

# Public Health Digest

## FOCUS on HIV/AIDS, STIs and TUBERCULOSIS

Quarterly P.H. Digest of the Ethiopian Public Health Association (EPHA)

Volume 4.



No. 1

August , 2009

Ethiopian Public Health Association (EPHA)

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## **Public Health Digest**

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- Editorial
- Project in focus
- Research findings
- Highlights on Prevention Care and Support
- Definitions of medical terms related to HIV/AIDS,STI & TB

### Ethiopian Public Health Association (EPHA)

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### **Objectives of this Digest**

- Improve knowledge, and practices of public health professionals in the areas of HIV/AIDS, STIs and TB.
- Introduce latest research findings, best practices and success stories to the general public through public health practitioners, trainers, planners and researchers.
- Motivate health workers to engage themselves in operational studies through dissemination of abstracts from studies conducted by health professionals working in health units and training institutions

### **Target Audiences:**

The target groups for the Digest are health professionals in general; and trainers in training institutions, public health practitioners at woreda health offices, in health centers and hospitals, in particular. This Digest will also be extended to non-health professionals who are interested on the subject on a demand-basis for free subscriptions.

### **Strategy:**

Three to four thousand copies would be published quarterly. Distribution would follow the modalities of other EPHA publications. In addition ,regional, zonal and woreda offices, institutions of the MOH & HAPCO branch offices are channels for distributing the Digest.

## **Editorial**

Close to twenty million people around the world have died from AIDS since the epidemic first began, and millions more are becoming ill and dying every year. Despite the global reach of the epidemic, the vast majority of infections are in sub-Saharan Africa. In 2004, 25.4 million people were living with HIV/AIDS in this region. In 2003, approximately 4.8 million people became infected and 2.9 million people died. In 2002, nearly eleven million children orphaned by AIDS were living in Sub-Saharan Africa.<sup>4</sup> The projected loss of life is enormous: in 2002, in response to HIV/AIDS the UN Population Division lowered earlier global population estimates for 2050 by two hundred million people.

High-prevalence countries are experiencing dramatic drops in life expectancy, the ill and the dying are overwhelming already strained public health services, and millions of children are being orphaned, often without adequate social safety nets. HIV/AIDS deepens household poverty, "threatens development, social cohesion, political stability, food security and life expectancy and imposes a devastating economic burden."

Without effective reduction of its spread and impact, the epidemic will slash human and economic development on the continent, and undermine the aspirations – expressed in the Millennium Development Goals and by the New Partnership for African Development (NEPAD) – to vault Africa forward into a renaissance of development and reduced poverty. The unmet needs of the epidemic are a colossal crisis and challenge for African states and the international community. The urgency of the situation requires that all effective strategies be utilized to reduce infections and to care for those infected, orphaned, or otherwise affected by the disease.

To do so demands "urgent and exceptional national, regional and international action. As a prelude to the main discussion of the role of information and communication in combating HIV/AIDS, the following section sketches key features of the African epidemic, as well as the elements of and obstacles to an effective response.

In East Africa in 2001, rates were at or over five percent in Uganda, Ethiopia, Tanzania, Congo, Burundi, and Rwanda, and at fifteen percent in Kenya. Ethiopia displays rapid increases in infection, with the 2002 estimate .Despite these frightening numbers, the vast majority of people living with HIV/AIDS do not

know that they are infected. There is limited access to preventive services such as voluntary Testing and counseling and PMTCT, and little incentive to be tested given the pervasive stigma and discrimination associated with the disease and the lack of accessible treatment. While a failure to engage in safe sex explains why the disease has spread, this failure does little to explain the social and economic determinants of such behavior.

A lack of information continues to be a primary stumbling block, which together with several other factors limits the effectiveness of efforts to counter the spread and impact of the disease. These factors include stigma, discrimination, silence and denial about the disease, poverty, inequality, gender inequities, militarization, war, conflict, and sexually transmitted diseases. High mobility is another primary risk factor for infection, as seen in the extremely high infection rates among refugees, migrant workers, and truck drivers who operate along commercial routes. There are also extremely high rates of infection among sex workers in Africa, particularly those who work commercial transport routes.

The young are also at extraordinarily high risk of infection: in 2001, half of all new infections – over seven thousand daily – were found in young people. This vulnerability is due to risky sexual behavior and a lack of access to HIV information and prevention services. Despite the generalized nature of the epidemic in countries across Sub-Saharan Africa, many young people in the region still do not know how to protect themselves from HIV. Reports on levels of accurate information among youth about HIV/AIDS are startling: in 2001, half of the teenage girls in sub-Saharan Africa did not realize that a healthy-looking person can be living with HIV/AIDS. Given the predominance of HIV among young people, and the startling figures showing knowledge gaps regarding HIV/AIDS, AIDS prevention strategies should include interventions targeted at this group. In addition, general prevention strategies must focus specifically on other high-risk groups, including women, sex workers, men who have sex with men, truck drivers, refugees, and migrant workers. Such strategies include prevention messages (regarding safer sex, anti-discrimination, and accurate information about HIV/AIDS), as well as prevention services (PMTCT and VCT). This magazine focuses on this epidemic and is thought to be one way of fighting against the disease.

## Acronyms

|        |  |        |  |
|--------|--|--------|--|
| AAU    | Addis Ababa University                                       | IEC    | Information Education Communication                  |
| ACTs   | Artemisinin-based Combination Therapies                      | IT     | Information Technology                               |
| AIDS   | Acquired Immuno Deficiency Syndrome                          | LICTP  | Leadership in Strategic Information Training Program |
| APHA   | American Public Health Association                           | MCH    | Maternal and Child Health                            |
| BCC    | Behavioral Chang Communication                               | MDR-TB | Multi Drug Resistant Tuberculosis                    |
| BCG    | Bacille Calmette-Guérin,                                     | MOH    | Ministry of Health                                   |
| CDC    | Center for Disease Control                                   | NEPAD  | New Partnership for African Development              |
| CHC    | Cambodia Health Committee                                    | NGO    | Non governmental Organizations                       |
| CPHA   | Canadian Public Health Association                           | PMTCT  | Prevention Mother to Child Transmission              |
| DOTS   | Directly Observed Treatment Short-course                     | SI     | Strategic Information                                |
| ECSPHA | East, Central & Southern PHA                                 | SPSS   | Statistical Package for Social Science               |
| EHNRI  | Ethiopian Health and Nutrition Research Institute            | STI    | Sexually Transmitted Infection                       |
| EPHA   | Ethiopian Public Health Association                          | TB     | Tuberculosis   |
| EPHLA  | Ethiopian Public Health Laboratory Professionals Association | TLCP   | T tuberculosis and Leprosy Control Program           |
| ESOG   | Ethiopian Society of Obstricians and Gynecologists           | TU     | Tuberculin units                                     |
| ESTA   | Ethiopian Science and Technology Agency                      | USD    | US Dollar  |
| ETV    | Ethiopian Television   | UN     | United Nations                                       |
| FELTP  | Field Epidemiology and laboratory training Program           | UNFPA  | United Nations Population Fund                       |
| FIND   | Foundation for Innovative New Diagnostics                    | VCT    | Voluntary Counseling and Testing                     |
| HAPCO  | HIV/AIDS Prevention and Control Office                       | WFPHAs | World Federation of PHAs                             |
| HSEP   | Health Service Extension Program                             | WHO    | World Health Organization                            |
| ICT    | Information and Communication Technology                     |        |  |

## Project in Focus

### EPHA in focus

The Ethiopian Public Health Association held the semi-annual meeting from May 21-22, 2009. The objective of the meeting was to discuss the progress of the association, share the challenges faced in the course of implementation, and enhance monitoring and evaluation activities of the association. In the meeting the executive director explained that EPHA is growing and expanding with regard to the activities and the size of the budget from time to time. He further disclosed that the budget of the current year has grown to 4.2 million USD which is one million USD more than the previous year's budget. The total

number of the member of the association has also expanded to 3000. All in all the expansion of the members in addition to the expansion of the activities in line with the budget have resulted in difficulties in managing the overall programs of the association. Thus, it is inevitable face problems which should be addressed and prevented with strong monitoring and evaluation set ups.

This semi-annual review meeting is believed to be useful to examine the activities that have been carried out in the last six months and pin point pros and cons of the overall organizational activities.

In the meeting the acting director has tried to enlighten on the establishment and major tasks of EPHA. According to his explanation the Ethiopian Public

Health Association (EPHA) is the public health professionals' association established in 1991 G.C. It promotes better health services to the public and attempt to maintain high professional standards through advocacy, active involvement and networking. EPHA is committed to improve the health and living status of the people of Ethiopia through the dedicated and active involvement of its members and in collaboration with all stakeholders.

### EPHA Partners and Collaborators

The association works in collaboration with many health institutions and different organizations within the country and abroad. Some of the major collaborators of the association are:

- Health Institutions – Federal Ministry of Health and Regional Health

- Bureaus,
  - Ethiopian Science and Technology Agency (ESTA) now, Ministry of Science and Technology,
  - UN organization – United Nation Population Fund (UNFPA) Higher Education Institutions – (AAU, Jimma University, University of Gonder, Haromaya University, Mekelle University),
  - Other Association – i.e. EMA, ENA, ENMA, EPHLA, ESGO, USG-CDC, CDC, Canadian Public Health Association (CPHA), American Public Health Association (APHA), World Federation of PHAs (WFPHAs), East, Central & Southern PHA (ECSPHA) and other International/regional HPAs.
  - NGOs – David and Lucile Packard Foundation.

As of enhancing and building the capacity of the association ,EPHA has put more manpower on the positions of Public Relations Officer, Monitoring and Evaluation Officer, Information Technology (IT) Expert, Training and Conference Organizer, Legal Advisor, Administrator, Strategic Information Dissemination Officer, Librarian, Publication Officer, and Publication Assistant.

According to explanation the major projects/programs and activities undertaken in the association currently are the following:

◆ **Generation and Dissemination of Strategic Information:**

Under this project EPHA supports MSc students to generate strategic information (SI) on HIV/AIDS/STI/TB/malaria

through their thesis which is meant to publish and disseminate to different health professionals of the country. Moreover this project strives to produce and distribute Ethiopian Journal of Health Development, Felege Tena newsletter and Public Health Digest Bulletin through out the country. Intermittently it supports the publication and dissemination of special issues on various study results. The project mainly makes use of the EPHA Annual Conferences as a platform to disseminate information and build consensus on strategic issues.

**Leadership in Strategic Information Training Program (LSITP)**

This project runs trainings which are skill-based trainings in applied Strategic information. The aim of the training is to develop capacity in the public health sector to use strategic information to improve the needs assessment, planning process, and monitoring and evaluation of the

full range of interventions and activities to combat HIV/AIDS epidemic at national and regional levels.

◆ **Field Epidemiology and Laboratory Training Program**

Field Epidemiology and laboratory Training Program (FELTP) is a new competency-based MPH training and service program in applied epidemiology and public health. The training program builds the capacity to strengthen the surveillance and response system in country. It further strengthens Epidemic investigations and control. Further more field epidemiology program is used to give quick response to the occurrence of epidemic in the country.

◆ **AIDS Mortality Surveillance (AMS) Projects**

These are the projects that the association give support and close follow up with the major objective of monitoring AIDS and other causes of death at population level. More specifically the project puts effort on identifying causes of deaths at population level by tracking AIDS and other related deaths, watching the patterns and trends of AIDS deaths overtime, evaluating the impact of HIV/AIDS program activities and generating strategic information for program managers, planners, decision makers, etc. and other minor activities.

Currently, there are five networked surveillance sites functioning in four

universities of the country. These are Addis Ababa Mortality Surveillance Program, Butajira Rural Health Program,

, Gilgel Gibe Field Research Center, Dabat Rural Health Program and Kersa Demographic Surveillance and Health Research Center. Other Upcoming Projects such as Mekele University and Arbaminch University are already in the pipe line.

◆ **Infection Prevention Advocacy**

The major concern of this project is to ensure safe medical practice in general, and the prevention and control of the transmission of HIV and other diseases in health care settings in particular. The project works in collaboration with Ethiopian Medical Association, Ethiopian Nurses Association, and Ethiopian Nurse-Midwives Association.

◆ **Repositioning Family Planning/ Reproductive Health Project**

This is a collaborative project between EPHA & The David and Lucile Packard Foundation launched in 2006. The project has been implementing in North and South Wollo Zones of the Amhara Region for the last two years. The major aim of the project is to improve the status of reproductive health in the country by repositioning FP/RH program and strengthening the Health Service Extension Program (HSEP) through coordinated efforts of different stakeholders .Moreover the project strives to improve the performance of Health Extension Workers on RH/FP, HIV/AIDS, and gender through training, supportive supervision, and dissemination of best practices.

◆ **Strengthen Ethiopian Public Health Laboratories**

EPHA supported the establishment of the Ethiopian Public Health Laboratory Professionals Association (EPHLA).EPHLA is a member of the National sub-committee to strengthen public health laboratories

in the country.

◆ **Support to PMTCT Service**

The prominent task of this project is expanding PMTCT services in private health sectors in Ethiopia in partnership with Ethiopian Society of Obstetricians and Gynaecologists (ESOG). PMTCT project is performing well with the support of ESOG and expanding HIV/AIDS prevention, care and treatment in private health institutions in Ethiopia.

In the meeting the upcoming projects and activities were disclosed to the addressees.

In the coming years EPHA is to host the 13<sup>th</sup> international public health conference in year 2012,develope the third EPHA Strategic plan (2010 – 2014),Build Public Health training center as a project, strengthen the capacity of regional EPHA Chapters as on

going project, encourage and supporting Public Health Book Publications, evaluate EPHA Publications, facilitate tobacco Control in collaboration with Canadian Public Health Association (CPHA) as a new project and produce IEC/BCC on TB in collaboration with American Thoracic Society.

According to the explanation 13th international public health conference which is to be held here in Ethiopia will be the first conference in developing countries in the world. This will be a good opportunity for the country to build good image and gain international experience to.

On the other dimension, the preparation of panel discussion on the new project on tobacco control is underway at the moment. It is expected to be screened on Ethiopian Television (ETV) very soon.



## Highlight

### What is the tuberculosis skin test?

The tuberculosis skin test (also known as the tuberculin test or PPD test) is a test used to determine if someone has developed an immune response to the bacterium that causes tuberculosis (TB). This response can occur if someone currently has TB, if they were exposed to it in the past, or if they received the BCG vaccine against TB.

The tuberculin skin test is based on the fact that infection with *M. tuberculosis* delayed-type hypersensitivity skin reaction to certain components of the bacterium. The components of the organism are contained in extracts of culture filtrates and are the core elements of the classic tuberculin PPD (also known as purified protein derivative). This PPD material is used for skin testing for tuberculosis. Reaction in the skin to tuberculin PPD begins when specialized immune cells, called T

cell which have been sensitized by prior infection, are recruited by the immune system to the skin site where they release chemical messengers called lymphokines. These lymphokines induce induration (a hard, raised area with clearly defined margins at and around the injection site) through local vasodilation (expansion of the diameter of blood vessels) leading to fluid deposition known as edema, fibrin deposition, and recruitment of other types of inflammatory cells to the area.

An incubation period of two to 12 weeks is usually necessary after exposure to the TB bacteria in order for the PPD test to be positive.

### How is the tuberculosis skin test administered?

The standard recommended tuberculin test, known as the Mantoux test, is administered by injecting a 0.1 mL volume containing 5 TU (tuberculin units) PPD into the top layers of skin

(intradermally, immediately under the surface of the skin) of the forearm. The use of a skin area that is free of abnormalities and away from veins is recommended. The injection is typically made using a ¼- to ½-inch, 27-gauge needle and a tuberculin syringe. The tuberculin PPD is injected just beneath the surface of the skin. A discrete, pale elevation of the skin (a wheal) 6 to 10 mm in diameter should be produced when the injection is done correctly. This wheal or "bleb" is generally quickly absorbed. If it is recognized that the first test was improperly administered, another test can be given at once, selecting a site several centimeters away from the original injection.

### What is the method of reading the tuberculosis skin test?

"Reading" the skin test means detecting a raised, thickened local area of skin reaction, referred to as induration. Induration is the key item to detect, not red-

-ness or bruising. Skin tests should be read between 48 and 72 hours after the injection when the size of the induration is maximal. Tests read after 72 hours tend to underestimate the size of the induration.

### How are skin test results interpreted?

The basis of the reading of the skin test is the presence or absence and the amount of induration (localized swelling). The diameter of the induration should be measured transversely (for example, perpendicular) to the long axis of the forearm and recorded in millimeters. The area of induration (palpable, raised, hardened area) around the site of injection is the reaction to tuberculin. Again, redness is not measured.

A tuberculin reaction is classified as positive based on the diameter of the induration in conjunction with certain patient-specific risk factors. In a healthy person whose immune system is normal, induration greater than or equal to 15

mm is considered a positive skin test. If blisters are present (vesiculation), the test is also considered positive. In a person with underlying Kidney disease, diabetes, or a health-care worker or personal contact of someone with active TB, 10 mm of induration is considered a positive skin test. In patients who are immunocompromised, such as people with rheumatoid arthritis or Crohn's disease , 5 mm of induration is considered a positive skin test result. Induration of less than 2 mm, without blistering, is considered a negative skin test. On the other hand, a negative test does not always mean that a person is free of tuberculosis. People who have been infected with TB may not have a positive skin test if their immune function is compromised by chronic medical conditions, cancer chemotherapy, or AIDS. Additionally, 10%-25% of people with newly diagnosed tuberculosis of the

lungs will also have a negative result, possibly due to poor immune function, poor nutrition, accompanying viral infection, or steroid therapy. Over 50% of patients with widespread, disseminated TB (spread throughout the body, known as miliary TB) will also have a negative TB test. A person who received a BCG vaccine (administered in some countries but not the U.S.) against tuberculosis may also have a positive skin reaction to the TB test, although this is not always the case. The positive reaction that is due to the vaccine may persist for years. Those who were vaccinated after the first year of life or who had more than one dose of the vaccine have the greatest likelihood of having a persistent positive result than those who were vaccinated as infants.

Reference: *National Institute of Allergy and Infectious Diseases*



## የጥናት ወጤቶች

**በአርባምንጭ ከተማ ውስጥ የሚገኙ አዋቂዎች (ነዋሪዎች) ላይ የተካሄደ በፕሎምናሪ ሳምባነቀርሳ ዙሪያ ያላቸው እውቀት፣ አመለካከትና ልምድ አሰሳ**

### መግቢያ

በአሁኑ ወቅት የሳንባ ነቀርሳ በሽታ ከፍተኛ ጫና ካሳደረባቸው 22 አገሮች መካከል ኢትዮጵያ 8ኛ ደረጃ ላይ ትገኛለች። የሳንባ ነቀርሳ በሽታ ኢትዮጵያ ውስጥ ከሚገኙት 3 ለሞት ከሚዳርጉ በሽታዎች አንዱ ሆኗል። በኢትዮጵያ ውስጥ እ.ኤ.አ 2005 ብቻ 125,135 አዳዲስ የሳንባ ነቀርሳ በሽተኞች ሲጠቁ ከነዚህም ውስጥ 18,300 ያህሉ በደቡብ ክልል ውስጥ ይገኛሉ። በባለሞያዎች በአጭር ፕሮግራም (DOTS) እ.ኤ.አ ከ 1993 ዓ.ም ጀምሮ ኢትዮጵያ ውስጥ መተግበር የጀመረ ሲሆን በ2005 ዓ.ም ፕሮግራሙ 90% ሽፋን እንደደረሰ ይታወቃል። ይህ ፕሮግራም ህመሙን

ከመከላከል እና ከመቀነስ አኳያ ከፍተኛ አውንታዊ ለውጥ አሳይቷል። ይህም ሆኖ የፕሎምናሪ ሳንባ ነቀርሳ ህመማንን አክታ ብቻ በመጠቀም የመለየቱን ስራ የአለም ጤና ድርጅት እስከ 70% ለማዳረስ ያቀደ ቢሆንም የእስካሁኑ ወጤት 36% ብቻ የሸፈነና አጥጋቢ ያልሆነ ነበር። በተሳካ የሳንባ ነቀርሳ ቁጥጥር እና መከላከል ሂደት ህመሙ ከጅምሩ የሚለይበትና ህክምናው በስፋት የሚሰጥበት መንገድ ሊፈጠር ይገባል። ምክንያቱም በሽታው እየቆየ በሚሄድበት ወቅት ለሞት የማጋለጡ ጉዳይ ብሎም ወደ ሌላ ሰው የመተላለፍ ጉዳይ እያየለ እንደሚሄድ ይታወቃል። አጠቃላይ የማህበረሰቡ ለሳንባ ነቀርሳ በሽታ ምልክቶች በፍጥነት ምላሽ የመስጠት ሁኔታ፣ ህክምና የማግኘት ፍላጎት፣ በሽታው ከመባባሱ ቀደም ብሎ ህክምና የማግኘትና ፈጥኖ ህመሙ መኖሩ

አለመኖሩን የመለየት ሁኔታ በሽታውን ከመግታትና ከመከላከል አንጻር መወሰድ ያለባቸው እጅግ ጠቃሚ እርምጃዎች ናቸው።

አንዳንድ ጥናቶች እንዳመለከቱት የህክምና ተቋማት በአካባቢያቸው ያለመኖሩ፣ የኢኮኖሚ ችግር፣ ስለህመሙ በቂ ግንዛቤ አለመኖሩ እና የበሽታውን አደገኛነት አለመረዳት ህመምተኞች ከጅምር እርዳታ እንዳያገኙ ካደረጓቸው ምክንያቶች መካከል መሆናቸውን ነው።

ይህ ጥናት የተካሄደው በአርባምንጭ ከተማና አርባ ምንጭ ዙሪያ ወረዳ ሲሆን ጤናማ የሚባሉት የማህበረሰቡ አባላት የጥናቱ ተሳታፊዎች ነበሩ። በመሆኑም የጥናቱ ውጤት የአካባቢውን ችግርና ባህልን መሰረት በማድረግ፣ የሚደረገውን የስትራቴጂ ነደፋ እንዲሁም የ DOTS ፕሮግራምን ውጤታማ እንደሚያደርግ ይታመናል።

**የጥናቱ አላማ**

የዚህ ጥናት አላማ በአርባምንጭ ከተማና በአርባ ምንጭ ዙሪያ ወረዳ የሚገኘውን ህብረተሰብ በፕሉምነሪ ሳንባ ነቀርሳ ዙሪያ ያለውን እውቀት፣ አመለካከት እና ልምድ ለማሰስ ነው።

**የጥናቱ ውጤት**

ጥናቱ 807 ተሳታፊዎችን ያካተተ ሲሆን 802 ያህሉ መረጃ ብቻ በኮምፒውተር ትንተና ውስጥ በማስገባት ውጤቱን ለማየት ተሞክሯል። በጥናቱ ከተሳተፉት መካከል 49.8% ያህሉ ወንዶች ሲሆኑ የተቀሩት ሴቶች ነበሩ። የተሳታፊዎች አማካይ እድሜ 37.2 (+11.8SD) ሲሆን፣ 72% (582) ከገጠር የተሰበሰቡ ሲሆን 87% ያህሉ ያገቡ፣ አማካይ የቤተሰብ ብዛት 5.6 (+2.37SD)፣ በግብርና የሚተዳደሩ 56% ሲሆኑ፣ ከግማሽ በላይ (54.4%) የሚሆኑት ያልተማሩ ነበር።

| መሰረታዊ ባህሪ  | ድግግሞሽ                              | በመቶኛ                                    |
|--|------------------------------------|---|
| የታወንድ ሴት   | 399<br>402                         | 90.8<br>50.2                            |
| እድሜ<br>19 — 30 አመት<br>31 — 45 አመት<br>46 — 60 አመት<br>> 61 አመት   | 290<br>316<br>166<br>27            | 36.3<br>39.5<br>20.8<br>3.4             |
| የጋብቻ ሁኔታ<br>ያገቡ<br>ያላገቡ<br>ሌላ (የተፋቱ፣ ባልቱት)   | 698<br>55<br>48                    | 87.1<br>6.9<br>6.0                      |
| የትምህርት ደረጃ<br>ማንበብና መጻፍ የማይችሉ<br>ማንበብና መጻፍ የሚችሉ<br>አንደኛ ደረጃ ያጠናቀቁ<br>ሁለተኛ ደረጃ ያጠናቀቁ<br>ከፍተኛ የትምህርት ደረጃ ያጠናቀቁ | 414<br>22<br>183<br>152<br>30      | 51.7<br>2.7<br>22.8<br>19.0<br>3.7      |
| የመኖሪያ ሁኔታ<br>ከተማ<br>ገጠር  | 220<br>582                         | 27.4<br>72.6                            |
| የስራ ሁሌታ<br>ግብርና<br>የቤት እመቤት<br>ነጋዴ<br>ቅጥረኛ<br>የቀን ሰራተኛ<br>ሌሎች  | 449<br>132<br>61<br>85<br>34<br>41 | 56<br>16.5<br>7.6<br>10.6<br>4.2<br>5.1 |

| መሰረታዊ ባህሪ     | ድግግሞሽ | በመቶኛ |
|---------------|-------|------|
| የቤተሰብ ብዛት     |       |      |
| <5            | 422   | 52.6 |
| 5 — 8         | 280   | 34.6 |
| >8            | 100   | 12.5 |
| የቤተሰብ ወርሃዊ ገቢ |       |      |
| < 200 ብር      | 355   | 48.1 |
| 200 ብር        | 266   | 33.2 |
| 500 — 800 ብር  | 86    | 10.7 |
| > 800 ብር      | 64    | 8.0  |
| ብርሄ           |       |      |
| ጋሞ            | 640   | 79.8 |
| አማራ           | 71    | 8.9  |
| ወላይታ          | 38    | 4.7  |
| ሌሎች           | 53    | 6.6  |
| ሀይማኖት         |       |      |
| ኦርቶዶክስ ክርስቲያን | 392   | 48.9 |
| ፕሮቴስታንት       | 364   | 45.4 |
| ሌሎች           | 46    | 5.7  |

የጥናቱ ተሳታፊዎች በፕሉምነሪ ሳንባ ነቀርሳ ላይ ያላቸውን እውቀት አሰሳ ለማድረግ እንደተሞከረው 704 (87.8%) ስለ በሽታው የሰሙ ሲሆን፤ 12.2% ያህሉ ምንም ስለህመሙ የሚያውቁት ጉዳይ እንደሌለ ገልጸዋል። ስለህመሙ ከሚያውቁት ተሳታፊዎች መካከል 39% ክብደት መቀነስን፤ 25.9% ደም የቀላቀለ አክታ፤ 13.6% ጀርሞች/ባክቴሪያን፤ 37.5% ብርድን እንደ በሽታው መንስኤ ሲገልጹ፤ 28.2% ያህምንም ምክንያት አላስቀመጡም።

የበሽታውን ተላላፊነት በተመለከተ፤ 94.7% ተሳታፊዎች እንደሚተላለፍ፤ 1.6%

እንደማይተላለፍ ሲገልጹ የተቀሩት መተላለፍ አለመተላለፉን እደማያውቁ ገልጸዋል።

ከተሳታፊዎች 93% ፕሉምነሪ ሳንባ ነቀርሳ በህክምና ሊድን እንደማይችል ሲገልጹ፤

6.4% ያህሉ ግን እንደማይደን አብራርተዋል። 98.9% የጥናቱ ተሳታፊዎች

የበሽታውን አደገኝነት በአፅንኦት ሲያብራሩ፤ 32% ያህሉ ደግሞ ኤች አይ ቪ ኤድስን

የሳንባ ነቀርሳ ተዛማጅ በሽታዎች እንደሆኑ ገልጸዋል።

የጥናቱ ተሳታፊዎች በፕሉምነሪ ሳንባ ነቀርሳ ዙሪያ ያላቸው እውቀት ሲለካ በአማካኝ 7.66% እንደሆነ መረጃው ያመለክታል። በተመሳሳይ ሁኔታ የመሀከለኛው ውጤት (Median) ሲታይ 8.0 እንደሆነ ያሳያል። የሁለትዮሽ ዝምድናን (bivariate analysis) ለማየት እንደተሞከረው፤ በትህምህርት ደረጃ፤ የመኖሪያ ቦታ፤ ፆታ፤ የቤተሰብ ገቢ፤ የጋብቻ ሁኔታ፤ እንዲሁም የስራ ሁኔታ ከተሳታፊዎች የበሽታ እውቀት ደረጃ ጋር ግንኙነት እንደነበራቸው ያሳያል። ነገርግን የተሳታፊዎች እድሜ እና የቤተሰብ ብዛት ለበሽታው ካላቸው የእውቀት ደረጃ ጋር ምንም አይነት ግንኙነት እንዳልነበራቸው መረጃው አሳይቷል።

ማህበራዊ እና ዲሞክራሲያዊ ሁኔታዎች እና የተሳታፊዎች ፕሉምነሪ ሳንባ ነቀርሳ የእውቀት ደረጃ ያላቸው ዝምድና እንደሚከተለው ተቀምጧል።

| መሰረታዊ ባህሪያት    | ዝቅተኛ የእውቀት ደረጃ | ከፍተኛ የእውቀት ደረጃ | ኤ.ኦ.አር (ADR) | 95% ሲ.አይ ለ ኤ.ኦ.አር |      |
|----------------|----------------|----------------|--------------|-------------------|------|
| ፆታ             |                |                |              |                   |      |
| ወንድ            | 177            | 222            | 1            |                   |      |
| ሴት             | 231            | 171            | 1.70         | 1.20              | 2.43 |
| የትምህርት ደረጃ     |                |                |              |                   |      |
| ያልተማሩ          | 381            | 188            | 1            | 170               | .39  |
| አንደኛ ደረጃ ያጠናቀቁ | 68             | 115            | .272         | .061              |      |
| ሁለተኛ ደረጃ ያጠናቀቁ | 22             | 160            | 126          |                   |      |
| የጋብቻ ሁኔታ       |                |                |              |                   |      |
| ያገቡ            | 373            | 325            | 1            |                   |      |
| ያላገቡ እና ሌሎች    | 35             | 68             | 35           | .151              | .80  |
| የመኖሪያ ቦታ       |                |                |              |                   |      |
| ከተማ            | 45             | 175            | 1            |                   |      |
| ገጠር            | 363            | 219            | 1.86         | 1.13              | 3.0  |
| የቤተሰብ ወርሃዊ ገቢ  |                |                |              |                   |      |
| ከ 200 ብር በታች   | 253            | 132            | 1            |                   |      |
| ከ200 — 500 ብር  | 120            | 146            | .60          | .41               | .88  |
| ከ500 ብር በላይ    | 34             | 116            | .37          | 3(.218)           | .63  |

ከፍተኛ እውቀት ነጥብ = 0

ዝቅተኛ እውቀት ነጥብ = 1

የተሳታፊዎች ለበሽታው ያላቸውን አመለካከት ለማለስ በተሰበሰበው መረጃ መሰረት በፕሎምነሪ ሳንባ ነቀርሳ ታማሚዎችን የማግለል ሁኔታ በከፍተኛ ደረጃ ታይቷል። ከተሳታፊዎች መካከል 63% በበሽታው የተያዘን ሰው እንደሚፈሩ፣ 37.8% ያህሉ በበሽታው መያዝ እንደሚያሳፍር፣ 35.8% ያህሉ በበሽታው ከተያዘና ከዳነ ሰው ጋር የጋብቻ ግንኙነት እንኳን እንዲኖራቸው እንደማይፈልጉ ሲገልፁ፣ 14.1% ያህሉ ደግሞ በበሽታው የተያዘን ሰው ለመንከባከብ ፈቃደኛ እንዳልሆኑ አብራርተዋል።

የሚከተለው መረጃ የጥናቱ ተሳታፊዎች በፕሎምነሪ ሳንባ ነቀርሳ ለተጠቃ ሰው ያላቸውን አመለካከት ያሳያል።

| መሰረታዊ ባህሪያት                            | አዎንታዊ አመለካከት | አሉታዊ አመለካከት | ገለልተኛ       |
|--|--------------|-------------|-------------|
| የፕሎምነሪ ሳንባ ነቀርሳ በሽተኞች ሁሉ የኤድስ ህመማን ናቸው | 522 (74%)    | 24 (3.4%)   | 158 (22.4%) |
| በበሽታው የተጠቃን ሰው መፍራት                    | 240 (34%)    | 449 (63.8%) | 15 (2.1%)   |
| በበሽታው የተጠቃን ሰው ለመለከቱ ጥሩ ያልሆነ ስሜት መሰማት  | 164 (23.3%)  | 513 (72.9%) | 27 (3.8%)   |
| በበሽታው ለተጠቃ ሰው እንክብካቤ መስጠት              | 597 (84.8%)  | 99 (14.1%)  | 8 (1.1%)    |
| በበሽታው ከተጠቃ ጓደና ጋር ጓደኝነትን መቀጠል          | 443 (62.9%)  | 243 (34.3%) | 18 (2.6%)   |
| በበሽታው ከተጠቃ ሰው ጋር ጋብቻ መመስረት             | 430 (61.2%)  | 252 (35.8%) | 21 (3.0%)   |
| በበሽታው ከተጠቁ ለሌሎች ገልፆ መናገር               | 529 (75.1%)  | 171 (24.3%) | 4 (0.6%)    |
| በሽታው መጠቃት የሚያሻማቅቅ ጉዳይ ነው               | 417 (59.2%)  | 266 (37.8%) | 21 (3%)     |

**ማጠቃለያ**

በዚህ ጥናት መሰረት ከጥናቱ ተሳታፊዎች ከፊሎቹ በፕሎምነሪ ሳንባ ነቀርሳ በሽታ ዙሪያ ምንም እውቀት እንደሌላቸው የተወሰኑት የእውቀት ክፍተት እንዳለባቸውና ሌሎች ደግሞ የተሳሳተ እውቀት እንዳላቸው መረዳት ተችሏል።

በሌላ አቅጣጫ ሴቶችን ከወንዶች፣ የገጠር ነዋሪዎችን ከከተማ ነዋሪዎች ያገቡትን ካላገቡት፣ ዝቅተኛ የትምህርት ደረጃ ያላቸው ከፍተኛ የትምህርት ደረጃ ካላቸው እንዲሁም ዝቅተኛ ገቢ ያላቸው ከፍተኛ ገቢ ካላቸው ስለበሽታው ዝቅተኛ እውቀት እንዳላቸው ታውቋል።

የጥናቱን ውጤት መሰረት በማድረግ የሚከተሉትን አስተያየቶች መስጠት ተሞክሯል፡-

- በፕሎምነሪ የሳንባ ነቀርሳ በሽታ (PTB) ዙሪያ ያለውን የህብረተሰብ ግንዛቤ ለመፍጠር ሆነ ከፍ ለማድረግ የመረጃና የትምህርት እንዲሁም የባህሪ ለውጥ ማስጨበጫ (IEC/BCC) ስራዎች በስፋት መሰራት ይኖርባቸዋል።
  - የሳንባ ነቀርሳ በሽታን እና ኤች ኤይ ቪ ኤድስን በተመለከተ የሚሰሩ ስራዎች በአንድነት ተደጋግፈው መሰራት ይኖርባቸዋል።
- በሽታውን በተመለከተ በሚሰጡ መረጃዎ እና ትምህርቶች ለችግሩ በጣም የተጋለጡትን የማህበረሰቡ ክፍሎች ያማክስ ቢሆን ውጤታማ ያደርገዋል።

**በኤች አይቪ ኤድስ ዙሪያ የሚደረግ የመከላከል፣ የእንክብካቤና የድጋፍ መስጠት ስራ ዙሪያ የህብረተሰብ ተሳትፎ እና የሚያጋጥሙ ችግሮች በዳንግላ ከተማ**

**መግቢያ**

እ.አ.አ በ2005 ከ15-49 የእድሜ ክልል ውስጥ በሚገኙ የአማራ ክልል ነዋሪዎች የኤች አይቪ ኤድስ ሽፋን 4.5% እንደሚደርስ ተገምቷል። በወቅቱ የወላጅ አልባ ልጆች ቁጥር 1,373,278 ያህል ሲሆን ከነዚህ ውስጥ 293,169 (21.35%) ያህል በኤድስ ምክንያት ወላጆቻቸውን ያጡ ህፃናት ነበሩ።

እ.አ.አ በ2006 በዳንግላ ጤና ጣቢያ የተገኘው መረጃ እንደሚያሳየው በጣቢያው ከተመረመሩት 1,323 ነዋሪዎች መካከል 149(38 ወንዶችና 111 ሴቶች) ያህል

የኤች አይቪ ቫይረስ በደማቸው ተገኝቷል። ይህም ውጤት በከተማው ውስጥ የበሽታው ሽፋን ወደ 11.26% ከፍ እንዲል አድርጎታል።

በተመሳሳይ ሁኔታ በ2006 ከዳንግላ አንደኛ ደረጃ ት/ቤት በተገኘው መረጃ መሰረት ከ18 ዓመት በታች የሆኑና በኤድስ ምክንያት ወላጆቻቸውን ያጡ ህፃናት ቁጥር 729 እንደነበር ያሳያል።

ከነዚህም ወላጅ አልባ ህፃናት መካከል 128 እናታቸውን፣ 264 አባታቸውን ያጡ ሲሆኑ 337 ያህል ደግሞ ሁለቱንም መላጆቻቸውን ያጡ ነበሩ።

በሌላ በኩል በአሁኑ ወቅት ኢትዮጵያ የኤች አይ ኤድስ ወረርሽኝን ለመከላከልና ለመግታት የምታደርገው ጥረት አወንታዊ ለውጥ በማምጣት ላይ መሆኑን መረጃዎች ያሳያሉ። ይህም ሆኖ በሽታው ማግኘት የነበረበትን ትኩረት ባለማግኘቱ እያደረሰ የሚገኘው ጉዳት በቀላሉ የሚገመት አይደለም።

የኤች አይቪ ኤድስ የመከላከልና በቫይረሱ ለተጠቁ የእንክብካቤና ድጋፍ የመስጠት ስራ በህብረተሰቡ የተሳትፎ

በመገኘቱ ጥናቱን ማካሄድ አስፈላጊ ሆኖ ተገኝቷል።

**የጥናቱ አላማ**

የዚህ ጥናት ዋነኛ አላማ በኤች አይቪ ኤድስ ለተጠቁ ሰዎች እና በበሽታው ምክንያት ወላጆቻቸውን ላጡ ህፃናት በሚደረገው የመከላከል፣ የመንከባከብና ድጋፍ የመስጠት ተግባር ውስጥ የህብረተሰቡ ተሳትፎ ምን እንደሚመስል ለማየት ነው።

**የጥናቱ ዘዴ**

ጥናቱ የተካሄደው በአማራ ክልል ውስጥ ሲሆን በተይም ትኩረት ያደረገው በአዊ ዞን ውስጥ በምትገኘው የዳንግላ ከተማ ላይ ነው። የዳንግላ ከተማ ከአዲስ አበባ 485 ኪ.ሜ ርቀት ላይ ስትገኝ ከባህርጻር ደግሞ በ85 ኪ.ሜ ርቀት ላይ ትገኛለች።

እ.አ.አ በ2006 በከተማው ውስጥ 26,704 (51.6% ሴቶች እና 48.4% ወንዶች) ነዋሪዎች የነበሩ ሲሆን፤ ነዋሪዎቹ ከግማሽ በላይ ከ 15-49 ባለው የእድሜ ክልል ውስጥ የሚገኙ ናቸው።

ሁተታዊ የጥናት ስልት (qualitative approach) በዚህ ጥናት ውስጥ ስራ ላይ የዋለው ዋነኛ ዘዴ ሲሆን፤ የቡድን

ውይይት፣ ቃለ-መጠይቆች፣ **የቅርብ ክትትል** (observation) በመጠቀም መረጃውን ለማሰባሰብ ተችሏል።

**የጥናቱ ውጤት**

ጥናቱ በተጠናበት አካባቢ አብዛኛው የህብረተሰብ ክፍል በሽታውን የመከላከል፣ ድጋፍ የመስጠትና እንክብካቤ ስራ እንደሚያስፈልግ ቢያምንም የሚያደረገው ተሳትፎ ግን በቂ አይደለም። በተለያዩ የህብረተሰብ ክፍሎች መካከል ለመሸታው የሚሰጠው የትኩረት ደረጃ የተለያየ እንደሆነ ጥናቱ አሳይቷል። በውጤቱ መሰረት አብዛኞቹ ሰዎች በበሽታው ዙሪያ ግንዛቤ የማስጨበጥ ስራ ይሰራሉ፤ ነገርግን በበሽታው ለተጠቁ እንዲሁም በበሽታው ምክንያት ወላጆቻቸውን ላጡ ህፃናት የሚሰጡት ድጋፍ እና እንክብካቤ ውሉን እንደሆነ ከጥናቱ ማየት ተችሏል። ድጋፍ እና እንክብካቤ ከመስጠት አኳያ የተደራጀና የተቀናበረ ስርዓት አለመዘርጋቱም ሌላው የጥናቱ ውጤት ነው።

የቤተሰብን ሁኔታ በተናጥል ለማየት እንደተሞከረው፣ የተለያዩ የቤተሰብ

አካላት ድጋፍና እንክብካቤ ከመስጠት ፍላጎታቸውን ማቅረብ ናቸው። አካላት የሚቃረን ሚና እንዳላቸው የቀበሌው መስተዳድርም በበኩሉ ለመረዳት ተችሏል።

የተወደሱት የቤተሰብ አካላት አልፎ ቤቶችን ተከራይቶ የማስቀመጥ ጉረቤቶቻቸውን ጨምሮ በበሽታው ተግባር ያከናውናል።

ለተጠቁና ወላጆቻቸውን በበሽታው የሀይማኖት ተቋማት ምክንያት ላጡ ህጻናት የቁሳቁስ፣ በበኩላቸው፣ የእምነት ተከታዮችን ስለ የገንዘብ፣ የስልቦና ድጋፍ እንደሚሰጡ ኤች አይ ቪ ኤድስ በቂ ግንዛቤ መረጃው ያሳያል።

በተቃራኒ መንገድ ደግሞ የተወሰኑ የቤተሰብ አካላት፣ ጉረቤቶች እና ዘመድ አዘማድ ህመምተኞቹን ሆነ የችግሩ ተጠቂ የሆኑትን ህጻናት ችላ በማለት እንደሚያገሉ ጥናቱ ያመለክታል።

ከማህበረሰብ ተቋማት (CBOS) ከቫይረሱ ጋር ለሚኖሩ ነዋሪዎች መካከል እድሮች ለጉዳዩ ትኩረት እንዲሁም ለወላጅ አልባ ህጻናት ሲሰጡ፣ ሌሎች ማህበራት እና እቁቦች የሚደረግ ምንም አይነት የቁሳቁስም ሆነ ግን በአንጻራዊነት ለጉዳዩ አነስተኛ የገንዘብ እርዳታ የለም።

ትኩረት እንደሚሰጡና የተሳትፎ ብቻ የመንግስት ተቋማትን በተመለከተ፣ ተግባራት እንደሚያከናውኑ ጥናቱ የዳንግላ ወረዳ ኤች አይቪ ኤድስ ጋር በጉልህ አሳይቷል። እድሮቹ በተያያዘ በወረዳው የሚከናወኑትን ከሚሰጧቸው አገልግሎቶች ጥቂቶቹ፣ ስራዎች በማዕከላዊነት የሚከታተል ወላጅ አጥ ህፃናትን መመዘገብ እና የሰው ሀይል በመመደብ አገልግሎት ለይቶ ማወቅ፣ የቀብር ስነስርዓት ይሰጣል። ከዚህ በተጨማሪ ከቫይረሱ ወጪዎችን መሸፈን እና ማከናወን፣ ጋር የሚኖሩ ሰራተኞችን የህክምና ለዕድፈ አባላት የህክምና ወጪ መሸፈን፣ አገልግሎት እንዲያገኙ በማድረግና የስራ ሰው የሞተባቸውን የቤተሰብ አባላት መደብ በማዘዋወር እና የመሳሰሉትን ገንዘብ በማሰባሰብ ልጆች መሰረታዊ እርዳታዎች ይሰጣል።

መንግስታዊ ያልሆኑ ማህበራት እንደ ከዚህ በተጨማሪ የማህበረሰቡ ለኤች አይ የሴቶች ማህበር፣ የወጣቶች ማህበር፣ ቪ ኤድስ ተጋላጭነትን በተመለከተ የባህሪ የመምህራን ማህበር የመሳሰሉት ኤች አይ ለውጥ ማምጣት አለመቻል እና ቪ ኤድስን ለመዋጋት በሚደረገው ዘመቻ በወረርሽኝ ዙሪያ የሚሰሩ ስራዎች የሚጫወቱት ሚና አምብላም አልታዩም። አጥጋቢ ውጤት ያለማምጣት ኤች አይ በሌላ አቅጣጫ የአቅም ውስነነት ቪ ኤድስን ለመዋጋት የሚደረገውን ትግል እንዳለ ሆኖ የጸረ ኤድስ ክበባት፣ ወደኋላ አስቀርቶታል።

ኤልሻዳይ ክብብ፣ “ሻካ እና ቤተሰቦቹ” በሌላ አቅጣጫ የህብረተሰቡ ተስፋ በግንዛቤ ማስጨበጥ ዙሪያ በርካታ የመቁረጥ መንፈስ እንዲሁም በበሽታው ስራዎችን ይሰራሉ። የቤት ለቤት ምክንያት የመድሎና የማግለል ሁኔታዎች እንክብካቤና ድጋፍ ሰጪዎችም ተገቢውን እየተባባሰ መምጣት የማህበረሰቡ ተሳትፎ ስልጠና አግኝተው ከቫይረሱ ጋር እየመነመነ እንዲሄድ ከፍተኛ ተፅዕኖ የሚኖሩትን ነዋሪዎች ይንከባከባሉ። አሳድሯል።

የግል ተቋማት በሽታውን ከመዋጋት በኤች አይቪ ኤድስ መከላከልና አንጻር ትኩረት እንደማይሰጡ መረጃው መቆጣጠር ዙሪያ የሚሰሩ ስራዎችን ያሳያል። የባለቤትነት ስሜት አለመሰማት ሌላው ይህ ጥናት በህብረተሰቡ ተሳትፎ ላይ በመረጃው የሚታይ ውጤት ሲሆን፣ ተፅዕኖ የሚያሳድሩትን መንስኤዎች በአብዛኛው ጉዳዩን የተወሰኑ ተቋማት ለመለየት ሙከራ አድርጓል። በኤች አይ ጉዳይ ብቻ አድርጎ መመልከት ይታያል። ቪ ኤድስ ዙሪያ በቂ እውቀት ባለመኖሩ ባህልን በተመለከተ፣ በማህበረሰቡ ውስጥ ምክንያት ድጋፍና እንክብካቤ ለመስጠጥ ግልጽ ውይይት ማድረግ ያልተለመደ ነገር መፍራትን ብሎም ከቫይረሱ ጋር በመሆኑ ሰዎች ችግራቸውን አፍነው የሚኖሩትን ግለሰቦችና ወላጅ አልባ በመያዝ የበለጠ አስከሬ ወደሆነ ችግር ህፃናትን ማግለል በስፋት ይስተዋላል። እንደሚገቡ ታይቷል። የሀይማኖት ስለዚህም የተለያዩ የማህበረሰብ ክፍሎች ተቋማት ማህበረሰቡ በሽታውን ከቫይረሱ ጋር የሚኖሩትን ሰዎች እንዴት ለመግታትና ለመቆጣጠር በሚያደርገው መንከባከብ እንደሚገባ በቂ መረጃ ጥረት ዙሪያ ምንም አይነት አሉታዊ ሊሰጣቸው ይገባል። ተፅዕኖ እንደሌላቸው ጥናቱ አሳይቷል።

የኢኮኖሚ ተፅዕኖን በተመለከተ የቁሳቁስ እጥረት የሰለጠነ የሰው ኃይል አለመኖር አግባብነት የሌለው የሀብት አጠቃቀም ወዘተ ሌሎች የማህበረሰቡን ተሳትፎ ላይ ተፅዕኖ ያሳደሩ ጉዳዮች ናቸው። ከዚህ ጉን ለጉን ከተረጅነት ስሜት የተነሳ የሰው ሀይል፣ የመሳሪያና የፋይናንስ ክፍተቶች ያለመልበት ወዘተ የማህበረሰቡን ተሳትፎ በስፋት ተጭኖታል።

በመጨረሻም መረጃው በጉልህ ያሳየው ውጤት የማህበረሰብ፣ የፓለቲካና የሀይማኖት መሪዎች ህብረተሰቡን ለማነቃነቅ የአውቀት፣ የገንዘብና የተነሳሽነት እጥረት እንደሚታይባቸው ነው።

**ማጠቃለያ**

ጠቅለል አድርጎ ለማየት ሲሞክር ማህበራዊ፣ ባህላዊና ኢኮኖሚ ሁኔታዎች በዳንግላ ከተማ ያለውን የህብረተሰብ ተሳትፎ ላይ ተፅዕኖ እንዳሳደሩ ጥናቱ ያሳያል። በከተማው ውስጥ ያሉት መልካም አጋጣሚዎችና አመቺ ሁኔታዎች በአግባቡ ጥቅም ላይ አልዋሉም። ስለዚህ ኤች አይ ቪ

ኤድስን በመዋጋት ዙሪያ የሚሰሩ አካላት የማህበረሰቡን ተሳትፎ ከፍተኛ ማድረግ አኳያ ከፍተኛ ጥረት ማድረግ ይጠበቅባቸዋል። ያለ ማህበረሰቡ ተሳትፎ የጥቂት መንግስታዊና መንግስታዊ ያልሆኑ አካላት ጥረት ብቻ ችግሩን ለመቅረፍ እንደማይቻል ግልፅ በመሆኑ በዚህ ዙሪያ በርካታ ስራ መስራት ያስፈልጋል።

በአጠቃላይ የችግሩን ጥልቀት ከማህበረሰቡ ተሳትፎ ጋር አያይዞ የበለጠ ለመረዳት ተመሳሳይ ጥናቶች በጥልቀት ቢሰሩ ጠቃሚ ይሆናል።

**Highlights on Prevention, Care and Support**

**Vaccine and Immunizations:  
TB Vaccine (BCG)**

BCG, or bacille Calmette-Guérin, is a vaccine for TB disease. This vaccine is widely used in developing countries. Specially, it is often given to infants and small children in countries where TB is common. BCG vaccine does not always protect people from getting TB. If you were vaccinated with BCG, you may have a positive reaction to a TB skin test. This reaction may be due to the BCG vaccine itself or due to infection with the TB bacteria. Your positive reaction probably means you have been infected

with TB bacteria if

- You recently spent time with a person who has active TB disease; or
- You are from an area of

the world where active TB disease is very common (such as most countries in Latin America and the Caribbean, Africa, Asia, Eastern Europe, and Russia); or

- You spend time where TB disease is common (homeless shelters, migrant farm camps, drug-treatment centers, health care clinics, jails, prisons).

The BCG vaccine should be considered only for very select persons who meet specific criteria and in consultation with a TB expert.



The BCG vaccine should be considered only for very select persons who meet specific criteria and in consultation with a TB expert.

**Latent TB Infection**

TB bacteria can live in your body without making you sick. This is called **latent TB infection (LTBI)**. In most people who breathe in TB bacteria and become infected, the body is able to fight the bacteria to stop them from growing. People with latent TB infection do not feel sick and do not have any symptoms. The only sign of TB infection is a positive reaction to the [tuberculin skin test](#) or [special TB blood test](#). People with latent TB infection are not infectious and cannot spread TB bacteria to others. However, if TB bacteria become active in the body and multiply, the person will get sick with TB disease.

**TB Disease**

TB bacteria become active if the immune system can't stop them from growing. When TB bacteria are active (multiplying in your body), this is called **TB disease**. TB disease will make you sick. People with TB disease may spread the bacteria to people they spend time with every day. Many people who have latent TB infection never develop TB disease. Some people develop TB disease soon after becoming infected (within weeks) before their immune system can fight the TB bacteria. Other people may get sick years later, when their immune system becomes weak for another reason. For persons whose immune systems are weak, especially those with HIV infection, the risk of developing TB disease is much higher than for persons with normal immune systems.

**The Difference between Latent TB Infection and TB**

**Disease**

| <b>A Person with Latent TB Infection</b>   | <b>A Person with TB Disease</b>   |
|--|---|
| <ul style="list-style-type: none"> <li>• Has no symptoms</li> </ul>  | <ul style="list-style-type: none"> <li>• Has symptoms that may include:               <ul style="list-style-type: none"> <li>- a bad cough that lasts 3 weeks or longer</li> <li>- pain in the chest</li> <li>- coughing up blood or sputum</li> <li>- weakness or fatigue</li> <li>- weight loss</li> <li>- no appetite</li> <li>- chills</li> <li>- fever</li> <li>- sweating at night</li> </ul> </li> </ul> |
| <ul style="list-style-type: none"> <li>• Does not feel sick</li> </ul>   | <ul style="list-style-type: none"> <li>• Usually feels sick</li> </ul>  |
| <ul style="list-style-type: none"> <li>• Cannot spread TB bacteria to others</li> </ul>                                  | <ul style="list-style-type: none"> <li>• May spread TB bacteria to others</li> </ul>  |
| <ul style="list-style-type: none"> <li>• Usually has a skin test or blood test result indicating TB infection</li> </ul> | <ul style="list-style-type: none"> <li>• Usually has a skin test or blood test result indicating TB infection</li> </ul>  |
| <ul style="list-style-type: none"> <li>• Has a normal chest x-ray and a negative sputum smear</li> </ul>                 | <ul style="list-style-type: none"> <li>• May have an abnormal chest x-ray, or positive sputum smear or culture</li> </ul>   |
| <ul style="list-style-type: none"> <li>• Needs treatment for latent TB infection to prevent active TB disease</li> </ul> | <ul style="list-style-type: none"> <li>• Needs treatment to treat active TB disease</li> </ul>  |

**The Difference between Latent TB Infection and Active TB Disease**

**What is TB?**

Tuberculosis (TB) is a disease caused by a germ called *Mycobacterium tuberculosis* that is spread from person to person through the air. TB usually affects the lungs, but it can also affect other parts of the body, such as the brain, the kidneys, or the spine. When a person with infectious TB coughs or sneezes, droplet nuclei containing *M. tuberculosis*

are expelled into the air. If another person inhales air containing these droplet nuclei, he or she may become infected. However, not everyone infected with TB bacteria becomes sick. As a result, two TB-related conditions exist: latent TB infection and active TB disease.

**What is Latent TB Infection?**

Persons with latent TB infection do not feel sick and do not have any symptoms. They are infected with *M. tuberculosis*, but do not have active TB disease. The only sign of TB infection is a positive reaction to the tuberculin skin test or special TB blood test. Persons with latent TB infection are not infectious and cannot spread TB infection to others.

Overall, about 5 to 10% of infected persons will develop active TB disease at some time in their lives. About half of those people

who develop active TB will do so within the first two years of infection. For persons whose immune systems are weak, especially those with HIV infection, the risk of developing active TB disease is considerably higher than for persons with normal immune systems.

Of special concern are persons infected by someone with extensively drug-resistant TB (XDR TB) who later develops active TB disease; these persons will have XDR TB, not regular TB disease.

| <b>A person with latent TB infection (LTBI)</b>   |
|---|
| Usually has a skin test or blood test result indicating TB infection  |
| Has a normal chest x-ray and a negative sputum test   |
| Has TB bacteria in his/her body that are alive, but inactive  |
| Does not feel sick  |
| Cannot spread TB bacteria to others   |
| Needs treatment for latent TB infection to prevent TB disease; however, if exposed and infected by a person with multidrug-resistant TB (MDR TB) or extensively drug-resistant TB (XDR TB), preventive treatment may not be an option |

**What is Active TB Disease?**

In some people, TB bacteria overcome the defenses of the immune system and begin to multiply, resulting in the progression from latent TB infection to active TB disease. Some people develop active TB disease soon after infection, while others develop active TB disease later when their immune system becomes weak.

The general symptoms of active TB disease include ,Unexplained weight loss, Loss of appetite ,Night sweats ,Fever, Fatigue ,Chills .

The symptoms of TB of the lungs include, Coughing for 3 weeks or longer emoptysis (coughing up blood) ,Chest pain .Other symptoms depend on the part of the body that is affected. Persons with active TB disease are considered infectious and may spread TB bacteria to others. If TB disease is suspected, persons should be referred for a complete medical evaluation. If it is determined

that a person has active TB disease, therapy is given to treat it. TB disease is a serious condition and can lead to death if not treated.

| <b>A person with active TB disease</b>                                 |
|--|
| • Usually has a skin test or blood test result indicating TB infection |
| • May have an abnormal chest x-ray, or positive sputum smear or        |
| • Has active TB bacteria in his/her body                               |
| • Usually feels sick and may have symptoms such as coughing, fe-       |
| • May spread TB bacteria to others                                     |
| • Needs treatment to treat active TB disease                           |

**Definitions of medical terms related to HIV/AIDS, STIs and TB**

Dear readers, this section is meant to provide simple meanings and definitions of medical terms that are related to HIV/AIDS, STIs and TB. The editors of this digest believe this section would enlighten readers with such medical terms with simple and comprehensible language and support their daily routines.

**Autoimmunity:**

In HIV vaccination, a theoretical adverse effect in which the vaccine causes immune responses that are inappropriately directed at a person's own tissues

**SHIV:**

Genetically engineered hybrid vi-

rus having an HIV envelope and an SIV core

**ANGIOMATOSIS:**

A condition characterized by the formation of a tumor that is composed chiefly of blood or lymphatic vessels.

**AIDSTRIALS:**

An online database service of the National Library of Medicine, with information about clinical trials of agents (e.g., drugs) under evaluation against HIV infection, AIDS, and related opportunistic diseases. (Internet address: <http://igm.nlm.nih.gov/>.)

**ELISA:**

(Enzyme-Linked Immunosorbent Assay). A type of enzyme immunoassay (EIA) to determine the presence of antibodies to HIV in the blood or oral fluids. Repeatedly reactive (i.e., two or more) ELISA test results should be validated with an independent

supplemental test of high specificity.

**HISTOCOMPATIBILITY TESTING:**

A method of matching the self-antigens on the tissues of a transplant donor with those of a recipient. The closer the match, the better the chance that the transplant will not be rejected.

**ACUTE HIV INFECTION:**

The 4- to 7-week period of rapid viral replication immediately following exposure. The number of virions produced during primary infection is similar to that produced during several subsequent years of established, asymptomatic infection. An estimated 30 to 60 percent of individuals with primary HIV infection develop an acute syndrome characterized by fever, malaise, lymphadenopathy, pharyngitis, headache, myalgia, and sometimes rash. Following primary infection, seroconversion

and a broad HIV-1 specific immune response occur, usually within 30 to 50 days. It was previously thought that HIV was relatively dormant during this phase. However, it is now known that during the time of primary infection, high levels of plasma HIV RNA can be documented.

**SEROSTATUS:**

Results of a blood test for specific antibodies.

**BIOPSY:**

Surgical removal of a piece of tissue from a living subject for microscopic examination to make a diagnosis (e.g., to determine whether abnormal cells such as cancer cells are present).

**AEROSOLIZED:**

A form of administration in which a drug, such as pentamidine, is turned into a fine sprays or mist by a nebulizer and inhaled.

# Glossary

1. AIDS Epidemic: - በአንድ ወቅት በአንድ በተወሰነ ሕብረተሰብ ውስጥ የኤድስ በሽተኛ ብዛት ዘወትር ከተለመደው ሥርጭት በበለጠ መልኩ ሲታይ ነው።
2. Adjusted Odds Ratio (AOR):- በስታቲስቲክስ የጥናት ስልት መሰረት ሌሎች ክስተቶችን በመቀነስ የተስተካከለ የተጋላጭነት የዉጤት መመዘኛ ነጥብ ማሳያ ዘዴ ነዉ።
3. Behavior Change Communication:- የባህሪዬ ለዉጥ ለማምጣት በህብረተሰቡ ዉስጥ የሚደረግ ግልፅ ዉይይት ማለት ነዉ።
4. Confidence Interval (CI):- የጥናት ደረጃን የማስተማመን ወይም የማመጣጠን ዘዴ።
5. Cross-sectional Descriptive Study:-በአንድ በተወሰነ የጊዜ ገደብ ላይ ያተኮረ የገለጻ ጥናት ዘዴ።
6. odds ratio:- ያልተስተካከለ የዉጤት መመዘኛ ነጥብ።
7. Dependent Variables:- ተፈታሽ ወይም የተለዋዋጭነት ባህሪ።
8. Developmental stage:-ክፍለ እድገት
9. Directly Observed Treatment Short-course:-ባለሞያው በተገኘበት ህመምተኛው መድሃኒት እንዲወስድ የማድረግ ዘዴ።
10. Exit Interview:-ህመምተኛው ህክምና ጨርሶ ከመሄዱ በፊት የሚደረግለት ቃለመጠቅ
11. Ethical Clearance:- ስነምግባር የተሞላበት ጥናት ስለመሆኑ ማረጋገጫ ሰነድ
12. Focus Group Discussion:- የሃተታዊ ጥናት ክፍል የቡድን ወይይት።
13. HIV Infection:- የኤድስ ቫይረስ ሰውነትን በመውረርና በመራባት ጥቃት ሲፈጽም ነው።
14. Indicators:- የዉጤት አመላካቾች።
15. Independent Variables:- ለችግሩ ፈታሽ /መንስኤ/ ወይም የለዋጭነት ባህሪ።

- 16. In-depth Interview:- ጥልቅ የሆነ ቃለ መጠይቅ።
- 17. Information Education and Communication:- የመረጃ ፤ ትምህርትና ኮምዩኒኬሽን ስልት።
- 18. Logistic Regression:- ተጨማሪ ወይም ተደራቢ ችግሮችን ከዋናው ችግር ጋር ያላቸውን አንድነትና ልዩነት ለማነፃፀር የሚጠቅም የስታቲስቲክስ ስልት ነው።
- 19. Multistage Sampling:- በየደረጃው የተለያዩ የጥናት ስልቶችን በመጠቀም የጥናት ተሳታፊን መምረጥ።
- 20. Multivariate Analysis:- ሁለገባዊ የስታቲስቲክስ የወጤት ትንተና ስልት
- 21. Non-probability Sampling:- በነሲብ /በዕድል ባልሆነ ተሳታፊን ለጥናት መምረጥ።
- 22. Prevalence:- በአንድ ወቅት በተወሰነ ሕብረተሰብ ውስጥ በሚኖሩ ሰዎች መካከል በአንድ በሽታ የተያዙ ሰዎችን መጠን የሚያመለክት ነው።
- 23. Proportion: - ምጥጥን።
- 24. Qualitative Study: - የአይነት ወይም የሐተታዊ ጥናት መረጃዎች አሰባሰብ ዘዴ።
- 25. Quantitative Study:- የአህዛዊ ወይም የመጠናዊ ጥናት መረጃዎች አሰባሰብ ዘዴ።
- 26. Random Sampling: - በነሲብ/በዕድል ተሳታፊን መምረጥ።
- 27. Response Rate: - የመልስ አሰጣጥ ፍጥነት
- 28. Risk Behavior:- የተጋላጭነት ባህሪ።
- 29. Ratio:- ስብጥር
- 30. Random sampling: በነሲብ የጥናት ተሳታፊን የመምረጥ ስልት።
- 31. Semi-structured Questionnaire:- በክፍል ወጥ የሆነ መጠይቅ
- 32. Sexula Behavior:- የወሲብ ባህሪ ያት።
- 33. Sexually Transmitted Diseases: የአባላዘር በሽታዎች።
- 34. Structured Questionnaire:- ወጥ የሆነ መጠይቅ
- 35. Statistical Package for Social Scince (SPSS):- የኮምፒውተር ፕሮግራም
- 36. Statistical Significance:- በሁለት ወይም ከዚያ በላይ በሆኑ አማራጮች መካከል ያለውን የትስስር መጠን ወይንም በሁለቱ መካከል ያለው ልዩነት የሚታየው በአጋጣሚ መሆን

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አለመሆኑን ለማመልከት የሚያስችል አህዛዊ ማረጋገጫ ዘዴ ነው።

37. Systematic Sampling:- በተወሰነ የልዩነት ገደብ በነሲብ የጥናት ተሳታፊን የመምረጥ ስልት።

38. Univariate Analysis:- አህዛዊ የጥናት የትንተና ዘዴ።

39. Unprotected Sex:- ጥንቃቄ የጎደለው የግብረ-ስጋ ግንኙነት።

40. Voluntery Counselling and Testing (VCT):- በበጎ ፈቃደኝነት ላይ የተመሰረተ የአች.አይ.ቪ. የደም ምርመራ።

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**Invitation**

EPHA-The Strategic Information and dissemination project would like to invite readers of this Digest to forward their invaluable suggestions and comments that significantly enhance the quality of the Digest. Moreover the editors of this digest ask researchers and health professionals to provide their research findings which play key roles in provision of tangible and up-to-date information for those who are in the safekeeping of the public health.