Report of
National Knowledge, Attitudes, Behaviour & Practices (KABP) Survey
Year 2004

Fieldwork conducted: May – August, 2004

Country: Jamaica

Prepared for: The Ministry of Health (Jamaica)

Prepared by: Hope Enterprises Ltd.
Kingston, JAMAICA

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A. INTRODUCTION

- The following are findings from the 2004 National Knowledge, Attitude, Behavior and Practices (KABP) survey conducted as part of an evaluation of intervention activities conducted on behalf of the National HIV/STI Control Programme in Jamaica.

These findings represent a tracking of changes over the 2000 period. The evaluation aimed to measure the effectiveness of prevention activities on knowledge methods, attitudes which support or hinder appropriate safe sex practices, as well as actual behaviour.

Findings also represent baseline knowledge, attitude and practices relating to voluntary counseling and testing in regards to general HIV prevention and specific to prevention of mother to child transmission along with measurements established by the following redefined Caribbean indicators:

- Risky sex in the last year
- Partnership status
- Stigma and discrimination
- Median age at first sex
- Knowledge of HIV preventive methods

Hope Enterprises Ltd. was commissioned to undertake the research. Data for the survey was collected between April and June, 2004.

Sample size: 1800 (878 men; 922 women)

ii. Summary Of Findings

Knowledge: Appropriate knowledge

- The 2004 results reflect a significant increase in knowledge for individual practices over 2000 regardless of age or gender.
- Approximately three-quarters of the population can correctly identify all the preventive practices appropriate for their age group

Myths: Significant reduction in myths vs Yr. 2000

- Significant reduction in proportion endorsing all myths but in particular, myth on mosquito bites
- Protecting one's self from AIDS by not sharing food with PLWHA is now the most endorsed of the myths probed (males agreeing: 17%; females agreeing: 14%)

- Males remain much more likely than females to endorse myths

Risk perception

- **15-24 years**: 56% of both gender perceive themselves to be not at risk of infection.

- 8% of these males and females are however incorrectly assessing their risk with reasons such as:
    - *use condoms sometimes*
    - *no blood transfusions*
    - *no injections*
    - *don't do drugs*
    - *get regular check-ups*
    - *no sex with CSWs*

- **25-49 years:** 42% of both gender perceiving themselves to be not at risk of infection.

- 9% of these males and 5% of the females are however incorrectly assessing their risk with reasons such as:
    - *use condoms sometimes*
    - *no blood transfusions*
    - *no injections*
    - *don't do drugs*
    - *get regular check-ups*
    - *no sex with CSWs*

More persons now taking responsibility for protecting themselves from infection:

- Significant decrease recorded in persons citing partner behaviour as exposing them to risk of infection (19% vs 35% in 2000).

This is particularly so among females among whom partner related excuses declined from 36% in Yr 2000 to 12% in 2004. Instead recognition of inconsistent or no condom use resulting in risk exposure rose from 39% in Yr. 2000 to 48% in 2004 among females.

Knowing one's HIV status

- The majority know where to get an HIV test and the proportion who have so far been tested are:

    15-24 years males: 15.9%
    15-24 years females: 32.4%

    25-49 years males: 36.7%
    25-49 years females: 48.7%

- External factors such as medical reasons, pregnancy, insurance and job related reasons were the main motivators for getting tested;

Proportion personally motivated to get tested were:

Males

- 15-24 years : 26.4%
- 25-49 years: 14.7%

Females

- 15-24 years : 15.9%
- 25-49 years: 5.2%

Among those not tested, 7 in 10 indicate a willingness to be tested. Should more persons be personally motivated to get tested a significant demand for services could result. This would have implications for service provision.

Sexual Activity:

- More adolescents 15-24 years are delaying start of sexual activity:

	2000	2004
Males 15-24 years	14%	18%
Females 15-24 years	27%	34%

Median age of first sex however remains unchanged at 20 years for males and 22 years for females.

Risky Sexual Behaviour

- Multiple partner relationships in the previous 12 months declined by gender and age group in 2004.

	2000	2004
Males 15-24 years	58%	56%
Females 15-24 years	20%	16%
Males 25-49 years	43%	39%
Females 25-49 years	15%	6.2%

Protective behaviour

- Safe sex practice last time is higher among youth in risky situations (74% vs 60% in non cohabiting sex among men 25-49 years)
- Condom use is twice as high among persons with multiple partners (65% vs 39% for monogamous relationships)
- Generally, males demonstrate more consistent condom use in high risk sex (multiple partners) (50% vs 30% for females)
- Younger age group report more consistent condom use in risky situations (50% vs 43% among older age cohort)

Reasons for not using a condom:

- **Among youth:** Unplanned sex and a feeling of knowing partner well were the main reasons for not using a condom last time:

15-24 years	Male	Female
Didn't think of it	36%	18%
Know partner well	21.8%	24.1%
Don't like them/ partner objected	11.4%	16.0%
Not available *	11%	8%

** Approx. 6% tried to get a condom but could not find an outlet*

At least 7 in 10 of those not using a condom last time with this partner had used a condom at least once previously. Inexperience with the condom is therefore not the issue.

Among adults: A feeling of knowing the partner well and not liking condoms were the main reasons for non-use:

25-49 years	Male	Female
Know partner well	38.3%	29.7%
Don't like them/ partner objected	25.9%	21.0%
Didn't think of it	18.0%	13.0%
Not available	.8%	1.0%

Factors which could also negatively impact condom negotiation among females:

- **Coercion**: 15% of females 15-24 years report being forced to have sex during the past year versus 8% of the males of the same age cohort.

- **Age-mixing** : 53% of younger females are having sex with partners 5 years (39%) or 10 years (14%) older than themselves.

- **Commercial sex** increased significantly among the males:

	2000	**2004**
Males 15-24 years	2%	6% (p=.004)
Males 25-49 years	1.2%	15% (p=.000)

This is most worrying among males 25-49 years and here one is forced to reflect on the phenomenal growth in advertised *massage parlours* in recent years.

Further, protective behaviour is not practiced by all men in these situations. It was 82% of the younger cohort and 75% of the older who reported consistent condom use in transactional sex. In fact, among the older age cohort, 28% of those in main partner relationships are not protecting themselves when engaging in transactional sex outside.

One night stands (most recent partner) are high among adolescent males:

- Had sex with just once:

  Males 15-24 years 35% (74% used condoms)

  Females 15-24 years 8% (69% used condoms)

- ----------

  Males 25-49 years 17% (52% used condoms)

  Females 25-49 years 3% (50% used condoms)

Indicator: Risky sex in last year

Percent of respondents who have had unprotected sex with a non marital, non cohabiting partner in the last 12 months of all respondents reporting sexual activity in last 12 months.

	Males	**Females**
- 15-24 years :	30.5%	31.0%
- 25-49 years:	27.6%	29.2%

Based on the definition of a risky sexual encounter as one in which the partners are not living together, just under a third of the sexually active, 15-49 years) are still not protecting themselves in risky situations with no significant difference by age or gender.

When one examines this however using the previous regular partner (a sex partner of >1 year) and non regular partner (sex partner of < 1 year) definitions, a clear difference is seen between the genders. Here females, and more so, older females, are clearly putting themselves at greater risk and need to be specifically targeted.

	Males	**Females**
- 15-24 years :	22.2%	31.9%
- 25-49 years:	20.9%	47.6%

Identifying Drivers for Condom Use

- In an effort to further the understanding of possible drivers for condom use, a Condom Readiness Index (CRI) was derived. This represents a cumulative score from seven variables as follows:
  - Do you sometimes feel embarrassed to buy a condom? *(no)*
  - To what extent do you usually have a condom on you? *(everytime/ most times)*
  - To what extent do you usually have a condom in the house? *(everytime/ most times)*
  - If your brand of condom is not available would you take another brand or would you rather do without? *(take another brand of condoms)*
  - Partner support (do you think your partner would be upset if he/she found that you had a condom available- *No*)

- This index suggests that readiness to use a condom is a composite of :
  - An enabling retail environment (not embarrassed to buy)
  - A supportive partner*
  - Commitment to protection (always having a condom on your person)
  - Not being brand specific, willing to take another if favourite not available

**Among the 15-24 yrs. 24% of the males and 41% of the females think partner may be upset if they had a condom*

**Among the 25-49 yrs. 40% of the males and 48% of the females think partner may be upset if they had a condom*

Males (25-49 years) and females (both age groups) have limited partner support.

- Correlation analysis further suggests that also important to <u>consistent</u> condom use are the following:
  - Actively practicing religion
  - Level of HIV/AIDS knowledge
  - Participation in HIV/AIDS workshops

Human Rights Stigma and Discrimination

This indicator is designed to measure accepting attitudes towards those living with HIV and reflects appropriately answering all of the following:

- *If a member of your family became sick with the AIDS virus would you be willing to care for him/her in your household?*
- *If you knew that a shopkeeper or food seller had the AIDS virus, would you buy fresh vegetables from them?*
- *If a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in school?*
- *If a member of your family became infected with the AIDS virus would you want it to remain a secret?*

	Male %	Female %
If a member of your family became sick with the AIDS virus would you be willing to care for him/her in your household?	Yes: 77.4	Yes: 78.5
If a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in school?	Yes: 60.1	Yes: 66.7
*If a member of your family became infected with the AIDS virus would you want it to remain a secret?**	No: 69.2	No: 61.5
If you knew that a shopkeeper or food seller had the AIDS virus, would you buy fresh vegetables from them?	Yes: 11.3	Yes: 12.6

Prevention of Mother to Child Transmission (PMTCT)

Results of this indicator reflect the % of pregnant women who are counseled, tested and know their status. It is a self report of women who had been pregnant in the previous 2 years and had sought antenatal care.

- 15-24 years: 64.4%
- 25-49 years: 56%

- *It was 80% of the young adults and 66% of the older cohort who report having been given information or counseled on HIV during antenatal care.*

Indicators measured

PROGRAM AREA	INDICATOR	BASELINE (2004)
Behavior Change Communication	Proportion endorsing correct preventive practices *15-24 year olds must endorse 3 preventive practices: condom use always, one faithful partner, abstinence* *25-49 year olds must endorse 2 preventive practices: condom use always, one faithful partner*	Males: 15-24 years: 75.2% 25-49 years: 78.6% Female: 15-24 years: 74.3% 25-49 years: 78.3%
	Median age at first sex among male and female youth *The age by which one half of young men or young women aged 15-24 have had penetrative sex (median age) of all young people surveyed* .	Male (15-24): 20 years Female (15-24): 22 years
	Risky sex in last year *Proportion of respondents who have had unprotected sex with a non-marital, non-cohabiting partner in the last 12 months*.	Males: 15-24 years: 30.5% 25-49 years: 27.6% Female: 15-24 years: 31.0% 25-49 years: 29.2%
PMTCT	Pregnant women counseled and tested for HIV *Percent of women who were counseled during antenatal care for their most recent pregnancy, accepted an offer of testing and received their test results, of all women who were pregnant at any time in the two years preceding the survey.*	15-24 years: 62.5% 25-49 years: 54.6%

Human Rights Stigma and Discrimination	Accepting attitudes towards those living with HIV *Composite of the following:* *- If a member of your family became sick with the AIDS virus, would you be willing to care for him or her in your household?* *- If you knew that a shopkeeper or food seller had the AIDS virus, would you buy fresh vegetables from them?* *- If a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in school?* *- If a member of your family became infected with the AIDS virus, would you want it to remain a secret?*	<u>Males:</u> 15-24 years: 4.4% 25-49 years: 5.2% <u>Female:</u> 15-24 years: 4.7% 25-49 years: 6.3%

iii. Methodology

A cross-sectional survey among a randomly selected sample of 1800 persons islandwide was used to provide data for this study. Respondents represented persons aged 15-49 years with the younger group of 15-24 years over sampled to reflect a booster sample of persons engaging in risk behaviour for analysis.

i Sample Design and Selection

The sample design reflected the following multi-staged approach:

1. The island was stratified into 14 parishes with Kingston and St. Andrew treated as two parishes to ensure that the inner city areas of Kingston in particular, were fully represented in the sample.

2. Each parish was further stratified into constituencies.

3. Each constituency was stratified into three areas, namely:
    a. Parish capitals and main towns
    b. Rural areas

4. Each of the two areas comprising the constituencies was then divided into primary sampling units (PSU's) or Enumeration Districts.

5. A random sample of PSUs was then selected with probability proportional to size (PPS). This statistical technique was designed to ensure that the larger PSUs were selected with a greater probability while at the same time, each household was selected with equal probability irrespective of the PSU from which it came. Kingston Metropolitan Region (KMR) and St. James were purposively selected.

6. 72 EDs were selected as follows:
    - 23 EDs in KMR and Montego Bay

- 25 EDs in other urban areas
- 24 EDs in rural areas

7. Twenty five households were then systematically selected from each ED and cluster sampling carried out with all persons living in that household of the designated ages interviewed.

The sample size was estimated to enable results projectible +/- 5% at a 90% confidence level.

- Data Collection:

Data was collected in confidential face-to-face interviews by highly trained interviewers. Interviewers were trained for five days with two days devoted to field practice. Teams consisted of two females, two males and a supervisor (for the purpose of on site validation).

Interviewers obtained oral permission from the respondents before proceeding with the interview. Interviewers assured participants of their anonymity and the confidentiality of the information. No identifiers (name, address, etc) were included on the questionnaires.

The data collection instrument utilized indicator measures and definitions consistent with the UNAIDS and the USAID Priority Prevention Indicator (PPI). Where appropriate existing indicators (similar to those used in 2000) were used to ensure comparability with previous surveys. Fieldwork was conducted between May and August, 2004.

ii Questionnaire Design:

The questionnaire used was a modification of the global instrument. The following indicators were tracked among the relevant target groups:

(a) Increase in appropriate perception of correct preventive strategies
(b) Increase in delay of first sexual encounter by youth
(c) Increase in condom use by general population (among main and casual partners
(d) Decrease in multiple partners
(e) Appropriate risk awareness of STI/HIV infection among youth 15-24 years
(f) Attitudes to persons living with HIV/AIDS

The evaluation also sought to establish baseline knowledge, attitude and practice relating to voluntary counseling and testing in regards to general HIV prevention and specific to prevention of mother to child transmission.

Key measurements were changed based on new Caribbean Indicators established for evaluation of national AIDS Programmes in the Caribbean:

- Knowledge of HIV Prevention methods

This section measures knowledge of preventive practices. This is measured among persons who have heard of AIDS rather than those who have not.

Risky sex in the last 12 months assesses what proportion of the population was potentially exposed to HIV/STI infection during the past 12 month; it provides a meaningful time frame that is long enough to allow for changes in HIV/STI risk behaviour and short enough for reasonably accurate recall. Previously this measurement focused on sex with regular and non-regular partners. Now it is used to investigate sexual activity with the last three partners in the last twelve months.

- **Knowledge of HIV Prevention Methods**

  This section measures knowledge of preventive practices. People who have not heard of HIV/AIDS cannot be asked about preventive practices.

Knowledge is assessed by reading out to each respondent a list of valid and invalid methods of protection. Respondents who endorse at least two of the main preventive practices will be classified as having effective knowledge of preventive methods. Endorsements of invalid preventive methods can be useful for guiding IEC programs and will indicate the origins of possible discrimination against AIDS sufferers.

- **Profile of sample**

Table 3
Sex of sample

	2004 [N=1800] %	National Profile %
Male	48.8	48.7
Female	51.2	51.3
Total	100.0	100.0

Age: Sample was quota controlled by age group to directly reflect a weighting towards the 15-24 years group.

Table 4

Age of Sample

	% of total sample of KABP Study YR 2004	% of National Profile
15-24 years	50%*	41.4
25-49 years	50%	58.5
TOTAL	100%	100.0

* Age group oversampled to reflect a booster sample of persons engaging in risk behaviour for analysis

Table 5

Level of Education

	2000 N=1498 %	2004 N=1800 %
Basic/primary	9.5	2.4
Secondary/high	74.7	75.9
Skills training/Tertiary	15.5	20.7
N/R	.2	.9

Other sample characteristics

Length of time resident in community

Close to two thirds the respondents (63.2%) have lived in their community for over 10 years. The females, particularly those 25 –29 years old, were the newest residents in the communities surveyed with 26% residing in their communities for 5 years or less compared to 19% of the male age cohort.

Table 8
Years Lived in Community

Male	**Age**	
	15-24 yrs N=453 %	**25-49 yrs N=425 %**
Less than 1 year	5.8	3.1
1-5 years	15.3	15.5
6-10 years	11.9	12.7
Over 10 years	9.7	30.1
Since birth	56.9	37.9
Female	**15-19 yrs N=447 %**	**25-49 yrs N=475 %**
Less than 1 year	8.3	5.7
1-5 years	17.4	20.0
6-10 years	14.8	13.9
Over 10 years	8.9	31.0
Since birth	50.1	28.9

A third of persons regardless of age (15-24 yrs: 31.4%; 25-49 yrs: 31.1%) were unemployed at the time of the survey. Another 44% of the younger ones (vs. 1% of the adults) were students. More importantly, females were significantly more likely to be unemployed among both age groups (15-24 years males: 25.6% vs. females: 37.4%, p=.0001; 25-49 years males: 16.5% vs. females: 44.2%, p=.0001).

The vast majority of those 15-24 were still being cared for by their parents or family (males: 92.1%; females: 83.2%) while unemployed or in school. On the contrary, females 25-49 years were often supported by a partner (62%) given the same circumstances.

Table 9
Source of Income for Unemployed/Students

Male	**15-24 yrs N=290 %**	**25-49 yrs N=72 %**
Parent/Family	92.1	44.4
Partner	1.7	9.7
Friends	0.3	-
Self	2.8	11.1
Other	0.7	22.2
No answer	3.1	16.7
Female	**15-24 yrs N=386 %**	**25-49 yrs N=214 %**
Parent/Family	83.2	25.3
Partner	15.8	62.1
Friends	0.8	0.5
Self	1.5	2.8
Other	0.3	4.7
No answer	2.6	7.5

% exceeds 100 due to multiple responses

A quarter of the sample, regardless of gender lived outside the community for a month or more in the previous 12 months. Males showed a slightly higher likelihood of doing so (15-24 years: 26%; 25-29 years: 27% vs. females 15-24 years: 25%b; 25-49 years: 21%).

B. DETAILED FINDINGS

CHAPTER 1: Knowledge

i. Knowledge of AIDS

Knowledge of HIV and AIDS was almost universal. Of the total sample only 3 females reported that they had not heard of AIDS, one of whom had not heard of HIV.

Knowledge of someone who is either living with or has died form AIDS was significantly higher among the males than in 2000. Males knowing a PWA moved to 40.8% from 35% in 2000 (p=.01). Among females, awareness moved to 40.6% from 36% in 2000. It was just under a quarter of males (15% vs. 10% in '00) and females (17% vs. 10% in '00) reported that a close relative or friend was among the PWA(s) they knew.

ii. Knowledge of methods of prevention

The knowledge indicator was previously used to measure the portion of the sample that was aware of at least two 'correct' HIV preventive methods. The indicator has since been redefined and now represents *"the percent of all respondents who, in response to prompted questions, say that a person can reduce their risk of contracting HIV by using condoms or having sex only with one faithful, uninfected"*. Indicators are however calculated for persons 15-24 and 25-49 years respectively.

15-24 years

Definition of Indicator: Among persons 15-24 years, the indicator was measured using the following preventive measures: i) using a condom all the time; ii) abstaining; and ii) having one faithful, uninfected partner. The numerator includes all persons 15-24 years endorsing all three preventive practices while the denominator includes all persons surveyed in that age cohort.

The indicator reflects that three quarters (74.7%) of young adults 15-24 years old had knowledge of appropriate preventive measures. This was so regardless of

gender (males: 75.2%; females: 74.3%), or educational level (all age/high school: 74.9%; tertiary: 74.1%).

25-49 years

Definition of Indicator: Persons 25-49 years were on the other hand, expected to endorse two of the three items previously mentioned: i) using a condom all the time; and ii) having one faithful, uninfected partner. Here abstinence is excluded as a 'correct' method of prevention as 'negative responses on this item are more likely to result from people believing that abstinence is not feasible than from their believing that abstinence does not provide effective protection'. The denominator remains the same while the numerator now includes persons 25-49 years who endorses both of the two preventive methods.

Knowledge of HIV preventive methods was slightly higher among adults 25-49 years old (78.5%). In fact, it was 78.6% of males and 78.3% of females within this age group who endorsed consistent condom use and having one faithful uninfected partner as 'correct' practices. *See Chart 1 and Table 11 below*

Chart 1
Knowledge of Appropriate Preventive Practices (Prompted)

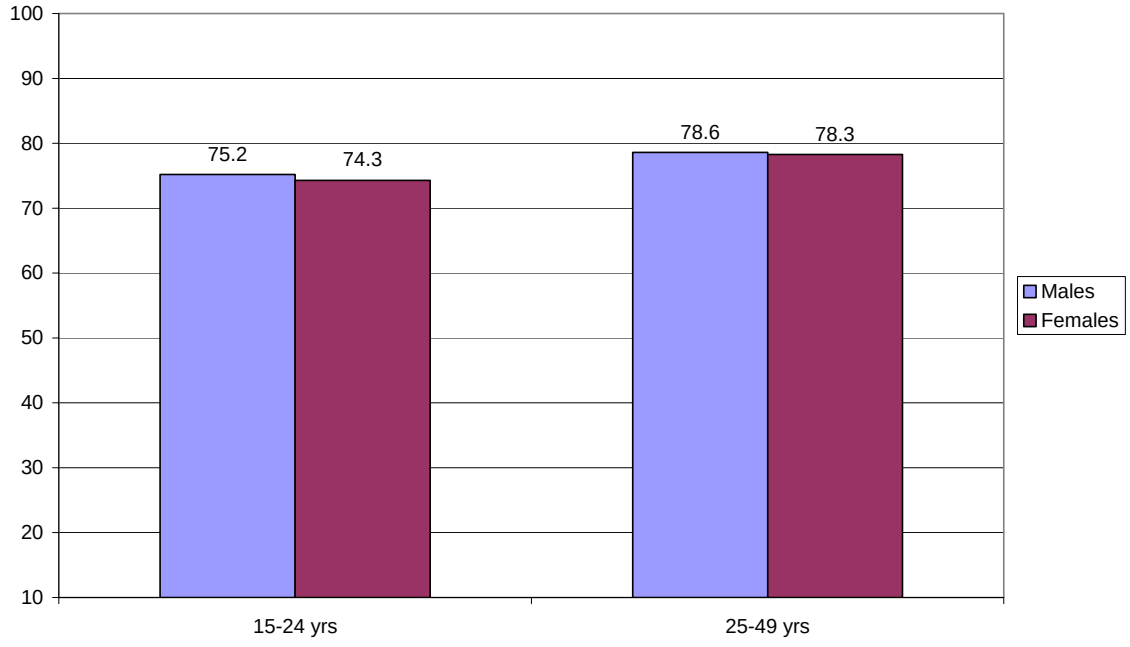


Table 11
Knowledge of All Appropriate Prevention Practices (knowledge indicator, composite)

Appropriate methods	15-24 yrs %	25-49 yrs %
Males	75.2	78.6
Females	74.3	78.3

In respect of knowledge of individual preventive practices both condom use and partner showed significant increases over 2000 regardless of gender or age. Among the males those endorsing one faithful partner increased to 92% from 86% in 2000 while females increased to 90% from 83% in 2000. With regards to condom use, 94% of males versus 87% in 2000 and 93% of females versus 86% in 2000 endorsed this method. *See Table 12*

Chart 2.i
Appropriate Practices Endorsed by Males (2000vs. 2004 Prompted

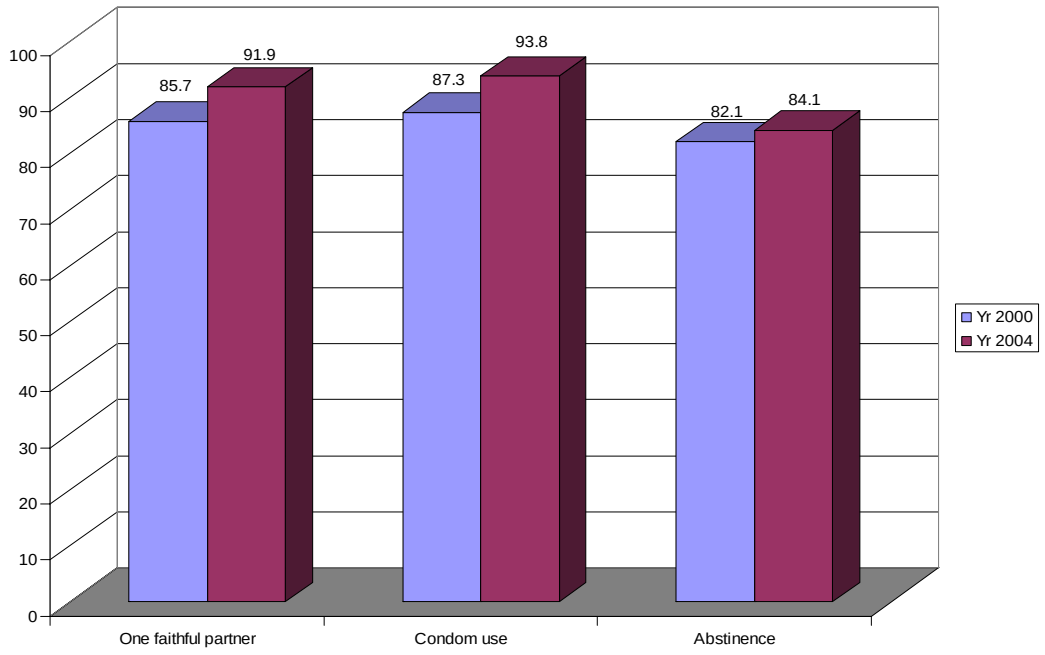
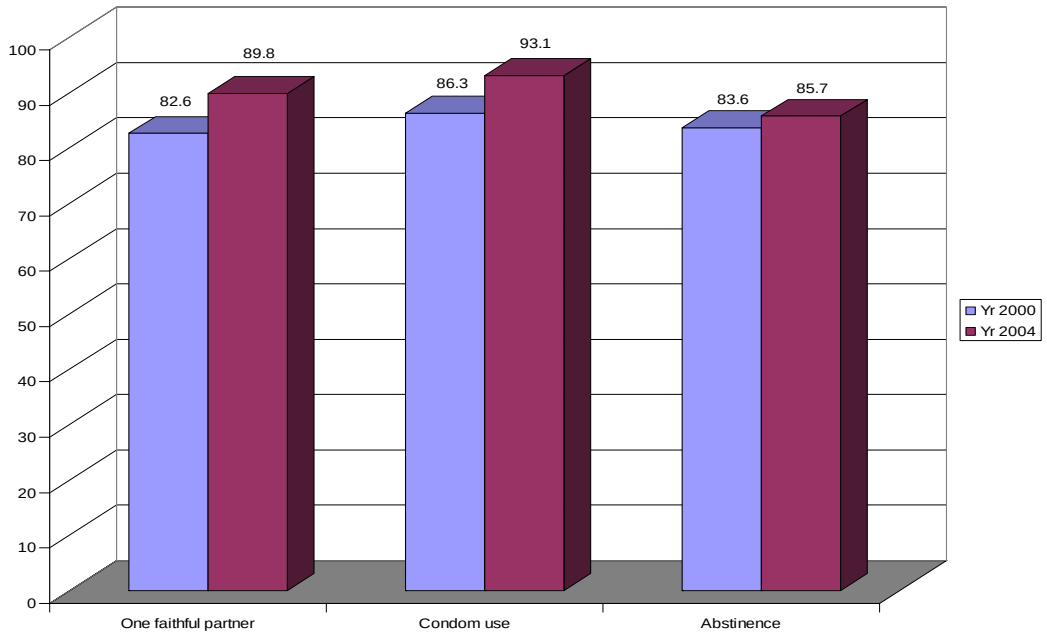


Chart 2.ii
Appropriate Practices Endorsed by Females (2000vs. 2004) Prompted



Also Important was that significantly fewer persons endorsed inappropriate practices when compared to last time (31.9% vs. 39.3% in 2000, p=.00001). *See Chart 3 below*

Chart 3
Portion Endorsing Inappropriate Practies (2000 vs. 2004) Prompted

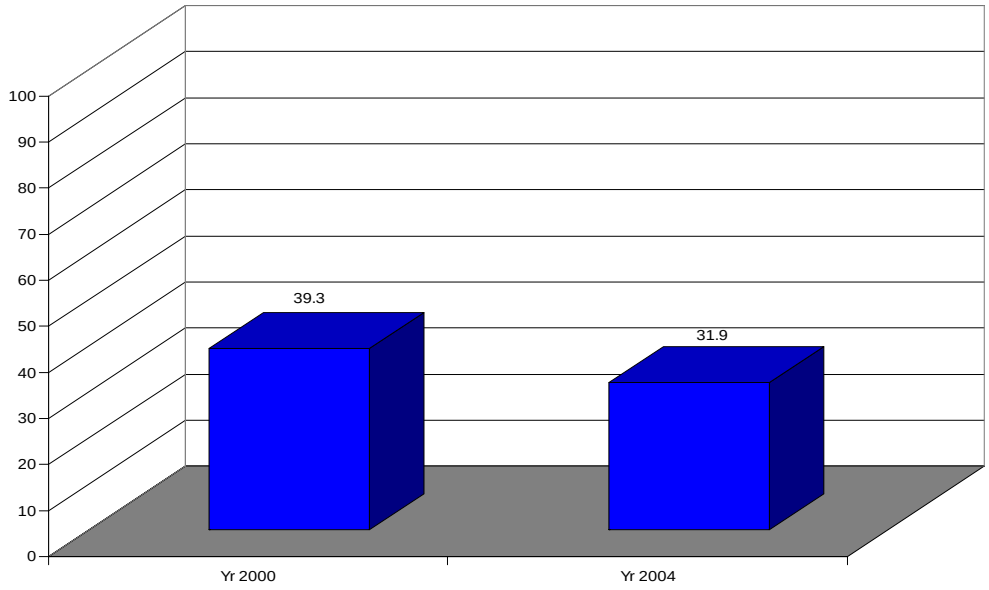


Table 12
Appropriate and Inappropriate Practices Endorsed (by gender)
2004 vs. 2000 (Prompted)

	Male		Female	
Appropriate methods	2004 N=878 %	2000 N=754 %	2004 N=922 %	2000 N=744 %
One faithful partner	91.9*	85.7	89.8*	82.6
Condom use	93.8*	87.3	93.1*	86.3
Abstain	84.1	82.1	85.7	83.6
Inappropriate methods				
Avoid mosquitoes or insect bites	17.0	36.7	12.0	25.7
Not sharing food with PWAIDS	20.3	22.0	13.7	14.2
Not touching someone with AIDS	11.4	14.7	6.5	8.1

**very significant increase over previous period, p<.01*

- Unprompted awareness of appropriate methods

Prior to obtaining prompted responses, the sample was asked to cite preventive methods of which they were aware. Highest unprompted mentions were 'use a condom' (48.4%), 'having one faithful partner' (45.3%), and abstinence (42.7%). These were followed by 'condom use all the time' which was spontaneously mentioned by 33.3% of the sample.

Although unprompted responses do not represent knowledge based on the prescribed indicator, it suggests top of mind recall for preventive HIV methods.

iii. Myths

Encouragingly, belief in popular myths are now trending downwards over 2000. Nonetheless, males were yet again more likely to endorse myths when compared to females. In fact, the difference between genders was significant for all three inappropriate methods. In the case of mosquito bites, 17% of males subscribed to mosquito bites versus 12% of females, p=.002; not sharing food with a PWA, males: 20% vs. females: 14%, p=.0002; and not touching a PWA, males: 11.4% vs. females 6.5%, p=.0008. *See table 13.i*

Table 13.i
Inappropriate Practices (Myths) as endorsed by gender - 2004 vs. 2000 (Prompted)

	Male		Female	
Inappropriate methods	2004 N=878 %	2000 N=754 %	2004 N=922 %	2000 N=744 %
Avoid mosquitoes or insect bites	17.0	36.7	12.0	25.7
Not sharing food with PWAIDS	20.3	22.0	13.7	14.2
Not touching someone with AIDS	11.4	14.7	6.5	8.1

Belief in myths declines with age, except in the case of males 25-49 years who were more likely than their younger cohorts to believe that they can protect themselves from contracting HIV/AIDS by avoiding touching a person who are infected. *See Table 13.ii*

Chart 4.ii
Belief in Myths Analyzed by Age (Males) - 2004

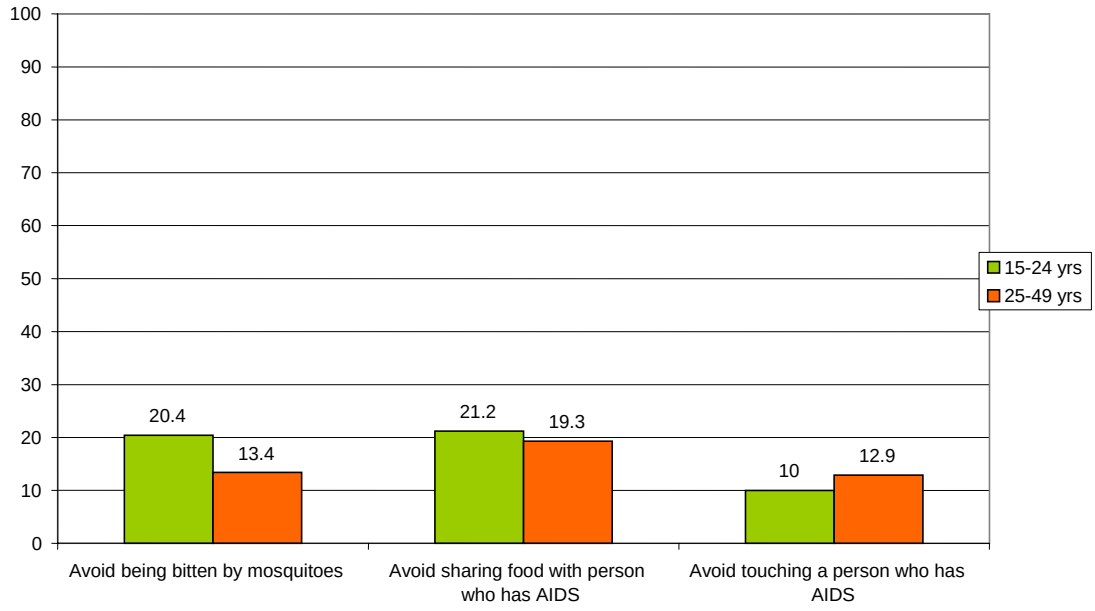
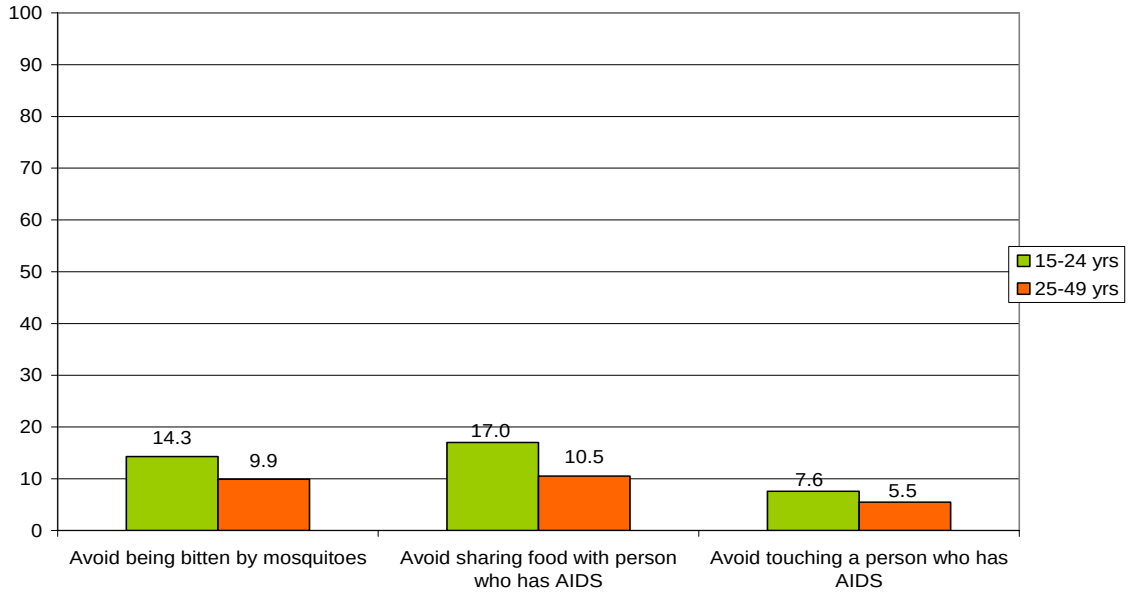


Chart 4.ii
Belief in Myths Analyzed by Age (Females) - 2004



iv. Asymptomatic transmission**:** Knowledge regarding asymptomatic transmission generally remained the same when compared to 2000 (males: 96.4% vs. 96.3% in 2000; females: 96.1% vs. 96.5% in 2000).

v. Mother to child transmission**:** Significantly more females than males agreed that it is possible to reduce the risk of mother to child transmission (males: 45.8% vs. females: 66.3%, p=.0001). Furthermore, this belief was highest among females 25-49 years (70.5%), with significantly more females 25-49 years likely to be aware of this fact than the younger group (15-24 years: 61.7%; 25-49 year: 70.5%, p=.006). Among males, knowledge ranged from 43.1% among 15-24 to 48.7% among those 25-49 year olds.

A larger portion of the sample than in 2000 was now able to cite a treatment or method for reducing transmission. The portion citing AZT treatment remained unchanged (73%). However, 37% (versus 19% in 2000, p=.00001) also indicated that the mother should not breastfeed the child.

CHAPTER 2: Risk Perception

1. Personal Risk Perception

Males: Similar to 2000, proportion of each sub group that assessed themselves as free from risk of contracting HIV declined as one moved higher up the age range. Among males, the proportion moved from 56% for those 15-24 years to 43.1% among those 25-49 years (versus 68% among the 15-19 year olds to 43% among the 25-49 year olds in 2000). Note also that the percent of males 25-49 years indicating that they were not at risk of contracting HIV has remained the same over the period. *See Table 14.i*

Those perceiving the possibility of contracting HIV were a third of those 15-24 years (36.6% vs. those 15-19 yrs: 25%; 20-24 yrs: 35.4% in 2000) and a half of those 25-49 years old (52.7% vs. 36.3.% in 2000). This implies a significantly greater perception of security among males within this age group, p<.01.

Chart 5.i
Perceived Risk of Contracting HIV - Males (2004)

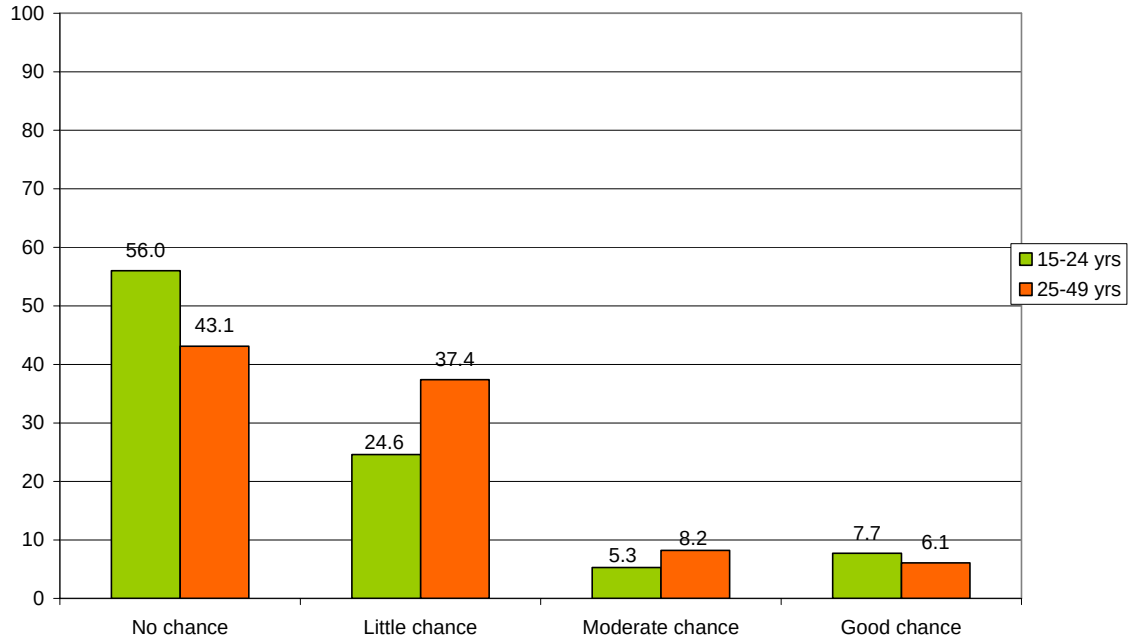


Table 14.i
Perceived Risk of Contracting HIV - Male

Perceived Risk	Male	
	15-24 yrs n=452 %	25-49 yrs n=425 %
No chance	56.0	43.1
Little chance	24.6	37.4
Moderate chance	5.3	8.2
Good chance	7.7	6.1
Already infected	-	-
Don't know	6.4	4.0
No response	0.0	1.2

Females: Among females, the perception of not being at risk of contracting HIV is again negatively related to age. The proportion moved from 56.6% among those 15-24 years to 41.8% among those 25-49 years (versus 15-19 years 68.1%; 20-24 years 52.7%; 25-49 years: 50.4% in 2000). Interestingly, significantly fewer females 25-49 years, believed that they were at risk of contracting HIV (p=.03). The proportion perceiving some degree of risk of infection now varies between 37.2% and 49.6% for females 15-24 and 25-49 years respectively (versus 15-19 years: 23.5%; 20-24 years: 37.1%; 25-49 years: 35.6% in 2000).

Chart 5.ii
Perceived Risk of Contracting HIV - Females (2004)

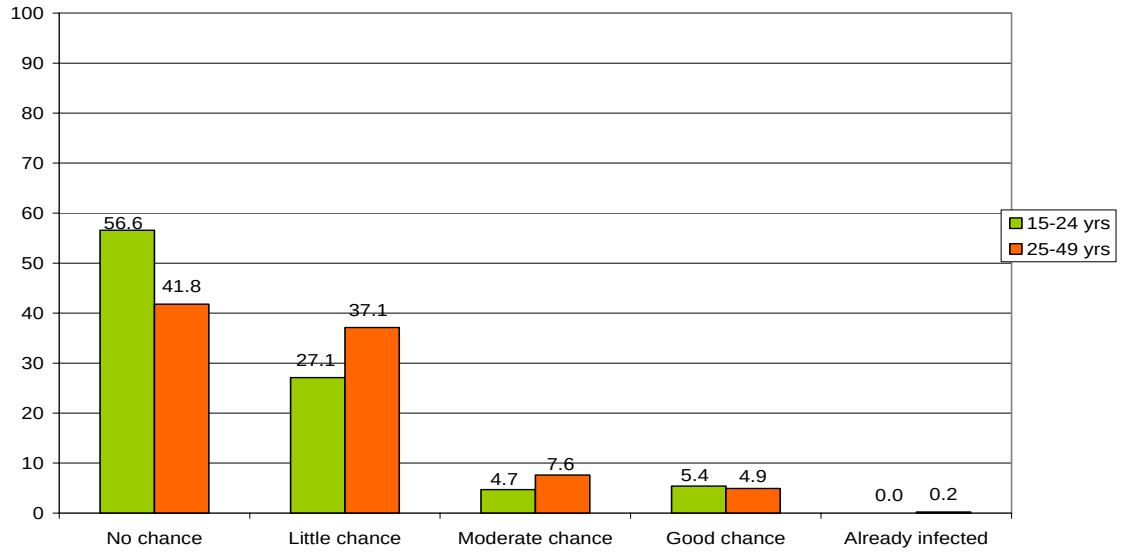


Table 14.ii
Perceived Risk of Contracting HIV - Female

Perceived Risk	Females	
	15-24 yrs n=447 %	25-49 yrs n=474 %
No chance	56.6	41.8
Little chance	27.1	37.1
Moderate chance	4.7	7.6
Good chance	5.4	4.9
Already infected	-	0.2
Don't know	6.0	8.2
No response	.2	0.2

Main reasons for feeling 'safe'

Main reasons given for feeling 'safe' were yet again: 'no sex', 'always use condoms' and 'only have sex with spouse'. Men were once more reporting consistent condom use (40.4% vs. 39.9% in 2000) and abstinence (27.3% vs. 30.6% in 2000) when explaining why it is that they feel safe from infection. For women reasons remained the same: no sex (49.2% vs. 44.8% in 2000); sex with spouse only (23.7% vs. 33.8% in 2000). *See Tables 15.i*

Table 15.i
Reasons for feeling safe from infection (2004 vs. 2000)

Reasons for feeling safe	Male		Female	
	2004 N=436 %	2000 N=451 %	2004 N=451 %	2000 N=426 %
Use condoms all the time	40.4	39.9	20.2	19.7
No sex	27.3	30.6	49.2	44.8
Sex only with spouse	23.9	23.9	23.7	33.8
Use condoms sometimes	3.9	6.6	2.9	2.3
No blood transfusions	0.9	1.3	0.4	1.6
No injections	0.8	-	0.2	0.7
Partner is faithful	0.7	1.1	1.3	1.9
No sex with CSWs	0.2	0.4	-	-
Other* *includes don't do drugs/ get reg. check-ups	4.0	2.3	6.2	2.4
Don't know	0.9	-	1.2	-
No response	1.1	-	0.4	-

Note: Percentages exceed 100 due to multiple responses

Table 15.ii

Reasons for feeling safe from infection – Males 2004

Reasons why not likely to Contract HIV	Males		
	TOTAL N=436 %	15-24 yrs n=253 %	25-49 yrs n=183 %
Use condoms all the time	40.4	48.2	29.5
No sex	27.3	36.4	14.8
Sex only with spouse	23.9	7.1	47.0
Use condoms sometimes	3.9	3.2	4.9
No blood transfusions	0.9	1.2	0.5
No injections	0.8	1.6	1.1
Partner is faithful	0.7	0.4	1.5
No sex with CSWs	0.2	0.4	-
Other* * includes don't do drugs/ get reg. check-ups	4.0	3.2	5.2
Don't know	0.9	1.6	-
No answer	1.1	1.6	0.5

Note: Percentages exceed 100 due to multiple responses

Table 15.iii

Reasons for feeling safe from infection – Female 2004

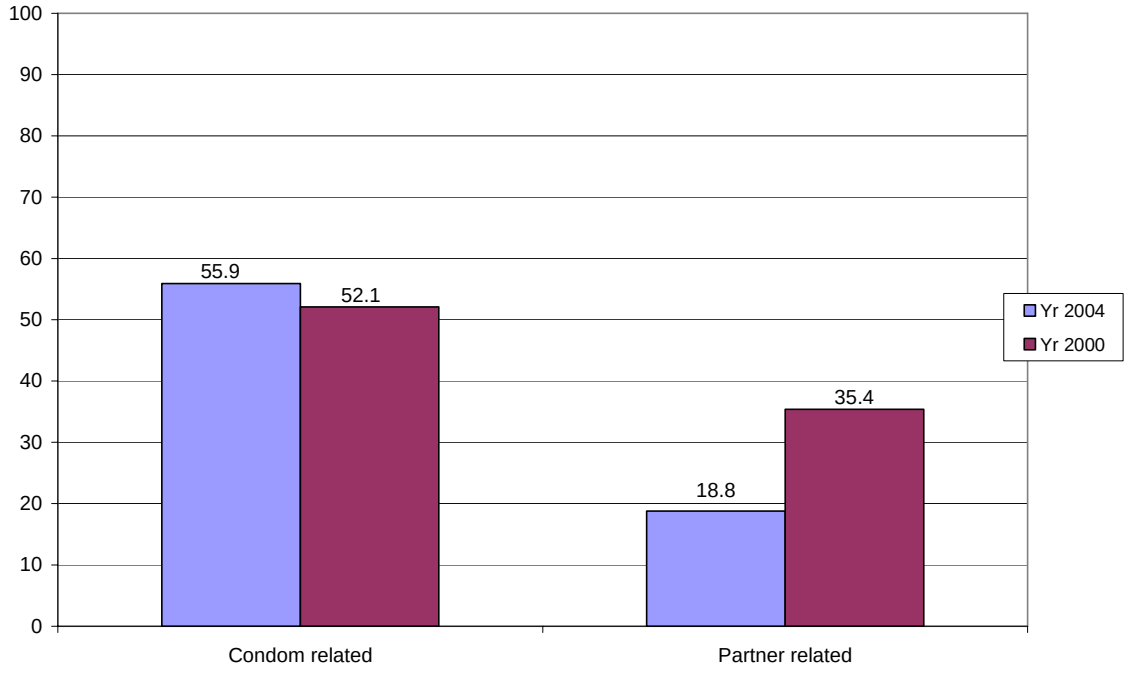
Reasons why not likely to Contract HIV	Females		
	TOTAL N=451 %	15-24 yrs n=253 %	25-49 yrs n=198 %
No sex	49.2	59.7	35.9
Sex only with spouse	23.7	7.9	43.9
Use condoms all the time	20.2	24.1	15.2
Use condoms sometimes	2.9	2.8	3.0
Partner is faithful	1.3	1.2	1.5
Other* * includes don't do drugs/ get reg. check-ups	5.1	6.8	3.5
Don't know	0.7	1.2	-
No answer	0.4	0.4	0.5

Note: Percentages exceed 100 due to multiple responses

Why chance of becoming infected

The emphasis on risks associated with partners has decreased significantly (18.8% versus 35.4% in 2000, p=.0001) while condom related concerns inched upwards (55.9% vs. 52.1% in 2000).

Chart 6
Primary Reasons for Perceiving exposure to Risk of Infection



The perception of exposure to risk of infection centered largely on inconsistent condom use (males: 47.5%; females: 47.7%). Further investigations revealed that a half of those (53.5%) indicating inconsistent condom use were also likely to have felt embarrassed about buying condoms.

Table 16

Reasons for perceiving exposure to risk of infection

Reasons for perceiving risk	TOTAL N=791 %	Males N=390 %	Females N=401 %
Condom related:	**55.9%**	**60.8%**	**51.2%**
Use condoms sometimes	39.3	42.1	36.7
Don't use condoms	8.2	5.4	11.0
Condom can burst	8.1	12.8	3.5
Don't like condoms	0.3	0.5	-
Partner related:	**18.8%**	**22.6%**	**15.5%**
Have different partners	11.4	19.5	3.5
Spouse has many partners	4.4	1.5	7.2
Partner may have many partners	2.9	1.3	4.5
Don't know if other partners have STDs	0.1	0.3	-
Never can be too careful	18.0	16.7	17.3
Had injections	6.6	4.1	9.0
Had blood transfusion	3.3	2.3	4.2
Other ways than from sex	1.4	1.3	1.5
Always a possibility once having sex	1.0	1.0	1.0
By kissing	0.5	0.8	0.2
By playing with someone infected	0.5	0.5	0.5
Was raped	0.3	-	0.5
Sex with CSWs	0.3	0.5	-
Other	3.8	3.7	4.0
Don't know	0.4	-	0.7
No answer	1.0	0.5	1.5

ii. Knowledge and behavior in respect of ascertaining HIV status

The majority of males and females, regardless of age, were aware of where to get an HIV test done. It was the females (15-24 yrs: 32.4%; 25-49 yrs: 48.7%) who were more likely than their male counterparts (15-24 yrs: 15.9%; 25-49 yrs: 36.7%) to have done a test.

Table 17.i
Knowledge & behavior in respect of ascertaining HIV status - 2004

Male	**15-24 yrs (n=452) %**	**25-49 yrs (n=425) %**
Know where to get an HIV test	73.7	86.8
Have had HIV test done	15.9	36.7
	(n=72)	**(n=156)**
Test done in past year	69.4	45.5
Results of the test known	86.1	93.6
	(n=62)	**(n=146)**
Went back for the results yourself	83.9	83.6
Reasons for doing test:	**(n=72)**	**(n=156)**
Medical reasons*	48.7	38.4
Partner pregnant	-	3.2
Wanted to know HIV status	26.4	14.7
Job requirement	8.3	10.9
For insurance	6.9	22.4
Immigration/traveling	5.6	7.7
Other**	5.6	5.1

* 'Medical reasons' include doctor's orders, in hospital, regular check-up and other medical reasons, felt sick

** 'Other' reasons include blood donation, was raped, partner unfaithful

Table 17.ii

Knowledge & behavior in respect of ascertaining HIV status - 2004

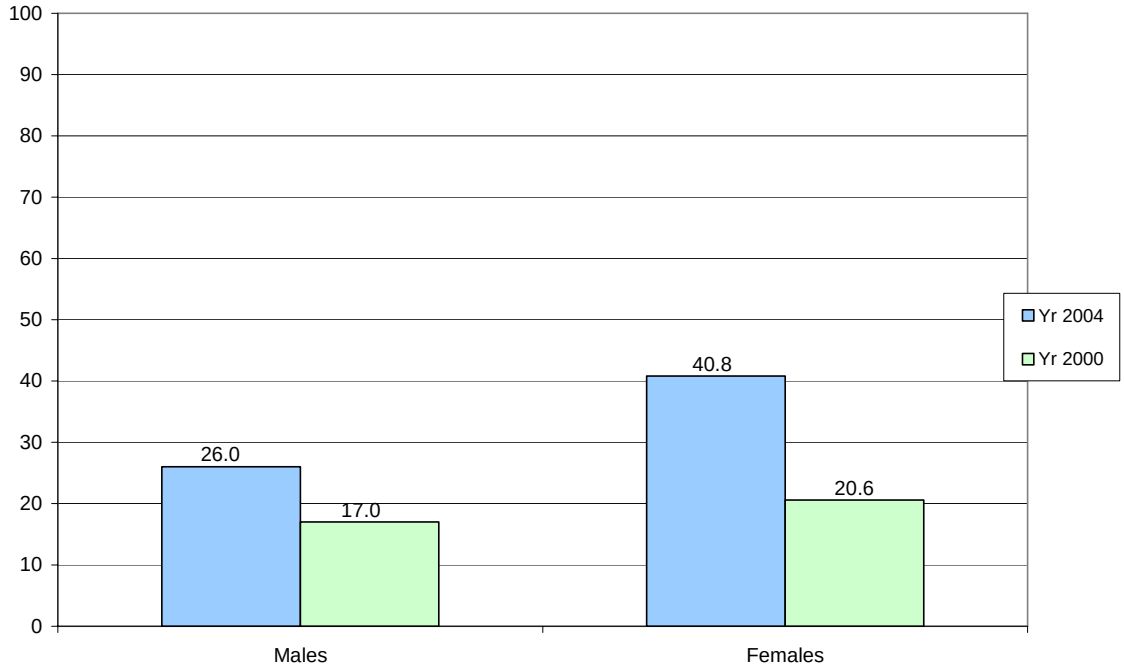
Female	**15-24yrs (n=447) %**	**25-49yrs (n=474) %**
Know where to get an HIV test	77.2	88.8
Have had HIV test done	32.4	48.7
	(n=145)	**(n=231)**
Test done in past year	61.4	41.1
Results of the test known	91.7	94.8
	(n=133)	**(n=219)**
Went back for the results yourself	89.5	84.9
Reasons for doing test:	**(n=145)**	**(n=231)**
Medical reasons*	39.3	42.4
Pregnant	37.9	22.5
Wanted to know HI/V status	15.9	5.2
Job requirement	-	3.0
For insurance	1.4	19.0
Immigration/traveling	2.8	6.5
Other**	2.8	4.3

* 'Medical reasons' include doctor's orders, in hospital, regular check-up and other medical reasons, felt sick

** 'Other' reasons include blood donation, was raped, partner unfaithful

More importantly however, the portion indicating that they have done an HIV test is significantly higher than in 2000 (males: 26.0% vs. 17.0% in 2000, p=.0000; females: 40.8 vs. 20.6% in 2000, p=.00000)

Chart 7
Behaviour Re Ascertaining HIV Status - 2004 vs. 2000



Among those who have not yet done an HIV test, more than three quarters indicated interest in having one done. Males willing to do an HIV test was as follows: 15-24 years: 78.9%; 25-49 years: 77.6%. Females willing to do an HIV test were 76.5% of those 15-24 years, and 74.8% of those 25-49 years.

More than half (56.5%) of those not interested in being tested reported that did not want to know their status. Those not wanting to know their status were more likely to be male (62.5%) than female (50.0%), and from the older age group (15-24 years: 50.4%; 25-49 years: 64.2%).

Another 14.5% indicated that they did not need to have an HIV test done because they are not sexually active.

CHAPTER 3: Risky Sex

i. Multiple partnerships

The promotion of one faithful partner and consistent condom use in risky sexual situations are two of the tenets in HIV/AIDS prevention. Encouragingly, both gender and age groups showed a decline in the incidence of multiple partner relationships over the previous 12 months.

Table 19
Multiple Partners Over Previous 12 Months 2004 vs. 2000

MALE		2000	2004	% points change
Males	15-24 y	57.6 (N=427)	56.0 (N=	(1.6)
Females	15-24 y	19.8 (N=353)	16.0	(3.8)
Males	25-49 y	43.4 (N=353)	39.0	(4.4)
Females	25-49 y	15.4 (N=241)	6.2	(9.2)

The pattern of sexual activity over various periods, last 4 weeks, last 3 months and last 12 months also suggest a pattern of serial monogamy. Multiple partner relationships in the following graphs are shown to increase significantly over time with the high incidence among males in the 15-24 years in the last 12 months being particularly worrying.

Chart 8a

Number of Parners for 4 wks, 3 & 12 months: MALES 15-24 YEARS

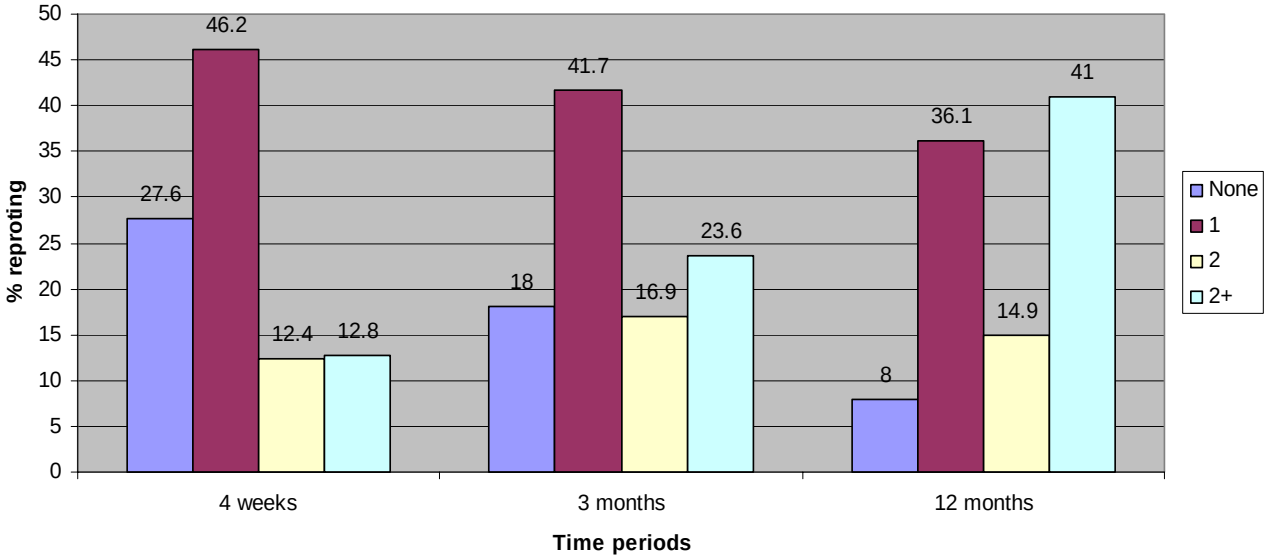


Chart 8b

Number of Partners for Last 4 weeks, 3 & 12 months: Females 15-24 years
2004 KABP

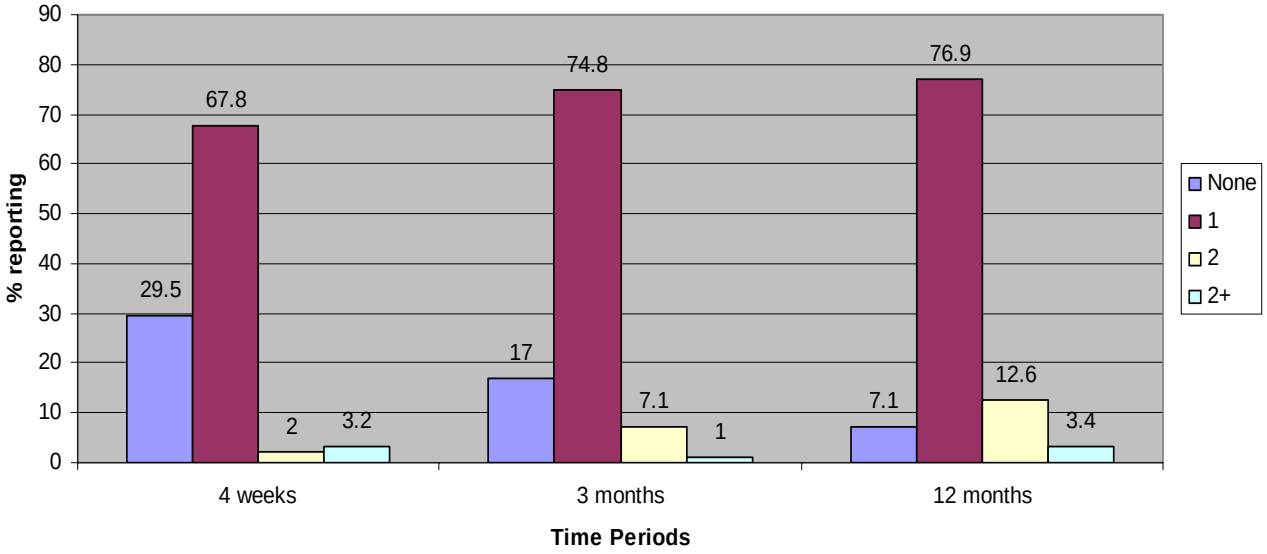


Chart 9a

Number of Partners Over Last 4 wks, 3 & 12 months: Males 25-49ys
2004 KABP

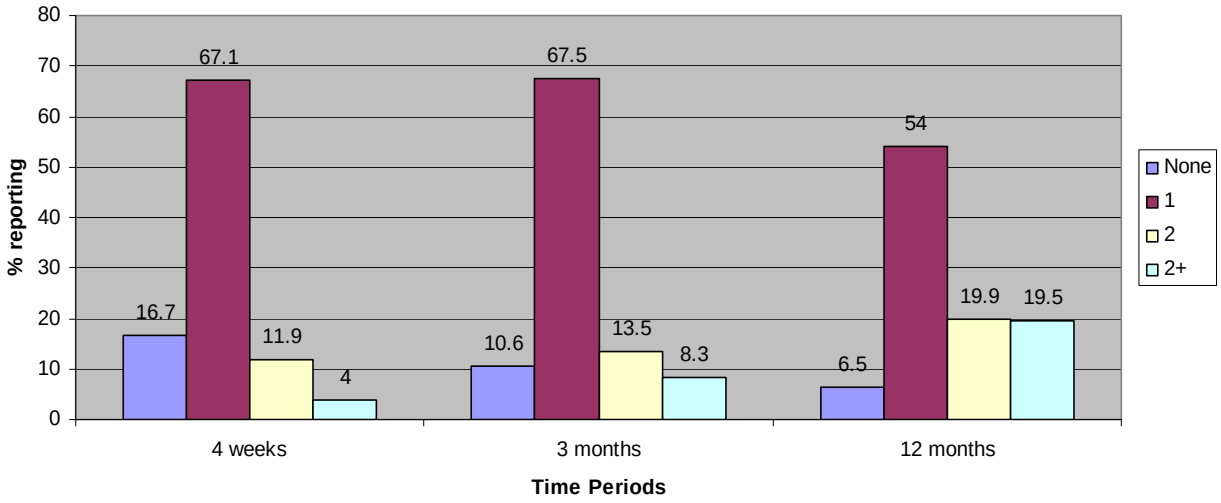
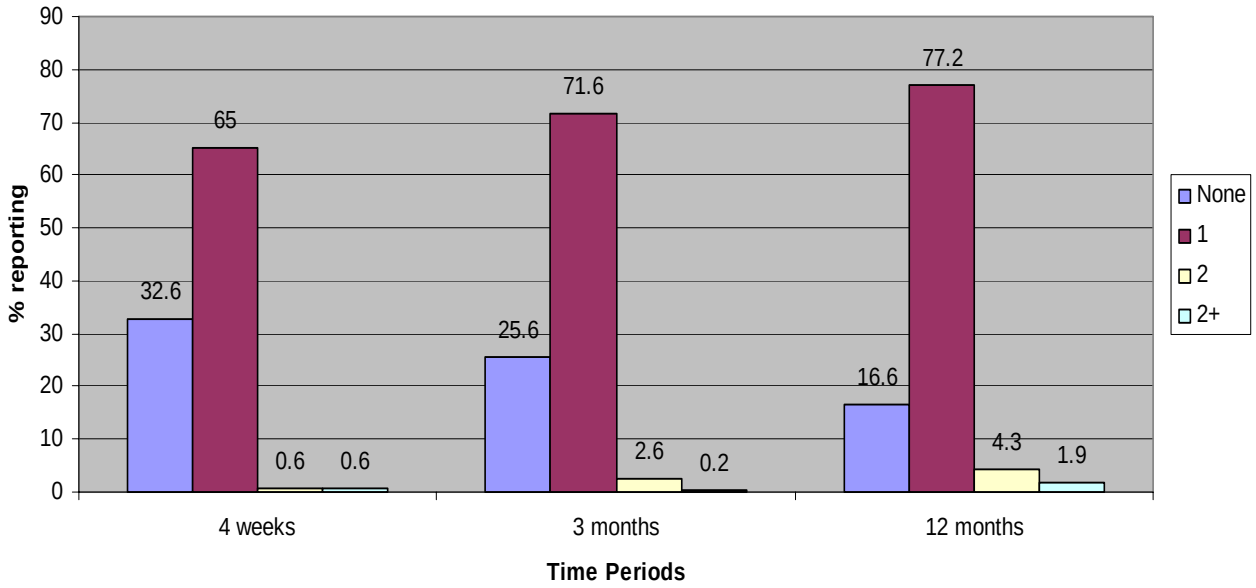


Chart 9b

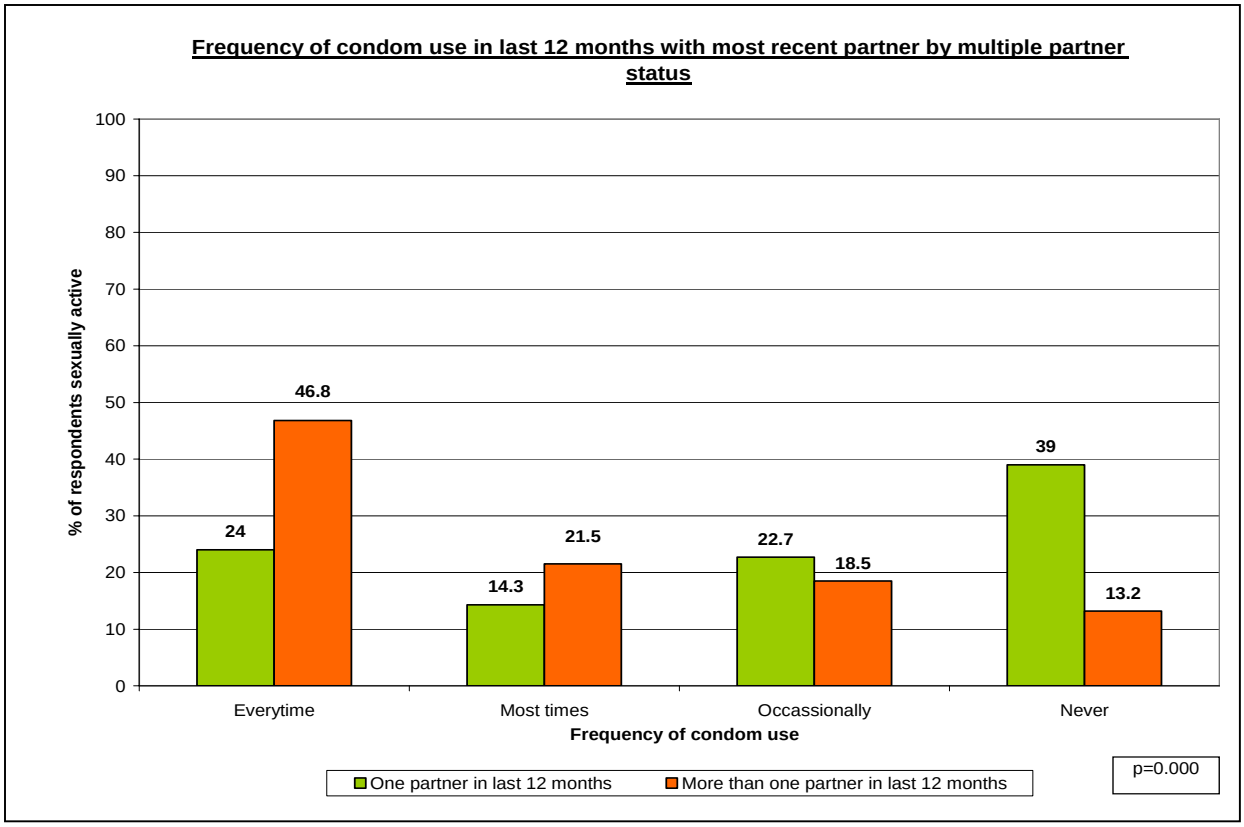
Number of Partners Over Last 4 weeks, 3 & 12 months: Females 25-49 yrs
KABP 2004



ii. Pattern of Protection

Generally it was found that among the sample, consistent protection was significantly higher among persons in multiple relationships. While this is encouraging, it still is of concern that just under a third of these persons (31%) are exposing themselves to the risk of infection.

Chart 10

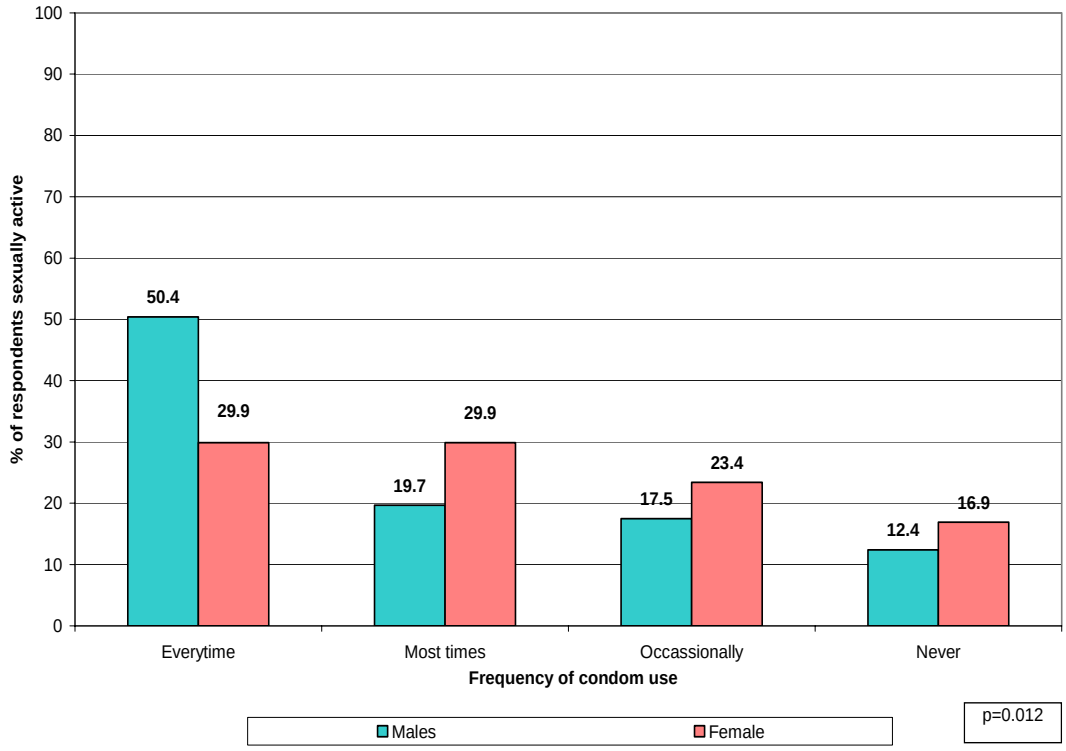


The females are generally more likely to expose themselves to risk through either non use or inconsistent use of condoms. Persons 25-49 years were more likely to engage in unprotected sex.

Chart 11a

Frequency of condom use in last 12 months with most recent partner by Gender

-Base=persons with more than one partner in last 12 months



The younger cohort is however more likely to practice protective behaviour than the older.

Chart 11b

Frequency of condom use in last 12 months with most recent partner by Age Group

-Base=persons with more than one partner in last 12 months

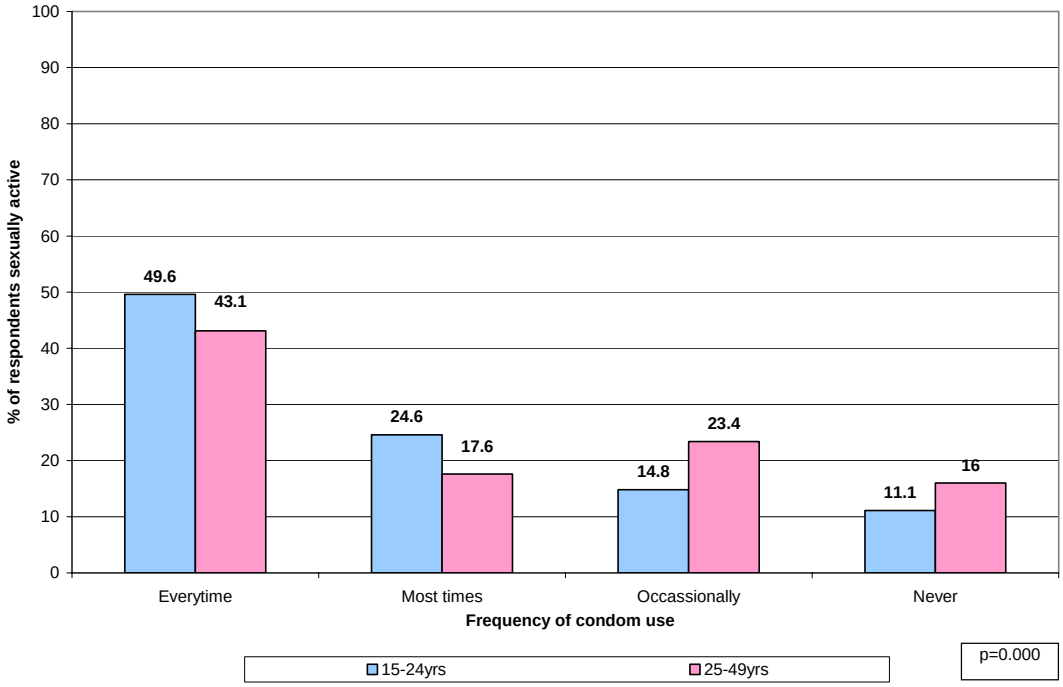


Chart 12

Condom use at last sex with most recent partner by multiple partner status

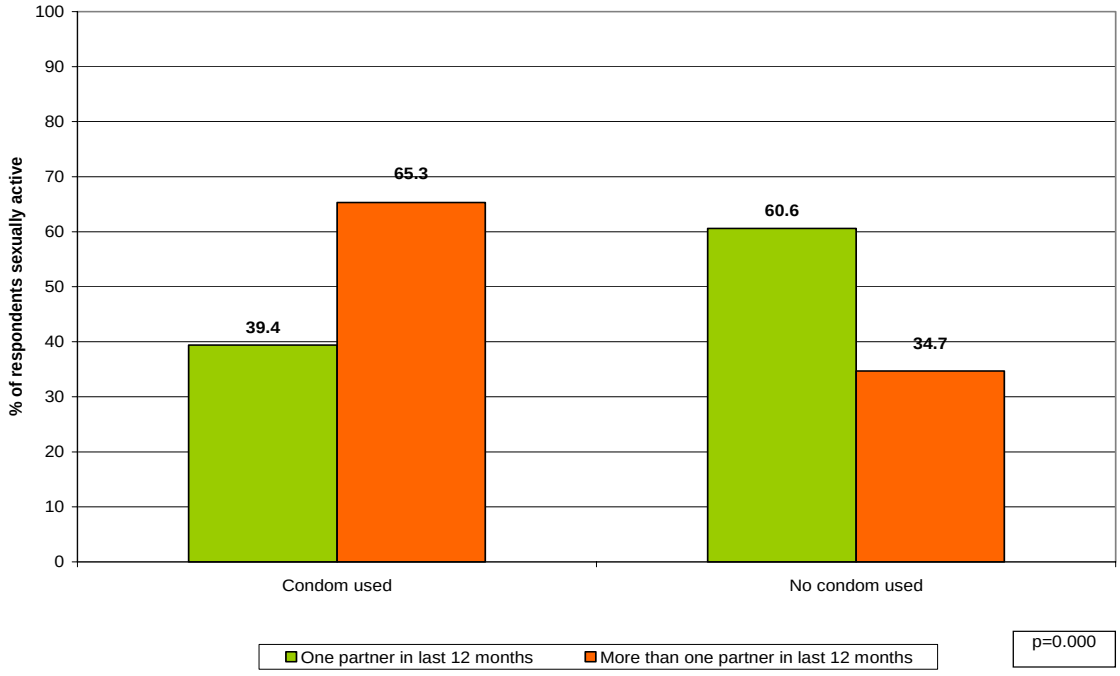


Chart 13a

Condom use at last sex with most recent partner by Age

-Base=persons with more than one partner in last 12 months

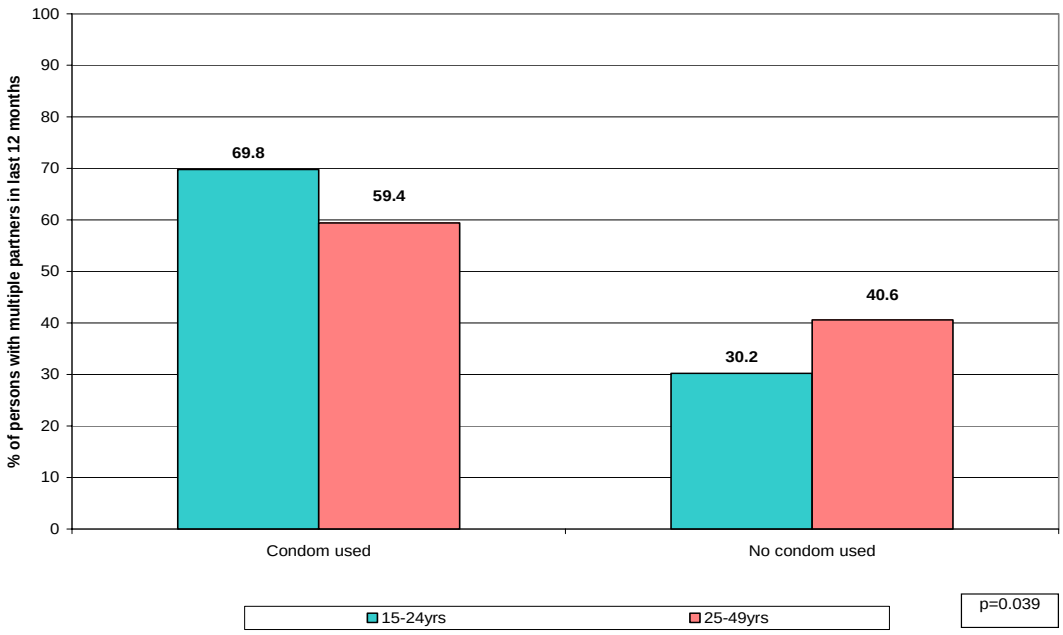


Chart 13b

Condom use at last sex with most recent partner by Gender

-Base=persons with more than one partner in last 12 months

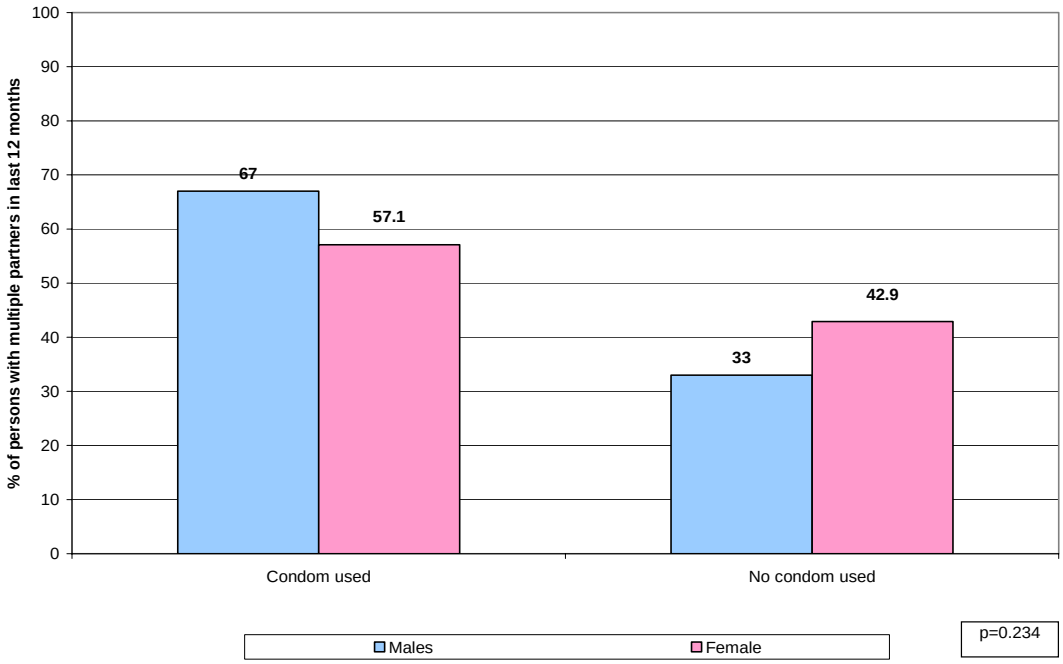


Table 20
Condom use last time by type of relationship

	15-24 years	25-49 years
Females:		
Low risk	26.2%	14%
High risk	65.9%	45%
Males:		
Low risk	50.0%	19%
High risk	74.0%	60%

15-24 yrs: Generally, the young adults, 15-24 years, exhibited correct risk assessment and higher reported use of condoms in high risk relationships than their older counterparts. Three quarters (74%) males 15-24 years report condom use last time in high risk relationships vs. 60% use among men 25-49 years, while among females it was 66% use last time for those 15-24 years vs. 45% for the older cohort.

Youth respondents were significantly more likely to use condoms in 'high risk' relationships than in relatively 'lower risk' relationships. However inconsistency in condom use with partner emerged. Condom use at last sex with partner was notably lower than reported use at first sex. This was more evident among young females than males.

Chart 14a

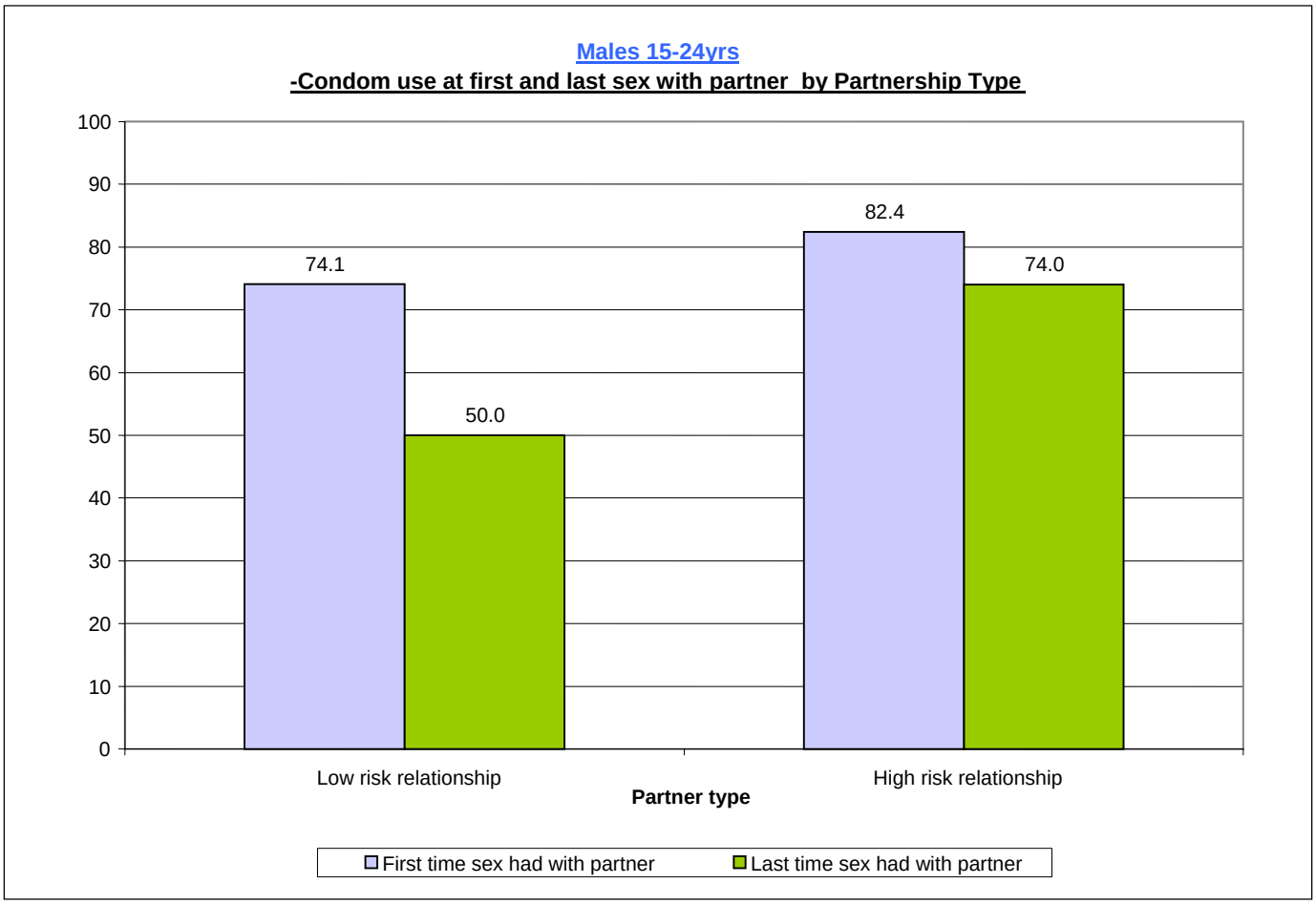
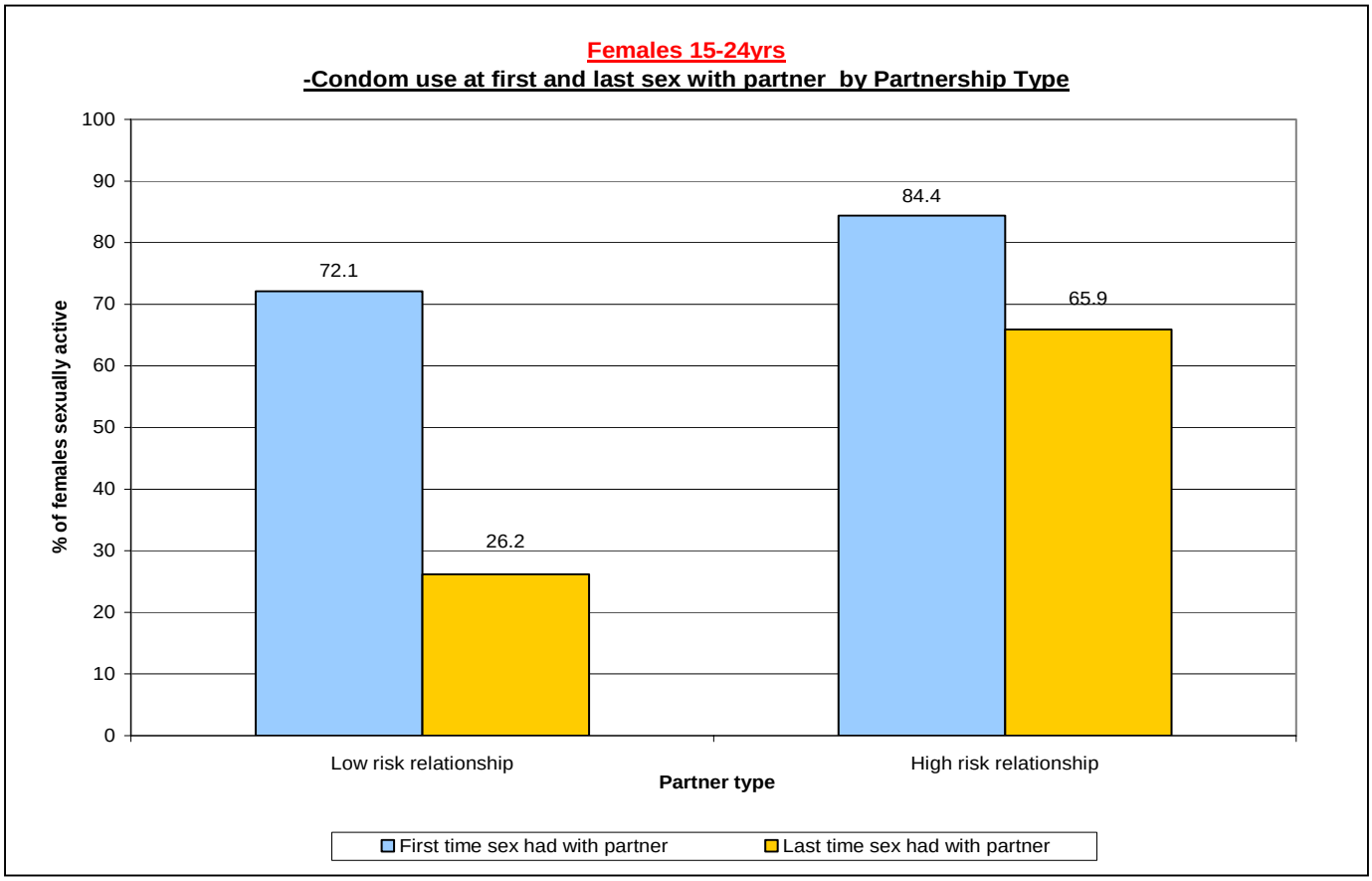

Males 15-24yrs
-Condom use at first and last sex with partner by Partnership Type
100
90
80
70
60
50
40
30
20
10
0
74.1
50.0
82.4
74.0
Low risk relationship
High risk relationship
Partner type
First time sex had with partner
Last time sex had with partner

Chart 14b


Females 15-24yrs
-Condom use at first and last sex with partner by Partnership Type
% of females sexually active
100
90
80
70
60
50
40
30
20
10
0
72.1
26.2
84.4
65.9
Low risk relationship
High risk relationship
Partner type
First time sex had with partner
Last time sex had with partner

25-49 yrs: On the whole, condom use was noticeably lower among persons 25-49 years when compared to younger adults. Moreover, male adults were more likely to practice protective behaviour than females.

Chart 14c

- Males 25-49yrs

Condom use at first and last sex with partner by Partnership Type

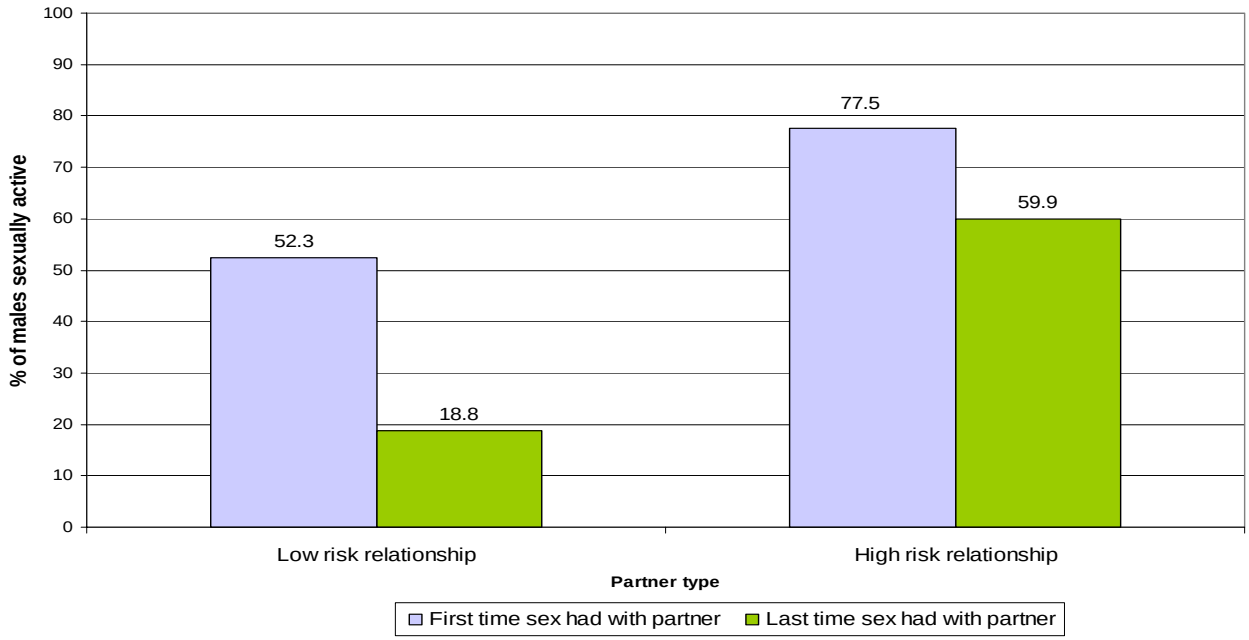
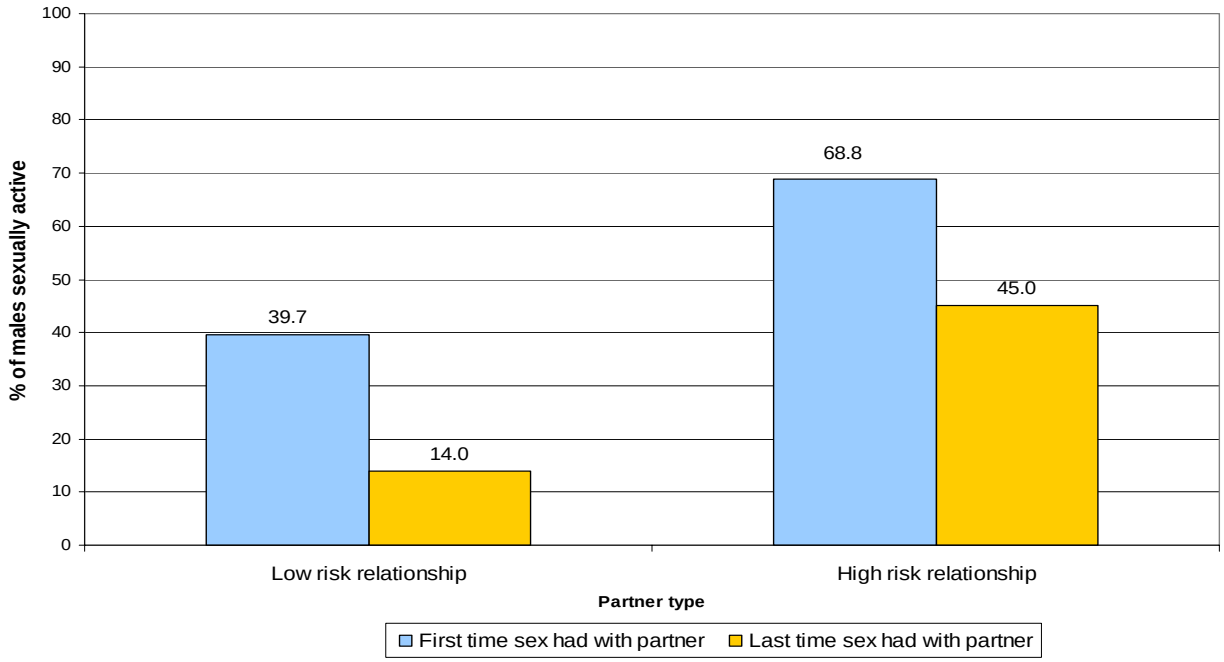


Chart 14d

- Females 25-49yrs

Condom use at first and last sex with partner by Partnership Type



ii. Other risky behaviors

- Commercial sex

Commercial sex has inched up since 2000 with only females 25-49 years reporting decreased incidence. Moreover, activity increased significantly among the males, primarily among those 25-49 years (15-24 yrs: 6% vs. 2% in 2000, p=.004; 25-49 yrs: 15% vs. 1.2% in 2000, p=.0000). Among females, the younger cohorts reported a higher incidence of commercial sex compared to last time (1% vs. 0% in 2000), whereas those 25-49 years were now less likely to engage in such activity (.2% vs. 1.2% in 2000).

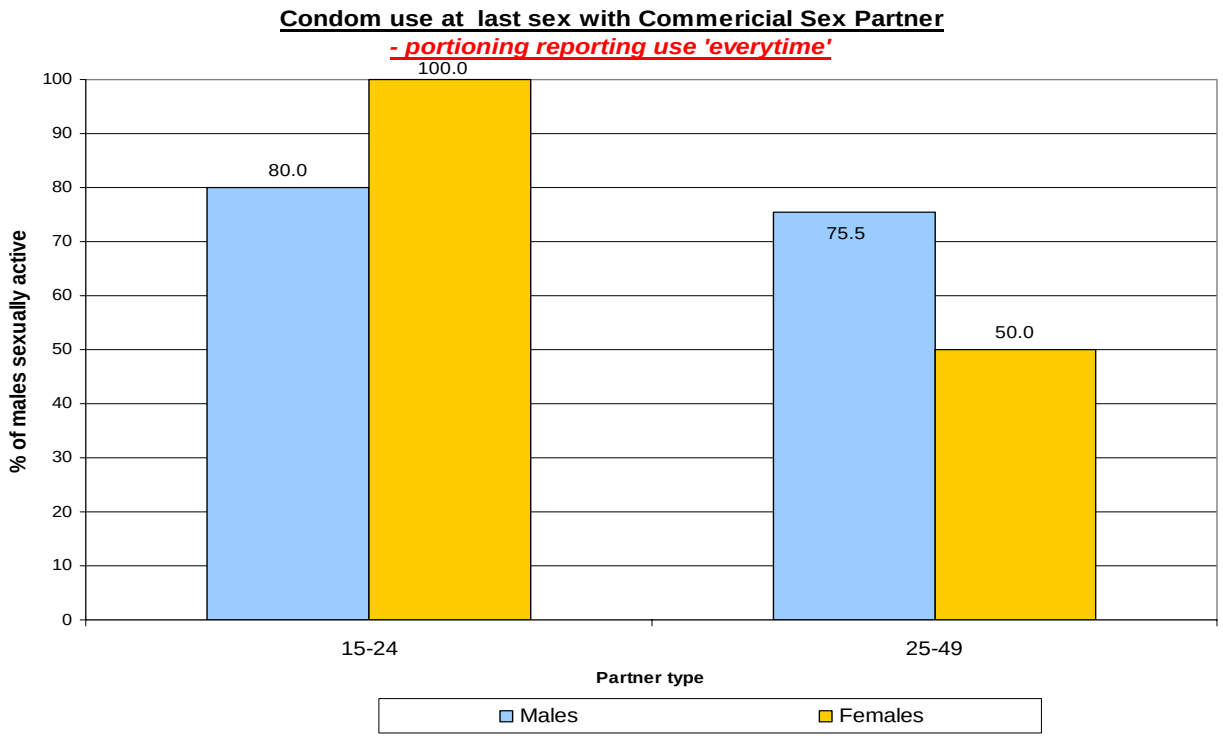
On the whole, the younger males reported twice as many incidences of commercial sex when compared to their female counterparts. The reverse was true among the older group with females being more likely to report such incidences.

Table 21
Mean number of Times Engaged in Commercial Sex

Mean number	**15-24yrs %**	**25-49yrs %**
Males	2.71	1.53
Females	1.33	2.00

Encouragingly, condom use among those engaging in commercial sex was generally high (it was 8% of males and 1 female 25-49 years reported non-use last time). Equally important was that the majority reported that they used condoms every time over the last 12 months when engaging in this risky behavior (15-24 years: 82%; 25-49 years: 75%).

Chart 15



For the most part condom use was initiated by the respondent. In fact, more than two thirds of the males indicated that it was their idea to use a condom last time (15-24 years: 64%; 25-49 years: 71%). Among the females who indicated condom use last time, initiation was universal regardless of age.

- Main reasons for non-use of condom last time:

Among those who did not use condoms last time they were with a commercial sex partner, the main reasons were:

- Don't like them (4 males)
- Had blow job/oral sex (1 male and 1 female)
- Not available/did not know where to get one (1 male)
- Partner objected (1 male)

- Alcohol use

Just under a half (44%) of the sample reported having used alcohol in the last 4 weeks. Males were significantly more likely to report use than females regardless of age (62.5% vs. 25.5% respectively, p=.0000). Among those using alcohol, it was a third of those 15-24 years old and 40% of those 25-49 years regardless of gender who were drinking at a level considered dangerous (5 or more drinks in a sitting) at lest 3-4 times per week.

Table 22
Alcohol Use in Last 4 weeks

Male	**15-24yrs N=453 %**	**25-49yrs N=425 %**
Every day	5.8	5.2
At least once a week	19.2	29.7
Less often	31.0	35.4
Never	44.0	29.7
Females	**15-24yrs N=447 %**	**25-49yrs N=475 %**
Every day	1.1	0.9
At least once a week	7.4	6.1
Less often	17.9	17.7
Never	73.6	75.3

Table 23
5 or More Drinks Had in One Day

Male	**15-24yrs N=254 %**	**25-49yrs N=295 %**
Every day	6.3	3.2
Almost everyday	13.8	17.3
3-4 days per week	13.8	20.4
1-3 days per month	17.8	15.8
Less often	20.6	21.1
Never	27.7	22.2

Females	**15-24yrs N=118 %**	**25-49yrs N=117 %**
Every day	5.9	4.4
Almost everyday	11.9	20.4
3-4 days per week	14.4	15.9
1-3 days per month	19.5	13.3
Less often	20.3	11.5
Never	27.1	34.5
No answer	0.8	-

CHAPTER 4: STIs

i. Knowledge of symptoms

The vast majority of respondents reported having knowledge of STIs (15-24 years: 99%; 25-49 years: 99%). A high number of males and females were unable to say what the symptoms for these STIs were in the opposite sex. This was particularly high among the younger males and females (70.6% and 63.5% respectively were unable to cite symptoms in the opposite sex).

The most frequently mentioned symptoms of STIs in women were foul smelling discharge, genital discharge and burning pain on urination. Main symptoms recalled for men were similar to those cited for women.

Table 24.i
% Symptoms of STIs in Women (unprompted)

Symptoms recalled by males	**15-24yrs %**	**25-49yrs %**
Foul smelling discharge	17.6	43.3
Burning pain on urination	2.9	15.0
Genital discharge	8.8	13.3
Sores/sores in mouth	5.9	5.0
Abdominal pain	-	5.0
Loss of weight	2.9	3.3
Swellings in genital area	2.9	1.7
Itching/scratching of the skin	2.9	1.7
Blood in urine	-	1.7
Inability to give birth	-	1.7
Bumps/rash	-	1.7
Odour	-	1.7
Other	-	1.7
No answer	-	5.0
Don't know any	70.6	33.3

Table 24.i
% Knowing Symptoms of STIs in Women (unprompted)

Symptoms recalled by females	15-24yrs %	25-49yrs %
Foul smelling discharge	37.9	44.0
Genital discharge	25.5	31.2
Abdominal pain	11.2	26.7
Burning pain on urination	11.8	17.1
Itching/scratching of skin	13.4	11.9
Loss of weight	4.3	4.0
Genital ulcers	5.3	2.9
Bumps/rash	4.7	2.5
Swellings in genital area	3.1	2.5
Sores/sores in mouth	3.4	2.2
Blood in urine	0.3	2.0
Inability to give birth	0.3	1.3
Other	5.6	5.7
No answer	-	0.9
Don't know any	35.4	22.7

% exceeds 100 due to multiple responses

Table 24.ii
% Knowing Symptoms of STIs in Men (unprompted)

Symptoms recalled by males	15-24yrs %	25-49yrs %
Burning pain on urination	23.6	45.5
Foul smelling discharge	12.5	30.6
Genital discharge	12.8	21.4
Itching/scratching of the skin	4.3	5.7
Abdominal pain	0.8	5.4
Genital ulcers	4.6	4.3
Bumps/rash	6.8	3.8
Loss of weight	3.5	3.0
Blood in urine	1.4	2.7
Sores/sores in the mouth	4.1	2.4
Swellings in genital area	3.5	2.2
Feeling weak/look droopy	1.6	0.8
Other	5.1	1.4
No answer	0.3	0.5.
Don't know any	42.9	24.9

Symptoms recalled by females	**15-24yrs %**	**25-49yrs %**
Genital discharge	21.2	43.2
Foul smelling discharge	11.5	18.9
Genital ulcers	3.8	2.7
Burning pain on urination	5.8	16.2
Loss of weight	1.9	5.4
Swellings in genital area	1.9	-
Abdominal pain	3.8	2.7
Itching/scratching of the skin	-	10.8
Other	1.9	2.7
No answer	5.8	8.1
Don't know any	63.5	32.4

% exceeds 100 due to multiple responses

ii. Self report of STI infections

Men: Three times as many of the older males were likely to report ever having had an STI (15-24 years: 9.8%; 25-49 years: 34.3%, p=.0000). More specifically, twice as many of these older males reported genital discharge within the last 12 months.

Females: The incidence of STIs among females was similar among the younger females as their male counterparts (8% vs. 9.8% of males 15-24 years). Significantly fewer females 25-49 years reported such an occurrence when compared to males within the same age group however (p=.0000). Additionally, results indicated an incidence of 9% for discharge and 0.6% for ulcer in women.

Table 25
Self reported Incidence of STIs

Males	**15-24yrs N=38 %**	**25-49yrs N=419 %**
Ever had an STI	9.8	34.3
Had genital discharge in past 12 months	2.1	4.0
Had genital ulcer in past 12 months	-	-
Females	**15-24yrs N=320 %**	**25-49yrs N=471 %**
Ever had an STI	8.2	15.0
Had genital discharge in past 12 months	8.1	9.1
Had genital ulcer in past 12 months	0.9	0.4

iii Treatment of Last Episode of Genital Ulcer/Discharge

Those experiencing genital discharge or ulcers in the last 12 months reported visiting a private doctor or going to the hospital/clinic to do an examination or have the infections treated. Another one quarter of the males were however also likely to seek inappropriate treatment i.e. obtained drugs without a prescription. Inappropriate action was likely to be taken regardless of age (males 15-24 years:

25%; 25-49 years: 20%). It was 3 females (vs. 9.7% males and 10.3% females in 2000) who indicated doing nothing in respect of seeking treatment.

Table 26
Treatment of Last Episode of Genital Ulcer/Discharge

Treatment Sought	Male N=23 %	Female N=59 %
Went to a private doctor/hospital/clinic	60.8	28.8
Obtained drugs from a clinic, hospital, health worker or pharmacy without a prescription	26.0	6.8
Sought advice from friend/relative	4.3	-
Sought advice from health worker in a clinic or hospital without going there as a patient.	4.3	3.4
Sought advice from a healer	4.3	-
Did nothing	-	5.1
No answer	17.4	61.0

Appropriate treatment was largely sought immediately after symptoms were experienced i.e. within a week or less. Moreover, everyone reported that they received a prescription for treatment of the symptoms and then when on to obtain the prescribed medication. All but two males (from both age groups) indicated that they had completed the prescribed dose.

Table 27
When Treatment Sought from Hospital, Clinic or Private Doctor

	Male N=13 %	Female N=13 %
A week or less	61.5	84.6
Within 2-3 weeks	23.1	7.7
One month or more	7.7	7.7
Don't know	7.7	-

Table 28
Outcome of Visit to Health Provider

	Male N=13 %	Female N=13 %
Received prescription	100.0	100.0
Obtained medicine prescribed	100.0	100.0
Took all of medicine prescribed	90.5	100.0

CHAPTER 5: Prevention of Mother to Child Transmission

Less than a quarter of women who had ever had sex reported that they had given birth in the last 2 years or were pregnant at the time of the study (15-24 years: 24.3%; 25-49 years: 14.1%). Among this subgroup, the majority sought antenatal care at the clinic or at a private doctor (15-24 years: 100%; 25-49 years: 98%).

Table 29
Use of Antenatal Services

Females Only	Female	
	15-24yrs %	25-49yrs %
Given birth in last 2 years/at least 6 months pregnant	24.3 (n=296)	14.1 (n=475)
Sought antenatal care	100.0 (n=72)	98.4 (n=67)

Just over three quarters (81%) of the younger cohorts versus two thirds (68%) of the older group received information or counseling on HIV respectively. In addition three quarters of those 15-24 (79%) and 25-49 (73%) years old received counseling on STDs.

The majority were also offered HIV testing at some point during these visits. Furthermore, the incidence of HIV testing was almost universal with the majority going back to get the results.

Table 30
Given HIV/STD Info, Counseling or Offered Test at clinic/doctor

Females Only	Female	
	15-24yrs n=72 %	25-49yrs n=66 %
Given info/counseling on HIV	80.5	68.2
Given info/counseling on STDs	79.2	72.7
HIV test offered	87.5	78.8

Table 31
Incidence of Testing

Females Only	Female	
	15-24yrs %	25-49yrs %
Agreed to get testing done	92.1% (n=63)	98.1% (n=52)
Received results of test	91.4% (n=58)	98.0 (n=51)

CHAPTER 6: Public Education Messages

i. Awareness of messages

The vast majority of persons (90% vs. 83% in 2000) were exposed to HIV/AIDS public education messages within the previous 12 months. Main media sources were the television (85.7%) and radio (53.4%) regardless of age or gender.

Table 32.i
Recall of public education messages in past year

	15-24yrs %	**25-49yrs %**
Had info on HIV/AIDS - **Male**	88.2 (n=448)	90.8 (n=403)
Had info on HIV/AIDS - **Female**	89.0 (n=447)	90.8 (n=456)

Table 32.ii
Recall of public education messages in past year

Male **Source of information**	**15-24yrs (n=394) %**	**25-49yrs (n=365) %**
TV	87.6	84.4
Radio	51.0	58.4
Press	16.0	22.7
Posters at clinic	10.9	5.2
Posters	10.7	9.9
Billboard	6.9	9.3
All of the above	3.6	4.7
Magazines/books/pamphlets	0.8	0.3
School/library	0.5	-
Workplace	-	0.5
Other	1.3	1.1
Don't remember	0.5	-

Table 32.ii (cont'd)
Recall of public education messages in past year

Female **Source of information**	**15-24yrs (n=397) %**	**25-49yrs (n=414) %**
TV	85.4	84.5
Radio	52.4	51.4
Press	15.4	16.9
Posters at clinic	13.1	14.3
Billboard	11.6	7.7
Posters	10.8	9.7
All of the above	5.5	5.6
Magazines/books/pamphlets	0.6	1.2
Clinic	0.3	0.7
Other	2.6	0.7
Don't remember	-	0.2

ii. Participation in HIV/AIDS intervention

A third (34.8%) of the sample also indicated that they were exposed to direct HIV/AIDS intervention. This was primarily so among the younger males and females.

Table 33
Level of Participation in HIV/AIDS Intervention/Workshops

	15-24yrs	**25-49yrs**
Participated in HIV/AIDS workshops	%	%
- Male	44.6 (n=453)	21.6 (n=425)
- Female	50.8 (n=447)	22.1 (n=475)

Among the 15-24 cohorts, participation was most likely to have occurred at school. This was especially the case among the females (males: 69%; females: 73%). Among the older group, males were likely to have participated in an HIV/AIDS workshop at school (21%) or on the job (23%). Females within this age group on the other hand, would have taken part in such activity at church (45%) or at the clinic (23%).

Table 34
Location of Intervention /Workshops

Male **Where workshop held:**	**15-24yrs (n=200) %**	**25-49yrs (n=87) %**
School	69.0	20.7
Community	15.5	16.1
Clinic	5.0	14.9
Church	4.5	18.4
Youth Club	4.0	3.4
On the job	2.5	22.9
Sports Club	1.0	9.2
Other	5.0	5.6
Female	**(n=226)**	**(n=100)**
School	72.6	21.0
Community	4.9	16.0
Clinic	11.1	23.0
Church	12.4	45.0
Youth Club	4.0	2.0
On the job	0.9	5.0
Sports Club	0.4	1.0
Other	7.0	4.0

CHAPTER 7: Stigma & Discrimination

The majority of both males (77.4% vs. 76.5% in 2000) and females (78.5% vs. 80.3%) indicated willingness to care for a family member who became sick with HIV. This willingness underscores the strong sense of compassion towards persons living with HIV/AIDS.

Table 35
Willingness to care for HIV+ family member

Male	**TOTAL (N=878) %**	**15-24yrs (n=453) %**	**25-49yrs (n=425) %**
Willing to care for someone in family who is sick with AIDS	77.4	75.1	80.0
Female	**TOTAL (N=922) %**	**15-24yrs (n=447) %**	**25-49yrs (n=475) %**
Willing to care for someone in family who is sick with AIDS	78.5	72.9	83.8

Respondents also believed that HIV+ teachers who are not sick should still be allowed to teach but were not in agreement that infected family members should keep their HIV status a secret; people who get AIDS deserve what they get; or that when a person contracts AIDS they let their family down.

Few were willing to buy food/vegetables from an HIV infected shopkeeper however (males: 11%; females: 13%). This comes as a surprise as the majority (75.1%) had previously disagreed that they could protect themselves from becoming infected with HIV/AIDS by avoiding sharing food with a PLWA.

Table 36
Attitude of Compassion towards PLWA's

Male *% indicating appropriate response*	**TOTAL (N=878) %**	**15-24yrs (n=453) %**	**25-49yrs (n=425) %**
HIV+ teacher who is not sick should be allowed to continue teaching - *(% agreeing)*	60.1	54.1	66.6
Would definitely still buy food from a HIV+ shopkeeper - *(% agreeing)*	11.3	11.0	11.5
If family member HIV+ would want them to keep it a secret - *(% disagreeing)*	69.2	68.7	69.9
People who get AIDS deserve what they get - *(% disagreeing)*	84.1	80.1	88.2
When person contracts HIV they let their family down - *(% disagreeing)*	75.6	71.5	80.0
Female *% indicating appropriate response*	**TOTAL (N=922) %**	**15-24yrs (n=447) %**	**25-49yrs (n=475) %**
HIV+ teacher who is not sick should be allowed to continue teaching - *(% agreeing)*	66.7	62.6	70.5
Would definitely still buy food from a HIV+ shopkeeper - *(% agreeing)*	12.6	10.3	14.7
If family member HIV+ would want them to keep it a secret - *(% disagreeing)*	61.5	64.0	59.2
People who get AIDS deserve what they get - *(% disagreeing)*	88.6	88.4	88.8
When person contracts HIV they let their family down - *(% disagreeing)*	77.3	74.0	80.4

Chapter 8: Factors Enabling Protective Behaviour: Correlations

In an attempt to identify drivers for condom use a 'Condom Readiness Index' was constructed as a cumulative score from seven variables in the study. These were as follows:

Access

1. Should you need a condom would you be able to obtain one almost immediately

Comfortable accessing condom

2. Do you sometimes feel embarrassed to buy a condom
3. I normally buy my condom

Commitment to using a condom

4. Willingness to take substitute brand if favourite not available

Partner support for condom use

5. Partner support "Do you think your partner would be upset if he/she found out you had a condom on you

Personal preparedness

6. To what extent do you usually have a condom on you
7. To what extent do you usually have a condom in the house

Each item was dichotomized with the correct or desirable answer given a value of one and all other responses given a value of zero. The scale was derived as a composite score of these seven items, with the more appropriate attitudes and behaviour reported the higher one's score on the scale. The scale had an alpha score of 0.6805 and a mean inter-item correlation of 0.2310.

Condom use last time and consistent condom use emerged as directly related to the Condom Readiness Index. This suggests that integral in the movement from knowledge to behaviour is a supportive environment and a personal commitment to protecting oneself. This supportive environment involves both partner support and a retail environment in which one is comfortable accessing the condom, and does access it themselves.

Correlation analysis performed also indicates that:

- Persons in high risk relationships (multiple partners, non-cohabiting) were more likely to be practicing protective behaviour. This indicates many are hearing the message and translating this into the appropriate behaviour. Suggests the messages and Programme are working to a point.
- Condom use appears to be more consistent than sporadic as indicated by the significant association between last time condom use and consistent use. Condom users also appear to fall into a category of persons committed to protective behaviour as among the adults these persons are also very likely to be using dual methods.

- Factors impacting Frequency of Condom Use

Specific associations which emerged by age group for risk situations of multiple partners and protective behaviour are as follows:

Correlation between Frequency of condom use with most recent partner in the last 12 months and other variables:

	15-24 yrs	25-49 yrs
Gender of respondent	*	*
Condom readiness index	*	*
Primary relationship status (cohabiting vs. non-cohabiting)	*	*
Incidence of multiple partnership in last 12 months	*	*
Pregnancy protection practiced at last intercourse	*	*
Condom used at last intercourse	*	*
School status	*	

* *indicates a very significant positive correlation ($p<0.01$) between other behaviors, attitudes and gender.*

Sexually active respondents reportedly using a condom every time and most times over the last 12 months with their most recent partner were significantly more likely to:

- ✓ Be male
- ✓ Score higher on the condom readiness index than those with a single partner in the last 12 months
- ✓ Report multiple partnerships in the last 12 months
- ✓ Have primary relationships which were non-cohabiting
- ✓ Report taking steps to avoid pregnancy at last intercourse
- ✓ Report using a condom at last intercourse

For the younger age group they were also likely to report not currently being in school.

- Drivers of multiple partnerships:

Correlation between incidence of multiple partnerships in the last 12 months and other variables:

	15-24 yrs	25-49 yrs
Gender of respondent	*	*
Condom readiness index	*	*
Primary relationship status (cohabiting vs. non-cohabiting)	*	*
Consistent condom use with most recent partner	*	*
Pregnancy protection practiced at last intercourse		*

* *indicates a very significant positive correlation ($p<0.01$) between other behaviors, attitudes and gender.*

Sexually active respondents years reporting multiple partnerships in the last 12 months were significantly more likely to:

- ✓ Be male

- ✓ Score higher on the condom readiness index than those with a single partner in the last 12 months
- ✓ Have primary relationships which were non-cohabiting
- ✓ Report consistent condom use (every time or most times) with most recent partner over the last twelve months

The older groups also indicated pregnancy protection at last intercourse

- Condom use at last sex with most recent partner:

Correlation between condom use at last sex with most recent partner and other variables:

	15-24 yrs	25-49 yrs
Gender of respondent	*	*
Condom readiness index	*	*
Primary relationship status (cohabiting vs. non-cohabiting)	*	*
Pregnancy protection practiced at last intercourse	*	*
School status	*	
Incidence of multiple partnerships in last 12 months		*
Condom used at last intercourse		*

* *indicates a very significant positive correlation ($p<0.01$) between other behaviors, attitudes and gender.*

Sexually active respondents reportedly using a condom at last intercourse with most recent partner were significantly more likely to:

- ✓ Be male
- ✓ Score higher on the condom readiness index than those with a single partner in the last 12 months
- ✓ Have primary relationships which were non-cohabiting

- ✓ Report taking steps to avoid pregnancy at last intercourse

Older persons reportedly using a condom every time and most times over the last 12 months with their most recent partner were also significantly more likely to:

- ✓ Report multiple partnerships in the last 12 months
- ✓ Report using a condom at last intercourse

- Condom use at last sex and other variables:

Correlation between reported Condom use at last intercourse and other variables:

	15-24 yrs	25-49 yrs
Gender of respondent	*	*
Condom readiness index	*	*
Consistent condom use with most recent partner		*
Incidence of multiple partnership in last 12 months		*
Primary relationship status (cohabiting vs. non-cohabiting)	*	*
Pregnancy protection practiced at last intercourse	*	*

* *indicates a very significant positive correlation ($p<0.01$) between other behaviors, attitudes and gender.*

Persons reportedly using a condom at last intercourse with their most recent partner were significantly more likely to:

- ✓ Be male
- ✓ Score higher on the condom readiness index than those with a single partner in the last 12 months

- ✓ Report consistent condom use (every time or most times) with most recent partner over the last twelve months ***(those 25-49 years)***
- ✓ Report multiple partnerships in the last 12 months ***(those 25-49 years)***
- ✓ Have primary relationships which were non-cohabiting
- ✓ Report taking steps to avoid pregnancy at last intercourse

The 15-24 year olds were not currently in school.