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Awareness, Attitude and Practices of Students Towards HIV/AIDS Prevention in Nekemte College of Teacher Education, Oromia Region, Ethiopia

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Abstract

The objective of this study was to assess students' knowledge, attitudes and practices on HIV/AIDS prevention. So, HIV/AIDS is not only a health problem but also a serious social and economic problem, particularly, in the Sub-Saharan Africa. In Ethiopia the virus has already infected more of the adult population. The awareness about the virus and that of disease is very high, but information per se is not enough to bring desired behavioral change which is crucial for controlling the spread of the infection. From the study most of the participants have positive attitudes towards people with HIV/AIDS. About 75% of them were not tested their blood due to fear, shy and time.

Keywords: Awareness; Attitude; Unsafe sex; Attitude; Practice; Prevention; HIV/AIDS

Introduction

Since 1981 when the first cases of AIDS were reported in the United States, HIV/AIDS infection has spread rapidly too many countries over the years and became a global health challenge. The disease continues to affect millions of people irrespective of age or sex. Estimates show that globally at the end of 2013, 35 million (33.2-37.2 million) people were living with the infection and 1.5 million deaths were recorded due the diseases [1]. There are 11.8 million HIV infected youth worldwide. African youth face fast growing rates of infection with HIV and sexually transmitted disease. In this region most new HIV infection occurs among people ages 15-24 and are sexually acquired [2]. Now days the Human Immune Deficiency Syndrome Virus (HIV) has become a world challenge and concern. There were no such incurable diseases which become to the cause for the death of millions [3]. Ethiopia is among countries hard hit by the HIV/AIDS pandemic in Sub-Saharan Africa. Also, Ethiopia has one of the lowest health standards in the world. Infant mortality rate is 105/1000 live births and the under-five mortality rate is 172/1000 live birth [4].

Since it was publicized in 1980s in Ethiopia the number of HIV/AIDS infected people has increased at an alarming rate through the country. Youths are most vulnerable to infection because they engage in risky practices due to a lack of adequate information. At the end of the 2002 G. C about 3.2 million people were estimated to live with HIV/AIDS. Of this highest share of people were in the age group of 15-49 [5]. Youth (15-24) is the period between the onset of puberty to the complication of 24 years of age which is characterized by when he/she attains maturity, gets employed, get married, develops financial and psychological autonomy stability, integrity and compassion [6].

Statement of the Problem

It is a tragic irony that almost 20 year after the AIDS pandemic started its threat on social, economic and demographic foundations of the poor countries. The number of people infected with HIV in the world already reached an estimated number of 42 million with about 95% living in the developing world and a surprising 75% in sub-Saharan Africa alone. What is more, the rate at which the epidemic is spreading is alarming [7,8].

HIV/AIDS probably started to spread in Ethiopia in the early 1980's the first evidence of HIV infection was recorded in 1984 and the first two AIDS cases were reported in 1986 [7]. Since then, the disease has been spreading at alarming rate throughout the country. At the end of the 2001, about 2.2 million adults were estimated to live with HIV/AIDS, of which 200,000 were children with age of 0-15 [5]. To make this problem the nation has tried its best. Many of the information concerning awareness, attitude and practice about HIV/AIDS in general and the preventive mechanism like condom use, abstinence, faithfulness in a particular advocated through the mass media. This contributed too

much raise information level of the students. The devastating effect of HIV/AIDS in Ethiopia has become male and more visible over time and life expectancy is estimated to have fallen from 50 years to 42 years. Today 42% of the hospital bed in the country is estimated to be HIV AIDS patients, draining the scarce resource allocated to the health sector [9].

The studies populations have conditions which put them at risk of HIV/AIDS infection that is the reason why awareness, attitude and practice study on HIV/AIDS is necessary in order to recommend appropriate intervention according to the result. Accordingly, the study is designed to respond to the following basic questions.

a) What is the awareness of Nekemte College of Teacher Education students towards HIV/AIDS?

b) What is the attitude of Nekemte College of Teacher Education students towards HIV/AIDS?

c) What are the challenges the participants encountered in practices of HIV/AIDS?

Objectives

The general objective of this study is to investigate awareness, attitude and practice of the students towards preventing HIV/AIDS in Nekemte College of Teacher Education from students' perspectives. The specific objectives of the study are:

a) To identify the awareness of Nekemte College of Teacher Education students towards HIV/AIDS.

b) To investigate the attitude of Nekemte College of Teacher Education students towards HIV/AIDS.

c) To investigate the challenges the participants encountered during practice of HIV/AIDS prevention.

Significance of the study

This study has the following significant

a) To find the possible solution to the problems that is related to awareness, attitude and practices of the students towards HIV/AIDS.

b) To show the role of the students and health centers, family guidance and association of Ethiopia and others to minimize HIV/AIDS related problems of the Nekemte College of Teacher Education.

c) To suggest recommendations to improve the effectiveness of the community of the College under the study area.

Delimitation of the study

The study was delimited to make investigation on awareness, attitude and practices of students towards HIV/AIDS prevention in Nekemte College of Teacher Education, Oromia Region, Ethiopia. Specifically, the study is limited to investigating the level at which the college students in the study area practice HIV/AIDS prevention, and identifying the challenges that the participants encounters to prevent in 2018/2019 G.C.

Literature review

Since the beginning of the epidemic HIV/AIDS has been spreading at alarming rate worldwide [10], it is the leading cause of death in Africa and worldwide 4th largest killer [11]. Today, an estimated total of 42 million people is infected by HIV/AIDS and 95% of them are in developing countries and around 70% in sub-Saharan African countries [12]. But no region is unaffected adults and children with HIV/AIDS number more than 28 million in sub-Saharan Africa, 7million in Asia, 2 million in Latin America and the Caribbean's million people became infected with HIV/AIDS in 2001, more than replacing the estimated 3million people who died from the disease during the year [13]. In the early stages of the HIV/AIDS epidemic, the highest prevalence rates were concentrated along the major transportation routes that cut across sub-Saharan Africa through Tanzania and Uganda, around Lake Victoria into the cost of western Africa [14]. Ethiopia as part of Sub-Sahara African countries has recognized HIV case in 1986 in Addis Ababa since then shares the highest rate of HIV/AIDS infection and HIV/AIDs prevalence. Initially, the speed of the disease was along the main trade roads which connect bigger towns in the country [15].

HIV is spread by three main routes: sexual contact, significant exposure to infected body fluids or tissues and from mother to child during pregnancy, delivery, or breastfeeding. There is no risk of acquiring HIV if exposed to feces, nasal secretions, saliva, sputum, sweat, tears, urine, or vomit unless these are contaminated with blood. Let's see the modes of transmission briefly as follow. The three modes of transmission of HIV/ AIDS were briefly described as follows. The most frequent mode of transmission of HIV is through sexual contact with an infected person [12]. However, an HIV-positive person who has an undetectable viral load as a result of long-term treatment has effectively no risk of transmitting HIV sexually [16,17]. Globally, the most common mode of HIV transmission is via sexual contacts between people of the opposite sex [12]. However, the pattern of transmission varies among countries. As of 2014, most HIV transmission in the United States occurred among men who had sex with men 83% of new HIV diagnoses among males aged 13 and older and 67% of total new diagnoses [18]. In the US, gay and bisexual men aged 13 to 24 accounted for an estimated 92% of new HIV diagnoses among all men in their age group and 27% of new diagnoses among all gay and bisexual men [18]. About 15% of gay and bisexual men have HIV while 28% of transgender women test positive in the US [18,19]. With regard to unprotected heterosexual contacts, estimates of the risk of HIV transmission per sexual act appear to be four to ten times higher in low-income countries than in high-income countries [20]. The risk of transmission from anal intercourse is especially high, estimated as 1.4-1.7% in both heterosexual and homosexual contacts [20]. While the risk of transmission from oral sex is relatively low, it is still present.

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The risk from receiving oral sex has been described as "nearly nil" [21]. However, a few cases have been reported. The per-cent risk is estimated at 0–0.04% for receptive oral intercourse. In settings involving prostitution in low income countries, risk of female-to-male transmission has been estimated as 2.4% and male-to-female transmission as 0.05% [20].

Risk of transmission increases in the presence of many sexually transmitted infections and genital ulcers [20]. Genital ulcers appear to increase the risk approximately five-fold [20]. Other sexually transmitted infections, such as gonorrhea, chlamydia, trichomoniasis, and bacterial vaginosis, are associated with somewhat smaller increases in risk of transmission. Commercial sex workers (including those in pornography) have an increased likelihood of contracting HIV [22]. Rough sex can be a factor associated with an increased risk of transmission. Sexual assault is also believed to carry an increased risk of HIV transmission as condoms are rarely worn, physical trauma to the vagina or rectum is likely, and there may be a greater risk of concurrent sexually transmitted infections. The second most frequent mode of HIV transmission is via blood and blood products [12]. Blood-borne transmission can be through needle-sharing during intravenous drug use, needle stick injury, transfusion of contaminated blood or blood product, or medical injections with unsterilized equipment. HIV /AIDS are transmitted in about 93% of blood transfusions using infected blood. In developed countries the risk of acquiring HIV from a blood transfusion is extremely low (less than one in half a million) where improved donor selection and HIV screening is performed [12] for example, in the UK the risk is reported at one in five million, and in the United States it was one in 1.5 million in 2008. In low income countries, only half of transfusions may be appropriately screened, and it is estimated that up to 15% of HIV infections in these areas come from transfusion of infected blood and blood products, representing between 5% and 10% of global infections [12]. Although rare because of screening, it is possible to acquire HIV from organ and tissue transplantation [23].

Unsafe medical injections play a significant role in HIV spread in sub-Saharan Africa. In 2007, between 12 and 17% of infections in this region were attributed to medical syringe use. The World Health Organization estimates the risk of transmission as a result of a medical injection in Africa at 1.2%. Significant risks are also associated with invasive procedures, assisted delivery, and dental care in this area of the world [23]. People giving or receiving tattoos, piercings, and scarification are theoretically at risk of infection but no confirmed cases have been documented. It is not possible for mosquitoes or other insects to transmit HIV [24]. HIV can be transmitted from mother to child during pregnancy, during delivery, or through breast milk, resulting in the baby also contracting HIV [25]. This is the third most common way in which HIV is transmitted globally [12]. In the absence of treatment, the risk of transmission before or during birth is around 20% and in those who also breastfeed 35%. As of 2008, vertical transmission accounted for about 90% of cases of HIV in children. With appropriate treatment the risk of mother-to-child infection can be reduced to about 1%. Preventive treatment involves the mother taking antiretroviral during pregnancy and delivery, an elective caesarean section, avoiding breastfeeding, and administering antiretroviral drugs to the newborn. Antiretroviral when taken by either the mother or the infant decreases the risk of transmission in those who do breastfeed. However, many of these measures are not available in the developing world. If blood contaminates food during pre-chewing it may pose a risk of transmission.

Due to the increased risk of death without breastfeeding in many areas in the developing world, the World Health Organization recommends either the mother or baby being treated with antiretroviral medication while breastfeeding being continued the provision of safe formula. Infection with HIV during pregnancy is also associated with miscarriage. The social and economic impacts of HIV/AIDS are population and growth, health care impact, child death, economic impact and others. HIV/AIDS will have large impact on population size. However, it will not cause population growth to stop or become negative. But it decreases the life expectances [27]. HIV/AIDS is an expensive disease that will require a considerable amount of resources from the health system. According to Kello, [15] estimated that the cost of hospital care for HIV/AIDS patient ranged from 425 to 3140 birr during the course of illness. AIDS care could amount to one third of the entire budget of MOH. Clearly, this would place tremendous burden on the public health care system to provide adequate care for AIDS patients and still try to meet all the other health needs of the population [27]. HIV/AIDS also affect child survival about 30-40% of babies born to infected mothers will also infect with HIV. Most of these babies will develop AIDS and die within two days [15]. HIV/AIDS will impact the economic development of Ethiopia in a number of ways. The loss of young adults in their most productive years of life will certainly affect overall economic output could be large or small depending on several factors, if AIDS is more prevalent among the economic elite, the best educated people with the highest paying job, then the impact could much larger than the absolute number of AIDS deaths would indicate [27].

According to EPHA [27] the following methods are the way that can be done to slow the spread of HIV/AIDS.

A. To prevent the transmission of AIDS through blood transfusion, the blood supply needs to be made as safe as possible this means screening blood through laboratory test.

B. To prevent HIV/AIDS that transmitted through mother-child the following methods are applicable:

a) Reducing transmission during childbirth

b) Improve maternal nutrition,

c) Reducing transmission through breast feeding,

d) Reducing the number of pregnant and

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e) Using ant-retroviral therapy.

C. To prevent the transmission of AIDS through heterosexual contact the following assumptions are necessary.

a. Promote in reduction in number of sexual partners,

b. Encouraging delay on the onset of sexual activity among adolescents,

c. Promoting the use and available of condoms including female condoms,

d. Strengthening programs for sexual transmitted disease and

e. Promoting abstinence before marriage.

Methods

Study design

A descriptive survey method was designed to be used for this study. Since the purpose of this study was to identify the awareness, attitude and practices of HIV/AIDS in Nekemte College of Teachers Education, and it is assumed that the problems were approached using descriptive method. This method is an appropriate research method to get a description of current status of a problem by examining and describing the major problems facing college students.

Subject of the study

The participant of the study was Nekemte College of Teacher Education students, nurses and anti HIV/AIDS club coordinator. The total population of the study was 412 males and 208 females. These all population was selected from the four streams (Natural science, Social science, Language and Aesthetics), college nurses and anti-HIV/AIDS club focal person. This helps the researcher to get ample information about the attitude, awareness and practices of students towards HIV/AIDS prevention.

Samples and sampling techniques

Table 1: Sample population of the study.

No	Participants	Population			Sample Size		
		M	F	T	M	F	T
1	Natural science (students)	227	124	351	40	30	70
	Social science (students)	53	18	71	8	6	14
	Language (students)	67	23	90	10	8	18
	Aesthetics (students)	64	41	105	12	10	22
2	College Nurses	0	2	2	0	2	2
3	Anti-HIV/ AIDS club focal person	1	0	1	1	0	1
Total		412	208	620	71	56	127

Sampling is closely linked to the external validity or generalizability of the findings in an enquiry; the extent to which what we have found in a particular situation at a particular time applies more generally [28]. The following Table 1 shows the sample population of the study. The sample population was obtained from Nekemte College of teacher education students. Concerning the sampling techniques 3rd year regular students selected using simple random sampling. Because in simple random sampling every member of the population has the same chance of being selected to be the sample of the study. The college nurses and Anti-HIV/AIDS focal person of the college were selected by purposive sampling technique.

Instrument of data collection

In order to achieve the objectives, the instruments used to collect data for the study was questionnaires and interview.

Questionnaires

Questionnaire was the primary instrument to collect data from the target population. The researcher developed the questionnaire based on the statement of the problem and review of related literature. The prepared questionnaires were administered to students of the college.

Interview

Interview was developed based on the statement of the problem and review of related literature. Moreover, it was used to support information gathered through questionnaires since it has occupied an important place in descriptive educational research. The prepared interviews were administered to the college nurses and Anti-HIV/AIDS club focal person.

Procedure of data collection

The questionnaire is initially developed in the view of the basic research question of the study. Before it is administered to respondents, a pre-test is carried out to ensure language clarity and appropriateness of the item contained in questionnaire and converted to mother tongue language (Afan Oromo) for the students only. Experts in the field are consulted and appropriate change is made depending on comments during the try out. At last, these questionnaires were explained to respondents to maximize return of questionnaires. In addition, interviews were carried out by the researcher himself.

Method of data analysis

The data obtained from the closed ended questionnaire was tabulated and analyzed quantitatively. The data obtained through interview and open-ended questionnaire were described through qualitative way. Under this result, and discussion, the data gathered through data collection instruments were presented and interpreted. The presented and interpreted data were deals with different cases that related with awareness, attitude and practices of students towards HIV/AIDS.

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Result and Discussion

Part one: analysis of quantitative data

Analysis on the awareness of the students about HIV/AIDS

As it disclosed in (Table 2) item (1) above, all of the respondents 124 (100%) were replied heard about HIV/AIDS. This means all of the participants know what HIV/AIDS is and awareness about HIV/AIDS is universal among the participants. So that, the same for both sexes. As it presented in (Table 2) item 2 above, one can understand that about 15(12%) of the respondents replied that the source of their information about HIV/AIDS was their parents, about 35(28%) of the participants heard from their colleagues and about 31(25%) of them got information from teachers. In addition to this, about 5(4%) of them heard from social media and about 38(31%) of the respondents got from all sources of information. As it can be seen from (Table 2) item (3) above, about 11(9%) of the participants replied that someone can die as soon as he caught by HIV/AIDS, about 75(60%) of the respondents believed that an individual will die between 1-10 years and about 38(31%) of them thought that an individual will be die after 10 years. HIV/AIDS weakens human's immune system, leaving them vulnerable to certain infections and cancers. Most people who die of HIV/AIDS do not die from the virus itself. They die from opportunistic infections. Without treatment, you can live with the virus for 10-15 years before getting HIV/AIDS. With treatment you may never develop HIV/AIDS. From item (4) in (Table 2) above, about 45(36%) of the respondents said HIV/AIDS is transmitted from somebody to others through blood transfusion, about 62(50%) of the participants said that HIV can transmitted through sexual course and also, about 8(7%) of them believe that HIV/AIDS can be transmitted through umbilical cord of mother to child. In addition to this, about 7(5%) of the participants HIV/AIDS can transmit through using sharp material illegally and about 3(2%) of the participants believed that HIV/AIDS can be transmitted by kissing. HIV/AIDS is spread only in certain body fluids from a person who has HIV/AIDS. These fluids are blood, semen, pre-seminal fluids, rectal fluids, vaginal fluids, and breast milk. In the United States, HIV/AIDS is spread mainly by having sex or sharing injection drug equipment, such as needles, with someone who has HIV/AIDS.

Table 2: Students' awareness on HIV/AIDS.

No.	Items	Alternatives	Respondents Response	
			Frequency	%
1	Have you ever Heard about HIV/AIDS?	Yes	124	100
		No	0	0
		Total	124	100
2	What is the source of your information about HIV/AIDS?	Parents	15	12
		Colleagues	35	28
		Teachers	31	25
		Social media	5	4
		Others	38	31
		Total	124	100
3	If someone caught by HIV/AIDS he will die at what time?	Immediately	11	9
		Between 1-10 years	75	60
		After 10 years	38	31
		Total	124	100
4	Which is the potential way of transmission of HIV/AIDS?	Blood transfusion	45	36
		Sexual intercourse	62	50
		Through umbilical cord	8	7
		Sharp material	7	5
		Kissing	3	2
		Total	124	100
5	Which of the following one is the best way of HIV/AIDS prevention method?	Using condom	55	44
		Faithfulness	41	33
		Abstinence	21	17
		Others	7	6
		Total	124	100

As it can be revealed in (Table 2) item (5) above, about 55(44%) of the participants said that the best method to prevent HIV/AIDS is using condom, about 41 (33%) of them said that the best way HIV/ADS can be prevented by is being faithfulness, about 21(17%) of the respondents believe that being abstinence is the best preventive method and about 7(6%) participants thought that HIV/AIDS can be prevented by other methods. Today, more tools than ever are available to prevent HIV/AIDS. You can use strategies such as abstinence (not having sex), limiting your number of sexual partners, never sharing needles, and using

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condoms the right way every time you have sex. You may also be able to take advantage of newer HIV/AIDS prevention medicines such as Pre-exposure prophylaxis and post-exposure prophylaxis. If you have HIV/AIDS, there are many actions you can take to prevent transmitting it to others. The most important is taking HIV/AIDS medicine (called antiretroviral therapy, or ART) as prescribed. If you take HIV/AIDS medicine as prescribed and get and keep an undetectable viral load (or stay virally suppressed), you can stay healthy and have effectively no risk of transmitting HIV/AIDS to an HIV/AIDS negative sex partner.

Analysis on the attitude of the students towards HIV/AIDS

As it can be shown in (Table 3) item 1 above, about 99(80%) of the respondents said that HIV/AIDS was a killer disease, and about 5(4%) of the participants replied that HIV/AIDS was cure able disease. i.e. it is not killing disease. If someone gets medicine, he/she can cure from it. Finally, about 20(16%) participants said that HIV/AIDS was a disease which is a curse from God. Awareness level is supposed to be possible predictor of attitude, indicating increasing level of positive attitude towards individuals with HIV/AIDS. So, data on attitude of people towards HIV/AIDS are pertinent for further activities seek to reduce spread of HIV/AIDS with broader population.

As it asserted from (Table 3) item (2) above, infers that about 37(30%) of the participants said that the training given by health officers/counselors about HIV/AIDS was very important, and about 87(70%) of the participants said that the training about HIV/AIDS given by the health officers is not important. Training will offer an opportunity for HIV/AIDS Prevention providers working in non-clinical settings to gain knowledge and skills on administering rapid HIV/AIDS testing. Increased awareness of safe practices to prevent HIV/AIDS infection results in people being more careful and ultimately decreases infection rates. Also, HIV/AIDS awareness programs help people become aware of the levels of care and treatment, whether they are living with HIV/AIDS or caring for someone with this disease. As it replicated in (Table 3) item 3 above, about 59 (48%) of the participants revealed that isolating HIV/AIDS from non-carriers was good, while about 65(52%) of the participants believed that isolating HIV/AIDS carriers from non-carriers was not good. Stigma and discrimination against people living with HIV/AIDS and their dependents are major obstacles that accelerate transmission of the disease. So, the respondents of more than 59(48%) said that discriminating people with living HIV/AIDS is necessary. This is due to absence of deep knowledge how to treat and help those infected by HIV/AIDS. Patients with HIV/AIDS in general do not need to be placed on isolation precautions. However, if the HIV + patient have respiratory symptoms (i.e. cough, shortness of breath, coughing up blood, chest pain, etc.) they need to be placed on Air borne protections until an alternative diagnosis can be confirmed.

Table 3: Students' awareness on HIV/AIDS.

No.	Items	Alternatives	Respondents Response	
			Frequency	%
1	What is your attitude towards HIV/AIDS?	Killer disease Not killer Curse from God	99 5 20	80 4 16
		Total	124	100
2	What is your attitude towards the training /orientations given by the health officers/counselors for you?	Very important Not important	37 87	30 70
		Total	124	100
3	Do you think isolating HIV/AIDS carriers from non-carriers is good?	Yes No	59 65	48 52
		Total	124	100

Analysis on practices of students on HIV/AIDS prevention

As it can be disclosed in (Table 4) item (1) above, about 89 (72%) participants replied that they have ever had sex while about 35(28%) of the respondents haven't had sexual intercourses.

As it indicated in (Table 4) item (2) above, one can see that about 11(9%) participants said that they make sex with their husbands/wives, about 73(59%) of the participants said that they make sex with their girl/boyfriends, about 17(14%) participants make sexual intercourse with prostitutions and about 23(18%) participants are said that they make sex with others. As it replied in (Table 4) above, as it shown that about 49(40%) of the respondents used condom during sexual inter course, about 75(60%) of the participants were not used condom during sexual inter course. Condom use is commonly cited as the last option to prevent the transmission of HIV/AIDS and using condom is taken as a mechanism of making safe sex. Among the respondents all have heard about condom use but they didn't use it because of fear to buy, reduce pleasure, expensive and etc. Consistent condom use reduces the risk of heterosexual HIV / AIDS transmission by about 80% over the long-term. Where one partner of a couple is infected, consistent condom use results in rates of HIV infection for the uninfected person below 1% per year. Some data support the equivalence of female condoms to latex condoms, but the evidence is not definitive. As it pointed out in (Table 4) item (4) above, most of the respondent 51(41%) said that they were used abstinence preventive methods. It also indicates that about 65(52%) of the participants was used condom. Finally, about 8(7%) of the respondents were used faithful

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preventive method. Abstinence is the only 100% effective way to protect against HIV/AIDS, ensuring that there is no exchange of bodily fluids such as vaginal secretions and semen. When used correctly and consistently condoms, are highly effective in preventing HIV/AIDS and other sexually transmitted infections. Condoms have an 80% or greater protective effect against the sexual transmission of HIV/AIDS and other sexually transmitted disease. In addition to abstinence and condom, the faithful encourages participants to eliminate casual or other concurrent sex partners and to practice fidelity within their marriages and other sexual relationships. This reduces exposure to HIV/AIDS. As it can be conformed in (Table 4) item (5) above, about 31(25%) of the respondents were tested their blood. While about 93(75%) of them were not tested. People who receive HIV/AIDS testing are less likely to engage in behaviors with high risk of contracting HIV/AIDS. So, HIV/AIDS testing is almost always a part of any strategy to encourage people to change their behaviors to become less likely to contract HIV/AIDS.

Table 4: Students practice on HIV/AIDS Prevention.

No.	Items	Alternatives	Respondents Response	
			Frequency	%
1	Have you ever had sexual inter course?	Yes No	89 35	72 28
		Total	124	100
2	Based on question no. 1 above with whom did you have sex?	Husband/wife Girl/boy friend Prostitution Others	11 73 17 23	9 59 14 18
		Total	124	100
3	Based on the above question no. 1 and 2 did you use condom when you had sex?	Yes No	49 75	40 60
		Total	124	100
4	From the preventive methods which one do you used currently?	Abstinence Condom Faithful	51 65 8	41 52 7
		Total	124	100
5	Have you tested your blood?	Yes No	31 93	25 75
		Total	124	100

Part Two: Analysis of Qualitative Data

According to the information obtained through interview and open-ended questionnaires from the students, nurses and anti-HIV/AIDS club focal person of the college, changed in to the challenges of practicing HIV/AIDS prevention of the participants encountered were

a) Lack of intensive training concerning HIV prevention for students. Sometimes the training given by health officers was focuses on teaching skills in negotiation and condom use, drama, song competitions, poster drawings, games, group discussions, role playing and etc.

b) Lack of awareness on methods of transmission of HIV/AIDS and the mechanism it prevents.

c) Lack of counseling service and community service in the college.

d) Lack of condom supply and availability.

Conclusion and recommendations

Based on the main findings of the study, the following conclusions were drawn:

a) It is known that most of the students of Nekemte College of Teacher Education have not attended/get satisfactory training in relation to HIV/AIDS by health officers. This may aware them towards HIV/AIDS and they prevent it early.

b) The relationship between the college and the government health officers is poor, regarding in giving education about HIV/AIDS and sex.

c) Due to different reasons the students were not used condom effectively. These are fear to buy, decrease satisfaction, costly and etc.

Based on the major finding of the study, the following recommendations were forwarded:

a) The college and the health officers of the town and the concerned body educate students on the impact of HIV/AIDS.

b) In order to change the attitude of the students towards people living with HIV/AIDS and to curb the epidemic the existing Anti-HIV/AIDS clubs must be capacitated in the college.

c) The health officers of the Nekemte College of teacher education and Nekemte town should support all activities which help to disseminating of information.

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d) The college HIV/AIDS club, college clinic and concerned bodies and NGOs should disseminate of information or education about HIV/AIDS and other health education for the students.

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