ROUND 4

BEHAVIORAL SURVEILLANCE SURVEY
ZAMBIA, 2009

Out-of-school, unemployed and unmarried male and female youths in selected border and transit towns

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SURVEY EXECUTED BY:

Zambian Corridors of Hope HIV/AIDS Prevention Initiative (COH II), with Consultants

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EXECUTIVE SUMMARY

Background

This report presents the rationale for the 2009 BSS among out of school, unemployed and unmarried youth its objectives, methodology, and key findings.

Zambia is one of the countries in sub-Saharan Africa hardest hit by the HIV and AIDS epidemic. According to the Zambia Demographic and Health Survey (ZDHS) findings of 2007, the national HIV prevalence was estimated at 14 percent among the general population aged 15–49 years. About 16 percent among women compared to 12 percent among men were estimated to have HIV infection. Among youth aged 15–19 years, HIV prevalence is estimated at five percent, rising to almost nine percent among older youth aged 20–24 years. Like the adult population, female youths are twice as likely to be infected as male youths. About seven percent of all youths aged between 15 and 24 years are living with HIV. Among youths living with HIV, about nine percent are female compared to four percent male. The pattern is similar to results of syphilis testing: about three percent of female and male youths aged between 15 and 24 years who were tested for syphilis were found to be positive on both the screening (RPR) and the confirmatory test (TPHA).[1]

The findings of the 2007 ZDHS suggest that in Zambia the key factors behind the HIV epidemic are (1) sex with non-spousal or regular partner, (2) multiple concurrent partnerships, and (3) not using condoms correctly and consistently in different sexual partnerships. Other findings include HIV prevalence being slightly higher among uncircumcised men than circumcised men. Though the level of knowledge about HIV transmission is high, many Zambians still have misconceptions about HIV and AIDS. About one third of women and men believe that HIV can be transmitted by mosquito bites. There is also much stigma associated with HIV: about half of people would prefer to keep secret when a family member is HIV positive. HIV and AIDS have not only compounded the country's health problems, but have had far-reaching socio-economic consequences. High poverty levels, partly a result of high unemployment, have fuelled the spread of the epidemic especially among women.

The Corridors of Hope (COH) project in Zambia has provided HIV prevention interventions since 2000 to most-at-risk populations, mainly to FSWs and their frequent sex partners the long distance truck drivers (LDTDs). To monitor behavioral activities related to HIV infection among most-at-risk populations, the COH project carries out behavioral surveillance survey (BSS) studies. Round one BSS was conducted in 2000 among FSWs and LDTDs. Round two BSS, conducted in 2003, targeted FSWs, LDTDs, uniformed personnel, and light truck and mini bus drivers. Round three BSS, carried out in 2006, targeted FSWs and LDTDs in only two of the border project sites, Chirundu and Livingstone/Kazungula, and a transit town, Kapiri Mposhi. Round four was conducted from December 2008 to February 2009 among FSWs, LDTDs, out-of-school, unemployed and unmarried youth in four sites: Chirundu, Livingstone, Kapiri Mposhi and Solwezi.

[1] Zambia Demographic and Health Survey 2007, page 247

Objectives:

- To add to and strengthen the monitoring system that tracks behavioral trend data for high risk and vulnerable target groups;
- To provide information on behavioral trends among out-of-school, unemployed and unmarried youths in the catchment areas of the project;
- To provide information to help guide HIV prevention program planning;
- To provide evidence of the relative success of the combination of HIV prevention efforts taking place in selected sites;
- To obtain data in a standardized format that will enable comparison with other BSS carried out in other countries.

Methodology

This BSS was a cross-sectional study conducted among out-of-school, unemployed and unmarried, youths. The study was carried out in four sites: Livingstone, Chirundu, Kapiri Mposhi and Solwezi. The sample size for the study population was calculated to detect changes in condom use on the last occasion of sexual intercourse among sexually active youths aged 15-24 years. The study recruited unmarried, unemployed youth who were out-of-school (not attending school) at sites where they were most likely to congregate and socialize during the day, 0800–1800hrs. These places included border sites, recreational halls, and bars/taverns where mostly young men play games and drink alcohol. The unmarried young women were more likely to be found in the streets, taxi ranks, around big shops such as Shoprite, market places in towns and compounds and bus stops.[2] A standard cluster sampling method was used within a time-location design. Prior to the study, mapping of the study sites was done to determine the congregation points and estimate numbers of the out-of-school youth in each site. Only places where out-of-school youths aged 15 to 24 years were likely to be found formed the clusters. The number of youths interviewed from each site was determined proportional to size, based on the total sample required.

A cluster consisted of all youths found at a particular location at a particular time of the day. After constructing a list of locations and times representing all the places where out-of-school youth aged 15 to 24 are usually found during the day, the selected places were divided into clusters. Each cluster was visited according to time allocated. In each of the selected clusters all the youth found were invited for interview and those who accepted were interviewed after obtaining an informed oral consent.

The survey was conducted over a period of three months, December 2008–February 2009, by trained research assistants. The study was approved by three research ethics committees: the Biomedical Research Ethics Committee of the University of Zambia, the Institutional Review Board of the Research Triangle Institute and the Protection of Human Subjects Committee of Family Health International in North Carolina, USA. Informed consent was obtained before each interview. The summary results below have been rounded to no decimal place.

[2] In cluster design, the truck corridor/s and bars/taverns were excluded for female youths to reduce the chance of interviewing females who were likely to be sex workers.

Results

Socio-demographic factors

A total of 2,660 youth aged 15-24 years were interviewed. Of those interviewed, 817 (31%) were female.

Age

The mean age of male respondents was 20 years while for female respondents it was 19 years, with little difference across sites. About 64 percent of the male and 43 percent of female respondents were in the 20–24 year age group.

Education

The average number of years spent in formal education was nine years for both males and females in all the sites. About three percent of both males and females from all the study sites had no formal education. Almost a third (29%) of all respondents had attained primary school education and 67 percent of all respondents had attended formal education up to secondary level.

Religion

The majority of male respondents were Christians (93%) and the rest either had no religion (6%) or were Muslims (0.4%). Among the female respondents, 99 percent were Christian, one percent had no religion and one respondent (0.1%) was Muslim.

Living arrangement

The majority of males (80%) and females (93%) were living with their family or relatives. About 14 percent of males and five percent of females were living alone at the time of the survey.

Risk Behaviors

Alcohol consumption and drug use in the last four weeks
About five percent of males and two percent of females consumed alcohol every day. About 23 percent of males and nine percent of females reported using alcohol at least once a week. About 12 percent of males and 0.2 percent of females reported having ever used dagga (marijuana).

Sexual behavior

About 79 percent of males and 63 percent of females ever had sexual intercourse. The overall mean age at first sexual intercourse was 16.7 years for both males and females. Of the males who had ever had sex, about 35 percent used a condom on their sexual debut and 51 percent of the females used a condom at their sexual debut.

About 62 percent of males and about two percent of females had their first sex with a partner who was younger than they while 27 percent of females and three percent of males had sex for the first time with a partner who was five or more years older than they were. The median age of their first sex partner for males was 15 years while for females it was 20 years.

About 27 percent of males and 14 percent of females reported ever paying or being paid for sex in the twelve months prior to the study. Of those who reported paying sex partners,[3] 17 percent of males and 11 percent of females reported that they had had two or more paying sex partners.

In addition to paying sexual partners, 83 percent of males and 88 percent of females reported having sex with at least one non-paying partner in the 12 months prior to the survey.

Forced sex

About 12 percent of females said they had been forced to have sex in the last 12 months.[4]

Condom use

About 43 percent of males and 45 percent of females used a condom when they last had sex with a non-paying partner. About 30 percent of males and 31 percent of females said they used condoms every time they had sex in the 12 months prior to the study. While reasons for not using a condom when they last had sex with non-paying partners varied, the most frequent response given (15 percent among male and 28 percent among female youths) was that they used other contraceptives.

About 68 percent of males and about 83 percent of females said that they used a condom when they last had sex with a paying sex partner in the last 30 days. About 55 percent of males and 52 percent of females said that they used condoms every time with a paying sex partner. Reasons for not using a condom when they last had sex with paying sex partners varied. The reason given most often by males, at 37 percent, was non-availability of a condom while the most common reason given by females, at 29 percent, was that they did not think using a condom was necessary.

About 34 percent of males and 34 percent of females did not use a condom when they last had sex with any type of partner. All males (100%) and almost all females (97%) had heard of a male condom. About 97 percent of males and 92 percent of females knew where to obtain a male condom.

About 86 percent of males and 82 percent of females had heard of a female condom. About three percent of males and six percent of females had used a female condom. About 34 percent of males and about 41 percent of females knew where to obtain a female condom.

[3] Paying partner or non-paying partner is used throughout this report to describe transactional sex in which a male pays or does not pay a female partner money or in kind to receive sexual intercourse (sexual favour). While in some isolated cases, it is possible for a female to pay a male partner to receive sexual favours, the terms are used in this report exclusively refer to a male paying and a female receiving money or any form of reparation in exchange for sexual favour.

[4] The question of forced sex was administered to female youths only.

Sexually transmitted infections (STIs)

The majority of males (98%) and females (96%) had heard of STIs. About 35 percent of males and 28 percent of females described two or more symptoms of STIs in men. About 19 percent of men and 28 percent of females described two or more symptoms of STIs in women. About seven percent of males and three percent of females had a genital discharge in the past 12 months and about six percent of males and two percent of females had genital ulcers in the last 12 months. About eight percent of males and four percent of females had either genital discharge or ulcers in last 12 months.

Knowledge and attitudes related to HIV/AIDS

Nearly all respondents had heard about HIV (100 percent of males, 99 percent of females). About 64 percent of males and 68 percent of females knew someone with HIV/AIDS. About 27 percent of males and 28 percent of females had a close relative living with HIV or AIDS. About 12 percent of males and 36 percent of females had a close friend living with HIV or AIDS.

The same proportion of males and females (30%) thought a mosquito could transmit HIV. Similarly, 11 percent of both males and females thought HIV could be transmitted by sharing meals. About 96 percent of males and 95 percent of females thought HIV could be transmitted through infected needles. About 60 percent of males and 57 percent of females thought HIV could be transmitted from mother to child during pregnancy. About 81 percent of males and 82 percent of females thought HIV could be transmitted through breastfeeding.

About 80 percent of males and 85 percent of females knew that people could prevent HIV by being faithful to one uninfected, faithful partner. About 92 percent of males and 94 percent of females knew that HIV can be prevented by abstaining from sex. About 54 percent of males and 58 percent of females had complete knowledge of HIV prevention; they knew HIV could be prevented by abstinence, being faithful to one partner and condom use. About 94 percent of males and 93 percent of females knew that a healthy looking person could be infected with HIV. About 11 percent of males and 15 percent of females knew a pregnant woman can take medication (ARVs) to decrease the chances of passing HIV to her unborn child.

Attitudes towards people with HIV/AIDS

About 89 percent of males and 93 percent of females felt that HIV-positive students should be allowed to continue attending school. Almost the same proportions, 87 percent of males and 92 percent of females, felt that an HIV-positive teacher should be allowed to continue teaching. About 92 percent of males and 96 percent of females said they would take care of an HIV-positive relative while 65 percent of males and 68 percent of females said they would buy food from a shopkeeper known to be HIV-positive. Almost half of both males and females (42 percent and 48 percent males and females respectively) in all the study sites felt that it should be kept a secret if a family member had HIV.

HIV voluntary counseling and testing (VCT)

About 42 percent of male youth and over a half of the female youth in the study (54 %) had ever tested for HIV. Out of those ever tested 93 percent of male and 89 percent of female youth said they tested voluntarily. Among youth who said they tested voluntarily, 94 percent of male and 96 percent of female youth received their HIV test results.

Male circumcision

Knowledge of the practice of male circumcision was high among unmarried and out-of-school youths at study sites. About 89 percent of male and 80 percent of female youth reported they had heard of circumcision. About a quarter (26%) of male youths reported having been circumcised. Among those not circumcised, a third (33%) said they were interested in getting circumcised. Female youth were asked who they would prefer to have sex with, a man who had been circumcised or not been circumcised, 58 percent said they would prefer having sex with a circumcised man.

About a half of both males (52.7%) and females (50.7%) had heard of Corridors of Hope II (COH II). 25 percent of males and 35.3 percent of females who had heard of COH II said they had talked to COH II staff. 17 percent of males and 22.2 percent of females had been to COH II center. About 8.2 percent of males and 8.4 percent of females who were aware of the existence of COH II reported that it was their main source of HIV information.

Conclusions

It is recognized that out-of-school, unmarried and unemployed youths are among the most-at-risk populations (MARPs). The surveyed youth exhibited risky sexual behavior in both unprotected and transactional sex. A number of them also used psychoactive substances such as alcohol[5] and dagga (marijuana). Alcohol abuse and dagga use can facilitate risky sexual behaviors and expose youths to HIV infection. There is a need to segment the condom promotion activities by age group, promoting abstinence among all, especially younger youths who have never had sex, while promoting condom use among the sexually initiated older youths.

Exposure of the out-of-school youth to COH II activities is low and needs heightening. Findings show that the composite knowledge of HIV prevention is low among the surveyed out-of-school youths. The ABC messages must be reinforced through strengthened intervention activities that effectively reach the youth population.

[5] The question asked was "During the last 4 weeks how often have you had drinks containing alcohol, would you say?" There was no question asked about drinking at the time of sex or shortly before.

RECOMMENDATIONS

1. **Enforcing alcohol regulation:** alcohol consumption is high among youths despite regulations prohibiting youth access to alcohol. Increased advocacy for enforcement of the statutory instruments and local authority by-laws that regulate access to bars and drinking places by the youth could strengthen the impact of HIV risk reduction efforts among these age cohorts.

2. **Strengthening support groups**: motivating, teaching and providing life skills to youths through peer education and awareness campaigns could help work against social, psychological and physical enticements to use alcohol, dagga and other psychoactive substances by increasing awareness of the negative consequences of these substances.

3. **Working with schools:** most out-of-school youths have previous experience in the formal education system. As a way of early intervention in their lives, the project should work with school-based programs as an easy way of reaching the youth, a proportion of whom will drop out of school, with health education on HIV, alcohol and drug abuse prevention campaigns. Through collaboration with other strategically-placed organizations, efforts could usefully advocate for strengthened health education policies that integrate sex and health education into the mainstream education system.

4. **Using appropriate local languages:** findings show that the languages widely spoken by youths in sites of survey are Tonga, Lunda, Kaonde and Bemba. Information must be disseminated in the main language(s) spoken in a particular site in addition to English in suitable media and on fact sheets that effectively reach all youth regardless of their level of education.

5. **Reaching youth:** small numbers of the targeted youths were reached by COH II staff including peer educators. A holistic package of interventions targeting youth needs to be developed and strengthened including production and distribution of necessary information, education and communication (IEC) and fact sheets. Through collaboration with various stakeholders and increasing number of staff – specifically peer educators and outreach workers – efforts need to continue promoting abstinence, correct and consistent use of condoms and faithfulness to one sexual partner for older youth.

6. **Targeting messages for female youth:** condoms act as barriers to HIV infection. However, condom use among female youths is low. Empowerment interventions targeted at increasing assertiveness and self worth among female youths must be initiated. Promotion of female condoms, especially among female youths, should be enhanced.

7. **More recreation facilities:** youth projects should initiate safe spaces for girls through promotion of sporting and other activities that can be used as conduits for health information communication to the youth.

8. **Increasing male involvement:** strategies aimed at greater involvement of men, including meetings with men and soliciting their inputs, should increase male youth involvement in HIV prevention activities.

9. **Increasing youth access and utilization of treatment services:** increased exposure of youths to STI messages and innovative strategies can be used to more effectively influence their health-seeking behavior, such as establishment of youth friendly corners near congregation points or use of drama clubs/groups as a communication tool. Targeted distribution of IEC materials about HIV and other STIs should be scaled up, and operation hours for counseling and testing (CT) services should include early evenings to enable more people to access services.

10. **Increasing uptake of CT:** the decision to test is partly influenced by family and friends. In order to increase VCT uptake by the youth, there is need to initiate and encourage forums for sex dialogue within families in the community to promote HIV testing among youth.

11. **Promoting circumcision:** some studies have shown that circumcision reduces the chances of HIV transmission: circumcised males can reduce their chances of contracting HIV compared to those who are not circumcised. Male circumcision must be encouraged in other sites as a measure to support prevention of HIV infections, stressing the need to combine it with other behavioral prevention measures

12. **More BSS studies:** the Youth BSS survey did not explore factors affecting risky sexual behavior among the youth. Moreover, factors affecting the health-seeking behavior have not been explored. There is a need to conduct studies to explore factors that affect risk- and health-seeking behaviors among youth living in border towns in order to remodel and refine intervention activities in order to make them more relevant to the pertinent factors affecting the youths' risk- and health-seeking behaviors.

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This BSS report is a result of the great support and work of many individuals and organizations working with Family Health International (FHI) and in particular the Corridors of Hope II project in Zambia. The team is highly appreciative and recognizes the great effort and facilitation skills of youth outreach workers, namely Mr Dimus Nyeleti, in Chirundu and peer educators (PEs) Mr Wells Milambo and Ms Estella Nambela. In Kapiri Mposhi, the team was lead by youth outreach worker Ms Ovaliwa Banda supported by Mr Suzyo Simwinga, Ms Ireen Banda, Ms Irene Mwaba and Mr. Omiya Hakanga. In Solwezi the team was lead by youth outreach worker Mr Jones Samwenda, supported by PEs Ms Beatrice Sambondu and Mr Hebron Yowela. In Livingstone, the team was led the youth outreach worker Mr Ernest Musonda, and supported by PEs Ms Lydia Changuba and Mr.Rodewell Mbewe. In all sites, a number of other PEs assisted in getting participants into the study. The youth outreach workers mentioned above and others, including the PEs mentioned and those not mentioned, are thanked for their dedication to work and the job well executed.

We also want to thank the research team starting with Mr Lovemore Mwanza who was one of the study coordinators and field editors, and Mr Chipili Mulemfwe who supervised a dedicated and very capable team of research assistants who collected data from the youths. The research assistants for the Youth BSS comprised Ms Esther Katongo, Ms Eunice Ndumba, Ms Longa Kaluba, Mr Joseph Cheelo, Mr Chisenga Yenga and Ms Miriam Phiri.

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Finally our very special thanks go to chairpersons of markets and owners of establishments such as bars/taverns and guest houses, where we carried out this study targeting youth, for giving us permission to spend time around their premises. We also recognize and appreciate the great role and support the research team received from District Commissioners, District AIDS Coordinating Advisors (DACA), District AIDS Task Force chairpersons, Provincial and District medical officers, and the leadership of various NGOs and interested groups for their tremendous interest and support for the study. The COH II motto is 'Together We Win' and indeed through support of various interest groups, too numerous to mention, we completed this task of carrying out the first round of BSS study among unemployed, out-of-school and unmarried youth. We hope this report will provide necessary information on the behavior of youth to further inform and improve HIV prevention programs for youth in Zambia and in the region.

LIST OF ABBREVIATIONS

AIDS	Acquired immuno-deficiency syndrome
ARV	Antiretroviral
BCC	Behavioral change communication
BSS	Behavioral surveillance survey
BBSS	Biological and behavioral surveillance survey
CBI	Cross-border initiative
COH	Corridors of Hope
CSO	Central Statistical Office
CSW	Commercial sex worker
DHMT	District Health Management Team
DHT	District Health Team
DRC	Democratic Republic of Congo
FHI	Family Health International
FSW	Female sex worker
GRZ	Government of the Republic of Zambia
HIV	Human immuno-deficiency virus
IEC	Information, education and communication
IMPACT	Implementing AIDS Prevention and Care Project
INESOR	Institute of Economic and Social Research
JICA	Japan International Co-operation Agency
LDTD	Long distance truck drivers
MOH	Ministry of Health
MTCT	Mother to child transmission
NAC	National HIV/AIDS/STD/TB Council
NGO	Non-governmental organization
PEPFAR	President's Emergency Plan for AIDS Relief
SFH	Society for Family Health
SPSS	Statistical Package for the Social Sciences
STI	Sexually transmitted infection
USAID	United States Agency for International Development
VCT	Voluntary counseling and testing
WHO	World Health Organization
WVZ	World Vision Zambia
ZDHS	Zambia Demographic and Health Survey
ZSBS	Zambia Sexual Behavior Survey
ZHECT	Zambia Health Education Communication Trust

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1. INTRODUCTION

1.1 HIV/AIDS in Zambia

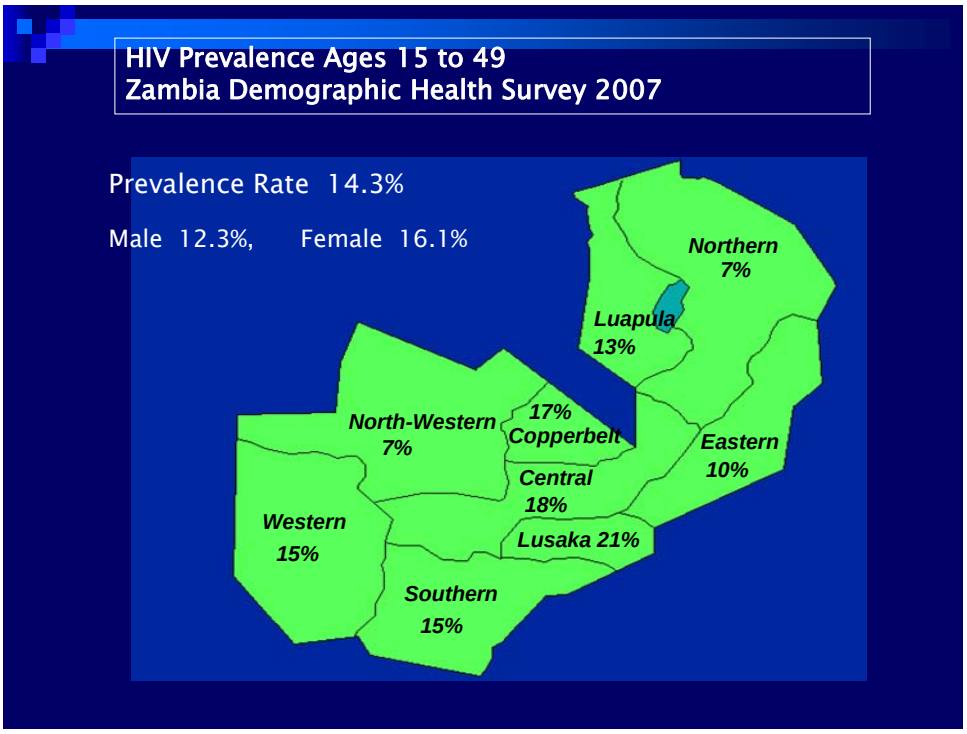
Zambia is one of the countries in the southern African region hardest hit by the HIV epidemic. The predominant mode of transmission for STIs including HIV is through heterosexual intercourse. According to the 2007 Zambia Demographic and Health Survey (ZDHS), 14.3 percent of the adult Zambian population is HIV positive. According to the 2007 ZDHS, the median age at first intercourse is 17 years for women and 18 years for men. Zambia, with a population estimated at about 12 million people, has nearly a half of its population in the sexually active age group of 15 years and above.[6] Knowledge of HIV and AIDS is universal in Zambia with almost all (99%) of women and men aged 15-49 years having heard of HIV and AIDS. However, only 36 percent have comprehensive[7] knowledge about modes of HIV transmission and prevention.

The prevalence of HIV is about twice as high in urban areas as in rural areas at 19.7 percent and 10.3 percent respectively. Overall, 16 percent of women and 12 percent of men are HIV-positive. The map below shows the distribution of HIV prevalence among adults aged 15–49 years by province (2007 ZDHS). The prevalence of HIV ranges from seven percent in Northern and North Western Provinces to 21 percent in Lusaka Province. Overall, 10 percent of people with no education are HIV-positive compared with 14 percent with primary, 15 percent with secondary and 19 percent with more than secondary education.

Amongst youths aged 15–19 years, HIV prevalence is estimated at 5 percent, rising to almost nine percent among older youths aged 20–24 years. Like the adult population, female youths are twice as likely to be infected as male youths. About 7 percent of all youths aged between 15 and 24 years are living with HIV. Among youths living with HIV, about nine percent are female compared to four percent male. The pattern is similar for syphilis infection, with about three percent of females and two percent of males aged between 15 and 24 years having the infection.

[6] 2009 projection from Central Statistics Office based on 2000 census of population.

[7] Comprehensive knowledge means knowing that abstinence, being faithful to one uninfected partner and condom use can reduce the chance of getting HIV; knowing that a healthy looking person can have HIV, and rejecting the most common local misconceptions about HIV transmission or prevention, such as that HIV can be transmitted through supernatural means or through mosquito bites (ZDHS 2007).



A number of factors in Sub-Saharan Africa and Zambia in particular contribute to the vulnerability of the population to HIV infection. These factors include declines in the standards of living, growing deprivation, poverty, unemployment and gender inequality. Under these circumstances, factors increasing the likelihood of a rapid spread of HIV include attitudes about HIV and STIs and their modes of transmission, liberalization of sexual behavior, cultural factors, high rates of sexually transmitted infections, transactional sex, substance abuse and coercive sex. In addition to the age-specific focus of the disease, statistics indicate that women have consistently been found to have higher prevalence rates of HIV infections compared to men. According to the 2007 ZDHS, about seven percent of the young people in the 15– 24 year age group are living with HIV with females being twice likely than males (8 percent female, 4 percent males) to have HIV infection. Similar trends are evident in most reports on the HIV epidemic in other countries in southern Africa.

The HIV/AIDS epidemic in Zambia is one of the most serious medical and social problems in recent history and has an unpredictable course. The ramifications and remnants of devastation are evident in all social and economic sectors of the country. It is now over 20 years since the epidemic began, and the consequences for the social and economic sectors will continue to be serious for a long time to come, regardless of what happens to the prevalence of the disease. Nonetheless, prevention of infection now will help mitigate the future impact of the disease.

The goal of the National HIV and AIDS Strategic Plan for the National HIV/AIDS/STI/TB Council (NAC) is to reduce HIV and STI transmission among Zambians through the promotion of responsible sexual behavior and to reduce the socio-economic impact of HIV/AIDS (NAC SP, 2002-2005, and 2006-2010).

1.2 Program description

Equipping young people with the knowledge and skills to prevent HIV infection is a key factor in influencing the course of the HIV epidemic in Zambia. As overall prevalence in the country rises, the chance of meeting an infected partner early in one's sexual life increases. Therefore, programs targeting and shaping the behavior of youth early on are critical for shaping the direction of the HIV epidemic in Zambia.

Resulting from the recognition that there is a high prevalence of HIV/AIDS along major highways and a concentration of high-risk groups in border areas, the United States Agency for International Development (USAID) and the Japan International Cooperation Agency (JICA) through Family Health International (FHI), funded the Corridors of Hope (COH) project (initially called the Cross-Border Initiative project [CBI]) in 1999. World Vision Zambia (WVZ) and Society for Family Health (SFH) began implementing activities in border sites and the major trucking towns in 2000. In 2004, WVZ and SFH were joined by Zambia Health Education and Communications Trust (ZHECT) to provide behavior change and STI treatment to high risk populations, mainly female sex workers and their main clients, the long distance truck drivers. Later on in the course of the project, the HIV counseling and testing, and youth components were added. This phase of the project ended in 2006 and gave rise to the implementation of COH II from 2006 to 2009. The COH II is an expanded project providing comprehensive HIV prevention activities around behavior change, HIV counseling and testing, and treatment for sexually transmitted infections (STIs). It is implemented by three Zambian non-governmental organizations (Afya Mzuri, ZHECT and ZINGO) in seven sites, namely Chipata, Chirundu, Kapiri Mposhi, Livingstone, Kazungula, Solwezi and Nakonde.

The main target of the COH II project is most-at-risk populations (MARPs) that include female sex workers (FSWs), long distance truck drivers (LDTDs), in-school and out-of-school youths aged 10–24 years. The project aims to change behavior through peer education and promotion of HIV counseling and testing as well as providing treatment for STIs. Moreover, COH II and other organizations are targeting youth with behavior change strategies and activities as firebreaks around the spread of HIV by preventing infection within this age group.

To assess the outcomes of the COH II project in Zambia, and to monitor behavioral trends over time, behavioral surveillance surveys (BBS) are carried out. The BSS studies measure reported high-risk behaviors that can help explain biological trends including HIV prevalence over time. Prevalence of risk behaviors for HIV and other STIs suggest the impact of the prevention interventions and complement the HIV surveillance data that are collected by national surveys such as the ZDHS and the Zambia Antenatal Clinic Sentinel Surveillance Surveys.

In addition, BSS obtains data on behavioral trends among target populations that are not captured by population-based surveys. BSS, a repeated cross-sectional survey of behavior in a representative targeted population, are an essential component of second generation HIV surveillance systems. The importance of BSS carried out by COH II includes its focus on the most vulnerable and high-risk segments of the population, whose behaviors typically have the most significant effect on the course of the epidemic.

In December 2008, FHI Zambia, working with three consultants, carried out the first BSS among unmarried, out-of-school youths aged 15–24, living in the border and transit towns of Chirundu, Livingstone, Kapiri Mposhi and Solwezi.

2. OBJECTIVES

The objectives of this round of BSS among the out of school, unemployed and unmarried youth are:

- to monitor the outcomes of existing prevention interventions through the assessment of risk behavior variables among the youth who are at high risk of STIs, including HIV;
- to measure the prevalence of reported STIs among youths in selected project areas/sites;
- to add to and strengthen the monitoring system that will track behavioral trend data for high risk and vulnerable target groups, which influence the epidemic in Zambia;
- to provide information on behavior among youth in some of the catchments areas where VCT for HIV is being offered;
- to provide information to help guide HIV prevention program planning;
- to obtain data in a standardized format that will enable the comparison over time and with other behavioral surveillance studies carried out in Zambia and other countries.

3. METHODOLOGY

3.1 Sample size

The sample size for surveying out-of-school, unemployed and unmarried youths was calculated to detect changes in condom use when they last had sex among sexually active youths aged 15–24 years. The population of youth in the four sites (Chirundu, Livingstone, Kapiri-Mposhi and Solwezi) is estimated at 2,127,500 (CSO 2000).

According to the ZSBS (2005), 35 percent and 25 percent of males and females aged 15–24 years respectively used a condom the last time they had pre-marital sex. Using this estimate as a starting point, with 80 percent power, level of significance at the 95 percent confidence level and a design effect of two due to cluster sampling, the estimated sample size required to detect a ten percent increase (from 30 percent) in the number of out-of-school, unemployed and unmarried youths aged 15–24 years is 1,116 (558 males and 558 females). According to the 2005 ZSBS youth sample, age 15–24, median age at sexual debut was 18.5 years. Therefore half of the youth in this age group would have experienced sexual intercourse. This yielded 2,232 (males 558/50x100 +558/50 x100 for females) as the total sample size.

3.2 Sampling and survey procedure

The study recruited unemployed and unmarried youth who were out of school from places where they were most likely to congregate and socialize during the day, 0800–1800hrs. These places include border sites, recreational halls, and bars/taverns where customers, mostly young men, play games and drink alcohol. Unmarried young women are more likely to be found in streets, taxi ranks, around big shops such as Shoprite, market places in towns and compounds and bus stops.[8] A standard cluster sampling method was used within a time-location design. Prior to the study, mapping of the study sites was carried out to determine the congregation points and to estimate number of out-of-school youths at each point. Only places where out-of-school youths aged 15 to 24

[8] In cluster design, the truck corridor and bars/taverns were excluded for female youth to reduce chances of interviewing females who were likely to be sex workers.

years were likely to be found formed the clusters as primary sampling units. The number of youths to be interviewed from each site was determined, proportionate to size, based on the total sample required.

A cluster sample consisted of all youth found at a particular location at a particular time of the day. After constructing a list of locations and times representing all the places where out-of-school youths aged 15 to 24 are usually found during the day, clusters were purposefully selected and in each of the selected clusters all the youth available and willing to be interviewed at the selected cluster were interviewed.

This approach specified that on the day and time the site is visited, all unemployed, out-of-school and unmarried youths who were present were contacted for an interview. This resulted in a self-weighted sample. A key aspect of this sampling approach is that all "time-location" clusters must be visited the same number of times (i.e. once) and for the same amount of time (i.e. for two hours). However because of transport logistics, the researchers carried interviews in the same sites for 4 hours (0900–1300hrs and 1400–1800hrs).

Market places were divided in quadrants with each forming a cluster. In selecting respondents for study in the market place clusters, a facilitator went into the center of clusters, facing one direction, turning to the right and approached sequentially every youth, male or female, introduced him or herself and the purpose of the visit, which was to identify youths aged 15–24 years for an interview. The facilitator introduced research assistants to possible participants meeting criteria of recruitment; being within age of 15–24 years, unmarried, unemployed and out-of-school. In the streets, the researchers started from one end and moved sequentially to the other end, approaching all eligible participants.

The researchers kept a log sheet in which they recorded all the potential participants approached, their sex, age and outcome. Outcomes were recorded as interview successfully completed, partially completed and excluded. Reasons for exclusions were also written down on log sheets.

3.3 Data collection instruments

The survey used a standard FHI questionnaire approved by UNAIDS[9] containing a semi-structured questionnaire as a data collection tool to record behavioral-related information from respondents. The semi-structured questionnaire consisted of both open- and close-ended questions. The open-ended questions required that the interviewer record the responses verbatim whilst the closed-ended questions were mostly pre-coded and required the interviewer to circle the appropriate response. The instrument contained questions addressing: socio-demographic factors; family and work; sexual history; male and female condoms; STIs; knowledge about HIV/AIDS; stigma and discrimination against people living with HIV/AIDS; and questions on male circumcision. The questionnaire was translated into the Chibemba and Chinyanja languages for use whenever the interviewer encountered anyone who preferred to be interviewed in the local language.

[9] FHI 200. BSS guidelines for repeated behavioral surveys in populations at risk of HIV.

3.4 Data collection process

Data collection was done over a period of 40 days, minus traveling days, from 10th December 2008 to 20th February 2009, spending ten days in each of the four study sites on actual data collections. Before the commencement of data collection, a five-day training workshop was held in Lusaka for the research assistants, where interview principles and techniques were taught. Issues covered during the training included: orientation on the COH II project, survey purpose, consent procedures, confidentiality and other ethical issues, dealing with participants who get distressed during the interview, sensitization to issues pertaining to sex work, roles and responsibilities of the team members. Practical exercises were done, where interviewers performed role-plays. The last two days of the workshop were used to pre-test the instrument in Lusaka, obtain and review feedback, discuss the process, and fine-tune the instruments.

Six trained research assistants (four females and two males) conducted the interviews with support of a supervisor. COH II project outreach workers and project trained peer educators facilitated the recruitment of out-of-school unemployed youths into the study. They helped to introduce the interviewers to consenting respondents. The interviewers then administered the questionnaire after obtaining additional consent. The interviews were conducted privately on a one-to-one basis. Each interview lasted for an average of 30–45 minutes. Editors went through all the completed questionnaires to ensure accuracy in recorded responses and ultimately the collection of good quality data. In addition to a supervisor, two editors were also responsible for coordinating the interviewers and daily activities in consultation with the principal investigator, ensuring that the survey requirements were strictly followed, and supporting the interviewers whenever there were concerns or questions.

3.5 Data analysis

The completed questionnaires were edited in the field and transported to Lusaka for data processing. The questionnaires were then coded and entered into the database using Epi-Data version 3.1 and analyzed using Epi-Info 6 statistical package. The analysis consisted of descriptive statistics that computed frequencies, means, and medians for variables by site and totals from all sites. No test of statistical significance was performed to test for site and sex differences because the sample size calculation was based on the total sample, proportionate to youth population in each study site. The sample was therefore not powered for site comparison.

3.6 Dealing with sources of bias

Research assistants were carefully selected to match the age group of the respondents. Their training involved pre-testing instruments with youths in the market and at bus stops in Lusaka. To avoid errors in the measurement of the variables, a training manual was developed explaining each question and the meaning of each variable in the survey forms. However, despite the pre-testing of the questionnaire, one skip-pattern error was identified at the first interview site (Chirundu). The statistician was informed and the questionnaire was corrected.

To avoid interviewer bias, researchers were oriented in appropriate ethical conduct and the training manual addressed issues of judgment and attitudes among researchers. The manual also covered dealing with a youth suspected of not telling the truth or appearing not to provide honest responses, and how to proceed with a respondent who became distressed during the study.

At site level, facilitators were experienced outreach workers working with youths. These facilitators introduced the exercise to the potential youth respondents and invited the respondent to meet the research assistants. In addition, research assistants used log sheets to record ages of all eligible and non-eligible clients for analysis including those who refused or were excluded from interview.

3.7 Ethical issues

3.7.1 Informed consent and confidentiality

This survey addressed issues of sex, sexuality, and STIs including HIV/AIDS: sensitive subject matters that needed privacy and confidentiality. The respondents were assured of confidentiality. The interviewers were obligated to obtain oral informed consent and to ensure that all the information gathered remained confidential. Only consenting respondents aged 15–24 years were eligible for interview.

3.7.2 Participants' handout

All youth respondents received a handout after the interview. The handout contained contact telephone numbers and other relevant information. It contained the Principal Investigator's full contact information for questions about the study. It also contained information on the participants' rights and contact address of the local Research Ethics Committee to report any adverse effects or wrong treatment. The handout also contained sources for HIV and AIDS information if the participant wanted more information, which included the Corridors of Hope II project sites, as well as government and non-government institutions.

3.7.3 Distressed Respondent Protocol

Research assistants were trained in the protocol of handling distressed respondents. The protocol dealt with actions to take in an event that a respondent became visibly upset: by crying, shaking, or speaking in a trembling voice during the course of the interview. If the respondent wanted to stop the interview, the researcher was to oblige and thank the respondent for his/her time and tell the respondent that he/she would be in touch to schedule a time to complete the interview if the respondent agreed to that suggestion. The interview was to continue only if the respondent indicated that he/she did not want to stop the interview. In the event that the respondent did not want or was unable to continue the interview, the researchers would thank the respondent for their time and no further effort would be made to return or continue with the interview.

If the respondent indicated that he or she might pose a danger to themselves or someone else, then the interviewer was to follow the mandatory reporting procedures outlined which included informing the immediate supervisor. The supervisor was to make an attempt to talk and calm the respondent and report the incident to editor/study coordinators and eventually the principal investigator.

3.7.4 Ethical approval

This study protocol was reviewed and approved before implementation by the University of Zambia's Biomedical Research Ethics Committee at the School of Medicine of the University of Zambia, the Protection of Human Subject Committee of FHI and the Institutional Review Board of RTI in North Carolina.

3.7.5 Limitations

Prior to commencement of data collection, a mapping exercise was carried out to determine the existing population sizes, peak times, and sites where youth congregate (e.g. markets, streets, etc.). The exercise revealed that in bars and taverns during the day there were mostly male youths and in markets there were more female youths. However, during the actual study, the required sample size for female youths could not be achieved in the given time for the study and in the selected clusters despite the total sampling approach adopted. The reasons were twofold. The first reason is that there were fewer eligible female respondents. Most female youths aged 15 to 24 years were married, divorced, widowed or still in school. To counter this challenge, an effort was made to recruit more youths from the markets where out-of-school, unmarried and unemployed female youths were likely to be found.

4. RESULTS

The following section presents results of out-of-school, unemployed, unmarried youths aged 15–24 years, who will be referred to as simply "youths", interviewed in four study sites: Livingstone, Chirundu, Kapiri Mposhi and Solwezi. The results are presented in sections according to themes starting with overall results for both male and female youth followed by description according to sex.

4.1 Reasons for refusal

A total of 3,293 (males 2,320, females 973) youth were approached for an interview, out of which 2,660 (81.0%) were interviewed. 477 males and 156 females were not interviewed. Out of the 477 male youths not interviewed, 287 (60%) refused to be interviewed and out of the 156 female youths not interviewed, 64 (41%) refused interview without giving any reasons. Of the remaining 190 male youths not interviewed and excluded, 45 percent were either below or above required age, 38 percent were still at school, 17 percent were drunk at the time of interview and could not cooperate to provide accurate information. The remaining 92 female youths not interviewed were excluded from the study because: 78 percent were either currently married or had been married before, while 22 percent were still at school. **Table 1** below presents a breakdown of sample size, number interviewed and number excluded from the interview according to study.

Table 1: Unmarried out-of-school youth interviewed and excluded by sex and by site, 2009

Site	Number Interviewed			Excluded			Response Rate
	Male	Female	Total	Male	Female	Total	
Livingstone	502	189	691	10	2	12	98%
Chirundu	308	167	475	140	44	184	72%
Kapiri Mposhi	469	255	724	85	46	131	85%
Solwezi	564	206	770	242	64	306	72%
Total	**1843 (79%)**	**817 (84%)**	**2660 (100%)**	**477**	**156**	**633**	**81%**

4.2 Socio-demographic characteristics of survey population

This section and **Tables 2a-1** and **2b-1** present information on socio-demographic characteristics of the male and female youths. Age, level of education, religion and living arrangement of the respondents are described.

4.2.1 Both male and female respondents

The mean age of all respondents was 19.5 and about 57.9 percent of all respondents were in the 20–24 age group. The mean number of years the youth spent in formal education was nine. About 2.7 percent of them had no formal education; a third (29.4%) had attained primary school education while 67.9 percent had attended formal education up to secondary level. The median length the youth had stayed in area of interview was four years. About a half (51.9%) had lived in the area less than five years at the time of interview.

The majority of all respondents were Christians (94.9%). About 30.6 percent were Pentecostal (born again) and 21.6 percent were Catholic. In terms of tribe/ethnicity, over a third (37.4%) were Lunda, 23.5 percent were Tonga, 15.6 percent were Kaonde, 12 percent were Bemba, 6.7 percent were Luvale, 0.2 percent were Lozi and only one (0.1%) belonged to another tribe.

4.2.2 Male youth respondents

Table 2a-1 presents data on age, education level, length of stay, religion and ethnicity of male youth respondents by site.

Age

The mean age of the males was 20 and about 64.4 percent of them were in the 20 – 24 age group. Livingstone (70.9%) had the highest and Chirundu (57.1%) had the lowest proportion of male youth respondents in the 20-24 years age group.

Education

The average number of years spent in formal education was nine. About 2.7 percent of the male youth in all the study sites had no formal education. In Chirundu, 6.9 percent of male youths had not been to a formal school while 75.1 percent of youths in Livingstone had secondary school level of education.

Length of stay

The median number of years male youths had lived in the study site was four with the highest number of years (seven) for Livingstone. A third (34.5%) of youth in Livingstone, 18.6 percent in Kapiri Mposhi, 15.5 percent in Solwezi and 11.6 percent in Chirundu had lived in those places for the last 15 years and more at time of interview.

Religion and Denomination

The majority of male youth were Christians (93.2%) and the rest either had no religion (6.3%) or were Muslims (0.4%). Among male Christian youths, about a third (30.6%) was Pentecostal (born again) and 22.1 percent were Catholic. In Chirundu a third (34%) belonged to the Seventh Day Adventist Church,

in Kapiri Mposhi about a quarter (25%) belonged the United Church of Zambia, in Livingstone a third (35.9%) and in Solwezi 42.1 percent were Pentecostals (born again) Christians.

Ethnicity

The highest proportion of male youths across the four sites was Lunda (37.3%) followed by Tonga (23.8%), Kaonde (15.8%) and Bemba (11.7%) tribe. In Chirundu the majority (72.5%) were Tonga, in Kapiri Mposhi 73.5 percent and in Solwezi (42.7%) were Lunda and in Livingstone 35.8 percent were Tonga while in Solwezi, 42.7 percent were Lunda by tribe,

Table 2a-1: Age and education level of unmarried out-of-school male youths, by site, 2009

Characteristics	Chirundu	Kapiri Mposhi	Livingstone	Solwezi	Total
Age (years)					
Mean (SD)	20 (2.7)	20 (2,5)	21 (2.5)	20 (2.4)	20 (2.5)
	n (%)	n (%)	n (%)	n (%)	N (%)
15-19	132 (42.9)	194 (41.4)	146 (29.1)	185 (32.8)	657 (35.6)
20-24	176 (57.1)	275 (58.6)	356 (70.9)	379 (67.2)	1186 (64.4)
Total	**308 (100)**	**469 (100)**	**502 (100)**	**564 (100)**	**1843 (100)**
Level of Education					
Mean total years of education(SD)	8 (2.6)	9 (2.4)	10 (2.3)	9 (2.5)	9 (2.5)
None	21 (6.9)	11 (2.3)	9 (1.8)	8 (1.4)	49 (2.7)
Primary	127 (41.6)	147 (31.5)	111 (22.2)	154 (27.5)	539 (29.4)
Secondary	154 (50.5)	306 (65.7)	375 (75.1)	396 (70.7)	1231 (67.3)
Higher	3 (1.0)	2 (0.4)	4 (0.8)	2 (0.3)	11 (0.6)
Total	**305 (100)**	**466 (100)**	**499 (100)**	**560 (100)**	**1830 (100)**
How long have you lived here?					
Median (Q1,Q3)	3 (0,6)	5 (1,10)	7 (1,19)	3 (1,8)	4 (1,11)
0	76 (25.1)	81 (17.3)	91 (18.1)	110 (19.5)	358 (19.5)
1-4	112 (37.0)	146 (31.3)	112 (22.3)	228 (40.5)	598 (32.6)
5-9	60 (19.80	90 (19.3)	84 (16.7)	104 (18.5)	338 (18.4)
10-14	20 (6.60	63 (13.5)	42 (8.4)	34 (6.0)	159 (8.7)
15+	35 (11.6)	87 (18.6)	173 (34.5)	87 (15.5)	382 (20.8)
Total	**303 (100)**	**467 (100)**	**502 (100)**	**563 (100)**	**1835 (100)**
Religion					
Christian	288 (93.8)	454 (97.0)	463 (92.8)	508 (90.2)	1713 (93.2)
Muslim	1 (0.3)	2 (0.4)	2 (0.4)	3 (0.5)	8 (0.4)
Others	1 (0.3)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.1)
No religion	17 (5.5)	12 (2.6)	34 (6.8)	52 (9.2)	115 (6.3)
Total	**307 (100)**	**468 (100)**	**499 (100)**	**563 (100)**	**1837 (100)**
For Christians, denomination or church					
Catholic	54 (27.4)	96 (24.4)	80 (24.3)	53 (14.8)	283 (22.1)
United Church of Zambia	21 (10.7)	97 (24.6)	25 (7.6)	59 (16.4)	202 (15.8)
Seventh Day Adventists	67 (34.0)	58 (14.7)	80 (24.3)	47 (13.1)	252 (19.7)
Reformed Church in Zambia	2 (1.0)	4 (1.0)	3 (0.9)	1 (0.3)	10 (0.8)
Pentecostal (born again)	33 (16.8)	90 (22.8)	118 (35.9)	151 (42.1)	392 (30.6)
Anglican	8 (4.1)	5 (1.3)	6 (1.8)	2 (0.6)	21 (1.6)
Jehovah's Witness	10 (5.1)	44 (11.2)	17 (5.2)	46 (12.8)	117 (9.1)
Others	2 (1.0)	0 (0.0)	0 (0.0)	0 (0.0)	2 (0.2)
Total	**197 (100)**	**394 (100)**	**329 (100)**	**359 (100)**	**1279 (100)**
Ethnic group or tribe					
Kaonde	2 (1.0)	12 (4.4)	7 (1.9)	187 (40.1)	208 (15.8)
Luvale	3 (1.5)	5 (1.8)	35 (9.4)	47 (10.1)	90 (6.8)
Lunda	27 (13.5)	202 (73.5)	62 (16.6)	199 (42.7)	490 (37.3)
Bemba	15 (7.5)	17 (6.2)	108 (28.9)	14 (3.0)	154 (11.7)
Lozi	0 (0.0)	0 (0.0)	2 (0.5)	0 (0.0)	0 (0.0)
Tonga	145 (72.5)	21 (7.6)	134 (35.8)	13 (2.8)	313 (23.8)
Nsenga	8 (4.0)	18 (6.5)	26 (7.0)	6 (1.3)	58 (4.4)
Total	**200 (100)**	**275 (100)**	**374 (100)**	**466 (100)**	**1315 (100)**

4.2.3 Female youth respondents

Table 2b-1 presents data on age, education level, and length of stay, religion and ethnicity of the female youth interviewed.

Age

The mean age of the females was 19 and about 43.3 percent of them were in the 20–24 age group. Livingstone (50.8%) had the highest and Kapiri Mposhi (35.7%) had the lowest proportion of female youth in the 20–24 years age group.

Education

The average number of years spent in formal education was nine. About 2.6 percent of the female youth in all the study sites had no formal education. In Chirundu, 4.9 percent of female youth had not been to a formal school while 80.9 percent of youth in Livingstone had secondary school level of education.

Length of stay

The median number of years female youth had stayed in study site was four with the highest stay of eight years for youth in Livingstone. Over a third (40.3%) of youth in Livingstone, 13.9 percent in Kapiri Mposhi, 18.5 percent in Solwezi and 15.6 percent in Chirundu had lived in those places for the last 15 years or more at the time of the interview.

Religion and Denomination

The majority of females were Christians (98.7%), nine respondents had no religion and one respondent was a Muslim. Among the female Christian youth, nearly a third (30.6%) was Pentecostal (born again) and 20.6 percent were Catholic. In Chirundu, about a third (37.3%) belonged to the Seventh Day Adventist Church, in Kapiri Mposhi 29.2 percent were Catholic, in Livingstone over a third (38.4%) and over a half (53.2%) in Solwezi were Pentecostals (born again).

Ethnicity

The tribe with the highest proportion of females across the four sites were Lunda (37.7%) followed by Tonga (22.6%), Kaonde (15.2%) and Bemba (12.6%). In Chirundu, the majority (64.0%) were Tonga, in Kapiri Mposhi 70.3 percent were Lunda, in Livingstone 39.4 percent were Bemba and in Solwezi (46.2%) were Kaonde.

Table 2b-1: Age *and education level of unmarried out-of-school female youth, by site, 2009*

Characteristics	Chirundu	Kapiri Mposhi	Livingstone	Solwezi	Total
Age (years)					
Mean (SD)	**19 (3.0)**	**19 (2.8)**	**20 (2.5)**	**19 (2.6)**	**19 (2.7)**
	n (%)	**n (%)**	**n (%)**	**n (%)**	**N (%)**
15-19	98 (58.7)	164 (64.3)	93 (49.2)	108 (52.4)	463 (56.7)
20-24	69 (41.3)	91 (35.7)	96 (50.8)	98 (47.6)	354 (43.3)
Total	**167 (100)**	**255 (100)**	**189 (100)**	**206 (100)**	**817 (100)**
Level of Education					
Mean total years of education (SD)	9 (2.9)	8 (2.5)	10 (2.1)	9 (2.4)	9 (1.1)
None	8 (4.9)	10 (4.0)	1 (0.5)	2 (1.0)	21 (2.6)
Primary	61 (37.2)	96 (38.4)	33 (17.5)	47 (22.9)	237 (29.3)
Secondary	93 (56.7)	143 (57.2)	153 (80.9)	155 (75.6)	544 (67.3)
Higher	2 (1.2)	1 (0.4)	2 (1.0)	1 (0.5)	6 (0.7)
Total	**164 (100)**	**250 (100)**	**189 (100)**	**205 (100)**	**808 (100)**
How long have you lived here?					
Median (Q1,Q3)	3 (0,8)	4 (1,10)	8 (3,18)	4 (1,9)	4 (1,11)
0	45 (28.3)	49 (19.4)	20 (10.8)	38 (18.5)	152 (19.0)
1-4	55 (34.6)	87 (34.5)	46 (24.7)	73 (35.6)	261 (32.5)
5-9	24 (15.1)	50 (19.8)	36 (19.4)	49 (23.9)	159 (19.8)
10-14	10 (6.3)	31 (12.3)	9 (4.8)	7 (3.4)	57 (7.1)
15+	25 (15.7)	35 (13.9)	75 (40.3)	38 (18.5)	173 (21.6)
Total	**159 (100)**	**252 (100)**	**186 (100)**	**205 (100)**	**802 (100)**
Religion					
Christian	164 (98.8)	252 (98.8)	186 (98.4)	203 (99.0)	805 (98.7)
Muslim	0 (0.0%)	1 (0.4	0 (0.0)	0 (0.0)	1 (0.1)
Others	0 (0.0%)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
No religion	2 (1.2)	2 (0.8)	3 (1.6)	2 (1.0)	9 (1.1)
Total	**166 (100)**	**255 (100)**	**189 (100)**	**205 (100)**	**815 (100)**
For Christians, denomination or church					
Catholic	21 (19.1)	64 (29.2)	29 (21.0)	11 (7.8)	125 (20.6)
United Church of Zambia	18 (16.4)	58 (26.5)	17 (12.3)	24 (17.0)	117 (19.2)
Seventh Day Adventists	41 (37.3)	32 (14.6)	21 (15.2)	20 (14.2)	114 (18.8)
Reformed Church in Zambia	2 (1.8)	2 (0.9)	2 (14)	0 (0)	6 (1.0)
Pentecostal (born again)	17 (15.5)	41 (18.7)	53 (38.4)	75 (53.2)	186 (30.6)
Anglican	4 (4(3.6)	2 (0.9)	3 (2.2)	2 (1.4)	11 (1.8)
Jehovah's Witness	7 (6.4)	20 (9.1)	13 (9.4)	9 (6.4)	49 (8.1)
Other	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Total	**110 (100)**	**219 (100)**	**138 (100)**	**141 (100)**	**608 (100)**
Ethnic group or tribe					
Kaonde	2 (1.8)	2 (1.3)	0 (0.0)	86 (46.2)	90 (15.2)
Luvale	2 (1.8)	10 (6.5)	7 (4.9)	20 (10.8)	39 (6.6)
Lunda	19 (17.1)	109 (70.3)	24 (16.9)	72 (38.7)	224 (37.7)
Bemba	7 (6.3)	10 (6.5)	56 (39.4)	2 (1.1)	75 (12.6)
Lozi	1 (0.9)	0 (0.0)	1 (0.7)	0 (0.0)	2 (0.3)
Tonga	71 (64.0)	15 (9.7)	43 (30.3)	5 (2.7)	134 (22.6)
Nsenga	8 (7.2)	9 (5.8)	11 (7.7)	1 (0.5)	29 (4.9)
Other	1 (0.9)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.2)
Total	**111 (100)**	**155 (100)**	**142 (100)**	**186 (100)**	**594 (100)**

4.2.4 Living arrangement and income of respondents

This section and **Tables 2a-2** and **2b-2** present information on living arrangements and income of male and female youths by site.

Both male and female youth respondents

About 11.5 percent of male and female youth were living alone, 84.3 percent were living with relatives while 1.6 percent were living with friends at time of interview. About 28.6 percent worked to earn money.

Male respondents

About 14.3 percent of males were living alone at the time of the survey. The majority of males (80.3%) were living with family relatives. The proportion of males who reported living with friends/peers was lowest in Kapiri Mposhi (1.9%) compared to Chirundu (7.2%), Livingstone (6.9%) and Solwezi (5.0%).

The proportion of male youths who were involved in informal employment to earn money was 30.6 percent. A multiple-response question to those who were engaged in informal employment revealed that 52.1 percent were selling at the market, 4.1 percent were vending on streets and 61.5 were selling pre-paid recharge vouchers for mobile phones (talk-time). An additional question was asked about the spending patterns and behavior of income-earning youth. Less than half of the males (38.8%) said they kept money for their future use and more than half (61.2%) said they gave it to the family. **Table 2a-2** shows the distribution of the youth by living arrangement and the status of informal employment.

Table 2a-2: Living arrangement and income of male youths by site, 2009

Characteristics	Chirundu	Kapiri Mposhi	Livingstone	Solwezi	Total
Living Arrangement					
Live alone	47 (15.4)	48 (10.2)	80 (16.1)	88 (15.6)	263 (14.3)
With family relatives	234 (76.5)	411 (87.6)	381 (76.8)	447 (79.4)	1473 (80.3)
With employer	3 (1.0)	1 (0.2)	1 (0.2)	0 (0.0)	5 (0.3)
With peers/friends /coworkers/students	22 (7.2)	9 (1.9)	34 (6.9)	28 (5.0)	93 (5.1)
Total	**306 (100)**	**469 (100)**	**496 (100)**	**563 (100)**	**1834 (100)**
Do you work to earn money for yourself?					
Yes	113 (36.7)	122 (26.0)	143 (28.5)	186 (33.0)	564 (30.6)
Total	**308**	**469**	**502**	**564**	**1843**
What do you do to earn money?					
Sell at the market – Yes	37 (33.6)	52 (43.3)	66 (47.1)	132 (72.9)	287 (52.1)
Total	**110**	**120**	**140**	**181**	**551**
Kaponya (vendor) – Yes	6 (5.3)	8 (6.6)	2 (1.4)	7 (3.8)	23 (4.1)
Total	**113**	**122**	**143**	**186**	**564**
Sell talk time – Yes	2 (33.3)	2 (66.7)	6 (60.0)	6 (85.7)	16 (61.5)
Total	**6**	**3**	**10**	**7**	**26**
What do you do with this money?					
Keep for myself	34 (31.0)	45 (38.1)	57 (42.2)	74 (40.9)	210 (38.8)
Give it to my family	73 (68.2)	73 (61.9)	78 (57.8)	107 (59.1)	331 (61.2)
Total	**107 (100)**	**118 (100)**	**135 (100)**	**181 (100)**	**541 (100)**

Female respondents

About five percent of females were living alone at the time of the survey. The majority of females (93.3%) were living with family relatives. Almost a quarter (24%) of all females across the sites, with the highest proportion in Chirundu (35.3%), reported earning some income from informal employment. Types of work[10] done to earn income were selling various goods at the market (74.4%) and selling air time for mobile phones (28.6%). The majority of respondents who reported earning income said they gave it to the family (71.4%). More than a quarter said they kept the money for personal use. **Table 2b-2** also shows the living arrangements of respondents by site.

Table 2b-2: Living arrangement and income of female youths by site, 2009

Characteristics	Chirundu	Kapiri Mposhi	Livingstone	Solwezi	Total
Living Arrangement					
Live alone	8 (4.8)	11 (4.3)	12 (6.3)	10 (4.7)	41 (5.0)
With family relatives	150 (89.0)	243 (95.3)	174 (92.1)	194 (94.6)	761 (93.3)
With employer	0 (0.0)	0 (0.0)	1 (0.5)	0 (0)	1 (0.1)
With peers/friends/ coworkers/students	9 (5.4)	1 (0.4)	2 (1.1)	1 (0.5)	13 (1.6)
Total	**167 (100)**	**255 (100)**	**189 (100)**	**205 (100)**	**816 (100)**
Do you work to earn money for yourself?					
Yes	59 (35.3)	37 (14.5)	44 (23.3)	56 (27.2)	196 (24.0)
Total	**167 (100)**	**255 (100)**	**189 (100)**	**206 (100)**	**817 (100)**
What do you do to earn money?					
Sell at the market – Yes	36 (61.0)	25 (69.4)	31 (70.5)	53 (94.6)	145 (74.4)
Total	**59 (100)**	**36 (100)**	**44 (100)**	**56 (100)**	**195 (100)**
Sell talk time – Yes	3 (50.0)	0 (0)	0 (0)	1 (25.0)	4 (28.6)
Total	**6 (100)**	**1 (100)**	**3 (100)**	**4 (100)**	**14 (100)**
What do you do with this money?					
Keep for myself	15 (26.8)	8 (23.5)	17 (38.6)	14 (25.5)	54 (28.6)
Give it to my family	41 (73.2)	26 (76.5)	27 (61.4)	41 (74.5)	135 (71.4)
Total	**56 (100)**	**34 (100)**	**44 (100)**	**55 (100)**	**189 (100)**

4.3 General risk behaviors of study population

The following section presents different risk and sexual behaviors of unmarried out-of-school youth with different sexual partners.

4.3.1 Alcohol Consumption and Drug Use in the last Four Weeks

Tables 3a and **3b** present responses to alcohol and drug use by male and female youth.

When asked whether they took alcohol and about the frequency of alcohol consumption, a total of 4.4 percent of all respondents said they use alcohol every day. About 19.4 percent of all respondents reported using alcohol at least once a week. The majority (70.6%) reported never using alcohol.

Respondents were also asked about the use of non-prescription drugs. About 8.6 percent of all respondents reported having ever used dagga.

[10] This was a multiple response question with 'yes' and 'no' answers.

4.3.2 Male youth respondents

Table 3a shows alcohol consumption and drug use among male youth. A total of about 5.5 percent of all males said they used alcohol every day. About 22.9 percent of males reported using alcohol at least once a week. When data are compared across sites, 55.9 percent of male youth in Livingstone, 33.2 percent in Solwezi, 31.8 percent in Kapiri Mposhi and 29.0 percent of youth in Chirundu took alcohol at least once a week.

Concerning nonprescription drugs, 12.4 percent of males reported having ever used dagga. Moreover, two males had ever used heroin, five had used cocaine and three had used mandrax. The proportion of male youth who reported using dagga every day in the four months prior to the study was 16.4 percent.

Table 3a: Alcohol and drug use of unmarried out-of-school male youths, by site, 2009

Response	Chirundu	Kapiri Mposhi	Livingstone	Solwezi	Total
	n (%)	n (%)	n (%)	n (%)	N (%)
Alcohol use in the last 4 weeks					
Every day	15 (4.9)	19 (4.1)	43 (8.6)	25 (4.4)	102 (5.5)
At least once a week	76 (24.7)	130 (27.7)	127 (25.2)	107 (19.0)	440 (22.9)
Less than once a week	21 (6.8)	35 (7.5)	28 (5.6)	35 (6.2)	119 (6.45)
Never	196 (63.6)	285 (60.8)	304 (60.6)	397 (70.4)	1182 (64.1)
Total	**308 (100)**	**469 (100)**	**502 (100)**	**564 (100)**	**1843 (100)**
Ever used drug (dagga)					
Yes	38 (12.6)	47 (10.1)	89 (17.8)	54 (9.6)	228 (12.4)
Total	**302**	**467**	**501**	**563**	**1833**
"Used dagga in the last 4 weeks"					
Every day	7 (17.1)	2 (4.5)	20 (23.3)	7 (14.3)	36 (16.4)
At least once a week	17 (41.5)	22 (50.0)	19 (22.1)	10 (20.4)	68 (30.9)
Less than once a week	2 (4.9)	6 (13.6)	6 (7.0)	6 (12.2)	20 (9.1)
Never	15 (36.6)	14 (31.8)	41 (47.7)	26 (53.1)	96 (43.6)
Total	**41 (100)**	**44 (100)**	**86 (100)**	**49 (100)**	**220 (100)**

4.3.3 Female youth respondents

Table 3b presents the result of the analysis regarding alcohol and drug use among unmarried out-of-school female youths in the study. When asked about alcohol consumption and the frequency of alcohol consumption, about two percent of all females said they used alcohol every day with about 9.2 percent of them reporting using alcohol at least once a week.

Female youth were also asked about the use of nonprescription drugs. Two (0.2%), both in Chirundu, reported having ever used dagga. None of the females had ever used heroin.

Table 3b: Alcohol and drug use of unmarried out-of-school female youth, by site, 2009

Response	Chirundu	Kapiri Mposhi	Livingstone	Solwezi	Total
	n (%)	n (%)	n (%)	n (%)	N (%)
Alcohol use in the last 4 weeks					
Every day	6 (3.6)	3 (1.2)	5 (2.6)	2 (1.0)	16 (2.0)
At least once a week	19 (11.4)	23 (9.0)	20 (10.6)	13 (6.3)	75 (9.2)
Less than once a week	5 (3.0)	16 (6.3)	6 (3.2)	4 (1.9)	31 (3.8)
Never	136 (81.9)	213 (83.5)	158 (83.6)	187 (90.8)	694 (85.0)
Total	**166 (100)**	**255 (100)**	**189 (100)**	**206 (100)**	**816 (100)**
Ever used Drug					
Yes	2 (1.2)	0 (0.0%)	0 (0.0%)	0 (0.0%)	2 (0.2)
Total	**166 (100)**	**255 (100)**	**189 (100)**	**206 (100)**	**816 (100)**

4.3.4 Summary discussion

The male youths in the study sample were older than the female youths, and a higher proportion of male youths were living alone compared to female youths. Nearly a third of both male and female youths had no education or only had a primary level of education. Therefore whatever education materials developed targeting youth should take into account literacy levels.

While it is not conclusive from this study, living arrangements may have an effect on one's behavior (e.g. those living alone may be more likely to engage in risk behavior than those living with their family and relatives).

Use of psychoactive substances such as alcohol and dagga was reported among youth respondents. These mind altering substances can put youth at risk of HIV/STI infections. Some studies have associated early school dropout and peer pressure as fueling alcohol and drug abuse (UNDCP, 2003). A continuum of support to youth that includes sensitization on the importance of staying in school and linking the school dropouts to social and economic activities may contribute to positive intervention outcomes. The environment in which youth find themselves may also shape their behavior in relation to substance use and abuse. Equally, good influence from peers can have a positive modeling effect. Another salient point of intervention to affect youth behavior is when they are still in school. Although their impact is debatable, school-based programs that provide informational materials regarding psychoactive substances during the school year have been among the popular interventions in alcohol and drug abuse (WHO 2002).

4.3.5 RECOMMENDATIONS

- Develop strategies that take youth literacy levels into account in the dissemination of BCC information in order to effectively reach all youth regardless of their educational levels.
- Use peer education and awareness campaigns to motivate and teach 15 to 24-year-old youths not to succumb to social, psychological, and physical enticements to use alcohol, dagga and other psychoactive substances as well as to increase their awareness of consequences from abuse.
- Through innovative community-driven initiatives, develop and implement activities aimed at raising awareness about the dangers of alcohol and drug abuse among out-of-school youths.
- Advocate for enforcement of the statutory instruments and local authority bylaws that regulate access to bars and youth drinking places.

4.4 Sexual behavior and partners

The following section present sexual behavior of study respondents: age at sexual debut, condom use at sexual debut and age of first partner.

4.4.1 Sexual history of youths

As shown in **Tables 4a-1**, almost three quarters of all respondents (74.4%) reported they had had sexual intercourse at time of interview. The overall mean age at sexual debut reported by respondents was 16.7. Of all respondents who had ever had sex, about 39.6 percent reported they used a condom when they had sex for the first time. About 9.4 percent of all youths who had ever had sex said they had had sex with someone who was older by five years or more.

Male youths – sexual history

Table 4a shows reported sexual behavior of male youths in the study. The mean age at sexual debut reported by male youths was 16.7. The proportion of all the male youths who reported ever having sex was 79 percent. There were more male youths in Solwezi (84.9%) and fewer in Chirundu (74.0%) who reported having had sex by the time of interview. About a third (35.5%) of all males said they used a condom when they had first had sex. Condom use on the most recent occasion of sexual intercourse was below 40 percent in all sites.

The majority of males (61.7%) reported they had their sexual debut with someone younger than themselves and almost a quarter (21.5%) experienced their first sexual encounter with someone of the same age. Male youths in Chirundu had the highest proportion of those who reported their sexual debut was with someone five or more years older (5.3%). The median age reported by male youth of their first sex partner was 16 in Chirundu and 15 for the three other sites.[11]

Table 4a-1: Sexual behavior unmarried out-of-school male youths – sexual history, by site, 2009

Response	Chirundu	Kapiri Mposhi	Livingstone	Solwezi	Total
	n (%)	n (%)	n (%)	n (%)	N (%)
Mean age at first sex (SD)	17 (2.6)	16.8 (2.8)	16.6 (2.6)	16.5 (2.9)	16.7 (2.2)
Ever had sex					
Yes	228 (74.0)	351 (75.2)	402 (80.1)	479 (84.9)	1460 (79.3)
Total	**308 (100)**	**467 (100)**	**502 (100)**	**564 (100)**	**1841 (100)**
Condom use at first sex					
Yes	88 (38.9)	140 (39.9)	136 (33.8)	153 (32.0)	517 (35.5)
Total	**226 (100)**	**351 (100)**	**402 (100)**	**478 (100)**	**1457 (100)**
Age of the person with whom he had first sex					
More than 10 years older	1 (0.4)	1 (0.3)	0 (0.0)	0 (0.0)	2 (0.1)
5-10 years older	11 (4.9)	8 (2.3)	11 (2.7)	16 (3.4)	46 (3.2)
Less than 5 years older	36 (16.1)	50 (14.5)	38 (7.5)	71 (15.0)	195 (13.5)
Same Age	54 (24.1)	62 (17.9)	81 (20.2)	114 (24.1)	311 (21.5)
Younger	122 (54.5)	225 (65.0)	271 (67.6)	273 (57.6)	891 (61.7)
Total	**224 (100)**	**346 (100)**	**401 (100)**	**474 (100)**	**1445 (100)**
Age of first sex partner					
Median (Q1,Q3)	16 (14,17)	15 (14,17)	15 (14,17)	15 (14,17)	15 (14,17)
<15	54 (31.6)	100 (33.3)	117 (34.9)	107 (29.3)	378 (32.3)
15-19	110 (64.3)	185 (61.7)	201 (60.0)	228 (62.5)	724 (61.8)
20+	7 (4.1)	15 (5.0)	17 (5.1)	30 (8.2)	69 (5.9)
Total	**171 (100)**	**300 (100)**	**335 (100)**	**365 (100)**	**1171 (100)**

Female youth – sexual history

Table 4b-1 shows sexual behavior of female youth. When asked whether they have ever experienced sexual intercourse, 63.2 percent of all females said they had. The highest proportion of female youth who said they had ever had sex at time of interview was in Solwezi (72.3%) and the lowest was 56.3 percent among youth in Chirundu. The overall mean age when they first had sex among all females was 16.7 years. About half (51.5%) of all the females who had ever had sex used a condom the first time they had sex. Female youth in Chirundu (58.5%) had the highest and Solwezi (45.9%) had the lowest proportion of those who used a condom at sexual debut.

[11] Only 1171 (80%) males who had ever had sex provided the relative age of their first partner.

About a third (26.9%) of female youth who had ever had sex, reported they had sex for the first time with someone who was five or more years older. More female youth in Chirundu (37.0%) and fewer in Livingstone (21.9%) had sex for the first time with somebody five or more years older. The median age reported by female youth of their first sex partner was 20 years.[12]

Table 4b-1: Sexual behavior unmarried out-of-school female youths – sexual history, by site, 2009

Response	Chirundu	Kapiri Mposhi	Livingstone	Solwezi	Total
	n (%)	n (%)	n (%)	n (%)	N (%)
Ever had sex	94 (56.3)	143 (56.3)	130 (68.8)	149 (72.3)	516 (63.2)
Total	**167 (100)**	**254 (100)**	**189 (100)**	**206 (100)**	**816 (100)**
Mean age at first sex (SD)	16.8 (2.4)	16.5 (2.3)	17.0 (2.0)	16.7 (2.3)	16.7 (2.2)
Condom use at first sex	55 (58.5)	74 (52.5)	67 (51.5)	68 (45.9)	264 (51.5)
Total	**94 (100)**	**141 (100)**	**130 (100)**	**148 (100)**	**513 (100)**
Age of the person with whom she had first sex					
More than 10 years older	3 (3.3)	3 (2.1)	1 (0.8)	4 (2.7)	11 (2.2)
5-10 years older	31 (33.7)	30 (21.4)	27 (21.1)	37 (25.2)	125 (24.7)
Less than 5 years older	43 (46.7)	93 (66.4)	89 (69.5)	98 (66.7)	323 (63.7)
Same Age	14 (15.2)	8 (5.7)	9 (7.0)	8 (5.4)	39 (7.7)
Younger	1 (1.1)	6 (4.3)	2 (1.6)	0 (0)	9 (1.8)
Total	**92 (100)**	**140 (100)**	**128 (100)**	**147 (100)**	**507 (100)**
Age of first sex partner					
Median (Q1,Q3)	20 (18,23)	20 (17,21)	20 (18,23)	20 (18,23)	20 (18,23)
<15	4 (5.1)	5 (4.3)	1 (0.9)	3 (2.5)	13 (3.1)
15-19	27 (34.2)	48 (41.0)	39 (36.4)	37 (31.1)	15 1(35.8)
20+	48 (60.8)	64 (54.7)	67 (62.6)	79 (66.4)	258 (61.1)
Total	**79 (100)**	**117 (100)**	**107 (100)**	**119 (100)**	**422 (100)**

4.4.2 Sexual partners of youths

The majority of respondents (73.1%) reported they did not have paying sexual partners in the 12 months prior to the study (**Tables 4a-2** and **4b-2**).

Male youth sexual partners

In the last 12 months, 26.9 percent of the male youth reported sex with at least one paying[13] partner and 83.2 percent had sex with at least one non-paying partner. Chirundu (38.3%) had the highest proportion of male youth with at least one paying partner in the past 12 months and had the highest proportion (25.3%) of those who reported sex with two or more paying partners in last 12 months.

Among those who reported having had paying sexual partners in the previous 12 months, youths from Kapiri Mposhi (10.4%) reported the lowest proportion of respondents who had two or more partners. Almost a third of all males who reported having sex with a paying sex partner said they had sexual intercourse with the most recent paying partner at least twice in the last 12 months prior to the survey.

About half (52.6%) of all the youth who reported having a non-paying partner said they had one partner in the 12 months prior to the study and almost a third reported having two or more partners within the same time. The highest proportions were in Livingstone (3.6%) and in Solwezi (32.1%). The proportion of those who had sexual intercourse with a non-paying partner within 30 days prior to the study was 66.6 percent.

[12] Only 422 (82%) female youth who had ever had sex provided the relative age of their first partner.
[13] In the questionnaire 'commercial partner' was used.

Table 4a-2: Sexual behavior unmarried out-of-school male youths – sexual partners, by site, 2009

Number of paying sexual partners in the last 12 months	Chirundu	Kapiri Mposhi	Livingstone	Solwezi	Total
Median (Q1,Q3)	0 (0,2)	0 (0,0)	0 (0,1)	0 (0,1)	0(0,1)
	n (%)	**n (%)**	**n (%)**	**n (%)**	**N (%)**
0	100 (61.7)	172 (81.1)	176 (72.7)	218 (73.9)	666 (73.1)
1	21 (13.0)	18 (8.5)	20 (8.3)	26 (8.8)	85 (9.3)
2+	41 (25.3)	22 (10.4)	46 (19.0)	51(17.3)	160 (17.6)
Total	**162 (100)**	**212 (100)**	**242 (100)**	**295 (100)**	**911 (100)**
Number of times had sex with the most recent paying sex partner					
Median (Q1,Q3)	1 (0,1)	1 (0,2)	1 (0,3)	1 (0,2)	1 (0,2)
0	22 (34.9)	19 (46.3)	26 (38.2)	23 (29.1)	90 (35.9)
1	26 (41.3)	11 (26.8)	17 (25.0)	34 (43.0)	88 (35.1)
2+	15 (23.8)	11 (26.8)	25 (36.8)	22 (27.8)	73 (29.1)
Total	**63 (100)**	**41 (100)**	**68 (100)**	**79 (100)**	**251 (100)**
Number of non-paying partners in the last 12 months					
Median(Q1,Q3)	1 (1,2)	1 (1,2)	1 (1,2)	1 (1,2)	1 (1,2)
	n (%)	**n (%)**	**n (%)**	**n (%)**	**N (%)**
0	27 (16.5)	34 (16.0)	31 (12.8)	62 (20.7)	154 (16.8)
1	93 (56.7)	117 (54.9)	132 (54.5)	141 (47.2)	483 (52.6)
2+	44 (26.8)	62 (29.1)	79 (32.6)	96 (32.1)	281 (30.6)
Total	**164 (100)**	**213 (100)**	**242(100)**	**299 (100)**	**918 (100)**
Number of times had sex with the most recent non regular/non-paying sex partner the last 30days					
Median (Q1,Q3)	3 (1,5)	1 (0,2)	1 (0,3)	1 (0,3)	1 (0,3)
0	9 (10.6)	32 (30.8)	82 (39.4)	86 (37.7)	209 (33.4)
1	18 (21.2)	30 (28.8)	34 (16.3)	46 (20.2)	128 (20.5)
2+	58 (68.2)	42 (40.4)	92 (44.2)	96 (42.1)	288 (46.1)
Total	**85 (100)**	**104 (100)**	**208 (100)**	**228 (100)**	**625 (100)**

Female youth sexual partners

Transactional sex was also reported by the female youths. Of those who had sexual intercourse in the last 12 months prior to the survey, 13.7 percent reported having received payment for sex (transactional sex) and 88.5 percent had non-paying sexual partners within the same period. The proportion of those with non-paying partners was highest in Livingstone (86.2%). In the last 30 days prior to the survey, 17.2 percent of those with non-paying partners said they had sex once and 38.3 percent said they had sex at least twice. (**Table 4b-2.**)

Table 4b-2: Sexual behavior unmarried out-of-school female youths – sexual partners, by site, 2009

Number of paying sexual partners in the last 12 months	Chirundu	Kapiri Mposhi	Livingstone	Solwezi	Total
Median (Q1,Q3)	0 (0,0)	0 (0,0)	0 (0,0)	0 (0,0)	0 (0,0)
	n (%)	**n (%)**	**n (%)**	**n (%)**	**N (%)**
0	58 (85.3)	68 (79.1)	60 (92.3)	78 (89.7)	264 (86.3)
1	0 (0)	5 (5.8)	2 (3.1)	1 (1.1)	8 (2.6)
2+	10 (14.7)	13 (15.1)	3 (4.6)	8 (9.2)	34 (11.1)
Total	**68 (100)**	**86 (100)**	**65 (100)**	**87 (100)**	**306 (100)**
Number of times had sex with the most recent paying sex partner last 30 days					
Median (Q1,Q3)	1 (0,2.5)	1 (0,2)	3 (0,6)	1 (0,2)	1 (0,2)
0	5 (41.7)	6 (33.3)	2 (40.0)	3 (37.5)	16 (37.2)
1	2 (16.7)	5 (27.8)	0 (0)	2 (25.0)	9 (20.9)
2+	5 (41.7)	7 (38.9)	3 (60.0)	3 (37.5)	18 (41.9)
Total	**12 (100)**	**18 (100)**	**5 (100)**	**8 (100)**	**43 (100)**
Number of non-paying partners in the last 12 months					
Median (Q1, Q3)	1 (0,1	1 (0,1)	1 (0,1)	1 (0,1)	1 (1,1)
	n (%)	**n (%)**	**n (%)**	**n (%)**	**N (%)**
0	4 (5.6)	18 (20.7)	1 (1.5)	13 (14.4)	36 (11.5)
1	55 (77.5)	55 (63.2)	56 (86.2)	67 (74.4)	233 (74.4)
2+	12 (16.9)	14 (16.1)	8 (12.3)	10 (11.1)	44 (14.1)
Total	**71 (100)**	**87 (100)**	**65 (100)**	**90 (100)**	**313 (100)**
Number of times had sex with the most recent non-paying sex partner last 30 days					
Median (Q1,Q3)	2 (0,5)	1 (0,2)	1 (0,3)	0 (0,2)	1 (9,2)
0	9 (25.70	13 (31.0)	30 (49.2)	41 (57.7)	93 (44.5)
1	5 (14.3)	14 (33.3)	6 (9.8)	11 (15.5)	36 (17.2)
2+	21 (60.0)	15 (35.7)	25 (41.0)	19 (26.8)	80 (38.3)
Total	**35 (100)**	**42 (100)**	**61 (100)**	**71 (100)**	**209 (100)**

4.4.3 Condom use among youths with non-paying partners

Nearly half (44.1%) of male and female youths whose most recent sex partner was non-regular/non-paying had sex at least two or more times within the last 30 days. About 43.9 percent of them used a condom when they last had sex with non-paying/paying partner. (Gender aggregated data not shown in tables.)

Male youths with non-paying partner

Among male youths, 43.4 percent used a condom last time they had sex with their non-paying sex partner; the highest use was among youth in Livingstone (53.6%) and lowest in Chirundu (30.8%). In most cases of protected sex, male respondents reported that they made the decision to use a condom (69.6%). In 10.4 percent of the cases of those who did not use condoms, male respondents said it was because their partner objected. Another 15 percent said they did not use a condom with a non-paying partner because their partner used other contraceptives (**Table 4a-3**). Others (12.8%) did not think it was necessary to use a condom. Among these who reported condom use with a non-paying partner, less than a third (29.6%) said they used a condom every time in the last 12 months prior to the survey.

Only in the border towns of Livingstone (1.8%) and Chirundu (0.8%) did male youth report having had sex with a fellow male (gay sex) in the last 12 months prior to the study. Because of small numbers, these results are not shown in the table.

Table 4a-3: Sexual behavior unmarried out-of-school male youth – condom use, by site, 2009

Condom use at last sex with non-paying partner	Chirundu	Kapiri Mposhi	Livingstone	Solwezi	Total
Yes	28 (30.8)	50 (37.6)	111 (53.6)	98 (42.4)	287 (43.4)
Total	**91 (100)**	**133 (100)**	**207 (100)**	**231 (100)**	**662 (100)**
Who suggested condom use at that time with non-paying partner?					
Myself	21 (75.0)	37 (74.0)	68 (61.3)	73 (75.3)	199 (69.6)
My partner	3 (10.7)	4 (8.0)	23 (20.7)	12 (12.4)	42 (14.7)
Joint decision	4 (14.3)	9 (18.0)	20 (18.0)	12 (12.4)	45 (15.7)
Total	**28 (100)**	**50 (100)**	**111 (100)**	**97 (100)**	**286 (100)**
Did not use condom at last sex with non-paying partner. Why didn't you and your partner use a condom?					
Not available	3 (4.8)	8 (9.6)	7 (7.3)	4 (3.0)	22 (5.9)
Too expensive	3 (4.8)	5 (6.0)	4 (4.2)	2 (1.5)	14 (3.7)
Partner objected	6 (9.5)	6 (7.2)	13 (13.5)	14 (10.5)	39 (10.4)
Don't like them	0 (0)	1 (1.2)	1 (1.0)	10 (7.5)	12 (3.2)
Used other contraceptives	6 (9.5)	13 (15.7)	9 (9.4)	29 (21.8)	57 (15.2)
Didn't think it was necessary	21 (33.3)	8 (9.6)	6 (6.3)	13 (9.8)	48 (12.8)
Didn't think of it	5 (7.9)	6 (7.2)	8 (8.3)	12 (9.0)	31 (8.3)
Total	**63 (100)**	**83 (100)**	**96 (100)**	**133 (100)**	**375 (100)**
Frequency of condom use in last 12 months with non-paying partner?					
Every time	41 (29.9)	54 (31.0)	73 (34.6)	54 (23.6)	222 (29.6)
Almost every time	2 (1.5)	7 (4.0)	7 (3.3)	12 (5.2)	28 (3.7)
Sometimes	35 (25.5)	56 (32.2)	81 (38.4)	92 (40.2)	264 (35.2)
Never	59 (43.1)	57 (32.8)	50 (23.7)	71 (31.0)	237 (31.6)
Total	**137 (100)**	**174 (100)**	**211 (100)**	**229 (100)**	**751 (100)**

Female youths with non-paying partner

Overall, 45.5 percent of females reported using a condom at last sex with a non-paying sexual partner. The proportion of condom use with non-paying partners was lowest in Kapiri Mposhi (28.3%) and highest in Livingstone (58.7%). In 44.7 percent of the cases, female respondents reported condom use was suggested by the female and in 37.9 percent of the cases, it was reported as a joint decision. Like the male sample (15.2%), the highest proportion of females (28.3%) who did not use a condom when they last had sex with a non-paying partner said it was because they used other contraceptives. The other respondents did not use a condom because one was not available (4.7%), too expensive (11.8%) or the partner objected (11.8%). Others said that they did not use one because they did not think it was necessary (10.2%). Among the condom users, almost a third (31.1%) used a condom consistently while 28.8 percent of those who had sex with a non-paying partner in the 12 months prior to the survey never used a condom (Table 4b-3). Overall, female youths in the study had sex with more non-paying partners than with paying sex partners. A number also reported forced sex.

The overall proportion of females who reported being forced to have sex in the previous 12 months was 12.4 percent. The proportion was higher in Chirundu (18.9%), followed by Kapiri Mposhi (11.5%). Respondents from Livingston (9.9%) and Solwezi (9.9%) also reported experiencing forced sex.

Table 4b-3: Sexual behavior unmarried out-of-school female youths – sexual partners, by site, 2009

Condom use at last sex with non-paying sex partner	Chirundu	Kapiri Mposhi	Livingstone	Solwezi	Total
Yes	16 (35.6)	15 (28.3)	37 (58.7)	38 (52.8)	106 (45.5)
Total	**45 (100)**	**53 (100)**	**63 (100)**	**72 (100)**	**233 (100)**
Who suggested condom use at that time with non-paying partner?					
Myself	6 (40.0)	6 (40.0)	18 (48.6)	16 (44.4)	46 (44.7)
My partner	1 (6.7)	4 (26.7)	10 (27.0)	3 (8.3)	18 (17.5)
Joint decision	8 (53.3)	5 (33.3)	9 (24.3)	17 (47.2)	39 (37.9)
Total	**15 (100)**	**15(100)**	**37(100)**	**36(100)**	**103(100)**
Why didn't you and your partner use a condom?					
Not available	0 (0.0)	4 (10.5)	1 (3.8)	1 (2.9)	6 (4.7)
Too expensive	1 (3.4)	5 (13.2)	4 (15.4)	5 (14.7)	15 (11.8)
Partner objected	0 (0.0)	2 (5.3)	7 (26.5)	6 (17.6)	15 (11.8)
Don't like them	3 (10.3)	1 (2.6)	1 (3.8)	0 (0.0)	5 (3.9)
Used other contraceptives	9 (31.0)	11 (28.9)	5 (19.2)	11 (32.4)	36 (28.3)
Didn't think it was necessary	7 (24.1)	4 (10.5)	1 (3.8)	1 (2.9)	13 (10.2)
Didn't think of it	6 (20.7)	1 (2.6)	0 (0)	2 (2.2)	9 (2.9)
Total	**26**	**28**	**19**	**26**	**99**
Frequency of condom use in last 12 months with non-paying partner?					
Every time	25 (37.9)	17 (25.4)	22 (36.1)	19 (26.0)	83 (31.1)
Almost every time	1(1.5%)	0 (0.0)	4 (6.6)	6 (8.2)	11 (4.1)
Sometimes	22 (33.3)	20 (29.9)	22 (36.1)	32 (43.8)	96 (36.0)
Never	18 (27.3)	30 (44.8)	13 (21.3)	16 (21.9)	77 (28.8)
Total	**66 (100)**	**67 (100)**	**61 (100)**	**73 (100)**	**267 (100)**
Ever forced to have sex in the last 12 months	13 (18.9)	10 (11.5)	7 (9.9)	9 (9.9)	39 (12.4)
Total	**71 (100)**	**87 (100)**	**65 (100)**	**91 (100)**	**314 (100)**

4.4.4 Condom use with paying sex partners

Both male and female youth who reported sexual activity with paying sex partners (n=281) were asked whether they used a condom with their most recent paying sex partner. Slightly less than three quarters (69.8%) of all respondents who reported having sex with a paying partner within 12 months prior to the survey reported they used a condom when they last had sex. In 70.8 percent of the cases, the respondent said he or she suggested condom use. About 22.6 percent of the cases where a condom was used, it was suggested by the partner and in 6.7 percent it was reported as a joint decision. When asked about the frequency of condom use, about three quarters (77.4%) said they used a condom consistently and 17.9 percent said they only used condoms sometimes.

Among those who reported they did not use a condom with the most recent paying sex partner within the previous year (n= 85), 20.0 percent said they did not use a condom because it was not available, 17.0 percent said they did not think of it at the time of having sex, and 8.0 percent said their partner objected.

Male youth condom use with paying partners

Table 5a below shows the proportion of male youth in the study that reported they had sex with paying partners and the proportion using condoms. Of those who had sex with paying sex partners (n=241), 67.6 percent said they used a condom when they last had sex. Solwezi (49.4%) had the lowest proportion of males who reported using a condom when they last had sex with a paying partner. The majority of the male youth who reported using condoms said they suggested it themselves (71%). In the

rest of the cases condom use was either suggested by the partner (22.8%) or the decision was made jointly (6.2%). Half (55%) of the males who reported using a condom with their paying partners said they used it every time they had sex. About 7 percent said they used a condom with a paying partner almost every time while 27.1 percent said they sometimes used condoms and 11 percent said they had not used condoms in the last 12 months.

Male youths who did not use condoms when they last paid for sex said they did not do so mainly because a condom was not available at the time of sexual intercourse (26.9%), they did not like them (17.9%) or because they did not think of it at the time of having sex (16.7%) (n=78).

Table 5a-1: Condom use with paying sex partner by type of partner – male youths, by site, 2009

Response	Chirundu	Kapiri Mposhi	Livingstone	Solwezi	Total
	n (%)	n (%)	n (%)	n (%)	N (%)
Used condom at last sex with most recent paying sex partner in the past 30days months					
Yes	48 (81.4)	26 (72.2)	50 (74.6)	39 (49.4)	163 (67.6)
Total	**59 (100)**	**36 (100)**	**67 (100)**	**79 (100)**	**241 (100)**
Who suggested condom use with most recent paying sex partner in the past 12 months?					
Myself	33 (68.8)	21 (80.8)	35 (71.4)	26 (66.7)	115 (71.0)
My partner	213 (27.1)	5 (19.2)	11 (22.4)	8 (20.5)	37 (22.8)
Joint decision	2 (4.2)	0 (0.0)	3 (6.1)	5 (12.8)	10 (6.2)
Total	**48 (100)**	**26 (100)**	**49 (100)**	**39 (100)**	**162 (100)**
Number of times had sex with the most recent paying sex partner					
Median (Q1,Q3)	1 (0,1)	1 (0,2)	1 (0,3)	1 (0,2)	1 (0,2)
0	22 (34.9)	19 (46.3)	26 (38.2)	23 (29.1)	90 (35.9)
1	26 (41.3)	11 (26.8)	17 (25.0)	34 (43.0)	88 (35.1)
2+	15 (23.8)	11 (26.8)	25 (36.8)	22 (27.8)	73 (29.1)
Total	**63 (100)**	**41 (100)**	**68 (100)**	**79 (100)**	**251 (100)**
Frequency of condom use with paying partners in last 12 months					
Every time	42 (71.2)	19 (52..8)	39 (58.2)	32 (41.0)	132 (55.2)
Almost every time	3 (5.1)	1 (2.8)	9 (13.4)	4 (5.1)	17 (7.1)
Sometimes	12 (20.3)	10 (27.8)	17 (25.4)	26 (33.3)	65 (27.1)
Never	2 (3.4)	6 (16.7)	2 (3.0)	16 (20.5)	26(10.8)
Total	**59 (100)**	**36 (100)**	**67 (100)**	**78 (100)**	**240 (100)**

4.4.5 Condom use with non-paying sex partners

Youths' sexual behavior with non-paying sex partners was also assessed. About 53.2 percent of all youths had sex with a non-paying sex partner in the last 12 months. About a quarter of all respondents (53.2%) who had sex with non-paying sexual partners within the 12 months prior to the survey reported using a condom last time they had sex. More than half (63.0%) of all respondents who used a condom with their most recent non-paying partner said they suggested using a condom. In 21.6 percent of the sexual encounters with most recent non-paying sexual encounters, the decision to use a condom was reported as jointly made and in 15.4 percent of the cases, the respondent reported condom use was suggested by the partner. Among those who used a condom with the most recent non-paying sex partner (n = 704), 43.3 percent said they used it whenever they had sex and 51.1 percent said they used condoms only sometimes.

The three main reasons for not using a condom with a non-paying sex partner included: partner objecting to the use of the condom (10.4%), using another contraceptive method (15.2%) and not thinking that a condom was necessary (12.8%).

Male youths with non-paying partners

About 53.0 percent of male youth had sex with non-paying sex partners during the last 12 months. The highest was recorded among male youth in Chirundu (62.3%). More than a third (43.4%) of males who had sex with non-paying partners reported having used a condom when they last had sex in the previous last 12 months. In the majority of the cases the decision to use a condom was made by the respondent (69.6%). In other cases the decision to use a condom was either made by the partner (14.7%) or jointly (15.7%). The frequency of condom use ranged from every time (29.6%) to sometimes (35.2%).About 31.6 percent said they never used condom with a non-paying partner in the last 12 months

Some of the reasons for not using a condom with non-paying partners among the male youth in the study included non availability of condoms (5.9%), condoms are too expensive (3.7%), partner objected (10.4%), don't like them (3.2%), used other contraceptive methods (15.2%), did not think it was necessary (12.8%) and did not think of it (8.3%).

Table 5a-2: Condom use with non-paying sex partner by type of partner – male youths, and by site, 2009

Had non-paying sex partners last 12 months	Chirundu	Kapiri Mposhi	Livingstone	Solwezi	Total
Yes	142 (62.3)	180 (51.3)	214 (53.2)	238 (49.7)	774 (53.0)
Total	228	351	402	479	1460
Number of times had sex with the most recent non-paying sex partner last 30 days					
Median (Q1,Q3)	3 (1,5)	1 (0,2)	1 (0,3)	1 (0,3)	1(0,3)
0	9 (10.6)	32 (30.8)	82 (39.4)	86 (37.7)	209 (33.4)
1	18 (21.2)	30 (28.8)	34 (16.3)	46 (20.2)	128 (20.5)
2+	58 (68.2)	42 (40.4)	92 (44.2)	96 (42.1)	288 (46.1)
Total	**85 (100)**	**104 (100)**	**208 (100)**	**228 (100)**	**625 (100)**
Condom use at last sex with most recent non-paying sex partner in the past 12 months					
Yes	28 (30.8)	50 (37.6)	111 (53.6)	98 (42.4)	287 (43.4)
Total	**91 (100)**	**133 (100)**	**207 (100)**	**231 (100)**	**662 (100)**
Who suggested condom use with most recent non-paying sex partner in the past 12 months?					
Myself	21 (75.0)	37 (74.0)	68 (61.8)	73 (75.3)	199 (69.6)
My partner	3 (10.7)	4 (8.0)	23 (20.7)	12 (12.4)	42 (14.7)
Joint decision	4 (14.3)	9 (18.0)	20 (18.0)	12 (12.4)	45 (15.7)
Total	**28 (100)**	**50 (100)**	**111 (100)**	**97 (100)**	**286 (100)**
Reasons for not using condom at last sex with non-paying partner**					
Not available	3 (4.8)	8 (9.6)	7 (7.3)	4 (3.0)	22 (5.9)
Too expensive	3 (4.8)	5 (6.0)	4 (4.2)	2 (1.5)	14 (3.7)
Partner objected	6 (9.5)	6 (7.2)	13 (13.5)	14 (10.5)	39 (10.4)
Don't like them	0 (0)	1 (1.2)	1 (1.0)	10 (7.5)	12 (3.2)
Used other contraceptives	6 (9.5)	13 (15.7)	9 (9.4)	29 (21.8)	57 (15.2)
Didn't think it was necessary	21 (33.3)	8 (9.6)	6 (6.3)	13 (9.8)	48 (12.8)
Didn't think of it	5 (7.9)	6 (7.2)	8 (8.3)	12 (9.0)	31 (8.3)
Total	**63**	**83**	**96**	**133**	**375**
Frequency of condom use with non-paying partners					
Every time	41 (29.9)	54 (31.0)	73 (34.6)	54 (23.6)	222 (29.6)
Almost every time	2 (1.5)	7 (4.0)	7 (3.3)	12 (5.2)	28 (3.7)
Sometimes	35 (25.5)	56 (32.2)	81 (38.4)	92 (40.2)	264 (35.2)
Never	59 (43.1)	57 (32.8)	50 (23.7)	71 (31.0)	237 (31.6)
Total	**137 (100)**	**174 (100)**	**211 (100)**	**229 (100)**	**751 (100)**

****The question had multiple responses**

Female youths with paying partners

Tables 5b-1 and **5b-2** show the proportion of females with paying and non-paying partners and the frequency of reported condom use with these partners. Of all the female youth reporting having had sex with at least one paying partner in the last 12 months (n = 40), 82.5 percent used a condom when they last had sex, and, in most of the cases (69.7%), the respondent said she suggested the use of a condom to the partner. In other cases, either the partner suggested (21.2%) or it was a joint decision (9.1%) to use a condom. Of all females who reported using a condom with most recent paying sex partner, 63.6 percent said they consistently used condoms, three percent said they used it most of the time and 30 percent said they used condoms only sometimes.

Among the females reported having sex with a paying partner without using a condom (n=7), some of the reasons given for not using a condom were: condom not available at the time of intercourse (10%), partner objected (10%), did not like condoms (20%) and did not think of if (20%).

Table 5b-1: Condom use with paying sex partner by type of partner – female youths, and by site, 2009

Response	Chirundu	Kapiri Mposhi	Livingstone	Solwezi	Total
	n (%)	n (%)	n (%)	n (%)	N (%)
Condom use at last sex with most recent paying sex partner in the past 12 months					
Yes	8 (72.7)	16 (94.6)	4 (100)	5 (62.5)	33 (82.5)
Total	**11**	**17**	**4**	**8**	**40**
Who suggested condom use with most recent commercial sex partner in the past 12 months?					
Myself	5 (62.5)	12 (75.0)	3 (75.0)	3 (60.0)	23 (69.7)
My partner	1 (12.5)	3 (18.8)	1 (25.0)	2 (40.0)	7 (21.2)
Joint decision	2 (25.0)	1 (6.3)	0 (0.0)	0 (0.0)	3 (9.1)
Total	**8**	**16**	**4**	**5**	**33 (100)**
Frequency of condom use with paying partners[14]					
Every time	5	10	3	3	21 (63.6)
Almost every time	0	1	0	0	1 (3.0)
Sometimes	3	4	1	2	10 (30.3)
Never	0	1	0	0	1 (3.0)
Total	**8 (100)**	**16 (100)**	**4 (100)**	**5 (100)**	**33 (100)**

Female youths with non-paying partners

About 53.7 percent of female youths reported sex with a non-paying sex partner in the last 12 months. Condom use with non-paying sex partners among females was also assessed. Under half (45.5%) of females who had sex with non-paying partners (n = 233) reported using a condom during the most recent sexual encounter. About 44.7 percent of those who used a condom said they suggested condom use, 17.5 percent said their partners suggested it and 37.9 percent said they jointly decided to use a condom.

Among females who reported using a condom with a non-paying partner within 12 months prior to the survey, almost one third (31.1%) reported having used condoms consistently (every time they had sex), 4.1 percent said they used a condom most of the time they had sex, and more than a third (36.0%) said they used condoms only sometimes.

[14] Percentages are too small and not reflected here.

Reasons reported for not using a condom with a non-paying partner on the last occasion of sexual intercourse varied. 28.3 percent said that they did not use a condom because they used another contraceptive method, 11.8 percent said it was because their partner objected, and the same proportion (11.8%) said it was because it was too expensive. 10.2 percent said they did not think a condom was necessary, 4.7 percent said it was not available while 3.9 percent said they did not like it and seven percent said they did not think of it.

Table 5b-2: Condom use with non-paying sex partner by type of partner – female youths, and by site, 2009

Had non-paying sex partner	Chirundu	Kapiri Mposhi	Livingstone	Solwezi	Total
Yes	67 (71.3)	69 (48.3)	64 (49.2)	77 (51.7)	277 (53.7)
Total	94	143	130	149	516
Condom use at last sex with most recent non-paying sex partner in the past 12 months					
Yes	16 (35.6)	15 (28.3)	37 (58.7)	38 (52.8)	106 (45.5)
Total	**45 (100)**	**53 (100)**	**63 (100)**	**72 (100)**	**233 (100)**
Who suggested condom use with most recent non-paying sex partner in the past 12 months?					
Myself	6 (40.0)	6 (40.0)	18 (48.6)	16 (44.4)	46 (44.7)
My partner	1 (6.7)	4 (26.7)	10 (27.0)	3 (8.3)	18 (17.5)
Joint decision	8 (53.3)	5 (33.3)	9 (24.3)	17 (47.2)	39 (37.9)
Total	**15 (100)**	**15 (100)**	**37 (100)**	**36 (100)**	**103 (100)**
Reasons for not using condom at last sex					
Not available	0(0)	4(10.5)	1(3.8)	1(2.9)	6(4.7)
Too expensive	1(3.4)	5(13.2)	4(15.4)	5(14.7)	15(11.8)
Partner objected	0(0)	2(5.3)	7(26.9)	6(17.6)	15(11.8)
Don't like them	3(10.3)	1(2.6	1(3.8)	0(0)	5(3.9)
Used other contraceptives	9(31.0)	11(28.9)	5(19.2)	11(32.4)	36(28.3)
Didn't think it was necessary	7(24.1)	4(10.5)	1(3.8)	1(2.9)	13(10.2)
Didn't think of it	6(20.7)	1(2.6)	0(0)	2(5.9)	9(7.1)
Total	**29**	**38**	**26**	**34**	**127**
Frequency of condom use with non-paying partners last 12 months					
Every time	25 (37.9)	17 (25.4)	22 (36.1)	19 (26.0)	83 (31.1)
Almost every time	1 (1.5)	0 (0.0)	4 (6.6)	6 (8.2)	11 (4.1)
Sometimes	22 (33.3)	20 (29.9)	22 (36.1)	32 (43.8)	96 (36.0)
Never	18 (27.3)	30 (44.8)	13 (21.3)	16 (21.9)	77 (28.8)
Total	**66 (100)**	**67 (100)**	**61 (100)**	**73 (100)**	**267 (100)**

4.4.6 Knowledge, availability and accessibility of condoms

Tables 6a and **6b** present the findings of the analysis regarding knowledge, availability and accessibility of condoms among male and female youth in the study. Respondents who did not use a condom when they last had sex with any of the partners were further asked whether they had heard of a condom. Almost all (98.7%) had heard of a male condom and a third (32.9%) had used them. The majority of the respondents also knew a place where they could obtain a male condom (95.5%) if they needed one. When asked about the places where they could obtain male condoms, 78.5 percent identified a shop, and 17.2 percent identified a pharmacy. Other places identified included clinic (32.0%), hospital (40.5%), market (22.1%) and bars or guest houses (18.0%).

These places which they identified were within the reach of respondents as 85.0 percent said it would take less than 15 minutes to obtain a condom from the named sources. Others said it would take them between 15 and 30 minutes (12.5%).

Eighty-five (85%) percent said they had heard of a female condom, and when asked whether they had ever used one, five percent answered affirmatively. More than a third (38.2%, n = 1156) said they knew where to obtain a female condom. Clinics (34.9%) were the most frequently identified place where a female condom could be obtained followed by a hospital (32.4%) and shop (17.5%). Pharmacy (14.0%) and COH II centers (2.6%) were also among the places mentioned as sources of female condoms.

Male youth

Table 6a presents the results of the analysis of the male youth on condom availability and use. Respondents who did not use a condom when they last had sex with any sex partner (N=337) were asked a series of questions related to knowledge, availability and accessibility of condoms. All (100%) male youths in the study who did not report using a condom said they were aware of the existence of condoms. Moreover, 32.2 percent (n = 283) of all male youths had used a condom and almost all (97.2%) knew where to obtain a condom. The main sources for male condoms identified by the male youth included shops (74.9%), pharmacy (12.4%), market (24.4%), clinic (29.2%), hospital (35.5%) and bars/guest houses (31.3%). Most (85%) of the respondents said it would take them less than 15 minutes to obtain a condom if they needed it.

Male youths who did not use a condom when they last had sex were also asked if they had ever heard of female condoms. More than three quarters (86.3%) of all male youths who did not use a condom when they last had sex had heard of a female condom and 3.4 percent had used one. The proportion of those who knew where to get a female condom was 34 percent (n = 1565). When asked about the places they would prefer to obtain a female condom, the most preferable sources named were hospital (26.7%), shop (20.0%), clinic (19.5%) and pharmacy (12.5%)

Table 6a: Knowledge and Availability of Condoms reported by Male Youth, by Site, 2009

Response	Chirundu	Kapiri Mposhi	Livingstone	Solwezi	Total
	n (%)	n (%)	n (%)	n (%)	N (%)
Condoms not used at last sex with any sex partner					
Yes	54 (31.8)	66 (33.8)	93 (31.8)	124 (38.2)	337 (34.3)
Total	**170 (100)**	**195 (100)**	**292 (100)**	**325 (100)**	**982 (100)**
Male Condom					
Ever heard of male condom					
Yes	33 (100)	57 (100)	92 (100)	120 (100)	302 (100)
Total	**33 (100)**	**57 (100)**	**92 (100)**	**120 (100)**	**302 (100)**
Ever used a condom with a sexual partner					
Yes	3 (15.0)	16 (29.6)	35 (38.0)	37 (31.6)	91 (32.2)
Total	**20 (100)**	**54 (100)**	**92 (100)**	**117 (100)**	**283 (100)**
Knows where to obtain condoms					
Yes	161 (94.7)	190 (96.9)	284 (97.3)	320 (98.5)	955 (97.2)
Total	**170 (100)**	**196 (100)**	**292 (100)**	**325 (100)**	**983 (100)**
Places or persons where condom can be obtained					
Shop	114 (70.8)	155 (81.6)	183 (64.4)	263 (82.2)	715 (74.9)
Pharmacy	13 (8.1)	19 (10.0)	37 (13.0)	49 (15.3)	118 (12.4)
Market	40 (24.8)	33 (17.4)	90 (31.7)	70 (21.9)	233 (24.4)
Clinic	29 (18.0)	51 (26.8)	108 (38.0)	91 (28.4)	279 (29.2)
Hospital	44 (27.3)	78 (41.1)	83 (29.2)	134 (41.9)	339 (35.5)
Family Planning Clinic	4 (2.5)	2 (1.1)	6 (2.1)	2 (0.6)	14 (1.5)
Bar/Guest House/Hotel	83 (51.6)	54 (28.4)	97 (34.2)	65 (20.3)	299 (31.3)
Peer Educator	15 (9.3)	7 (3.7)	15 (5.3)	1 (0.3)	38 (4.0)
Friend	5 (3.1)	1 (0.5)	4 (1.4)	4 (1.3)	14 (1.5)
Total	**161**	**190**	**284**	**320**	**955**
Time it takes to obtain condoms (minutes)					
<15	136 (84.5)	148 (79.6)	239 (86.0)	275 (87.6)	790 (85.0)
15-30	23 (14.3)	28 (15.1)	27 (9.7)	32 (10.2)	110 (11.7)
31-60	1 (0.6)	8 (4.3)	10 (3.6)	7 (2.2)	26 (2.8)
>60	1 (0.6)	2 (1.1)	2 (0.7)	0 (0)	5 (0.5)
Total	**161 (100)**	**186 (100)**	**278 (100)**	**314 (100)**	**939 (100)**
Had sex with paying sexual partner *without* a condom in the past 12 months					
Yes	28 (18.7)	25 (15.6)	53 (26.2)	67 (27.6)	173 (22.9)
Total	**54 (100)**	**67 (100)**	**53 (100)**	**80 (100)**	**254 (100)**
Female Condom					
Ever heard of a female condom					
Yes	227 (73.7)	407 (87.2)	449 (89.6)	504 (89.5)	1587 (86.3)
Total	**308 (100)**	**467 (100)**	**501 (100)**	**563 (100)**	**1839 (100)**
Ever used a female condom					
Yes	8 (4.0)	8 (2.4)	11 (2.8)	20 (4.4)	47 (3.4)
Total	**202 (100)**	**339 (100)**	**395 (100)**	**457 (100)**	**1393 (100)**
Knows a place or persons from which to obtain female condoms					
Yes	79 (35.9)	132 (33.2)	150 (33.6)	171 (34.1)	532 (34.0)
Total	**220 (100)**	**397 (100)**	**446 (100)**	**502 (100)**	**1565 (100)**
Where would you feel most comfortable obtaining female condom, where would you prefer to obtain female condom?*					
Shop	78 (34.4)	93 (22.9)	61 (13.6)	86 (17.1)	318 (20.0)
Pharmacy	22 (9.7)	58 (14.3)	53 (11.8)	65 (12.9)	198 (12.5)
Market	32 (14.1)	17 (4.2)	23 (5.1)	19 (3.8)	91 (5.7)
Clinic	33 (14.5)	65 (16.0)	114 (25.4)	98 (19.8)	310 (19.5)
Hospital	41 (18.1)	113 (27.8)	96 (21.4)	173 (34.3)	423 (26.70
Family planning center	5 (2.2)	4 (1.0)	3 (0.7)	3 (0.6)	15 (0.9)
Bar/guest house	29 (12.8)	12 (2.9)	13 (2.9)	11 (2.2)	65 (4.1)
Peer educator	14 (6.2)	9 (2.2)	10 (2.2)	7 (1.4)	40 (2.5)
Friend	6 (2.6)	5 (1.2)	6 (1.3)	5 (1.0)	22 (1.4)
COH II centers	11 (4.8)	13 (3.2)	6 (1.3)	2 (0.4)	32 (2.0)
Total	**227**	**407**	**449**	**504**	**1587**

*** Question allowed multiple responses. List was read; respondent provided a yes and no response.**

Female youth

Table 6b presents the result of the analysis of female youths. Female youths in the study were also asked questions to assess their knowledge, availability and accessibility of both male and female condoms. According to Table 6b, about 34.4 percent of respondents said they did not use a condom with any sex partner at last sex. Among those who did not use a condom when they last had sex with any sex partner (n = 111), almost all, 97.1 percent had ever heard of a male condom and 34.3 percent had used one.

Of those who reported they did not use a condom when they last had sex, 92.5 percent said they knew a place where a male condom could be obtained. The most frequently mentioned places were shop (74.6%), hospital (39%), clinic (35.9%), market (22.4%) and pharmacy (19.3%). The majority (81.9%) of the female youth who knew where to obtain a male condom (n = 288), said it would take them less than 15 minutes to obtain a condom from the nearest source. About 15.4 percent did not use a condom at last sex with a paying partner. Of those who did not use a condom last time they had sex with a paying partner (n = 39), 81.7 percent had heard of a female condom and 5.6 percent had used it. Less than half (41.3%) knew of a place where they could obtain a female condom. When asked about where they would be comfortable to obtain a female condom, nearly a third (31%) felt more comfortable obtaining a condom from a hospital, followed by clinic (19.5%), shops (17.7%) and pharmacy (14.9%).

Table 6b: Knowledge and availability of condoms reported by female youths, by site, 2009

Response	Chirundu	Kapiri Mposhi	Livingstone	Solwezi	Total
	n (%)	n (%)	n (%)	n (%)	N (%)
Condoms not used at last sex with any sex partner					
Yes	17 (25.0)	33 (41.3)	29(36.7)	32 (33.3)	111 (34.4)
Total	**68 (100)**	**80 (100)**	**79 (100)**	**96 (100)**	**323 (100)**
Male Condom					
Ever heard of male condom					
Yes	12 (92.3)	29 (93.5)	29(100)	30 (100)	100 (97.1)
Total	**13 (100)**	**31 (100)**	**29 (100)**	**30**	**103**
Ever used male condom with a sexual partner					
Yes	3 (25.0)	7 (24.1)	12 (41.0)	12 (41.4)	34 (34.3)
Total	**12 (100)**	**29 (100)**	**29 (100)**	**29 (100)**	**99 (100)**
Knows places/person to obtain male condoms					
Yes	57 (86.4)	75 (96.2)	72 (91.1)	91 (94.8)	295 (92.5)
Total	**66 (100)**	**78 (100)**	**79 (100)**	**96 (100)**	**319 (100)**
Places or persons where male condom can be obtained					
Shop	43 (75.4)	64 (85.3)	47 (65.3)	66 (72.5)	220 (74.6)
Pharmacy	12 (21.1)	9 (12.0)	16 (22.2)	20 (22.0)	57 (19.3)
Market	13 (22.8)	10 (13.3)	25 (34.7)	18 (19.8)	66 (22.4)
Clinic	11 (19.3)	19 (25.3)	41 (56.9)	35 (38.5)	106 (35.9)
Hospital	23 (40.4)	30(40.0)	20 (27.8)	42 (46.2)	115 (39.0)
Family Planning Clinic	0 (0.0)	1 (1.3)	1 (1.4)	1 (1.1)	3 (1.0)
Bar/Guest House/Hotel	13 (22.8)	18 (24.0)	9 (12.5)	6 (6.6)	46 (15.6)
Peer Educator	3 (5.3)	2 (2.7)	2 (2.8)	1 (1.1)	8 (2.7)
Friend	1 (1.8)	0 (0)	0 (0)	0 (0)	0 (0)
Total	**57 (100)**	**75 (100)**	**72 (100)**	**91 (100)**	**295 (100)**
Time it takes to obtain condoms (minutes)					
<15	45 (80.4)	60 (83.3)	59 (81.9)	72 (81.8)	236 (81.9)
15-30	11 (19.6)	10 (13.9)	10 (13.9)	12 (13.6)	43 (14.9)
31-60	0 (0.0)	1 (1.4)	3 (4.2)	3 (3.4)	7 (2.4)
>60	0 (0)	1 (1.4)	0 (0)	1 (1.1)	2 (0.70
Total	**56 (100)**	**72 (100)**	**72 (100)**	**88 (100)**	**288 (100)**
Had sex with a paying sexual partner at last sex without a condom in the past 12 months					
Yes	9 (16.7)	9 (13.4)	8 (15.1)	13 (16.3)	39 (15.4)
Total	**54 (100)**	**67 (100)**	**53 (100)**	**80 (100)**	**254 (100)**
Female Condom					
Ever heard of a female condom					
Yes	118 (70.7)	205 (80.7)	166 (88.8)	176 (85.4)	665 (81.7)
Total	**167 (100)**	**254 (100)**	**187 (100)**	**206 (100)**	**814 (100)**
Have you ever used a female condom					
Yes	8 (8.3)	8 (5.3)	4 (2.9)	10 (6.5)	30 (5.6)
Total	**96 (100)**	**152 (100)**	**139 (100)**	**153 (100)**	**540 (100)**
Knows a place or persons from which to obtain female condoms					
Yes	49 (43.0)	73 (36.3)	69 (41.6)	79 (45.9)	270 (41.3)
Total	**114 (100)**	**201 (100)**	**166 (100)**	**172 (100)**	**653 (100)**
Where would you feel most comfortable buying female condom, where do you prefer?[13]					
Shop	27 (22.9)	51 (24.9)	15 (9.0)	25 (14.2)	118 (17.7)
Pharmacy	24 (20.3)	27 (13.2)	19 (11.4)	29 (16.5)	99 (14.9)
Market	10 (8.5)	10 (4.9)	11 (6.6)	9 (5.1)	40 (6.0)
Clinic	14 (11.9)	43(21.0)	62 (37.3)	98 (19.8)	310 (19.5)
Hospital	22 (18.6)	74 (36.1)	39 (23.5)	71 (40.3)	206 (31.0)
Family planning center	2 (1.7)	3 (1.5)	0 (0)	0 (0)	5 (0/8)
Bar/guest house	1 (0.8)	2 (1.0)	3 (1.8)	2 (1.1)	8 (1.2)
Peer educator	9 (7.6)	4 (2.0)	2 (2.0)	2 (1.2)	17 (2.6)
Friend	2 (1.7)	1 (0.5)	2 (1.2)	1 (0.6)	6 (0.9)
COH II	15 (12.7)	10 (4.9)	2 (1.2)	1 (0.6)	28 (4.2)
Total	**118**	**205**	**166**	**176**	**665**

4.4.7 Summary discussion

Empirical evidence indicates that youth are disproportionately affected by HIV. Sub-Saharan Africa accounts for 62 percent of all HIV infections among youth aged 14 to 24 years (MacPhail, 2008). Most of the youth in the study age range 15 to 24 have had sexual intercourse. The youth are having sex with both paying (transactional) and non-paying partners. However, condom use with both paying and non-paying partners remains low among this age group. Other studies have also reported exchange of money or gifts for sex among the youth and indicated that condom use among the youth is not associated with receiving gifts or money in exchange for sex (Moore et al., 2007).

Findings of this study reveal that more female than male youths used a condom at their sexual debut (though no statistical test was carried out in the current analysis to determine if the difference was statistically significant). On the other hand, female youths are less assertive (relative to male youths) in deciding to use a condom. This may be explained by the fact that more females than males had their sexual debut with an older partner, who might have suggested or initiated the use of a condom.

Among the youths in the study, the proportion of those who used a condom when they last had sex with paying partners is slightly higher than the proportion of those who used a condom when they last had sex with non-paying partners (though no statistical test was carried out in the current analysis to determine if the difference was statistically significant). This may be due to the perceived risk when engaging in unprotected sex with paying partners (Kibombo et al., 2007). However, findings show that the proportion of youths who use condoms consistently is low. This is despite the fact that the awareness of condoms is high among the respondents. Most respondents knew where to obtain a condom, and in most cases it would take them a few minutes to obtain one. There still remains a gap between knowledge and practice.

Poverty and HIV vulnerability are closely linked. One study suggested that while wealthier adolescents are likely to have delayed sexual debuts and use condoms, poor female youths are significantly more vulnerable to infection because of early sexual debut and non-use of condoms (Madise et al., 2007). Lack of economic activities and non-availability of "safe spaces", especially for girls, may fuel risky behaviors among female youth. Community-based recreational activities for the youth are known to divert the youth's attention from risky behaviors. "Safe spaces" for girls such as sporting clubs and activities that are essential for uplifting the self esteem and assertiveness of girls have been documented as essential in preventing risky behavior among the youth. These safe spaces provide girls with a relatively risk-free/reduced environment to socialize and learn protection strategies against HIV from each other (Brady, 2005).

4.4.8 RECOMMENDATION

- A holistic package of interventions targeting youth need to be developed and strengthened through collaboration with various stakeholders (other NGOs, churches, DHMTs, etc.). The intervention themes should continue to promote abstinence, correct and consistent use of condoms and faithfulness to one sexual partner, particularly among older youths who are sexually active.
- Empowerment interventions targeted at increasing assertiveness and self-worth among female youths must be initiated as part of the project. Females are the most vulnerable and poverty is likely to fuel more infection among girls than males. It is therefore imperative that females are empowered to avoid risky sexual behaviors and negotiate safe sex.

- Male condoms are more widely known and used than the female condoms. The level of awareness about female condoms, particularly among older female youths who are sexually active, must be increased and female condoms made available to enable them to have safer sex. At the same time, the promotion of female condoms, especially among female youths, needs to be enhanced
- Provision of safe spaces for girls and boys through promotion of sporting and other edu-entertainment activities as conduits for health information and communication to the youth and linkages with other organizations that promote social economic empowerment must be developed and effectively implemented.

4.5 Knowledge, attitudes and practices related to STIs

The following section presents information on knowledge, history of STIs and health-seeking behavior of young unmarried men and women living in the border towns (Tables 7a and 7b).

4.5.1 Knowledge and respondent history of STIs

Tables 7a and **7b** present the results of the analysis regarding knowledge of STIs among the respondents in the study. Almost all (97.3%) respondents had heard about STIs. Among the symptoms of an STI in men correctly identified by both male and female respondents from all the
study sites without prompting were genital discharge (24.1%), burning pain on urination (14.5%), and genital ulcer/sores (40.2%). The proportion of respondents who were able to describe the same as symptoms of STIs in women is slightly lower. Genital discharge was identified by 15.9 percent of all respondents as a symptom of an STI in women. About 7.3 percent identified burning pain on urination and 28 percent identified genital ulcers as a STI symptom in women.

Some male and female youths were not able to describe any STI symptoms in men (42.4%) or symptoms in women (58.7%). 25 percent of all respondents were able to describe one STI symptom in men. The proportion of all respondents who were able to describe one STI symptom in women was lower (19.5%). The proportion of all respondents who were able to mention two STIs symptoms in men was 22.3 percent and those that were able to mention two STI symptoms in women was 14.3 percent.

Male youth

Table 7a presents the level of STI knowledge among the male youths. A very high proportion (97.9%) has heard of STIs. Among the symptoms of STIs in men that were correctly identified by the males from all the study sites without prompting were genital discharge (25.3%), burning pain on urination (16.8%) and genital ulcer/sores (40.9%). However half of the male youths were not able to mention at least one symptom of an STI in men and about a third were not able to mention a symptom of a STI in women. There were no notable differences across study sites.

Table 7a: Knowledge of STIs among male youths by site, 2009

Response	Chirundu	Kapiri Mposhi	Livingstone	Solwezi	Total
	n (%)	n (%)	n (%)	n (%)	N (%)
Ever heard of STIs					
Yes	289 (93.8)	466 (99.4)	487 (97.4)	558 (99.3)	1800 (97.9)
Total	**308 (100)**	**469 (100)**	**500 (100)**	**562 (100)**	**1839 (100)**
Describe any STI symptoms in Men *					
Abdominal pain	16 (3.8)	23 (5.5)	10 (2.1)	20 (3.6)	69 (3.8)
Genital discharge	74 (25.6)	128 (27.5)	119 (24.4)	134 (24.6)	455 (25.3)
Foul smelling discharge	7 (2.4)	16 (3.4)	6 (1.2)	19 (3.4)	48 (2.7)
Any discharge	77 (26.6)	141 (30.3)	124 (25.5)	148 (26.5)	490 (27.2)
Burning pain on urination	39 (13.5)	69 (14.8)	85 (17.5)	109 (19.5)	302 (16.8)
Genital ulcers/sores	100 (34.6)	219 (47.0)	210 (43.1)	207 (37.1)	736 (40.9)
Swelling in groin	38 (13.1)	69 (14.8)	56 (11.5)	69 (12.4)	232 (12.9)
Genital itching	37 (12.8)	13 (2.8)	15 (3.1)	17 (3.0)	82 (4.6)
Other	48 (16.6)	110 (23.6)	110 (23.6)	131 (23.5)	399 (22.2)
Total	**289 (100)**	**466 (100)**	**487 (100)**	**558 (100)**	**1800 (100)**
Describe any STI symptoms in Women**					
Abdominal pain	11 (3.8)	29 (6.2)	7 (1.4)	24 (4.3)	71 (3.9)
Genital discharge	24 (8.3)	82 (17.6)	54 (11.1)	98 (17.6)	258 (14.3)
Foul smelling discharge	6 (2.1)	20 (4.3)	23 (4.7)	27 (4.8)	76 (4.2)
Any discharge	29 (10.0)	92 (19.7)	74 (15.2)	115 (20.6)	310 (17.2)
Burning pain on urination	11 (3.8)	22 (4.7)	32 (6.6)	54 (9.7)	119 (6.6)
Genital ulcers/sores	41 (14.2)	135 (29.0)	123 (25.3)	143 (25.6)	442 (24.6)
Swelling in groin	9 (3.1)	33 (7.1)	31 (6.4)	46 (8.2)	119 (6.6)
Genital itching	15 (5.2)	16 (3.4)	13 (2.7)	14 (2.5)	58 (3.2)
Other	32 (11.1)	65 (13.9)	74 (15.2)	93 (16.7)	264 (14.7)
Total	**289**	**466**	**487**	**558**	**1800**
Number of STIs in men that were described					
0	127 (43.9)	169 (36.3)	203 (41.7)	223 (40.0)	722 (40.1)
1	59 (20.9)	120 (25.8)	116 (23.8)	158 (28.3)	453 (25.2)
2	62 (21.5)	121 (26.0)	126 (25.9)	126 (22.6)	435 (24.2)
3	36 (12.5)	51 (10.9)	36 (7.4)	41 (7.3)	164 (9.1)
4	5 (1.7)	4 (0.9)	5 (1.0)	8 (1.4)	22 (1.2)
5+	0 (0.0)	1 (0.2)	1 (0.2)	2 (0.4)	4 (0.4)
Total	**289 (100)**	**466 (100)**	**487 (100)**	**558 (100)**	**1800 (100)**
Number of STDs in women that were described					
0	224 (77.5)	279 (59.2)	311 (63.9)	321 (57.5)	1135 (63.1)
1	30 (10.4)	85 (18.2)	95 (19.5)	116 (20.8)	326 (18.1)
2	20 (6.9)	63 (13.5)	60 (12.3)	79 (14.2)	222 (12.3)
3	13 (4.5)	33 (7.1)	17 (3.5)	37 (6.6)	100 (5.6)
4	2 (0.7)	5 (1.1)	3 (0.6)	4 (0.7)	14 (0.8)
5+	0 (0.0)	1 (0.2)	1 (0.2)	1 (0.2)	3 (0.2)
Total	**289 (100)**	**466 (100)**	**487 (100)**	**558 (100)**	**1800 (100)**

***The question was; can you describe any symptoms of STDs in men/in women? With a probe…any other? It allowed for multiple responses.**

Female youth

Most (96.1%) of the female youths had heard of sexually transmitted infections (STI) (N=814). Female respondents identified genital discharge (21.2%), burning pain on urination (9.3%) and genital ulcer/sores (38.6%) as symptoms of an STI in men. The proportion of female youths identifying these as STI symptoms in women is lower than that identifying them as symptoms in men. About a half (48%) of female youths were not able to describe any symptom of STI in men or in women.

Table 7b: Knowledge of STIs among female youths by site, 2009

Response	Chirundu	Kapiri Mposhi	Livingstone	Solwezi	Total
	n (%)	n (%)	n (%)	n (%)	N (%)
Ever heard of STIs					
Yes	149 (89.2)	248 (97.3)	186 (98.9)	199 (97.5)	782 (96.1)
Total	**167 (100)**	**255 (100)**	**188 (100)**	**204 (100)**	**814 (100)**
Describe any STI symptoms in Men **					
Abdominal pain	11 (7.4)	8 (3.2)	5 (2.7)	4 (2.0)	28 (3.6)
Genital discharge	33 (22.1)	58 (23.4)	45 (24.3)	30 (15.1)	166 (21.2)
Foul smelling discharge	3 (2.0)	15 (6.0)	5 (2.7)	6 (3.0)	29 (3.7)
Any discharge	35 (23.6)	70 (28.2)	49 (26.3)	34 (17.1)	188 (24.0)
Burning pain on urination	22 (14.8)	15 (6.0)	14 (7.5)	22 (11.1)	73 (9.3)
Genital ulcers/sores	39 (26.2)	102 (41.1)	84 (45.2)	77 (38.7)	302 (38.6)
Swelling in groin	16 (10.7)	37 (14.9)	14 (7.5)	23 (11.6)	302 (38.6)
Genital itching	12 (8.1)	7 (2.8)	4 (2.2)	2 (1.0)	25 (3.2)
Other	18 (12.1)	43 (17.3)	38 (20.4)	36 (18.1)	135 (17.3)
Total	**149**	**248**	**186**	**199**	**782**
Describe any STI symptoms in Women**					
Abdominal pain	16 (10.7)	16 (6.5)	10 (5.4)	9 (4.5)	51 (6.5)
Genital discharge	33 (22.1)	56 (22.6)	32 (17.2)	31 (15.6)	152 (19.4)
Foul smelling discharge	12 (8.1)	18 (7.3)	18 (9.7)	13 (6.5)	61 (7.8)
Any discharge	40 (26.8)	68 (27.4)	47 (25.2)	40 (20.1)	195 (24.9)
Burning pain on urination	15 (10.1)	18 (7.3)	12 (6.5)	24 (12.1)	69 (8.8)
Genital ulcers/sores	34 (22.8)	91 (36.7)	76 (40.9)	80 (40.2)	281 (35.9)
Swelling in groin	10 (6.7)	34 (13.7)	7 (3.8)	21 (10.6)	72 (9.2)
Genital itching	16 (10.7)	9 (3.6)	6 (3.2)	8 (4.0)	39 (5.0)
Other	14 (9.4)	42 (16.9)	31 (16.7)	34 (17.1)	121 (15.5)
Total	**149**	**248**	**186**	**199**	**782**
Number of STIs in men that were described					
0	85 (57.0)	112 (45.2)	81 (43.5)	95 (47.7)	373 (47.7)
1	20 (13.4)	59 (23.8)	56 (30.1)	58 (29.1)	193 (24.7)
2	23 (15.4)	54 (21.8)	33 (17.7)	32 (16.1)	142 (18.2)
3	16 (10.7)	17 (6.9)	15 (8.1)	14 (7.0)	62 (7.9)
4	3 (2.0)	6 (2.4)	1 (0.5)	0 (0)	10 (1.3)
5+	2 (1.3)	0 (0.0)	0 (0.0)	0(0.0)	2 (0.3)
Total	**149 (100)**	**248 (100)**	**186 (100)**	**199 (100)**	**782 (100)**
Number of STIs in women that were described					
0	85 (57.0)	114 (46.0)	91 (48.9)	91 (45.7)	381 (48.7)
1	24 (16.1)	56 (22.6)	46 (24.7)	52 (26.1)	178 (22.8)
2	20 (13.4)	55 (22.2)	36 (19.4)	36 (18.1)	147 (18.8)
3	13 (8.7)	17 (6.9)	9 (4.8)	18 (9.0)	57 (7.3)
4	4 (2.7)	5 (2.0)	4 (2.2)	2 (1.0)	15 (1.9)
5+	3 (2.0)	1 (0.4)	0 (0.0)	0 (0.0)	4 (0.5)
Total	**149(100)**	**248 (100)**	**186 (100)**	**199 (100)**	**782 (100)**

****The question was can you describe any symptoms of STDs in men/in women? With a probe...any other. It allowed for multiple answers.**

4.5.2 Health-seeking behavior for STIs

Tables 8a and **8b** present the results of the health-seeking behavior reported by youth respondents in the survey. Overall, the proportion of all the respondents with a history of STIs within the 12 months prior to the survey who reported having had genital discharge was 6 percent. Nearly five percent reported a history of genital ulcers/sores. The proportion of the total respondents who reported either genital discharge or ulcers/sores was 10.8 percent. More than half (58.4%) of the respondents who suffered from an STI reported seeking advice from a government health facility. In addition, traditional healers (22.2%) and pharmacists/chemists (14.1%) were named as sources of advice on STIs. COH II centers (7.6%) were also mentioned as a source of advice.

In addition to asking about general health-seeking behavior, respondents were asked about where they first sought treatment and advice during the last episode of an STI. More than half (59.0%) of both male

and female respondents reported first seeking treatment from a government health facility and 18.1 percent said they went to first seek treatment from a traditional healer. COH II (9.6%) and chemists/pharmacy (7.6%) were also mentioned as the first source of STI treatment.

Male youth

Health-seeking behavior reported by male youth in the survey is tabulated in Table 8a. About 7.3 percent of the male youth in the survey reported experiencing genital discharge within the 12 months prior to the study. About 5.9 percent of the male youth in the survey reported a history of genital ulcers/sores. The proportion of male youth who reported having suffered from either genital ulcers/sores or genital discharge or both in the last 12 months was 8.5 percent.

In the last episode of an STI symptom, 54.8 percent of the males sought advice from a health worker at a government health facility. A quarter of respondents (24.5%) sought advice from a traditional healer, 15.5 percent from a chemist and 9 percent from COH II centers. When asked about the first source of treatment, 58 percent said they went to a government clinic/hospital, 20.3 percent sought treatment from a traditional healer, and 11.6 percent from a pharmacist/chemist. Others said they sought treatment from COH II (7.2%) and 1.4 percent said they bought medicine from the market.

Table 8a: Health-seeking behavior related to STIs of male youths, by site, 2009

Response	Chirundu	Kapiri Mposhi	Livingstone	Solwezi	Total
	n (%)	n (%)	n (%)	n (%)	N (%)
History of STI symptoms in the past 12 months					
Genital discharge –Yes	24 (7.8)	18 (3.9)	43 (8.7)	47 (8.7)	132 (7.3)
Total	**307 (100)**	**460 (100)**	**494 (100)**	**553 (100)**	**1814 (100)**
Genital ulcers/sores – Yes	22 (7.2)	16 (3.5)	30 (6.1)	40 (7.2)	108 (5.9)
Total	**307 (100)**	**459 (100)**	**494 (100)**	**552 (100)**	**1812 (100)**
Genital discharge or ulcers/sores – Yes	33 (10.7)	25 (5.4)	44 (8.9)	53 (9.6)	155 (8.5)
Total	**307 (100)**	**460 (100)**	**494 (100)**	**553 (100)**	**1814 (100)**
Behavior the last time had STI symptoms					
Sought advice from government health facility	17 (51.5)	14 (56.0)	25 (56.8)	29 (54.7)	85 (54.8)
Sought advice from workplace health facility	0 (0.0)	1 (4.0)	2 (4.5)	2 (3.8)	5 (3.2)
Sought advice from church health facility	0 (0.0)	0 (0.0)	1 (2.3)	0 (0.0)	1 (0.6)
Sought advice from private health facility	3 (9.1)	1 (4.0)	1 (2.3)	2 (3.8)	7 (4.5)
Sought advice from chemist	7 (21.1)	1 (4.0)	8 (18.2)	8 (15.1)	24 (15.5)
Sought advice from traditional healer	4 (12.1)	6 (24.0)	9 (20.5)	19 (35.8)	38 (24.5)
Bought capsules on the street	2 (6.1)	0 (0.0)	0 (0.0)	1 (1.9)	3 (1.9)
Took medicine had at home	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Sought treatment from COH II	8 (24.2)	1 (4.0)	4 (9.1)	1 (1.9)	14 (9.0)
Stopped having sex	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Always used a condom	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Told partner	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Total	**33**	**25**	**44**	**53**	**155**
First source of treatment last time experienced STI symptoms					
Government hospital/clinic	16 (55.2)	14 (66.7)	25 (61.0)	25 (53.2)	80 (58.0)
Workplace clinic/hospital	0 (0.0)	0 (0.0)	0 (0.0)	1 (2.1)	1 (0.7)
Private clinic	0 (0.0)	0 (0.0)	0 (0.0)	1 (2.1)	1 (0.7)
Medicine from traditional healer	1 (3.4)	5 (23.8)	7 (17.1)	15 (32.0)	28 (20.3)
COH II center	6 (20.7)	1 (4.8)	3 (7.3)	0 (0.0)	10 (7.2)
Pharmacy/chemist	5 (17.2)	1 (4.8)	5 (12.2)	5 (10.6)	16 (11.6)
Medicine from market	1 (3.4)	0 (0.0)	1 (2.4)	0 (0.0)	2 (1.4)
Others	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Total	**29 (100)**	**21 (100)**	**41 (100)**	**47 (100)**	**138 (100)**

Female youth

Female youths in the survey were also asked questions about their health-seeking behaviors. Table 8b presents data on STI history and health-seeking behavior of the female youths. About 3.2 percent of female youth experienced genital discharge and 2 percent had experienced genital ulcer/sore STI symptoms in the 12 months prior to interview. The proportion of female youths who experienced either genital discharge or genital ulcers/sore was 3.8 percent.

Most (76.7%) of the females said they sought advice from a government health facility the last time they had an STI symptom and a third (33.3%) said they self-medicated by taking medicines they had at home. Ten percent sought advice from a traditional healer. In addition to treatment advice, respondents were further asked about the first source of treatment during the last STI episode. About sixty four percent of the female youth reported having gone to a government health facility for treatment. COH II was also mentioned by about 21 percent as the first source of treatment by some female respondents.

Table 8b: Health-seeking behavior related to STIs of female youths by site, 2009

Response	Chirundu	Kapiri Mposhi	Livingstone	Solwezi	Total
	n (%)	n (%)	n (%)	n (%)	N (%)
History of STI symptoms in the past 12 months					
Genital discharge	8 (4.8)	8 (3.4)	6 (3.3)	3 (1.5)	25 (3.2)
Total	**167 (100)**	**232 (100)**	**183 (100)**	**201 (100)**	**783 (100)**
Genital ulcer/sores	3 (1.8)	5 (2.2)	4 (2.2)	4 (2.0)	16 (2.0)
Total	**167 (100)**	**232 (100)**	**183 (100)**	**201 (100)**	**783 (100)**
Genital discharge or ulcer/sores	9 (5.4)	9 (3.9)	7 (3.8)	5 (2.5)	30 (3.8)
Total	**167 (100)**	**232 (100)**	**183 (100)**	**201 (100)**	**783 (100)**
Behavior the last time had STI symptoms[15]					
Sought advice from government health facility	3	8	7	5	23 (76.7)
Sought advice from workplace health facility	0	0	0	0	0
Sought advice from church health facility	0	0	0	0	0
Sought advice from private health facility	0	1	0	0	1 (3.3)
Sought advice from chemist	1	1	0	0	2 (6.7)
Sought advice from traditional healer	1	1	0	1	3 (10.0)
Bought capsules on the street	0	0	0	0	0
Took medicine had at home	5	4	1	0	10 (33.3)
Sought treatment from COH II	0	0	0	0	0
Stopped having sex	0	0	0	0	0
Always used a condom	0	0	0	0	0
Told partner	0	0	0	0	0
Total	**9**	**9**	**7**	**5**	**30**
First source of treatment last time experienced STI symptoms[16]					
Government hospital/clinic	2	6	6	4	18 (64.3)
Workplace clinic/hospital	0	0	0	0	0
Private clinic	0	0	0	0	1 (3.6)
Medicine from traditional healer	1	1	0	0	2 (7.1)
COH II center	4	1	1	0	6 (21.4)
Pharmacy/chemist	0	0	0	1	1 (3.6)
Medicine from market	0	0	0	0	0
Others	0	0	0	0	0
Total	**7**	**9**	**7**	**5**	**28**

[15] Percentages not included: both numerators and denominators are too small.
[16] Percentages not included, both numerators and denominators are too small.

4.5.3 Summary discussion

General awareness about STIs is almost universal. However, knowledge gaps about STI symptoms exist. Almost half of the respondents were not able to describe symptoms of STIs which may affect their health-seeking behavior (i.e. delay treatment).

Government facilities are an important source of information and advice on treatment. Given the health facilities' focus on treatment, it is imperative to not only strengthen prevention intervention in the community, but to create a stronger referral network between health facilities (public or private) with the project in order to provide holistic STI services. It is also important that STI services provided by NGOs such as the COH project through its static and mobile service are strengthened to complement efforts of the government in delivering STI prevention services.

It is noteworthy that some youths reported seeking treatment directly from pharmacists and chemists. Avoiding facilities could be due to the stigma associated with STIs and urgency on part of patient to get treatment quickly. Interventions therefore could usefully involve and engage pharmacists and those running various drug stores in STI management activities that aim at enhancing skills to provide adequate counseling and referrals for proper diagnosis and prescriptions. More sensitization activities could increase awareness regarding STI treatment, and encourage better health-seeking behavior among out-of-school youth in border towns.

The results of the survey illustrate that traditional healers are also an important source for treatment of STIs for youth. It is important for interventions targeting youth to create linkages and referral systems between traditional health practitioners and conventional medical practitioners in an effort to get the traditional practitioners to refer their clients to conventional practitioners for health services that are beyond their scope such as treatment for HIV.

Active involvement of youth in project activities that target them may facilitate a greater reach and effectiveness of communication to youth (FHI 2006).

4.5.4 RECOMMENDATIONS

- Youth friendly outlets/corners that provide STI service, condoms and behavior change information are needed in places where out-of-school youths are mostly found.

- Develop a stronger referral and feedback system with the health facilities in the intervention sites that will facilitate continued access to prevention services for the youth seeking treatment at health facilities. The health staff at the health facilities will refer the youth to COH II to access other prevention services not comprehensively offered by the health facilities.

- Develop a three-way referral system between traditional health practitioners, health facilities and the COH II project. Given that a relatively high proportion of youths say they have sought STI services from traditional healers, a partnership and referral system with traditional healers will enable the healers to refer their youth clients to COH II for correct messages and other prevention interventions and treatment beyond their scope such as HIV.

- Given that self-treatment for STI is common and many youth buy drugs from drugstores and pharmacies without prescriptions, there is a need to involve drug dispensers, pharmacy technicians, and pharmacists in counseling and in syndromic management of STIs.

- Promote the formation of, partner with, and use existing drama clubs/groups as a communication channel to reach out-of-school youth in border towns effectively.

- The study did not explore factors related to risky behavior among youths. In addition, the factors affecting health-seeking behavior among youths remain unknown. Small studies nested within project interventions should explore factors that affect youth risk- and health-seeking behaviors.

5. KNOWLEDGE AND BELIEFS ABOUT HIV/AIDS

5.1 Awareness of HIV/AIDS

Nearly all youths (99.5%) had heard about HIV. Asked whether they knew someone with HIV or AIDS, 66 percent of all respondents in the survey answered affirmatively. Almost three quarters (70%) of the respondents reported knowing a relative, a close friend, or both a relative and a close friend with HIV.

Male youth

Table 9a shows that almost all males (99.6%) had heard about HIV and 64.3 percent knew someone with HIV/AIDS. Of those who knew someone with HIV, 27.2 percent said it was a close relative, 12.2 percent said it was a close friend and 23.6 percent said they knew both a relative and a close friend. Nearly a third (32.1%) said they did not have or know of a close friend or a relative with HIV.

Female youth

Among the females (Table 9b), 99.3 percent had heard about HIV and 68.4 percent knew someone with HIV/AIDS. About a quarter (25.4%) of all female respondents said they did not know a close friend or relative with HIV. Of those who knew someone with HIV, 27.6 percent said it was a close friend and 10.5 percent said it was a relative and 35.8 percent said it was both a close friend and a relative.

5.2 Knowledge and misconceptions HIV transmission and prevention

A series of questions were asked to test the knowledge of respondents about HIV transmission. This section presents the data on knowledge and misconceptions about HIV transmission among out-of-school unmarried youths living in border towns.

Overall, misconceptions about HIV transmission still exist with almost a third (30.0%) of all respondents believing that a person could get HIV from a mosquito bite. The pattern is the same across the four sites. A further 10.7 percent of all respondents believed that a person could be infected with HIV by sharing a meal with an infected person. About 95.5 percent of all respondents knew correctly that a person could get the HIV by getting injections with a needle that was already used by someone else. However, just about half (59.6%) of all the respondents knew HIV could be transmitted from mother to child during

pregnancy. More than three quarters (81.1%) of the respondents knew that HIV could be transmitted through breastfeeding.

The respondents who reported having heard of HIV or AIDS were asked a number of questions about how the virus that causes AIDS could be prevented. More than 82 percent of both male and female respondents believed that HIV could be prevented by being faithful to one faithful and uninfected partner and over 92.7 percent of all respondents suggested abstinence as a way of preventing HIV infection. About 93.5 percent of both male and female respondents knew correctly that a healthy-looking person could have HIV. (**Tables 9a and 9b**.)

More than half (55.2%) of all respondents had complete knowledge of HIV prevention: they correctly knew that HIV could be prevented by abstinence, being faithful to one uninfected faithful sexual partner and using a condom (ABC knowledge). The proportion of all respondents who had comprehensive (correct ABC knowledge and without harboring any misconceptions) knowledge about HIV prevention is lower (34.4%).

Tables 9a and **9b** present the results of the analysis pertaining to knowledge of HIV transmission by male and female youth.

Male youth

As indicated in **Table 9a**, there are various misconceptions about HIV transmission among the male youths in the survey. Almost a third (29.9%) believed that HIV could be transmitted through a mosquito bite and 10.6 percent believed that it could be transmitted through sharing meals. Almost all (95.6%) youth knew correctly that HIV could be transmitted through injections with a needle that had been used by someone else. More than half (59.6%) of male youth said that HIV could be transmitted from mother to child during pregnancy while 80.6 percent said it could be transmitted from mother to child through breastfeeding.

Most of the male youths knew that one can prevent becoming infected with HIV by being faithful to one faithful and uninfected partner (80.4%) and abstaining from sex (92.3%). Most knew that a healthy looking person could have HIV and slightly more than half (53.9%) of those surveyed had complete knowledge of HIV prevention – the correct ABC knowledge. However, composite knowledge (ABC + no misconceptions) is lower at one third (33.0%).

Table 9a: Knowledge, opinions, and attitudes related to HIV among male youths by site, 2009

Response	Chirundu	Kapiri Mposhi	Livingstone	Solwezi	Total
	n (%)	n (%)	n (%)	n (%)	N (%)
Ever heard of HIV					
Yes	304 (99.6)	468 (98.7)	499 (99.6)	556 (99.6)	1827 (99.6)
Total	**308 (100)**	**468 (100)**	**501 (100)**	**558 (100)**	**1835 (100)**
Knows someone with HIV/AIDS					
Yes	203 (68.6)	363 (78.6)	271 (54.7)	322 (58.5)	1159 (64.3)
Total	**296 (100)**	**462 (100)**	**495 (100)**	**550 (100)**	**1803 (100)**
Has close relative or friends with HIV/AIDS					
Close relative	59 (29.1)	80 (22.2)	85 (31.4)	89 (28.0)	313 (27.2)
Close friend	40 (19.7)	24 (6.7)	36 (13.3)	40 (12.6)	140 (12.2)
Both	42 (20.7)	112 (31.1)	81 (29.9)	94 (29.6)	329 (23.6)
No	62 (30.5)	144 (40.0)	69 (25.5)	95 (29.9)	370 (32.1)
Total	**203 (100)**	**360 (100)**	**271 (100)**	**318 (100)**	**1152 (100)**
Thinks that a person can get HIV from:					
Mosquito bites	101 (33.2)	121 (25.9)	134 (26.9)	190 (34.2)	546 (29.9)
Sharing meals	46 (15.3)	54 (11.5)	44 (11.5)	49 (8.8)	193 (10.6)
Injections with used needles	289 (95.1)	450 (96.2)	483 (96.8)	525 (94.4)	1747 (95.6)
Mother to child during pregnancy	178 (58.6)	285 (60.9)	294 (58.9)	331 (59.5)	1088 (59.6)
Breastfeeding	248 (81.6)	375 (80.1)	389 (78.0)	460 (82.7)	1472 (80.6)
Total	**304 (100)**	**468 (100)**	**499 (100)**	**556 (100)**	**1827 (100)**
Knows that people can prevent HIV by:					
Faithfulness	246 (80.9)	391 (83.5)	393 (78.8)	438 (78.8)	1468 (80.4)
Abstinence	278 (91.4)	437 (93.4)	458 (91.8)	514 (92.4)	1687 (92.3)
Total	**304 (100)**	**468 (100)**	**499 (100)**	**556 (100)**	**1827 (100)**
Agree that HIV could be prevented by abstinence, being faithful and use a condom (ABC)					
Yes	177 (58.2)	263 (56.2)	269 (53.9)	275 (49.5)	984 (53.9)
Total	**304 (100)**	**468 (100)**	**499 (100)**	**556 (100)**	**1827 (100)**
ABC + No misconceptions					
Yes	95 (31.3)	180 (38.5)	174 (34.9)	153 (27.5)	602 (33.0)
Total	**304 (100)**	**468 (100)**	**499 (100)**	**556 (100)**	**1827 (100)**
Knows that a healthy-looking person can be infected					
Yes	275 (90.5)	449 (95.9)	473 (94.8)	515 (92.6)	1712 (93.7)
Total	**304 (100)**	**460 (100)**	**499 (100)**	**556 (100)**	**1827 (100)**

Female youth

As indicated in **Table 9b**, female youths in the survey also held similar levels of misconceptions as those of male youths. Almost one out of three respondents believed that a person could get HIV from a mosquito bite (30.1%) and through sharing a meal with someone infected (10.9%). Most of the respondents knew that HIV could be transmitted through injections with a needle that had already been used by someone else (95.2%), and through breastfeeding (82.4%). More than half (57.5%) of the female youths in the survey thought HIV could be transmitted from mother to child during pregnancy. However, only a quarter (25.7%) of the female respondents in Livingstone knew that a mother could pass HIV to her child through breastfeeding.

The majority of females identified faithfulness (84.7%) and abstinence (93.7%) as ways of preventing HIV.

The proportion of females correctly identifying abstinence, faithfulness to one sexual partner and using a condom as prevention for HIV was 58.3 percent while those with composite knowledge (ABC + no misconceptions) is slightly more than a third (36.3%).

Table 9b: Knowledge, Opinions, and Attitudes related to HIV among Female Youth by Site, 2009

Response	Chirundu	Kapiri Mposhi	Livingstone	Solwezi	Total
	n (%)	n (%)	n (%)	n (%)	N (%)
Ever heard of HIV					
Yes	161 (96.4)	252 (100)	189 (100)	203 (100)	805 (99.3)
Total	**167 (100)**	**252 (100)**	**189 (100)**	**203 (100)**	**811 (100)**
Knows someone with HIV/AIDS					
Yes	115 (73.2)	181 (74.8)	110 (58.2)	132 (66.3)	538 (68.4)
Total	**157 (100)**	**242 (100)**	**189 (100)**	**199 (100)**	**787 (100)**
Has close relative or friends with HIV/AIDS					
Close relative	33 (28.9)	47 (26.0)	35 (32.1)	35 (32.1)	150 (27.6)
Close friend	13 (11.4)	14 (7.7)	13 (11.9)	16 (12.6)	56 (10.5)
Both	44 (38.6)	57 (31.5)	37 (33.9)	52 (40.9)	190 (35.8)
No	24 (21.1)	63 (34.8)	24 (22.0)	24 (18.9)	135 (25.4)
Total	**114 (100)**	**181 (100)**	**109 (100)**	**127 (100)**	**531 (100)**
Thinks that a person can get HIV from:					
Mosquito bites	47 (29.2)	77 (30.6)	46 (24.3)	72 (35.5)	242 (30.1)
Sharing meals	20 (12.4)	28 (11.1)	16 (8.5)	24 (11.8)	88 (10.9)
Injections with used needles	151 (93.8)	242 (96.0)	182 (96.3)	191 (94.1)	766 (95.2)
Mother to child during pregnancy	96 (59.6)	152 (60.3)	105 (55.6)	110 (54.2)	463 (57.5)
Breastfeeding	142 (88.2)	217 (86.1)	143(75.7)	161 (79.3)	663 (82.4)
Total	**161 (100)**	**252 (100)**	**189 (100)**	**203 (100)**	**805 (100)**
Knows that people can prevent HIV by:					
Faithfulness	132 (82.0)	224 (88.9)	166 (87.8)	160 (78.8)	682 (84.7)
Abstinence	143 (88.8)	239 (94.8)	176 (93.1)	196 (96.6)	754 (93.7)
Total	**161 (100)**	**252 (100)**	**189 (100)**	**203 (100)**	**805 (100)**
Agree that HIV could be prevented by abstinence, being faithful and using a condom (ABC)					
Yes	82 (50.9)	156 (61.9)	121 (64.0)	110 (54.2)	469 (58.3)
Total	**161 (100)**	**252 (100)**	**189 (100)**	**203 (100)**	**805 (100)**
ABC + No misconceptions					
Yes	44 (27.3)	95 (37.7)	89 (47.1)	64 (31.5)	292 (36.3)
Total	**161 (100)**	**252 (100)**	**189 (100)**	**203 (100)**	**805 (100)**
Knows that a healthy-looking person can be infected					
Yes	138 (93.2)	237 (94.0)	183 (96.8)	192 (94.6)	750 (93.2)
Total	**161 (100)**	**252 (100)**	**189 (100)**	**203 (100)**	**805 (100)**

5.3 Attitudes toward people living with HIV and AIDS

The survey included a series of questions aimed at exploring the respondents' views about the extent of HIV stigma. In this survey, only questions aimed at exploring the respondents' views and attitudes about people with HIV were asked.

Overall, 89.2 percent of all respondents felt that HIV-positive students should be allowed to continue school. Almost the same proportion (88.9%) felt that an HIV-positive teacher should be allowed to continue teaching. When asked about whether they would take care of an HIV-positive female relative, 91.0 percent of all respondents answered in the affirmative. More than half (62.5%) of all the respondents in the survey said they would buy food from a shopkeeper known to be HIV positive. About 42.8 percent of all youth in the study felt that it should be kept a secret if a family member had HIV.

Male youth

Table 10a shows the results of the analysis pertaining to attitudes of the male youth to people living with HIV. Most (89.3%) of the male youth feel students with HIV should be allowed to continue school. Almost the same proportion (87.4%) feels that a teacher with HIV should be allowed to continue teaching. About 91.6 percent said they would take care of their female relative with HIV and 65.1

percent said they would buy food from a shopkeeper known to have HIV. More than a third of male respondents (41.7%) said they would like it to remain a secret if a family member had HIV.

Table 10a: Attitudes toward people with HIV/AIDS among male youths by site, 2009

Responses	Chirundu n (%)	Kapiri Mposhi n (%)	Livingstone n (%)	Solwezi n (%)	Total N (%)
Feels HIV+ students should be allowed to continue school	262 (86.2)	429 (91.7)	456 (91.4)	484 (87.1)	1631 (89.3)
Total	**304 (100)**	**468 (100)**	**499 (100)**	**556 (100)**	**1827 (100)**
Feels HIV+ teachers should continue teaching	250 (82.2)	418 (89.3)	444 (89.0)	485 (87.2)	1597 (87.4)
Total	**304 (100)**	**468 (100)**	**499 (100)**	**556 (100)**	**1827 (100)**
Would take care of HIV+ female relative	267 (87.8)	437 (93.4)	468 (93.8)	502 (90.3)	1674 (91.6)
Total	**304 (100)**	**468 (100)**	**499 (100)**	**556 (100)**	**1827 (100)**
Would buy food from shopkeeper known to be HIV+	171 (56.3)	345 (73.7)	333 (66.7)	340 (61.2)	1189 (65.1)
Total	**304 (100)**	**468 (100)**	**499 (100)**	**556 (100)**	**1827 (100)**
If a member of family has HIV, would like it to remain a secret	129 (42.4)	178 (38.0)	230 (46.1)	225 (40.5)	762 (41.7)
Total	**304 (100)**	**468 (100)**	**499 (100)**	**556 (100)**	**1827 (100)**

Female youth

Table 10b presents female youth responses to questions on attitudes related to people with HIV and AIDS. Almost all (92.8%) female respondents felt that a student with HIV should be allowed to continue in school. Almost the same proportion (92%) felt that a teacher with HIV should be allowed to continue teaching. Ninety six percent of all females said they would take care of a female relative with HIV and 47.8 percent said they would like it to remain a secret if a family member had HIV. The proportion of females who said they would buy food from a shopkeeper who was known to have HIV was 67.8 percent.

Table 10b: Attitudes toward people with HIV/AIDS among female youth by site, 2009

Responses	Chirundu n (%)	Kapiri Mposhi n (%)	Livingstone n (%)	Solwezi n (%)	Total N (%)
Feels HIV+ students should be allowed to continue school	145 (90.1)	230 (91.3)	179 (94.7)	193 (95.1)	747 (92.8)
Total	**161 (100)**	**252 (100)**	**189 (100)**	**203 (100)**	**805 (100)**
Feels HIV+ teachers should continue teaching	144 (89.4)	232 (92.1)	178 (94.1)	190 (93.6)	744 (92.4)
Total	**161 (100)**	**252 (100)**	**189 (100)**	**203 (100)**	**805 (100)**
Would take care of HIV+ female relative	150 (93.2)	247 (98.0)	187 (98.9)	189 (93.1)	773 (96.0)
Total	**161 (100)**	**252 (100)**	**189 (100)**	**203 (100)**	**805 (100)**
Would buy food from shopkeeper known to be HIV+	109 (67.7)	170 (67.5)	133 (70.4)	134 (66.0)	546 (67.8)
Total	**161 (100)**	**252 (100)**	**189 (100)**	**203 (100)**	**805 (100)**
If a member of family has HIV, would like it to remain a secret	71 (44.1)	109 (43.3)	105 (55.6)	100 (49.3)	385 (47.8)
Total	**161 (100)**	**252 (100)**	**189 (100)**	**203 (100)**	**805 (100)**

6. HIV VOLUNTARY COUNSELING AND TESTING (VCT)

Most of the out-of-school youths in the study sites reported having access to confidential VCT services. About 85.3 percent of youths said that they had access to VCT. About 45.6 percent of all respondents reported having ever been tested for HIV. Most of the respondents (both male and female) tested voluntarily (91.5%) and received the test results (94.9%) as **Tables 11a** and **11b** show.

Male youth

Table 11a shows the results of the analysis pertaining to access to voluntary counseling and testing among male youth in the survey. The majority (85.4%) of male youth reported having access to voluntary counseling and testing, with virtually no difference between sites. The proportion of the youth that had ever undergone VCT was 41.9 percent. The proportion of male youth who had ever undergone VCT was about the same level in Livingstone (46.5%) and in Solwezi (46.8%) and the lowest in Kapiri Mposhi (33.3%). The majority of those who underwent voluntary counseling and testing did so voluntarily (92.9%) and found out the results of their tests (94.2%).

Table 11a: Voluntary counseling and testing for HIV among male youths by site, 2009

Response	Chirundu n (%)	Kapiri Mposhi n (%)	Livingstone n (%)	Solwezi n (%)	Total N (%)
Have access to confidential testing for HIV	263 (86.5)	396 (84.0)	423 (84.8)	479 (86,2)	1561 (85.4)
Total	**304 (100)**	**468 (100)**	**499 (100)**	**556 (100)**	**1827 (100)**
Ever been tested	117 (38.5)	156 (33.3)	232 (46.5)	260 (46.8)	765 (41.9)
Total	**304 (100)**	**468 (100)**	**499 (100)**	**550 (100)**	**1827 (100)**
Voluntarily tested	106 (90.6)	138 (88.5)	222 (95.7)	245 (94.2)	711 (92.9)
Total	**117 (100)**	**156 (100)**	**232 (100)**	**260 (100)**	**765 (100)**
Found out the result (among those who tested voluntarily)	96 (90.6)	130 (94.2)	213 (96.8)	229 (93.5)	668 (94.2)
Total	**106 (100)**	**138 (100)**	**220 (100)**	**245 (100)**	**709 (100)**

Female youth

Among female youths, 84.8 percent said they had access to VCT and 54.2 percent have ever been tested. Of those who have been tested, 89.0 percent did so voluntarily and 96.1 percent received their test results. The proportion of female respondents who have ever been tested is the highest in Livingstone (72.0%).

Table 11b: Voluntary counseling and testing for HIV among female youths by site, 2009

Response	Chirundu n (%)	Kapiri Mposhi n (%)	Livingstone n (%)	Solwezi n (%)	Total N (%)
Have access to confidential testing for HIV	139 (86.3)	198 (78.6)	169 (89.4)	177 (87.2)	683 (84.8)
Total	**161 (100)**	**252 (100)**	**189 (100)**	**202 (100)**	**804 (100)**
Ever been tested	79 (49.1)	114 (45.1)	136 (72.0)	107 (52.7)	436 (54.2)
Total	**161 (100)**	**252 (100)**	**189 (100)**	**203 (100)**	**805 (100)**
Voluntarily tested	63 (79.7)	100 (87.7)	124 (91.2)	101 (94.4)	388 (89.0)
Total	**79 (100)**	**114 (100)**	**136 (100)**	**107 (100)**	**436 (100)**
Found out the result (among those who tested voluntarily)	60 (95.2)	96 (96.0)	119 (96.0)	98 (97.0)	373 (96.1)
Total	**63 (100)**	**100 (100)**	**124 (100)**	**101 (100)**	**388 (100)**

7.0 MALE CIRCUMCISION

Both male and female respondents were asked whether they had ever heard of the practice called male circumcision. The majority (86.3%) of all respondents had heard of male circumcision. The highest proportion of respondents who had heard about male circumcision was observed in Solwezi (97.7%).

Male youth
In Solwezi, all (100%) the male youth had heard of male circumcision. Among the male respondents, the proportion who were circumcised was 26.2 percent, with Chirundu (5.3%) having the lowest proportion of male youth who had been circumcised.

The most common reason they gave why men get circumcised was tradition/culture (63.8%), other reasons were prevent HIV infection (27.4%) and hygiene (8.4%). Solwezi had the highest percentage (72.8%) of those who were circumcised most probably because the district is in the province where circumcision is traditionally practised.

Those who were not circumcised were further asked whether they would be interested in getting circumcised. About 32.9 percent of all males who were not circumcised said they were interested in getting circumcised (n=1,200).

Table 12a: Knowledge and prevalence of male circumcision among male youths by site, 2009

Response	Chirundu	Kapiri Mposhi	Livingstone	Solwezi	Total
	n (%)	n (%)	n (%)	n (%)	N (%)
Ever heard of male circumcision	226 (73.4%)	416 (88.7%)	449 (89.4%)	551(97.7%)	1642 (89.1%)
Total	**308 (100)**	**469 (100)**	**502 (100)**	**564 (100)**	**1843 (100)**
Have been circumcised	12 (5.3)	31 (7.5)	81 (18.0)	307 (55.7)	431 (26.2)
Total	**226 (100)**	**416 (100)**	**449 (100)**	**551 (100)**	**1642 (100)**
Not circumcised but interested in getting circumcised	52 (24.5)	103 (26.9)	133 (36.6)	107 (44.2)	395 (32.9)
Total	212	383	363	242	1200
Main reason men get circumcised					
Hygiene	0 (0.0%)	5 (21.7%)	10 (15.9%)	15 (5.7%)	30 (8.4)
Prevent HIV	5 (55.6%)	10 (43.5%)	28 (44.4%)	56 (21.5%)	99 (27.4)
Traditional/culture	4 (44.4%)	8 (34.8%)	25 (39.7%)	190 (72.8%)	227 (63.8)
Total	**9 (100)**	**23 (100)**	**63 (100)**	**261 (100)**	**356 (100)**

Female youth

Female respondents were only asked whether they had ever heard of male circumcision and who they would prefer as a sex partner between someone circumcised and uncircumcised. More than three quarters (79.9%) of all female respondents had heard of male circumcision. When asked about who they would prefer to have sexual relations with between a circumcised and uncircumcised man, 58.2 percent of all respondents preferred men who were circumcised. Solwezi (79%) recorded the highest number of respondents who preferred a circumcised man to an uncircumcised man.

Table 12b: Knowledge of and preference for male circumcision among female youths by site, 2009

Response	Chirundu	Kapiri Mposhi	Livingstone	Solwezi	Total
	n (%)	n (%)	n (%)	n (%)	N (%)
Ever heard of male circumcision	106 (63.5)	181 (71.0)	166 (87.8)	200 (97.1)	653 (79.9)
Total	**167 (100)**	**255 (100)**	**189 (100)**	**206 (100)**	**817 (100)**
Prefer men who have been circumcised	50 (47.2)	94 (51.9)	78 (47.0)	158 (79.0)	380 (58.2)
Total	**106 (100)**	**181 (100)**	**166 (100)**	**200 (100)**	**653 (100)**

8. EXPOSURE TO INTERVENTION

All the four study sites are among the seven COH II intervention sites. This section presents the findings of the results of the analysis pertaining to the study population's exposure to the intervention provided by COH II project. Respondents were asked whether they had heard about COH II and had been exposed to some of the intervention activities.

Tables 13a and **13b** show that about half of all the respondents had heard of COH II. Overall, 52.1 percent of all respondents had heard about COH II. Solwezi (30.6%) recorded the lowest proportion of respondents who had heard about the project. Of the 52.1 percent of the respondents who were aware of COH II, the proportion of the respondents who had ever talked to COH II staff was 28.1 percent. Moreover, 18.5 percent of all respondents reported having been to COH II center/offices. Among the respondents who had heard about COH, 49.2 percent were introduced by peer educators and 47.0 percent were introduced to COH II services by friends who were not peer educators.

Respondents were also asked about their main source of HIV/STI information. Radio (26.7%), TV (9.5%), friends (28.9%), health center (26.6%) and COH II (8.3%) were the main sources of information mentioned by the respondents in the survey.

Male youth

As shown in **Table 13a** below, slightly more than half of all male respondents reported they had heard about COH II. The proportion of male youth who were aware of the existence of COH II was the highest in Chirundu (65.6%) and the lowest in Solwezi (33.5%). 25 percent of male respondents had talked to COH II staff either at the center or through the project's outreach program. Furthermore, 17 percent had been to a COH II center. Of those who had heard of COH II, almost half (45.7%) of the males were introduced to the center by peer educators and half (50%) were introduced by friends who were not peer educators.

The sources of information about HIV and STIs most frequently mentioned by the male youths respondents were "friends" (30.1%) followed by radio (29.4%) and health center (23.3%). Other sources identified by male youth respondents were television (9%) and COH II (8.2%).

Table 13a: Exposure to COH II intervention among male youths by site, 2009

Response	Chirundu n (%)	Kapiri Mposhi n (%)	Livingstone n (%)	Solwezi n (%)	Total N (%)
Ever heard of COH II Center/Project	202 (65.6)	299 (63.8)	282(56,2)	189 (33.5)	972 (52.7)
Total	**308 (100)**	**469 (100)**	**502 (100)**	**564 (100)**	**1843 (100)**
Ever talked to staff of COH II project	72 (35.6)	80 (26.8)	62 (22.0)	29 (15.3)	243 (25.0)
Total	**202 (100)**	**299 (100)**	**282 (100)**	**189 (100)**	**972 (100)**
Ever been to COH II Center/Office	64 (31.7)	47 (15.7)	37 (13.1)	17 (9.0)	165 (17.0)
Total	**202 (100)**	**299 (100)**	**282 (100)**	**189 (100)**	**972 (100)**
Introduced to COH II Center by:					
Peer Educator (PE)	17 (40.5)	17 (48.6)	14 (51.9)	5 (41.7)	53 (45.7)
Friend who is not PE	23 (54.8)	16 (45.7)	13 (48.1)	6 (50.0)	58 (50.0)
Health Care Provider	2 (4.8)	2 (5.7)	0 (0.0)	1 (8.3)	5 (4.3)
Total	**42 (100)**	**35 (100)**	**27 (100)**	**12 (100)**	**116(100)**
Main source of information regarding HIV/STI					
Radio	51 (20.3)	94 (27.2)	75 (24.2)	165 (40.8)	385 (29.4)
Television	45 (17.9)	20 (5.8)	27 (8.7)	26 (6.4)	118 (9.0)
Friends	83 (33.1)	94 (27.2)	93 (30.0)	124 (30.7)	394 (30.1)
Health Center	42 (16.7)	93 (26.9)	89 (28.7)	82 (20.3)	306 (23.3)
COH II	30 (12.0)	45 (13.0)	26 (8.4)	7 (1.7)	108 (8.2)
Total	**251 (100)**	**346 (100)**	**310 (100)**	**404 (100)**	**1311(100)**

Female youth

Table 13b shows the results of the analysis pertaining to exposure to COH II interventions among the female youth respondents. Half of the female youths surveyed had heard about COH II. Solwezi had the lowest proportion of female youths (22.8%) who had heard about COH II. Slightly more than a third (35.3%) of all female respondents had talked to COH II project staff, with the highest proportion reported in Chirundu (45.3%). Less than a quarter (22.2%) of all female respondents from all sites had been to COH II centers. The highest proportion of those who had heard of COH II was introduced by peer educators (54.8%). The rest were introduced by friends (42.5%) and health care providers (2.7%). Health center (34.1%) was identified most frequently as the main source of information about HIV/STI by female youth respondents. This was followed by friends (26.2%) and radio (20.6%). Television (10.7%) and COH II (8.4%) were also among the main sources of information.

Table 13b: Exposure to COH II intervention among female youths by site, 2009

Response	Chirundu n (%)	Kapiri Mposhi n (%)	Livingstone n (%)	Solwezi n (%)	Total N (%)
Ever heard of COH II Center/Project	106 (63.5)	166 (65.1)	95 (50.3)	47 (22.8)	414 (50.7)
Total	**167 (100)**	**255 (100)**	**189 (100)**	**206 (100)**	**817 (100)**
Ever talked to staff of COH II project	48 (45.3)	64 (38.6)	23 (24.2)	11 (23.4)	146 (35.3)
Total	**106 (100)**	**166 (100)**	**95 (100)**	**47 (100)**	**414 (100)**
Ever been to COH II Center/Office	38 (35.8)	40 (24.1)	11 (11.6)	3 (6.4)	92 (22.2)
Total	**106 (100)**	**166 (100)**	**95 (100)**	**47 (100)**	**414 (100)**
Introduced to COH II Center by:					
Peer Educator (PE)	19 (59.4)	14 (45.2)	7 (70.0)	0 (0.0)	40 (54.8)
Friend who is not PE	12 (37.5)	16 (51.6)	3 (30.0)	0 (0.0)	31 (42.5)
Health Care Provider	1 (3.1)	1 (3.2)	0 (0.0)	0 (0.0)	2 (2.7)
Total	**32 (100)**	**31 (100)**	**10 (100)**	**0 (100)**	**73 (100)**
Main source of information regarding HIV/STI					
Radio	17 (12.9)	37 (21.3)	16 (13.0)	48 (33.6)	118 (20.6)
Television	31 (23.5)	11 (6.3)	11 (8.9)	8 (5.6)	61 (10.7)
Friends	35 (26.5)	54 (31.0)	21 (17.1)	40 (28.0)	150 (26.2)
Health Center	35 (26.5)	50 (28.7)	64 (52.0)	46 (32.2)	195 (34.1)
COH II	14 (10.6)	22 (12.6)	11 (8.9)	1 (0.7)	48 (8.4)
Total	**132 (100)**	**174 (100)**	**123 (100)**	**143 (100)**	**572 (100)**

8.1 Summary discussion

Overall, the study population exhibited high levels of knowledge about HIV. Almost all respondents were aware about HIV. While the majority had correct knowledge, there still exist some misconceptions about the transmission of HIV. In addition, stigma still exists in the communities with some youth preferring to keep it a secret if a family member had HIV. Others would not buy food from a shopkeeper who was known to have HIV. The project must intensify efforts to resolve these myths about transmission and strengthen the stigma reduction strategies among the youths.

Literature shows that the chances of HIV infection are higher in uncircumcised persons (Bailey et al., 2007). In this survey the level of circumcisions is low except for Solwezi, which is in a province where circumcision is traditionally practised. Correct messages about circumcision and HIV infection must be promoted to ensure that the youth are aware about a comprehensive protection package.

VCT facilities exist in all sites and the study results indicate that youths are aware of them. The survey results show that a relatively high proportion of out-of school youths had tested for HIV. This may be due to risky behavior among the out-of-school youths, as illustrated in a Horizons study, which revealed that most adolescents who have tested for HIV have had sex which is often linked to alcohol use (Denison et al., 2006). Literature also suggests that adolescents tend to have limited experience of VCT, are afraid to know their sero-status and sometimes feel that testing is for symptomatic individuals (MacPhail et al., 2008). However, knowledge of sero-status (positive or negative) can shape behavior and actions. Being aware that one is negative can make a person more careful and avoid risky behaviors. Similarly, a person knowing he or she is HIV-positive person can result in behavior change to avoid passing on HIV or being infected with a different strain of HIV and thus avoid risky behavior. The opposite could also be true. The project must scale-up VCT among the out-of-school youths.

The Horizons study also illustrated that the decision to test may also be affected by the environment surrounding the youth. Most adolescents frequently talk with family and friends before and after VCT, and those who discuss it with their families are more likely to go for VCT. In addition, youth who believe that their parents would not be upset if they got tested are more likely to test for HIV (Denison et al., 2006). It is vitally important, therefore, to ensure that families are involved in community interventions aimed at influencing adolescents' health-seeking behavior.

Exposure to COH II interventions remains relatively low as a high proportion of the out-of-school youths in the survey were not aware of COH II, especially in Solwezi. It was observed by the research team during field work that the current partnership arrangement and branding makes it difficult to identify the project as COH II, which may have affected the level of awareness regarding COH II among the respondents. The outreach component of the project needs strengthening. Innovative strategies that involve and allow for increased youth participation in COH II activities must be developed to increase youth exposure to COH II activities.

8.2 RECOMMENDATIONS

- Develop strategies that involve traditional and community leaders, and families, in the sex and health education of their children. Innovate, initiate and encourage forums for sex dialogue within families in the community to promote HIV testing among the youth.

- Establish youth-friendly services and outreach programs targeted at reaching out to out-of-school, unemployed and unmarried youths.

- Scale-up IEC to the youth about HIV and other STIs and strengthen stigma reduction strategies.

- Promote/encourage circumcision as a measure to support prevention of HIV infections, stressing the need to combine it with other behavioral preventive measures.

- Develop and promote branding mechanism for the project to enhance its visibility.

9. CONCLUSIONS FROM THE STUDY

Out-of-school, unmarried and unemployed youths are among the most-at-risk populations (MARPs). The surveyed youths exhibit risky sexual behavior in both unprotected and transactional sex and the use of psychoactive substances such as alcohol and dagga. Both alcohol and dagga use and abuse can facilitate risky sexual behaviors and expose the youth to HIV infection. There is a need to segment the condom promotion activities by age group so that abstinence is promoted among all, especially younger youths who have never had sex, while promoting condom use among the sex-initiated older youths. Given that knowing one's HIV status is an important strategy for directing behavior change, the project should aim at developing strategies to increase access and uptake of HIV counseling and testing.

Exposure of out-of-school youths to COH II activities is low and needs heightening. Findings show that the composite knowledge of HIV prevention is low among the surveyed out-of-school youths. The ABC messages must be reinforced through strengthened intervention activities that effectively reach the youth population.

10. RECOMMENDATIONS

- Alcohol consumption is high among youths. Lack of regulation to accessing alcohol by youths enables them to use and abuse alcohol. The project must advocate for enforcement of the statutory instruments and local authority by-laws that regulate the sale of alcohol in unlicensed places and access to bars and drinking places by the youth.

- Increase the number of trained peer educators to motivate and teach 15 to 24-year-old youths, through peer education and awareness campaigns, not to succumb to social, psychological and physical enticements to use alcohol, dagga and other psychoactive substances as well as to ensure increased awareness of the negative consequences.

- Most of out-of-school youths have gone through the formal education system. As a way of early intervention in their lives, the project should work with school-based programs as an easy way of reaching youths, a proportion of whom will drop out of school, with health education on HIV, alcohol and drug abuse prevention campaigns. Through collaboration with other strategically placed organizations, advocate for strengthened health education policies that integrate sex and health education into the mainstream education system.

- Findings show that the languages widely spoken by the youth are Tonga, Lunda, Kaonde and Bemba. Information must be disseminated in these four main languages in addition to English in suitable local media that effectively reaches all the youth regardless of their level of education.

- It is evident from the findings that a small number of the targeted youths are reached by COH II activities. A holistic package of interventions targeting youths needs to be developed and strengthened. Through collaboration with various stakeholders, continue to promote abstinence, correct and consistent use of condoms in all relationships, both paying and non-paying, and faithfulness to one sexual partner for older youth.

- Condoms act as barriers to HIV infection. However condom use among female youths is low. Empowerment interventions targeted at increasing assertiveness and self worth among female youths must be initiated. The project must also enhance the promotion of female condoms, especially among female youths.

- Initiate safe spaces for girls through the promotion of sports and other activities that are used as conduits for health information communication to youths.

- Traditional healers and government health facilities continue to be an important source of STI treatment for youths. The project must therefore develop and strengthen a three way referral system among traditional health practitioners (traditional healers), health facilities and the project. Collaborate with traditional healers and create/strengthen referrals with them and other players to communicate correct messages and promote referrals from traditional health practitioners to health facilities and to the COH II project sites.

- Few youths utilize treatment services at COH II. In addition, some youths still resort to self-medication. There is a need to increase exposure to messages about STIs among youths and implement innovative strategies to effectively influence their health-seeking behavior, through the use of drama clubs/groups as a communication tool. The project must also scale-up IEC about HIV and other STIs.

- The decision to test is partly influenced by family and friends. In order to increase VCT uptake by youths, there is a need to initiate and encourage forums for sex dialogue within families in the community to promote HIV testing among youth.

- Recent studies show that circumcised males are less likely to be infected by HIV compared to those who are not circumcised. Male circumcision must be encouraged and promoted in other sites as a measure to support prevention of HIV infections, stressing the need to combine it with other behavioral prevention measures

- Establish youth-friendly corners or satellites at or near youth congregation points as information centers.

- The Youth BSS survey did not explore factors affecting risky sexual behavior among youths. Moreover, factors affecting health-seeking behavior have not been explored. There is a need to conduct studies to explore factors that affect risk- and health-seeking behaviors among youths living in border towns in order to remodel intervention activities and make them more relevant to the pertinent factors affecting these youths.

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APPENDIX : QUESTIONNAIRE

FAMILY HEALTH INTERNATIONAL (FHI)
HIV/AIDS/STD BEHAVIORAL SURVEILLANCE SURVEYS (BSS)
FOR USE WITH UNMARRIED OUT-OF-SCHOOL MALE AND FEMALE YOUTH TARGET GROUPS

In Chirundu, Kapiri -Mposhi, Livingstone and Solwezi, Zambia 2008

001 QUESTIONNAIRE IDENTIFICATION NUMBER |___|___|___|___|
002 TOWN_____
003 PROVINCE_____
004 PLACE _____ (provide appropriate sample place)

Introduction: "My name is…….. I'm working for the Corridors of Hope II (COH II) project and Family Health International (FHI). We are interviewing people here in [***name of town, province or site***] in order to find out about peoples HIV/AIDS knowledge, attitudes and behaviour. Have you been interviewed in the past few days or weeks for this study? **IF THE RESPONDENT HAS BEEN INTERVIEWED BEFORE DURING THIS ROUND OF BSS, DO NOT INTERVIEW THIS PERSON AGAIN.** Tell them you cannot interview them a second time. Thank them and end the interview. If they have not been interviewed before, continue: get consent using the standard consent form.

	Visit 1	Visit 2	Visit 3
Date			
Interviewer			
Result			

Results: (1) Completed (2) Respondent not available (3) Refused (4) Partially completed Others 5.

007 INTERVIEWER: CODE [____|____] Name_____

008 DATE INTERVIEW: __\ ____ \ _____
D \M \Year

009 TOTAL TIME USED _____

010 CHECKED BY SUPERVISOR: Signature _____ Date _____

Section 1: Background characteristics

THIS SURVEY ONLY INTERVIEWS YOUTH AGED 15-24 YEARS WHO HAVE NEVER BEEN MARRIED OR LIVED WITH A SEXUAL PARTNER FOR 12 MONTHS OR LONGER. IF THE RESPONDENT IS YOUNGER THAN 15 OR OLDER THAN 24 OR HAS BEEN MARRIED, OR LIVED WITH A SEXUAL PARTNER, DO NOT INTERVIEW THIS PERSON.			
No.	Questions and filters	**Coding categories**	**Skip to**
Q100	TIME INTERVIEW STARTED	_____	
Q101	Record sex of the respondent	MALE 1 FEMALE 2	
Q102	In what month and year were you born?	MONTH [__|__] DON'T KNOW MONTH 88 NO RESPONSE 99 YEAR [__|__] DON'T KNOW YEAR 88 NO RESPONSE 99	
Q103	How old were you at your last birthday? **(COMPARE AND CORRECT Q102 IF NEEDED)**	AGE IN COMPLETED YEARS [__|__] DON'T KNOW 88 NO RESPONSE 99	
Q104	Have you **ever** attended school?	YES 1 NO 2 NO RESPONSE 99	→**Q107**
Q105	What is the highest level of school you completed: primary, secondary or higher? **CIRCLE ONE**	PRIMARY 1 SECONDARY 2 HIGHER 3 NO RESPONSE 99	
Q106	How many total years of education have you completed up to now?	# YEARS COMPLETED [__|__] NO RESPONSE 99	
Q107	Do you work to earn money for yourself?	YES 1 NO 2 NO RESPONSE 99	→**Q110**
Q108	What do you do to earn money? MULTIPLE ANSWERS POSSIBLE.	Yes No Sale at market 1 2 Kaponya 1 2 Sale talk time 1 2 Other -------- 1 2 COMPLETELY NOTHING 96 NO RESPONSE 99	
Q109	What do you do with this money? Do you keep most for yourself; give it to your family or what?	KEEP FOR SELF 1 FAMILY 2 OTHER_____ 3 DON'T KNOW 88 NO RESPONSE 99	
Q110	How long have you lived here in (*NAME OF COMMUNITY/TOWN NEIGHBOURHOOD/VILLAGE*)	NUMBER OF YEARS [__|__] DON'TKNOW 88 NO RESPONSE 99	
Q111	What religion are you? CIRCLE ONE	Christian 1 Muslim 2 Buddhist 3 Hindu 4 Other (specify……) 5 NO RELIGION 96 NO RESPONSE 99	

THIS SURVEY ONLY INTERVIEWS YOUTH AGED 15-24 YEARS WHO HAVE NEVER BEEN MARRIED OR LIVED WITH A SEXUAL PARTNER FOR 12 MONTHS OR LONGER. IF THE RESPONDENT IS YOUNGER THAN 15 OR OLDER THAN 24 OR HAS BEEN MARRIED, OR LIVED WITH A SEXUAL PARTNER, DO NOT INTERVIEW THIS PERSON.			
No.	Questions and filters	**Coding categories**	**Skip to**
Q112	What is your Christian denomination or Church?	CATHOLIC 1 UNITED CHURCH OF ZAMBIA 2 SEVENTH DAY ADVENTISTS 3 REFORMED CHURCH IN ZAMBIA 4 PENTACOSTALS (Born again) 5 ANGLICAN 6 JEHAVA'S WITNESS 7 OTHER (SPECIFY) ------- 96 NO RESPONSE 99	
113	To which ethnic group or tribe do you belong	Kaonde 1 Luvale 2 Lunda 3 Bemba 3 Lozi 4 Tonga 6 Nsenga 7 Other_____96	
Q114	Do you presently live: Alone? With family (relatives)? With employer? Withpeers/friends/coworkers/students? Not living anywhere (on the stree) **CIRCLE ONE**	Do you presently live: Alone? 1 With family (relatives)? 2 With employer? 3 With peers/friends/coworkers/students? 4 Not living anywhere (on the street) 5 Other _____ 96 NO RESPONSE 99	
Q115	During the last 4 weeks how often have you had drinks containing alcohol? Would you say …..**..READ OUT** **CIRCLE ONE**	Every day 1 At least once a week 2 Less than once a week 3 Never 4 DON'T KNOW 88 NO RESPONSE 99	
Q116	Some people have tried injecting drugs using a syringe. Have you injected drugs in the past 12 months? **DUGS INJECTED FOR MEDICAL PURPOSES OR TREATMENT OF AN ILLNESS DO NOT COUNT**	YES 1 NO 2 DON'T KNOW 88 NO RESPONSE 99	
Q117	Some people have tried a range of different types of drugs. Which of the following, if any, have you tried? **Any other?** **READ LIST**	YES NO DK NR Daga (Ichamba) 1 2 88 99 Heroin 1 2 88 99 Cocaine 1 2 88 99 Mandrax 1 2 88 99 Other---------- 1 2 88 99	**IF all responses are NO DK NR → Q201**

Q118	IF EVER TRIED ANY OF THE DRUGS During the last 4 weeks, would you say you took the above drug (1)-everyday (2)-at least once a week (3-)less than once a week or 4- never. **READ FOR EACH CATERGORY**	Daga (Ichamba) 1 2 3 4 99 Heroin 1 2 3 4 99 Cocaine 1 2 3 4 99 Mandrax 1 2 3 4 99 Other ---------- 1 2 3 4 99	

FHI 2008 HIV/AIDS/STD BEHAVIORAL SURVEILLANCE SURVEY (BSS) FOR YOUTH

Section 2 Sexual history: numbers and types of partners

Now I am going to ask you some personal questions about sex. remember we are asking these questions to learn more about how young people like yourself feel, in order to help you make your life safer. We know that some young people have had sexual intercourse and some have sexual intercourse with more than one person. Please answer the following questions honestly. Remember, your name is not written on this questionnaire.

No.	Questions and filters	Coding categories	Skip to
Q201	Have you ever had sexual intercourse? For the purpose of this survey "sexual intercourse" is defined as vaginal or anal penetrative sexual intercourse.	YES 1 NO 2 NO RESPONSE 99	 **→Q502** **→Q502**
Q202	At what age did you first have sexual intercourse?	AGE IN YEARS [__|__] DON'T KNOW 88 NO RESPONSE 99	
Q202 A	Was a condom used during this first time you had sexual intercourse?	YES 1 NO 2 DON'T KNOW 88 NO RESPONSE 99	
Q203	What was the age of the person with whom you first had sexual intercourse?	AGE IN YEARS [__|__] DON'T KNOW 88 NO RESPONSE 99	
Q204	How much older or younger was the person with whom you had your first sexual experience? **READ OUT ANSWERS**	MORE THAN 10 YRS OLDER 1 5-10 YRS OLDER 2 LESS THAN 5 YRS OLDER 3 YOUNGER 4 DON'T KNOW 88 NO RESPONSE 99	
Q205	Have you had sexual intercourse in the last 12 months?	YES 1 NO 2 NO RESPONSE 99	 **→Q503** **→Q503**
Q206	**For FEMALES** Think about the male sexual partners you have had in the last 12 months **For MALES** Think about the female sexual partners you have had in the last 12 months **How many were:** "partners with whom you had sex in exchange for money/commercial or gift) "Non-commercial" Any partner other than a commercial partner	 **COMMERCIAL** [__|__] DON'T KNOW 88 NO RESPONSE 99 **NON-COMMERCIAL** [__|__] DON'T KNOW 88 NO RESPONSE 99	
Q207 A	**(Ask of men)** **-**We've just talked about your female sexual partners. Have you ever had any male sexual partners? -Have you had sexual intercourse with any of your male partners in the last 12 months?	YES 1 NO 2 NO RESPONSE 99 YES 1 NO 2	 **→Q301** **→Q301** **→Q301**

	(sexual intercourse defined as penetrative anal sex) -How many male partners have you had anal intercourse with in the last 12 months?	NO RESPONSE 99 **Male partners** [__|__] DON'T KNOW 88 NO RESPONSE 99	**→Q301**
Q207 B	**(Ask of women)** During the past 12 months, did any of your sexual partner(s) force you to have sex with them even though you did not want to have sex?	YES 1 NO 2 NO RESPONSE 99	

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Section 3 Commercial partners

No.	Questions and filters	Coding categories	Skip to
Q301	FILTER: CHECK Q206 HAD SEXUAL INTERCOURSE IN EXCHANGE FOR MONEY OR GIFT IN <u>LAST 12 months</u>…[__] ↓	HAS NOT HAD SEXUAL INTERCOURSE IN EXCHANGE FOR MONEY OR GIFT …[__|→ IN <u>LAST 12 months</u>…..	**→Q401**
Q302	Think about your most recent sexual partner you had sex with in exchange for money or gift. How many times did you have sexual intercourse with this person over the last 30 days?	Number of times [__|__] DON'T KNOW 88 NO RESPONSE 99	
Q303	The last time you had sex with this partner, did you and your partner use a condom?	YES 1 NO 2 DON'T KNOW 88 NO RESPONSE 99	 **→Q305** **→Q306** **→Q306**
Q304	Who suggested condom use that time? **CIRCLE ONE**	Myself 1 My partner 2 Joint decision 3 DON'T KNOW 88 NO RESPONSE 99	**→Q306** **→Q306** **→Q306** **→Q306**
Q305	Why didn't you and your partner use a condom that time? **TO ADD MORE CATEGORIES AFTER PRE-TESTING** **CIRCLE ALL ANSWERS MENTIONED**	Y N Not available 1 2 Too expensive 1 2 Partner objected 1 2 Don't like them 1 2 Used other contraceptives 1 2 Didn't think it was necessary 1 2 Didn't think of it 1 2 Other ---------- 96 DON'T KNOW 88 NO RESPONSE 99	

Q306	In general how often did you use a condom while having sex with a partner or partners with whom you exchanged money or gift during the past 12 months? Would you say every time you had sex, almost every time you had sex, almost every time, sometimes, or never?	EVERY TIME 1 ALMOST EVERY TIME 2 SOMETIMES 3 NEVER 4 DON'T KNOW 88 NO RESPONSE 99	

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Section 4 Non-commercial partners

No.	Questions and Filters	Coding categories	Skip to
Q401	FILTER: CHECK Q206 HAD NON-COMMERCIAL SEX PARTNER DURING <u>LAST 12 months</u> …. [___] ↓	DID NOT HAVE SEX WITH NON COMMERCIAL SEX PARTNER DURING <u>LAST 12 months</u> [__]→	**Q501**
Q402	Think about your most recent non-regular/non-paying partner. How many times did you have sexual intercourse with this person over the last 30 days?	Number of times |__|__| DON'T KNOW 88 NO RESPONSE 99	
Q403	The **last time** you had sex with this non-paying/commercial partner, did you and your partner use a condom?	YES 1 NO 2 →**Q405** DON'T KNOW 88 →**Q406** NO RESPONSE 99 →**Q406**	
Q404	Who suggested condom use that time? **CIRCLE ONE**	Myself 1 →**Q406** My partner 2 →**Q406** Joint decision 3 →**Q406** DON'T KNOW 88 →**Q406** NO RESPONSE 99	
Q405	Why didn't you and your partner use a condom that time? Any other reasons? **DO NOT READ** **CIRCLE ALL ANSWERS MENTIONED**	Not available N Y Too expensive 1 2 Partner objected 1 2 Don't like them 1 2 Used other contraceptive 1 2 Didn't think it was necessary 1 2 Didn't think of it 1 2 itching 1 2 Other_____ 96 DON'T KNOW 88 NO RESPONSE 99	
Q406	With what frequency did you and all of your non-paying/commercial partner(s) use a condom over the past 12 months	EVERY TIME 1 ALMOST EVERY TIME 2 SOMETIMES 3 NEVER 4 DON'T KNOW 8 NO RESPONSE 9	

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Section 5 male and female condom

No.	Questions and Filters	Coding categories		Skip to
Q501	**FILTER: SEE Q303, Q306, Q403, Q406** **CONDOMS NOT USED**…… [___] ↓	**CONDOMS USED**	[__]→	**→Q504**
Q502	Have you ever heard of a male condom? **(Show picture or sample of one) (I mean a rubber object that a man puts on his penis before sex)**	YES NO DON'T KNOW NO RESPONSE	1 2 88 99	**GO TO FILTER BELOW** **→Q508** **→Q508** **→Q508**
	FILTER: SEE Q201 IF Q201=1 GO TO Q503 IF Q201=2 GO TO Q504			
Q503	Have you and a sexual partner ***ever*** used a male condom? (Show picture or sample of one.) (The respondent may not have used a condom with partners in sections 3-4, but may have used a condom at some other time in the past.)	YES NO DON'T KNOW NO RESPONSE	1 2 88 99	
Q504	Do you know of any place or person from which you can obtain male condom?	YES NO NO RESPONSE	1 2 99	 **→Q507** **→Q507**
Q505	Which places or persons do you know where you can obtain male condoms? Any others? **PROBE AND RECORD *ALL* ANSWERS**	Shop Pharmacy Market Clinic Hospital Family planning centre Bar/guest house/hotel Peer educator Friend OTHER_____ NO RESPONSE	Yes No 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 96 99	
Q506	How long would it take you to obtain a condom (male or female) from the nearest place where you can obtain a condom?	Under 15 Mins 15 to 30 Mins 31 to 60 Mins More than 60 Mins DON'T KNOW NO RESPONSE	1 2 3 4 88 99	
Q507	**FOR SEXUALLY ACTIVE RESPONDENTS ONLY (CHECK Q201=1)** During the past 12 months, did you ever have sexual intercourse ***without*** using a condom with any sexual partner who you have never lived with and are no married to?	YES NO DON'T KNOW NO RESPONSE	1 2 88 99	

Q508	**FEMALECONDOMS** Have you ever heard of a female condom? **(Show picture or sample of one.)**	YES 1 NO 2 DON'T KNOW 88 NO RESPONSE 99	**→Q601** **→Q601** **→Q601**
Q509	Have you *ever* used a female condom? **(Show picture or sample of one.)**	YES 1 NO 2 DON'T KNOW 88 NO RESPONSE 99	
Q510	Do you know of any place or person from which you can obtain female condoms?	YES 1 NO 2 NO RESPONSE 99	
Q511	Where would you feel most comfortable buying female condoms? Where do you prefer to buy condoms? **(Read list)**	Yes No Shop 1 2 Pharmacy 1 2 Market 1 2 Clinic 1 2 Hospital 1 2 Family planning centre 1 2 Bar/guest house/hotel 1 2 Peer educator 1 2 Friend 1 2 Other_____ 96 DON'T KNOW 88 NO RESPONSE 99	

BSS 2008 FOR YOUTH
Section 6 STDs

No.	Questions and filters	Coding categories	Skip to
Q601	Have you ever heard of diseases that can be passed through sexual intercourse?	YES 1 NO 2 NO RESPONSE 99	**→Q604**
Q602	Can you describe any symptoms of STDs in men? Any others? **DO *NOT* READ OUT THE SYMPTOMS** **CIRCLE 1 FOR ALL MENTIONED.** **CIRCLE 2 FOR ALL *NOT* MENTIONED.** **MORE THAN ONE ANSWER IS POSSIBLE.**	Yes No ABDOMINAL PAIN 1 2 GENITAL DISCHARGE 1 2 FOUL SMELLING DISCHARGE 1 2 BURNING PAIN ON URINATION 1 2 GENITAL ULCERS/SORES 1 2 SWELLINGS IN GROIN AREA 1 2 ITCHING 1 2 OTHER _____ _____ 96 DON'T KNOW 88 NO RESPONSE 99	
Q603	Can you describe any symptoms of STDs in women? ….. Any others? **DO *NOT* READ OUT THE SYMPTOMS** **CIRCLE 1 FOR ALL MENTIONED.** **CIRCLE 2 FOR ALL *NOT* MENTIONED.** **MORE THAN ONE ANSWER IS**	Yes No ABDOMINAL PAIN 1 2 GENITAL DISCHARGE 1 2 FOUL SMELLING DISCHARGE 1 2 BURNING PAIN ON URINATION 1 2 GENITAL ULCERS/SORES 1 2	

	POSSIBLE.	SWELLINGS IN GROIN AREA 1 2 ITCHING 1 2 OTHER _____ 96 DON'T KNOW 88 NO RESPONSE 99	
Q604	Have you had leakage (genital discharge) during the past 12 months?	YES 1 NO 2 DON'T KNOW 88 NO RESPONSE 99	
Q605	Have you had a genital ulcer/sore during the past 12 months?	YES 1 NO 2 DON'T KNOW 88 NO RESPONSE 99	
Q606	FILTER CHECK Q604 AND Q605 HAD DISCHARGE OR SORE IN THE LAST 12 MONTHS |__|	NO DISCHARGE OR ULCER |__| IN LAST 12 MONTHS	**→Q610**
Q607	Did you do any of the following the last time you had a genital ulcer / sore or discharge: **READ OUT; MORE THAN ONE ANSWER IS POSSIBLE**.	YES NO	
	a. Seek advice/medicine from a government clinic or hospital?	1 2	
	b. Seek advice/medicine from a workplace clinic or hospital?	1 2	
	c. Seek advice /medicine from a church or charity- run clinic or hospital?	1 2	
	d. Seek medicine from a private clinic or hospital?	1 2	
	e. Seek advice/medicine from a chemist?	1 2	
	f. Seek advice/ medicine from a tradition healer?	1 2	
	g. Bought capsules on the street?	1 2	
	h. Took medicine you had at home?	1 2	
	i. Seek advice/medicine from the COH/Blue house	1 2	
	j. Stop having sex during the time		

	when you had the symptoms? k. **Always** use a condom when having sex during the time you had symptoms? l. Tell your sexual partner about the discharge / STD?	1 2 1 2 1 2	
Q608	The last time you had a genital ulcer/sore or discharge, how many days did it take between the time you started experiencing symptoms and time you sought care?	NUMBER OF DAYS |__|__| DO NOT KNOW 88 NO RESPONSE 99	
Q609	Last time you had experienced symptoms of STD which was first source of treatment?	Government hospital/clinic 1 Workplace clinic/hospital 2 Sought treatment from private clinic 3 Sought medicine from traditional healer 4 Sought treatment from COH 5 Bought medicine from pharmacy/chemist 6 Bought medicine from market 7 Others (specify…….) 96	
Q610	When your friends have an STI where do they MAINLY seek care? CIRCLE ONLY ONE ANSWER	Government health facility 1 Private medical practitioners 2 Traditional practitioners 3 Self treatment 4 COHII project center 5 DO NOT KNOW 88 NO RESPONSE 99	
Q611	CHECK IF BOTH Q764 and 605 ABOVE IS 2 (NO). If you had an STI where would you PREFER to seek care? CIRCLE ONLY ONE ANSWER	Government health facility 1 Private medical practitioners 2 Traditional practitioners 3 Self treatment 4 COHII project center 5 DO NOT KNOW 88 NO RESPONSE 99	

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Section7 Knowledge, opinions and attitudes towards HIV/AIDS

No.	Questions and filters	Coding categories	Skip to
Q701	Have you ever heard of HIV or the disease called AIDS?	YES 1 NO 2 NO RESPONSE 99	**→Q801**
Q702	Do you know anyone who is **infected with** HIV or who has died of AIDS?	YES -know someone infected with HIV 1 YES –know someone died of AIDS 2 YES- someone infected with HIV and someone died of AIDS 3 NO - 4 DON'T KNOW 88 NO RESPONSE 99	**→Q704** **→Q704**

Q703	Do you have a **close relative or close friend** who is infected with HIV or who has died of AIDS? (By a "close relative" we mean a blood relative.)	YES, A CLOSE RELATIVE 1 *YES, A CLOSE FRIEND 2* *YES BOTH A CLOSE RELATIVE AND A CLOSE FRIEND 3* NO 4 NO RESPONSE 99	
Q704	Can people **protect** themselves from the HIV virus by **using a condom** correctly every time they have sex?	YES 1 NO 2 DON'T KNOW 88 NO RESPONSE 99	
Q705	Can people protect themselves from the HIV virus by having **one uninfected faithful** sex partner?	YES 1 NO 2 DON'T KNOW 88 NO RESPONSE 99	
Q706	Can people protect themselves from the HIV virus by **abstaining** (not having) from sexual intercourse?	YES 1 NO 2 DON'T KNOW 88 NO RESPONSE 99	
Q707	Can a person get the HIV from **Mosquito bites**?	YES 1 NO 2 DON'T KNOW 88 NO RESPONSE 99	
Q708	Can a person get the HIV virus by **sharing** a meal with someone who is infected?	YES 1 NO 2 DON'T KNOW 88 NO RESPONSE 99	
Q709	Can a person get the HIV by getting **injections** with a needle that was already used by someone else?	YES 1 NO 2 DON'T KNOW 88 NO RESPONSE 99	
Q710	Do you think that a **healthy-looking** person can be infected with HIV the virus that causes AIDS?	YES 1 NO 2 DON'T KNOW 88 NO RESPONSE 99	
Q711	Can a pregnant woman **infected** with HIV or AIDS transmit the virus to her unborn child?	YES 1 NO 2 DON'T KNOW 88 NO RESPONSE 99	
Q712	Can a pregnant woman infected with HIV or AIDS pass the virus to her child through breastfeeding?	YES 1 NO 2 DON'T KNOW 88 NO RESPONSE 99	
Q713	What can a pregnant woman do to decrease the chance of passing HIV to her unborn child? **DO NOT READ LIST** **CIRCLE ALL THAT ARE MENTIONED.**	Yes No TAKE MEDICATION 1 2 (Antiretroviral) 1 2 OTHER_____ 96 DON'T KNOW 88 NO RESPONSE 99	
Q714	Do you know of any hospital program that is offering mother to child transmission of HIV prevention services?	YES 1 NO 2 DON'T KNOW 88 NO RESPONSE 99	
Q715	Would you be willing to share a meal with a person you knew had HIV or AIDS?	YES 1 NO 2	

		DON'T KNOW 88 NO RESPONSE 99	
Q716	If a male relative of yours become ill with HIV, the virus that causes AIDS, would you be willing to care for him in your household?	YES 1 NO 2 DON'T KNOW 88 NO RESPONSE 99	
Q717	If a female relative of yours become ill with HIV, the virus that causes AIDS would you be willing to care for her in your household?	YES 1 NO 2 DON'T KNOW 88 NO RESPONSE 99	
Q717	If a student has HIV but is not sick, should he or she be allowed to continue attending school?	YES 1 NO 2 DON'T KNOW 88 NO RESPONSE 99	
Q719	If a teacher has HIV but is not sick, should he or she be allowed to continue teaching in school?	YES 1 NO 2 DON'T KNOW 88 NO RESPONSE 99	
Q720	If you knew a shopkeeper or food seller had the HIV virus, would you buy food from them?	YES 1 NO 2 DON'T KNOW 88 NO RESPONSE 99	
Q721	If a member of your family become ill with HIV, the virus that causes AIDS, would you want it to remain secret?	YES 1 NO 2 DON'T KNOW 88 NO RESPONSE 99	
Q722	Is it possible in your community for someone to get a confidential test to find out if they are infected with HIV? **By confidential I mean that no one will know the result if you don't want them to know it**.?	YES 1 NO 2 DON'T KNOW 88 NO RESPONSE 99	
Q723	***Restate confidentiality statement*** I don't want to know the result, but have *you* ever had an HIV test?	YES 1 NO 2 NO RESPONSE 99	 **→Q727** **→Q727**
Q724	When did you have your most recent HIV test?	WITHIN THE PAST YEAR 1 BETWEEN 1-2 YEARS 2 BETWEEN 2-4YEARS 3 MORE THAN 4 YEARS AGO 4 DON'T KNOW 88 NO RESPONSE 99	
Q725	The last test you had, did you voluntarily undergo the HIV test, or were you required to have the test?	VOLUNTARY 1 REQUIRED 2 DON'T KNOW 88 NO RESPONSE 99	
Q726	Please do not tell me the result, but did you find out the result of your last test?	YES 1 NO 2 DON'T KNOW 88 NO RESPONSE 99	
Q727	Would you be interested in having an HIV test?	YES 1 NO 2 DON'T KNOW 88 NO RESPONSE 99	
Q728	Why would you not be interested in an HIV test?	SCARED 1 DON'T WANT TO KNOW 2 FEAR TO BE ISOLATED 3 THERE IS NO CURE FOR HIV 4 LACK OF CONFIDENTIALITY 5 OTHER SPECIFY----------96 DON'T KNOW 88	

BSS 2008 FOR YOUTH

Section 8 Exposure to prevention

No.	Questions and filters	Coding categories	Skip to
Q801	Have you ever heard of a practice called male circumcision	YES 1 NO 2 NO RESPONSE 99	 **→Q810** **→Q810**
Q802A	**FOR BOYS**: Some men have been circumcised, have you been circumcised	YES 1 NO 2 NO RESPONSE 99	 **→Q807** **→Q807**
Q802B	**FOR GIRLS**: Some men have been circumcised. Who would you prefer to have sex with? men who has been circumcised or a men who have not been circumcised?	Prefer men who have been circumcised 1 Prefer men who have not been circumcised 2 Don't know 88 No response 99	**RESPONDENTS TO THIS QUESTION SKIP TO Q810**
Q803	What is **the main reason** men get circumcised for?	Tradition/ religion 1 Health/ Hygiene 2 Sexual satisfaction 3 Prevent genital infections 4 Other Specify _____ 96 Don't know 88 NORESPONSE 99	
Q804	At what age were you circumcised?	AGE OF CIRCUMCISION __|__] DON'T KNOW 88 NO RESPONSE 99	
Q805	Were you circumcised using a traditional method or a medical method?	YES 1 NO 2 NO RESPONSE 9	
Q806	What is the main reason you were circumcised for?	Tradition/ religion 1 Health/ Hygiene 2 Sexual satisfaction 3 Prevent genital infections 4 Other Specify _____ 96 Don't know 88	
Q807	Would you be interested in getting circumcised ?	YES 1 NO 2 Don't know 8 NO RESPONSE 9	 **→Q809** **→Q810** **→Q810**
Q808	Why would you be interested?	Hygiene 1 Prevent HIV 2 Traditional/ culture 3 Others ----------96 DON'T KNOW 88 NO RESPONSE 99	
Q809	Why wouldn't you be interested in getting circumcised?	Not our culture 1 Fear of pain 2 No need 3 Others----------96 DON'T KNOW 88 NO RESPONSE 99	
Q810	Have you ever heard of the COHII center/project?	YES 1 NO 2 NO RESPONSE 99	 **→Q815** **→Q815**
Q811	Have you ever talked to staff of Corridors of Hope project?	YES 1 NO 2 NO RESPONSE 99	
Q812	Have you been to Corridors of Hope center/office in this site?	YES 1 NO 2 Don't know 88	

		NO RESPONSE 99	
Q813	Who introduced you to Corridor of Hope II center?	PEER EDUCATOR (PE) 1 OUTREACH WORKER FRIEND WHO IS NOT PE 2 HEALTH CARE PROVIDER 3 OTHERS---------- 96 DON'T KNOW 88 NO RESPONSE 99	
Q814	Last time you visited Corridor of Hope project/WELLNESS center where you given any information, or educational material?	YES 1 NO 2 NO RESPONSE 99	
Q815	Which is your main source of information on HIV and STI?	Radio 1 Television 2 Friends 3 Health centre 4 COH11 5 DON'T KNOW 88 NO RESPONSE 99	
Q816	During the last 4 weeks how often have you listened to the radio? Would you say……**READ OUT** CIRCLE ONE	Every day 1 At least once a week 2 Less than once a week 3 Did not listen to radio in last 4 weeks 4 DON'T KNOW 88 NORESPONSE 99	
Q817	During the last 4 weeks how often have you watched television to the radio? Would you say……**READ OUT** **CIRCLE ONE**	Every day 1 At least once a week 2 Less than once a week 3 Did not listen to radio in last 4 weeks 4 DON'T KNOW 88 NORESPONSE 99	
Q818	Sometimes we do not provide true or correct answers to a strangers/researcher for first time, Is their any response to the question/s that I have asked you that you would like to change?	YES 1 NO 2 NO RESPONSE 9	
Q819	Do you have a question/s to ask me?	YES 1 NO 2 NO RESPONSE 9	
Q820	Time Interview completed REORD IN 24-HOUR FORMAT		

That is the end of our questionnaire. Thank you very much for taking time to answer. We appreciate your help.