

Ethiopia

research evidence for policy



Men selling livestock at a market in Haro-Bake, Yabelo. Some in the region believe that men's frequent travels make them vulnerable to HIV/AIDS. Photo: Mirgissa Kaba

Tailoring HIV interventions in Ethiopia to suit the local context



Case studies featured here were conducted in Ethiopia, Borana Zone, Oromia Region

Policy message

- Over 80% of community members in Borana are not informed on how HIV is transmitted or how to prevent infection by the virus.
- Local people widely recognise the link between HIV infection and married people having more than one sex partner, but they are reluctant to stop the practice.
- The government's conventional "one-size-fits-all" strategy to change individual sexual behaviour has not been taken seriously and is not effective.
- Promising approaches in Borana, and by extension other pastoralist societies, include promoting condoms to prevent transmission of the virus, offering testing and counselling services in the villages, and using traditional leaders to spread information about HIV.

- HIV/AIDS is one of Ethiopia's biggest public health concerns. The government has a standard approach to raising awareness about the virus, how it is transmitted, and how to avoid infection. These approaches focus on promotion of abstinence, faithfulness among spouses, and condom use. But the targeted audiences do not take these approaches seriously, and awareness about HIV remains poor.

- While most people in the towns and cities are aware of the risks associated with the disease, surveys have shown that people living in remote pastoral communities are poorly informed, particularly about methods of HIV prevention and modes of HIV infection. This issue of *evidence for policy* discusses the vulnerability to HIV infection of one such group, the Borana, an ethnic group in southern Ethiopia. It is based on field research among the Borana during 2008 and 2009.

Awareness of HIV

- According to unofficial data from a 2006–2008 counselling and testing campaign (Oromia Health Bureau 2010), 1,016,343 people were voluntarily counselled and tested in all zones of Oromia region. Of these, 2% were found to be HIV positive. In Borana zone, 3% tested HIV positive – showing the relative magnitude of the problem. HIV data from an antenatal care site at a health centre in Moyale, a town in Borana on the border with Kenya, also support this finding of higher HIV prevalence in Borana: 5.1% in 2005, according to

their statistics (Ministry of Health 2006). This reaffirms the fact that, despite the local health department's efforts to raise awareness, HIV is still a major challenge in Borana.

Among the members of the Borana pastoral community who took part in this study, 97% said that they had heard about HIV. But four-fifths of them had incomplete knowledge of how the virus is transmitted and how to prevent infection. "We get mixed information about the disease", said one respondent. "Some say it is a problem for those residing in towns;

Featured case study

Understanding how the Borana view HIV

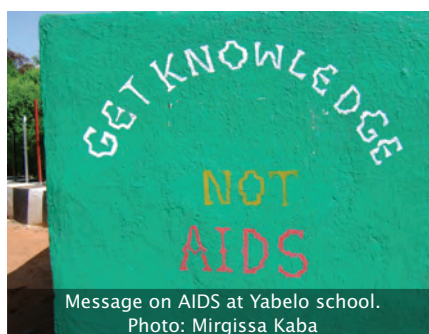
The study leading to this issue of *evidence for policy* was conducted in Borana between 2008 and 2009 by NCCR North-South researcher Mirgissa Kaba in collaboration with GOAL-Ethiopia. It engaged selected community members in a facilitated dialogue for joint learning on HIV. This dialogue generated information on local understanding of HIV, perceived factors of vulnerability to HIV infection, and potential local resources to meet the challenge posed by the virus.

The community identified village leaders, who were trained to facilitate the conversation process and record the outcomes. Six hundred people from six selected villages took part in bi-weekly conversations for three consecutive months. Participants learned about how HIV is transmitted and how it can be prevented, and the dialogue generated a wealth of information about Borana knowledge, attitudes, and practices concerning HIV.

Participants expressed a demand for condoms as well as counselling and testing services. In consultation with the local health department and DKT Ethiopia (a social marketing organisation), condoms as well as counselling and testing were provided to local people in the villages.

- others tell us it transmits through sexual relations with someone other than one's own spouse. This is not quite clear for all of us."

- In Borana, many people believe that HIV can be transmitted by living and eating with an HIV-positive person, or by buying food from someone with the virus. "It is not safe to eat and live with someone who has HIV", said another respondent. "It is always good to keep oneself away from someone who has the virus." Such local beliefs make it difficult to prevent new infections and to ensure adequate care for people who are infected.



Sources of information

- The main sources of information for HIV and AIDS are health extension workers and schoolteachers. But people do not seem to trust them; the Borana people generally trust information that comes through *Gada* leaders (traditional community leaders). These leaders share information with the public at the annual *Gumi Gaayo* (a general assembly of all Borana community members at a place called *Gaayo* once every four years), or through community-level assistants known as *makala* who take messages from *Gada* leaders to the community.



- In addition, the concepts promoted – abstinence and faithfulness – are hard for local people to understand and accept. In Borana society, chastity is

enforced before marriage, but faithfulness to one's husband or wife is not celebrated and sex outside marriage is not frowned upon.

Extramarital sex and vulnerability to HIV infection

There is relatively little research in Ethiopia on the social and cultural contexts of sexual values and practices. Studies tend to focus more on individual sexual behaviour, but ignore the social and cultural factors that influence sexual practices. Despite consistent denials that Borana culture allows people to engage in extramarital sex (known as *jaala-jaalto*), the practice is common as this study found. It is motivated by individual physical attraction, personal interests, social expectations, peer pressure, and economic transactions between individuals involved and their families.

Some studies suggest that women in sub-Saharan Africa are at risk for HIV infection due to unfaithful husbands or because they themselves have sex outside marriage because of an economic interest. However, regarding the latter, the Borana study found no such tendency; rather, economic transactions may be the outcome of a sexual relationship.

The Borana recognise that extramarital sex may lead to HIV infection, the study found, but are reluctant to abandon the practices. Nevertheless, they are interested in learning about using condoms which they heard may prevent infection, as well as about counselling and testing services to know their status. These represent possible entry points for HIV prevention.

Gender roles and HIV

Who is more vulnerable to HIV infection: men or women? Women consistently appear more vulnerable by most measures, with women accounting for 59% of the HIV-positive population according to a recent estimate (FHAPCO 2010).

This NCCR North-South supported field research, however, found that men are perceived to be more vulnerable because they are more mobile than women: they move in

search of pastures and water for livestock and travel to market centres for the sale of animals. That takes them away from home and brings them in touch with women other than their regular partners. Respondents argued that “HIV is a problem of those in town and especially those women who work in drinking places. Our men often encounter such women when they visit market places to sell cattle.” Yet, the respondents agreed that both men and women are vulnerable although men may become infected first. “Exposure to HIV is for both men and women as we continue to live together as spouses.” This finding indicates that interventions should be designed around the reasons that make specific categories of people more vulnerable.



Temporary drinking area at a marketplace.
Photo: Mirgissa Kaba

Vulnerability to HIV

Studies of vulnerability are an important part of identifying pro-poor disease-control strategies at the individual and community levels. They provide a basis for scaling up successful approaches and formulating policies that aim to prevent and control HIV.

Among the Borana, vulnerability to HIV is linked mainly to a lack of understanding of the risk of exposure and transmission, as well as practices such as extramarital sex. Consequently, vulnerability and individual risks of infection remain high. Better recognising the key determinants would help tailor prevention strategies more effectively.

Tailoring information and channels

In a community which enforces chastity before marriage but which does not celebrate faithfulness by married couples to each other, promoting abstinence and faithfulness is not cost effective. In view of this, the contents of HIV interventions, and particularly the prevention approaches, need to be tailored to provide information on how HIV is transmitted and how infection can be prevented. In particular,

promoting and making condoms available is one promising avenue to explore.

It is equally important to use more appropriate communication channels. The local *Gada* leaders are trusted providers of important information, so could be one such channel. Once they have informed the Borana public about the risks of HIV, using additional providers such as health extension workers, schoolteachers, and family members to reinforce and elaborate the messages may be more successful.



Community dialogue facilitated by local elder.
Photo: Mirgissa Kaba

Definitions

HIV prevalence is the proportion of individuals in a population who are infected with HIV at a specific point in time. It is usually given as a percentage. HIV prevalence is reported for adults aged 15–49, or for specific groups (such as for particular age groups, locations, sexes, and population groups for instance migrant workers, sex workers or injecting drug users).

Vulnerability describes the psychosocial, cultural, and economic conditions that hinder the capability of individuals, households or communities to react adequately to the root causes and risks associated with HIV infection and to develop a response to the effects of HIV and AIDS.



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Policy implications of NCCR North-South research

Tailoring interventions

Interventions to reduce the transmission of HIV need to be tailored to the local cultural and social context. For the Borana and other pastoralist groups, key issues include weak HIV response and continued exposure to HIV infections in connection to prevailing sexual contact outside marriage, limited information on and access to condoms as a prevention tool, and limited access to counselling and testing services. A gender-sensitive focus on provision of preventive services such as condoms, counselling and testing services, and extensive teaching on extramarital sex seems promising. The specificities of the interventions need to be established jointly with the local leaders and the community.

Using local resources and opportunities

Involving local leaders is crucial. Borana pastoral communities have an established way of sharing information through the *Gada* leaders and their assistants. Building the capacity of these would provide the public with acceptable and relevant information on HIV and AIDS at communal assemblies and in village dialogues.

Further reading

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The NCCR North-South is a worldwide research network including six partner institutions in Switzerland and some 140 universities, research institutions and development organisations in Africa, Asia, Latin America and Europe. Approximately 350 researchers worldwide contribute to the activities of the NCCR North-South.

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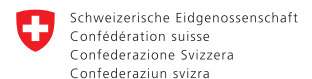
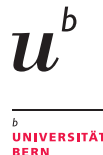
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