Title: HIV/AIDS risk factors and its impact on productivity among workers in Tea plantations in Limuru Division, Kenya

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Abstract: HIV/AIDS is a global concern and Africa is more affected than any other region of the world. An estimated 22.5 million people are infected with HIV in Africa, with 1.7 million new infections in 2007. The pandemic had reached 7.8% among adults between the ages 15-49 Kenya. However, it is still of great concern in certain areas where the prevalence is alarmingly high for instance in agricultural plantations. In Kericho tea plantations for instance, the prevalence for HIV/AIDS was 9.9% in 2005 while the national prevalence was 6.1% in the same year. This has caused an effect on agricultural production leading to low output. The purpose of this study was, to determine the factors associated with HIV/AIDS risk and its impact on productivity among workers in tea plantations. Cross-sectional study design was used to carry out the study. A structured questionnaire was used to collect data on risk factors. Reviewed secondary data (check roll and medical records) was used to compare productivity of workers on ARVs and those not on ARVs in different tea plantations. Key informant interviews and focus group discussions were also undertaken. Production of one person on ARVs was compared to that of two people of the same age, sex and experience who were not on ARVs. The mean number of kilograms of tea plucked in 2005 and 2006 and the number of days they attended work were used as productivity indicators. The sample size was 300 out of which 27 were on ARVs. Data from the study were analyzed using the Statistical Package for Social Scientists (SPSS). Chi-square was used to test relation between variables and the difference between means of productivity indicators was done by use of t-test. Results were considered significant when p value was less than 0.05. The results revealed that respondents with no marital partners were likely to have non regular partners (p=0.046) and to exchange sex for money/gifts (p=0.000). Respondents who did not live with their spouses were more likely to have had non-regular partners (p= 0.000). Alcoholism was significantly associated with having non-regular partners (p= 0.002) and was also associated with gender (p=0.000), with more men taking alcohol. Respondents with no marital partners were likely to have practiced age mixing in the last one year (p=0.010). Female respondents were likely to practice age mixing (p=0.001). HIV/AIDS preventive measures were available for workers in the tea plantations. These included condoms, HIV/AIDS work policy, PMTCT services, STI treatment and VCT services. HIV/AIDS had an impact on productivity with the people on ARVs plucking fewer average kilograms of tea as compared to the ones not on ARVs and attending work for fewer days in a year. From this study it was concluded that gender, marital status, not living with a spouse and alcoholism were risk factors for HIV infection among workers in the tea plantations. VCTs had low uptake due to perceived lack of confidentiality among other reasons. Management of tea plantations need to encourage their workers to live with their spouses by employing them too as well as come up with social education for their workers against alcoholism. Also, tea plantations management need to come up with policies that encourage confidentiality of HIV results in the VCT.