# Turufe site-specific topic: HIV/AIDS

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Module used in all Stage 1 communities

### People with Aids

MEN’S VIEWS: According to the health extension worker and the health promoter there are two people known to have AIDS. One has exposed himself and teach in public.

WOMENS’ VIEWS: Since 1999 Home Based Care/HBC had introduced in the community. In 1999 Adventist Development (ADRA) provide training for HBC providers selected from the community 2 from Turufe and 2 from Elemo. In 1998 there were 2 young women living with HIV/AIDS in the community. At that time they were bid ridden. Both had died. There are 6 PLWHAs in the community who disclose their sero status. From these two had started taking ART. One is advised to start ART but he did not start yet due to fear of getting quality food that he perceive he should have to take while taking the drug.

### Extent of the problem of AIDS orphans

MEN’S VIEWS: The health worker from the health post and the health promoter agree that there are 2 children who have lost both their parents. On the other hand the kebele chairman and the head of the Anti-AIDS committee under the kebele raise the number up to 4. They are supported by their family and they don’t get any external support.

WOMENS’ VIEWS: The extent of the problem of AIDS orphans is small. Among the Young women who had died because of HIV one has a child, now he is about 6 years old. He is HIV positive. His mother is the one who gives him care.

### HIV infected

MEN’S VIEWS: It is estimated that there are 6-8 people known to be infected by HIV. They get the necessary treatments from Shashemene referral hospital. The community did not any negative reaction against the people who are to have AID. Their status /behaviour is not affected.

WOMENS’ VIEWS: Among the 6 PLWHAs one male PLWHAs has started to teach the community by sharing his life experience (this is obtained by the other researcher). The HBC provider suspects that there might be about 15 PLWHAs in the community, who did not disclose their stats due to different reasons. She substantiated her view with the information she got from the hospital that shows in Turufe there are more than 6 PLWHAs.

### Access to retro-virals drugs

MEN’S VIEWS: As the one who exposed himself indicated he has access to retro-virals drugs.

WOMENS’ VIEWS: Yes, retro- viral drug is available in Kuyera hospital. As indicated above 2 PLWHAs has already started to use.

### Community awareness of how the virus is transmitted

MEN’S VIEWS: The community is fully aware of how the virus is transmitted.

WOMENS’ VIEWS: Over time awareness education on how the virus is transmitted has been provided by different government and NGO people. As a result, the people’s knowledge on how to prevent HIV infection has enhanced.

### Changes in sexual behaviour

MEN’S VIEWS: There is a promising change in sexual behaviour as a result of awareness. Wife inheritance, polygamy and marriage before testing have decreased a lot. Migrant spouse is also asked to be tested before sexual intercourse.

WOMENS’ VIEWS: As the community has been getting various health education form different bodies they started to change their sexual behaviour. For instance, peoples are avoiding extra marital relationship, marring more than one wife, and visiting commercial sex workers in towns as compared to earlier times. These in turn reduced marital conflict.

### Condom use

MEN’S VIEWS: As informed by the health promoter, she used to give condoms for those who ask. Others who fell shy to ask her also buy from shop or pharmacy. They have access for condoms. Attitudes towards condom use are very encouraging.

WOMENS’ VIEWS: The community have access to condom since it is available at HP. They also get from health promoters.

Some persons resist to take it due to fear of someone may see them when they take the drug and due to cultural reasons.

### Interventions to prevent the spread of the virus

MEN’S VIEWS: The woreda health office teaches the community by sending their own experts and through the health extension workers. They focus on attitude change. The cancellation of polygamy and the inheritance of brother’s wife if he passes away has brought an encouraging outcome. There are no NGOs interventions in this regard.

WOMENS’ VIEWS: Different NGOs (Africa Human Action, Adventis development Organisation/HADRA, and Compassion) and wereda health bureau has been providing awareness education through HEWs and health promoters during iddir and kebele meetings to prevent the spread of the virus.

At least once a year these organisations organise a VCT in the centre of the kebele so as people get tested. This helped some individuals know their sero status and take proper measure accordingly.

Specifically compassion and CCFC first ask the concern to the parent of their beneficiary children to test the children. Then after they get the concern they test the children as well as their parent. If the children or their parent found to be positive they arrange mechanism to support them

### Effectiveness of interventions to prevent spread

MEN’S VIEWS: The government intervention is not that much active and constant. They don’t come on regular basis because of logistics problems and shortage of human resources. And yet the teaching is effective.

WOMENS’ VIEWS: It is effective in the sense that people are taking care of themselves to prevent from being infected. The community a bit have concern on adolescent’s susceptibility to HIV infection in relation to premarital sexual relationship, which seems to increase since recently.

### Interventions to treat people infected by the virus

MEN’S VIEWS: There are no interventions to treat people infected by the virus. The infected people go to hospital to be treated.

WOMENS’ VIEWS: To enhance the wellbeing of HIV positive person Adventis development association (ADRA) has trained home based care/HBC providers. The /HBC providers have been visiting bedridden PLWHAs. They wash their cloth, prepare food and provide psychosocial advice at least twice a week. As indicated above ART is accessible free of charge. Then after there has been no bedridden PLWHAs. In order to improve the economic condition of PLWHAs, each PLWHAs had provided one sheep (to rear it to enhance their living condition) twice. PLWHAs lining in Turufe and adjacent areas are organised in to an association and grinding Mill is bought for them to start working. 4 of the PLWHAs living in Turufe are a member of this association. This economic supports programme is organised and implemented by down of hope (Tesfa Goh) Ethiopia. It is an association of PLWHAs.

### Effectiveness of interventions to treat infected people

MEN’S VIEWS: The Shashemene referral hospital HIV/ AIDS related workers are active and effective.

\* Observation: As the referral hospital is on our way to Turufe I had a chance of visiting the hospital, especially the section that provide PMTCT, and ART testes. I have witnessed that the health workers are efficient, active and effective on their work.

WOMENS’ VIEWS: The effectiveness of ART is very good. With regard to the economic support programme it will depend on the commitment of the association members.

## Exposure of women to HIV/AIDS

*Female research officer self-designed module*

The reason I selected this topic is that women have been comprising an increasing proportion of people living with HIV/AIDS due to social, cultural and, economic factors. Furthermore, different literature indicated that HIV/AIDS prevalence rate is reducing in major urban areas while in rural areas it seems it is increasing since past recent. As the respondents I have talked with HIV/AIDS is not the major issue in Turufe Kecheme and there are only about 6 persons living with HIV/AIDS whom the home based care provider knows but from hospital she informed that in Turufe there are more persons living with HIV/AIDS registered at hospital. She stated that the reason they become quiet or absence of reveling might be due to fear of ignorance (from family), stigma and discrimination from the larger community, and HIV/AIDS related impact is at infant age in the community.

The life history women living with HIV/AIDS shows women exposure to HIV in the area attribute to sexual abuse (home servants), lack of seeking HIV test up on marriage, economic dependency and cultural reasons. The following are cases obtained from two women living with HIV/AIDS:

### Case 1

19 years old woman described her life on how she exposed to HIV infection as follows:

I used to work as a servant in one HH. While I was at home alone the son of the household who employed me came home and raped me. I kept quiet; I did not tell this for anybody. He frightened me to be quiet otherwise he told me to harm me. Finally, I become severely sick and when I went to hospital they told me to take HIV test, I agreed and finally told me that I am HIV positive.

Similar to the experience of her, other key informants regarding HIV issues (HEW, volunteer and home based care providers) stated that sexual violence at some point during women’s lives and gender-based violence are important determinant for women’s exposure to HIV infection

### Case 2

As girl is a 13 years old child I got her background history from the home based care provider, who is also her guardian or care giver:

When she was 7 years old her father was died without knowing whether he is HIV positive or not. Then her mother also fell sick severely and the symptom of her illness looks like the symptom of HIV/AIDS. Upon this we advised her to take HIV test and she tested and found to be HIV positive. After certain period of time her mother also died and she left alone. No was expecting that the child may be HI positive but she is found HIV positive. After her mother died I become touched by her and decide to give care for her, even I send her to school. She is now a grade 2 students and living with me.

When I think on how she is infected I expect it might be lack of proper care while she was living with her parent, especially before knowing their HIV positive status (her father may be died because of HIV). As she is a girl she might be giving care for her parent and that may be the cause of infection. In relation to this she emphasised that still there are some individuals who did not take test even if they suspect might be HIV positive. Thus, from their family members female’s exposure is high as they are the care givers at home. In addition, even some one knows his/her status they may take it as secret. So, their family, especially women might be exposed to the virus as well.

In relation to this she shared me the experience she encountered in one household where a young man found to be positive but he did not reveal to his family. Finally, when his family heard about the rumour a kind of disagreement were created between he and his family.

Regarding revealing one’s HIV sero status to parents the key informants mentioned that at VCT center when one person is found to be positive he/she is told to reveal this information to their sexual partners. But some did not ravel it and expose their partner, mainly woman to HIV infection. They suggested that HIV control programme might be improved if certain mechanism is created to check that person weather reveal his /her HIV positive status to his or her partner so as to prevent the spread of the virus to that partner.

The other issue the key informants mentioned is premarital sexual practice among in- school youth is increasing over time. While girls are at school they start relationship. Then unknowingly they exposed to pregnancy. Some male deny their relationship and as a result, the girls become dependent on their family. There are also some couple who got married as a result of the unplanned pregnancy without being interested in the marriage. Meaning they married to save themselves from the insult related to delivering child without marriage (*Deqala weledech*). These ggirls mostly drop out school because of unwanted pregnancy as well as marriage. But finally their marriage will be unstable and divorced and exposed to different problems. From this they mentioned that there is high risk of HIV transmission by premarital sexual relationship.

They stated that the dropping out prevent them from getting further education that might be best for their future carrier (they may get good job) and can lead their life in a better way. Up on dropping out school more female were migrating out to do paid work in Ziway flower farm.

*Research Officer comment: As I am at Ziway now for other activities I have observed that a lot of women are working in the flower farm. After observing this I expect that it might be good to study the life experience of migrant women who come to the area to search paid jobs: challenges they face, how they cope with and their living condition***.**

With regard to having more than one wife still some man (Muslims), especially in the neighboring area (Watera and Jigessa) marry a second wife due to different reasons, which includes if the first wife suffer from chronic illness, if the first wife never give children (The respondents say if the first wife is infertile/*Mehan*), and if the first wife deliver only female children (he want to have son from another wife). When the wife hear this information she do not follow up and tried to convince him to stop marring another wife rather they confirmed and report this case to concerned bodies after their husbands stay more than 4 moth with his second wife. In this respect two things contradict each other first marring more than one wife is prohibited and second a women who stay as least 4 month is confirmed as his wife. Thus, it is difficult to punish or correct that guy by staying with his second wife as it is the second wife’s right to calm anything since he at least stayed 4 moths. Similarly, it is not recommended to leave the concern of his first wife since marring more than one wife is prohibited. In relation to this they stated the case of two couples why enter in to conflict and ended by divorced by sharing communal properties and the husband continue living with their second wife. As a solution they suggested it might be better to aware women to report any cases soon to responsible body so as to get prompt solution.

With regard to HIV testing the key informants mentioned that some adults do not seek HIV testing when they married another wife. In this regard youth better get test. So, it requires to aware them the need of getting HIV test since the probability of exposing one partner may be high in case if the other partner is HIV positive.   
Finally the respondents stated even though gender and HIV programme has been implementing the epidemic of HIV and violence continue affecting women it might gender and HIV programme could be improved if interventions focused on identifying the factors that place women at risk of HIV by considering the socio-cultural condition of localities. If this is planned and implemented effectively, HIV prevention/intervention strategies will meet its objectives.