



**Assessing factors influencing staff's susceptibility to HIV: a case of
Pastoral Affairs Bureau and Pastoral Community Development Project,
Southern Ethiopia**

Professional Master Thesis

A research project submitted to Larenstein University of Applied Sciences in Partial Fulfillment of the Requirements for the Degree of Management of Development, specialization in Rural Development and HIV and AIDS.

By

Asrat Tsegaye Wolanna

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ACRONYMS

ABC	Abstinence, be faithful to one non-infected partner and use of condom
ADB	African Development Bank
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Clinic
BSS	Behavioral Surveillance Survey
CHGA	Commission on HIV/AIDS and Governance in Africa
DHS	Demographic and Health Survey
ETB	Ethiopian Birr (Currency)
FAO	Food and Agricultural Organization
FDRE	Federal Democratic Republic of Ethiopia
FMoH	Federal Ministry of Health
GAMET	Global HIV/AIDS Monitoring and Evaluation Team
HAPCO	HIV and AIDS Prevention and Control Office
HIV	Human Immuno Virus
ILO	International Labor Office
MoH	Ministry of health
MTCT	Mother to Child Transmission
NIC	National Intelligence Council
PAB	Pastoral Affairs Bureau
PCDP	Pastoral Community Development Project Coordination Unit
RDA	Rural Development and HIV and AIDS
RHB	Regional Health Bureau
STIs	Sexually Transmitted Infections
UNAIDS	United Nations Program on HIV/ AIDS

EXECUTIVE SUMMARY

Though the HIV epidemic affects every sector of the society, in Ethiopia the epidemic is less severe and less generalized and more heterogeneous. Unprotected heterosexual intercourse is the dominant mode of HIV transmission. Consequently, susceptibility to HIV is occurred in every part of the society at large. But the majority of studies have conducted till now more focused on high risk suspected groups (such as sex workers, prostitutes, truck drivers) and in school and out school youths excluding of government and non-government organization staffs. Therefore, more research is quite in need to see in detail the different susceptibility factors to HIV on staffs working at organizations.

This study has focused about assessing factors influencing susceptibility of staffs's at southern region of Ethiopia, Pastoral Affair Bureau and Pastoral Community Development Project. Both qualitative and quantitative method have used by contacting 30 respondents and 3 key-informants for interviewing with unstructured guiding checklists. The findings of the results analyzed according to the individual characters (i.e. sex, age, and marital status) of respondents. This helped to see the differentiated susceptibility factors of staffs. Based on this, staffs knowledge of HIV, different susceptibility factors such as organizational factors, socio-cultural factors, risky situations and risky behaviors were analyzed.

The study revealed that staffs have knowledge on the most important transmission routes of HIV (e.g. unprotected sexual intercourse), most important prevention mechanisms (e.g. use of condom) and the high relation between HIV and STIs. This indicates that staffs have less susceptibility to HIV due to lack of knowledge. All staffs tends to have no experience in using condoms regardless of their sex, age and marital status. Particularly men tend to have fewer attitudes to condom use. This is more apparent in old ages and married groups. Men staffs have high attraction to multiple sexual partnerships. They are also highly influenced due to traditional/cultural practices (i.e. attraction to dressing styles and free sex tradition of young pastoralists) and become susceptible to HIV while they are in field works. In both cases susceptibility is more seen on young ages and married groups. Susceptibility to HIV due to the influence of field environment and sexual networking is high for both women and men staffs. However, it is seen more on men. It is also higher in young age and married groups. Regarding risky behaviors, especially taking stimulant drugs has high susceptibility factor on men staffs alone. The susceptibility is also more apparent on old ages and married groups.

An exciting finding of this study is that female staffs are more restricted in ways of recreations at field as compared to male staffs. They remain far away from drinking alcohols and chewing khat that are predominantly exercised by the majority of male staffs (except shisha exercised by few staffs).

Finally, the study presented the following recommendations to be exercised by both Pastoral Affairs Bureau and Pastoral community Development Project organizations: increase staffs knowledge of HIV and AIDS, improvement in field allowance management and encourage staffs to bring behavioral change.

CHAPTER ONE: INTRODUCTION

In this report I presented the results of a study on factors influencing staffs susceptibility to HIV that is required in Partial Fulfillment of the Requirements for the Degree of Master of Management, specialization in Rural Development and HIV and AIDS. The study was carried out in Ethiopia from July-August, 2010.

This report has five major chapters. Chapter one describes about the background of the research and research problem including main and sub research questions, the conceptual frame work of the study. In chapter two the literature review presented about relevant themes of the study. Followed by chapter three, research methodologies are displayed. In chapter four the results and their discussions are given. Finally, in chapter five conclusions and recommendations are presented.

The term organization and staffs used throughout the document. Organization in this report it refers to southern Ethiopia pastoral affairs bureau (PAB) and pastoral community development project (PCDP) coordination unit. Staffs refers to both technical and support staffs (mainly focus on expert and driver) that are working in PAB and PCDP organizations.

1.1 General background

One of the Sub-Saharan countries severely affected by HIV and AIDS is Ethiopia. It is located in the North-eastern part of Africa. Hong et al., (2008:1) indicated that in Ethiopia the HIV infection started as a concentrated epidemic, where initial cases were found among commercial sex workers and truck drivers. After few years, the infections had spread to the general population, and HIV-positive cases have found among pregnant women visiting antenatal clinics and among blood donors, specifically in the capital city of Addis Ababa. At the moment, the HIV/AIDS epidemic in Ethiopia is considered a generalized epidemic, which has affected all demographic, socioeconomic, and institutional populations of the society.

The data obtained from ANC surveillance and the Demographic and Health Survey (DHS) indicates that, in Ethiopia HIV prevalence rate in adults (15-49 years old) is about 2.1% in 2006/7(FMoH , 2006).

With a total of over 83 million estimated populations, Ethiopia is the second most populous nation in Africa. The population aged 15-49 is estimated 38,712,000 which cover 46.58 percent from the total. The annual growth rate is 2.3 percent that estimated for the year 2005-2010.The majority of the population (84 percent) are living in rural areas (UNAIDS/WHO, 2008). Based on the country's HIV epidemic tracking system (i.e. ANC, HIV Sentinel Surveillance, Demographic & Health Survey (DHS), HIV/AIDS Behavioral Surveillance Survey (BSS), the national adult (15-49 years) prevalence rate has been estimated about 2.2 percent for the year 2008. This rate is estimated to be 7.7 percent in Urban and 0.9 percent in rural areas. Among the absolute number of 1,037,267 PLWHAs, 60 percent are female, 40 percent are male and 68,136 are children (FDRE/ILO, 2009).

A study conducted by UNAIDS(2005) noted that although Ethiopia's HIV prevalence is low as compared to other African countries, for instance southern African countries, it is now spreading to rural areas, where 84 percent of the population live

In Ethiopia, the first HIV infection was identified in 1984 and the first AIDS cases was reported in 1986. Immediately after its detection, high HIV prevalence (2 percent in 1987) was distinguished along Ethiopia's main trading routes (Garbus, 2003). However, in the study

region, the first AIDS case was reported in 1990. In the same year 17 AIDS cases were reported. Till end of September 2009, cumulative reported AIDS cases were 20,359. Over 90 percent of the cases occurred in 15-49 years. The same as national level, with in the region heterosexual intercourse is the major route of transmission (RHB, 2010).

Cognizant of the epidemic, the government of Ethiopia took some actions to reduce the epidemic and strengthen the prevention and control activities including formulating of a national HIV Policy. This in turn raised the HIV agenda to a higher level and was followed by the lunch of the strategic framework for the response to HIV and AIDS in Ethiopia for the period of 2001-2005 (Getnet and Melesse, 2008).

Unprotected heterosexual contact is the dominant mode of HIV transmission that estimated to account for 87 percent of infections in Ethiopia. Mother-to-child transmission (MTCT) is the second which accounts for 10 percent. Other transmission routes such as blood transfusion, harmful traditional practices, and unsafe injections are less recognized to transmit HIV infection though it needs attention (Kloos et al., 2007; FMoH/HAPCO, 2006; UNAIDS, 2006)

Pastoral Affairs Bureau (PAB) and Pastoral Community are government organizations in southern region of Ethiopia working on pastoralists. PAB is non-project organization. But PCDP is a project organization. In total 83 staffs are working at PAB (61) and PCDP (22). They are found in the regional capital, Hawassa town. The current programs of PAB and PCDP are implemented in 12 districts, located in three provinces. The staffs are frequently travelling for longer periods and stays in commercial accommodations. This is because both PAB and PCDP have no guest houses at field level where the staffs can stay till they finish their field works. However, the staffs get money and have to look for a place to stay.

The districts centers of pastoral areas of the southern region are concentrated with people of local dwellers, commercial sex workers and prostitutes working in hotels and restaurants, business men from different areas, tourist visitors, tourist drivers and guides...etc. Especially hotels and restaurants are places where field staffs (experts and drivers) can spend their field stays till they carry out their field mission. In such a situation the susceptibility of staffs (mainly experts and drivers) to HIV becomes high. This is due to various factors which include drinking of alcohol, chewing khat, smoking shisha, participating in night dances as well as influenced by ad hoc sexual contacts.

In pastoralist community premarital sex is common for both young men and women predominantly among themselves. However, due to the expansion of sex tourism through visitors, (tourist) drivers, and tourist guides, young pastoralists having started sex outside of their own community. At the same time, the sexual contact also goes to bar ladies (prostitutes and sex workers) as well as school drop outs and locally available young females. In addition to that, use of condom not appreciated among pastoralists since they feel less sweetly the sexual intercourse. Sometimes staffs (few male experts and drivers) have women in some towns of working areas (provinces and districts centers) they visit that are known '*kimit*'-a woman waiting for a particular man. In such a situation the sexual contacts become high to lead in to susceptibility to HIV infection.

1.2 Problem Statement

With this background, this study attempts to identify the underlying factors influencing susceptibility to HIV of staffs of Pastoral Affairs Bureau (PAB) and Pastoral Community Development project (PCDP).

There is a highly mobile staffs of PAB and PCDP going on to remote areas for their work and stay in small towns. These towns have undergone change during the last years. They are

found in three major provinces: namely South omo, Bench Maji and Keffa (refer map of SNNPR on page 12). Combining a risky context with a mobile staffs disposing of money, the need is felt by PAB and PCDP to know how they can be protect their staffs from HIV infection.

There are only a few studies being done regarding susceptibility to HIV on staffs of organization. At national level in general and at southern region in particular studies have less focused about organization staffs susceptibility to HIV infection. The majority of studies were focused at community level.

Moreover, there is no data available on the prevalence of the disease for the 12 districts of organizations' working areas due to the limited coverage of HIV/AIDS surveillance sites in the country. There for this study try to contribute about information on factors affecting pastoral affairs bureau (PAB) and pastoral community development project (PCDP) staffs susceptibility to HIV.

1.3 Objective of the research

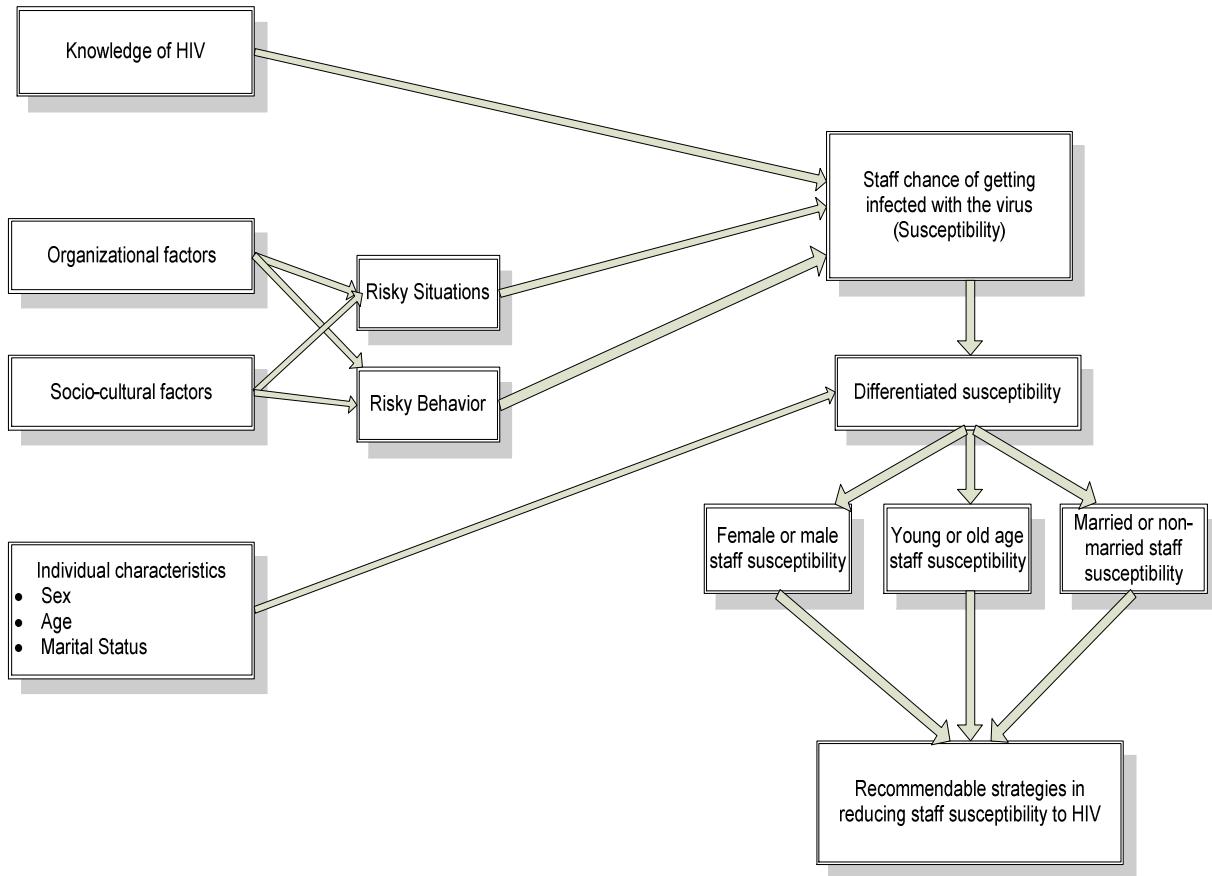
The overall objective of this study is to contribute towards the reduction of susceptibility to HIV of the staffs of Pastoral Affairs Bureau and Pastoral Community Development Project by assessing factors that influence their risks of getting infected by HIV.

The main and sub research questions are presented in the following:

What are the factors that lead to differentiated susceptibility to HIV of Pastoral Affairs Bureau and Pastoral Community Development Project?

- a) What is the perception of staffs of PAB and PCDP to HIV and AIDS?
- b) How do organizational factors and socio-cultural factors are influencing staffs of PAB and PCDP susceptible to HIV?
- c) What individual risky situations and risky behaviors are affecting staffs of PAB and PCDP susceptible to HIV?
- d) How are sex, age and marital status impacting staffs of PAB and PCDP susceptible to HIV?
- e) What strategies are currently used by PAB and PCDP for reducing staffs susceptibility to HIV infection?

1.3.1 Conceptual framework of the study



Relations among conceptual frameworks: Knowledge of HIV is directly linked with susceptibility to HIV. If a person doesn't have any knowledge about the transmission, prevention, and its high linkage with sexually transmitted infections (STIs), the susceptibility of a person to HIV become high. Both organizational factors and socio-cultural factors lead the individual towards risky situations and risky behavior. In turn the risky situations and risky behaviors affect the individual to become more susceptible to HIV infection. Furthermore, the individual characteristics such as sex, age and marital status are the main points that determine how the other mentioned factors lead the individual to differentiated susceptibility. Sex, age and marital status are independent variables to make a person susceptible to HIV.

1.3.2 Definition of concepts

This part of the thesis focused on defining the major concepts of the study. These include: knowledge of HIV, organizational factors, socio-cultural factors, risky situations, risky behavior and individual characteristics and differentiated susceptibility. They are considered as major concepts in this study because they are expected to help in explaining the susceptibility of staffs. Thus, their operational definition is given in the following:

Knowledge of HIV: refers to the level of understanding or perception about HIV by the staffs regarding its main transmission routes, prevention mechanisms and relation with STIs. According to the behavioral surveillance survey conducted in 2002, respondents were considered to have knowledge about HIV prevention if they correctly identified the three major ways to prevent HIV transmission (Getnet et al, 2002). But in this study I would prefer

to say that respondents have knowledge on HIV if they respond the following major points: Two transmission routes(unprotected sexual intercourse and mother to child transmission); Three main prevention mechanisms(abstinence, being faithful to one uninfected partner and condom use) and the existence of strong relationship between HIV and STIs.

Organizational factors: refers to factors related to the organizations work especially field work: staffs mobility or frequency of field visit per month, the number of field stays per visit per staffs, staffs use of salary (allowance), conditions of living in the field (housing), access to condoms, and ways of recreation in the field.

Socio-cultural factors: These are the factors in the society that put people at risk. Factors taken in to account in this study are: gender inequality, traditional practices mostly regarding dressing styles/free sex traditions and religious practices.

Risky situation: The term risky situation refers to a situation or an event where something of human value (including humans themselves) is at stake and where the outcome is uncertain (Rosa, 2003).

Risky Behavior: It is a behavior that put somebody at risk for a bad consequence. It refers to the involvement of individuals in regular alcohol use, risky sexual activity (no use of condom, having multiple sexual partner), regular heavy drinking ...etc.).

Individual characteristics of staffs: it refers to sex, age and marital status of the staffs. These are factors leading to differentiated susceptibility.

Susceptibility to HIV: It is the likelihood of an individual becoming infected with HIV. The likelihood of the spread of HIV infection within a country, a population group, an institution, an enterprise, or at a household level as determined by the interaction of a variety of social attributes (Müller, 2005).

Differentiated susceptibility: refers to the different level of susceptibility to HIV among the people or community (i.e. male and female staffs) (Barnett and Whiteside, 2006).It also refers to the differences in susceptibility to HIV due to sex, age and marital status concerning all the indicators of this study.

1.4 Significance of the study

From PAB and PCDP point of view, the study was explored valuable information on the factors influencing staffs susceptibility to HIV. It helped to realize the organizations' staffs understanding, views and concerns to HIV and also to capture their gaps in reducing their susceptibility factors. Practicable measures proposed to the organization to think over and try to include the issue of HIV along with development programs in the future.

From the researcher point of view, more lessons have learnt how to formulate and conduct research project as well as the way how to remain coherent in each pieces of the study parts.

1.5 Organization of the thesis

The rest of this thesis is organized into four parts. The second part deals with literature review that includes concepts of susceptibility, the different levels of susceptibility (individual, societal and organizational) and differentiated susceptibility. The third part presents a closer look at the research design and methodology. Part four deals with the results and discussion of key findings and finally the last section - part five presents conclusions and recommendations.

CHAPTER TWO: LITERATURE REVIEW

This chapter indicates the relevant literatures reviewed. It mainly focused to describe concepts of susceptibility, the different levels of susceptibility including individual (behavioral), societal (socio-economic and cultural practices) and organizational. It also describes the differentiated susceptibility regarding sex, age and marital status.

2.1 Susceptibility to HIV

Different studies present the concept of susceptibility to HIV. According to Barnett and Whiteside (2006:89) defined susceptibility to HIV as the increase of a risk environment to the individual, group and general social predisposition to the virus. In addition, Loevinsohn and Gillespie(2003) defined susceptibility as the chance of an individual becoming infected with HIV, that related to their risk of exposure, the risk environment they confront and the riskiness of their behavior. Bishop-Sambrook,(2003) also defined susceptibility to HIV as the chance of being exposed to the virus that reflecting the risk environment and riskiness of behavior or it is the chance of being infected with virus once exposed. In other study susceptibility taken as the likelihood of being exposed to HIV infection because of a number of factors or determinants in the external environment, some of which are beyond the control of a person or particular social group(ICASO,2007).

Susceptibility to HIV infection is more derived due to high degree of mobility, displacement from family, lack of social cohesion and cultural practices which are linked to sexual activity (Bishop-Sambrook, 2003).

2.2 Different levels of susceptibility factors to HIV

Barnet and Whiteside (2006) said that susceptibility can be thought of at various levels. For instance an entire society may be considered susceptible because its population constantly on move due to civil unrest or environmental event, an individual working in a government ministry a hospital or manufacturing industry may have an increased susceptibility to infection with the virus for many reasons. Accordingly, the researcher has differentiated the following three levels of susceptibility to HIV:

2.2.1 Individual (behavioral) level susceptibility

Derge et al (2005) survey on behavioral change indicated that “Ethiopians’ awareness about HIV and AIDS is high and it is become increasing. The majority of men and women, 97 percent and 90 percent respectively, aged 15-49 have heard of AIDS.” In addition to this, reports from ADB (2004) suggested that “in Ethiopia at least 97 percent of the men and 84 percent of the women have heard of HIV/ AIDS at one point in time and have some knowledge of its symptoms.” On the other hand, FDRE/HAPCO (2008) indicated that “only about one-third of in-school youth, female sex workers, truck drivers, teachers and road construction workers have comprehensive knowledge about HIV and AIDS.”

Garbus (2003) revealed that the majority of women (63 percent) do not believe that a healthy looking person can have HIV/AIDS and this figure is 45 percent among men. Women are much less knowledgeable than men about programmatically important ways to avoid contracting HIV. Even in some regions of the country, the majority of women don’t believe that HIV can be disappeared.

In relation with knowledge of HIV, individual behavioral change is the most promising mechanism for safeguarding against susceptibility to the infection. Reducing barriers to behavioral change through appropriate and culturally-specific approaches that aimed at strengthening individuals’ risk reduction behaviors and self-efficacy through skills

development, overcoming psychological barriers to condom use, managing risk-related to substance use, and incorporating approaches that take into account social and psychological barriers are important to reduce susceptibility to HIV (Braithwaite et al 2001).

Mane and Aggleton (2001) indicated that “individual risk of HIV/AIDS is influenced by what people know and understand what they feel about situations and relationships, and what they do.” Also Hallfors et al (2007) stated that the increased risk taking behaviors in drug use and sharing needles as well as engaging in sexual behaviors with multiple or risky sexual partners make individuals more susceptible to HIV infection.

Derge et al (2005) suggested that hard drugs like heroin and cocaine are very rarely available in Ethiopia. However, khat (*Catha edulis*) a locally produced psycho-stimulant is commonly and widely used in the country. It has been used for centuries as a mild stimulant predominantly by men.

As many studies agreed that alcoholism was also considered as one of the influential factor in making people become more susceptible to HIV infection. Balla et al (1994) indicated in their study that “alcohol makes a person to increase number of sexual partners, anonymous sex, and the failure to use condom. In addition to that alcohol use often occurs at places where sexual partners are more readily available” Derge et al (2005) also stated that “there is a clear association between heavy consumption of khat and psychosis. Thus, an increased sexual activity was significantly associated with alcohol/khat consumption by individuals.”

Njue et al (2009) stated that “HIV risk variables such as perceived risk for contracting HIV, AIDS-related anxiety, sexual self-efficacy (i.e. confidence to adopt and maintain HIV preventive behaviors), personal attitudes towards condom use, sexual attitudes and prevention beliefs (belief that using condoms and being monogamous can prevent HIV/STD infection).” Bhattacharya (2004:1) also stated that “not using condom is an HIV risk factor.” The study conducted by Bishop-Sambrook, et al (2004) in pastoral areas of southern Ethiopia suggested that “In districts and provinces centers drinking alcohol, especially in bars and drinking houses as well as in hotels and restaurants is often closely related to casual sex.

2.2.2 Societal (Socio-economic and traditional practices) level susceptibility factors

According to Barnett and Whiteside (2006:90) the increased inequality of income distribution among the society or the differential income, status and social standing can determine the livelihood choices and ultimately increases the sexual networks.

Gupta, (2000:1) stated that “gender and sexuality are significant factors in the transmission of HIV. In many societies there is a culture of silence that surrounds sex that dictates that ‘good’ women are expected to be ignorant about sex and passive in sexual interactions.” Bishop-Sambrook et al (2004) revealed that “... women and girls are more susceptible to HIV infection not only biologically but also socio-culturally because of discriminatory social and cultural practices. Due to their weak social position and the dominance of men, women are either unaware or not able to insist on condom use.”

Mane and Aggleton (2001:23-27) stated that “most pertinently, women’s inability to negotiate sex, their economic and societal reliance on men, their lower positioning within family and social structure, and their traditional roles as nurtures and care givers make it next to impossible for most women to ensure protection from HIV.” The other study by Wei et.al (2008) suggested that “globally women are excessively affected by HIV which becomes apparent in a country once heterosexual intercourse becomes the prevailing mode of transmission.”

WHO and UNAIDS (2008) indicated that “global estimates, 50 percent of people living with HIV and AIDS are women. In the same report it was described that the gender norms related to masculinity favors men to undertake multiple sexual partners and aged men to practice sexual relations with much younger women.”

Sethna (2003) indicates that “people living with HIV and AIDS are remaining ashamed of because of reinforced existing prejudices and strengthened exiting social inequalities (e.g. gender, equality and sex). Consequently, people living with HIV and AIDS are denied of health services and education, or may lose employment on the grounds of their HIV status.”

The study conducted by ADB (2004) suggested that “women are excessively at risk of infection due to several reasons. The practice of polygamy in rural areas increases risk of infection because of multiple partners’ involvement. In women in the age range of 15 to 24 years, the risk is high as result of their early marriage to older men who may already have other partners. Abduction and rape are also other potentials of risk on women and girls.” In addition to that the study conducted by Commission on HIV/AIDS and Governance in Africa (CHGA) (2004) revealed that “women, children and young people are the most susceptible groups due to their age and sex. Some groups are also susceptible because of unable to protect themselves with safe sex or clean needles. These groups include injecting drug users, commercial sex workers, men who have sex with men, and prisoners.”

Samuel(2004) in his study in one of the organizations working districts suggests that “traders from high land areas to exchange bull with heifer and elephant teeth (ivory) with rifle are highly suspected to have sexual affairs with some of the local girls and widows; the excess flow of tourist, their drivers and tour guides bribe the local girls by giving them some decorative presents and money; and private tour companies found nearby to the localities facilitate easy and cheap access for tourists approach and support them with photographic and sex importing.”

The study conducted by Bishop-Sambrook, et al (2004) indicated that “in pastoral community though men don’t pay for sexing in the village but can pay for bar ladies in small towns.” Samuel’s (2004) study in the same region also suggested that the pastoral communities are mobile in their localities especially when market day comes they spent the night in local drink houses by drinking local liquor, drinks made from honey, beer, etc. In such a situation they usually attracted to undertake unprotected sexual intercourse with females who sell local drinks.

Getnet et al (2002) stated that “from the total pastoralist respondent asked, 50 percents of them have had unprotected sexual intercourse with sex workers at hotels, restaurants and local drink houses in small rural towns.”

2.2.3 Organizational level susceptibility factors

Moreover, the study from Garbus (2003) indicated that in Ethiopia certain groups of people are typically mobile and can be more susceptible to HIV. These include rural residents seeking employment in urban areas, military personnel, those displaced by war, drought, and/or environmental degradation, male transport workers, sex workers, émigrés, traders, orphans and vulnerable children, humanitarian and relief workers and prisoners well as. According to CHGA (2004) for some people, their environment or high levels of mobility expose them to become more susceptible to HIV infection. Sometimes isolation from families and communities makes them more susceptible to multiple and unsafe sexual encounters. Bishop-Sambrook et al (2004) in his study indicated that dislocation from family, absence of social cohesion, inappropriate housing, high extent of mobility; unease between ‘modern’ knowledge and traditional beliefs; and cultural practices which are linked to sexual activity.

Bishop-Sambrook et al (2004) in his journey along the HIV/AIDS path way stated that “a member of employee placed to a distant rural area devoid of his family but has no chance to buy condoms or access to health services to care for STIs becoming highly susceptible and low resistance to HIV.”

As the epidemic tends to affect the society at large, public organizations such as health, education and agriculture become more susceptible due to loss of trained manpower and turnover of staffs.

2.3 Differential Susceptibility

Topouzis (1998) stated that susceptibility to HIV need to be differentiated by gender, age and marital status for many reasons. The main reason for this is women are biologically more prone to HIV infection, youth (young ages) tend to be more sexually active than mature adults; single people may have more sexual partners than married people...etc.

Zierler (1994:1) suggested that the gender inequality of susceptibility to HIV infection goes beyond the anatomical physiologic differences between women and men. In addition to that the socio-cultural and economic context of heterosexual sex throughout the world has had a powerful influence on women's susceptibility to infection. The challenges become more sever in women than men if for instance condom use is not a realistic option for women in heterosexual encounters in case condoms are unaffordable or unavailable, if their men will not use them. Gage, (2000) also stated that unequal gender relations between men and women tend to make difficult for women to negotiate the use of condoms and to prevent HIV infection. Women who want to practice safer sex may not be able to do so for fear of being considered immoral and untrusting and for fear of reprisals in the form of anger and rejection.

According to the study conducted by ICASO (2007) beliefs of what constructs masculinity and femininity are deeply rooted in the socio-cultural contexts of every community and create an unequal balance of power between women and men. Femininity and masculinity differentiations among the society have their respective susceptibilities to HIV. For instance femininity often requires women to be passive in sexual interactions and ignorant of sexual matters whereas as masculinity on the other hand requires men as a sexual risk taker, to acknowledge multiple sexual partnerships without adequate partnership that increases their susceptibility to HIV.

Age and susceptibility to HIV: as age taken as independent variable for HIV infection, people at younger are more susceptible to HIV infection than older ages. Especially women at younger age are more susceptible than men at the same young age. For instance, the prevalence of HIV is highest in young women aged 15 to 25 and peaks in men five to ten years later in the 25 to 35 age groups(Chacham et al 2007).

CHAPTER THREE: RESEARCH DESIGN AND METHODOLOGY

3.1 Selection of the study area

This study is conducted in Hawassa town, which is the capital city of southern nations and nationalities people's region of Ethiopia. In this town, all government sector bureaus, private organizations, and non-governmental organizations and other community based organizations are found. The regional PAB and PCDP and their staffs, where this study had focused are situated in this town. The city, which is the economic and cultural hub of the region, has a total area of about 50km square, divided in to 8 sub-towns and 32 districts. According to the 2007 population census, the total population of the town is about 259,803. All the staffs and their families are living in this town. However, staffs are usually traveled to the distant working areas leaving their families in the town.

The city has diversified economic activities, investments, tourism attractions, hotels, private, and government universities.

Map of Southern Nations and Nationalities People's Region, Ethiopia

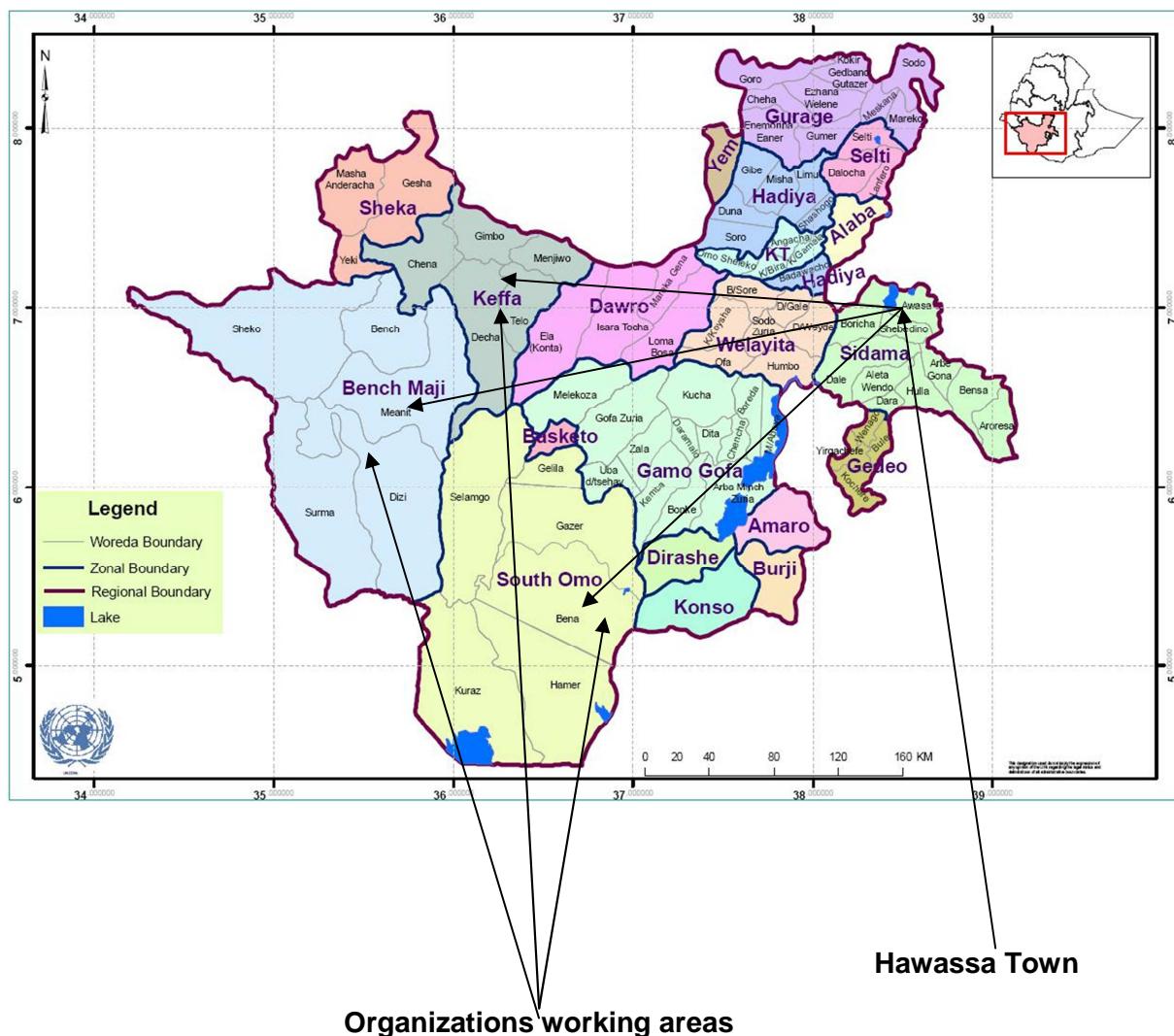


FIGURE 1: MAP OF SOUTHERN ETHIOPIA

3.2 Data collection

3.2.1 Secondary data collection

Desk study has conducted to organize the secondary data through reviewing different literatures. The researcher had also contacted the regional Health Bureau, HAPCO, regional AIDS resource center officers to have data about the regional HIV overview. However, the regional AIDS resource center data based on internet search. The regional health bureau and HAPCO data resources are based on annual action plan accomplishment reports and some training and work shop documents. There for the study has collected data both from office documents and internet search. Based on the concepts obtained from literature sources, the researcher went to home country, Ethiopia, to conduct the primary data collection.

3.2.2 Primary data collection

Three key informants selected. These were two team leaders and a project coordinator. The two team leaders were from pastoral affairs bureau and the project coordinator was from pastoral community development project. They were selected as key informants because they have wide contacts with each staffs and have views of staffs in different occasions (field works, trainings and workshops).

Interview among staffs of two organizations (PAB and PCDP) had done by using guiding checklists.

Thirty respondents were selected. These respondents were two categories, expert and drivers. From the two categories, 21 staffs are experts and 9 staffs are drivers. Both experts and drivers are selected purposefully since they have more exposures to field works. It is because they have extensive field exposure to the remote pastoral areas of the region. Even the individual drivers and female experts were contacted directly because their number is limited. However, the male respondents were selected randomly.

The 9 and 21 number of drivers and experts is taken to retain the balance between them. At the same time drivers are less in number in the organization as compared to experts.

Table 1: Indicating category of staffs respondents

Organization	Sample Size				Total Sample Size	
	Expert		Driver		Expert	Driver
	Female	Male	Female	Male		
PAB	5	4	0	6		
PCDP	1	11	0	3		
Total	6	15	0	9	21	9

Source: field interview on PAB and PCDP staffs, SNNPR, Ethiopia. July, 2010.

The reason why respondents selected from two organizations is that PAB is formal government organization whereas PCDP is a project branch. But they are working in the same pastoral areas. Even though they are headed by the same ministry, ministry of federal affairs (MoFA), financially and technically administered differently. Moreover, selecting equal numbers of respondents help for the purpose of comparison and to see the differentiated susceptibility. The respondents were interviewed individually through guiding interview checklists. Though the researcher has given due attention for female experts, they are very few at expert level and even no one at driver position. A total of six female experts were contacted during the interview. They comprised five from PAB and one from PCDP. Female respondents consist of 20 percent of the total respondents while the rest male were covers

80 percent. Among all respondents, 30 percent and 70 percent were drivers and experts respectively.

Both qualitative and quantitative data collection method was used. It was carried between July and August, 2010. The interview check lists were prepared based on conceptual frame work of the study (refer annex 1). During the interview, new questions were raised to further go deep into the interview. The researcher himself was conducted the interview and has got the chance of face to face meeting with each respondent.

During the interview, the researcher has used voice recorder with full permission of the respondents. However, some respondents not interested to be recorded their voice and the researcher used to write down the respondents view after asking a question.

Before the interview handled, the interview checklists were translated in to common local language called ‘Amharic’ for easy understanding of the questions and to get informed responses.

3.3 Data analysis and interpretation

The collected data were clustered according to respondents view. The same type of responses where organized together and counted from the total respondents. The analysis was done comparing numbers without percentages. Then thematic issues were extracted from the qualitative and quantitative data obtained and the findings were compared and analyzed according to the differentiated susceptibility characteristics (sex, age and marital status).

3.4 Limitation of the study

The first limitation of the study is in formulating the correct interview checklists. Since it is a qualitative study it needs experience in asking different questions that can avoid hesitations after departing from the interviewee. In this regard the researcher had realized that some gaps in asking probing questions based on the previously asked question. Thus, it might have inadequate information to reach on best recommendations.

The other limitation of the study was the cross sectional nature of the study and sensitive nature of the question might have also affected the level of openness of the respondents. Therefore, the inadequate information might lead the researcher to end up with unremarkable conclusion.

The lack of reference and absence of adequate similar studies on government as well as non-government organizations on factors affecting staffs susceptibility to HIV has restricted comparison between my findings and others.

The above pointed limitations entail that the impossibility to generalize with this limited piece of study all the country’s civil servants in general and Pastoral Affairs Bureau and Pastoral Community Development Project staffs in particular that factors affecting them to be susceptible to HIV. It also indicates that the potential area to further conduct research on Government organizations staffs susceptibility to HIV.

Besides the above major limitations, the researcher has faced with few challenges. During the study power interruption has created some delay on the internet search as well as write-up of the thesis report. On the other hand in use of voice record the respondents were not free to tell their views and the researcher read the facial expression when they hesitate. However, some of the respondents weren’t totally interested to be recorded their voice.

Repeated meetings in the organizations especially in PAB was taken more time and days to get experts for the interview. In addition to that the long field day stays minimum of 15 to 20

days in field work had also taken more time by waiting the experts and drivers to get their opinions and views on the interview. Furthermore, some experts are out of the office because of annual leave.

3.5 Scope of the study

This study is confined with staffs of southern Ethiopia pastoral affairs bureau including its project staffs, PCDP. It is restricted on experts and drivers of the organizations because of their more exposure to field works. It is also very specific towards identifying factors influencing staffs susceptibility to HIV.

CHAPTER FOUR: RESULT AND DISCUSSION

Introduction

The researcher has met 30 respondents and 3 key informants to collect data through interview check lists. Based on interview checklists, respondents interviewed about factors influencing staffs susceptibility to HIV. The interview checklists focused about knowledge of HIV, organizational factors, socio-cultural factors, risky situations and risky behavior (refer the annexed interview check lists on annex 1). Each of the main themes was analyzed using the three major individual characteristics: age, sex and marital status. It is because these individual characteristics clearly describe the differentiated susceptibility of staffs according to the major indicators.

Profile of respondents

Here respondents that the researcher has focused under this study are described in the following table according to their sex, age group, job position and marital status.

Table 2: Respondents' by organization, age, sex, job position and marital status

Indicator	Sex		Age group		Job Position		Marital Status	
	F	M	Young* (19-35)	Old (36 and above)	E	D	Ma	Nm
Total respondents	6	24	12	18	21	9	24	6

Source: field interview on PAB and PCDP staffs, SNNPR, Ethiopia. July, 2010.

N.B.: Young* age (less than 36 Years).

- F=female, M=male, E=expert, D=driver, Ma=married, Nm=Non-married

Among the total sample size, the majority (24) of respondents were male than females (6). Usually females are less in number at expert level due to the effect of fewer enrollments to education in the previous time. The other reason is that the existing regional level expert positions need experts that have long year work experience. Regarding their job position almost all women are experts. In total experts comprises high number (21) as compared to drivers (9). All divers are male and no female driver. This is because females are not encouraged as a diver in the government offices. However, in some NGOs female drivers are seen as working as a driver as normal job. Both experts and drivers have wide opportunities to go for field works in the remote pastoral areas where they can feel hardships. In project office (PCDP) the numbers of female experts are very few and non in higher expert positions. The researcher has considered one female in this study because she has few chances to go for field work and experienced some challenges.

Regarding age of respondents, the majority (94 percent) are found within the productive and more susceptible age group to the HIV infection (i.e. 15-49). At country level, in Ethiopia, this age group is considered the adult age group where the prevalence of HIV is indicated. In Ethiopia the age limit of 30 year is commonly taken as young age and above 30 years considered as adult. However, for the analysis of this study the researcher used the age limit of 35 for young age. It is the middle age between young and adult. On the other hand at 30

years of age limit the number of staffs are very limited since the working position at regional level envites more experienced workers.

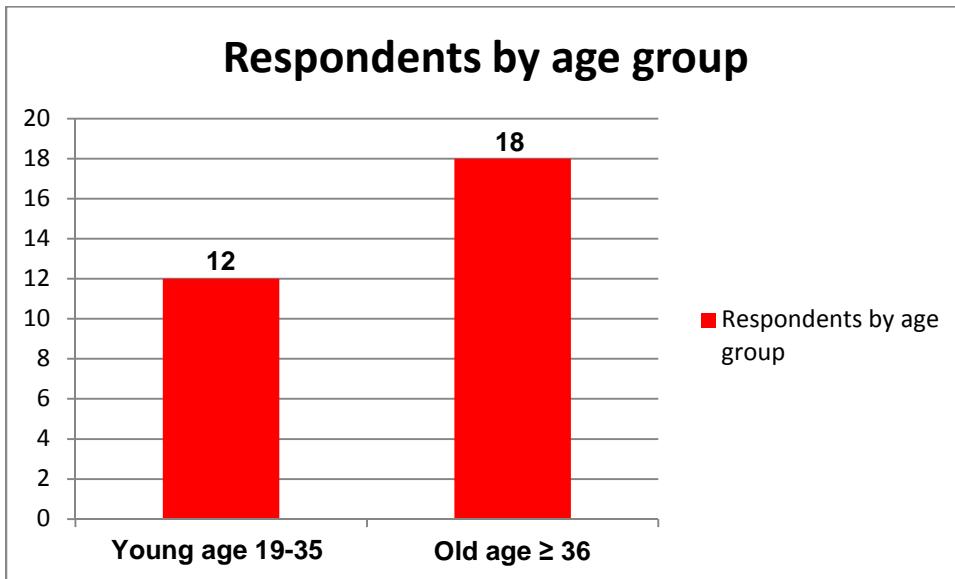


FIGURE 1: AGE GROUP OF RESPONDENTS. SOURCE: FIELD INTERVIEW ON PAB AND PCDP STAFFS, SNNPR, ETHIOPIA. JULY, 2010.

The collected data of respondents indicate that they are 24 married, 5 single and 1 widows. For the sake of the analysis of this study they are categorized into two: These are married (24) and non-married (6).

4.1 Knowledge of HIV

Under this topic three sub-topics included: These include transmission routes of HIV, prevention mechanism of HIV and the relations between HIV and STIs. The researcher included these three sub-topics in this study is that in order to see the knowledge level of staffs and their gaps. It also aimed to see the level of susceptibility of staffs whether it is due to lack of understanding or not.

4.1.1 Transmission Routes of HIV

In this sub-topic the study indicated the respondents' level of knowledge and understanding about the transmission routes of HIV.

From the data presented on table 3 regarding knowledge about the transmission routes of HIV in Ethiopia, the majority of respondents(27) have replied to unprotected sexual intercourse as the major transmission routes of HIV while mother to child transmission is the least(2) replied. Among respondents, males (23/24) respond better as compared to females (4/6). Old age respondents (15/18) better as compared to young ages (12/12) and married respondents (24/24) replied better than non-married ones (3/6).

Commonly share of sharpened items replied as the second most important transmission routes of HIV. Among 30 respondents, 17 were responding to this transmission route. Males (14/24) as compared to females (3/6) have responded better. Young ages are better than old ages (8/18) and married (15/24) respond better as compared to non-married (3/6).

In Ethiopia, heterosexual contact estimated to account for 87 percent of infections while mother to child transmission accounts 10 percent. Whereas blood transfusion, harmful traditional practices and unsafe injections are all recognized to be a small risk although needs attention (GoE, 2004 and 1998). From this it is clear that heterosexual contact is the

dominant mode of transmission followed by MTCT and others. However, the study revealed that the majority of respondents (27/30) have replied unprotected sexual intercourse as the

Table 3: Respondents' knowledge on transmission routes of HIV by sex, age and marital status

Indicators N=30	Sex		Age		Marital Status	
	Female N=6	Male N=24	Young (19-35) N=12	Old (36 and above) N=18	Married N=24	Not married N=6
Transmission Routes of HIV						
Unprotected sexual intercourse	4	23	12	15	24	3
Commonly share of sharpened items	3	14	9	8	15	2
Blood transfusion	1	4	3	2	5	-----
Mother to child transmission	2	-----	1	1	1	1
Others	1	5	3	3	5	1

N.B.: N= refers to number of respondent. Source: field interview on PAB and PCDP staffs, SNNPR, Ethiopia. July, 2010.

main transmission route of HIV and they become in line with the national level identification. In the other transmission routes of HIV, especially in MTCT, the revealed results are contradicting. It is because at national level, MTCT is identified as the second and comprises of 10 percent as compared to other transmission routes. From the revealed data, it is clearly seen that very low number of respondents (2 females only) replied to MTCT. No respondent has answered all the three.

Getinet et al(2002)stated that in Ethiopia, people have misconception about HIV and AIDS in that a mosquito bite can transmit HIV; sharing a meal with someone who is HIV positive can transmit HIV; a healthy-looking person cannot be infected with HIV; eating raw meat (*raw kitfo*) prepared by an HIV-infected person can transmit HIV; eating an uncooked egg laid by a chicken that swallowed a used condom can transmit HIV; and drinking local hard liquor and eating hot pepper can protect from HIV." However, in this study all the respondents that have replied to the major transmission route, unprotected sexual intercourse have shown no misconceptions.

Therefore, in both female and male staffs less susceptibility is seen regarding knowledge of the major transmission routes of HIV although respondents not equally responding to all transmission routes.

4.1.2 Prevention mechanisms to HIV infection

The study indicated under this sub-topic the knowledge level of respondents according to their awareness about the three major prevention mechanisms of HIV (refer table 4 on page 19).

In responding to the prevention mechanisms of HIV infection, respondents were broadly differed. From the table below it is clearly seen that the majority of respondents (25/30) were strongly confirmed that abstinence, be faithful to sexual partner and use of condom (ABC) as the main prevention mechanism of HIV. Among the respondents, insignificant differences seen between females (5/6) and males (20/24) and young age (10/12) and old age (15/18). However, married (23/24) respond better than non-married (2/6). Among the total respondents, 5 didn't respond to ABC as a major prevention mechanism. This gap is mainly

observed in male (4/24) as compared to female (1/6) and in non-married (4/6) as compared to married (1/23). The gap is insignificant between young age (2/12) and old age (3/18).

Table 4: Respondents' knowledge of prevention mechanisms to HIV by sex, age and marital status

Indicators N=30	Sex		Age		Marital Status	
	Female N=6	Male N=24	Young (19-35) N=12	Old (36 and above) N=18	Married N=24	Not married N=6
Prevention Mechanism						
Primarily Believe in God	--	1	1	-----	1	
ABC*	5	20	10	15	23	2
Abstinence and be faithful to sexual partner	--	3	3	-----	3	---
Awareness creation	--	7	2	5	7	----
Use of condom	--	2	2	---	1	1
Know self-status through HIV test	1	3	3	1	3	1

Source: field interview on PAB and PCDP staffs, SNNPR, Ethiopia. July, 2010.

Among male respondents, only 3 of them focused on abstinence and be faithful to sexual partners as a main means of HIV prevention mechanism. These male respondents never accept condom as a major prevention mechanism and also never want to recommend for other users. These respondents are found in young age and all are married. According to them, use of condom is considered as sin. The other 7 male respondents believe that awareness creation is the most important prevention mechanism of HIV. Regarding to the three known prevention mechanisms of HIV, ABC, insignificant differences are seen between female and male; and young and old ages. However, married as compared to non-married respondents have better knowledge on the major prevention mechanisms of HIV.

Getnet et al (2002) in their study used to level the knowledge of respondents in that if respondents correctly identified the three major ways to prevent HIV transmission i.e. abstinence, being faithful to one uninfected partner and condom use. Based on this information the majority of respondents (25/30) in this study have shown better understanding about prevention mechanisms and they are in line with the national level identification.

Generally, both female and male (except few of them) have knowledge and better understanding regarding the major prevention mechanisms of HIV.

4.1.3 Relations between HIV and STIs

As the above two described sub-topics, here also the study tried to disclose how far the respondents have knowledge on the relations between HIV and STIs (refer table 5 on page 29).

According to the data revealed on table 5, the majority of respondents (29/30) believed that HIV and STIs have strong relationships while a single respondent has said HIV and STI have no direct relationship. From the revealed data, all female staffs' respondents (6/6) have better understanding than male staffs respondents (23/24) and all young ages (12/12) respond better than old age respondents (17/18). Also married respondents (6/6) have better understanding than married (23/24) respondents.

Table 5: Respondents' knowledge about relations between HIV and STIs by sex, age and marital status

Indicators N=30	Sex		Age		Marital Status	
	Female N=6	Male N=24	Young (19-35) N=12	Old (36 and above) N=18	Married N=24	Not married N=6
Relations between HIV and STIs						
Have strong relationship	6	23	12	17	23	6
Have no direct relationship	--	1	---	1	1	---

Source: field interview on PAB and PCDP staffs, SNNPR, Ethiopia. July, 2010.

During interview with the key-informants and respondents, they told to the researcher that a person with STIs is more exposed to HIV infection as compared to a person with none STIs; both HIV and STIs are transmitted through unprotected sexual intercourse; and due to more attentions given to HIV, now a day the infection rates of STIs are decreased.

Hong et al., (2008) stated that "noticeably there is a distinctive connection between HIV and STIs people who are infected with an STD such as gonorrhea, syphilis, or herpes are much more likely to get hold of an HIV infection." Thus, the respondents and key informants view coincide with Hong's study and more agreeable with the researchers study too.

In general, both male and female staffs have high knowledge about existing of strong relationships between HIV and STIs. In addition to that the three sub-topics presented have shown that there is less susceptibility of staffs according to lack of knowledge of HIV.

4.2 Organizational Factors

Under this topic the study indicated five sub-topics: these include 1)staffs mobility, 2)use of staffs allowance, 3) conditions of living in the field(housing situations), 4)staffs access to and attitude to condom use and 5) ways of recreation in the field.

4.2.1 Staffs mobility

Here staffs mobility to field works for accomplishment of organizations activity to remote areas departing from their families considered as one of the organizational contribution for the susceptibility of them to HIV.

Regarding staffs mobility to field work, almost all respondents are moving to field works departing from their family. However, the frequency of mobility varies considerably among the respondent staffs. For instance, half of the female (3/6) and male staffs (12/24) move to field works once per month for 10-20 days stay in field. However, in both extremes (i.e. less than 10 days and 21-30 days per month) the number of field staffs moving to field is very low as compared to 10-20 days. In the other side, 11 respondents (2 female and 9 male) are moving to field once in quarter for 21-30 days. Staffs that are moving to field works from 10-20 days per month have more frequencies of field mobility as compared to staffs that are moving once in quarter period for 21-30 days. Among these staffs, there are seen insignificant differences between females (3/6) and males (12/24) and young (6/12) and old (9/18) ages. However, non-married staffs (4/6) have high frequencies of field mobility as compared to married staffs (11/24).

Table 6: Staffs mobility to field work by sex, age and marital status

Indicators N=30	Sex		Age		Marital Status	
	Female N=6	Male N=24	Young (19-35) N=12	Old (36 and above) N=18	Married N=24	Not married N=6
Staffs mobility to field work						
Less than 10 days per month	-----	2		2	2	----
10-20 days per month	3	12	6	9	11	4
21-30 days per month	-----	1	1	----	1	---
Once in quarter for 21-30 days	2	9	4	7	9	2
Twice a year for less than 10 days	1	----	1	----	1	-

Source: *field interview on PAB and PCDP staffs, SNNPR, Ethiopia. July, 2010.*

Table 7: Staffs mobility to field work by organization and occupation (Driver and Expert)

Indicators	Organization			
	PAB		PCDP	
Staffs mobility to field work	Driver	Expert	Driver	Expert
Less than 10 days per month	1	---		1
10-20 days per month	4	1	3	7
21-30 days per month	1	---		1
Once in quarter for 21-30 days	--	8	---	2
Twice a year for less than 10 days	---	---		1
Sum	6	9	3	12

Source: *field interview on PAB and PCDP staffs, SNNPR, Ethiopia. July, 2010.*

Concerning organizational level comparison, the majority of staffs (10) in PCDP has extensive field work once per month for about 10-20 days as compared to PAB staffs (only 5). In addition to that, staffs in PAB(8) usually move to field works once in quarter for 21-30 days as compared to staffs in PCDP(2). However, few staffs (2) have less frequency to go for field work. For instance some of them go for field work twice in a year period for about a week stay.

Mobility of staffs for field works as well as for trainings and workshops considered as one of the major factor for their susceptibility to HIV infection. Studies have shown that male mobility has been detected as one of the key vehicles for transmission, with men employing the services of sex workers while away from home (Blerk, 2007). Furthermore, increased HIV-related risk has been seen through mobility since well-educated men and women those with higher incomes are more likely to travel and thus have more opportunities for casual sexual contacts (Stulhofer et al, 2006; Wardlow, 2007). Among respondents, 24 are male and also 24 are married. These males have frequent field mobility to field work because of organizational need to accomplish organizational objective while their life partners or families are stayed in home. This indicates that how far they become susceptible to HIV as the field frequencies are increasing. The researcher's finding is more agreed with the study according to Yemane et al (2008:28), mobile workers such as civil servants, truck drivers, seasonal workers and others who spend a portion of their time away from residence become more susceptible to be contracted with HIV leaving their spouses and future children at risk." This

view of literature indicates that how the effect of mobility and long absence from home (particularly by the breadwinner of the family) becomes difficult to the rest of the staffs family.

Married men are the highest risk group because they have more opportunities for casual sexual relationships due to their high mobility, tendency to migrate seasonally, access to disposable money and if they have extramarital affairs they are likely to have several different partners (Bishop-Sambrook et al, 2004). This view of the literature is more coincides with the data revealed on table 6 and 7.

In general, the higher the length(10-20 days per month) of field stay have more influence on the staffs to be susceptible to HIV infection as compared to a staffs with less frequently moving to field work(once in quarter for 20-25 days). Accordingly, men are more susceptible as compared to female staffs.

4.2.2 Use of staffs allowance

How staffs spend their allowances and their corresponding susceptibility to HIV while they are at field work is presented under this sub-topic.

Table 8: Staffs use of field allowance by sex, age and marital status

Indicators N=30	Sex		Age		Marital Status	
	Female N=6	Male N=24	Young (19-35) N=12	Old (36 and above) N=18	Married N=24	Not married N=6
Use of staffs allowance						
Spend for bed room rent and food	6	24	12	18	24	6
Spend for alcohol drinks, chewing Khat and smoking shisha	--	12	6	6	11	1
Spend for soft drinks	6	12	7	5	13	5

Source: *field interview on PAB and PCDP staffs, SNNPR, Ethiopia. July, 2010.*

All respondents commonly agreed that field staffs (both drivers and experts) spend their allowances for food and bed room rent. Among the respondents, no female staffs spend field allowances for drinking alcohols, chewing khat and sometimes for smoking shisha as compared to half of the male staffs (12/24). High numbers of married staffs (11/24) are spending their allowances for alcohol drinks and chewing khat as compared to non-married (1/6). The same is true in young ages (6/12) as compared to old ages (6/18).

During discussion with key informants and respondents, almost all of the respondents from PAB were shared that the low amount of field allowances not able to cater the basic needs while the field staffs at field due to high prices of living expenses. In such low amount of field allowances, the initiation of field staffs to have additional feelings such as to buy sex is very low. This view of respondents is apparently seen on the data revealed on table 9 above that the field allowances paid for both experts and drivers in PAB is almost by half lower than that of PCDP. Key informants from PAB told to the researcher that, these staffs although they have feelings to go for sexual intercourse with available ladies, they remain confined due to their low pocket money. On the other hand, these key informants never denied that few sexually very active experts and drivers can go for buying sex though they have low amount of field allowances. It is because they can borrow money from other experts to use it for their additional feelings.

Table 9: Differences of staffs allowances between PAB and PCDP organization

Organization	Staffs amount of field allowance	
	Expert	Driver
Pastoral Affairs Bureau	70ETB(Euro 4.17)	58 ETB(Euro 3.41)
Pastoral Community Development Project	140 ETB(Euro 8.23)	98ETB(Euro 5.76)
Percentage of PCDP over PAB	All most 100 percent over	

Source: *field interview on PAB and PCDP staffs, SNNPR, Ethiopia. July, 2010.* During the study period one Euro is approximately 17ETB.

Table 10: Use of staffs allowance by occupation (driver and expert) and sex

Indicators	Organization(PAB and PCDP)			
	Driver		Expert	
Use of staffs allowance	Female	Male	Female	Male
Spend for bed room rent and food	0	9	6	15
Spend for alcohol drinks, chewing Khat and smoking shisha	0	7	0	5
Spend for soft drinks	0	2	6	10

Source: *field interview on PAB and PCDP staffs, SNNPR, Ethiopia. July, 2010.*

N.B.: Here respondents are answered more than one question

Among the respondents, the majority of drivers (7/9) spend their allowances for alcohol drinks, chewing khat and sometimes smoking shisha as compared to experts (5/21).

In general, female staffs are not easily forced to be susceptible to HIV infection due to field allowances. Opinions from key-informants suggested that when more women staffs are in field work, they were share common bed rooms to sleep as well as pass all the field days together. They are more restricted and more responsible for their family as compared to men staffs. In such case the susceptibility of women staffs to HIV infection is less as compared to men staffs. On the other hand, drivers are found to be the high risk groups as compared to experts.

4.2.3 Conditions of living in the field (housing)

Under this sub-title the researcher wants to indicate how staffs conditions of living (housing) in the field affects them to be susceptible to HIV infection while they are facing with different contacts. At the same time they don't have guest houses to be safer that is built by the organization.

Almost all of the respondents (6/6 female and 24/24 male) have shared that staffs at field work usually stay in small hotels and pension where bed rooms for rent are available. According to them, hotels that are found in provinces and districts centers of the organizations' working areas, have some features in common: They are crowded with excess number of people; prostitutes and sex workers that are giving hotel services at the same time. The respondents also told that the hotels are non-alternative places where field staffs from regional centers, locally available GOs and NGOs workers, business men from different places, tourists, tourist drivers, and tourist guides as well as people from the surrounding localities can entertain and pass their stays there.

Respondents told that in some working districts there is a chance of staying in hostel compound where staffs can sleep in group on flat ground. It is because there are no bed rooms for rent as in other working districts centers. In such situation no more sexual contacts

are affecting field staffs unless they go out from the hostel compound to their friends or colleagues whom they knew before.

Table 11: staffs housing conditions in the field by sex, age and marital status

Indicators N=30	Sex		Age		Marital Status	
	Female N=6	Male N=24	Young (19-35) N=12	Old (36 and above) N=18	Married N=24	Not married N=6
Use of rented bed rooms in hotels and restaurants	6	24	12	18	24	6
Living in camps	---	---	---	---	----	--
Staying with relatives and colleagues	2	3	5	---	4	1
Use of hostel compound	6	24	12	18	24	6

Source: field interview on PAB and PCDP staffs, SNNPR, Ethiopia. July, 2010. Here a staffs respond more than one question

One of the respondents said that there are very remote working areas that are addressed by PAB and PCDP where infrastructures are not developed and less contact with major towns due to absence of formal transportation. In such working areas when staffs reach, the very existing government workers as well as communities within the districts have more feeling to contact the new comers to their districts. Those government workers or the district town communities very much pleased to invite and to do some favor in their home. In such a case, sexual contacts can be high with some experts and drivers and susceptibility could be increased.

Even though no significant differences are observed among male and female staffs in having housing conditions in the field, female staffs are less susceptible as compared to male staffs. It is because female staffs take more care situations around themselves and not easily affected as compared to male staffs.

4.2.4 Staffs access to and attitude towards condom use

This sub-title tries to indicate organizations staffs' access to condom, their attitude and practical experience in using it.

Table 12: Staffs access, attitude and use of condom by sex, age and marital status

Indicators N=30	Sex		Age		Marital Status	
	Female N=6	Male N=24	Young (19-35) N=12	Old (36 and above) N=18	Married N=24	Not married N=6
Access	6	24	12	18	24	6
Attitude	6	11	8	9	12	5
Condom use	----	-----	-----	-----	-----	-

Source: field interview on PAB and PCDP staffs, SNNPR, Ethiopia. July, 2010.

According to the data revealed on the above table, all the respondents (6 female and 24 male) have commonly shared that they have enough access to condom(s) as well as knowledge to use it. The major gap is seen on the attitude and using of condom. Regarding their attitude towards condom, females(6/6) have better attitude as compared to males(11/24),young ages(8/12) as compared to old ages(9/18), and non-married(5/6) as

compared to married(12/24). Without any differences all respondents have no experience in using condoms. This result is completely contradicting with the idea of the key-informants from PAB. Experience of the HIV and AIDS mainstreaming activity (ceased at the moment) in PAB has indicated that high number of condoms have been picked from the office corridor. On the other hand, few respondents have told that some drivers developed the experience of carrying condoms in their baggage when they go to field works. According to the researchers own view, the reason why even a respondent not telling his/her experience of condom utilization indicates that the persisting level of silence on the issue of HIV among staffs. However, Yemane et al (2008) indicated that "in Ethiopia the men proportion of condom utilization is higher as compared to the women proportion. This is mainly because men usually use condoms with sex workers rather than their regular sex partners."

Belachew, (2002) suggested that "in Ethiopia the proportion of condom use is high among people with high school and college level education. Females believed that males are not willing to use condoms and they pointed out that male make the final decision whether to use or not to use condom. Among the people who don't recommend condoms to others, believe that condoms further motivate people to be promiscuous." The idea of Belachew's suggestion supports the situation among staffs. From the study result, it was found that in practice the majority of respondents don't have experiences in use of condoms. The researcher has three possible reasons for these: first, the majority of respondents are married and living with being faithful to one another. Second, few of the married respondents not support condom promotion and distribution due to their assumptions that condoms further encourages sexual feelings and make people to become more immoral and promiscuous. Third, the non-married experts are not started sex and they are stay in abstinence till they get married and the widower staffs are also seemed to stay in abstinence.

In general, in all the respondents that are differentiated according to sex, age and marital status, have no lack of access towards condom availability. At the same time all of them have no experience of using condom. On the other hand, female staffs have better support towards utilizing condom as compared to male staffs. Also non-married staffs have good attitude towards condom use as compared to married staffs. Hence; the chance of getting infected with HIV becomes high in married staffs as compared to non-married staffs.

4.2.5 Ways of recreation in the field

Under this sub-title, the researcher revealed data regarding staffs way of recreation in the field and how they become susceptible to HIV.

The data on the above table revealed that, all females (6/6) and few males (5/24) have experiences to stay in bed rooms without relaxing or drinking some soft drinks. Very few male respondents (2/24) relax themselves by seeing the local cultural dances, TV programs, sports, reading books and work on lap tops. According to the revealed data these groups are less susceptible to be infected with HIV. Data on the same table above revealed that, the majority of male respondents (9/24) have experience in using hotels and restaurants to recreate by drinking alcohols. Among these, young ages are less (2/12) as compared to old ages(7/12) and non-married are very few(1/6) as compared to married ones(8/24). At the same time there are other male groups of respondents (8/24) who recreate their leisure time by chewing khat, drinking alcohols and sometimes sucking shisha. Among these, old ages (5/18) are higher than young ages (3/12), and married (8/12) are higher than non-married (none involved at all). From the revealed data it is clear that male as compared to female, old age as compared to young age and married as compared to non-married are more susceptible to HIV due to ways of recreation in the field.

During interview with key-informants, all of them have argued that no more recreation centers are available in working areas where staffs (experts and drivers) can relax themselves after they undertake extensive field work. Hotels and restaurants are the non-optimal places to

Table 13: Staffs ways of recreation in the field by sex, age and marital status

Indicators N=30	Sex		Age		Marital Status	
	Female N=6	Male N=24	Young (19-35) N=12	Old (36 and above) N=18	Married N=24	Not married N=6
Staying in bed rooms without relaxation or only taking soft drinks	6	5	5	6	6	5
Use cultural dances, TV programs, sport, reading books and work on Lap Tops	--	2	2	---	2	---
Use of hotels and restaurants by drinking alcohols	--	9	2	7	8	1
Pass the leisure time by chewing khat, drinking alcohols and sometimes sucking shisha.	--	8	3	5	8	---

Source: *field interview on PAB and PCDP staffs, SNNPR, Ethiopia. July, 2010.*

recreate which are found in districts centers. In some district centers even these hotels are not available except few restaurants. Thus, few experts and the majority of drivers were using hotels as recreation centers to pass the night by drinking alcohols, chewing chat, smoking cigarettes and sucking shisha. In addition to that, some staffs especially drivers can go and play with bar ladies (prostitutes and sex workers), to pass the midnight. Even sometimes drivers and bar ladies entertain together for long hours. In such a situation the chance of getting infected to HIV is high for drivers than experts of the organization.

In over all, the revealed data indicates that male than female, old ages than young ages, and married than non-married are more in high risk to be susceptible to HIV. However, those stay in bed rooms and recreate with local cultural dances, TV program, reading books and work on lap tops are less risk groups. Among these groups females are the predominant.

4.3 Socio-cultural factors

This sub-topic tries to find out the susceptibility of staffs in relation to gender inequality, religious practices, multiple sexual partnership and traditional/cultural practices.

4.3.1 Gender inequality

Under here, the study tries to indicate which staffs have influenced more due to their sex differences (being female or male) while they are at field. In addition to that, it tried to indicate what inconvenient situations are existed within the organization that makes staffs susceptible to HIV infection.

Regarding men and women staffs exposure to HIV infection, the revealed data on table 14 indicate that half of male respondents (12/24) replied that women staffs are more exposed to HIV as compared to men staffs. However, all the female staffs didn't support the opinion of these respondents. Their reason was: 1) the hot climate of the field environment will increase women's biological need towards more sexual feeling as compared to men; 2) Women feel more freedom in the field than being home and such situation enables them to have more sexual contact; 3) Biologically women are more susceptible to HIV due to their wider surface area of vaginal openings to receive the male sperm if by chance they undertake sexual intercourse; 4) on field work women experts face challenges to sleep the night freely if they

are not get secured bed rooms. Such situation might have impose high influence on women to have unexpected sexual contacts and get ways to be infected with HIV.

Contrary to the above mentioned idea, all of the females (6/6) and quarter of the males (6/24) said that men staffs are more exposed to get HIV infection as compared to women staffs. For

Table 14: Staffs susceptibility to HIV due to gender inequality by sex, age and marital status

Indicators N=30	Sex		Age		Marital Status	
	Female N=6	Male N=24	Young (19-35) N=12	Old (36 and above) N=18	Married N=24	Not married N=6
Gender Inequality						
Women staffs are more exposed to HIV infection	---	12	5	7	9	3
Men staffs are more exposed to HIV infection	6	6	5	7	9	3
The chance of getting infected with HIV between male and female staffs is equal.	---	6	2	4	6	--
Not at all office level discrimination because of gender	6	24	12	18	24	6

Source: field interview on PAB and PCDP staffs, SNNPR, Ethiopia. July, 2010.

this they reasoned out that: 1) men are less disciplined and more misbehaved as compared to women experts. Men field staffs are involved in drinking of alcohols, chewing chat, sucking shisha and even participate in night dances until midnight in some occasions that are going on field. Such a situation might impose men to go for unexpected sexual contact with available ladies; 2) especially drivers have more exposure to sexual contacts outside of their sexual partner since they have more field frequencies than even other male experts; 3) women staffs on field work share the same bedrooms, stay together in every activity of fieldwork and have high socio-cultural influences not to act freely as they want. Women most of the time think of their home responsibility. If they have internal feeling to relax in their leisure time, they are not comfortable with the environment around them. In such confined situation, women have less exposure as compared to men to be infected with HIV.

Differing to the above two opposing ideas, quarter of the male (6/24) respondents respond that the chance of getting infected with HIV between male and female staffs is equal. It is impossible to differentiate between them. Their reason is: if a male and a female staffs have gone to field work, they might have chances to come in to sexual feelings. After extensive field works they feel tired. In addition to that they might have no chances in the working area where they stayed if they feel to have sexual intercourse unless they agree each other. In such a situation the chance of getting infected with HIV is equal for both male and female staffs.

Regarding inconveniences and unpleasant happenings at office level, almost all of the respondents replied that no significantly noticed problems were observed in both PAB and PCDP organizations that can influence staffs to be susceptible to HIV infection. Their main reason is: 1) every staffs within the organization is matured enough; 2) there is strong respect among staffs as well as careful for his/her dignity; 3) If a male and a female staffs have feelings to be loved each other, their relationship is based on their full interest and no forces or sexual harassments used without the consent of one another. According to the

researchers own observation, at office level human rights are given due respect and all staffs are seen equal regardless of their specific qualification and working positions.

Kim and Watts(2005) stated that “gender disparities are considered to be one of the important socio-cultural factors for HIV transmission as many women in least developing countries face strong economic, legal, cultural, and social disadvantages that conciliate their ability to control their sexual encounters.” Among staffs of PAB and PCDP, there are no as such apparent gender disparities. At organization level both human rights and women rights are respected. The same document by Kim and Watts(2005) suggested that “the economic dependencies of women’s on their male partners and lack of power in their relationship make it challenging for them to deal with safer sex, and may force them into transactional sex.” This idea is much apparent on the general population of the country. But come to specific to the PAB and PCDP organizations staffs experts and drivers, particularly to female experts who are educated, able to control their body, have less or no economic dependence towards their male partner and earn monthly salary, have equal opportunity to decide in sexual matters with their partners but at some extent the dominancy of the male partner is still higher over the female. It is because the dominancy of men over women is deep rooted and widely accepted among the society. The married female experts feel much regarding the social set up of the society and the need of indisputable struggle to come up at the level of equal thinking and safe guard their rights.

Hong et al (2008) indicated that “women and men aged 35-49 were more likely to be HIV-positive as compared to those aged 15-24. Formerly married (widowed/divorced/separated) women and men were at higher risk for being HIV positive compared with never married women and men.” In addition to this, the other study by DHS (2005) suggested that “the lack of know-how, control over how, when and where the sex takes place, particularly in rural areas are the major problems for women to become more susceptible to HIV”.

In general, during field work the susceptibility of both men and women is higher than being home, but the factors for the increased susceptibility is different for men and women.

4.3.2 Religious practices

Underneath, the study tried to indicate how far staffs are remain unsusceptible to HIV due to their religious practices or beliefs.

Table 15: Staffs level of respect to their religious principles by sex, age and marital status

Indicators N=30	Sex		Age		Marital Status	
	Female N=6	Male N=24	Young (19-35) N=12	Old (36 and above) N=18	Married N=24	Not married N=6
Religious Practices						
Respondents strict to their religious rules and principles	4	6	3	7	8	3
Respondents not strict enough to be ruled and respect their religious principles	2	18	9	11	16	5

Source: *field interview on PAB and PCDP staffs, SNNPR, Ethiopia. July, 2010.*

All the respondents are Christians and believe in Jesus. However, they differ in their specific type of Christianity such as Orthodox Christian and Protestant. Based on the revealed data

on table 15 above, the majority of male staffs (18/24) have less respect to their religious rules and principles as compared to female staffs (2/6), young ages (9/12) as compared to old ages (11/18) and non-married (5/6) as compared to married (16/24). Therefore; the influence of religion on male staffs is less as compared to female staffs. The same is true that in young ages the influence of religion is less as compared to old ages and in non-married as compared to married.

According to the key-informants view, the Ethiopian Orthodox Tewahido Church has wider HIV mainstreaming program and mobilization of its followers. Such programs might have wider opportunity to influence its followers not to be susceptible to HIV infection through its program intervention. In relation to the key informants' idea, those more influenced by their religious rules and principles repeatedly raised the following words of bible during interview:

- *"LORD God caused a deep sleep to fall up on the man, and while he slept took one of his ribs and closed up its place with flesh; and the rib which the Lord God had taken from the man he made in to a woman and brought her to the man. Then the man said, 'This at last is bone of my bones and flesh of my flesh; she shall be called woman, because she was taken out of Man.' Therefore a man leaves his father and his mother and cleaves to his wife, and they become one flesh" Genesis 1: 21-24*
- *"You have heard that it was said, 'you shall not commit adultery.' But I say to you that everyone who looks at a woman lustfully has already committed adultery with her in his heart." Matthew 5:27-28*

The impression of the above words of bible according to the respondents (those have high respect to their religious rules and principles) view is that a man should stay with his wife and be faithful to his uninfected partner. As a result, susceptibility to HIV will not be occurred.

One of the results found in this study is the socio-cultural base of religious practices. According to the researcher's own observation, in Ethiopia there are a number of religious activities have been practiced. Each of the religions is acting towards reducing the spread of HIV among their followers. For instance, the Ethiopian Orthodox Tewahido Church has a HIV and AIDS mainstreaming program that teaches its followers on larger forum to avoid stigma and discrimination that persists even in faith grounds. However, from respondents' view the researcher understood that there was less attention paid by the staffs to be strictly ruled by their religious principles although most of them were Christians. Conversely, few of the respondents have strong respect towards their religion and their entire life based on words of bible that enabled them to remain with their life partner alone (i.e. much more hate having multiple sexual partner). Very few of the respondents were told that we were even saved from HIV infection being a religious person.

In general, the less influenced respondents by their religion are more susceptible to HIV as compared to the more influenced respondents by their religious rules and principles.

4.3.3 Multiple sexual partnerships

Here the study tried to indicate that how far staffs are susceptible to HIV due to relations with having more than one sexual partnership.

Based on the above revealed data, among the total respondents below half (12/30) have multiple sexual partnership. Among these staffs, male(11/24) as compared to female(1/6), old age(8/18) as compared to young age(4/12) and married(10/12) as compared to non-married(2/6) have high multiple sexual partnership. Among the staffs that have no multiple sexual partnerships, it is clearly seen that female staffs (5/6) are higher than male staffs (13/24).

Table 16: Staffs relations with multiple sexual partnerships by sex, age and marital status

Indicators N=30	Sex		Age		Marital Status	
	Female N=6	Male N=24	Young (19-35) N=12	Old (36 and above) N=18	Married N=24	Not married N=6
Staffs have multiple sexual partnership	1	11	4	8	10	2
Staffs have no multiple sexual partnership	5	13	7	11	14	4

Source: field interview on PAB and PCDP staffs, SNNPR, Ethiopia. July, 2010.

The above revealed data is more supported by the opinion of key-informants (2/3). According to them, those experts and drivers that have multiple sexual partnership have common characters: They show extravagant acts, they have been seen with different sexual partners in different districts of the organizations' working area, they undertake different entertainment programs with their sexual partners such as chewing chat, drinking alcohols, smoking shisha, eating and playing together. These groups of staffs sometimes change their bedroom places and need to stay far away from other staffs members. In such a situation for these few experts and drivers, the chance of getting infected with HIV is very high. However, one third of the key informants have opposed the views of the above two thirds of the key-informants in that multiple sexual partnerships are not seen among the organizations' staffs. It is because all are matured enough, almost all of them are Christians and respect their religion. In addition to that, one staffs has close attention to the other staffs especially when they are at field work. They are moving in to field work in a single van, work in group, have bed rooms nearby and have no more chances to separate from one another. Even if there is a feeling of sex, they have limited chances due to respecting other staffs members and colleagues. In such a situation the chance of getting infected with HIV infection is minimal or not at all.

Different studies have shown that having both multiple sexual partners and casual sexual partners increases the risk of getting infected with HIV and other sexually transmitted infections (Wilson, 2004; Shelton et al., 2004; and Chen et al., 2007). Among pastoralists of southern region of Ethiopia, girls have complete sexual freedom in their free marital stage (Mesfin, 2006). This literature view much coincides with the researcher's observation in that sexual freedom from the very childhood age of female pastoralists enables them to have multiple sexual partners among themselves as well as with male youngsters to the nearby towns. Such sexual networking will further go to hotels and restaurants of the districts centers where the organizations staffs stay during their field work.

In overall, male staffs are more susceptible to HIV infection due to having more than one sexual partnership as compared to female staffs. The same is true young ages as compared to old ages and married as compared to non-married are more susceptible.

4.3.4 Traditional/cultural practices

Under here, the study attempted to disclose the influences of traditional /cultural practices of pastoralists that are found in the organizations working areas (their dressing styles and free sex traditions-predominantly premarital sex) on staffs of the organizations.

According to the data disclosed on table 17 below, less number of respondents (9/30) is highly influenced by the traditional dressing styles as well as free sex culture of the pastoralist communities in the organization working areas. Among these respondents, male (8/24) as compared to female (1/6), young age (4/12) as compared to old age (5/18) and married (8/24) as compared to non-married (1/6) are highly influenced. However, the majority of staffs (21/30) are not easily influenced by the traditional/cultural (dressing styles as well as free sex tradition) of the pastoralist communities.

Among the key informants contacted, two thirds have argued that the dressing style of young female pastoralists and their free sex culture have their own degree of influence on the field staffs of the organization. For instance, if a staffs involved in the night dance-'Evangadi' of pastoralists, the chance of getting influenced to develop sense of sexual feeling is very high. In such situation even if a staffs not interested to make sex with pastoralists, they encouraged to go for sex with bar ladies or locally available females. However, the influence of such situation is depending on the individual staffs internal strength and sexual characteristics. As

Table 17: Influence of staffs by cultural practices (dressing style and free sex) of pastoralists in the organizations working areas by sex, age and marital status

Indicators N=30	Sex		Age		Marital Status	
	Female N=6	Male N=24	Young (19-35) N=12	Old (36 and above) N=18	Married N=24	Not married N=6
Traditional/cultural practices						
Staffs influenced by traditional/cultural practices	1	8	4	5	8	1
Staffs not influenced by traditional /cultural practices	4	17	8	13	16	5

Source: *field interview on PAB and PCDP staffs, SNNPR, Ethiopia. July, 2010.*

the individual staffs internal strength and resistance to sexual feeling is very strong, the chance of exposure to susceptibility to HIV infection becomes very low and it is vice versa. Contrary to the above informants, one thirds of the key informants have argued that the free sex tradition of the pastoralist communities in the organizations' working area has no more influence on field staffs. According to them, pastoralists by their very nature don't need to have sexual contact with people outside of their community. At the same time there is strong control especially on youngsters from their elders and aged persons on different occasions not to have sexual contacts outside of their community. On the other hand commercial sex is not allowed among pastoralist communities.

4.4 Risky Situations

This sub-topic attempted to indicate the HIV susceptibility factors on staffs due to long absence from home(family) and the influence of field environment and sexual networking.

4.4.1 Long absence from home

Under here the study disclosed how far staffs are susceptible to HIV because of long days departing from families or sexual partners.

Based on the revealed data on table 18 above, the majority of respondents (23/30) have argued that the long absence from home has its own influence on the staffs of the organization in relation to sexual feeling. Among these staffs, female (5/6) as compared to male (18/24), old age(14/18) as compared to young age(9/12), and married(20/24) as compared to non-married(3/6) are strongly influenced due to long absence from home and influenced to go for casual or ad hoc sexual partner. However, the long absence from home has no more influence on few numbers of respondents (7/30).

Table 18: Susceptibility of staffs to HIV due to long absence from home by sex, age and

marital status

Indicators N=30	Sex		Age		Marital Status	
	Female N=6	Male N=24	Young (19-35) N=12	Old (36 and above) N=18	Married N=24	Not married N=6
Long absence from home						
Have strong influence on the staffs to go for sexual intercourse with casual/ad hoc partner because staffs feel loneliness.	5	18	9	14	20	3
The influence depends on the individual staffs sexual characteristics.	1	6	3	4	4	3

Source: field interview on PAB and PCDP staffs, SNNPR, Ethiopia. July, 2010.

The strong influence of long absence from home on the majority of staffs (23/30) is also supported by the two thirds of the key-informants. These key-informants told that multiple sexual contacts have been exercised in districts centers of the organizations' working areas. In such a situation let alone long days of field stay, one day is enough to be influenced and go for sex. Field staffs (mainly of few experts and the majority of drivers) on field work feel more freedom and at the same time feel loneliness since they are far away from their families close attention. In such situation they need to try different alternatives and styles of sex with bar ladies (prostitutes and sex workers) or with new comers to the working areas or with school dropout girls. On the other hand those staffs (few experts and drivers) that have inconveniences with their sexual partners or non-faithful to their families and usually living in misbehaved life can easily be influenced and go for sexual intercourse. It is because sex is uncontrollable biological need and if internal feeling arises, no way to escape it unless internal strength is there from within. In addition to that the long absence from home also leads to adaptation of new insights on different occasions such as entertainments (i.e. participating on khat ceremonies followed by alcoholic drinks). In such a situation there might be unexpected approaches with available ladies that lead to initiation of sexual feelings. According to Graaf et al (1997) stated that "feelings of loneliness and boredom are also taken as one of the susceptibility factor for HIV infection if a staffs leaves his/her permanent sexual partner for longer period of time." The majority of the respondents (23/30) have agreed with the idea of Graaf in that staffs (experts and drivers) feel much loneliness and boredom due to exhausting on extensive field stays. Thus, their chance of attraction towards sexual feeling becomes high.

However, one third of the key-informants said that the influence of long absence from home on the staffs of the organization depends on the individual staffs sexual characteristics. Therefore, there is no significant difference whether the field staffs stay one day or more than fifteen days on field. If the individual staffs sexual characteristics is more influences him/her, one day field stay is enough to go for sex outside of his/her sexual partner. On the other side if the individual staffs is strong enough to restrict him/herself from any sexual contacts while at field work, not only fifteen days field stay but also more than a year stay will have no influence on him/her.

In general, based on the revealed data, on the key-informants view(two thirds) and literatures, long absence from home make both female and male staff susceptible due to a number of factors.

4.4.2 Influence of field environment and sexual networking

The influence of field environment and sexual networking is taken as one sub-factor to see its influences on the staffs of the organization in leading to HIV susceptibility (refer table 19 on page 33).

According to the revealed data on table 19 below, the majority of respondents (23/30) have responded that the field environment has great influence on the organizations' field staffs. Among these respondents, male (19/24) as compared to female (4/6), young age(10/12) as compared to old age(13/18) and non-married(5/6) as compared to married(18/24) are greatly influenced due to field environment and sexual net workings going on in the organizations working areas.

Table 19: Susceptibility of staffs to HIV due to influence of field environment and sexual networking by sex, age and marital status

Indicators N=30	Sex		Age		Marital Status	
	Female N=6	Male N=24	Young (19-35) N=12	Old (36 and above) N=18	Married N=24	Not married N=6
Field environment and sexual networking						
Has great influence	4	19	10	13	18	5
Less or no influence at all	2	5	2	5	6	1

Source: *field interview on PAB and PCDP staffs, SNNPR, Ethiopia. July, 2010.*

According to the key-informants view, influence of field environment and sexual net workings has its own degree of influence to make the staffs susceptible to HIV. It could be happened like that because strong sexual contacts or net workings takes place in some part of the organizations working areas by high number of tourist flows followed by sex tourism that was started in recent years. Especially tourists, tourist drivers and tourist guides are very much aggressive in sexual feelings. Due to such high feelings of sex, they are very much interested to have sex with young pastoral communities. It is because of high amount of money paid by tourists, tourist drivers and tourist guides, the young pastoralists (cultural dancing groups) become well aware of to prepare themselves for such sexual slavery. These tourists, tourist drivers and tourist guides not only restricted to go for sex with young pastoral communities but also with very kid and beautiful bar ladies(prostitutes and sex workers) and with some school dropout girls that are excess in number in some districts centers of organizations' working areas. In such pastoral district centers high sexual contact is happened because, the hotels and restaurants found in these districts centers are few in number and they are the only places where every new comers will stay till they finish their short visits as well as field work. On the other extreme, the young pastoralist males also go for sex with bar ladies (prostitutes and sex workers).In such interlinked sexual contacts, there will be high influence on few experts and drivers of the organizations to be susceptible for HIV infection.

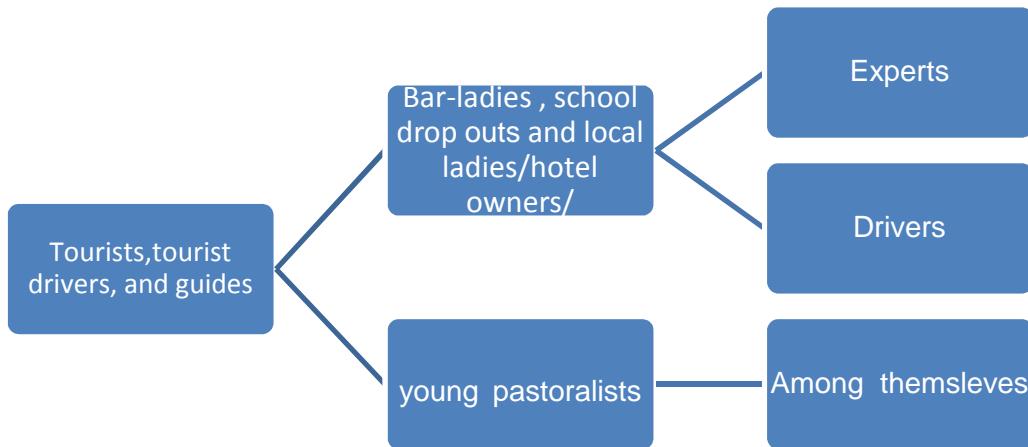


FIGURE 3: DIAGRAM OF SEXUAL NETWORKING

Waters-Bayer et al (2005) indicated that in areas of rural Ethiopia especially in pastoral areas there appear to be an increasing trade in alcohol drinks such as predominantly maize-based '*araki*'-local alcoholic drink. The drunk spend the nights in town rather than returning to their homes where levels of infection are high as compared to return to home. According to Blerk (2007), sex tourism is widely practiced all over the world. It is a multibillion dollar industry that spans the whole world. Blerk assured that though mostly perpetuated by men, sex tourism also involves women. The sex tourists after return share their adventures and compare notes with friends on an international blog called international sex guide. Sex workers mobility creates risk both to themselves and to other mobile and sedentary groups. Supporting with Blerk's idea, in some of the organizations working areas sex tourism is at initial stage of development to expand by tourists and tourist drivers and guides with pastoral male and female youngsters. Such type of sexual contacts and relations goes until hotels and restaurants in the districts centers to contaminate few experts and drivers of the organizations in places where they can stay. The majority of drivers and few experts are easily submersed under such sexual net workings and become susceptible to HIV infection.

In general, during field work the susceptibility of both men and women is higher due to influence of field environment and sexual net workings.

4.5 Risky behavior

4.5.1 Use of stimulant drug

Under this sub-topic the study attempted to indicate organizations staffs susceptibility due to different stimulant drugs.

The data presented in the above table indicate that majority of respondents (21/30) are taking stimulants. All these respondents are male. Among these respondents, old age(13/18) as compared to young age(8/12) and married(18/24) as compared to non-married(3/6) are more involved in using stimulants(drinking alcohols, chewing khat and sometimes smoking shisha).However, they are differ in taking the type of stimulants. The majority of males (12/24) are more involved in taking alcohols including khat and sometimes shisha(high risk groups) while the other males(9/24)are involved only in drinking alcohols(less risk groups). Female staffs are none users of stimulants including with few male staffs (3/24).

According to researchers own observation, after chewing khat drinking alcohol is the most common practice in staffs that are considered high risk group and they become over excited and unconscious. In such excitable mood, they try to interact with different groups of female (bar ladies, school drop outs, and locally available youngsters). Even some times they

Table 20: Susceptibility of staffs to HIV due to use of stimulant drug by sex, age and marital

Indicators N=30	Status					
	Sex		Age		Marital Status	
	Female N=6	Male N=24	Young (19-35) N=12	Old (36 and above) N=18	Married N=24	Not married N=6
Staffs that are chewing khat, drinking alcohol and sometimes sucking shisha	---	12	5	7	10	2
Staffs only drinking alcohols	----	9	3	6	8	1
sum	--	21	8	13	18	3
Staffs that are not taking any stimulants	6	3	4	5	6	3

Source: field interview on PAB and PCDP staffs, SNNPR, Ethiopia. July, 2010.

participate in occasions where large entertainments and night dances were organized. Sometimes such interactions also happened with the owner of hotels and restaurants. It is because the majority of restaurants and hotels in pastoral districts centers were owned by women who have no spouses (permanent sexual partner). Thus, stimulant drugs have high influencing power to increase sexual feelings of few experts and drivers to have casual sex with available ladies and then to be susceptible to HIV infection if they are not take care of(i.e. use condom).

Hendershot et al (2007) stated that a high risk sexual behavior is being associated with the use of alcohol during sexual intercourse. It is because it encourages undertaking extramarital sex and sex with commercial sex workers, which in turn, increase the risk of HIV infection. From the above literatures view it is clear that the organizations staffs (predominantly males) can be influenced by such risky situations as far as they chose drinking alcohol and chewing khat as a major means of recreation. Fisher et al (2007) also indicated that "alcohol use demonstrates a crude dose-response relationship with HIV infection such that the heaviest and symptomatic drinkers are at greater risk to be HIV positive as compared to moderate drinkers and those who do not experience problems as a result of drinking." Waters-Bayer et al, (2005) also indicated that an evidence of strong relationship has been obtained between alcohol use and HIV infection in that drinkers have a 70 percent greater chance of being HIV positive when compared with non-drinkers. In addition to alcohol, Khat is also one of an important susceptibility factor to the majority of male staffs (both drivers and experts) to be attracted to an ad hoc sexual partners. It is because khat, an amphetamine leaf, affects rational decision making and reduces shame and embarrassment. With reduced inhibitions, they are engaging in promiscuous sexual activity (Derge et al, 2005).

In general, male staffs are more susceptible due to stimulant drugs (drinking alcohols, chewing khat and sometimes smoking shisha) while females are insusceptible.

Strategies Used by PAB and PCDP to decrease staffs susceptibility to HIV infection

The southern region pastoral affairs bureau (PAB) has devised strategies to facilitate HIV and AIDS information for its staffs. They structurally opened position to recruit an HIV and AIDS mainstreaming officer. According to this strategy, they have recruited an officer. The officer tried to coordinate different training programs for the staffs twice annually. The researcher asked respondents from PAB about the trainings they have received and its

validity. Respondents replied that they have gained some knowledge about HIV relative to their previous understandings and exposure. Even some of the respondents complained that the training programs organized at the end of the year and the chance is very low to regain and participant in the program.

In addition to the training programs, condom distribution facilitated at office level in coordination with regional HIV and AIDS Prevention and Control Office (HAPCO). The condoms usually placed at the corridors of the office and it was picked all in all and left empty boxes alone with in a day. Such a situation indicates that staffs have well aware of the relevance of using condoms as well as the access. However, such services now a day it was ceased due to resign of the HIV and AIDS mainstreaming officer. PAB also has supporting strategies if a staffs becomes infected and left home due to full blown of HIV. To respond for such a problem two types of fund contribution programs has started. The first contribution is 2 percent deduction from the PAB administrative budget to support the HIV and AIDS mainstreaming program. The second contribution is 0.05 percent deduction from the monthly salary of all staffs. The contributed fund is deposited under the office's HIV and AIDS account. But till now no staffs become declared himself and utilized the deposited fund. It is because, the stigma and discrimination existed among the staffs as well as in the wider community not encouraging the staffs to declare themselves if they become infected with HIV.

Unlike PAB, in PCDP there are no any strategies designed and ready to implement. If a staffs become infected with HIV and left home due to full blown of AIDS, no any special helping programs are there that administratively applied. Two years ago (in 2008) the coordinator, existed before the current one, becomes seriously sick and left home. After three months later the coordinator didn't revived and unable to recover from his disease. Finally his families brought the official HIV test result for the sake of monthly salary continuity. However, the organization stopped the monthly salary payment after paying for six months only. Till now the coordinator has left home due to full blown of AIDS.

CHAPTER FIVE: CONCLUSION AND RECOMMENDATION

This chapter presents the summary of the main findings of the research and the recommendations to concerned bodies. The chapter explicated into two sections. Under 5.1 conclusions presented regarding the major findings of the study while 5.2 pointed out the recommendations that have to be put in practice to reduce the susceptibility of regional Pastoral Affairs Bureau and Pastoral Community Development Project Coordination Unit staffs to HIV infection.

5.1 Conclusion

This study has focused on factors affecting susceptibility of staffs in southern region of Ethiopia Pastoral Affairs Bureau and Pastoral Community Development Project. Sex, Age and Marital status of staffs considered as the major factors to analyze differentiated susceptibility. Based on this, the study has revealed the following main concluding points:

5.1.1 Knowledge of HIV

In general the staffs have good knowledge about HIV and AIDS: they know how it is mostly transmitted, and most important prevention mechanisms for instance condom use. Men tend to have more knowledge than women on the major transmission routes. No men and women have mentioned all the transmission routes of HIV. The knowledge gap on the transmission routes of HIV is more seen on old ages and non-married groups.

On the contrary, women tend to have better knowledge on the prevention mechanisms of HIV. Some men show resistance in condom use and stick only on the two prevention mechanisms (abstinence and be faithful to one uninfected sexual partner). The non-married also tend to show less knowledge on prevention mechanisms.

Few men also lean to show less knowledge on the relations of HIV and STIs. This is clearly observed in old age and married groups.

5.1.2 Organizational factors

Mobility to field work becomes a high susceptibility factor to male staffs. Especially it is seen on young age and married groups.

Data in table 4 revealed that comparison between drivers and expert considered, drivers are more mobile than experts. When the comparison is taken at organization level, both drivers and experts in PCDP are more mobile as compared to drivers and experts in PAB.

Men are more susceptible due to unwise use of field allowances and in ways of recreations on field. This is highly seen in young and married groups of staffs.

Men staffs tend to show high susceptibility to HIV in relation to housing conditions in the field regardless of their age group and marital status.

All staffs tend to have no experience in using condoms regardless of their sex, age and marital status. Particularly men tend to have fewer attitudes to condom use. This is more apparent on old ages and married groups.

5.1.3 Socio-cultural factors

In relation to gender inequality, during field work the susceptibility of both men and women is higher than being home. However, factors for the increased susceptibility are greatly different for men and women.

Men staffs have high attraction to multiple sexual partnerships. They are also highly influenced due to traditional/ cultural practices (i. e attraction to dressing styles and free sex tradition of young pastoralists) and become susceptible to HIV while they are in field works. In both cases susceptibility is more seen on young ages and married groups.

5.1.4 Risky situations

Long absence from home make susceptible both women and men staffs. However, the susceptibility is high on women than men staffs. This is also more seen on old age and married groups.

Susceptibility to HIV due to the influence of field environment and sexual networking is high for both women and men staffs. However, it is seen more on men. It is also higher in young age and married groups.

5.1.5 Risky behaviors

Regarding risky behaviors, especially taking stimulant drugs has high susceptibility factor on men staffs alone. The susceptibility is also more apparent on old ages and married groups.

5.2 Recommendations

Increase staffs knowledge of HIV: Even if staffs have good knowledge about HIV and AIDS, there are also gaps in responding to all the major transmission and prevention mechanisms of HIV on both male and female staffs. Therefore, HIV and AIDS knowledge gap assessment based training and workshops should be given to those male and female staffs that have low knowledge on transmission routes, prevention mechanisms by both Pastoral Affairs Bureau and Pastoral Community Development Project Office.

Encourage staffs to bring behavioral change: due to having disposable field allowances and absence of better recreation centers during field work, men staffs tend to show high susceptibility by spending their field allowances to drink alcohols, chewing khat and smoking shisha. In turn they become attracted to casual sexual partner. Moreover, all major susceptibility factors such as socio-cultural factors, risky situations and risky behaviors are strongly interconnected with staffs' individual self-behaviors. However, no way to reduce their field allowances. Therefore, organizations should deal with those identified as high susceptibility groups of men to bring behavioral change through providing them managerial level consultation and advisory programs.

References

- ADB, African Development Bank, 2004 *Multi-sector country gender profile: Agriculture and rural development north east and south region (ONAR)*. Addis Abeba, Ethiopia: African Development Fund
- Balla, A.K., Lischner, H.W., Pomerantz, R.J., and Bagasra, O., 1994 *Human studies on alcohol and susceptibility to HIV infection* U.S.A.: ElsevierOL 11(2) 99-103, 1994
- Barnett,T.,and Whiteside,A.,2006 *AIDS in the Twenty-First Century: Disease and Globalization*. 2nd ed. Palgrave Macmillan
- Belachew, 2002 *Factors affecting accessibility and utilization of condom in Ethiopia: International Conference on AIDS*. Jul 7-12; 14: abstract no.MoPeF3924.
- Bhattacharya, G., 2004 *Sociocultural and Behavioral Contexts of Condom Use in Heterosexual Married Couples in India: Challenges to the HIV Prevention Program* University of Illinois: Sage
- Bishop-Sambrook, 2003 *HIV/AIDS Susceptibility and Vulnerability Pathway:A Tool for Identifying Indicators, Role Models and Innovations* .Rome: Sustainable Development Department,FAO
- Bishop-Sambrook, C., Nigatu Alemayehu, Yirgalem Assegid, Gebremedhin Woldewahid, and Berhanu Gebremedhin, 2004 *The Rural HIV/AIDS Epidemic in Ethiopia and Its Implications for Market-Led Agricultural Development*
- Blerk, L.V., 2007 'AIDS, mobility and commercial sex in Ethiopia: Implications for policy', *AIDS Care*, 19:1, 79 – 86.
- Braithwaite, K., and Thomas, V.G., 2001) HIV/AIDS knowledge, attitudes and risk-behaviors among African-American and Caribbean college women. *International Journal for the Advancement of Counseling* 23: 115–129. Kluwer: Netherland
- Chacham, A.S., Mala, M. B., Greco, M., Silva, A. P., & Greco, D. B. (2007) Autonomy and susceptibility to HIV/AIDS among young women living in a slum. *AIDS Care*, 19(Supplement 1): S12_S22. Brazil: Belo Horizonte,
- Chen, L., Jha, P., Stirling B., Sgaier S.K., Daid, T., and Kaul, R., 2007 *Sexual Risk Factors for HIV Infection in Early and Advanced HIV Epidemics in Sub-Saharan Africa: Systematic Overview of 68 Epidemiological Studies*. *PLoS ONE*, 2, e1001.
- CHGA, 2004 *Commission on HIV/AIDS and Governance in Africa: Gender and HIV/AIDS*. Addis Abeba, Ethiopia: Economic Commission for Africa (ECA)
- Derege Kebede, Getnet Mitike, Fikre Enquselassie, Atalay Alem, Frehiwot Berhane, Yigeremu Abebe, Reta Ayele, Wuleta Lemma, Tamrat Assefa and Tewodros Gebremichael, 2005 *Khat and alcohol use and risky sex behaviour among in-school and out-of-school youth in Ethiopia*. Addis Abeba: Biomedical Public Health
- FAO, 2004 *HIV/AIDS and food security*. [Online]. [Accessed on 28 August 2010]; Available at: URL:<http://www.fao.org/hiv/aids/>

FDRE/HAPCO, Federal Democratic Republic of Ethiopia/HIV and AIDS Prevention and Control Office, 2008 *Report on Progress towards Implementation of the UN Declaration of Commitment on HIV/AIDS*. Addis Abeba, Ethiopia:HAPCO

FDRE/ILO, 2009 *DECENT WORK COUNTRY PROGRAMME (DWCP) ETHIOPIA (2009-2012): A Joint Government, Workers' and Employers Organizations' Program supported by the ILO within the context of PASDEP*. Addis Abeba, Ethiopia

Fisher,J.C., Bang,H., and Kapiga,S.H.,2007 The Association Between HIV Infection and Alcohol Use: A Systematic Review and Meta-Analysis of African Studies. *Sexually Transmitted Diseases*, November 2007, Vol. 34, No. 11, p.856–863. Florida: Sanibel

FMoH/HAPCO, Federal Ministry of Health/National HIV/AIDS Prevention and Control Office , 2006 *AIDS in Ethiopia Six Report*. Addis Abeba, Ethiopia: FMoH with PAPFAR

Gage, A. 2000 “*Female Empowerment and Adolescence*”: *Women's Empowerment and Demographic Processes*. Oxford: Oxford University Press

Garbus, L. 2003 *HIV/AIDS in Ethiopia*. San Francisco: University of California

Getnet Mitike and Meless Tamiru, 2008 *The Drivers of HIV/AIDS Epidemic & Response in Ethiopia*. MoH: Addis Abeba

Getnet Mitike, Wuleta Lemma, Frehiwot Berhane, Reta Ayele, Tamrat Assefa, Tewodros G/Michael, Fikre Enqusellase, Atalay Alem, Yigeremu Abebe,Dereje Kebede, 2002 “*HIV/AIDS Behavioural Surveillance Survey*”. Addis Ababa, Ethiopia: Ministry of Health

GoE, (Government of Ethiopia), 2004 *Ethiopian Strategic Plan For Intensifying Multi-Sectoral HIV/AIDS Response (2004 - 2008)* - Addis Ababa,GoE. Available at: <http://www.unfpa.org/hiv/docs/report-cards/ethiopia.pdf> [accessed on 26 August 2010].

GoE (Government of Ethiopia), 1998 *Policy on HIV/AIDS*. Addis Ababa: GoE.

Graaf, de R., Zessen, van G., Houweling, H., Ligthelm, R.J. and Akker, van den R., 1997 *Sexual risk of HIV infection among expatriates posted in AIDS endemic areas*.1997 Jul 15;11(9):1173-81. Utrecht, The Netherlands: The Netherlands Institute of Mental Health and Addiction

Gupta, G.R., 2000 *Gender,sexuality, and HIV/AIDS:The What,the Why, and the How* . Washington,D.C. USA

Halfors, .D. D., Miller, W. C, Bauer, D., J., 2007 Sexual and Drug Behavior Patterns and HIV and STD Racial Disparities: The Need for New Directions. *American Journal of Public Health* Vol 97, No. 1.

HAPCO and GAMET, 2008 *HIV and AIDS in Ethiopia an epidemiological synthesis: The Global HIV and AIDS program*. Washington, D.C.: The World Bank

Hendershot, C. S., Stoner, S. A., George, W. H. and Norris, J., 2007 Alcohol use, expectancies, and sexual sensation seeking as correlates of HIV risk behavior in heterosexual young adults. *Psychology of Addictive Behaviors*, 21, 365-72.

Hong, R., Mishra, V., Govindasamy,P., 2008 *Factors Associated with Prevalent HIV Infections among Ethiopian Adults: Further Analysis of the 2005 Ethiopia Demographic and Health Survey*

ICASO, International council of AIDS service organization, 2007 Gender, Sexuality, Rights and HIV: An overview for community sector organizations. Available at:
http://www.icaso.org/publications/genderreport_web_080331.pdf [accessed on 9September 2010]

Kim, J.C., and Watts, C.H., 2005 gaining a foothold: tackling poverty, gender inequality, and HIV in Africa. *BMJ*; 331:769-72.

Kloos, H., Haile Mariam, D., and Lindtjørn, B., 2007 The AIDS Epidemic in a low-Income Country: Ethiopia. *Human Ecology Review*, Vol. 14, No. 1 University of California: San Francisco

Kongnyuy, E. J. and Wiysonge, C. S., 2007. Alcohol use and extramarital sex among men in Cameroon. *BMC International Health and Human Rights*, 3, 7:6.

Loevinsohn, Michael and Stuart Gillespie. 2003. HIV/AIDS, Food Security and rural livelihoods: Understanding and Responding. Food Consumption and Nutrition Division Discussion Paper 157. Washington, D.C.: International Food Policy Research Institute. Available at: <http://www.ifpri.org/divs/fcnd/dp/papers/fcndp157.pdf> [accessed on September 9,2010]

Mane, P., and Aggleton,P., 2001 Gender and HIV/AIDS: What Do Men Have to Do with It? *Current Sociology*.Vol.49 (6)23-27 London:Sage

Marck Cichocki, R.N., 2007 *The link between STDs and HIV*. Available at:
<http://aids.about.com/od/stds/a/stdhivlink.htm> [accessed on 26 August 2010]

Mesfin Degu, 2006 *Assessment of socio-cultural risks in relation to HIV transmission in pastoralist community of Surma woreda, SNNPR, Ethiopia*. Addis Abeba : Addis Abeba University

MOH, 2001 *AIDS in Ethiopia, Background projections, impacts, intervention 2nd edition*- MOH: Addis Ababa

Müller,T.R.,2005 HIV?AIDS and Human Development in Sub-Saharan Africa. Wageningen,The Netherlands: Wageningen Academic Publisher

Njue C., Voeten, H., and Remes, P. Disco funerals: a risk situation for HIV infection among youth in Kisumu, Kenya. *23:505-9*. Rotterdam, The Netherlands: Department of Public Health, Erasmus MC, University Medical Center

RBH, Regional Bureau of Health 2010 *The Multi-sectoral Plan of Action for Universal Access to HIV Prevention, Treatment, Care and Support*. Annual Report. Hawassa: RBH

Rosa, E. A., 2003 The logical structure of the social amplification of risk framework (SARF): Meta theoretical foundation and policy implications. In N. K. Pidgeon, R.E.and Slovic, P (Ed.), *The social amplification of risk*. (pp. 47-79). Cambridge: Cambridge University Press.

Samuel Altaye, 2004 *Assessment of socio-cultural determinants for the spread and prevention of HIV/AIDS in Hamer Woreda, SNNPR*. Addis Abeba University, Health Faculty
Sethna, H. N., 2003 *The role of non-governmental organisations (NGOs) in HIV/ AIDS prevention and care*. Western Reserve University, Cleveland: Department of Public Health Case

Shelton, J.D., Halperin, D.T., Nantulya, V., Potts, M., Gayle, H.D., Holmes, K.K., 2004
Partner reduction is crucial for balanced "ABC" approach to HIV prevention. *BMJ*. Apr 10;
328(7444):891-3

Stulhofer, A., Brouillard, P., Nikolic, N., Greiner, N. (2006) HIV/AIDS and Croatian migrant workers. *Collegium antropologicum, Suppl 2*, 105-14.

Topouzis, D., (1998) *THE IMPLICATIONS OF HIV/AIDS FOR RURAL DEVELOPMENT POLICY AND PROGRAMMING: Focus on Sub-Saharan Africa*

UNAIDS, 2006 *UN System HIV Workplace Programmes HIV Prevention, Treatment and Care for UN System Employees and Their Families*. Geneva, Switzerland: UNAIDS Information Centre

Wardlow, H. (2007) Men's extramarital sexuality in rural Papua New Guinea. *American Journal of Public Health*, 97, 1006-14

UNAIDS/ WHO, 2008 Epidemiological Fact Sheet on HIV and AIDS: core data on epidemiology and response in Ethiopia.

Wilson D., 2004 Partner reduction and the prevention of HIV/AIDS. *BMJ*. 328(7444):848-9.

Yemane Berhane; Yared Mekonnen, Eleni Seyoum, Gelmon, L., and Wilson, D., 2008 *HIV/AIDS in Ethiopia an Epidemiological Synthesis*. Addis Abeba, Ethiopia: HAPCO/GAMET

Waters-Bayer, A., Birru Birmeji and Gashaw Mengistu, 2005 *Ethiopian pastoralists and HIV/AIDS: few facts, many fears and a glimmer of hope, Workshop on Linkages between HIV/AIDS and the Livestock Sector in Eastern and Southern Africa*. ILRI Research Centre, Addis Ababa, 8–10 March 2005

Zierler, S., 1994 Women, Sex and HIV. *Epidemiology*, Vol. 5(6), pp. 565-567

Annexes

Annex 1: Operationalization of concepts

Concept	Indicators/Dimensions	Operational Definition
Knowledge of HIV	Transmission Routes	What is the major transmission route of HIV in Ethiopia?
	Prevention Mechanisms	What are the prevention mechanisms of HIV in Ethiopia?
	Relations between HIV and STIs	What relations do you realize between HIV and STIs?
Organizational factors	Staffs mobility	How many times per month you are out of office for a field work? How long do you stay (in days) on average per a single field work?
	Staffs field allowance	For what purpose do staffs use their field allowances and salary while they are at field work?
	Conditions of living in the field(housing)	Where do the organization's staffs stay during the field work?
	Access to condoms and attitudes to use condoms	How are staffs accesses to condoms? What is the attitude of the staffs in using condoms during ad hoc sex/casual sex? How is your experience in using condoms?
	Ways of recreations in the field	In what way do the organization's staffs pass their leisure time while they are at field work?
	Gender inequality <ul style="list-style-type: none"> • Being men and women • Inconveniences at work/office level 	How HIV infection is different for men and women staffs while at field? What inconvenient happenings do you realize at work that can expose to HIV within the organization because of your gender?
	Religious Practices <ul style="list-style-type: none"> • Respect to words of Bible/ Quran 	

		What Bible or Al-Quran words do you know that help you to be kept uninfected to HIV?
	Traditional/Cultural practices <ul style="list-style-type: none"> • Open/free sex culture • Dressing style 	<p>How the open sex tradition of pastoralist communities have an influence on the staffs` of PAB/PCDP in the working environment?</p> <p>What influences on the staffs of the organization do you realize that the dressing style of young pastoralist communities?</p>
	Multiple sexual partnership	<p>How do you see the effect of multiple sexual partnerships on the organizations staffs?</p> <p>How do you see the sexual interrelationship among local young pastoralists, bar ladies (prostitutes and sex workers), local ladies (school drop outs, and town young females) and field staffs?</p>
Risky situation	Long absence from home	What influence does it has the long absence from home on field work?
	Influence of field environment	What influences do have the field environment in relation to HIV while you are at field work?
Risky Behavior	Use of stimulant drug/alcohol	How do you see the influence of using stimulant drug in encouraging experts and drivers of the organization to be infected with HIV while they are at field work?
Individual characteristics	Sex(female and male)	What is your Gender?
	Age(young age and Old age)	How old are you?
	Marriage status(married and non-married)	Are you single or married?

Annex 2: Profile of total staffs (PAB and PCDP)

Sex	PAB				PCDP			
	Expert	Support Staff		Total	Expert	Support Staff		Total
		Driver	Others			Driver	Others	
Female	5	0	28	33	1	0	4	5
Male	20	6	2	28	11	3	3	17
Total	25	6	30	61	12	3	7	22

Source: *field interview on PAB and PCDP staffs, SNNPR, Ethiopia. July, 2010.*

- The coverage of sample size out of the total staffs is $30/83=36.14\%$

Annex 3: Profile of total drivers and experts

Sex	Driver	Expert	Total
Female	0	6	6
Male	9	31	40
Total	9	37	46

Source: *field interview on PAB and PCDP staffs, SNNPR, Ethiopia. July, 2010.*

- The coverage of sample size out of total drivers and experts is $30/46=65\%$