Zambia
Sexual Behaviour Survey
2005

Central Statistical Office

Ministry of Health

MEASURE Evaluation

Republic of Zambia
Central Statistical Office

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Abbreviations and Acronyms

ABC	Abstinence, Be Faithful and Condoms
AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-Retroviral Drug
CBOH	Central Board of Health
CSO	Central Statistics Office
DRC	Democratic Republic of the Congo
ERP	Economic Recovery Programme
FHI	Family Health International
GPA	WHO Global Programme on AIDS
GRZ	Government of the Republic of Zambia
IEC	Information, Education and Communication
ITN	Insecticide Treated Bednet
MOH	Ministry of Health
MTCT	Maternal to Child Transmission
PEPFAR	President's Emergency Plan on AIDS Relief
PRSP	Poverty Reduction Strategy Paper
OVC	Orphans and Vulnerable Children
RBM	Roll Back Malaria
SAP	Structural Adjustment Programme
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TB	Tuberculosis
TFR	Total Fertility Rate
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
VCT	Voluntary Testing and Counseling
WHO	World Health Organization
YPE	Youth Peer Education
ZDHS	Zambia Democratic and Health Survey
ZSBS	Zambia Sexual Behaviour Study

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Preface

The Government of the Republic of Zambia (GRZ) through the Central Statistical Office (CSO) and the National HIV/AIDS/STD/TB Council and the Central Board of Health (CBOH), with financial assistance from the United States Agency for International Development (USAID) and technical assistance from MEASURE Evaluation (University of North Carolina), conducted the fourth national Zambia Sexual Behaviour Survey (ZSBS) in 2005. YouthNet/Family Health International provided financial and technical assistance for the additional module on youth peer education.

The ZSBS survey provides national and rural/urban estimates by sex. The ZSBS survey provides a rich set of indicators on HIV/AIDS/STI-related Knowledge, Attitudes, and Sexual Behaviour, as well as information on Orphans and Vulnerable Children, and assistance to households and communities affected by the HIV/AIDS pandemic.

The support and involvement of many individuals contributed to the success of the survey. Among those whose efforts were instrumental to the successful implementation of the survey and preparation of this report are the Deputy Director, In-Charge of Social Statistics, Mr. William Mayaka, and the Survey Co-ordinators, Ms. Margaret Tembo Mwanamwenge, Ms. Batista Chilopa Mwale, Ms. Nchimunya Nkombo and Ms Dorothy S. Kaemba. Also instrumental were Ms. Chola N. Daka, Mr. Palver Sikanyiti, Ms. Josephine Chewe Banda, Mr. Hartely Mangala, Mr. Makoselo Bowa, Mr. Anthony Nkole, Mr. Webster Chileshe, Ms. Alice Mbewe, Ms. Mambo Simataa, and all the Provincial Heads, Field and Data Processing Staff.

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Dr. Buleti Nsemukila

Director of Census and Statistics

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) is to obtain national estimates of a number of key indicators (including international standardized indicators) important to monitoring progress of the national HIV/AIDS/STDs programme.

Knowledge and Attitudes

The majority of Zambians have heard of HIV/AIDS. The level of knowledge is high among both males (97%) and females (97%), as well as urban (98%) and rural respondents (96%). Awareness that HIV/AIDS can be avoided and that a healthy-looking person can be HIV-infected are also high and have been increasing over time. For females the percent who knew that HIV/AIDS can be avoided has increased from 78% in 1998 to 91% in 2005. For males the percentage increased from 86% in 1998 to 94% in 2005. In 1998, 86% of males and 82% of females knew that a healthy-looking person can be HIV-infected. In 2005 these percentages were 93% for males and 89% 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%. The percent of respondents with awareness of being faithful to one partner and consistent condom use as ways to prevent HIV transmission were 90% and 82%, respectively. About three-quarters (74%) of respondents were aware of all three methods. In 2005 84% of males and 86% 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%) of rural respondents held this misconception and one-fifth (20%) 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%, and in 2005 the percentage was 36%. 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%) of respondents thought that persons with HIV/AIDS should be ashamed of themselves.

Knowledge about HIV/AIDS among adolescents (15-19) and young adults (20-24) seems to have increased over time. Knowledge that HIV/AIDS can be avoided increased from 75% in 1998 to 88% in 2005 among male adolescents 15-19, and from 87% to 96% among young adult males 20-24. Similarly, knowledge that HIV/AIDS can be avoided increased among female adolescents 15-19 and young adult females 20-24. In 1998, 71% of female adolescents 15-19 and 79% of young adult females 20-24 said they knew HIV infection could be avoided. In 2005, the percentages were 88% and 91%, for female adolescent and young female adults 20-24, respectively. Among adolescents (15-19) awareness of consistent condom use as a preventive measure rose from 60% in 1998 to 80% in 2005, and awareness of having one faithful partner rose from 74% in 1998 to 87% in 2005. Among young adults

20-24 awareness of consistent condom use rose from 67% in 1998 to 85% in 2005 and awareness of having one faithful partner rose from 86% in 1998 to 91% in 2005.

Voluntary Testing and Counseling

Although a majority of Zambians say they know a place to get tested for HIV, the majority have not been tested. In 2005, 83% of all males and 80% of all females indicated they knew a place for testing. Knowledge of a testing site was higher among urban (88%) respondents than rural respondents (79%). Despite this knowledge the percent of Zambians who have ever been tested remains low. In 2005 the percentages ever tested were 11% for males and 15% for females. However, among women who attended antenatal care in the past two years, the percentage who 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% of urban ANC females and 5% of rural ANC females completed the VCT process. In 2005 the percentages were 35% among urban ANC attendees and 8% 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%) 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%), fear of stigma and discrimination (34%) and belief that oneself is not at risk (17%).

Sexual Behavior

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

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

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% for males in 2000 to 6% in 2005. For females the indicator has changed little (2% in 2000 and 3% 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% for males and 4% for females

Of never-married adolescents 15-19 the percentages who never had sex have increased over time. In 1998 the percentage was 39% for male adolescents 15-19 and 57% for female adolescent. By 2005 the percentages were 64% for male adolescents and 69% for female adolescents.

Orphans and Vulnerable Children (OVCs)

In the 2005 ZSBS, 18% of children under 15 were classified as orphans. In 2005 nearly a quarter of children under 15 in urban households (22.0%) had lost one or both parents, compared to 16% of children in rural households. Eleven percent of children under 15 were paternal orphans, 3% maternal orphans and 4% dual (or double) orphans (meaning children who have lost both their mother and father).

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% 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%). Only 13% OVCs lived in households that received any type of free, basic external support in caring for the child.

Community Data

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

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%), followed by financial assistance (48%) and hospital admission (42%). Informants were asked about what assistance was available for families that had experienced a parental death in their communities. Though communities indicated free medicine was most needed, only 3% of communities indicated that free medicine was available. The most common types of assistance available were food assistance (50%) and spiritual help (27%).

Youth Peer Education (YPE)

Exposure to youth-to-youth peer education was measured for the first time in the 2005 ZSBS. About 40% of respondents had heard or seen a health message from a peer educator and 32% had spoken with a peer educator on a health topic. Overall, 4% were currently peer educators and 10% had family or friends who were peer educators.

Exposure to YPE was most often through performances (50%), discussions groups (49%), receiving IEC materials (30%) and condoms (23%) and counseling (23%). Topics most frequently covered in YPE messages were HIV/AIDS (92%), STIs (64%), condoms (61%), abstinence (55%), and pregnancy prevention (29%). Among those exposed to YPE, 84% thought the peer educators were very knowledgeable with regard to the information they provided.

Attitudes towards YPE were positive and varied little according to age, sex and rural or urban residence. Respondents agreed it was appropriate for youth to learn via YPE about HIV/AIDS (95%), being faithful to a partner (95%), abstinence (91%), issues related to sex (87%), and to receive VCT and STI testing referrals (91%) and condoms (78%). YPE was considered very important to the health of their community's youth (84%) and 93% thought the government should spend more on YPE. As to YPE changing youth behaviours, 66% thought it was very likely and 27% somewhat likely.

Chapter 1: Introduction and Background Characteristics, Malaria Prevention, Male Circumcision, Medical Injections, and Voluntary Counseling and Testing

1.1 Introduction

1.1.1 Country Background

Zambia is a landlocked country covering an area of 752,612 square kilometers, about 2.5% of Africa, and is located in South Central Africa. Zambia shares a border with nine other countries: the Democratic Republic of the Congo (DRC) and Tanzania to the north, Malawi and Mozambique to the east, Zimbabwe and Botswana to the south, Namibia to the southwest and Angola to the west.

The country is divided administratively into nine provinces and 72 districts. Two of the provinces, Lusaka and Copperbelt, are predominantly urban while the seven other provinces (Central, Eastern, Luapula, Nothern, North Western, Southern and Western) are largely rural. About 64% of the population lives in rural areas, and 36% in urban areas.

Zambia is situated on the great plateau of Central Africa. Its vegetation is mainly savannah woodlands and grasslands. The climate is tropical with three distinct seasons – the cool and dry season, the hot and dry season and the hot and wet season. The southern and eastern parts of the country receive less rainfall and are prone to drought because of little rainfall.

Zambia has abundant natural resources, including vast deposits of copper and cobalt and a plentiful supply of water from rivers and lakes. There are five main rivers: the Zambezi, Kafue, Luangwa, Luapula, and Chambeshi. In addition to these rivers, the country also has the lakes Tanganyika, Mweru, Mweru wa Ntipa, Bangweulu, and the man-made lakes Kariba and Itezhi tezhi. Zambia and Zimbabwe share the renowned and beautiful Victoria Falls, one of the natural wonders of the world.

Prior to attaining independence on October 24, 1964, Zambia was known as Northern Rhodesia. After attaining independence, the first Zambian government found itself with considerable financial resources at its disposal. The government embarked on a major programme of developing the social, physical and economic infrastructure of the country. Education was made compulsory and health services were provided free of charge.

Zambia's economy consists of a modern urban-oriented sector, which mainly follows the line of rail, and a rural agricultural sector. For many years the modern sector has been dominated by parastatal organisations, while private businesses have predominated in the construction and agricultural sectors. Since 1991, with the introduction of a liberalised market-oriented economy, most parastatals have been privatised, and in some cases, liquidated.

Copper mining is still the country's main economic activity, accounting for 95% of export earnings and contributing 45% of government revenue during the decade following attainment of political independence (1965-1975). In the mid-1970s, following a sharp decline in copper prices and a sharp increase in oil prices, the country's economy started to deteriorate. Attempts were made to minimize dependency on copper exports by diversifying the economy through the creation of import substitution parastatals. This effort did not achieve the desired results.

The 1980s marked the start of the first phase of implementing Structural Adjustment Programmes (SAPs) as the economy reached stagnation. However, the SAPs failed to alter the economy structurally and exacerbated poverty among the majority of Zambians.

In 1991 the new Government launched an Economic Recovery Programme (ERP) aimed at reversing the protracted decline in the economy by stimulating

sustained positive growth, improved living standards and quality of life.

In 2001, the government initiated the development and implementation of a broad-based Poverty Reduction Strategy Paper (PRSP) aimed at reducing poverty and improving living conditions of the people. Currently, around 68% of Zambians are classified as poor. Poverty is more prevalent in rural areas compared to urban areas (78% and 53% respectively). (CSO, *Living Conditions Monitoring Survey report 2004*, p. 113).

1.1.2 The Demographic Profile

The 1980, 1990 and 2000 population censuses reported total populations of 5.7 million, 7.8 million and 9.9 million, respectively. Population densities were estimated at 7.5 persons per square kilometer in 1980, 10.4 in 1990 and 13.7 in 2000. The highest population density is found in Lusaka (65 persons per square kilometer) and the lowest in North-Western Province (9 persons per square kilometer).

According to estimates from census data, fertility has been declining at a slow pace, with the Total Fertility Rate (TFR) going from 7.1 in 1980 to 6.7 in 1990 to 6.0 in 2000. The 2000-2001 Zambia Demographic and Health Survey (ZDHS) found the TFR to be 4.3 in urban areas, 6.9 in rural areas and 5.9 overall.

According to census data, infant mortality increased from 99 per 1000 live births in 1980 to 123 per 1000 live births in 1990, and declined to 110 per 1000 live births in 2000. The 2000-2001 ZDHS reported under-five mortality to be 140 per 1000 in urban areas, 182 per 1000 in rural areas and 168 per 1000 overall.

Life expectancy at birth has declined since 1980, when it was estimated to be 52.0 years for males and 52.5 years for females. In 1990, the estimates were 46.1 years for males and 47.6 years for females. By 2000 life expectancy had increased somewhat, to 48.0 for males and 52.0 for females (CSO 2002, p. 124).

1.1.3 The HIV/AIDS Situation in Zambia

According to the 2000-2001 ZDHS, 15.6% of the adult Zambian population is HIV positive. Sub-Saharan Africa has an overall prevalence rate of 7.5%, which makes Zambia one of the African countries with a particularly high prevalence of HIV. It was projected that by the year 2005, 914,691 adults of all ages and children in Zambia would be living with HIV/AIDS (UNAIDS 2004).

The first AIDS case was reported in Zambia in 1984. Initially, the majority of HIV/AIDS cases occurred in urban areas, but the epidemic soon spread to rural areas as well. A national response began with the establishment of the National AIDS Surveillance Committee in 1986 with assistance from the World Health Organization (WHO) Global Programme on AIDS (GPA) and the establishment of national management structures to spearhead effective responses to the HIV/AIDS challenge.

Initial efforts to control the epidemic included development of the Zambia National HIV/AIDS/STD/TB strategic framework, followed by a short-term emergency plan in 1987 to protect the national blood supply and the First Medium Term Plan (1988-1992). The First Medium Term Plan emphasized eight areas: TB and leprosy; information, education and communication (IEC); counseling; laboratory support; epidemiology and research; STDs and clinical care; programme management; and home-based care. In 1993 the Second Medium Term Plan (1994-1998) was launched. This plan focused on the integration of HIV/AIDS, TB and STD control efforts. Particular emphasis was placed on access to STD care, condom promotion, TB control and mitigation policies.

The national AIDS programme developed a core epidemiological surveillance and research system, which includes national sentinel surveillance in antenatal clinics, local population-based surveys, hospital notification of AIDS cases and small-scale research studies.

Self-reported data on sexual behavior and condom use are available from the Zambia Sexual Behavior Surveys (ZSBS) conducted in 1998, 2000, 2003 and 2005 (data from all previous ZSBS are included in this report), and from the 1992, 1996 and 2001-2002 Zambia Demographic and Health Surveys (ZDHS). The 2001-2002 ZDHS included HIV testing at the household level.

1.2 Survey Methodology

1.2.1 Survey Objectives

The 2005 ZSBS had as its main objective to obtain national estimates of a number of key indicators important to monitoring progress of the national HIV/AIDS/STDS programme. These indicators measure, among other things, knowledge, attitudes, sexual behavior and health-care seeking behavior. Whenever possible, and throughout this report, the internationally standard Joint United Nations Programme on HIV/AIDS (UNAIDS) indicators and selected indicators more recently formulated under the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), are tabulated and presented for the relevant subject areas. (See Appendix C for summary tables showing all of the UNAIDS and PEPFAR indicators tabulated for this report.) These internationally standard indicators have been developed and tested over several years to help in the monitoring and evaluation of national HIV/AIDS Programmes.

Specific objectives of this survey were:

1. To obtain data on indicators of knowledge, attitudes, stigmatization and sexual behavior among adults in urban and rural areas using a population-based sample for the purposes of monitoring and evaluation of the epidemic and national HIV/STI prevention programmes.
2. To maintain an established biannual data series for monitoring indicator trends.
3. To assess knowledge of preventive practices relating to HIV/AIDS and STIs among the general adult population.
4. To assess orphanhood, fosterhood, recent household deaths and illness, care-giving responsibilities, and characteristics of care and support available for sick adults and orphans and vulnerable children.
5. To complement HIV/STI surveillance data obtained from antenatal clinics with data on sexual behavior.
6. To obtain community-level information from local leaders on the effects of the epidemic on households and families, on community exposure to prevention and assistance programme activities, and on the types of support and assistance available to all individuals, families, parents, vulnerable children and orphans affected by HIV/AIDS.

1.2.2 Sample

The sample design for the survey called for a probability sample of about 2,500 households in which all eligible adults (women aged 15-49 and men aged 15-59) were to be interviewed, as described below. The cluster-based household sample was selected country-wide, in every province and by urban/rural residence. The sample is nationally representative and designed to produce national, urban and rural estimates by sex.

In order to maximize comparability and focus on measuring trends over time, ZSBS cluster sampling has maintained a degree of consistency in the selection of clusters, or Standard Enumeration Areas (SEAs), since the first survey round was implemented in 1998. Sample design for the 1998 ZSBS began with the 312 clusters drawn for the 1996 Zambia Demographic and Health Survey (1996 ZDHS), which was based on the 1990 Census of Population, Housing and Agriculture as the sampling frame. The 312 clusters selected for the 1996 ZDHS served as the frame from which 80 SEAs were randomly selected for the 1998 ZSBS. In the next survey round, sampling for the 2000 ZSBS maintained the same 80 clusters used in 1998, and made appropriate modifications and updates to maintain a self-weighting 80 cluster sample. In 2003, the 80 cluster sample was again updated and expanded to add 20 additional clusters, this time using the new 2000 census sampling frame, and bringing the total number of sampled clusters, or SEAs, to 100. Sampling for the 2005 survey added five more clusters, again using the 2000 census sampling frame, yielding a total of 105 self-weighted clusters.

About six weeks prior to the main fieldwork, household listings in each SEA were updated, and a systematic sample of 16 households in urban clusters and 34 households in rural clusters selected. The sample taken was about 20 persons from 16 households per cluster in urban areas, and about 30 persons from 34 households per cluster in the rural areas. From the 2,465 households sampled, 2,444 households were located and found to

Table 1.1 Household and individual response rates, ZSBS 1998 - ZSBS 2005

	Years			
Results	**1998**	**2000**	**2003**	**2005**
Household Interviews				
Sampled	1,981	1,851	2,497	2,465
Occupied	1,914	1,809	2,444	2,378
Interviewed	1,913	1,702	2,330	2,300
Household Response Rate	97%	92%	93%	93%
Individual Interviews*	**1998**	**2000**	**2003**	**2005**
Number of Eligible Women	2,138	2,034	2,680	2,462
Eligible Women Interviewed	2,040	1,791	2,324	2,174
Number of Eligible Men	1,803	1,798	2,534	2,390
Eligible Men Interviewed	1,655	1,525	2,147	2,046
Eligible Woman Response Rate	95%	88%	87%	88%
Eligible Man Response Rate	92%	85%	85%	86%

* Eligible respondents were all females aged 15-49 years and all males aged 15-59 years resident within sampled and interviewed households.

be occupied. Interviews were completed for a total of 2,330 households, 2,174 women and 2,046 men.

The response rate of 93% for households in 2005 is similar to the household response rates in 2000 (92%) and 2003 (93%). The 2005 individual response rate was 88% for females and 86% for males. These findings are presented in Table 1.1.

1.2.3 Training and Fieldwork

Interviewers and supervisors attended a two-week training session in January 2005. Fieldwork was carried out by 10 interviewing teams. Fieldwork began in late February and ended in May 2005. As a quality control measure, trainers of the field staff traveled to all provinces to observe initial implementation of the fieldwork. The objective was to ensure that all field procedures and administration of the instruments was done correctly. The trainers listened to some interviews, checked a sample of completed questionnaires for errors, and discussed any problems or questions with the interview team. In order to deal with any logistical problems arising in the field, field supervisors maintained regular communication with their survey coordinators through the provincial offices.

1.2.4 Questionnaires

The ZSBS questionnaires are designed around measurement of internationally designed standard indicators, primarily standards promulgated by UNAIDS and the World Health Organization (WHO). Some of these measures have evolved over time, and introduce complexities for the measurement of trends. In particular, the questionnaire used in the first round, the 1998 ZSBS, was based on the then-standard WHO/GPA questionnaire in wide use until that time. Over the next few years, a new set of standards and indicators was developed and published by an international consortium led by UNAIDS. Beginning with the year 2000 survey round, ZSBS questionnaires are based on the updated questionnaire. Therefore, the interpretation of trends that include data from 1998 must be considered with caution, and this is highlighted throughout the report.

The 2005 ZSBS survey questionnaire was expanded to incorporate some new questions. These new items include questions taken from the AIDS Indicator Survey (AIS) to allow for the measurement of PEPFAR indicators. In order to create room for the new information, a few questions used in previous questionnaires were dropped. The items dropped were

primarily those that had failed to produce useful data in past survey rounds. Apart from these additions and a few deletions, the questionnaire was virtually the same as the instruments used in previous five years, and is, to the fullest extent possible, consistent with international standards.

The ZSBS uses three types of instruments: a household questionnaire, an individual questionnaire and a community questionnaire.

- Household questionnaire – administered to household head or another appropriately knowledgeable member of the household. Obtains data needed to compile a household roster. Obtains household-level data relevant to the identification and listing of individuals eligible for interview, household assets, orphanhood, child fostering, birth registration, schooling, availability and use of insecticide-treated bed nets, occurrence and characteristics of deaths and illness among household members in the past 3 months and past 12 months, care and support for sick adults, orphans, and households with a recent death.

- Individual questionnaire – administered to all eligible adults in household. Obtains data on background characteristics (age, residence, education, employment), use of alcohol, exposure to mass media, religious and ethnic affiliation, care-giving responsibilities, marital history, sexual behavior and partnerships, partnership characteristics, condom use, forced sex, circumcision, knowledge about and symptoms of sexually transmitted infections (STIs), injections, knowledge and sources of knowledge about HIV/AIDS transmission and methods of HIV/AIDS prevention, attitudes and behavior towards persons infected with HIV/AIDS (stigma), exposure to and characteristics of voluntary counseling and testing (VCT), pregnancy, births, and use of antenatal care. The questionnaire also included a component on Youth Peer Education (YPE). YPE has been widely utilized in Zambia to reach young people on issues relating to HIV. It is used in Anti AIDS clubs in schools, media campaigns, street performances, lectures and discussion groups at places of worship, bars, clubs and youth friendly corners in medical institutions.

- Community questionnaire – administered to a community leader identified by the interview team. Obtains data on the community-level impact and on assistance available to individuals and families in the community affected by HIV/AIDS.

The questionnaires were translated into the seven major languages spoken in Zambia: Bemba, Nyanja, Tonga, Lozi, Lunda, Luvale and Kaonde. The English version of the questionnaire is provided in Appendix C.

1.3. Background Findings

1.3.1 Household and Individual Characteristics

The median age and age-dependency ratio, and the three age groups from which age-dependency ratio is calculated, are shown in Table 1.2 for the household population. Zambia has a young population, with a median age of 15 and with 49.5 % of the population less than 15 years of age.

The age-dependency ratio is sometimes used as a crude measure of the economic burden the productive portion of a population must carry. The age-dependency ratio of 1.1 has not changed since 1998. An age-dependency ratio of 1.1 indicates that, on average, for every adult person between the ages of 15-64 (considered to be the economically active ages) there is one economically dependent person under the age of 15 or over the age of 64.

Additional data on the 2005 household population distribution by five-year age groups is shown in Appendix Table A.1.1.

1.3.2 Education

Zambia has a three-tiered education system. Primary education comprises the first seven years of schooling, with secondary education being an additional five years. Post-secondary education includes college and university education. Appendix Table A.1.2 shows survey findings on the highest level of education reported by respondents.

Table 1.2 Percent distribution of household population by three age categories; median age, and age-dependency ratio, 1998-2005

	Percent of Household Population			
	1998	**2000**	**2003**	**2005**
Age Group				
<15	48.3	48.1	48.8	49.5
15-64	48.3	48.1	46.6	46.8
65+	2.4	3.7	4.6	3.6
Missing	1.1	0.1	0.0	0.1
Total	100	100	100	100.0
Median Age	15.0	16.0	14.7	15.0
Age-Dependency Ratio	1.1	1.1	1.1	1.1

The percentage of the population with no schooling remains higher in rural areas (15.3% for males and females combined) compared to urban areas (3.0% for males and females combined). Although the gap is slowly narrowing, the percentage with no schooling in 2005 is almost two times greater for females (14.1%) compared to males (7.9%). See Appendix Table A.1.2. The proportion of urban males with at least secondary level education has been increasing steadily since 1998, when the percentage was 64.7. In 2005, more than three-quarters (76.7%) of urban males completed secondary or higher education. The percentage of urban females with at least secondary education has also been increasing, from 42.0% in 1998 to 59.0% in 2005.

1.3.3 Mobility

Respondents were asked how long they have lived continuously in their present communities. This is of interest for AIDS prevention because high mobility and migration can be an important factor in the spread of HIV. These findings are shown in Table 1.3. Approximately half (50.3%) of urban respondents had lived in their current place of residence for more than 5 years. This is a decrease from previous years (59.5% in 2000 and 60.5% in 2003). By contrast, a large percentage (70.2%) of rural respondents had lived in their current place of residence for more than 5 years, similar to the previous survey years.

Similar percentages of men (25.9%) were in their current places of residence for 1-5 years in 2005 compared to 2000 (27.7%). For women the percentages in their current place of residence for 1-5 years show little variation (29%-31%) over the period 2003-2005. The overall percentage of respondents in their place of current residence for less than one year increased slightly to 8.1% in 2005, compared to 6.3% in 2000.

1.4. Availability and Use of Mosquito Nets for Protection Against Malaria

Malaria poses a serious public health problem in many parts of the world, and Zambia is no exception. Malaria accounts for a very high burden of disease in Zambia. Mosquito nets, and in particular, insecticide-treated bed nets, are considered an effective method of malaria prevention. The 2005 household questionnaire included new questions designed to measure several indicators related to prevention of malaria. These indicators focus on the presence of mosquito nets in the household, and how they are used.

Table 1.4 shows findings on the availability of mosquito nets in Zambian households, without regard to whether the nets are appropriately treated with insecticide. Findings indicate that a large majority (62.0%) of rural households, and just under half (49.3%) of urban households, have no mosquito net. Around one quarter of all households report the presence of one mosquito net. Only 15.8% of households report having two or more nets. Urban households are twice as likely (24.7%) as households in rural areas (12.4%) to have two or more mosquito nets.

Table 1.3 Percent distribution of respondents by duration of stay in current location by sex and residence, 2000-2005

Sex and Residence	Number			Less Than 1 Year			1-5 Years			More Than 5 Years		
	2000	2003	2005	2000	2003	2005	2000	2003	2005	2000	2003	2005
Men												
Urban	562	817	704	6.9	12.0	12.4	31.2	27.2	37.2	61.9	60.8	50.4
Rural	963	1,330	1342	4.1	5.7	5.0	25.6	20.8	19.9	70.3	73.3	75.0
Total Men	1,525	2,147	2046	5.1	8.1	7.5	27.7	23.2	25.9	67.2	68.6	66.6
Women												
Urban	721	900	737	9.9	12.2	12.2	33.0	27.6	37.6	57.1	60.1	50.2
Rural	1,070	1,424	1435	6.5	7.4	6.8	30.3	29.9	27.5	63.2	62.5	65.6
Total Women	1,791	2,324	2174	7.8	9.3	8.6	31.4	29.0	30.9	60.8	61.6	60.4
Total Urban	1283	1,717	1443	8.4	12.1	12.3	32.2	27.4	37.4	59.5	60.5	50.3
Total Rural	2033	2,754	2777	5.1	6.6	5.9	28.1	25.5	23.8	66.9	67.8	70.2
All respondents	**3,316**	**4,471**	**4220**	**6.3**	**8.7**	**8.1**	**29.7**	**26.2**	**28.5**	**64.1**	**65.0**	**63.4**

Note: Due to a few missing values (not shown) some percentages will not add precisely to 100%.

RBM Core Indicator 1

The Roll Back Malaria (RBM) partnership proposes five core indicators to measure the proportion of the population covered by RBM prevention strategies. Questions added to the ZSBS in 2005 make it possible to calculate three of the five core indicators.

RBM Core Indicator 1 is the proportion of households with at least one insecticide-treated net (ITN). A treated net is defined as one that has been treated within and including 12 months or has been permanently treated. Questions on timing of net treatment were not asked, but it is possible to calculate the proportion of nets permanently treated or ever treated. Findings for this indicator in 2005 are shown in Table 1.5.

RBM Core Indicator 2

Young children and pregnant women are the ones at greatest risk of malaria-related morbidity and mortality. It has recently been estimated that malaria is responsible for approximately 20% of all deaths among children less than 5 years of age in sub-Saharan Africa. RBM Core Indicator 2 is the proportion of children under 5 years of age who slept under an ITN the previous night. Results for this indicator are shown in Table 1.6. Overall, less than one-quarter of children under 5 currently have this protection.

Table 1.4 Percent distribution of households with mosquito nets* by number of nets per household and by residence, 2005

Residence	Number of households	Percent of Households		
		No mosquito net	1 mosquito net	2+ mosquito nets
Urban	649	49.3	25.6	24.7
Rural	1,651	62.0	25.4	12.4
Total	2,300	58.4	25.4	15.8

* Any mosquito net, regardless of whether net is appropriately treated with insecticide.

Table 1.5 Percent of households with at least one insecticide-treated net (ITN), by Residence, 2005

Residence	Number of Households	RBM Core Indicator 1: Proportion of households with at least one ITN*
Urban	649	42.7
Rural	1651	32.5
Total	2300	35.4

* The proportion shown is for nets that have been permanently treated or ever self-treated with insecticide.

Table 1.6 Percent of children under age 5 who slept under an insecticide-treated net (ITN), by residence, 2005

Residence	Number of Children Under Age 5	RBM Core Indicator 2: Proportion of children under age 5 years who slept under an ITN the previous night
Urban	470	26.0
Rural	1454	22.4
Total	1924	23.2

* The proportion shown is for nets that have been permanently treated or ever self-treated.

RBM Core Indicator 4

RBM Core Indicator 4 is the proportion of pregnant women who slept under an ITN the previous night. Results for this indicator are shown in Table 1.7. Percentages for the indicator of protection for pregnant women are similar to those for children under five. Pregnant women and children in urban households are more likely to be protected by ITNs than those in rural households, but the gap is not large.

1.5. Circumcision

The term circumcision refers to a wide range of procedures. As used here, male circumcision refers to the removal of the foreskin of the penis, a procedure common in many parts of the world that has been shown to have some health benefits. Information on male circumcision is important because male circumcision may be a protective factor against HIV/AIDS transmission. Female circumcision refers to a number of female genital cutting procedures and has been shown to have numerous negative consequences on the health of girls and women. Female genital cutting is not very common in Zambia.

From the point of view of transmission of HIV/AIDS, female and male genital cutting practices are believed to have different effects. Both can put those who are circumcised at risk of HIV infection if the procedure is performed in a non-sterile environment, such as may occur when groups of children are circumcised in a non-clinical village setting. In such a circumstance, if one member of the group being circumcised is HIV positive, and if non-sterile equipment is used, there is a chance that others may become infected. On the other hand, some research studies have suggested a protective effect due to male circumcision. The research community continues to investigate this controversy.

Findings on circumcision are presented in Appendix Table A.1.3. The percentage of males who say they have been circumcised has changed very little since 1998. In 2005, 16.0% of all males said they were circumcised,

Table 1.7 Percent of pregnant women who slept under insecticide treated nets (ITNs), by residence, 2005

Residence	Number of Pregnant women	RBM Core Indicator 4: Proportion of pregnant women who slept under an ITN the previous night
Urban	48	27.1
Rural	162	23.5
Total	210	24.3

* The proportion shownor nets that have been permanently treated or ever self-treated.

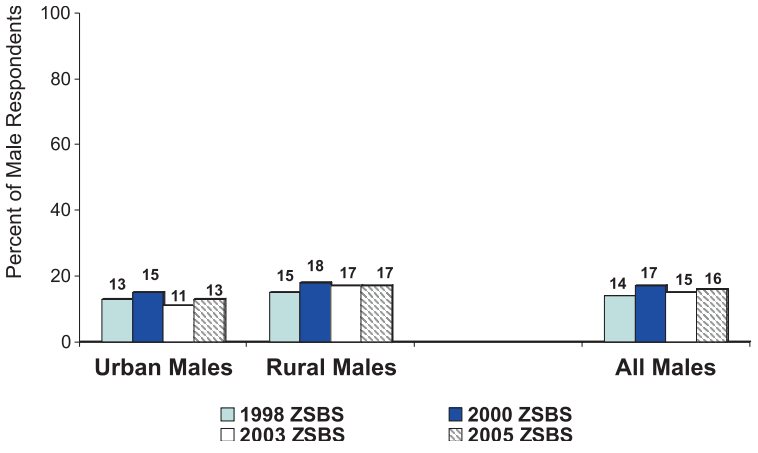
a slight increase from 13.7% in 1998. Female circumcision is not a common practice in Zambia, and the percentage of women who say they are circumcised is very low (0.9% in 2005). Figure 1.1 shows findings for males reported to have been circumcised.

1.6. Medical Injections

Injections are among the most common health care procedures, and it is of concern that they are frequently unnecessary and unsafe. Re-use of injection equipment without sterilization is a common problem. Unsafe injections are believed responsible for many thousands of cases of HIV globally, and the risk exists for Zambia as well. Therefore, questions on injection frequency and safety were added to the ZSBS in 2005. Respondents were asked about the number and characteristics of injections they had received in the past six months. Those who had at least one injection are asked how many of these were administered by a doctor, nurse, pharmacist or other health professional, and if the last injection was administered using a new/ clean syringe and needle. Over time, these data can provide important information on efforts to improve injection safety by tracking the average annual number and safety of medical injections received from a doctor, nurse, pharmacist or other health professional.

In 2005, the questions on medical injection were inadvertently placed in the section of the questionnaire asking about sexually transmitted infections. As a result of skip patterns applied to the STI questions, the medical injection questions were not asked of 691 respondents (16%). The 190 respondents who had never heard of STIs, and 501 respondents who said they had never had sex were "skipped out" of section 4 and thus were not asked about injections. This needs to be considered when interpreting the 2005 data.

Figure 1.1 Percent of male respondents who are circumcised, ZSBS 1998 - ZSBS 2005.



Prevention Indicator 7 is the average number of medical injections per person per year. Among the respondents who were asked this question in 2005 (see explanation in previous paragraph), males reported an average of .5 medical injections per year, and females an average of .8 medical injections per year. These results are presented in Appendix Table A.1.4. As shown in Figure 1.2, the majority of respondents who were asked this question reported receiving no medical injections in the past six months. Among females, 76.0% say they received no medical injection in the past six months, and the percentage is higher among males (88.7%). Eighteen percent of female respondents report receiving 1-3 injections, compared to 6.0 % of male respondents. Five percent of male respondents and 6.1% of female respondents say they received four or more medical injections in the past six months.

Because HIV (and other diseases) can be transmitted through contaminated needles and syringes, it is critically important to ensure that a clean needle and syringe are used for each and every injection. Prevention Indicator 8 is the proportion of women and men aged 15-49 reporting that the last health care injection was given with a syringe and needle set from a new, unopened package. Findings are shown in Appendix Table A.1.5 and Figure 1.3. Among those receiving an injection from a health professional, most (92.9%) indicated that the injection was given with a new/clean syringe and needle. Urban and rural respondents reported injections with a clean syringe and needle in about the same proportions. A modest difference is observed when comparing males and females. Somewhat larger percentages of females (94.8%) said a clean needle and syringe were used compared to males (88.5%). See Figure 1.3.

1.7. Voluntary Counseling and Testing

An individual's knowledge of his or her HIV status can empower these individuals to take precautions to protect against acquiring or transmitting the virus. In Zambia, a number of voluntary counseling and testing (VCT) sites have been established and their use is encouraged throughout the country. However, as the results shown below reveal, most people still have not been tested. Continuing efforts are needed to educate the population about the importance of being tested and knowing one's status.

Responses to a series of questions on counseling and HIV testing are presented in Appendix Table A.1.4. More than eight out of ten Zambians report knowing a place to go for an HIV test. An improvement in this indicator is evident when comparing earlier survey rounds to 2005, and particularly among women. While little change is evident when comparing the 2000 and 2003 survey findings, the percentage of women who say they know a place to go rose from 68.7% to 80.2% between the 2003 and 2005 survey rounds. Among males, the increase was from 75.8% in 2003 to 83.3% in 2005. The increase across the three survey years in the percentage who say they know a place to be

Figure 1.2 Percent distribution of respondents by number of medical injections in past 6 months, ZSBS 2005.

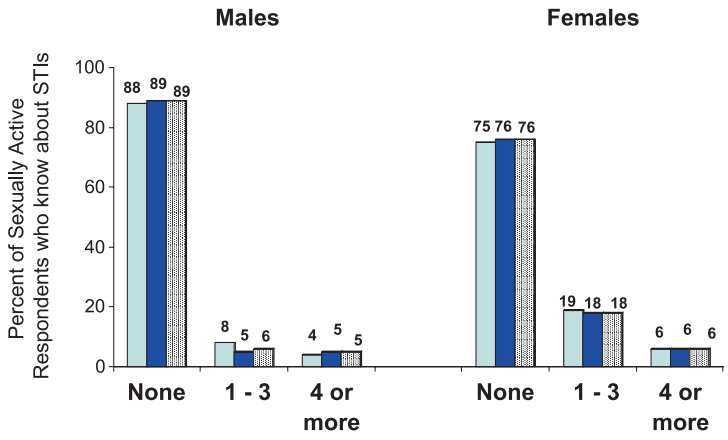
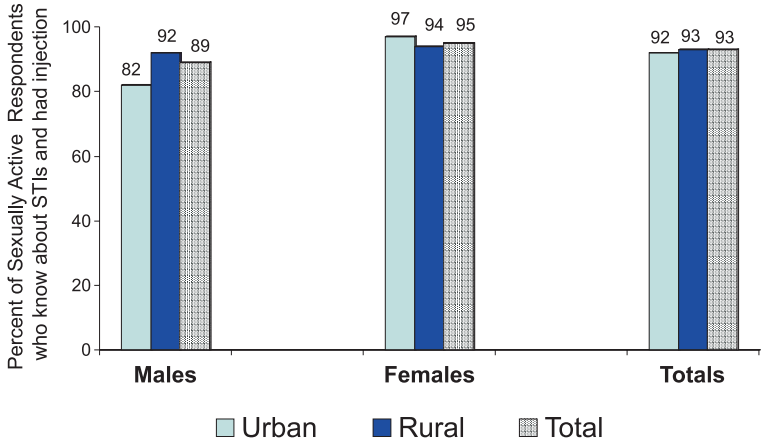


Figure 1.3 Prevention Indicator 8: Percent reporting last medical injection performed with a clean needle and syringe, ZSBS 2005.



tested is larger among urban respondents (more than 11 percentage points) compared to rural respondents (about 6 percentage points). See Appendix Table A.1.6.

Although findings show an increase in knowledge of testing sites, this is not accompanied by a correspondingly large increase in the percentage of respondents who say they have ever been tested for HIV (Figure 1.4 and Appendix Table A.1.6). These percentages remain low in 2005, at 11.4% among males and 15.3% among females. Among all respondents, the largest percent who report having been tested are urban women (23.9%). This is likely to be related to findings discussed in a later section that show increases in the percentages reporting ANC counseling and testing among pregnant women.

In sharp contrast to the proportions ever tested for HIV, very large numbers of Zambians report a desire to be tested (or tested again, if already tested). As shown in Figure 1.5, the percentages reporting a desire to be tested have remained high, around three-quarters of all respondents, since the 2000 survey round.

Overall, seven out of ten Zambians have said they desire to be tested (or tested again) since the 2000 survey. As may be seen in Appendix Table A.1.6, overall percentages desiring to be tested are almost identical among males (72.9%) and females (72.5%) in 2005. Urban and rural differences are very small, with rural percentages desiring to be tested are slightly larger (73.5%) than urban (71.1%) in 2005. These findings point to a high level of unmet need for testing services.

Figure 1.4 Percent of respondents ever tested for HIV, ZSBS 1998 - ZSBS 2005.

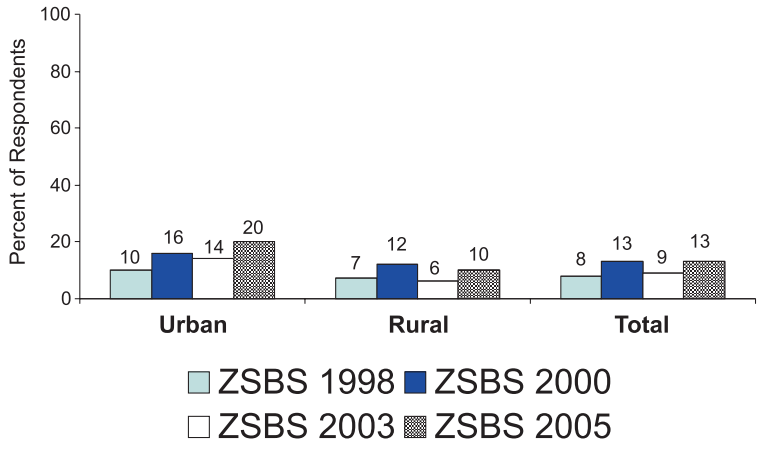
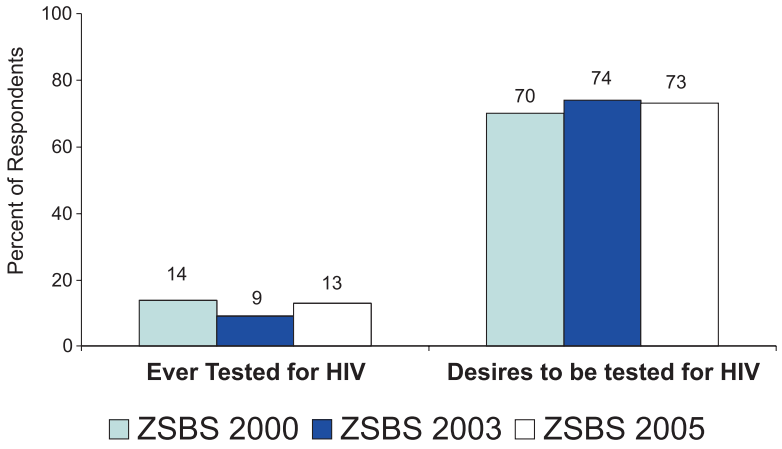


Figure 1.5 Percent of respondents ever tested for HIV, and percent who desire to be tested (or tested again) ZSBS 2000 - ZSBS 2005.



Since a very large majority of Zambians know a place to go for testing, it may be useful to further investigate issues of access and/or barriers to use, including distance to a test site, confidentiality, stigma concerns, and quality of services.

1.7.1 Reasons for Not Getting Tested

In the 2005 survey, a question was added on possible reasons why some individuals might choose not to go for VCT. Respondents were asked for their opinion on this issue regardless of whether they reported ever having been tested. Findings are shown in Figure 1.6 and Appendix Table A.1.7. The reason most commonly cited was "fear of learning the test results." Overall, this fear was mentioned by 74.5% of respondents, and overall percentages were almost the same among males (74.9%) and females (74.0%). Urban respondents were somewhat more likely to mention fear of results as a reason not to go for testing (78.5%) than were rural respondents (72.3%).

Fear of stigma or discrimination was mentioned by about one-third of all respondents (34.8% among male respondents and 32.9% among female respondents). Rather small proportions mentioned a feeling of not being at risk as a possible reason not to be tested (17.1% and 16.0% among males and females, respectively). Consistent with the findings discussed above about knowledge of an HIV test site, a very small percentage (3.2% for males and females combined) mentioned not knowing where to go as a reason for not going for VCT (see Appendix Table A.1.6).

Figure 1.6 Reasons some people may choose not to go for voluntary counseling and testing (VCT), by residence, ZSBS 2005.

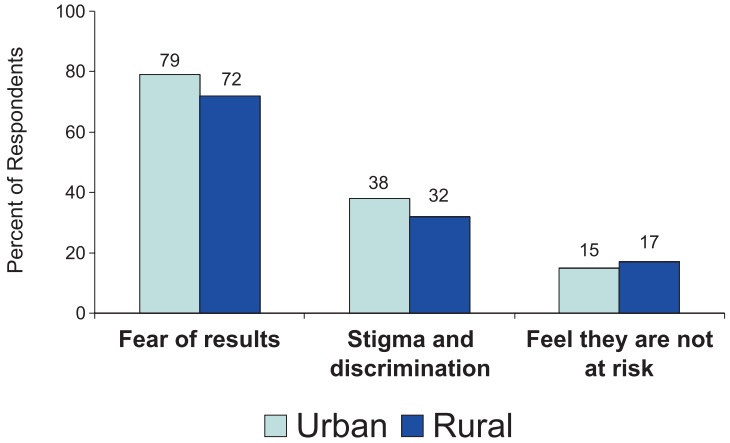


Figure 1.6 shows the percentage of urban and rural respondents who cited the three reasons most commonly mentioned for why some people may choose not to go for VCT.

1.7.2 Antenatal Care, HIV Counseling and Testing

In Zambia, HIV surveillance data are obtained from females attending antenatal clinics. HIV surveillance is done periodically in selected clinics around the country by taking blood samples and performing anonymous tests on the samples.

In 2005, more than nine out of ten women pregnant in the last two years attended antenatal care at least once (94.3%). Attendance rates are almost the same among women in urban (96.2%) and rural areas (93.8%). See Table 1.8.

Appendix Table A.1.8 presents data on HIV counseling and testing at ANC clinics among women with a pregnancy in the last two years who attended antenatal care at least once. More than three-quarters (78.4%) of these women said they received counseling for HIV. This appears to indicate a large increase in exposure to counseling, from less than half of antenatal women in 2000 to more than three-quarters in 2005. As seen in Figure 1.7, larger proportions ANC attendees in urban areas report exposure to ANC-based counseling compared to those in rural areas.

Appendix Table A.1.8 also provides data on the percent of antenatal women who completed the voluntary counseling and testing process – in other words, those who were counseled, offered an HIV test, took the test and received results. Consistent with increases in the proportion counseled, a higher percentage of women(especially among urban respondents) also reported having completed the VCT process.

In 2005, the overall percentage of women attending ANC who were counseled, tested and received their test result increased to 14.3%, an increase from 5.7% in 2003. The urban and rural differential is large. The percentage completing the VCT process is more than four times as large for urban women (35.4%) compared to rural women (7.7%). These results appear to indicate a positive trend and improvement that could be due to programmatic efforts. At the same time, the urban-rural comparison points to the need for a continuing focus on building VCT capacity in rural ANC clinics.

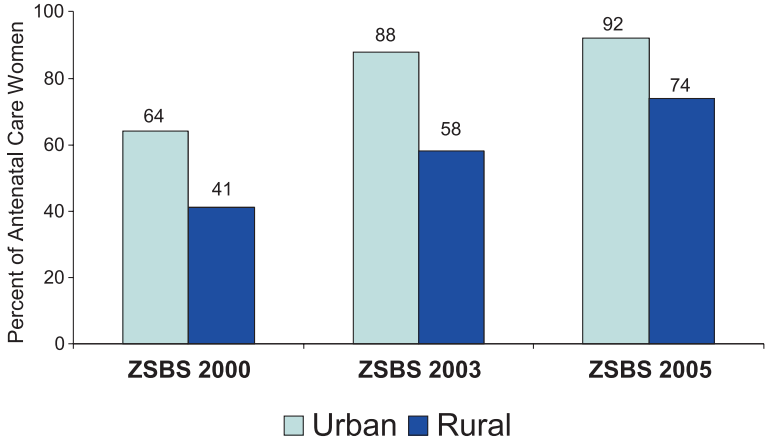
1.8. UNAIDS Indicators of Voluntary Testing and Counseling

UNAIDS recommends two indicators for tracking exposure to voluntary counseling and testing (VCT) for HIV. One indicator focuses on prevention of mother-to-child transmission, and captures exposure to VCT among pregnant women attending antenatal care. The second indicator measures exposure to VCT in the total population.

Table 1.8 Percent of women with at least one ANC visit among those pregnant in the past two years, ZSBS 2000 - ZSBS 2005

	Number Pregnant in Past Two Years			Percent of women who were pregnant in past two years who attended ANC at least once		
Residence	2000	2003	2005	2000	2003	2005
Urban	186	250	185	97.9	98.4	96.2
Rural	449	579	610	89.1	94.1	93.8
Total	635	829	795	91.7	95.4	94.3

Figure 1.7 Percent of women attending antenatal care who received counseling for HIV, by residence, ZSBS 2000 - ZSBS 2005.



UNAIDS Mother to Child Transmission Indicator 1

The UNAIDS Mother-to-Child Transmission (MTCT) Indicator I is defined as the percent of women who were counseled during antenatal care for their most recent pregnancy, accepted an offer of testing, were tested and received their test results, among all women who were pregnant at any time in the two years preceding the survey.

The percent of females meeting the standard for the UNAIDS MTCT Indicator 1 more than doubled since the previous survey, increasing from 5.7% in 2003 to 14.3% in 2005. Results for the indicator are presented in Appendix Table A.1.9. As discussed earlier, the urban-rural differential for this indicator remains large, with 35.4% of women in urban areas meeting this standard compared to 7.7% in rural areas. This might suggest that services are more readily available in urban areas than in rural areas. Also, while reported exposure to HIV counseling and testing among pregnant females shows significant improvement, the actual levels remain low and indicate a need for further improvement. See Figure 1.8.

UNAIDS Voluntary Counseling and Testing Indicator 1

UNAIDS Voluntary Counseling and Testing (VCT) Indicator 1 is the percent of all people surveyed who have ever voluntarily requested an HIV test, received the test and received their test results. Findings are shown in Appendix Table A.1.10. The percentage of men exposed to VCT remains low, but has increased slightly from 5.0% in 2000 to 6.0% in 2005. Among women in the total population, the percentage reporting exposure to VCT is 9.3% which is higher than in 2000 (4.3%). As with the ANC-based VCT indicator, the overall percentage of respondents completing VCT is higher in urban areas compared to rural areas. Respondents in urban areas are almost three times as likely to score positively on this indicator as are those in rural areas. These results are also shown in Figure 1.9.

Whereas considerable improvements in exposure to voluntary testing and counseling are evident for pregnant females, comparable improvements are not yet achieved in the general population. Sustained and intensified efforts are needed to inform all Zambians (urban and rural) of the importance of being tested and knowing the result.

Strengths and Limitations of the ZSBS Surveys

The ZSBS is used primarily as a tool for monitoring Zambia's national programme response to the HIV/AIDS epidemic. It is implemented every two years. Given the frequency of implementation at a national level, it is important for the survey to keep expenses as low as is possible while still producing

Figure 1.8 UNAIDS MTCT Indicator 1: Percent of antenatal women counseled and tested for HIV, and know test results, ZSBS 2000 - ZSBS 2005.

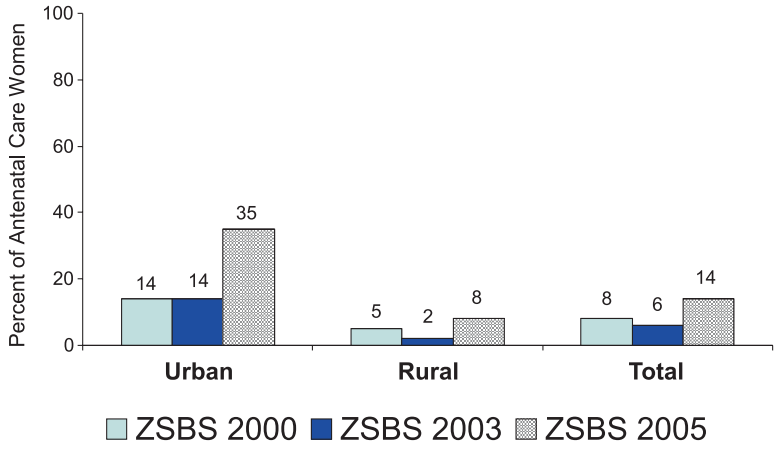
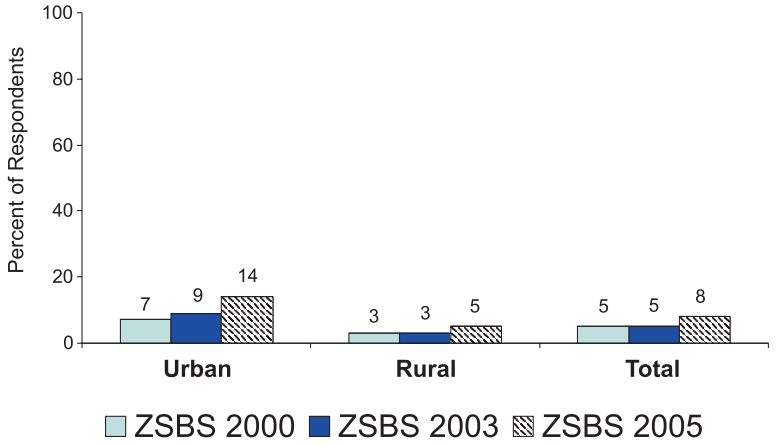


Figure 1.9 UNAIDS VCT Indicator 1: Percent of total population tested for HIV and know their test results, ZSBS 2000 – ZSBS 2003.



valid and reliable results. The ZSBS uses a nationally representative stratified random sample. It provides estimates at a national level, as well as by sex and residence, and generally within a sampling error of plus or minus 3-5%. The ZSBS is not a longitudinal survey. It provides a series of cross-sections, and the analysis presented in ZSBS reports is descriptive, and does not include significance testing. Analysis of selected indicator trends over the period 1998-2005, using ZSBS and other available data, is being carried out in a separate activity, and results will be available later this year. The ZSBS should not be viewed as a substitute for the Zambia Demographic and Health Surveys (ZDHS). There is a deliberate overlap in many of the questions on sexual behaviour and HIV-related topics, but the two surveys have different objectives, different timing and costs, and use different samples. These differences mean that some ZSBS and ZDHS point estimates will differ. However, an in-depth analysis of trends in key indicators of sexual behaviour as measured by the ZSBS and ZDHS were found to be consistent over the period 1996-2003 (Slaymaker and Buckner, 2004).

References

Central Statistics Office (CSO) [Zambia] (2002). 2000 Census of Population and Housing- Analytical Report Vol 10. Lusaka, Zambia: Central Statistics Office, Government of Zambia.

Central Statistical Office (CSO) [Zambia] (2005) Zambia HIV/AIDS Epidemiological Projections 1985-2010. Lusaka Zambia; Central Statistical Office, Government of Zambia.

Central Statistical Office (CSO) [Zambia] (2004). Living Conditions Monitoring Survey report-2004. Lusaka, Zambia: Central Statistical Office, Government of Zambia.

Macro International (2001) Zambia. Demographic and Health Profile. Calverton, MD.

Slaymaker, Emma, and Bates Buckner. 2004. Monitoring Trends in Sexual Behavior in Zambia. Journal of Sexually Transmitted Infections, Vol. 80, Supplement II, December 2004.

UNAIDS. 2004. Report on the Global AIDS Epidemic. Geneva: UNAIDS

WHO. 2005. World Health Report 2005. Geneva: WHO.

Chapter 2: HIV/AIDS Awareness, Knowledge of HIV Prevention, Attitudes and Beliefs, Stigma and Discrimination

2.1. General Knowledge and Awareness of HIV/AIDS

In Zambia, HIV is transmitted primarily through heterosexual contact, followed by perinatal transmission in which the mother passes the HIV virus to the child during pregnancy, during labor and delivery or through breastfeeding. The effectiveness of prevention efforts relies heavily on spreading information about how the virus is transmitted and what this means in regard to changes in risky behaviors. The ZSBS obtains a substantial amount of information on levels of awareness and knowledge on HIV transmission. This information can help programmes refine the content of educational messages and target the individuals and groups most in need of information. This chapter discusses awareness and knowledge about HIV and AIDS among all respondents. Chapter 5 discusses many of the same issues, but with a focus on young people aged 15-24.

To assess levels of awareness of HIV and AIDS, respondents were asked if they have ever heard of an illness called AIDS, or of HIV, the virus that causes AIDS. Findings across all survey years indicate that knowledge of HIV and AIDS is almost universal in Zambia. More than nine out of ten respondents said they know about HIV and AIDS. In 2005 the percentages were 96.6% of males and 96.9% of females. Levels of awareness were very slightly lower in rural as compared to urban areas. See Table 2.1.

In order to further understand the general knowledge about HIV/AIDS, respondents were asked whether they know that HIV infection can be avoided, and that a healthy-looking person can be infected with HIV. See Appendix Table A.2.2.

The percentage of female respondents who knew that HIV/AIDS can be avoided increased from 77.9% in 1998 to 91.2% in 2005, with the largest increase occurring between the survey years 2003 (80.9%) and 2005 (91.2%). An increase of about 8 percentage points is also seen over this period among male respondents (86.0% in 1998 to 93.6%

Table 2.1 Percent of respondents who have heard of HIV/AIDS, by sex and residence, ZSBS 1998 – ZSBS 2005

Sex and Residence	Number				Percent of respondents who have heard of HIV/AIDS			
	1998	2000	2003	2005	1998	2000	2003	2005
Males								
Urban	649	562	817	704	99.5	99.3	99.6	97.0
Rural	1006	963	1330	1342	98.3	94.6	98.6	96.4
Total	1655	1525	2147	2046	98.8	96.3	99.0	96.6
Females								
Urban	755	721	900	739	99.9	99.0	99.4	98.0
Rural	1285	1070	1424	1435	98.4	93.3	96.3	96.4
Total	2040	1791	2324	2174	99.0	95.6	97.5	96.9
Total Urban	1404	1283	1717	1443	99.7	99.2	99.6	97.5
Total Rural	2291	2033	2754	2777	98.3	93.9	97.4	96.4
All respondents	**3695**	**3316**	**4471**	**4220**	**98.9**	**96.0**	**98.2**	**96.8**

in 2005). Knowledge of how to avoid AIDS has also increased in rural areas, from 77.8% in 1998 to 90.7% in 2005. Figure 2.1 shows overall results on this indicator by urban and rural residence.

Awareness that a healthy looking person can have HIV increased among all respondents, though females reported this awareness less frequently than the male respondents. In 2005 the overall percentages for men and women reporting this awareness were 93.4% and 89.3%, respectively. The overall urban and rural percentages were 97.1% and 88.3%, respectively. These results are presented in Appendix Table A.2.2, and in Figure 2.2. Overall knowledge was high and continued to improve for these two general knowledge indicators.

2.2. Knowledge of Ways to Prevent HIV Transmission

An important aspect of HIV/AIDS prevention is making sure that people understand the means by which they can prevent or reduce their chances of becoming infected with HIV. Respondents' knowledge of this important aspect of HIV prevention is assessed using both "spontaneous" and "prompted" response questions. "Spontaneous-response" questions ask the respondents to list the types of prevention methods they know. "Prompted-response" questions involve mentioning a specific

Figure 2.1 Percent of Respondents who know HIV infection can be avoided, by residence, ZSBS 1998 - ZSBS 2005.

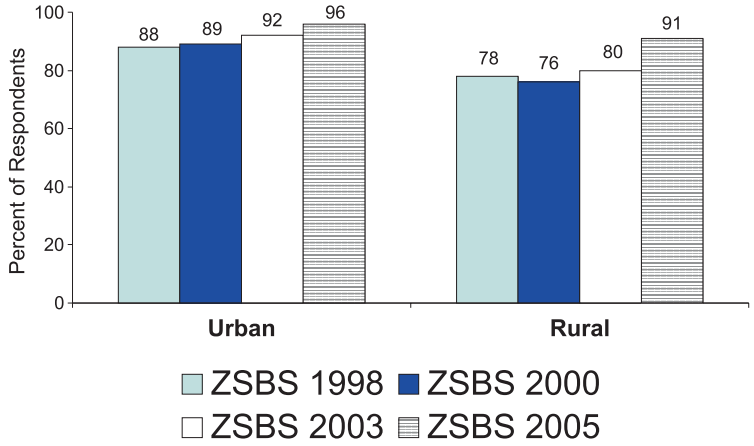
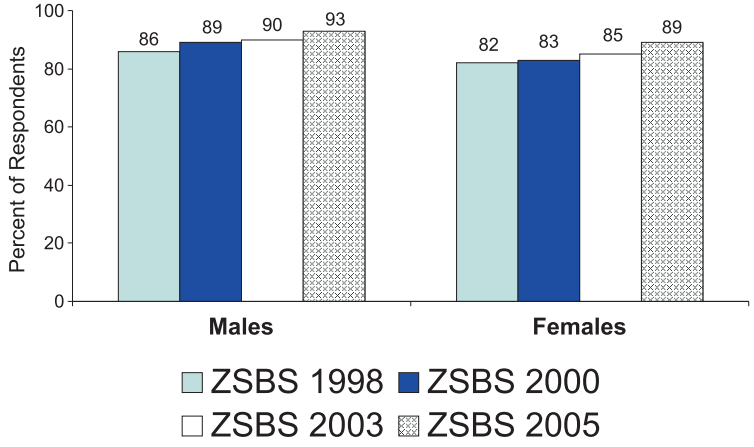


Figure 2.2 Percent of respondents who know a healthy-looking person can be HIV-infected, ZSBS 1998 - ZSBS 2005.



method and asking if the respondent recognizes it as a method of HIV prevention. In this case, the respondent answers yes or no to each method mentioned. The tables and graphs that follow first present findings based on the spontaneous responses, followed by findings based on the prompted responses.

2.2.1 Spontaneous Response Knowledge of Prevention Methods

The spontaneous-response question about knowledge of prevention methods was asked first, and was asked only of respondents who said they know that HIV infection can be avoided. Table 2.2 (below) and Appendix Table A.2.3 present results based on the question: "In what ways can people reduce their chances of getting infected with the AIDS virus?" In 2005, the methods most commonly reported spontaneously were abstinence (85.5% among males and 79.6% among females), using condoms (70.3% for males and 62.3% for females) and having one partner/being faithful to one partner (57.0% for males and 55.8% for females). Percentages naming the last three categories shown in Table 2.2 (limit number of partners, avoid sharing razor blades, avoid sex with prostitutes) were much lower. However, the spontaneous naming of all six prevention methods listed in Table 2.2 has increased since 2003. Table 2.2 summarizes these results by urban and rural residence.

Table 2.2 also shows the percentage of respondents who spontaneously named all three components of the ABCs of prevention (Abstinence, Be Faithful, and Consistent Condom Use). In 2005, one-third of all respondents named all three ABC components. The total percentage spontaneously naming all three ABC components increased from 13.0% in the 2003 survey to 33.6% in 2005. The largest change across the two survey years for which data are available is registered among rural respondents, with an increase of 24.8 percentage points (from 9.1% in 2003 to 33.9% in 2005).

2.2.2 Prompted Recognition of Prevention Methods

The prompted-response questions suggest a prevention method and ask if the respondent recognizes it as a way to avoid HIV transmission. Prompted-response questions were asked of all respondents, regardless of whether they said they knew that HIV infection could be avoided. Prompted questions ask if people can reduce their chances of HIV infection by consistent condom use, by having one faithful partner, and by abstaining from sex. The prompted question on abstaining from sex was asked for the first time in the 2005 survey. Results are shown in Figures 2.3 - 2.6 and Appendix Table A.2.4.

The percentage of respondents who recognize consistent condom use as a preventive measure has increased steadily from 1998 to 2005 among males and females, and among urban and rural respondents. In 2005, 83.1% of males and 80.5% of females

Table 2.2 Ways to prevent HIV transmission spontaneously named, percent of respondents, by residence, ZSBS 2003 – ZSBS 2005

	Percent of respondents spontaneously naming method					
	Urban %		Rural %		Total %	
Method of Prevention	2003	2005	2003	2005	2003	2005
Abstinence	75.1	85.9	56.3	80.7	63.5	82.5
Use Condoms	57.5	71.2	41.3	63.6	47.5	66.2
Only one Partner / Faithful to one Partner	42.5	52.4	38.6	58.4	40.1	56.4
Names all 3 ABCs of prevention: (Abstinence, Be Faithful to one partner, Consistent condom use)	19.3	33.0	9.1	33.9	13.0	33.6
Limit Number of Partners	5.0	11.0	5.4	11.0	5.2	11.0
Avoid Sharing Razor Blades	4.6	24.3	2.7	16.7	3.4	19.3
Avoid Sex with Prostitutes	2.1	5.2	5.8	4.4	4.4	4.7

recognized this method as a preventive measure. There was a modest variation by residence (84.8% for urban respondents and 80.2% for rural respondents). Figure 2.3 shows results for males and females by residence.

A large percentage of respondents recognized having one faithful partner as a prevention method. In 2005, the results were 90.4% for males and 89.4% for females. Overall, more urban respondents (93.6%) than rural respondents (88.0%) said they recognize one faithful partner as a preventive measure. Figure 2.4 shows results for males and females by residence.

Prompted questions about abstaining from sex as a way of avoiding HIV infection were asked for the first time in the 2005 survey round. Knowledge of abstinence as a preventive method is virtually universal in Zambia. More than nine out of ten respondents recognized the method. Total percentages were 96.6% among urban respondents and 94.0% among rural respondents.

Recognition of all three ABC prevention methods, based on responses to the three prompted questions, is shown in Figure 2.6 and in Appendix Table A.2.5. As noted above, a prompted response question on abstinence was asked for the first time in the 2005 survey, so the indicator cannot be calculated for previous survey years. Overall in 2005, at least seven out of ten Zambians recognized all three of the ABC prevention methods (abstaining from sex, being faithful to one partner, and consistent condom use). The percentage was higher among urban respondents (78.9%) compared to rural respondents (72.0%), and higher among rural males (74.9%) than among rural females (69.3%). See Figure 2.6.

Figure 2.3 Percent of respondents who recognize consistent condom use as a way to prevent HIV infection, by residence, ZSBS 1998 - ZSBS 2005.

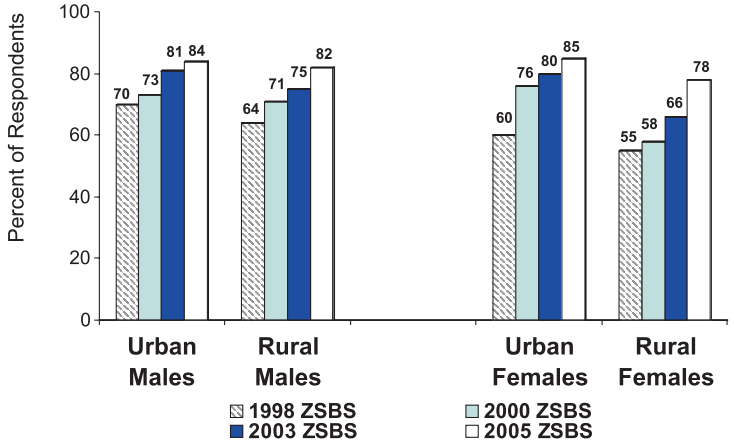


Figure 2.4 Percent of respondents who recognize having one faithful partner as a way to prevent HIV infection, by residence, ZSBS 1998 - ZSBS 2005.

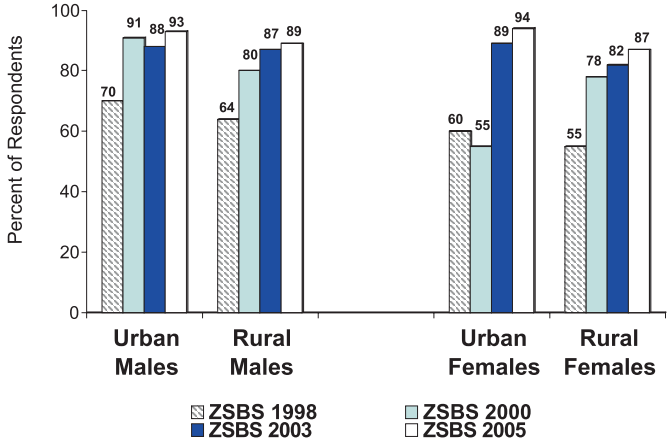


Figure 2.5 Percent of respondents who recognize abstinence as a way to prevent HIV infection, ZSBS 2005.

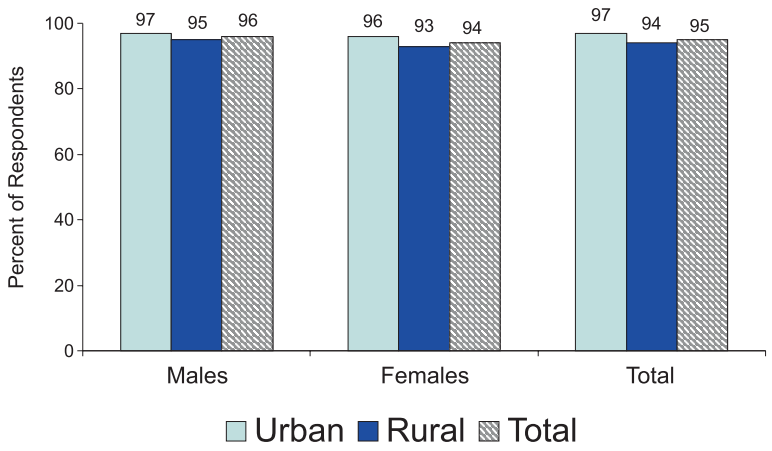
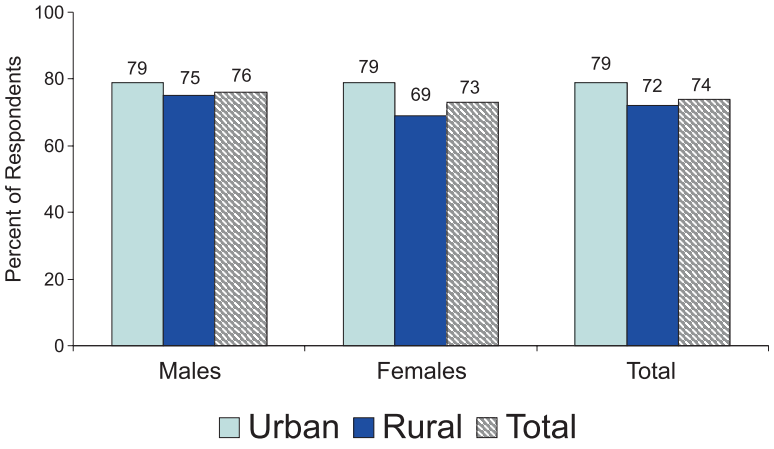


Figure 2.6 Knows the 3 ABCs of HIV prevention: abstinence, be faithful, consistent condom use (prompted responses), ZSBS 2005.



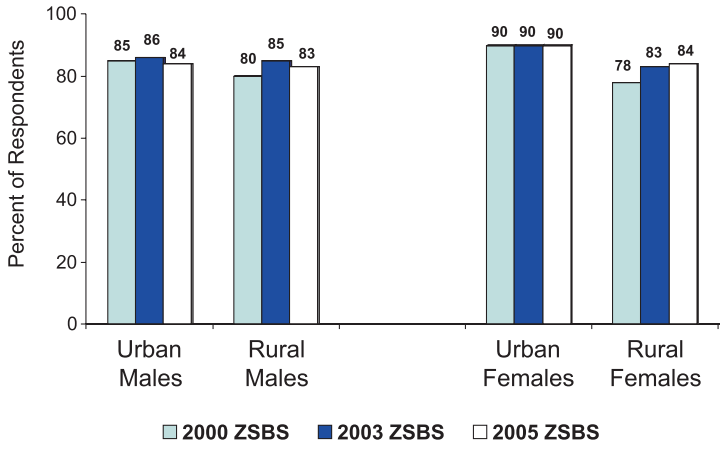
2.3. Knowledge of Mother-to-Child Transmission (MTCT) of HIV

Zambia has implemented a number of strategies aimed at improving the health of HIV-infected mothers and reducing the chances of transmission of the virus to infants and children during pregnancy, labour and delivery, and after delivery through breast milk. In support of these efforts, it is critically important to raise the general level of knowledge of transmission of the virus from mother to child and of reducing the risk of transmission by the use of anti-retroviral drugs.

Knowledge of mother-to-child transmission (MTCT) is essential to prevent infants from becoming infected with HIV through vertical transmission from mother to child. Data on MTCT are available beginning with the year 2000 survey. Respondents were first asked if they know HIV can be transmitted from mother to child. Results are shown in Appendix Table A.2.6 and Figure 2.7.

More than eight out of ten males reported knowledge of mother-to-child transmission, with only a very small increase, from 81.8% in 2000 to 83.6% in 2005. Overall percentages for females are slightly higher than those for males. The difference between female respondents living in urban areas compared to those living in rural areas is larger than those between urban and rural males. About nine out of ten women in urban areas reported knowledge of MTCT in all three survey rounds. The percentage for rural women was lower by more than

Figure 2.7 Percent of respondents with knowledge of mother to child transmission of HIV, ZSBS 2000 - ZSBS 2005.



5 percentage points in all of the surveys. Among rural women, knowledge increased from 78.1% in 2000 to 83.8% in 2005. Figure 2.7 shows these findings by sex and residence.

Respondents who knew about MTCT were asked about the usual routes of transmission, that is, whether transmission could occur during pregnancy, at delivery, and through breast milk. Results are shown in Table 2.3. Overall, knowledge that HIV transmission can occur through pregnancy has declined from 93.4% in 2000 to 84.3% in 2005. In previous surveys, knowledge of possible MTCT during pregnancy was the means most frequently recognized. Further analysis is needed to confirm and explain this apparent decline in knowledge

Knowledge that transmission can occur at delivery and through breast milk has increased over the survey years. See Table 2.3. The percentage increases in knowledge that MTCT can occur at delivery are large, among both males and females. In the 2000 survey, less than two-thirds of males (61.0%) recognized the risk of transmission "at delivery." By 2005 the percentage increased to 85.4%. Similarly, increases in this knowledge are observed among women, from 63.0% in 2000 to 89.2% in 2005.

Knowledge of possible transmission through breast milk was 86.0% for males and 90.9% for females in 2005, an increase from the 2000 survey of 9 percentage points for males and 11 percentage points for females from 2000. Until knowledge of MTCT is universal, it is important to continue efforts to educate the

Table 2.3 Percent of respondents with knowledge of specific pathways of mother to child transmission of HIV (MTCT) by sex, ZSBS 2000 – ZSBS 2005

	Percent of respondents who know pathway								
	Males %			Females %			Total %		
Pathways of MTCT	2000	2003	2005	2000	2003	2005	2000	2003	2005
During Pregnancy	94.0	94.0	83.7	93.0	90.0	84.8	93.4	90.8	84.3
At Delivery	61.0	75.0	85.4	63.0	78.0	89.2	60.8	76.2	87.4
Through Breast milk	77.0	82.0	86.0	79.0	88.0	90.9	78.3	84.9	88.6

population about all three possible methods of mother-to-child transmission.

In addition to being asked about their knowledge of possible pathways of mother-to-child transmission, respondents were questioned about two specific ways of reducing the chances of mother-to-child transmission. Respondents were asked if avoiding breastfeeding can reduce the chances of transmission, and if an HIV infected mother can reduce the risk of transmission to the child by taking special medications during pregnancy. Results are shown in Figure 2.8 and in Appendix Table A.2.8.

Awareness of anti-retroviral drugs and their potential role in prevention of MTCT is less widespread than knowledge of avoiding breastfeeding. Overall, six out of ten Zambians understand that avoiding breastfeeding can reduce the chances of MTCT and four out of ten know about the use of special medications during pregnancy. However, the proportion recognizing both important measures is lower, at 34.4% (see Table A. 2.8). Females (37.2%) are more likely to report awareness of both measures than males (31.4%). The percentage of females in urban areas aware of both measures (56.6%) is higher than for their rural counterparts (27.2%). Nevertheless, just over half of urban females report this awareness, and less than half of urban males.

2.4. Rejection of Misconceptions about HIV Transmission

Another important component of knowledge about HIV transmission relates to combating myths, superstitions and incorrect beliefs that may increase the risk of infection by misleading individuals who are at risk of infection, or may help to sustain social stigma and discrimination. One common misconception about HIV/AIDS is the belief that persons infected with HIV will always appear to be ill. Other incorrect beliefs are that HIV can be transmitted through mosquito bites, by sharing a meal with someone who is infected, or by witchcraft and other supernatural means.

While most respondents in Zambia had a basic understanding of how HIV/AIDS is transmitted, misconceptions still exist in Zambian society. Respondents were asked whether HIV can be transmitted by mosquito bites, by sharing a meal with an infected person, or by witchcraft. Findings on common misperceptions are shown in Figure 2.9 and Appendix Table A.2.9. Apart from declines seen in the percentages believing in transmission by witchcraft, the reported levels of misconceptions have not declined over the 1998 – 2005 survey years. It is therefore important to continue stressing correct knowledge to counter these misconceptions in education campaigns.

Figure 2.8 Awareness of special medications and avoiding breastfeeding as ways to prevent MTCT, ZSBS 2005.

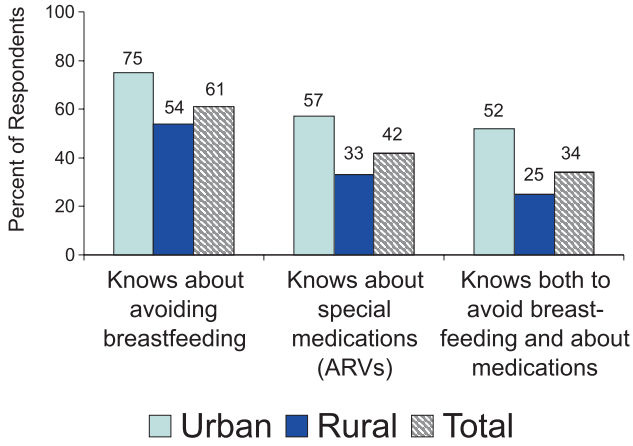
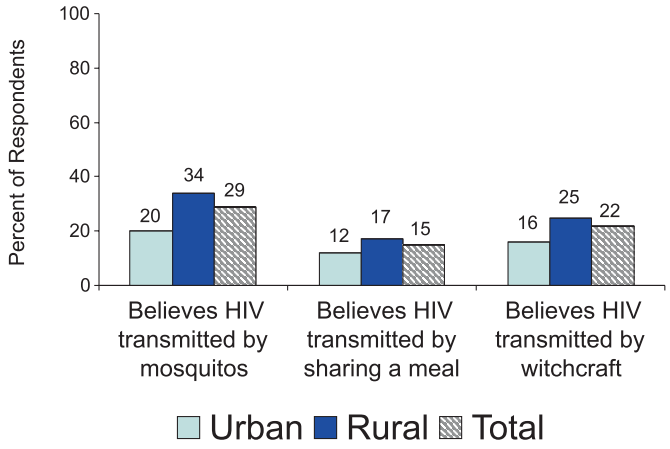


Figure 2.9 Misconceptions about HIV transmission, ZSBS 2005.



The most common misconception continues to be the belief that HIV transmission can be transmitted through mosquito bites. In 2005, more than a quarter of males (27.7%) and close to a third of females (30.9%) held this misconception. The misconception about mosquito-borne transmission is more commonly reported by respondents living in rural compared to urban areas. Misconceptions about transmission of HIV through witchcraft are still held by at least one-fifth of all respondents. In 2005 the percentages believing in transmission by witchcraft were 20.8% for males and 23.1% for females. The misconception least commonly reported is that HIV can be transmitted by sharing food or a meal with an infected person. This misconception was reported by only 14.0% of males and 16.0% of females in 2005. See Figure 2.9.

2.5. Personal Acquaintance with Persons Living with HIV/AIDS

Information on personal knowledge of people living with HIV infection or dying of AIDS provides valuable clues to levels of awareness of the epidemic, stigma in society, and an awareness of AIDS mortality that may influence risky behavior. Respondents were asked if they knew someone infected with HIV or someone who died of AIDS. Results are shown in Appendix Table A.2.10.

The percentage of respondents who report personally knowing someone with HIV or who died of AIDS has increased steadily over the survey years, rising from about seven out of ten respondents in 1998 to eight out of ten in 2005. In 2005, results by sex show 83.8% among males and 81.2%. It is likely that a combination of factors are contributing to the increase in this indicator. These include a greater awareness of the epidemic, and possibly a greater willingness to report knowing persons with AIDS. However, there is also the likelihood that HIV/AIDS is affecting more and more Zambians on a personal level. In 2005, almost nine out of ten respondents in urban areas said they know someone with HIV or who had died of AIDS, compared to eight out of ten respondents in rural areas. Figure 2.10 shows the rise in this indicator across the survey years, by residence.

A question added for the first time in the 2005 survey asked respondents whether they knew about special medications that a doctor or nurse can give to a person infected with HIV/AIDS. Results are presented in Appendix Table A.2.11. Overall, 57.2% of males and 53.3% of females knew of such medications. Urban respondents (71.1%) were more likely to know about these medications than rural respondents (46.9%). Respondents who said they knew about the special medications were asked if they knew where a person could obtain the medications/treatment. Urban respondents (67.1%)

Figure 2.10 Percent of respondents who know a person living with HIV or who died of AIDS, ZSBS 1998 - ZSBS 2005.

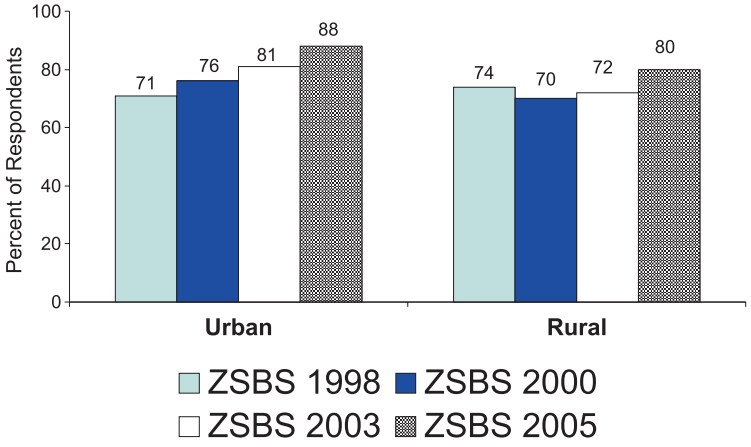
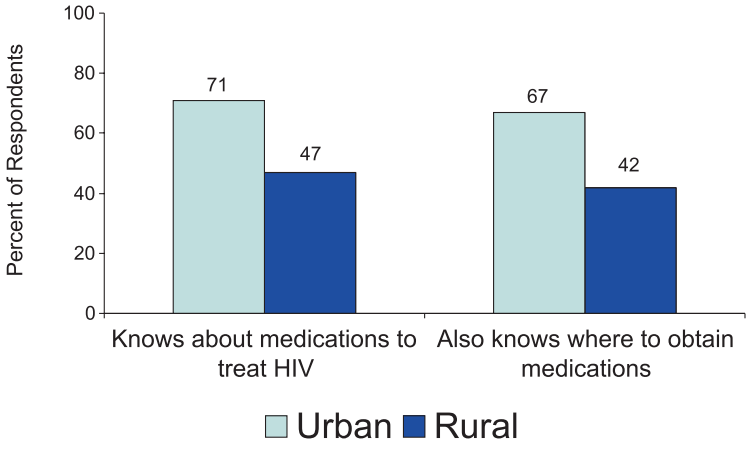


Figure 2.11 Percent of respondents who know about special medications for treating AIDS and where to obtain these medications, ZSBS 2005.



were more likely to have this knowledge than rural respondents (41.6%). Male respondents (52.3%) were slightly more likely to say they knew where to obtain the medications than females (48.5%). Figure 2.11 shows results by urban and rural residence.

2.6. Attitudes towards Persons Living with HIV, Stigma and Discrimination

The HIV epidemic is a global problem with a disastrous impact on human survival and economic development. As a result, it has generated fear, anxiety and prejudice against those unfortunate enough to have contracted the virus. Some of the stigma associated with HIV arises from the fact that the main form of transmission is through sexual contact. HIV is a sexually transmitted disease. Negative attitudes towards AIDS patients are reported in many parts of the world, including Zambia, and these prejudices greatly hinder efforts to control the epidemic. Despite concerted efforts in Zambia and elsewhere to address stigma and discrimination, many still view people living with HIV as shameful and blame them for being irresponsible. Where these negative attitudes exist, discrimination against infected individuals is also likely to be common, fuelling further anxiety and prejudice. Stigma and discrimination are key challenges to prevention and control of the epidemic. Among other things, the presence of social stigma leads people to feel a need for secrecy and denial, and hinders individuals from seeking counseling and testing.

In the ZSBS, respondents are asked a series of questions designed to provide information on stigma and discrimination towards individuals infected with HIV. Internationally accepted conventions for measuring HIV-related stigma use a combination of three questions. Responses to these questions reveal attitudes believed to provide proxy measures for a concept (stigma and discrimination). This concept is very difficult to measure directly. The recommended approach probes respondents' willingness to share a meal with, or buy vegetables from an HIV positive individual, and attitudes towards an infected female teacher who is not sick continuing to teach. A female teacher is specified in order to capture feelings of threat to children related to HIV infection in a teacher, and at the same time, to separate this from fears related to the possibility of sexual harassment of young girls by a male teacher.

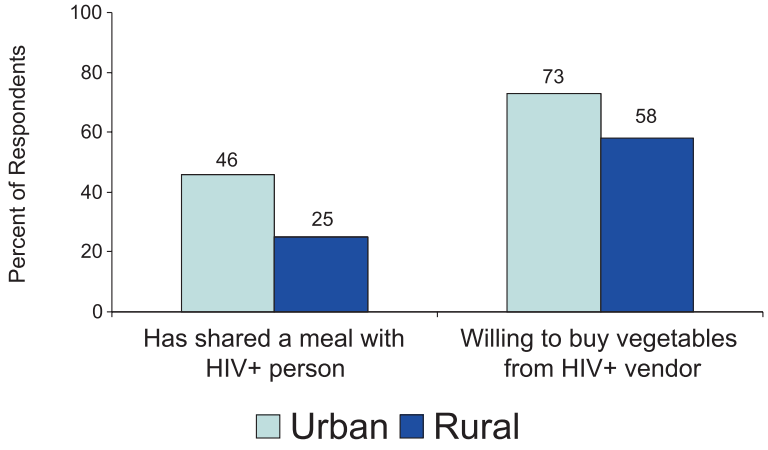
Findings on the stigma and discrimination indicators are presented in Appendix Tables A.2.12, A.2.13, A.2.14, and A.2.15. As shown in Appendix Table A.2.12, the overall percentage of respondents who reported having shared a meal with an HIV-infected person has changed little since the 2000 survey round, especially among rural respondents. In 2005, about one-third of all respondents said they had shared a meal with such a person. The percentage who reported sharing a meal with someone living with AIDS was higher among urban (45.5%) as compared to rural respondents (25.3%). The percentage of respondents who say they would be willing to buy vegetables from a vendor they knew to be infected with HIV increased since the 2000 survey, rising from 43.8% in 2000 to 63.1% in 2005. Results for 2005 are shown by residence in Figure 2.12.

The third component of the UNAIDS Stigma Indicator 1 is the question which asks respondents if they believe a female teacher who is HIV positive but not sick should continue teaching. This component cannot be measured using data from the 2005 survey, because the wording of the question was inadvertently changed. In 2005, the question asked whether a "worker" infected with HIV/AIDS should continue working. The results for the re-worded question are shown in Appendix Table A.2.13. Overall, 70.2% of male respondents and 65.9% of female respondents said that an HIV-infected worker should continue working.[1] (Appendix Table A.2.12 shows findings for the "female teacher" indicator for the two previous survey years, 2000 and 2003.)

Data on attitudes towards HIV-infected family members and their care are presented in Appendix Table A.2.14. Respondents were asked about their willingness to care for HIV-infected family members, and whether they would want it kept secret if a family member is HIV positive. Most respondents said they

[1] The "worker" results are presented separately from the "female teacher" indicator, because it would not be appropriate to interpret findings from the "infected worker" question as a data point in the indicator trend based on the "female teacher" question.

Figure 2.12 Indicators of stigma and discrimination, ZSBS 2005.



would be willing to care for a family member with HIV. Males and females responded affirmatively to this question in almost the same proportions (91.3% of females and 90.7% of males).

Attitudes towards revealing the HIV status of family members are similar among males and females. In 2005, only a slightly higher percentage of females (37.6%) than males (34.9%) said they would want the HIV positive status of a family member kept a secret. In the 2005 survey, a larger percentage of urban respondents (39.6%) expressed a desire for secrecy than their rural counterparts (34.6%). Figure 2.13 shows overall results for these indicators across each of the survey years for which data 2000-2005 are available.

Appendix Table A.2.15 presents information from new questions added in the 2005 survey concerning discrimination and/or verbal abuse directed at persons known or suspected to be infected with HIV. These questions ask specifically about knowledge of such a person who was denied health services, denied access to social, religious or community events, and/or verbally abused or teased.

About one out of ten males and females alike report knowing someone who was denied health services (10.6% of males and 9.8% of females). The percentage reporting this form of discrimination is slightly higher (11.2%) among rural compared to urban respondents (8.2%). Knowledge of a person denied access to social, religious or community events is almost the same among urban (6.2%) and rural (5.9%) respondents. Larger percentages of respondents reported knowing of someone who was verbally abused or teased because of their HIV status. This abuse was reported by 14% of all males and 12.7% of all females. The percentage was slightly higher (14.2%) among respondents living in urban areas compared to those in rural areas (12.8%). Overall, the above stated forms of overt discrimination are present in Zambia, but are not very common. See Appendix Table A.2.15. Figure 2.14 shows the percentage of respondents who reported having observed any of the three forms of discrimination or abuse.

Appendix Table 2.16 presents data on two other indicators designed to assess negative attitudes towards people infected with HIV/AIDS. Respondents were asked whether they agree or disagree with statements asserting that "persons with HIV/AIDS should be ashamed" and "persons with HIV/AIDS should be blamed for bringing HIV/AIDS into the community." Large urban and rural differentials are apparent in the responses to these questions. Lower percentages of urban respondents reported these negative attitudes compared to their rural counterparts.

About one-third (33.8%) of respondents in rural areas said that persons with HIV/AIDS should be ashamed of themselves, compared with only 14.7% of their urban counterparts. A slightly larger percentage (28.6%) of females than males (25.9%) held this view. Percentages agreeing that persons

Figure 2.13 Attitudes towards HIV-infected family members, ZSBS 1998 - ZSBS 2005.

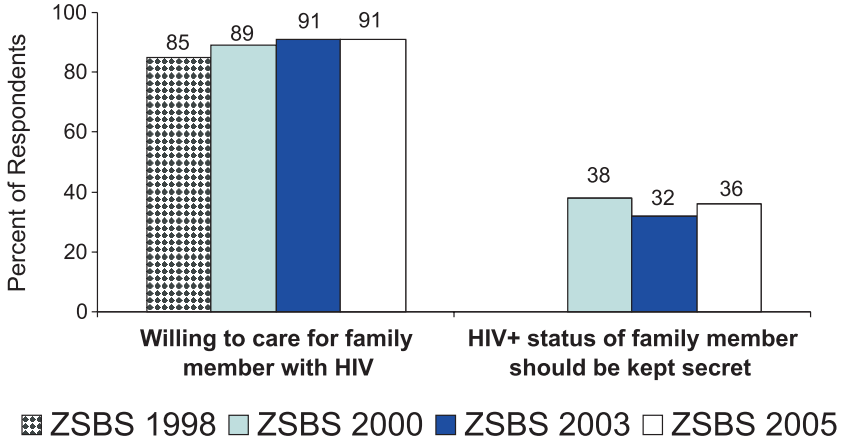
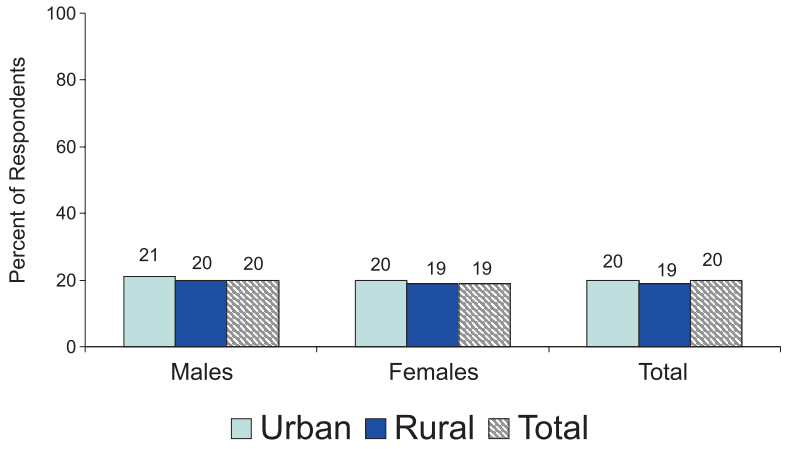


Figure 2.14 Percent of respondents who know of discrimination or abuse directed at someone living with AIDS because of their HIV status, ZSBS 2005.



with HIV/AIDS should be blamed for bringing the virus into the community were almost three times as high among rural respondents (32.1%) as those among urban respondents (11.6%). As with the previous indicator, the percentage agreeing that people living with AIDS should be blamed is slightly higher among females (26.5%) compared to males (23.6%). Figure 2.15 shows overall findings for the two indicators by residence.

Figure 2.16 and Appendix Table A.2.16 show the percentage of respondents who express either of the two negative opinions about people living with AIDS. Overall, almost one-third of all respondents indicate feelings of negative judgment or blame towards people living with HIV/AIDS. Percentages reporting these negative attitudes are more than twice as large among rural respondents (40.2%) compared to those in urban areas (18.5%). These results suggest that negative feelings towards people living with HIV/AIDS are present in Zambia, particularly in rural areas. See Figure 2.16.

2.7. Gender-Related Attitudes and Communication Between Partners

Following international guidelines, empowerment of females with respect to sexual issues is assessed in the ZSBS surveys with a question on whether unmarried females should always be able to buy condoms. These findings are summarized in Appendix Table A.2.17. In 1998, an urban and rural gap of 10 percentage points was apparent for this indicator. But by 2005, percentages replying affirmatively are nearly the same for urban and rural respondents (59.3% and 58.3%, respectively). In 2005, the percentage of males who find this practice acceptable is larger (61.4%) than among females (56.1%). In order to maintain international standards, the wording of this item was changed between the 1998 and 2000 survey rounds. In 1998, the question asked read, "Is it acceptable for an unmarried woman to buy condoms?" Beginning with the 2000 survey round, the question asked read, "Do you think that unmarried females should always be able to buy condoms?" Figure 2.17 shows results for males and females who believe condom purchase by unmarried women is acceptable.

The extent to which married partners report talking with each other about HIV/AIDS prevention is also an indicator of gender-related attitudes with respect to sexual behavior in Zambia. A question to measure this indicator was asked for the first time in the 2003 ZSBS, and repeated in 2005. Results are presented in Appendix Table A.2.18 and in Figure 2.18.

Little change is evident across the two survey years among males (80.0% in 2003 and 82.8% in 2005). Among females, however, the percentage who reported talking to their spouse about ways to prevent HIV

Figure 2.15 Percent who say people living with AIDS should be ashamed or should be blamed, ZSBS 2005.

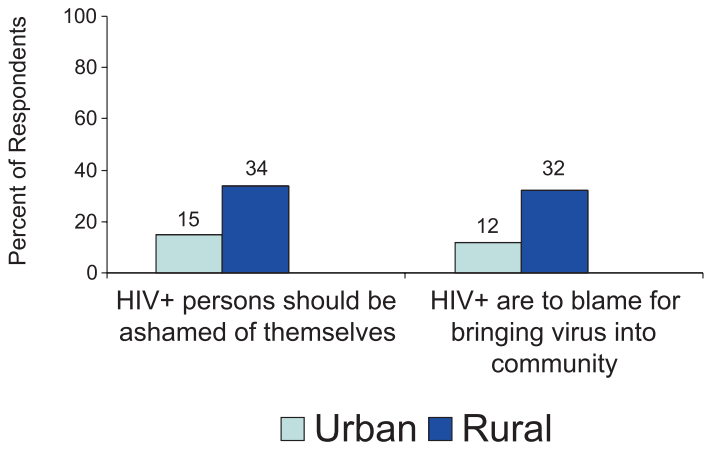


Figure 2.16 Percent expressing negative attitudes towards people living with AIDS, ZSBS 2005.

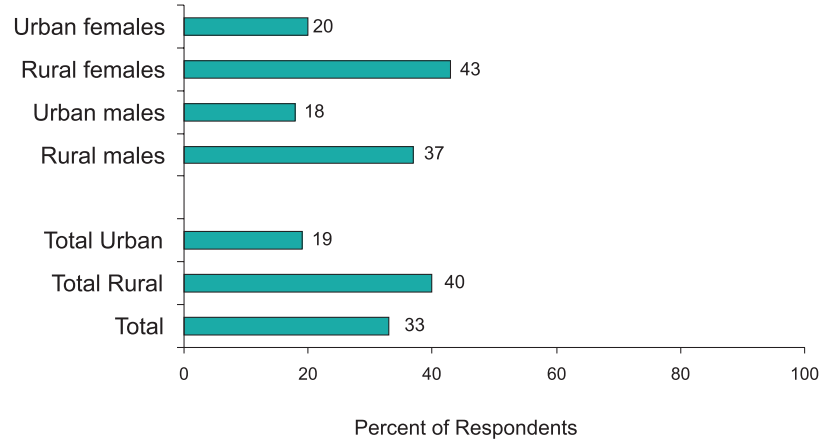


Figure 2.17 Percent of respondents who believe condom purchase by unmarried women is acceptable, ZSBS 1998 - ZSBS 2005.

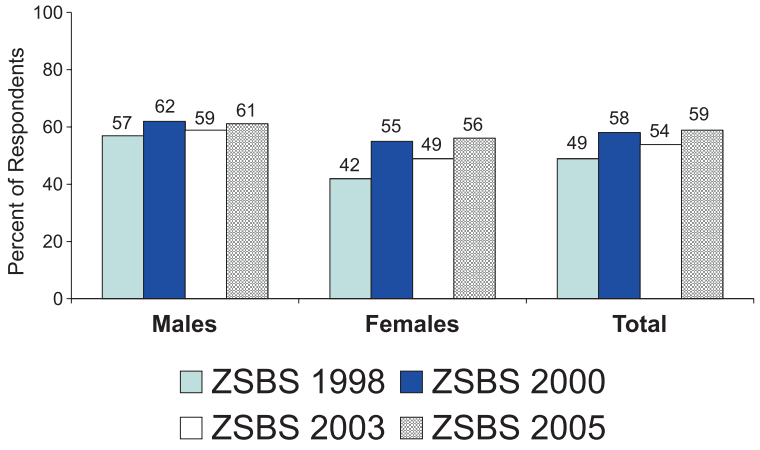
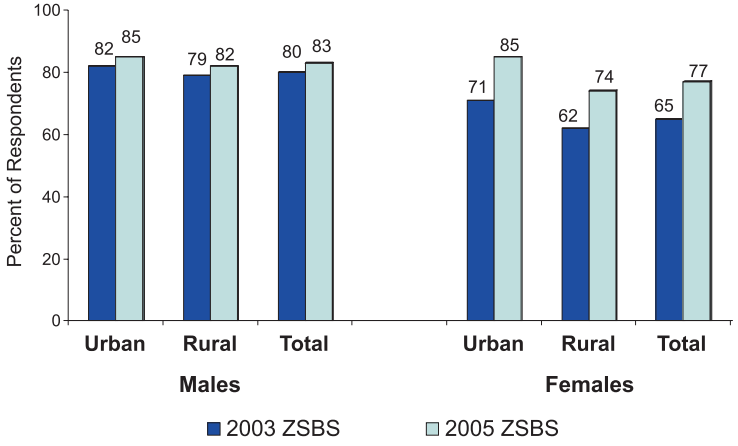


Figure 2.18 Percent of respondents who say they discussed HIV prevention with their partner, ZSBS 2000 - ZSBS 2005.



increased by more than 10 percentage points, from 65.2% in 2003 to 76.9% in 2005. These results are encouraging in the Zambian context, where many believe that males continue to exert more influence in determining sexual matters.

2.8. Knowledge Concerning Condoms

Beginning in 2003, the survey includes some specific questions that probe an individual's knowledge about condoms and the perceived effectiveness of condoms for preventing HIV and STI infection. These questions can help indicate whether information from health education and communications campaigns is reaching the population. Findings are summarized in Appendix Tables A.2.19 (HIV) and A.2.20 (STI).

Results in 2005 show large increases in the percentage of males and females who say they believe condoms are "very effective" in preventing HIV/AIDS. These percentages increased among males from 40.5% in 2003 to 51.0% in 2005, and among females from 36.4% in 2003 to 48.3% in 2005. The increases were larger among respondents in urban areas (16.3 percentage point increase) compared to rural areas (8.4 percentage point increase). See Appendix Table A.2.19.

Large increases are also seen in the percentage of males and females who believed that condoms are "very effective" in preventing STIs. These results are presented in Appendix Table A.2.20. Among males, the percentage increased from 46.9% in 2003 to 53.6% in 2005. The percentage for females increased by 10 percentage points, from 39.4% in 2003 to 49.5% in 2005. Overall, increases across the two survey years are larger among respondents in urban areas (15.1 percentage point increase) compared to those in rural areas (4.8 percentage point increase). It is plausible that these increases are influenced by the intensive campaigns to raise awareness of the effectiveness of condoms in protecting against HIV and STI transmission. Figure 2.19 shows the overall increase in these two indicators of perceived condom effectiveness between the 2003 and 2005 surveys.

2.9. Attitudes and Beliefs about Condoms

The likelihood that condoms will be used to help protect against HIV and STIs is greatly influenced by attitudes and beliefs about condoms. Therefore, some questions asking about a number of commonly-held attitudes and beliefs about condoms and who should use them were included in the 2005 ZSBS. Results are shown in Table 2.4 on the following page.

In many parts of the world, condom use is often associated with extra-marital sex. Some people may be reluctant to suggest condom use with their regular or marital partner because of this implication. Results shown in Table 2.4 indicate that this attitude exists in Zambia. Only one-third of all respondents agree with the statement that "condoms are for use with a regular partner," and more than half disagree. Similarly, a very large majority of respondents, almost two-thirds, agreed with the statement that "condoms promote promiscuity." A majority disagree with the statement that "parents support the use of condoms by young people." On the other hand, almost seven out of ten agree that "most young people support the use of condoms by their friends." The latter results may suggest that certain attitudes towards condoms differ across the generations. Attitudes towards condoms among young people 15-24 are further explored in Chapter 5 of this report.

2.10. UNAIDS Indicators of Knowledge and Indicators of Stigma and Discrimination

Several of the internationally standard HIV/AIDS-related Knowledge Indicators and one Stigma and Discrimination Indicator can be constructed from ZSBS data. These indicators are presented in Appendix Tables A.2.21, A.2.22, and A.2.23. (PEPFAR Prevention Indicator 1 assesses knowledge specifically among young respondents 15-24 and therefore is presented in Chapter 5).

Figure 2.19 Percent of respondents who say condoms are "very effective" for preventing HIV and STI infection, ZSBS 2003 - ZSBS 2005.

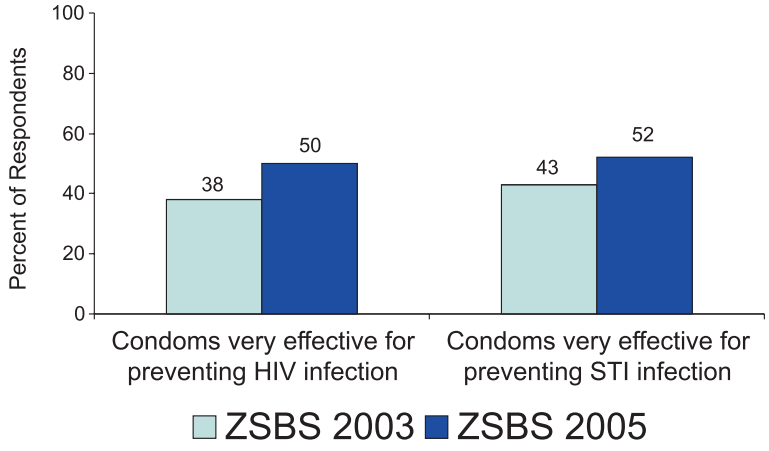


Table 2.4 Attitudes about condoms, percent of respondents agreeing with statement, ZSBS 2005

	Percent of Respondents		
Statement about Condoms	**% Agree**	**% Disagree**	**% Don't Know**
Condoms break easily	38.9	36.6	24.5
Condoms suppress sexual pleasure	35.4	35.9	28.6
Condoms are for use with regular partners	32.9	53.6	13.3
Condoms promote promiscuity	64.7	27.8	7.3
Most parent support the use of condoms by young people	36.6	56.4	6.8
Most young people support the use of condoms by their friends	67.8	24.6	7.5
Condoms are too embarrassing to suggest	36.5	54.3	9.0
Number of Respondents		4220	

UNAIDS Stigma and Discrimination Indicator 1

UNAIDS Stigma and Discrimination Indicator 1 is defined as the "percentage of people expressing accepting attitudes towards people with HIV." This is also the PEPFAR AIDS Policy Index. A positive response to the following four items constitutes having an accepting attitude:

1. Willingness to care for a family member who becomes sick with AIDS
2. Willingness to buy vegetables from a shopkeeper who is infected with HIV
3. Agreeing that a female teacher with HIV should be allowed to continue teaching[2]
4. Says he/she would not want to keep the HIV+ status of a family member secret.

Findings are presented in Appendix Table A.2.21. The percentage of Zambian respondents scoring positively on this indicator increased considerably between 2000 and 2003, indicating that stigma associated with HIV in Zambian society may be reducing – but overall levels remain low. In 2000, 21.4% of males and 18.0% of females scored positively on this indicator. In 2003 28.9% of males and 24.4% of females score positively on this indicator (indicator cannot be calculated for 2005 – see footnote).

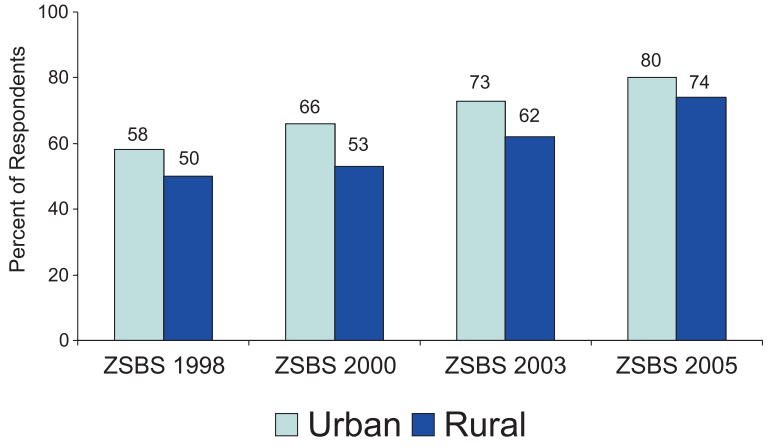
[2] As noted earlier, an inadvertent change in the wording of this question means that this indicator cannot be calculated for 2005. The measurement series will resume with the 2007 ZSBS survey.

UNAIDS Knowledge Indicator 1

UNAIDS Knowledge Indicator 1 is the percentage of respondents who say, in response to prompted questions, that a person can reduce their risk of becoming infected with HIV by using condoms and having one faithful partner. A positive response to both questions produces a positive score for that respondent on the indicator. In Zambia, positive scores on this indicator have increased steadily since the first survey round in 1998, among male and female as well as urban and rural respondents. Findings on this indicator are presented in Appendix Table A.2.22.

In 1998, just over half (56.9%) of male respondents scored positively on this indicator. By 2005 the percentage recognizing condom use and having one faithful partner as ways to reduce the risk of HIV transmission had increased to more than three-quarters (77.6%). Similarly, increases are evident for female respondents. Among female respondents, the percentage with this knowledge also increased from about one-half (49.6%) in 1998 to three-quarters (74.6%) in 2005. Percentages scoring positively on this prevention indicator have increased greatly among rural respondents. In 1998, about half (49.6%) of rural respondents scored positively on this indicator. By 2005, the percentage is close to three-quarters (73.8%). Among urban respondents, percentages rose from 58.1% in 1998 to 80.3% in 2005. Overall results by residence are shown in Figure 2.20.

Figure 2.20 UNAIDS Knowledge Indicator 1: Knows consistent condom use and having one faithful partner are ways to avoid HIV infection, ZSBS 1998 - ZSBS 2005.



UNAIDS Knowledge Indicators 2 and 5

Appendix Table A.2.23 shows results for two indicators of correct knowledge about HIV transmission and prevention: UNAIDS Knowledge Indicator 2 and UNAIDS Knowledge Indicator 5.

UNAIDS Knowledge Indicator 2 is the percent of respondents who reject the two most commonly-held local misconceptions about HIV transmission and who know that a healthy-looking person can be infected with HIV. In Zambia, the two "most commonly held" misconceptions are defined as the belief that HIV can be transmitted by mosquitoes or by witchcraft.

Overall levels of this indicator have not changed much since the indicator was first measured in the 2000 survey. In 2005, 55.8% of male respondents scored positively on this indicator, compared to about half of all female respondents (49.2%). Urban and rural differentials persist. Results by residence are shown in Figure 2.21.

UNAIDS Knowledge Indicator 5 (see Appendix Table A.2.23) pertains to the respondent's understanding of how to prevent HIV transmission from mother to child. To score on this indicator, individuals must respond correctly to prompted-response questions about anti-retroviral therapy and avoiding breastfeeding. As noted earlier in the text, the measurement standards for this indicator have changed since the 2000 and 2003 survey rounds. In earlier years, the items used to measure the indicator were in a spontaneous-response format. New standards now require that a prompted-response format be used. Therefore, results from the earlier surveys are not comparable to 2005, because measurement changed to record results based on prompted-response questions (prompted response percentages will almost always be higher than those based on spontaneous responses).

In 2005, the overall percentage of females (37.2%) scoring positively on Knowledge Indicator 5 was somewhat higher than the overall percentage for males (31.4%). Likewise, the overall percentage of urban respondents who know how to prevent MTCT with antiretroviral therapy and by avoiding breastfeeding (51.6%) was twice as high as that for rural respondents (25.4%). These results are shown in Appendix Table A.2.23. Figure 2.22 shows results for males and females by residence.

In general, these indicators point to an improvement in the key components of knowledge concerning HIV/AIDS and HIV prevention among Zambians. However, the scores for some indicators still remain low. There is a continuing need for efforts to provide information and education that will help Zambians attain a deeper understanding of HIV/AIDS prevention and transmission.

Figure 2.21 UNAIDS Knowledge Indicator 2: No incorrect beliefs about HIV transmission, ZSBS 2000 - ZSBS 2005.

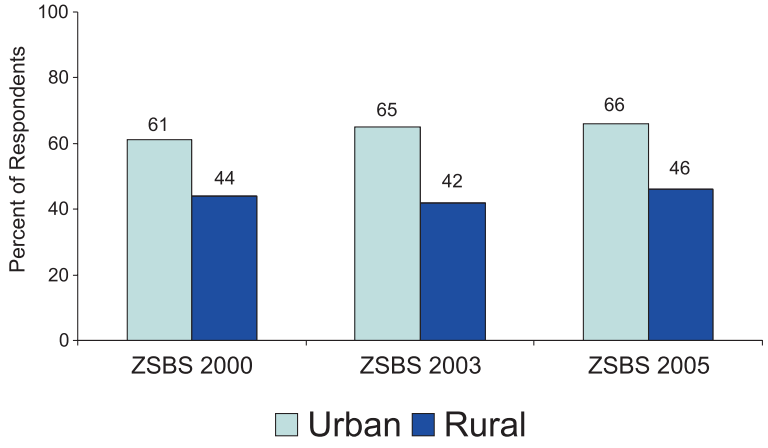
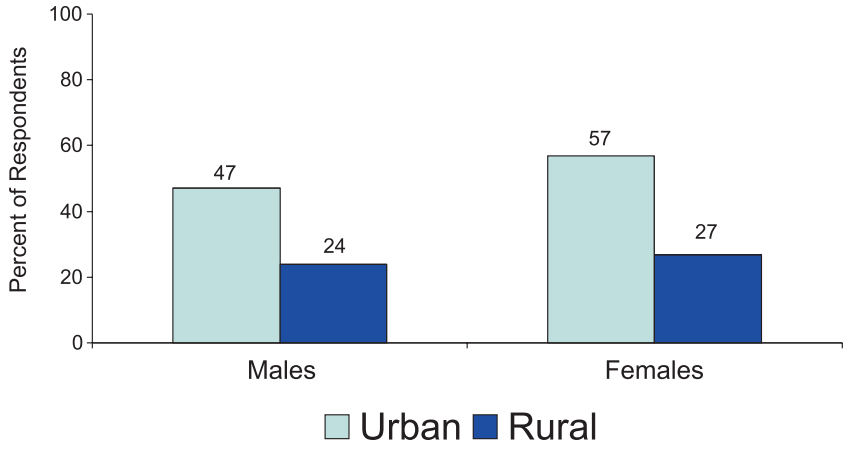


Figure 2.22 UNAIDS Knowledge Indicator 5: Knows how to prevent mother to child transmission, ZSBS 2005.



Chapter 3: Sexual Behavior, Sexual Partnerships, and Condom Use

3.1. Introduction

The fight against HIV/AIDS and other STIs requires an understanding of the society's and individuals' sexual customs, practices and behaviors. In Africa in general, and in Zambia, the spread of HIV has occurred primarily through heterosexual contact in the general population. Prevention, treatment and care programmes for the affected are required at the community, district, regional and national levels. In Zambia, HIV/AIDS prevention efforts have concentrated on promotion of sexual abstinence or late sexual debut for adolescents, being faithful to one partner or encouragement of mutual faithfulness, and consistent and correct condom use. This approach is often abbreviated as ABC (A for Abstinence, B for Being Faithful, and C for Condoms). Educational campaigns have been used as a major thrust of efforts to reduce risky sexual behavior. Education efforts assume that increased knowledge about the risks will eventually translate into reductions in risky sexual behavior.

This chapter presents data on the sexual behavior of respondents, including detailed information on the respondent's three most recent sexual partners. Sexual partnership information addresses marital (including a small number of cohabiting partnerships) as well as non-marital partnerships. Marital partnerships are those involving sex between a husband and wife (or wives, in the case of polygamous marriages). Cohabiting partnerships are relationships involving sex between partners who are living together as if married though they are not officially married or married by custom. Non-marital partnerships are those that involve sex with girlfriends, boyfriends, friends or casual partners. Information on "non-marital and non-cohabiting" partnerships (sometimes also described as "non-regular" partnerships), is particularly important in understanding the dynamics of the epidemic.

3.2. Median Age at First Sex

Respondents are asked to recall how old they were the first time they had sex. Early sexual debut is considered to be a risk factor for HIV infection, because early timing of first sex, often before marriage, increases the chances for young people of having risky sexual encounters and having many sexual partners during a lifetime. Findings on median age at first sex are presented in Table 3.1.

Median age is calculated for two age groups: ages 20-49, and 15-24. . The age group 20-49 is used because we expect almost all respondents to have experienced first sex by the age of 20. For male respondents ages 20-49 the median age at first sex is 19.5 in 2005, an increase of three years from 1998 (16.5) and from the 17.5 recorded in 2000 and 2003. Among female respondents ages 20-49, the median age is 18.5 in 2005, a two year increase from 16.5 in 1998 and a one year increase from 17.5 in 2000 and 2003. A limitation of this particular measurement approach (i.e., using the age group 20-49) is that it is heavily weighted in favour of older respondents, and thus may not reflect more recent changes in median age at first sex. Therefore, the indicator is also calculated for the age group 15-24.

For the younger age group 15-24, median age at first sex is 18.5 for males and also for females in 2005, an increase of three years for males and two years for females from the 1998 survey. In each of the previous surveys, median age at first sex in this age group was 15.5 for males and 16.5 for females.

The increase in age at first sex observed in these findings may be a sign that efforts to persuade young people to delay their sexual debut are working. Early sexual debut is often a risk factor for HIV infection, since early timing of first sex, often before marriage, may increase the chances of having many sexual partners during a lifetime.

Table 3.1 Median age at first sex, ZSBS 1998 - ZSBS 2005

Years	Males		Females		Total	
	Number	Median age at first sex	Number	Median age at first sex	Number	Median age at first sex
			Age group 20-49			
1998	1103	16.5	1418	16.5	2521	16.5
2000	1020	17.5	1298	17.5	2318	17.5
2003	1473	17.5	1761	17.5	3234	17.5
2005	1448	19.5	1650	18.5	3098	18.5
			Age group 15-24			
1998	500	15.5	708	16.5	1208	16.5
2000	347	16.5	593	16.5	940	16.5
2003	510	16.5	741	16.5	1251	16.5
2005	463	18.5	660	18.5	1123	18.5

3.3. Sexual Behavior within Marriage

3.3.1 Respondents' Marital Status

Data on the marital status of respondents is presented in Appendix Table A.3.1. Marital patterns have changed very little over the survey years. Just over one-half of all respondents are married and in monogamous relationships, and around 30 percent say they are single and never married. In 2005, more than half of all male (52.4%) and female (53.0%) respondents are currently monogamously married. Rural respondents (56.5%) are somewhat more likely to be married than urban respondents (45.5%). Appendix Table A.3.1 indicates that in 2005 a little over one-third of male respondents (36.6%) and about one quarter (24.4%) of female respondents are single and never married. Figure 3.1 shows marital status results in 2005 by residence.

In both rural and urban areas, males are more likely to report being single than females. Females were more likely (14.2%) to report being formerly married compared to males (4.1%). Almost the same percentages of females (6.6%) and males (5.9%) reported being in a polygamous marriage. Less than one percent of all respondents (males and females) describe themselves as cohabiting. In Zambia, as in many African countries, cohabiting is not a common cultural practice. It is possible that some of those who might otherwise be classified as cohabiting report themselves as being married.

3.3.2 Marital Sexual Behavior

The survey obtained information on when married respondents last had sex with their marital partners. Appendix Table A.3.2 shows findings on the percentage of respondents who report having sex the night before the survey, and those who had sex in the month before the survey (including those reporting sex the previous night). Results in 2005 indicate higher percentages of both males and females report having sex with their marital partner the previous night than in prior survey years. This figure has increased steadily over the past survey years. In 2000, 17.0% of males and 12.5% of females reported having had sex with their marital partner in the night before the interview. In 2005 these percentages increased to 30.5% for males and 27.5% for females. It is difficult to know how to interpret this apparent trend, because trends in percentages reporting sex with a marital partner in the past month do not show comparable increases over the same period. Thus, these increases may reflect a change in marital sexual patterns, a change in reporting of this behavior, or some of both. Educational campaigns may have had an influence, possibly contributing to a change in behavior as well as a change in reporting of this potentially sensitive issue.

No clear pattern is seen over the survey years in the percentage of respondents indicating that they had sex with a marital partner in the last month. Overall, percentages reporting marital sex in the last month increase from 72.2% in 1998 to 83.8% in 2000, decrease to 77.0% in 2003, and again increase to 84.9% in 2005. Somewhat higher percentages of males report sex in the past month compared to females, and likewise the percentages are slightly higher among urban as compared to rural respondents. In 2005, the overall percentage reporting sex with their marital partner in the past month is 85.6% among males and 84.3% among females. See Appendix Table A.3.2.

Married respondents who had sexual intercourse with their spouse in the 12 month period preceding the survey are asked if they used a condom during the last sexual intercourse with their marital partner. Findings are presented in Appendix Table A.3.3. Condom use with a marital partner is not common in Zambia, and this has changed little over the survey years. Overall results show that both urban and rural percentages reporting condom use with a spouse remain small in 2005, and show a slight decline, from 7.9% in 2003 to 5.5%. In 2005, the highest percentage reporting condom use at last sex with a marital partner was among urban males (8.2%), and the lowest (4.4%) was among rural females. Figure 3.2 shows overall results by residence.

Figure 3.1 Marital status, by residence, ZSBS 2005.

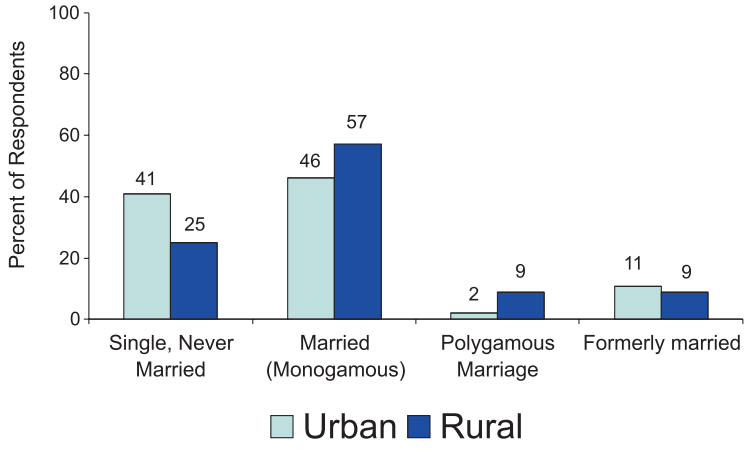
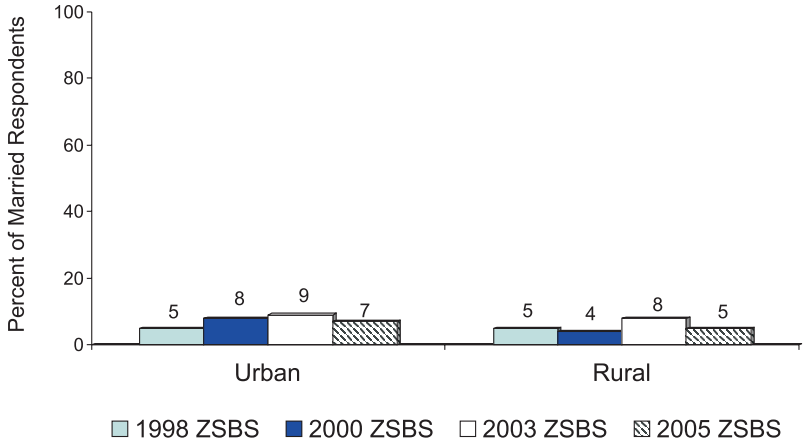


Figure 3.2 Condom use at last sex with marital partner, by residence, ZSBS 1998 - ZSBS 2005.



Appendix Table A.3.3 also shows data on condom use by married respondents stratified by duration of marriage, and by whether respondent reported having an extramarital partner or symptoms of an STI in the last year. Respondents married for less than three years are more likely to use a condom (10.0%) than those who reported a longer duration of marriage (5.4%). It is encouraging to note that higher percentages of married respondents reporting an extramarital partner, and those reporting an STI in the last year, said they used a condom (12.3% and 10.1%, respectively) compared to those who reported no extramarital partner (5.2%) and no STI (5.3%). However, percentages reporting condom use among marital partners are lower than desired in the context of a generalized HIV/AIDS epidemic. See Appendix Table A.3.3.

3.4. Non-Regular Partnerships and Multiple Partnerships

3.4.1 Non-Regular Partnerships

Because of a well-documented association between risk of HIV infection and having multiple sexual partners, respondents are asked for information on the number of sexual partners in the 12 month period preceding the survey, and on selected characteristics of their three most sexual recent partnerships within the 12 months.

Partnerships among respondents who are not married or cohabiting are sometimes abbreviated as "non-regular" partnerships. It is important to be clear about the definitions now in standard use and how they may have changed over the past decade. Beginning with the ZSBS 2000 survey, the definition of a "non-regular" partner is consistent with the standard UNAIDS definition of a non-regular partner as a "non-marital, non-cohabiting partner." In the 1998 ZSBS survey, however, the definition of non-regular partner used was based on the earlier definition used by the WHO/GPA until 1999. The earlier convention determined "non-regular" partnerships on the basis of duration of the relationship. In the 1998 ZSBS, a non-regular partnership was defined as any sexual relationship that lasted less than 12 months. Therefore, direct comparison of the 1998 data on non-regular partnerships with that from the later surveys must be interpreted with caution.

Appendix Table A.3.4 shows results for the entire sample, and for the sub-sample of respondents who say they are currently sexually active. In 2005, among all respondents, 20.7% of all males and 11.4% of all females report sex with a non-regular partner in the last 12 months. As would be expected, these percentages are larger when the sample is limited to those respondents who were sexually active in the last year. These results are shown in Table 3.2 below. Results for 1998 are shown in gray as a reminder that the definition of a non-regular partner used in the 1998 survey was different (see preceding paragraph).

Table 3.2 Percent of respondents with non-regular partner in last 12 months among respondents sexually active in last 12 months, by sex and residence, ZSBS 1998 - ZSBS 2005

	Sexually Active Respondents							
	Number				Percent with non-regular Partner in past 12 months			
Sex and Residence	1998	2000	2003	2005	1998	2000	2003	2005
Males								
Urban	459	384	547	466	40.6	30	37.8	34.8
Rural	799	774	995	1,065	38.3	28.4	24.8	24.5
Total	1258	1158	1542	1,531	39.1	28.9	29.4	27.6
Females								
Urban	535	465	586	463	17.6	19.8	21.3	23.1
Rural	992	834	1077	1,099	16.1	13.3	13.0	12.7
Total	1527	1299	1663	1,562	16.6	15.6	15.9	15.8
Total Urban	994	849	1,134	929	24.7	24.5	29.4	29.0
Total Rural	1,791	1,608	2,072	2,164	23.6	20.6	18.7	18.5
All Respondents	**2,785**	**2,457**	**3,206**	**3,093**	**24.0**	**21.9**	**22.5**	**21.7**

Among sexually active respondents, 27.6% of males and 15.8% of females report a non-regular partner in the last 12 months. These percentages have changed very little since the 2000 survey. Percentages measured in 1998, using the older definition of non-regular, are higher, at 39.1% for males and 16.6% for females. In 2005, sexually active urban respondents (29.0%) are more likely to have a non-regular partner than their rural counterparts (18.5%). Figure 3.3 shows results for sexually active males and females over the period 1998 - 2005 by residence. As noted above, data on non-regular partnerships for the entire sample (including those not sexually active) may be found in Appendix Table A.3.4.

3.4.2 Multiple Partnerships

Appendix Table A.3.5 presents data on the number of non-marital partners in the past year reported by married and unmarried respondents. In 2005, as in previous surveys, most married females (97.2%) indicate they had no non-marital partners. These percentages have remained more or less the same since the 2000 survey. Similarly, the percentage of married males indicating they had no non-marital partners in the 12 months preceding the survey (90.4%) is almost the same as in 2005 as in 2003. The percentage of married males reporting no non-marital partner shows a large increase when compared to 1998 (79.4%), and some of this is likely to be explained by the definitional changes.

Among unmarried males and females, modest changes in the percentage reporting no non-regular partner indicate a small decline for unmarried men, and a somewhat larger decline among unmarried women. Overall, 59.5% of unmarried males and 68.5% of unmarried females said they had no non-regular partners in the 2005 survey. These data indicate that 30.2% of unmarried males and 21.9% of unmarried females reported one non-regular partner in 2005, and 7.0% of unmarried males and 2.7% of unmarried females reported more than one non-regular partner. Figure 3.4 shows overall trends in the number of non-regular partners reported by unmarried respondents since the 1998 survey round.

3.4.3 Condom Use with Non-Regular Partners

Appendix Table A.3.6 presents information on condom use among respondents who reported a non-regular partner in the 12 month period preceding the survey. Where sample size permits (at least 30 in category), this information is presented by residence, duration of marriage (among those who were married), and whether the respondent reports a sexually transmitted infection (STI) in the past year. Among all respondents reporting a non-regular partner in 2005, urban respondents are much more likely to report condom use at last sex with a non-regular partner (48.2%) than are rural respondents (25.9%).

Figure 3.3 Percent reporting sex with a non-regular partner in past 12 months, by residence, ZSBS 2000 – ZSBS 2005.

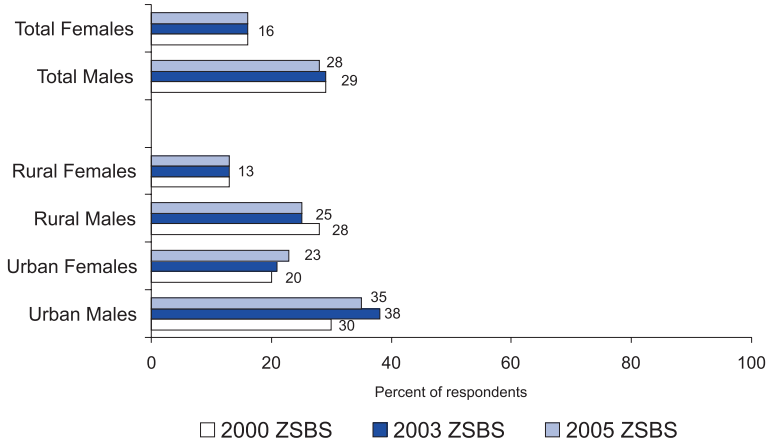
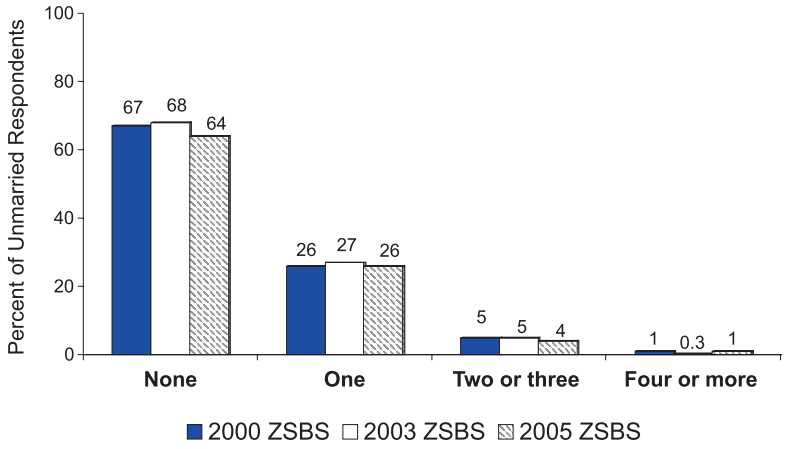


Figure 3.4 Percent distribution of unmarried respondents by number of non-regular partners, ZSBS 2000 - ZSBS 2005



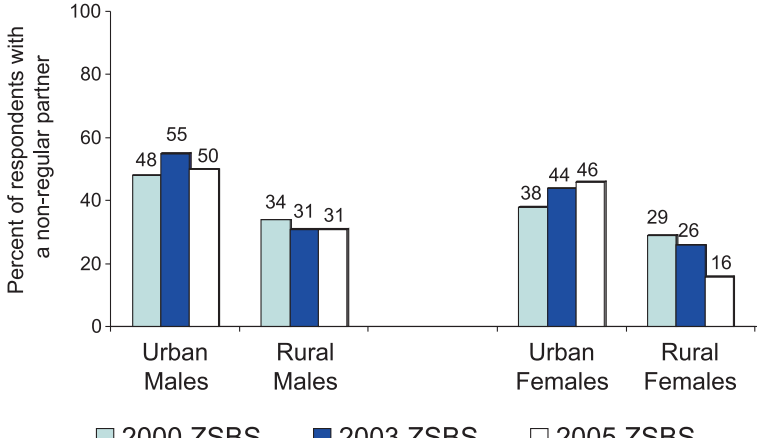
In 2005, the percentage using a condom at last sex with a non-regular partner is largest among urban males (49.7%), but this is a decline from 54.6% in 2003. Among urban women with a non-regular partner, condom use at last sex increases modestly between 2000 and 2005 (38.0% to 45.8%). In this same category, by contrast, condom use with a non-regular partner appears to be declining among rural women, with percentages decreasing from 28.8% in 2000 to 15.6% in 2005. These trends are shown in Figure 3.5.

Differences recorded by duration of marriage are minor (31.3% for married less than 3 years and 32.8% for married 3 or more years). The same is true for those reporting an STI in the last year (33.3% among those reporting an STI, 35.0% among those replying "no"). See Appendix Table A.3.6.

3.4.4 Characteristics of Non-Regular Partners

The survey obtained from respondents who report a non-regular partnership in the 12 month period preceding the survey information about the exchange of money and alcohol use at last sex with a non-regular partner. Results are presented in Appendix Table A.3.7. Exchange of money for sex is reported by one-third (31.5%) of rural respondents in 2003, and 21.1% in the 2005 survey. In general, female respondents in rural areas report exchanging money for sex in much higher proportions than their urban counterparts. In 2005,

Figure 3.5 Condom use at last sex with a non-regular partner, ZSBS 2000 - ZSBS 2005.



6.5% of urban females reported exchanging money for sex, compared to 14.5% of rural females. Some speculate that poverty, particularly in rural areas, is a reason some female respondents may exchange sex for money. Overall in 2005, the percentage of males (22.4%) is twice as high as the percentage for females (11.3%) reporting paid sex with a non-regular partner. Overall, the percentages reporting paid sex declines from 24.3% in 2000 to 18.3% in 2005.

Data on alcohol use at last sex with a non-regular partner is also shown in Appendix Table A.3.7. It is important to note that the wording of questions about alcohol use has changed over the survey years. In 1998 and 2000, a single question asked whether the respondent or his/her partner took alcohol at their last sex with a non-regular partner. In 2003 and 2005, two separate questions were asked, specifying alcohol use by the respondent and alcohol use by his or her partner. From the data, this change appears to have very little impact on reporting for this indicator, but must be considered when interpreting trends. Among women, the percentage who say they took alcohol at last sex with a non-regular partner has declined from 23.5% in 1998 to 17.3% in 2005. A similar decline is not seen among men (20.3% in 2003 and 19.1% in 2005). Figure 3.6 shows these results for males and females by residence.

3.4.5 Perceptions about Multiple Partnerships

Having sex with a partner who also has other partners is another risk factor for HIV/AIDS. Respondents are not expected to know for sure how many (if any) other partners a particular sexual partner, including their marital partner, may have. Therefore, respondents are asked how likely they think it is that a particular sexual partner has other partners. These results are presented in Appendix Tables A.3.8 (by sex and residence) and A.3.9 (by sex and marital status).

The format of questions asked to obtain this information has changed over time. In the 2000 ZSBS, a single question with a simple *yes* or *no* response was used. In 2003 and 2005, respondents were asked whether it was *very likely*, *somewhat likely*, *not at all likely,* or *don't know* that the partner had other sexual partners. Figure 3.7 shows the comparison of the scale results obtained in 2003 and 2005.

In 2003, 45.0% of males indicated that it was *very likely* or *somewhat likely* that their partner had another partner. In 2005 this percentage increases modestly, to 49.5%. In 2003, 47.2% of females believed their partner had another partner. In 2005 this percentage increases to 57.3%. Perceptions concerning the likelihood of "other partners" varies by gender, with larger proportions of females compared to males saying they suspect their partner has other partners. Overall differences between urban and rural respondents are small. Urban females were the most likely to believe that it was *very likely* or *somewhat likely* that their partner had other partners (59.1%). Likewise, unmarried females were the most likely to say it was *very likely* or *somewhat likely* that their partner had other partners (59.3%).

Figure 3.6 Characteristics of last sex with a non-regular partner, by residence, ZSBS 2005.

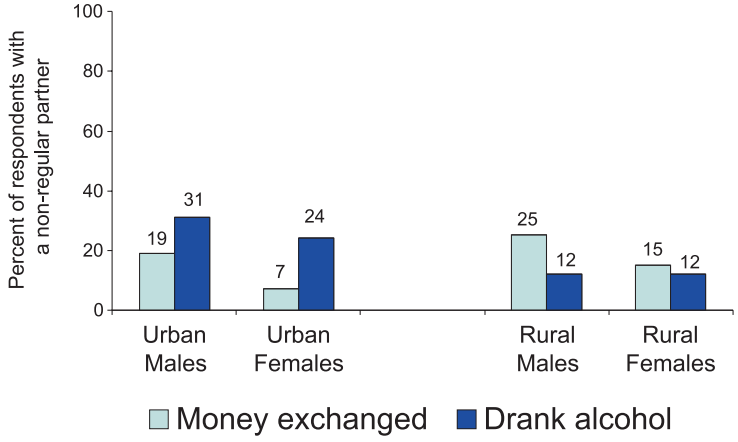
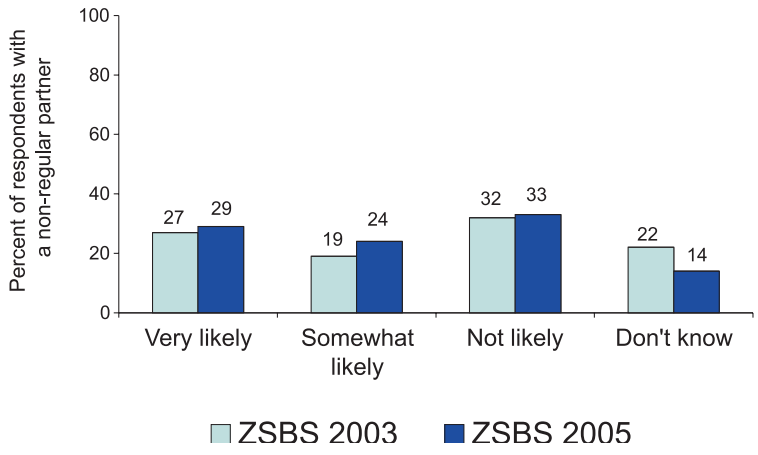


Figure 3.7 Perceived likelihood that partner has other sex partners, ZSBS 2003 - ZSBS 2005.



3.5. Forced Sex

Forced sex without the consent of the partner is a highly undesirable behavior in any circumstance, and is particularly risky in the context of the HIV/AIDS epidemic. In such circumstances, there is no opportunity for negotiating safer sex, and the likelihood of additional injuries that add to the risk of HIV transmission also increases. The ZSBS 2003 and ZSBS 2005 included questions for female respondents about forced sex. Even though it is likely to be under-reported, obtaining information on forced sex is important because it serves as an indication of the prevalence of sexual violence in Zambia and of females' ability to refuse unwanted sex. The questions on forced sex were administered only to female respondents. Overall 15.1% of females reported forced sex ever. This was a slight decrease from the 16.3% of females who reported forced sex in 2003. In 2005, 17.7% of urban females (data not shown) and 13.7% of rural females reported forced sex. Forced sex was most commonly reported among the 20-24 year age group (18.5%). This information is presented in Table 3.3 on the following page. See Chapter 5 for a further discussion of forced sex, with a focus on young women 15-24.

As shown in Table 3.4, the perpetrators most commonly reported are husbands or live-in partners (67.5%). Other reported perpetrators are boyfriends (25.0%), male relatives (5.8%), former husband/boyfriend (2.5%) and stranger (1.7%). From these data, it appears that the majority of victims of forced sex knew their perpetrators. These data indicate that sexual violence against females in Zambia is a problem which warrants attention.

3.6. Indicators of Sexual Behaviour

A number of standardised indicators of sexual behavior can be calculated from ZSBS data. Some are the familiar UNAIDS indicators that have been tracked across the past three ZSBS surveys, and some are new indicators proposed for countries receiving support from the President's Emergency Fund for AIDS Relief (PEPFAR). These indicators are discussed below.

UNAIDS Sexual Negotiation Indicator 1

Sexual Negotiation Indicator 1, Women Can Negotiate Safer Sex with Husband, is the percent of all respondents who have heard of STIs and who believe that if a women's husband has an STI, she can negotiate safer sex with him by refusing sex or by insisting on condom use. As with a number of HIV/AIDS prevention indicators developed over the past decade, slight modifications to improve indicator measurement have been instituted over

Table 3.3 Percent of females who report ever being forced to have sex, by residence and age group, ZSBS 2003 - ZSBS 2005

	Number of females		Percent ever forced to have sex	
Age Group	**2003**	**2005**	**2003**	**2005**
15-19	272	469	17.7	10.5
20-24	460	471	19.8	18.5
25-49	1,271	1,232	14.8	15.6
All Females	**2,003**	**2,174**	**16.3**	**15.1**

Table 3.4 Perpetrators of forced sex, ZSBS 2003 - ZSBS 2005

	Number of women reporting forced sex		Percent reporting Type of perpetrator	
Perpetrators	**2003**	**2005**	**2003**	**2005**
Husband/Live-in Partner	209	84	61.8	67.5
Boyfriend	60	31	17.8	25.0
Stranger	33	2	9.8	1.7
Male Relative	11	7	3.3	5.8
Former Husband/Boyfriend	10	3	3.0	2.5
Other	15	4	4.7	3.3

time. In 1998, the initial question asked was, "*Can a woman protect herself from getting an STD if her husband has an STD?*" This question was followed by a spontaneous-response question, "*What can she do to protect herself?*" In 2005 this was enlarged and modified as follows, *"Husbands and Wives and boyfriends/girlfriends do not always agree on everything. Please tell me if you think a wife/girlfriend is justified in refusing to have sex with her husband/boyfriend when she knows he has a disease that can be transmitted through sexual contact."* This introductory question is followed by a prompted-response question, *"When a wife/girlfriend knows that her husband/boyfriend has a disease that can be transmitted through sexual contact, is she justified in asking that they use a condom when they have sex?"*

It is likely that these changes in format account for some part of the dramatic increase in respondents who scored positively on this indicator in 2005. See Appendix Table A.3.10. In 2003, 42.7% of males and 44.3% of females said they believed that a woman can negotiate safer sex, compared to 80.0% of males and 82.5% of females affirming this belief in 2005. It is interesting to note that rural respondents were more likely to respond affirmatively (83.7%) than urban respondents (77.0%) in 2005. Figure 3.8 shows results for males, females, and the total population in 2005.

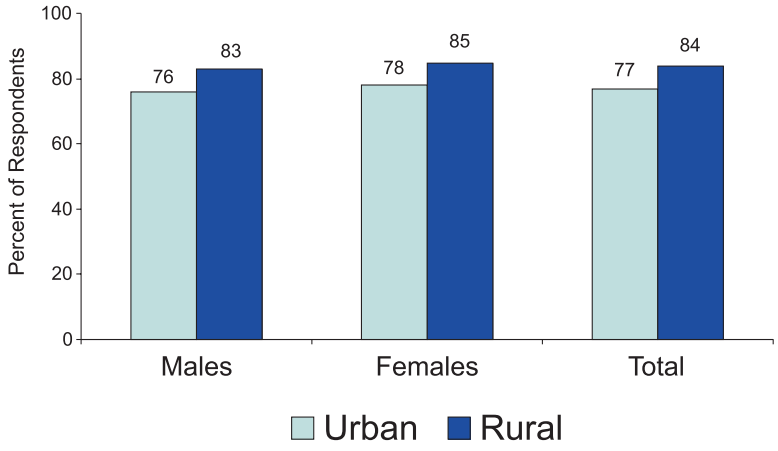
UNAIDS Sexual Behaviour Indicator 1

UNAIDS Sexual Behaviour Indicator 1, Higher Risk Sex in Past Year, is the percent of respondents who had a non-regular partner among all respondents who were sexually active in the 12 months preceding the survey. In Zambia, results for this indicator may indicate a positive change, with smaller percentages reporting this behaviour in 2005 than in 2003. The percentage of males reporting a non-regular partner in the past year decreased from 31.3% in 2003 to 27.5% in 2005. For females, the percentage reporting a non-regular partner in the past year is lower than among males, and these results indicate a small decrease from 15.9% in 2003 to 15.7% in 2005. Results are shown in Appendix Table A.3.11.

UNAIDS Sexual Behaviour Indicator 2

Results for UNAIDS Sexual Behavior Indicator 2, Condom Use at Last Higher Risk Sex, are also shown in Appendix Table A.3.11. This indicator is the percent of respondents who were sexually active

Figure 3.8 UNAIDS Sexual Negotiation Indicator 1: Woman can negotiate safer sex if husband has STI, ZSBS 2005.



in the last year, had a non-regular partner and who reported condom use at last sex with that partner. The same indicator has been adopted by PEPFAR as Prevention Indicator 5. Overall, this indicator has changed little since 1998. In 2005 the percentages of male and female respondents who report using a condom at last high risk sex were 38.4% and 28.6%, respectively. The proportion of urban respondents reporting condom use (48.2%) is higher than that for than rural respondents (25.9%). Condom use with non-regular partners is an important behavior that can help prevent the spread of HIV. See Figure 3.5 in Section 3.3.3 above.

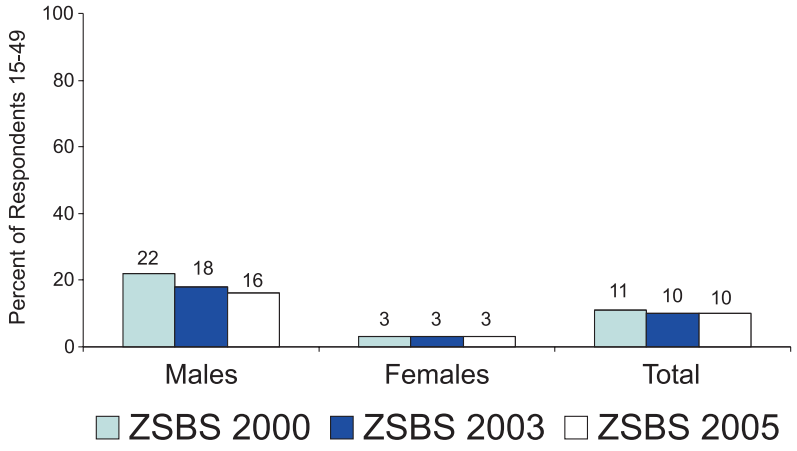
Prevention Indicator 4

PEPFAR Prevention Indicator 4 is the percent of men and women aged 15-49 who had sex with more than one partner in the last 12 months, among all respondents sexually active in the last 12 months. Results are presented in Appendix Table A.3.12. Overall, about one in ten respondents reported this behavior in 2005 (9.7%). This overall figure, however, masks a very large difference between the percentages reporting this behaviour among men compared to women. In 2005, a much higher percentage of men (16.3%) report sex with more than one partner in the past year compared to their female counterparts (3.2%). The percentage of sexually active young men 15-24 reporting sex with more than one partner decreased from 25.8% in the 2000 survey to 6.1% in the 2005 survey. Some of this decrease may reflect a greater reluctance to report this behaviour in 2005, in the face of intense campaigns to educate young men about the risks of HIV transmission. However, a change in reporting is not likely to account for all of the 19 percentage point decrease shown in these data. See Figure 3.9.

Prevention Indicator 6

PEPFAR Prevention Indicator 6 is the percent of men 15-49 reporting sex with a sex worker in the last 12 months who used a condom at last paid intercourse. Results are presented in Appendix Table A.3.13. Overall in 2005, about half (53.1%) of the 128 men who reported having sex with a sex worker said they used a condom at last paid intercourse. This percentage is larger by almost ten percentage points than that reported in the 2000 survey (44.3%). It is necessary to interpret these findings with caution, however, because estimates based on the small numbers reporting sex with a sex worker may be unreliable.

Figure 3.9 PEPFAR Prevention Indicator 1: Percent of respondents 15-49 who had sex with more than one partner in past 12 months, ZSBS 2000 - ZSBS 2005.



Chapter 4: Sexually Transmitted Infections (STIs)

4.1. Introduction

Studies on the relationship between HIV/AIDS and other sexually transmitted infections (STIs) have shown that the presence of an untreated STI increases the chances of HIV transmission per act of unprotected sex between an HIV infected and HIV uninfected person. Therefore the fight against the spread of HIV/AIDS should include early and effective diagnosis of STIs, followed by complete treatment of all partners involved.

The Ministry of Health has initiated community and clinic-based interventions to help control the spread of STIs. Free treatment of STIs is offered at all government clinics and health centers, and efforts are made to raise community awareness of the dangers of STIs, especially during pregnancy.

4.2. Knowledge of STI Symptoms

The ZSBS asks a series of questions designed to assess respondents' knowledge of sexually transmitted infections other than HIV/AIDS, such as genital herpes, genital warts, gonorrhea, syphilis or chlamydia. Respondents were first asked if they had ever heard of diseases transmitted through sexual intercourse. Those who said they had heard of STIs were asked to mention as many symptoms as they could of STIs in males and females. This question is asked using a spontaneous-response format, meaning that respondents are expected to mention as many symptoms as they can, and no list of symptoms is read out.[1] Some symptoms mentioned by respondents may be incorrect. For purposes of the ZSBS survey, correct descriptions of an STI symptom are abdominal pain (females only), burning pain with urination, abnormal discharge from the vagina or penis, genital ulcers or open sores, itching in the genital area, pelvic pain during intercourse (females only), swelling in the genital area and inability to conceive. Other symptoms sometimes named by respondents, such as failure to pass urine, loss of weight, or blood in urine, although they are sometimes associated with STIs, have many causes and are therefore not considered to be correct when named by respondents as symptoms of STI.

Appendix Table A.4.1 shows the percentage of respondents who have heard of STIs and those who can name at least one STI symptom in males and one in females. Almost all respondents in Zambia report some knowledge of STIs. Among respondents in urban areas, such knowledge is almost universal. Overall, at least nine out of ten respondents in 2005 had heard of STIs, with urban respondents more likely to report this knowledge (95.0%) than rural respondents (91.0%). Overall percentages for males and females in 2005 were the same (92.4%). However, female respondents in rural areas were somewhat less likely (90.8%) to have heard about STIs than those in urban areas (95.4%).

A very large majority of those who have heard of STIs also know at least one symptom. The percentages reporting knowledge of an STI symptom have increased since the 1998 survey. The percentage of respondents able to name at least one correct STI symptom has increased with respect to symptoms in both males and females. In 1998, 72.0% of males and 63.8% of females could name at least one symptom in males. By 2005, knowledge of a male symptom increased to 85.8% for males and 80.0% for females. Males are somewhat more likely to know at least one symptom in males and females are somewhat more likely to know at least one symptom in females. Overall, percentages for rural respondents are about the same as for their urban counterparts with respect to knowing at

[1] See explanation of spontaneous- and prompted-response questions in Chapter 2.

least one symptom in males (83% in both residence categories). Percentages have also increased with respect to knowledge of at least one STI symptom in females. In 1998, 57.8% of males and 70.3% of females could name at least one symptom in females. By 2005, this increased to 76.1% among males and 83.1% among females, with only minor differences between urban and rural areas (78.0% and 80.6%, respectively). Figure 4.1 shows the trends in general knowledge of STIs since the 1998 survey.

The two STI symptoms most commonly mentioned were genital ulcer and genital discharge (specifically, abnormal discharge from vagina for females, and discharge from penis for males). Results are presented in Appendix Table A.4.2. The percentages reporting knowledge of these symptoms increased over the survey period 1998 – 2005, among males and females alike. The apparent decrease in knowledge of these symptoms between 1998 and 2000 (see Figure 4.2 and 4.3) is likely to be an artifact of measurement, resulting from differences in administration of the 1998 and 2000 questionnaires (as discussed earlier, a revised format for the core instrument was adopted in 2000 and has been used in subsequent surveys). In any case, the data indicate an upward trend in percentages reporting knowledge of STI symptoms over the past five survey years. In 2005, genital ulcer as a symptom in males is mentioned by about six out of ten respondents (62.9% of males and 57.0% of females). In 1998, only about half of all respondents mentioned this symptom in men (51.3% among males and 48.0% among females in 1998). The percentage mentioning genital ulcer as an

Figure 4.1 Has heard of sexually transmitted infections (STIs) and knows a symptom in males and/or females, ZSBS 1998 – ZSBS 2005.

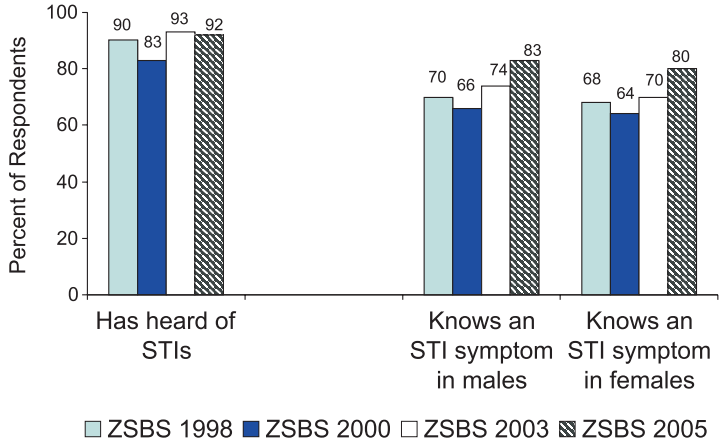
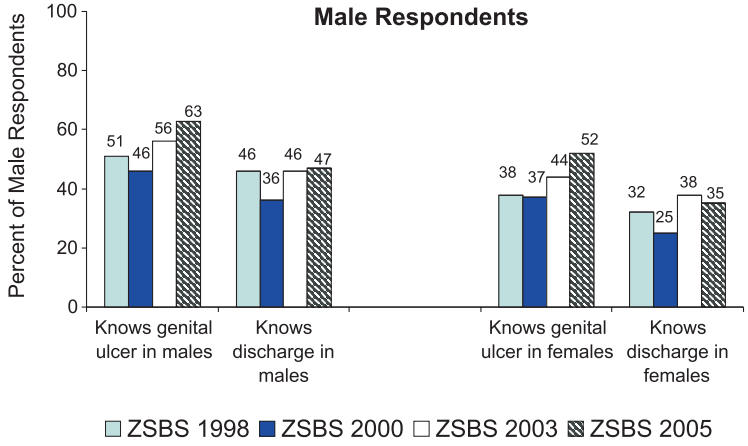


Figure 4.2 Awareness of common symptoms of sexually transmitted infections (STI): male respondents, ZSBS 1998 – ZSBS 2005.



STI symptom in women is smaller. In 2005, genital ulcer in women is named by 51.5% of males and 56.9% of females. In 1998, 53.1% of females, and 38.3% of males mentioned genital ulcer as an STI symptom in females.

Abnormal genital discharge as a symptom of an STI in females is mentioned by about one-third of male respondents (34.9%) and by a slightly larger percentage of females (38.2%). Discharge from the penis (genital discharge) as a symptom in males is mentioned by almost half (47.0%) of all male respondents in 2005, and by 38.7% of females. Knowledge of unusual discharge as a symptom in both men and women has increased over the years. See Figures 4.2 and 4.3.

The discussion above focuses on respondents' ability to correctly name an STI symptom in men and women. Another indication of improved levels of knowledge concerning STIs and STI symptoms is the decrease in the percentage of respondents who are unable to name any STI symptom at all, correct or incorrect. In 1998, 17.4% of all respondents said "don't know" when asked to name a symptom of STI in males, and 18.6% could name no symptom in females. In 2005, only 8.4% of respondents are unable to name any symptom in men, and 10.9% are unable to name any symptom in women. These results are shown in Figure 4.4.

Figure 4.3 Awareness of common symptoms of sexually transmitted infections (STI): female respondents, ZSBS 1998 – ZSBS 2005.

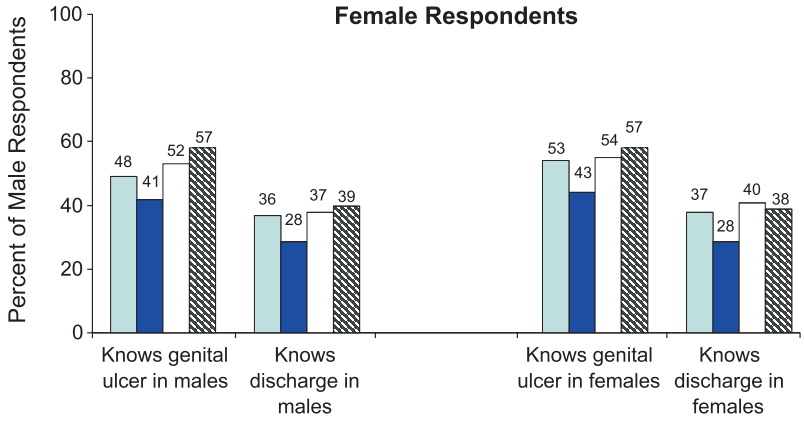
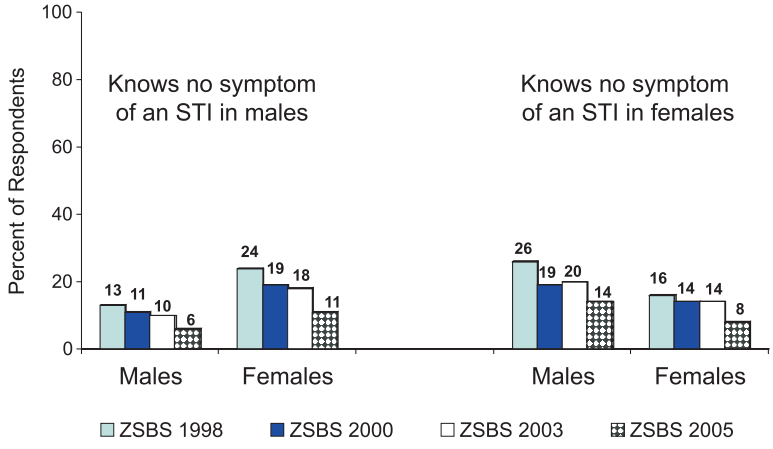


Figure 4.4 Percent of respondents unable to name any symptom of an STI in males or in females, ZSBS 1998 – ZSBS 2005.



4.3. Genital Ulcer or Genital Discharge in Past 12 Months

Respondents who reported having heard of STIs and who had ever been sexually active were asked if they themselves had a genital ulcer or abnormal genital discharge in the past 12 months. Findings are presented in Appendix Table A.4.3. Percentages of respondents indicating that they had an STI symptom in the last 12 months had been small in all surveys and vary between 3% to 5%. In 2005, the percentages reporting an ulcer or discharge were slightly larger (6.1% among males and 4.3% among females) than in 2000 and 2003. A slightly higher percentage of rural respondents in 2005 reported genital ulcer or discharge (5.6%) compared to urban respondents (4.4%).

Chapter 5: Adolescents and Young Adults

5.1. Introduction

Adolescence has been broadly defined as the developmental stage between childhood and adulthood. Age boundaries, particularly with respect to when adolescence begins, tend to vary widely. In the ZSBS, respondents must be at least fifteen years of age to be eligible for interview. Therefore, for purposes of this report, respondents aged 15-19 are classified as adolescents; and those aged 20-24 are considered young adults. When these two age groups are combined, the resulting age group 15-24 is referred to as "young people" or "youth."

Adolescence is a crucial stage in life, a time when young men and women undergo physical change and self-discovery. Adolescents and young adults are often targeted by reproductive health programmes and media messages because they are at the stage of life when sexual activity and reproductive activity – including risky sexual behaviors – is likely to begin. HIV prevention efforts can have a large effect on halting the spread of HIV in a society if they are successful with adolescents and young adults. Young people who are properly informed may be more likely to delay their sexual debut and avoid risky sexual behaviours.

5.2. Knowledge about HIV/AIDS Prevention and Transmission

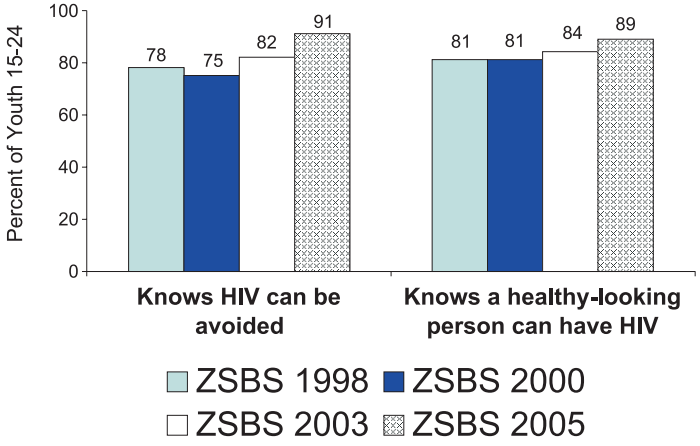
Measuring knowledge about HIV/AIDS among adolescents and young adults is very important for monitoring interventions that aim at preventing infection and disease among this young age group. Young people are often at greater risk of HIV infection because they may have shorter relationships with more partners or engage in other risky behaviours. Appendix Table A.5.1 presents data on general knowledge about HIV/AIDS among adolescents and young adults.

The proportion of young people in Zambia who had heard of HIV/AIDS was more than 95% in the 1998 survey, and has remained at similarly high levels over all the survey years. In 2005, more than nine out of ten young people 15-24 said they had heard of HIV/AIDS, and overall percentages are almost the same among males (95.6%) and females (96.7%) in 2005. The proportion of respondents in the youngest age group (15-19) who say they had heard of HIV/AIDS is only slightly lower (94.9%) than that for those 20-24 years of age (97.5%). See Appendix Table A.5.1.

Understanding that HIV/AIDS can be avoided is a fundamental step in getting individuals to change their behavior. Whereas most young people have reported awareness of HIV/AIDS for many years, the data indicates an increase since 1998 in knowledge that AIDS can be avoided. The percentage of adolescent males 15-19 who know HIV/AIDS can be avoided increased from 74.8% in 1998 to 88.4% in 2005. A similar increase was observed among female adolescents. In 1998, less than three-fourths (71.3%) of females 15-19 said HIV/AIDS can be avoided. By 2005, this percentage increased by 16.8 percentage points, to 88.1%. Similar increases are observed for young adult males and females 20-24. By 2005, almost all young adult males (95.7%) and nine out of ten young adult females (90.9%) reported knowing that AIDS can be avoided. Figure 5.1 shows these results for youth 15-24.

It is very important for young people to understand that HIV infection can be present in the absence of visible symptoms, and data indicate that the percentage of young people who know that a healthy-looking person can have HIV has increased over the survey years. An increase of 10 percentage points, from 82.3% to 92.6%, is seen between 1998 and 2005 among young males 15-24. The increase among young females 15-24 is not as large as for

Figure 5.1 Percent of young people 15-24 who know a healthy-looking person can have HIV, ZSBS 1998 - ZSBS 2005.



males (80.4% in 1998 to 86.9% in 2005). Figure 5.1. shows the overall increase in the knowledge among young people. These figures are encouraging, and may reflect a pay-off from programmatic efforts targeting young people in Zambia.

HIV/AIDS prevention programs tend to focus and direct their messages at three important aspects of sexual behaviour: abstinence or delaying sexual debut; limiting the number of partners and staying faithful to one partner; and consistent and correct condom use. Data on knowledge of these three prevention methods among young people are presented in Appendix Tables A.5.2 and A.5.3. The knowledge indicators shown in Appendix Table A.5.2 (consistent condom use and having one faithful partner) are based on prompted-response questions. Knowledge of both prevention methods has increased since 1998.

In 1998, less than three-fourths of all young males (71.7%) age 15-24 recognized consistent condom use as a way to reduce the chances of HIV infection. By 2005, this percentage increased to 83.2%. Only 57% of young females 15-24 reported consistent condom use as a way to reduce the chances of HIV infection in 1998. By 2005, this percentage was 81.6%, and the knowledge gap between the male and female youth has almost closed up. See Figure 5.2.

The percent of respondents who agree (in response to a prompted question), that having sex with only one uninfected, faithful partner is a way of reducing the chances of HIV infection has increased since 1998. Among males, the increase was from 80.6% in 1998 to 89.3% in 2005, and among females, the increase was from 79.1% in 1998 to 89.5% in 2005. Somewhat higher percentages of young people say they know about one faithful partner as a prevention measure compared to consistent condom use. Awareness of the HIV risk reduction by a single faithful relationship has increased substantially since 1998, among adolescents 15-19 and among all young people 15-24. Unlike the gender gap observed in earlier years with respect to awareness of consistent condom use as an HIV prevention method, an understanding that the chances of HIV infection are reduced by having one faithful partner is similar among young males and females. See Figure 5.2.

As discussed in Chapter 2, a prompted question was added to the ZSBS in 2005 to obtain information specifically on knowledge of abstinence, the A in Zambia's ABC (Abstinence, Be Faithful, Consistent Condom Use) approach to HIV prevention. Results are presented in Appendix Table A.5.2. Almost all young people (94.8% of males and 93.4% of females 15-24) know about abstaining from sex as a preventive measure. As seen in Figure 5.3, a somewhat higher percentage of adolescents and young adults know about abstinence than about

Figure 5.2 Percent of young people who recognize two ways to reduce risk of HIV infection, ZSBS 1998 - ZSBS 2005.

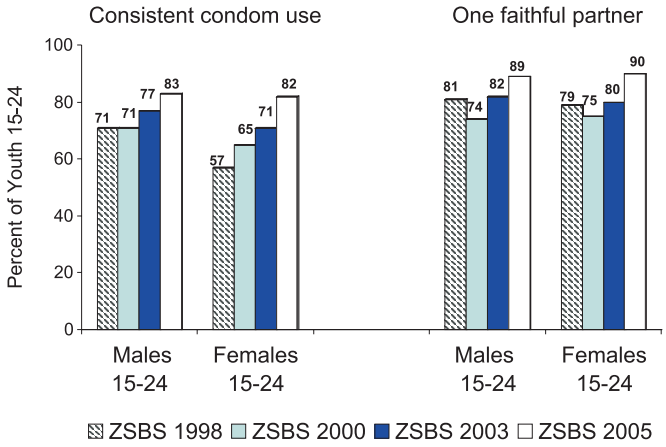
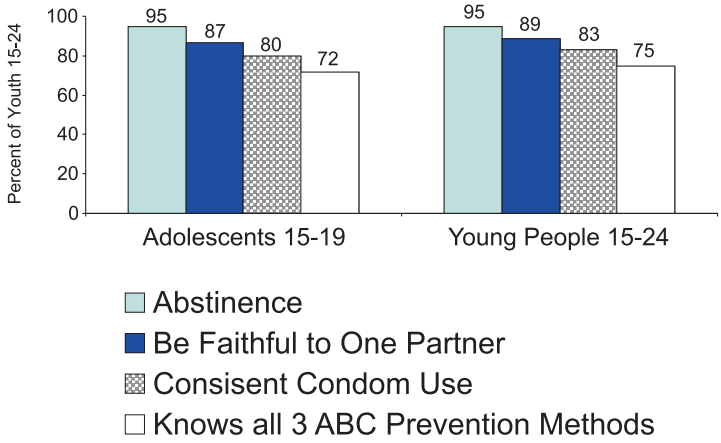


Figure 5.3 Percent of adolescents and young people who know each ABC method of HIV prevention, ZSBS 2005.



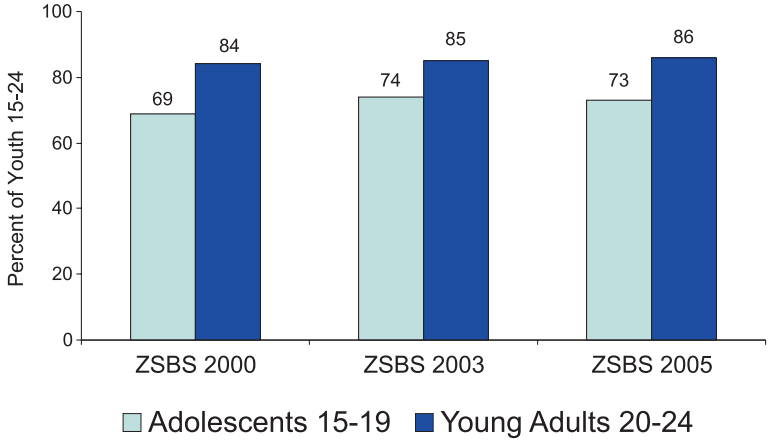
consistent condom use and faithfulness to one sexual partner as HIV prevention measures. Figure 5.3 also presents knowledge of all three methods of prevention.

Respondents were asked if they were aware of special medications that can be given to a person infected with HIV/AIDS. Half all of young people 15-24 knew of such medications (50.5%). The percentage was higher among young adults 20-24 (56.4%) than among adolescents 15-19 (44.6%). Less than half of the young people who knew about the medications also knew where to obtain them (45.6%). These results are shown in Appendix Table A.5.4.

Appendix Table A.5.5 presents data on knowledge of mother-to-child transmission among adolescents and young people. Overall, about eight out of ten young people 15-24 (79.3%) in 2005 knew that HIV can be transmitted from a mother to a child. However, the overall figure (combining the two age groups) masks a gap of more than 10 percentage points separating the 15-19 year olds from the 20-24 age group. These results indicate that adolescents 15-19 are less likely to have this knowledge than young adults 20-24. These results are shown in Figure 5.4.

Recent efforts to increase access to antiretroviral drugs that can help those infected with HIV are an important component of HIV/AIDS care and treatment activities in Zambia. Appendix Table A.5.6 shows the percentage of young people who know that the chances of mother-to-child transmission can be

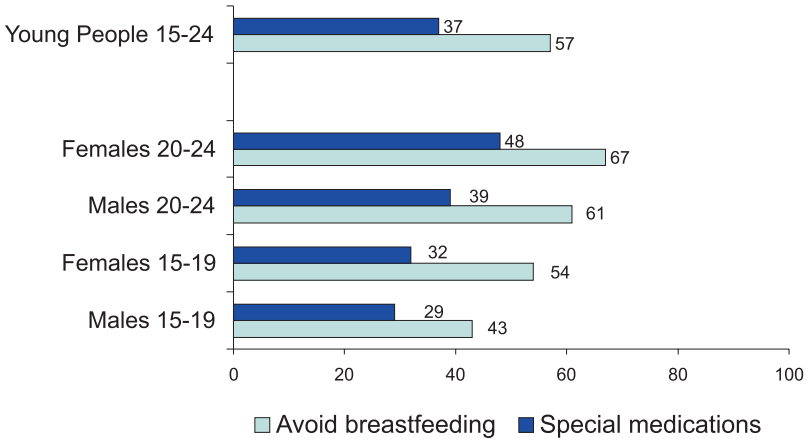
Figure 5.4 Knowledge of mother to child transmission (MTCT) among adolescents and young adults, ZSBS 2000 - ZSBS 2005.



reduced by avoiding breastfeeding and by giving special medications to prevent MTCT. Somewhat higher percentages of young women compared to young men 15-24 said they knew about avoiding breastfeeding and the use of special medications by pregnant women who are HIV infected to prevent MTCT. Only about half of young males 15-24 (52.1%) said they knew about avoiding breastfeeding as a way to prevent MTCT, and about one-third know about special medications for pregnant women to prevent MTCT. Among young females, close to two-thirds (60.1%) said they knew about avoiding breastfeeding, and two out of five (39.8%) said they knew about special medications as a way of avoiding MTCT. These results are shown in Figure 5.5.

Information on three common misconceptions about HIV transmission is presented in Appendix Table A.5.7 and Figure 5.6. Since 1998, more than a quarter of all young people 15-24 held the misconception that HIV is transmitted by mosquitoes. The overall percentage with this misconception in 2005 (28.4%) shows no change from the 1998 figure (28.5%), but a slight increase over 2000 and 2003. Adolescent males (15-19)were slightly more likely (28.2%) than young adult males 20-24 (25.9%) to report this misconception, but no difference between these age groups is observed among adolescent females (29.4%) and young adult females 20-24 (29.5%). The belief that HIV transmission can occur through mosquito bites remains the misconception most commonly held in Zambia.

Figure 5.5 Percent of young people 15-24 who know ways to reduce mother to child transmission, ZSBS 2005.



The incorrect belief that HIV can be transmitted by sharing a meal with an infected person is not as commonly reported as is mosquito transmission. In 2005, about 16% of all young people 15-24 said they held this belief, a small increase over the percentage in 2000 (12.3%). The percentage of young males 15-24 with this misconception (14.8%) did not change between 2003 and 2005. A small increase, from 13.0% to 16.6%, is observed for young females between the 2003 and 2005 surveys.

Almost one in five young people 15-24 still believe that HIV can be transmitted through witchcraft, but this is a decrease since 1998. In 2005, 19.2% of young people 15-24 held this misconception, compared to 27.1% in 1998. Figure 5.6 shows results on these three indicators for all young people 15-24.

An indicator of correct knowledge about HIV transmission among young people is formed by combining key elements of knowledge about HIV transmission into a single measure. Prevention Indicator 1, Percent of Young People aged 15-24 who both Correctly Identify Ways of Preventing the Sexual Transmission of HIV and Reject Major Misconception about HIV Transmission, is tracked in countries that receive support from the U.S. President's Emergency Plan for AIDS Relief. In order to score positively on the indicator, a respondent must correctly identify the three components of the ABCs of HIV prevention (Abstinence, Be Faithful, and Consistent Condom Use), and also know that HIV cannot be transmitted by mosquito bites, by sharing a meal with an infected person, or by witchcraft. Findings are presented in Appendix Table A.5.8 and Figure 5.7.

Figure 5.6 Misconceptions about HIV transmission among young people 15-24, ZSBS 1998 - ZSBS 2005.

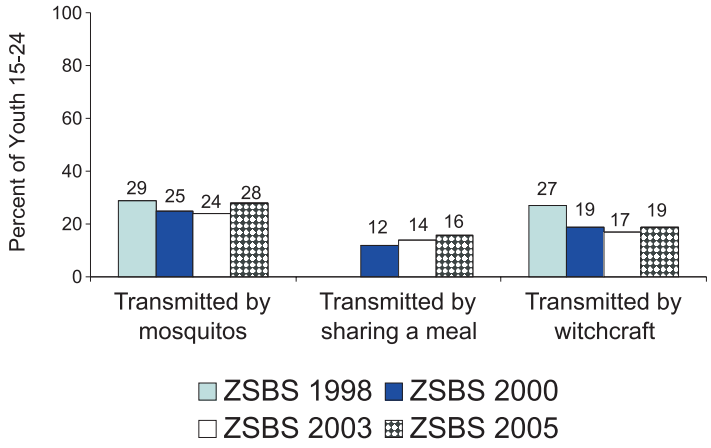
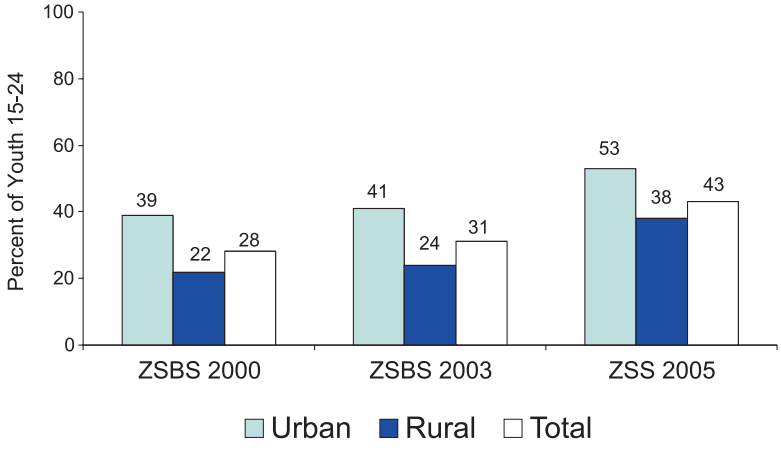


Figure 5.7 Prevention Indicator 1: Correct knowledge about HIV transmission among youth 15-24, ZSBS 2000 - ZSBS 2005.



5.3. HIV Testing and Counseling

5.3.1 Knowledge of a Place to Go for Testing

Information on knowledge of an HIV test site and the percentage of young people who have been tested for HIV is presented in Appendix Tables A.5.9 and A.5.10. Knowledge of a place to go for an HIV test among young people 15-24 has increased steadily over the survey years, rising by more than 10 percentage points, from 62.7% to 77.2% in 2005. Knowledge of a place to go for an HIV test appears to increase sharply as adolescents 15-19 move into young adulthood. The overall percentage of adolescents 15-19 who said they knew of a place to go is lower than among young adults 20-24. In 2005, about 7 out of 10 adolescents 15-19 said they knew where to go, compared to 8 out of 10 young adults 20-24. These results are shown in Figure 5.8.

5.3.2 Voluntary Counseling and Testing

Although overall percentages who say they have ever been tested remain low, Appendix Table A.5.9 shows an increase in the percentage of young males and females who report ever being tested for HIV. Among adolescent males 15-19, only 2.9% say they have ever been tested for HIV. Among young adult males 20-24, the percentage ever tested is four times as high (12.0%). Percentages who said they had ever been tested among young women 15-24 were almost twice as high (13.3%) as those among young males 15-24 (7.4%). Overall percentages of those who said they have ever been tested have almost doubled since 1998 among young adults 20-24 (from 8.4% in 1998 to 15.1% in 2005). These results are shown in Figure 5.9.

The PEPFAR Counseling and Testing is the percent of the population 15-49 and 15-24 receiving HIV test results and post-test counseling in the last 12 months. The ZSBS did not have a specific question on post-test counseling, but in VCT centers counseling is done when individuals are given their test results. This indicator is the same as the UNAIDS Voluntary Testing and Counseling Indicator presented in Chapter 1. Information for the 15-24 year age group is presented in Table 5.1.

5.3.3 Desire for an HIV Test

While relatively few young Zambians report ever having an HIV test, a large majority indicated a desire to be tested, or tested again. These results are shown in Figure 5.10 and Appendix Table A.5.10. In the young adult age group (20-24), almost eight out ten (77.8%) expressed a desire to be tested in 2005. The proportion of young people who go for testing and know their HIV status can be influenced by many factors, including access to testing sites, knowledge about the need for HIV testing, attitudes towards HIV/AIDS and the level of stigma in society. Even allowing for the fact that what people say and what they do may

Figure 5.8 Percent of adolescents and young adults who know a place to go for HIV test, ZSBS 2000 - ZSBS 2005.

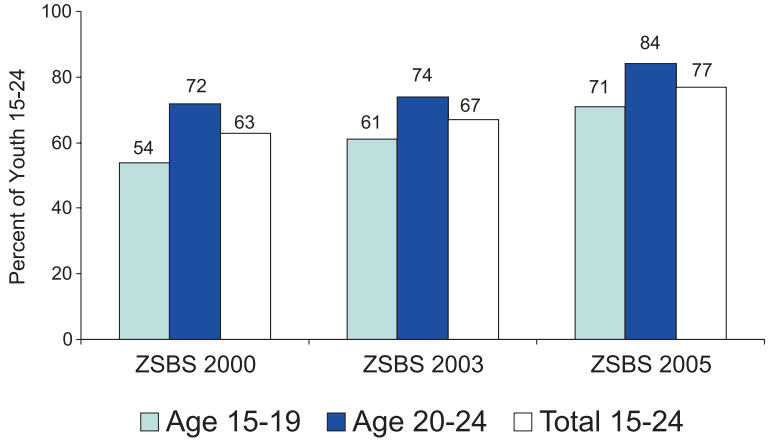


Figure 5.9 Percent of adolescents and young adults ever tested for HIV, ZSBS 1998 - ZSBS 2005.

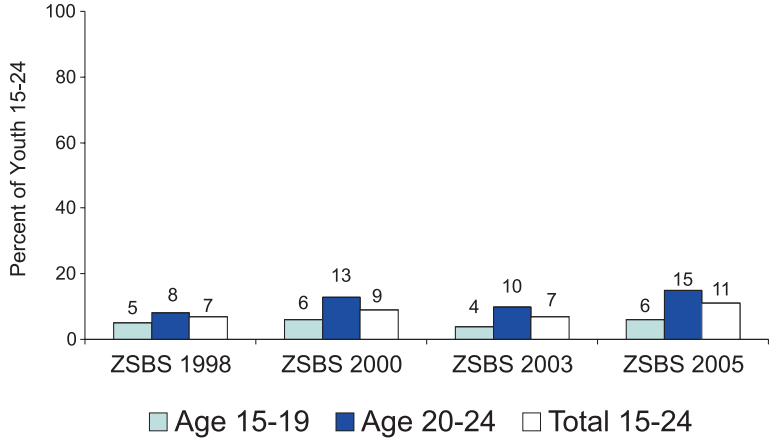


Table 5.1 PEPFAR Counseling and Testing Indicator: Percent of respondents 15-24 who received HIV test and HIV test results in past year, ZSBS 2000 - ZSBS 2005

	Number			Percent Receiving Test and Test Results		
Sex	**2000**	**2003**	**2005**	**2000**	**2003**	**2005**
Males 15-24	557	826	755	3.1	4.0	4.1
Females 15-24	819	1009	940	3.5	4.7	8.5
15-24 Total	1376	1835	1695	4.6	5.1	7.8

differ widely, these figures appear to reveal a high level of demand for HIV testing.

5.3.4 Reasons for Not Going for Testing

Figure 5.11 and Appendix Table A.5.11 present findings on some suggested reasons why young people may choose *not* to go for voluntary counseling and testing, even if VCT is accessible. Fear of results is the reason most often mentioned. This reason is mentioned by 72.7% of the young people 15 – 24. Fear of stigma and discrimination is mentioned by about almost one-third. Almost one in five young people feel they are not at risk. Not knowing where to go is suggested as a reason not to go for VCT by less than 4 percent.

5.4. Attitudes towards People Living with HIV, Stigma and Discrimination

The fight against stigma and socio-economic discrimination of persons living with HIV/AIDS is an important component in the overall fight against the epidemic. As discussed in Chapter 2, stigma and discrimination are difficult factors to measure. An important and influential contextual issue is whether young people already know someone with HIV/AIDS or someone who has died of AIDS. In Zambia, this is not uncommon. Even among respondents in the youngest age group 15-19 in 2005, seven out of ten (71.1%) said they knew someone with AIDS or who had died of AIDS. These percentages increased by at least 10 percentage points when the question was asked of the young adult age group 20-24 (59.8%). Furthermore, an increase of 10 percentage points is observed among youth 15-24 over the survey period 1998 – 2005, from 66.2% in 1998 to 76.5% in 2005. Results for adolescents and young adults are shown in Figure 5.12 and Appendix Table A.5.12.

Young respondents were also asked if they would be willing to care for a family member infected with HIV, and the majority said they would be willing. In 2005, almost nine out of ten young males and females

Figure 5.10 Percent of young people 15-24 ever tested for HIV and percent who desire to be tested or tested again, ZSBS 2000 - ZSBS 2005.

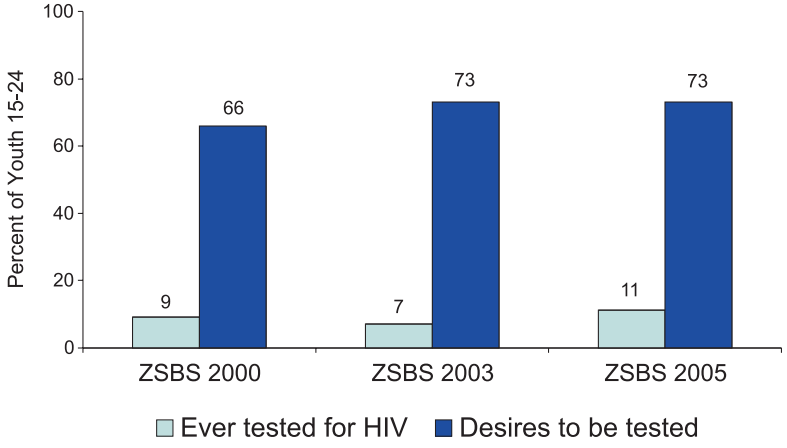


Figure 5.11 Young people's opinions on why some may choose not to go for voluntary counseling and testing (VCT), ZSBS 2005.

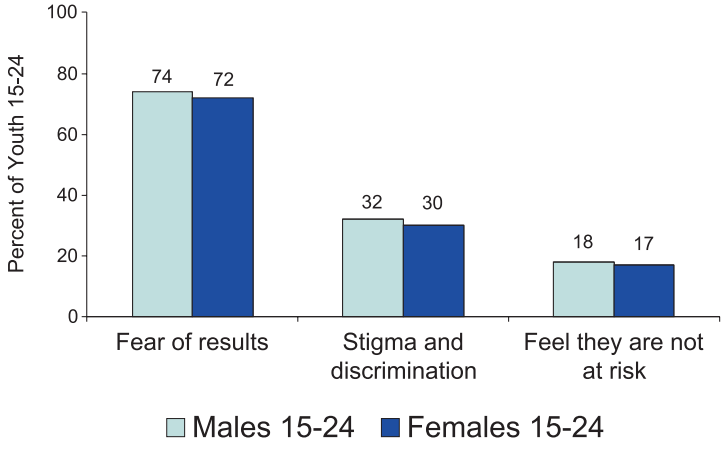
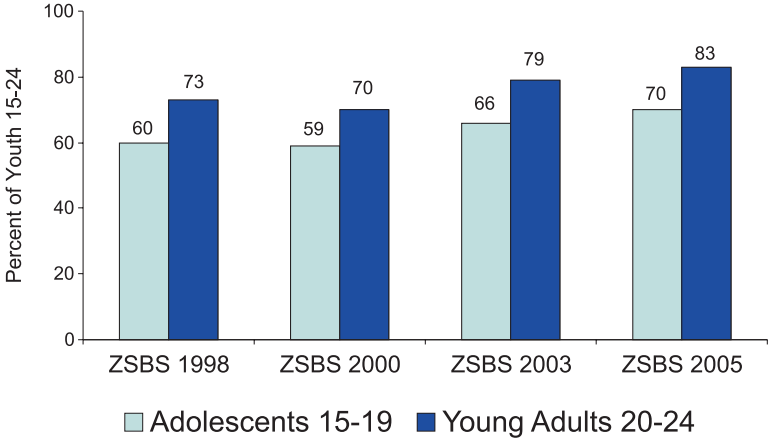


Figure 5.12 Percent of adolescents and young adults who know a person infected with HIV or who has died of AIDS, ZSBS 1998 – ZSBS 2005.



15-24 expressed a willingness to care for an HIV-infected family member. Overall, these percentages have increased since the 1998 survey, (80.2% in 1998 to 88.1% in 2005). These results are shown in Appendix Table A.5.12.

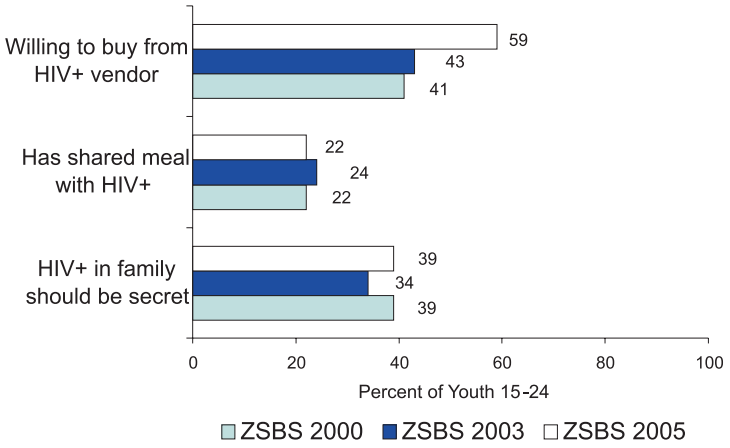
The same indicators of stigma and discrimination discussed in Chapter 2 are shown for young people in Appendix Table A.5.13. Despite indicating a willingness to care for a family member infected with HIV, almost two out of five young respondents said they would want to keep it secret if a family member is HIV-positive. These data indicate that young males and females hold this view in almost the same proportions (39.5% and 38.9%, respectively, in 2005). In previous survey years, adolescents 15-19 were only slightly more likely than young adults 20-24 to express a desire for secrecy, but in 2005, this difference is more pronounced (43.2% among adolescents 15-19 and 35.2% among young adults 20-24). Overall, these data indicate that a perceived need for secrecy if family members are HIV infected is at about the same level among the youth in 2005 as it was in 1998.

Overall, less than one quarter of young Zambians 15-24 said they had shared a meal with an HIV-positive person in the 2005 survey, and percentages are almost the same for young males and females (22.3% and 22.1%, respectively). See Appendix Table A.5.13. Those who said they had shared such a meal increased with age of the respondent. In 2005, only 16.4% of adolescents 15-19 said they had shared a meal with someone living with HIV/AIDS, compared to 28.0% of young adults 20-24.

Among the three stigma indicators shown in Appendix Table A.5.13, the largest percentage change over time is observed in the indicator of willingness to buy vegetables from an HIV-infected shopkeeper. In 2005, almost six out of ten young Zambians said they would be willing to buy vegetables from in HIV-infected vendor (60.4% among young males and 57.3% among young females 15-24). These percentages show an increase since the 1998 survey, when about four out of ten expressed this willingness (43.1% among young males and 40.1% among young females 15-24). See Figure 5.13.

The consequences of societal stigma and discrimination are many and varied. Appendix Table A.5.14 presents information about firsthand knowledge among young respondents of the mistreatment of an HIV-infected individual. Almost one in ten (8.6%) young people 15-24 said they knew of a person suspected to have HIV who was denied health services, and more than 10 percent (11.9%) knew of such a person who was verbally abused or teased because of his or her HIV status. The overall percentage (5.0%) who said they knew of someone living with HIV/AIDS who was denied access to social, religious or community events was somewhat lower than for the other two indicators. Adolescents

Figure 5.13 Attitudes towards HIV-infected individuals among young people 15-24, ZSBS 2000 - ZSBS 2005.



15-19 were less likely than their older counterparts to report knowledge of this discrimination, whereas percentages among young adults 20-24 are almost the same as those for the adult age group 25-59. See Appendix Table A.5.14. Overall results for youth 15-24, and for the adolescent and young adult age groups, are shown in Figure 5.14.

Two more questions that obtain information about other forms of negative attitudes towards people living with HIV/AIDS were added in the 2005 survey. One question asks if the respondent feels that persons with HIV/AIDS should feel ashamed of themselves because they are infected. The second question asks whether persons with HIV should be blamed for bringing the virus into the community. These data indicate that such negative attitudes towards persons with HIV are not uncommon among young Zambians. Findings presented in Appendix Table A.5.15 indicate that more than one-quarter of all young people felt that persons with AIDS should be ashamed, and should be blamed for bringing HIV/AIDS into the community, (27.5% and 26.3% respectively)

Young females appear to hold these negative views in larger proportions than young males. Almost one in three young adult females 20-24 said they hold each of these negative beliefs. Among young adult males 20-24, the proportion is closer to one in four. Overall, the proportion of youth 15-24 who hold these negative views is almost the same as for older adults 25-49. These results are shown in Figure 5.15.

Figure 5.14 Knowledge of discrimination and abuse of HIV-infected individuals, ZSBS 2000 - ZSBS 2005.

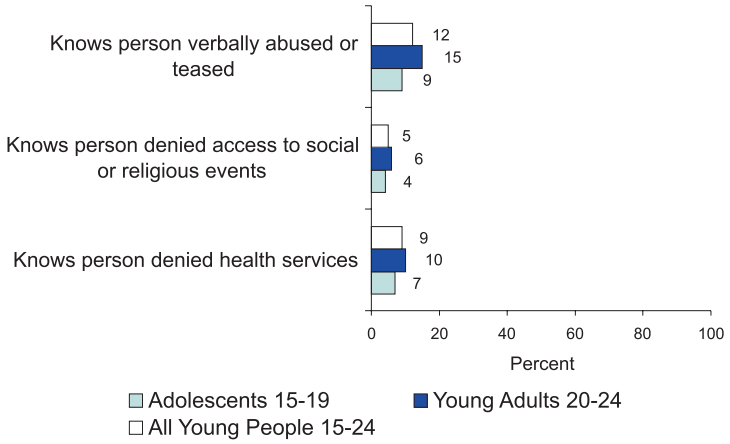
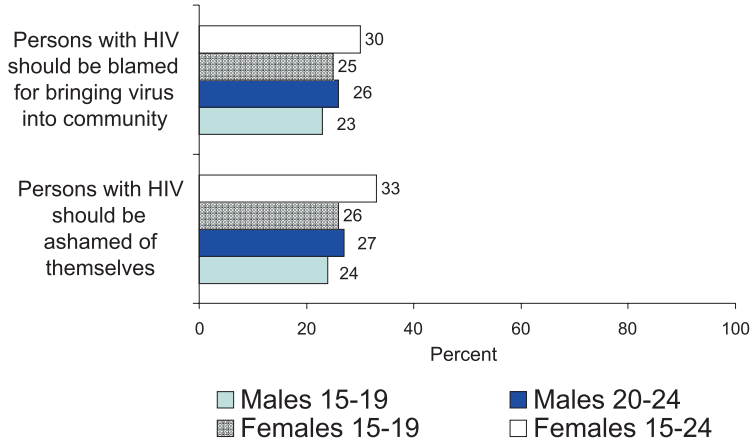


Figure 5.15 Negative attitudes towards HIV-infected individuals among young people 15-24, ZSBS 2000 - ZSBS 2005.



5.5. Young People's Sexual Behaviour

5.5.1 Age at First Sex

The promotion of abstinence and delay of sexual debut among adolescents has received strong emphasis in HIV prevention efforts in Zambia. Age at first sexual intercourse is of particular interest in countries such as Zambia where HIV is transmitted primarily through heterosexual contact. Data on median age at first sex are discussed in Chapter 3 and presented in Table 3.1. In 2005, median age at first sex among young people 15-24 was 18.5 years for both males and females. This is an increase of two years over the median age at first sex of 16.5 years for this age group in the 1998-2003 surveys. Figure 5.16 shows the percent of adolescents 15-19 who said they initiated sexual activity by single year of age.

Appendix Table A.5.16 presents data only on the youngest age group, showing the percentage of adolescents 15-19 who said they have ever had sex. These figures should be interpreted with caution, as the numbers in some of the single year age groups are relatively small. In 2005, 44.1% of all adolescents 15-19 reported ever having had sex, a decrease from 50.7% in 2003. The 2005 percentage is an even larger decrease from 1998, when the percentage who said they ever had sex was close to two-thirds (60.3%). By age nineteen, 66.7% of males and 72.5% of females reported ever having had sex in the 2005 survey, compared to 83.3% and 84.6%, respectively, in 1998.

Appendix Table A.5.17 also presents data only for the youngest age group, showing the percentage who said they had sex in the past year, among all adolescents 15-19 and by single year of age. The overall percentages that reported having sex in the last year have declined among adolescents 15-19 since the 1998 survey, and this is true for both young males and young females. One-quarter of adolescent males 15-19 reported sex in the past year in 2003 and 2005, a decrease from the 44.0% recorded in the 2000 survey. Higher percentages reported sexual activity among adolescent females compared to males, and the decrease over time is smaller for females. In the 2005 survey, 40.7% of adolescent females reported sex in the past year, a decrease from 47.3% in 2000 and 48.8% in 2003. Figure 5.17 shows data on percentages who said they had sex in the last year among adolescents 15-19 and among all young people 15-24.

5.5.2 Condom Use at First Sex

Along with postponement of first sexual intercourse, early and consistent condom use is a way that young people can reduce their chances of becoming infected with HIV. To assess the extent of condom use at the time of sexual debut, respondents are asked if they used a condom the first time they had

Figure 5.16 Percent of adolescents 15-19 who ever had sex by single year of age, ZSBS 2005.

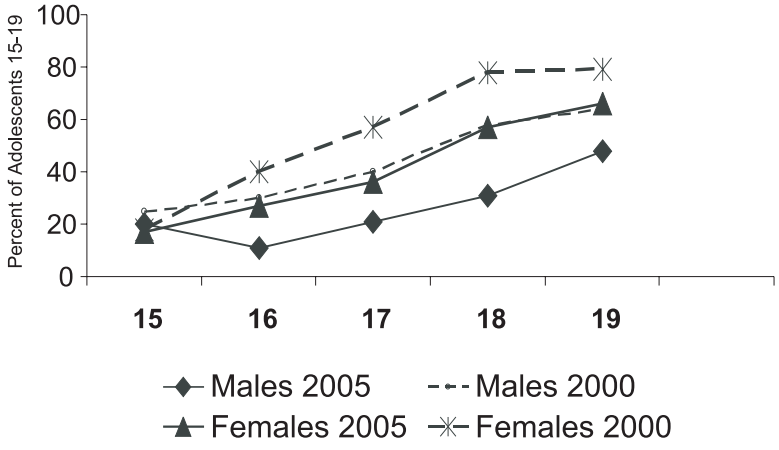
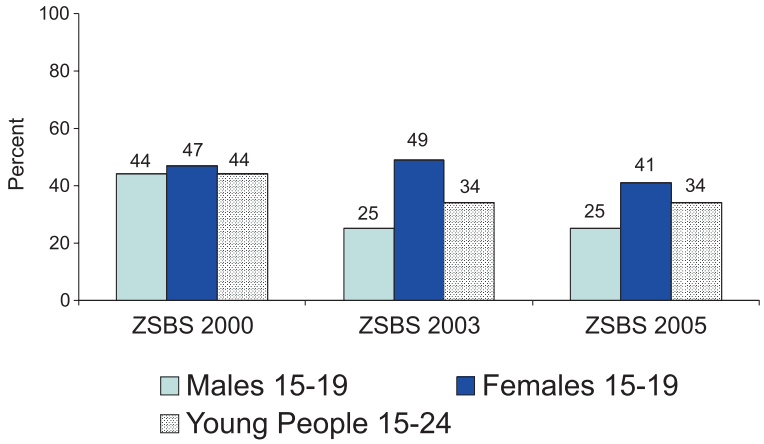


Figure 5.17 Percent of young people sexually active in past year, ZSBS 2000 - ZSBS 2005.



sex. It is encouraging to note that the percentages who said they used a condom at first sex were higher in the younger age groups compared to those 25-59, and was highest among adolescents 15-19. This might indicate that young people are turning in the direction of safer sex practices. The percentage of young people initiating sexual activity in the recent past and reporting condom use at first sex was four times as high (20.8%) as the percentage for the older age group 25-49 (4.9%). Many in the older age group (25-49) would have initiated sexual activity before HIV risk and the importance of condoms as a protective measure was widely known. These results are presented in Appendix Table 5.18.

5.5.3 Adolescent Pregnancy

A consequence for women who are sexually active at a young age is the potential for early pregnancy and child care responsibilities. Table 5.2 presents data on the percentage of young females 15-24 who have ever been pregnant, and the percent who said they are the primary caregiver for a child under age 18 (any child, not necessarily their own natural child). Overall, more than half (56.0%) of young females 15-24 have had a pregnancy, and almost one-third (31.6%) are caring for a child under age 18. Among female adolescents in the youngest age group (15-19) a relatively large proportion, about one-third (31.3%), said they have already had a pregnancy, and more than one in ten are the primary caregiver for a child under 18.

5.6. Pre-Marital Sex, Non-Regular Partners, Forced Sex, and Communication with Partner about HIV/AIDS

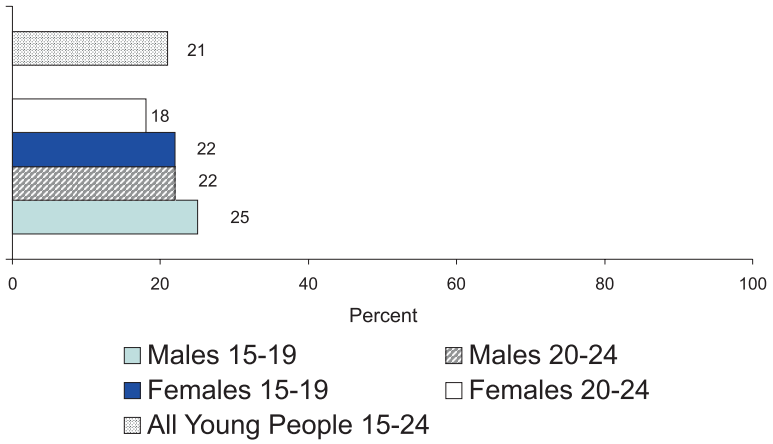
5.6.1 Non-Regular Partnerships

Information on the number of non-regular partners reported by young is presented in Appendix Tables

Table 5.2 Pregnancy and primary care-giving among young females 15-24, ZSBS 2005

		Percent of Young Females 15-24			
Females only		Ever been pregnant			Primary caregiver for a child
Age Group	Number	Urban	Rural	Total	
15-24	940	39.4	65.6	56.4	31.6
15-19	469	19.2	39.5	31.3	13.4
20-24	471	66.2	87.8	81.3	49.7

Figure 5.18 Percent of young people who used a condom at first sexual intercourse, ZSBS 2005.



A.5.19 and A.5.20. Appendix Table A.5.19 shows information only for the youngest age group, adolescents 15-19. Appendix Table A.5.20 shows the same information for the larger age group of youth 15-24. As explained in Chapter 3, a "non-regular" partner is a non-marital, non-cohabiting sexual partner, and this definition has changed over time. In the 1998 survey, non-regular partnerships were defined on the basis of duration of relationship, and this means that comparisons across the years may be misleading, especially for the younger age groups. For that reason, the 1998 findings are not discussed here. Also, because very few male adolescents are married, sample sizes are small and percentage calculations may be unstable. Therefore, findings on non-marital partners among married adolescent males are not shown in the table.

In general, these data indicate that the percentage of adolescents 15-19 who report no non-regular partner in the past year may have increased slightly since the 2000 survey, and the percentages reporting more than one non-regular partner in the last year appear to have decreased. In 2005, 80.2% of all adolescents 15-19 said they had no non-regular partner in the past year, compared to 77.8% in the 2000 survey. Similarly, the percentage of adolescents 15-19 reporting one non-regular partner in 2005 is 15.8%, compared to 18.0% in 2000, and the percentage reporting 2-3 non-regular partners in the past year has decreased from 4.0% in 2000 to 1.9% in 2005. See Appendix Table A.5.19.

Among all youth 15-24, just over three-fourths (77.1%) report no non-regular partner in the past year, 17.9% said they had one non-regular partner, and 2.0% said they had 2-3 such partners in the past year. See Appendix Table A.5.20. Among unmarried youth 15-24, more than two-thirds (67.9%) said they had no non-regular partner in the past year in the 2005 survey. However, one in four (24.9%) unmarried youth 15-24 reported one non-regular partner, and 2.8% reported 2-3 such partners in the past year in 2005. Almost no change in these percentages is observed when comparing the 2000 and 2005 survey data.

Figure 5.19 shows the number of non-regular partners in the past year reported by unmarried youth 15-24.

5.6.2 Condom Use with Non-Regular Partner

Respondents who had non-regular partners were asked if they used a condom at last sex with that partner. Results are presented in Appendix Table A.5.21 and Figure 5.20. As noted above, due to differences in definition of non-regular partner in 1998 and later years, 1998 results are not directly comparable and will not be discussed here.

No positive changes are evident in this indicator over the 2000-2005 survey years. In fact, the overall percentage of young people 15-24 who say they used a condom at last sex with a non-regular partner appears to have declined, from 39.9% in

Figure 5.19 Number of partners among never-married young people 15-24, ZSBS 2005.

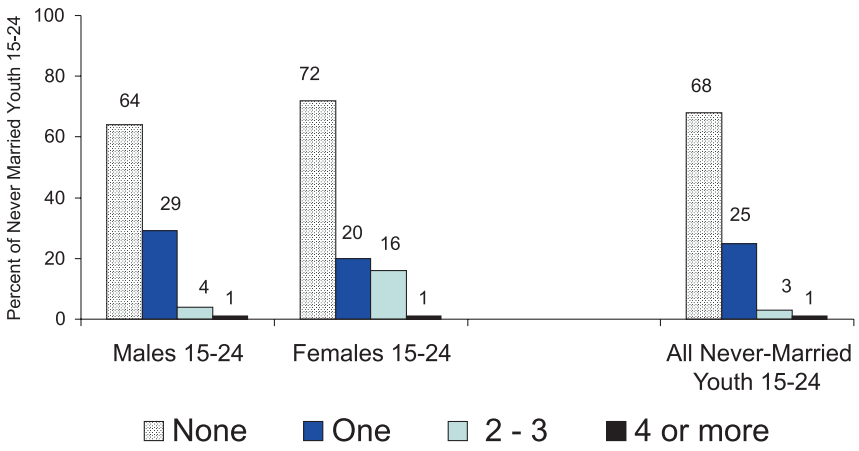
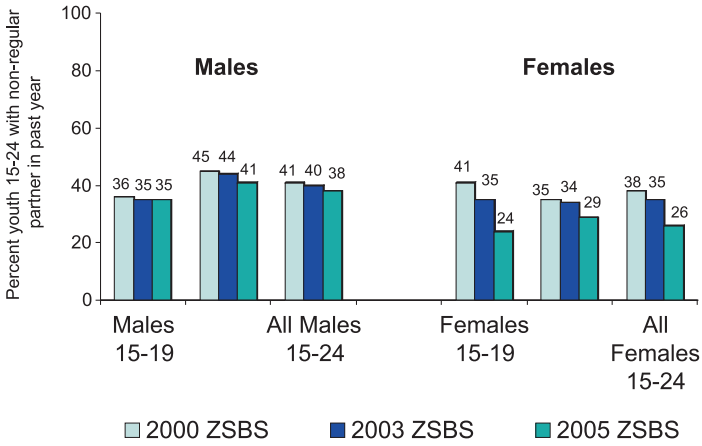


Figure 5.20 Condom use at last sex with non-regular partner, ZSBS 2000 - ZSBS 2005.



2000 to 33.7% in 2005. A decline is also seen in the percentages reporting condom use with a non-regular partner among females 15-19, from 40.8% in 2000 to 23.6% in 2005. In 2005, young males 15-24 were more likely to report condom use with a non-regular partner (38.4%) than young females (25.8%).

Overall, higher percentages of young adults 20-24 reported condom use with a non-regular partner than those among adolescents 15-19. While these data are not encouraging, it is important to remember that the number of young people in each category with a non-regular partner in the past year is relatively small, and this can affect the stability of some estimates.

5.6.3 Perception that Non-Regular Partner has Other Partners

Young people who had a non-regular partner were asked how likely they thought it was that their partner had other partners. As may be seen in Appendix Table A.5.22, younger respondents are less likely than respondents 25-59 to think their partner has other partners. Females 15-24 are more likely than their male counterparts to suspect that the presence of other partners is very likely, and this perception has increased by 10 percentage points since 2003. A larger percentage of males 15-24 in 2005 said other partners were somewhat likely (28.6%) compared to the percentage that said the same in 2003 (17.5%).

The percentage who said it was not at all likely that their partner has other partners (40.8% in 2005) has not changed since the 2003 survey, but there is a small decline in the percentage of males 15-24 who state this perception, and a comparably small increase in the same percentage among young women. The percentage of young people 15-24 who said "don't know" when asked this question is lower in 2005 (11.5%) compared to 2003 (21.7%). These results are shown in Figure 5.21.

5.6.4 Forced Sex among Young Women

The topic of forced sex was discussed briefly in Chapter 3. The topic is revisited here with a special focus on forced sex among young females aged 15-24. Beginning in 2003, female respondents have been asked if anyone has ever forced them to have sex when they did not want to. This is a deeply personal question and one that can be painful. It is difficult to know how accurately such events are reported, and whether all women include their husbands or regular partners when answering the question. For these reasons, it is likely that the data shown in Table 5.3 are conservative.

The percentage reporting forced sex among adolescent women 15-19 is smaller in 2005 (10.5%) than it was in 2003 (17.7%). Any real decline in forced sex is a welcome development, but it is possible that some of this apparent decline may due to a change in willingness to report this sensitive event. In any case, with one out of 10 young women 15-19 reporting forced sex in 2005, the situation remains a serious threat. A similar decline over time in reporting of forced sex is not observed among young women 20-24. Almost one in five young women in the 20-24 age group say they have been forced to have sex. The fact that the percentage of women 20-24 is larger than that for women 25-49 who report ever being forced to have sex against their will may indicate that this is more of a problem today than it was among young women in the past. However, these data may also reflect, at least in part, a difference across age groups in the tendency to report this event in a survey. Older women may not feel as free to confide such personal information, or it may have happened long in the past, and is not recalled during the interview.

Figure 5.21 Perceived likelihood non-regular partner has other partners among young people 15-24, ZSBS 2003 - ZSBS 2005.

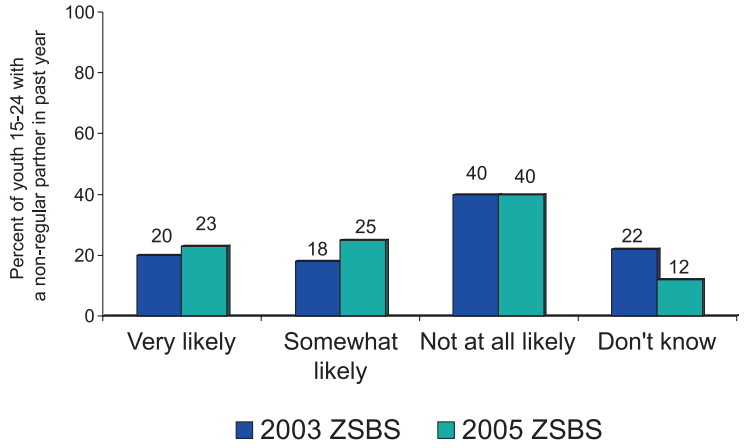


Table 5.3 Percent of young females who report ever being forced to have sex by residence and age group, ZSBS 2003 - ZSBS 2005

	Number of women		Percent ever forced to have sex	
Age group	**2003**	**2005**	**2003**	**2005**
Young women				
15-19	272	469	17.7	10.5
20-24	460	471	19.8	18.5
Older women				
25-49	1,271	1,234	14.8	15.6
All Females	2003	2,169	16.3	15.1

5.6.5 Communication with Partner about HIV/AIDS

There is an observed increase between the 2003 and 2005 survey in the proportion of sexually active young people 15-24 who say they have discussed HIV prevention with their partner. In 2005, almost one in four sexually active young males reported this discussion, compared to only 16.9% of males in this same age group in 2003. A similar increase is seen in the percentages among young females, with 35.3% saying they discussed HIV prevention with their partner in 2003, compared to 49.5% in 2005. See Table 5.4.

5.7. Knowledge of Sexually Transmitted Infections (STIs) Other than HIV

Overall, almost nine out of ten young people 15-24 had heard of STIs in 2005 (88.0%). The proportion of adolescents 15-19 who said they know about STIs (82.1%) is smaller than that among young adults 20-24 (93.9%). Percentages who know about STIs among males and females in the two young age groups are about the same. As may be seen in Appendix Table A.5.23, general awareness of STIs among young people is common and was already reported at high levels in the 1998 survey.

By contrast, the percentage able to name at least one specific symptom of an STI in males and females has increased since 1998. In 2005, about three-quarters (75.9%) of young males and 70.5% of young females 15-24 can name at least one symptom in males. The percentage able to name a symptom in females is 62.5% among young males, and 74.7% among young females 15-24. This information is presented in Appendix Table 5.24. Knowledge of either of two common STI symptoms, genital discharge and genital ulcer, appears not to be very common among young people 15-19. Larger percentages of young adults 20-24 reported familiarity with these symptoms compared to adolescents 15-19, but percentages for young adults do not reach the level observed for older adults 25-59. Comparing data from the four surveys, it appears that knowledge of these two symptoms may be increasing in the younger age groups, particularly with regard to recognition of genital ulcer as an STI symptom in males and in females. See Appendix Tables A.5.25 and A.5.26.

5.8. Knowledge and Attitudes about Condoms

Condom use among young people plays an important role in prevention of transmission of HIV and other sexually transmitted infections, as well as in prevention of unwanted pregnancies. Recent ZSBS surveys have included a number of questions that probe the respondent's knowledge and attitudes about condoms and using condoms. These include perceptions about condom effectiveness in preventing HIV and STI infection, beliefs and attitudes about the acceptability of using condoms, knowledge of where to obtain condoms, and perceived ability to obtain condoms for oneself.

5.8.1 Beliefs about Condom Effectiveness

The percentage of young people 15-24 who say that condoms are very effective in preventing HIV/AIDS has increased by 10 percentage points since the 2003 survey (38.8% in 2003, 49.3% in 2005). Likewise, the

Table 5.4 Percent of sexually active young people 15-24 who discussed HIV/AIDS prevention with partner, ZSBS 2003 - ZSBS 2005.

	Number of sexually active respondents 15-24		Percent discussed HIV/AIDS Prevention with partner	
Sex	**2003**	**2005**	**2003**	**2005**
Males 15-24	527	464	16.9	24.1
Females 15-24	746	659	35.3	49.5
All sexually active respondents 15-24	**1273**	**1123**	**27.7**	**39.0**

overall percentage who said condoms are not at all effective in preventing HIV decreased from 21.3% in 2003 to 10.6% in 2005. A similar question was asked about the effectiveness of condoms for preventing STIs other than HIV, and results are similar. These changes are encouraging. See Appendix Tables A.5.27 and A.5.28 and Figure 5.22.

5.8.2 Attitudes towards Condom Use

A new question asked for the first time in the 2005 survey further probes relevant attitudes and knowledge by asking young people if they agree with a series of statements about condoms. Respondents are asked if they agree or disagree that condoms break easily, suppress sexual pleasure, are for use with regular partners, promote promiscuity, and are too embarrassing to suggest. Respondents are also asked if they agree or disagree with the statement that most parents support the use of condoms by young people, and similarly, if most young people support the use of condoms by their friends. These statements, and the distribution of respondents by whether they agree, disagree, or say they don't know, is presented in Appendix Table A.5.29, and in Figures 5.23, 5.24, and 5.25.

In general, young people express divided opinions on the various statements about condoms. Just over one-third (35.5%) of young people 15-24 agreed with the statement that condoms break easily, about the same percentage (36.1%) disagreed, and 28.4% said "don't know." Findings were similar for the statement that condoms suppress sexual pleasure (29.2% agreed, 36.6% disagreed, and 34.1% said "don't know"). See Figure 5.23. Only one-third (33.0%) agreed that condoms are for use with regular partners, almost half (48.4%) disagreed, and 18.3% said "don't know." A very large majority (59.5%) agreed with the statement that condoms promote promiscuity. See Figure 5.24.

Two thirds (65.9%) of young people 15-24 agreed with the statement that young people support the use of condoms by their friends, and one quarter (24.5%) disagreed. By contrast, more than half (56.9%) disagreed with the statement that parents support the use of condoms by young people (33.6% agreed with the statement). See Figure 5.25. More than half (54.6%) of young people 15-24 disagreed with the statement that condoms are too embarrassing to suggest (Appendix Table A.5.29). Taken together, these last three may imply that young people consider their own attitudes towards using condoms are more positive than those of their parents. Nevertheless, as described above, six out of ten say they agree that condom use promotes promiscuity and only three out of ten say they agree that condoms are for use with regular partners (Figure 5.24).

5.8.3 Ability to Obtain Condoms

Another issue of interest to HIV/AIDS prevention efforts aimed at encouraging consistent condom use as an HIV prevention method is young people's ability to obtain a condom. Findings on knowledge of a place to get condoms, and perceived ability to obtain a condom for oneself, are presented in Appendix Table A.5.30. Knowledge of where to obtain a condom is important, but this knowledge

Figure 5.22 Opinions among young people 15-24 on effectiveness of condoms for preventing HIV and STI infection, ZSBS 2003 - ZSBS 2005.

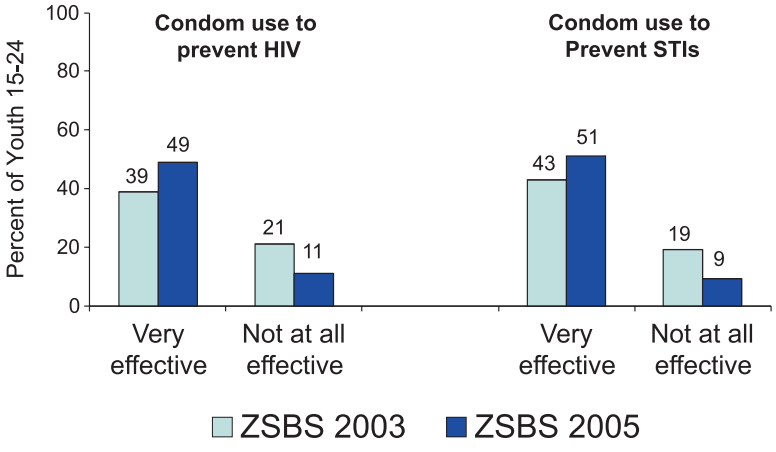


Figure 5.23 Attitudes towards condoms among adolescents and young people 15-24, ZSBS 2005.

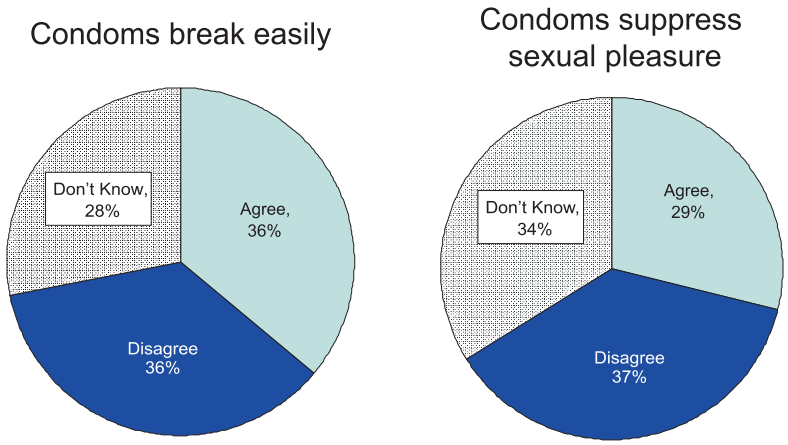


Figure 5.24 Attitudes towards condoms among young people 15-24, ZSBS 2005.

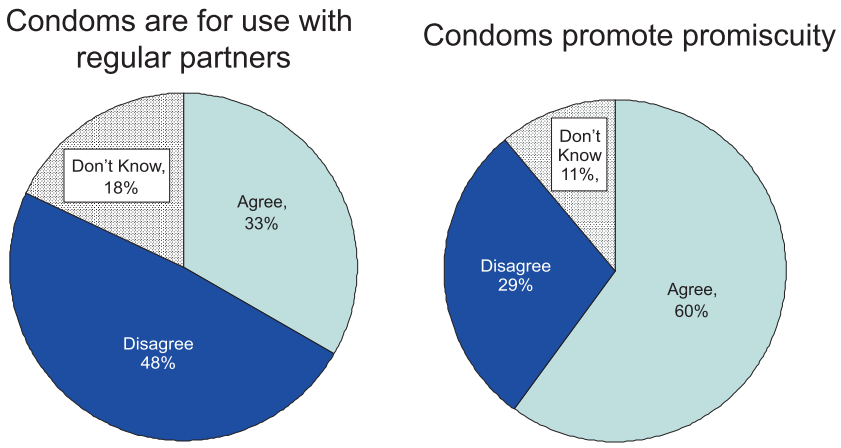
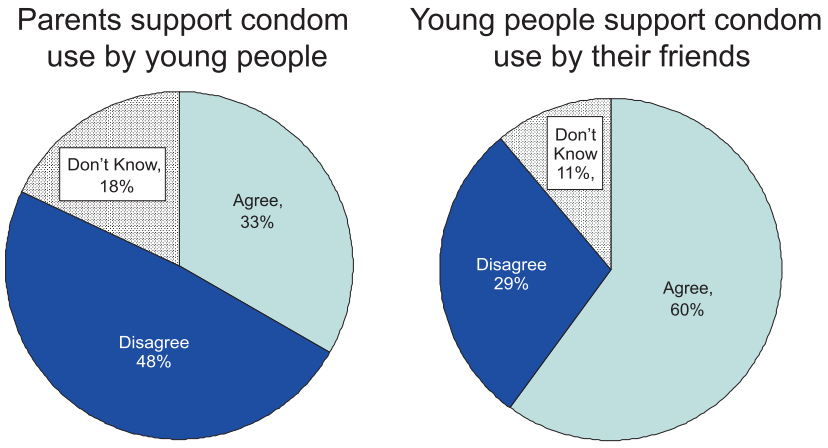


Figure 5.25 Attitudes towards condoms among young people 15-24, ZSBS 2005.



alone may not be enough to overcome barriers to access and enable someone to actually obtain a condom.

In 2005, eight out of ten (80.9%) of young people 15-24 said they know a place to get condoms. Reported knowledge of a condom source is lowest among adolescent females 15-19, but even among this age group, seven out of ten (71.9%) said they know a source of condoms. However, when asked if they themselves could obtain a condom, the percentages responding affirmatively were significantly lower than those for knowledge of a source, especially among young women. Whereas 71.9% of adolescent females 15-19 said they know a source for condoms, only 38.4% said they themselves could obtain a condom. See Figure 5.26. The percentage who said they could obtain a condom increased to 55.2% among young adult women 20-24, a somewhat higher percentage than among older adult women 25-49. Among adolescent males 15-19, about one-half said they could obtain a condom. Among young adult males 20-24, eight out of ten said they could obtain a condom, and this percentage is higher than that for older adult males 25-59.

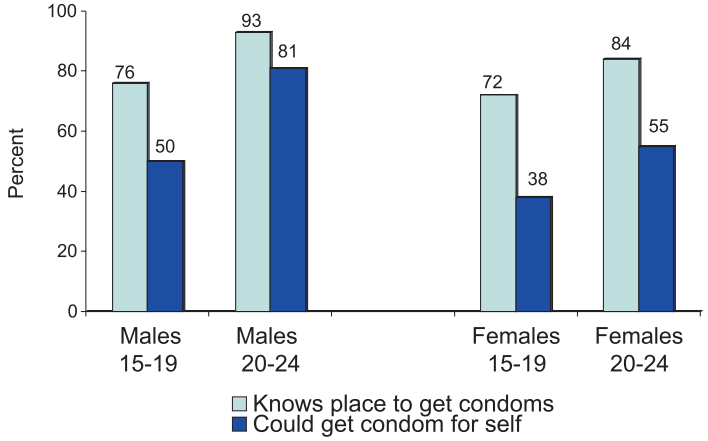
5.8.4 Gender-Related Attitudes

In the ZSBS, respondents are asked a series of questions to ascertain the level of acceptability of certain practices or behaviors related to sexual behavior and gender. One aspect of empowerment of females on sexual issues is assessed with a question on whether it is always acceptable for unmarried females to buy condoms.

Appendix Table A.5.31 presents findings on the acceptability of condom purchase by unmarried females for each of the survey years 1998-2005. However, because there was a change in wording of the question about acceptability of female condom purchase after the 2000 survey, direct comparison of figures from the earlier survey years (1998 and 2000) with those from the 2003 and 2005 surveys can be misleading. These findings are shown in Appendix Table A.5.31 for the historical record, but are not discussed here.

In 2005, more than half (54.9%) of all young people 15-24 said it was always acceptable for an unmarried female to buy condoms, an increase from 50.2% reporting this attitude in 2003. The percentage who said this was acceptable is somewhat larger among young males (58.0%) compared to young females 15-24 (52.5%). The largest percentage change, from 39.8% in 2003 to 48.6% in 2005, is observed among adolescent women 15-19 who said they found this practice acceptable. The increase among adolescent

Figure 5.26 Percent of young people 15-24 who say they know a source and can obtain a condom, ZSBS 2005.



males 15-19 over this same period is smaller, from 50.2% in 2003 to 54.9% in 2005. See Figure 5.27.

5.9. Indicators of Sexual Behavior among Young People

Indicators of sexual behavior among young people are important in their own right, because the behaviour of young people will be a key factor influencing the future course of the HIV epidemic. Also, as prevalence rises in a country, the chances of encountering an infected partner early in one's sexual life increase. Therefore, establishing safe sexual behavior early in life is critically important.

Prevention Indicator 2

Appendix Tables A.5.32 and A.5.33 present data on two indicators recently adopted for monitoring HIV/AIDS prevention and care programs in countries receiving support from the PEPFAR. Prevention Indicator 2 is the percent of never-married young men and women aged 15-24 who have never had sex. See Appendix Table A.5.32.

Prevention Indicator 3

Prevention Indicator 3 is the percent of never-married men and women aged 15-24 who had sex in the last 12 months, of all never-married men and women aged 15-24 surveyed. See Appendix Table A.5.33.

Figure 5.28 shows results for both Prevention Indicators 2 and 3, and provides a graphic comparison of the percentage of single (never-married) respondents who have not yet had sexual intercourse (never had sex) with the percentage of this same group who say they were sexually active in the last 12 months.

Among young males 15-24 in Zambia, almost half (47.6%) say they have never had sex. This percentage is larger among young females 15-24 (59.8%) than among young males, indicating that young females 15-19 are less likely to have initiated sex than young males in their same age group. The percentages of adolescent males and females 15-19 who report having initiated sex are much smaller than those for the age group 15 -24. Less than one-third of all young people 15-24 said they were sexually active in the past 12 months in 2005. Overall, about one quarter (25.4%) of females, and about one third of males 15-24 (34.6%), say they had sex in the past year. See Figure 5.28.

UNAIDS Young People's Sexual Behaviour Indicator 1

UNAIDS Young People's Sexual Behaviour Indicator 1 is the age by which one-half of young men and young women aged 15-24 have had penetrative sex (median age) among all young people 15-24 surveyed. Results for this indicator are discussed in Chapter 3. Please refer to Section 3.2 median Age at First Sex, and Table 3.1.

Figure 5.27 Percent of young people 15-24 who believe condom purchase by unmarried women is acceptable, ZSBS 2003 - ZSBS 2005.

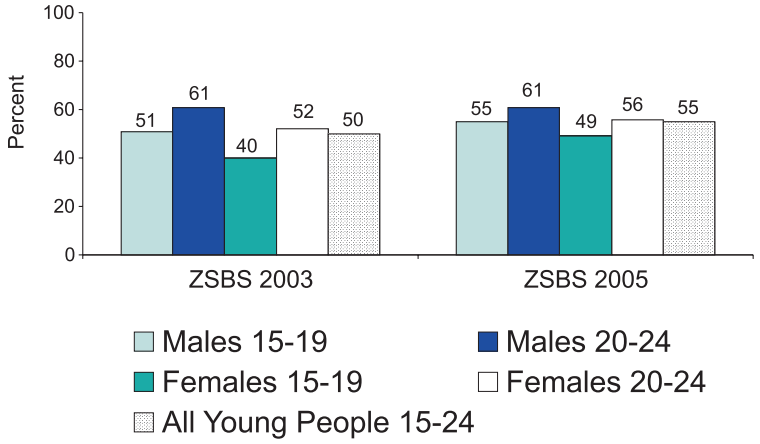
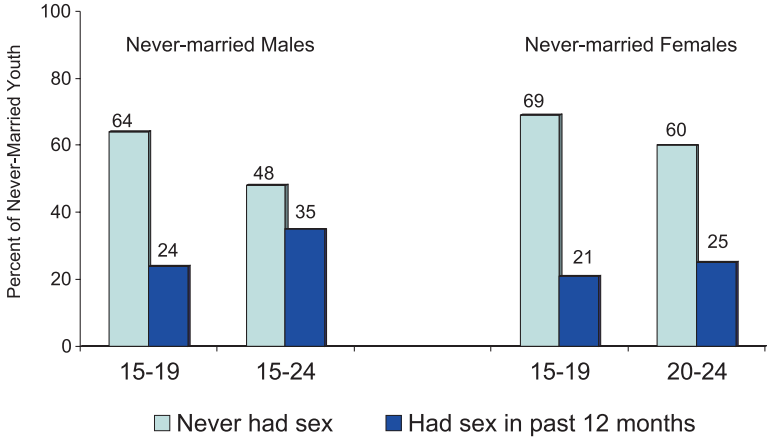


Figure 5.28 Prevention Indicators 2 and 3: Percent of never married youth who have never had sex, and percent sexually active in past year, ZSBS 2005.



UNAIDS Young People's Sexual Behaviour Indicator 2

Young People's Sexual Behavior Indicator 2 is the percent of single young people ages 15-24 who had sex in the previous 12 months, as a percentage of all young people surveyed. This indicator is the same as Prevention Indicator 3 described above. It is presented separately in order to prevent confusion among readers who expect to see tables with wording in the standard UNAIDS format. In 2005 the percentages were 34.6% for young males and 25.4% for young females. For males this represents a slight increase from 2003 (33.2%) but a decrease from 47.2% reported in 1998. For females this is a slight decrease from 2003 (27.7%) and a larger decrease from 1998 (38.8%). Percentages are higher for rural respondents compared to urban respondents. See Appendix Table A.5.34.

UNAIDS Young People's Sexual Behaviour Indicator 3

Young People's Sexual Behavior Indicator 3 is the percent of single people aged 15-24 who used a condom at last sex, of all young single sexually active people surveyed. Results are presented in Appendix Table A.5.34. Condom use is more commonly reported among males than females, and more commonly reported among urban respondents compared to rural respondents. Reported condom use has declined since 2000 and 2003 among young males and young females, and the decline is larger among young females. Among young males, reported condom use decreases from 39.2% in 2003 to 36.3% in 2005. Among young females, reported condom use decreases from 35.7% in 2000 to 27.7% in 2005. Shifting patterns are observed when comparing young females in urban and rural areas. Reported condom use among urban females increases from 42.6% in 2003 to 46.0% in 2005. By contrast, condom use by rural females falls from 28.9% in 2003 to 14.5% in 2005.

UNAIDS Young People's Sexual Behaviour Indicator 4

Young People's Sexual Behavior Indicator 4 is the percent of young people 15-24 who have had sex with more than one partner in the previous 12 months, among all young people surveyed. Results are presented in Appendix Table A.5.35. The percentage of males reporting multiple partners declines from 12.4% in 2000 to 8.5% in 2003 to 6.2% in 2005. Among females, the percentage with multiple partners increases slightly, from 2.1% in 2000 to 2.7% in 2003 and 2.8% in 2005. Rural respondents are some what more likely (5.0%) to report multiple partnerships than urban respondents (3.1%).

UNAIDS Young People's Sexual Behaviour Indicator 5

Young People's Sexual Behavior Indicator 5 is the percent of young people who had sex in the previous year and used a condom at last sex with a non-marital partner. (This is also PEPFAR Prevention Indicator 5.) Results are presented in Appendix Table A.5.35. Among young males who

were sexually active in the past year, the percentage reporting condom use at last sex with a non-marital partner shows a small decrease (12.9% in 2000 to 11.4% in 2005). Among young females, overall percentages reporting condom use at last premarital sex are lower (6.1% in 2000 and 3.6% in 2005) than for their male counterparts, and show a slight decline. Young respondents in urban areas were more likely (9.6%) to report condom use at last sex with a non-regular partner than those in rural areas (5.6%).

Overall, these indicators suggest that condom use among young people is not increasing, and this is a cause for concern. Results from Appendix Table A.5.2 indicate that a majority of young Zambians know that consistent condom use can reduce the chances of HIV transmission. However, this knowledge must be translated into behavior change if it is to influence the spread of HIV in Zambia.

Chapter 6: Fosterhood, Orphanhood, and Support for Households Caring for Orphans or with an Adult Death or Chronic Illness

6.1. Introduction

The impact of HIV/AIDS is far-reaching and cuts across all aspects of society, including the health, social and economic sectors. Management of the HIV/AIDS pandemic demands more resources and skills than can be provided by any one sector alone. A multi-sectoral approach is needed and has been adopted in Zambia.

Individuals and households affected by HIV/AIDS have many needs and serious concerns. Infected individuals in households need access to treatment for opportunistic infections and anti-retroviral drugs (ARVs), and others in the household often need assistance with food and household work, financial resources, moral support and empathy from healthy members of the community. Many households, some of them already poor, care for orphans in their homes but need assistance in order to care for the children properly. In some cases, an entire household structure is devastated by the loss of even one member.

This chapter looks at data from the last three ZSBS surveys (2000 – 2005) that describe some ways in which the HIV epidemic has affected households, as well as the treatment, care and support services for the affected households. Data on household care and support were not obtained in the 1998 ZSBS.

6.2. Households with an Adult Death or a Chronically Ill Adult

Household informants, usually the household head, were asked whether the household experienced the death of any household member in the past year, and if any such death was of an adult household member between the ages of 18 and 59.[1] In 2005 (5.4%) of households reported the death of a household member of any age. Results are presented in Appendix Table A.6.1. Deaths to household members of any age are reported by a slightly higher percentage among rural (6.6%) compared to urban households (4.9%). Three percent of households reported the death of an adult between the ages of 18 and 59 years. Households in urban areas were more likely (4.2%) than rural households (2.5%) to report an adult death.

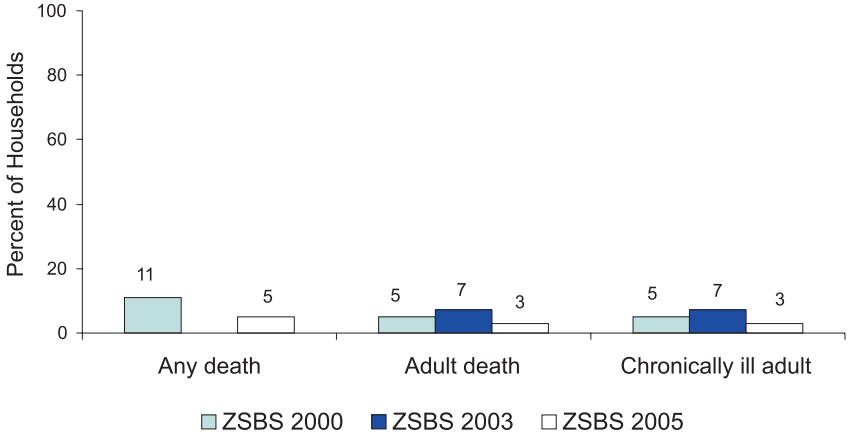
Little difference is observed by residence among households reporting a chronically ill adult, but a slightly higher percentage of households in urban areas (4.0%) reported at least one adult ill for at least 3 months in the past year compared to those in rural areas (3.2%). A smaller percentage of households reported a death or a chronically ill adult in 2005 than in 2000 and 2003. The above-mentioned modification of the age range defining an adult may account for some of the change, but cannot explain all of it. These results are shown in Figure 6.1

6.3. Support for Households with an Adult Death in the Past Year

Households that experienced an adult death (18-59) and those reporting an adult chronically ill in the past year were asked a series of questions about external assistance similar to those asked in households caring for orphans and vulnerable children. As noted above, indicators based on these questions track the percent of individuals residing in households receiving assistance. A total of 150 adult deaths in the past year were reported in 2005. Of the 150 adult deaths, 24.7% lived in households that received some form of support. The type of

[1] Note that the same questions were asked in the ZSBS 2000 and ZSBS 2003, but the adult death age range was defined differently (15-59 instead of 18-59).

Figure 6.1 Percent of households reporting deaths and/or long-term illness among adults in past year, ZSBS 2003 – ZSBS 2005.



support most commonly reported was emotional support (18.7%), followed by social support (12.0%), and health care support (8.0%). Only 3.3% lived in households that received all three types of support. This information is presented in Appendix Table A.6.2 and shown in Figure 6.2. Many of these households lost an adult who was productive and contributing to household work and income. Such a loss can be very detrimental, and make it even more likely that the households are in need of outside support.

6.4. Household Support for Chronically Ill Adults

Care and Support Core Indicator 9

Individuals who are chronically ill can no longer carry the same load of household work or income generation. They are also in need of medical care and home-care, and these needs increase over time. Most households caring for chronically ill adults are in need of assistance. Care and support Core Indicator 9 (CS9) is the percent of adults 18-59 who have been chronically ill for three or more months in the past 12 months, whose households have received, free of user charges, basic external support in caring for that person.

In 2005, only 88 persons were identified in the household roster as being chronically ill for 3 months in the past year. This is a very small number when subdivided into three categories of care, and results must be interpreted with caution. Of the 88 chronically ill persons, nearly half live in households (45.5%) that received some support. The most common type was emotional support (31.8%), followed by health care (20.5%) and social support (19.3%). Only 8.0% live in households that received all three types of support. This information is presented in Appendix Table A.6.3 and Figure 6.3.

6.5. Fosterhood, Orphanhood and Children Made Vulnerable by HIV/AIDS

One of the most distressing consequences of the HIV/AIDS epidemic is the precarious situation of an increasing number of orphans and vulnerable children. The spread of HIV puts families at increased risk of experiencing serious illness and death, and increases the number of orphaned and vulnerable children. Although survey data on orphanhood are not directly linked to the HIV status of any parent, living or dead, it stands to reason that a substantial proportion of orphans in Zambia today are AIDS orphans.

The terminology used in this report is consistent with international standards and recommendations. As defined herein, fostered children are those with both natural (biological) parents living, but they are not residing in a household with either biological parent. Fostered children are often looked after by relatives. An

Figure 6.2 Percent of adults (18-59) who died in the past year whose households received free, basic external support for the illness or death, ZSBS 2005.

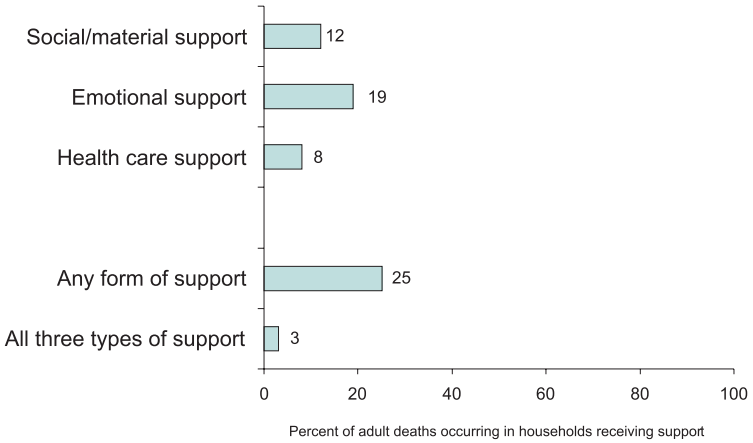
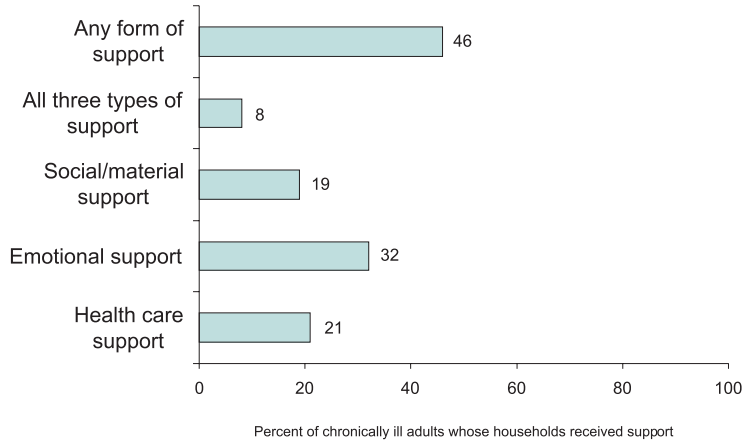


Figure 6.3 Percent of chronically ill adults (18-59) whose households received free, basic external support for the ill person, ZSBS 2005.



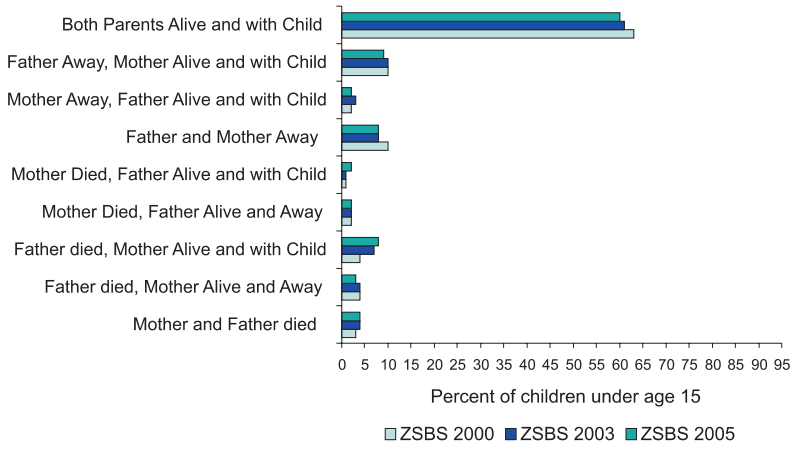
orphan is a child below the age of 18 who has lost one or both parents. Children who have lost their mother are referred to as maternal orphans, and those who have lost their father are classified as paternal orphans. In some cases, maternal and paternal orphans reside with their remaining parent, but in other cases, the surviving parent is not living in the household with the child. Children who have lost both parents are referred to as "double" or "dual" orphans.

A child made vulnerable by HIV/AIDS is a child below the age of 18 who meets any of the following criteria: has lost one or both parents; has a chronically ill parent; lives in a household where at least one adult died and was sick for 3 of the 12 months before death; is living in a household where at least one adult was seriously ill for at least 3 months in the past year, or lives in an institution or on the streets. The orphan and vulnerable children categories can overlap, and are frequently referred to as a group with the abbreviation, OVC.

Appendix Tables A.6.4 and A.6.5 present data on the household distribution of children under age 15 by survival status and household residence of parents. In 2005, about two-thirds (61.0%) of all children under 15 lived with both parents. This was about the same as recorded in the 2003 survey (60.7%). In 2005, a higher percentage of children in rural areas were living with both parents (62.4%) than children in urban areas (57.0%).

In 2005, 7.9% of the household population of children under fifteen were fostered, meaning that both parents were alive but not living with the child. The level of

Figure 6.4 Household distribution of children under age 15 by survival status of parents, ZSBS 2000 - ZSBS 2005.



fostering has changed little since 2000. The percentage living in a household with only one parent present, because the other parent had died or was away, increased from 18% in 2000 to 25% in 2005. About eight percent of children had lost their father and lived with their mother. Only 1.4% of children whose mother had died lived with their father. In 2005, 17% of children under 15 lived in households with no biological parent present. This includes fostered children and double orphans, as well as maternal and paternal orphans who are not living with their surviving parent. Figure 6.5 shows the percentage of children who were living in households with no biological parent present.

In 2005, 3.0% of all children under fifteen had lost their mother (maternal orphans), and more than one in ten (10.9%) had lost their father (paternal orphans). About four percent (3.9%) had lost both parents (double orphans). The percent of children who were maternal orphans in 2005 (3.0%) is almost the same as in 2000 (3.7%). The percent of paternal orphans (11.5% in 2005) was an increase from 7.9% reported in the 2000 survey. The percentage of dual (or double) orphans (4.3%) reported in 2005 was a slight increase of about one percentage point from that of 2000 (2.9%). A total of 17.8% of children could be classified as orphans of any type, a slight decrease from 20.3% in 2000. These changes are very small, and do not provide evidence of a trend. Among orphaned children, the largest percent were paternal orphans (13.2% for urban children and 10.1% for rural children). See Appendix Table A.6.4 and Figure 6.6.

Figure 6.5 Percent of children under age 15 living in households with no biological parent present, ZSBS 2000 - ZSBS 2005.

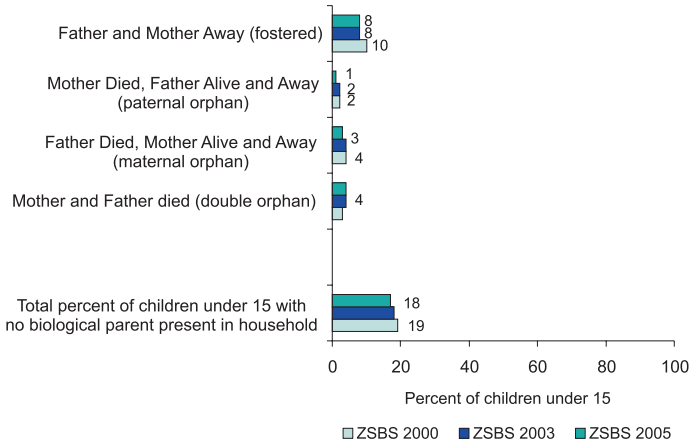
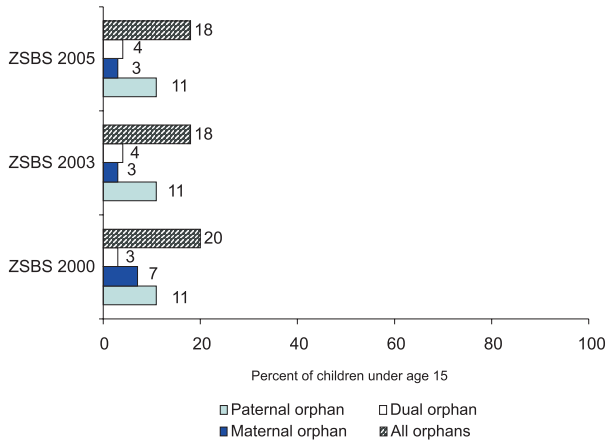


Figure 6.6 Orphanhood status of children under age 15, ZSBS 2000 - ZSBS 2005.



Children in urban households are more likely than those in rural areas to have lost at least one parent. In 2005 nearly a quarter of children under 15 in urban households (22.0%) had lost one or both parents, compared to 16.4% of children in rural households. The percentage under age 15 who were dual orphans was 5.2% for urban households and 3.5% for rural households. See Appendix Table A.6.4. Not surprisingly, the prevalence of orphanhood increases with the age of the child. In 2005, the figures for all orphans were 10.6% among children under the age of five, 18.2% among children 5-9 years of age, and 24.7% among children aged 10-14. See Appendix Table A.6.5.

6.6. Indicators for Monitoring Orphans and Other Children Made Vulnerable by HIV/AIDS (OVC)

HIV/AIDS has major impacts at the household, individual and community levels. These effects are not one-time events, but continuing processes that are sometimes hidden, slow-moving and destructive. Orphans and vulnerable children are likely to be at a disadvantage compared to children whose parents are living and whose families are still intact, and they are very likely to live in households that need assistance in caring for them. In 2005, 26% of all households reported the presence of one or more orphans. Among households with children, the percentage reporting the presence of one or more orphans was higher (30%). Among households reporting the presence of at least one orphan, the average number per household was two orphans.[2]

It is only recently that indicators to measure the impact of HIV/AIDS on the lives of children, families and communities and the effectiveness of the national response have been developed. The 2005 ZSBS was designed to capture data needed for the subset of these indicators that can be measured with a household survey. Eight of the recommended core indicators and three additional indicators can be measured using ZSBS data. These are discussed below.

OVC Core Indicator 1

OVC Core Indicator 1 is the ratio of orphaned and vulnerable children (OVC) versus non-OVC who have three minimum basic material needs for personal care. This indicator assesses the capacity of families to provide children with minimum basic material needs. In Zambia, the designated items are availability of a blanket, shoes and two sets of clothes. When calculated as a ratio of OVC to non-OVC, it assesses progress in preventing relative disadvantages for orphaned and vulnerable children. In 2005, for each child aged 5-17 in the household, the informant was asked whether the child had each of the three basic items, and if so, whether the item

[2] Data not shown.

was for that child alone, or was shared by more than one child. Appendix Table A.6.6 and Figure 6.7 show these findings for all children, and by OVC status.

One-half of OVCs were reported to have all three of the listed items, compared to 55% of non-OVC children in the same age group. These results indicate that a large percentage of households are struggling to provide basic material needs of their children. If there was no difference between OVC and non-OVC children, a ratio of 1.0 would be expected to be found. The actual ratio was .89, indicating that OVC were relatively disadvantaged when compared to non-OVC, but not severely so.[3] For every 100 non-OVCs with minimum basic material needs, there were 89 OVCs. The findings in Appendix Table A.6.6 indicate that many children in Zambia live in difficult circumstances. OVC are comparatively more at a disadvantage than other children in Zambia.

OVC Core Indicator 3

OVC Core Indicator 3 is the proportion of OVC compared to non-OVC aged 15-17 who had sex before age 15. This indicator provides information on the prevalence of early sexual activity among OVC and other children aged 15-17. Adolescents form a high risk group for HIV/AIDS because they may not be fully mature physically or emotionally, and because they may be more likely to be bullied or exploited in sexual relationships. Teenage orphans and vulnerable children can be especially at high risk because of lack of adult guidance to help them protect themselves. The ratio of early sex for OVC monitors whether the behavior of OVC is different from that of non-OVC.

In 2005, a total of 522 adolescents aged 15-17 were interviewed, and information on age at first sex is available for 471. Of these, 140 were classified as OVC. A total of 69 of these adolescents reported having sex before age 15; this included 17 classified as OVC and 52 classified as non-OVC. For 51 adolescents aged 15-17, information on age at first sex is missing. Table 6.1 shows these results, and the indicator ratio. The small sample size of orphans in this age group in a national survey compromises meaningful comparison with other children, and this must be kept in mind when reviewing the results shown below. It must also be kept in mind that data on age at first sex may be subject to reporting bias (young people may not always tell the truth about this sensitive topic). However, there is no reason to believe that any potential reporting bias would differ between OVC and non-OVC.

The ratio of OVC to non-OVC aged 15-17 who had sex before age 15 was .95. These findings indicate that for every 100 children 5-17 who were not classified as OVC and who reported sexual debut before age 15, there were 95 OVC reporting the same. Given that sex before age 15 is viewed as an event that puts the adolescent at heightened risk of contracting HIV,

[3] The ratio is calculated as .495/.554. In figure 6.6, these values are rounded to 50% and 55%. If the rounded values are used to calculate the ratio, the result is .90.

Figure 6.7 Among children aged 5-17, basic material possessions owned by OVC compared to other children, ZSBS 2005.

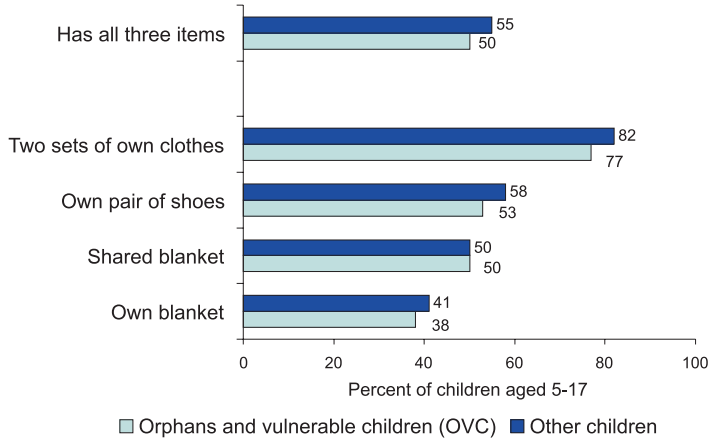
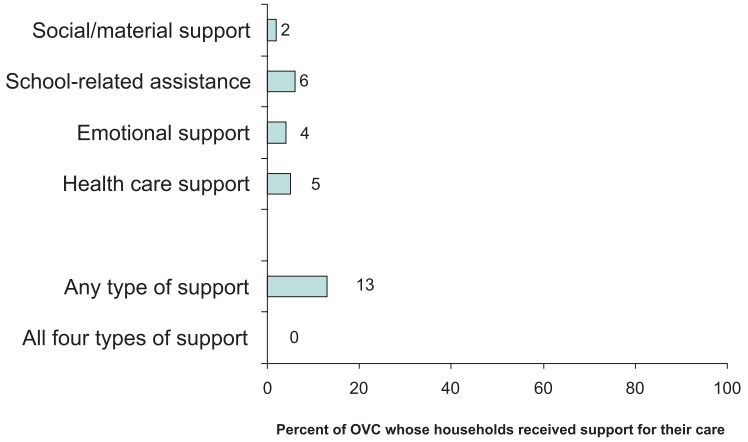


Table 6.1 OVC Core Indicator 3: Sex before age 15, ZSBS 2005

	Orphans and Vulnerable Children (OVC) %		Children 5-17 Not Classified as OVC %
Percent had sex before age 15	12.1		12.7
Ratio of OVC to non-OVC who had sex before age 15		.95	
Number of OVC	140		331

Figure 6.8 Percent of orphans and vulnerable children (OVC) whose households received free, basic external support in caring for the child, ZSBS 2005.



these findings imply that OVC appear to be at a slight advantage when compared to non-OVC. However, the caveats mentioned above must be kept in mind when interpreting findings based on such small numbers.

OVC Core Indicator 5

OVC Core Indicator 5 is the percentage of OVC whose households received free basic external support in caring for a child. Households with OVC present were asked if the household received any free, basic external support in caring for the child (other than from family or friends) during the twelve months preceding the survey.[4] This indicator measures support that is given free of charge to households with OVC. In Zambia, most orphaned children are cared for by their surviving family members, or by their extended families, sometimes with help from the community. Programs seek to reinforce the capacity of families and communities to care for vulnerable children.

Assistance eligible to be counted for the indicator is support coming from an organized source external to the household. It does not include support received from friends, family or neighbors (unless these individuals are providing the support as part of a community-based project or organization). Four types of support are specified: (1) support related to health care (such as medical care, medicines or medical supplies), (2) emotional or psychological support (such as companionship, counseling from a trained counselor or spiritual support), (3) school-related assistance (such as allowances, free admission, books or supplies) and (4) social and material support such as (clothing, food, financial support, help in housework, training for a caregiver or legal services).

Results are summarized in Appendix Table A.6.7 and Figure 6.8. In 2005, only 13.4% of orphans and vulnerable children live in households that received at

[4] Earlier versions of the care and support indicators for OVC as well as adult deaths and chronic illness reported the percent of households with a death, chronically ill adult, or OVC that received assistance. The new indicator reports the percent of specified individuals residing in households that received such support.

least one of the three types of support. No households received all four types of support. Overall, 4.9% received health-care support, 6.2% received school related assistance and 4.3% received emotional support.

Detailed findings on the schooling of children 10-14 years of age by orphanhood status are presented in Appendix Table A.6.8 and Figure 6.9. Overall, the percentage of children aged 10-14 in school increased, with the exception of schooling among maternal orphans in rural areas and paternal orphans in urban areas. The figures on orphans must be interpreted with caution, however, as the number of maternal orphans, like the number of double orphans, is small. Estimates based on these small sample sizes may be unstable. In 2005, over 90% of non-orphans, paternal orphans and double orphans were in school. The percentage of orphans (total) in school was 89.7%. The Government of Zambia made primary school free in 2002, and this change may help to explain the increase in the number of children in school among non-orphans as well as orphans.

In order to assess whether orphans and vulnerable children are educationally disadvantaged in comparison with children who are not classified as OVC, another ratio indicator was constructed.

OVC Core Indicator 6

OVC Core Indicator 6, Orphan School Attendance Ratio, is the ratio of orphaned children aged 10 –14 to non-orphaned children in the same age group who are currently attending school. Non-orphaned children in the comparison are restricted to children living in a household with both biological parents present. The indicator further restricts the orphans to be compared to double orphans (children under 15 who have lost both parents). The results shown in Table 6.2 are not what would be expected, because the implication is that double orphans aged 10-14 are

Figure 6.9 Percent of children in school by orphanhood status, ZSBS 2003 - 2005.

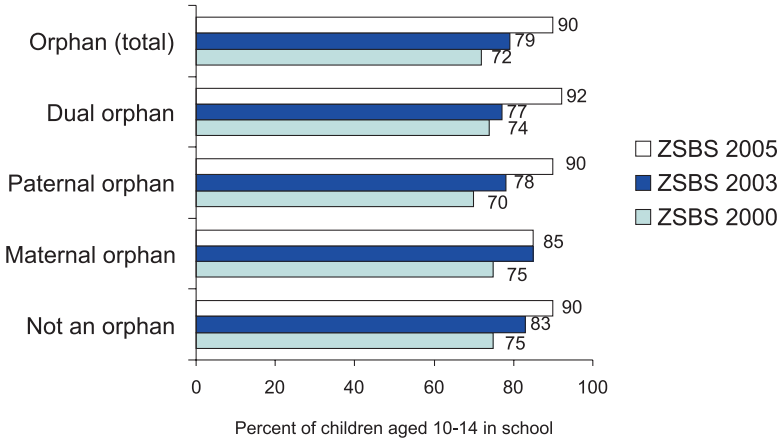


Table 6.2 OVC Core Indicator 6: Orphan school attendance ratio, ZSBS 2005

	Double Orphans Aged 10-14		Children Aged 10-14 Living in Household with Both Biological Parents Present
Percent currently attending school	79.1		77.0
Ratio of double orphans attending school to children living with both parents attending school		1.03	
Number of children in category	115		1493

slightly more likely to be attending school than children aged 10-14 who are living with both parents. Further analysis may reveal measurement and/or small sample size issues (115 double orphans) that explain these unexpected results. In the meantime, these findings should be interpreted with caution.

OVC Core Indicator 7

OVC Core Indicator 7, Birth Registration, is the proportion of children aged 0-4 whose births are registered. Orphans without proof of birth lack the protection that stems from this legal form of identity. Proof of lineage is crucial for orphans in order to inherit the property of deceased parents. Without proof of birth, children are more vulnerable to exploitation and abuse. The indicator is not disaggregated by orphan status, since birth registration is critical for all children, and usually takes place well before the child is likely to be orphaned. Table 6.3 presents results for children 0-4 in 2005. These results must be interpreted with great caution, because the information on birth registration was missing for almost half of all children aged 0-4.

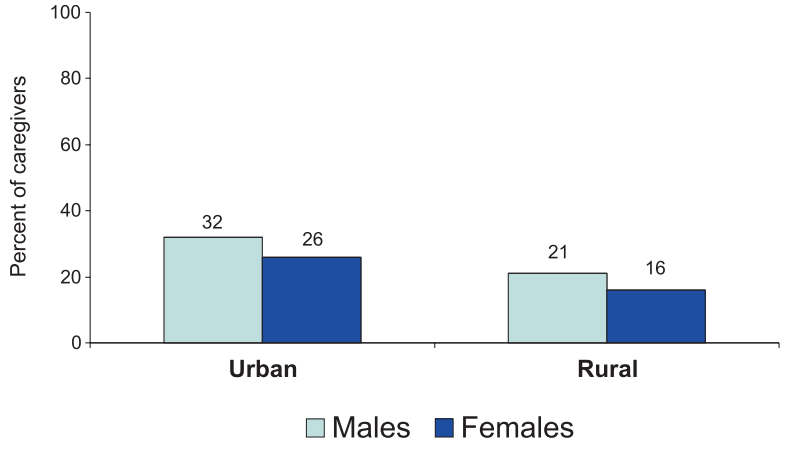
Additional OVC Indicator A4

Additional OVC Indicator A4, Succession Planning, is defined as the percentage of mothers or primary caregivers who report having identified a standby guardian who will take care of the child in the event that he or she is not able to do so. This indicator assesses the extent to which parents and caregivers make succession plans for their dependent children. Succession planning is a promising approach for increasing the extent to which parents take action to ensure a better future for their children, particularly in terms of appointing guardians. In the 2005 ZSBS, 74% of adults aged 25-29 say they were the primary caregiver for at least one child under the age of 18. Each person who reports being the primary caregiver for a child was asked if they had made arrangements for someone to care for the child or children in the event that they should fell sick and be unable to care for them. Results are presented in Appendix Table A.6.9 and Figure 6.10.

Table 6.3 Birth certificate or civil birth registration among children aged 0-4, ZSBS 2005

	All Children 0-4 Years Old %
Has birth certificate or birth has been registered with civil authority	12.6
No birth certificate or civil registration	40.8
Don't know	0.4
Information on birth registration missing	46.3
Number of children 0-4 years old	1920

Figure 6.10 OVC Additional Indicator A4: Percent of primary caregivers who have arranged for a guardian to care for dependent child if needed, ZSBS 2005.



Overall, only about one-fifth (21.9%) of primary caregivers said they had made arrangements for care of a dependent child in the event that they fell sick and were unable to care for the child. A higher percentage of urban males reported having made this arrangement (32.2%) compared to their rural counterparts (24.5%). The lowest percentage reporting this arrangement was seen among rural females (16.4%). Respondents in urban areas were more likely to report making these arrangements (28.7%) compared to respondents in rural areas (18.8%).

OVC Additional Indicator A5

OVC Additional Indicator A5, Orphans living with siblings, is the percentage of orphans who are not living in the same household with all their siblings under age 18. The purpose of the indicator is to assess the extent to which orphans are separated from their siblings, and by implication, the family and community's capacity to keep orphan siblings together in one household. Helping siblings remain together on the death of their parents is seen as a way of strengthening orphans' ability to cope. Siblings who are living together in foster care tend to have fewer emotional and behavioral problems than those who are living separately.

In the ZSBS, the household roster is used to gather data for this indicator. The head of household is asked whether all biological siblings under age 18 of each child live in the household. Measurement for the indicator is restricted to biological brothers and sisters to ensure that data on siblings are collected consistently and to ensure the relatedness of the children. In this analysis, siblings are defined as other children with the same biological mother and father. Step children and half-siblings are not included. An orphan is considered to be separated from his or her siblings if one or more of his/her siblings aged 0-17 years are living outside the household. Results are presented in Table 6.4

Although approximately seven out of ten orphans are reported to live in households with all of their biological siblings, orphans are nevertheless twice as likely (30.4%) to live separately from their siblings compared to non-orphans (15.2%). The ratio of .82 indicates that for every 10 non-OVC children who lived in the same household with all of their siblings, there were only 8 among the group of orphans and vulnerable children who were living with all of their siblings.

Table 6.4 OVC Additional Indicator A5: Orphans living with siblings, ZSBS 2005

Living Arrangement	Orphans and Vulnerable Children (OVC) %	Children 0-17 Not Classified as OVC %
Lives with all biological siblings	69.6	84.8
Lives separately from some or all biological siblings	30.4	15.2
Ratio of OVC to non-OVC living with all of their siblings	.82	
Number	713	2964

Chapter 7: Communities and HIV/AIDS

7.1. Introduction and Background

The focus of the community module is on gaining qualitative insights about community-level perceptions of and responses to the HIV/AIDS pandemic. The community data are collected in a different manner than the household and individual data. Community data collection combines qualitative and quantitative techniques. As a result, the community data are analysed and interpreted differently from the data presented in earlier chapters, and are not suitable for comparison across the survey years. Thus the results discussed in this chapter are those from the 2005 survey only.

The purpose of the community module is to gather contextual and qualitative data from community informants, and to present these data in a way that adds insight into results obtained at the household and individual levels. Informants are questioned about community-level exposure to HIV/AIDS prevention, treatment and care programmes, and to provide a few details on assistance available to families affected by HIV/AIDS.

The community module is administered in the same enumeration areas (or survey clusters) in which the household survey is conducted, and administered by the team supervisor. Please note that the terms 'cluster' and 'community' are used interchangeably throughout this chapter. The goal is to interview at least five, and no more than ten, individuals in each survey cluster who are locally identified as community leaders. In the 2005 survey, community leaders (community informants) in 93 of the 105 survey clusters were interviewed. The number of community informants interviewed per cluster ranges from one to eleven, and adds to a total of 509 community informant interviews. The types of community informants interviewed includes elders/ village leaders, government officials, women's group leaders, church officials and health workers.

In order to calculate a single community-level response to each question based on information obtained from all informants interviewed in the cluster/community, a mean score on each item is calculated for each cluster. In other words, the community-level response is obtained by examining the cluster mean of all responses to each question, after these responses have been scored 1 for *yes* and 0 for *no*. Communities with a cluster mean score greater than 0.5 are recorded as giving a positive response (meaning more than half of the informants in the cluster gave a positive or *yes* response). A cluster mean score of less than 0.5 is recorded as a negative response. For example, assume that five out of eight informants in a cluster answer *yes* and three answer *no*, to a question such as "Are traditional healers active in AIDS prevention activities in your community?" The cluster mean is .625 (5/8=.625). Since .625 is greater than .5, it generates a positive, or *yes*, response at the community level for the question.

A few variables that describe the frequency of an event, such as the perceived number of AIDS-related deaths, are treated differently. These variables record a number that varies beyond the range of the 0 to 1 used to score a simple yes or no response, and the cluster mean score is obtained and interpreted differently. As an example, consider the reported frequency of deaths in the community during the previous 12 months. If the overall mean number of deaths reported per community is at least one, analysis looks at the percentage of communities reporting deaths in several progressive (and overlapping) categories: percent with at least one death, percent with at least five deaths, percent with at least ten deaths, etc.

Very few survey clusters are truly self-contained communities. Some clusters are in relatively isolated locations, and some clusters are embedded in wider communities that extend beyond the cluster boundaries. Therefore, informants were asked to respond with reference to the community setting in which they live and/or are active.

7.2. Informant Characteristics

Table 7.1 summarizes selected characteristics of the 509 community survey informants interviewed in 93 survey clusters. The types of community informants most often interviewed are elders/village leaders (30.3%), government officials (15.7%) and church members (14.9%). The "other" category varies greatly, but many of were headmasters or teachers. Nearly two-thirds (64.2%) of the informants are male. Most of the interviews (79.1%) were conducted in a local language, and 20.6% were conducted in English. Just over one-third of informants (38.2%) reside in urban clusters and almost two-thirds (61.8%) in rural clusters. On the community module, localities are classified as urban, semi-urban, rail, rural and remote. At the time of analysis, urban, semi-urban and rail are classified together as a single category ("urban"), and rural and remote are combined into a single category ("rural"). Urban and rural comparisons are presented in the tables describing findings in this chapter. There were 52 rural communities and 40 urban communities. Respondents in one community were evenly split between classifying the cluster as urban or rural. Therefore, for purposes of this report, this particular community is included in the "total" category, but is not shown in the tables as part of the urban-rural breakdown.

7.3. Community Characteristics

Appendix Table A.7.1 summarizes selected characteristics of the communities as described in informant interviews. A large majority of communities have access to an all-year road – 100% for urban communities and 65.4% for rural communities. An additional 11.5% of rural communities have access to a seasonal road. As expected, the economic activity most often reported in rural communities is agriculture (94.2%). Other economic activities reported among rural communities are fishing (17.3%) and livestock (15.4%). Only a small number of communities have a market (10.8%). In urban communities, the economic activity most frequently reported is commerce (80.0%).

Table 7.1 Selected characteristics of community informants, ZSBS 2005

Informant Characteristics	Number of Informants	Percent of Informants
Language of Interview		
Local Language	402	79.0
English	105	20.6
Sex		
Male	326	64.2
Female	177	34.8
Residence		
Urban	194	38.2
Rural	314	61.8
Type of Informant		
Elder	126	30.3
Government Official	79	15.7
Women's Group Representative	38	7.5
Village Health Committee Member	23	4.5
Church Leader	75	14.9
Traditional/Spiritual Healer	12	2.4
Village Health Worker	27	5.3
Youth	67	13.2
Other	61	6.1

7.4. Major Health Problems Reported by Communities

Informants are asked to name the main health problems in their community. The most commonly cited health problems are malaria, AIDS and diarrheal diseases. Malaria is perceived as a major problem in 98.1% of rural communities and 85.0% of urban communities. (See Chapter 1 for the presentation of several Roll Back Malaria Indicators.) AIDS is named as a problem by more than eight out of ten (85.0%) urban communities, and by more than three out of ten (36.5%) rural communities. Diarrheal diseases are ranked as important by 57.7% of rural communities and 35.0% of urban communities. Tuberculosis and respiratory infections are perceived as major problems in 44.1% and 16.1%, respectively, of all communities. Results are shown Appendix Table A.7.2 and Figure 7.1.

Informants are asked for their perception of how common HIV/AIDS infection is in their communities. AIDS is perceived to be "very common" (75.0%) in the majority of urban communities, and "somewhat common" in more than half (61.5%) of rural communities. This implies that AIDS has affected communities in both urban and rural areas, but the impact is greater in urban areas. Overall, only 2% of communities reported that AIDS is "not common" in their community. This information is presented in Appendix Table A.7.3 and Figure 7.2.

Figure 7.1 Major health problems in community, as perceived by community, ZSBS 2005.

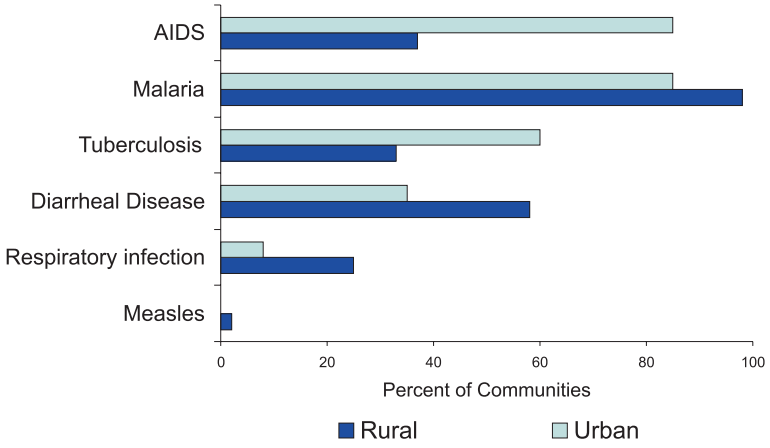
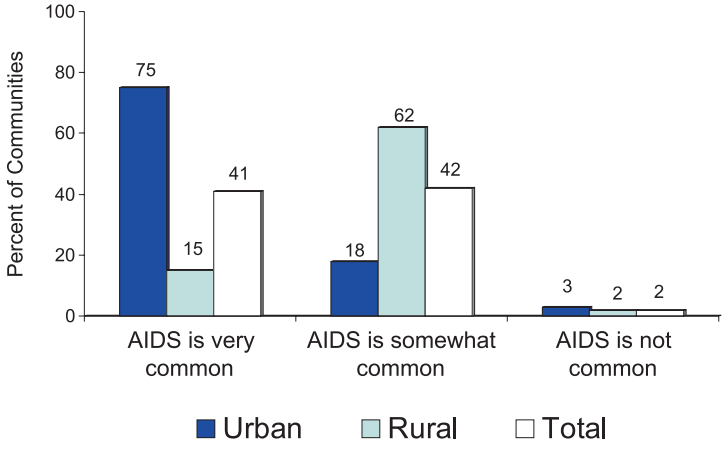


Figure 7.2 Percent of urban and rural communities reporting that AIDS is common in the community, ZSBS 2005.



7.5. AIDS Deaths and Where to Seek Care

Informants are asked to estimate the number of people in their communities who died of AIDS in the previous year. The informants are asked to give an estimate based on their own perceptions, rather than to provide official data. Community-level responses are presented in Table 7.2. Almost every community (96.6%) reports at least one death in the past year perceived as due to AIDS. Two-thirds (66.3%) report five or more such deaths, nearly half (42.7%) report ten or more such deaths and nearly one third (30.3%) perceive that they had twenty or more deaths due to AIDS. Large numbers of perceived AIDS deaths are more likely to be reported among urban compared to rural communities. For example, twenty or more AIDS deaths were reported by six out of ten (59.5%) urban communities, compared to less than one out of ten (7.8%) rural communities.

Another set of questions asks where people in the community can seek help if they are sick with HIV/AIDS. The majority of communities (84.9%) name "health clinic" as the place to seek help. This is especially true for urban communities (92.5%). Traditional healers are named more frequently by rural communities (15.4%) than urban communities (2.5%). Family (4.3%), AIDS organizations (4.3%) and NGOs (3.7%) are named as places to seek help by a smaller proportion of communities. See Appendix Table A.7.4.

7.6. Parental Deaths and Orphanhood

The community survey does not inquire directly about the presence of orphans or orphanhood status. Instead, informants are asked to estimate the number of families in the community that lost a father or lost both parents in the previous year, leaving behind young children (children under 18 years of age). This information is presented in Table 7.3. All of the communities indicated that at least one family in the community had lost both

Table 7.2 Community estimates of the number of deaths in community believed due to AIDS in the past year, ZSBS 2005

	Percent of Communities		
Number of AIDS Deaths Reported	**Total**	**Urban**	**Rural**
At least one AIDS death	96.6	97.3	96.1
Five or more deaths	66.3	89.2	49.0
Ten or more deaths	42.7	70.3	21.6
Twenty or more deaths	30.3	59.5	7.8
Number of Communities	**89**	**37**	**51**

Table 7.3 Estimated number of families with young children who lost both parents in the past year, ZSBS 2005

	Percent of Communities		
Families in Community That Lost Both Parents in the Past Year	**Total**	**Urban**	**Rural**
At least one family	100.0	100.0	100.0
Five or more families	47.7	62.2	35.4
Ten or more families	18.6	21.6	16.7
Twenty or more families	8.1	10.8	6.3
Number of Communities	**86**	**37**	**48**

parents of young children in the past year. A very high percentage of urban communities (62.2%) estimated five or more families with young children had lost both parents. Although rural communities were less likely than their urban counterparts to report the loss of both parents in as many as five families, the percentage among rural communities is still considerable (35.4%). Almost nineteen percent (18.6%) of all communities reported ten or more families with young children had lost both parents, and 8.1% reported that twenty or more families with young children had lost both parents in the past year. While these findings are based on perceptions rather than official statistics, the implication is that the presence of orphans is widespread and providing for their care is a serious concern in many communities.

All of the communities reported the death of at least one young father (a father under fifty years of age) in the past year. Almost eight out of ten (78.4%) urban communities reported the loss of five or more young fathers in the past year. This percentage is higher than that reported by rural communities (41.2%) – but the percentages are high for both. A substantial percentage of communities reported the loss of ten or more (29.2%) young fathers, and 13.5% reported the loss of twenty or more young fathers. See Appendix Table A.7.5.

7.7. Improving Care for Those Ill with AIDS

An important component of the community schedule is the part that asks informants for their opinions on what could be done in the community to improve care for persons sick with AIDS and to help their families. These results are presented in Appendix Table A.7.6. Nearly two-thirds of all communities (64.5%) reported the need for medicine. A need for financial assistance and hospital admission were named by 48.4% and 41.9%, respectively, of all communities. About one-fifth of all communities (21.5%) said that the family needs to take better care of the ill person, and 24.7% suggested it would help to set up a community hospice care. The need for home visits by health workers was named by 14.0% of communities. Schooling for children (14.0%), support groups (8.6%) and care of a traditional healer (8.6%) were mentioned less frequently.

7.8. Assistance Available

Informants were asked what assistance was available in the past year for families that experienced a parental death. Food assistance for such families was available in half (50.0%) of all communities, but was more frequently reported by urban communities (76.3%) than rural communities (31.4%). About one-quarter of all communities said spiritual help (26.7%) was available to families with a parental death, 25.6% named help with food preparation, and 24.4% indicated financial assistance was available. Free medicine, the type of assistance most frequently named as needed, was available in only 3.3% of communities. Overall, these results indicate that assistance for families experiencing a parental death is not perceived as widely available in most communities. Results are summarized in Table 7.4.

7.9. Prevention Activities and Programme Exposure

Table 7.5 presents information on selected types of HIV prevention programme activities in the community. Informants were asked whether their communities had an HIV/AIDS committee and if so, whether the committee was active in promoting HIV prevention and safe sex. Rural communities were more likely to report the presence of an AIDS Committee (38.5%) than urban communities (15.0%). Among communities with an AIDS Committee, 8.6% reported that the committee was "active," and 12.9% said it was "somewhat active."

It is important to reach individuals early in life with information about HIV/AIDS. AIDS education is said to be taught in the primary schools in 87.1% of all communities, and 93.5% of communities said AIDS education is taught in the secondary schools.

Community informants were asked if the health workers and traditional healers in their communities are active in HIV/AIDS prevention. Overall, the communities were more likely to report the presence

Table 7.4 Type of assistance available for the affected families in communities reporting at least one parental death in the past 12 months, ZSBS 2005

Type of Assistance Reported Available for Families with Parental Death	Percent of Communities Reporting At Least One Parental Death in the Past Year		
	Total	Urban	Rural
Counseling	15.5	18.4	13.7
Clothing	11.1	0.0	19.6
Money	24.4	42.1	11.8
Extra food	50.0	76.3	31.4
Free medicine	3.3	5.3	2.0
Home-based care	1.1	2.6	0.0
Help with child care	6.7	15.8	0.0
Fees	1.1	2.6	0.0
Income	0.0	0.0	0.0
Micro-credit schemes	0.0	0.0	0.0
Housework	17.8	39.5	2.0
Food preparation	25.6	52.6	5.9
Spiritual help	26.7	52.6	7.8
Support group	0.0	0.0	0.0
Hospice care	0.0	0.0	0.0
Other assistance	10.0	21.1	2.0
Number of Communities	**90**	**38**	**51**

Table 7.5 Indicators of AIDS prrevention activities and "programme exposure," ZSBS 2005

AIDS Prevention Activities and "Programme Exposure"	Percent of Communities		
	Total	Urban	Rural
AIDS Committees Established:			
Community has an AIDS committee	28.0	15.0	38.5
AIDS committee is very active	8.6	7.5	9.6
AIDS committee is somewhat active	12.9	2.5	21.2
AIDS Education in the Schools			
Has AIDS education in primary/basic schools	87.1	77.5	94.2
Has AIDS education in secondary schools	93.5	95.0	92.3
Health Workers/Traditional Healers			
Health workers very active in AIDS prevention	15.1	7.5	21.2
Health workers somewhat active in AIDS prevention	37.6	32.5	42.3
Traditional healers very active in AIDS prevention	5.4	5.0	5.8
Traditional healers somewhat active in AIDS prevention	20.4	15.0	25.0
Availability of Condoms			
Condoms available in all health centers	66.7	62.5	71.2
Condoms available in some health centers	10.8	5.0	13.5
Condoms available in all shops	6.5	10.0	3.8
Condoms available in some shops	54.8	70.0	42.3
Condoms available in all bars	3.2	5.0	1.9
Condoms available in some bars	26.9	45.0	11.5
Where to Go for Testing			
Health facility	92.5	97.5	88.5
VCT center	28.0	45.0	15.4
Number of Communities	**93**	**40**	**52**

of health workers active in HIV prevention compared to traditional healers active in AIDS prevention. About fifteen percent (15.1%) of communities reported that health workers were very active, and 37.6% said their health workers were somewhat active. About five percent (5.4%) of communities said traditional healers were very active in AIDS prevention in their community, and 20.4% said traditional healers were somewhat active.

Condoms were said to be available in all health centers by 66.7% of all communities, and another 10.8% said condoms were in some health centers. Condoms were said to be available in all shops in only 6.5% of communities, but in "some shops" in 54.8% of communities. Communities were less likely to report that condoms were available in bars compared to reported availability in shops or health centers. Condoms were said to be available in "all bars" in only 3.2% of communities, and "some bars" in 26.9% of communities.

Questions about access to HIV testing are part of the community survey. Informants were asked where an individual could go to find out if he or she has HIV/AIDS. Most communities (92.5%) cited a "health facility," and only 28.0% specifically mention a VCT center. According to these findings, VCT centers appear to be more commonly available in urban (45.0%) than in rural communities (15.4%). Among communities that named a place to go to be tested, follow-up questions were asked about whether a testing place was located within the community. Urban communities were most likely to say they had a test site (50.0%) in the community compared to rural communities (9.6%). The overall percentage of communities reporting the presence of an HIV test site was 28.0%. Most communities that reported a test site said the services offered were good (65.6%).

7.10. HIV Prevention for Young People

Young people are an important focus for many HIV prevention activities, and the community schedule includes a series of questions about HIV prevention activities designed for young people. Results from these questions are presented in Appendix Table 7.7

One issue of interest is whether young people in the community go through initiation ceremonies, and whether these ceremonies include HIV/AIDS education. Results indicated that a majority of communities, 64.5%, had initiation ceremonies for young people. Of these communities with initiation ceremonies, 48.2% provided HIV/AIDS education during the ceremonies.

Only 39.8% of communities said that young people 12-17 could easily obtain condoms. Easy access to condoms by young people was more frequently reported among urban (50.0%) than rural communities (32.7%).

In response to questions about where young people meet new sexual partners, 66.7% of communities said this happens "at school." Almost half (47.3%) of all communities say it happens "on the street," 46.2% named church as a meeting place, and 43.0% said young people meet new sexual partners at bars. A follow-up question was asked about whether there are special activities aimed at preventing the spread of HIV/AIDS at the places where young people meet new sexual partners. Special prevention activities targeting places that young people meet sexual partners were reported in only 39.8% of all communities. This indicates some room for improvement, as it is particularly important to locate preventive activities at the places where people are likely to meet new partners.

Chapter 8: HIV/AIDS Prevention, Reproductive Health, and Youth Peer Education

Youth Peer Education (YPE) is a widely used method to prevent HIV/AIDS and improve the reproductive health of young people. It is an approach in which young people inform other young people about these and other related health subjects; it is believed that young people are more capable than adults at reaching other young people with health messages adapted to their age, interests and lifestyle. YPE is done under the auspices of programs supported by governmental, non-governmental, community and/or faith-based organizations. In these programs, youth are recruited and trained to raise awareness, increase knowledge, and change attitudes and behaviors among their peers. Peers are other young people in the community of approximately the same age and social standing.

This chapter presents findings on who has been reached by YPE, how they were reached, and what attitudes are about peer education. For instance, whether Zambians consider it appropriate for young people to communicate with other young people about HIV, reproductive health and issues concerning sexuality and whether peer educators are considered as trustworthy sources of information.

Table 8.1 Percent of respondents with experiences with peer education, ZSBS 2005

		Ever Been a Peer Educator		Any Friends or Family Members Ever Been a Peer Educator	
	N	Current Member	Previous Member	Current Member	Previous Member
Total					
Males	2046	4.9	3.3	11.3	3.6
Females	2172	3.2	3.3	9.2	3.2
Males					
Urban	705	4.7	2.6	12.0	4.3
Rural	1341	4.9	3.7	10.9	3.3
Females					
Urban	740	3.9	3.6	12.1	3.3
Rural	1431	2.9	3.1	7.7	3.2
Total					
Urban	1445	4.3	3.1	12.1	3.8
Rural	2772	3.9	3.4	9.3	3.2
Males					
15-24					
15-19	380	3.6	2.5	9.3	3.3
20-24	375	4.7	3.0	12.8	3.3
25-49	1291	5.3	3.7	11.5	3.8
Females					
15-24					
15-19	469	2.2	3.3	7.7	3.7
20-24	471	2.0	2.6	9.1	2.0
25-49	1232	4.1	3.5	9.9	3.5
Total					
15-24					
15-19	849	2.8	2.9	8.4	3.5
20-24	846	3.2	2.8	10.7	2.6
25-49	2523	4.7	3.6	10.7	3.6
Overall Total	4218	4.0	3.3	10.2	3.4

The results provide information that can be used by policy makers, programmers, researchers and young people. YPE was first measured in the 2005 ZSBS; therefore, there is no comparison data from previous ZSBS surveys.

8.1. Experience with Youth Peer Education

Respondents were asked if they were or had ever been a peer educator. Table 8.1 shows that 4.0% were peer educators and 3.3% were previously peer educators. When asked if a friend or family a member was or had been a peer educator, 10.2% responded to the affirmative. Slightly more males than females were peer educators (4.9% compared with 3.2%) and had friends or relatives who were peer educators (11.3 vs. 9.2%). Rural females tended to have lower participation than urban females (2.9 vs. 3.9%) as well as their friends/ relatives (7.7 compared with 12.1%).

8.2. Exposure to Youth Peer Education

To assess contact with YPE, respondents were asked if they had ever seen or heard a message from a peer educator. Results from table 8.2 show that 40.8% had been exposed to peer educator messages. Exposure was slightly lower among females (38.4) compared with (43.3%) among males. It was lowest among young females 15-19 years (33.3%). Exposure was similar among rural and urban residents.

Table 8.2 Percent of respondents exposed to peer education, ZSBS 2005

	N	Ever Seen or Heard a Health Message from a Peer Educator %	Ever Talked to a Peer Educator About Any Health Topic %
Total			
Males	2046	43.3	34.8
Females	2172	38.4	28.7
Males			
Urban	705	40.9	30.7
Rural	1341	44.6	36.9
Females			
Urban	740	39.7	30.2
Rural	1431	37.7	27.9
Total			
Urban	1445	40.3	30.4
Rural	2772	41.0	32.3
Males			
15-24			
15-19	380	45.1	33.2
20-24	375	43.7	36.9
25-49	1291	42.7	34.7
Females			
15-24			
15-19	469	33.3	25.0
20-24	471	38.6	27.8
25-49	1232	40.2	30.4
Total			
15-24			
15-19	849	38.6	28.7
20-24	846	40.9	31.8
25-49	2523	41.5	32.6
Overall Total	4218	40.8	31.7

Table 8.3 Percent of number of times respondents were exposed to a peer education in the 6 months prior to the survey, ZSBS 2005

	N	10 Times or More %	6-9 Times %	2-5 Times %	Only 1 Time %	Never %
Total						
Males	924	30.2	10.7	35.7	16.9	6.4
Females	855	27.0	10.1	38.3	17.2	7.4
Males						
Urban	297	25.3	10.2	35.2	22.9	6.5
Rural	627	32.6	11.0	35.9	14.1	6.4
Females						
Urban	301	23.9	7.8	38.2	23.9	6.1
Rural	554	28.6	11.4	38.3	13.6	8.1
Total						
Urban	598	24.6	9.0	36.7	23.4	6.3
Rural	1181	30.7	11.2	37.1	13.9	7.2
Males						
15-24						
15-19	175	22.0	12.7	37.0	23.1	5.2
20-24	170	33.1	11.2	29.6	18.9	7.1
25-49	579	31.9	10.0	37.1	14.4	6.6
Females						
15-24						
15-19	162	24.7	8.9	34.8	26.6	5.1
20-24	186	23.5	8.7	42.1	15.8	9.8
25-49	507	29.0	11.1	38.0	14.7	7.2
Total						
15-24						
15-19	337	23.3	10.9	36.0	24.8	5.1
20-24	356	28.1	9.9	36.1	17.3	8.5
25-49	1086	30.5	10.5	37.5	14.6	6.9
Overall Total	1779	28.7	10.5	36.9	17.1	6.9

Respondents were also asked if they had ever talked to a peer educator. Talking to a peer educator involves face-to-face exchange rather than only hearing or seeing a media message. The survey found that 31.7% had talked with a peer educator. Slightly more males (34.8%) than females (28.7%) had talked with a peer educator. Similarly in rural areas more males (36.9) than females (27.9%) had talked with a peer educator. The pattern of having talked with a peer educator does not vary from having had 'any type of contact' according to age, sex or residence.

Exposure to YPE in Zambia is broad and quite consistent according to age group sex and residence. This was not only based on hearing or seeing media messages from a distance. Three out of four of those exposed to YPE had actually spoken with a local peer educator. This suggests that YPE programs are spread broadly in Zambia including in rural areas.

The respondents who had any type of contact with a peer educator were asked how many times in the six months prior to the survey they had had contact with YPE. Nearly all respondents (93.1%) had been exposed at least once to a peer educator during the six months. Of those exposed, 28.7% had been exposed 10 or more times, 10.5% 6-9 times, 36.9% 2-5 times and 17.1% one time.

8.3. Type of Exposure to Youth Peer Education

Respondents who had been exposed to peer education were asked what type of interaction they had experienced in the six months prior to the survey. The survey allowed for respondents to indicate more than one type of activity. The activities most frequently

reported were seeing performances (50.2%) and participating in discussion groups (49.0%). Peer educator performances can be at schools, theatres, markets, special events and on the street. These tended to be seen more often in rural rather than urban settings (52.0 compared with. 46.7%) and among younger respondents (62.0% for 15-19 years; 50.3% for 20-24 years; 46.5% 25 years and older).

Peer-led discussion groups take place in more formal settings such as social clubs, work places, churches, clinics, schools and NGO localities. Subjects discussed include HIV/AIDS, pregnancy prevention, abstinence, condoms and STIs. Exposure to these activities were most often in rural (53.9%) than urban areas (39.3%) and among older respondents 20-24 and 25 years and older recording 47.2% and 51.7% respectively, compared with 42.4% of younger respondents 15-19.

Other activities frequently experienced include receiving educational materials (29.5%), condoms (22.9%) and counseling (22.7%). The distribution of educational materials on HIV/AIDS, STIs, abstinence and reproductive health as well as condoms are activities often carried out by peer education in conjunction with other activities. These activities tend to be experienced more in urban areas and among males, as shown in Table 8.4.

Counseling is a skilled activity and usually centers on an issue or challenge the recipient is facing, and this includes counseling on HIV/AIDS prevention, pregnancy and family planning, stigma and discrimination, gender violence and drug/alcohol abuse. This often takes place in a formal setting such as a clinic, church or NGO. Only 23% of those exposed to peer education had received counseling.

Other peer education activities that respondents reported experiencing include exposure to peer education include lectures and workshops (19.9%), radio or TV programs (17.5%), home visits (16.6%), one-to-one discussions (13.9%), referrals to VCT centers (5.5%), youth-friendly corners at clinics (5.2%) and referrals to clinics or hospitals (4.4%).

8.4. Topics Heard from Youth Peer Educators (Exposed Only)

HIV/AIDS was the topic most often heard from peer educators and was reported by 91.5% of exposed respondents. This was followed by the topics of STIs (64.2%), condoms (61.3%) and abstinence (54.7%). No major differences were observed on respondents who had been exposed to education about HIV/AIDS by age, sex and residence. The topic of STI tended to be heard less among those 15-19 (59.1%) Condoms were heard more in rural than urban areas (63.6% compared with 56.7%). The topic of abstinence was heard most often among those 15-19 (59.1%). Among those 20-24 and 25 years and older, 58.7% and 52.0% respectively heard the topic of abstinence.

Other topics heard from peer educators include pregnancy prevention (29.2%), stigma and discrimination (24.9%), contraceptive methods other than condoms (19.7%), sexuality (19.7%), child abuse (14.8%), drug and alcohol abuse (14.6%), relationships (12.4%), communicating with partners (11.9%) and gender issues (11.4%). Topics that were least heard (<10%) include gender violence (9.5%), self-esteem and lifeskills (8.2%) and family communication (7.6%).

8.5. Perceptions of Peer Educator Knowledge

This survey did not aim to measure the levels of knowledge among peer educators about the topics listed above, but it did measure perceptions and opinions of those exposed to peer education.

Respondents exposed to peer education were asked how knowledgeable they thought the peer educators in their community were in regards to the information they provide. Overall, 83.8% of respondents felt that the peer educators were 'very knowledgeable,' 12.8% that they were 'somewhat

Table 8.4 Types of exposure to youth peer education in the last 6 months prior to the survey, among all respondents who, ZSBS 2005

Characteristics	N	Type of Exposure													
		Received Materials	Received Condoms	Received Referral to Clinic or Hospital	Received Referral to VCT Centre	At a Youth-Friendly Corner	Performance	Discussion Groups	Lecture or Workshop	Counseling	Home Visits	One to One Discussions	Heard on Radio or Television	Other	None
Total															
Males	924	31.5	26.0	4.3	5.3	5.5	48.4	49.2	20.9	22.0	17.0	14.6	18.4	1.5	4.1
Females	855	27.3	19.6	4.4	5.7	4.8	52.2	48.8	18.8	23.4	16.1	13.1	16.6	2.2	4.2
Males															
Urban	297	36.0	31.6	3.7	5.4	9.1	43.4	38.0	17.5	21.2	11.1	16.8	21.9	1.3	4.0
Rural	627	29.3	23.3	4.6	5.3	3.8	50.7	54.5	22.5	22.3	19.8	13.6	16.7	1.6	4.1
Females															
Urban	301	31.6	22.9	3.0	4.7	6.6	49.8	40.5	16.9	23.6	10.0	17.3	20.9	4.3	3.7
Rural	554	24.9	17.9	5.2	6.3	3.8	53.4	53.2	19.9	23.3	19.5	10.8	14.3	1.1	4.5
Total															
Urban	598	33.8	27.3	3.3	5.0	7.9	46.7	39.3	17.2	22.4	10.5	17.1	21.4	2.8	3.8
Rural	1181	27.3	20.7	4.9	5.8	3.8	52.0	53.9	21.3	22.8	19.6	12.3	15.6	1.4	4.3
Males															
15-24															
15-19	175	33.7	20.0	2.3	1.7	5.7	60.6	42.3	14.9	16.6	14.9	9.7	16.6	0.6	5.7
20-24	170	38.8	33.5	2.4	4.7	7.1	50.6	51.2	21.2	21.8	17.1	17.1	18.8	3.5	5.3
25-49	579	28.7	25.6	5.5	6.6	5.0	44.0	50.8	22.6	23.7	17.6	15.4	18.8	1.2	3.3
Females															
15-24															
15-19	162	32.7	15.4	4.3	4.3	5.6	63.6	42.6	16.0	19.8	12.3	12.3	14.2	2.5	2.5
20-24	186	29.0	24.2	3.8	5.4	3.2	50.0	43.5	17.2	25.8	10.8	14.0	19.9	2.2	6.5
25-49	507	24.9	19.3	4.7	6.3	5.1	49.3	52.7	20.3	23.7	19.3	13.0	16.2	2.2	3.9
Total															
15-24															
15-19	337	33.2	17.8	3.3	3.0	5.6	62.0	42.4	15.4	18.1	13.6	11.0	15.4	1.5	4.2
20-24	356	33.7	28.7	3.1	5.1	5.1	50.3	47.2	19.1	23.9	13.8	15.4	19.4	2.8	5.9
25-49	1086	26.9	22.7	5.2	6.4	5.1	46.5	51.7	21.5	23.7	18.4	14.3	17.6	1.7	3.6
Overall Total	1779	29.5	22.9	4.4	5.5	5.2	50.2	49.0	19.9	22.7	16.6	13.9	17.5	1.9	4.2

Table 8.5 Topics heard from peer educators, among those who talked to or heard a health message from a peer educator, ZSBS 2005 (percent of respondents)

	N	HIV and AIDS	STIs	Pregnancy Prevention	Condoms	Other Contraceptive Methods	Abstinence	Communicating with Partners	Gender Issues	Sexuality	Relationships	Being an Adolescent/Young Person	Self-Esteem and Lifeskills	Family Communication	Stigma and Discrimination	Drugs/Alcohol	Gender Violence	Child Abuse	Other	None
Total																				
Males	924	90.6	62.3	25.2	63.5	15.6	55.7	11.3	10.9	19.8	12.8	6.6	8.1	8.3	25.5	16.1	9.3	14.3	3.2	1.3
Females	855	92.5	66.2	33.6	58.8	24.1	53.6	12.5	11.8	19.6	11.9	8.2	8.2	6.8	24.2	13.0	9.7	15.4	3.4	0.4
Males																				
Urban	297	89.9	61.6	22.2	59.6	13.1	54.2	12.1	13.1	22.6	16.2	6.1	10.4	10.8	34.0	16.2	10.1	17.8	6.7	1.7
Rural	627	90.9	62.7	26.6	65.4	16.7	56.5	10.8	9.9	18.5	11.2	6.9	7.0	7.2	21.5	16.1	8.9	12.6	1.6	1.1
Females																				
Urban	301	90.4	69.4	31.6	53.8	23.6	51.2	15.3	14.3	24.9	17.3	10.0	11.6	9.6	28.2	15.0	12.0	20.9	7.6	0.7
Rural	554	93.7	64.4	34.7	61.6	24.4	54.9	11.0	10.5	16.8	9.0	7.2	6.3	5.2	22.0	11.9	8.5	12.5	1.1	0.2
Total																				
Urban	598	90.1	65.6	26.9	56.7	18.4	52.7	13.7	13.7	23.7	16.7	8.0	11.0	10.2	31.1	15.6	11.0	19.4	7.2	1.2
Rural	1181	92.2	63.5	30.4	63.6	20.3	55.7	10.9	10.2	17.7	10.2	7.0	6.7	6.3	21.8	14.1	8.7	12.5	1.4	0.7
Males																				
15-24																				
15-19	175	89.1	55.4	18.3	66.9	8.6	62.3	5.7	6.3	10.9	6.3	8.6	5.1	2.9	16.0	16.0	4.6	10.3	1.7	1.1
20-24	170	91.8	68.2	29.4	68.2	16.5	59.4	9.4	11.8	20.0	20.0	7.6	8.8	7.1	28.2	19.4	12.4	14.1	4.7	2.4
25-49	579	90.7	62.7	26.1	61.1	17.4	52.7	13.5	12.1	22.5	12.6	5.7	8.8	10.4	27.6	15.2	9.8	15.5	3.3	1.0
Females																				
15-24																				
15-19	162	90.1	63.0	25.3	58.0	13.0	55.6	9.3	7.4	14.8	10.5	7.4	8.6	4.9	19.1	15.4	4.3	12.3	4.3	0.6
20-24	186	94.1	67.7	35.5	60.2	22.0	58.1	11.8	9.7	22.0	12.4	5.4	5.9	5.4	22.0	10.8	5.9	13.4	3.2	0.5
25-49	507	92.7	66.7	35.5	58.6	28.4	51.3	13.8	14.0	20.3	12.2	9.5	8.9	7.9	26.6	13.0	12.8	17.2	3.2	0.2
Total																				
15-24																				
15-19	337	89.6	59.1	21.7	62.6	10.7	59.1	7.4	6.8	12.8	8.3	8.0	6.8	3.9	17.5	15.7	4.5	11.3	3.0	0.9
20-24	356	93.0	68.0	32.6	64.0	19.4	58.7	10.7	10.7	21.1	16.0	6.5	7.3	6.2	25.0	14.9	9.0	13.8	3.9	1.4
25-49	1086	91.6	64.5	30.5	59.9	22.6	52.0	13.6	13.0	21.5	12.4	7.5	8.8	9.2	27.2	14.2	11.2	16.3	3.2	0.6
Overall Total	1779	91.5	64.2	29.2	61.3	19.7	54.7	11.9	11.4	19.7	12.4	7.4	8.2	7.6	24.9	14.6	9.5	14.8	3.3	0.8

knowledgeable' and 0.9% that they were 'not very knowledgeable' or 'not knowledgeable.'

The perception that peer educators are 'very knowledgeable' is quite consistent across age, sex and residence. The positive perceptions tend to be higher among rural females (87.7%).

8.6. Attitudes Towards Youth Peer Education

The approach of young people teaching other young people about subjects such as HIV/AIDS, STI, reproductive health and sexual issues can be controversial. Zambia has a lot of cultural factors that make it difficult for adults and youth to discuss these subjects. When it comes to YPE, adults could fear that these programs may influence youth towards promiscuous behaviors.

The survey included an inventory of attitudes towards youth peer educators teaching other young people. It was of particular interest to learn the differences in attitudes among the various age groups. The questions were asked to all respondent regardless of whether they had been exposed to youth peer education. YPE was explained to all respondents during the interviews.

Respondents were asked if it is appropriate for young people in their community to learn about HIV/AIDS from peer educators. Table 8.7 shows that 95.1% agreed that it is appropriate. There was little or no variation in this response across age, sex or residence. The same question was asked concerning the subjects of sexual abstinence and being faithful to one's partner. Overall, 94.7% felt it is appropriate to learn about

Table 8.6 Perceived level of knowledge among peer educators with regard to the information they provide, among those who talked to or heard a health message from a peer educator, ZSBS 2005 (percent of respondents)

		Level of Knowledge				
Characteristics	N	Very Knowledgeable	Somewhat Knowledgeable	Not Very Knowledgeable	Not at All Knowledgeable	Don't Know/No Opinion
Total						
Males	924	82.3	13.8	1.2	0.5	2.3
Females	855	85.4	11.7	0.6	0.2	2.0
Males						
Urban	297	82.1	13.1	1.4	0.3	3.1
Rural	627	82.4	14.1	1.2	0.5	1.8
Females						
Urban	301	81.3	15.3	1.0	0.7	1.7
Rural	554	87.7	9.7	0.4	0.0	2.2
Total						
Urban	598	81.7	14.2	1.2	0.5	2.4
Rural	1181	84.9	12.0	0.8	0.3	2.0
Males						
15-24						
15-19	175	78.7	18.9	0.6	0.0	1.8
20-24	170	86.0	8.5	1.2	0.6	3.7
25-49	579	82.3	13.7	1.4	0.5	2.0
Females						
15-24						
15-19	162	80.9	17.2	1.3	0.0	0.6
20-24	186	82.2	13.9	0.0	0.6	3.3
25-49	507	88.1	9.1	0.6	0.2	2.0
Total						
15-24						
15-19	337	79.8	18.1	0.9	0.0	1.2
20-24	356	84.0	11.3	0.6	0.6	3.5
25-49	1086	85.0	11.6	1.1	0.4	2.0
Overall Total	1779	83.8	12.8	0.9	0.3	2.2

Table 8.7 Appropriateness for young people in community to learn about HIV and AIDS from peer educators, ZSBS 2005 (percent of respondents)

	N	Yes	No	Don't Know
Total				
Males	2046	95.5	3.9	0.5
Females	2172	94.6	4.1	1.2
Males				
Urban	705	96.5	3.3	0.3
Rural	1341	95.1	4.3	0.7
Females				
Urban	740	96.6	2.8	0.5
Rural	1431	93.6	4.8	1.6
Total				
Urban	1445	96.5	3.0	0.4
Rural	2772	94.3	4.6	1.2
Males				
15-24				
15-19	380	95.0	3.7	1.3
20-24	375	96.0	3.7	0.3
25-49	1291	95.6	4.0	0.4
Females				
15-24				
15-19	469	94.2	4.5	1.3
20-24	471	95.3	2.6	2.1
25-49	1232	94.5	4.6	0.9
Total				
15-24				
15-19	849	94.6	4.1	1.3
20-24	846	95.6	3.1	1.3
25-49	2523	95.0	4.3	0.6
Overall Total	4218	95.1	4.0	0.9

being faithful and 90.6% about abstinence, with little or no variation across age, sex or residence.

Respondents were asked if it is appropriate for young people to learn about issues related to sex from peer educators; 87.1% felt that it is appropriate with little or no variation among the groups. When asked if it were appropriate for young people to receive condoms from peer educators the approval level dropped and variations became evident. In total, 78.9% of respondents felt it was appropriate. However, males were more approving than females (81.3 compared with 76.7%) and rural residents more approving than urban (82.7 compared with 71.9%). The level of approval was higher for those 20-24 (83.0%) than those 25 years and older (78.2%) and those 15-19 (77.3%).

Peer educators are increasingly used to refer young people to VCT centers and for STI testing. Respondents were asked if it were appropriate for young people to receive these medically related referrals from peer educators. Overall, 90.7% agreed that it was appropriate. There was little variation according to age, sex or residence.

The proportion of respondents who consider it appropriate to use YPE to teach about HIV/AIDS, reproductive health and issues related to sex appears high in Zambia among all age groups, both sexes and rural and urban residents. This is also the case with giving referrals to VCT centers and STI testing. Condom dissemination was considered less appropriate, especially among female and urban groups.

Table 8.8 Appropriateness for young people in community to learn about abstinence from peer educators, ZSBS 2005 (percent of respondents)

	N	Yes	No	Don't Know
Total				
Males	2046	91.5	7.8	0.7
Females	2172	89.8	9.3	0.9
Males				
Urban	705	92.8	6.8	0.4
Rural	1341	90.9	8.3	0.8
Females				
Urban	740	93.2	6.6	0.1
Rural	1431	88.0	10.6	1.3
Total				
Urban	1445	93.0	6.7	0.3
Rural	2772	89.4	9.5	1.1
Males				
15-24				
15-19	380	90.3	7.9	1.8
20-24	375	91.7	7.5	0.8
25-49	1291	91.8	7.8	0.3
Females				
15-24				
15-19	469	89.5	9.6	0.9
20-24	471	90.2	7.7	2.1
25-49	1232	89.7	9.8	0.5
Total				
15-24				
15-19	849	89.9	8.8	1.3
20-24	846	90.9	7.6	1.5
25-49	2523	90.8	8.8	0.4
Overall Total	4218	90.6	8.6	0.8

Table 8.9 Appropriateness for young people in community to learn about being faithful to a partner from peer educators, ZSBS 2005 (percent of respondents)

	N	Yes	No	Don't Know
Total				
Males	2046	94.7	4.4	0.8
Females	2172	94.7	4.3	1.0
Males				
Urban	705	95.9	3.8	0.3
Rural	1341	94.1	4.7	1.1
Females				
Urban	740	96.3	3.4	0.3
Rural	1431	93.8	4.8	1.3
Total				
Urban	1445	96.1	3.6	0.3
Rural	2772	94.0	4.8	1.2
Males				
15-24				
15-19	380	92.6	5.3	2.1
20-24	375	96.0	3.2	0.8
25-49	1291	95.0	4.5	0.5
Females				
15-24				
15-19	469	94.2	4.5	1.3
20-24	471	94.9	3.6	1.5
25-49	1232	94.8	4.6	0.7
Total				
15-24				
15-19	849	93.5	4.9	1.7
20-24	846	95.4	3.4	1.2
25-49	2523	94.9	4.5	0.6
Overall Total	4218	94.7	4.4	0.9

Table 8.10 Appropriateness for young people in community to learn about issues related to sex from peer educators, ZSBS 2005 (percent of respondents)

	N	Yes	No	Don't Know
Total				
Males	2046	88.7	10.8	0.5
Females	2172	85.7	13.1	1.2
Males				
Urban	705	89.4	10.2	0.4
Rural	1341	88.3	11.1	0.6
Females				
Urban	740	88.5	10.9	0.5
Rural	1431	84.3	14.1	1.6
Total				
Urban	1445	88.9	10.6	0.5
Rural	2772	86.2	12.7	1.1
Males				
15-24				
15-19	380	87.6	11.1	1.3
20-24	375	89.8	9.6	0.5
25-49	1291	88.7	11.0	0.3
Females				
15-24				
15-19	469	85.3	13.2	1.5
20-24	471	86.6	11.3	2.1
25-49	1232	85.5	13.7	0.8
Total				
15-24				
15-19	849	86.3	12.3	1.4
20-24	846	88.0	10.5	1.4
25-49	2523	87.1	12.4	0.6
Overall Total	4218	87.1	12.0	0.9

Table 8.11 Appropriate for young people in community to receive condoms from peer educators, ZSBS 2005 (percent of respondents)

	N	Yes	No	Don't Know
Total				
Males	2046	81.3	18.0	0.6
Females	2172	76.7	22.2	1.1
Males				
Urban	705	75.0	24.7	0.3
Rural	1341	84.7	14.5	0.8
Females				
Urban	740	68.9	30.7	0.4
Rural	1431	80.8	17.8	1.4
Total				
Urban	1445	71.9	27.8	0.3
Rural	2772	82.7	16.2	1.1
Males				
15-24				
15-19	380	78.9	19.5	1.6
20-24	375	84.5	15.0	0.5
25-49	1291	81.1	18.5	0.4
Females				
15-24				
15-19	469	75.9	22.8	1.3
20-24	471	81.7	16.1	2.1
25-49	1232	75.1	24.3	0.6
Total				
15-24				
15-19	849	77.3	21.3	1.4
20-24	846	83.0	15.6	1.4
25-49	2523	78.2	21.4	0.5
Overall Total	4218	78.9	20.2	0.9

Table 8.12 Appropriate for young people in community to receive referrals to HIV or STI testing from peer educators, ZSBS 2005 (percent of respondents)

	N	Yes	No	Don't Know
Total				
Males	2046	91.2	7.8	0.9
Females	2172	90.2	8.5	1.3
Males				
Urban	705	90.1	9.1	0.9
Rural	1341	91.8	7.2	1.0
Females				
Urban	740	88.8	9.9	1.4
Rural	1431	90.9	7.8	1.3
Total				
Urban	1445	89.4	9.5	1.1
Rural	2772	91.4	7.5	1.2
Males				
15-24				
15-19	380	89.7	8.4	1.8
20-24	375	92.5	7.2	0.3
25-49	1291	91.3	7.9	0.9
Females				
15-24				
15-19	469	89.1	9.4	1.5
20-24	471	89.4	8.7	1.9
25-49	1232	90.9	8.0	1.1
Total				
15-24				
15-19	849	89.4	9.0	1.6
20-24	846	90.8	8.0	1.2
25-49	2523	91.1	7.9	1.0
Overall Total	4218	90.7	8.2	1.1

8.7. Value of Youth Peer Education

Respondents were asked to measure the value they placed on YPE in their community. They were asked to weigh its overall importance for improving the health of youth, if the government should invest more or less on YPE and if they believed it was having any effect on youth behavior.

Overall, 83.5% of the population thought YPE was important for improving the health of their community's youth, 13.1% thought it was slightly important and 1.3% that it wasn't important at all. This opinion was consistent and varied by only a few percentage points according to age, sex and residence. When asked if the government should spend more, less or the same amount on YPE for their community, 92.7 thought it should spend more. Only 3.4% thought it should spend less and 2.1% that it should spend the same.

Respondents were also asked if they believed that peer education would change the behaviors of youth in their community. Note that 41% had been exposed to peer education and 32% had spoken with a peer educator. Overall, 66.2% believed peer education was very likely to change behaviors, 26.7% that it was somewhat likely, 3.2% not very likely and 1.5% not likely at all.

Urban males (68.4%) had the strongest belief that YPE was very likely to change behaviors and rural females the lowest (63.8%). In general, females had a slightly lower belief of its effectiveness (64.3%) compared with males (68.2%). Older respondents tended to have a stronger belief in peer education's ability to change behavior than younger ones.

Considering that two-thirds believe YPE is very likely to change behavior, the results suggest that Zambians place a high value on YPE. They believe it is important for the health of their community's youth and that government should invest more. Less than 5% believed that YPE isn't or not at all likely to change behavior.

Table 8.13 Importance of peer educators to improving the health of young people in the community, ZSBS 2005 (percent of respondents)

	N	Very Important	Slightly Important	Not at All Important	Don't Know/ No Opinion
Total					
Males	2046	85.1	12.0	1.1	1.8
Females	2172	82.0	14.2	1.4	2.4
Males					
Urban	705	83.8	12.8	1.3	2.0
Rural	1341	85.8	11.5	1.1	1.7
Females					
Urban	740	81.5	13.8	1.8	2.9
Rural	1431	82.2	14.4	1.1	2.2
Total					
Urban	1445	82.7	13.3	1.5	2.5
Rural	2772	83.9	13.0	1.1	1.9
Males					
15-24					
15-19	380	83.8	11.6	2.7	1.9
20-24	375	83.4	13.6	0.0	2.9
25-49	1291	86.0	11.6	1.0	1.4
Females					
15-24					
15-19	469	81.7	13.4	1.7	3.2
20-24	471	81.1	15.5	1.1	2.4
25-49	1232	82.5	14.1	1.3	2.2
Total					
15-24					
15-19	849	82.6	12.6	2.2	2.6
20-24	846	82.1	14.7	0.6	2.6
25-49	2523	84.3	12.8	1.2	1.8
Overall Total	4218	83.5	13.1	1.3	2.1

Table 8.14 Attitudes toward government spending on community peer education programs, ZSBS 2005 (percent of respondents)

	N	More	Less	Same	Don't Know
Total					
Males	2046	92.9	3.7	1.9	1.5
Females	2172	92.5	3.2	2.4	1.9
Males					
Urban	705	91.7	4.4	3.0	0.9
Rural	1341	93.5	3.4	1.3	1.9
Females					
Urban	740	91.7	3.3	3.7	1.4
Rural	1431	92.9	3.2	1.7	2.2
Total					
Urban	1445	91.7	3.8	3.3	1.1
Rural	2772	93.2	3.3	1.5	2.1
Males					
15-24					
15-19	380	90.2	5.3	1.9	2.7
20-24	375	91.7	3.7	2.9	1.6
25-49	1291	94.0	3.3	1.6	1.2
Females					
15-24					
15-19	469	92.1	3.4	2.8	1.7
20-24	471	91.3	3.6	2.3	2.8
25-49	1232	93.2	2.9	2.2	1.7
Total					
15-24					
15-19	849	91.3	4.3	2.4	2.1
20-24	846	91.5	3.7	2.6	2.3
25-49	2523	93.6	3.1	1.9	1.4
Overall Total	4218	92.7	3.4	2.1	1.7

Table 8.15 Likelihood of young people in the community changing their behavior as a result of talking with peer educators, ZSBS 2005 (percent of respondents)

	N	Very Likely	Somewhat Likely	Not Very Likely	Not at All Likely	Don't Know/ No Opinion
Total						
Males	2046	68.2	25.6	3.1	1.3	1.8
Females	2172	64.3	27.8	3.4	1.7	2.9
Males						
Urban	705	68.4	24.0	4.1	1.9	1.6
Rural	1341	68.1	26.5	2.5	1.0	1.9
Females						
Urban	740	65.3	26.3	3.3	1.7	3.4
Rural	1431	63.8	28.5	3.4	1.7	2.6
Total						
Urban	1445	66.8	25.2	3.7	1.8	2.6
Rural	2772	65.9	27.5	3.0	1.3	2.2
Males						
15-24						
15-19	380	66.7	26.8	3.3	0.8	2.5
20-24	375	68.4	26.9	1.9	0.5	2.2
25-49	1291	68.6	24.9	3.4	1.7	1.4
Females						
15-24						
15-19	469	62.6	29.1	3.1	1.8	3.5
20-24	471	60.6	27.9	5.2	1.7	4.6
25-49	1232	66.4	27.2	2.8	1.6	2.0
Total						
15-24						
15-19	849	64.4	28.1	3.2	1.3	3.0
20-24	846	64.0	27.5	3.8	1.2	3.5
25-49	2523	67.6	26.0	3.1	1.6	1.7
Overall Total	4218	66.2	26.7	3.2	1.5	2.3

8.8. Use of Youth Peer Education among the General Population

Those respondents who had heard of HIV were asked how likely it was that they would use the listed sources of information about HIV/AIDS and reproductive health.

The results from the survey show that the sources of HIV information respondents would most likely use were health care workers 88.8%, radio 86.6% and teachers 70.4%. The other sources of HIV information included peer educators (63.6%), youth-friendly corners at clinic (63.6%), parents, (61.9%), TV, (62.5%), and newspapers/magazines (62.0%). Friends, family members other than parents, co-workers/school mates, partners or boy/girlfriend and other traditional leaders were other sources of HIV information.

The pattern for most likely used sources of information on reproductive health was very similar to that of HIV information. When respondents were asked to rank each of these sources according to their trustworthiness as sources of information on HIV/AIDS and reproductive health, similar rankings were found.

Note about the YPE survey component

Financial and technical assistance for the Youth Peer Education component of the 2005 ZSBS survey were provided by YouthNet/Family Health International. Chapter 8 tables and text are the product of a close collaboration between staff of the Central Statistical Office and Gary Svenson, Holly Burke, Emily Wong, and Heidi Tucker at Family Health International.

Table 8.16 HIV/AIDS information sources and percentage of respondents agreeing they are very likely to use them, among those who ever heard of HIV/AIDS, ZSBS 2005 (percent of respondents)

	N	TV	Radio	Partner/Boy/ Girlfriend	Friend	Parents	Other Family Member	Peer Educator	Youth-Friendly Corner	Health Care Worker	Co-worker/ SchoolMate	Newspaper/ Magazine	Traditional Healer	Teacher
Total														
Males	1977	62.9	86.6	45.6	59.2	61.9	53.6	64.6	64.7	87.8	53.2	63.9	14.0	72.4
Females	2105	62.1	86.6	44.0	55.5	61.9	51.3	62.7	62.5	89.7	51.0	60.3	13.7	68.6
Males														
Urban	684	81.3	84.6	59.3	68.9	71.1	64.2	79.6	77.2	92.7	64.0	76.9	17.2	83.2
Rural	1293	50.2	87.7	38.7	54.0	57.0	48.0	55.8	56.8	85.2	47.1	56.5	12.2	66.8
Females														
Urban	725	81.8	86.7	57.7	68.3	72.9	61.6	78.6	75.2	93.2	62.2	75.0	16.3	79.4
Rural	1379	48.3	86.6	37.4	48.7	56.1	45.8	53.2	54.4	87.8	45.1	51.8	12.4	63.1
Total														
Urban	1409	81.6	85.7	58.5	68.6	72.0	62.9	79.1	76.2	92.9	63.1	75.9	16.8	81.2
Rural	2672	49.2	87.1	38.0	51.3	56.5	46.8	54.5	55.6	86.6	46.1	54.1	12.3	64.9
Males														
15-24														
15-19	358	62.5	84.6	42.1	60.2	66.4	57.1	63.6	67.2	81.1	54.1	60.8	12.7	80.8
20-24	364	63.2	87.3	43.2	58.1	65.5	53.8	67.0	65.0	85.3	51.0	64.3	13.5	71.1
25-49	1255	62.9	87.0	47.3	59.3	59.6	52.6	64.2	63.9	90.5	53.5	64.6	14.4	70.2
Females														
15-24														
15-19	448	67.2	87.8	39.3	54.3	61.9	51.4	65.9	68.3	85.6	53.6	62.7	12.5	77.4
20-24	461	57.0	85.2	42.9	56.4	64.5	51.8	57.9	57.7	91.0	45.3	58.9	12.0	64.4
25-49	1196	62.1	86.7	46.1	55.6	60.9	51.0	63.3	62.2	90.7	52.1	59.8	14.9	66.8
Total														
15-24														
15-19	806	65.1	86.4	40.5	56.9	63.9	53.9	64.9	67.8	83.6	53.8	61.9	12.6	78.9
20-24	825	59.8	86.2	43.0	57.1	64.9	52.7	62.1	61.0	88.5	47.9	61.4	12.7	67.4
25-49	2451	62.5	86.8	46.7	57.5	60.2	51.8	63.7	63.1	90.6	52.9	62.3	14.6	68.6
Overall Total	4082	62.5	86.6	44.8	57.3	61.9	52.4	63.6	63.6	88.8	52.1	62.0	13.8	70.4

Table 8.17 HIV/AIDS information sources and percentage of respondents agreeing they are very likely to use them, among those who ever heard of HIV/AIDS, ZSBS 2005 (percent of respondents)

	N	TV	Radio	Partner/Boy/ Girlfriend	Friend	Parents	Other Family Member	Peer Educator	Youth-Friendly Corner	Health Care Worker	Co-worker/ SchoolMate	Newspaper/ Magazine	Traditional Healer	Teacher
Total														
Males	2046	66.6	86.4	46.7	59.3	65.5	56.7	69.3	67.5	89.8	56.3	66.2	15.6	77.2
Females	2172	65.0	85.1	44.3	57.0	66.2	55.1	65.8	62.8	90.2	53.3	63.4	15.4	72.7
Males														
Urban	705	80.4	84.4	56.2	65.3	70.3	64.7	80.8	75.1	92.0	60.6	75.9	14.8	83.0
Rural	1341	53.6	87.6	41.2	55.8	62.8	52.0	61.4	61.9	88.6	53.6	60.0	16.1	73.7
Females														
Urban	740	80.1	86.2	55.9	68.0	73.1	63.8	80.2	71.8	93.9	61.9	74.6	15.5	81.2
Rural	1431	51.4	84.5	38.2	51.1	62.4	50.4	56.5	56.6	88.2	48.3	56.4	15.4	67.9
Total														
Urban	1445	80.3	85.3	56.0	66.7	71.8	64.2	80.5	73.4	93.0	61.2	75.3	15.1	82.1
Rural	2772	52.4	86.0	39.6	53.3	62.6	51.2	58.8	59.1	88.4	50.8	58.2	15.7	70.7
Males														
15-24														
15-19	380	69.2	80.7	41.7	57.0	70.1	62.3	75.0	70.7	87.0	54.5	63.1	13.7	82.8
20-24	375	67.9	88.5	40.4	56.4	66.2	54.2	71.5	67.5	89.9	54.5	67.9	12.4	77.0
25-49	1291	65.6	87.3	49.6	60.7	64.2	55.9	67.2	66.7	90.5	57.3	66.5	17.0	75.7
Females														
15-24														
15-19	469	73.7	88.0	43.0	59.4	71.7	60.8	73.4	67.4	90.8	53.7	65.0	17.0	78.7
20-24	471	60.9	84.7	39.4	53.8	66.1	51.9	61.9	59.8	90.7	46.7	61.9	13.7	70.9
25-49	1232	63.4	84.3	46.5	57.4	64.2	54.2	64.6	62.3	89.9	55.7	63.4	15.4	71.2
Total														
15-24														
15-19	849	71.8	84.9	42.5	58.4	71.0	61.4	74.1	68.8	89.2	54.1	64.2	15.6	80.4
20-24	846	64.1	86.4	39.8	55.0	66.2	52.9	66.2	63.3	90.3	50.2	64.6	13.1	73.6
25-49	2523	64.5	85.8	48.1	59.1	64.2	55.1	65.9	64.5	90.2	56.5	65.0	16.2	73.5
Overall Total	4218	65.7	85.8	45.4	58.1	65.9	55.8	67.5	65.1	90.1	54.8	64.8	15.5	74.8

Table 8.18 HIV/AIDS information sources and percentage of respondents agreeing they are very trustworthy, among those who ever heard of HIV/AIDS, ZSBS 2005 (percent of respondents)

	N	TV	Radio	Partner/Boy/ Girlfriend	Friend	Parents	Other Family Member	Peer Educator	Youth - Friendly Corner	Health Care Worker	Co-worker/ SchoolMate	Newspaper/ Magazine	Traditional Healer	Teacher
Total														
Males	1977	63.2	89.1	43.6	59.6	62.1	53.6	63.1	63.0	87.3	0.0	63.9	13.8	71.9
Females	2105	61.6	87.1	41.8	55.7	61.4	52.1	61.9	61.4	89.7	0.0	59.7	13.6	68.6
Males														
Urban	684	84.1	90.0	57.6	71.3	72.0	64.7	78.9	76.1	91.6	0.0	77.2	18.7	82.1
Rural	1293	48.6	88.6	36.6	53.4	56.9	47.7	53.5	54.5	85.0	0.0	56.4	11.2	66.7
Females														
Urban	725	83.4	87.9	55.8	69.0	73.1	64.2	80.1	75.3	93.4	0.0	74.3	17.7	81.1
Rural	1379	45.7	86.7	35.2	48.7	55.4	45.9	51.0	52.2	87.7	0.0	51.2	11.4	62.1
Total														
Urban	1409	83.7	88.9	56.7	70.2	72.6	64.4	79.5	75.7	92.5	0.0	75.7	18.2	81.6
Rural	2672	47.1	87.6	35.9	51.0	56.1	46.7	52.2	53.3	86.4	0.0	53.8	11.3	64.4
Males														
15-24														
15-19	358	63.8	87.1	37.0	59.4	66.5	56.9	62.9	63.3	81.0	0.0	57.9	11.5	79.1
20-24	364	64.4	90.6	40.7	58.6	65.8	54.4	63.6	63.4	85.8	0.0	65.0	14.0	71.1
25-59	1255	62.8	89.2	46.1	60.0	59.8	52.4	62.9	62.8	89.5	0.0	65.4	14.4	70.1
Females														
15-24														
15-19	448	66.2	86.1	36.0	54.5	64.7	53.2	66.6	64.0	87.2	0.0	64.9	12.4	78.5
20-24	461	57.4	86.4	37.9	54.1	63.2	51.7	56.1	58.9	89.3	0.0	56.3	12.4	64.5
25-49	1196	61.4	87.7	45.4	56.8	59.4	51.8	62.4	61.4	90.7	0.0	59.1	14.5	66.2
Total														
15-24														
15-19	806	65.1	86.6	36.4	56.7	65.5	54.8	64.9	63.7	84.4	0.0	61.8	12.0	78.8
20-24	825	60.5	88.3	39.2	56.1	64.4	52.9	59.5	61.0	87.8	0.0	60.2	13.1	67.4
25-59	2451	62.1	88.5	45.7	58.4	59.6	52.2	62.7	62.1	90.1	0.0	62.3	14.5	68.2
Overall Total	4082	62.4	88.0	42.7	57.6	61.8	52.8	62.5	62.2	88.5	0.0	61.8	13.7	70.2

Table 8.19 Reproductive health information sources and percentage of respondents agreeing they are very trustworthy, ZSBS 2005 (percent of respondents)

	N	TV	Radio	Partner/Boy/ Girlfriend	Friend	Parents	Other Family Member	Peer Educator	Youth-Friendly Corner	Health Care Worker	Co-worker/ SchoolMate	Newspaper/ Magazine	Traditional Healer	Teacher
Total														
Males	2046	66.7	87.2	44.4	58.2	65.7	55.4	67.6	66.4	90.1	55.9	66.0	14.4	75.8
Females	2172	63.3	84.7	42.1	55.8	65.5	54.4	65.6	61.6	90.8	50.4	62.9	14.3	70.7
Males														
Urban	705	81.9	87.0	55.5	66.7	72.0	63.0	79.9	73.9	93.2	61.3	75.7	15.1	82.4
Rural	1341	51.3	87.4	38.0	53.3	62.0	51.0	59.1	60.6	88.3	52.4	59.8	13.9	71.9
Females														
Urban	740	80.0	85.8	54.0	67.4	73.3	62.7	81.0	72.0	93.9	59.3	75.3	15.0	81.8
Rural	1431	46.3	84.1	35.8	49.5	61.4	50.0	55.5	54.1	89.1	45.3	55.0	14.0	64.7
Total														
Urban	1445	80.9	86.4	54.7	67.1	72.7	62.9	80.4	72.9	93.5	60.3	75.5	15.1	82.1
Rural	2772	48.7	85.7	36.9	51.3	61.7	50.5	57.2	57.2	88.7	48.8	57.3	14.0	68.1
Males														
15-24														
15-19	380	70.9	84.2	39.1	57.4	68.7	59.7	73.9	71.1	87.1	55.5	62.1	12.9	81.0
20-24	375	66.4	87.4	38.0	55.2	67.9	53.9	68.6	66.5	89.7	52.0	66.7	10.6	76.0
25-49	1291	65.8	87.9	47.3	59.3	64.3	54.7	65.8	65.1	90.9	57.1	66.8	15.7	74.3
Females														
15-24														
15-19	469	72.9	87.6	39.7	55.3	69.3	57.3	71.2	66.1	89.2	51.4	64.5	13.8	77.8
20-24	471	58.4	84.1	35.8	51.3	64.7	50.2	60.9	59.0	90.0	44.6	61.2	13.4	67.3
25-49	1232	61.6	83.9	45.3	57.7	64.4	54.9	65.3	60.9	91.7	52.3	62.9	14.9	69.4
Total														
15-24														
15-19	849	72.1	86.1	39.4	56.2	69.0	58.3	72.4	68.2	88.3	53.1	63.5	13.5	79.1
20-24	846	62.0	85.6	36.7	53.0	66.1	51.8	64.4	62.4	89.9	48.0	63.8	12.2	71.1
25-49	2523	63.8	86.0	46.4	58.5	64.4	54.8	65.5	63.1	91.3	54.8	64.9	15.3	71.9
Overall Total	4218	65.0	85.9	43.2	57.0	65.6	54.9	66.6	63.9	90.5	53.1	64.4	14.4	73.2

Appendix A: Tables

Table A.1.1 Household population distribution in five year age groups, by sex and residence, ZSBS 2005

Five year Age Group	Urban			Rural			Total		
	Male %	Female %	Total %	Male %	Female %	Total %	Male %	Female %	Total %
0-4	13.9	13.8	13.8	18.1	17.6	17.9	16.9	16.5	16.7
5-9	14.1	14.8	14.5	16.7	16.2	16.4	15.9	15.8	15.9
10-14	17.2	15.6	16.4	19.4	15.3	17.3	18.7	15.4	17.0
15-19	11.1	11.8	11.5	7.2	7.8	7.5	8.3	9.0	8.7
20-24	9.6	10.0	9.8	7.0	9.1	8.1	7.7	9.4	8.6
25-29	7.6	8.5	8.1	6.5	6.6	6.5	6.8	7.2	7.0
30-34	6.5	7.0	6.8	5.7	5.2	5.4	5.9	5.7	5.8
35-39	5.6	5.1	5.4	3.6	4.2	3.9	4.2	4.5	4.3
40-44	4.5	3.2	3.8	3.2	3.3	3.3	3.6	3.3	3.4
45-49	2.3	2.4	2.4	2.9	3.0	2.9	2.7	2.8	2.8
50-54	2.0	2.5	2.2	1.8	3.3	2.6	1.8	3.1	2.5
55-59	1.6	2.2	1.9	1.0	2.3	1.7	1.2	2.3	1.8
60-64	2.0	1.2	1.6	2.5	2.2	2.3	2.3	1.9	2.1
65-69	0.9	0.9	0.9	1.8	1.7	1.7	1.6	1.4	1.5
70-74	0.9	0.6	0.8	1.4	1.0	1.2	1.3	0.9	1.1
75-79	0.2	0.2	0.2	0.5	0.7	0.6	0.4	0.6	0.5
80+	0.1	0.2	0.2	0.8	0.6	0.7	0.6	0.5	0.6

Table A.1.2 Percent distribution by highest level of education reached, by sex and residence, ZSBS 1998-ZSBS 2005

	Number				No School %				Primary School %				Secondary and Higher %			
	1998	2000	2003	2005	1998	2000	2003	2005	1998	2000	2003	2005	1998	2000	2003	2005
Males																
Urban	649	562	817	704	1.7	3.4	2.3	1.7	33.6	28.1	25.5	21.2	64. 7	68.5	72.2	76.7
Rural	1,007	963	1330	1342	10.5	11.3	10.0	11.1	59.3	58.9	61.9	56.5	30.1	29.8	28.1	31.6
Total	1,655	1525	2147	2046	7.1	8.4	7.1	7.9	49.2	47.5	48.0	44.3	43.7	44.1	45.0	47.1
Females																
Urban	755	721	900	739	6.0	6.4	4.8	4.2	52.1	39.0	37.0	36.5	42.0	54.6	58.2	59.0
Rural	1,285	1070	1424	1435	23.0	20.8	19.5	19.1	61.9	60.6	62.4	62.2	15.1	18.6	18.1	18.2
Total	2,040	1791	2324	2174	16.7	15.0	13.8	14.1	58.2	51.9	52.6	53.5	25.1	33.1	33.6	32.1
Total Urban	1,404	1,283	1,717	1443	4.0	4.8	3.6	3.0	43.5	34.3	31.5	29.0	52.5	61.0	64.9	67.6
Total Rural	2,292	2,033	2,754	2777	17.6	16.1	14.7	15.3	60.8	60.0	62.2	59.4	21.7	24.0	23.0	24.7
All Respondents	**3,696**	**3,316**	**4,471**	**4220**	**12.4**	**11.7**	**10.4**	**11.1**	**54.2**	**50.1**	**50.4**	**49.0**	**33.4**	**38.3**	**39.1**	**39.4**

Note: Not all percentages add to 100% because of a few missing values (not shown).

Table A.1.3 Percent of respondents who are circumcised, by sex and residence, ZSBS 1998 - ZSBS 2005

	Number				Circumcised %			
	1998	2000	2003	2005	1998	2000	2003	2005
Males								
Urban	649	562	817	704	13.3	15.3	11.3	13.4
Rural	1006	963	1330	1,342	14.0	17.8	17.4	17.4
Total	1655	1525	2147	2,046	13.7	16.9	15.0	16.0
Females								
Urban	755	721	900	739	6.0	3.7	1.0	0.7
Rural	1285	1070	1424	1,435	4.0	3.9	0.4	1.1
Total	2040	1791	2324	2,174	4.5	3.8	0.6	0.9
Total Urban	1404	1283	1717	1,443	9.3	8.8	8.6	6.9
Total Rural	2291	2033	2754	2,777	8.2	10.5	5.9	9.0
Column Totals	**3695**	**3316**	**4471**	**4,220**	**8.6**	**9.8**	**7.5**	**8.3**

Table A.1.4 Medical injections given by a health professional, by sex and residence, ZSBS 2005 (percent of respondents)

	Number of Respondents*	Prevention Indicator 7: Average Number of Medical Injections per Person per Year*	Number of Medical Injections in Past 6 Months* %		
			0	1-3	4 or More
Males					
Urban	550		87.6	8.0	4.4
Rural	1137		89.2	5.4	5.4
Total	1887	0.5	88.7	6.3	5.0
Females					
Urban	582		75.4	18.7	5.8
Rural	1245		76.2	17.6	6.2
Total	1827	0.8	76.0	18.0	6.0
Total Urban	1132		81.4	13.5	5.1
Total Rural	2382		82.4	11.8	5.8
Column Total	**3514**	**0.7**	**81.2**	**12.4**	**5.6**

*Note: Questions on medical injections were inadvertently placed in the STI section of the questionnaire. Because of skip patterns, the questions on injections were not asked of a total of 691 respondents (190 who had not heard of STIs were missed, and 501 who said they have never had sex).

Table A.1.5 PEPFAR Prevention Indicator 8: Last medical injection administered with clean syringe and needle, ZSBS 2005 (percent of respondents with medical injection in past 6 months)

	Number with Injection in Past 6 Months*	Prevention Indicator 8: Percent Reporting Last Medical Injection Administered with Clean Needle and Syringe
Males		
Urban	68	82.4
Rural	123	91.9
Total	191	88.5
Females		
Urban	143	97.2
Rural	297	93.6
Total	440	94.8
Total Urban	211	92.4
Total Rural	420	93.1
Column Totals	631	92.9

*Footnote for Table A.1.4 above applies to this table as well.

Table A.1.6 Percent of respondents with knowledge of HIV testing site, percent ever tested for HIV, and percent with desire to be tested or tested again, by sex and residence, ZSBS 2000 - ZSBS 2005

Sex and Residence	Number			% Knows Place to Go for HIV Testing			Ever Tested for HIV %				Desires to Be Tested (or Tested Aga in) %		
	2000	2003	2005	2000	2003	2005	1998	2000	2003	2005	2000	2003	2005
Males													
Urban	562	817	703	81.3	83.5	88.2	10.5	16.6	12.9	15.1	67.0	72.7	69.8
Rural	963	1,330	1,341	72.6	71.1	80.7	8.4	13.1	7.1	9.4	73.6	80.2	74.4
Total	1,525	2,147	2,044	75.8	75.8	83.3	9.2	14.4	9.3	11.4	71.1	77.4	72.9
Females													
Urban	721	900	737	70.6	78.3	87.0	8.9	15.1	15.1	23.9	65.0	69.8	72.3
Rural	1,070	1,424	1,432	64.5	62.6	76.8	5.6	9.4	4.4	10.8	71.4	71.7	72.6
Total	1,791	2,324	2,169	67.0	68.7	80.2	6.8	11.7	8.5	15.3	68.8	71.0	72.5
Total Urban	1,283	1,717	1,440	76.0	80.8	87.6	9.6	15.9	14.1	19.6	66.0	71.2	71.1
Total Rural	2.033	2,754	2,773	72.6	66.7	78.7	6.9	11.9	5.7	10.1	72.5	75.8	73.5
All Respondents	**3,316**	**4,471**	**4,213**	**74.0**	**72.11**	**81.7**	**7.9**	**12.9**	**8.9**	**13.4**	**69.9**	**74.1**	**72.7**

Table A.1.7 Suggested reasons for some individuals not getting tested for HIV, by sex and residence, ZSBS 2005 (percent of respondents)

	Males			Females			Total		
Reasons	Urban %	Rural %	Total %	Urban %	Rural %	Total %	Urban %	Rural %	Total %
Believe not at Risk of Infection	17.2	17.0	17.1	13.6	17.3	16.0	15.4	17.2	16.5
Fear of Results	79.0	72.8	74.9	78.2	71.9	74.0	78.5	72.3	74.5
Fear of Stigma and/or Discrimination	37.6	33.4	34.8	38.4	30.0	32.9	38.0	31.7	33.8
Don't Know Where to Go to Get Tested	1.9	4.3	3.5	1.1	3.8	2.9	1.5	4.0	3.2
Number	703	1341	2044	737	1432	2109	1440	2773	4213

Table A.1.8 Percent of women counseled and tested for HIV at antenatal clinics (ANC) by residence, ZSBS 2000 – ZSBS 2005

	Number Attended ANC			Counseled for HIV* %			Offered HIV Test* %			Took HIV Test* %			Received Results * %		
Residence	2000	2003	2005	2000	2003	2005	2000	2003	2005	2000	2003	2005	2000	2003	2005
Total	635	829	750	48.3	67.4	78.4	15.8	13.9	26.0	10.1	6.5	16.3	8.1	5.7	14.3
Urban	186	250	178	63.5	87.8	92.1	24.5	31.3	55.6	17.0	15.5	37.6	14.0	14.2	35.4
Rural	449	579	572	40.7	58.2	74.1	11.4	6.1	16.8	6.7	2.4	9.6	5.2	1.8	7.7

*Denominator for each of these indicators is the number of women pregnant in past two years who attended ANC at least once.

Table A.1.9 UNAIDS MTCT Indicator I: Percent of females attending ANC who are tested for HIV and know results, by residence, ZSBS 2000 – ZSBS 2005

	UNAIDS MTCT Indicator 1 Percent of Females Attending ANC Who are Tested for HIV and Know Results*		
Residence	**2000**	**2003**	**2005**
Urban	14.0	14.2	35.4
Rural	5.2	1.8	7.7
Total	8.1	5.7	14.3
Number	604	796	750

*Denominator is restricted to those pregnant within two years of the survey.
Note: Respondents in 2005 were asked if they requested an HIV test. In 2000 and 2003 the survey did not include a specific question on whether the respondent requested a test.

Table A.1.10 UNAIDS Indicator VCT 1: HIV counseling and testing among the entire population, by sex and residence, ZSBS 2000 – ZSBS 2005 (percent of respondents)

	UNAIDS VCT Indicator 1: Percent of Total Population Counseled and Tested for HIV and Know Test Result		
Sex and Residence	**2000**	**2003**	**2005**
Number of Males	1,525	1998	1900
Males			
Urban	7.0	8.1	9.0
Rural	3.8	3.2	4.3
Total	5.0	5.1	6.0
Number of Females	1,394	2,324	2,172
Females			
Urban	6.4	9.7	17.6
Rural	2.9	2.4	5.3
Total	4.3	5.2	9.3
Total Urban	6.6	8.9	13.6
Total Rural	3.3	2.8	4.9
All Respondents	**4.6**	**5.1**	**7.8**

Note: Respondents in 2005 were asked specifically if they requested an HIV test. The 2000 and 2003 surveys did not include a question on whether the respondent asked to be tested.

Table A.2.1 Percent of respondents who have heard of HIV/AIDS by sex and residence, ZSBS 1998 - ZSBS 2005

Sex and Residence	Number				Has Heard of HIV/AIDS %			
	1998	2000	2003	2005	1998	2000	2003	2005
Males								
Urban	649	562	817	704	99.5	99.3	99.6	97.0
Rural	1,006	963	1,330	1,342	98.3	94.6	98.6	96.4
Total	1,655	1,525	2,147	2,046	98.8	96.3	99.0	96.6
Females								
Urban	755	721	900	739	99.9	99.0	99.4	98.0
Rural	1,285	1,070	1,424	1,435	98.4	93.3	96.3	96.4
Total	2,040	1,791	2,324	2,174	99.0	95.6	97.5	96.9
Total Urban	1,404	1,283	1,717	1,443	99.7	99.2	99.6	97.5
Total Rural	2,291	2,033	2,754	2,777	98.3	93.9	97.4	96.4
All Respondents	**3,695**	**3,316**	**4,471**	**4,220**	**98.9**	**96.0**	**98.2**	**96.8**

Table A.2.2 Percent of respondents with general knowledge of HIV/AIDS, by sex and residence, ZSBS 1998 - ZSBS 2005

Sex and Residence	Number				Knows HIV/AIDS Can Be Avoided %				Knows Healthy Looking Person Can Have HIV %			
	1998	2000	2003	2005	1998	2000	2003	2005	1998	2000	2003	2005
Males												
Urban	649	562	817	704	90.0	90.0	94.2	95.9	93.4	93.8	96.1	97.0
Rural	1,006	963	1,330	1,342	83.4	80.6	85.6	92.4	81.9	85.5	86.0	91.5
Total	1,655	1,525	2,147	2,046	86.0	84.1	88.9	93.6	86.4	88.5	89.9	93.4
Females												
Urban	755	721	900	739	85.8	88.4	90.0	95.1	90.4	91.3	95.7	97.2
Rural	1,285	1,070	1,424	1,435	73.3	72.2	75.2	89.2	77.2	77.9	77.5	85.2
Total	2,040	1,791	2,324	2,174	77.9	78.7	80.9	91.2	82.1	83.3	84.5	89.3
Total Urban	1,404	1,283	1,717	1,443	87.8	89.1	92.1	95.5	91.8	92.4	95.9	97.1
Total Rural	2,291	2,033	2,754	2,777	77.8	76.2	80.3	90.7	79.3	81.5	81.6	88.3
Column Total	**3,695**	**3,316**	**4,471**	**4,220**	**81.6**	**81.2**	**84.8**	**92.4**	**84.06**	**85.7**	**87.1**	**91.3**

Table A.2.3 Ways to prevent HIV transmission spontaneously named, by sex and residence, ZSBS 2003 - ZSBS 2005 (percent of respondents)

	Percent Spontaneously Naming Method of HIV Prevention																	
	Males						Females						Total					
	Urban		Rural		Total		Urban		Rural		Total		Urban		Rural		Total	
Method of Prevention	2003	2005	2003	2005	2003	2005	2003	2005	2003	2005	2003	2005	2003	2005	2003	2005	2003	2005
Abstinence	78.5	89.9	59.0	83.2	66.4	85.5	71.9	82.0	53.7	78.4	60.8	79.6	75.1	85.8	56.3	80.7	63.5	82.5
Use Condoms	61.3	72.9	48.4	69.0	53.3	70.3	54.0	69.6	34.6	58.4	42.1	62.3	57.5	71.2	41.3	63.6	47.5	66.2
One Faithful Partner	45.3	54.0	40.8	58.6	42.5	57.0	40.0	50.9	36.5	58.3	37.8	55.8	42.5	52.4	38.6	58.5	40.1	56.4
Knows All 3 ABCs of HIV Prevention: Abstinence, Be Faithful, Consistent Condom Use	21.9	36.5	10.4	37.2	14.8	37.0	17.0	29.6	7.9	30.8	11.4	30.8	19.3	33.0	9.1	33.9	13.0	33.6
Limit Number of Partners	5.0	13.19	6.0	11.0	5.6	11.7	4.9	9.1	4.8	11.1	4.8	10.4	5.0	10.9	5.4	11.0	5.2	11.0
Avoid Sharing Razor Blades	4.0	26.6	2.9	18.6	3.4	21.3	5.1	22.1	2.4	15.1	3.4	17.4	4.6	24.2	2.7	16.7	3.4	19.3
Avoid Sex with Prostitutes	2.8	6.8	7.6	5.6	5.8	6.0	1.4	3.7	4.1	3.3	3.1	3.5	2.1	5.2	5.8	4.4	4.4	4.7

Table A.2.4 Recognition of ways to prevent HIV transmission based on prompted responses, by sex and residence, ZSBS 1998 - ZSBS 2005 (percent of respondents)

	Percent Who Recognize Prevention Method in Response to a Prompted Question															
	Number				Consistent Condom Use %				One Faithful Partner %				Abstinence %			
Sex and Residence	1998	2000	2003	2005	1998	2000	2003	2005	1998	2000	2003	2005	1998	2000	2003	2005
Males																
Urban	649	562	817	704	70.0	73.1	81.2	84.4	87.4	90.8	87.9	93.3	-	-	-	97.0
Rural	1.006	963	1,330	1,342	64.3	70.8	75.0	82.4	78.4	80.3	87.0	88.9	-	-	-	95.3
Total	1,655	1,525	2,147	2,046	66.5	71.7	77.3	83.1	81.9	84.1	87.3	90.4	-	-	-	95.9
Females																
Urban	755	721	900	739	60.3	75.7	79.6	85.1	83.6	86.3	89.3	93.8	-	-	-	96.2
Rural	1,285	1,070	1,424	1,435	54.9	58.3	65.9	78.1	80.8	78.4	81.6	87.1	-	-	-	92.7
Total	2,040	1,791	2,324	2,174	56.9	65.3	71.2	80.5	81.8	81.5	84.6	89.4	-	-	-	93.9
Total Urban	1,404	1,283	1,717	1,443	64.8	74.6	80.3	84.8	85.4	85.3	88.7	93.6	-	-	-	96.6
Total Rural	2,291	2,033	2,754	2,777	59.1	64.3	70.3	80.2	79.8	74.4	84.2	88.0	-	-	-	94.0
All Respondents	**3,695**	**3,316**	**4,471**	**4,220**	**61.2**	**68.3**	**74.2**	**81.8**	**81.9**	**78.6**	**85.9**	**89.9**	**-**	**-**	**-**	**94.9**

Table A.2.5 Percent of respondents who know the 3 ABCs of HIV prevention: abstinence, be faithful to one partner, and consistent condom use, based on prompted responses, by sex and residence, ZSBS 2005

Sex and Residence	Number	Percent Who Recognize All 3 of ABC Prevention Methods (Based on Prompted Responses): Abstinence, Be Faithful to One Partner, Consistent Condom Use %
Males		
Urban	704	79.3
Rural	1342	74.9
Total	2046	76.4
Females		
Urban	739	78.5
Rural	1435	69.3
Total	2174	72.5
Total Urban	1443	78.9
Total Rural	2777	72.0
All Respondents	**4220**	**74.4**

Table A.2.6 Percent of respondents with knowledge of mother to child transmission (MTCT), by sex and residence, ZSBS 2000 - ZSBS 2005

	Percent Who Know About MTCT		
Sex and Residence	2000	2003	2005
Males			
Urban	85.1	86.2	84.1
Rural	80.0	84.5	83.3
Total	81.8	85.1	83.6
Females			
Urban	89.7	89.7	89.9
Rural	78.1	82.9	83.8
Total	82.8	85.5	85.8
Total Urban	87.7	88.0	87.0
Total Rural	79.0	83.7	83.5
All Respondents	**82.4**	**85.4**	**84.7**

Table A.2.7 Percent of respondents* with knowledge of specific pathways of mother to child transmission (MTCT) by sex, ZSBS 2000 - ZSBS 2005

	Percent Who Know Specific Pathways of MTCT*								
	Males			Females			Total		
Pathways of MTCT	2000	2003	2005	2000	2003	2005	2000	2003	2005
During Pregnancy	94.0	94.0	83.7	93.0	90.0	84.8	93.4	90.8	84.3
At Delivery	61.0	75.0	85.4	63.0	78.0	89.2	60.8	76.2	87.4
Through Breast Milk	77.0	82.0	86.0	79.0	88.0	90.9	78.3	84.9	88.6

*Among those who know that HIV can be transmitted from mother to child.

Table A.2.8 Percent of respondents with knowledge of specific ways to reduce chances of mother to child transmission (MTCT), by residence, ZSBS 2000 - ZSBS 2005

Sex and Age	Number	Knows About Avoiding Breastfeeding %	Knows About Special Medications to Prevent MTCT %	Knows Both Avoiding Breastfeeding and Special Medications %
Males				
Urban	704	71.2	52.8	46.5
Rural	1342	51.9	33.0	23.6
Total	2046	58.5	39.8	31.4
Females				
Urban	739	79.3	61.3	56.6
Rural	1435	56.3	33.7	27.2
Total	2174	64.1	43.1	37.2
Total Urban	1443	75.3	57.2	51.6
Total Rural	2777	54.2	33.4	25.4
All Respondents	4220	61.4	41.5	34.4

Table A.2.9 Misconceptions about HIV transmission, by sex and residence, ZSBS 1998 - ZSBS 2005 (percent of respondents)

	Percent of Respondents with Incorrect Belief About HIV Transmission															
	Number				HIV Transmitted by Mosquitoes %				HIV Transmitted by Sharing a Meal %				HIV Transmitted by Witchcraft %			
Sex and Residence	1998	2000	2003	2005	1998	2000	2003	2005	1998	2000	2003	2005	1998	2000	2003	2005
Males																
Urban	649	562	817	704	21.1	21.5	15.2	17.9	-	8.4	10.2	11.1	14.0	13.9	12.5	14.7
Rural	1.006	963	1,330	1,342	32.3	25.4	25.3	32.8	-	13.2	13.2	15.5	27.9	22.2	25.4	24.1
Total	1,655	1,525	2,147	2,046	27.9	24.0	21.4	27.7	-	11.4	12,0	14.0	32.5	19.1	20.5	20.8
Females																
Urban	755	721	900	739	25.2	19.8	18.2	22.7	-	8.7	9.4	13.4	28.5	20.7	14.0	16.3
Rural	1,285	1,070	1,424	1,435	31.2	25.7	28.4	35.1	-	13.4	13.2	17.4	39.9	29.3	26.5	26.6
Total	2,040	1,791	2,324	2,174	29.0	23.3	24.4	30.9	-	11.5	11.8	16.0	35.7	25.8	21.7	23.1
Total Urban	1,404	1,283	1,717	1,440	23.3	20.6	16.8	20.4	-	8.6	9.8	12.3	21.8	17.7	13.3	15.5
Total Rura1	2,291	2.033	2,754	2,773	31.7	25.6	26.9	34.0	-	13.3	13.2	16.5	34.7	25.9	26.0	25.4
All Respondents	**3,695**	**3,316**	**4,471**	**4,220**	**28.5**	**23.7**	**23.0**	**29.3**	**-**	**11.5**	**11.9**	**15.0**	**29.8**	**22.7**	**21.1**	**22.0**

Table A.2.10 Knowledge of someone with HIV or who died from HIV/AIDS, by sex and residence, ZSBS 1998 - ZSBS 2005 (percent of respondents)

Sex and Residence	Number				Percent who Know Person With HIV or Person Who Died from HIV/AIDS			
	1998	2000	2003	2005	1998	2000	2003	2005
Males								
Urban	643	562	817	704	71.7	76.9	81.2	89.5
Rural	984	963	1,330	1,342	72.2	72.5	80.0	80.9
Total	1,627	1,525	2,147	2,046	72.0	74.0	80.4	83.8
Females								
Urban	756	721	900	739	71.0	75.5	80.7	86.5
Rural	1,268	1,070	1,424	1,435	75.5	68.0	74.5	78.5
Total	2,024	1,791	2,324	2,174	73.8	71.0	76.9	81.2
Total Urban	1,399	1,283	1,717	1,443	71.2	76.1	80.9	87.9
Total Rural	2,252	2.033	2,754	2,777	74.1	70.3	77.2	79.7
All Respondents	**3,651**	**3,316**	**4,471**	**4,220**	**73.0**	**72.5**	**78.6**	**82.5**

Note: The questions used to obtain data for this indicator have changed over time. In 1998 two questions were asked: *Do you know anyone who is infected with HIV?* followed by *Do you know anyone who has died of AIDS?* In 2000 and 2003 a single question was asked: *Do you personally know anyone who has the AIDS virus or has died from AIDS?* In the 2005 instruments, two questions were again used: *Do you know anyone who has died from AIDS?* followed by *Do you personally know anyone who is suspected to have the AIDS virus or who has the AIDS virus?*

Table A.2.11 Knowledge of special medications for HIV/AIDS and places to obtain the medication, ZSBS 2005 (percent of respondents)

Sex and Residence	Number	Knows About Special Medications for HIV/AIDS Infected %	Also Knows Where to Obtain Medications %
Males			
Urban	704	72.4	68.0
Rural	1,342	49.2	44.0
Total	2,046	57.2	52.3
Females			
Urban	739	69.8	66.2
Rural	1,435	44.7	39.3
Total	2,174	53.3	48.4
Total			
Urban	1,443	71.1	67.1
Rural	2,777	46.9	41.6
All Respondents	4,220	55.2	50.3

Table A.2.12 Attitude towards HIV-infected individuals, by sex and residence, ZSBS 2000 - ZSBS 2005 (percent of respondents)

Sex and Residence	Number			Has Shared a Meal with Infected Person %			Willingness to Buy from Infected Shopkeeper %			Infected Female Teacher Should Continue Working* %	
	2000	2003	2005	2000	2003	2005	2000	2003	2005	2000	2003
Males											
Urban	562	817	704	36.7	41.5	46.9	56.2	60.1	77.6	69.4	81.3
Rural	963	1330	1,342	27.9	31.1	26.8	41.3	42.4	61.2=1	50.0	61.0
Total	1,525	2,147	2,046	31.2	35.0	33.7	46.8	49.1	66.8	57.1	68.7
Females											
Urban	721	900	739	35.2	41.7	44.1	51.6	53.6	68.6	68.4	77.9
Rural	1070	1424	1,435	23.4	24.9	24.0	34.2	36.8	54.9	52.2	57.2
Total	1,791	2,324	2,174	28.1	31.4	30.8	41.2	43.2	59.6	58.7	65.2
Total Urban	1,283	1,717	1,443	35.9	41.6	45.5	53.6	56.7	73.0	68.8	79.5
Total Rural	2.033	2,754	2,777	25.5	27.9	25.3	37.6	39.5	57.9	51.1	59.1
All Respondents	**3,316**	**4,471**	**4,220**	**29.5**	**33.1**	**32.2**	**43.8**	**46.1**	**63.1**	**58.0**	**66.9**

*In the 2005 questionnaire, the questions required for this particular indicator were inadvertently altered, and it is not possible to obtain a comparable value for 2005. An alternative version of indicator based on the questions as altered in 2005 is presented in Table A.2.13.

Table A.2.13 Percent of respondents who say an HIV-infected worker should continue working, ZSBS 2005

Sex and Residence	Number	HIV Infected Worker Should Continue Working %
Males		
Urban	704	82.5
Rural	1,342	63.7
Total	2,046	70.2
Females		
Urban	739	80.1
Rural	1,435	58.6
Total	2,174	65.9
Total		
Urban	1,443	81.3
Rural	2,777	61.1
All Respondents	4,220	68.0

Table A.2.14 Attitude towards HIV-infected family members, by sex and residence, ZSBS 1998 - ZSBS 2005 (percent of respondents)

Sex and Residence	Number				Willing to Care for HIV-Infected Family Member %				Wants it Kept Secret if Family Member is HIV Infected %		
	1998	2000	2003	2005	1998	2000	2003	2005	2000	2003	2005
Males											
Urban	649	562	817	704	89.8	94.0	94.7	93.2	43.1	30.5	37.6
Rural	1,006	963	1,330	1,342	80.7	86.0	89.9	89.3	34.9	32.9	33.5
Total	1,655	1,525	2,147	2,046	84.3	88.9	91.8	90.7	37.9	32.0	34.9
Females											
Urban	755	721	900	739	88.3	94.5	93.4	93.9	41.1	30.0	41.5
Rural	1,285	1,070	1,424	1,435	84.8	84.6	87.3	89.9	37.2	33.5	35.6
Total	2,040	1,791	2,324	2,174	86.1	88.6	89.7	91.3	38.8	32.1	37.6
Total Urban	1,404	1,283	1,717	1,443	89.1	94.2	94.1	93.6	42.0	30.2	39.6
Total Rural	2,291	2.033	2,754	2,777	83.1	85.3	88.6	89.6	36.1	33.2	34.6
All Respondents	**3,695**	**3,316**	**4,471**	**4,220**	**85.3**	**88.7**	**90.7**	**91.0**	**38.4**	**32.1**	**36.3**

*Note: The questions used to measure this indicator have changed over time, and this could affect interpretation of trends. In 1998 the question was, *Would you be willing to care for someone in your family if he or she became sick with AIDS?* In 2000 and 2003 the question was, *If a family member became sick with the AIDS virus, would you be willing to care for him or her in your household?* In 2005 the wording of the question was again slightly different -- *If a relative of yours became sick with the AIDS virus, would you be willing to care for him or her in your household?*

Table A.2.15 Knowledge of persons suspected to have HIV/AIDS who experienced discrimination or verbal abuse, by sex and residence, ZSBS 2005 (percent of respondents)

Sex and Residence	Number	Knows of Person Denied Health Services %	Knows of Person Denied Access to Social, Religious or Community Events %	Knows of Person Verbally Abused or Teased %	Percent Who Know Someone Experiencing Any of the 3 Forms of Discrimination or Abuse Against Persons Living with HIV/AIDS* %
Males					
Urban	704	8.4	6.1	14.6	20.9
Rural	1342	11.8	7.2	13.6	20.0
Total	2046	10.6	6.8	14.0	20.3
Females					
Urban	739	8.0	6.2	13.8	20.0
Rural	1435	10.7	4.7	12.1	18.8
Total	2174	9.8	5.2	12.7	19.2
Total Urban	1443	8.2	6.2	14.2	20.4
Total Rural	2777	11.2	5.9	12.8	19.4
All Respondents	4220	10.2	6.0	13.3	19.7

*Respondents know of a person subjected to any one of the three components.

Table A.2.16 Percent of respondents expressing negative attitudes towards people with HIV/AIDS, by sex and residence, ZSBS 2005

Sex and Residence	Number	Believes Persons with HIV/AIDS Should be Ashamed %	Persons With HIV/AIDS Should be Blamed for Bringing HIV/AIDS into the Community %	Percent Expressing Either of the Negative Attitudes Towards Persons Living With HIV/AIDS %
Males				
Urban	704	13.9	11.7	17.5
Rural	1,342	32.1	29.9	37.4
Total	2,046	25.9	23.6	30.6
Females				
Urban	739	15.4	11.5	19.5
Rural	1,435	35.4	34.2	42.9
Total	2,174	28.6	26.5	34.9
Total				
Urban	1,443	14.7	11.6	18.5
Rural	2,777	33.8	32.1	40.2
Column Total	4,220	27.3	25.1	32.8

Table A.2.17 Attitudes towards condom purchase by unmarried females, by sex and residence, ZSBS 1998 - ZSBS 2005 (percent of respondents)

Sex and Residence	Number				Condom Purchase by Unmarried Females Acceptable* %			
	1998	2000	2003	2005	1998	2000	2003	2005
Males								
Urban	649	562	817	704	63.8	63.5	57.3	61.4
Rural	1,006	963	1,330	1,342	52.1	61.5	60.1	61.4
Total	1,655	1,525	2,147	2,046	56.7	62.2	59.0	61.4
Females								
Urban	755	721	900	739	46.4	58.8	49.1	57.2
Rural	1,285	1,070	1,424	1,435	39.2	52.7	49.0	55.5
Total	2,040	1,791	2,324	2,174	41.7	55.2	49.0	56.1
Total Urban	1,404	1,283	1,717	1,445	54.4	60.9	53.0	59.3
Total Rural	2,291	2.033	2,754	2,777	44.9	56.9	54.3	58.3
All Respondents	**3,695**	**3,316**	**4,471**	**4,220**	**48.5**	**58.4**	**53.8**	**58.7**

*Note: In 1998 the question asked was "is it acceptable for an unmarried woman to buy condoms?" In 2000-2005 the question asked was Do you think that unmarried females should always be able to buy condoms?

Table A.2.18 Percent of married respondents who say they have discussed HIV/AIDS prevention with partner, by sex and residence, ZSBS 2003 - ZSBS 2005

Sex and Residence	Number		Percent Who Talked With Partner About HIV/AIDS Prevention %	
	2003	2005	2003	2005
Males				
Urban	404	334	82.2	85.3
Rural	815	879	78.9	81.8
Total	1219	1,213	80.0	82.8
Females				
Urban	465	361	71.2	84.5
Rural	962	968	62.3	74.1
Total	1427	1,329	65.2	76.9
Total Urban	863	695	76.5	84.9
Total Rural	1767	1,847	70.2	77.7
All Respondents	**2630**	**2,542**	**72.3**	**79.7**

Table A.2.19 Percent of respondents who believe condoms are very, somewhat, or not at all effective in preventing HIV/AIDS, by sex and residence, ZSBS 2003 - ZSBS 2005

Sex and Residence	Number		Very Effective %		Somewhat Effective %		Not at All Effective %		Don't Know %	
	2003	2005	2003	2005	2003	2005	2003	2005	2003	2005
Males										
Urban	817	704	35.9	48.9	46.3	34.7	16.2	13.1	1.6	3.4
Rural	1,330	1,342	43.3	52.1	35.9	31.5	19.3	11.1	1.5	5.0
Total	2,147	2,046	40.5	51.0	40.0	32.6	18.1	11.8	1.5	4.5
Females										
Urban	900	739	32.0	51.0	42.9	30.7	23.5	12.9	1.6	5.4
Rural	1,424	1,435	39.1	46.9	32.0	33.6	25.9	12.6	3.0	6.9
Total	2,324	2,174	36.4	48.3	36.2	32.6	25.0	12.7	2.4	6.4
Total Urban	1,717	1,443	33.8	50.1	44.4	32.6	20.0	13.0	1.6	4.4
Total Rural	2,754	2,777	41.0	49.4	33.8	32.6	22.6	11.9	2.3	6.0
All Respondents	**4,471**	**4,220**	**38.2**	**49.6**	**37.8**	**32.6**	**21.6**	**12.3**	**2.0**	**5.5**

Table A.2.20 Percent of respondents who believe condoms are very, somewhat, or not at all effective in preventing sexually transmitted infections (STIs), by sex and residence, ZSBS 2003 - ZSBS 2005

Sex and Residence	Number		Very Effective %		Somewhat Effective %		Not at All Effective %		Don't Know %	
	2003	2005	2003	2005	2003	2005	2003	2005	2003	2005
Males										
Urban	817	704	43.3	54.7	42.5	32.7	13.1	9.0	1.1	3.7
Rural	1,330	1,342	49.2	53.1	32.9	32.4	16.3	9.5	1.6	4.6
Total	2,147	2,046	46.9	53.6	36.5	32.5	15.1	9.3	1.4	4.3
Females										
Urban	900	739	37.2	55.5	42.7	30.0	18.7	8.5	1.4	7.0
Rural	1,424	1,435	40.9	46.3	32.4	35.7	24.1	11.1	2.6	6.6
Total	2,324	2,174	39.4	49.5	36.4	33.4	22.0	10.2	2.2	6.8
Total Urban	1,717	1,443	40.0	55.1	42.6	30.8	16.1	8.7	1.3	5.4
Total Rural	2,754	2,777	44.8	49.6	32.5	34.2	20.3	10.3	0.3	5.7
All Respondents	**4,471**	**4,220**	**42.9**	**51.5**	**36.4**	**33.0**	**18.7**	**9.8**	**0.2**	**5.6**

Table A.2.21 UNAIDS Stigma and Discrimination Indicator 1 (also PEPFAR AIDS Policy Index): Accepting of those with HIV, by sex and residence, ZSBS 1998 - ZSBS 2005 (percent of respondents)

Sex and Residence	Number				Accepting of Those with HIV %			
	1998	2000	2003	2005	1998	2000	2003	2005**
Males								
Urban	649	458	817	704	-	26.9	39.7	-
Rural	1,006	862	1,330	1,342	-	18.2	22.2	-
Total	1,655	1,320	2,147	2,046	-	21.4	28.9	-
Females					-			
Urban	755	593	900	739	-	23.9	33.4	-
Rural	1,285	971	1,424	1,435	-	14.0	18.8	-
Total	2,040	1,564	2,324	2,174	-	18.0	24.4	-
Total Urban	1,404	1,051	1,717	1,443	-	24.7	36.4	-
Total Rural	2,291	1,833	2,754	2,777	-	15.7	20.4	-
All Respondents	**3,695**	**2,884**	**4,471**	**4,220**	**-**	**19.2**	**26.6**	**-**

**Data for indicator not available in the 2005 survey. Measurement series will resume in 2007.

Indicator components: Positive response to each of four items: Willing to care for family member ill with AIDS, willing to buy vegetables from HIV infected shopkeeper, agree that an infected female teacher who is not sick should continue to teach, and would not want it kept secret if family member has HIV.

Table A.2.22 UNAIDS Knowledge Indicator 1: Knowledge of HIV prevention methods, by sex and residence, ZSBS 1998 - ZSBS 2005 (percent of respondents)

Sex and Residence	Number				UNAIDS Knowledge Indicator 1: Knows of Consistent Condom Use and Having One Faithful Partner as Ways to Avoid HIV Infection %			
	1998	2000	2003	2005	1998	2000	2003	2005
Males								
Urban	649	458	817	704	63.0	66.2	72.5	80.3
Rural	1,006	862	1,330	1,342	52.9	57.0	66.5	76.2
Total	1,655	1,320	2,147	2,046	56.9	60.4	68.8	77.6
Females								
Urban	755	593	900	739	54.0	65.9	73.1	80.4
Rural	1,285	971	1,424	1,435	46.9	49.0	57.1	71.6
Total	2,040	1,564	2,324	2,174	49.6	55.8	63.3	74.6
Total Urban	1,404	1,051	1,717	1,443	58.1	66.0	72.8	80.3
Total Rural	2,291	1,833	2,754	2,777	49.6	52.8	61.6	73.8
Column Total	**3,695**	**2,884**	**4,471**	**4,220**	**52.9**	**57.9**	**65.9**	**76.0**

Table A.2.23 UNAIDS Indicators of Knowledge (Indicators 2 and 5) about HIV, by sex and residence, ZSBS 1998-ZSBS 2005 (percent of respondents)

Sex and Residence	Number			UNAIDS Knowledge Indicator 2: Has No Incorrect Beliefs About HIV %			UNAIDS Knowledge Indicator 5: Knows How to Prevent Mother to Child Transmission %		
	2000	2003	2005	2000	2003	2005	2000	2003	2005
Males									
Urban	458	817	704	65.7	67.8	68.9	-	-	46.5
Rural	862	1,330	1,342	50.0	45.7	48.9	-	-	23.6
Total	1,320	2,147	2,046	55.7	54.1	55.8	-	-	31.4
Females									
Urban	593	900	739	60.3	62.1	62.3	-	-	56.5
Rural	971	1,424	1,435	41.3	38.3	42.5	-	-	27.2
Total	1,564	2,324	2,174	49.0	47.5	49.2	-	-	37.2
Total Urban	1,051	1,717	1,443	61.3	64.8	65.5	-	-	51.6
Total Rural	1,833	2,754	2,777	44.0	41.9	45.6	-	-	25.4
All Respondents	**2,884**	**4,471**	**4,220**	**54.6**	**50.7**	**52.4**	**-**	**-**	**34.4**

Note: ZSBS data for UNAIDS Knowledge Indicator 2 and 5 are not available for 1998.

In 2000 and 2003 questionnaire, spontaneous response questions about knowledge of MTCT were used, rather than prompted response questions. The definition of UNAIDS Indicator 5 now specifically requires that prompted response questions be used to measure the indicator. Indicator values are greatly affected by this difference in measurement. Therefore, the only values shown are those for 2005, when the indicator measurement was changed to meet the new standard.

Table A.3.1 Percent distribution of respondents by marital status, sex and residence, ZSBS 1998 - ZSBS 2005

	Urban				Rural				Total			
Marital Status	**1998**	**2000**	**2003**	**2005**	**1998**	**2000**	**2003**	**2005**	**1998**	**2000**	**2003**	**2005**
Males												
Number	649	562	817	704	1,004	959	1,330	1,342	1,653	1,521	2,147	2,046
Missing	0	0	0	0	2	4	0	14	0	4	0	14
Single, Never Married	45.0	40.6	44.4	47.7	37.8	28.8	34.9	30.8	40.6	33.2	38.5	36.6
Married Monogamous	47.3	48.7	46.6	45.3	50.5	56.6	53.3	56.2	49.2	53.7	50.8	52.4
Cohabiting	0.8	0.2	0.4	0.6	0.6	0.4	0.4	0.2	0.7	0.3	0.4	0.3
Polygamous Marriage	1.5	4.1	2.1	1.3	6.6	9.5	7.2	8.3	4.6	7.5	5.3	5.9
Formerly Married	5.4	6.4	6.5	5.1	4.6	4.7	4.2	3.6	4.9	5.3	6.5	4.1
Females												
Number	755	718	900	739	1,285	1,067	1,424	1,435	2,040	1,785	2,324	2,174
Missing	0	3	0	3	0	3	0	23	0	6	0	26
Single, Never Married	31.5	35.1	32.6	35.5	21.4	19.6	20.9	18.7	25.1	25.8	25.4	24.4
Married Monogamous	49.7	46.4	50.3	45.7	49.6	56.3	64.3	56.7	49.7	52.3	58.9	53.0
Cohabiting	1.7	1.0	0.3	0.8	1.7	0.9	0.2	0.6	1.7	1.0	0.3	0.6
Polygamous Marriage	3.4	4.3	0.6	1.9	11.5	12.7	2.7	9.0	8.5	9.3	1.9	6.6
Formerly Married	13.6	13.2	16.2	15.7	15.8	10.5	11.9	13.5	15.0	11.6	13.6	14.2
Total												
Number	1,404	1,280	1,717	1,443	2,289	2,026	2,754	2,772	3,693	3,306	4.471	4,220
Missing	0	3	0	3	2	7	0	37	0	10	0	40
Single, Never Married	37.75	37.4	38.2	41.4	28.6	23.9	27.7	24.5	32.1	29.1	31.7	30.3
Married Monogamous	48.7	47.3	48.5	45.5	49.4	56.3	59.1	56.5	49.4	52.8	55.0	52.7
Cohabiting	1.2	0.8	0.4	0.7	1.2	1.0	0.4	0.4	1.2	0.9	0.4	0.5
Polygamous Marriage	2.6	4.1	1.3	1.6	9.3	10.8	4.8	8.6	6.8	8.2	3.4	6.2
Formerly Married	9.8	10.2	11.7	10.5	10.8	7.7	8.2	8.7	10.4	8.7	9.5	9.3

Table A.3.2 Last sexual intercourse with marital partner, by sex and residence, ZSBS 1998 - ZSBS 2005 (percent of married respondents)

Sex and Residence	**Number**				**Had Sex Last Night %**				**Had Sex Last Month %**			
	1998	**2000**	**2003**	**2005**	**1998**	**2000**	**2003**	**2005**	**1998**	**2000**	**2003**	**2005**
Males												
Urban	317	298	401	330	-	9.8	17.7	28.2	80.8	89.7	81.4	87.6
Rural	574	638	808	877	-	20.4	21.2	31.4	74.0	87.2	77.3	84.8
Total	891	936	1209	1,207	-	17.0	20.0	30.5	76.4	88.0	78.6	85.6
Females												
Urban	402	371	461	355	-	8.0	17.6	26.5	68.9	84.0	77.3	88.5
Rural	785	746	955	960	-	14.8	17.9	27.8	69.2	83.5	74.7	82.8
Total	1187	1117	1416	1,315	-	12.5	17.8	27.5	64.1	83.7	75.6	84.3
Total Urban	719	669	857	685	-	8.8	17.6	27.3	74.1	86.7	79.2	88.0
Total Rural	1359	1384	1,757	1,837	-	16.6	19.4	29.5	71.2	82.4	75.9	83.8
All Married Respondents	**2,078**	**2,053**	**2,614**	**2,522**	**-**	**14.1**	**18.8**	**28.9**	**72.2**	**83.8**	**77.0**	**84.9**

Note: Marital partners for the purposes of this table do not include partners classified as "living with or cohabiting." This was necessary in order to compare the 1998 survey data with data from the 2000-2005 surveys, due to differences in the wording of the marital status questions in the 1998 questionnaire.

Table A.3.3 Condom use during last sexual intercourse within marital partnerships, by sex and specific characteristics, ZSBS 1998 - ZSBS 2005

	Number				Percent Used Condom With a Marital Partner			
Males	**1998**	**2000**	**2003**	**2005**	**1998**	**2000**	**2003**	**2005**
Residence								
Urban	322	304	401	330	5.3	9.5	8.2	8.2
Rural	580	626	797	866	7.1	5.0	8.0	6.0
Duration of Marriage								
<3 yr.	191	159	136	220	11.5	10.1	13.4	10.0
3+ yr.	703	749	1,150	1,446	5.0	5.6	7.0	6.1
Extramarital Partner								
Yes	64	103	108	101	6.3	10.7	11.1	11.9
No	717	802	1,090	1,095	6.6	5.9	7.8	6.1
STI in Last Year								
Yes	48	34	45	76	6.3	5.9	11.1	10.5
No	802	895	1,117	1,120	6.4	6.5	8.2	6.3
Total Males	902	925	1,198	1,196	6.4	8.7	8.4	6.6

	Number				Percent Used Condom With a Marital Partner			
Females	**1998**	**2000**	**2003**	**2005**	**1998**	**2000**	**2003**	**2005**
Residence								
Urban	414	377	470	361	4.1	7.2	8.9	5.0
Rural	807	736	955	972	3.8	3.1	6.7	4.4
Duration of Marriage								
<3 yr.	251	212	213	322	7.2	6.6	14.6	9.9
3+ yr.	943	861	1,216	1,357	3.2	3.8	6.2	4.7
Extramarital Partner								
Yes	8	15	27	21	NA	NA	NA	NA
No	1,178	1,059	1,398	1,312	3.8	4.4	7.5	4.4
STI in Last Year								
Yes	34	17	29	63	5.9	0.0	10.3	9.5
No	1,197	1,094	1,298	1,270	3.8	4.6	7.4	4.3
Total Females	1,221	1,109	1,425	1,333	3.9	7.3	7.4	4.6

	Number				Percent Used Condom With a Marital Partner			
Totals	**1998**	**2000**	**2003**	**2005**	**1998**	**2000**	**2003**	**2005**
Residence								
Urban	736	681	871	691	4.6	8.1	8.6	6.5
Rural	1,387	1,362	1,752	1,838	5.2	4.1	7.5	5.2
Duration of Marriage								
<3 Yr.	442	371	349	542	9.1	7.8	14.4	10.0
3+ Yr.	1,646	1,610	2,366	2,803	4.0	4.8	6.7	5.4
Extramarital Partner								
Yes	72.0	118	135	122	6.9	8.7	10.3	12.3
No	1,895	1,861	2,488	2,407	4.9	5.2	7.7	5.2
STI in Last Year								
Yes	82.0	51.0	74 .0	139	6.1	4.0	10.8	10.1
No	1,899	1,989	2,415	2,390	4.9	5.5	7.9	5.3
All Married Respondents	2,123	2,034	2,623	2,529	5.0	7.9	7.9	5.5

Note: Denominator is married respondents who had sex with their spouse in past 12 months.
NA = analysis is not performed for categories with fewer than 30 respondents

Table A.3.4 Percent respondents with non-regular partner in last 12 months: All respondents, and respondents who were sexually active in last 12 months, by sex and residence, ZSBS 1998 - ZSBS 2005

Sex and Residence	Entire Sample								Sexually Active Respondents							
	Number				Percent With Non-Regular Partner				Number				Percent With Non-Regular Partner			
	1998	2000	2003	2005	1998	2000	2003	2005	1998	2000	2003	2005	1998	2000	2003	2005
Males																
Urban	649	562	817	704	28.8	20.5	25.3	23.2	459	384	548	466	40.6	30.2	37.8	34.8
Rural	1006	963	1330	1,342	30.5	22.9	18.6	19.5	799	774	995	1,065	38.3	28.4	24.8	24.5
Total	1655	1525	2147	2,046	29.8	21.8	21.2	20.7	1258	1158	1543	1,531	39.1	28.9	29.4	27.6
Females																
Urban	755	721	900	739	12.4	12.8	13.9	14.5	535	465	586	463	17.6	19.8	21.3	23.1
Rural	1285	1070	1424	1,435	12.4	10.4	9.8	9.8	992	834	1077	1,099	16.1	13.3	13.0	12.7
Total	2040	1791	2324	2,174	12.4	11.3	11.4	11.4	1527	1299	1663	1,562	16.6	15.6	15.9	15.8
Total Urban	1,404	1,283	1.717	1,443	17.6	16.1	19.4	18.7	994	849	1,134	929	24.7	24.5	29.4	29.0
Total Rural	2,291	2,033	2,754	2,777	18.5	16.3	14.1	14.5	1,791	1,608	2,072	2,164	23.6	20.6	18.7	18.5
ColumnTotal	**3,695**	**3,316**	**4,471**	**4,220**	**18.1**	**16.2**	**16.1**	**15.9**	**2,785**	**2,457**	**3,206**	**3,093**	**24.0**	**21.9**	**22.5**	**21.7**

Note: The definition of "non-regular" partner in 2000-2005 differed from the definition used in the 1998 survey. A non -regular partner in the later surveys is defined as "non-marital, non-cohabiting." In the first survey (1998), a non-marital partnership was defined as any sexual relationship that lasted less than 12 months. Therefore, a direct comparison of the 1998 data with that from 2000-2005 should be made with caution. This note applies to all tables showing data on non-regular and/or non-marital partnerships.

Table A.3.5 Number of non-regular partners in the last year, by sex and marital status, ZSBS 1998 - ZSBS 2005 (percent of respondents)

Marital Status	Survey Year	Number	None %	1 %	2 or 3 %	4+ %
Married Males	2005	1,212	90.4	7.6	1.6	0.4
	2003	1,198	90.9	7.4	1.3	0.3
	2000	936	87.4	9.8	2.4	0.4
	1998	897	79.4	13.4	5.0	2.0
Unmarried Males	2005	832	59.5	30.2	5.3	1.7
	2003	938	62.9	29.6	7.3	0.2
	2000	589	61.6	26.8	9.5	2.0
	1998	755	52.5	26.8	13.6	7.2
Married Females	2005	1,327	97.2	2.8	0.0	0.0
	2003	1,417	98.3	1.7	0.0	0.0
	2000	1,119	97.9	1.7	0.4	0.0
	1998	1,214	96.5	2.9	0.7	0.0
Unmarried Females	2005	841	68.5	21.9	1.9	0.8
	2003	916	73.0	24.6	2.4	0.0
	2000	672	72.8	25.2	1.8	0.3
	1998	819	61.9	32.1	5.5	0.5
Total Married	2005	2,539	93.9	5.1	0.8	0.2
	2003	2,615	94.6	4.1	0.8	0.4
	2000	2,055	93.3	5.2	1.1	0.3
	1998	2,111	89.3	7.4	2.5	0.9
Total Unmarried	2005	1,673	64.0	26.0	3.6	1.3
	2003	1,854	68.1	26.8	4.8	0.3
	2000	1,261	67.4	26.4	5.2	1.0
	1998	1,574	57.2	30.0	9.4	3.7
TOTAL	2005	4,222	81.9	13.4	1.9	0.6
	2003	4,469	83.7	13.4	2.5	0.4
	2000	3,115	83.3	13.2	2.6	0.6
	1998	3,685	75.7	16.8	5.5	2.1

Table A.3.6 Condom use during last sexual intercourse with non-regular partnerr, by sex and specific characteristics, ZSBS 2000 - ZSBS 2005 (percent of respondents with a non-regular partner)

	Number			Percent Used Condom With Non-Regular Partner		
Males	**2000**	**2003**	**2005**	**2000**	**2003**	**2005**
Residence						
Urban	115	207	163	47.8	54.6	49.7
Rural	219	247	261	34.3	30.8	31.4
Duration of Marriage						
<3 Yr.	27	24	19	NA	NA	NA
3+ Yr.	82	129	125	31.7	42.6	41.6
STI in Last Year						
Yes	42	43	42	38.1	32.6	31.0
No	292	384	382	39.0	44.5	39.3
Total Males	334	454	424	38.9	41.6	38.4

	Number			Percent Used Condom With Non-Regular Partner		
Females	**2000**	**2003**	**2005**	**2000**	**2003**	**2005**
Residence						
Urban	92	125	107	38.0	44.0	45.8
Rural	111	140	141	28.8	25.7	15.6
Duration of Marriage						
<3 yr.	7	14	13	NA	NA	NA
3+ yr.	12	86	79	8.3	31.4	19.0
STI in Last Year						
Yes	6	8	18	NA	NA	NA
No	197	242	230	33.5	35.5	27.8
Total Females	203	265	248	33.0	34.3	28.6

	Number			Percent Used Condom With Non-Regular Partner		
Total	**2000**	**2003**	**2005**	**2000**	**2003**	**2005**
Residence						
Urban	207	332	270	44.1	50.5	48.2
Rural	330	387	402	32.4	28.9	25.9
Duration of Marriage						
<3 yr.	34	38	32	48.9	34.2	31.3
3+ yr.	94	215	204	29.6	38.1	32.8
STI in Last Year						
Yes	48	55	60	35.6	33.3	33.3
No	489	626	612	37.1	41.0	35.0
Total	537	719	672	36.9	38.9	34.9

Note: The denominator is restricted to those who said they had intercourse with a non-marital, non-cohabiting partner.
NA = analysis is not performed for categories with fewer than 30 respondents.

Table A.3.7 Money exchanged for sex in last 12 months, drank alcohol at last sex, ZSBS 1998 - ZSBS 2005 (percent of respondents with a non-regular partner)

Sex and Residence	Number				Percent Exchanged Money*				Percent Drank Alcohol**			
	1998	2000	2003	2005	1998	2000	2003	2005	1998	2000	2003	2005
Males												
Urban	201	115	207	163	-	15.7	21.3	19.0	26.9	32.2	30.0	30.7
Rural	329	220	247	261	-	27.7	34.8	24.5	16.1	13.6	12.2	11.9
Total	530	335	454	424	-	23.8	28.6	22.4	20.1	20.0	20.3	19.1
Females					-							
Urban	142	92	125	107	-	18.5	11.2	6.5	26.8	34.8	23.2	24.3
Rural	212	111	140	141	-	31.5	25.7	14.5	21.2	13.5	13.6	12.1
Total	354	203	265	248	-	25.6	18.9	11.3	23.5	23.2	18.1	17.3
Total Urban	343	207	333	270	-	16.9	17.2	14.1	27.1	34.2	27.3	28.2
Total Rural	541	331	387	402	-	28.9	31.5	21.1	18.1	13.5	12.7	11.9
Column Total	**884**	**538**	**720**	**672**	**-**	**24.3**	**25.0**	**18.3**	**21.6**	**21.5**	**19.5**	**18.5**

Comparable data are not available from the 1998 survey.

* In the 1998 and 2000 questionnaires, there was a single question about alcohol use by the respondent or his/her partner.
** In 2003and 2005, a separate question was asked about alcohol use by the respondent and by his/her partner.

Table A.3.8 Respondent's perceptions of partnership status of their non-regular partners, by sex and residence, ZSBS 2003 - ZSBS 2005 (percent of respondents with a non-regular partner)

	Reported Likelihood That Non-Regular Partner Has Other Partners											
Sex and Residence	2000*		Number		Very Likely %		Somewhat Likely %		Not All Likely %		Don't Know/ Missing %	
	Number	Percent	2003	2005	2003	2005	2003	2005	2003	2005	2003	2005
Males												
Urban	115	26.1	208	163	24.0	27.0	24.0	28.8	30.8	25.8	21.2	17.8
Rural	220	28.6	247	261	25.5	21.8	17.0	23.8	37.7	41.0	19.8	12.3
Total	335	27.8	455	424	24.8	23.8	20.2	25.7	34.5	35.1	20.4	14.4
Females												
Urban	92	46.7	125	107	29.6	32.9	12.8	26.2	26.4	29.0	31.2	12.2
Rural	111	36.0	140	141	32.9	39.7	18.6	16.3	27.9	30.5	20.7	12.8
Total	203	40.9	265	248	31.3	36.7	15.9	20.6	27.2	39.8	25.7	12.5
Total Urban	207	35.3	333	270	26.1	29.3	19.8	27.8	29.1	27.0	24.4	15.6
Total Rural	331	31.0	387	402	28.2	28.1	17.6	21.1	34.1	37.3	20.2	12.4
All Respondents With Non-Regular Partner	**538**	**32.7**	**720**	**672**	**27.2**	**28.6**	**18.6**	**23.8**	**31.8**	**33.2**	**22.4**	**13.7**

*Note: In 2000 respondents were asked, *Do you think this partner has other partners?* The answer choices were yes, no and don't know. In 2003 and 2005 the question asked was, *In the past 12 months how likely is it that this partner had other sex partners?* The answer choices were, *very likely, somewhat likely, not at all likely*.

Table A.3.9 Respondent's perceptions of partnership status of their non-regular partners, by sex and marital status, ZSBS 2003 - ZSBS 2005 (percent of respondents with a non-regular partner)

	Reported Likelihood That Non-Regular Partner Has Other Partners											
Sex and Marital Status	2000*		Number		Very Likely %		Somewhat Likely %		Not All Likely %		Don't Know/ Missing %	
	Number	Percent	2003	2005	2003	2005	2003	2005	2003	2005	2003	2005
Males												
Unmarried	185	26.0	348	317	20.7	21.5	20.4	24.3	38.5	38.8	20.4	15.1
Married	107	34.6	107	107	38.3	30.8	19.6	29.9	21.5	24.3	20.6	12.2
Total	292	29.1	455	424	24.8	23.8	20.2	25.7	34.5	35.1	20.4	14.4
Females												
Unmarried	121	31.4	244	211	30.3	37.0	14.8	22.3	29.1	28.9	25.8	11.9
Married	15	-	21	37	-	-	-	-	-	-	-	-
Total	136	33.8	265	248	31.3	36.7	15.9	20.6	27.2	29.8	25.6	12.5
All Unmarried	306	28.1	592	525	24.7	27.6	18.1	23.5	34.6	34.9	22.6	13.8
All Married	122	36.9	128	144	39.1	31.9	21.1	25.3	18.8	27.1	21.1	13.7
All Respondents With Non-Regular Partner	**428**	**30.6**	**720**	**672**	**27.2**	**28.6**	**18.6**	**23.8**	**31.8**	**33.2**	**22.4**	**13.7**

*Note: In 2000 respondents were asked, *Do you think this partner has other partners?* The answer choices were *yes, no, don't know*. In 2003 and 2005 the question asked was, *In the past 12 months how likely is it that this partner had other sex partners?* The answer choices were *very likely, somewhat likely, not at all likely*.

Table A.3.10 UNAIDS Sexual Negotiation Indicator 1: Females can negotiate safer sex with husband, ZSBS 2005 (percent of respondents)

Sex and Residence	Females Can Negotiate Safer Sex With Husband* [Old Measurement] %		Females Can Negotiate Safer Sex With Husband* [New Measurement]* %	
	1998	2000	2003	2005
Males				
Urban	30.8	57.9	51.0	75.6
Rural	21.5	42.7	37.3	82.5
Total	25.3	48.6	42.7	80.0
Females				
Urban	35.4	54.6	52.3	78.3
Rural	23.3	37.1	38.8	84.8
Total	28.0	44.6	44.3	82.5
Total Urban	33.2	57.7	51.7	77.0
Total Rural	22.6	41.5	38.1	83.7
All Respondents	**26.8**	**51.1**	**43.5**	**81.4**

*UNAIDS Sexual Negotiation Indicator 1: Among respondents aged 15-49 who have heard of STIs . In 1998, males=1471 and females=1850; in 2000 males=1285 and females=1436; in 2003 males=1766 and females=1923.

In 1998-2003 questions pertaining to this indicator were spontaneous-response format. They were changed to prompted-response format in 2005, and results using the new format are not comparable to previous years. In 2005 the numbers for males and females were 1754 and 2006 respectively.

Table A.3.11 UNAIDS Sexual Behavior Indicators 1 and 2, ZSBS 1998 - ZSBS 2005 (percent of respondents)

Sex and Residence	Higher Risk Sex in Last Year** %				Condom Use at Last Higher Risk Sex*** [PEPFAR Prevention Indicator 5] %			
	1998*	2000	2003	2005	1998*	2000	2003	2005
Males								
Urban	37.4	30.2	40.7	34.7	34.5	47.8	54.6	49.7
Rural	37.5	28.4	26.0	22.4	24.3	34.1	30.8	31.4
Total	37.4	29.0	31.3	27.5	28.2	38.8	41.6	38.4
Females								
Urban	22.1	19.8	21.3	22.9	22.0	38.0	44.0	45.8
Rural	18.3	13.4	13.0	12.7	16.1	28.8	25.7	15.6
Total	19.7	15.7	15.9	15.7	18.5	33.0	34.3	28.6
Total Urban	29.4	20.6	30.2	24.8	28.9	43.0	50.5	48.2
Total Rural	26.7	24.5	19.0	18.4	21.0	31.0	28.9	25.9
Column Total	**27.7**	**21.9**	**22.9**	**21.6**	**24.1**	**35.6**	**38.9**	**34.8**

* Definition of Higher Risk Sex was different in 1998. Use caution when comparing 1998 results to later ZSBS surveys.

**UNAIDS Sexual Behavior Indicator 1: Among respondents who reported having sex in the last year; in 1998 males=1453 and females=1806; in 2000 males=1158 and females=1299; in 2003 males=1543 and females=1663; in 2005 males=1,720 and females=1,857.

***UNAIDS Sexual Behavior Indicator 2: Among respondents who reported having sex with a non-marital/non-cohabiting partner in the last 12 months: in 1998 males=536 and females=352; in 2000 males=335 and females=203; in 2003 males=454 and females=265; in 2005 males=424 and females=243.

PEPFAR Prevention Indicator 5 is the percent of men and women aged 15-49 who say they used a condom the last time they had sex with a non-marital, non-cohabiting partner, of those who have had sex with such a partner in the last 12 months.

Table A.3.12 PEPFAR Prevention Indicator 4: Percent of men and women aged 15-49 years who had sex with more than one partner in last 12 months, of those who had sex in the last 12 months, ZSBS 2000 - ZSBS 2005

	Number			Percent Sexually Active in Past Year Who Had Sex With More Than One Partner in Past 12 Months %		
Sex and Age	**2000**	**2003**	**2005**	**2000**	**2003**	**2005**
Males						
15-24	264	358	755	25.8	19.6	6.1
15-19	89	106	380	28.1	19.8	4.0
20-24	175	252	375	24.6	19.4	8.3
25-49	766	1063	1145	20.4	17.7	16.2
Males 15-49	1030	1421	1900	21.8	18.2	16.3
Females						
15-24	491	614	940	2.9	4.4	2.6
15-19	184	212	469	4.4	3.8	2.4
20-24	307	402	471	2.0	4.7	2.8
25-49	803	1062	1232	2.2	2.2	2.2
Females 15-49	1294	1676	2172	2.5	3.0	3.2
Total						
15-24	755	972	1695	10.9	10.0	4.1
15-19	273	318	849	12.1	9.1	3.1
20-24	482	654	846	10.2	10.4	5.2
25-49	1569	2125	2377	11.1	9.3	8.9
Total 15-49	**2324**	**3097**	**4072**	**11.0**	**10.0**	**9.7**

Table A.3.13 PEPFAR Prevention Indicator 6: Percent of men 15-49 reporting sex with a sex work in last 12 months who used a condom during last paid intercourse,* ZSBS 2000 - ZSBS 2005

	Number of Men Who Had Sex With a Sex Worker in Past Year			Percent Used Condom at Last Sex With a Sex Worker**		
	2000	**2003**	**2005**	**2000**	**2003**	**2005**
Urban	18	48	39	-	62.5	59.0
Rural	61	107	89	36.1	40.2	50.6
Total	79	155	128	44.3	47.1	53.1

* ZSBS asks about money exchanged for sex, but not specifically about sex with sex workers.
** Results for urban males in 2000 not calculated due to sample size less than 30.

Table A.4.1 Percent of respondents with general knowledge of sexually transmitted diseases, by sex and residence, ZSBS 1998 - ZSBS 2005

Sex and Residence	Number				Has Heard of Sexually Transmitted Infections (STI) %				Knows At Least One STI Symptom in Males %				Knows At Least One STI Symptom in Females %			
	1998	**2000**	**2003**	**2005**	**1998**	**2000**	**2003**	**2005**	**1998**	**2000**	**2003**	**2005**	**1998**	**2000**	**2003**	**2005**
Males																
Urban	649	562	817	704	92.1	87.9	97.4	94.6	77.2	77.9	79.4	86.7	59.0	64.4	61.8	72.7
Rural	1006	963	1330	1,342	86.7	82.1	92.0	91.3	68.7	67.7	77.0	85.3	57.0	57.9	68.7	77.9
Total	1655	1,525	2,147	2,046	88.8	84.3	94.0	92.4	72.0	71.5	77.9	85.8	57.8	60.5	66.1	76.1
Females																
Urban	755	721	900	739	93.8	85.6	97.2	95.4	68.3	64.6	72.3	78.7	73.5	68.9	75.6	83.1
Rural	1285	1070	1424	1,435	88.4	76.5	90.0	90.8	61.2	62.2	68.4	80.6	68.4	62.1	73.5	83.1
Total	2040	1791	2324	2,174	90.4	80.2	92.8	92.4	63.8	63.8	69.9	80.0	70.3	64.8	74.3	83.1
Total Urban	1,404	1,283	1,717	1,443	93.2	87.1	97.3	95.0	74.1	70.3	75.7	82.6	68.9	67.0	69.0	78.0
Total Rural	2,291	2,033	2,754	2,777	87.8	80.6	90.9	91.0	68.2	62.6	72.6	82.9	67.8	62.1	71.1	80.6
All Respondents	**3,695**	**3,316**	**4,471**	**4,220**	**89.8**	**83.1**	**93.4**	**92.4**	**70.4**	**65.6**	**73.8**	**82.8**	**68.2**	**64.0**	**70.3**	**79.7**

Table A.4.2A Percent of respondents with knowledge of specific symptoms and signs of STIs in males and females by sex, ZSBS 1998 - ZSBS 2005

Symptom Named by Respondents	Percent Who Know STI Symptom in Males								Percent Who Know STI Symptom in Females							
	Males				Females				Males				Females			
	1998	2000	2003	2005	1998	2000	2003	2005	1998	2000	2003	2005	1998	2000	2003	2005
Abdominal Pain	13.9	16.6	13.6	27.1	15.6	17.0	16.3	27.6	18.4	22.0	17.6	31.3	22.8	25.6	25.2	38.4
Blood in Urine	9.1	7.4	7.0	8.4	5.0	4.1	4.5	5.4	6.3	3.7	4.9	5.3	5.0	3.7	3.7	3.7
Burning Urination	17.3	21.6	22.4	29.6	10.9	13.1	15.3	21.4	9.9	12.3	10.8	18.3	10.5	11.1	11.6	19.4
Failure to Pass Urine	5.9	4.5	2.5	4.5	2.3	2.7	2.0	2.9	3.1	2.7	1.2	3.1	1.9	2.1	1.3	3.0
Genital Discharge	45.7	36.0	45.9	47.0	35.9	28.1	36.6	38.7	31.8	24.9	37.5	34.9	36.8	28.4	39.8	38.2
Genital Ulcer	51.3	46.3	55.8	62.9	48.0	41.4	52.2	57.0	38.3	36.7	43.8	51.5	53.1	43.3	53.7	56.9
Inability to Conceive	0.7	3.2	0.7	2.7	1.1	1.5	0.4	2.2	1.7	2.1	0.5	3.1	1.3	1.8	0.4	3.1
Itching in Genital Area	10.9	9.6	4.3	11.9	5.6	7.9	4.2	8.3	8.5	8.3	4.0	9.9	9.3	8.6	6.8	11.1
Loss of Weight	14.3	11.7	8.6	11.5	13.1	8.2	6.0	9.7	14.8	12.8	8.9	13.4	15.5	10.0	6.9	10.6
Pain During Intercourse	3.9	9.2	3.6	7.0	2.3	7.2	2.0	4.7	3.8	10.8	4.4	8.7	1.5	6.4	1.8	5.5
Swelling in Genital Area	22.2	23.9	24.5	21.3	19.7	17.9	20.5	16.2	13.7	15.9	15.4	14.1	19.0	13.1	16.2	12.9
Don't Know	13.0	11.4	9.7	6.2	24.4	18.8	18.4	10.5	26.3	19.2	20.3	14.0	16.3	14.2	13.9	7.9
Number	1655	1,525	2147	2046	2040	1791	2324	2174	1655	1,525	2147	2046	2040	1,791	2324	2174

Note: In 1998 and 2000, only one response choice was provided for the genital discharge symptom in males and in females: discharge from penis for males and discharge from vagina for females.

In 2003, the questionnaire provided these same two responses, but added "foul smelling discharge" as an additional response choice as a symptom for both males and females.

Table A.4.2B Percent of respondents with knowledge of specific symptoms and signs of STIs in males and females, totals by sex, ZSBS 1998 - ZSBS 2005

Symptom Named by Respondents	Total							
	STI in Males				STI in Females			
	1998	2000	2003	2005	1998	2000	2003	2005
Abdominal Pain	14.9	19.7	15.0	27.4	20.8	28.5	21.6	35.0
Blood in Urine	6.8	6.8	5.7	6.9	5.6	4.5	4.27	4.5
Burning Urination	13.8	20.4	18.7	25.4	10.3	14.0	11.2	18.8
Failure to Pass Urine	3.9	4.3	2.2	3.7	2.5	2.9	1.2	3.1
Genital Discharge	40.3	38.0	41.5	42.7	34.5	32.0	38.3	36.6
Genital Ulcer	49.5	52.6	53.9	59.9	46.5	48.5	49.0	54.2
Inability to Conceive	1.0	2.8	0.5	2.4	1.5	2.4	0.4	3.1
Itching in Genital Area	8.0	10.1	4.3	10.1	8.9	10.1	5.5	10.6
Loss of Weight	13.6	11.6	7.3	10.6	15.2	11.6	7.9	12.0
Pain During Intercourse	3.0	9.7	2.8	5.8	2.5	10.0	3.1	7.0
Swelling in Genital Area	20.8	24.8	22.4	18.7	16.6	17.3	15.8	13.5
Don't Know	17.4	18.7	14.2	8.4	18.6	20.1	17.0	10.9
Number	**3,695**	**3,316**	**4,471**	**4,220**	**3.695**	**3,316**	**4,471**	**4,220**

Note: In 1998 and 2000, only one response choice was provided for the genital discharge symptom in males and in females: discharge from penis for males and discharge from vagina for females. In 2003, the questionnaire provided these same two responses, but added "foul smelling discharge" as an additional response choice as a symptom for both males and females.

Table A.4.3 Had genital discharge or genital ulcer during last 12 months by sex and residence, ZSBS 1998 - ZSBS 2005 (percent of sexually active respondents)

	Number of Sexually Active Respondents				Had Genital Discharge or Genital Ulcer %			
Sex and Residence	**1998**	**2000**	**2003**	**2005**	**1998**	**2000**	**2003**	**2005**
Males								
Urban	563	458	685	704	5.7	6.3	4.1	5.8
Rural	891	862	1,148	1,342	6.2	4.5	4.6	6.3
Total	1,454	1,320	1,833	2,046	6.0	5.2	4.4	6.1
Females								
Urban	632	593	758	739	3.6	1.7	2.2	3.0
Rural	1,169	971	1,289	1,435	3.0	1.2	1.5	5.0
Total	1,801	1,564	2,047	2,174	3.2	1.4	1.8	4.3
Total Urban	1,195	1,051	1,443	1,443	4.6	3.7	3.1	4.4
Total Rural	2,060	1,833	2,437	2,777	4.4	2.8	3.0	5.6
All Sexually Active Respondents	**3,255**	**2,884**	**3,880**	**4,220**	**4.5**	**3.1**	**3.1**	**5.2**

Table A.5.1 Percent of respondents with knowledge of HIV/AIDS, by sex and age group, ZSBS 1998 - ZSBS 2005

	Number				Has Heard of AIDS %				Knows HIV/AIDS Can Be Avoided %				Knows Healthy-Looking Person Can Have HIV %			
Sex and Age	**1998**	**2000**	**2003**	**2005**	**1998**	**2000**	**2003**	**2005**	**1998**	**2000**	**2003**	**2005**	**1998**	**2000**	**2003**	**2005**
Males																
15-24	727	557	826	755	97.5	93.7	98.2	95.6	80.7	76.3	84.6	92.1	82.3	82.9	87.1	92.6
15-19	381	307	432	380	95.8	92.5	97.2	94.2	74.8	70.0	80.3	88.4	77.4	79.2	84.0	90.3
20-24	346	250	394	375	99.4	95.2	99.2	97.1	87.3	84.0	89.3	95.7	87.6	87.6	90.4	94.9
25-59	928	968	1321	1291	99.6	97.8	99.5	97.2	90.1	88.5	91.5	94.5	89.7	91.7	91.6	93.9
Females																
15-24	973	815	1009	940	98.3	94.0	96.3	96.7	75.3	73.6	78.9	89.5	80.4	80.1	81.1	86.9
15-19	485	415	500	469	96.7	92.3	93.8	95.5	71.3	67.7	74.0	88.1	74.2	74.9	76.8	85.5
20-24	488	404	509	471	99.8	95.8	98.8	97.9	79.3	79.7	83.7	90.9	86.5	85.4	85.3	88.3
25-49	1067	972	1315	1234	99.6	96.9	98.4	97.1	80.3	82.9	82.5	92.5	83.7	85.9	87.2	91.1
Total																
15-24	1700	1376	1835	1695	97.9	93.9	97.2	96.2	77.7	74.7	81.5	90.6	81.2	81.3	83.8	89.4
15-19	866	722	932	849	96.3	92.4	95.4	94.9	72.9	68.7	76.9	88.2	75.6	76.7	80.2	87.6
20-24	834	654	903	846	99.6	95.6	99.0	97.5	82.6	81.4	86.2	93.0	86.9	86.3	87.5	91.3
25-49	1995	1940	2636	2525	99.6	97.4	98.9	97.1	84.9	85.7	87.1	93.5	86.5	88.9	89.4	92.5
All Respondents	**3695**	**3316**	**4471**	**4220**	**98.8**	**95.9**	**98.2**	**96.8**	**81.5**	**81.2**	**84.8**	**92.4**	**84.1**	**85.7**	**87.1**	**91.3**

Table A.5.2 Percent of respondents who recognize ways to prevent spread of HIV/AIDS based on prompted responses, by sex and age group, ZSBS 1998 - ZSBS 2005

	Percent Who Know Ways to Prevent the Spread of HIV/AIDS (Based on Prompted Responses)															
	Number				Consistent Condom Use %				One Faithful Partner %				Abstaining from Sex %			
Sex and Age	1998	2000	2003	2005	1998	2000	2003	2005	1998	2000	2003	2005	1998	2000	2003	2005
Males																
15-24	727	557	826	754	71.1	71.1	76.6	83.2	80.6	74.3	82.0	89.3	-	-	-	94.8
15-19	381	307	432	380	70.9	63.8	71.5	80.0	76.4	72.0	80.1	87.1	-	-	-	95.0
20-24	346	250	394	375	72.5	75.6	82.2	86.4	85.3	77.2	84.0	91.5	-	-	-	94.7
25-59	928	968	1321	1291	62.5	69.4	77.7	83.0	83.0	82.4	90.7	91.1	-	-	-	96.5
Females																
15-24	973	819	1009	940	57.0	65.2	71.4	81.6	79.1	75.2	79.5	89.5	-	-	-	93.4
15-19	485	415	500	469	50.9	57.4	66.6	80.0	71.8	70.4	74.0	87.6	-	-	-	91.9
20-24	488	404	509	471	63.1	70.5	76.0	83.2	86.5	80.2	84.9	91.3	-	-	-	94.9
25-49	1067	972	1315	1234	56.7	64.1	71.1	79.6	84.3	80.1	88.5	89.3	-	-	-	94.3
Total																
15-24	1700	1376	1835	1694	63.3	67.6	73.7	82.3	79.8	74.9	80.6	89.4	-	-	-	94.0
15-19	866	722	932	849	59.7	61.2	68.9	80.0	73.8	71.0	76.8	87.4	-	-	-	93.3
20-24	834	654	903	846	67.1	74.6	78.7	84.6	86.0	79.1	84.5	91.4	-	-	-	94.8
25-49	1,995	1940	2,636	2525	59.4	68.9	74.4	81.4	83.7	81.3	89.6	90.2	-	-	-	95.4
All Respondents	**3,695**	**3,316**	**4,471**	**4220**	**61.2**	**68.3**	**74.2**	**81.7**	**81.9**	**78.6**	**85.9**	**89.9**	**-**	**-**	**-**	**94.9**

Table A.5.3 Percent of respondents who know all 3 ABC prevention components: Abstinence, be faithful, and consistent condom use (prompted response), by sex and age group, ZSBS 2005

Sex and Age	Number	Knows all 3 ABC Prevention Components: Abstinence, Be Faithful, Consistent Condom Use %
Males		
15-24	755	76.4
15-19	380	72.9
20-24	375	79.2
25-59	1291	76.6
Females		
15-24	940	73.9
15-19	469	71.9
20-24	471	76.0
25-59	1234	71.1
Total		
15-24	1695	74.9
15-19	849	72.3
20-24	846	77.4
25-59	2525	74.0
All Respondents	**4220**	**74.4**

Table A.5.4 Percent of respondents who know of special medications for treating HIV/AIDS and who know of places to obtain the medication, by sex and age group, ZSBS 2005

Sex and Age	Number	Knows about Special Medications for Treating HIV/AIDS %	Knows Where to Obtain Medications %
Males			
15-24	755	51.9	46.5
15-19	380	45.8	42.1
20-24	375	58.1	50.9
25-59	1291	60.3	55.6
Females			
15-24	940	49.4	44.9
15-19	469	43.7	39.5
20-24	471	55.0	50.3
25-59	1234	56.2	51.1
Total			
15-24	1695	50.5	45.6
15-19	849	44.6	40.6
20-24	846	56.4	50.6
25-59	2525	58.3	53.4
All Respondents	**4220**	**55.2**	**50.3**

Table A.5.5 Percent of respondents with knowledge of mother to child transmission (MTCT), by sex and age group, ZSBS 2000 - ZSBS 2005

	Number			Percent Who Know about Mother to Child Transmission (MTCT) %		
Sex and Age	**2000**	**2003**	**2005**	**2000**	**2003**	**2005**
Males						
15-24	557	826	755	73.4	79.3	77.0
15-19	307	432	380	65.8	74.8	69.0
20-24	250	394	375	82.8	84.3	85.1
25-59	968	1321	1291	86.7	88.8	87.5
Females						
15-24	819	1009	940	77.3	79.8	81.2
15-19	415	500	469	70.6	74.0	75.5
20-24	404	509	471	84.2	85.5	86.8
25-49	972	1315	1234	87.5	90.0	89.4
Total						
15-24	1376	1835	1695	75.7	79.6	79.3
15-19	722	932	849	68.6	74.4	72.6
20-24	654	903	846	83.6	85.0	86.1
25-49	1940	2,636	2525	87.1	89.4	88.4
All Respondents	**3316**	**4471**	**4220**	**82.4**	**85.4**	**84.7**

Table A.5.6 Percent of respondents with knowledge of specific ways to reduce chances of mother to child transmission (MTCT), by sex and age group, ZSBS 2005

Sex and Age	Number	Knows about Avoiding Breastfeeding %	Knows about Special Medications to Prevent MTCT %	Knows to Avoid Breastfeeding and About Special Medications %
Males				
15-24	755	52.1	33.6	25.2
15-19	380	43.4	28.7	19.7
20-24	375	60.8	38.7	30.7
25-59	1291	62.3	43.5	35.1
Females				
15-24	940	60.1	39.8	33.6
15-19	469	53.5	32.0	26.4
20-24	471	66.7	47.6	40.8
25-59	1234	67.1	45.6	39.9
Total				
15-24	1,695	56.5	37.1	29.9
15-19	849	49.0	30.5	23.4
20-24	846	64.1	43.6	36.3
25-59	2525	64.7	44.5	37.4
All Respondents	4220	61.4	41.5	34.4

Table A.5.7 Percent of respondents with misconceptions about HIV transmission, by sex and age group, ZSBS 1998 - ZSBS 2005

	Number				HIV Transmitted by Mosquitoes %				HIV Transmitted by Sharing a Meal %				HIV Transmitted by Witchcraft %			
Sex and Age	**1998**	**2000**	**2003**	**2005**	**1998**	**2000**	**2003**	**2005**	**1998**	**2000**	**2003**	**2005**	**1998**	**2000**	**2003**	**2005**
Males																
15-24	727	557	826	755	29.7	26.2	21.9	27.0	-	10.4	14.8	14.8	21.5	15.6	16.5	18.2
15-19	381	307	432	380	33.3	30.0	16.7	28.2	-	12.7	16.4	16.1	21.3	13.7	15.1	18.7
20-24	346	250	394	375	25.7	21.6	24.4	25.9	-	7.6	12.9	13.6	21.7	18.0	18.0	17.6
25-59	928	968	1321	1291	26.5	22.7	21.1	28.0	-	12.0	10.3	13.5	23.3	21.2	23.0	22.4
Females																
15-24	973	815	1009	940	27.5	24.3	25.1	29.5	-	13.6	13.0	16.6	31.2	22.0	17.2	20.1
15-19	485	415	500	469	26.6	23.9	21.8	29.4	-	14.7	14.4	16.4	26.0	22.4	14.0	18.1
20-24	488	404	509	471	28.5	24.8	28.3	29.5	-	12.4	11.6	16.8	36.5	21.5	20.2	22.1
25-49	1067	972	1315	1234	30.3	22.5	24.0	32.0	-	9.8	10.8	15.6	39.7	29.0	25.2	25.4
Total																
15-24	1700	1376	1835	1695	28.5	25.1	23.7	28.4	-	12.3	13.8	15.8	27.1	19.4	16.8	19.2
15-19	866	722	932	849	29.6	26.5	20.8	28.9	-	13.9	15.4	16.3	23.9	18.7	14.5	18.4
20-24	834	654	903	846	27.3	23.6	26.6	27.9	-	10.6	12.2	15.4	30.4	20.2	19.3	20.1
25-49	1995	1940	2,636	2525	28.5	22.6	22.5	30.0	-	10.8	10.6	14.5	32.1	25.1	24.1	23.8
All Respondents	**3695**	**3316**	**4471**	**4220**	**28.5**	**23.7**	**23.0**	**29.3**	**-**	**11.5**	**11.9**	**15.0**	**29.8**	**22.7**	**21.1**	**22.0**

Table A.5.8 PEPFAR Prevention Indicator 1: Percent of young people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission, by sex and residence, ZSBS 2000 - ZSBS 2005

Sex and Residence	Number			Prevention Indicator I: Correctly Identify Ways of Preventing HIV Transmission and Reject Misconceptions* %		
	2000	2003	2005	2000	2003	2005
Males 15-24						
Urban	219	316	282	39.7	43.0	56.4
Rural	338	510	473	24.9	27.5	40.0
All Males	557	826	755	30.7	33.4	46.1
Females 15-24						
Urban	335	397	330	37.6	40.1	49.4
Rural	484	612	610	19.4	21.9	35.7
All Females	819	1009	940	26.9	29.0	40.5
Total Urban	554	713	612	38.5	41.4	52.6
Total Rural	822	1122	1083	21.7	24.4	37.6
Total 15-24	**1376**	**1835**	**1695**	**28.4**	**31.0**	**43.0**

*Prevention Indicator 1 measures the percent of young people 15-24 who recognize all components of the ABCs of prevention (Abstinence, Be Faithful, and Consistent Condom Use), and who also know that HIV cannot be

Table A.5.9 Percent of respondents who know place for HIV test and ever tested for HIV, by sex and age group, ZSBS 1998 - ZSBS 2005

Sex and Age	Number				Knows Place to Go for HIV Test %			Ever Tested for HIV %			
	1998	2000	2003	2005	2000	2003	2005	1998	2000	2003	2005
Males											
15-24	727	557	826	755	63.6	71.4	76.0	6.6	9.0	6.5	7.4
15-19	381	307	432	380	58.6	66.0	66.8	3.3	4.9	4.2	2.9
20-24	346	250	394	375	78.6	77.4	85.3	10.5	14.0	9.1	12.0
25-59	928	968	1321	1291	84.7	78.5	87.5	11.5	17.5	11.1	13.6
Females											
15-24	973	819	1009	940	62.0	64.0	78.2	6.4	9.4	7.0	13.3
15-19	485	415	500	469	58.9	57.0	74.4	6.0	6.5	4.2	9.0
20-24	488	404	509	471	72.7	70.9	82.0	7.0	12.4	9.8	17.6
25-49	1067	972	1315	1234	73.3	72.3	81.9	7.4	13.6	9.7	16.8
Total											
15-24	1700	1376	1835	1695	62.7	67.4	77.2	6.5	9.2	6.8	10.7
15-19	866	722	932	849	54.4	61.2	71.0	4.6	5.8	4.2	6.2
20-24	834	654	903	846	71.7	73.8	83.5	8.4	13.0	9.5	15.1
25-49	1995	1940	2636	2525	77.0	75.8	84.7	9.1	15.5	10.4	15.2
All Respondents	**3695**	**3316**	**4471**	**4220**	**71.0**	**72.1**	**81.7**	**7.9**	**12.9**	**8.9**	**13.4**

Table A.5.10 Percent of responents who want to be tested/tested again, by sex and age group, ZSBS 2000 - ZSBS 2005

	Number			Wanted to Be Tested/Tested Again %		
Sex and Age	**2000**	**2003**	**2005**	**2000**	**2003**	**2005**
Males						
15-24	557	826	755	65.2	75.5	71.4
15-19	307	432	380	59.9	72.7	63.4
20-24	250	394	375	71.6	78.7	79.5
25-59	968	1321	1291	70.5	78.5	73.7
Females						
15-24	819	1009	940	66.9	70.9	73.9
15-19	415	500	469	63.1	68.2	71.4
20-24	404	509	471	70.8	73.5	76.4
25-49	972	1315	1234	64.9	71.0	71.5
Total						
15-24	1376	1835	1695	66.2	73.0	72.8
15-19	722	932	849	61.8	70.3	67.8
20-24	654	903	846	71.1	75.8	77.8
25-49	1940	2636	2525	67.7	74.8	72.6
All Respondents	**3316**	**4471**	**4220**	**67.1**	**74.0**	**72.7**

Table A.5.11 Why some young people may choose not to go for VCT: Possible reasons suggested by young respondents 15-24, ZSBS 2005 (percent of respondents 15-24)

Suggested Reasons Why Some Youth May Choose Not to Go for Testing	**Males 15-24 %**	**Females 15-24 %**	**Total 15-24 %**
Number of Respondents	755	940	1695
Feel They are Not at Risk	18.2	16.7	17.4
Fear of Results	73.9	71.7	72.7
Fear of Stigma/Discrimination	32.3	30.1	31.1
Don't Know Where to Go	3.8	3.0	3.4

Table A.5.12 Percent of respondents willing to care for an infected family member and who knows someone with HIV/AIDS or who died from AIDS, by sex and age group, ZSBS 1998 - ZSBS 2005

	Number				Willing to Care for Family Member Sick with AIDS %				Knows Person with HIV or Who Died from HIV/AIDS %			
Sex and Age	**1998**	**2000**	**2003**	**2005**	**1998***	**2000**	**2003**	**2005**	**1998**	**2000**	**2003**	**2005**
Males												
15-24	727	557	826	755	78.5	85.3	82.7	87.7	62.5	62.1	72.4	76.7
15-19	381	307	432	380	70.3	80.8	82.9	84.2	54.6	56.4	66.7	67.4
20-24	346	250	394	375	87.6	90.8	92.9	91.2	71.1	69.2	78.7	86.1
25-59	928	968	1321	1291	88.8	91.0	94.3	92.4	77.3	81.0	85.5	88.0
Females												
15-24	973	819	1009	940	81.4	85.4	85.3	88.5	69.1	65.7	72.5	76.3
15-19	485	415	500	469	73.6	84.1	80.4	84.4	63.9	60.5	65.8	72.9
20-24	488	404	509	471	89.1	86.6	90.2	92.6	74.2	71.0	79.0	79.6
25-49	1067	972	1315	1234	90.4	91.3	93.0	93.4	76.6	75.7	80.3	85.0
Total												
15-24	1700	1376	1835	1694	80.2	85.3	86.4	88.1	66.2	64.2	72.4	76.5
15-19	866	722	932	849	72.2	82.7	81.6	84.3	59.8	58.7	66.2	70.4
20-24	834	654	903	846	88.5	88.2	91.4	92.0	72.9	70.4	78.9	82.5
25-49	1995	1940	2636	2525	89.7	91.2	93.7	92.9	76.9	78.4	82.9	86.5
All Respondents	**3695**	**3316**	**4471**	**4220**	**89.3**	**88.7**	**90.7**	**91.0**	**72.0**	**72.5**	**78.6**	**82.5**

*Note: In 1998 the question asked was, Would you be willing to care for someone in your family if he or she became sick with AIDS? In 2000 and 2003 the question asked was, If a family member became sick with the AIDS virus, would you be willing to care for him or her in your household? In 2005 the wording of the question was slightly different -- If a relative of yours became sick with the AIDS virus, would you be willing to care for him or her in your household?

Table A.5.13 Percent of respondents who express certain attitudes towards HIV-infected individuals, by sex and age group, ZSBS 2000 - ZSBS 2005

	Number			If Family Member Infected, Want It Kept Secret %			Has Shared a Meal with an HIV Positive Person %			Willingness to Buy from Infected Shopkeeper %		
Sex and Age	**2000**	**2003**	**2005**	**2000**	**2003**	**2005**	**2000**	**2003**	**2005**	**2000**	**2003**	**2005**
Males												
15-24	557	826	755	40.4	35.6	39.5	21.7	23.4	22.3	43.1	46.7	60.4
15-19	307	432	380	40.7	35.0	44.2	18.2	18.3	14.7	35.8	43.3	56.8
20-24	250	394	375	40.0	36.3	34.7	26.0	28.9	29.9	52.0	50.5	64.0
25-59	968	1321	1291	36.5	29.7	32.2	36.6	42.3	40.4	49.0	50.6	70.5
Females												
15-24	819	1009	940	37.2	32.7	38.9	22.2	24.1	22.1	40.1	40.5	57.3
15-19	415	500	469	39.3	35.8	42.4	17.1	17.6	17.7	38.6	39.8	56.9
20-24	404	509	471	35.2	29.7	35.5	27.5	30.5	26.5	41.6	41.3	57.5
25-49	972	1315	1234	40.0	31.7	36.6	33.1	37.0	37.4	42.2	45.3	61.4
Total												
15-24	1376	1835	1695	38.5	34.1	39.2	22.0	23.8	22.2	41.3	43.3	58.6
15-19	722	932	849	39.9	35.4	43.2	17.6	17.9	16.4	37.4	41.4	56.9
20-24	654	903	846	37.0	32.6	35.1	26.9	29.8	28.0	45.6	45.3	60.4
25-49	1940	2,636	2525	38.4	30.7	34.4	34.9	39.7	38.9	45.7	48.0	66.0
All Respondents	**3316**	**4471**	**4220**	**38.4**	**32.1**	**36.3**	**29.5**	**33.1**	**32.2**	**43.8**	**46.1**	**63.1**

Table A.5.14 Percent of respondents who know of persons suspected to have HIV/AIDS who experienced discrimination or verbal abuse, by sex and age group, ZSBS 2005

Sex and Age	Number	Knows of Person Suspected to Have HIV/AIDS Who was Denied Health Services %	Knows of Person Suspected to Have HIV/AIDS Who was Denied Access to Social, Religious or Community Events %	Knows of Person Suspected to Have HIV/AIDS Who was Verbally Abused or Teased %
Males				
15-24	755	8.2	4.8	11.7
15-19	380	6.6	1.8	6.8
20-24	375	9.9	7.7	16.5
25-59	1291	12.0	8.0	15.3
Females				
15-24	940	8.9	5.1	12.0
15-19	469	7.0	6.0	10.2
20-24	471	10.8	4.3	13.8
25-49	1234	10.4	5.4	13.1
Total				
15-24	1695	8.6	5.0	11.9
15-19	849	6.8	4.1	8.7
20-24	846	10.4	5.8	15.0
25-49	2525	11.2	6.7	14.3
All Respondents	**4220**	**10.2**	**6.0**	**13.3**

Table A.5.15 Percent of respondents with negative attitudes towards people with HIV/AIDS, by sex and age group, ZSBS 2005

Sex and Age	Number	Believes Persons with HIV/AIDS Should be Ashamed %	Persons with HIV/AIDS Should be Blamed for Bringing HIV/AIDS into the Community %
Males			
15-24	755	25.2	24.6
15-19	380	23.7	23.2
20-24	375	26.7	26.1
25-59	1291	26.3	23.0
Females			
15-24	940	29.4	27.6
15-19	469	26.0	25.0
20-24	471	32.7	30.2
25-49	1234	28.0	25.7
Total			
15-24	1695	27.5	26.3
15-19	849	25.0	24.2
20-24	846	30.0	28.4
25-49	2525	27.1	24.3
All Respondents	**4220**	**27.3**	**25.1**

Table A.5.16 Percent of adolescents (15-19) who ever had sex, by sex and single year of age, ZSBS 1998 - ZSBS 2005

	ZSBS 1998		ZSBS 2000		ZSBS 2003		ZSBS 2005	
Age	Number	Ever Had Sex %	Number	Ever Had Sex %	Number	Ever Had Sex %	Number	Ever Had Sex %
Males 15-19 by Single Year of Age								
15	67	37.3	53	24.5	81	13.6	75	22.7
16	93	53.8	66	30.3	90	35.6	76	14.5
17	66	60.6	57	40.4	88	50.0	82	37.8
18	89	74.2	76	57.9	79	53.2	87	49.4
19	66	83.3	55	63.6	94	71.3	60	66.7
Females 15-19 by Single Year of Age								
15	92	27.2	66	18.2	80	15.0	86	25.6
16	105	41.0	93	39.8	111	45.1	99	32.3
17	96	64.6	88	56.8	91	56.0	102	49.0
18	115	79.1	88	78.4	120	71.7	91	68.1
19	78	84.6	79	78.5	98	78.6	91	72.5
Total 15-19 by Single Year of A ge								
15	159	31.5	119	21.1	161	14.3	161	24.2
16	198	46.7	159	35.9	201	40.8	175	24.6
17	162	63.0	145	50.4	179	53.1	184	44.0
18	204	77.0	164	68.9	199	64.3	178	59.0
19	144	84.1	134	72.4	192	75.0	151	70.2
All Respondents 15 -19	**866**	**60.3**	**721**	**50.6**	**932**	**50.7**	**849**	**44.1**

Table A.5.17 Percent of adolescents (15-19) who had sexual intercourse in the last year, by sex and single year of age, ZSBS 2000 - ZSBS 2005

	Number			Percent Who Had Sex in Last Year %		
Sex and Age	2000	2003	2005	2000	2003	2005
Males 15-19 by Single Year of Age						
15	53	81	75	13.0	4.0	20.0
16	66	90	76	20.0	20.0	10.5
17	57	88	82	23.0	24.0	20.7
18	76	79	87	44.0	21.0	31.0
19	55	94	60	35.0	37.0	48.3
All Males 15-19	**307**	**432**	**380**	**44.0**	**24.5**	**25.3**
Females 15-19 by Single Year of Age						
15	66	80	86	12.0	11.0	17.4
16	93	111	99	37.0	38.0	27.3
17	88	91	102	50.0	38.0	36.3
18	88	120	91	69.0	64.0	57.1
19	79	98	91	62.0	61.0	65.9
All Females 15-19	**414**	**500**	**469**	**47.3**	**48.8**	**40.7**
Total 15-19 by Single Year of Age						
15	119	161	161	19.3	9.3	18.6
16	159	201	175	34.0	28.9	20.0
17	145	179	184	42.8	34.7	29.4
18	164	199	178	60.4	42.7	44.4
19	134	192	151	58.5	51.1	58.9
All Respondents 15-19	**721**	**932**	**849**	**44.0**	**34.1**	**33.8**

Table A.5.18 Condom use at first sex among sexually active respondents, by sex and age group, ZSBS 2005

Sex and Age	Number of Sexually-Active Respondents	Percent Who Used Condom at First Sexual Intercourse
Males		
15-24	464	23.1
15-19	142	24.7
20-24	322	22.4
25-59	1272	5.4
Females		
15-24	659	19.1
15-19	232	22.0
20-24	427	17.6
25-49	1225	4.4
Total		
15-24	1123	20.8
15-19	374	23.0
20-24	749	19.6
25-49	2497	4.9
All Respondents	**3620**	**9.8**

Table A.5.19 Adolescents: Number of non-regular Partners in the last year, by sex and marital status, ZSBS 1998 - ZSBS 2005 (percent of respondents 15-19)

Number of Non-Regular Partners		Males 15-19		Females 15-19		Total 15-19		All Respondents 15-19
		Married	Not Married	Married	Not Married	Married	Not Married	
ZSBS 2000	0	-	72.5	96.4	73.9	96.6	74.3	77.8
	1	-	19.9	1.8	22.2	1.7	21.1	18.0
	2-3	-	7.3	1.8	1.6	1.7	4.5	4.0
	4+	-	0.3	0.0	0.0	0.0	0.1	0.1
	Number of Respondents	-	302	111	304	116	606	722
ZSBS 2003	0	-	76.5	97.2	74.7	96.5	75.4	78.0
	1	-	18.8	2.8	24.0	3.0	21.5	19.3
	2-3	-	4.2	0.0	1.3	0.0	3.0	2.6
	4+	-	0.5	0.0	0.0	0.0	0.1	0.1
	Number of Respondents	-	426	108	392	114	818	932
ZSBS 2005	0	-	76.1	97.5	78.4	97.6	77.2	80.2
	1	-	18.8	2.5	17.4	2.4	18.1	15.8
	2-3	-	3.0	0.0	1.4	0.0	2.2	1.9
	4+	-	1.3	0.0	0.9	0.0	1.1	0.9
	Number of Respondents	-	373	118	351	125	724	849

Note: Not calculated for married males 15-19 because sample size of married males is too small for stable estimates.

Table A.5.20 Young people (15-24): Number of non-regular partners in the last year, by sex and marital status, ZSBS 1998 - ZSBS 2005 (percent of respondents 15-24)

Number of Non-Regular Partners		Males 15-24		Females 15-24		Total 15-24		All Respondents 15-24
		Married	Not Married	Married	Not Married	Married	Not Married	
ZSBS 2000	0	82.7	63.1	98.4	72.8	94.9	69.0	77.8
	1	12.5	24.3	1.4	25.7	3.9	25.0	17.8
	2-3	2.9	9.1	0.3	1.3	0.9	5.2	3.7
	4+	1.9	1.6	0.0	0.2	0.4	0.9	0.7
	Number of Respondents	104	453	363	456	467	909	1376
ZSBS 2003	0	83.1	66.5	98.4	72.0	95.2	68.9	77.0
	1	14.4	26.7	1.6	25.2	4.3	26.0	19.4
	2-3	2.5	6.2	0.0	2.8	0.5	4.7	3.4
	4+	0.0	0.6	0.0	0.0	0.0	0.3	0.2
	Number of Respondents	118	708	442	5.67	560	1275	1835
ZSBS 2005	0	93.9	64.4	96.7	72.2	96.0	67.9	77.1
	1	5.3	28.7	3.3	20.2	3.8	24.9	17.9
	2-3	0.8	3.9	0.0	1.6	0.2	2.8	2.0
	4+	0.0	1.4	0.0	0.8	0.0	1.1	0.8
	Number of Respondents	132	623	424	515	556	1138	1695

Table A.5.21 Percent of young people who used condom during last sexual intercourse with non-regular partner, by sex and age group, ZSBS 1998 - ZSBS 2005

	Number of Respondents With Non-Regular Partner in Past Year				Used Condom at Last Sexual Intercourse With Non-Regular Partner %			
Sex and Age	**1998**	**2000**	**2003**	**2005**	**1998**	**2000**	**2003**	**2005**
Males								
15-24	320	177	256	224	25.9	40.6	40.1	38.4
15-19	154	84	101	87	18.2	35.7	34.7	34.5
20-24	166	93	155	137	33.1	45.2	43.9	40.9
25-59	224	157	197	200	30.4	36.9	43.7	38.5
All Males 15-59	544	334	453	424	27.8	38.9	41.7	38.4
Females								
15-24	236	130	167	132	20.8	38.4	34.7	25.8
15-19	135	76	102	73	15.6	40.8	35.3	23.6
20-24	101	54	65	59	27.7	35.2	33.9	29.3
25-59	119	73	97	116	13.5	23.3	34.0	31.9
All Females 15-49	355	203	264	248	18.3	33.0	34.5	28.8
Total								
15-24	55.6	307	424	356	23.7	39.9	38.0	33.7
15-19	289	160	203	160	17.0	37.6	35.0	29.4
20-24	267	147	221	196	31.1	42.3	40.7	37.2
25-59	343	230	296	316	24.5	33.1	40.2	36.1
All Respondents	**899**	**537**	**720**	**672**	**24.1**	**36.9**	**38.9**	**34.8**

Table A.5.22 Respondent's perception of likelihood that non-regular partner has other partners, by sex and age group, ZSBS 2003 - ZSBS 2005 (percent of respondents with a non-regular partner)

	Reported Likelihood That Non-Regular Partner Has Other Partners									
	Number with Non-Regular Partner		Very Likely %		Somewhat Likely %		Not at All Likely %		Don't Know/ Missing %	
Sex and Age	2003	2005	2003	2005	2003	2005	2003	2005	2003	2005
Males										
15-24	256	224	20.6	18.8	17.5	28.6	43.6	40.6	18.3	11.6
25-59	198	200	30.3	29.5	23.7	22.5	22.7	29.0	23.2	17.5
Females										
15-24	167	132	19.8	29.6	18.0	19.7	35.3	39.4	27.0	11.4
25-49	98	116	51.0	44.8	12.2	21.6	13.3	19.0	23.5	13.8
Total										
15-24	424	356	20.3	22.8	17.7	25.3	40.3	40.2	21.7	11.5
25-49	296	316	37.2	35.1	19.9	22.2	19.6	25.3	23.3	16.1
All Respondents	**720**	**672**	**27.2**	**28.6**	**18.6**	**23.8**	**31.8**	**33.2**	**22.4**	**13.7**

Table A.5.23 Percent of respondents with knowledge of sexually transmitted diseases, by sex and age group, ZSBS 1998 - ZSBS 2005

	Number				Has Heard of STI %			
	1998	2000	2003	2005	1998	2000	2003	2005
Males								
15-24	727	557	826	755	81.7	75.4	87.8	87.3
15-19	381	307	432	380	72.4	71.3	83.8	80.3
20-24	346	250	394	375	91.9	80.4	92.1	94.4
25-59	928	968	1321	1291	94.4	89.4	98.0	95.4
Females								
15-24	973	815	1009	940	85.8	74.0	88.6	88.5
15-19	485	415	500	469	78.8	68.0	84.8	83.6
20-24	488	404	509	471	92.8	80.2	92.3	93.4
25-49	1067	972	1315	1234	94.6	85.4	96.0	95.3
Total								
15-24	1700	1376	1835	1695	84.1	74.6	88.2	88.0
15-19	866	722	932	849	76.0	69.4	84.3	82.1
20-24	834	654	903	846	92.5	80.3	92.3	93.9
25-49	1995	1940	2636	2525	94.5	87.4	97.0	95.4
All Respondents	3695	3316	4471	4220	89.7	82.1	93.4	92.4

Table A.5.24 Percent of respondents with knowledge of at least one STI symptom in males and females, by sex and age group, ZSBS 1998 - ZSBS 2005

	Number				Knows Any Symptom in Males %				Knows Any Symptom in Females %			
	1998	2000	2003	2005	1998	2000	2003	2005	1998	2000	2003	2005
Males												
15-24	727	557	826	755	63.0	55.5	66.5	75.9	51.9	48.1	56.7	62.5
15-19	381	307	432	380	51.4	46.3	57.2	62.9	40.7	41.0	50.5	50.5
20-24	346	250	394	375	75.7	62.0	76.7	89.1	64.2	52.8	63.5	74.6
25-59	928	968	1321	1291	84.9	76.6	85.1	91.6	69.6	68.1	71.9	84.0
Females												
15-24	973	815	1009	940	56.6	49.9	61.9	70.5	64.1	54.1	65.9	74.7
15-19	485	415	500	469	47.8	39.8	53.6	61.8	54.4	43.1	57.2	66.5
20-24	488	404	509	471	65.4	56.7	70.1	79.2	73.8	61.4	74.5	82.8
25-49	1067	972	1315	1234	75.5	66.2	76.1	87.2	81.9	70.5	80.7	89.6
Total												
15-24	1700	1376	1835	1694	59.4	52.2	64.0	72.9	58.9	51.7	61.7	69.3
15-19	866	722	932	849	49.4	44.2	55.3	62.3	48.4	43.8	54.1	59.4
20-24	834	654	903	846	69.7	61.1	73.0	83.6	69.8	60.4	69.7	79.2
25-49	1995	1940	2636	2525	79.9	75.1	80.6	89.4	76.2	72.8	76.3	86.7
All Respondents	**3695**	**3316**	**4471**	**4220**	**70.4**	**65.6**	**73.8**	**82.8**	**68.2**	**64.1**	**70.3**	**79.7**

Table A.5.25 Percent of respondents with knowledge of common symptoms of sexually transmitted diseases in males, by sex and age group, ZSBS 1998 - ZSBS 2005

	Number				Knows Discharge from Penis Symptom in Males %				Knows Genital Ulcer Symptom in Males %			
	1998	2000	2003	2005	1998	2000	2003	2005	1998	2000	2003	2005
Males												
15-24	727	557	826	755	31.0	20.8	28.5	36.3	39.9	34.8	46.9	53.5
15-19	381	307	432	380	22.1	16.3	22.0	29.2	31.5	27.4	38.2	41.6
20-24	346	250	394	375	40.8	26.4	35.5	43.5	49.1	44.0	56.4	65.6
25-59	928	968	1321	1291	57.3	44.7	46.1	53.2	60.2	53.1	61.3	68.4
Females												
15-24	973	815	1009	940	30.4	20.4	26.9	31.5	40.2	32.4	45.0	49.7
15-19	485	415	500	469	25.0	15.2	21.6	25.8	31.8	25.8	35.4	42.6
20-24	488	404	509	471	35.9	25.7	32.0	37.2	48.6	39.1	54.4	56.7
25-49	1067	972	1315	1234	41.0	34.6	35.4	44.3	55.1	49.1	57.6	62.6
Total												
15-24	1700	1376	1835	1695	53.5	20.6	26.7	33.6	40.1	33.4	45.8	51.4
15-19	866	722	932	849	23.7	15.7	21.8	27.3	31.6	26.5	36.7	42.2
20-24	834	654	903	846	37.9	26.0	33.6	40.0	48.8	41.0	55.3	60.6
25-49	1995	1940	2636	2525	48.6	39.6	40.7	48.8	51.5	51.1	59.5	65.5
All Respondents	**3695**	**3316**	**4471**	**4220**	**40.3**	**31.7**	**35.3**	**42.7**	**49.5**	**43.7**	**53.9**	**59.9**

Table A.5.26 Percent of respondents with knowledge of common symptoms of sexually transmitted diseases in females, by sex and age group, ZSBS 1998 - ZSBS 2005

	Number				Knows Genital Discharge Symptom in Females %				Knows Genital Ulcer Symptom in Females %			
	1998	2000	2003	2005	1998	2000	2003	2005	1998	2000	2003	2005
Males												
15-24	727	557	826	755	20.5	13.8	21.3	25.2	29.7	25.3	39.7	39.7
15-19	381	307	432	380	13.4	10.8	18.1	19.7	22.6	21.5	30.8	30.8
20-24	346	250	394	375	28.3	17.6	24.9	30.7	37.6	30.0	48.8	48.8
25-59	928	968	1321	1291	40.6	31.2	33.1	40.6	45.0	43.3	58.3	58.3
Females												
15-24	973	815	1009	940	30.1	20.8	27.4	31.7	44.9	33.0	52.5	52.5
15-19	485	415	500	469	24.1	15.9	22.2	26.2	37.7	26.8	47.1	47.1
20-24	488	404	509	471	36.1	25.7	32.4	37.2	52.0	39.4	52.8	57.8
25-49	1067	972	1315	1234	42.8	34.8	35.8	43.2	60.6	52.1	60.2	60.2
Total												
15-24	1700	1376	1835	1695	26.0	18.0	24.6	28.8	38.4	29.9	46.8	46.8
15-19	866	722	932	849	19.4	13.7	20.3	23.3	31.1	24.5	39.8	39.8
20-24	834	654	903	846	32.9	22.6	29.1	34.3	46.0	35.8	53.8	53.8
25-49	1995	1940	2636	2525	41.8	33.0	34.5	41.9	53.4	47.1	59.3	59.3
All Respondents	**3695**	**3316**	**4471**	**4220**	**34.5**	**26.8**	**30.4**	**36.6**	**46.5**	**48.9**	**54.2**	**54.2**

Table A.5.27 Percent of respondents who believe that condoms are very, somewhat, or not at all effective in preventing HIV/AIDS, by sex and age group, ZSBS 2003 - ZSBS 2005

	Number		Very Effective %		Somewhat Effective %		Not at All Effective %		Don't Know/Missing %	
Sex and Age	2003	2005	2003	2005	2003	2005	2003	2005	2003	2005
Males										
15-24	826	755	43.3	48.9	37.4	34.6	18.3	9.4	2.1	7.2
15-19	432	380	38.9	44.0	35.9	34.7	22.7	10.5	2.6	10.8
20-24	394	375	45.9	53.9	39.1	34.4	13.5	8.3	1.5	3.5
25-59	1321	1291	39.2	52.2	41.3	31.4	17.9	13.2	1.6	3.3
Females										
15-24	1009	940	35.9	49.7	38.0	30.5	23.7	11.6	2.5	8.2
15-19	500	469	32.0	47.6	39.4	31.1	25.4	11.5	3.2	9.8
20-24	509	471	39.7	51.8	36.5	29.9	22.0	11.7	1.8	6.6
25-49	1315	1234	36.5	47.2	34.6	34.2	25.8	13.5	3.1	5.0
Total										
15-24	1835	1695	38.8	49.3	37.7	32.3	21.3	10.6	2.3	7.7
15-19	932	849	35.2	45.9	37.8	32.7	24.1	11.1	2.9	10.3
20-24	903	846	42.4	52.7	37.7	31.9	18.3	10.2	1.7	5.2
25-49	2636	2525	37.9	49.8	37.9	32.8	21.9	13.4	2.4	4.1
All Respondents	**4471**	**4220**	**38.2**	**49.6**	**37.8**	**32.6**	**21.6**	**12.3**	**2.3**	**5.6**

Table A.5.28 Percent of respondents who believe that condoms are very, somewhat, or not at all effective in preventing STIs, by sex and age group, ZSBS 2003 - ZSBS 2005

	Number		Very Effective %		Somewhat Effective %		Not at All Effective %		Don't Know/Missing %	
Sex and Age	**2003**	**2005**	**2003**	**2005**	**2003**	**2005**	**2003**	**2005**	**2003**	**2005**
Males										
15-24	826	755	47.3	52.3	34.1	32.7	16.7	8.0	1.8	7.0
15-19	432	380	42.4	45.3	34.0	34.5	20.8	8.7	2.8	11.6
20-24	394	375	52.8	59.5	34.3	30.9	12.2	7.2	0.8	2.4
25-59	1321	1291	46.6	54.4	37.9	32.4	14.1	10.2	1.4	3.0
Females										
15-24	1009	940	39.4	49.7	37.3	31.7	21.2	8.9	2.1	9.7
15-19	500	469	34.4	48.4	39.2	29.4	23.6	9.2	2.8	13.0
20-24	509	471	49.0	51.0	35.4	34.0	18.9	8.7	1.4	6.4
25-49	1315	1234	39.2	49.3	35.6	34.7	22.6	11.2	2.6	4.9
Total										
15-24	1835	1695	43.0	50.9	35.9	32.2	19.2	8.5	2.0	8.5
15-19	932	849	38.1	47.0	36.8	31.7	22.3	9.0	2.8	12.4
20-24	903	846	48.1	54.7	34.9	32.6	16.0	8.0	1.1	4.6
25-49	2636	2525	42.9	51.9	36.8	33.5	18.3	10.7	2.0	4.0
All Respondents	**4471**	**4220**	**42.9**	**51.5**	**36.4**	**33.0**	**18.7**	**9.8**	**2.0**	**5.8**

Table A.5.29 Percent of young people 15-24 agreeing with statements about condoms, ZSBS 2005

	Percent of Young People 15-24 Who Agree/Disagree With Statement		
Statements about Condoms:	**Agree %**	**Disagree %**	**Don't Know %**
Condoms Break Easily	35.5	36.1	28.4
Condoms Suppress Sexual Pleasure	29.2	36.6	34.1
CondomsAre for Use with Regular Partners	33.0	48.4	18.3
Condoms Promote Promiscuity	59.5	29.4	10.9
Most Parents Support the Use of Condoms by Young People	33.6	56.9	9.3
Most Young People Support the Use of Condoms by Their Friends	65.9	24.5	9.4
Condoms Are Too Embarrassing to Suggest	33.1	54.6	12.2
Number		1695	

Table A.5.30 Percent of respondents with knowledge of where to go and ability to obtain condoms for self, by sex and age group, ZSBS 2005

Sex and Age	Number	Knows Place to Get Condom %	Could Get Condom for Self %
Males			
15-24	755	84.6	65.2
15-19	380	76.3	50.0
20-24	375	93.1	80.5
25-59	1291	92.0	66.0
Females			
15-24	940	78.0	46.8
15-19	469	71.9	38.4
20-24	471	84.1	55.2
25-49	1234	87.1	51.0
Total			
15-24	1695	80.9	55.0
15-19	849	73.9	43.6
20-24	846	88.1	66.4
25-49	2525	89.6	58.7
All Respondents	**4220**	**86.1**	**57.2**

Table A.5.31 Percent of respondents who say condom purchase by unmarried females acceptable, by sex and age group, ZSBS 1998 – ZSBS 2005

	Number				Percent Who Say Condom Purchase by Unmarried Females Acceptable* %			
Sex and Age	**1998**	**2000**	**2003**	**2005**	**1998**	**2000**	**2003**	**2005**
Males								
15-24	727	557	826	755	54.5	60.7	55.6	58.0
15-19	381	307	432	380	49.9	55.1	50.5	54.7
20-24	346	250	394	375	59.5	67.6	61.2	61.3
25-59	928	968	1321	1291	584	63.1	61.2	63.4
Females								
15-24	973	819	1009	940	40.7	51.7	45.8	52.5
15-19	485	415	500	469	35.3	45.3	39.8	48.6
20-24	488	404	509	471	46.1	58.2	51.7	56.3
25-49	1067	972	1315	1234	42.9	58.1	51.5	58.8
Total								
15-24	1700	1376	1835	1695	46.6	55.3	50.2	54.9
15-19	866	722	932	849	41.7	49.5	44.7	51.4
20-24	834	654	903	846	51.7	61.8	55.8	58.5
25-49	1995	1940	2636	2525	50.1	60.6	56.3	61.2
All Respondents	**3695**	**3316**	**4471**	**4220**	**48.5**	**53.8**	**53.8**	**58.7**

* Wording of the question was different in the earlier 1998 and 2000 surveys. Findings for 1998 and 2000 are presented for historical reasons, but it would be misleading to compare these results with those from the 2000-2003 survey years.

Table A.5.32 PEPFAR Prevention Indicator 2: Percent of never-married young men and women aged 15-24 who have never had sex, by sex and age group, ZSBS 1998 - ZSBS 2005

	Number				Never-Married Young People 15-24 Who Never Had Sex %			
Sex and Age	**1998**	**2000**	**2003**	**2005**	**1998**	**2000**	**2003**	**2005**
Males								
15-24	595	442	701	612	31.3	44.8	42.5	47.6
15-19	370	298	425	372	39.2	57.7	55.5	64.0
20-24	225	144	276	240	18.2	18.1	22.5	22.1
25-59	76	62	128	137	14.5	9.7	12.5	13.9
Females								
15-24	477	403	505	468	47.8	52.9	51.7	59.8
15-19	348	291	374	344	56.9	62.9	59.4	68.9
20-24	129	112	131	124	23.3	26.8	29.8	34.7
25-49	36	58	88	64	8.3	13.8	15.9	9.4
Total								
15-24	1072	845	1206	1080	38.6	48.6	46.4	52.9
15-19	718	589	799	716	47.8	60.3	57.3	66.3
20-24	354	256	407	364	20.1	21.9	24.8	26.4
25-59	112	120	216	201	12.5	11.7	13.9	12.4
All Respondents	**1186**	**965**	**1422**	**1283**	**36.3**	**44.0**	**41.4**	**46.5**

Table A.5.33 PEPFAR Prevention Indicator 3: Percent of never-married young men and women aged 15-24 who had sex in the last 12 months of all never-married men and women age 15-24 surveyed, by sex and age group, ZSBS 1998 - ZSBS 2005

	Number				Never-Married Young People 15-24 Who Had Sex			
Sex and Age	**1998**	**2000**	**2003**	**2005**	**1998**	**2000**	**2003**	**2005**
Males								
15-24	-	442	701	612	-	35.1	33.8	34.6
15-19	-	298	425	372	-	27.5	23.5	23.7
20-24	-	144	276	240	-	50.7	49.6	51.7
25-59	-	62	128	137	-	53.2	51.6	54.0
Females								
15-24	-	403	505	468	-	25.8	28.5	25.4
15-19	-	291	374	344	-	24.1	25.4	20.6
20-24	-	112	131	124	-	30.4	37.4	38.7
25-49	-	58	88	64	-	32.8	34.1	54.7
Total								
15-24	-	845	1206	1080	-	30.7	31.6	30.7
15-19	-	589	799	716	-	25.8	24.4	22.2
20-24	-	107	407	364	-	41.8	45.7	47.3
25-59	-	52	216	201	-	43.3	44.4	54.2
All Respondents	**-**	**965**	**1422**	**1281**	**-**	**32.2**	**33.5**	**34.4**

Table A.5.34 UNAIDS Indicators 2 and 3: Sexual behavior among young people 15-24 by sex and residence, ZSBS 1998 - ZSBS 2005 (percent of respondents)

	UNAIDS Sexual Behavior Indicator 2: Percent of Young People 15-24 Who Had Premarital Sex in Last Year* (PEPFAR Prevention Indicator 3)**				UNAIDS Sexual Behavior Indicator 3: Percent of Young People 15-24 Who Used Condom at Last Premarital Sex***			
Sex and Residence	**1998**	**2000**	**2003**	**2005**	**1998**	**2000**	**2003**	**2005**
Males								
Urban	39.7	26.8	29.8	27.2	34.7	49.1	55.7	50.0
Rural	52.6	44.4	35.7	40.0	23.0	31.8	29.5	29.6
Total	47.2	36.4	33.2	34.6	27.2	37.6	39.2	36.3
Females								
Urban	34.8	23.5	24.3	21.8	26.3	48.2	42.6	46.0
Rural	42.2	38.1	31.0	28.9	14.3	27.9	28.9	14.5
Tota1	38.8	30.7	27.7	25.4	19.3	35.7	34.7	27.7
Total								
Urban	37.4	22.0	27.6	24.7	30.5	50.0	50.4	48.3
Rural	48.2	38.9	34.8	35.5	19.4	29.0	29.3	24.6
All Respondents	43.4	33.5	31.6	30.7	23.6	36.3	37.5	33.2

* UNAIDS Young People's Sexual Behavior Indicator 2: Among those young people who are single; in 2000 males=453 and females=456; in 2003 males=701 and females=505; in 2005 males=615 and females=468; in 2005 males=612 and females=468.

** President's Emergency Fund for AIDS Relief (PEPFAR) Prevention Indicator 3: Percent of Never -married women and men aged 15-24 who had sex in the last 12 months among all never-married men and women 15-24 surveyed.

*** UNAIDS Young People's Sexual Behavior Indicator 3: Among those young people who are single and sexually active in the last year; in 2000 males=165 and females=140; in 2003 males=237 and females=144; in 2005 males=212 and females=119.

Table A.5.35 UNAIDS Indicators 4 and 5: Sexual behavior among young people 15-24, by sex and residence, ZSBS 1998 - ZSBS 2005 (percent of respondents)

	UNAIDS Sexual Behavior Indicator 4: Young People 15-24 With More Than One Sexual Partner in Last Year*				UNAIDS Sexual Behavior Indicator 5: Condom Use at Last Higher Risk Sex among Young People 15-24 Who are Sexually Active* (PEPFAR Prevention Indicator 5)			
Sex and Residence	**1998**	**2000**	**2003**	**2005**	**1998**	**2000**	**2003**	**2005**
Males	%	%	%	%	%	%	%	%
Urban	-	7.8	8.2	4.3	33.6	12.3	17.1	12.8
Rural	-	15.4	8.6	7.4	22.3	13.3	9.6	10.6
Total	-	12.4	8.5	6.2	26.4	12.9	12.5	11.4
Females								
Urban	-	1.8	4.0	2.1	26.9	7.5	7.8	7.0
Rural	-	2.3	1.8	3.1	17.3	5.2	4.4	1.8
Total	-	2.1	2.7	2.8	21.1	6.1	5.8	3.6
Total								
Urban	-	3.8	5.9	3.1	30.6	9.2	11.9	9.6
Rural	-	7.4	4.9	5.0	20.2	8.3	6.8	5.6
All Respondents	-	6.0	5.3	4.3	24.1	8.7	8.8	7.1

* UNAIDS Young People's Sexual Behavior Indicators 4 and 5: in 2000 males=557 and females=819; in 2003 males=826 and females=1009; in 2005 males=755 and females=940.

Table A.6.1 Percent of households reporting an adult (15-59/18-59)* death or long-term illness in the past 12 months, ZSBS 2000 - ZSBS 2005

	Urban			Rural			Total		
	2000	**2003**	**2005**	**2000**	**2003**	**2005**	**2000**	**2003**	**2005**
Number of Households	472	714	649	1255	1616	1651	1697	2330	2300
Any Death in Household (%)	11.2	-	4.9	11.4	-	6.6	11.3	-	5.4
Adult* Death (Age 18-59 in 2005) (%)	7.4	10.1	4.2	3.4	6.1	2.5	4.5	7.3	3.0
Adult* (Age 18-59 in 2005) Sick for 3 Months in Past Year (%)	6.6	9.7	4.0	4.4	6.1	3.2	5.0	7.2	3.4

* In 2000 and 2003, adult deaths were defined as deaths to person 15-59. In order to meet new reporting guidelines, the age range defining an adult death was changed to 18-59 in 2005. In table A.6.1 above, figures for the years 200-2003 are based on deaths to persons age 15-59; in 2005, the figures are based on deaths to persons 18-59.

Table A.6.2 Percent of adults 18-59 who died in the past 12 months whose households received, free of user charges, basic external support in the past 12 months, ZSBS 2005

Type of Assistance	**Number**	**Percent of Adult Deaths That Occurred in Households Receiving Free External Support (%)**
Number of Adult (18-59) Deaths in Past Year	150	
Health Care Support	12	8.0
Emotional Support	28	18.7
Social Support Including Material Support	18	12.0
Received All Three Types of Support	5	3.3
Received Any Type of External Support	37	24.7

Table A.6.3 PEPFAR Care and Support Core Indicator 9 (CS9): Percent of adults 18-59 who have been chronically ill for 3 or more months in the past 12 months whose households received, free of user charges, basic external support in caring for the chronically ill person, ZSBS 2005

Type of Assistance	Number	Percent of Chronically Ill Adults Whose Households Received Free External Support in Caring for Chronically Ill Adult (%)
Number of Chronically Ill Adults 18-59	88	
Health Care Support	18	20.5
Emotional Support	28	31.8
Social Support Including Material Support	17	19.3
Received All Three Types of Support	7	8.0
Received Any of the Listed Types of External Support	40	45.5

Table A.6.4 Prevalence of orphanhood and fosterhood among children under 15 in households, by residence, ZSBS 2000 - ZSBS 2005

	Percent Distribution of Children Under 15								
	Residence								
	Urban			Rural			Total		
Orphanhood Status	**2000**	**2003**	**2005**	**2000**	**2003**	**2005**	**2000**	**2003**	**2005**
Both Parents Alive and With Child	59.6	54.5	57.0	64.9	63.5	62.4	63.2	60.7	61.0
Father Away, Mother Alive and With Child	11.2	12.1	7.8	9.6	9.6	9.1	10.1	10.4	8.8
Mother Away, Father Alive and With Child	2.9	2.9	1.9	1.8	2.9	2.3	2.1	2.9	2.2
Father and Mother Away	9.5	7.6	9.7	10.4	8.5	7.3	10.1	8.2	7.9
Mother Died, Father Alive and With Child	2.6	1.5	1.8	0.9	0.7	1.3	1.4	0.9	1.4
Mother Died, Father Alive and Away	1.8	2.1	1.9	2.5	2.5	1.4	2.3	2.4	1.5
Father Died, Mother Alive and With Child	5.7	8.9	9.3	3.7	5.7	6.8	4.3	6.7	7.6
Father Died, Mother Alive and Away	3.3	4.2	3.4	3.7	3.6	3.1	3.6	3.8	3.2
Father and Mother Died	3.4	6.2	5.2	2.7	3.1	3.5	2.9	4.0	3.9
Total Maternal Orphan	7.8	3.6	3.6	6.1	3.2	2.8	6.6	3.3	3.0
Total Paternal Orphan	12.4	13.1	13.2	10.1	9.3	10.1	10.8	10.5	10.9
Total Orphans (Any Type)	**23.6**	**22.9**	**22.0**	**18.9**	**15.6**	**16.4**	**20.3**	**17.8**	**17.8**
Number of Children Under 15	**1199**	**1894**	**1515**	**2865**	**4254**	**4190**	**4064**	**6148**	**5590**

Table A.6.5 Prevalence of orphanhood and fosterhood in households, by age group, ZSBS 2000 - ZSBS 2005

	Percent Distribution of Children 0-14 by Age Group											
	<5 Years			5-9 Years			10-14 Years			Total 0-14 Years		
Orphanhood Status	**2000**	**2003**	**2005**	**2000**	**2003**	**2005**	**2000**	**2003**	**2005**	**2000**	**2003**	**2005**
Both Parents Alive and With Child	74.3	73.9	70.1	64.4	59.7	59.9	50.4	48.9	53.0	63.2	60.7	61.0
Father Away, Mother Alive and With Child	13.2	15.0	10.6	8.7	9.1	8.8	8.1	7.1	6.9	10.1	10.4	8.8
Mother Away, Father Alive and With Child	1.2	1.0	1.5	2.1	3.7	2.2	3.1	3.9	2.9	2.1	2.9	2.2
Father and Mother Away	5.9	3.8	5.3	10.0	9.4	8.7	14.8	11.4	9.8	10.1	8.2	7.9
Mother Died, Father Alive and With Child	0.6	0.2	0.9	1.5	1.0	1.4	2.2	1.5	1.9	1.4	0.9	1.4
Mother Died, Father Alive and Away	1.0	0.8	0.9	2.0	2.5	1.4	4.0	3.8	2.2	2.3	2.4	1.5
Father Died, Mother Alive and With Child	2.3	3.7	4.7	5.0	6.7	7.8	5.7	9.6	10.3	4.3	6.7	7.6
Father Died, Mother Alive and Away	1.1	0.7	1.7	3.6	4.3	3.7	6.3	6.3	4.2	3.6	3.8	3.2
Father and Mother Died	0.4	0.9	2.3	2.8	3.6	3.6	5.6	7.5	5.9	2.9	4.0	3.9
Total Maternal Orphan	2.0	1.1	1.9	6.3	3.6	2.9	11.8	5.3	4.2	6.6	3.3	3.0
Total Paternal Orphan	3.8	4.4	6.4	11.4	11.0	11.7	17.6	16.0	14.6	10.8	10.5	10.9
Total Orphans (Any Type)	**6.2**	**6.4**	**10.6**	**20.5**	**18.2**	**18.2**	**35.0**	**28.8**	**24.7**	**20.3**	**17.8**	**17.8**
Number of Children Under 15	**1416**	**2012**	**1920**	**1345**	**2087**	**1824**	**1303**	**2049**	**1961**	**4064**	**6148**	**5705**

Table A.6.6 PEPFAR Orphans/Vulnerable Children (OVC) Core Indicator 1: Basic material needs among children 5-17 years, ZSBS 2005

Type of Assistance	Orphans and Vulnerable Children 5-17 Years Old %	Children 5-17 Years Old Not Classified as OVC %	All Children 5-17 Years Old %
Number	1085	3278	4363
Has Own Blanket	37.9	41.2	40.4
Has Shared Blanket	49.5	49.5	49.6
Has Own Pair of Shoes	52.8	58.1	56.8
Has Two Sets of Own Clothes	77.3	82.1	80.9
Has All Three (Own or Shared Blanket, Own Shoes and 2 Sets of Own Clothes)	49.5	55.4	53.9
Ratio of OVC to non-OVC	.89		

Table A.6.7 PEPFAR Orphans/Vulnerable Children (OVC) Core Indicator 5: Percent of OVC under 18 years whose households received, free of user charges, basic external support in caring for the child, ZSBS 2005

Type of Assistance	Number	Percent of OVC in Households Receiving Support to Care for Child (%)
Number of Orphans and Vulnerable Children	1339	
Health Care Support	66	4.9
Emotional Support	58	4.3
School-Related Assistance	82	6.1
Social Support Including Material Support	27	2.0
Received All Four Types of External Support	0	0.0
Received Any of the Above Forms of External Support	180	13.4

Table A.6.8 Schooling of children 10-14, by orphanhood status and residence, ZSBS 2000 - ZSBS 2005

	Not an Orphan	Maternal Orphan	Paternal Orphan	Dual Orphan	Total Orphans (Any Type)
Urban	Number	Number	Number	Number	Number
2000	263	28	54	24	106
2003	456	36	125	62	223
2005	358	20	74	36	130
Percent in School	**%**	**%**	**%**	**%**	**%**
2000	89.4	78.6	81.5	83.3	81.1
2003	88.6	86.1	90.4	77.5	86.1
2005	93.6	95.0	87.8	88.9	89.2
Rural	Number	Number	Number	Number	Number
2000	703	44	97	48	189
2003	1003	73	202	56	331
2005	865	52	181	63	296
Percent in School	**%**	**%**	**%**	**%**	**%**
2000	69.4	72.7	62.9	68.8	66.7
2003	80.3	84.9	70.8	75.7	74.7
2005	88.9	80.8	91.2	93.7	89.9
Total	Number	Number	Number	Number	Number
2000	966	72	151	72	295
2003	1459	109	327	154	590
2005	1223	72	255	99	426
Percent in School	**%**	**%**	**%**	**%**	**%**
2000	74.8	75.0	69.5	73.6	71.8
2003	82.9	85.3	78.3	76.5	79.1
2005	90.1	84.7	90.2	91.9	89.7

Table A.6.9 PEPFAR OVC Additional Indicator A4: Succession planning, ZSBS 2005 (percent of primary caregivers for child under 18)

	Number of Primary Caregivers	Percent of Primary Caregivers for Child Under 18 Who Have Identified a Guardian to Care for Child if They Fall Sick and Are Unable to Do So (%)
Male Caregivers		
Urban	314	32.2
Rural	770	21.3
Total	1084	24.5
Female Caregivers		
Urban	382	25.9
Rural	797	16.4
Total	1179	19.5
Total Urban	696	28.7
Total Rural	1567	18.8
All Primary Caregivers for Child Under 18	2263	21.9

Table A.7.1 Community characteristics, ZSBS 2005 (percent of communities)

	Percent of Communities		
Community Characteristics	**Total**	**Urban**	**Rural**
Access Routes			
All-Year Road	80.6	100.0	65.4
Seasonal Road	6.5	0.0	11.5
Main Economic Activity			
Agriculture	73.1	45.0	94.2
Commerce	39.8	80.0	7.7
Fishing	9.7	0.0	17.3
Livestock	8.6	0.0	15.4
Market in Community	10.8	5.0	15.4
Number of Communities	**93**	**40**	**52**

Table A.7.2 Major health problems reported by communities, ZSBS 2005 (percent of communities)

	Percent of Communities		
Major Health Problem	**Total**	**Urban**	**Rural**
AIDS	58.1	85.0	36.5
Malaria	92.5	85.0	98.1
Tuberculosis	44.1	60.0	32.7
Diarrheal Disease	47.3	35.0	57.7
Respiratory Infection	16.1	7.7	25.0
Measles	1.1	0.0	1.9
Number of Communities	**93**	**40**	**52**

Table A.7.3 Perceptions that AIDS is common in community, ZSBS 2005 (percent of communities)

	Percent of Communities		
Perception of AIDS	**Total**	**Urban**	**Rural**
AIDS is Very Common	40.9	75.0	15.4
AIDS is Somewhat Common	41.9	17.5	61.5
AIDS is Not Common	2.2	2.5	1.9
Number of Communities	**93**	**40**	**52**

Table A.7.4 Perceptions of where people in community can seek help if ill with AIDS, ZSBS 2005 (percent of communities)

	Percent of Communities		
Where to Go for Help	**Total**	**Urban**	**Rural**
Family	4.3	5.0	3.8
Traditional Healer	9.7	2.5	15.4
Clinic	84.9	92.5	80.8
Church	1.1	2.5	0.0
AIDS Organization	4.3	10.0	0.0
Non-Governmental Organization	3.7	7.5	0.0
Number of Communities	**93**	**40**	**52**

Table A.7.5 Community estimates of frequency of deaths in past year among fathers leaving young children (overlapping categories), ZSBS 2005 (percent of communities)

	Percent of Communities		
Categories	**Total**	**Urban**	**Rural**
At Least One	100.0	100.0	100.0
Five or More	57.3	78.4	41.2
Ten or More	29.2	40.5	21.6
Twenty or More	13.5	18.9	9.8
Number of Communities	**89**	**37**	**51**

Table A.7.6 Community suggestions for what can be done to improve care for people ill with AIDS, ZSBS 2005 (percent of communities)

	Percent of Communities		
Suggestions to Improve Care	**Total**	**Urban**	**Rural**
Admit to Hospital	41.9	35.0	48.1
Care of traditional healer	8.6	2.5	13.5
Set-Up Community Hospice Care	24.7	35.0	17.3
Financial assistance	48.4	67.5	32.7
Home Visits by Health Workers	12.9	15.0	11.5
Provide Medicines	64.5	77.5	55.8
Support Groups	8.6	10.0	7.7
Schooling for Children	14.0	25.0	5.8
Family Needs to Take Better Care	21.5	45.0	3.8
Number of Communities	**93**	**40**	**52**

Table A.7.7 Community reports on young people and HIV prevention activities targeting young people, ZSBS 2005 (percent of communities)

	Percent of Communities		
Prevention Activity	**Total**	**Urban**	**Rural**
Community Holds Initiation Ceremonies for Young People	64.5	65.0	63.5
Initiation Ceremony Includes HIV Education in Ceremony	48.2	45.9	51.1
Young People 12-17 Are Able to Buy Condoms	39.8	50.0	32.7
Prevention Activities Occur at Places Where Young People Meet Partners	27.9	37.5	21.2
Places Where Young People in the Community Meet New Partners			
School	66.7	67.5	65.4
Church	46.2	37.5	51.9
Private Dwelling	28.0	27.5	28.8
Bar	43.0	80.0	15.4
Shops	8.6	7.5	9.6
Market place	16.1	22.5	9.6
Street	47.3	67.5	32.7
Number of Communities	**93**	**40**	**52**

Appendix B: Questionairres

Community Schedule

Household Form

Individual Form

QUESTIONNAIRE SERIAL NO:[__|__|__|__]

CENTRAL STATISTICAL OFFICE
ZAMBIA SEXUAL BEHAVIOUR SURVEY 2005
COMMUNITY SCHEDULE - ENGLISH

IDENTIFICATION

C01 NAME OF COMMUNITY	C01
C02 PROVINCE	C02 |___]
C03 DISTRICT	C03 |___]___|___]
C04 CLUSTER NUMBER	C04 |___]___|___]
C05 CENTRALITY CODE* [NOTE: SUPERVISOR WILL ASSIGN CENTRALITY CODE]	C05 |___[___]

C06. INTERVIEW VISITS

VISIT NO.	1	2	3	FINAL VISIT
DATE	DAY/ MONTH/ YEAR	DAY/ MONTH/ YEAR	DAY/ MONTH/ YEAR	DAY [___|___]
				MONTH [___|___]
INTERVIEWR`S NAME				YEAR[___|___[___|___]
RESULT**				INTERVIEWER [___|___]
				RESULT |___]
NEXT VISIT: DATE				TOTAL NO. OF VISITS
TIME				[__]

**RESULT CODES:

1	COMPLETED
2	SUITABLE INFORMANTS COULD NOT BE LOCATED
3	POSTPONED
4	REFUSED
9	OTHER (SPECIFY)

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME [___|___]	NAME [___|___]	[___|___]	[___|___]
DATE	DATE		

*CENTRALITY CODES

1	Areas w/in Lusaka city	7	Areas w/in 30 KM along Northern line of rail
2	Areas w/in Ndola city	8	Areas w/in 30 KM of provincial capitals
3	Areas w/in Kitwe city	9	Areas w/in District centres
4	Areas w/in 50 KM of Lusaka, Ndola, or Kitwe	10	Areas w/in 30 KM of district centres
5	Areas w/in provincial capitals	11	Remote areas
6	Areas w/in 30 KM Southern to Copperbelt line of rail		

READ THE FOLLOWING GREETING:

Hello. I am representing the Central Statistics Office. We are carrying out a survey of communities to get information about the health situation and related services that are available to these communities. I would like to ask you some questions about your community and how it has been affected by AIDS, as a way of better understanding how to help those in need of assistance. Please be assured that this discussion is strictly confidential. May I continue?

1. INFORMANT INFORMATION			
No.	QUESTION	CODES	GO TO
C101	PERMISSION RECEIVED TO CONTINUE?	YES.....1 NO.....2	→STOP
C102	LANGUAGE OF INTERVIEW	[LOCAL LANGUAGE]_____ 1 ENGLISH.....2 OTHER (SPECIFY)_____ 3	
C103	TYPE OF INFORMANT.	IMPORTANT ELDERS.....01 GOVERNMENT OFFICIALS.....02 WOMEN'S GROUP.....03 VILLAGE HEALTH COMMITTEE.....04 CHURCH LEADERS.....05 TRADITIONAL HEALERS.....06 VILLAGE HEALTH WORKERS.....07 YOUTH.....08 OTHER (SPECIFY)_____ 09	
C104	SEX OF INFORMANT	MALE.....1 FEMALE.....2	
2. GENERAL COMMUNITY INFORMATION			
No.	QUESTIONS	CODING CLASSIFICATION	GO TO
C201	CLUSTER CLASSIFICATION (BASED ON CSO CODES. OBTAIN CLASSIFCATION FROM SUPERVISOR: URBAN = 1-3 SEMI-URBAN =4-5 RAIL = 6-7 RURAL = 8-10 REMOTE = 11)	URBAN.....1 SEMI-URBAN.....2 RAIL CORRIDOR.....3 RURAL.....4 REMOTE.....5	
C202	What is the main access route to this community?	ALL YEAR ROAD.....1 SEASONAL ROAD.....2 RAIL LINE.....3 WATERWAY.....4 PATH.....5 OTHER (SPECIFY)_____ 6	
C203	What are the main economic activities in this community? (CIRCLE ALL THAT ARE MENTIONED.)	AGRICULTURE.....A LIVESTOCK.....B FISHING.....C TRADE.....D MANUFACTURING.....E BEER BREWING.....F OTHER (SPECIFY)_____ X	
C204	Is a special market held in this community every week (or every month, or at other regular intervals)?	YES.....1 NO.....2 DON'T KNOW.....8	
C205	Do people from other communities come here often to buy and sell goods or livestock?	YES.....1 NO.....2 DON'T KNOW.....8	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
C206	What is the name of the nearest town or city?	_____ [___|___]	
C207	Which is the most common type of transportation used to go to the nearest town or city?	CAR/TRUCK....1 BUS....2 MOTORCYCLE....3 BICYCLE....4 ANIMAL....5 WALKING....6 OTHER (SPECIFY)_____8	 →C301 →C301 →C301 →C301
C208	How often is this type of transportation available?	MORE THAN ONCE A DAY....1 ONCE A DAY....2 MORE THAN ONCE A WEEK....3 ONCE A WEEK....4 SEASONALLY....5 OTHER (SPECIFY))_____6	

3. COMMUNITY HEALTH PROBLEMS AND AIDS IMPACT, CARE AND SUPPORT

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
C301	What are the main health problems in this community? (CIRCLE ALL THAT ARE MENTIONED.)	AIDS....A MALARIA....B TB....C DIARRHEAL DISEASE....D RESPIRATORY INFECTION....E MEASLES....F MENINGITIS....G OTHER INFECTIOUS DISEASES....H HEART DISEASE / CANCER / STROKE....I VIOLENCE / INJURIES....J ALCOHOLISM / DRUG USE....K ANAEMIA....L MALNUTRITION....M PERINATAL DEATH....N MATERNAL DEATH....O OTHER(SPECIFY)_____ X DON'T KNOW....Z	
C302	Sexual cleansing refers to the sexual ritual performed with the spouse of the deceased by members of the deceased family in order to pacify the spirits of the deceased. How common is sexual cleansing in this community? Very common, somewhat common, or not at all common?	VERY COMMON....1 SOMEWHAT COMMON....2 NOT AT ALL COMMON....3 DON'T KNOW....8	
C303a	How satisfied are people in this community with the health care facilities in the area? Very satisfied, somewhat satisfied, or not at all satisfied?	VERY SATISFIED....1 SOMEWHAT SATISFIED....2 NOT AT ALL SATISFIED....3 DON'T KNOW....8	
C303b	How satisfied are people in this community with the health care staff in the area? Very satisfied, somewhat satisfied, or not at all satisfied?	VERY SATISFIED....1 SOMEWHAT SATISFIED....2 NOT AT ALL SATISFIED....3 DON'T KNOW....8	
C304	How common is AIDS in your community? Very common, somewhat common, or not at all common?	VERY COMMON....1 SOMEWHAT COMMON....2 NOT AT ALL COMMON....3 DON'T KNOW....8	

C305	Approximately how many people in this community have died from AIDS in the past 12 months?	NUMBER OF DEATHS .....[___|___|___] NONE .....00 DON'T KNOW 98	
No.	QUESTIONS	CODING CLASSIFICATION	GO TO
C306	Where does a person in this community go for help when he or she becomes ill with AIDS? Anywhere else? (CIRCLE ALL THAT ARE MENTIONED.)	FAMILY .....A TRADITIONAL HEALERS..... B CLINIC..... C CHURCH .....D AIDS ORGANIZATION ..... E NGO .....G NOWHERE TO GO.....H OTHER (SPECIFY) _____ X DON'T KNOW .....Z	
C307	Has it happened often in this community that a young man has died, leaving his wife and their children (under 18 years of age) in the household? (NOTE: "YOUNG MAN" MEANS A MAN UNDER 50 YEARS)	YES .....1 NO .....2 DON'T KNOW 8	→C311 →C311
C308	How often has this occurred in the past 12 months?	NUMBER OF TIMES.....[___|___] DON'T KNOW 98	
C309	Was assistance available for any of the families, before or after the death?	YES .....1 NO .....2 DON'T KNOW 8	→C311 →C311
C310	What sort of assistance? (CIRCLE ALL THAT APPLY.)	COUNSELING .....A CLOTHING..... B MONEY ..... C EXTRA FOOD .....D FREE MEDICINE .....E HOME-BASED CARE FOR ILL PERSON..... F HELP WITH CHILD CARE..... G SCHOOL FEES.....H INCOME-GENERATING PROJECTS .....I MICRO-CREDIT SCHEMES .....J HELP WITH HOUSEWORK ..... K HELP WITH FOOD PREPARATION .....L SPIRITUAL /RELIGIOUS SUPPORT ..... M SUPPORT GROUP..... N HOSPICE ..... O OTHER (SPECIFY)_____X DON'T KNOW ..... Z	
C311	Has it happened in this community that both the mother and the father died, leaving only children under 18 years of age in the household?	YES .....1 NO .....2 DON'T KNOW 8	→C315 →C315
C312	How often has this happened in the past 12 months?	NO. OF TIMES.....[___|___] DON'T KNOW 98	
C313	Was assistance available for any of the families, before or after the death(s)?	YES .....1 NO .....2 DON'T KNOW 8	→C315 →C315

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
C314	What sort of assistance was available for these families? (CIRCLE ALL THAT APPLY.)	COUNSELING ..... A CLOTHING ..... B MONEY ..... C EXTRA FOOD ..... D FREE MEDICINE ..... E HOME-BASED CARE FOR ILL PERSON ..... F HELP WITH CHILD CARE ..... G SCHOOL FEES ..... H INCOME-GENERATING PROJECTS ..... I MICRO-CREDIT SCHEMES ..... J HELP WITH HOUSEWORK ..... K HELP WITH FOOD PREPARATION ..... L SPIRITUAL /RELIGIOUS SUPPORT ..... M SUPPORT GROUP ..... N HOSPICE ..... O OTHER (SPECIFY)_____ X DON'T KNOW ..... Z	
C315	What can be done to improve care for persons who are sick with AIDS and their families? (CIRCLE ALL THAT ARE MENTIONED.)	ADMIT TO HOSPITAL ..... A CARE OF TRADITIONAL HEALER ..... B SET UP COMMUNITY HOSPICE CARE ..... C FINANCIAL ASSISTANCE ..... D HOME VISITS BY HEALTH WORKERS ..... E PROVIDE MEDICINES ..... F SUPPORT GROUPS ..... G SCHOOLING FOR CHILDREN ..... H FAMILY NEEDS TO TAKE BETTER CARE ..... I OTHER (SPECIFY)_____ X DON'T KNOW ..... Z	
4. COMMUNITY AIDS PREVENTION			
No.	QUESTIONS	CODING CLASSIFICATION	GO TO
C401	Has this community done anything specifically to prevent the spread of HIV/AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→C403 →C403
C402	What has been done? Anything else? (CIRCLE ALL THAT ARE MENTIONED.)	EDUCATIONAL CAMPAIGNS ..... A EDUCATION IN SCHOOLS ..... B YOUTH PROGRAMS ..... C WOMEN'S PROGRAMS ..... D CONDOM DISTRIBUTION ..... E CHURCH GROUP PROGRAMS ..... F COUNSELING PROGRAMS ..... G OTHER (SPECIFY)_____ X DON'T KNOW ..... Z	
C403	Is there an AIDS Committee in this community?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→**C**405 →**C**405
C404	How active is the AIDS Committee? Very active, somewhat active, or not at all active?	VERY ACTIVE ..... 1 SOMEWHAT ACTIVE ..... 2 NOT AT ALL ACTIVE ..... 3 DON'T KNOW 8	
C405	In this community, how active are health workers in promoting AIDS prevention and safe sex? Very active, somewhat active, or not at all active?	VERY ACTIVE ..... 1 SOMEWHAT ACTIVE ..... 2 NOT AT ALL ACTIVE ..... 3 DON'T KNOW 8	
C406	Are condoms available always, sometimes, or never at the health clinics?	ALWAYS ..... 1 SOMETIMES ..... 2 NEVER ..... 3 DON'T KNOW 8	→**C**408 →**C**408

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
C407	When condoms are available at the health clinic, are they free?	YES .....1 NO .....2 DON'T KNOW 8	
C408	In this community, are condoms available in all, some, or none of the shops?	ALL .....1 SOME .....2 NONE .....3 DON'T KNOW 8	
C409	In this community, are condoms available in all, some, or none of the bars?	ALL .....1 SOME .....2 NONE .....3 DON'T KNOW 8	
C410	In this community, how active are traditional healers in AIDS prevention? Very active, somewhat active, or not at all active?	VERY ACTIVE .....1 SOMEWHAT ACTIVE .....2 NOT AT ALL ACTIVE .....3 DON'T KNOW 8	
C411	If a person wanted to know whether he or she has the AIDS virus, where can he or she go? Anywhere else? (MORE THAN ONE ANSWER IS POSSIBLE.) (CIRCLE ALL THAT APPLY.)	HEALTH FACILITY .....A VCT CENTRE .....B OTHER (SPECIFY)_____ X NOWHERE TO GO .....Y DON'T KNOW .....Z	→**SECT** 5 →**SECT** 5
C412	Is this place located in this community? IF NO: How far away?	IN THIS COMMUNITY .....1 _____ KM FROM HERE .....2 DON'T KNOW 8	
C413	Do you think that good services are provided at this place?	YES .....1 NO .....2 DON'T KNOW 8	→**SECT** 5 →**SECT** 5
C414	IF C413 IS NO, ASK : Why not? (MORE THAN ONE ANSWER IS POSSIBLE.) (CIRCLE ALL THAT APPLY.)	OPENING TIMES INCONVENIENT .....A TOO FAR AWAY .....B COSTLY .....C POOR SERVICES .....D LONG WAITING TIME .....E LACK OF CONFIDENTIALITY.....F POOR TESTING/FALSE RESULTS .....G OTHER (SPECIFY)_____ X DON'T KNOW .....Z	

5. AIDS PREVENTION FOR YOUNG PEOPLE			
No.	QUESTIONS	CODING CLASSIFICATION	GO TO
Now I would like to ask you about AIDS prevention for young people in this community.			
C501	Is education about AIDS provided in the primary school(s) that serve the children of this community?	YES .....1 NO .....2 DON'T KNOW 8	
C502	Is education about AIDS provided in the secondary school(s) that serve the young people of this community?	YES .....1 NO .....2 DON'T KNOW 8	
C503	Do young people in this community go through initiation ceremonies?	YES .....1 NO .....2 DON'T KNOW 8	→**C505** →**C505**
C504	Is education about AIDS included in initiation ceremonies?	YES .....1 NO .....2 DON'T KNOW 8	
C505	Where do young people meet new sexual partners in this community? Any other? (CIRCLE ALL MENTIONED)	PLACES SCHOOL / SCHOOLYARD .....A CHURCH.....B PRIVATE DWELLING .....C BAR.....D SHOP .....E MARKETPLACE .....F TRUCK STOP .....G BUS STOP / TAXI STAND .....H STREET .....I OTHER (SPECIFY)_____J EVENTS WEDDING.....K FUNERAL.....L OTHER (SPECIFY)_____M DON'T KNOW X	→**C507**
C506	Are there special efforts to prevent the spread of AIDS at these places / events?	YES .....1 NO .....2 DON'T KNOW 8	
C507	Can young people aged 12-17 get condoms in this community?	YES .....1 NO .....2 DON'T KNOW 8	
C508	In this community, how common is it for young people to seek testing for the AIDS virus before they get married? Very common, somewhat common, or not at all common?	VERY COMMON.....1 SOMEWHAT COMMON .....2 NOT AT ALL COMMON .....3 DON'T KNOW 8	

THANK RESPONDENTS AND END THE INTERVIEW

QUESTIONNAIRE SERIAL NO:[__|__|__|__]

CENTRAL STATISTICAL OFFICE
ZAMBIA SEXUAL BEHAVIOUR SURVEY 2005
PART A: HOUSEHOLD SCHEDULE - ENGLISH

IDENTIFICATION

Q01 COMMUNITY	_____	Q01
Q02 PROVINCE	_____	Q02 |__]
Q03 DISTRICT	_____	Q03 |__]__|__]
Q04 CLUSTER NUMBER		Q04 |__]__|__]
Q05 HOUSEHOLD NUMBER		Q05 |__]__|__]
Q06 CENTRALITY CODE*	[NOTE: SUPERVISOR WILL ASSIGN CENTRALITY CODE]	Q06 |__]__]
Q07 RESIDENCE:	RURAL =1 URBAN = 2	Q07 |__]
Q08 NAME & LINE NUMBER OF HEAD	_____	Q08 |__]__]

Q09. INTERVIEW VISITS

VISIT NO.	1	2	3	FINAL VISIT
DATE	DAY/ MO NTH/ YEAR	DAY/ MO NTH/ YEAR	DAY/ MO NTH/ YEAR	DAY [___|___]
	_____	_____	_____	MONTH [___|___]
INTERVIEWR`S NAME	_____	_____	_____	YEAR [___|___[___|___]
				INTERVIEWER [___|___]
RESULT**	_____	_____	_____	RESULT [___]
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS
TIME	_____	_____		[___]

**RESULT CODES:

1	COMPLETED
2	NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT HOME AT TIME OF VISIT
3	ENTIRE HH ABSENT FOR EXTENDED PERIOD OF TIME
4	POSTPONED
5	REFUSED
6	DWELLING VACANT OR ADDRESS NOT A DWELLING
7	DWELLING DESTROYED
8	DWELLING NOT FOUND
9	OTHER _____ (SPECIFY)

TOTAL PERSONS IN HOUSEHOLD [___|___]

TOTAL ELIGIBLE MEN [___|___]

TOTAL ELIGIBLE WOMEN [___|___]

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ [___|___]	NAME _____ [___|___]	[___|___]	[___|___]
DATE _____	DATE _____		

*CENTRALITY CODES

1	Areas w/in Lusaka city	7	Areas w/in 30 KM along Northern line of rail
2	Areas w/in Ndola city	8	Areas w/in 30 KM of provincial capitals
3	Areas w/in Kitwe city	9	Areas w/in District centres
4	Areas w/in 50 KM of Lusaka, Ndola, or Kitwe	10	Areas w/in 30 KM of district centres

HOUSEHOLD ROSTER AND SELECTION OF INDIVIDUALS

Hello my name is _____ I am working with Central Statistical Office in Collaboration with Ministry of Health, collecting information about the people who usually live in your household or who are staying with you now. The information is to help us get a better idea about the health situation in your area. Any information you share is completely confidential and your name or names of household members will not be shared with anyone or attached to information you give. Please may I proceed with the interview? IF YES, CONTINUE.

INTERVIEWER SIGN HERE TO ACKNOWLEDGE THAT CONSENT WAS GIVEN _____Date_____.

First, please give me the names of the persons who usually live in your household **or** who stayed here last night, starting with the head of the household.

FIRST RECORD ALL NAMES STARTING WITH THE HEAD. PROBE FOR EVERYONE IN THE HOUSEHOLD, NOT JUST FAMILY MEMBERS, but SERVANTS, LODGERS, ETC.

THEN ASK THE QUESTIONS FROM COLUMNS 3-7 FOR THE HOUSEHOLD HEAD.

NEXT, REPEAT THESE QUESTIONS FOR EACH PERSON WHO USUALLY LIVES HERE OR STAYED HERE LAST NIGHT NOTING INSTRUCTIONS IN COLUMNS 8-16.

LINE NO	NAMES USUAL RESIDENTS AND VISTORS	RELATION-SHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	ELIGIBILITY	IF AGE 5 YEARS OR OLDER			IF AGE 18-59 YEARS	IF AGE 5-17 YEARS		
								EDUCATION			CHRONIC ILL ADULT	BASIC MATERIAL NEEDS		
	Please give me the names of persons who usually live in your household and guests of the household who stayed here last night, (starting with the head of the household.) *PROBE FOR EVERYONE IN HOUSEHOLD*	What is the relationship of [NAME] to the head of the household?	Is [NAME] male or female?	Does [NAME] usually live here?	Did [NAME] stay here last night?	How old is [NAME]? IF LESS THAN ONE YEAR, ENTER 00.	CIRCLE LINE NO. OF ALL ELIGIBLE MEN (15-59) AND WOMEN (15-49)	Has [NAME] ever attended school? IF NO, H12	What is the highest level of school [NAME] has attended? What is the highest grade/ year [NAME] completed at that level?**	IF AGE 5-24 YEARS Is (NAME) currently attending school?	Has (NAME) been very sick for at least three months during the past 12 months? By very sick, I mean that (NAME) was too sick to work or do normal activities around the house for at least three of the past 12 months?	Does (NAME) have a blanket?	Does (NAME) have a pair of shoes	Does (NAME) have at least two sets of clothing
(H1)	(H2)	(H3)*	(H4)	(H5)	(H6)	(H7)	(H8)	(H9)	(H10)	(H11)	(H12)	(H13)	(H14)	(H15)
01		[__|__]	M F 1 2	Yes No 1 2	Yes No 1 2	[__|__]	01	Yes No 1 2	Level Years [__] [__|__]	Y N 1 2	Y N DK 1 2 8	Y/S Y/A N DK 1 2 3 8	Y/S Y/A N DK 1 2 3 8	Y/S Y/A N DK 1 2 3 8
02		[__|__]	1 2	1 2	1 2	[__|__]	02	1 2	[__] [__|__]	1 2	1 2 8	1 2 3 8	1 2 3 8	1 2 3 8
03		[__|__]	1 2	1 2	1 2	[__|__]	03	1 2	[__] [__|__]	1 2	1 2 8	1 2 3 8	1 2 3 8	1 2 3 8
04		[__|__]	1 2	1 2	1 2	[__|__]	04	1 2	[__] [__|__]	1 2	1 2 8	1 2 3 8	1 2 3 8	1 2 3 8

*H3 CODES FOR RELATIONSHIP TO HEAD OF HOUSEHOLD

01= HEAD
02= WIFE / HUSBAND
03= SON / DAUGHTER
04= SON-IN-LAW OR DAUGHTER-IN-LAW
05= GRANDCHILD
06= PARENT
07= PARENT-IN-LAW
08= BROTHER OR SISTER
10= OTHER RELATIVE
11= ADOPTED/FOSTER/STEP CHILD
12= NOT RELATED
98= DON'T KNOW
D.K = DON'T KNOW

** H13
Y/S = YES SHARED
Y/A = YES ALONE
N = NO

**H10 CODES FOR EDUCATION LEVEL
1=PRIMARY
2=SECONDARY
3=HIGHER
8=DON'T KNOW

Household Eligibility Schedule, continued

LINE NO	NAMES USUAL RESIDENTS AND VISTORS	RELATION - SHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	ELIGIBILITY	IF AGE 5 YEARS OR OLDER			IF AGE 18-59 YEARS	IF AGE 5-17 YEARS		
								EDUCATION			CHRONIC ILL ADULT	BASIC MATERIAL NEEDS		
	Please give me the names of persons who usually live in your household and guests of the household who stayed here last night, (starting with the head of the household.) *PROBE FOR EVERYONE IN HOUSEHOLD*	What is the relationship of [NAME] to the head of the household?	Is [NAME] male or female?	Does [NAME] usually live here?	Did [NAME] stay here last night?	How old is [NAME]? IF LESS THAN ONE YEAR, ENTER 00.	CIRCLE LINE NO. OF ALL ELIGIBLE MEN (15-59) AND WOMEN (15-49)	Has [NAME] ever attended school? IF NO, GO TO H12	What is the highest level of school [NAME] has attended? What is the highest grade/ year [NAME] completed at that level?**	IF AGE 5-24 YEARS Is (NAME) currently attending school?	Has (NAME) been very sick for at least three months during the past 12 months? By very sick, I mean that (NAME) was too sick to work or do normal activities around the house for at least three of the past 12 months?	Does (NAME) have a blanket?	Does (NAME) have a pair of shoes	Does (NAME) have at least two sets of clothing
(H1)	(H2)	(H3)*	(H4)	(H5)	(H6)	(H7)	(H8)	(H9)	(H10)	(H11)	(H12)	(H13)	(H14)	(H15)
05		[__|__]	M F 1 2	Yes No 1 2	Yes No 1 2	[__|__]	05	Yes No 1 2	Level Years [__] [__|__]	Y N 1 2	Y N DK 1 2 8	Y/S Y/A N DK 1 2 3 8	Y/S Y/A N DK 1 2 3 8	Y/S Y/A N DK 1 2 3 8
06		[__|__]	1 2	1 2	1 2	[__|__]	06	1 2	[__] [__|__]	1 2	1 2 8	1 2 3 8	1 2 3 8	1 2 3 8
07		[__|__]	1 2	1 2	1 2	[__|__]	07	1 2	[__] [__|__]	1 2	1 2 8	1 2 3 8	1 2 3 8	1 2 3 8
08		[__|__]	1 2	1 2	1 2	[__|__]	08	1 2	[__] [__|__]	1 2	1 2 8	1 2 3 8	1 2 3 8	1 2 3 8
09		[__|__]	1 2	1 2	1 2	[__|__]	09	1 2	[__] [__|__]	1 2	1 2 8	1 2 3 8	1 2 3 8	1 2 3 8
10		[__|__]	1 2	1 2	1 2	[__|__]	10	1 2	[__] [__|__]	1 2	1 2 8	1 2 3 8	1 2 3 8	1 2 3 8
11		[__|__]	1 2	1 2	1 2	[__|__]	11	1 2	[__] [__|__]	1 2	1 2 8	1 2 3 8	1 2 3 8	1 2 3 8
12		[__|__]	1 2	1 2	1 2	[__|__]	12	1 2	[__] [__|__]	1 2	1 2 8	1 2 3 8	1 2 3 8	1 2 3 8
13		[__|__]	1 2	1 2	1 2	[__|__]	13	1 2	[__] [__|__]	1 2	1 2 8	1 2 3 8	1 2 3 8	1 2 3 8
14		[__|__]	1 2	1 2	1 2	[__|__]	14	1 2	[__] [__|__]	1 2	1 2 8	1 2 3 8	1 2 3 8	1 2 3 8

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05= GRANDCHILD
06= PARENT
07= PARENT-IN-LAW
08= BROTHER OR SISTER
10= OTHER RELATIVE
11= ADOPTED/FOSTER/STEP CHILD
12= NOT RELATED
98= DON'T KNOW
D.K = DON'T KNOW

** H13
Y/S = YES SHARED
Y/A = YES ALONE
N = NO

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Household Eligibility Schedule, continued

LINE NO	NAMES USUAL RESIDENTS AND VISTORS	RELATION - SHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	ELIGIBILITY	IF AGE 5 YEARS OR OLDER			IF AGE 18-59 YEARS	IF AGE 5-17 YEARS		
								EDUCATION			CHRONIC ILL ADULT	BASIC MATERIAL NEEDS		
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(H1)	(H2)	(H3)*	(H4)	(H5)	(H6)	(H7)	(H8)	(H9)	(H10)	(H11)	(H12)	(H13)	(H14)	(H15)
15		[__|__]	M F 1 2	Yes No 1 2	Yes No 1 2	[__|__]	15	Yes No 1 2	Level Years [__] [__|__]	Y N 1 2	Y N DK 1 2 8	Y/S Y/A N DK 1 2 3 8	Y/S Y/A N DK 1 2 3 8	Y/S Y/A N DK 1 2 3 8
16		[__|__]	1 2	1 2	1 2	[__|__]	16	1 2	[__] [__|__]	1 2	1 2 8	1 2 3 8	1 2 3 8	1 2 3 8
17		[__|__]	1 2	1 2	1 2	[__|__]	17	1 2	[__] [__|__]	1 2	1 2 8	1 2 3 8	1 2 3 8	1 2 3 8
18		[__|__]	1 2	1 2	1 2	[__|__]	18	1 2	[__] [__|__]	1 2	1 2 8	1 2 3 8	1 2 3 8	1 2 3 8
19		[__|__]	1 2	1 2	1 2	[__|__]	19	1 2	[__] [__|__]	1 2	1 2 8	1 2 3 8	1 2 3 8	1 2 3 8
20		[__|__]	1 2	1 2	1 2	[__|__]	20	1 2	[__] [__|__]	1 2	1 2 8	1 2 3 8	1 2 3 8	1 2 3 8
21		[__|__]	1 2	1 2	1 2	[__|__]	21	1 2	[__] [__|__]	1 2	1 2 8	1 2 3 8	1 2 3 8	1 2 3 8
22		[__|__]	1 2	1 2	1 2	[__|__]	22	1 2	[__] [__|__]	1 2	1 2 8	1 2 3 8	1 2 3 8	1 2 3 8
23		[__|__]	1 2	1 2	1 2	[__|__]	23	1 2	[__] [__|__]	1 2	1 2 8	1 2 3 8	1 2 3 8	1 2 3 8

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** H13
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**H10 CODES FOR EDUCATION LEVEL
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8=DON'T KNOW

LINE NO.	IF AGE 0-17 YEARS												IF AGE 0-4 YEARS
	PARENTAL SURVIVORSHIP AND RESIDENCE***							PARENTS ALIVE	BROTHERS AGE 0-17 YEARS		SISTERS AGE 0-17 YEARS		BIRTH REGISTRATION
	Is (NAME)'s natural mother alive? **IF NO OR DK SKIP TO H20.**	IF MOTHER ALIVE: Does (NAME)'s natural mother live in this household? If YES: What is Her name? RECORD MOTHER'S LINE NUMBER IFNO: RECORD "00"	IF MOTHER DOES NOT LIVE IN HOUSEHOLD: Has (NAME)'s mother been very sick for at least 3 months of the past 12 months? By very sick, I mean that she was too sick to work or do normal activities around the house for at least 3 months of the past 12 months.	Is (NAME)'s Natural father alive **IF NO OR DK SKIP H23.**	IF FATHER ALIVE: Does (NAME)'s natural father live in this household? If YES: What is His name? RECORD FATHER'S LINE NUMBER IFNO: RECORD "00"	IF FATHER DOES NOT LIVE IN HOUSEHOLD: Has (NAME)'s father been very sick for at least 3 months of the past 12 months? By very sick, I mean that he was too sick to work or do normal activities around the house for at least 3 months of the past 12 months.	CHECK H.17 AND H.20 IF 'YES' TO H.17 AND H.20 CIRCLE '1' OTHERWISE CIRCLE '2'	Does (NAME) have any natural brothers under the age of 18? By natural, I mean of the same mother and same father	Do all of (NAME)'s brother live in this household?	Does (NAME) have any natural sisters under the age of 18? By natural, I mean of the same mother and same father	Do all of (NAME)'s sister live in this household?	Does (NAME) have a birth certificate? IF NO PROBE: Has (NAME)'s birth ever been registered with the civil authority
H(16)	H(17)	H(18)	H(19)	H(20)	H(21)	H(22)	H(23)	H(24)	H(25)	H(26)	H(27)	H(28)
01	Y N DK 1 2 8	[__|__]	Y N DK 1 2 8	Y N DK 1 2 8	[__|__]	Y N DK 1 2 8	Y N 1 2	Y N DK 1 2 8 26	Y N 1 2	Y N DK 1 2 8 28	Y N 1 2	Y N DK 1 2 8
02	Y N DK 1 2 8	[__|__]	Y N DK 1 2 8	Y N DK 1 2 8	[__|__]	Y N DK 1 2 8	Y N 1 2	Y N DK 1 2 8 26	Y N 1 2	Y N DK 1 2 8 28	Y N 1 2	Y N DK 1 2 8
03	Y N DK 1 2 8	[__|__]	Y N DK 1 2 8	Y N DK 1 2 8	[__|__]	Y N DK 1 2 8	Y N 1 2	Y N DK 1 2 8 26	Y N 1 2	Y N DK 1 2 8 28	Y N 1 2	Y N DK 1 2 8
04	Y N DK 1 2 8	[__|__]	Y N DK 1 2 8	Y N DK 1 2 8	[__|__]	Y N DK 1 2 8	Y N 1 2	Y N DK 1 2 8 26	Y N 1 2	Y N DK 1 2 8 28	Y N 1 2	Y N DK 1 2 8
05	Y N DK 1 2 8	[__|__]	Y N DK 1 2 8	Y N DK 1 2 8	[__|__]	Y N DK 1 2 8	Y N 1 2	Y N DK 1 2 8 26	Y N 1 2	Y N DK 1 2 8 28	Y N 1 2	Y N DK 1 2 8
06	Y N DK 1 2 8	[__|__]	Y N DK 1 2 8	Y N DK 1 2 8	[__|__]	Y N DK 1 2 8	Y N 1 2	Y N DK 1 2 8 26	Y N 1 2	Y N DK 1 2 8 28	Y N 1 2	Y N DK 1 2 8
07	Y N DK 1 2 8	[__|__]	Y N DK 1 2 8	Y N DK 1 2 8	[__|__]	Y N DK 1 2 8	Y N 1 2	Y N DK 1 2 8 26	Y N 1 2	Y N DK 1 2 8 28	Y N 1 2	Y N DK 1 2 8
08	Y N DK 1 2 8	[__|__]	Y N DK 1 2 8	Y N DK 1 2 8	[__|__]	Y N DK 1 2 8	Y N 1 2	Y N DK 1 2 8 26	Y N 1 2	Y N DK 1 2 8 28	Y N 1 2	Y N DK 1 2 8
09	Y N DK 1 2 8	[__|__]	Y N DK 1 2 8	Y N DK 1 2 8	[__|__]	Y N DK 1 2 8	Y N 1 2	Y N DK 1 2 8 26	Y N 1 2	Y N DK 1 2 8 28	Y N 1 2	Y N DK 1 2 8

LINE NO.	IF AGE 0-17 YEARS												IF AGE 0-4 YEARS
	PARENTAL SURVIVORSHIP AND RESIDENCE***							PARENTS ALIVE	BROTHERS AGE 0 -17 YEARS		SISTERS AGE 0 -17 YEARS		BIRTH REGISTRATION
	Is (NAME)'s natural mother alive? **IF NO OR DK SKIP TO H20.**	IF MOTHER ALIVE: Does (NAME)'s natural mother live in this household? If YES: What is Her name? RECORD MOTHER'S LINE NUMBER IFNO: RECORD "00"	IF MOTHER DOES NOT LIVE IN HOUSEHOLD: Has (NAME)'s mother been very sick for at least 3 months of the past 12 months? By very sick, I mean that she was too sick to work or do normal activities around the house for at least 3 months of the past 12 months.	Is (NAME)'s Natural father alive **IF NO OR DK SKIP H23.**	IF FATHER ALIVE: Does (NAME)'s natural father live in this household? If YES: What is His name? RECORD FATHER'S LINE NUMBER IFNO: RECORD "00"	IF FATHER DOES NOT LIVE IN HOUSEHOLD: Has (NAME)'s father been very sick for at least 3 months of the past 12 months? By very sick, I mean that he was too sick to work or do normal activities around the house for at least 3 months of the past 12 months.		CHECK H.17 AND H.20 IF 'YES' TO H.17 AND H.20 CIRCLE '1' OTHERWISE CIRCLE '2'	Does (NAME) have any natural brothers under the age of 18? By natural, I mean of the same mother and same father	Do all of (NAME)'s brother live in this household?	Does (NAME) have any natural sister under the age of 18? By natural, I mean of the same mother and same father	Do all of (NAME)'s sister live in this household?	Does (NAME) have a birth certificate? IF NO PROBE: Has (NAME)'s birth ever been registered with the civil authority
H(16)	H(17)	H(18)	H(19)	H(20)	H(21)	H(22)		H(23)	H(24)	H(25)	H(26)	H(27)	H(28)
10	Y N DK 1 2 8	[__|__]	Y N DK 1 2 8	Y N DK 1 2 8	[__|__]	Y N DK 1 2 8		Y N 1 2	Y N DK 1 2 8 26	Y N 1 2	Y N DK 1 2 8 28	Y N 1 2	Y N DK 1 2 8
11	Y N DK 1 2 8	[__|__]	Y N DK 1 2 8	Y N DK 1 2 8	[__|__]	Y N DK 1 2 8		Y N 1 2	Y N DK 1 2 8 26	Y N 1 2	Y N DK 1 2 8 28	Y N 1 2	Y N DK 1 2 8
12	Y N DK 1 2 8	[__|__]	Y N DK 1 2 8	Y N DK 1 2 8	[__|__]	Y N DK 1 2 8		Y N 1 2	Y N DK 1 2 8 26	Y N 1 2	Y N DK 1 2 8 28	Y N 1 2	Y N DK 1 2 8
13	Y N DK 1 2 8	[__|__]	Y N DK 1 2 8	Y N DK 1 2 8	[__|__]	Y N DK 1 2 8		Y N 1 2	Y N DK 1 2 8 26	Y N 1 2	Y N DK 1 2 8 28	Y N 1 2	Y N DK 1 2 8
14	Y N DK 1 2 8	[__|__]	Y N DK 1 2 8	Y N DK 1 2 8	[__|__]	Y N DK 1 2 8		Y N 1 2	Y N DK 1 2 8 26	Y N 1 2	Y N DK 1 2 8 28	Y N 1 2	Y N DK 1 2 8
15	Y N DK 1 2 8	[__|__]	Y N DK 1 2 8	Y N DK 1 2 8	[__|__]	Y N DK 1 2 8		Y N 1 2	Y N DK 1 2 8 26	Y N 1 2	Y N DK 1 2 8 28	Y N 1 2	Y N DK 1 2 8
16	Y N DK 1 2 8	[__|__]	Y N DK 1 2 8	Y N DK 1 2 8	[__|__]	Y N DK 1 2 8		Y N 1 2	Y N DK 1 2 8 26	Y N 1 2	Y N DK 1 2 8 28	Y N 1 2	Y N DK 1 2 8
17	Y N DK 1 2 8	[__|__]	Y N DK 1 2 8	Y N DK 1 2 8	[__|__]	Y N DK 1 2 8		Y N 1 2	Y N DK 1 2 8 26	Y N 1 2	Y N DK 1 2 8 28	Y N 1 2	Y N DK 1 2 8
18	Y N DK 1 2 8	[__|__]	Y N DK 1 2 8	Y N DK 1 2 8	[__|__]	Y N DK 1 2 8		Y N 1 2	Y N DK 1 2 8 26	Y N 1 2	Y N DK 1 2 8 28	Y N 1 2	Y N DK 1 2 8

LINE NO.	IF AGE 0-17 YEARS											IF AGE 0-4 YEARS
	PARENTAL SURVIVORSHIP AND RESIDENCE***							PARENTS ALIVE	BROTHERS AGE 0-17 YEARS		SISTERS AGE 0-17 YEARS		BIRTH REGISTRATION
	Is (NAME)'s natural mother alive? **IF NO OR DK SKIP TO H20.**	IF MOTHER ALIVE: Does (NAME)'s natural mother live in this household? If YES: What is Her name? RECORD MOTHER'S LINE NUMBER IFNO: RECORD "00"	IF MOTHER DOES NOT LIVE IN HOUSEHOLD: Has (NAME)'s mother been very sick for at least 3 months of the past 12 months? By very sick, I mean that she was too sick to work or do normal activities around the house for at least 3 months of the past 12 months.	Is (NAME)'s Natural father alive **IF NO OR DK SKIP H23.**	IF FATHER ALIVE: Does (NAME)'s natural father live in this household? If YES: What is His name? RECORD FATHER'S LINE NUMBER IFNO: RECORD "00"	IFFATHER DOES NOT LIVE IN HOUSEHOLD: Has (NAME)'s father been very sick for at least 3 months of the past 12 months? By very sick, I mean that he was too sick to work or do normal activities around the house for at least 3 months of the past 12 months.		CHECK H.17 AND H.20 IF 'YES' TO H.17 AND H.20 CIRCLE '1' OTHERWISE CIRCLE '2'	Does (NAME) have any natural brothers under the age of 18? By natural, I mean of the same mother and same father	Do all of (NAME)'s brother live in this household?	Does (NAME) have any natural sister under the age of 18? By natural, I mean of the same mother and same father	Do all of (NAME)'s sister live in this household?	Does (NAME) have a birth certificate? IF NO PROBE: Has (NAME)'s birth ever been registered with the civil authority
H(16)	H(17)	H(18)	H(19)	H(20)	H(21)	H(22)		H(23)	H(24)	H(25)	H(26)	H(27)	H(28)
19	Y N DK 1 2 8	[___|___]	Y N DK 1 2 8	Y N DK 1 2 8	[___|___]	Y N DK 1 2 8		Y N 1 2	Y N DK 1 2 8 26	Y N 1 2	Y N DK 1 2 8 28	Y N 1 2	Y N DK 1 2 8
20	Y N DK 1 2 8	[___|___]	Y N DK 1 2 8	Y N DK 1 2 8	[___|___]	Y N DK 1 2 8		Y N 1 2	Y N DK 1 2 8 26	Y N 1 2	Y N DK 1 2 8 28	Y N 1 2	Y N DK 1 2 8
21	Y N DK 1 2 8	[___|___]	Y N DK 1 2 8	Y N DK 1 2 8	[___|___]	Y N DK 1 2 8		Y N 1 2	Y N DK 1 2 8 26	Y N 1 2	Y N DK 1 2 8 28	Y N 1 2	Y N DK 1 2 8
22	Y N DK 1 2 8	[___|___]	Y N DK 1 2 8	Y N DK 1 2 8	[___|___]	Y N DK 1 2 8		Y N 1 2	Y N DK 1 2 8 26	Y N 1 2	Y N DK 1 2 8 28	Y N 1 2	Y N DK 1 2 8
23	Y N DK 1 2 8	[___|___]	Y N DK 1 2 8	Y N DK 1 2 8	[___|___]	Y N DK 1 2 8		Y N 1 2	Y N DK 1 2 8 26	Y N 1 2	Y N DK 1 2 8 28	Y N 1 2	Y N DK 1 2 8

Household Schedule: Confirmation

Just to make sure that I have a complete listing:

No.	Questions and filters	Coding categories	Skip to
H29	Are there any persons such as small children or infants that we have not listed?	YES ..... 1 NO 2	ENTER EACH IN TABLE
H30	In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?	YES ..... 1 NO 2	ENTER EACH IN TABLE
H31	Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed?	YES ..... 1 NO 2	ENTER EACH IN TABLE

Household Characteristics

No.	Questions and filters	Coding categories	Skip to
H32	What is the **MAIN SOURCE** of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING ..... 11 PIPED INTO YARD/PLOT ..... 12 PUBLIC TAP ..... 13 WATER FROM OPEN WELL OPEN WELL IN DWELLING ..... 21 OPEN WELL IN YARD/PLOT ..... 22 OPEN PUBLIC WELL ..... 23 WATER FROM COVERED WELL OR BOREHOLE PROTECTED WELL IN DWELLING ..... 31 PROTECTED WELL IN YARD/PLOT ..... 32 PROTECTED PUBLIC WELL ..... 33 SURFACE WATER PROTECTED SPRING ..... 41 UNPROTECTED SPRING ..... 42 RIVER/STREAM ..... 43 POND/LAKE ..... 44 DAM ..... 45 RAINWATER ..... 51 TANKER TRUCK ..... 61 BOTTLED WATER ..... 71 OTHER (SPECIFY) 96	
H33	What kind of toilet facilities does your household have:	FLUSH TOILET ..... 11 PIT TOILET/LATRINE TRADITIONAL PIT TOILET ..... 21 VENTILATED IMPROVED PIT (VIP) LATRINE ..... 22 NO FACILITY / BUSH / FIELD ..... 31 OTHER (SPECIFY) 96	

No.	Questions and filters	Coding categories	Skip to
H34	Does your household have: Electricity/Solar? A radio? A television? A Telephone/Cell? A refrigerator?	YES NO ELECTRICITY ..... 1 2 RADIO..... 1 2 TELEVISION ..... 1 2 PHONE ..... 1 2 REFRIGERATOR 1 2	
H35	MAIN MATERIAL OF THE FLOOR RECORD OBSERVATION	NATURAL FLOOR EARTH/SAND ..... 11 DUNG..... 12 RUDIMENTARY FLOOR WOOD PLANKS..... 21 PALM/BAMBOO ..... 22 FINISHED FLOOR PARQUET OR POLISHED WOOD ..... 31 VINYL OR ASPHALT STRIPS ..... 32 CERAMIC TILES ..... 33 CEMENT ..... 34 CARPET..... 35 OTHER (SPECIFY) 96	
H36	Does any member of your household own: A bicycle? A motorcycle or motor scooter? A car or truck?	YES NO BICYCLE..... 1 2 MOTORCYLE/SCOOTER ..... 1 2 CAR/TRUCK 1 2	
H37	Does your household have any mosquito nets that can be used while sleeping?	Yes..... 1 No.....2	→ H101
H38	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'	Number of Nets..... ☐	

Lets talk about each net separately, starting with the one that you got most recently

	MOSQUITO NETS	NET#1	NET#2	NET#3	NET#4
H39	When you got this net, was it already treated with an insecticide to kill or repel mosquitoes?	YES..... 1 NO..... 2 NOT SURE..... 3	YES..... 1 NO..... 2 NOT SURE..... 3	YES..... 1 NO..... 2 NOT SURE..... 3	YES..... 1 NO..... 2 NOT SURE..... 3
H40	Since you got this net, was it ever soaked or dipped in a liquid to repel mosquitoes or bugs?	YES..... 1 NO..... 2 NOT SURE..... 8	YES..... 1 NO..... 2 NOT SURE..... 8	YES..... 1 NO..... 2 NOT SURE..... 8	YES..... 1 NO..... 2 NOT SURE..... 8
H41	Did anyone sleep under this mosquito net last night? **IF NO/NOT SURE GO TO NEXT NET. IF NO TO LAST NET SKIP TO 101**	YES..... 1 NO..... 2 NOT SURE..... 3	YES..... 1 NO..... 2 NOT SURE..... 3	YES..... 1 NO..... 2 NOT SURE..... 3	YES..... 1 NO..... 2 NOT SURE..... 3

H42	Who slept under this mosquito net last night? RECORD NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE	NAME…………… LINE NUMBER NAME…………… LINE NUMBER NAME…………… LINE NUMBER NAME…………… LINE NUMBER NAME…………… LINE NUMBER	NAME…………… LINE NUMBER NAME…………… LINE NUMBER NAME…………… LINE NUMBER NAME…………… LINE NUMBER NAME…………… LINE NUMBER	NAME…………… LINE NUMBER NAME…………… LINE NUMBER NAME…………… LINE NUMBER NAME…………… LINE NUMBER NAME…………… LINE NUMBER	NAME………… LINE NUMBER NAME………… LINE NUMBER NAME………… LINE NUMBER NAME………… LINE NUMBER NAME………… LINE NUMBER
H43		GO BACK TO 40 IN NEXT COLUMN; IF NO MORE MOSQUITO NETS. GO TO 101 IF THERE ARE MORE THAN FOUR MOSQUITO NETS, USE ADDITIONAL QUESTIONNAIRE (S)			

Support for Chronically Ill People

H101	**CHECK H7 AND H12 IN THE HOUSEHOLD SCHEDULE** **NUMBER OF SICK PEOPLE AGE 18-59** **INDICATE 'X' IN THE RIGHT BOX**	At least one .... None	 201
H102 ENTER IN THE TABLE THE LINE NUMBER AND NAME OF EACH SICK PERSON AGE 18 -59, BEGINNING WITH THE FIRST SICK PERSON LISTED IN THE HOUSEHOLD SCHEDULE. ASK THE QUESTIONS ABOUT ALL OF THESE PEOPLE. IF THERE ARE MORE THAN 3 SICK PEOPLE, USE ADDITIONAL QUESTIONNAIRE (S)			

H103	LINE NUMBER AND NAME FROM H 1 AND 2 OF THE HOUSEHOLD SCHEDULE	1ST SICK PERSON NAME…………… LINE NUMBER	2ND SICK PERSON NAME…………… LINE NUMBER	3RD SICK PERSON NAME…………… LINE NUMBER
H104	You told me that in your household (NAME OF EACH SICK PERSON IN 103) has (ve) been very sick for at least three of the past 12 months. I would like to ask you about any formal, organized help or support that your household may have received for (that/each of those person (s) for which you did not have to pay. By formal, organized support I mean help provided by someone working for a program. This program could be government, private, religious, charity or community-based.			
H105	Now, I would like to ask you about the support you received for (NAME) In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES .... 1 NO...................... 2 DK .... 8 **(IF NO OR DK, SKIP TO 107)**	YES .... 1 NO...................... 2 DK .... 8 **(IF NO OR DK, SKIP TO 107)**	YES .... 1 NO .... 2 DK...................... 8 **(IF NO OR DK, SKIP TO 107)**
H106	Did your household receive any of this support at least once a month while (NAME) was sick?	YES .... 1 NO...................... 2 DK 8	YES .... 1 NO...................... 2 DK 8	YES .... 1 NO .... 2 DK...................... 8
H107	In the last 12 months, did your household receive any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support for which you did not have to pay?	YES .... 1 NO...................... 2 DK .... 8 **(IF NO OR DK, SKIP TO 109)**	YES .... 1 NO...................... 2 DK .... 8 **(IF NO OR DK, SKIP TO 109)**	YES .... 1 NO .... 2 DK...................... 8 **(IF NO OR DK, SKIP TO 109)**

H108	Did your household receive any of this support in the past 30 days?	YES ..... 1 NO ..... 2 DK 8	YES ..... 1 NO ..... 2 DK 8	YES ..... 1 NO ..... 2 DK..... 8
H109	In the last 12 months, did your household receive any material support for (NAME), such a clothing, food, or financial support, for which you did not have to pay?	YES ..... 1 NO ..... 2 DK ..... 8 **(IF NO OR DK, SKIP TO 111)**	YES ..... 1 NO ..... 2 DK ..... 8 **(IF NO OR DK, SKIP TO 111)**	YES ..... 1 NO ..... 2 DK..... 8 **(IF NO OR DK, SKIP TO 111)**
H110	Did your household receive any of this support in the past 30 days?	YES ..... 1 NO ..... 2 DK 8	YES ..... 1 NO ..... 2 DK 8	YES ..... 1 NO ..... 2 DK..... 8
H111	In the last 12 months, did your household receive any social support for (NAME), such as help in household work, training for a caregiver, or legal services, for which you did not have to pay?	YES ..... 1 NO ..... 2 DK ..... 8 **(IF NO OR DK, SKIP TO 113)**	YES ..... 1 NO ..... 2 DK ..... 8 **(IF NO OR DK, SKIP TO 113)**	YES ..... 1 NO ..... 2 DK..... 8 **(IF NO OR DK, SKIP TO 113)**
H112	Did your household receive any of this support in the past 30 days?	YES ..... 1 NO ..... 2 DK 8	YES ..... 1 NO ..... 2 DK 8	YES ..... 1 NO ..... 2 DK..... 8
H113	In the past 30 days has (NAME) had severe pain, mild pain, or no pain at all?	Severe ..... 1 Mild..... 2 Not at all ..... 3 **(If Not At All, Skip To 115)**	Severe ..... 1 Mild..... 2 Not at all..... 3 **(If Not At All, Skip To 115)**	Severe ..... 1 Mild..... 2 Not at all..... 3 **(IF NOT AT ALL, SKIP TO 115)**
H114	When (NAME) was in pain, was she/he able to reduce or stop the pain most of the time, some of the time, or not at all?	Most of the time ... 1 Some of the time.. 2 Not at all 3	Most of the time ... 1 Some of the time.. 2 Not at all..... 3	Most of the time.... 1 Some of the time.. 2 Not at all..... 3
H115	In the last 30 days, did (NAME) suffer from nausea or coughing or diarrhea or constipation: IF YES: Did (NAME) suffer severely or mildly?	Severe ..... 1 Mild..... 2 Not at all ..... 3 **(IF NOT AT ALL, SKIP TO 117)**	Severe ..... 1 Mild..... 2 Not at all..... 3 **(IF NOT AT ALL, SKIP TO 117)**	Severe ..... 1 Mild..... 2 Not at all..... 3 **(IF NOT AT ALL, SKIP TO 117)**
H116	Was (NAME) able to reduce or stop the (nausea/coughing/diarrhea/constipation) most of the time, some of the time, or not at all?	Most of the time ... 1 Some of the time.. 2 Not at all 3	Most of the time ... 1 Some of the time.. 2 Not at all..... 3	Most of the time.... 1 Some of the time.. 2 Not at all..... 3
H117	**GO BACK TO 105 IN NEXT COLUMN; IF NO MORE SICK PEOPLE, GO TO 201**			

Death in the Household and Support

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
H201	Now, I would like to ask you a few more questions about your household. Think back over the past 12 months. Has any usual member of your household died in the last 12 months?	Yes ..... 1 No ..... 2 →	301
H202	How many household members died in the last 12 months?	No. of Persons ☐☐	
H203	ASK 204-222 FOR ONE PERSON AT A TIME, IF MORE THAN 3 PEOPLE HAVE DIED, USE ADDITIONAL QUESTIONNAIRE		

		NAME 1ST DEATH	NAME 2ND DEATH	NAME 3RD DEATH
H204	What was the name of the person who died (most recently/before him/her)?	----------	----------	----------
H205	How old was (NAME) when (he/she) died?	Age ..... ☐☐ DON'T KNOW.....8	Age ..... ☐☐ DON'T KNOW.....8	Age ..... ☐☐ DON'T KNOW.....8
H206	Was (NAME) male of female?	MALE ..... 1 FEMALE..... 2	MALE..... 1 FEMALE 2	MALE ..... 1 FEMALE..... 2
H207	Was (NAME) very sick for at least 3 of the 12 months before he/she died? By very sick, I mean that (NAME) was too sick to work or do normal activities around the house for at least 3 months	YES..... .1 NO ....2 DON'T KNOW 8	YES ..... 1 NO ....2 DON'T KNOW..... 8	YES..... 1 NO ....2 DON'T KNOW 8
H208	CHECK 205: AGE OF PERSON AT DEATH	**<18/60+ (SKIP TO 222)** 18-59, GO TO NEXT QUESTION	**<18/60+ (SKIP TO 222)** 18-59, GO TO NEXT QUESTION	**<18/60+ (SKIP TO 222)** 18-59, GO TO NEXT QUESTION

H209	I would like to ask you about any formal, organized help or support that your household may have received for (NAME) before he/she died, for Which you did not have to pay. By formal, organized support, I mean help provided by someone working for a program. This program could be government, private, religious, charity or community based.			
H210	In the last 12 months, did your household receive any medical supplies for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES ..... 1 NO ....2 DON'T KNOW..... 8 **(IF NO OR DK, SKIP TO 212)**	YES ..... 1 NO ....2 DON'T KNOW..... 8 **(IF NO OR DK, SKIP TO 212)**	YES..... 1 NO ....2 DON'T KNOW ..... 8 **(IF NO OR DK, SKIP TO 212)**
H211	Did your household receive any of this support at least once a month while (NAME) was sick?	YES ..... 1 NO ....2 DON'T KNOW..... 8	YES ..... 1 NO ....2 DON'T KNOW..... 8	YES..... 1 NO ....2 DON'T KNOW 8
H212	In the last 12 months, did your household receive any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support for which you did not have to pay?	YES ..... 1 NO ....2 DON'T KNOW..... 8 **(IF NO OR DK, SKIP TO 214)**	YES ..... 1 NO ....2 DON'T KNOW..... 8 **(IF NO OR DK, SKIP TO 214)**	YES..... 1 NO ....2 DON'T KNOW ..... 8 **(IF NO OR DK, SKIP TO 214)**
H213	Did your household receive any of this support in the last 30 days before (NAME)'s death?	YES ..... 1 NO ....2 DON'T KNOW..... 8	YES ..... 1 NO ....2 DON'T KNOW..... 8	YES..... 1 NO ....2 DON'T KNOW 8
H214	In the last 12 months, did your household receive any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay	YES ..... 1 NO ....2 DON'T KNOW..... 8 **(IF NO OR DK, SKIP TO 216)**	YES ..... 1 NO ....2 DON'T KNOW..... 8 **(IF NO OR DK, SKIP TO 216)**	YES..... 1 NO ....2 DON'T KNOW ..... 8 **(IF NO OR DK, SKIP TO 216)**

Death in the Household and Support

No.	QUESTIONS AND FILTERS		CODING CATEGORIES	SKIP
H215	Did your household receive any of this support in the last 30 days before (NAME)'s death?	YES ..... 1 NO ..... 2 DON'T KNOW 8	YES ..... 1 NO ..... 2 DON'T KNOW 8	YES ..... 1 NO ..... 2 DON'T KNOW 8
H216	In the last 12 months, did your household receive any social support for (NAME), such as help in household work, training for a caregiver or legal services, for which you did not have to pay?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 **(IF NO OR DK, SKIP TO 218)**	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 **(IF NO OR DK, SKIP TO 218)**	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 **(IF NO OR DK, SKIP TO 218)**
H217	Did your household receive any of this support in the last 30 days before (NAME)'s deaths	YES ..... 1 NO ..... 2 DON'T KNOW 8	YES ..... 1 NO ..... 2 DON'T KNOW 8	YES ..... 1 NO ..... 2 DON'T KNOW 8
H218	In the last 30 days before (NAME) died, did he/she have severe pain, mild pain, or no pain at all?	Severe ..... 1 Mild ..... 2 Not at all ..... 3 **(IF NOT AT ALL, SKIP TO 220)**	Severe ..... 1 Mild ..... 2 Not at all ..... 3 **(IF NO OR DK, SKIP TO 220)**	Severe ..... 1 Mild ..... 2 Not at all ..... 3 **(IF NO OR DK, SKIP TO 220)**
H219	When (NAME) was in pain, was he/she able to reduce or stop the pain most of the time, some of the time, or not at all?	Most of the time ..... 1 Some of the time ..... 2 Not at all 8	Most of the time ..... 1 Some of the time ..... 2 Not at all 8	Most of the time ..... 1 Some of the time ..... 2 Not at all 8
H220	In the 30 days before (NAME) died, did he/she suffer from nausea, coughing, diarrhea or constipation? IF YES: Did (NAME) suffer severely or mild?	Severe ..... 1 Mild ..... 2 Not at all ..... 3 **(IF NOT AT ALL, SKIP TO 222)**	Severe ..... 1 Mild ..... 2 Not at all ..... 3 **(IF NO OR DK, SKIP TO 222)**	Severe ..... 1 Mild ..... 2 Not at all ..... 3 **(IF NO OR DK, SKIP TO 222)**
H221	Was (NAME) able to reduce or stop the nausea/coughing/diarrhea/constipation before he/she died most of the time, some of the time or not at all	Most of the time ..... 1 Some of the time ..... 2 Not at all 3	Most of the time ..... 1 Some of the time ..... 2 Not at all 3	Most of the time ..... 1 Some of the time ..... 2 Not at all 3
H222	**GO BACK TO 204 IN NEXT COLUMN; OR IF NO MORE PEOPLE HAVE DIED. GO TO 301**			

SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
H301	CHECK H 7 IN THE HOUSEHOLD SCHEDULE: **ANY CHILD 0-17?**		
	AT LEAST ONE CHILD AGE 0-17 ☐	NO CHILD AGE 0-17 ☐ →	END
H302	CHECK H 7 IN THE HOUSEHOLD SCHEDULE: **ANY ADULT AGE 18-59?**		
	AT LEAST ONE ADULT AGE 18-59 ☐	NO ADULT AGE 18-59 ☐ →	307
H303	CHECK H12 IN THE HOUSEHOLD SCHEDULE: **ANY ADULT AG E 18-59 WHO IS ILL?**		
	NOT A SINGLE YES IN H 12 ☐	AT LEAST ONE YES IN H 12 ☐ →	307
H304	CHECK H201AND H205 IN THE HOUSEHOLD SCHEDULE: **ANY ADULT AG E 18-59 WHO DIED IN PAST 12 MONTHS?**		
	NO ADULT AGE 18-59 IN H205 ☐	AT LEAST ONE ADULT AGE 18-59 IN H205 ☐ →	307
H305	CHECK H17 AND H 20 IN THE HOUSEHOLD SCHEDULE: **MOTHER AND FATHER ALIVE?**		
	NOT A SINGLE NO IN H 17 OR 20 ☐	AT LEAST ONE NO IN H 17 OR 20 ☐ →	307
H306	CHECK H19 AND 22 IN THE HOUSEHOLD SCHEDULE: **MOTHER OR FATHER ILL?**		
	AT LEAST ONE YES IN H 19 OR 22 ☐	NOT A SINGLE YES IN H 19 OR 22 ☐ →	307
H307	LIST ALL CHILDREN 0-17 IN HOUSEHOLD		
	1) LINE NUMBER ☐☐ NAME----------	AGE ☐☐	
	2) LINE NUMBER ☐☐ NAME----------	AGE ☐☐	
	3) LINE NUMBER ☐☐ NAME----------	AGE ☐☐	
	4) LINE NUMBER ☐☐ NAME----------	AGE ☐☐	
	5) LINE NUMBER ☐☐ NAME----------	AGE ☐☐	
	6) LINE NUMBER ☐☐ NAME----------	AGE ☐☐	
	7) LINE NUMBER ☐☐ NAME----------	AGE ☐☐	
	8) LINE NUMBER ☐☐ NAME----------	AGE ☐☐	
	IF THERE ARE MORE THAN EIGHT CHILDREN TO BE LISTED, USE AN ADDITIONAL QUESTIONNAIRE		

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SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN
This section is answered and divided into columns for each child)

No.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
H308	RECORD THE LINE NUMBER AND NAME OF EACH CHILD LISTED IN 307, BEGINNING WITH THE FIRST CHILD LISTED. ASK THE QUESTIONS ABOUT EACH OF THESE CHILDREN. IF THERE ARE MORE THAN 4 CHILDREN TO BE LISTED, USE AN ADDITIONAL QUESTIONNAIRE				
H309	LINE NUMBER AND NAME FROM 307	1ST CHILD NAME_____ LINE NUMBER☐☐	2ND CHILD NAME_____ LINE NUMBER☐☐	3RD CHILD NAME_____ LINE NUMBER☐☐	4TH CHILD NAME_____ LINE NUMBER☐☐
H310	I would like to ask about any formal, organized help or support that your household may have received for (NAME OF EACH CHILD IN 309) could be government, private, religious, charity, or community based.				
H311	Now I would like to ask you about the support your household received for (NAME) In the last 12 months, did your household receive any medical supplies for (NAME), such as medical care, supplies for medicine, for which you did not have to pay?	YES..... 1 NO ..... 2 DK..... 8	YES..... 1 NO ..... 2 DK..... 8	YES..... 1 NO ..... 2 DK..... 8	YES ..... 1 NO ..... 2 DK..... 8
H312	In the last 12 months, did your household receive any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support for which you did not have to pay?	YES..... 1 NO ..... 2 DK..... 8 **(IF NO OR DK, SKIP TO 314)**	YES..... 1 NO ..... 2 DK..... 8 **(IF NO OR DK, SKIP TO 314)**	YES..... 1 NO ..... 2 DK..... 8 **(IF NO OR DK, SKIP TO 314)**	YES ..... 1 NO ..... 2 DK..... 8 **(IF NO OR DK, SKIP TO 314)**
H313	Did your household receive any of this support in the past 3 months?	YES..... 1 NO ..... 2 DK..... 8	YES..... 1 NO ..... 2 DK..... 8	YES..... 1 NO ..... 2 DK..... 8	YES ..... 1 NO ..... 2 DK..... 8
H314	In the last 12 months, did your household receive any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES..... 1 NO ..... 2 DK..... 8 **(IF NO OR DK, SKIP TO 316)**	YES..... 1 NO ..... 2 DK..... 8 **(IF NO OR DK, SKIP TO 316)**	YES..... 1 NO ..... 2 DK..... 8 **(IF NO OR DK, SKIP TO 316)**	YES ..... 1 NO ..... 2 DK..... 8 **(IF NO OR DK, SKIP TO 316)**
H315	Did your household receive any of this support in the past 3 months?	YES..... 1 NO ..... 2 DK..... 8	YES..... 1 NO ..... 2 DK..... 8	YES..... 1 NO ..... 2 DK..... 8	YES ..... 1 NO ..... 2 DK..... 8
H316	In the last 12 months, did your household receive any social support for (NAME), such as help in household work, training for a caregiver, or legal services, for which you did not have to pay	YES..... 1 NO ..... 2 DK..... 8 **(IF NO OR DK, SKIP TO 318)**	YES..... 1 NO ..... 2 DK..... 8 **(IF NO OR DK, SKIP TO 318)**	YES..... 1 NO ..... 2 DK..... 8 **(IF NO OR DK, SKIP TO 318)**	YES ..... 1 NO ..... 2 DK..... 8 **(IF NO OR DK, SKIP TO 318)**
H317	Did your household receive any of this support in the past 3 months?	YES..... 1 NO ..... 2 DK..... 8	YES..... 1 NO ..... 2 DK..... 8	YES..... 1 NO ..... 2 DK..... 8	YES ..... 1 NO ..... 2 DK..... 8
H318	**CHECK 307 AGE OF CHILD**	Age 0-4 **Skip to 320** Age 5-17 Continue	Age 0-4 **Skip to 320** Age 5-17 Continue	Age 0-4 **Skip to 320** Age 5-17 Continue	Age 0-4 **Skip to 320** Age 5-17 Continue

H319	In the last 12 months, has your household received any support for (NAME)'s schooling, such as allowances, free admission, books or supplies, for which you did not have to pay?	YES..... 1 NO ..... 2 DK..... 8	YES..... 1 NO ..... 2 DK..... 8	YES..... 1 NO ..... 2 DK..... 8	YES ..... 1 NO ..... 2 DK..... 8
H320		**GO BACK TO 311 IN NEXT COLUMN OR, IF NO MORE CHILDREN, CONTINUE WITH INDIVIDUAL INTERVIEW WITH ELIGIBLE RESPONDENT**			

END OF HOUSEHOLD SCHEDULE

THANK THE RESPONDENT AND CHECK ELIGIBILITY.

ALL MEN AGED 15-59 AND WOMEN AGED 15-49 WHO ARE USUAL MEMBERS OF THE HOUSEHOLD, OR WHO STAYED THERE LAST NIGHT, ARE ELIGIBLE FOR INDIVIDUAL SURVEY.

AFTER NOTING ON A SEPARATE SHEET THE HOUSEHOLD MEMBERS ELIGIBLE FOR INTERVIEW, IMMEDIATELY STORE THE HOUSEHOLD QUESTIONNAIRE IN AN ENVELOPE.

TO MAINTAIN CONFIDENTIALITY, ALWAYS KEEP HOUSEHOLD FORMS SEPARATE FROM INDIVIDUAL FORMS.

QUESTIONNAIRE SERIAL NO:[__|__|__|__]

CENTRAL STATISTICAL OFFICE
ZAMBIA SEXUAL BEHAVIOUR SURVEY 2005

PART B: INDIVIDUAL FORM – ENGLISH

IDENTIFICATION

Q01 COMMUNITY _____	Q01
Q02 PROVINCE _____	Q02 |__|
Q03 DISTRICT _____	Q03 |__|__|__|
Q04 CLUSTER NUMBER	Q04 |__|__|__|
Q05 HOUSEHOLD NUMBER	Q05 |__|__|__|
Q06 CENTRALITY CODE* [NOTE: SUPERVISOR WILL ASSIGN CENTRALITY CODE]	Q06 |__|__|
Q07 RESIDENCE: RURAL =1 URBAN = 2	Q07 |__|
Q08 RESPONDENT LINE NO.	Q08 |__|__|

Q09. INTERVIEW VISITS

VISIT NO.	1	2	3	FINAL VISIT
DATE	DAY/ MO NTH/ YEAR _____	DAY/ MO NTH/ YEAR _____	DAY/ MO NTH/ YEAR _____	DAY [___|___]
INTERVIEWR`S NAME	_____	_____	_____	MONTH [___|___]
RESULT**	_____	_____	_____	YEAR [___|___|___|___]
				INTERVIEWER [___|___]
				RESULT [___|
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS
TIME	_____	_____		[___]

**RESULT CODES:

1	COMPLETED
2	NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT HOME AT TIME OF VISIT
3	ENTIRE HH ABSENT FOR EXTENDED PERIOD OF TIME
4	POSTPONED
5	REFUSED
6	DWELLING VACANT OR ADDRESS NOT A DWELLING
7	DWELLING DESTROYED
8	DWELLING NOT FOUND
9	OTHER _____ (SPECIFY)

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ [___|___]	NAME _____ [___|___]	[___|___]	[___|___]
DATE _____	DATE _____		

*CENTRALITY CODES

1	Areas w/in Lusaka city	7	Areas w/in 30 KM along Northern line of rail
2	Areas w/in Ndola city	8	Areas w/in 30 KM of provincial capitals
3	Areas w/in Kitwe city	9	Areas w/in District centres
4	Areas w/in 50 KM of Lusaka, Ndola, or Kitwe	10	Areas w/in 30 KM of district centres
5	Areas w/in provincial capitals	11	Remote areas
6	Areas w/in 30 KM Southern to Copperbelt line of rail		

Section 1: Background Characteristics

READ OUT Hello, My name is _____ I am working with the Central Statistical office in collaboration with Ministry of Health, collecting information pertaining to your health. Please be assured that everything we discuss will be strictly confidential and no information will be shared or leaked. May I continue? First, I would like to ask some questions about you and your household.

No.	Questions and filters	Coding categories	Skip to
Q101	CIRCLE SEX OF THE RESPONDENT	MALE ..... 1 FEMALE 2	
Q102	In what month and year were you born?	MONTH ..... [__|__] DON'T KNOW MONTH ..... 98 YEAR ..... [__|__|__|__] DON'T KNOW YEAR 9998	
Q103	How old were you at your last birthday? (COMPARE RESPONSE IN Q102 AND CORRECT Q102 IF NECESSARY.)	AGE IN COMPLETED YEARS ..... [__|__]	
Q104	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all? **(IN ANY LANGUAGE)**	ALMOST EVERY DAY……1 AT LEAST ONCE A WEEK……2 LESS THAN ONCE A WEEK……3 NOT AT ALL……4 CANNOT READ……5	
Q105	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY……1 AT LEAST ONCE A WEEK……2 LESS THAN ONCE A WEEK……3 NOT AT ALL……4	
Q106	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY……1 AT LEAST ONCE A WEEK……2 LESS THAN ONCE A WEEK……3 NOT AT ALL……4	
Q107	Have you ever attended school?	YES ..... 1 NO ..... 2 →	Q110
Q108	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY ..... 1 SECONDARY ..... 2 HIGHER 3	
Q109	What is the highest (grade/form/year) you completed at that level? RECORD OO IF LESS THAN ONE GRADE COMPLETED AT THAT LEVEL	GRADE ..... [__|__]	
Q110	How long have you been living continuously in [NAME OF VILLAGE/TOWN/CITY]? (ENTER 00 IF LESS THAN 1 YEAR.)	YEARS ..... [__|__]	
Q111	In the last 12 months, on how many separate occasions have you traveled or spent days away from your home community and slept away?	NUMBER OF DAYS SPENT AWAY ……[__|__] NONE……00 →	Q113
Q112	In the last 12 months, have you been away from your home community for more than one month (30 consecutive days)?	YES ..... 1 NO 2	
Q113	Have you ever taken an alcoholic drink of any kind, for example, beer, wine, or whiskey?	YES ..... 1 NO ..... 2 →	Q117
Q114	Have you ever gotten 'drunk' from drinking an alcohol-containing beverage?	YES ..... 1 NO ..... 2 →	Q116
Q115	In the last 4 weeks, on how many occasions did you get drunk? (ENTER 00 IF NONE OR NEVER)	NUMBER OF TIMES ..... [__|__]	

Q116	In the last 4 weeks, on how many days did you drink an alcohol-containing beverage? (ENTER 00 IF NONE OR NEVER)	NUMBER OF DAYS ..... [__|__]	
Q117 PLACE	Have you gone to the bar/disco/night club in the past seven days and nights including today? IF YES: How many days.	NUMBER (FROM 0 to 7)..... [__|__]	
Q118	IF FEMALE (GO TO Q119)	IF MALE (SKIP TO Q121)	
Q119	Apart from your own housework, are you currently working?	YES.....1 → NO.....2	123
Q120	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work?	YES.....1 → NO.....2 →	123 122
Q121	Are you currently working?	YES.....1 → NO.....2	123
Q122	Have you done any work in the last 12 months?	YES.....1 NO.....2 →	124
Q123	What is your current occupation, that is, what kind of work do you **mainly** do? (ENTER CURRENT EMPLOYMENT OR SOURCE OF INCOME IN SPACE PROVIDED, INCLUDING IF UNEMPLOYED OR FULL-TIME HOUSEWIFE.) (NUMERICAL CODES WILL BE ASSIGNED.)	SPECIFY_____ → CODE ..... |__|__]	125
Q124	What have you been doing for most of the time over the last 12 months?	GOING TO SCHOOL/STUDYING.....01 LOOKING FOR WORK.....02 RETIRED.....03 TOO ILL TO WORK.....04 HANDICAPPED, CANNOT WORK.....05 HOUSEWORK/CHILD CARE.....06 OTHER (SPECIFY)_____ 07	
Q125	What is your religion? (ENTER CURRENT RELIGION. IF NO RELIGION, ENTER 'NONE' AND SKIP TO Q127.) (NUMERICAL CODES WILL BE ASSIGNED.)	SPECIFY_____ CODE ..... |__|__]	
Q126	IF RESPONDENT IDENTIFIES HIM/HERSELF IN Q125 AS MEMBER OF A CHURCH, ASK: In the last 12 months, have you attended church at least twice each month?	YES.....1 NO 2	
Q127	To which ethnic group/ tribe do you belong? (ENTER ETHNIC GROUP / TRIBE.) (NUMERICAL CODES WILL BE ASSIGNED.)	SPECIFY_____ CODE ..... |__|__]	
Q128	Are you the primary care giver for any children?	YES.....1 NO.....2 →	Sec 2
Q129	Are any of these children for whom you are the primary caregiver under the age of 18?	YES.....1 NO.....2 →	Sec 2
Q130	Now I would like to ask you about the children who are under the age of 18 and for whom you are the primary caregiver. Have you made arrangements for someone to care for these children in the event that you fall sick or are unable to care for them?	YES.....1 NO.....2 UNSURE.....8	

Section 2: Marriage and Cohabiting Partnerships

READ OUT: Now I would like to ask you some general questions about marriage and live-in partnerships.

No.	Questions and filters	Coding categories	Skip to
Q201	Have you ever been married or lived with a man/woman as if you were married?	YES ..... 1 NO ..... 2 →	section 3
Q202	How old were you when you first married/started living with a man/woman?	AGE IN YEARS ..... [__|__]	
Q203	Are you currently married or living together with a man/woman as if you are married?	YES, MARRIED ..... 1 → YES, LIVING TOGETHER ..... 2 → NO 3	Q205 Q206
Q204	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED ..... 1 DIVORCED ..... 2 → SEPARATED 3	Q210
Q205	Does your husband/wife live with you or does he/she live somewhere else?	WITH RESPONDENT ..... 1 SOMEWHERE ELSE 2	
Q206	MEN: Do you have more than one wife or other partners who live with you? WOMEN: Does your husband / live-in partner have other wives or does he live with other partners?	YES ..... 1 NO ..... 2 → DON'T KNOW 8	Q208
Q207	MEN: Altogether, how many wives or other partners live with you? WOMEN: Including yourself, how many wives or other partners live with your husband?	NO. OF WIVES/PARTNERS ..... [__|__]	
Q208	For how many years have you been married or living together as if you were married? FOR MEN WITH MORE THAN ONE WIFE/PARTNER: With your first wife/partner? Your second? Your third? (ENTER 00 IF LESS THAN ONE YEAR.)	First spouse/Live-in partner? YEARS ..... [__|__]	Second spouse/Live-in partner? YEARS ..... [__|__]	Third spouse/Live-in partner? YEARS ..... [__|__]	
Q209	How old was your wife/husband/partner on his/her last birthday?	First or only spouse / live-in partner AGE	Second spouse / live-in partner AGE	Third spouse / live-in partner AGE	
Q210	Have you been married or lived with a woman/man/partner only once or more than once?	ONLY ONCE ..... 1 MORE THAN ONCE 2	

Q211a	**IF FEMALE, GO TO Q211b**	**IF MALE, GO TO SECTION 3**	
Q211b	**CHECK Q204: IS RESPONDENT CURRENTLY WIDOWED?** **IF NOT WIDOWED, GO T0 Q211c**	**IF WIDOWED, GO TO Q213**	
Q211c	**CHECK Q210: HAS RESPONDENT BEEN MARRIED MORE THAN ONCE** **IF MORE THAN ONCE, GO TO Q212**	**IF ONCE, GO TO SECTION 3**	
Q212	How did your previous marriage or union end?	DEATH/WIDOWED.. ……1 DIVORCE ……2 SEPARATION ……3 →	Sec 3
Q213	Who did most of your late husband's property go to?	RESPONDENT ……1 → OTHER WIFE ……2 SPOUSE'S CHILDREN ……3 SPOUSE'S FAMILY ……4 OTHER (Specify) _____……5 NO PROPERTY ……6	Sec 3
Q214	Did you receive any of your late husband's assets or valuable?	YES ……1 NO ……2	

Section 3. Sexual History and Behaviour

No.	Questions and filters	Coding categories	Skip to
Q301	Now I would like to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you first had sexual intercourse (if ever)?	NEVER ..... 00 → AGE IN YEARS ..... [__|__] FIRST TIME WHEN STARTED LIVING WITH (FIRST) SPOUSE/PARTNER 95	Q340
Q302	The first time you had sexual intercourse was a condom used	YES …… 1 NO …… 2 DON'T KNOW/DON'T REMEMBER …… 8	
Q303	How old was the person you first had sexual intercourse with?	AGE OF PARTNER ……..[__|__] DON'T KNOW …… 98	
Q304	Was your first sex partner older than you, younger than you, or about the same age? IF OLDER OR YOUNGER, ASK: By how many years was this sex partner older/younger than you?	OLDER ..... 1 [__|__] YOUNGER ..... 2 [__|__] SAME AGE ..... 3 → DON'T KNOW 98	Q306
Q305	Would you say this person was ten or more years older than you or less than ten years younger than you?	Ten or More Years Older……...1 Less Than Ten Years Older…… ..2 Older, Unsure How Much……..3 Ten or More Years Younger…… 4 Less Than Ten Years Younger…… .5 Younger, Unsure How Much……6	
Q306	When was the last time you had sexual intercourse? (COMPLETE ONLY ONE OPTION.) ENTER 00 IF LESS THAN 1 DAY ENTER 'MONTHS AGO' ONLY IF 11 MONTHS OR LESS. ENTER 'YEARS AGO' ONLY IF ONE OR MORE YEARS AGO.	DAYS AGO ..... 1 [__|__] WEEKS AGO ..... 2 [__|__] MONTHS AGO ..... 3 [__|__] YEARS AGO ..... 4 [__|__]	IF ONE YEAR OR MORE, GO TO Q328F

READ OUT:
I am going to ask some specific questions about sex and your sexual partner(s) in the last 12 months. I know it may be difficult to remember exactly, but I ould like you to answer the questions to the best of your knowledge, as this information is very important for the survey. Again, this information is all completely private and anonymous and cannot be linked to you or any partner in any way.

will begin by asking about your most recent sexual partner, but in case you have more than one partner, I will ask only about the last three partners you may have had in the past 12 months. This includes anyone you might have had sex with: husband, wife or wives, girlfriends, boyfriends, friends, casual partners, someone you may have met at a bar, wedding, a special event, etc.

ASK Q307-Q323 FOR EACH SEXUAL PARTNER, BEGINNING WITH THE MOST RECENT.
COMPLETE ALL QUESTIONS FOR EACH PARTNER, ONE PARTNER AT A TIME.

		Partner 1 Most recent partner	Partner 2 Next-to-last partner	Partner 3 Second-to-last partner
Q307a	Is your relationship with this partner ongoing?	YES ....1 NO ....2 NOT SURE 8	YES ....1 NO ....2 NOT SURE 8	YES ....1 NO ....2 NOT SURE 8
Q307b	What was your relationship to this person with whom you had sexual intercourse? (READ OUT CHOICES) CHECK Q203 IF ANSWER IS 1 OR 2	Husband/wife..........................1 Live-in partner ....2 Girlfriend / boyfriend not living with you ....3 Someone whom you paid or who paid you for sex ....4 Casual acquaintance.............5 Someone else ....6 Other(specify).........................7 ______________________ (SPECIFY)	Husband/wife..........................1 Live-in partner ....2 Girlfriend / boyfriend not living with you....................................3 Someone whom you paid or who paid you for sex................4 Casual acquaintance ....5 Someone else.........................6 Other(specify) ....7 ______________________ (SPECIFY)	Husband/wife..........................1 Live-in partner ....2 Girlfriend / boyfriend not living with you ....3 Someone whom you paid or who paid you for sex ....4 Casual acquaintance.............5 Someone else ....6 Other(specify).........................7 ______________________ (SPECIFY)
Q308	How old is this person?	AGE ....[__|__] DON'T KNOW 98	AGE ....[__|__] DON'T KNOW......................98	AGE ....[__|__] DON'T KNOW 98
Q309	Is this person older than you, younger than you, or about the same age	OLDER …………….. 1 YOUNGER ………… 2 SAME AGE ………… 3 → 311 DON'T' KNOW …….. 8 → 311	OLDER …………….. 1 YOUNGER ………… 2 SAME AGE ………… 3 → 311 DON'T' KNOW …….. 8 → 311	OLDER …………….. 1 YOUNGER ………… 2 SAME AGE ………… 3 → 311 DON'T' KNOW …….. 8 → 311
Q310	Would you say this person is ten or more years older than you, or less than ten years younger than you?	TEN OR MORE YEARS OLDER………………... 1 LESS THAN TEN YEARS OLDER ……………………… 2 OLDER, UNSURE HOW MUCH ………………………………..3 TEN OR MORE YEARS YOUNGER…………………… 4 LESS THAN TEN YEARS YOUNGER……………………… 5 YOUNGER, UNSURE HOW MUCH ………………………………..6	TEN OR MORE YEARS OLDER………………... 1 LESS THAN TEN YEARS OLDER ……………………… 2 OLDER, UNSURE HOW MUCH ………………………………..3 TEN OR MORE YEARS YOUNGER…………………… 4 LESS THAN TEN YEARS YOUNGER……………………… 5 YOUNGER, UNSURE HOW MUCH ………………………………..6	TEN OR MORE YEARS OLDER………………... 1 LESS THAN TEN YEARS OLDER ……………………… 2 OLDER, UNSURE HOW MUCH ………………………………..3 TEN OR MORE YEARS YOUNGER…………………… 4 LESS THAN TEN YEARS YOUNGER……………………… 5 YOUNGER, UNSURE HOW MUCH ………………………………..6
Q311	At what place or event did you first talk to or get to know this partner?	OWN/FRIEND'S HOUSE .... 1 CHURCH ....2 SCHOOL ....3 WORK ....4 WEDDING, FUNERAL, OR OTHER FAMILY EVENT .. 5 SPORTING EVENT................6 BAR/NIGHTCLUB ....7 BROTHEL ....8 HOTEL…………………………9 ROAD/STREET……………..10 OTHER .... 11 __________________________ (SPECIFY)	OWN/FRIEND'S HOUSE ....1 CHURCH ....2 SCHOOL................................3 WORK....................................4 WEDDING, FUNERAL, OR OTHER FAMILY EVENT ..5 SPORTING EVENT ....6 BAR/NIGHTCLUB...................7 BROTHEL...............................8 HOTEL…………………………9 ROAD/STREET……………..10 OTHER .... 11 __________________________ (SPECIFY)	OWN/FRIEND'S HOUSE .... 1 CHURCH ....2 SCHOOL ....3 WORK ....4 WEDDING, FUNERAL, OR OTHER FAMILY EVENT .. 5 SPORTING EVENT ....6 BAR/NIGHTCLUB ....7 BROTHEL ....8 HOTEL…………………………9 ROAD/STREET………………10 OTHER .... 11 __________________________ (SPECIFY)

		Partner 1 Most recent partner	Partner 2 Next-to-last partner	Partner 3 Second-to-last partner
Q312	Where does this partner live? PROBE: Does he/she live in: (READ OUT CHOICES)	Same household.....................1 Same village or neighborhood...2 Other urban area....................3 Other rural area......................4 Other (specify)...................... 5 ___________________________ Don't know.............................8	Same household ....1 Same village or neighborhood...2 Other urban area ....3 Other rural area ....4 Other (specify) .... 5 ___________________________ Don't know 8	Same household.....................1 Same village or neighborhood...2 Other urban area....................3 Other rural area......................4 Other (specify)...................... 5 ___________________________ Don't know.............................8
Q313	How long has it been since the very first time you had sex with this partner? (COMPLETE ONLY ONE OPTION.)	DAYS AGO .... 1 [__|__] WEEKS AGO .... 2 [__|__] MONTHS AGO .... 3 [__|__] YEARS AGO .... 4 [__|__]	DAYS AGO ....1 [__|__] WEEKS AGO ....2 [__|__] MONTHS AGO ....3 [__|__] YEARS AGO..............4 [__|__]	DAYS AGO .... 1 [__|__] WEEKS AGO .... 2 [__|__] MONTHS AGO .... 3 [__|__] YEARS AGO .... 4 [__|__]
Q314	Have you had sex with this partner more than once?	YES .... 1 NO .... 2 **IF NO, GO TO Q317**	YES...1 NO...2 **IF NO, GO TO Q317**	YES .... 1 NO .... 2 **IF NO, GO TO Q317**
Q315	The first time you had sex with this partner, did you or this partner use a condom?	YES .... 1 NO .... 2 DON'T KNOW 8	YES...1 NO...2 DON'T KNOW........................ 8	YES .... 1 NO .... 2 DON'T KNOW 8
Q316	How long has it been since the last (most recent) time you had sex with this partner? (COMPLETE ONLY ONE OPTION.)	DAYS AGO .... 1 [__|__] WEEKS AGO .... 2 [__|__] MONTHS AGO .... 3 [__|__] WAS A ONE -TIME SEXUAL CONTACT 4	DAYS AGO ....1 [__|__] WEEKS AGO ....2 [__|__] MONTHS AGO ....3 [__|__] WAS A ONE -TIME SEXUAL CONTACT..............................4	DAYS AGO .... 1 [__|__] WEEKS AGO .... 2 [__|__] MONTHS AGO .... 3 [__|__] WAS A ONE -TIME SEXUAL CONTACT 4
Q317	The last time you had sexual intercourse with this (second/third) person, was a condom used?	YES .... 1 NO .... 2 DON'T KNOW ....8 **IF NO OR DON'T KNOW, SKIP TO Q320a**	YES..1 NO...2 DON'T KNOW...........................8 **IF NO OR DON'T KNOW, SKIP TO Q320a**	YES .... 1 NO .... 2 DON'T KNOW .... 8 **IF NO OR DON'T KNOW, SKIP TO Q320a**
Q318	That last time, which brand of condom did you or this partner use? (CIRCLE ALL MENTIONED)	BARE BACK ....A CHISHANGO ....B DUREX ....C EROTICA......................................D JEANS ....E MAXIMUM ....F PROTECTOR PLUS....................G ROUGH RIDER ....H SALAMA ....I SUCCESS ....J WET & WILD ....K GENERIC BRAND .... L CARE FEMALE CONDOM .... M OTHER (SPECIFY) ....X ___________________________ DON'T KNOW...................... Z	BARE BACK.................................A CHISHANGO ....B DUREX...C EROTICA ....D JEANS..E MAXIMUM.....................................F PROTECTOR PLUS ....G ROUGH RIDER............................H SALAMA..I SUCCESS.....................................J WET & WILD .... K GENERIC BRAND.......................L CARE FEMALE CONDOM.........M OTHER (SPECIFY) .... X ___________________________ DON'T KNOW...................... Z	BARE BACK ....A CHISHANGO ....B DUREX ....C EROTICA......................................D JEANS ....E MAXIMUM ....F PROTECTOR PLUS....................G ROUGH RIDER ....H SALAMA ....I SUCCESS ....J WET & WILD ....K GENERIC BRAND .... L CARE FEMALE CONDOM .... M OTHER (SPECIFY) ....X ___________________________ DON'T KNOW...................... Z

		Partner 1 Most recent partner	Partner 2 Next-to-last partner	Partner 3 Second-to-last partner
Q319	From what place or person did you or this partner get that condom? (CIRCLE ALL MENTIONED)	SHOP ..... A PHARMACY ..... B HOSPITAL/CLINIC ..... C FAMILY PLANNING CENTRE .... D BAR/HOTEL ..... E PEER EDUCATOR ..... F YOUTH-FRIENDLY CORNER .... G OTHER (SPECIFY) ..... X _____ DON'T KNOW ..... Z	SHOP ..... A PHARMACY ..... B HOSPITAL/CLINIC ..... C FAMILY PLANNING CENTRE ... D BAR/HOTEL ..... E PEER EDUCATOR ..... F YOUTH-FRIENDLY CORNER ... G OTHER (SPECIFY) ..... X _____ DON'T KNOW ..... Z	SHOP ..... A PHARMACY ..... B HOSPITAL/CLINIC ..... C FAMILY PLANNING CENTRE .... D BAR/HOTEL ..... E PEER EDUCATOR ..... F YOUTH-FRIENDLY CORNER .... G OTHER (SPECIFY) ..... X _____ DON'T KNOW ..... Z
Q320a	The last time you had a sexual act, with this partner, did you drink alcohol before sex?	YES ..... 1 NO ..... 2 DON'T KNOW 8	YES ..... 1 NO ..... 2 DON'T KNOW 8	YES ..... 1 NO ..... 2 DON'T KNOW 8
Q320b	The last time you had a sexual act, with this partner, did this partner drink alcohol before sex?	YES ..... 1 NO ..... 2 DON'T KNOW 8	YES ..... 1 NO ..... 2 DON'T KNOW 8	YES ..... 1 NO ..... 2 DON'T KNOW 8
Q320c	**IF NO TO BOTH Q320A AND Q320B GO TO Q321.** Were you or your partner drunk at that time? IF YES, WHO?	RESPONDENT ONLY ..... 1 PARTNER ONLY ..... 2 RESPONDENT AND PARTNER BOTH ..... 3 NEITHER 4	RESPONDENT ONLY ..... 1 PARTNER ONLY ..... 2 RESPONDENT AND PARTNER BOTH ..... 3 NEITHER 4	RESPONDENT ONLY ..... 1 PARTNER ONLY ..... 2 RESPONDENT AND PARTNER BOTH ..... 3 NEITHER 4
Q321	In the past 12 months, how often did you or this partner use a condom during sex? Always, sometimes, or never?	ALWAYS ..... 1 SOMETIMES ..... 2 NEVER ..... 3 DON'T KNOW 8	ALWAYS ..... 1 SOMETIMES ..... 2 NEVER ..... 3 DON'T KNOW 8	ALWAYS ..... 1 SOMETIMES ..... 2 NEVER ..... 3 DON'T KNOW 8
Q322	In the past 12 months, how likely is it that this partner had other sex partners? Very likely, somewhat likely, or not at all likely?	VERY LIKELY ..... 1 SOMEWHAT LIKELY ..... 2 NOT AT ALL LIKELY ..... 3 DON'T KNOW 8	VERY LIKELY ..... 1 SOMEWHAT LIKELY ..... 2 NOT AT ALL LIKELY ..... 3 DON'T KNOW 8	VERY LIKELY ..... 1 SOMEWHAT LIKELY ..... 2 NOT AT ALL LIKELY ..... 3 DON'T KNOW 8
Q323	Now think about the partner you had sex with before the partner we just talked about. Was this sexual contact within the past 12 months?	YES ..... 1 (IF YES, GO BACK TO Q307a AND ASK ABOUT NEXT PARTNER) NO ..... 2 (IF NO, GO TO Q324)	YES ..... 1 (IF YES, GO BACK TO Q307a AND ASK ABOUT NEXT PARTNER) NO ..... 2 (IF NO, GO TO Q324)	GO TO Q324

No.	Questions and Filters	Coding Categories	Skip to
Q324	How many people have you had sex with in the past 4 weeks?	4 WEEK TOTAL ..... [__|__] NONE ..... [__|__] →	Q326
Q325 PLACE	How many of these people were new sexual partners for you in the past four weeks? That is, the first time you had sex with them was in the past four weeks. This includes partners with whom you had sex only one time.	4 WEEK TOTAL ..... [__|__]	
Q326 PLACE	How many people have you had sex with in the past 12 months? This includes all male and female partners – people you had sex with only once and people you have had sex with regularly, such as a spouse or someone you live with.	12 MONTHS TOTAL ..... [__|__]	
Q327 PLACE	Of these partners you had sex with in the past 12 months, how many did you have sex with for the first time in the past 12 months?	12 MONTHS NEW..... [__|__]	
Q328F	RESPONDENT IS FEMALE ☐ ↓	RESPONDENT IS MALE ☐ →	Q335
Q329	Now I would like to ask you some personal questions. I know that these questions are very personal. However, your answers are confidential, and are crucial for understanding how women are treated.		
Q330	The first time you had sexual intercourse, would you say that you had it because you wanted to, or because you were forced to have it against your will?	WANTED TO ……..1 FORCED TO ……..2 REFUSED TO ANSWER/NO RESPONSE…3	
Q331	Have you ever been forced by a man to have sexual intercourse with him when you did not want to?	YES.....1 NO .....2 REFUSED TO ANSWER/NO RESPONSE….8	
Q332	In the last 12 months, has anyone forced you to have sexual intercourse against your will?	YES.....1 NO .....2 → REFUSED TO ANSWER/NO RESPONSE…8 →	Q335 Q335
Q333	In the last 12 months, how many times did this happen?	NUMBER OF TIMES..... [__|__] DON'T KNOW 98	
Q334	Would you be willing to tell me who did this to you? If yes who? CIRCLE ALL MENTIONED. Any one else?	SPOUSE/LIVE-IN PARTNER.....A BOYFRIEND..... B FATHER ..... C BROTHER ..... D FATHER IN-LAW.....E UNCLE ..... F OTHER MALE RELATIVE..... G TEACHER ..... H EMPLOYER..... I STRANGER..... J FORMER SPOUSE/LIVE-IN PARTNER . K FORMER BOYFRIEND..... L OTHER (SPECIFY)……..X NOT WILLING TO SAY …… Z	
Q335	In the last 12 months have you paid for sex or been paid to have sex?	YES.....1 NO .....2 →	Q338
Q336	The last time you paid for sex or were paid to have sex, did you or this partner use a condom?	YES.....1 NO 2	
Q337	Did you use a condom during every sexual intercourse every time you paid someone in exchange for sex in the last 12 months?	YES……..1 NO……..2 DK……..8	

No.	Questions and Filters	Coding Categories	Skip to
Q338	In total, how many different people have you had sexual intercourse with in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. If NUMBER OF PARTNERS IS GREATER THAN 95, WRITE "95'.	Number of Partners_____ [__|__] Don't Know……98	
Q339	In the past 12 months, did you have "dry sex," that is, did you or a sexual partner do anything to dry or tighten the vagina before sex?	YES.....1 NO .....2 DON'T KNOW 8	
Q340	I'm going to read some statements about condoms, please tell me whether you agree or disagree with each statement. a. Condoms break easily. b. Condoms suppress sexual pleasure. c. Condoms are for use with regular partners. d. Condoms promote promiscuity. e. Most parents support the use of condoms by young people. f. Most young people support the use of condoms by their friends. g. Condoms are too embarrassing to suggest.	AGREE DISAG DK BREAK EASILY .....1 2 8 SUPPRESS PLEASURE..... 1 2 8 USE WITH REG PARTNERS .. 1 2 8 PROMOTE PROMISCUITY ..... 1 2 8 PARENTS SUPPORT ..... 1 2 8 YOUNG PEOPLE SUPPORT .. 1 2 8 EMBARRASSING ……..1 2 8	
Q341	If used every time a person has sex, how effective are condoms for preventing HIV and AIDS? Very effective, somewhat effective, or not at all effective?	VERY EFFECTIVE ..... 1 SOMEWHAT EFFECTIVE .....2 NOT AT ALL EFFECTIVE .....3 NOT SURE 8	
Q342	If used every time a person has sex, how effective are condoms for preventing other sexually transmitted diseases like genital herpes, genital warts, gonorrhea, syphilis, or chlamydia? Very effective, somewhat effective, or not at all effective?	VERY EFFECTIVE ..... 1 SOMEWHAT EFFECTIVE .....2 NOT AT ALL EFFECTIVE .....3 NOT SURE 8	
Q343	Do you know of a place where a person can get condoms?	YES.....1 NO .....2 →	**Section 4**
Q344	What places do you know of where a person can get condoms? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. (NAME OF PLACE) _____ PROBE: Any other place? (CIRCLE ALL PLACES THAT ARE MENTIONED.)	PUBLIC SECTOR GOVERNMENT HOSPITAL .....A GOVERNMENT HEALTH CENTRE .....B FAMILY PLANNING CLINIC .....C MOBILE CLINIC .....D COMMUNITY HEALTH WORKER.....E YOUTH-FRIENDLY CORNER……F OTHER PUBLIC (SPECIFY).....G _____ PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC .....H PHARMACY .....I PRIVATE DOCTOR.....J MOBILE CLINIC .....K COMMUNITY HEALTH WORKER.....L OTHER PRIVATE (SPECIFY) .....M _____ OTHER SOURCE PEER EDUCATOR .....N VCT CENTER .....O SHOP.....P CHURCH .....Q FRIENDS/RELATIVES .....R OTHER (SPECIFY) .....X _____	
Q345	If you wanted to, could you yourself get a condom?	YES.....1 NO 2	

Section 4: Sexually Transmitted Diseases

READ OUT: Now I would like to ask some questions relating to circumcision and sexually transmitted diseases.

No.	Questions and filters	Coding categories	Skip to
Q401	Some men or women have been circumcised. Have you been circumcised?	YES ..... 1 NO ..... 2 →	Q405
Q402	At what age were you circumcised?	INFANT/CHILD (<13 YRS OLD) ..... 1 YOUTH/ADOLESCENT (13-19 YRS OLD).... 2 ADULT (20+ YRS OLD) ..... 3 DON'T KNOW..... 8	
Q403	Was your circumcision done traditionally or medically?	TRADITIONALLY ..... 1 MEDICALLY ..... 2 DON'T KNOW..... 8	
Q404	What is the main reason you were circumcised?	TRADITION ..... 1 RELIGION..... 2 HEALTH/HYGIENE..... 3 SEXUAL SATISFACTION ..... 4 EASE OF PUTTING ON CONDOM..... 5 OTHER (SPECIFY)..... 6 DON'T KNOW..... 8 →	Q409

No.	Questions and filters	Coding categories	Skip to
Q405	RESPONDENT IS MALE →	RESPONDENT IS FEMALE →	Q409
Q406	Would you be interested in getting circumcised if it were safe and affordable?	YES ..... 1 NO ..... 2 → DON'T KNOW..... 8 →	Q408 Q408
Q407	Why would you be interested in getting circumcised? IF MORE THAN ONE ANSWER, PROBE: What is the <u>main</u> reason?	TRADITION ..... 1 RELIGION..... 2 HEALTH/HYGIENE..... 3 SEXUAL SATISFACTION ..... 4 EASE OF PUTTING ON CONDOM..... 5 OTHER (SPECIFY)..... 6 DON'T KNOW..... 8 →	Q410
Q408	Why would you not be interested in getting circumcised? IF MORE THAN ONE ANSWER, PROBE: What is the <u>main</u> reason?	TRADITION ..... 01 RELIGION..... 02 HEALTH/HYGIENE..... 03 SEXUAL SATISFACTION ..... 04 EASE OF PUTTING ON CONDOM..... 05 COST..... 06 PAIN ..... 07 OTHER (SPECIFY)..... 08 DON'T KNOW..... 98	

Q409	RESPONDENT IS FEMALE	RESPONDENT IS MALE	Q410
Q409a	If you could choose, would you prefer a sexual partner who was circumcised or not circumcised?	CIRCUMCISED ..... 1 NOT CIRCUMCISED ..... 2 → Q409c NO PREFERENCE ..... 3 → Q410 DON'T KNOW 8	
Q409b	Why would you prefer a sexual partner who was circumcised?	TRADITION ..... 1 RELIGION ..... 2 HEALTH/HYGIENE ..... 3 SEXUAL SATISFACTION ..... 4 EASE OF PUTTING ON CONDOM ..... 5 OTHER (SPECIFY) ..... 6 _____ DON'T KNOW 8	Q410
Q409c	Why would you prefer a sexual partner who was not circumcised?	TRADITION ..... 1 RELIGION ..... 2 HEALTH/HYGIENE ..... 3 SEXUAL SATISFACTION ..... 4 EASE OF PUTTING ON CONDOM ..... 5 OTHER (SPECIFY) ..... 6 _____ DON'T KNOW 8	
Q410	Have you ever heard of diseases or infections that can be transmitted through sexual intercourse (STDs)? For example, genital herpes, genital warts, gonorrhea, syphilis, or Chlamydia?	YES ..... 1 NO ..... 2 → Section 5 DON'T KNOW ..... 8 → Section 5	
Q411	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
Q412	In a woman, what signs and symptoms would lead you to think that she has such a disease or infection? Any others? (DO NOT READ OUT THE SYMPTOMS.) (CIRCLE ALL THAT ARE MENTIONED.) (MORE THAN ONE ANSWER IS POSSIBLE)	ABDOMINAL PAIN ..... A DISCHARGE FROM VAGINA ..... B FOUL SMELLING DISCHARGE ..... C ITCHING IN GENITAL AREA ..... D BURNING PAIN ON URINATION ..... E PAIN DURING INTERCOURSE ..... F GENITAL ULCERS/OPEN SORES ..... G SWELLINGS IN GENITAL AREA ..... H BLOOD IN URINE ..... I FAILURE TO PASS URINE ..... J LOSS OF WEIGHT ..... K INABILITY TO CONCEIVE ..... L NO SYMPTOMS ..... M OTHER (SPECIFY) ..... X _____ DON'T KNOW ..... Z	
413	In a man, what signs and symptoms would lead you to think that he has such an infection? Any other symptom? (DO NOT READ OUT THE SYMPTOMS.) (CIRCLE ALL THAT ARE MENTIONED.) (MORE THAN ONE ANSWER IS POSSIBLE.)	ABDOMINAL PAIN ..... A DISCHARGE FROM PENIS ..... B FOUL SMELLING DISCHARGE ..... C ITCHING IN GENITAL AREA ..... D BURNING PAIN ON URINATION ..... E PAIN DURING INTERCOURSE ..... F GENITAL ULCERS/OPEN SORES ..... G SWELLINGS IN GENITAL AREA ..... H BLOOD IN URINE ..... I FAILURE TO PASS URINE ..... J LOSS OF WEIGHT ..... K IMPOTENCE ..... L NO SYMPTOMS ..... M OTHER (SPECIFY) ..... X _____ DON'T KNOW ..... Z	

Q414	CHECK Q301 HAS HAD SEXUAL INTERCOURSE ☐	NEVER HAD SEXUAL INTERCOURSE ☐ →	Section 5
Q415	MALE Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis? FEMALE Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal discharge?	YES ..... 1 NO ..... 2 DON'T KNOW.....8	
Q416	MALE Sometimes men have a sore or ulcer on or near their penis. During the last 12 months, have you had an ulcer or sore on or near your penis? FEMALE Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES ..... 1 NO ..... 2 DON'T KNOW.... 8	
Q417	CHECK: Q415 AND Q416 DISCHARGE OR ULCER, YES ☐	NO DISCHARGE AND NO ULCER ☐ →	Q420
Q418	When you last had a genital discharge or ulcer, did you seek any kind of advice or treatment?	YES ..... 1 NO ..... 2 →	Q420
Q419	From the time you first noticed the discharge/ulcer, how long did it take you to seek treatment? (COMPLETE ONLY ONE OPTION.)	DAYS ....1 [__|__] WEEKS..... .....2 [__|__] MONTHS ....3 [__|__]	

No.	Questions and Filters	Coding Categories	Skip to
Q420	Husbands and Wives and boyfriend/girlfriend and do not always agree on everything. Please tell me if you think a wife/girlfriend is justified in refusing to have sex with her husband/boyfriend when she knows he has a disease that can be transmitted through sexual contact?	YES ....1 NO ....2 DEPENDS/UNSURE 8	
Q421	When a wife/girlfriend knows her husband/boyfriend has a disease that can be transmitted through sexual contact, is she justified in asking that they use a condom when they have sex?	YES ....1 NO ....2 DEPENDS/UNSURE 8	
Q422	CHECK 203: FEMALE CURRENTLY MARRIED OR HAS A BOYFRIEND ☐	FEMALE, NOT MARRIED OR DATING MALE OR IF MALE ☐ →	Q425
Q423	Can you say no to your husband/boy friend if you do not want to have sexual intercourse?	YES ....1 NO ....2 DEPENDS/UNSURE 8	
Q424	Could you ask your husband/boy friend to use a condom if you wanted him to?	YES ....1 NO ....2 DEPENDS/UNSURE 8	
Q425 New indicator of injection safety	Have you had an injection for any reason in the last six months? IF YES: How many injections did you have? IF NUMBER OF INJECTIONS IS GREATER THAN 94, OR DAILY FOR 3 MONTHS OR MORE, RECORD '95'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	Number of Injections ☐☐ None.....00	**If "00". Skip to Sect. 5**

No.	Questions and Filters	Coding Categories	Skip to
Q426	Among these injections, how many were administered by a doctor or a nurse or a pharmacist or a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS GREATER THAN 94, OR DAILY FOR 3 MONTHS OR MORE, RECORD '95'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	Number of injections ☐☐ None……00	**If "00". Skip to Sect. 5**
Q427	The last time you had an injection, where did you go for the injection to be given?	PUBLIC SECTOR GOVERNMENT HOSPITAL……11 GOVERNMENT HEALTH CENTER……12 OTHER PUBLIC _____16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/DOCTOR……21 DENTIST……22 PHARMACY……23 NURSE/HEALTH WORKER/PRIVATE OFFICE/HOME……24 OTHER PRIVATE MEDICAL_____26 (SPECIFY) OTHER PLACE AT HOME……31 OTHER SPECIFY_____36	
Q428	The last time you had an injection, did the person who gave you the injection take the syringe and needle from a new, unopened package?	YES ……1 NO……2 DK……8	

Section 5: Knowledge about and level of exposure to interventions

READ OUT: Now I would like to ask some questions about HIV, the virus that causes AIDS.

No.	Questions and filters	Coding categories	Skip to
Q501	Have you ever heard of an illness called AIDS, or HIV, the virus that causes AIDS?	YES ..... 1 NO ..... 2 →	Q711
Q502a	From what source(s) did you receive this information about the AIDS virus? Any other source? (CIRCLE ALL THAT ARE MENTIONED.) (MORE THAN ONE ANSWER IS POSSIBLE.)	[LOCAL PEER EDUCATION INTERVENTION IEC] ..... A TELEVISION ..... B RADIO ..... C PARTNER/BOY/GIRLFRIEND ..... D FRIEND ..... E PARENTS ..... F OTHER FAMILY MEMBER ..... G PEER EDUCATOR ..... H YOUTH-FRIENDLY CORNER ..... I HEALTH CARE WORKER ..... J CO-WORKER/SCHOOL MATE ..... K NEWSPAPER/MAGAZINE ..... L TRADITIONAL HEALER ..... M TEACHER ..... N OTHER (SPECIFY) ..... X _____ DON'T KNOW ..... Z	
Q502b	How trustworthy do you consider the following sources for information about HIV and AIDS? Do you consider them (Sources) very trustworthy, somewhat trustworthy or not trustworthy at all? (READ OUT SOURCES)	VERY SOMEWHAT NOT Local peer ed Program] 1 2 3 Television 1 2 3 Radio 1 2 3 Partner/ Boy/girlfriend 1 2 3 Friend 1 2 3 Parents 1 2 3 Other family 1 2 3 Peer educator 1 2 3 Youth-friendly Corner 1 2 3 Health care Worker 1 2 3 Co-worker/ School mate 1 2 3 Newspaper/ Magazine 1 2 3 Traditional Healer 1 2 3 Teacher 1 2 3	

No.	Questions and filters	Coding categories	Skip to
Q502c	How likely would you use or go to the following sources for information about HIV and AIDS? Is it very likely, somewhat likely or not likely at all? (READ OUT SOURCES	VERY SOMEWHAT NOT Local peer ed Program] 1 2 3 Television 1 2 3 Radio 1 2 3 Partner/ Boy/girlfriend 1 2 3 Friend 1 2 3 Parents 1 2 3 Other family 1 2 3 Peer educator 1 2 3 Youth-friendly Corner 1 2 3 Health care Worker 1 2 3 Co-worker/ School mate 1 2 3 Newspaper/ Magazine 1 2 3 Traditional Healer 1 2 3 Teacher 1 2 3	
Q502d	Have you ever seen or listened to a programme called Community Health with sisters (Sister Evelina)? Heart Campaign? HIV and AIDS and Human Rights-making the connections? Your Health Matters? Kabanana? Tikambe? Bauze Radio Show? Lifeline? Club New Teen Generation (NTG)? Mwanawanga?	YES NO 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	
Q503	Is there anything a person can do to reduce their chances of getting infected with the AIDS virus?	YES ..... 1 NO ..... 2 → Q505 DON'T KNOW ..... 8 → Q505	

No.	Questions and filters	Coding categories	Skip to
Q504	In what ways can people reduce their chances of getting infected with the AIDS virus? Any other ways? (DO NOT READ OUT THE ANSWERS.) (CIRCLE ALL THAT ARE MENTIONED.) (MORE THAN ONE ANSWER IS POSSIBLE.)	ABSTAIN FROM SEX ..... A USE CONDOMS ..... B LIMIT TO ONE PARTNER/ STAY FAITHFUL TO ONE PARTNER ..... C LIMIT NUMBER OF SEXUAL PARTNERS ..... D AVOID SEX WITH PROSTITUTES ..... E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS ..... F AVOID SEX WITH HOMOSEXUALS ..... G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY ..... H AVOID BLOOD TRANSFUSIONS ..... I AVOID INJECTIONS ..... J AVOID KISSING ..... K AVOID MOSQUITO BITES ..... L SEEK PROTECTION FROM TRADITIONAL HEALER ..... M AVOID SHARING RAZORS BLADES ..... N OTHER (SPECIFY) ..... X _____ DON'T KNOW ..... Z	
Q505	Now I'm going to read out some questions about the AIDS virus. Some of the questions have accurate information and other incorrect information. Don't worry about getting the right answer, just say what you think. Can a person who looks healthy be infected with the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
Q506	Can people reduce their chances of getting the AIDS virus by using a condom correctly every time they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
Q507	Do you think that a person can get infected with the AIDS virus through mosquito bites?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
Q508	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
Q509	Can people reduce their chance of getting the AIDS virus by abstaining from sexual intercourse?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
Q510	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
Q511	Can people get the AIDS virus because of witchcraft or other supernatural powers?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
Q512	Can the AIDS virus be transmitted from a mother to a child?	YES ..... 1 NO ..... 2 DON'T KNOW 8	Q516
Q513	Can the AIDS virus be transmitted from a mother to a child: (READ OUT) During pregnancy? At delivery? Through breast milk?	YES NO DON'T KNOW 1 2 8 1 2 8 1 2 8	
Q514	Are there any special medications that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
Q515	Can the risk of mother to child transmission be reduced by avoiding breastfeeding?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
Q516	Are there any special medications that a doctor or nurse can give to a person infected with HIV and AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW 8	**Sec 6**
Q517	Do you know where a person could obtain these medications/treatment?	YES ..... 1 NO ..... 2 DON'T KNOW 8	

Section 6: Attitudes toward people living with HIV and AIDS, gender, counselling

READ OUT: Now I would like to ask you some questions about what people think and their attitudes towards people with AIDS.

No.	Questions and filters	Coding categories	Skip to
Q601	Do you personally know anyone who has died from AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
Q602	Do you personally know anyone who is suspected to have the AIDS virus or who has the AIDS virus?	YES ..... 1 NO ..... 2 → Q606 DON'T KNOW ..... 8 → Q606	
Q603	Do you personally know someone who has been denied health services in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES.....1 NO.....2	
Q604	Do you personally know someone who has been denied involvement in social events, religious services or community events in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES.....1 NO.....2	
Q605	Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES.....1 NO.....2	
Q606	Do you agree or disagree with the following statement: people with AIDS should be ashamed of themselves?	AGREE.....1 DISAGREE.....2	
Q607	Do you agree or disagree with the following statement: people with the AIDS virus should be blamed for bringing the disease into the community?	AGREE.....1 DISAGREE.....2	
Q608	Have you ever shared a meal with a person you knew or suspected had HIV or AIDS?	YES ..... 1 NO 2	
Q609	If a relative of yours became sick with the AIDS virus, would you be willing to care of him or her in your own household?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
Q610	If a worker has the AIDS virus but is not sick, should he/she be allowed to continue working?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
Q611	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES ..... 1 NO 2	
Q612	In your opinion, do you think that unmarried women should always be able to buy condoms?	YES ..... 1 NO 2	
Q613	If a member of your family got infected with the virus that causes AIDS would you want it to remain a secret or not?	YES ..... 1 NO 2	
Q614	CHECK Q203 CURRENTLY MARRIED OR LIVING WITH SEXUAL PARTNER? YES ☐ NO ☐ →		**Sect 7**
Q615	Have you ever talked with your wife/husband or partner you are living with about ways to prevent getting the AIDS virus?	YES ..... 1 NO 2	

Section 7: HIV Testing

READ OUT: The next questions are about health services and about testing for HIV, the virus that causes AIDS.

No.	Questions and filters	Coding categories	Skip to
Q701	I don't want to know the results but have you ever been tested to see if you have the AIDS virus?	YES ..... 1 NO ..... 2 →	Q707
Q702	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.	PUBLIC SECTOR GOVERNMENT HOSPITAL ..... 11 GOVERNMENT HEALTH CENTER ..... 12 FAMILY PLANNING CLINIC ..... 13 MOBILE CLINIC ..... 14 OTHER PUBLIC (SPECIFY) ..... 15 _____ VCT CENTER (TESTING CENTER) ..... 21 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ..... 31 PRIVATE DOCTOR ..... 32 MOBILE CLINIC ..... 33 OTHER PRIVATE (SPECIFY) ..... 34 _____ OTHER (SPECIFY) 35	
Q703	When was the last time you were tested for the AIDS virus? (COMPLETE ONLY ONE OPTION.) (ENTER 00 IF LESS THAN A WEEK) ENTER 'MONTHS AGO' ONLY IF 11 MONTHS OR LESS. ENTER 'YEARS AGO' ONLY IF ONE OR MORE YEARS AGO.	WEEKS AGO ..... 1 [__|__] MONTHS AGO ..... 2 [__|__] YEARS AGO ..... 3 [__|__]	
Q704	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted or was it required?	ASKED FOR THE TEST ..... 1 OFFERED AND ACCEPTED ..... 2 REQUIRED 3	
Q705	I don't want to know the results but did you get the results of the test?	YES ..... 1 NO 2	
Q706	Did you receive counselling before the HIV test?	YES ..... 1 NO 2	
Q707	Would you ever want to be tested (again) for HIV?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
Q708	Some individuals would choose not to go for VCT. Why, in your opinion is this so? (CIRCLE ALL THAT ARE MENTIONED.) (MORE THAN ONE ANSWER IS POSSIBLE.)	FEEL THEY ARE NOT AT RISK ..... A FEAR OF RESULTS ..... B FEAR OF STIGMA/DISCRIMINATION ..... C DON'T KNOW WHERE TO GO ..... D OTHER (SPECIFY) ..... X _____	
Q709	Do you know of a place where you can go to get an HIV test?	YES ..... 1 NO ..... 2 →	Q711

No.	Questions and filters	Coding categories	Skip to
Q710	If you wanted to be tested, where would you go for the test? (CIRCLE ALL THAT ARE MENTIONED.) (MORE THAN ONE ANSWER IS POSSIBLE.)	VCT CENTER (HIV TESTING CENTER) ..... A HOSPITAL/CLINIC ..... B YOUTH-FRIENDLY CORNER..... C PHARMACY ..... D MOBILE CLINIC ..... E FAMILY PLANNING CENTER ..... F SHOP ..... G TRADITIONAL HEALER..... H CHURCH..... I FRIEND/RELATIVE ..... J PEER EDUCATOR ..... K BAR/HOTEL ..... L OTHER (SPECIFY)..... X _____ DON'T KNOW..... Z	
Q711	RESPONDENT IS FEMALE ☐ →	RESPONDENT IS MALE ☐ →	**Sec 9**

Section 8: Childbearing and Antenatal Care (WOMEN ONLY)

READ OUT: The following questions are about the births you have had during your life and about your antenatal care visits.

No.	Questions and filters	Coding categories	Skip to
Q801	Have you ever given birth?	YES..... 1 → NO..... 2	Q803
Q802	Have you ever been pregnant?	YES..... 1 → NO..... 2 DON'T KNOW ..... 8 →	Q806 **Sec. 9**
Q803	How many times have you given birth?	NUMBER OF BIRTHS..... [__|__]	
Q804	Now I would like to ask you about your last birth, whether the child is still alive or not. In what month and year did you have your last birth?	MONTH..... [__|__] DON'T KNOW MONTH ..... 98 YEAR ..... |__[__|__]__| DON'T KNOW YEAR..... 9998	
Q805	About how many years ago was your last birth? [IF LESS THAN ONE YEAR ENTER 00]	YEARS AGO……[__|__]	
Q806	Now I would like to ask some questions about your last pregnancy. Did you see anyone for antenatal care during that pregnancy?	YES..... 1 NO..... 2 →	Q813
Q807	At any time during your visit(s) to the antenatal clinic, were you given any information or counselled about AIDS or the AIDS virus?	YES..... 1 NO..... 2 →	Q808a
Q808	Who did you receive information or counselling from? CIRCLE ALL THAT ARE MENTIONED	HEALTH CARE WORKER ……A YOUTH-FRIENDLY CORNER ……B PEER EDUCATORS/COUNCELLOR…..C ADULT COUNCELLOR……D OTHER SPECIFY_____ X	

No.	Questions and filters	Coding categories	Skip to
Q808a	During any of the antenatal visits for that pregnancy, did anyone talk to you about: Babies getting the AIDS virus from their mother Things that you can do to prevent getting the AIDS Virus? Getting tested for the AIDS virus? (READ OUT)	YES NO DK AIDS Virus FROM MOTHER 1 2 8 THINGS TO DO 1 2 8 TESTED FOR AIDS Virus 1 2 8	
Q808b	At any time during your visit(s) to the antenatal clinic, were you told of the availability of drugs that can prevent an unborn child from getting HIV and AIDS from the mother at birth?	YES.....1 NO.....2	
Q808c	At any time during your visit(s) to the antenatal clinic, were you given any information or counselled about other sexually transmitted diseases (STDs)? IF NEEDED, SAY: For example, genital herpes, genital warts, gonorrhoea, syphilis, or chlamydia?	YES.....1 NO.....2	
Q809	Were you offered a test for the AIDS virus as part of your antenatal care?	YES.....1 NO.....2 →	Q813
Q810	I don't want to know the results but were you tested for the AIDS virus as part of your antenatal care?	YES.....1 NO.....2 →	Q813
Q811	I don't want to know the results, but did you get the results of the test?	YES.....1 NO.....2	
Q812	Have you been tested for the AIDS virus since that time you were tested during your pregnancy?	YES.....1 NO.....2	
Q813	Are you pregnant now?	YES.....1 NO.....2 → DON'T KNOW 8	**Sec. 9**
Q814	How many months pregnant are you? IF SHE DOESN'T KNOW, ASK: Are you early in the pregnancy, in the middle of the pregnancy, or late in the pregnancy? ENTER 2 FOR EARLY. ENTER 5 FOR MIDDLE. ENTER 8 FOR LATE.	MONTHS OF PREGNANCY.....[___]	
Q815	Have you gone for antenatal care during this pregnancy?	YES.....1 NO.....2	

Section 9: Peer education and local community

READ OUT: The following questions are about young people and peer education in your community.

No.	Questions and filters	Coding categories		Skip to
Q901	Have you ever been a peer educator?	YES, CURRENT MEMBER YES, PREVIOUS MEMBER NEVER A MEMBER	1 2 8	
Q902	Are any of your friends or family members current or previous peer educators?	YES, CURRENT MEMBER YES, PREVIOUS MEMBER NEVER A MEMBER	1 2 8	
Q903	Have you ever seen or heard a health message from a peer educator?	YES NO DON'T KNOW	1 2 8	
Q904	Have you ever talked to a peer educator about any health topic?	YES NO DON'T KNOW	1 2 8	
Q905	**IF NO OR DON'T KNOW TO Q903 & Q904 SKIP TO Q910** How many times have you ever talked with, seen or heard a peer educator in the **last 6 months**?	10 TIMES OR MORE 6-9 TIMES 2-5 TIMES ONLY 1 TIME NEVER	1 2 3 4 5	
Q906	During which activities did you interact with a peer educator in the **last 6 months**? (READ LIST; CIRCLE ALL THAT ARE MENTIONED)	Received materials (pamphlet, brochure, etc.) Received condoms Received a referral to clinic or hospital Received a referral to VCT centre At youth-friendly corner Performance (sketch, play, song, drama) Discussion groups Lecture or workshop Counseling Home visits One to one discussions Heard on radio or television Other, please specify_____ None	a b c d e f g h i j k l x Z	
Q907	Which topics did you hear about from a peer educator? (READ LIST; CIRCLE ALL THAT ARE MENTIONED)	HIV and AIDS Sexual transmitted infections Pregnancy prevention Condoms Other contraceptive methods (pills, injections, IUD) Abstinence Communicating with partners Gender issues Sexuality Relationships Being an adolescent/young person Self-esteem and life skills Family communication Stigma and discrimination Drugs/alcohol Gender violence Child abuse Other, please specify_____ None	a b c d e f g h i j k l m n o p q x Z	
Q908	From which program(s) was the peer educator (s) associated with? (**WRITE DOWN THE NAME OF THE PROGRAMS AND INSTITUTION REPRESENTED**)	_____		
Q909	How knowledgeable are the peer educators in your community with regard to the information they provide?	VERY KNOWLEDGABLE SOMEWHAT KNOWLEDGABLE NOT VERY KNOWLEDGABLE NOT AT ALL KNO WLEDGABLE DON'T KNOW/NO OPINION	1 2 3 4 8	
Q910	How likely do you think young people in your community would change their behavior as a result of talking with the peer educators working in your community?	VERY LIKELY SOMEWHAT LIKELY NOT VERY LIKELY NOT AT ALL LIKELY DON'T KNOW/NO OPINION	1 2 3 4 8	

No.	Questions and filters	Coding categories		Skip to
Q911	How important are the peer educators to improving the health of young people in your community? Would do you say very important, slightly important or not at all important?	VERY IMPORTANT SLIGHTLY IMPORTANT NOT AT ALL IMPORTANT DON'T KNOW/NO OPINION	1 2 3 8	
Q912	Thinking about all the health needs in this community, do you think the government should spend more, less, or the same amount of money on this community's peer education program?	MORE LESS SAME DON'TKNOW/NO OPINION	1 2 3 8	
Q913	Do you think that it is appropriate for peer educators to discuss sensitive topics such as sex, HIV, and condom use in this community?	YES NO DON'T KNOW	1 2 8	
Q914	Do you think that it is appropriate for young people in this community to learn about issues related to sex from peer educators?	YES NO DON'T KNOW	1 2 8	
Q915	Do you think that it is appropriate for young people in this community to learn about HIV and AIDS from peer educators?	YES NO DON'T KNOW	1 2 8	
Q916	Do you think that it is appropriate for young people in this community to learn about abstinence from peer educators?	YES NO DON'T KNOW	1 2 8	
Q917	Do you think that it is appropriate for young people in this community to learn about being faithful to a partner from peer educators?	YES NO DON'T KNOW	1 2 8	
Q918	Do you think that it is appropriate for young people in this community to receive condoms from peer educators?	YES NO DON'T KNOW	1 2 8	
Q919	Do you think that it is appropriate for young people in this community to receive referrals to health services such as Voluntary Counseling and Testing (VCT) for HIV or sexually transmitted infection (STI) testing from peer educators?	YES NO DON'T KNOW	1 2 8	
COMMUNITY ISSUES **Please indicate if you agree or disagree with the following statements.**				
Q920	People in this community are able to discuss the HIV and AIDS problems that affect everyone.	STRONGLY AGREE AGREE UNSURE DISAGREE STRONGLY DISAGREE	1 2 3 4 5	
Q921	If a problem arises that people cannot solve by themselves, this community as a whole is able to solve it.	STRONGLY AGREE AGREE UNSURE DISAGREE STRONGLY DISAGREE	1 2 3 4 5	
Q922	People in this community usually have trouble dealing with HIV and AIDS.	STRONGLY AGREE AGREE UNSURE DISAGREE STRONGLY DISAGREE	1 2 3 4 5	
Q923	Whenever leaders ask people to work on projects together, people are willing to join in and to do their share of the work.	STRONGLY AGREE AGREE UNSURE DISAGREE STRONGLY DISAGREE	1 2 3 4 5	
Q924	In this community, people are able to solve the most difficult situations because they are all committed to common goals.	STRONGLY AGREE AGREE UNSURE DISAGREE STRONGLY DISAGREE	1 2 3 4 5	
Q925	This community can come up with creative ways to improve the HIV and AIDS situation, even without outside support.	STRONGLY AGREE AGREE UNSURE DISAGREE STRONGLY DISAGREE	1 2 3 4 5	
Q926	Do your friends (same sex) who are sexually active always use a condom with new sex partners?	YES ALL YES SOME NO DON'T KNOW	1 2 3 8	
Q927	Do your friends (same sex) have difficulties demanding condom use of a new sex partner?	YES ALL YES SOME NO DON'T KNOW	1 2 3 8	

Q928	Is avoiding sex acceptable among your friends (same sex) to protect against HIV, STI and pregnancy?	YES ALL..... 1 YES SOME..... 2 NO..... 3 DON'T KNOW..... 8	
Q929	Have you discussed avoiding sex with your friends (same sex) to protect against HIV, STI and pregnancy?	YES ALL..... 1 YES SOME..... 2 NO..... 3 DON'T KNOW..... 8	
Q930	Have you discussed using a condom with your friends (same sex) to protect against HIV, STI and pregnancy?	YES ALL..... 1 YES SOME..... 2 NO..... 3 DON'T KNOW..... 8	
Intentions and self efficacy			
Q931	Do you intend to use a condom whenever you have sex with any new sex partner?	YES ALL THE TIME..... 1 YES SOMETIMES..... 2 NO..... 3 DON'T KNOW..... 8	
Q932	Do you intend to use a condom whenever you have sex with a casual sex partner?	YES ALL THE TIME..... 1 YES SOMETIMES..... 2 NO..... 3 DON'T KNOW..... 8	
Q933	Do you believe you can persuade a new sex partner to use a condom?	YES ALL THE TIME..... 1 YES SOMETIMES..... 2 NO..... 3 DON'T KNOW..... 8	
Q934	Are you satisfied with your ability to use a condom correctly?	YES..... 1 NO..... 2 NEVER USED A CONDOM..... 3	
Finally I am going to ask you questions on sources of reproductive health information			
Q935	From what source(s) did you receive information about reproductive health? Any other source? (CIRCLE ALL THAT ARE MENTIONED.) (MORE THAN ONE ANSWER IS POSSIBLE.)	[LOCAL PEER EDUCATION INTERVENTION IEC] ..... A TELEVISION ..... B RADIO ..... C PARTNER/BOY/GIRLFRIEND..... D FRIEND ..... E PARENTS ..... F OTHER FAMILY MEMBER..... G PEER EDUCATOR..... H YOUTH-FRIENDLY CORNER..... I HEALTH CARE WORKER..... J CO-WORKER/SCHOOL MATE ..... K NEWSPAPER/MAGAZINE ..... L TRADITIONAL HEALER..... M TEACHER..... N OTHER (SPECIFY) ..... X _____ DON'T KNOW Z →	END INTERVIEW

Q936	How trustworthy do you consider the following sources for information about reproductive health? Would you say they are very trustworthy somewhat trustworthy or not trustworthy? (READ OUT SOURCES)		Very	Somewhat	Not	
		Local peer educators Program]……..	1	2	3	
		Television……	1	2	3	
		Radio…….	1	2	3	
		Partner/Boy/Girlfriend….	1	2	3	
		Friend……	1	2	3	
		Parents……..	1	2	3	
		Other Family…..……..	1	2	3	
		Peer Educator……..	1	2	3	
		Youth-Friendly Corner…	1	2	3	
		Health Care Worker……	1	2	3	
		Co-Worker/School Mate.	1	2	3	
		Newspaper/Magazine….	1	2	3	
		Traditional Healer……	1	2	3	
		Teacher…….	1	2	3	
Q937	How likely is it that you would go to or use the following sources for information about reproductive health? Would you say it is very likely, somewhat likely or not likely at all? (READ OUT SOURCES)		Very	Somewhat	Not	
		Local peer educators Program]……..	1	2	3	
		Television……	1	2	3	
		Radio…….	1	2	3	
		Partner/Boy/Girlfriend….	1	2	3	
		Friend……	1	2	3	
		Parents……..	1	2	3	
		Other Family…..……..	1	2	3	
		Peer Educator……..	1	2	3	
		Youth-Friendly Corner…	1	2	3	
		Health Care Worker……	1	2	3	
		Co-Worker/School Mate.	1	2	3	
		Newspaper/Magazine….	1	2	3	
		Traditional Healer……	1	2	3	
		Teacher…….	1	2	3	

THANK RESPONDENT AND END THE INTERVIEW.

CHECK FOR COMPLETENESS.

IMMEDIATELY STORE COMPLETED QUESTIONNAIRE IN ENVELOPE,
SEPARATE FROM HOUSEHOLD QUESTIONNAIRES.

Appendix C: Summary Indicator Tables

Table 8.1 UNAIDS Programme Indicators
Major HIV/AIDS Indicators based on Zambia Sexual Behaviour Surveys (ZSBS) 1998 – 2005

Indicators	1998 ZSBS			2000 ZSBS			2003 ZSBS			2005 ZSBS		
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
***Mother- to-Child Transmission Indicator 1*:** Percent of females who were counselled for HIV testing during antenatal care for their most recent pregnancy, accepted an offer of testing and received their test results, of all women who were pregnant at any time in the two years preceding the survey.	--	--	--	--	8.1	--	--	5.7	--	--	14.3	--
Voluntary Counselling and Testing Indicator 1: Percent of people aged 15-49 surveyed who have ever voluntarily requested an HIV test, received the test and received their results.	--	--	--	5.0	4.3	4.6	5.1	5.2	5.1	6.0	9.3	7.8
Stigma and Discrimination Indicator 1: Percent of people expressing accepting attitudes towards people with HIV (PEPFAR: AIDS Policy Index 1)	--	--	--	21.4	18.0	19.2	28.9	24.4	26.2	--	--	--
Knowledge Indicator 1: Percent of respondents who, in response to prompted questions, say that a person can reduce their risk of contracting HIV by using condoms or having sex only with one faithful, uninfected partner.	56.9	49.6	52.9	60.4	55.8	57.9	68.8	63.3	65.9	77.6	74.6	76.0
Knowledge Indicator 2: Percent of respondents who reject the two most common local misconceptions about HIV transmission and who know that a healthy looking person can be infected with HIV. In Zambia the most common misconceptions are transmission by mosquitoes and witchcraft.	--	--	--	55.7	49.0	54.6	54.1	47.5	50.7	55.8	49.2	52.4
Knowledge Indicator 5: Percent of women and men who correctly respond to prompted questions about preventing maternal to child transmission of HIV through anti-retroviral therapy and avoiding breastfeeding.	--	--	--	--	--	--	--	--	--	31.5	37.2	34.4
Sexual Negotiation Indicator 1: Percent of respondents who believe that, if her husband has a STI, a wife can either refuse to have sex with him or propose condom use, of all respondents having heard of STIs.*	--	--	--	--	--	--	--	--	--	80.0	82.5	81.4

Table 8.1 UNAIDS Programme Indicators
Major HIV/AIDS Indicators based on Zambia Sexual Behaviour Surveys (ZSBS) 1998 – 2005

Indicators	1998 ZSBS			2000 ZSBS			2003 ZSBS			2005 ZSBS		
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
Sexual Behaviour Indicator 1: Proportion of respondents who have sex with a non-marital, non-cohabiting partner in the last 12 months of all respondents reporting sexual activity in the last 12 months (PEPFAR Indicator 5)	37.4	19.7	27.7	29.0	15.7	21.9	31.3	15.9	22.9	27.5	15.7	21.6
Sexual Behaviour Indicator 2: Percent of respondents who say they used a condom the last time they had sex with a non-marital, non-cohabiting partner, of those who have had sex with such a partner in the last 12 months.	28.2	18.5	24.1	38.8	33.0	35.6	41.6	34.3	38.9	38.4	28.6	34.8
Young People's Sexual Behaviour Indicator I *:* The age by which one half of young men or young women aged 15-24 have had penetrative sex (median age) of all young people surveyed	15.5	16.5	16.5	16.5	16.5	16.5	16.5	16.5	16.5	18.5	18.5	18.5
Young People's Sexual Behaviour Indicator 2: Percent of young single people aged 15-24 years who had sex in the last 12 months of all young single people surveyed	47.2	38.8	43.4	36.4	30.7	33.5	33.2	27.7	31.6	34.5	25.4	30.6
Young People's Sexual Behaviour Indicator 3: (Percent of young single people aged 15-24 who used a condom at last sex, among all sexually active young people surveyed	27.2	19.3	23.6	37.6	35.7	36.3	39.2	34.7	37.5	36.3	27.7	33.2
Young People's Sexual Behaviour Indicator 4: (Percent of young people aged 15-24 who had sex with more than one partner in the past 12 months among all young people surveyed	--	--	--	12.4	2.1	6.0	8.5	2.7	5.3	6.2	2.8	4.3
Young People's Sexual Behaviour Indicator 5: (Percent of young people aged 15-24 who had sex in the last 12 months and used a condom at last sex with a non-regular partner among all young people surveyed (PEPFAR Indicator 5)	26.4	21.1	24.1	12.9	6.1	8.7	12.5	5.8	8.8	11.4	3.6	7.1

* See Section 3.5 of Chapter 3 and Appendix Table 3.10 on information from the years 1998-2003 using an old measurement.

Table 8.2 President's Emergency Fund for AIDS Relief (PEPFAR)

Major HIV/AIDS Indicators based on Zambia Sexual Behaviour Surveys (ZSBS) 1998 – 2005

No.	Indicators	1998 ZSBS			2000 ZSBS			2003 ZSBS			2005 ZSBS		
		Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
1	**Prevention**: Percent of young people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission												
	15-24 Urban	--	--	--	39.7	37.6	38.5	43.0	40.1	41.4	56.4	49.4	52.6
	15-24 Rural	--	--	--	24.9	19.4	21.7	27.5	21.9	24.4	40.0	35.7	37.6
	15-24 Total	--	--	--	30.7	26.9	28.4	33.4	29.0	31.0	46.1	40.5	43.0
2	**Prevention**: Percent of never married young men and women aged 15-24 who have never had sex												
	15-24	31.3	47.8	38.6	44.8	52.9	48.6	42.5	51.7	46.4	47.6	59.8	52.9
	15-19	39.2	56.9	47.8	57.7	62.9	60.3	55.5	59.4	57.3	64.0	68.9	66.3
	20-24	18.2	23.3	20.1	18.1	26.8	21.9	22.5	29.8	24.8	22.1	34.7	26.4
3	**Prevention**: Percent of never married women and men aged 15-24 who had sex in the last 12 months of all never-married women and men (aged 15-24) surveyed												
	15-24	--	--	--	35.1	25.8	30.7	33.8	28.5	31.6	34.6	25.4	30.7
	15-19	--	--	--	27.5	24.1	25.8	23.5	25.4	24.4	23.7	20.6	22.2
	20-24	--	--	--	50.7	30.4	41.8	49.6	37.4	45.7	51.7	38.7	47.1
4	**Prevention**: Percent of women and men aged 15-49 who had sex with more than one partner in the last 12 months, of those who had sex in the last 12 months												
	15-49	--	--	--	21.8	2.5	11.0	18.2	3.0	10.0	16.3	3.2	9.7
	15-24	--	--	--	25.8	2.9	10.9	19.6	4.4	10.0	6.1	2.6	4.1
	15-19	--	--	--	28.1	4.4	12.1	19.8	3.8	9.1	4.0	2.4	3.1
	20-24	--	--	--	24.6	2.0	10.2	19.4	4.7	10.4	8.3	2.8	5.2
5	**Prevention**: The percent of women and men aged 15-49 who say they used a condom the last time they had sex with a non-marital, non-cohabiting partner, of those who have had sex with such a partner in the last 12 months (UNAIDS Young People's Sexual Behaviour 5 and UNAIDS Sexual Behaviour Indicator 2)												
	15-49	28.2	18.5	24.1	38.8	33.0	35.6	41.6	34.3	38.9	37.5	28.8	34.3
	15-24	26.4	21.1	24.1	12.9	6.1	8.7	12.5	5.8	8.8	11.4	3.6	7.1
6	**Prevention**: Percent of men reporting sex with a sex worker in the last 12 months who used a condom during last paid intercourse												
		--	--	--	59.0	--	--	50.6	--	--	53.1	--	--

Table 8.2 President's Emergency Fund for AIDS Relief (PEPFAR)

Major HIV/AIDS Indicators based on Zambia Sexual Behaviour Surveys (ZSBS) 1998 – 2005

No.	Indicators	1998 ZSBS			2000 ZSBS			2003 ZSBS			2005 ZSBS		
		Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
7	**Prevention**: Average number of medical injections per person per year(six months)												
		--	--	--	--	--	--	--	--	--	0.8	0.5	0.7
8	**Prevention**: Proportion of women and men aged 15-49 reporting that the last health care injection was given with a syringe and needle set from a new, unopened package												
		--	--	--	--	--	--	--	--	--	88.5	94.8	92.9
9	**Counselling and Testing**: Percent of the general population aged 15-49 years receiving HIV test results in the last 12 months (UNAIDS Voluntary Counselling and Testing Indicator 1)												
	15-49	--	--	--	5.0	4.3	4.6	5.1	5.2	5.1	6.0	9.3	7.8
	15-24	--	--	--	3.1	3.5	3.3	4.0	4.7	4.4	4.1	8.5	6.6
10	**Care, Treatment and Support**: Percentage of adults 18-59 years who have been chronically ill for 3 or more months during the past 12 months, including those ill for 3 or more months before death, whose households have received, free of user charges, basic external support in caring for the chronically ill person												
													45.4 (any support)
		--	--	--	--	--	--	--	--	--	--	--	8.0 (all three types of support)
11	**OVC:** Percentage of orphans and vulnerable children under 18 living in households whose households have received, free of user charges, basic external support in caring for the child												
													13.4 (any support)
		--	--	--	--	--	--	--	--	--	--	--	0.0 (all four types of support)
12	**AIDS Policy Index**: Percentage of general population with accepting attitudes towards PLWHA (UNAIDS Stigma and Discrimination Indicator 1)												
		--	--	--	21.4	18.0	19.2	28.9	24.4	26.6	--	--	--