

INDIRA GANDHI NATIONAL OPEN UNIVERSITY

SCHOOL OF SOCIAL WORK

**Assessment on HIV/AIDS knowledge, attitude and practice of
constriction workers Along Addis Ababa to Adama toll motor
way project**

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Declaration

I hereby declare that the dissertation entitled; **Assessment on HIV/AIDS knowledge, attitude and practice of constriction workers Along Addis Ababa to Adama toll motor way project** ,Oromia regional state ,Ethiopia submitted by me for the partial fulfilment of the MSW to Indra Gandhi National Open university ,(IGNOU) or new Delhi is my original work and has not been submitted earlier either to IGNOU or to any other institution for the fulfilment of the requirement for the any other programme of study 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.

Place; Bishoftu/Ethiopia

Signature -----

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Certificate

This is to certify that Mr. Mohammed Desta Student of MSW from Indira Gandhi National Open university. New Delhi was working under my supervision and guidance for his project work for the course MSWP-001. His project work entitled; **Assessment on HIV/AIDS knowledge, attitude and practice of construction workers Along Addis Ababa to Adama toll motor way project, Oromia regional state, Ethiopia**, which he is submitting is his genuine and original work.

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Acronyms

AIDS	Acquired immune deficiency syndrome
ART	Antiretroviral therapy
BSS	Behavioural Surveillance survey
CCCC	China communication Constriction Company
CSA	Central Statistical Authority
HIV	Human immunodeficiency virus
FMOH	Federal Ministry of Health
MSP	Multiple sexual partner
SSA	Sub Saharan Africa
STD	Sexually transmitted disease
SPSS	Statistical package for social sciences
PLWHA	People living with HIV/AIDS
UNAIDS	United Nation program on HIV/AIDS
VCT	Voluntary counselling and testing
WHO	World Health Organization
HAART	Highly Active Antiretroviral Therapy
HIV	Human Immunodeficiency Virus
PMTCT	Prevention of Mother to Child Transmission
FGC	Female Gentile Cutting

CHAPTER ONE

INTRODUCTION

1.1 Back ground of the study

HIV/AIDS has been considered not only a health but also a development problem causing human disaster. It is a global crisis and one of the most formidable challenges to development and social progress. Various reports indicated that Africa is the most affected continent by HIV/AIDS in the world. Out of the 40 million HIV/AIDS sufferers in the world, 70% live in Africa. More than 20 million Africans have now died. Orphans of HIV/AIDS in Africa are estimated to be more than 12 million. HIV/AIDS has become the leading cause of adult deaths in Africa. The impacts are severe on the demographic, the economic and the social aspects of the continent. It has increased child and adult mortality, especially in the productive age group and reduced life expectancy. Reduction of labour force, reduce productivity, increased sector costs induced by high labour turnover, increased recruitment and training costs and per capita growth reduced are among the major economical impacts of the epidemic. The Social Impact of the epidemic are breaking down of social cohesion, value systems, the social fabric and traditional coping mechanisms, changes in household structure, increased dependency ratio and increased number of orphans.

According to AIDS in Ethiopia sixth (2005) report, it estimated that a total of 1,320,000 people were living with HIV/AIDS. Results from the Ethiopian DHS (2005) indicate that 1.4 percents Ethiopian adults age 15-49 are infected with HIV. The urban epidemic prevalence level is high, which is about 10.5%.The most common mode of HIV transmission in this country is through unprotected sex. However; the awareness level of the community is at higher level, the attitude & practices changes of the persons are under the accepted level. Among the sexually active adults in the age of 15-24, less than one percent of women and four percent of men have had two or more partners during 12 months preceding the 2005 EDHS. And 3 percent of women and 9 percent of men have had higher-risk sexual intercourse within the year before 2005 EDHS. Condom use among sexual active adults is not at optimal levels; counselling and testing coverage is still low with only 5% of the general population 15-49 years of age being ever tested; ART has

been accessed by only 13% of those who need ART; and only 0.8% of HIV infections among births to HIV positive mothers was used PMTCT services in 2005.

These situations urgently demanded the collaborative effort of community and institutions, nongovernment and government organizations and private companies more than any other time. The participations of various segments of population in the HIV/AIDS prevention, care and services, in fighting stigma and discrimination, promotion of voluntary testing and counselling, ART and PMTCT services and fighting gender inequality is vital. The Ethiopian government recognizes and gives value for programs designed to enhance the capacities and mobilize communities towards HIV/AIDS prevention and mitigating its impact.

1.2 Statement of the problem

East Shewa Zone is located in central Ethiopia and is one of the 17 Zones of Oromia National Regional State. It has an area of 11,376 km² accounting for 3.2% of the total land area of the Regional State. Based on the 2007 population and housing census of Ethiopia, the total population of the zone is projected to be 1,355,342 (696,350 male and 659,992 female), of which 74.9% and 25.1% are rural and urban residents respectively. The Zonal crude population density is 151 persons per km². Agriculture (farming and animal rearing) is the main economic stay of the population of the rural population. The urban population is engaged in trading, employees of government and private organization.

The majority of the population in the area is the follower of orthodox Christian religion. They also have a long lasted attachment with the traditional belief systems. Both the book religion and traditional belief system have an influential role in the overall livelihoods of the society including the agricultural production and other socio- cultural aspects of their life particularly in the community networks in various aspects.

Basic social services such as access to roads, health, education and potable water are very limited. Moreover, harmful traditional practices that expose children to HIV/AIDS such as female genital cutting (FGC), early marriage, abduction, rape and the like are widespread in the area. The practices are reinforced by the existing social and cultural context that accelerated the expansion of HIV/AIDS transmission. The study areas were identified based on magnitude of HIV related problems observed in the areas. The selection has also taken in to in the area where

the camp workers were usually focused. It is obvious that in the areas where big construction projects operate there is a high transaction and movement of people in to such areas. People moved to these areas to find wage so that there will a more social engagement and interaction of the people that bring adverse effect to the community like expansion of HIV/AIDS and STI due to absence of knowledge, horrific attitude and practice. In work place HIV/AIDS and STI intervention is delayed for additional time the impact will continue on decreasing the productivity of workers. Furthermore the denial of human rights of HIV positive people in the work place is another concern to be addressed. Stigma and discrimination towards HIV infected and affected persons are substantially high due to lack of comprehensive knowledge. The treatment of women in work place is another problem which attracts the idea of policy designers and program planners. Gender based violence like forced sex is common in contraction companies.

1.3 Objective of the study

1.3.1 General objectives

To assess Knowledge, Attitude, behaviour and practice of people working along Addis Ababa to Adama toll motor way.

1.3.2 Specific objective

- To determine the knowledge, attitude and practice of the construction workers along Addis Ababa to Adama toll motor way.
- To identify how HIV/AIDS and STI was a serious problem in contraction companies along Addis Ababa to Adama toll motor way.

1.4 Significance of the study

It serves as a ground way to NGOs and other concerned bodies to intervene in the area to ensure safe working practice as early as possible to change bad behaviour and habits

1.5 Limitation of the study

- Since some questions include sensitive issue, it embraces the respondents
- Shortage of time in preparing the overall project work
- Shortage of budget

CHAPTER TWO

REVIEW OF LITERATURE

2.1. Basic Facts of HIV/ AIDS and STI

HIV/AIDS is one of the great global, national and regional challenges that are taking the lives of thousands of people each day and threatening the survival and wellbeing of millions of people more as HIV continues to spread around the world. Growing recognition of this threat has been accompanied by an increase in the flow of resources to prevent new infections, treat those already infected and mitigated impacts of AIDS.

Human immunodeficiency virus, or HIV, is the virus that causes acquired immune deficiency syndrome (AIDS). The virus weakens a person's ability to fight infections and cancer. People with HIV are said to have AIDS when they develop certain infections or cancers or when their CD4 count is less than 200. CD4 count is determined by a blood test in a doctor's office. Having HIV does not always mean that you have AIDS. It can take many years for people with the virus to develop AIDS. HIV and AIDS cannot be cured. Although people with AIDS will likely one day die from an AIDS-related illness, there are ways to help people stay healthy and live longer. HIV and AIDS Cause Illness through attacking and destroys a type of white blood cell called a CD4 cell. This cell's main function is to fight disease. When a person's CD4 cell count gets low, they are more susceptible to illnesses. A person gets HIV when an infected person's body fluids (blood, semen, fluids from the vagina or breast milk) enter his or her bloodstream. The virus can enter the blood through linings in the mouth, anus, or sex organs (the penis and vagina), or through broken skin. Both men and women can spread HIV. A person with HIV can feel agree to and still give the virus to others. Pregnant women with HIV also can give the virus to their babies. Anyone can get HIV if they engage in certain activities. You may have a higher risk of getting HIV if you:

- Have unprotected sex. This means vaginal or anal intercourse without a condom or oral sex without a latex barrier with a person infected with HIV.
- Share needles to inject drugs or steroids with an infected person. The disease can also be transmitted by dirty needles used to make a tattoo or in body piercing.

- Receive a blood transfusion from an infected person. This is very unlikely in the U.S. and Western Europe, where all blood is tested for HIV infection.

A baby can also get HIV from the breast milk of an infected woman. If you fall into any of the categories above, you should consider being tested for HIV. Health care workers are at risk on the job and should take special precautions. Some health care workers have become infected after being stuck with needles containing HIV-infected blood or less frequently, after infected blood comes into contact with an open cut or through splashes into the worker's eyes or inside their nose. AIDS is the final stage of HIV infection. When the immune system CD4 cells drop to a very low level, a person's ability to fight infection is lost. In addition, there are several conditions that occur in people with HIV infection with this degree of immune system failure; these are called AIDS. The best way to protect yourself from HIV is to avoid activities that put you at risk. There's no way to tell by looking at someone if he or she has HIV. Always protect yourself. Use latex condoms (rubbers) whenever you have any type of sex (vaginal, anal, or oral). Don't use condoms made from animal products. Use water-based lubricants. Oil-based lubricants can weaken condoms. Never share needles to take drugs. Avoid getting drunk or high. People who are drunk or high may be less likely to protect themselves. The only way to know if you have HIV is to take an HIV test. Most tests look for signs of HIV in your blood. A small sample of blood is taken from your arm. The blood is sent to a lab and tested for HIV. There are other tests available that check for HIV in the urine and oral fluid. The urine test is not very sensitive. There are currently two FDA-approved oral fluid tests. They are Ora Sure and Ora Quick Advance. Because of the inaccurate results, the FDA has not approved any of the home-use HIV tests which allow people to interpret their tests in a few minutes at home. There is however a Home Access test approved which can be found at most drugstores. In this test blood from a finger prick is placed on a card and sent to a licensed lab. Consumers are given an identification number to use when phoning for results and have the opportunity to speak with a counsellor if desired. Clinics that do HIV tests keep your test results secret. Some clinics even perform HIV tests without ever taking your name (anonymous testing). You must go back to the clinic to get your results. A positive test means that you have HIV. A negative test means that no signs of HIV were found in your blood. Recently, the CDC changed testing recommendations. All adults should be screened at least once. People who are considered high

risk (needle drug users, multiple sex partners, for example) should be tested more often. All pregnant women should be tested. Anyone who has sustained a needle stick or significant blood exposure from a person known to have HIV or from an unknown source; AIDS Diagnosed If a person with HIV infection has a CD4 count that drops below 200 -- or if certain infections appear (AIDS-defining illnesses) that person is considered to have AIDS. Sexually transmitted infection are common causes of illness in the world and have for reaching health, social ,economic consequence .STI are important because of their magnitude ,potential complication and their interaction with HIV/AIDS. Disproportionate, they affect the health and social well being of women by producing significant impact on their reproductive potential. STI are caused by more than 30 different pathogens including bacteria, virus, protozoa, fungus and ecto-parasites. Although there are more than 30 kinds of organism that can be transmitted through unprotected sex they tend to cause similarly symptoms and signs. The most common classical STI are gonorrhoea, syphilis, chancroid, lymphogranuloma venereum, chlamydial infection and tricomoniiasis .STI can be broadly recognized as ulcerative or non -ulcerative and can be classified as curable or not curable. The common curable STI are gonorrhoea, syphilis, chancroid, lymphogranuloma and venereum. The STI that are preventable but not curable are the visit STI which include human immune deficiencies virus human papilom virus, hepatitis B virus, and herpes simplex virus. As their name implies, the main mode of transmit ion of STI is through unprotected penetrative sex sexual intercourse. Other mode of transmission include; mother to child ,blood transfusions ,or other contact with blood or blood product not every act of unprotected sexual intercourse result in STIs being passed from an infected individual to their partner, whether or not a person becomes infected with STI is influenced by biological, clinical socioeconomic, personal and behavioral factors.

2.2 Overview of HIV/AIDS situation in Ethiopia

Ethiopia AIDS is a major health threat and should be considered during travels in the country. There are about 890,000 adults over 15 years or older living with AIDS in Ethiopia, and 92,000 children affected by the disease. An estimated 67,000 people have died from the disease in 2007. This is a prevalence rate of 2.1% in adults, with a 60% of these cases occurring in women. The rate is as high as 6.0% in the Gambela Region, and as low as 1.0% in the SNNPR Region. Prevailing factors in HIV/AIDS increase is lack of education, despite various awareness campaigns. There is also a low perception risk, as well as factors such as prostitution,

promiscuity and social issues such as Ethiopia's massive poverty rate and poor healthcare systems. Recent projects to address the AIDS issue have led to a number of generic retroviral being distributed across the country, which are donated to women of child bearing age by volunteer and rescue groups. Ethiopia HIV & AIDS is something to be cautious about, and all travellers should take precautions when travelling through the country.

In Ethiopia; General knowledge of AIDS is almost universal; 97 percent of women and 99 Percent of men have heard of AIDS, Comprehensive knowledge of AIDS is uncommon. However, 19 percent of women and 32 percent of men have comprehensive knowledge of HIV/AIDS transmission and prevention methods. Men are more likely than women to express accepting attitudes toward people with HIV. Still, only 28 percent of men and 17 percent of women always expressed Accepting attitudes when reacting to four hypothetical situations involving people with HIV. Less than 1 percent of women had two or more sexual partners in the 12 months preceding the survey. Almost half of these women reported using a condom during last sexual intercourse. Four percent of men had two or more partners in the last 12 months. Sixteen percent of these men reported using a condom during last sex. About one-quarter of young women and young men who are sexually active were tested for HIV in the 12 months before. Oromia Regional State is located in the centre of Ethiopia and is the most populous regional state in the country. Based on the 1994 Population and Housing Census, the projected population of the region was estimated at 23,704,000 at the end of 2002 with a rural population of 87.7%. The population of the region is characterized by high population growth, increasing at a rate of 2.9 percent annually. Over 45% of the population is under 15 years of age, while the economically active age group at about 50%. According to the result from the validation study, 39.5% of male patient with urethral discharge/dysuria had either gonorrhoea, trichomoniasis or Chlamydia infection while in the remaining 60% no pathogen was identified. However the urethral discharge, algorithm has very good sensitive 90% and good positive predictive value of 44% with acceptable rates of over and missed treatment. Although more than half the population lives in rural areas, the health infrastructure is underdeveloped and the distribution is urban-biased. Since a large portion of the population does not have access to safe water nor sanitation facilities, many are severely afflicted by water borne diseases. The major causes of morbidity are malaria, respiratory infections, HIV/AIDS and STI, skin infections diarrhea diseases and intestinal parasitic infections. The HIV/AIDS status in Oromia has not yet been studied with

adequate coverage and good quality data. However, general trends and observations on the spread of HIV/AIDS in Oromia are available from a number of sources. Factors that impact on HIV/AIDS situation in Oromia are many and diverse. Consequently, efforts are being made to prevent the spread of HIV in Oromia and significant results have been achieved. Nevertheless, owing to these direct causes and underlying factors HIV/AIDS has continued to spread.

2.3 Background of the organization

China Communications Construction Company Limited (CCCC), initiated and founded by China Communications Construction Group (“CCCCG”), was incorporated on 8 October 2006. Its H shares were listed on the Main Board of Hong Kong Stock Exchange with stock code of 1800.HK on 15 December 2006. The Company (including all of its subsidiaries except where the content otherwise requires) is the first large state-owned transportation infrastructure group entering the overseas capital market. As at 31 December 2009, CCCC has 112,719 employees and total asset of RMB267, 900 million (in accordance with PRC GAAP). Among 127 central enterprises governed by SASAC, CCCC ranked No.12 in revenue and No.14 in profit for the year. The Company and its subsidiaries are principally engaged in the design and construction of transportation infrastructure, dredging and heavy machinery manufacturing business. It covers the following business aspects: port, terminal, road, bridge, railway, tunnel, civil work design and construction, capital dredging and reclamation dredging, container crane, heavy marine machinery, large steel structure and road machinery manufacturing, and international project contracting, import and export trading services. It is the largest port construction and design company in China, a leading company in road and bridge construction and design, a leading railway construction company, the largest dredging company in China and the second largest dredging company (in terms of dredging capacity) in the world. The Company is also the world’s largest container crane manufacturer. The Company currently has 34 wholly- owned or controlled subsidiaries. The Company’s container crane business accounted for more than 78% of the global market share in terms of units ordered in 2008, with products spreading across 73 countries and regions. The Company entered the railway market in 2005 and participated in design and construction of several national key railway projects successively,

The Company has actively participated in and competed for projects under external assistance and the international contracting projects. It has established an eminent reputation in Asia,

Africa, Middle East and South America for the past 20 years. It has been included in the Engineering News Records' ("ENR") list of the world's top 225 international contractors since 1992 consecutively and remains ranked the first among the Chinese enterprises in ENR in 2008 in terms of revenue from overseas projects.

The Company has been committed to its brand development strategy and technology innovation, which has enabled it to successfully attract talent. The Company retains three members of the Chinese Academy of Engineering, one National Reconnaissance Master, 13 National Design Masters and many other national senior engineers and experts. The Company also possesses advanced technologies, research and development capabilities and equipment as well as 10 national level design institutes, two national level science and research centres and seven key laboratories holding various scientific achievements and self-developed intellectual property rights with international standards. In the past 10 years, the Company has won more than 160 awards including "National Award for Scientific and Technical Progress", "China Civil Engineering Zhantianyou Award", "China Construction Project Luban Award" and "National High Quality Prize".

The Company owns a diverse range of specialized equipment, including modern dredging vessels, dedicated transportation fleet for port machinery, various equipment for marine and onshore engineering, as well as various state-of-the-art machinery and equipment for investigation, design and research, which enables the Company to win and perform contracts for challenging large-scale complex projects

The Company is committed to developing the transportation infrastructure business in the PRC and abroad as well as providing its customers with high quality services and products by consistently pursuing its corporate mission of "Trustworthy service to clients, High quality returns to shareholders and Consistent out-performance". Ethiopia is one of the fastest growing nations in the world, but poor transportation facilities have become a bottleneck to the growth of agriculture in the country thereby affecting economic development. The Ethiopian Government has undertaken projects to improve the country's transportation network. The government plans to complete 64,000km of road network by 2015. Addis Adaba Adama expressway is an under-construction expressway in Oromia Regional State, Construction of the expressway started on 21

April 2010 and is expected to finish by April 2014. The alignment starts from Tulu Dimtu. The main road of the expressway continues 2.8km along the proposed Addis Adaba outer ring road and then crosses Dukem, Bishoftu and Modjo on their east side. Adea district was the largest coverage in the newly constructed road in the area at the diameter of 25 km within it. They have close economical and social relations with the capital city and they have better transportation access to go in and go out easily. Such situations make the chances to exposes for HIV is in similar fate. On the other side when mobile workers come to the area with the construction firm their interaction is with higher risk population. The most infected segments of the population are at the age group of 15-49.

Persons work at construction centre is usually mobile and they are more vulnerable for HIV/AIDS. They spend months and years away from their families and they need to satisfy their sexual needs in their new places usually road side communities. Such kind of temporary migration for employment increases opportunities to have multiple sexual partners including paid sex. Experiences in the road and similar construction firms have shown that sexual and similar relations established between workers and communities. Because workers are far away from their social environment they are in loose control of social norms to respect.

CHAPTER THREE

METHODOLOGY

3.1. The study area

The study mostly focuses on the employees of the road construction along Addis Ababa - Adma toll motor way road project workers. It is located in Adea woreda of East Shoa zone. Three camps covered by this study were Dolo, Ude and Denekek rural kebele.

3.2. Study design

This study was based on primary data generated through questioners, FGDs and KII. It has both quantitative and qualitative components. The questioners provide data for the quantitative study. Where as qualitative information of are gathered using FGDs and KII.

3.3 Sample size

In this survey, sample sizes of 50 employees have been selected for the quantitative data analysis purpose. The questionnaires have been administered using purposive sampling procedure. For the qualitative study, camp workers (male and female) have been targeted to generate qualitative information.

3.4. Data collection instruments

A. Structured questionnaire: focusing on Knowledge, Attitude and, behaviour and Practice

B. FGDs and KIIs: Used to generate qualitative data.

3.5. Data collection procedures:

To undertake the data collection process two persons (one male and one female) who have accomplished their first degree level education and had previous experience in data collection were recruited. The data collectors provided proper instruction for a half day on the content of the questionnaire, interviewing techniques and ethical issues. The questionnaires were pre-tested and necessary modifications have been made before data collection started.

3.6 Method of data analysis

After the field work was completed and questionnaires were edited and coded, data was entered and processed.

3.7. Ethical consideration

Before all activities have been undertaken, permission from company managers and respondents has been ensured. So that Indira Gandhi National Open University local study centre St. Marries University College has issued letter of cooperation and consent form to the company and respondents.

CHAPTER FOUR

FINDINGS

4.1. Social- Economic and Demographic characteristics of the study area

Ada'a (1610.56 km²) is the largest district in East Shewa zone bordering Akaki in the west, Gimbichu in the north, Lume in the east, Dugda-Bora in the south and liben Chukala in the south west. Bishoftu is the district capital. Mt. Chukala (ziquala) has an elevation of 2989m with Crater Lake on its top. The Yerer, with 3100 m height along the district's border is the highest point in East Shoa Zone. Rivers in Ada'a Liben include Awash, Modjo, Belbela, Wedecha and Dukem. There are about ten lakes in the district and most of these are crater lakes. About 90% of the district belongs to the sub tropical agro-climatic zone.

Ada'a is the second populous district in East Shoa zone with a total population of 248,274 in 1997. The urban population accounted for 33.8% of the total population in the district. The age groups 0-14, 15-64 and above 64 years constituted 42.2%, 53.8% and 4.0% of the total population respectively. Females were 52.3% of the urban and 48.2 of the rural population. The average family size for the district was 5.0 with 4.9 and 5.0 for urban and rural areas respectively. The population density of the district was 154.2 persons per km². Ada'a is one of the top district of East Shoa zones in the production of cereal crops such as teff and wheat as well as various types of pulses. Construction materials and industrial minerals prevail in the district. The small scale industries employed 327 persons in the mentioned year. There were 202 wholesalers, 172 retailers and 012 service giving business organizations in Ada'a. Regarding tourism, the district has attractive lakes in and around Bishoftu town. Bishoftu town has hydro-electric power supply. Similarly, there were six fuel stations in the district. There were 27 elementary, 12 junior secondary and 5 senior secondary schools in the district. There were 3 hospitals, one health center and 11 clinics in the district with 14 doctors, 36 nurses and 51 health assistants. The district had also one animal health clinic in the mentioned year. The development oriented projects run by NGOs in the district include Ziquala Integrated Rural Development Project by Lutheran world Federation (LWF); community based development program by Medical Mission Sisters (MMS), Children and Integrated Development by Ethiopian Kale Hiwot

Church Development Program (EKHCDP), Women related activities by Women Empowerment Association Forum (WEAF) and health project by Vision of Hope (VOH). Some of the problems include soil erosion and poor drainage system of vertisols, deforestation, shortage of farm and grazing lands, inadequate education and health services, prevalence of tropical human and livestock diseases.

Secondary data: of Bishoftu health office Annual report show that in 2004, 69492 peoples have visited the health centre and hospitals to be tested, from those tested clients 3599 HIV positive and from those positive client 170 pregnant mothers has been linked to hospital and health centre for ART and PMTCT service respectively in Bishoftu City administration.

4.2 Focus Group Discussion (FGD) and Key informant Discussion Results

As it has already been stated in the sampling of the technical proposal, a number of questions have been distributed to the purposely selected focus groups workers, male and female community members of the study area. All of the sampled focus group respondents (FGD) have reacted to the points in the questionnaire and the data was hundred percent reliable. However, the views (responses) forwarded and variable in the ways they are reacted to the question while it was discern that there was not any point of view that contradicts with any groups' opinion in their concepts of HIV/AIDS with that of the others.

When you hear the words “HIV/AIDS,” what do you first think of? What images and associations do you have with this disease?

Men and women responded similarly. Both indicated that their general reaction to hearing about HIV/AIDS is one of fear, devastation, and perceived danger. Both sexes repeatedly referred to HIV/AIDS with the words: “killer disease.” In addition, both men and women frequently spoke about the seriousness of the disease and how it does not have a cure. Focus group participants prefaced most statements with “I pray to God to protect us from this serious/dangerous disease.” An example of a statement often repeated: From a male participant “When I hear about this disease (HIV/AIDS) I become worried and full of fear. I always think about ways to protect myself from this disease because I hear it is a disease that has no cure and it kills whoever gets

infected. The first time I heard about this disease was in 1996 and I was in Arsi. Back there people scared each other by mentioning HIV/AIDS.”

In the men’s groups, the issue of religion was raised in response to this question. Participants indicated that an individual acquires HIV/AIDS if they are “doing bad deeds,” or “leaving their religion.” One gentleman stated:”the whole world agrees that it’s a killer disease. If we stop doing bad deeds we will prevent it.” Another man stated, “I see HIV/AIDS as something that happens to people that have left their religion and it’s the answer of doing bad deeds. However, sometimes, it could happen to a good person somehow, somewhere even though it is a very small percentage.” Yet another response was, “I believe that HIV/AIDS is like hell-fire and it was mentioned in our religion...this disease mostly impacts people who are adults. I pray to God to protect us from this disease.”

Respondent understanding on the expansion of HIV/AIDS and STI in your camp and risk sexually behaviour

Drinking houses/drinking hole houses/ and addictive substances were the major causes for their deliberate self exposure to the pandemic disease. Free access to Khat, “Shisha” etc, and freedom of workers to alcoholic drinks as well as the opportunities for dancing and howling in the night clubs were mistaken tolerances of the expanding juvenile delinquencies. The workers are on the prospects of disruption and ruins of social norm. The group of the male workers in the camp declares that, inguinal bubo (Bambule), syphilis(kiting),Chancorode (Karikir), Gonorrhoea (Chebt) and HIV/AIDS will be transmitted through carelessly and un protective sexual exercises. These were the only information they have, but they confirmed that they were not sure about the exact means of Expansion. They are not sure about the real causes, symptoms and treatment would have to be taken to cure from disease. The women group respondents at Ude/Dhenkake village confirmed that sexual transmitted disease (STD) are transmitted through the carelessly committed un protective sexual practices. The sexual transmitted diseases (STD) increase the transmission of HIV/AIDS due to wounded genital areas of the Female and Male which exposes them to easily blood to blood contact. All of the other respondents have the same knowledge of the types, similarities and differences of the sexually transmitted diseases and as serious problem of the communities.

Do you believe that HIV/AIDS needs your concern?" if yes how? the male and female workers group respondents answered 'we have a responsibility to control and prevent HIV/AIDS expansion through providing awareness raising sessions. This would not be the only responsibility of health office, all public institute and communities should be accountable and responsible for controlling and prevention of HIV/AIDS. Health institutions are mainly accountable to treat and giving care for the HIV positive patients. When we are saying health institutions are care givers, we are not saying that public and other public institutes are not care givers for the patients'. There were some women group respondents who simply put HIV/AIDS as the only health office concern.

The male workers have not focused on this point. There are groups who said that they are involved in the preventive campaign and treatment of the already HIV/AIDS positive peoples. There was a group of Male and Female which confirmed that they were providing trainings, providing peer counselling service for workers and HIV/AIDS Positive individuals, provision of psychosocial and rehabilitation of HIV/AIDS positive peoples, support organizing the HIV/AIDS positive individuals in group to work and sustain their life.

The Male workers have mistaken views on the definition of pandemic as it is a killer, which believed as if HIV/AIDS is the punishment of our sins by God; and it does not attack without committing bad acts. This indicates how much the male respondents have wrong perception.

However, the female group is determined to take care of conditions, if someone happens to be positive, she will be taking care of not to transmit it to the HIV negative. There are group members who exposed themselves as to be HIV positive and said that "I have to be clear to make it known and to marry the one who is positive". However, they reported that still there are those who are reluctant not to expose themselves and believe that the pandemic would not be transmitted to those negatives through getting sexual contact with them. This carelessness and liability with the knowledge of being victims of HIV/AIDS is the persisting negligence which aggravates the spreading of the pandemic of HIV/AIDS.

Despite the regular trainings and all means of brain storming on face to face forums; pamphlets and series of mass media casts, the preventive campaign against HIV/AIDS has been challenged by existing traditional community practices and social norms. The expansions of chat, Shesha,

prostitutions and alcohol selling shops as a means of livelihood for women and youths in the areas aggravate the crisis among youths and women.

The Denkaka workers male group have gone far deep into the issues and reflections of the position of HIV/AIDS. They stated the means to secure themselves; keeping in touch with those positive without discriminating. The youth community group stated that it should feel concerned and responsible and realized that HIV/AIDS affects all members of the community and does not discriminate between diverse, local conditions, nationalities, ethnic boundaries, colours, citizenships and gender. The Dalo camp workers groups in their parts said that HIV/AIDS equally concerns them and they should earnestly get dedicated to obey the guidelines and also train others to accomplish their responsibility. One of the participants confessed that she had a friend who was HIV positive. After getting tested and identified that he has fallen victim, she convinced him to start the medicine. By now he is teaching other HIV victim people. She added that a view of out casting the HIV positives is the out come of low awareness. She continued that she had been involved in those views of discriminating positive people but after realizing that strict care is the only solution she has stopped hesitating to deal with them. Adea Health office in cooperation the Health extension workers provide the necessary training and information through distribution of pamphlets and news paper. Condom is being distributed in camp to protect the transmission of HIV/AIDS. According to some respondents, workers should be given training regularly, introduced to the proper use of condom and provision of condom has to be ensured.

Furthermore, the workers male group has shown their maximum concern about the requirements expected of the public and of themselves. Their act as responsible citizens and their realization of their living community are discussed as follows.

The workers groups exposed to HIV/AIDS include mainly seasonal and temporary worker and road side communities. Particularly, the mobile workers are the most at high risk to HIV infection since they stay for a long period of time from their families or relatives. Therefore, they are enforced to have intermittent sexual partners. However, Most of the employees involved in the project implementation are local people, drivers, engineers and other natives who came from different areas of the country.

Although there is enough preventive training offered, the communities in their local town were not able to make it effective. The training is not yet interpreted into practice through maintaining the desired change of behaviour. Therefore, is not any vivid change of attitude as the discussants are directly concerned about the causes of HIV/AIDS every one confirmed that it indiscriminately affects nation and nationalities, ethnic groups, all colour and entire species of mankind. Everyone agreed that each is directly liable to its attacks if the points and procedures of care are neglected.

Truly speaking, in the past, there used to be discrimination against HIV/AIDS positive and , even families tended to disintegrate, but now there are improvements and the positives do not suffer moral frustrations as those in the past. There is considerable change of behaviours among the entire public. As a result social harmony and interactions are desirably maintained as reported by participants.

The focus group agrees that there are number of government and non government organizations that committed in the provision of awareness creation training in the sample areas of Adea area road Constriction Company

Mentioning them- Maternal and child Health Department (MCH), the Woreda HIV/AIDS controlling Department, The health centres of the woreda Nesir- reproductive Health, Family guidance association and Mekdem Ethiopia as nongovernmental organization are some who played great roles. Concerning their duties and responsibilities:

1. The family planning is responsible for free blood test and provision of condom
2. The Adea Health office is responsible for training on HIV/AIDS care procedural and treatment.
3. The Health centre – provides medicines and offers free blood tests
4. The Nesir trains the youth- conducts drama & literature for amusements and awareness raisings

5. RATSAN Facilitates youth centre internet services with low costs. Provides youth entertainments so that they won't move around mischievous areas or won't get committed to mischievous.
6. Mekdem Ethiopia – Works on transaction movements supplies condom and work with most at risk people to minimize HIV/AIDS transmission.

Semi structure Interview Findings

Classification of respondents

The following tables show as respondents categories by occupation, age, sex and education status,

How old are you? What category are you?

Table 1

		Category	
		Camp	Workers
How old are you?	12-19	8	
	20-29	33	
	30-45	7	
	>45	2	
Total		50	

Respondents, that are below 20 years of age are about 16%, respondents that are found in the age of 20-29 are 66%, respondents between the age of 30-44 are 14 % and finally respondents that are found above 45 years of age 4%. About 82% of the respondents are found in the age groups of youth and children.

Sex category

Of the total respondents participated in the interview, 50% of them are male. The female respondents in this survey were equal to male respondents. Out of the total 50 Respondents, illiterate are 10%, read and write 2%, grade in between 1-6 are 8%, grade in between 7-12 are 60%, university graduates are 18% and 2% are missing value. All of the respondents had been taken from the construction workers who are drivers, daily labours; this group of societies was being in the education level of grade 7-12.

Respondents Knowledge

Way of HIV/AIDS transmission

Regarding of HIV/AIDS Transmission, 29 (58%) of them were well informed about means of HIV/AIDS transmission. The remaining 20 (40%) respondents were not well informed how HIV/AIDS is transmitted. One respondent mentioned that he never heard / know about HIV/AIDS. Out of the 13 respondents found in the age group of 12-19 years, 9(70%) of them replied the right and complete answer about the transmission of HIV/AIDS. Out of 25 respondents that found in the age group of 20-29 years, 14(56%) of them replied the right and complete answer about the transmission of HIV/AIDS. Out of 9 respondents that found in the age group of 30-45 years, 4(44%) of them replied the right and complete answer about the transmission of HIV/AIDS. Out of the three respondents that found above the age 45 years; 2(66%) of them replied the right and complete answer about the transmission of HIV/AIDS. Based on this analysis, children and young people have more knowledge than youths, adults and elders about the transmission of HIV/AIDS. Adult have low knowledge than children (very young people), youth and elders.

Way of avoiding HIV/AIDS transmission

Regarding avoiding HIV/AIDS, the majority of the respondents 36 (72%) already did not give complete answer to the question. Only 14(28%) respondents have responded the right and complete answer to the above question (Table 10). Here we can conclude that there is still a big knowledge gaps among the respondents on the ways HIV/AIDS can be avoided. Female respondents again have better knowledge and understanding about avoiding mechanism of HIV/AIDS than males.

Age categories; Out of the 13 respondents found in the age group of 12-19 years; 9(70%) of them replied the right and complete answer about the transmission of HIV/AIDS. Out of 25 respondents that found in the age group of 20-29 years; 14(56%) of them replied the right answer about the transmission of HIV/AIDS. Out of 9 respondents that found in the age group of 30-45 years; 4(44%) of them replied the right and complete answer about the transmission of HIV/AIDS. Out of the three respondents that found above the age 45 years; 2(66%) of them replied the right and complete answer about the transmission of HIV/AIDS. Based on this analysis, children and young people have more knowledge than youths, adults and elders about

the transmission of HIV/AIDS. Adult have low knowledge than children (very young people), youth and elders.

Knowledge summary about STI and HIV/AIDS

Out of 50 respondents, 22% of them never heard about STI. Only 12(24%) respondents have the right knowledge about the transmission of STI. When we came the level of knowledge and understanding of common STI disease, only 8% of the respondents had know all name and type of STI. out of 39 respondents only 11(22%) respondents knew the right and complete information or well informed about the means of avoiding STI. The majority of the respondents could not clearly differentiate HIV/AIDS from STI. Regarding HIV/AIDS transmission, out of 50 respondents, 29(58%) of them were well informed about HIV/AIDS transmits. The remaining 19(38%) respondent were not well informed about its transmission. Two respondents have not heard about HIV/AIDS. Regarding on how to avoid HIV/AIDS, the majority of the respondents 39(78%) did not give complete answer to the question. Only 11(22%) respondents have responded the right and complete answer to measures taken to avoid HIV/AIDS. Here we can conclude that there is still a big knowledge gaps among the respondents on how HIV/AIDS can be avoided. As we could see from the above table, the education status of the community can affect the level of understanding about HIV/AIDSs. Out of seven illiterate respondents two peoples did not heard about HIV/AIDS. But the other education categories show that, all the respondents have heard about HIV/AIDS from different sources. Based on this finding one can say that education can affect the level of knowledge of the community about HIV/AIDSs.

Respondents Attitude

Healthy looking person can have HIV/AIDS

Table: 2

		Do you think a health looking person can have HIV/AIDS?		Total
		Yes	No	
Sex?	Male	12	11	22
	Female	15	13	28
Total		26	24	50

Out of the total (50) respondents 24(48%) did not have the right attitude on health looking person can have HIV/AIDS. These scenarios remind us the need to have more awareness creation works required for the communities that found in road construction site. Out of 28 female respondents, only 15(53.6%) of them have provided the right answer. Out of 22 male respondents, only 11(50%) of them have provided the right answer. Based on the above table female respondents have better understanding for the above question than males. Out of 7 illiterate respondents only 4(57%) of them provided the right answer that a health looking person can have HIV/AIDS. Out of the 7 respondents found in between grade 1-6, only 3 (42.8%) of them provided the right answer. Out of 27 respondents in between grade 7-12, only 17 (62.9%) of them provided the right answer for the above question.

Appropriateness of having sexual partner/s outside marriage

Table: 3

		Do you think having sexual partner/s outside marriage is appropriate?		Total
		Yes	No	
Sex?	Male	1	21	22
	Female	3	26	28
	Total	3	47	50

Most of the respondents 47 (94%) have proper attitude on having sexual partner outside marriage. Only 3(6%) respondent have improper attitude that may exposed people for the virus. Out of 22 male respondents, 21(42%) of them have provided having sexual partner/s outside marriage is not appropriate. Out of 28 female respondents, 26 of them have provided having sexual partner/s outside marriage is not appropriate.

Appropriateness of premarital sex

Out of 28 single respondents, only 5(17.8%) of them thought premarital sex is appropriate. Out of 16 married respondents, only 5(12. 5%) of them thought premarital sex is appropriate. Out of 3 separated respondents, none of them thought premarital sex is appropriate. Out of 3 Divorced respondents, none of them thought premarital sex is appropriate. Separated and divorced respondents have better thinking and attitude than single and married respondents on the above question. Five (17.8%) Respondents out of 28 single respondents have an attitude of supporting committing sex outside marriage (premarital sex). Out of 28 singles (unmarried) respondents 13

of them committed sex without marriage. The practices clearly indicate that, even though most of the respondents do not support premarital sex, when we come to the practical things they committed premarital sex with their friends. In other word, 46% of the single respondents have made sex with their girl/ boyfriends. When we came to condom use out of 13 respondents committed premarital sex 12(86%) of them used condom. Again, out of the 68 single respondents 18 of them have made a premarital sex outside their girl/ boyfriends.

Discrimination

Out of 22 male respondents one person agreed people live with virus should be discriminated, when we come to females respondents out of 28 respondents, only one person agreed what people with virus should be discriminated. The finding of this analysis show as females have low awareness about the virus than male respondents.

Premarital blood testing

All the respondents have the same attitude of supporting premarital blood test. No distinction among male and females on understanding the importance of making blood test to know their sero status before marriage. The entire respondents believed that making blood test before marriage would be one of the mechanism to control HIV/AIDS transmission.

Do you agree with the beliefs that PLWHA keep secrete about the virus?

Out of 50 respondents, 31(62%) of them agreed that HIV positive peoples keep secrete about the virus and do not want to disclose themselves to the community members even for their friends if their sero- status is positive. This finding clearly indicates that there is a big awareness gap among the respondents. 36 % of the respondents still have the altitude; people living with the virus have to disclose themselves to the community, their family and friends. One respondent did not want to say something about question (needed silent).

**Respondents Result on Practices
Living with HIV/AIDS**

Table: 4

		If you know that you are victims of HIV/AIDS virus what would you do?									
		Com mit suici de	Visit counsell ing centres	Keep Silent	Start medica tion	Self disc rimi nati on	Visit Counsell or Start Medicati on	Visit Counsellor, Start Medicatio n & Self Discrimin ation	Discl ose	Visit Counsel lor & Keep silent	Total
Sex?	Male	0	8	1	3	0	1	7	1	1	22
	Female	1	12	2	2	0	2	9	0	0	28
Total		1	20	3	5	0	3	16	1	1	50

When we come to the practical thing, unlike their altitude, most of the respondents do not want to disclose them self if they are told they live with the virus. Only 1(2%) respondent out of 50 have the moral and motivation to disclose themselves. 1(2%) respondent, (and female) reported that she will suicide if she heard she is positive. 16 (32%) respondents indicated that they will visit counsellor, start medication but need not disclosed themselves. 20 (40%) respondents only visit counselling centres. The above table will show as there is a big fear of discrimination among respondents. People usually think they may be discriminated by others if they are positive.

Having Girl/boy friend

In the early stage (12-19 years) out of 12 respondents, only 4(33%) have friends. In the age group of 20-29 out of 26 respondents, 20(76.9%) of them have friends or sexual partners). In the age group of 30-45, out of 9 respondents, 7 of them have boy/ girl friends. In the age group above 45 years, out of the 3 respondents, 2 of them have friends/ sexual partners. Based on this analysis we can conclude that younger age groups would have girl/boyfriends than the older group.

Have you ever made sex with person other than your girl/boy friends?

Out of the 22 male respondents, only 6(27%) of them conducted sexual practice outside their friends/ sexual partners. When we come to 28 females respondents, only 5 (17.8%) of them have made sex outside their sexual partners or friends. Females are more faithful for their friends/ marriage met than males. Even this number can decrease from 17.8% if female respondents working in bars reduced or replaced by others. So that we can conclude that, male are practicing sexes more outside their partners than females. Out of 29 single respondents, 7 of them have made sex with person other than their girl/boyfriends. Good thing, out of 15 married respondents, only one person have made sex with the person other than their wife/ husbands. Out of 2 separated (husband/wife respondents), 1 of them have made sex with the person other than their wife/husbands. Out of the 3 divorced respondents 2 of them have made sex with different persons.

Condom usage

Out of 19 male respondents practiced sex, only 9(47.3%) of them used condom during sex with their friend or else other than their friends. When we come to 19 female respondents practiced sex, only 10(52.6%) of them used condom. From the findings we can conclude that male have used condom when they made sex with their sexual partners than females.

Discussion about HIV/AIDS with family/girl/boy friend

Table 5

		Have you discussed about HIV/AIDS with family/girl/boy friend?			Total
		Yes	No	Yes, but only with my friend	
Sex?	Male	18	2	2	22
	Female	16	9	3	28
	Total	34	11	5	50

Out of 22 male respondents, 18(81.8%) of them have made discussion about HIV/AIDS with family members and friends; and 2(9%) of them have made discussion only with friends. When we come to the female respondents, out of 28 respondents, 16 (57%) of them have made discussion about HIV/AIDS both with family members and friends and 3(10.7%) of them have made discussion only with friends. Males respondents have practiced discussion about HIV/AIDS with family members and friends than females. Respondents have better

understanding and information about HIV/AIDS than STI. Out of 28 single respondents, 18 (63%) of them have made discussion about HIV/AIDS both with the family members and friends and 4 (14%) respondents have made discussion only with their friends. When we come to married respondents, out of 16, 14(87.5%) of them have made discussion about HIV/AIDS both with the family members. There was a trend of discussion on HIV/AIDS issues better among the married respondents than other.

CHAPTER FIVE

CONCLUSION AND RECOMMENDATION

5.1 Conclusion

- The findings shows that, there is a big knowledge gaps on HIV and STI disease, some of the respondents did not know about the common STD disease.
- Most of the respondents have adequate knowledge how HIV transmits and prevention strategies as well.
- Premarital sex, sex without condom and having multiple partners are common phenomenon.
- Males have more habits of discussion about STI with family members and friends as compared to females. Females are not well informed about STI than males. And the norms of the society in the construction site area do not encourage females to discuss about the issue of STI.
- 100% of the respondents agreed to be tested and support premarital HIV/Testing, but if they become positive they decided not to disclose themselves. This shows still there is discrimination problem in the community.
- The efforts being made for the prevention of HIV/AIDS have not been succeeded in desired manner though there is an encouraging achievement in the fight against HIV/AIDS. Still the respondents complain that exposure to the pandemic is continuing due to the reluctances.

5.2 Recommendation

- The study findings has showed that there is low awareness of community on STD than HIV/AIDS, therefore anyone who wants to intervene should have to focus deeply on STI organizing an integrated awareness campaign. Like Mini media, mass education, peer education and distribution of leaflet and brochures etc. are to be used for this mission.
- There still discrimination problem in the community. Governmental or nongovernmental or other volunteers should have to focus on providing awareness creation education for the community on care and support. Condom promotion and provision of counselling

service at the camp sites and to the area where risk behaviours were manifested should be a must.

- In the site there are different organizations working on HIV/AIDS. Therefore, effort should be exerted to make collaboration and net working with various governmental and nongovernmental organizations to promote the effects against HIV/AIDS and STI.
- Cultural constraints that affect girls in their efforts to fight against HIV/AIDs should be addressed through organizing community conversation and women empowerments.

5.3 List of annex

5.3.1 References

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5.3.2 Questionnaire English version

Questioners designed to assess Knowledge, attitude and practice of workers at Addis Ababa to Adama toll motor way project

Part One: General Information.

No	Questions	Choices	Remarks
1	How old are you?	_____ Years	
2	Sex	1. Male 2. Female	
3	What is your nationality?	1. Ethiopian 2. Chinese. 3. Others Specify_____	
4	If the answer for 3 is 1 what is your ethnicity	1. Amhara. 2. Oromo. 3. Tigrie 4. Others specify_____	
5	Religion	1. Orthodox 2. Protestant 3. Catholic. 4. Muslim. 5. Others specify_____	
6	Marital Status	1. Single. 2. Married 3. Separated 4. Divorced 5. Widow	
7	Educational	1. Illiterate	

	Status	2. Read and Write 3. Grade 1-6 4. Grade 7-12. 5. College/university graduate 6. Others specify_____	
8	Employment status	1. Temporary. 2. Permanent.	

Part Two: Knowledge

No	Questions	Choices	Remarks
1	Have you heard about Sexually Transmitted Disease?	1. Yes 2. No	
2	If yes to 1, List the name of STDs you heard	1. Syphilis (Chabxxoo) 2. Gonoria (Qixxigni). 3. Chanchroid (Abba Seeruu). 4. LGV (Baambulee)	
3	If yes to 1, where is your source of information?	1. Radio. 2. TV. 3. Health workers. 4. Churches/mosques. 5. Friends/ relatives. 6. Others specify_____ _____	
4	What is the way of STD transmission?	1. Sexual intercourse 2. Using needles and other sharp materials used by other person 3. Mother to Child 4. Don't Know.	

		5. Others specify_____	
5	What is the way of avoiding STD transmission?	1. Abstinence from sex 2. Using condom 3. Seek protection from traditional healers 4. Others specify_____	
6	Have you heard about HIV/AIDS?	1. Yes 2. No	
7	If yes where is your source of information?	1. Radio. 2. TV. 3. Health workers. 4. Churches/mosques. 5. Friends/ relatives. 6. Others specify_____	
8	What is the way of HIV/AIDS transmission?	1. Sexual intercourse 2. Using needles and other sharp materials used by other person 3. Mother to Child 4. Don't Know. 5. Others specify_____	
9	What is the way of avoiding HIV/AIDS	1. Abstinence from sex 2. Using condom 3. Seek protection from traditional	

	transmission?	healers 4. Others specify _____ —	
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Part Three: Attitude

No	Questions	Choices	Remarks
1	Do you think that a healthy looking person can have HIV/AIDS?	1. Yes. 2. No.	
2	Do you think that premarital sex is appropriate?	1. Yes. 2. No.	
3	Do you think that having sexual partner/s outside marriage is appropriate?	1. Yes. 2. No.	
4	Do you support males to use force to make sex with girls?	1. Yes. 2. No.	
5	Do you think about AIDS whenever you want to have sex?	1. Yes. 2. No.	

6	Do you support premarital blood testing?	1. Yes. 2. No.	
7	Do you think the expansion of HIV/AIDS can be prevented?	1. Yes. 2. No.	
8	Do you agree with the saying that PLWHA keep secrete about the virus?	1. Yes. 2. No.	
9	Do you think if someone live with the virus should be discriminated?	1. Yes 2. No	
10	If yes to 9 can you describe the reason?		

Part Four: Practice

No	Questions	Choices	Remarks
1	If you know that you are living with HIV/AIDS what would you do?	1. Commit suicide 2. Visit counseling centers 3. Keep silent 4. Start medication 5. Self discriminate/isolate. 6. Others specify _____	
2	Is there any forced marriage experience practiced by you?	1. Yes. 2. No.	
3	Do you have girl/boy friend?	1. Yes. 2. No	
4	Have you ever made sex with your Girl /boy Friend?	1. Yes. 2. No.	
5	Have you ever made sex with person other than your girl/boy friend	1. Yes. 2. No.	
6	If yes to 5, with how many have you gone?	_____ person/s	

7	If yes to 5, What is the reason for your being with so many people?		
6	Have you used condom persistently during sex?	1. Yes. 2. No.	
7	Do you face the problems of STDs?	1. Yes. 2. No.	
8	Have you discussed about STD with your family/ girl/boy friend?	1. Yes. 2. No.	
9	Have you discussed about HIV/AIDS with your family/ girl/boy friend?	1. Yes. 2. No.	

5.3.3 Amharic Version

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16. ya_{ aYv^ bb^a mk@k¶ mNgî{ ^nîN³[^

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u. a§ l. aYdlM

3. k-Bê ^X GBrS-GN,,nT iëDrG tgb^ n^ Bl^ ¶S²lfN
u. a§ l. aYdlM

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3. ywND wYM ys_T -d¼ alU/}

u. aš l. ylIM

4. kwND wYM ks_T -d¼U/} -R GBrS-GNi,,nT f:mU a^šlU/}

u. aš l. a@^QM

5. kwND wYM ks_T -d¼U.} ^ã GBrS-GNi,,nT f:mU/} a^šlU/}

u. aš l. a@^QM

6. lE¶qt q>ER 5 aš k Òn mLs& kMN ¶UL sš{ -R-----

7. lE¶qt q>ER 5 aš k Òn mLs& yf;mfBT MKN¶T MN YÒN-----

8. xNîM teQmU/} a^šlU/}

u. aš l. a@^QM

9. $ya^2@zR bb^a UmM a\rightarrow E\hat{A}U/}$ ¶[^]šL

u. aš l. a¶[^]QM

10. S1 $a^2@zR bb^a k\rightarrow D\hat{U}\{U/ks_T/wND \rightarrow D\hat{U}\{U/}\} \rightarrow R AN\hat{e}^ufM$

kb_tsB tw¶[^]YtU a[^]šlU

u. aš l. a@[^]QM

11. S1 $a_{\{ aYv^ .ks_TwND \rightarrow D\hat{U}\{U/}\} \rightarrow R AN\hat{e}^ufM kb_tsB tw¶[^]YtU$

$a^{\hat{š}lU/}$

u. aš l. a@[^]QM

E¶[^]qtN abšuf amsG³lu!f

Focus group discussion and key informant intervenes

Questionnaire Development

Focus group questions and key informant interview were developed based on the literature review, other than unstructured interviews with camp workers and health care providers, and discussions with project stakeholders, and partners. The questionnaire was developed in English. Questions were developed around the following themes:

Selection of Participants

Recruited participants for each of the focus group discussion according to specified criteria and all participants were camp workers adults living in the camp. To ensure that groups consisted of people from different age groups, the participant recruited approximately 6 to 8 members. The participation rate for individuals invited to participate was high.

Focus Group Discussion questions

2Women, 2male groups 2 from camp,)

1. When you hear the words HIV/AIDS, what do you first think of? What images and associations do you have with this disease?
2. Discuss expansion of HIV/AIDS in your camp and risk sexual behavior which exposed to HIV
3. Do you believe that HIV/AIDS need your concern? If yes how?
4. In your living vicinity, if someone lives with the virus and if you know, he/ she live with the virus what you would do to that man?
5. Are there any other important issue related to HIV/AIDS that you would like to mention today? Why do you believe that they are important
6. Discuss misconception concerning means of transmission of HIV/AIDS
7. If there is Organization/Office working on HIV please describe what they are doing?
8. Do you have any suggestion to the organizations/ community to alleviate HIV/ AIDS?
9. Which group of camp workers are highly exposed to HIV/AIDS
10. Have you observed any risk behavior in your environment which exposed workers to HIV

Key Informant Interview questioners

1. Do you think that HIV/AIDS need your concern? Or it is a responsibility of health office
If yes to question number 1 how can you entertain it?
2. Is there anything a person a person can do to avoid AIDS or the various that cause AIDS?
What can a person do? Anything else?
3. Does your organization has any role or intervention on HIV/AIDS or does mainstream HIV/AIDS? If you say yes, how do you do it?
4. What are major intervention strategies used by your office to aware people about HIV/AIDS information?
5. Are there any HIV/AIDS / STD related service in your health office? (Health Office only
6. Would you please tell as the number of service rendering institute in your woreda?
7. Do you have possible means of intervention to bring sustainable impact on any HIV/AIDS Intervention?

Focus group Discussion (FGD)

A total of 4 FGD will be conducted one group has 6 to 8 members

- Workers road camp male group
- Workers of road camp female group

Key Informant interview

- Administration offices of woreda
- Health offices of the woreda
- Club leaders in town
- Women associations in woreda
- Women, youth and children affairs offices of the woreda
- Labor and social affairs office

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