

Is it a Marketing Place or Fertile Ground for HIV infection? Night Market
as a Risk Environment for HIV Infection among Women and Girls: A
case of Hawella Tulla District, Southern Ethiopia



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By

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Dedication

I would like to dedicate this piece of work to my sweet, my soul and my best half 'Liyou'-the one I love and I will love forever. To the one who is special to me; of course, her name 'Liyou' is an Amharic word meaning 'special'. The meaning of her name is really a testimony of how special she is to me.

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Abbreviation

ABC	Abstinence, Be faithful to one partner and Condom
AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti Retro Viral Therapy
CDC	Centre for Disease Control
CSA	Central Statistics Agency
FAO	Food and Agricultural Organization
FGD	Focus Group Discussion
FHI	Family Health International
GO	Government Organization(s)
HAPCO	HIV/AIDS Prevention and Control Office
HIV	Human Immune Virus
ICASO	International Council of AIDS Service Organizations
ILO	International Labor Organization
ILRI	International Livestock Research Institute
IOM	International Organization for Migration
ISAPSO	Integrated Service for AIDS prevention and Support Organization
MoH	Ministry of Health
NGO	Nongovernmental Organization
PLWHA	People Living With HIV/AIDS
SNNPR	Southern Nation Nationalities People's Region
STD	Sexual Transmitted Disease
UNAIDS	United Nations AIDS programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNDP	United Nations Development Program

Abstract

After three decades, HIV/AIDS epidemic is still spreading throughout the globe, particularly in developing world. No country has remained untouched by the epidemic and sub Saharan African countries are the region which are highly affected by HIV/AIDS. HIV/AIDS currently affecting millions of women and girls around the world and most of them are found in developing countries. Women and girls are at higher risk compared to their counterpart men and boys. Socio economic, cultural and biological factors can put women and girls at higher risk by creating a risk environment for HIV infection.

A qualitative study was conducted in Hawella Tulla, Ethiopia with the objectives to contribute towards reducing the spread of HIV infection among women and girls of Hawella Tulla by assessing the risk environment for HIV infection for women and girls in relation to the night. A total of 20 women and 20 girls were interviewed using the guide of regular questionnaire. Further, anonymous questionnaire were also distributed to women and girls due to the sensitivity of HIV/AIDS. A key informant interview and two focus group discussions were also used as data collection tools.

The study found that women and girls have awareness about HIV/AIDS transmission and prevention methods. They also perceived that the night market is a risk environment for getting HIV infection for them. The study has also shown women and girls are involved in to the risk environment because the night market of Hawella Tulla is the main source for their livelihood.

The night market of Hawella Tulla involve mobility of people (in and out), gender inequality (sexual violence) and cultural practices (chat chewing, sisha smoking and alcohol consumption) due to these activities the study found that the market is a risk environment for HIV infection among women and girls. The low income level of women and girls also found to be the contributing factor for HIV infection of women and girls for their livelihood.

To reduce the riskiness of the night market for HIV infection among women and girls of Hawella Tulla the response taken by governmental organization (HAPCO and Women and Children Affairs Office) and Non Governmental Organization (ISAPSO) is insignificant and lacks collaboration.

Finally, according to the finding of the study recommendation which contribute towards reducing the spread of HIV infection has drawn. These includes: organizing awareness campaign during the night, strengthening community based institutions to prevent sexual violation, working with multi sectoral approach, facilitating alternative livelihood option like organizing women and girls to participate in microenterprise agencies and working in collaboration are included.

CHAPTER ONE

INTRODUCTION

This chapter includes background information about HIV/AIDS in Ethiopia, description of the study area, problem statement; the objective of the research, research questions, conceptual framework and the last part presents the limitation of the study.

1.1 Background information about HIV/AIDS in Ethiopia

It is before four decades the global HIV/AIDS epidemic appears. HIV/AIDS prevention and control efforts have been also started before four decades ago. Reducing the chance of becoming infected continue the primary way of preventing HIV infection and no cure once the virus has entered the human body. Even though, the annual number of new infections of HIV has been slowly turning down, HIV/AIDS epidemic presents a formidable global health threat of our planet (UNAIDS, 2010).

Sub-Saharan Africa countries is the region which is highly affected by HIV/AIDS (UNAIDS, 2010; Lau and Muul, 2004) and an estimated 22.5 million (68%) of people living with HIV/AIDS are found in the region. Among a total of people living with HIV/AIDS in Sub-Saharan African countries, women aged 15 to 24 years accounts 76% of the burden. Data show that HIV/AIDS and related death in Sub-Saharan Africa countries are progressively declining in recent days. In 2009, among the highly affected Sub-Saharan African countries, South Africa and Swaziland has the largest HIV/AIDS epidemic and the higher adult HIV/AIDS prevalence in the world respectively.

Ethiopia is a country with an estimated population of over 79 million, followed from Nigeria the country is second most populous country in Africa. Around 85% of the population lives in rural areas and agriculture is the back bone for the economy of the country (CSA, 2005). The country is identified among the five hardly hit Sub-Saharan African countries by HIV/AIDS (UNAIDS 2010). Unprotected heterosexual intercourse is the primary mode of HIV transmission followed by the transmission from mother to child in Sub-Saharan African countries and the epidemic pattern classified as a generalized and heterogeneous among the regions of the country (Cohen, 2010 and MoH, 2010).

The report by the National HIV/AIDS Prevention and Control Organization (2010) and UNAIDS (2010) the first evidence of HIV in Ethiopia was revealed in 1984 and two years later in 1986 the first case of AIDS was identified. Since then, HIV/AIDS pandemic accelerated at an alarming rate and affects all segments of the community and sectors of the society. The country has now become one of the hardest hit countries in Sub Saharan Africa with about 1.1 million people living with HIV/AIDS, and adult prevalence rate ranging from 1.4 % to 2.8 %. The same report shows the country has a generalized type of HIV/AIDS epidemic pattern. Young girls, resident of small market towns and peripheral towns are severely affected and the most at risk segments of the community for HIV infection (MoH, 2010).

According to UNFPA (2008b) by citing the report of the Ministry of Health of Ethiopia (2006), in Ethiopia, women account for a larger share of those directly affected by the HIV/AIDS pandemic. Data from MoH 2010 indicated that the prevalence rate of HIV/AIDS among women was 2.8 percent and 1.8 percent among men. In the same year, from the estimated 1.1 million of People Living with HIV/AIDS women were accounting for 59 percent. There were also an estimated 131,145 new HIV infection and 44,751 HIV/AIDS related deaths in Ethiopia in 2009. Among this number of new infections and HIV/AIDS related death women accounts 57 percent in both cases (MoH, 2010). These shows the gender aspect of HIV/AIDS in Ethiopia in relation to HIV/AIDS prevalence rate, number of people living with

HIV/AIDS, the incidence rate and HIV/AIDS related deaths. The Single Point HIV Prevalence Estimate by MoH (2007) also shows that these gaps between men and women would continue in 2010.

Beside the biological factors for women and girls susceptibility for HIV infection, literatures show that economic, social, legal and cultural factors contribute to women and girls susceptibility to HIV infection and vulnerability to the impact of AIDS (Lesetedi, 2005). In Ethiopia these segments of the population are suffering of discrimination in the economic, social and political field of the society which may predispose them to HIV infection and increase their vulnerability to the impact of AIDS.

Women and girls are also a highly subject to the impact of harmful traditional practices and sexual violence. UNFPA by citing data from the National Committee on harmful traditional practices from a total Ethiopian woman more than 72 percent of them have been subjected to harmful traditional practices which also increase their likelihood of getting HIV infection. Early marriage, abduction, rape and sexual harassment are also the contributing factors for increased susceptibility of women and girls to HIV infection in Ethiopia. Further, the low status of women and girls in the society, low level of school enrolment (education) and low decision making power including negotiating for use of a condom or safer sex contribute to increased HIV infection (UNFPA, 2008a). Thus, these socio- economic factors create a risky environment for women and girls for HIV infection. Barnett and Whiteside describe risk environment as follows:

“When a deadly disease appears and the social and economic environment is such as to facilitate rapid and/or frequent partner change, then the environment may be described as a risk environment. It reflects the environments in which people live their live” (Barnett and Whiteside, 2006)

The risk environment results in spreading HIV transmission among the people, which literatures termed as susceptibility. Susceptibility is defined a risk of getting exposed to HIV infection (Barnett and Whiteside, 2006; Muller, 2005). As indicated above, the risk environment can facilitate the spread of HIV infection differently among woman and man. The variation in susceptibility to HIV infection is not only among men and women but it also differs among women and girls. Literature also show that young girls aged 15-24 are more at risk of HIV infection compared to women. Girls are more at risk than women due to their immature genital organ this make them to be infected during the first few exposures to sex. Further girls are sexually active at this age and do not settle with one partner and unable to use condoms regularly (UNICEF, 2004). Thus, this variation of risk of HIV infection among different segments of the society leads us to the concept of differential susceptibility to HIV infection. Pauline defines differentiated susceptibility as a variation among a group of different population to be infected with HIV (Kher, 2008).

In general, literatures and findings shows that HIV/AIDS have a greatly infect and affect women and girls than men.

HIV/AIDS Prevention in Ethiopia

HIV/AIDS pandemic since its discovery has racked up the attention from government, NGO, international community and various global and national organizations. In Ethiopia, as a response to the HIV infection progress had been made due to the efforts made by different actors like government, NGOs; Community based organizations and PLWHA associations. According to the UNAIDS global HIV / AIDS report, in Ethiopia the incidence rate of HIV infection becomes declining by 25% or showing the significance of reducing between the year 2001 and 2009 (UNAIDS, 2010). Further, the Federal HIV/AIDS Prevention and Control Office in its report indicated the urban prevalence showed to have been stabilized in the

period 1996-2000 and is slowly and gradually declining since 2001 (MoH, 2009). In the same report, however, it is clearly indicated that a lot more is to be done as the urban epidemic is at an unacceptably high prevalence rate of 10.5%. This sign of high prevalence in the urban areas will also affect the emerging towns along major transportation corridors.

Despite, the stabilizing nature of HIV/AIDS in the country, Ethiopia is one of the most highly hiked by the epidemic (IOM, 2006). Socio-cultural and economical features are the driving factors for increased susceptibility to HIV infection. In the efforts made so far the emergence of people living with HIV/AIDS discloses themselves was a major social development in the field of responding to the epidemic in Ethiopia. HIV/AIDS has finally come out wearing human faces. The long endured and solid denial of HIV/AIDS had not been yet fully broken. Stigma and discrimination had to be faced as a real health threat, and fighting stigma and discrimination became a real challenge to contend with.

Even though, government, NGOs and other actors are working on the prevention and control activities of HIV/AIDS, most programs and project activities respond to HIV/AIDS have mainly concentrated from the medical point of view. The socio-economic underlying and driving factors for HIV infection and HIV/AIDS impact mitigation from a socioeconomic point of view were given little attention in Ethiopia (UNFPA, 2008b). Barnett & Whiteside (2006) suggests that in countries where the epidemic is generalized considering the social, cultural and economic levels should also consider in responding to HIV/AIDS. In other words, the social and economic factors rising susceptibility to HIV infection and the socioeconomic impacts of HIV/AIDS need to be considered in HIV/AIDS intervention programs.

It is with background, this study will try to attempt to identify how night market spread HIV infection among the community of the Hawella Tulla District in Southern Ethiopia. This research will be conducted due to the reason that there are no empirical studies that have been conducted in Ethiopia in general and in SNNPR in particular which assess how night market lead the community to HIV susceptibility as far as the researcher's knowledge concerned.

1.2 Problem Statement

Market and marketing place are important for economic activities of Ethiopian rural households. According to literature rural household uses market for purchasing agricultural input and selling their production for their livelihood. Market areas are found in both rural and urban parts of Ethiopia, the size of the markets differ in urban and in rural areas. Both rural and urban markets involve the movement of people from different areas to come together and purchase and sell products. Both rural and urban markets involve the movement of people from different areas to come together and purchase and sell products. Further, this activity provides the mobile and the rest population to dispose their income to buy sex and drinks which are the driving factors for HIV transmission (Dercon and Hoddinott 2006).

Tulla is one of the areas found in Sidama Zone of Southern Nation Nationalities People Regional Government (SNNPRG). The area is unique with its night market along the transportation corridor with the opening time of 07:00 pm and closing time after the midnight. The market takes place twice a week on Monday and Thursday. The night market is very well known for its *chat*¹ and sheep marketing. Farmers, young girls/boys, truck and taxi drivers, both men and women, chat and sheep traders from neighboring rural and urban areas including Awassa town (the regional capital) are involved in selling and buying. Further, local alcohol trading houses, and *chat* chewing places are common in Hawella. The ministry of health indicated that alcohol and *chat* use considerably increases the possibility of having multiple sexual partners. The same report indicated that those who use alcohol and *chat* are about twice the more chances to have multiple sexual partners. In alcohol and

¹ A plant with narcotic leaf and widely spread in Ethiopia

chat users condom use is lower at least by 50% compared to those who don't use alcohol and *chat* (MoH, 2010). Moreover, the annual performance report of MoH shows that *chat* chewing places create a risky environment and fuels the spread of HIV infection among the population (UNFPA, 2008a). Beside these the night market in the area is a ground for connecting people from different urban and rural areas of the country to exchange goods and services.

MoH (2009) recognizes the availability of the night market in some areas of the country as a risk environment for HIV infection, particularly night markets that are found in the southern Ethiopia. However, there has been no documented research on the issue with respect to its impact on the susceptibility of the community to HIV infection. On the other hand, there are no available data on the incidence and prevalence rate of HIV in the Hawella Tulla district which could be first, due to limited coverage of HIV/AIDS surveillance in the country and secondly due to the fact that little attention has been given to small rural towns like Hawella Tulla. Of course, unavailability of data could be due to the difficulty of measuring the HIV prevalence and incidence rate and under estimation of it (Muller, 2004). However, MoH (2009) identified the Hawella as a risky environment for HIV infection in the region due to the existence of night market.

As indicated earlier in the background part of this study and different literature reveals women and girls are more susceptible to HIV infection in Ethiopia and the HIV prevalence rate among women and girls is higher than the average. This is associated with biological and socioeconomic related factors which are indicated above. Thus, the focus of this study was on women and girls of Hawella Tulla.

1.3 Research Objective

The objective of this research was to contribute towards reducing the spread of HIV infection among women and girls of Hawella Tulla by assessing the risk environment for HIV infection for women and girls in relation to the night.

1.4 Research Question

1. How does the night market create a risk environment for HIV infection among women and girls of Hawella Tulla?
 - 1.1 What activities are undertaken in the night market that exposes women and girls to HIV infection?
 - 1.2 How do local practices (*chat* chewing and alcohol drinking) create risk environment for HIV infection for women and girls?
 - 1.3 How does mobility create a risk environment for HIV infection among women and girls?
 - 1.4 How does a limited livelihood option among women and girls due to gender inequality lead to risk environment for HIV infection among women and girls?

1.5 Conceptual framework

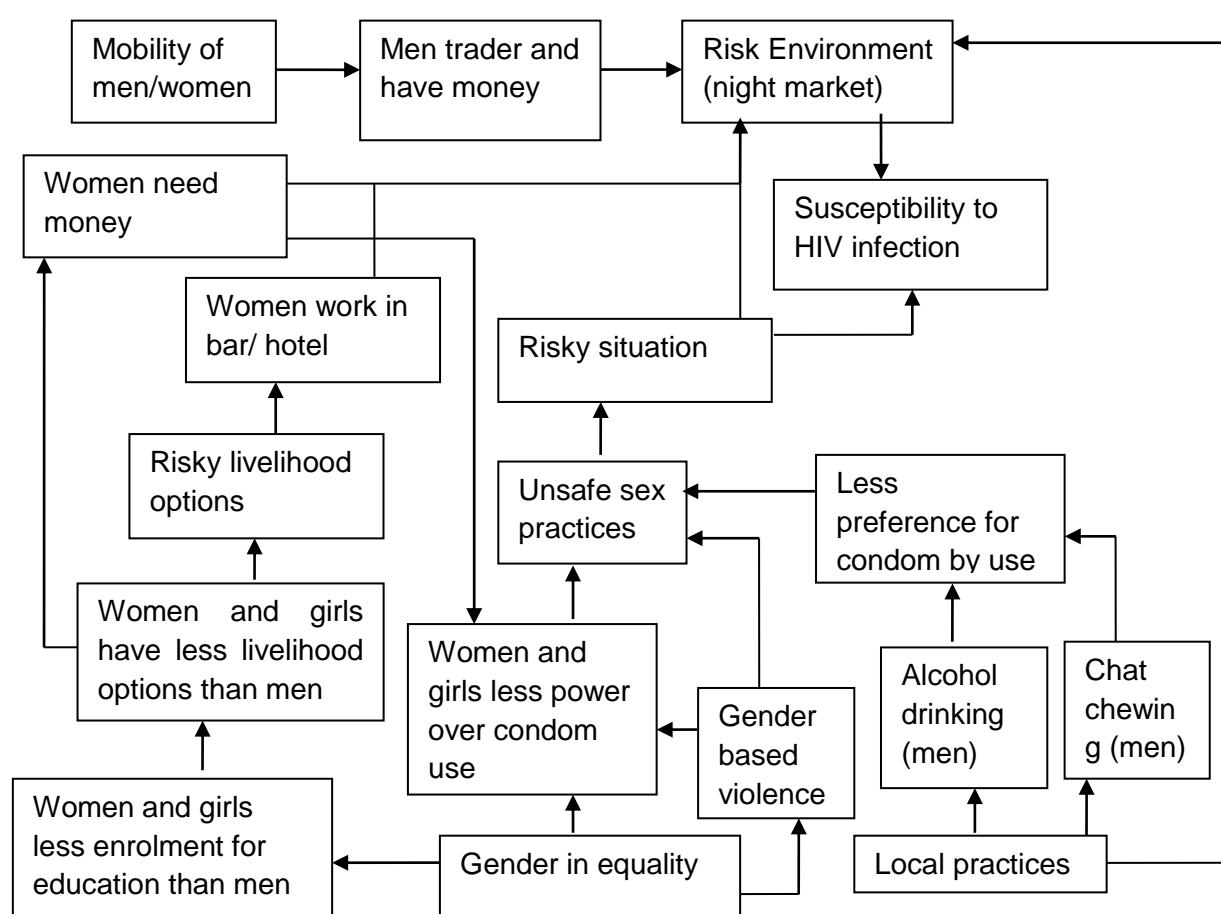
The role of women and girls in socio-economic development of Ethiopia is highly recognized by the policy of the government and they are actively participating in economic activities (Wasihun and Paul, 2010). Women and girls of Hawella Tulla are also participating in economic activities like trading in the market. Market drives mobility of people seeking for buying and selling products. Hawella Tulla night market involves mobility/migration from different areas to Hawella and mobility with in the area itself. Women and are significantly involved in marketing activities by travelling to market places in Ethiopia. Being away from their families and sexual violence while travelling particularly women and girls create a risk situation for mobile people to HIV infection. Additionally, away from their parents and families

in which makes mobile people to have more freedom, new experiences and increased peer pressure which create a risk situation for HIV infection (Chantavanich, 2000).

This study accepted the night market involves movement of seller and buyer both into and from the area. With regard to accessing and controlling economic resources women and girls are disadvantaged (Sambrook, et al., 2006) men have money and they are the major trader. They may use the money to buy sex. Women and girls need money for their survival and tend to work in bars and nightclubs as a means of livelihood options. Low enrolment in school might also reduce the livelihood options of women and girls and lead to involve in risky livelihood. As a result women and girls may have less power to use condom and practice unsafe sex which is a risk situation for HIV infection.

Moreover, local practices like *chat* chewing and alcohol drinking by men make them to have less preference for condom use to undertake safer sex. Sambrook (2004) also confirm that the practices of *chat* chewing and alcohol consumption is followed by casual sexual intercourse and condom is less likely used which in turn increases the chance of getting HIV. This in turn might lead to risky situation in which a risky environment for HIV infection will be developed and marks in increased chance of HIV infection among women and girls. Thus this study accepts mobility/migration, availability of bars and local alcohol drinking houses, bar/night clubs, *chat* chewing places, gender inequalities and sex trafficking due to the night market as a risky environment which predisposes women and girls to HIV infection in Hawella Tulla. Graphically, the conceptual framework of the study is presented below:

Figure 1.1 Conceptual framework of the study



1.6 Limitation of the study

This study was only focused on women and girls of Hawella Tulla, thus the finding cannot generalize the entire population of the study area. In addition, susceptibility factors for HIV infection related to the night market were studied by this research. Moreover, this study does not focus on the behavior of migrant or mobile people to Hawella Tulla. Of course, the limitation will be used as an opportunity for further study on the issue in this study area. The other limitation of this study was the interview checklist was limited the gathering of useful information. This was due to the sensitivity of HIV/AIDS and related issues. But, this can be complemented by personal observation of the researcher during the night market and involving as a participant in alcohol drinking houses and the *chat* chewing places. Additionally, anonymous questionnaire were used to gather sensitive issues and this influences the methodology used and limit the respondent of the study to those who can read and write. Thus, the study does not represent all women and girls of the area.

1.7 Organization of the thesis

This paper has been divided in to five chapters and it is structured as follow.

The first chapter discusses the back ground of the study which is the bases of the study. It includes the research objectives, research questions and problem statement.

Chapter two presents the review of the literature on risk environment for HIV infection and the driving factors that makes people susceptible to HIV infection with emphasis to women and girls. The chapter has sections like mobility and HIV/AIDS, poverty and HIV/AIDS, gender inequality and HIV/AIDS. In general this chapter draws the link between HIV/AIDS and the driving factors of HIV infection.

The third chapter focuses on the methodology employed in conducting this study. It includes the detail description of the sampling method, sample size, tools used to collect data from field, data collection tools used and finally it indicates the data analysis method used to interpret the data collected from field.

The fourth chapter presents the main results of the study and discusses the result based on the reviewed literatures, in other word the section links the finding obtained from the field work with what reviewed from literatures. The final chapter presents the conclusion and recommendation of the study. The first section of this chapter, conclude the main and key findings of the study and in the second section of the chapter recommendation are drawn based on the concluded remark of the study.

CHAPTER TWO

2. LITERATURE REVIEW

This chapter highlights the finding from different literatures about the driving factors for risk environment with main focus on income, gender inequality and migration/mobility. The chapter devotes more attention how the three driving factors creates a risk environment for HIV infection for women and girls.

2.1 Introduction

HIV/AIDS currently affecting millions of women around the world and most of them are found in developing countries. At the first discovery of the epidemic of HIV/AIDS literatures shows that men were thought to be at higher risk compared to women in getting HIV infection. However, now a day's HIV infection is recognized as a growing problem among women and young girls around the world, particularly women and girls of developing countries (Clarck, et al., 2004).

Different literatures show that all population groups are not equally susceptible to HIV infection. Barnett and White side delves that truck drivers, military, commercial sex workers, women and young girls are more exposed to HIV infection (Barnett and Whiteside, 2006).

Susceptibility is defined as a risk of getting exposed to HIV infection (Barnett and Whiteside, 2006). It is also defined as the set of factors that determine the rate at which HIV infection spread.

It indicates the situation and behaviour that facilitate to the increased or reduced a risk environment which will facilitate the rapid or slow spread of HIV infection. Barnett and Whiteside show that a risk environment is an environment in which people live their lives facilitate rapid or frequent HIV infection (Muller, 2004; Barnett and Whiteside, 2006). For instance, a patriarchal society in which gender inequality exists, refugee camps and areas in which food insecurity prevails may be considered as a risk environment for the spread of HIV infection.

Studies show that different factors create a risk environment for HIV infection among different group of people. Barnett and Whiteside (2006) identified poverty; gender inequality and mobility/migration are among the main factors that drive HIV infection by creating a risk environment. In this study, low income (poverty), gender inequality and migration/mobility factors are linked to risk environment for HIV infection for women and girls.

In Ethiopia the social, cultural and biological factors have been identified as a factor for susceptibility women and girls to HIV infection. Limited access to education and information, economic dependency, social norms and gender inequality are also included among the major aggravating factors for HIV infection among girls and women (Ashenafi and Tadesse, 2005). In this chapter the socio economic factors (mobility and poverty) and socio cultural factors (gender inequality) that make women and girls susceptible to HIV infection is reviewed.

2.2 Socio economic factors that drive HIV infection

Among the driving factor that fuel HIV infection socio economic factors are included. Poverty and mobility are among the socio economic factors that make poeple susceptible to HIV infection is reviewed in this section. In this section first, the link between mobility and HIV/AIDS and how mobility will create a risk environment for HIV infection among women and girls are reviewed. And secondly, poverty and HIV/AIDS is highlighted and how it lead to a risk environment for HIV infection among women and girls is highlited.

2.2.1 Mobility and HIV/AIDS

Literatures use the word mobility and migration interchangeably because both of them involve movement of people. However, they have slight differences and the focus of the study is on mobile people. Bell and Ward (2000) define mobility and migration in different ways. Accordingly they define mobility as any form of movement which do not include a permanent or lasting of the usual place whilst migration is a direct complement to mobility because migration involves a permanent and lasting relocation to a new place of residence. In general, the difference between mobility and migration can be indicated in the following table.

Table: 2:1 Difference between migration and mobility

Movement of people	
Migration	Mobility
Permanent change of usual residence	Non-permanent move of varying duration
No intention to return	May involve a return 'home'
Lasting relocation	Varying duration of stay
Single transition	Generally a repetitive event

Source: (Bell, M. and Ward, G. 2000)

This study focuses on the temporary movement of people which involve a return home and a repetitive event for the sake of the market of Hawella Tulla.

Due to various push and pull factors movement of people from place to place is a common phenomena. Looking for better job, income or other economic advantages pull people to move from place to place. Similarly, poverty, hunger, war, and human right violation push people to move from place to place.

Population mobility is considered as one of a driving factor for the spread of HIV/AIDS epidemic. The link between HIV and mobility depends on the structures of mobility process including in the area of destination and on return. Staying long or separation from families and socio cultural norms, a chance of having multiple partners makes mobility a risk environment for HIV infection (IOM, 2006).

Mobility encompasses the social and economic factors that facilitate the transmission of HIV among the society. There are various kinds of mobility and each of them may bear different level of risk for HIV infection. Studies indicate the difficulty of unravelling the interaction between population mobility and HIV infection because of the fast transformation of HIV/AIDS and system of population mobility. Population mobility is highly dynamic and has changed dramatically in scope, scale and diversity by its nature. International Organization for Migration (2010) identified mobility of people as one of the risk factor aggravating the spread of HIV infection among the community particularly among young girls and women. In this report mobile people like merchant, truck drivers, militaries are the most susceptible segments of the population due to their mobile nature (IOM, 2010; 2006).

Mobility of people has national and international dimensions. The national mobility of people includes urban-rural, rural –rural and rural –urban migration with the purpose of seeking employment, trading (commercial migration), movements to the rural agricultural wage sectors and etc. The international migration comprises movement of people from one national boarder to the other for various natural and manmade reasons. All sort of migration or mobility of people has one thing in common they depict both the movers and the host community to engage in casual sex and facilitate the spread of HIV infection.

According to Barnett and Whiteside (2006) mobility of people creates a risk environment not only for those who are mobile but also for the host communities. Similarly, IOM identified migrant and mobile people as the most at risk group of population because mobility and migration involves a mix of different people from particular area or within particular area. Further the report shows spread of HIV infection among these group of population is highly linked with knowledge about HIV/AIDS transmission and control, the effect of mobility and often include factors like poverty, access to health services, having multiple partner and gender based violence like rape (IOM,2010).

The circulatory nature of population mobility in Sub Saharan African countries makes the host and the origin areas at risk for the spread of HIV infection. Study in Ghana by Anarfi (1993) on mobility of people in Africa has indicated that it is highly selective by sex and age and more males are involved than females. The male dominated migration entails that females are in demand for casual sexual relations (Anarfi, 1993). Anarfi (1993) by citing the work of Konotey-Ahulu of 1989 indicated that a free mobility of people in the area where business is profitable has been responsible for the spread of HIV infection in African countries like Uganda, Zambia and Tanzania.

The link between mobility and HIV infection are also determined by the riskiness of the mobile group like the use or non use of condom during sexual intercourse, alcohol consumption related to casual sex and having a multiple partner. In general, structure of mobility including separation from families and partners and separation from the social and cultural norms of the society have a link with HIV infection among the community (Sambrook, 2004).

In general, Crush et al (2006) identified four key ways in which mobility of people is linked with HIV infection:

- There is a higher rate of HIV infection in mobile or migrant individuals which is often socially, economically and politically disadvantaged
- Mobility may create multi local social networks which provide opportunity for mobile population to have sexual networking
- Mobility can encourage individual to use drug and alcohol which in turn make them susceptible risky behaviour
- Migration makes HIV/AIDS related intervention difficult to reach the mobile population for HIV/AIDS education, condom distribution, HIV testing or post infection management of HIV and care.

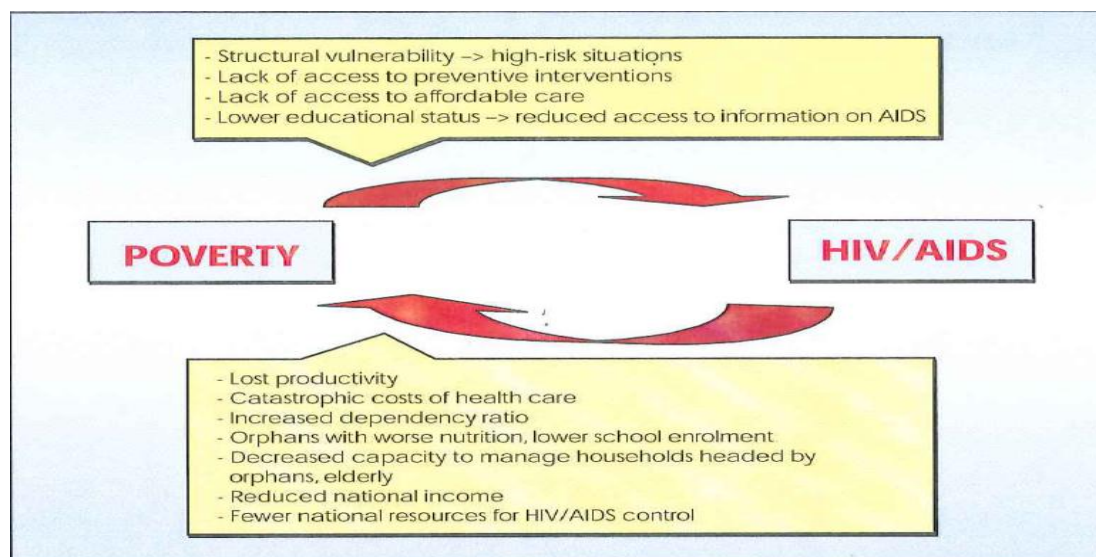
In conclusion, mobility can create a risk environment for HIV infection. The longer people far away from their families or partners, the higher the chance of having casual sex with multiple partners which increases the chance of getting HIV infection. Mostly in Ethiopia, men are more mobile for trading and they have money to recreate and to buy sex. In contrast women have limited access to education, employment and income which in turn might force to sell their body or to provide transactional sex with the mobile trader as a means of earning money. Therefore, due to the above indicated factors population mobility considered as an important driving factor for the spread of HIV infection.

2.2.2 Poverty and HIV/AIDS

According to World Bank (2008), poverty is defined as lack in human well being and have different dimensions including having lower income to full fill the basic goods and services for the survival and dignity of human nature. Similarly, Bellu (2005) define poverty as a deprivation of human abilities including food security, health, education, rights, voice, security, dignity and decent work.

UNAIDS (2001) identified a bi directional link between poverty and HIV/AIDS, one is that HIV/AIDS can result in deep rooted poverty and the second poverty compounded with other factors like income inequalities fuels the spread of HIV infection and create a risk environment. The figure below indicate how poverty create a risk environment for HIV infection and how HIV/AIDS results to deep rooted poverty.

Figure 2.1 The bi- directional relation between poverty and HIV/AIDS



Source: UNAIDS, 2001

As indicated in the figure above poverty fuels the spread of HIV infection. According to UNAIDS (2010), it is the poorest regions of the world highly affected by the pandemic and the highest prevalence rate of HIV/AIDS found in the same region. Other studies also show that it is individuals from poor households are at greater risk of getting HIV infection through the 'economically driven' adoption of risky behaviour and engagement to risky livelihood activities like bartering sex for money.

Moreover, the report from UNAIDS (2001) indicate that women and girls are the most affected section of the society in poverty and mostly the poorest household are female headed who represents poverty fuel HIV infection in higher rate in women and girls than boys and men (Cohen,n.d) . Poverty among women increases sexual risk taking among girls and women who are engaged in transactional sex for their livelihood. The economic dependency of women and girls on their partners may also make difficult for them to negotiate for safer sex (for instance condom use).

In economically poor households there is a tendency of food insecure and malnourished which in turn weaken the immune system of an individual and lead to a greater risk of getting HIV infection in any unsafe sex encounter. Literatures indicate that in Africa HIV transmission among individual with lower socio economic status is higher compared to economically well off households (Gillespie et al., 2007).

Thus, poverty can create a risk environment for HIV infection by increasing the risk behaviour. As it has been argued by different authors poverty lead to engagment of risky livelihood like echanging sex for money and involvmnet in risk environment for HIV infection.

2.3 Gender inequality and HIV/AIDS

Gender inequality indicates unequal relations between women and men. This unequal relation makes women and girls to have less control over resources and decision making. In context of sex it means women and girls have insignificant control over how, when and where sex should be takes place. In consequence gender inequality rendered women and girls to the risk of getting HIV infection. Moreover, women and girls are less likely able to discuss their need and interest for safer sex with partners and unable to refuse sex without condom or unsafe sex (Makoe and Mokomane, 2008). Piot highlighted the relationship between gender inequality and HIV/AIDS as follows:

AIDS is a disease of inequality; it is not exactly the same thing. It is a disease of inequality between men and women. Gender inequality is a major drive of HIV epidemic in many countries, or economic inequality.....When you do the same exercise for any other health issue in the same countries it is the poor that are the most affected and that is another challenge also for the theologians of development practices...But we know of course that the downstream impact is much greater among the poor, much greater.... (Piot, 2008)

In various societies, men holds a position of power and control over women and this results for having less access to education and employment opportunities. Gupta (2000) additionally describes this difference have implication for sexual relation patterns which consequently facilitate a risk environment for HIV infection. This may subject them to different human right violation like early marriage, sexual violence, rape and abduction. These violations of women and girl right create a risk environment for HIV infection. Moreover, in Sub –Saharan Africa countries due to the discriminatory customary practices and laws women and girls do not have equal right to inheritance compared to men and boys. This inequality in turn leads to engage women and girls to risky livelihood activities like working in bars, night clubs and transactional sex (Merso, 2008).

According to UNAIDS report women and young girls are usually the greatest of other group of the population in most HIV/AIDS affected countries (UNAIDS, 2008). Gender in equality creates a risk environment for women and girls because it shapes income inequality, sexual violation, negotiation for condom use (due to power relations) and thus creates risk for HIV infection. Biologically women and girls are more susceptible to HIV infection and sexually transmitted disease (STD)- which can increase the risk of transmitting HIV infection, and they are insignificantly seek treatment due to the prevailed gender inequality (CDC, 2008). In HIV/AIDS affected society, the existing socio culture practices and norms makes women and girls powerlessness which significantly create a risk for the epidemic. They are less relatively negotiated for condom use; decide for marriage, economically dependent and less power in decision making (Gillespie, 2008).

A study conducted in Kenya indicated that gender economic inequality between women, girls and men to be notably linked with individual's HIV positive status (Beegle and Ozler, 2007). Similarly, in Ethiopia study show that women and girls are more susceptible to HIV than men and boys due to the deep rooted gender inequality (early marriage, sexual violence, rape). For instance, studies show that girls form sexual relationship with men who are on average more than ten years older. Additionally, the succeeded gender inequality is a risk environment for adolescent girls because it makes them to have less/no experience in sexual negotiation skills. Moreover, data from Demographic health survey of Ethiopia 2000 and 2005 show that due to early marriage in girls that initiate sex before the age of 15 and 18 that girls start sex earlier than boys. In this group the survey indicate that HIV prevalence among girls is higher than boys

From human right point of view, the investigation of the susceptibility of women and girls to HIV infection due to gender inequality should be considered from the perspective of power

differences or inequalities at individual, household and community levels. Therefore, addressing HIV infection among women and girls due to gender inequality needs the recognition and dealing with its root cause mainly the powerlessness of women and girls socio-economically and culturally (Amnesty International, 2004).

Generally, gender stipulate the different role among men and women which are enforced by a given society. The belief of masculinity and femininity deeply existed in community and might creat un equal relation between women and men. The norms, beliefs and cultural practices in a society also determine the extent o which women and men are able to control the different issues of thier sexual lives (negotiating for safer sex). Further, the un equal relation between men and women results to un equal resource and decison making process which in turn increases the chance of contracting HIV infection especially for women and girls (ICASO, 2007).

2.4 Cultural practices and HIV/AIDS

Cultural practices are the most important part of a given society in establishing social order and stability. In the era of HIV/AIDS it has both a positive and negative attribute in preventing and spreading the pandemic respectively. Positively, socio cultural factors encourage prevention of HIV/AIDS through mobilizing the cultural resource found within the community for HIV/AIDS prevention programmes and activities. In contrast, literatures have shown cultural practices drive HIV infection within the community because they have effect on individual perception and behaviour. Moreover, cultural practices of a given community also confined with sexual relations which might in turn influences every aspect of lives. There are various cultural practices make a given society or groups to get HIV infection (Asek,n.d) .

Among the different cultural practices that fuels HIV infection and make people susceptible to HIV infection in Ethiopia include the use of *chat*, *sissha*² and alcohol drinking are found. In Ethiopia, the major drug abuse problems associated with HIV/AIDS are the use of alcohol and *chat* which are common cultural practices. Govindasamy et al, (2002) by citing the report of the Behavioural Surveillance Survey of Ethiopia indicate that chat is commonly used by both rural and urban men. Lack of employment opportunity and the sense of feeling hopelessness among men further intensified the practice of *chat* chewing among men (Fekadu and Alemayehu, 2009).

The practice of *chat* chewing accompanied by the chains of events such as using *sissha* and alcohol drinking and these is most often associated and linked with casual unprotected sex. Further studies indicate that *chat* and alcohol use believed among the cultural practices that contribute to HIV infection through creating risky sexual behaviour. Thus, the study concludes that *chat* chewing and alcohol drinking places as a risk environment for HIV infection among the population. Studies in Ethiopia has shown those who chew *chat* were found to be two to three times at higher risk to start sexual intercourse early and for HIV infection compared to non-*chat* chewers(Mitike et al, 2002 and FHI, 2004). Moreover, Sambrook (2004) confirm that the practices of *chat* chewing and alcohol consumption might followed by engaging to risky casual sexual intercourse and condom is less likely used which in turn increases the chance of getting HIV infection.

² Smoking with water pipes

CHAPTER THREE

METHODOLOGY

Introduction

The first stage of the research was extensive review of relevant and related literatures from different sources (books, journals, articles and conference papers) to identify the driving factors for HIV infection with more emphasis to women and girls. The literature review was focused on related studies conducted in different countries of the world with more focus on studies from Sub-Saharan African countries.

Based on the information obtained from a literature review and a conceptual framework an interview, focus group discussion and observation checklists were prepared as a guide to conduct the field work in the area. During the first week of the field work statistical information was gathered to have a clear insight about the socio-economic situation of the Hawella Tulla population. The second, third and fourth weeks were used for undertaking interview with key informants and respondents of the study and researcher observation. In the fifth week, compilations of data collected from field work were done.

3.1 Study Area

The study was conducted in Southern Nation Nationalities People Regional (SNNPR) government of Ethiopia. SNNPR is among the nine regions in Ethiopia and found in the south west of Ethiopia. It is the third largest populous region followed by Oromia and Amhara. According to the housing and population census of Ethiopia 2007, the population size of the region found to be 15,042, 531. The region is a multination which consists of about 56 ethnic groups with their own distinct geographical location, language, cultures, and social identities living together. Politically the region is divided in to 13 administrative zones and 8 special districts. Among the 13 administrative zones Sidama zone is one of the zones found in the region. More than 3 million people are found in Sidama zone. Further, Sidama zone divided into different districts and villages including Hawella Tulla in which the study was conducted. The area was selected due to the riskiness of the area as identified by Ministry of Health of the country.

3.2 Research strategy

To find an answer to the research questions indicated in chapter one, this study was used survey as a research strategy and it had a qualitative research design.

3.3 Source of Data

In this study both primary and secondary data were used as a source of information.

Secondary data was obtained in the initial phase of the research through desk study of relevant books, articles, journals and reports from internet regarding factors to the susceptibility of HIV infection in general and in particular for the Ethiopian community. The main objectives of the desk review were to identify the key factors that creates a risk environment for HIV infection among women and girls; to identify the link between poverty and HIV/AIDS; how poverty fuels HIV infection among women and girls; to analyse how gender inequality and mobility is also create a risk environment for HIV infection among women and girls. The results of the desk study were reported in the literature review part of the research. The information's that were gathered through the desk study will also use as a guide for the thesis work.

Primary data was gathered through empirical research from the field by the researcher to answer the main and sub research questions. This was achieved by using interviews, focus

group discussions, anonymous questionnaire, key informants interview and personal observation as a tool of data collection. The reviewed literature during the desk study phase was used as a guiding for developing data collection tools.

3.4 Research Methods

As Tongco (2007) indicated purposive random sampling method is used if the information for the study is held by a certain segment of a society to find an answer for the study. Accordingly, this study targeted at women and girls in Hawella Tulla, thus, purposive sampling method was used to select the respondents of the study (women and girls). The study had a total of 40 respondents. Further, anonymous questionnaire were distributed to women and girls. This means that in each group (both women and girls) 20 respondents' was interviewed and got the anonymous questionnaire. Two focus group discussions (one with women and one with girls) were also included in the sample.

3.5 Data collection tools

To answer the research question of the study different tools was employed; namely questionnaire (regular and anonymous questionnaire, mapping and personal observation.

Regular questionnaire: Regular questionnaire was prepared to undertake one to one interview with the respondent to get information from the field to gain an insight into how the night market is creating a risk environment for HIV infection among women and girls in Hawella Tulla. A total of 40 (20 women and 20 girl) respondents was interviewed. The interview was guided by pre-prepared interview checklist.

The regular questionnaire for both groups of respondents were focuses on contributing factors for risk environment for HIV infection related to the night market. The information included that has been included on the questionnaire had issues of mobility, sexual violence, local practices (alcohol drinking and chat chewing houses and bartering sex for money in the night market. The regular questionnaire was pre-tested before the actual data collection to ensure the clarity, validity, correct understanding and translation of the check list.

Anonymous questionnaire: Talking about personal behavior towards HIV/AIDS is difficult in most Ethiopian society because people relate HIV/AIDS to sexual activity and often people feel embarrassed talking about it. Therefore, to allow respondents to provide anonymous information on personal behavior towards HIV/AIDS anonymous questionnaire was used. The anonymous questionnaire was distributed to respondent of the interview at the end of the one to one interview. To collect the filled anonymous questionnaire a box was prepared in common area for respondents to put the questionnaire.

Key informant interview: An interview with key informant who knows what is going on during the night market was used as a source of information. HIV/AIDS focal person and women and children affairs were undertaken with the aim to understand a broader situation of the risk environment for HIV infection in relation to the night market among women and girls. The HIV/AIDS focal person were selected as a key informant interview because they are the one who are responsible in any HIV/AIDS related issues in the area. Similarly, the women and children affairs office were also selected due to the fact that women and girls related issues are directly linked with them. Therefore, to gain the gender related issues and to have a better understanding of gender in the area, head of the office were included as a key informant person of the study.

Focus Group Discussions: Two diffrent FGDs were undertaken for collecting data. The first focus group discussion were among women and the second were among girls. Each of the focus group discussion had 6 participants. The focus group discussions were used to tease out the details of night market issues from the view of different participants. It includes

information about HIV/AIDS transmission and prevention method, mobility, cultural practices and gender related issues in relation to the night market. The process of the FGD provides an opportunity to the participants to give their views on the discussion lists.

Mapping: To explore information on how the night market of Hawella Tulla is a risky environment for HIV infection among women and girls, the study was used a map drawing of the night market as a tool for collecting data. Respondents selected for interview draw the map of the night market and pinpoint the risk environment and places for HIV infection surrounding the market. They also asked to explain how these risky places expose women and girls to HIV infection.

Observations: Personal observations was undertaken to have insight about the risk environment for HIV infection related to the night market in the study area. The observation reduced the bias viewpoint that has been occurred during an interview with the respondents. The observation was guided by prepared observation checklist and the researcher was directly participating in the program activity that was studied by this research and observes what is happening. This includes participating in the night market, *chat* market, visiting local alcohol drinking houses and bars.

3.6 Data collection procedure

Before collecting the actual data a letter of support from Van Hall Larenstien University of Applied Sciences was secured and permission from the district administrator was obtained before the commencement of data collection.

3.7 Data analysis

Before starting the analysis, the collected data was cleared, sorted and checked for its completeness. The collected data was analyzed using Microsoft excel and manual. Accordingly tables and graphs were included to analyze the result from the finding. Conclusion and recommendation was drawn based on the finding of the study.

CHAPTER FOUR

4. RESULT AND DISCUSSION

This chapter highlights the result and the discussion part of the study and it has two purposes. Firstly, the data obtained from field work is presented as a result of the study and secondly the chapter has a purpose of discussing the result obtained from field work by comparing and contrasting with the literature review. Tables and figures which are obtained from the field work are also included in the chapter.

4.1 Demographic Characteristics of Respondents

As indicated in the methodology part of this paper, the study participants were drawn from Hawella Tulla women, girls, HIV/AIDS focal point and women and children affairs of the area. Women and girls were the core participants of the study and 20 each of them were interviewed. The women are in the age categories of 29 to 44 and the average age was found to be 33, whilst the girls were from 19 to 23 years old. The girls are included in this study are not finished their secondary school.

The following tables indicate the socio-demographic characteristics of respondents.

Table 4.1: Socio demographic characteristics of women respondents

Characteristics	Frequency (n=20)	Percentage
Age (Women)		
29-34	5	25
35-39	9	45
40 and above	6	30
Total	20	100
Marital status		
Married	11	55
Divorced	9	45
Total	20	100
Educational status		
Read & write only	6	30
Grade 4	8	40
Grade 6	6	30
Total	20	100

Table 4.2: Socio demographic character of girl's respondents

Characteristics	Frequency (n=20)	Percentage
Age (Women)		
19	9	45
20-22	6	30
23	5	25
Total	20	100
Educational status		
Grade 7	7	35
Grade 8	9	45
Grade 10	4	20
Total	20	100

Literatures indicate that age accounts for one of the factors for differentiated susceptibility to HIV infection among women and girls. Women who are older in age might not have higher desire to make sexual intercourse in comparison with girls who are interested to make sex and to experiment sex which increases their chance of getting HIV infection and involving in to risk environment (ICASO, 2007). Thus, this implies that girls might involve into risk environment to practice sexual intercourse which in turn increases their chance of getting HIV infection compared to women.

ILO and UNESCO (2010) highlighted that education helps women and girls to make their own decision on sexual activities and to become economically independent. Thus, this in turn reduces their involvement in to risk environment and substantially lower the chance of

getting HIV infection. Further, a joint report by UNAIDS/UNFPA/UNIFEM confirm that education is the most important tool to empower women so as it reduces the chance of getting HIV infection. Because education provides life skill to make informed choices and to have economic independence and gain self esteem and economic independence reduces the need to get engaged in transactional sex.

As indicated in table one and two above, women and girls were found to have lower educational status than men. This can create a limit to get employment or other livelihood option in the country, because the current Business Process Regulation - engineering indicate a minimum educational requirement for lowest level should be grade 10 and 2 years training on technical and vocational school (Ethiopian Civil Service agency, 2008). This might have effect on their decision making power and income independency and in turn fuels their chance of getting HIV infection. Similarly, divorce rate among women respondent in the area found to be proportional with those married women as indicated in the table one above. The 45 % of divorce might be due to the reason that the women respondents want to freely involve in economic activities in relation to the night market. Further, MoH (2010) indicated that high divorce rate is an indication of gender based violence as it exacerbate divorce rate and it is considered that the driving factor for HIV infection.

In general, due to the limited livelihood option resulted from lower level of educational status both girls and women of the study area are susceptible to HIV infection. But women are found to be more susceptible to HIV infection due to the above factors compounded by high divorce rate.

4.2 Awareness of women and girls about HIV/AIDS

Respondents were asked about their knowledge about HIV/AIDS to know whether they are familiar with HIV transmission and prevention method for reducing the risk of getting the epidemic. The question was probed from the transmission and prevention point of view. The study indicates that all respondents (both girls and women) have heard about HIV/AIDS. All women respondents of the study agreed the major way of HIV transmission is unsafe sexual intercourse with infected person and 9(45%) of responded that sharing sharp materials like blade and needle are included among the major way HIV transmission. Similarly, all girls admitted that HIV infection can be transmitted through unprotected sexual sex, sharing sharp materials (blade and needle), and infected blood transfusion to health person and mother to child transmission during delivery. The focus group discussions that were held with girls and women group also confirm that women and girls know that HIV infection can be transmitted majorly by unprotected sexual intercourse. Thus, this indicates that both girls and women have awareness regarding the way of HIV transmission. However girls have the higher level of HIV awareness compared to women respondents. Regarding the preventability of not getting HIV infection, 14 (70%) women respondents indicated that HIV infection can be preventable. When they probed further about the prevention measure of HIV infection their response focused on the use of condom during sexual intercourse. The remaining 6 (30%) of women could not mention a way of preventing HIV infection rather they agreed getting HIV infection is a chance, if it is decided by God to have HIV infection one can get it. According to these groups of women there is no single way of preventing HIV infection. Likewise, all the interviewed girls confessed that one can prevent him/her self by using the ABC (Abstinence, Be faithful to one partner and Condom use) and the focus group discussion with girls also confirms the response obtained through interview.

In general, regarding the preventability of HIV infection majority of women agreed that condom use is the only method of preventing HIV. The rest women perceived that getting HIV infection is determined by God decision. This attitude might also facilitate the spread of the disease among women. Contrary, girls knew the way of preventing HIV infection (see the table below).

Table: 4.3 Response of women about HIV/AIDS transmission and prevention

Characteristics	Frequency (n=20)	%
HIV/AIDS information	20	100
HIV transmission ways		
Unsafe Sex	20	100
Sharing sharp material	9	45
Mother to child	0	0
Contaminated blood	0	0
HIV Prevention		
Yes	14	70
No (no single way of preventing HIV)	6	30
HIV prevention method		
Condom use	20	100
Non preventable	6	30
Faithfulness	7	35

Table 4:4 Response of girls about HIV/AIDS transmission and prevention

Characteristics	Frequency (n=20)	%
HIV/AIDS Information	20	100
HIV transmission ways		
Unsafe Sex	20	100
Sharing sharp material	20	100
Mother to child	20	100
Contaminated blood	20	100
HIV Prevention		
Yes	20	100
No (no single way of preventing HIV)	-	-
HIV prevention method		
Condom use	20	100
Abstinence	20	100
Faithfulness	20	100

Melkote and Steeves (2001) indicates that awareness about HIV/AIDS will help individuals or communities to take action to reduce their risk of getting HIV/AIDS and also helps to acknowledge the impact of the epidemic. Further having acknowledge will help to take preventive action in order to reduce the risk of getting HIV infection. From the data obtained from field work as indicated in the table above, the respondents (both women and girls) said they heard of HIV/AIDS and had information. All Women indicate sexual intercourse is a major way of contracting the disease. However, none of them cannot mention mother to child and contaminated blood as a way of HIV transmission. Similarly, 6 (30%) of women had a misunderstanding on HIV prevention considering the disease as a decision from God. This implies that they have limited knowledge about HIV transmission which in turn increases their involvement in to risk environment for HIV infection. In contrast, all girls heard and knew about HIV/AIDS as indicated above. They mentioned sexual intercourse with HIV positive person, mother to child and infected blood transfusion as a way in which HIV can transmit. Further, they had awareness on the way of preventing HIV infection. Thus, this might help girls to protect themselves from getting HIV infection during their involvement in the risk environment.

To conclude, regarding the prevention and transmission mode of HIV among women and girls, women have limited knowledge about prevention and transmission of the epidemic. This can results women to be susceptible to HIV infection. In contrast, the study found that girls knew the prevention and transmission method of the epidemic which will help them in reducing their susceptibility to HIV infection

4.3 Risk Environment

As indicated in the literature review of this study by citing the work of Rhodes and Simic (2005), risk environment for HIV infection is an environment that facilitates or fuel the spread of HIV infection. Further Barnett & Whiteside (2006) highlighted that risk environment for HIV infection could be an environment that enhances the spread of the disease. Such factor may be socio economic (poverty, mobility or unequal distribution of income), socio cultural (sexual practices or beliefs) and gender inequality (rape, sexual violence and etc). Mobility, poverty (income related factors), gender in equality and cultural practices (*chat* chewing and alcohol consumption) are discussed as a risk environment for HIV infection among women

and girls of Hawella Tulla because different literatures indicated that these factors are the major driving factors for HIV infection.

4.3.1 Mobility

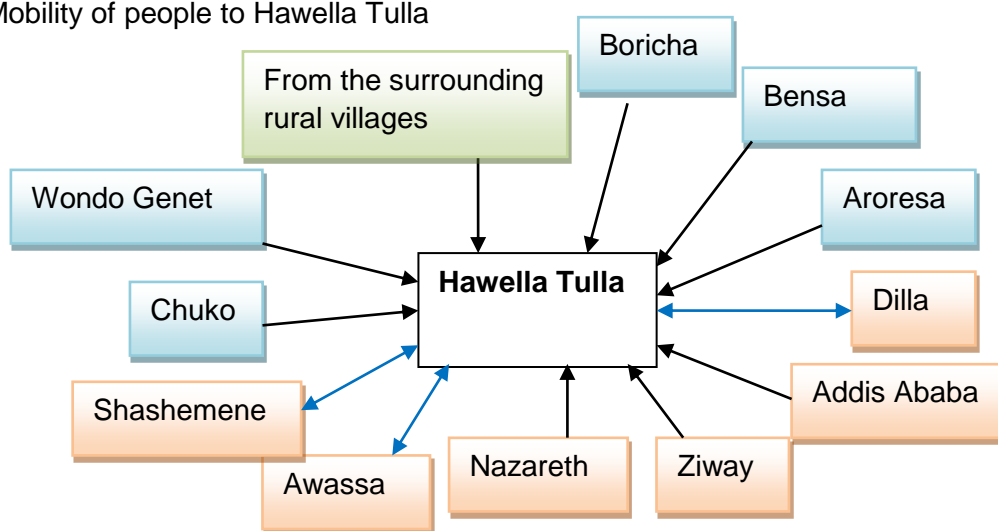
As indicated in the literature review of this paper literature identified mobility of people as a driving factor that fuel the spread of HIV infection among communities (Barnett, 2006). But mobility by itself is not a risk environment for HIV infection unless it is coupled with sexual behaviour that facilitates the spread of HIV infection among the community (UNDP, 2010). The study found that the night market of Hawella Tulla knows mobility at a large. The mobility to Hawella Tulla involves rural to rural and from urban areas to Hawella Tulla and mostly merchants are coming from large towns like Awassa, Shashemene, Ziway and Addis Ababa. According to the focus group discussion with women group, one participant declared that:

“ the merchant are visiting the area with a lot of money they exchange and left for us that money which will help for our livelihood, so it is really making us to gain profit, we thank God for such kind of opportunity”

The result from the key informant interview indicates the intensity of mobility of people to Hawella Tulla Varies depending on the seasons. In *chat* harvesting season (from May to September) there is high intensity of mobility to the area, while in dry season the intensity of mobility becomes reduced. According to the key informant interview during the peak *chat* season (May to September) large number of men will come to the area for seeking temporary job. During observation an estimated 500 to 750 people are participating in the night market of Hawella Tulla.

During the dry season or when chat production reduced the migrant youths return to their home area and they stay with their parents. In this period, it was indicated that young girls and boys migrate to the nearby towns (Awassa, Dilla and Shashemene) for seeking temporary employment to support their families and themselves.

Figure 4.1 Mobility of people to Hawella Tulla



Source: Own field work

Key = cities with high HIV/AIDS prevalence = in and out mobility
 = neighbouring districts = Mobility to Hawella

As shown in the above figure mobility of people (especially men) to the study area from different places in relation to the night market was found to be common characteristics. These mobile people according to interview with women and girls made the men to have many women as a partner and locally called 'Wadaj' or 'Kimit'³. Further, the key informant interview presents the focus of mobile trader to have young girls as their sexual partner by using their money as a negotiating instrument. Moreover, the participants of focus group discussion also claimed even as married women sleep with the merchant of *chat* (make sexual intercourse with other partner other than her husband) for the sake of getting money.

According to the key informants during the rainy season the number of migrant /mobile people to Hawella Tulla is high. During the field study an estimated large number of youths (70 to 100 people) working in trucks and *chat* market were observed. These group of people use their money for sex during the link up they have with girls and women. It was also observed that night bars, *chat* chewing places, local alcohol drinking houses are crowded by people mainly by men.

In Hawella Tulla according to the key informant interview mobility of people in and/ or out of the area facilitate sexual contact among the community, particularly among young girls and women. Further, the interviews with women group confess that sexual relation or love affairs between mobile people and women and girl's trader and having multiple sexual partner (especially men) is common in the area.

The most common mobile people in the area are those who drive ISUZU and chat merchant. They are coming from different parts of the country, particularly from towns. As we know the prevalence rate of HIV/AIDS in towns of Ethiopia is by far higher than the rural small towns like Hawella Tulla. So, the risk of transmitting HIV infection to women and girls of Hawella Tulla by these groups is higher. There are also reported cases that drivers had unprotected sexual intercourse with Hawella Tulla high school student. Therefore, I can conclude that mobility of people to our town creates a risk environment for HIV infection among the community of Hawella Tulla (Interview with HIV/AIDS focal person).

Thus, the study concludes that mobility of people varies according to the season. In season where *chat* production is peak the number of mobile people to the area also increases and out mobility will decrease. The seasonal mobile people found to be from areas with high HIV prevalence rate. Moreover, during dry season the out mobility was to the same areas with higher HIV prevalence. Therefore, mobility can create a risk for HIV infection among women and girls by acting as a bridge population from higher HIV prevalence and lower HIV prevalence.

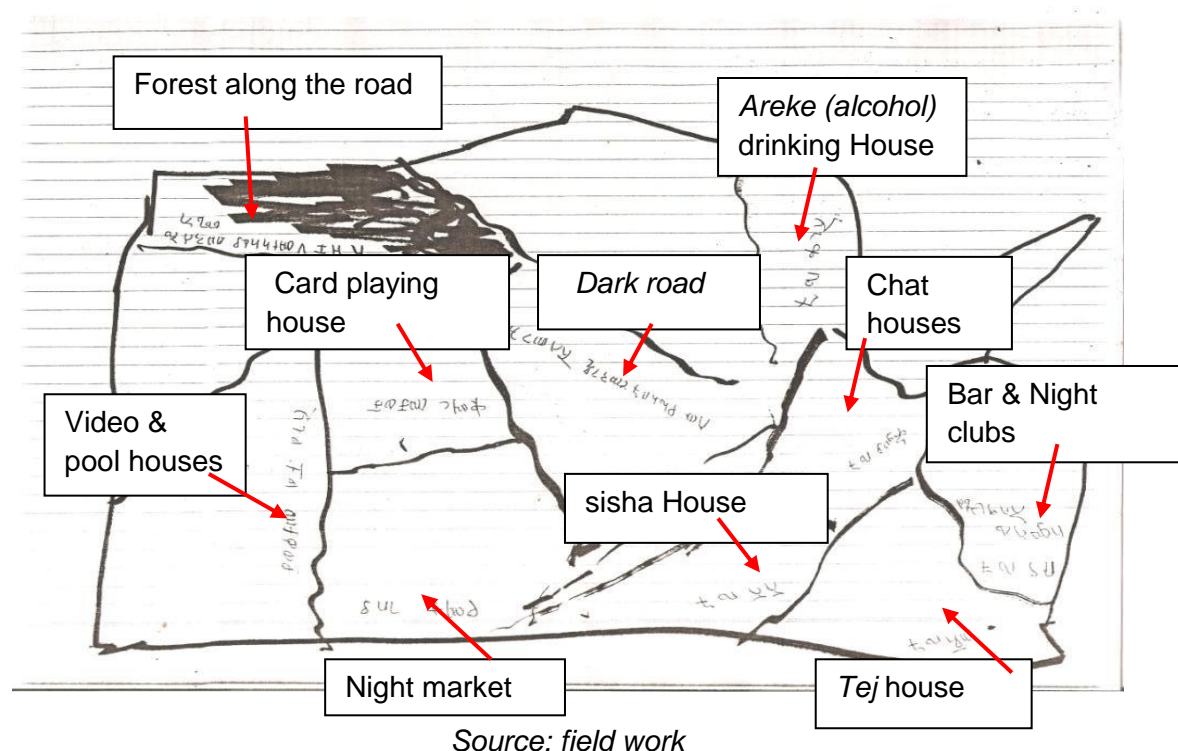
4.3.2 Gender Inequality related factors: Sexual violence

Sexual violence especially rape in relation to the night market on girls and women are a common practice in Hawella Tulla. This is confirmed through focus group discussion with women and girls group and interview. According to the respondents when women and girls return to their home at the end of the night market (starting 06:00 am to 09:00 am which varies seasonally), they are abused both by mobile and local men in the forest found along the road.

The results from mapping of risk area also identified forest along the road as a risk environment for HIV infection by facilitating sexual violence.

³ Love affairs (Love network)

Fig: 4.2 Area identified by respondents as a risk places for HIV infection

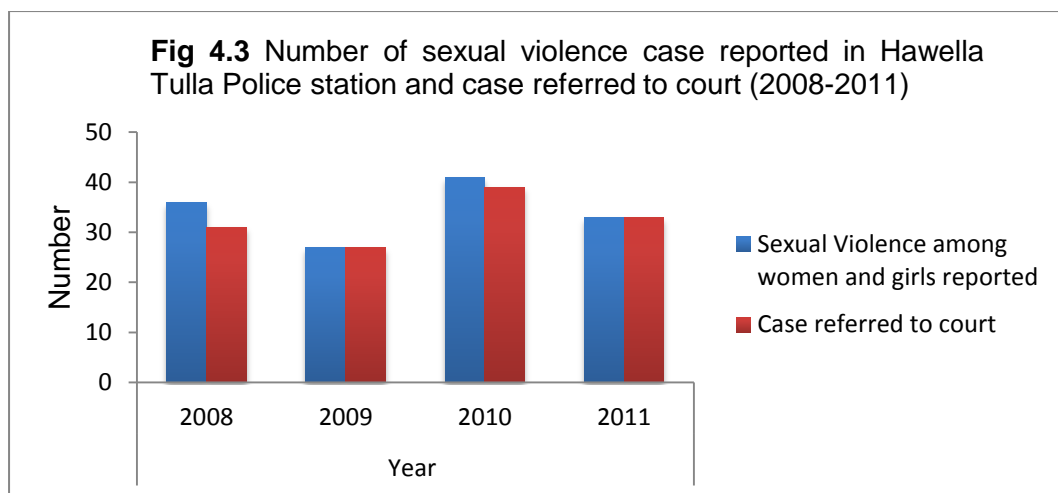


The results from mapping of risk area also identified forest along the road as a risk environment for HIV infection by facilitating sexual violence. As indicated in the map the environment that facilitate the spread of HIV infection among women and girls by inducing sexual violence are identified. For instance, men who visit alcohol drinking houses (*Tej*⁴ and *Areke*⁵) and *sisha* smoking houses can easily lose their immoral thus; can easily undertake sexual violence without fear of the legal issues. The focus group discussion and interview has shown sexual violence along road (when women and girls return to their home from market) is usual and common. However, the key informants do not totally agreed with the result of focus group discussion and interview but they believe that sexual abuse might occur rarely. They believe that Ethiopia is achieving gender equality so sexual abuse, rape, abduction, early marriage, female genital mutilation, property grabbing and other form of gender in equality that drive HIV epidemic in the area. Therefore, this is no more considered as a risk environment for HIV infection for the community. This opinion could be due to the fact the head of HAPCO and women affairs office lack adequate information about the issue, because they will get a secondary information from the police, while the police has a direct contact in the issue.

Even though the key informants denied the prevailed sexual violence in the area data from police has shown that there are a report of sexual violence in the area. According to the police the following number of cases that is shown in the following figure has been reported from the year 2008 to 2011.

⁴ Local alcohol made of honey

⁵ Local alcohol made of barely or wheat or maize



Source: Hawella Tulla police station

The denial of key informants about violence might be that due to the politics because those officials are nominated to their current position due to their political commitment to the ruling party. So their denial might be due to fear of losing their position or nomination. The above data from police might also evidence indicating the prevalence of gender inequality that puts women and girls in the area at risk of HIV transmission. The denial of the responsible body can further encourage sexual violence and further increases the chance of getting HIV infection among the violated group.

Figure: 4.4 a boy struggling with a young girl in the night market of Hawella Tulla



Source: Photo from field work

In general, as Aregu, et al (2010) indicated that due to sexual violence occurred in relation to market, women and girls are at risk from unwanted sexual intercourse when they travel to and from markets. The unavailability of female condom, the prevailed cultural taboos about female condom and condom use in general and the dominance of men in making decision to use condom can affect women to reduce their risk through practicing safer sex. If violence occurred the respondent of the study can only do reporting the case to legal bodies. They suggest that the court should make decision on criminals that can compensate the crime and

teach others to learn from them. Thus, in general the study has show that women and girls of the study area are at risk of HIV infection but girls can be at greater risk of getting HIV infection because of the immature biological organs as indicated in the literature review part of this study.

4.3.3 Cultural practices: Chat Chewing and alcohol drinking

According to the key informants interview with HIV/AIDS focal person and Women and Children affairs office head factors that considered a risk environment for HIV infection among women and girls in Hawella Tulla include the expansion of alcohol house and increment of substance use like *chat* and *shisha*. According to girls respondent drug use by male has its own steps that facilitate the spread of HIV infection. These steps include:

1. *Chat* chewing
2. *Sisha* smoking
3. Drinking local alcohol (*Tella*⁶ and *Areke*)

Girls respondent were also added that after the above steps of using drug and alcohol men rush to have sex by using their money to buy sex. Mostly these groups of people try to have sex with young girls which are economically poor. The uses of drugs according to all respondents of the study indicate that it reduces the morale and ethics of youths and they unable to use condom or avoid condom use. According to the interview with one women respondent male after using drug they lost all their thinking and easily spread HIV infection among women especially girls (see the comment given below by from one of women respondents).

"I know one guy that has died of AIDS the day before yesterday (July, 23/2011) I know his story. He was addicted by chat, sisha and alcohol use. One day, after using these drugs first he went to night club and rape one commercial sex worker. The commercial sex worker was telling him as she is living with HIV but he did not listen rather he did what he wants. Immediately, after he did what he wants with commercial sex worker, he rushes to the night market and raped a 15 years old girl and infects her with HIV virus. You see how we and our daughter are at risk due to this 'evil leaf'"

Literature from Aregu et al., (2010) the use of alcohol and chat chewing especially in bars and drinking houses is more closely linked with casual sex and sexual violence like rape. Even though chat chewing is not directly related to casual sex, but when it is followed by drinking alcohol to stop the mood (which locally called '*chebsi*⁷') then it is associated with higher sexual interest and lower condom use desire. Similarly, this study was found that chat chewing and use of *sisha* followed by alcohol (*Tej, Tella and Areke*) create a risk environment for HIV infection among girls and women. The focus group discussions also support the idea of the key informant interview by implying that chat chewing and alcohol consumption by mobile people is a common practice.

As indicated by Sambrook et al., (2006) the practices of chat chewing and alcohol consumption can followed by engaging to risky casual sexual intercourse and condom is less likely used which in turn increases the chance of getting HIV. Thus, this implies that drug (*alcohol and chat*) use by men increases the riskiness of the night market for HIV infection among women and girls of Hawella Tulla. As the result indicated the riskiness of the environment due to these drugs was found to be higher for girls compared to women.

⁶ Local beer made of barley

⁷ A practice of alcohol drinking followed by chat chewing to stop or break the mood of chat

4.4 Income related factor and activities undertaken in the night market

Information were tried to obtain through all information tools used for this study about the activities undertaken in the night market of Hawella Tulla. The result obtained from interview with girls and women the major activities undertaken in the night market includes *chat* and *Areke* (a local alcohol) trading, night clubs, local alcohol drinking houses. The study has shown that women and girls were mainly involved in selling risky commodities (alcohol, *chat*) which can link a direct approach with men. But this can expose women and girls to getting HIV infection because mostly the clients of these commodities are men and alcohol can increase sexual risk behaviour.

Among the total women six (30 %) of them said that sex for money also the major activities undertaken in the night market. Interview with key informant confirm that in the night market bartering sex for gaining income is a common practice in the night market of Hawella Tulla. They also confess that mostly young girls are engaged in casual sex with mobile drivers (the so called ISUZU drivers) and *chat* merchant during the night market. This often happened by taking the time as advantage. *Chat* is the major traded commodity in Hawella Tulla by the mobile traders. Men are responsible for the sale of *chat* while women and girls sell roasted maize, ground nut, boiled potato, false banana leaf and alcohols. Trading in the night market is the core source for their income for both girls and women; only twenty percent of women respondents have an alternative source of income to support their livelihood. The following table indicate the activities undertaken by women and girls in relation to the night market to support their livelihood.

Table 4.5 Activities undertaken by women and girls in the night market as a source of livelihoods

Activities	Number of people involved					
	Women (n=20)			Girls (n=20)		
	Frequ ency	%	Monthly income (Euro)	Frequ ency	%	Monthly income (Euro)
Chat trading	2	10	20	-	-	-
Alcohol selling	7	35	17.5	-	-	-
False Banana leaf selling	4	20	10	2	10	10
Roasted maize selling	-	-		4	20	10
Ground nut & cigarette selling	-	-		3	15	7.5
Coffee and tea selling	3	15	15	4	20	12.5
Boiled potato swelling				2	10	7.5
Coffee, tea and maize	4	20	18	5	25	14
Total	20	100	-	20	100	-

Source: Field work

Studies indicate that marketing in Ethiopia influenced by gender role which makes women and men in marketing chain to occupy different niches. Women and girls mostly sell commodities which have small price and small volume whilst men tend to sell commodities having high and better price. This implies that the gender inequality which involve the different role of men and women in marketing and decision making. This has effect women to not bargain a better income for their economic empowerment

Women and girls engage in activities as alcohol selling and chat trading due to small initial cost to start the trading and it is also due to an extension of the existing gender roles of the community. Further, they knowledge is limited to household activities like making local alcohol. Similarly, the result of the study in Hawella Tulla also indicates that marketing or

trading have a different niche among women and men trader. The focus group discussion has shown high percentage of women and girls engaged in petty trading and selling of small commodities like roasted and boiled maize, coffee, ground nut, false banana leaf, *kolo*⁸ (roasted barley) and cigarette. Selling time is starting from the opening hour of the night market (7:00 pm) until the closing hour of the market which varies from 12:00 am to 03:00 am depending on the season.

World Bank categorizes people living with less than \$1.27 daily as those living in extreme poverty (World Bank, 2008). The literature review shown that poverty fuels the spread of HIV infection and force people to engage in to risk environment and risky livelihood strategies. As indicated in the above table the amount of money women and girls earn for their survival is less than the poverty line indicated by the World Bank and it is less than the required amount of money for decent livelihood. Thus, this implies that lack of income might force women and girls to involve in to risky livelihood activities in relation to the night as a means of their survival.

The study has shown that trading in the night market for them is a risk environment for HIV infection for them but lack of income for the survival made them to engage in risk environment.

"It is very painful to get HIV infection and to become HIV/AIDS patient but it is not more painful than not having an income to buy food to your child. You know, how it is painful when your children cry for food, when they are not properly feed? Poverty or lack of income is more painful than HIV/AIDS especially for children. Thus, without any fear of HIV/AIDS I should engage in any activities of the night market that will help me in getting money, the issue is having money or not."

Lack of money has also been found that the reason for engagement into the night market. All of girl's respondent indicate the night market is a risk environment for HIV infection for them but lack of option and hoping for a future bloomy days they take risk and engage in income generating activities. According to girl's respondent, there are challenges which help to get HIV infection while they are trading especially lack of money to full fill their educational and living expenses are included for involving in risky situation. It is found that, the money the girls got from the petty trading in the night market able them to attend their schooling and other living expenses (see the response given below by one of girls respondents).

I am grade ten students and engaged in roasted maize and coffee trading and almost all my clients are chat merchant and ISUZU driver coming from different areas. Before starting these petty trading I could not cover the cost of educational material and uniform but now I can able, even I can support my poor families. Of course, the issue of HIV/AIDS there but I don't worry for that because money matters. I tell you without fear of HIV/AIDS I can engage in any activities that make money without fear of HIV infection, because I can use 'life extending' drug so why I fear HIV/AIDS. I have a principle called 'Live and enjoy today without fearing anything' and this require money, so why I am not engaged in any activities for making money, you know what I mean..... (She laughed)"

As highlighted in literature lack of income has a great role in the spread of HIV infection especially through bartering sex for money. Lack of money induces women especially young girls in to risk environment that can easily bring money for their existence (Mbirimtengerenji, 2007). Similarly, the result of this study indicates that both women and girls are involving in to the risk environment for getting money for their survival. Thus, lack of income as a means of survival are forcing women and girls of Hawella Tulla in to the risk environment.

⁸ Roasted barely

Fig 4.5 A girl roasting maize in the night market of Hawella Tulla for sale



Source: Photo from field work

In general, as it observed in the study the night market is found to be a risk environment that facilitates the spread of HIV/AIDS among women and girls. Activities undertaken in the night market compounded by low income of women and girls create a risk environment for propagation of HIV infection. Low income among women and girls increases their exposure to risk environment through economically driven risk behaviours and increases their sexual risk taking as also indicated by Gillespie, et al (2007).

4.5 Response to the epidemic in the district

Government (HIV/ADS Prevention and Control Office) and Nongovernmental Organization (GOAL Ethiopia and ISPASO) are operating in the area. HAPCO in collaboration with NGOs are providing palliative care and established one HIV/AIDS information centre as a response. According to Head of HAPCO sensitization and awareness creation about the transmission and prevention method of HIV/AIDS were given to the community. Further, they are providing training and workshops to agricultural extension and health extension agents about HIV/AIDS prevention and transmission methods so as they integrate their issue with their daily activities. Moreover, according to head of HAPCO, after getting training community based organization leader like '*idir*'⁹ are the major actors in creating awareness among their member therefore, the prevalence rate becoming declining.

In the area there are also two peer educator group and one anti-HIV/AIDS club based on Hawella Tulla which is established by HAPCO. The peer educators are involved in educating youths and participating in the established mini media. Whilst the anti HIV/AIDS club is working in Hawella Tulla secondary school and teach the school community about HIV/AIDS during the break time. In general, according to the head of HAPCO attention is given in creating awareness among the community but HAPCO agreed that less attention was given about HIV/AIDS issues related to the night market of the area.

⁹ Non profit self help association established to provide our member with financial and material service especially during funeral

According to women and children affairs office, they are working with legal bodies (police and court) to end up sexual violence, especially the common type of violence (rape). Concerning those who were raped, the office are providing counselling services, referring to VCT centre for HIV test, legal and financial support and if they are found to be HIV positive the office directly refer to health institution so as to start ARV drug. Further the office indicates educations on gender equality are paid attention to solve the prevailed gender inequality problem in the area.

The result from focus group discussion with women and girls highlighted that different organization are teaching about the consequences of HIV/AIDS, supporting HIV positive people and orphan and vulnerable children. Moreover, although different NGOs and governmental organization are working in different programs and taking HIV/AIDS activities in the area but they lack integration. According to girls respondent these organizations have program that the community can easily access from radio station (see the comment below).

Everybody knows how HIV can be transmitted and prevented; it is what we always heard from 'Dehub ¹⁰ FM station' and from school. The main targets of organizations are also education, education.....education about HIV/AIDS. We are hearing about it since from our childhood so we already aware about it. But our problem is money; that is why we engaged in risky livelihood options. Therefore, it is better to NGOS to provide financial assistance for us rather than telling us about HIV/AIDS because, if we have money which will help us to attend our schooling no one would not run to the fire to get money.

In general, the response given by different actors are focused on awareness creation which is not solving the problem from its root. This shows that little effort has been undertaken as a response to HIV/AIDS epidemic in Hawella Tulla. Further, as indicated above different organization (GOs and NGOs) working in the area lack collaboration in responding HIV/AIDS.

¹⁰ Radio broadcasting station

CHAPTER FIVE

5. CONCLUSIONS AND RECOMMENDATIONS

This chapter summarizes the main findings of the study and provides recommendations to concerned bodies based on the results obtained. The first section presents the conclusion part of the study while the second section highlights recommendation points that have to be implemented in order to reduce the risk environment for HIV infection among women and girls of Hawella Tulla.

5.1 Conclusions

Based on the findings of the study the following main conclusions were drawn;

Women of Hawella Tulla have a low level of HIV/AIDS awareness while girls found to be in a better position in the awareness level of HIV/AIDS. However, both girls and women have perceived that the night market is a risk environment for getting HIV infection. Even though the market is a risk environment for getting HIV/AIDS, the respondents perceive that the market is the main source for their livelihood.

The risk environment for HIV infection among Hawella Tulla women and girls in relation to the night market is related to mobility of people to the area, gender inequality related factors and low income of women and girls for their livelihood. High number of mobile people (drivers and merchant) in particular to the area due to trading of chat. The area is well known in chat production thus there is high link with large town. The high link of the area with large town increases the riskiness of the area to HIV infection among women and girls, because the towns which have link with Hawella Tulla have higher prevalence rate of HIV/AIDS. The mobile people especially those who are truck (ISUZU) drivers and chat merchant have multiple sexual partners which is the contributing factor for HIV infection. In general the seasonal mobility pattern facilitates the riskiness of the night market by acting as a bridge to connect people from higher HIV prevalence areas to lower and vice versa.

Gender inequality is a prevalent problem of Hawella Tulla. Prevalence of sexual violence (especially rape) and the dominance of men on sex in relation to the night market are also identified as to be a risk and contributing factor for HIV infection among the subjects of the study. Regarding negotiation for safer sex (like using condom) both women and girls are unable to negotiate for safer sex because culturally men are dominant in the study area.

The availability of cultural practices which include chat chewing, smoking *sisha* and drinking alcohols by boys and men are a risk environment for girls and women for HIV infection. Chat chewing and alcohol drinking in the area is followed by smoking *sisha* and drinking alcohol which in turn leads to making unsafe sex.

Women and girls are engaged in petty trading like selling coffee, tea, roasted and boiled maize etc. Their engagement in small trading makes them to have low income but it does not mean automatically that they need more money. This is identified as a contributing factor for involving in a risky livelihood option like bartering sex for money. The low level of income among women for the survival of their families heightened the risk of getting HIV infection. Similarly, the study has shown that low level of income among girls forces them to engage in any activities that will make money for their livelihood including school expenses.

The involvement of women and girls in selling risky commodities can facilitate the chance of getting HIV infection. Further, the gender role in marketing can be an obstacle for the economic empowerment of women. This in turn can reduce the decision making of women and girls in use of condom and negotiating for safe sex.

To reduce the riskiness of the night market for HIV infection among women and girls of Hawella Tulla the response taken by governmental organization (HAPCO and Women and Children Affairs Office) and Non Governmental Organization (ISAPSO) is insignificant and lacks collaboration. Awareness creation through mini media and peer group education are the only intervention taken as a response to HIV infection.

5.2 Recommendations

Based on the findings of the study the following recommendations are given:

- HIV/AIDS related awareness creation campaign should be given during the night time for the participant of the night market. Government and nongovernmental organization should create awareness during the night time to reach the community and mobile population. Thus, it is strongly recommended that GOs and NGOs should open their mini media during the night time to address mobile population.
- NGOs and GOs should organize women and girls to engage in alternative livelihood activities after developing their business management skill. This will reduce the engagement of women and girls in the night market. To achieve these NGOs should work with micro finance institution.
- It is recommended that both governmental (HAPCO, Women and children affairs office and legal bodies) and nongovernmental organization (ISAPSO) has to be work in collaboration in order to reduce the riskiness of the night market for HIV infection among women and girls. The study indicates that different stakeholders are working in the area lacking coordination. Therefore, they have to collaborate by sharing experience, exchanging idea and resources for responding the epidemic and reducing the riskiness of the night market for HIV infection among women and girls.
- Different sectors of organizations or key actors (NGOs, transport office, trade & industry office, legal bodies) found in the source and transit communities should bring together to reach the mobile population, because of the multitude of factors that affect HIV susceptibility, multisectoral approaches are required.
- NGOs should work with government organization (Small Scale microenterprise agency) to get training on entrepreneurship, Business Development Services (BDS), consulting services on appropriate technology, loan with group collateral and other marketing service to MSEs and supporting institutions. This will increase alternative livelihood option for girls and women of Hawella Tulla.
- Strengthen the capacity of schools, Community Based organization and Faith Based Organization to promote non-violent practice in and around schools, in families and communities.
- There should be a multidisciplinary taskforce that include women, girls, and member of opponent political parties, human right activist and other responsible bodies on the area to address sexual violence prevention. In addition, this will help to avoid the denial occurred by HIV/AIDS focal person and head of women and children affairs office.
- Gender and human right issue should be integrated in HIV/AIDS activities and programmes. The study found that women and girls have no control over sexual lives (to negotiate for safer sex), thus integrating gender issues in to HIV/AIDS awareness program and activities should be included. Male involvement in gender issue will enhances responsibility of the men in preventing sexual violence in relation to the night market and respecting the right of women.

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Annexes

Annexe 1: Data collection tools

Introduction

Good morning/afternoon,

My name is Mulualem Mengiste Shiferaw, I am Masters Students of Van Hall Larenstien University of Applied Sciences. I am here, to conduct a study with the objective of reducing the spread of HIV infection among women and girls of Hawella Tulla by assessing the risk environment for HIV infection for women and girls in relation to the night. The result of the study may help to formulate strategies with concerned bodies to reduce the riskiness of the night market for HIV infection among women and girls.

Since you are the women/girl of the area, I would like to invite you to fill this anonymous questionnaire. You are free not to fill out the anonymous questionnaire that you think irrelevant. Additionally, you are also entitled to withdraw at any point of filling the questionnaire. Filling the questionnaire will take about 20 minute of your time.

Thank You in advance.

Anonymous questionnaire

1. Do you have information about HIV/AIDS transmission and prevention method?
a. Yes b. No
2. What is your educational background?
a. Read and write only b. Grade 1-4 c. Grade 5- 8 d. Grade 9-12 e. College
3. What is the source of your livelihood?

4. What activities do you think are common in the night market which makes people to get HIV infection?

5. Have you ever had alcohol and/or chat? A. Yes B. No
6. If your answer for question # 5 is yes, why do you have chat or alcohol?

7. Have you heard sexual violence (rape) in relation to the night market?
A. Yes B. No
8. Have you had sex for money in the night market?
A. Yes B. No
9. If your answer for question # 8 is yes, did you use condom?
A. Yes B. No C. Sometimes
10. If your answer for question # 9 is yes who decide on condom use?

11. If your answer for question # 9 is no why you did not use condom?

12. What you do to use condom?

13. Do you need to render sexual services to get their produce sold to traders?

-
-
14. Do you have sexual partners other than your husband (if you are married)?
 A. Yes B. No C. Don't know
15. If your answer for question #13 is yes why did you have sexual partner other than your husband?
-
-
16. Have you work (are you currently working) in bar or night clubs?
 A. Yes B. No C. Don't know
17. If your answer for question # 15 is yes what do you do in bar/night clubs?
-
-
18. If your answer for question # 15 is yes why you work in bar/night clubs?
-
-

Regular questionnaire

Part I. Socio – demographic characteristics of the respondents

- 1.1 How old are you? _____
- 1.2 Marital status
 A. Single B. Married
 C. Divorced D. Widowed
- 1.3 Educational level: A. Read and write only B. Grade _____
- 1.4 Sources of income _____

Part II. Night market related questions

- 2.1 Why women/girls get involved in the night market?
-
-
- 2.2 What do you sell/buy in the night market?
-
-
- 2.3 How often do you go to the night market?
-
-
- 2.4 How long do you stay there?
-
-
- 2.5 Have you ever heard about sex for money in the night market? A. yes b. no
- 2.6 If your answer to question # 2.5 is yes, who are mostly involved?
-
-
- 2.7 Do you think your educational background has effect for not getting employment or any other job that might help you to earn better income?
-
-
- 2.8 How can you prevent yourself from HIV infection?
-
-

Interview Questionnaire for HIV/AIDS focal person

1. Can you explain the prevalence of HIV/AIDS among women and girls?
2. What risky places are found in and around the night market that might be expose women and girls to HIV infection?
3. Is there a practice of sex for money in the night market?
4. What activities are undertaken in the local market that might contribute to HIV infection among girls and women?
5. What is the trend of condom use among women and girls?
6. What is the relation between chewing chat and drinking alcohol in relation to condom use?
7. What do you think the involvement of mobile people in the night market in relation to HIV infection among girls and women?
8. Is there sexual violence in relation with night market? Is there any concerned bodies that have insight in about sexual violence?
9. What can be done to improve the situation so that the night market becomes less risky for women?

Questionnaire for Women and children affairs

1. What the economic (income) level of women and girls looks like in the area?
2. What is level of women and girls education and their livelihood options?
3. What risky places are found in and around the night market that might be expose women and girls to HIV infection?
4. What do you think the involvement of mobile people in the night market in relation to HIV infection among girls and women?
5. In what activities women and girls are engaged in the night market?
6. Is there any reported case of sexual violence in relation with the night market?
7. What can be done to improve the situation so that the night market becomes less risky for women?

Observation Checklist

- Types of people (girls, women, boys...) involved in risky environment (chat chewing places , bars and night clubs)
- What they do and see in the risky places
- The time they involve
- Number of people involved in the night market
- Opening and closing hours of the night
- Number of bars, hotels found in the area
- Places to buy condoms
- Availability of female condom