ZAMBIA
SEXUAL BEHAVIOUR SURVEY
2003

USAID

Republic of Zambia

MEASURE Evaluation

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2003

Central Statistical Office

Ministry of Health

MEASURE Evaluation

Republic of Zambia

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Contents

Abbreviations and Acronyms

AIDS	Acquired Immune Deficiency Syndrome
CBoH	Central Board of Health
CSO	Central Statistical Office
CDR	Crude Death Rate
ERP	Economic Recovery Programme
GPA	WHO Global Programme on AIDS
GRZ	Government of the Republic of Zambia
HIV	Human Immunodeficiency Virus
IEC	Information, Education, and Communication
MoH	Ministry of Health
MTCT	Mother-to-Child Transmission
NGO	Nongovernmental Organization
PLWA	People Living with HIV/AIDS
PRSP	Poverty Reduction Strategy Paper
SAP	Structural Adjustment Programme
SSS	Sentinel Surveillance System
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TFR	Total Fertility Rate
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNZA	University of Zambia
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing
WHO	World Health Organization
ZDHS	Zambia Demographic and Health Survey
ZSBS	Zambia Sexual Behaviour Survey

List of Tables

List of Figures

Preface

The Government of the Republic of Zambia (GRZ), through the Central Statistical Office (CSO) and the National AIDS Council and the Central Board of Health (CBoH), with financial and technical assistance from the United States Agency for International Development (USAID) and MEASURE *Evaluation*, conducted the third nationwide sexual behaviour survey in February and March of 2003.

The survey was designed to collect and provide information on the Zambian population regarding knowledge, attitudes, and sexual behaviour related to HIV/AIDS and STI transmission. Information was also collected on the type of assistance provided to persons and households affected by HIV/AIDS.

The survey sample comprised all women aged 15–49 and all men aged 15–59 present in the selected households and available at the time of the survey interview. The survey was also designed to provide information on background characteristics of respondents.

The CSO was responsible for the overall implementation of the survey. However, many stakeholder institutions and organisations contributed to the development of the survey instruments and the successful implementation of the survey.

The success of the survey could not have been possible without the dedicated and tireless efforts of the following staff of the CSO: Deputy Directors Mr. Modesto F.C. Banda and Mr. William C. Mayak and Survey Coordinators Mr. Kumbutso Dzekedzeke and Ms. Margaret Tembo Mwanamwenge. Also instrumental were Mr. Chibwe Lwamba, Ms. Batista Chilopa, Mr. Patrick M. Chewe, Mr. Richard Banda, Ms. Shiela S. Mudenda, Mr. Makoselo Bowa, Mr. Anthony Nkole, Mr. Hudson Muyabi, Mrs. Alice Mbewe, Mr. Augustine Mwelwa, Ms. Mambo Simataa, all the provincial heads, and the field and data processing staff.

I would also like to pay sincere gratitude to the staff of the University of Zambia (UNZA) Demography Division, Dr. Jacob R. S. Malungo and Mr. Vesper Chisumpa, for their immense contribution especially during the training of field staff.

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Lastly but not at all the least, I thank the people of Zambia for their patience, support, and trust in the CSO, especially when visited to collect important and sometimes very personal information necessary for the country's planning needs and development. Without their cooperation this survey would not have been a success.

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Executive Summary

The Zambia Sexual Behaviour Survey (ZSBS) is among the surveys that are being carried out in order to monitor the extent to which programmes to reduce the spread of HIV are succeeding. The ZSBS 2003 was the third in the series of these surveys after the 1998 and the 2000 surveys. The main objective of the ZSBS 2003 was to obtain national estimates of a number of key indicators for the National HIV/AIDS/STD programme monitoring process, such as indicators on HIV/AIDS-related knowledge, attitude, and sexual and health-seeking behaviours. The ZSBS is based on the UNAIDS/MEASURE protocol.

Knowledge

Awareness of HIV/AIDS is universal in both urban and rural areas, with 99% of men and 98% of women having heard of HIV/AIDS. This represents a slight increase from the 96% recorded for both men and women in 2000. The proportion of the population who thought that AIDS can be avoided also increased from 84% to 89% for men and 79% to 81% for women between 2000 and 2003. About 90% of men and 86% of women knew that a healthy-looking person could have HIV. Knowledge about mother-to-child transmission (MTCT) was also quite high in both rural and urban areas for both men and women. About nine in 10 men and women in urban areas reported knowledge of MTCT compared to eight in 10 men and women in rural areas.

Misconceptions about HIV transmission were also quite prevalent: 21% of men and 24% of women thought that HIV could be transmitted through mosquitoes. Among all respondents, 21% believed that HIV can be transmitted by witchcraft and 12% thought that HIV could be transmitted through sharing a meal.

Among adolescents who reported knowledge of an illness called AIDS or of the HIV virus that causes AIDS, 80% of males and 74% of females reported knowing a way in which HIV/AIDS could be avoided.

Of men and women, 77% and 71%, respectively, spontaneously mentioned condom use as a means of protecting oneself from HIV. In addition, 87% of men and 85% of women spontaneously mentioned that having one faithful partner could offer protection against HIV/AIDS transmission.

Survey results show that there has been an increase in the percentage of both men and women in rural and urban areas reporting knowledge of STIs in 2003 compared to 2000. In 2003, 94% of men and 93% of women reported knowledge of STIs, compared to 84% of men and 80% of women in 2000.

Knowledge of symptoms of STIs in men and women has also increased among rural men and among women in both urban and rural areas. Knowledge of STI symptoms in women declined slightly for urban men between 2000 and 2003.

About three in four men and 71% of women knew where they could go for HIV tests, reflecting little change between 2000 and 2003.

Attitudes

Respondents were asked a series of questions about their attitudes towards HIV-infected persons. About a third of both men and women reported having shared a meal with an HIV-infected person. Almost half (49%) of men and 43% of women were willing to buy vegetables from an infected shopkeeper. About two-thirds of both men and women felt that an infected female teacher should continue working.

Most respondents (92% of men and 90% of women) expressed a willingness to care for a family member with HIV. The proportion of urban respondents who said they were willing to provide the care was greater than for rural respondents.

About a third of both men and women (32%) stated that if a family member were HIV+, they would want to keep it a secret. This indicated that stigma and discrimination against families and individuals affected or infected by HIV are great in Zambia.

A larger proportion of men than women considered it acceptable for an unmarried woman to buy condoms (59% and 49%, respectively).

About half of both men and women felt that a married woman can protect herself against HIV/STD if she suspects her husband is infected. About 62% of men and 66% of women said a woman can refuse sex, and 61% of men and 49% of women said a woman can insist on using condoms.

Risk Behaviour

Fewer urban and rural respondents were in a polygamous marriage. In 2000, 8% of men and 9% of women were in polygamous marriage, compared to 5% of men and about 2% of women in 2003.

Respondents were also asked to state whether they had a regular or non-regular partner in the 12-month period prior to the survey. The percentages of respondents reporting a non-regular partner changed little between 2000 and 2003. The proportion of sexually active men reporting a non-regular partner was about 29% in both 2000 and 2003. The proportion of sexually active women reporting a non-regular partner was about 16% in 2003. In particular, very few married women (2%) reported a non-marital partner.

About 42% of men and 34% of women reported using a condom the last time they had sex with non-marital partners, compared to 39% of men and 33% of women in 2000. About 29% of men and 19% of women had sex with non-regular partners in exchange for money while 20% of men and 18% of women had sex while they or their partners were under the influence of alcohol.

Respondents who reported either a genital ulcer or discharge in the 12 months prior to the survey were asked questions to assess their treatment-seeking behaviour. Of those affected, 73% of men and 81% of women sought treatment for the symptom at health facilities. The percentage of men seeking advice from friends or relatives has remained almost stable. However, there was a decline from 47% in 2000 to 32% in 2003 among women.

Respondents who reported having an STI symptom (genital ulcer or discharge) in the 12 months prior to the survey were asked what they did after becoming aware of the symptom. Women were more likely than men to inform their sexual partners about their STI symptoms and to stop having sex when they had they symptom. Among women and men, 83% and 57%, respectively, informed their partners about the STI symptom, and 78% of women and 70% of men stopping sex with their partners at the time they had the symptom. The percentage of respondents who reported informing their sexual partners has declined slightly from 60% in 2000 to 57% in 2003 among men, and from 91% to 83% among women. However, there has been an increase in the percentage of both men and women using condoms during sex when they had the STI symptom. Among both men and women in 2003, 33% reported using condoms when having sex at the time they suffered from STI symptoms, compared to 24% of men and 23% of women in 2000.

Orphanhood and Deaths in Households

The ZSBS 2003 found that overall, 61% of children less than 15 years old lived with both parents, 10% lived with their mother only (father still alive), 3% lived with their father only (mother still alive), and 8% are fostered. Regarding orphanhood, 3% of the children lost their mother, about 11% lost their father, and 4% lost both parents.

Between 2000 and 2003 there was a slight increase in the percentage of children living with both parents (61% in 2000 to 63% in 2003). Fostering of children decreased from 10% in 2000 to 8% in 2003. However, there was an increase in the percentage of paternal orphans (8% in 2000 to 11% in 2003) and those that lost both parents (3% in 2000 to 4% in 2003) between the two surveys.

Household informants were asked whether there had been any adult aged 15 to 60 who had died or had been very sick in the household in the previous 12 months. Results showed that 7% of the interviewed households reported an adult death. More adult deaths (10%) were reported in urban areas than rural areas (6%). A notable increase in the overall percentage of adult deaths was observed (from 5% in 2000 to 7% in 2003). Data on sick adults show similar results as those pertaining to death. Of the households interviewed, 7% reported adult illness (10% in

urban areas and 6% in rural areas), an increase similar to that for reported deaths.

Of the households that reported a death or illness, 36% received assistance or support from outside the household. Counselling was the type of support most commonly cited, followed by assistance in terms of food, clothing, or help with housework; 71% of households received counselling, and 65% received assistance in the form of food, clothing, or help with household chores.

As was reported in the ZSBS 2000, results of the 2003 survey also showed that much of the burden of providing assistance is left to friends or relatives and to churches. The majority of households cited friends or relatives (65%) as the source of help, followed by churches (47%). Health workers, hospitals, and clinics were cited by 15% of the households. The percentage naming community organisations and traditional healers decreased notably between the 2000 and 2003 surveys.

Chapter 1: Introduction and Background Characteristics

1.1 Introduction

1.1.1 Country Background

Zambia is a landlocked country covering an area of 752,612 square kilometres (about 2.5% of Africa). It shares borders with the Democratic Republic of 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. Administratively, the country is divided into nine provinces and 72 districts. Of the nine provinces, two are predominantly urban, Lusaka and Copperbelt provinces. The remaining provinces — Central, Eastern, Luapula, Northern, North Western, Southern and Western — are predominantly rural.

The country is situated on the great plateau of Central Africa. Its vegetation is mainly savannah woodlands and grassland. The country has a tropical climate with three distinct seasons: the cool and dry season, the hot and dry season, and the hot and wet season.

The country has abundant natural resources. 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 manmade lakes Kariba and Itezhi tezhi. Other interesting features include Victoria Falls, one of the Seven Wonders of the World.

Prior to independence on October 24, 1964, Zambia was known as Northern Rhodesia. British colonial rule was characterised by a general neglect of the needs and aspirations of the population. 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 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 the 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 minimise 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 (SAP) as the economy reached stagnation. However, the SAPs failed to alter the economy structurally and exacerbated poverty among the majority of Zambians. Currently, around 73% of Zambians are classified as poor. Poverty is more prevalent in rural areas compared to urban areas (83% and 56%, respectively).

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.

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 kilometre in 1980, 10.4 in 1990 and 13.7 in 2000.

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 and 6.0 in 2000.

Infant mortality increased from 99 per 1,000 live births in 1980 to 123 per 1000 in 1990, then declined to 110 per 1000 live births in 2000.

Life expectancy at birth declined from 50.4 years for males and 52.5 years for females in 1980 to 46.1 years for males and 47.6 years for females in 1990 and then increased to 47.5 for males and 51.7 for females in 2000.

1.1.3 The HIV/AIDS Situation in Zambia

According to the 2001–2002 Demographic and Health Survey (DHS), 15.6% of the adult population are HIV+.

The first AIDS case was reported in Zambia in 1984. Initially, the concentration of HIV/AIDS cases was in urban areas, but it soon became clear that all parts of the country were affected. 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.

The development of the Zambia National HIV/AIDS/STD/TB strategic framework followed a short-term emergency plan in 1987 to protect the blood supply and the First Medium Term Plan (1988–1992). The First Medium Term Plan prioritised 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 was launched (1994–1998). AIDS, TB and STDs were integrated and emphasis was placed upon inter-sectoral approaches. Access to STD care, condom promotion, TB control, and mitigation policies were stressed.

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

Self-reported data on sexual behaviour and condom use are available from the 1998, 2000 and 2003 Sexual Behaviour Surveys and the 1992, 1996 and 2001–2002 DHS, the last of which included HIV testing at the household level.

1.2 Survey Methodology

1.2.1 Survey Objectives

The main objective of the ZSBS 2003 was to obtain national estimates of a number of key indicators for the national HIV/AIDS/STDs programme monitoring process. The indicators cover knowledge, attitudes, and sexual and health-seeking behaviour. Wherever possible, the standard Joint United Nations Programme on HIV/AIDS (UNAIDS) indicators formulated by a consortium of agencies are presented throughout the analytical sections of this report. These standard indicators were developed to aid in the monitoring and evaluation of national HIV/AIDS programmes. Appendix B summarises all the UNAIDS indicators presented in this report.

The specific objectives of the survey were:

- 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 programs.
- To maintain an established biannual data series for purposes of trend assessment.
- To assess knowledge of preventive practices relating to HIV/AIDS among the general adult population.
- To investigate the incidence of reported STI symptoms and identify treatment patterns among males and females with STI complaints.
- To complement HIV/STI surveillance data obtained from antenatal clinics with data on sexual behaviour.
- To obtain community-level information from local leaders about effects of the epidemic on households and families, program exposure, and types of assistance available to people and families affected by HIV/AIDS.

Table 1.1 Household and Individual Response Rates, ZSBS 1998, ZSBS 2000, and ZSBS 2003

	Total		
Results	**1998**	**2000**	**2003**
Household Interviews			
Sampled	1,981	1,851	2,497
Occupied	1,914	1,809	2,444
Interviewed	1,913	1,702	2,330
Household Response Rate	97%	92%	93%
Individual Interviews			
Eligible Females	2,138	2,034	2,680
Eligible Females Interviewed	2,040	1,791	2,324
Eligible Males	1,803	1,798	2,534
Eligible Males Interviewed	1,655	1,525	2,147
Eligible Woman Response Rate	95%	88%	87%
Eligible Man Response Rate	92%	85%	85%

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

1.2.2 Sample

A representative national sample of 2,497 households, 2,680 females, and 2,534 males was obtained from the updated 2000 Census sampling frame. A total of 2,330 households, 2,324 females, and 2,147 males were interviewed in the 2003 survey. (The target sample in the 2003 survey was 2,500 households, 2,500 females, and 2,500 males.) In the 2003 survey, the response rate was 93% for households, 87% for females, and 85% for males. There was not much difference in the response rates between 2000 and 2003. In the 2000 survey, the household response rate was 92%, the female response rate was 88%, and the male response rate was 85%. In 1998, response rates were higher, at 97% for households, 95% for females, and 92% for males.

The ZSBS 1998 and ZSBS 2000 used a sub-sample drawn from the 1996 ZDHS, which was itself based on the 1990 Census of Population, Housing, and Agriculture sampling frame. A total of 80 clusters were selected from the 1996 ZDHS frame in the ZSBS 1998 and ZSBS 2000. The 2003 sample was expanded to add 20 additional clusters, bringing the total to 100 clusters in 2003.

The sample taken was about 20 persons from 16 households per cluster in the urban areas, and 30 persons from 34 households per cluster in the rural areas. Household listings were conducted prior to the household sample selection.

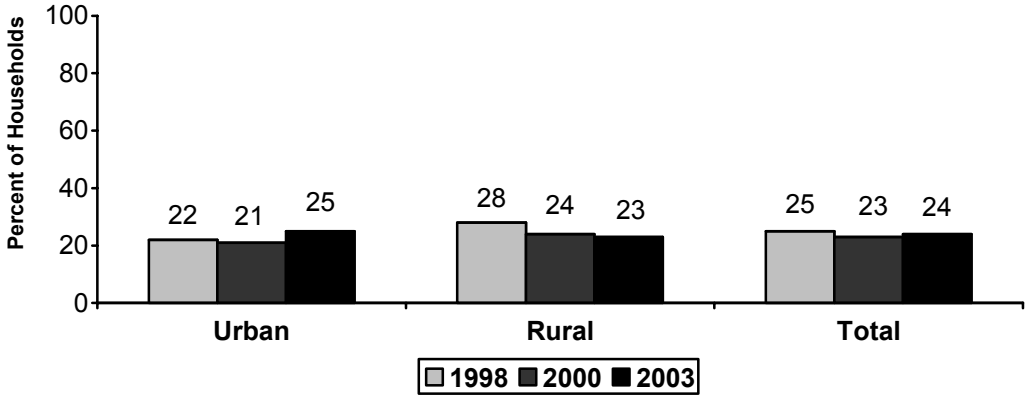
1.2.3 Questionnaires

The survey design was based on the UNAIDS protocol used in the 1998 and 2000 surveys. The standard instrument was adapted by key stakeholders in the National HIV/AIDS/STDs strategic plan to reflect the situation in Zambia.

The ZSBS used three types of instruments: the household questionnaire, the individual questionnaire, and the community questionnaire. The UNAIDS general population HIV/AIDS indicator questionnaire was used as the basis for the questionnaire. This included the following modules:

- Household roster and questionnaire: selection of eligible individuals, orphanhood, child fostering, schooling, care and support, illness during the last 12 months, outside help/care;
- Individual questionnaire: background characteristics, marriage and cohabiting partnerships, sexual history and behaviour, sexually transmitted diseases, knowledge of HIV/AIDS and level of exposure to interventions, attitudes toward people living with HIV/AIDS, gender and counselling, childbearing and antenatal care; and
- Community questionnaire: for interviewing a group of community leaders about the impact of the epidemic and assistance available in the community to people and families infected and

Figure 1.1 Percent of Female-Headed Households, ZSBS 1998, ZSBS 2000, and ZSBS 2003



affected by HIV/AIDS (The community module findings are discussed in Chapter 7).

The questionnaires used in the ZSBS were adapted for the Zambian context by stakeholders from the modules developed by UNAIDS and the MEASURE *Evaluation* project. The questionnaires were translated into the seven major local languages: Bemba, Nyanja, Tonga, Lozi, Lunda, Luvale, and Kaonde. Copies of the English version questionnaires are found in Appendix C.

1.3 Main Findings

1.3.1 Characteristics of the Households

The age distribution of household members by five-year age groups is shown in Appendix Table A.1.1 and summarised in Table 1.2. Zambia has continued to have a young population, with 49.5% below the age of 15. The mean age is 14.7 years, a decline from 16.0 in 2000. The dependency ratio of 1.1 means that one adult has at least one dependant aged below 15 or over 64 years.

The percent of female-headed households is depicted in Figure 1.1. In 2003, 25% of households in urban areas were female-headed, and 23% were female-headed in rural areas.

Compared to the 2000 survey, this presents an increase in female-headed households in urban areas and a decline in rural areas.

1.3.2 Education

Zambia has a three-tiered educational system. Primary education is the first seven years of schooling, with secondary being an additional five years. Post-secondary education is the last stage and includes college and university education. The highest level of education attained by respondents is presented in Appendix Table A.1.2, showing that 45.0% of the males and 33.6% of the females have attained secondary education or higher. The proportions attaining secondary education are higher in urban than rural areas among both males and females. The proportion with no schooling is twice as high for females compared to males (13.8% and 7.1%, respectively) and is much larger in rural areas compared to urban areas.

1.3.3 Mobility

Respondents were asked how long they had lived continuously in their present communities (towns or villages) and how many nights during the last month they spent in a location other than the households in which they were interviewed. Table 1.3 presents information on the respondents' duration of stay in the current residence by sex and residence. In 2003 about 8.1% of males and 9.3% of females had lived in their current places of residence for less than a year, the percentage being higher in urban areas for both males and females.

Table 1.2 Percent Distribution of Household Population by Age, Median Age, and Dependency Ratio, ZSBS 1998, ZSBS 2000, and ZSBS 2003

	ZSBS 1998	ZSBS 2000	ZSBS 2003
Age Group			
<15	48.3	48.1	49.5
15-64	48.3	48.1	47.2
65+	2.4	3.7	3.3
Missing	1.1	0.1	0.0
Total	100.0	100	100.0
Median Age	15.0	16.0	14.7
Dependency Ratio	1.1	1.1	1.1

Table 1.3 Percent Distribution of Duration of Stay in Current Location by Gender and Residence, ZSBS 2000 and ZSBS 2003

Gender and Residence	Number		Less Than 1 Year		1–5 Years		More Than 5 Years	
	2000	2003	2000	2003	2000	2003	2000	2003
Males								
Urban	562	817	6.9	12.0	31.2	27.2	61.9	60.8
Rural	963	1,330	4.1	5.7	25.6	20.8	70.3	73.3
Total	1,525	2,147	5.1	8.1	27.7	23.2	67.2	68.6
Females								
Urban	721	900	9.9	12.2	33.0	27.6	57.1	60.1
Rural	1,070	1,424	6.5	7.4	30.3	29.9	63.2	62.5
Total	1,791	2,324	7.8	9.3	31.4	29.0	60.8	61.6

In the four weeks preceding the 2003 survey, 22.7% of males and 16.9% of females had spent at least one night away from home. Among those who spent at least one night away from home in the last four weeks, 39.2% of males and 31.6% of females spent seven or more nights away from home. In 2003, 18.8% of males and 18.0% of females spent at least one month away from home in the 12 month period prior to the survey.

These results indicate that Zambians, both males and females, have a fairly high level of mobility. This is of interest for AIDS prevention because high mobility can be an important factor in the spread of HIV.

1.3.4 Antenatal Care, HIV Counselling, and Testing

In Zambia most HIV surveillance data comes from antenatal clinics. Females attending antenatal care are the main source of HIV surveillance data. HIV surveillance is done periodically in selected clinics around the country by taking blood samples from females during a time period and performing anonymous testing of these samples

Overall in 2003, 95.4% of females attended an antenatal clinic at least once during the course of their pregnancy. Attendance at antenatal clinics was high in both urban (98.2%) and rural areas (94.2%). Among those attending at least once, 78.6% of urban females and 61.0% of rural females were counselled for HIV/AIDS (Figure 1.2).

Among rural females receiving HIV counselling, only 8.9% were offered the test, compared to 37.6% of females in urban areas.

Figure 1.2 Percent of Women Attending Antenatal Care Counselling for HIV, ZSBS 2000 and ZSBS 2003

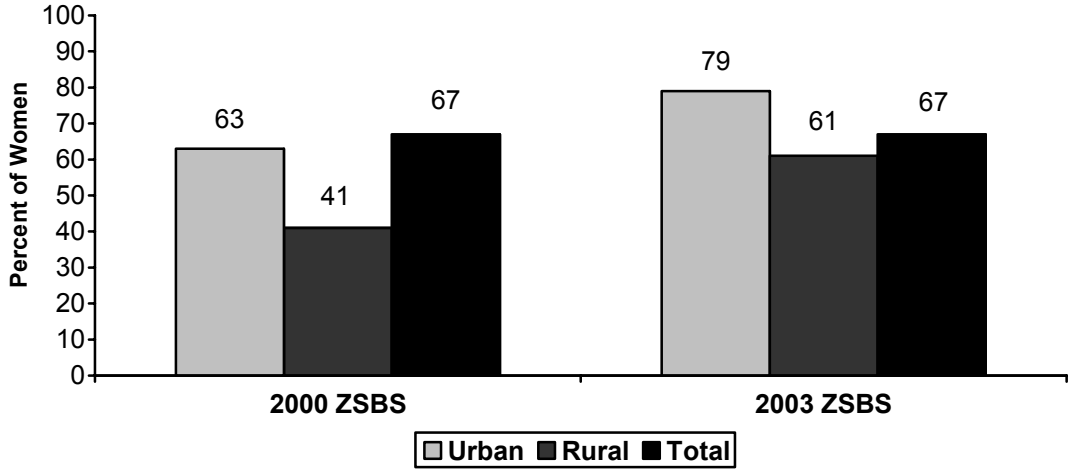
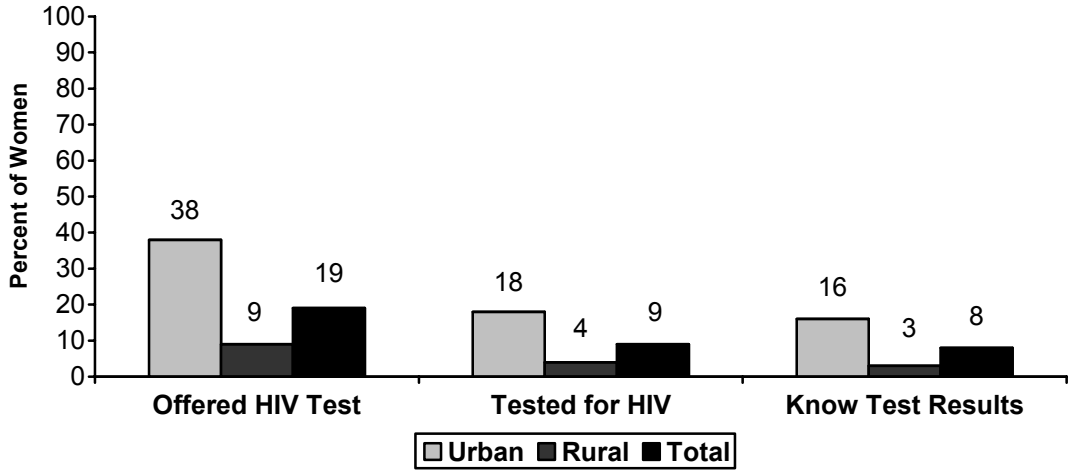


Figure 1.3 Percent of Antenatal Women Counselled for HIV Who Were Offered an HIV Test, Tested for HIV, and Knew Test Results, ZSBS 2003



Among those who received HIV counselling, 17.8% of urban females and 4.1% of rural females said they were tested for HIV. In regards to receiving results among those counselled, 16.3% of urban females and 3.0% of rural females said they knew their test results (Figure 1.3). Please note that the denominator is antenatal women who were counselled. Information is also presented in Appendix Table A.1.3. However, please also note the denominators in Appendix Table A.1.3 vary because many researchers may prefer the data to be presented with these particular denominators in mind.

1.3.5 UNAIDS Indicators of Voluntary HIV Counselling and Testing

UNAIDS Indicators of HIV voluntary counselling and testing and mother-to-child transmission are shown in Appendix Table A.1.4. MTCT Indicator 1 is the percent of females who were counselled for HIV testing during antenatal care for their most recent pregnancies, accepted the offer of testing, and received their test results. This indicator is measured for all females who were pregnant at any time in the two years preceding the survey.

The percentage of females meeting the standard for the UNAIDS MTCT Indicator 1 was quite low in both the 2000 and 2003 surveys and actually

declined from 12.8% in 2000 to 6.5% in 2003. The urban and rural differential is large. In 2003, 15.5% of urban females compared to 2.4% of rural females who attended antenatal care were voluntarily counselled and tested.

Voluntary Counselling and Testing Indicator 1 is the percent of all females and males surveyed who have ever voluntarily asked for and received HIV tests and know their results. In 2003, only a small proportion of all females (7.9%) and all males (8.5%) said they had been tested voluntarily and knew their results. However, more respondents voluntarily asked for and received HIV tests and knew their results in 2003 compared to 2000.

Overall, it seems that voluntary HIV counselling and testing services are still not widely available to most Zambians. More effort is also needed to inform individuals of the importance of being tested and knowing the test results.

Chapter 2: Knowledge, Attitude, and Practice

2.1 General Knowledge of HIV/AIDS

To assess levels of knowledge about AIDS, respondents were asked if they had ever heard of an illness called AIDS or of HIV, the virus that causes AIDS. Knowledge of HIV/AIDS is nearly universal in Zambia. There was a slight increase in the proportion of persons who know about AIDS from 96.3% to 99.0% for males, and 95.6% to 97.5% for females between 2000 and 2003 (Appendix Table A.2.1). A comparison of rural and urban areas reveals that people in urban areas were more likely to know about HIV/AIDS than their rural counterparts.

Respondents were asked if anything can be done to reduce the chances of getting HIV, the virus that causes AIDS. Knowledge that AIDS can be avoided has increased between the two surveys for both males and females and in both rural and urban areas. In 2000, 84.1% of males and 78.7% of females reported that AIDS could be avoided compared to 88.9% of males and 80.9% of females in 2003. This is depicted in Figure 2.1.

Respondents were asked whether a healthy-looking person could have HIV, and results show that such knowledge was high; 89.9% of the males and 84.5% of the females know that a healthy-looking person could have HIV. These results show an improvement over the 1998 and 2000 figures (Figure 2.2).

2.2 Knowledge of Ways to Prevent HIV Infection

Respondents were asked about ways that people could prevent or reduce their chances of being infected with HIV. Both spontaneous and prompted response questions were used to assess knowledge of prevention. Table 2.1 shows results based on "spontaneous" responses. The spontaneous response question was used only with respondents who said that HIV infection could be avoided. They were then asked to name they ways they knew. The prompted response question, with the interviewer naming and asking about the possible ways to prevent transmission, was asked of all respondents.

Figure 2.1 Respondents Who Knew That HIV/AIDS Can Be Avoided, ZSBS 1998, ZSBS 2000, and ZSBS 2003

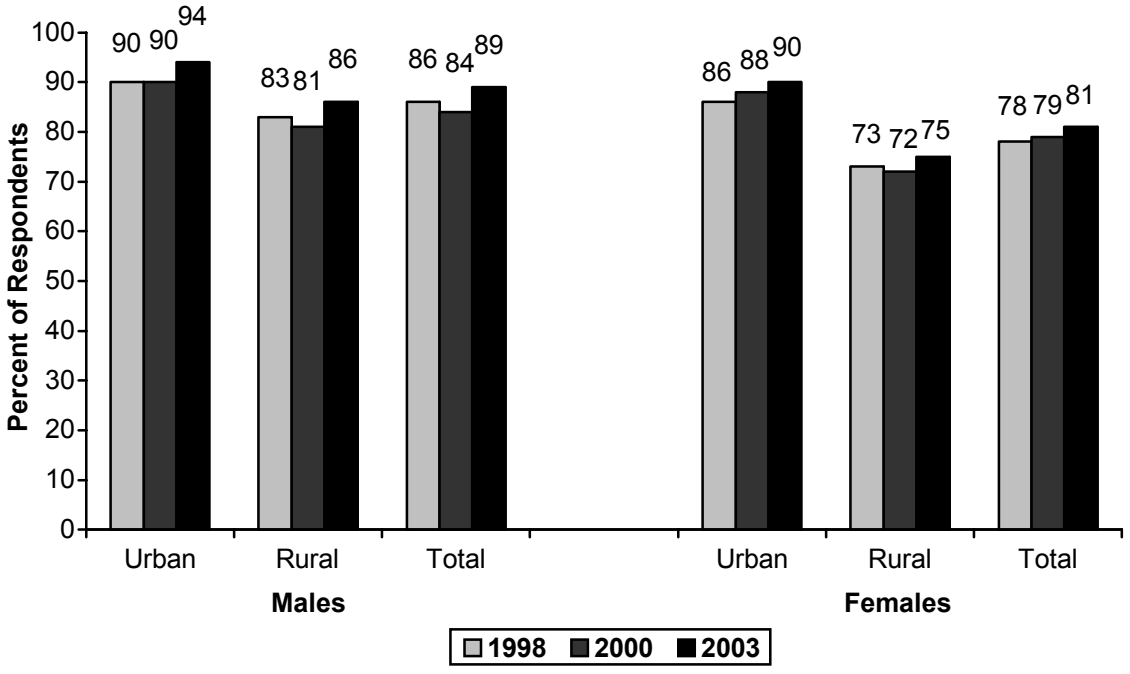


Figure 2.2 Percent of Respondents Who Knew a Healthy-Looking Person Can Have HIV, ZSBS 1998, ZSBS 2000, and ZSBS 2003

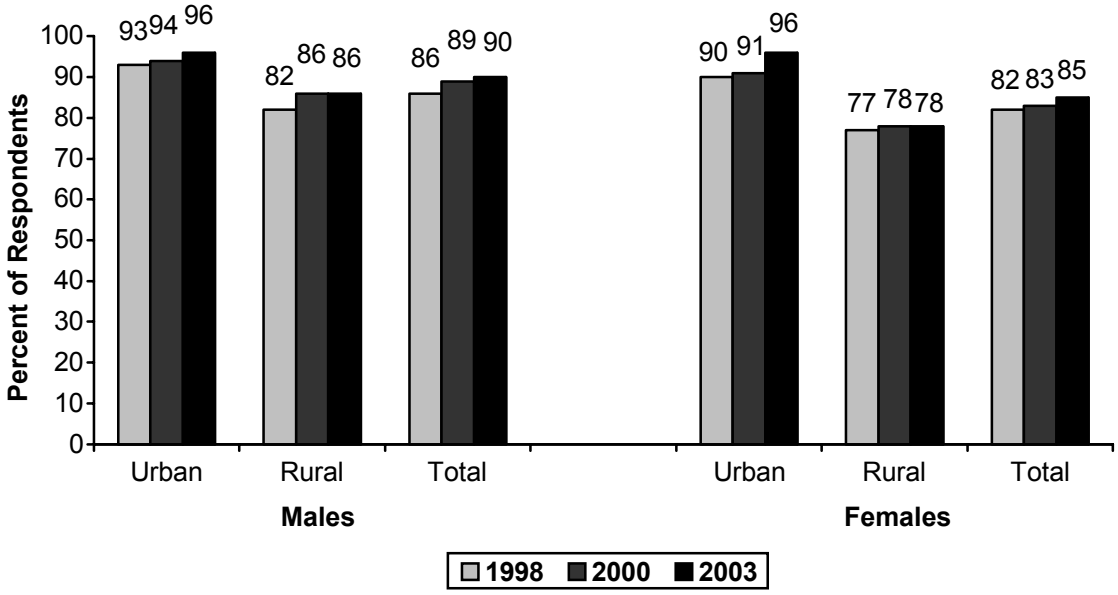


Table 2.1 Knowledge of Ways to Prevent HIV Transmission: Spontaneous Responses, ZSBS 2003 (Percent of Respondents Who Said HIV Can Be Avoided)

	Males			Females		
Method	**Urban**	**Rural**	**Total**	**Urban**	**Rural**	**Total**
Abstinence	78.5	59.0	66.4	71.9	53.7	60.8
Use Condoms	61.3	48.4	53.3	54.0	34.6	42.1
One Partner/ Faithful to One Partner	45.3	40.8	42.5	40.0	36.5	37.8
Limit # of Partners	5.0	6.0	5.6	4.9	4.8	4.8
Avoid Sharing Razor Blades	4.0	2.9	3.4	5.1	2.4	3.4
Avoid Sex with Prostitutes	2.8	7.6	5.8	1.4	4.1	3.1

Results obtained using the prompted response questions (asked of all respondents) are shown in Appendix Table A.2.2, Figure 2.3 and Figure 2.4. Being faithful to one sexual partner as a method of prevention was recognized by 87.3% of males and 84.6% of females. There was little variation by sex or residence in the percentage of respondents who believed being faithful to one sex partner could reduce the chance of HIV infection. Overall, the proportion of respondents who said that being faithful to one sexual partner could reduce chances of infection with HIV has increased slightly in 2003 compared to the earlier surveys.

The survey results also show that 77.3% of males and 71.2% of females recognized consistent condom use as one of the prompted response categories that could reduce the chance of HIV infection. Proportions recognizing consistent condom use as a way of preventing HIV/AIDS transmission were higher in urban than rural areas. These results are shown in Appendix Table A.2.2 and Figure 2.4.

2.3 Knowledge of Mother-to-Child Transmission of HIV

Knowledge of MTCT of HIV is very important to protect infants from becoming infected. Respondents were asked whether HIV could be transmitted from mother to child. These results are presented in Appendix Table A.2.1. Results show that 85.1% of males and 85.5% of females knew of MTCT, with little variation by sex or residence. Between 2000 and 2003, there was a slight increase in the percentage of both males and

Figure 2.3 Percent of Respondents Who Recognize One Faithful Partner as a Method to Prevent HIV: Prompted Respondents, ZSBS 1998, ZSBS 2000, and ZSBS 2003

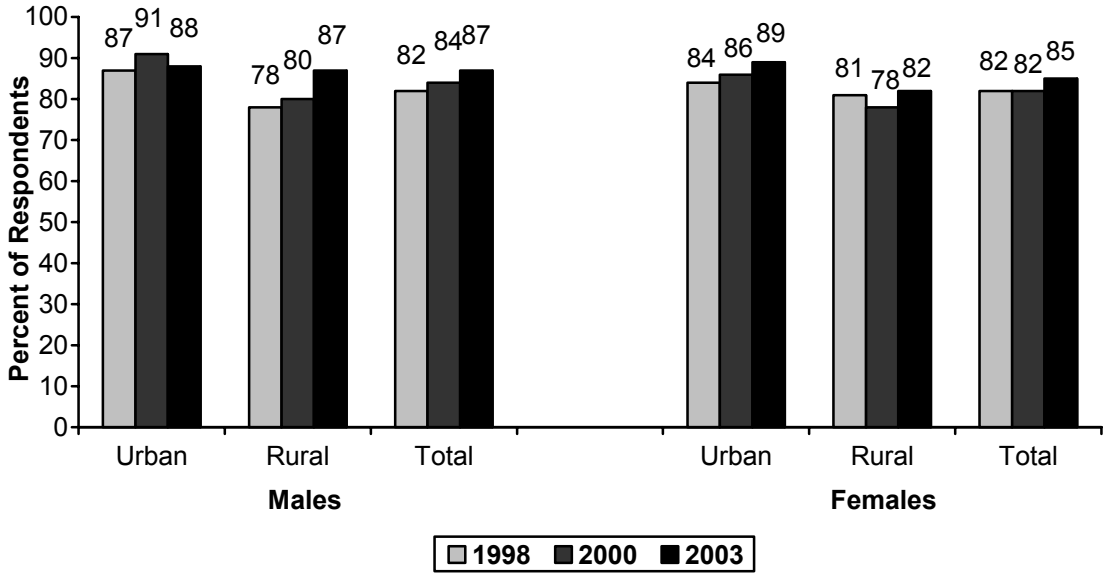
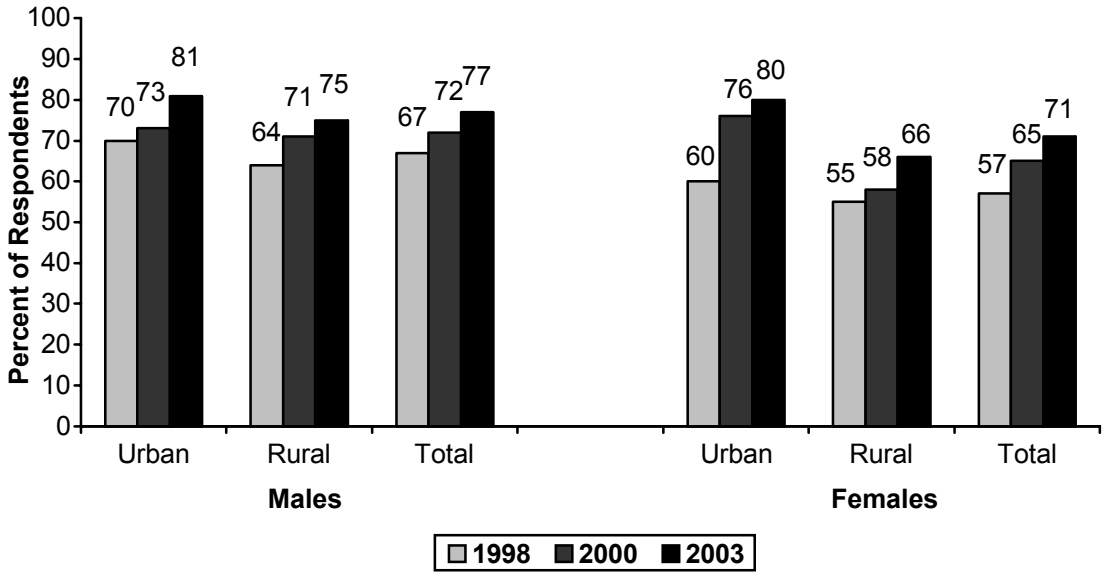


Figure 2.4 Percent of Respondents Who Recognized Consistent Condom Use as a Method to Prevent HIV: Prompted Response, ZSBS 1998, ZSBS 2000, and ZSBS 2003



females who knew that HIV could be transmitted from mother to child.

Respondents who knew about MTCT were also asked whether transmission could occur during pregnancy, at delivery, and through breast milk. The percentage of respondents knowing that HIV could be transmitted during pregnancy decreased slightly, from 93% of females and 94% of males in 2000 to 90% of females and 91% of males in 2003.

However, the percent of respondents knowing that HIV could be transmitted at delivery and through breast milk increased markedly since 2000, as summarised in Table 2.2.

Table 2.2 Knowledge of Specific Pathways of Mother-to-Child Transmission, ZSBS 2000 and ZSBS 2003 (Percent)*

	ZSBS 2000		ZSBS 2003	
Method of MTCT	**Females**	**Males**	**Females**	**Males**
During Pregnancy	93	94	90	91
At Delivery	63	61	78	75
Through Breast Milk	79	77	88	82

* Among those female and male respondents who knew of MTCT.

Respondents who reported knowledge of MTCT were asked whether there was anything that could be done to prevent mother to child transmission of HIV.

Results from the 2003 survey show that only 39.2% of females and 35.8% of males who knew about MTCT believed something could be done to prevent it. Among those who knew that MTCT can be prevented, a large majority of both females (84.2%) and males (77.7%) know that avoiding breastfeeding is one way to prevent transmission. The use of anti-retroviral drugs was mentioned by 19.4% of females and 17.7% of males and caesarean section was mentioned by 2.9% of females and 2.3% of males. These results are shown in Table 2.3.

Table 2.3 Knowledge of Specific Methods for Prevention of MTCT, ZSBS 2003 (Percent)*

Prevention of MTCT	**Females**	**Males**
Avoiding Breastfeeding	84.2	77.7
Anti-Retroviral Drugs	19.4	17.7
Caesarean Section	2.9	2.3

* Among those female and male respondents who knew MTCT can be prevented.

2.4 Misconceptions About HIV Transmission

While most respondents had a basic understanding of how HIV/AIDS is transmitted, misconceptions about transmission still exist. These results are presented in Appendix Table A.2.3 and Figure 2.5. Several questions were asked in order to gain an understanding of the levels and types of misconceptions. Respondents were asked whether HIV could be transmitted by mosquito bites, by sharing a meal with an infected person, or through witchcraft. In 2003, results showed that 21.4% of males and 24.4% of females believed that HIV could be transmitted by mosquito bites. This misconception was more pronounced in rural than in urban areas, with 25.3% of rural males and 28.4% of rural females holding that belief, compared to 15.2% of urban males and 18.2% of urban females. However, belief in this misconception has declined since the 1998 survey (Figure 2.5).

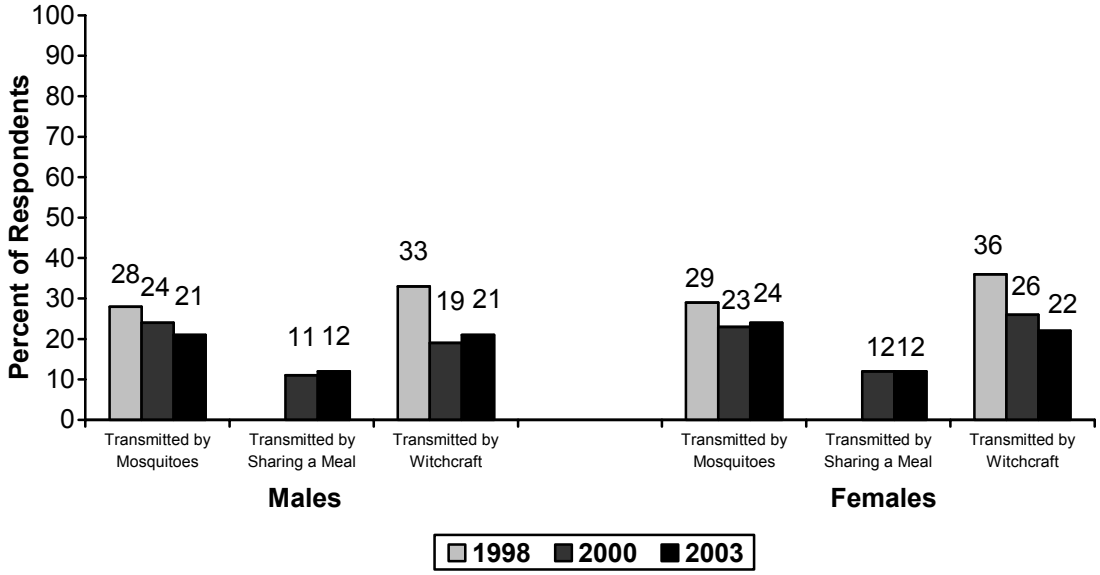
Sharing a meal with someone who is HIV+ was the least likely of the three misconceptions to be reported, and proportions holding this belief did not change between 2000 and 2003. In 2003, sharing a meal was mentioned as a way of transmitting HIV by 12.0% of males and 11.8% of females (Figure 2.5).

The misconception that HIV can be transmitted through witchcraft was higher in rural areas than in urban areas, with 25.4% of males and 26.5% of females in rural areas holding that belief compared to 12.5% of males and 14.0% of females in urban areas. Belief in this misconception has declined substantially among both males and females since 1998.

Generally, misconceptions were higher in rural than urban areas. Fewer respondents held the view that HIV can be transmitted by mosquitoes or by witchcraft in 2003 than in 1998. Perhaps educational campaigns have been effective in combating these misconceptions. As noted above, sharing a meal with someone with HIV/AIDS was the least likely misconception to be reported, and the percentage of respondents holding this view changed little between 2000 and 2003.

More IEC programmes may be needed, especially ones targeting the rural population, if these misconceptions are to be effectively addressed.

Figure 2.5 Misconceptions About HIV Transmission, ZSBS 1998, ZSBS 2000, and ZSBS 2003



2.5 Exposure to People with HIV/AIDS and HIV Testing

Information about personal knowledge of people living with and dying from HIV/AIDS provides valuable clues to awareness of the epidemic, levels of stigma in the society, and the extent to which awareness of AIDS mortality may influence risky behaviour. Respondents were asked whether they knew someone with HIV or who had died of AIDS. These results are presented in Appendix Table A.2.4 and Figure 2.6. The percentage of respondents who knew someone infected with HIV or who died of AIDS increased steadily from 72.0% to 74.1% to 80.4% among males and from 73.8% to 71.1% to 76.9% among females over the 1998, 2000, and 2003 survey years (Figure 2.6).

Urban respondents were more likely to know someone with HIV or who had died from AIDS than were rural respondents.

Overall, these high percentages and the increases in the percentage of respondents reporting knowing someone with HIV or someone who died of AIDS supports the high level of knowledge about the existence of HIV/AIDS reported in Chapter 1, and indicates a widespread experience with it in Zambia.

Respondents were asked whether they knew of a place they could go for an HIV test, whether they had been tested before, and whether they had received their results. The responses are depicted in Appendix Table A.2.5 and Figure 2.7.

Though many knew of a place to get a test, few had actually been tested. Only 9.3% of males and 8.5% of females had taken a test, although 75.8% of males and 68.7% of females knew a place to get tested. The percentage of respondents tested shows a decline from 14.4% of males and 11.7% of females reported to have taken the HIV test in 2000.

Of those who had been tested, 45.0% of females and 36.0% of males reported having been tested in the year prior to the survey. Among those tested, 92.9% of females and 91.6% of males received the results of their HIV test. This is an increase in percentages for both men and women compared to 1998 and 2000.

Males and females residing in urban areas were more likely to know a place that offers HIV testing and to be tested than their rural counterparts.

High percentages of males (77.4%) and females (71.0%) reported wanting to be tested or tested again for HIV, indicating a need for more testing services in Zambia.

Figure 2.6 Percent of Respondents Who Knew Someone Living with HIV or Who Had Died of AIDS, ZSBS 1998, ZSBS 2000, and ZSBS 2003

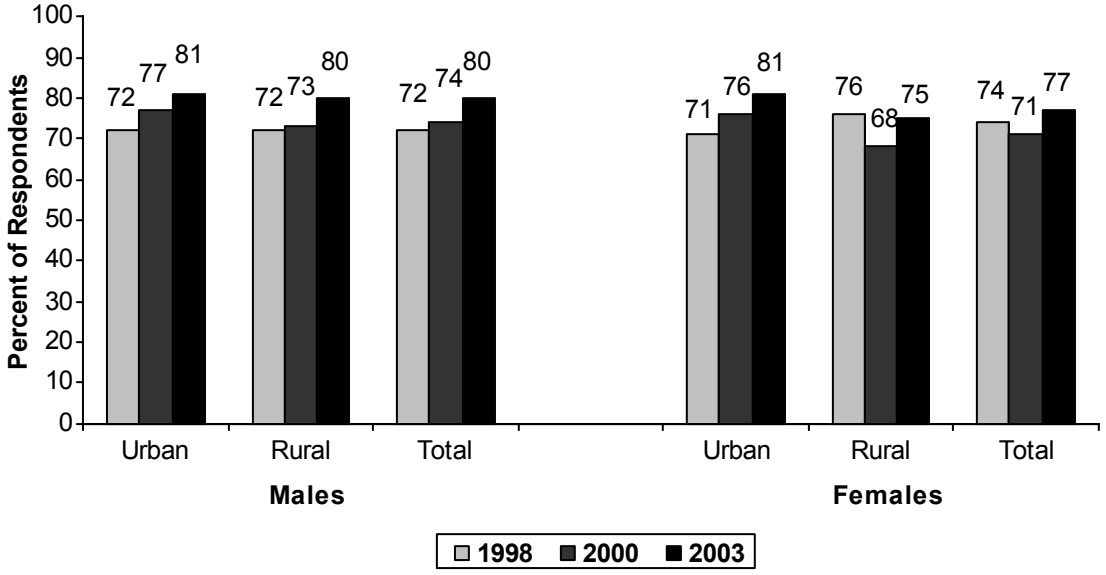
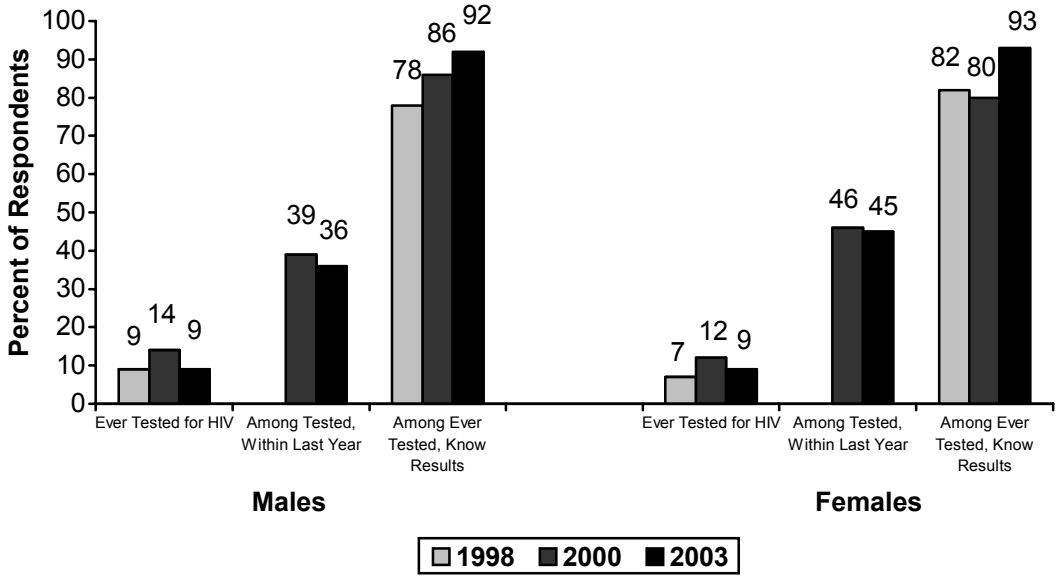


Figure 2.7 Percent of Respondents Ever Tested for HIV, Tested in Last Year, and Knew Test Results, ZSBS 1998, ZSBS 2000, and ZSBS 2003



2.6 Attitudes Toward HIV-Infected Individuals

Respondents were asked a series of questions intended to provide information on HIV stigma. These results are presented in Appendix Table A.2.6. Overall, more respondents in 2003 indicated that they had shared a meal with an HIV infected person (35.0% of males, 31.4% of females), and the gap between urban and rural respondents widened for this indicator among females. In 2003, approximately 42% of both men and women in urban areas said they had shared a meal with an HIV infected person, compared to 31.1% of rural men and 24.9% of rural women (Appendix Table A.2.6).

There was only a small increase in 2003 in respondents' willingness to buy food from an infected shopkeeper compared to 2000, but, again, urban and rural differentials were large. Among

urban males, 60.1% said they would buy from an infected shopkeeper compared to 42.4% of rural males. Among women, the percentages were 53.6% among urban women and 36.8% among rural women (Appendix Table A.2.6).

Higher levels of acceptance were recorded for the question on whether HIV-infected female teachers should continue to teach, compared to the other two stigma indicators. There was an increase in 2003 compared to 2000 in the proportion of both males (68.7%) and females (65.2%) who agreed that a female teacher should continue working. In 2003 acceptance was higher by 20% among urban males (81.3%) and urban females (77.9%) compared to their rural counterparts. Altogether, these indicators appear to signal an increased knowledge about HIV/AIDS and greater acceptance of persons living with HIV/AIDS (Appendix Table A.2.6).

Most respondents indicated a willingness to care for a family member with HIV (Appendix Table A.2.7). In 2003, 91.8% of males and 89.7% of females said they would be willing to care for a family member sick with AIDS. At the same time, there was a desirable decline in the percentage of respondents who said they would prefer to keep the HIV+ status of a family member secret between 2000 and 2003. Only 32.0% of males and 32.1% of females in 2003 said that if a family member tested positive for HIV, they would want it kept secret, a decline of 6% to 7% from the levels recorded in 2000. Despite the decline, the levels of those wishing to keep HIV infection in the family a secret are large enough to indicate that stigma and discrimination against families and individuals affected and infected by HIV/AIDS are still a serious concern. Educational campaigns should be sustained and legal frameworks may be needed to protect those infected and affected. These results are presented in Appendix Table A.2.7.

2.7 Attitudes on Sexual Behaviour and Gender

Respondents were asked a series of questions to ascertain the level of acceptability of certain practices or behaviours related to sexual behaviour and gender. Empowerment of females on sexual issues was assessed through a question on whether unmarried females had the right to buy condoms. Sexual negotiation was assessed through a question on whether a woman could protect herself from infection with an STI if she knew that her husband was infected.

2.7.1 Attitudes Toward Unmarried Females Buying Condoms

Interestingly, the percentage of respondents who felt it was acceptable for unmarried females to buy condoms decreased from 62.2% of males and 55.2% of females in 2000 to 59.0% for males and 49.0% for females in 2003. Results are presented in Appendix Table A.2.8 and Figure 2.8. It is somewhat unexpected to see that the decrease was largest among urban females, followed by urban males. It is important to note, however, that wording of the questions differed between the two surveys, and this may account for the differences. In any case, males influence and determine sexual matters in Zambian culture. Perhaps more education is needed for both males and females on how allowing unmarried females to purchase condoms might decrease the incidence of HIV/AIDS.

2.7.2 Sexual Negotiation

The ability for females to negotiate decisions about engaging in sexual activity has important implications for whether females can protect themselves from HIV and other sexually transmitted infections. Respondents were asked if a woman could protect herself from being infected with an STI if her husband was infected.

Information presented in Appendix Table A.2.9 and Figure 2.9 show that 52.2% of males and 53.5% of females believe that a woman could protect herself from being infected with an STI if her husband was infected. More urban respondents expressed this view than did rural respondents, and a small increase was seen from 2000 to 2003.

Figure 2.8 Percent of Respondents Who Said Condom Purchase by Unmarried Women Is Acceptable, ZSBS 1998, ZSBS 2000, and ZSBS 2003

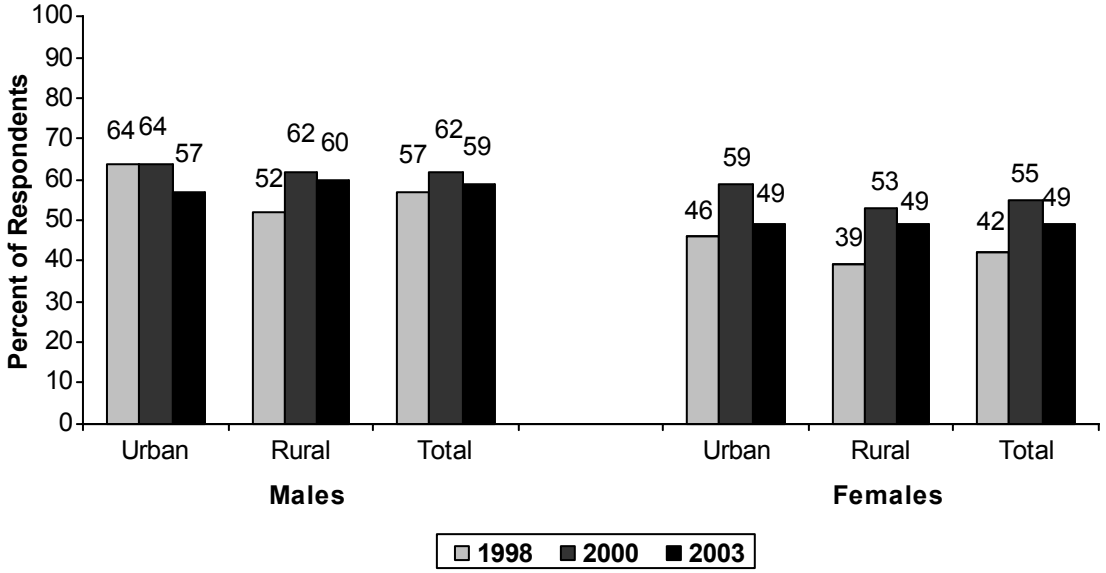
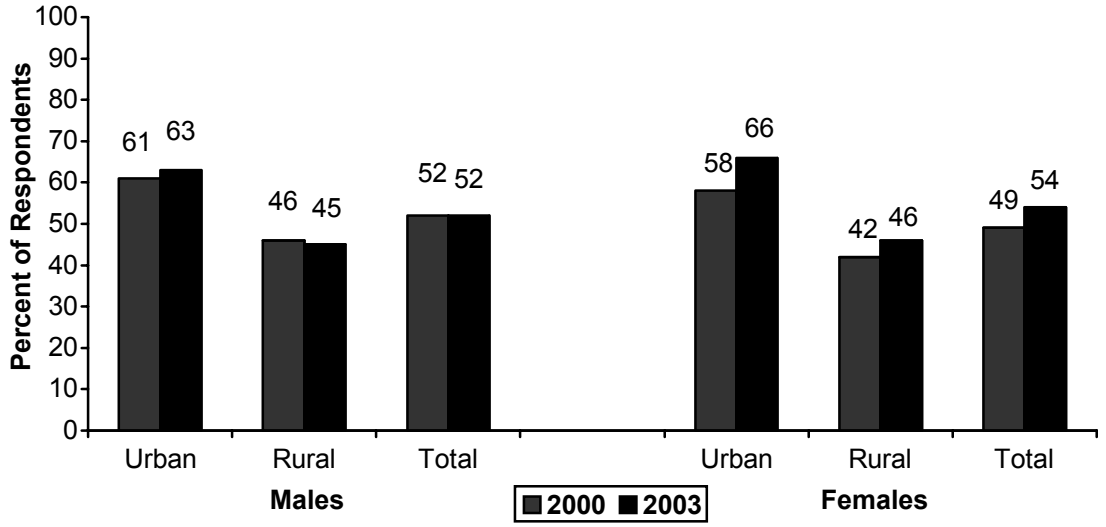


Figure 2.9 Percent of Respondents Who Said Women Can Protect Themselves from an STI or HIV If Partner Is Infected, ZSBS 2000 and ZSBS 2003



Respondents who said that a woman could protect herself were asked to state what she could do to protect herself. Overall, among those who believed a woman could protect herself, 62.4% of males and 66.1% of females indicated that a woman could refuse sex. Refusing sex was mentioned by 60.2% of urban females and 71.6% of females in rural areas, compared to 56.5% of urban males and 67.4% of rural males (Appendix Table A.2.9).

In 2003, insisting on condom use as a protective measure for women was mentioned by 61.1% of males and 49.2% of females. Insistence on condom use was mentioned more by urban respondents (75.0% of males and 63.7% of females) than by rural respondents (49.0% of males and 36.1% of females).

In 2003, the percentage of rural males (49.0%) and females (36.1%) believing that a woman can insist

Figure 2.10 Percent Distribution of Respondents by Self-Reported Risk of HIV Infection, ZSBS 2003

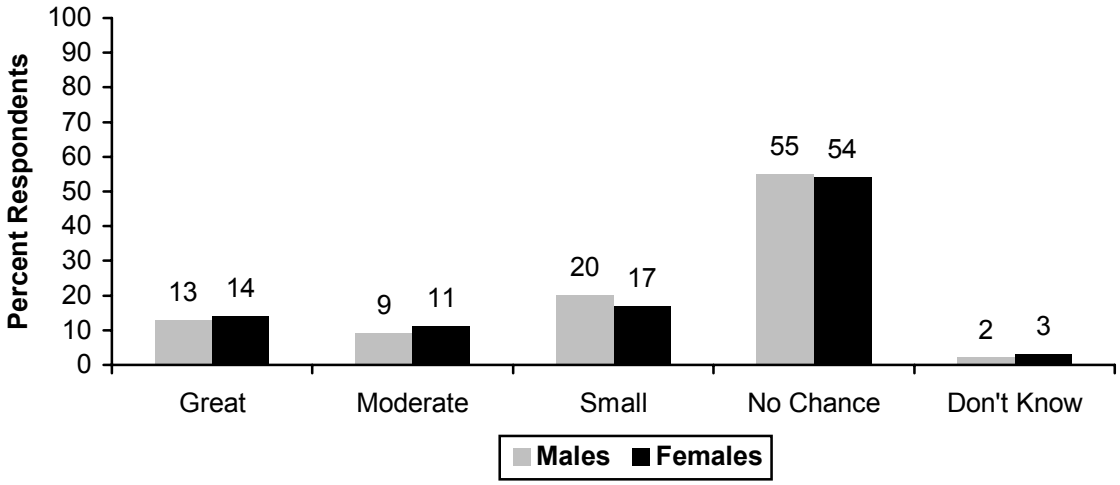


Table 2.4 Reasons Given for Respondent Reporting *No Chance* or *Small Chance* of HIV/AIDS, ZSBS 2003

Reasons for Low Risk Perception	Males	Females
Has only one partner	54.9	59.8
Abstains from sex	32.2	35.0
Partner has no other partners	12.6	11.6
Uses condoms	11.4	8.2
Limits number of partners	8.9	3.1
Number	1,562	1,559

on condom use as a protective measure against infection when the husband has an STI shows a dramatic decline compared to the 2000 survey. In 2000, 62.6% of rural males and 52.1% of rural females said a woman could insist on condom use as a protective measure.

2.8 Perceived Risk of HIV Infection

The ZSBS 2003 contained some new questions on respondents' perceived risk of HIV infection. Figure 2.10 summarises the results. The survey results show that 55% of males and 54% of females believed they had no chance of contracting HIV, while 20% of males and 17% of females felt they had a small chance of contracting HIV.

Among those with a self-perceived risk of infection, 9% of males and 11% of females felt they had a moderate risk while 13% and 14% of males and females, respectively, believed they were at great risk of contracting HIV.

Respondents who believed they had no chance or a small chance were asked to give all the reasons for this perception. The most common reasons for believing they were at low risk were having one partner, abstinence, the respondent's partner having no other partners, condom usage, and limiting the number of partners (See Table 2.4).

Respondents who believed they had a moderate or great chance were also asked to list all reasons for this perception. The most common reasons were lack of trust with partner, partner having other partners, inconsistent condom use, the belief that condoms were not 100% safe, and experience with breakage of condoms (Table 2.5).

2.9 Knowledge Concerning Condoms

The ZSBS 2003 contained several questions concerning an individual's knowledge about condoms. These questions can be helpful in determining whether health education and communication campaigns are effective. Most males (80.5%) and females (72.6%) believed that condoms are very effective or somewhat effective

Table 2.5 Reasons for Respondent to Report *Great Chance* or *Moderate Chance* of Getting HIV/AIDS, ZSBS 2003

Reasons for High/Moderate Risk	Males	Females
Does not trust partner	36.4	52.2
Partner has other partners	15.2	31.8
Inconsistent condom usage	22.0	12.8
Condoms not 100% safe	17.6	11.5
Condoms broke	7.8	4.6
Number	548	473

Table 2.6 Percent of Respondents Who Believed Condoms Are Effective at Preventing HIV/AIDS by Residence and Gender, ZSBS 2003

	Males					Females				
Residence	N	Very Effective	Somewhat Effective	Not at All Effective	Don't Know	N	Very Effective	Somewhat Effective	Not at All Effective	Don't Know
Urban	816	35.9	46.3	16.2	1.6	900	32.0	42.9	23.5	1.6
Rural	1326	43.3	35.9	19.3	1.5	1423	39.1	32.0	25.9	3.0
Total	2142	40.5	40.0	18.1	1.5	2323	36.4	36.2	25.0	2.4

Table 2.7 Percent of Respondents Who Believed Condoms Are Effective at Preventing STIs by Residence and Gender, ZSBS 2003

	Males					Females				
Residence	N	Very Effective	Somewhat Effective	Not at All Effective	Don't Know	N	Very Effective	Somewhat Effective	Not at All Effective	Don't Know
Urban	816	43.3	42.5	13.1	1.1	899	37.2	42.7	18.7	1.4
Rural	1327	49.2	32.9	16.3	1.6	1420	40.9	32.4	24.1	2.6
Total	2143	46.9	36.5	15.1	1.4	2319	39.4	36.4	22.0	2.2

in preventing HIV/AIDS. However, a high percentage of female respondents (25.0%) also believed that condoms were not at all effective in preventing HIV/AIDS. Most males (83.4%) and females (75.8%) also believed that condoms are effective at preventing STIs. However, a high percentage of females (22.0%) also believed that condoms were not effective in preventing STIs. These results are presented in Tables 2.6 and 2.7.

Figure 2.11 presents the percentage of respondents who knew where to buy condoms. In 2003, 70% of urban and 73% percent of rural males said they knew where to buy condoms, compared to 56% of urban females and 54% or rural females.

In terms of being able to actually obtain a condom, results in Figure 2.12 show that 90% of urban males and 81% of rural males reported that they could get a condom if they wanted to, compared to 80% of urban females and 69% of rural females.

2.10 Male Circumcision

In the ZSBS 2003, there were more questions on circumcision than in either the 1998 and 2000 ZSBS. Results are presented in Appendix Table A.2.10 and Figure 2.13. Information on male circumcision is important because it may be a protective factor against HIV/AIDS transmission.

Survey results show that 15% of males have been circumcised. Female circumcision is not common in Zambia. Only 0.6% of females reported having been circumcised. Female circumcision is not protective against HIV.

Most male respondents who had been circumcised reported that the circumcision took place before the age of 20, and 59.8% of urban males and 64.8% of rural males reported having been circumcised before the age of 13.

Traditional circumcision was the method most commonly reported among circumcised males, followed by medical circumcision. Among circumcised males, more than half of urban

Figure 2.11 Percent of Respondents Who Knew Where to Obtain Condoms by Residence, ZSBS 2003

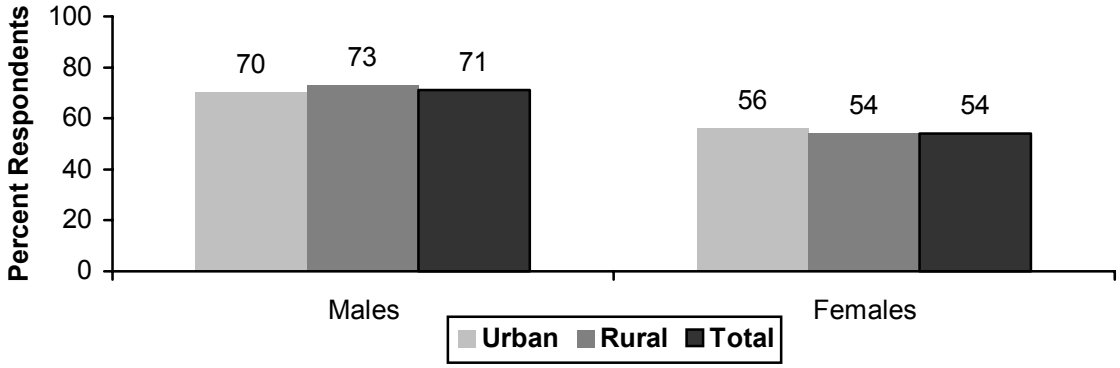
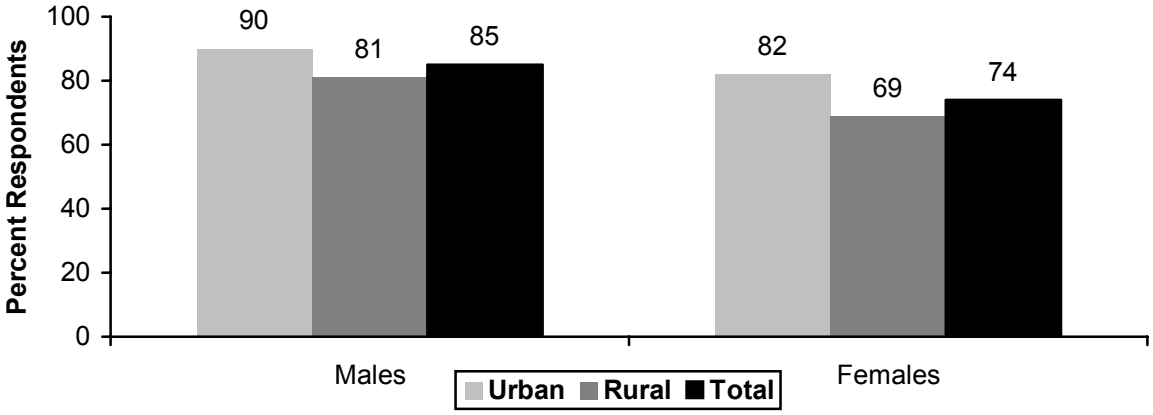


Figure 2.12 Percent of Respondents Who Could Obtain Condoms by Residence, ZSBS 2003



(53.2%) and rural (55.0%) respondents reported having been circumcised traditionally, while 34.8% of urban and 41.5% of rural circumcised males underwent medical circumcisions.

Tradition was the most common reason given for being circumcised, with 59.8% of urban and 76.2% of rural circumcised males citing this as the reason for their circumcisions. Medical reasons were cited by 16.3% of circumcised male respondents in urban areas and 16.9% in rural areas.

2.11 UNAIDS Knowledge and Attitude Indicators

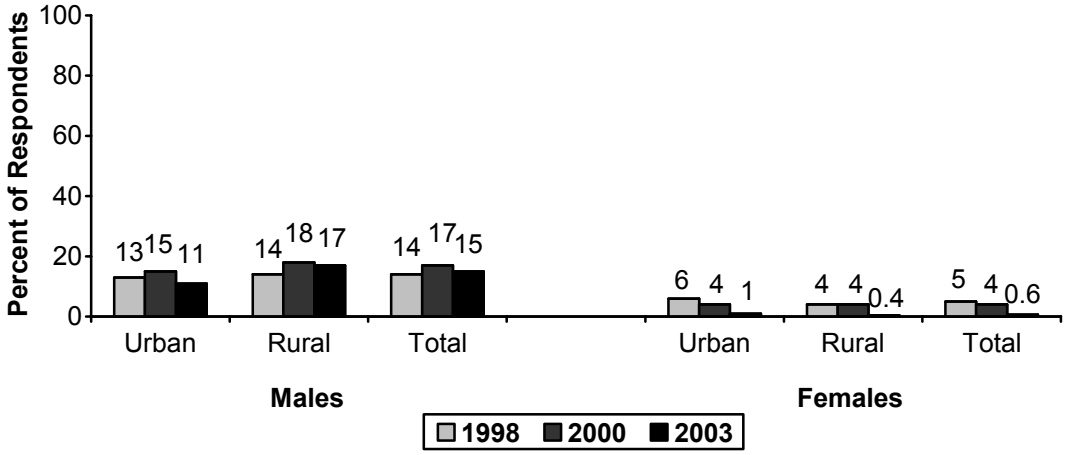
Several of the UNAIDS knowledge and attitude indicators (see definitions below) can be constructed from the ZSBS 2003 data. These indicators are created from a number of questions in each area. The denominator for all four of these indicators is all persons surveyed. Appendix Table A.2.11 shows Stigma Indicator 1 and Knowledge Indicators 1, 2, and 5.

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

- Willingness to care for a family member who becomes sick with AIDS,
- Willingness to buy food from a shopkeeper who is infected with HIV,
- Agreeing that a female teacher with HIV should be allowed to continue teaching,
- Saying they would not want to keep the HIV+ status of a family member secret.

The problem of stigma in Zambia is apparent from the scores on this indicator. Among males in 2003, only 28.9% had accepting attitudes towards

Figure 2.13 Percent of Respondents Who Were Circumcised, ZSBS 1998, ZSBS 2000, and ZSBS 2003



individuals with HIV, and there was an even lower percentage of females (24.4%).

Urban respondents had more accepting attitudes than rural respondents. Among urban males, 39.7% had accepting attitudes, as did 33.4% of urban females, compared to 22.2% of rural males and 18.8% of rural females. Overall, a greater percentage of respondents demonstrated an accepting attitude in 2003 compared to 2000. Nevertheless, stigma and discrimination remain a serious concern in Zambia.

UNAIDS Knowledge Indicator 1 is the percentage of respondents who say that a person can reduce their risk of becoming infected with HIV by using condoms and having one faithful partner, in response to prompted questions. A positive response to both questions produces a positive score for that respondent on the indicator. In 2003, a slightly higher proportion of males (68.8%) than females (63.3%) scored positively on this indicator, representing an improvement from the 2000 survey.

Misconceptions about HIV/AIDS are among other ways of measuring the level of understanding in a society. UNAIDS Knowledge Indicator 2 is the percentage 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 two misconceptions comprising this indicator were the belief that HIV could be transmitted by mosquitoes or by witchcraft. A little over half of males (54.1%) and slightly less than half of females (47.5%) had no misconceptions about HIV transmission.

Urban residents were better informed than those in rural areas: 67.8% of urban males and 62.1% of urban females had no misconceptions about HIV transmission compared to 45.7% of rural males and 38.3% of rural females.

UNAIDS Knowledge Indicator 5 pertains to understanding how to prevent HIV transmission from mother to child. To score on this indicator, individuals had to respond correctly to prompted questions about preventing transmission through both the use of anti-retroviral therapy and avoiding breastfeeding. Both males and females scored extremely low on this indicator, with only 2.1% of males and 3.0% of females responding correctly.

Among females, 28.2% knew about breastfeeding and 6.4% knew about anti-retroviral therapy. Among males, 21.5% knew about breastfeeding and 5.4% knew about anti-retroviral therapy. The availability of anti-retroviral treatment is extremely limited in Zambia, perhaps partially accounting for the low score on this indicator. However, this is an improvement from 2000.

While most Zambians know about the existence of HIV/AIDS, few have a deep understanding of the disease and means of transmission. This lack of knowledge can be a factor in sustaining stigma against HIV/AIDS-infected people and can lead to

misleading beliefs about low perceived risk. The level of knowledge of MTCT is also low. These results indicate that there is a need for further education campaigns with more specific information. A good sign, however, is that overall knowledge about HIV has increased in 2003 compared to 2000.

Chapter 3: Sexual Behaviour

The fight against HIV/AIDS and other STIs requires an understanding of society's sexual customs, practices, and behaviours. In Africa and in Zambia, the spread of HIV has mostly occurred through heterosexual contact and in the general population. Therefore, prevention 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, often abbreviated as ABC (*A* for Abstinence, *B* for Being faithful, and *C* for Condoms) (Malungo, 2000). Educational campaigns have been carried out to try to reduce risky sexual behavior. Education efforts assume that increased knowledge about the risks will eventually translate to reductions in risky sexual behavior.

This chapter presents results on the respondents' sexual behaviour, including information on the last three sexual partners, including marital, non-marital, and cohabiting partnerships. Marital partnerships are those involving sex between a husband and wife, or wives (polygamous marriage). Non-marital partnerships involve sex with girlfriends, boyfriends, friends, or casual partners (i.e., someone met at a bar, wedding, or other event). Cohabiting partnerships are relationships involving sex wherein partners live together as if married. Information on non-marital and non-cohabiting partnerships, sometimes referred to herein and elsewhere as *non-regular* partnerships, is important in understanding the dynamics of the epidemic.

3.1 Age at First Sex

Respondents were asked to recall how old they were the first time they had sex. This data is presented in Table 3.1. Among female respondents 20–49 who reported having had sex in 2003, the median age at first sex was 17.4 years. For male respondents in 2003, the median age at first sex was 17.5 years. In 2000, the median ages for females and males were 17.4 and 17.9 years, respectively. So there was no change for females but a slight increase for males. A limitation of this particular measurement is that it does not capture recent changes in age at first sex. Therefore data from 15- to 24-year-olds is also presented. See Chapter 5 for more information on adolescents' sexual behavior.

The data indicate that sexual debut in Zambia is early. Early sexual debut is often a risk factor for HIV infection since early timing of first sex, often before marriage, increases the chances of having many sexual partners during a lifetime.

3.2 Sexual Behaviour within Marriage

3.2.1 Respondents' Marital Status

Table 3.2 presents data on respondents' marital status. The data indicate that a large percentage of respondents are married and in monogamous relationships. Comparisons by gender indicate that 50.8% of males and 58.9% of females were married in monogamous relationships in 2003. The percentages were higher for rural respondents compared to urban respondents. Table 3.2 further indicates that 38.5% of males and 25.4% of females were single and never married. More urban than rural respondents were single and never married. Cohabiting was rarely reported among males or females, regardless of residence. In Zambia, as in many African countries, cohabiting is not a common cultural practice. It is likely that most of those who might otherwise be classified as cohabitating report themselves in surveys as being married. Polygamous marriages were more commonly reported among males (5.3%) than females (1.9%). More females (13.6%) than males (6.5%) reported that they were formerly married (either divorced or widowed) in 2003. These percentages increased slightly from 2000.

3.2.2 Marital Sexual Behavior

The survey obtains information on when respondents in marital partnerships last had sex. The data have been summarized in Appendix Table A.3.1. This table shows the percentage of married respondents who reported having sex with their spouses the nights before the interviews and in the preceding month. Results indicate that 20.0% of males and 17.8% of females reported

Table 3.1 Median Age at First Sex, ZSBS 1998, ZSBS 2000 and ZSBS 2003

Year	Males		Females	
	Number	Median Age	Number	Median Age
		Median Age at First Sex, 20–29		
1998	928	16.8	1067	16.9
2000	968	17.9	972	17.4
2003	1321	17.5	1315	17.4
		Median Age at First Sex, 15–24		
1998	727	16.3	973	16.9
2000	557	18.1	819	16.9
2003	826	17.5	1009	17.0

Table 3.2 Percent Distribution of Marital Status: Males and Females, ZSBS 1998, ZSBS 2000, and ZSBS 2003

Marital Status	Urban			Rural			Total		
	1998	2000	2003	1998	2000	2003	1998	2000	2003
Males									
Number	649	562	817	1,004	959	1,330	1,653	1,521	2,147
Missing	0	0	0	2	4	0	0	4	0
Single, Never Married	45.0	40.6	44.4	37.8	28.8	34.9	40.6	33.2	38.5
Married Monogamous	47.3	48.7	46.6	50.5	56.6	53.3	49.2	53.7	50.8
Cohabiting	0.8	0.2	0.4	0.6	0.4	0.4	0.7	0.3	0.4
Polygamous Marriage	1.5	4.1	2.1	6.6	9.5	7.2	4.6	7.5	5.3
Formerly Married	5.4	6.4	6.5	4.6	4.7	4.2	4.9	5.3	6.5
Females									
Number	755	718	900	1,285	1,067	1,424	2,040	1,785	2,324
Missing	0	3	0	0	3	0	0	6	0
Single, Never Married	31.5	35.1	32.6	21.4	19.6	20.9	25.1	25.8	25.4
Married Monogamous	49.7	46.4	50.3	49.6	56.3	64.3	49.7	52.3	58.9
Cohabiting	1.7	1.0	0.3	1.7	0.9	0.2	1.7	1.0	0.3
Polygamous Marriage	3.4	4.3	0.6	11.5	12.7	2.7	8.5	9.3	1.9
Formerly Married	13.6	13.2	16.2	15.8	10.5	11.9	15.0	11.6	13.6

having had sex the previous night in 2003, while 93.3% of males and 91.2% of females reported having sex the previous month.

All married respondents who reported having had sexual intercourse in the 12 months preceding the interview were asked whether a condom was used during the most recent intercourse with their spouses. These results are presented in Appendix Table A.3.2 and Figure 3.1. According to the data, 8.2% of urban males and 8.0% of rural males reported condom use during their last sexual intercourse with their spouses in 2003, while 8.9% of urban females and 6.7% of rural females reported that their husbands used condoms during their last sexual intercourse. For those who did use condoms, the most common reasons for doing so were to prevent pregnancy, prevent STI/HIV, or both.

Results in 2003 further indicate that 11.1% of married males with extramarital partners reported use of condoms at last sex with their spouses, compared to 7.8% for married males without extramarital partners. However, husband's condom use at last sexual intercourse was lower in 2003 for females with an extramarital partner (3.7%) than for females without an extramarital partner (7.5%). Among those who had an STI in the last year, 11.1% of married males and 10.3% of married females used condoms during the last sexual intercourse with their spouses (Appendix Table A.3.2). These percentages were only slightly higher than for married males (8.2%) and females (7.4%) who did not have an STI. The fact that condom use is low among those reporting an STI or extramarital partner is cause for concern.

Figure 3.1 Condom Use During Last Sexual Intercourse with Marital Partner by Residence, ZSBS 1998, ZSBS 2000, and ZSBS 2003

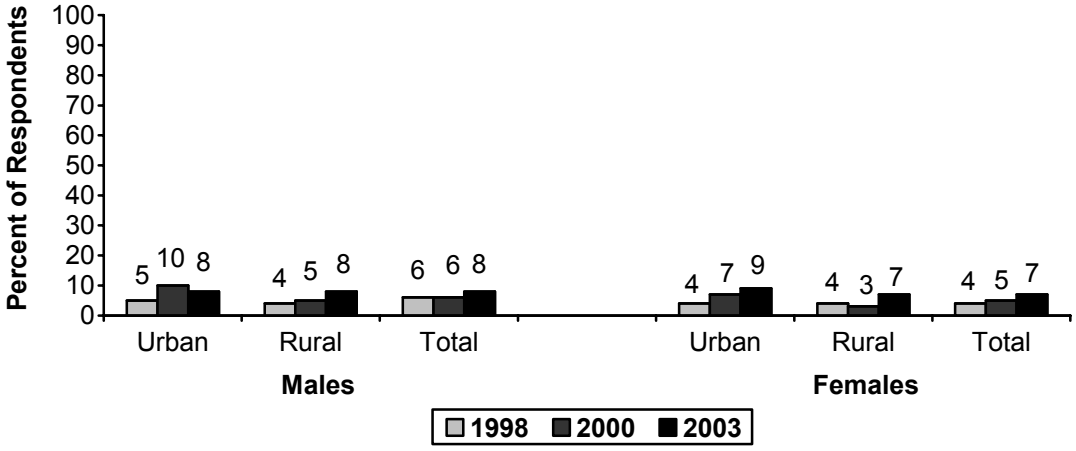


Table 3.3 Percent Respondents with Non-Regular Partner* in the Last 12 Months Among All Respondents and Among Respondents Who Were Sexually Active in the Last 12 Months, ZSBS 1998, ZSBS 2000, and ZSBS 2003

	Entire Sample						Sexually Active Respondents					
	Number			Percent with Non-Regular Partner			Number			Percent with Non-Regular Partner		
Gender and Residence	1998	2000	2003	1998	2000	2003	1998	2000	2003	1998	2000	2003
Males												
Urban	649	562	817	28.8	20.5	25.3	459	384	547	40.6	30.0	37.8
Rural	1006	963	1,330	30.5	22.9	18.6	799	774	995	38.3	28.4	24.8
Total	1,655	1,525	2,147	29.8	21.8	21.2	1,258	1,158	1,542	39.1	28.9	29.4
Females												
Urban	755	721	900	12.4	12.8	13.9	535	465	586	17.6	19.8	21.3
Rural	1,285	1,070	1,424	12.4	10.4	9.8	992	834	1,077	16.1	13.3	13.0
Total	2,040	1,791	2,324	12.4	11.3	11.4	1,527	1,299	1,663	16.6	15.6	15.9

* The definition of *non-regular* used in 2000 and 2003 differed from the definition used in 1998.

3.3 Multiple Partnerships

Because of the link between HIV infection and multiple partners, respondents were asked for information concerning their three most recent sexual partnerships. Information on the characteristics of the respondents' three most recent sexual partners and experiences are presented in Appendix Tables A.3.3, A.3.4, A.3.5a and A.3.5b.

3.3.1 Non-Regular Partnerships

In the ZSBS 2000 and ZSBS 2003, a non-regular partner is defined using the standard UNAIDS definition of a non-marital, non-cohabiting partner. In the 1998 survey, the definition of non-regular was determined under an earlier WHO/GPA definition, on the basis of duration of the relationship. In the 1998 survey, a non-marital partnership was defined as any sexual relationship that lasted less than 12 months. Therefore, direct comparison of the 1998 data with 2000 and 2003 data on non-regular partnerships must only be made with caution.

In 2003, among the entire sample of respondents, 21.2% of males and 11.4% of females reported having a non-regular partner in the previous year. Among respondents who were sexually active at the time of the survey, these percentages are higher. Among sexually active respondents, 29.4% of males and 15.9% of females reported having had non-regular partners in 2003. This information is presented in Table 3.3 and Figure 3.2.

Figure 3.2 Percent of Sexually Active Respondents Who Had Sex with a Non-Regular Partner in the Last Year, ZSBS 2000 and ZSBS 2003

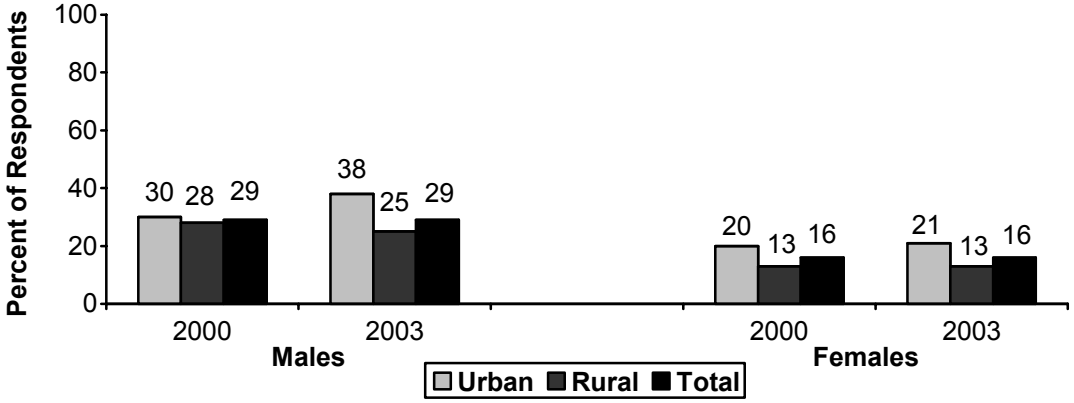
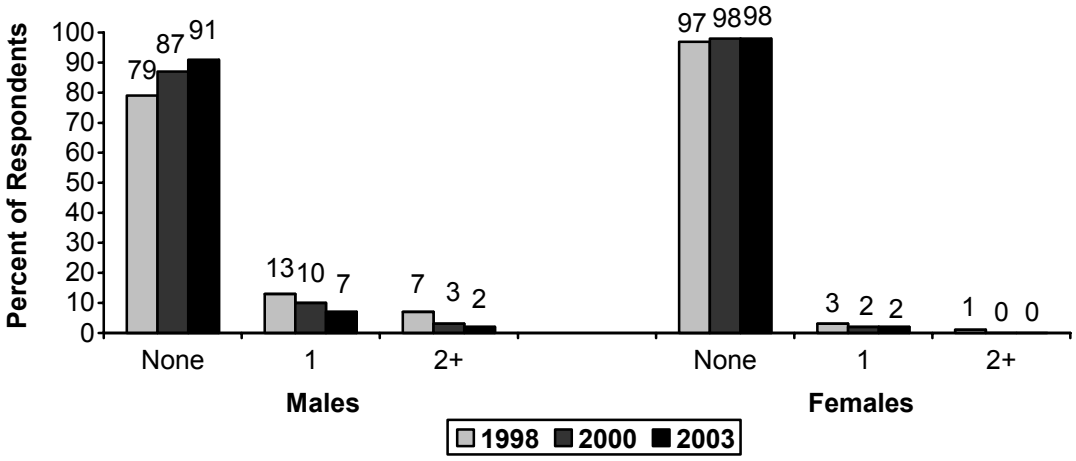


Figure 3.3 Percent Distribution of Married Respondents by Number of Non-Regular Partners, ZSBS 1998, ZSBS 2000, and ZSBS 2003



Appendix Table A.3.3 presents data on the number of non-regular partners in the year preceding the survey. Figure 3.3 presents information on the number of non-regular partners for married males and females. Figure 3.4 presents information on the number of non-regular partners among unmarried males and females.

According to Appendix Table A.3.3, 90.9% of married males and 98.3% of married females stated that they had no non-regular partners in 2003; 62.9% of unmarried males and 73.0% of unmarried females stated that they had no non-regular partners in 2003. The same table also shows that 29.6% of unmarried males and 24.6% of unmarried females had one partner in 2003, while 7.5% of unmarried males and 2.4% of unmarried females reported more than one partner (Figures 3.3 and 3.4).

Fewer married males and females had non-regular partners in 2003 compared to 2000 and 1998. The percentage of married males and females with no non-marital partner were 90.9% and 98.3%, respectively (Figure 3.3).

3.3.2 Condom Use with Non-Regular Partners

Appendix Table A.3.4 and Figure 3.5 show the proportions of individuals who used a condom during their most recent sexual intercourse with a non-regular partner, among those respondents reporting at least one non-regular partner. Results in Appendix Table A.3.4 indicate that 41.6% of males and 34.3% of females reported condom use during the last sexual intercourse with a non-regular partner in 2003. Condom use with non-regular partners has increased overall among males and females between the 2000 and 2003

Figure 3.4 Percent Distribution of Unmarried Respondents by Number of Non-Regular Partners, ZSBS 1998, ZSBS 2000, and ZSBS 2003

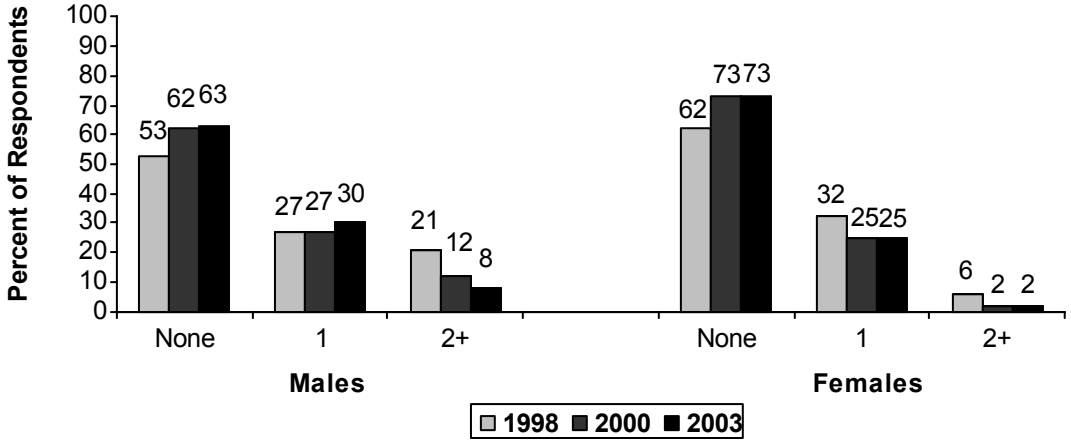
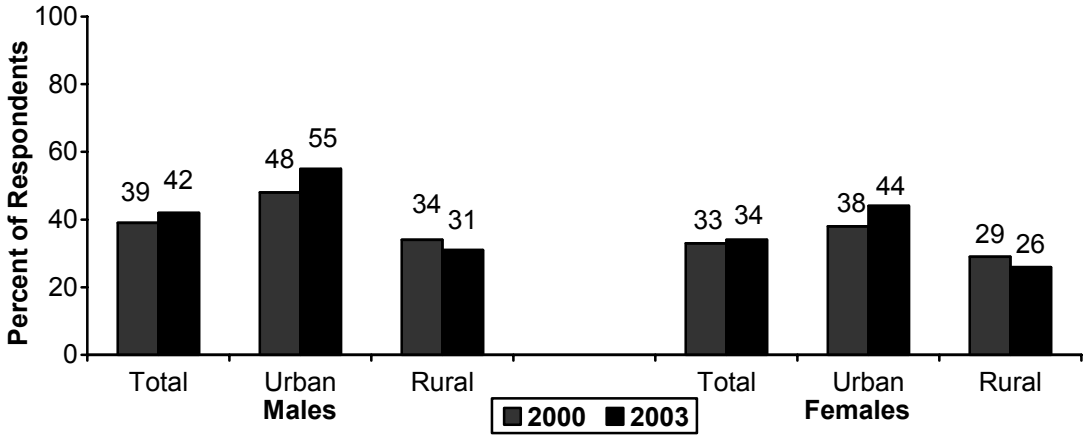


Figure 3.5 Percent of Respondents Who Used a Condom During the Last Sexual Act with a Non-Regular Partner, ZSBS 2000 and ZSBS 2003



surveys, particularly due to increased condom use in urban areas. In 2003, condom use with a non-regular partner was reported by 54.6% of males and 44.0% of females in urban areas compared to 30.8% of rural males and 25.7% of rural females.

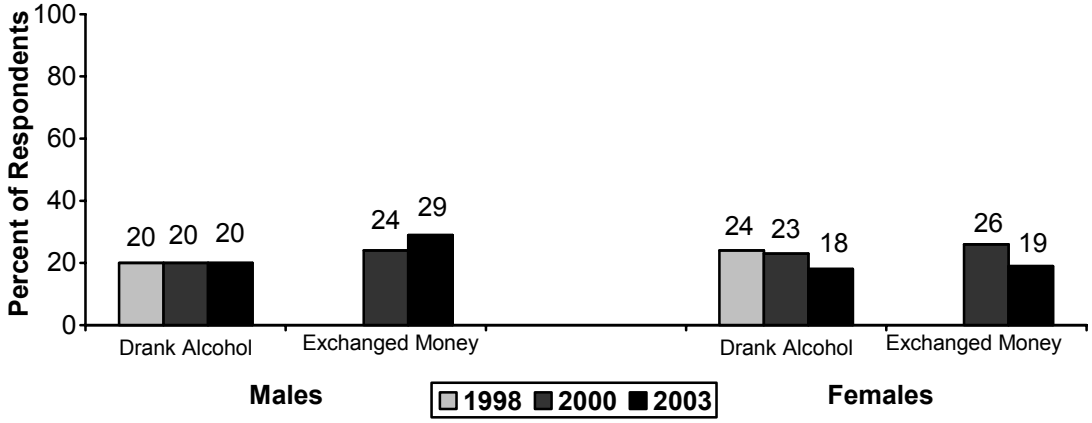
3.3.3 Characteristics of Non-Regular Partners

The ZSBS included some questions on characteristics of respondents' non-regular partners and exchange of money or use of alcohol in relation to the last sexual act.

Figure 3.6 and Appendix Table A.3.5 present results on alcohol use and exchange of money during the last sexual intercourse with a non-regular partner. Results show that 20.3% of males reported that they or their non-regular partners took alcohol during the last sexual intercourse in 2003. This percentage was much higher for urban males compared to rural males. Among females in 2003, 18.1% reported that alcohol was involved at last sex. As with males, the percentage of females who reported that they or their non-regular partners took alcohol during the last sexual act was much higher in urban compared to rural areas. Involvement of alcohol in sexual activity is of concern because it may increase the chances of unprotected sex.

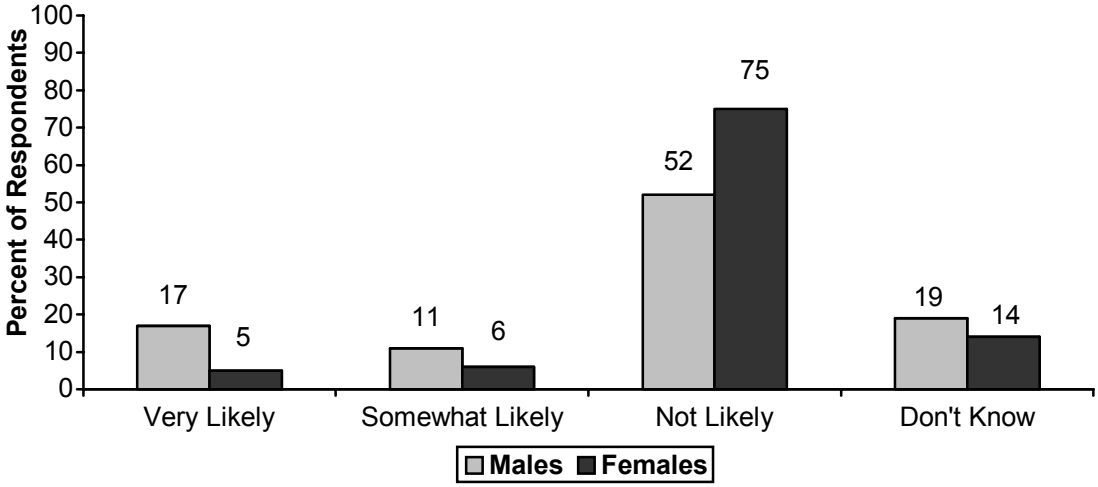
The ZSBS 2003 shows that 28.6% of males and 18.9% of females reported that money was exchanged at last sex with non-regular partners. Percentages were higher among rural respondents (Appendix Table A.3.5a). The aspect of paying

Figure 3.6 Characteristics of Last Sexual Act with Non-Regular Partner, ZSBS 1998, ZSBS 2000, and ZSBS 2003



Note: *Exchanged money* was not applicable to 1998.

Figure 3.7 Thought Partner Has Other Partners, ZSBS 2003



money for sex is partially attributable to poverty. The aspect of money exchange may also signal commercialization of sex in a country where prostitution and sex houses are illegal.

Having sex with a partner who has other partners is also a risk factor for HIV/AIDS. The ZSBS 2003 asked respondents how likely it was that each partner had other partners in the 12 months preceding the survey. Results are presented in Appendix Table A.3.5b. In the 2000 survey, the question called for a simple *yes* or *no* response. In 2003, there were four answer choices: *very likely*, *somewhat likely*, *not at all likely*, and *don't know*. Results in 2003 indicated that 28.8% of males and 11.3% of females thought it was very likely or somewhat likely that their partners had other partners (Figure 3.7).

3.4 Forced Sex

The ZSBS 2003 was the first to include questions on forced sex. Even though it is likely to be underreported, 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. Additional questions were asked about the number of times sexual violence

Table 3.4 Percent of Females Who Reported Ever Being Forced to Have Sex, ZSBS 2003

	Number	Forced Sex Ever
Residence		
Urban	748	16.8
Rural	1,255	15.5
Total	2,003	16.3
Age Group		
15–19	272	17.7
20–24	460	19.8
25–49	1,271	14.8
Total	2,003	16.3

Table 3.5 Of Women Reporting Forced Sex Ever, Number of Times Forced in Previous Year by Residence, 2003 ZSBS

Residence	N	0	1-3	4 or More
Urban	105	32.4	45.7	21.9
Rural	186	16.1	57.5	26.3
Total	291	22.0	53.3	24.7

Table 3.6 Of Women Reporting Forced Sex Ever, Number of Times Forced in Previous Year by Age, 2003 ZSBS

Age Group	N	0	1-3	4 or More
15–19	45	17.8	64.4	17.8
20–24	81	18.5	60.5	21.0
25–49	165	24.8	46.7	28.5
Total	291	22.0	53.3	24.7

occurred in the 12 months preceding the survey and who perpetrated the forced sex. As shown in Table 3.4, the survey found that 16.3% of the female respondents reported forced sex. A slightly higher percentage of urban females (16.8%) than rural females (15.5%) reported having been forced to have sex. The breakdown by age indicates that young females were generally the most likely to report having been forced to have sex against their will.

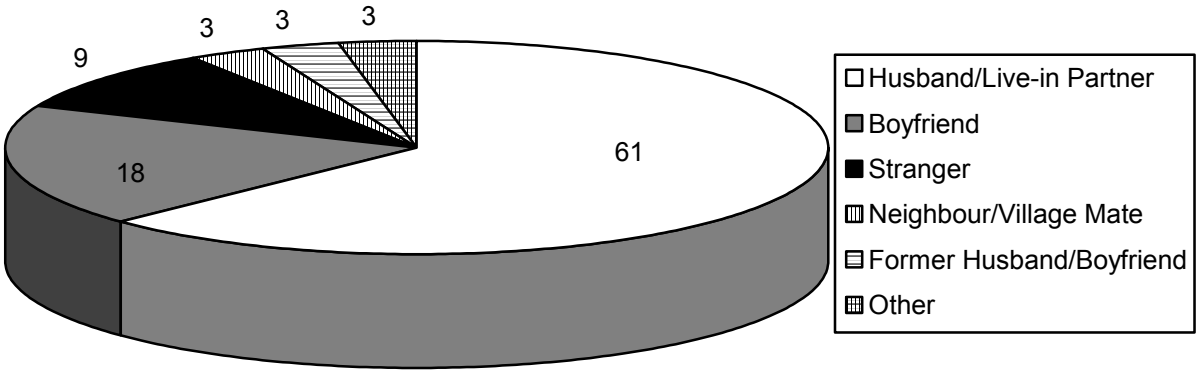
The 2003 survey also provides an indication of the frequency of reported incidents of sexual violence. Among urban females reporting forced sex ever, 45.7% reported one to three incidences in the past year and 21.9% reported four of more. Of rural females reporting having ever been forced to have sex, 57.5% reported one to three occurrences and 26.3% reported four or more (Table 3.5).

The number of incidences of forced sex (for those reporting forced sex ever) in the previous year was also reported by age. According to the survey results, 64.4% of respondents reported one to three incidents and 17.8% reported four or more. Of those aged 20–24, 60.5% reported one to three events and 21.0% reported four or more. Of those in the 25–49 age group, 46.7% reported one to three events and 28.5% reported four or more events (Table 3.6).

The most commonly reported perpetrators were *husbands or live-in partners* (61%). Other reported perpetrators were *boyfriends* (18%), *strangers* (9%), *neighbours or village mates* (3%), *male relatives* (3%) and *former husbands or boyfriends* (3%). From these data, it appears that the majority of victims knew their perpetrator. These data are presented in Figure 3.8. Seven respondents listed more than one perpetrator.

These results indicate that sexual violence against females is a problem in Zambia, and that most females know the perpetrators of this violence.

Figure 3.8 Percent Distribution of Perpetrators of Forced Sex Reported by Female Respondents, ZSBS 2003



3.5 UNAIDS Sexual Behaviour Indicators

Appendix Table A.3.6 shows three UNAIDS indicators of sexual behavior calculated from the ZSBS data. These include Sexual Negotiation Indicator 1, Sexual Behavior Indicator 1, and the Sexual Behavior Indicator 2.

Sexual Negotiation Indicator 1 is the percent of all respondents who have heard of STIs and who believe that if a woman's husband has an STI, she can negotiate safer sex with him by either refusing to have sex or insisting on condom use. The 2003 survey found that 52.2% of males and 53.5% of females believed that a woman could negotiate safer sex with her husband if he has an STI. This is an increase from 48.6% of males and 44.6% of females in 2000. Urban respondents were more likely to share this view than their rural counterparts (Appendix Table A.3.6).

Sexual Behavior Indicator 1 is the percent of sexually active respondents (those who had sex within the preceding year) who had sex with a non-marital, non-cohabiting partner in the previous 12 months. Results in 2003 indicate that 29.4% of males and 15.9% of females who were sexually active reported having had sex with a non-marital, non-cohabiting partner in the previous year. Percentages were higher among the urban respondents compared to rural respondents, with 37.8% of urban males and 21.3% of urban females having had sex with a non-marital, non-cohabiting partner, compared to 24.8% of males and 13.0% of females in rural areas. These percentages increased slightly from 2000.

Sexual Behavior Indicator 2 is the percent of individuals who report condom use at last sexual act with a non-regular partner, among those who had sex with a non-marital, non-cohabiting partner in the previous year. In 2003, condom use during last sex with a non-regular partner was reported by 41.6% of males and 34.3% of females. These percentages are somewhat larger than those reported in 2000. In 2003, urban males (54.6%) and urban females (44.0%) were more likely to report condom use during sex with a non-regular sex partner compared to rural males (30.8%) and rural females (25.7%).

Chapter 4: Sexually Transmitted Infections

Studies on the relationship between HIV/AIDS and other STIs have shown that the presence of untreated STIs significantly increases the chance of HIV transmission per act of unprotected sex between an infected and uninfected person. Therefore, the fight against the spread of HIV/AIDS should and must include early and effective diagnosis of STIs and complete treatment of all partners involved.

The Zambian Ministry of Health (MoH) through the CBoH initiated community- and clinic-based interventions to control STIs. These will be done through community awareness of the dangers of untreated STIs, especially during pregnancy, and by providing free treatment of STIs at all government clinics and health centres.

This chapter describes the survey results on STIs other than HIV/AIDS.

4.1 Knowledge of STI Symptoms

In the household survey, three questions were asked to assess knowledge of STIs other than HIV/AIDS. Respondents were first asked whether they had ever heard of diseases transmitted through sexual intercourse. Those who had ever heard of STIs were then asked to describe the symptoms of STIs in males and females. Responses considered to be correct descriptions of STI symptoms were abdominal pain (females only), burning pain with urination, 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 frequently named by some respondents, such as failure to pass urine, loss of weight, or blood in urine, although they may sometimes be experienced in association with an STI, have many causes and are not correctly defined as STI symptoms.

Data on knowledge of STIs are presented in Figures 4.1 and 4.2 and Appendix Tables A.4.1 and A.4.2. Survey results show that there has been an increase in the percentage of males and females (in both rural and urban areas) reporting knowledge of STIs in 2003 compared to 2000. The 2003 survey shows that 94.0% of males and 92.8% of females had heard of STIs. This is an improvement from 2000 and 1998. Urban respondents were more likely than rural respondents to have heard of STIs in all survey

Figure 4.1 Awareness of Symptoms/Signs of an STI in Males, ZSBS 1998, ZSBS 2000, and ZSBS 2003

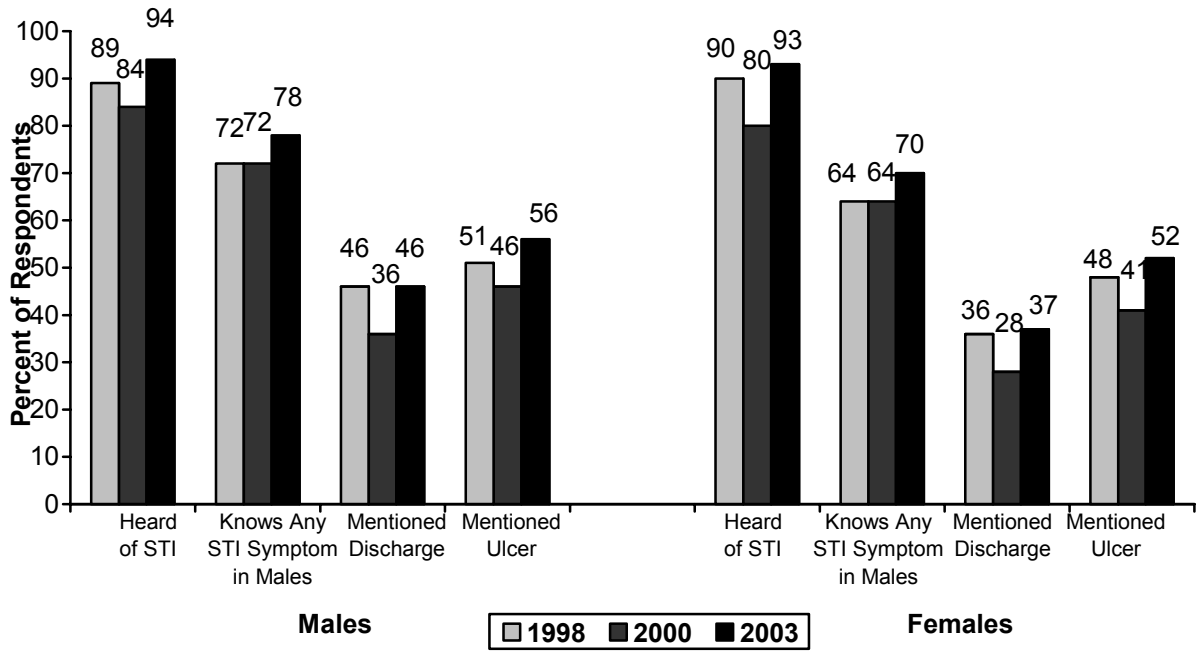
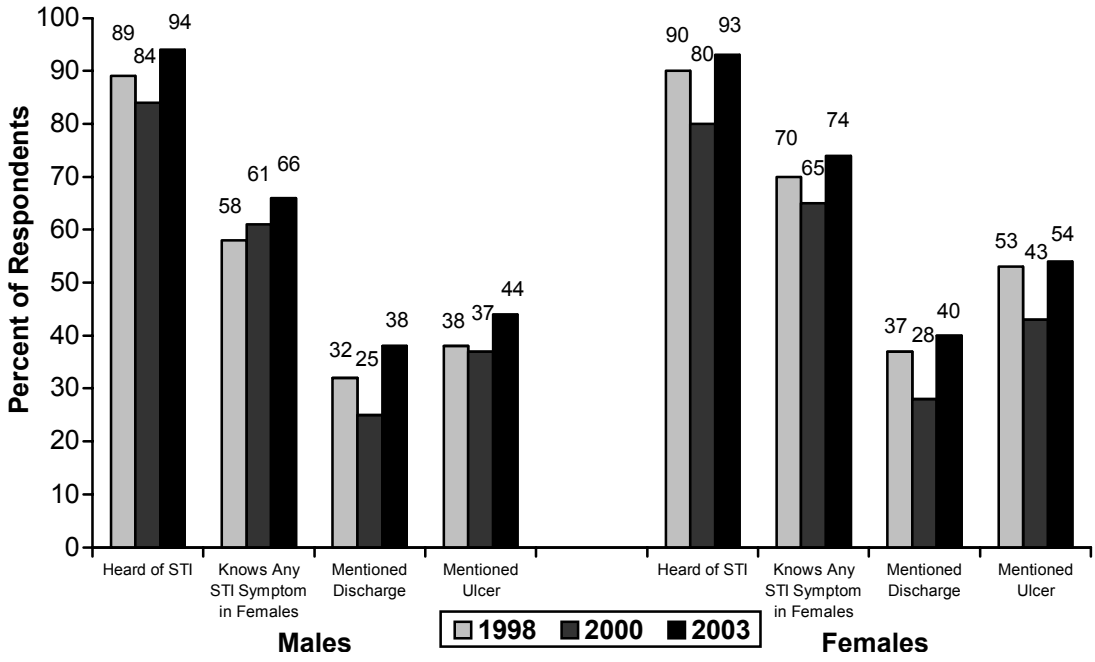


Figure 4.2 Awareness of Symptoms/Signs of an STI in Females, ZSBS 1998, ZSBS 2000, and ZSBS 2003



years.

Knowledge of at least one STI symptom in males and in females has increased among all respondents between the 2000 and 2003 survey years. Results in 2003 further show that 77.9% of all males and 69.9% of all females could name at least one symptom in males; conversely, 66.1% of males and 74.3% of females could name at least one symptom in females (Figures 4.1 and 4.2).

The most commonly recalled symptom was genital ulcer. As a symptom of an STI in males, genital ulcer was cited by 55.8% of males and 52.2% of females. As a symptom of an STI in females, genital ulcer was cited by 43.8% of males and 53.7% of females. The second and third most commonly recalled symptoms among both males and females were genital discharge and swelling in the genital area (Appendix Table A.4.2).

Of particular concern is the proportion of males and females who do not know any symptoms of STIs in females or males. According to the 2003 survey results, 9.7% of males and 18.4% of females did not know at least one symptom in males; 20.3% of males and 13.9% of females did not know even one symptom in females (Appendix Table A.4.2).

4.2 STI Occurrence

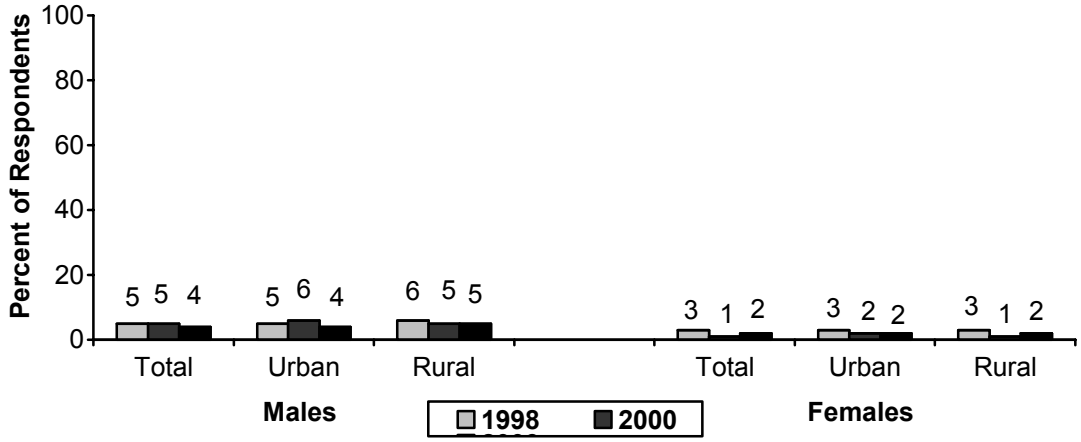
Respondents who reported having heard of STIs and who had ever had sexual intercourse were asked directly whether they had experienced any genital ulcers or genital discharge in the 12 months preceding the survey. Only a small number of respondents answered affirmatively. The data are presented in Figure 4.3 and Appendix Table A.4.3.

According to results shown in Appendix Table A.4.3, only 4.4% of males and 1.8% of females responded that they did have an ulcer or discharge in the past year. Reporting of genital ulcers or discharge is more common among males than females in both rural and urban areas. Comparing the 2000 and 2003 survey results, slightly more females in 2003 reported having a genital ulcer or discharge in the last 12 months, than they did in 2000 (Figure 4.3).

4.3 Treatment-Seeking Behaviour

The presence of untreated STIs provides a conduit for the easy passage of HIV, especially when it involves unprotected sex with an infected person. Hence the fight against HIV/AIDS requires sustained advocacy on the need to seek proper diagnosis and treatment of STIs from well-trained

Figure 4.3 Percent of Male and Female Respondents Who Say They Had a Genital Ulcer or Genital Discharge in Past Year, ZSBS 1998, ZSBS 2000, and ZSBS 2003



and qualified medical practitioners by all the sexual partners involved.

Respondents who reported a genital ulcer or genital discharge in the preceding 12 months were asked five questions about their treatment-seeking and sexual behavior at the time of illness. The responses from the five questions are presented in Table 4.1. Results in 2003 indicate that 73.2% of males and 81.1% of females visited a health facility for treatment. Among males, this percentage was lower than the corresponding percentage for 2000. Visiting a traditional healer was mentioned among 43.9% of males and 37.8% of females in 2003. Among both males and females, these percentages are markedly higher than in 1998.

In the 2003 survey, purchasing of drugs in a shop was reported among 24.4% of males and 35.1% of females, and advice was asked of friends/relatives by 41.5% of males and 32.4% of females. In comparison to 2000 (males only) and 1998, these percentages were low. In 2003, 24.4% of males and 43.2% of females visited a private doctor. Overall, compared to 2000, male respondents were more likely to seek care from a traditional healer and a private doctor and less likely to seek care at a health facility. However, the percentage of both male and female respondents seeking care at a healthy facility in 2003 still exceeded the percentages seeking care from traditional healers and private doctors. A caveat is that results from Table 4.1 should be interpreted with caution because of the small sample sizes.

4.4 Behaviour and STI Symptoms

The successful treatment of STIs requires communication among sexual partners and treatment of all affected partners. This is necessary in preventing infection and re-infection among partners.

Respondents who reported having had symptoms associated with an STI in the 12 months preceding the survey were asked whether they informed their sexual partners, stopped having sex, used a condom, or took medicines.

Table 4.1 Treatment-Seeking Behaviour Among Males and Females with an STI in the Last Year, ZSBS 1998, ZSBS 2000, and ZSBS 2003

Treatment-Seeking Behaviour	Males						Females					
	Number			Percent			Number			Percent		
	1998	2000	2003	1998	2000	2003	1998	2000	2003	1998	2000	2003
Visited Health Facility	81	60	82	80.0	78.3	73.2	54	19	37	66.7	NA	81.1
Visited Traditional Healer	81	60	82	29.6	28.3	43.9	54	19	37	29.6	NA	37.8
Bought Drugs in Shop	81	60	82	28.4	31.7	24.4	54	19	37	22.2	NA	35.1
Asked Friends or Relatives for Advice	81	60	82	59.5	43.3	41.5	54	19	37	59.3	NA	32.4
Visited Private Doctor	81	60*	82	NA	18.6	24.4	NA	19	37	NA	NA	43.2

* One case missing

NA = Not Applicable.
Percentages are not calculated for females in 2000 because of small numbers (only 19 female respondents reported an ulcer or discharge in the previous year).
Information on private doctors was not available from the 1998 survey.

Table 4.2 Behaviour Among Males and Females with an STI in the Last Year, ZSBS 1998, ZSBS 2000, and ZSBS 2003

Behaviour	Males						Females					
	Number			Percent			Number			Percent		
	1998	2000	2003	1998	2000	2003	1998	2000	2003	1998	2000	2003
Informed Sexual Partner About Symptoms	81	68*	81	70.4	59.7	56.8	54	22	36	75.6	90.9	83.3
Stopped Having Sex	81	68*	81	94.0	70.1	70.4	54	22	36	79.6	77.3	77.8
Used Condoms When Having Sex	81	68	81	7.4	23.5	33.3	54	22	36	7.4	22.7	33.3
Took Medicine	NA	68	81	NA	73.5	85.2	NA	22	36	NA	86.4	88.9

* One case missing

NA = Not applicable

Note the small number of women (22) in 2000.

Females were more likely than males to inform their sexual partners about their STI symptoms and to stop having sex. Information about these respondents is presented in Table 4.2. The survey found that 56.8% of males and 83.3% of females had informed their sexual partner about the symptoms when they had an STI in 2003. These percentages are lower than those from 2000. Those who reported having stopped sex comprised 70.4% of the males with an STI symptom, and 77.8% of the females with an STI symptom; 33.3% of both males and females with an STI symptom used condoms when having sex. Taking medicine was reported among 85.2% of the males and 88.9% of the females with an STI symptom. Those having an ulcer or discharge in 2003 took more measures compared to 2000, such as taking medicine, abstaining from sex or using a condom. Once again, a caveat is that results from Table 4.2 should be interpreted with caution because of the small sample sizes.

Chapter 5: Adolescents

Adolescence has been broadly defined as the developmental stage between childhood and adulthood. In this chapter, the sample of respondents aged 15–19 are referred to as adolescents. This is a crucial stage in life when individuals undergo bodily changes and self-discovery. Adolescents are often targeted through reproductive health programs because adolescence forms the entry point into sexual and reproductive activity. HIV prevention efforts are thus likely to have a large effect on the spread of HIV if the efforts are successful with the youngest age groups. Adolescents who are properly informed may be more likely to avoid risky sexual behaviour, particularly those who have not yet begun having sex. Where appropriate in describing these data, comparative information is sometimes shown for the broader age group of persons aged 20–59.

5.1 Knowledge

Knowledge of HIV and AIDS among adolescents is very important in the development of programs that aim at preventing infection and disease for this young age group. Appendix Table A.5.1 and Figure 5.1 present data on the knowledge about HIV/AIDS among adolescents. A large majority of adolescent respondents, 97.2% of males and 93.8% of females, had heard of HIV/AIDS.

Also critically important for prevention programs is the knowledge that HIV/AIDS can be avoided and that HIV infection can be present in the absence of visible symptoms. Figure 5.1 shows knowledge levels on key indicators for adolescent males and females. Results from the 2003 survey indicate that 80.3% of adolescent males knew that HIV/AIDS can be avoided, an increase over levels observed in 1998 and 2000. Among adolescent females in 2003, 74.0% females knew that HIV/AIDS can be avoided, an increase from 71.3% in 1998 and 67.7% in 2000, but lower than the level recorded for adolescent males in 2003.

In 2003, 84% of adolescent males knew that a healthy-looking person can be HIV-infected, a substantial increase from 77.4% in 1998. The 2003 survey also found that 76.8% of adolescent females knew that a healthy person can have HIV/AIDS. This is up only modestly from the

Figure 5.1 Percent of Respondents Aged 15–19 with Knowledge of HIV Transmission, ZSBS 1998, ZSBS 2000, and ZSBS 2003

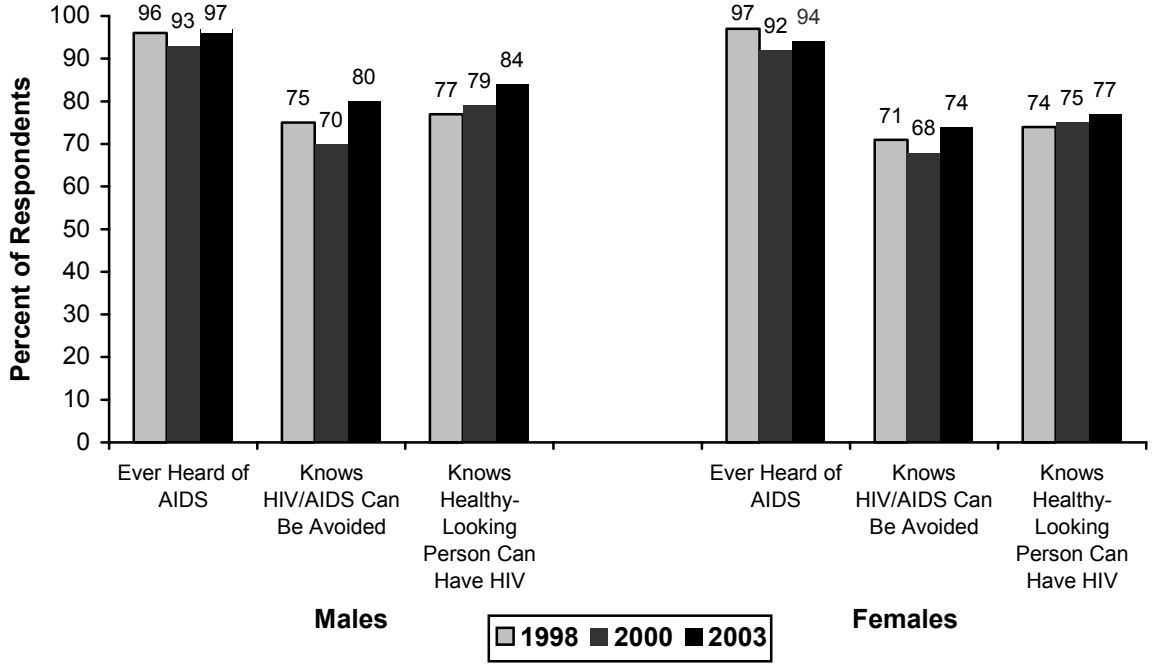
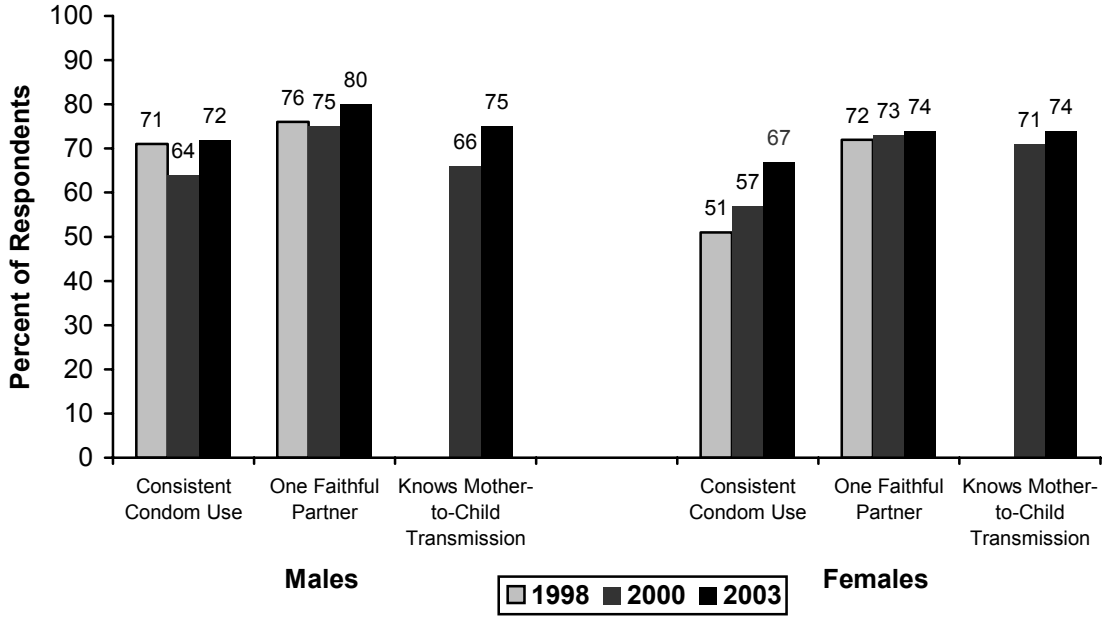


Figure 5.2 Percent of Respondents Aged 15–19 with Knowledge of How to Avoid HIV When Prompted, ZSBS 1998, ZSBS 2000, and ZSBS 2003



levels measured in 1998 (74.2%) and 2000 (74.9%). This percentage for adolescent females is notably lower than the 84% recorded for adolescent males in 2003. The increase in basic knowledge about HIV/AIDS among adolescents is heartening, and particularly the narrowing gap between levels of knowledge among adolescent males and females.

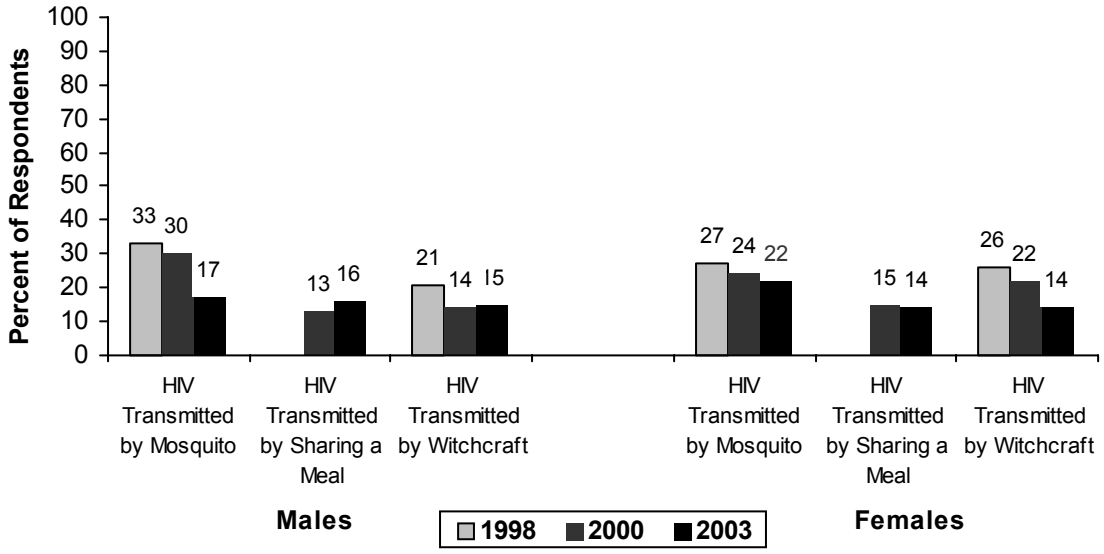
HIV/AIDS prevention programs tend to focus and direct their messages at three important aspects of behaviour: abstinence or delaying sexual debut, limiting the number of partners/staying faithful to one partner, and consistent condom use. Appendix Table A.5.2 and Figure 5.2 present information on adolescent respondents' knowledge about specific ways to avoid HIV/AIDS. In 2003, 71.5% of males and 66.6% of females knew that consistent use of condoms could prevent the spread of HIV/AIDS. Knowledge about consistent condom use has changed little among young males since 1998, but appears to have increased substantially (from 50.9% in 1998) among adolescent females (Figure 5.2).

In 2003, 80.1% of male and 74.0% of female adolescents believed that having one faithful partner was a way to prevent HIV/AIDS. Knowledge of MTCT was also fairly high, with 74.8% of adolescent males and 74.0% of adolescent females knowing that HIV/AIDS could be spread from mother to child. Knowledge of MTCT in 2003 was about the same for males and females, reflecting an increase in the levels recorded for adolescent males of about nine percentage points compared to 2000 (65.8%). In general, knowledge levels measured in 2003 show an improvement across all three of these indicators compared to 1998 and 2000 (Figure 5.2).

Information on misconceptions about how HIV can spread is presented in Appendix Table A.5.3 and Figure 5.3. Results from the 2003 survey indicate that 16.7% of adolescent males and 21.8% of adolescent females believed that HIV is transmitted by mosquitoes. Belief in mosquito transmission of HIV has decreased dramatically for adolescent males since 1998, when a third of respondents held this misconception.

Misconceptions about HIV transmission through sharing a meal with an infected person are at a relatively low level compared to the other two indicators. The 2003 survey results show that 16.4% of adolescent males and 14.4% of adolescent females thought that HIV can be transmitted by sharing a meal. Reports of this misconception have changed little since the 2000

Figure 5.3 Percent of Respondents Aged 15–19 with Misconceptions About How HIV is Transmitted, ZSBS 1998, ZSBS 2000, and ZSBS 2003



survey, though a slight rise (from 12.7% in 2000) was seen for adolescent males.

Belief in the transmission of HIV through witchcraft has declined since 1998, especially among adolescent females. In 2003, 15.1% of adolescent males and 14.0% of adolescent females believed that HIV could be transmitted by witchcraft, compared to 21.3% for males and 26% for females in 1998 (Figure 5.3).

5.2 Attitudes

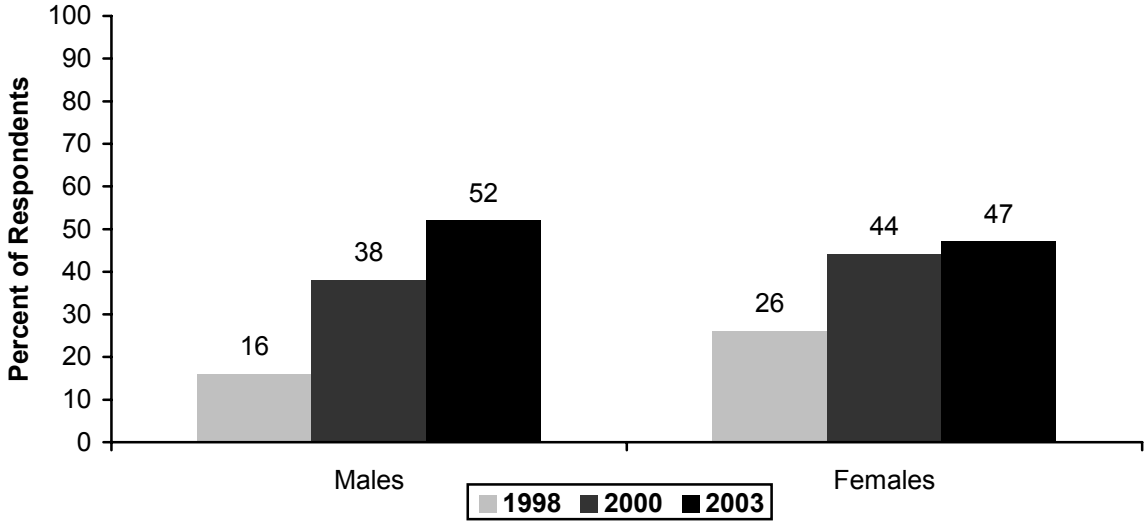
The ability of females to make decisions about engaging in sexual activity has important implications for HIV infection and whether females can protect themselves, in general, from sexual disease transmission. Appendix Table A.5.4 and Figure 5.4 present adolescent respondents' views on whether a woman can protect herself if her husband has an STI. In 2003, more than half (52.0%) of adolescent males and 47.2% of adolescent females thought that a woman could protect herself. Substantial changes in this indicator since 1998 are evident, especially among adolescent males. In 1998, only 15.8% of adolescent males thought a woman could protect herself if her husband has an STI. Among women, there was a 21% increase since 1998 (26.4%) in those answering affirmatively among adolescent women.

5.3 Perceived Risk of HIV/AIDS

As mentioned in Chapter 2, modified questions on perceived risk of HIV/AIDS were included in the 2003 survey. Results in 2003 indicate that adolescents were more likely than older respondents to think that they had no chance of getting the AIDS virus. Close to three-fourths of adolescent males (70.2%) felt that they had no chance of becoming infected with HIV, compared to around half (53.3%) of males 20–24, and 49.3% of males aged 25–59. Similarly, among female respondents, 73.0% said they had no chance of getting AIDS, compared to 54.9% of females aged 20–24, and 47.3% of females aged 25–49.

As in many other countries, adolescents in Zambia may feel that they are not vulnerable. Of course this is a dangerous attitude given the high prevalence of HIV/AIDS among the younger population in Zambia as observed during the 2001–2002 ZDHS. Results from the 2001–2002 ZDHS indicated that age is associated with HIV prevalence: the proportion of respondents who are HIV+ increases with age from 5% among those aged 15–19 to 25% for those aged 30–34; the proportion HIV+ declines to 17% for those aged 45–49 (CSO, CBoH, and ORC Macro, 2003: p. 236).

Figure 5.4 Percent of Males and Females Aged 15-19 Who Believed that a Woman Can Protect Herself if Her Husband Has an STI, ZSBS 1998, ZSBS 2000, and ZSBS 2003



5.4 Stigma

The fight against socio-economic discrimination of people living with HIV/AIDS is an important component in the overall fight against the pandemic. The survey included questions useful in the assessment of levels of discrimination and stigma towards HIV testing and people living with HIV/AIDS. The proportion of adolescent respondents who know their HIV status can be a reflection of many factors, including access to testing sites, knowledge about a need for HIV testing, attitude towards HIV/AIDS, and the level of stigma associated with HIV/AIDS.

Information on HIV testing is presented in Appendix Table A.5.5 and Figure 5.5. Among male adolescents in 2003, 66.0% knew a place for an HIV test, compared to only 57.0% of female adolescents (See Appendix Table A.5.5). Very few adolescents say they have been tested for HIV. Among adolescent males in 2003, 4.2% said they had ever been tested for HIV. Among those tested, half (50.0%) were tested in the previous year. More than eight of 10 (83.3%) adolescent males who had been tested said they knew the results of the test (Figure 5.5).

Among adolescent females in 2003, 4.2% said they had been tested for HIV. Of those tested, 47.6% were tested in the previous year. All of the adolescent females who had been tested (100%) said they knew the results of the test. The percentage of those tested who said they knew their test results increased substantially for both adolescent males and females since 1998 (Figure 5.5) A caveat, however, is that the numbers for Appendix Table A.5.5 are small.

Willingness to care for a family member and attitudes towards HIV+ people working with others openly reflects both knowledge about methods of infection and stigma or discrimination towards people living with AIDS. The data are presented in Appendix Table A.5.6 and Figure 5.6.

About two-thirds of adolescents said they knew of someone with HIV/AIDS or who had died of HIV/AIDS: 66.7% of males and 65.8% of females. More adolescents knew of someone with HIV or who died from HIV/AIDS in 2003 compared to 2000 (Appendix Table A.5.6). This is likely because of the increasing impact of the epidemic.

Among adolescents in 2003, 82.9% of males and 80.4% of females would be willing to care for a family member infected with HIV/AIDS. This reflects a small increase among adolescent males from the level reported in 2000 (80.8%), and a modest decrease among adolescent females, (84.1% in 2000, Appendix Table A.5.6).

Figure 5.5 Respondents Aged 15-19 Who Have Had an HIV Test and Know the Results, ZSBS 1998, ZSBS 2000, and ZSBS 2003

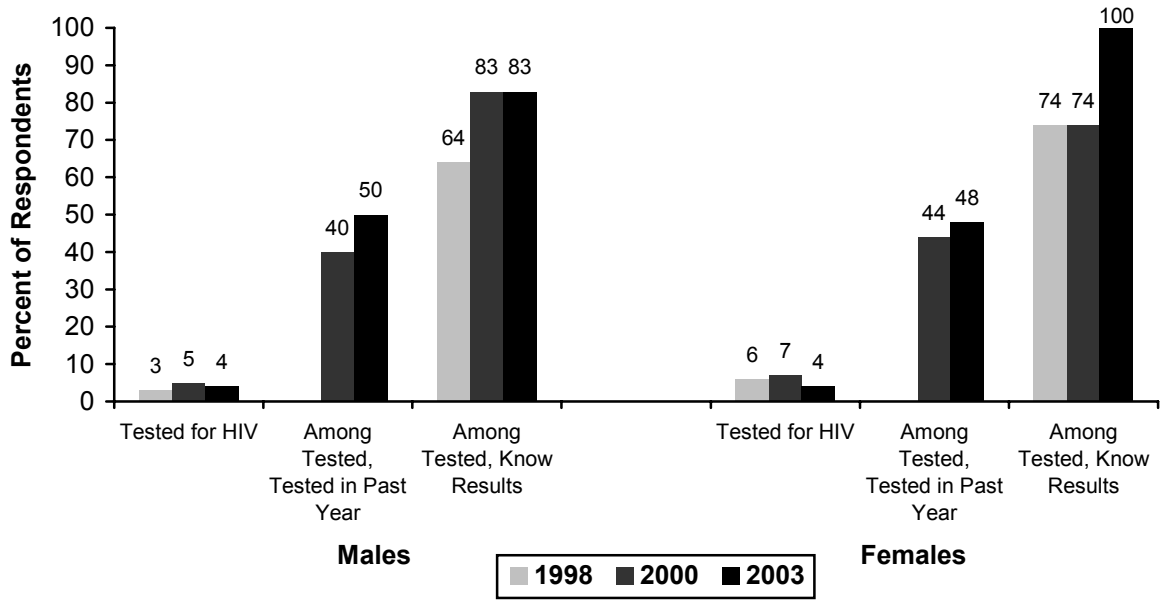
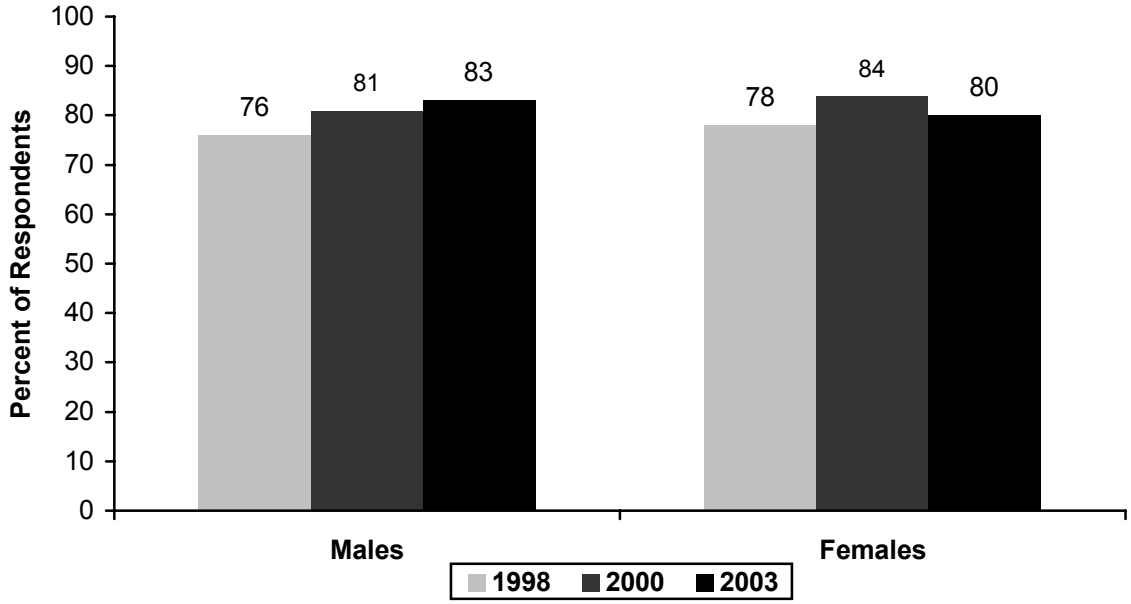


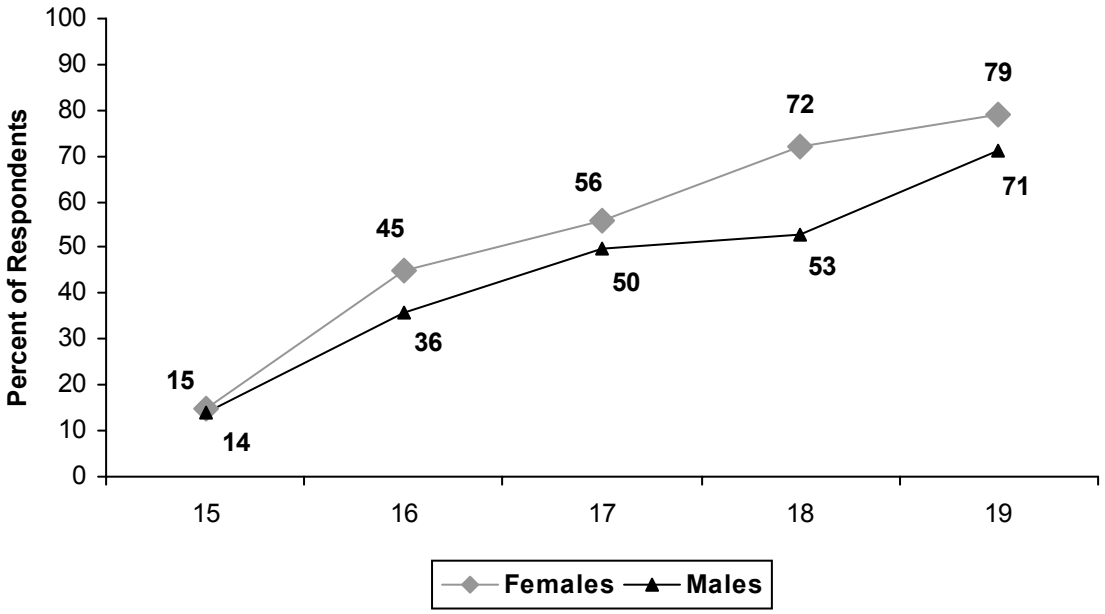
Figure 5.6 Percent of Respondents Aged 15–19 Willing to Care for a Family Member with HIV/AIDS, ZSBS 1998, ZSBS 2000, and ZSBS 2003



Appendix Table A.5.7 explores attitudes among adolescents towards individuals they know or believe to be infected with HIV. In 2003, survey results show that 35.0% of adolescent males and 35.8% of adolescent females stated that if a family member was infected, they would want it kept secret. It is a good sign that the percentages preferring secrecy are lower than in 2000 for both males (40.7%) and females (39.3%).

A relatively low percentage of adolescents say they have shared meals with infected individuals. In the 2003 survey, 18.3% of male adolescents and 17.6% of female adolescents said they had shared meals with HIV+ individuals. Respondents were

Figure 5.7 Sexual Intercourse Among Adolescent Men and Women, ZSBS 2003



asked if they were willing to purchase from an infected shopkeeper. Adolescents were less likely to state that they were willing to do so compared to older respondents. Adolescents were also less likely than older individuals to state that an infected female teacher should continue working if she had AIDS but was not sick (Appendix Table A.5.7). Adolescents appear to be less informed about transmission of HIV/AIDS than older individuals.

5.5 Sexual Behaviour

Among respondents aged 15–19, 28.4% of males and 44.4% of females had sex in the year prior to the 2003 survey. Based on the proportion of adolescents who had sex in the previous year (by age in single years), the median age at first sex was 17.0 for females and 17.5 for males (Table 3.1, Appendix Tables A.5.8 and A.5.9, and Figure 5.7)

Among the adolescent females who had ever had sex, 58.8% had ever given birth or were pregnant at the time of the survey; 64.2% were living in rural areas and 47.1% in urban areas.

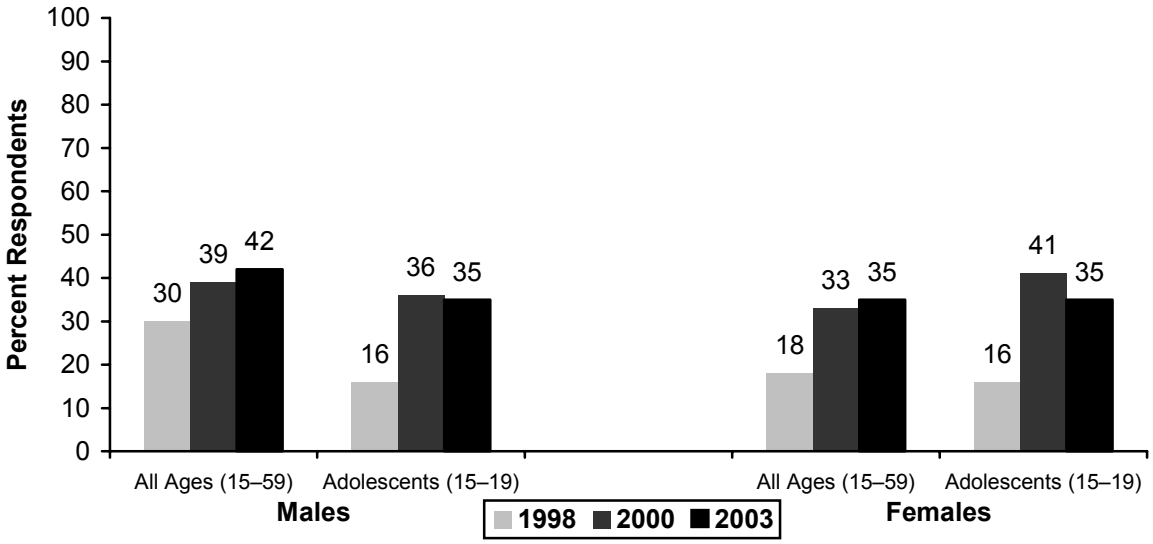
Marriage before 20 years old is not common for Zambian males. Only 2.5% of males less than 20 were married at the time of the survey. However, 29.7% of females less than 20 years were married at the time of the survey. The majority of unmarried males and females age 15–19 had no partners in the year preceding the survey. Among unmarried males, 76.5% of males had no partners, 18.8% had one partner, and 4.7% had two or more partners. Among unmarried females, 74.7% had no partners, 24.0% had one partner, and 1.3% had two or more partners (Appendix Table A.5.10).

Among married females, the vast majority, 97.2%, had no non-marital partners, 2.8% had one partner, and no one had two or more partners (Appendix Table A.5.10). (Please note that data for married adolescent males were not presented because of extremely small numbers.)

5.6 Non-Regular Partners

Information was collected concerning the age difference between respondents and their partners. Among female adolescents, 73.0% reported that their first partner was older. The median age difference was 2.9 years. Of the male adolescents, 45% reported that their first partner was of the same age and 25% reported that their first partner was younger. The median age difference for male adolescents was 1.2 years. This indicates that, in general, non-regular partners were of the same age or close to the same age.

Figure 5.8 Percent Who Used a Condom During the Last Sexual Act with Non-Regular Partners: All Respondents Aged 15–19, ZSBS 1998, ZSBS 2000, and ZSBS 2003



Among those adolescents reporting a non-regular partner in the preceding year, condoms were used during the most recent act among 34.7% of adolescent males and 35.3% of adolescent females. This is a slight decrease from the ZSBS 2000. However, similar to the 2000 survey, adolescent females were more likely to use condoms than older females. Condom use among adolescents increased between 1998 and 2000 but declined between 2000 and 2003. For respondents of all ages (15–59), condom use has been increasing, though not so much (Figure 5.8 and Appendix Table A.5.11).

5.7 Other STIs

Adolescents were less knowledgeable about STIs than older respondents. Results are presented in Appendix Table A.5.12. In 2003 among adolescent males, 83.8% had heard of STIs, 57.2% knew at least one symptom in males, and 50.5% knew at least one symptom in females. Among adolescent females in 2003, 84.8% had heard of STIs, 53.6% knew the symptoms in males, and 57.2% knew the symptoms in females.

A smaller percentage (2.0%) of adolescent females than adolescent males (8.1%) reported that they had a genital discharge in the past year. Female adolescents also were four times less likely to report that they had a genital ulcer in the past year before the survey than their male counterparts (1.2% of adolescent females compared to 4.9% of adolescent males).

5.8 UNAIDS Indicators of Sexual Behaviour Among Young People

Appendix Table A.5.13 shows data for four of the five UNAIDS sexual behaviour indicators for young people (Young People's Sexual Behaviour Indicators 2 to 5). These indicators are particularly important since the behaviour of young people (15–24 as defined by UNAIDS) influences the future of an HIV epidemic.

As prevalence rises in a country, the chances of encountering an infected partner early in one's sexual life rises. Therefore, establishing safe sexual behaviour early in one's sexual life is very important.

Young People's Sexual Behaviour Indicator 2 is the percent of single people aged 15–24 who have had sex in the previous 12 months as a percentage of all young people surveyed. According to the 2003 survey, 33.2% of single young males and 27.7% of single young females had sex in the preceding year. These percentages were decreases compared to 2000 and 1998. Among both young males and females, pre-marital sex was much more common in rural areas than in urban areas. In regards to Young People's Sexual Behavior Indicator 3, condom use was much more common

among urban respondents compared to rural respondents. Of those having premarital sex, 55.7% and 42.6% of young urban males and females, respectively, used condoms during their last sexual acts.

Young People's Sexual Behaviour Indicator 4 is the percent of young people who have had sex with more than one partner in the previous 12 months, among all young people surveyed. Overall, 8.5% of adolescent males reported having multiple partners in the past year. This is a decrease from 2000, when 12.4% reported having multiple partners. There was a very slight decrease in the percentage of adolescent females reporting having multiple partners, from 2.1% in the 2000 survey to 2.7% in the 2003 survey.

Young People's Sexual Behaviour 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-regular partner. Results of the survey show that 17.1% of young urban males and 9.6% of young rural males had used a condom at last sex with a non-regular partner. Among young females, 7.8% and 4.4% had used a condom at last sex with a non-regular partner in urban and rural areas, respectively.

Chapter 6: Fosterhood, Orphanhood, and Support for Households with an Adult Death/Illness

The health, social, and economic impacts of HIV/AIDS are far-reaching and cut across all sectors of society. Hence, a multi-sectoral approach and commitment is required. Management of the HIV/AIDS pandemic demands more resources and skills than can be provided by the health sector alone.

The discovery of HIV/AIDS has caused many households to suffer because of the need to care for chronically ill members and orphaned children left behind by parents who died.

Households affected and infected by HIV/AIDS have many needs and concerns. Some of these are access to treatment for opportunistic infections, support for families, assistance with food and finances, moral support, empathy from healthy members of the community, and counselling and testing services.

This chapter looks at data from the ZSBS 2000 and ZSBS 2003 surveys concerning care and support services for households affected by HIV/AIDS. Data on household care and support are not available for 1998.

6.1 Fosterhood and Orphanhood

Information on fosterhood and orphanhood is of particular interest in the assessment of the impact of HIV/AIDS. Among other reasons, increasing levels of HIV/AIDS prevalence and subsequent levels of illness and death are expected to increase numbers of fostered and orphaned children. Fostered children are those who have a living parent or parents, but do not live with either of them. Fostered children are looked after by other people including relatives. Orphaned children are those who have lost one or both parents. Children who have lost their mother are referred to as maternal orphans while those who have lost their father are paternal orphans. Children who have lost both parents are sometimes referred to as double orphans.

Appendix Table A.6.1 and Figure 6.1 present data on fosterhood and orphanhood pertaining to

Figure 6.1 Household Distribution of Children Less Than 15 Years by Survival Status of Parents, ZSBS 2000 and ZSBS 2003

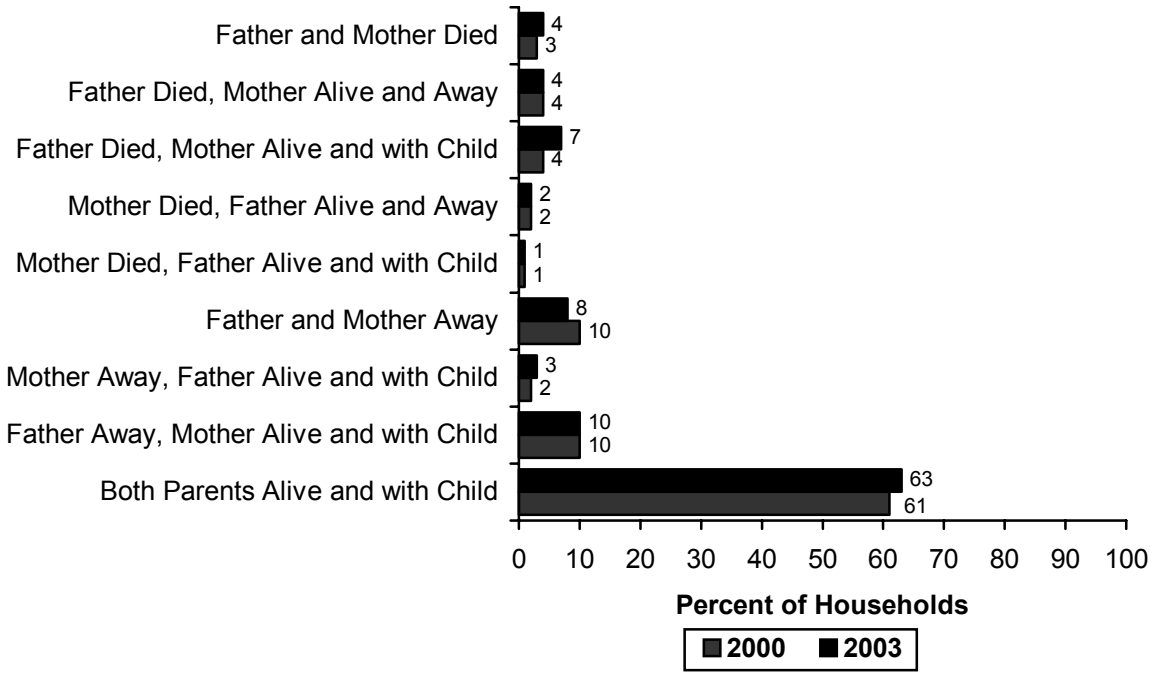
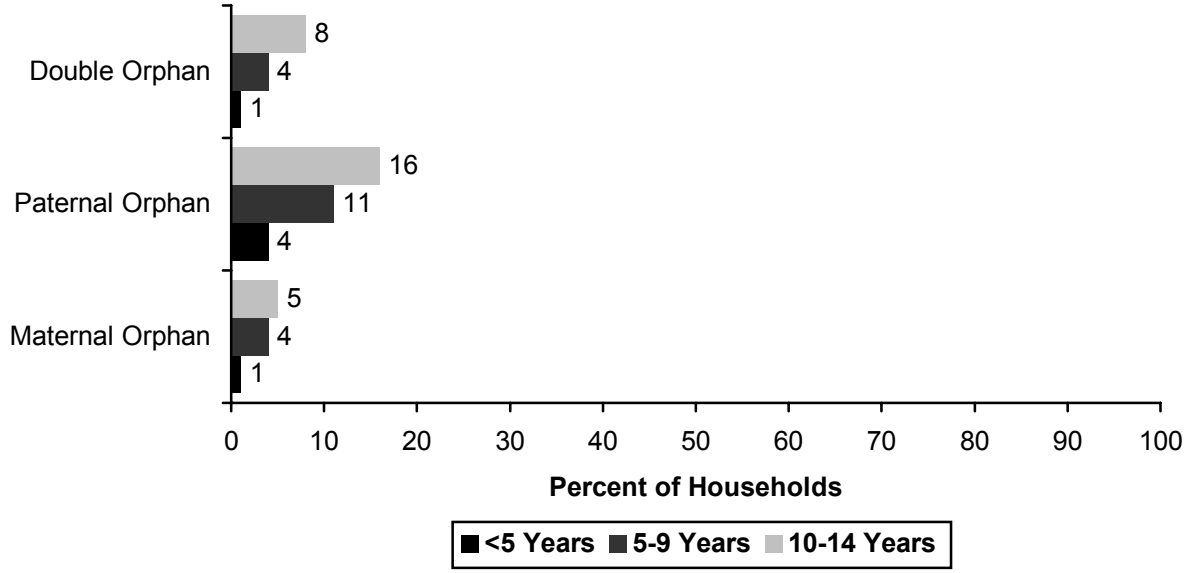


Figure 6.2 Household Prevalence of Orphanhood by Age Group and Type of Orphan, ZSBS 2003



children under age 15. Overall, 60.7% of children under 15 lived with both parents in 2003. This is a decline from 63.2% in 2003.

In terms of fosterhood, 8.2% of children were not living with either parent in 2003, 10.4% lived with their mothers only, and 2.9% with their fathers only. Slightly more children are fostered in rural areas than in urban areas. In urban areas, 7.6% of households reported children living in different households than their parents compared with 8.5% of households in rural areas (Appendix Table A.6.1).

Regarding orphanhood, results show that 3.3% of children had lost their mothers, about 10.5% had lost their fathers, and 4.0% have lost both parents. The levels of reported orphanhood have not changed significantly between the 2000 and 2003 surveys (Appendix Table A.6.1).

Survey results further show that orphanhood is more prevalent in urban areas than in rural areas. About 3.6% of children in urban areas were reported to be maternal orphans compared with 3.2% in rural areas, while 13.1% were reported to be paternal orphans in urban areas compared with 9.3% in rural areas. Compared with 3.1% in rural areas, 6.2% of the children in urban areas were reported to have lost both parents (Appendix Table A.6.1).

Figure 6.2 presents orphanhood status by age. Results show that prevalence of orphanhood increases with age of child. Orphanhood is most common among children age 10–14.

Schooling of children 10–14 was considered an important aspect of orphanhood analysis. Appendix Table A.6.2 shows the percentage of children 10–14 who were attending school in urban and rural areas by orphanhood status. Regardless of orphanhood status, school attendance among children 10–14 was quite high. About 82.9% of non-orphans, 85.3% of maternal orphans, 78.3% of paternal orphans, and 76.6% of double orphans were attending school at the time of the survey. There was an increase in school attendance among orphans between the ZSBS 2000 and ZSBS 2003. The increase could be partly attributed to the declaration of free primary education by the new government in 2002.

However, except among paternal orphans (90% in urban areas compared with 71% in rural areas), there are no marked differences in attendance between children in urban and rural households.

Figure 6.3 compares data from the 2000 and 2003 surveys. Overall results indicate a slight decrease in households (probably due to sampling variation) reporting the presence of any orphan. This appears to reflect a combination of small shifts (i.e., a decrease in reporting of maternal orphans, no

Figure 6.3 Household Prevalence of Orphanhood Among Children Under Age 15 by Type of Orphan, ZSBS 2000 and ZSBS 2003

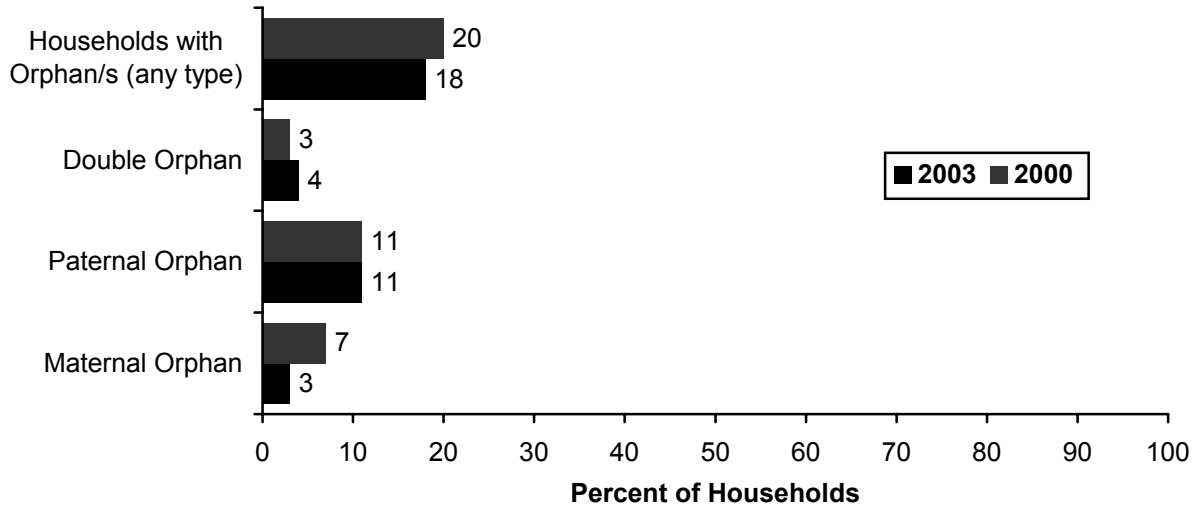


Table 6.1 Deaths and Long-Term Illness in Households (Percent of Households), ZSBS 2000 and ZSBS 2003

	Urban		Rural		Total	
Death or Illness	**2000**	**2003**	**2000**	**2003**	**2000**	**2003**
Any Death in Household	11.2	NA	11.4	NA	11.3	NA
Adult Death (15–59)	7.4	10.1	3.4	6.1	4.5	7.3
Any Sick at Least 3 Months in Last Year	10.4	NA	9.1	NA	9.5	NA
Adult (15–59) Sick 3 Months in Last Year	6.6	9.7	4.4	6.1	5.0	7.2
Number of Households	472	714	1,225	1,616	1,697	2,330

NA = Not Applicable

change in paternal orphans, and a slight increase in double orphans).

6.2 Care and Support for Households with an Adult Death or Illness

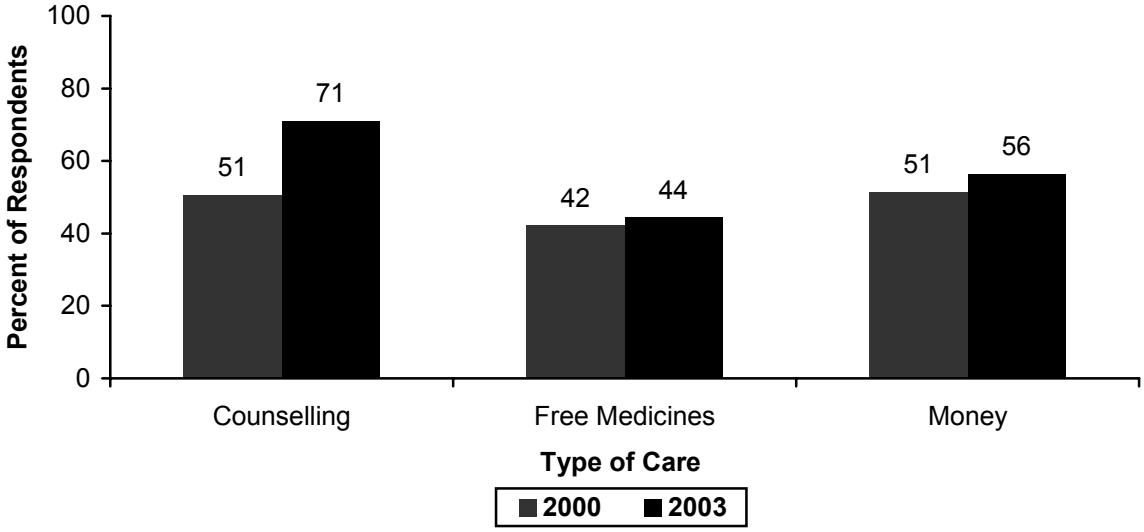
Respondents were asked whether the household experienced an adult death in the last year. Results shown in Table 6.1 indicate that 7.3% of households reported an adult death in the 12 months prior to the survey, an increase from the 2000 figure of 4.5%.

More households in urban areas (10.1%) reported adult deaths than households in rural areas (6.1%).

Information on the presence of a chronically ill adult (adult ill for at least three consecutive months in the previous year) in the household shows similar results as those pertaining to death. In the year prior to the survey, 7.2% of households reported the presence of a chronically ill adult for at least three months, with 9.7% in urban areas and 6.1% in rural areas. This was an increase over the 2000 figures of 6.6% and 4.4% for urban and rural areas, respectively. These results are presented in Table 6.1

Households that reported a death or illness among adults in the household in the 12 months prior to the survey were asked whether they received any

Figure 6.4 Type of Care Received During the Illness or Death of a Household Member (Percent of Households), ZSBS 2000 and ZSBS 2003



assistance, and if so, to state the types of assistance and the source. Among households that reported having received some form of assistance, 71.0% received counselling, 44.4% free medicine, 56.4% money, and 65.0% food/clothing or help with chores (Appendix Table A.6.3).

The majority of households cited friends or relatives (65.4%) or church (46.5%) as the persons or places giving assistance. Health workers, hospitals, and clinics were cited by 14.9% of the households. Notably, community organizations and traditional healers reduced participation in providing assistance between the 2000 and 2003 surveys. However, there was an increase in the assistance cited from government social services and NGOs. These results are presented in Appendix Tables A.6.3 and A.6.4 and Figure 6.4.

Chapter 7: Communities and HIV/AIDS

7.1 Introduction

The ZSBS 2000 was the first to include an experimental community module. Since the module proved to be useful, and the experiment provided valuable insights into how such data might be improved, a revised and expanded community schedule was administered in the ZSBS 2003. The community module focuses on gaining insight about community-level perceptions of and responses to the HIV/AIDS pandemic.

The community schedule was administered in the same enumeration areas (or survey clusters) in which the household survey was administered. The purpose of the community schedule is to gather contextual and qualitative data at the community level to complement the household- and individual-level data. The community survey obtains information on community-level exposure to AIDS prevention and care programmes. Community leaders were asked about the types and levels of AIDS prevention activities in their communities. Informants were also asked to provide detailed information on the assistance available to families affected by HIV/AIDS and on the organisations, institutions, and groups that provide various types of assistance. The 2003 community schedule had new questions on sexual cleansing, satisfaction with health care facilities and staff, and AIDS prevention activities for young people.

The community questionnaire aimed to interview at least five and ideally eight to 10 prominent individuals who were identified as community leaders in each of the survey clusters. The range of completed interviews in 2003 was one to eight per cluster. Community informants included elders, government officials, women's group leaders, church officials, and health workers.

Since it is intended that each cluster/community be represented by more than one informant, it is necessary to generate a single community-level response from the multiple informant interviews. The community-level response is obtained by examining the cluster mean of *yes* (1) or *no* (0) responses to each question obtained from all informants in each community or cluster. Communities with a cluster mean score greater than 0.5 were recorded as giving a positive response (in other words, more than half of the informants in the cluster gave a positive response). A cluster mean score of less than 0.5 was recorded as a negative response. For example, if more than half of all informants in a cluster answered *yes* to the question *Are traditional healers active in AIDS prevention activities in your community?*, then the cluster mean produces a *yes* score at the community level.

A few variables that describe the frequency of an event are treated differently. Because these variables report a number, as opposed to a simple *yes* or *no* response, the cluster mean score is interpreted differently. An example is the reported frequency of deaths in the community during the previous 12 months. For example, if the mean number of AIDS deaths reported across all informants in the community is less than one, that community is classified as having no AIDS deaths. Among communities where the mean number of deaths was at least one, the analysis looks at the percentage of communities with at least one death and at categories of at least five, at least 10, and at least 20.

In the ZSBS 2003, the community schedule was administered while the survey teams were conducting household and individual interviews. Community informants were identified and interviewed by the team supervisor. Many survey enumeration clusters were embedded in communities that are larger than the clusters themselves. Therefore, informants were asked to respond with reference to the community to which they belonged. The terms 'cluster' and 'community' are used interchangeably throughout this report.

7.2 Informant Characteristics

The ZSBS 2003 included interviews with 349 community informants in 100 of the 102 survey clusters. Table 7.1 shows characteristics of community survey informants. The most common informants were elders, government officials, and

Table 7.1 Percent Distribution of Community Survey Informants by Informant Characteristics, ZSBS 2003

Informant Characteristics	Number of Informants = 349	Percent
Language of Interview		
Local Language	303	86.8
English	46	13.2
Gender		
Male	266	76.2
Female	83	23.8
Residence		
Urban	158	45.3
Rural	191	54.7
Type of Informant		
Elder	137	39.3
Government Official	48	13.8
Women's Group Representative	18	5.2
Village Health Committee	14	4.0
Church Leader	42	12.0
Traditional/Spiritual Healer	6	1.7
Village Health Worker	15	4.3
Youth	20	5.7
Other	49	14.0

church leaders. The majority of informants (76.2%) were male. Almost half (45.3%) of the informants lived in an urban area while 54.7% were in a rural area. A large majority of interviews (86.8%) were conducted in one of the seven local languages and the remainder (13.2%) in English.

Urban and rural comparisons are sometimes made throughout this chapter. However, because only 100 communities in total were represented, these comparisons are made with caution.

7.3 Community Characteristics

Slightly more than half (52%) of the communities interviewed were in urban areas and 48% in rural areas.

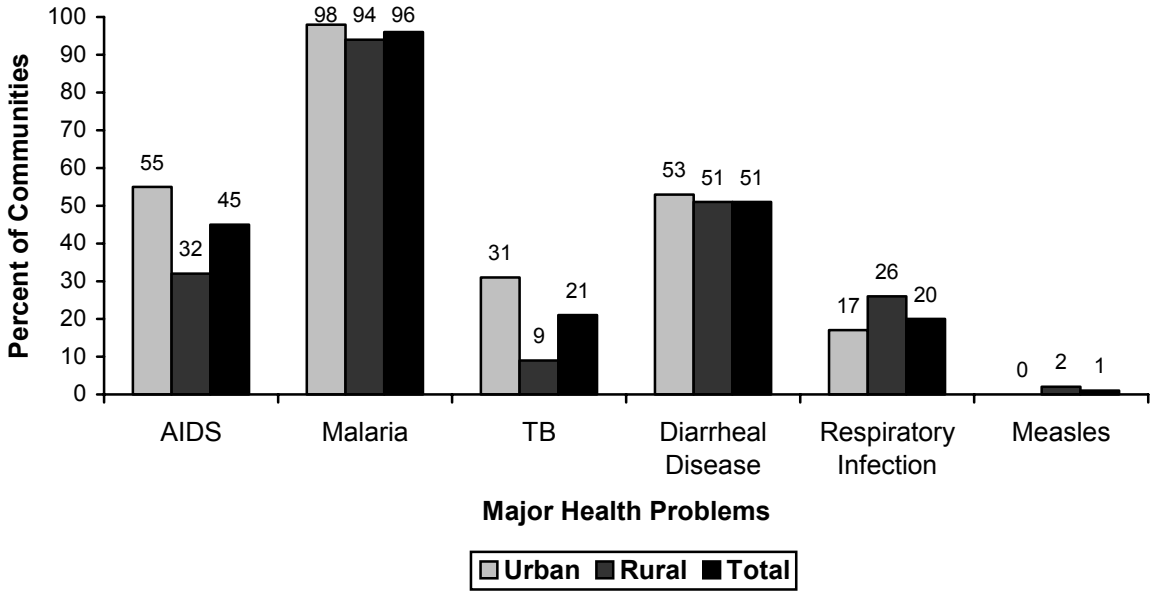
In terms of access routes, 75% of communities had an all-year road and another 8% reported access to a seasonal road. Thus, the majority of communities were accessible by road. Agriculture was listed as the main economic activity in 67% of all communities, but urban and rural differentials are substantial. Agriculture was listed as the main economic activity in almost all rural communities (97.9%), compared to 37.3% of urban communities. After agriculture, commerce (38%) was the next most commonly listed economic activity. As might be expected, commerce was much more common among urban communities (62.7%), compared to rural communities (12.8%). Other commonly mentioned economic activities were fishing (17% of communities) and livestock (7% of communities).

Markets were held on a regular basis in 29% of communities, and 70% of the communities with a market indicated that people from outside the community came to buy or sell livestock or other goods at the market.

7.4 Main Health Problems in the Community

Informants were asked to name the major health problems in their community (Appendix Table A.7.1 and Figure 7.1). Malaria was reported as a major health problem in nearly all (96%) of the communities. Diarrhea was mentioned by more than half (51%) and AIDS by 45% of all communities. Tuberculosis (TB) was said to be a problem in 21% of communities. TB was more likely to be perceived as a major health problem in

Figure 7.1 Major Problems Reported by Communities, ZSBS2003



urban communities (31.4%) than in rural communities (8.5%). AIDS was more likely to be reported as a major health problem by urban communities. More than half of the urban communities (54.9%) named AIDS as a major health problem, compared to just under a third (31.9%) of rural areas. Based on these reports, the HIV/AIDS epidemic appears to have hit hard in urban communities, but has a substantial presence in rural communities as well. Other health problems listed were respiratory infection (mentioned by 20% of all communities) and measles (mentioned by 1%).

7.5 Sexual Cleansing

A question on sexual cleansing was included in the 2003 community schedule. Sexual cleansing refers to the sexual rite performed with the spouse of the deceased by members of the decedent's family in order to pacify the spirits of the deceased. Informants were asked how common the practice was in their community. Results revealed that the practice was *not common* in 73% of communities, *somewhat common* in 8% of communities, and *very common* in 5% of communities; 14% of the communities did not respond to this question.

7.6 Satisfaction with Health Services and Health Workers

The 2003 community schedule included new questions on satisfaction with healthcare facilities and healthcare staff. The reported level of satisfaction with health care facilities was not very high. Just over a third (34%) of all communities said they were *not at all satisfied*. About a fifth (21%) were *satisfied*, and another 18% were *somewhat satisfied*. In regards to health workers, 27% of the communities were *very satisfied* 19% were *somewhat satisfied*, and a quarter (25%) said they were *not satisfied*. This suggests a relatively high degree of unhappiness with both facilities and healthcare workers. Questions on reasons for the reported satisfaction or lack of satisfaction were not asked.

7.7 HIV/AIDS and AIDS Deaths

It is interesting to find that, although only 45% of all communities spontaneously mentioned HIV/AIDS when asked to list the major health problems in their communities, just over two-thirds (68%) of these same communities said that AIDS was *common* or *very common* when asked directly. Only 4% of communities responded that HIV/AIDS was *not common* (Figure 7.2 and Appendix Table A.7.2).

Figure 7.2 Community Reports that AIDS is Common in the Community, ZSBS 2003

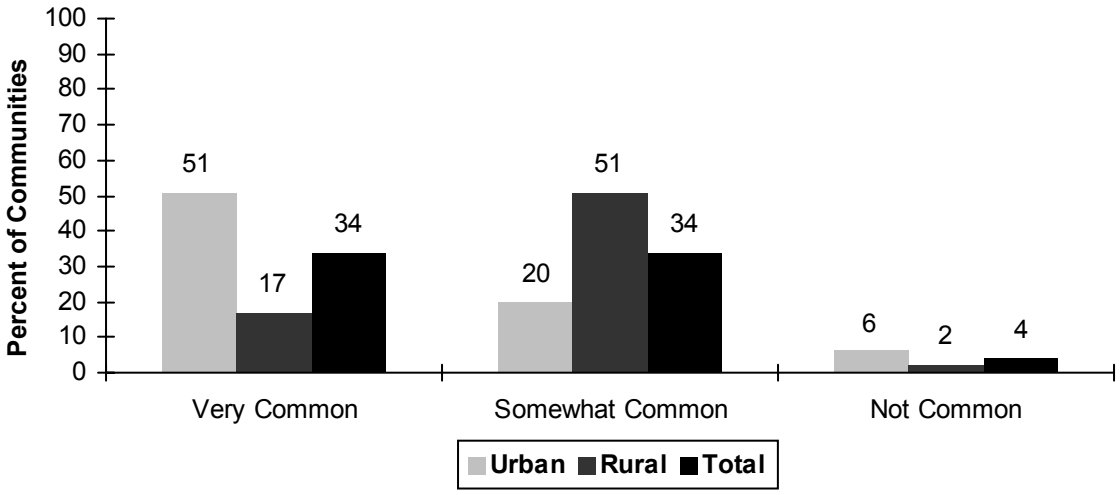


Table 7.2 Community Estimates of Number of AIDS Deaths in Community During the Last 12 Months(Percent of Communities), ZSBS 2003

Number of Deaths	Total	Urban	Rural
At least one AIDS death	100.0	100.0	100.0
Five or more deaths	71.1	87.8	55.3
10 or more deaths	34.4	48.8	21.3
20 or more deaths	7.8	12.2	4.3
Number of Communities	90	43	47

Note: Categories for number estimates overlap

Informants were asked to estimate the number of people in their community who had died of AIDS in the previous year. Their responses are shown in Table 7.2. The informants were not asked to respond on the basis of official data, but rather to give an informal estimate based on their own perception of the frequency of AIDS deaths. The response was staggering. Every community interviewed (100%) reported at least one AIDS death in the previous year, and seven out of ten estimated five or more AIDS deaths in the previous year. Urban communities were especially likely to report a high number of AIDS-related deaths. In almost half of urban communities (48.8%), the estimate was 10 or more AIDS deaths. More than half of rural communities reported an estimate of five or more AIDS deaths in the previous year, and 21.3% put the estimate at 10 or more. Clearly, AIDS has impacted Zambian communities very heavily.

Informants were asked where those ill with AIDS could go for help in their community. Responses are indicated in Appendix Table A.7.3. Almost all communities (98%) responded that help could be obtained at a clinic. In some communities (13%), traditional healers were listed as a source of help. Only 6% of communities mentioned family, 2% an NGO, and 1% the church or an AIDS organization. A breakdown by urban or rural location indicates that *church*, *AIDS organisation*, and *NGO* were listed as sources of help only in urban communities.

These results indicate that most informants interpreted the question to mean medical help in specific, rather than as a broader inquiry inclusive of other types of support.

7.8 Parental Deaths/Orphanhood

The community survey did not inquire directly about orphans or orphanhood. Rather, informants were asked to estimate how many young families lost a father or lost both parents in the previous year, leaving behind young children (under 15

Table 7.3 Community Estimates of Number of Young Families in Which Both Parents Died During the Past 12 Months (Percent of Communities), ZSBS 2003

Number of Families	Total	Urban	Rural
At least one family	95.3	92.9	97.6
Five or more	20.7	33.3	9.8
10 or more	8.5	17.9	0.0
20 or more	4.9	10.3	0.0
Number of Communities	86	44	42

Note: Categories overlap.

Table 7.4 Community Reports on the Types of Assistance Available for Young Families with at Least One Parental Death in Past 12 Months (Percent of Communities), ZSBS 2003

Type of Assistance Available	Total	Urban	Rural
Counselling	13.1	21.6	2.2
Clothing	5.1	5.9	4.3
Money	31.3	47.1	13.0
Extra Food	61.6	72.5	50.0
Free Medicine	8.1	13.7	2.2
Home-Based Care	13.1	21.6	4.3
Help with Child Care	11.1	13.7	6.5
Number of Communities	99	52	47

years of age). This information is presented in Table 7.3 and Appendix Table A.7.4. All communities (100%) reported the death of at least one young father, and in 46.1% of these communities, the estimate was for the loss of at least five young fathers. Urban communities were especially likely to estimate large numbers of young fathers dying, with 65.9% estimating at least five such deaths in the past year (Table 7.2). Almost as many communities (95.3%) reported at least one family in which the young mother and father had both died. In just over a fifth of all communities, at least five instances involving the death of both young parents occurred. Urban communities were again especially likely to estimate large numbers of both young parents dying, with 33.3% reporting at least five such parental deaths in the previous year.

It should be noted that informants were not asked if the deaths of young parents were due to AIDS. They were simply asked whether such deaths had occurred and how frequently. Given the prevalence rate of HIV/AIDS in Zambia among people under 50 years of age, it is reasonable to assume that many of these deaths were due to HIV/AIDS.

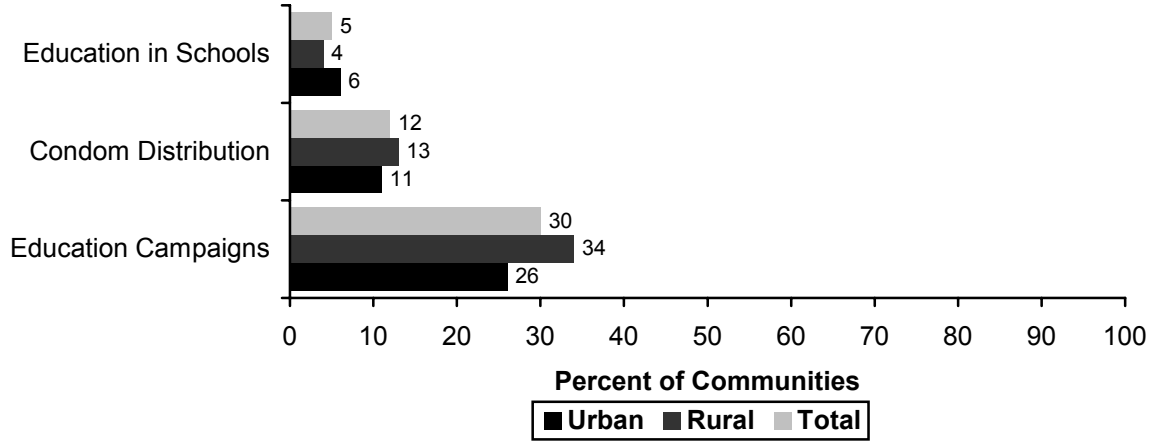
7.9 Type and Availability of Assistance

Among communities reporting the death of a young father, 63.3% said that the affected families had received assistance, and 73.3% of communities reporting the death of both young parents said that the families had received some assistance. The type of assistance provided is shown in Table 7.4. The most common type of assistance was providing food (61.6% of communities), money (31.3%), counselling (13.1%), help with housework (13.1%), assistance with childcare (11.1%), and medicine (8.1%). Urban communities reported more types of assistance available than in rural communities.

7.10 Improving Care for Those Ill with AIDS

Informants were asked what could be done to improve care in their communities for persons sick with AIDS and their families. These results are presented in Appendix Table A.7.5. The most common response among the communities was to admit the individual to the hospital (51%). Other common responses were to provide medicine (38%), financial assistance (27%), better care from the family (23%), home visits (18%), hospice care

Figure 7.3 Types of AIDS Prevention Activities in the Community, ZSBS2003



(17%), and schooling for children (14%). From these responses, it is clear that there is a felt need for access to medicines and better healthcare, and it appears that many families are in need of financial assistance. Having a family member who is ill increases expenses and also increases the workload of the family members remaining healthy. In many cases, the ill family member would otherwise have been a wage earner or doing work on the family farm.

7.11 HIV/AIDS Prevention Activities Undertaken by Communities

Only 50% of communities reported undertaking activities aimed specifically at preventing the spread of HIV/AIDS. This is surprising considering the impact that HIV/AIDS has had on the Zambian people. When asked to specify the AIDS prevention activities that had been implemented, 30% of communities mentioned educational campaigns, 12% mentioned condom distribution, and 5% mentioned education in the schools. Condom distribution activities were most common in urban communities, and educational campaigns were most common in rural communities. These responses are shown in Figure 7.3.

7.12 Exposure to AIDS Prevention Programmes and Availability of Condoms

Table 7.5 presents information on AIDS prevention activities. Informants were asked whether their community had an HIV/AIDS committee, and if so, whether the committee was currently active in promoting AIDS prevention and safe sex. Findings revealed that 23% of communities had an AIDS committee. Of those communities with an AIDS committee, only 7% said the committee was *very active*, and another 4% said it was *somewhat active*. It appears that AIDS committees were formed and are active in only a small number of communities. When asked about the participation of health workers in AIDS prevention activities, only a quarter (25%) of communities said their health workers were *very active*, 21% said *somewhat active* and 23% said *not active*. Informants were also asked about traditional healers and AIDS prevention. Only 4% of communities indicated that the traditional healers were *very active*, with another 38% saying they were *somewhat active*. There appears to be a very low level of involvement, at least in the perception of community informants, among health workers and traditional healers in AIDS prevention activities at the community level.

Condoms were said to be *always available* in health clinics in 59% of all communities. Another 12% said that condoms were *sometimes available* in the clinics, and only 4% of communities indicated that condoms were *not available*. A positive sign is that in 81% of communities with condoms available in health clinics, the clinic condoms were said to be free. Informants were also asked specifically about the availability of condoms in shops and bars. Only 8% of communities said that condoms were available in all shops, and 39% said they were available in some shops. In terms of availability in bars, 11%

Table 7.5 Indicators of AIDS Prevention Activities and "Programme Exposure" (Percent of Communities), ZSBS2003

Indicators of AIDS Prevention Activities "Programme Exposure"	Total	Urban	Rural
AIDS Committees Established:			
Community Has an AIDS Committee	23.0	19.6	27.7
AIDS Committee is *Very Active*	7.0	9.8	4.3
AIDS Committee is *Somewhat Active*	4.0	3.9	4.3
AIDS Education in the Schools			
Has AIDS Education in Primary/Basic Schools	80.0	70.6	89.4
Has AIDS Education in Secondary Schools	87.0	86.3	87.2
Health Workers/Traditional Healers			
Health Workers are *Very Active* in AIDS Prevention	25.0	21.6	27.2
Health Workers are *Somewhat Active* in AIDS Prevention	21.0	15.7	27.7
Traditional Healers are *Very Active* in AIDS Prevention	4.0	5.9	0.0
Traditional Healers are *Somewhat Active* in AIDS Prevention	38.0	29.4	48.9
Availability of Condoms			
Condoms Available in All Health Centers	59.0	58.8	59.6
Condoms Available in Some Health Centers	12.0	7.8	17.0
Condoms Available in All Shops	8.0	15.7	0.0
Condoms Available in Some Shops	39.0	52.9	25.5
Condoms Available in All Bars	11.0	21.6	0.0
Condoms Available in Some Bars	18.0	29.4	4.3
Number of Communities	100	52	48

Note: Communities could have reported more than one type of exposure in a single community.

of communities said that condoms were available in all bars and 18% of communities said condoms were available in some bars. Condoms are much more commonly available in shops and bars in urban communities compared to rural areas. These results are shown in Table 7.5.

7.13 Access to HIV Testing

Informants were asked to name the places where people could go if they wanted to know whether they had HIV/AIDS. Almost all of the communities (98%) mentioned a health centre, but only 14% mentioned a Voluntary Counselling and Testing (VCT) centre. This is surprising. Perhaps VCT centres are not yet common in Zambia, or perhaps most are part of a health centre (and therefore were not mentioned separately). Or, perhaps they were not mentioned more frequently because most communities are not yet aware of them, particularly communities in rural areas. In the 2003 community survey, VCT centres were mentioned only in urban communities. In a follow-up question, communities were asked if the place indicated to go for testing was within the community. Only 7% of communities said they had a place for testing within the community. A more positive finding is the high percentage of communities (68%) that said the place mentioned for testing offered good services.

7.14 Helpful Organisations

To obtain more information about the type of assistance available to those affected and infected by HIV/AIDS, community informants were asked to name particular organisations, health institutions, and individuals that were providing assistance in their community to people infected with HIV/AIDS and their families. Information was provided by 83 of the 100 communities. Among the 83 communities providing information on helpful organisations, the average number of organisations, health institutions, and individuals named per cluster was 5.2. The sources of assistance most commonly named were churches or church members, relatives and friends, clinics, hospitals, and health workers, and home-based or hospice care. The number of organisations, health institutions, and individuals named per community ranged from one to 15. Most of those listed as providing assistance were classified as church/faith-based support groups (36%),

government health facilities (16%), and NGOs (16.6%).

About 70.2% of the organisational or individual sources of assistance were described as providing help in terms of emotional support. Education (65.9%), counselling (65.7%), home-based care (57.6%), and free medicine (56%) were other commonly cited types of assistance, followed by help with housework (47.1%), child- care (42.7%), money (27.1%), and extra food (25.1%).

7.15 HIV Prevention for Young People

The ZSBS 2003 community module included some questions that focused on HIV/AIDS prevention for young people. Community informants were first asked about the number of primary and basic schools in the community. A fair number of communities (28%) responded that they did not have a school, 42% replied that they had one to two schools, and 30% had more than two schools. Most communities (80%) indicated that education about HIV/AIDS was provided in the primary schools that served the children of the community. Only about a third of communities (34%) had a secondary school. However, results indicate that HIV/AIDS education is provided in most (87%) of the secondary schools serving the children of their community.

Informants were asked whether people in their community go through initiation ceremonies. Results indicated that 63% of communities had initiation ceremonies for young people. Of the communities with initiation ceremonies, 39.7% indicated that HIV/AIDS education was provided during the initiation rites.

Informants were asked where young people met new sexual partners. The most common places for young people to meet were school (49% of communities), a bar (41%), church (33%), private dwelling (30%), and marketplaces (24%). Special efforts to prevent the spread of HIV/AIDS were made at meeting places in 22% of these communities. Informants indicated that it was possible for young people (12–17 years) to obtain condoms in 53% of communities.

Informants were also asked how common it was for young people in their community to seek testing for HIV/AIDS before getting married. The majority of communities (89%) said that this was not at all common.

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Appendix A: Tables

Table A.1.1 Distribution of the Population by Five-Year Age Groups and Residence, ZSBS 2003 (Percent of Respondents)

	Urban			Rural			Total		
Age Group	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
0–4	13.8	13.0	13.4	17.6	17.3	17.4	16.4	15.9	16.1
5–9	16.0	16.3	16.2	17.4	16.7	17.0	17.0	16.6	16.8
10–14	18.2	16.4	17.3	16.8	15.7	16.2	17.2	15.9	16.6
15–19	10.0	10.8	10.4	8.5	8.9	8.7	9.0	9.5	9.3
20–24	8.9	10.8	9.9	7.8	8.5	8.2	8.2	9.3	8.7
25–29	7.7	8.5	8.1	6.4	7.1	6.8	6.8	7.6	7.2
30–34	6.4	7.2	6.8	5.6	5.8	5.7	5.9	6.2	6.0
35–39	4.8	4.0	4.4	4.4	3.5	3.9	4.5	3.7	4.1
40–44	3.5	3.9	3.7	3.8	3.0	3.4	3.7	3.3	3.5
45–49	3.4	3.0	3.2	2.2	2.1	2.2	2.6	2.4	2.5
50–54	2.4	2.5	2.4	1.6	3.0	2.3	1.8	2.8	2.3
55–59	1.4	1.1	1.2	1.2	3.0	2.1	1.2	2.4	1.8
60–64	1.7	0.7	1.2	1.9	2.2	2.1	1.8	1.7	1.8
65–69	0.9	0.6	0.7	2.0	1.5	1.7	1.6	1.2	1.4
70–74	0.4	0.7	0.6	1.2	1.0	1.1	0.9	0.9	0.9
75–79	0.2	0.2	0.2	0.6	0.4	0.5	0.5	0.3	0.4
80+	0.3	0.3	0.3	1.0	0.3	0.7	0.8	0.3	0.6

Table A.1.2 Distribution of Highest Level of Education Reached by Gender and Residence, ZSBS 1998, ZSBS 2000, and ZSBS 2003 (Percent of Respondents)

Gender and Residence	**No School**			**Primary Only**			**Secondary and Higher**		
	1998	**2000**	**2003**	**1998**	**2000**	**2003**	**1998**	**2000**	**2003**
Males									
Urban	1.7	3.4	2.3	33.6	28.1	25.5	64.7	68.5	72.2
Rural	10.5	11.3	10.0	59.3	58.9	61.9	30.1	29.8	28.1
Total	7.1	8.4	7.1	49.2	47.5	48.0	43.7	44.1	45.0
Females									
Urban	6.0	6.4	4.8	52.1	39.0	37.0	42.0	54.6	58.2
Rural	23.0	20.8	19.5	61.9	60.6	62.4	15.1	18.6	18.1
Total	16.7	15.0	13.8	58.2	51.9	52.6	25.1	33.1	33.6

Note: For 1998 males=1655 and females=2040, for 2000 males=1525 and females=1791, for 2003 males=2147 and females=2324.

Table A.1.3 Women Counselled and Tested for HIV at Antenatal Clinics (ANC) by Residence, ZSBS 2000 and ZSBS 2003 (Percent of Respondents)

Residence	**Attended ANC**		**Counseled for HIV***		**If Counseled, Offered HIV Test**		**If Offered, Took HIV Test**		**Percent that Got HIV Test Results****	
	2000	**2003**	**2000**	**2003**	**2000**	**2003**	**2000**	**2003**	**2000**	**2003**
Total	92.6	95.4	50.5	64.2	28.1	19.1	65.9	45.9	80.0	84.6
Urban	97.7	98.2	66.4	74.9	34.3	37.6	64.6	47.4	87.1	89.2
Rural	90.3	94.2	42.9	59.6	23.5	8.9	67.4	42.9	72.4	73.3
Number	699	935	647	892	327	572	91	111	60	52

* Among those who attended ANC.

** Among those who took the HIV test.

Table A.1.4 UNAIDS Indicators of HIV Counselling and Testing Among Pregnant Females and the Entire Population by Gender and Residence, ZSBS 2000 and ZSBS 2003 (Percent of Respondents)

Gender and Residence	Pregnant Females Counseled/Tested for HIV		Tested for HIV and Knew Results	
	2000	2003	2000	2003
Males				
Urban	N/A	N/A	7.1	11.9
Rural	N/A	N/A	3.6	6.5
Total	N/A	N/A	4.9	8.5
Number	N/A	N/A	1,525	2,147
Females				
Urban	22.0	15.5	6.4	13.9
Rural	8.6	2.4	3.0	4.1
Total	12.8	6.5	4.4	7.9
Number	687	909	1,791	2,324

Table A.2.1 General Knowledge of HIV/AIDS by Gender and Residence, ZSBS 1998, ZSBS 2000, and ZSBS 2003 (Percent of Respondents)

Gender and Residence	Number			Heard of HIV/AIDS			Knew HIV/AIDS Can Be Avoided			Knew Healthy Person Can Have HIV			Knew of MTCT		
	1998	2000	2003	1998	2000	2003	1998	2000	2003	1998	2000	2003	1998	2000	2003
Males															
Urban	649	562	817	99.5	99.3	99.6	90.0	90.0	94.2	93.4	93.8	96.1	NA	85.1	86.2
Rural	1,006	963	1,330	98.3	94.6	98.6	83.4	80.6	85.6	81.9	85.5	86.0	NA	80.0	84.5
Total	1,655	1,525	2,147	98.8	96.3	99.0	86.0	84.1	88.9	86.4	88.5	89.9	NA	81.8	85.1
Females															
Urban	755	721	900	99.9	99.0	99.4	85.8	88.4	90.0	90.4	91.3	95.7	NA	89.7	89.7
Rural	1,285	1,070	1,424	98.4	93.3	96.3	73.3	72.2	75.2	77.2	77.9	77.5	NA	78.1	82.9
Total	2,040	1,791	2,324	99.0	95.6	97.5	77.9	78.7	80.9	82.1	83.3	84.5	NA	82.8	85.5

Table A.2.2 Knowledge of Ways to Prevent the Spread of HIV/AIDS by Gender and Residence, ZSBS 1998, ZSBS 2000, and ZSBS 2003 (Percent of Respondents)

Gender and Residence	Number			Consistent Condom Use			One Faithful Partner		
	1998	2000	2003	1998	2000	2003	1998	2000	2003
Males									
Urban	649	562	817	70.0	73.1	81.2	87.4	90.8	87.9
Rural	1,006	963	1,330	64.3	70.8	75.0	78.4	80.3	87.0
Total	1,655	1,525	2,147	66.5	71.7	77.3	81.9	84.1	87.3
Females									
Urban	755	721	900	60.3	75.7	79.6	83.6	86.3	89.3
Rural	1,285	1,070	1,424	54.9	58.3	65.9	80.8	78.4	81.6
Total	2,040	1,791	2,324	56.9	65.3	71.2	81.8	81.5	84.6

Table A.2.3 Misconceptions About HIV Transmission by Gender and Residence, ZSBS 1998, ZSBS 2000, and ZSBS 2003 (Percent of Respondents)

Gender and Residence	Number			HIV Transmitted by Mosquitoes			HIV Transmitted by Sharing a Meal			HIV Transmitted by Witchcraft		
	1998	2000	2003	1998	2000	2003	1998	2000	2003	1998	2000	2003
Males												
Urban	649	562	817	21.1	21.5	15.2	NA	8.4	10.2	14.0	13.9	12.5
Rural	1,006	963	1,330	32.3	25.4	25.3	NA	13.2	13.2	27.9	22.2	25.4
Total	1,655	1,525	2,147	27.9	24.0	21.4	NA	11.4	12.0	32.5	19.1	20.5
Females												
Urban	755	721	900	25.2	19.8	18.2	NA	8.7	9.4	28.5	20.7	14.0
Rural	1,285	1,070	1,424	31.2	25.7	28.4	NA	13.4	13.2	39.9	29.3	26.5
Total	2,040	1,791	2,324	29.0	23.3	24.4	NA	11.5	11.8	35.7	25.8	21.7

Table A.2.4 Knowledge of Someone With HIV or Who Died from HIV/AIDS by Gender and Residence, ZSBS 1998, ZSBS 2000, and ZSBS 2003 (Percent of Respondents)

Gender and Residence	Number			Knew Person with HIV or Who Died from HIV/AIDS		
	1998	2000	2003	1998	2000	2003
Males						
Urban	643	562	817	71.7	76.9	81.2
Rural	984	963	1,330	72.2	72.5	80.0
Total	1,627	1,525	2,147	72.0	74.1	80.4
Females						
Urban	756	721	900	71.0	75.5	80.7
Rural	1,268	1,070	1,424	75.5	68.2	74.5
Total	2,024	1,791	2,324	73.8	71.1	76.9

Note: Results from 1998 are not directly comparable to 2000 and 2003. In 1998 two questions were used and in 2000 and 2003 one question was used. In 1998 the questions were *Do you know anyone who is infected with HIV?* and *Do you know anyone who has died of AIDS?* In 2000 and 2003 the question was *Do you personally know anyone who has the AIDS virus or has died from AIDS?*

Table A.2.5 Knowledge of Testing Site, Tested for HIV, and Knew the Results by Gender and Residence, ZSBS 1998, ZSBS 2000, and ZSBS 2003 (Percent of Respondents)

Gender and Residence	Number			Knew Place for HIV Test		Tested for HIV			Tested in the Last Year*		Knew Results*			Wanted to Be Tested or Tested Again	
	1998	2000	2003	2000	2003	1998	2000	2003	2000	2003	1998	2000	2003	2000	2003
Males															
Urban	649	562	817	81.3	83.5	10.5	16.6	12.9	45.2	39.1	76.5	90.9	92.4	67.0	72.7
Rural	1,006	963	1,330	72.6	71.1	8.4	13.1	7.1	34.9	32.6	78.3	80.4	90.5	73.6	80.2
Total	1,655	1,525	2,147	75.8	75.8	9.2	14.4	9.3	39.3	36.0	77.5	85.6	91.6	71.1	77.4
Females															
Urban	755	721	900	70.6	78.3	8.9	15.1	15.1	49.5	49.3	85.1	83.6	91.9	65.0	69.8
Rural	1,285	1,070	1,424	64.5	62.6	5.6	9.4	4.4	41.0	35.5	78.9	76.2	95.2	71.4	71.7
Total	2,040	1,791	2,324	67.0	68.7	6.8	11.7	8.5	45.5	45.0	81.9	80.4	92.9	68.8	71.0

* Among those tested for HIV: In 2000 males=219 and females=209.

Table A.2.6 Attitude Toward HIV-Infected Individuals by Gender and Residence, ZSBS 2000 and ZSBS 2003 (Percent of Respondents)

Gender and Residence	Number		Had Shared a Meal with an HIV-Infected Person		Willing to Buy from Infected Shopkeeper		Infected Female Teacher Should Continue Working	
	2000	2003	2000	2003	2000	2003	2000	2003
Males								
Urban	562	817	36.7	41.5	56.2	60.1	69.4	81.3
Rural	963	1,330	27.9	31.1	41.3	42.4	50.0	61.0
Total	1,525	2,147	31.2	35.0	46.8	49.1	57.1	68.7
Females								
Urban	721	900	35.2	41.7	51.6	53.6	68.4	77.9
Rural	1,070	1,424	23.4	24.9	34.2	36.8	52.2	57.2
Total	1,791	2,324	28.1	31.4	41.2	43.2	58.7	65.2

Table A.2.7 Attitude Toward HIV-Infected Family Members by Gender and Residence, ZSBS 1998, ZSBS 2000, and ZSBS 2003 (Percent of Respondents)

Gender and Residence	Number			Willingness to Care for HIV-Infected Family Member			If Family Member Infected, Want It Kept a Secret	
	1998	2000	2003	1998	2000	2003	2000	2003
Males								
Urban	649	562	817	89.8	94.0	94.7	43.1	30.5
Rural	1,006	963	1,330	80.7	86.0	89.9	34.9	32.9
Total	1,655	1,525	2,147	84.3	88.9	91.8	37.9	32.0
Females								
Urban	755	721	900	88.3	94.5	93.4	41.1	30.0
Rural	1,285	1,070	1,424	84.8	84.6	87.3	37.2	33.5
Total	2,040	1,791	2,324	86.1	88.6	89.7	38.8	32.1

Note: 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?*

Table A.2.8 Attitudes Toward Condom Purchase by Unmarried Females by Gender and Residence, ZSBS 1998, ZSBS 2000, and ZSBS 2003 (Percent of Respondents)

Gender and Residence	Number			Condom Purchase by Unmarried Females Acceptable		
	1998	2000	2003	1998	2000	2003
Males						
Urban	649	562	817	63.8	63.5	57.3
Rural	1,006	963	1,330	52.1	61.5	60.1
Total	1,655	1,525	2,147	56.7	62.2	59.0
Females						
Urban	755	721	900	46.4	58.8	49.1
Rural	1,285	1,070	1,424	39.2	52.7	49.0
Total	2,040	1,791	2,324	41.7	55.2	49.0

Note: In 1998 the question was *Is it acceptable for an unmarried woman to buy condoms?* In 2000 and 2003 the question was *Do you think that unmarried females should always be able to buy condoms?*

Table A 2.9 Believed That a Woman Can Protect Herself from STIs if Her Husband Has an STI by Gender and Residence, ZSBS 2000 and ZSBS 2003 (Percent of Respondents)

Gender and Residence	Number		Females Can Protect from STI		Females Can Refuse Sex*		Females Can Use Condoms*	
	2000	2003	2000	2003	2000	2003	2000	2003
Males								
Urban	562	685	61.2	63.3	59.3	56.5	70.9	75.0
Rural	963	1,148	46.4	45.3	70.0	67.4	62.6	49.0
Total	1,525	1,833	51.9	52.2	65.3	62.4	66.2	61.1
Females								
Urban	721	758	57.7	66.2	62.7	60.2	60.6	63.7
Rural	1,070	1,289	42.3	45.5	66.2	71.6	52.1	36.1
Total	1,791	2,047	48.5	53.5	64.6	66.1	56.2	49.2

*Among those who said *yes* to a woman can protect herself from STI: in 2000, males=791 and females=869; in 2003, males= 922 and females= 1,028.

Note: In 1998 the questions pertaining to this table were asked in a section strictly on HIV/AIDS and many respondents interpreted the question as HIV/AIDS or a STI. Therefore the results are not presented.

Table A.2.10 Person Has Been Circumcised by Gender and Residence, ZSBS 1998, ZSBS 2000, and ZSBS 2003 (Percent of Respondents)

Gender and Residence	Number			Circumcised		
	1998	2000	2003	1998	2000	2003
Males						
Urban	649	562	817	13.3	15.3	11.3
Rural	1,006	963	1,330	14.0	17.8	17.4
Total	1,655	1,525	2,147	13.7	16.9	15.0
Females						
Urban	755	721	900	6.0	3.7	1.0
Rural	1,285	1,070	1,424	4.0	3.9	0.4
Total	2,040	1,791	2,324	4.5	3.8	0.6

Table A.2.11 UNAIDS Indicators of Knowledge About HIV by Gender and Residence, ZSBS 1998, ZSBS 2000, and ZSBS 2003 (Percent of all Respondents)*

Gender and Residence	Number			Accepting Those with HIV			Knew HIV Prevention Methods			Had No Incorrect Beliefs About HIV**			Knew How to Prevent MTCT		
	1998	2000	2003	1998	2000	2003	1998	2000	2003	1998	2000	2003	1998	2000	2003
Males															
Urban	649	458	817	NA	26.9	39.7	63.0	71.6	72.5	NA	65.7	67.8	NA	1.4	3.1
Rural	1,006	862	1,330	NA	18.2	22.2	52.9	63.0	66.5	NA	50.0	45.7	NA	1.0	1.6
Total	1,655	1,320	2,147	NA	21.4	28.9	56.9	66.0	68.8	NA	55.7	54.1	NA	1.2	2.1
Females															
Urban	755	593	900	NA	23.9	33.4	54.0	71.0	73.1	NA	60.3	62.1	NA	2.2	5.9
Rural	1,285	971	1,424	NA	14.0	18.8	46.9	53.8	57.1	NA	41.3	38.3	NA	0.5	1.1
Total	2,040	1,564	2,324	NA	18.0	24.4	49.6	60.3	63.3	NA	49.0	47.5	NA	1.2	3.0

* UNAIDS Stigma Indicator 1 and Knowledge Indicators 1, 2, and 5.

** For *Has No Incorrect Beliefs About HIV* the appropriate questions were asked in 1998, but they were not asked in the order recommended for measuring the UNAIDS indicator (it was defined in 2000). Therefore, the results for 1998 are not shown.

Table A.3.1 Last Sexual Intercourse with Marital Partner by Gender and Residence, ZSBS 1998, ZSBS 2000, and ZSBS 2003 (Percent of Married Respondents)

Gender and Residence	Number			Had Sex Previous Night*			Had Sex Previous Month		
	1998	2000	2003	1998	2000	2003	1998	2000	2003
Males									
Urban	332	298	401	NA	9.8	17.7	83.3	89.7	94.0
Rural	655	638	808	NA	20.4	21.2	75.7	87.2	93.0
Total	987	936	1,209	NA	17.0	20.0	78.2	88.0	93.3
Females									
Urban	406	371	461	NA	8.0	17.6	80.8	84.0	92.0
Rural	796	746	955	NA	14.8	17.9	76.6	83.5	90.8
Total	1,202	1,117	1,416	NA	12.5	17.8	78.0	83.7	91.2

* 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 1998 survey data with data from 2000 and 2003 due to differences in wording of the marital status questions in the 1998 questionnaire.

Table A.3.2 Condom Use During Last Sexual Intercourse within Marital Partnerships by Gender, ZSBS 1998, ZSBS 2000, and ZSBS 2003 (Percent of Respondents)

	Males*						Females*					
	Number			Percent Used Condom			Number			Percent Used Condom		
Variable	1998	2000	2003	1998	2000	2003	1998	2000	2003	1998	2000	2003
Residence												
Urban	332	304	401	5.1	9.5	8.2	406	377	470	4.2	7.2	8.9
Rural	655	626	797	6.4	5.0	8.0	796	736	955	3.9	3.1	6.7
Duration of Marriage												
<3 years	196	159	136	11.2	10.1	13.4	249	212	213	7.2	6.6	14.6
3+ years	781	749	1150	4.6	5.6	7.0	932	861	1216	3.2	3.8	6.2
Extramarital Partner												
Yes	203	103	108	5.9	10.7	11.1	360	15	27	8.3	0.0	3.7
No	774	802	1,090	6.1	5.9	7.8	1147	1,059	1,398	3.9	4.4	7.5
STI in Last Year												
Yes	59	34	45	5.9	5.9	11.1	33	17	29	6.1	0.0	10.3
No	921	895	1,117	6.0	6.5	8.2	1157	1,094	1,298	4.0	4.6	7.4

* Among those who had intercourse in the last year with a marital partner.

Table A.3.3 Number of Non-Marital Partners in the Last Year by Gender and Marital Status, ZSBS 1998, ZSBS 2000, ZSBS 2003 (Percent of Respondents)

Marital Status	Survey Year	Number	None	1	2–3	4+
Married Males	**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	**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	**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	**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

Table A.3.4: Condom Use During Last Sexual Intercourse with Non-Regular Partner by Gender, ZSBS 2000 and ZSBS 2003 (Percent of Respondents)

	Males*				Females*			
	Number		Percent Used Condom		Number		Percent Used Condom	
Variable	**2000**	**2003**	**2000**	**2003**	**2000**	**2003**	**2000**	**2003**
Total	334	454	38.9	41.6	203	265	33.0	34.3
Residence								
Urban	115	207	47.8	54.6	92	125	38.0	44.0
Rural	219	247	34.3	30.8	111	140	28.8	25.7
STI in Last Year								
Yes	42	43	38.1	32.6	6	8	NA**	NA
No	292	384	39.0	44.5	197	242	33.5	35.5
Duration of Marriage								
<3 yr.	27	24	55.6	41.7	7	14	NA	NA
3+ yr.	82	429	31.7	41.7	12	250	8.3	35.2

* Among those who had intercourse in the last year with a non-marital, non-cohabiting partner.

** Numbers are too small to present a percentage.

Note: *Non-regular* means non-marital and non-cohabiting.

Table A.3.5a Characteristics of Last Sexual Act with a Non-Regular Partner by Gender and Residence, ZSBS 1998, ZSBS 2000, and ZSBS 2003 (Percent of Respondents with Non-Regular in the Last 12 Months)

Gender and	Number			Exchanged Money*			Drank Alcohol**		
Residence	**1998**	**2000**	**2003**	**1998**	**2000**	**2003**	**1998**	**2000**	**2003**
Males									
Urban	201	115	207	NA	15.7	21.3	26.9	32.2	30.0
Rural	329	220	247	NA	27.7	34.8	16.1	13.6	12.2
Total	530	335	454	NA	23.6	28.6	20.1	20.0	20.3
Females									
Urban	142	92	125	NA	18.5	11.2	26.8	34.8	23.2
Rural	212	111	140	NA	31.5	25.7	21.2	13.5	13.6
Total	354	203	265	NA	25.6	18.9	23.5	23.2	18.1

Note: The definition of *non-regular* partner in 2000 and 2003 was non-marital, non-cohabiting partner. The definition used in 1998 was different. Direct comparisons with 1998 should be made with caution.

* In 1998 a question concerning exchanging money was asked, but it was included in the matrix for non-marital partners. In 2000 and 2003 the question came after the matrix questions. Therefore data from 1998 are not comparable to 2000 and 2003.

** In 1998 and 2000 there was only one question regarding alcohol use for the respondent and his/her partner. In 2003 there were separate questions regarding alcohol use for the respondent and his/her partner.

Table A.3.5b Respondents' Perceptions of Partnership Status of their Non-Regular* Partners, ZSBS 2000 and ZSBS 2003 (Percent of Respondents with Non-Marital, Non-Cohabiting Partner in the Last 12 Months)

	Thinks Partner Has Other Partners		Thinks Partner Has Other Partners				
	ZSBS 2000		ZSBS 2003				
Gender and Residence	N	Percent	N	Very Likely	Somewhat Likely	Not at All Likely	Don't Know
Males							
Urban	115	26.1	207	14.5	11.8	45.5	28.2
Rural	220	28.6	247	19.0	11.2	56.0	13.9
Total	335	27.8	454	17.4	11.4	52.3	19.0
Females							
Urban	92	46.7	125	5.1	8.0	68.6	18.3
Rural	111	36.0	140	5.2	85.2	77.7	12.0
Total	203	40.9	265	5.1	6.2	74.5	14.2

* *Non-regular* partner means a non-marital, non-cohabiting partner.

Table A.3.6 UNAIDS Indicators of Sexual Negotiation and Sexual Behaviour by Gender and Residence, ZSBS 1998, ZSBS 2000, and ZSBS 2003 (Percent of Respondents)

Gender and	Females Can Negotiate Safer Sex with Husband*			Higher Risk Sex in Last Year**			Condom Use at Last Higher Risk Sex***		
Residence	1998	2000	2003	1998	2000	2003	1998	2000	2003
Males									
Urban	30.8	57.9	63.3	37.4	30.0	37.8	34.5	47.8	54.6
Rural	21.5	42.7	45.3	37.5	28.4	24.8	24.3	34.1	30.8
Total	25.3	48.6	52.2	37.4	28.9	29.4	28.2	38.8	41.6
Females									
Urban	35.4	54.6	66.3	22.1	19.8	21.3	22.0	38.0	44.0
Rural	23.3	37.1	45.5	18.3	13.3	13.0	16.1	28.8	25.7
Total	28.0	44.6	53.5	19.7	15.6	15.9	18.5	33.0	34.3

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

** UNAIDS Sexual Behaviour 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.

*** UNAIDS Sexual Behaviour 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.

Table A.4.1 Knowledge of Sexually Transmitted Diseases by Gender and Residence, ZSBS 1998, ZSBS 2000, and ZSBS 2003 (Percent of Respondents)

	Number			Heard of STI			Knew Symptom in Males			Knew Symptom in Females		
Variable	1998	2000	2003	1998	2000	2003	1998	2000	2003	1998	2000	2003
Males												
Urban	649	562	817	92.1	87.9	97.4	77.2	77.9	79.4	59.0	64.4	61.8
Rural	1,006	963	1,330	86.7	82.1	92.0	68.7	67.7	77.0	57.0	57.9	68.7
Total	1,655	1,525	2,147	88.8	84.3	94.0	72.0	71.5	77.9	57.8	60.5	66.1
Females												
Urban	755	721	900	93.8	85.6	97.2	68.3	64.6	72.3	73.5	68.9	75.6
Rural	1,285	1,070	1,424	88.4	76.5	90.0	61.2	62.2	68.4	68.4	62.1	73.5
Total	2,040	1,791	2,324	90.4	80.2	92.8	63.8	63.8	69.9	70.3	64.8	74.3

Table A.4.2 Knowledge of Specific Symptoms and Signs of STIs in Males and Females by Gender, ZSBS 1998, ZSBS 2000, and ZSBS 2003 (Percent of Respondents)

	STI in Males						STI in Females					
	Males			Females			Males			Females		
Respondents	**1998**	**2000**	**2003**	**1998**	**2000**	**2003**	**1998**	**2000**	**2003**	**1998**	**2000**	**2003**
Abdominal Pain	13.9	16.6	13.6	15.6	17.0	16.3	18.4	22.0	17.6	22.8	25.6	25.2
Blood in Urine	9.1	7.4	7.0	5.0	4.1	4.5	6.3	3.7	4.9	5.0	3.7	3.7
Burning Urination	17.3	21.6	22.4	10.9	13.1	15.3	9.9	12.3	10.8	10.5	11.1	11.6
Failure to Pass Urine	5.9	4.5	2.5	2.3	2.7	2.0	3.1	2.7	1.2	1.9	2.1	1.3
Genital Discharge	45.7	36.0	45.9	35.9	28.1	36.6	31.8	24.9	37.5	36.8	28.4	39.8
Genital Ulcer	51.3	46.3	55.8	48.0	41.4	52.2	38.3	36.7	43.8	53.1	43.3	53.7
Inability to Conceive	0.7	3.2	0.7	1.1	1.5	0.4	1.7	2.1	0.5	1.3	1.8	0.4
Itching in Genital Area	10.9	9.6	4.3	5.6	7.9	4.2	8.5	8.3	4.0	9.3	8.6	6.8
Loss of Weight	14.3	11.7	8.6	13.1	8.2	6.0	14.8	12.8	8.9	15.5	10.0	6.9
Pain During Intercourse	3.9	9.2	3.6	2.3	7.2	2.0	3.8	10.8	4.4	1.5	6.4	1.8
Swelling in Genital Area	22.2	23.9	24.5	19.7	17.9	20.5	13.7	15.9	15.4	19.0	13.1	16.2
Don't Know	13.0	11.4	9.7	24.4	18.8	18.4	26.3	19.2	20.3	16.3	14.2	13.9
Number	1,655	1,525	2,147	2,040	1,791	2,324	1,655	1,525	2,147	2,040	1,791	2,324

Note: In 1998 and 2000 there was only one symptom listed for genital discharge for both males (discharge from penis) and females (discharge from vagina). In 2003 there were two symptoms listed for males (discharge from penis and foul-smelling discharge) and females (discharge from vagina and foul-smelling discharge).

Table A.4.3 Genital Discharge or Genital Ulcer During the Last 12 Months by Gender and Residence, ZSBS 1998, ZSBS 2000, and ZSBS 2003 (Percent of Respondents Who Ever Had Sex)

	Number			Had Genital Discharge or Genital Ulcer		
Variable	**1998**	**2000**	**2003**	**1998**	**2000**	**2003**
Males						
Urban	649	458	685	4.9	6.3	4.1
Rural	1,006	862	1,148	5.5	4.5	4.6
Total	1,655	1,320	1,833	5.3	5.2	4.4
Females						
Urban	755	593	758	3.2	1.7	2.2
Rural	1,285	971	1,289	2.7	1.2	1.5
Total	2,040	1,564	2,047	2.9	1.4	1.8

Table A.5.1 General Knowledge of HIV/AIDS Among Respondents by Age of Respondent and Gender, ZSBS 1998, ZSBS 2000, and ZSBS 2003 (Percent of Respondents)

Gender	Number			Ever Heard of AIDS			Knew HIV/AIDS Can Be Avoided			Knew Healthy Person Can Have HIV		
and Age	**1998**	**2000**	**2003**	**1998**	**2000**	**2003**	**1998**	**2000**	**2003**	**1998**	**2000**	**2003**
Males												
15–19	381	307	432	95.8	92.5	97.2	74.8	70.0	80.3	77.4	79.2	84.0
20–24	346	250	394	99.4	95.2	99.2	87.3	84.0	89.3	87.6	87.6	90.4
25–59	928	968	1,321	99.6	97.8	99.5	90.1	88.5	91.5	89.7	91.7	91.6
Females												
15–19	485	415	500	96.7	92.3	93.8	71.3	67.7	74.0	74.2	74.9	76.8
20–24	488	404	509	99.8	95.8	98.8	79.3	79.7	83.7	86.5	85.4	85.3
25–49	1,067	972	1,315	99.6	96.9	98.4	80.3	82.9	82.5	83.7	85.9	87.2

Table A.5.2 Knowledge of Ways to Prevent the Spread of HIV/AIDS by Gender and Age of Respondent, ZSBS 1998, ZSBS 2000, and ZSBS 2003 (Percent of Respondents)

Gender and Age	Number			Consistent Condom Use			One Faithful Partner			Knew MTCT		
	1998	2000	2003	1998	2000	2003	1998	2000	2003	1998	2000	2003
Males												
15–19	381	307	432	70.9	63.8	71.5	76.4	74.9	80.1	NA	65.8	74.8
20–24	346	250	394	72.5	75.6	82.2	85.3	80.8	84.0	NA	82.8	84.3
25–59	928	968	1,321	62.5	69.4	77.7	83.0	87.4	90.7	NA	86.7	88.8
Females												
15–19	485	415	500	50.9	57.4	66.6	71.8	73.3	74.0	NA	70.6	74.0
20–24	488	404	509	63.1	70.5	76.0	86.5	83.4	84.9	NA	84.2	85.5
25–49	1,067	972	1,315	56.7	64.1	71.1	84.3	83.6	88.5	NA	87.5	90.0

Table A.5.3 Misconceptions About HIV Transmission by Age of Respondent and Gender, ZSBS 1998, ZSBS 2000, and ZSBS 2003 (Percent of Respondents)

Gender and Age	Number			HIV Transmitted by Mosquitoes			HIV Transmitted by Sharing a Meal			HIV Transmitted by Witchcraft		
	1998	2000	2003	1998	2000	2003	1998	2000	2003	1998	2000	2003
Males												
15–19	381	307	432	33.3	30.0	16.7	NA	12.7	16.4	21.3	13.7	15.1
20–24	346	250	394	25.7	21.6	24.4	NA	7.6	12.9	21.7	18.0	18.0
25–59	928	968	1,321	26.5	22.7	21.1	NA	12.0	10.3	23.3	21.2	23.0
Females												
15–19	485	415	500	26.6	23.9	21.8	NA	14.7	14.4	26.0	22.4	14.0
20–24	488	404	509	28.5	24.8	28.3	NA	12.4	11.6	36.5	21.5	20.2
25–49	1,067	972	1,315	30.3	22.5	24.0	NA	9.8	10.8	39.7	29.0	25.2

Table A.5.4 A Woman Can Protect Herself from STIs if Her Husband Has an STI by Gender and Age of Respondent, ZSBS 1998, ZSBS 2000, and ZSBS 2003 (Percent of Respondents)

Gender and Age	Number			Females Can Protect from Husband's STI		
	1998	2000	2003	1998	2000	2003
Males						
15–19	381	307	179	15.8	38.4	52.0
20–24	346	250	310	24.9	51.2	50.7
25–59	928	968	1277	29.2	56.3	52.6
Females						
15–19	485	415	250	26.4	43.9	47.2
20–24	488	404	431	29.3	50.0	55.5
25–49	1,067	972	1242	32.1	49.9	54.0

Table A.5.5 Knowledge of Testing Site, Took an HIV Test, and Knew the Results by Gender and Age of Respondent, ZSBS 1998, ZSBS 2000, and ZSBS 2003 (Percent of Respondents)

Gender	Number			Knew Place for HIV Test		Tested for HIV			Tested in the Last Year*		Knew Results*		
and Age	1998	2000	2003	2000	2003	1998	2000	2003	2000	2003	1998	2000	2003
Males													
15–19	381	307	432	58.6	66.0	3.3	4.9	4.2	40.0	50.0	63.6	83.3	83.3
20–24	346	250	394	78.6	77.4	10.5	14.0	9.1	34.3	52.8	68.6	68.6	88.9
25–59	928	968	1,321	84.7	78.5	11.5	17.5	11.1	40.2	65.9	81.9	81.9	93.2
Females													
15–19	485	415	500	58.9	57.0	6.0	6.5	4.2	44.4	47.6	74.1	74.1	100.0
20–24	488	404	509	72.7	70.9	7.0	12.4	9.8	44.0	50.0	84.9	84.9	90.0
25–49	1,067	972	1,315	73.3	72.3	7.4	13.6	9.7	46.2	58.3	83.3	83.3	92.9

*Among those tested for HIV: in 2000 males=219 and females=209; in 2003 males=186 and females=198.

Table A.5.6: Willingness to Care for an Infected Family Member and Knowledge of Someone Affected by HIV/AIDS by Gender and Age of Respondent, ZSBS 1998, ZSBS 2000, and ZSBS 2003 (Percent of Respondents)

Gender	Number			Willing to Care for Family Member			Knew Person with HIV or Who Died from HIV/AIDS		
and Age	1998	2000	2003	1998	2000	2003	1998*	2000	2003
Males									
15–19	381	307	432	75.5	80.8	82.9	43.0	56.4	66.7
20–24	346	250	394	88.6	90.8	92.9	28.1	69.2	78.7
25–59	928	968	1,321	90.2	91.0	94.3	22.1	81.0	85.5
Females									
15–19	485	415	500	77.7	84.1	80.4	33.8	60.5	65.8
20–24	488	404	509	91.0	86.6	90.2	25.6	71.0	79.0
25–49	1,067	972	1,315	91.2	91.3	93.0	23.1	75.7	80.3

* Results from 1998 are not directly comparable to 2000 and 2003 because in 1998 two questions were used and in 2000/2003 one question was used. In 1998 the questions were *Do you know anyone who is infected with HIV?* and *Do you know anyone who has died of AIDS?* In 2000 and 2003 the question was *Do you personally know anyone who has the AIDS virus or has died from AIDS?*

Table A.5.7 Attitude Towards HIV-Infected Individuals by Gender and Age of Respondent, ZSBS 2000 and ZSBS 2003 (Percent of Respondents)

Gender	Number		If Family Member Infected, Want It Kept Secret		Had Shared a Meal with an HIV+ Person		Willingness to Buy from Infected Shopkeeper		Infected Female Teacher Should Continue Working	
and Age	2000	2003	2000	2003	2000	2003	2000	2003	2000	2003
Males										
15–19	307	432	40.7	35.0	18.2	18.3	35.8	43.3	48.5	63.7
20–24	250	394	40.0	36.3	26.0	28.9	52.0	50.5	59.6	67.3
25–59	968	1,321	36.5	29.7	36.6	42.3	49.0	50.6	59.2	70.8
Females										
15–19	415	500	39.3	35.8	17.1	17.6	38.6	39.8	53.5	58.0
20–24	404	509	35.2	29.7	27.5	30.5	41.6	41.3	57.9	66.6
25–49	972	1,315	40.0	31.7	33.1	37.0	42.2	45.3	61.2	67.5

Table A.5.8 Sexual Intercourse in the Last Year Among Adolescents, ZSBS 2000 and ZSBS 2003 (Percent of Respondents Aged 15–19)

Gender and Age	Number		Percent Had Sex in Last Year	
	2000	2003	2000	2003
Males				
15	53	81	13.0	4.0
16	66	90	20.0	20.0
17	57	88	23.0	24.0
18	76	79	44.0	21.0
19	55	94	35.0	37.0
15–19	307	432	28.0	28.4
Females				
15	66	80	12.0	11.0
16	93	111	37.0	38.0
17	88	91	50.0	38.0
18	88	120	69.0	64.0
19	79	98	62.0	61.0
15–19	414	500	47.4	44.4

Table A.5.9 Distribution of Adolescent Respondents Who Had Ever Had Sex by Age and Gender, 1996 ZDHS, ZSBS 1998, ZSBS 2000, and ZSBS 2003 (Percent of Respondents)

	1996 ZDHS		ZSBS 1998		ZSBS 2000		ZSBS 2003	
	Number	Percent Had Sex	Number	Percent Had Sex	Number	Percent Had Sex	Number	Percent Had sex
Males								
15	80	33.8	67	37.3	53	24.5	81	13.6
16	118	56.7	93	53.8	66	30.3	90	35.6
17	81	71.3	66	60.6	57	40.4	88	50.0
18	90	72.2	89	74.2	76	57.9	79	53.2
19	91	88.7	66	83.3	55	63.6	94	71.3
Females								
15	398	24.9	92	27.2	66	18.2	80	15.0
16	419	44.5	105	41.0	93	39.8	111	45.1
17	379	57.7	96	64.6	88	56.8	91	56.0
18	406	79.5	115	79.1	88	78.4	120	71.7
19	401	84.3	78	84.6	79	78.5	98	78.6

Table A.5.10 Number of Non-Regular Partners in the Last Year by Gender and Marital Status, ZSBS 1998, ZSBS 2000, and ZSBS 2003 (Percent of Respondents Age 15–19)

	Marital	Number			None			1			2–3			4+		
Gender	Status	1998	2000	2003	1998	2000	2003	1998	2000	2003	1998	2000	2003	1998	2000	2003
All Males	Married*				NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	Not Married	375	302	426	59.2	72.5	76.5	25.9	19.9	18.8	9.3	7.3	4.2	5.6	0.3	0.5
All Females	Married	116	111	108	91.3	96.4	97.2	6.9	1.8	2.8	1.7	1.8	0.0	0.0	0.0	0.0
	Not Married	369	304	392	65.9	7.3	74.7	27.6	22.0	24.0	6.0	1.6	1.3	0.5	0.0	0.0

* Numbers for married males 15–19 are too small for stable estimates.

Table A.5.11 Condom Use During Last Sexual Intercourse with Non-Regular Partner by Gender and Age of Respondent, ZSBS 1998, ZSBS 2000, and ZSBS 2003

	Males*						Females*					
	Number			Percent Used Condom			Number			Percent Used Condom		
Variable	**1998**	**2000**	**2003**	**1998**	**2000**	**2003**	**1998**	**2000**	**2003**	**1998**	**2000**	**2003**
Total	921	334	453	29.8	38.9	41.7	427	203	264	17.8	33.0	34.5
Age Group												
15–19	270	84	101	15.9	35.7	34.7	167	76	102	16.2	40.8	35.3
20–24	318	93	155	34.6	45.2	43.9	121	54	65	25.6	35.2	33.9
25–59	333	157	197	36.6	36.9	43.7	139	73	97	13.0	23.3	34.0

* Among those who had intercourse in the last year with a non-regular partner

Table A.5.12 Knowledge of Sexually Transmitted Diseases by Gender and Age of Respondent, ZSBS 1998, ZSBS 2000, and ZSBS 2003 (Percent of Respondents)

	Number			Has Heard of STI			Knows Symptom in Males			Knows Symptom in Females		
Variable	**1998**	**2000**	**2003**	**1998**	**2000**	**2003**	**1998**	**2000**	**2003**	**1998**	**2000**	**2003**
Males												
15–19	381	307	432	72.4	71.3	83.8	45.1	46.3	57.2	33.3	41.0	50.5
20–24	346	250	394	91.9	80.4	92.1	72.3	62.0	76.7	59.9	52.8	63.5
25–59	928	968	1321	94.4	89.4	98.0	83.0	76.6	85.1	67.0	68.1	71.9
Females												
15–19	485	415	500	78.8	68.0	84.8	43.1	39.8	53.6	48.4	43.1	57.2
20–24	488	404	509	92.8	80.2	92.3	63.3	56.7	70.1	71.3	61.4	74.5
25–49	1,067	972	1,315	94.6	85.4	96.0	73.5	66.2	76.1	79.8	70.5	80.7

Table A.5.13 UNAIDS Indicators of Sexual Behaviour Among Young People by Gender and Residence, ZSBS 1998, ZSBS 2000, and ZSBS 2003 (Percent of Respondents Age 15–24)

Gender and	Had Premarital Sex in Last Year*			Used Condom During Premarital Sex**			Had Multiple Partners in Last Year***			Used Condom at Last Higher Risk Sex***		
Residence	**1998**	**2000**	**2003**	**1998**	**2000**	**2003**	**1998**	**2000**	**2003**	**1998**	**2000**	**2003**
Males												
Urban	39.7	26.8	29.8	34.7	49.1	55.7	NA	7.8	8.2	33.6	12.3	17.1
Rural	52.6	44.4	35.7	23.0	31.8	29.5	NA	15.4	8.6	22.3	13.3	9.6
Total	47.2	36.4	33.2	27.2	37.6	39.2	NA	12.4	8.5	26.4	12.9	12.5
Females												
Urban	34.8	23.5	24.3	26.3	48.2	42.6	NA	1.8	4.0	26.9	7.5	7.8
Rural	42.2	38.1	31.0	14.3	27.9	28.9	NA	2.3	1.8	17.3	5.2	4.4
Total	38.8	30.7	27.7	19.3	35.7	34.7	NA	2.1	2.7	21.1	6.1	5.8

* UNAIDS Young People's Sexual Behaviour Indicator 2: Among those young people who are single; in 2000 males=453 and females=456; in 2003 males=701 and females=505

** UNAIDS Young People's Sexual Behaviour 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.

*** UNAIDS Young People's Sexual Behaviour Indicators 4 and 5: Among all young people; in 2000 males=557 and females=819; in 2003 males=826 and females=1,009.

Table A.6.1 Prevalence of Orphanhood and Fosterhood by Residence and Age, ZSBS 1998, ZSBS 2000, and ZSBS 2003

	Residence				Age							
	Urban		Rural		<5		5–9		10–14		Total	
Orphanhood Status	**2000**	**2003**	**2000**	**2003**	**2000**	**2003**	**2000**	**2003**	**2000**	**2003**	**2000**	**2003**
Both Parents Around	59.6	54.5	64.9	63.5	74.3	73.9	64.4	59.7	50.4	48.9	63.2	60.7
Father Away, Mother Alive and with Child	11.2	12.1	9.6	9.6	13.2	15.0	8.7	9.1	8.1	7.1	10.1	10.4
Mother Away, Father Alive and with Child	2.9	2.9	1.8	2.9	1.2	1.0	2.1	3.7	3.1	3.9	2.1	2.9
Father and Mother Away	9.5	7.6	10.4	8.5	5.9	3.8	10.0	9.4	14.8	11.4	10.1	8.2
Mother Died, Father Alive and with Child	2.6	1.5	0.9	0.7	0.6	0.2	1.5	1.0	2.2	1.5	1.4	0.9
Mother Died, Father Alive and Away	1.8	2.1	2.5	2.5	1.0	0.8	2.0	2.5	4.0	3.8	2.3	2.4
Father Died, Mother Alive and with Child	5.7	8.9	3.7	5.7	2.3	3.7	5.0	6.7	5.7	9.6	4.3	6.7
Father Died, Mother Alive and Away	3.3	4.2	3.7	3.6	1.1	0.7	3.6	4.3	6.3	6.3	3.6	3.8
Father and Mother Died	3.4	6.2	2.7	3.1	0.4	0.9	2.8	3.6	5.6	7.5	2.9	4.0
Total Maternal Orphan	7.8	3.6	6.1	3.2	2.0	1.1	6.3	3.6	11.8	5.3	6.6	3.3
Total Paternal Orphan	12.4	13.1	10.1	9.3	3.8	4.4	11.4	11.0	17.6	16.0	10.8	10.5
Number of Children	**1,199**	**1,894**	**2,865**	**4,254**	**1,416**	**2,012**	**1,345**	**2,087**	**1,303**	**2,049**	**4,064**	**6,148**

Table A.6.2 Schooling of Children 10–14 by Orphanhood and Residence, ZSBS 2000 and ZSBS 2003

	Urban				Rural				Total			
	Number		Percent in School		Number		Percent in School		Number		Percent in School	
Orphan Status	**2000**	**2003**	**2000**	**2003**	**2000**	**2003**	**2000**	**2003**	**2000**	**2003**	**2000**	**2003**
Not an Orphan	263	456	89.4	88.6	703	1003	69.4	80.3	966	1459	74.8	82.9
Maternal Orphan	28	36	78.6	86.1	44	73	72.7	84.9	72	109	75.0	85.3
Paternal Orphan	54	125	81.5	90.4	97	202	62.9	70.8	151	327	69.5	78.3
Double Orphan	24	62	83.3	77.5	48	56	68.8	75.7	72	154	73.6	76.6

Table A.6.3 Assistance Received Among Households with Death or Illness for at Least Three Months in the Last Year, ZSBS 2000 and ZSBS 2003 (Percent of Households)

	Death or Illness in Household			
	Number		Percent	
Type of Assistance	**2000**	**2003**	**2000**	**2003**
Received Care or Assistance in Relation to Any Illness or Death	318	NA	34.3	NA
Received Care or Assistance in Relation to Adult Illness or Death	149	101	35.6	92.7
Help Received	109	101		
Counselling			50.5	71.0
Free Medicines			42.2	44.4
Extra Food			61.5	NA
Money			51.4	56.4
Other			17.4	NA
Food, Clothing, or Help with Chores			NA	65.0

Table A.6.4 Received Assistance from Provider Among Households Reporting Death or Illness for at Least Three Months in the Last Year, ZSBS 2000 and ZSBS 2003 (Percent of Households)

	Households	
Provider	**2000**	**2003**
Friends/Relatives	56.0	65.4
Health Worker/ Hospital/Clinic	18.3	14.9
Church	48.6	46.5
Community Organization	10.1	2.0
Nongovernmental Organization	1.8	5.0
Traditional Healer	6.4	2.0
Females' Group	1.8	1.0
Government/Social Services	2.8	4.0
Other	7.3	9.9
Number	109	101

Table A.7.1 Major Health Problems Reported by Communities, ZSBS 2003 (Percent of Communities)

Major Health Problem Reported by Community*	**Total**	**Urban**	**Rural**
AIDS	45.0	54.9	31.9
Malaria	96.0	98.0	93.6
TB	21.0	31.4	8.5
Diarrhea Disease	51.0	52.9	51.1
Respiratory Infection	20.0	15.7	25.5
Measles	1.0	0.0	2.1
Number of Communities	100	52	48

* More than one health problem could be named.

Table A.7.2 Community Perceptions that *AIDS is Common* in Community, ZSBS 2003 (Percent of Communities)

Perceptions	Total	Urban	Rural
AIDS is V*ery Common*	34.0	51.0	17.0
AIDS is S*omewhat Common*	34.0	19.6	51.1
AIDS is N*ot Common*	4.0	5.9	2.1
Number of Communities	100	52	48

Table A.7.3 Community Reports on Where to Seek Help if Ill with AIDS, ZSBS 2003 (Percent of Communities)

Where To Go for Help	Total	Urban	Rural
Family	6.0	7.8	4.3
Traditional Healer	13.0	13.7	12.8
Clinic	98.0	98.0	97.9
Church	1.0	2.0	0.0
AIDS Organisation	1.0	2.0	0.0
NGO	2.0	3.9	0.0
Number of Communities	100	52	48

Note: More than one source of assistance could be named by a community.

Table A.7.4 Estimated Frequency of Deaths Among Young Fathers in Community in the Past 12 Months (Estimates Based on Informant Perceptions), ZSBS 2003 (Percent of Communities)

Frequency of Deaths	Total	Urban	Rural
At Least One	100.0	100.0	100.0
Five or More	46.1	65.9	28.3
10 or More	14.6	24.4	6.5
20 or More	4.5	7.3	2.2
Number of Communities	89	42	47

Note: Categories overlap.

Table A.7.5 Community Suggestions for What Can be Done to Improve Care for Those Who Are Ill with AIDS, ZSBS 2003 (Percent of Communities)

Suggestions	Total	Urban	Rural
Admit to Hospital	51.0	52.9	48.9
Family Needs to Take Better Care	23.0	29.4	17.0
Community Hospice Care	17.0	23.5	8.5
Financial Assistance	27.0	37.3	17.0
Home Visits by Health Workers	18.0	25.5	10.6
Provide Medicines	38.0	45.1	29.8
Support Groups	5.0	5.9	4.3
Schooling for Children	14.0	9.8	17.0
Number of Communities	100	52	48

Note: More than one suggestion could be offered by a community.

Appendix B: Major HIV/AIDS UNAIDS Programme Indicators

Indicator	ZSBS 1998		ZSBS 2000		ZSBS 2003	
	Males	Females	Males	Females	Males	Females
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	–	–	–	12.8	–	6.5
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	–	–	4.9	4.4	8.5	7.9
Stigma and Discrimination Indicator 1: Percent of people expressing accepting attitudes towards people with HIV	–	–	21.4	18.0	28.9	24.4
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	66.0	60.3	68.8	63.3
Knowledge Indicator 2: Percent of respondents who reject the two most common local misconceptions about HIV transmission (in Zambia, mosquito and witchcraft transmission) and who know that a healthy-looking person can be infected with HIV	–	–	55.7	49.0	54.1	47.5
Knowledge Indicator 5: Percent of women and men who correctly respond to prompted questions about preventing MTCT of HIV through anti-retroviral therapy and avoiding breastfeeding	–	–	1.2	1.2	2.1	3.0
Sexual Negotiation Indicator 1: Percent of respondents who believe that, if a woman's husband has a STI, she can either refuse to have sex with him or propose condom use, of all respondents having heard of STIs	25.3	28.0	48.6	44.6	52.2	53.5
Sexual Behaviour Indicator 1: Proportion of respondents who had sex with a non-marital, non-cohabiting partner in the previous 12 months of all respondents reporting sexual activity in the previous 12 months	37.4	19.7	28.9	15.6	29.4	15.9
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 had sex with such a partner in the previous 12 months	28.2	18.5	38.8	33.0	41.6	34.3
Young People's Sexual Behaviour Indicator 1: The age by which a half of young men or young women aged 15–24 have had penetrative sex (median age) of all young people surveyed	16.3	16.9	18.1	16.9	17.5	17.0
Young People's Sexual Behaviour Indicator 2: Percent of young single people age 15–24 who had sex in the last 12 months, among all young single people surveyed	47.2	38.8	36.4	30.7	33.2	27.7
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	37.6	35.7	39.2	34.7
Young People's Sexual Behaviour Indicator 4: Percent of young people aged 15–24 who had sex with more than one partner in the previous 12 months among all young people surveyed	–	–	12.4	2.1	8.5	2.7
Young People's Sexual Behaviour Indicator 5: Percent of young people aged 15–24 who had sex in the previous 12 months and used a condom at last sex with a non-regular partner among all young people surveyed	26.4	21.1	12.9	6.1	12.5	5.8

Appendix C: Questionnaires

Community Schedule

Household Form

Individual Form

QUESTIONNAIRE SERIAL NO:[__|__|__|__]

CENTRAL STATISTICAL OFFICE
ZAMBIA SEXUAL BEHAVIOUR SURVEY 2003
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 [___|___] YEAR[___|___[___|___]
INTERVIEWR`S NAME	_____	_____	_____	
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 COMMERCE .....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 15 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 15 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 ..... [___|___] NONE ..... 00 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..... 2 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 clinic?	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 ..... 2 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

Now I would like to ask you about AIDS prevention for young people in this community.

C501	How many primary and basic schools are in this community?	NUMBER OF SCHOOLS ..... [___|___] NONE ..... 00 DON'T KNOW 98	
C502	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	
C503	How many secondary schools are in this community?	NUMBER OF SCHOOLS ..... [___|___] NONE ..... 00 DON'T KNOW 98	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
C504	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	
C505	Do young people in this community go through initiation ceremonies?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→**C507** →**C507**
C506	Is education about AIDS included in initiation ceremonies?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
C507	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	→**C509**
C508	Are there special efforts to prevent the spread of AIDS at these places / events?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
C509	Can young people age 12-17 get condoms in this community?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
C510	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	

6. SOURCES OF ASSISTANCE FOR PWA

Now, I would like to ask you about where people in this community can get help when they are sick with AIDS. Please mention all sources of assistance, including organizations, health institutions, and individuals who may provide such assistance in this community.

C601. Which organizations or individuals in this community provide help to people with AIDS?	C602. What kind of organization or individual is this?	C603. What type of help do they give? (READ OUT)	C604. How helpful is this assistance?
1. _____ _____ _____	NGO OR NGO STAFF ..... 01 WOMEN'S GROUP ..... 02 CHURCH, FAITH-BASED SUPPORT GROUP OR STAFF ..... .03 OTHER CBO OR CBO STAFF .... 04 GOVT HEALTH FACILITY OR STAFF ..... 05 PRIVATE HEALTH FACILITY OR STAFF ..... 06 OTHER GOVERNMENT ORGANIZATION..... 07 TRADITIONAL HEALERS ..... 08 OTHER (SPECIFY)_____ 09	YES NO COUNSELING ..... 1 2 EDUCATION..... 1 2 FREE MEDICINE..... 1 2 EXTRA FOOD..... 1 2 MONEY..... 1 2 HOUSEHOLD WORK..... 1 2 CHILD CARE ..... 1 2 INCOME-GENERATING PROJECTS .. 1 2 MICRO-CREDIT SCHEME ..... 1 2 HOME-BASED CARE..... 1 2 PRAYER / SPIRITUAL GUIDANCE..... 1 2 EMOTIONAL SUPPORT ..... 1 2 OTHER (SPECIFY)_____1 2	A LOT ..... 1 A LITTLE ..... 2 NOT AT ALL ..... 3 DON'T KNOW..... 8
2. _____ _____ _____	NGO..... 01 WOMEN'S GROUP ..... 02 CHURCH, FAITH-BASED SUPPORT GROUP OR STAFF..... .03 OTHER COMMUNITY ORGANIZATION..... 04 GOVT HEALTH FACILITY OR STAFF ..... 05 PRIVATE HEALTH FACILITY OR STAFF ..... 06 OTHER GOVERNMENT ORGANIZATION..... 07 TRADITIONAL HEALERS ..... 08 OTHER (SPECIFY)_____ 09	YES NO COUNSELING ..... 1 2 EDUCATION..... 1 2 FREE MEDICINE..... 1 2 EXTRA FOOD..... 1 2 MONEY..... 1 2 HOUSEHOLD WORK..... 1 2 CHILD CARE ..... 1 2 INCOME-GENERATING PROJECTS .. 1 2 MICRO-CREDIT SCHEME ..... 1 2 HOME-BASED CARE..... 1 2 PRAYER / SPIRITUAL GUIDANCE..... 1 2 EMOTIONAL SUPPORT ..... 1 2 OTHER (SPECIFY)_____1 2	A LOT ..... 1 A LITTLE ..... 2 NOT AT ALL ..... 3 DON'T KNOW..... 8
3. _____ _____ _____	NGO..... 01 WOMEN'S GROUP ..... 02 CHURCH, FAITH-BASED SUPPORT GROUP OR STAFF..... .03 OTHER COMMUNITY ORGANIZATION..... 04 GOVT HEALTH FACILITY OR STAFF ..... 05 PRIVATE HEALTH FACILITY OR STAFF ..... 06 OTHER GOVERNMENT ORGANIZATION..... 07 TRADITIONAL HEALERS ..... 08 OTHER (SPECIFY)_____ 09	YES NO COUNSELING ..... 1 2 EDUCATION..... 1 2 FREE MEDICINE..... 1 2 EXTRA FOOD..... 1 2 MONEY..... 1 2 HOUSEHOLD WORK..... 1 2 CHILD CARE ..... 1 2 INCOME-GENERATING PROJECTS .. 1 2 MICRO-CREDIT SCHEME ..... 1 2 HOME-BASED CARE..... 1 2 PRAYER / SPIRITUAL GUIDANCE..... 1 2 EMOTIONAL SUPPORT ..... 1 2 OTHER (SPECIFY)_____1 2	A LOT ..... 1 A LITTLE ..... 2 NOT AT ALL ..... 3 DON'T KNOW..... 8

C601. Which organizations or individuals in this community provide help to people with AIDS?	C602. What kind of organization or individual is this?	C603. What type of help do they give? (READ OUT)	C604. How helpful is this assistance?
4. _____ _____ _____	NGO ..... 01 WOMEN'S GROUP ..... 02 CHURCH, FAITH-BASED SUPPORT GROUP OR STAFF ..... .03 OTHER COMMUNITY ORGANIZATION ..... 04 GOVT HEALTH FACILITY OR STAFF ..... 05 PRIVATE HEALTH FACILITY OR STAFF ..... 06 OTHER GOVERNMENT ORGANIZATION ..... 07 TRADITIONAL HEALERS ..... 08 OTHER (SPECIFY)_____ 09	YES NO COUNSELING ..... 1 2 EDUCATION ..... 1 2 FREE MEDICINE ..... 1 2 EXTRA FOOD ..... 1 2 MONEY ..... 1 2 HOUSEHOLD WORK ..... 1 2 CHILD CARE ..... 1 2 INCOME-GENERATING PROJECTS .. 1 2 MICRO-CREDIT SCHEME ..... 1 2 HOME-BASED CARE ..... 1 2 PRAYER / SPIRITUAL GUIDANCE ..... 1 2 EMOTIONAL SUPPORT ..... 1 2 OTHER (SPECIFY)_____ 1 2	A LOT ..... 1 A LITTLE ..... 2 NOT AT ALL ..... 3 DON'T KNOW 8
5. _____ _____ _____	NGO ..... 01 WOMEN'S GROUP ..... 02 CHURCH, FAITH-BASED SUPPORT GROUP OR STAFF ..... .03 OTHER COMMUNITY ORGANIZATION ..... 04 GOVT HEALTH FACILITY OR STAFF ..... 05 PRIVATE HEALTH FACILITY OR STAFF ..... 06 OTHER GOVERNMENT ORGANIZATION ..... 07 TRADITIONAL HEALERS ..... 08 OTHER (SPECIFY)_____ 09	YES NO COUNSELING ..... 1 2 EDUCATION ..... 1 2 FREE MEDICINE ..... 1 2 EXTRA FOOD ..... 1 2 MONEY ..... 1 2 HOUSEHOLD WORK ..... 1 2 CHILD CARE ..... 1 2 INCOME-GENERATING PROJECTS .. 1 2 MICRO-CREDIT SCHEME ..... 1 2 HOME-BASED CARE ..... 1 2 PRAYER / SPIRITUAL GUIDANCE ..... 1 2 EMOTIONAL SUPPORT ..... 1 2 OTHER (SPECIFY)_____ 1 2	A LOT ..... 1 A LITTLE ..... 2 NOT AT ALL ..... 3 DON'T KNOW 8
6. _____ _____ _____	NGO ..... 01 WOMEN'S GROUP ..... 02 CHURCH, FAITH-BASED SUPPORT GROUP OR STAFF ..... .03 OTHER COMMUNITY ORGANIZATION ..... 04 GOVT HEALTH FACILITY OR STAFF ..... 05 PRIVATE HEALTH FACILITY OR STAFF ..... 06 OTHER GOVERNMENT ORGANIZATION ..... 07 TRADITIONAL HEALERS ..... 08 OTHER (SPECIFY)_____ 09	YES NO COUNSELING ..... 1 2 EDUCATION ..... 1 2 FREE MEDICINE ..... 1 2 EXTRA FOOD ..... 1 2 MONEY ..... 1 2 HOUSEHOLD WORK ..... 1 2 CHILD CARE ..... 1 2 INCOME-GENERATING PROJECTS .. 1 2 MICRO-CREDIT SCHEME ..... 1 2 HOME-BASED CARE ..... 1 2 PRAYER / SPIRITUAL GUIDANCE ..... 1 2 EMOTIONAL SUPPORT ..... 1 2 OTHER (SPECIFY)_____ 1 2	A LOT ..... 1 A LITTLE ..... 2 NOT AT ALL ..... 3 DON'T KNOW 8
7. _____ _____ _____	NGO ..... 01 WOMEN'S GROUP ..... 02 CHURCH, FAITH-BASED SUPPORT GROUP OR STAFF ..... .03 OTHER COMMUNITY ORGANIZATION ..... 04 GOVT HEALTH FACILITY OR STAFF ..... 05 PRIVATE HEALTH FACILITY OR STAFF ..... 06 OTHER GOVERNMENT ORGANIZATION ..... 07 TRADITIONAL HEALERS ..... 08 OTHER (SPECIFY)_____ 09	YES NO COUNSELING ..... 1 2 EDUCATION ..... 1 2 FREE MEDICINE ..... 1 2 EXTRA FOOD ..... 1 2 MONEY ..... 1 2 HOUSEHOLD WORK ..... 1 2 CHILD CARE ..... 1 2 INCOME-GENERATING PROJECTS .. 1 2 MICRO-CREDIT SCHEME ..... 1 2 HOME-BASED CARE ..... 1 2 PRAYER / SPIRITUAL GUIDANCE ..... 1 2 EMOTIONAL SUPPORT ..... 1 2 OTHER (SPECIFY)_____ 1 2	A LOT ..... 1 A LITTLE ..... 2 NOT AT ALL ..... 3 DON'T KNOW 8

C601. Which organizations or individuals in this community provide help to people with AIDS?	C602. What kind of organization or individual is this?	C603. What type of help do they give? (READ OUT)	C604. How helpful is this assistance?
8. _____ _____ _____	NGO ..... 01 WOMEN'S GROUP ..... 02 CHURCH, FAITH-BASED SUPPORT GROUP OR STAFF ..... .03 OTHER COMMUNITY ORGANIZATION ..... 04 GOVT HEALTH FACILITY OR STAFF ..... 05 PRIVATE HEALTH FACILITY OR STAFF ..... 06 OTHER GOVERNMENT ORGANIZATION ..... 07 TRADITIONAL HEALERS ..... 08 OTHER (SPECIFY)_____ 09	YES NO COUNSELING ..... 1 2 EDUCATION ..... 1 2 FREE MEDICINE ..... 1 2 EXTRA FOOD ..... 1 2 MONEY ..... 1 2 HOUSEHOLD WORK ..... 1 2 CHILD CARE ..... 1 2 INCOME-GENERATING PROJECTS .. 1 2 MICRO-CREDIT SCHEME ..... 1 2 HOME-BASED CARE ..... 1 2 PRAYER / SPIRITUAL GUIDANCE ..... 1 2 EMOTIONAL SUPPORT ..... 1 2 OTHER (SPECIFY)_____ 1 2	A LOT ..... 1 A LITTLE ..... 2 NOT AT ALL ..... 3 DON'T KNOW 8

7. SUGGESTIONS FOR IMPROVEMENT

C701	Do you have any suggestions for what can be done to improve care for families and persons who are sick with AIDS? (CIRCLE ALL RESPONSES MENTIONED.)	INCREASE NUMBER OF COUNSELORS ..... A INCREASE NUMBER OF COUNSELING CENTERS .. B CREATE MORE CARE FACILITIES/ORPHANAGES .. C PROVIDE MORE FOOD ..... D PROVIDE CLOTHING ..... E PROVIDE EDUCATIONAL FEES ..... F CONSOLIDATE EDUCATIONAL CAMPAIGNS ..... G PROVIDE MEDICINE ..... H PROVIDE FINANCIAL RESOURCES ..... I OTHER (SPECIFY) ..... X _____ _____	

THANK RESPONDENTS AND END THE INTERVIEW

QUESTIONNAIRE SERIAL NO:[__|__|__|__]

CENTRAL STATISTICAL OFFICE
ZAMBIA SEXUAL BEHAVIOUR SURVEY 2003
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 |__]
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 |__]__]__|__]
RESULT**	_____	_____	_____	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)

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
5	Areas w/in provincial capitals	11	Remote areas
6	Areas w/in 30 KM Southern to Copperbelt line of rail		

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 VISITORS)	RELATION-SHIP TO HEAD OF HOUSE-HOLD	SEX	RESIDENCE		AGE	ELIGIBILITY		IF AGE < 15, ASK H10-H13: PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD (REFERS TO BIOLOGICAL PARENTS OF CHILD) (ENTER 00 IN H11/ H13 IF PARENT NOT IN HH)				IF AGE 5-24, ASK H14-H16: EDUCATION		
	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 WOMEN AGE 15-49	CIRCLE LINE NO. OF ALL MEN AGE 15-59	Is [NAME's] natural or "birth" mother alive? IF NO, SKIP TO H12.	**IF ALIVE:** Does [NAME's] natural mother live in this household? IF YES: What is her name? CHECK H1 AND ENTER MOTHER'S LINE NO.	Is [NAME's] natural father alive? IF NO, SKIP TO H14.	**IF ALIVE:** Does [NAME's] natural father live in this household? IF YES: What is his name? CHECK H1 AND ENTER FATHER'S LINE NO.	Has [NAME] ever attended school? IF NO GO TO NEXT PERSON	What is the highest level of school [NAME] has attended?** How many years of education did [NAME] complete at that level? IF LESS THAN ONE YEAR, ENTER 00. ENTER 98 FOR DK.	Is [NAME] currently attending school?
(H1)	**(H2)**	**(H3)***	**(H4)**	**(H5)**	**(H6)**	**(H7)**	**(H8)**	**(H9)**	**(H10)**	**(H11)**	**(H12)**	**(H13)**	**(H14)**	**(H15)****	**(H16)**
01		[___|___]	M F 1 2	Yes No 1 2	Yes No 1 2	[___|___]	01	01	Yes No 1 2	[___|___]	Yes No 1 2	[___|___]	Yes No 1 2	Level Years [__] [__|__]	Yes No 1 2
02		[___|___]	1 2	1 2	1 2	[___|___]	02	02	1 2	[___|___]	1 2	[___|___]	1 2	[__] [__|__]	1 2
03		[___|___]	1 2	1 2	1 2	[___|___]	03	03	1 2	[___|___]	1 2	[___|___]	1 2	[__] [__|__]	1 2

*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

**H15 CODES FOR EDUCATION LEVEL

1=PRIMARY
2=SECONDARY
3=HIGHER
8=DON'T KNOW

Household Eligibility Schedule, continued

LINE NO	USUAL RESIDENTS AND VISITORS	RELATION-SHIP TO HEAD OF HOUSE-HOLD	SEX	RESIDENCE		AGE	ELIGIBILITY		IF AGE < 15, ASK H10-H13: PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD (REFERS TO BIOLOGICAL PARENTS OF CHILD) (ENTER 00 IN Q11/ Q13 IF PARENT NOT IN HH)				IF AGE 5-24, ASK H14-H16: EDUCATION		
	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 women age 15-49	Circle line no. of all men age 15-59	Is [NAME's] natural or "birth" mother alive? IF NO, SKIP TO H12.	**IF ALIVE:** Does [NAME's] natural mother live in this household? IF YES: What is her name? CHECK H1 AND ENTER MOTHER'S LINE NO.	Is [NAME's] natural father alive? IF NO, SKIP TO H14.	**IF ALIVE:** Does [NAME's] natural father live in this household? IF YES: What is his name? CHECK H1 AND ENTER FATHER'S LINE NO.	Has [NAME] ever attended school? IF NO GO TO NEXT PERSON	What is the highest level of school [NAME] has attended?** How many years of education did [NAME] complete at that level? IF LESS THAN ONE YEAR, ENTER 00. ENTER 98 FOR DK.	Is [NAME] currently attending school?
(H1)	**(H2)**	**(H3)***	**(H4)**	**(H5)**	**(H6)**	**(H7)**	**(H8)**	**(H9)**	**(H10)**	**(H11)**	**(H12)**	**(H13)**	**(H14)**	**(H15)****	**(H16)**
04		[__|__]	M F 1 2	Yes No 1 2	Yes No 1 2	[__|__]	04	04	Yes No 1 2	[__|__]	Yes No 1 2	[__|__]	Yes No 1 2	Level Years [_] [_|_]	Yes No 1 2
05		[__|__]	1 2	1 2	1 2	[__|__]	05	05	1 2	[__|__]	1 2	[__|__]	1 2	[_] [_|_]	1 2
06		[__|__]	1 2	1 2	1 2	[__|__]	06	06	1 2	[__|__]	1 2	[__|__]	1 2	[_] [_|_]	1 2
07		[__|__]	1 2	1 2	1 2	[__|__]	07	07	1 2	[__|__]	1 2	[__|__]	1 2	[_] [_|_]	1 2
08		[__|__]	1 2	1 2	1 2	[__|__]	08	08	1 2	[__|__]	1 2	[__|__]	1 2	[_] [_|_]	1 2
09		[__|__]	1 2	1 2	1 2	[__|__]	09	09	1 2	[__|__]	1 2	[__|__]	1 2	[_] [_|_]	1 2
10		[__|__]	1 2	1 2	1 2	[__|__]	10	10	1 2	[__|__]	1 2	[__|__]	1 2	[_] [_|_]	1 2

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Household Eligibility Schedule, continued

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11		[__|__]	M F 1 2	Yes No 1 2	Yes No 1 2	[__|__]	11	11	Yes No 1 2	[__|__]	Yes No 1 2	[__|__]	Yes No 1 2	Level Years [_] [_|_]	Yes No 1 2
12		[__|__]	1 2	1 2	1 2	[__|__]	12	12	1 2	[__|__]	1 2	[__|__]	1 2	[_] [_|_]	1 2
13		[__|__]	1 2	1 2	1 2	[__|__]	13	13	1 2	[__|__]	1 2	[__|__]	1 2	[_] [_|_]	1 2
14		[__|__]	1 2	1 2	1 2	[__|__]	14	14	1 2	[__|__]	1 2	[__|__]	1 2	[_] [_|_]	1 2
15		[__|__]	1 2	1 2	1 2	[__|__]	15	15	1 2	[__|__]	1 2	[__|__]	1 2	[_] [_|_]	1 2
16		[__|__]	1 2	1 2	1 2	[__|__]	16	16	1 2	[__|__]	1 2	[__|__]	1 2	[_] [_|_]	1 2
17		[__|__]	1 2	1 2	1 2	[__|__]	17	17	1 2	[__|__]	1 2	[__|__]	1 2	[_] [_|_]	1 2

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Household Eligibility Schedule, continued

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(H1)	**(H2)**	**(H3)***	**(H4)**	**(H5)**	**(H6)**	**(H7)**	**(H8)**	**(H9)**	**(H10)**	**(H11)**	**(H12)**	**(H13)**	**(H14)**	**(H15)****	**(H16)**
18		[__|__]	M F 1 2	Yes No 1 2	Yes No 1 2	[__|__]	18	18	Yes No 1 2	[__|__]	Yes No 1 2	[__|__]	Yes No 1 2	Level Years [_] [_|_]	Yes No 1 2
19		[__|__]	1 2	1 2	1 2	[__|__]	19	19	1 2	[__|__]	1 2	[__|__]	1 2	[_] [_|_]	1 2
20		[__|__]	1 2	1 2	1 2	[__|__]	20	20	1 2	[__|__]	1 2	[__|__]	1 2	[_] [_|_]	1 2
21		[__|__]	1 2	1 2	1 2	[__|__]	21	21	1 2	[__|__]	1 2	[__|__]	1 2	[_] [_|_]	1 2
22		[__|__]	1 2	1 2	1 2	[__|__]	22	22	1 2	[__|__]	1 2	[__|__]	1 2	[_] [_|_]	1 2
23		[__|__]	1 2	1 2	1 2	[__|__]	23	23	1 2	[__|__]	1 2	[__|__]	1 2	[_] [_|_]	1 2
24		[__|__]	1 2	1 2	1 2	[__|__]	24	24	1 2	[__|__]	1 2	[__|__]	1 2	[_] [_|_]	1 2

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Household Schedule: Confirmation

Just to make sure that I have a complete listing:

No.	Questions and filters	Coding categories	Skip to
H16a	Are there any persons such as small children or infants that we have not listed?	YES ..... 1 NO 2	➔ ENTER EACH IN TABLE
H16b	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
H16c	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
H17	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING ..... 11 PIPED INTO YARD/LOT ..... 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	
H18	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
H19	Does your household have:	YES NO	
	Electricity?	ELECTRICITY 1 2	
	A radio?	RADIO..... 1 2	
	A television?	TELEVISION..... 1 2	
	A telephone?	TELEPHONE 1 2	
	A refrigerator?	REFRIGERATOR 1 2	
H20	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	
H21	Does any member of your household own:	YES NO	
	A bicycle?	BICYCLE 1 2	
	A motorcycle or motor scooter?	MOTORCYLE/SCOOTER 1 2	
	A car or truck?	CAR/TRUCK..... 1 2	

Support for Vulnerable Households

No.	Questions and filters	Coding categories	Skip to
H22	Now I would like to ask you about any adults between the ages of 15 and 60 in your household who may have died or been very sick during the last 12 months. Did any adult member of your household die during the last 12 months?	YES..... 1 NO 2	➔ H24
H23	How many adult members of your household died in the past 12 months?	NO. OF PERSONS..... [__|__]	

H23a	How old was the (last / next-to-last / third-to-last.) person who died?	AGE ..... [___|___] DON'T KNOW..... 98	AGE ..... [___|___] DON'T KNOW..... 98	AGE..... [___|___] DON'T KNOW 98
H23b	What was the sex of the (last / next-to-last / third-to-last.) person who died?	MALE ..... 1 FEMALE 2	MALE ..... 1 FEMALE..... 2	MALE ..... 1 FEMALE..... 2
H23c	Was this person very sick for at least 3 months before dying? By very sick, I mean that the person was too sick to work or do normal things around the house for at least 3 months before dying.	YES..... 1 NO 2	YES..... 1 NO..... 2	YES ..... 1 NO..... 2

No.	Questions and filters	Coding categories	Skip to
H24	Has any (other) adult member of you household been very sick during the past 12 months? Again, by very sick, I mean unable to do normal things for at least three months st 12 months?	YES ..... 1 NO 2	
H24F	CHECK H22 AND H24 ANY DEATH OR ILLNESS IN HOUSEHOLD IN THE LAST 12 MONTHS? YES ☐	NO ☐ →	H27F
H25	Has your household received any type of assistance or support from outside the household in relation to the illness or death in your household?	YES ..... 1 NO 2	 → H27F
H26	Have you received: (READ ALL TO RESPONDENT) Cash or any kind of financial support? Any kind of material support such as food, clothes, or help with household chores? IF YES: Did you pay a fee, in cash or kind, for any of these services? Any kind of medical support, such as medical care, medicine, or training for a caregiver? IF YES: Did you pay a fee, in cash or kind, for any of these services? Any kind of social or emotional support, or counseling? IF YES: Did you pay a fee, in cash or kind, for any of these services?	Yes Did Not Pay / Yes Paid / No / DK FINANCIAL ..... 1 3 8 MATERIAL ..... 1 2 3 8 MEDICAL ..... 1 2 3 8 EMOTIONAL 1 2 3 8	
H27	Who provided the assistance? Who provided the help or assistance? Anyone else? (CIRCLE ALL THAT APPLY.) (MORE THAN ONE ANSWER IS POSSIBLE.)	FRIENDS/RELATIVES ..... A HEALTH WORKER / HOSPITAL / CLINIC ..... B CHURCH/FAITH-BASED ORGANIZATION ..... C COMMUNITY ORGANIZATION .... D NON-GOVERNMENT ORGANIZATION (NGO)..... E TRADITIONAL HEALER..... F WOMEN'S GROUP .....G GOV'T SOCIAL SERVICES .....H OTHER (SPECIFY) X	
H27F	CHECK H7 ON HH ROSTER ANY CHILDREN UNDER AGE 15 IN HOUSEHOLD? YES ☐	NO ☐ →	→ END
H28	Now I would like to ask you a few more questions about the child(ren) under the age of 15 living in your household. In the last year, has your household received any type of help or support from outside the household for any of these children?	YES ..... 1 NO 2	 → END

No.	Questions and filters	Coding categories	Skip to
H29	Has your household received: Any kind of financial support for schooling, such as cash allowances? Any kind of material support for schooling, such as free admission or books? IF YES: Did you pay a fee, in cash or kind, for any of these services? Any kind of other material support such as food or clothes? IF YES: Did you pay a fee, in cash or kind, for any of these services? Any kind of medical support, such as medical care, medicine, or training for a caregiver? IF YES: Did you pay a fee, in cash or kind, for any of these services? Any kind of social or emotional support, or counseling? IF YES: Did you pay a fee, in cash or kind, for any of these services?	Yes Did Not Pay / Yes Paid / No / DK FINANCIAL (SCHOOL) ..... 1 3 8 MATERIAL (SCHOOL) ..... 1 2 3 8 MATERIAL ..... 1 2 3 8 MEDICAL ..... 1 2 3 8 EMOTIONAL 1 2 3 8	
H30	Who provided the assistance? Who provided the help or assistance? Anyone else? (CIRCLE ALL THAT APPLY.) (MORE THAN ONE ANSWER IS POSSIBLE.)	FRIENDS/RELATIVES ..... A HEALTH WORKER / HOSPITAL / CLINIC ..... B CHURCH/FAITH-BASED ORGANIZATION ..... C COMMUNITY ORGANIZATION .... D NON-GOVERNMENT ORGANIZATION (NGO)..... E TRADITIONAL HEALER..... F WOMEN'S GROUP ..... G GOV'T SOCIAL SERVICES ..... H OTHER (SPECIFY) X	

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 2003
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 [__|__] MONTH [__|__] YEAR [__|__]__|__]
INTERVIEWR`S NAME	_____	_____	_____	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)

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	Can you read and understand a letter or newspaper easily, with difficulty or not at all?	EASILY ..... 1 WITH DIFFICULTY..... 2 NOT AT ALL 3	
Q105	Have you ever attended school?	YES..... 1 NO 2	➔ Q108
Q106	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY ..... 1 SECONDARY ..... 2 HIGHER..... 3	
Q107	How many years of education did you complete at that level?	YEARS COMPLETED ..... [__|__]	
Q108	How long have you been living continuously in [NAME OF VILLAGE/TOWN/CITY]? (ENTER 00 IF LESS THAN 1 YEAR.)	YEARS.....[__|__]	
Q109	In the last <u>4 weeks</u>, how many nights in total have you slept in another location other than your home?	NUMBER OF NIGHTS SLEPT ELSEWHERE..... [__|__]	
Q110	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	
Q111	Have you ever taken an alcoholic drink of any kind, for example, beer, wine, or whiskey?	YES..... 1 NO 2	➔ Q115
Q112	Have you ever gotten 'drunk' from drinking an alcohol-containing beverage?	YES..... 1 NO 2	➔ Q114
Q113	In the last 4 weeks, on how many occasions did you get drunk? (ENTER 00 IF NONE OR NEVER)	NUMBER OF TIMES .....[__|__]	

No.	Questions and filters	Coding categories	Skip to
Q114	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 ..... [__|__]	
Q115	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 .....|__|__]	
Q116	What is your religion? (ENTER CURRENT RELIGION. IF NO RELIGION, ENTER 'NONE' AND SKIP TO Q118.) (NUMERICAL CODES WILL BE ASSIGNED.)	SPECIFY_____ CODE .....|__|__]	
Q117	IF RESPONDENT IDENTIFIES SELF IN Q116 AS MEMBER OF A CHURCH, ASK: In the last 12 months, have you attended church at least twice each month?	YES..... 1 NO 2	
Q118	To which ethnic group/ tribe do you belong? (ENTER ETHNIC GROUP / TRIBE.) (NUMERICAL CODES WILL BE ASSIGNED.)	SPECIFY_____ CODE .....|__|__]	

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	➔ Q209
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	 ➔ Q208

No.	Questions and filters	Coding categories	Skip to
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 .....[__|__]	

No.	Questions and filters	First or only spouse / live-in partner	Second spouse / live-in partner	Third spouse / live-in partner	Skip to
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.)	YEARS ..... [__|__]	YEARS ..... [__|__]	YEARS ..... [__|__]	

No.	Questions and filters	Coding categories	Skip to
Q208F	ONE SPOUSE/LIVE-IN PARTNER ? ☐→	MORE THAN ONE SPOUSE/ LIVE-IN PARTNER? ☐→	**SECTION 3**
Q209	Have you been married or lived with a partner only once or more than once?	ONLY ONCE..... 1 MORE THAN ONCE..... 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	➔ Q332
Q302	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 ..... 300 DON'T KNOW..... 998	
Q303	When was the *last time* you had sex? (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 Q323F.**

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 would 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.

I 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 Q304-Q321 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**
Q304a	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
Q304b	What is/was your relationship to this partner? (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 __________ (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 __________ (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 __________ (SPECIFY)
Q305	How old is this partner?	AGE .... [__|__] DON'T KNOW 98	AGE .... [__|__] DON'T KNOW 98	AGE .... [__|__] DON'T KNOW 98
Q306	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 OTHER .... 9 __________ (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 OTHER .... 9 __________ (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 OTHER .... 9 __________ (SPECIFY)
Q307	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
Q308	How long has it been since the very first time you had sex with this partner?	DAYS AGO .... 1 [__|__] WEEKS AGO .... 2 [__|__] MONTHS AGO .... 3 [__|__]	DAYS AGO .... 1 [__|__] WEEKS AGO .... 2 [__|__] MONTHS AGO .... 3 [__|__]	DAYS AGO .... 1 [__|__] WEEKS AGO .... 2 [__|__] MONTHS AGO .... 3 [__|__]

		Partner 1 Most recent partner	Partner 2 Next-to-last partner	Partner 3 Second-to-last partner
	(COMPLETE ONLY ONE OPTION.)	YEARS AGO ..... 4 [__|__]	YEARS AGO ..... 4 [__|__]	YEARS AGO ..... 4 [__|__]
Q309	Have you had sex with this partner more than once?	YES ..... 1 NO ..... 2 **IF NO, GO TO Q312**	YES ..... 1 NO ..... 2 **IF NO, GO TO Q312**	YES ..... 1 NO ..... 2 **IF NO, GO TO Q312**
Q310	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
Q311	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 400	DAYS AGO ..... 1 [__|__] WEEKS AGO ..... 2 [__|__] MONTHS AGO..... 3 [__|__] WAS A ONE-TIME SEXUAL CONTACT 400	DAYS AGO..... 1 [__|__] WEEKS AGO ..... 2 [__|__] MONTHS AGO..... 3 [__|__] WAS A ONE-TIME SEXUAL CONTACT 400
Q312	The last time you had sex with this partner, did you or this partner use a condom?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 **IF NO OR DON'T KNOW, SKIP TO Q316a**	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 **IF NO OR DON'T KNOW, SKIP TO Q316a**	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 **IF NO OR DON'T KNOW, SKIP TO Q316a**
Q313	That last time, what was the main reason you or this partner used a condom? (COMPLETE ONLY ONE OPTION.)	OWN CONCERN TO PREVENT STD/HIV ....1 OWN CONCERN TO PREVENT PREGNANCY ..... 2 OWN CONCERN TO PREVENT BOTH STD/HIV AND PREGNANCY..... 3 DID NOT TRUST PARTNER / FEELS PARTNER HAS OTHER PARTNERS..... 4 PARTNER INSISTED ..... 5 OTHER (SPECIFY)..... 6 DON'T KNOW 8	OWN CONCERN TO PREVENT STD/HIV ....1 OWN CONCERN TO PREVENT PREGNANCY ..... 2 OWN CONCERN TO PREVENT BOTH STD/HIV AND PREGNANCY..... 3 DID NOT TRUST PARTNER / FEELS PARTNER HAS OTHER PARTNERS..... 4 PARTNER INSISTED ..... 5 OTHER (SPECIFY)..... 6 DON'T KNOW 8	OWN CONCERN TO PREVENT STD/HIV ....1 OWN CONCERN TO PREVENT PREGNANCY..... 2 OWN CONCERN TO PREVENT BOTH STD/HIV AND PREGNANCY..... 3 DID NOT TRUST PARTNER / FEELS PARTNER HAS OTHER PARTNERS ..... 4 PARTNER INSISTED..... 5 OTHER (SPECIFY)..... 6 DON'T KNOW 8

		Partner 1 **Most recent partner**	Partner 2 **Next-to-last partner**	Partner 3 **Second-to-last partner**
Q314	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
Q315	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 OTHER (SPECIFY)....X DON'T KNOW....Z	SHOP....A PHARMACY....B HOSPITAL/CLINIC....C FAMILY PLANNING CENTRE....D BAR/HOTEL....E OTHER (SPECIFY)....X DON'T KNOW....Z	SHOP....A PHARMACY....B HOSPITAL/CLINIC....C FAMILY PLANNING CENTRE....D BAR/HOTEL....E OTHER (SPECIFY)....X DON'T KNOW....Z
Q316a	The last time you had sex, 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
Q316b	The last time you had sex, 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
Q317	The last time you had sex, did you or this partner do anything to delay or avoid pregnancy?	YES....1 NO....2 DON'T KNOW....8 **IF NO OR DON'T KNOW, SKIP TO Q319**	YES....1 NO....2 DON'T KNOW....8 **IF NO OR DON'T KNOW, SKIP TO Q319**	YES....1 NO....2 DON'T KNOW....8 **IF NO OR DON'T KNOW, SKIP TO Q319**
Q318	What did you or this partner do to avoid pregnancy? (CIRCLE ALL THAT ARE MENTIONED)	USED CONDOMS....A PILL....B IUD....C INJECTION....D WITHDRAWAL....E SELF OR PARTNER IS STERILE....F TRADITIONAL....G OTHER (SPECIFY)....X DON'T KNOW....Z	USED CONDOMS....A PILL....B IUD....C INJECTION....D WITHDRAWAL....E SELF OR PARTNER IS STERILE....F TRADITIONAL....G OTHER (SPECIFY)....X DON'T KNOW....Z	USED CONDOMS....A PILL....B IUD....C INJECTION....D WITHDRAWAL....E SELF OR PARTNER IS STERILE....F TRADITIONAL....G 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	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
Q320	In the past 12 months, how likely it is 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
Q321	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 Q304 AND ASK ABOUT NEXT PARTNER)** NO ..... 2 **(IF NO, GO TO Q323F)**	YES ..... 1 **(IF YES, GO BACK TO Q304 AND ASK ABOUT NEXT PARTNER)** NO ..... 2 **(IF NO, GO TO Q323F)**	**GO TO Q322**

STOP!! IF MORE THAN ONE PARTNER, GO TO Q322 ONLY AFTER ASKING ABOUT OTHER PARTNERS.

No.	Questions and Filters	Coding Categories	Skip to
Q322	In the last 12 months with how many people <u>overall</u> have you had sex (including these last partners we've discussed)? (CHECK: MUST BE THREE OR MORE)	NUMBER ..... [__|__]	
Q323F	RESPONDENT IS FEMALE ☐	RESPONDENT IS MALE ☐ →	Q327
Q324	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. Have you ever been forced by a man to have sexual intercourse with him when you did not want to?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → Q327 → Q327
Q325	In the last 12 months, how many times did this happen?	NUMBER OF TIMES ..... [__|__] NONE ..... 00 DON'T KNOW 98	

No.	Questions and Filters	Coding Categories	Skip to
Q326	Who did this to you? CIRCLE ALL MENTIONED. Any one else?	SPOUSE/LIVE-IN PARTNER ..... A BOYFRIEND ..... B FATHER ..... C BROTHER ..... D FATHER IN-LAW ..... E OTHER MALE RELATIVE ..... F TEACHER ..... G EMPLOYER ..... H STRANGER ..... I FORMER SPOUSE/LIVE-IN PARTNER. J FORMER BOYFRIEND ..... K OTHER (SPECIFY) X	
Q327	In the last 12 months have you paid for sex or been paid to have sex?	YES ..... 1 NO 2	➔ Q329
Q328	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	
Q329	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	
Q330	In the past 12 months, did you have anal sex with any partner?	YES ..... 1 NO 2	➔ Q332
Q331	The last time you had anal sex, did you or this partner use a condom?	YES ..... 1 NO 2	
Q332	I’m going to read some statements about condoms, please tell me whether you agree or disagree with each statement. Condoms break easily. Condoms suppress sexual pleasure. Condoms are for use with regular partners. Condoms promote promiscuity. Most parents support the use of condoms by young people. Most young people support the use of condoms by their friends.	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	
Q333	If used every time a person has sex, how effective are condoms for preventing HIV/AIDS? Very effective, somewhat effective, or not at all effective?	VERY EFFECTIVE ..... 1 SOMEWHAT EFFECTIVE ..... 2 NOT AT ALL EFFECTIVE 3	
Q334	If used every time a person has sex, how effective are condom 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	
Q335	Do you know of a place where a person can get condoms?	YES ..... 1 NO 2	➔ **Section 4**

No.	Questions and Filters	Coding Categories	Skip to
Q336	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 FIELD WORKER ..... E OTHER PUBLIC (SPECIFY) ..... F PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ..... G PHARMACY ..... H PRIVATE DOCTOR ..... I MOBILE CLINIC ..... J FIELD WORKER ..... K OTHER PRIVATE (SPECIFY) ..... L OTHER SOURCE SHOP ..... M CHURCH ..... N FRIENDS/RELATIVES ..... P OTHER (SPECIFY) X	
Q337	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 / RELIGION ..... 1 HEALTH/HYGIENE ..... 2 SEXUAL SATISFACTION ..... 3 EASE OF PUTTING ON CONDOM ..... 4 OTHER (SPECIFY) ..... 5 DON'T KNOW 8	➔ Q409 ➔ Q409 ➔ Q409 ➔ Q409 ➔ Q409 ➔ Q409

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 main reason?	TRADITION / RELIGION ..... 1 HEALTH/HYGIENE ..... 2 SEXUAL SATISFACTION ..... 3 EASE OF PUTTING ON CONDOM ..... 4 OTHER (SPECIFY) ..... 5 DON'T KNOW 8	➔ Q410 ➔ Q410 ➔ Q410 ➔ Q410 ➔ Q410 ➔ Q410
Q408	Why would you not be interested in getting circumcised? IF MORE THAN ONE ANSWER, PROBE: What is the main reason?	TRADITION / RELIGION ..... 1 HEALTH/HYGIENE ..... 2 SEXUAL SATISFACTION ..... 3 EASE OF PUTTING ON CONDOM ..... 4 COST ..... 5 PAIN ..... 6 OTHER (SPECIFY) ..... 7 DON'T KNOW 8	
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 DON'T KNOW / NO PREFERENCE 8	 ➔ Q409c ➔ Q409c
Q409b	Why would you prefer a sexual partner who was circumcised?	TRADITION / RELIGION ..... 1 HEALTH/HYGIENE ..... 2 SEXUAL SATISFACTION ..... 3 EASE OF PUTTING ON CONDOM ..... 4 OTHER (SPECIFY) ..... 5 DON'T KNOW 8	➔ Q410 ➔ Q410 ➔ Q410 ➔ Q410 ➔ Q410 ➔ Q410
Q409c	Why would you prefer a sexual partner who was not circumcised?	TRADITION / RELIGION ..... 1 HEALTH/HYGIENE ..... 2 SEXUAL SATISFACTION ..... 3 EASE OF PUTTING ON CONDOM ..... 4 OTHER (SPECIFY) ..... 5 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 DON'T KNOW 8	 ➔ **Section 5** ➔ **Section 5**

No.	Questions and Filters	Coding Categories	Skip to
Q411	**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	
Q412	**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	
Q413	CHECK Q301 HAS HAD SEXUAL INTERCOURSE ☐	NEVER HAD SEXUAL INTERCOURSE ☐	**Section 5**
Q414	During the last 12 months, have you had a genital discharge?	YES ..... 1 NO 2	
Q415	During the last 12 months, have you had a genital ulcer?	YES ..... 1 NO 2	
Q416	CHECK: Q414 AND Q415 DISCHARGE OR ULCER, YES ☐	NO DISCHARGE AND NO ULCER ☐	Q422
Q417	When you last had a genital discharge or ulcer, did you seek any kind of advice or treatment?	YES ..... 1 NO 2	➔ Q421
Q418	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
Q419	When you last had a genital discharge or ulcer, did you: (READ OUT) A. Seek advice or medicine from a health worker in a clinic or hospital? B. Seek advice or medicine from a traditional healer? C. Seek advice or buy medicines in a shop or pharmacy? D. Ask for advice from friends or relatives? E. Ask for advice or treatment from private doctor?	YES / NO 1 / 2 1 / 2 1 / 2 1 / 2 1 / 2	
Q420	When you last had a genital discharge or ulcer, what was the first thing you did for either advice or treatment? (CHOOSE ONLY ONE ANSWER.)	SOUGHT ADVICE OR MEDICINE FROM A HEALTH WORKER IN A CLINIC OR HOSPITAL ..... 1 SOUGHT ADVICE OR MEDICINE FROM A TRADITIONAL HEALER ..... 2 SOUGHT ADVICE OR BOUGHT MEDICINES IN A SHOP OR PHARMACY ..... 3 ASKED FRIENDS OR RELATIVES FOR ADVICE ..... 4 OTHER (SPECIFY) ..... 5 DON'T KNOW 8	
Q421	When you last had a genital discharge or ulcer, did you: (READ OUT) A. Tell your sexual partner(s) about the symptoms? B. Stop having sex when you had the symptoms? C. Use a condom when having sex when you had the symptoms? D. Take medicines when you had the symptoms?	YES / N0 1 / 2 1 / 2 1 / 2 1 / 2	
Q422	Can a woman protect herself from getting a sexually transmitted disease (or STD) if her husband has the STD?	YES ..... 1 NO 2	➔ **Section 5**
Q423	What can she do to protect herself? Anything else? (CIRCLE ALL MENTIONED.) (MORE THAN ONE ANSWER IS POSSIBLE.)	SHE CAN REFUSE SEX ..... A SHE CAN INSIST ON USING CONDOMS .. B SHE CAN TAKE MEDICINES ..... C OTHER (SPECIFY) ..... X DON'T KNOW ..... Z	

Section 5: Knowledge about HIV/AIDS 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	 ➔ Q712
Q502	In the past 4 weeks, have you heard or seen any information about AIDS or the AIDS virus?	YES.....1 NO.....2	 ➔ Q503a
Q503	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 INTERVENTION] ..... A TELEVISION..... B RADIO..... C PARTNER..... D FRIEND..... E FAMILY MEMBER ..... F HEALTH CARE WORKER..... G CO-WORKER ..... H NEWSPAPER/MAGAZINE ..... I OTHER (SPECIFY)..... X DON'T KNOW..... Z	
Q503a	Have you ever heard or listened to a programme called… …X-Plosion? …Heart Campaign? … Your Health Matters? … Kabanana? … Africa Alive? …Lifeline? … AIDS and the family? …Our neighbourhood?	YES NO DK X-PLOSION ..... 1 2 8 HEART CAMPAIGN..... 1 2 8 HEALTH MATTERS..... 1 2 8 KABANANA ..... 1 2 8 AFRICA ALIVE..... 1 2 8 LIFELINE ..... 1 2 8 AIDS AND THE FAMILY... 1 2 8 OUR NEIGHBOURHOOD 1 2 8	
Q504	During the past 4 weeks, have you talked with anyone about means to avoid getting the AIDS virus?	YES.....1 NO.....2	 ➔ Q506
Q505	With whom? Anyone else? (CIRCLE ALL THAT ARE MENTIONED.) (MORE THAN ONE ANSWER IS POSSIBLE.)	SPOUSE/LIVE-IN PARTNER ..... A SEX PARTNER..... B FRIEND(S)..... C FAMILY MEMBER(S) ..... D HEALTH CARE WORKER(S)..... E CO-WORKER(S) ..... F OTHER (SPECIFY)..... X	
Q506	Is there anything a person can do to reduce their chances of getting infected with the AIDS virus?	YES.....1 NO.....2 DON'T KNOW.....8	 ➔ Q508 ➔ Q508

No.	Questions and filters	Coding categories	Skip to
Q507	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	
Q508	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	
Q509	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	
Q510	Do you think that a person can get infected with the AIDS virus through mosquito bites?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
Q511	Can people reduce their chances of getting the AIDS virus by having only one sex partner who has no other partners?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
Q512	Can a person get infected with the AIDS virus by sharing a meal with a person who has HIV or AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
Q513	Can people get AIDS because of witchcraft?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
Q514	Can the AIDS virus be transmitted from a mother to a child?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 ➔ **Q518** ➔ **Q518**

No.	Questions and filters	Coding categories	Skip to
Q515	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	
Q516	If a mother is infected with the AIDS virus, is there any way to avoid transmission to the baby?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 ➔ **Q518** ➔ **Q518**
Q517	What ways? Any other way? (CIRCLE ALL MENTIONED.)	ANTIRETROVIRAL THERAPY (DRUGS BEFORE BIRTH) ..... A NOT BREASTFEEDING ..... B CAESAREAN SECTION. ..... C OTHER (SPECIFY) ..... X DON'T KNOW ..... Z	
Q518	Do you think your chances of getting the AIDS virus are great, moderate, small, or do you think that you have no chance of getting the AIDS virus?	GREAT ..... 1 MODERATE ..... 2 SMALL ..... 3 NO CHANCE ..... 4 OTHER ..... 5 DON'T KNOW 8	➔ **Q520** ➔ **Q520** ➔ **Q519** ➔ **Q519** ➔ **Section 6** ➔ **Section 6**
Q519	Why do you think you have no chance or a small chance of getting the AIDS virus? (CIRCLE ALL MENTIONED.) Any other reason?	ABSTAINS FROM SEX ..... A USES CONDOMS ..... B HAS ONLY ONE SEX PARTNER ..... C LIMITS NUMBER OF PARTNERS ..... D PARTNER HAS NO OTHER PARTNER .. E NO TRANSFUSIONS/INJECTIONS ..... F YOUNG PEOPLE CAN'T GET AIDS ..... G PARTNER LOOKS HEALTHY ..... H PARTNER TESTED NEGATIVE ..... I OTHER (SPECIFY) X	➔ **Section 6**
Q520	Why do you think you are at some risk of getting the AIDS virus? (CIRCLE ALL MENTIONED.) Any other reason?	DON'T USE CONDOMS ALWAYS ..... A CONDOMS BROKE ..... B CONDOMS NOT 100% SAFE ..... C DON'T TRUST PARTNER ..... D PARTNER HAS OTHER PARTNERS ..... E PARTNER HAS STD ..... F PARTNER LOOKS SICK ..... G OTHER (SPECIFY) X	

Section 6: Attitudes toward people living with HIV/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
Q601a	Do you personally know anyone who has the AIDS virus or has died from AIDS?	YES.....1 NO .....2 DON'T KNOW.....8	 ➔ **Q602** ➔ **Q602**
Q601b	Do you know anyone who has the AIDS virus who does not accept his/her status?	YES.....1 NO .....2 DON'T KNOW..... 8	
Q602	In your opinion, is it acceptable for AIDS to be discussed: On the radio? On the TV? In newspapers? In church? At home? At school?	ACCEPTABLE NOT RADIO ..... 1 2 TV ..... 1 2 NEWSPAPERS ..... 1 2 IN CHURCH..... 1 2 AT HOME ..... 1 2 IN SCHOOL 1 2	
Q603	Have you ever shared a meal with a person you knew or suspected had HIV or AIDS?	YES.....1 NO .....2 DON'T KNOW.....8	
Q604	If a relative of yours became sick with the AIDS virus, would you be willing to care for him or her in your own household?	YES.....1 NO .....2 DON'T KNOW.....8	
Q605	If a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in school?	YES.....1 NO .....2 DON'T KNOW.....8	
Q606	If you knew that a shopkeeper or food seller had the AIDS virus, would you buy vegetables from them?	YES.....1 NO .....2 DON'T KNOW.....8	
Q607	Should children age 12-14 be taught about using a condom to avoid AIDS?	YES.....1 NO .....2 DON'T KNOW.....8	
Q608	In your opinion, do you think that **unmarried** women should always be able to buy condoms?	YES.....1 NO 2	
Q609	If a member of your family got infected with the AIDS virus, would you want it to remain a secret?	YES..... 1 NO ..... 2 DON'T KNOW..... 8	
Q610	If you chose to be tested for HIV, the virus that causes AIDS, and were told after the test that you had HIV, would you tell anyone the results?	YES..... 1 NO ..... 2 DON'T KNOW..... 8	 ➔ Q612 ➔ Q612

No.	Questions and filters	Coding categories				Skip to
Q611	With whom would you share this information? Would you tell your… (READ OUT)		YES	NO	N/A	DK
		SPOUSE/LIVE-IN PARTNER	1	2	7	8
		SEX PARTNER	1	2	7	8
		FAMILY MEMBER	1	2		8
		FRIEND	1	2		8
		HEALTH CARE WORKER	1	2		8
		CO-WORKER	1	2	7	8
		OTHER	1	2		8
Q612	CHECK Q203 CURRENTLY MARRIED OR LIVING WITH SEXUAL PARTNER? YES → NO →					**Section 7**
Q613	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 HIV, the virus that causes AIDS?	YES ..... 1 NO 2	 ➔ Q709
Q702	Where did you (last) get tested? 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	How long ago was your (last) test? (COMPLETE ONLY ONE OPTION.) 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	What was the main reason you (last) got tested? (COMPLETE ONLY ONE OPTION.)	WAS ILL ..... 01 TESTED IN ANTENATAL CARE ..... 02 PREMARITAL TESTING ..... 03 SUGGESTED BY SPOUSE/PARTNER ..... 04 SUGGESTED BY HEALTH WORKER ..... 05 JUST WANTED TO KNOW STATUS ..... 06 APPLICATION FOR EMPLOYMENT ..... 07 APPLICATION FOR BURSARY/FELLOWSHIP 08 OTHER (SPECIFY) ..... 09 DON'T KNOW 98	
Q705	I don't want to know the results, but did <u>you</u> receive the results of the test for the AIDS virus?	YES ..... 1 NO 2	 ➔ Q708
Q706	Did you tell anyone the results of the test?	YES ..... 1 NO 2	 ➔ Q708
Q707	Whom did you tell? (CIRCLE ALL THAT ARE MENTIONED.) (MORE THAN ONE ANSWER IS POSSIBLE.)	SPOUSE/LIVE-IN PARTNER ..... A SEX PARTNER ..... B FRIEND(S) ..... C FAMILY MEMBER(S) ..... D HEALTH CARE WORKER(S) ..... E CO-WORKER(S) ..... F OTHER (SPECIFY) X	

No.	Questions and filters	Coding categories	Skip to
Q708	Did you receive counselling before the HIV test?	YES ..... 1 NO 2	
Q709	Would you ever want to be tested (again) for HIV?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
Q710	Do you know of a place where you can go to get an HIV test?	YES ..... 1 NO 2	 ➔ Q712
Q711	If you wanted to be tested, where could 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 PHARMACY ..... C MOBILE CLINIC ..... D FAMILY PLANNING CENTER ..... E SHOP ..... F TRADITIONAL HEALER ..... G CHURCH ..... H FRIEND/RELATIVE ..... I BAR/HOTEL ..... J OTHER (SPECIFY) ..... X DON'T KNOW ..... Z	
Q712	RESPONDENT IS FEMALE ☐	RESPONDENT IS MALE ☐	**END**

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	➔ Q814 ➔ **END** ➔ **END**
Q803	How many times have you given birth?	NUMBER OF BIRTHS ..... [__|__]	
Q804	When was the last time you gave birth? (ASK FOR MONTH AND YEAR)	MONTH ..... [__|__] DON'T KNOW MONTH ..... 98 YEAR ..... |__[__|__|__]__| DON'T KNOW YEAR 9998	
Q805	Did you attend an antenatal clinic during that pregnancy?	YES ..... 1 NO 2	 ➔ Q814
Q806	How many times during that pregnancy did you visit the antenatal clinic?	NUMBER OF VISITS ..... [__]__| DON'T KNOW 98	

No.	Questions and filters	Coding categories	Skip to
Q807	How many months pregnant were you when you (first) visited the antenatal clinic for that pregnancy? IF SHE DOESN'T KNOW, ASK: Was it 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..... [___]	
Q808	Was it a private, government, mission, or other kind of clinic?	PRIVATE..... 1 GOVERNMENT ..... 2 MISSION..... 3 OTHER (SPECIFY)..... 4 _____ DON'T KNOW..... 8	
Q809a	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	
Q809b	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/AIDS from the mother at birth?	YES..... 1 NO..... 2	
Q810	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, gonorrhea, syphilis, or chlamydia?	YES..... 1 NO..... 2	
Q811	Was testing for AIDS or the AIDS virus offered to you at any time during your visit(s) to the antenatal clinic?	YES..... 1 NO..... 2	➔ Q814
Q812	Did you agree to be tested for AIDS or the AIDS virus during any of these visits?	YES..... 1 NO..... 2	➔ Q814
Q813	I don't want to know the results, but did <u>you</u> receive the results of the test for the AIDS virus?	YES..... 1 NO..... 2	
Q814	Are you pregnant now?	YES..... 1 NO..... 2 DON'T KNOW..... 8	➔ END
Q815	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..... [___]	
Q816	Have you gone for antenatal care during this pregnancy?	YES..... 1 NO..... 2	

THANK RESPONDENT AND END THE INTERVIEW.

CHECK FOR COMPLETENESS.

IMMEDIATELY STORE COMPLETED QUESTIONNAIRE IN ENVELOPE, SEPARATE FROM HOUSEHOLD QUESTIONNAIRES.