POLICY BRIEF NUMBER 33

HARAMAYA UNIVERSITY

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HIV/AIDS knowledge and attitude

The policy brief examines HIV/AIDS knowledge and attitude among diferrent community groups in kersa district,Oromiya regional state Eastern Hararghae Zone

Although many regard the 20th century as an epoch of major development in science and technology, science has not yet triumphed over HIV/AIDS. The manufacturing of either a preventive vaccine or a curative drug is still remote. From a preventive point of view, the only envisaged appropriate mechanisms for halting the further spread of HIV infection or for AIDS patients are promoting communication and disseminating knowledge about the epidemic, and encouraging social support .In this sense, HIV/AIDS is more a social issue than a medical one. The high death toll of HIV/AIDS, it's social and economic ramifications, and the alarming infection rate magnifies this social dimension

Since the first case of acquired immunodeficiency syndrome (AIDS) was reported in 1981, infection with human immunodeficiency virus (HIV) has grown to pandemic proportions. In 2007 alone HIV/AIDS resulted in an estimated 2.1 million death, 2.5 million new infection 33.2 million people living with HIV. (1)

Since 1981 HIV has grown to pandemic proportions resulting in an estimated 65 million infections and 25 million deaths. The estimated number of persons living with HIV worldwide at the end of 2007 was estimated to be 32.2 million. Sub-Saharan Africa is the hardest hit region with HIV/AIDS. Approximately 10% of the world population lives in sub-Saharan Africa, but the region is home to approximately 64% of the world population living with HIV. In Ethiopia based on reports taken from VCT centers, blood banks and ART program, the cumulative number of people living with HIV/AIDS is about 1.32 million. This results in a prevalence rate of 3.5%.

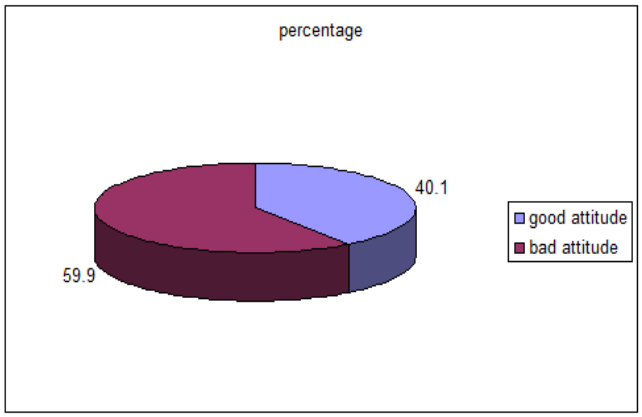

Figure 1Pie chart which shows Percentage of respondents attitude of individuals to wards HIV AIDS.

Policy Recommendation

Based on the findings of this research the following recommendations can be made

- The federal government should communicate through mass media and help the general public achieve a sense of urgency on the issue
- .Health extension agents has to take HIV/AIDS as their main issue when giving health education and under take community conversation so that community members can share their experience and ultimately have the appropriate knowledge and attitude towards HIV/AIDS
- Discussion on the issue of HIV/AIDS must be initiated on a range of levels in Ethiopia so that the required attitude and awareness to wards HIV/AIDS and PLWHA will be created.
- High involvement of private sectors, civil society organizations and religious leaders is required to bring the appropriate attitude to wards HIV/AIDS.
- Strategies at federal level need to be highly decentralized networked and target group oriented.
- Every NGO and the government sector needs to use one national policy and strategy document.

Kersa Demographic Surveillance and Health Research Center (KDS-HRC), Haramaya University:

The surveillance site was established in September 2007 in Kersa district, Eastern Hararge of Oromia region, East Ethiopia with aim of tracking demographic changes like death, birth, migration and marital status change. The surveillance activities further extended by adding surveys in Nutrition, Reproductive Health, Environmental Health, HIV/AIDS, Morbidity/ health seeking behavior and health care utilization during the month of January-March 2008.

The surveillance activity is instituted in 12 kebeles (the smallest administrative unit in Ethiopia with approximate population Size of 4-5 thousand). Two of the kebeles are semi urban and the remaining 10 are rural kebeles.

According to the first census there were 10,256 households and 53,462 people in the study site with an average household size of 5.2 and sex ratio of 104.5. In the study area the crude birth and death rates were 26.8 and 9.2 per 1000 population. Infant and under five mortality rates were 44.9 and 108.2 per 1000 live births respectively.

The activities of the surveillance are lead by a coordinator and a group of six staff members from the College of Health and Medical Sciences

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