

**Determinants of youth Voluntary HIV
Counselling and Testing Acceptance in Four
Addis Ababa Youth Centers of the Family
Guidance Association of Ethiopia**

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Abstract

This study was conducted from May to June 2005 to determine demographic characteristics and factors that affect VCT acceptance as well as HIV prevalence amongst youths VCT acceptors in Addis Ababa. Both quantitative and qualitative methods of data collection were employed. Quantitative data was generated over two years (October 2002 to December 2004) VCT service utilization data obtained from four youth centers located in Addis Ababa. Data was analysed using univariate and multivariate analysis and results are presented in the form of text, table and figures. The significance and level of associations between independent and dependant variables was computed using χ^2 tests and odds ratios with 95% confidence interval. The qualitative data was presented in a form of narrations using excerpts.

During the period a total of 3220, youth age 15 - 24 years sought VCT service from four youth centers VCT service outlets. Higher proportions of females (60.2%) and youths in the age category of 20 – 24 years (58.0%) accessed the service. Major reasons given for seeking VCT were found to be similar for male and female acceptors. About 71.2% said they sought for VCT service because they wanted to know their HIV status, 9.5% reported because they were suspicious of being infected with HIV and 5.0% tested because they wanted to go aboard. HIV prevalence rate was found to be significantly higher, ($p = 0.00$), among females 9.2 % than in males 1.7 %. Gender segregated multivariate analysis of risk factors indicated significant association of HIV infection with lack of formal education for both males and female: for males $P=0.045$, $OR = 18.3$, 95% $CI: 1.1 – 317.7$ and for females $P=0.00$, $OR=19.4$, 95 % $CI: 5.1 – 73.8$. Additionally for females HIV infection is markedly associated with being widowed and commercial sex worker.

The most common barrier for youth in Addis from accessing VCT were found to be: fear of being emotionally affected if found out HIV positive, stigma and discrimination, lack of money to pay for VCT service, absence of care and support services for people who are already infected. Challenges encountered by youth VCT counsellors were stress, absence of medical care for PLWHA, inadequacy of budget, lack of counsellors and supportive supervision.

This study shows a high burden of HIV infection among female youth and the risk factors associated with it. Formal education for both females and males is strongly recommended. Female focused HIV prevention interventions are indicated. Additional recommendations are also made in relation to barriers to access youth VCT and for the challenges encountered by youth VCT service providers.