

Ethiopia

research evidence for policy



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

Tailoring HIV interventions in Ethiopia to suit the local context



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

Policy message

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

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

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

Awareness of HIV

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

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

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

