



**School of Social Work  
Indira Gandhi National Open University**

**ASSESSMENT OF HIV PREVENTION PRACTICE AND  
DETERMINANT FACTORS AMONG DAILY LABORERS OF  
FLORICULTURES AT BURAYU TOWN, IN OROMIA SPECIAL  
ZONE SURROUNDING FINFINE, ETHIOPIA.**

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**A THESIS SUBMITTED FOR THE SCHOOL OF SOCIAL WORK OF INDIRA  
GANDHI NATIONAL OPEN UNIVERISTY (IGNOU) NEW DELHI IN PARTIAL  
FULFILLMENT OF THE REQUIREMENTS FOR DEGREE OF MASTERS OF  
ARTS IN SOCIAL WORK (MSW)**

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**ADDIS ABABA, ETHIOPIA**

## DECLARATION

I hereby declare that the dissertation entitled ‘**Assessment of HIV prevention practice and determinant factors among daily laborers of floricultures at Burayu town, Oromia special Zone Surrounding Finfine, Ethiopia**’ submitted by me for the partial fulfillment of MSW to Indira Gandhi National Open University (IGNOU) New Delhi, is my own original work and not been presented earlier, either to IGNO or to any other institution for fulfillment of the requirement for other programme of study. I also declare that no chapter of this manuscript in whole or in part is lifted and incorporated in this report from any earlier work done by me or others.

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## CERTIFICATE

This is to certify that Mr. Bizuayehu Mebratu Bekele, student of MSW from Indira Gandhi National Open University (IGNOU), New Delhi was working under my supervision and guidance for his project work for the course MSWP 001, his project work entitled '**Assessment of HIV prevention practice and determinant factors among daily laborers of floricultures at Burayu town, Oromia special Zone Surrounding Finfine, Ethiopia**', which he submitted, is his genuine and original work.

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## ACRONYMS

<b>ABC</b>	Abstinence, Be-faithful and Condom use
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>BSS</b>	Behavioral Surveillance System
<b>EDHS</b>	Ethiopian Demography Health Survey
<b>FMOH</b>	Federal Ministry of Health
<b>GPA</b>	Global Program on AIDS
<b>HAPCO</b>	HIV/AIDS Prevention and Control Office
<b>HIV</b>	Human Immune Deficiency Virus
<b>IGNOU</b>	Indira Gandhi National Open University
<b>ILO</b>	International Labor Organization
<b>IRB</b>	Institute of Review Board
<b>KAP</b>	Knowledge Attitude and Practice
<b>MARP</b>	Most at Risk Population
<b>PMTCT</b>	Prevention of Mother to Child Transmission of HIV/AIDS
<b>SPM</b>	Strategic Plan for Intensifying Multi-Sectoral HIV/AIDS Response
<b>UN</b>	United Nations
<b>UNAIDS</b>	United Nations Program on HIV/AIDS
<b>VCT</b>	Voluntary Counselling and Testing

## ABSTRACT

**Background:** The transmission of human immunodeficiency viruses significantly affected by the knowledge and practice of the working population. The utilization of recommended health services for the prevention HIV is essential among a growing working population in floriculture sectors.

**Objectives:** To assess HIV prevention practice and determinant factors among daily laborers of floriculture in Burayu town.

**Methods:** Institutional based cross sectional study was conducted from September to October 2016 to assess HIV prevention practice and determinant factors among daily laborers in floriculture of Burayu town. Two stage sampling technique was deployed quantitative data were used. A total of 384 daily laborers were selected randomly from the list of floriculture workers based on the proportion to the size of daily laborer. The data was collected using a pre-tested and structured questionnaire.

**Results:** Among 384 who were interviewed, 276 (71.8 %) were females. The majority of the study participants 349 (91%) were knowledgeable towards prevention methods. 124 (32.4%) daily laborers used abstinence as a preventive methods, whereas 208 (54.2 %) daily laborers of floriculture used faithful as a preventive methods, among sexually active daily laborers 137 (35.6 %) used condom as a preventive methods. Educational status, marital status, age, income, residence and alcohol drinking were associated with prevention practices.

**Conclusion:** The majority study groups were knowledgeable on means of HIV prevention but only a few of them use preventive practice. We also conclude that this study has shown that incomes, age, educational status, marital status, residential areas and alcohol drinking were factors which influence preventive practice of HIV.



# CHAPTER ONE

## 1. INTRODUCTION

### 1.1 BACKGROUND OF THE STUDY

The spread of HIV in the world was affecting all the organizations and communities. Globally 34 million (31.4- 35.9 million) people were living with HIV at the end of 2011. HIV is regarded as the leading cause of death in the world. An estimated 0.8 % of adults aged 15 – 49 years worldwide are living with HIV, although the burden of the epidemic continuous to vary considerably between countries and regions. HIV/AIDS is the leading killer among the productive section of the population especially in Sub-Saharan Africa. In 2011 alone, HIV/AIDS killed 1.7 million people, 1.9 million of whom were living in sub-Saharan Africa. AIDS related death is more common in the productive age, in Ethiopia about 90 % of AIDS cases occur in adults between ages of 15 – 49 years (UNAIDS, 2012:8).

Ethiopia is one of the affected countries by the epidemic with an estimated adult prevalence of 1.5 %; it has been a large number of people living with HIV (approximately 800,000) and about 1 million AIDS orphan (FHAPCO, 2012:31).

Ethiopia demographic and Health Survey (EDHS, 2011: 42), indicated that 1.5 % of Ethiopian adults age 15 – 49 were infected with HIV and prevalence ranges from 0.9 % in SNNPR and 1.0 % in Oromia region to 5.2 % in Addis Ababa and 6.5 % in Gambella region. The disease is affecting the majority of the population; particularly the productive age group between 15 – 49 years, resulting in social and economic crisis, the loss of young adults would certainly affect the overall economic development. This study result also provide appropriate information for stakeholders, governments and floriculture organization to make decision and implement appropriate intervention on prevention of HIV at floriculture to reduce the impact of HIV/AIDS on the daily laborers of the floriculture, floriculture product and country level at large.

## **1.2 STATEMENT OF THE PROBLEM**

The purpose of the study was assess to HIV prevention Practice and determinant factors among daily laborers of Burayu floriculture Oromia special zone surrounding Finfine, Ethiopia. As some studies revealed; the prevention practice of HIV (Abstinence, be faithful and condom use) among factory workers have variation results. The study conducted in Bahirdar textile factory workers revealed that condom utilization for HIV prevention practice was 54.1 % and abstinence was 22.6 % (MOH, HAPCO, CSA, 2005:112).

Farm workers particularly vulnerable to HIV/AIDS; not only due to their living and working conditions often place them at risk, but they are accorded relatively by way of rights and labor protection. The high incidence of poverty, knowledge of HIV/AIDS and poor living conditions makes the farm worker more vulnerable to the impact of HIV/AIDS (Estelle H, 2007).

Food and agricultural organization (FAO, 2010) has estimated that since 1985 more than 7 million agricultural workers have died from AIDS related disease in 27 severely affected African countries.

A prevalence of HIV/AIDS in the agriculture sector in South Africa was 3 % amongst people between the ages of 15 – 49 years of age living on farms. The most susceptible sectors are generally those in which workers are frequently separated from their spouses and families in which the bulk of the workforce consists of young to middle aged workers. Daily laborers in farm cultures are identified at high risk to HIV/AIDS (Estelle H, 2007).

People's knowledge can influence their actions towards adopting risk-reduction behaviors such as abstinence, reduction in premarital sex, reduction in number of sexual partners, avoidance of non-spousal sex, and condom use during non-spousal sex. Knowledge of HIV transmission and prevention methods is also an important pre-requisite for health seeking behaviors, utilization of HIV prevention, care and support services as well as fighting stigma and discrimination against people living with HIV (MOH; Behavioral change in HIV/AIDS Uganda: 2007).

The study conducted in farming industry in South Africa shows that farm workers in the area became a neglected and forgotten groups as far as AIDS awareness programs are concerned. A study showed that there are low literacy levels among farm workers and this had an impact on the knowledge, attitudes and behavior of farm workers in HIV/AIDS prevention in the region. The study indicates that 81.3 % of farm workers could differentiate HIV from AIDS and have knowledge about HIV (Pearl, Nkhensani, shipalana, 2009:10).

Factors that influence HIV prevention practices are lack of access to appropriate information, lack of education and communication (EIC) materials on HIV, cultural attitudes and practices, belief in HIV myths, gender based violence, very few interventions from government and non-governmental organizations targeting the factory workers and lack of access to condoms. Daily workers in floriculture because of their young ages, less educated, lack of awareness about HIV prevention; frequently separated from their spouses, parents, families and other related factors are at increased risk of HIV (MOH, HAPCO, CSA, 2005:112).

Floriculture is a new established industry in Ethiopia, it was established in 2002, currently 61 in number, with 185, 000 number of employees, of these number of young employees in terms of gender i.e. female 85% & male 15 %, with 15- 40 age in Ethiopia, and 5315 employees, with 85 % female to 15 % male ratio particularly the agency studied) and the study area were a lot of the most economically productive segment of the population age groups employed; it needs to conduct the study on HIV/AIDS prevention practice and determinants. Therefore, the study will have significant effect for improving strategies, programs and services related to prevention practices of HIV/AIDS for daily laborer at Floriculture industry.

## **1.3 OBJECTIVE OF THE STUDY**

### **13.1 GENERAL OBJECTIVE**

To assess HIV prevention practice and determinant factors among daily laborers of Burayu floricultures Oromia Special Zone Surrounding Finfine, Ethiopia.

### **1.3.2 SPECIFIC OBJECTIVES**

- To asses daily workers knowledge towards HIV/AIDS prevention and mode of transmission among daily laborers of Burayu floriculture.
- To determine the magnitude of HIV prevention practice among daily laborers of Burayu floriculture
- To describe factors influencing HIV prevention practice among daily laborers of Burayu floriculture

## **1.4 RESEARCH QUESTIONS**

The research questions of the study were indicated as below:

- Are the daily laborers of Burayu floriculture have knowledge of on how HIV transmission, prevention mechanisms to enable people to avoid HIV infection, especially of young people?
- Who are often at greater risk of HIV /AIDS infection, in terms of shorter relationships and thus more partners or may engage in other risky behaviors?
- What are the determinants factors for HIV/AIDS prevention?

## **1.5 SIGNIFICANCE OF THE STUDY**

This study outcome serves appropriate information for stakeholders, governments and floriculture organization to make decision and implement appropriate intervention on prevention of HIV at floriculture to reduce the impact of HIV/AIDS on the daily laborers of the floriculture, floriculture production and country level at large. The outcome of the study would be used for managing HIV/AIDS prevention through knowledge and skills based manner.



## **1.6 SCOPE AND LIMITATIONS OF THE STUDY**

The study has covered selected floriculture daily laborers in assessing their HIV/AIDS related knowledge, and prevention practices at Burayu town. The objectives of the study were implemented and detail results and discussions from the findings narrated.

Absence of pertinent literature review of the same study in floricultures was a limitation to see the trend analysis of the objectives listed under the study. The study covers only 384 study participants in three floricultures. Therefore, these results cannot be generalized to the floriculture farms present across the region and the country in general. Since most of the study participants were not able to fill the questionnaire by themselves, interview and hand filling were held during the sessions, which could have affected the quality of data.

## **1.7 CHAPTERIZATION OF THE STUDY**

This MSW thesis is organized into five chapters. The first chapter introduced the introduction; background of the problem, problem statement, objectives of the study, significance of the study, research questions and Chapterization of the thesis.

Chapter two presents reviews of literature and the conceptual framework also included in this chapter. The third chapter described in detail research design, universe of the study, sampling and sampling method, tools for data collection, data analysis, limitation of the study, ethical consideration.

The fourth chapter showed details of the study findings (the study results) and compared the HIV/AIDS prevention practices in these findings with other previous related findings in other areas.

The fifth chapter provided conclusion and some workable suggestions for better prevention practices.

# **CHAPTER TWO**

## **2. REVIEW OF RELATED LITERATURE**

### **2.1 INTRODUCTION**

A study conducted in Bahirdar revealed that among 416 factory workers 71.6 % of them correctly mentioned all three programmatically important HIV prevention methods. The study conducted in Bahirdar textile factory workers shows that condom utilization for HIV prevention practice was 54.1 % and abstinence was 22.6 % (MOH, HAPCO, CSA, Ethiopia, 2005:112). A study conducted in Hawassa Town showed that among 438 daily workers youth condom utilization for HIV prevention practice was 24.9 %, abstinence was 64.6 % and being faithful was 66.2 % (Woldeyesus; 2010:16). A study conducted in Namibia showed that 14 % of respondents be faithful to their partners and 13 % of them abstinence. 87 % of participants indicated that ABC (Abstain, Be faithful and condom use) is the best way to prevent HIV/AIDS (Rukambe; 2010).

### **2.2 HIV/AIDS PROGRAMS IN THE WORKPLACE**

Workers in agricultural investment sites like that of flower plantation, spices farming, sugarcane plantations and cotton farming were most at risk population for HIV/AIDS (CSA;2011).

International organization for migration (IOM) conducted a survey on HIV vulnerability among migrant farm workers; the study revealed a lack of access to information, high levels of misconceptions about HIV/AIDS and high levels of reported risky sexual behavior. The study also showed that female workers were especially vulnerable to HIV infection. A large proportion of female farm workers reported poor knowledge and attitudes on HIV/AIDS and they reported much higher levels of unsafe sexual practices than male workers (IOM; 2004).

The rate of new infection is increasing which poses a major impact in the work places. If the organizations didn't establish HIV/AIDS programs, employees would lack knowledge of HIV/AIDS and would continue infecting other peoples in their communities (UNAIDS; 2006).

Workplace programs share information, influence attitudes, reinforce behavior change, and implement interventions with a workers. HIV/AIDS poses a serious threat to the owners of the workplace given that a productive and stable labor force is the key to profitable business and economic growth (PIH; 2009).

## **2.3 HIV/AIDS RELATED KNOWLEDGE AND PRACTICE**

### **2.3.1 KNOWLEDGE**

A knowledge of how HIV is transmitted is crucial to enable people to avoid HIV infection, especially for young people, who are often at greater risk because they may have shorter relationships and thus more partners or may engage in other risky behaviors. Study conducted by Stellenbosch University on agriculture workers knowledge on HIV/AIDS shows 70 % of workers know how HIV is transmitted (CSA; 2011).

### **2.3.2 PRACTICES**

A study conducted in Bahirdar textile factory workers showed that condom utilization for HIV prevention practice was 54.1 % and abstinence was 22.6 % % (MOH, HAPCO, CSA, Ethiopia, 2005:112).( analysis ).

A study conducted in Namibia showed that 14 % of respondents be faithful to their partners and 13 % of them abstinence. 87 % of participants indicated that ABC (Abstinence, Be faithful and Condom use) is the best way to prevent HIV/AIDS (Rukambe; 2010). A study conducted on farm workers in New York found that 42 % had tested for HIV more than two years ago (State wide AIDS service Delivery Consortium; 2007).

A study conducted by Stellenbosch University on farm workers indicated that 81.35 % of the study participants believe that it is better if a person know his/her HIV status; while 17.4 % respondents believe that it is not necessary to know their HIV status. The same study revealed that 76 % of respondents always use condom as the main preventive methods during sexual intercourse but 18.5 % didn't believe condom as preventive methods of HIV/AIDS. 93.4 % of the respondents agreed that condom should be supplied in the farm culture. The ABC strategy of abstinence, being faithful and correct and consistence use of condoms has become a key component of programs to modify behavior (Pearl, Nkhensani, Shipalana; 2009).

A Knowledge, attitudes and practices survey conducted in china in 2008 shows nearly 30 % didn't know how to use condoms, only 19 % would use a condom if they had sex with a new partner. Nearly 11 % of respondents had sex with people who were not their spouse, girl friend or boyfriend during the past six months. Total number of 42 % of those respondents had not used condoms. More than 48 % of respondents thought they could contract HIV from a mosquito bite (UN; 2008).

## **2.4 RISK FACTORS FOR HIV/AIDS EXPANSION IN FARM CULTURE**

Many behavior related risk factors for the epidemic include: a practice of multiple concurrent partnerships; low income, age, early initiation of sexual practice; low and inconsistent condom use; migration/mobility of population, due to the current development investments there are high number of seasonal and migrant laborers in different parts of the country. Separation from their families for a prolonged time increases the likelihood of risky sexual practices (FHABCO; 2009-14).

Characteristics of farm workers migrant life style can contribute to an increased risk of contracting HIV. These factors include poverty, low income, sub-standard housing, limited access to healthcare, mobile lifestyle and social isolation. A study done on migrant farm workers at risk of contracting HIV/AIDS: including sex with prostitutes, inconsistent condom use, and alcohol and drug abuse (State wide AIDS

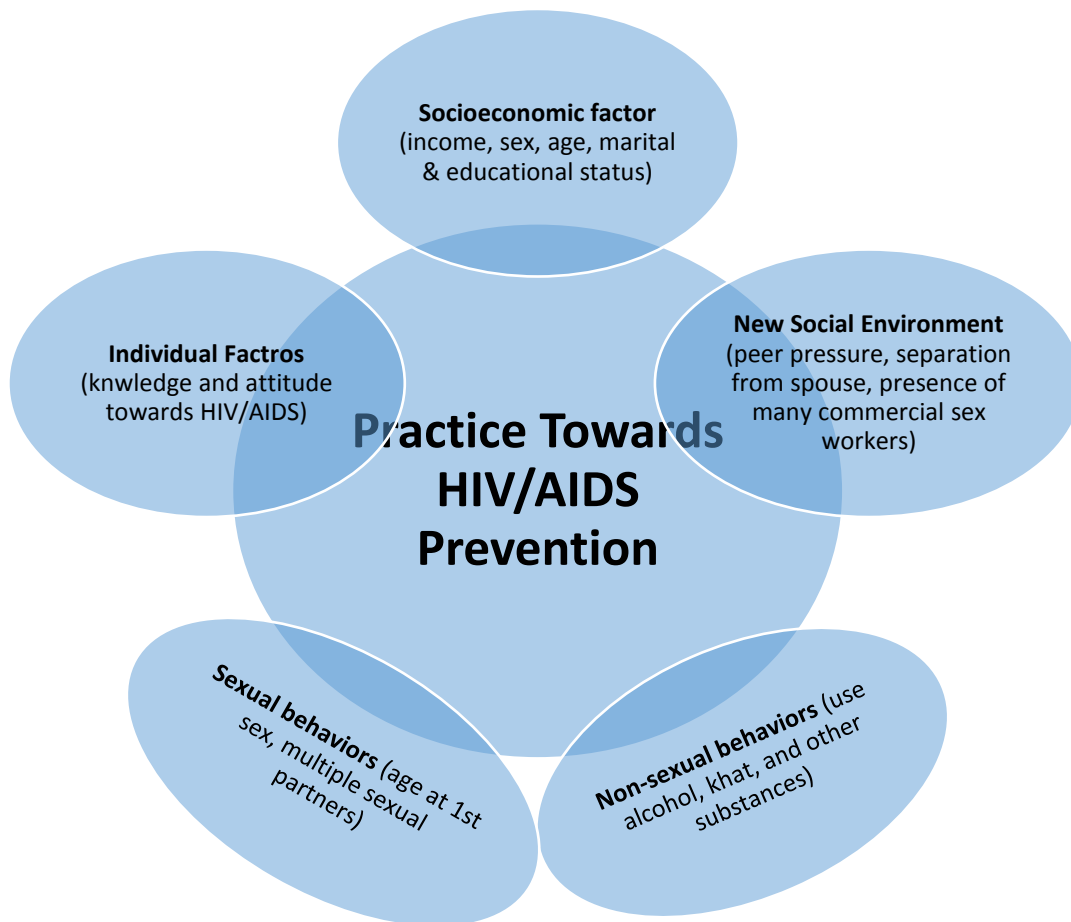
service Delivery Consortium; 2007). A common behavior that puts farm workers at risk for contracting HIV/AIDS is having unprotected sex with prostitutes. A study of migrant male farm workers in San Diego, California found that 70 % of sexually active farm workers reported sex with a sex worker, of which only 23 % reported using condoms (Sanchez, Melissa; 2004:37).

A 2003 study done on Mexican migrant women farm workers found that of respondents who had two or more sexual partners, only 25 % reported using a condom during sex (Keri F; 2003:5).

A study conducted in Kombolcha town among daily laborers revealed that condom utilization for HIV prevention practice was 35 % (Belay E; 2007). New York State study indicates multiple sex partners and prostitutes present the greatest risk among farm workers. Lack of consistent condom use; use of alcohol and drug place workers at risk for HIV transmission (State wide AIDS service Delivery Consortium; 2007).

## 2.5 CONCEPTUAL FRAMEWORK

There are several factors that affect daily laborers practice towards HIV/AIDS prevention. Socio economic factor, new social environment, individual factors, sexual behaviors and nonsexual behavior can affect practice of daily laborers towards HIV prevention.



**Figure1.** Conceptual framework for HIV prevention;

Source: Adapted by investigator and some of it from literature.

The spread and prevention practices of HIV/AIDS is associated with various factors as depicted in the above figure, knowledge and attitudes of individuals towards HIV/AIDS, peer pressure, sex, age, marital and educational status as socio economic factor, peer pressure, separation from spouse, presence of many commercial sex workers as new social environmental factor, alcohol, khat, and other substances

as non-sexual behaviors factors, and age at first sex, multiple sexual partner as negative sexual behaviors, all are contributing factors for the spread of HIV/AIDS and as well for the prevention of the disease at individual level, at household, at community level and at a country level at large.

## **CHAPTER THREE**

### **3. RESEARCH DESIGN AND METHODOLOGY**

#### **3.1 RESEARCH DESIGN**

The study employed non-experimental design, quantitative approach. Quantitatively the researcher used floriculture based descriptive cross sectional study to generate primary data from study participants who were working for the floriculture as daily laborers. Generally, this study was a cross sectional study which applied quantitative methods.

#### **3.2 DESCRIPTION OF THE STUDY AREA**

This study conducted in Oromia Regional state, Special Zone Surrounding Finfine at Burayu town. The town is bounded by Wolmera woreda in the West, Finfine in the East, Sebeta special woreda to the south, and Buluka Mountain in the North directions. Burayu town has a total population of 150, 000 (78,450 Males and Females 71,550), with a population growth rate of nearly 3.2 % per year and around 18, 760 daily laborers and 5,879 (1012 Male and 4,867 Females) enrolled in different floricultures. The town has 3 health centers, 23 private clinics. The source of population for the study was all daily laborers found in Burayu town in eight floricultures i.e. 5,879 daily laborers. The study populations were all daily laborers in three randomly selected floriculture of Burayu town among eight floricultures. The town is located at an elevation of around 2,100 meters above sea level. The geographical coordinates of Burayu are 9.03° North 38.74° East latitude and longitude respectively. The average annual temperature in the town is 16 °C (60.8 °F), with daily maximum temperatures averaging 20–25 °C (68–77 °F). The populations are dominantly from Oromo ethnic group, followed by Amhara, the area is occupied with lots of manufacturing company in the country, and it is one of the few industrial area present in the country, the environmental situation are somewhat with flat land segments, with averagely free from industrial wastes, the special zone town administration has been doing a lot to keep the populations



health in constructing health centers, and deploying health professionals, specially targeting disease prevention and health promotion schemes.

### 3.3 UNIVERSE OF THE STUDY

The study population are 5,879, of the study population 384 participants, 108 males and 276 females, whose age was in between 15 – 49 years and who have been working in the floriculture as daily laborers in the town of Burayu sample was selected. The peoples were selected randomly during their routine work in their working tents. The three floriculture has a total of 48 tents (16, 22, 10 tents respectively), and from each tents eight individuals were interviewed randomly.

### 3.4 SAMPLING AND SAMPLING METHOD

The study employed a sample of the representative of the entire population. A random sampling used to select three out of eight floricultures. The sample size for the first specific objectives determined using the single proportion sample formula. With the assumption of margin of error (d) = 5 %, 95 % CI, for  $Z_{\alpha/2}$  = critical value = 1.96, and 8 % non-response rate and design effect 1.5).

Where n, required sample size.

- i. The proportion of knowledge towards HIV/AIDS prevention among farm workers: 81 %.

$$\text{A single population proportion formula, } n = \frac{(Z_{\alpha/2})^2 P (1-P)}{d^2}$$

$$= (1.96)^2 * 0.81(0.19) / (0.05)^2 = 236.5 \sim 236$$

$$236 * 1.5 \text{ (design effect)} = 354 + (354 * 8\%) \text{ non-response rate} = 382$$

- ii. By the same procedure the sample size for magnitude of HIV prevention practice by considering the average proportion among workers 50 %, the above assumption are kept similar and the calculated sample size is 384.
- iii. Sample size for the third specific objectives factors influencing HIV prevention practice among daily laborers, is the second assumption also does work for it.

Due to lack of previous studies showing assessment of HIV prevention practice and determinant factors among daily laborers of floriculture in Ethiopia, the following assumption has been made and 384.16 taken as the biggest sample size. The population of the study was the whole daily labors of eight floricultures found in the study area. Of the eight floricultures, three of them randomly selected to determine the sample size of the study.

### **3.5 TOOLS FOR DATA COLLECTION**

The study employed diverse data collection tools to gather data from various sources. Due to complex and multi-faceted nature of the study the study employed interview schedule, interview guide, observation guide, and document analysis.

#### **3.5.1 INTERVIEW SCHEDULE**

Interview were conducted by two trained data collectors, the overall data collection has taken six days starting from September 12, 2016 to September 18, 2016. A total of 384 floriculture daily laborers were interviewed. During the interview certain principles were applied; having the following three major parts the opening, body and closing. The opening had welcoming greeting for the respondent/interviewee, self-introduction by interviewer, in addition the opening clearly indicated the objectives of the interview and topic areas the research addresses addressed with indicating the expected length of the interview and how the research information would be valuable to society. In the body part of the interview; listed the

topics to be covered the number of questions and the exact wording of the questions and recording the answers. The closing of the interview was brief but not abrupt and data collectors thank the respondent for their time.

### **3.5.2 INTERVIEW GUIDE**

On the overall HIV/AIDS disease status in the country and the future prevention practices questions were raised and discussion were made with some skilled full and knowledgeable health office officers ,some of them were experienced in conducting different research in relation to HIV/AIDS and reproductive health. And their suggestions and advisors' suggestions led me the approach to handle difficulty in data collection, analysis and presentation. And finally after all discussion and coaching I purchased high weighted attitude in conducting research.

### **3.5.3 OBSERVATION GUIDE**

A number of people were present in a particular space and engaged in a particular big house where packing of flowers for exportation, all the daily laborers at engagement were in standing position with some kind of poor facial expression. Most of them not talk to each other. No any health awareness and disease prevention type of posters, leaflets posted or placed in any corner of the compound.

In the particular working setting there are a lot of trucks in the compound with their drivers, and some drivers were trying to talk to each female daily laborer while passing through the compound which seems a kind of harassment.

### **3.5.4 DOCUMENT REVIEW AND ANALYSIS**

Even though the presence of lot working force in the floriculture compound, all the three flower culture do not have clinics for their staffs, the staffs use their own means of health services outside of the compound, unfortunately even a pieces of emergency room and trained health personnel were not

available for use of emergency condition. In reviewing documents of staffs in human resource office, there were high turnover of daily laborers; payments effected at weekly and bi-monthly basis. There are no government and non-government organizations working on HIV/AIDS, reproductive health promotion and prevention activities.

### **3.6 DATA ANALYSIS**

Analysis of data: descriptive statistics such as frequency and percentage used to present data. The result presented by cross tabs, simple frequency tables, and figures. Multivariate analysis has been done for socio demographics and others factors. All these analysis were made through manual data processing, tallying and compiling procedures.

### **3.7 ETHICAL CONSIDERATION**

The researcher obtained a written informed consent from the study participants and emphasis is placed on the principles of privacy and confidentiality. The researcher explained the objectives of the study and guaranteed participants that all contribution would remain anonymous. Participants were encouraged to use local language and terms to describe practices pertaining to sexuality. Generally the researcher took care to maintain the privacy of the study participants.

## CHAPTER FOUR

### 4. ANALYSIS AND PRESENTATION OF THE STUDY

In this chapter analysis of the detail finding and socio-economic background of the study participants were presented. All study participants are daily laborers who were working in selected three floricultures.

#### 4.1 SOCIODEMOGRAPHIC CHARACTERISTICS OF THE STUDY PARTICIPANTS

**Table 1:** Socio-demographic characteristics of respondents in Burayu floricultures.

Characteristics	Frequency (n=384)	Percent (%)
<b>Sex</b>		
Male	108	28.2
Female	276	71.8
<b>Total</b>	<b>384</b>	<b>100</b>
<b>Age</b>		
15-24	250	65.0
25-34	91	23.7
35-49	43	11.2
<b>Total</b>	<b>384</b>	<b>100</b>
<b>Religion</b>		
Orthodox	297	77.3
Protestant	77	20.0
Others	10	2.7
<b>Total</b>	<b>384</b>	<b>100</b>
<b>Educational status</b>		
Can't read and write	103	26.7
Can read and write	13	3.5
Primary education	186	48.5
Secondary and above	82	21.3
<b>Total</b>	<b>384</b>	<b>100</b>
<b>Marital status</b>		
Unmarried	229	59.6
Married	138	35.9
Others	17	4.4
<b>Total</b>	<b>384</b>	<b>100</b>
<b>Monthly income</b>		
<500	206	53.6
>=500	178	46.4
<b>Total</b>	<b>384</b>	<b>100</b>

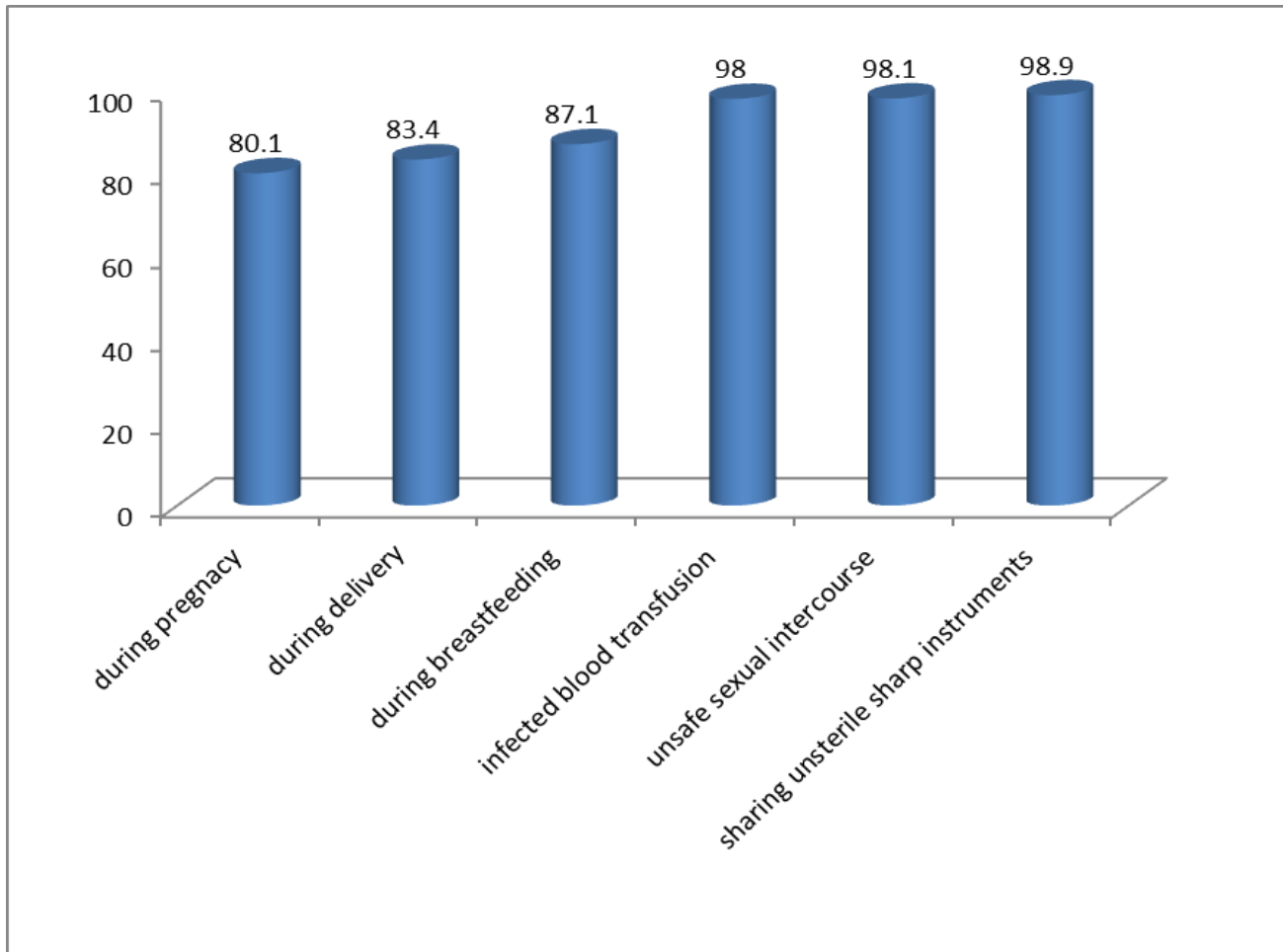
<b>Having radio/TV</b>		
Yes	214	55.6
No	170	44.4
<b>Total</b>	<b>384</b>	<b>100</b>
<b>Alcohol drinking</b>		
Yes	109	28.4
No	275	71.6
<b>Total</b>	<b>384</b>	<b>100</b>
<b>Khat chewing</b>		
Yes	23	6.0
No	361	94.0
<b>Total</b>	<b>384</b>	<b>100</b>
<b>Smoking</b>		
Yes	177	4.6
No	207	95.4
<b>Total</b>	<b>384</b>	<b>100</b>

**Source:** Own survey 2016.

According to the above table -1, a total of 384 daily laborers were participated in the study with 100 % response rate. Females account 71.8 % of the study subjects and males 28.2 %. With respect to age 65 % of the study participants were in the age group 15 to 24 years with a mean age of 23.7 years. The average monthly income of daily laborers was 524 Ethiopian birr; around 77% were Orthodox Christian by religion. With respect to ethnic group, 85 % were Oromo and 12.1 % Amhara. Regarding educational status, 26.7 % were illiterate, 48 % attend primary education, and 21.3% were secondary and above. 207 (53.9 %) of the respondents were residing in urban areas while the rest 177 (46.1%) were daily laborers coming from rural areas.

## 4.2 KNOWLEDGE STATUS OF RESPONDENTS TOWARDS MODE OF HIV/AIDS TRANSMISSION

**Figure 2.** Knowledge status of respondents towards mode of HIV/AIDS transmission among daily laborer in floriculture, Burayu town Ethiopia, October 2016.

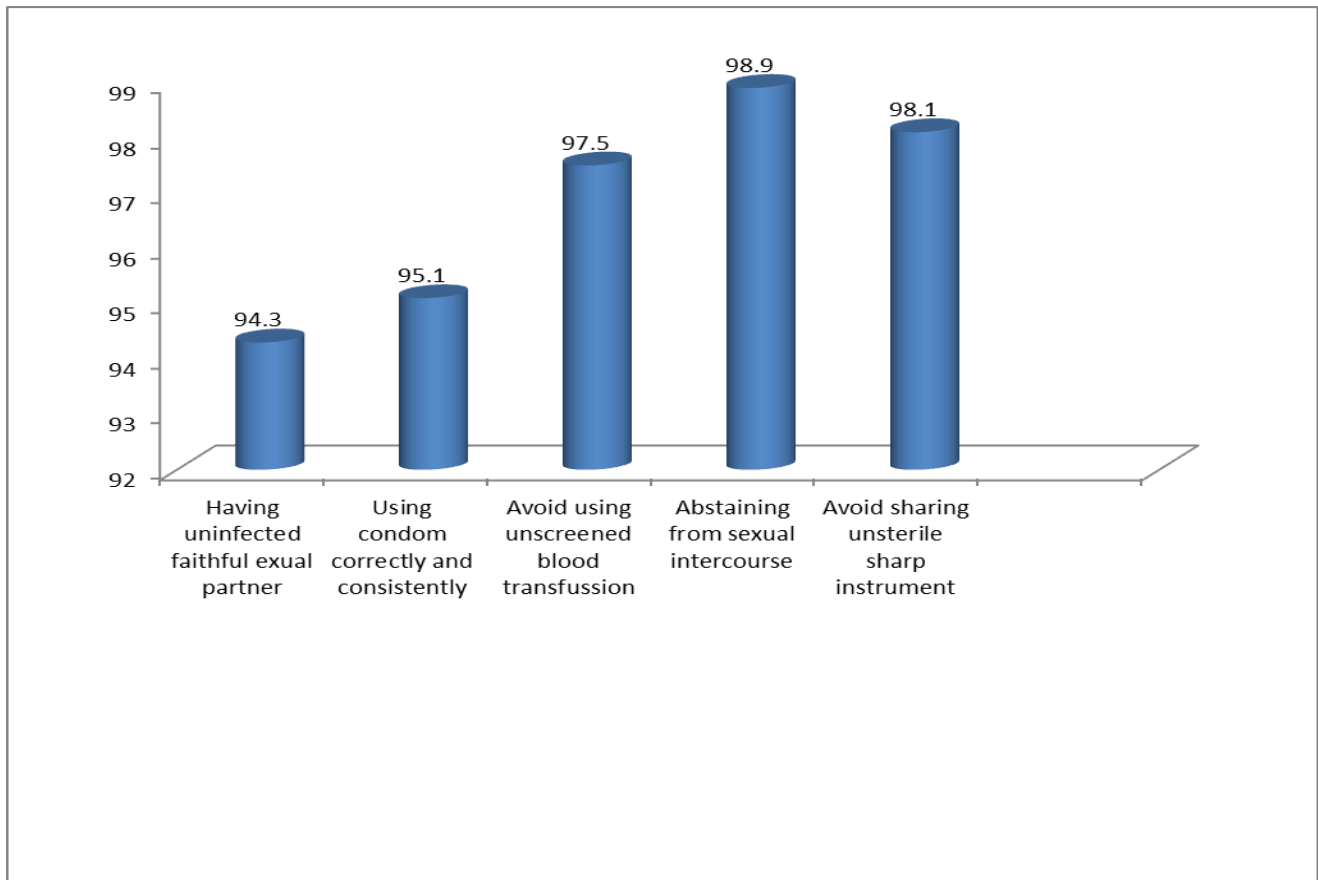


**Source:** Own Survey 2016

According to the above Figure -2 with regard to knowledge on mode of HIV transmission majority of the respondents 377 (98.1%) reported that HIV is transmitted through sexual intercourse, blood contact were 376 (98 %), using contaminated instruments were 380 (98.9%) and mother to child transmission during pregnancy, delivery and breastfeeding were 308 (80.1%), 320 (83.4%), 334 (87.1%) respectively.

### 4.3 KNOWLEDGE STATUS OF RESPONDENTS TOWARDS MODE OF HIV/AIDS PREVENTION METHODS

**Figure 3.** Knowledge status of respondents towards mode of HIV/AIDS prevention methods among daily laborers of Burayu floriculture



**Source:** Own Survey 2016

According to the above Figure -3, on the part of knowledge on HIV prevention methods, majority of the respondents 381 (99.1%) reported that HIV is prevented by avoiding using of contaminated sharp instruments, abstaining from unsafe sexual intercourse (380%), avoiding using unscreened blood for transfusion, using condom correctly and consistently and having one uninfected faithful sexual partner were 374 (97.5%), 365 (95.1%), 362 (94.3 %) respectively.

Generally 372 (97 %) of daily laborers were knowledgeable on the correct mode of HIV/AIDS transmission and 349 (91 %) were knowledgeable on HIV/AIDS prevention methods.



#### **4.4 MAGNITUDE OF PREVENTION PRACTICES**

Concerning the proportion of respondents towards prevention practice of HIV abstained from sex before marriage were 124 (32.4 %), be faithful to one partner 208 (54.2 %) and from sexually active daily laborers 137 (35.6 %) used condom as preventive methods. The observation from the literature review and from this study finding shows that most of vulnerable segments of the population for the HIV/AIDS are those in working and productive age group from 15 to 45, so that using the finding from this study and from the literature review the different stake holders need to collaborate and make good effort to curb the outcome of this deadly disease, and save the young and all others productive age group of the population.

#### **4.5 DISCUSSIONS**

The study tried to assess daily laborers knowledge towards HIV prevention, mode of transmission, magnitude of HIV prevention practice, and factors influencing HIV prevention practice.

This study 372 (97 %) of daily laborers were knowledgeable on mode of HIV transmission. The figure in knowledge were in agreement with the study conducted by Stellenbosch University among agriculture workers on mode of HIV/AIDS transmission 269 (70 %). The difference of figures may be due to time gap that is, since 2009 there could be improvement in awareness creation, in the study area population.

In addition 349 (91 %) of daily laborer were knowledgeable on means of prevention. Most of the respondent correctly mentioned the mode of HIV/AIDS transmission which were sharing unsterile sharp instruments 380 (98.9%), unsafe sexual practice 377 (98.1 %), using unscreened blood for transfusion 376 (98%), during delivery 320 (83.4%) and by breastfeeding 334 (87.1%).

This study revealed that 32.4 % of daily laborers were used abstain as prevention practice of HIV. The finding in abstain were not comparable with the study conducted in Bahirdar textile factory workers which was 22.6 %. The difference of figure may be due to time gap that is, since 2005 there could be

improvement in awareness creation in the study area population. The study also revealed that 54.6 % of daily laborers be faith full to one partner in order to prevent HIV/AIDS. This figure also in line with the study conducted in Hawassa town among youth daily laborers 66.2%. Difference of figures may be due to the difference of study sites that is somewhat high figures were from study done in Hawassa town this might be due to improvement in awareness creation about HIV/AIDS.

In this study, from sexually active daily laborers 137 (35.6%) were used condom as a preventive methods. The figure in condom utilization was relatively similar when compared with other study conducted in Kombolcha town among daily workers towards HIV/AIDS prevention 35 %. Whereas it is agreed with the study conducted by Stellenbosch University among agriculture workers in which 76 % of workers used condom during sexual intercourse. Difference of figures may be due to the difference of study sites that is high figures were from studies done outside the country. This showed that even though; the daily laborers were knowledgeable about condom there is an extreme gap to utilize it during sexual intercourse. The study indicated that 377 (98.3 %) of daily laborers understood HIV/AIDS is transmittable and 351 (91.4%) of respondents understood AIDS is preventable disease with no cure and vaccine is well known by majority of the respondents. These indicate that daily laborers already understood the basic facts of HIV/AIDS.

The study showed that income, age, educational status, residential areas, marital status, alcohol drinking were important factors significantly associated with prevention practice oh HIV/AIDS in floriculture by daily laborers.

# CHAPTER FIVE

## 5. CONCLUSSIONS AND SUGGESTIONS

### 5.1 CONCLUSSIONS

The following conclusions are forwarded from the findings of the study.

- This study has shown that, most of the respondents were knowledgeable on prevention and transmission methods. Even though; knowledge about HIV/AIDS is high among daily laborers there were gaps on prevention practice.
- The prevalence of HIV prevention practice was low among daily workers in floriculture
- Socio economic factors such as incomes, age, educational status, residential areas, marital status, and alcohol drinking were important factors significantly associated with prevention practice of HIV/AIDS in floriculture by daily laborers.

### 5.2 SUGGESTIONS

#### 5.2.1. For Policy Makers

- Bureau of investment office should establish and strengthen HIV/AIDS prevention interventions in all floriculture sectors.
- Government, non-government and other bilateral organizations those working in HIV/AIDS interventions should support laborers in floriculture in order to developing their life skills to put knowledge in to practice; so that use prevention practice to avoid HIV infection.
- Ministry of health, Oromia health bureau, Oromia investment office should have an integrated emphasis to strength daily laborers towards HIV prevention practice by facilitating peer education about HIV/AIDS.

### **5.2.2. For Program Managers (Town Health Office)**

- Strengthening sustainable education by health extension workers to improve prevention practice.
- Establish anti AIDS clubs in all floriculture; which were found to be of great value in terms of supporting behavioral change, improving prevention practice of daily laborers; so that they can provide adequate information and services they need for HIV prevention in a friendly manner.
- Promote the use of condom by ensuring it's available and accessibility for all those who want to use it and strengthening sustainable education towards HIV prevention.
- Peer education relating to prevention practices of HIV/AIDS should be strengthened in reaching daily laborers in floriculture.

### **5.2.3. For Researchers**

A large scale study is also recommended to strengthen the findings of this study and to have a broader view of the study objectives.

### **5.2.4. For Beneficiaries/Staff Members of the Agency**

Relating to prevention practices the staff members of the agency as well other beneficiaries need to practice abstinence from any sexual intercourse before marriage, faithfulness to their own partners, otherwise need to have consistence and regular use of condoms. The staffs need to encourage themselves to get regular HIV testing.

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## **APPENDICES**

### **Appendix i. Participants Information sheet.**

Hello, my name is Bizuayehu Mebratu a Masters student at IGNOU, St Marry University, and I am going to conduct an interview with you for a research entitled to assess HIV prevention practice towards HIV/AIDS among daily laborers in floriculture of Burayu town. I would like to ask you about HIV/AIDS activities. The purpose of this study is to conduct scientific research that may help us to identify problems of the program and forward some recommendations to concerned bodies that will help to improve the existing efforts. You may not get additional benefit for your involvement.

You have a right not to participate and withdraw and not answer the study questions before and in the middle of the interview. Your information doesn't include your name and it is very confidential. You can ask any question the investigator. Investigators name and address:-

Bizuayehu Mebratu

Indira Gandhi National Open University (IGNOU)

Mobile – 0911814062

## **Appendix ii. Consent form**

I, the undersigned participants have been informed about the study that assessment of prevention practice towards HIV/AIDS among daily workers in floriculture, and am volunteer to participate on the study.

Was the information objective clear? 1. Yes, 2. No

Are you willing to participate in the study? 1. Yes, 2. No

Thank you for your cooperation!



### Appendix iii. Questionnaire in English

English and Affan Oromo versions to assess prevention practice towards HIV/AIDS among Burayu floriculture daily laborers.

Date \_\_\_\_\_ Time started \_\_\_\_\_ Time ended \_\_\_\_\_.

SNo.	Questions	Responses	Remarks
<b>Part 1. Demographic data</b>			
1	Sex	1. Male 2. Female	
2	Age	_____ Years	
3	Religion	1. Orthodox 2. Protestant 3. Catholic 4. Muslim 5. Other, specify _____	
4	Ethnic group	1. Oromo 2. Amhara 3. Tigre 4. Gurage 5. Other, specify _____	
5	Marital status	1. Unmarried 2. Married 3. divorced 4. widower	
6	The highest level of school attended	1. Can't read and write( illiterate) 2. Can read and write 3. Grade 1-4, 4. Grade 5-8 5. Grade 9-10 6. Grade 11-12 7. Diploma and above	
7	Duration of work in farm	_____ year/ _____ month	
8	Monthly salary	_____ birr	
9	Current residence	1. urban 2. rural	
10	Do you have TV/Radio at home?	1. yes 2. No	
11	With whom do you live in your home?	1. family 2. Relatives 3. Friends 4. Alone 5. Spouse	
12	How do you perceive your family (comparing with your neighbours)?	1. Very rich 2. Rich 3. Medium 4. Poor 5. Very poor	
13	Do you drink alcohol( tej, beer, tela etc)?	1. Never 2. Drink occasionally (2-3 times in a month) 3. 2-3 times a week 4. daily	
14	Do you chew khat ?	1. Never 2. Chew occasionally (2-3 times in a month) 3. 2-3 times a week 4. daily	
15	Do you smoke Cigarate?	1. Never 2. Smoke occasionally (2-3 times in a month) 3. 2-3 times a week 4. daily	
<b>Part 2 knowledge on HIV/AIDS</b>			
16	Have you heard about HIV/AIDS	1. Yes 2. No	
17	Who can get HIV/AIDS	1. Only children 2. Only young people 3. only adult 4. Any body 5. commercial sex worker 6. heavy truck driver 7. Other specify _____	
18	How can should be identified a person who have HIV in the body?	1. by sign 2. blood examination 3. physical appearance	

19	Is HIV/AIDS a dangerous problem?	1. Yes 2. No	
20	If yes why it is dangerous ? more than one answer is possible	1.b/c there is no medicine 2. B/c those who get it die 3.prolonged illness suffers and their families	
21	Is HIV AIDS a transmittable disease	1. Yes 2. No	
22	Can HIV/AIDS be prevented?	1. Yes 2. No	
23	What are your sources of information about HIV/AIDS? more answer possible	1. Talking with peers, 2.minimedia at work place 3.parents/family 4.brother/sister 5. Television/radio 6.health workers 7. Religious leader 8. At school 9. from AIDS patient	
24	Does awareness creation about HIV/AIDS given in your institutions	1. Yes 2. No	
<b>Part 3 Knowledge about mode of HIV/AIDS transmission</b>			
25	Can HIV/AIDS transmitted by sharing unsterile sharp instruments?	1. Yes 2. No	
26	Can HIV/AIDS transmitted by using HIV infected or unscreened blood for transfusion?	1. Yes 2. No	
27	Can HIV/AIDS transmitted during delivery from infected mother to her baby?	1. Yes 2. No	
28	Can a person get the HIV by doing unsafe sexual intercourse?	1. Yes 2. No	
29	Can pregnant women infected with HIV/AIDS transmit the virus to her unborn baby?	1. Yes 2. No	
30	Can HIV/AIDS transmitted from mother to child during breast feeding?	1. Yes 2. No	
<b>Part 4. Knowledge about prevention methods of HI/AIDS</b>			
31	Can people protect themselves from HIV by abstaining from sexual intercourse?	1. Yes 2. No	
32	Can people protect themselves from having HIV by having one uninfected faithful sexual partner?	1. Yes 2. No	
33	Can HIV prevented by using consistent and correct use of condom?	1. Yes 2. No	
34	Can people protect themselves from HIV by avoiding sharing unsterile sharp instrument like blade, needle?	1. Yes 2. No	
35	Can people protect themselves from HIV by avoiding using unscreened blood for transfusion?	1. Yes 2. No	
<b>Part 5 prevention practice of HIV/AIDS</b>			
36	Did you protect yourself from HIV by abstaining from sexual intercourse	1. Yes 2. No	
37	Did you ever be faithful to your sexual partner?	1. Yes 2. No	
38	Did you have any experience of sexual intercourse practice?	1. Yes 2. No	

39	If yes, with how many sexual partners have you had in the past?	1.One, 2. Two, 3.three and above 4. I don't remembered	
40	With how many sexual partners you had in the past 6 months?	1.One, 2. Two, 3.three and above 4. I don't remembered	
41	Did you ever use a condom during you had sexual intercourse except with marital partner?	1. Yes 2. No	
42	Did you use a condom during you had sexual intercourse for the first time?	1. Yes 2. No	

**Thank you for your cooperation!**

## Appendix iv. Questionnaire in Affan Oromo

### Affaan Oromottiin

Lakk.	Gaaffillee	Debii	Ilaalcha
<b>Kutaa 1ffaa Oddeffano Hawassa fi ummataa</b>			
1	Saala	2. Dhira 2. Dubara	
2	Umrii	_____wogaadhan	
3	Amantaa	2. Oritodoksii 2. Pirotestantii 3. katolika 4. Muslima 5. kanbiro_____	
4	Sabbummaa	2. Oromoo 2. Amaara 3. Tigire 4. Gurage 5. kanbiro_____	
5	Haala gaa' ilaa	2. Hinfune/herumne 2. Fudhe/herumtee 3. walhikani 4. jala kan du'e	
6	Sadarka barumsaa	1. Baresufi dubisuu hin danda'uu/chuu 2. Baresufi dubisuu ni danda'uu 3. Kutaa 1-4, 4. Kutaa 5-8 5. Kutaa 9-10 6. Kutaa Grade 11-12 7. Dipilomaa fi sanaa oli	
7	Yeroon hojjii irraa ittii turtee	_____ waggaa/_____ ji'a	
8	Mindaa ji'aa	_____ qarshii	
9	Iddoo jireynaa	1. magaalaa 2. baadiyaa	
10	Televijinii fi radi'oo qabduu?	1. eyyee 2. hin qabuu	
11	Eynuu wajiin jiraata manatti?	1. maatii 2. Fira 3. hiriya 4. qophaa 5. hadha manaa	
12	Galiin maatii kee akkami madaltaa	1. baayee sorressa 2. sorresa 3. Jidu galesa 4. Harka qaleyyii 5. Garmalee harka qaleyyii	
13	Dhugaattii alcolii ni dhugdaa?	1. gonkuma 2. Darbe darbe (2-3 ji'atti) 3. 2-3 torbannitti 4. guyumatti	
14	Caatii (jimaa) ni qaamtaa ?	1. gonkuma 2. Darbe darbe (2-3 ji'atti) 3. 2-3 torbannitti 4. guyumatti	
15	Tamboo ni xuuxaa?	1. gonkuma 2. Darbe darbe (2-3 ji'atti) 3. 2-3 torbannitti 4. guyumatti	
<b>Kutaa 2ffaa Hubbannoo HIV/AIDS ilaalchisee</b>			
16	Waa'ee HIV/AIDS dhagechee beektaa?	1. eyyee 2. hin qabuu	
17	HIV'n eynuu qabaa jette yaadda?	2. Ijjolle qopha 2dargagota qofa 3. namoota gurguddo 4. eynumayyuuu 5. dubartoota mana bunaa 6. konkolachiftota daandii dheraa deman 7. kanbiro yo jiraate ya ibsamu _____	
18	Nama HIV'n qabamee akkamittii	1. malattodhaan 2. qoranno dhigaatiin	

	adda baasuun dandeynaa?	3.hubannodhaan laalun	
19	Dhukubnii HIV/AIDS rakko ciimaa dha jettee yaadda?	1. eyyee 2. hin qabuu	
20	Eyyee yoo jette sababnii isaa malii dha?	1.koricha hin qabuu 2. Kanqabaman ni du'u 3.dhukubni yeroo dheraaf maatii fi dhukubatarra ga'a.	
21	HIV AIDS'n dhukkuba dadarboo dhaa?	1. eyyee 2. hin qabuu	
22	HIV/AIDS'n ittisuun ni dandayama?	2. eyyee 2. hin qabuu	
23	Hubbanoo HIV/AIDS essaa argattee ? debii tokkoo ol debisuun ni dandayama	1.Hiriyaa irraa 2.minimidiya 3.maatii rra 4.obboleyyii irra 5. Televjinii/radi'o irra 6.hojjatoota fayya irra 7. Abbootii amantarra 8. manabarumsaa 9. Dhukubsata edisiirra	
24	Barnotnii sagantaa HIV/AIDSiii iddoo hojittii kenama jiraa?	1. eyyee 2. hin qabuu	
<b>Kutaa 3ffaa Hubannoo karaaleen HIV/AIDSii itttin dadarbuu ilalchise</b>			
25	Meshaalee qara qaban tokkottii fayadamudhaan( mulaacii, lilmo)?	1. eyyee 2. lakkihi	
26	Dhiiga filamaa arjomuun?	1. eyyee 2. lakkihi	
27	Yeroo da'umsaa hadhara gara daa'iimaa?	1. eyyee 2. lakkihi	
28	Walqunamtii saalaa daangaa hin qabneen?	1. eyyee 2. lakkihi	
29	Yeroo ulfaa hadharaa gara daa'iimmattii	1. eyyee 2. lakkihi	
30	Yeroo haadhaa harmaa osiftee?	1. eyyee 2. lakkihi	
<b>Kutaa 4ffaa karaaen HIV/AIDSii offiirra ittisuun danada'amu ilalchisee</b>			
31	Walqunamtii saalaa daangaa hin qabnee gochuu dhisuun	1. eyyee 2. lakkihi	
32	Hiriyaa walqunamtii saalaa HIV'f hin saaxilamneetokko walliin ammantuuman jirachuun	1. eyyee 2. lakkihi	
33	Haala sirri fi itti fufiinsa qabuun kondomiidhaan fayadamuun	1. eyyee 2. lakkihi	
34	Meshaalee qara qaban tokkottii fayadamu dhisuudhaan (mulaacii, lilmo kan kanafakkatan)	1. eyyee 2. lakkihi	
35	Dhiiga filamee arjomuu dhisuudhaan?	1. eyyee 2. lakkihi	
<b>Kutaa 5ffaa shaakala ittisa HIV/AIDSii irrattii godhamuu</b>			
36	Walqunnamtii saala daangaa hinqabnee gochuu dhisuun HIV irraa ofegdaa?	1. eyyee 2. lakkihi	
37	Hiriyaa walqunamtii saalaa tokko wajjiin amantumaan jirachuun HIV offiirra ittisuun ni danada'uu?	1. eyyee 2. lakkihi	
38	Walqunnamtii saalaa raawattee bektaa?	1. eyyee 2. lakkihi	
39	Yeroowwaan kana darbee keessattii namootaa mea qalliin walqunnamtii saala gootee?	1.tokko 2. Lamma, 3.sadii fi isa oli, 4. hinyadadhuu	

40	Ji'ootaa ja'aan darbaan kana keessattii namottaa meqaa waliin walqunnamtii saalaa raawattee?	1.tokko 2. Lamma, 3.sadii fi isa oli, 4. hinyadadhuu	
41	Kondoomii fayyadamtee beektaa?	1. eyyee 2. lakkiiii	
42	Jalqaba yeroo walqunamtii saalaa gootuu kondomii fayadamtee jirtaa?	1. eyyee 2. lakkiiii	

**Degarsa nuuf goteef Galatoomii!**



**School of Social Work  
Indira Gandhi National Open University**

PROFORMA FOR SUBMISSION OF MSW PROJECT PROPOSAL FOR APPROVAL FROM  
ACADEMIC COUNSELLOR AT STUDY CENTRE

**Enrollment No:** ID1218658

**Date of Submission:** May 2016

**Name of study Center:** St. Mary's University (8105)

**Name of the guide:** Mr. Mosisa Kejela

**Title of the project:** Assessment of HIV prevention practice and determinant factors among daily laborers of floricultures at Burayu town, in Oromia special zone surrounding Finfine, Ethiopia.

**Signature of the student:** -----

**Approved/ not approved**

**Signature:** -----

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**Date:** May 2016

**ASSESSMENT OF HIV PREVENTION PRACTICE AND  
DETERMINANT FACTORS AMONG DAILY LABORERS OF  
FLORICULTURES AT BURAYU TOWN, IN OROMIA SPECIAL  
ZONE SURROUNDING FINFINE, ETHIOPIA.**

**BY: BIZUAYEHU MEBRATU**

**ENROLMENT NO: ID1218658**

**ADVISOR: MOSISA KAJELA (MSW)**

**A PROPOSAL SUBMITTED FOR THE SCHOOL OF SOCIAL WORK OF  
INDIRA GANDHI NATIONAL OPEN UNIVERISTY (IGNOU) NEW DELHI IN  
PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR DEGREE OF  
MASTERS OF ARTS IN SOCIAL WORK (MSW)**

**MAY 2016**

**ADDIS ABABA, ETHIOPIA**



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# INTRODUCTION

## 1.1 BACKGROUND OF THE STUDY

HIV is regarded as the leading cause of death in the world. The spread of HIV in the world was affecting all the organizations and communities. Globally 34 million (31.4- 35.9 million) people were living with HIV at the end of 2011. An estimated 0.8 % of adults aged 15 – 49 years worldwide are living with HIV, although the burden of the epidemic continuous to vary considerably between countries and regions. HIV/AIDS is the leading killer among the productive section of the population especially in Sub-Saharan Africa. In 2011 alone, HIV/AIDS killed 1.7 million people, 1.9 million of whom were living in sub-Saharan Africa. AIDS related death is more common in the productive age, in Ethiopia about 90 % of AIDS cases occur in adults between ages of 15 – 49 years (UNAIDS, 2012, p.8).

Ethiopia is one of the affected countries by the epidemic with an estimated adult prevalence of 1.5 %; it has been a large number of people living with HIV (approximately 800,000) and about 1 million AIDS orphan (FHAPCO, 2012, p.31).

Ethiopia demographic and Health Survey (EDHS, 2011), indicated that 1.5 % of Ethiopian adults age 15 – 49 were infected with HIV and prevalence ranges from 0.9 % in SNNPR and 1.0 % in Oromia region to 5.2 % in Addis Ababa and 6.5 % in Gambella region. The disease is affecting the majority of the population; particularly the productive age group between 15 – 49 years, resulting in social and economic crisis, the loss of young adults would certainly affect the overall economic development. This study result also provide appropriate information for stakeholders, governments and floriculture organization to make decision and implement appropriate intervention on prevention of HIV at floriculture to reduce the impact of HIV/AIDS on the daily laborers of the floriculture, floriculture product and country level at large.

## **1.2 STATEMENT OF THE PROBLEM**

As some studies revealed; the prevention practice of HIV (Abstinence, Be-faithful and Condom use) among factory workers have variation results. The study conducted in Bahirdar textile factory workers revealed that condom utilization for HIV prevention practice was 54.1 % and abstinence was 22.6 % (MOH, HAPCO, CSA, 2005, pp.112).

Farm workers particularly vulnerable to HIV/AIDS; not only due to their living and working conditions often place them at risk, but they are accorded relatively by way of rights and labor protection. The high incidence of poverty, knowledge of HIV/AIDS and poor living conditions makes the farm worker more vulnerable to the impact of HIV/AIDS (Estelle H, 2007).

Food and agricultural organization (FAO, 2010) has estimated that since 1985 more than 7 million agricultural workers have died from AIDS related disease in 27 severely affected African countries.

A prevalence of HIV/AIDS in the agriculture sector in South Africa was 3 % amongst people between the ages of 15 – 49 years of age living on farms. The most susceptible sectors are generally those in which workers are frequently separated from their spouses and families in which the bulk of the workforce consists of young to middle aged workers. Daily laborers in farm cultures are identified at high risk to HIV/AIDS (Estelle H, 2007).

People's knowledge can influence their actions towards adopting risk-reduction behaviors such as abstinence, reduction in premarital sex, reduction in number of sexual partners, avoidance of non-spousal sex, and condom use during non-spousal sex. Knowledge of HIV transmission and prevention methods is also an important pre-requisite for health seeking behaviors, utilization of HIV prevention, care and support services as well as fighting stigma and discrimination against people living with HIV (MOH; Behavioral change in HIV/AIDS Uganda: 2007).

The study conducted in farming industry in South Africa shows that farm workers in the area became a neglected and forgotten groups as far as AIDS awareness programs are concerned. A study showed that there are low literacy levels among farm workers and this had an impact on the knowledge, attitudes and behavior of farm workers in HIV/AIDS prevention in the region. The study indicates that 81.3 % of farm workers could differentiate HIV from AIDS and have knowledge about HIV (Pearl, Nkhensani, shipalana, 2009, pp10).

Factors that influence HIV prevention practices are lack of access to appropriate information, lack of education and communication (EIC) materials on HIV, cultural attitudes and practices, belief in HIV myths, gender based violence, very few interventions from government and non-governmental organizations targeting the factory workers and lack of access to condoms. Daily workers in floriculture because of their young ages, less educated, lack of awareness about HIV prevention; frequently separated from their spouses, parents, families and other related factors are at increased risk of HIV (MOH, HAPCO, CSA, 2005, pp112).

Floriculture is a new established industry in Ethiopia, it was established in 2002, currently 61 in number, with 185, 000 number of employees, of these number of young employees in terms of gender i.e. female 85% & male 15 %, with 15- 40 age in Ethiopia, and 5315 employees, with 85 % female to 15 % male ratio particularly the agency under study) and the study area in which a lot of the most economically productive segment of the population age groups employed there; it needs to conduct the study on HIV/AIDS prevention practice and determinants. Therefore, the study has significant effect for improving strategies, programs and services related to prevention practices of HIV/AIDS for daily laborer at Floriculture industry. (Ethiopian horticulture producers, 2016 update)

## **1.3. OBJECTIVES OF THE STUDY**

### **1.3.1 GENERAL OBJECTIVE**

To assess HIV prevention practice and determinant factors among daily laborers of Burayu floricultures Oromia special zone surrounding Finfinne, Ethiopia

### **1.3.2 SPECIFIC OBJECTIVES**

- To assess daily workers knowledge towards HIV/AIDS prevention and mode of transmission among daily laborers of Burayu floriculture.
- To determine the magnitude of HIV prevention practice among daily laborers of Burayu floriculture
- To describe factors influencing HIV prevention practice among daily laborers of Burayu floriculture

## **1.4. RESEARCH QUESTIONS**

The research questions of the study are indicated as below:

- Are the daily laborers of Burayu floriculture have knowledge of on how HIV transmission, prevention mechanisms to enable people to avoid HIV infection, especially of young people?
- Who are often at greater risk of HIV /AIDS infection, in terms of shorter relationships and thus more partners or may engage in other risky behaviors,?
- What are the determinants factors for HIV/AIDS prevention?

## 1.5. UNIVERSE OF THE STUDY

This study will be conducted in Oromia Regional state, Special zone surrounding Finfinne at Burayu town, on the way of Ambo town. The town is bounded by Wolmera woreda in the West, Finfinne in the East, Sebeta special woreda to the south, and Buluka mountain in the North directions. The town has a total of population of 150, 000 (78,450 Males and Females 71,550), and around 18, 760 daily laborers and 5,879 (1012 Male and 4,867 Females) enrolled in different floricultures. The town has 3 health centers, 23 private clinics. The source of population for the study is all daily laborers found in Burayu town in eight floricultures i.e. 5,879 daily laborers.

The study population will be all daily laborers in three randomly selected floriculture of Burayu town of eight floricultures.

## 1.6 SAMPLING AND SAMPLING METHOD

The study will employ a sample of the representative of the entire population. A random sampling will be used to select three out of eight floricultures. The sample size for the first specific objective is determined using the single proportion sample formula. With the assumption of margin of error (d) = 5 %, 95 % CI, for  $Z_{\alpha/2}$  = critical value = 1.96, and 8 % non-response rate and design effect 1.5).

Where n, required sample size.

- iv. The proportion of knowledge towards HIV/AIDS prevention among farm workers: 81 %.

$$\text{A single population proportion formula, } n = \frac{(Z_{\alpha/2})^2 P (1-P)}{d^2}$$

$$= (1.96)^2 * 0.81(0.19) / (0.05)^2 = 236.5 \sim 236$$

$$236 * 1.5 (\text{design effect}) = 354 + (354 * 8\%) \text{ non-response rate} = 382$$

- v. By the same procedure the sample size for magnitude of HIV prevention practice by considering the average proportion among workers 50 %, the above assumption are kept similar and the calculated sample size is 384.
- vi. Sample size for the third specific objectives factors influencing HIV prevention practice among daily laborers, is the second assumption also does work for it.

Due to lack of previous studies showing assessment of HIV prevention practice and determinant factors among daily laborers of floriculture in Ethiopia, the following assumption will be made and 384.16 will be taken as the biggest sample size. The population of the study will be the whole daily labors of eight floricultures found in the study area. Of the eight floricultures, three of them will be randomly selected to determine the sample size of the study.

## **1.7 TOOLS FOR DATA COLLECTION**

The study will employ diverse data collection tools to gather data from various sources. Due to complex and multi-faceted nature of the study the study will employ interview schedule, interview guide, observation guide, and document analysis.

## **1.8 DATA ANALYSIS**

Analysis of data: descriptive statistics such as frequency and percentage will be used to present data. The result will be presented by cross tabs, simple frequency tables, and figures. Multivariate analysis will be done for socio demographics and others factors; manual data processing will be used.

## **1.9 SIGNIFICANCE AND LIMITATION OF THE STUDY**

This study result will provide appropriate information for stakeholders, governments and floriculture organization to make decision and implement appropriate intervention on prevention of HIV at

floriculture to reduce the impact of HIV/AIDS on the daily laborers of the floriculture, floriculture product and country level at large. And absence of the pertinent literature review of the same study in floricultures might limit to see the trend analysis of the objectives listed under the study.

## **1.10 CHAPTERIZATION OF THE STUDY**

The study will have five chapters.

The **first** chapter will be an introduction to the subject matter of the present study. In this chapter, an attempt will be made to describe the concept of prevention practice of HIV/AIDS (Abstinence, Be Faithful and Condom use) among workers, objectives of the study, research questions, significance of the Study, scope and limitations of the study, chapterization of the thesis.

The **second** chapter shall deal with a review of literature and the conceptual framework will be included in this chapter.

The **third** chapter will give in in detail research design, universe of the study, sampling and sampling method, tools for data collection, data analysis, limitation of the study, ethical consideration.

The **fourth** chapter will focus on results and compare the HIV/AIDS prevention practices in these findings with other previous related findings in other areas.

The **fifth** chapter will give conclusions and some workable suggestions for better prevention practices.



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