non-governmental organizations like: Christian Relief and Development Association (CRDA) and Organization for Social Service AIDS (OSSA). The program trained many nurses and social workers selected from different hospitals. About 3,000 counselors were trained up to 1999; however, the number of functional counselors was not known.^[16]

In 2004, more than 57% of governmental hospitals and health centers provided VCT service. Non-governmental organizations and private health institutions also played significant role in providing the service in different regions throughout the country. Despite the efforts, the coverage of VCT and utilization of the service is low in rural and pastoral regions. The 2000 Ethiopian Demographic Health Survey (DHS) revealed that only 2% of men reported being tested for HIV.^[17] Hence, scaling-up HCT in general and VCT in particular is the main strategy of the revised guideline for HCT.^[18,19]

Guideline for the delivery of the service was developed in 2002 at the national level to guide the overall activity of VCT service in the country. According to this guideline, voluntary counseling and testing has the following objectives.

- To provide information on the mode of HIV transmission and modes of prevention.
- To help those who wish to consider HIV testing make their own decision whether or not to be tested and finally to provide support following the testing.
- To provide information on the increased risk of HIV transmission associated with other sexually transmitted infections and give referrals for STI examination and treatment.
- To provide information on the increased risk of opportunistic infections including tuberculosis associated with HIV infections.
- To provide family planning information and referral for women of childbearing age who are infected or are high risk of HIV infection.

- To provide referrals to HIV positive and high risk HIV negative persons for necessary medical, preventive care and psychosocial services and home based care in the community.^[7]

An assessment done in Addis Ababa showed that overall satisfaction by VCT service was (79.2%).^[20] In an evaluation done by FHI in 2006, all VCT centers had at least one VCT-trained staff member, and at least one room designated for VCT services. However, Lack of and/or expired test kits are causing service interruption in many of the health centers visited.^[21]

Human Resources of the VCT Program

The programme has a coordinator at regional level and counselors. The coordinator has the following responsibilities. These are:

- Facilitates the overall activity of VCT sites Provide the necessary supplies
- Conduct regular supportive supervision to the VCT sites
- Facilitate collaboration among governmental and non governmental VCT centers
- Collect monthly reports from the VCT sites and send the report to the federal ministry of health.

In addition to the regional HIV coordinator the Dire Dawa HIV/AIDS prevention and control office provides the necessary supplies for VCT sites, gives training for health workers and coordinates the effective utilization of funds.^[7]

According to the national guideline for VCT, the duties and responsibilities of the VCT counselors are: to give effective pretest counseling and posttest counseling to clients, recording, reporting, referral service for HIV positive individuals. In addition to the above activities, counselors are responsible for coordinating activities and acquisition and fulfilling the necessary supplies.^[7]

1.8. The Program Theory

The VCT program is being implemented with a presumptive theory of helping clients to know their HIV status and cope with situations and psychological stress associated with positive test result. Hence, by utilizing VCT clients will plan for their future; adopt positive living behavior and utilize care and support service. In addition, when more and more people know their HIV status, stigma and discrimination may decrease.

Despite the serious impact of HIV/AIDS pandemic on the Education Sector in Ethiopia, very little attention has been given to the areas of Wollega University and HIV/AIDS. Teachers are instrumental in imparting knowledge, skills and attitude to adolescents. They can function as role models and advocates for healthy school environment, guide pupils in need of services, resource for accurate information and effective instructors. Since teachers are the main adults other than the family members with whom adolescents and young people

interact, it is of great importance they practice safe sex behaviors to enable them to act as good role models for their pupils. In reducing risk behaviors among individuals at risk of HIV/AIDS, Voluntary Counseling and Testing is found as one of a few potentially effective and affordable methods (Mariano, 2005:2). Thus, it appears very rational and timely to study the knowledge, attitude and practice about student-teachers on Voluntary HIV Counseling and Testing at institutions like the Wollega University. Wollega University students are an important study target because, after graduation they will be interacting with children and adolescents in field of their work.

2 METHODOLOGY Definition of Terms

2.1 Description of the Study Area

The study was conducted in the Wollega University, Ethiopia. Wollega University is located in East Wollega Zone in Oromia regional State. It is 328km West of Addis Ababa, the capital city of Ethiopia. The University is one of the young Institutes in the country. The university was inaugurated in the year 1999 E.C with few faculties. Currently the university has many colleges, institutes faculties and sub-branches that is found in Gimbi and Shambu. From this these study focus on assessing the knowledge, attitude and practice towards VCT of pharmacy extension students.

2.2. Study period

The study had been conducted from August 10 to 17, 2018.

2.3 Study population

This study included all extension pharmacy students of Wollega University.

2.4 Sampling Procedure

To attain required sample size all extension class pharmacy students were included in study.

2.5 Methods of Data Collection

Structured questioner

All extension class pharmacy students were interviewed to assess their knowledge, attitude and practice on VCT service.

2.6 Data Collection Tools

The data collection employed structured questionnaires; the questionnaires were prepared in English and used for data collection.

2.7 Data Quality Control

During data collection, regular supervision was conducted daily. Data was checked manually for completeness and consistency.

2.8 Method of Data Analysis

The data that were collected through close ended English version was cleaned, edited, and presented in table. Then

converted into percentage and final all the necessary verbal interpretation was done

HIV counseling is defined as a confidential dialogue between a person and a care provider aimed at enabling the person to cope with stress and make personal decision related to HIV/AIDS. The counseling process includes an evaluation of personal risk of HIV transmission and facilitation of preventive behavior.

Voluntary HIV counseling and testing (VCT) is an HIV intervention that includes both voluntary Pre-test Counseling and Voluntary HIV Testing. If people, on their own free will opt for VCT it provides them with an opportunity to confidentially explore and understand their HIV risks and to learn their HIV test results (UNAIDS, 2000:8).

Knowledge is an internalized learning based on scientific facts, experience and/or traditional beliefs.

Attitudes are feelings, opinions or values that an individual holds about a particular issue, problem or concern.

Practice refers to application of rules and knowledge that leads to action. Good practice is an act that is linked to the process of knowledge and technology and is executed in an ethical way. Source.

3. RESULT

3.1. Characteristic of Respondents

The subjects of this study were students. In this section the back ground information of students was analyzed.

Demographic Characteristics of the Respondents

Table 1: Respondents Characteristics by Their Sex, Age, Marital Status, Year of Study and Religion.

| SN | | Frequency | Percentage |
|----------------|------------------------------|-----------|------------|
| Age | Above 20 | 209 | 95 |
| | Below 20 | 11 | 5 |
| Marital status | Single | 128 | 58.2 |
| | Married | 91 | 41.6 |
| | Divorced | 1 | 0.4 |
| | Total | | |
| Sex | Male | 128 | 58.18 |
| | Female | 92 | 41.82 |
| | Total | | |
| Year of Study | 2 nd year weekend | | |
| | 2 nd year | | |
| | 3 rd year | 220 | 100 |
| | 4 th year | | |
| | 5 th year | | |
| Religion | Protestant | 110 | 50 |
| | Orthodox | 84 | 38.2 |
| | Muslim | 26 | 11.8 |

As it can be seen in Table 1, total of 220 students participated in the study 58.18% were single, 41.82% were married and 0.4% was divorced respectively With regard to their sex 58.2% were male and 41.8% were female. On the other hand 220(100%) of the respondents were third year students. Regarding the religion

orientation of the students 110(50%),84(38.2) and 26(11.8) were protestant, orthodox and Muslim respectively. From this data one can see that majority of the respondents are protestant. Moreover 209(95%) of the respondents are above the age of 20. The remaining 11(5%) of the respondents are below the age of 20.

3.2. Analysis of Respondents response regarding their knowledge towards voluntary counseling

Table 2: Knowledge.

| No | Items | Students Response | | | | |
|----|---|-------------------|------|--------|------|------|
| | | Male | | Female | | |
| | | Yes | No | Yes | No | |
| 1 | Respondents knowledge of the existence of voluntary counseling and testing health facilities and places | No | 112 | 16 | 69 | 23 |
| | | % | 87.5 | 12.5 | 75 | 25 |
| 2 | Students knowledge of whether HIV has treatment | No | 97 | 31 | 53 | 28 |
| | | % | 75.7 | 24.3 | 57.6 | 42.4 |
| 3 | Respondentsresponse counseling is free of charge regarding voluntary | No | 106 | 22 | 56 | 36 |
| | | % | 82.8 | 17.2 | 60.9 | 39.1 |
| 4 | Respondents response regarding the role of voluntary counseling in preventing the spread of HIV | No | 104 | 24 | 69 | 23 |
| | | % | 81.3 | 18.7 | 75 | 25 |
| 5 | Respondents knowledge of where HIV testing and counseling is given | No | 110 | 18 | 74 | 18 |
| | | % | 85.9 | 14.1 | 80.4 | 19.6 |

Regarding respondents knowledge of the existence voluntary counseling and testing health facilities and places majority of female respondents 112(87.5) responded as they know where it exists. On the other hand given 16(12.5) percent of the female respondents responded to the item no 1 of table 1 as they do not have awareness of the existence of voluntary counseling and testing. , 10(41.9 percent) of teachers rated its impact as high and while 11(47.1percent) of the students low.

that HIV testing and counseling prevent the spread of HIV AIDS.

From simple inspection of the table no.1 item 2 one can see that 97(75.7%) of female Know whether HIV has treatment. However, 31(24.3%) students indicated as they do not have knowledge of the existence of treatment for HIV. This implies majority of the respondents have awareness on the weather HIV has treatment.

In response to table 1, item No3, 102(85.9) male and 74(80.4) female respondents indicated that the know where HIV counseling and testing is given. On the other hand 26(24.1%) male and 18(19.6%) female students as they do not know where HIV counseling and testing is given. From this one can see that female know better than males where HIV counseling and testing is given.

Table 1, item no 3, 106(82.8%) male and 56(60.9) female students indicated their response as HIV testing and counseling is free of charge. On the other hand 22(17.2%) male and 36(39.1%) female students responded to item no 3 as they do not have awareness on the fact that HIV counseling and testing is free of charge. From this data one can see that male students have better awareness on the reality that HIV counseling is given free of charge.

As it can be seen from table1, item No 4, 104(81.3 %) male and 69(75%) female students responded to the item as yes. This indicates that majority of the respondents have awareness on the fact that voluntary counseling and testing has a role on preventing the spread of HIV. Contrary to this 24(18.7%) male and 23(25%) female students responded to the item as no. if we compare the response of these students males are better on the fact

3.2.1: Analysis of Respondents response regarding their attitude towards voluntary counseling

Table 3: Attitude.

| No | Items | Students Response | | | | |
|----|---|-------------------|------|--------|------|------|
| | | Male | | Female | | |
| | | Yes | No | Yes | No | |
| 1 | Belief of the respondents regarding the importance of HIV testing and counseling | No | 113 | 15 | 81 | 11 |
| | | % | 83.3 | 11.7 | 88 | 12 |
| 2 | willingness of the respondents to recommend others to get voluntary counseling and testing service | No | 87 | 41 | 59 | 33 |
| | | % | 68 | 32 | 64 | 36 |
| 3 | Belief of the respondents on the promotion of voluntary counseling and testing | No | 103 | 25 | 72 | 20 |
| | | % | 80.4 | 19.6 | 78.2 | 21.8 |
| 4 | Belief of the respondents that all person should get voluntary counseling and testing to know their status of HIV | No | 76 | 52 | 53 | 39 |
| | | % | 59.3 | 40.7 | 57.6 | 42.4 |
| 5 | Respondents willingness of voluntary counseling and testing service for themselves | No | 107 | 21 | 70 | 22 |
| | | % | 83.5 | 16.5 | 76 | 24 |

Regarding respondents Belief of the respondents regarding the importance of HIV testing and counseling majority of male respondents 113(88.3) responded as it is important. On the other hand 15(11.7) percent of the male respondents responded to the item no 1 of table 2 as voluntary counseling and testing is not important. One can see from table 2, item No 1 that 81(88.5) female respondents indicated their belief as voluntary counseling is important. Contrary to this some(11(12%) female students responded as voluntary counseling and testing is not important. If we compare the response of the respondents almost both sex equally believe the importance of HIV counseling and testing.

From simple inspection of the table No.2 item 2 one can see that 59 (64%) female and 87(68%) male respondents indicated as they are willing to recommend other to get voluntary counseling and services. However, 41(32 %) male and 33(36%) female students indicated as they are not willing to recommend other to get voluntary counseling and services. Here one can see that significant numbers of the respondents are not willing despite majority of them are willing to do so to recommend others to get voluntary HIV counseling and testing.

From table 2, item no 3, 103(80.4%) male and 72(78.2) female students indicated their response as yes on the

belief of voluntary counseling and testing. On the other hand 25(19.6%) male and 20(21.8%) female students responded to item no 3 as they do not believe in voluntary counseling and testing. Here majority of the respondents believe in voluntary counseling and testing.

As it can be seen from table2, item No 4, 76 (59.3 %) male and 53 (57 %) female students responded to the item as yes. This indicates that majority of the respondents believe that they should recommend others to take voluntary counseling and testing to know their status of HIV. However 52(40.7%) male and 39(42.4%) female students do not believe in recommending others to take voluntary counseling and testing service to know their HIV status.

In response to table 2, item No 5, 107(85.5) male and 70(76%) female respondents indicated that they are willing to get voluntary counseling and testing service for themselves. On the other hand 21(16.5%) male and 22(24%) female students responded as they are not willing to get voluntary counseling and testing service. From this figure one can infer that majority of the respondents are willing to get voluntary counseling and testing service.

3.3: Analysis of Respondents response regarding their practice towards voluntary counseling

Table 4: Skills.

| No | Items | Students Response | | | | |
|----|--|-------------------|------|--------|------|------|
| | | Male | | Female | | |
| | | Yes | No | Yes | No | |
| 1 | Respondents response to whether they have ever tested for HIV status | No | 90 | 38 | 57 | 35 |
| | | % | 70.3 | 29.7 | 61.9 | 38.1 |
| 2 | Respondents response to whether they have ever recommended others for voluntary counseling and testing | No | 90 | 38 | 64 | 28 |
| | | % | 83.5 | 16.5 | 69.5 | 30.5 |
| 3 | Respondents response to practical participation in voluntary HIV counseling and testing | No | 74 | 54 | 50 | 42 |
| | | % | 57.8 | 42.2 | 54.3 | 45.7 |
| 4 | Respondents response to whether they were benefited from knowing their HIV status | No | 93 | 35 | 56 | 36 |
| | | % | 72.6 | 27.4 | 60.8 | 39.2 |
| 5 | Students response to whether they are taking voluntary HIV testing and counseling periodically | No | 59 | 69 | 46 | 46 |
| | | % | 46 | 54 | 50 | 50 |

From table 4, item No 1, 90(70.3%) male and 57(61.9) female students indicated their response that they have tested for HIV. On the other hand 38(29.7%) male and 35(38.1%) female students responded to item No 1 as they didn't tested for HIV. This figure shows that majority of the students who participated in this study have tested for HIV.

From simple inspection of the table No.4 item 2 one can see that 90(83.5%) male and 64(69.5%) female respondents indicated as they recommended other for voluntary counseling and testing to know their HIV status. However, 38(16.5 %) male and 28(30.5%) female students indicated as they didn't ever recommend others for HIV counseling and testing. Here one can see that significant numbers of the respondents recommended others for voluntary HIV counseling and testing.

From table 4, item no 3, 74(57.8%) male and 50(54.3) female students indicated their response as yes to the question in the participation of voluntary counseling and testing. On the other hand 54(42.2%) male and 42(45.7%) female students responded to item no 3 as they didn't participate voluntary counseling and testing. Here majority of the respondents participated in voluntary HIV counseling and testing. However significant number of both male and female respondents never participated in voluntary HIV counseling and testing.

As it can be seen from table4, item No 4, 93 (72.6 %) male and 56 (60.8 %) female students responded they have benefited from knowing their HIV status. However 35(27.4%) male and 36(39.2%) female students indicated they have benefited from knowing their HIV status. From this one can conclude that majority of the respondents have benefited from knowing their HIV status.

In response to table 4, item No 5, 59(46%) male and 46(50%) female respondents indicated that they take voluntary counseling and testing periodically. On the other hand 69(54%) male and 46(50%) female students responded as they didn't take voluntary HIV testing and counseling periodically. From this figure one can infer that majority and 50% of male and female respondents didn't take HIV counseling and testing periodically.

4. DISCUSSION

This study was concerned with studying the knowledge, attitude and practice towards voluntary HIV counseling and testing. The main purpose of the study was to investigate knowledge, attitude and practice of Wollega University Pharmacy Department extension towards voluntary HIV counseling and testing students. The participants of the study were 220 students. Data were obtained through questionnaires from students.

Concerning the knowledge of the respondents have knowledge voluntary HIV counseling and testing. More

specifically regarding the knowledge the existence voluntary counseling and testing health facilities and places majority of female and female respondents responded as they know where it exists.

Concerning attitude of the of the students towards HIV counseling and testing majority of the respondents believe in the importance of voluntary HIV counseling and testing in controlling the spread of HIV. As far concerned with students willingness female and male respondents indicated as they are willing to recommend other to get voluntary counseling and services.

Regarding the practice of the students towards voluntary counseling and testing of the respondents has got HIV counseling and testing for them. More over significant number of the participant of this study has recommended other person to take voluntary HIV counseling and testing. However, almost half of the respondents didn't take voluntary counseling and testing periodically.

5. CONCLUSION

Based on the above major finding of the study, the following conclusions were drawn.

In order to control the spread of HIV people's knowledge, attitude and practice towards HIV counseling and testing should change. To this end, the study has unfolded that majority of the respondent's knowledge, attitude and practice towards voluntary counseling and testing has have some knowledge, attitude and low practice of voluntary counseling of HIV testing and counseling.

6. RECOMMENDATIONS

Depending on the finding obtained and the conclusions drawn from the study, the following suggestions were forwarded to remedy the problem so as to improve students' knowledge, attitude and practice towards HIV counseling and testing.

1. It was revealed in the study that some of the students lack knowledge of voluntary counseling and testing. Therefore, all the concerned body should provide a continuous counseling and awareness raising program on students' knowledge of voluntary HIV counseling and testing.
2. Effort has to be made to build more positive attitude towards voluntary counseling and testing.
3. Reducing problem of student's problem of skill of Voluntary counseling and testing cannot be achieved only by the effort of teachers ,students and health workers rather the involvement of parents and community representatives, HIV clubs have a crucial influence. Taking this truth in to consideration, improve the skill of students towards HIV counseling and testing sustained efforts of all the concerned body.

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LIST OF ABBREVIATIONS

| | |
|---------|---|
| AIDS: | Acquired immunodeficiency syndrome |
| CRDA: | Christian Relief and Development Association |
| DAC: | Department of AIDS Control |
| FGAE: | Family Guidance Association Ethiopia |
| FHI: | Family Health International |
| FMoH: | Federal Ministry of Health |
| HAPCO: | HIV/AIDS Prevention and Control Office |
| HIV: | Human Immunodeficiency Virus |
| IMPACT: | Implementing AIDS Prevention and Care Project |
| NAC: | National AIDS Council |
| NACS: | National AIDS Council Secretariat |
| NGO: | Non Governmental Organizations |
| OSSA: | Organization for Social Service AIDS. |
| PMTCT: | Prevention of Mother to Child Transmission |
| RHB: | Regional Health Bureau |
| STI: | Sexually Transmission Infection |
| UNAIDS: | United Nation Program on AIDS |
| USAID: | United States Agency for International Aid |
| VCT: | Voluntary Counseling and Testing |
| WHO: | World Health Organization. |

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