

## **Executive Summary**

The Zambia Sexual Behavior Survey (ZSBS) 2005 is the fourth in a series of surveys that have been carried out to monitor knowledge, attitudes and behaviors regarding HIV/AIDS in Zambia. The main objective of the ZSBS 2005 (as with the ZSBS 1998, ZSBS 2000 and ZSBS 2003) was to obtain national estimates of a number of key indicators (including international standardized indicators) important in monitoring progress of the national HIV/AIDS/STDs programme.

This report also shows findings from the three previous surveys (1998, 2000, and 2003). The topics and the table contents in this report have been expanded, and additional indicator calculations have been made, where possible using data for all four survey years. Some corrections, mostly typographical or printing errors, which appeared in previous publications, have been corrected. In the few cases where estimates shown in a previous report may differ from those presented here, the 2005 estimates should be adopted.

### **Knowledge and Attitudes**

The majority of Zambians have heard of HIV/AIDS. The level of knowledge is high among both males (97 percent) and females (97 percent), as well as urban (98 percent) and rural respondents (96 percent). Awareness that HIV/AIDS can be avoided and that a healthy-looking person can be HIV-infected is also high and has been increasing over time. For females the percent who knew that HIV/AIDS can be avoided has increased from 78 percent in 1998 to 91 percent in 2005. For males the percentage increased from 86 percent in 1998 to 94 percent in 2005. In 1998, 86 percent of males and 82 percent of females knew that a healthy-looking person can be HIV-infected. In 2005 these percentages were 93 percent for males and 89 percent for females.

Respondents were asked questions about the ABCs of HIV prevention -- abstinence, being faithful (and having one faithful partner) and consistent condom use. The highest level of awareness (based on prompted questions) was recorded for abstinence at 95 percent. The percentage of respondents who were aware that being faithful to one partner and consistent condom use are ways to prevent HIV transmission were 90 percent and 82 percent, respectively. About three-quarters (74 percent) of respondents were aware of all three methods. In 2005, eighty four percent of males and 86 percent of females knew of mother-to-child transmission (MTCT) of HIV.

Despite the high levels of general knowledge about HIV/AIDS, misconceptions about HIV transmission persist, and appear to be more common in rural areas than urban areas. The most common misconception is that HIV can be transmitted through mosquitoes. About one-third (34 percent) of rural respondents held this misconception and one-fifth (20 percent) of urban respondents. The percentages holding this misconception have not decreased since the 1998 survey.

Stigma also remains an important issue in Zambia. Respondents were asked several questions about stigma, including whether the respondent would want the HIV-positive status of a family member kept secret. Percentages for this indicator have changed little over time. In 2000 the percentage saying it should be kept secret was 38 percent, and in 2005 the percentage was 36 percent. Twenty percent of respondents indicated they knew of discrimination or abuse directed at someone living with AIDS because of their HIV status. About one-quarter (27 percent) of respondents thought that persons with HIV/AIDS should be ashamed of themselves.

Knowledge about HIV/AIDS among adolescents (15-19 years) and young adults (20-24) seems to have increased over time. Knowledge that HIV/AIDS can be avoided increased from 75 percent in 1998 to 88 percent in 2005 among male adolescents, and from 87 percent to 96 percent among young adult males. Similarly, knowledge that HIV/AIDS can be avoided increased among female adolescents and young adult females. In 1998, 71 percent of female adolescents and 70 percent of young adult females said they knew HIV infection could be avoided. In 2005, the percentages were 88 percent and 91 percent, for female adolescent and young female adults, respectively. Among adolescents awareness of consistent condom use as a preventive measure rose from 60 percent in 1998 to 80 percent in 2005, and awareness of having one faithful partner rose from 74 percent in 1998 to 87 percent in 2005. Among young adults awareness of consistent condom use rose from 67 percent in 1998 to 85 percent in 2005 and awareness of having one faithful partner rose from 86 percent in 1998 to 91 percent in 2005.

### **Voluntary Counseling and Testing**

Although a majority of Zambians say they know a place to get tested for HIV, the majority have not been tested. In 2005, 83 percent of all males and 89 percent of all females indicated they knew a place for testing. Knowledge of a testing site was higher among urban respondents (87 percent) than rural respondents (79 percent). Despite this knowledge, the percent of Zambians who have ever been tested and been tested in the past year remains low. In 2005 the percentages of males and females ever tested were 11 percent and 15 percent, respectively. In 2005 the percentages tested in the past year were 6 percent for males and 9 percent for females.

However, among women who attended Antenatal Care (ANC) in the past two years; were counseled for HIV; took an HIV test and received their test results (UNAIDS MTCT Indicator 1) has increased since 2000, particularly among urban respondents. In 2000, 14 percent of urban ANC females and 5 percent of rural ANC females completed the VCT process. In 2005 the percentages were 35 percent among urban ANC attendees and 8 percent among rural ANC attendees.

The low levels of testing indicated by these findings are in strong contrast to the reported desire among this population to be tested (or tested again). About three-quarters (73 percent) of all males and females indicated that they would like to be tested (or tested again). When respondents were asked why some individuals may chose not to get tested

the most common responses were fear of results (75 percent), fear of stigma and discrimination (34 percent) and belief that oneself is not at risk (17 percent).

### **Sexual Behavior**

The percent of sexually active respondents who reported having sex with a non-regular partner has declined over time among males, from 39 percent in 1998 to 28 percent in 2005. Among females there has been little change (17 percent in 1998 and 16 percent in 2005). Among married men the percentage reporting no non-regular partners in the past year has increased from 79 percent in 1998 to 90 percent in 2005. The percent of married women reporting no non-regular partners (97 percent in 2005) has changed little over time. A somewhat higher percentage of unmarried males and females reported having no non-regular partner in 2005 compared to 1998. The percentage among unmarried males in 1998 was 53 percent, compared to 60 percent in 2005. In 1998 the percentage of unmarried females reporting no non-regular partner was 62 percent, compared to 69 percent in 2005.

Among those respondents with a non-regular partner, the percentage who said they used a condom at last sexual act showed a decrease in 2005 compared to 2000 and 2003. In 2005, 38 percent of males and 29 percent of females with a non-regular partner said they used a condom at last sex. Percentages reporting condom use at last sexual act were higher among urban respondents with a non-regular partner (48 percent) compared to rural respondents (26 percent).

A key indicator of behavior change among young people is median age at first sex. For the age group 15-24, median age at first sex was 18.5 in 2005 for both males and females. This is an increase from a median age at first sex of 16.5 in each of the three previous survey years.

The percent of young people 15-24 with more than one partner in the past year has declined from 12 percent for males in 2000 to 6 percent in 2005. For females the indicator slightly changed (2 percent in 2000 and 3 percent in 2005). The percentages of young people who used a condom at last sex with a non-regular partner (of all young people surveyed) were 11 percent for males and 4 percent for females

The percent of never-married adolescents who never had sex has increased over time. In 1998 the percentage was 39 percent for male adolescents and 57 percent for female adolescents. By 2005 the percentages were 64 percent for male adolescents and 69 percent for female adolescents.

### **Orphans and Vulnerable Children (OVCs)**

In the 2005 ZSBS, 18 percent of children under 15 were classified as orphans. In 2005 nearly a quarter of children under 15 in urban households (22.0 percent) had lost one or both parents, compared to 16.4 percent of children in rural households. Eleven percent of

children under 15 were paternal orphans, 3 percent maternal orphans and 4 percent dual (or double) orphans ( children who have lost both parents).

When orphans and other children made vulnerable by HIV/AIDS (OVC) are taken together, a large percentage of households seem to be struggling to provide for the basic material needs of OVC as well as non-OVC children. Only 50 percent of OVCs had two sets of clothing, their own pair of shoes, and had their own or a shared blanket. Among children under 18 who were not in the OVC category, the percentage reported to have these three items was not much higher (55 percent). Only 13 percent OVCs lived in households that received free, basic external support in caring for the child.

### **Community Data**

Findings from the community questionnaire revealed how HIV/AIDS has impacted Zambian communities. Nearly all communities (97 percent) had at least one death due to HIV/AIDS, and 66.3 percent had five or more deaths due to HIV/AIDS. Urban communities (89 percent) were more likely to have five or more deaths at 89 percent than rural communities at 49 percent.

Community informants were asked what could be done in the community to improve care for persons sick with AIDS and to help their families. The most common need in communities was for medicine (65 percent), followed by financial assistance (48 percent) and hospital admission (42 percent). Informants were asked about what assistance was available for families that had experienced a parental death in their communities. Though communities indicated free medicine as most needed, only 3 percent of communities indicated that free medicine was available. The most common types of assistance available, were food assistance (50 percent) and spiritual help (27 percent).