

Attitude of physicians towards homosexuals in Ethiopia, a research proposal to undertake a behavioral study, September 2017, Ethiopia.

INVESTIGATOR	Dr. Demeke Tesfaye Elala MD
Address	Addis Ketema Subcity Wereda 03, House #595
Telephone	+251-0910595160
Fax Number	
E-mail Address	demeke.tesfaye@ju.edu.et Drdemeket@gmail.com
PARTNER ORGANISATIONS	To be contacted
FUNDING REQUESTED	
DURATION OF PROJECT	Six(06) months
Start date	01 10 2017
End date	30 03 2018
DRAFT NUMBER:	1
DATE OF SUBMISSION:	15 09 2017

Executive Summary

There is widespread negative attitude towards homosexuals in Ethiopia. This is accompanied by the gap in the legal system of the country. Same-sex sexual activities could result up to fifteen years in prison. There is also shortage of health professionals in the poorly accessible health centers. Attitude of physicians towards their patient's behavior influence the care delivery to patients.

Physicians, being the members of the community, are exposed to the widespread homophobic messages. The negative attitude towards homosexual people will jeopardize the care that should be delivered to the group.

A cross sectional behavioral study will be conducted to determine the attitude of physicians toward homosexuality and associated factors affecting it in Ethiopia from November 1, 2017 to December 15, 2017. The study will gather information about attitude, sociodemographic characters, and experience of physicians in Ethiopia and explain factors associated with the variable.

The study instrument will be a structured self administered questionnaire which will be gathered by electronic message.

Data will be checked for completeness and analysed in computer software for descriptions and association will be made.

Results will be presented in graphs, charts and tables with detailed descriptions. Report will be discussed with sponsors and concerned stakeholders in seminars and forums.

Official letter of permission from the countries` research ethics committee, in Ministry of Science and technology, have been asked. Informed consent will be asked from each participant. Names will not be asked.

Contents	Page
Executive summary.	2
Introduction	4
Background	6
Objective	7
Definition of terms and acronym s	8
Methodology	
• Study design	9
• Setting and sampling.	9
o Data collection.	9
o Data analysis.	10
o Ethical consideration.	10
Project work plan	
• Project personnel.	11
• Project timeline.	11
• Budget.	12
• Communication	13
References.	14
Annex	
• Questionnaire.	16
• Dummy tables	18
• Informed consent	20
• Resume of researchers	23

Chapter 1 Introduction

Despite many efforts in the wider world to deliver equitable health service to minority groups including homosexual society, there exists a huge gap if we consider Ethiopia. The intolerant and negative attitude toward homosexuality in the general population of the country is rampant: A Pew Global Attitude Project found 97% of the Ethiopian residents believe that homosexuality is a way of life that society should not accept, the 2nd highest rate of the countries surveyed .(1)

The country's legal system is another factor: Homosexual people in Ethiopia face legal challenges not experienced by the others. Both male and female same-sex sexual activity is illegal in the country. Under Article 629 of the Criminal Code, both male and female homosexuality could result in up to 15 years imprisonment. (2)

The health of homosexual people are affected by a range of social, structural and behavioural factors. As a result, these populations have unique health needs that may not be met by existing health care services (8;9). There are many reasons why homosexual people have difficulty accessing health care. These can be categorized in three main causes: (3)

- limited access
- Negative experience
- Lack of knowledge

The health care needs of homosexual persons may not be adequately addressed either because their health care providers may be unaware of their sexual orientation, and they may face specific health issues. Moreover, some patients may have a perception of discrimination in the health system . (4)

The AIDS Resource Center in Addis Abeba reported that the majority of self identified gay and lesbian callers, and the majority of whom were male, requested assistance in changing their behaviour to avoid discrimination. Many gay men reported anxiety, confusion, identity crisis, depression, self-ostracism, religious conflict, and suicide attempts. (5)

Self-esteem, interpersonal and cultural issues, homophobia, substance use, and many other factors all influence young mens risk behaviour.(6) Documented evidence suggests homosexuals face health disparities linked to societal stigma, discrimination and denial of their civil and human rights. Discrimination against them have been seen associated in: high rates of psychiatric disorders(7), Substance abuse(8), and Suicide (9).

Barriers to homosexual persons accessing health care services include the following: Some health care professionals lack knowledge of homosexual persons' health care needs or have negative attitudes toward homosexual patients.(10). These persons may delay or avoid seeking services because of their experiences of past discrimination or perceived homophobia within the health care system (10;11). Some homosexual patients are reluctant to disclose their sexual orientation, which may mean they do not receive appropriate care (12).

To overcome these barriers, a number of countries now have homosexual(LGBT) health care centres that provide comprehensive, culturally sensitive care(13). These centres focus on providing mental health, parenting, mentoring and legal services, as well as medical and prevention services.

Ethiopia, despite receiving over \$6 million from PEPFAR for MSM-specific services, has refused to conduct MSM surveillance, to report on MSM to UNGASS, to use any Global Fund money for homosexual health, or to include their civil society in national planning bodies.(25)

In light of these causes which limit the access to health service to homosexual people, and a very hostile cultural, religious and legal environment, the research aims to assess the already available health care provision. It tries to determine factors affecting provision of care to homosexual people by Ethiopian Doctors.

Chapter 2 Background

Because health care is for everyone, health care providers, including physicians must be prepared to serve people of all races, ethnicities, religions, ages, and background(19).

A visit to a health care facility can make people nervous, for any number of reasons. Some people may be uncomfortable about revealing sensitive information to health care professionals who need it to provide certain services. Others always find it difficult to talk about private health concerns. (19)

Studies have suggested that negatively stereotyped patients receive less adequate health care. Homosexual patients are frequently negatively stereotyped. (14)

Physicians' attitudes are important because of the possible impact they may have on the structure and quality of patient care (15). These attitudes have been linked to racial, gender, and socioeconomic discrepancies in cardiac (16), liver (17), and renal (18) medical care. This condition can result in gaps in health care provided to homosexual patients against the heteronormative cultural context in which health professionals are inserted, resulting in provision of inconsistent and unsatisfactory care.(28)

Creating a safe and welcoming environment for LGBT people requires a combination of understanding them as a population, while treating each of these persons as a unique individual. Effectively serving LGBT patients requires us to understand the cultural context of their lives, and to modify our procedures, behaviour, and language to be inclusive, non-judgmental, and helpful at all times. (3)

The cultural context, knowledge and beliefs about the determinants of homosexuality play a crucial role in attitudes toward homosexuality. (20;21) . Community psychologists recognize that an individuals behaviour does not occur in isolation (22). The provision of care by health professionals seems to be related to cultural patterns in which these workers are inserted. The relationship between culture and care becomes a challenge for the provision of health care to homosexual population.(27)

Collecting data and conducting health-related research in order to identify homosexual health disparities is considered one of the core strategies to improve their health. (23)

The other strategy to improve homosexual health is appropriately inquire about and being supportive of a patient's sexual orientation and gender identity to enhance the patient-provider interaction and regular use of care.(24) Similar studies suggested more research needs to be done to identify what interventions are effective at enhancing attitudes toward the care of this population. (11)

There are known factors associated with attitude of health professionals. Race, religious beliefs, and others have been found to have significant association with attitude of physicians towards homosexual patients.(26)

Information gained from this research will assist clinicians, public health managers and the health minister to develop practices and policies that ensure homosexual patients receive equitable, quality and holistic health care.

Chapter 3 objectives of the study

The objective of the study is to assess the attitude of physicians toward homosexuality and homosexual patients with associated factors in Ethiopia.

Specific objectives

- Assess the attitude of physicians in Ethiopia toward homosexuality
- Assess the attitude of physicians in Ethiopia to give care for homosexual people
- Assess the attitude of physicians in Ethiopia toward other homosexual colleague
- Factors contributing for attitude of physicians toward care of Homosexual people
- Produce a complete report on existing healthcare access to homosexual health
- Forward recommendations on possible solution to the identified problems
- Prepare a platform for further intervention on health of homosexual people

Abbreviation

AIDS acquired immuno deficiency syndrome

ART anti-retroviral therapy

HIV human immunodeficiency virus

UNAIDS

USAID United State Agency to International Development

MSM men having sex with male

LGBT lesbian, gay, bisexual and transgender people

STI Sexually transmitted infection

FDRE Federal Democratic Republic of Ethiopia

PEPFAR President's Emergency Fund for AIDS Relief

PI. Principal Investigator

FMOH Federal Ministry of Health

WHO World Health Organization

EIPH Ethiopian Institute of Public Health

Methodology

Design

Behavioral assessment research between November 1 and December 15, 2017, on physicians in Ethiopia will be done. Physicians attending medical hospitals will be e-mailed an invitation to participate in an on-line survey to assess their attitudes towards homosexuality and comfort pertaining to the health care of homosexual patients.

The e-mail invitation includes a description of the research's goals and objectives, and a link to the survey website. One e-mail invitation will be sent every 10 days, for a total of four e-mails. Upon accessing the survey, physicians logged in to the survey using a unique user identification number and password will be provided in their e-mail.

Informed consent will be obtained from all participants. Log-in information will be "de-identified" and detached from all research responses.

The 18-item survey is designed for completion within a 15-minute time period. The medical association's Ethics Review Board will be contacted to approve the study. A formal letter of permission from EPHI will be asked to undertake the study.

Measures

The research instrument is a questionnaire consisting of three parts.

- Part 1 collects demographic characteristics including age, marital status, specialty, gender, year of graduation from medical school, and sex of respondents.
- Part 2 assesses general attitude of physicians towards homosexuality. We modeled items in Part 2 from a validated research of physicians' attitudes toward LGBT patients.(PATH8). We used this instrument because its items were specific to physicians, and had been previously approved and implemented at big institution studies repeatedly. These items were with highest internal consistency reliability from the PATH-I study (Mathews et al., 1987).
- Part 3 assesses medical homophobia. Four attitudinal questions concerning the medical profession, comfort in treatment of homosexuals and homosexual colleagues(Appendix B). These questions will be asked to survey the medical homophobia on scale by averaging the possible responses, partitioning scores into terciles, and interpreting the resultant groups as medically homophobic, neutral, or homophilic.

Subjects will indicate their level of agreement or disagreement with each item along a 5-point scale on which 5 indicates strong agreement and 1 indicates strong disagreement.

We included appropriate items and designed the attitude section with the expectation that the majority of respondents would score <10%.

Data Analysis

Data will be coded for each question, and basic descriptive statistics will be computed using SPSS.® Survey responses will be summarized and described by the following groups: medical department, gender, age, sex, marital status, year of graduation and religious identity.

Analytic statistics appropriate to data types and distribution will be used. Internal consistency reliability will be estimated using Cronbach's alpha. Bivariate associations between predictor and outcome variables will be analyzed using contingency tables for ordinal or categorical measures and ANOVA for continuous measures. Multiple logistic regression models will be checked for fitness to evaluate independent effects of characteristics found to be associated with outcomes in bivariate analysis. The data will be analyzed using the SPSS.

Ethical consideration

Informed consent will be sought from respondents.(Annex)

The information gained from respondents will not be passed to any other purpose and will be used for research purposes only.

Official letter of permit will be asked from the Ethiopian Public Health Institute.

Project Work plan

1- Project personnel

The research project will have five key staff with different capacities and expertise in public health, human rights, research, HIV/AIDS and finance management.

The staff comprises of the following:

- 1) Dr. Demeke Tesfaye: principal Investigator, Doctorate Degree in Medicine
- 2) Kibrom Mehibub : Assistant Principal Investigator: MSc in Statistics, BSc Ed.
- 3) Habtamu Tamene: Data manager. Hons. Degree in Development studies and Degree in Education.
- 4) Berhe Kiros: Research Coordinator, training facilitator, BSc. Economics,
- 5) Ashenafi Tsegaye: Financial Officer. Degree in Administration and Social Sciences. Accountant. Degree in Accountancy.

2- Project Timeline

No.	Activity	Time	Responsible	Notes
1	Proposal preparation <ul style="list-style-type: none"> • Draft • Literature collection • Final draft • Printing 	01/08/2017 15/09/2017	PI Asst. PI	
2	Finding sponsor	15/09/2017- 30/09/2017		
3	MOU with sponsor	October 2017		
4	Finance secure			
5	Employ and Train data collectors	October 2017		
6	Procurement of supplies and equipment	October 2017		
7	Data collection	November 2017 15/11/2017		
8	Support and supervision	All		
9	Communications with stakeholders	All		
10	Data entry and analysis	15/11/2017 -15/12/2017		
11	Report preparation	16/12/2017 - 30/01/2018		
12	Consulting	All		
13	Printing of final report	February		
14	Seminar on findings	February		
15	Presentation of research at conference	March and other		
16	Evaluation of research project	March		
17	Dissemination	April 2018		

3- Budget of the research project

3.1 Personnel

Name	Role	Education	Experience	Field of expertise	Present project
Dr. Demeke Tesfaye	Principal Investigator	Medical Doctor	10+ years	Health, HIV/AIDS, nutrition, human Rights, project management	100%
Kibrom Mehibub	Asst. PI.	Msc, Statistics Bsc, Mathematics	10+ years	Statistics, research, management, education	50%
Habtamu Tamene	Data manager	BA education	10+ years	Education, statistics, Management	65%
Berhe Kiros	Coordinator	BA Economics	10+ years	Economics, statistics,	50%
Ashenafi Tsegaye	Financial officer	BA Accounting	10+ years	Management, accounting	50%

To learn the details of budget of personnel go to Annexed plan.(budget)

2.2 Travel

The team will use a rental minibus car for the period of research. The car should have a capacity of holding eight passengers and having comprehensive insurance coverage. The rental amount is expected to be around 30,000 per month for five months. A daily expense of fuel for twenty litres is expected with a per diem to driver.

2.3 Equipment and supplies

The following equipments are required for the research project

2.4 Premises

4- Communication

Creating a network and strong communications with international and national partners will be a priority throughout the research project. This will be possible due to the international recognition of the achievements and work of the PI, Dr. Demeke and who has a large international network. Internationally the PI has developed linkages with other international organizations and researchers with vast experience in issues regarding sexual orientation and gender identity and has previously worked in the areas of research, mobilization, coordination, advocacy and lobbying with different organizations. We will work with International Gay and Lesbian Human Rights Commission(IGLHRC), Human Rights Watch, Amnesty International, and Global Equality just to mention a few.

Despite the challenges of working with LGBT issues in Ethiopia, we will form strategic alliances with other established LGBT groups in shadow.

References

- 1) 2007, Pew Global Attitude Project; p 35,81,& 117
- 2) Criminal Code of Ethiopia (2005) 630.2.c
- 3) 2015, Providing Welcoming Service and Care to LGBT people: A Learning Guide for Health Care Staff. National LGBT Health Education Center. 2015; p 1-8.
- 4) Lee R. Health care problems of lesbian, gay, bisexual, and transgender patients. *Western Journal of Medicine* 2000;172 (6):403-8
- 5) 2011, Country Report on Human Rights Practices: Ethiopia, Bureau of Democracy, Human Rights, and Labour, US Department of State, p 33-34.
- 6) Hays, R. B., Kegeles, S. M., & Coates, T. J.(1990b). High HIV risktaking among young gay men. *AIDS*, 4, 901-907.
- 7) McLaughlin KA, et al. Response to Discrimination and Psychiatric disorders among black, Hispanic, female and LGBT individuals. *Am J Public Health*. 2010; 100(8): 1477-84
- 8) Lee R. Health care problems of lesbian, gay, bisexual, and transgender patients. *Western Journal of Medicine* 2000;172 (6):403-8
- 9) Mayer KH, Bradford JB, Makadon HJ, Stall R, Goldhammer H, Landers S. Sexual and gender minority health: what we know and what needs to be done. *American Journal of Public Health* 2008;98 (6):989-95
- 10) Institute of Medicine. *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. Washinton, DC: The National Academies Press; 2011.
- 11) Sanchez NF, Rabatin J, Sanchez JP, Hubbard S, Kalet A. Medical students' ability to care for lesbian, gay, bisexual, and transgendered patients. *Family Medicine* 2006;38 (1):21-7.
- 12) Jackson NC, Johnson MJ, Roberts R. The potential impact of discrimination fears of older gays, lesbians, bisexuals and transgender individuals living in small- to moderatesized cities on long-term health care. *Journal of Homosexuality* 2008;54(3):325-39.
- 13) Clark ME, Landers S, Linde R, Sperber J. The GLBT Health Access Project: a state-funded effort to improve access to care. *American Journal of Public Health* 2001;91 (6):895-6.
- 14) Davey M. et al; Physicians Attitude Towards Homosexual and HIV patients: 2007. *J Homosexuals*. 2007
- 15) Najman JM, Klein D, Munro C. patient characteristics negatively stereotyped by doctors. *Soc Sci Med* 1982;16:1781-1789.
- 16) Schulman et al. The effect of race and sex on physicians' recommendations for cardiac catheterization. *NEJM* 1999;8:618-626
- 17) Eckhoff DE, McGuire BM, Young CJ, Sellers MT, Frenette LR, Hudson SL, Contreras JL, Bynon S. Race:A critical factor in organ donation, patient referral and selection, and orthotopic livertransplantation? *Liver Transpl Surg* 1998 Nov;4(6):499-505.
- 18) Alexander GC, Sehgal AR. Barriers to cadaveric renal transplantation among blacks, women, and the poor. *JAMA* 1998 Oct 7;280(13):1148-1152.
- 19) 2015, Providing Welcoming Service and Care to LGBT people: A Learning Guide for Health Care Staff. National LGBT Health Education Center. 2015; p 1-8
- 20) Richmond JP, McKenna H. Homophobia: An evolutionary analysis of the concepts applied to nursing. *J Adv Nurs*. 1998;28(2):362-9
- 21) Fiske S. Gilbert D, Gardner L. Stereotyping, prejudice and discrimination. *The handbook of Social Psychology*. 4th ed. New York: McGraw Hill:1998. p 357-411
- 22) Levine, M., & Perkins, D.V. (1997). *Community psychology: Perspectives and applications* (2nd ed.). New York: Oxford University Press.

- 23) Cahill SR, Baker K, Deutsch MB, et al . Inclusion of sexual orientation and Gender Identity in stage 3 Meaningful Use Guidelines: A Huge step forward for LGBT Health. *LGBT Health*. 2015; 0(0):1-3
- 24) Steele LS, Tinmouth JM, Lu A. Regular health care use by lesbians: *Fam Pract*. 2006; 23: 631-6
- 25) Lorraine DC, Ashley G., Yuri H., Claire K., Eric L., Vanessa O., Lacy S., et al. Achieving an AIDS-Free Generation for Gay Men and Other MSM. Financing and implementation of HIV programs targeting MSM. 2012. *Amar* John Hopkins School of Public Health, p 2-5.
- 26) Chapman R, Watkins R, Zappia T, Combs S, Shields L. Second-level hospital health professionals' attitudes to lesbian, gay, bisexual and transgender patients seeking health for their children. *J Clin Nurs*. 2012 Mar: 21(5-6): 800-7
- 27) Albuquerque, G.A., et al.(2016) Sexual Diversity and Homophobia in Health Care Services: Perceptions of Homosexual and Bisexual Population in the Cross-Cultural Theory. *Open Journal of Nursing*, 6, 470-482.
- 28) Kerker, B.D., Mostashari, F. and Thorpe, L. (2006) Health Care Access and Utilization among Women Who Have Sex with Women: Sexual Behavior and Identity. *Journal of Urban Health*, 83, 970-979

Annex

1- Questionnaire

Questionnaire

Code no _____

I - Sociodemographic characteristics

1- Age _____

3- Year of graduation. _____

5- Religion. _____

2- Sex _____

4- Department _____

6- Marital status _____

Part II- General Attitude towards homosexuality

Questions Assessing General Attitudes Toward Homosexuality

Please answer the following questions by this score

Scoring: 1-strongly disagree,

2-disagree,

3-neutral,

4-agree,

5-strongly agree

7. It would be beneficial to society to recognize homosexuality as normal. _____

8. Homosexuals should not be allowed to work with children.* _____

9. health providers should know about the specific health problems of homosexuals _____

10. Homosexuals should be given social equality. _____

11. Homosexuals should have equal opportunity employment. _____

12. There is no reason to restrict the places where homosexuals work. _____

13. Homosexuals should be barred from the teaching profession.* _____

14. Homosexuality should not be illegal in Ethiopia. _____

Likert-type scoring:

*Reversed scoring.

Part III Medically Oriented Questions About Homosexuality .

15-Should a highly qualified homosexual applicant be admitted to medical school?

Yes; _____ No _____

16-Suppose you learned that a physician colleague is a homosexual. Would you continue to refer your patients to this physician?

Yes, would continue to refer; _____

No, would discontinue referral _____

17-How do you feel about treating homosexual patients?

No negative feelings, _____

sometimes uncomfortable _____

often uncomfortable. _____

18-Should the medical curriculum include homosexual health

No. _____ Yes _____

Annex 2

Tables

1- Demographic Distribution of the respondents, 2017

Characteristics	Values	n(%)
Age		
	<25	
	25-34	
	35-44	
	45-54	
	55-64	
	>=65	
Religious status		
	Aethist	
	Christian	
	Muslim	
	Catholic	
	Protestant	
	Others	
Marital status		
	Single	
	Married	
	Divorced	
	Widowed	
Experience		
Years	1-4	
	5-10	
	>10	

2- Dummy table to show general attitude towards homosexuality

No.	Item	n Mean;range
7	It would be beneficial to society to recognize homosexuality as normal	
8	Homosexuals should not be allowed to work with children.*	
9	health providers should know about the specific health problems of homosexuals	
10	Homosexuals should be given social equality	
11	Homosexuals should have equal opportunity employment	
12	There is no reason to restrict the places where homosexuals work	
13	Homosexuals should be barred from the teaching profession.*	
14	Homosexuality should not be illegal in Ethiopia	

Scoring: 1-strongly disagree, 2-disagree, 3-neutral, 4-agree, 5-strongly agree

3- Table showing medical homosexual attitude, 2017

No	Item	n Mean, range
15	Should a highly qualified homosexual applicant be admitted to medical school?	
16	Referral to homosexual colleague	
17	How do you feel about treating homosexual patients?	
18	Should the medical curriculum include homosexual health	

Informed Consent *for physicians in Ethiopia and who we are inviting to participate in research titled "The Assessment of Attitude of physicians towards homosexuals".*

[Name of Principle Investigator] Dr. Demeke Tesfaye Elala
[Name of Organization]. Private Investigation
[Name of Sponsor] to be contacted

Part I: Information Sheet

Introduction

I am Dr X, medical doctor. I am doing research on the homosexual patients health. I am going to give you information and invite you to be part of this research. You do not have to decide today whether or not you will participate in the research. Before you decide, you can talk to anyone you feel comfortable with about the research.

Purpose of the research

Because health care is for everyone, health care providers, including physicians must be prepared to serve people of all races, ethnicities, religions, ages, and background. We want to the attitude of physicians towards homosexual patients and their comfort in giving service to them. We believe that you can help us by filling the questionnaire upto your most knowkedge and belief.

Type of Research Intervention

this research involves a questionnaire, you participation involves filling the questionnaire that will take about 15 minutes.

Participant Selection

You are being invited to take part in this research because we feel that your experience as a physician can contribute much to our understanding and knowledge of attitude and care given to all patients irrespective of their sexual orientation.

Voluntary Participation

Your participation in this research is entirely voluntary. It is your choice whether to participate or not. The choice that you make will have no bearing on your job or on any work-related evaluations or reports. You may change your mind later and stop participating even if you agreed earlier.

Procedures

A. *We are asking you to help us learn more about health care service delivery to homosexual patients. We are inviting you to take part in this research project. If you accept, you will be asked to .:)*

B. *Please fill out a survey which will be provided by email and collected electronically. You answer the questionnaire yourself,*

If you do not wish to answer any of the questions included in the survey, you may skip them and move on to the next question. The information recorded is confidential, your name is not being included on the forms, only a number will identify you, and no one else except PI will have access to your survey.)

Duration

The research takes place over 45 days in total. Each questionnaire needs less than 20 minutes.

Risks

There is a risk that you may share some personal or confidential information by chance, or that you may feel uncomfortable talking about some of the topics. However, we do not wish for this to happen. You do not have to answer any question or take part in the survey if you feel the question(s) are too personal or if talking about them makes you uncomfortable.

Benefits

There will be no direct benefit to you, but your participation is likely to help us find out more about how to address the health problems of homosexual patients in Ethiopian context.

Confidentiality

The research being done in the health care provider, it may draw attention and if you participate you may be asked questions by other colleagues in the workplaces. We will not be sharing information about you to anyone outside of the research team. The information that we collect from this research project will be kept private. Any information about you will have a number on it instead of your name. Even the researchers will not know what your number is and we will lock that information up with a password. It will not be shared with or given to anyone except as research sponsors, DSMB board, etc.)

Sharing the Results

Nothing that you tell us today will be shared with anybody outside the research team, and nothing will be attributed to you by name. The knowledge that we get from this research will be shared with you and your community before it is made widely available to the public. Each participant will receive a summary of the results. There will also be small meetings in the community and these will be announced. Following the meetings, we will publish the results so that other interested people may learn from the research.)

Right to Refuse or Withdraw

You do not have to take part in this research if you do not wish to do so! You may stop participating at any time that you wish without your identity recorded. We will give you an opportunity at the end of the survey to review your remarks, and you can ask to modify or remove portions of those, if you do not agree with the notes or if you did not understand the questions correctly.

Who to Contact

If you have any questions, you can ask them now or later. If you wish to ask questions later, you may contact any of the following: [name, address/telephone number/e-mail]

This proposal has been reviewed and approved by [name of the local IRB], which is a committee whose task it is to make sure that research participants are protected from harm. If you wish to find about more about the IRB, contact ____ .)

This proposal has been reviewed and approved by MOST], which is a committee whose task it is to make sure that research participants are protected from harm. If you wish to find about more about the MOST, contact [name, address, telephone number.]). It has also been reviewed by the Ethics Review Committee of the), which is funding/sponsoring/supporting the study.

Part II: Certificate of Consent

I have been invited to participate in research about attitude of physicians towards homosexual s.

	I have read and understood the information about the project, as provided in the Information Sheet dated.....	
	I have been given the opportunity to ask questions about the project and my participation	
	I voluntarily agree to participate in the project	
	I understand I can withdraw at any time without giving reasons and that I will not be penalised for withdrawing nor will I be questioned on why I have withdrawn.	
	The procedures regarding confidentiality have been clearly explained (e.g. use of names, pseudonyms, anonymisation of data, etc.) to me	
	The use of the data in research, publications, sharing and archiving has been explained to me.	
8	I understand that other researchers will have access to this data only if they agree to preserve the confidentiality of the data and if they agree to the terms I have specified in this form	

I have read the foregoing information. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study

✓ Mark the dot

Date _____

Day/month/year

Résumé

1 Principal Investigator

Dr. Demeke Tesfaye Elala

Personal: Demeke Tesfaye Elala, Male, Ethiopian, lives in Addis Ababa, DOB July, 11, 1980, Addis Ababa, Ethiopia. Single.

Education: Primary and secondary School Addis Ababa, Ethiopia, 1998.
Medical School, Jimma University, 1998-2005
Certificate in Human Nutrition and Food Security, University of Wageningen, .
Netherlands, October, 2015

Experience: ART Clinic Coordinator, Jimma University Specialized Hospital, 2013-Todate, Jimma, Ethiopia
Medical Director, St. Merry Medical Center, 2010-2013, Addis Ababa
Junior General Medical Practitioner, Yekatit 12 Hospital, 2006-2008, Addis Ababa

Academia:

Publications:

Elala D., et al, Rights Based Intervention for Reducing High Number of PLHA with . Malnutrition in Ethiopia, CDI WUR journal 2015; Course Bulletin

Elala D., Behavioural Study on Knowledge Attitude and Practice of Youth towards . Voluntary Counseling and Testing for HIV in Agaro Town 2005: A research done as a fulfillment of Doctorate of Medicine, Oromiya, Ethiopia.

Teaching: at the Jimma University Specialized Hospital, Ethiopia,
Training: for Thumbs Up Africa team, Groningen, the Netherlands, 2010

Skills:

IT- excellent in applications, Office software, internet, ...
Statistical software- SPSS, EPI info, ...
Good communications and interpersonal skills, leadership and team building

Languages

English. - excellent
Amharic- excellent
Oromifa- medium