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**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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**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 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. **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. **. 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. **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 Zα/2= critical value = 1.96, and 8 % non-response rate and design effect 1.5).

Where n, required sample size.

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

A single population proportion formula, n= (Zα/2)2 P (1-P)

d2

= (1.96)2 \*0.81(0.19)/ (0.05)2 = 236.5 ~236

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

1. 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.
2. 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. **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. **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. **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. **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.

**REFERENCES**

Estelle H. (2007). **HIV/AIDS vulnerability among farm workers**: pp29 *(Journal),* South Africa.

FHAPCO (2012). **Country progress report on HIV/AIDS response**, pp31, Addis Ababa.

FMOH/NHAPCO (2006). **FMOH/NHAPCO in Ethiopia, 6th report**, Addis Ababa, Ethiopia.

MOH, HAPCO, CSA (2005). **HIV/AIDS behavioral surveillance survey (BSS)**; pp112, Ethiopia.

MOH (2007). **Behavioral change in HIV/AIDS Uganda Sanchez, Melissa, 2004: The**

**Epidemiology of HIV among Mexican Migrants and recent Immigrants,** pp37 *Journal of*

*AIDS*, California and Mexico.

Pearl, Nkhensani, and Shipalana (December 2009). **The Knowledge, Attitudes, and practices**

**on HIV/AIDS**, pp10 Stellenbosch University.

UNAIDS (2012). **UN program on HIV/AIDS (UNAIDS)**, *report on the global AIDS epidemic*, pp8.