

**INTERLINK BETWEEN HARMFUL TRADITIONAL PRACTICES (HTPs) AND HIV/AIDS: AN EXPLORATORY STUDY BASED ON EVIDENCE FROM SOUTH OMO ZONE, ETHIOPIA**



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## 1. BACKGROUND OF THE STUDY: AN OVERVIEW

According to the single point prevalence estimate, HIV prevalence in Ethiopia is estimated to be 2.3%, which is lower when it is compared to the statistics in the previous decade. However, there are more than 1.1 million people living with HIV/AIDS in Ethiopia. Of the 5.4 million orphans estimated to live in Ethiopia, 855,720 became orphans due to HIV/AIDS. According to the existing information, HIV prevalence among women is higher than men, 2.8% and 1.8% respectively. A study supported by World Bank indicated that Ethiopia represents a low level generalized epidemic with wide urban to rural differences in prevalence, which is 7.7% and 0.9% respectively, with most at risk groups driving the epidemic.<sup>1</sup> Despite a substantial success in fighting against HIV/AIDS across the country and the tripling of sites providing PMTCT services, only 8.2% of the estimated eligible number of pregnant women received prophylaxis so far.

Although previous studies indicated that there were few data available on whether harmful traditional practices (HTPs) contributed to HIV/AIDS<sup>2</sup>, it is evident that different factors significantly increase the vulnerability of women and girls to HIV/AIDS in Ethiopian context. HTPs which adversely affect the physical, psychological and social development of women are common in many parts of the country in different forms. The national baseline survey conducted by the National Committee on HTPs reveals that about 72.7% of Ethiopian women have been subjected to HTP in one form or another.<sup>3</sup> A number of harmful traditional practices are common in Ethiopia, particularly in Oromia, Amhara and Southern Nations Nationalities and Peoples Region according to some reports.

Despite, Female Genital Cutting has still been wide spreading, in which 80% of women at the age of 15–49 are being circumcised (DHS and ORC Macro 2001), while a declining trend of 74.3% is reported by EGLDAM in 2005. Most girls (90% of the cases) are circumcised by traditional circumcisers. Most of the traditional practices are associated with surgical interventions, with a high exposure to contaminated sharp instruments which imply the possibility of being infected with HIV/AIDS. In general, Ethiopian health officials fear that the use of un-sterilized instruments to

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<sup>1</sup> Strategic Plan for Intensifying Multisectoral HIV and AIDS Response in Ethiopia (SPM II )2010-2014

<sup>2</sup> GFTAM (2008): Epidemiological Synthesis of HIV/AIDS epidemics in Ethiopia, WB.

<sup>3</sup> NCTPE (2007), "Follow up Survey on Harmful Traditional Practices in Ethiopia", Addis Ababa.

instruments to perform these practices would aggravate the epidemic of HIV/AIDS as noted in the government's policy on HIV/AIDS (GoE, 1998).

This study is conducted to explore the interlink between harmful traditional practices and HIV/AIDS. It commences with a brief description of the context followed by description of harmful traditional practices exposing to risk factors. Finally, the interlink is analyzed and summarized in conceptual framework that highlights traditional practices, the intermediate factors and linkage to conventional modes of transmission – namely heterosexual sex and contact with infected blood.

South Omo Zone is one of the 14 zones in Southern Nations Nationalities and Peoples Region. It is bordered with Kenya to the south, the *Bench Maji* Zone to the West, the *Keficho Shekicho zone* to the North West, the North *Omo* zone, Segen zone to the North, the *South Ari Woreda* to the North East and the *Oromia* Region to the East. *Jinka* is the capital and the administrative centre of the zone. It is relatively a large zone covering an area of 22,361 square kilometers, and inhabited by pastoralists, semi-pastoralists and sedentary cultivators. The zone is one of the most isolated and disadvantaged areas in the country. It is also one of the country's most socially diverse zones containing as many as 17 ethnic groups, namely *Arbore, Ari, Benna, Bacha, Bashada, Bodi, Dassanech, Dime, Gawada, Hamar, Kara, Konso, Maale, Murssi, Nyangatom, Tsamai and Braile/Ongota* (South Omo Research Centre). Social diversity, therefore, compounds the existing problems of isolation, acute shortage of basic infrastructure as well as scarcity of professional and technical human resources.

According to the Central Statistics Agency of Ethiopia, the population of South Omo in 2007 was 577,673. It is a very sparsely inhabited zone with an estimated population density of 26 persons per square kilometer. The infrastructural facility of the zone is poorly developed; which is a disadvantage inherited from its marginalization and being neglected for centuries. Entrenched cultural beliefs, traditional practices, low literacy and predominantly pastoral way of life in districts necessitate a tailored approach to address problems related to health care systems in *Malle, South Ari, Salamago* and *Bena-Tsemay* districts. These pastoralist areas are characterized by severe underdevelopment socio-economic growth.

## 2. OBJECTIVE AND SIGNIFICANCE OF THE STUDY

The study is conducted with an aim of understanding the dynamics between HIV/AIDS and HTPs in South Omo. Specifically, it describes the major harmful traditional practices that could contribute to HIV transmission and explores their possible interlink with the recognized modes of HIV

transmission. Accordingly, it paves ways for further evidence generation on magnitude of their contribution towards the HIV epidemic in Ethiopia. Moreover, it informs AMREF and other health development programme implementers to develop appropriate HIVAIDS prevention programmes that take the cultural contexts into account.

### 3. METHODS AND MATERIALS

The study was conducted using qualitative information collected from four districts in South Omo. It is complemented by pertinent quantitative information collected during evaluation of AMREF projects in South Omo. The major data collection techniques employed by the study team were in-depth interviews and focus group discussions. A total of eight in-depth interviews and five focus group discussions were conducted by this study. The selection of interviewees and discussants was generally purposive with the selection of well informed informants. The distribution of in-depth interviews and focus group discussions is presented in the following table. *In-depth interviews* were used to collect data from individual respondents at a community level. *Focus Group discussions* were also used to collect in-depth data from group members and their interaction. Both in-depth interviews and FGDs were conducted using separate guides by the principal investigators. The study team has also reviewed relevant secondary data sources to enrich the primary information.

**Table: 1. Number of In-depth Interviews and FGDs conducted in the study area, May 2011**

| Source of information  | Jinka | South Ari | Maale | Bennatsemay | Salamago | Total |
|------------------------|-------|-----------|-------|-------------|----------|-------|
| In-depth interviews    | 3     | 2         | 1     | 2           | 2        | 10    |
| Focus Group Discussion | 1     | 2         | 1     | 2           | 1        | 7     |
| <b>Total</b>           | 4     | 4         | 1     | 4           | 3        | 17    |

Appropriate data quality control mechanisms were mainstreamed in all the data management processes. All the draft data collection tools were critically reviewed by experts. The in-depth interviews and FGDs were carefully documented. The collected data has been translated into English by the principal investigators within a day after the interviews have been conducted. After the data management specialists reviewed the transcribed data, in-depth interviews and focus group discussions have been coded using the themes of the study, mainly HTPs, relationships and HIVAIDS. Sorting of the data was conducted based on these themes. Thematic analysis was then pursued to address the study objectives and research questions.

The study tools were reviewed and approved by AMREF. The letter of request for collaboration was issued from the Project Office of AMREF in South Omo specifying the overall objective of the study and the vitality of data for this study. During individual in-depth interviews and focus group discussions, there were only one moderator and one translator to minimize intimidation. The use of a local language enabled respondents to provide detail information on the factors considered to be important to researchers.

The first interview with respondents was primarily to establish a mutually convenient time for an appointment. The data collectors and supervisors have accordingly conducted the interview taking into account, the working hours and free time of all respondents. Moreover, the right to get interviewed and to stop the interview at any time has been communicated. As has been the fact that all the data collected were handled during the survey and will be handled in the future with complete confidentiality.

#### 4. FINDINGS OF THE STUDY

Existing evidences indicate that VCT positivity is at 2.03%, which is extremely higher than the national rural average. In 2010, among the total tested individuals, 95.1% of the PLHIV were above 15 years and 4.5% were below age 15. Among the total positive clients, 53.4% were urban residents, while the remaining 46.6% were from rural areas. According to the participants of FGD and in-depth interviews, the zone has been known to have many Harmful Traditional Practices (HTPs) that have been widely practiced by the communities of the zone the same as having numerous ethnic groups with distinct cultures and traditions.

In this respect, Female Genital Cutting (FGC) which is common among many societies of the country is not practiced by most of the communities in South Omo Zone except the Cushitic speaking *Arbore and Dassanech ethnic groups*. Some traditions of these societies attract a large number of tourists to come and visit the area; others are the cause of misery and sufferings for women, girls and children. Among the numerous HTPs, milk teeth extraction, Mingi (infanticide and other treatments), free sex, polygamy, rape, widow inheritance, lip-piercing/lip plate, tattooing and uvulectomy are the major ones.

Several studies including AMREF baseline and operations research indicate that there are several harmful traditional practices that affect the sexual and reproductive wellbeing of the target communities. Accordingly, most of the practices have a potential to affect women, girls and youth

disproportionately. As part of the quantitative component, 422 study participants were interviewed about the major practices they consider as harmful. The responses were as follows: Lip piercing/extension 5.3%, Female abduction 50%, Early marriage 44.1%, Polygamy 75.3%, Tooth extraction 76%, Ovulctomy 31%, and Mingi/infanticide 23.3%. During the FGDs and in-depth interviews, most participants argued that the figures reflect the intensity of the problems.

The findings were cross-analyzed to establish relationships with conventional routes of HIV transmission. Moreover, a simple exercise was conducted using information from 422 respondents using a quantitative tool. They were asked to identify HTPs that could have potential to lead for HIV transmission. Accordingly, 72% and 58.1% of the responses indicate that tooth extraction and rape were considered as major factors followed by multiple sexual partnerships including polygamy (52.4%), approval of pre-marital sex (25.4%), Ovuladectomey (21.1%), lip/ear piercing and tattooing (11.4%).

#### **4.1. PROMISCUOUS SEX/MULTIPLE SEXUAL PARTNERSHIPS:**

Contrary to many other Ethiopian communities, virginity of a girl is not important among the Benna, Hammer, Body and Murssi even up to the existing time. In other words, it does not matter whether a girl is found virgin or not on her wedding day. Surprisingly enough, there are many cases a non-virgin bride seems to be favored over a virgin. Because being a virgin means she is unwanted by her lovers. A girl who does not have several lovers is considered less wanted and may face a difficulty in getting a husband. As the information obtained from Women and Children's Affairs Office of Benna-Tsemay Woreda and confirmed by the participants of FGDs, there have been a number of cases that newly married women have sent back to their parents' house by their husbands immediately after their marriage due to their virginity.

Moreover, it is common for a woman to have a lover beside her husband especially among the Benna, Hammer and other related groups. On the contrary, the Body and Murssi women seem to have less freedom to enjoy extra marital sex compared to the Benna and Hammer woman. This does not mean that the body and Murssi woman should never exercise extra marital sex, but she is expected to have it in undercover as opposed to the Benna and Hammer women who have a freedom even up to introducing their lovers to their husbands.

On the contrary, however, the participants of FGD from Malle and Ari ethnic groups conformed that such freedom for free sex is not common and culturally accepted among their community even though some of their community members living in border areas of these ethnic groups are influenced by their traditions and way of living resulted from frequent cultural contact and continuous diffusion of cultural elements over time. In this connection, the participants of FGD from Tsemay ethnic group unanimously alleged that celebrating the ceremonies of Evangadi and the tradition of free sex especially during the young age had never been their tradition in the former time.

However, their intermingled settlement pattern and close contact with members of Benna and Hammer ethnic groups made them to be influenced and gradually adapt some of their traditions and cultural elements within the last few decades. As a result, the ceremony of Evangadi is almost equally celebrated by members of Tsemay and other related groups in Bennatsemay district at the existing time.

On the other hand, multiple sexual relationships are reported among the married couples too. One informant from Malle, Asheker stated,

*Nowadays married couples exercise extramarital sex. The consequence is harsh on women, if it is known by the husband. She is considered as gome/etana -which means harmful wife and expelled away from home. Having kids doesn't excuse her from punishment.*

According to the information obtained from local informants and confirmed by the Officer of Salamogo Woreda Health bureau, it is usual for men to pass the night wherever they like and having extramarital sex especially on market days. Such days are convenient for women to have extramarital sex on their way to home after market hours. In this regard, almost all informants have indicated that girls among these communities are seriously oriented by their mothers to avoid unwanted pregnancy and how herbs are used especially during their pre-marital stage.

In addition, girls have certain knowledge of using the menstruation period cycle to avoid unwanted pregnancy the same as it has been used among the modern societies. Since love making is not a secret matter during the premarital stage among these ethnic groups, every girl is oriented and taught how to calculate and use the safest time to make love. In most cases, mothers are responsible to teach elder girls. Then, elder girls have the obligation to teach the younger ones. This is a kind of informal sex education given to girls by the community.

On the other hand, the “Evangadi”/ceremonies of cultural dance, (which is common among the Benna and Hammer) starts late in the afternoon and goes on up to a midnight in open fields outside their homesteads and continues for three consecutive months. There is also the “Donga” (a fight done with sticks) that takes place among the youth of Bodoy and Mursi during certain weeks every year. Occasions such as these give rise to free sex and seem to fuel HIV infection. What is interesting in this regard is that the winners of Donga are highly wanted for marriage and even solicited for sex by girls themselves among these communities because of their reputation and high regard within their respective communities. If the two boys love a given girl at the same time, the one who won the fight will marry her without any preconditions according to their tradition.

Moreover, the top winner is expected to pass a series of Donga contests that take place at different levels, namely at village, K’ebele, and Woreda levels. In this connection, a significant number of informants alleged that having free sex after Evangadi and Donga is common for some individuals from young generation. This situation seem to be further aggravated by the availability of alcoholic drinks like hard liquor and other local drinks even in local villages including those in remote areas of the project. Therefore, it can be attributed that such practices have a potential of exposing the youth to unprotected sex that may directly lead to HIV infection, and infections resulted from unsafe abortions that have been widely performed among these societies.

## **4.2. POLYGAMOUS MARRIAGE**

Polygamy is widely practiced among all communities within the zone. As long as they can afford the bride-price, men can have a number of wives. There are also cases where the first wives insist their husbands marry their second wives in need of their assistance. There are also several cases of arranged and forced marriages in which girls are obliged to marry individuals out of their desire. Furthermore, a significant number of marriages are still taking place, either by arrangement of parents or force against the will of the couples. There are also cases where young girls suddenly elope with their lovers instead of getting married through wedding ceremonies. Besides that, widow inheritance is common among all ethnic groups across the project area except for slight variations from one community to the other. As a result, most of the marriages are performed without undergoing HIV test even though there are a few young couples who have started to visit health facilities for HIV testing before they get married.

In fact, as a result of community conversation and other sensitization activities on HIV/AIDS, people are willing to have HCT. Nevertheless, when compared to young couples that visit the health facilities to undergo HIV test for marriage purpose, the number of men visiting health facilities for HIV test prior to widow inheritance or before getting married to their second wives is quite insignificant as the health professionals interviewed in all districts of the project underlined. As the Deputy Officer of Ari district affirmed, the crude information in the district indicates that some women in monogamous relationships seem to be contracted with HIV/AIDS after their husbands have married their second/third wives, or after they started to have other additional sexual partners. This is one of the areas that need further attention by the project because there is no commitment in taking HIV test before getting married to the second wife and in widow inheritance due to lack of adequate awareness in capturing such HTPs might be the cause for HIV transmission.

Although communities are aware of the need for counseling and testing, the timing may not contribute for HIV prevention. According to an informant from Asheker, Malle:

*People are aware of the importance of counseling and testing. However, there are instances in which partners undergo counseling and testing after having sexual relationship. After spending some nights together, they go for VCT which is not as it should be. This is true for people who engage in polygamous marriage too.*

Furthermore, even though there is no research based conclusive evidence that indicates the correlation between polygamy and HIV/AIDS, the chance of being exposed to HIV infection in such situation would be much higher compared to the new couples performing their first marriage. In a relatively small and closed communities or ethnic groups like those in in South Omo, the involvement of any sexual partner living with HIV/AIDS in the group may lead to the infection of many others involved in a serial manner.

#### **4.3. MARRIAGE BY ABDUCTION AND RAPE**

In all communities throughout the study zone, marriage by abduction seems to be widely practiced; but most of the cases are not reported to legal bodies because a considerable number of abduction cases are handled by elders and traditional leaders of the community. Currently, the prevalence of abduction is much higher in the zone compared to that of other zones in the region.

Several members of the communities perceive abduction as a normal phenomenon and fail to recognize it as harmful, or it is overlooked or viewed as less important because there was no sufficient data that support to advocate the issue of marriage by abduction as harmful in their area. Marriage by abduction occurs almost uniformly in all age categories of women. The age difference seen in marriage by abduction was not significant. In general, the practice of abduction does not show significant reduction compared to similar cases in other zones of the region. According to one informant,

*Nowadays the concept of abduction is becoming too complex due to actors and actions. For instance, if someone from the youth who has premarital sex relationship decides to marry, he just abducts the girl anytime. If the parents or the respective authorities start to investigate the case, the abducted girl will say it was done by consensus.*

According to the information we obtained from Women, Children and Youth Association Offices of South Omo Zone and Benna-Tsemay and South Ari woredas, there are a number of rape cases, including child rape within the community. The sexual assaults that have been recently committed in Benna -Tsemay and South Ari woredas are cases in point. With regard to this, it was found that a four years old child from Bennatsemay woreda, and a nine years old from South Ari woreda were molested in October 2010 and April 2011 by unmarried youth and by a married person with four children, respectively. Currently, the culprits are in custody and their cases are under investigation in courts of their respective woredas. This clearly indicates that the victims are vulnerable to HIV infection even though there is no evidence whether the culprits were HIV-positive or not because none of them undergone HIV test so far.

Above all, most of the rape cases are not reported to anyone by the victims themselves fearing stigma, and sexual assaults are mostly committed by close friends, peer groups and relatives. In this respect, a considerable number of informants underlined that rape should be reported to legal bodies and this would help take due legal measures against offenders and contribute to the fight against it or, at least, to mitigate it in the future. This indicates that there is a gap between the awareness that rape is a violation of one's personal right that should be punishable by law and the actual practice of reporting such cases. Hence, even if it may be premature to provide a conclusive

recommendation towards the actions to be taken, conducting an extensive research in the area would be the primary concern of government, NGOs and individual researchers.

#### 4.4. MILK TEETH EXTRACTION:

Milk teeth extraction is one of the most common harmful traditional practices widely seen in Southern and South-Western Ethiopia. Similarly, it is one of the most common practices among the communities throughout the South Omo Zone except slight variations in magnitude among the different ethnic groups. As the practice of milk teeth extraction is exclusively performed on children during their early ages, a significant number of people are not able to perceive the link between milk teeth extraction and HIV infection. In this connection, the informants unanimously confirmed that the main reason for practicing milk teeth extraction among the community members is to prevent children from diarrhea during their early stages. In this regard, some informants challenged the efficacy of modern drugs. For example, one of the informants contends:

*We still have a concern regarding teeth extraction. There is no modern medicine for tooth treatment and the ones prescribed are not helping us. So we don't have any alternatives. Give us the right treatment and then you can tell us to stop our practice. If we don't extract the tooth, the child will suffer and eventually die. But if we extract the milk teeth, the child gets better. We are doing it not because we prefer and want it, but because we don't have any other choice. There were times we abstained from extracting milk teeth, as we were synthesized by the awareness raising activities, but we re-started it again because children were getting sick.*

They also believe that the milk teeth will make a child to be less resistant to diseases by hampering its appetite unless it is removed. According to health professionals in Bennatsemay and Ari districts, it is one of the deeply rooted HTPs that have been highly resisted by community members because it is believed to be an effective remedy for diarrhea compared to modern drugs. Milk tooth extraction is conducted by traditional practitioners who have limited knowledge to hygiene. As a result, there are many cases in which single equipment might be shared among a number of households to extract the teeth of their children. In such a case, if the practitioners use infected materials, teeth extraction may be a route to HIV transmission from one child to the other.

#### **4.5. UVULVECTOMY:**

Uvullectomy is also practiced in some communities like the Ari, the Tsemay, and others. It is mostly performed on children in the ages from one month to 20 years. The rationale behind this practice is community members' belief that it prevents sore throat and sudden death of infants. In most cases, it is done by traditionally known practitioners and to some extent by traditional birth attendants. Secondary sources and confirmed by a significant number of informants confirmed that uvullectomy is less prevalent among these communities compared to other communities in the region.

#### **4.6. LIP PIERCING/LIP PLATE**

The Mursi along with their related Nilotic groups like the Surma and others are known for their traditional practice of lip piercing that adversely affects the life of the female. This custom, which is an important aspect of their culture, is mandatory to any girl who attended puberty. A woman or a girl without a lip plate is subject to a series of sanctions, mockery and alienation by the community. The custom is practiced upon women as part of the community's tradition and culture, and is highly valued by the society even though it adversely affects the health and general well-being of women.

There are especially chosen elderly women who perform the procedure. The cut is made by a sharp-pointed knife like instrument. The performers remove the lower incisors to place conveniently the side of the plate at the lower ridge of gum. Both the cutting of the lower lip and the removal of the lower incisors are painful processes that can cause serious bleeding and a possible danger of HIV infection as it is performed by elderly women who have no knowledge of using equipments in a hygienic way. What is even more alarming is the fact that the same instrument would be used for a large number of girls at the same time.

The other challenge is that the lip piercing became a source of income for women of Mursi by attracting tourists who pay them for taking pictures. With regard to this, the health professional who was working in the health post in the Mursi community underlined that it is totally forbidden to observe when girls undergo lip piercing for individuals outside the community or except for a few female relatives from the same ethnic group. As a result, it is not easy to know where and when the ceremony is taking place. In fact these days, there is a gradual change observed in abandoning the practice among some members of the community as a result of growing awareness regarding its adverse effect on the health of girls and women. Experienced women who have developed the skill

through practice by using sharp objects initiate the piercing. So, in the process there is high possibility of coming into contact with contaminated sharp objects.

#### 4.7. MINGI

Mingi has been one of the deeply-rooted Harmful Traditional Practices (HTPs) in the project areas so far. It is believed that Mingi was originally practiced among the communities speaking kindred languages and having similar culture, namely Hamar and the Benna, but it has been gradually adopted by other related groups like the Tsemay, and the neighboring Karo through cultural contact overtime. The term “Mingi” is a belief used in various ways and is associated with numerous issues in the life of the community. From these issues, infanticide has been one dimension of Mingi that has been widely practiced among these communities.

For instance, a child, irrespective of sex, whose first milk teeth appears on the upper jaw instead of on the lower jaw, is considered to be cursed (untouchable). As a result, the child will be either killed or abandoned immediately, or given away to members of other ethnic groups. If left to grow up, they believed that the child would be the cause calamities or catastrophes on the family and the entire community. Besides that, it may be the cause for epidemics, holocaust, or other disasters or dangers that have been coming from the divine power as a punishment such as war, recurrent drought, locust plagues, and snow or heavy rain that would result in crop failure, loss of livestock and widespread famine and hunger in the area. These communities also believe that such a child to be the cause for infertility of women and livestock, as well as for loss of harvest and production failure. The following were mentioned as being some of the conditions that could be the cause for the practice of Mingi.

- If a girl conceives without observing her first menstruation and bears a child, the baby will be Killed;
- If the front teeth of a baby are broken by accident, such child will also be killed;
- If the first baby of ‘Gata’ clan is a male, it will also be killed because this is a sign of bad luck and it is believe to be impossible to avoid the ensuing misfortune;
- If a father of a baby is a kin or relative to a woman, the baby will be killed;
- If a girl conceives or gives birth during her premarital stage, it will be killed;

- If the first born children are male twins, both will be killed by their parents;
- If a person is found having sex with animals, he will also be killed by the community;
- If a child is born before the previous child is weaned, it will be killed;
- If a cow leaks its own milk or started to eat the leaves of a tree like a goat, it will be killed by the owner himself;
- A calf that comes out with its legs first during its delivery will be killed immediately;
- A sheep that nips leaves from a tree like a goat will be killed by the owner himself;
- If a cow crosses its legs over the leg of a woman, it will be killed by the owner himself;
- If a goat or a sheep is found circling a tree, it will be slaughtered immediately;
- If a sheep, a goat or a cow jumps over the roof of a home, it will be killed by the owner himself.

According to the information we obtained from Women, Children and Youth Affairs Offices of South Omo Zone and Benna Tsemay Woreda, Mingi has still been practiced in underground and there are a number of cases that have been reported to government offices in recent years. For example, there was an attempt to kill a male child of one year in Shaba Kebele in June 2008 in relation to Mingi case. However, the child was rescued by the effort of his mother and her neighbors. The child's father who attempted to kill his child was detained for a few days and released on bail, but his case was not decided by legal bodies by the time this study was undertaken.

In addition, a girl who bore a child before she gets married in Asonda Kebele in 2009 was not allowed to breast-feed her baby and driven out from the house by her parents. However, her child was rescued by the Kebele Administration and she got the chance of continuing her education being assisted by government employees even though she became a subject of stigma and discrimination.

Furthermore, a nine-month old baby that was intended to be killed in Sile Kebele in 2010 was rescued by the intervention of the Kebele Administration and Woreda Women, Children and Youth Affairs Office. In relation to this, there are various causes of Mingi that enforce to induce abortion, or killings of children. Some evidence indicates that unsafe abortion is not only a major cause for maternal mortality, but also contributes to HIV transmission. Moreover, Mingi in its infanticide concept is a reflection of unprotected sex and limited utilization of condoms among the younger generation.

#### 4.1.8. ABORTION AND HOME DELIVERY – NOT ASSISTED BY HEALTH WORKER

Informants from Benna-Tsema district indicated that nowadays communities are considering home delivery as a harmful traditional practice. Most attribute that home delivery is unhygienic, and may expose to HIV/AIDS both to the mother and child. In the meantime others argue that currently TBAs are trained and do not use shared sharp objects. Informants also indicated that traditional abortions are also present and may contribute to HIV/AIDS.

An informant from Goldiya said that:

*TBAs are improving through time, especially those trained and residing around towns do not use shared sharp objects. However, in rural areas they use the same instrument, named Baadd for all deliveries.*

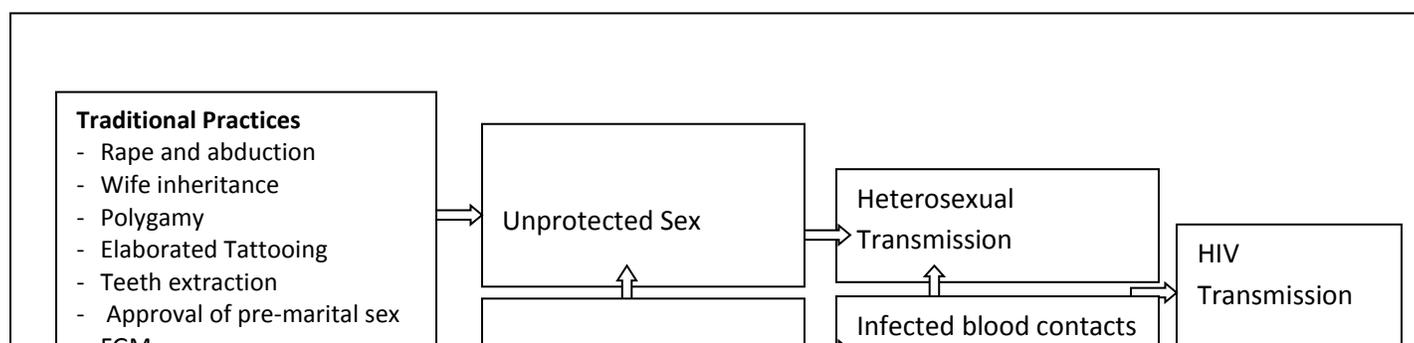
#### 4.1.9. MALE CIRCUMCISION AND ITS POTENTIAL TO EXPOSE TO HIV

All informants who discussed about male circumcision stressed on its potential to expose for HIV/AIDS. Most of the informants indicated that various tools are used for male circumcision. Accordingly, local practitioners who use unsterilized sharp objects may expose the youth to HIV/AIDS.

### 6.1. INTERLINK BETWEEN HTPS AND HIV AIDS

Based upon the information from South Omo, there is a clear linkage between HTPs and HIV/AIDS epidemic based on the existing relationship between exposing factors, intermediaries and scientifically established conventional modes of transmission. Accordingly, with a varying degree of effect in different contexts HTPs can contribute for HIV transmission. This is true in communities where HIV prevalence is higher and the associated harmful traditional practices prevail. More importantly, if the traditional practices are associated with physical alterations using sharp objects, or encourage multiple sexual relationships the effect may be higher. To elaborate this fact the following conceptual model is developed. The conceptual model is used as an analytical tool in the forthcoming sections of the document.

#### Interlink between HTPS and HIV/AIDS: Conceptual Model



## **Conceptual Framework for HTPs and HIV/AIDS**

In communities where there is a high prevalence of HIV/AIDS, the identified HTPs are highly prevalent as indicated in the previous sections it can be safely said that exposing factors for contracting HIV/AIDS are numerous. For instance, existing evidences indicate that VCT positivity in South Omo is at 2.03%, which is extremely higher than the national rural average. In 2010, among the total tested individuals, 95.1% of the PLHIV were above 15 years old and 4.5% were below age 15. Among the total positive clients, 53.4% are urban residents, while the remaining 46.6% are from rural areas. In the meantime almost 100% of the adolescent girls and women in some of the communities are either lip pierced or tattooed with sharp objects by traditional practitioners. Accordingly, most of the HTPs in South Omo are associated with the two major risk factors for contracting HIV– i.e. unprotected sexual practices and contact with contaminated blood via sharp objects.

According to the qualitative study in South Omo, most communities are aware of the role of HTPs as exposing factors for HIV transmission as it is indicated in the conceptual construct above. Most of the informants are aware of the linkage between unprotected sex and the role of shared unsterile objects. Most informants indicated that they support the prevention efforts towards HTPs. However, some informants argued that some of the HTPs like tooth extraction need alternative treatment option to quit it.

## **5. CONCLUSION AND RECOMMENDATION**

### **5.1. CONCLUSION**

According to the information from South Omo, HTPs could be significant intermediary factors that can fuel HIV transmission in such communities. The exploratory study indicated that there is often a linear relationship between HTPs and intermediate factors that lead to conventional modes of transmission. Traditional practices involving physical alteration using unsterilized sharp object and unprotected sexual relationships are found to be directly linked to modes of transmission.

However, it shouldn't be inferred that all HTPs can be routes for HIV/AIDS transmission– there should be an intermediate factor associated with presence or absence of infected members in

those communities. The higher the prevalence of both HTPs and HIV/AIDS in those communities, the higher will be the likelihood of HIV transmission.

## **5.2. RECOMMENDATIONS**

For programmatic purpose Reach Consult strongly recommends considering HTPs not only as violations of human rights, but also as modes of HIV transmission. Therefore, integrating fight against HTPs in prevention methods of HIV/AIDS could avert the potential impact. Moreover, such approaches increase efficient use of resources for dual solutions.

For policy purpose, AMREF should work with local authorities in mainstreaming fight against HIV/AIDS and HTPs in all sector based interventions. Moreover, the advocacy (if possible due to CSO legislation) towards the application of the existing legal frameworks and international agreements should be further strengthened and continued.

For research purpose, the current study didn't establish the magnitude of the importance of HTPs for the expansion of HIV epidemics. Therefore, it is highly recommended to conduct additional community based surveys and clinical studies for establishing the magnitude, association and relationship of HTPs with HIV/AIDS.