# Baseline Survey Results for the "Young Men as Equal Partners" Project

## 10-24 year-olds from Arua, Bushenyi, and Hoima Districts in Uganda

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## Executive Summary

The Young Men as Equal Partners (YMEP) program was originally developed by the Swedish Association for Sexuality Education (RFSU), in collaboration with IPPF member associations in Zambia and Tanzania. The goal is to contribute to the improvement of sexual and reproductive health rights of young people. The YMEP program had a planned expansion from these two countries to Uganda and Kenya. Family Health International (FHI), with funds from the United States Agency for International Development (USAID), approached RFSU about conducting an evaluation of YMEP in order to determine its effectiveness and to provide guidance for the design of similar projects.

Two cross-sectional, population-based household surveys among young men in the targeted districts were designed to conduct this evaluation. The baseline survey was planned to take place prior to the implementation of the YMEP program and a follow-up survey would be conducted one year after program implementation. From January to February 2006, FHI, in conjunction with the Makerere Institute of Social Research (MISR), carried out the baseline survey in Arua, Hoima and Bushenyi districts in northern, western and southwestern regions of Uganda. A total of 1,249 boys and young men between the ages of 10 and 24 were interviewed. All survey participants were asked about their knowledge of HIV/AIDS and sources of reproductive health information, including exposure to sex education in schools and peer education. Questions about the knowledge that young men had of reproductive health, family planning and sexually transmitted infections (STIs) were asked only of 13-24 year olds. Only 15-24 year olds were asked about their sexual behaviors and experiences, HIV risk perceptions and attitudes toward gender equity.

The main results of the baseline survey are as follows:
*Knowledge of HIV and RH:*

- Nearly all study participants had heard of HIV/AIDS. Knowledge of STIs was lower; 45% of 13-14 year olds, 61% of 15-19 year olds and 68% of 20-24 year olds could name between three and five STIs.
- Knowledge that HIV was transmitted through sexual intercourse and could be prevented by abstinence was high. Reporting condom use as a prevention strategy was high for the two older age groups and lowest among the 10-12 year olds. Being faithful was the least common response in any age group of the ABC prevention strategies though the percent mentioning this increased with age.
- Knowledge of reproductive biology and pregnancy was also relatively high. At least two-thirds of the three oldest age groups answered correctly four out of five questions related to puberty in both boys and girls. Knowledge about pregnancy was lower. One-third of the 20-24 year olds knew the time of the menstrual cycle when a girl is most likely to get pregnant and a smaller percentage knew the correct answer in the younger age groups. Only half of 13-14 year olds could correctly define fertilization. The majority of young men 13-24 years old knew that male condoms could prevent pregnancy. About one-third of 13-14 year olds

mentioned pills for pregnancy prevention though over 60% of 20-24 year olds mentioned them.

*Attitudes toward gender norms:*

- Out of 17 statements measuring equitable attitudes toward gender norms, 50% or more of both the 15-19 year olds and 20-24 year olds held equitable gender norms on only four statements.

*Sexual experiences and behaviors:*

- The percent that have had sexual intercourse increased with age from over 10% of the 15 year olds to over 70% of the 22-24 year olds.
- Of those who had sex in the past six months, 39% of the 15-19 year olds and 28% of the 20-24 year olds had sex with "other" or both steady and "other" partners.
- In examining a range of safe to risky behaviors (ranging from no sex to sex with multiple partners without consistent condom use), over 80% of 15-19 year olds practice very safe behaviors, i.e. either never had sex (primary abstinence), or no sex in the last six months (secondary abstinence). While a smaller percentage of 20-24 year olds do not report primary or secondary abstinence, the majority still practice safer sex behaviors (including consistent condom use). Less than 10 percent report they practice the riskiest behaviors.
- 23% of 15-19 year olds and 33% of 20-24 year olds who had ever had sex have been tested for HIV. The most common reason for not getting tested was that they did not perceive themselves to be at risk. Most knew of a place to get tested.

*Reaching young men:*

- Most young men listen to the radio every week. Watching TV or reading a newspaper was far less common.
- The majority of young men have been exposed to a sex education lesson. Topics were primarily related to HIV/AIDS and STIs. Most have never spoken to a peer educator.
- Attendance at weekly religious ceremonies was fairly common. Membership in a youth club was less common but increased with age.
- Young men report that they are generally receiving information on puberty and sexual issues from the sources from which they want to get this information. The youngest age groups report that their parents followed by other relatives or teachers are their most important and preferred sources of information. The percent who get information from their parents declines with increasing age as the percent who want information from friends or partners or knowledgeable sources increases.

The YMEP program is scheduled to begin in December 2006 and will last for three years. The program will focus on increasing knowledge and changing inequitable attitudes through several channels including peer education, teacher training and media. YMEP will also attempt to increase the use of reproductive health services. The follow-up survey is planned for 2008 and the results will be used to measure how much the intervention changed knowledge, attitudes and behaviors, including the use of services in the targeted communities.

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## Acronyms

| | |
|---|---|
| AIDS | Acquired Immunodeficiency Syndrome |
| CDC | Centers for Disease Control |
| DHS | Demographic and Health Survey |
| EA | Enumeration Area |
| FHI | Family Health International |
| FHI/NC | Family Health International/North Carolina |
| FPAU | Family Planning Association of Uganda |
| HCP | The Health Communication Project |
| HIV | Human Immunodeficiency Virus |
| IPPF | International Planned Parenthood Federation |
| MISR | Makerere Institute of Social Research |
| PLWHA | Persons Living with HIV/AIDS |
| PPAZ | IPPF member association of Zambia |
| RFSU | Swedish Institute for Sexuality Education |
| RH | Reproductive Health |
| SAS | Statistical Analysis System |
| Sida | Swedish International Development Agency |
| SRH | Sexual and reproductive health |
| STI | Sexually Transmitted Infection |
| UHSBS | Uganda HIV/AIDS Sero-Behavioral Survey |
| UMATI | IPPF member association of Tanzania |
| USAID | United States Agency for International Development |
| VCT | Voluntary Counseling and Testing |
| YMEP | Young Men as Equal Partners |

## I. INTRODUCTION

Current efforts to slow the rapid spread of HIV/AIDS in Eastern and Southern Africa include investments in educating youth on the dangers of HIV/AIDS through peer education, and school- and health facility-based programs. However, despite frequent calls for more male involvement in such programs, there is little known about how programs for young men should function, and what works best.

The Swedish Institute for Sexuality Education (RFSU) in collaboration with International Planned Parenthood Foundation (IPPF) Member Associations of Tanzania (UMATI) and Zambia (PPAZ) piloted a sexual and reproductive health (SRH) initiative for young men titled Young Men as Equal Partners (YMEP). The goal of YMEP is to sensitize, train and support men to act as role models in sexual and reproductive health and on gender issues within their community, and to advocate for male involvement in society at large. The project has three major modes of communication: young male peer educators, trained male schoolteachers, and trained service providers in SRH. The curriculum covers topics such as anatomy, fertility awareness, sexuality, safer sex, sexual abuse, relationships and gender roles.

An evaluation of a 3-year pilot project of YMEP in Tanzania and Zambia suggested an increase in demand for SRH education and services, and an improvement of communications in relationships between young men and young women. The Swedish International Development Agency (Sida) has funded a scale-up of the project in Tanzania and Zambia and an extension to Kenya and Uganda. In 2005, Family Health International (FHI), with funds from the United States Agency for International Development (USAID), approached RFSU about conducting an evaluation of YMEP in Kenya and Uganda in order to determine its effectiveness and to provide guidance for the design of similar projects.

### Uganda

The most recent prevalence figure for HIV/AIDS in Uganda is approximately 6.3%, which translates to about 1 million people (Ministry of Health and ORC Macro, 2006). According to the 2004-2005 Uganda HIV/AIDS Sero-Behavioral survey (UHSBS) 14% of 15-19 year old boys and 19% of 20-24 year olds who had ever had sex reported having a sexually transmitted infection (STI), discharge or genital sore/ulcer in the 12 months preceding the survey. The results also indicated that amongst 15-19 year olds, 12% of girls and 15% of boys had initiated sex before the age of 15. Results from the UHSBS show that the median age at first sex for boys has declined since 2000-2001 from 18.8 to 18.3.

Early childbearing is another serious problem among youth. According to the 2000-2001 Demographic and Health Survey (DHS) (ORC Macro, 2002), teenage pregnancy in that country represents 31% of all pregnancies. Further data from that study reveal that children born to mothers under 20 have a 30% higher risk of dying before their first birthday than children born to mothers aged 20-29.

**Arua, Hoima, and Bushenyi Districts**
These selected districts are located in the Northern, Western, and Southwestern regions of Uganda and have large populations of out of school youth due to their locations in rural areas with poor educational infrastructure. Such youth are very vulnerable to SRH challenges such as early marriage and early sexual initiation, and lack knowledge of how to protect themselves against unwanted pregnancy and STIs/HIV/AIDS. Furthermore, rural areas also have limited SRH services.

**Health Communication Partnership and the "Be a Man" Project**
An additional district (Mpigi) was selected in order to respond to the USAID mission's request that we contribute to the evaluation of a Johns Hopkins University Health Communication Partnership (HCP) project called "Be a Man." This project primarily uses mass media and community-based activities to change gender norms among young men, particularly as they relate to HIV risk. Survey results from Mpigi are not included in this report, but are available from HCP.

**Goal and Objectives**
The purpose of this project is twofold: first, to provide information about the knowledge, attitudes, and behaviors of young men in the project catchment areas in order to assist in the development of the intervention. Second, the survey will also serve as a baseline measurement to be used in an evaluation of the program, which will be measured as change among young men 10-24 years of age in the following indicators:

1. Sexual and reproductive health knowledge and attitudes;
2. Attitudes towards gender equity;
3. Sexual and reproductive health behaviors.

## II. METHODOLOGY

From January to February of 2006, FHI, in conjunction with the Makerere Institute of Social Research (MISR), carried out a baseline survey of 1,234 boys and young men aged 10-24 in three districts. The survey was carried out in the sub-counties where the YMEP project was expected to be working and in the "Be A Man" catchment area. The survey was a cross-sectional, population-based household survey of young men aged 10-24 in Bushenyi, Hoima, and Arua districts.

**Target Population**
The target population consisted of all male household members aged 10 to 24 years living, on a regular basis, within the household.

The target population was divided into three categories: 10-14 year-olds[1], 15-19 year-olds, and 20-24 year-olds. This division, which roughly represents pre-adolescents, adolescents, and young adults, was used both for data collection and data presentation

[1] This age group is subdivided into 10-12 year olds and 13-14 year olds in the tables.

purposes. Thus, some questions were asked of all respondents, while others were only asked of older boys. The purpose of this division was to avoid asking pre-sexual youth questions of a sexual nature, while still gathering information on their knowledge and attitudes.

**Sampling Procedures**

A two-stage stratified sample design was used to select eligible youth. Table 2.1 shows the districts, divisions, and locations chosen for the survey. These six locations were chosen because they were identified by YMEP as project locations. In the first stage of sampling, Census 1999 data information was used to obtain estimates of the number of eligible men in each enumeration area (EA) of each location. From this list, we selected six EAs from each location with probability proportional to size, with the number of households within the EA as the measure of size. In the second stage, households including the number of eligible young men were enumerated by data collection personnel. Trained field staff then selected a sample of households from the completed listing of eligible households using a pre-determined sampling interval.

**Table 2.1: YMEP Uganda Project Locations**

| DISTRICT | Sub-county | Parish |
|---|---|---|
| Bushenyi | Bumbaire | Kiyaga |
| | | Ryeishe |
| | Kakanju | Kabaare |
| | | Kitojo |
| | | Katunga |
| | Kyeizooba | Kitwe |
| | | Nyamiyaga |
| Hoima | Buhanika | Butebere |
| | Kitoba | Karongo/Kibanjwa |
| | | Kiragua |
| | | Budaka |
| | Hoima Town | Western Ward |
| | | Northern Ward |
| | | Central Ward |
| Arua | Dadamu | Ariwara |
| | | Arivu |
| | | Yapi |
| | Manibe | Odravu |
| | | Oreku |
| | Pajulu | Adalafu |
| | | Komite |

The projected sample size was 1,817 young men, or roughly 600 men per district. The number of projected and completed interviews per district is shown in Table 2.2. Only 1,249 interviews (69%) were completed. None of the districts met their targets, ranging from 53% in Hoima to 77% in Bushenyi and Arua. The number and percent interviewed

per age group is shown in Table 2.3 and shows that the 15-19 year olds are 34% of the sample. Given that the sample size is much smaller than what was expected as was the coverage of those in the older age groups, the results from this survey should be interpreted with caution and are not generalizeable to the greater population.

**Table 2.2: Sample Design and Final Sample of Uganda YMEP Baseline Survey, 2006**

| | Population 10-24 years | | Sample design | | Final sample | |
|---|---|---|---|---|---|---|
| **Districts** | **N** | **Pct** | **N** | **Pct** | **N** | **Pct** |
| Hoima | 26,927 | 42.8 | 627 | 34.5 | 330 | 26.4 |
| Bushenyi | 16,471 | 26.2 | 622 | 34.2 | 480 | 38.4 |
| Arua | 19,526 | 31.0 | 568 | 31.3 | 439 | 35.2 |
| | | | | | | |
| Total | 62,924 | 100.0 | 1,817 | 100.0 | 1,249 | 100.0 |

There were some possible reasons why the final sample size was less than the calculated size. First, some young men who were listed within the eligible age range during the enumeration were in fact under- or overage. This may have been due to neighbors or caretakers providing information but who did not know the exact ages or parents who wanted their children to be part of the study. These interviews were terminated once the correct age was discovered. Second, in Hoima Town Council, some children were reported to have gone back to their boarding schools after they were enumerated but before interviews were carried out with them. Finally, it was difficult to find the older youth at home despite sending interviewers to households during weekends and evenings.

**Table 2.3: Number and percent of respondents in each age category**

| 10-12 years | | 13-14 years | | 15-19 years | | 20-24 years | | Total | |
|---|---|---|---|---|---|---|---|---|---|
| **N** | **(%)** | **N** | **(%)** | **N** | **(%)** | **N** | **(%)** | **N** | **(%)** |
| 274 | (21) | 318 | (26) | 423 | (34) | 234 | (19) | 1,249 | (100) |

**Survey Instrument**

The questionnaire for the baseline survey followed the general pattern of those used for youth reproductive health surveys conducted by the U.S. Centers for Disease Control (CDC) and the DHS. The instrument was reviewed by the technical teams at FHI and YMEP project leadership. Questions were translated into Runyoro, Runyankole, Lugbara, and Luganda by professional translators, and then back-translated into English to verify accuracy. The instrument was pre-tested in Kampala District and changes were made as needed.

Survey questions were structured around the following themes.

<u>For all survey participants 10-24 years of age:</u>

- knowledge of HIV/AIDS
- socio-demographic characteristics

- schooling and daily activities, including church related activities
- sources of information (including media)
- exposure to sex education
- exposure to peer education on reproductive health (RH) and HIV

For survey participants 13-24 years of age

- knowledge of reproductive cycle, family planning, sexually transmitted infections
- communication with parents/teachers/peers on RH/HIV topics

For survey participants 15-24 years old

- attitudes towards gender equity (Pulerwitz and Barker, in press)
- perception of risk of HIV/AIDS
- use of Voluntary Counseling and Testing (VCT) services

For survey participants 15-24 years old who had initiated sex:

- reproductive history
- sexual behaviors and experiences
- use of contraceptives (including partner's use)
- use of family planning and other reproductive health services
- use of STI diagnostic and treatment services
- Reasons for non-use of condoms, contraception, and STI VCT services

**Training**

Interviewers were recruited from the selected survey divisions in order to facilitate the data collection process. During the ten-day training period, the survey personnel (32 interviewers, eight field supervisors, one study coordinator, eight data entry clerks, one data supervisor, and the Principal Investigator) and representatives from FHI and the Family Planning Association of Uganda (FPAU) reviewed the survey protocol, sampling plan, and the FHI research ethics curriculum. The training also included practicing the consenting process and questionnaire administration, (both in small groups and in pairs), and role-playing with mock participants. After each practical session, feedback sessions were conducted around issues arising during the practice. These were discussed and resolved.

**Survey Implementation, Data Collection and Field Monitoring**

All eligible members of the selected household were invited to participate in the survey. Parental consent was first obtained for individuals under 18[2], and then individuals were administered the informed consent form. If the individual consented to participate, he was administered the survey. If the sampled individual was not at home, an appointment was made for a re-visit. The team revisited the house up to two times before labeling the youth as unavailable for the interview. The team worked on weekdays, weekends and during the evenings to try to reach as many young men as possible.

[2] In accordance with Ugandan practices, if no parent or legal guardian was present during the data collection visit, a neighbor or the village chief was asked to provide consent for a minor. Similar Ugandan practices required that parental consent be obtained for individuals over 18 living with their parents.

Data collection was implemented by MISR and monitored by FHI and FPAU. Monitors from these two organizations accompanied the field teams during the first week of data collection to ensure that the sampling plan and protocol were carried out as specified.

**Data Processing, Analysis, and Reporting**

MISR, which is based in Kampala, was responsible for data entry. Data were entered using Epi-Info, version 6.04d. FHI provided a data entry program with a comprehensive list of data checks. Data entry clerks were trained by FHI/Nairobi staff in the use of this program. After data entry, datasets were sent to FHI/NC for querying. When all queries were resolved, FHI/NC staff analyzed the data using SAS, version 9.1. Sampling weights were used to correct for disproportionate coverage of districts and/or age groups. The number of responses (Ns) reported in the tables are unweighted Ns, but the percentages reported in the text and tables are weighted. The analysis took into account the study design with clustering at the EA and stratification at the district level.

**Ethical Approval**

The study was approved by the Protection of Human Subjects Committee at Family Health International, and by the Ugandan National Council of Science and Technology and Makerere University in Uganda.

## III. RESULTS

### 1. BACKGROUND CHARACTERISTICS

*Sociodemographic characteristics*

Table 3.1 shows selected sociodemographic characteristics of the surveyed young men. Education, family situation and marital status are three factors that could influence young men's sexual and reproductive health knowledge, attitudes and behaviors. Overall, the percent of those interviewed with at least some education was high and a low percent of those interviewed in any age group had never attended school. Most of the youngest two age groups were currently in school and not surprisingly, the percent currently in school decreased with age. Nonetheless, nearly half of the 20-24 year olds are currently in school. The level of education for the 20-24 year olds is surprisingly high for a rural population, with nearly one-third having completed up to Form 4 (secondary school) and nearly one-fourth who have completed beyond Form 4 (data not shown).

The percent of single orphans in this survey was high and likely reflective of the high number of AIDS cases in the region; the percent who were double orphans was much lower. The likelihood of being a single or double orphan increased with age and nearly one-third of the oldest group had lost one or both parents.

About half of all age groups were living at home with both parents. Another 30% of the three youngest groups had either their mother or father living at home; about one-fourth of the oldest youth live with only one parent. The rest either didn't have a living parent or were not living with their parents.

The reason many of the older youth are still living with parents may be partly explained by their marital status since relatively few reported they were currently married. Only 11% of the 20-24 year olds and one percent of the 15-19 year olds reported being married.

*Participation in religious and social activities*

Religious institutions and youth clubs could be a source of social support for youth. The main religious affiliations among the survey group were Catholicism and Protestantism (Table 3.2). A small percentage reported being Muslim. Attendance at religious ceremonies at least once a week was common among all groups with at least two-thirds reporting weekly attendance. Membership in a youth club was less common but in contrast to religious participation, increased with age. About one-fourth of the two oldest age groups reported they were members of a youth club and the majority of those who were members attend these activities once a week.

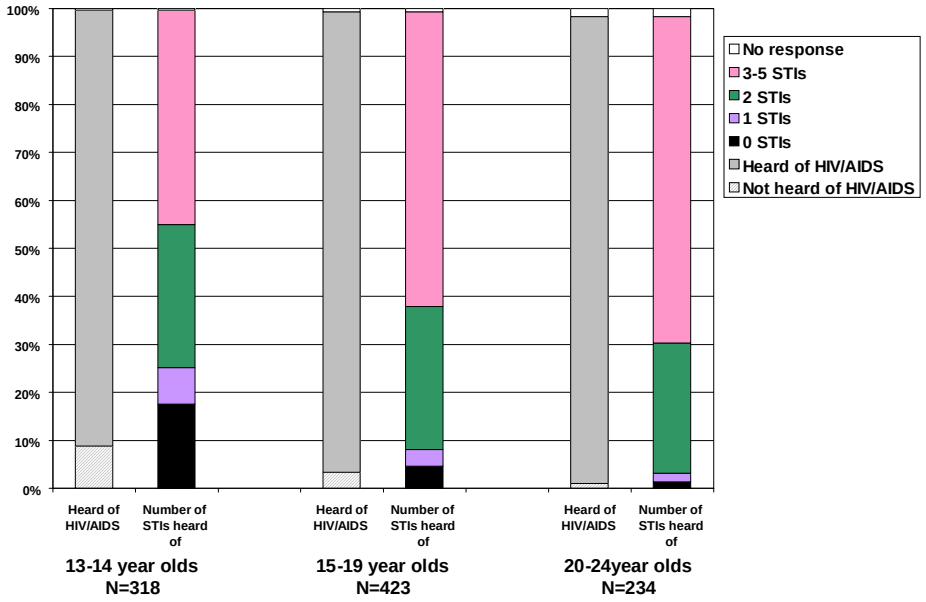
## 2. KNOWLEDGE OF STIs/HIV AND REPRODUCTIVE HEALTH

One of the goals of the project is to increase access to information on sexual and reproductive health. Therefore, we measured knowledge of topics such as STIs, including HIV; human reproductive biology; and prevention of STIs/HIV and pregnancy.

*Sexually Transmitted Infections, Including HIV/AIDS*

Figure 3.1 shows that for all age groups the percent who have heard of HIV/AIDS is very high, but having heard of five other STIs is lower, though the percent increases with age. Nearly all respondents had heard of HIV/AIDS while 45% of the 13-14 year olds, 61% of the 15-19 year olds and 68% of the 20-24 year olds knew of between three and five STIs. Of the five other STIs, respondents were most likely to have heard of gonorrhea, syphillis and herpes (data not shown).

Figure 3.1: Percentage who have heard of HIV and the number of STIs youth have heard of, by age group




Knowledge about HIV

Overall, knowledge of certain aspects about HIV was very high though gaps in knowledge are evident (Tables 3.3 and 3.4). Correct knowledge increased with age though the knowledge of the 10-12 year olds was often far less than the other three age groups. Almost all interviewed youth aged 13 or older knew that HIV was transmitted through sexual intercourse; 85% of the 10-12 year olds knew this (Table 3.3). A lower percent in all groups indicated that HIV could be transmitted through sharing needles or blades, and far fewer mentioned transfusions or from mother to fetus. Some respondents had misconceptions about ways of acquiring HIV; between 11% and 18% of any age group gave an incorrect response.

When asked specifics about mother to baby transmission, respondents showed they did have some knowledge of this type of transmission. Between 57% and 85% of any group knew that HIV could be transmitted from a mother to child during pregnancy, delivery and breastfeeding. Finally, the majority of respondents knew that a person who is HIV+ could appear healthy though this knowledge increases with age.

Knowledge of ways to avoid getting HIV was also high with most respondents knowing at least one of the A(bstinence), B(e faithful) or C(ondom use) prevention methods (Table 3.4). Abstaining from sex was the most common response for the three youngest age groups and it was mentioned by at least 75% of the respondents in all of the groups. The percent who mentioned using condoms as a way to avoid HIV increased substantially with age and it was the most common response among the 20-24 year olds. Only 35% of the 10-12 year olds mentioned condom use which may reflect their lack of sexual

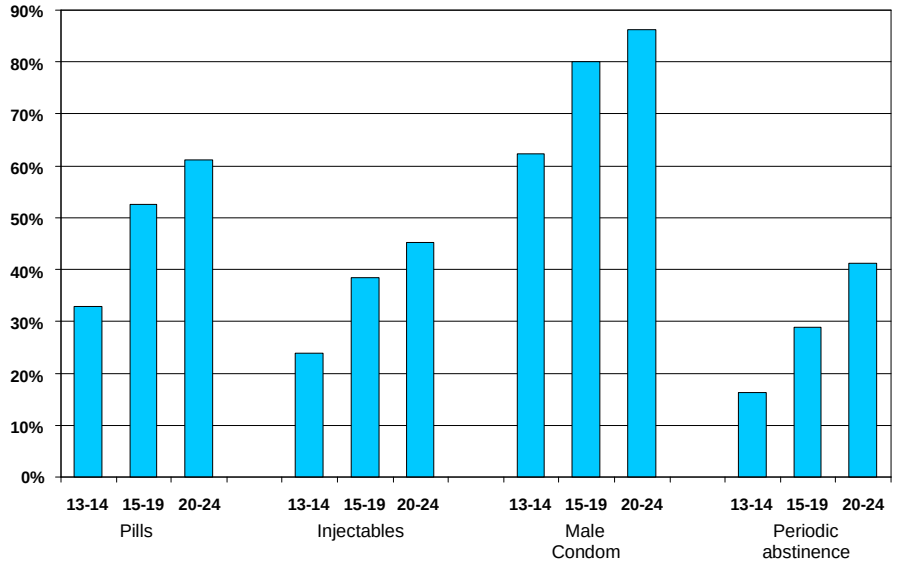
experience. Being faithful was by far the least common response in any group though the percent who mention it also increases with age again reflecting the respondents' sexual experience. Less than half of any group mentioned not sharing razors or needles. Finally, between 12%-19% of any of the age groups gave at least one incorrect response to ways to avoid getting HIV.

*Knowledge of Human Reproductive Biology and Pregnancy Prevention*

Overall, knowledge of human reproductive biology was good and very similar across the two oldest age groups (Table 3.5). Knowledge was somewhat lower in the 13-14 year old group. Knowledge about the factors associated with puberty was resonably high with the exception of knowing about the development of sweat glands. Knowledge on various aspects of pregnancy was more mixed. Most of the young men knew the length of a pregnancy but few knew the time in the menstrual cycle when a woman is most likely to get pregnant. At least three-fourths of the oldest age groups knew the definition of fertilization and abstinence; fewer 13-14 year olds had this information.

Knowledge of various methods of pregnancy prevention was generally low with the exception of male condoms (Figure 3.2). Aside from condoms, respondents were most likely to mention they knew of pills followed by injectables and periodic abstinence. Knowledge of all methods increased with age.

Figure 3.2: Percentage who spontaneously mentioned various methods of pregnancy prevention by age group




N's 13-14 year olds = 316
15-19 year olds = 423
20-24 year olds = 234

Finally, it is important that young people understand that the condom is the only pregnancy prevention method that also protects against STIs. This knowledge was reported by 78% of the 13-14 year olds, 85% of the 15-19 year olds and 92% of the 20-24 year olds (data not shown).

## 3. ATTITUDES AND SOCIAL NORMS

Young men's perceptions of social norms and their attitudes are important indicators of future behavior, even if they are not always directly linked to these behaviors. Young men's agreement with inequitable gender norms has been linked to more violent behavior and less likelihood of reporting using a condom or any other kind of contraceptive (Pulerwitz and Barker, in press). Therefore, young men's attitudes about inequitable gender norms are important to address in any project that aims to reduce STIs, unwanted pregnancy and domestic violence. Specifically, we explored young men's attitudes toward using condoms, getting a girl pregnant, and interacting with persons living with HIV/AIDS (PLWHA).

*Attitudes towards Inequitable Gender Norms*

We asked young men aged 15-24 whether they agreed or disagreed with a series of statements representing "inequitable" gender norms. Agreeing with the statement would indicate a more "inequitable" attitude towards gender norms. Table 3.6 shows the percentage who *disagreed* with each of these statements, showing the percent with less "inequitable" attitudes. On the whole, the attitudes of the young men in both age groups were similar. Out of 17 attitude statements, 50% or more of the young men in both age groups held equitable attitudes on only four statements.

Many of these young men tolerate violence against women, are homophobic, believe they should be the main decision makers in the home and that they should not have domestic responsibilities. Inequitable attitudes toward sexual relationships are also evident. The majority of young men believed they should make the decision about what type of sex to have. They also believed that women who carry condoms are easy and it is a woman's responsibility to avoid pregnancy.

There was some evidence of equitable gender norms. For instance about two-thirds disagreed with the statements that it is okay for a man to hit his wife if she won't have sex with him or that you don't talk about sex you just do it. A little more than half disagreed that a man needs other women or that he wouldn't be outraged if his wife asked him to use a condom.

*Attitudes towards Pregnancy and Condoms*

It is of interest to know what kinds of attitudes young men have about the consequences of getting a girl pregnant. If they do not see any negative consequences, they may not be concerned about preventing pregnancy. At least 85% of young men felt that the consequences of getting a girl pregnant in the next three months would be somewhat or very bad (Table 3.7). There was a difference by marital status; among those who are married, nearly one-fourth believe a pregnancy in the next three months would be good

while only three percent of the non-married young men believe this. Nearly all of the young men felt there was at least one negative consequence to getting a girl pregnant and the consequences reported did not vary much by age group. The consequence mentioned most was being sent to prison if a girl is underage. Other consequences mentioned were dropping out of school, early or forced marriage, running away from home or having to support a child (Table 3.8).

Attitudes towards using condoms for pregnancy prevention were assessed by asking about perceived effectiveness of condoms in preventing pregnancy. The majority of young men agreed that they were effective some or most of the time (90% of 13-14 year olds, 97% of 15-19 year olds and 97% of 20-24 year olds). Very few said that the condom does not protect against pregnancy.

*Attitudes towards Persons Living with HIV/AIDS*

An important issue that the YMEP curriculum addresses is stigma. Younger youth tend to be less sympathetic to PLWHAs than older youth with the attitudes becoming more tolerant as the young men get older (Table 3.9). In the youngest age group, 26% felt that PLWHAs should be isolated from the community. The percent who believes this decreases with increasing age and the percent who believe they should be treated like everybody else or treated with more sympathy than everyone else increases with age. Overall, though, attitudes are fairly positive, especially among the 13- 24 year olds.

## 4. SEXUAL BEHAVIOR AND EXPERIENCES

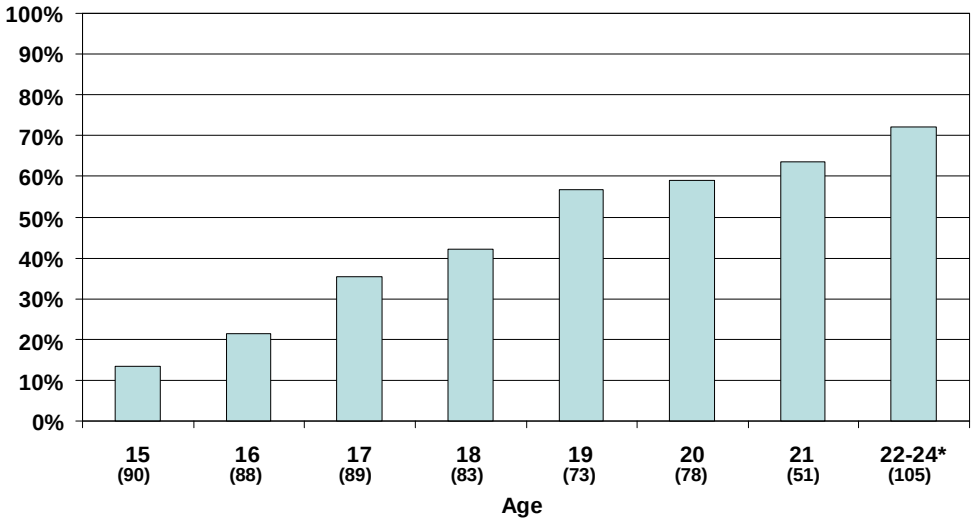
The main goal of the YMEP project is to change the sexual behavior of young men in order to reduce the incidence of HIV. Therefore, we asked young men 15-24 about their sexual debut, their current sexual relationships, their experience with transactional sex, and the consequences of their sexual activity. In addition, we asked about their use of condoms and other contraceptive methods and their practice of "safer sex" behaviors.

*Sexual Debut*

One-third of the 15-19 year olds and two-thirds of the 20-24 year olds reported that they have ever had sex (Table 3.10). Figure 3.3 shows the percent of young men who have ever had sex by age. As we would expect, the percent generally increases each year with just over 10% of the 15 year olds reporting having had sex and 75% of the 22-24 year olds having had it. By age 19 over half of the young men reported having had sexual relations.

The majority of young men had their first sexual experience with a fiancé, girlfriend or lover. (Table 3.10). Hardly any of the men reported their first sexual partner was a wife or live-in partner. Just over 40% of the 15-19 year olds and 20-24 year olds had their first sexual relationship with a casual partner e.g. a friend or neighbor.

Figure 3.3: Percentage who have ever had sex by age




**Note: Ns are in parentheses**
*** Ages 22-24 are combined because of the small number of cases at each of these ages**

Primary Abstinence

For the young men who never had sex in both the 15-19 and 20-24 year old age groups, the main reason reported for abstinence was fear of getting an STI or HIV (Table 3.11). The next most common reasons were because they didn't want to, they were not ready or because they wanted to finish their education first.

Many of these young men had a specific goal or target to reach before initiating sex. Just over half of the 20-24 year olds who had never had sex said that they would wait until they get married to have sex and half also said they would wait until they finished school. These reasons were also each given by about one-third of the 15-19 year olds. Another one-third said that they were waiting until they were older.

About two-thirds of the sexually inexperienced 20-24 year olds and 40% of the 15-19 year olds said they had felt pressure from others to have sex. Most of that pressure came from friends (data not shown).

*Current Sexual Relationships*

In this survey, current sexual relationships ("sexually active") refers to sex in the last six months. For these relationships we distinguished between spouses/steady partners and "other" partners.

Of those who have ever had sex, 53% of the 15-19 year olds and 57% of the 20-24 year olds had had sex in the past six months (data not shown). The 20-24 year olds were more likely than the 15-19 year olds to report having sex with only a steady partner or spouse.

Conversely, the 15-19 year olds were more likely to report having sex with "other" partners (Table 3.12).

Very few young men reported sex with a commercial sex worker. Only 2% of the 15-19 year olds and 5% of the 20-24 year olds said they had had sex with a sex worker in the last six months (data not shown).

*Consequences of Sex*

In this section we present respondents' experiences with some of the consequences of sex, such as STIs and pregnancy. We also present information on respondents' own evaluations of their risk for contracting HIV.

STIs

Of those who had ever had sex, 20% of 15-19 year olds and 25% of 20-24 year olds said they had experienced at least one STI symptom in the past six months (Table 3.13). The most common symptoms were pain when urinating and itching or burning in the genital area.

Pregnancies

Only one of the 15-19 year olds had ever fathered a child (<1%; data not shown). A higher percent of the older group had fathered a child (17%) which is not surprising since they are older, more of this group was married and have had longer durations of sexual activity. Of those who were not married, only 4% had fathered a child. In comparison, 61% of the married men had fathered a child.

*Contraceptive and Condom Use*

To further explore the behaviors of young men including protecting themselves and their partners from unintended pregnancy, STIs, and HIV, we asked about their reported use of contraceptives and condoms, with both steady and "other" partners in the last six months.

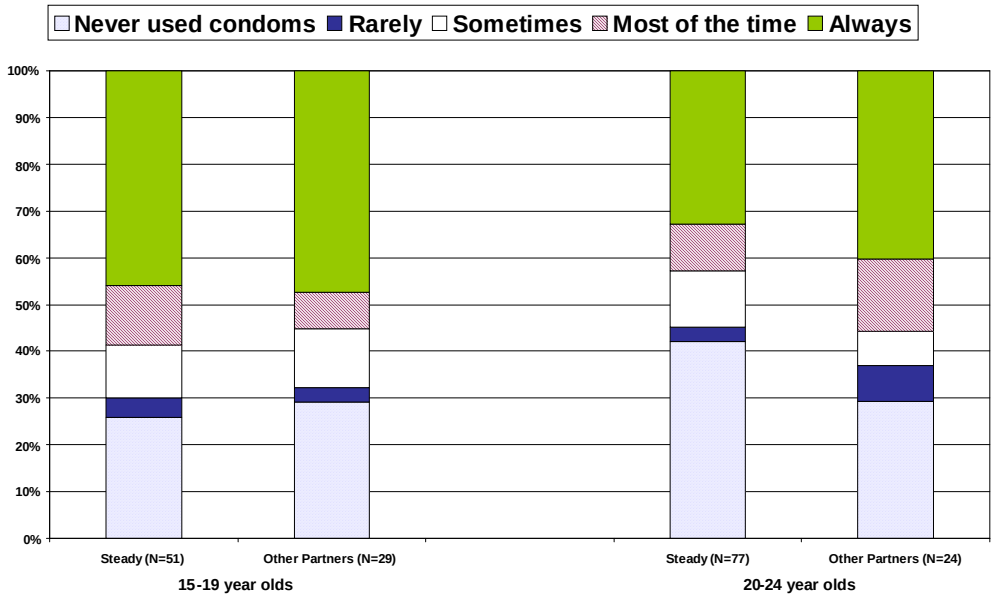
Contraceptive Use

Use of a contraceptive method other than male condoms is extremely limited in these groups. Only nine percent in either group (data not shown) reported using a method other than condoms. These methods include pills, injectables and spermicides.

Condom Use

Consistent condom use is expected to be higher with "other" partners compared to steady partners but this was not so for 15-19 year olds where the use was about the same for both types of partners (Figure 3.4). Close to half of the 15-19 year olds report they always use condoms with both their steady and their "other" partners. Consistent condom use with "other" partners was slightly less among the 20-24 year olds but this older group used them less often with their steady partners. The lower percent of 20-24 year olds using them with steady partners may be because more of them are married or have longer durations of steady relationships. While these rates of consistent use are relatively good, nonetheless, about 30% of these young men are not using them at all with their "other" partners and therefore are putting themselves and their partners at risk.

Figure 3.4: Condom use with steady and other partners in last six months by age group

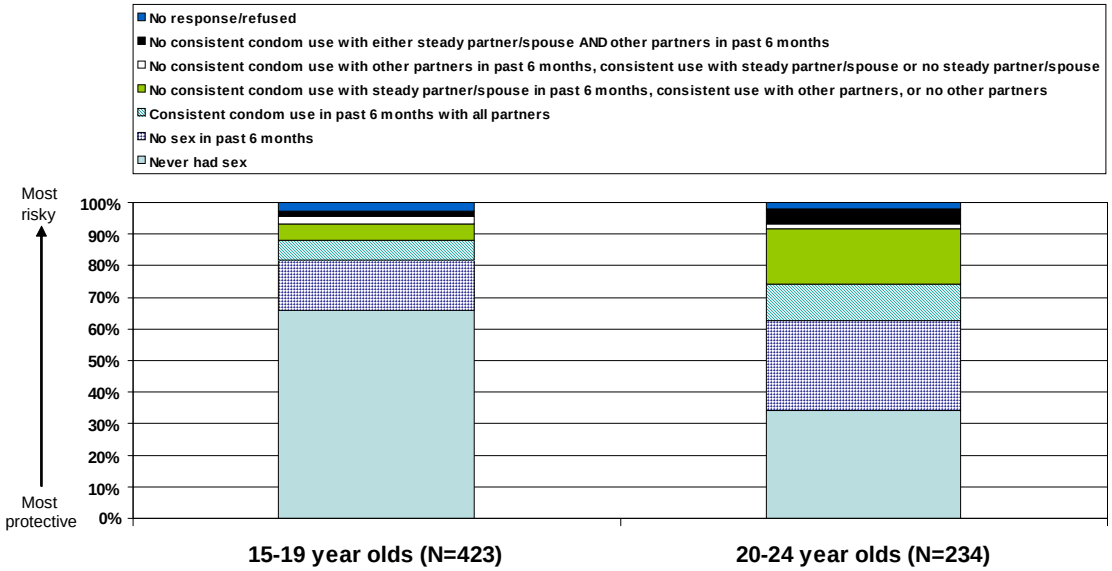



*"Safe sex" Behaviors*

Figure 3.5 shows the various degrees of safe and risky behaviors by age. Not having sex in the past six months (secondary abstinence) or ever (primary abstinence) are the safest behaviors. Consistent condom use would also be considered safe. No consistent condom use with a steady partner and having no other partners or having consistent condom use with these other partners is classified as having some degree of risk. Finally no consistent condom use with other partners is classified as most risky.

Over 80% of the 15-19 year olds practice very safe behaviors, i.e. either primary or secondary abstinence. While fewer 20-24 year olds report primary or secondary abstinence, the majority still practice the safest sex behaviors since they report consistent condom use. Less than 10 percent report they practice the riskiest behaviors.

Figure 3.5: Risky and protective sexual behaviors, by age




*Assessment of Risk*

All men aged 15-24 were asked about how they perceived their risk of getting HIV/AIDS. The vast majority thought they were at low or no risk though more 15-19 year olds thought this than 20-24 year olds (Table 3.14). The reasons why they thought they had no or low risk of getting HIV/AIDS were similar for the two age groups though the percents varied slightly (Table 3.15). For both groups, not having sexual relations was the main reason they think they are not at risk. Since more of the 20-24 year olds were sexually active it is not surprising that they were more likely to report protective behaviors such as condom use and only having sex with one partner.

About one-fourth of the 20-24 year olds and 10% of the 15-19 year olds thought they were at medium or high risk of acquiring HIV (Table 3.14). The main reasons they gave was that they do not use condoms or they have sex often (Table 3.16). This was closely followed by having multiple partners, or one's partner having multiple partners, and having sex very often.

## 5. USE OF SERVICES FOR STIs AND HIV

One of the goals of YMEP is to increase access to, and use of, sexual and reproductive health services by young men. Therefore, we asked questions about treatment of STIs, use of HIV/AIDS counseling and testing services and sources of obtaining condoms.

*STI Treatment*

As mentioned above, about one-fifth of sexually active 15-19 year olds and one-fourth of 20-24 year olds said they had experienced at least one STI symptom in the past six months.

The older youth were more likely to say they received treatment for STI symptoms than the younger boys (40% vs. 29%). The main reasons given for not seeking/receiving treatment was because the symptoms eventually disappeared or they did not think it was an STI.

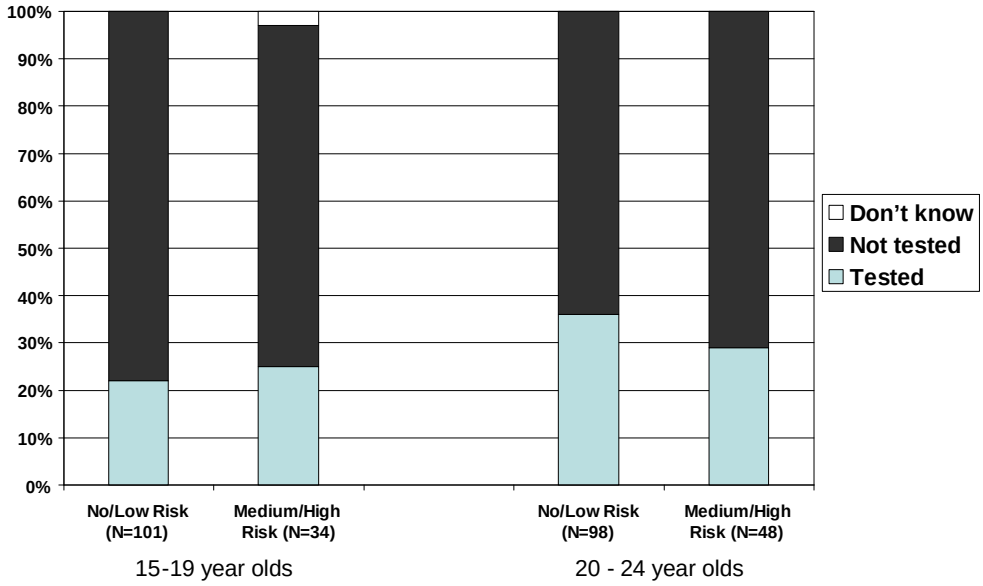
*HIV/AIDS Counseling and Testing Services*

Only 23% of the young men aged 15-19 and 33% of the 20-24 year olds who had ever had sex said they had been tested for HIV (data not shown). The main reason why these young men reported they had been tested was to know their health status (67% and 60%; data not shown). The main reason for not getting tested, given by men from both age groups, was that they perceive no risk (52% and 46%; data not shown). Nearly all said they received the results of their HIV test (data not shown).

Because many young men said they had not been tested for HIV because they perceived no risk, we determined if risk perception was related to testing. Figure 3.6 shows that for each age group perceived risk status did not appear to influence whether or not a young man got tested for HIV. For the 15-19 year olds between 20-25% got tested regardless of perceived risk status. For the 20-24 year olds, a smaller percent of those who perceived themselves to be at medium or high risk got tested compared to those who perceived themselves to be at no or low risk.

For those who have not been tested, most knew of a place where they could be tested (65% of 15-19 year olds and 88% of 20-24 year olds). Among the places they named were hospitals, VCT centers, health centers/dispensaries and private clinics (data not shown). Finally, of those who had not been tested, 53% of 15-19 year olds and 64% of 20-24 year olds said they planned on being tested in the next six months (data not shown).

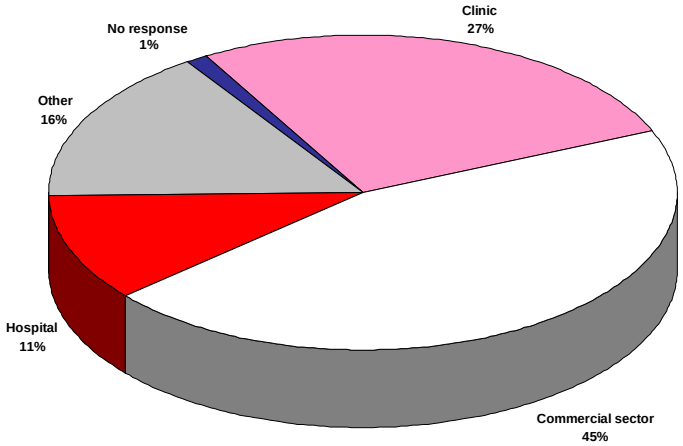
Figure 3.6: Percentage who have ever been tested for HIV for those ever sexually active, by perceived risk status and age group




*Sources of Condoms*

Figure 3.7 shows the sources of condoms for those 15-24 year olds who said they used them in the last six months. The majority of condoms were purchased in the commercial sector, either at shops or pharmacies. The second most important source was clinics.

Figure 3.7: Percent distribution of source of condoms for sexually active 15-24 year olds by age group




Note: Clinic includes health clinic, FP clinic, VCT clinic and other health facility. Other includes family/friends, community health worker, bar/guest house, festivals/organizations, and NGOs.

N=81

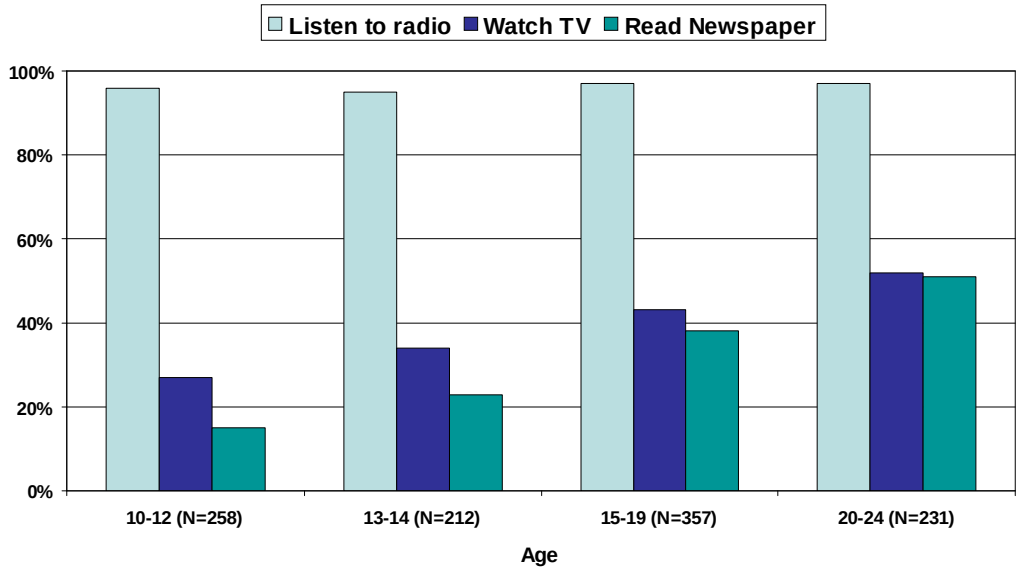
## 6. REACHING YOUTH WITH INFORMATION ABOUT SEXUAL AND REPRODUCTIVE HEALTH

Youth can be reached with information about reproductive health, STIs and HIV from many sources. In this survey, we asked about exposure to media, sex education in the school, and contact with a peer educator.

*Media*

The vast majority of the sampled youth said they listened to the radio every week (Figure 3.8). The percent using other media, i.e. television and newspapers was much lower although the use of these other media increased with age. These results show that providing information over the radio would be the best way to reach the most youth.

Figure 3.8: Percentage reporting exposure to various media per week, by age group




*Sexual Education in School*

The majority of young men had been exposed to sexual education in school though not surprisingly the percent increases with age up to 15-19 (Table 3.17).

The topics covered in school sexual education focused most heavily on those related to HIV/AIDS and STIs. This is common to all age groups though the 10-12 year olds were less likely to receive education about methods for preventing HIV and STIs and STIs in general compared to older age groups. There is far less emphasis on topics related to human reproductive biology, e.g. pregnancy, puberty, reproduction and childbirth, though young men starting at age 13 report receiving education on these topics more often than the 10-12 year olds. Other topics that were reported by all age groups include sexual

relationships and abstinence/frequency of sex. Nearly all of the young men (at least 87%) reported that they felt the sexual education lessons they received in school were useful (data not shown).

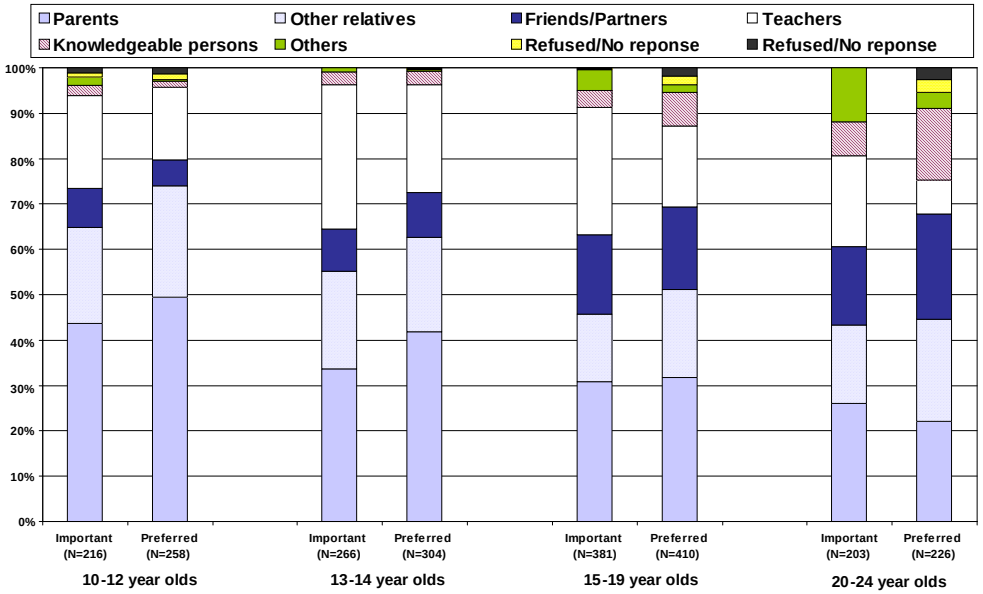
*Peer Education*

Most of the young men have never spoken with a peer educator (Table 3.18). About three-fourths of the older two age groups had never spoken with one and even more of the younger two age groups reported this. Of those who did speak with one these conversations more often took place in school as compared to outside of school. Topics related to HIV and STIs were the main subjects of these conversations though many of the older youth also reported conversations about sexual relationships and abstinence.

*Most Important and Most Preferred Sources of Information on Puberty and Sexual Matters*

Finally, we asked young men about their most "important" sources of information were (i.e. where they receive it the most often), and then what their most preferred sources were. Twenty percent or fewer in any of the age groups reported they did not have an "important" source of information though less than ten percent of the two older age groups did not report a source (20%, 14%, 7% and 9% respectively, data not shown). Of those who did report an important source of information, the important and preferred sources roughly correspond within each age group (Figure 3.9). The youngest age groups report that their parents followed by other relatives or teachers are their most important and preferred sources of information. The percent who get information from their parents declines with increasing age as the percent who want information from friends or partners or knowledgeable sources increases.

Figure 3.9: Percentage distribution of most important and most preferred sources of information on puberty and sexual matters by age group



## IV. SUMMARY AND NEXT STEPS

The YMEP program began in December 2006 and will last for three years. The program will focus on increasing knowledge and changing inequitable attitudes through several channels: in-and out-of school peer education, training teachers to provide sexual instruction in schools and the use of media. YMEP will also attempt to increase the use of services by training health care personnel in youth-friendly services and linking services with peer education for referrals.

The results from this baseline survey support the strategies of the YMEP program. Overall, the young men in this baseline survey have a good basic knowledge of HIV/AIDS and to a somewhat lesser extent, STIs and reproductive biology. Knowledge was reasonably high, possibly because the sampled population was relatively highly educated. Nonetheless, some gaps in knowledge are evident. For instance, few mentioned "being faithful" as an HIV prevention strategy and most do not know the time during the menstrual cycle when a woman is most likely to get pregnant. In contrast to their high knowledge level, these young men display many inequitable attitudes toward gender norms, the role of women and violence within relationships. The percent reporting very risky behaviors was relatively low though there were some who had "other" partners and did not use condoms consistently.

The results may in part be explained by the extensive abstinence and HIV prevention campaigns in Uganda. These campaigns may have affected young men's behaviors, or they may have led the young men to give socially desirable responses. If the latter is true, reports on experiencing sexual relations and conducting risky sexual behaviors may be underestimated. That would explain the high reported rates of STI symptoms despite the large percentage reporting abstinence or consistent condom use. It is, of course, possible that at least some of the young men reporting an STI symptom did not in fact have an STI, but an alternative explanation would be that young men's behaviors are more risky than they report.

The use of reproductive health services is relatively low. Few reported having an HIV test even among those who perceive themselves to be at medium to high risk of HIV infection. Similarly, of those who reported an STI symptom within the past six months, many, particularly in the 15-19 year old age group, did not seek treatment.

The results show many ways that may be effective for reaching the target population. Activities in churches or youth club can be ways to reach large numbers of young men. Similarly, the radio is another means of reaching this population. Many young men had attended sex education lectures at school, but the topics of the lessons that they reported shows a need to broaden the scope of these types of programs to include more information on reproductive biology and family planning as well as sexually transmitted diseases other than HIV. Given the high percent of young men in school, school-based programs could be an especially effective way of reaching this group. Few young men had spoken with peer educators, so there could be room to expand this type of effort to reach more men.

A follow-up survey is planned for 2008. The results from this survey will be used to measure if the intervention made a difference in the knowledge and use of services of young men in the targeted communities and how to improve the program.

## IV. REFERENCES

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ORC Macro. 2002. *Reproductive health of young adults in Uganda: A report based on the 2000-2001 Uganda Demographic and Health Survey*. Calverton, Maryland, USA: ORC Macro.

Pulerwitz J. and Barker, G. Measuring attitudes toward gender norms among young men in Brazil: Development and psychometric evaluation of the GEM Scale**.** *Men & Masculinities.* In press.

# Results Tables

## Table 3.1 Percent distribution of selected characteristics of young men by age group

| | 10-12 years | 13-14 years | 15-19 years | 20-24 years |
|---|---|---|---|---|
| ***Age distribution*** | 21 | 26 | 34 | 19 |
| ***Education*** | | | | |
| Currently in school | 99 | 95 | 76 | 48 |
| Not in school but have attended school | 1 | 4 | 22 | 49 |
| Never attended school | <1 | 1 | <1 | - |
| No response | - | - | <1 | - |
| *Total %* | *100* | *100* | *100* | *100* |
| ***Family Situation*** | | | | |
| Both biological parents alive | 76 | 76 | 75 | 67 |
| One biological parent alive | 17 | 18 | 20 | 24 |
| Neither biological parent alive | 6 | 5 | 4 | 7 |
| Don't know | 1 | 1 | <1 | 2 |
| *Total %** | *100* | *100* | *100* | *100* |
| | | | | |
| Father lives at home | 10 | 10 | 12 | 8 |
| Mother lives at home | 20 | 20 | 19 | 16 |
| Both live at home | 52 | 50 | 49 | 47 |
| Other[1] | 18 | 19 | 20 | 29 |
| *Total %** | *100* | *100* | *100* | *100* |
| ***Marital status*** [2] | | | | |
| Married | [redacted] | | <1 | 11 |
| Not married and/or living with partner | | | 99 | 89 |
| *Total %** | | | *100* | *100* |
| ***Religion*** | | | | |
| Moslem | 9 | 8 | 12 | 15 |
| Catholic | 50 | 50 | 45 | 42 |
| Protestant | 36 | 37 | 40 | 40 |
| None | 0 | <1 | 0 | 0 |
| Other | 5 | 5 | 3 | 3 |
| No response | <1 | 0 | 0 | 0 |
| *Total %** | *100* | *100* | *100* | *100* |
| Total N | 274 | 318 | 423 | 234 |

* Totals may not equal 100% due to rounding.

[1] Includes youth who report either both or one parent alive but does not live with them and youth with neither parent alive.

[2] Youth ages 10-14 years of age were not asked about their marital status

## Table 3.2 Percentage participating in religious activities or youth groups by age group*

| | 10-12 years | 13-14 years | 15-19 years | 20-24 years |
|---|---|---|---|---|
| Attend religious ceremonies at least once a week or more | 68 | 72 | 69 | 69 |
| Member of a youth club | 13 | 16 | 24 | 26 |
| Total N | 274 | 318 | 423 | 234 |
| Attend youth club activities at least once a week or more | 77 | 81 | 66 | 64 |
| Total N[1] | 38 | 58 | 101 | 65 |

[1] Among youth who indicated they were a member of a youth club.

*Two youth did not answer the question about membership in youth clubs but did answer how often they attend activities.

## Table 3.3 Percentage with specific HIV knowledge by age group

| | 10-12 years | 13-14 years | 15-19 years | 20-24 years |
|---|---|---|---|---|
| ***Methods of acquiring HIV*** | | | | |
| Sexual Intercourse | 85 | 94 | 98 | 99 |
| Sharing Needles/Blades | 55 | 71 | 80 | 81 |
| Transfusions | 9 | 24 | 36 | 39 |
| Mother to Fetus | 6 | 10 | 17 | 16 |
| Other: Correct response[1] | 2 | 6 | 10 | 9 |
| Knew any correct HIV transmission pathway | 90 | 96 | 99 | 99 |
| Don't know | 7 | 5 | 1 | 2 |
| Refused/No response | <1 | <1 | <1 | <1 |
| Has not heard of HIV/AIDS | 0 | 1 | 1 | 0 |
| ***Gave an incorrect method of acquiring HIV***[2] | 11 | 12 | 14 | 18 |
| ***Know modes of mother-to-baby transmission of HIV*** | | | | |
| During pregnancy | 65 | 61 | 59 | 57 |
| During delivery | 59 | 72 | 85 | 89 |
| During breastfeeding | 69 | 77 | 79 | 70 |
| ***Know an HIV+ person can appear healthy*** | 63 | 70 | 87 | 93 |
| Total N | 274 | 318 | 423 | 234 |

[1] Other correct responses include: Breastfeeding, Oral sex.

[2] Includes: Kissing, Mosquito/other insect, Casual contact, Accident, Births, Circumcision/cultural practice, sharing toothbrushes; contaminated food; coughing; sharing clothes; unwashed hands; sharing utensils; bad company; urine; staying late in night.

## Table 3.4 Percentage who identified various ways to avoid getting HIV by age group

| | 10-12 years | 13-14 years | 15-19 years | 20-24 years |
|---|---|---|---|---|
| Mentioned at least 1 ABC method[1] | 82 | 94 | 98 | 99 |
| Abstain from sex (A) | 75 | 86 | 87 | 79 |
| Use condoms (C) | 35 | 60 | 78 | 88 |
| Limit sex/stay faithful to 1 partner (B) | 7 | 11 | 22 | 32 |
| Avoid sharing Razors/Blades/Needles | 34 | 49 | 46 | 46 |
| Other correct response[2] | 2 | 4 | 5 | 7 |
| Don't know | 7 | 5 | 1 | 2 |
| Refused/No response | <1 | <1 | <1 | <1 |
| Has not heard of HIV/AIDS | 0 | 1 | 1 | 0 |
| ***Percent of respondents who gave an incorrect response on ways to avoid getting HIV[3]*** | 15 | 12 | 19 | 15 |
| Total N | 274 | 318 | 423 | 234 |

[1] The "A-B-C's" include "Abstinence", "Be faithful" and use "Condoms".
[2] Includes: Avoid sex with prostitutes, Avoid sex with persons who have many partners, and Avoid sex with persons who inject drugs.
[3] Misconceptions about avoiding HIV are defined as: avoid injections; avoid kissing; avoid mosquito bites; avoid casual contact; seek protection from a traditional healer; use oral contraceptives; go for blood test; seek counseling; visit Dr. when pregnant/deliver in hospital/PMTCT; nothing; avoid blood transfusions; sharing information; listening to educative programs; avoid alcoholism; not moving at night; not sharing drinks; avoid going to discos; being clean; avoid infected people; avoid being alone; listen to your elders; swallow drugs; avoid festivals; avoid falling in love; avoid bad touches; keeping oneself busy.

## Table 3.5 Percentage who had correct knowledge of various aspects of human reproductive biology by age group

| | 13-14 years | 15-19 years | 20-24 years |
|---|---|---|---|
| ***Puberty*** | | | |
| Both boys and girls gain weight | 68 | 76 | 80 |
| Boys' voices get lower | 81 | 80 | 80 |
| Both boys and girls develop sweat glands | 46 | 66 | 59 |
| Girls start to produce eggs in their ovaries | 78 | 87 | 91 |
| Boys start to produce sperm cells | 81 | 86 | 89 |
| ***Pregnancy*** | | | |
| Fertilization is when the egg and sperm are joined | 52 | 75 | 82 |
| Most likely time to get pregnant is 2 weeks before menstrual cycle | 16 | 27 | 34 |
| Length/duration of pregnancy is 9 months | 93 | 95 | 99 |
| ***Abstinence*** | | | |
| Abstinence is not having sex at all | 68 | 80 | 81 |
| Total N | 318 | 423 | 234 |

## Table 3.6 Percentage who disagree with 'traditional gender norms' by age group

| | 15-19 years | 20-24 years |
|---|---|---|
| ***Sexual Relationships*** | | |
| It is the man who decides what type of sex to have | 26 | 22 |
| Men are always ready to have sex | 34 | 39 |
| A man needs other women, even if things with his wife/girlfriend are fine. | 53 | 53 |
| Men need more sex than women do | 37 | 40 |
| You don't talk about sex, you just do it | 67 | 64 |
| Women who carry condoms with them are easy | 26 | 30 |
| ***Sexual and Reproductive Health*** | | |
| It is a woman's responsibility to avoid getting pregnant | 20 | 22 |
| (If I had a wife) I would be outraged if my wife asked me to use a condom | 53 | 51 |
| ***Home and Child-care*** | | |
| Woman's most important role is to take care of her home and cook for her family | 14 | 15 |
| Changing diapers, giving kids a bath, and feeding the kids are the mothers responsibility | 6 | 10 |
| A man should have the final word about decisions in his home | 12 | 13 |
| ***Violence*** | | |
| If someone insults me, I will defend my reputation with force if I have to | 40 | 43 |
| There are times when a woman deserves to be beaten | 37 | 40 |
| A woman should tolerate violence in order to keep her family together. | 17 | 19 |
| It is okay for a man to hit his wife if she won't have sex with him. | 67 | 64 |
| ***Homophobia and Relations with other men*** | | |
| I would never have a gay friend. | 14 | 18 |
| It disgusts me when I see a man acting like a woman. | 16 | 21 |
| Total N | 423 | 234 |
| *Number of statements for which 50% or higher have equitable attitudes* | *4* | *4* |

**Table 3.7 Percentage distribution of perceptions of getting a girl pregnant in the next 3 months by age group and marital/cohabitation status**

| | Age group | | | Marital/cohabitation status[1] | |
|---|---|---|---|---|---|
| | 13-14 years | 15-19 years | 20-24 years | Not married | Married |
| Good | 1 | 2 | 8 | 3 | 22 |
| Not too bad | 1 | 5 | 6 | 5 | 3 |
| Somewhat bad | 4 | 8 | 15 | 10 | 17 |
| Very bad | 92 | 85 | 70 | 81 | 58 |
| Don't know | 1 | <1 | 1 | 1 | 0 |
| No response | <1 | <1 | 0 | <1 | 0 |
| *Total %** | *100* | *100* | *100* | *100* | *100* |
| Total N | 318 | 423 | 234 | 627 | 30 |

*Totals may not equal 100% due to rounding.

[1] Youth 13 – 14 years old were not asked marital status.

**Table 3.8 Percentage who have various negative perceptions of the consequences for young men who get a girl pregnant by age group**

| | 13-14 years | 15-19 years | 20-24 years |
|---|---|---|---|
| ***Mentioned any negative consequences*** | | | |
| Drop out of school | 42 | 51 | 50 |
| Sent to prison if girl underage | 73 | 75 | 79 |
| Early/forced marriage | 30 | 35 | 35 |
| Have to support child | 20 | 23 | 28 |
| Disapproval of family | 14 | 17 | 19 |
| Run away from home | 25 | 31 | 30 |
| Can get HIV/STDs | 4 | 7 | 5 |
| Other[1] | 24 | 20 | 28 |
| Nothing at all | <1 | 3 | 1 |
| Refused | 1 | 1 | <1 |
| No response | 1 | 2 | 2 |
| Total N | 318 | 423 | 234 |

[1] Other includes: paying fine, girl may try to abort, failure in life, DNA test, beaten to death, castrating, relationship breakage, waste her time, producing bastard children, disapproval of community, financial problems, psychological torture, difficult delivery/sick baby, stress, and suicide.

**Table 3.9 Percentage distribution of views on how people living with HIV should be treated, among youth who have heard of HIV/AIDS by age group**

| | 10-12 years | 13-14 years | 15-19 years | 20-24 years |
|---|---|---|---|---|
| ***People living with HIV should be…*** | | | | |
| Treated just like everybody else | 36 | 47 | 43 | 51 |
| Treated with more sympathy than everyone else | 37 | 38 | 45 | 43 |
| Isolated from the community | 26 | 13 | 11 | 5 |
| Don't know | 2 | 2 | <1 | 0 |
| Refused | 0 | 0 | <1 | 0 |
| No response | 0 | 1 | 1 | 1 |
| *Total %** | *100* | *100* | *100* | *100* |
| Total N | 274 | 314 | 419 | 234 |

* Totals may not equal 100% due to rounding.

**Table 3.10 Percentage who have had sex and their relationship to their first partner by current age**

| | 15-19 years | 20-24 years |
|---|---|---|
| ***Ever had sex*** | 33 | 66 |
| Total N | 423 | 234 |
| ***Type of partner at first sex*** | | |
| Wife/Live-in-partner | 1 | 5 |
| Fiancé/Girlfriend/Lover | 60 | 66 |
| Causal partners | 37 | 26 |
| Other[1] | 2 | 3 |
| *Total %* | *100* | *100* |
| Total N | 140 | 152 |

[1] Includes “Teacher/School official” and “Just met/Stranger”.

**Table 3.11 Percentage distribution of reasons given for not having sex and when they plan to begin having sex**

| | 15-19 years | 20-24 years |
|---|---|---|
| ***Percent of youth who have never had sex*** | 66 | 34 |
| Total N | 423 | 234 |
| ***Main reason for not having sex, among youth who have never had sex*** | | |
| Afraid of getting STD/HIV | 54 | 35 |
| I am not ready | 12 | 14 |
| I do not want to | 9 | 13 |
| Want to finish their education | 7 | 13 |
| Other[1] | 17 | 25 |
| Refused | 1 | 1 |
| No response | 1 | 0 |
| *Total %** | *100* | *100* |
| Total N | 278 | 81 |
| ***How long respondent plans to wait to have sex ***** | | |
| Wait till they are married | 35 | 52 |
| Will wait till they finish school/fulfill plans | 36 | 51 |
| Will wait till they are a specific age | 35 | 19 |
| Will wait till they are older (no specific age given) | 9 | 6 |
| Will wait till they meet the right person | 7 | 7 |
| Other[2] | 6 | 10 |
| Don't know | 2 | 0 |
| No response | <1 | 0 |
| Total N | 278 | 81 |

* Totals may not equal 100% due to rounding.

** Multiple responses allowed

[1] Includes: "Not interested", "Against religious teachings", "Afraid of getting someone pregnant", "Afraid that their parents would find out", "Want to abstain until marriage", "Nobody has asked them", "Have no money", "Still young", "She refused to use condoms", and "Not yet decided".

[2] Includes "No plan, will have sex when have opportunity", "Will wait till they are emotionally ready" and "After blood testing".

**Table 3.12 Percentage distribution of type of relationship in past 6 months, amongst those who had sex in the last 6 months by age group and marital status**

| | 15-19 years | 20-24 years |
|---|---|---|
| ***Relationship*** | | |
| Had sex with only steady partner/spouse | 48 | 67 |
| Had sex with only other sexual partners | 13 | 5 |
| Had sex with both steady partners/spouse and other sexual partners | 26 | 23 |
| Refused/No response | 12 | 5 |
| *Total %** | *100* | *100* |
| Total N | 71 | 87 |

*Totals may not equal 100% due to rounding.

**Table 3.13 Percentage who experienced various STI symptoms in the last 6 months among those who have ever had sex by age group**

| | 15-19 years | 20-24 years |
|---|---|---|
| ***Symptoms*** | | |
| Genital discharge with a bad smell | 9 | 8 |
| Pain when urinating | 13 | 13 |
| Sore or ulcer in genitals | 3 | 9 |
| Warts in genital or anus | 3 | 5 |
| Itching or burning in genital area | 10 | 19 |
| Swelling in the genital area | 7 | 4 |
| Percent that had at least one STI symptom in the past 6 months | 20 | 25 |
| Total N | 140 | 152 |

* Multiple responses allowed

## Table 3.14 Percentage distribution of risk perceptions about HIV/AIDS by age group

| | 15-19 years | 20-24 years |
|---|---|---|
| ***Perception of HIV risk*** | | |
| None/Low | 87 | 74 |
| Medium | 7 | 18 |
| High | 3 | 6 |
| Don't know | 1 | 2 |
| No response | 1 | <1 |
| *Total %** | *100* | *100* |
| Total N | 423 | 234 |

*Totals may not equal 100% due to rounding.

## Table 3.15 Percentage who gave various reasons why they perceived they had a low or no risk of HIV infection by age group

| | 15-19 years | 20-24 years |
|---|---|---|
| Don't have sexual relations | 79 | 64 |
| Only have sex with 1 person/Limit the number of partners | 7 | 21 |
| Always use a condom/Protected sex | 11 | 17 |
| Do not have sex with prostitutes | 7 | 16 |
| My partner has no other partners/Have confidence in my partner | 5 | 16 |
| Don't use injectables/share needles | 12 | 8 |
| I don't get transfusions | 3 | 7 |
| Other[1] | 3 | 4 |
| Refused | 1 | 0 |
| Total N | 366 | 170 |

[1] "A lot Of Counseling", "Have Sex Rarely", "Religion Forbids It", "My Parents Are Safe", "Have sex with safe people", "Take long without sex", "Am in a single school", "Do not engage in risky behavior", "Avoid risky places" ,"Dislike night engagements".

## Table 3.16 Reasons why youth perceive medium or high risk of HIV infection

| | 15-19 years | 20-24 years |
|---|---|---|
| I don't use a condom/Unprotected sex | 17 | 21 |
| My partner has other partners/Unfaithful partners | 7 | 18 |
| I use injectable drugs | 9 | 5 |
| I have sex often | 12 | 21 |
| I have sex with prostitutes | 5 | 5 |
| I have more than 1 partner | 14 | 15 |
| I had a blood transfusion | 3 | 8 |
| Other[1] | 21 | 22 |
| Refused | 0 | 1 |
| Total N | 49 | 56 |

[1]Includes: "Infected Partners", "Incorrect Use Of Condoms", "Malicious Infection From PLWHA", "Sharing Sharp Instrument", "Pre-marital Sex", "Condoms not 100%", "Have STDs", "Confusing results", "Born with it", "Uncertain", "Girls are tempting".

## Table 3.17 Percentage reporting a sexual education lesson or lecture at school and topics covered by age group

| | 10-12 years | 13-14 years | 15-19 years | 20-24 years |
|---|---|---|---|---|
| ***Percent that had a lecture regarding sexual matters*** | 66 | 71 | 83 | 82 |
| Total N | 274 | 318 | 423 | 234 |
| ***Topics of lecture*** | | | | |
| Puberty, Menstruation, Reproduction | 19 | 36 | 44 | 50 |
| Sexual relationships, Harassment, Coercion | 22 | 25 | 29 | 34 |
| Abstinence, Frequency of sex, Sexual pleasure | 27 | 27 | 32 | 38 |
| Pregnancy and Childbirth | 11 | 23 | 23 | 31 |
| STIs | 29 | 45 | 44 | 48 |
| HIV/AIDS | 65 | 77 | 68 | 70 |
| Methods to prevent STIs and HIV/AIDS | 18 | 29 | 35 | 34 |
| Effectiveness of condoms in preventing HIV/AIDS | 4 | 12 | 13 | 18 |
| Other[1] | 13 | 12 | 16 | 23 |
| Don't remember | 8 | 6 | 4 | 4 |
| Refuse | 0 | <1 | 0 | 0 |
| Total N | 173 | 221 | 339 | 185 |

[1] Other includes: Family planning methods, Sources of family planning methods, Places for testing for HIV/AIDS and treating STI's, sanitation; hygiene; primary health care; management of other diseases (such as asthma); career guidance; rape; peer influence; preparing for the future; good morals; being a role model; genetics.

**Table 3.18 Percentage who talked with a peer educator, where they talked and topics discussed by age group**

| | 10-12 years | 13-14 years | 15-19 years | 20-24 years |
|---|---|---|---|---|
| ***A Peer educator talked to the youth*** | | | | |
| Only in school | 5 | 12 | 13 | 15 |
| Only outside of school | 2 | 4 | 8 | 9 |
| Both inside and outside of school | 1 | 1 | 2 | 2 |
| A Peer educator has not talked to me | 91 | 84 | 77 | 74 |
| Don't remember | <1 | <1 | <1 | 0 |
| No response | 0 | 0 | 0 | <1 |
| *Total %** | *100* | *100* | *100* | *100* |
| Total N | 274 | 318 | 423 | 234 |
| ***Of those who had talked with a peer educator: Topics discussed ***** | | | | |
| Puberty, menstruation, reproduction | 3 | 37 | 21 | 26 |
| Sexual relationships, harassment, coercion | 10 | 44 | 42 | 46 |
| Abstinence, frequency of sex, sexual pleasure | 18 | 46 | 36 | 45 |
| Pregnancy and childbirth | 9 | 14 | 15 | 22 |
| STIs | 25 | 48 | 44 | 61 |
| HIV/AIDS | 72 | 80 | 68 | 73 |
| Methods to prevent STIs and HIV/AIDS | 12 | 38 | 44 | 41 |
| Effectiveness of condoms in preventing HIV/AIDS | 9 | 14 | 18 | 13 |
| Other[1] | 50 | 12 | 32 | 30 |
| Refuse | 0 | 1 | 0 | 0 |
| Total N | 26 | 50 | 94 | 65 |

* Totals may not equal 100% due to rounding.

** Multiple responses allowed

[1] Other includes: Family planning methods; Sources of family planning methods; Places for testing for HIV/AIDS and treating STI's; Treatment of youth at testing places; hygiene; primary health care; avoid peer pressure; life skills/good manners; self help projects; staying in school; don't remember; behavioral change.