

**SOCIAL MOBILIZATION AND CONDOM PROMOTION  
AMONG SEX WORKERS IN NAZARETH, ETHIOPIA**  
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**SUMMARY:** To combat the steady increase in HIV prevalence among women who practice multi-partner sexual contact (MPSC females), a pilot programme to create a network of MPSC females who can provide peer education on AIDS was undertaken in Nazareth, Ethiopia. 98 group leaders were chosen from among the estimated 2000 MPSC females in Nazareth, and trained to provide education on AIDS using specially designed counseling cards and to distribute condoms to their peers, selling them for a nominal fee. Education sessions for the local male population and local bar owners were also conducted. Community Health Agents (CHAs) and core programme trainers from Nazareth provided technical support. An initial review after six weeks of programme implementation revealed a reported increase in condom usage and an increased level of knowledge about AIDS and AIDS transmission and prevention. Programme expansion to 23 other urban areas in Ethiopia, including Addis Ababa, is in progress.

### **INTRODUCTION**

In Ethiopia, HIV is spread primarily through heterosexual contact. One major group with high risk of infection is women who have multi-partner sexual contact, or MPSC females, many of whom work in bars, tej houses, and tella houses, and engage in sex with male bar attenders, often in exchange for money. Recent serosurveys carried out among MPSC females throughout Ethiopia revealed a steady increase in HIV prevalence from 18.5% in 1988 to 29.2% in 1989 (1), with rates as high as 60% in some towns and in some sections of Addis Ababa. Although the results of the 1990 survey are not yet complete, preliminary analysis suggests that HIV prevalence rates among this target population has been doubling in 12-14 months.

Throughout Africa, numerous programmes for prostitutes have focussed on increasing condom use using different approaches such as distributing condoms along with counselling, and involving prostitutes as peer educators in prevention programmes (2). To combat the steady increase in HIV prevalence among MPSC females in Ethiopia, the

Department of AIDS Control (DAC) of the Ministry of Health undertook the design of a targeted intervention to educate MPSC females about AIDS and to mobilize them to fight the spread of the disease through peer education and promotion of condom use.

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## **OBJECTIVES OF THE PROJECT**

The overall objective of the project was to change the sexual behaviour of the MPSC females and their partners; specific objectives were as follows:

- To decrease HIV ISTD transmission among MPSC females and their partners.
- To create a network of MPSC females who are convinced of the need to promote and use; condoms and who consistently use condoms: with their clients and other sex partners.:
- To increase the awareness of AIDS/STDs and the use of condoms among the male population.
- To educate bar owners, tej (local wine) and tella (local beer) sellers on AIDS and condom use and to enlist their support for the project and their assistance in increasing the use of condoms.

## **PROJECT DESIGN**

In designing the project, two main goals were kept in mind:

1. MPSC females should be actively involved in programme activities, and
2. The programme should be made sustainable through the creation of a network of trained group leaders from among the MPSC females to be supported by the existing health services.

## **STRUCTURE OF PROJECT**

In order to achieve the above goals and objectives, the project was developed utilizing existing structures, including the regional health department, the city council, and the Kebeles (local administrative units), and a two-tiered committee was set up. The first tier was at the level of the city council, with representatives of the Regional Health Department, and was responsible for overall project supervision. One member of this central committee, the sanitarian, served as the overall programme coordinator. The other three members of the committee, selected from the regional health staff, served as "core trainers. " They were responsible for training the MPSC females selected to serve as peer educators, and for leading education sessions for groups of men. In selecting the core trainers, priority was given to individuals who had already been trained as counsellors during the sero-surveys. The second tier was at the Kebele level, where committees were established, consisting of two local kebele officials, two bar owners, and two MPSC females. These committees were responsible for overseeing and implementing programme activities. The focal point for training at the kebele level was the community health agent (CHA). The programme coordinator, working in collaboration with the two committees, was responsible for monitoring the selection of the MPSC female group leaders, who were usually women who were permanently employed in one establishment and who had already gained the respect of their colleagues. (See figure 1)

## **SITE SELECTION**

Once the protocol for the programme was developed, the town of Nazareth was selected as the site for the pilot study. Nazareth, which is located some 100km east from Addis Ababa on one of the major trucking routes, is a major trading town, and attracts people (including MPSC females) from all over Ethiopia. In addition, Nazareth is a headquarters of a Regional Health Department, and it possesses a sound city health structure.

## **TRAINING**

The programme design was based on a trickle-down system of training, using specially designed counselling/education cards (see below), and reflected the administrative structure of the programme, as follows:

- Core trainers trained community health agents (CHAs), as well as providing them with

technical support and supervision, and conducted education sessions with the local male population.

-CHAs trained MPSC female group leaders and conducted education sessions with local bar owners. MPSC female group leaders conducted education sessions with their peers.

### **TRAINING/EDUCATION MATERIALS**

Simple training guidelines and a series of counselling/education cards were developed with input from MPSC females, to ensure consistency of the messages delivered at all levels in the training process, and to support the MPSC female group leaders in their efforts to provide accurate information on AIDS. The cards tell the story of AIDS with pictures and a simple text that outlines how the disease transmitted and how it can be prevented. The cards were developed so that they could be easily understood by semi-literate and illiterate persons. The primary emphasis of all training sessions was teaching people how to use the cards, with extensive practice sessions which included learning how to demonstrate proper condom use.

### **CONDOM DISTRIBUTION**

There is increasing evidence from the USA, Europe and Africa that consistent condom use prevents both HIV infection and other sexually transmitted diseases (3). In a Kenyan study, none of the prostitutes who always used condoms were infected by HIV, compared with 56% of those using condoms less than half of the time, and 72% among non-users becoming infected (4). Similar results have been reported among prostitutes in Zaire (5).

Based on these findings, and considering that women in this group often cannot restrict their sexual contacts to one, uninfected, faithful partner, the promotion and distribution of condoms use was the major focus of the training. Condoms were distributed by the city sanitarian to the CHAs, who provided condoms to the MPSC group leaders, who were encouraged to sell them to their peers for the nominal charge of EBIRR 0.05 per condom (equivalent to US\$ 0.025) which they could retain as a financial incentive.

### **PROGRAMME IMPLEMENTATION**

Under the supervision of the city sanitarian/programme coordinator, a team from the Department of AIDS Control (DAC) was formed, consisting of two counselors, a sanitarian, and a WHO advisor, as well as four core trainers, two nurse counsellors and one local sanitarian and the city sanitarian. The DAC team spent a total of 10 days conducting some baseline qualitative research on knowledge and attitudes about AIDS among the target population and initiating programme activities. Training sessions with CHA and MPSC female group leaders were held in the centrally located town meeting hall. Education sessions with MPSC females were held in bars or at the kebele center. During this period 98 MPSC female group leaders, 17 CHAs, and 4 core trainers were trained. The core trainers held education sessions for 5000 men working at different factories and government institutions, as well as for 467 bar owners, and the MPSC female group leaders trained an estimated 1200 MPSC females in bar-based education session.

In order to provide support to the MPSC female group leaders, periodic refresher training, education sessions and condom distribution continued after the DAC team departed from Nazareth.

## FINDINGS

After six weeks of the programme implementation, a series of focus group discussions and random spot interviews in bars in 3 higher traffic kebeles were held with MPSC females, group leaders, community health agents and bar owners. Again, after six months of programme activities, random spot interviews were held with MPSC females. The major findings are summarized below.

-The MPSC females interviewed reported an increase in condom use with their clients. They also reported that clients were increasingly willing to use condoms. In addition, there was a significant increase in the accuracy of MPSC females knowledge of the modes of transmission and methods of prevention.

-Bar owners who attended education sessions on the programme or had received information from MPSC female group leaders, appeared more willing to support/promote condom use in their establishment.

-In a number of instances, it was reported that some local males now referred to certain districts as clean or safe.

- Linkage between the Community Health Agents and the MPSC females were positively strengthened: In one exemplary case, the CHA was helping the MPSC females in her community to form a support association.

-When asked how men were responding to the request to use condoms, most of the MPSC females interviewed said that it was not difficult to convince men to use condoms. In fact,

Table- Social and demographic data of Nazareth town, Ethiopia

- 108,321

population. 108,321

Female population. 27,081

Number of MPSC Females. 2,000

Number of Bars, Hotels and Restaurants. 1,043

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they said that truck drivers and business men often carried their own supply. When clients were more reluctant, the women reported using other arguments such as the need for birth control. In a couple of bars in Nazareth the women reported turning away clients who would not agree to use condoms. However, a number of problems surfaced during the assessment. For example:

-Some of the programme supplied condoms appeared in the local kiosks. However, considering the fact that condoms were not previously available in the local market, this development was not surprising.

-Male education sessions were not sustained. The programme protocol has since been adjusted to allow for a more systematic training of trainers for local industry and the development of community plans of action for male education.

-Many CHAs and MPSC female group leaders expressed a lack of confidence in giving AIDS education sessions. To compensate for this, more attention will be given to periodic refresher training, with particular emphasis on building self-confidence.

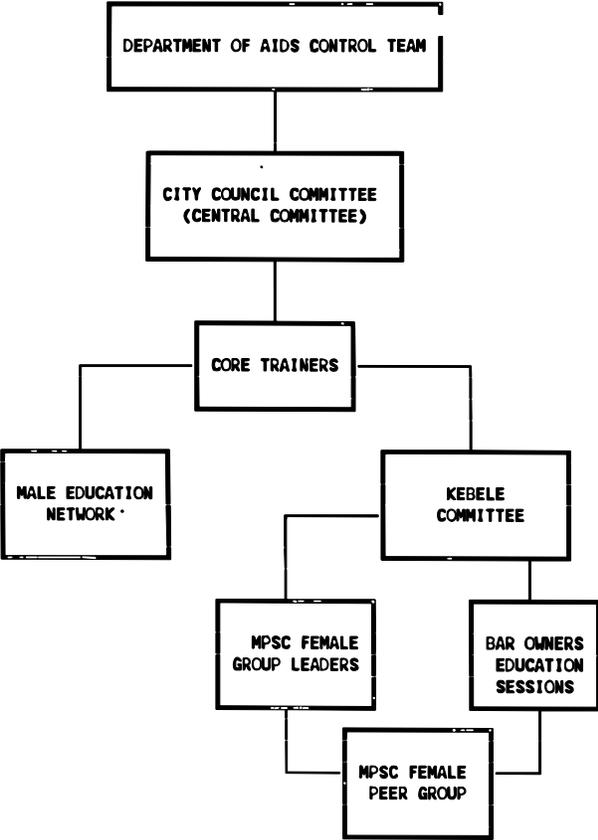
## **CONCLUSION**

Although some problems were encountered in the course of the pilot programme, it appears that this model of training of trainers, peer education, and increased condom availability is effective. As AIDS educators, MPSC females have represented an untapped resource as they are directly affected by the AIDS epidemic. This project shows that when they are convinced of the danger, MPSC females can be the most effective individuals to instigate behaviour change among their peers.

It is clear that education of the MPSC females alone is not enough. Based on the pilot programme results, more emphasis will be placed on educating the male population and educating and mobilizing the bar owners.

Moreover, a system for training peer educators in factories and other places that employ large numbers of men using the counseling/education cards has been initiated. The programme has already been expanded to Addis Ababa and will be implemented in 23 other major urban center during the course of the next year .An impact evaluation will be conducted one year after nationwide programme implementation.

Figure 1. Administrative structure of the social mobilization and condom promotion programme



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